

22/03/20 Bog 2-Covid-19

As one older one said "It is strange times we live in". I would counter that with the old Chinese curse: "May you live in interesting times!". After all the worst thing I think your doctor can say in response to something you have said is "That's very interesting!", as being routine, boring, etc is very reassuring.

It is interesting times. Suddenly within the 10 days since the last blog things have changed immensely. As of 1pm today we are up to 66 cases with two spread at the Queenstown Hereford cattle sales from people with Covid-19 from Uruguay and Australia to locals. Community spread has started. We encourage our high risk groups to self-isolate. That means the over 65yrs, and anyone with heart, kidney, lung and certain genetic and all autoimmune illnesses should not only stay at home, but they should markedly limit their contacts with the outside world. Self isolating in these groups has a better payoff at reducing the impact of this illness than other measures, including closing schools and daycare centres.

The problem is we now know we can be infected before the person who has the illness has a high temperature or cough. Now we also know there is a tiny group who while they don't get obviously sick, they can spread it, [Thank the Brits for their rigorous research].

So suddenly things at the surgery have changed. Our receptionist will offer you different ways of talking to your doctor. We really don't want to see our over 65yrs old patients or immunocompromised patients unless absolutely necessary [but we will be here for you]. Let us know and book an appointment and we are happy to ring you. If you have a modern cell phone we can talk to you on audio [face to face]: if you need to be seen we will arrange it then. If you have a home office with webcam, we are going to use an app called doxy.me and you can talk with us face to face thru that. We have arranged over \$4000 IT gear this weekend to enable this but it might take us a few days for it to arrive and set up: our receptionists will tell you when we establish this capability.

We don't want people sitting in the surgery waiting room and coughing over each other. We will have a doctor outside the door sorting out who will go into a very under-utilised waiting room or sending you down one of the other side doors. We have three doors into our surgery we can use [and another door for doctors to escape:)]. The main door will be for patients who have spoken with Dr Cathy are considered low risk [but not no-risk] come in the main waiting room. Then there are the other patients who need procedures, childhood immunisations, wound dressings etc are to be directed to the first side door which feeds into the two treatment bays which is where they will be seen and attended to. And the back side door will be for patients we strongly suspect have Covid-19.

Takanini Care is up and running as a swab centre from last Saturday. To go there you need to have been sent by the Health Line number or discussed it with our surgery so we can make a referral. Please be aware not everyone who goes there will be swabbed. They will ask questions and based on that may refuse to do a swab. If things get worse for you overnight, they might arrange a doing a swab next day. The refusal may not be because of the cost- my calculations say it costs about \$35 per swab- but the fact we do not actually have enough of these tests in New Zealand to test absolutely everyone time and time again.. That's the negative side of coming in to the pandemic after other countries have had it badly. There are only so many test kits, so many machines to analyse them, and so many trained personnel to do that laboratory work.

In summary, with the help of the new technologies these are drastically reducing our contact with patients, for their sake. We are also instituting measures to reduce our exposure to Covid-19 so we are available to our patients when needed. Be well, and Kia tau te rangimairie, Dr Jacqueline Allan.