

Blog 30/8/2020

Will Level 3 Lockdown lift tonight as planned? I can't see it won't. I will be very thankful early tomorrow morning before surgery that I will be finally able to see my patient for the first time who was transferred out at the beginning of the week from Middlemore to Karaka Summerset's Hospital for what has turned out to be end-of-life care. All our private hospitals and most rest-homes have been under level 4 Lockdown and even doctors like me have not been admitted. We are all very mindful of the lessons learnt from the St Margarets rest-home cluster in West Auckland and the Rosewood rest-home cluster in Christchurch, let alone the widespread death toll once the virus got into aged-care facilities in Victoria, USA, UK and Europe. The Summerset nurses have been amazing managing this difficult situation, communicating many times a day with me, and with family members and provided attentive, skilled and very caring nursing at a such a difficult time. The family are very grateful to them for this, as are I'm sure all of our families who have loved family members in residential care.

What I am concerned about is we might need to go back into Level 3 again if Public Health don't feel they have this current Americold cluster contained. We obviously have at least two asymptomatic carriers involved, the one who started the chain from someone at the border and carried it to the family of four who were the first identified, the one who visited St Luke's Mall and gave it to the shopworker, and even another one connecting into the Mt Roskill church mini-cluster. This is the scary bit. We still need to test, test, test. It is easily done at the surgery, just notify the nurses you want to come in and it will be done in your car, quickly. Relax and don't fight it and as someone swabbed twice I can promise it really is hardly felt if you do this. Please come as soon as you feel you have viral symptoms, sore throat, runny nose and fever, onset of body aching and profoundly tired, and loss of smell. One patient last week arrived down to the surgery, not too concerned about the sore throat when he

woke, but when he couldn't smell his morning coffee, that was that. He had a swab, and thankfully was negative.

Asymptomatic patients. I have seen some wild estimates in especially the American medical literature that these may be up to 45% of the total infections which I do not believe. They are not swabbing a fraction of their population that we are and our physicians managing the clusters are not reporting anything like this. Sure our Public Health are reporting picking up many patients – and counting them as cases- who have relatively mild symptoms who get over the infection quite easily especially among children and teens. But just looking within the known contacts of the clusters where everyone is swabbed, truly asymptomatic cases seem rare. We now know these truly asymptomatic cases have just as much virus in them and they shed them just as much as sick patients, so why don't these individuals get sick too? The medical literature is starting to call these people virus tolerant and research doctors are starting to investigate why. Like the bats who we believe the coronavirus that gave rise to the virus we now call Sars-Cov2, these people seem to be good at blocking the negative effects and mobilising their immune systems just enough to fight off the virus. We have known this about influenza for quite a long time. People who tell you they never get influenza probably do sometimes, but they don't get sick. Blood tests for antibodies conducted after waves of influenza always identify patients who deny they have ever been ill. How they do this is unclear, but a very promising area for research, not only for nailing covid-19 but all viral and bacterial illnesses. It also explains why the elderly are more vulnerable as we know immune competence wanes with age. What we need to sort out over the next decade is how to identify more accurately who is vulnerable. I know the two of the worst illnesses I remember in my life have been Hong Kong type influenzas. I seem to cope OK with the other influenzas, at the most mildly ill. I do remember one other, measles [morbilli] followed by scarlet fever at 5 years from the preimmunization days- I was lucky to escape the nasty complications of both of them. Since children and teens can be

important vectors in the spread of covid-19 this has important implications to with the return to school. Understanding when this becomes important and when the risk is low is the preserve of scientists involved in Public Health far more mathematically competent than I am.

Understanding why some people are viral tolerant would be an enormous step forward as it leads us to drugs and strategies to clearly identify the vulnerable, and even strengthen their resilience. To me this is the biggest scientific step forward in the last month. Vaccines continue to be developed and testing is progressing but it will never be the single holy grail on which some people seem to be pinning their hopes.

With Level 2 we will be seeing more patients at the surgery but no more than four in the waiting room at once, enforcing masks, and asking people with viral symptoms to sit separately. It's all about being safe, being here for our patients, and also not putting them at risk from us too. Be well, be safe from the team at Tiakina Te Ora.