Aon Health Focus



Cervical Cancer Awareness Month

In this Issue

- Cervical Cancer
 Awareness Month
- National Glaucoma Month
- National Slavery and Human trafficking prevention month



GLAUCOMA AWARENESS MONTH

Cervical Cancer Awareness

You can lower your risk for cervical cancer by getting screened regularly, starting at age 21.

Screening Tests

The HPV test and the Pap test are screening tests that can help prevent cervical cancer or find it early.

- The human papillomavirus (HPV) test looks for the virus that can cause cell changes on the cervix.
- The Pap test (or Pap smear) looks for precancers, which are cell changes on the cervix that might become cervical cancer if they are not treated appropriately.

You should start getting Pap tests at age 21. If your Pap test result is normal, your doctor may tell you that you can wait three years until your next Pap test.

If you're 30 to 65 years old, you have three options. Talk to your doctor about which testing option is right for you.

- An HPV test only. If your result is normal, your doctor may tell you that you can wait five years until your next screening test.
- An HPV test along with the Pap test. If both of your results are normal, your doctor may tell you that you can wait five years until your next screening test.
- A Pap test only. If your result is normal, your doctor may tell you that you can wait three years until your next Pap test.
- If you're older than 65, your doctor may tell you that you don't need to be screened anymore if you have had normal screening test results for several years

and you have not had a cervical precancer in the past, or you have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids.

HPV Vaccine

The HPV vaccine protects against the types of HPV that most often cause cervical cancers. HPV can also cause other kinds of cancer in both men and women.

- HPV vaccination is recommended for preteens aged 11 to 12 years, but can be given starting at age 9.
- HPV vaccine also is recommended for everyone through age 26 years, if they are not vaccinated already.
- HPV vaccination is not recommended for everyone older than age 26 years.
 However, some adults age 27 through 45 years who are not already vaccinated may decide to get the HPV vaccine after speaking with their doctor about their risk for new HPV infections and the possible benefits of vaccination. HPV vaccination in this age range provides less benefit, as more people have already been exposed to HPV.

HPV vaccination prevents new HPV infections, but does not treat existing infections or diseases. This is why the HPV vaccine works best when given before any exposure to HPV. You should get screened for cervical cancer regularly, even if you received an HPV vaccine.

Source: Cervical Cancer Awareness Feature | CDC Accessed 10 Oct 2023

Cervical Cancer

Cervical cancer is a growth of cells that starts in the cervix. The cervix is the lower part of the uterus that connects to the vagina.

Various strains of the human papillomavirus, also called HPV, play a role in causing most cervical cancers. HPV is a common infection that's passed through sexual contact. When exposed to HPV, the body's immune system typically prevents the virus from doing harm. In a small percentage of people, however, the virus survives for years. This contributes to the process that causes some cervical cells to become cancer cells.

You can reduce your risk of developing cervical cancer by having screening tests and receiving a vaccine that protects against HPV infection.

When cervical cancer happens, it's often first treated with surgery to remove the

cancer. Other treatments may include medicines to kill the cancer cells. Options might include chemotherapy and targeted therapy medicines. Radiation



therapy with powerful energy beams also may be used. Sometimes treatment combines radiation with low-dose chemotherapy.

Symptoms

Female reproductive system

When it starts, cervical cancer might not cause symptoms. As it grows, cervical cancer might cause signs and symptoms, such as:

- Vaginal bleeding after intercourse, between periods or after menopause.
- Menstrual bleeding that is heavier and lasts longer than usual.
- Watery, bloody vaginal discharge that may be heavy and have a foul odour
- Pelvic pain or pain during intercourse.

When to see a doctor

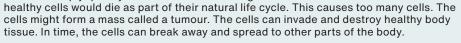
Make an appointment with a doctor or other health care professional if you have any symptoms that worry you.

Source: Cervical cancer - Symptoms and causes - Mayo Clinic

Causes

Where cervical cancer begins

Cervical cancer begins when healthy cells in the cervix develop changes in their DNA. A cell's DNA contains the instructions that tell a cell what to do. The changes tell the cells to multiply quickly. The cells continue living when



Most cervical cancers are caused by HPV. HPV is a common virus that's passed through sexual contact. For most people, the virus never causes problems. It usually goes away on its own. For some, though, the virus can cause changes in the cells that may lead to cancer.

Types of cervical cancer

Cervical cancer is divided into types based on the type of cell in which the cancer begins. The main types of cervical cancer are:

- Squamous cell carcinoma. This type of cervical cancer begins in thin, flat cells, called squamous cells. The squamous cells line the outer part of the cervix. Most cervical cancers are squamous cell carcinomas.
- Adenocarcinoma. This type of cervical cancer begins in the column-shaped gland cells that line the cervical canal.

Sometimes, both types of cells are involved in cervical cancer. Very rarely, cancer occurs in other cells in the cervix.

Risk factors for cervical cancer include:

- Smoking tobacco. Smoking increases the risk of cervical cancer. When HPV infections
 happen in people who smoke, the infections tend to last longer and are less likely to go
 away. HPV causes most cervical cancers.
- Increasing number of sexual partners. The greater your number of sexual partners, and the greater your partner's number of sexual partners, the greater your chance of getting HPV.
- Early sexual activity. Having sex at an early age increases your risk of HPV.
- Other sexually transmitted infections. Having other sexually transmitted infections, also called STIs, increases the risk of HPV, which can lead to cervical cancer. Other STIs that increase the risk include herpes, chlamydia, gonorrhea, syphilis, and HIV/ AIDS
- A weakened immune system. You may be more likely to develop cervical cancer if your immune system is weakened by another health condition and you have HPV.
- Exposure to miscarriage prevention medicine. If your parent took a medicine called diethylstilbestrol, also known as DES, while pregnant, your risk of cervical cancer might be increased. This medicine was used in the 1950s to prevent miscarriage. It's linked to a type of cervical cancer called clear cell adenocarcinoma.

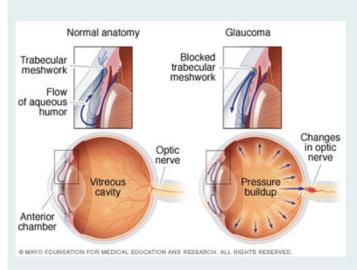
Prevention

To reduce your risk of cervical cancer:

- Ask your doctor about the HPV vaccine. Receiving a vaccination to prevent HPV infection may reduce your risk of cervical cancer and other HPV-related cancers. Ask your health care team if an HPV vaccine is right for you.
- Have routine Pap tests. Pap tests can detect precancerous conditions of the cervix.
 These conditions can be monitored or treated in order to prevent cervical cancer. Most medical organizations suggest beginning routine Pap tests at age 21 and repeating them every few years.
- Practice safe sex. Reduce your risk of cervical cancer by taking measures to prevent sexually transmitted infections. This may include using a condom every time you have sex and limiting the number of sexual partners you have.
- Don't smoke. If you don't smoke, don't start. If you do smoke, talk to a health care
 professional about ways to help you quit.

Source: Cervical cancer - Symptoms and causes - Mayo Clinic Accessed 10 Oct 2023

National Glaucoma Month



Overview

Open-angle glaucoma

Glaucoma is a group of eye conditions that damage the optic nerve. The optic nerve sends visual information from your eye to your brain and is vital for good vision. Damage to the optic nerve is often related to high pressure in your eye. But glaucoma can happen even with normal eye pressure.

Glaucoma can occur at any age but is more common in older adults. It is one of the leading causes of blindness for people over the age of 60.

Many forms of glaucoma have no warning signs. The effect is so gradual that you may not notice a change in vision until the condition is in its later stages.

It's important to have regular eye exams that include measurements of your eye pressure. If glaucoma is recognized early, vision loss can be slowed or prevented. If you have glaucoma, you'll need treatment or monitoring for the rest of your life.

Symptoms

The symptoms of glaucoma depend on the type and stage of your condition.

Open-angle glaucoma

- No symptoms in early stages
- Gradually, patchy blind spots in your side vision. Side vision also is known as peripheral vision
- In later stages, difficulty seeing things in your central vision

Acute angle-closure glaucoma

- Severe headache
- Severe eye pain
- Nausea or vomiting
- Blurred vision
- · Halos or coloured rings around lights
- Eye redness

Normal-tension glaucoma

- No symptoms in early stages
- Gradually, blurred vision
- In later stages, loss of side vision

Glaucoma in children

- A dull or cloudy eye (infants)
- Increased blinking (infants)
- Tears without crying (infants)
- Blurred vision
- Near-sightedness that gets worse
- Headache

Pigmentary glaucoma

- Halos around lights
- Blurred vision with exercise
- Gradual loss of side vision

When to see a doctor

If you experience symptoms that come on suddenly, you may have acute angle-closure glaucoma. Symptoms include severe headache and severe eye pain. You need treatment as soon as possible. Go to an emergency room or call an eye doctor's (ophthalmologist's) office immediately.

Causes

Glaucoma develops when the optic nerve becomes damaged. As this nerve gradually deteriorates, blind spots develop in your vision. For reasons that doctors don't fully understand, this nerve damage is usually related to increased pressure in the eye.

Elevated eye pressure happens as the result of a build-up of fluid that flows throughout the inside of the eye. This fluid also is known as the aqueous humour. It usually drains through a tissue located at the angle where the iris and cornea meet. This tissue also is called the trabecular meshwork. The cornea is important to vision because it lets light into the eye. When the eye makes too much fluid or the drainage system doesn't work properly, eye pressure may increase.



National Glaucoma Month continued...

Open-angle glaucoma

This is the most common form of glaucoma. The drainage angle formed by the iris and cornea remains open. But other parts of the drainage system don't drain properly. This may lead to a slow, gradual increase in eye pressure.

Angle-closure glaucoma

This form of glaucoma occurs when the iris bulges. The bulging iris partially or completely blocks the drainage angle. As a result, fluid can't circulate through the eye and pressure increases. Angle-closure glaucoma may occur suddenly or gradually.

Normal-tension glaucoma

No one knows the exact reason why the optic nerve becomes damaged when eye pressure is normal. The optic nerve may be sensitive or experience less blood flow. This limited blood flow may be caused by the build-up of fatty deposits in the arteries or other conditions that damage circulation. The build-up of fatty deposits in the arteries also is known as atherosclerosis.

Glaucoma in children

A child may be born with glaucoma or develop it in the first few years of life. Blocked drainage, injury or an underlying medical condition may cause optic nerve damage.

Pigmentary glaucoma

In pigmentary glaucoma, small pigment granules flake off from the iris and block or slow fluid drainage from the eye. Activities such as jogging sometimes stir up the pigment granules. That leads to a deposit of pigment granules on tissue located at the angle where the iris and cornea meet. The granule deposits cause an increase in pressure.

Glaucoma tends to run in families. In some people, scientists have identified genes related to high eye pressure and optic nerve damage.

Risk factors

Glaucoma can damage vision before you notice any symptoms. So be aware of these risk factors:

- High internal eye pressure, also known as intraocular pressure
- Age over 55
- Black, Asian, or Hispanic heritage
- Family history of glaucoma
- Certain medical conditions, such as diabetes, migraines, high blood pressure and sickle cell anaemia
- Corneas that are thin in the centre
- Extreme near-sightedness or farsightedness
- Eye injury or certain types of eye surgery
- Taking corticosteroid medicines, especially eye drops, for a long time

Some people have narrow drainage angles, putting them at increased risk of angle-closure glaucoma.

Prevention

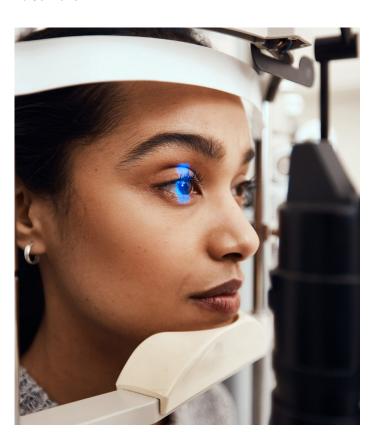
These steps may help detect and manage glaucoma in its early stages. That may help to prevent vision loss or slow its progress.

Get regular eye examinations. Regular comprehensive eye exams can help detect glaucoma in its early stages, before significant damage occurs. As a general rule, the American Academy of Ophthalmology recommends a comprehensive eye exam every 5 to 10 years if you're under 40 years old; every 2 to 4 years if you're 40 to 54 years old; every 1 to 3 years if you're 55 to 64 years old; and every 1 to 2 years if you're older than 65.

If you're at risk of glaucoma, you'll need more frequent screening. Ask your health care provider to recommend the right screening schedule for you.

- Know your family's eye health history. Glaucoma tends to run in families. If you're at increased risk, you may need more frequent screening.
- Wear eye protection. Serious eye injuries can lead to glaucoma. Wear eye protection when using power tools or playing sports.
- Take prescribed eye drops regularly. Glaucoma eye drops can significantly reduce the risk that high eye pressure will progress to glaucoma. Use eye drops as prescribed by your health care provider even if you have no symptoms.

Source: Glaucoma - Symptoms and causes - Mayo Clinic Accessed 10 Oct 2023



National Slavery and Human Trafficking Prevention Month

Trafficking profiling:

As reported over the past five years, human traffickers exploit domestic and foreign victims in South Africa, and traffickers exploit victims from South Africa abroad. Traffickers recruit victims from neighbouring countries and rural areas within South Africa, particularly Gauteng, and exploit them in sex trafficking locally and in urban centres, such as Johannesburg, Cape Town, Durban, and Bloemfontein. Traffickers force both adults and children, particularly those from socioeconomically disadvantaged communities and rural areas as well as migrants, into labour in domestic service, mining, food services, construction, criminal activities, agriculture, and the fishing sector. Traffickers may exploit South Africans in forced labour on vineyards and fruit and vegetable farms across the country.

High unemployment and socioeconomic stratification increased vulnerability of exploitation, particularly of youth, Black women, and foreign migrants. Traffickers recruit victims who are unemployed and struggle with substance use, and commonly use substances to maintain control of victims, including children. Parents with drug addictions sometimes exploit their children in sex trafficking to pay for drugs. Traffickers increasingly entice foreign and South African women and girls with the promise of marriage and then force them into labour after marriage. Abuse of the custom of ukuthwala, a cultural norm that can manifest into forced marriage, may contribute to vulnerability of girls and women to exploitation, particularly in Eastern Cape and KZN. According to a study, in 2021, approximately 500,000 children dropped out of school, resulting in a total of 750,000 children not enrolled in school; high death rates from the pandemic increased the orphan population, leaving more children vulnerable to exploitation. There were some reports of boys lured out of the country for fake sports scholarships and then forced into exploitation.

Traffickers recruit both foreign and South African victims through fake job advertisements on social media and classified advertisement forums, including advertisements for webcam modelling, hospitality, mining, and domestic work. Some fake advertisements, particularly for domestic work, specifically request Zimbabwean or Malawian applicants. Some farmers rely on "bakkie brokers" to rapidly expand their personnel during harvest season, bringing foreign migrants to work on farms; these brokers are unregulated and charge workers recruitment fees. Traffickers exploit young men from neighbouring countries who migrate to South Africa for farm work; some are subsequently arrested and deported as undocumented immigrants. Despite high unemployment, migrants travel from East, Central, and Southern Africa to South Africa looking for economic opportunity, particularly from Ethiopia and Mozambique, and are vulnerable to exploitation. The lack of valid documentation, due to a protracted asylum process, limited asylum seeker's ability to access protection and services.

Official complicity in trafficking crimes, especially by police and immigration officials, facilitated the operation of traffickers and organized syndicates engaging in trafficking. Syndicates, predominantly operated by Nigerians, force women from Nigeria and countries bordering South Africa into commercial sex,

primarily in brothels and other commercial-front establishments. South African organized trafficking syndicates exploit girls as young as 10 years old in sex trafficking. Some well-known brothels, previously identified as locations of sex trafficking, continue to operate with officials' tacit approval. In some cases, traffickers exploit women in brothels disguised as guesthouses. Syndicates also recruit South African women to Europe, where traffickers force some into sex trafficking, domestic service, or drug smuggling. Mozambican crime syndicates use the eastern border of Kruger National Park in Mpumalanga, enabled by corrupt officials, to transport migrants to other parts of the country for forced labour, through the same routes used by syndicates to facilitate other crimes. Syndicates also exploit miners, both South African and foreign migrants, sometimes known as zama zamas, in illegal gold, diamond, and coal mining; miners are exposed to dangerous conditions and sometimes killed by gangs vying for control of mines. Traffickers operating in South Africa are mostly from Nigeria and South Africa; however, there were reports of traffickers from Bangladesh, Tanzania, Malawi, Mozambique, Pakistan, Zimbabwe, Ethiopia, and the PRC.

Undocumented children, including child trafficking victims from Mozambique, the DRC, and Zimbabwe, are unable to access education and government services, which increases their risk of statelessness and vulnerability to trafficking. Recruiters entice women from the Middle East, Asia, and countries bordering South Africa with offers of legitimate employment but, upon arrival, some subject the women to domestic servitude or forced labour in the service sector. Traffickers exploit Basotho women in sex trafficking and domestic servitude and men in labour trafficking, particularly in the mining and textile sectors, in South Africa. Traffickers exploit foreign male victims aboard fishing vessels in South Africa's territorial waters. Asian workers may travel to South Africa via commercial flights to disembark on fishing vessels where they are exploited. Traffickers subject Pakistanis and Bangladeshis to forced labour through debt-based coercion in businesses owned by their co-nationals. Owners of privatelyowned PRC businesses exploit PRC nationals, South African, and Malawian adults and children in factories, sweatshops, and other businesses. There were 432 Cuban medical workers in South Africa at the end of 2022. Authorities continued to partner with the Government of Cuba to hire medical professionals to provide services in all provinces. South African officials indicated workers were in control of their passports and credentials and reported contracting and paying workers directly. However, it was unclear if Cuban workers controlled their own bank accounts and there was no information on the contracts the workers signed with the Cuban government. In 2022, a credible international NGO published a global report on the Cuban labour export program, in which 18 former workers provided testimony on the conditions faced in South Africa. According to the report, 45 percent were under surveillance, 48 percent were subjected to movement restrictions, 80 percent reported exploitation, 72 percent reported threats and violence, and 50 percent reported being forced to enroll in the program by Cuban authorities.

Source: South Africa - United States Department of State - Accessed on 10 Oct 2023

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06 December 2023 | V2 | DD