

# **CORONAVIRUS DISEASE-19 (COVID-19)**

**HOW DO JAPANESE LIVING IN JAKARTA&AROUND  
FACING COVID-19**

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**リアンティ**

# COVID-19 in Indonesia - Jakarta

Case Fatality Rate  
2.85%      1,6 %



POSITIVE  
939.948  
+12.568

236.075  
+3.786

CURED  
763.703  
+9.755

210.741  
+3.885

DEATH  
26.857  
+267

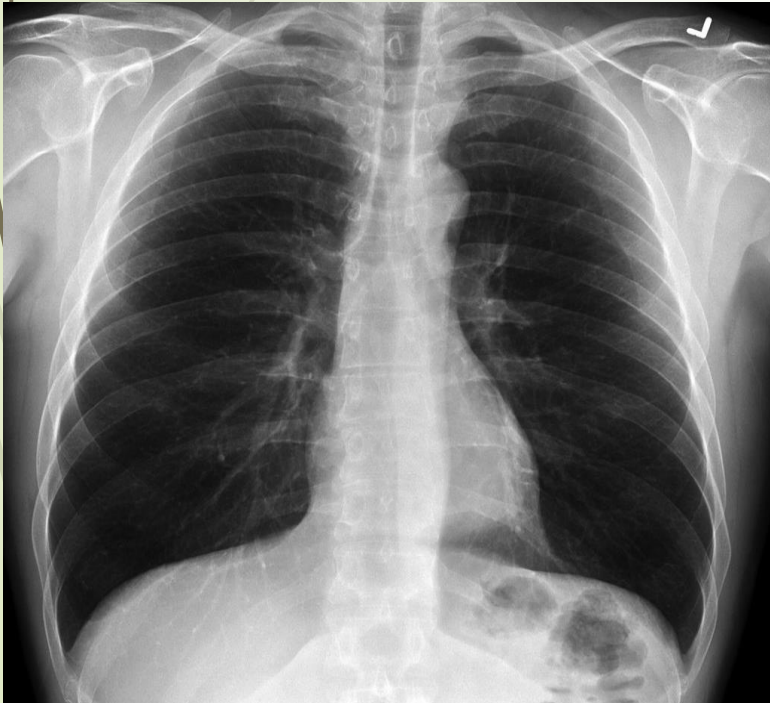
3.847  
+33

# Symptom 症状

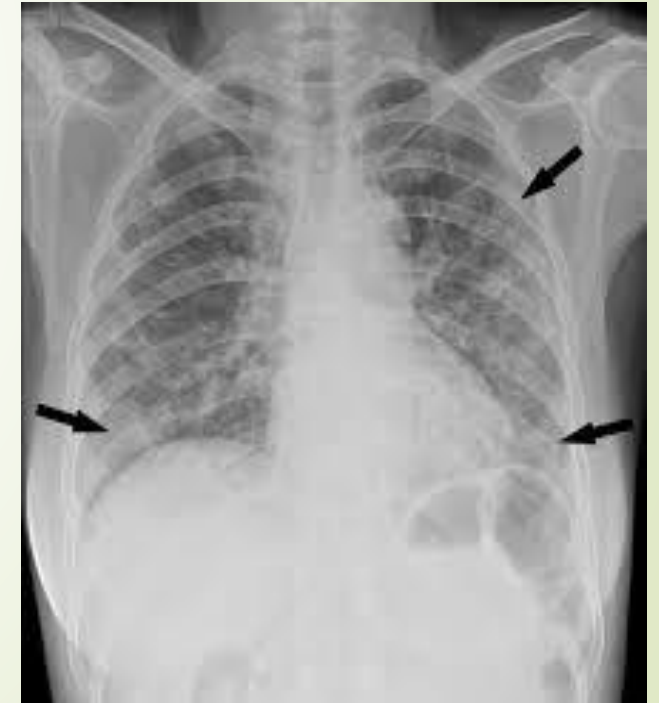
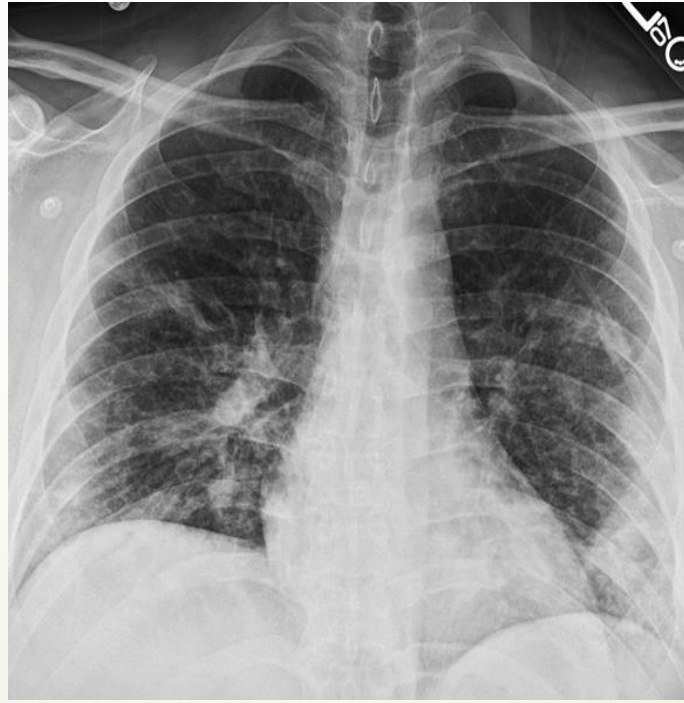
1. Fever ❖ Incubation period 2-14 day, average 5-6 days
2. Muscle pain, headache
3. Anosmia ❖ # Delirium ? Fly ?
4. Hipogeusia
5. Sore throat, cough, runny nose
6. Respiratory problem (shortness on breathing, chest thight, etc)
7. Gastrointestinal problem (abdomen pain, nausea, vomitus, diarrhea, etc)
8. Skin rash, eye redness, fatigue, .....

# Thorax X-RAY COVID-19

**NORMAL LUNG**

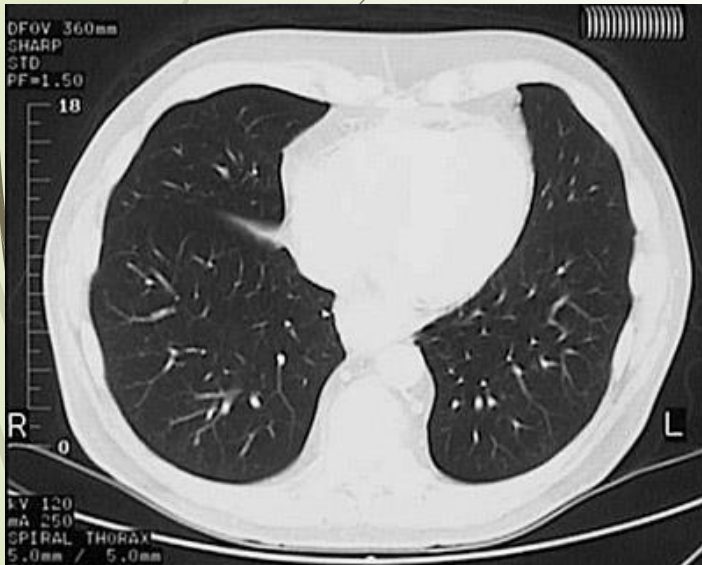


**COVID-19 LUNG**

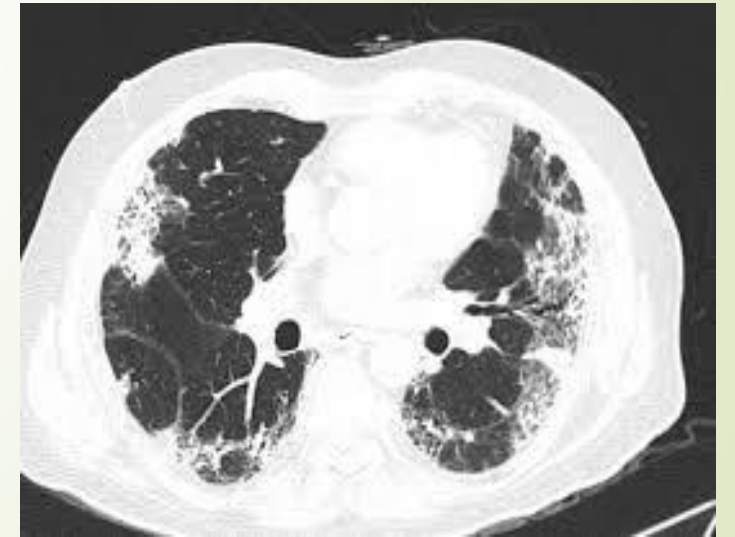


# Thorax CT-Scan COVID-19

**NORMAL CHEST CT**



**COVID 19 CHEST CT**



# CASE DEFINITION

December 2020

**SUSPECTED**

疑い

***PROBABLE***

可能性・高い確率

**CONFIRMED**

確定

**CLOSE  
CONTACT**

濃厚接触

# SUSPECTED CASE (疑う)

## CRITERIA A

Meets  $\geq 1$  clinical criterias AND  $\geq 1$  Epidemiological criteria

### **CLINICAL CRITERIA**

- Fever ( $\geq 38^{\circ}\text{C}$ )/Previous fever AND Cough; **OR**
- **$\geq 3$  acute on set of** : fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhea, altered mental status

### **EPIDEMIOLOGICAL CRITERIA, within 14 days prior to symptom**

- Residing or working in an area with high risk of transmission of virus **OR**
- Residing or travel to an area with community transmission **OR**
- Working in any health care setting

# SUSPECTED CASE (疑う)

## CRITERIA B

- Patient with **Severe acute respiratory illness**

## CRITERIA C

- **Asymptomatic person**
  - Not meeting epidemiologic criteria
  - **(+) SARS-CoV-2 Antigen Rapid Test**



# PROBABLE CASE

(可能性～高い確率)

## CRITERIA A

- One who meets clinical criteria
- History of close contact to probable or confirmed case, or linked to COVID-19 cluster

## CRITERIA B

- Suspect case
- Chest Xray showing suggestive **COVID-19**

## CRITERIA C

- Person with acute symptom of **anosmia** (loss of smell) or **ageusia** (loss of taste) **in the absence of any other identified cause**

## CRITERIA D

- Death, not otherwise explained, in adult with **respiratory distress** preceding death
- Was a close contact to probable or confirmed case or linked to **COVID-19 cluster**

# CONFIRMED CASE (確定)

A person with  
**positive RT-PCR**

Person with **positive**  
**SARS COV-2**  
**Antigen RDT**



Meets criteria  
**probable case OR**  
**suspect criteria A/B**

**Asymptomatic**  
person with  
**positive SARS CoV-2**  
**Antigen RDT**



Close Contact to a  
probable or  
confirmed case

# CLOSE CONTACT (濃厚接触)

History of contact to *probable case* / confirmed COVID-19

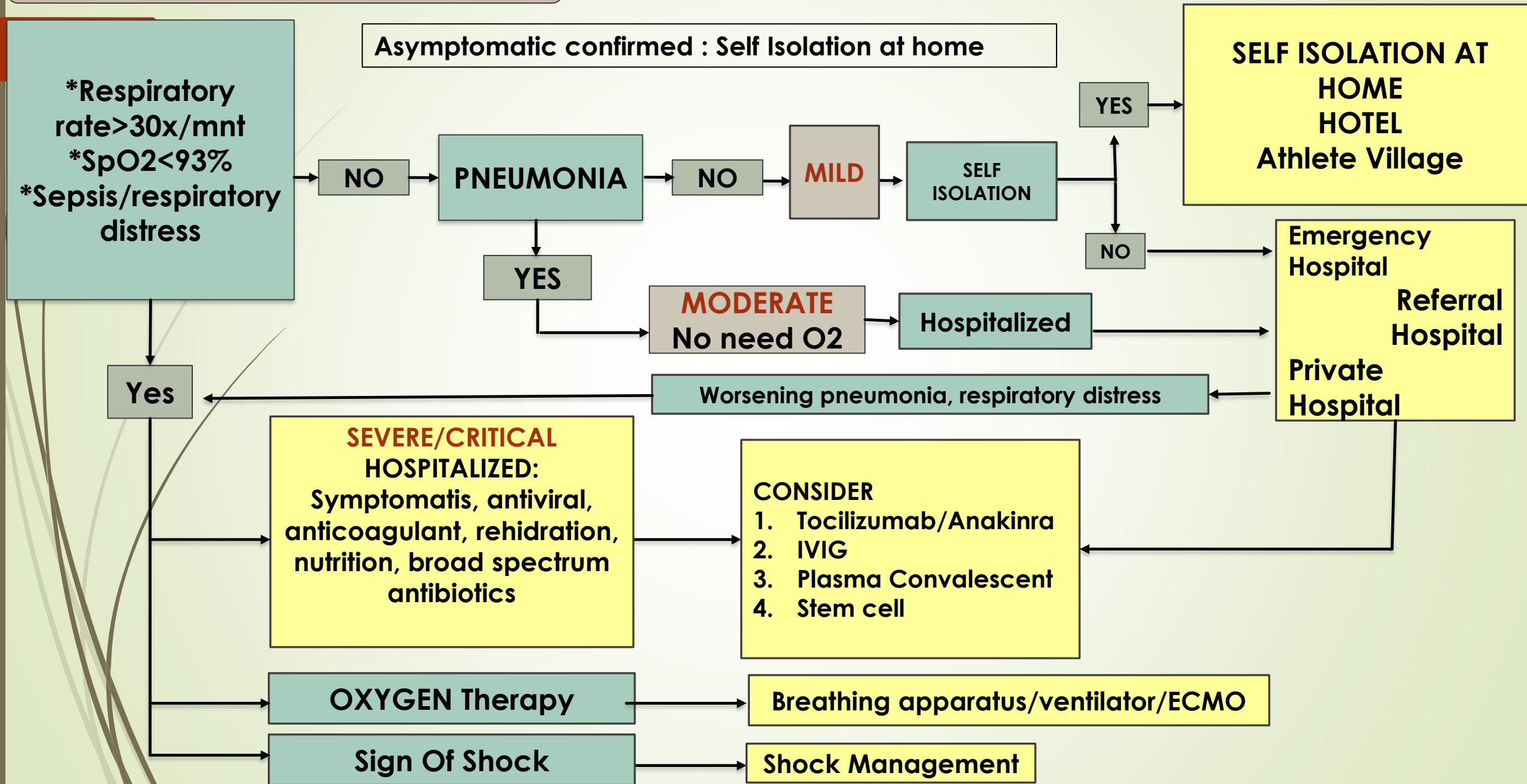
- Close together - **face to face/closely** within radius **1 meter** + within **≥ 15 menit**
- **Physical contact** (shaking hand, holding hand, dll)
- Health workers without adequate **personal protective equipment**

# PCR SARS-2 COVID

- ❖ **For Diagnosa : day 1 and day 2**
  - ❖ Day 1 (+) → no need day 2 check
  - ❖ Day 1 (-) → need day 2 check
- ❖ PCR accuracy/sensitivity NOT 100% !!!
- ❖ Even PCR (-): suspect/probable/ close contact/  
ALL OF US must follow health protocol for covid



# PATIENT WITH Covid 19 Symptom



# MANAGEMENT CONFIRMED CASE ASYMPTOMATIC

- ❖ **Vitamin C**
- ❖ **Vitamin D**
- ❖ Comorbid (+) → continue medication
- ❖ Routine medication Ace-Inhibitor and ARB → consult to cardiologist/internist
- ❖ Antioxidant or other supportive therapy  
gargle, nasal spray
- ❖ Self isolation

# MANAGEMENT CONFIRMED CASE MILD (pharmacology)

## ❖ Vitamin C

Suggestive  
include

Vit C B E Zinc

## ❖ Vitamin D

❖ **Azithromycin** 1x 500 mg for 5 days

## ❖ ANTIVIRAL

**Oseltamivir (Tamiflu)** 2x75mg 5-7 days  
OR

**Favipiravir (Avigan)** 2x600mg 5 days

❖ Symptomatic therapy

❖ Therapy comorbid / complication

❖ Self isolation

# MANAGEMENT CONFIRMED CASE MODERATE (pharmacology)

## Azithromycin

1x500mg IV/oral  
(5-7 days)

OR

## Levofloxacin

(susp bacterial infection)  
1x750mg IV/oral  
(5-7 days)

## Favipiravir (Avigan)

Day 1: Loading dose 2x1600mg  
Day 2-5: 2x600mg

OR

## Remdesivir

200mg IV drip (day 1)  
1x100mg IV drip (day 2-5 OR 2-10)

## Vitamin C

**Anticoagulant** LMWH/UFH  
*according patient condition/doctor*

Symptomatic therapy

Therapy for comorbid/  
complication



# MANAGEMENT CONFIRMED CASE: SEVERE /CRITICAL (pharmacologi)

## Azithromycin

1x500mg IV/oral  
(5-7 days)

OR

## Levofloxacin

(suspect bacterial inf)  
1x750mg IV/oral  
(5-7 days)

## Favipiravir (Avigan)

Hari 1: *Loading dose* 2x1600mg  
Day 2-5: 2x600mg

OR

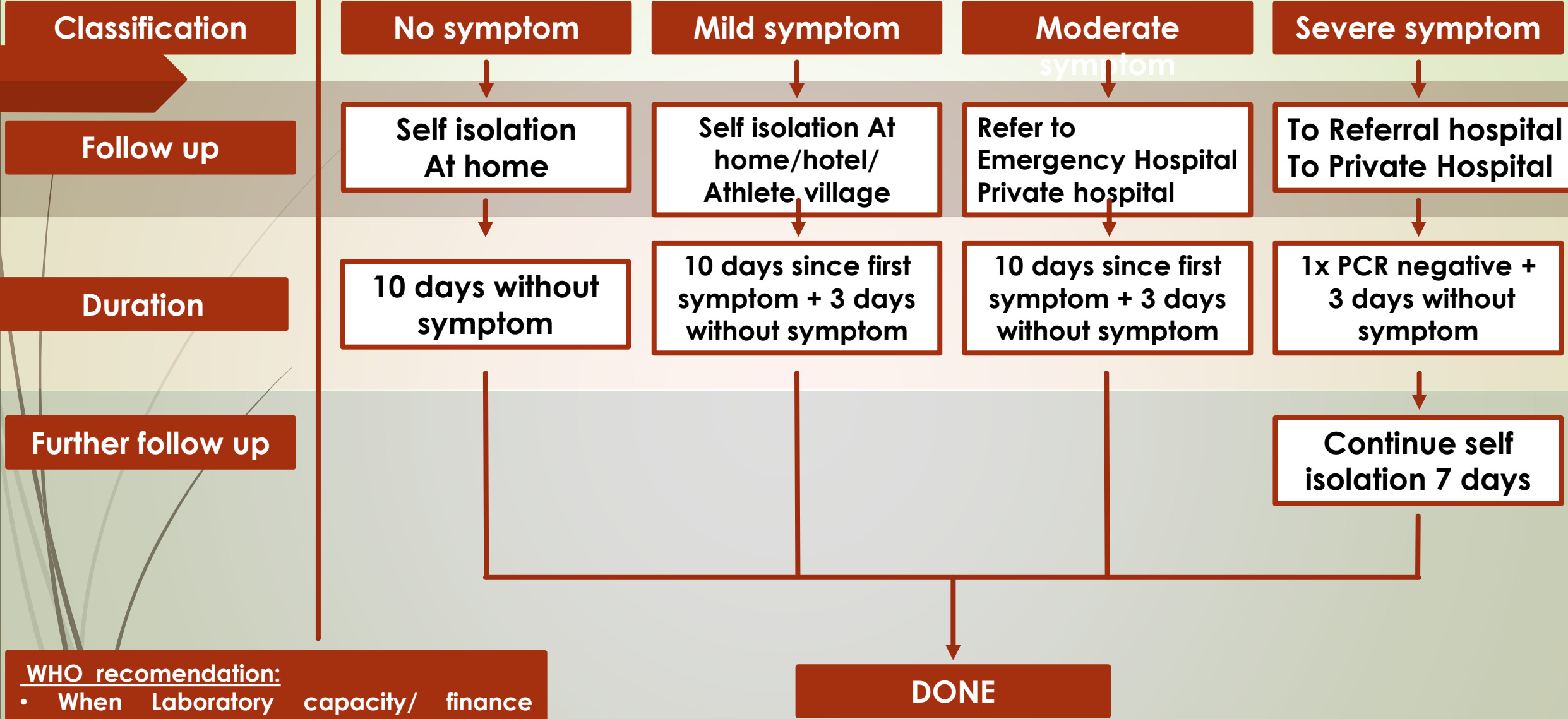
## Remdesivir

200mg IV drip (day 1)  
1x100mg IV drip  
(day 2-5 OR day 2-10)

- **Vit C**
- **Vit B1** 1 amp/24 hrs IV
- **Vit D** 1000-5000 IU/day
- **Anticoagulant** LMWH/UFH  
depend patient condition or doctor  
in charge
- **Dexamethasone** 6 mg/24 hrs IV  
(10 days)

Oxygen therapy/Symptomatic therapy | Therapy for comorbid/complication | Shock  
management

Tocilizumab/Anakinra/IVIG/Plasma convalescent/stem cell/colchicine/spironolactone



**WHO recommendation:**

- When Laboratory capacity/ finance affordable, better to evaluate PCR

# POSITIVE PERSISTENT

- Post COVID, no more symptom → PCR still (+)
- RT-PCR still could detect viral component / inactive
- 2 - 3 weeks since first symptom, no more viral replication, but sometimes RT PCR still (+) , even already 12 weeks
- Recovered patient, Reinfection with PCR (+), no viral component replication detected

# Clinics for Japanese in Jakarta&around

- Several clinics , managed by several companies
- Doctors / Nurses / admission staff could speak Japanese, Japanese staff (+), ideally has contact person who stand by for 24 hrs : during patient admitted into hospital
- Operational hour : office hour – 24/7 ,
- BUILDING:
  - Independent building
  - Inside office bulding
  - Inside hospital : due to pandemic must obey hospital rules



# IF YOU HAVE ANY COVID-19 SYMPTOM

- CONTACT by PHONE before you approach to the clinic you desire  
(new rules, new operating hour, new doctor's schedule)
- WHAT to do - WHERE and WHEN to go

Depend on *Symptom, duration of illness, age, comorbid, previous history of illness*

- Possible for telemedicine/phone
- Undergo the examination at DRIVE THRU : PCR only, plus Blood /Urine exam, get medicines
- Must be examined by doctor at **SPECIAL EXAMINATION ROOM** ,  
need further exam : CT Thorax, or others

# IF YOU are CONFIRMED COVID-19



## ➤ Get examined by doctor :

Bahasa or English (-) : go to Nikkei Clinic, **but phone first.**

**Undergo examination : LUNG CT/ XRay/ Blood**



## ➤ Self Isolation : at Home/ at Hotel/ other facilities


- Protect your family member
- Make sure to get adequate medication
- Self examination : Body temperature, respiratory rate, Heart rate, Blood pressure (if possible : pulse oxymeter )
- Contact periodically to clinic
- If getting worse, immediately go to emergency department, bring all datas, medicines



# When You Need to be HOSPITALIZED

- ▶ Clinic/emergency dept : could't promise to find the room, due to pandemic condition. If seriously ill, have to wait in emergency room until find the room in same or other hospital.
- ▶ Need help from your own office staff to find other hospital : need TRANSLATOR to standby 24hs/7ds.
- ▶ CONDITION of the ROOM WARD : VIP ??X!! usually 2-5 patients/room
- ▶ Nurses/doctor couldn't enter the room oftenly, even you call !! Sometimes by phone/video call only
- ▶ Be prepared for your private/individual needs : HP/charger, routine medicines, BORING !\*#>





# If you need to consult to doctor on pandemic situation

- ▶ Fever is not only caused by covid, but also UTI , OMA :  
phone the CLINIC : telemedicine / drive thru
- ▶ Not Covid : Vertigo, Dermatitis, Headache, Neurosa , Vaccine, Pregnancy
- ▶ Chronic Illness : Hypertension, Dislipidemia, DM, Rheumatoid Arthritis,  
Hyperuricamia , Gastritis, Collitis, etc

## ***DON'T BE AFRAID TO COME TO HOSPITAL IF NECESSARY***

- ▶ HOSPITAL already implement health protocols to avoid  
disease transmission
- ▶ PLEASE BE HONEST to tell the truth about your condition





**TERIMA KASIH**



## INFORMASI KETERSEDIAAN BED RUMAH SAKIT PROVINSI DKI JAKARTA

Rekap Ketersediaan Bed

Detail Ketersediaan Bed

34

Ketersediaan Bed  
ICU Tekanan Negatif Dengan Ventilator

14% Bed Tersedia dari Kapasitas 237 Bed

17

Ketersediaan Bed  
ICU Tekanan Negatif Tanpa Ventilator

11% Bed Tersedia dari Kapasitas 148 Bed

21

Ketersediaan Bed  
ICU Tanpa Tekanan Negatif dengan Ventilator

23% Bed Tersedia dari Kapasitas 92 Bed

13

Ketersediaan Bed  
ICU Tanpa Tekanan Negatif Tanpa Ventilator

25% Bed Tersedia dari Kapasitas 53 Bed

214

Ketersediaan Bed  
Isolasi Tekanan Negatif

13% Bed Tersedia dari Kapasitas 1643 Bed

344

Ketersediaan Bed  
Isolasi Tanpa Tekanan Negatif

19% Bed Tersedia dari Kapasitas 1825 Bed

3

Ketersediaan Bed  
NICU khusus COVID-19

12% Bed Tersedia dari Kapasitas 26 Bed

66

Ketersediaan Bed  
Perina khusus COVID-19

52% Bed Tersedia dari Kapasitas 126 Bed

7

Ketersediaan Bed  
PICU khusus COVID-19

35% Bed Tersedia dari Kapasitas 20 Bed

0

Ketersediaan Bed  
OK khusus COVID-19

0% Bed Tersedia dari Kapasitas 19 Bed

10

Ketersediaan Bed  
HD khusus COVID-19

21% Bed Tersedia dari Kapasitas 47 Bed