

Stockpiling antidotes for mass poisoning - a new who initiative

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Objective: To describe a new WHO initiative to assist countries in dealing with mass poisonings through the establishment of antidote stockpiles. **Method:** Dealing with chemical releases that lead to mass poisoning presents a public health and logistical challenge. In recent years, a number of developed countries have prepared for this challenge by establishing stockpiles of equipment and medicines, including antidotes. WHO is currently improving its own capacities to assist countries in dealing with such events. This activity has 2 main strands: establishment of a roster of experts for deployment to countries supported by a toolkit of information and procedures, and establishment of strategically located stockpiles of equipment and of antidotes. At an international consultation convened by WHO on 14-16 February 2007 work started on drawing up a list of antidotes that could be considered for international stockpiling. A comprehensive list of antidotes and ancillary medicines was compiled from WHO/IPCS and other publications. A set of decision criteria was agreed in order to provide a systematic way for assessing the need for each antidote and ancillary medicine. **Results:** The decision criteria established were: rationale for use, timeframe for use, evidence of efficacy, safety concerns, existing availability in countries, storage and distribution issues, quantities needed, costs, and need for training and specialist knowledge for use. The original list comprised 60 antidotes and ancillary medicines. After assessment against the decision criteria this was reduced to an intermediate list of 28. Additional work is now needed to refine the list further by taking account of the global and regional incidence of specific poisonings and a cost-benefit analysis for specific antidotes. Decisions must also be made on the best location for specific antidotes, and whether certain antidotes should be kept in a physical or a virtual stockpile (i.e. having a rotated reserved stock maintained by a pharmaceutical company). Criteria must also be decided for mobilizing the stockpile. In addition, means for overcoming customs and licensing restrictions must still be found. **Conclusions:** WHO is commissioning a consultant to work further on the antidotes stockpile list and will be seeking the input of clinical toxicologists to review the list. Given the high costs of many antidotes, the costs of maintaining stockpiles, and the unpredictability of need, the final list of antidotes will inevitably be highly selective and, therefore, considerably shorter than the current intermediate list of 28.