Drug Information Bulletin

Drug Information Centre (DIC)

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Content

Editorial

World health community celebrating World Immunization Week 2013 started on 20th April aiming to promote one of the world's most powerful tools for health – the use of vaccines to protect, people of all ages against disease. Immunization is one of the most successful and cost-effective health interventions and prevents between 2 and 3 million deaths every year. India has showed phenomenal success eliminating Small pox and Polio, but a major portion of unvaccinated children are living in India. However, even now, an estimated 22 million infants are not fully immunized with routine vaccines, and more than 1.5 million children under 5 die from diseases that could be prevented by existing vaccines globally. This situation could be improved by promoting the concept of immunization amongst the general people and reducing prohibitive cost of some vaccines. Hope this years' celebration will be successful in this direction.

Key facts of Immunization coverage

Immunization averts an estimated 2 to 3 million deaths every year from diphtheria, tetanus, pertussis (whooping cough), and measles. Global vaccination coverage—the proportion of the world's children who receive recommended vaccines—has remained steady for the past few years. For example, the percentage of infants fully vaccinated against diphtheria-tetanus-pertussis (DTP3) was 83% in 2011, 84% in 2010 and 83% in 2009. During 2011, about 107 million infants worldwide got three doses of DTP3 vaccine, protecting them against

infectious diseases that can cause serious illness and disability or be fatal. By 2011, 130 countries had reached at least 90% coverage of DTP3.

Current levels of access to recommended vaccines

Haemophilus influenzae type b (Hib) causes meningitis and pneumonia. Hib vaccine was introduced in 177 countries by the end of 2011. Global coverage with three doses of Hib vaccine is estimated at 43%.

Hepatitis B is a viral infection that attacks the liver. Hepatitis B vaccine for infants had been introduced nationwide in 180 countries by the end of 2011. Global hepatitis B vaccine coverage is estimated at 75%.

Human papillomavirus — the most common viral infection of the reproductive tract — can cause cervical cancer, and other types of cancer and genital warts in both men and women. Human papillomavirus vaccine was introduced in 43 countries by the end of 2011.

Measles is a highly contagious disease caused by a virus, which usually results in a high fever and rash, and can lead to blindness, encephalitis or death. By the end of 2011, 84% of children had received one dose of measles vaccine by their second birthday, and 141 countries had included a second dose as part of routine immunization.

Meningitis A is an infection that can cause severe brain damage and is often deadly. By the end of 2012—two years after its introduction—the MenAfriVac vaccine, developed by WHO and PATH, was available in 10 of the 26 African countries affected by the disease.

Mumps is a highly contagious virus that causes painful swelling at the side of the face under the ears (the parotid glands), fever, headache and muscle aches. It can lead to viral meningitis. Mumps vaccine had been introduced nationwide in 120 countries by the end of 2011.

Pneumococcal diseases include pneumonia, meningitis and febrile bacteraemia, as well as otitis media, sinusitis and bronchitis. Pneumococcal vaccine had been introduced in 72 countries by the end of 2011.

Polio is a highly infectious viral disease that can cause irreversible paralysis. In 2011, 84% of infants around the world received three doses of polio vaccine. Only three countries—Afghanistan, Nigeria and Pakistan—remain polio-endemic.

Rotaviruses are the most common cause of severe diarrhoeal disease in young children throughout the world. Rotavirus vaccine was introduced in 31 countries by the end of 2011.

Rubella is a viral disease which is usually mild in children, but infection during early pregnancy may cause fetal death or congenital rubella syndrome, which can lead to defects of the brain, heart, eyes and ears. Rubella vaccine was introduced nationwide in 130 countries by the end of 2011.

Tetanus is caused by a bacterium which grows in the absence of oxygen, e.g. in dirty wounds or in the umbilical cord if it is not kept clean. It produces a toxin which can cause serious complications or death. The vaccine to prevent maternal and neonatal tetanus had been introduced in over 100 countries by the end of 2011. Vaccination coverage with at least two doses was estimated at 70%, and an estimated 82% of newborns were protected through immunization. Maternal and neonatal tetanus persist as public health problems in 36 countries, mainly in Africa and Asia.

Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. As of 2011, yellow fever vaccine had been introduced in

routine infant immunization programmes in 36 of the 48 countries and territories at risk for yellow fever in Africa and the Americas.

Key challenges

Despite improvements in global vaccine coverage during the past decade, there continue to be regional and local disparities resulting from:

- limited resources;
- competing health priorities;
- poor management of health systems; and
- inadequate monitoring and supervision.

In 2011, an estimated 22 million infants worldwide were not reached with routine immunization services. About half of them live in three countries: India, Indonesia and Nigeria.

Priority needs to be given to strengthening routine vaccination globally, especially in the countries that are home to the highest number of unvaccinated children. Particular efforts are needed to reach the underserved, especially those in remote areas, in deprived urban settings, in fragile states and strife-torn regions.

Source: WHO

Doctors denounce cancer drug prices of $100,000 a year

With the cost of some lifesaving cancer drugs exceeding $100,000 a year, more than 100 influential cancer specialists from around the world have taken the unusual step of banding together in hopes of persuading some leading pharmaceutical companies to bring prices down.

Prices for cancer drugs have been part of the debate over health care costs for several years — and recently led to a public protest from doctors at a major cancer center in New York. But the decision by so many specialists, from more than 15 countries on five continents, to join the effort is a sign that doctors, who are on the front lines of caring for patients, are now taking a more active role in resisting high prices. In this case, some of the specialists even include researchers with close ties to the pharmaceutical industry.

The doctors and researchers, who specialize in the potentially deadly blood cancer known as chronic myeloid leukemia, contend in a commentary published online by a medical journal Thursday that the prices of drugs used to treat that disease are astronomical, unsustainable and perhaps even immoral.

They suggested that charging high prices for a medicine needed to keep someone alive is profiteering, akin to jacking up the prices of essential goods after a natural disaster.

“Advocating for lower drug prices is a necessity to save the lives of patients” who cannot afford the medicines, they wrote in Blood, the journal of the American Society of Hematology.

While noting that the cost of drugs for many other cancers were just as high, the doctors focused on what they know best — the medicines for chronic myeloid leukemia, like Gleevec, which is enormously profitable for Novartis.

Among the critics is Dr. Brian Druker, who was the main academic developer of Gleevec and had to prod Novartis to bring it to market.

Novartis argues that few patients actually pay the full cost of the drug and that prices reflect the high cost of research and the value of a drug to patients.

Gleevec entered the market in 2001 at a price of about $30,000 a year in the United States, the doctors wrote. Since then, the price has tripled, it said, even as Gleevec has faced competition from

five newer drugs. And those drugs are even more expensive.

The prices have been the subject of intense debate elsewhere as well. The Supreme Court in India ruled recently that the drug could not be patented, clearing the way for use of far less expensive generic alternatives.

Some of the doctors who signed on to the commentary said they were inspired by physicians at the Memorial Sloan-Kettering Cancer Center in New York, who last fall refused to use a new colon cancer drug, Zaltrap, because it was twice as expensive as another drug without being better.

After those doctors publicized their objections in an Op-Ed article in The New York Times, Sanofi, which markets Zaltrap, effectively cut the price in half.

What impact the new commentary will have remains to be seen. The authors, however, call merely for a dialogue on pricing to begin.

The leader of the protest is Dr. Hagop M. Kantarjian, chairman of the leukemia department at the prestigious MD Anderson Cancer Center in Houston.

Many of the roughly 120 doctors who were co-authors of the commentary — about 30 of whom are from the United States — work closely with pharmaceutical companies on research and clinical trials. They say they favor a healthy pharmaceutical industry, but think prices are much higher than they need to be to ensure that.

"If you are making $3 billion a year on Gleevec, could you get by with $2 billion?" Dr. Druker, who is now director of the Knight Cancer Institute at Oregon Health and Science University, said in an interview. "When do you cross the line from essential profits to profiteering?"

Gleevec's sales were $4.7 billion in 2012, making it Novartis's best-selling drug. A newer Novartis leukemia drug, Tasigna, had sales of $1 billion.

Novartis said in a statement released Thursday: "We recognize that sustainability of health care systems is a complex topic and we welcome the opportunity to be part of the dialogue."

It said that its investment in Gleevec continued after the initial approval, expanding the drug's use to other diseases. It also said that it provided Gleevec or Tasigna free to 5,000 uninsured or underinsured Americans each year and to date had provided free drugs to more than 50,000 people in low-income countries.

Source: The New York Times

USP-NF Compendial updates

The U.S. Pharmacopeial (USP) Convention recently updated the monograph of the following products:

-Corn Starch (posted 26-Apr-2013; official 01-May-2014)
-Hypromellose (posted 26-Apr-2013; official 01-May-2014)
-Methylcellulose (posted 26-Apr-2013; official 01-May-2014)

For details: http://www.usp.org/usp-nf/notices

Congratulations!!!

Bengal Branch of IPA received

Special achievement Award for 2011-2012

for its outstanding activities. Award has been received by the branch representatives from the national President in an award function held at Goa during IPA Convention held during 8th – 11th April 2013