



KZN COMMEMORATES ONE YEAR SINCE THE COVID-19 OUTBREAK



On 05 March 2021 South Africa marked one year since the outbreak of COVID-19 on the 5th of March 2020 in KwaZulu Natal. National Health Minister Dr Zweli Mkhize, together with KZN Premier Mr Sihle Zikalala and KZN Health MEC Ms Nomagugu Simelane, reflected on the one-year anniversary of battling with the Novel Coronavirus at Grey's Hospital, the first institution assigned to take on patient zero.

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MEC Simelane recalled, “When I first heard the news that we had our first patient, I couldn’t believe it. I was not sure if it was true, whether it was fake news. I was frantic. Before that, we had already been preparing the province in the case that if a positive case arrived, we would be prepared. However, we did not think that the first case in the country would be in KZN. Nevertheless, after that first case, life as we knew it changed forever, for all health workers and all the people of the country.”

Echoing her experience, Dr Bradley Naidoo, a junior doctor who was one of the health professionals on call when patient zero arrived at Grey’s Hospital recounted, “I remember quite clearly the weeks preceding our first admission. There was lots of news overseas about a new respiratory virus that had taken hold in Asia. At first, we thought, much like previous coronaviruses, it would stay confined in those areas but as news cropped up of cases occurring in other countries, in European countries, the Americas, I think there was a real sense of inevitability that the coronavirus would reach our shores.

At this point the corridors were full of talk of how severe the disease was, would we be getting it, would we be ready for it and how would we best tackle it and there was a real sense of anxiety, fear and trepidation in the air at that point. I remember the night the first patient came in quite well, it was actually my last night shift before I was scheduled to go on leave, relatively a good night at the hospital but around midnight I received a call saying that there was a coronavirus case that the ambulance drivers would be bringing, to please open our isolation unit and

admit the patient.

Our senior doctors and nursing staff came out and I think it must have been almost an hour or so before the patient came in but that one hour felt like one day. A million thoughts rushed through my mind at that point regarding the patient. With all this news from overseas, speaking about how sick people were, we were wondering how sick this individual would be. Would they need oxygen? Would they need ICU? What care could we give them because there was so little known at that point.

Thoughts also went through to my mind, badly, my own personal safety as well as the safety of the team around us. Much in those proceeding weeks was done by our minister, our MEC, our leaders and our local hospital team to set up an isolation area, to make sure that the area was safe and conducive to our patient and ourselves.

Amazing work was done by our Infection Prevention Control (IPC) sisters and team in terms of securing Personal Protective Equipment (PPE), training us how to use the PPE which is now called “donning and doffing” and all of this came to play that one fateful night. However, so many thoughts went through our minds as to if the PPE would work, would we be exposed, what would happen if our PPE failed when we saw to the patient.

But despite all of that we put our patient first and we made sure that we took care of them before anything else. The first few days were incredibly dynamic in a sense that things that we all took for granted, being able to just see a patient normally, write notes normally, go in and prescribe medication, take blood

tests and do testing, all became a very unique challenge and many people with incredible ideas had to step up to find solutions for these problems. Simple things, like every bit of stationery or paper that went in to see the patient, had to remain there for infection control purposes.”

A year later, after many Government interventions such as contracting more than 10 000 employees, much has changed. At the event MEC announced that only 7% of the COVID-19 beds were in use since the number of infections had drastically decreased in the province. The province also celebrated at the roll-out of the Johnson and Johnson vaccine which had initially been dispersed to health professionals in Prince Mshiyeni Memorial Hospital, Inkosi Albert Luthuli Hospital and recently Edendale Hospital.

Indeed, the country and province seem to have overcome the major hurdles over COVID-19. However, MEC Simelane acknowledged that it would not have been possible without the commitment of the thousands of health workers. The Minister, the Premier and the MEC acknowledged those that had fallen in the fight in a candle lighting ceremony.






Mandy Nyawo, a professional nurse praised the constant support and information from her facility’s management for her ability to remain positive and diligent. “What I really like is that our Government has released the vaccine and we hope that the level of people who are sick, who will die, will be lower because the Government has procured the vaccine. Thank you very much in anticipation.”



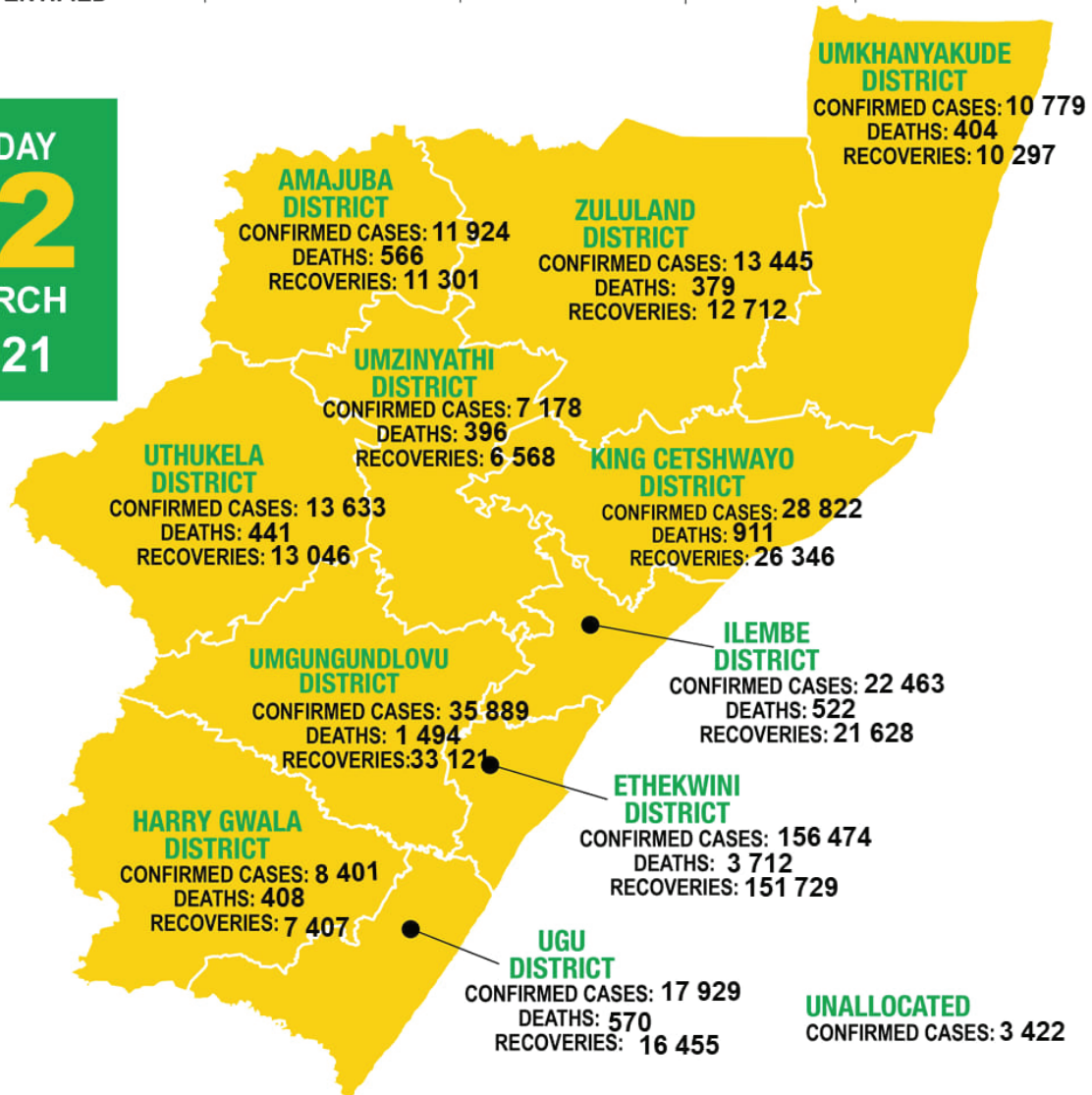
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COVID-19 STATISTICS IN KZN

				
331 223	6 539	314 017	9 803	197
POSITIVE CASES IDENTIFIED	ACTIVE CASES	RECOVERIES	DEATHS	NEW CASES

FRIDAY
12
MARCH
2021



Learn more to Be READY for #COVID19:
www.sacoronavirus.co.za

NICD Hotline: 0800 029 999
WhatsApp 'Hi' to 0600 123 456



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MORE REFLECTIONS ON THE COVID-19 JOURNEY: UKZN'S PROFESSOR MOSA MOSHABELA



One year after COVID-19 arrived in KwaZulu-Natal, we are looking back to reflect on the long journey we have travelled together during a period of difficulty for the world, the country, our communities and our households.

We must first recognize that, in many respects, this has been a time of suffering, anger, frustration, pain and loss. We should pay our respects to those who lost their lives prematurely because of COVID-19. For now though, I wish for us to take a brief moment just to look back over the past year, and acknowledge a few realities that have taught us lessons, and hopefully these lessons can help inform our wisdom as we move forward in our journey to navigate this global pandemic. The first reality I'd like to

acknowledge is that the virus that causes COVID-19 came from China and spread throughout the world. The lesson here is that we may be sitting in a small rural town in KwaZulu-Natal, but we must always remember that we are connected to the rest of the world.

The boundaries of national borders and vast seas between continents are also artificial barriers, and our connectedness as part of a global community remind us that what happens in China will eventually affect us here in KwaZulu-Natal. We must therefore pay attention to all that is happening in the world, and recognize that what happens in one place can also happen here in South Africa. We have seen this in the way the new variant of the virus, first identified in South Africa, can now be found in different parts of the world, the reverse of what we saw with the virus spreading from China eventually coming to South Africa.

The second reality for me is that those of us who are privileged enough to travel the globe can act as carriers of disease from exotic parts of this world and bring them to local communities who may never have left their own district or village. We travel from overseas to local cities, and bring diseases to those who have never left the country. Those in cities travel to villages to bring diseases to those who have never left the village. At the core of this carrier state of diseases is the reality of socioeconomic status or social class, one's ability to afford seen through the lens of inequality.

We may kick and scream and wish to deny this reality, but this must be acknowledged. I should also say that diseases of poverty can also be

carried from villages to cities and to the rest of the world, and this is why people talk about global health security, often seen through the lens of national borders. Nevertheless, it is my hope that we can acknowledge this reality, and endeavor to build the kind of social protection that can ensure that we are all committed to each other's wellbeing, given the fact that, directly or indirectly, we can pose a health risk to one another.

The third reality I'd like to acknowledge, is one about our relationships as humans with animals. It has not escaped me that we have harshly judged China for the fact that the virus for COVID-19 most likely jumped from animals into humans, and we look at them with disdain for the names and types of animals that are listed. Yet, we have our own relationships with animals right here in KwaZulu-Natal, granted many of these would be domestic, and some wild animals, but relationships with animals nevertheless. Do we not talk about Cow's disease, Bird Flu etc.?

Let's pause for a moment and think about this matter, and consider the fact that we are continually exposed to organisms that affect these animals. If we do this, we'd very likely begin to understand how we are also connected to, not only people in other parts of the world, or those in different economic and social classes, but also different sorts of animals that are exposed to different forms of organisms.

I am not saying this to cause alarm, but simply to raise awareness, and begin to trigger a process of ensuring our safety as humans and the safety of the animals around us, with a forward-looking mindset.

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TEARS OF JOY AS YOUNG KZN BURSARY RECIPIENTS JET OFF TO UNIVERISITY



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Hammarisdale youngster Sibahle Ntuli's family was full of sadness as they buried their 83 year-old grandmother about a month ago (30 January 2021).

However, the straight-A student's wheelchair-bound guardian (aunt) cried tears of joy as she watched him pack his bags, en-route to the University of Cape Town, where he will be studying to become a doctor. Ntuli (18), and fellow bursary recipients Thembelihle Tsengane (18, from Ixopo), Bongeka Sibiyi (17, from Empangeni), and Lwazi Mhlongo (17, from Port Shepstone) were part of the Matric class of 2020 who achieved top academic marks, in spite of the tough challenges and disruptions caused by COVID-19.

But, without the financial means to further their studies, their future looked bleak. That was until KZN Health MEC Ms Nomagugu Simelane was told about their plight by concerned community leaders and other sympathisers, and leapt to action. Fortunately, they received an opportunity of a lifetime after being awarded bursaries. MEC Simelane bade the students farewell at the King Shaka International Airport, amid scenes of jubilation, with emotional parents and relatives wishing them well as they embarked on this new and exciting chapter of their lives. In congratulating the students, MEC Simelane urged them to take care of themselves, avoid peer pressure, and never forget their families and where they come from.

She appealed to them to continue studying once they graduate, so that they can eventually become medical specialists - and begin addressing the dire shortage of Black doctors at that level. Explaining how the bursaries came about, MEC Simelane said: "Since the matric results came out, we have been

inundated with a number of requests to help these students who have been admitted at different universities, for medicine in particular, but had no idea how they were going to get there, and who was going to fund their studies.

"Now, as a Department of Health, usually, we do have bursaries, but because of COVID-19 in the previous year, it has been very difficult for us to actually put aside the amount for bursaries that we normally do put aside. But when you do listen to the stories of these students and their background, you realise that we couldn't just keep quiet and allow such intelligence not to be assisted. So the Department worked around the clock trying to get hold of the university, which had already accepted them; and giving them the assurance and confirmation that we are indeed going to provide them with bursaries. We had to move monies around a little bit so that we are able to fund them."

The MEC also saluted the students for their academic excellence in spite of disruptions and the abnormalities that beset their academic year.

"The fact that they did so well during the time of COVID-19 is an indication that they are very resilient, and they're the kind of young people that we need within our society. I was saying to them that if they could do so well amid COVID-19, if the conditions were normal they would have received more than 100%, if there ever was such a thing.

"So, we are quite proud of what they've done. What I do like about them is the fact that they've come from different districts. This means when they graduate, we will be able to put doctors in clinics as we are planning for NHI. One of the strategies of NHI is to ensure that each and every clinic has a doctor, whether they're in rural areas or not. You can only do that by ensuring that you increase the number of doctors that you are producing. So, this is a contribution towards that."

Ntuli - who matriculated from eMhlanjeni High School in Driefontein, Ladysmith, where he was living - obtained A-symbols in all his eight subjects.

He recalled how his now-late grandmother shelled out a few bank notes from her meagre pension money recently, and told him to buy something in which to carry his clothes when he goes to varsity. "She said, 'Take this money and buy yourself a suitcase. You are going to university. Even though I had not received the bursary, and didn't know how my studies would be financed, she somehow knew that I would be going to UCT.

"My grandmother raised me, and we were all saddened when she passed away. Although she had been ill for a while, we did not expect that she would leave us when she did. She may no longer be alive today, but I want to make her and the rest of my family proud." The shy and soft-spoken wannabe surgeon expressed his sincerest appreciation to the Department, and other role-players who have come to his aid.

"My dream has always been to become a doctor. Now that it's happening, I'm really out of words. I'd like to thank everyone that supported me; especially my school teachers. The year 2020 was difficult, especially with COVID-19. We never thought the schools would re-open, and never knew whether we'd be able to adapt to the circumstances that we faced. But through hard work and the support of my family, my teachers and everyone, I managed to succeed. I'm very happy to be here today, and I'm very, very grateful.

I'm looking forward to exceeding everyone's expectations."

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LET'S UNITE TO END TB IN OUR COMMUNITIES

March is TB Awareness Month and the World TB Day global theme for this year is "The Clock is Ticking: Let's Find, Treat and End TB Now!"

Commemorating World TB Day, amongst other interventions, is necessary to create awareness of the magnitude of the epidemic and the need to:

- Empower communities with information about TB so that anyone with the signs & symptoms of TB will come forward for screening and testing.
- To promote TB treatment compliance.
- To promote prevention strategies of contracting TB: open windows, cough hygiene and adoption of healthy lifestyle and preventative therapy for HIV+ people.

This year it is necessary to make people aware of the link between TB and COVID-19

WHAT IS THE LINK BETWEEN TB AND COVID 19?

- People with TB may have a weak immune system and may be at risk of getting infected with COVID-19
- If you have TB you are also at risk of suffering more severe symptoms from COVID-19. The risk is even higher if you are HIV positive or diabetic.
- Symptoms of TB and COVID-19 are similar (cough, fever, night sweats), however the symptoms of COVID-19 start suddenly. Sore throat, nausea and vomiting, and loss of smell and taste are associated with COVID-19 and not TB.
- Both are transmitted by droplets (coughing and sneezing) but COVID-19 is also found on surfaces, and is more contagious than TB.
- TB is treated with 6 months of antibiotics, while there is no current treatment for Covid-19.

WHY IS TB TREATMENT IMPORTANT IN THE COVID-19 PANDEMIC

- People with lung damage, such as TB patients, or those with weak immune systems, including those with poorly controlled HIV, may suffer from more severe forms of COVID-19 if infected

- Treating TB improves the body's ability to fight other infections, like COVID-19

COVID 19 AND TB TREATMENT

- You can get infected with the COVID-19 whilst on TB treatment.
- You must always practise good hygiene measures to protect yourself.
- You may develop new symptoms, or your symptoms may get worse. If this happens report this to your health care provider
- To prevent the spread of these illnesses, it is important to cover your cough and to keep your home well ventilated.
- For COVID-19, avoiding crowds is especially important and washing hands frequently is essential.
- TB can be prevented by TB Preventive Treatment (TPT)



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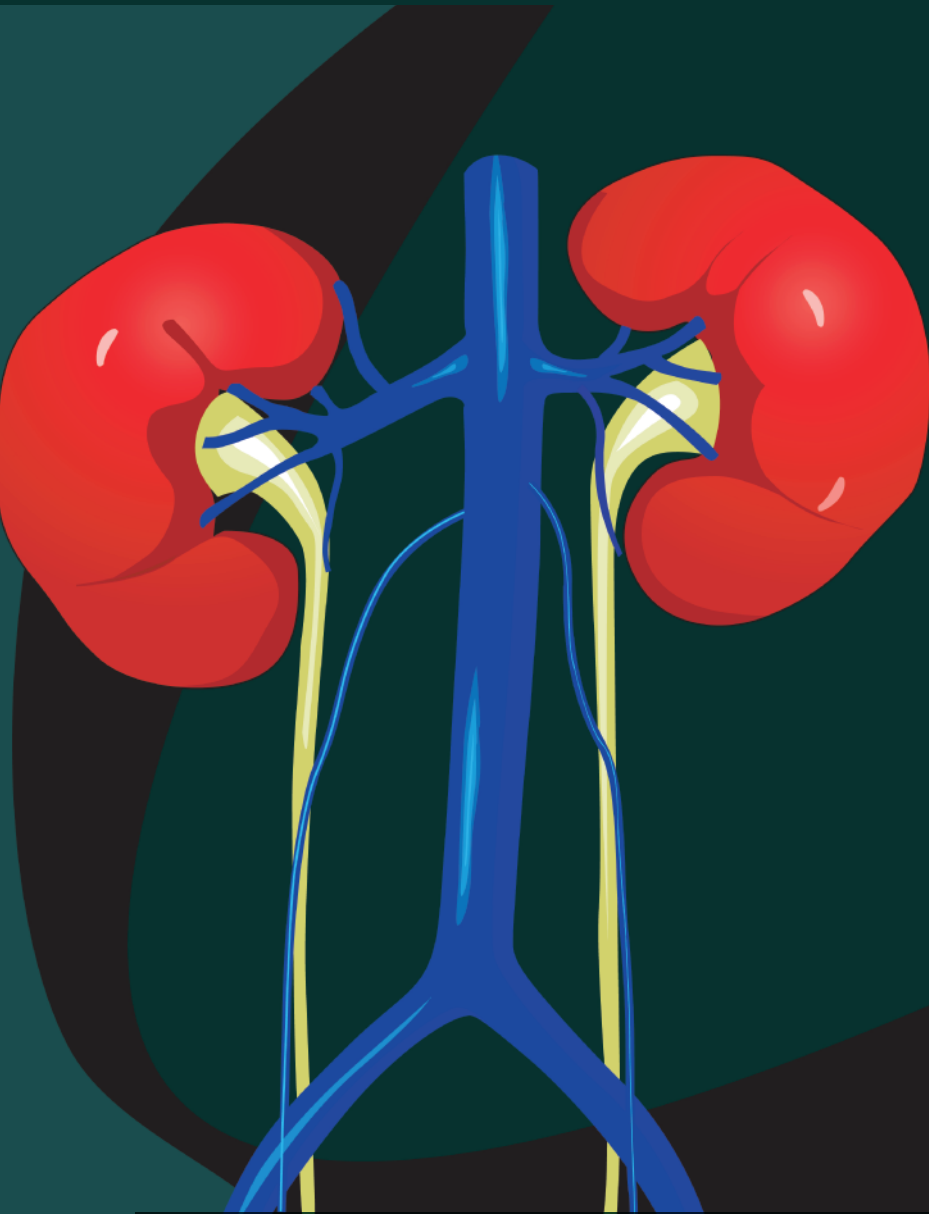
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YOU CAN **THRIVE** WITH KIDNEY DISEASE



World Kidney Day, which falls on 11 March 2021, shines the spotlight on the important role that our kidneys play and how to take care of them.

This year's theme is "Living Well with Kidney Disease" which aims to "increase education and awareness about effective symptom management and patient empowerment."

Although the Day continues to emphasise preventative measures over treatment, it is important to also encourage those with kidney disease that they can thrive despite the illness. It is vital for patients and their family friends to be aware of the support that patients need such as maintaining a healthy lifestyle.

Many successful people continue to thrive despite having a kidney disease. You can help your kidneys stay healthy by adhering to the following golden rules:

The 8 Golden Rules:

1. Keep fit, be active
2. Eat a healthy diet
3. Check and control your blood sugar
4. Check and control your blood pressure
5. Take appropriate fluid intake
6. Don't smoke
7. Don't take over-the-counter anti-inflammatory/pain-killer pills regularly
8. Get your kidney function checked if you have any 'high risk' factors
 - you have diabetes
 - you have hypertension
 - you are obese
 - you have a family history of kidney disease

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WORLD OBESITY DAY



World Obesity Day

is commemorated on 4 March 2021. The World Health Organisation (WHO) defines obesity as 'abnormal or excessive fat accumulation that presents a risk to health'.

It is measured in a number of ways, but the most common is the Body Mass Index (BMI), using your height and weight to work out if your weight is healthy.



Take away and convenient foods often have more salt, fat and sugar than homemade versions. Rather opt for home-cooked meals that include fruits and vegetables.



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In some people, genes contribute to the likelihood of developing obesity, however this can be limited or avoided by eating healthily and living an active lifestyle.



Lack of sleep and stress can disturb hormones which can affect your weight.

Do not use food and alcohol to manage stress in your life, rather seek healthy behaviour such as exercise or engaging in sports.



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DON'T BE SALTY

Many of us are guilty of adding salt to our food even before we taste it, or consuming foods that are high in salt such as your favourite breakfast cereals, chips, cold meats and bread without even realizing how these everyday foods are packed with salt. If our salt habits are not adjusted, it could lead to serious health conditions such as strokes and heart failure.

There is also increasing evidence that suggests a link between our current high salt intake with the onset of osteoporosis, stomach cancer, obesity, kidney stones and other kidney diseases. According to the World Health Organization (WHO) an adult is supposed to consume 5 grams of salt a day, which is equivalent to a teaspoon, in order to keep their salt consumption in check.

The 10th to the 16th of March 2021 is observed as World Salt Awareness Week. This week is aimed at educating the public about the potential dangers that could come

from consuming too much salt, and the lifestyle changes that could be made to maintain a healthier lifestyle.

Here are some tips for maintaining a healthier diet that is low in sugar:

- Replacing salt in your food by adding spices or herbs instead, such as black pepper, parsley, cumin, ginger, thyme or garlic.
- Eating a variety of foods that are not high in salt, such as vegetables, and incorporating foods such as lentils, fish, eggs and milk in your diet.
- Reading the labels of the food you buy, when you pick up food items at the shops or in your kitchen and read the label. The ingredient listed first is present in the largest amount and the ingredients listed last is present in the least amount. Salt and sugar are often listed as one of the first four ingredients in most of the foods we eat. We should try by all means to have foods that are lower in both sugar and salt for a healthier lifestyle.
- Try not to consume too much processed foods, such as takeaways, canned goods and cold meats such as ham or polony as these have high contents of salt in them.

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EARLY DETECTION SAVES EYES



GLAUCOMA EYE VISION

The 7th to the 13th of March 2021 has been marked as the World Glaucoma Week for creating greater global glaucoma awareness.

Glaucoma is a condition affecting the main nerve in your eye. This damage to the optic nerve is often caused by a build-up of pressure in the eye because the fluid inside cannot drain away properly. People with glaucoma may have reduced side vision, also termed “tunnel vision”.

Who is likely to have glaucoma?

The older the person, the more likely they are to have glaucoma. It also runs in families; so, it is important to get your eyes checked regularly if you have a blood relative with glaucoma.

Is the damage that happens serious?

Yes – if untreated, you will go blind. How can I tell if I have glaucoma? You cannot tell if you have glaucoma until you have your eyes tested. At

least half the people that have glaucoma don't know they have it.

How is glaucoma treated?

Early detection is essential to protect your vision. If you have glaucoma, you will be prescribed eye drops and/or have an operation.

The KwaZulu-Natal Department of Health boasts a specialised eye hospital, McCord Eye Hospital, which specialises in the treatment of people with eye issues and consequently the hospital attends glaucoma patients on a daily basis.

McCord Eye Hospital has a Glaucoma Support Group which meets once in two months, where detailed information about the condition is given to patients and patients are also given a chance to express the concerns and difficulties they face living with the condition. A counselling session is also open to patients that need to ask questions privately.

There are also a number of hospitals in the province that can be visited on scheduled dates, even in the rural areas, with doctors that specialise in the treatment of common eye conditions such as glaucoma.

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WORLD HEARING



DAY

Disabling hearing loss affects half a billion people globally.

It is estimated that 60% of childhood hearing loss can be prevented through several different interventions including but not limited to:

Managing and preventing ear infections timeously

Immunizing children against infections that can cause hearing loss.



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Excessive noise exposure is entirely preventable through safe music listening and hearing protection in work environments.

Hearing loss (and related ear diseases) can be addressed when it is identified in a timely manner and appropriate care sought.

People who have hearing loss (or related ear diseases) should seek care from a health care provider.



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COPING WITH A BAD DAY AT WORK

Bad days are an inevitable part of life and affect everyone at some point. Bad days can have an obvious reason but sometimes you can't put your finger on why. You can make it through your bad day if you take care of yourself and distract yourself from the negativity.

Dr Sally from McCord Hospital offers advice on what to do

Firstly, you need to know that "today is not going to be an easy day, I am not going to be as productive as usual, I am in a poorly or sensitive mood so I should be aware of it and should watch myself".

It might be my individual need on a day like this to keep quietly to myself and catch up with computer work or quietly read the literature on the government intranet. There are useful

psychological chapters from books posted on the intranet that can support us through difficult times of our life.

Alternatively, this might be the day where we feel vulnerable enough to share our feelings with a close colleague. After all, colleagues come to us to ask advice or to share their frustrations so it is rewarding for them to be able to listen to us as well.

Another strategy is to look forward to a "happy spot" in the day. It might be a lunch time visit to a local shopping centre for a cup of coffee. It might be a lunch time walk around a leafy park in the area or meeting someone in the office restroom for a short break, someone you might not have spoken to for a long time or simply journaling your feelings. Fasting and praying is another strategy.

All of this helps the day to pass. If your day comprises of one or more

scheduled meetings, then try to make sure that you are on time and try not to act in oversensitive or negative ways during the meeting. Remain quiet and relaxed. It might after all give others a bit of talking time. You can also always admit that you're not feeling as well as usual.

When we arrive home, we can (if family or house duties allow), put ourselves to bed with a nourishing plate of soup, a good book, a comical or "feel good" TV programme or some soothing music, and then a restful long night's sleep.

Remember, an "off day" is normal. We all have our ups and downs. We cannot be over-functioning working machines every day. We owe it to our minds and bodies to nurture them in slow, low functioning days. Importantly, just accept the fact that not every day is your lucky day.

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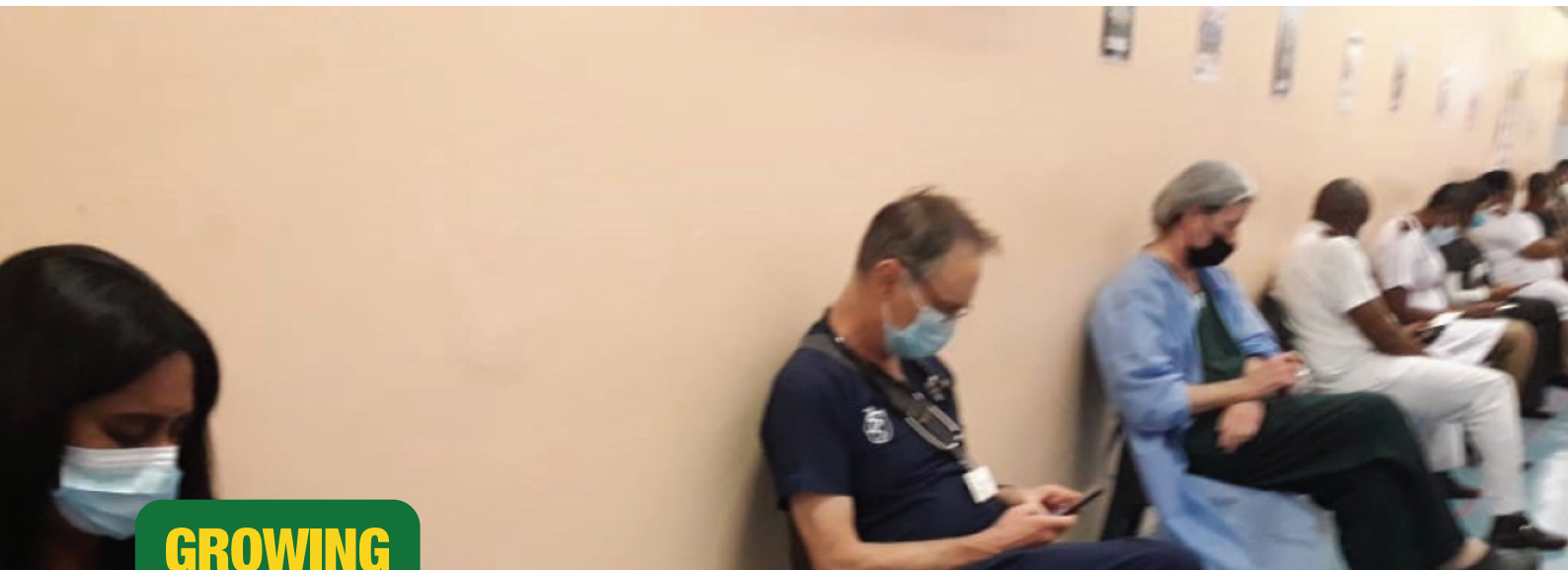
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KZN HEALTH IN PICTURES

Edendale Hospital Vaccinations



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