

As we head into another week of near lockdown aka as Level 3, I thought I would update our patients on the changes around the surgery.

I promise to update photos and bios as soon as possible!

Dr Catherine (Cathy) Latu has joined us fulltime after being our Registrar last year, and we are very delighted to have her. Many of you will have met her by now and be aware she brings another dimension to our surgery with her gentle caring manner. Cathy has a family and finally a month ago her husband Sione, who has been able to return to her and their three kids (after his 14 days in managed isolation and eight months apart, while he completed his diplomatic posting in Fiji).

Dr Terrillian Hui is with us and will be until August as our current registrar, and is fitting in well with our team.

Dr Mick is going to reduce his hours to give him more time with his family, especially the grandchildren. He will work all day Mondays and Fridays and the mornings of Tuesday, Wednesday, Thursday. That's only one extra afternoon off on paper as he already was meant to be off Tuesday and Thursday afternoons, but up to now often ended up seeing patients well into the afternoon and then finishing off checking test results and writing referrals when we are trying to lock up and go! But the family have firmly requested more time with him, and we respect that. He is working from home this week as we have insisted on it, and he will not be here unless we are back to level 2 or lower.

## **Vaccinations**

Influenza vaccinations do not start until after Easter. We are going to use the no-contact approach from the front window again to ensure safety of our patients from 11am-12pm each day Monday to Friday. If this is not convenient we are happy for patients to arrange individual appointments with the nurses. Clinics with two nurses in PPE gear are the safest though, while there is still the threat of catching Covid-19 in the community as there are no crowded waiting rooms, it is easy to do the 2m social distancing of queues and waiting for 20 minutes in your car afterwards is easy and the nurses can keep an eye on the occupants from the window. Verbal consent - no papers, no contact with anything and anyone. It worked brilliantly last year so we will continue to do it that way for most of our patients. In the first two weeks we will ONLY be doing over 65 year olds as they have a different and enhanced vaccine to boost their age-declining immunity more. It has been used around the world in this age group including in Australia since 2018 and over 144,000 doses have been given there. The supplies of the other vaccine won't be here until later in April.

As for Covid-19 vaccinations we have been told our staff will be in the second tranche after border workers and their bubbles; that means end of April and into May. The over 65 year olds and patients with chronic diseases may start then too but there is still some uncertainty with the vaccine supply line being the ultimate determiner. It would have been good to be able to do the fluvax and the Covid jabs at the same time, but given the uncertain supply times, and sooner being better. I have no doubts this can happen. In an ideal world it would be best medically and logistically but it's not an ideal world. We do not know which brand of vaccine we will get. That of course depends on uptake too.

Vaccines are probably the safest medicines we use. Even aspirin and paracetamol can have awful effects especially if misused, yet overall they provide a lot of comfort and save many lives. Vaccines even more so. However no vaccine is perfect, 95% protection is amazing but we still have to accept that means 1 person out of 20 vaccinated ones is still vulnerable to catching Covid-19, so all those measures like social distancing, handwashing, Covid-19 app, sign-ins and prudent gatherings will need to continue.

### **The rejection of some vaccines by some communities around the world.**

The Astra Zeneca one for instance in Germany, is not because of reported or perceived side effects, but because of worries that it is far less effective than 95%. We can't yet measure in a simple blood test whether a patient has developed immunity because of the vaccine – so far it takes fancy laboratory testing to determine who are the protected patients and who are not. But we will eventually get such a test – they are being developed and tested now – but we don't have one yet. We yet have not got a good handle on how long the protection lasts. Remember all viruses are under pressure to become less virulent but more infectious. Some of the vaccines block the Covid-19 virus spike, the one that allows it to latch onto human respiratory linings, yet the spike is the part of the virus under the most environmental pressure to mutate. So it is possible that one or more of these vaccines will become less effective over time to new strains just like the influenza vaccine does.

Our government with excellent foresight and listening to the scientist has wisely invested in a wide cross-section of vaccines – not put all eggs in one basket so to speak – so if revaccination is needed, it will hopefully only be needed for a small easily identified group of people who can be quickly revaccinated when that becomes necessary. I don't know who will be getting what vaccine yet and while there might be more knowledgeable guesses made within the Ministry of Health no-one knows until we get going with vaccinations when one brand will run out and another brand be available. My biggest doubts initially were about the Pfizer-Bio Tech one which is what the border workers are getting as it belongs to a whole new class of vaccines, as it's based not around blocking the spike but blocking the RNA codes to enable multiplication of the virus. But Israel is using it. They got early large supplies in exchange for making available all the data arising out of it's use in an ordinary widely mixed population. They have vaccinated 2/3<sup>rd</sup> of their population already, so that gives us an enormous feedback of data. I would be happy to be vaccinated with this version now and will be getting vaccinated the day we get supplies.

Our nurses will be visiting Longford Park one morning or afternoon, as yet to be arranged for the fluvax, preferably very early after Easter, for our patients there (and any other residents, the same for the Covid-19 vaccination).

We continue to be open as usual even though most consultations under Level 3 are by phone and only those we need to see to examine are coming in – after screening outside by nurses and masks at all times inside (and we disinfect all contact surfaces after they go).

Since the initial lockdown last March we fax/email all requested repeat scripts directly to the pharmacy of your choice at no extra charge, with great convenience for our patients who have one less park to find and time wasted

picking it up from us to take to the pharmacy. At that time the NZ Medical Council cleared the way for this and telephone consultations of medico-legal obstructions and that's been a blessing in this busy world for our patients. Sometimes we have to say we need to see you in person at the surgery, and will do so that day if necessary at no additional cost. Because we know our patients, we can do good telephone consultations, often with added pics taken by the patients sent to our [admin@tiakinateora.co.nz](mailto:admin@tiakinateora.co.nz). We do these telephone consultations at all levels, not just during Lockdowns. See, something else good besides the lack of influenza last winter did come out of our level 4 Lockdown.

Be safe, be well. Dr Jacqueline and team.



Dr Allan the first staff member to have her Covid-19 vaccination.