



## FAMILY HEALTH HISTORY CONFIRMED POSITIVE COVID-19 DURING SELF ISOLATION

Lia Nurliani<sup>1</sup>, Andria Praghlapati<sup>1</sup>

<sup>1</sup>RSHS Bandung

Case Study

### ABSTRACT

**Introduction:** Coronavirus or Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2) is a virus variant that was newly discovered in December 2019, in Wuhan China, and is the cause of the infectious disease Coronavirus Disease-2019 (COVID-19). This virus can infect all ages and manifests mild to severe symptoms, and can even cause death. Until now, various efforts have been made to prevent the spread of COVID-19, including the government's policy to self-isolate for people infected with COVID-19 who have mild symptoms. During self-isolation, different health problems may arise for each person. Mental health is very necessary to support physical health during isolation. **Methods:** The method used is a qualitative method, a case study on five family members who were confirmed positive for COVID-19 by describing the health history of each individual. **Results:** Family confirmed positive for COVID-19 by RT-PCR swab examination. The family reports to the local government according to procedures. The family self-isolated for 34 days based on the history, evaluation of the PCR swab results, and the presence or absence of symptoms. Mr. I's family received monitoring from hospital doctors, the PUSKESMAS team, and family doctors. During isolation, all family members experienced mild COVID-19 symptoms. Families get medicine from PUSKESMAS, hospital doctors, and fitofarmaka based on recommendations. All family members carry out health protocols and isolation protocols according to government recommendations. **Conclusions:** Self-isolation by a person or group of people with mild COVID-19 symptoms. Self-isolation can work well if basic needs are met and have good mental health. Mr. I and his family can self-isolate without any mental health problems.

### ARTICLE INFO

Received November 26, 2021

Accepted January 21, 2022

Online May 31, 2022

\*Correspondence:

Lia Nurliani

\*Email:

[azalea.mizzuia@gmail.com](mailto:azalea.mizzuia@gmail.com)

### Keywords:

Covid-19, Self-isolation, Family Health

### INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is infection highly contagious novelty that has impact significant worldwide to mortality and morbidity economy. Report start made from sample respiration disclose syndrome respiration I severe coronavirus 2 (SARS-CoV-2) as the cause. Generally, patients infected with SARS-CoV-2 experience disease breathing, with symptom first fever, cough, and fatigue with fast develop to pneumonia. A number of patient observed with manifestation atypical at first disease, such as conjunctivitis, or even served with infection without symptom (Ozturker, 2021).

Based on data (WHO, 2021) as many as 185,038,806 people in the world who have confirmed positive for COVID-19 and as many as 4,006.882 people died today. Meanwhile in

Indonesia, according to committee COVID-19 handling and recovery economy national as much 2,455,912 people confirmed positive, stated healed as much 2,023,548, and died as much 64,631 people. Then, in West Java based on data (Pikobar - Center for Information and Coordination of COVID-19 West Java, nd) in 2021 as many as 432,978 people were confirmed positive, died 5,848 people, and finished self-isolation/recovered 343,671 people. Numbers the experience increase every time.

For reduce level spread, WHO and government recommend inhabitant Public for stay home (Matias et al., 2020). On July 10, 2021, it was recorded that as much 85,748 residents West Java is undergo insulation / inside care, whether in isolation at home or facilities provided by the government as well as

deep home care (Pikobar - West Java COVID-19 Information and Coordination Center, nd).

Isolation independent is action important thing done by people who have COVID-19 symptoms for prevent transmission to others in society, including member family, isolation independent is when someone who experiences fever, cough, or Other COVID-19 symptoms stay at home and not go work, school, or to places general. This thing done by volunteer or based on recommendation from provider service health (WHO, 2021). Isolation home care could considered for COVID-19 patients with disease light when isolation take care stay no available. However, suggestions and actions prevention about cleanliness breathing, ventilation environment, cleanliness hand, space confinement together, and intake optimal nutrition must be followed as part of the management process (World Health Organization, 2020).

Most (about 80%) of infected people succeed recover without need maintenance special. About 1 in 5 people infected with

COVID-19 suffer from sick critical or difficulty breathe. Advanced people (elderly) and people with condition medical attendant as pressure blood high, disturbance heart and lungs, diabetes, or cancer own possible more big experience sick more seriously. However, anyone could infected with COVID-19 and experiencing serious illness. People from all age experience fever and or cough accompanied with difficulty breathing/shortness of breath, chest pain/pressure, or lost ability speak or move should quick look for help medical. If possible, recommended for contact provider service health or facility health more first, so patient could directed to facility proper health (WHO, 2021).

## MATERIALS AND METHODS

This research is a qualitative research, case study, by describing five cases of family members' medical history who were confirmed positive for COVID-19 and were self-isolating at home. The study was conducted from June 13, 2021 to July 16, 2021.

## RESULTS

Table 1. Profile of Family Members and History of COVID Vaccination

NO	NAME	AGE	COVID VACCINATION HISTORY
1.	Mr. I	33 years old	SINOVAC 1 and 2
2.	Mrs. L	33 years old	SINOVAC 1 and 2
3.	Mr. S	7 years old	-
4.	Mr. G	3 years	-
5.	Mrs. K	45 years old	-

### Mr. I's Health History During Self-Isolation

Mr. I started complaining of not feeling well and having not slept well since June 12, 2021. The next day, the night of June 13, 2021 Mr. I started to cough up a runny nose, fever, chills, and almost all of the food tasted predominantly salty. At that time, the thermometer showed a temperature of 38. Mr. I decided to take a break and take paracetamol and multivitamins. Mr. I also asked his superiors for permission to work from home and reported that he had contact with a co-worker

who at that time was only found to be positive. Following up on Mr. I's complaint, Mr. I was also scheduled for a PCR swab examination on June 15, 2021. Mr. I carried out a PCR swab examination and went to the covid polyclinic at the hospital. The doctor also advised Mr. I to rest and issued a letter for Mr. I self-isolate. Mr. I was confirmed positive for COVID-19 by RT-PCR examination on the evening of June 15, 2021, with a CT ORFlab value of 17.31.

Table 2. Pharmacological/Non-Pharmacological Therapy based on symptoms and treatment products used during Mr. I's self-isolation

Symptom	Pharmacological	Non-pharmacological	Care products used
Fever, sore throat/pain swallowing	<b>Paracetamol</b> 500 mg orally (3 x 1 tablet and further as needed if there are complaints of pain). <b>Antibiotics</b> : azythromycin 1 x 1 tablet/day, for 5 days. <b>Erythromycin</b> 4 x 1 tablet/day (given PUSKESMAS as a substitute for azythromycin when there is no supply). <b>Antivirus</b> : oseltamivir 1 x 1 tablet/day	<b>Ustadz Adi Hidayat 's pH7</b> spice supplement 2 x 1 capsule <b>Honey</b> <b>Alkaline water</b> (kangen water)	<b>Betadine mouthwash</b> (povidone iodine 1%)
Dysgeusia	-		
Cough and cold	<b>N-acetylcysteine</b> 3 x 200 mg orally		
Fatigue/light fatigue	<b>Omega 3</b>		

Symptom	Pharmacological	Non-pharmacological	Care products used
Ulcer	<b>Zegavit</b> 1 x 1 tablet <b>Vitamin D3</b> 5000 1 x 1 capsule		
Nausea, heartburn	<b>Omeprazole</b> 2 x 40 mg orally <b>Antacid</b> syrup 3 x 1 cth		

At the beginning of knowing that he was confirmed to have COVID-19, Mr. I said that his position as the head of the family was quite difficult at that time. Mr. I could not isolate himself at the facilities provided by the government at that time because the available space was still limited. So Mr. I also had to self-isolate at home. Mr. I was worried about the pain he was suffering from. Mr. I am also worried about how my family, relatives and community will respond.

Mr. I felt bored, not free, difficult to travel during isolation. At first, he felt lonely and sad because he was isolated by himself and could not contact his family even though he lived in the same house. However, after a family member was confirmed positive, Mr. I no longer felt lonely. Mr. I and his family had to spend more than a month in isolation at home with a limited area of the house.

### Mrs. L.'s Health History

On June 15, 2021, Mrs. L started complaining of coughing. Incidentally, today Mrs. L got a schedule for a swab examination because of tracing a colleague who was confirmed positive. In the evening, it was informed that the swab result was negative. On the same date, her husband's swab result was positive. So that Mrs. L who has a history of

close contact must be investigated to the covid polyclinic at the hospital and is advised to quarantine until June 24, 2021. On June 15, Mrs. L has started taking multivitamin zegavit 1 tablet per day.

On June 17, 2021, Mrs. L began to complain of some symptoms but Mrs. L also had to take care of her two children who complained of dizziness and fever. Mrs. L was suspicious of her children's illness and decided to buy a self-antigen swab kit. Based on the results of the self-administered antigen swab test, the two children were positive for COVID-19 while the household assistant and Mrs. L herself were negative. Until the next day (June 18, 2021) Mrs. L also felt unwell, had trouble sleeping, was weak, and had myalgias. But Mrs. L had to bring his two children and a household assistant to do a PCR swab examination at the hospital. And in the evening, it was informed that his two children and their household assistant were confirmed positive for COVID-19. Mrs. L did not do a PCR swab because it was still in quarantine and a swab was planned from the COVID polyclinic on June 24, 2021. However, by looking at the situation at home, namely four people who had close contact with confirmed COVID-19, Mrs. L was sure the symptoms were a manifestation from the symptoms of COVID-19.

Table 3. Pharmacological/Non-Pharmacological Therapy based on symptoms and treatment products used during Mrs. L's self-isolation

Symptom	Pharmacological	Non-pharmacological	Care products used
Fever, pain	<b>Antipyretic, Analgesic</b> : Paracetamol 500 mg orally (when needed) <b>Antibiotics</b> : azythromycin 1 x 1 tablet/day, erythromycin 4 x 1 tablet/day. <b>Antivirus</b> : favipiravir	<b>Qust al-Hind</b> <b>Honey</b> <b>Alkaline water</b> (kangen water)	<b>Betadine</b> mouthwash (povidone iodine 1%) <b>Strong acid</b> from Kangen Water <b>Strong kangen water</b>
Dysgeusia	-		
Cough and cold	<b>N-acetylcysteine</b> 3 x 200 mg orally <b>Black cough medicine</b> 3 x 15 ml <b>Intunal forte</b> 3 x 1 tablet/day		
Anosmia	-		
Fatigue/light fatigue	<b>Vitamin D3</b> 5000 1 x 1 capsule <b>Omega 3. Zegavit</b> 1 x 1 tablet		
Nauseous	<b>Omeprazole</b> 2 x 40 mg orally		

Feelings of boredom are often felt by Mrs. L and family. But Mrs. L does not feel lonely because of the isolation with her husband and children. Closest family, relatives, and closest neighbors provide moral and

material support quite well. Basic needs and medicines are met. So even though there are some obstacles and fears during self-isolation, they can be handled quite well.

### Mr.S's Health History

On the morning of June 17, 2021, Mr.S complained of dizziness and stomach discomfort. In the afternoon Mr.S started to have a fever of 38.3°C and at night it got higher and higher with myalgia. Mr.S gave paracetamol syrup 15 ml, the heat went down a bit in 1-2 hours, then after about 4 hours the heat started to rise again. Paracetamol syrup is usually replaced with paracetamol (temptra)

forte 5 ml (according to the dosage instructions for use). Fever medication is given up to 4 times a day. During the day, a self-antigen swab examination was carried out with a positive result. Confirmed the next day on June 18, 2021 with an RT-PCR swab, positive result for COVID-19 with CT 20.26.

Table 4. Pharmacological/Non-Pharmacological Therapy based on symptoms and treatment products used during Mr. S's self-isolation

Symptom	Pharmacologist	Non-pharmacological	Care products used
Fever, dizziness, sore throat, aches	<b>Paracetamol/Temptra Forte</b> 3 x 5 ml	<b>Honey</b> <b>Qust al-Hind</b>	<b>Betadine</b> mouthwash (povidone iodine 1%)
Diarrhea, abdominal pain, decreased appetite	<b>Zync</b> syrup 1 x 10 ml (10 days)	<b>Alkaline water</b> (kangen water)	<b>Strong acid</b> from Kangen Water for nasal and mouth spray
Fatigue/light fatigue	<b>Sakatonic ABC</b> 2-3 tablets/day		

Mr. S often complains that he is bored because he has to stay at home, he can't play with his friends. Mr. S often looks unhappy when he sees news about COVID-19 on

television. Mr.S has been out of the house twice for more than a month in self-isolation for the sake of swab checks to hospitals and swabs to PUSKESMAS.

Table 5. Pharmacological/Non-Pharmacological Therapy based on symptoms and treatment products used during Mr.G's self-isolation

Symptom	Pharmacological	Non Pharmacological	Care products used
Fever, dizziness	<b>Paracetamol/naprex</b> 4 x 2.5 ml on the first day, then 3 x 2.5 ml	<b>Honey</b>	<b>Strong acid</b> from Kangen Water for nasal and mouth spray
Faigue/light fatigue	<b>Sakatonic ABC</b> 2-3 tablets/day	<b>Alkaline water</b> (kangen water)	

### Mr.G's Health History

On June 17, 2021, Mr.G began to feel feverish and a bit weak. When checked the temperature reached 39.5°C. Mr.G, does not complain of other complaints, still has a fairly good appetite, and can still carry out playing activities. In the afternoon, a self-antigen swab was tested with a positive result for COVID-19. Confirmed the next day with RT-PCR swab on June 18, 2021, positive result for COVID-19 with CT 20.26. Mr G was informed by his mother that he was confirmed to have COVID-

19 using a mother-to-child approach. Mr. G can follow parental instructions if he has to stay at home, must wear a mask when meeting other people and leave the house, must take medicine and vitamins, must do a swab check, must consume healthy food. Mr. G looks bored with all day activities at home. But Mr. G can occasionally come to the front of the house to sunbathe while playing alternately with his neighbors.

### Mrs. K 's Health History

On June 16, 2021, Mrs. K started to feel chills but no fever. The next day, on June 17, 2021, Mrs. K complained of a runny nose, and sore throat. Mrs. K underwent a self-antigen swab examination, the result was negative. On

June 18, 2021, Mrs. K complained of runny nose, headache and myalgia. Mrs. K underwent a PCR swab examination and that evening was informed that the results were positive with CT 16.01 ORFlab.

Table 6. Pharmacological/Non-Pharmacological Therapy based on symptoms and treatment products used during Mrs. K's self- isolation

Symptom	Pharmacologist	Non Pharmacological	Care products used
Cough, cold, headache	<b>N-acetylcysteine</b> 3 x 200 mg orally Intunal 3 x 1 tablet orally	<b>Honey</b>	<b>Betadine</b> mouthwash (povidone iodine 1%)

Symptom	Pharmacologist	Non Pharmacological	Care products used
Myalgia	<b>Antibiotics</b> : azythromycin 1x1 tablet/day for 5 days. Erythromycin 4 x 1 tablet /day (given because azythromycin is not available) <b>Vit. B complex</b> , <b>Zegavit</b> 1 x 1 tablet, <b>Bexicom Z</b> 1 x 1 tablet		

## DISCUSSION

The most common symptoms of COVID-19 are fever, dry cough, and feeling tired. Other, less common, symptoms that some patients may experience include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of sense of taste or smell, skin rash, or discoloration of the fingers or toes. The symptoms experienced are usually mild and appear gradually. Some people become infected but have only mild symptoms. Most (about 80%) of infected people recover without the need for special treatment. About 1 in 5 people infected with COVID-19 suffer from severe pain and difficulty breathing. Older people (elderly) and people with co-existing medical conditions such as high blood pressure, heart and lung disorders, diabetes, or cancer are more likely to experience more serious illness. However, anyone can be infected with COVID-19 and become seriously ill (WHO, 2021).

The average incubation period for COVID-19 (the time from when a person is infected until symptoms appear) is 5-6 days, although in some case it can be up 14 days. A person who is infected can be a source of transmission starting about 2 days before the person shows symptoms. The incubation period for COVID-19 is the basis considering inspection, tracking, quarantine and isolation strategies. This strategy can also be sharpened using information an laboratory results (Kementerian Kesehatan Republik Indonesia, 2021)

Likewise, the clinical manifestations of COVID-19 in children vary widely, from being asymptomatic to showing symptoms of severe shortness of breath. Symptoms include; Systemic symptoms (fever, malaise, fatigue, headache, myalgia); Respiratory symptoms (cough, runny nose, sore throat, stuffy nose, shortness of breath); and Other symptoms: diarrhea, nausea, vomiting. The risk factors are children who are in close contact with PDP, probable cases, or confirmed cases of COVID-19 and children who live or travel to infected countries or areas (IDAI, 2020). The clinical classification of COVID-19 in children is; **Asymptomatic infection** : children who prove positive for SARS-CoV-2 real-time reverse transcription-PCR (RT-PCR) without clinical manifestations or abnormal findings on

chest imaging. **Mild cases** (acute upper respiratory tract infection/ARI): child with only fever, cough, sore throat, nasal congestion, fatigue, headache, or myalgia, etc., with no signs of pneumonia on chest imaging or signs of sepsis. **Moderate cases** (mild pneumonia): children with or without fever, respiratory symptoms such as cough; and the appearance of pneumonia on thoracic imaging results, but did not meet the criteria for severe pneumonia. **Severe cases** (severe pneumonia): meet the following criteria: **Increased respiratory rate** : >70 breaths/minute (children <1 year old), >50 breaths/minute (children aged >1 year) (not the effect of fever and crying). **Oxygen saturation** < 92%. **Respiratory distress** (moaning, nostril breathing, suprasternal, intercostal, substernal retractions), cyanosis, intermittent apnea. **Decreased consciousness** : somnolence, coma, or seizures. Unwilling to eat or **difficult intake**, with signs of dehydration. **Critical case**: meets the following criteria and requires intensive care. **Respiratory failure** requiring mechanical ventilation, **shock**, with other **organ failure** (Shen et al., 2020)\_in (Felicia, 2020).

Handling positive COVID-19 patients who are asymptomatic will be advised to self-isolate at home or at the Emergency Hospital. Isolate for at least 10 days from the time of diagnosis. After 10 days of isolation, the patient is declared complete isolation. It's different with positive COVID-19 patients with mild to moderate symptoms. Patients are advised to self-isolate at home, Emergency Hospitals, Hospitals, and COVID-19 Referral Hospitals. Isolate for at least 10 days from the onset of symptoms plus 3 days free of fever and respiratory symptoms. After that, the patient was declared complete isolation. For COVID-19 positive patients with symptoms of severe illness, they will be isolated in a hospital or referral hospital. Patients are isolated for at least 10 days from the onset of symptoms plus 3 days free of fever and respiratory symptoms. The patient will be tested again if the result is negative, the patient will be declared cured. The process of transfer of care is decided based on the results of a clinical assessment carried out by the doctor in charge of services according to service standards or

standard operating procedures (*Kementerian Kesehatan Republik Indonesia*, n.d.-c).

Patients can be discharged from hospital treatment, if they meet the criteria for completing isolation and meet clinical criteria: The results of a thorough clinical assessment including radiological images show improvement, blood tests show improvement, carried out by the DPJP states the patient is allowed to go home and there is no action/treatment needed by the patient, whether related to COVID-19 illness or other health problems experienced by the patient. DPJP needs to consider the timing of the patient's return visit in the context of the recovery period. Specifically, confirmed patients with severe/critical symptoms who have been discharged will continue to self-isolate for at least 7 days in order to recover and be alert to the emergence of COVID-19 symptoms, and consistently apply health protocols (*Kementerian Kesehatan Republik Indonesia*, n.d.-c).

The drugs given to each COVID-19 patient can be different, depending on the severity of the symptoms and the patient's general condition. In addition, patients will also be given several vitamin supplements to help speed up the recovery process (Wahab et al., 2021). **Azithromycin** is an antibiotic that can treat bacterial infections in the body, such as infections of the respiratory tract, ear, eye, skin, and urinary tract. In COVID-19 patients, this drug is used to prevent bacterial infection and reduce the risk of complications, such as pneumonia and sepsis. Given to COVID-19 patients with mild symptoms at a dose of 500 mg, once a day, taken for 5 days. **Oseltamivir (tamiflu)** is an antiviral drug to treat influenza viruses type A and type B. So far, the effectiveness of oseltamivir to treat COVID-19 is still being studied further. Given to COVID-19 patients with mild symptoms at a dose: 75 mg, 2 times a day (every 12 hours), consumed for 5-7 days. **Favipiravir (avigan)** is an antiviral drug that can eradicate the influenza virus and the Corona virus. Several studies have shown that this drug is quite effective in speeding up recovery in COVID-19 patients. mild symptoms with comorbidities. First day: 1600 mg (8 tablets once), 2 times a day with an interval of 12 hours. Second day: 600–800mg (3 or 4 tablets once), 2 times a day at 12 hour intervals, taken on days 2 to 5. **Paracetamol (acetaminophen)** is a drug to reduce fever and relieve pain. This drug can help relieve fever and pain complaints, such as headaches and myalgia, which are common among COVID-19 patients. Given to COVID-19 patients with mild symptoms at a dose of 500 mg, every 3 to 4 times a

day. **Vitamin C** can boost the immune system to be able to fight various disease-causing microorganisms, including COVID-19. Given to COVID-19 patients with mild and asymptomatic symptoms with a dose of 500 mg vitamin C tablets, 3 times a day for 14 days or vitamin C lozenges, 2 times a day or every 12 hours for 30 days. **Vitamin D** besides being able to maintain bone density, vitamin D can also help strengthen the immune system and prevent viruses from multiplying. Given to COVID-19 patients with mild and asymptomatic symptoms with a dose of vitamin D supplements 400-1000 IU, 1 time a day or drugs containing vitamin D 1000-5000 IU, 1 time a day (Wahab et al., 2021).

Supportive medicines, both traditional (Fitofarmaka) and Original Indonesian Modern Medicines (OMAI) which are registered at BPOM, can be considered to be given but with due regard to the development of the patient's clinical condition. Comorbid treatment and existing complications (Erlina Burhan, Agus Dwi Susanto, Sally A Nasution, Eka Ginanjar, Ceva Wicaksono Pitoyo, Adityo Susilo, Isman Firdaus, Anwar Santoso, Dafsah Arifa Juzar, Syafri Kamsul Arif, Navy G.H Lolong Wulung, Triya Damayanti, Wiwien Heru Wiyono, Prasenhadi, Afiatin, 2020). In addition to understanding the daily dose of drugs and taking them regularly, COVID-19 patients who are treated at home are recommended to eat healthy foods, drink more water, get enough rest, and regularly exercise to speed up the healing process (Wahab et al., 2021)

Individuals in self-isolation are advised to stay at home, not to go to work and to public spaces. Use a separate room in the house for the rest of the family. Always wear a mask during self-isolation. Take daily temperature measurements and observe clinical signs such as cough or difficulty breathing. Avoid sharing eating utensils (plates, spoons, forks, glasses), and toiletries (towels, toothbrushes, dippers) and linens/sheets. Implement clean and healthy living behavior (PHBS) by consuming nutritious food, doing routine hand hygiene, washing hands with soap and running water and drying them, practicing cough/sneezing etiquette. Be out in the open and bask in the sun every morning. Keep the house clean with disinfectant. Contact a health care facility immediately if the pain worsens (such as shortness of breath) for further treatment. People under monitoring (ODP): the criteria for a person not showing symptoms, have never had close contact with a positive patient for COVID-19 and/or a person with fever/respiratory symptoms with a history from the country/local transmission area. What to do

during self-monitoring: Do self-observation/monitoring at home; Take daily temperature measurements and observe clinical signs such as cough or difficulty breathing. If symptoms appear, report them to the officer at the nearest health care facility. If the test results are positive, then self-isolate. If you have a congenital disease based on the recommendation of a health worker, you will be treated in a hospital. Measures to prevent transmission of Covid by washing hands with soap and running water or hand sanitizer; Cover mouth and nose when coughing and sneezing, with a tissue or flexed upper arm. Immediately dispose of the tissue in a closed trash can and clean your hands with soap and water or hand sanitizer; Maintain a social distance of at least 1 (one) meter from other people, especially those who are coughing, sneezing, and having a fever; Avoid touching your eyes, nose and mouth before washing your hands; If you have a fever, cough and difficulty breathing, seek medical attention immediately. When to wear a mask and how to use it. Masks are used by people with respiratory symptoms, such as coughing, sneezing or difficulty breathing (Kemenkes RI, 2020).

The COVID-19 pandemic has had a huge impact on our lives. Many of us face challenges that can be excessively stressful, and cause strong emotions in both adults and children. Public health measures, such as *social distancing*, are necessary to reduce the spread of COVID-19, but they can make us feel isolated and lonely and can increase stress and anxiety (*Coping with Stress*, n.d.). The COVID-19 pandemic has resulted in increased risk factors for mental health problems. Together with uncertainty and uncertainty, lockdowns and *physical distancing*, can lead to social isolation, loss of income, loneliness, inactivity, limited access to basic services, increased access to food, alcohol and online gambling, and decreased family and social support, especially in older and vulnerable people (Moreno et al., 2020).

Stressors during this critical period include fear of infection, fear of death, uncertainty, loss of social contact, confinement, inadequate information, conflicting advice, loss of outdoor activities, disconnection from nature, loneliness, depression, helplessness, anger, low self-esteem. self-esteem, rewards, financial losses and barriers to food and beer supply (Brooks et al., 2020; Xiang et al., 2020).

In the psychological field, recent evidence suggests that similar pandemics are increasing the prevalence of post-traumatic

stress disorder symptoms, as well as confusion, feelings of loneliness, boredom, an after exercise (Brooks et al., 2020). The COVID-19 pandemic has had a monumental impact on the mental health and well-being of populations worldwide (The Lancet Infectious Diseases, 2020)

To date, epidemiological data on mental health problems and psychiatric morbidity from those suspected or diagnosed with COVID-19 and the healthcare professionals who treat them are not available; therefore the best way to respond to challenges during an outbreak is unknown. Mental health observations and actions taken during the 2003 SARS outbreak can help inform health authorities and the public to provide mental health interventions to those in need (Xiang et al., 2020).

Even before COVID-19, mental health conditions were prevalent, accounting for about 13% of the global burden of disease. However, the world is woefully unprepared for the mental health effects of this pandemic. Years of underinvestment in mental health, especially in low- and middle-income countries, has left us vulnerable. It is well known that our ability to respond to, and recover from the COVID-19 pandemic will require the development of effective vaccines and treatments and strict adherence to non-pharmaceutical interventions. What is less known is that to minimize the impact of the pandemic, we must also address the substantially unmet mental health needs of the entire society, with a focus on the most vulnerable (The Lancet Infectious Diseases, 2020)

Poor mental health can increase susceptibility to infection and viral transmission (The Lancet Infectious Diseases, 2020). People with pre-existing mental health disorders have reported increased symptoms and poorer access to services and support since the start of the COVID-19 pandemic (Moreno et al., 2020). The negative impacts of COVID-19 lockdown on mental health can be ameliorated by the use of exercise, which should be as vigorously promoted as social distancing itself. The success of social isolation policies will depend on minimizing long-term depreciation of mental health. In this context, keeping moving seems to be the key (Matias et al., 2020). Taking care of yourself can better equip yourself to take care of others. During times of *social distancing*, it is very important to connect with friends and family. Helping others deal with stress through phone calls or video chats can help you and your loved ones feel less lonely (*Coping with Stress*, n.d.)

## CONCLUSIONS

Coronavirus or what is called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2) is an infectious disease that spreads easily so that it can infect all ages from children to adults. Various efforts have been made to prevent the transmission of the COVID-19 infectious disease, such as the rules issued by the government and the World Health Organization (WHO) to self-isolate for patients with mild symptoms and provide treatment for those with moderate to severe symptoms. The criteria for patient care are based on moderate, severe, and critical degrees which are decided from symptoms and other supporting results. Determined by the doctor in charge of the patient.

## REFERENCES

- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, *395*(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Coping with Stress*. (n.d.). Retrieved October 25, 2021, from <https://www.cdc.gov/mentalhealth/stress-coping/cope-with-stress/>
- Erlina Burhan, Agus Dwi Susanto, Sally A Nasution, Eka Ginanjar, Ceva Wicaksono Pitoyo, Adityo Susilo, Isman Firdaus, Anwar Santoso, Dafsah Arifa Juzar, Syafri Kamsul Arif, Navy G.H Lolong Wulung, Triya Damayanti, Wiwien Heru Wiyono, Prasenohadi, Afiatin, T. C.-19 I. (2020). Protokol Tatalaksana Covid-19. 1.
- Felicia, F. V. (2020). Manifestasi Klinis Infeksi COVID-19 pada Anak. *Cermin Dunia Kedokteran*, *47*(6), 420–423. <http://www.cdkjournal.com/index.php/CDK/article/view/774>
- IDAI. (2020). Panduan Klinis Tata Laksana COVID-19 Pada Anak. *Indonesian Pediatric Society*, *33*.
- Kemendes RI. (2020). *SE\_MENKES\_202\_2020\_protokol\_isolasi\_diri\_COVID.pdf* (pp. 1–4). [https://covid19.kemkes.go.id/download/SE\\_MENKES\\_202\\_2020\\_protokol\\_isolasi\\_diri\\_COVID.pdf](https://covid19.kemkes.go.id/download/SE_MENKES_202_2020_protokol_isolasi_diri_COVID.pdf)
- Kementerian Kesehatan Republik Indonesia. (n.d.-a). Retrieved September 29, 2021, from <https://www.kemkes.go.id/article/view/2003160001/pertanyaan-dan-jawaban-terkait-covid-19.html>
- Kementerian Kesehatan Republik Indonesia. (n.d.-b). Retrieved September 13, 2021, from [https://www.kemkes.go.id/Kementerian\\_Kesehatan\\_Republik\\_Indonesia](https://www.kemkes.go.id/Kementerian_Kesehatan_Republik_Indonesia).
- (n.d.-c). Retrieved October 12, 2021, from <https://www.kemkes.go.id/article/view/20101700001/begini-alur-pelayanan-pasien-covid-19.html>
- Kementerian Kesehatan Republik Indonesia. (2021). Keputusan Menteri Kesehatan Republik Indonesia Nomor Hk.01.07/Menkes/4641/2021 Tentang Panduan Pelaksanaan Pemeriksaan, Pelacakan, Karantina, Dan Isolasi Dalam Rangka Percepatan Pencegahan Dan Pengendalian Coronavirus Disease 2019 (Covid-19) Dengan. *KMK/ Nomor HK ,01,07/MENKES/4641/2021*, *169*(4), 308–311.
- Matias, T., Dominski, F. H., & Marks, D. F. (2020). Human needs in COVID-19 isolation. *Journal of Health Psychology*, *25*(7), 871–882. <https://doi.org/10.1177/1359105320925149>
- Moreno, C., Wykes, T., Galderisi, S., Nordentoft, M., Crossley, N., Jones, N., Cannon, M., Correll, C. U., Byrne, L., Carr, S., Chen, E. Y. H., Gorwood, P., Johnson, S., Kärkkäinen, H., Krystal, J. H., Lee, J., Lieberman, J., López-Jaramillo, C., Männikkö, M., ... Arango, C. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. *The Lancet Psychiatry*, *7*(9), 813–824. [https://doi.org/10.1016/S2215-0366\(20\)30307-2](https://doi.org/10.1016/S2215-0366(20)30307-2)
- Pikobar - Pusat Informasi dan Koordinasi COVID-19 Jawa Barat. (n.d.). Retrieved September 13, 2021, from <https://pikobar.jabarprov.go.id/>
- Shen, K., Yang, Y., Wang, T., Zhao, D., Jiang, Y., Jin, R., Zheng, Y., Xu, B., Xie, Z., Lin, L., Shang, Y., Lu, X., Shu, S., Bai, Y., Deng, J., Lu, M., Ye, L., Wang, X., Wang, Y., & Gao, L. (2020). Diagnosis, treatment, and prevention of 2019 novel coronavirus infection in children: experts' consensus statement. *World Journal of Pediatrics*, *16*(3), 223–231. <https://doi.org/10.1007/s12519-020-00343-7>
- The Lancet Infectious Diseases. (2020). The intersection of COVID-19 and mental health. *The Lancet Infectious Diseases*, *20*(11), 1217. [https://doi.org/10.1016/S1473-3099\(20\)30797-0](https://doi.org/10.1016/S1473-3099(20)30797-0)
- Wahab, S., Ahmad, M. F., Hussain, A., Usmani, S., Shoaib, A., & Ahmad, W. (2021). Effectiveness of Azithromycin as add-on



Therapy in COVID-19 Management. *Mini-Reviews in Medicinal Chemistry*, 21. <https://doi.org/10.2174/1389557521666210401093948>

WHO. (2021). *WHO Indonesia | World Health Organization*. WHO. <https://www.who.int/indonesia>

Xiang, Y. T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry*, 7(3), 228–229. [https://doi.org/10.1016/S2215-0366\(20\)30046-8](https://doi.org/10.1016/S2215-0366(20)30046-8)