



Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie en Bemerkingsdepartement

Private Bag X3, Rondebosch 7701, South Africa
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

www.uct.ac.za

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Safety of medicines and vaccines in pregnancy under the spotlight at UCT workshop

“Building capacity for the protection of pregnant women and their infants.”

The University of Cape Town’s Centre for Infectious Diseases Epidemiology and Research (CIDER) recently hosted an innovative workshop aimed at building capacity in Africa for the surveillance of poor birth outcomes by developing the science of teratovigilance. This involves assessing how infections, chronic diseases, medicines and other exposures during pregnancy may be causally linked to outcomes such as stillbirth, prematurity, neonatal death and congenital disorders.

The growing appreciation of the need to collect information on the safety of medicines and vaccines in pregnancy prompted the creation of an international pregnancy exposure registry database by the World Health Organisation and various initiatives aimed at building pharmacovigilance capacity in Africa, and South Africa in particular.

Professor Landon Myer, Head of School of Public Health and Family Medicine at UCT, says: “Ultimately, pregnant women should be confident about the safety of the medicines they use particularly for common potentially devastating conditions such as HIV, TB, hypertension, and malaria. Developing our ability to assess how exposures in pregnancy affect maternal and neonatal health is integral to achieving this.”

Maternal and neonatal teratovigilance in the African context requires innovation of research and surveillance approaches based on sound clinical and epidemiological principles.

At the workshop, international and local experts shared their knowledge and experiences in developing surveillance systems and regulatory mechanisms aimed at protecting pregnant women and their children.

Clinicians, regulators, and scientists from Botswana, Cameroon, Malawi, Mozambique, Nigeria, South Africa, Zambia and Zimbabwe came together to share data, expertise and experience across sites and countries to build the critical capacity needed.

Specific focus was given on exposures such as alcohol, antimalarials, anti-epileptics and antiretrovirals. There was consensus on the importance and urgency of this work given the

information vacuum in Africa where even prevalence rates of congenital disorders are unknown. The meeting represented a unique opportunity for collaboration across the region and a multi-disciplinary approach to teratovigilance research acknowledging the correlation with improvements in clinical care of pregnant women and infants.

Dr Helen Malherbe from the University of KwaZulu Natal concludes: “[...] the meeting really highlighted the overlap between communicable and non-communicable diseases – and not just by the potential teratogenic effects of drugs used during pregnancy, but due to the potential to integrate services in the ongoing continuum of care for all these conditions in an effort to improve the quality of care and life for the patient. There are also many parallels between HIV and birth defects that are worthy of further exploration.”

Images



Image, from left:

- Dr Christine Halleux, Special Programme for Research and Training In Tropical Diseases, World Health Organization
- Ms Ottencia Mhlongo, Deputy Manager PMTCT & MCWH, KwaZulu Natal Provincial Department of Health
- Prof Lavinia Schuler-Faccini, Department of Genetics of the Federal University of Rio Grande do Sul, Brazil & President of the Brazilian Society of Medical Genetics
- Dr Ushma Mehta, Centre for Infectious Disease Epidemiology and Research, School of Public Health & Family Medicine, University of Cape Town



Image: Prof Lewis B. Holmes, Unit of Medical Genetics & Perinatal Diagnostic Unit, Obstetrics Programme, MassGeneral Hospital for Children, Boston

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Siyavuya Makubalo

Media Liaison and Social Media Assistant
Communication and Marketing Department
University of Cape Town
Rondebosch
Tel: (021) 650 2586
Cell: (082) 715 8542
Email: siyavuya.makubalo@uct.ac.za
Website: www.uct.ac.za