



THE S M A NEWS

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The Centre aims to help diabetes patients in the control of their blood sugar. This is the crucial step in the prevention and delay in the onset of complications.

■ A DIABETES CENTRE IN THE COMMUNITY

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The first neighbourhood diabetes centre has been set up in Singapore. It will help the family doctor and the patient in the struggle against diabetes. This is the Diabetes Education and Care Centre located in Hong Kah Community Club at Jurong West Street 52.

Diabetes is the sixth cause of death and also probably contributes to death from ischaemic heart disease and strokes. There are some ten percent of patients who have diabetes in Singapore and about half are not diagnosed.

Aims and services

The Centre is in line with the current thinking in diabetic care. Experience in the United States and United Kingdom have shown the community-based diabetic care to be an effective control strategy. A centre in the community can work more closely with the local family doctor and the patient. It is the first 10 – 15 years of blood sugar and risk factor control that count in the effective prevention and delay of complications in NIDDM.

The Centre aims to help diabetic patients in the control of their blood sugar. This is the crucial step in the prevention and delay in the onset of complications. The Centre enables patients in their fight against poor diabetic control through a diabetes health education package, advice on foot care and blood sugar monitoring skills. In addition, it also provides retinal photography, HBA1c and diabetes blood sugar screening services. The Centre receives referrals for these services from the neighbourhood general practitioners and directly. For those patients seen directly, the results are given to them to be handed to their doctors.

The Centre is run by a team of three trained nurses from the Ministry of Health: Nursing Officer Yeo Chwee Fong, Nursing Officer Yeoh Geok Cheng and Staff Nurse Ng Soh Mui, and a receptionist Miss Vimala Bai. The telephone number of the Centre is 564-9818.

Pilot

The Centre in the community is a pilot project by the Ministry of Health, the Diabetic Society of Singapore and the Sembawang-Hong Kah Community Development Council (CDC). It was opened by the Deputy Prime Minister, Dr Tony Tan on Feb 22, 1998.

The support of the Community Development Council (CDC) in this project is an important factor because it can reach out to people with diabetes and their family doctors. It can also advise people with risk of diabetes to come

It will help the family doctor and the patient in the struggle against diabetes

forward for screening at the Centre. Those at risk of NIDDM are subjects who are overweight, 40 years and older, positive family history of diabetes and history of delivering large babies at birth. If they are found to be diabetic, they will be referred to their family doctors for further management. A review of the visits to the centre in the first few weeks shows that two-thirds are referrals from the doctor.

The Diabetic Society of Singapore (DSS) and the Ministry of Health have worked hard to set this pilot project in motion. The services provided at the Centre will fill the vacuum that presently exists in diabetic care. The family doctor can now utilise the services at the Centre to develop his patient's skills in healthy food choice and glucose self monitoring. He can also refer the patient for retinal photography and laboratory testing as part of the annual and more frequent surveillance system. ■

A/PROF GOH LEE GAN

(In April Issue: New Thinking in Diabetic Care)

A STRONGER SHIP IN TUMULTUOUS WATERS

It is customary to take stock this time of the year, of what was achieved in the past year in preparation for the Annual General Meeting in April. The reports that are published in this year's annual report reflect policies adopted by the team at the helm of SMA in recent years.

The SMA membership has increased in tandem with the stature of the organisation. Its membership has increased by 700 doctors in the past three years. The total membership of SMA is now 3186 out of 4912 doctors presently registered with the Singapore Medical Council (SMC). In terms of percentage, this works out to be 65%. Historically, the percentages of SMA over SMC members by year have increased from around 56% before 1994 to 60% in 1995, 62% in 1996 to the present high of 65% (see figure).

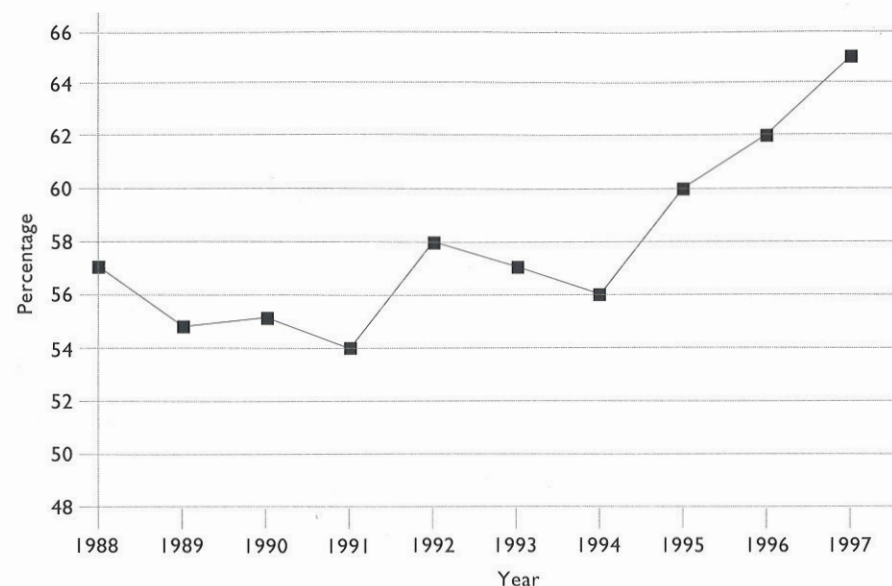
The percentage increase is particularly marked in the sector representing the doctors in government/restructured sector. Almost three-quarters of all doctors presently in this sector are members, up from less than half prior to 1994. Beyond numbers, what is more significant is that senior members of our profession who were not members or who may have resigned in the past are now members. We are even more truly the national organisation.

The New Singapore Medical Journal (SMJ) incorporating the SMA-News launched in January 1997 continues to play its role as the monthly forum of the profession. It publicises and reports the activities of many medical organisations in Singapore. It also stimulates debate and discussion on important health policy issues.

Three ethical initiatives were taken in the year. Firstly, the Advisory Committee on the Advertisement Guideline set up with the endorsement of the authorities has produced clear statements as to what are acceptable for clinic advertisements. Secondly, the Ethics Committee published a public document defining how the committee manages cases. Thirdly as a follow-up to last year's ethics convention, a joint ethical guideline would be published governing relationships between the medical profession and the pharmaceutical industry.

In the light of these initiatives, the recent need to define the professional role of the doctor versus the retail pharmacists in treating minor ailments therefore seems more of a distraction. The undercurrent still lurking belies the need for greater transparency in practice matters such as the fees charged to patients for various services rendered. The SMA would further encourage more doctors to clearly define their

Percentage of SMA Members over Total Registered with SMC, 1988 - 1997



"the percentages of SMA over SMC members by year have increased from around 56% before 1994 to 60% in 1995, 62% in 1996 to the present high of 65%."

consultation fees as distinct from fees of other services delivered in clinics. In this connection, a guideline of consultation fees during extended opening hours and in 24-hour clinics would be published later this year.

Commercial forces that are bent upon making a quick buck from patients are continually testing the ethical fabric of medicine. Who should protect the interest of the patient? The Singapore Physician Pledge places that on the doctor who must swear to put the interest of the patients as his first consideration. It is the duty of every doctor, as physicians, as practitioners and hopefully as members of the SMA to ensure that these commercial forces are harnessed to serve patients in an accountable manner.

During one of the medical 'social' functions, that I had to attend, a past president of SMA quipped that my presidency is certainly more tumultuous than his. I am not sure whether his comments were one of envy as he was denied challenges that would display his leadership or were it out of pity, as I probably appeared sapped from the past years of managing this beleaguered ship of state. However, we readily agreed that it is fortunate for the profession that SMA is now a stronger institution. We now have a stronger ship that would not only weather the present storms but sail a chartered direction for the medical profession in Singapore. ■

DR CHEONG PAK YEAN

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PROFESSIONALISM AND THE MEDICAL HUB

As we set our sights to take a leadership role in the regional medical hub, we should also examine our professionalism. Will we be seen as a nation of doctors who are commercial entrepreneurs? Ultimately, we need to view ourselves in relation to the world around us.

We have the Singapore Physician's Pledge. Our doctors upon graduation read it aloud. There is a need for us to ensure that all our doctors practice medicine to the spirit of it.

The general trend in recent years is the pushing back of the frontiers of medical ethics in the name of entrepreneurship. Whilst we may convince ourselves that this acceptable, we need be mindful of the values of the doctors in the region.

The gamma knife incident a year ago is a good case in point. The Malaysian doctors viewed the promotion of this new modality to a group of doctors and the public in Kuala Lumpur by a Singaporean doctor to be ethically unacceptable and indeed lodged a complaint with the Singapore Medical Council.

The recent press publicity of what is viewed to be an experimental treatment for brain tumour is another case in point. The prevailing medical ethical attitude is that the medical professional should refrain from publicity of such matters in the press.

Medical ethical waters are also being tested by certain doctors by the nature of their

commercial involvement with non-doctors. These activities are closely watched as they have serious implications on our ethical fabric.

In the strongly entrepreneurial environment of Singapore, there is a need for the Singapore Medical Council and the Singapore Medical Association to chart the direction of the professionalism upon which we sail our way to the medical hub. And that professionalism must be based on the paradigm of the patient's interests above all else. The medical profession cannot afford to lose the trust of the patient, whether the patient is a local or a regional one. ■

A/PROF GOH LEE GAN

News from Council

1. Resolution regarding "PROFIT GUARANTEE" that reads as follows was passed at the SMA Council Meeting on 11 March 1998:

"Medical practitioners who are involved directly or indirectly in the provision of medical services associated with profit guarantees, whether imposed upon or voluntarily undertaken by them, are putting themselves at increased risk of unethical behaviour, arising from patients' interests no longer always being their first consideration."

We have communicated our concerns on this issue to the appropriate organisations.

2. Updates on Guidelines for Advertising of Healthcare Establishments in the Singapore Yellow Pages

3.1.2 (a) The Yellow Pages (guidelines for hospitals and nursing homes only). Box advertisements for hospitals should not be larger than 2 column width x 1 page.

3.1.2 The Yellow Pages (guidelines for hospitals, nursing homes and medical clinics)

3.1.3 a) Bolding is permitted and need not be limited to those with box advertisements.

b) The colours allowed are black, red, yellow and white.

3. Consultation fees for extended hours and 24-hour clinics

The issue of consultation fees for clinics which are open beyond the usual clinic hours was discussed in Council and with doctors who operate such clinics. The following ideas are presented for further feedback. Two ranges of fees were considered necessary for such clinics for outside the usual clinic hours.

After usual clinics hours to midnight \$25 - \$55

After midnight to before usual clinic hours \$50 - \$80

Usual clinic hours shall be taken as that stated by the clinic themselves. It was felt that even though some clinics operate on a 24-hour basis, they should still state their usual clinic hours where the usual SMA recommended guideline on consultation fees would apply.

The issue of whether such clinics would then be tempted to define their range of clinic hours very narrowly was discussed. It was felt that the usual consultation fees must apply from 9am to 9pm from Mondays to Fridays and from 9am to 1pm on Saturdays. There was no consensus regarding this matter for Sundays and Public Holidays.

The guideline would be finalised later this year.

4. Important Drug News

1. Safety alert for low-molecular-weight heparins and heparinoids (see page 123 of the Scientific Section)

2. Reclassification of preparations containing phenolphthalein from GSL to POM (see page 126 of the Scientific Section)

5. Change of address of MPS Legal Advisers

Dr Myint Soe
Myint Soe, Mohamed, Yang & Selvaraj
111 North Bridge Road
Peninsula Plaza #24-03
Singapore 179098
Tel 334 3811 Fax 334 3116

Mr Karuppan Chettiar
Karuppan Chettiar & Partners
1 Colombo Court #06-05
Singapore 179742
Tel 299 9500 Fax 333 0455

6. REMINDER: MC where patient is medically unfit to attend court/judicial proceedings

Doctors are reminded to comply with the Court's requirements regarding medical certificates issued to patients for the purpose of excusing them from attending Court on medical grounds. These requirements were circulated in the March 1997 SMA Mailbag. We have re-printed them in this month's mailbag for your reference. Private practitioners should note that non possession of medical certificates in the format of or similar to Form 17A should not be used as an excuse for non compliance with the requirements. The requisite information can be provided in any certificate printed for that purpose or an attached memorandum as devised in the circular. ■

I was rejected many times and much disheartened, but, it never occurred to me to give up. I believe it was the strength of my unexplainable passion that pulled me through the many obstacles.

■ MY PASSION FOR MUSIC

"Oh Carol, I am but a fool, ..." was one of my favourite songs. I remember singing it most when I was in Primary 4. I loved singing since young. It was only until my secondary school days that my natural sense of music began to surface. I started venturing into music on my own, learning music theories through self-study books and even composed songs for fun. I explored different types of music, from classical to contemporary and gospel, as I am a Christian. I also started to sing on stage. I loved to perform, seeking every opportunity to sing.

Of course, my craze for music rather upset my parents. They were worried that it would affect my studies. Despite their disapproval, I continued my music venture and even participated in the then biggest Amateur Singing Contest, in Hong Kong. I won the 2nd prize. At the same time, I was able to prove to my parents that my passion for music did not affect my studies. I was accepted by the Medical Faculty of the University of Hong Kong. If given a choice, I would have gone abroad to pursue music. It would have been a disaster had I even mentioned this to my parents. So I ended up studying medicine.

During my University days, I hardly had time for anything else but my studies. Surprisingly, my passion for music grew stronger each day. After graduation, I started to explore more seriously into different aspects of music such as composing, music arrangement and lyric-writing. Although singing was still my favourite, I was constrained by my profession due to irregular working hours and, I must admit, the image factor. On the other hand, without proper musical training, there was no way I could progress in composing or music arrangement. To compromise those situations, I decided to try lyric-writing, which I have never thought of previously. I could write whenever I have the time and I need not perform in public.

To describe it mildly, it was hard work from the very start. Lyric-writing requires creativity, music knowledge and a good language background. Being a medical person, I was handicapped by all these factors. At that time, Cantonese songs were most popular in Hong Kong and that prompted me to write Cantonese songs. It was a new challenge for me. I poured over



Dr Henry Chan with record producer in EMI studio

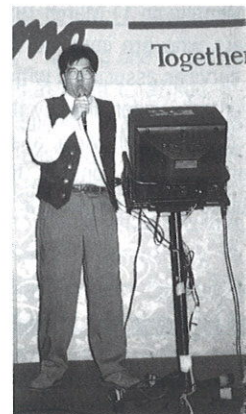
music books that I could lay my hands on, listened to music, studied Chinese poems and even forced myself to read novels, which I did not usually do. I became more observant to details that we tend to take for granted in our daily life. All these gave me unlimited knowledge, ideas and inspiration. Sometimes, an idea or a phrase just popped up even in my dreams. After several incidents where I could not recall the inspirations that I experienced the night before, I resorted to getting up in the middle of my sleep and scribbling down whatever that came to my mind.

After a year or so of self-practice, I put my learning to test. I participated in an Amateur Lyrics Writing Competition sponsored by Radio Hong Kong. The prize attached was that Alan Tam, the most popular artist in Hong Kong at that time, will sing the winning songs. I was 2nd again.

Winning the prize was not enough for me. In fact, this was just the beginning of another part of my life. It was not so smooth sailing though. Much as I wanted to pursue the subject in depth, I could not find a proper training course that I could enrol myself in. Competition was great and without good connections with music producers and record companies, you cannot get anywhere. With sheer determination, I struggled my way through. I was rejected many times and much disheartened but it never occurred to me to give up. I believe it was the strength of my unexplainable passion that pulled me through the many obstacles.

Finally, my opportunity came. It was the ABU World Song Festival in which the 1st Prize Winner would represent Hong Kong to compete with other Asean countries. I came in 1st and

represented Hong Kong. After that, I became a member of The Composer and Author Society of Hong Kong (CASH). This was the start of my second career as a professional lyrics writer. I became an in-house lyrics writer for EMI and Capital Artist. I wrote songs for famous artists such as Lisa Wang, Andy Lau, Francis Yip, Roman Tam, the late Danny Chan, etc. I took on two professions at the same time, not for the monetary gain but for self satisfaction. To be honest, the pay as a lyrics writer was meagre. Life was not at all easy, especially when I started on my own clinic. Sometimes, I had to complete two songs within a day. There was no way but to sacrifice my sleep and family life. Luckily, I have a very understanding and supportive wife.



Dr Henry Chan singing on stage

In 1989, my wife and I immigrated to Singapore and that ended my career as a lyrics writer in Hong Kong.

In Singapore, probably because I needed time to adapt myself to the environment and blend in with my new citizens, I was not so actively involved in music. I only wrote a few mandarin songs for the Singapore Broadcasting Corporation (SBC) for their drama series through a friend of mine who was working in SBC. I remember, one of the songs, sung by Andy Lau, was broadcast in a drama series entitled **男欢女爱** in 1992.

Until today, music is still very much a part of me. In fact, I am exploring the possibilities of music and sound to complement the conventional medical therapy. The western countries are already looking into this area. I hope that one day, I can realise my vision of combining my two favourite subjects into one – the "Music and Sound" therapy for my medical practice. ■

DR HENRY CHAN KAH KWOK

TO DADDY

Daddy I notice that of late
You look weary and forlorn
As if weighed down
By a million worries
Of unrequited love
And of fortune that has blown

Your mind is ill at ease
It's clearly shown in your face
Especially your eyes Daddy
Gone is the gentle grace
It's frightening and disturbing Sir
They appear to be filled with hate

It saddens Mummy brother and sister too
We want to share your troubles
But you'd rather keep to yourself
Insisting that you're the leader
The most experienced and knowledgeable
Who else in the family you ask is better

So over and over and again and again
We hear the familiar refrain
"Have faith in me my loved ones
It will not be in vain
Never doubt you're in good hands
Trust my judgement and good sense"

Oh Daddy rest assured we'll ne'er forget
For what you have done for us
We thank you forever and ever
For what you have given us
But now that we have all grown up
It's time for us to play our part

You have laid a solid foundation
Pray give a chance to the second generation
To build upon your creation
How else can we prove our mettle
But to move to the driver's seat
And to stand on our own two feet

Experience knowledge and wisdom
Pass from generation to generation
But it's important too
To pass along the baton
Why test the patience
Breeding resentment upon frustration

Trust us Daddy as we have trusted you
Remember we inherited your genes
Encourage us to participate
Or else we'll vegetate
Believe in our integrity
And let us show our ability

Eyes will become dimmed
Hearing impaired
Movements laboured
And minds slow to react
Individuals will fade away
But others will take their place

Yes father knows best
And you have proven yourself
But Daddy my Daddy
You are trying too hard
Don't worry be happy we're around
Daddy oh Daddy please let your hair down

GARFIELD

... nothing comes for free. An association with a famous name can be costly. What is there in it for them? Pure altruism?

■ SINGAPORE: A PATIENT TRANSIT LOUNGE?

Recently, a world-class foreign institution announced that it is setting up a facility within a local tertiary hospital. I personally welcome this at face value. After all, if Singapore did not take up this offer, someone else certainly would and then we would lose this golden opportunity to be tied up with a prestigious institution.

Certainly, there is much that the entire medical profession can learn from a good foreign institution. And I hope that such a foreign institution can conduct a meaningful technology and skill transfer; not just to the institution hosting them, but to the entire healthcare milieu they are in.

But nothing comes for free. An association with a famous name can be costly. What is there in it for them? Pure altruism? Will they provide the advanced care here in Singapore so that we can learn from them or will patients be transferred to the "mother" institution back home for treatment, thereby reducing its local facility into a "transit" lounge or a referral "funnel"? This is possible, given the good air-links Singapore enjoys with the rest of the world.

Other questions that need answering include: Will Medisave, Medishield and Medifund as well as subvention be made available when the public goes for these top-notch quaternary services? Will there be safeguards and checks in place to monitor if these services are as cost-effective as the lesser or less than quaternary services currently offered? The key term is "cost-effective", and not just "effective". And since there is no competition for these quaternary services to be offered (as so claimed), what will happen if a monopoly is created? Will local manpower such as bonded Medical Officers and Registrars etc be deployed in such facilities whereby there is obviously a foreign interest? And what experts will be sent here? Yesterday's "experts" now in the sunset of their careers, young consultants who happen to work in a world-class institution or real world-class "current" experts? How long will they be here? Years? Months? Or just weeks or even days? And finally, who pays for the buildings, fixtures i.e. development costs?

It is early days yet. Let us not fret first. After all, before two parties enter into a nuptial

agreement, there must first be trust between them. Besides, selling coffee and sandwiches in a transit lounge can still be a lucrative business, although not very intellectually stimulating. ■

THE HOBBIT

SMA 38TH ANNUAL GENERAL MEETING

Date : Sunday, 19 April 1998
Venue : Alumni Auditorium
Time : 2.00 pm

Lunch will be served from 2 pm at the Medicus Cafe, Level 1
Singapore Medical Association
2 College Road
Singapore 169850

Please call the SMA at 223 1264 to confirm your attendance

SMA ANNUAL DINNER

Date : Saturday 25 April 1998
Venue : Oriental Hotel
Time : 7.30pm

Cost : \$620 per table

For more enquiries, please call Mrs Emily Ong at Tel : 223 1264

FREE PARKING

WIN A RETURN AIR TICKET TO MELBOURNE

WORLDWIDE PRODUCT CIRCULAR

WPC-VAQ-I-0996

VAQTA*

[Hepatitis A Vaccine, Purified Inactivated, MSD]

I. THERAPEUTIC CLASS

VAQTA* is an inactivated whole virus vaccine which has been shown to induce antibody to hepatitis A virus protein.

II. INDICATIONS

VAQTA is indicated for vaccination against infection caused by hepatitis A virus.

III. DOSAGE AND ADMINISTRATION

DO NOT INJECT INTRAVENOUSLY, INTRADERMALLY, OR SUBCUTANEOUSLY

The vaccination series consists of one primary dose and one booster dose given according to the following schedule:

Pediatric/Adolescent

Individuals 2 through 17 years of age should receive a single 0.5 mL (~25U) dose of vaccine at elected date and a booster dose of 0.5 mL (~25U) 6 to 18 months later.

Adult

Adults 18 years of age and older should receive a single 1.0 mL (~50U) dose of vaccine at elected date and a booster dose of 1.0 mL (~50U) 6 months later.

VAQTA is for intramuscular injection. The deltoid muscle is the preferred site for intramuscular injection.

Known or Presumed Exposure to HAV/Travel to Endemic Areas Use With Immune Globulin

VAQTA may be administered concomitantly with IG using separate sites and syringes. The vaccination regimen for VAQTA should be followed as stated above. Consult the manufacturers product circular for the appropriate dosage of IG. A booster dose of VAQTA should be administered at the appropriate time as outlined above (see DRUG INTERACTIONS).

The vaccine should be used as supplied; no reconstitution is necessary.

Shake well before withdrawal and use. Thorough agitation is necessary to maintain suspension of the vaccine.

Parenteral drug products should be inspected visually for extraneous particulate matter and discoloration prior to administration whenever solution and container permit. After thorough agitation, VAQTA is a slightly opaque, white suspension.

It is important to use a separate sterile syringe and needle for each individual to prevent transmission of infectious agents from one person to another.

IV. CONTRAINDICATIONS

Hypersensitivity to any component of the vaccine.

V. PRECAUTIONS

Individuals who develop symptoms suggestive of hypersensitivity after an injection of VAQTA should not receive further injections of the vaccine (see CONTRAINDICATIONS).

If VAQTA is used in individuals with malignancies or those receiving immunosuppressive therapy or who are otherwise immunocompromised, the expected immune response may not be obtained.

VAQTA will not prevent hepatitis caused by infectious agents other than hepatitis A virus. Because of the long incubation period (approximately 20 to 50 days) for hepatitis A, it is possible for unrecognized hepatitis A infection to be present at the time the vaccine is given. The vaccine may not prevent hepatitis A in such individuals.

As with any vaccine, adequate treatment provisions, including epinephrine, should be available for immediate use should an anaphylactic or anaphylactoid reaction occur.

As with any vaccine, vaccination with VAQTA may not result in a protective response in all susceptible vaccinees.

Any acute infection or febrile illness may be reason for delaying use of VAQTA except when, in the opinion of the physician, withholding the vaccine entails a greater risk.

VI. PREGNANCY

Animal reproduction studies have not been conducted with VAQTA. It is also not known whether VAQTA can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. VAQTA should be given to a pregnant woman only if clearly needed.

VII. NURSING MOTHERS

It is not known whether VAQTA is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when VAQTA is administered to a woman who is breast feeding.

VIII. PEDIATRIC USE

VAQTA has been shown to be generally well-tolerated and highly immunogenic in individuals 2 through 17 years of age. See DOSAGE AND ADMINISTRATION for the recommended dosage schedule.

Safety and effectiveness in infants below 2 years of age have not been established.

IX. DRUG INTERACTIONS

Use with other Vaccines

Data are not yet available to recommend concurrent use with other vaccines.

Use With Immune Globulin

For individuals requiring either post exposure prophylaxis or combined immediate and longer-term protection (e.g. travelers departing on short notice to endemic areas), VAQTA may be administered concomitantly with IG using separate sites and syringes.

X. SIDE EFFECTS

No serious vaccine-related adverse experiences were observed during clinical trials.

Children/Adolescents - 2 through 17 Years of Age

In combined clinical trials involving 2595 healthy children and adolescents (including the Monroe Efficacy Study, a placebo-controlled study of 1037 participants) who received one or more ~25U doses of hepatitis A vaccine, fever and local complaints were observed during a 5-day period following vaccination and systemic complaints during a 14-day period following vaccination. Injection-site complaints, generally mild and transient, were the most frequently reported complaints. Listed below are the complaints (≥1%) reported, without regard to causality, in decreasing order of frequency within each body system.

LOCALIZED INJECTION-SITE REACTIONS (generally mild and transient)

Pain (18.7%); tenderness (16.8%); warmth (8.6%); erythema (7.5%); swelling (7.3%); ecchymosis (1.3%).

BODY AS A WHOLE

Fever (≥102°F, Oral) (3.1%); abdominal pain (1.6%).

DIGESTIVE SYSTEM

Diarrhea (1.0%); vomiting (1.0%).

NERVOUS SYSTEM/PSYCHIATRIC

Headache (2.3%).

RESPIRATORY SYSTEM

Pharyngitis (1.5%); upper respiratory infection (1.1%); cough

(1.0%).

LABORATORY FINDINGS

Very few laboratory abnormalities were reported and included isolated reports of elevated liver function tests, eosinophilia, and increased urine protein.

Adults - 18 Years of Age and Older

In combined clinical trials involving 1529 healthy adults who received one or more ~50U doses of hepatitis A vaccine, fever and local complaints were observed during a 5-day period following vaccination and systemic complaints during a 14-day period following vaccination. Injection-site complaints, generally mild and transient, were the most frequently reported complaints. Listed below are the complaints (≥1%) reported, without regard to causality, in decreasing order of frequency within each body system.

LOCALIZED INJECTION-SITE REACTIONS (generally mild and transient)

Tenderness (52.6%); pain (51.1%); warmth (17.3%); swelling (13.6%); erythema (12.9%); ecchymosis (1.5%); pain/soreness (1.2%).

BODY AS A WHOLE

Asthenia/fatigue (3.9%); fever (≥101°F, Oral) (2.6%); abdominal pain (1.3%).

DIGESTIVE SYSTEM

Diarrhea (2.4%); nausea (2.3%).

MUSCULOSKELETAL SYSTEM

Myalgia (2.0%); arm pain (1.3%); back pain (1.1%); stiffness (1.0%).

NERVOUS SYSTEM/PSYCHIATRIC

Headache (16.1%).

RESPIRATORY SYSTEM

Pharyngitis (2.7%); upper respiratory infection (2.8%); nasal congestion (1.1%).

UROGENITAL SYSTEM

Menstruation disorder (1.1%).

Local and/or systemic hypersensitivity reactions occurred in <1% of children, adolescents, or adults in clinical trials and included the following regardless of causality: pruritus, urticaria, and rash.

As with any vaccine, there is the possibility that use of VAQTA in very large populations might reveal adverse experiences not observed in clinical trials.

XI. OVERDOSAGE

There are no data with regard to overdose.

XII. AVAILABILITY

Pediatric / Adolescent

VAQTA Single Dose Prefilled Syringe

(25U/0.5 mL)

VAQTA Single Dose Prefilled Syringes (5's)

(25U/0.5 mL)

Adult

VAQTA Single Dose Prefilled Syringe

(50U/1 mL)

VAQTA Single Dose Prefilled Syringes (5's)

(50U/1 mL)

XIII. STORAGE

Store vaccine at 2-8°C (36-46°F). DO NOT FREEZE since freezing destroys potency.

* Trademark of Merck & Co., Inc. Copyright Merck & Co., Inc. 1996 Whitehouse Station, NJ, USA. All rights reserved.

SMA Classified Ads

■ FOR SALE/RENTAL

Clinic space available at Mount Alvernia Hospital – our medical centre has clinic spaces for lease to specialists who intend to practice full time at the medical centre. For enquiries, please contact Jennifer at Tel: 359 7810.

For Sale: Prime Clinic space at Mount Elizabeth Medical Centre. Approximately 1,200 sq ft. Please page 9504 7976 or fax enquiry to 467 0254.

Clinic space available immediately at fifth floor of The Promenade, 300 Orchard Road. Approximately 600 sq ft. Please contact Dr Leong at 742 9011 during office hours for further details.

Established medical clinic at populated HDB for takeover. Opposite hawkers centre, next to multi-storey carpark, beside coffee shop and grocery store. One minute away from wet market and community centre. Industrial estate nearby. Good patients load and company contracts. Suitable for GP and specialists practice. Low monthly rental. Page 9412 2636.

For Sale. Prime Clinic Space at Gleneagles Medical Centre. Please page 9802 5478 or call Tel 471 0564.

■ LOCUMS AVAILABLE

Private medical practitioner of long years of working experience is seeking part-time locum

services as general practitioner in any GP clinics in District 14, 15 or 16, mostly because of compulsion from old clients. Any doctor who is interested may contact me on Tel 241 3431 for information.

■ POSITIONS AVAILABLE

Medical group urgently requires full-time doctors and regular locums to run four clinics. Flexible working arrangement. Salary with profit-sharing included. View to partnership. Terms negotiable. Interested please page 9202 1896.

Expanding HDB clinic looking for young, determined doctor as long term locum/partner; basic salary plus generous bonus/incentive scheme including option to takeover. Please page 9516 7082.

Doctor required to help manage clinic in Orchard Road. Experience in Dermatology an advantage. Please call Jamie at 734 3324 for interview.

Full-time permanent assistant doctor required in HDB clinic on long-term basis. Must be committed and be able to run the clinic independently on all shifts. Long-term profit-sharing/joint venture preferred. Please call 9238 3719 for a discussion. Thank you.

Physicians needed: Full-time (2 or 3 sessions per day) and part-time in HDB practices (Ang Mo Kio and Serangoon Central). Salary + profit sharing. Call 283 7998 for interview appointment.

Medical Advisory Board Mount Elizabeth Hospital

CARDIOLOGY, THORACIC & CARDIOVASCULAR SURGERY SPECIALTY GROUP

TALK

Thursday, 23 April 1998
1.00 pm to 2.00 pm

TOPIC
Hormonal Replacement Therapy for Menopause
– Cardiovascular Benefits and Risks

SPEAKER
Dr Susan Quek
Case Presentation : "A Cardiothoracic
Cause of Giddiness"
– Dr James Wong

CHAIRMAN
Dr Low Lip Ping

VENUE
Seminar Room 1, Education Centre
Mount Elizabeth Medical Centre #02-01
Singapore 228510

Lunch is sponsored by Mount Elizabeth Hospital
and will be served at 12.00 pm

**This talk has been accredited
with one CME point
All doctors are welcome**

REPLY BY FAX: 296 0005

☐ **YES!** I am interested in receiving more information on Hepatitis A disease and VAQTA™ Hepatitis A vaccine

☐ **YES!** I would like a MSD medical representative to visit me

Name: _____

Title: _____

Address: _____

_____ Singapore: _____

Tel: _____ Fax: _____

MSD MERCK SHARP & DOHME

Singapore Branch 300 Beach Road #13-02 The Concourse Singapore 199555 Tel: (65) 296 7772 Fax: (65) 296 0005

UNIVERSITY OF WALES



COLLEGE OF MEDICINE

THE DIPLOMA IN PRACTICAL DERMATOLOGY

Department of Dermatology

This is an extramural structured programme in dermatology designed to equip the general practitioner with a sound practical understanding of skin disease as it presents in practice. The course is divided into three modules each of ten weeks. The fee for each module is £665. There are structured reading and written tasks, integrated with your practice, and audio cassettes.

**A four day study meeting will be held in
Singapore.**

Continual assessment and a final examination in Cardiff lead to the Diploma in Practical Dermatology. The next Diploma in Practical Dermatology course, organised by the University of

Wales College of Medicine, will start in September 1998 and is open to all general practitioners.

For further details, please contact:

Miss Samantha Evans,

Dermatology Postgraduate Centre,

University of Wales College of Medicine,

Grove Mews, 1 Coronation Road, Birchgrove,

Cardiff CF4 4QY, Wales, U.K.

Tel: 01222 621952 (International +44 1222 621952)

Fax: 01222 621953 (International +44 1222 621953)

E-mail: EvansSJ@Cardiff.ac.uk

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The Singapore Anti-Tuberculosis Association (SATA) invites applications for:

CONSULTANT RADIOLOGISTS

The Job:

The Radiology Department, with four Consultant Radiologists at present, undertakes a large number of chest and general X-rays, mammograms as well as contrast media studies. Ultrasound services are also offered, and installation of CT Scan is being considered.

The Association, which is well established, operates 3 clinics; a fourth is on the drawing board.

The Applicant:

Must possess a registrable medical qualification and a post-graduate qualification in Diagnostic Radiology from a recognised institution. Experience in ultrasound and CT Scan works is desirable. Recently retired Radiologists will also be considered.

The Benefits:

Salary will commensurate with qualifications and experience, but likely to be in the range of S\$90,000 to S\$200,000 per annum. Other benefits include generous annual leave, medical and dental benefits and housing allowance where appropriate. Expatriates will be given passages on taking up the appointment and on successful completion of the contract, usually three years.

Applications with full curriculum vitae, expected salary and names of two referees should be addressed to:

**Medical Director
SATA
351 Chai Chee Street
Singapore 468982**

Consultant
Singapore National Eye Centre
11 Third Hospital Avenue
Singapore 168751

Dear Colleagues,

This is to inform you that I have quit Private Practice and my position as an Associate of Dr Low Cze Hong, Eye Surgical Centre, #16-01, Mount Elizabeth Medical Centre, and joined Singapore National Eye Centre as a full time Consultant with immediate effect.

I will be based in their satellite clinics at the National University Hospital and Mount Alvernia Hospital. For appointments at National University Hospital, please call 772 5504 Fax 777 7161 and for appointments at Mount Alvernia Hospital, please call 227 7266. I can be contacted at my pager 9404 2440 at anytime.

I look forward to the opportunity of serving your patients as always.

Shantha Amrith

DR SHANTHA AMRITH
Consultant

Parkway Group Healthcare Pte Ltd

• East Shore Hospital • Gleneagles Hospital • Mount Elizabeth Hospital •

(1.00pm to 2.00pm)
CME Monthly Calendar - April 1998

E S H	DATE	TOPIC	SPEAKER/CHAIRMAN
	16th	The Management of Male Factor Infertility	Drs I Swaminathan/Sandy Lek
	Venue	Health Education Centre, Level 3, East Shore Medical Centre	
	C Person	Ng Chieh Yun, 340 8750/736 3538	

G H L	DATE	TOPIC	SPEAKER/CHAIRMAN
	8th	Medical & Surgical Aspects of Sleep Disorders	Drs Yeo Poh Teck/Cheong Tuck Hong/ Chew Khet Kuen/Yeo Chor Tzian
	15th	Surgical Management of Uterine Fibroids	Drs Lee Keen Whye/Chew Sek Yuen
	22nd	Management of Diabetes - Latest Trends	Drs Wang Kuo Weng/Mrs Inge Hagard/Dr Grace Lee
	29th	Lung Cancer - Facts, Fallacies and New Hopes	Drs Joanna Lin/Goh Teck Chong
	Venue	Lecture Theatre, Level 3, Gleneagles Hospital	
	C Person	Sharon Yap, 470 5650/7363538	

M E H	DATE	TOPIC	SPEAKER/CHAIRMAN
	17th	Practical Aspects of HRT	Drs T McCarthy/Ann Hagarty
	24th	A New Class of Quinolone - The Aminofluoroquinolones	Prof Thomas M File/Chan Tiong Beng
	Venue	Doctors' Dining Room/Seminar Room 1, Education Centre, Level 2, Mt Elizabeth Medical Centre	
	C Person	Angela Tay, 731 2079	

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VAQTA™ (hepatitis A vaccine, purified inactivated, MSD)

PROTECTION PURE AND SIMPLE

- Demonstrated 100% protection against hepatitis A after a single dose in 519 susceptible children (ages 2-16) in a landmark protective efficacy trial (p<0.001)^{1#}
- Highly immunogenic* after a single dose in healthy adults and children (95% - 97%)²
- Generally well tolerated²
- Indicated for both children (≥2 years) and adults - One primary and one booster²
- A high level of vaccine purity²

Uniquely practical prefilled syringes streamline administration and record keeping

Peel-off label for patient charts makes
vaccination record keeping easier

Extra-long syringe barrel (1.5 mL)
makes aspiration easy



Color-coded plunger rod
reduces the chance of
product misidentification

Prefilled syringe reduces
administration time

Rigid needle shield minimizes the
risk of accidental needlesticks
and avoids needle blunting

References

1. Werzberger, A. et al.: A controlled trial of a formalin-inactivated hepatitis A vaccine in healthy children, N. Engl. J. Med. 327(7):453-457, August 13, 1992.
 2. Data on file, MSD Singapore
- # A double-blind, placebo-controlled trial in an American community with recurrent outbreaks of hepatitis A (n=1037). Efficacy was evaluated 50 days or more (primary end point) and as early as 30 days (secondary end point)² after vaccination
- * In all studies conducted by Merck & Co., Inc., the minimum anti-HAV titer required for seroconversion using the "modified HAVAB" assay was ≥10 mIU/mL. HAVAB is a registered trademark of Abbott Laboratories

Before prescribing, please consult the prescribing information on page N6

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