

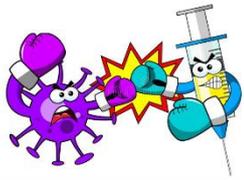
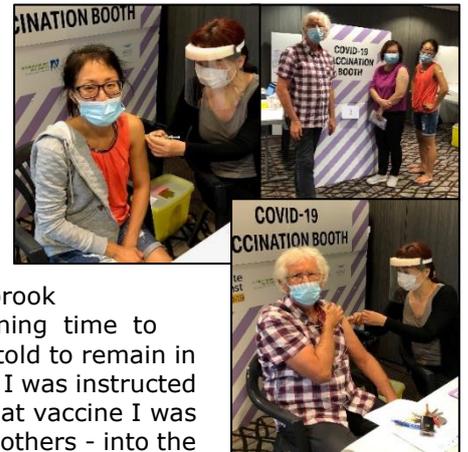


NEWSLETTER APRIL 2021

A warm welcome to the Millhouse Community and other readers

When I began this newsletter, rainy days reminded me that winter is nearly upon us. Covid-19 continues to lurk on the sideline and soon influenza will continue its seasonal presence along with nuisance cold viruses, of which four are from the same coronavirus family as Covid-19.

As you know Covid vaccination has started with both MIQ personnel and the primary healthcare work force. The pictures show receptionist Adeline, Dr Stephanie and me receiving our first vaccination at the Waipuna Hotel Vaccination Centre.



For the second immunisation I attended the Highbrook Vaccination Centre and was given a Saturday morning time to attend. When I arrived, I was directed where to park, told to remain in the car and to sign the consent form. 20 minutes later, I was instructed to line-up outside the car with 20 others and asked what vaccine I was

getting. As it was my second shot, and I was taken immediately - with three others - into the centre for processing. Staff were efficient and the vaccination was done promptly, and afterwards I was required to wait for 20 minutes to ensure I had not reacted to the injection. I was fortunate in arriving early; for later recipients, that day was chaos with vaccine supplies running out and many people waiting more than 3 hours. I hope the process of vaccination improves and that perhaps we might be given approval to immunise at Millhouse.

In this newsletter I highlight the Covid experience in New Zealand and other countries, then discuss the purpose of vaccination, review who is at greatest Covid risk, and finally comment on strategies to ameliorate severe reactions when receiving Covid-19 immunisation.

MILLHOUSE NEWS

CONTINUE TO WEAR MASKS IN THE WAITING ROOM as required under ALERT LEVEL ONE to prevent possible spread of infection to others. During the consultation with your Doctor or Practice Nurse, if you both agree, face masks can be removed.

COVID SWABS continue to be taken at 130 Millhouse. Please ring for an appointment if you have any respiratory symptoms; Reception will give you a booking 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.

FOR REPEAT LONG-TERM PRESCRIPTIONS please use the ManageMyHealth portal which avoids unnecessary time delay with Reception and Nurses processing a telephone request.

VACCINATION UPDATE

Free Flu vaccines will be available in May for seniors over 65yr, children under 4yr with significant chest illness, and pregnant women. We will inform you by email or TXT.

Widespread Covid vaccination will commence in the next few months and we will keep you informed when and where the immunisation process begins.

FREE SHINGLES VACCINATION
 now available till 31 December 2021
FREE MENINGOCOCCAL VACCINATION
 for students 13-25yr living in community
FREE FLU VACCINATION
 for over 65yr, children with asthma and pregnant woman available in May
Make an appointment to see the Practice Nurse.

NEW ZEALAND'S EXPERIENCE OF COVID-19 SO FAR

Since I wrote the last newsletter (10 February), 8 weeks have passed, and the USA has had another 10 million cases with nearly 100,000 Covid deaths. Sweden with its *laisse faire* approach had another 225,000 infections and 1500 deaths. New Zealand, on the other hand, has had only about 200 more infected, predominantly from returning citizens. Taiwan had even less, with 100, but both countries

5 April 2021		Total cases	Cases / million	Total Deaths	Deaths/million
TAIWAN		1047	44	10	0.4
NEW ZEALAND		2507	501	26	5
SWEDEN		813,191	80,147	13,498	1330
USA		31,496,291	94,494	568,722	1,711

have had only one additional Covid-19 death. The NZ Ministry of Health website [documents](#) a total of 2507 Covid cases and that only two were admitted to hospital in the last 2 months (total admission =126, 5.03%). None have required intensive care this year (only 18 have required ICU treatment since Covid began).

95 % of those who have Covid-19 only experience a mild illness with no serious complications. In the last newsletter I noted that the USA Centers for Disease Control (CDC) [estimate](#) that probably 40% of infected person will have shown no signs of illness and perhaps many of them may already have preexisting immunity due to contact with the four cold coronaviruses.

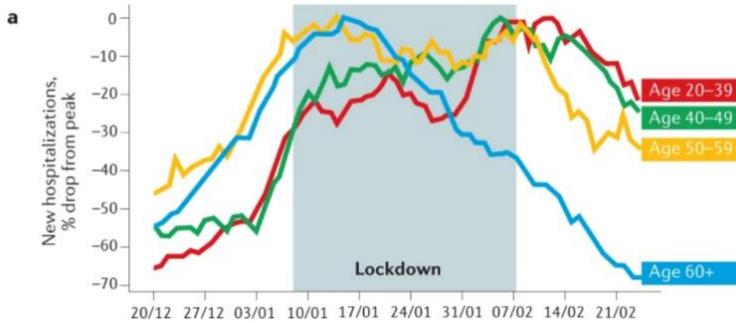
COVID-19 VACCINATION IN ISRAEL

The Israeli public health system's measures for controlling Covid-19 have been as ineffective as those of Sweden (Israel has had 90,703 cases/million with 6243 deaths). However, Israel was an early adopter of vaccination, from 20 December implementing a program utilizing the Pfizer-BioNTech vaccine (the one we are now using in NZ) and when I last wrote had vaccinated 90% of adults over 65yr. They then [extended immunisation](#) to all the adult



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Fig. 1: The real-life impact of vaccination in Israel.



population, and to adolescents over 16yr (from 20 January), so schooling could continue and students sit examinations. Follow-up research showed that within two weeks of the first vaccination, the viral load in vaccine recipients had been reduced, suggesting that passing an infection to others might be much less. Within 3-4 weeks hospitals in the Israel experienced a dramatic reduction in Covid-19 patients, confirming the findings. The graph opposite shows the hospital admissions in different age groups over three months, which also occurred in a lockdown period. Note the largest fall in the 60yr+ group, those at greatest risk, where more than 90% had been vaccinated.

However, Israel's vaccination program has not been without hiccups, with the ultra-Orthodox population and Arab communities being reluctant to participate both in social-distancing strategies and the vaccination program.

VACCINATION PRIMES THE IMMUNE SYSTEM

In 2019, New Zealand experienced a measles epidemic with 1500 cases of which over a third were admitted to hospital. Sadly, the disease spread to Samoa where 83 babies died because their immune systems had not been primed by vaccination to fight infection. Measles MMR vaccination administers a weakened or attenuated form of the virus to stimulate the immune system to fight infection (=adaptive immunity)

However, the Pfizer vaccine differs from MMR (and the AstraZeneca Covid vaccines) by using a genetic sequence (mRNA). When introduced, it stimulates the body to reproduce the Covid spike protein, which in turn provokes an adaptive immune response. Remember, the spike protein sits on the outside of Covid-19 and is responsible for the virus's entry into a human cell.

VACCINATE THOSE AT GREATEST RISK

Covid-19 is a new infection for all humans, resulting in a benign illness for most but threatening life for a few. Some may already have their immune systems primed with contact from cold coronaviruses. I have condensed the table opposite from the last newsletter, to highlight who is at greatest risk. [This data](#) came from reviewing the UK primary health records of 17,278,392 patients and linking the information with 10,926 Covid-related deaths over a three-month period. In March I explained that the right-hand column records the *Hazard Ratio* which is the probability of a Covid Death occurring in the categories listed. *A score = 1 means there is no increased risk of death. A score = 2 means they have twice the chance of dying from a Covid disease.*

WHO SHOULD BE VACCINATED?

The *elderly and infirm*. Worldwide it has been the elderly who have died, especially in residential care.

The *overweight, especially the grossly obese* who have 2.66x risk of dying.

Those *suffering significant illness* - organ transplants are 3.53x risk, neurological disease 2.58x, severe kidney disease 2.52x, strokes & dementia 2.16x, poorly controlled diabetes 1.9x and chronic airways disease 1.63x.

Those *working in high Covid-19 contaminated environments* - the *medical workforce and quarantine workers*. In the last bulletin I noted *...at least 3000 have died in the US. Worldwide the death toll and the impact on the physical and mental health are staggering ...* if only they had not [died sacrificially](#) giving their lives in the service of others.

At this stage *I do not recommend healthy working adults, children and pregnant women* have the vaccine, without a compelling reason. We know nothing about possible long-term side effects which could occur with mRNA vaccines.

VACCINE REACTIONS - REDUCING SIDE EFFECTS

Remember the purpose of a vaccine is to prime the immune system, so expect the body to react. In March I highlighted the reactions and mentioned they may occur in 10% of people. MEDSAFE at this stage has not yet released data on reported adverse vaccine reactions in NZ on their website. I decided to be vaccinated because of my age and being a health worker. On both occasions I experienced only a sore arm at the site of injection which was more evident after the first vaccination. A few days prior to the vaccine I took 50,000iu of Vitamin D, allowing time for conversion to its active anti-inflammatory form, and increased my vitamin C intake to 2gm daily to enhance the body's antioxidant action. I am sure this reduced the possibility of a significant adverse reaction to the vaccine.

Yours in good health,
Dr Richard J Coleman

Category	Hazard Ratio)
Age	
18-39	0.06
40-49	0.03
50-59	1
60-69	2.4
70-79	6.07
80+	20.07
BMI= weight	
30-34	1.28
35-39	1.81
40+	2.66
Deprivation	
Quintile 5	1.79
Chronic airways	1.63
Diabetes	
Hba1c >58	1.9
Impaired Kidneys	
eGFR less than 30	2.52
Heart disease	1.17
Stroke/dementia	2.16
Neurological disease	2.58
Cancer less 1yr	1.78
Organ transplants	3.53

Reducing Vaccine Side Effects

Before vaccination

- Avoid alcohol & keep hydrated.
- Take vitamin C 1-2gm for 2-3 days.
- Take 50,000iu cap 3-4 days earlier.

For Pain

- Apply ice to injection site.
- Use ibuprofen rather than paracetamol which depletes glutathione necessary for fighting inflammation.
- Slowly increase arm activity if painful.