

30 JUNE - 03 JULY 2020

PRAISE FOR KZN HEALTH STAFF INVOLVED IN SURGERY TO REVERSE A CASE OF RARE LOSS OF HEARING CONDITION; MEC PLEASSED WITH THE OUTCOME OF ADVANCED 12 HOUR EAR OP



Audiologist Mr Sudeh Ramiyad fitting processor

KZN Health MEC Ms Nomagugu Simelane-Zulu has congratulated the team responsible for 26-year-old Nonkululeko Gumede's new found ability to hear.

The young woman from KwaDukuza had suffered from bilateral middle ear disease, cholesteatoma, since early childhood which had resulted in her progressively poor hearing and altered speech.

According to medical experts, the condition may be a birth defect, but is most commonly caused by repeated middle ear infections.

The prevalence of acquired cholesteatoma ranges from approximately 9 to 12.6 cases per 100,000 adults; and from 3 to 15 cases per 100,000 children each year.

The abnormalities in Ms Gumede's ears first posed a challenge at school, where teachers identified that she was suffering from hearing loss. Although she had undergone previous surgery and used hearing aids, a permanent solution was needed - and quickly.

In 2015, aged 19, she arrived at General Justice Gizenga Memorial Regional Hospital (GJGMRH) with a history of ear discharge, poor hearing,

intermittent ear pain and slightly impaired speech.

She underwent corrective surgery in the left ear which successfully stopped the discharge. However, hearing in this ear was almost completely lost and her right ear continued to leak. Consequently, in 2019 her right ear was being cleaned monthly, each session lasting for about an hour. With more than 20 years in the medical field and nearly 10 years

specializing in otolaryngology, Ear, Nose and Throat (ENT) Specialist Dr Warren Kuhn and his team became determined to overcome Ms Gumede's hearing challenge permanently.

Dr Kuhn explains: "Cholesteatoma is a disease where a dysfunction with the eardrum results in skin migrating and being trapped in the ear, forming a sort of

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cyst. That can lead to bone erosion in the ear, causing chronic infection in that area. This can lead to damaged hearing, damage to the facial nerve and ultimately infections in the neck and in the brain.

Fortunately, we'd managed to halt the damage in the left ear, but her only remaining hearing ear, which was using a hearing aid, concerned me. This was a young woman with the rest of her life to live. I felt we had good grounds to consider a major operation."

After consulting with Inkosi Albert Luthuli Hospital, it was decided that performing the surgery there would be best

since the KZN Auditory Implant Program is situated there. The operation required a considerable amount of preparation; including drilling into the skull and closing the ear canal and then implanting an advanced hearing device: the Ponto Pro.

By implanting a bone anchored hearing aid, the device would transfer sound to the inner ear through a screw that is placed into the skull. The delicate operation took a painstaking 12 hours, meticulously performed under a microscope. A single wrong move could have left the patient deaf or worse with brain damage.

After hours, the procedure was complete with no complications.

Accompanied by her mother, Ms Gumede arrived at GJGMRH in May 2020 for the Ponto Pro to be inserted. "When we switched on the device that day, a huge smile stretched across her face as she became teary eyed. That was quite a rewarding experience [for me] and it really sealed for me that the surgery was quite successful," said Dr Kuhn.

Ms Gumede was not available to be interviewed this week, but is said to be doing well. Reacting to news about the successful

operation, KZN Health MEC Ms Nomagugu Simelane-Zulu applauded the medical team for the good work, and wished Ms Gumede well.

"This is excellent news. We are extremely grateful to the specialists in GJGMH and IALCH for their commitment in helping this patient. Their work is not only a testament of their high level of skills, compassion and work ethic, but also proves that within the Department there is excellence in care and expertise.

Thank you very much. And may you continue to help others," said MEC Simelane-Zulu.



From right: Miss Emily Koen (Speech therapy), Miss Shanique Ronne (Audiologist), Mr Sudesh Ramiyad (Audiologist), Miss Nonkululeko Gumede (patient), Dr Warren Kuhn (ENT), Dr Nadia Karrim (ENT), Sister Rachel Mchunu (ENT nurse).

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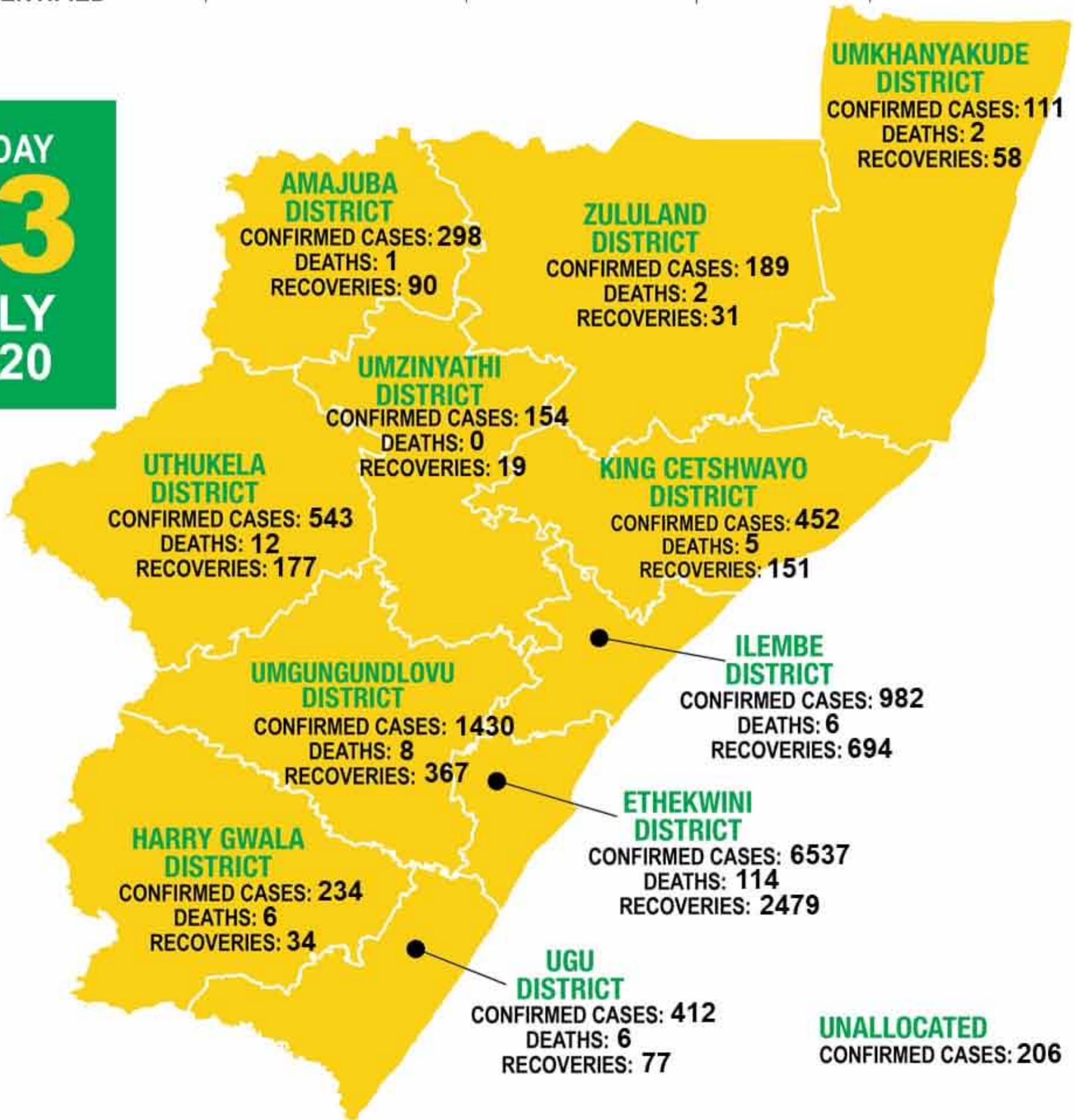


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COVID-19 STATISTICS IN **KZN**

				
11 548	7 189	4 197	162	1 037
POSITIVE CASES IDENTIFIED	ACTIVE CASES	RECOVERIES	DEATHS	NEW CASES

FRIDAY
03
JULY
2020



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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COPING WITH MENTAL ILLNESS DURING COVID-19



The most common types of mental illness are:

- Depression
- Anxiety
- Bipolar Disorder
- Eating Disorder
- Substance abuse/addiction
- Psychosis

Many people do not seek treatment in the early stages of mental illnesses because they don't recognize the symptoms. Screening can be a helpful step towards managing mental health conditions, therefore people are encouraged to visit their doctors for assessments. Such initiative will create opportunities for timeous interventions on a range of cases.

The COVID-19 pandemic also poses a challenge in the

psychological resilience of the general population and may lead to serious psychological distress. People's lives have been drastically affected by the lock-down and there is fear related to the disease' potential effects and transmission.

The KwaZulu-Natal Department of Health, through its Mental Health Programme, is therefore responsible for providing psychological first-aid and counselling services during this pandemic.

The intervention helps in reducing the psychological distress and promoting adaptive coping strategies to deal with the situation. The Department has these services available to mental health users throughout its facilities in the province.

July is Mental Illness Awareness Month and is dedicated to educating people about what mental illness means, how to prevent it, and how to remove the stigma. This time calls for increased attention and action to address mental health conditions.

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More assistance is also available on the free helplines below

Dr Reddy's Help Line

0800 21 22 23

Pharmadynamics Police & Trauma Line

0800 20 50 26

SADAG Mental Health Line

011 234 4837

Suicide Crisis Line

0800 567 567

SMS 31393

ADDRESSING “STIGMA” IS IN OUR HANDS

“I am not a Virus”

Human beings relate to one another as individuals with names through which they identify themselves. They use their names, surnames, clan names to identify themselves or refer to one another. Any other descriptive words which are used to refer to a human being will either be positive to enhance compliments or derogatory to propel stigmatization.



The COVID-19 outbreak has given rise to the undesirable culture of stigmatization of people who are confirmed to be infected with the virus in communities. There is a lot of fear, panic and uncertainty which has engulfed communities over this new virus and has also manifested behavioural misdemeanors which undermine our social norms, customs and values.

DEFINITION

STIGMA in the context of health is when a person is labelled by their illness and they are no longer seen as an individual but as part of a stereotyped group. Negative attitudes and beliefs toward this group create prejudice which leads to negative

actions and discrimination.

In an **OUTBREAK**, this may mean that people are labelled, stereotyped, discriminated against, treated separately and experience loss of status because of a perceived link with a disease. Social stigma is often associated with exclusion.

WHY IS COVID -19 CAUSING STIGMA?

- It is a new disease with no vaccine and there are still many unknowns.
- People are often afraid of the unknown.
- It is easy to associate fear with “others”

SELF STIGMA occurs when people become aware of public stigma, agree with

those stereotypes, personalise negative public attitudes and suffer numerous negative consequences as a result.

HOW CAN ONE DEAL WITH THE STIGMA:

- Get treatment. You may be reluctant to admit you need treatment.
- Don't let stigma create self-doubt and shame.
- Don't equate yourself with your illness. Speak out against stigma.

SOCIAL STIGMA is when people are labelled by their illness and they are no longer seen as individuals but as part of a stereotyped group. Negative attitudes and beliefs toward this group create prejudice which leads to negative actions and discrimination.

HOW TO ADDRESS SOCIAL STIGMA:

Public health emergencies are stressful times for everyone. Just as fears and anxieties have understandably increased during this uncertain time, so too should our empathy and concern for one another.

Know the facts:

- Educate yourself about the COVID -19 symptoms and available health services. Education is one of the most popular tools to deconstruct stigma and dispel damaging stereotypes. Do not repeat or share unconfirmed rumours, rather get information from reliable and approved fact-based sources.

Educate others:

- Raise awareness without increasing fear.
- Pass on facts and positive attitudes, challenge myths and stereotypes and be cautious about images and information shared on social media.

HOW CAN WE CHALLENGE STIGMA

- Do not label or judge people who have an illness
- Treat them with respect and dignity, as you would anybody else.
- Learn and share the facts about the illness.
- Get to know people with personal experiences of the illness.
- Do not discriminate
- Speak up in protest when friends, family members, colleagues, and the media display false beliefs and negative stereotypes.
- Offer the same support to people irrespective of their illness

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UNDERSTANDING THE SIGNS AND SYMPTOMS OF COVID -19

COVID-19 is a New Virus and therefore “No One Is Immune” to it yet.

THE SIGNS AND SYMPTOMS OF COVID-19 ARE NOT SPECIFIC AND CAN RANGE FROM:

- No symptoms (Asymptomatic) to
- Mild symptoms (very much like the Common Cold) to
- Severe respiratory illness (Pneumonia and Respiratory failure).

Severe disease may require critical care and intensive care management. When patients have severe disease the risk of complications is high.

TYPICAL SIGNS AND SYMPTOMS

- Fever or chills: subjective or confirmed (44%–98%)
- Cough (46–82%, usually dry)
- Shortness of breath at onset (31%)
- Myalgia or fatigue (11–44%)
- Loss of taste or smell: early infection: seen with other viral infections

LESS COMMON SYMPTOMS

- Pharyngitis or sore throat
- Headache
- Productive cough
- GI symptoms: presenting symptom: heralding more severe illness
- Hemoptysis
- Rhinorrhea/rhinitis: rare

COVID-19 AND TB

COVID-19 and TB can both affect the lung, be transmitted by a person with the infection and can release the infection into the air when breathing out or talking. This can be inhaled by another person.

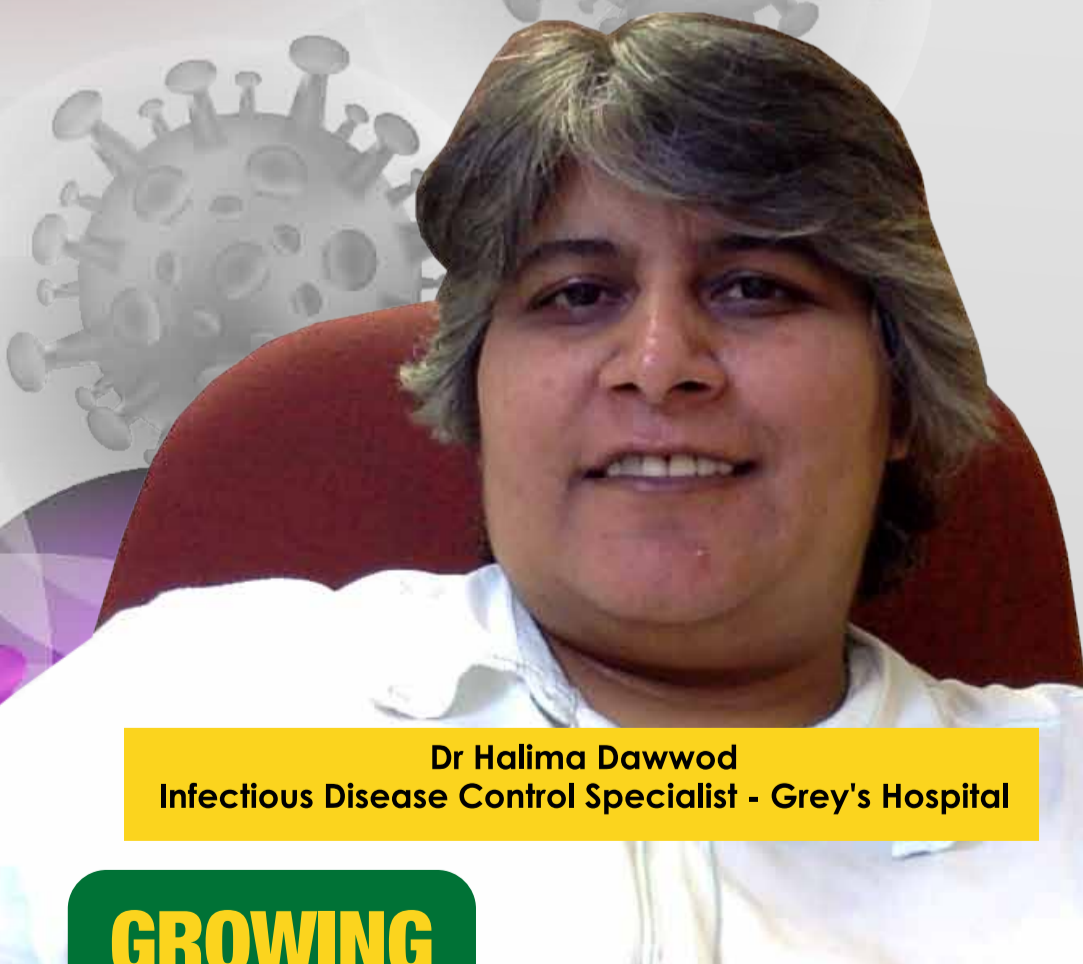
COMMON SYMPTOMS

Both COVID-19 and TB cause

- Cough
- Shortness of breath.
- Fever and
- Weakness.

The difference is the speed of onset. TB symptoms tend not to occur immediately after infection and have a gradual onset (weeks or months), unlike COVID-19, where symptoms can occur within a few days.

Untreated tuberculosis is fatal whilst about 80% of COVID 19 will recover without treatment.



Dr Halima Dawwod
Infectious Disease Control Specialist - Grey's Hospital

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COVID-19 RECOVERIES, A CLINICIAN'S ACCOUNT



Dr Sifiso Vilakazi

There have also been many triumphs, we have experienced happiness, pride and in some cases relief when we discharged patients.

There are still some things we do not know about COVID-19, but research continues and there have been definite advances in our understanding of the disease.

There is now clear consensus that most patients will not be infectious after 10 days of resolution of their symptoms, and this has guided our national guidelines. Our first direct interaction with COVID-19 patients came amidst a lot of media attention and controversy.

The first group of patients were mostly healthy active adults, with well controlled comorbidities and minimal symptoms. These patients mostly complained of typical flu like symptoms which often included nasal congestion, mild fever, malaise, sore throat and a dry cough.

Others were completely asymptomatic, and none had any systemic complications. The major challenges we faced with these first patients were related to managing our patient's anxieties and getting them through the difficulties of isolations. Often this involved managing and negotiating differences between their expectations of the process and disease, and ours.

These included tensions over the length and requirements

of isolation, discharge criteria and perceived discrepancies between our practices and those of other facilities. Most of our patients continued to test positive on repeat nasopharyngeal swabbing long after their symptoms had resolved, which led to prolonged stays and dissatisfaction.

As the pandemic continues to spread our patient profile has changed significantly in both volume and severity. We are now seeing sicker, older patients with more undiagnosed or uncontrolled comorbidities, some of which are as life threatening as COVID-19.

We have seen a rise in patients presenting with more severe symptoms such as shortness of breath, easy fatigability with severe

intolerance to exertion, tight chest and difficulty breathing. We are now seeing more patients presenting with less common symptoms, such as diarrhea, loss of taste and smell, as well as patients with severe organ failure requiring critical care and expert management. We have seen extreme courage and resilience from our patients facing uncertainty, whilst having to reassure their families that everything will be okay.

We have also experienced tragedy, we have lost some patients and we have had to admit and treat our own staff. However, the experience we have had in the isolation unit has given us a greater sense of determination and confidence that whatever comes, we will cope, and we shall overcome it

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RECOGNISE MISINFORMATION ABOUT COVID-19

With regards to Covid-19, there have been massive speculations, misinformation and fake news circulating on the internet about how the infection began, what causes it, how it is spread and how to prevent it.

However, false information including intentional disinformation has been spread through various forms of media such as social media, text messaging, and mass media, including the tabloid media and conservative media. The World Health Organization (WHO) has described this phenomenon as an "infodemic".

Nonetheless, people need to be educated to recognize false information when they see it and how they can respond effectively to stop the dissemination of such content. Anyone who produces or spreads fake news about the COVID-19 is liable for prosecution. Verify the information before you share it.

Report fake news through the Real411 website: www.real411.org (link is external) or the Whatsapp line 067 966 4015.

You can help break the fake news chain. Unless the information comes directly from a trusted source, take it with serious consideration:

Unsure whether it's true? Don't share. Don't forward things "just in case" they might be true. You might be doing more harm than good.

Check other sources. Is any other news source reporting on the same thing?

How many sources does the story quote?

Glance around. Is the site reliable? Check the website's about page, mission and crucial contact information.

Photograph search. Is the news you are perusing accompanied by a photograph that strikes you out of context?

Check the date. Some media sources re-distribute old posts or advance old news as current stories. Check the distribution date of the article.

Use fact-checking websites: Websites such as FactCheck and Full Fact highlight common fake news stories. You can also use a search engine to look up the title of the article to see if it has been identified as fake news by the mainstream media.

Beware of emotional posts It's the stuff that gets us fearful, angry, anxious, or joyful that tends to really go viral. Fear is one of the biggest drivers that allows misinformation to thrive

Over-encouragement to share: Be suspicious if the message presses you to share, this is how viral messaging works.

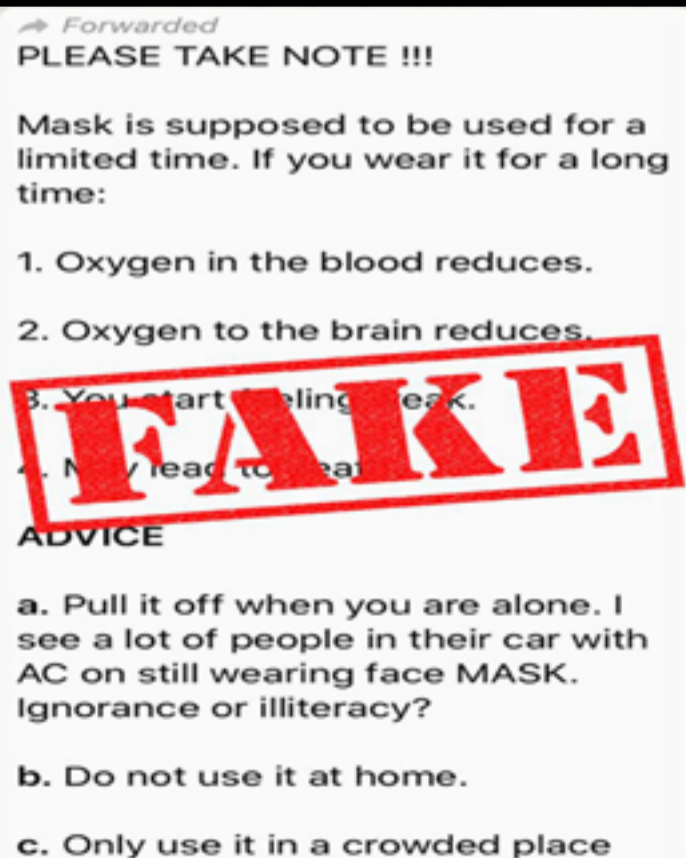
Go to the experts. Look for reputable websites, for an example, the World Health Organization. See if the information also available there?

Bad English: Trustworthy journalists and organisations are less likely to make repeated spelling and grammatical errors. Also, anything written entirely in capital letters or containing a lot of exclamation marks should raise your suspicions.

29 JUNE: TEMBISA HOSPITAL



14 MAY: MASK



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PELE PILL BOXES ARE BRINGING HEALTH SERVICES CLOSER TO YOU



KwaZulu-Natal is a highly populated province with about 80% of its population dependent on the Department of Health. This means hundreds wake up at the crack of dawn, only to head home in the afternoon after hours of waiting to receive their medication, simply because the need is so high.

The Boxes can accommodate up to 1500 collections in a month, meaning that facilities that have chronic patients fewer than this may collect medical parcels through the Peleboxes available on site. Since installations at Prince Cyril Zulu Communicable Disease Centre, Savannah

Park Clinic, Mzamo Clinic, Chesterville Clinic and Umlazi N Clinic, the Pelebox has been able to decrease congestion at these facilities from 59.8% to 47.1% which shows how effective and efficient it has been and how it could improve the lives of many more going forward.

To quell congestion in facilities, the Department created the Central Chronic Medication Dispensing and Distribution program which has seen many people cut costs and time by collecting their medication closer to home in town halls, churches and other local pick-up points.

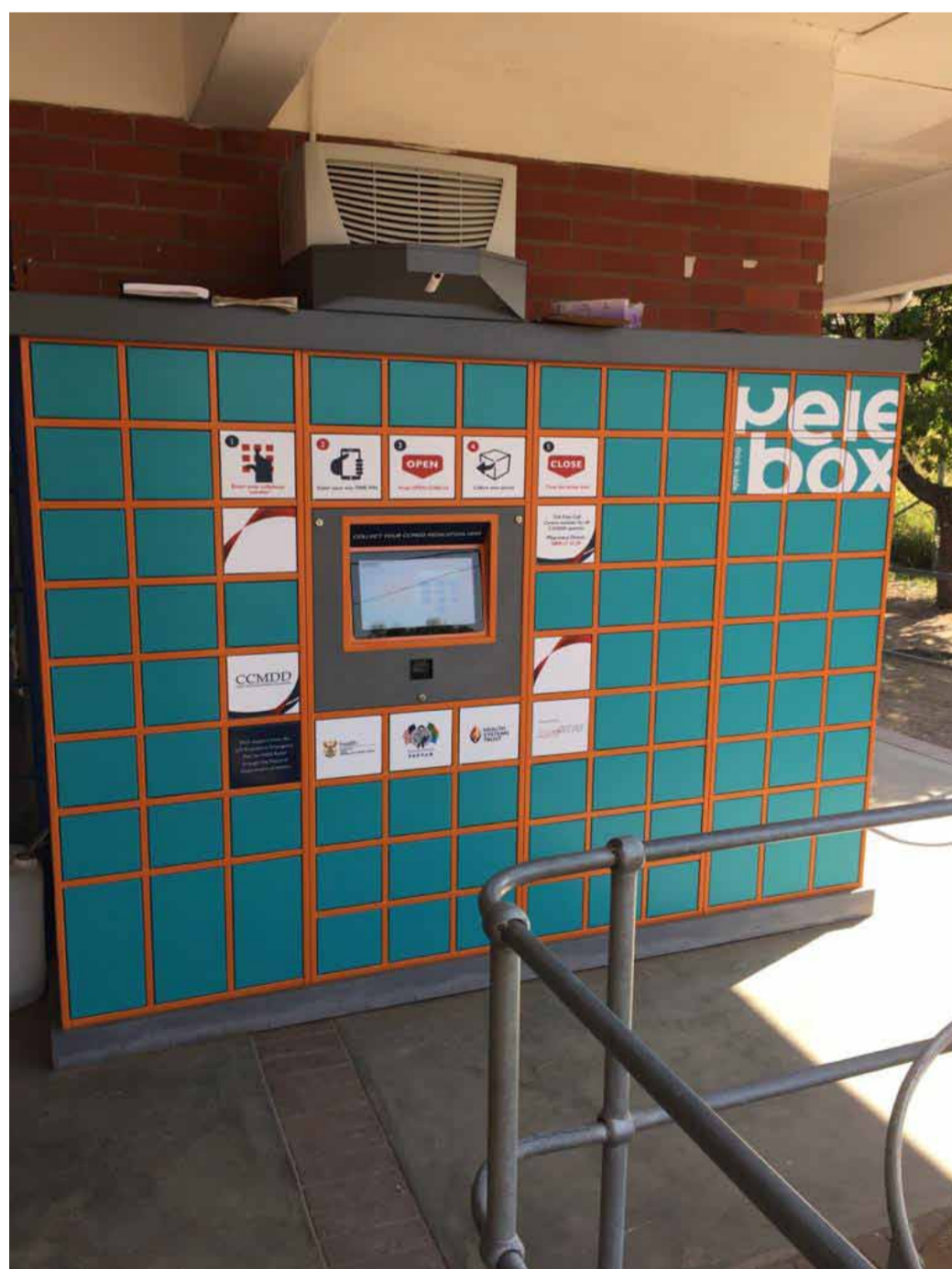
The Pelebox, dubbed as the 'ATM for medication' aims to reduce the time patients spend waiting for medicine from an average of three hours to about two minutes. Patients receive an SMS with a one-time PIN (OTP) and use that code to open a locker containing their medication.

Following the Department's successful system, comes the Pelebox smart locker. The Pelebox was developed by Neo Hutiri, a South African electrical engineer whose aim was to cut the waiting period of patients in clinics who need chronic medication. "Pele" derives from the Setswana language and means 'first, in front and fast'.

Once a patient has collected their chronic medication, an SMS is sent to a different patient to come to collect theirs. Since its inception, the Pelebox has been an invaluable addition to the province's health care system, seeing areas such as eThekweni District benefiting from its convenience as it is a Covid-19 hotspot.

The idea of the Pelebox stems from Neo's own struggle when he was diagnosed with TB once and faced long queues.

The Pelebox was established to be a quick and cost-effective alternative medicine collection system which encourages people to stay on treatment as they can collect chronic medications in a matter of minutes.



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NATURE'S ANSWER FOR COMBATING INFECTIONS: VEGETABLES



The instruction by parents and medical professionals is a known tired song, "Eat your vegetables". Unfortunately, thanks to the convenience offered by greasy take-aways, two minute noodles and other instant foods, it's a song not song enough. Vegetables are a vital key to a healthy body, which has never been more important than now during the coronavirus pandemic.

According to the World Health Organisation (WHO) a minimum of 400g of fruit and vegetables per day (excluding potatoes and other starchy tubers) is recommended for the prevention of chronic diseases such as heart disease, cancer, diabetes and obesity, as well as for the prevention and alleviation of several micronutrient deficiencies, especially in less developed countries.

Additionally, in a turbulent economy the good news is that vegetable seedlings are affordable and easy to plant in even a small garden, providing meals for your family again and again. Some vegetables, such as carrots and potatoes, don't even need seedlings. Instead, planting a portion of the vegetable alone can birth a new plant.

The consumption of these superfoods is a great way to not only prevent infections but

also to successfully fight off infections after being infected. This is especially important for those with compromised immune systems from varying illnesses such as HIV, TB, diabetes and more.

Fruits and vegetables equip our immune systems with the necessary substances to attack intruding bacteria and viruses. By choosing to incorporate more nutritious foods into your daily diet, you are not only making a decision to live longer and healthier but to ensure that government resources are preserved for those who are really in need.

**IN THE NEXT
ISSUE: HOW TO
START YOUR
OWN HOME
GARDEN**

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ON THE KZN HEALTH CHAT BULLETIN TO:**

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