



DESCRIPTION OF COVID-19 PATIENTS AT BHAKTI DHARMA HUSADA SURABAYA HOSPITAL IN FEBRUARY 2022

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Abstrak

Indonesia memasuki gelombang ke tiga COVID-19 mulai bulan Januari 2022, dimana mulai terjadi kenaikan kasus COVID-19. RSUD Bhakti Dharma Husada Surabaya mulai mengalami kenaikan pasien rawat inap COVID-19 pada bulan Februari 2022. Penelitian ini bertujuan untuk menggambarkan kasus COVID-19 yang dirawat di RSUD Bhakti Dharma Husada menurut jenis kelamin, usia, status vaksinasi dan severity. Penelitian ini merupakan penelitian deskriptif observasional dengan pendekatan case series. Sumber data pada penelitian ini adalah data sekunder yang diambil pada aplikasi RS online ditjen yankes bulan Februari 2022. Mayoritas pasien COVID-19 yang dirawat di RSUD Bhakti Dharma Husada pada bulan Februari tahun 2022 adalah berjenis kelamin perempuan ; 87 (50,6%), paling banyak berusia 51-60 tahun ; 35 (20,4%), terbanyak memiliki riwayat tidak vaksin ; 82 (47,7%), dan mayoritas severity level ringan ; 132 (76,3%).

Kata Kunci: COVID-19, Deskriptif, Rumah Sakit

Abstract

Indonesia were entering the third wave of COVID-19 starting in January 2022, where there has been an increase in COVID-19 cases. Bhakti Dharma Husada Hospital Surabaya began to experience an increase in COVID-19 inpatients in February 2022. This study aims to describe COVID-19 cases treated at Bhakti Dharma Husada Hospital according to gender, age, vaccination status, and severity level.. This research is a descriptive observational study with a case series approach. The data source in this study was secondary data taken from the online hospital application of the Directorate General of Health and Safety in February 2022. The majority of COVID-19 patients treated at the Bhakti Dharma Husada Hospital in February 2022 were female ; 87 (50,6%), the most age of patients were 51-60 years old ; 35 (20,4 %), most had a history of no vaccine ; 82 (47,7%), and the majority of the severity level was mild 132 (76,7%).

Keywords: COVID-19, Deskriptive, Hospital

1. INTRODUCTION

The first version of SIRS.kemkes.go.id has been used for data collection of COVID-19 patients in hospitals since March 2020 and has undergone several changes. The latest version began to be used in January 2022 where the changes are in addition to data collection regarding vaccine history, oxygen therapy, initial saturation and severity level. The world case in the 3rd wave is dominated by the omicron variant. However, the PCR examination of patients at the Bhakti Dharma Husada Hospital was not examined for whole genome sequencing (WGS), so the variant

was unknown. So, the data collection of variant types at SIRS.kemkes.go.id is not filled in.

This study aims to provide an analysis of the description of Covid-19 patients at Bhakti Dharma Husada Hospital Surabaya in the 3rd. Covid-19 is an infectious disease that was first reported in Wuhan, China in December 2019. Covid-19 is known as the Novel Coronavirus caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). March 2020 COVID-19 is still a pandemic until now. Indonesia is entering the third wave of COVID-19



starting in January 2022, where there has been an increase in COVID-19 cases by more than doubling, namely 14,728 where previously it was 5,456 (data dated January 23, 2021, source

<https://covid19.go.id/>. Bhakti Dharma Husada Hospital is one of the COVID-19 referral hospitals which began to experience an increase in COVID-19 inpatients in February 2022.

2. RESEARCH METHOD

This research was an observational descriptive study with a case series approach. The source of data in this study is secondary data taken from the online hospital application of the Directorate General of Health and Health version 3 (three) where the data starts from Januari 2022 until the data collection for this study ends in February 2022. This study describes the incidence of COVID-19 with a case approach. epidemiology by person, and time. The variables studied in this study were gender, age, vaccine history and severity level.

3. RESULTS AND DISCUSSION

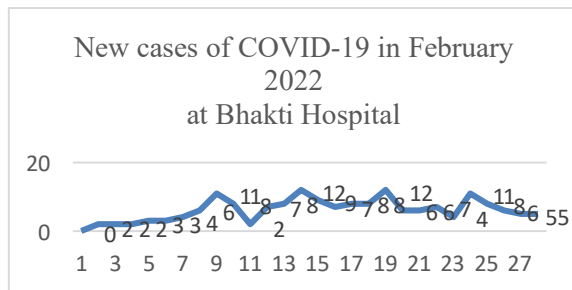


Figure 1. Corona virus case on February 2022

The highest number of COVID-19 patients who entered the Bhakti Dharma Husada Hospital for the period of Februari 2022 was the most in 15th and 19th as 12 patients, the lowest was on the 1st with 0 patients. For the Surabaya area, COVID-19 cases began torise on January 5, 2022 with the addition of 404 cases and reached a peak on February 22 with 57,491 cases. According to WHO on science in 5 on COVID-19, some factors are contributing to increased transmission around the world. The first are these variants of concern, including the Delta variant. the Delta variant is identified, it rapidly takes off and spreads between people more efficiently

than even the Alpha variant that was first detected around December, January 2021. The second factor is that we have increased social mixing and increased social mobility, which increases the number of contacts that individuals have. The third factor is the relaxation or the inappropriate use of public health and social measures. Proven public health and social measures that we know prevent infections, reduce the spread of somebody who is infected with the virus to others, and save lives. And the fourth factor is the uneven and inequitable distribution of vaccines. Acording CDC the Omicron variant spreads more easily than the original virus that causes COVID-19 and the Delta variant. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.

CASES BY PEOPLE		
GENDER	n	%
Male	85	49.4
Female	87	50.6
TOTAL	172	100
AGE	n	%
1 - 10 years old	22	12,8
11 - 20 years old	7	4,1
21 - 30 years old	16	9,3
31 - 40 years old	10	5,8
41 - 50 years old	25	14,5
51 - 60 years old	35	20,4
61 - 70 years old	30	17,4
71 - 80 years old	23	13,4
81 - 100 years old	4	2,3
TOTAL	172	100

Table 1. Distribution of Covid-19 cases based on people at Bhakti Dharma Husada Hospital on Februari 2022

The gender of COVID-19 patients who entered the Bhakti Dharma Husada Hospital in the period February 20212 the most was female, namely 87 patients (50,6%). Gender



male was 85 patients (49,4%). Majority patients was 51-60 years old as 35 (20,4 %) and the lowest was 81-100 years old with 4 (2,3 %) see table 1.

This is the same as result in the period September 2020 - June 2021 the most was also female, namely 436 patients (53.04%).

Data from <https://infeksiemerging.kemkes.go.id/dashboar/covid-19> about the age of COVID-19 patients up to 10 February 2022 said more women than men (50.4% vs 47.6%), age 25-34 is the largest age category for patients suffering from COVID-19. Data on the age of patients hospitalized are dominated by elderly patients (over 50 years) who mostly have comorbidities. According WHO, the percentage of infection distribution in males is greater than in females (51% vs 47%) with some variations across age groups. Based on the data from 77 000 deaths in the case-based reporting database (nearly 30% of all known deaths), there appear to be higher numbers of deaths (45 000 or 58%) in men. Geographical variations in infection rates and deaths among women and men of different age groups are probable; however, available data come from relatively few countries and are therefore skewed. Consequently, any interpretation of the gender differences across age groups and countries must be made with great caution. Evidence from past epidemics, such as the SARS coronavirus outbreak in 2002–2003, shows that men and women are likely to have both different susceptibilities to the virus and different vulnerabilities to the infection as a result of both sex- and gender-related factors. Data (on persons tested, the severity of the disease, hospitalization rates, discharge [recovery], and health worker status) that are disaggregated at a minimum by sex and age as well as by other stratifies such as socioeconomic status, ethnicity, sexual orientation, gender identity, refugee status, etc., where feasible could help in identifying and addressing health inequities related to COVID-19.

Vaccine		
	n	%
No vaccine	82	47,7
1 Doses	7	4,1
2 Doses	73	42,4
Booster	10	5,8
Total	172	100

Table 2. Distribution of Covid-19 cases at Bhakti Dharma Husada Hospital on Februari 2022 based on vaccine

From the 172 patients who were treated in the special isolation room for COVID-19 at the Bhakti Dharma Husada Hospital, 82 patients (47.7%) had not / did not get the vaccine and 7 patients (4,1 %) got 1st doses. According CDC [COVID-19 vaccines](#) remain the best public health measure to protect people from COVID-19 and reduce the likelihood of new variants emerging. This includes primary series, [booster shots](#), and additional doses for those who need them. Scientists are still learning how effective COVID-19 vaccines are at preventing infection from Omicron. Current vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with the Omicron variant. However, [breakthrough infections](#) in people who are vaccinated are likely to occur. People who are [up to date with their COVID-19 vaccines](#) and get COVID-19 are less likely to develop serious illness than those who are unvaccinated and get COVID-19. CDC recommends that everyone 5 years and older protect themselves from COVID-19 by getting vaccinated. Everyone ages 12 years and older should stay up to date on their COVID-19 vaccines and get a [booster shot](#) when eligible.

WHO said vaccines can stop most people from getting sick with COVID-19, but not everyone. Even after someone takes all of the recommended doses and waits a few weeks for immunity to build up, there is still a chance that they can get infected. Vaccines



do not provide full (100%) protection, breakthrough infections (where people get the virus, despite having been fully vaccinated) will occur. When cases increase and transmission accelerates, it's more likely that new dangerous and more transmissible variants emerge, which can spread more easily or cause more severe illness. Based on what we know so far, vaccines are proving effective against existing variants, especially at preventing severe disease, hospitalization and death. However, some variants are having a slight impact on the ability of vaccines to guard against mild disease and infection. Vaccines are likely staying effective against variants because of the broad immune response they cause, which means that virus changes or mutations are unlikely to make vaccines completely ineffective. One of the best ways of guarding against new variants is to continue applying tried-and-tested public health measures and rolling out vaccines. All COVID-19 vaccines approved for emergency use listing by WHO have been thoroughly tested and proven to provide a high degree of protection against serious illness and death.

Severity Level		
	n	%
Asymtomatic	21	12,2
Mild	132	76,7
Currently	11	6,4
Severe	8	4,7
Total	172	100

Table 3. Distribution of Covid-19 cases at BhaktiDharma Husada Hospital on Februari 2022 based on severity level

From the 172 patients who were treated in the special isolation room for COVID-19 at the Bhakti Dharma Husada Hospital, 132 patients (76,7%) had mild complaints and 8 patients (4,7 %) had severe complaints. This is the same as result with The Lancet, Nicole Wolter and colleagues that was

community epidemics of the omicron variant will probably have less of an impact on health compared with previous COVID-19 waves in most locations because of increased levels of population immunity and the possible reduced intrinsic severity of omicron infections. Nonetheless, in this generally young South African population, 21% of hospitalised patients infected with the SARS-CoV-2 omicron variant had a severe clinical outcome,1 a proportion that might increase and cause substantial impact during outbreaks in populations with different demographics and lower levels of infection-derived or vaccine-derived immunity. This report of typically milder disease following infection with the omicron versus delta variant in South Africa is encouraging. Acording CDC Omicron infection generally causes less severe disease than infection with prior variants. Preliminary data suggest that Omicron may cause more mild disease, although some people may still have severe disease, need hospitalization, and could die from the infection with this variant. Even if only a small percentage of people with Omicron infection need hospitalization, the large volume of cases could overwhelm the healthcare system which is why it's important to take steps to protect ourself.

4. CONCLUSIONS AND SUGGESTIONS

The majority of COVID-19 patients treated at the Bhakti Dharma Husada Hospital in February 2022 were female ; 87 (50,6%), the most age of patients were 51-60 years old ; 35 (20,4 %), most had a history of no vaccine ; 82 (47,7%), and the majority of the severity level was mild 132 (76,7%).

the urgent need for better and complete reporting of data by sex and age, as a minimum, to better identify and understand the key differences and disparities to inform a more effective COVID-19 response.

All approved COVID-19 vaccines have been thoroughly tested, and all provide a high



degree of protection against getting seriously ill and dying from the disease. It is important to be vaccinated as soon as possible and not wait. This way, to build immunity in communities faster and can get back to our normal lives.

The severity of the omicron is reported mild than the delta variant but we should not assume that omicron variant epidemics will have such a low health effect elsewhere

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