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Thyroid Disease: Learn the types, symptoms and treatments

Most people have heard of the thyroid gland, but many do not know or understand what it does. The thyroid gland is an endocrine gland. It makes hormones called thyroid hormones, which help regulate the body's metabolism. The gland is shaped like a butterfly and is located in the front of the neck below the Adam's apple.

Problems occasionally can occur in the thyroid gland, with the most common being overactivity and underactivity.

What is hypothyroidism?

One of the most common problems affecting the thyroid gland is hypothyroidism. This condition occurs when the gland stops making enough hormone. The most common cause of hypothyroidism is Hashimoto's thyroiditis, an autoimmune disorder that ultimately causes the gland to stop working. In early stages, hypothyroidism may not cause noticeable symptoms.

Symptoms of hypothyroidism may vary, and can include:

- Fatigue
- Weight gain
- Constipation
- Dry skin
- Coarse hair and skin
- Muscle weakness
- Slowed heart rate

Hypothyroidism is treated with thyroid hormone medicine that is effective when taken at the correct dose. If left untreated, hypothyroidism can lead to high cholesterol and heart problems over time.

What is hyperthyroidism?

Some disorders of the thyroid gland cause it to be overactive and make too many thyroid hormones, a condition called hyperthyroidism. Hyperthyroidism usually is caused by an autoimmune disease called Graves' disease. It also can be caused by a metabolically active thyroid nodule making too much hormone or by a short-lived thyroid gland inflammation. Graves' disease can be treated with medication, radioactive iodine therapy or surgery. Graves' disease can lead to Graves' ophthalmopathy, or thyroid eye disease, which can cause vision loss, eye pain or bulging eyes.

Symptoms of hyperthyroidism also vary and can include:

- Losing weight without trying
- Rapid heart rate
- Sweating
- Diarrhea
- Nervousness
- Muscle weakness
- Thinning skin and brittle hair

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Other thyroid disorders

Other disorders of the thyroid gland often require surgery for treatment. A thyroid lobectomy, known as hemilobectomy, is a surgery that removes part of the gland. During a total thyroidectomy, the entire gland is removed. Thyroid cancer treatment usually requires total thyroidectomy and, in some cases, removal of lymph nodes in the neck. Many small thyroid cancers can now be treated with a lobectomy.

Some noncancerous nodules become large enough to cause pain and problems swallowing and breathing. When this happens, partial or total thyroidectomy is recommended. A person who has part of their thyroid gland removed may need to take hormone replacement after surgery. When a person has the entire gland removed, they will need to take replacement hormones for life.

When to seek treatment for thyroid symptoms

Consider seeing your primary care professional if you have signs and symptoms of hypothyroidism or hyperthyroidism, or if you can feel a nodule in the lower front of your neck. Your healthcare team will take a detailed medical history and perform a physical exam. Your care may include lab tests, a neck ultrasound and referral to an endocrinologist or an ear, nose and throat specialist. If surgery is needed, you will be referred to an ear, nose and throat surgeon or general surgeon with expertise in performing thyroid procedures who will evaluate and discuss your options.

Thyroid disorders are relatively common in adults. Fortunately, nearly all thyroid problems can be managed successfully when identified early.

Source: Thyroid disease: Symptoms, treatment - Mayo Clinic Health System - Accessed 1 Feb 2024



National Blood Donor Awareness

Donor's rights and responsibilities

Giving your lifesaving blood to help in the medical care of patients justifies respect, courtesy, trust, and appreciation. The SANBS values its blood donors, as we could not fulfill our lifesaving mission to the South African community without the support of blood donors.

To ensure that donors and prospective donors have full confidence in the blood donor process, we state the following rights and responsibilities of all donors

Donor's Rights

- **Respect:** You have the right to be treated with courtesy and respect in all interactions with SANBS employees and volunteers.
- **Considerate and Respectful Collection and Care:** You have the right to high quality, considerate, and respectful blood collection experience. You also have the right to receive prompt, truthful, and clearly understood answers to questions about the donation process.
- **Quality Donation Standards:** You have the right to be assured that SANBS meets or exceeds all requirements of the

applicable standards in the collection and handling of blood donations.

- **Privacy:** You have the right to receive appropriate acknowledgment and recognition for donations and to be assured that all donor information is handled with confidentiality, privacy, and security.
- **Information:** You have the right to be informed of the ways in which SANBS intends to use the blood that is collected from you and to be assured that donations are used for their intended purposes.
- **Complaints:** You have a right to file a complaint with the Quality department if you have a complaint or concern with regard to donor safety or quality.

Donor's Responsibilities

- **Consideration and Respect:** You are responsible for being considerate and respectful of other donors and SANBS staff by maintaining civil language and conduct in your interactions at all times. The SANBS does not tolerate any form of abuse or harassment of other donors or staff at its collection sites.

National Blood Donor Awareness

- **Eligibility:** You are responsible for providing accurate and complete information to SANBS regarding eligibility to donate blood.
- **Following Instructions:** You are responsible for following post-collection instructions as given. Please ask questions or tell us if you do not understand the instructions and notify us about any changes in your condition after leaving the donation site.

Who can donate to this cause?

The universal access to safe blood is the lifeline for the healthcare system of any nation. As South Africans, we can all be proud of our dedicated and selfless voluntary donors who regularly donate blood to save lives of thousands of our people every year.

Minimum Requirements to be a Blood Donor:

- You are between the ages of 16 and 75 years old, for first time donors.
- You weigh a minimum of 50 kgs (and platelets a minimum of 55 kgs).
- You are in good health.
- You lead a low risk lifestyle.
- You consider your blood safe for transfusion.
- You have had a balanced meal within four hours of donating blood.
- You have not donated blood in the last 56 days (and platelets in the last 14 days).
- Your pulse is between 60-100 regular beats per minute.
- Your blood pressure is below 180 systolic (first number) and below 100 diastolic (second number) (180/100mmHg) and above 100 systolic (first number) and above 60 diastolic (second number) (100/60mmHg).
- Your haemoglobin level is 12.g for females and 13.g for males/ dL or above.

Our screening test ensures that your blood pressure and haemoglobin levels are within a safe range for you to donate.

Please ask for more information if:

- You have had surgery in the last 3 months or are due for an operation within the next 4 weeks.
- You are pregnant or breastfeeding your baby.
- You are on medication such as antibiotics.
- You are from, or have travelled to, a malaria area.
- You have had cancer, heart disease, epilepsy, a bleeding disorder or any other chronic medical condition.
- You are involved in a "hazardous" occupation or sport e.g. operating heavy machinery, flying a plane, scuba diving, working at heights etc.

If you are deferred please note that we do so in the best interest of your health as well as the safety of the blood being donated.

What is high risk exposure?

- Having sex with, or working as, a commercial sex worker.
- Having sex with multiple sexual partners.
- Having sex with someone who has multiple sexual partners.
- Injecting yourself with drugs, or being injected by someone other than your doctor or health care worker.
- Having sex with a sex worker or anyone taking money, goods or favours in exchange for sex.

Please refrain from donating blood if:

- You have tested positive for HIV.
- There is any chance that you may have been exposed to HIV/ AIDS; or if you are donating blood only to be tested for HIV/ AIDS.
- You are being treated for a sexually transmitted infection (STI).

Why so many questions if you test the blood?

Every infectious disease has a window period.

The "window period" is the time from when someone becomes infected to the time our tests are able to detect such an infection. When a person is infected with HIV or other viruses, the virus remains undetectable for some time in the blood. Although a person's test result would be negative during this time, the virus is present in the blood and can be passed on to a patient through a blood transfusion.

This is why we ask people who may have been involved in risky behaviour to refrain from donating for a specific period after high risk exposure.

If, after you have donated, you have doubts about the safety of your blood, please contact your donor centre, call our toll free number **0800 119 031** or send an email to **customerservice@sanbs.org.za**

SANBS strives to ensure a safe and sufficient blood supply and all our procedures are in place in order to achieve this goal. This assures that our blood is amongst the safest in the world, something we are very proud of.

Plasma Donation

Become a Plasma donor:

We would like to invite you to become a plasma donor

What is plasma?

Plasma is the liquid part of your blood in which red cells, white cells and platelets are suspended. It carries these components throughout the body and makes up about 55% of your total blood volume. Plasma also contains antibodies, clotting factors and proteins such as albumin and fibrinogen.

You donate a bit of plasma when you make a normal whole blood donation, but you can also donate plasma only. This is done through a process called plasmapheresis or source plasma donation where plasma is separated and collected while the red cells, white cells and platelets are returned to your body.

Why donate plasma?

Plasma is essential to saving lives. Clotting factors, antibodies and proteins in plasma can be isolated and concentrated into various essential medicinal products used to treat people with rare, acute or chronic diseases and disorders such as hemophilia, Factor VII deficiency, Factor XIII deficiency, Antithrombin III deficiency, Protein C deficiency, von Willebrand factor deficiency, Fibrinogen deficiency, hereditary angioedema, primary immunodeficiency, genetic lung diseases, severe burns, trauma and shock.

"People with these conditions can live long and productive lives because of these treatments"

For more information on plasma products please visit the web site:

<http://www.nbisa.org.za/index.php/products/30-products/90-pharmaceuticals>



National Blood Donor Awareness

Who should donate plasma?

Although anyone who meets normal donation criteria can donate plasma, we specifically need blood group A and AB donors aged 18 to 65 years to consider donating this special source plasma.

In addition, we would like to invite you to donate source plasma, even if you.....

- have travelled to or come from a Malaria area
- are on anti-platelet medication such as aspirin and anti-inflammatories

Why blood group AB?

Blood group AB plasma is in high demand. The reason for this is that group AB plasma is universal; therefore it can be used by anyone regardless of their blood group.

What is the process of donating plasma?

You will undergo the normal screening process for blood donation which includes completing the donor questionnaire, having a one-on-one interview with a SANBS staff member and a mini-medical which includes blood pressure, pulse, hemoglobin and weight assessment. Once accepted, a high-tech machine is used to safely and quickly collect your plasma. A sterile needle is placed in the vein of your arm and blood is collected using sterile equipment.

The machine separates some of your plasma from the rest of the blood components. The plasma is collected into a bag. The other components of the blood such as red blood cells, platelets and white blood cells are returned to your body. The plasma collection set is disposable and is used only once. At the end of the procedure some saline (sterile salt water) is infused into your blood to compensate for the around 650 ml of plasma collected. The duration of the whole process is about an hour.

Is plasma donation safe?

Donating plasma is generally safe, however side effects can occur. Most side effects are mild and include dehydration, light headedness, fatigue, discomfort or bruising at site of needle insertion.

During the process of plasma donation, an anticoagulant is infused into the blood in the plasma machine before the blood is returned to your body. The anticoagulant is meant to prevent formation of blood clots. Most of the anticoagulant is retained in the plasma but a small amount will enter your blood stream. In some individuals this causes what is called a citrate reaction. This can present as a tingling sensation on lips and or mouth, or a metallic taste. If severe it can lead to muscle twitches, numbness, rapid or slow pulse. Citrate reaction is treated with calcium available at the donation centre. In some rare cases plasma donation can lead to more serious side effects such as nerve injury, irregular pulse, and shortness of breath or cardiac arrest.

How often can I donate plasma?

You can donate plasma every two weeks to a maximum of 24 times a year.

Where can I donate plasma?

Please speak to your local blood donation center or contact our toll free number (0800 119 031) to find out where you can donate plasma today.

What about whole blood donation?

Whole blood donations are still vital. Whole blood is used to transfuse people involved in trauma and for management of general medical conditions. Blood group O and B donors should ideally donate whole blood as there is a high demand for whole blood from these groups. Blood group A and AB donors who cannot donate plasma or platelets are more than welcome to donate whole blood. We invite you to find a donation center near you.

Source: sanbs.org.za/donors/ Access 1 Feb 2024

National Birth Defects Awareness

Fact Sheet on Birth Defects

What are birth defects?

Any abnormalities of body structure or function present at birth. Some birth defects have genetic (hereditary) causes, whereas in others the causes are non-genetic. There are many birth defects, ranging from minor abnormalities (e.g. Red-green colour blindness) to serious, sometimes fatal disorders. Some are visible at birth (e.g. Down syndrome, cleft-lip, club foot); others are not immediately obvious and only manifest themselves later on in life (e.g. diabetes, porphyria). Whereas some birth defects are conspicuous (e.g. dwarfism), others are hidden (e.g. Congenital heart defects). Some are rare, while others occur relatively frequently.

What are examples of birth defects?

- Mental Retardation
- Blindness
- Muscular Dystrophy
- Cleft Lip
- Down Syndrome
- Diabetes Mellitus
- Spina Bifida (open spine)
- Albinism
- Porphyria
- Club-Foot
- Haemophilia
- Cystic Fibrosis
- Dwarfism
- Tay-Sachs Disease
- Thalassaemia
- Hypercholesterolaemia
- Colour Blindness
- Deafness

How often do birth defects occur?

In South Africa it is estimated that 1 in every 40 babies has one or another birth defect and 1 in 10 will develop an inherited disorder during their lifetime.

What are the causes of birth defects?

The causes of many birth defects are still unknown. Where the causes are known, birth defects can be classified into three broad categories, viz. Genetic, environmental, and multi-factorial.

- Genetic disorders are caused by genetic or hereditary factors, i.e. they can recur in the same family and can be passed from one generation to the next.
- Some disorders are caused by external or environmental factors, such as viral infections, medicines, and alcohol that harm the unborn baby; they are not hereditary.
- Multi-factorial disorders arise from the interaction between genetic factors and environmental influences; they can recur in families.

Can birth defects be cured?

At present birth defects cannot be cured. However, in some of these disorders much can be done to alleviate or prevent certain disabilities that could manifest themselves.

Can birth defects be prevented?

Yes, an increasing number of birth defects can be prevented:

- By taking 0.4 mg folic acid before falling pregnant and during pregnancy;
- By avoiding harmful substances during pregnancy, e.g. alcohol;
- By diagnosing them in the unborn baby, e.g. by means of amniocentesis; or
- By diagnosing them and starting treatment, if available, as early as possible after birth.

What is genetic counselling?

Information about the prevention and treatment of birth defects can be obtained by way of genetic counselling. This involves providing information about the nature and implications of a specific birth defect; giving psychosocial support; and referring the family to appropriate facilities. The aim of genetic counselling is to provide the information needed for rational decision-making.

Who should seek genetic counselling?

It is advisable to contact a genetic counsellor

- If you or your spouse has a birth defect;
- If you have a child with a birth defect;
- If you have a family history of some genetic disorder;
- If you are married to wish to marry a close relative (consanguinity);
- If you have had a series of miscarriages or a stillbirth for which no medical reason could be found;
- If you are in your late thirties or older and are planning a pregnancy or are pregnant;
- If you have been exposed during pregnancy that could have a harmful effect on your unborn baby (e.g. alcohol, irradiation, infections)

Where can genetic counselling be obtained?

Genetic counselling clinics are found in the major centres in South Africa, at e.g. certain large hospitals, universities with a Human Genetics department; provincial offices of the Department of Health.

Here are some telephone numbers for Genetic Services of the Department of Health:

Western Cape: (021) 483-2686
Northern Cape: (053) 830-0707
Eastern Cape: (040) 609-3577
Free State: (051) 403-3856/9
KZN: (031) 332-2425
Gauteng: (011) 355-3311/41
Mpumalanga: (013) 752-8085 x 2117
North West: (018) 387-5231/4
Northern Province: (015) 290-9000 x 9127
Dept of Health: (012) 312-0000

**Source: Fact Sheet on Birth Defects (westerncape.gov.za)
Accessed 1 Feb 2024**

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Aon Resolution Centre (ARC)

If you do not get satisfactory assistance from your medical scheme, please do not hesitate to contact your allocated Aon Employee Benefits Healthcare Consultant or the **Aon Resolution Centre (ARC) on 0860 100 404**. Please remember to get a reference number from your medical scheme when escalating your query to the Aon Resolution Centre (ARC).

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This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.

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