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Fact Sheet

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MCH Role in Bioterrorism Planning

The nation's ability to respond to bioterrorism depends on the strength of the public health system. Without sufficient funds and detailed plans, any bioterrorism event will severely strain the entire public health system, decreasing our ability to serve the most vulnerable, such as children with special health care needs, the elderly, the disabled and the mentally ill.

As states build bioterrorism plans, they should include staff from maternal and child health (MCH) and children with special health care needs (CSHCN) programs. These public health leaders have the expertise to ensure the needs of women and children are met. Specifically states must address these key MCH/CSHCN issues in their bioterrorism plans:

1. Create federal, state and local disaster plans that include specific protocols for medical and logistical management of bioterror victims who are women and children.
2. Require adequate supplies of pharmaceuticals such as antibiotics, antidotes and vaccines in dosages for pregnant women and children. Equipment such as gas masks and protective suits should be available in sizes appropriate for children and pregnant women. Finally, states should create treatment areas for children such as isolation zones and decontamination rooms.
3. Include pediatric health care facilities (e.g., public health clinics, children's hospitals, pediatric emergency departments and pediatricians' offices) in all aspects of preparation, because they are likely to become primary sites for managing child casualties.
4. Use maternal and child health phone lines, poison control centers, and other public health information resources in local planning efforts. Toll-free information lines can provide updates on the situation, access emergency health services, the status of children who have been relocated and other pertinent information. Poison control centers can be used as central clearinghouses for information on toxicology, antidotes and treatment, and decontamination procedures for hospitals, public safety officials and the general public.
5. Include obstetricians, pediatricians and others skilled at evaluating and treating pregnant women and children as local disaster team members.
6. Prepare schools, childcare centers and after-school facilities to evacuate children, including those who are too young to walk or follow directions and children with special health care needs. These facilities must have a plan to take children to a safe place, notify parents, reunite families, provide or arrange care for children whose parents cannot reach them, and render first aid.
7. Sustain health services for those not directly affected by the bioterror event. Providers must be able to provide continuous care for pregnant women, individuals with chronic illness, and other health emergencies.
8. Evaluate the unique needs of pregnant women and children, especially targeting their mental health and pharmaceutical needs as research and development efforts continue.

The Association of Maternal and Child Health Programs represents state public health leaders and others working to improve the health and well-being of women, children, youth and families, including those with special health care needs.



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