

13/3/2020

Again overdue but it's good to be able to write this blog updating all our patients on what's happening at the surgery and in the health community.

Building: It is finished. Doesn't it look good? It is such a relief to have the decrepit roof and upper story replaced and now watertight before the onset of autumn rains- even those are very welcome after the prolonged summer drought. And the new coats of paint [last painted 13 years ago] looks smart. We are still sorting the drainage and sewerage issues with Watercare, Veolia and Council to see where the responsibility and cost lies when the water from storms pours off the street into our place, and why our sewerage pipe blocks at the road connection so it may be some time before we can fix the potholes and the water lying around after heavy rain in our front carpark. But we will fix it.

Covid-19: The word on everyone's lips just as we learn not to touch them and our faces. Apparently it is human nature to touch them every 2-5 minutes: a habit we all are rapidly trying to break. The worrying issue is we know it will come. The modelling from Europe, Korea and Singapore says from the first community transmission to the peak of the epidemic is only 4 months which if that is how it plays out here will overwhelm our hospital systems. Rationing of urgent and intensive care services to exclude some people, especially the elderly, is not something we ever want to see in New Zealand. That means some of our seriously ill patients being told to stay at home. In Northern Italy, General Practice services fell over after 3 weeks but they are organised much differently than us, and had less prior warning. Please be assured we have been planning for weeks how we are going to manage and I can assure you we will. Using the new technologies will allow us to keep in touch with our sick patients. Unlike a lot of practices Dr Mick and I have a lot practice at looking after patients at home as we continue to look after sick and dying patients long after most practices these days offload their terminal patient care to other agencies like Hospices and district nurses. And you do know us both well so know we will keep in touch with our patients even if either is quarantined at home. There is a facetime function we can use on iphones but more importantly there is a way we can do video consultations on computer. I will blog more specific instructions later but at the moment I would just urge everyone to get signed up to our Portal: H365. To do this you speak with a receptionist, who will arrange to have you sent a gobbledegook number which you change to your specific password, and then through the internet you can dial up and get access to all your notes, specialist letters, lab results, text the nurses with questions or requests for repeat prescriptions. Unfortunately our portal H365 does not yet have the facility for video consultations. There is another app some doctors are already using to do video consultations with their patients which we are exploring. It would involve ringing us, and we would send you an email with the link on it. Clicking on the link opens to way to a video consultation. Other services we have looked at are Zoom which works but requires you to download an app and in my experience quickly drains the battery of an iphone, and Google Hangout which charges you each time to use it. We will keep you posted about what we decide to use.

It is coming. We do not have any cases of community transmission yet. All of our cases are in people coming in from places the illness is rife: the sixth is in our practice area and had been in New York. But given you are infectious before you get unwell it will inevitably spread. If at least those who feel like they have the flu- very high temperatures and muscle aches- go home straight away and self isolate keeping away from family members, that should slow the spread and enable our emergency hospital facilities to cope better. The incubation is usually 5-7 days before you get sick, though it can be a shorter or longer time until the fever and aches hit. But we do know now that patients are infectious at least 2 days before this and that means it will inevitably spread. But if someone is sick in your household with Covid-1, even well you can spread it for at least two days before you too get sick, Most people will have a mild illness and recover by the end of those 14

days and be immune to it thereafter. But for those with underlying conditions such as COPD, diabetes, heart problems or serious autoimmune diseases, it could be quite different, and it will be more like a 3 week miserable illness. We are determined we won't lose a single patient and are planning on checking on all of our patients. We will keep a register of all of our sick patients and check up on them daily: you will need to notify us of all flu-like illnesses when you get them even if you know that you are before the stage you would normally seek medical attention. Please check we have your up to date phone numbers and emails: it is really important.

What can you do? Loo paper is the least of the issues. Helping elderly relatives and neighbours develop plans to enable them to stay at home yet get supplies and food is the most important, and arrange to have someone checking on them daily. Washing hands properly is very important as Covid-19 is spread like the common cold, touching infected people and surfaces they have touched or coughed over seems to main way. Like colds it spreads through family, friends and neighbours in clusters. Aerosols [moisture drops from coughing] which are very important in the spread of influenza is more a second week issue, and by that time the illness has people very sick and in bed.

Get the fluvax this year from April 1st. I can't stress this enough.

At least you can avoid having influenza severely and weakening your immune system. Look after your immune system and that does not mean taking supplements as they do not help. What helps is a good diet loaded with fruit and vegetables, homecooked meals for preference. Regular moderate exercise and exposure to some sun, good sleeps and minimising stress help too. Wiping surfaces exposed to others touching or coughing over with methylated spirits or adequately strong bleach or disinfectant helps. Avoid touching rails and doorknobs as much as possible [but don't fall over: that's counterproductive if you break a leg!] and washing hands afterwards helps a lot. Owning something to take your temperature is important. The old mouth type work fine, the ear ones work fine but are expensive, and the new infrared thermometers are sold online at Ali-Express for as little as \$16 with pp are the most accurate of all.[The price of some brands has doubled since Covid-19 pushed up demand but all are still cheap.] Information this weekend from France suggests ibuprofen use is counterproductive: it can worsen the infection. In influenza it can lead to Reyes syndrome, a rare cause of death through prolonged brain inflammation. We have had at least one proven case of Reyes syndrome in NZ so avoid ibuprofen/nurofen for those aches and fever.

Then think of tissues, paracetamol, food staples.... and loo paper.

Stay well, come and see us if not, but please ring ahead if you have a high fever [over 38°C] and talk with a nurse about the best place to be seen. It may be at home. It may be in the carpark-our version of the increasing use of drive thru's now being used in the UK and Europe.

We will be using Dr Mick's old office as a fever triage room and as soon as the first community transmission happens we will be getting rid of all magazines and toys and keeping the front door open so people don't have to touch the handle. Apologies for the chill especially as we go into winter, but we are determined not to lose any of our patients.

Remember most people will have the illness mildly and as long as they wash hands and self isolate so they don't pass it onto vulnerable people we can reduce the impact of this epidemic. And to all of our patients, thank you for allowing us to provide your medical care.

Dr Jacqueline Allan