

# The Golden Mortar



Newsletter of the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and Associated Sectors

Edition 3/August 2020



## CELEBRATING Women's Month

*Thanushya Pillaye*  
Chairman of the PSSA Southern Gauteng Branch

For pharmacists and the PSSA, including our Southern Gauteng (SG) Branch members, **Women's Month is about acknowledging all the women in pharmacy.** It has taken South Africa 64 years to get to this point today, but it is because of all the women and the men who have supported the vision, to get here - the parents and students who toiled, made sacrifices and persevered; the lecturers, mentors and tutors who took a chance on a "girl", the manager who appointed a "female" pharmacist when it was a man doing the job all along, the family and spouse who supported her and helped make it possible.

**Women's month is to be celebrated and recognised,** because in a space of maybe 2-3 generations, the opportunities for a woman have changed from being a teacher, nurse or wife & mother, to holding absolutely any position in society. Today, women can manage companies, lead countries and land on the moon. The sky is the limit! It is important for women in the workplace to remember the magic that makes them women - women in the workplace are not meant to work like men, if so, men would be appointed.

Women are passionate, caring, hardworking, smart, innovative, intuitive, driven and articulate, amongst other things. Qualities that can be used to uplift and move forward. Not to be better than men, but to work best with both men and women in the workplace. It isn't a competition, nor is it an equaliser - it is teamwork, cohesion and magic!

### CONTENT

<a href="#">Celebrating Women's Month</a>	<a href="#">1</a>
<a href="#">SARCD Online</a>	<a href="#">2</a>
<a href="#">Haemophilus Influenzae Type b</a>	<a href="#">3 - 4</a>
<a href="#">YPG Steering Committee</a>	<a href="#">4</a>
<a href="#">Apply to be a Mentee or Mentor</a>	<a href="#">5</a>
<a href="#">SAAPI Online Workshops</a>	<a href="#">5</a>
<a href="#">Prof. Viness Pillay's Obituary</a>	<a href="#">6 - 7</a>
<a href="#">The PSSA Book Department</a>	<a href="#">7</a>
<a href="#">Museum Artefacts</a>	<a href="#">8</a>
<a href="#">Professional Indemnity Insurance</a>	<a href="#">8</a>
<a href="#">Like Change, the only other constant is your Pharmacist's versatility</a>	<a href="#">9 - 10</a>
<a href="#">See the New Glenhove Events Hub in line with COVID-19 Regulations</a>	<a href="#">10 - 13</a>

**It is encouraging to note** that the Immediate Past Chairman, Chairman, Vice-Chair and Treasurer of the PSSA SG branch are all female, and are joined on the committee by 8 other women. There are also many young, up and coming (female) pharmacists who are energetic and passionate about PSSA and pharmacy, who are eager to grow the profession and take it forward.

These young pharmacists need to be mentored and nurtured, so that they too find a home in the PSSA and in time, grow into the leaders which the branches and the National Office needs.

Women must never forget that it was not easy to get to this point, where opportunities are equal - and therefore, opportunities must be fully embraced, and women currently in pharmacy must be counted on to pay it forward - to uplift and support colleagues, and encourage them too, to grow.

If 20 000 South African women at the Union Buildings in Pretoria in 1956 could bring us here today, imagine what lies ahead?

*Wathint' abafazi, Wathint' umbokodo!*

*Happy Women's Month!*





SARCD A is continuously looking at innovating ways of providing our exhibitors and buyers with alternative business opportunities, which lead to the launch of SARCD A Online. The year-round platform allows companies to showcase their products and interact directly with buyers within a virtual community.

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# SPOTLIGHT ON *HAEMOPHILUS INFLUENZAE* TYPE *b*: WHO IS AT RISK

Lynda Steyn (BPharm)  
Amayeza Info Services

## Under the microscope

*Haemophilus influenzae* are gram-negative coccobacilli that are classified according to whether they have a capsule (encapsulated) or not (non-typeable). They are further divided into serotypes, of which *Haemophilus influenzae* type *b* (*Hib*), belonging to the encapsulated group, is the most pathogenic of all the serotypes.

**Despite its name, *Haemophilus influenzae* is a bacterium, and completely unrelated to influenza, which is a virus.**

## Pathogenesis

*Hib* enters the body via respiratory droplets and colonises the nasopharyngeal area. Children especially, can harbour the organism in the nasopharyngeal area transiently and asymptotically. If the organism enters the bloodstream, it is spread throughout the body. The resulting infection depends on which organ of the body the bacteria invades.

While many organs may be infected by *Hib*, the most common infections due to *Hib* include pneumonia, meningitis, epiglottitis, septic arthritis and cellulitis. In the pre-vaccination era and in unimmunised children today, infection and mortality due to *Hib* meningitis was and is most prevalent in children aged 2 months to 5 years of age. Next to *Hib* meningitis, septicaemia is the second most common presentation of invasive *Hib* infection and can occur at any age.

## Treatment and management

Most patients with invasive *Hib* disease will need to be hospitalised. Aside from supportive care, empirical therapy, usually with third-generation intravenous cephalosporins is begun immediately. Dexamethasone, if administered as an adjuvant before or with the first dose of antimicrobial therapy in patients with *Hib* meningitis, reduces the risk of long-term sequelae, such as hearing-loss.

Chemoprophylaxis with rifampicin is usually administered to unvaccinated, or partially vaccinated household contacts < 4 years of age, and to immunosuppressed household contacts under 18 years of age, regardless of the *Hib* vaccination history.

## Who is most at risk for *Hib* infections?

The ability to eliminate *Hib* from the circulation depends on a properly functioning immune system, as well as a properly functioning spleen. Therefore, those most at risk for *Hib* infection include:

- Unimmunised infants and children under 5 years of age, especially in the 6-24 month age group
- People with functional or anatomic asplenia, including sickle cell disease
- HIV-infected persons
- People with antibody and complement deficiency syndromes
- People who have had a haematopoietic cell transplant (bone marrow transplant)
- People receiving chemotherapy or radiation therapy for malignancies

## Children under the age of 5 years

Since the introduction of a vaccination against *Hib*, the incidence of invasive *Hib* disease in children under 5 years of age has been drastically reduced. The vaccination has also reduced the nasopharyngeal carriage of *Hib* in children, which contributes greatly towards herd immunity, thereby indirectly protecting older vulnerable groups as well.

In South Africa, our Expanded Programme of Immunisation (EPI) includes a combination vaccine containing *Hib* for infants, and is administered at 6, 10 and 14 weeks of age. A booster dose is then given at 18 months of age. We do not need to catch-up healthy children and adults over 5 years of age with *Hib* vaccination, as the risk for invasive *Hib* disease in this age group is considerably lower.

.../continued on page 4



## Vulnerable children and adults over 5 years of age

Age, previous *Hib* vaccination history and underlying condition, are all taken into consideration when deciding whether to recommend a *Hib* vaccination.

In South Africa, a single-antigen vaccine is registered for use in adults and may also be recommended for at risk children over 5 years of age who did not receive their childhood *Hib* vaccines.

**Table 1** illustrates which unvaccinated adults and children over 5 years of age are recommended to receive *Hib* vaccination:

<b>Asplenia or sickle cell disease</b>	<b>1 dose of single-antigen vaccine regardless of previous vaccination history</b>
<b>HIV-infected children 5 years and older</b>	<b>1 dose of single-antigen vaccine (Vaccination is not recommended for HIV- infected adults)</b>
<b>Haematopoietic cell transplant (bone marrow transplant) recipients (all ages)</b>	<b>3 doses of single-antigen vaccine at least 4 weeks apart (starting 6 to 12 months post-transplant)</b>

Table 1: adapted from Yeh S. Prevention of Haemophilus influenzae type b infection. UpToDate. Graphic 94441 Version 4.0

## How can pharmacists help?

While vaccination greatly reduces an individual's risk of infection due to invasive *Haemophilus influenzae* type b, it is important to note that the success of any vaccination is very much dependent on the uptake of the vaccine (i.e. the degree to which the entire population has been vaccinated). As pharmacists, it is vital to look beyond childhood-only vaccination, and to recognise that there are older children and adults who may be particularly vulnerable to certain diseases, such as those caused by *Hib*, and would benefit greatly from vaccination.

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## Young Pharmacists' Group (YPG) STEERING COMMITTEE

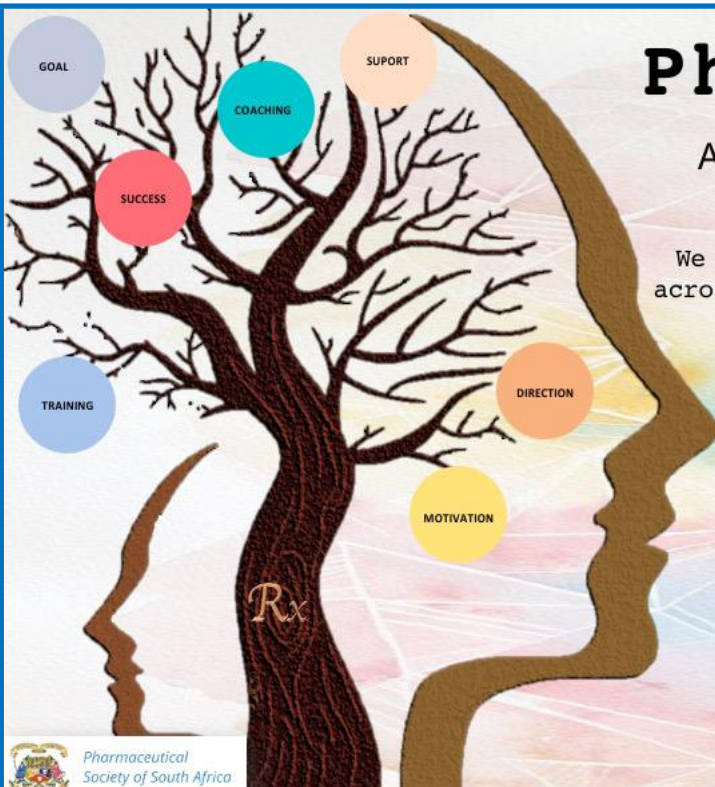
Mr. Byron Chukwu - Chairman

Ms. Nomaphelo Krakri - Project Coordinator

Ms. Nicole Hoffman - Public Relation Officer







# Pharmacists!

Apply to be a mentee or mentor


We are looking for mentors and mentees across Southern Gauteng and Western Cape.

Are you a young Pharmacist wanting to develop your professional skills in order to grow in your career?

Join the PSSA mentorship programme!

For more information contact:  
[mariet@pssa.org.za](mailto:mariet@pssa.org.za)

#stayinspired

 Pharmaceutical Society of South Africa

## SAAPI Online Workshops - What's Coming Up?

Workshop : "Responsible Pharmacist - Roles and Responsibilities"

**DAY 1 : Wednesday 09 September 2020**

08:30am – 12:30pm

**DAY 2: Wednesday 16 September 2020**

14:00pm – 16:30pm

Venue: Microsoft Teams

Presented by: Rosemary Kietzmann

Workshop : "Part 2: Business Writing and Communications"

**Dates: 12 October – 20 October 2020**

Course content to be delivered via pre-recorded videos with 2 x Q & A sessions on Microsoft Teams

Presented by: Dale Gyure

Please visit [www.saapi.org.za](http://www.saapi.org.za) to register.

Workshop : "Medical Ethics of New Technologies In Medicine"

**Dates: 17 August 2020 – 13 November 2020**

Course content to be delivered via pre-recorded videos with a Q & A session on Microsoft Teams at course completion.

Presented by: Candice De Carvalho





*Prof. Viness Pillay*

## OBITUARY

*By Prof Yahya Choonara*



Viness Pillay, who passed away peacefully on the morning of 24<sup>th</sup> July 2020 after a lengthy illness. He was just 4 days away from his 50<sup>th</sup> birthday.

**A Personal Professor of Pharmaceutics**, Prof. Pillay held the Department of Science and Innovation (DSI) - National Research Foundation (NRF) of South Africa Research Chair in "Pharmaceutical Biomaterials and Polymer-Engineered Drug Delivery Technologies," and also served as the Founding Director of the Wits Advanced Drug Delivery Platform (WADDP) Research Unit for more than two decades.

**The WADDP has become the heart of advanced drug delivery and pharmaceutical sciences research in South Africa.** As an erudite, when he named the research unit he emphasized on the word "Platform" and this has indeed been a launching pad for over 120 WADDP Alumni who are professionals placed in various positions in South Africa and abroad.

Prof. Pillay spent his career making a substantial contribution to pharmaceutical sciences research. His work transcended in producing several inventions in the design of advanced drug delivery systems, biomaterials, nanomedicines and de-novo tissue engineering, and bio-inks for 3D-printing.

**He had an outstanding insight** and the ability to identify important therapeutic challenges and present research results that questioned conventional wisdom. This led him to developing several inventions including the world's fastest dissolving matrix for the onset of rapid drug action in the human body, a neural device for therapeutic intervention in spinal cord injury, and novel wound-healing technologies. He has also pioneered numerous molecular modeling paradigms as a first-in-the-field of pharmaceuticals, including **his very own "PEiGOR Theory - Pillay's Electro-influenced Geometrical Organization-Reorganization Theory,"** published in the International Journal of Pharmaceutics.

**His research was always at the forefront** and led him to publish more than 300 research articles in ISI-accredited international journals, 45 book chapters, editor of 2 books, and 21 granted patents. He was also the recipient of numerous prestigious national and international accolades.

**Capacity development and transformation** played a central role in the work of Prof. Pillay, so much so that he has developed the largest cohort of talent in the pharmaceutical sciences in South Africa. In 2019 he received the prestigious NRF Award as the Champion of Research Capacity Development and Transformation at Public Science and Higher Education Institutions in South Africa. This was a fitting testament to his 'servant' heart that always spoke to doing what was right and what was good for people - a living motto of "the world can always use one more kind and compassionate person." He had a brilliant poise of producing not only great science, but scientists too.

**Throughout his career Prof. Pillay was greatly loved** as an influential researcher, teacher, prodigy, friend, mentor, life coach, supervisor, and confidant of more than 120 postgraduate students and postdoctoral fellows from nine different countries, as well as colleagues and friends from around the world. He loved to love people and this was strongly felt by his students who have gone on to successful careers making a difference as leaders in some of the world's best-run pharmaceutical companies, academic institutions and research organisations.

.../continued on page 7



**Wits University, and the world,** have lost a remarkable professor, cherished academic, a prolific researcher, an icon of innovation who changed our world for the better. He was a trailblazer and achieved the highest ranks in scholarship and in friendship, and left a formidable legacy in his field through his work and his interaction with people. He rarely remained still and was always working on the 'next big idea.' The world has been changed by his work and personality, a claim that not many can make. A multitude of friends worldwide are left behind, but his work continues through these same colleagues and friends, as well as his former students.

His work brought together outstanding individuals from many different academic disciplines and is an inspiration to his students and colleagues. In addition to using his powerful intellect, creativity and communication skills to make research contributions, he has used these gifts to also bring about new thinking and models of cohort mentorship and team-based research. He created science, synthesised ideas, provided and challenged viewpoints, developed careers, redefined pharmaceutical innovation, garnered accolades, and above all, made researchers – all with an unshakeable attitude and indomitable humility.

**His passing has left a huge void.** A void for his current and past students whom he mentored and cared about the most; a void for the WADDP Team and the Department of Pharmacy and Pharmacology at Wits, where he firmly established a research structure and culture of innovation; a void for the School of Therapeutic Sciences where his distinguished scholarly contribution raised the research and academic profile within the therapeutic sciences; a void for the Wits Faculty of Health Sciences where he articulated his viewpoint at various forums and contributed immensely to the upward trajectory of the Faculty's research agenda; a void for Wits for he made Wits synonymous with Pharmaceutical Research; and an unfillable void in the personal lives of all those who had the privilege of interacting with him.

**A visionary, a giant of science,** a truly wonderful person, gone too soon. His colossal knowledge, inspirational leadership and legacy have made a positive impact on all those who knew him and will always be carried forward to ease such a great loss and pain.

**Prof. Pillay is survived by his wife Ishara, their beautiful daughter Nikayla, and all those he loved and touched deeply, personally and professionally.**



## The PSSA Book Department

Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

From overseas publications such as Martindale, Merck Manual and Dorland's Illustrated Medical Dictionary to local publications such as the Daily Drug Use, South African Medicines Formulary (SAMF) and the Scheduled Substance Register.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, [www.pssa.org.za](http://www.pssa.org.za) click on Membership and then Member Services.
2. Complete the order form and submit it.
3. Make payment via EFT.

Or contact Dinette at PSSA National Office on (012) 470-9559 or at [dinette@pharmail.co.za](mailto:dinette@pharmail.co.za)



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## National Pharmacy Museum Artefacts



**R360**



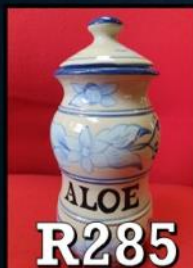
**R165**



**R40**



**R325**



**R285**



**R95**

To start your very own collection, Please contact Virginia at 011 442 3615 / [virginia@pssasg.co.za](mailto:virginia@pssasg.co.za)



## Professional Indemnity Insurance

You should be aware that pharmacists in all spheres of Practice require Personal Indemnity Insurance. Not to have it is simply not an option – it is a requirement of the South African Pharmacy Council.

PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society.



For further details please contact Nikita at the PSSA National Office on (012) 470-9557 or at [Nikita@pharmail.co.za](mailto:Nikita@pharmail.co.za)

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**“LIKE CHANGE, THE ONLY OTHER CONSTANT IS YOUR PHARMACIST’S VERSATILITY.”**

*Tabassum Chicktay and Dr Belinda Meyer*

Primary health care (PHC) services is the heart-beat of National Health Insurance (NHI). The PHC level being the first point of contact within the healthcare system is critical to ensure the system’s sustainability. Pharmacists have a key role to play in providing PHC services to the community. Amongst many other duties, pharmacists are responsible for the implementation of the several methods to ensure that chronic patients receive their medicines at a point closest to them.

One of the innovative ways has been through the implementation of the Collect & Go smart lockers by Right ePharmacy. The National Department of Health and Right ePharmacy have rolled out more than 70 locker in Gauteng, Mpumalanga and the Free State with the first patients being able to collect medication in May 2020.



Public healthcare patients who are stable on their chronic medication for conditions like diabetes, high blood pressure, HIV/Aids, asthma and many others are at an increased risk of exposure to the Coronavirus. Collect & Go is part of a Department of Health initiative to reduce congestion in public health facilities and to ensure that facilities remain able to cope with the Coronavirus and other emergency cases. It also supports the Department of Health’s central chronic medication dispensing and distribution (Dablapmeds) programme and the national adherence strategy.

Collect & Go locations are near public health facilities and busy areas like community shopping centres, police stations and inside certain retail pharmacies and doctors’ rooms which are close to communities, transport routes and areas where people live and work.

Patients will be registered for Collect & Go at their healthcare facility if their condition is stable. They will be given two months’ supply of medication and provided with the date for a first Collect & Go experience. Patients will need to return to their healthcare facility for a follow-up visit every six months and will be reminded to do so via SMS. A healthcare worker will then assess the patient and renew the prescription for Collect & Go.

As soon as the medicine is in the locker, patients will receive an SMS with a uniquely generated, one-time PIN on their mobile phone. On arrival at the locker, the PIN number is entered on a touch screen. The patient opens the locker and removes the medicine parcel, which will contain two months’ supply of chronic medicine.

Collect & Go smart lockers are customised to meet stringent pharmacy regulations. They include air-conditioning units and remote temperature monitors for optimal storage conditions. The lockers need only a 220V power source and do not need data connectivity. Because lockers can be installed in remote locations, Collect & Go will help increase access to medicines in SA’s rural areas. All medicine parcels are tracked.

*.../continued on page 10*



Medicine that is not collected is flagged and can be followed up telephonically by the Collect & Go call centre.

**The role of the pharmacist has changed and evolved in the last few years.** Improving health outcomes is no longer solely dependant on the pharmacist's ability to only dispense medication. Pharmacist- led programmes have shown an improvement in patient health outcomes and have far-reaching effects on the patients personal and financial health.

These programmes have demonstrated the true value of the pharmacists in the changing health care system. the Covid 19 pandemic has proven the saying: "The only constant is change." I would like to slightly modify this by saying: **"Like Change, the only other constant is your pharmacist's versatility."** I would like to take this opportunity to salute all my fellow colleagues on the front lines of Covid 19 and thank each and every pharmacist for their daily contributions to the fight.

## SEE THE NEW GLENHOVE EVENTS HUB IN LINE WITH COVID-19 REGULATIONS



← *Apothecary Boardroom*

*Boardroom 1* →



.../continued on page 11





← Boardroom 2

Boardroom 3 →



← Golf Course Meeting Room

.../continued on page 12





← Golf Course Room

Mezanine Lounge →



← Multipurpose Area

Library →



.../continued on page 13





← Upper Glenhove 2

Bar Coffee Stop →



Email: [enquiries@glenhove.co.za](mailto:enquiries@glenhove.co.za)

GLENHOVE EVENTS HUB

conferences | meetings | celebrations | exhibitions



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The Editor reserves the right to amend punctuation or text for correctness, and to summarise where necessary.

We welcome all contributions and as space permits, these will be published.

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

**Your PSSA SG Branch Chairman:**

Thanushya Pillaye

*Your PSSA Southern Gauteng Branch Sector representatives are:*

Community Pharmacy:	Richard Barry, Winny Ndlovu & Pumza Hlekane (Alt)
Hospital Pharmacy:	Rashmi Gosai & Jaquie Fox
Industrial Pharmacy:	Thavashini Pather, & Tammy Maitland-Stuart
Academic Pharmacy:	Rubina Shaikh

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

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