



Washington Metropolitan Society of Health System Pharmacists Newsletter

January 2021
Volume 1

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Message from the WMSHP President

Greetings! May you all have a blessed year to come in 2021. For a social professional networking, fun group like the Washington Metropolitan Society of Health-System Pharmacists (WMSHP), we are thankful to have managed to get through 2020, a year like no other in our lifetime. Kudos to the 2020 WMSHP board leadership under Dr. Vaiyapuri Subramaniam, in successfully and safely delivering many interesting Continuing Education (CE) topics via virtual forum to our members and non-members. We continue to face this challenge on how to continue to plan and have activities through a virtual platform while keeping our members safe. Society volunteer officers are working hard behind the scenes to keep our professional society members connected, active, and financially viable.

See page 9 – President message

Upcoming Continuing Education (CE)

By Dhakrit (Jesse)

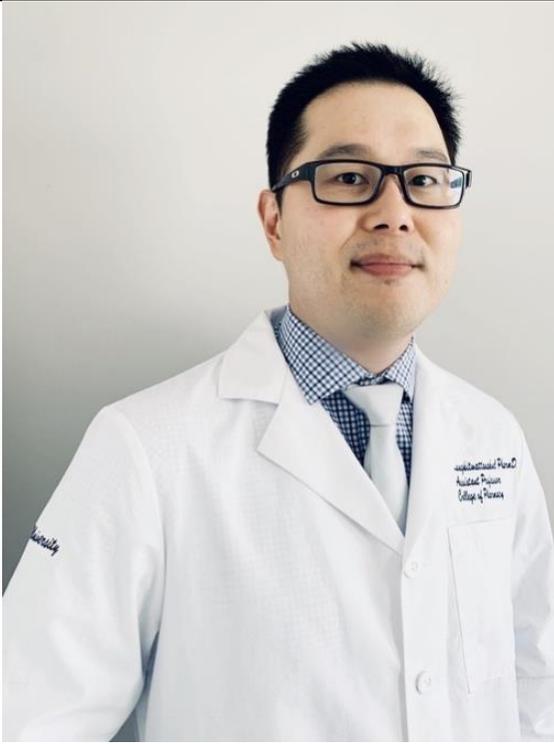
Rungkitwattanakul, Pharm.D.,
BCPS, WMSHP President-Elect

On Feb 18, WMSHP will be offering virtual educational and continual education (CE) sessions.

Ms. Voyles, a senior area manager specialty from CSL Behring, will be discussing the use of KCENTRA® (Prothrombin Complex Concentrate (Human)) For Intravenous Use, Lyophilized Powder for Reconstitution for the treatment of coagulation disorder and/or reversal of anticoagulants. After, Dr. Jesse Rung, who is a clinical assistant professor from Howard University College of Pharmacy and WMSHP President-Elect, will be discussing the challenges in assessing renal function in transgender and explore the evidence of adverse effects from pre-exposure prophylaxis of HIV among transgender patients. This session will offer a 1.0 contact hours (0.1 CEU) for pharmacists which will satisfy the District of Columbia's HIV or LGBTQ CE requirement.

See page 2 Upcoming CE

Upcoming CE



Dr. Jesse Rungkitwattanakul, President-elect of WMSHP from 2021-2022, is a Clinical Assistant Professor at Howard University College of Pharmacy. He received his PharmD from the University of Maryland School of Pharmacy in Baltimore, MD and subsequently completed his residency training at Georgetown University Hospital in Washington, D.C. He maintains his practice sites at Howard University Dialysis Center where he provides his medication therapy management for dialysis patients and Howard University Hospital where he rounds with the Nephrology consult service. He is extremely grateful for the opportunity to serve the Washington-Metropolitan Society of Health-System Pharmacists and hopes to continue to push forward the collaboration between members and elevate health-system pharmacy practice and patient care in our region.

WMHSP Supporter Spotlight



Lana Konigsberg, PharmD
Senior Regional Medical Liaison
US Medical Affairs, Cardiovascular
Sanofi

Lana Konigsberg, PharmD is a Senior Regional Medical Liaison in the Division of Cardiovascular/Thrombosis at the US Medical Affairs at Sanofi, a member of American College of Cardiology Cardiovascular Work Group and Pharmacist Work Group, and, previously, a Maryland State Liaison/CCA.

Dr. Konigsberg received her undergraduate degree from Temple University in Philadelphia and her Doctor of Pharmacy from the University of Maryland in Baltimore.

As a clinician and an educator, Dr. Konigsberg's clinical interests and expertise are in cardiovascular disease and associated co-morbidities including arrhythmia, thrombosis, hypertension, stroke prevention, and dyslipidemia.

Dr. Konigsberg is an active member of many professional societies and committees nationally and internationally and is a frequent lecturer on translational/clinical research topics related to drug development and therapeutics.

It is estimated that between 2.7 million and 6.1 million people in the United States have atrial fibrillation (AF) and projected to increase to 12.1 million by 2030. Patients living with atrial fibrillation are at risk of stroke and other co-morbid conditions, Lana welcomes an opportunity to share the scientific knowledge, the disease state awareness, including the AF guidelines and treatment modalities, with HCPs at the forefront of patient care.

As a company, Sanofi's vision is to transform scientific innovation into healthcare solutions and improve patients care in human vaccines, rare diseases, multiple sclerosis, oncology, immunology, infectious diseases, diabetes, cardiovascular solutions, and consumer healthcare.

Student Corner

Lessons Learned Throughout The COVID-19 Pandemic

Stephanie Reid, Howard University Doctor of Pharmacy Candidate, Class of 2022



The end of the year often invites time to reflect upon its accomplishments, as well as setting new goals for the future. As the year 2020 concludes, this period of reflection has been more crucial than ever. The COVID-19 pandemic has shown us how unpredictable life can be, yet learning to navigate the unexpected has taught me some of life's most valuable lessons. As I continue to evolve and matriculate throughout pharmacy school, my goal is to remember the lessons learned throughout this year for self-betterment and to become a dynamic professional.

At the beginning of my pharmacy school journey in 2018, I never could have imagined having to complete the second half of my didactic learning virtually. Even upon receiving notification that Howard University students would not return to in-person classes after Spring Break, it had not occurred to me that I would never resume classes at the college that had become my home away from home. I, like many others, was unprepared for the effects that this pandemic would have on everyday life, but with time I learned to adapt. I found that as soon as I accepted and acclimated myself to this new reality, it manifested into triumph. Healthcare remains a

developing field and as pharmacy professionals, we have learned better than most how to adapt to its many changes due to medication advancements, enhanced treatment guidelines, and strict regulations. Most recently, we have witnessed pharmaceutical companies and government agencies working together to develop a vaccine in a matter of months, where it would normally take years. Remaining innovative and flexible in an ever-changing environment is essential to healthcare and is critical to our success in pharmacy.

Another lesson that the year 2020 has unveiled is the importance of balance. Life is all about effectively balancing the many roles and responsibilities we have daily. Howard University encourages all of its students to be leaders and as such, I have acquired leadership positions within my class, professional organizations, and on college committees. Accomplishing my duties in these roles while maintaining a competitive GPA and robust social life requires balance. Furthermore, completing school online revealed that the core aspects of achieving balance are prioritization, effective time-management, and practicing self-care and self-kindness. One of the major challenges observed while working from home is the lack of delineation between time to work and time to relax. I struggled with this throughout the better part of the pandemic but was reminded that taking breaks and allowing myself to relax are acts of self-kindness. There were even weekends that I had to retreat to my family home in New York City as an act of self-care. Amongst all the things that I prioritize, this pandemic emphasized the value of prioritizing myself sometimes so that I can continue to exceed in all things that I do.

As I look toward the year 2021, I anticipate that there are still many changes to come. However, I can say with confidence that change is something that I now look forward to rather than fear. Even as I prepare to culminate my education with Advanced Pharmacy Practice Experiences, I look forward to remaining adaptable in each setting and balancing the new expectations while also studying for the NAPLEX. Navigating life in a pandemic has been challenging, but I believe the lessons obtained upon my reflection have proven to be a remarkable reward.

Continued from page 3



Howard University students attending the 2019 APHA Region 2 Midyear Regional Meeting in Philadelphia, PA. As the Policy Vice President of the chapter, I collaborated with Policy VP at the Norte Dame of Maryland University College of Pharmacy to propose a resolution supporting regulations that banned the sale of flavored e-cigarettes and promoted smoking cessation in the US. The regional chapters voted favorably to keep this resolution. {Pictured from left to right: Montrell Tayloe, Tadesse Dubale, Stephanie Reid, Ashley Dike, Jessica, Nwabuoku, Patrick Fotso, Kwame Sarpong, and Adefemi Ige}



October 2020, Stephanie Reid worked at a flu clinic at the Waterfront Safeway store where she successfully vaccinated 40 patients against the flu.



2019 Albertsons/Safeway Summer Interns celebrating the end of their internship by visiting the Stabler Leadbeater Apothecary Museum in Old Alexandria, VA. {Pictured from left to right: Claudia Adomah, Shantell Browning, Demilade Oloye, Clara Kang, Stephen Fendt, Katherine Owens, Stephanie Reid, and Alice Lu}



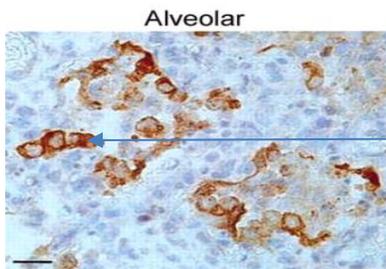
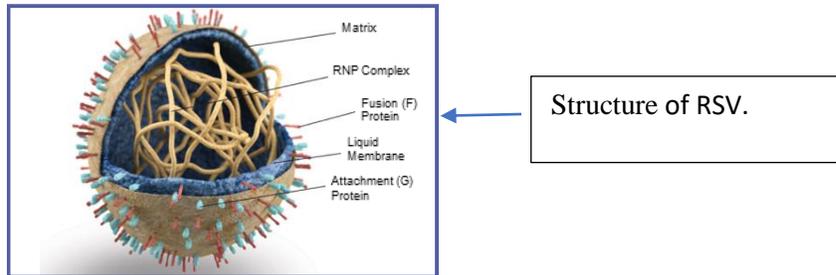
Members of the Howard University Student Pharmacist Outreach Team volunteered at the American Cancer Society's 2019 Lights of Hope Across America Ceremony. {Pictured from left to right Komal Parekh, Eselebor Okojie, and Stephanie Reid}

Commonly asked questions about Respiratory Syncytial Virus, its burden and prevention strategies

Ferdaus Hassan, PhD
Medical Science Liaison (DC/MD/VA)
Sanofi Pasteur, US Medical Affairs.
Email: Ferdaus.Hassan@sanofi.com

1. What is Respiratory Syncytial Virus (RSV)?

Ans: RSV is a single-stranded enveloped RNA virus belonging to the newly established *Pneumoviridae* family. RSV was first isolated in 1956 from chimpanzee and from children with bronchiolitis in 1957. In epithelial cell culture, it induces formation of multinucleated giant cells (syncytia), hence the name “Syncytial”.



Multinucleated giant cells (Syncytia). Immunohistochemical (IHC) staining for respiratory syncytial virus (RSV) antigen of alveolar tissue from infant with lower respiratory tract infection (LRTI).

Ref: 1) Manual of Clinical Microbiology, 2015, 11th edition, Vol 2. Page 1498-1518
2) Ruckwardt TJ et al. 2019. Immunity, Vol 51, Page 429-442
3) Wennergren G, et al. Eur Respir J 2001; 18:1044-1058
4) Welliver TP et al. J Infect Dis, 2007 (195), Page 1126-1136

2. How many types of RSV are out there?

Ans: There is only one serotype of RSV. However, it is further subdivided into two antigenic groups, RSV A and RSV B. The primary difference between RSV A and RSV B is based on variability within their G (glycosylated) protein. Among the 10 genes (encoding 11 proteins) of RSV genome, G protein is also responsible for diversifying strains. In contrast, the F (Fusion) protein is highly conserved among RSV A and RSV B, and antibodies against F protein can cross react with both subtypes.

Ref: 1) Manual of Clinical Microbiology, 2015, 11th edition, Vol 2. Page 1498-1518
2) Ruckwardt TJ et al. 2019. Immunity, Vol 51, Page 429-442

3. Does circulation of RSV have any seasonal pattern?

Ans: In the northern hemisphere, RSV circulates mainly in the winter (Nov-March) and in the southern hemisphere, RSV infections peak between May and July. In tropical countries, semiannual RSV peaks have been identified. In the US, typical RSV peaks occur between late December to mid-February. However, in more tropical states like Florida and parts of Texas, the RSV season is longer than in rest of the country. Both RSV A and RSV B can circulate in the same region in the any given respiratory season.

Ref: 1) Manual of Clinical Microbiology, 2015, 11th edition, Vol 2. Page 1498-1518
2) <https://www.cdc.gov/rsv/research/us-surveillance.html>

4. What is the disease burden of RSV in children?

Ans: RSV is known to cause serious lower respiratory tract infection (LRTI) in young children and infants. Virtually all children by age of 2 years have experienced at least one episode of RSV infection, though not all children will progress to LRTI. Most common LRTI can include bronchiolitis, tracheobronchitis and pneumoniae. Most common upper respiratory tract infections (URTI) include cough, low-grade fever, and rhinorrhea. According to CDC data, each year RSV leads to 2.1 million outpatient visits and 58,000 hospitalization among children <5 years. Of note, RSV causes more serious disease in infants than older children. A recent study found that RSV-associated hospitalization rate were 2.9 children per 1000 children <5 years and 14.7 per 1000-children <6 months old. However, the highest rate of hospitalization was observed in 1-month infants (25.1 per 1000 children). Healthy younger adults remain susceptible to RSV infection throughout their lives, but it most typically presents as a mild cold due to pre-existing immunity built up through repeat exposure.

Ref: 1) <https://www.cdc.gov/rsv/research/us-surveillance.html>
2) Rha B et al. Pediatrics. 2020, Vol 146(1): e20193611

5. Are children with underlying medical conditions more vulnerable to RSV-related hospitalization?

Ans: Some underlying medical conditions, such as congenital heart disease (CHD) and chronic lung disease (CLD), are associated with a higher risk of severe RSV disease. However, according to a recent study by CDC, most hospitalized children who were infected with RSV (67%) had no underlying comorbid conditions and no history of preterm birth.

Ref: Rha B et al. Pediatrics. 2020, Vol 146(1): e20193611

6. Is disease severity similar between RSV and Influenza in children?

Ans: No. Compared to influenza, RSV is associated with 2 times more emergency visits and 6 times more hospitalizations in children <7 years. In addition, the rate of RSV-related hospitalization is 16 times higher than influenza in children <1 year.

Ref: 1) Zhou H et al. Clin Infect Dis, 2012, 54 (10), 1427
2) Bourgeois FT et al. Pediatrics, 2009, 124 (6): e1072-80

7. What is the disease burden of RSV in adults?

Ans: Each year in the US, RSV leads, on average, to approximately 177,000 hospitalizations and 14,000 deaths among adults older than 65 years. Among adults, increased risk factors are nursing home and long-term care facility dwelling and underlying medical conditions such as heart and lung disease, COPD (Chronic obstructive pulmonary diseases) and immunocompromised conditions.

Ref: Manual of Clinical Microbiology, 2015, 11th edition, Vol 2. Page 1498-1518

8. What is the economic burden of RSV in the US?

Ans: A retrospective claims analysis covering ~10% of the US birth cohorts born between July 2003 and June 2013 showed that the average cost of hospitalization ranged from \$8324 for full-term infants covered by Medicaid to \$40,813 for pre-term infants born <29 weeks covered by commercial insurance.

While the rate of hospitalization and cost is higher for pre-term infants, the total number of hospitalizations in full-term infants in this study was 5–6 times greater than the total number of hospitalizations in the preterm group, resulting in both groups contributing similarly to the overall cost.

Ref: McLaurin, et al. J Perinatol. 2016. 36(11):990–996.

9. What are the clinical diagnostic procedures to detect RSV?

Ans: Currently, the most common methods to detect RSV are, i) Rapid antigen detection test, ii) Direct Florescent antibody detection test, iii) Nucleic acid-based detection. Due to higher sensitivity, nucleic acid-based detection is preferable over the other two assays. However, the majority of infants/children with suspected RSV infection are not tested due to Red Book recommendation.

Ref: 1) Manual of Clinical Microbiology, 2015, 11th edition, Vol 2. Page 1498-1518
2) Red Book, 2018-2021 Report of the Committee on the Infectious Diseases, 2018 by American Academy of Pediatrics

10. What are the current treatment options for RSV?

Ans: Management of young children hospitalized with bronchiolitis is supportive and should include hydration, careful assessment of respiratory status, suction of the upper airway and if necessary, intubation and mechanical ventilation. A broad-spectrum nucleoside analogue that targets RNA viruses has been associated with improved oxygen saturation during acute infection. Antibiotic treatment is not indicated for infants with RSV bronchiolitis or pneumonia unless there is evidence of concurrent bacterial infection.

Ref: Red Book, 2018-2021 Report of the Committee on the Infectious Diseases, 2018 by American Academy of Pediatrics.

11. What are the preventive treatment options for RSV?

Ans: Currently, there is no vaccine available to prevent RSV infection. At present, there is one FDA approved monoclonal antibody available and indicated for the prevention of serious lower respiratory tract diseases by RSV in children with high-risk condition such as bronchopulmonary dysplasia (BPD), infants with a history of premature birth (less than or equal to 35 weeks gestation age) and children with hemodynamically significant congenital heart disease (CHD). In addition, Red Book recommends that prophylaxis may be considered during the RSV season for preterm infants with chronic lung diseases (CLD), preterm infants (born before 29 weeks) without CLD or CHD, children with anatomic pulmonary abnormalities and neuromuscular disorders. This monoclonal antibody prevents virus entry into the host cell by targeting F protein which is most conserved and must be administered monthly during the respiratory season.

Ref: 1) Red Book, 2018-2021 Report of the Committee on the Infectious Diseases, 2018 by American Academy of Pediatrics.

12. Why don't we have a vaccine yet?

Ans: Earlier attempts in 1960 to develop vaccine was not successful and resulted enhancement of diseases and increased mortality in the vaccine group. These adverse outcomes together with lack of established animal model and established serological marker have hampered vaccine development. In the past several years, significant progress has been made towards vaccine candidates. Currently, there are 19 vaccines and monoclonal antibodies for different target population are in clinical trials.

Ref: 1) Foley DA et al. Journal of Pediatrics and Child Health, 2020, Vol 56, Pages 1865-1867

2) Mazur NI et al. Lancet Infect is, 2018 (18), e295-311

13. What are the strategies under development to prevent RSV infection in children?

Ans: There are three different strategies, 1) Passive immunization with second generation monoclonal antibody with extended half-life, 2) Maternal immunization, promoting maternal antibody development and transfer to the fetus during pregnancy, and 3) Active immunization of infants. According to recent CDC modeling study, a long-acting monoclonal antibody candidate targeting all infants would prevent the most LRTIs: 196,470 (48% of visits without immunization) outpatient clinic visits, 75,250 (51%) Emergency depts visits and 18,140 (55%) hospitalizations.

Ref: Rainisch G et al. *Vaccine*, 2020 (38), pages 251-257

President's message from page 1

First and foremost, I would like to welcome all our newly elected 2021 WMSHP Society Officers, President: (myself) Ashok Ramalingam, PhD, RPh; Immediate Past President: Vaiyapuri Subramaniam, PharmD; President-elect: Dhakrit Rungkitwattanakul, PharmD; Secretary: Tina Patel, PharmD; Treasurer: Opeoluwa Fagbemi, PharmD; WMSHP Board Members: John Quinn, MS, RPh and Marilyn Farinre, PharmD; ASHP Delegates: Michelle Eby, PharmD, Kit Wong, PharmD; ASHP Alternate Delegate: Meenakshi Shelat, PharmD. I will take this opportunity to also thank our 2020 outgoing Past President: Sadhna Khatri, PharmD and outgoing Board Member: Jamila Jordan, PharmD for their dedication and service to WMSHP. On behalf of our society members, I thank you all for your dedication and willingness to serve in these volunteer leadership positions.

Membership to WMSHP offers many benefits for our pharmacy professionals, such as tailored CE opportunities for fulfilling licensure requirements for DC, MD, and VA, as well as professional recognition through awards and student monetary awards etc. We thank members who have renewed their 2021 membership and encourage others to renew or become a member to benefit from our many members-only free CE and other learning opportunities offered throughout the year. You can visit this site <http://wmsHP.org/membership-form.php> for membership information on fees for various categories and one-click easy online payment options. We request you to share this information with your professional friends and co-worker or colleagues. We have a number of activities on the calendar that will be posted on WMSHP website (www.wmsHP.org) and communicated through our members' email distribution listserv.

I also acknowledge the contribution from our colleagues on their articles in this newsletter and invite our members to come forward to propose new articles of interest. My thanks to our newsletter editors (CAPT. John Quinn and Drs. Tiffany Tseng and Theresa Chan) for their diligence and insights in ensuring the quality and success of the WMSHP newsletter.

I welcome you to join our next two part WMSHP virtual educational event on Thursday, February 18, 2021 at 6:00 pm EST. During the first 30 minutes (non-CE credit), we have Ms Yildiz Volyes, Senior Area Manager Speciality from CSL Behring Biotherapies for Life showcasing KCENTRA® (prothrombin complex concentrate (human)) for intravenous use, lyophilized powder for reconstitution. Following this will be ACPE accredited 1 hour CE presentation titled, "Assessment of renal function in transgender patients with HIV" by Dr. Dhakrit (Jesse) Rungkitwattanakul, PharmD, BCPS, WMSHP President-elect, WMSHP, Assistant Professor, Howard University College of Pharmacy, Washington DC. I hope to see most of our members supporting our new President Elect's CE presentation.

Stay connected, sane, sound, safe, and smart by following all the necessary simple precautions such as washing your hands frequently with soap, wearing masks, maintaining social distance, and avoiding social gatherings.

Wishing safety to you and to your loved ones.

Ashok Ramalingam. RPh, MS, PhD, DPharm, CPPS,
President, Washington Metropolitan Society of Health-System Pharmacists.

*****Upcoming WMSHP CE events*****
*****Mark your Calendars now*****

February 18th 6 pm EST Ms. Voyles, a senior area manager specialty from CSL Behring, will be discussing the use of KCENTRA® (Prothrombin Complex Concentrate (Human)) and WMSHP President Elect Dhakrit (Jesse) Rungkitwattanakul, Pharm.D., BCPS will be presenting our one contact hour CE presentation on “The challenges in assessing renal function in transgender patients with HIV” that will explore the evidence of adverse effects from pre-exposure prophylaxis of HIV among transgender patients.

March 25th 6 Pm EST Kristen T. Pogue, PharmD, BCCP Clinical Pharmacy Specialist and Residency Program Director University of Michigan College of Pharmacy will speak on “Opportunities to Optimize Care in Pulmonary Arterial Hypertension”. This is a one-hour ACPE-approved presentation. We are partnering with Pharmacy Times in this presentation. As in the past they will be donating \$25 dollars per attendee to a local food bank. Thank You Pharmacy Times!!

Email invitations will be sent out for each of these events in the future.

CHINESE EXPRESS

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WMSHP members get 10% off your order once you mention this ad.



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And

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Advertising Opportunities

The WMSHP newsletter will start accepting half page advertisements as part of the newsletter.

For small businesses and hospitals, the rate will be \$20 a month or \$100 a year. For drug companies and larger medical related businesses, the rate will be \$30 a month or \$200 a year

Advertisements must be emailed to webwmsph@gmail.com by the 15th of the month to be included in the next newsletter. Both print images are acceptable.