

Status: U
Return-Path: [REDACTED]
Delivered-To: [REDACTED]
Received: (qmail 13925 invoked by uid 5014); 26 Oct 1997 10:22:27 -0000
Delivered-To: d#-cndscot@dial.pipex.com
Received: (qmail 13918 invoked from network); 26 Oct 1997 10:22:27 -0000
Received: from dub-img-6.compuserve.com (149.174.206.136)
by depot.dial.pipex.com with SMTP; 26 Oct 1997 10:22:27 -0000
Received: (from mailgate@localhost)
by dub-img-6.compuserve.com (8.8.6/8.8.6/2.7) id FAA28266
for cndscot@dial.pipex.com; Sun, 26 Oct 1997 05:22:26 -0500 (EST)
Date: Sun, 26 Oct 1997 05:22:17 -0500
From: [REDACTED]
Subject: Iodine tablets
Sender: [REDACTED]
To: Scottish CND <cndscot@dial.pipex.com>
Message-ID: <199710260522_MC2-251E-BBAA@compuserve.com>
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Dear Mr Ainslie

Thank you for your e-mail and please accept my apologies for the delay in replying.

1) Stable iodine has to be in the blood before the radioactive iodine to be fully effective. Stable iodine is effective by saturating the points of binding in the thyroid so uptake is reduced after this. Uptake to the thyroid from the blood typically takes place over some 24 hours. If the stable iodine is present before the radioactive iodine enters the blood it is most effective, if it is given several hours after the radioactive iodine it cannot reverse the uptake to the thyroid that has already taken place and it takes time for the saturation to be completed. I will look into whether there are figures you request in the literature but at a guess effectiveness will drop off quite quickly with time.

2) In general children will metabolise iodine more rapidly than adults so the time before administration is likely to be more critical for them.

3) ERLs vary up to 100mSv. I think it is reasonable that local circumstances will to some extent determine the value of the ERL. The whole question of how ERLs are applied is a very complex one. In my view and in the light of experience from Chernobyl, a value of about 10mSv would be justified on the basis of ICRP principles. I will be arguing this point at a meeting in a few weeks time. A representative of the NRPB, the responsible authority in the UK, will be present.

4) I am not aware of any differences in the side effects, which for children have been shown to be very slight.

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5) The WHO is in the process of revising its guidelines on stable iodine prophylaxis. The new advice is that iodine tablets should be widely distributed throughout Europe of administration to children. Whether they are pre-distributed to households or stockpiled for easy distribution when needed depends very much on local situations. There are arguments for and against either solution. Protection may be required at any time of the day and it may be advisable to stay indoors at very short notice. Local authorities should have plans applicable to all eventualities.

I hope this answers most of your questions. I will be in Helsinki from Tuesday for about 10 days. I will be happy to discuss any matters still outstanding from there. You can contact me on this e-mail or on [REDACTED] or by telephone on [REDACTED]

Kind regards [REDACTED]