NICD PULSE

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

A JAB OF A KIND

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Message From The Acting Executive Director

Dear colleagues

Many of you are perhaps curious about the importance of the photograph I am holding up on the cover page? The photograph is of Ali Maow Maalin, a Somalian man and the last man on earth recorded to have contracted a natural smallpox infection in 1977. And why did he contract the infection amidst the worldwide campaign to eradicate smallpox? Fear. Yes, he ran away because he feared the needle. Sounds familiar, right? Yet Ali became a hero. A consequence of his smallpox experience fueled his fire to campaign for vaccination to eliminate polio. He was a tireless advocate for the cause.

In this issue of Pulse, we touch on the temporary pause of the anti-SARS CoV-2 vaccine rollout and shine a light on the influenza vaccine. It's widely agreed that the travel restrictions and non-pharmaceutical interventions (to counter COVID-19 transmission) may have contributed to the absence of a 2020 flu season. But influenza remains unpredictable, shrewd and is anything but trivial. Influenza infections present a significant burden of disease and mortality in society, and carry negative economic consequences in South Africa. We have limited influenza vaccine campaigns nationally, and the time for change is now, especially in light of the COVID-19 vaccination campaigns that work towards achieving population immunity. We are, however; still faced with significant vaccine hesitancy in South Africa and have to overcome this barrier by building, and maintaining public confidence and trust. If we fail in doing so, we will have many more people experiencing Ali Maow Maalin's story.

"We need more Drummers!" says a bright t-shirt slogan, but it should be changed to "We need more Epidemiologists!". The role of epidemiology and the need for epidemiologists have not been more evident with the COVID-19 pandemic. To this effect, the SAFETP welcomes its largest cohort of trainees, a positive step towards capacity building. Understanding the true burden of TB in South Africa has been a taxing process, and the recent survey results are described as nothing short of sobering. Dr Farzana Ismail from the Centre for TB gives a background to the study and the implications for South Africa in controlling TB in the context of the HIV epidemic.

The NICD boasts a track record of long-serving staff dedicated to public health service. One such example is "Sr Jo" and her remarkable contribution to epidemiologic surveillance that spans more than forty years. We also congratulate staff who have been recognised for their services to public health. Cultivating healthy working environments positively influence employee productivity, this conviction lies at the core of NICD's Employment Equity Skills Development and Training (ESSDT) Committee.

And finally, how we work and connect professionally have changed dramatically. Zoom, Teamworks and other online programmes have made it (mostly) easier to manage our day-to-day work lives. There are; however, those moments "can you hear me", "can you see my slides" and other less savoury (although very entertaining) moments that can make you the topic of office banter at the water cooler. We provide some easy solutions to catapult you from meeting zero to meeting hero! May the Zoom be with you. For now.

A Jab of a Kind for Winter Season

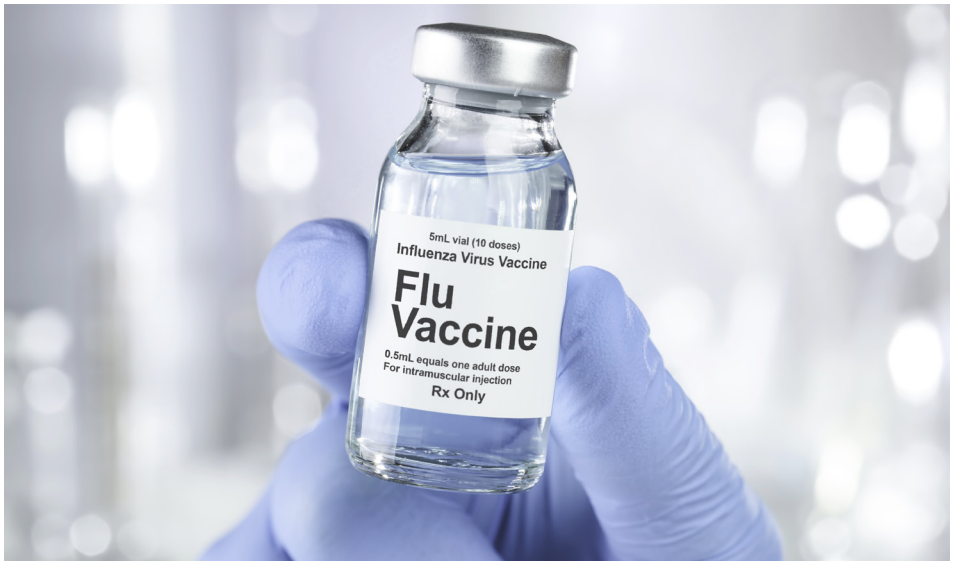
The South African winter season is upon us and it is also the season for colds and flu. One of the recommended ways to prevent severe illness from influenza is by getting the flu vaccine, which is more important than ever during 2021 to protect yourself and the people around you from flu, and to help reduce the pressure on the healthcare systems responding to the COVID-19 pandemic. In this article we look at the facts about flu vaccination and how you can take up the National Institute for Communicable Diseases (NICD) offer to get vaccinated as an employee.

The influenza vaccine is a yearly vaccine that protects you from severe illness as a result of the flu, a viral respiratory illness that spreads through droplets and close contact with infected individuals. This vaccine is offered at the NICD to staff at risk to exposure to the influenza virus.

Influenza is a highly contagious viral infection of the respiratory tract which is transmitted by the influenza virus. It is usually spread by the coughs and sneezes of a person who is infected, and may cause fever, cough, sore throat, a runny or stuffy nose, headache, muscle pains and tiredness; all symptoms that are similar to COVID-19. Flu can make chronic health problems worse or lead to pneumonia.

How Can I Avoid Getting The Flu?

The best way to protect yourself from catching flu is through good hand hygiene, following preventative measures such as wearing face masks, social distancing, being in well ventilated spaces, staying at home when ill, and, furthermore, by getting the influenza vaccine every year to avoid severe illness from influenza. It is approved for people older than six months, including healthy people and those with chronic medical conditions.



How Can I Get The Flu Vaccine At work?

The NICD has procured 150 doses for individuals who do not have medical aid. The vaccine is on back order and as soon as it arrives a notification will be issued.

Personnel working at the Centre for Respiratory Diseases and Meningitis are amongst the most at risk to exposure to influenza virus and will, therefore; be prioritised.

About The Flu Vaccine

The flu vaccine is developed each year according to the strains that will be in circulation for that season. Due to the strains evolving continuously, the flu vaccine should be administered every year. It takes about 10-14 days after vaccination for protective antibodies to develop.

The choice of one of the following may be on offer at the NICD depending on availability:

Vaxigrip® (Sanofi Pasteur)
Influvac® (Abbott)

Is There Any Adult Who Shouldn't Get Vaccinated?

Yes. The following people should talk to their doctor before getting the flu vaccine:

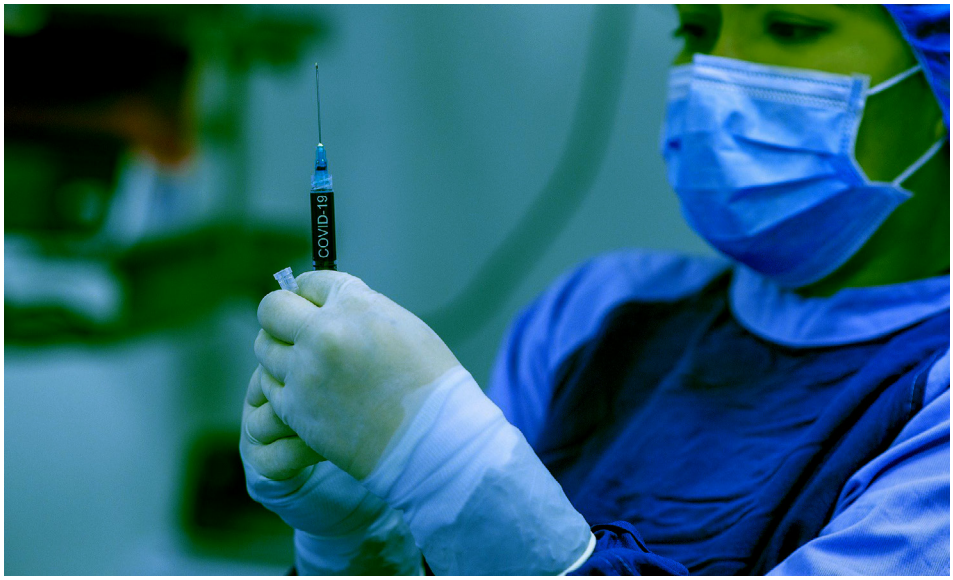
- People with known hypersensitivity to previous flu vaccination
- People who have an allergy to chicken eggs
- People who have a moderate or severe illness with a fever should wait until they feel better.

Is The Vaccine Safe?

The flu vaccine has an excellent safety record. It is still the most effective way to protect you against complications from influenza. There are very few side effects which usually pass quickly. These include mild inflammation at the site of the injection, fever, sore muscles, runny nose and vomiting. Any extreme allergic reaction should be reported to medical practitioner and treated promptly.

The annual vaccination season for NICD is from March to May. After getting the vaccine you are still encouraged to wash your hands frequently, stay at home if you are unwell, practice social distancing and wear a mask.

Ministry of Health: COVID-19 J&J Vaccine Rollout Temporarily on Hold



On Tuesday, 13 April 2021, the Minister of Health Dr Zwelini Mkhize announced the temporary pause of the Johnson & Johnson Sisonke study in South Africa. The announcement follows a decision by the United States Food and Drug Administration and the Centres for Disease Control to halt the rollout of the J&J vaccine in the USA after six female patients presented a rare clotting disorder.

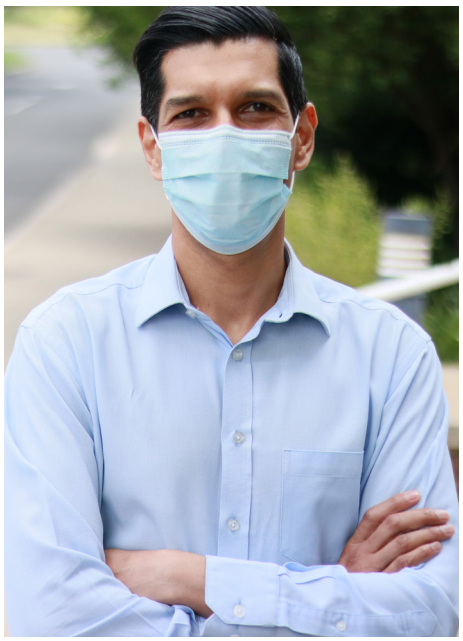
Healthcare workers who have received the J&J vaccine are assured that no cases of clotting associated with low platelet counts, central venous thrombosis or disseminated intravascular coagulation (DIC) have been reported amongst the nearly 290 000 healthcare workers who have been administered the J&J vaccine.

> "Healthcare workers who have been vaccinated against COVID-19 more than three weeks ago are not at an increased risk of developing a thromboembolic event."

And those who have been vaccinated less than three week ago are advised to seek immediate care if they present any of the following symptoms: breathlessness, pain in the chest or stomach, swelling or coldness in a leg, severe headache or blurred vision, persistent bleeding, multiple small bruises, reddish or purplish spots, or blood blisters under the skin. It is important to advise your doctor or occupational nurse that you have recently been vaccinated, and for them to report the incident to the Sisonke Desk on 0800 014 956.

It is essential to monitor the safety and efficacy of COVID-19 vaccines and the next steps will see the South African Health Products Regulatory Authority collating information in order to make a thorough recommendation. Hopes are high to resume vaccination soon and citizens are encouraged to roll up their sleeves once the COVID-19 vaccine becomes available for specific groups.

Prof Nelesh Govender Reaches a Career Highlight



Congratulations are in order for Prof Nelesh Govender who was recently promoted to Professor in the School of Pathology at the University of the Witwatersrand. Govender began his career in public health 15 years ago when he was the appointed head of the Centre for Healthcare-Associated Infections, Antimicrobial Resistance and Mycoses Surveillance (GERMS) at the NICD. His position allows him to work closely with the National Department of Health (NDOH) in generating evidence that will help guide government policy.

As the President of the Federation of Infectious Disease Societies of Southern Africa and a member of the Ministerial Advisory Committee on antimicrobial resistance (AMR), Govender's area of expertise includes medical mycology and AMR, in specific antifungal resistance. With an impressive MBBCh, DTM&H, FCPath (Micro) qualifications under his belt, his career success includes leading the implementation and evaluation of a national cryptococcal disease screen-and-treat intervention in the country, serving as a co-chair of the South African cryptococcal disease guidelines panel and being a member of the World Health Organization's cryptococcal disease and advanced HIV disease guidelines panel.

Expanding Field Epidemiology Capacity — The South African Field Epidemiology Training Programme Welcomes its Largest Cohort of Trainees in 2021

South African Field Epidemiology Training Programme staff with the incoming 2021 cohort during orientation, January 2021. The orientation programme adopted a blending approach using limited in-person and virtual sessions.

The COVID-19 pandemic has highlighted the important role played by field epidemiologists and Field Epidemiology Training Programmes (FETPs) in global health. While COVID-19 bolstered the demand for field epidemiologists, global epidemiology institutes were already underway with developing a roadmap for increasing field epidemiology capacity. In February 2019, during a FETP strategic planning meeting in Geneva, WHO Director-General, Dr Tedros Ghebreyesus, requested that Dr Natalie Mayet and the South African FETP (SAFETP) consider extending training opportunities for up to 200 public health professionals, including neighbouring countries. In response to this request, the Africa CDC and the Southern Africa Regional Collaborating Centre (RCC) met in December 2019 to develop an action plan to achieving the goal of training 200 epidemiologists in Southern Africa. The meeting brought together key stakeholders to discuss and strategize how to harness regional resources and expertise to strengthen applied field epidemiology capacity in Southern Africa. Regional FETPs agreed to increase their trainee intake and include trainees from neighbouring countries without an existing Advanced FETP.

In January 2021, the South African Field Epidemiology Training Programme (SAFETP) enrolled its largest cohort to date, 16 residents, as part of the fourteenth Advanced cohort. The Advanced SAFETP is a rigorous, two-year training programme where residents spend two-thirds of their training in the field applying classroom skills in disease surveillance and outbreak detection and response. The current cohort size has increased from 10 residents enrolled in 2020 to 16 residents in 2021. To continue to build field epidemiology capacity in neighbouring countries without existing FETPs, the program reached out to Ministries of Health in Malawi, Lesotho and Eswatini. Among the 16 residents, two residents from Lesotho and three residents from Eswatini were enrolled. The cohort comprises of 5 nurses, 3 veterinarians, 2 public health officers, a medical doctor, clinical associate, laboratory technologist, microbiologist, environmental scientist, and a physiotherapist. The cohort includes two frontline public health staff seconded from the National Department of Health and the City of Ekurhuleni.

In addition to expanding the Advanced cohort, SAFETP currently offers the 3-month Frontline training programme and plans to establish the 9-month Intermediate programme. These shorter-term training programmes are targeted to support the development of a frontline field epidemiology workforce capable of disease surveillance and response.

Meetings with selected provinces are in progress to discuss the FETP Intermediate tier and its relevance in building epidemiology capacity for the provinces. These discussions have also included steps needed to implement the training issues of funding and the incorporation of field epidemiology as a formal cadre within the Department of Health.

Notable Published Scientific Articles

CHIVSTI: Wibmer CK, Ayres F, Hermanus T, Madzivhandila M, Kgagudi P, Lambson BE, Marion Vermeulen M, van den Berg K, Rossouw T, Boswell M, Ueckermann V, Meiring S, von Gottberg A, Cohen C, Morris L, Bhiman JL, Moore PL. (2021) SARS-CoV-2 501Y.V2 escapes neutralization by South African COVID-19 donor plasma. Nature Medicine. https://doi.org/10.1038/s41591-021-01285-x

A Year into the First Lockdown

March 2021 marked a year since COVID-19 began profoundly affecting people's lives and livelihoods. Within the scientific community, particularly the NICD, the effort to respond appropriately to the outbreak was one of the greatest feat.

To this end, many at the NICD spent working countless hours in the lab, answering endless calls from the media, testing hundreds of specimens, many Zoom meetings to keep updated with what's happening around the world among other things. For many at the NICD, they lived and breathed COVID-19.

In order to really understand NICD's role, the NICD Communications Unit saw it fitting to document and showcase the work that took place behind the scenes by interviewing some of the colleagues that were involved in the beginning stages of the outbreak, a glimpse of how the NICD prepared the country for the pandemic.

In the video interview, Prof Cheryl Cohen, Drs Jinal Bhiman, Kerrigan McCarthy and Mignon du Plessis, and Mr Nevashan Govender each share riveting accounts of how their lives changed overnight.

Prof Cheryl Cohen reflects on how the rapid pace at which the disease was spreading globally, was telltale and that it would not be long before the virus reached South Africa. With the NICD directing all its resources to keeping a watchful eye on global trends, Dr Jinal Bhiman and the team from the Centre for Respiratory Disease and Meningitis (CRDM) was mobilised to develop diagnostic testing. The efficacy of the test was critical in detecting the virus, and was also rolled out on a national scale to both the public and private sectors. In preparation of specimen testing, which commenced on 28 January 2020, Dr Mignon du Plessis gives insight into the process of transforming the laboratory into a high function diagnostic workspace. She also shares how seemingly insurmountable challenges revealed the team's resilience in defying the odds.

The aggressive spread of the virus left the World Health Organization with no alternative other than declaring COVID-19 a global health emergency on 30 January 2020. In the South African context, this meant that the Emergency Operations Centre (EOC) had to be activated. Mr Nevashan Govender explains the strategic importance the EOC played in emergency preparedness and management of the outbreak. Lastly Prof Kerrigan McCarthy tackles some tough questions the NICD faced in the early stages of the outbreak.

> "This video is on the NICD YouTube Channel. Click here to watch"

Here on campus, we invited colleagues to dress up and make their mark by adding individual thumbprints to the COVID-19 Commemoration poster that is displayed in the PRF reception area. This was done to pay tribute to everyone here at the NICD who were vital in the COVID-19 fight, and also to remember those who tragically passed away.

We are a year in and still going strong. We salute the collective efforts of the extraordinary NICD staff who remained steadfast and focused in helping South Africa navigate through one of its darkest hours.

Recognitions

CEZPD: Prof Janusz Paweska - Re-appointment as Extraordinary Professor at the University of Pretoria, School of Medicine, Department of Medical Virology, Faculty of Health Sciences, from 01 October 2020 to 30 September 2023

CED: Dr. Anthony Smith, appointed Extraordinary Professor at the Department of Medical Microbiology, School of Medicine, Faculty of Health Sciences, University of Pretoria.

Eradicating TB is Nothing to Gasp about

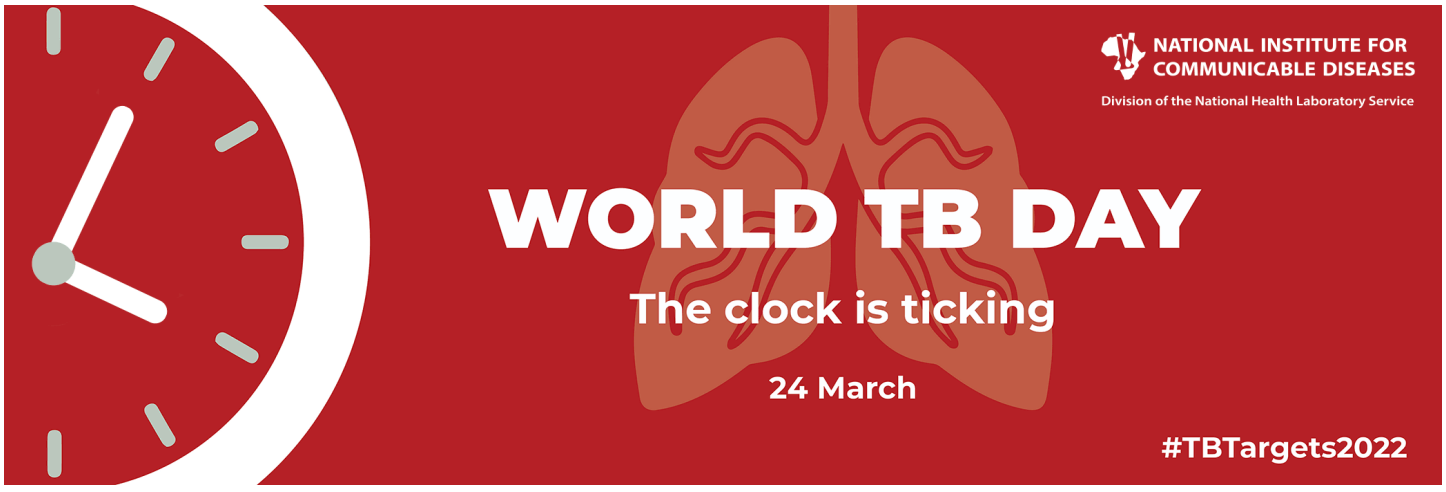
24 March was World TB Day, a day dedicated to raising public awareness of a disease that claims millions of lives on a global scale every year. In commemoration, the NICD takes a look at the Centre for Tuberculosis (CTB), highlighting the vitally important role the centre plays to support TB eradication efforts.

Established in 2012, the CTB was formerly known as the National TB Reference Laboratory (NTBRL), however; to expand its scope of work, the latter was incorporated into the centre. With Dr Farzana Ismail as the Acting Head of the CTB, the centre conducts laboratory-based public health surveillance of TB in South Africa and continues to serve as a NTBRL. In 2016 it was endorsed by the World Health Organization (WHO), who initiated the global TB policies and guidelines, as a supranational reference laboratory.

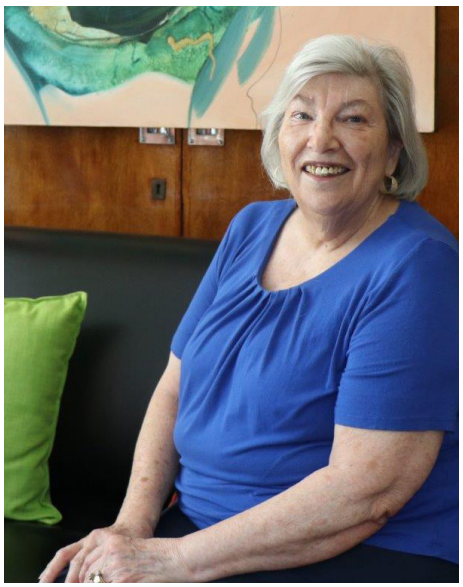
The centre is guided by a set of objectives, which includes conducting laboratory-based public health surveillance for drug sensitive TB, drug resistant TB and new drugs for the treatment of TB. "Public Health Surveillance plays a critical role in informing and directing health responses and is a key activity of the CTB," says Ismail. It also provides specialised reference mycobacterial services to the African continent and initiates public health research aimed at providing enhanced intelligence on the drivers and protective factors that underlie TB in South Africa. The centre continues to works closely with the National Department of Health, assisting with the strategic planning, guideline and policy formulation to manage the TB epidemic in South Africa.

The recent, and first ever, South African National TB Prevalence survey made headlines when the results were released in February 2021. The result of a collaborative effort between the MRC, HSRC, NDoH and NICD, the purpose of the survey was to establish the true burden of pulmonary TB in the country, and was conducted according to the international TB Impact Measurement recommendations of the WHO Global Task Force. "It was a tremendous honour to be involved in a project of this nature, that will help shape our healthcare systems' response to a crippling disease," Ismail adds. The CTB was tasked with providing the laboratory services for the survey, processing sputum samples of presumptive TB cases for Xpert MTB/RIF Ultra and liquid TB culture, another first for South Africa. Findings from the survey enabled the development of an algorithm to assist in managing patients with an Xpert 'Trace' result.

The latest TB data from the WHO shows that 360 000 South Africans contracted TB in 2019, of which 209 000 individuals were HIV positive. Adult men account for 53% of the cases, followed by adult women at 36% and children under 18 years at 11%. These staggering statistics lend a sense of urgency towards a global movement of eradicating TB. "Continued research efforts, early detection and finding innovative ways to develop and evaluate novel approaches to diagnose and treat TB remain vital in winning the battle," a hopeful Ismail concludes.



Forty Years and Counting



In salutation of Sr Jo McAnerney's remarkable career, the NICD thought it fitting to pay homage to a true stalwart who has played an incredible role at the institute over the years.

Affectionately referred to as one of the NICD's most valued gems, Sr Jo started her career in 1979 at the former National Institute for Virology (NIV), now the NICD. Naturally tenacious, Sr Jo vividly recalls her first day on the job where she was tasked with establishing a staff clinic. Once fully operational, the registered nurse and midwife became interested in compiling laboratory results and completed training that enabled her to computerise reports.

In 1982 Sr Jo's life changed when Dr Sylvia Johnson was employed to start an Epidemiology Department. Prof Barry Schoub, the Deputy Director at the time, suggested that they work together and this when "Dr Johnson introduced me to epidemiology. It was love at first sight" Sr Jo says.

> "I could see a future for myself in epidemiology, and this newfound passion motivated me to complete various self-study and epidemiology courses that helped achieve my dream."

By 1989 Sr Jo was given an opportunity to concentrate on epidemiology full time and took over the reins when Dr Johnson retired in 1994. An official Epidemiology Department was established in 2002, the same year the NIV was renamed the NICD. And once the Centre for Respiratory Disease and Meningitis was established, Sr Jo officially joined the team.

When asked about outbreaks she was exposed to, Sr Jo recollects in great detail as she talks through them. From a polio outbreak in Gazankulu in 1982 and Coxsackie B3 outbreak in 1984, to a Hepatitis A outbreak in 2005 and Influenza A(H1N1)pdm09 pandemic in 2009, Sr Jo has seen more than most. She has also enjoyed great success throughout her career. "Starting the Viral Watch Sentinel Influenza Surveillance Programme with Dr Johnson in 1984 is a feat I'll never forget. I was also fortunate enough to start a monthly publication, South African Virus Laboratories Surveillance Bulletin, that was published for nearly 20 years."

Other notable successes include the monovalent poliovirus vaccine project in Tzaneen (carried out from March 1986 to May 1987) that saw Sr Jo travel to Tzaneen to meet the nursing team employed to administer the vaccine/placebo. This led to neonatal monovalent polio immunisation being introduced and a paper being published, The Journal of Infectious Diseases in 1988, of which Sr Jo was a contributing author. The Hepatitis B vaccination project in Venda introduced Sr Jo to outdoor clinics and led to her contribution to the Integration of hepatitis B vaccination into rural African primary health care programmes paper in 1991. "I fondly recollect 1994, when I was the first author of a manuscript, with Prof Schoub, titled Surveillance of respiratory viruses."

Having walked the campus corridors for more than four decades, Sr Jo is the proverbial walking encyclopedia who has, and continues to play, a significant role in the institute's epidemiology response.

Accolades and hats off to an extraordinary colleague!

Achievements

2020 SAMRC Scientific Merit Awards

CEZPD: Prof Janusz Paweska - honoured with the Gold Scientific Achievement Award in recognition of the excellence of his research. This award comes with a gold medal and an R25 000.00 cash prize to his primary organisation. This award ceremony was held on the 4th of March 2021.

Your Go-To Guide For Travel Related Illnesses

Whether you have just taken a Sho't Left admiring local sights during the Easter weekend, or have travel plans for the upcoming April school holidays, one thing is certain, South Africans love to travel. However, sometimes travelling can expose you to illness. In the following article we unpack more than just baggage.

Symptoms of after-travel illnesses generally present not long after a traveller has returned back home and are mild in nature, for instance a head cold or upset stomach. These kind of illnesses can effectively be treated with over-the-counter medication, however; in some cases medical attention is needed from a healthcare provider. Therefore, a trip to the doctor's office is recommended if worrisome symptoms present, for instance persistent diarrhoea, high fever and chronic coughing. At the consultation, it is important for the traveller to divulge where they have recently travelled as this information is vital in assisting the doctor to make an accurate diagnosis.

Although there are scores of travel-related diseases, here is a list of the most common nasties:

Malaria is a condition caused by a parasite and acquired by the bite of an infected mosquito. In South Africa, there is malaria risk throughout the year, but the season peaks from September to May. High-risk areas include north-eastern KwaZulu-Natal, parts of Mpumalanga and Limpopo.

Diarrheal diseases are usually acquired by consuming contaminated water and food.

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus. It is usually acquired by consuming contaminated water and food or through direct contact with an infectious person.

Dengue fever is a viral illness acquired through the bite of a mosquito.

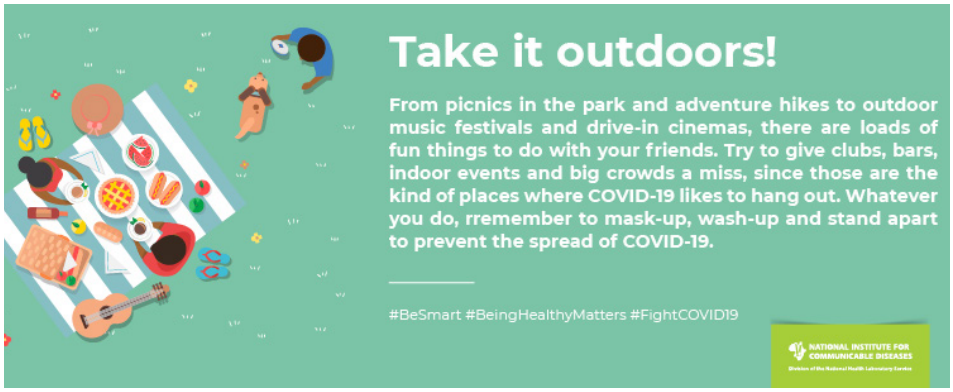
Parasitic infections can be acquired by eating contaminated food, swimming or wading in infested water or walking barefoot on the ground or beach sand.

Bilharzia is a disease caused by parasitic flatworms and is usually spread by swimming in contaminated water. Symptoms include abdominal pain, diarrhoea, bloody stool, or blood in the urine.

Tick bite fever is a common and potentially dangerous infection that can be acquired when visiting the bush or farms anywhere in Africa. Clinically, tick bite fever can resemble malaria (fever, headache) at first, but is usually accompanied by an eschar (black mark or scab surrounded by inflamed skin at the site of infected tick bite), and painful regional lymph nodes. Sometimes a skin rash may be present.

Rabies is a zoonotic disease caused by the rabies virus that is transmitted in the saliva of rabid animals to humans, usually in the form of a bite or scratch.

Although the prevention of travel-related illnesses depends on the illness itself, the risk can be minimised through adequate planning and adopting certain precautionary measures. For instance, research the area you are travelling to for predominate illnesses, consult your doctor for overseas trips, take travel vaccines if needed and check that your children's vaccination records are up to date.



Promoting Workplace Equality

In a society that is continually becoming more and more diverse, creating opportunities for face-to-face, open-minded conversation in small settings is essential to working towards a work culture where individuals feel safe and function in a culture of psychological safety.

Employees have a right to be protected from any form of harassment, discrimination and bullying in the workplace. It is for this reason that the Employment Equity Skills Development and Training (ESSDT) Committee was established here at the NICD.

The goal and role of this committee is to ensure that everyone should be treated fairly in all day-to-day activities and work-related decisions (recruitment, training, promotion, allocating work, pay, etc.) Equal opportunity in the workplace means that individuals are treated without discrimination, especially as it applies to gender, race and age. Inclusivity means that every person feels as though they belong and that they are valued in the workplace. Diversity in the workplace means that employees have varying characteristics related to ethnicity, race, age, gender, religious beliefs and sexual orientation.

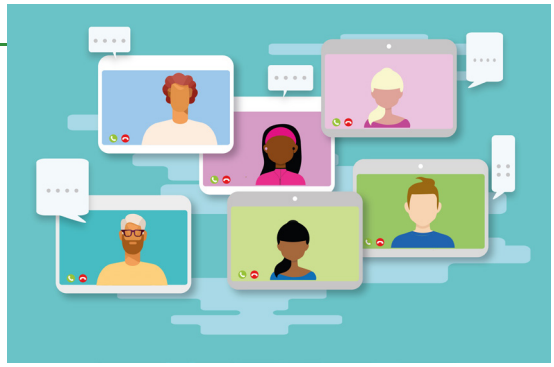
All NICD employees are encouraged to report any employment equity matters to committee members. The committee reviews and tracks the extent to which the employer, specifically the NICD, has made progress in eliminating employment barriers that adversely affect people from designated groups. The Human Resources department works alongside the committee and it provides administrative support. Employees can address any grievance with their line manager, a committee member, or HR and can also put in a formal grievance or complaint.

The committee meets every quarter and feedback of these meetings is given at the Management Committee meeting for distribution to staff.

Additional documentation are : The NHLS Employment Equity plan 2017 to 2022 (POLH0022) as well as the Constitution of the EESDT Forum (POLH0008) both available on Q-PULSE

If you would like to find out more about this committee or would like to be part of it, please contact Venessa Maseko at venessam@nicd.ac.za. Let us all work together in making the NICD a safe space that values each and every employee- it starts with each of us.

May the Zoom be with you!



The initial stages of the COVID-19 lockdown forced millions to stay at home and practice social distancing. Calculating traveling time and being stuck in traffic jams enroute to meetings became a thing of the past as virtual meetings and video conferencing became an operational necessity. At the NICD, Zoom enabled employees to connect from almost anywhere with anyone, and below are some handy tips to optimise your Zoom meetings.

COVID-19: Zooming in on Meeting Etiquette

Preparation, technically speaking

Avoid technical hiccups by checking your internet connection a few minutes ahead of the meeting. In addition, if you are the custodian of a conference, schedule a dry run with the presenters to test presentations, sharing of screens and to discuss the running order. If technical support is required, please include the necessary individuals.

Adjust your laptop camera for the best angle

Test your video ahead of the meeting to determine if the positioning of the camera is adequate, and be mindful to switch off your camera, unless asked otherwise.

Be aware of the background and lighting

Check the background to make sure that there are no whiteboards with confidential information, messy backgrounds or distracting images, patterns and vibrant colours. For speakers attending night time meetings, please be mindful of lighting to ensure that you are clearly visible. The NICD Communications Unit can assist with a professional NICD Zoom background.

Mute the mic

Muting the microphone when you are not actively involved in the meeting eliminates undesirable and disrupting background noises.

Dress appropriately

Whether at home or at the office, it is important to present a professional demeanour, even if it is through a screen.

No food allowed

Meetings address pressing business matters, and should not be spent chewing gum or munching on eateries that can distract other attendees. It's best to rather leave the lunchbox for later.

By the way, if you are meeting in the comfort of your home, avoid embarrassment and alert family members or fellow housemates of the meeting, reminding them to keep noise levels at a minimum and to stay out of view of your laptop screen.

May the Zoom be with you!