

Recall of Eurogine SL intrauterine devices (with photos)

The Department of Health (DH) today (March 14) drew the public's attention to the recall of intrauterine devices (IUDs) manufactured by Eurogine SL, due to an increased risk of breakage in the horizontal arms (one or both) of the IUDs at the time of extraction.

The DH received notification from the local supplier of the recall involving two affected models and five affected lots, namely Ancora 375 Cu Normal (Lots: 0614 and 1116) and Novaplus T380 Cu Normal (Lots: 0216, 0217 and 0417).

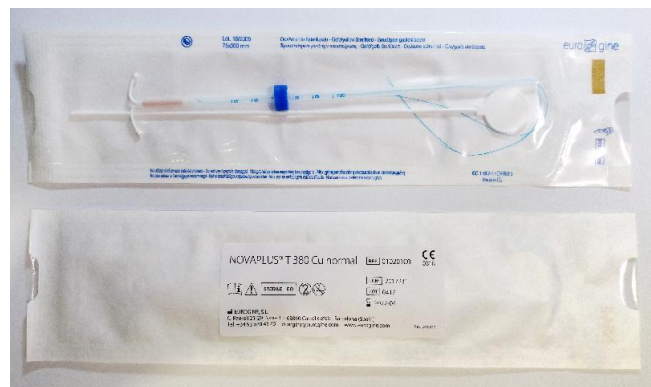
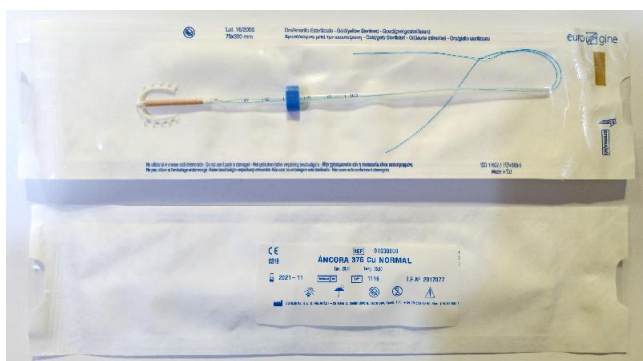
According to the manufacturer, the issue was caused by defective manufacturing of the raw material. The efficacy of the IUD is not affected and premature removal of the device is not recommended. When getting the IUD removed, it is recommended that the healthcare professional performs a slow and constant traction when pulling the threads.

According to the local supplier, around 1 400 units of the affected IUDs were distributed to various organisations in Hong Kong, including private hospital and clinics, as well as the Maternal and Child Health Centres (MCHCs) under the DH's Family Health Service. The supplier has notified all affected organisations and replacement of the affected products is underway.

"The DH has informed relevant organisations about the recall and will continue to liaise with the local supplier on necessary follow-up actions.

"So far, the DH has not received any reports of adverse incidents related to the affected devices in Hong Kong. Women should consult the doctor who performed the IUD insertion, if in doubt," a spokesman for the DH said.

Regarding the affected IUDs with the DH, among the 500 affected units distributed to MCHCs, 62 have been used on clients attending family planning service. The DH will bring the matter to these clients' attention. Counselling and consultation will be offered if necessary.



Temporary Traffic Order – Nethergate #dundeewestend



From the City Council :

THE ROAD TRAFFIC REGULATION ACT 1984 : SECTION 14(1)

THE DUNDEE CITY COUNCIL AS TRAFFIC AUTHORITY being satisfied that traffic on the road should be prohibited by reason of carriageway works being carried out HEREBY PROHIBIT the driving of any vehicle in Nethergate (from its junction with West Marketgait to its junction with South Tay Street), Dundee.

This notice comes into effect on Saturday 17th March 2018 for 5 days.

Pedestrian thoroughfare will be maintained. Access to business premises will be maintained

Alternative routes for vehicles are available via West Marketgait/Hawkhill/Perth Road/Nethergate and reverse

For further information contact 433168.

Executive Director of City Development
Dundee City Council

Having been previously assured that it was hoped to ensure the work would be carried out over a long weekend, I contacted the Road Maintenance Partnership Manager and his response is below.

Thankfully, if all goes according to plan, it is hoped to close the road on Saturday morning and re-open on Sunday night – the 5 days referred to above is simply in case of any unforeseen problem once on-site :

“I can confirm the plan is to close the road Saturday morning and reopen on Sunday night. The extended closure booking has been put in place to allow for the unlikely event of unforeseen circumstances which may extend the works

programme.

With regard to the top surface, there was a desire from our colleagues in Dundee House for a cold applied screed finish (similar to antiskid surfacing). The screed treatment requested is a cold applied application rather than hot and as such is a summer activity and would require a second visit.

Our plan for this visit is to surface in a traditional hot rolled asphalt surface which would be required in any event prior to a screed being laid. We're using a red pigment in the asphalt along with red chips, with the aim to achieve a pleasing aesthetic finish prior to a second visit to apply the screed.

As the screed will add no value other than appearance, if the red asphalt finish is acceptable to the community and doesn't receive complaint we may in the interests of minimising further disruption postpone or cancel the screed layer planned for the summer. If there is a strong desire for the screed to be applied then we will undertake this in the summer."

One cheer for the OBR

With spectacular bad timing the OBR last autumn lowered their forecast for growth in the UK economy based on turning very negative about productivity growth. They did so just in time to see productivity suddenly spurt forward, and for the growth rate to come in 13% higher for 2017 than their forecast. That takes some doing, making that kind of error for the year in question when the forecast went out in the penultimate month of the year!

This time the OBR have second thoughts on 2018, and have edged their growth rate forecast up by 7% to 1.5%. I expect they will need to revisit this as the year progresses. I can only give one cheer for the OBR being a little less pessimistic. The upward revision to 2017 came about because the actual figures showed they had got the forecast wrong again. I remember being criticised for complaining that official forecasts since the Brexit vote rushed to be wrong by being too pessimistic, but so it has proved. These latest errors are not on the scale of the forecast winter recession in 2016-17 which the Treasury had to write out of its script when growth accelerated in the second half of 2016.

The OBR says they now do not know whether "growth slowed down, speeded up or remained stable between 2016 and 2017", so it is difficult to see how they can ascribe anything to the Brexit vote! Their forecast error in 2017 comprised underestimating private consumption, private investment and government spending, but also overestimating the favourable impact of overseas trade. There was no decline in private investment in the way many establishment forecasts had expected. They have had to admit that a weaker

sterling did not depress imports as forecast. Nor was the price effect as strong as some thought.

The OBR reminds us in their numbers just how much extra money the UK would have to send to the EU after we have left if a deal is concluded. It will need to be a very good deal in every other respect if it is to be worth £37bn. There's a lot of good we could do at home with that sum, and spending it at home instead of sending it to the continent would give a timely boost to our national output and income.

[Press release: EU financial assistance for Turkey had only limited effect, say Auditors](#)

[Download PDF](#)

[Press release: Four in 10 smokers incorrectly think nicotine causes cancer](#)

Over 58% of smokers still try to quit without using an aid and going 'cold turkey' despite this being the least effective way. A Public Health England (PHE) report highlights that public misunderstanding of the harmfulness of nicotine containing products, such as nicotine replacement therapy (NRT) and e-cigarettes, may be linked to inaccurate and confused perception of the risks of nicotine.

The risks of nicotine use are likely to be very low or negligible. NRT is safe and licenced for use in pregnancy and for people with cardiovascular disease. And there is now wide international consensus that e-cigarettes are far less harmful than smoking. It is the cocktail of deadly chemicals in cigarette smoke, including tar and carbon monoxide, which causes almost all of the harm of smoking.

Four in 10 smokers and ex-smokers incorrectly think that nicotine in cigarettes is the cause of most of the smoking-related cancer. Understanding of the harms of nicotine among the general population is similarly poor. In 2017:

- only 7.5% thought that none or a very small part of the risk of smoking comes from nicotine
- 14% thought that it was nearly all the risk
- almost a quarter (24.2%) of the population didn't know

The use of quit aids can greatly increase your chances of quitting successfully. Research shows that:

- using NRT as a quit aid, such as patches and gums, or e-cigarettes makes it one and a half times as likely you'll succeed
- your chances of quitting are doubled if using a stop smoking medicine prescribed by a GP, pharmacist or other health professional
- expert support from a local stop smoking service gives you the best chance of quitting successfully
- combining quit aids with expert support makes it four times as likely you'll stop smoking successfully

Professor John Newton, Director of Health Improvement at PHE said:

Misunderstanding about the risks from nicotine may be deterring smokers from using quit aids such as e-cigarettes or nicotine replacement therapies like patches and gums.

Nicotine is addictive but it's the many thousands of chemicals in tobacco smoke that are responsible for almost all of the harm caused by smoking. Using nicotine quit aids helps manage cravings and can be one of the solutions to helping you stop for good. Going 'cold turkey' is not recommended as it's the least successful way.

To get the most benefit, make sure you use as much nicotine replacement as you need, and for as long as you need, as this will help you stop smoking and stay smokefree. Combining quit aids with support from a stop smoking service gives the best success rates. With the wide range of aids now available, there's never been a better time to stop.

PHE has been supporting all NHS trusts across the country to do all they can to become truly smokefree. The government and NHS England have both made commitments to a smokefree NHS, in the latest tobacco control plan and the NHS five year forward view.

Professor Newton comments:

For a truly smokefree NHS to become a reality, our emphasis is to support hospitals shift their efforts away from simply 'enforcing' no smoking towards offering on-going support to help smokers stop for good, including encouraging them to use quit aids.

Smoking rates are at their lowest ever level (15.5% of the adult population), but there are still nearly 7 million smokers in

England. Smoking kills 79,000 people in England every year and for every death another 20 smokers are suffering from a smoking-related disease.

Background

For further information or interview bids contact:

Public Health England press office

Email

phe-pressoffice@phe.gov.uk

Telephone

020 7654 8400

Out of hours telephone

020 8200 4400

NHS Smokefree

Visit the [NHS Smokefree](#) site for support and advice on quitting smoking.

PHE's e-cigarette evidence review

Read the annual update of [PHE's e-cigarette evidence review](#) by leading independent tobacco experts.

Smoking prevalence figures

In 2016, 15.5% of adults aged 18 and over in England currently smoke, down from 19.9% in 2010. In 2000, 26.8% of adults aged 16 and over were smokers. Prevalence since 2010 has fallen most in younger age groups according to [Statistics on Smoking, England 2017](#).

PHE's Tobacco Control Profiles

For local smoking prevalence figures and additional local data see [Local Tobacco Control Profiles](#).

Costs of smoking

The total cost from smoking to society in England is approximately £14.7 billion a year. This includes the cost to the NHS of treating diseases caused by smoking which is approximately £2.5 billion a year.

Source: ASH: The Local Cost of Tobacco – [ASH Ready Reckoner](#) and Towards a Smokefree Generation: A Tobacco Control Plan for England.

Tobacco Control Plan for England

The government's new Tobacco Control Plan sets a series of challenging ambitions:

- reduce adult smoking rates from 15.5% to 12% or less
- reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less
- reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

Public Health England

[Public Health England](#) exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and providing specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support. Follow us on Twitter: [@PHE_uk](#) and Facebook: www.facebook.com/PublicHealthEngland.