

## Truth about Living with Covid19

Vivek Dhawan ([00:31](#)):

Welcome, my MEGA colleagues, families, friends, to our second episode, this about wellness. By Wellness, We Care, an initiative of MEGA We Care, we're helping you stay as healthy as long as you live. Back in popular demand, or maybe we just don't want to give up, I have my expert, Dr. Sant again with me this time, to answer all those questions that were remained unanswered last time.

Vivek Dhawan ([00:56](#)):

We talked about COVID and we talked about all the things we wanted to learn about COVID, but this time we are going to talk about living with COVID. It's so much in the news every day like COVID. There is confusion, there are issues that we all keep understanding and don't understand very much. The delta variant which is five to eight times more transmissible, one and a half times to two times more severe, vaccinated people have less severe symptoms. They're not hospitalized. Unvaccinated people have higher chances of getting hospitalized.

Vivek Dhawan ([01:34](#)):

Then the endemic endpoint. We're talking about pandemic versus endemic, and a lot of people are now talking about we need to learn to live with it. Managing case counts is not important, but it's about managing severity, and that's become a big, big issue. Countries that were believing in zero COVID for a long time, Singapore, Australia, are also rethinking their strategies and they have come up with living with COVID themselves. COVID is here to stay and we have to learn how to live with it, and that's a fact. Today's our opportunity to sit down and have a chat with Dr. Sant on many, many of these issues that are probably in the back of our mind.

Vivek Dhawan ([02:15](#)):

Can our children go to school? Can companies open? I'm thinking myself can I open my office so people can start to come to work, because it's been already a year, more than a year and a half and it's about time that we got back to seeing each other. That's the big question. Again as I said last time, we are talking about evidence. We are talking about scientific basis and with this new science emerges every day. Just a few hours ago, the new Israeli study is published. There is some document saying the third shot gives you some 10 times higher protection but this is very short term. They don't have longer term data. Does it wane, does it last longer? All these issues are there.

Vivek Dhawan ([02:54](#)):

They need to wait for the science to come out. Based on present knowledge, present evidence, we are here to talk to you and give you what we know after going through all the papers and studying all the data that's available with us. Before we move on let me just tell you a few things. This is going to be a shorter talk, this is about 45 minutes and we have 15 minutes in the end for Q&A. Everything else is the same. Disclaimer, yes, I do run MEGA We Care, here we are not going to promote any products. We are never going to buy and sell anything on this site. This is all about COVID and what COVID can do to you.

Vivek Dhawan ([03:32](#)):

Should we stay locked in and should you walk out of the house or should we keep wearing masks? These are all these questions that I have in my mind. My dear friends, let's welcome Dr. Sant, our expert, I call him Dr. Saint, who helps you stay healthy as long as you live. He's again here with me, Dr. Sant who's here next to me. Welcome Dr. Sant. [crosstalk 00:03:53]. Good to see you again.

Vivek Dhawan ([03:55](#)):

Without spending too much time on more talk, let me start asking you questions, again. My first question is, which I think all of us want to know, is this COVID ever going to go away, is it going to be here forever? I hear MERS SARS-1 did and what was COVID-1 and they came and they went away. These are still around, one of the most transmissible viruses, they say and then we still have the other whatever risk of cold and flu, are also forms of coronavirus and they're still around. Is it going to stay a long time with us, and what's your thought on that, Dr. Sant?

Sant Chaiyodsilp ([04:37](#)):

Is COVID here to stay? Yes, I think it will stay, unfortunately, for quite some years. At least, it may come and go, but definitely it'll be a long term. That lead to another question that should we be vaccinated because that question has been raised quite often this intrigue. The answer is definitely we should be fully vaccinated because the mortality and hospitalization that is much lower if we get full vaccination.

Sant Chaiyodsilp ([05:25](#)):

Let me clear it a little bit more here. Because with this what we call breakthrough infection, out there full vaccination and then the infection still can come in, with this high rate of breakthrough infections, we cannot anymore depend on what we call herd immunity. Simply put it, building herd immunity through vaccination is now not possible. Nearly all of us will get disease sometime in life, anyway. At most, what we can do is that to protect ourselves from the effect of the disease, number one, get full vaccination. Number two, manage our own risk factors. Number three, once infected, start early treatment, preferably by ourselves which we will talk in detail later how to start own treatment once we get infected. COVID will be here to stay. Still, we need vaccination.

Vivek Dhawan ([06:46](#)):

All right. Very good, thank you, doctor. In order for us to live with COVID, one of the most important factor is to get vaccinated. Get doubly vaccinated first, there's enough evidence to show you can prevent at least severity, hospitalization, and reduce the burden on hospitals and thereby improve our chances of now managing the severe and hospitalization and then trying to manage COVID cases. That's very good to hear.

Vivek Dhawan ([07:15](#)):

As we talk further we probably get more data on how these vaccines are protecting us. A lot of us think we're going to get COVID anyway, so why get vaccinated, right? Let's also talk about the risk with vaccines, but there's also this issue that if you take vaccines, you hear in every type, in mRNA we hear you have myocarditis, with AstraZeneca or the other type of vector vaccines, you hear there's an issue on blood clots. Somewhere, I don't know whether I'm right or I'm wrong, but somewhere we hear not having the vaccine but getting COVID also has a similar risk or higher risk. Is that true or is it just that only if you have a vaccine you have this risk?

Sant Chaiyodsilp ([07:56](#)):

Yes. It's true. One of the data in England, are very good study comparing between vaccination and what we call naïve natural infection, comparing the major complication rate, particularly from thromboembolism. It showed that vaccination come with very much less frequent thromboembolism threat. The natural infection comes with very high and severe incidences of thromboembolism. Another comparison is between what we call breakthrough infection after vaccine comparing with naïve natural

infection. Just look at the publication. Again, breakthrough infections after vaccine come with much less frequent risk of thromboembolism. In terms of morbidity, major complications, vaccination is much, much better than natural infection.

Vivek Dhawan ([09:07](#)):

Okay. Good. That clears one doubt in my mind. Let's move onto another issue we always hear in terms of, to live with COVID. I think the issue now is, doses available, some countries don't have all the vaccine you want. If you want mRNA, we can't get mRNA but Astra's available. Sometimes Sinopharm's Sinovac is available so countries are probably running their own protocols, Astra plus Pfizer second or Pfizer first Astra second or sometimes you're given Sinovac from Sinopharm and then you add an Astra to it after some time.

Vivek Dhawan ([09:40](#)):

According to you, is there any particular ones that are better or your thinking is what is available at the moment, we should vaccinate and then as time goes by we will have more options or there will be more availability? What is your view on that? because a lot of us probably have this in our mind. We would like to have the best for our children, for our parents, and is it good to do it early so that we can protect us and our neighbors in the country or is it good to wait until you get the best one? Is there something like that called the best one, best combination?

Sant Chaiyodsilp ([10:13](#)):

We can look at it from two point of views here. From the efficacy point of view, I mean the incidence of breakthrough infections, there is one study published in New England Journal which compared the breakthrough infections between Astra and Astra and Pfizer plus Pfizer and compare the breakthrough infection. It was just about the same. Just about the same. Something like 75% versus 80%. Not significantly different.

Sant Chaiyodsilp ([10:52](#)):

If the efficacy is about the same. In terms of mixing vaccine, in terms of immunity, there are a lot of information about this because it's easier to check immunity. So far as we know, Astra plus Pfizer provide better immunity than Astra plus Astra. Similar in Thailand, Sinovac plus Astra provided much better immunity in compared with Sinovac plus Sinovac. Mixing it's good in terms of immunity, but efficacy no one knows yet.

Vivek Dhawan ([11:34](#)):

Okay. They are two different things, efficacy and immunity. Immunity is about building antibodies. They're not the only thing. You have T cell, B cell, there are other things that are involved. What it does in terms of efficacy is not clearly indicated by immunity buildup or antibody buildup. Is that what you're trying to-

Sant Chaiyodsilp ([11:51](#)):

Yes. What plus what is better than which plus which no one knows at the moment because we do not have randomized control trial to compare.

Vivek Dhawan ([12:04](#)):

Oh, okay. There's no RCT trials yet. Randomized control trials are gold standard trials where you have placebos and two arms, so that's not done and it needs some time. At the moment the data's not sufficient for us to make that assumption, correct? Good.

Vivek Dhawan ([12:19](#)):

Let's move on to the next big question that's all over the world now. Biden has said we should be giving booster doses. Israel has already started. Some are saying five months later, some are saying eight months later but the good thing is saying start with 60 plus, 50 plus, people who are immunocompromised who have other conditions in them and probably that will help to reduce the burden on the society. At the same time we are all listening to it and I also want to run and book a booster dose. I also trying to book one for myself. Should I be running to book a booster dose or should I wait for another five, six months until there's more evidence? What's your advice on booster doses at this time? What's your view on booster dose?

Sant Chaiyodsilp ([13:03](#)):

I think we got to look at the big picture to compare between the natural infection and vaccine breakthrough infection. Essentially there was one study from Israel, it showed that natural infection provides highest protection, very high immunity, something like 13 times higher from a natural infection comparing with full vaccination and then breakthrough infection.

Sant Chaiyodsilp ([13:43](#)):

If you look from these data, after full vaccination then get natural infection would be the best, much better than keep on boosting because we don't know for sure how many doses and how frequency we need for boosting. At the moment I would depend on the data from Israel that the best way is get vaccination, two shots, and then open for natural infection.

Vivek Dhawan ([14:15](#)):

This is part of my later question but I'll wait for that to come to you because maybe we should be having COVID parties at home so we can get naturally infected, but later. The good thing is what you are saying, yes, at the moment there's not sufficient data but people who are immune compromised have all these other health issues, maybe for them if the immunity is waning and they found that it wanes away they should probably be the first candidates. Meanwhile we should leave vaccines for the whole world.

Vivek Dhawan ([14:44](#)):

Let's talk about vaccination, also there's a lot of concern when we talk about living with COVID, I think one of the key problems with families and parents across the world where you work and people I meet is about their children. There're children who are not in the first list of vaccination, even in UK they moved down from 13 or even in the US. Now they've got full approval for 12 years to 18 years, 18 to 12, but below 12 is still under ongoing discussion, it's not yet been approved. Schools are open and some there are issues of masking the children and but there's things going on. Teachers have to be vaccinated, workers have to be vaccinated. Children are not vaccinated but they can come to school.

Vivek Dhawan ([15:27](#)):

What is your advice, because a lot of us have children we want to open up, send them to school, they'll go and they come back home. Maybe they haven't got vaccinated. Also we hear, I don't know, you probably know better than me, but the rate of hospitalization in children is much lower, but has grown.

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The numbers have really become much higher but severity is very low. Maybe the hospitalization is growing. Can you give us something to live with and understand so we have better understanding on how to manage life with our children?

Sant Chaiyodsilp ([15:57](#)):

About viability of vaccine, children above 12 years old we have vaccine already because both Moderna and Pfizer, they have the volunteer of this age group, but below age 12 we do not have vaccine yet. When we talk about vaccine for children we mean above 12 years old because we have vaccine.

Sant Chaiyodsilp ([16:23](#)):

Let me give you picture on the benefit side. The benefit of the vaccine is to reduce mortality in children. The data from England, the mortality of children from COVID is very low, something like two cases per one million. That is zero point zero zero one. You have three zeros. Zero point zero zero one percent. The benefit is very small because the mortality rate of children by COVID is so low.

Sant Chaiyodsilp ([17:12](#)):

The US and CDC, they encourage vaccination for children because code their own mortality. The way the US CDC count mortality, they count all that relate to PCR positive children. They compare that mortality with the mortality of other disease which require vaccine such as measles. The US CDC encourage vaccination.

Sant Chaiyodsilp ([17:42](#)):

I look from both views. I think the benefit is very, very small. That's on the benefit side. On the risk side, they are some point to make here. Number one is that we don't know the longterm effect of the mRNA and vector virus vaccine because it is the new design, new type of vaccine which work inside the cell. In particular vector vaccine work inside a nucleus meddling with the human DNA. We don't know for sure the longterm effect of the vaccine beyond this generation. We do not have information then. You need something like 20 years or 30 years to get that information. That's one thing.

Sant Chaiyodsilp ([18:37](#)):

The second thing is the number of children in the trial, in phase III trial of both Moderna and Pfizer vaccine, the number of children were quite small. As I remember 3,000 in Pfizer vaccine, about 2,000 in Moderna vaccine. With this small number of sample you can miss, suppose we have serious adverse effect with incidence in one in 5,000, we can miss it easily because the number of children in the trial is too small. That is the second thing. The risk may be there but we don't know it yet. Their benefit is small, the risk cannot be quantified yet, so I don't quite agree with the idea of vaccine-

Vivek Dhawan ([19:26](#)):

You are not very much in agreement. Though nobody wants any mortality in young children, I think that's not what we desire, we want to protect everybody, that's the idea, but you're saying the risk is so low, the risk from death is so low, mortality, but at the moment the other side is not very well known. The recent study that I saw, the study that about 250,000 kids got COVID and out of which, some 25,000 were hospitalized. The whole issue that pediatric beds are full in some parts of America. Not everywhere, but there the vaccination rates are low. Maybe only 45% where the unvaccinated numbers are high.

Vivek Dhawan ([20:03](#)):

I think there are issues there and there is a concern. I think everybody has concerns. Should I send them to school, should I not send them to school? If they get it what's going to happen? I think what you are saying is we need to follow with the data and keep studying that further at the moment, but vaccination in Thailand is also starting from 12 to 18 they're starting.

Sant Chaiyodsilp ([20:20](#)):

Simply put I believe in UK statistics of children mortality more than US statistics, because the way they count, the way they verify the cause of mortality is better in the UK.

Vivek Dhawan ([20:39](#)):

Much more organized. Yeah. The NHS has a very good data system, especially ZOE. If you have time you can also go and look at ZOE [inaudible 00:20:46] inspector and it's a privately run, but very fantastic job. They are helping the government with all the data collection and data included. That's still open for debate but I'm sure people who are concerned will go out and get Pfizer vaccines. Thailand's already doing it, 12 to 18 you're fine, you have the option to do that and the decision is yours.

Vivek Dhawan ([21:06](#)):

With this, Dr. Sant there's also one issue you always keep hearing. I've got vaccination and then I've got long COVID. I've got COVID, COVID is still persistent, and there's some data that came out that some vaccinated people have a lower chance of getting A, COVID, B, they get COVID also long COVID is about 40, 50% lower. Does that mean that vaccination reduces the chances of getting long-COVID as well? Any other updates on long COVID? Is there any way we can manage? Last time we did talk about it but I think in living with COVID also we have one concern. I live with COVID, I get COVID then what I have long COVID. Next 12 months I'm suffering from pain, fatigue, cannot sleep. All these things bother us. Do you have any thoughts on this, Dr. Sant?

Sant Chaiyodsilp ([21:54](#)):

Let me remind again long COVID defined as any symptom last beyond 28 days recorded long COVID. I think about two or three study will compare the incidence of long COVID between natural infection and vaccine breakthrough infection. It turn out that vaccine breakthrough infection has much less frequency, something half frequency of long COVID. Vaccine protect us from long COVID, that's for sure. That is one big [inaudible 00:22:38] of vaccination.

Sant Chaiyodsilp ([22:41](#)):

Talking about how to deal with long COVID, there is nothing new since our last talk, but I would like to emphasize here again, how we can cope with long COVID. I think from the European side, they come up with nine strategy to cope with long COVID. Number one is you've got to learn to pace yourself because COVID is this kind of up and down. You've got to learn to pace yourself accordingly. Number two, you've got learn to cope with uncertainty. Long COVID is really unpredictable thing. Sometimes you think it's gone but suddenly it just comes back, big boom.

Sant Chaiyodsilp ([23:29](#)):

Number three is rest is the key. You may sleep during the day time two or three times a day during the day time. You've got to get adequate rest when you've got long COVID. Of course good sleep you need that during the night. Food, you've got to change your food too to a large variety of plant based whole

food. It helps a lot. Then you've got to keep hydration. The other strategy is to go outdoor. Go outdoor. Get more sunlight.

Sant Chaiyodsilp ([24:10](#)):

Another strategy is to do the muscle training, strength training because in long COVID one big character is myopathy. Myopathy is feeling of weak muscle. You've got to do strength training. The last strategy is learn to have fun in living. You don't know how long this long COVID will stay with you. Hopefully we hope that it will go away in a few months time, but some of my patients as long as a year and still have some symptom. Just have fun living with long COVID.

Vivek Dhawan ([24:56](#)):

Okay. Fantastic. We are coming back to the last time we were discussing I think good health by yourself and staying healthy by yourself, that's very important part of managing COVID. I think you also mentioned last time studies in British Medical Journal they followed some seven million health workers and found that better diet we had, better lifestyle they had, the less chances they had with living with long COVID. That is very important part. Not only vaccines, also about your own habits of health that's very critical to live through this COVID pandemic that's going to become endemic.

Vivek Dhawan ([25:27](#)):

A while ago we were talking about vaccines and natural immunity. Like you said I've also been thinking and reading what does it mean? Is it good to get people got COVID before and they got a different version alpha, but now delta, so alpha doesn't protect you against delta, but if you have delta and then you have vaccines, or if you have vaccines, then you get delta, what is the data on it that you've mentioned a while ago that having two shots and having natural immunity, Israeli study show that your protection is 13 times which is great. I'm talking about this is it a good idea? If it's a good idea then maybe we should all after taking two shots start to meet and mingle with people and maybe get natural immunity so we don't have to take booster shots.

Vivek Dhawan ([26:14](#)):

What's your view on vaccine plus natural immunity? That's my first question. Since you're talking about that, let me ask you another one as well. You also mentioned herd immunity, that herd immunity is now no more possible. You said it's not going to work anymore. We're not herd immunity not working, that 50, 70% with delta especially, it's so transmissible, five, eight times higher. The requirements will probably go to 100% people having COVID. With this endemic going what is the answer? What is the solution here? Everybody will get COVID and is that the future answer? What is the way forward?

Sant Chaiyodsilp ([26:55](#)):

Let me give you a good look in the study from Israel again because it will help answer your question. In that study, Israel, they followed retrospectively, large amount of people, something like 600,000 divided into three groups. Group one, just natural infection. No vaccine at all. Two, previous natural infection and then one shot of vaccine. Group three, complete two shots of vaccine.

Sant Chaiyodsilp ([27:37](#)):

Then they assess their risk of reinfection, these three groups. It showed that those who got natural infection have much better protection from reinfection. By complete vaccination without natural infection persists like something like 13 times more risk to get reinfection. From this perspective, we

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have two choices here. One choice is like I said, get full vaccination to reduce mortality in hospitalization and then open yourself. Come out of the cave to live with COVID.

Sant Chaiyodsilp ([28:27](#)):

That is choice one which is more sensible if you look from this Israel study. Choice two is get repeat booster, I don't know for how long, until the real good vaccine is available. I don't know when. That's a choice too. I would encourage choice one. Get fully vaccination and then come out. Stay with natural infection.

Vivek Dhawan ([28:54](#)):

Okay. That answers my question about herd immunity. I'm not going to go there just now I asked you. It's not to worry too much, come out. Following this question I had, I wish we can go back to offices. I think a lot of our colleagues and people around the world. One is government regulations have issues, you cannot do this, cannot do that. The second is we ourselves are not yet ready. I don't know whether my colleague's vaccinated, whether he's got COVID, whether his family is vaccinated. How do we go about opening our offices?

Vivek Dhawan ([29:25](#)):

Probably there are people in our offices not vaccinated, doubly vaccinated, and then there are also sitting, like I'm sitting with you today and this is after vaccination meet because both of us are vaccinated, Dr. Sant is vaccinated, I'm also vaccinated. We spent two weeks after vaccination, what they say to build your antibodies, etc., and we are now probably safer than we were before, let's put it that way. Now we can sit with each other without a mask and talk. Last time we didn't. This is one benefit of being vaccinated.

Vivek Dhawan ([29:57](#)):

How do we go about, is there any advice if we are to open? Any kind of protocol we should follow with our colleagues when we open the office? It's about time we have to start doing that, like you said. Most of us having doubly vaccinated with Astra or whatever is available in the countries. Any suggestion, any guidance for us to start doing that?

Sant Chaiyodsilp ([30:19](#)):

From the individual perspective, after full vaccination, the people should be free to roam around. From the society perspective, what we call universal precaution measure should be there until all high risk group fully vaccinated. We can open our offices when most of the employees are fully vaccinated. We still have to practice universal precaution because some people, probably a small amount of people in the society still not fully vaccinated yet. Until the whole high risk group in the country are vaccinated, then everybody is free to roam around with the universal precaution, is not mandatory but is optional.

Vivek Dhawan ([31:24](#)):

When you say universal precaution that means in common areas or in open and not closed areas, masking, etc., still advisable.

Sant Chaiyodsilp ([31:33](#)):

Distancing, masks.

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Vivek Dhawan (31:34):

Distancing, masks.

Sant Chaiyodsilp (31:34):

Cleaning hands.

Vivek Dhawan (31:34):

All these things. Still appropriate behaviors should be followed. While you are sitting with people who are vaccinated 100% if you are there, then you can-

Sant Chaiyodsilp (31:42):

Right.

Vivek Dhawan (31:44):

My family, my children are vaccinated. I don't have to sit with a mask with them.

Sant Chaiyodsilp (31:51):

Don't have to. Don't have to. The universal precaution is just for those in the society that not been, those high risk people who have not been vaccinated yet. We just have to protect them.

Vivek Dhawan (32:00):

Okay. We come to another question maybe a little later. On follow through with this stuff, with this same [inaudible 00:32:05] you were talking with children, when it applies to going back to school when parents have this concern now with vaccinated children, we've talked about opening the schools, does this also apply to opening schools that they can go into schools, children should wear masks when they go, follow the protocol? 12 to 18. Not below 12 yet because the vaccines are not approved. Can they go to school or no? Wait until the government allows, the law allows. There's two sides. Law and-

Sant Chaiyodsilp (32:35):

It depends. It depends. From what I know looking from, if you are looking from protection of high risk people at home, the children we can open school and children can go to school if all high risk people at home are fully vaccinated. That's one perspective. Another angle is looking from children mortality. If you use the UK statistic, you can open school now. The mortality of children from COVID is negligible. We can open school now if all high risk people at home are vaccinated.

Sant Chaiyodsilp (33:16):

If you use the USA point of view, they are concerned about children mortality, they've got to wait until they fully vaccinated children. We don't have a vaccine yet we know, at the moment, for those under 12.

Vivek Dhawan (33:30):

Right now it's not approved yet. I hear that maybe very soon we'll have data and get approved, but at the moment it's not approved. There's no option at the moment. You're perfectly right. I think we have to wait and see. School opening, yes, understood. Back to the high risk at home, children go out, they come back home, so they are safe, they are vaccinated, that is one way to think about it. I will talk about

high risk [inaudible 00:33:58] data. I want to understand what you mean by high risk. They may be children also are at high risk if you're obese, if children have some kind of disease etc., are they also high risk, they're children with higher risk versus-

Sant Chaiyodsilp ([34:10](#)):

When I said high risk people, elderly at home. At home. For children, if you use UK studies, there is no high risk for children. In UK, the whole country there were 25 mortality. 15 of them are chronically ill children. Since the total number was very small there's no point subdividing.

Vivek Dhawan ([34:35](#)):

You're not actually separating the younger children if they're obese or they have chronic illness, other disease. They should be more protected and maybe more care taken for them versus the other children who are healthier, probably less at risk.

Sant Chaiyodsilp ([34:51](#)):

I quite agree with the policy of the UK. They treat all children the same. No vaccination. The total mortality is too low to take any action.

Vivek Dhawan ([35:05](#)):

Got it. Got it. One thing that I just wanted to understand because I'm not very clear how do you define when we started into this COVID, it was called a pandemic. Now the more you hear it's called endemic, that it's going to be everywhere. Singapore are also changing their stand from zero COVID to this. When this becomes endemic that means everybody has an equal chance of getting it? Endemic means it'll be around like cold and cough and flu and it'll become a part of our life, is that what it means? We'll all have to live with it and it's not going to be ... Can you give us an understanding and especially if you do that why do we have to test and isolate if it's going to be everywhere. Why keep testing people, isolating, and have these quarantines if it's already an endemic? It's already becoming one. Maybe it's not yet.

Sant Chaiyodsilp ([35:54](#)):

We have two words. One is pandemic. Pandemic globally spreading and uncontrolled disease. That's pandemic. That's what COVID has been. Endemic means long haul, predictable, and manageable disease. Nearly every country try to convert COVID from pandemic to be endemic disease. To make COVID an endemic disease we need to create a balance between demand and supply of hospital beds because that's the key point, diminish local disease. If you have enough hospital beds, no worry.

Sant Chaiyodsilp ([36:49](#)):

On the demand side what we can do? We can reduce the amount of hospital bed by first we've got to fully vaccinate high risk people, particularly elderly because we know that 92% of elderly end up in the hospital. Elderly contribute to 92% of COVID mortality. We've got to vaccinate these high risk first. Second, from individual point of view, all of us have got to manage our own health risk factors like food, exercise, something like that.

Sant Chaiyodsilp ([37:29](#)):

Thirdly, once we get infection, we got to start early treatment because when we talk about endemic disease, we talk about disease like common cold and influenza. We've got to manage it on our own,

start early treatment, whatever in that country. In Thailand what most handy is andrographis, you need maybe Ivermectin, whatever available in that country, start your own treatment as early as possible. That's the way to deal with the endemic.

Vivek Dhawan ([38:11](#)):

You have enough beds and there's enough availability once your vaccinated, the elderly they're protected very well, that reduces the capacity and then it becomes an endemic. It's manageable. That's what you mean. Okay. Great. Just to understand a little bit quickly, not too long because we are slowly getting out of time. How do you define at risk, Dr. Sant, because elderly are at risk and if you have CBD, diabetes, all these, you have cancer, immunosuppressant disease, they are at risk. In children are there anything, are pregnant women more at risk than other people in the world? Just to understand.

Vivek Dhawan ([38:46](#)):

Is there a way to understand can I make myself from high risk to low risk? Can I do something about it? Can I make a change now that I understand it matters, can I start now and make that change or it's not possible? Is there a way to-

Sant Chaiyodsilp ([38:59](#)):

We have three categories of risk profile of COVID disease number one is elderly. Of course age is a major risk factor. We cannot do anything with age. Number two is chronic disease. When you say chronic disease, you mean chronic non-communicable disease. Particularly obesity, hypertension, cardiovascular disease, chronic kidney disease, chronic lung disease, immunodeficiency disease. All of these are chronic disease which contribute to higher mortality risk in COVID disease.

Sant Chaiyodsilp ([39:47](#)):

The second group. The third group is pregnant women. Yes. We now classify pregnant women as higher risk of high risk group of people because pregnant women once get COVID they tend to have higher morbidity particularly what we call eclampsia in this order of pregnancy which are at times may end up in mortality.

Sant Chaiyodsilp ([40:16](#)):

We have three groups and we can even in elderly, even in elderly, we can reduce the risk. Elderly who manage their health immunity will be much better off than elderly who do not do anything. Of course for those chronic disease group, if they manage their risk factors, for instance if they have heart disease, manage their cholesterol, manage their hypertension, manage their food and their exercise, they'll be much better off. For pregnancy nowadays it is agreed globally that we should encourage pregnant women to get vaccine to reduce the risk of severe disease.

Vivek Dhawan ([40:59](#)):

That's now acceptable that pregnant women can get vaccines, and as you mentioned, that is very important. It doesn't matter what stage you are at, you should be working towards a healthier lifestyle, getting healthy, whether that's the right diet, moving more toward the plant based diet, high fiber, high fruit and getting healthier, walking, exercising, sleeping well and all this has an impact on your general health and thereby improves your immunity. That's the approach to probably saving yourself from the side effects of COVID or even after you get COVID, surviving from some severe COVID outcomes.

Vivek Dhawan ([41:33](#)):

That's also very well documented as I understand in a lot of research that's being done at the moment. Now we understand what the high risk is and how you can manage the risk. The other issue that keeps coming. This is another worry that we have all the time and we keep hearing it in the news that more mutant will come. Delta came, it's five to eight times the spread faster but since then nothing has come as strong as delta. Delta's the last one. There is mu, there is other one that we hear. It hasn't had that impact like delta. Is it going to end in delta or there's a chance or any more such more variants coming in and making it more difficult than it is today? What can we do about it? The other thing that we mentioned is that any thought on this variants and the impacts of variants on our life going forward?

Sant Chaiyodsilp ([42:21](#)):

I think we can quite surely predict that more and more variants will come because globally the vaccination rate coverage is very low. The infections spreading would be in large scale globally and that spreading will create variants. New variant will keep coming. Concerning to mu, I cannot see any concern about the mu. The only thing that make mu variant famous is that it has immunity structure that can help evade the vaccine. That's all. In their life, mu is overridden by the delta variant in terms of spreading infection. Mu is not a variant of concern at all at this stage. The variant of concern is delta still.

Vivek Dhawan ([43:28](#)):

Still the number one. If you have question please key them in on your YouTube Facebook live. We have teams of our medical advisors waiting for you just in case you have anything we haven't covered we'll be happy to answer in the last 15 minutes as we are getting toward the end of our talk.

Vivek Dhawan ([43:46](#)):

Now the question is all this understand very well and I know you can't predict the number of years this COVID is going to last, but just to understand how long how do we live with this COVID after having two doses, after having two weeks in isolation yourself and you're building antibodies, what should we do next? I heard some things you said but I just wanted to reconfirm that I can go out, I can meet people who are vaccinated, I should still follow good behavior. Any further talk on how we do we need to learn to live with COVID now? The real thing is living with COVID.

Vivek Dhawan ([44:21](#)):

All the facts and data show that there has already 28 months and we spend nearly two years and we can't keep going on this pace. There has to be some thoughts on going back to travel, going back to tourists coming in, going back to business. What's your thought on that, Dr. Sant? Any views?

Sant Chaiyodsilp ([44:42](#)):

Full vaccination is a must. Everybody needs full vaccination, two shots. That's a must. Healthy lifestyle is a must. Plant based whole food diet, exercise, adequate sleep, going out, get sunlight. That's also a must. Universal precaution is a must until the whole high risk people in community are fully vaccinated. Meanwhile, the universal precaution, wearing mask, distancing, cleaning hands, still need to be heeded. The most important point is that this is only my point of view. Once get fully vaccinated, come out. Come out of the cave and start living.

Vivek Dhawan ([45:45](#)):

Life going back to normal, we still have to follow some regulation, and I hear you saying that if you are at high risk, if you are in public places, follow some protocol including wearing masks even if you're vaccinated, there's no harm in doing that. Correct? Unless your whole country's vaccinated. Does that still applies to going back to life?

Vivek Dhawan ([46:09](#)):

The other thing is that now that we know this so well and you've been doing this with COVID patients here and at the Wellness We Care center you've been treating people for all kinds of high risk NCDs, disease that are part of our own lifestyle management and you've been teaching them for a long time to change lifestyle. Being healthier means probably reducing the risk of disease. As I hear from you and the data also suggest not only vitamin D, zinc, C, etc., that also help, but also all the other factors, good diet, exercise, good weight and all these things, sleep. They also matter. They can probably make you more immune, make you healthier and build natural immunity.

Vivek Dhawan ([46:51](#)):

Before we conclude can you give us your thoughts, because we understand the world is moving from managing case counts. I hear from managing case counts to managing severe illness. I think the more and more you hear this from managing case counts. You now measure and monitor and manage severe illness and death. That means having hospital beds available so that you can live with the endemic. That's one part the governments are trying to do by regs. What about us? It's all about good health by yourself. It's about staying healthy as long as you live. I think before we finish out and end our question and answer, maybe you can give us some advice so that we can go back and carry this in our daily lives. Dr. Sant, over to you.

Sant Chaiyodsilp ([47:34](#)):

Long ago WHO, World Health Organization used the word self management. I like self management. There are six components in this COVID area for self management. Number one is food. Got to turn to a large variety of plant based whole food. That's number one. Number two is regular exercise basically every day exercise. Number three is adequate sleep because sleep is closely related with the immunity function.

Sant Chaiyodsilp ([48:16](#)):

Number four is stress management and learn to put down your thought. Don't meddle with your thought too much. Number five is outdoor living. This is the neat thing which come with COVID, particularly with long COVID. If I'm out here from my experience with a few patients, outdoor living boosts them up quite very faster. I strongly encourage to go outdoor, get some light, at least during this COVID era. Number six is vitamin and mineral supplements if the natural food intake is limited or not adequate enough. There are a lot of study that severe COVID patients they have low level of multivitamins and mineral such as vitamin D, vitamin C and zinc, something like that. If the food intake is not adequate I would encourage also vitamin and mineral supplement. That's six components of what the WHO call self management.

Vivek Dhawan ([49:36](#)):

Fantastic, Dr. Sant. At least now we know how to live with COVID. We are going to start and seriously contemplating that within the month of October, we should have people fully vaccinated and should be coming back to life. Here we are, I'm trying to expose myself to the sun a lot nowadays and staying

outdoor. Other than taking some of the vitamins we make, but that's my choice. At the same time, I think we are at the end of our talk, whatever we wanted to talk to you about, living with COVID has come to an end.

Vivek Dhawan ([50:06](#)):

We have a few guest questions from the audience, people who have attended. Some are answered and some have asked some questions. I'm going to ask Dr. Sant to answer some of them again. I think one of the questions is if I've got full vaccination and then I get natural infection after that, does it increase my risk of thromboembolism? You mentioned that does it get higher or doesn't change the risk factor?

Sant Chaiyodsilp ([50:34](#)):

The question is about breakthrough infection after full vaccination. The risk of thromboembolism is very small. That's good news. Breakthrough infection after vaccine, the risk of thromboembolism is very small in comparison with natural infection. You should be better off in terms of thromboembolism.

Vivek Dhawan ([50:57](#)):

Vaccination and natural and you get an infection is still very low. Some other question is that if vaccines are not available in many countries for children under 12, is it worth giving them a flu vaccine? If there's no data, but there's a question.

Sant Chaiyodsilp ([51:16](#)):

Flu vaccine is regular vaccine recommended for all regular citizens to take every year. Once a year. Nothing to lose. Whether flu vaccine can protect children from COVID or not, no one knows. At the moment there is no evidence show relation between flu vaccine and COVID immunity. No evidence. Let me emphasize here about COVID in children. The mortality in children by COVID is so small that we don't have to worry anything about children.

Vivek Dhawan ([51:59](#)):

Under 12 you don't know whether the flu vaccine works and it's probably better not even taking it because there's not enough data that it's going to protect you against COVID anyway. You don't know the question. I think this question was answered by you but there's again and I'm just going to repeat and then Astra first, Pfizer second, is it safe? Is it effective? I think you just mentioned Astra first, Pfizer second the immunity, the data shows that the immunity levels, not the efficacy but immunity, is that correct?

Sant Chaiyodsilp ([52:38](#)):

Yeah. Correct. Better than Astra plus Astra.

Vivek Dhawan ([52:38](#)):

Or Pfizer plus Pfizer? Or Astra plus Astra.

Sant Chaiyodsilp ([52:42](#)):

At the moment Astra plus Pfizer is the best combination in terms of immunity level. In terms of immunity level.

Vivek Dhawan ([52:51](#)):

That's probably at the moment immunity level data for the shorter trial that they have got. I think the number of patient in the trial in the duration was short, they still were going on. I believe UK is recruiting 8,000 people a day and they are studying, a study is going to be published on how vaccinated unvaccinated and natural with natural and how the immunity and antibodies etc., have developed and the protection levels in them. There's still a lot going on. It's ongoing I hear.'

Sant Chaiyodsilp ([53:17](#)):

One thing I want to mention here again is that with this level of breakthrough infection, in some series as high as 40% breakthrough infection. With this level of breakthrough infection, nearly all of us will get real infection anyway, sometime in our life. After full vaccination just open for natural infection.

Vivek Dhawan ([53:42](#)):

One last question before we haven't seen anymore. I'm fully vaccinated for COVID but I need to travel. Do I need an influenza vaccine? Are they two separate things? travel and influenza? I've not had an influenza vaccine so far but do you need to take one if you have COVID or they're not-

Sant Chaiyodsilp ([54:06](#)):

It is two separate issue. It is probably recommended that all people above six months old should be vaccinated by influenza vaccine once or twice a year. That is a global recommendation. It has nothing to do with COVID so far. The boosting immunity across the vaccine is not solely defined by scientific evidence yet. I think for the travelers, fully COVID vaccination plus annually influenza vaccine should be the best practice.

Vivek Dhawan ([54:52](#)):

For travelers. Okay. People are asking when should we start traveling? If the government allows should we start traveling or should we wait and see? If you are fully vaccinated and you've got COVID already you've got a lot of protection, 13 times more with COVID together, maybe you are very well protected to travel, better than other people. I don't know. Once they allow, for me and once they quarantines are not there for 14 days to come and live in one bedroom, I will probably start traveling. That's my view. Dr. Sant, any views on that after being vaccinated, after getting COVID is it fine to travel or is still danger because you're in small closed rooms and you're in planes?

Sant Chaiyodsilp ([55:37](#)):

It's not [inaudible 00:55:38] we'll have the full vaccination. For ourself, but some encouragement must be needed for other people who are not fully vaccinated.

Vivek Dhawan ([55:48](#)):

I think in the countries you travel to, probably as you said, I think the challenge what I hear is the world will not get vaccinated until next year, half of next year or until the end of next year, probably early 2022. Based on vaccine availability. There's 14 billion vaccine capacity around the world. At the moment there is still not enough vaccine going on in Africa and many other countries. The levels are 35, 40%. US is probably 50 plus, UK is probably 76 plus. Very few countries have reached that level of 100% or 70 to 80%.

## Truth about Living with Covid19

Vivek Dhawan ([56:23](#)):

That's going to take a while. I think it's probably going to. That's the challenge probably more than anything else. You are fine, but when you go and meet other people that have not been vaccinated and you have a chance of getting the infection. Maybe because also vaccinated people also can transmit COVID to the unvaccinated. You may not have the effect or you may not have the fatality or severity but somebody else not vaccinated gets it so you can get it. That's a possibility. In the countries that have low vaccination it could probably be the case.

Sant Chaiyodsilp ([56:59](#)):

Right.

Vivek Dhawan ([57:01](#)):

Maybe that's the reason probably to manage your travel, I would think so. That was one of the questions. We have come to the end of our talk, ladies and gentlemen. All my colleagues from various parts of the world, thank you so much for listening to us and giving us a chance to talk to you. I hope the talk was of help and gave you some new thoughts. Maybe you knew everything but we are trying our best to share evidence based scientific knowledge in common language so you understand it, your family understand it and you can live without fear and start coming out. We'll bring some more talks as we go along on different areas. Thank you ladies and gentlemen. Thank you Dr. Sant, the expert and [inaudible 00:57:45] from Thailand.

Sant Chaiyodsilp ([57:47](#)):

Thank you. Goodbye.

Vivek Dhawan ([57:48](#)):

Good bye. See you soon. Thank you.