

THANK YOU!!!

ZMH ART
CLINIC
UPDATE

MALINDI'S
STORY

Dan and Joan Jones
Medical Missionaries in Zambia



September 2016

Praise Item: We have really appreciated your faithful prayer and financial support over the past 10 years. It has been our privilege to serve as missionary doctors on your behalf. The improvements at ZMH would not have been possible without your help.



MALINDI SIMANGO = 2010

Mwabonwa! You may remember our May 2016 newsletter update highlighted the medical interpreters who assist short term volunteers from USA with Tonga translation at Zimba Mission Hospital (ZMH). One of the interpreters who was featured in that newsletter was **Malindi Simango**. We wanted to share the rest of Malindi's inspiring story. She has given us special permission to disclose her medical condition with you. Malindi began feeling ill in March 2010. She tested positive for the human immunodeficiency virus or more commonly know as HIV. A blood sample was taken to determine her CD4 count level. CD4 cells are specific type of white blood cell know as lymphocytes. This type of white blood cell is responsible for helping to fight off infections. On **March 31, 2010**, her CD4 count came back at only 50 cells. This level of CD4 cells is very low. A normal CD4 count is around 1,000 cells.



MALINDI SIMANGO = 2016

Her immune system was severely impaired. It is a dangerous situation because there is a very high risk of developing serious life-threatening opportunistic infections. She had already lost a lot of weight. Her weight had dropped down to 75 pounds. The diagnosis of wasting syndrome was made. The diagnostic criteria is met when there has been a documented loss of more than 10% of body weight. This is a common presentation for patients who are suffering from advanced acquired immunodeficiency syndrome or otherwise know as AIDS. On **April 28, 2010**, she was started on HIV drugs. These medications are known as antiretrovirals or ARVs. The indication to start ARVs is when the CD4 count drops below 500 cells. She first received the medications from the Anti Retroviral Treatment (ART) clinic at Livingstone General Hospital (LGH). The treatment regimen which is known as triple therapy has 3 different ARV drugs. A combination tablet is available which contains 3 ARV drugs inside of 1 pill. This medication is known as Atripla. This formulation also has the advantage staying inside the body for 24 hours so it only has to be taken once per day. It is always taken at 8:00 PM. Once the ARVs are started, the treatment continues for the rest of the patient's life. The ARVs are not to be stopped. It is important for the patient to remember to take their ARVs every day without missing any doses. Malindi became very sick one month after starting her ARVs. She was first admitted to Chelstone Clinic in Lusaka. Her aunt then took her to be admitted to LGH. She was not able to walk. She was not able to get out of bed. She could not even sit up in bed without being supported. She was not able to eat much food. The diagnosis of immune reconstitution inflammatory syndrome (IRIS) was suspected. The diagnosis of IRIS is confirmed when any number of these vital sign abnormalities are present including increased heart rate, low blood pressure, increased respiratory rate, fever, and/or low oxygen saturation level. The cause of IRIS is presumed to undiagnosed tuberculosis (TB) which is hiding somewhere in the body. It is very important to always diagnosis and treat TB before starting ARVs to prevent this complication of IRIS. The doctors at LGH empirically started on TB meds which is a combination tablet containing 4 different drugs. This fixed drug combination tablet is known as 4 FDC. It is also taken once per day. TB treatment lasts for 6 months. Malindi was then discharged and re-admitted to LGH several times over the next 2 months. After no improvement was being noted, her brother then brought her to ZMH for a second opinion. On **July 30, 2010**, Dr. Dan admitted her to the adult female medical ward. Her condition was very critical. Her blood pressure was quite low. She was found to be anemic. Her hemoglobin level was found to be 3.5 g/dl. A normal hemoglobin level is above 10. Her prognosis was poor. Dr. Dan informed her brother that her chance for survival was quite low but we would try our best to help her. She was given several blood transfusions. Dr. Joan did daily in-patient ward rounds on her for the next 5 weeks. Her condition miraculously began to slowly stabilize. On **September 3, 2010**, her condition had improved enough for her to be discharged from the hospital. She then received the ARVs from the University of Zambia (UNZA) ART clinic in Lusaka for the next 2 years. In December 2010, she completed TB treatment. On **March 27, 2012**, she had a sick visit to the ZMH Outpatient Clinic. She still was not able to walk. She could not even stand. She was using a wheelchair. She complained of a painful right hip and numbness in her leg. She was diagnosed with neuropathy and prescribed amitriptyline. On **May 29, 2012**, her CD4 count had improved to 171. On **January 24, 2013**, she transferred to the ART Clinic at ZMH. She was still not able to walk or even to stand. She was still using a wheelchair. 2 of out her 3 ARVs had been changed because she was diagnosed with mild chronic kidney disease (CKD). On **April 19, 2013**, screening for cervical cancer was negative. On **September 11, 2014**, her CD4 count had improved to 280 cells. She started to use a walker to assist with walking. She still complained of pain in her leg. The third ARV in her combination was changed because of the neuropathic pain. On **March 10, 2015**, she was now able to walk on her own without the walker. Her weight had increased to 130 pounds. Her CD4 count had risen to 544 cells. The daily prophylactic dose of Bactrim was discontinued. This sulfa drug is antibiotic which is used to prevent pneumocystis carinii pneumonia (PCP). On **July 26, 2015**, she began working as a medical interpreter at ZMH. On **May 17, 2016**, she started on treatment for her CKD. Dr. Robert Ting is a nephrologist in Toronto, Canada. He made the treatment of her CKD possible through a drug donation of a medication called candesartan. **Malindi says this about the care that she has received over the years at ZMH**, "I thank God for the wisdom and strength that he gave you to save my life. May you continue to have a positive attitude even in hard times. I am one of the living testimonies to the thousands that you have helped in Zimba. In difficult situations, you worked so hard. You always put the needs of the patients first without concern for how tired you were during the day or during the night. God really sent you to ZMH to save many lives. I would hear the nurses comment many times that your patients would say that they were able to see Christ working through you. The patients believed in you and depended on you. You have shown the greatest kindness and respect to all of your patients. Please know that you have touched many lives in a very meaningful way in Zimba. We will miss you!"