



**KWAZULU-NATAL PROVINCE**  
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REPUBLIC OF SOUTH AFRICA

# GJGM Regional Hospital

# GJGM HOSPITAL

# NEWS

September 2020



MEC'S FOR PUBLIC WORKS (MRS PEGGY NKONYENI) AND MEC FOR HEALTH (MS NOMAGUGU SIMELANE-ZULU) CUTTING THE RIBBON DURING THE OFFICIAL HANDOVER OF GJGM ALTERNATIVE HEALTH FACILITY.

On the 27 August 2020, the MEC for Public Works (Mrs Peggy Nkonyeni) handed over the newly established General Justice Gizenga Mpanza alternative health facility. The alternative health facility will work as a temporary extension to assist the Ilembe Health District during the COVID19 pandemic, It will provide isolation support and medical care for mild COVID 19 cases.

This 112 bedded Hospital is equipped with a specialized ventilation and air filtration system.

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# MESSAGE FROM CEO

To all our staff, during these difficult times of COVID 19 pandemic, it has been a long, exhausting and demanding journey and many sacrifices have been made to ensure readiness to manage COVID 19 cases while still providing other clinical services and managing the growing number of trauma and surgical cases.

We have been able to adapt quickly and change when required.

Many of our employees have battled personally or have family members who have suffered the COVID 19 infection, several of our colleagues have endured, also persistent and long lasting sequels and complications, but despite all difficulties they have come back to continue to serve with dedication and pride.

It was with absolute sadness and devastation that we have to suffer the loss of some of our beloved co-workers and share the pain of their loved ones. Our respects and gratitude to those heroines and heroes.

Despite all the tests and all sacrifices we are standing strong, we are standing tall, and we are standing ready to face a possible second wave of infections. All the learning experiences and practices shall allow us to succeed.

Even during this period of hardship and limitations we continue to move forward and look to the future as an organization that has the vision of becoming the best health service provider in KwaZulu Natal.

We are excited as we take occupation of our new maternity and neonatal block and our patients and staff will be able to enjoy top quality and beautiful facilities.

Our plans for further infrastructure developments are moving ahead. These include a new



**GJGM Regional Hospital CEO ( Dr G. Lopez)**

Mental health block, building of new residences for medical interns, replacement of the core block roof, new hospital perimeter fence, and new chillers for air-conditioning systems in the medical and surgical wards and new warehouse and stores building.

Let us ensure that in coming weeks and months we keep to our plans and precautions so that we decrease the risk of new COVID 19 infections.

Let us support each other, let us be kind to each other.

Wear a mask, sanitize and keep social distancing!!!

Thank you., Dr G Lopez

*“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day, saying, “I will try again tomorrow.”*

– Mary Anne Radmacher

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# Dr Graza's New Book Release Featured In KZNHealth Chat



Dr Yenyey Graza, a Family Medicine Specialist at General Justice Gizenga Memorial (GJGM) Hospital has recently published her new book titled, "Radiological features of TB in HIV co-infected patients". Health Chat Bulletin caught up with her to find out more about her new book.

Radiological Features of **TB** in HIV Co-infected Patients  
CASE BOOK  
Yenyey Graza Fernández



**HC:** First of all, please may you tell us a bit about yourself.

**YG:** I am a Cuban doctor who came to South Africa in 1999 to join my husband who had arrived a year earlier as part of the government-to-government collaboration program between the two countries. Upon my arrival in South Africa, I first worked at Itshelejoba Hospital then moved to Appelsbosch, Tongaat Community Health Centre and now I'm at General Justice Gizenga Memorial (GJGM) Hospital where I have worked for the past nine and a half years.

I am a Family Medicine Specialist and have a Master's degree in Infectious Diseases and HIV/AIDS Management. I am currently the head of the HAST Unit at GJGM and also a member of the national third line Anti-Retroviral Treatment (ART) committee tasked with therapeutic decision-making for patients failing ART regimes.

**HC:** Can you please unpack the title of your book for us, what does it focus on?

**YG:** During the last few years the idea of a book that shows real radiographs, along with other clinical information of patients co-infected with TB and HIV, was born. The book is designed to be a quick reference guide for healthcare workers aiming to improve knowledge, diagnostic skills, clinical management and better health outcomes for people living with HIV/AIDS and TB.

The first two chapters of the book provide basic guidance for front line health care workers on how to read and interpret radiographs and also show, through multiple pictures and illustrations, some of the most common patterns of active TB and its complications. The last two chapters focus on pulmonary tuberculosis, extra-pulmonary tuberculosis, MDR TB and TB IRIS in adults and pediatric patients with TB-HIV confection.

HEALTH CHAT BULLETIN

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## KZN HEALTH CLINICIAN TACKLES TB & HIV IN HER NEW BOOK

**HC:** What instigated you to do a research on this topic, where and how did you conduct it. Did you work with some of your patients to monitor the co-infections?

**YG:** The main motivating factor to develop this project was the fact that other health care workers could benefit from the information we have compiled. We know that the introduction and availability of antiretroviral treatment has had a dramatic impact on mortality rates among those infected with HIV.

Despite this, individuals continue to die from both HIV and non-HIV related causes. The leading cause of AIDS-related morbidity and mortality is TB. Chest radiography is a widely available and commonly used diagnostic tool for TB. Interpreting radiographic images in HIV-infected patients is critical to guiding the appropriate and timely diagnosis and management of TB.

Every radiograph and every aspect of clinical information that we present is from real cases, all treated by me as a front-line clinician from the very beginning of the ARV roll out,

specifically in the rural communities around Appelsbosch Hospital. Many of the patients were followed up for many years from the time they commenced the treatment. This provided a unique opportunity to compare the evolution of the disease through X rays and other diagnostic tools. There was a very special bond with them, for a health care worker it's very rewarding to see patients improve, overcome illness and complications and return to a normal and productive life.

**HC:** What message would you like to share with the public from what you've observed?

**YG:** The main message is that Tuberculosis still has an immense influence in morbidity and mortality among people leaving with HIV. Prevention, early diagnosis and correct management of both conditions are critical to save and improve quality of life in our communities.

**HC:** How are you hoping this book will help other clinicians?

**YG:** I hope the book will provide front-line clinicians with a quick reference material where they can find relevant information to aid diagnosis and management of their patients still affected by HIV and TB. In many instances in rural areas there are young health care workers are faced with difficult clinical decisions without having the benefit of consulting senior clinicians and experts. It is our expectation that this book will be of help in this regard.

We also hope that the book can go beyond our borders and be of assistance to clinicians in other parts of the continent and the world.

**HC:** Where can people find the book now if they want to purchase it?

**YG:** The book can be ordered from me by emailing me at [yenyey.graza@gmail.com](mailto:yenyey.graza@gmail.com). CAPRISA has funded and supported the 1st edition of this book and has made 1500 free copies of the book available to health care workers in the public sector in South Africa.

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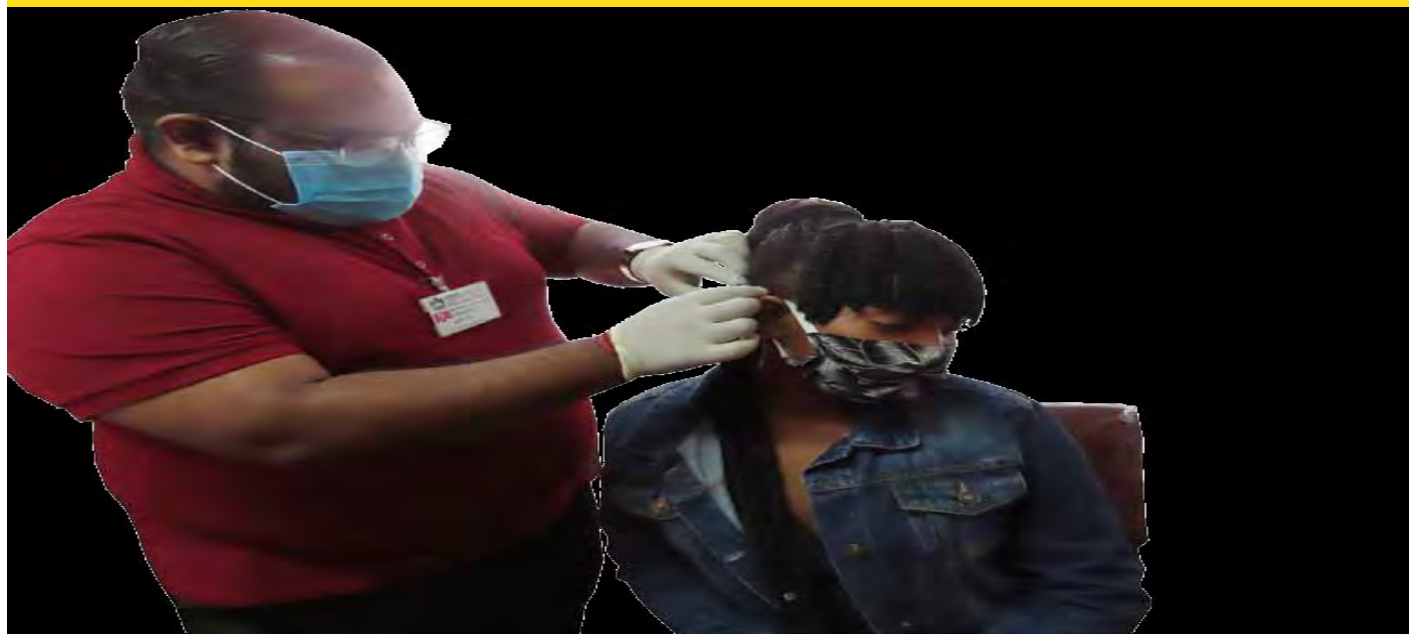
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# KwaDukuza Young Girl Benefited From Surgery That Has Been Both Lifesaving And Added Significant Quality Of Life.



## HEALTH BULLETIN

30 JUNE - 03 JULY 2020

**PRAISE FOR KZN HEALTH STAFF INVOLVED IN SURGERY TO REVERSE A CASE OF RARE LOSS OF HEARING CONDITION; MEC PLEASSED WITH THE OUTCOME OF ADVANCED 12 HOUR EAR OP**



Audiologist Mr Sudeh Ramiyod filling processor

KZN Health MEC Ms Nomagugu Simelane-Zulu has congratulated the team responsible for 26-year-old Nonkululeko Gumede's new found ability to hear.

The young woman from KwaDukuza had suffered from bilateral middle ear disease, cholesteatoma, since early childhood which had resulted in her progressively poor hearing and altered speech.

According to medical experts, the condition may be a birth defect, but is most commonly caused by repeated middle ear infections.

The prevalence of acquired cholesteatoma ranges from approximately 9 to 12.6 cases per 100,000 adults; and from 3 to 15 cases per 100,000 children each year.

The abnormalities in Ms Gumede's ears first posed a challenge at school, where teachers identified that she was suffering from hearing loss. Although she had undergone previous surgery and used hearing aids, a permanent solution was needed - and quickly.

In 2015, aged 19, she arrived at General Justice Gizezwa Memorial Regional Hospital (GJGMRH) with a history of ear discharge, poor hearing,

intermittent ear pain and slightly impaired speech.

She underwent corrective surgery in the left ear which successfully stopped the discharge. However, hearing in this ear was almost completely lost and her right ear continued to leak. Consequently, in 2019 her right ear was being cleaned monthly, each session lasting for about an hour. With more than 20 years in the medical field and nearly 10 years

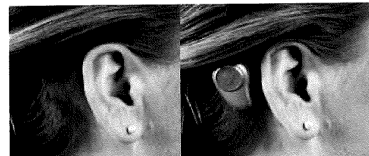
specializing in otolaryngology, Ear, Nose and Throat (ENT) Specialist Dr Warren Kuhn and his team became determined to overcome Ms Gumede's hearing challenge permanently.

Dr Kuhn explains: "Cholesteatoma is a disease where a dysfunction with the eardrum results in skin migrating and being trapped in the ear, forming a sort of

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HEALTH CARE BULLETIN

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cyst. That can lead to bone erosion in the ear, causing chronic infection in that area. This can lead to damaged hearing, damage to the facial nerve and ultimately infections in the neck and in the brain.

Fortunately, we'd managed to halt the damage in the left ear, but her only remaining hearing ear, which was using a hearing aid, concerned me. This was a young woman with the rest of her life to live. I felt we had good grounds to consider a major operation."

After consulting with Inkosi Albert Luthuli Hospital, it was decided that performing the surgery there would be best

since the KZN Auditory Implant Program is situated there. The operation required a considerable amount of preparation: including drilling into the skull and closing the ear canal and then implanting an advanced hearing device: the Ponto Pro.

By implanting a bone anchored hearing aid, the device would transfer sound to the inner ear through a screw that is placed into the skull. The delicate operation took a painstaking 12 hours, meticulously performed under a microscope. A single wrong move could have left the patient deaf or worse with brain damage.

After hours, the procedure was complete with no complications.

Accompanied by her mother, Ms Gumede arrived at GJGMRH in May 2020 for the Ponto Pro to be inserted. "When we switched on the device that day, a huge smile stretched across her face as she became teary eyed. That was quite a rewarding experience (for me) and it really sealed for me that the surgery was quite successful," said Dr Kuhn.

Ms Gumede was not available to be interviewed this week, but is said to be doing well. Reacting to news about the successful

operation, KZN Health MEC Ms Nomagugu Simelane-Zulu applauded the medical team for the good work, and wished Ms Gumede well.

"This is excellent news. We are extremely grateful to the specialists in GJGMH and IALCH for their commitment in helping this patient. Their work is not only a testament of their high level of skills, compassion and work ethic, but also proves that within the Department there is excellence in care and expertise.

Thank you very much. And may you continue to help others," said MEC Simelane-Zulu.



From right: Miss Emily Koen (Speech therapy), Miss Shanique Renne (Audiologist), Mr Sudeh Ramiyod (Audiologist), Miss Nonkululeko Gumede (patient), Dr Warren Kuhn (ENT), Dr Nadia Karim (ENT), Sister Rachel Mchunu (ENT nurse).

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# My experience and journey after testing positive for COVID-19 | Biyela Bulelwa



"I am Biyela Bulelwa, I want to share with you a little bit about my professional background and how things transpired leading up to me having had my first COVID-19 test. I am employed by the Department of Health at Stanger Hospital as a Pharmacy Manager. A tone of our regular EAP sessions Pharmacy staff requested to be prioritised for COVID-19 testing due to concerns about our inability to comply to social distancing at the Pharmacy. The recommendations from the EAP session were presented in our Institution JOC meeting and the MOPD Clinical HOD offered tests to all our Pharmacy staff. During this time there were reported cases of patients testing positive within the Hospital. We immediately compiled a list of 3 groups of staffs so that we could implement the shift system to separate Pharmacy staff. The shift system was implemented on 7th May 2020. All staff on leave were recalled to come back to the Hospital for testing.

## *My personal journey having tested positive for COVID-19*

My personal journey with COVID-19 began when I tested for COVID-19 on the 6th of May 2020. My last day on duty was on the 7th May 2020, my shift was scheduled to come back on Monday the 11th May 2020.

When I received my results, I tested positive... I was shocked and surprised, but not overwhelmed. I accepted the results and I was grateful that at least I still did not have symptoms, which means my immune system was fighting the infection.

## *The practical side*

Immediately advised my colleagues and supervisors and line managers of the outcome of my results, as well as my partner, sister and a few of friends and my family. My sister and I discussed my isolation arrangements, including the usage of the bathroom and kitchen to minimise my movements to be limited to the bedroom most of the time. We agreed on the detail such as separation of cutlery and preparation of food.

I realized that. Within the unnatural arrangements, I needed to normalize my life as much as possible and not dwell too much on the negative thoughts about the fact that I tested positive. I encouraged my sister and my partners family members to get tested - this was a struggle. Sadly, the system failed me in this regard, my sister tested on the 10th May 2020 and to date never received her results, but never had any symptoms. My partner and his family were tested on the 13th May 2020 and received their results on the 19th June 2020. They all tested negative.

## *My journey had its ups and downs.*

For almost 4 weeks prior to testing I have been focusing on building a strong immune system and strengthened it even further after receiving my results. I began running daily very early, in the morning before people were on the road. I felt that I needed to do something to build my physical and mental strength as well as strengthening my immune system. I ran 10km to 15km daily and lost 10kg of weight. I felt much stronger physically and mentally, and general wellness improved drastically.

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# My experience and journey after testing positive for COVID-19 | Biyela Bulelwa



Support systems made all the difference to me ,and I am so thankful for that. I received a lot of support from my family members via phone calls, assistance with groceries, medication. I realized that I have a strong support system

,and I felt supported throughout the journey .I truly appreciate the support and assistance. Receiving a lot of support from EAP and Psychologist from my Hospital, general checking on my wellness and progress through phone-calls .I felt that I am an important member of the Hospital and my health matters to them. My supervisors and managers were also very supportive through emails, phone calls and WhatsApp messages.

Towards the end of 14days I started thinking a lot of whether I will test negative or positive .As a result, I started asking EAP and Occupational Health Clinic about the retesting policy. I was advised that when you are asymptomatic after 14days as an official, you came back for review and then go back to work-without being tested.

I made an appointment with my GP for referral to Lancet Lab for another COVID-19 Test on Friday the 22nd May 2020. I was very nervous on this day and emotional as well worrying about the test results. I requested that they marked my sample as urgent ,because I wanted to get my results before Monday 25thMay 2020,the day I was scheduled to go back to work and review with Occupational Health Clinic.

A happy day I received my results on Sunday 24th May 2020,It tested negative! It was one of the most exciting moments of my life ,I was grateful to God Almighty for the gift of Life ,another chance of life, the gift of health life and surviving all the challenges of testing positive and the isolation process.

Back to business being a proud frontline worker.

On the 25thMay 2020,I reported back to work ,and I went to Occupational Health Services for review. The stories I was listening to of how sick my other colleagues were within the Hospital that came for review on that day ,I couldn't identify with what

they were talking about and the symptoms they experienced, I felt grateful again that in spite of testing positive for COVID-19 I never experienced any symptoms. I could choose to embrace activities which improved my general wellness and wellbeing and I came out stronger mentally and physically than before.

I refused to let the challenges of testing positive for COVID-19 be a negative event in my life. I rather embraced it and allowed to be an experience that will impact positively in my life and teach me to appreciate the life that I have and be proud to be a front line worker !

It hurt me thought people undermining the lockdown regulations and risking the their lives and other people's lives while healthcare workers are on the frontline to serve the community that doesn't appreciate the public health system, rather its always criticized for its shortcoming not realizing that we are serving 80% of SA Population with limited resources but willing minds and hearts to serve this country, the systems that we put into place to mitigate the negative impact of COVID19 on service delivery at Stanger Hospital to sustain good quality Pharmaceutical services.

*"I am proud to be a pharmacist serving in the public sector and I am willing, dedicated and committed to provide good and quality Pharmaceutical Services to the South African Community"*

Regards, Biyela Bulelwa

Story by : AMD Connect / Volume 1/ Issue 16/ 7 July 2020

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# Commemorating Mandela Day 2020

Nelson Mandela Day is an International day celebrated annually, inspired by the late struggle hero.

This day is celebrated on 18 July (Nelson Mandela's birthday).

The Mandela day calls for every one to dedicate their 67 minutes in service by doing an act of humanity as part of giving back to the community.

There are many activities that we can do as in an act of kindness, A small act can make a positive impact, and also encourage those around us to do the same.

At GJGM Regional hospital staff in different departments of the hospital performed activities in commemorating Mandela Day.

The HAST Unit commemorated this day by giving snacks and face masks to the patients and staff at GJGM Hospital.



Staff at HAST Unit, making facemasks



Face masks made by HAST Unit



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# TB AWARENESS DAY

The staff at GJGM Regional Hospital commemorating TB awareness Day

Every year GJGM Hospital commemorates world TB awareness day, to raise awareness about tuberculosis. This year HAST team commemorated this day by creating a health awareness walk around the Hospital, educating the patients and staff in the waiting areas at the Hospital.

The theme for this year was “It ‘s time” to act on the commitments made by global leaders :

- ◆ To scale up access to prevention and treatment
- ◆ Build accountability
- ◆ Ensure sufficient and sustainable financing including research
- ◆ Promote an end to stigma and discrimination
- ◆ Promote an equitable, rights-base and people –centered TB response.

TB day is commemorated annually on 24 March, to raise awareness about devastating health, social and economic consequences of TB and to step up efforts to end the end the global TB epidemic. TB is a potentially serious infectious bacterial disease, it mainly affects the lungs .The bacteria that causes TB are spread when an infected person coughs or sneezes. The most common symptoms for TB are usually cough (sometimes blood tingled), weight loss, night sweat and fever.



HAST Unit commemorates TB day 2020



HAST Unit commemorates TB Day 2020

As TB remains the worlds deadliest infectious killer. The focus must still be on knowledge about free treatment and the duration of treatment when educating patients .

TB is preventable and curable.

Its time for action! Its time to End TB.

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# PHOTO GALLERY



MEC for Public Works cutting the ribbon at GJGM Alternative Health facility



MEC for Public Works ( Mrs Peggy Nkonyeni ) MEC for Health ( Ms Nomagugu Simelane-Zulu)



MEC for Public works and MEC for Health and Senior Official in front of GJGM alternative health facility



Visit to GJGM Alternative Health facility



Senior Official walk about to the wards in the GJGM alternative Health facility



Acting CEO ( Dr Lopez) walk about with MEC from Public Works





# PHOTO GALLERY



Heart Awareness at GJGM Regional Hospital



Mandela day



TB Awareness day



Mandela Day





# ACKNOWLEDGEMENTS

## EDITORIAL TEAM / DETAILS

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