

DISPATCHES FROM INTERNATIONAL SOS DOCTORS AROUND THE WORLD

Editor

- Dr Doug Quarry

KAZAKHSTAN: Timur Sabitov

We have 325 confirmed cases and one fatality. So far there have been no reports of shortages of hospital supplies or beds, etc. Streets and buildings are being disinfected.

The regions borders are closed and internal travel is very limited. All schools are shut and moving to remote education from next week. Most of the workforce are working from home (if possible), with the exception of essential workers. Heavy industry continues with tighter restrictions. Alternating shifts has reduced worker's income by 50%. We expect unemployment to rise.

By their nature, Kazakhs are a highly social and family-oriented people, so the restrictions are completely changing their way of life. There is an underlying feeling of stress and concern.

BELGIUM: Dr Dominique Eggermont

Belgium's lockdown started at midnight, March 14th, and so people had lockdown parties before the bars shut down... and just so they could quickly immunize one another...

For now, people are staying put, scrupulously following the guidance of the Belgian Security Council. The schools are closed, so the kids visit one another... to play together and develop their immunity... being kept away from their grandparents... and so the parents are to take leave to home school them... challenging the mental boundaries of family confinement...

People are not only anxious as mis-, dis- and uninformed. They cross the street to avoid walking past each other and breathing other people's breath, they look at each other almost with disdain, keeping a clear distance when in the shops, suspecting everybody else is contagious... and yet no-one wears a mask... apparently as there are none available... Belgium was obviously unprepared for this eventuality and now time is the most essential commodity we don't have.

Masks are being discouraged by the argument that they provide no effective protection against the infection... and yet there is an essential distinction between absence of evidence and evidence of absence...

I'm surprised to see no-one is in a hurry to find out the virus' penetration rate in the population as it appears the decision to relax confinement and initiate recovery will be based on a decline in the number of deaths.

The population's level of immunity can only be ascertained by testing for antibodies... and yet the Belgian strategy seems to be to release untested potentially contagious people back into the world...

The mayor of the Belgian town of Lanaken has closed the border with the Netherlands with concrete blocks



JAPAN: Dr. Uwe Stocker

In Japan, a non-binding work from home recommendation has been issued. Japanese law does not allow a forced lockdown. People are still free to go anywhere, but are generally limiting their movements and social interactions. They are, where possible, working either from home, or small rental office space, and/or coffee shops.

The government is providing public health information to people. Japanese society is very disciplined and doesn't require a lot of reinforcement of the guidelines. The public transport system is not crowded, even during rush hours. People are walking in nearby parks to enjoy Sakura in small family groups, avoiding the customary gatherings that normally take place at this time of year.

Shops are open and people can buy their daily needs as usual. Only items like hand sanitizer and masks are no longer available.

Throughout the country this is a very similar picture. No sense of panic, overall slow-down with a sense of community responsibility and not too many inconveniences.

While beds for infectious disease are just over 100% occupied, all other healthcare and emergency services are running as usual.

The general sense is that of caution and waiting. There is trust that the government and the healthcare system will be able to continue supporting the needs of people.

COLOMBIA: Dr. Alvaro Sanclemente

Colombia has closed all land, air and sea borders until 30 May. All international flights have been stopped for 30 days. A national quarantine has been declared. All Colombians must shelter in place and remain inside until 30 April. For those over 70, the quarantine lasts until later in May. Most public locations are closed. Only one member of the household may leave to purchase groceries or medicine. Schools are closed. Hospitals are coping relatively well in the main cities but smaller cities and towns struggle. Unemployment is rising.

Colombians are enthusiastic and happy, but the quarantine has affected the mood, especially now that Easter will be inside. People will not be able to make their trips to the beach or leisure farms.

INDIA: Dr. Samir Dwivedi

India is in a uniquely risky position, with its 1.3 billion population, stretched infrastructure and limited good quality healthcare resources, which are mainly concentrated in the few large cities.

The threat of devastating community spread of the SARS CoV-2 virus is not beyond imagination. Many people in India live in dingy crowded homes or slums, with substandard hygiene. The lack of education increases the risk.

India is in complete lockdown; exceptions include essential services and hospitals. All international and domestic flights are grounded.

The deserted look of the normally busy Marine lines, Mumbai



The lockdown caused the economically underprivileged sections, including those on daily wages, to panic. They started returning home, often hundreds of kilometres, on foot, as all transport was shut.

Workers migrating from Delhi, to the states UP and Bihar. Picture of Anand Vihar Bus Station in Delhi



Police excesses during the lockdown



Most hospitals have shut their outpatient departments. Some private hospitals have been taken over by the Government. The Max hospital in Delhi has been earmarked exclusively for isolating lab confirmed COVID-19 cases. Also, the Delhi Government is taking over many 5-star hotels to house doctors and quarantine them after their 14-day duty periods.

The psychosocial impact, some of which has been aggravated by fake news and misinformation, has been significant. The overzealous media has been working overtime to fill their broadcasts with coverage on the outbreak and its effects. Some doctors living in rented accommodation have had to face challenges on the personal front, as flat owners have asked the doctors to vacate the premises, fearing they would bring the coronavirus with them from the hospital.

PCR testing has been limited and so the number of reported COVID-19 cases does not accurately reflect the true picture. India has 'one of the lowest rates in the world. The Government has now approved some private labs and hospital to test and treat COVID-19 patients.

A Pune based company has developed a RT PCR diagnostic kit which has been approved by the Government. The company can produce 100,000 such kits in a week, with each kit able to perform 100 tests at a price of USD 16.

There is a lot of anxiety in the community but little unrest. However, it remains to be seen how the situation will evolve in India and if the lockdown will be extended further, which is likely.

RUSSIA: Dr Andrey Bibikov

Today we have 2,337 cases and 18 deaths. Hospitals are working normally but the situation may change rapidly. A Presidential decree declared the weeks 30 March to 5th April as "non-working." It is recommended that everyone stay at home and not to go outside unless they have medical emergency, need to buy some food and medicines, or need to go to work if the company's activities were not suspended. This decree may be extended.

Whenever possible remote working has been arranged. Schools are on vacation but will resume with distance education from 5 April. Major shopping centres are closed, only food stores, pharmacies, vet clinics and mobile shops are open. The majority of people understand the situation and put themselves on self-isolation. The overall situation is well controlled and quiet.

KOREA: Dr. Hyunick Kim

At the end of February, after seeing two days of triple-digit case growth, the Korean CDC raised its infectious disease crisis alert level to red. This was an acknowledgement that the Government needed to mobilize all its resources and a signal to the public that their cooperation was needed to tackle the ensuing threat.

Fast track approval was given to manufacturers to mass produce testing kits, screening clinics were set up, schools were shut, and people were told to work from home if possible.

The country's IT prowess was leveraged to track close contacts, disseminate information and innovative solutions such as drive through testing and testing booths proved popular. This all occurred with a near 24-hour public health education on TV and other media regarding mask use, hand hygiene and social distancing.

One month in, it seems Korea has been successful as new COVID-19 numbers continue to decline with a relatively low death rate of 1.64%. A strong sense of public duty and the social stigma if seen not adhering to the new norms have been enough so that draconian measures like lockdowns and travel bans were not required. There was no panic buying of food or toilet paper. Shops remained open even in the epicenter of Daegu.

However, with the growing concern about a second wave and further import of cases from abroad, people remain anxious. But as people have adjusted their lifestyle to this new normal remarkably well, it may be the economic impact from the pandemic that will have a longer lasting and more widespread effect for those in Korea.

The Bank of Korea reported that the country's regional economies have noticeably shrunk in Q1 with the epicenter of the outbreak hit worse. Sales in two major department stores in Daegu plunged by 70%.

Korean firms are estimated to see a year on year 10.1% fall in operating profits in Q1, with air carriers and oil refiners particularly hit hard. As business activities falter, increasing number of companies have filed for government subsidies to cover labor costs and the number of people seeking unemployment benefits surged 33.8% compared to last year.

NIGERIA: Dr. Jude Okoh

The first case of COVID-19 was diagnosed by an International SOS MedSite team working in Ogun State, South West Nigeria on 28 February. Today Nigeria has 131 cases and three deaths. Most cases are Nigerians returning from overseas impacted countries. Most cases are in Lagos and Abuja where there is evidence of community transmission.

The Government efforts were initially limited, however with the increasing spread, the government has closed the country's international airports and ordered a total lockdown in Lagos and Abuja with residents advised to stay at home. Exemptions apply to those engaged in emergency, financial and security and health care critical sectors. Remote work is being undertaken, where possible. Personal hygiene, social distancing and screening protocols have been reinforced by both government and private organizations. Screening is being undertaken in all 36 states with isolation and treatment centers been set up and equipped. Testing centers have been established; there are seven now and seven more are expected soon.

The medical system is struggling. There is a widespread and critical shortage of PPE and ventilators. Isolation centers are not fully equipped. Staff shortages have also been identified with retired health care workers been recalled back to active service.

Nigeria has just come out of a recession and COVID-19 is affecting the people. Prices of items, including PPEs, have skyrocketed further worsening the plight of the common man. There have been many job losses especially in the airline and hospitality sectors, transportation, manufacturing, and SMEs. The people believe that their situation will deteriorate as the lockdown progresses. Many hope for divine intervention to stop the spread.

DENMARK: Francesca Viliani

Denmark was the second country in Europe, after Italy, to introduce a country lock down. The announcement was made by the Government and the authorities on March 11 for a period of 2 weeks, and it became mandatory for all on the 16th March. The measures are now extended at least for the period ending 13 April 2020 (Easter Monday). For the measures to be effective in battling COVID-19 in Denmark, every single citizen has been encouraged to assume responsibility to reduce social contact and maintain social distancing. Examples of initiatives:

1. Events etc. with more than 10 participants banned
2. Nightclubs, bars, restaurants, cafes etc. must close
3. Shopping centres etc. must close
4. Indoor sports and recreational facilities etc. must close
5. Business having close in-person contact with clients, such as hairdressers are closed
6. Public employees sent home (with pay)
7. Private sector employers urged to let employees work from home
8. Day-care facilities, schools, educational institutions and recreational facilities closed
9. Reduction in public transport congestion
10. Temporary border control and entry restrictions
11. Stricter travel advice of the Ministry of Foreign Affairs
12. Cancel all Easter lunches. Postpone family visits. Don't go sightseeing around the country. Stay at home.

On 30th March the country reported the following data:

- Tested persons: 21.378
- Positive: 2.555
- Death: 77

This decision has been supported by the whole of government, so we see a wide range of public actors (the health authorities as well as the police) providing the same and content message to the country. The public website offer information in both Danish and English <https://www.sst.dk/corona-eng> and <https://politi.dk/en/coronavirus-in-denmark>.

The messages are targeted to diverse groups to support the normal functioning of society during a time where families share the same space all day long. As most workplace have now adopted smartworking, parents work from home and children are home schooling as well. Thanks to the highly digitalised and simplified bureaucracy system already existing, the home working and home schooling has been implemented relatively easily.

All essential services are functioning and most people seem to follow the measures put in place by the Governments. Mental health and psychosocial wellbeing is at the moment the main issue from the health side.

The Danish Government and a united Danish Parliament have passed several Relief Packages for Businesses, new loans to small and medium-sized businesses, extensions of tax payment deadlines.

FRANCE: Dr. Laurent Arnulf

France is under complete lockdown which will continue until at least the end of April. Power has been given to the President and the Government to run the country. Nurseries, schools, colleges, and universities are closed. Restaurants, bars, shops, cinemas, museums and theatres are closed. Only a few supermarkets, butchers, fish shops, bakeries, shops, and pharmacies are open. Beaches and bicycle paths are closed etc.

Paris is quiet, no noise, almost nobody on the street. Social and family life has been replaced by media/virtual life. However, it has been difficult to implement the restrictions in some popular suburbs leading to increasing case numbers.

The public hospitals have completely reorganised themselves according to a National Plan in five phases. Surgery has been postponed, teleconsultation is now common, and many medicine and surgical departments have been converted into emergency departments. Several hospitals are already full. Patients are then sent to other hospitals by medically equipped TGVs or by army air ambulance or helicopters. Some others are sent to Germany where there are less severe cases.

People are fearful of losing their jobs. The Government has said that it will support up to 80% of salaries. The mood of the people is still okay but will sour as the lockdown continues.

In Paris, several corona patients are transported by high-speed train to other hospitals other countries



BRAZIL: Dr Ivan Drummond

In Brazil, major city shops are closed; only supermarket and supply stores remain open; they all deliver and are functioning very well.

The number of cases is increasing. There are now about 6,000 cases with 200 fatalities however, everyone believes numbers of cases is much higher because lack of testing.

Many COVID hospitals are being mobilized. The plan is to increase capacity of ICU to more than 1,000 beds. Many doctors are testing positive for COVID-19 and this is now a major concern. At this stage, no doctors have died, however the exposure of health professionals is must be controlled. Hospitals are following PPR CDC protocols.

The general population, and society understand the risks and are ignoring all political agendas. They are generally following proper health recommendations. There is a mix of fear and some hope.

GHANA: Dr Isaac Akanko

Ghana recorded its first two imported cases on 13 March. The first community acquired infections were confirmed on 20 March. As at 31 March, Ghana has recorded a total of 152 confirmed cases, five deaths and three recoveries.

Since the 23rd March:

- Ghana's borders have been closed to sea, air and land traffic
- All universities and other schools have been closed
- All travellers who arrive in 21 or 22 March have been subject to 14 days quarantine
- There is a nationwide ban on all public gatherings.

On 30 March 2020, the president implemented a partial lockdown in certain parts of the country with high COVID-19 cases (Greater Accra and Kumasi Metropolitan areas.)

The current focus of the Ghana Health Services is to increase testing availability and enhance contact tracing. More isolation and treatment centers have been established and so far, these facilities are accommodating most of the current positive cases. Some positive cases with mild or no symptoms are being managed at home. Ghana has a shortage of hospital beds, ICU beds and staffing, and this will be critical when more cases occur.

The Government has recently procured supplies of PPE and PCR reagents.

Most companies have downsized, retaining only essential staff, and have also relocated expatriates to their home countries.

People are stockpiling and there is a lot of panic buying. Regular medical and consumable suppliers are demanding cash payment.

Papua New Guinea: Dr. Shane Stockil

There has only been one case of COVID-19 confirmed in PNG – an Australian working in the mines.

A State of Emergency was imposed on 24 March for 14 days, but it may well be extended.

This included:

- The closure of schools
- All flights were banned
- Inter-provincial travel was banned
- Travel within each province has not been restricted allowing movement for essential services (grocery shopping, hospital visits, etc).
- All companies are to implement safe workplace practices, and non-essential staff are to work from home.

It would be difficult to implement a lockdown in PNG as some residents do not have access to essential services at home (refrigeration, running water, etc).

The hospitals (both private and government facilities) in country are preparing for the pandemic reaching PNG. There are issues with resources (qualified staff, PPE availability, equipment/ventilators, etc, consumables and bed space in designated COVID-19 treatment facilities). International SOS is maintaining its clinics around the country is also involved in regular meetings with NDoH and WHO.

We expect that there have been large job losses in the large informal sector (market sellers, etc).

Post-Courier



Boroko Market



Public Health response



THE NETHERLANDS: Dr Lars Petersen

Figures from 31 March:

- Total number of positive cases (only seriously ill are being tested): 1,175
- Hospital admissions: 3,990
- Deaths: 771

The essence of the approach in the Netherlands is “maximum control” of the virus. The concept is to allow controlled distribution among groups that are least at risk while protecting nursing homes and home care, and planning that hospitals and especially intensive care units are not overloaded. There should be sufficient capacity to help the people who are most vulnerable.

Current measures against coronavirus spread

General:

- Stay at home as much as possible. Go outside for work only when you cannot work at home, for groceries, or to take care of others. You can get a breath of fresh air, but don't do this in a group.
- Always keep distance from others (at least 1.5 meters) and avoid social activities and groups of people. Also, at home: a maximum of three people visit and keep a distance from each other. More information can be found below in the frequently asked questions.
- If you have a cough and / or a cold, stay at home. If you also get a fever and / or shortness of breath, everyone in the household must stay at home. Also, stay at home if someone else in your household has a cold and fever and / or tightness. People in crucial professions and vital processes are excluded from this; they stay at home if they themselves have complaints with a fever (consult your employer if necessary). If you or your family member is free of complaints for 24 hours, the family isolation can be lifted.

Public life:

- All events with a permit and notification obligation are prohibited until 1 June.
- All other meetings are prohibited until 6 April. There are some exceptions: funerals and marriages can continue if there are a maximum of 30 people together and 1.5 meters apart can be kept.
- Religious gatherings can continue when up to 30 people are together and 1.5 meters away.
- Legally required meetings, such as council or shareholder meetings, can take place as long as there are a maximum of 100 people who can keep 1.5 meters away.
- Meetings for work, for example, can also take place, with a maximum of 100 people if 1.5 meters can be kept apart.
- Public locations such as museums, concert halls, theaters, sports clubs will remain closed until 6 April.
- Shops, markets and public transport are required to take measures to ensure that people keep their distance, for example through a door policy.
- The practice of all forms of contact professions are prohibited until 6 April, unless a distance of 1.5 meters from the customer can be kept, e.g. masseurs, hairdressers, nail stylists, escort services and driving instructors. An exception is made for the treatment of (para) medical professions, if there is an individual medical indication for this and the practitioner can comply with all hygiene requirements.
- All food and beverage outlets are closed through 6 April. Delivery and collection are still allowed. But avoid crowds, don't get too close to other people and take your consumption home (don't eat on the spot). Coffee shops can remain open for orders to be picked up.
- Casinos, sports and fitness clubs, saunas and sex clubs close until 6 April.

Education and children

- Schools and nurseries are closed until 6 April. This concerns schools in primary, secondary and MBO. Teachers organize distance education for children at home. Children of parents in care, the police, public transport and the fire brigade, for example, are provided with childcare in the school and the nursery, so that their parents can continue to work. This care is at no extra cost. [Click here for a list of crucial professions.](#)
- Central school exams have been cancelled. The results of the school exams form the basis for obtaining the diploma this school year.
- Colleges and universities offer online education instead of large-scale lectures.

Enforcement

- At locations such as holiday parks, campsites, beaches and parks, measures must be taken to keep people 1.5 meters away. If that fails, municipalities may close these locations.
- Group formation in public spaces is prohibited, except people from the same household, such as families, and children up to 12 years of age.

In general people are abiding by the rules, but signals are emerging on increased loneliness, depression and anxiety.

There has been no major loss of jobs yet as the government are supporting affected businesses.

The health care system is coping well, although there are worries around lack of PPE, respirators ICU beds etc. The biggest problem is that regular healthcare is compromised, leading to an increase in problems around chronically ill and vulnerable people.

The lectern being cleaned during the debate in the House of Representatives on the corona crisis



SOUTH AFRICA: Dr Fanie Jute

On the 28th of February 2020, the first Coronavirus disease (COVID-19) case in Nigeria and Sub-Saharan Africa was confirmed. On the 5th of March the first case was confirmed in South Africa and over the next few days a gradual increase of confirmed cases was reported by the authorities, all initially associated with an international travel history.

However, local transmission was reported on the 17th of March and on the 23rd of March, South Africa sadly reported the first COVID-19 fatality. On the same day the South African President announced an escalation of measures to combat the COVID-19 outbreak, a nation-wide lock down for 21 days with effect from midnight on 26th of March until midnight on 16th of April.

Under the lockdown, South Africans are required to stay at home except for essential services such as medical care, groceries, pharmacies, banking services, petrol and social grants. All non-essential services are suspended, all restaurants, cafes, bars, coffee shops remain closed. Citizens are not allowed to leave their house even for a jog or to walk their dog. Schools and universities are also closed, and the institutions are trying to implement online learning facilities. During this period sales of alcohol and cigarettes is banned.

The South African government has mobilized law enforcement agencies and the military to ensure compliance to the lock-down measures and several citizens who broke the law were arrested.

Fake news like in the rest of the world is a problem. The challenging economic environment with high unemployment does not make this lockdown period any easier and the rating agency Moody's has cut South Africa's credit rating to sub-investment status on 27th of March. COVID-19 is also impacting on the economic challenges the country, the Government has announced measures to provide much needed support during this time.

In addition, the impact of COVID-19 on the vulnerable and HIV positive still needs to be ascertained and will be severely challenged. The situation has also impacted the emotions of South Africans resulting in anger, fear and disgust. However, in true South African spirit, citizens will endure and take the positives out of this challenging period. As of today the 31st of March, SA has reported 1,326 confirmed cases and 3 deaths. The SA President announced a massive screening and tracking campaign to screen South Africans for COVID-19.

Cape Town empty streets



Riot control vehicles



SWITZERLAND: Dr. Gerard Blanc

The Swiss Government is focusing on people over the age of 65 or those with an underlying medical condition. These groups must stay at home. They are often being supported by their neighbours.

Non-essential work has stopped, however people working in the key sectors such as health, transport, public administration, food stores, post office, banks, etc. are authorized to work. Telework and teleconsultations are common and efficient. The restrictions are not as strict as in Italy and France.

Currently, the ICUs are coping, however the number of cases is still increasing. The restaurant and tourism sectors are deeply affected.

The Swiss are at present generally anxious and uncertain.

NORWAY: Dr. Jarand Hidenes

The measures have been mostly well received by the public (except some initial looting of toilet-paper, dry yeast and oatmeal). So far everybody is pulling together while practicing social distancing and staying at home as much as possible.

Working from home is not too difficult in theory for many people, but when the kindergarten is closed, and the older kids need help with their home-school assignments things get a bit complicated. Those who cannot bring their work home have gotten some extra weeks of vacation with nothing to do and nowhere to go.

The measure that has been most controversial and most debated so far is a “ban” on staying overnight in cabins outside the county where you live. Many Norwegians have a cabin by the sea or in the mountains and this was seen by many as a place to practice self-quarantine (if exposed) or to get away from the city crowds. The problem is that the infrastructure in lesser populated areas, where the clusters of cabins are, is not equipped to properly deal with increased population in pandemic times.

With Easter vacation coming up we are now seeing Facebook “cabin-swap-groups” emerge as a work-around. Meanwhile the streets are empty (restaurants have closed as well and there is no serving of alcohol), and we are soon entering the fourth week of what looks like a continuous “Easter Sunday”.

Morale is good as the measures seem to be working – the number of cases, hospital admissions and deaths is fully manageable and is decelerating rather than accelerating.

United Kingdom: Dr Anthony Renshaw

In the UK the mood is generally calm. Non-essential shops and businesses have closed and large parts of the economy are working from home. The UK is in a period of mass social isolation aimed at protecting specified vulnerable groups, who have been told to stay indoors for 12 weeks.

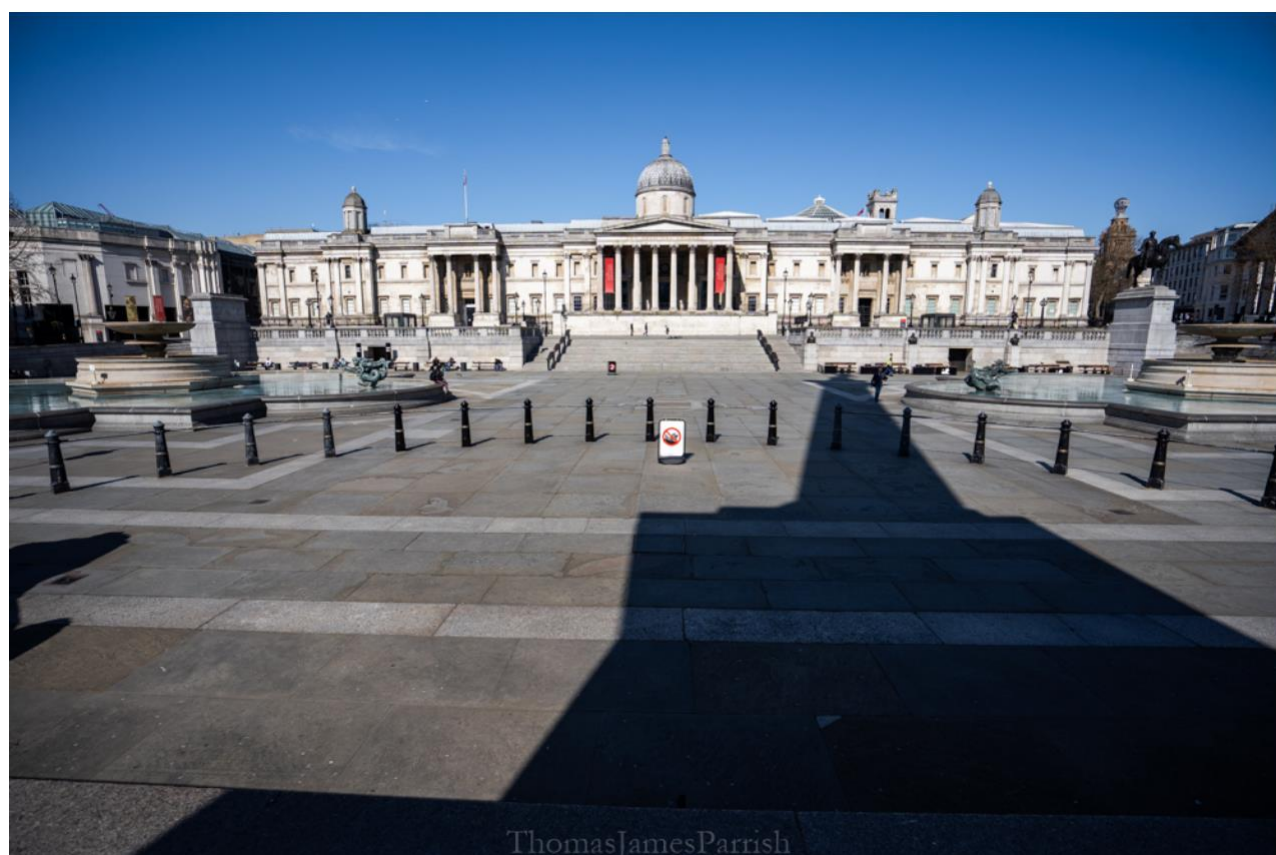
The UK has seen a steady stable rise in cases and fatalities, however this has been reported to be less exponential than first feared. It should be noted that UK statistics need to be viewed cautiously due to only a proportion of suspected coronavirus cases being tested. There are thought to be around 9,000 hospital beds taken up by coronavirus; this amounts to about one in ten of all hospital beds in the country.

London has seen the largest number of cases so far and is thought to be at highest risk of case rises in the coming weeks. Extra capacity has been built up in London in a large 4,000 bed field hospital, with phase two planned in Manchester and Birmingham to open mid-April.

In addition, the private sector has been enlisted to grant access to its critical care capacity. The UK has started training waves of specialists and healthcare workers in critical care skills and has freed up capacity in hospitals in anticipation of more cases.

Whilst some isolated reports of PPE shortages have been made, the NHS is adhering to the WHO recommendations on rational use of PPE for frontline staff. Healthcare workers and those in social care will shortly start being tested to enable them to return to the workplace if they have been in isolation. The first doctors to have died from the virus were reported this week - a transplant surgeon and an ENT surgeon. The impact of healthcare worker infection will need to be closely monitored, however, to date despite these tragic events this figure is small.

Trafalgar Square empty



SPAIN: Dr. Pedro Ortiz

Very stringent restrictions are in place throughout Spain; people are staying at home, leaving only for essential activities such as going to pharmacy or to buy food. Only the workers of essential activities are allowed to go to work.

Children and students are attending virtual classes and tele-work has become the rule for many white collar workers.

Socialising has become virtual, except for the daily 20:00h applause: people open their windows and clap for a few minutes to those that are fighting the disease in the front line: health workers, security forces, army, drivers, logistic employees, supermarket cashiers, and many others.

Hospitals ER and ICUs are saturated and non-urgent and some essential medical care has been delayed. The situation is particularly hard for the elderly living in nursing homes. PPE is hard to source and a significant number of carers and health workers have been infected.

Despite the large numbers of infected and deceased, people have the right mood.

The streets of Madrid are empty



NEW ZEALAND: Dr. Rene De Jongh

In New Zealand currently there is a countrywide lockdown, with everybody restricted to or very nearby their homes or other places of residence, except for essential workers being allowed to commute. Most of the population have taken this somewhat stoically (but a noisy busybody minority are reporting anything they think their neighbours are doing too much of, or too close together.)

So far the hospitals are coping because the number of people requiring treatment specifically for coronavirus infections is small both in percentage and numerical terms. Personal protective equipment is worryingly short even for healthcare workers.

Close to 55% of New Zealand's workers are currently without a job and no prospect of getting it back anytime soon..

So unsurprisingly, the national mood is fairly sombre, but perhaps by virtue of our relative isolation, New Zealanders are more than usually aware and informed of the difficulties that fellow citizens are facing in other places - not only Spain, Italy, the United States etc., but in Ecuador, India, and Africa. So far, we still count ourselves lucky overall and we wish our colleagues and families and friends and fellow global citizens the very best.

No traffic on the North Island

