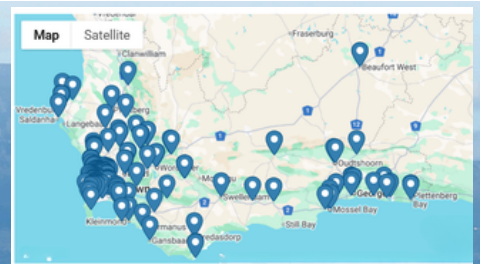




Cape Metropolitan



Western Cape Area



Newsletter

The Vanishing Art of Personalised Family Medicine

A quiet but profound shift is taking place in healthcare: the traditional family practitioner is slowly fading into the fog of history.

From Unhurried Care to Digital Detachment

Many doctors whose training and early years of practice belonged to the baby boomer era are quietly disappearing from the healthcare system.

With them goes a legacy of personalised care, empathy, continuity, and deep knowledge of families across generations.



Even some younger millennial doctors still remember a world of BlackBerry phones, iPods, and brick-sized cell phones with pull-up aerials. With this limited technology, Family Practitioners saw patients face-to-face for a full 20-minute consultation: a careful history, a hands-on examination, a personalised treatment plan and where necessary a referral to a specialist who would see, assess, treat and return the patient to your ongoing care...

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DO NOT MISS THE QualiCare

Worcester Open Day Event 25 July 2026

4 Clinical & 1 Ethical for the attendance will be applied for
RRM - 5 Clinical & 3 Ethical will be applied

Topics will include:

- Latest information on GP-specific medical conditions
- Ethics of Using AI in Healthcare
- Women's Health, Diabetes in Focus, RSV Vaccine, Fraud Waste and Abuse, Health in Synergy

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25

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References:

1. Raputeze approved SAHPRA Professional Information (PI), 26 November 2024.
2. Shamizadeh S, Brockow K, Ring J. Rupatadine: efficacy and safety of a non-sedating antihistamine with PAF-antagonist effects. *Allergo J Int* 2014; 23: 87–95. DOI: 10.1007/s40629-014-0011-7.
3. Sailaxmi V et al. Comparative evaluation of safety and efficacy of oral Rupatadine with oral Fexofenadine in patients of seasonal allergic rhinitis. *Perspectives in Medical Research*. September – December 2016, Vol4, Issue 3.
4. Versus other Rupatadine's. Pharmaceuticals Economic Evaluation Unit email dated 1 December 2025.

HCR: Abex Pharmaceutica (Pty) Ltd, Suite C, Rubenstein Ridge, 617 Rubenstein Drive, Moreleta Park, 0181. Tel: 012 997 6974

Marketed by: Macleods Pharmaceuticals SA (Pty) Ltd. Ground Floor, Office Block 1, Bassonia Estate Office Park (East), 1 Cussonia Drive, Bassonia Rock, Ext 12, Alberton, Gauteng, South Africa, 2061. Tel: +27 11 682 1169

Care was personal. Time was available. The doctor-patient relationship mattered.

A New Generation in a Different System

Today's Gen Z patients and doctors have entered a system in which personalised medical care has been turned on its head. Practitioners are expected to be accepting of electronic systems, rules and regulations of designated service provider networks, telephonic and video consultations as well as remote management, not to mention the myriads of complex benefit structures and designs!

Medical aid funders now issue lengthy benefit documents, often buried in exhausting PDF files on websites. Patients from similar backgrounds, and often from the same extended families, find themselves on different plans, receive different benefits, and even different qualities of medication, depending largely on what plan they can afford.

The result is a fragmented system that is difficult for doctors and patients to navigate.

The system has become more technical, but not necessarily more human.



Patients and Doctors are Lost in a Maze of Rules

Older patients, many of whom must rely on the private sector for ongoing care as the state hospitals leave much to be desired, are increasingly confused by a highly impersonal, box-ticking medical aid environment. They are often left feeling lost in a system that appears more focused on administration than care.



New practitioners entering the system, and who are understandably inexperienced in dealing with funder requirements, accept complex network conditions in order to qualify for direct payment of benefits when servicing medical aid members. These conditions include sub-limits, self-payment thresholds, designated networks, generic treatment plans, and summary expulsion from these networks should you transgress any of the myriad terms.

Doctors are being asked to care deeply while working inside systems that often reward detachment.

The Cost Spiral and the Specialist Disconnect

The rush by funders to automate healthcare and contain costs has been further complicated and influenced by the extremely high fees charged by private hospitals and aspects of the expensive specialist sector. Yet many medical aids still allow patients to refer themselves directly to specialists. Once a patient enters specialist care, many primary healthcare doctors are left out of the communications loop. The family practitioner is often not informed that the patient was admitted, underwent a procedure, received new medication, or was discharged. Routine long-term follow-up visits are scheduled with specialists when they could be managed by the family practitioner at a far lower cost.

When the family doctor is excluded, continuity of care is broken.



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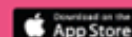
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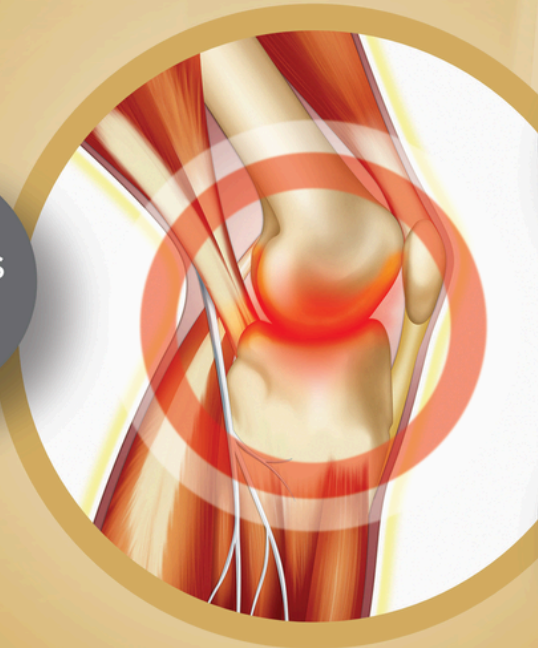
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The result is waste: duplicate investigations, unnecessary inter-specialist referrals, and a delayed return to coordinated primary care and significant uncurtailed costs!

The Younger Patient and the Medical Aid Dilemma

A worrying trend is emerging among younger millennial patients. Many are reluctant to join traditional medical aids and instead choose insurance-based products, which are not regulated in the same way as medical schemes. This decision is often driven by the rising cost of remaining within the medical aid system.

Gen Z patients often choose hospital plans only, at least until their first child arrives. They may then move temporarily to more comprehensive maternity cover before returning to a hospital plan once their family is complete. Late joiner penalties do not seem to deter this behaviour!

The principle of cross-subsidisation — the healthy supporting the sick, and the young supporting the old — is increasingly misunderstood or ignored.



Preventative Care: The Missing Foundation

Preventative healthcare remains poorly understood and undervalued both by patients and by funders!

Early intervention is too often neglected, contributing to younger patients presenting with advanced breast, bowel, pancreatic, gynaecological, and urological cancers.

Awareness campaigns and chatbots cannot replace careful, unrushed, personalised family medicine.

Family medicine is uniquely placed to understand patients in the context of their histories, families, relationships, pressures, and interdependencies. This holistic view is difficult to achieve in a mainly hospital-based environment, where care is often episodic and fragmented.

So What Is the Solution?

Change must come from the profession, not only from administrators. Funders have shifted from being payers of to financially motivated gatekeepers of primary care, often without the same medico-legal responsibility carried by clinicians.

Population Health Management and personalised healthcare plans have real merit when they are written and overseen by primary care physicians. Scheme design should support a practitioner's clinical judgement, not replace it.

General practice must once again become the conductor of the Multidisciplinary team.

For decades, family practitioners led care with efficiency, strong outcomes, and meaningful cost containment. That role should be restored, supported, and respected.

Primary Preventive Medicine is the cornerstone of Population Health Management. Good medical practice belongs within a multidisciplinary team led by the family practitioner, where care is coordinated, personal, and accountable.

Tony Behrman CEO CPC/Qualicare

John Paul Valentyn COO CPC/Qualicare



ANOTHER HUGE SUCCESS

CPC/QUALICARE OPEN DAY

6 JUNE 2026





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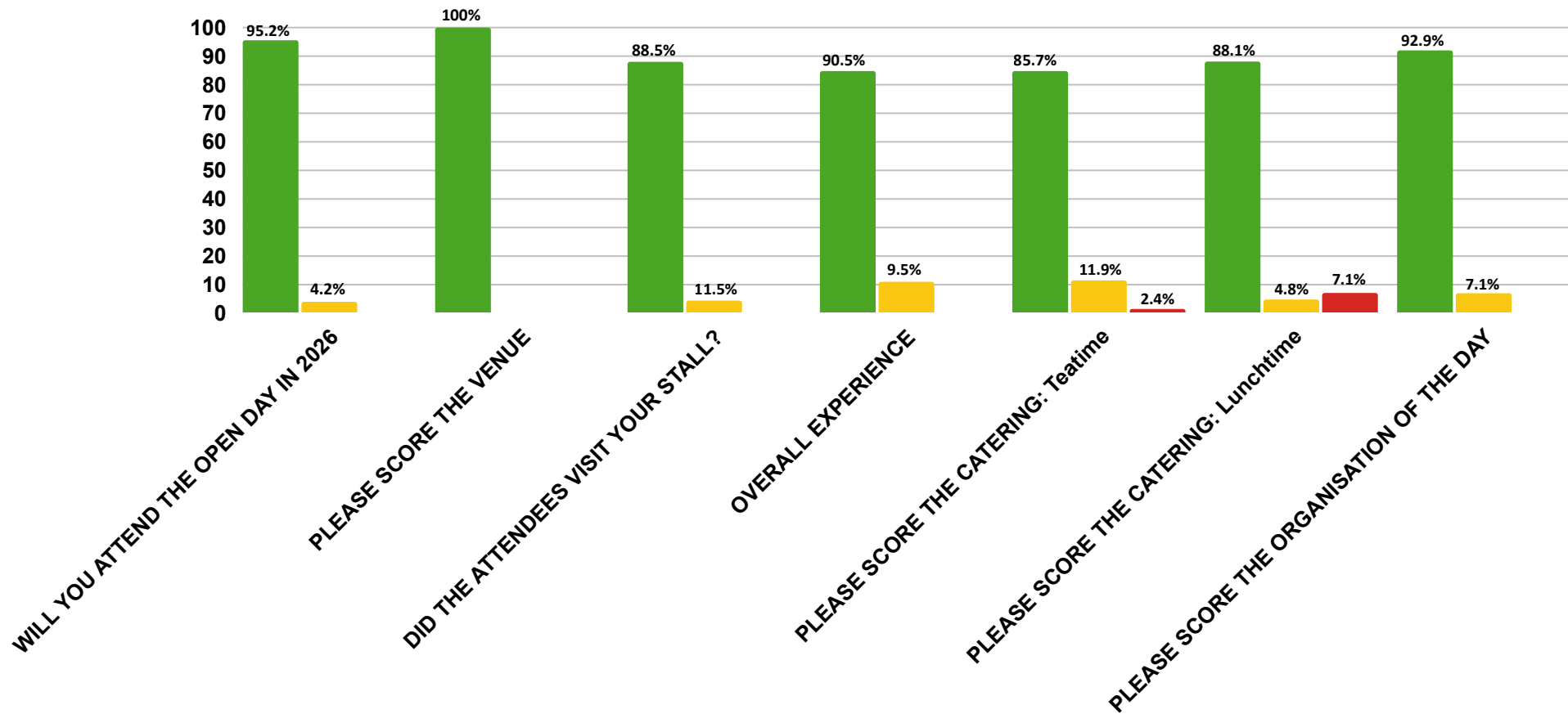
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QualiCare Cape Town Open Day 2026

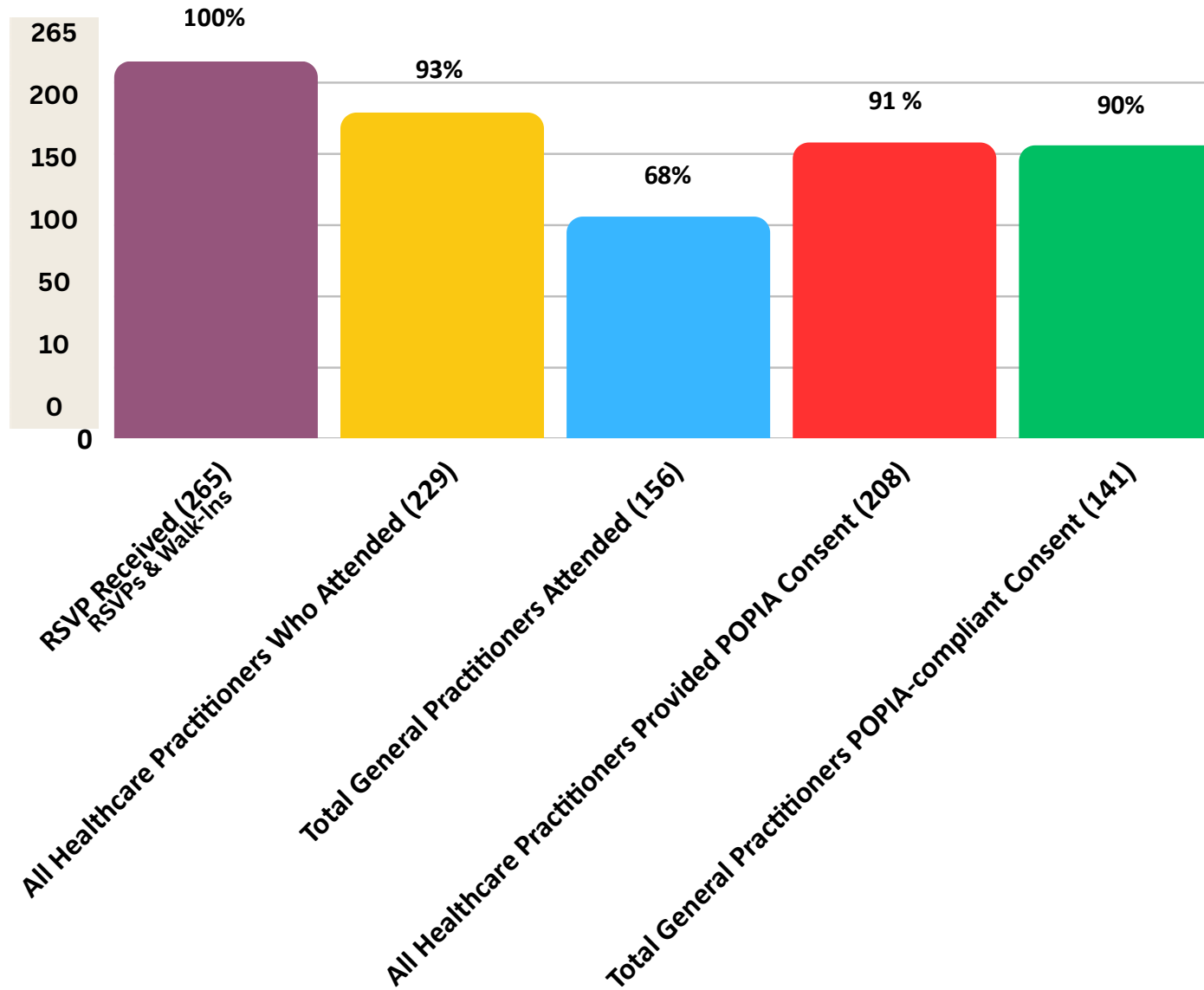
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Cape Town Open Day 2026 Performance as assessmentcontinue to page 14

QualiCare Cape Town Open Day 2026

Delegates Attendance and POPIA-compliant Consent Data



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|--|---|---|---|
| 6 Clinical & 2 Ethics CPD accredited for the day. | | NB: This Agenda maybe subject to amendment without notice | |
| | | Please watch your mass emails for latest details | |
| TIME | TOPIC | SPEAKER | SPONSOR |
| 06hr45-07hr30 | Welcome, Registration of Delegate: Coffee, Tea and rusks | | All advertisers are invited to be present during this welcome session |
| HPCSA Latest Guidelines | | SIGN IN | |
| 07hr30 - 07hr50 | Latest HCPSA Guidelines on Harmful Business Practices and Perverse Incentives | Sister Letmore Chigudu | MPS South Africa Services |
| Workshop on AI in Healthcare | | | |
| 07hr50 - 08hr10 | Ethics of using AI in Healthcare | Dr Chris Verster | Macleods Pharmaceuticals SA |
| 08hr10 - 08hr30 | The Rise of the Care Orchestrator: Doctor-Led Clinical Excellence in the AI Era | Ms Ivone Veiga-Moroldo | Healthbridge |
| 08hr30 - 08hr50 | AI in Healthcare | Dr Odwa Mazwai | Universal Care |
| Workshop on Women's and Men's Health | | | |
| 08hr50 - 09hr10 | Womens Health: Menopause : The Window of Opportunity | Dr Malikh van der Schyff | Abbott |
| 09hr10 - 09hr30 | Womens Health: Abnormal Uterine Bleeding | Dr Malikh van der Schyff | Abbott |
| 09hr30 - 09hr50 | Benign Prostatic Hyperplasia. Guidelines and Directed Management | Dr Kent Pluke | Cipla |
| Cardiometabolic Workshop Part 1 | | | |
| 09hr50 - 10hr10 | Magnifying Multimorbidity: A Holistic Approach to Cardiometabolic Care | Dr Mahmoud Al-Naili | Servier |
| 10hr10 - 10hr30 | Quality, Weightloss and Health Gain | Dr Rust Theron | Novo Nordisk |
| Workshop on Respiratory topics (Part 1) incl. COPD, Allergic Rhinitis and other Allergies | | | |
| 10hr30 - 10hr50 | Synergy of Platelet-Activating Factor and Histamine in Allergic Rhinitis and Urticaria | Dr Pieter De Waal | Macleods Pharmaceuticals SA |
| 10hr50 - 11hr10 | COPD Heart Lung Cross talk in COPD : Shared Biology to Bedside decisions | Dr N Voragee | AtraZeneca |
| 11hr10 - 11hr30 | Allergy fundamentals : Key Insights in Family Practice | Dr Shaunagh Emanuel | ThermoFisher |
| 11hr30 - 12hr15 | MORNING TEA & VISITS OF STALLS | | |
| Workshop on Medical Aid matters, Fraud Waste and Abuse: Bias in Peer Reviews section 59? | | | |
| 12hr15 - 12hr35 | Reportback on the Section 59 Investigation into possible Racial Bias in Peer review | Ms Sarika Besesar | Discovery |
| 12hr35 - 12hr55 | Precision and Personalization Human Centered Innovation for a healthier healthcare system | Ms Jane Ball | Discovery |
| 12hr55 - 13hr15 | Ethics in Pathlogy for GPs, Nurses and GP Sponsored Laboratories on site | Dr John Douglass | Pathcare |
| 13hr15 - 13hr35 | Detection of Fraud in General Practice | Mr Ishmael Mogapi | GEMS |
| 13hr35 - 13hr55 | Alternatives to Traditional Healthcare: Seeking and Engagement | Dr Wayne Riback | Medshield |
| 13hr55 - 14hr55 | LUNCH IS SERVED & VISITS OF STALLS | | |
| Workshop on Diabetes & Cardiometabolic Syndrome Part 2 | | SIGN IN | |
| 14hr55 - 15hr15 | Beyond Glucose: Uncovering hidden Risk | Dr Ilana Joubert | Pharma Dynamics |
| 15hr15 - 15hr35 | CaReMe in Practice: From Insight to Impact | Dr Julian Trokis | Pharma Dynamics |
| Vaccine Workshop | | | |
| 15hr35 - 15hr55 | Don't Miss Hepatitis B: The Silent Infection Sitting in Your Waiting Room | Dr Neliswa Gogela | Gilead |
| 15hr55 - 16hr15 | Vaccination in pregnancy to protect infants from Respiratory Syncytial Virus (RSV) | Prof Benjamin Kagina | Pfizer |
| 16hr15 - 16hr35 | Rethinking Prevention: Life Course Vaccination and Pneumococcal Disease in Adults | Prof Angela Dramowski | Pfizer |
| Respiratory Workshop (Part 2) | | | |
| 16hr35 - 16hr55 | Navigating the Role of LAMAs in the South African COPD Landscape | Prof Richard van Zyl-Smit | Glenmark |
| 16hr55 - 17hr15 | Health in Synergy: Interface between Homeopathy and Allopathic Medicine | Ms Joan van Wyngaard | Nativa |
| 17hr15 - 17hr35 | AFTERNOON TEA IS SERVED & VISITS OF STALLS | | |
| Workshop Stress, Burnout & Building Resilience for the Future | | SIGN IN | |
| 17hr35 - 17hr55 | Building Resilience: Tools for remaining in Private Practice | Ms Hemari Bonthuys | PPS |
| 17hr55 - 18hr15 | From Stress to Burnout: Protecting the Mental Health of Private Healthcare Professionals. | Dr Qhama Cossie | Life Vincent Pallotti Hospital |
| 18hr15 - 18hr30 | Announce Prize Winners: DO NOT MISS THESE SUPER PRIZES before you leave | | |
| | | SIGN OUT | |

VENUE

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bebird, a smart ear-care brand, has developed devices designed to enhance both precision and visibility in ear hygiene and examination. Its EarSight Plus device combines a high-definition camera with a flexible, probe-like tip and smartphone connectivity, enabling doctors to capture and display live images of the ear canal. This real-time visual feedback allows practitioners to guide patients through what is being observed, creating a more transparent and educational consultation experience.





Beyond chairside use, the technology also supports continuity of care. Through the bebird app, images and videos can be recorded and securely shared, allowing for follow-up assessments, remote guidance or patient monitoring over time. This is particularly valuable in cases of recurrent earwax impaction or ongoing ear health concerns, where visual tracking can support more informed clinical decision-making.

There is also a growing role for patient participation. With appropriate guidance, patients can use the same technology at home to better understand their ear health and maintain routine hygiene. This creates a more collaborative care model, where patients are not only informed but actively involved, while still operating within a framework of professional oversight.

The EarSight Plus is designed for versatility, with interchangeable tips suited to different users and an ergonomic, flexible design intended to support ease of use. Its intuitive interface further lowers the barrier to adoption, making it a practical addition to both clinical and at-home care settings.

Smart ear-care technologies like bebird are helping to bridge the gap between examination, education and ongoing management. By enabling doctors to visualise, document and share what was previously unseen, these tools have the potential to enhance diagnostic clarity, strengthen patient communication and support better long-term outcomes.

Effective ear hygiene remains an important component of overall patient wellbeing, yet earwax build-up and inappropriate cleaning practices continue to present frequently in clinical settings. Traditional methods, including cotton swabs and improvised tools, carry well-established risks, often pushing wax deeper into the ear canal and increasing the likelihood of discomfort, impaction or infection. In this context, tools that support safer, more precise and better-guided approaches represent a meaningful step forward in both patient care and clinical practice.

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Reference: 1. Cramer R. The crux with a reliable in vitro and in vivo diagnosis of allergy. *Allergy*, 2013;68(6):693–694

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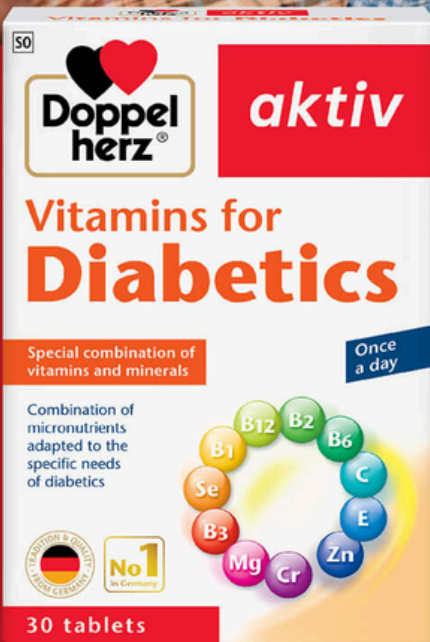
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References: 1. CLOBAZAM ADCO 10 & 20 mg tablets Professional Information, 27 June 2023. 2. Faulkner MA. Comprehensive overview: efficacy, tolerability, and cost-effectiveness of clobazam in Lennox-Gastaut syndrome. *Ther and Clin Risk Manage* 2015;11:905-914. 3. Generics dictionary. http://www.generic.co.za/frontend/generics?uf8=-%E2%9C%933&q%5Bactive_ingredient_name_eq%5D=CLOBAZAM (Accessed: 03 October 2023).

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

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- Demonstrates improvement in EF for up to 36 hours post-dose^{1,2}
- Tadalafil improves psychological outcomes²
- Preferred by patients and their partners over sildenafil²

¹In a meta-analysis comparing tadalafil with sildenafil for the treatment of ED.

ED – erectile dysfunction; EF – erectile function

References: 1. TADALAFIL ADCO Professional Information, October 2022. 2. Gong B, Ma M, Xie W, et al. Direct comparison of tadalafil with sildenafil for the treatment of erectile dysfunction: a systemic review and meta-analysis. *Int Urol Nephrol* 2017;49:1731-1740.

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

TADALAFIL 5 mg ADKO, Each film-coated tablet contains 5 mg tadalafil. Reg No.: 52/7.1.5/0084.080. TADALAFIL 20 mg ADKO. Each film-coated tablet contains 20 mg tadalafil. Reg No.: 52/7.1.5/0085.081.

Adcock Ingram Limited, Co., Reg. No.: 1949/034385/06, Private Bag X69, Bryanston, 2021. Customer Care: 0860 ADCOCK/232625. www.adcock.com 2023062910293836, July 2023.

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Tadalafil Adco

Tadalafil 5 mg/20 mg tablets

The patient's choice for ED^{2*}

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^[S4] KLACID® P125 Granules for Suspension. Each 5 mL contains 125 mg of clarithromycin. Reg. No.: 28/20.1.1/0035. Botswana: ^[S2] Reg. No.: BOT9900333; Ghana: POM Reg. No.: FDA/SD.183-2087; Kenya: POM Reg. No.: H98/208; Malawi: POM Reg. No.: PMPB/PL147/11; Mauritius: POM Reg. No.: R4134/02/16; Namibia: ^[NS2] Reg. No.: 04/20.1.1/1269; Uganda: POM Reg. No.: 2469/06/98; Zambia: POM Reg. No.: 128/004; Zimbabwe: PP Reg. No.: 2000/7.2.5/3797. ^[S4] KLACID® P250 Granules for Suspension. Each 5 mL contains 250 mg of clarithromycin. Reg. No.: 29/20.1.1/0190. Botswana: ^[S2] Reg. No.: BOT9900334; Ghana: POM Reg. No.: FDA/SD.183-2088; Kenya: POM Reg. No.: H98/258; Malawi: POM Reg. No.: PMPB/PL147/12; Mauritius: POM Reg. No.: R3362/02/16; Namibia: ^[NS2] Reg. No.: 04/20.1.1/1270; Nigeria: POM Reg. No.: 04-3449; Uganda: POM Reg. No.: 2470/06/98; Zambia: POM Reg. No.: 128/005; Zimbabwe: PP Reg. No.: 2000/7.2.5/3798. ^[S4] KLACID® XL Modified release tablets. Each tablet contains 500 mg clarithromycin. Reg. No.: 31/20.1.1/0379. Botswana: ^[S2] Reg. No.: BOT0100451; Ghana: POM Reg. No.: FDA/SD.183-2090; Kenya: POM Reg. No.: H2001/0072; Malawi: POM Reg. No.: PMPB/PL147/13; Mauritius: Reg. No.: R3363/0 2/16; Namibia: ^[NS2] Reg. No.: 04/20.1.1/1271; Nigeria: POM Reg. No.: 04-4407; Uganda: POM Reg. No.: 5977/06/07; Zimbabwe: PP Reg. No.: 98/7.2.5/3451. ^[S4] KLACID® I.V. Lyophilised Powder for Injection. Each vial contains 500 mg clarithromycin. Reg. No.: 28/20.1.1/0264. Ghana: POM Reg. No.: FDA/SD.183-3137; Kenya: POM Reg. No.: H98/207; Mauritius: Reg. No.: R4133/02/16; Namibia: ^[NS2] Reg. No.: 10/20.1.1/0337; Tanzania: POM Reg. No.: TZ19H0188; Zimbabwe: PP Reg. No.: 2001/7.2.5/3956.

For full prescribing information, refer to the Professional Information approved by the Medicines Regulatory Authority.

Abbott Laboratories S.A. (Pty) Ltd. 1940/014043/07. Abbott Place, 219 Golf Club Terrace, Constantia Kloof, 1709. Tel: (011) 858 2000. Publication date: June 2024. Promotional review number: SAF2184909-3.



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The Flu Vaccine is covered from the risk benefit for GEMS members and their dependants. Vaccination against the flu remains the best defence.

GEMS Flu Vaccine Benefits:

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- ✓ *Available to all GEMS members and their dependants across ALL options.*
- ✓ *One flu vaccine per beneficiary per benefit year for everyone 6 months and older.*

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| Discipline | Administration codes | Notes |
|----------------------|----------------------|--|
| General Practitioner | 0017 | To be charged together with the Vaccine NAPPI codes if there was no consultation |
| Pharmacy | 0022 | To be claimed on the same script number as the Vaccine NAPPI code |
| Nurse | 99378 | To be charged together with the Vaccine NAPPI codes if there was no consultation |

Flu Vaccine: Once per year per beneficiary.

GEMS Pneumococcal Vaccine

Vaccination against pneumococcal disease remains the best defense. Please encourage your patients to get vaccinated.

GEMS Vaccine Benefits

The Pneumococcal vaccine claims for eligible beneficiaries will be paid from preventative risk-benefits and will not affect members' savings or day-to-day benefits across ALL options.

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- *Diabetes mellitus*
- *Cerebrospinal fluid leaks*
- *Cochlear implant(s)*
- *Alcoholism*
- *Chronic liver disease*
- *Immunodeficiencies acquired at birth or later in life, such as HIV infection.*
- *Chronic renal failure or nephrotic syndrome Various types of Cancer such as Leukaemia, Lymphoma, multiple myeloma, Hodgkin's disease, or other generalised and metastatic malignancies*
- *Medication-induced immunosuppression because of treatments such as radiation therapy, chemotherapy, and long-term use of corticosteroids*
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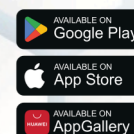
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The prodrug design of **Vyfocis** delivers effective
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References:

1. Banaschewski, T., Soutullo, C., Lecendreux, M. et al. Health-related quality of life and functional outcomes from a randomized, controlled study of lisdexamfetamine dimesylate in children and adolescents with attention deficit hyperactivity disorder. *CNS Drugs* 27, 829–840 (2013).
2. Adler, L.A. et al Lisdexamfetamine dimesylate in adults with attention-deficit/hyperactivity disorder who report clinically significant impairment in executive function: results from a randomized, double-blind, placebo-controlled study. *J. Clin. Psychiatry* 74, 694–702 (2013).
3. Ermer, J. C., et al. (2016). Lisdexamfetamine dimesylate: Prodrug delivery, amphetamine exposure and duration of efficacy. *Clinical Drug Investigation*, 36(5), 341–356.

³⁰Reg. No. 37/1.6/1238. VYFOCIS 30. Each capsule contains 30 mg lisdexamfetamine dimesilate.

⁵⁰Reg. No. 37/1.6/1240. VYFOCIS 50. Each capsule contains 50 mg lisdexamfetamine dimesilate.

⁷⁰Reg. No. 37/1.6/1242. VYFOCIS 70. Each capsule contains 70 mg lisdexamfetamine dimesilate.

For full prescribing information, refer to the Professional Information approved by the medicines regulatory authority.



S3 **Lumont CO**
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Breathe Free. Live Free.

Dual action relief from allergies.^{1,2}
 Montelukast 10 mg + Levocetirizine dihydrochloride 5 mg

Indications⁷

Relief of symptoms associated with allergic rhinitis (seasonal and perennial) in adults (≥ 18 years of age).

S3 **Lievocam**
 Lornoxicam 8 mg tablets

**RELIEF
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Indications⁷

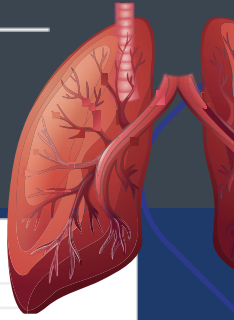
- Short-term treatment of mild to moderate pain associated with extra-articular inflammation
- Symptomatic treatment of pain and inflammation in osteoarthritis and rheumatoid arthritis



S3 LIEVOCAM 8 mg (film-coated tablets). Each film-coated tablet contains 8 mg lornoxicam. Contains sugar (lactose monohydrate). Reg. No.: A56/3.1/1150. For full prescribing information refer to the SAHPRA approved package insert.

S3 LUMONT CO 10 mg/5 mg (film-coated tablets). Each film-coated tablet contains 10 mg montelukast (as montelukast sodium) and 5 mg levocetirizine dihydrochloride. Contains sugar (lactose monohydrate) Reg. NO.: A54/5.7.1/0174. For full prescribing information refer to the SAHPRA approved package insert.

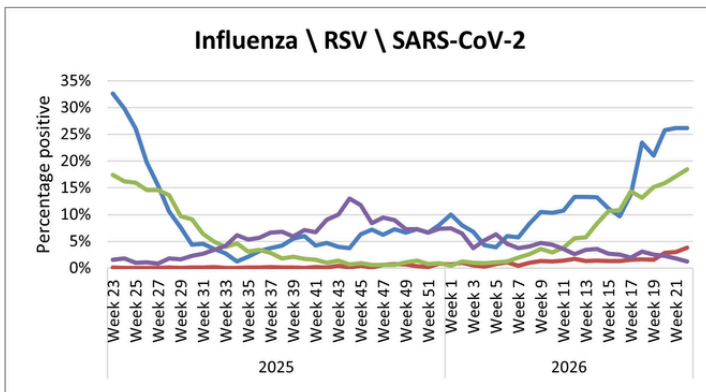
Zydus Healthcare SA (Pty) Ltd. Southdowns Office Park, 22 Karee Street, Centurion, 0157. Co. Reg. No.: 1998/014338/07. Tel: +27(0)12 748 6400. **A75/LIE/LUM/05/26/PRO**



This report is a summary of the results obtained from various molecular respiratory panels performed across PathCare laboratories during May 2026 (epidemiological weeks 19-22). The data is dependent on submission of samples by clinicians and therefore may not be representative of the general population but is intended to identify trends in the circulation of these viruses which may be of clinical relevance.

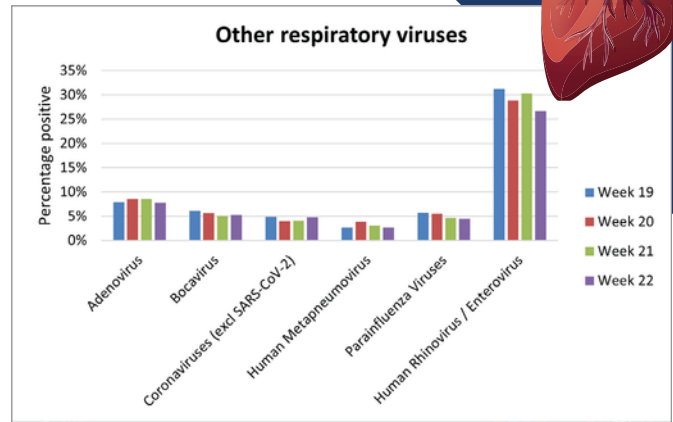
INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS (RSV) AND SARS-COV-2

- Further increases in the detection rates of both influenza and RSV were noted during May, following the simultaneous start of both seasons in week 11 (week starting 9 March).
- Influenza A positivity rates increased from 23% in week 18 (week starting 27 April) to 26% in week 22 (week starting 25 May). Both A/ H1 and A/H3 subtypes continued to circulate concurrently at 46% and 54% of typed isolates respectively.
- The influenza B detection rate increased to 4% in week 22, having ranged from 1-2% during April.
- The combined RSV detection rates ranged from 15-19% during May. The percentage of samples testing positive for RSV was 47% in those aged <6 months, 45% in 6-12 month olds, and 31% in children aged 1-5 years. The percentage of samples testing positive for RSV was 6% for patients aged 6 years and older.
- The SARS-CoV-2 detection rate ranged from 1-3%, similar to the previous reporting period.



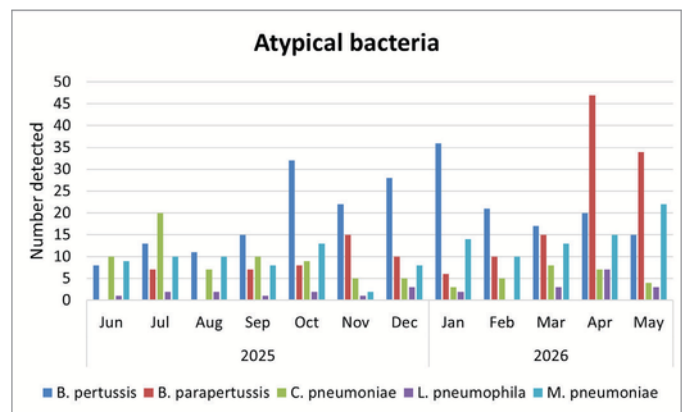
OTHER RESPIRATORY VIRUSES

- Slight decreases were noted in the positivity rates of the parainfluenza viruses and rhino/enteroviruses, however, rhino/enteroviruses remained the most commonly detected viruses during May (31-37%). No marked changes were noted in the positivity rates of the other respiratory viruses.
- For the parainfluenza viruses for which molecular typing was available, the distribution of types 2 (27%), 3 (31%) and 4 (24%) remained at similar proportions to the previous month, with parainfluenza virus type 1 at 17%.
- Among the endemic coronavirus, NL63 continued to predominate but dropped from 75% to 47% of isolates for which molecular typing was available, with increasing proportions of coronavirus HKU1 (28%) and coronavirus OC43 (22%).



ATYPICAL BACTERIA

- During May, 15 *Bordetella pertussis* cases were detected. Cases were detected from Gauteng (n=4), KwaZulu-Natal (n=4), Western Cape (n=2), Free State (n=2), North West (n=1), Eastern Cape (n=1) and Mpumalanga (n=1). Regarding age distribution, six cases were in children aged ≤5 years, five were aged 6-18 years, and four were aged >18 years. *Bordetella pertussis* is a vaccine-preventable disease, a notifiable medical condition, and post-exposure prophylaxis is recommended for close and vulnerable respiratory exposed contacts.
- Chlamydia pneumoniae* and *Mycoplasmoides pneumoniae* detection rates remained below 1%.
- A higher than average number of *Bordetella parapertussis* cases continued to be seen in May, with 34 positive samples. This included isolates from Gauteng (n=12), the Western Cape (n=10), KwaZulu-Natal (n=6), Northern Cape (n=3), Free State (n=2), and the Eastern Cape (n=1). The majority of cases were children aged 1-5 years (n=21), with a further twelve cases in children aged <1 year, and a single case aged 6-12 years. *B. parapertussis* typically presents with milder symptoms than *B. pertussis* and has less outbreak potential, therefore no prophylaxis is advised and there is currently no vaccine available. Droplet precautions should be implemented for managing these cases.
- Three *Legionella pneumophila* cases were detected during May, with two cases from the Western Cape and one from Gauteng. All three cases were in adult patients, including two in adults aged ≥65 years. *Legionella pneumophila* is a notifiable disease and these statistics represent only molecular testing for *Legionella pneumophila*, as legionella urinary antigen results are not included in this report.





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3

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BMW Century City



Discovery



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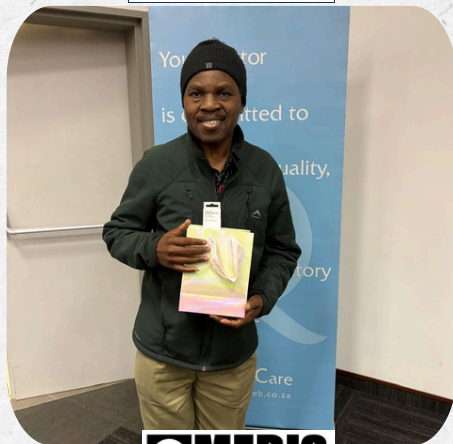


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2 INDICATIONS, 1 VACCINE¹

ABRYSVO[®]
Recombinant respiratory syncytial virus pre-fusion F protein vaccine

 INFANTS via maternal immunisation*

 OLDER ADULTS[†]

EVERY BREATH MATTERS.

INDICATIONS



Passive protection against lower respiratory tract disease caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age following maternal immunisation during pregnancy.

60+

Active immunisation of individuals 60 years of age and older for the prevention of lower respiratory tract disease caused by RSV.

*Active immunisation of pregnant women between 28 and 36 weeks gestation.¹ †Active immunisation of individuals aged 60 years and above.¹

ABRYSVO should be used in accordance with official recommendations.¹

Help protect infants, via maternal immunisation, and older adults against RSV.¹

To report an adverse event, please contact ZAF.AEReporting@pfizer.com. If you wish please use contact details below. +2711 320 6000 or 0860 734 937 (SA). Monday-Friday 09h00-17h00

Pfizer Laboratories (Pty) Ltd. Company Reg. No. 1954/000781/07. Building 2, 1st Floor, Maxwell Office Park, Magwa Crescent, Waterfall City, Midrand, Johannesburg, South Africa. Tel. No: 0860 PFIZER (734937).

Reference:
1. ABRYSVO Local Product Document. 10 December 2024

PP-A1-ZAF-0166

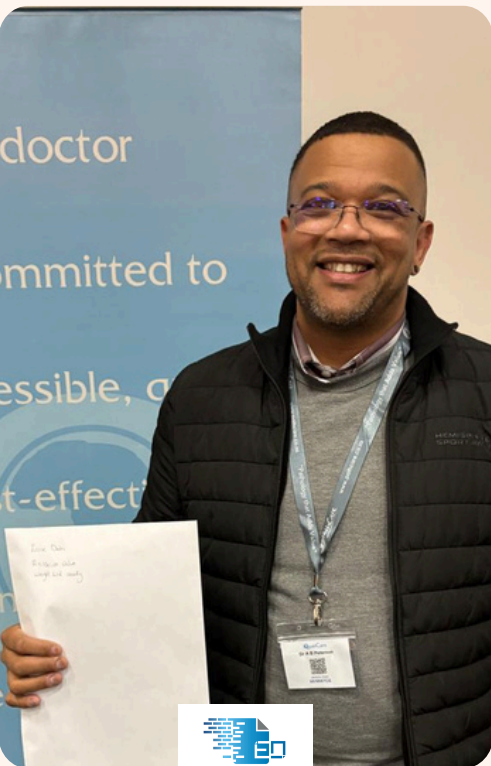


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VEMLIDY for the flow of life with chronic hepatitis B¹

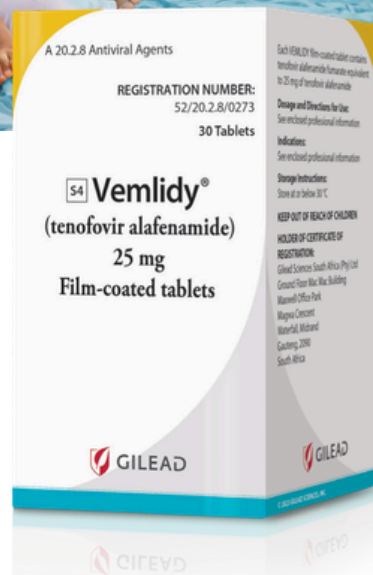
Vemlidy[®]
tenofovir alafenamide 25mg
tablets



VEMLIDY is indicated for:

The treatment of chronic hepatitis B (CHB) in adults and paediatric patients 6 years of age and older weighing at least 25 kg with compensated hepatic disease /function.¹

Each film-coated tablet contains 25 mg of tenofovir alafenamide.¹



Reference: 1. Vemlidy Professional Information approved by the Medicines Regulatory Authority 19 June 2025.

For full prescribing information refer to the professional information approved by the Medicines Regulatory Authority. S4 VEMLIDY 25 mg film-coated Tablets. Reg. No.: 52/20.2.8/0273. Each film-coated tablet contains tenofovir alafenamide fumarate equivalent to 25 mg of tenofovir alafenamide. Contains 95 mg lactose (as monohydrate). Gilead Sciences South Africa (Pty) Ltd., Reg No.: 2014/063761/07, Ground Floor Mac Mac Building, Maxwell Office Park, Magwa Crescent, Waterfall. (Tel: +27 10 346 1920). For any adverse events, please contact: Safety_FC@gilead.com VEMLIDY[®], the VEMLIDY[®] Logo, GILEAD and the GILEAD Logo are trademarks of Gilead Sciences, Inc. or its related companies. All other trademarks referenced herein are the property of their respective owners. ©2025 Gilead Sciences, Inc. All rights reserved. Date of preparation: 07/2025 Job code: ZA-VEM-0017.





WINNING MOMENTS TO TREASURE!



We are truly grateful for your participation in our 29th Face-to-Face Qualicare Open Day. Your involvement was key in making the event both memorable and a great success.

Thank you for your continued support.

A GIANT OF MEDICINE, FAILED BY JUSTICE



A GREAT tree has fallen in the forest.

Professor Cyril Karabus passed away on Tuesday, June 9, 2026.

The residents of Cape Town will recall that Independent Newspapers reported on the incarceration of Professor Karabus from August 18, 2012.

Both the Argus and the Cape Times newspapers had a daily report of this unlawful incarceration.

Prof Karabus had had an illustrious career with over 40 years treating paediatric patients at the Red Cross Hospital in Cape Town.

He was previously the head of the Department of Paediatrics and Child Health at the hospital.

During his career he treated literally thousands of children, mostly from the Cape Flats.

He was a well-known medical personality in Cape Town and beyond.

Karabus's incarceration in Abu Dhabi on August 18, 2012 was a shock to him and his family.

He was in transit at the Dubai International Airport after having attended his son's wedding in Canada.

It would take almost nine months after waging an international campaign with support from the Jewish, Muslim and Christian communities before we were able to get him home.

51

A giant of medicine, failed by justicecontinue to page 52

Professor Karabus was a highly respected doctor with an international reputation.

As a Professor Emeritus of Paediatrics at UCT and a former head of the Oncology and Haematology unit at the Red Cross Hospital, the whole situation was unbelievable.

As a specialist in both paediatrics and oncology, he taught generations of medical students at Red Cross.

He was absolutely devoted to caring for children with cancer and he had spent his whole life saving young lives.

I spent nine months contacting everyone whom I believed would be helpful.

Literally thousands of people came forward to offer advice and to support the fundraising to ensure that Professor Karabus received the best legal advice in Abu Dhabi.

They required a retainer deposit of over R1 million and there would be a further million to be paid for "blood money".

We received help from individuals such as Professor Heather Zar, Head of the Department of Paediatrics and Child Health at the Red Cross Children's Hospital, and from the late Professor Solly Marks.

The South African Medical Association (SAMA) were helpful, as was the Treatment Action Campaign.

One of the concerned people who offered to help was a former student of Prof Karabus, Dr Iqbal Survé of the Sekunjalo Group who flew to Abu Dhabi and appealed to high intermediaries to approach the Crown Prince Sheikh Mohammed bin Zayed.

Dr Survé had used his knowledge of how things work in the Middle East to be part of a team clearing Prof Karabus through the Medical Committee of Abu Dhabi.

Dr Grootboom, the chairman of SAMA at the time, and Dr Sonderup helped immensely. This ordeal was an absolute travesty of justice and it was like a replay of Kafka's ***The Trial***.

Prof Karabus is survived by his wife Jenny and his five children.

Condolences from CPC/Qualicare to all family and friends of Professor Cyril Karabus.



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Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/QUALICARE

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentist and Allied Health Care Professionals alike will, we believe, stand in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate members of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
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- Free listing your practice as part of CPC/Qualicare's Western Cap Electronic Network, your practice will be listed as part of CPC/Qualicare at no charge.
(Worth R6000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationary at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice...Watch this space as NHI starts to roll out!!
- Preferred wholesale and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assist with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R355.00 VAT inclusive, per month
- Allied Health Care Professionals R355.00 VAT inclusive, per month

All fees payable by debit order only. Minimum membership period is 12 months with a 3-month notice period thereafter.

Please note that we also offer reduced membership fees for **first time Medical Practitioners (GP's)** in **private practice** for their first year of membership.

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare

Qualicare Electronic Doctor Network.

Free electronic listing (valued at R6,000.00 per year) of your practice, geographic location, special areas of interest and pictures of your practice can be featured on our Electronic Doctor Network which is only available to CPC/Qualicare Members and Shareholders!!

Our highly successful electronic doctors network see www.qualicaredoctors.co.za has rapidly expanded across the Western Cape Province, and to date has approximately 200 doctors.

As a Member or Shareholder you are still entitled, **at NO charge**, to list your practice on the "EDN" showing your name, practice name, GPS coordinates, areas of special interests, and any specific features which you would like to bring to the attention to prospective patients then please complete and return the form below at your earliest convenience should you be interested to join the growing network.

This is a limited offer open only to Shareholders and Members which is worth over R6,000.00 per year and is brought to you as a member or shareholder benefit at no charge.

Practitioners Details

*** Compulsory to complete – for a successful listing.**

*First Name: _____

*Surname: _____

*Professional Degrees e.g. M.B.ChB. _____

Professional Body Memberships: _____

*HPCSA Number: _____

*Board of HealthCare Funders PCNS Number: _____

DOH Disp Lic Number (if applicable): _____

Areas of Special Interest and Focus: e.g. Paediatrics, Bariatrics, Occupational Health: _____

Contact Details

*Contact Number: (Practice) _____

*Email Address: _____

*Alternative Number: _____

Fax number: _____

Practice Details

*Practice Name: _____

Group PCNS: _____

*Practice Address: _____

GPS Location: _____

Please also provide:

1. **Photo of yourself** - So that the patient can familiarize themselves with the Dr they are going to see.
2. **Photo of the outside of the Practice** – So the patient will recognize the correct building and know what to look out for when coming to visit the practice.
3. **A short bio – interests, hobbies & education** – This gives the patient some trust as they will feel they know you and will feel at home.

Please feel free to contact Annerè van Pletzen CPC/Qualicare Consultant at annere@cpcqualicare.co.za

I permit CPC/Qualicare to list my name, surname, the name of my practice, my practice details, and further details provided by me in this application, and my GPS Coordinates on the “Electronic CPC/Qualicare Doctor Network” at no cost to me or my practice (tick the appropriate block).

Yes I do agree to the above, in terms of POPIA Act 4 of 2013

Click on the link to complete the form:

<https://www.qualicaredoctors.co.za/new-form/>



QualiCare



01 May 2026 - 31 May 2026



Summary

| | | | | | |
|------------------------|------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Reported period | Month May 2026 | | | | |
| First visit | 01 May 2026 - 00:14 | | | | |
| Last visit | 31 May 2026 - 23:54 | | | | |
| | Unique visitors | Number of visits | Pages | Hits | Bandwidth |
| Viewed traffic * | 4,186 | 5,572 (1.33 visits/visitor) | 15,269 (2.74 Pages/Visit) | 58,505 (10.49 Hits/Visit) | 47.84 GB (9003.38 KB/Visit) |
| Not viewed traffic * | | | 10,862 | 30,681 | 18.10 GB |



Disclaimer:

The entire contents of the CPC/Qualicare Newsletter is based upon the latest and most up to date information at the time of sending.

Due to the fluency of the situation, information changes daily. Please visit our website for more updated information.

This Newsletter is subject to the provisions of the Protection of Personal Information (POPI) Act (Act 4 of 2013), as well as the General Data Protection Regulations of the European Union (GDPR EU). The content of this site and/or attachments, must be treated with confidentiality and only used in accordance with the purpose for which they are intended.

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Images & Articles:

Articles:

1. <https://www.pressreader.com/south-africa/cape-argus/20260615/281578067359436>

Images:

www.canva.com

1. <https://t.prcdn.co/img?regionKey=IntzMIMITCOUkrNVvkef9g==&scale=330>



THE END