The Golden Mortar

News from the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and associated pharmaceutical sectors.

Edition 5/August 2015

Stephani Schmidt - Amayeza Info Centre

This is the first article of a two part series on rabies. The first article discusses rabies risk assessment, while the second one looks at rabies post-exposure prophylaxis.

What is rabies?

Rabies is a viral disease that affects the central nervous system (CNS). Progressive inflammation of the brain and spinal cord develops as the virus spreads through the CNS. It may present as:

- Agitated or 'furious' rabies (hyperactivity, excited behaviour, hydrophobia and sometimes aerophobia)
- Paralysis or 'dumb'rabies (muscles gradually become paralysed, starting at the site of the bite or scratch)

The incubation period may vary from several days to years and is usually proportional to the distance from the portal of entry to the brain. There is no blood test available after an exposure to a possible rabid animal, that can confirm or exclude the spread of rabies viruses. In addition, there is no effective treatment and, once symptoms of the disease develop, it is nearly always fatal. However, rabies is a vaccine-preventable disease.

How is the virus transmitted?

The virus is spread from infected animals (domestic or wild) to people through close contact with infectious material, usually saliva, via bites or scratches or licks on mucous membranes. Although many animals can transmit rabies, dogs, cats, cattle, bats and mongoose are the most significant ones in South Africa.

What needs to be considered in rabies risk assessment?

Animal factors:

- Is the animal a known rabies reservoir or vector species?
- Is it a stray or wild animal or a domestic pet?
  - In wild animals the clinical signs of rabies cannot be interpreted reliably.
- Is the animal available for testing or observation?
  - In cases where the animal can be observed and is healthy for 10 days after the incident, the animal would not have been shedding rabies virus in their saliva and would not have been infectious at the time of the exposure.

.../continued on page 2

INDEX	PAGE

- How is the animal behaving and does it appear sick?
  - ◊ Rabid animals show abnormal behaviour e.g. wild animals may demonstrate tame behaviour and lose fear for humans, whereas a domestic animal's temperament may change. However, animals may seem healthy in appearance and behaviour for a period of time prior to the onset of clinical rabies.
- Has the domestic animal been vaccinated?
  - ◊ It is unlikely that domestic pets with up-to-date vaccinations will be infected with rabies. However, especially in developing counties, the vaccination status of the suspected animal should not be considered alone when deciding whether or not to initiate prophylaxis.

***Geographic factors**:*

- How prevalent is rabies in that area?

***Exposure factors**:*

- The type of exposure?
  - ◊ Bite; non-bite (i.e. exposure to saliva on open skin or mucous membrane) or bat (see Table 1, in Part 2)
- Was the attack provoked?
  - ◊ The risk is higher if the attack was unprovoked

Human factors:

- Is it possible to obtain a reliable history i.e. from children or cognitively-impaired individuals?
- Location and severity of wounds
  - ◊ More severe bites as well as exposures to the face, neck or hands where the nerve endings are more dense are considered to have a higher risk.

Please note that patients identified to be at risk should be referred for immediate post-exposure prophylaxis.

Bibliography

1. World Health Organization (WHO). Rabies. Fact sheet 99 c2015 [updated 2014 Sept] [cited 2015 July 7] Available from: http://www.who.int/mediacentre/factsheets/fs099/en/
2. National Institute for Communicable Diseases. Rabies frequent asked questions. c2015. [cited 2015 July 8] Available from: http://www.nicd.ac.za/?page=rabies_faq&id=108
3. Bishop G.C. Rabies guide for the medical, veterinary and allied professions. Second edition 2010. [cited 2015 July 8] Available from: http://www.nicd.ac.za/assets/files/Rabies-Guide-2010-small.pdf
4. Rabigam IM Package Insert. National Bioproducts Institute
5. Public Health Agency of Canada. Canadian Immunization Guide Part 4 Active Vaccines: Rabies Vaccines. [cited 2015 July 9] Available from: http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-rabi-rage-eng.php
6. Centers for Disease Control and Prevention. *Use of a reduced (4-Dose) vaccine schedule for postexposure prophylaxis to prevent human rabies - recommendations of the Advisory Committee on Immunization Practices.* MMWR Recomm Rep 2010;59(RR-2):1-9 [cited 2015 July 10] Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm
7. Travax. National Services Scotland. [cited 2015 July 14] Available from: http://www.travax.nhs.uk/destinations/africa/south-africa.aspx

Pharmacy Week

This opportunity to promote the profession to your clients and members of the public will take place from 1-8 September 2015.

The theme this year is

Chronic Diseases: Take control.

A poster and a pamphlet intended for promotional purposes as well as a TAG with text directed at the public will be available on the PSSA website:
www.pssa.org.za

Pharmacy Week

AN UPDATE ON ACTIVITIES OF THE SOUTHERN GAUTENG BRANCH OF THE PSSA

At the beginning of the year the Branch Committee agreed to remain focused on the following objectives.

The **Health Awareness Days** project in association with marketing done by the national office. The concept is based on the provision of information directed at the public on health matters provided by the Branch and made available through TrustaTag. The Golden Mortar has supported this programme over the past two years.

The next promotion is Eye Care Awareness month and will run from 21 September to 18 October 2015. The next Edition of the Golden Mortar will include an article, TAG and copy in support of this Health Awareness programme.

A **Social Responsibility** project in association with Wits University for the establishment of a registered dispensary for the provision of medicine to the street children and homeless in the Hillbrow area. Progress was slow initially due to the length of time it took to register the facility but we are pleased to report that this has now been done and the final fitting out and stocking of the pharmacy is currently under way.

Closer liaison with pharmacy students. We have been involved in a number of student activities, such as bursaries, prizes for deserving students and sponsorship of the student ball. In addition the chairman of the Wits Pharmacy Student Council, Ms. S. Parekh, is invited to all Branch meetings.

Young pharmacists. The annual function for pharmacy interns was held at Glen Hove on the 2nd June and organised by SAAHIP to address the issues that surround the CSP year and, in particular, to assist them in dealing with their applications for postings. The meeting was addressed by members of the Society as well as members from Gauteng Health.

We will be hosting a function for YPG (Young Pharmacists Group) members at Glen Hove in October – details still to be decided but will be circulated in due course.

Presidential visit. On the 9th July we were pleased to welcome the President, of the PSSA, Prof. Sarel Malan, to a Branch Committee Meeting. It was an interesting evening of honest exchanges of ideas and concerns. The more important of these included the PSSA Constitution, the future of PSSA Conferences, financing of the national body, marketing of the PSSA and its membership benefits and the implementation of the Strategic Plan.

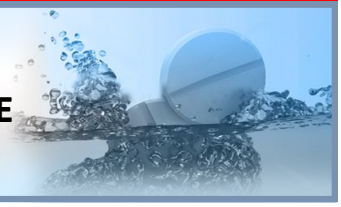
Clinical CPD Sessions:
These have been held regularly each month and are well attended by members from all Sectors of the Society.

Branch elections.
Our Branch elections will be conducted in November/ December and the Branch AGM will be held in January 2016 as was the case this year and which proved to be very acceptable and got the new committee off to an early start. The process will be again be conducted via SMS which is a quick and cost effective means of achieving a result that used to take months and relied on an expensive and unreliable postal service.

In recognizing the importance of maintaining the integrity of the Cold Chain in the context of pharmaceutical distribution and storage, The Golden Mortar is appreciative of Strategnos Consultants for authoring the following article.

STRATEGNOS®
BUILDING BUSINESS THROUGH STRATEGY & KNOWLEDGE

THE CHANGING FACE OF COLD CHAIN LAST MILE REQUIREMENTS: THE IMPACT ON PHARMACY PRACTICE



Authors: Sarantis Kosmas and Ari Nerwich

Thermolabile pharmaceutical products require storage and transportation between 2 °C to 8 °C in order to ensure safety, potency and efficacy. Cold Chain Management refers to those activities and processes required to ensure that the thermolabile supply chain is maintained within the above parameters. It is our experience that compliance can be attained successfully when a structured approach is taken by each partner within the value chain; which includes Manufacturers, Wholesalers, Distributors and Pharmacies.

.../continued on page 4

Thermolabile pharmaceutical products require storage and transportation between 2 °C to 8 °C in order to ensure safety, potency and efficacy. Cold Chain Management refers to those activities and processes required to ensure that the thermolabile supply chain is maintained within the above parameters. It is our experience that compliance can be attained successfully when a structured approach is taken by each partner within the value chain; which includes Manufacturers, Wholesalers, Distributors and Pharmacies.

In February 2015, the South African Pharmacy Council released amendments for implementation to the Rules relating to Good Pharmacy Practice, with particular focus on requirements for thermolabile products. The amendment refers to the replacement of rule 2.3.5. "Cold Storage of Pharmaceuticals" with "Minimum Standards for the Procurement, Storage and Distribution of Thermolabile Pharmaceutical Products". This expands the scope of requirements from storage to include procurement and distribution. Furthermore, the obligations related to storage have increased where Pharmacies now have the challenge of increasing cost, time and effort to meet these requirements. Therefore, this article endeavours to elaborate on specific impacts of these changes while also providing some key considerations and guidance to assist compliance in managing the cold chain at the pharmaceutical level.

Storage Areas

Storage areas may be defined as spaces in which thermolabile product is permanently stored, which includes Cold Rooms and Refrigerators, which are generally maintained between 2 °C to 8 °C (although this may change depending on the product requirements).

The updated rules make mention of an annual "temperature mapping" to be performed on the storage area (Cold Room or Refrigerator). A temperature mapping is the controlled act of recording, analysing and understanding temperature trends and variations (i.e. hot and cold air distribution) within a storage area/unit over a specific period of time (e.g. 3 to 7 days depending on which guideline one reads) in order to ascertain if the unit continues to perform within required standards. The aim of a temperature mapping is to verify that the performance of the unit meets product storage requirements and to identify positions of highest risk (i.e. hottest spot and coldest spot) which may be used for the placement of ongoing temperature monitoring devices.

Key considerations when executing a mapping may include:

- Duration.
- Temperature recording interval applied to the probe/logging device.
- Number of probes/logging devices.
- Probe position.
- Probe accuracy.

It is also stipulated that temperature should be monitored and recorded at minimum twice daily - the aim being to verify that unit temperatures are being maintained within the required range. Monitoring devices (which must be calibrated annually and have an accuracy of ± 0.5 °C) used for this purpose are placed in the positions of highest risk (previously identified through the mapping exercise). This may be performed a) manually through stand-alone thermometer-based equipment, or b) through an integrated continuous temperature monitoring system (which is linked to all probes in all storage area). The latter system may be ideal as a system such as this may provide real time temperature, allowing users to make an informed decision quickly in the event of an excursion.

Distribution and Transportation

The updated rules make provision for a comprehensive quality system, a distribution strategy, and a risk assessment programme. This is so distribution and/or transportation can be planned and tactically executed in order to mitigate disruption of the cold chain or to reduce exposure to extreme seasonal temperatures which, for example, may influence insulated containers or packaging and therefore break the cold chain.

Key considerations for a tactically executed Distribution Plan:

a. Conduct a Risk Assessment:
   A Risk Assessment may assists in identifying high risk routes, and specific risks within the distribution system, thus allowing mitigation of these risks through careful planned and prioritisation.

B. Validation:
   The aim of validation is to provide an evidence-based documented approach verifying consistent performance to ensure the thermolabile product is maintained within the required temperature range during transportation. Validation can be an effective method of mitigating risk by providing evidence that the transportation, the distribution system or packaging solution (cold chain container typically constructed from polystyrene or polyurethane material) has been developed, tested and verified for performance for the specific routes used.

.../continued on page 5

C. Transport Monitoring:
Temperature data loggers can be used to monitor temperature and verify compliance and so identify if a break has occurred in the cold chain during the transportation and distribution cycle. Temperature data loggers should comply with WHO (World Health Organisation) specifications which include parameters such as: accuracy, data resolution and an appropriate recording interval.

It should be noted that the requirement for a validated packaging system, as well as temperature monitoring of thermolabile parcels, may impact operating costs. The validated packaging system provides confidence that the system will maintain the required temperature range, while temperature monitoring verifies that the temperature was maintained during transportation.

Receiving

The updated rules make mention of "a delivery document" that provides evidence of temperature control during transportation and distribution cycle. This requirement aims to provide control at the critical transition point of "handover", which is sometimes a gap at the level of the last leg of distribution. Additionally, the verification of temperature monitoring data during transportation should be done at the point of receiving. This requirement presents a challenge to the industry as a whole, and further effort is required to determine how this requirement could be achieved in a cost effective manner.

Personnel

The updated rules make mention of "education, training, and/or experience" of personnel and is essential to ensure that the constantly evolving requirements for the maintenance of temperature-sensitive products can be met. Training that focuses on thermolabile products and solutions; for example Good Warehousing Practices (GWP), Good Manufacturing Practices (GMP), Good Distribution Practices (GDP), Temperature Mapping Execution, Validation and Qualification, which provides specific detail on how to meet the requirements are advisable. The pragmatic application and execution of what is learnt is pivotal; for instance personnel who attend such workshops or training sessions should review in-house Standard Operating Procedures (SOP's) or the Quality Management System (QMS) to ensure that the day to day practices are in line with current rules.

Disruptions

Disruptions to normal process, such as power failures, equipment breakdown or a break in the cold chain must be appropriately dealt with so as to not adversely affect product quality. For example, a Cold Room designed to maintain temperature between 2 °C – 8 °C is only effective if power can be continuously supplied. Therefore, contingency processes must be in place in the event of a power failure.

Key considerations in dealing with or preventing disruptions:

- Continuous and/or planned maintenance of all related equipment should be performed and documented where all repairs or maintenance is done in accordance with the manufactures advice.
- Additionally, preventative maintenance, incident reports and root cause analyses should be conducted to prevent disruptions from being repeated.
- Contingency plans should also be in effect to facilitate disaster recovery and prevent the incident from reoccurring.
- Alarms (either telephonic, SMS or e-mail based) linked to a continuous temperature monitoring system to alert appropriate personnel.
- A Disaster recovery plan should be in place to augment municipal power (such as the presence of an onsite generator) or a Service Level Agreement (SLA) with an outsourced company for the controlled movement of temperature sensitive product in the event of a failure.

A Suggested Approach

Adapting to the new guidelines poses a significant challenge, requiring an investment in time and money. We suggest the following approach to meet these updated requirements in a cost effective manner:

1. Take a Risk-based Approach: A risk analysis is a very powerful tool to show that one has understood the risks involved and the appropriate corrective action is implemented in order of the risk priority. The financial benefit of this is that one is able delay costs that are associated with lower risks, while focusing on key risk issues.
2. Be Pragmatic: Best practice is not always appropriate for all situations, and can sometimes result in over engineering of the solution. In line with the risk-based approach, it is important to meet the outcome of what is expected, provided one can illustrate that a logical and well documented approach is used that mitigates risk and meets the requirements.

…/continued on page 6

3. Continuous Education: Training workshops provide a good platform to understand what is required, ask questions and meet people who have dealt with similar challenges. Furthermore, there is a wealth of information in guidelines published by the Parenteral Drug Administration (PDA), World Health Organisation (WHO), Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (jointly referred to as PIC/S) and other global bodies which provide some specific guidance.
4. Research Service Providers: If one chooses to use an external service provider, ensure that one understands what the output from the service provider should be and that such output meets regulatory requirements. In addition, it is essential that service providers give context to the service they are providing to ensure that one understands the results of the output document. In the case of a mapping for example, the data must be analysed, interpreted and a formal report with recommendations provided. The action to be taken is then implemented by the pharmacy pharmacist.

Holistically, proper Cold Chain Management requires an increased level of effort to ensure that thermolabile pharmaceutical products are maintained in accordance with their defined storage conditions. Cold Chain Management is a crucially important and challenging component of the overall pharmaceutical supply chain. We encourage information sharing and collaboration between supply chain partners to ensure quality medicines are delivered to patients in a cost effective manner. There are many more concepts which are important to the Good Cold Chain practice, all of which could not necessarily be included in this article. For more information please search for guidelines provided by WHO, PDA, PIC/S or feel free to contact sarantis@strategnos.com or ari@strategnos.com.

Disclaimer
The views in this article are general views only. It has been prepared without taking into account specific considerations prevailing in different institutions. Before acting on the views one should consider the appropriateness of the views, in relation to your specific situation. Strategnos CC disclaim all and any guarantees, undertakings and warranties, expressed or implied, and shall not be liable for any loss or damage whatsoever (including human or computer error, negligent or otherwise, or incidental or consequential loss or damage) arising out of or in connection with any use or reliance on the information or advice in this article.

Dear Editor,

I am writing out of the frustration caused us as pharmacists by the persistent shortage of essential medicines, both in community and hospital practice.

The main problem arises when medicines for a specific purpose are prescribed and are just not available. As there are no generics for many of the products I am obliged to contact the prescribing doctor. The result is often another product, of second choice, in the same therapeutic class. However, this is not always possible and a product with vaguely similar actions has to be used.

The dilemma is that the patient is compromised and both the prescriber and I are faced with an ethical dilemma.

Psychiatric patients receive alternatives that do not achieve the desired effect and many other conditions do not respond as intended.

In the hospitals the shortage of drugs is often just not adequate planning by whoever is responsible for ensuring a regular supply of essentials. Examples of recent cases are, no paracetamol in stock and even the basic antibiotics are not available.

For how much longer are we pharmacists going to keep quiet. In many other incidents of non-availability of essentials for consumers we have riots!

We are responsible for the outcome of the medicines which we dispense.

Why do we not create more publicity and awareness of what we face on a daily basis?

Author Known

Name withheld on Request

APSSA/SAAPI Conference 2015

"Today's Solutions for Tomorrow's Needs"

Thursday, 17 September 2015

08:00	***Registration & Networking***
09:00	Welcome
09:05	***APSSA/SAAPI*** Opening Address
09:30	***(Speaker TBC)*** The European Pharmacopoeia: Leadership in the Quality of Medicines
10:10	***Dr Stephen Wicks - EDQM*** A Structured Approach to the Benefit Risk Assessment of Medicines: The key to Improving Decision-Making in Drug Development and the Regulatory Review
10:50	***Prof Stuart Walker - Founder Centre for Innovation in Regulatory Science (CIRS), United Kingdom.*** 10 min Q and A
11:00	Tea (20 min)
11:20	Active Pharmaceutical Ingredients: Understanding Life Cycle Quality
11:55	***Prof Douglas Oliver*** Local Stability Testing and Requirements (Title TBC)
12:30	***Prof Anita Wessels*** Regulatory Science Institute Update
13:00	***Dr Desmond Johns*** 10 min Q and A
13:10	***Networking Lunch***
14:00	GMP Updates – From Systems Compliance to Product Quality
14:40	***Dr Chris Stubbs*** The Legal, Disciplinary and Reputational Risks of Social Media.
15:20	***Emma Sadler*** 5 min Q and A
15:25	**Tea**
15:35	Conducting Clinical Trials in South Africa and the Role of the Clinical Research Pharmacist ***Prof Kosie van Wyk***
16:10	AGM
16:40	5 min Q and A, Prize Giving (R1000 to SAAPI workshop) and Closure
17:30	Networking and Cocktail Event (additional charge)

APSSA/SAAPI Conference 2015

"Today's Solutions for Tomorrow's Needs"

Friday, 18 September 2015

08:00 ***Registration & Networking***

09:00 Welcome

APSSA/SAAPI

09:05 EDQM Certification and Inspection: Controlling the Quality of Substances and Medicines

Dr Stephen Wicks – EDQM

09:45 Academic Drug Discovery Centers - Cultural Bridges Over the Valley of Death?

Prof Per Arvidsson: Executive Director Science for Life Laboratory Drug Discovery & Development Platform, Division of Translational Medicine and Chemical Biology, Department of Medical Biochemistry and Biophysics, Karolinska Institute, Stockholm, Sweden.

10:25 15 min Q and A

10:40 Tea (20 min)

11:00 The Tackling of the Backlog

Speaker tbc

11:40 Biosimilars - A Regulatory Update

Prof Henry Leng

12:20 10 min Q and A

12:30 Lunch

13:15 Expanding the Range of Authorized Prescribers – a Very Slow Tango

Mr Andy Gray

13:55 Getting Ready for the eCTD

Ms Estelle Taute

14.40 15 min Q and A

15.00 Conformity Assessment (Applicable ISO Standards and Guides for Supplements, CAMs and Functional Foods, Measuring the Performance of a Product and Process, Certification and Testing)

Amit Raga – Senior Manager: Chemical Services; Food & Health Certification ,SABS

15:30 10 min Q and A and Closure and Tea served afterwards

FELLOWSHIP OF THE PSSA

Val Beaumont, FPS
Chairman: Fellows Committee

The Fellows Committee, newly elected in 2013 with a two year mandate has, with the valued support of the Southern Gauteng Branch of the PSSA successfully motivated for formal recognition and a clear mandate for its work.

The formal status of the Committee, its objectives and responsibilities has been recognised by National Executive Committee and the AGM with changes to the Regulations to the Constitution (available from the National Office or on the website)

The original committee consisted of Val Beaumont (Chairman), Natie Finkelstein, Clive Stanton, Ray Pogir and Gus Fergusson. Gus stepped down at the beginning of the year and Keith Johnson has replaced him.

The Committee will support and assist in the promotion of all formal, agreed initiatives of the Pharmaceutical Society. In addition the Fellows Committee will have the following specific objectives:

- To promote the values of professional fellowship
- To provide a leadership role, including closer collaboration between Sectors of the Society.
- To nominate, consider and make recommendations i.r.o. candidates for Fellowship of the PSSA.
- Ensure the maintenance of an accurate register of names and contact details of Fellows and Honorary Fellows of the Society.
- Maintain contact between Fellows of the Society.
- Assume responsibility for and co-ordinate activities/functions for Fellows, including the associated costs thereof.

Facilitate the collection of relevant historical data for compilation and safe-keeping in a suitable repository such as the National Pharmacy Museum.

Fellowship is important in a voluntary organisation such as ours and we encourage members of the Branch to identify persons who, through their significant contribution to the profession and the Pharmaceutical Society, would be worthy of the recognition.

Fellowship is not an award, but the formal recognition by one's peers of a significant contribution made over a period of time. Since initiated by Julius Israelsohn in the early 70's about 170 Fellows have been honoured with Fellowship of our Society.

Nominations for Fellowship or Honorary Fellowship should be initiated through the Branch or a Sector and need to be finalised and submitted to the Chairman of the Fellows Committee not later than the 31 October. You are invited to consider and motivate for this recognition to deserving members. Nomination forms are obtainable from the Branch office.

Pat Smith receiving his Fellowship Certificate from SAAPI President Tammy Chetty.

Pat Smith is the most recent member of the Southern Gauteng Branch to be honoured with Fellowship of the PSSA.

He has been a member of the Society since 1969 and has served on the SAAPI Executive Committee for the last ten years.

Pat spent many of his working years at Glaxo, South Africa (Pty) Ltd. first as Technical Director and later as Managing Director. Among his other achievements, Pat has been a member of the Dean's Advisory Committee, Faculty of Pharmacy at Rhodes University, was elected a Fellow of the Faculty and is an Honorary Life Member of PIASA (Pharmaceutical Industry Association of SA).

Our congratulations go to a worthy recipient of Fellowship of the Society.

APOTHECARY DRUG JARS

Ray Pogir, FPS

Curator, National Pharmacy Museum

The Apothecary drug jars in the photographs are examples from the museum collection of tin-glazed pottery produced in Italy in the mid-16th century.

The beautifully decorated scenes and the names of the contents in Latin graced many pharmacy shelves in England and the continent.

The technique of tin-glazing created a brilliant white surface for painting and for preserving the original colours.

A second coat was often applied after painting.

Thanks to this technique, the jars in our museum have retained their original colours and shine.

Talented artists gained a reputation for the high standard of their work. Some of the artifacts have the initial or other identifying mark under the base of the jar.

In the early 16th century new methods of producing dyes expanded the range of the artist's colours to include purple, green, blue, yellow and orange. All of these colours can be seen in the museum collection.

Advances in the Management of Psoriasis

A Clinical CPD session held on 30 June.
Presented by Dr. R. Weiss, Dermatologist.

In opening his presentation Dr Weiss commented on the excellent turnout of pharmacists, despite the winter weather.

Dr Weiss indicated that psoriasis is a chronic inflammatory skin disease characterised by early age of onset. It is a life-long disease, relapsing and remitting and impairs the quality of life of patients to such an extent that it has been compared as second only to congestive heart failure in this respect.

He addressed the various conventional treatments of psoriasis and then commented on recent insights into the immunopathogenesis of psoriasis and new therapeutic opportunities, such as the Biologicals, that have developed. Dr Weiss explained that the Dermatologists have created a Biologics Registry for patients with severe psoriasis for whom no other treatment is effective. This has served to convince some Medical Aid Schemes to allocate an amount for such treatment on a limited basis. This is accessible to Dermatologists only.

Dr Weiss referred pharmacists to the South African Psoriasis Guidelines which were published in the SA Medical Journal (SAMJ, April, 2010:100; Vol 4).

Ray Pogir acted as MC that evening and thanked Dr Weiss for his informative presentation.

SOUTH AFRICAN ASSOCIATION OF COMMUNITY PHARMACISTS (SAACP)

SUID-AFRIKAANSE VERENIGING VAN GEMEENSKAPSAPTEKERS (SAVGA)

P O Box 95123 Grant Park, 2051, South Africa
60 Fanny Avenue, Norwood, Johannesburg 2192

Posbus 95123, Grant Park, 2051, Suid Afrika
Fannylaan 60, Norwood, Johannesburg 2192

Tel : +27 (11) 728-6668 **Fax**: +27 (11) 728-5988 **E-mail** : execdir@saacp.co.za

(Representing the Community Pharmacy Sector of the PSSA)

RESCHEDULING OF 1ST NATIONAL SYMPOSIUM FOR COMMUNITY PHARMACISTS

Please note that the EXCO of the South African Association of Community Pharmacists (SAACP) resolved at its meeting held on 15/16 August 2015, to reschedule the dates of the 1st National Symposium to **May 2016**. The rescheduling concerned will assist us to have the Symposium together with the SAACP's Annual General Meeting.

Branches are reminded of their commitment to ensure that the AGM and Symposium will be well attended. At this stage the AGM and Symposium will be held at the same venue as previously indicated, namely the Birch-wood Conference Centre, Boksburg, Gauteng (to be confirmed).

More information, including a revised programme will be provided, amongst others, on or symposium website: www.saacpsymposium.co.za

Your kind support will be much appreciated.

JAN DU TOIT

EXECUTIVE DIRECTOR

The Effective Prevention of HPV-associated Disease

Dave Sieff, FPS

Dr Karin Richter, Clinical Virologist at Pretoria University and the National Health Laboratory Services, gave a presentation on this important and topical subject to a large audience of pharmacists from all sectors , at the PSSA Southern Gauteng auditorium.

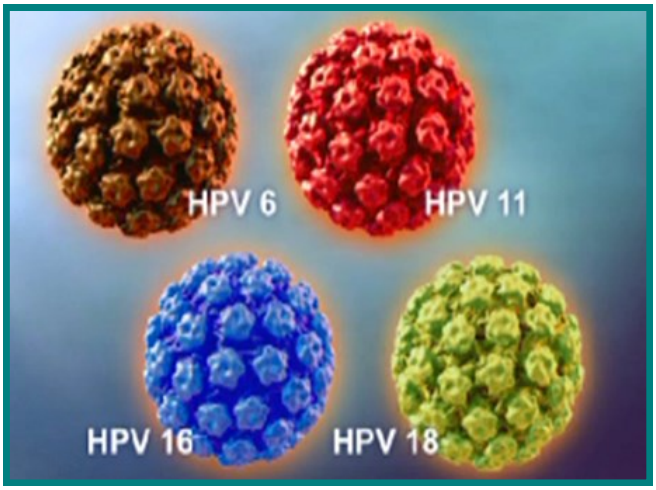
She described the Human Papilloma Virus (HPV) of which there are over 100 types, and their main mode of transmission. The most important are types 16 and 18 mainly, and also types 31,33,45,52 and 58, which cause about 70% of cervical cancer cases, with types 6 and 11 causing about 90% of genital warts.

Emphasis was also made of the recent down-scheduling from S4 to S2, making the vaccines available for pharmacists to supply.

Comparisons of studies following the introduction of vaccines in the USA and Australia were demonstrated, and early benefits of HPV vaccination showed a marked reduction of cervical dysplasia and anogenital warts. Vaccine safety studies showed good tolerance, and concluded that there was no evidence supporting the alleged association between vaccination and various adverse events, but there are some mainly low risk contraindications.

Dr Richter ended her interesting and informative talk with a short discussion of ongoing research into the length of protection provided by the vaccines, with indications of little decrease over time.

Thanks and appreciation were extended to Dr Richter for her informative presentation and to MSD for their support of this Clinical CPD session.



The Chairman of the Editorial Board is David Sieff and the members are Doug Gordon, Neville Lyne, Ray Pogir, Miranda Viljoen, Val Beaumont, Gary Kohn & Jan du Toit. All articles and information contained in The Golden Mortar of whatsoever nature do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the afore-said cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process.
We welcome all contributions and as space permits, these will be published, abridged and edited if necessary.

The Golden Mortar
P O Box 2467, Houghton, 2041
Tel: 011 442 3615, Fax: 011 442 3661
nevillel@pssasg.co.za

Your SG Branch Chairman Lynette Terblanche

Your PSSA Southern Gauteng Branch Sector representatives are:

Community Pharmacy:	Tshifhiwa Rabali & Frans Landman
Hospital Pharmacy:	James Meakings & Jocelyn Manley
Industrial Pharmacy:	Yolanda Peens & Walter Mbatha
Academy	Paul Danckwerts & Deanne Johnston

Contact them through the Branch Office: Tel: 011 442 3615

The Editorial Board acknowledges, with thanks, the contributions made by the CPS Southern Gauteng Branch to the production of this newsletter.