

Blog, 25/8/2020

Lockdown again, even if it's level three, has a sense of swinging into a well-oiled routine. We all know what to do and there is less anxiety this time as we all have got used to the masks, handwashing, and triaging procedures. We continue to see patients at the surgery but only after a phone call to sort out who needs to be seen and who can be safely and effectively dealt with by phone calls and emailed pics. Less anxiety doesn't mean we are complacent: we want to be there for our patients when they need us and the precautions are to ensure we are.

This time is different in that it is one widespread cluster, at least so far. This time to the contact tracers now with the help of the police [after all who are the practiced experts at tracing people?] succeeded in getting onto over 80% of the close contacts within 48 hours, and the rest not long after. Their work identifying contacts on the bus taken by the St Lukes worker was superb. A couple of messages over this, wash your hands and don't touch your face. It's not all coughing. The maintenance worker used a lift reserved for quarantine guests straight after an infected guest did who was being taken to the Jet Park which is being used for identified infected cases. The infected Chinese couple who attended church in Seoul, Korea are estimated to have caused over 400 infections. One was a woman who sat in the same seat at the next church service.

How long before patients deemed at higher risk can go back to community mixing? This is a difficult question and I have a different take on it than I would have said back in March at last Lockdown. The situation has changed. It seems one virus transmission strand that is one cluster. The contact tracers are onto it and the rate of community testing is much greater. The borders around this cluster are tighter than ever before. But the first index family were in our backyard. There are ten people in hospital, two in Middlemore intensive care unit which is more than we had in the first Lockdown. Sure, we can look after them better than back in March -April and know so much more about managing the complications. Before I told patients with multiple conditions, the elderly and those on immunosuppressant drugs like methotrexate, cyclosporin and steroids they really needed to wait for two cycles of 14 days without transmission before I thought they were safe to venture out. Now I am not as sure as it depends on how well Public Health can ring-fence this cluster.

This cluster will have a long tail, longer than the St Mary's or St Margaret ones both of which then seemed to take ages to burn out. It's not like the Matamata one which was basically in a small country town and particularly involved the close-knit horsey community who were able to retreat to country houses, which were usually spacious and allowed good social distancing. Here we are talking about close-knit large interconnected families, in small houses, like one bathroom and one toilet to share. By making quarantine hotels available for confirmed cases and their carers public health authorities have responded well to shorten the timeline of the infection. One St Margarets family did 46 days in closely monitored lockdown, and I have been told one St Mary's family actually did 56 days! That's nearly 2 months.

No border is impermeable. When there are goods coming and going in and out of New Zealand there needs to be people involved. At least ships get a certain lockdown at sea but most journeys are under 14 days. This Americold cluster is widespread throughout Auckland now, and given we even have some ignorant and selfish people who actually break into quarantine hotels to speak with their mates in person, we have to see if the borders hold. There are even people still going overseas and expecting to return home to New Zealand complaining about the inconvenience of managed quarantine at the taxpayer expense. Such an entitled attitude risks the lives of many New Zealand people. No wonder Taiwan has done so much better than us, with their earlier Lockdown, better social distancing and mask wearing, and much better compliance with Health Authorities. For a

population of 10x ours they have had 477 cases, and only 7 deaths. The number of cases daily being detected in the quarantine hotels shows how devastating it would be if our borders were open. There has been enormous personal sacrifices made to keep our Country covid free: wives who only got to see dying husbands in hospital in the last 24 hours, family members who couldn't hold funerals and tangi, businesses struggling to survive and all those people who have taken pay cuts and lost their jobs. I wish the few returning whingers would acknowledge the debt they owe those of us living here who created the safe haven they wish to return to. To be fair we must remember over 38,000 have already come through managed isolation. It's the few escapees and whingers who get all the publicity and rouse my ire.

Be well, be safe. Drs Jacqueline, Mick and Cathy, nurses Angie, Shannon and Paulette, Ana, Anjana and Jane on the phones, and Meriana with help from her sister Haraina holding us all together.