

Responding to a
bioterrorist attack
from the department
of health and human
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Responding to a Bioterrorist Attack from the Department of Health and Human Services Q How should education of the public be managed with this potential threat?

A. The relevance of serious discussions and public education on biological terrorism, which was neglected until recently, has increased tremendously these days, especially after the Secretary of Health and Human Services received the threatening letter of possible botulinum attack. Priority must be laid on the education of the physicians and other healthcare providers so that they recognize and report the diseases that would most likely be used in a terrorist attack. (Indiana State Department of Health. 2007). Such educated health officials and physicians may make up the task force which can be of very effective use as the Texas Medical association's task force. (Task Force on Bioterrorism makes plans to educate doctors, public. 2001). As the researchers at the Johns Hopkins Bloomberg School of Public Health concluded, another important consideration in managing the public education on such possible bioterrorist attacks should be that public panic is rare and preventable. They also point out that the public is an active participant in responding to such an attack. Civic organizations like churches, charity trusts, and other associations may be effectively used to distribute information and medications, and to educate the public on such potential threat. The biodefence planners and leaders should continually educate the public on preparedness and response plans for bioterrorism. (Hopkins study dispels 'panic' myth and suggests ways to involve public in response to a bioterrorist attack. 2001). Thus, the education of the public must be directed towards the real awareness among people trusting their potentials in involving in such efforts.

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Q. 2. How could the use of BoTox be a point of confusion to the public?

A. Botulinum toxin is one of the most poisonous substances in the world. Ironically, it has also positive uses such as in the treatment of painful muscle spasms and as a cosmetic treatment. No wonder, its use is a reason for confusion to the public. The use of BoTox as a bio-weapon has been a serious reason for worries for many a nation, especially the US. There is a view that discounts its use as a bio-weapon due to the limitations in concentrating and stabilizing the toxin for aerosol dissemination. Contrary to this view, botox can cause disruption and distress among people. (Botulinum toxins a

Biological weapon. 2001). There are many such instances before us. This weapon “ causes botulism—a potentially fatal disease with symptoms that include severe paralysis of the limbs and respiratory muscles.” (Schwartz, Mark 2006). Terrorists can use botox for contaminating food on a large scale. Thus, on the one hand botulinum toxin has many medical and cosmetic uses, but on the other, it threatens the general public with a possible bioterrorist attack. There is a point of confusion considering the view that it cannot practically be used by the terrorist groups and the knowledge of such potential bioterrorist attacks. The medical and cosmetic application of the botoxin also enhances such confusion.

Q. 3. How should vaccines be managed? Who should take top priority and where should they be primarily administered?

The ongoing threat of bioterrorist attack via botulinum toxin raises the question on how to manage the vaccines and who to take measures against the potential attack. Responding to the gravity of the situation, many types of vaccines have been developed, though there is no proper management of <https://assignbuster.com/responding-to-a-bioterrorist-attack-from-the-department-of-health-and-human-services/>

them. The vaccination must be done on a priority basis and important health workers like the doctors and the nurses should be given vaccination first. Small groups of key military personnel also can be given priority as they can play frontline roles at the time of an emergency. In the event of any such attack, mass vaccination should be thought of. There too, immediate action is to be taken in the area surrounding an attack location rather than concentrating on every man, woman and child. There are many facts to be noticed like, no vaccine can secure 100% protection against any infection; certain people cannot be vaccinated due to severe complications; vaccination carries certain risk of fatal reaction. (Smallpox vaccine. 2002). Thus, we need to prioritize the vaccination procedure and identify the most important areas where they should be administered.

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