

Création d'un centre africain anti-poison et toxicovigilance

Kensese MS.

University Professor

Walter Sisulu University

Eastern Cape, South Africa

Email: Kensese.Mossanda@gmail.com

Il existe à l'heure actuelle une nécessité de créer un centre Africain anti-poison et toxicovigilance pour l'Afrique. Ce centre servira de centre de référence pour les unités qui devraient dans un avenir proche se créer dans chaque capitale des pays Africains.

La mission de ce centre sera axée sur l'inventaire, la détection, la prévention des toxiques et poisons trouvés ou importés en Afrique et le traitement/management des sujets intoxiqués ou empoisonnés.

La prévention et le traitement constituent à coup sûr des étapes très importantes dans l'accomplissement de la mission et des objectifs que s'est assignés ce centre anti-poison et toxicovigilance.

Sans oublier l'intoxication par des gaz ou produits

toxiques émanant des usines locales, l'intoxication volontaire (suicide ou toxicomanie), accidentaire (par ingestions des aliments toxiques/contaminés par des produits chimiques ou champignons dangereux ou médicaments) feront partie des prérogatives de ce centre.

L'information recueillie dans ce centre servira de données de base non seulement pour établir une régulation commune en Afrique en matière des produits chimiques à haut risque mais aussi pour amender les régulations en vigueur à l'heure actuelle en Afrique.

Ceci a pour but final de protéger la vie des populations vivant dans un continent où les régulations en matière des toxiques et

produits dangereux ne sont ni contrôlées et ni respectées.

Establishment of “African centre of anti-poison and toxicovigilance”

There is presently a need of establishing an African centre of anti-poison and toxicovigilance for Africa. This centre will serve as reference centre for units that should be created in near future in each metropolitan city of African countries.

The mission of this centre will focus on the inventory, detection and prevention of toxic compounds found and/or imported in Africa and the treatment and management of intoxicated and poisoned subjects.

Prevention, treatment and management are surely important steps towards the achievement of the mission and objectives assigned to this “anti-poison and toxicovigilance” centre.

In addition to intoxication from gas and/or toxic effluents from local companies, voluntary intoxication (suicide and addiction) accidental (through ingestion of toxic/contaminated foods by chemicals, dangerous fungi or medicines will be part of the prerogatives of this centre.

Information obtained from this centre will be used as data base not only for putting in place a common African regulation in term of toxic chemicals with high risk, but also to amend current African policies.

The final goal is to protect life of populations living in a continent where policies around toxic and high risk products are neither controlled and nor respected.

Domestic and intentional poisoning in african regions

While in developed countries, domestic and intentional poisoning is due to excessive medication from analgesics, antidepressant and tranquilisers,

agricultural pesticides (organophosphate), aluminium phosphate (tank pills) used to purify domestic water collected from rain and rodenticides (rat killer poison) become the most important factors for domestic and intentional poisoning in developed countries.

In this study we investigated the methods of prevention to protect the general populations exposed and the strategies to manage poisoned/intoxicated patients.

Clinical features such as cholinergic respiratory failure (an early acute mixed central and peripheral respiratory failure, and a late peripheral respiratory failure) were observed depending of the ingested poisons and the type of settings (rural or urban areas).

Use of domestic commodities (tank pills, rat poison) and/or industrial (agricultural) commodities (organophosphate) have shown to involve in the raising of the rate of domestic and intentional poisoning. In addition, lack of drug monitoring system in these poor settings is one of the missing factors facilitating the management of poisoned/intoxicated subjects.