

Blog: 3<sup>rd</sup> May 2020

Level 3: it's wonderful as I write this with yelling mokopuna- aged 2 1/2yrs- running around yelling he is Superman while his cloak flows out behind him. First time I have seen him and his 5 month sister for six weeks. It did seem like a very long time. We have all made a lot of personal and financial sacrifices to reduce the impact of Covid 19, and this limited relaxation transitioning down into Level 3 allowing us to expand our bubbles to include the people close to us is immensely appreciated by me. The hugs especially.

There are some other great signs too. New cases in the low single figures is the most immediate: maybe this week will see the first day without any new cases? But the most hopeful news to me is the news out of an American Biological weapons laboratory that there is a test being developed to detect the SARS-CoV-2 virus in a person BEFORE symptoms show, or at least in that first day. This incredibly important. This would mean that some of the anti-viral medications we already have could work. They would work to stop the virus multiplying in the body BEFORE cells in the lungs are damaged and trigger very, very high blood pressure, BEFORE arteries around the heart soften and cholesterol is released from the artery walls to catch clots and block off arteries causing the heart muscle to die from lack of oxygen which is what a heart attack is. Stopping the lung cells being damaged by the end of the first week would mean that the body's immune system doesn't go into hyperdrive and create the 'cytokine storm', the mass of anti-inflammatory chemicals that not only can overload the heart, lungs and kidneys and have been involved in the deaths of young adults, but also been responsible for the rare children's deaths from a Kawasaki- like syndrome which damages the heart and large blood vessels.

If we catch the virus at the early stages of multiplication with medication that blocks its replication, then we can make the illness short, mild and without the nasty consequences. We know this is what happens in the case of Shingles which is caused by herpes simplex virus IV where the medications acyclovir and valacyclovir need to be started within the first 72 hours if we are to avoid post-herpetic neuralgia, the awful burning pain that can last 6-12 months or more after recovery. There is good evidence from small studies already that the same issue will probably apply to SARS-Cov-2 virus, a similar tiny stable virus. Those medications prevent herpes virus multiplying: those and similar medications target the RNA used by viruses to copy themselves.

Also we are starting to get reports of the consequences of actually having Covid19 and recovering: I suppose it was to be expected but actually dealing with currently sick people has been the first and most immediate challenge for doctors. Already there are numerous people now reporting prolonged convalescences characterised by chronic fatigue, heightened and widespread muscle and joint pains, nausea, headache and marked irritable bowel and irritable bladder syndromes. Viruses can do this we know: in New Zealand in the late 1980s and 1990s we had Tapanui Flu. If we had

not gone into lockdown when we did, and we release the restrictions too quickly and cause infections to increase again, a lot of us would be disabled for many months and sometimes years. This has enormous financial and mental health consequences beyond the current illness peak especially as it does seem like the 20-50 year old group gets hit the hardest by this.

My message to our patients is simple. We want to see you early if you think on looking back that you may have had Covid and now have a Chronic Fatigue Syndrome or similar. Please don't wait for proof you have had it. Despite Madonna proclaiming this week she now has antibodies against the illness and can go for a drive and 'smell the Covid air', a reliable test for antibodies and an understanding of how much protection these give, let alone how long they last, is many months if not years away. Yet we know early treatment and prevention of neuralgia is the key in shingles and post-operative pain. We know early treatment is the key in Chronic Fatigue Syndrome. Treatment early can be very simple. Sorting it out once well-established however is hard.

Like everyone else I look forward to going to Level 2 and then back to level 1 but am fearful of doing it too fast. I don't know when and what, but do have faith that modelling and constantly checking the model is working, what the Public Health experts do, is the way forward. They rely on us to continue social distancing, avoiding touching our faces, washing our hands and staying at home when sick until symptom free for a full 48 hours [NB not back to work the day we feel a bit better!]. They ask we continue to go for Covid swabs if sick, and definitely not go back to work until we have learnt it is not Covid 19, and symptoms have gone for 48 hours. Boxing on sick is not the way to go any longer. Being a hero is actually very unhelpful, and risks reversing the gains against this terrible epidemic we have made.

We are here to help, and will be here as usual at the surgery 7.45am -6pm Monday to Friday, and until this emergency is over calling on patients at the weekend to tell them about negative swabs and check up on our vulnerable and sick. It is what we do.

Kia tau te rangimarie, Jacqueline and all the team at Tiakina Te Ora.