Department of Health,
P.O. Box 5013,
Wellington.

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CLINICAL SERVICES LETTER No. 180

To Medical and Dental Practitioners
(Copy to Proprietors of Retail Pharmacies)

The Disabled Persons Community Welfare Act 1975

We have been asked by the Department of Social Welfare to draw the attention of medical practitioners to this Act which has now been almost fully implemented.

The Act is administered by the Department of Social Welfare and applications for the benefits, services, or allowances provided under the Act should be made to the nearest district office of that department.

The Act applies only to a "disabled person" who is defined as: "any person who suffers from physical or mental disablement to such a degree that he is seriously limited in the extent to which he can engage in the activities, pursuits, and processes of everyday life".

The main provisions of the latest sections of the Act to be implemented are:

Section 13:

Payment of reasonable costs for fares, meals and accommodation when a disabled person is required to travel for any of the following reasons:

(a) To undertake a course of medical treatment.
(b) To be interviewed by an officer of the Department of Social Welfare.
(c) To attend a medical examination.
(d) For educational, vocational or psychological assessment.

When it is necessary for the person to be accompanied, the attendant's expenses may be paid for a limited period, but only if the need for an attendant is supported by a medical certificate.

Section 15:

Occasionally a disabled person requires an aid or an appliance which is not available free of charge from the hospital board. The Department of Social Welfare may, after consultation with an appropriate specialist, be able to meet the cost of certain of these appliances.

Section 26 (3) (i):

Financial assistance up to a maximum loan of $3,000 is available to help a disabled person to meet the cost of a motor car or other mechanical means of

transport. Assistance of up to $150 is available for alteration to the mechanism of such a vehicle. This assistance is only available where a vehicle is essential to enable a disabled person to undergo training for suitable work, or to obtain and retain full economic employment. The income and assets of the applicant are to be taken into consideration before granting a loan.

Anti D Immunoglobulin

The New Zealand Blood Transfusion Advisory Committee (TAC) has recently reviewed the data re the relevant dose of Anti D immunoglobulin to be administered post delivery to Rh negative mothers. The following notes have been prepared by Sir William Liley and Dr D. G. Woodfield.

The present dose of Anti D is a 1 ml dose of 250 mcg. Studies from the United Kingdom, Scotland, and Hungary all indicate that a dose of 100 mcg of Anti D gave a closely similar degree of protection as a 200 mcg Anti D dose.

Under these circumstances, the TAC now recommends "that the standard dose for the routine use of Anti D immunoglobulin should be a 1 ml dose containing 125 mcg of Anti D administered within 72 hours of delivery. Where there is any indication of excess fetal-maternal haemorrhage, a larger dose of immunoglobulin may be administered based on the advice of the attending clinician and wherever possible, Kleihauer tests and/or serological testing should be undertaken".

New batches of Anti D immunoglobulin will therefore be released in the lower dose form.

Indications for Use

Administration of Anti D immunoglobulin to an Rh negative mother within 72 hours of delivery of an Rh positive infant, will afford an approximately 95 percent protection against sensitisation by the D antigen and the subsequent development of Anti D. The dose should be given as soon after delivery as possible, but if for any reason the injection is not given within 72 hours some protection may be given by later administration up to 10 days post delivery.

In general, the following conditions should be fulfilled before Anti D immunoglobulin is given:

1. The mother must be Rh D negative.
2. In the case of a live birth the infant must be Rh D positive.
3. No Anti D antibodies should be present in the mother's serum at the time of delivery, miscarriage, or abortion as determined by an appropriately sensitive antibody screening test.

Anti D immunoglobulin should also be given in the following other special dosage situations:

1. Abortion after 6 weeks gestation, also miscarriages and stillbirths, and ectopic pregnancies.
2. Multiple pregnancies—administer one ampoule per Rh positive fetus.

3. Rh negative mother, D^u positive baby—administer one ampoule.
4. Suspected large feto-maternal spill. The maternal serum specimen should be screened for fetal cells by a Kleihauer technique, or by recognising an agglutinated micro-population of cells when maternal blood is crossmatched against Anti D typing sera or the immunoglobulin dose. One ampoule of Anti D will cope with a spill of 8-10 ml of positive fetal cells.
5. Antenatal dosage—a recent Australian recommendation noted that routine treatment with Anti D during pregnancy has some value and may be given at the discretion of the clinician concerned. The recommended dose is 250 mcg (2 ml) of Anti D at about 28 weeks gestation. Women with Rh positive infants should also be given 125 mcg of Anti D at delivery. Antenatal dosage is not commonly used in New Zealand and the extra benefit conferred is marginal.

Storage of Anti D

Anti D should be stored at 4 – 6°C. It should not be frozen. It should be used within the expiry date noted on the container.

Supply of Anti D Immunoglobulin

Anti D immunoglobulin is available from all Regional Transfusion Centres at Dunedin, Christchurch, Wellington, Palmerston North, Hamilton, and Auckland Blood Transfusion Centres.

Proposed Changes in the Drug Tariff

The following changes concerning the supply of pharmaceutical benefits are planned for implementation on 1 August. Details will be supplied in a subsequent Clinical Services Letter.

1. *Wholesale Supply Order Form*

Intravenous fluids.
Irrigating fluids.
Contrast media.
Alfathesin, halothane, methoxyflurane, soda lime.
Intrauterine devices and certain pregnancy tests.

These products will be available only when obtained on a wholesale supply order form. The medical or dental practitioner or licensee of a private hospital will need to complete this form when placing orders with a wholesaler or importer. Forms are not expected to be available until mid July, but those who will require them are invited to advise their nearest District Health Office. Supplies of these products will be dispatched direct to the practitioner or licensee, while the supplier will claim payment from the Department of Health.

2. *Contraceptives and Pregnancy Tests*

All types of contraceptives as approved by the Director-General of Health will be available on either prescription or supply order for medical reasons and where, in the opinion of the medical practitioner, it is inappropriate to

expect the patient to pay. Such prescriptions and supply orders will require endorsement "approved condition" but reference to the Department of Health will no longer be necessary. Certain pregnancy tests will also be made available.

3. *Specialist Recommendations*

It is proposed to restrict to 2 years the period for which a specialist recommendation is valid. General practitioners will be required to endorse prescriptions "Recommended by.....(name of specialist and year)."

Current recommendations will be accepted if endorsed as recommended this year, e.g.: "Recommended by Dr A. L. Smith, 78."

This restriction has the support of the Pharmacology and Therapeutics Advisory Committee and the New Zealand Medical Association.

4. *Deletions from Drug Tariff*

It is considered that payment should no longer be allowed for sodium bromide and potassium bromide as for some years bromides have not been thought to be suitable and safe therapy. The following, therefore, will probably be deleted from the Drug Tariff from 1 August.

Gelsemium and hyoscyamus mixture, compound, BPC.
Potassium bromide.
Potassium bromide and belladonna mixture for infants, BNF.
Sodium bromide.

Insulin Syringes

In addition to those syringes listed in Clinical Services Letter No. 177, payment will also be made for M.S. brand which are manufactured by Sankyo Keiryoki Co. Ltd.

Dimethyl Sulphoxide

As the result of a number of inquiries and in view of evidence of returning usage, the Drug Assessment Advisory Committee has reviewed the safety of this substance. D.M.S.O. is normally used as a penetrating base for other medicines applied topically.

It was first marketed in New Zealand under the name of Dermasorb in 1967. Shortly thereafter, chronic toxicity studies in animals, including dogs, rabbits, and swine, reported by a consulting laboratory in England and by a number of laboratories in the United States, showed changes in the refractive index of lenses of the eye. As a result, marketing in New Zealand ceased abruptly, apparently as a result of a decision by the firms concerned.

More recently a Phase I controlled human toxicity study for 14 days has been reported and did not show any adverse effect on the eyes. It did, however, show mild, though apparently reversible, effects on the liver and haemopoietic system. This evidence has caused the F.D.A. in the United States to allow closely restricted short-term clinical studies and further clinical investigation of its use in the treatment of some serious conditions.

It is understood that in the absence of a normal human preparation in this country some practitioners have been using veterinary or laboratory preparations. It is not a Drug Tariff item.

Caution should still be exercised in the use of this preparation. While shorter term usage may occasionally be appropriate, monitoring of liver function and a complete blood count are recommended at 7-day intervals. Usage beyond 14 days should only be contemplated in serious conditions and evaluation by an eye specialist at regular intervals should then be carried out.

It should be remembered that dimethyl sulphoxide may enhance the toxic effects of other medicines with which it is combined. It should not be used during pregnancy.

Intensified Adverse Drug Reaction Reporting Scheme

As soon as it becomes available for marketing Mefoxin will be added to the list of medicines being monitored under this scheme.

Mefoxin (cefoxitin) is a semi-synthetic broad-spectrum antibiotic derived by chemical modification of cephamycin C. It is claimed to be effective in the treatment of infections caused by Gram-positive and particularly Gram-negative pathogens, both aerobic and anaerobic.

It is only available as an injection and is for use in adults with severe infections. Practitioners are particularly requested to monitor renal function.

It is not a Drug Tariff item and it is envisaged that usage will be almost entirely in hospitals.

Variation to Benefits

1. *Hearing Aids*

As from 1 September 1978 the benefit on hearing aids for adults will be increased from $45 to $70. All other conditions attaching to eligibility and administration of the benefit remain unchanged.

2. *Radiological Benefit*

The present schedule of benefits is to be increased by 20 percent as from 1 October 1978.

3. *Wigs*

A benefit of up to $100 has been introduced as from 1 June 1978 on wigs and hairpieces for patients who have suffered loss of hair—whether permanent or temporary—as a result of chemotherapy or radiation treatment or as a consequence of one of the following medical conditions: congenital dystrophy of the skin, total alopecia, or alopecia areata (severe or long standing).

Patients qualifying for the benefit should be issued with a certificate of entitlement which must be signed by a medical practitioner. The department, in some cases, may seek a specialist recommendation. The certificate will need to state the full name and address of the patient, the condition leading to hair loss, and that the patient is thus entitled to a subsidy of up to $100.

After purchase of the wig, patients should send the certificate and invoice or receipt to the Medical Officer of Health for reimbursement. For adults this subsidy applies only to an initial hairpiece and not to replacements but children are eligible for replacements at reasonable intervals. The Medical Officer of Health will be able to supply further details.

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