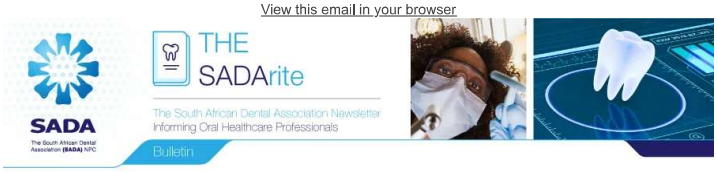
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Dear Members

Mpox in South Africa: What Dentists Should Know and Do
Renewed transmission highlights the importance of recognising oral symptoms, arranging timely referral and maintaining effective infection prevention in dental practice.

South Africa's recent increase in mpox cases is a reminder that dental professionals have an important role in recognising infectious diseases with oral manifestations. The National Department of Health's update of 23 September 2026 recorded **22 laboratory-confirmed cases as at 22 September**: 18 in the Western Cape, three in Gauteng and one in KwaZulu-Natal. These figures update the earlier reports of 18 confirmed cases and one probable case.

The wider African situation also warrants attention. WHO reported 1,153 confirmed cases and seven deaths across 11 African countries during the six weeks from 6 July to 16 August 2026. These figures relate to a defined reporting period, rather than a current continent-wide total.

For dentists, the practical response is informed vigilance: recognise suspicious presentations, protect patients and staff, and ensure that people who need assessment reach appropriate care.

Why mpox matters in dentistry
Mpox can affect the mouth, throat and tissues around the lips. Oral lesions may sometimes appear before more obvious skin changes, creating an opportunity for dental professionals to recognise a possible infection.

Reported oral features include ulcers, lesions around the lips, sore throat, painful swallowing and enlarged cervical or submandibular lymph nodes. These findings are not specific to mpox, but unexplained oral lesions accompanied by systemic symptoms or a relevant exposure history should prompt further assessment. Routine dental treatment should be deferred when infection is suspected while appropriate referral is arranged.

Mpox spreads mainly through close contact, including contact with infectious lesions and contaminated materials. Close face-to-face contact can also involve exposure to infectious respiratory particles. Dentistry's proximity to the patient's mouth therefore makes careful triage and infection prevention particularly relevant.

Recognise the pattern without assuming the diagnosis
An oral ulcer alone does not establish a diagnosis of mpox. Other infections and inflammatory conditions may produce similar appearances. Assessment should consider the complete clinical picture, including fever, fatigue, lymph node enlargement, skin lesions and possible contact with someone who has mpox.

Symptoms can begin up to 21 days after exposure, and presentations vary. Some patients have only a few lesions. Laboratory testing, usually PCR testing of suitable lesion material, is needed to confirm infection. People with significant immunosuppression, including poorly controlled HIV, are at greater risk of severe disease.

Questions about symptoms and exposure should be asked privately and respectfully. Clinical suspicion should follow the patient's presentation and history, rather than assumptions about identity or lifestyle.

When a patient may have mpox
Dental teams should have a clear pathway for managing a suspected case:

- **Pause elective treatment.** Postpone non-essential procedures while assessment is arranged. Urgent dental needs require coordinated care in a setting equipped to manage the infection risk.
- **Reduce contact with others.** If the patient is already at the practice, move them away from the shared waiting area where feasible. Offer a medical mask, if tolerated, and ask them to cover exposed skin lesions.
- **Arrange referral safely.** Contact the receiving healthcare service before sending the patient, so that assessment can be planned.
- **Use appropriate precautions.** Staff providing necessary care should follow current infection prevention guidance, including suitable gloves, protective clothing, eye protection and respiratory protection.

- **Document the encounter.** Record the findings, advice, referral and any potential staff exposure.

In South Africa, mpox is a notifiable medical condition. Practices should consult current NICD guidance on notification, investigation and referral. Healthcare professionals seeking clinical advice can contact the **NICD Doctor on Call on 0800 212 552**.

Turn preparedness into a team responsibility

Practice owners can use this renewed transmission as a practical training opportunity. Reception staff need a simple process for escalating reports of suspicious symptoms before an appointment. Clinicians need an accessible referral contact, while assistants need clarity on protective equipment, environmental cleaning, instrument processing and safe waste handling.

A brief team discussion can test readiness: Who takes responsibility if a suspected case arrives? Where can the patient wait privately? Who contacts the referral service? How will an occupational exposure be recorded and assessed?
These questions help translate guidance into a workable response.

Keep vaccine and treatment information accurate

Tecovirimat is an antiviral medicine, not a vaccine. Vaccine eligibility, availability and management after exposure should be discussed with the relevant medical or public health service. Dental teams should avoid promising access or presenting vaccination as a substitute for infection prevention.

Protect patients without stigma

Patients who fear judgement may delay seeking help or withhold information. A calm explanation—that unusual lesions need assessment and that temporary treatment changes protect everyone—can support cooperation while preserving dignity.
For South African dentists, the immediate contribution is practical and achievable: remain alert to oral presentations, maintain a prepared team, and connect suspected cases with appropriate care. Early recognition in the dental setting can help protect both the individual patient and the wider community.
Clinical resources: NICD mpox updates and NICD reference documents.

CPUT Dental Technology Dispute: Protecting Standards, Students and the Future of Dental Care

Uncertainty surrounding the programme raises concerns for the wider dental profession, where skilled dental technicians are essential partners in patient care.

The accreditation dispute involving Cape Peninsula University of Technology (CPUT) and the South African Dental Technicians Council (SADTC) deserves the attention of dentists across South Africa. Although the proceedings concern dental technology education, the implications extend to the laboratory workforce on which many dental services depend.

According to September reporting by Cape Argus, CPUT's urgent court application to prevent the SADTC from seeking ministerial consent to suspend the programme was unsuccessful. The council was expected to consider the university's representations before deciding whether to proceed with that request. CPUT, meanwhile, stated that the programme had not officially been suspended and that the separate legal challenge concerning accreditation criteria remained pending. These distinctions matter: the reported court outcome should not be presented as confirmation of permanent programme closure.

Why this matters to practising dentists

Dental technicians contribute directly to the treatment outcomes dentists seek to achieve. Dentures, crowns, bridges and other laboratory-made appliances depend on technical precision, appropriate materials and effective communication between the practice and laboratory.

A dentist's treatment plan must ultimately be translated into a restoration or appliance that meets the patient's clinical needs. The quality of that partnership influences fit, function, appearance and patient satisfaction.

Any prolonged disruption to training could therefore have consequences beyond the affected institution. It could reduce the flow of newly qualified professionals, place additional pressure on laboratories and limit opportunities for young people entering the oral health workforce. These are potential consequences, rather than evidence that the present dispute has already caused a national shortage.

Accreditation and student protection must advance together

Professional accreditation provides assurance that training meets the requirements of a regulated profession. The SADTC operates within the framework of the Dental Technicians Act, which recognises approved training institutions, student registration and professional registration.

For the dental profession, confidence in training standards is essential. At the same time, students need clarity about their academic progression and the route from qualification to professional registration.

Students should not have to interpret conflicting public statements to understand their future. They need accessible, written information explaining:

- The programme's current accreditation and teaching status.
- Any outstanding requirements and the steps being taken to address them.
- How practical training and assessments will be managed.
- Whether graduation or eligibility for registration may be affected.
- What approved arrangements will protect their progression if disruption continues.

Such communication should distinguish confirmed decisions from proposals, pending proceedings and matters still under discussion.

A practical route towards resolution

The profession's interest is best served by a transparent process that protects educational standards while giving students a workable path forward.

A constructive response would include a clearly documented account of outstanding requirements, agreed responsibilities and realistic deadlines. Where remedial work is needed, progress should be measurable and communicated regularly. Any interim training or completion arrangements should carry the necessary approvals and preserve the competence expected of graduates.

The university and regulator may continue to pursue their respective legal positions. Alongside those proceedings, every available opportunity for practical resolution should be used to reduce avoidable uncertainty.

What dentists can do

Dentists can contribute by supporting the value of dental technology education and strengthening relationships with their laboratory colleagues.

Practices should continue to verify the appropriate registration of professionals with whom they work. A dispute involving a training programme should not be used to make blanket assumptions about the competence or registration status of existing CPUT graduates.

Dentists and laboratories can also support appropriately approved educational engagement, mentorship and exposure to clinical workflows. These contributions can help students understand how technical decisions affect patients, while respecting the boundaries of their training and registration.

Professional bodies have a useful role in encouraging dialogue, seeking accurate updates and advocating for both public protection and the continuity of the oral health workforce.

Keep the patient at the centre

The CPUT dispute highlights the close relationship between education, regulation and service delivery. South Africa needs competent dental technicians, credible training programmes and regulatory processes that maintain public confidence.

The priority should be a timely, lawful and practical resolution that upholds standards, gives students clear direction and protects the profession's future capacity to serve patients.

From South Africa to Mombasa: Dr Swanepoel to Showcase DRRK on the International Stage

SADA confirms its support for Dr Steve Swanepoel at the FDI Regional Congress in Mombasa, Kenya, from 21 to 23 October 2026. He presents an oral scientific paper, "Improving Medical Emergency Preparedness in Dental Practice," within the congress scientific programme. The paper draws on the Dental Rapid Response Kit (DRRK) initiative and highlights South African innovation, research and professional leadership in dental emergency preparedness.

DRRK is a collaborative effort involving SADA and key stakeholders to strengthen patient safety and emergency readiness in dental practice. Dr Swanepoel leads much of this work and shares its outcomes with the profession.

SADA assists with the project's development and dissemination, including presentations at professional forums, and facilitates his congress application. The Association values the chance to extend DRRK across the African region and to promote collaboration, education and higher emergency-preparedness standards in dentistry.

We are grateful that DDFT has approved financial support for Dr Swanepoel's attendance.

SADA extends heartfelt congratulations to Dr Swanepoel. It calls his selection for the scientific programme a significant achievement and a testament to his dedication, expertise and commitment to the profession. The Association thanks him for serving as an ambassador for South African dentistry and wishes him success with his presentation, congress engagements and professional connections.

SADA and DDFT look forward to the outcomes of his participation on his return.

Presenter Background – Dr Steve Swanepoel

Dr Steve Swanepoel is a South African dental surgeon in private practice, with a particular focus on oral surgery and implantology. He holds a Bachelor of Dental Surgery, postgraduate diplomas in Oral Surgery and Oral Implantology, and a Master of Science in Dentistry in Oral Surgery. During his master's studies, he also received training in cone-beam computed tomography imaging, with a particular focus on its application in oral and maxillofacial radiology and otorhinolaryngology.

His master's research explored medical emergency management in dental practice, reflecting his commitment to improving patient safety and equipping dental practitioners with the knowledge, skills and confidence to recognise and manage medical emergencies. Through research, continued professional education and practical innovation, he works to strengthen emergency preparedness and support colleagues in delivering timely, effective care. Dr Swanepoel holds certifications in Basic Life Support, Advanced Cardiovascular Life Support and Paediatric Advanced Life Support through the American Heart Association; Surgical Skills training through the Royal College of Surgeons of England; and Advanced Trauma Life Support through the American College of Surgeons. He is also GCP-certified from the University of Neuchâtel's Institute of Health Law and the Swiss Medical Association in Switzerland. His experience includes trauma surgery and emergency medicine rotations at multiple academic trauma centres in South Africa, which were featured in Sweden.

He completed his studies in Implementation Science in Global Health at the University of Washington and is currently pursuing a PhD in Craniofacial Sciences at the University of the Western Cape, focusing on rare genetic craniofacial and orodental anomalies, and is a recipient of a South African Medical Research Capacity Development Initiative grant. He

advocates for greater recognition of dentistry's role in identifying signs of underlying disease and for stronger collaboration between dentistry and medicine in holistic patient care, professional education and healthcare practice. Dr Swanepoel is a member of the South African Dental Association and previously served on its National Council. He is also a member of the International Association for Dental, Oral and Craniofacial Research, the International Society for Biocuration, the African Society for Dental and Craniofacial Genetics, and the Golden Key International Honour Society. Beyond his professional commitments, he enjoys art, reading, and trail and long-distance running.

SADA MEMBER LIFESTYLE BENEFITS









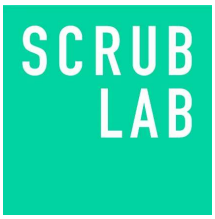
















Yours in Oral Health
KC Makhubele
Chief Executive Officer

UPCOMING EVENTS

13 Oct	**SADA Annual General Meeting - Financial Year 2024**
15 Oct	**SADA Algoa Midlands - 15 October 2026 (AM037)**
17 Oct	**SADA North West Branch, Rustenburg CPD Day - 17 October 2026 (NW028)**
17 Oct	**FDI Tobacco Cessation Workshop - 17 October 2026 SADA Head Office (HO025)**
24 Oct	**SADA Southern Cape CPD Day - 24 October 2026 (WC071)**
27 Aug	**2027 SADA Dental & Oral Health Congress and Exhibition**

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