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PREVENTION AND TREATMENT OF SEASONAL INFLUENZA

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Amid the influenza season, it is important to know how to treat, but even more important, to prevent seasonal influenza. All patients should be counselled on vaccination and other measures to prevent influenza. Treatment will depend on the severity of the illness and the risk factors of the patient. This article will discuss the prevention of, and treatment options for seasonal influenza.

PREVENTION

The best way to avoid influenza is to have the seasonal influenza vaccine. The flu vaccine is recommended for all those who want to avoid contracting influenza, but especially for those at high risk of severe disease and complications from influenza. The National Institute for Communicable Diseases (NICD), recommends prioritising vaccination for the following high-risk groups:

- Healthcare workers
- Individuals 65 years or older
- Individuals with chronic cardiovascular disease (chronic heart disease, hypertension, stroke), diabetes, chronic lung disease (asthma, chronic obstructive pulmonary disease) and those with immunosuppressive conditions (HIV or AIDS and malignancy).
- Pregnant women throughout all stages of pregnancy, including women up to 6 weeks postpartum.

Other groups that will benefit from vaccination include:

- Patients with underlying medical conditions such as tuberculosis, chronic kidney disease and metabolic disorders such as diabetes or cardiovascular diseases
- Those living in old-age homes or chronic care and rehabilitation institutions
- Patients younger than 18 years on chronic aspirin therapy (due to the risk of Reye's syndrome associated with aspirin and a concurrent viral infection)
- Morbidly obese persons (body mass index ≥ 40 kg/m²)
- Contacts of patients at high risk of severe influenza.

Both quadrivalent vaccines available in South Africa this year, Inluvac Tetra®, as well as Vaxigrip Tetra®, can be administered as a 0.5 ml dose to patients from 6 months of age. Those younger than 9 years of age who are receiving the vaccine for the first time, need to have a second dose at least 4-6 weeks after the first dose. The influenza vaccine should not be given to patients younger than 6 months of age or to patients who had a severe anaphylactic reaction following a previous dose of the vaccine.



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The influenza vaccine is not 100% effective and those patients who still contract influenza, can prevent the spread of influenza by taking the following precautions:

- Stay at home for at least 24 hours after cessation of the fever
- Avoid close contact such as kissing or sharing drinks with others
- Wash hands with soap and water or use an alcohol-based sanitiser regularly
- Clean and disinfect surfaces and objects that may be contaminated with influenza virus (e.g. mobile phones)
- Cover coughs and sneezes with a tissue or cough into the elbow
- Limit the number of visitors
- Wear a tight-fitting medical mask, especially when in public spaces

TREATMENT

The signs and symptoms of seasonal influenza are very similar to other influenza-like illnesses and may include fever, cough, sore throat, coryza, headache, malaise, myalgia, arthralgia, and sometimes gastrointestinal symptoms.

Patients with mild uncomplicated seasonal influenza should be managed symptomatically with over-the-counter medications such as analgesics, antipyretics, mucolytics, expectorants, decongestants, or antihistamines, depending on the symptoms. Patients should remain hydrated to help loosen mucus. Antiviral treatment is not recommended for patients with mild or uncomplicated influenza.

Patients with complicated influenza may present with signs and symptoms of lower respiratory tract infection such as dyspnoea, tachypnoea, lower chest wall indrawing, hypoxaemia and inability to feed; central nervous system involvement and/or significant exacerbation of an underlying medical condition. Treatment with antivirals is recommended only for patients with complicated influenza and those patients who are at increased risk of complications. Patients at risk of complicated influenza include:

- Pregnant women including those up to 6 weeks postpartum
- People living with HIV
- Patients with tuberculosis
- Persons with the following chronic diseases:
 - * Pulmonary disease (e.g., asthma or COPD)
 - * Cardiac disease (excluding hypertension)
 - * Immunosuppression due to disease or medicine use
 - * Metabolic disorders (e.g., diabetes mellitus)
 - * Renal disease
 - * Hepatic disease
 - * Neurologic and neurodevelopmental conditions
 - * Haemoglobinopathies (e.g., sickle cell disease)
- Young children (especially younger than 2 years)
- Persons ≥ 65 years of age
- Persons ≤ 18 years of age on chronic aspirin therapy
- Persons who are morbidly obese

Antiviral treatment should start as soon as possible in these high-risk patients but no later than 48 hours after onset of symptoms. However, in patients with severe, complicated, or progressive illness or those who are hospitalised, treatment may still be beneficial even if it is started more than 48 hours after onset of symptoms. Oseltamivir (Tamiflu®) is the only antiviral recommended for treatment of influenza for the 2023 season. The standard dosing for adults is 75 mg twice daily for 5 days, while dosing in children is also given twice a day for five days but is based on weight as per Table 1:

Neonates and infants <12 months	3 mg/kg twice a day
Children ≥ 12 months:	
≤ 15 kg	30 mg twice a day
>15 kg to 23 kg	45 mg twice a day
>23 kg to 40 kg	60 mg twice a day
> 40 kg	75 mg twice a day

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Antiviral treatment can lessen fever and other symptoms, and in these high-risk patients it can mean the difference between having a milder disease instead of a more serious illness that could result in a hospital stay. Some studies have reported that early antiviral treatment can reduce the risk of death.

The major side effects of oseltamivir are nausea, vomiting and diarrhoea, but patients may experience other less common side effects as well. Oseltamivir can be used in pregnant and breastfeeding women.

CONCLUSION:

It is better to prevent influenza and the best way is to vaccinate against influenza every year with the new season's vaccine. However, for those who still contract influenza, treatment options are available and depend on the underlying medical conditions of the patient and the severity of the disease. For patients with mild disease, isolation of the patient and management of symptoms will be sufficient. For those with underlying medical conditions or severe disease (hospitalised patients), antiviral treatment with oseltamivir can reduce the severity of disease and complications of influenza, and is best given within 48 hours after onset of symptoms.

BIBLIOGRAPHY: Please contact the office for full Bibliography.

The Golden Mortar Editorial Board would like to apologise to Amayeza Information Services for using the incorrect image of the mouth in the article "What you need to know about HPV" as the ulcer depicted in the article is not caused by HPV.



SAVE THE DATE

**23 September
2023**

**PSSA SG Branch
Mini Symposium**

"EXPLORING THE FRONTIERS OF PHARMACY
IN THE DIGITAL HEALTH ERA"



SAVE THE DATE



SARCON

Showcasing the latest in Local & International
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WEDNESDAY, 16 - THURSDAY, 17 AUGUST | 09:00 - 17:00
FRIDAY, 18 AUGUST | 09:00 - 16:00

Gallagher Convention Centre, Midrand

TRADE ONLY



SAPHEX 2023

A report by Arthur Tannous, representing the SAACP, Southern Gauteng Branch.

"It's Your Move !"

Dr. Michael Moll who is no stranger to the public eye as a Presenter, Author, Chief Executive, & medical doctor, gave a vibrant & interesting presentation on 'Men's Health', which was extremely well attended, at the SA Pharmacy Exhibition (SAPHEX), on 13-14 March 2023, at the Sandton Convention Centre.

He preached the 'Do as I say, not as I do' doctrine, stating that "exercise is most important in keeping agile, nimble & youthful. Don't make the usual excuse of "No Time - JUST DO IT !" He astounded us by blowing several 'myths' out of the water!, e.g. i) Intermittent fasting by skipping breakfast & having only lunch at 12pm & dinner at 8 pm. (I thought breakfast was the most important meal of the day !?); ii) No need to floss one's teeth (my dentist would certainly not agree on this one); iii) No need to drink 8 glasses of water every day, only drink when you are thirsty; iv) Drink up to 6 cups of coffee daily (black and no sugar), as coffee apparently is filled with anti-oxidants & will prolong one's life; v) Trade a good life for a long life !

Health: he said, was made up of 20% Genetics & 80% lifestyle. He captivated the audience with quips like "the subject 'Physics' saves numerous lives by keeping idiots out of Med School. Just because one is not sick does not mean that one is healthy. The opposite of being sick is not healthy, just as the opposite of being happy is not unhappy. He stated that Dr. Chris Barnard, the famous heart surgeon, saved over 150 lives with heart transplants, but more importantly, millions of others with 'Preventative Medicine'. Dietary cholesterol has no effect on serum cholesterol, but good habits such as sleeping & movement, does. He added that men who slept 5 hours or less, had small testicles & those who slept 7-8 hours definitely had the greater size !

Prostate Cancer: One in 26 men suffered from PC, and again, the important 'sleep factor' came into play, i.e. 4 hours or less sleep decreases our immunity, whereas 8 hours sleep strengthens one's overall immune system. Creating the correct ambiance for a restful sleep are : i) A cool, quiet, dark room; ii) going to bed at the same time every evening; iii) switching all TVs, computers, cell phones & electronic devices off, 40 minutes before retiring.

Movement: Always go for a slow strong heartbeat with exercise of moderate intensity for +/- 150 minutes per week. Regular exercise will also improve a man's sex drive. Find exercises & activities that suit you & 'just enjoy'. Cardio & resistance training are highly beneficial in reducing cholesterol, high blood pressure & diabetes. Avoid sugar! He emphasised that physical stiffness denoted arterial stiffness and that the two were closely related.

Depression: is easily managed if men just learn to talk about their feelings. Again, exercise will counteract depression by releasing endorphins that make one feel happier. 'Sitting' has become 'the new smoking' Avoid visceral fat by exercising regularly. Interestingly, one's waistline should not be more than the length of 11 x one's credit card! So, more movement, please!

Thank you, Michael, for an interesting & informative presentation. We certainly got more than we bargained for.



MY JOURNEY IN COMMUNITY PHARMACY — WITH GUIDANCE FROM ABOVE

by Gary Kohn

I qualified as a pharmacist at Potchefstroom University for Christian Higher Education in 1969 at twenty one years old, and after completing three years of study and two years of my apprenticeship at Steenkamp pharmacy in Brakpan.

I then worked at Sterkfontein hospital for only one month of the three years required to pay back my study loan. I walked in to Adcock's Ockerse street pharmacy and asked Alva Oldknow if they had employment for me. They said they had just dismissed a pharmacist at Highway pharmacy in Florida north and needed someone to start immediately. I worked there until they offered me a 50 percent partnership at Kenmare pharmacy in Frederick Cooper Drive, Kenmare, Krugersdorp. In 1980 I had an urge to open my own pharmacy. I had a meeting with Arthur Tannenbaum accompanied by a lawyer from Workman's Inc., to release me from the partnership agreement. Ironically, the next day he passed away, and subsequently I attended his funeral. The partnership was dissolved and I was paid out my share accompanied with a distance restriction.

For eight months I was unemployed, and used that time to look around for opening or buying a pharmacy.

After that period I was guided to a site on the corner of Ontdekkers road and Botes road. At that site there was an existing business called Western Province Cellars, a bottle store that took up the whole front facing of the building facing Ontdekkers Road. There was a sign at the top of the building reading, shops to rent and a contact number, which I phoned. The owner of the phone was Mr Jackson the owner of

Greyhound bus lines and the building in question. He indicated that he wanted to get rid of the current tenant. I subsequently signed the lease. At the same time the Church of Nazarene bought the building. The lawyer of the church wanted me to rescind the lease which I declined, and subsequently occupied the shop for 45 years. After completing the shopfitting and stocking the pharmacy I got a delegation from Adcocks which I had just left. They predicted that I would last a few months, but contrary to their predictions the pharmacy, which took up the full front of the building, flourished and prospered to such an extent that it was even affecting their existing branches in the area.

During 2013 I reduced the size of the pharmacy and prayed for guidance.

Not long thereafter one of my customers phoned me and said that she had just got a message from God that I should move, not far. I immediately contacted Johan Moolman at Florida Junction Spar Pharmacy, and after a period of about two years Vahid Rowhani who had a share in the pharmacy sold to Hannes Strydom from Pharma value. After working there a while, Hannes Strydom moved me to Pharma Value in Bromhof, Randburg.

I then took a part time/half day employment at El Corro pharmacy and did locums at some of the Clicks stores, for a year.

During this year I prayed for fulltime employment, and not long after, received a call from Al van Buuren from Alphapharm offering me fulltime employment with benefits, at Ansrere pharmacy in Discovery.

