Indian Pharmacopoeia Commission National Coordination Centre (NCC) - Pharmacovigilance Programme of India (PvPI)

PvPI Monthly Progress Report- October 2016

Sr. No.	Title of Activity	Description	Major Outcomes/Action Taken
	Data collation and	During the index period, NCC received	The reported ICSRs yet to be assessed for the
1	processing of ICSRs	5360 ICSRs from AMCs/	completeness & quality for further process (listed
		Pharmaceutical industries/ consumers.	and unlisted) & under medical/clinical review.
		The reported cases are under	
		assessment for completeness, listed/	Lack of quality/incomplete reports will be reverted
		unlisted and clinical relevance.	back to the reporter.
2	15 th Meeting of Governing	IPC organised its 15 th Meeting of	The members reviewed the progress of PvPI and
	Body of the IPC	Governing Body on 4th October at	appreciated the performance of NCC. The points
		Nirman Bhawan, New Delhi	related to PvPI was referred to put up in next SFC
			meeting for financial approval.
3	3 rd Interactive Session on	PvPI organised "3rd Interactive Session	During interactive session PvPI officials discussed on
	Participating of Marketing	on Participation of Marketing	1. Quantitative & Qualitative analysis of
	Authorization Holders	Authorization Holders (MAHs) in PvPI: A	Pharmaceuticals Industries ICSRs received at
	(MAHs) in PvPI: A way	way forward" on 7th October at IPC,	NCC-PvPI.
	forward	Ghaziabad.	2. Demo on import of E2B XML ADRs report in to
			VigiFlow database.
			3. Comparison of Indian Package Insert leaflets
			(PILs) with others & it's importance in India.

4	Visit of Shri K. B. Agarwal,	Shri K. B. Agarwal, Additional Secretary,	Additional Secretary instructed PvPI to develop e-
	Additional Secretary to	MoHFW visited IPC on 8th October 2016	system at CDSCO/PvPI for PSURs and ADR
	IPC		reporting. He also instructed, evaluation of PSURs is
			a pharmacovigilance activity and should be evaluated
			by NCC-PvPI
5		As instructed by additional secretary to	It was suggested by NCC that the following areas may
	Telecom Ltd. (since PvPI	develop e-system at CDSCO/PvPI of	be worked out:
	received an e-Mail from	PSURs and ADR reporting during his	
	CDSCO, HQ along with	visit to IPC, on 8th October 2016 also	a. Telecom Sector Application
	the letter sent by MTL to	further directed by Secretary-cum-	i. Upgradation of Toll Free Number (1800-180- 3024)
	Secretary health vide	Scientific Director IPC, a preliminary	of NCC-PVPI – This has limitations since it's on a
	letter No.	meeting to explore the option for the	single line and works only when the computer is on. ii. Replacement of Existing Mobile App.
	MTL/COO/Health/Device-	same was held on 17/10/2016 with	ii. Replacement of Existing Mobile App.
	Montrng/2016-17, dated	millennium telecom Ltd.	b. Cloud Based E-Reporting Compatible With Mobile
	08/09/2016)		Phones / Desktop And Laptops
			i. For submission of PSURs (Periodic Safety Update
			Reports) from MAH to CDSCO/ PvPI.
			ii. Spontaneous ADR Reporting to PvPI.
			MTL agreed to review the whole system and will
			submit a detailed proposal in this regard then a
			subsequent meeting shall be arranged with
			Secretary-cum- Scientific Director for further
			direction.
6	Visit of experts from	Prof. (Dr.) Eugene van Puijenbroek	Experts overviewed the culture of reporting ADR's of
	Netherlands National	(Head Science and Research at the	vaccines under PvPI and were highly impressed by
	Pharmacovigilance Centre	Netherlands and Pharmacovigilance	the way of working and reporting on
		Centre) and Dr. Wil Hilgersom (Vaccine	Pharmacovigilance.

	Safety Expert, Lareb, Netherlands) visited to the Indian Pharmacopoeia Commission on 20th October 2016 to exchange ideas on AEFI Pharmacovigilance.	Prof Eugene shared his insights on recent Pharmacovigilance experience in the Netherlands and Dr. Wil Hilgersom highlighted on AEFI signals. Prof Eugene on behalf of Netherlands Pharmacovigilance Centre, Lareb is ready to provide support to PvPI on the following areas: 1. Modules and training resource materials to educate the personnel's on Pharmacovigilance. 2. Methodology to identify new signals. 3. PvPI and Netherlands Pharmacovigilance Centre, Lareb agreed on mutual collaboration for exchange of information.
7 Visit of Experts from WHO UMC	Dr. Marie Lindquist (Director-UMC) and Prof Edward (Senior Advisor, UMC) visited the Indian Pharmacopoeia Commission (IPC) on 21st October 2016 to overview the progress and initiatives taken by the PvPI.	 Dr. Marie on behalf of WHO UMC expressed that all support will be extended to PvPI and also suggested that IPC, NCC -PvPI can collaborate in the following areas. 1. WHO-UMC training on Pharmacovigilance in India under PvPI umbrella. 2. Advance level training on signal detection on the drugs used in neglected diseases in which PvPI may be identified as hub for Asian countries where disease incidence rate is high. 3. Broader developments in the area of Medication errors and reporting of lack of efficacy of drugs. 4. UMC will facilitate to establish a link between PvPI and international medical services.

			Dr. Marie requested that Secretary-cum-
			Scientific Director, IPC, should submit a proposal on
			the above mentioned areas to initiate necessary
			action.
8	Interactive session	Dr. J. Christophe Delumeau, Executive	He mentioned that PvPI has expanded over the years
	between International	Committee Member, ISOP visited Indian	and its efforts are well recognized by global
	Society of	Pharmacopoeia Commission to	Community. He also briefed about the scope and
	Pharmacovigilance	understand the functioning and future	objectives of ISOP, as PvPI and ISOP share the
	(ISOP) and National	action plan of PvPI to extend the	same objectives of promoting patients safety. He
	Coordination centre,	possible support from ISOP on 21st	proposed to work with PvPI and further discussed on
	Pharmacovigilance	October 2016.	the following areas for future collaborations.
	Programme of India (NCC-		1. Training programmes for NCC-PvPI professionals
	PvPI), IPC		on various topics like signal detection, lack of
			efficacy studies, benefit-risk assessment, and
			medication errors.
			2. Invited the PvPI staff to contribute research
			articles on Drug Safety, an international journal.
			3. ISOP membership of PvPI professionals.
			4. Extended support from ISOP to develop IT tools
			for Pharmacovigilance.
			5. Development of advanced version of Mobile ADR
			App.