



PHARMACY GUILD
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T&A Topics

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Urinary Tract Infections: Additional options for pharmacy

Guild Senior Advisory Pharmacist Martin Lowis says pharmacy staff have an important role to play in treating and preventing UTI's.



Pharmacists now have an additional tool to treat urinary tract infection (UTI) in women aged 16–65 years, after the reclassification of nitrofurantoin 100mg MR capsules in October 2022.

Pharmacy staff will no doubt regularly encounter UTI related queries, so it's important to review some basics and know what actions to take.

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Females have an increased UTI risk compared with males. It is estimated that one-third of females have a UTI before age 24 years, and more than 50% have one during their lifetime. In females, the risk of experiencing UTIs can be greater due to several factors, including:

- Personal hygiene practices, e.g., wiping back to front
- Sexual activity, e.g., high frequency, spermicide or diaphragm use
- Incomplete voiding, urinary retention, or other urinary issues
- Vaginal wall prolapse, e.g., after childbirth
- Vulvovaginal atrophy due to hormone changes/deficiency during or after menopause
- A personal or family history of UTIs.

The difference between men and women with regards to the incidence of UTIs is so significant, that men who have suspected UTIs should be referred for further investigation in most cases, as there are usually other, more serious factors involved.

Symptoms

The combination of two or more ‘classic’ features of a UTI – without vaginal irritation or discharge in females – generally indicates that a UTI is likely and should be referred to the pharmacist for treatment or further assessment.

The classic features of UTIs are:

- New onset dysuria (painful urination)
- Increased urinary frequency
- Increased urinary urgency
- Suprapubic abdominal pain (a region of the abdomen located below the umbilical region – may or may not radiate to back or into groin).

These symptoms can vary in severity and may start at different times, so if in doubt, always refer.

Quick update

Alkalisating agents such as Ural sachets is no longer routinely recommended during the acute treatment of UTIs as it raises the urinary pH, which in turn reduces the effectiveness of some antibiotics (e.g., nitrofurantoin). Instead, NSAIDs can be considered as an add-on to antibiotic treatment or in combination with self-care strategies for pain relief if required.

Self-care strategies to discuss with all patients

Whether a patient gets prescribed anything or not, it's important to discuss self-care in relation to behavioral and hygiene practices. In some cases, these changes may reduce the risk of future infections, and will likely have wider health benefits.

Strategies include:

- Ensure sufficient fluid intake.
- Avoid wearing tight-fitting underwear and use breathable fabrics such as cotton rather than synthetics.
- Urinate when required and do not ‘hold it’ unnecessarily.
- Post-coital voiding; this behaviour is anecdotally supported (not clinically supported).
- Switch to an alternative contraceptive method if diaphragms or spermicide are used (these are associated with an increased risk of UTI).
- Wipe front to back after defecation or urination to avoid perineal or urethral contamination with faecal bacteria.
- Treat constipation if present. Constipation may exert pressure on the bladder, or even obstruct it, leading to incomplete voiding which increases the risk of a UTI.

Whether a patient gets prescribed anything or not, it's important to discuss self-care

Non-antibiotic prophylactic treatments can be discussed

For all patients with recurrent UTIs, first reiterate the importance of self-care strategies, and investigate known triggers specific to the patient's history.

In addition, the following might be suggested:

- Topical vaginal oestrogen for postmenopausal females: Needs to be discussed and prescribed by the patient's GP.
- Cranberry products: Overconsumption of cranberry products may cause gastrointestinal irritation however, as well as exceed the recommended daily sugar intake.
- Products/supplements containing D-mannose: This has been proposed to limit the adherence of bacteria to cells in the urinary tract.
- *Lactobacillus* containing probiotics: May competitively exclude UTI-causing bacteria.
- Methenamine hippurate (Hiprex): Can be considered as an alternative form of antimicrobial prophylaxis in patients with a history of recurrent UTIs to avoid long-term antibiotic use.

Pharmacists role

Pharmacists are in a unique position where they usually know their patients well and are expertly trained to assess their needs. Making sure patients get the correct access to the most appropriate treatment options is going to be an ever-increasing part of their function as the healthcare system's first point of contact.

2023 influenza season

Seqirus New Zealand Medical Manager Lisa Edgar and the team discuss this year's influenza vaccination season and an increased likelihood of contracting the virus.



In New Zealand, influenza or 'flu' can attribute up to 500 deaths a year, unequally impacting Māori and Pacific people, men aged 65-79, and those living in the most deprived areas.¹ With New Zealand's

borders now open, there is a greater chance of catching the flu this year, compared to during lock-down periods.²

The flu is a contagious respiratory illness caused by the influenza virus.³ For those with symptoms, the flu can cause mild to severe illness characterised by a sudden onset of fever, dry cough, headache, muscle pain, fatigue, sore throat and a runny nose.⁴ In older people, fever may be absent and the only signs of influenza may be confusion, shortness of breath and worsening of a chronic condition.⁵

Most people will recover from the flu within a few weeks, but some may develop flu-related complications which can be serious and life-threatening, especially in adults 65 years and older.^{3,4}

Influenza vaccination is important across all age groups and represents the most effective form of influenza prevention. Influenza vaccination is paramount in older people, those with medical conditions, co-morbidities and pregnant women who need to minimise infection and its complications.⁵⁻⁷

Aging also increases the susceptibility and severity of flu infection, hindering the body's ability to resist viral pathogens, which can result in a suboptimal immune response to vaccines.

The influenza season may last up to seven months but protection with a standard influenza vaccine can wane after three to four months.⁸ Vaccine protection declines even faster in older people, making extended durability of an immune response a desirable characteristic in a flu vaccine.⁹



The majority of influenza vaccine available in New Zealand is the standard, egg-based, non-adjuvanted quadrivalent vaccine, Alfuria® Quad⁹. However, new influenza vaccines are being developed and funded in other countries, and CSL Seqirus offers Flud® Quad, for private purchase in New Zealand for the 2023 flu season.

Flud Quad is an inactivated adjuvanted quadrivalent influenza vaccine containing antigens from two influenza A subtype and B-lineage viruses.¹⁰ Flud Quad contains the adjuvant, MF59® a squalene based oil-in-water emulsion that has a proven safety and efficacy record.¹¹ An adjuvant is an ingredient added to vaccines that helps the immune response mount a broader, longer-lasting protection against the virus.¹² Flud Quad is a flu vaccine designed and indicated for adults 65 years of age and over to help boost the body's immune system and fight against influenza.^{10, 12-13}

Flud Quad will be available in New Zealand for the 2023 flu season and can be purchased directly from Healthcare Logistics (HCL) or pharmacy wholesalers at a cost of \$20 per dose.

Flud Quad was available for private purchase in 2022, and demand for the limited number of vaccines available was strong. In 2023, there will be more stock supplied to New Zealand, but it is likely to still end up in short supply as the flu vaccination season progresses.

For more information on Flud Quad to discuss with patients please refer to www.fluinfo.co.nz/vaccine-for-65.

For a list of references, please email newsletter@pgnz.org.nz.

FLUAD® Quad is an unfunded Prescription Medicine. FLUAD® Quad is an inactivated influenza vaccine, with an MF59® Adjuvant, as a suspension for injection in a single-dose prefilled glass syringe. **PRESENTATION:** Each 0.5 mL dose contains 15 mcg of surface haemagglutinin from four influenza virus strains. **INDICATIONS:** For active immunisation against influenza, for people 65 years of age and older. **CONTRAINDICATIONS:** Severe allergic reaction (e.g. anaphylaxis) to a previous influenza vaccination or to the active substances, adjuvant, or any other constituents or trace residues. Persons with a history of egg allergy (non-anaphylaxis) can receive a full dose of vaccine in any immunisation setting. **ADVERSE EVENTS: Common** injection site pain, fatigue, headache. **Rare** but serious thrombocytopenia; lymphadenopathy; muscular weakness; anaphylactic shock, anaphylaxis; encephalomyelitis, Guillain Barré syndrome, neuritis, neuralgia, paraesthesia, or convulsions; vasculitis with transient renal involvement; generalised skin reactions; and severe injection-site reactions. **PRECAUTIONS:** Postpone immunisation in patients with acute febrile illness or infection. Antibody responses may not be protective in all vaccinees, particularly in immunosuppressed patients. FLUAD® Quad for IM injection only. Persons with a history of anaphylaxis to egg should be vaccinated only in medical facilities with staff experienced in recognising and treating anaphylaxis. Co-administration with other vaccines has not been studied. If Guillain-Barré syndrome has occurred within 6 weeks of previous influenza vaccination, consider the potential benefits and risks. **DOSAGE AND ADMINISTRATION:** Gently shake before use, inject a single 0.5 mL dose into the deltoid muscle. Store at 2–8°C; do not freeze; protect from light. Before prescribing, review the FLUAD® Quad Data Sheet at www.medsafe.govt.nz, or from Seqirus (NZ) Ltd, Auckland. FLUAD® and FLUAD® Quad are registered trademarks of Seqirus UK Ltd. 10/21

AFLURIA® QUAD and AFLURIA® QUAD JUNIOR are Funded Prescription Medicines – Restrictions Apply. For use in children 6-35 months and in persons aged 3 years and over, for the prevention of influenza; please review the Data Sheet for prescribing information, available at www.medsafe.govt.nz, or from Seqirus (NZ) Ltd, Auckland. AFLURIA® QUAD and AFLURIA® QUAD JUNIOR are registered trademarks of Seqirus UK Ltd. 10/21

Awareness dates

4 February

World Cancer Day

World Cancer Day aims to save millions of preventable deaths each year by raising awareness and education about cancer. 2023 is the second year of the 'close the care gap' theme, recognising that everyone can make a difference, large or small, to reduce the global impact of cancer. Our actions can take countless forms: providing transport to cancer treatment for a fellow resident or ensuring that healthy food options are offered at the local school. worldcancerday.org

March

Brain Awareness Month

The Neurological Foundation is the official global partner for Brain Awareness Week in New Zealand, to share knowledge, raise awareness and help highlight neurological conditions and the importance of funding research today that will save lives tomorrow. Events are held throughout March to share the exciting advances of brain science, start conversations about neurological health with the public, and raise awareness of research on the pathway to hope. neurological.org.nz

18 March

World Sleep Day

World Sleep Day was created to emphasise the importance of sleep and address common sleep-related issues. Pharmacists can help identify what might be affecting healthy sleep cycles and offer advice on proper sleep hygiene, help normalise or reset healthy sleep patterns, recommend over-the-counter products, or prescribe melatonin. Pharmacists can also identify whether sleep disturbances warrant further investigation, as would be the case with sleep apnoea, narcolepsy, or restless legs. worldsleepday.org



Conjunctivitis

Conjunctivitis (pokenga whatu) is an inflammation of the protective membrane that lines your eyelids and the whites of your eye (conjunctiva). It may cause redness, swelling, itchiness and sometimes a sticky discharge. The main causes of conjunctivitis are infection and allergies.

Infectious conjunctivitis (caused by viruses or bacteria) is easily spread from person to person, whereas allergic conjunctivitis is not contagious. The infection spreads through direct contact with discharge from an infected eye or contaminated items, such as towels or toys. Coughs and sneezes may also spread the infection.

Treatment

The treatment for conjunctivitis differs depending on what is causing it. Bacterial conjunctivitis is usually treated with an antibiotic eye drop or ointment. When started early, treatment helps to shorten the duration of symptoms and limit transmission, although most cases do resolve spontaneously if no treatment is used.

For allergic conjunctivitis, anti-allergy eye drops or antihistamine tablets can reduce the allergic response and relieve the symptoms. Antibiotic eye drops do not help allergic conjunctivitis, but you can use artificial tears eye drops for relief from any discomfort.

There is no effective treatment for common viral conjunctivitis. In most cases, it gets better on its own over a few days. Clean away secretions from eyelids and lashes with cotton wool soaked in water. Cotton balls are not ideal because they can unravel, leaving cotton in your eye, so surgical swabs from your pharmacy or disposable eye make-up removal pads are best.

Do not wear contact lenses during infection and for 48 hours after it has cleared. Wearing contact lenses while your eyes are infected can cause a condition called keratitis that requires immediate medical attention and can lead to permanent vision loss. To avoid spreading the virus, try not to rub or touch your eye and always take care to wash your hands, use separate towels, pillowcases and linen, and avoid touching your face.