



## KZN HEALTH MEC'S IMPASSIONED PLEA TO MEN:

**DON'T LET  
PROSTATE CANCER  
KILL YOU; COME  
FORWARD AND  
SEEK HELP;**

**LET'S NOT ACCEPT  
THAT IT IS  
'NORMAL' THAT  
MEN MUST DIE  
BEFORE WOMEN;**

**WALK AWAY IF THE  
SITUATION GETS TOO  
HEATED; RATHER THAN  
HURT OR KILL WOMEN  
AND CHILDREN**



**KwaZulu Natal Health MEC Ms Nomagugu Simelane's innovative men's health community outreach programme at Cabazini in Mooi River was a resounding success, with at least 30 men circumcised in one day; and 55 people vaccinated against COVID-19, while hundreds of others were tested for high blood pressure and diabetes (106), Tuberculosis (168 screened, 5 tested) and HIV and AIDS (21).**

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Known as Ikhosombe Lamajita, the programme unfolded amid much fanfare, with MEC Simelane visiting the local taxi rank, where she encouraged taxi drivers and patrons of a nearby tavern to get screened and tested for prostate cancer and male breast cancer.

The MEC also distributed male and female condoms, and urged men to find better dispute resolution methods than resort to Gender-Based Violence and Femicide, a scourge that is reported to be five times higher in South Africa when compared to the global average.

The programme was attended by, among others, Umgungundlovu District Mayor Cllr Mzi Zuma and Mpfana Local Municipality mayor Cllr Maureen Magubane, as well as social influencers such as actor Malusi Yeni and vocalist Mondli Ngcobo and DJ Siyanda.

Local men and boys also took part in a number of games – including football, morabaraba, and other board games - on a field that had been set up alongside mobile health facilities, which offered an array of healthcare services.

According to NGO Men's Foundation, 1 in every 23 South African men will develop prostate cancer in their lifetime; while more than 4,300 South African men are newly diagnosed with prostate cancer each year.

The Foundation further states that, on average, 5 South African men die from prostate cancer every day. Depending on family history and other risk factors, starting Prostate Cancer screening as early as age 40 is recommended.

Reflecting on the day's proceedings, MEC Simelane said: "The intention of this programme is to go where the men are. There's now a belief that has taken hold... that men are generally expected to die earlier, compared to women. This should not be expected as normal, and it happens precisely because men are generally not health-conscious. That is what we are trying to change.

"We've also discovered that men don't want to test for ailments such as HIV, and would rather wait for their partners to do so "on their behalf", which is wrong because some couples are sero-discordant (one partner may be HIV-positive, while the other is

negative). We want to break that attitude.

"We are presenting to the men of KwaZulu-Natal in particular a statement that they must take care of their own health. Some of the diseases that kill men are diseases that actually don't have to kill them. But they end up dying because they don't want to come into our facilities. Today, in just a few hours, we circumcised more than 15 men. That then tells you that men are willing to receive the service, but they don't want to come to our facility.

"We also want to emphasise that stamping out Gender-Based Violence and Femicide is a priority of the Province of KwaZulu-Natal. "We are urging men to seek better ways of handling situations where they don't see eye to eye with their partners. We want them to understand that there are always better, legal and more civilised ways of resolving disputes than resorting to violence.

"We have found that the approach that we are using is very effective, because it gives us an opportunity to speak directly to men, and afford them a chance to ask questions and seek clarity where applicable."



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# COVID-19 STATISTICS IN KZN

				
<b>659 337</b>	<b>2 195</b>	<b>640 887</b>	<b>16 044</b>	<b>109</b>
POSITIVE CASES IDENTIFIED	ACTIVE CASES	RECOVERIES	DEATHS	NEW CASES

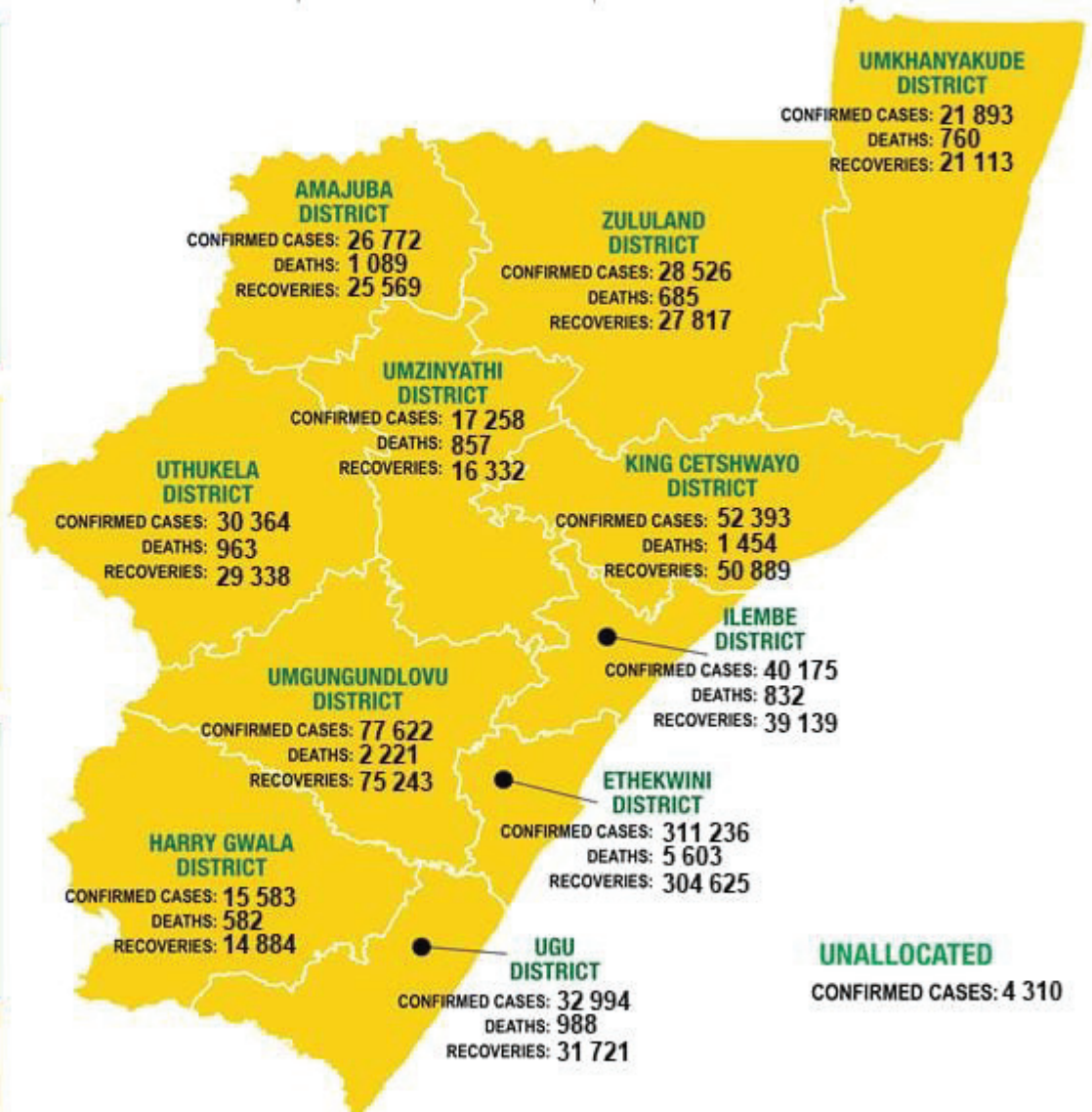
**TUESDAY**  
**29**  
**MARCH**  
**2022**

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# KZN HEALTH MEC SETS THE RECORD STRAIGHT ON RECENT HEALTHCARE FACILITY DISRUPTIONS

Over the past few weeks and days, we have noted a number of adverse developments which have disrupted the normal functioning of our healthcare facilities.

**We would like to provide an update as follows:**

## IFP INVASION OF MADADENI HOSPITAL

We are grossly disturbed and appalled at the recent attempts by the Inkatha Freedom Party and its alliance partner to impose themselves and interfere in matters of governance in the KwaZulu-Natal Department of Health. Their antics have caused disruption to normal operations at Madadeni and St Francis hospitals respectively, potentially placing innocent people's lives at risk.

Newcastle Deputy Mayor Cllr Musa

Thwala - of the Team Sugar South Africa political party, who are in a coalition government with the IFP - saw it fit to enter Madadeni Hospital and agitate a group of striking former employees of a private cleaning company, who are demanding to be appointed by the new service provider. In addition to making a number of baseless and unfounded allegations about the appointment of service providers at the hospital in general, Cllr Thwala went on to encourage the striking workers to

force their way into the newly-appointed company, which, he said, was obliged to employ them for at least six months.

He went on to mobilise the mayor of Newcastle as well as other council members, including the speaker and councillors who also entered the hospital - without authorisation - and proceeded to hold an impromptu meeting in the boardroom.

## INSTABILITY AT ST FRANCIS HOSPITAL

At around the same time, the Mayor of the IFP-led Zululand District Cllr Thulasizwe Buthelezi and his Ulundi Local Municipality counterpart Cllr Wilson Ntshangase have gone on to agitate the people of Ulundi about the troubled St Francis Hospital, making access in and out of the hospital difficult at best.

The IFP is clearly determined to sow divisions in the local community by thwarting efforts by the Department to streamline the functioning of St

Francis Hospital, in order to ensure efficient and optimal utilisation of limited healthcare services. Due to a number of reasons, we have decided to rationalise healthcare service delivery at all the health facilities in the province which are, due to historical reasons, located close to one another.

This is to eradicate duplication, wastefulness, inadequate allocation of human and material resources, and lack of co-ordination when it comes to the provision of healthcare services-to mention but a few. The

Department has long completed the wide consultative processes with local leadership, traditional leadership, hospital board, labour component, relevant stakeholders, and the affected community on this matter.

Unfortunately, the IFP, in its infinite "wisdom", has sought to hijack the implementation process in a bid to score cheap political points. Contrary to unfounded accusations and misinformation which are being

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peddled by the IFP on the ground, it is not true that we are closing down the hospital rather forging ahead with rationalisation process.

In fact, once the rationalization of the hospital is done, the community will get to access an even better package of healthcare services from that institution, as well as from Nkonjeni Hospital, which is within close proximity of St Francis Hospital.

The process of rationalising these identified institutions in the province was in its final stages when the COVID-19 pandemic hit the country, resulting in the halting of this process. St Francis was revamped in

order to assist in accommodating the COVID-19 patients.

Rationalisation has resumed at most institutions where it was delayed by the pandemic recently, and has been unfolding smoothly, without any political interference. However, at St Francis Hospital in particular, health officials are having a challenge with resuming the process due to political interferences, mainly by the IFP.

This is why we are appealing to the party to stop interfering in matters of hospital governance. As a Department that presides over a substantial portion of the public

purse, we have a responsibility to ensure that all employees are gainfully employed; and that our limited resources are used optimally.

We would like to remind the IFP that hospitals are sacred spaces that deal with critical matters of life and death. As such, they must never be subjected to any undue political interference or disruption of any kind.

We will not stand by and allow any of our healthcare facilities, which are actually public assets, to be turned into political playgrounds by people with narrow and selfish intentions.

## WE CONDEMN ATTACKS AGAINST KWAMASHU COMMUNITY HEALTH CENTRE STAFF

We condemn in the strongest possible terms a recent spate of attacks against staff at KwaMashu Community Health Centre, which led to the disruption of normal operations at the facility earlier this month.

The latest two incidents involved the stabbing of a security guard, allegedly by a man who tried to force his way into the facility, to accompany a patient who had been stabbed; as well as a separate attack in which a nurse was punched in the face, allegedly by the aggrieved relative of a patient who had just demised.

The security guard had to be rushed to hospital for treatment and is stable, while the nurse is distraught by the incident and has taken leave from work. Both incidents are under investigation by law enforcement authorities. These latest incidents come in the wake of another attack at the same facility at the beginning of February, in which two paramedics

were shot and wounded by an unknown man during an attempted robbery.

We are nevertheless pleased that, following a series of meetings between Departmental officials, organised labour, security, and representatives from the community, the facility is now back to normal functioning again. We do wish to register that we are highly disturbed and taken aback by these incidents, which are grossly barbaric and highly unacceptable.

Anyone who lifts their hand against any health worker, or anyone who is associated with the public health service, while in the line of duty, deserves to be squeezed out of our communities, isolated and subjected to the highest form of sanction possible within the criminal justice sanction.

Our health professionals should never ever be made to be afraid of the community that they are serving. They must be able to work freely,

knowing that they have the full backing and support of the communities that they serve because their work entails saving lives and giving hope to the hopeless.

It is therefore sacrosanct. We are calling on the local community to protect healthcare workers, and are urging them to ensure that nothing happens that may lead to the closure of any of our healthcare facilities as they perform work that is essential to people's very survival.

Respect is a two-way street. In as much as we always condemn our staff in cases where members of the public are mistreated... and we insist on consequence management... the same level of condemnation should be apportioned to those criminals, doers of evil, and charlatans who harm or abuse our healthcare workers in any way.

They must be apprehended and subjected to the full might of the law.

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# UNDERSTANDING THE RELATIONSHIP BETWEEN COVID-19 AND TB

**THE MOST EFFECTIVE RESPONSE IN DEALING WITH BOTH TB AND COVID-19 IS THE SAME: KNOW THE SIGNS AND SYMPTOMS, GET TESTED, AND COMPLETE TREATMENT.**



This is the advice shared by Ms Jacqui Ngozo, Director of the Tuberculosis Control Programme at the KwaZulu-Natal Department of Health, who was speaking on the Department's KZN Health Chat Bulletin as we examined the similarities and the risks involved for patients co-infected with TB and COVID-19.

**SHE TOOK TIME TO ANSWER OUR QUESTIONS AS FOLLOWS:**

**What are the risks that can lead to TB and COVID-19 co-infection?**

“At present, the main transmission route of both COVID-19 and TB is via respiratory droplets, and their main target are the lungs, which can lead to a poor outcome among COVID-19 and TB co-infected patients.”

**How is TB related to COVID-19?**

“Tuberculosis and COVID-19 may both be respiratory diseases, but there are differences. TB is caused by a bacteria; whereas a virus genetically related to the severe acute respiratory syndrome coronavirus, SARS-CoV, is what causes COVID-19. Both are spread through close physical contact. When a TB-infected individual coughs, Mycobacterium tuberculosis can remain suspended in the air for longer, until it's inhaled by someone else, usually in a confined space.”

**Are there similarities in the symptoms for TB and COVID-19?**

“Tuberculosis (TB) and COVID-19 are both infectious respiratory illnesses. Although TB and COVID-19 are different diseases with varying symptoms, they share some of the same symptoms such as cough, fever, shortness of breath, fatigue, and loss of appetite.”

**What are the clinical features and prognosis of COVID-TB?**

“The 10 most common symptoms of COVID-TB at admission globally in 2021 were fever (77.78%), cough (64.2%), dyspnea or shortness of breath (35.8%), weight loss (16.05%), fatigue (11.11%), expectoration (9.88%), chest pain (9.88%), headache (8.64%), myalgia (8.64%), and vomiting (7.41%). The prognosis for both TB and COVID is the same: know the signs and symptoms, get tested, complete treatment. TB is a curable disease.”

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# ADHERING TO TREATMENT IS THE BEST WAY TO FIGHT TB: A TB SURVIVOR'S STORY



My name is Nkanyiso Mbhele, and I'm a 30 year old man from Greytown. On this month of March, which is TB awareness month, I would like to say boldly that I'm a TB survivor.

The deadly TB disease almost took my life, simply because I couldn't read the red flags (symptoms). I was coughing all the time, sweating at night, always fatigued, and I had also lost a lot of weight.

This continued for up to a year, during which I was mostly oblivious to the risk that I was unwittingly exposing myself by not getting tested. I remember it was in 2019, just before the pandemic. At that time I had just relocated to my cousin's place in Durban, which is where the TB was discovered, at Inanda Community Health Care Centre (Inanda Newtown Health Centre).

I went there for a check-up, but then the doctor recommended that I have X-rays taken. I remember how astonished the doctor was that I had made it that far because, from X-Ray images, my lungs were severely damaged.

It was soon discovered that I had Multi Drug-Resistant TB (MDR), which came as a complete shock to me. I had to treat the MDR-TB for a whole 9 months. Things were tough when I started my treatment. I was vomiting a lot, which was quite a worrying side effect. But in no time I started responding very well to the treatment.

Today, I'm TB-free, and I can say I'm feeling much, much better, and my

body has recovered. I must also say that the process of seeking help and collecting treatment was quite challenging, due to the COVID-19 pandemic, which meant waiting for extended periods of time outside the clinic as patients needed to be screened.

But I understood that we had to comply with the restrictions of the lockdown, so that did not stop me from fighting this illness. People need to remember that TB does not discriminate. It's a disease that can affect anyone, regardless of colour, creed or economic status.

Therefore, I would like to urge anyone who has symptoms such as constant coughing, coughing up blood, sweating at night, and inexplicable weight loss, to go for a check-up. It's extremely important to beware of these red flags so the TB can be treated as early as possible.

To those who are on TB treatment, I cannot overemphasise the need to adhere to treatment consumption schedules.

With TB, you cannot afford to default on treatment, as that will only lead to problems, such as MDR-TB, which is a lot more difficult to treat.

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# MULTI DRUG RESISTANT TUBERCULOSIS (MDR-TB)



South Africa is reportedly one of the 30 high-burden tuberculosis (TB) countries that collectively contribute to 87% of the estimated incident cases worldwide.

The Province of KwaZulu-Natal, on the other hand, remains the epicentre of TB and HIV/AIDS, which is cause for concern.

Tuberculosis (TB) is an airborne disease caused by bacteria (*Mycobacterium tuberculosis*) that are spread from person to person, through respiratory droplets in the air. TB usually affects the lungs, but it can also affect any body part. Although human beings may breathe the bacteria into the lungs, the bacteria can travel from the lungs via the blood and lodge in any part of the body. This is called Extra-pulmonary TB.

Multi Drug-Resistant TB is caused by the same bacteria that causes Tuberculosis, but it cannot be cured with drug sensitive TB treatment because - due to defaulting on medication - the bacteria are resistant to the two most powerful and effective TB drugs, Isoniazid and Rifampin.

## HOW DO YOU GET MULTI DRUG RESISTANT TB?

**There are two ways:**

If you have TB and you do not take your treatment as advised by the health care worker. It takes 4 months (previously 6 months) for the TB

medication to kill all the TB bacteria in your body. However, some people stop taking their medicine, and this enables the TB bacteria to build up resistance and become immune to sensitive TB medicine.

You may also be infected by a person with MDR-TB who is not yet on treatment, or just started their treatment but is still infectious, when they cough/sneeze without covering their mouth and nose. This is called primary exposure.

MDR-TB is more difficult to treat, but can be cured if treatment begins early, and patients adhere to the stipulated treatment schedules.

## WHAT ARE THE SYMPTOMS OF MULTI DRUG RESISTANT TB?

The symptoms are the same for TB. Cough for two weeks or more.

If you are HIV+, a cough of any duration must be investigated.

- Persistent fever/ drenching night sweats
- Unexplained weight loss or loss of appetite
- Fatigue/ always tired. In children, it is described as less playful.
- Chest pain
- Coughing up blood stained sputa.
- Pregnant women should also be aware that the symptoms of pregnancy can hide the symptoms of TB. For example you often feel tired when you are pregnant, this is also a symptom of TB. Another example is that you put on weight when you are pregnant so you won't notice if you have lost any weight. It is important to be screened for TB thoroughly at each ante natal care visit and every HIV positive pregnant women to be tested for TB at each visit.

## TREATMENT FACILITIES FOR TB AND MDR-TB:

You do not have to answer "yes" to all the above-mentioned symptoms. A "yes" to any one of them must be investigated for TB or MDR-TB. You will need to go to your nearest clinic for a test.

TB screening, testing and treatment services are accessible and available from all 798 public health facilities across the province. The KwaZulu-Natal Department of Health has facilities in every district and sub-district that offers treatment for multi drug resistant TB. Many years ago patients with drug resistant TB had to be hospitalised in a central hospital in Durban, far from their homes and families, for up to 18 months. With the new approach to treating drug resistant TB, patients are able to be initiated on treatment at an MDR-TB Facility nearest to their home. Once stabilised, they are able to be treated on an out-patient basis, collecting their medication monthly.

It is important for healthcare facilities to ensure that patients are protected from stigmatisation when they come to get screened, tested, and/or to receive their

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treatment for TB, and HIV/AIDS.

### HOW IS TB OR MDR-TB DIAGNOSED?

A diagnostic machine called the Gene Xpert Ultra is highly effective in diagnosing TB and the presence of drug resistance. Although Tuberculosis is sometimes difficult to diagnose in children, a test called the Tuberculin Skin Test can be effective. If the test comes back positive, an X-Ray can be taken to confirm TB.

If a child is a contact of a TB patient and the tuberculin skin test is positive, then TB treatment is initiated. If the Tuberculin skin test is negative, the child can be initiated on TB Preventative Therapy to prevent getting TB. Another way to diagnose TB in children is to take fluid from the stomach, called a gastric wash, and this is tested for the presence of TB.

### HOW DO YOU GET YOUR TEST RESULTS?

TB Results should be checked at the facility after 48 hours. If you have undergone an MDR-TB test, it is extremely important to ensure that you have provided at least two correct telephone/cell phone numbers, so that health care workers can contact you with test results and possible follow-up appointments.

Also, make sure you provide your correct physical address. If you miss important health visits or they need to give you important test results, this information is needed to help health care workers find you.

### TB & MDR-TB CONTACTS:

In order to prevent the spread of TB and MDR-TB, the Department of Health has to identify and screen all close contacts of the TB patient. MDR-TB contacts are followed up every 6 months at least 3 to 4 times. Most at risk are those in close contact with the TB patient at home, work or school. It is important for all close contacts to be screened, especially if they are less than 5 years old.

Any children the TB patient has been in contact with, will need to be put onto treatment - either TB treatment or prophylactic treatment to prevent getting TB. The elderly or HIV+ people are also more at risk.

### PLACES WHERE YOU ARE MORE LIKELY TO CONTRACT TB:

These are places where many people congregate, where there are no windows open. For example in taxis, churches, schools, community residential units (hostels), correctional service facilities (prisons), shopping malls, crowded queues in buildings like banks or home affairs.

Healthcare facilities, as custodians of health, have an added responsibility to ensure compliance to the highest standards of Infection Prevention and Control, so that there is no transmission of TB within their buildings.

### WHAT CAN PEOPLE DO TO PREVENT GETTING TB OR MDR TB?

Avoid close contact with a patient with infectious TB, especially in poorly ventilated spaces. If you have no choice, meet outside in the sunshine because the UV light in sunshine kills the TB bacteria.

**Practise cough hygiene:** don't cough or sneeze on other people; and don't let other people cough or sneeze on you.

### The best way to prevent getting TB is to do the following:

- Eat nutritious food: junk food might taste good, but it doesn't provide your body with the nutrients it needs.
- Drink plenty of fresh clean water.
- Exercise.
- Stop smoking cigarettes or dagga.
- Alcohol has to be avoided during TB treatment to avoid increasing the side effects of the treatment; both Isoniazid and Rifampin can affect the liver.
- Practice safe sex. Know your HIV status. Get tested for HIV. People who are living with HIV are more at risk of getting TB because of their compromised immune system.
- If you are HIV+ you can be started on antiretroviral treatment (Anti-Retroviral Therapy) and Bactrim early to improve your response to TB medicines and prevent opportunistic infections.
- If you have diabetes mellitus, inform the health care worker. People with diabetes are also at risk of contracting TB due to a poor immune system.
- Get plenty of sleep.
- Practice good hygiene, wash hands before preparing food and after going to the toilet and changing babies nappies.
- Have regular health check up's like blood pressure and blood glucose.



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# SAVE YOUR DAUGHTER FROM CERVICAL CANCER: GET HER VACCINATED FOR HUMAN PAPILLOMAVIRUS (HPV) NOW!!!

**In South Africa, cervical cancer affects 1 in 40 women. Despite being treatable if detected early, it kills up to 3500 women per year.**

This is why the KwaZulu-Natal Department of Health is vaccinating girls against the Human Papillomavirus (HPV), which causes cervical cancer. Our HPV vaccination campaign, which started on the 14th of February until the 25th of March 2022, targets girls who are from the age of 9 or 10, or those in Grade 5.

Older women who have never been vaccinated for HPV are now also eligible for vaccination. But more on that later. As the Department of Health, we are urging parents to sign consent forms so that their girls can prevent death due to cervical cancer that may be caused by HPV later in life.

## **What is HPV?**

Human papillomavirus (HPV) is the most common sexually transmitted infection (STI). It is a viral infection that gets passed between people through skin-to-skin contact. There are over 100 varieties of HPV, more than 40 of which are passed through sexual contact and can affect a person's

genitals, mouth, or throat.

HPV is so common that most sexually active people will get some variety of it at some point, even if they have few sexual partners. Some cases of genital HPV infection may not cause any health problems. However, some types of HPV can lead to the development of genital warts and even cancers of the cervix, anus, and throat.

Because HPV is a skin-to-skin infection, transmission can occur even if there is no sexual intercourse. Many people have HPV and don't even know it, which means you can still contract it even if your partner doesn't have any symptoms. It's also possible to have multiple types of HPV. In rare cases, a mother who has HPV can transmit the virus to her baby during delivery. When this happens, the child may develop a condition called recurrent respiratory papillomatosis, where they develop HPV-related warts inside their throat or airways.

## **HPV symptoms**

HPV can also cause cervical cancer and other cancers of the genitals, head, neck, and throat. The types of HPV that cause warts are different from the types that cause cancer. So, having genital warts caused by HPV

doesn't mean that a person will develop cancer.

Cancers caused by HPV often don't show symptoms until the cancer is in later stages of growth. Regular screening can help diagnose HPV-related health problems earlier. This can improve outlook and increase chances of survival.

## **HPV prevention**

The easiest way to prevent HPV is to use condoms and practice safe sex at all times. The HPV vaccine is available for the prevention of genital warts and cancers caused by HPV. The vaccine can protect against nine types of HPV known to be associated with either cancer or genital warts.

The Department of Health recommends the HPV vaccine for girls ages 09 or 10. Two doses of the vaccine are given at least six months apart. Additionally, people between the ages of 27 and 45 who haven't been previously vaccinated for HPV are now eligible for vaccination with Gardasil 9.

To prevent health problems associated with HPV, be sure to get regular health check-ups, get screened, and undergo a Pap smear.

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# HEAD OFFICE STAFF GETS THEIR SWEAT ON!



There was much fanfare and excitement recently at the KZN Department of Health's provincial headquarters (Natalia building, in Pietermaritzburg) as staff traded their suits and heels for takkies and track pants, as part of a Wellness Day.

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Organised by the Employee Health and Wellness Unit, the Wellness Day was held to encourage staff to embrace and lead a healthy lifestyle, so that they may live longer and healthier lives.

Staff were reminded that a healthy lifestyle goes beyond just eating fruits and vegetables, but also extends to one's mental, sexual, physical and social health. Having such activations allows for staff to step out of their offices and let off some steam while interacting with their colleagues from other units in a free environment. The Wellness Day was a great success and saw hundreds of staff members vow to adopt healthier and better lives.

## A MYRIAD OF HEALTHCARE SERVICES WERE ON OFFER ON THE DAY, INCLUDING:

- Blood glucose checks
- Cholesterol checks
- Body Mass Index (BMI)
- Blood pressure
- Voluntary HIV Testing and Counselling (HTC)
- Visual/eye screening
- South African National Council on Alcoholism and Drug Dependence (SANCA)
- Nutrition
- Massages
- Cervical Cancer screening

The Wellness Day featured an exciting aerobics class that was led by a professional personal trainer. Head Office staff can look forward to more similar activations in the near future.



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