



NEWSLETTER NOVEMBER 2021

A warm welcome to the Millhouse community and other readers,
Since I last wrote the 'slippery customer' DELTA COVID has gained a foothold in New Zealand and is now moving down the North Island with the occasional case in the South. Importantly, the Government's focus has moved from one of elimination to containment; we must now live with this endemic virus and General Practice will be increasingly responsible for managing community infection.



I don't envy the Government and the decisions it is having to make. Our leaders are having to balance the positive effects of lockdowns which limit disease and death in the most susceptible (discussed in previous newsletters), with the negative ramifications leading to business failure, student educational impairment, and growing antagonism in face of limits on travel, hospitality and our desire for a 'kiwi summer vacation'.

Fear has become pervasive, creating uncertainty, anxiety, and depression in many. More than one year ago the government introduced strategies to reduce the growing inequality in society, especially in housing, but COVID has been instrumental in widening the gap between the rich and poor, as well as increasing national indebtedness which will impact generations to come.

In this newsletter I review the four-country COVID experience, discuss Covid vaccination, and briefly mention the phases of infection. I also examine useful strategies to use early in the illness, when they might help avoid hospitalisation and a life-threatening situation.

MILLHOUSE NEWS

VIDEO CONSULTATIONS will become even more important as the Millhouse Team begins to manage COVID illness in the community. For most the symptoms will be mild, but others will experience a severe flu-like illness, with a few requiring hospital care.



OUR NURSE TEAM will primarily be responsible to assist the many who will become infected with COVID. Through video and phone conversations, our nurses will assess status, monitor progress, and liaise with your family doctor, community support agencies and the hospital specialist if that becomes necessary.

COVID SWABS continue to be taken at **130 MILLHOUSE**. If you have any COVID symptoms, please have a test ASAP. Ring for an appointment. Reception will give you a booking time and you can park in the 130M carpark but remember to stay in your car when you arrive. Ring Reception and a nurse will come and take the swab while you remain in your vehicle.

COVID VACCINATION is now available at **130 MILLHOUSE**. Please ring Reception for an appointment. See my comments below about how the injection is being administered by our Nurse Team.

WELCOME TO PRACTICE NURSE RAJBIR who has joined the Nurse Team, replacing Abby who is finishing up shortly. Rajbir is a very experienced primary care nurse, fluent in Hindi and Punjabi.

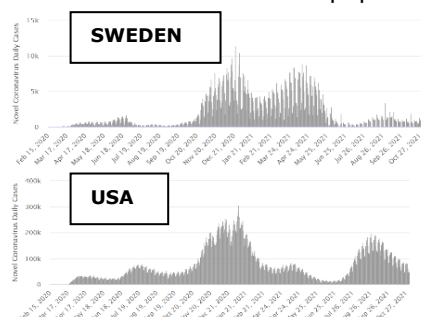
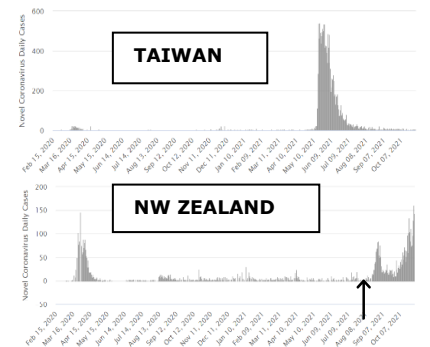
DR THERESE will be working only Tuesday and Thursday afternoons from November 16th for 2 months as she covers another practice where a doctor requires medical care.

FOUR-COUNTRY COVID REVIEW

In the last newsletter I mentioned how COVID ran loose in Taiwan for six weeks but with strict adherence to mask-wearing, quarantining of both domestic and international travelers, bans on indoor dining and restrictions on indoor activities, the virus was halted. See the table of daily COVID numbers. The consequence of the COVID incursion prompted the Taiwanese to [demand greater accountability](#) of their politicians. Taiwan has had difficulty procuring the vaccine and by the end of October only 70% had received their first vaccination.

9 November 2021	Total cases	Cases/million	Total Deaths	Deaths/million
TAIWAN	16,445	8,476	847	35
NEW ZEALAND	7,648	1,529	32	6
SWEDEN	1,177,094	115,578	15,024	1,475
USA	47,417,657	142,127	775,964	2,326

Compare that with the New Zealand graph of daily cases. When DELTA was first detected on August 7 (noted with the arrow) our quarantine measures were being occasionally breached, domestic travel was lenient, gatherings were not restricted, and viral spread had gained momentum by the time we went into lockdown. I doubt it will be controlled again; at least we have had time to vaccinate near 90% of the population.



Last newsletter, I mentioned that Sweden's mortality rate had declined, mirroring the reduction in case numbers seen in the graph opposite. Now more than 76% of the population over 16yr have been vaccinated and restrictions on private and public gatherings have been removed. However, during August and September the USA struggled with a COVID resurgence, accelerated by the lack of enthusiasm for vaccination, which currently is reported at only 58%.

Worldwide DELTA remains the most dominant virus but the WHO are reported to be monitoring four [other COVID variants of concern](#) that may be more contagious and 'adept' at evading vaccines and possibly treatment.



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COVID VACCINATION – ASPIRATION BEFORE INJECTION



At last, we received approval to perform COVID vaccination and enthusiastically joined the SUPER-SHOT-SATURDAY pictured here. The Millhouse percentage currently stands at 86% for first and 80% for the second injection, but I am sure we can do better. Vaccination slots are available on Monday, Wednesday, and Friday and can be booked by ringing Reception.

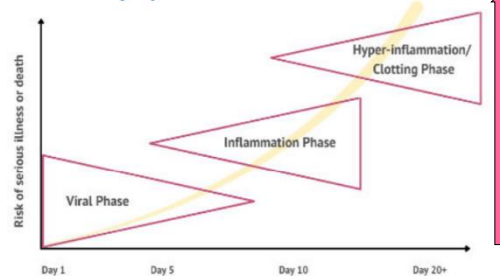
Many have mentioned concerns about vaccine side effects. [The last MEDSAFE-COVID report](#) documented that of the 7 million vaccine doses administered, a tiny percentage (0.02%) caused serious side effects. Of these, around one sixth were due to inflammation of the heart muscle and pericardium-outer fibrous-lining (myopericarditis); the report describes the [signs for consumers](#). In August, Chinese researchers published [findings on mice](#) injected with mRNA vaccine or saline (salt water in the control group), either into the muscle (intramuscular/IM) or the vein

(intravenous/IV). Those mice injected into a blood vessel developed inflammatory changes in the heart muscle and pericardium like those observed in humans, but the mice who received IM mRNA injection and the control saline group did not. For this reason, our nurses in giving the Pfizer vaccine withdraw the syringe plunger, to exclude blood aspiration and confirm the site is muscle, before injecting the vaccine. Hopefully others will quickly follow this practice to prevent severe myopericarditis reactions.

STAGES OF COVID DISEASE

COVID – 19 is here to stay. The vaccinated are less likely to transmit the virus and their infection is less severe; for most patients COVID is a mild illness and only 4% will need hospital treatment (Nov 11, NZ stats - 7345 cases, 290 hospitalized – 8 were fully vaccinated). Up until now Public Health have arranged for COVID patients to be in Managed Isolation or in hospital, but as positive case numbers rise, General Practice will increasingly become the main support agency for those who develop COVID infection.

Phases & symptoms



Blood clotting, chest heaviness & pain, breathing difficulty
Cough, difficulty breathing, shortness of breath
Fever, sore throat fatigue muscle aches loss of taste/smell, nausea, diarrhea, chills, loss of appetite

The diagram highlights the expected symptoms and progressive stages of COVID disease beginning with the virus replicating after it enters the body, then an inflammatory response, followed by the clotting and hyper-inflammatory phase. Commit the symptoms to memory so you can recognise them if you become unwell.

INITIAL TREATMENT PLAN

Those at high risk (80yr +, obese & multiple medical problems – see early newsletters), even if vaccinated, should avoid busy indoor spaces, prefer outdoor living with others and meticulously use masks, social distancing and hand hygiene. A COVID-infected person in a Korean restaurant with no direct contact, [infected three others](#) who were 6.5 metres away after five minutes of exposure through aerosol contact.

Otherwise, **fortify your immune system** with Vitamin D & C, zinc and quercetin. You may wish to add melatonin (only on script), N-acetyl cysteine (difficult to buy at present) and selenium. See September newsletter for doses. Exercise regularly, sleep well, and consider hot soaks followed by cold showers; this stimulates the immune system.

If you have any of the above symptoms, **have a COVID TEST** as soon as possible.

If positive go home, rest, isolate from others and discuss with your whanau the support you may need.

Ring for advice and the 'COVID' Practice Nurse will assess your illness and guide you on its management.

In **DAYS 1-5**, the replication phase, COVID enters through the eyes, nose and mouth. As soon as symptoms appear use a MOUTH & NOSE WASH at least twice a day to assist in removing the virus. Salt & bicarbonate (2-3 tsp rock salt & 1tsp baking soda in glass water), chlorhexidine mouthwash, 0.5% [iodine solution](#) (betadine gargle), [dilute hydrogen peroxide solution](#) or colloidal silver can be used.

Increase Vitamin C 1-2gm every few hours (reduce if bowel motions loosen), Vitamin D 50,000 cap weekly, ZincCap daily, Quercetin (QN) 500mg twice daily (a recent [Italian trial](#) using standard care showed that when QH was added the virus was cleared faster) and N -Acetyl Cysteine 600mg twice daily. Melatonin is also helpful.

Take Ibuprofen or Aspirin for fever or pain – aspirin aids blood thinning but do not use in children as it may cause the Reye's Syndrome. Avoid Paracetamol as it neutralises glutathione an important antioxidant.

Next time I will review treatment strategies from DAY 5 onwards.

Yours in good health,
Dr Richard J Coleman

<p>INITIAL COVID TREATMENT PLAN</p> <p>KNOW YOUR RISK - avoid crowds, use a mask, remember social distance & hand hygiene.</p> <p>KEEP your immune system strong.</p> <p>KNOW the COVID symptoms</p> <p>GET a COVID test as soon as possible.</p> <p>ASK FOR ADVICE.</p> <p>FIRST SIGNS of illness use mouth & nasal wash.</p> <p>TAKE Vitamin D, Vitamin C, Zinc, Quercetin, N-Acetyl Cysteine & Melatonin daily.</p> <p>USE Ibuprofen & Aspirin for fever & pain.</p> <p>REST and isolate from others at home.</p>
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