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### 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 material 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.

**Key words:** bioterrorism; CDC; emergency response; stockpile

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### Peculiarities of Medical-Sanitary Provision of Peaceful Population in Conditions of Complicated Emergencies

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The 20th century in the history of mankind will be judged not only by its scientific and technical achievements, but also for its tragic public and social phenomena, one of which is a local military conflict. The world permanently collides with considerable expansion of geography of interethnic, religious, and territorial conflicts. The experience with complex emergencies' health relief operations

proves that a great number of the civil population suffers in these emergencies. One of the most difficult problems is the fact that the public health system must organize and implement, in difficult conditions and in the shortest time, the provision of health services for a great number of displaced people.

At the same time, very often, some part of public health infrastructure on the territories where these people are mainly located, cannot satisfy the provision of their full medical necessities. While studying the experience of health provision of population in the Chechen Republic in 1999–2000, it was established that: (1) the population had moved to the nearest areas of the Russian Federation (98.2%); (2) the structure of temporary displaced population belonged, for the most part, to children and women (45 and 40% respectively), and to men, only 15%, and (3) the temporarily displaced population was located in specially equipped settlements (camps) and dwellings.

From available data, it may be assumed that population movement outside the zone of the conflict is a process that is difficult to control. Not the least of the factors that negatively impact public health rehabilitation is the absence (from the first days) of the administrative governmental bodies, as well as disorders of public health management system for the territory liberated from illegal military units. In organizing medical care to the peaceful population, it's necessary to have data on medical-evacuation characteristics of sanitary losses among civil persons. However, this question hasn't been solved theoretically, and it demands further scientific working out.

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### Prehospital Management of Acute Myocardial Infarction: Role of a Medical Network

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Corsica, one of the widest of the Mediterranean islands, has two difficult-to-manage specificities: (1) a rough topography with a lot of isolated villages in mountainous areas, and (2) one of the highest rates of Acute Myocardial Infarction (AMI) in France. The cold and treacherous winter weather exacerbates the problems with both specificities and turns early AMI management into a challenge. In order to respond to "Time is Muscle", an Emergency Medical Network was developed in September 1999. This network is based on "first-line" private practitioners, some of them also being fire-brigade physicians, distributed across the countryside, and trained in emergency care, including the prehospital management of patients with an AMI.

The network, coordinated by the SAMU (Prehospital EMS), includes a Medical Rescue Helicopter as the spearhead of the system. Public advertising of the system was done. First-line physicians are activated by direct calls by the patients (private practice) or by SAMU regulation. As