UGANDA

NATIONAL DRUG AUTHORITY

Safe Drugs Save Lives

PHARMACOVIGILANCE BULLETIN

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MESSAGE FROM THE DIRECTOR PRODUCT SAFETY

As we close the fourth quarter of the year, I am pleased to share this edition of the Pharmacovigilance Bulletin, which reflects the continued dedication of our healthcare community to medicine safety in Uganda.

This issue features critical case reports from both local and international sources, highlighting the ever-evolving landscape of drug safety. From emerging concerns such as progestin-related hypertension and ceftriaxone hypersensitivity to new international alerts on isotretinoin, topical corticosteroids, and asthma therapies, the bulletin underscores the importance of vigilance and timely reporting.

We also share the outcomes of our recent support supervision visits across 15 districts. These engagements have reinforced the importance of accessible reporting tools, continuous training, and strengthened facility-level practices in pharmacovigilance. Encouragingly, healthcare worker participation and feedback indicate growing awareness, though challenges such as underreporting and IEC material gaps persist.

Our collaborative training on the VigiMobile app marks another milestone in enhancing real-time safety data capture at the point of care. By embracing digital tools, we are moving closer to an agile, responsive pharmacovigilance system.

Let us remain steadfast in our collective responsibility to report adverse events, promote safe medicine use, and protect public health. I extend my gratitude to all healthcare workers and partners for your tireless efforts, and I urge continued commitment as we strengthen Uganda's pharmacovigilance system together.

Dr. Helen Byomire Ndagije (PhD), FISoP
Director, Product Safety
National Drug Authority

LOCAL SAFETY INFORMATION

ELEVATED BLOOD PRESSURE IN A WOMAN WITH PROGESTIN SUBDERMAL CONTRACEPTIVE

NJ, a 24-year-old woman, was given a subdermal implant of progestin contraceptive (etonogestrel) in her upper arm on April 6, 2022, and reported elevated blood pressure readings of 150/104 mmHg on June 24, 2022. This condition persisted until the rod was taken out on November 7, 2024.

According to the manufacturer, there is a significant risk of affecting blood pressure regulation even though hormonal contraceptives are typically regarded as safe. Research has indicated that as progestin concentrations rise, so does the prevalence of hypertension.

Hormonal contraceptives should not be used by women who have a history of renal disease or conditions connected to hypertension and those with hypertension should be properly monitored if they choose to use hormonal contraception.

Hormonal contraceptives should be stopped if persistent hypertension occurs while using them, or if a considerable rise in blood pressure does not satisfactorily react to antihypertensive medication.

After discontinuing hormonal contraceptives, most women's increased blood pressure will return to normal.

However, it should be noted that the incidence of hypertension is the same for those who have never used them as for those who have.

This case highlights the importance of monitoring blood pressure in patients receiving progestin-based subdermal implants, especially if they develop symptoms of hypertension. Clinicians should consider evaluating for medication-related hypertension and weigh the risks and benefits when recommending contraceptive options.

A FATAL CASE AS A RESULT OF USING CEFTRIAXONE

A 37-year-old female patient from Wakiso was diagnosed with a urinary tract infection and began receiving intravenous ceftriaxone at a dose of 2g. Shortly after 1ml (200mg) of the reconstituted drug was administered, the patient experienced widespread itching, generalized weakness, chest discomfort, back pain, and pain in the lower left leg. This led the nurse to discontinue the medication, but sadly, the patient passed away shortly thereafter.

For a long time, cephalosporins have been linked to incidences of hypersensitivity, particularly in patients who are hypersensitive to penicillin[3]. In this instance, the patient experienced ceftriaxone hypersensitivity and the aforementioned symptoms, which then worsened and ultimately resulted into death.

The NDA recommends that before prescribing or administering medication, healthcare professionals should obtain a complete medical history from each patient. This reduces the number of instances of medication hypersensitivity.

To prevent fatal hypersensitivity reactions, appropriate therapy should be initiated immediately in such situations.

This case continues to be investigated to determine the cause of her death.

TLD-INDUCED HYPERTENSION

A 35-year-old male, who was ART naive, began treatment with TLD on April 12, 2024, and experienced elevated blood pressure along with additional side effects one week after starting ART. Even though these reactions occurred, the dosage remained unchanged, and the patient was subsequently diagnosed with hypertension.

The first line ART regimen is TDF/3TC/DTG due to its tolerability, efficacy and high resistance barrier to Human Immunodeficiency Virus (HIV) [1]. However, it has been associated with weight gain, hyperglycemia and dyslipidemia which are cardiometabolic factors for hypertension.

The Uganda National Drug Authority has recently been receiving multiple incomplete reports associating TLD and hypertension thus creating barrier for investigations to ensue.

However, according to the manufacturer, TLD is

associated with the above cardiometabolic factors for hypertension and thus their control can easily control the emergence of hypertension.

Additionally, research has proven that longer term use of TLD can result into hypertension because of unclear reasons but which have been hypothesized to be related to physical inactivity of the patient, living a sedentary lifestyle, activation of the immune system through raising biomarkers such as interleukin 6 (IL-6) leading to vascular changes hence loss of elasticity that is key in vasodilation to maintain the vascular blood pressure[2].

The temporal association between starting TLD and the onset of hypertension in this case suggests a potential link, although causality cannot be definitively established without further investigation.

Healthcare providers should be vigilant for cardiovascular side effects in patients commencing ART, especially within the first weeks of therapy. Regular blood pressure monitoring and appropriate management are essential to ensure patient safety and treatment adherence.

SAFETY REPORTS FROM OTHER COUNTRIES

RISK OF MOOD-RELATED CHANGES AND SEXUAL DISORDERS ATTRIBUTED ISOTRETINOIN

Australia: The Therapeutic Goods Administration of Australia has recommended updates to the product information for all isotretinoin-containing medicines (including generics and the original brand Roaccutane), which are prescribed for the treatment of severe cystic acne unresponsive to standard therapy.

Isotretinoin is a retinoid medication used to reduce severe acne by decreasing sebaceous gland activity. New post-marketing reports have highlighted potential psychiatric and sexual health side effects that may arise during or after treatment, requiring strengthened warnings and additional precautions in the prescribing process.

The updated product information for isotretinoin-containing products includes the following guidance:

- A mental health assessment must be conducted for all patients before initiating isotretinoin treatment.
- Mood-related changes, including depression, aggression, restlessness, and rare suicidal thoughts or behaviors, have been reported during isotretinoin use.
- Sexual side effects such as erectile dysfunction, reduced libido, vulvovaginal dryness, genital numbness, and breast enlargement in males have been observed.
- Isotretinoin treatment should be stopped immediately if significant mood changes develop. Further psychiatric evaluation and specialist advice may be necessary.
- Health professionals must be particularly cautious in adolescents and patients with a personal or family history of mental health disorders.
- Patients should be provided with the Consumer Medicine Information (CMI) and advised of the new safety risks before starting treatment.

Patients and care givers are advised to report any changes in mood or sexual health promptly and not to restart treatment without medical consultation.

Reference: Therapeutic Goods Administration. Medicines Safety Update
www.tga.gov.au/news/safety-alerts

RISK OF WITHDRAWAL REACTIONS WITH LONG-TERM USE OF TOPICAL CORTICOSTEROIDS

GJ, a 49-year-old person of unknown sex, is taking

South Africa: SAHPRA and Organon South Africa have issued a safety update highlighting the risk of withdrawal reactions following inappropriate or prolonged use of topical corticosteroids, especially those of moderate to high potency. Product information for affected medicines will be updated accordingly.

Topical corticosteroids are used to reduce skin inflammation. However, rare cases of Topical Steroid Withdrawal Syndrome (TSWS) have been reported, presenting as red, burning skin or papulo pustular rashes after discontinuation.

Key Safety Points:

- Rebound flares may occur after stopping long-term corticosteroid use, especially on the face or skin folds.
- Symptoms include redness, burning, or steroid-induced rosacea.
- Use the lowest effective potency and avoid prolonged use.
- Patients on long-term therapy may need dose tapering or frequency reduction.

Advice to Patients and Care givers:

- Follow instructions and the prescribed duration of treatment.
- Do not restart treatment after withdrawal symptoms without medical advice.
- Contact a healthcare professional if symptoms worsen after stopping treatment.
- Using too little or too much may both cause harm—apply the correct amount.

Affected Active Ingredients: Mometasone furoate, Betamethasone dipropionate (alone or in combination with salicylic acid, gentamicin sulphate, or clotrimazole).

Reference: SAHPRA Safety Information Updates/Pharmacovigilance via www.sahpra.org.za.

RISK OF SEVERE ASTHMA EXACERBATIONS AND MORTALITY FROM OVERUSE OF SHORT-ACTING BETA-2 AGONISTS (SABA) – SALBUTAMOL AND TERBUTALINE

United Kingdom: The MHRA has reminded healthcare professionals of the serious risks associated with the overuse of short-acting beta-2 agonists (SABA), such as salbutamol and terbutaline, in the management of asthma. Updated national guidelines no longer recommend prescribing SABA without a concomitant inhaled corticosteroid (ICS), regardless of asthma severity. SABA is bronchodilator medicines commonly prescribed for acute symptom relief in asthma. However, overreliance on these relievers can mask disease progression and increase the risk of severe asthma exacerbations and asthma-related death.

The updated product information for the relevant SABA-containing medicines includes the following key points:

- SABA should not be prescribed without an appropriate inhaled corticosteroid.
- Overuse of SABA is associated with an increased risk of severe asthma exacerbations, hospitalizations, and asthma-related mortality.
- Extreme care must be taken to ensure patients are not using SABA more than twice a week without reviewing their asthma management plan and maintenance therapy.
- Particular attention should be paid to patients who frequently request repeat prescriptions of SABA or fail to collect prescribed anti-inflammatory medication.
- Alternative therapeutic options such as Anti-inflammatory Reliever (AIR) therapy or Maintenance and Reliever Therapy (MART) are recommended for individuals over 12 years of age with poorly controlled asthma.
- If a patient experiences worsening asthma symptoms while using SABA, an urgent review of treatment is required.

Healthcare professionals, patients, and caregivers are encouraged to report suspected adverse drug reactions using the Yellow Card scheme via the website or mobile app.

Reference: MHRA Drug Safety Update Volume 18, Issue 9, April 2025 www.gov.uk

SAFETY LABEL VARIATIONS

Product Name	License holder	Summary of approved changes	Date of NDA approval
Ticagrelor (BRILINTA®)	AstraZeneca 1 Francis Crick Avenue Cambridge Biomedical Campus Cambridge CB2 0AA UNITED KINGDOM	Update of summary of product characteristics (SmPC) and Patient information Leaflet involving revision of prescribing information following Single Antiplatelet Therapy (SAPT) CDS update (4.2 Posology and method of administration & 4.4 Special warnings and precautions for use)	31st March 2025
AMOXYCILLIN (AMOXIL/ AMOXIL FORTE®)	GlaxoSmith Kline Trading Services Ltd,	Update of the Summary of product of characteristics (SmPC) involving the following; TSC 3- Section: Adverse reaction- Addition of symmetrical drug-related intertriginous and flexural exanthema (SDRIFE) also known as baboon syndrome as new adverse reaction TSC 4 - Section: Adverse reactions - conversion of non-core safety information (non- CSI) adverse reactions to CSI: reversible hyperactivity, dizziness, headache, convulsions, pruritus, prolongation of bleeding time and prothrombin time and indigestion.	04th April 2025
RILPIVIRINE (EDURANT®)	Janssen-Cilag International Nv	Significant modifications of the Summary of Product Characteristics (SmPC) involving the following; Section 4.4 Warnings and precaution i.e., Updated transmission of HIV text to advise patients that current antiretroviral therapy does not cure HIV and removed text regarding residual risk. Sections 4.1 Therapeutic indications, 4.2 Posology and method of administration and 5.2 Pharmacokinetic properties i.e., Update to the current pediatric indication (12 to 17 years of age) to indicate a minimum weight, in alignment to C213 Cohort 1 in the indications, dosage and administration and pharmacokinetic properties Section 5.3 Preclinical safety data i.e., Carcinogenicity and Mutagenicity; Removal of chromosomal aberration assay statement.	04th April 2025

SAFETY LABEL VARIATIONS

Product Name	License holder	Summary of approved changes	Date of NDA approval
FENTANYL CITRATE (FENTANYL®)	Martindale Pharmaceutical Limited Bampton Road RMM38UG ENGLAND	Update of product information (SmPC and PIL) according to PSUSA/00001370/202204 and the report from the Coordination Group for Mutual Recognition and Decentralized Procedures - Human (CMDh) meeting for Fentanyl Citrate 50mcg per ml Injection, i.e., In Section 4.2, new wording about treatment duration and goals is added. In Section 4.4, new wording regarding storage conditions is added. In Section 4.8, Drug tolerance and dependence are included in the summary table of adverse reactions. These terms are entered against the SOC General disorders and administration site conditions and SOC Psychiatric disorders, respectively, and "unknown" is assigned as frequency of occurrence. There is an addition of a warning on the outer packaging (and immediate packaging) regarding accidental use and ingestion. Update of SmPC sections 4.2, 4.4, and 4.8 and related PIL sections to further minimize the risk of opioid use disorder (OUD).	13th June 2025
MORPHINE (MORPHINE INJECTION)	Martindale Pharmaceutical Limited, Bampton Road Rmm38ug England UNITED KINGDOM	Update of the SmPC according to PRAC recommendations on treatment goals, discontinuation, duration of treatment, hepatobiliary disorders, tolerance, physical dependence, sleeprelated breathing disorders, and severe cutaneous adverse reactions (SCARS).	13th June 2025
DOCETAXEL TRIHYDRATE (TAXOTERE®)	Sanofi-Aventis Deutschland Gmbhindustriepark Hoeschst, Bruningstrassen Buiding, H65065926, Frankfurt Am Main GERMANY	Update of PIL and SMPC to include special warnings and precautions under pregnancy, breastfeeding and fertility due to the genotoxic risk of docetaxel, potential adverse effects in infants and alteration of male fertility.	30th May 2025

SAFETY LABEL VARIATIONS

Product Name	License holder	Summary of approved changes	Date of NDA approval
ROSUVASTATIN CALCIUM (CRESTOR®)	AstraZeneca UK Limited Silk Road Business Park, Macclesfield, Cheshire SK 10 2NA UNITED KINGDOM	Update of Summary of product Characteristics (SmPC) section of Undesirable effects and Special warnings and precautions to include myasthenia gravis and ocular myasthenia	10th April 2025
AMOXICILLIN CLAVULANIC ACID (AUGMENTIN® CLAVULIN®)	GlaxoSmithKline Export Ltd 980 Great West Road Brentford Middlesex TW8 9GS	Change to product information involving; · Addition of details on Drug induced enterocolitis to the section of Warnings and Precautions. · Addition of drug induced enterocolitis under the section of Adverse reactions · Addition of Linear IgA disease to the Adverse reactions section · Addition of cross reference under skin reactions in the section of Adverse reactions · Addition of information on the interaction of penicillins and methotrexate under the section of Interactions.	10th April 2025

PHARMACOVIGILANCE SUPPORT SUPERVISION IN HEALTH FACILITIES

The National Pharmacovigilance center conducted routine support supervision in April 2025 at health facilities in 15 districts, in bid to train and enhance healthcare workers knowledge in drug and vaccine safety monitoring. This effort was in response to the increasing rollout of new medications and vaccines, and ensuring proper tracking of potential side effects and risks associated with medicines use.

Activity Objectives

·Engage health care workers on the procedures for reporting adverse drug reactions (ADRs), adverse events following immunization (AEFI) and other drug-related problems.

- Distribute reporting tools and relevant Information, Education and Communication (IEC) materials to health care workers and health facilities.
- Follow up on undocumented ADR cases and other drug-related problems; and collaboratively document them with the Health Care Workers (HCWs).
- Identify and assess the reasons for underreporting of ADRs by HCWs.

Scope and Reach

- Visited 188 health facilites both in public and private setting.
- Trained 1140 healthcare workers in small and large grouping

Major Findings

- Majority of the health workers had basic knowledge about pharmacovigilance however, reporting rates were still low due to emphasis on reporting only serious adverse events. Health workers were then sensitized on the importance of pharmacovigilance and the NDA team presented different reporting platforms they can use to report ADRs, AEFIs, medication errors or product quality complaints.
- Most facilities had ADSM/AEFI reporting books, but they were not using them because they were locked up in stores. We recommended that the books are put in open places like OPD where every health worker can access them.
- Complaints on outlets dealing in vending food supplements and herbs with established facilities that do exaggerated diagnosis of diseases. These facilities have unqualified staff and exploit the locals but above all refer patients to licensed health facilities when they are in a deteriorating state of health.
- We noticed that information, education, and communication (IEC) materials such as posters displaying NDA contact information for submitting ADR reports were largely absent in the facilities visited. Where they were present, many of these materials were significantly faded and unreadable.
- Most of the healthcare workers were well versed with good storage practices for both vaccines and drugs. Where there were anomalies, they were due to shortage of space or lack of refrigerators.

Achievements

- Distributed 175 ADR/AEFI reporting books
- Collected 18 physical ADR/AEFI reports
- Distributed updated information, education communication (IEC) materials.

Constraints

- Low turn-up of health workers for the training sessions at some facilities. This was attributed to heavy workload, and to the fact that some health workers had gone for community outreaches.
- Underreporting of ADRs/AEFIs due to workload and staff shortages, especially with reduced vaccination roles for Nursing Assistants.

- Inadequate mechanism to retrieve AEFI information at health facilities once the vaccinated person has gone back to their communities because they do not return to the facility to report any AEFI which hinders monitoring.

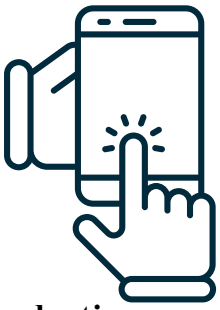
Recommendations

- Conduct regular training and mentorship sessions for health care workers on pharmacovigilance.
- Encourage health workers to distribute patient IEC materials to patients, the NDA should invest heavily in mass media sensitization on medicine safety and adverse events monitoring and reporting in communities.

Engaging HCWs on the importance of reporting ADRs

Pharmacovigilance sensitization at Kabatunda HC III in Kasese District

NDA officer with health workers in Mityana hospital after the sensitization



TRAINING ON VIGIMOBILE APP FOR REPORTING ADRS AND AEFIS

Introduction

The World Health Organization (WHO) in collaboration with Uppsala Monitoring Center (UMC), and National Drug Authority (NDA) conducted a 2 day capacity building-training for health workers on reporting AEFI/ADRs using the VigiMobile App. The training was aimed at enhancing the knowledge and skills of healthcare professionals on efficient and timely reporting of Adverse Drug Reactions (ADRs) and Adverse Events Following Immunization (AEFIs) using the mobile platform. VigiMobile is an innovative tool that can be installed on a mobile phone, developed to simplify pharmacovigilance reporting at the point of care, particularly in resource-constrained settings.

Objectives

· To introduce healthcare workers to the functionality and importance of the VigiMobile app.

· To demonstrate the steps involved in reporting ADRs and AEFIs through the application.

· To improve the quality and timeliness of safety data reporting.

· To strengthen the national pharmacovigilance system through digital innovations.

Scope

The training attracted a total of 74 multidisciplinary health professionals from across the country: including Pharmacists, Clinicians, Nurses, District Health Officer's, Immunization program officers, and representatives from National Drug Authority.

Training Activities

In the course of two days participants were involved both practically and theoretically learning on the following modules.

- Participants underwent a pre-training test and feedback session, followed by a review of Uganda's current AEFI surveillance system and its reporting form. They compared the national AEFI reporting form to WHO standards, while also covering core Surveillance elements and global reporting systems.
- The training included an overview of the Uppsala Monitoring Centre (UMC) and its pharmacovigilance tools, with demonstrations, National SOPs and workflows were introduced, and VigiFlow features for data management were explored, aligned with national procedures.
- Hands-on group and individual exercises were conducted on data entry using VigiFlow and VigiMobile, addressing anticipated challenges and proposing solutions.
- Participants also engaged in VigiMobile demo installation/uninstallation and installed the VigiMobile Uganda Production app.
- Finally, trainees prepared for future district-level training by reviewing the agenda and materials for a 1-day session.

Outcome

- Participants demonstrated increased confidence in using the VigiMobile app.
- A shared understanding of the importance of real-time, accurate safety data reporting was reinforced.
- Key stakeholders expressed commitment to integrating VigiMobile into routine reporting mechanisms.
- Constructive feedback was gathered for further customization and local adaptation of the app.

Conclusion

The two-day VigiMobile training was successfully conducted, achieving its core objectives of equipping healthcare professionals with practical skills in pharmacovigilance reporting through mobile technology. WHO and UMC reaffirmed their commitment to supporting national efforts in strengthening medicine and vaccine safety surveillance systems.

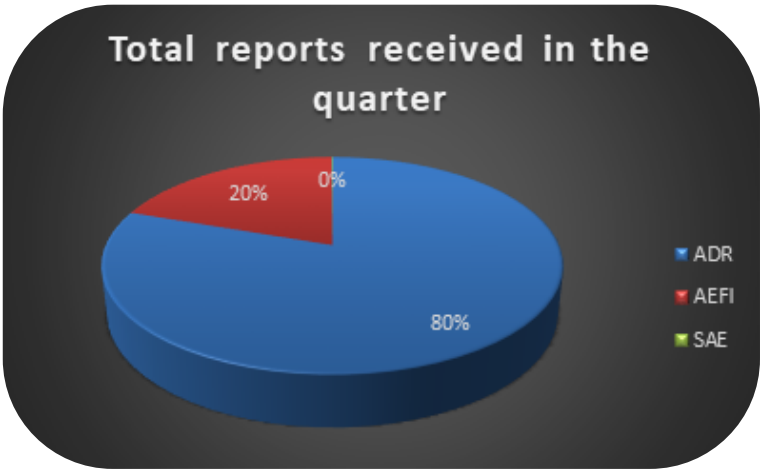
Recommendation(s):

- Continuous support and mentorship for trained healthcare workers to ensure sustainability of the practice.
- Scale-up training sessions to reach more regions and facilities.
- Integration of VigiMobile reporting indicators into national health information systems.

DATA ANALYSIS FOR Q4

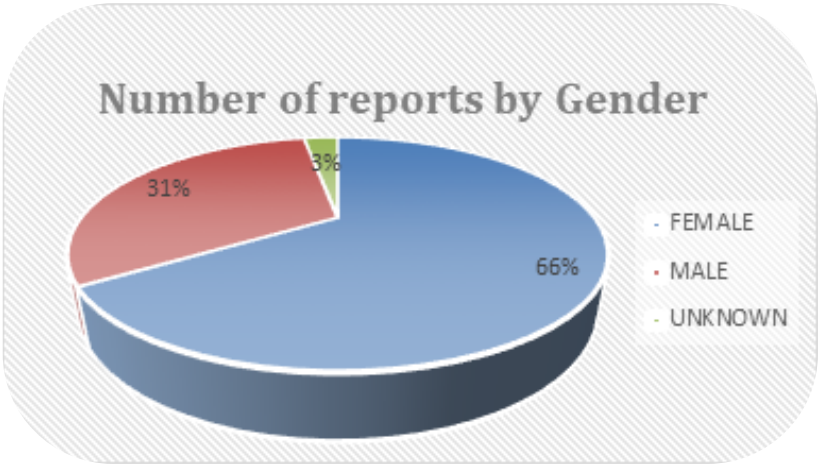
REPORTING BY GENDER

Report type	No of reports
ADR	992
AEFI	242
SAE	1
Grand Total	1235



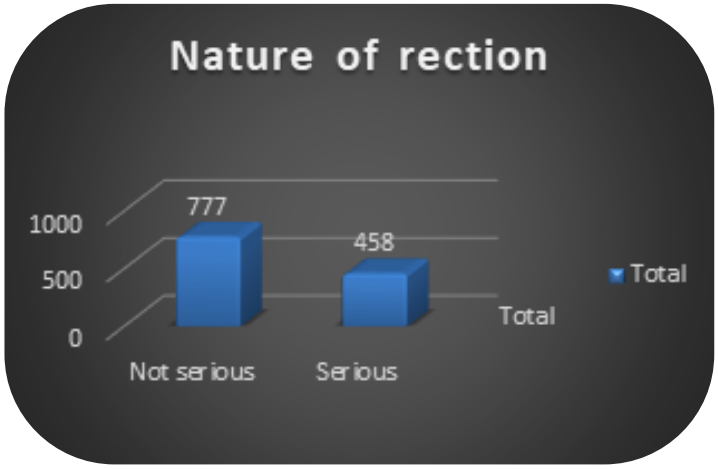
NUMBER OF REPORTS BY GENDER

Gender	Number of reports
FEMALE	813
MALE	388
UNKNOWN	34
Grand Total	1235



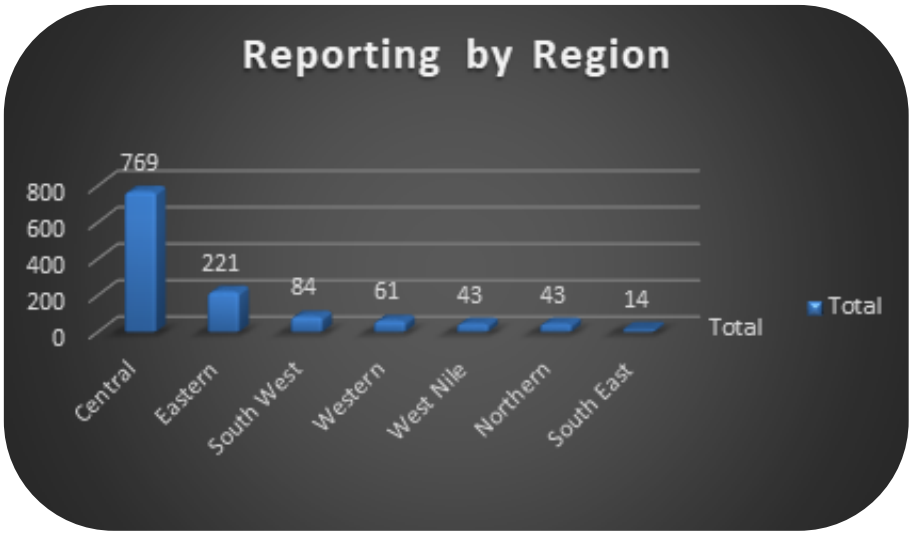
NATURE OF REACTIONS

Nature of reaction	No of reports
Not serious	777
Serious	458
Grand Total	1235

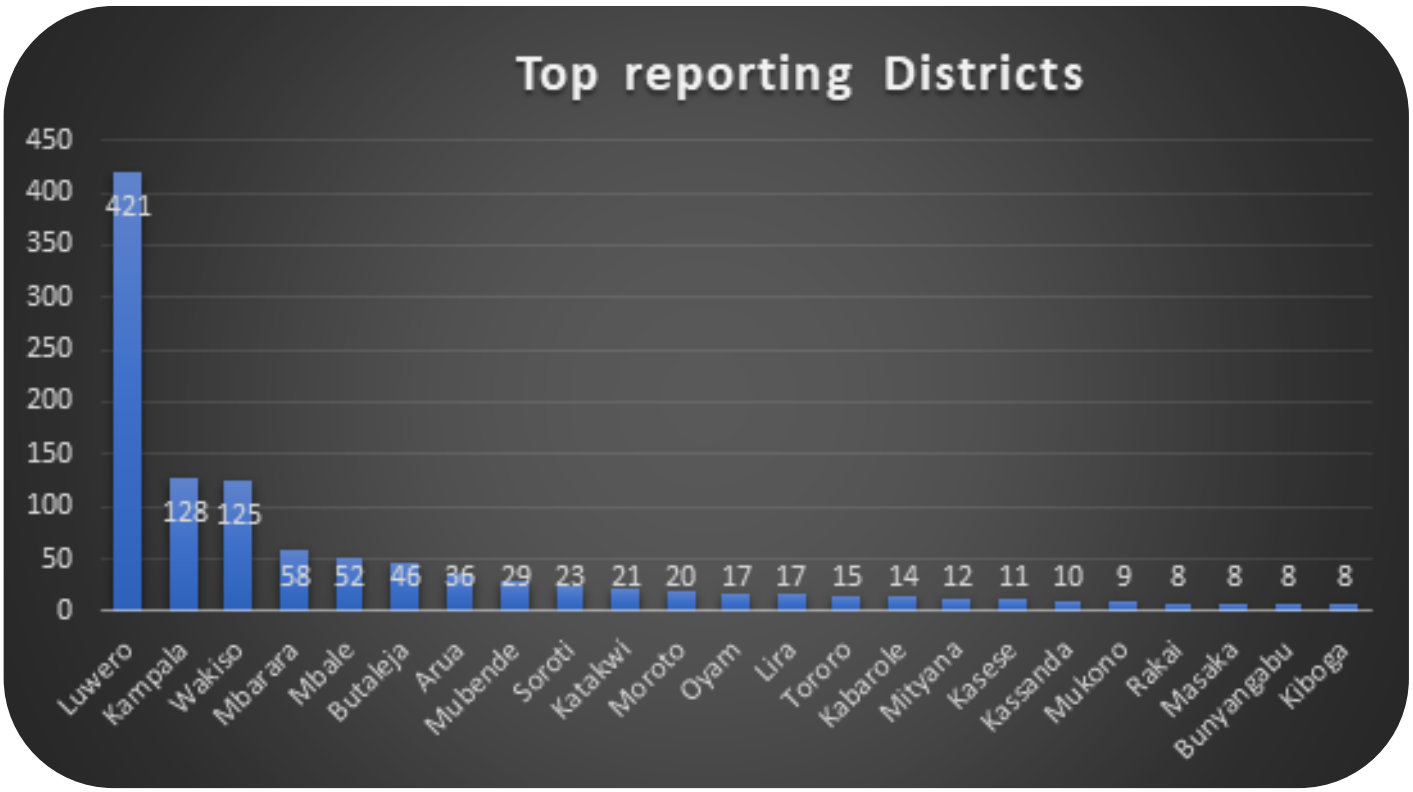


REPORTING BY REGION

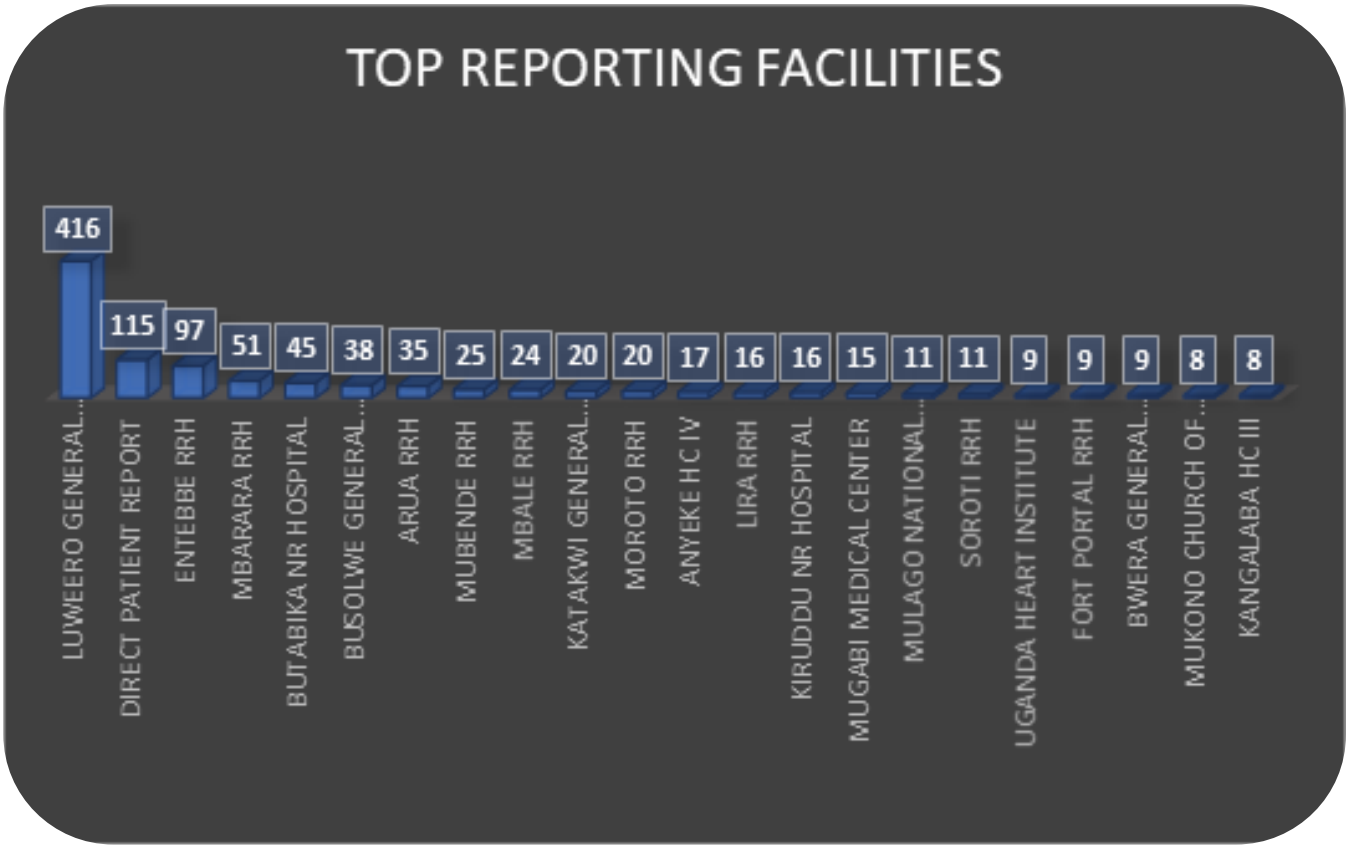
Region	No of reports
Central	769
Eastern	221
South West	84
Western	61
West Nile	43
Northern	43
South East	14
Grand Total	**1235**



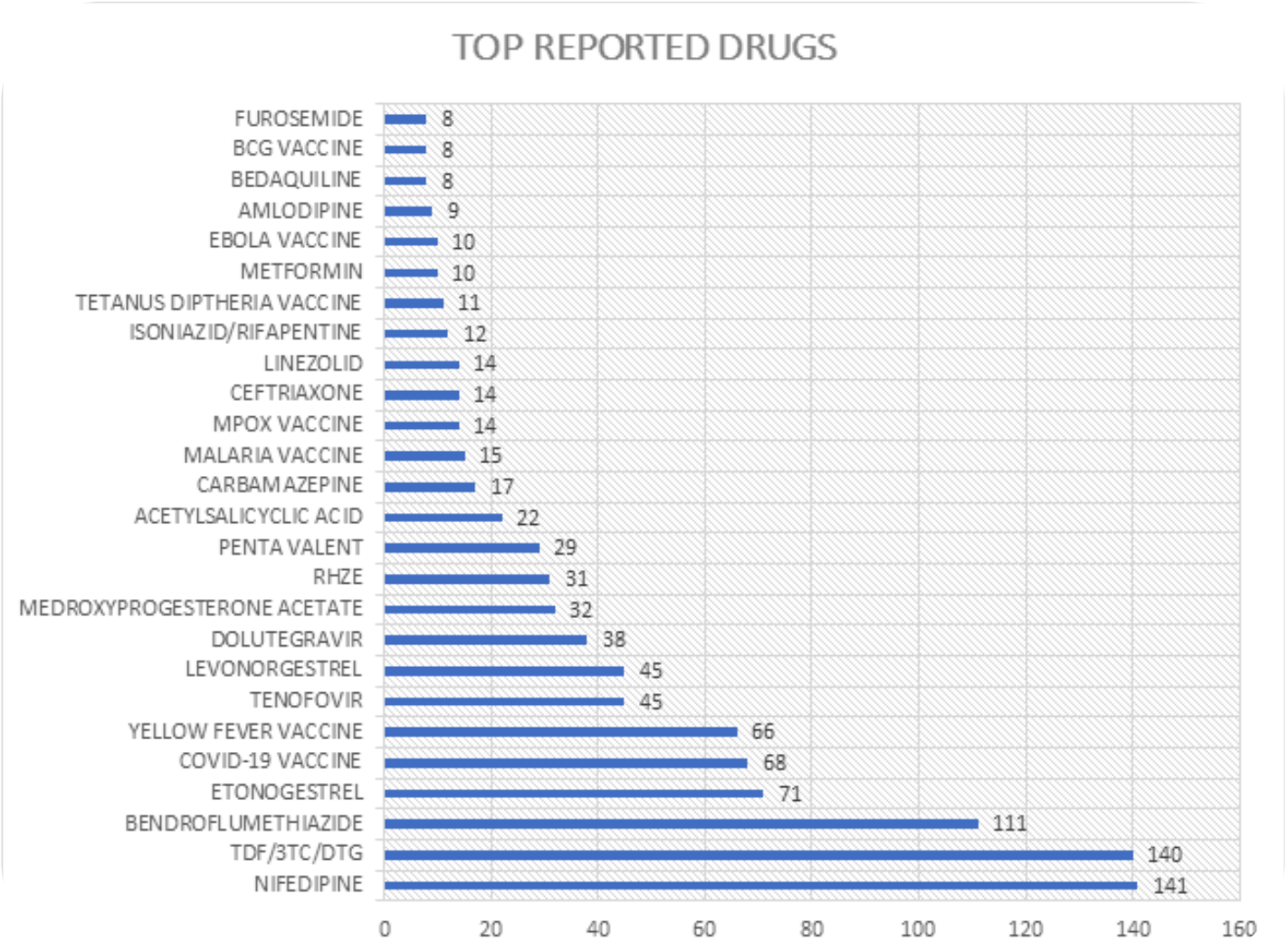
TOP REPORTING DISTRICTS



TOP REPORTING FACILITIES



TOP REPORTED DRUGS



TOP REPORTERS

Name	No of reports
Nalukwago Jovial	292
Ssekalembe Nasser	111
Akankatsa Aggrey	53
Nyaketcho Felistus	37
mwaka Dick Odong	25
Mahad Ssempa	23
Nankumba Asnart	20
Oliver Muyama	19
Ayo Isaac	17

Name	No of reports
Wafula Bossa	16
Lukoma John	15
Steven Odomel	14
Lubega David	12
Anyine Jonathan	12
Ojangole Abraham	10
Kityo Cyrus	9
Agaba Edwin	9
Omongole Stephen	8
Kajumba Rose Mary	8

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