

Ministry of Health, PPB Pharmacovigilance Centre

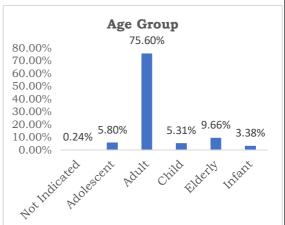
Pharmacovigilance Summary Report: July-September 2020 (Q1)

The Pharmacy and Poisons Board is the National Medicines Regulatory Authority established under the Pharmacy and Poisons Act, Chapter 244 of the Laws of Kenya. The Board regulates the Practice of Pharmacy and the manufacture and trade in drugs and poisons.

PPB has 4 directorates of which the Department of Product Safety is responsible for Pharmacovigilance, Post-Market Surveillance, Clinical Trials & Medicines Information activities. Pharmacovigilance division shares quarterly reports with stakeholders to serve as a feedback mechanism and also encourage all stakeholders to report.

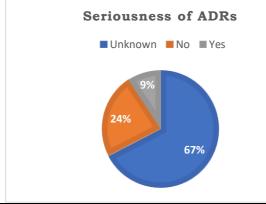
Since the introduction of PV in Kenya, a total of 14,403 individual case safety reports have been submitted to the global data base Vigibase contributing to 0.06% of the total reports (n=23,609,664). In this Quarter number of reports received were 414.

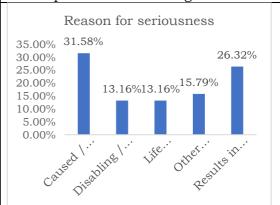




Majority of the reports (57.73%) of the reports were submitted by pharmacists while consumers and non-health professionals had 0.24%

The incidence of ADRs was highest amongst the adult age group (75.60%) in comparison to the others. 0.24% of the total reports did not have age indicated.

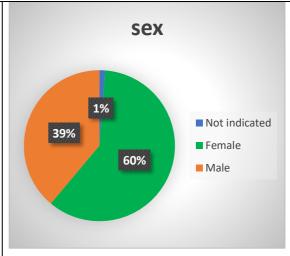




Of the total reports received in Q1, 9.18% were classified as serious. Prolonged hospitalization (12, 31.58%) and death (10, 26,32%) were the major reasons for seriousness.



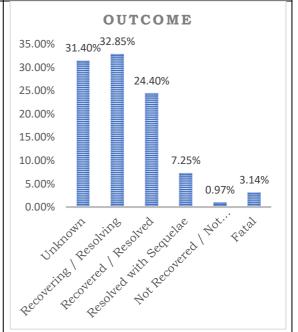
	Frequenc	Proportio
Suspected	y	n
Tenofovir	30	12.40%
Imatinib	30	12.40%
DTG/TDF/3TC	22	9.09%
Cotrimoxazole	15	6.20%
Dolutegravir	12	4.96%
Nifedipine	9	3.72%
Isoniazid	6	2.48%
Efavirenz	6	2.48%
EFV/3TC/TDF	6	2.48%
Zidovudine	5	2.07%
RHZE	5	2.07%
Rifampicin	5	2.07%
Others	24	9.92%



The most common reported suspected agents causing adverse reactions were tenofovir 30 (12.4%), followed by Imatinib 30(12.4%), combination of dolutegravir/tenofovir/lamivudine 22(9.09%), cotrimoxazole 15(6.2%) and dolutegravir 12(4.96%)

The frequency of reported ADRs was higher in female(60%)compared to male.

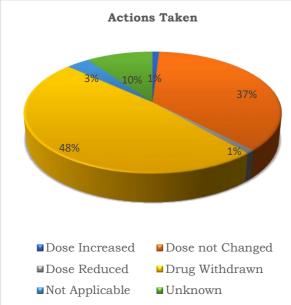
System Organ	Frequenc	Proport
Classification	У	ion
Skin and		
subcutaneous	107	25.85%
tissue disorders		
General disorders		
and administration	55	13.29%
site conditions		
Nervous system	43	10.39%
disorders	73	10.5970
Psychiatric	29	7.00%
disorders	29	7.0076
Gastrointestinal	26	6.28%
disorders	20	0.28%
Reproductive		
system and breast	22	5.31%
disorders		
Renal and urinary	20	4.000/
disorders	20	4.83%
Musculoskeletal		
and connective	14	3.38%
tissue disorder		2.3070



The skin and subcutaneous tissue disorders were the most commonly reported reactions (25.85%) followed by, general disorders and administration site conditions (13.29%)Nervous system Disorders (10.39)% and Psychiatric disorders (7%).

Most of the reported ADRs were either recovering/resolving or recovered/resolved at 57.25%. 31.40% of the reports had no outcome indicated on them.





Reaction	Frequenc Proportion	
MeDRA	У	n
Suspected		
therapeutic	22	5.31%
ineffectiveness		
Headache	13	3.14%
Rash	12	2.90%
Itchy rash	11	2.66%
Toxicity renal	11	2.66%
Erectile	9	2.17%
dysfunction	9	2.17/0
Jaundice	9	2.17%
Arthralgia	7	1.69%
Peripheral	7	1.69%
neuropathy	,	1.09/0
Hyperglycaem	7	1.69%
ia	,	1.09/0
Insomnia	7	1.69%
Others	52	1.45%

Actions taken by the health care workers included; withdrwal of the offending drug (. 48%). 37% reported that no change in dosage was made while . 10% did mot indicate the action taken.

Most commonly reported ADR terms were suspected therapeutic ineffectiveness 5.31%, followed by headache 3.14%, rash, 2.99% itchy rash and renal toxicity at 2.66% each.

action taken.		2.00% eacn.			
	Frequenc	Proportio	Counties	Frequency	Proportion
Facilities	y	n	Nairobi	130	31.40%
Nairobi Hospital	27	6.52%	Migori	51	12.32%
Kuria District	10	. =00/			
Hospital	19	4.59%	Bungoma	31	7.49%
Kenyatta			Kakamega	29	7.00%
National	1 77	4 110/	Kirinyaga	22	5.31%
Hospital St Camillus	17	4.11%	Makueni	20	4.83%
Mission Hospital	16	3.86%	Kiambu	19	4.59%
Kibwezi Sub			Siaya	19	4.59%
District Hospital	15	3.62%	Nakuru	12	2.90%
The Mater	14	3.38%	Kilifi	10	2.42%
Hospital Mukuru Kimbimbi Sub-	14	3.36%	Mombasa	10	2.42%
	14	3 38%			
_	17	3.3070	Kisumu	10	2.42%
			Others	36	7.97%
Centre	12	2.90%			
Karungu Sub-					
District Hospital	10	2.42%			
Webuye Hospital	10	2.42%			
District Hospital Naivasha (AIC)Medical Centre Karungu Sub- District Hospital	10 10	2.42% 2.42%	Kisumu Others	10	2.42% 7.97%

In this 1st Quarter, only 169 facilities out of the 9,000 facilities listed in the Kenya Master facility reported ADRs, 13 facilities reported at least 8 reports and above. The top leading facilities was Nairobi Hospital with 27 reports (6.52%), followed by Kuria(19,4.5%), Kenyatta National Hospital (16,4.11%) and St Camilla's mission hospital (16, 3.86%). Meru district hospital, Ruiru sub-district hospital, Nabongo dispensary among others facilities reported less than 8 reports each.

sADR reports were received from 33 of the 47 counties. Nairobi county submitted the highest number of ADRS reports 130 followed by Migori 51 reports, Bungoma 31, Kakamega 29 and Kirinyaga who submitted 22 reports. The other reporting counties with less than 5 reports were Muranga, Machakos, Meru, Kitui, Laikipia and Taita Taveta.



Abbreviations: PPB = Pharmacy & Poisons Board; PV = Pharmacovigilance; sADR = suspected Adverse Drug Reaction; PVERS = PV Electronic Reporting System, SOC = System Organ Classification, TDF=Tenofovir, 3TC=Lamivudine, EFV=Efavirenz, DTG=Dolutegravir

For any queries please contact PV department on $\underline{pv@pharmacyboardkenya.org}$ or call 0795743049.

This document is produced by the National Pharmacovigilance Center Data sources: PPB PV Center; WHO VigiLyze Database