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Improving adverse event following immunization reporting in Africa

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Globally, the burden of adverse drug reactions is huge as they are the fourth to sixth leading cause of deaths among hospitalized patients. The WHO developed strategies to ensure that adverse events relating to drugs are traced following the thalidomide disaster in the 1960s. Key among these strategies was the establishment of the WHO Program for International Drug Monitoring (PIDM). Although the PIDM started in 1968, the first African countries joined in 1992, and by 30th September 2015, a total of 35 of 54 African countries were full members of the PIDM. Not until the early 2000s, Pharmacovigilance was not much of a priority science to Africa compared to the developed world for several reasons including poor legislation for medicine regulation, lack of access to medicines and health commodities, weak and uncoordinated supply chains for medicinal products, lack of knowledge and awareness of Pharmacovigilance and lack of financial, human and technical resources. Even though most of these challenges have been addressed over the years, Adverse Drug Reaction reports have not significantly increased in momentum in Africa. A less researched area in Pharmacovigilance in Africa is the adverse events related to immunization even though the use of vaccines continues to increase in Africa. Results from the WHO adverse drug reaction database, Vigibase reveals that Africa contributes to only 1% of AEFI reports worldwide. This is a worrying trend which needs to be addressed with all seriousness. This could be achieved by the implementation of the Global Vaccine Safety Blueprint developed by the WHO. This blueprint has 8 strategic objectives including detection of AEFI, adequate investigation of safety signals, adequate communication of vaccine safety issues, use of appropriate tools and methods, ensuring a regulatory framework is in place, technical support and training, global analysis and response and public-private information exchange

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