

Poster Presentations

Alphabetical Order by Lead Author

The CDC National Pharmaceutical Stockpile Program: An Overview

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A release of selected biological or chemical agents targeting the United States civilian population will require rapid access to quantities of pharmaceuticals, antidotes, vaccines, and other medical supplies. In such an event, state, local, and private stocks of medical materiel will become depleted quickly. No one can anticipate exactly where a terrorist will strike and few local governments have the resources to create sufficient stockpiles on their own.

With this in mind, the Centers for Disease Control and Prevention (CDC) have created the National Pharmaceutical Stockpile Program (NPSP). The NPSP is responsible for the purchase, storage, and deployment of pharmaceuticals, supplies, and equipment that localities will need in a chemical or biological terrorist incident. The NPSP can help bolster state and local response capacity, and be one of the keys in mitigating the results of a bioterrorist incident.

The broad role of the CDC is to ensure that federal, state, and local levels of the public health partnership coordinate efforts, and work with the medical and emergency response communities to prepare for acts of biological and chemical terrorism.

Attendees at this session will have an understanding of the role and capability of the National Pharmaceutical Stockpile Program.

Keywords: bioterrorism; CDC; emergency response; stockpile

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An Overview of the Patients Needing Hemodialysis in the Taiwan 921 Earthquake

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Introduction: The 921 earthquake was a painful and devastating event for people living in central Taiwan. The disaster medical response was challenging for local hospitals and important for all medical victims. There was a sudden increase in need for hemodialysis following the earthquake.

Methods: We retrospectively reviewed the charts during the period of the first 48 hours after the quake, and analyzed the reasons for the use of hemodialysis, time interval from the earthquake to arrival at the hospital, and types of transportation used.

Results: There were 495 patients treated in the Emergency Department (ED) within 48 hours of the earthquake. Eighty-five patients (17.2%) required hemodialysis. The majority of patients requiring hemodialysis had pre-existing, end-stage renal disease (ESRD), and only three patients were diagnosed to have rhabdomyolysis due to the crush syndrome. Fifty-nine patients came from Pu-Li Village, which is located in central zone of earthquake. Forty-eight patients (56.5%) were from another hospital in Pu-Li Village, which had a strategic affiliation with our hospital for at least 2 years. Most of patients were transported to hospital by ambulance (75%), helicopter (12%), or private cars (13%). The average time from the earthquake to arrival at this hospital was 17.5 hours. No patient received hemodialysis until 7 hours after admission. Hemodialysis of these patients increased the workload of our hemodialysis room by 37%, which was well-tolerated during this disaster management.

Conclusions: This review may provide helpful information and contribute to disaster management for hemodialysis-related illness or injuries.

Keywords: 921 earthquake; crush syndrome; disaster; hemodialysis; response; Taiwan

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