



## **COVID-19 – CMEFS WEEKLY NEWSLETTER**

**FRIDAY 07-08-2020**

Hello. I do hope that this week's edition of our newsletter finds you and your family as well as can be.

### **COVID-19**

Last week we chatted about the rising trend in natural (not Covid-19, but no doubt Covid-19 response related) deaths as a result of the Covid-19 pandemic, and this week we will chat some more on the same subject as I believe it is an important one.

I believe it to be important because Covid-19 is not going to be going away any time soon, it seems, notwithstanding the much talked about imminent launch of various vaccines worldwide.

This is because we can have no clear idea

- Just how quickly they can get them out to close on 8 billion people
- Just how effective these vaccines are going to be
- For how long they are going to offer any form of protection
- What their longer-term side effects might be (only time will tell)
- Whether the virus itself won't mutate to counteract the vaccine, and if there are various vaccines, just how many mutations of the virus we might need to live with in the years to come
- Whether a large enough population demographic will be prepared to be vaccinated against the virus – with early indications being that this will not be the case
- Whether it will have the same effect across all age groups, the young, the adult and the aged
- And so on.

To my mind, the virus is therefore something we are all going to have to learn to live with for more than a little while still, but there is, again to my mind, real hope on the horizon. (See the section headed "An alternative to the vaccine" where I discuss recent developments in the UK.)

However, back to those rising trends in natural deaths.

Herewith an edited extract from a recent news article on the subject, with my comments as always *[in brackets in italics]*

## **Pandemic impacts other killer diseases**

South Africa faces the unintended consequences of lagging behind in the treatment of other killer diseases and quadrupling mortality [*Let's hope they are wrong here. Four times the usual mortality rate is huge*] as a result of channeling most of its health-care resources to the COVID-19 pandemic.

This is the warning by two health experts, Shabir Madhi and Karen Hofman, from Wits University's Faculty of Health Sciences and the Medical Research Council.

"Until we have a vaccine or a cure, Covid-19 may be among us for a while. Finite resources [*and money*] cannot be diverted solely to the pandemic," they wrote.

"Careful priority-settings, taking into consideration the costs benefits of basic health interventions and services, is critical to the success and sustainability of public health gains of the past decades, while simultaneously addressing the Covid-19 pandemic."

Not only have resources been shifted to focus on the virus, but the nationwide lockdown also caused a decrease in demand and supply of health services Madhi and Hofman said.

"On the supply side, the human resources shift to Covid-19 has resulted in limited services for diagnoses treatment and prevention of other health issues.

On the demand side, the public has avoided health facilities, and has been affected by transport restriction" they said.

They cite as an example the statistics from the National Institute for Communicable Diseases, showing a **48% decline** in testing for TB, as well as a **33% reduction** in newly diagnosed positive cases over a five-week period, compared with the six week period before the level 5 lockdown.

There have also been reports of people living with HIV failing to collect their antiretroviral (ARV's) during the lockdown.

Madhi and Hofman said an interruption to supply of ARV's over a six month period to all the country's HIV patients on treatment would **double** mortality in a year.

This amounts to an **excess** of between 83 800 and 140 900 adult HIV deaths, should such a high level of disruption occur, they wrote.

*[As compared to total Covid-19 attributable deaths to date in SA of 9 604. Note that the above figures are in respect of HIV only and do not include **excess** deaths from TB, heart disease etc as a result of deferring medication or treatment due to the fear of becoming infected with the Covid-19 virus]*

**I'm still officially confused** (After all these months)

I decided to include this little header in my chat because notwithstanding all the personal research I have done on the subject of the virus, I must admit that I am still very confused about just about everything surrounding the virus.

For example, I hear almost on a daily basis the following entirely contradictory statements

- Wear masks as they protect the spread of the virus.

Don't wear masks because they are ineffective and may well be the cause of you contracting the virus.

In Holland, for example, their epidemiologists are adamant that not only are they not necessary, they are part of the problem.

They cite research done by a Nordic country showing that 200 000 people must wear a mask to prevent just 1 infection, whereas wearing a mask leads to more face-touching than would normally be the case due to discomfort, being worn incorrectly, etc.

- Hydroxychloroquine is not only dangerous because of its possible side effects, but it is ineffective against the virus.

Many practicing medical professionals (not scientists) say that their experience of Hydroxychloroquine, which is widely used on a daily basis in the continuing fight against Malaria in many countries (notwithstanding the "dangerous" possible side effects referred to when considered as a treatment for Covid-19), if used in the early stages after contracting the virus, is highly effective in so far as treating the virus is concerned. Even those with the classic co-morbidities so often mentioned in the press.

In the above regard, in June this year, both the Lancet and New England Journal, which are both top-medical journals, retracted Covid-19 studies, including one that raised safety concerns about the malaria drug hydroxychloroquine.

Further to the above, to the best of my knowledge, all in-hospital patient tests done to date to test the effectiveness of hydroxychloroquine as a treatment for Covid-19 were only done when patients reached the 'critical' stage.

The doctors who testify as to the effectiveness of Hydroxychloroquine as a treatment are treating the virus early with the drug as opposed to waiting until the patient becomes seriously ill.

As one of them said, given any other condition, no medical practitioner in their right mind is going to wait for the condition to hit the "critical" stage before proffering any treatment for the illness. That is just insane as at that point it is highly unlikely that ANY treatment would work.

- And now the classic. Wash your hands regularly. Maintain a safe social distance. Wear a mask. Wipe often used surfaces down regularly. And we should then ostensibly be protecting ourselves from becoming infected with it.

And yet we hear frequently from persons who “followed all of the above protocols” and sometimes more so, and yet they ended up in hospital with the virus, or worse still, died from it.

And not a single one of them can “pin-point” just exactly where and how it was that they became infected with it.

Now for me, I would really like to know just how they DID become infected with the virus, because if everything they say is true, then something is missing, meaning we can do all of the above and still end up in hospital, or dead. Hmmm

### **An alternative to the vaccine**

I have always thought from the “get-go” that if we could somehow see immediately just who is infected with the virus, the spread of it would be able to be contained to the point that it could be eliminated completely.

It seems some scientists in the UK have come up with the closest thing to being able to “see immediately”, in that they have come up with two devices that can deliver results in 90 minutes, and the devices do not require that they are used by specialists, and can be used in virtually any environment.

Further to the above, these devices can also differentiate between common flu viruses and Covid-19, which is extremely useful.

I do not doubt that time frames will be reduced further still as time passes.

These devices are set to be rolled out soon, one during this month and the second in September.

Once the use of these devices become commonplace, it will become increasingly difficult for the virus to spread in that instead of having a window period of (say) 24 – 48 hours to spread whilst waiting for results – especially those who are asymptomatic so will not be self-isolating – the window period is now reduced to a mere 90 minutes.

This is very bad news for any virus.

I for one, for example, would certainly not mind getting to the airport early enough to be tested and have the results confirmed before boarding an aircraft to have the peace of mind that I and all fo the passengers aboard are not carriers of the virus.

Further, when we reach our intended destination, we can all disembark and go our own ways without the need for a 14 day quarantine period.

And even if the country of destination is not trusting of the results of the country of boarding, well the worst is having to wait for another 90 minutes after testing rather than a whole 14 days.

So bring it on, I say, as to me this is far preferable to a vaccine which might just result in the virus mutating rather than dying of its own accord as a result of not being granted the opportunity to jump from one host to another.

And there are no further complications. Once the virus has been largely eliminated, the young old and frail can move around as freely as before. They do not have to wonder whether the person they are standing next to in the shop has been vaccinated and if so, whether the vaccine has been 100% effective in THAT person.

Here is the link if you want more information on these new 90 minute tests.

<https://www.bbc.com/news/uk-53632043>

**Silent Hypoxia and Pulse Oximeters** (Read this please, it is VERY important and could save your or someone else's life)

If you only exhibit mild symptoms (or none at all in some instances) after becoming infected with the Covid-19 virus, then being infected can turn out to be a non-event in your life.

This is why, after having being diagnosed positive for the virus, you will not immediately be hospitalised and your health watched like a hawk, just in case you become one of those severe cases that require intensive care and possibly even ventilation.

You will be sent home to “self-monitor” and ONLY if you start becoming seriously ill are you then admitted to hospital.

Unfortunately, in far too many cases, this is already too late due to severe damage already having been done to the heart, the kidneys, the brain, and the liver as a result of what is known as “silent hypoxia”.

Normally, when the body becomes starved of oxygen, such as what happens when you contract a lung disease such as TB or Pneumonia you become “breathless” as in “battling to take the next breath”.

In medical circles, this condition is known as hypoxia.

Without air, you die.

Similarly, when your body is starved of oxygen, the organs in your body start to die, which is why they put you on oxygen as soon as you start displaying symptoms of hypoxia as you cannot live without all of your vital organs functioning optimally.

Now Covid-19 has an additional stealth mechanism attached to it, aside from the ability to spread itself through asymptomatic carriers of the virus.

It can starve your body of oxygen without you knowing it until it is too late to do anything about it.

That is to say, you WILL NOT become breathless and start battling to breathe whilst it stealthily lowers the oxygen levels in your blood.

This is the “silent” in the condition now known as silent hypoxia.

Yes, you will have Covid-19 at this point, and you will THINK that all is OK because the only symptoms you will be feeling are the classic “flu-like” Covid-19 symptoms, but something far more deadly is happening.

If you are one of those unlucky few, the silent hypoxia will be killing off your vital organs by way of starving them of oxygen, and you will only know about this when it is far too late to do anything about it.

Ideally, outside of “self-monitoring” at home should you be diagnosed with the disease, you should also be “self-monitoring” your blood oxygen levels.

These would in normal circumstances be anywhere between 95% and 100%.

Should they drop below 95% and then continue to drop progressively down to 90%, then it is vital that you advise your medical practitioner so that s/he can have you admitted to hospital immediately (and s/he will) to be placed on oxygen BEFORE there is any organ damage.

In so doing, you will have increased your chances of survival exponentially as it is one thing to try and fight off the disease with all of your vital organs operating optimally, as compared to your vital organs being severely compromised by way of being starved of oxygen, sometimes for as long as 5-8 days before you become aware of it. (The “too late” stage)

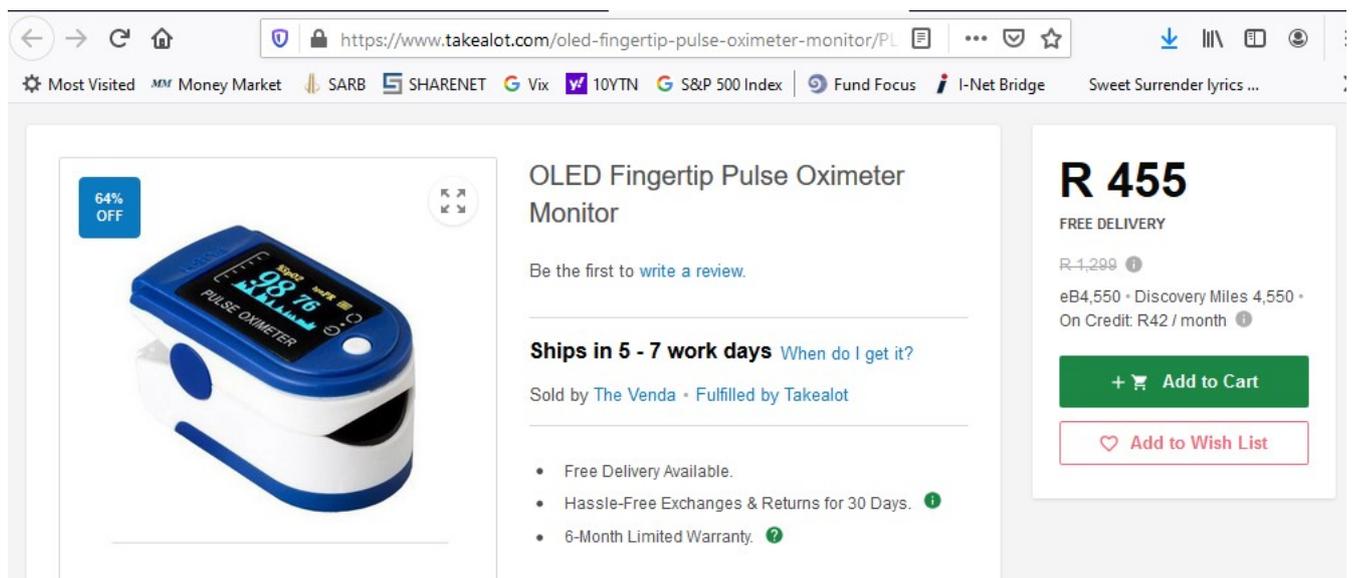
All well and good, you might say, but just how DO you measure your blood oxygen levels at home?

Easy.

You can either purchase a pulse oximeter directly from someone like Takealot and keep it handy at home or if you are a Discovery Health member, you can wait until you get Covid-19 and then ask them to deliver one to you as part of your membership benefits.

The cost is around R450 for a fairly good one and they are really easy to use.

I have included a snip from Takealot's offering below so you can see what they look like, but it might pay you to either look or shop around elsewhere to see if you can find it less expensively.



The screenshot shows a web browser window displaying a product page for an "OLED Fingertip Pulse Oximeter Monitor" on the Takealot website. The browser's address bar shows the URL "https://www.takealot.com/oled-fingertip-pulse-oximeter-monitor/PL". The page features a product image of a blue and white pulse oximeter with a digital display showing "98.76". A blue badge indicates a "64% OFF" discount. The product title is "OLED Fingertip Pulse Oximeter Monitor". Below the title, it says "Be the first to write a review." and "Ships in 5 - 7 work days When do I get it?". The seller is listed as "Sold by The Venda" and "Fulfilled by Takealot". A list of benefits includes "Free Delivery Available", "Hassle-Free Exchanges & Returns for 30 Days", and "6-Month Limited Warranty". The price is prominently displayed as "R 455" with "FREE DELIVERY". A crossed-out price of "R 1,299" is shown above. Below the price, it says "eB4,550 • Discovery Miles 4,550 • On Credit: R42 / month". There are two buttons: a green "Add to Cart" button and a red "Add to Wish List" button.

OK, I have once again gone way beyond what I intended, so will end this week's newsletter here.

I trust you enjoyed the read.

Nine sends love and thoughts to all, as always.

Until next time then, from all of us at CMEFS, do take good care of yourselves. Kind regards. Charles.

Name	Division	Cell Number	Detail
Alicia	Wealth	063 434 8074	Learner. Servicing attaching to the following classes of business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Andrew	Wealth	063 321 7399	Intern. New business and servicing. Medical Aids & GAP Cover. In the process of migrating across to the Wealth Division.
Andrisha	Wealth	063 378 1473	Representative. New business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Bernelee	Tax	078 708 4536	Administrator providing admin support to Geraldine and understudy to Geraldine.
Brady	Wealth	071 843 3933	Representative. New business. Investment Accounts, Tax Free Savings Accounts, Retirement Annuities, Living Annuities, Pension and Provident Preservation Funds, Endowments.
Felicia	Risk	071 880 9576	Learner. Servicing attaching to Short-Term insurance, assisting Stella. Starting to obtain some exposure to Medical Aids, GAP Cover and Life Insurance.
Geraldine	Tax	083 754 1699	Head of tax division.
Jamie	Wealth	071 850 1389	Learner. Core responsibility being to produce and send out the monthly investment statements and to handle any queries connected to them. Satellite responsibility to assist where possible in the Wealth Division.
Luh	Bookkeeping	063 102 3313	Head of Bookkeeping Division. Professional Accountant (SA) SAIPA 30345
Nadean	Tax	063 026 1351	Intern. Administrator providing admin support to Bernelee and understudy to Bernelee.
Siso	Risk	060 376 6605	Learner. Starting to obtain some exposure to Short-Term insurance Medical Aids, GAP Cover and Life Insurance.
Stella	Risk	078 784 6462	Head of Short-Term Insurance Division.
Terisha	Books	071 858 3373	Intern. Bookkeeping Division. Data Capture and other functions relating to the bookkeeping Division.
Thabo	Risk	078 004 3864	Learner. Starting to obtain some exposure to Short-Term insurance Medical Aids, GAP Cover and Life Insurance.