HEALTH
KwaZulu-Natal

iSOLEmpilo

KwaDabeka CHC Staff Official Newsletter

Issue 8/08

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Launch of Cervical Cancer Screening in AMaoti

KwaZulu Natal MEC for Health, Dr Sbongiseni Dhlomo listening to speakers during Cervical Cancer Screening launch in Amaoti, next to him is Dr Manto Shabalala Msimang, a former National Health Minister, on the far right is Dr Mhlongo

Just shortly after the 3rd Stop Cervical Cancer in Africa Conference which was held in Cape Town, KZN MEC for Health, Dr Sibongiseni Dhlomo acted swiftly when he, in partnership with the eThekwini Municipality; NGO's, the First Lady, Thobeka Madiba-Zuma, and the former Health Minister, Dr Manto Shabalala Msimang, launched *Phila Ma* project in Amaoti (Inanda) on the 11th of August.

"There are more maternal deaths nowadays than before, a situation that can be prevented easily if a disease is detected early" says, Dr Dhlomo. The timing of the launch was perfect as it was launched during the Women's month (August) and is supported by influential women like Dr Manto Shabalala Msimang, who headed the Health Department, and has been tasked by AU to be a good-will ambassador against women and children health in Africa, Thobeka Madiba-Zuma who has also been nominated as a Deputy President for the African First Ladies, also her task almost being the as for Shabalala. The first lady emphasized the improvement and accessibility of pap smear in the rural areas.

Dr Dhlomo encouraged women to visit clinics so that they get tested, particularly when they notice any vaginal discharge since cervical cancer is sometimes asymptomatic, and he also encouraged clinical staff to examine patients thoroughly.

A message was also conveyed that young people under the age of 18 must be encouraged to refrain from pregnancy since it is not safe, and they may be easily be susceptible to cervical cancer, this is according to the World Health Organization (WHO). Cervical Cancer problem is mainly found in African States, but more severe in Burundi and Malawi, thus, South Africa wants to act early.

Hundreds of women were then tested for cervical cancer and other diseases.

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AIDS HELPLINE
☎ 0800-012-322

"Cervical Cancer is preventable. It can be Cured. Be tested"

stop TB

Editorial

First and foremost, staff and Management of KwaDabeka CHC would like to welcome our new MEC for Health, Dr Sibongiseni Dhlomo and our new Head of Department, Dr Zungu.

We promise that our mission to render compassionate inpatient and outpatient services as reflected on our mission statement, will remain as stated. In line with the provincial strategic priorities, our commitment to fight diseases, poverty and giving hope will continue to be our daily motto. We will also add to our campaigning IEC materials and inform public by word of mouth that KwaDabeka CHC save lives of the people of Clermont/KwaDabeka, and together (management and staff) will make this institution serve the people.

During these hard times when alien diseases hit hard and economic recession takes its toll, we will make sure that we utilize our resources in line with the budget allocated to us and always stick to the Departmental prescripts.

The number of people we serve each day has drastically escalated during the past couple of years whilst still working on the same structure, however, dedication from staff always see us through.

Tyron Khuzwayo

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KwaDabeka Community Health Centre

Vision

To provide comprehension PHC to all citizens in the catchment of KwaDabeka CHC.

Mission

To render compassionate inpatient and outpatient services based on PHC approach while providing continuing education, admin support, technical support and guidance and referring patients needing a high level of care.

Core Values

Open communication

Transparency

Consultation

Commitment to performance

Service Excellence

Notice to Staff

1. Nomination for Beneficiaries forms are available at Human Resources Department . Ask your Supervisors for more information. Please bring necessary documents.
2. The recent Extended Management meeting, Supervisors were told to inform their subordinates to visit the office of the PRO for name badges. The service has been put on hold because a film has finished. It has been ordered and staff will be informed if it is available.
3.

Save Lives. Make Health Facilities Serve the People

Save Lives. Make Health Facilities Serve the People

Be Street Wise

Be Street Wise

Cervical cancer is malignant cancer of the cervix uteri or cervical area. It may present with vaginal bleeding but symptoms may be absent until the cancer is in its advanced stages.[1] Treatment consists of surgery (including *local excision*) in early stages and chemotherapy and radiotherapy in advanced stages of the disease. Pap smear screening can identify potentially precancerous changes. Treatment of high grade changes can prevent the development of cancer. In developed countries, the widespread use of cervical screening programs has reduced the incidence of invasive cervical cancer by 50% or more.[*citation needed*]

Human papillomavirus (HPV) infection is a necessary factor in the development of nearly all cases of cervical cancer.[1][2] HPV vaccine effective against the two strains of HPV that cause the most cervical cancer has been licensed in the U.S. and the EU. These two HPV strains together are currently responsible for approximately 70%[3][4] of all cervical cancers. Since the vaccine only covers some high-risk types, women should seek regular Pap smear screening, even after vaccination.[5]

Symptoms

The early stages of cervical cancer may be completely asymptomatic.[1][8] Vaginal bleeding, contact bleeding or (rarely) a vaginal mass may indicate the presence of malignancy. Also, moderate pain during sexual intercourse and vaginal discharge are symptoms of cervical cancer. In advanced disease, metastases may be present in the abdomen, lungs or elsewhere.

Symptoms of advanced cervical cancer may include: loss of appetite, weight loss, fatigue, pelvic pain, back pain, leg pain, single swollen leg, heavy bleeding from the vagina, leaking of urine or faeces from the vagina,[9] and bone fractures.

Treatment

Microinvasive cancer (stage IA) is usually treated by hysterectomy (removal of the whole uterus including part of the vagina). For stage IA2, the lymph nodes are removed as well. An alternative for patients who desire to remain fertile is a local surgical procedure such as a loop electrical excision procedure (LEEP) or cone biopsy.[21]

Khulugqame Primary launches as a Health Promoting School

A health promoting School constantly strengthens its capacity as a healthy setting for living, learning and working.

Khulugqame primary school in KwaDabeka D section has also joined two other primary schools which were launched as health promoting schools. These schools are Greenbury Primary in Phoenix and Zakhele Primary school in Clermont. This initiative is a partnership between the Department of Health and the Department of Education. eThekwini Health District is facilitating the program with a school Nurse (Sr Gordon) who works closely with schools in the West Sub District.

A health promoting school does not only benefit the school, but also the entire community benefits from their status, speakers mentioned.

Sr Gordon standing next to the banner at Khulugqame Primary School during its launch as a Health Promoting school

KwaDabeka CHC Vitamin A Campaign 2009

Vitamin A plays an important role in strengthening the body's resistance to infection. Children who are vitamin A deficient may become blind. If vitamin A deficient children suffer from measles or diarrhoea, these conditions may worsen and may increase the child's risk of dying.

Our effort to strengthen the bodies of our children started on the 7th to the 19th., where Vitamin A was given to children in schools, crèches and other designated areas. September 7 to 19th is a Child Health.

Children from age 1 to 5 are given Vitamin A dose. A deworming tablet is also given to children 1 – 5 years. Children aged 1 -2 years get half a tablet and children aged 2 – 5 years get one tablet. The tablet is chewable and dissolves easy in the mouth. Those children from 0-6 years who have missed their vaccine are then immunized. Her are the places that were visited in Clermont/ KwaDabeka:

Young children at Intuthuko Creche in Sub 5 Clermont being prepared for a dose

Team 1:

1. Granny Ngwenya Creche
2. Zakhele Pre-School
3. Sr Khumalo Creche
4. Vezamafa Pre-School
5. Tholimpilo 7th Day Church
6. Unothando Creche
7. Khulugqame Pre School
8. Baptist Creche
9. J Post Office Point
10. Halala Creche
11. Siyathuthuka Creche
12. Place of Safety
13. Sakhisizwe Creche
14. Good Shepherd Creche
15. Intuthuko Creche
16. Phephela Creche 37th Avenue
17. Sbahle Creche (Dabeka K)
18. Tholulwazi crèche
19. KwaDabeka Shopping C

Team 2:

1. Nazareth Creche
2. 6th Avenue Church
3. Nyembe Creche
4. Chris Hani Creche
5. Inkanyezi Creche
6. KwaZwezwe point
7. Little Star crèche
8. Izitezi eziGrey Point
9. Santi Street Point (KwaDabeka A)
10. Hlanganani Creche
11. Thandabantwana Creche
12. Zamanathi Creche
13. Mpumelelo Creche
14. Khayalethu Creche
15. Zuzimfundo Creche
16. Hlanganani Creche
17. Siyakhula Creche 34th Avenue
18. Impumelelo Creche 37th Avenue
19. Blue House Point 34th Avenue
20. Mbanjwa Store (Umvuzane)
21. Sithokozile Hall Creche (Umvuzane)
22. Sub-5 Hall
23. Mpumelelo Creche (Zwezwe)

Other points not reflected above were done by Clermont Clinic teams.

NB: Statistics were not available during the time of print and will be published in the next issue after the eThekwini District has released them.

Health calendar

September

7-11 : Pharmacy Week
7-11 Back Week
8 : World Rabies Day
12: World Oral Health Day
14: National Attention Deficit Hypersensitivity Disorder Day (ADHD)
14- 18 Infection Control Week
14 - 18 : Stroke Week
21 World Alzheimer's Day
21-27 World Retina Week
28 : World Heart Day

October

1 : International Day for Older Persons
1 : National Inherited Disorders Day
5-9: Eye care awareness week
8 : World Sight Day
9 : Partnership against AIDS anniversary
9-13 : National Nutrition Week
10 : World Mental Health Day
12 : World Arthritis Day
12-20 : World Bone and Joint Week
14: International Day for Natural Disaster Reduction
15 : National Foetal Alcohol Syndrome Day
15-19 Obesity week
16: World Food Day
17 : World Trauma Day
17 : International Day for the Eradication of Poverty.
20 : National Down Syndrome Awareness Day
20 : World Osteoporosis day
23 : National Iodine Deficiency Disorder Day
24 : World Polio Day

November

Red Ribbon Month
1: Africa Youth Day
7 : National Children's Day
2-7 SADC Malaria Week
9 : World Radiography Day
13 : SADC Malaria Day
14 : World Diabetes Day
25 : International Day for the elimination of Violence Against Women
25/11 - 10/12 : 16 days of Activism on No Violence Against Women

December

1 : World AIDS Day
3 : International Day of Disabled Persons
5 : International Volunteers Day
9 : World Patient Safety Day

PRO Batho Pele training, a speedy re-enforcement tool

Redress, as contained in the eleven Batho Pele principles used in KwaZulu Natal Government departments is not important if all other ten principles are not violated. This is the answer to a plenary exercise done at the recent PRO Batho Pele training at Inkosi Albert Luthuli Hospital which was conducted by DPSA. This workshop was done shortly after the KZN Department of Health decided to transfer Batho Pele training and implementation in health facilities to Public Relations Officers.

Our Service Commitment Charters have promises of providing quality service, of which if standards are not met, then, Redress principle is implemented. Not many staff members in health facilities in particular understand the content of each and every principle. However, this attempt by the Department will pave way for a uniformed implementation of all Batho Pele principles.

Lady trainers posing for a picture during the PRO's Batho Pele training in Albert Luthuli Central Hospital, hosted by DPSA

After this training, PRO's will then train all staff members and develop other activities supporting the implementation.

KwaDabeka CHC Vitamin A Campaign 2009

Our girls make us proud

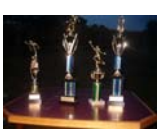
A Soccer and Netball tournament which took place recently had proved that KwaDabeka CHC is now among the best teams in eThekwini, with Netball team scooping number one and the boys emerged the second runner ups after a beautiful game. Even though there were hick-ups concerning the logistics, both teams managed to secure a space and a sports field.

There were three teams, including Hlengisizwe CHC (winners) and Don McKenzie Hospital.

Players were given T-shirts, juice bottles by Old Mutual as a sponsor.

KwaDabeka CHC Netball team posing for a picture after their win during the tournament at Lahee Park (Pinetown)

KwaDabeka CHC Netball team posing for a picture after their win during the tournament at Lahee Park



Long time serving colleauge finds her house in ashes, now deals with her ordeal

A dark cloud over one of our colleague who one day in the past month when coming from work in the afternoon found her house in ashes. Mrs. Mbhele, Dental Assistant who has worked for KwaDabeka CHC for a number of years has lost everything except the clothes that she was on that day. She is currently housed by a neighbour.

Thanks is hereby extended to all staff members who contributed with clothing items and household items.

You can still donate with whatever comes from heart. It could be clothes, food e.c.t. Donations are sent to the office of the PRO at room 32 during office hours. Or call 031 714 3736 or email: tyron.khuzwayo@kznhealth.gov.za. In the absence of the PRO, donors can visit the office of the CHC Manager, Ms B. S Mdlalose.

"Blessed is the hand that giveth, than the one that taketh"

Kesho Bora Interim Study Results

Prevention of Mother to Child during Breastfeeding

Preventing of Mother to Child Transmission of HIV During Breastfeeding

New evidence that giving mothers a combination of ARVs during pregnancy, delivery and

breastfeeding cuts HIV infections in infants by 42% compared with current WHO recommendations

This is according to a recent presentation Dr. Mokgoro has had with the Management of KwaDabeka CHC

Kesho Bora is a researching organisation which has been operating in the premises of KwaDabeka CHC for almost four years.

Giving a combination of three antiretroviral (ARV) drugs to pregnant mothers with HIV infection and

CD4 count between 200 and 500 cells/mm3 from the last trimester, through birth and six months of

breastfeeding reduces the risk of transmitting HIV to the baby and improves survival compared with

babies of mothers with HIV who are given the current WHO recommended short course ARV regimen.

2. There is no increase in risk to the health of mothers or their babies associated with the triple ARV

regimen.

3. The biggest benefits in terms of HIV free survival are among babies born to mothers with a CD4 count

of between 200 and 350 cells/mm3.

4. These findings will be considered by WHO experts, together with other recent data on the use of ARVs

to reduce HIV transmission during pregnancy and breastfeeding, when guidelines are updated later this

year.

5. This approach offers new hope for mothers with HIV infection who cannot safely feed their babies

with infant formula or other replacement foods.

In many developing countries, mothers with HIV face a stark choice: to breastfeed their babies, and risk

passing on the virus through their breast milk; or to formula feed, and deprive their infants of the

natural immunity transmitted through breast milk which helps protect against potentially deadly

diarrhoeal disease and malnutrition. A study led by the World Health Organization (WHO) in partnership

with the French National Agency for Research on AIDS and Viral Hepatitis (ANRS), US Centers for Disease

Control and Prevention (CDC) and Eunice Kennedy Shriver National Institute of Child Health and Human

Development (NICHD) of the National Institutes of Health, offers new insights and new hope for

preventing HIV infection and death among infants in settings where many mothers with HIV infection

breastfeed, despite the risks. The purpose of the study was to assess whether the risk of HIV

transmission during breastfeeding could be safely reduced.

The findings of the study named "Kesho Bora" ("a better future" in Swahili) show that the risk of HIV

infection in breastfed infants is greatly reduced when mothers with a CD4 count between 200 and 500

cells/mm3 are given an extended ARV regimen. The study treatment consisted of the anti HIV drugs

zidovudine, lamivudine and lopinavir/ritonavir, from the last trimester of pregnancy and continued for a

maximum of six months of breastfeeding. The evidence for providing ARVs to pregnant women with HIV

during late pregnancy and delivery to reduce transmission of HIV to their infants is well established. But

this is the first randomized trial to directly compare the safety and efficacy of an ARV combination given

during pregnancy and continued while breastfeeding with the standard WHO recommendation of a

short course of ARVs in late pregnancy and around the time of delivery. The health of mothers was an

important consideration in the design of the study. Based on the stage of the mother's HIV disease,

different ARV regimens were prescribed. Women at an advanced stage of disease (CD4 count below 200

cells/mm3) need ARVs for their own health, and this treatment also sharply reduces the risk of passing

on the infection to their babies. The risk of infection for children born to mothers with early stage HIV

disease (CD4 count above 500 cells/mm3) is low and can be well controlled with current

WHOrecommended short course prophylaxis. The balance of risks and benefits of continuing using ARVs

during breastfeeding for mothers with an intermediate stage of HIV disease (CD4 count between 200

and 500 cells/mm3) was not known prior to this study.

Between June 2005 and August 2008, at five sites across Africa, researchers enrolled 1,140 pregnant

women with HIV. Women with a CD4 count below 200 cells/mm3, or experiencing symptoms of AIDS,

were offered long term ARV therapy (in line with current WHO recommendations). Women enrolled

with a CD4 count above 500 cells/mm3 were offered the current WHO recommended ARV prophylaxis

regimen until one week after delivery. Women with a CD4 count between 200 and 500 cells/mm3 were

randomly assigned to one of two groups. In the first, or "intervention" group, 413 women were provided

with a combination of three ARVs for the last two months of pregnancy, through delivery and while

breastfeeding (for a maximum of six months after delivery). The women were advised to stop all

breastfeeding before they stopped taking ARVs. In the second, or "standard" group, the women were

given the standard WHO recommended short course of ARVs, which stops one week after delivery and

does not include further administration of ARVs to mother or infant during breastfeeding. Blood

samples were taken from all infants for HIV testing at birth, and then periodically throughout the study,

until they were 12 months old. At 12 months of age, 9.5% of infants in the "standard" group had

acquired HIV, and 16.3% were either HIV infected or had died. By comparison, 5.5% in the

"intervention" group had acquired HIV and 10.4% were either HIV infected or had died. This

corresponds to a 42% decrease in HIV infection and a 36% decrease in HIV infections or deaths. The best

results, with the largest number of infections averted, were in the group of women enrolled with a CD4

count between 200 and 350 cells/mm3 — that is, those who, according to current recommendations,

are not yet considered to need ARVs for their own health. The number ofadverse events was rare, with

similar frequency in the two groups. The study authors concluded that providing the combination of

three ARVs to breastfeeding mothers is a safe and effective way to reduce HIV infection among infants,

especially those born to women with a CD4 count between 200 and 350 cells/mm3. The mothers and

babies in the study are still being followed to assess the long term safety of the intervention.

The 2006 WHO recommendations on the use of ARVs in pregnant women, including during the

breastfeeding period, are currently being reviewed, and it is expected that new guidelines will be

published by the end of 2009. The revision process takes account of all new data since the last revision,

including those presented at the IAS 2009 conference. In the developed world, mothers with HIV avoid

breastfeeding and instead feed their infants with formula. But in many poor countries, there are barriers

to formula feeding. Sanitation is lacking, and clean water to mix formula is often not available. Many

families have difficulty affording infant formula. They also have difficulty providing enough wood or

charcoal for cooking fires to boil water needed for formula.

Formula fed infants also miss out on protective antibodies — passed on through breast milk — needed

to ward off other deadly diseases. Formula feeding may also carry a social stigma for mothers in certain

settings — the practice is often seen as a sign that a woman has HIV infection. According to current

WHO recommendations, exclusive breastfeeding is recommended for babies of HIV infected women for

their first six months of life, unless formula feeding is acceptable, feasible, affordable, sustainable and

safe before that time. If an HIV infected woman chooses to breastfeed, exclusive breastfeeding (only

breast milk, with no addition of water or foods) for the first six months is recommended. WHO

recommendations on infant feeding are also being reviewed in the context of new ARV guidelines for

the prevention of mother to child transmission of HIV, and will also be published by the end of 2009.

Continues on Page 6….

Continued from page 5...

Study Sponsors

The Kesho Bora study was a partnership between international and national research agencies and institutions. It was coordinated by WHO's Department of Reproductive Health and Research, but the majority of the financial support was provided by ANRS which supported and helped coordinate the

sites in Bobo Dioulasso and Mombasa. NICHD and CDC jointly supported and coordinated the site in Nairobi. Additional funds for the research were provided by the European and Developing Countries Clinical Trials Partnership, the Thrasher Foundation, the UK Department for International Development, UNICEF and the Belgian Government. The South African sites at KwaDabeka and KwaMsane were run in collaboration with the South African National Department of Health, KwaZulu Natal Provincial

Department of Health as well as the Nelson R Mandela School of Medicine, University of KwaZulu Natal and the Africa Centre for Health and Population Studies.

PLEASE NOTE THAT THIS IS NOT THE FINAL RESULTS OF THE STUDY.

What is Swine Influenza?

Swine Influenza (swine flu) is a respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. Swine flu viruses cause high levels of illness and low death rates in pigs. Swine influenza viruses may circulate among swine throughout the year, but most outbreaks occur during the late fall and winter months similar to outbreaks in humans. The classical swine flu virus (an influenza type A H1N1 virus) was first isolated from a pig in 1930.

How many swine flu viruses are there?

Like all influenza viruses, swine flu viruses change constantly. Pigs can be infected by avian influenza and human influenza viruses as well as swine influenza viruses. When influenza viruses from different species infect pigs, the viruses can reassort (i.e. swap genes) and new viruses that are a mix of swine, human and/or avian influenza viruses can emerge. Over the years, different variations of swine flu viruses have emerged. At this time, there are four main influenza type A virus subtypes that have been isolated in pigs: H1N1, H1N2, H3N2, and H3N1. However, most of the recently isolated influenza viruses from pigs have been H1N1 viruses.

Can humans catch swine flu?

Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu have occurred. Most commonly, these cases occur in persons with direct exposure to pigs (e.g. children near pigs at a fair or workers in the swine industry). In addition, there have been documented cases of one person spreading swine flu to others. For example, an outbreak of apparent swine flu infection in pigs in Wisconsin in 1988 resulted in multiple human infections, and, although no community outbreak resulted, there was antibody evidence of virus transmission from the patient to health care workers who had close contact with the patient.

How common is swine flu infection in humans?

In the past, CDC received reports of approximately one human swine influenza virus infection every one to two years in the U.S., but from December 2005 through February 2009, 12 cases of human infection with swine influenza have been reported.

What are the symptoms of swine flu in humans? The symptoms of swine flu in people are expected to be similar to the symptoms of regular human seasonal influenza and include fever, lethargy, lack of appetite and coughing. Some people with swine flu also have reported runny nose, sore throat, nausea, vomiting and diarrhea.

Can people catch swine flu from eating pork? No. Swine influenza viruses are not transmitted by food. You can not get swine influenza from eating pork or pork products. Eating properly handled and cooked pork and pork products is safe. Cooking pork to an internal temperature of 160°F kills the swine flu virus as it does other bacteria and viruses.

How does swine flu spread?

Influenza viruses can be directly transmitted from pigs to people and from people to pigs. Human infection with flu viruses from pigs are most likely to occur when people are in close proximity to infected pigs, such as in pig barns and livestock exhibits housing pigs at fairs. Human-to-human transmission of swine flu can also occur. This is thought to occur in the same way as seasonal flu occurs in people, which is mainly person-to-person transmission through coughing or sneezing of people infected with the influenza virus. People may become infected by touching something with flu viruses on it and then touching their mouth or nose.

What do we know about human-to-human spread of swine flu?

In September 1988, a previously healthy 32-year-old pregnant woman was hospitalized for pneumonia and died 8 days later. A swine H1N1 flu virus was detected. Four days before getting sick, the patient visited a county fair swine exhibition where there was widespread influenza-like illness among the swine. In follow-up studies, 76% of swine exhibitors tested had antibody evidence of swine flu infection but no serious illnesses were detected among this group. Additional studies suggest that one to three health care personnel who had contact with the patient developed mild influenza-like illnesses with antibody evidence of swine flu infection.

How can human infections with swine influenza be diagnosed?

To diagnose swine influenza A infection, a respiratory specimen would generally need to be

collected within the first 4 to 5 days of illness (when an infected person is most likely to be

shedding virus). However, some persons, especially children, may shed virus for 10 days or longer. Identification as a swine flu influenza A virus requires sending the specimen to CDC for

laboratory testing.

What medications are available to treat swine flu infections in humans?

There are four different antiviral drugs that are licensed for use in the US for the treatment of influenza: amantadine, rimantadine, oseltamivir and zanamivir. While most swine influenza

viruses have been susceptible to all four drugs, the most recent seven swine influenza viruses

isolated from humans are resistant to amantadine and rimantadine. At this time, CDC

recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with swine influenza viruses. More information on treatment recommendations can be found at

www.cdc.gov/flu/swine/recommendations.htm.

What other examples of swine flu outbreaks are there? -Probably the most well known is an outbreak of swine flu among soldiers in Fort Dix, New Jersey in 1976. The virus caused disease with x-ray evidence of pneumonia in at least 4 soldiers and 1death; all of these patients had previously been healthy. The virus was transmitted to close contacts in a basic training environment, with limited transmission outside the basic training group. The virus is thought to have circulated for a month and disappeared. The source of the virus, the exact time of its introduction into Fort Dix, and factors limiting its spread and durationare unknown. The Fort Dix outbreak may have been caused by introduction of an animal virus into a stressed human population in close contact in crowded facilities during the winter. The

swine influenza A virus collected from a Fort Dix soldier was named A/New Jersey/76 (Hsw1N1).**Is the H1N1 swine flu virus the same as human H1N1 viruses?**

No. The H1N1 swine flu viruses are antigenically very different from human H1N1 viruses and, therefore, vaccines for human seasonal flu would not provide protection from H1N1 swine flu viruses.

How does swine flu spread among pigs?

Swine flu viruses are thought to be spread mostly through close contact among pigs and

possibly from contaminated objects moving between infected and uninfected pigs. Herds with continuous swine flu infections and herds that are vaccinated against swine flu may have

sporadic disease, or may show only mild or no symptoms of infection.

What are signs of swine flu in pigs?

Signs of swine flu in pigs can include sudden onset of fever, depression, coughing (barking),

discharge from the nose or eyes, sneezing, breathing difficulties, eye redness or inflammation, and going off feed.

How common is swine flu among pigs?

H1N1 and H3N2 swine flu viruses are endemic among pig populations in the United States and

something that the industry deals with routinely. Outbreaks among pigs normally occur in colder weather months (late fall and winter) and sometimes with the introduction of new pigs into susceptible herds. Studies have shown that the swine flu H1N1 is common throughout pig populations worldwide, with 25 percent of animals showing antibody evidence of infection. In the U.S. studies have shown that 30 percent of the pig population has antibody evidence of

having had H1N1 infection. More specifically, 51 percent of pigs in the north-central U.S. have been shown to have antibody evidence of infection with swine H1N1. Human infections with swine flu H1N1 viruses are rare. There is currently no way to differentiate antibody produced in response to flu vaccination in pigs from antibody made in response to pig infections with swine H1N1 influenza.

While H1N1 swine viruses have been known to circulate among pig populations since at least

1930, H3N2 influenza viruses did not begin circulating among US pigs until 1998. The H3N2

viruses initially were introduced into the pig population from humans. The current swine flu

H3N2 viruses are closely related to human H3N2 viruses.

Is there a vaccine for swine flu? -Vaccines are available to be given to pigs to prevent swine influenza. There is no vaccine to

protect humans from swine flu. The seasonal influenza vaccine will likely help provide partial

protection against swine H3N2, but not swine H1N1 viruses.

Extracted from the KZN Health Department Swine Flu N1H1 page.

Photo Album

Soccer and Netballl Tourna-ment at Lahee Park Sta-dium in Pinetown

Orphan Break-fast Party at Wyebank spon-sored by RHRU

MEC visit at Amaoti Com-munity Hall during Cervical Cancer Screening Launch in Amaoti

World famous man made landmarks

And our very own naturally made!!!!.....

Cape Town

iSOLEmpilo

HEALTH
KwaZulu-Natal

KwaDabeka CHC first staff members 1977

Silwa Nezifo, Silwa Nobubha, Sinika Ithemba