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Lampiran 2 : Lampiran Jurnal

Gambar 1 :Artikel 1

The positive impact of lockdown in Wuhan on containing the COVID-19 outbreak in China
Short title: COVID-19 and lockdown

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Abstract
Background:
With its epicenter in Wuhan, China, the COVID-19 outbreak was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO). Consequently, many countries have implemented flight restrictions to China. China itself has imposed a lockdown of the population of Wuhan as well as the entire Hubei province. However, whether these two enormous measures have led to significant changes in the spread of COVID-19 cases remains unclear.

Methods:
We analyzed available data on the development of confirmed domestic and international COVID-19 cases before and after lockdown measures. We evaluated the correlation of domestic air traffic to the number of confirmed COVID-19 cases and determined the growth curves of COVID-19 cases within China before and after lockdown as well as after changes in COVID-19 diagnostic criteria.

Results:
Our findings indicate a significant increase in doubling time from 2 days (95% Confidence Interval, CI): 1.9-2.6), to 4 days (95% CI: 3.5-4.3), after imposing lockdown. A further increase is detected after changing diagnostic and testing methodology to 19.3 (95% CI: 15.1-26.3), respectively. Moreover, the correlation between domestic air traffic and COVID-19 spread became weaker following lockdown (before lockdown: r=0.98, p<0.05 vs. after lockdown: r=0.91, p=NS).

Gambar 2 : Artikel 2

Research on COVID-19 prevention and control strategies, and the effect of home quarantine in Shenzhen, China, 2020

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Gambar 3 : Artikel 3

The role of community-wide wearing of face mask for control of coronavirus disease 2019 (COVID-19) epidemic due to SARS-CoV-2

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SUMMARY

Background: Face mask usage by the healthy population in the community to reduce risk of transmission of respiratory viruses remains controversial. We assessed the effect of community-wide mask usage to control coronavirus disease 2019 (COVID-19) in Hong Kong Special Administrative Region (HKSAR).
Methods: Patients presenting with respiratory symptoms at outpatient clinics or hospital wards were screened for COVID-19 per protocol. Epidemiological analysis was performed for confirmed cases, especially persons acquiring COVID-19 during mask-off and mask-on settings. The incidence of COVID-19 per million population in HKSAR with community-wide masking was compared to that of non-mask-wearing countries which are comparable with HKSAR in terms of population density, healthcare system, BCG vaccination and social distancing measures but not community-wide masking. Compliance of face mask usage in the HKSAR community was monitored.
Findings: Within first 100 days (31 December 2019 to 8 April 2020), 961 COVID-19 patients were diagnosed in HKSAR. The COVID-19 incidence in HKSAR (129.0 per million population) was significantly lower ($p<0.001$) than that of Spain (2983.2), Italy (2250.8), Germany (1241.5), France (1151.6), U.S. (1102.8), U.K. (831.5), Singapore (259.8), and South Korea (200.5). The compliance of face mask usage by HKSAR general public was 96.6% (range: 95.7% to 97.2%). We observed 11 COVID-19 clusters in recreational 'mask-off' settings compared to only 3 in workplace 'mask-on' settings ($p=0.036$ by Chi square test of goodness-of-fit).
Conclusion: Community-wide mask wearing may contribute to the control of COVID-19 by reducing the amount of emission of infected saliva and respiratory droplets from individuals with subclinical or mild COVID-19.

Introduction

Coronavirus disease 2019 (COVID-19) due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is closely related to bat SARS related coronaviruses,[1] is the second pandemic of the 21st century following the influenza A H1N1 pandemic of 2009. With the rapidly galloping epidemic due to globalization and international travel, World Health Organization (WHO) declared COVID-19 to be a pandemic on 11 March 2020,[2] which is 72 days after the first official announcement of clusters of patients with community-acquired pneumonia in Wuhan, Hubei Province of China on 31 December 2019 (day 1).[3] As of 8 April 2020 (day 100), over 1.35 million people have been infected worldwide with nearly 80,000 deaths.[4] In response, proactive infection control measures have been implemented in hospital settings.[5,6] In addition, nonpharmaceutical public health interventions including border control or closure, quarantine and testing of all incoming travelers or returnees, massive reverse-transcription polymerase chain reaction (RT-PCR) testing for case detection, rapid contact tracing and quarantine, frequent hand hygiene, and later social distancing measures

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including school closure, home office, cancelation of all mass gatherings, later stay-at-home order, and cessation of all socioeconomic activities except essential services, were also adopted to various degrees and at different time points in different geographical areas to reduce the risk of community transmission. Many of these measures had been used for the control of community transmission of severe acute respiratory syndrome (SARS) in 2003 and pandemic influenza A H1N1 in 2009 in Hong Kong Special Administrative Region of China (HKSAR) and other parts of the world.[7,8] However, the efficacy of community-wide masking of the population during these past epidemics or the present COVID-19 pandemic has not been clearly investigated. Unlike 2003 SARS which was generally manifested with high fever and progressive pneumonia with a mortality of about 10%, COVID-19 can be associated with very mild symptoms and a mortality of less than 4%. Thus subclinical or asymptomatic SARS-CoV-2 shedders may play an important role in perpetuating the pandemic.[9,10] We hypothesized that community-wide masking in HKSAR may break the chain of transmission of SARS-CoV-2 by reducing the infectiousness of the subclinical virus shedders while also offering some protection to the susceptible population.

In HKSAR, community-wide masking was practiced by the general population at an early stage of the local COVID-19 epidemic. Here, we described the comparative epidemiology of COVID-19 during the first 100 days. We also analyzed the incidence of COVID-19 in geographical areas with or without community-wide masking for most individuals, and also the number of COVID-19 clusters of COVID-19 in relation to workplace (mask-on setting) or non-workplace recreational settings (mask-off setting) of HKSAR.

Methods

Community control measures against COVID-19 in HKSAR

HKSAR is a cosmopolitan city of 7.45 million people in Southern China. Occupying only 1104 square-kilometers, it is the third most densely populated area in the world with around 6700 people per

Comparing the epidemiology of COVID-19 in HKSAR and other parts of the world

The epidemiology of COVID-19 of HKSAR was compared to that of the representative countries in North America, Europe, and Asia using publicly accessible information from the website of WHO to understand the overall effect of our control measures used in HKSAR. Countries with well-established healthcare system, where face mask usage was not universally adopted in the community, and having over 100 confirmed cases at day 72 when WHO declared a pandemic were selected for comparison.

Laboratory diagnosis of SARS-CoV-2

Clinical specimens including nasopharyngeal aspirates, nasopharyngeal swabs, throat swab, saliva, sputum, endotracheal aspirates, or bronchoalveolar lavage were subjected to nucleic acid extraction by the eMAG extraction system (bioMérieux, Marcy-l'Étoile France) as we previously described.[5,6] The presence of SARS-CoV-2 RNA in specimens was first determined by the LightMix Modular SebeccoV E-gene commercial kit (TIB Molbiol, Berlin, Germany) at all public hospitals under the Hospital Authority and the Public Health Laboratory Service of the Department of Health, and further confirmed by in-house real-time RT-PCR assay targeting the SARS-CoV-2 RNA-dependent RNA polymerase/helicase gene as described.[11]

Statistical analysis

Incidence rates were compared using the exact Poisson test using R software. Proportions were compared using the chi-squared test. A p value of <0.05 was considered statistically significant.

Results

Community response to COVID-19 in HKSAR

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Gambar 4 : Artikel 4

Article

Clinical Factors, Preventive Behaviours and Temporal Outcomes Associated with COVID-19 Infection in Health Professionals at a Spanish Hospital

Mario Rivera-Izquierdo [1,2,3], María del Carmen Valero-Ubierna [1], Silvia Martínez-Diz [1], Miguel Ángel Fernández-García [1], Divina Tatiana Martín-Romero [1], Francisco Maldonado-Rodríguez [1], María Rosa Sánchez-Pérez [4], Luis Miguel Martín-delosReyes [2,5], Virginia Martínez-Ruiz [2,3,5,*], Pablo Lardelli-Claret [2,3,5] and Eladio Jiménez-Mejías [2,3,4,5]

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Abstract: The novel coronavirus disease (COVID-19) outbreak has quickly spread around the world, with Spain being one of the most severely affected countries. Healthcare professionals are an important risk group given their exposure. The aims of this study were to determine the prevalence of symptoms, main concerns as patients, preventive behaviours of healthcare professionals, and the different temporal outcomes associated with the negativization of PCR results. A total of 238 professionals were analysed and follow-up was conducted from 11 March to 21 April 2020 through clinical records, in-depth surveys, and telephone interviews. Symptoms, concerns, and preventive measures were documented, and temporal outcomes (start and end of symptoms, first positive PCR, and negativization of PCR) were analysed through survival analyses. A high prevalence of gastrointestinal symptoms (especially in women and older professionals), fever, cough, and fatigue were reported. The main concern was contagion in the work and home environment. Professionals (especially men) reported low use of face masks before the pandemic. Our analysis indicates that the median times for the negativization of PCR testing to confirm the resolution of infection is 15 days after the end of symptoms, or 25 days after the first positive PCR test. Our results suggest that these times are longer for women and for professionals aged ≥55 years, therefore follow-up strategies should be optimized in light of both variables. This is the first study we are aware of to report factors associated with the time to negativization of PCR results. We present the first rigorous estimates of time outcomes and hope that these data can be valuable to continue feeding the prediction models that are currently being developed. Similar studies are required to corroborate our results.

Keywords: follow-up; healthcare; professionals; COVID; SARS-CoV-2; PCR; negativization

1. Introduction

Transmission of a new pneumonia-producing coronavirus was detected by the Wuhan Municipal Health and Sanitation Commission (Hubei Province, China) on 31 December 2019 [1], and the virus was identified by gene sequencing analysis of samples from the lower respiratory tract [2,3]. It was decided to name the infective agent severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2), and the disease COVID-19.

Following rapid transmission of the virus in China, many countries reported their first cases of COVID-19 pneumonia [4–7]. Since the World Health Organization (WHO) declared a pandemic on 11 March 2020, international efforts have been made to describe the clinical characteristics of patients with COVID-19 [8,9]. Spain is one of the most severely affected countries, with 208,389 reported cases and 21,717 reported deaths as of 22 April 2020 [10].

Research to date has noted that COVID-19 shows variable clinical characteristics [10–12]. Although several descriptive studies of hospitalized patients have appeared, no studies we are aware of thus far have provided a detailed report of the symptoms in health professionals. Developing appropriate

Gambar 5 : Artikel 5

Article

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Abstract: The novel coronavirus disease (COVID-19) outbreak has quickly spread around the world, with Spain being one of the most severely affected countries. Healthcare professionals are an important risk group given their exposure. The aims of this study were to determine the prevalence of symptoms, main concerns as patients, preventive behaviours of healthcare professionals, and the different temporal outcomes associated with the negativization of PCR results. A total of 238 professionals were analysed and follow-up was conducted from 11 March to 21 April 2020 through clinical records, in-depth surveys, and telephone interviews. Symptoms, concerns, and preventive measures were documented, and temporal outcomes (start and end of symptoms, first positive PCR, and negativization of PCR) were analysed through survival analyses. A high prevalence of gastrointestinal symptoms (especially in women and older professionals), fever, cough, and fatigue were reported. The main concern was contagion in the work and home environment. Professionals (especially men) reported low use of face masks before the pandemic. Our analysis indicates that the median times for the negativization of PCR testing to confirm the resolution of infection is 15 days after the end of symptoms, or 25 days after the first positive PCR test. Our results suggest that these times are longer for women and for professionals aged ≥55 years, therefore follow-up strategies should be optimized in light of both variables. This is the first study we are aware of to report factors associated with the time to negativization of PCR results. We present the first rigorous estimates of time outcomes and hope that these data can be valuable to continue feeding the prediction models that are currently being developed. Similar studies are required to corroborate our results.

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Research to date has noted that COVID-19 shows variable clinical characteristics [10–12]. Although several descriptive studies of hospitalized patients have appeared, no studies we are aware of thus far have provided a detailed report of the symptoms in health professionals. Developing appropriate follow-up strategies for these professionals seems essential to mitigate the negative effects of large numbers of professionals on sick leave at a time of high demand, while avoiding unnecessary risk

Gambar 6 : Artikel 6

Article

Hand Hygiene, Mask-Wearing Behaviors and Its Associated Factors during the COVID-19 Epidemic: A Cross-Sectional Study among Primary School Students in Wuhan, China

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Abstract: Although the emphasis on behaviors of hand-washing and mask-wearing was repeated during the pandemic of Coronavirus Disease 2019 (COVID-19), not everyone paid enough attention to this. A descriptive statistic was used to make sense of the status of hand hygiene and mask-wearing among primary school students in Wuhan, China. A binary logistic regression analysis was conducted to identify the risk factors affecting the behaviors of hand-washing and mask-wearing. $p < 0.05$ (two-sides) was considered as significant at statistics. 42.05% of the primary school students showed a good behavior of hand-washing, while 51.60% had a good behavior of mask-wearing. Gender, grade, out-going history, father's occupation, mother's educational background, and the time filling out the survey were significantly associated with hand hygiene, whereas grade, mother's educational background, and residence were associated with mask-wearing. The behaviors of hand-washing and mask-wearing among primary school students were influenced by gender, grade, shady is back tell a friendand other factors, therefore, parents should make efforts of behavior guidance whereas governments should enlarge medium publicity.

Keywords: hand hygiene; mask-wearing behavior; risk factors; COVID-19; primary school student

1. Introduction

Due to the strong human-to-human transmission power of Coronavirus Disease 2019 (COVID-19), now it has been pandemic over the world. Chinese experience, which treats the infected patients aggressively, on the other hand, protects susceptible populations and cuts off transmission routes, which are proved to be a huge success in the fight against COVID-19.

Both pharmaceutical measures and non-pharmaceutical measures are available against COVID-19. Although pharmaceutical measures are the most highly effective strategy, it takes a lot of time to develop vaccines and antiviral medications, so they cannot control an outbreak caused by a new pathogen in the early stage. Under this circumstance, non-pharmaceutical measures like wearing face masks and washing hands are important to reduce the risk by establishing a barrier to curb the aerosol spread and protect susceptible populations [1,2]. At present, the main measures taken abroad are to maintain hand hygiene and an appropriate social distance, however, wearing masks is also advocated in China. Hand-washing is suitable for all people, but keeping the social distance is only suitable for adults when they go out. For children, home isolation is one of the main measures. Washing hands with soap and wearing a mask as a means of preventing and controlling infectious diseases has the advantages of simple operation, strong sustainability, high health benefits, and good health economic

benefits [3–6]. Evidence from the literature showed that frequent hand-washing would reduce the risk of viral transmission by 55% [7,8]. Masks can purify the air entering the lungs through filtration and display an excellent effect in respiratory infectious disease epidemics. During the outbreak of severe acute respiratory syndrome (SARS), hand-washing and mask-wearing were proved to be effective in blocking viral spread [7].

Given widespread population vulnerability to COVID-19 infection, hand hygiene and face masks are repeatedly emphasized in the whole population [9]. Nevertheless, primary school children, whose personal protection is often overlooked. Until very recently, related studies emphasized the importance of hand-washing and mask-wearing in healthcare workers, instead of primary school children who are also at high risk of COVID-19. To make up the gap and better understand the current situation of hand hygiene and face masks among primary school students, we conducted this study in Wuhan, the hardest-hit area.

2. Materials and Methods

2.1. Participants

The cross-sectional and quantitative study was conducted from 16 February 2020 to 25 February

Gambar 7 : Artikel 7

THE KNOWLEDGE AND PERCEPTION OF COVID-19 AND ITS PREVENTIVE MEASURES, IN PUBLIC OF PAKISTAN

Taaha Muddassir Mirza, Rimsha Ali, Huma Musarrat Khan*

Benazir Bhutto Hospital, Rawalpindi Pakistan, *Foundation University Medical College, Islamabad Pakistan

ABSTRACT

Objective: To study the perception of COVID-19 and its prevention in the general public.

Study Design: Cross-sectional study conducted using convenient sampling technique.

Place and Duration of Study: In Islamic Republic of Pakistan, from 1st Apr to 12th Apr 2020.

Methodology: An online questionnaire was made on Google Forms Inc. It was modified from an online questionnaire available free on the internet. The sample size was 1042. Frequencies and percentages were calculated for categorical variables. Mean and standard deviation was calculated for continuous data and chi-square and t-test were applied for statistical significance between healthcare providers and non-healthcare providers.

Results: A total of 97% people thought that older adults were more likely to develop complications. Most of the participants thought that use of face mask (91%), washing hands (99.4%), avoiding close contact with sick people (97.8%) and not touching the face with unwashed hands (98.7%) should be used as a preventive measure. Majority were aware of the common symptoms of the disease. Statistically significant difference between some perceptions of healthcare providers and non-health care providers was observed with myths prevailing more in the health care providers, these are; rinsing mouth and nose with saline for prevention (59.9%) and skin rash (8.9%) and watery diarrhea (47.8%) as common symptoms. 85.2% of the participants believed that "kalonji" and 81.6% believed that antimalarials may be effective in prevention or treatment of the disease.

Conclusions: The participants showed a high level of knowledge regarding the pandemic but certain myths are also prevalent.

Keywords: Complications, COVID-19, Health care providers, Myths, Preventions.

INTRODUCTION

The novel corona virus disease 2019 also known as nCov-19 or simply COVID-19 is a viral disease that first appeared in Wuhan, China and has now involved more than 200 countries. As of 10th April 2020 10:00 CET, the total number of reported cases was 1,521,252 with more than 92,000 deaths, thereby indicating its potential for global spread into a pandemic beyond imagination[1]. It is caused by Severe Acute Respiratory Distress Syndrome Coronavirus-2 (SARS-CoV-2). The virus belongs to the beta-corona virus cluster and is a type of zoonotic virus. It is homologous to SARS-CoV which was responsible for causing severe acute respiratory syndrome (SARS) in 2002. In contrast to SARS, COVID-19 has a lower

morbidity and mortality rate but a higher transmissibility than SARS[2]. Another member of this family is MERS-CoV, responsible for the Middle East respiratory syndrome outbreak in 2012 which was also responsible for significant health concerns[3].

The spread of this novel coronavirus was initially associated with a live seafood market in Wuhan[4]. Later, the virus spread between humans by various means including droplet transmission, airborne transmission and with some evidence indicating possible feco-oral routes as well[5]. Novel coronavirus uses angiotensin converting enzyme-2 receptors to gain entry into the cells. These receptors are widely expressed at multiple sites in the human body but are more specifically present in type II alveolar cells of lungs[6]. On average, the incubation period is less than 14 days with the median being 4 days[7]. The presenting symptoms include fever, fatigue, dry cough,

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myalgias, dyspnea, and occasionally watery diarrhea[8]. The course of this illness is variable, with differentdegrees of severity. It ranges from asymptomatic or mild symptoms to severe ARDS (Acute Respiratory Distress Syndrome) requiring mechanical ventilation[9]. Although multiple drug trials are underway all over the world, currently, there are no specific approved treatments and patients are being managed symptomatically[10]. As it is caused by a zoonotic virus, the entire

was modified and adapted from an online questionnaire available free on the internet for unrestricted reuse for the purpose of research[12]. The sample size was calculated using a cross sectional study sample size calculator from openepi.com, an open source calculator, recommended by Center of Disease Control, America. The confidence level was taken as 95% and the margin of error acceptable was taken as 5%, whereas the anticipated percentage frequency

Gambar 8: Artikel 8

Is the lockdown important to prevent the COVID-19 pandemic? Effects on psychology, environment and economy-perspective

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ARTICLE INFO

ABSTRACT

COVID-19's daily increasing cases and deaths have led to worldwide lockdown, quarantine and some restrictions. This study aims to analyze the effect of lockdown days on the spread of coronavirus in countries. COVID-19 cases and lockdown days data were collected for 49 countries that implemented the lockdown between certain dates (without interruption). The correlation tests were used for data analysis based on unconstrained (normal) and constrained (Tukey-lambda). The lockdown days was significantly correlated with COVID-19 pandemic based on unconstrained (r = −0.9126, F-ratio = 6.1654; t-ratio = 2.40; prob > .0203 with 49 observations) and based on Tukey-lambda (r = 0.7402, λ = 0.14). The lockdown, one of the social isolation restrictions, has been observed to prevent the COVID-19 pandemic, and showed that the spread of the virus can be significantly reduced by this preventive restriction in this study. This study offers initial evidence that the COVID-19 pandemic can be suppressed by a lockdown. The application of lockdown by governments is also thought to be effective on psychology, environment and economy besides having impact on Covid-19.

1. Introduction

A disease similar to pneumonia cases began to emerge in Wuhan City, Hubei Province, China in December 2019 [1,2]. The studies revealed that the cases that emerged were a new type of coronavirus that was not previously described. This form of the virus was called Coronavirus 2019, or COVID-19, since it appeared in 2019 [3]. The source of this virus is thought to be the Huanan seafood market in Wuhan, China. It was understood in time that the virus, which is transmitted from animal to human, can spread from human to human.

Although the molecular mechanism of COVID-19 transmission pathway from human to human is still not resolved, the principle of transmission of respiratory diseases is similar in general [4]. Respiratory diseases are spread by droplet scattering. In this type of spreading, a sick person is exposed to this microbe to people around him by coughing or sneezing. In other words, environmental factors play an important role in the transmission of this virus [5].

The COVID-19 outbreak is spreading very fast every day and more than 4 million people have been actively infected by this virus so COVID-19 restrictions are applied in almost all areas of life [6]. The most basic measure to reduce the spread of coronavirus or to prevent infection is to follow hygiene rules [7]. The most important of these is washing hands. For this reason, the spread of this virus is slower in societies that have the habit of washing hands and pay attention to the general hygiene rules [8]. There is a high level of participation in the "stay at home" call by official institutions. Scientists warn that the COVID-19 virus can reach any age group quickly [1,9].

Approximately 214 countries reported the number of confirmed COVID-19 cases [10]. Countries have taken very strict restrictions such as vacation for schools, working from home, quarantine for regions with high number of cases, and most importantly, lockdown to slow down the COVID 19 outbreak. The lockdown days differ by countries. Countries have set the days when the lockdown started and ended according to the COVID-19 effect on their public. Some countries have extended the lockdown by many days due to COVID-19 continues its influence intensely on the public. Chakraborty and Maity have emphasized that the lockdown has both environmental and economic impact on countries. The lockdown has created the ground for renewal of the environment, especially with the closure of factories and the reduction of both private and public transportation vehicles used. COVID-19 increased the air quality in many parts of the world with the lockdown imposed during the pandemic process [9]. Due to the lockdown, economic activities have stopped reducing carbon emissions [11].

To prevent this pandemic, governments have started to apply bans under many social restrictions. Lockdown is at the forefront of these restrictions. The aim of this study is to analyze statistically that the lockdown plays an important role in preventing COVID-19 and to show

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its psychological effect on people. This study used COVID-19 data from 49 countries to analyze the impact of the lockdown to slow down the COVID-19 outbreak. Countries that do not constantly enforce the lockdown are not included in this study. The correlation tests were used for data analysis based on unconstrained (normal) and constrained (Tukey-lambda).

This study includes five sections. The first section deals with the literature review of studies related to COVID-19 pandemic. The second part gives detailed information about the methodology of the study. The results obtained from the method mentioned in the methodology section are discussed in the third section. An overview of the psychological, environmental, and economic impacts of the lockdown imposed in countries due to COVID-19 is discussed in the fourth section. In the last section, conclusion about the study has been provided.

2. Methodology

COVID-19 case data of the countries considered were collected from www.worldometer.com [6]. A total number of 3726797 million confirmed active COVID-19 cases have been documented worldwide as of May 5, 2020. The number of approved active COVID-19 cases in countries considered for this study was recorded as 1440776 as of May 5, 2020. COVID-19 cases and lockdown days data were collected for 49 countries that implemented the lockdown between certain dates (without interruption). The lockdown days of the countries were obtained from the websites of the official institutions of each country.

Most of the countries considered are located in the European region including Austria, Belgium, Denmark, France, Germany, Italy, Netherlands, Norway, Spain. Although COVID appeared in 19 China, the European region has become the epicenter of the virus, and more cases have emerged in Europe than in China. The highest case of COVID-19 from selected countries occurred in Spain, 250561 COVID-19 cases on May 5, 2020. Italy announced its first approved COVID-19 case on January 31, 2020.The country with the lowest COVID-19 case is Paraguay, 461 COVID-19 cases on May 5, 2020.

Fig. 2 shows the days of lockdown imposed by 49 countries. Some of these countries continue the lockdown. However, the last day of lockdown in these countries was accepted as 5 May 2020 for this study. The Ireland, which has been curfewed for 68 days, has the longest lockdown period. A total of 21983 COVID-19 cases were approved as of May 5, 2020 in Ireland. Spain, the country with the highest number of cases, has been imposed lockdown for 53 days (see Fig. 3).

Although China became the center in the first days of the epidemic, Italy passed China with the emerging cases. Even though Italy suffered a severe injury in this pandemic, Italy have managed to control the number of COVID-19 cases with the lockdown for a long time. On the other hand, although there is a downward trend in new cases confirmed in France and Spain, the number of cases confirmed in Spain has exceeded the number of cases confirmed in Italy.

Descriptive analyses were implemented for all the data. The statistical test was two-sided, and a value p < 0.05 was measured for model and parameter statistically significant based on the fit regression model. The data used for the study were analyzed using JMP Pro software

Gambar 9 : Artikel 9

Major Article

Compliance measurement and observed influencing factors of hand hygiene based on COVID-19 guidelines in China

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Key Words:
Criterion
Moment
Procedure
Duration
Hand drying

A B S T R A C T

Background: Higher requirement is put forward in the measurement of hand hygiene (HH) during a pandemic. This study aimed to describe HH compliance measurement and explore observed influencing factors with respect to coronavirus disease 2019 (COVID-19) guidelines in China.
Methods: Compliance was measured as the percentage of compliant opportunities based on criteria for 17 moments. The criteria for compliance included HH behavior, procedure, duration, hand drying method, and the overall that counts them all. The observed influencing factors included different departments and areas and protection motivation. Descriptive analysis and logistic regression were performed.
Results: The compliance of overall criteria, HH behavior, procedure, duration, and hand drying method were 79.44%, 96.71%, 95.74%, 88.93%, and 88.42%, respectively, which were significantly different from each other ($P < .001$). Meanwhile, the overall and hand drying method compliance in semi-contaminated areas (odds ratio [OR] = 1.829, $P < .001$; OR = 2.149, $P = .001$) and hygienic areas (OR = 1.689, $P = .004$; OR = 1.959, $P = .015$) were significantly higher than those in contaminated area. The compliance with HH behavior for the motivation of patient-protection (OR = 0.362, $P < .001$) was lower than that for the motivation of self-protection.
Conclusions: HH compliance was firstly measured using different criteria for 17 moments according to COVID-19 guidelines in China. The measurement of HH compliance needs clearer definition and comprehensive practice. Contaminated areas and motivation of patient-protection contribute to lower compliance, which may be addressed by allocating more human resources and increasing supervision and education.
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Hand hygiene (HH) is considered an effective measure to prevent and control the spread of disease.[1,2] Both alcohol-based handrub and handwashing with soap and water are critical approaches to preventing and controlling health care-associated infection (HCAI) that are effective in combating enveloped viruses, like Ebola and coronaviruses.[3] Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2),

first detected in Wuhan, is the cause of a pandemic and has infected more than 1 million people across the world up to April 11, 2020. HH in health care workers (HCWs) is important to protect both themselves and prevent the spread of the virus during this pandemic.[4]

Using "moments" in HH is a standardized technique to formulate its practice.[1] The most frequently used moment-based systems include the "5 moments" suggested by the World Health Organization (WHO), while the Centers for Disease Control and Prevention (CDC) in the United States suggest 5 moments, particularly stressing the moments before moving from work on a soiled body site to a clean body site on the same patient and after glove removal.[5] Some studies observed HH using moments before or after patient contact, after a specific task and during entry or exit.[6] However, many studies omitted to explain the moments they used, which can greatly influence the compliance result.[7] Recent studies found that the observed compliance of HH varies between 5% and 89%, and the observed

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Conflicts of interest: All the authors declared no interest.
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influencing factors include profession, working department, wearing gowns or gloves, and contact with patient environment, among others.[1,6]

Previous published studies have several limitations. First, the studies were limited focused on HH during emerging infectious diseases, especially HH via direct observation. For example, Jieun[8] and Akinyinka[9] used self-report to measure HH compliance during outbreak of Middle East respiratory syndrome-related coronavirus and Ebola, respectively. However, HH is more difficult and higher medical quality is required during the outbreak of infectious diseases. Previous studies of the moments of HH were mostly confined to 5 moments,[1,10] which may not be applicable to the stricter hygienic requirements in a pandemic and lead to the ignorance of other moments of HH. For example, the standard implementation of donning and doffing protective equipment is the cornerstone of protection for HCWs, which occupies much time for HCWs in daily clinical work. Moreover, guidelines from the WHO and National Health Commission of China stress the importance of HH before putting on and after removing personal protective equipment (PPE).[11,12]

Second, most studies calculated compliance using the percentage of opportunities for which HCWs are compliant to HH guidelines, while the criteria for HH compliance are obscure and incomplete.[6] The WHO and CDC both highlighted that methods to define HH compliance vary considerably and detailed information concerning the methods and criteria for evaluating HH needs to be researched and

staff members responsible for medical quality control who were experienced in HCAI control were trained by infection preventionists face to face (with PPE protection) to ensure the quality of covert observation. The definition of the criteria and method to perform were discussed and unified among all the observers. In one observation, the maximum number of observed HCWs should not exceed 3 and the duration of one observation should not exceeding 15 minutes based on the guidelines.[17]

MEASUREMENT

Dependent variable (compliance measurement of HH)

The dependent variable was the compliance of HH measured using different criteria based on moments.[1,5]

Moments

According to the technical guidelines issued by the Chinese government,[12] we assessed 17 moments (Table 1).

Criteria of compliance

According to the process recommended by the HH guidelines,[11,12] the criteria for compliance included HH behavior, procedure, dura-

Gambar 10 : Artikel 10

Short report

Factors associated with preventive behaviours of COVID-19 among hospital staff in Iran in 2020: an application of the Protection Motivation Theory

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ARTICLE INFO

SUMMARY

This study was conducted to predict the preventive behaviours of healthcare workers (HCWs) towards COVID-19 based on the Protection Motivation Theory (PMT). This cross-sectional and analytical study was conducted on 761 HCWs in Hamadan, Iran, using multi-stage random sampling. The preventive behaviours against COVID-19 among HCWs were assessed at a relatively desirable level. Based on the PMT, threat and coping appraisal were predictors of protection motivation to conduct COVID-19 preventive behaviours ($P<0.001$). The intention was also predictive of COVID-19 preventive behaviours ($P<0.001$). Consideration of personnel's self-efficacy and their knowledge regarding the effectiveness of protective behaviours in designing staff training programmes are recommended.

Introduction

A novel coronavirus (now designated SARS CoV2) was first reported in Wuhan, Hubei province, China, in December 2019 [1]. The COVID-19 pandemic has since reached an unprecedented magnitude, with approximately 2 million cases and 150,000 deaths worldwide at the time of writing. Iran is to date the most affected country by COVID-19 in the Middle East and North African region, and is one of the countries where the virus spread quickly and early. The Iranian Ministry of Health and Treatment reported that as of 15 April, there had been 76,389 confirmed cases of the infection and 4777 deaths in Iran

due to COVID-19. Also, more than 100 Iranian health workers died from the coronavirus [2].

Ensuring the safety of healthcare workers (HCWs) is not only crucial in protecting them against the virus but also in preventing the transmission of the virus [3]. Understanding the behaviours of HCWs, including the wearing of appropriate personal protective equipment (PPE), is therefore important in COVID-19 prevention. In this regard, the World Health Organization (WHO) has identified education as one of the most important components of prevention programmes [4]. Experts also believe that one of the reasons for the failure of educational programmes is the lack of attention to analytical studies and their inability to consider psycho-social models as an intellectual framework in educational planning. Among the theories that have been used in various studies to predict

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1

Table I
Mean, standard deviation (SD), percentage, range of scores and Pearson correlation coefficients among the constructs of the Protection Motivation Theory (n = 761)

Variables	1	2	3	4	5	6	Mean ± SD	Percentage	Range
1. Susceptibility	1						8.11 ± 1.56	73.0	3—10
2. Severity	0.38*	1					12.19 ± 2.25	76.6	3—15
3. Response efficacy	0.05	0.25*	1				20.27 ± 3.49	76.35	5—25
4. Self-efficacy	0.06	0.19*	0.47*	1			20.19 ± 3.44	75.95	5—25
5. Response cost	0.07	0.26*	-0.03	0.004	1		6.63 ± 2.32	57.88	2—10
6. Intention	0.21*	0.24*	0.27*	0.37*	0.13*	1	4.37 ± 0.81	84.25	1—5

* $P<0.001$.

protective behaviours is the Protective Motivation Theory (PMT) [5].

Considering the importance of identifying the determinants of the preventive behaviours of COVID-19 in HCWs in the design and implementation of preventive programs, this study was conducted for predicting the preventive behaviour of HCWs towards COVID-19 based on the PMT.

Methods

The present cross-sectional and analytical study was conducted in five teaching hospitals of the Hamadan City, the

'never' scored 2, 1 and 0, respectively). The validity of the questionnaire was confirmed using the viewpoints of 10 health-education experts. The reliability of the questionnaire was investigated by calculating internal consistency.

Correlation between PMT components was assessed by Pearson's correlation coefficient. The mean of threat and efficacy score were compared according to demographic characteristics using t-test and analysis of variance (ANOVA). A univariate linear regression analysis was performed to screen potentially significant determinants of intention and behaviour. All statistical analyses were conducted in STATA version 14 with a significant level of less than 5%.

Lampiran 3 : Pernyataan Publikasi, Manuscrip, Lembar Konsultasi & Berita Acara

HALAMAN PERNYATAAN PUBLIKASI TUGAS AKHIR UNTUK

KEPENTINGAN AKADEMIS

Sebagai Civita Akademika Universitas Muhammadiyah Surabaya, saya yang bertanda tangan dibawah ini :

Nama   : Alifa Firdaus

Nim   : 20161660054

Fakultas   : Ilmu Kesehatan

Progam Studi : S1 Keperawatan

Demi pengembangan Ilmu pengetahuan, menyetujui untuk memberikan kepada program S1 Keperawatan Universitas Muhammadiyah Surabaya. Hak bebas Royalti Non-Eksklusif (Non-Exlusive Royality Free Right) atas karya saya yang berjudul "Upaya Pencegahan Penyebaran COVID-19 (*Corona Virus Disease*)".

Beserta perangkat yang ada (jika diperlukan). Dengan ini hak bebas Royalty Non-Eksklusif ini. Program S1 Keperawatan Universitas Muhammadiyah Surabaya berhak menyimpan, mengalih media/formatkan, mengelolah dalam bentuk pangkalan data, merawat dan mempublikasikan hasil akhir saya selama tetap, mencantumkan nama saya sebagai penulis atau pencipta ataudengan pembimbing sebagai pemilik cipta.

Demikian pernyataan ini saya buat dengan sebenarnya.

Dibuat : Surabaya

Pada tanggal : 9 September 2020

Yang Menyatakan

Alifa Firdaus

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Nama Mahasiswa   : Alifa Firdaus

Nama pembimbing 1 : Dr. A. Aziz Alimul H, S.Kep., Ns., M.Kes

Judul   : Upaya Pencegahan Penyebaran Covid-19

No	Tanggal	Catatan Pembimbing Hal Yang Direvisi	Hasil Revisi	Tanda Tangan
1	20 Nov 2019	Konsultasi Bab I	Revisi MSKS	
2	04 Des 2019	Konsultasi Bab I	MSKS lebih diperkuat Revisi Bab 2	
3	10 Maret 2020	Konsultasi Bab 1,2,3	Revisi Bab 3	
4	22 April 2020	Konsultasi BAB 2	Mengerjakan Bab 1	
5	10 Mei 2020	Konsultasi Skripsi Literature Review	Lanjut Bab 2,3	
6	22 Mei 2020	Konsultasi Bab 1	Revisi Bab 1,2,3	
7	21 Juni 2020	Konsultasi Bab 1,2,3	Revisi Bab 2 dan hasil pencarian jurnal	
8	01 Juli 2020	Konsultasi Bab 1,2,3	Acc Ujian proposal	
9	14 Juli 2020	Konsultasi Bab 2 dan hasil Pencarian jurnal	Mengerjakan Bab 4	
10	15 Agts 2020	Konsultasi revisi ujian proposal	Revisi Hasil penelitian	
11	18 Agts 2020	Konsultasi Bab 4	Revisi kesimpulan penelitian	
12	19 Agts 2020	Konsultasi hasil penelitian	Revisi hasil dan pembahasan	
13	26 Agts 2020	Konsultasi hasil dan pembahasan	Tambahkan hasil penelitian lain	
14	1 Sept 2020	Konsultasi hasil dan pembahasan	Perbaiki Abstrak dan lanjut ujian skripsi	

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Nama pembimbing 2 : Reliani, S.Kep., Ns., M.Kes

Judul : Upaya Pencegahan Penyebaran Covid-19

No	Tanggal	Catatan Pembimbing Hal Yang Direvisi	Hasil Revisi	Tanda Tangan
1	18 Nov 2019	Konsultasi Bab 1	Perkuat MSKS	
2	03 Des 2019	Konsultasi Bab 1	Lanjut Bab 2,3	
3	13 Maret 2020	Konsultasi Bab 1,2,3	Revisi Bab 1,2,3 penulisan, dan halaman	
4	22 Mei 2020	Konsultasi skripsi literature review	Mengerjakan Bab 1	
5	27 Mei 2020	Konsultasi Bab 1	Mengerjakan Bab 1,2,3	
6	12 Juni 2020	Konsultasi Bab 1,2,3	Revisi Bab 1,2,3	
7	21 Juni 2020	Konsultasi Bab 1,2,3	Acc ujian proposal	
8	25 Juni 2020	Konsultasi revisi ujian proposal	Lanjut Bab 4	
9	03 Juli 2020	Konsultasi Bab 4	Revisi Bab 4	
10	15 Agts 2020	Konsultasi Bab 4	Lanjut Bab 5	
11	24 Agts 2020	Konsultasi Bab 4,5	Revisi Bab 4	
12	27 Agts 2020	Konsultasi Bab 4	Acc ujian skripsi	

BERITA ACARA REVISI PROPOSAL

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Nim   : 20161660054

Judul   : Upaya Pecegahan Penyebaran Covid-19

No	PROPOSAL SKRIPSI	HAL	PERBAIKAN
1	Latar Belakang (Masalah)	1	Penyesuaian lebih spesifik penulisan masalah yang diangkat
2	BAB 3	14	Perubahan database yang lebih spesifik
3	Daftar Pustaka	36	Penulisan daftar pustaka menggunakan Mendeley dan referensi yang jelas, hilangkan gelar pada Author

Surabaya, 10 September 2020

Pembimbing 1

Dr. A. Aziz Alimul H, S.Kep., Ns., M.Kes

BERITA ACARA REVISI SEMINAR HASIL

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Judul   : Upaya Pecegahan Penyebaran Covid-19

No	PROPOSAL SKRIPSI	HAL	PERBAIKAN
1	BAB 3	14	Perubahan database yang lebih spesifik, tambahkan filter agar hasilnya lebih sedikit. Jangan menggunakan PNRI karena bukan database.
2	BAB 4	17	1. Memperluas hasil dari artikel jurnal 2. Jelaskan artikel lebih rinci 3. Perbaiki kolom hasil penelitian lebih rinci. 4. Perluas pembahasan

Surabaya, 10 September 2020

Pembimbing 1

Dr. A. Aziz Alimul H, S.Kep., Ns., M.Kes

BERITA ACARA REVISI PROPOSAL

Pembimbing 2 : Reliani S.Kep.,Ns.,M.Kes

Nama   : Alifa Firdaus

Nim   : 20161660054

Judul   : Upaya Pecegahan Penyebaran Covid-19

No	PROPOSAL SKRIPSI	HAL	PERBAIKAN
1	Latar Belakang (Masalah)	1	Penyesuaian lebih spesifik penulisan masalah yang diangkat
2	BAB 3	14	Perubahan database yang lebih spesifik
3	Daftar Pustaka	36	Penulisan daftar pustaka menggunakan Mendeley dan referensi yang jelas, masih banyak referensi yang belum masuk dalam daftar pustaka.

Surabaya, 10 September 2020

Pembimbing 2

Reliani S.Kep.,Ns.,M.Kes

BERITA ACARA REVISI SEMINAR HASIL

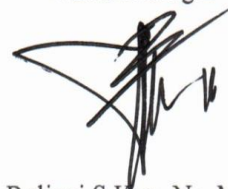Pembimbing 2 : Reliani S.Kep.,Ns.,M.Kes

Nama   : Alifa Firdaus

Nim   : 20161660054

Judul   : Upaya Pecegahan Penyebaran Covid-19

No	PROPOSAL SKRIPSI	HAL	PERBAIKAN
1	Abstrak	viii	Perbaiki dan pelajari isi abstrak
2	BAB 3	14	Perubahan database yang lebih spesifik, tambahkan filter agar hasilnya lebih sedikit. Jangan menggunakan PNRI karena bukan database
3	BAB 4	17	1. Memperluas hasil dari artikel jurnal 2. Jelaskan artikel lebih rinci 3. Perbaiki kolom hasil penelitian lebih rinci. 4. Perluas pembahasan

Surabaya, 10 September 2020

Pembimbing 2

Reliani S.Kep.,Ns.,M.Kes

BERITA ACARA REVISI PROPOSAL

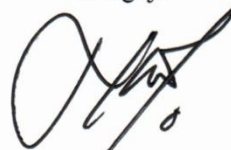Penguji   : Nugroho Ari Wibowo, S.Kep.Ns., M.Kep

Nama   : Alifa Firdaus

Nim   : 20161660054

Judul   : Upaya Pecegahan Penyebaran Covid-19

No	PROPOSAL SKRIPSI	HAL	PERBAIKAN
1	Latar Belakang (Masalah)	1	Penyesuaian lebih spesifik penulisan masalah yang diangkat
2	BAB 3	14	Perubahan database yang lebih spesifik, tambahkan filter agak hasilnya lebih sedikit.
3	Daftar Pustaka	36	Penulisan daftar pustaka menggunakan Mendeley dan referensi yang jelas.

Surabaya, 10 September 2020

Penguji

Nugroho Ari Wibowo, S.Kep.Ns., M.Kep

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Penguji   : Nugroho Ari Wibowo, S.Kep.Ns., M.Kep
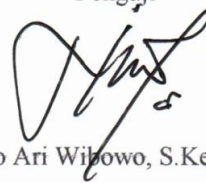
Nama   : Alifa Firdaus

Nim   : 20161660054

Judul   : Upaya Pecegahan Penyebaran Covid-19

No	PROPOSAL SKRIPSI	HAL	PERBAIKAN
1	BAB 4	17	1. Lebih spesifikkan jurnal 2. Kuatkan artikel pendamping 3. Tambahkan opini peneliti 4. Jelaskan artikel lebih rinci 5. Hasil dan pembahasan lebih dijelaskan 6. Lebih baik hilangkan artikel jurnal tentang pengobatan karena akan dipertanggungjawabkan farmakologinya dan komposisinya 7. Lebih baik fokuskan pada artikel hand hygine, masker, lockdown

Surabaya, 10 September 2020

Penguji

Nugroho Ari Wibowo, S.Kep.Ns., M.Kep