

Uppsala Reports 30

UPPSALA REPORTS July 2005

For everyone concerned with the issues of pharmacovigilance

**News from around the world:
Spain, Germany, Canada, Senegal**

UMC - Safety Reporting Support and Service

Herbals events in London and Pretoria

10th Uppsala training course

Alerts from drug safety websites



DIRECTOR'S MESSAGE



Ralph Edwards
Director
the Uppsala Monitoring Centre

After speaking at a 'Youth and Medicines' course organised by KILEN, an active consumer group in Sweden, I have confirmed a long held view: most people, let alone youth, don't know anything about systems for drug safety around the world, and what they do know does not give them any confidence. Children use medicines and wish to learn about them but there is nobody to tell them. Their parents and teachers have little more information than they. But the really devastating indictment of us 'safety experts' is that we cannot answer such straightforward questions as, 'Why is that drug better/safer than that one?' In fact we cannot say much about the safety of medicines in children at all because they are not tested in children. Although if they were, we would still have little evidence about safety because of the usual shortcomings of clinical trials when it comes to safety issues. The slogan which came out of the meeting was 'Children and Youth: education before medication'. This seems right for a future with more and more powerful drugs to be used effectively and safely.

Our current safety surveillance provides us with lots of information, albeit of variable quality – we do even get concerns about children and adverse drug reactions – but it stops with experts in industry and regulatory bodies. An example of this was brought dramatically to me by a course participant on our biennial UMC Training Course for countries around the world (23 were represented at this meeting). I had mentioned that artemisinin was fetotoxic. He took me aside later and asked me where that information was. I said there was an expert report on the WHO website. He then said that his wife, at two months pregnant, had aborted after being treated with artemisinin. He had not only asked about, but also himself looked for, information on artemisinin in pregnancy. He found nothing on fetotoxicity. If a competent health professional could not find that information how can one expect lay people to do so?

I am sure that there will be some of you who will say that he could have found the information by a simple web search. Everything I hear from lay people suggests his is not an unusual case. We are supposed to have the information: it is our responsibility to make sure not only that it is the correct information to make drug treatment as safe as it can be, but also that those that need it, have it. We make far too many assumptions that making information available is all we need to do to be effective. Everything we know about life tells us that such an approach is pathetic if we wish for anybody to know and understand safety and medicines. Are we really so caught up with our current bureaucratic paradigm that we cannot move towards a new era, or are we still of the paternalistic and defeatist view that if we say too much about adverse drug reactions people will not take their drugs?

As I said in the last UR, let's make better use of the information we already get rather than change systems to acquire other information, which we still won't use effectively.

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Mary Couper, Quality Assurance and Safety: Medicines, Department of Essential Drugs and Medicines Policy, reports

2005 Annual Meeting update

The 2005 Annual Meeting of countries participating in the WHO Programme for International Drug Monitoring will take place in Geneva, Switzerland. The meeting will be held at WHO headquarters, starting on Monday 26th September and closing on Thursday 29th.

Input from other Programmes

The meeting will take advantage of WHO Headquarters staff whose work complements that of the WHO Programme, for instance the Roll Back Malaria programme, HIV/AIDS, and Vaccines. Sir Liam Donaldson, Chief Medical Officer, UK and chairperson of the WHO World Alliance for Patient Safety has agreed to be a guest speaker on Monday on the subject of patient safety.

Pre-meeting for new members

In addition to all the above, there will also be a 'pre-meeting' specifically for delegates who have not been at an Annual Meeting of the Programme before, and for countries for which this is the first time they have attended. This will be held on the afternoon of Sunday 25th September.

Social side

As well as the scientific sessions, there will be a reception on the Monday evening to give delegates the chance to socialize and meet old and new friends, and there will also be an official dinner on Wednesday 28th. Hotel block bookings in Geneva at a range of prices have been made and have been sent out to National Centres in June.

Members of the WHO Drug Monitoring Programme, both new and old, are also invited to present their systems and latest developments as posters, allowing for stimulating discussion with colleagues.

With lots happening in the world of drug safety we look forward to many national centres delegates going to Geneva and sharing their thoughts and expertise in 2005.



Geneva beckons the WHO Programme

Controversial topics to tackle

There will be a panel discussion on confidentiality and open access to the WHO database, as well as the usual working groups and three sessions for problems of current interest at which countries will present their emerging drug problems. There will also be a session led by Swissmedic staff on Vigibase Online and a demonstration of the reporting tool. WHO classifications systems will be covered along with international taxonomy and ICD 11. National Centres will get a chance to debate the lessons learnt from rofecoxib and how pharmacovigilance centres react to high profile withdrawals.

The thorny topic of the quality of reports for signal detection will be tackled, and there will be a discussion on ways to improve quality of reports and an update on ICH developments, including MedDRA-WHO-ART.

Canadian Adverse Drug Reaction Monitoring – Major recent developments

Heather Sutcliffe writes

New regional centres

Health Canada is pleased to announce the establishment of two new Regional Adverse Reaction (AR) Centres, located in the Provinces of Alberta and Manitoba. These will join the existing Regional AR Centres – currently located in the Provinces of British Columbia, Saskatchewan, Ontario, Quebec and Atlantic Canada – as the regional points-of-contact for the Canadian Adverse Drug Reaction Monitoring Program (CADRMP). The Regional AR Centres work collaboratively with Health Canada's Marketed Health Product Directorate's National AR Centre to collect reports submitted by health professionals and consumers (market authorization holders send reports directly to the National AR Centre). Each centre has regional responsibility for collection of AR reports, which are then reviewed for completeness before being forwarded to the National AR Centre for further analysis. The centres also work to increase health professional and consumer awareness of, and participation in the CADRMP.

New data access

On May 25, 2005, the Marketed Health Products Directorate launched the Canadian Adverse Drug Reaction Monitoring Program (CADRMP) Online Query and Data Extract. This new online database provides the public with information concerning suspected adverse reactions, occurring in Canada in association with marketed health products, which have been reported to Health Canada. A total of approximately 170,000 records dating back to 1965 are available. This system also permits downloading of standard text files for importation into existing databases or information systems if desired. The CADRMP Online Query and Data Extracts is available by visiting: http://hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/cadrmp-pcseim/index_e.html or by navigating to the Adverse Reaction Information Section of the Health Canada website.

Mandatory reporting?

The Canadian Minister of Health has committed to advancing a number of drug safety initiatives, including the implementation of mandatory reporting of adverse reactions by health professionals. Mandatory reporting by health professionals is being proposed as a key initiative in a multi-faceted approach to safeguard the health and safety of Canadians once health products are on the market. A discussion paper entitled, "Designing a Mandatory System for Reporting Adverse Reactions" has been posted on Health Canada's website to initiate public debate on the issue of mandatory reporting by health care professionals in Canada. Health Canada recognizes that the objectives of mandatory adverse reaction reporting must take into account the legitimate concerns of the health care community, which already has significant demands on their time and resources. Other issues raised in the discussion paper include the risk of over-reporting, privacy concerns, the quality of reporting and compliance through sanctions. Once written feedback on the discussion paper is received from all interested

parties, Health Canada will work with stakeholders to identify, assess, develop and refine the practical options for, and scope of, a mandatory reporting system.

Reporting increases

Health Canada received 10,238 new domestic reports of suspected ARs in 2004. There has been a steady increase in the reporting of ARs in Canada over the past 6 years, with 11.2% more reports in 2004 than in 2003. Of the AR reports received, 7000 (68.4%) were classified as serious. A serious AR is defined in the Food and Drugs Act and Regulations as "a noxious and unintended response to a drug which occurs at any dose and requires inpatient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death."

In order to join Health Canada's Health_Prod_Info mailing list which electronically disseminates the AR Newsletter and notices of health professional or consumer advisories from the Marketed Health Products Directorate by e-mail, click subscribe at: www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/subscribe_e.html

Improvement of reporting from the USA

Over the last few years there has been a delay of about one year for the ADR reports received from the USA to be entered in the WHO database (Vigibase). This has been mainly due to a lack of resources on the FDA side, but we are now happy to announce that the delay has decreased considerably.

We have received reports covering a year of the FDA database within a four month period. This has meant a lot of work on our side, but our aim is to have all the USA cases, up to the end of December 2004, included in Vigibase in August 2005. Our thanks to colleagues at FDA for their help, and of course, to all the reporters in the USA.

Germany views the way forward

A pharmacovigilance symposium was held in Bremen, Germany, on 28 April, 2005. It was convened by the Health Department of the Senate of the City of Bremen and organized by Professor Bernd Mühlbauer. The title of the symposium was 'Perspectives on



Ulrich Hagemann, Head of German pharmacovigilance



Jörg Hasford (University of Munich), speaking in Bremen

Pharmacovigilance in Germany – Goals and Methods'. The association of German physicians set up the drug monitoring system in 1963, and (West) Germany was one of the founder members of the WHO Programme in 1968. The pharmacovigilance programme is now based at the Federal Institute for Drugs and Medical Devices (BfArM), headed by Dr Ulrich Hagemann, who was present in Bremen.

Presentations were made by representatives of many of the stakeholders involved in pharmacovigilance in the country, including the federal drug regulatory authority, the pharmaceutical industry, health professionals, academia and the Federal Ministry of Health. An international perspective was given by Sten Olsson from the UMC. A significant contribution was made by Professor Jörg Hasford, Munich, who has been involved in the establishment of a pharmacovigilance network in Germany. In spite of a successful pilot phase of this project, further development has come to a halt because of lack of funding. Much frustration was expressed at the symposium about the inadequate funding for drug safety monitoring in Germany.

Moldovan endeavours

Sten Olsson reports

The pharmacovigilance department of the National Institute of Pharmacy in Moldova became a national centre in the WHO International Programme in 2003. The head of the centre, Dr Lucia Turcán, described the pharmacovigilance programme in an article for Uppsala Reports 23, published two years ago.

I took the opportunity to visit the centre in connection with the pharmacovigilance training course in Chisinau in April 2005. I was fortunate to meet both with Dr Turcán and the head of the National Institute of Pharmacy, Professor Boris Ion Parii. They both confirmed that it is difficult to achieve an active participation from health professionals in an adverse drug reaction reporting programme before



Lucia Turcán and Boris Ion Parii

it is widely known. Nonetheless Moldova is a regular contributor to the WHO database. Initiated in 1999, the Moldovan programme is still young and resources for promotion and feed-back are limited. The



Lucia Turcán outside the National Institute of Pharmacy

Moldovan pharmacovigilance bulletin for example cannot be distributed to all doctors and pharmacists in the country. In a poor country of 4.5 million, they both expressed their commitment to an active development of the Moldovan pharmacovigilance programme. They are aware of irrational use of medicines and the use of illegal medicines of inferior quality in their country and pharmacovigilance can help in identifying the negative consequences of these practices for patients.

Spain: the 20th anniversary

A report from Mariano Madurga

The Spanish pharmacovigilance system held its 5th Annual Pharmacovigilance Journeys from 12-13 November, 2004 at the University Hospital Vall d'Hebron, in Barcelona, the same place where the Spanish pharmacovigilance experience started 20 years ago.

The Catalanian centre is responsible for about 20% of the ADR reports of the Spanish pharmacovigilance system. It was the first regional centre, being set up in 1984. Later, the Spanish Ministry of Health developed a national system with the assistance of Dr Inga Lunde from WHO. From this seed grew the current Spanish system: 17 regional centres, one for each Regional Health Department, and co-ordinated by the Spanish Medicines Agency through its Division of Pharmacoepidemiology and Pharmacovigilance.

About three hundred participants, health professionals from different health care levels, those responsible for pharmacovigilance units in companies, and technical staff from the Spanish pharmacovigilance System attended the meeting.

Professor Joan-Ramon Laporte was the inaugural speaker of the conference on 'Past, present and perspectives of pharmacovigilance in Spain'.

Topics of the two-day programme included:

- How to increase the spontaneous reporting efficiency: health-care professionals participation in yellow card programme (G Cereza), problems in reporting from primary care (JM Baena), and from hospital level (J Recio); procedures of signal generation (Clbañez), experience of the Pharmacovigilance Working Party of EMEA's CHMP (D Montero).
- Hepatotoxicity: medicines withdrawn due to hepatotoxicity (A Carvajal), 10 years' experience of a registry of hepatopathies (I Lucena), case-population study of serious acute hepatotoxicity (L Ibañez), routine clinical care and hepatotoxicity (M Bruguera).
- Digestive haemorrhage: a case-control study (X Vidal), genetic polymorphism and gastrointestinal haemorrhage (A Figueiras), differences in risk perception of physicians from different specializations (JL Montastruc).

In total more than 15 oral presentations and almost 40 posters about different aspects of pharmacovigilance were presented: serious ADR reports, new signals, hospital programmes, safety issues with latex-products, teaching projects to general practitioners, ADR reporting to pharmaceutical companies, and more.

During the meeting, the 20th Anniversary of the Spanish pharmacovigilance system was also celebrated, and commemorative plaques were delivered at the end of the meeting to each one of the 17 Regional Centres, to the Coordinating Centre, and also to Professor Laporte, Dr Ramón Palop and Dr José Felix Olalla, to acknowledge their dedication to pharmacovigilance throughout this period.

Conference Proceedings and more information may be found at the website:
http://www.agemed.es/actividades/congresos/cont_congresos.htm



Closing ceremony of 20th Anniversary: JF Olalla and V Díez (Spanish Agency), JR Laporte and R Manzanera (Catalonia), G Trincado (Basque Country), R Palop (Spanish Agency), J Serra (Catalonia), B Ruiz (Basque Country), M García (Canary Islands), C Navarro (Aragón), and FJ de Abajo (Spanish Agency).



More participants at the Barcelona meeting: I Alonso (Castilla-La Mancha), M González (Cantabria), C Ibáñez (Madrid), JM Ramos (Extremadura), M Sáinz (Castilla y León), M García (Canary Islands), M Martí (Galicia), J Torelló (Andalucía), B Díaz (Balears Islands), P Revuelta (Asturias), E Cuaresma (La Rioja), MJ Peñalver (Murcia), M Madurga (Spanish Agency), B Ruiz (Basque country) and C Navarro (Aragón).

Latin American course

Mariano Madurga reports

A 40-hour course about National Drug Policy was held in Santa Cruz de la Sierra, Bolivia, from 14–18 March 2005. Dr Ramón Palop (director), Dr Juan Carlos Nuño, and Dr Mariano Madurga from the Spanish Medicines Agency lead the training for the course.



During a workshop in Santa Cruz de la Sierra, teachers and participants: LG Jiménez (Costa Rica), SY Olave (Peru), JC Nuño (Spain), MX Mánquez (Chile), M Madurga (Spain), L Bugna (Argentina), R Palop (Spain), MR Hernández (Peru), N Montero (Costa Rica), HL Díaz (El Salvador) and LM Nani (Paraguay).

The course was supported and held in the 'Centro Iberoamericano de Formación (CIF)' of the Spanish International Co-operation Agency (AECI) in Santa Cruz de la Sierra, Bolivia. In this industrial city, 28 professionals (medical doctors and pharmacists) from 11 different Latin-American countries received training in pharmaceutical national policy, medicines regulatory agencies structure, essential medicines policy and the WHO Essential Medicines list, clinical trial assessment, quality control national policy and pharmacovigilance activities to manage drug safety.

Participants were professionals involved in regulatory affairs, in monitoring and assessing ADRs, pharmacists of drug information centres, in addition to professionals responsible for pharmacovigilance, investigators, clinicians, and professors. During the training course elemental knowledge about the risks of drugs, the WHO International Drug Monitoring Programme, pharmacovigilance national programmes and spontaneous reporting systems were explained. During the workshops several practical cases were discussed about risk management, communication and taking regulatory decisions.

The 28 professionals from eleven Latin-American countries (Argentina, Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Peru and Uruguay) received a unique opportunity to train in pharmacovigilance in depth.

Senegal

Via the WHO African Office, the QSM department in Geneva has been contacted by Doctor Amadou Moctar Dieye, Professor of Pharmacology, Dakar, Senegal. The general objective is for a system in Senegal for early detection of adverse effects of new anti-malarials or new therapeutic combinations and to guarantee the safety of proposed medicines.

The specific objectives are to:

- 1 Notify adverse effects which appear to be due to anti-malarials
- 2 Establish the causality status of incriminated medicines
- 3 Propose the best tolerated medicines or combinations
- 4 Set up a system of pharmacovigilance at the level of the national anti-malarial programme.

The likely impact of this pharmacovigilance programme will be to guarantee the safety of anti-malarials in Senegal complementing the control of their quality to lessen morbidity and mortality related to malaria, while building local expertise in pharmacovigilance and building competences of health professionals in pharmacovigilance. The eventual aim is to participate in the WHO's international programme.

Initial steps begin in June 2005 with a meeting of partners, creation of a technical committee and appointment of a co-ordinator. In July – August the co-ordinator will conduct field visits. This will be followed by design and printing of report forms and then the official launch of the programme.

Pharmacovigilance training in Eastern Europe

The WHO and UMC were invited to contribute to a major pharmacovigilance training event which took place in Chisinau, Moldova, from 12th to 21st April 2005. The course in 'Drug Safety – Theory and Practice in Pharmacovigilance' was organized by DrugInfo Moldova in collaboration with the Swedish consumer institute Kilen, and was financed by the Swedish aid organization Sida. Participants came from the health care systems and drug control authorities in Moldova, Armenia, Belarus, Kazakhstan, Kyrgyzstan, Uzbekistan and Ukraine. The training was provided in Russian.



Natalia Cebotarenco, of DrugInfo Moldova, the local organiser of the Chisinau course.

Intensive programme

The WHO Programme was represented by Mary Couper, Geneva and Sten Olsson, Uppsala. They provided introductory perspectives on the principles of pharmacovigilance, which were followed by highly interactive group work involving the participants. Deliberations were very action-oriented with the aim of achieving a rapid establishment of systems for monitoring of drug safety problems and to initiate interventions for improving rational and safe use of



Gabriela Pavlic (Moldovan interpreter for the western European guests), Lena Westin (Managing Director, Kilen) and Jan Albinsson (Managing Director, Kilen).

medicines. A full day was spent on how to interact with media in order to educate patients and consumers. This session, to which Moldovan journalists were also invited, was lead by the Swedish medical journalist David Finer. He also contributed to a separate seminar for the journalists only.

Field studies

Towards the end of the course field studies were carried out during which health professionals and patients were interviewed about their experiences of drug therapy and follow-up of outcomes.

As a direct consequence of the Chisinau training course **Uzbekistan** has now applied for membership in the WHO International Drug Monitoring Programme. **Belarus** (an Associate member of the Programme) has started to submit their adverse reaction case reports to the WHO database, using the Vigibase Online software.



The representatives from many countries at the Chisinau course abandon drug safety for wine tasting at a Moldovan vineyard.

Safety Reporting Support and Service team

Introduction

At the Uppsala Monitoring Centre, our core activity is the collection and inputting of reports of adverse drug reactions from around the world. With 75 countries which are full members of the WHO Programme, this is a bigger task than ever before. The importance and potential of the WHO database to world-wide drug safety increases every day.

As you are reading this, there are probably reports received in Uppsala from National Pharmacovigilance Centres around the world being prepared for entry into the database.

The database is updated daily in the current system, and backed-up every night. There are currently about 3.4 million reports in the database. Figure 1 shows the cumulative number of report in the WHO database, per year since 1978.

The Safety Reporting Support and Service team at *the* UMC play a central role in dealing with the raw material of the WHO Programme – the reports of adverse reactions to medicines which are sent to *the* UMC from countries participating in the WHO Programme.

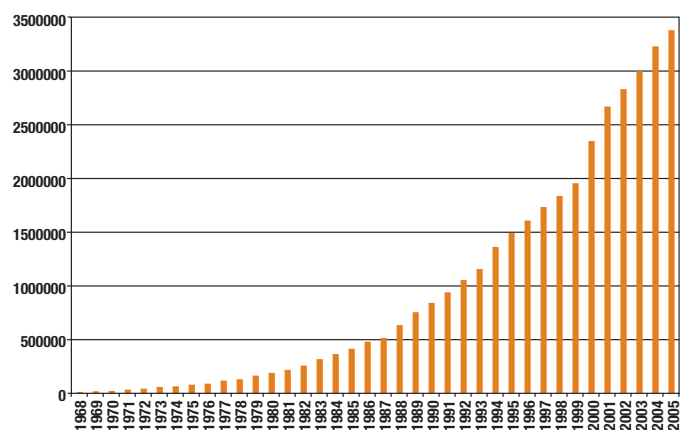


Figure 1

Cumulative number of reports in the WHO database from 1968 until 2005 q1

The front-line staff in Safety Reporting Support and Service (SRSS) are Helena Sjöström, Annica Lundström, together with Jessica Nilsson as the Programme Leader. The 75 member countries of the WHO Programme are divided in three for the purposes of data processing and contact, and therefore each person handles contact and inputting for about 25 countries. They also provide professional support and services to member countries of the WHO Programme, particularly helping with technical questions. (Until April 2006, Helena Sjöström will be on maternity leave, so the contact person during that time for her countries will be Anna Celén.)

The daily work

Incoming reports are checked to make sure they are complete and compatible with the structure of the WHO database. Normally they are processed within three weeks of arrival at *the* UMC. To give an example of recent volume of inputting, Figure 2 shows the number of reports added each quarter during 2004.

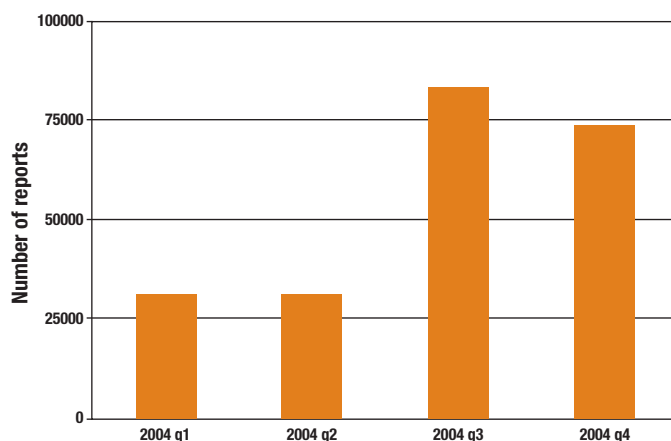


Figure 2

Correct reports added to the WHO database quarterly during 2004

There is regular e-mail correspondence with National Centres; support and practical service regarding technical and report related issues is offered to staff at National Centres where needed. Typical issues are discussions on how to improve the quality of reports and pointing out examples of common errors, requests for help with drug names not found or duplicate reports due to identical id numbers.

With the introduction of the seamless 'reporter to database' tool Vigibase Online, much of this work becomes easier for both sides, but at the current stage of implementation in many centres users still need to refer to the team for assistance. The team validates reports in the WHO format and the new ICH E2b format before entry in the database. At a more strategic level the vast experience and expertise of individuals in the team in handling and checking ADR reports means that they are in demand for database developments and quality assurance for the WHO database.

New routines

At the end of each quarter there is an internal status meeting, together with the External Affairs department. During this meeting SRSS staff go through each member country and discuss latest news, problems and improvements for each country. This review of progress is performed in a more structured and stepwise manner than before. Countries that have not submitted any reports to *the* UMC during the last quarter (or have not kept us informed on why they have not sent

any) receive a reminder by e-mail or letter from their SRSS contact person. This procedure has recently showed a positive trend, improving the communications and our understanding on why reports have not been sent, and some problems have been solved. As an example Estonia are now able to send their E2b reports, while other countries have improved the regularity of report submission after these reminders, including Slovakia, Zimbabwe, Romania, Serbia and Montenegro and Australia.

Sometimes, for very good reasons, countries are unable to submit their ADRs to us in Uppsala for a shorter or a longer period. This may mean a sudden surge in reports added during a subsequent quarter. A common reason for such delayed reporting is that the National Centres are changing to new IT systems and /or developing new procedures to extract and transfer data to *the* UMC. Examples of other problems that we encounter are drug names not available in Latin characters, and situations where we only receive a small proportion of the total number of reports (for example, if company and herbals reports are excluded).

Common problems with reporting:

- Delays in reporting
- Backlogs
- New staff at the NC
- E-mails and mail don't reach *the* UMC/NC
- Not unique ID-numbers
- New drug names/ADR terms
- Misspelled drug names/ADR terms
- Language barriers
- Different interpretations of reporting standards

Matching reported drug names and ADR terms before processing

When we receive a batch of reports we now match ADR terms to WHO-ART and drug names with WHO Drug Dictionary before processing, so as to try to improve the quality of reports. By doing this, we have a chance to correct or add drug names and/or ADR terms before processing and entering the WHO database. Where there are values that we are unable to match, we ask the National Centre for help. We inform the relevant country about unnecessary problems we encounter, for example misspellings of ADR terms that take a lot of work for us to correct manually. This is not so much an error-check service to National Centres, more a way of encouraging National Centres to be aware of quality issues and how they affect the workings of the database.

How National Centres help us in our daily work

To be able to update the WHO Drug Dictionary with new drug names, the latest versions of country specific reference books or reliable internet sites are very useful to us. One essential way of checking that a batch of reports has been correctly received in Uppsala is the confirmation e-mail sent out from the SRSS team. National Centres should always query when they have sent in reports which have not been acknowledged, in case they did not arrive! Another important task for both the SRSS and National Centres is keeping e-mail addresses updated, especially to technical contact persons.

Finally...

If you would like to know more about the work of the SRSS, please contact Jessica Nilsson (Programme Leader of SRSS) on jessica.nilsson@who-umc.org in the first instance, who will try to answer your enquiry.

Our next milestone will be hitting 3.5 million reports in the WHO database by the end of this year.
Every report counts!



On a wooden bridge over the river Fyris in the centre of Uppsala, SRSS team members from left: Jessica Nilsson, Annica Lundström, Helena Sjöström and Anna Celén

Duplicate reports

Niklas Norén writes

The presence of duplicate case reports in post-marketing drug safety data is an important data quality problem. There is, however, a lack of published research both on methods for duplicate detection and on the extent of duplication in spontaneous reporting data sets. A study on vaccine ADR data quoted proportions of around 5% confirmed duplicates (Nkanza, 2004), but for specific case series, the frequency may be much higher: in a recent review of suspected quinine induced thrombocytopenia, FDA researchers identified 28 of the 141 US case reports (20%) as duplicates (Brinker 2002).

Over the last 12 months, *the UMC* Research & Development team has, together with our consultant Roland Orre, been working to develop a quantitative method to aid in the automated detection of duplicate case reports. A statistical algorithm for scoring database record pairs based on similarities and discrepancies in individual record fields has been adapted and extended for use on post-marketing drug safety data. The method has been evaluated, with very good results on a recent batch of Norwegian data.

The new duplicate detection method will be presented by Niklas Norén at The Eleventh ACM SIGKDD* International Conference on Knowledge Discovery and Data Mining (KDD 2005) in Chicago, Illinois, in August this year, and it will be published in full in the conference proceedings. Some results will also be presented at this year's National Centres' meeting in Geneva.

New books

HATC material translated

the UMC has produced three new translations (French, Spanish, Italian) of the preface to the Guidelines for Herbal ATC Classification. These 16-page booklets consist of translations of all the explanatory material in the preface which is essential to understanding why these Guidelines are important and how to make optimum use of them. The translations will be sent to colleagues in National Centres in countries where these are official languages, but if you would like a copy please contact *the UMC*. We gratefully acknowledge the assistance of colleagues Mariano Madurga (Spanish) and Giovanni Polimeni (Italian) in effecting this work.

These translations of the preface join the 'Accepted Botanical of Therapeutic Herbs and their synonyms' (described in UR29) as part of *the UMC's* dissemination of its work on promoting the safety of herbal medicines.

Portuguese & Russian translations of guide

The key UMC publication *Safety Monitoring of Medicinal Products – Guidelines for setting up and running a Pharmacovigilance Centre* has now been translated and printed in Portuguese and in Russian. It is already available in English, French and Spanish.

Reference:

Norén GN, Orre R, Bate A. A hit-miss model for duplicate detection in the WHO drug safety database. To appear in: Proceedings of the Eleventh ACM SIGKDD International Conference on Knowledge Discovery and Data Mining, Chicago, Illinois, USA, August 21-24, 2005. ACM 2005.

http://www.fda.gov/ohrms/dockets/ac/01/briefing/3677b2_0_med.doc

* Association for Computing Machinery Special Interest Group on Knowledge, Discovery and Data Mining.

We are interested to know more about how health care professionals find and assess possible duplicates in post-marketing drug safety data sets. If you have any views that you would like to share with us, we would be delighted to hear from you.

Also, we aim to implement the duplicate detection algorithms for routine use on Vigibase and in Vigibase Online. If you have any comments on how useful this would be to you, please don't hesitate to let us know.

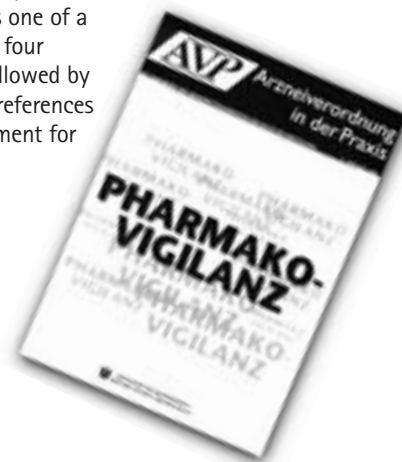
Please send any questions or comments to Niklas Norén (niklas.noren@who-umc.org).

Versions in Italian, Serbian and Korean have also been made. Enquiries about these or other UMC publications should be made to Sten Olsson or Geoffrey Bowring at *the UMC*.

German guide

A valuable 32-page booklet in German 'Pharmakovigilanz: Empfehlungen zur Meldung unerwünschter Arzneimittelwirkungen durch die Ärzteschaft' has just been published by the German Medical Association as one of a series on different health topics. In four sections with tables and graphs, followed by important addresses and over 100 references it is an excellent background document for practical pharmacovigilance.

The price is 8 euros, which includes postage. It is obtainable from Arzneimittelkommission der deutschen Ärzteschaft, tel +49 (0)30 40 04 56-500, fax +49 (0)30 40 04 56-555 e-mail sekretariat@akdae.de www.akdae.de



Anti-HERG activity study – a collaboration between Uppsala and Utrecht

Ronald Meyboom writes

Of interest to *the UMC* is collaboration with academic pharmacoepidemiology and the use of the international WHO database in their research programmes. Whereas *the UMC* concentrates on international signal generation and the early detection of new adverse reactions, the rich and pluriform database constitutes a treasure of information regarding real-life drug use, more or less hidden below the surface and waiting to be uncovered by scientific pioneers.

One example is the recent product of the collaboration with the Department of Pharmacoepidemiology of the Faculty of Pharmaceutical Sciences, Utrecht University. As part of her PhD thesis, Marieke De Bruin (picture) and colleagues, together with *the UMC* team have performed an exploratory study to test the validity of the recent regulatory requirement to assess new drugs for the in vitro effect on HERG potassium channels as a predictor of a torsade de pointes (TdP) risk, in accordance with the 2002 ICH Note for Guidance.



Marieke De Bruin

To this end she calculated an 'anti-HERG index' as a comparative measure of the HERG inhibiting action of drugs and studied the rates of reporting of TdP and other ventricular arrhythmia's relative to the anti-HERG index. The strong connection she found between the two provides support for the regulatory requirement. Her findings appeared in the February issue of the *European Heart Journal*¹ and were accompanied by positive Editorial comment². This original and valuable study is illustrative of the potential of recruiting the talents of young academicians for the work of *the UMC*.

Another potential area of academic collaboration with Utrecht is via Professor Bert Leufkens, Director of the Unit in Utrecht and much appreciated teacher at the Uppsala training course.

WHO Alliance for Patient Safety

by Ralph Edwards

The fifty-fifth World Health Assembly in 2002 adopted a resolution urging countries to increase their attention on the wide problem of patient safety, and to strengthen safety and monitoring systems. The resolution requested WHO to lead an effort to build global norms and standards and support country efforts in developing patient safety policies and practice.

From this arose the WHO World Alliance on Patient Safety, a project to improve medical care and advocate systems in which medical error, therapeutic accidents and failures are minimised (see the article in UR27). In the Alliance, one working group for instance is attempting to develop a 'reporting and learning' culture for adverse events across all areas of medical care.

WHO has established a number of groups tackling systemic issues such as taxonomy, estimating hazards, as well as developing reporting and learning systems. WHO has also brought together technical experts in several areas (blood safety, injection safety, drugs and medicines, pregnancy and medical devices), so that their individual expertise can be harnessed to tackle global patient safety issues.

Adverse events arising from drug therapy have been reported for decades to national pharmacovigilance centres, and thence to the WHO Collaborating Centre, but the Alliance aims to find problems with the drugs themselves as early as possible. Pharmacovigilance is seen as one part of the reporting and learning culture which the Alliance hopes to foster.³

A section of the WHO website is given over to the Alliance's work. (<http://www.who.int/patientsafety/worldalliance/en/>) There you can download documents, such as the 'World Alliance for Patient Safety Forward programme 2005' (pdf 886kb), or a 16-page study 'Serious adverse events observed in health care facilities: first results of a national study' (in French, pdf 488kb).

Since the model and competence of the WHO Programme for International Drug Monitoring has been central to the thinking on reporting and learning, we would be interested to hear from any National Centre with an interest in the broader area of patient safety monitoring.

References

- 1 De Bruin ML, Pettersson M, Meyboom RHB, Hoes AW, Leufkens HGM. Anti-HERG activity and the risk of drug-induced arrhythmia and sudden death. *European Heart Journal*. 2005; 26: 590-97.
- 2 The degree of potassium channel blockade and the risk of torsade de pointes: the truth, nothing but the truth, but not the whole truth. *European Heart Journal*. 2005; 26: 536-7.
- 3 See the leading article in Drug Safety - Edwards IR. The WHO World Alliance for Patient Safety : A New Challenge or an Old One Neglected? *Drug Safety*. 2005; 28(5):379-86, for a full examination of this initiative.

Also just published is Bruce Hugman's report on training for the monitoring of anti-retrovirals in Africa, as reported in UR27.

Hugman B. Vigilance of HIV/AIDS drugs. Monitoring anti-retrovirals in sub-Saharan Africa. *Int Journal of Risk & Safety in Medicine*. 2004; 16(4): 269-271.

The group in Pretoria



The signatories to the declaration (not in order):

Prof Berhanu Abegaz, Botswana
Prof Marian Addy, Ghana
Ms Ngozi Aligwekwe, Nigeria
Mr Victor Attafua, Ghana
Mr Thomas Brendler, Germany
Mr Simon Byanyuma, Tanzania
Mr Tom Chapman, England
Prof Ermias Dagne, Ethiopia
Prof Drissa Diallo, Mali
Mr Pierre Du Plessis, Namibia
Prof Kobus Eloff, South Africa
Dr Mohamed H Farah, UMC
Mr Ulrich Feiter, South Africa
Dr Nigel Gericke, South Africa
Dr Jack Githae, Kenya
Prof Ameenah Gurib-Fakim, Mauritius
Prof Peter Houghton, UK
Mr Lawrence Denzil Phillips, England
Prof Philippe Rasoanaivo, Madagascar
Dr Archibald A Sittie, Ghana
Dr Elzabe Stoffberg, South Africa
Prof Gerry Swan, South Africa
Dr Diane Robertson, Jamaica
Dr Gilberta St Rose, St Lucia
Prof Roy Van Brummelen, South Africa
Prof Ben-Erik Van Wyk, South Africa
Prof Arnold J Vlietinck, Belgium
Prof Charles Wambebe, Nigeria.



Part of a herbal products market in Johannesburg. The herbals are labelled in local languages, eg *Isibhala* (Zulu) – scientific name, *Warburgia salutaris* (Bertol.f.) Chiov., the bark of which is used as an expectorant and natural anti biotic.

African medicinal plants standards

New association to prepare African pharmacopoeia launched

Experts on African herbal medicines from 14 different countries met from 13th to 15th May 2005 to examine the problems and prospects of developing internationally-acceptable African medicinal plant standards and to select the 53 most important African medicinal plant species.

The meeting, at the Centurion Lake Hotel, Pretoria, South Africa, was hosted by the Phytomedicine Programme of the University of Pretoria, with financial support from the ACP-EU Centre for Development of Enterprise and the ACP-EU Technical Centre for Agricultural and Rural Co-operation.

Need for quality standards

One of the major constraints identified in 2000 at a Medicinal Plants Forum for Commonwealth Africa held in Cape Town, was the lack of suitable technical specifications and quality control standards for African medicinal plants and herbal medicines. The lack of such standards was considered to be a major barrier to integrating traditional medicine into African public health services.

Preparing herbal profiles

In an attempt to overcome this problem the ACP-EU Centre for the Development of Enterprise (CDE) in collaboration the Technical Centre for Agriculture and Rural Co-operation (CTA) agreed to part finance a two phase project to prepare 50 herbal product profiles/standards for key African Medicinal Plants. These profiles will include most of the important African plants presently traded as well as others of sustainable long-term importance. The profiles combine information normally contained in drug monographs with data usually found in medicinal plant trade specifications and quality control sheets.

Declaration signed

In a historic decision, delegates at the meeting signed a declaration pledging Africa-wide support for the preparation of African quality assurance and trading standards and the establishment of an association to help promote these standards and to develop an African Herbal Pharmacopoeia. The Association for African Medicinal Plants Standards (AAMPS) will initially draw its membership from those attending the Centurion Lake meeting, but will also welcome others committed to the cause of African quality standards and the development of an African herbal pharmacopoeia.

Foundation of African pharmacopoeia

The association's most immediate concern is to raise funds to complete 29 additional herbal profiles to

make a total of fifty available for use by farmers, traders, scientists and government health regulators throughout Africa and importers from the rest of the world. Together they represent the fifty most important medicinal plants used in African herbal medicine and international trade. They will form the foundation for a new African pharmacopoeia. AAMPS will ensure maximum access to these standards and aim to prepare an interactive database and website as well as publish CD-rom and print versions of the profiles.

The organisers of the meeting were Prof Kobus Eloff, Phytomedicine Programme, University of Pretoria (contact e-mail: kobus.elloff@up.ac.za) and Denzil Phillips, CDE Associate Expert Herbals and Pharmaceuticals (e-mail: denzil@denzil.com)

Declaration

We the undersigned with a view to improving the health, safety, welfare and livelihood of the people of Africa hereby declare the intention:

To establish an Association with a registered office in Mauritius to support the African herbal industry and regulatory authorities by developing quality control and quality assurance standards for African medicinal plants and herbal medicines

To offer membership of the newly formed association to any individual or organisations dedicated to the establishment of such standards and to the creation of an African Herbal Pharmacopoeia

To jointly review and promote the 23 African herbal profiles currently being prepared by the Department of Phytomedicine, University of Pretoria. These herbal profiles include plants of African origin which are considered of regional and international importance and which can be sustainably sourced in Africa

To raise funds to prepare and disseminate a further 30 African herbal profiles selected by the founding members of the association at the meeting in May 2005

To prepare and publish an African herbal pharmacopoeia as a living database drawn initially from the 53 herbal profiles and to promote its use nationally and internationally

To help obtain international acceptance of these herbal standards and the subsequent herbal pharmacopoeia and to lobby health authorities throughout Africa to use such standards to facilitate licensing safe and effective herbal medicines in Africa

To promote capacity-building in Africa for the establishment of regional training centres for certification, compliance and quality control of herbal medicines

To promote the safe, sustainable national and international trade in the fifty profiled African medicinal plants

To carry out any other activities deemed by the members of the association as required to further the objectives of the Association.

UMC Herbals meetings in London

In April 2005, Anne Kiuru, William Frempong, Mohamed Farah, Ralph Edwards and Jenny Ericsson formed a UMC delegation to London for several meetings related to herbals work and the WHO Programme – in particular work on nomenclature and safety, and signal detection involving herbal products. The group met at the Royal Botanic Gardens, Kew (RBG) on 28th April to discuss several projects further with our contacts at Kew.

Preferred names collaboration

Monique Simmonds (Professor and Head of Biological Interactions, Jodrell Laboratory, RBG) discussed with UMC staff the collaboration regarding the preferred name checklist. She also explained how her department does its analysis of crude herbals samples from different manufacturers to make sure the specimens are what they've ordered. The RBG is not a governmental institution and therefore does not report to authorities. This was followed by a meeting with Christine Leon (Medical Botanist, Centre for Economic Botany, RBG Kew) and Debbie Shaw (Research Scientist, Guy's and St Thomas's Hospital, London). Debbie used the example of some Chinese crude drugs that she had with her to illustrate the problem of identifying drugs accurately.

The iPlant project

Early in 2005 *the UMC* was contacted by Dr Bob Allkin at the Royal Botanic Gardens to collaborate in a project called iPlant. The idea behind the iPlant project is to create a universal preferred plant name thesaurus on the Internet, so as to put an end to confusion over which botanical name is the correct one. *the UMC* has worked on such a list for years and sees many benefits with such an Internet thesaurus. There is also a 'pre-project' to iPlant, which is to measure the impact the iPlant will have on different players around the world. A series of workshops will look into issues such as who are the players in different sectors, and the costs and benefits of the project. Work is hoped to start in November 2005, and Bob and a colleague demonstrated a prototype of what iPlant might look like. We hope to welcome Bob to Uppsala so he can see at first hand what *the UMC* does.

Herbal Reviewers Meeting

On Friday 29th April the Royal Society of Medicine, London was the meeting place for six of the nine herbals reviewers on *the UMC* Signal Review panel: Joanne Barnes (UK), Edzard Ernst (UK), Tamas Paál (Hungary), Debbie Shaw (UK), Peter de Smet (Netherlands), Kiichiro Tsutani (Japan).

Methods of case review

The first part of the meeting was taken up by *the UMC* side describing latest initiatives in its herbals work. Ralph Edwards presented the methods for case review used at *the UMC* (based on a presentation by Myles

Stephens). Anne, William, Jenny and Mohamed (focussing on nomenclature) followed with the latest news on aspects of *the UMC* signal process.

HATC project in Japan

Kiichiro Tsutani (Professor in the Department of Pharmacoeconomics, University of Tokyo) presented a Herbal ATC project in Japan, which arose concurrently with the 2002 Herbal Reviewers meeting in Uppsala. Three types of herbal 'drug' products are recognised in Japan: Kampo drugs, Crude herbal products and Finished herbal products, all of which are regulated by the government. However, they represent a very small proportion of the medicines market: many herbal products are accounted for as 'food', while some herbs are foods and drugs. Representatives of three Japanese scientific societies have started a project to classify herbal products according to the Herbal ATC structure.

There is also a Forum for Herbal Harmonization (FHH) which first met in November 2003 and will meet again in Tokyo in July 2005. This is an expert working group from Australia, China, Hong Kong, Japan, Republic of Korea, Singapore and Vietnam, in the Western Pacific Region of WHO. Their future work plan includes looking at 'ethical' Kampo drugs, single herb drugs, OTC Kampo and a dictionary of products. Collaboration with other countries, particularly in Asia is envisaged.

Reviewer matters

There was much to discuss following the herbals reviewers meeting in Uppsala (part of the Signal Review Panel meeting in December 2004). Getting traditional healers to report ADRs is a problem to be tackled, both through National Centres and through media outreach. We understand that there is currently a UK study of reporting of herbal medicines.

Herbal combinations

The group noted that the herbal combinations database is now much larger, as for two quarters it has included combinations containing at least one herbal ingredient rather than before when remedies containing only herbal ingredients were included. Among other issues discussed were the possible need for a herbals triage system and the content of a herbals signal text. The group also discussed some recent published signals. There was agreement on the definition of natural products: a herbal product should be a medicine containing at least one natural product.

Future plans

Future plans included publications based on recent herbals signal review work and a major conference about pharmacovigilance of herbal products in London. The 2-day meeting will be in April 2006 and include a session for invited papers. The next herbal reviewers meeting will be held in conjunction with this meeting.



(left to right) Bob Allkin, Anne Kiuru, Mohamed Farah, William Frempong, Ralph Edwards under an ancient tree in Kew Gardens, south west London



Kiichiro Tsutani, Peter de Smet, Joanne Barnes, Tamas Paál, Ralph Edwards, William Frempong (back row); Jenny Ericsson, Anne Kiuru, Mohamed Farah, Debbie Shaw, Edzard Ernst (in front)

Countries represented on the course

Armenia
Botswana
Bhutan
Bulgaria
China
Ethiopia
Germany
Japan
Latvia
Lithuania
Mexico
Nepal
Netherlands
Netherlands Antilles
Nigeria
Poland
Romania
Saudi Arabia
Sierra Leone
Singapore
South Africa
Sri Lanka
Switzerland
Turkey
Uganda

The world comes to Uppsala

Tenth UMC training course runs to form New communications module proves popular

Bruce Hugman reports

Though coats and cardigans were the order of the day in the cool, damp Swedish spring, participants in the tenth UMC Training Course from 25 countries appeared to flourish under the demands of the programme – and even of the climate. There was considerable enthusiasm for the course and for the social activities.

As usual, the first module focused on pharmacovigilance and spontaneous reporting (seven days) and the second on pharmacoepidemiology (three days). This year there was an alternative choice for the second, three-day module: Effective communications in pharmacovigilance, for which ten of the 25 participants registered.

Concerns were expressed at previous courses that little time was given to the consequences for patient safety of drug counterfeiting. Such a session was therefore included this year. A world expert in this area, the director of the Nigerian drug regulatory agency NAFDAC, Dr Dora Akunyili, accepted to come to Uppsala to give a Nigerian perspective on drug counterfeiting and how to combat it. Her contribution was very popular and initiated a lot of discussion.

A rich mix

Many participants came from countries already members of the WHO Programme, and there were also a few drug safety specialists from the international pharmaceutical industry. They were maybe new in their jobs in pharmacovigilance or were already working in the field but without a background of intensive training. Some were from countries with infant ADR monitoring systems, slowly building national awareness and reporting towards achieving membership of the WHO Programme. Some were more experienced, but looking for additional knowledge and skills, especially in pharmacoepidemiology and communications.



Bruce Hugman engages the group in an interactive session

At the course last year in Canberra, Bhutan was one of the countries which participants and faculty regretfully admitted to knowing little about (this year Bhutan sent another representative), but now it was Netherlands Antilles which some had problems finding on the map – though its capable representative soon painted a vivid picture of the country. This kind of learning, as well as sharing of professional practice across the globe, is amongst the elements which make *the* UMC course such a rich experience for everyone involved. The chance for participants and UMC staff to meet and get to know each other is a further important opportunity.

New communications module

the UMC has been promoting the importance of skilful communications practice in pharmacovigilance for nearly a decade, and, until now, there has always been a session on the topic in the main part of the course. This year, participants had the option of three days'



All the course participants with Ralph Edwards and Sten Olsson on the front steps of the Carolina Rediviva, the university library in Uppsala

intensive study of communications theory and practice with a view to taking practical knowledge and ideas home.



Participants in the communications module, on the terrace outside the UMC offices in central Uppsala: Saleh A Bawazir (Saudi Arabia); Manusika Rai (Bhutan); Corina Macavei (Romania); Linda Härmark (Netherlands); Bruce Hugman (module co-ordinator); Motshegwana Olenkie Tebogo (Botswana); Cleopatra Hazel (Netherlands Antilles); front row: Arzu Serap Karsioglu (Turkey); Myriam Gonzalez Avalos (Mexico); Angela Bonabana (Uganda). Hitomi Kawai (Japan) was unwell when the photo was taken.

Apart from the usual complaint of insufficient time, the module was a considerable success, with participants reporting that they were going home to try to implement specific projects or to influence the usual way of doing things. The piloting and testing of reporting forms and other communications, media relations and the effective management of meetings were three of the hot topics of the module.

It is likely that this optional module will be offered again at the next course in Uppsala in 2007.

Seeing the sights

During the weekend, participants had the chance to see the sights of Uppsala and Stockholm, including some trips in the Stockholm archipelago and (we suspect) not a few visits to the city's excellent shopping areas. On several nights, participants and different members of the UMC staff met up for dinner together; there was a formal course dinner with a robust Swedish menu and a farewell buffet in a local restaurant when certificates of attendance were presented.

Yet again, Sten Olsson, the man behind the UMC training programme, offered his thanks to the participants for their energy and enthusiasm which had shown once more what a bright future pharmacovigilance could have, if there were such a level of commitment worldwide.

Some feedback from participants:

"More time needed for discussions..."
(a general comment, made several times)

"I thoroughly enjoyed the course and what I have learnt can not only be applied in pharmacovigilance but my day-to-day activities also."
(Communications module)

"...the next step is convincing our boss that he also needs training"

"Composition of course fine, but heavy workload!"



Dr Dora Akunyili, Director of the Nigerian drug regulatory agency NAFDAC

Principal faculty members:

- Prof Ralph Edwards, UMC
- Prof Hubert Leufkens, University of Utrecht, Netherlands
- Dr Ronald Meyboom, UMC
- Dr Qun-Ying Yue, Medical Products Agency, Sweden
- Dr Shanthy Pal, WHO
- Dr Dora Akunyili, NAFDAC, Nigeria
- Dr Jerry Labadie, Lareb, Netherlands
- Dr Wolfgang Schumann, Schering AG, Germany
- Dr Andrew Bate, UMC
- Dr Marie Lindquist, UMC
- Dr Mohamed Farah, UMC

Course co-ordinator:
Sten Olsson

Communications module:
Bruce Hugman

This year, participants had the option of three days' intensive study of communications theory and practice

Let the regulators tell you about the latest drug safety issues

Several drug regulatory agencies are using their internet websites for giving advice to health professionals and the general public about important and current drug safety issues. *the* UMC website www.who-umc.org provides many links to such sites. However, it can be quite tedious to systematically browse such sites for new postings. A particularly useful service is therefore the active dissemination of e-mails to subscribers who will be advised as soon as a new drug safety message is added to the website of the agency. We are listing below some countries and websites that we know of which provide this kind of service. There is no cost of subscribing; the only possible inconvenience is that you might find that you receive more messages to your e-mail inbox than you would like to. If so, you can always un-subscribe

Health Canada / Santé Canada

http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/subscribe_e.html

By joining this mailing list you receive e-mail updates from the Marketed Health Products Directorate, the Therapeutic Products Directorate and the Biologics and Genetic Therapies Directorate for the most recent publication of the Canadian Adverse Reaction Newsletter and Dear Health Professional and Consumer Advisories for marketed health products. Messages are written in English and French.



Danish Medicines Agency

<http://www.dkma.dk/> then click on subscribe

You can subscribe to the news bulletin NetNyt providing significant additions to the website in Danish. The site has an English version.

Agence française de sécurité sanitaire des produits de santé (Afssaps)

<http://afssaps.sante.fr/hm/2/lstdif/inscript.htm>

The French agency distributes alerts, reports, recommendations, press releases and letters to professionals at two levels. The higher level, including alerts, provides approximately 9 messages per week, the other around 4. All messages are in French.



Irish Medicines Board

http://www.imb.ie/register_updates.asp

When signing up for news via e-mail you may choose between human medicines, veterinary medicines, pharmacovigilance and compliance. Messages are written in English.

Netherlands pharmacovigilance centre Lareb

<http://www.lareb.nl/home/index.asp>

From this site you may subscribe to electronic version of the Lareb newsletter, issued approximately once a month. It comes in Dutch, but some articles on the Lareb website are also provided in English.

Medsafe. New Zealand's Medicines and Medical Devices Safety Authority

<http://www.medsafe.govt.nz/Profs/subscribe.htm>

Medsafe publishes a newsletter for health professionals called Prescriber Update. Articles are published on the Medsafe web site as soon as they are finalised. The abstracts are then e-mailed to those who submit their e-mail address. Urgent medicine safety notifications will also be e-mailed to subscribers. Messages are written in English.

INFORMATION FOR
HEALTH PROFESSIONALS



Click here to subscribe to Prescriber Update Previews

Läkemedelsverket – Swedish Medical Products Agency (MPA)

<http://www.mpa.se/nyhetsbrev/>

The MPA issues a weekly newsletter, distributed to e-mail subscribers on Fridays. It gives information about all significant additions to the MPA website made during the week. The newsletter



is in Swedish only, but the MPA website has an English edition.

Swissmedic, the Swiss Agency for therapeutic products

http://www.swissmedic.ch/en/medien/overall.asp?lang=2&theme=0.00091.00004&theme_id

Swissmedic provides e-mail messages about important news from their internet programme and sends the most recent communications. Messages include an electronic version of the 'Swissmedic Journal'. Text is normally written in French and German. The website also has sections in Italian and English.



Food and Drug Administration

<http://list.nih.gov/cgi-bin/wa?SUBED1=medwatch&A=1>

The MedWatch office of the FDA distributes clinically important medical product safety alerts; including labelling changes and 'Dear Dr' letters. Each e-mail contains a summary of the safety alert. A hyperlink in the e-mail directs you to more detailed information.



WHO Department: Quality & Safety: Medicines

WHO has an e-posting system for receiving pdf-copies of the WHO Pharmaceuticals Newsletter via e-mail. The aim of this Newsletter is to disseminate information on the safety and efficacy of pharmaceutical products, based on information received from the WHO network of 'drug information officers' and other sources such as specialized bulletins and journals. The information is produced in the form of resumés in English. You may get access to this service by sending a message to listserv@who.int containing the following message text: subscribe WHO-PHN.

There might be other regulator web sites not known to us offering an e-mail information service. Our investigation has not been systematic and is also limited by our incomplete comprehension of the language used on the various web sites. We would welcome information about websites offering a similar service, which we have missed above, and we will try to cover them in a future article.

Consensus on Youth and Medicines

A conference 'Youth and Medicines' was recently organised by Kilen – Consumer Association and Institute for Medicines and Health, Sweden (mentioned by Ralph Edwards in his message on page 2). Delegates from some 20 countries, representing a wide multidisciplinary field, came together from 1st to 3rd June 2005 in Marholmen, Sweden, to define and formulate actions needed in the area of 'children, youth and medicines'. Material from the conference will be made available on the Kilen website: www.kilen.org.

At the end of the meeting these delegates arrived at a consensus on a document which should be of interest to readers of Uppsala Reports. The 'actions needed' section contains the following

Information and education

- Produce evaluated independent information in varying media about medicines in consumer friendly language, intelligible for young people and parents.
- Provide educational materials on medicines for teachers and students.
- Mandate medicines education as part of health education beginning in primary school and including development of age appropriate educational materials.
- Teach health professionals how to communicate with children at their various cognitive development levels.
- See that health care providers recognize that prevention of overdose and information on what to do when it happens is an important part of information on safe use of medicines.
- National medicines policies should promote standard treatment guidelines for common specific conditions occurring in children and youth.
- An independent body of experts should exist in every country to specify what must be included on packaging of OTC medicines, when the medicines are indicated and how and when to take them in a consistent easy-to-understand format.
- Medicine formularies specific for children and youth, with pocket-sized editions as well as longer texts for specialists, should be made available and accessible throughout the world. Versions are needed both for consumers and providers of child health care.

Research

- Promote further research in the field of children, youth and medicines, for example research on children's and young peoples' attitudes, beliefs, and behaviours relative to medicines and what young people know and want to know about medicines.
- Promote further research on how parents, teachers, and health care providers can teach children how to become responsible medicine users.
- We also need to extend research on existing medicines, to see how they best can be used and also evaluate their effects over the long term, and not just focus on development of new medicines.
- Further research is needed on irrational use of medicines and the associated health outcomes.

Products

- The pharmaceutical industry should perform clinical trials involving children and youth, that are governed by ethical guidelines, and that develop medicines, formulations, and recommended dosages.
- The industry needs to avoid packaging that is dangerous or looks like sweets and attracts young children.

Policies

- Issue mandatory orders from drug regulatory authorities to pharmaceutical companies to fund research programmes.
- Ensure governments and authorities have control over what is marketed, available, and accessible.
- Recognise the importance of improving medicine use in children and youth by national authorities and public bodies.
- Mandate school medicines education.
- Provide incentives for developed countries to work together with developing countries on all levels, to identify and resolve medicine related problems of children and youth.
- Intensify the cooperation of consumer organizations all over the world.

We look forward to seeing more from this interesting initiative.

Spring visitors

From time to time the UMC is approached by working partners or other persons who have learnt about our activities and who are travelling in the neighbourhood and want to come by to discuss various issues. It is reassuring to note that although Uppsala is located in the northernmost part of Europe it is not such a remote or hard-to-reach place.

We are pleased to introduce some of the visitors we have had the last few months:

Iceland

Magnús Jóhannsson and Eva Agustdóttir from the Icelandic Medicines Control Agency, Lyfjastofnun, spent the 28 April at *the* UMC. They explained that efforts are being made to intensify adverse reaction reporting in Iceland. So far the Icelandic contribution



Eva Agustdóttir and Magnús Jóhannsson from the Icelandic Medicines Control Agency

to the WHO database has been negligible. Even if the reporting rate multiplies, a large volume of reports cannot be expected, since the population is only 300,000. Methods of reporting, particularly the use of Vigibase Online, were discussed and methods of signal analysis and information exchange.

Sweden

A section of the Swedish Academy of Pharmaceutical Sciences had one of its regular meetings at *the* UMC in April. The approximately 25 members present were given an overview of the WHO International Drug Monitoring Programme and the activities of *the* UMC.

India

Syed Ziaur Rahman, lecturer at Department of Pharmacology, JN Medical College, Aligarh, India visited *the* UMC on 18 May. He had attended a scientific conference in Oslo, Norway, and came to Uppsala by bus to discuss, among other things the safety monitoring of traditional medicines. He is specifically interested in the Unani tradition of Indian medicine. Dr Rahman is active also in the Indian Society of Pharmacovigilance, SoPl.



Mohamed Farah, with Syed Ziaur Rahman from Aligarh

Georgia

Rusudan Jashi, representing the organization Primum Non Nocere (PNN) in Tbilisi, Georgia, came for a short visit on 31 May. She had attended a clinical pharmacy conference in Stockholm and wanted to discuss how to improve contacts between *the* UMC and her institution. PNN is promoting clinical pharmacology and rational pharmacotherapy in Georgia. In particular Dr Jashi wanted help with training in pharmacovigilance.



Rusudan Jashi, of Primum Non Nocere, Tbilisi, Georgia

Recent UMC recruit Linda Wallin

Welcome to Linda

Linda Wallin recently joined the UMC to work with the growing UMC Products and Services team. 28 years old, she lives in Sala, about 50km west of Uppsala. At *the* UMC she works in the team support group, while in her previous job she worked as a project leader for a small non-profit organization.



"I have an MSc in Communication Knowledge, which I took at the Sweden Mid-university in Sundsvall. In my free time I like meeting with my friends, going to auctions and antique stores and reading."

International launch of the WHO Drug Dictionary Enhanced

On June 1, 2005 the first release of the WHO Drug Dictionary Enhanced was distributed. The new dictionary is the result of a collaboration with IMS Health and will make it possible to reach nearly 100% coverage of the products marketed within each country. The first release contains additional IMS Health data from the United Kingdom, Japan and Finland. The new data results in 15,801 new unique names and 73,528 new entries in the C format. The increased coverage minimises the need for manual investigations by the end users and reduces the risk of making incorrect assumptions.

Future versions of WHO Drug Dictionary Enhanced will include products from the USA, the European Union and 40 other countries, and more than double the number of entries per country. WHO-DD Enhanced is produced in the same formats and with the same principles as the WHO Drug Dictionary.

Unique

The WHO-DD Enhanced contains the WHO's Anatomical Therapeutic Chemical (ATC) classification. The hierarchic classification helps users to aggregate statistics, find patterns in the co-medication and increase understanding of the properties of the drugs. The combination of the IMS data and the WHO-DD structure and coding system will make the WHO-DD Enhanced by far the most efficient solution for drug coding.

Quality checking

In the March 1 2005 release, *the UMC* had implemented a 'clean-up' project that had been announced at User Group meetings in 2004. The main purpose of the 'clean-up' was to make the name field in the dictionary appear as much as possible as the name of the products' labels, and as the texts that appear in the verbatims. Some information had been added to the name field over the past twenty years, and there was a need to implement the same principles throughout the dictionary.

UMC User Group Portal

We are currently introducing a specific User Group Portal as part of the WHO Drug Dictionary customer website. The User Group Portal will assist both new customers and experienced users. The portal contains a library of articles and documents related to the User Group, advertises forthcoming User Group Meetings and has a discussion forum.

We hope you will find this a useful way to keep up-to-date with the WHO Drug Dictionary (you will need a password to register).

Buying UMC services online

the UMC's Products and Services website is able to process the majority of orders for our services and products via the 'web shop'. When placing an order in the web shop, you can also calculate the cost and, where appropriate, generate a standard licence agreement. www.unc-products.com.

New price list

The new price list valid from 1st May 2005 - 2006 is available and was distributed to customers at the end of April 2005. If you are interested in obtaining a copy, please download from our website.

Updates – 1st June 2005 version

The new versions of the computerised WHO-DD, WHO-DD Enhanced and WHO Adverse Reaction Terminology (WHO-ART), containing information for the version 1 June 2005 are now available. These were sent to subscribers during June 2005. The WHO-DD pack contained the updated version of WHO-DD, as well as a range of technical material.

Need help?

If you have any queries about WHO-DD, or need further information about your current subscription or how to upgrade it, do contact *the UMC* Products & Services. You can e-mail:

drugdictionary@unc-products.com for comments about the WHO-DD, WHO-DD Enhanced, corrections and additions, and katarina.hansson@unc-products.com for queries about your subscription.

If you are a subscriber and have not yet received your update, please contact Katarina Hansson.

The next versions of the drug dictionaries should be available for web customers to download around the beginning of September 2005.

User Group meetings

During May there were two WHO Drug Dictionary User Group meetings – one in Europe and one in the USA. 20 User Group members gathered on each occasion to discuss WHO-DD matters. The first part of the meeting was dedicated to the introduction of the two new dictionaries, the WHO-DD Enhanced and the WHO Herbal Dictionary. Future meetings are planned for Philadelphia (6th October) and Prague (10th November).

Meet us there!

UMC staff are planning to attend the following conferences in the coming months:

- 21st International Conference on Pharmacoepidemiology and Therapeutic Risk Management, 21–24 August 2005, Gaylord Opryland Resort and Convention Center Nashville, TN, USA.
- 11th Annual Conference, Society for Clinical Data Management, 9th–12th October, Sheraton San Diego Hotel & Marina CA, USA

We look forward to seeing many customers at one of these; if you wish to arrange a meeting, please contact Mats Persson, Sales and Marketing, e-mail mats.persson@unc-products.com, or Annika Wallström, Business Development, e-mail annika.wallstrom@unc-products.com.

COURSES & CONFERENCES

DATES	TITLE	PLACE	ORGANISER/CONTACT
21-24 August 2005	The 21st International Conference on Pharmacoepidemiology & Therapeutic Risk Management - ISPE	Nashville Tennessee, USA	International Society for Pharmacoepidemiology Tel: +1 (301) 718 6500 Fax: +1 (301) 656 0989 E-mail: ispe@paimgmt.com
24-26 August 2005	Herbal medicine - analysis and identification	Canberra, Australia	TGA Training Co-ordinator PO Box 100, Woden, ACT 2606, Australia Fax +61 2 6232 8469 E-mail: TGA.international@health.gov.au
2-3 September 2005	Pre-meeting on 'Information, Pharmacovigilance and Patient Safety' at <i>International Pharmaceutical Federation Congress</i>	Cairo, Egypt	FIP Congresses & Conferences Tel:+31-(0)70-302 1982/1981 Fax:+31-(0)70-302 1998/1999 E-mail: congress@fip.org www.fip.org
14-16 September 2005	Good Pharmacovigilance Practice	Cambridge, UK	British Association of Research Quality Assurance Tel: +44 (0)1473 221411 Fax: +44 (0)1473 221412 E-mail: courses@barqa.com
22-23 September 2005	Drug Safety & Pharmacovigilance: Common Medical Conditions associated with Drug Toxicity	London, UK	Management Forum Tel: +44 (0)1483 570099 Fax: +44 (0)1483 536424 E-mail: info@management-forum.co.uk www.management-forum.co.uk
28-29 September 2005	3rd Biennial Symposium on Signal Detection and Interpretation	London, UK	DSRU Tel: +44 (0)23 8040 8621 Fax: +44 (0)23 8040 8605 E-mail: jan.phillips@dsru.org
10-12 October 2005	Drug Safety Surveillance and Epidemiology Training Course	Washington, DC, USA	DIA Fax : +1 215 442 6199 www.diahome.org
12-13 October 2005	Introduction to Pharmacoepidemiology	Southampton, UK	DSRU Tel: +44 (0)23 8040 8621 Fax: +44 (0)23 8040 8605 E-mail: jan.phillips@dsru.org
17-19 October 2005	ISoP Annual Scientific Meeting (preceded by five training courses)	Manila, the Philippines	ISoP Administration Tel/Fax: +44 (0)20 8286 1888 www.vasia.com/psecp
7-8 November 2005	Pharmacovigilance Specifications and Risk Management	Southampton, UK	DSRU Tel: +44 (0)23 8040 8621 Fax: +44 (0)23 8040 8605 E-mail: jan.phillips@dsru.org
13-15 November 2005	Annual Conference, Society of Pharmacovigilance, India	Ahmedabad, India	SoPI Fax: +91 56 222 303 12 E-mail: sandeepcancer@rediffmail.com
16-17 November 2005	Case Narrative Writing for Reporting Adverse Events	Southampton, UK	DSRU Tel: +44 (0)23 8040 8621 Fax: +44 (0)23 8040 8605 E-mail: jan.phillips@dsru.org
28 November 2005	Data Safety Monitoring Boards	Southampton, UK	DSRU Tel: +44 (0)23 8040 8621 Fax: +44 (0)23 8040 8605 E-mail: jan.phillips@dsru.org
28-29 November 2005	1st Annual DIA Cardiac Safety Conference	Vienna, Austria	DIA Tel: +41 61 225 51 54 Fax: +41 61 225 51 52 E-mail: phyllis.suter@diaeurope.org
1-3 February 2006	Medical Aspects of Adverse Drug Reactions	Southampton, UK	DSRU Tel: +44 (0)23 8040 8621 Fax: +44 (0)23 8040 8605 E-mail: jan.phillips@dsru.org
7-28 April 2006	A 2-day international symposium on Pharmacovigilance of herbal medicines: Current state and future directions	London, UK	Dr John Clements, Science Secretary Royal Pharmaceutical Society of Great Britain Fax: 020 7572 2506 email: science@rpsgb.org



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