



**Medical Officer of Health Report**  
**May 2020**

**Indirect consequences of Covid-19**

Since the end of January, Covid-19, and our response to it, has already had a significant impact on the daily lives of everyone in New Zealand. While much of the focus has been on the economic impact, it is not the only one. Some unintended consequences have been amazingly positive and we must do everything in our power to turn them into lasting legacies. Others have been dire and will leave significant lasting scars for individuals, whānau and communities.

Anecdotally there has been heightened interest this year in receiving the annual influenza vaccine, although confirmed coverage data is not yet available for a comparison with previous years. The influenza vaccine offers no protection against Covid-19, but achieving greater vaccine coverage will reduce our usual winter influenza burden.

Toi Te Ora has been notified of 11 cases of acute rheumatic fever so far this year, compared with five at the same time in 2019. The three largest public health units in the North Island (Auckland, Waikato and Wellington) have experienced a similar trend, but there is unlikely to be a single explanation for the increase. It may just be random variation as the absolute number of cases is not large. However, it is also plausible that the weeks of Level 4 lockdown resulted in more household crowding, and this, along with reduced access to health services, may have led to a higher risk of some children getting a streptococcal sore throat infection and not having it treated.

There has been a remarkable decrease in the number of most other notifiable diseases reported to Toi Te Ora since the beginning of February. It is plausible that this decline is related to the unavailability of general practice services during Levels 4 and 3. However, it's unlikely there has been a real decrease in infectious diseases. If anything, spending more time in close proximity with others would be expected to lead to an increase in some illnesses. More people eating home cooked meals more frequently also carries a higher risk of food-borne illness than take-aways and restaurant dining.

It's too soon to confirm whether there have been significantly more incidents of domestic violence, but Victim Support, Women's Refuge and the Police expected that to occur with families confined for several weeks and many people struggling financially.

The rāhui also resulted in people having the time to explore their neighbourhood with many whānau going for walks and bike rides together, as well as connecting, from a safe distance, with neighbours and friends. People started reclaiming the streets back from cars. Many towns and cities built pop-up bike infrastructure, some of which will hopefully endure.

Families had to prepare their own meals and there's lots of stories of tamariki, as well as parents, learning new cooking skills. It's likely that many of us ate meals that were significantly more nutritious than pre-Covid.

Being confined at home for several weeks created stress for some, but also opportunities. Many whānau are now better connected with each other than ever before, just from spending quality time together.

With most people using their cars infrequently our roads were quieter, literally in terms of noise, and also in terms of vehicle volumes. This meant we had very few vehicle-related crashes and therefore less of the associated injuries and deaths. The environment also benefitted, particularly air quality.

So while it is totally appropriate that our health services continue to prepare for the next wave of Covid-19 cases we also must put together a robust response to boost the psycho-social resilience and recovery of communities, whānau and individuals. This will include addressing the negative societal and personal consequences of Covid-19, at the same time as doing all we can to hang onto, build on, the positive impacts.

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