

Blog: 20/9/2020 Sunday

Yet another case after a gap of four days shows again how right Jacinda was when she called the original Lockdown tighter than Australia. She said then we had more vulnerable populations.

It is much harder to isolate and manage covid-19 through our extended families, large church congregations, one toilet/bathroom small houses with workers having to travel large distances to workplaces, often shift workers and managing multiple part-time jobs and working together in large factories as we have in South Auckland. This Lockdown it isn't the bars, restaurants and concert venues that are the sites of contagion.

That this time we are actually managing as well as we are does highlight that social distancing+masks+vigilant contact tracing+ lots of testing is working. Especially when it's so scary that every day there are new cases in managed isolation from returning New Zealanders.

We would have no show if the borders were even just to returnees without the measures in place. I am astonished that since mid April we have had over 50,000 people pass through managed isolation. It does put the rare breakout, breach and whinging returnee into proportion despite what various politicians like to howl about and shows the decision to put in the army and police was the right one.

It's taken enormous sacrifices by very many people to achieve this and remembering to use masks, avoid face touching, use frequent hand sanitisers and social distance is a small way we can all contribute.

To those people who reject mask wearing, I only have this to say if you were in theatre being operated on, would you be happy with your surgeon, anaesthetist and nurses not wearing masks and gloves? Yet they work in them all day. And when the anti-mask lot claim it's an infringement of individual liberty, well I don't have the right to walk around without clothes!

Making sure the ear hooks are tight enough for the mask to sit up well over the nose, under the chin and flat along the sides helps them be more comfortable as well as effective. So you get used to them. These days I often get home to find my mask still on as I have forgotten to take it off and put it in my name-labelled box at the surgery as I leave. [We have plenty of PPE gear at the surgery, and now the country has large stockpiles, but I'm not throwing anything out which can be reused after sitting it aside long enough to degrade the virus, in case we have a resurgence and gear gets again in short supply].

Is the virus mutating? Sort of and sort of not. Still those typos pop up which allow us to link cases, and occasionally they occur on important parts of the virus like the one called D614G on the coronavirus spike which does seem to let the virus penetrate the human cell a little better and take over the DNA to churn out multimillions more of the virus releasing it by killing the cell. But the advantage of this seems to be

cancelled out as it seems to allow the human immune response use antibodies to neutralise the virus easier.

The sad reality is that this bad virus is getting away with mayhem and murder and there is little effective response from law enforcement agencies to make it change its ways. Like celebrated in comix antiheroes like The Joker killing off a few victims is nothing if you multiply gloriously and take over the world! As for Batman, Superman, Spiderman and their ilk, also known as vaccines, they are 12-18 months away minimum for our use in New Zealand.

I won't be vaccinated until I'm sure the risk of the fast-tracked and untried vaccine is worthwhile. Its risks versus gains, right? Well if I was working for Medicine sans Frontiers or Save the Children on the frontlines in a Greek or Italian refugee camp I might well be an early adopter.

In New Zealand I can afford to wait and see how risky the vaccine is, and whether even rare side effects start showing up. The promising Oxford trial [Astra Zeneca] has just resumed after a person on the trial developed Transverse Myelitis, a rare neurological disease, I have only heard of, in the last few years after an ex-patient of ours developed it [she is recovering but still has a lot of medical issues]

It's similar to Multiple Sclerosis but instead of the brain it affects the spinal cord, and so causes arm and leg weaknesses, as well as bladder and bowel problems, pain, swelling and fatigue, as well as a myriad of erratic issues with how the body works. This will definitely put cautions over this and other vaccines and slow down the rush to market. But for many front-line workers the risk of a rare disease will be worth it and the large number of people who will rush to be vaccinated overseas will help us gather safety information much quicker than we ever have been able to before.

With any new drug, device or procedure doctors like me want to know only two things. First and foremost, is it safe? Then we want to know does it work?

How safe needs to be sorted, and given it's all about risk versus benefits, if we are low risk here in New Zealand we want the vaccine to be shown to be very very safe. Maybe travellers who are determined to go or need to go overseas will want access to the vaccine first: that will be the initial group who get access.

I think they will need to pay for it themselves, as our state funded vaccination program is to protect people in this country. It is possible that destination countries will insist on incoming visitors being vaccinated as already happens with people coming from areas where there is a lot of Yellow fever. We may do this for tourists coming to New Zealand.

Then we will need to know exactly how effective the vaccination is. Is it like Typhoid which needs to be repeated every three years? Is it like whooping cough which seems to wear off at vastly different rates for different people? If so, incoming tourists need recent proof of testing they have sufficient antibodies in an internationally certified laboratory before they arrive here? There are a lot of new medical and administrative tools to develop before we can safely open our borders.

Yes, we will learn to live with it and develop technologies to keep us well. It is important to stop now and pause, and realise that despite the pain of the initial Lockdown and this second smaller less intense one, these have given us the space to cope better if covid-19 does get free in our community.

We are enormously better at limiting the spread, at diagnosing all cases, at treating patients who develop that cytokine storm in week two and three. Hopefully we are avoiding the long term consequences of that Chronic Fatigue Syndrome, and Chronic pain conditions we are starting to see emerge as I predicted in young healthy people overseas.

The burden their economies will carry for many years, not just because of the loss of these people in their productive peak working years, but the cost of long term treatment and welfare support.

Bless all the workers who have contributed to this knowledge and those who work hard to keep us all safe.

From Drs Jacqueline, Mick, Cathy, nurses Shannon, Paulette and Angie, receptionists Ana and Anjana, and our practice manager Meriana.