INTRODUCTION

On the 1st of May a child died in the Niño Jesús Hospital, in Madrid. He had a new disease, never seen before on the medical bibliography. A month later, his doctor ventured a cause for the disease: adulterated, unlabeled street oil, sold by itinerant vendors. Beginning that day, Spain lived the worst food-born epidemic in its entire history.

For many years, the specific etymological agent remained unknown and the animal models gave no results in simulating the disease. Even more, at the time derived from them.

scarce epidemiological information was available. This project will try to review the administrative actions as well as the social and ethical consequences of the epidemics little was known about the origin of the oil, nor was it certain that the epidemic was caused by the oil. An action had to be taken, but solely scarce epidemiological information was available. This project will try to review the administrative actions as well as the social and ethical consequences derived from them.

This work is based on some international publications, mostly by the WHO (World Health’s Organization). Both Toxic Oil reports (1992 and 2004) are being used as a start point for relevant essays, especially on the first parts: the clinical and epidemiological aspects.

As for the last part, less "formal" or scientific information is available, as global risk assessment is rarely taken into account as a whole. Especially when it comes to comparison, I have tried to find some kind of guide or layout to emergency management. Luckily, the WHO published on February 1981 (four months prior the outbreak) a “Planning emergency response systems for chemical accidents” (Jones 1981). On the same book there are evidences that the Spain Health Ministry knew of it.

On a general basis, I have tried to compare the actions or the attitudes taken with available guides or information available at the time. Where it was not possible, I have taken some present layouts and interpreted them on the dairy political schedual.

As early as 23 April, people became to get sick, and on 10th of June the Government proceed to exchange the household oil with pure olive oil, at the State expense. The situation improved quickly, althoug the epidemic curve started to decai some days earlier (Posada 2001).

- Clinical: the Toxic Oil Syndrome was a multisystemic disease, with three distinct phases: acute, intermediate and chronic, each with some common traits and some distinctive features (Philien 1993).

Death risk was present in each of the phases.

- Chemistry: despite being the first obvious hipotesis, the aniline-denaturant present in the street oil has lost its status as the main target molecule by a candidate with a much better case-dose corelation : the 3-(N-phenylamino)-1,2-propanediol and their esters (Hill et al.,1995).

- Epidemiology: the oil came from France, were it was sold as edible oil. Prior entering Spain, it was denatured with 2% aniline. Here, RAELCA bought the oil by means of RAPSA, and "renatured" it on the ITH refinery in Seville (Hill et al., 1995).

- Social issues are quickly forgotten, it seems it’s victim’s responsibility to keep them on the dairy political schedual.

- The Toxic Oil Syndrome served as a sort of catalisys to improve and regenerate the Spanish Public Health system, as well as to make the European Union realise that a new path for new deseases was possible: food.

RESULTS

The response to the epidemic was very precipitated and spontaneous, although some points can be remarked:

- There was no plan, nor were there any intentions to prepare one, for an outbreak such as this or of any kind.

- Comunication between parties (government, scientist and the public) was deficient and created more confusion than it intended to reduce.

- Social issues are quickly forgotten, it seems it’s victim’s responsibility to keep them on the dairy political schedual.

- The Toxic Oil Syndrome served as a sort of catalisys to improve and regenerate the Spanish Public Health system, as well as to make the European Union realise that a new path for new deseases was possible: food.

BIBLIOGRAFÍA

