We are normal. We have hands. We have feet. We can walk, we can talk, we have needs just like everyone else: don’t be afraid of us - we are all the same!


“We are human beings, just like you”

16 years on... SA leads the way in honouring the legacy of Nkosi Johnson
KwaZulu-Natal is once again honoured to host the 21st International AIDS Conference this month, for the second time since the year 2000. As far as the fight against AIDS is concerned, the thousands of international delegates and journalists here for the conference will find a different and remarkably better South Africa, compared to the year 2000. Fewer people are dying as a result of HIV infection – 2.4 million people countrywide have been put on Antiretroviral Treatment – and the number of children being infected by their mothers at birth is nearly zero.

Although global efforts are still underway to find the HIV cure, in KwaZulu-Natal alone, major strides have been made in the fighting the epidemic and curbing its spread, including:

- Having 618 health facilities that provide comprehensive HIV and AIDS services, most again being nurse-driven;
- Ensuring that all HIV-positive pregnant women receive lifelong treatment, regardless of their CD4 counts;
- Significantly decreasing the Mother to Child Transmission of HIV from 22% in 2008 to 5% in 2010 and to 1.3% currently. The Department of Health intends further reducing this to 0.5% by 2018.
- Initiation of HIV-positive patients with a CD4 count of 500 or less on Antiretroviral Treatment, as opposed to the previous CD4 count of 350 before January 2015, and 200 before that.

Recently, the country took a huge step of progress when the Honourable Minister of Health Dr Aaron Motsoaledi announced that HIV/AIDS patients would no longer only be given medication when their CD4 count was low, but rather from the moment of diagnosis. This “test and treat” approach will go a long way towards ensuring that HIV-positive people live healthier and longer. The Department has also taken Health Services to Taxi Ranks, which has entailed screening for Sexually Transmitted Infections, Tuberculosis, and HIV amongst others. We have also used Operation Sukuma Sakhe as a vehicle to promote and ensure early attendance of ante natal care services by pregnant mothers, which impacts positively on the Prevention of Mother to Child Transmission. And we have launched the Dual Protection Campaign, which targets all Tertiary Vocational Education and Training (TVET) colleges in the Province to promote safe sexual and reproductive behaviour as means to curb unwanted and pregnancies as well as new infections. Dual Protection is the use of female contraceptive methods and using condoms during every episode of sexual contact. This ensures protection against both sexually transmitted infections, including HIV and unwanted pregnancies.

We are ready to tell the world about the Nurse Initiated Management of Antiretroviral Therapy (NIMART) programme, which has provided an exponential increase in the number of nurses who are able to analyse HIV blood test results and change the treatment regimen if needs be. It is thanks to these nurses that we have initiated and sustained more than 1 million patients on Antiretroviral Treatment. Previously, only doctors were able to perform this task.

We also recently launched an innovative and exciting new programme for the distribution of chronic medication to patients at locations closer to their homes in communal spaces such as churches, community halls and schools. This programme is known as the Central Chronic Medicine Dispensing and Distribution (CCMD). Thanks to CCMD, patients are able to save travel costs and therefore this reduces the chances of patients defaulting on their medication. This also means we will have less patients suffering and dying from chronic ailments.

As can be seen from this snapshot of achievements, South Africa has a lot to be proud of. However, more work has to be done to reduce the number of new HIV infections, particularly among girls and young women. As Government, we are accelerating our efforts in this regard. These efforts include the “Anti-Sugar Daddy/Blessers” campaign and we look forward to seeing the results of all these initiatives.

God bless!
Durban is proud to host AIDS conference again — Premier Mchunu

SOUTH AFRICA AND DURBAN IN PARTICULAR have been entrusted with the re-hosting of the International AIDS conference which takes place from 18-22 July. This marks its second return to Durban since the first conference we hosted in year 2000. To us, it is an indication of the level of confidence the International AIDS Society has in us, more specifically our ability to handle events and business of this magnitude. Re-hosting the conference will undoubtedly enhance our profile in terms of Business Tourism Development Management and also entrench our status as the city with the best conference facilities where global meetings, exhibitions and conferences can be held.

Our hospitality industry has been proven to be able to compete with world class hotels which make us a tourism destination of choice. Bidding for mega events like the International AIDS Conference, the largest conference on any global health or development issues in the world, is a minnow task where the decision can swing in any direction. Countries that bid put out all stops to snatch these events. I still have vivid memories of the journey we travelled as we worked on this bid, the National Department of Health, the National Convention Bureau, the Tourism KwaZulu-Natal Convention Bureau, a special division of Tourism KwaZulu-Natal which focuses on Business Tourism Destination Management and is funded by Ethekwini Municipality and the Department of Economic Development.

Secondly, we convey our gratitude to the International AIDS Society for seeing value in our country and importantly the host city, running this event again when no other country has hosted it twice. More than 18,000 people from over 180 countries and dozens of journalists including international media houses will arrive in Durban for the conference. The city will be buzzing with vibrant atmosphere and Rambow activities as many nationals come together.

The critical task for us as the host province on behalf of our beloved country, is to ensure that it’s our systems are up to throw the best reception for our honoured guests. Hotels in the host city, Durban, are already fully booked for the conference and our key attractions around the city are also gearing up for an increased foot fall in their properties. This is an opportune moment for all players in the hospitality industry to step up and represent us well. The conference will undoubtedly enhance our profile in terms of Business Tourism Development Management and also entrench our status as the city with the best conference facilities where global meetings, exhibitions and conferences can be held.

We heartily congratulate the team that was involved in the successful bid for the conference, the National Department of Health, the National Convention Bureau, the Tourism KwaZulu-Natal Convention Bureau, a special division of Tourism KwaZulu-Natal which focuses on Business Tourism Destination Management and is funded by Ethekwini Municipality and the Department of Economic Development.

Durban KwaZulu-Natal Convention Bureau,
AIDS CONFERENCE
KZN Health MEC, Dr Dhlomo on AIDS conference in Durban
DE-STIGMATISING AIDS
Community voices needed to curb AIDS stigmatisation
GROWING UP WITH AIDS
Youth: Holding the key to an AIDS-free generation
RIGHTS FOR PEOPLE WITH HIV/AIDS
HIV positive? Know your rights
SUGAR DADDIES
Saying NO means Yes to a brighter future!
KZN HEALTH NEWS
The latest from your Health Department
MENTAL HEALTH AWARENESS
Mental illness on the rise amongst youth
WORLD HEPATITIS DAY
Prevention is better than cure

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PICTURES: shutterstock.com and supplied
How far has KZN come?

AIDS CONFERENCE 2016

How far has KZN come?

AIDS Conference 2016

LOOKING AT OUR SUCCESS

It’s time to showcase to the world our efforts in combating the virus. We should look at what has been achieved, what can be achieved and what more needs to be done. Some of our key successes include:

- 18 million South Africans tested to know their status within 18 months of the HCT campaign.

Today, about 10 million South Africans continue to go for testing each year.

AIDS deaths in South Africa declined from 320 000 in 2010 to 140 000 in 2014, and mother-to-child transmission of HIV reduced from 70 000 babies in 2004 to less than 7 000 in 2015.

People living with the virus and on the antiretroviral treatment programme are living healthy and productive lives.

Through the Nurse Initiated and Managed Antiretroviral Treatment programme there is increased access to life prolonging treatment programme.

Convenient collection points for chronic medications through the Central Chronic Medicines Dispensing and Distribution (CCMDD), ensuring patients no longer have to wait in long queues for chronic meds.

There are Mpilonde support clubs to provide support to those on medicine and to support others.

More than 1 Million people on ARV Treatment in KZN alone and 3.4 million in SA.

KEY CHALLENGES WHICH REMAIN

Despite the huge success in turning the tide on HIV and AIDS, there remains a number of challenges which all countries face in addressing the epidemic. The AIDS conference will bring together key experts across all sectors to work together to come up with a plan to address some of the challenges which include:

1. Nearly half of all new HIV infections occur among the most vulnerable populations.

2. Many of the 2.5 million children currently living with HIV have no access to treatment, due in large part to a lack of tailored screening and treatment options.

3. Women and girls continue to bear an unacceptably heavy HIV burden: In sub-Saharan Africa, they make up nearly 60% of all adults living with HIV.

4. Stigma and discriminatory laws continue to block access to HIV prevention and care for many groups most at risk for HIV, including gay and bisexual men, injecting drug users and sex workers.

5. More investment needed for research and development leading to options for vaccine and functional cure for HIV.

Global summary of HIV epidemic in women and children, 2014

<table>
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<th>Global</th>
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<td>64%</td>
</tr>
<tr>
<td>Children (&lt;15) dying of AIDS related causes</td>
<td>1.5 million</td>
<td>940 000</td>
<td>1.5 million</td>
<td>60%</td>
</tr>
</tbody>
</table>


KwaZulu-Natal has turned the tide on the HIV/AIDS epidemic, and that is a momentous celebration every South African should rightly feel proud of. And, whilst the battle against this dreaded disease is not yet over, we have as a country, and especially as a province, showed the world what can be achieved if we work together.

We now have the largest ARV roll-out in the world and people with HIV and AIDS are living healthier, longer lives. AIDS is no longer a death sentence.

As the world turns its attention to Durban this month during the AIDS conference, it presents a platform for us as South Africans, to tell our story in the fight against AIDS.

AN AIDS FREE GENERATION IS IN OUR HANDS!

BE THE CHANGE YOU WANT TO SEE.

Department: Health

PROVINCE OF KWAZULU-NATAL

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE
Many people have prejudices about diseases, such as HIV and tuberculosis (TB), believing that it only happens to certain people. In some communities, those with HIV are shunned from the rest of the community because of ignorance about the disease and fear that just touching someone with HIV or AIDS can spread the disease - which is completely false!

Each One, Teach One
Educating the community about HIV and how it is transmitted is part of the de-stigmatising process. HIV-related illnesses can be treated (not cured), enabling the stigmatising process. HIV related illnesses how it is transmitted is part of the de-

Parents, teachers and religious leaders have

a role to play

Education starts at home. Take time to discuss issues like HIV and AIDS with your family. If you have teenagers, include topics like:

* Responsible sexual behaviour and sexual abstinence
* How HIV and AIDS is spread
* Importance of knowing your HIV status
* Importance of focusing on education.

Teachers can use opportunities in the classroom to talk about discrimination and focus on specific problems and obstacles that HIV-positive people face and what can be done to bring about positive attitudes.

GET TESTED
Through education, communities can play a powerful role in changing attitudes, removing ignorance and addressing fears around HIV and AIDS. Encourage people in your community to know their status. Work together to empower each other to know their status through community meetings, church gatherings and school visits. Knowing one’s status means having the power to address health issues and changing risky behaviour patterns.

Together, the HIV and AIDS stigma can be overcome so that everyone lives longer, healthier lives!

The Legacy of Nkosi Johnson lives on...
“Care for us and accept us – we are all human beings. We are normal. We have hands. We have feet. We can walk, we can talk, we have needs just like everyone else – don’t be afraid of us – we are all the same!”

Growing up in an HIV-free society
Young people hold the key

Growing up in an HIV-free society
Young people need to take the lead in responsible sexual health behaviour. Young women between 15 to 25 years old are most at-risk of contracting HIV and AIDS. Encouraging people to take charge of their health, by knowing how to prevent and get the right treatment for other co-infections. A major development in South Africa is that from September 2016, every person who is HIV+ will be placed on ARV treatment, regardless of their CD4 count.

ARV treatment
A major development in South Africa is that from September 2016, every person who is HIV+ will be placed on ARV treatment, regardless of their CD4 count.

Outlook
HIV/AIDS has been downgraded to a chronic infection in many first world countries and sufferers are able to lead a healthy lifestyle. South Africa is catching up fast and it is a reality that in the next decade we could see the same in this country, but it needs everyone to take responsibility for their health from the prevention of contracting HIV, to early treatment for HIV-positive people to see this happen.
No stigma, no discrimination

South Africa has a strong Bill of Rights which guarantees every person their human rights, yet those living with HIV and AIDS still face discrimination, mainly due to ignorance and fear over the issue.

This kind of discrimination impacts on the lives of sufferers and their families, who bear the brunt of losing an income or excluded from social acceptance in their communities. The result is that those that need help most do not benefit from education, counselling, treatment or care, because their human rights have been destroyed by other people's intolerance.

Know your rights

Under the Employment Equity Act of 1998, no one in South Africa may unfairly discriminate in any way against an employee because of their HIV positive status. Many are employed (legally) without benefits such as unemployment insurance and can find it difficult to make use of labour laws that are put in place to protect them.

If you are living with HIV and AIDS you have, amongst other things, the right to:

- Medical treatment and care from our health and welfare services
- Be treated with respect
- Privacy and human dignity
- Live free from violence and intimidation
- Equal access to basic services such as water, sanitation and electricity
- Food, healthcare and medical insurance
- Social services, housing and education
- Equal job opportunities
- Legal aid.

Domestic workers are particularly vulnerable as they are often unfairly dismissed because of their HIV positive status. Many are employed (legally) without benefits such as unemployment insurance and can find it difficult to make use of labour laws that are put in place to protect them.

AIDS conference should help denounce sugar daddies

BY KZN Health MEC, Dr Sibongiseni Dhlomo

One of the main issues that I hope will be emphasised during the 21st International Aids Congress, which takes place in Durban this month, is the need for people to get tested for HIV, so that they can know their status.

Research tells us that girls between the ages of 15 and 24 are most vulnerable to HIV and AIDS. And this is primarily due to intergenerational sex between them and older men. I would strongly suggest that the conference should call upon all Sugar Daddies, the so-called “blessers,” to dig deep into their souls, rediscover their conscience and stop preying on young, poor and vulnerable girls for sex.

We also hope that our young women take heed of this impassioned plea. If we allow this vicious cycle of the destruction of young lives by uncalled old men to continue, our efforts to combat the scourge of the spread of HIV infections, will not bear the desired fruits of a HIV free generation. And we simply cannot afford that. We now know that out of these dangerous liaisons with Sugar Daddies, young women derive money which may be spent on necessities such as food and school fees. But it is also spent and fashionable things, such as fancy cell phones, expensive clothes and hairstyles. For these young people, financial trappings could make life seem rosy and exciting. But the truth is that this is only temporary.

The frightening and often hidden feature of these exploitative relationships is the inability for younger women to negotiate safer sexual practices with these older and moneyed Sugar Daddies – and the dire consequences that this has on the women’s lives in the long run.

Domestic workers are particularly vulnerable as they are often unfairly dismissed because of their HIV positive status. Many are employed (legally) without benefits such as unemployment insurance and can find it difficult to make use of labour laws that are put in place to protect them.

In order for young people to thrive, we must rid our society the Sugar Daddy scourge. This is a call for all men to rise up and say, ‘Not in our name will poor and vulnerable children be taken advantage of!!’

Last year, the KZN Department of Health launched the Adolescent and Youth User-Friendly health initiative. The aim of this campaign is to change staff attitudes of certain health workers who tend to judge young people visiting health care facilities to seek reproductive health services.

This is a call for all men to rise up and say, ‘Not in our name will poor and vulnerable children be taken advantage of!!’
Fighting Disease, Fighting Poverty, Giving Hope

**MEC Dhlomo hails forensic pathology staff as unsung heroes of healthcare**

**KWAZULU-NATAL HEALTH MEC, DR SIBONGISENI DHLOMO,** has hailed all dedicated forensic pathology services staff throughout the province as the unsung heroes of the healthcare sector.

Speaking at an event in UThukela district earlier this month to mark 10 years since the Department took over Forensic Pathological Services (FPS) from the SAPS, MEC Dhlomo said that while certain challenges sometimes existed – such as the periodic shortage of certain tools of the trade – there was reason to celebrate.

He described FPS staff as a group of “selfless, compassionate and hardworking cadres,” while urging them not to forget the power of prayer to overcome some of the challenges that came with the job.

“One of the things that have made you survive is the faith that you have. No amount of money will ever meet the service that you give to humanity. Part of your payment will be in heaven,” he said.

He described FPS as one the most critical units in the Department, along with Emergency Medical Services. “If something goes wrong in these units, we would have a disaster.”

Since taking over the service on 01 June 2016, the Department had built new mortuaries; refurbished existing ones; taken decisions around the staffing; including auditing their skills, knowledge and competencies; and ensuring that there was not disruption during the takeover of the service.

Today the Department has 36 functional FPS facilities; eight state-of-the-art facilities; 24 that are still based at SAPS premises but run by the Department; four that are within hospital premises; two of these – in Phoenix and Pietermaritzburg – with a body capacity of 409 and 439 forensic pathology officer who are responsible for the collection and management of bodies.

MEC Dhlomo appealed to all staffs to all FPS to use the Employee Assistant Programme that is in place to help them deal with the demands of their job. MEC Dhlomo, who holds a diploma in Forensic Pathology from the College of Medicine of South Africa, said his own interest in this sector was sparked by the FPS work that had been expended on two tragic events a few years ago – the bus accident that claimed the lives of scores of Zulu maidens in Nongoma and the truck accident in Pinetown, in which 34 people died.

He had also come to recognise that the anguish that is experienced by families of trauma victims who die suddenly was sometimes lost on people – and he sought to change this.

“When I was called in to help out at Pinetown FPS, I was initially hesitant. But after I had heard what FPS staff in charge of the truck accident scene in Pinetown had gone through, I decided there and then that I wanted to be trained in this vocation. Part of dealing with this diploma was to put myself in these people’s shoes. When I go to dissect a body in Pinetown, I just imagine that people are doing this everyday.”

Turning to the staff, MEC Dhlomo said: “You need to continue being prayerful about yourselves, so you can continue surviving. Not many people can survive in this job. You have to wake up with a new strength, and always be very close to your creator and ask Him for support. You need to develop your own energy to survive. I am extremely happy that despite the challenges, you have always put grieving families ahead of yourselves.

“You are dealing with this trauma... decomposed bodies... every day. But you have no choice. It is extremely challenging, it is not nice to see, yet you see that every day. I felt it was important to come and recognise you today.”

Dr Dhlomo pledged to continue advocating for the career pathing and advancement of FPS staff.

**MEC Dhlomo visits Madadeni Hospital**

**KWAZULU-NATAL HEALTH MEC, DR SIBONGISENI DHLOMO,** has taken Madadeni Hospital by surprise after making an unannounced visit earlier this month.

The MEC interacted with healthcare workers and patients and visited the medical and children’s wards, and found the hospital to be in a clean and good working condition.

“A hospital must not only work and look orderly only when they know that the leadership will be visiting. They should maintain a hospitable image and environment at all times, even when we are not looking. I was pleased with what I saw at Madadeni Hospital today,” he added.
WHAT TO DO IF YOU HAVE A SEXUALLY TRANSMITTED INFECTION

I'M A BIT WORRIED ABOUT HIM; HE REFUSES TO WEAR A CONDOM WHEN WE HAVE SEX AND I AM WORRIED ABOUT CATCHING A SEXUAL INFECTION.

HOW ARE THINGS GOING WITH THABO?

WHAT IF I DO HAVE AN INFECTION?

I HAD A STI AT THE BEGINNING OF THE YEAR AND A FRIEND ASKED ME IF I HAD BEEN TESTED. I WENT FOR A TEST, THEY DISCOVERED I HAD A SEXUALLY TRANSMITTED INFECTION AND GAVE ME MEDICINES. IN A FEW WEEKS I WAS FINE.

MY SISTER! YOU REALLY MUST GO TO THE CLINIC.

BUT WHY? THERE IS NOTHING WRONG WITH ME.

YOU NEED TO CHECK IF YOU HAVE A SEXUALLY TRANSMITTED INFECTION. VERY OFTEN YOU FEEL NORMAL, LIKE THERE IS NO PROBLEM. YOU WOULD NOT KNOW YOU HAVE AN INFECTION UNLESS YOU GET TESTED.

TODAY, AFTER WORK, I'M GOING TO GET TESTED FOR STIS. YOU KNOW, I THINK THABO HAS A GIRLFRIEND IN THE CITY. I HAD BETTER GET TESTED TODAY!

IF YOU ALREADY HAVE A SEXUALLY TRANSMITTED INFECTION OR THINK YOU ARE AT RISK:

TREAT IT EARLY - DON'T WAIT UNTIL YOU ARE ILL. HELP YOUR PARTNER TO GET TREATED AT THE SAME TIME OTHERWISE YOU CAN GET INFECTED AGAIN. MAKE SURE TO TAKE ALL MEDICINES GIVEN FOR TREATMENT EVEN IF THE SIGNS GO AWAY - YOU WILL NOT BE CURED UNTIL YOU COMPLETE ALL THE REQUIRED MEDICINE GIVEN.

PRACTICE SAFER SEX - YOU CAN ALWAYS GET ANOTHER STI OR HIV/AIDS IF YOU DON'T!

GET TESTED FOR HIV AT THE SAME TIME!
Is mental illness a real illness?

Mental illnesses are still feared and misunderstood by many people, but knowing and understanding what it is will allow you to face your fear and teach others in your community too, so that everyone learns and helps those affected. That way, we build stronger communities.

Did you know? 73% of mental illness remains undiagnosed, untreated and unsupported?

How is mental illness diagnosed and treated?

Your health worker will refer you to a specialist for further diagnosis who will then be able to confirm if you have a mental illness. Depending on the condition, treatment can include medication or counselling, or a combination of both. Through proper management, symptoms of mental illness can be reduced, allowing individuals to lead productive and fulfilling lives.

How can I help someone with a mental illness?

Contrary to popular belief, those with a mental illness are not necessarily more violent or dangerous. Instead, they need our support and understanding, not fear and stigma. You can help by:

- Acknowledging that they’re suffering from a disease – not possessed or lazy
- Offering support in times of crisis
- Encouraging them to seek professional help
- Being compassionate and caring
- Educating others about mental illness and its causes.

If you suspect or know you have a mental illness, talk to someone – a friend, colleague, someone at church or your health worker. Talking helps to find solutions.

Suicide attempts and mental illness on the rise amongst youth

Mental health is a critical issue that affects many people. It is important to recognize signs and symptoms of mental illness so that individuals can seek help in a timely manner. Here are some signs to watch for:

- Sad, anxious or ‘empty’ feelings
- Feeling hopeless and pessimistic
- Irritability and restlessness
- Feeling guilty, worthless and/or helpless
- Not interested in activities or hobbies including sex
- Fatigue
- Difficulty concentrating, remembering details and making decisions
- Insomnia or sleeping too much
- Overeating or appetite loss
- Thoughts of suicide or suicide attempts

If you or someone you know is experiencing these symptoms, it is important to seek help from a mental health professional or a trusted source.

Mental health care patients, caregivers, practitioners, public and private sector service providers, non-profit organizations and benefactors launched the Mental Health Advocacy Movement with the first ‘Step up for mental health’ activity on 2 July 2016 on Durban’s beachfront.

The activity drew more than 350 people from mothers with babies to senior citizens who braved one of Durban’s coldest mornings to walk the talk for the Cinderella of Health.

The function was graced by Mr Teen Africa 2016, Luthando Malembe, who shared his triumph from ADHD and academic failure to overcoming the limitations of the illness with appropriate treatment and support, underscoring the effect of essential psychological interventions. Not only did he proceed to achieve academically but has gone on to win a string of titles. He is an advocate for the benefits of treatment of mental disorders and a drug-free lifestyle for teenagers.

The mental health advocacy group plans to make this an annual, and possibly a national, event. Other activities planned for this year are a symposium, which will include a session devoted to caregiver support, the establishment of a central mental health resource centre as well as outreach activities to communities to increase awareness of mental health, mental illness and substance abuse and to empower communities to improve their mental health.

The advocacy group can be contacted at mhadvocacygroup@gmail.com
Elimination is possible!

WHAT IS HEPATITIS?

It’s when there is an inflammation of the liver (an inflammation is when a part of the body becomes red, swollen and painful). It has different causes, but a viral infection is usually the most common (a viral infection means you have a virus in your body). The hepatitis B virus is 50 to 100 times more infectious than HIV because it can survive in some places up to seven days, while HIV survives for only a few minutes outside the human body. There are 5 types of hepatitis:

1. **Hepatitis A virus (HAV)** is present in the faeces of infected persons and is most often passed through contaminated water or food. Certain sex practices can also spread HAV. In most cases infections are mild, however, some HAV infections can also be severe and life threatening.

2. **Hepatitis B virus (HBV)** is transmitted through exposure to infected blood, semen and other body fluids. HBV can be transmitted from infected mothers to infants at birth or from family member to infant in early childhood. Transmission may also occur through transfusions of HBV-contaminated blood, contaminated injections during medical procedures, and through injection drug use. Safe and effective vaccines are available to prevent HBV so make sure your baby is vaccinated on time, every time!

3. **Hepatitis C virus (HCV)** is mostly transmitted through exposure to infected blood. This may happen through transfusions of HCV-contaminated blood, contaminated injections during medical procedures, and through injection drug use. Sexual transmission is also possible, but is much less common. There is no vaccine for HCV.

4. **Hepatitis D virus (HDV)** infections occur only in those who are infected with HBV. The dual infection of HDV and HBV can result in a more serious disease and worse outcome. Hepatitis B vaccines provide protection from HDV infection.

5. **Hepatitis E virus (HEV)** is mostly transmitted through consumption of contaminated water or food. HEV is a common cause of hepatitis outbreaks in many parts of the world but safe and effective vaccines to prevent HEV infection are not widely available.

Symptoms include:

- Yellowing of the skin and eyes (jaundice)
- Dark urine
- Extreme tiredness
- Nausea, vomiting and stomach pain.

Prevention is better than cure

- Wash your hands regularly - especially after contact with lift buttons, public taps and stairs.
- Use condoms during sex - the virus are present in sperm, vaginal fluid and your bloodstream.
- Avoid taking drugs and never share needles or syringes.
- Wear protection when dealing with other people’s open wounds or cuts.
- Never share razors, toothbrushes or other sharp instruments.

Protect your child against hepatitis, vaccinate!

GET TESTED.  GET TREATED.  SAVE A LIFE.

- 1.4 million people die each year around the world from viral hepatitis
- 400 million people are infected worldwide
- 80% of those infected are not aware.
- Curing hepatitis can prevent liver cancer

1. Hepatitis is often a misunderstood illness, commonly linked to HIV/AIDS or associated only with people who practice risky-behaviours. But, viral hepatitis is also unique. Unlike many other illnesses, it can be treated, so knowing the facts around the disease is important so that you know your options if faced with it - and help prevent the spread.