

RICHMOND PHARMACISTS ASSOCIATION

NEWSLETTER OCTOBER 2009

*Richmond Pharmacists Association
A local association of the Virginia Pharmacists Association*

Inside This Issue (click for quick link)

MEET THE OFFICERS AND BOARD MEMBERS	1
FLU VACCINE	4
POISON IVY, OAK AND SUMAC	8

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Leadership

Region F Director: **Mark A. Vaughan**

Officers

President : **Rusty Maney**

President Elect: **Gayle Slifka**

Immediate Past President: **Phil Morris**

Secretary: **Christine Dorsey**

Treasurer: **Tana Necsary Kaefer**

Board Members:

Dorothy (Ditty) Mooney

Holly Naggy

Leo Ross

Renee Krogsund

Ronald Davis

Tom Fagan

Akash Alexander

Heather Allison Greene

MEET THE OFFICERS AND BOARD

[Top](#)

President Message

We would like to thank Phil Morris for his guidance and encouragement over the last year. He has re-energized the pharmacists in the Richmond area, added the Goochland area pharmacists to our ranks and strengthened the Board of the association. We hope to have his involvement and support at the Board level for many years to come especially this year so I don't mess anything up.

Please contact leadership with any new suggestions or comments you may have.

Rusty Maney –President RPhA

Rusty graduated from the Medical College of Virginia School of Pharmacy in 1987.

Worked for Revco for 10 years performing various jobs from Store Manager to Pharmacy

Supervisor. Left Revco in 1996 to open the first Walgreens store in Richmond market. He worked as a Pharmacy Manager for 5 years and has been Pharmacy Supervisor in the Richmond market for the last 8 years. He is presently the Treasurer for the VACDS.

Gayle Slifka, PharmD, CGP President Elect RPhA

Gayle attended Virginia Commonwealth University/Medical College of Virginia School of Pharmacy and completed her Doctorate of Pharmacy in 1999. Following graduation, she gained employment with Walgreens and shortly thereafter moved into a position with NeighborCare (now Omnicare). Currently she holds a position with Pfizer as a Medical Outcomes Specialist. She is also active in numerous professional associations serving on the Leadership Board for the American Lung Association, VSHP PAC Chair and ASHP House of Delegates. Gayle's passion lies in HIV/AIDS education and awareness, she is a Board Member for Virginia HIV/AIDS Transformation Retreats and is also on the Strategic Planning Committee. Additionally, Gayle has served as an Assistant Clinical Professor for Virginia Commonwealth University, School of Pharmacy since September of 1999. In June of 2004, she obtained her certificate as a Certified Geriatric Pharmacist (CGP) and in October of 2005 she was named the "Virginia Society of Health Systems Pharmacists, Pharmacist of the Year". Gayle is currently President-Elect of RPhA.

Phil Morris

Phil graduated from MCV with a BS in Pharmacy in 1985. He has worked with CVS Pharmacy since 1984 where he has held positions from registered manager to staff pharmacist and now Pharmacy Supervisor here in the Richmond area. Phil is Immediate Past President of the Richmond Pharmacist association, member of the National Advisory Council for MCV and member of Virginia Pharmacist Association. Phil was born and raised in New Kent County and now lives in Goochland County. He is the proud parent of two daughters.

Akash Alexander

Originally from New York, Akash Alexander is currently an Assistant Professor of Pharmacy at the Virginia Commonwealth University (VCU) School of Pharmacy. He maintains a clinical practice site at CVS/pharmacy where he precepts students and develops and implements clinical services. Akash completed a Community Pharmacy Practice Residency through the VCU School of Pharmacy in June 2008, after graduating from the Philadelphia College of Pharmacy in May 2007. He holds membership with the American Pharmacists Association (APhA), American Association of Colleges of Pharmacy (AACCP), Virginia Pharmacists Association (VPhA), Phi Lambda Sigma, and Rho Chi.

Ronald G. Davis

Ronald graduated MCV School of pharmacy 1973. Independent owner since 1975, presently owner of Buford Road Pharmacy, Richmond, Va. and soon Jefferson Good Neighbor Pharmacy, Palmyra Va. Past president of RPHA, chairman of Virginia Academy of Independent Pharmacies, chairman of MCV school of pharmacy National Advisory Council, National Advisor to Good Neighbor Pharmacies as well as regional

advisor. Awards include 2001 Innovative Pharmacy award, 1973 distinguished alumni award, 2007 Crystal Apple award, Good Neighbor Pharmacists of the Year 2003. Ronald's family include wife Patricia, daughter Paige Williams son-in-law David, son Travis.

Christine J. Dorsey

Christine attended Virginia Commonwealth University/Medical College of Virginia School of Pharmacy and completed her Doctorate of Pharmacy in 2005. Subsequent to graduation, Christine pursued her interest in working with the geriatric population, by completing a Geriatric Community Pharmacy Residency. Currently she is working at Medco Health Solutions of Virginia as a staff pharmacist. In her spare time Christine enjoys writing and editing articles for "Transitions" a publication of the American Pharmacists Association dedicated to New Practitioners. Christine is an active member of the Virginia Pharmacists Association and the Richmond Pharmacists Association where she has held the office of Secretary for two consecutive years.

Tom Fagan

Tom was RPHA President elect in 2003 and President in 2004. He graduated Rutgers College of Pharmacy with BS in 1984 received MBA from VCU in 1994. Tom worked in various staff and management positions in community, outpatient infusion and hospital pharmacy before starting his current position in 1995 at the VA Medical Center where he is a Clinical Application Coordinator for the Computerized Patient Record System (CPRS). Tom lives in Midlothian with his wife, a Nurse Practitioner and has 4 children.

Rene Roberts Krogsund

Rene became a board member in 2002 and has served in past years as Treasurer. She is a 2001 graduate of VCU/MCV School of Pharmacy. She completed the VCU/MCV Community Pharmacy Practice Residency in 2002. Rene began working at Kroger Pharmacy in 2002 as their clinical pharmacist. She continues to work at Kroger Pharmacy in Richmond and resides in Manakin Sabot with her husband and twin boys.

Leo H. Ross

Leo H. Ross graduated from the Philadelphia College of Pharmacy & Science in 1973 with a BS in pharmacy and from VCU in 1985 with a MBA. He works for CVS as a staff pharmacist. He worked previously 28 years in the pharmaceutical industry with Dow Chemical as a formulation pharmacist and A.H. Robins/Wyeth as a clinical pharmacist in R&D and as manager of pharmacy in production. Leo is volunteer pharmacist coordinator at Crossover Ministry Free Clinic, member of the APhA, VPhA, board of RPhA, and the Old Dominion Pharmaceutical Association. He is a member of the Virginia board of pharmacy, member of the National Association of Boards of Pharmacy task force on Prescription Drug Labeling, and a member of the 2008 ACPE site team visit for VCU/MCV. He is a native of Malvern, Arkansas. He and his wife, Beverly, a registered nurse, have one adult daughter.

Heather Allison Greene

Heather was RPhA President in 2007. She received her Doctor of Pharmacy degree from Virginia Commonwealth University. Following graduation she completed a Geriatric Community Pharmacy Residency at Imperial Plaza Retirement Community. Heather's passion is senior-care pharmacy. Prior to her recent return to her pharmacy

roots at CVS/pharmacy, she was an assistant professor of geriatric pharmacy at VCU. Heather lives in Richmond with her partner Tori, a clinical pharmacist at CJW hospital. Heather is a 2 year breast cancer survivor.

Tana Necessary Kaefer

Tana graduated with her Doctorate of Pharmacy from MCV/VCU School of Pharmacy in 2004. After graduation she completed a Community Pharmacy Practice Residency through MCV/VCU School of Pharmacy with her primary practice site at Richmond Apothecaries. Tana accepted a position as Clinical Coordinator at Richmond Apothecaries after completing her residency in 2005. She served on the RPhA Board from 2004-2007 and has been in her current position as Treasurer since 2007. Tana is also a member of VPhA, APhA, ASHP and ASCP. Tana and her husband Scott reside in Montpelier, VA and are expecting their first child in February 2009.

Mark A. Vaughan

Mark graduated with his Doctorate of Pharmacy degree from the MCV/VCU School of Pharmacy in May 2006. He is currently employed by Wyeth Consumer Healthcare as a Research and Development Scientist. Mark serves as the Director for Region F of the Virginia Pharmacists Association and is a member of the VPhA Legislative and Meetings/Education Committees. Mark lives in Midlothian with his wife Sarah who is a Pharmacist for Walgreen's.

FLU VACCINE

[Top](#)

Prepared By: Wilma Espiritu Tagliente, MCV/VCU Pharm.D. Candidate 2010

H1N1 Flu

Novel influenza A (H1N1) was first detected in mid-April 2009. While still ongoing, from the time of its initial detection through late-July 2009, the CDC, in conjunction with state health departments, compiled data about confirmed and probable cases of H1N1 influenza. During that time, there were 43,771 confirmed and probable cases reported (5,011 hospitalized and 302 died). On June 11, 2009, the World Health Organization (WHO) declared the 2009 H1N1 flu pandemic was underway.

In the early stages of the pandemic, H1N1 was initially referred to as the “swine flu” because it was initially found to have many genes similar to influenza viruses found in North American pigs. After additional research was conducted, genes from pigs that originated from Europe and Asia, as well as, avian and human genes were found in the H1N1 strain. Subsequently, the term “quadruple reassortant” virus has been used due to the multiple gene origins of this virus.

Seasonal Flu

The seasonal flu can cause a wide array of symptoms, ranging from mild or moderate to severe and potentially death. Annually, 5-20% of the United States population is infected with the influenza virus and results in more than 200,000 hospitalizations and 36,000 deaths. The influenza vaccine for the 2009-2010 season protects against three new strains of the influenza virus - A/Brisbane/59/2007(H1N1)-like virus; A/Brisbane/10/2007 (H3N2)-like virus; and B/Brisbane 60/2008-like antigens. It

is important to note that the seasonal influenza vaccine does not vaccinate against the 2009 H1N1 influenza virus.

As of September 12, 2009, nationally 87,573 influenza cases have been reported with 41,557 cases as confirmed H1N1 influenza. Regional (Delaware, District of Columbia, Pennsylvania, Virginia, and West Virginia) numbers reported by CDC include 8,504 influenza cases. With the flu season officially starting on October 4, 2009 and continuing through May 19, 2010, increased awareness and education about H1N1 and seasonal flu is important.

The CDC recommends a three-step approach to combating the flu:

1. Vaccination, 2. Everyday preventive actions, and 3. The correct use of antiviral drugs if prescribed by a doctor.

Transmission	
2009 H1N1	Seasonal
	<ul style="list-style-type: none"> ➤ Contagious – Human to human ➤ Coughing, sneezing ➤ Touching surfaces with flu virus on and touching mouth or nose
Persons with H1N1 influenza are contagious beginning 1 day before symptoms develop and for up to 7 days after the onset of illness and possibly longer if they are still symptomatic.	Most healthy adults can infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick.

Preventing the Spread of Illness

- ✓ Cover your nose and mouth with a tissue when you cough or sneeze. Discard the tissue in the trash bin.
- ✓ Wash your hands often with soap and water (for at least 20 seconds), especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- ✓ Avoid touching your eyes, nose or mouth.
- ✓ Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- ✓ Limiting close contact with sick people.

Vaccinations

2009 H1N1 products	Influenza Virus Vaccines
<ul style="list-style-type: none"> • CSL product: IM: 0.5 mL as a single dose • Novartis product: IM: 0.5 mL as a single dose • Sanofi Pasteur product: IM: 0.5 mL as a single dose • MedImmune product: Intranasal: Adults ≤49 years: 0.2 mL/dose as a single dose 	<ul style="list-style-type: none"> • Afluria[®], Fluarix[®], FluLaval[®]: IM: 0.5 mL/dose (1 dose/season) • Fluzone[®], Fluvirin[®]: IM: 0.5 mL/dose (1 dose/season)* • FluMist[®]: Intranasal: Adults ≤49 years: 0.2 mL/dose (1 dose/season)*

* indicates a product with pediatric dosing applications

	2009 H1N1 Vaccine	Influenza Virus Vaccine
Availability	October	Mid-September
Indications (based on Advisory Committee on Immunizations Practices recommendations)	<ul style="list-style-type: none"> ✓ Pregnant women ✓ People who live with or care for children younger than 6 months of age ✓ Healthcare and emergency medical services personnel ✓ Persons between the ages of 6 months and 24 years old ✓ Persons between the ages of 25 and 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems 	<ul style="list-style-type: none"> ✓ Children aged 6 months through 19 years ✓ Pregnant women ✓ People 50 years of age and older ✓ People of any age with certain chronic medical conditions ✓ People who live in nursing homes and other long-term care facilities ✓ People who live with or care for those at high risk for complications from flu, including: <ul style="list-style-type: none"> ○ Health care workers ○ Household contacts of persons at high risk for complications from the flu ○ Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be

		vaccinated)
Warnings & Precautions	<ul style="list-style-type: none"> ➤ People who have a severe allergy to chicken eggs. ➤ People who have had a severe reaction to an influenza vaccination in the past. ➤ People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously. ➤ People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen. 	
Adverse Effects	<p>The most common side effects following flu vaccinations are mild, such as soreness, redness, tenderness or swelling where the shot was given, fainting (mainly adolescents), headache, muscle aches, fever, and nausea. If these problems occur, they usually begin soon after the shot and last 1-2 days. Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot is given.</p>	

- CDC recommends getting the seasonal flu vaccine as soon as it is available.
- 2009 H1N1 & Seasonal flu vaccines can be administered as follows:
 - Inactivated 2009 H1N1 vaccine can be administered at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine.
 - Live 2009 H1N1 vaccine can be administered at the same visit as any other live or inactivated vaccine **EXCEPT** seasonal live attenuated influenza vaccine.
- The U.S. Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for persons 10 years of age and older. Currently, the FDA has approved two doses for children 9 years of age and younger.

Symptoms of the Flu	
2009 H1N1	Seasonal
<p>Same as seasonal flu, but symptoms may be more severe.</p> <ul style="list-style-type: none"> ○ Fever ○ Coughing and/or sore throat ○ Runny or stuffy nose ○ Headaches and/or body aches ○ Chills ○ Fatigue <p>In addition to the above symptoms, a number of H1N1 (swine) flu cases reported:</p> <ul style="list-style-type: none"> ○ Vomiting ○ Diarrhea 	<p>All types of flu can cause:</p> <ul style="list-style-type: none"> ○ Fever ○ Coughing and/or sore throat ○ Runny or stuffy nose ○ Headaches and/or body aches ○ Chills ○ Fatigue

Treatment with Antivirals

- Treatment with **oseltamivir** or **zanamivir** is recommended for all persons with suspected or confirmed influenza requiring hospitalization.
- Early empiric treatment with oseltamivir or zanamivir should be considered for persons with suspected or confirmed influenza who are at higher risk for complications including:
 - Children younger than 2 years old
 - Persons aged 65 years or older
 - Pregnant women
 - Persons of any age with certain chronic medical or immunosuppressive conditions
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy.
- Any suspected influenza patient (regardless of age or previous health) with warning signs/symptoms (eg, dyspnea, tachypnea, unexplained oxygen desaturation) consistent with an acute lower respiratory tract illness should promptly receive empiric antiviral therapy.
- A more detailed list of CDC recommendations can be found on the [CDC website](#).

	Oseltamivir (TAMIFLU®)	Zanamivir (RELENZA®)
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Indication	<ul style="list-style-type: none"> ✓ Treat and prevent influenza A and B virus infection ✓ Patients who have been symptomatic for no more than 48 hours 	<ul style="list-style-type: none"> ✓ Effective in people 7 years and older and can prevent influenza A and B virus infection in people 5 years and older.
	<ul style="list-style-type: none"> ✓ Effective in people 1 year of age and older. 	
Treatment	<p>Oral: 75 mg twice daily initiated within 2 days of onset of symptoms; duration of treatment: 5 days.</p>	<p>Oral inhalation: 2 inhalations (10 mg total) twice daily for 5 days. Doses on 1st day should be separated by at least 2 hours; on subsequent days, doses should be spaced by ~12 hours. Begin within 2 days of signs or symptoms</p>
Prophylaxis	<p>Oral: 75 mg once daily; initiate treatment within 2 days of contact with an infected individual; duration of treatment: 10 days. During community outbreaks, dosing is 75 mg once daily. May be used for up to 6 weeks; duration of protection lasts for length of dosing period.</p>	<ul style="list-style-type: none"> ➤ Household setting: Two inhalations (10 mg) once daily for 10 days. Begin within 1 1/2 days following onset of signs or symptoms of index case. ➤ Community outbreak: Two inhalations (10 mg) once daily for 28 days. Begin within 5 days of outbreak.
Adverse Effects	<ul style="list-style-type: none"> ➤ Nausea and vomiting (These are not usually severe and usually happen in the first 2 days of treatment.) 	<ul style="list-style-type: none"> ➤ Increased difficulty breathing, especially among people with a history of underlying breathing problems. ➤ If patients have increased difficulty breathing, they should stop Relenza and get medical attention right away.

More Useful Information

- ✓ The Federal Government will purchase the 2009 H1N1 vaccines and supplies (syringes, alcohol swabs, sharps containers, and vaccine record cards) and distribute these at no cost to healthcare providers who make agreements with state and local public health departments to provide the vaccine.
 - To register in Virginia visit the [VDH website](#).
- ✓ All persons in a recommended vaccination target group who did not have 2009 H1N1 virus infection confirmed by real-time reverse transcription-polymerase chain reaction (RT-PCR) should be vaccinated with the 2009 H1N1 vaccine.
- ✓ All persons recommended for seasonal vaccine should get a seasonal vaccine because infection with the 2009 H1N1 virus does not provide protection against seasonal influenza viruses.

All information was accessed from the sites below as of September 25, 2009.

Sources/References

- Centers for Disease Control and Prevention (www.cdc.gov)
- Virginia Health Information Project (<http://vahealth.info/h1n1.htm>)
- U.S. Department of Health & Human Services (www.flu.gov)
- Virginia Department of Health. (www.vdh.virginia.gov)
- [American Society of Health System Pharmacist \(www.ashp.org\)](http://www.ashp.org)
- [American Pharmacist Association \(www.pharmacist.com\)](http://www.pharmacist.com)
- [Oseltamivir \(TAMIFLU®\) Patient Fact Sheet \(CDC\)](#)
- [Zanamivir \(RELENZA®\) Patient Fact Sheet \(CDC\)](#)

Prepared By: Wilma Espiritu Tagliente, MCV/VCU Pharm.D. Candidate 2010

POISON IVY, OAK AND SUMAC

[Top](#)

By Stephanie Atueyi Pharm.D Candidate 2010

What are poison ivy, oak, and sumac? And what causes the rash?

Poison ivy, oak, and sumac are poisonous plants that lead to allergic contact dermatitis once they come into contact with the skin. This allergic reaction is uncomfortable and usually occurs through outdoor activities. The allergen that causes the rash is an oil called urushiol which can be found on all parts of the plants. About 80% of the population is sensitive to it.

What are the symptoms of poison ivy, oak, and sumac?

- Rash
- Itching of the skin
- Blisters
- Redness or red streaks
- Small bumps or hives

Symptoms usually develop immediately upon contact with the poisonous plant, but may take longer to develop in some cases. Symptoms will only occur on skin that was not protected by clothing or other protective measures. The rash cannot be spread from person to person, however, plant oils that were not washed off skin or clothing items can lead to further rash development.

How do you recognize poison ivy, oak, and sumac?

Poison ivy grows as a vine or shrub. It usually presents with three glossy leaflets. White berries may also be present. Poison oak grows as a low shrub or tall clumps depending on location. It usually has leaves in clusters of three to eleven that may be covered with fine hairs. Berries may also be present. Poison sumac can grow as shrubs or small trees around bogs or swamps. The leaves resemble those from an elder or ash tree; thus poison sumac is commonly referred to as poison ash or poison elder.

What to recommend for prevention and treatment?

Prevention

- Wear protective clothing that can be removed and washed after exposure.
- Apply barrier creams and lotions may. They may reduce the severity up to 59%. Patients will need to apply 15 minutes prior to exposure and reapply every 4 hours. Use is not recommended in children under 6 years of age. Some examples are:
 - Ivy Block Lotion® (bentoquatam)
 - Stokogard Outdoor Cream® (linoleic acid dimer)
- Wash everything that may have been in contact with poisonous plants with soap and water. For instance, shoes, gloves, equipment, clothing and fur of pets should be washed thoroughly.

Treatment

- Affected area should be washed thoroughly with cold water and soap. Soaks and oatmeal baths, such as Aveeno®, may also be used for treatment.

- Antihistamines and corticosteroids may be used to relieve itching.
 - Oral antihistamine
 - More effective than topical antihistamines (topical agents may cause a rash)
 - Benadryl® (diphenhydramine)
 - Topical hydrocortisone
 - Concentration up to 1% in OTC
 - Apply three to four times a day
- Astringents may be used to remove any dry crust that has formed on rash and relieve intense itching.
 - Domeboro® Astringent Solution (aluminum acetate)
 - Witch hazel
- Skin protectants relieve itching and dry up the blisters.
 - Calamine lotion

When to refer a patient to a physician?

- Fever greater than 100° F
- Itching keeps you awake at night
- Rash does not improve
- Rash spreads to mouth, genital areas, or covers more than ¼ of skin area
- Pus, soft yellow scabs, or tenderness of the rash

References:

Handbook of Nonprescription Drugs: An Interactive Approach to Self-Care, 15th Ed. Berardi RR., Kroon LA., et al., Washington DC, 2006.

Outsmarting poison ivy and other poisonous plants, FDA Consumer Update, 2008, www.fda.gov/ForConsumers/ConsumerUpdates/ucm049342.htm#RecognizingPoisonIvyPoisonOakandPoisonSumac

Poisonous Plants, Center of Disease Control, 2009, www.cdc.gov/niosh/topics/plants/

[Top](#)