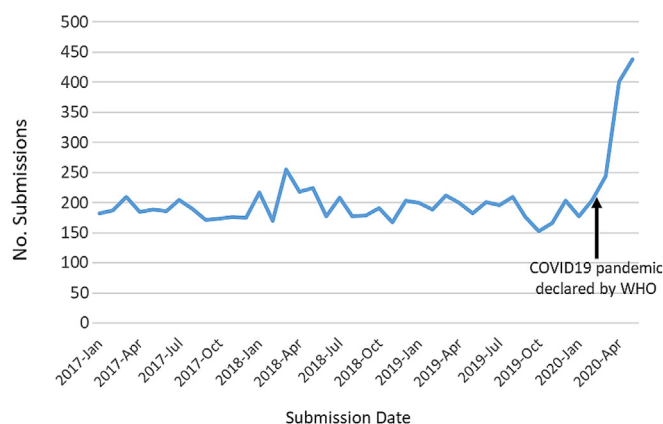




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



**Figure.** The number of articles submitted to *Annals of Emergency Medicine* by month. WHO, World Health Organization.

COVID-19, covering both clinical and administrative issues. Given the rapid influx of articles, *Annals* assigned several senior decision editors to coordinate the COVID-19 article review process.

Compared with that in the baseline period, the proportion of original research submissions was lower (34.8% in the COVID-19 pandemic period versus 44.8% at baseline; difference  $-10.0\%$ ; 95% confidence interval  $-4.8\%$  to  $-14.9\%$ ), but the proportion of case reports was higher (16.2% in the pandemic period versus 10.6% at baseline; difference  $5.6\%$ ; 95% confidence interval  $2.1\%$  to  $9.8\%$ ). However, the overall article acceptance rate was similar (6.4% in the pandemic period versus 8.0% baseline; difference  $-1.6\%$ ; 95% confidence interval  $-1.5\%$  to  $3.8\%$ ). An additional 5 submissions from May 2020 were still under peer review at the time of manuscript submission.

Despite the obvious disruptions caused by the COVID-19 pandemic, we have observed a substantial upsurge in the number of submissions to *Annals of Emergency Medicine* in the months after the World Health Organization pandemic declaration. The proportion of original research submissions decreased, whereas the number of case reports increased when compared to the past 3 years of submissions. With the resulting higher workload for journal editors and staff, a careful balance must be struck between the need for rapid dissemination of timely clinical and research findings and rigorous scientific review. Recent retractions of COVID-19 studies by both *Lancet* and the *New England Journal of Medicine* highlight how complicated these processes can be.<sup>3,4</sup>

As the COVID-19 case counts start to decrease, we will continue to examine longer-term trends in academic productivity for emergency physicians. We hope that the observed increases in productivity will be sustained.

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## Tainted Hand Sanitizer Leads to Outbreak of Methanol Toxicity During SARS-CoV-2 Pandemic



*To the Editor:*

It is timely to notify the membership of an emerging public health crisis that parallels the ongoing fight against the severe acute respiratory syndrome coronavirus 2. The coronavirus pandemic has resulted in a severe supply-demand mismatch of many products, particularly personal protective equipment and sanitization products. Consumers and health care entities alike are turning to alternative sources, including the online marketplace, to purchase products for workplace and personal safety. Instances of misrepresented materials purchased by governments and health care systems have become frequent in the news. The most recent example in the US Southwest is an outbreak of methanol poisonings from tainted hand sanitizer products.

Hand sanitizers typically containing high concentrations of ethanol or isopropanol have become increasingly recognized as a substance of abuse because of low cost and availability relative to conventional drinking alcohols.<sup>1</sup> Hand sanitizer products have recently been indicated in

methanol poisonings causing blindness in 2 New Mexicans and death in 7. Although methanol outbreaks are historically well established, associations with hand sanitizer consumption have been poorly reported in the peer-reviewed literature. Outbreaks tend to occur when access to alcohol is limited, as observed in the prohibition era and in resource-poor populations turning to alternative alcohol sources.<sup>2</sup> The Food and Drug Administration issued an advisory on June 19, 2020, to notify the public about the dangers of 9 formulations of hand sanitizers marketed by a manufacturer in Mexico. These products were found to contain up to 81% methanol, which was not listed as an ingredient.<sup>3</sup> At article submission, our cases appear to align with hand sanitizer consumption, but not with products specifically identified thus far by the Food and Drug Administration.<sup>4</sup> As such, noncommercial sources of hand sanitizer and drinking alcohol are also being considered.

Emergency physicians must have a heightened awareness for methanol toxicity in at-risk populations, given the possibility of this outbreak to spread geographically in this time of the online marketplace and heightened product demand. Methanol toxicity has been observed in doses as small as 15 mL and may lead to blindness and death if not promptly treated. Because methanol is less lipophilic than ethanol, toxicity can present without the typical intoxicating features of ethanol. An anion gap metabolic acidosis is commonly observed in large ingestions but, like serum osmolar gap, does not rule out toxic alcohol poisoning.<sup>5</sup> As soon as the diagnosis is suspected, treatment with fomepizole in tandem with poison center consultation is imperative. Ethanol is second line for treatment when fomepizole is unavailable and has been shown to improve out-of-hospital outcomes, with hemodialysis often necessary for toxin elimination.<sup>2,5</sup>

We urge the emergency medicine community to remain vigilant regarding this developing threat.

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## A Walk-through COVID-19 Screening Station Can Preserve Personal Protective Equipment and Quickly Process Patients



*To the Editor:*

Our original outdoor screening station in response to the coronavirus 2019 pandemic included only several single rooms and one chest radiography room, which were set up according to experience with the severe acute respiratory syndrome epidemic. Similarly, current preparedness for coronavirus 2019 requires health care workers to wear personal protective equipment (PPE) while in direct contact with patients with suspected or confirmed coronavirus 2019.<sup>1,2</sup> Such an approach to screening patients consumes a considerable amount of PPE and time for the screening.

PPE is an essential but scarce commodity in the hospital because of the rapid consumption of inventory during the pandemic. To address this problem, we previously described a PPE-conserving chest radiography setting.<sup>3</sup> We further developed a walk-through screening station adjacent to our emergency department, with separate passageways for patients and health care workers that safely segregate the latter from patients through physical barriers and allow processing of patients sequentially.