

HEADLINES

Doctor suggests six urgent steps that may help turn health crisis around

By: [Rafael Castillo MD](#) - @inquirerdotnet Philippine Daily Inquirer / 05:06 AM March 22, 2021

I just read the report on rapidly developing “escape mutations” of the novel coronavirus, and tried to trace the development of the currently identified variants.

And it occurred to me that they all started in countries with massive vaccination clinical trials (the United Kingdom, South Africa, Brazil).

Now, additional escape mutations have been identified in countries like the United States after mass vaccination.

Just a coincidence? Or could the mass vaccination be paradoxically triggering the propagation of the virus? Hopefully not.

With a 400-percent surge in the number of COVID-19 cases, we definitely have to pause and rethink our situation.

I propose the following steps that may help us turn this medical crisis around, particularly in hotbed areas.

Moving target

At the rate escape mutations are developing, the current vaccines may no longer be effective in a few months, and it would require an urgent round of booster doses plus additional shots perhaps every three to six months to cover for the variants that could number in the hundreds within months.

The virus seems capable of mutating every 24-48 hours. It's like shooting at a moving target, and as we hit one, it divides and creates new variants.

It's time we recalibrated our anti-Covid strategy.

1. We should urgently shift from a vaccine-centric strategy to a more holistic multipronged approach. Vaccines are the least we need in Metro Manila and other hotbed areas.

2. Suspend vaccination for now and go full-blast with measures to control community transmission. Continuing the vaccination will only fuel the transmission and promote more mutations and resistance to vaccination.

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community transmission.

20-40 age group

4. Withhold vaccination of the 20 to 40 year olds to reduce the rate of developing vaccine resistance. Vaccinating them will only create more breeding grounds for virus mutation and resistance development.

Besides, the risk of dying from COVID in the 20-40 age group is extremely low and just slightly higher than the risk of dying from vaccination-related adverse reactions.

It's better to allow their system to develop natural, rather than vaccine-generated, immunity that can potentially weaken their innate immunity.

Let's reserve the vaccination for the elderly, and other high-risk persons whose immune systems are no longer as healthy and reactive as the young adults'.

Ivermectin, etc.

5. Stop buying more vaccines for the next six months and reallocate the money to buy other immune-system-boosting agents like ivermectin, vitamins D and C, zinc, virgin coconut oil, and melatonin which should be provided for free in hotbed areas.

Face masks and shields should also be distributed for free in indigent barangays.

The government can invoke its police power and take over the manufacture of these products during this critical period. USP-grade ivermectin is not even available. The government should make emergency importation of this product, which can be easily procured from neighboring countries.

6. Agility in adapting and adjusting to prevailing circumstances is paramount.

Our previous plans on mass vaccination may not be suitable for now. It's an excellent tool for prevention of future transmission, but is potentially disastrous in the current situation when community transmission is uncontrolled.

This virus is making us think within the box as it slyly operates outside the box. It's time we stopped being outsmarted by it.

With God's mercy and grace, we can lick this virus for good. We just need to humble ourselves and stop believing we can solve this pandemic crisis on our own.

We need to unite, put our best ideas together, and swallow our pride if we want to win this crucial war against this unseen enemy.

God bless us all.

Dr. Rafael Castillo writes a weekly column in Inquirer Lifestyle's Wellness page.

For more news about the novel coronavirus click [here](#).

What you need to know about Coronavirus.

For more information on COVID-19, call the DOH Hotline: (02) 86517800 local 1149/1150.

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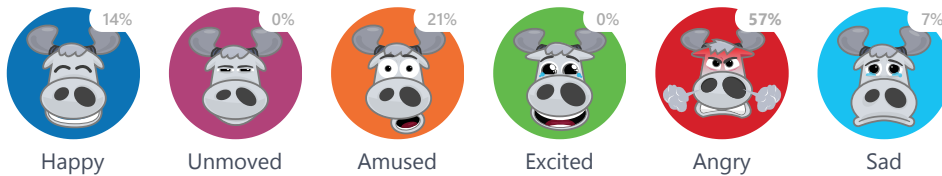
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As the country strives to re open the economy as well as schools. What we need to focus on is how to catch COVID 19. We need to understand the behavior of infection, from getting it from a person then incubation in the body to present symptoms or no significant symptoms and that takes 14 days. We need to catch the infection right from the start. We need to choose a correct COVID 19 screening test to add to a layer of protection to the main protective layer we usually ask of the people. Wear masks, face shield, wash hands and social distance.

We know there are 14 days to keep a person under observation if exposure happened to occur or being suspected to have been exposed. And from day 3 to 9 a person can be considered highly contagious for the body shed the virus and produce varying amount of it. From initial 0 to 3 days a very little amount of the virus rapidly starts to replicate inside the body until the virus is so abundant that it can no longer be contained between 3 to 9 days, and then begins to drop. However viral particles remnants of violent reaction of the immune attack remain for weeks or even months, but no longer pose a threat, depending on how severe the immune response to the body called cytokine storm, determines your


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Continuation:

As we know PCR test is the gold standard and it can detect the virus earlier and for much longer and can cause false positive, even in week three when a person who recovered still has bits of the viral particles, but no longer contagious. On the other hand, rapid antigen testing only detects Immunoglobulin G or M at the height of inflammation or cytokin storm stage and does not detect when the fight no longer occurring in the body that caused heightened inflammation causing fever and other symptoms of COVID 19, it does not detect the bits of viral particles destroyed by the immune system. So in order to catch COVID right from the infection stage or contagious stage, we must start using antigen testing thrice weekly on say in the hospital, work or schools vs the once -weekly PCR test.

So, if a person got infected on Sunday day "0" from a group activity, as I said 0-3 days miniscule amount is not contagious yet, but starting day 3-9 days a person will be highly contagious after getting infected on day 0. If PCR test is done on Wednesday, and test comes back on Friday (a typical turn around) the person will be negative but in the Philippines horrendously delayed for 2 weeks or more). So for a person it will be true that

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I like that part of the advice : boosting our immune system (vitamins etc) which is practical.


Observing proper hygiene and mask wearing too are paramount but lots of folks even in my neighborhood have become complacent and oblivious to the virus danger.

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It is quite interesting, and quite intriguing, the various research and science-related studies on the coronavirus and the newfound variants associated with the introduction of vaccine in humans. There's still a lot of unknown markers that need to be studied. It is very challenging in that almost everyday new variants show up, although small in numbers, but still are very potent nevertheless.

What we DO NOT KNOW are:

- > how have the variants spread in terms of scope
- > how these variants affect the ongoing tests, therapies and modalities
- > are there new diseases these variants cause? How do they differ from known diseases?
- > the speed in which the new variants spread or infect?
- > have we prepared enough for the potential onslaught, what needs to be done and how?
- > what coping mechanisms our bodies have? or is there?
- > what disinfectants are available to inactivate the new variants?
- > how to control the spread of the new variants

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As far as i know, ivermectin was developed mainly for animals. Then, it was approved to treat worms in human.

There's no complete study of this drug in treating people with covid.

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