

- Mechanically ventilated patients: Standard and Droplet Precautions (but when aerosol-generating procedures are performed, particulate respirators need to be worn)
- Chest physiotherapy: Standard and Droplet Precautions. A medical mask should be worn by the patient if possible
- Nebulisation: Standard and Droplet Precautions.

#### 10. Public Health Response to Influenza

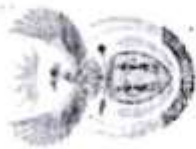
Influenza epidemics occur each year during the winter season. Vaccination of high risk groups and individuals wishing to protect themselves against influenza is recommended prior to the expected start of the annual influenza season. No public health response is required in response to isolated cases of influenza or outbreaks of mild disease especially in the influenza season.

##### 10.1 Outbreaks should be investigated in the following circumstances:

- A cluster of two or more cases of severe respiratory illness (requiring hospitalisation)
- An outbreak in a closed community e.g. care home, school, healthcare facility, where individuals in the community are at substantial increased risk of severe disease, or the outbreak is causing substantial disruption.

##### 10.1.1 During an outbreak in a closed or semi-closed community the following measures should be considered:

- Isolation of residents of closed settings for the duration of the infectious period (five days after symptom onset).
- Cohorting of patients (that is, in separate hospital bays or on separate floors of a residential home, dormitories) may be necessary.
- Residential homes may need to be closed to new admissions until the outbreak is controlled.
- Care must be taken when discharging a patient from a ward with a known influenza outbreak to a care home, or vice versa.
- Full or partial school closures are not generally recommended on public health grounds, although it is recognized that they may be considered on logistical grounds by the school.
- Administer the current season's influenza vaccine to unvaccinated residents and health care personnel. It is important to note though that because influenza spreads fast it is possible



Republic of South Africa

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## Minister Zweli Mkhize confirms 7 220 cases of Coronavirus COVID-19

4 May 2020

As of today, the total number of confirmed COVID-19 cases in South Africa is 7220.

### Case Data

Provinces COVID-19 confirmed cases

Eastern Cape 814

Free State 125

"P"

Gauteng	1661
KwaZulu-Natal	1106
Limpopo	39
Mpumalanga	53
North West	35
Northern Cape	25
Western Cape	3362
Unknown	0
Total	7220

Testing Data

A total of 257 541 tests have been conducted to date with 11 794 tests done in the past 24 hours



Sector	Total tested	New tested
Private	128 149	4 569
Public	129 392	7 225
Grand Total	257 541	11 794

### Reported Deaths and Recoveries:

Regrettably, we report 7 more COVID-19 related deaths: 6 from Western Cape and 1 from KwaZulu Natal. This brings the total deaths nationally to 138.

We wish to express our condolences to the families of the deceased and thank the health care workers who treated these patients.

We are, however, pleased to report 2746 recoveries as of 2 May 2020.

The provincial breakdown is as follows:

Province	Deaths	Recoveries (as at 2 May 2020)
Eastern Cape	17	341



Free State	6	96
Gauteng	14	979
KwaZulu Natal	35	415
Limpopo	2	27
Mpumalanga	0	22
North West	0	20
Northern Cape	0	13
Western Cape	64	833
Total	138	2746

### Hospital Burden

As at 2 May 2020 we had 411 people hospitalized in the country. This translates to approximately 5% of all COVID-19

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confirmed patients and this is consistent with the hospitalization rates that were seen in China. Our mortality rate has remained stable at around 1.9% since the first death was reported. This is below the world average which is 3.4% as estimated by the World Health Organisation

As a reminder to all South Africans, the principle of flattening the curve is to limit the spread of the infection such that the numbers do not rise to the extent that they overwhelm the health care system.

As Winter sets in we will be confronted with the additional burden of influenza and other pneumonias, bronchiolitis in children, exacerbations of asthma and chronic obstructive air- ways disease and winter related trauma, like burns injuries.

I therefore urge each and every South African to continue to play your part in easing the load on the health care system- stay home if you do not have to venture out, wear a mask at all times in public places, wash your hands regularly and disinfect surfaces you normally come into contact with.

I also urge employers whose businesses have opened to take all the necessary measures to protect their employees.

I salute our health professionals- our doctors, nurses, care workers, community workers, allied health professionals, medical technicians, pharmacists, porters, cleaners, laboratory technicians and all our foot soldiers in the front line of health care who continue to serve un- der these trying times.

**Issued by:** Department of Health  
**More on:** Coronavirus



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A handwritten signature in black ink, appearing to be a stylized name.

# H1N1 Influenza (Swine Flu)

Updated: Apr 09, 2019  
Author: Michael Stuart Bronze, MD; Chief Editor: Russell W Steele, MD more...

## OVERVIEW

### Background

Swine influenza is a highly contagious respiratory disease in pigs caused by one of several swine influenza A viruses. In addition, influenza C viruses may also cause illness in swine. Current strategies to control swine influenza virus (SIV) in animals typically include one of several commercially available bivalent swine influenza virus vaccines.

Transmission of swine influenza viruses to humans is uncommon. However, the swine influenza virus can be transmitted to humans via contact with infected pigs or environments contaminated with swine influenza viruses. Once a human becomes infected, he or she can then spread the virus to other humans, presumably in the same way as seasonal influenza is spread (ie, via coughing or sneezing).

### History

The ability to trace outbreaks of swine flu in humans dates back to investigation of the 1918 Spanish influenza pandemic, which infected one third of the world's population (an estimated 500 million people) and caused approximately 50 million deaths. In 1918, the cause of human influenza and its links to avian and swine influenza was not understood. The answers did not begin to emerge until the 1930s, when related influenza viruses (now known as H1N1 viruses) were isolated from pigs and then humans. [3]

In humans, the severity of swine influenza can vary from mild to severe. From 2005 until January 2009, 12 human cases of swine flu were reported in the United States. None were fatal. In 1988, however, a previously healthy 32-year-old pregnant woman in Wisconsin died of pneumonia as a complication of swine influenza.

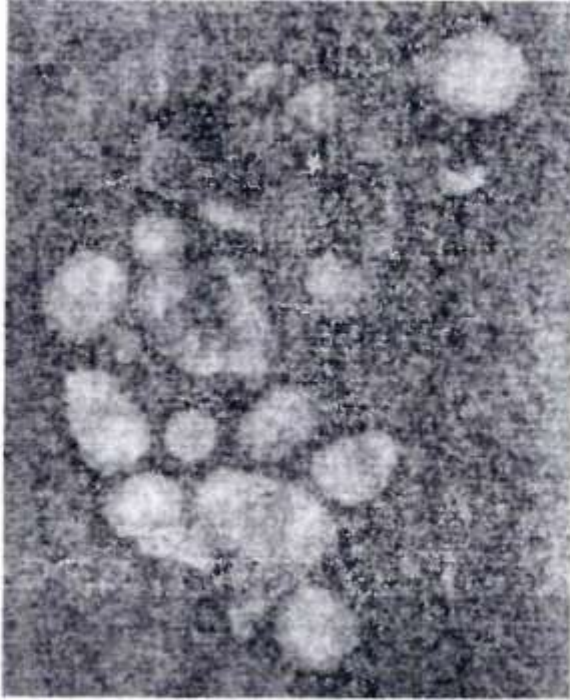
A 1976 outbreak of swine influenza in Fort Dix, New Jersey, involved more than 200 cases, some of them severe, and one death. [4] The first discovered case involved a soldier at Fort Dix who complained of feeling weak and tired. He died the next day.





The fear of an influenza pandemic in 1976 led to a national campaign in the United States designed to immunize nearly the entire population. In October, 1976, approximately 40 million people received the A/NewJersey/1976/H1N1 vaccine (ie, swine flu vaccine) before the immunization initiative was halted because of the strong association between the vaccine and Guillain-Barré syndrome (GBS). [5, 6] About 500 cases of GBS were reported, with 25 deaths due to associated pulmonary complications. [7]

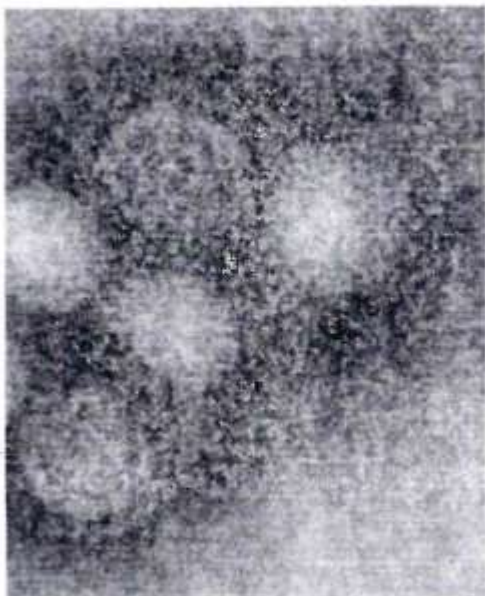
A recent investigation sought to determine the link between GBS and the 1976 swine flu vaccine, since subsequent influenza vaccines did not have this strong association. Nachamkin et al found that inoculation of the 1976 swine flu vaccine, as well as the 1991-1992 and 2004-2005 influenza vaccines, into mice prompted production of antibodies to antiganglioside (anti-GM1), which are associated with the development of GBS. They proposed that further research regarding influenza vaccine components is warranted to determine how these components elicit antiganglioside effects. [8] See the images below.



This preliminary negative stained transmission electron micrograph depicts some of the ultrastructural morphology of the A/CA/4/09 swine flu virus. Courtesy of CDC/ C. S. Goldsmith and A. Ballish.



*[Handwritten signature]*



This preliminary negative stained transmission electron micrograph depicts some of the ultrastructural morphology of the A/CA/4/09 swine flu virus. Courtesy of CDC/ C. S. Goldsmith and A. Balish.

### 2009-2010 H1N1 influenza (formerly called swine influenza) outbreak

Human cases of influenza A (H1N1) were reported worldwide. In 2009, cases of influenza-like illness were first reported in Mexico on March 18; the outbreak was subsequently confirmed as H1N1 influenza A. [9] Suspected clinical cases had been reported in 19 of the country's 32 states, although only 97 of the Mexican cases had been laboratory-confirmed as Influenza A/H1N1 [10] (12 of them genetically identical to Influenza A/H1N1 viruses from California [9]). As of May 5th, 2009, nearly 600 H1N1 influenza cases had been confirmed in Mexico, including 25 deaths. [11]

On April 17, 2009, the CDC determined that two cases of febrile respiratory illness in children who resided in adjacent counties in southern California were caused by infection with a swine influenza A (H1N1) virus. [12] By April 26, 2009, the US Department of Health and Human Services declared a national public health emergency involving H1N1 influenza A, citing its significant potential to affect national security. [13] By June 25, 2009, 27,717 lab-defined cases of H1N1 influenza had been confirmed in the United States. [10, 14, 15, 16]

Estimates in the United States for the first 6 months of the pandemic reported approximately 22 million people in the United States became ill from the H1N1 influenza, nearly 100,000 were hospitalized, and about 3900 died. Deaths include an estimated 540 children younger than 18 years, 2900 adults aged 18-64 years, and about 440 elderly individuals. These estimates are from the CDC's Emerging Infection Program, rather than using only laboratory-confirmed cases. [17]

For an updated tally and case counts in specific states, see the CDC's H1N1 Flu (Swine Flu) Web page.