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Thailand National Antidote Project

Thanjira Jiranantakan^{1,2}

1: Department of Preventive and Social Medicine,
Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand

2: Siriraj Poison Control Center, Siriraj Hospital, Thailand

Background: Antidote management system has placed significant challenges worldwide including Thailand. Before the establishment of Thailand National Antidote Project, healthcare and public health professionals confronted great issues concerning antidote limited supply and price constraints.

Methods: This aims to 1) retrospectively review documents regarding Thailand National Antidote Project; 2) provide lessons learned from the project; 3) recommend key factors required to establish management system for antidotes in the area in different regions.

Results: Thailand National Antidote Project was launched in 2011 in order to increase access for antidotes in Thailand. The project was collaborated by Thailand National Health Security Office (NHSO), Government Pharmaceutical Organization (GPO), Thai Society of Clinical Toxicology (TSCT), Ramathibodi Poison Center, Siriraj Poison Control Center and Queen Saovabha Memorial Institute, the Thai Red Cross Society. Activities during the first phase (2011-2015) were categorized as 1) training about the project and toxicology knowledge; 2) supply, stockpile and distribution; 3) clinical toxicology consultation. Activities during the second phase (2015-2018) were focused on local capacity building and network. As of 2015, 98.8 percent of hospitals participated in this project. There were 22 types of antidotes and snake antivenoms included in this project. As of 2016, approximately 20 519 patients were treated by antidotes or snake antivenoms operated through this project. Key factors that contributed to Thailand National Antidote Project to be successful include but not limited to continuing collaboration amongst relevant parties and local engagement.

Conclusion: Thailand National Antidote Project is one of the successful national antidote management systems. Lessons learned from this project can be applied to other regions but own local context should be carefully considered.

Keywords: antidote, snake antivenom, management system, Thailand