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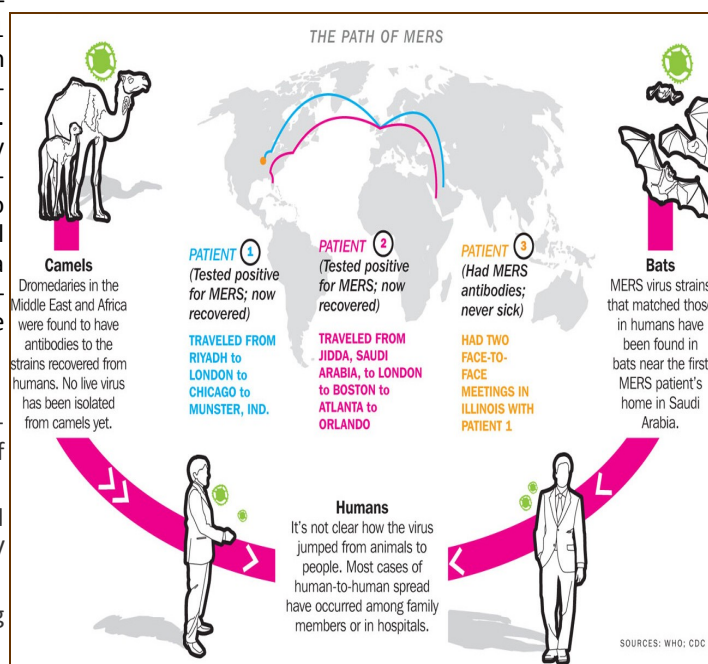
Update on Severe Respiratory Disease Associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

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Global updates by the WHO reports that 837 laboratory-confirmed cases of infections with MERS CoV including 291 deaths has been reported since the first case of MERS-CoV in April 2012. In May 2014, two imported case of MERS were confirmed in two travellers from Saudi Arabia to the United States. Besides, most other MERS cases reported in 2014 were mainly from certain regions of Saudi Arab which includes Riyadh, Dubai and Abu Dhabi. The sources of infection were contact to camel, contact to person infected and admission to the hospital that had a confirmed case of MERS. In addition, there were a few health care workers infected with MERS as well. Newly affected countries now include Algeria, Iran, Lebanon and the Netherlands.

WHO advice for health care workers

- Droplet precaution should be added to the standard precautions during providing care to all patients with symptoms of acute respiratory infection.
- Contact precautions and eye protection should be added when caring for probable or confirmed cases of MERS-CoV infection.
- Airborne precautions should be applied when performing aerosol generating procedures.



Going for Umrah and Hajj?

- **Observe good hand hygiene and respiratory hygiene** (covering mouth and nose when coughing or sneezing, washing hands after contact with respiratory secretions, keeping a distance of one metre from other persons when having acute febrile respiratory symptoms);
- **Adhere to good food-safety practices** (avoid undercooked meat or food prepared under unsanitary conditions, and properly washing fruits and vegetables before eating)
- **maintaining good personal hygiene**

A direct epidemiological link for MERS

- **Close physical contact**
- **Working together in close proximity or sharing the same classroom environment**
- **Travelling together in any kind of conveyance**
- **Living in the same house hold**
- **The epidemiological link may have occurred within a 14 day period before or after the onset of illness**



How do people get MERS?

Exposure to an animal (camel) or infected person or other source

What are the common symptoms of MERS?

Fever, cough, shortness of breath, breath difficulties, pneumonia, gastrointestinal symptoms, kidney fail-

Can a person be infected with the MERS virus and not be ill?

Yes

What is the likely source of the MERS virus?

Camel

Can other domestic animal (goats, cows, sheep, water buffalo, swine and wild birds) transmits MERS ?

Antibodies to MERS-CoV has been tested in those animal but non have showed positive result.

What is the current situation for Hajj pilgrimage?

The annual Hajj pilgrimage to Mecca, Saudi Arabia, is among the largest mass gatherings in the world. About 3 million Muslims from around the world, and more than 11,000 Americans make the pilgrimage each year. This year, Hajj will take place from October 2–7, 2014. Whereas Umrah is a similar pilgrimage which can be undertaken at any time of the year.

Therefore Hajj and Umrah are associated with unique health risks as there will be a huge crowd gathering while the Middle East Respiratory Syndrome (MERS) outbreak is ongoing in the Arabian Peninsula. Centre for Disease Control (CDC) has issued some recommendations to reduce infection risk for those who plans for Hajj or Umrah:

- High-risk travelers (for example, people who have weakened immune systems or who have diabetes, chronic lung disease, or kidney failure) should review their risk with a doctor and consider whether the pilgrimage is advisable.
- People who develop respiratory illness while they are at Hajj should isolate themselves or, if isolation is not possible, wear a surgical mask around people.
- Avoid contact with camels, do not visit farms, and do not consume raw camel milk or undercooked meat.

Short Expiry Items in Kedai Farmasi

Extension 5398/5399

- A) **Cera Scalp Ointment** - exp 09/2014. Quantity- 11 bottles
Coal tar soln 12% w/w, salicylic acid 2 % w/w, sulfur 4%
- B) **Triluma cream** - 09/2014. Quantity- Quantity-1 bottle
Fluocinoloneacetone 0.01%, hydroquinone 4%, tretinoin 0.05%
- C) **Caduet 5mg/40mg tab** - 09/2014. Quantity – 8 boxes x 30's
Amlodipine besylate 5 mg, atorvastatin Ca 40 mg.
- D) **Pristiq 50mg tab** - 10/2014. Quantity- 16 boxes x 28's
Desvenlafaxine succinate
- E) **Invega 3mg tab** - 10/2014. Quantity - 10 boxes x 28's
Paliperidone
- F) **Risperdal 3mg tab (original)** - 10/2014. Quantity – 13 boxes x 60's. Risperidone. Free for staff
- G) **Qlaira tab** - 10/2014. Quantity - 18 boxes. Estradiol valerate, Dienogest
- H) **Pneumo 23 Vaccine** - 10/2014 . Quantity – 8 vials
- I) **Gonal-F 450IU inj** - 10/2014. Quantity – 55 Inj. Follitropin α

In addition, for the 2014 Pilgrimage, the Saudi Ministry of Health recommends that these groups of people postpone their travel:

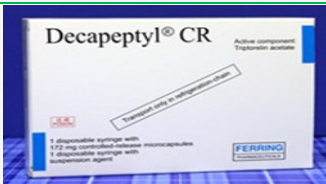

- People older than 65 years
- Children younger than 12 years
- Pregnant women
- People with chronic diseases (such as heart disease, kidney disease, diabetes, or respiratory disease)
- People with weakened immune systems or who take drugs that suppress the immune system

Reference: 1. www.cdc.gov 2. www.who.int

2 Brands of Injection Triptorelin 3.75mg



Triptorelin is a growth hormone analogue which is a synthetic analogue of gonadotropin-releasing hormone (GnRH) agonist. It works by decreasing the production of certain hormones, which reduces testosterone levels in the body. Inj **Decapeptyl CR** will be supplied while stocks last (due to short expiry on September 2014) after which supplies will be from Ipsen Pharma : **Diphereline P.R.**

	Inj. Decapeptyl® CR by Ferring	Inj. Diphereline® P.R. by Ipsen Pharma
References: 1. PPUKM Drug Formulary 2. Decapeptyl CR 3.75mg injection product insert 3. Diphereline PR 3.75 injection product insert		
Available strength	Inj 3.75MG & Inj 0.1MG (Non-formulary)	Inj 3.75MG
Route of administration	Inj. 3.75MG : Intramuscular or Subcutaneous; Inj 0.1MG (Non-Formulary) : Subcutaneous	Inj 3.75MG : Intramuscular only ./
Mechanism of action	Stimulates release of gonadotropins, luteinizing hormone (LH) and follicle-stimulating hormone (FSH), from the anterior pituitary.	
Approved indication by PPUKM	Inj 3.75MG : For endometriosis, leiomyoma uteri, and precocious puberty ; Inj 0.1MG (Non-Formulary) : For IVF treatment	Inj 3.75MG : For endometriosis, leiomyoma uteri, and precocious puberty
Prescribers	Inj 3.75MG : All doctors can prescribe; Inj 0.1MG : Non-formulary (patient to buy)	Inj 3.75MG : All doctors can prescribe
Dilution	Mix all the suspension medium and microcapsule using connector control-release microcapsule.	Draw up 2 ml of solvent and transfer into the powdered vial
Storage & Stability	To be stored between 2°C to 8°C . To be injected immediately.	