



**DECEMBER 2020 - JANUARY 2021**

A warm welcome to the Millhouse Community and other readers  
 This has been a most challenging year.

Firstly, congratulations to the Government for the decisions that have kept New Zealand virtually free from Covid-19. This will hopefully allow us the freedom to enjoy summer living. However, this has been at a price. Many in the Millhouse community have experienced Covid hardship - unable to share the warmth of social contact, losing employment and income, and experiencing emotional turmoil that has created uncertainty, fear, worry and sleeplessness which insidiously takes a toll on health.



The financial soothsayers predicted doom and gloom, but we now experience a bullish share and realty market. New car sales are at a high and the marine pleasure market is buoyant. However, this enthusiasm for spending hides a reality of enormous debt and mortgage holidays that have been taken by more than 60,000 borrowers. Some believe that over the next 2-3 years the financial cycle will turn; rising interest rates will accelerate mortgage sales and place many in greater debt.

Sadly, the division of wealth between the *haves* and *have-nots* will widen, with more homelessness and despair, unless positive action is taken to prevent this now. I'm reminded that my father, who lived through the Great Depression (1929-33), lined up daily to find temporary work and ate from soup kitchens, and would not discuss these humbling experiences for the remainder of his life. Like many of that era, he was extremely cautious when it came to spending money.

If your Covid experiences continue to traumatize you, please mention this to your family doctor or the medical team, who can enrol you in the Wellness Programme which will assist in health recovery at no personal financial cost. Remember a problem shared is a problem halved.

In this newsletter I continue to review the "Four-Countries" Covid experiences, deliberate on vaccination since many have asked me to do so, and discuss a medication which may be useful to prevent and treat Covid-19.

**MILLHOUSE NEWS**

**ONLINE BOOKINGS HAVE RECOMMENCED** under ALERT LEVEL ONE as the risk of Covid transmission remains low. Prior to making an appointment you will be asked four questions to determine whether you may be at risk of a Covid infection. If your answers are NO, you will be able to proceed and make an online booking with your chosen doctor. You can also indicate whether a face-to-face, phone or virtual-link is your preferred consultation choice.

**IF YOU ARE 66-80 YR  
 HAVE YOU HAD THE SHINGLES  
 VACCINE YET!  
 it is ONLY free till 31 December**



**MASKS** - Under ALERT LEVEL ONE we are asking all patients to wear face masks in the waiting room to prevent possible spread of infection to others. However, during the consultation with your doctor or Practice Nurse, if you are both in agreement, the masks can be removed.

**COVID SWABS** continue to be taken at 130 Millhouse. Please ring for an appointment if you have any respiratory symptoms; you will be assigned a time and you can park in the 130M carpark. Stay in your car when you arrive, ring Reception and a nurse will come and take the swab while you remain in your vehicle.

**BANK CHEQUES** are being withdrawn in 2021 so payment will be only be accepted by electronic transaction or in cash.



**REPEAT LONG-TERM PRESCRIPTIONS** are best made using the ManageMyHealth portal which avoids unnecessary time delay by Reception and Nurses in processing a telephone request.

**REMEMBER DR AVANI** to whom I introduced you recently, is an experienced practitioner with a special interest in women's and children's health and complex medical disorders. Using a holistic approach that focuses on the root cause of illness, genetic predispositions, triggers, environmental factors, lifestyle and social influences, Dr Avani will guide you into possibilities to improve your health. Dr Avani consults each Wednesday afternoon at 128 Millhouse.

**COVID -19 UPDATE**

**Four Countries Experience** - Each week we ZOOM with our American family who live in the San Francisco Bay area for updates on Covid. Since March they have been working from home and for most of this time our grandchildren have not physically attended school. The USA is a disaster in Covid management and leads the world in the number of deaths per head of population (see table). The Asian nations are an exception, especially Taiwan.

	19 December 2020	Total cases	Cases / million	Total Deaths	Deaths/million
<b>TAIWAN</b>		<b>759</b>	<b>32</b>	<b>7</b>	<b>0.3</b>
<b>NEW ZEALAND</b>		<b>2110</b>	<b>422</b>	<b>25</b>	<b>5</b>
<b>SWEDEN</b>		<b>357,466</b>	<b>35,293</b>	<b>7893</b>	<b>779</b>
<b>USA</b>		<b>17,562,568</b>	<b>53,114</b>	<b>317,929</b>	<b>958</b>

All other northern hemisphere countries have struggled with Covid as they experience winter indoor living with increasing exposure to a tenacious virus. The politicians in Sweden took a laissez-faire approach to Covid, hoping enough healthy people would catch the virus, develop antibodies and slow the spread of infection after 6-12 months. Instead, there has been a shocking toll on the most vulnerable and now an about-turn has been made; bans on gatherings of more than eight people have been introduced and the sale of alcohol in restaurants and bars stopped. Emeritus Professor of Economics Lars Calmfors describes the Swedish experience as a "national disaster". The [Washington Post](#) on 18 November reported the Swedish Prime Minister Stefan Lofven saying, "Don't go to the gym, don't go the library, don't have dinner out, don't have parties — cancel!"



**DECEMBER 2020 - JANUARY 2021**

Sweden is now facing a serious second wave, has an exhausted healthcare workforce and a suffering economy where unemployment may reach 10 per cent.

*Remember the countries most successful in eliminating and controlling Covid have been vigilant with quarantine for the infected and arriving visitors, used rapid viral testing to identify infected people, been expeditious in contact tracing, promoted personal hygiene methods, and encouraged self-isolation and the use of masks.*

**Have you uploaded the updated BLUETOOTH NZ COVID TRACING APP yet??**

**Covid Vaccination**

The first case of COVID-19 was identified on 17 November 2019 and the genetic viral sequence published on 11 January 2020. Since then, 57 vaccines, using different technologies, have been researched. The University of Oxford/Astra Zeneca, Pfizer/BioTech, and Moderna vaccines have been approved for use in the USA, UK and other countries and 10 billion vaccines have been pre-ordered. This is a monumental achievement, which if successful will bring great reward - humanitarian acknowledgement, Nobel Prize recognition and huge monetary success for Big Pharma.

For 80% of the population COVID-19 is a benign illness and may be symptom-free. In those documented with infection, the WHO reports a mortality rate of 3.4%, a death rate of 15% for any admitted to hospital, and an overall estimated population mortality of 1.4%; that is for every 100 people in the community 1.4 people will die from the disease.

The [Phase 3 Pfizer trials](#) undertaken in six countries and 150 centres have reported a 94% success rate (vaccine efficacy). You may well ask what that means.

	Group size	Number infected	Infection Risk	Estimated risk for NZ pop (4,822,233)
Placebo	21,830	162	162/21,830 = 0.74%	No vaccine 35,684
Vaccine	21,830	8	8/21,830 = 0.04%	Vaccinated 1928

The table summarises the data. Over 43,000, predominantly adults, were given two shots of either the mRNA/Covid vaccine or placebo. 28 days after receiving the first immunization, participants were reviewed for Covid infection. The true infection risk was (0.74%) in the placebo group and (0.04%) in the vaccinated. These figures are small, less than 1%, considering the size of the study. If you translate these numbers into the NZ population the vaccination would prevent 33,756 from getting the infection (=35,684 less 1928).

Fatigue occurred in 3.8% and headache in 2% of those vaccinated but there were no serious side-effects. However there were 10 severe reactions in the placebo group. The Oxford/Astra vaccine efficacy has been reported as being less effective (2x higher doses = 62%, low & higher dose = 90%)

Vaccination does appear to modify the severity of Covid infection but there remain many unanswered questions.

Are the results true? (No peer-review paper has been published so far). Will vaccination provide long term immunity? Will additional booster shots be necessary? Will the vaccine be effective for the most vulnerable? Will long-term adverse effects develop from using vaccines, especially the novel m-RNA based type? Why were there 10 serious reactions in the placebo group? We know that two immune-sensitive health workers receiving the Oxford /Astra vaccine suffered serious reactions.

Vaccination may not be a panacea that returns New Zealand to pre-Covid times. To end an epidemic approximately 2/3 of the population will need to gain immunity (herd immunity). On the 18 December, the Prime Minister announced free Covid vaccines from the middle of 2021.

**Ivermectin**

Ivermectin was discovered in 1975 and for years farmers have used Ivermectin as a sheep and cattle drench to remove harmful worms from the animal's intestine. In New Zealand it is an approved medication for resistant scabies skin infection and can also be used for headlice. In March 2020 intensivist Professor Paul Marek and his team published a paper extolling [the virtues of ivermectin](#) in the management of Covid-19 disease.



Ivermectin is not just an anti-parasitic drug but has antiviral action against RNA-viruses like Covid. In particular it binds to the Covid spike protein, limiting entry through the ACE2 receptors and also inhibits Covid replication within the cell. Recently randomized trials from Egypt (2), Argentina and India provided evidence that Ivermectin stopped the transmission of Covid in household contacts and healthcare workers. A number of cities in Brazil, Paraguay and Peru gave Ivermectin prophylactically to citizens which reduced the incidence of Covid illness.

A number of randomized trials have shown benefit when using ivermectin to treat Covid-19 which includes those hospitalized with the disease. Detailed information can be found in the review paper or this [metanalysis](#).

**Remember Vitamin D** A recent [Belgian study](#) showed that elderly who had low vitamin D levels on admission to hospital with Covid infection had 3.7x greater risk of dying. I encourage you get lots of sunlight this summer to replenish natural vitamin D stores which boost immunity and help protect against Covid which may well strike again as we enter winter 2021. Drive carefully this summer break, relax and enjoy the company of friends and family.

Yours in good health, Richard J Coleman