Analysis Of Living Side with Covid-19 In Indonesia

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Abstract. This paper presents an analysis of the implementation of coexistence with Covid-19 as part of human life. As a knife of analysis in solving problems using deductive research methods through literature study as a tool for data collecting According to the findings of the descriptive analysis the implementation of coexistence with Covid-19 is a necessity for humans considering the variants of Covid that always mutate from time to time in the midst of human life.

Keywords: Covid-19; Health; Human

1 Preliminary

Coronavirus Disease-2019 (COVID-19) came to the world like a nuclear bomb that exploded. The impact is felt throughout the world until now and in the future. COVID-19 is a virus generated by the SARS-CoV-2 virus that causes respiratory tract infections ranging from the flu to catastrophic diseases like Middle East Respiratory Syndrome (MERS) and severe acute respiratory syndrome (SARS). China was recorded as the country that first discovered cases of COVID-19 in the world, reporting a new type of disease on December 31, 2019 and the WHO office in China was also notified of pneumonia, the cause of which was unknown at that time.

Pneumonia In Wuhan City, Hubei Province, China, an infection affecting the lungs was initially discovered. In just a few weeks, there has been an increase in the number of people affected by this disease. On January 30, 2020, WHO declared a global health emergency. Then the new type of corona virus has been named Severe Acute Respiratory Syndrome Coronavirus 2 by the World Health Organization (WHO) on February 11, 2020. (SARS-CoV-2). COVID-19, on the other hand, is the official name for the disease it causes.

COVID-19 infected people will have mild to moderate symptoms and will recover without any specific therapy. However, some people will be in excruciating agony and will require medical attention. Given the mode of transmission that is so silent and massive for an unpredictable time, forcing this virus to become a part of human life. In line with this, the goal that will be revealed here is the phenomenon of coexistence with Covid-19 in Indonesia.

2 Methodology

The author takes a qualitative descriptive method to figure out what's going on phenomenon of coexistence with Covid-19 in Indonesia to review this paper. This is accomplished through gathering information from a variety of sources, including reports, studies, and other materials, as well as providing access to Open sources include library materials, mass media, electronic media, electronic books, and other publicly available information (de Klerk & Harmse, 2020).

3 Discussion and Results

Quoted from Beritasatu.com, as of August 1, 2021, the positive rate in Indonesia reached 27.3%. This figure is very far when compared to the WHO standard value, which is <5%. In addition, the Ministry of Health noted that the number of positive corona patients had reached one million, namely 3,440,396 people as of Sunday, August 1, 2021. The higher positive number in Indonesia was compounded by the scarcity of hospital rooms and beds that were dwindling, making this a national disaster. extraordinary.

How to Spread This Virus

When an infected person coughs, sneezes, talks, sings, or breathes, the virus can spread through microscopic fluid particles from their mouth or nose. These particles can range in size from larger respiratory droplets to tiny aerosols. The risk of transmitting the COVID-19 virus through droplets is a very risky thing if someone is not wearing a mask. However, it turns out that Droplets are liquids that are released not only when sneezing or coughing, but also when speaking, singing, or laughing.

The next way is by direct physical contact such as shaking hands, we never know how many germs, viruses, or bacteria are on our hands or on the other person with whom we are conversing. As a result, avoid direct physical touch as much as possible. Then the existence of a room with poor ventilation is a fast spread if someone is in the room for too long. Likewise, a crowded place from many people because it can allow physical touch or flying droplets.

WHO Covid Victim Data

Table 1. World Covid Victim Data		
Zone	Confirmation	
Europe	178.744.039	
America	147.176.940	
southeast Asia	55.793.967	
West Pacific	24.385.486	
Eastern Mediterranean	21.190.981	
Africa	8.334.337	
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a Table 1 World Covid Victim Date

Source: WHO Coronavirus (Covid-19) Dashboard as of 31 December 2021

Data on Covid Victims in Indonesia (Per 1 March 2022)

Table 2. National Covid Victim Data				
Covid case				
Confirmed	+24,728	5,589,176		
Active Case	-15,484	539,214	9.6%	
Healed	+39,887	4,901,302	87.7%	
Die	+325	148,660	2.7%	
Die	/	/ /	2.7%	

Source: https://covid19.go.id/peta-sebaran

province	al Covid Victim Data Number of Cases	%
West Java	1,008,312	18.0%
Central Java	578,873	10.4%
East Java	536,175	9.6%
Banten		9.0% 4.8%
	267,194	
D.I. Yogyakarta	193,189	3.5%
East Kalimantan	190,202	3.4%
Bali	152,933	2.7%
Riau	142,196	2.5%
North Sumatra	141,590	2.5%
South Sulawesi	135,288	2.4%
West Sumatra	99,178	1.8%
South Borneo	82,129	1.5%
South Sumatra	76,769	1.4%
East Nusa Tenggara	74,747	1.3%
Lampung	65,693	1.2%
Riau islands	64,309	1.2%
Kep. Bangka Belitung	58,886	1.1%
West Kalimantan	53,203	1.0%
Central Sulawesi	53,022	0.9%
Central Kalimantan	52,451	0.9%
North Sulawesi	49,039	0.9%
Papua	46,076	0.8%
Aceh	40,471	0.7%
North Kalimantan	39,283	0.7%
West Nusa Tenggara	35,240	0.6%
Jambi	34,209	0.6%
West Papua	29,350	0.5%
Bengkulu	27,200	0.5%
Southeast Sulawesi	24,657	0.4%
Maluku	18,393	0.3%
Sulawesi Barat	13,844	0.2%
North Maluku	13,596	0.2%
Gorontalo	12,981	0.2%

Table 3. Provincial Covid Victim Data

Source: https://covid19.go.id/peta-sebaran



Figure 1. Map of Indonesia's Covid Distribution (source: https://covid19.go.id/peta-sebaran) Living With Covid

Considering the data above, the presence of viruses will always be there and never disappeared with new variants from each time. The thing that can be done at this time is to accept the virus in the midst of life by living peacefully side by side and anticipating any developments of the virus solely to suppress the negative impact it causes. Griffith University epidemiologist Dicky Budiman said the key to coexisting with Covid-19 was to understand that Covid-19 is like other coronavirus families that have existed since before this pandemic emerged. Dicky said that there were already seven corona viruses in this world. From the corona virus that emerged in 1965, the disease still exists today as the common cold or seasonal flu.

Countries that Coexist with Covid-19

After consulting with health experts and epidemiologists in a number of countries finally took a stand to live with Covid-19.

a. England.

PM Boris Johnson's government has come under fire for its approach to so-called "Freedom Day" in July, which removed the mandatory wearing of masks and ended almost all restrictions on activity. Only 68 per cent of people in the UK have received two doses of the vaccine, meaning the UK is ranked 18th out of 38 developed countries. Deepti Gurdasani, epidemiologist and public health researcher at Queen Mary University of London, said four months after the program was a big mistake to come out of lockdown when the vaccine rate was 66 percent.

According to epidemiologist John Edmonds of the London School of Hygiene & Tropical Medicine, eliminating the obligation to wear masks and not vaccinating children before they return to school is a big mistake in the UK.

b. United States of America

Several states have been easing restrictions for more than six months. About 69 percent of the country's population over the age of 12 have been vaccinated with two doses and a booster or booster dose program is in place. According to Bill Hanage of Harvard University, locations where most of the residents are not vaccinated are really having a hard time dealing with the pandemic. Jay Bhattacharya, a Stanford University professor of medicine and health economist, said the biggest tragedy in the United States was the failure to protect the elderly, who died in large numbers.

Lockdowns have prevented many people from accessing essential health services, including cancer detection, surgeries and many other important health priorities.

c. Canada

About 76 percent of its citizens have been vaccinated with two doses and open its international borders with different restrictions in each province. Colin Furness, said Canada does not have "one story for Covid-19", as public health is regulated and run by each province, but the government will soon implement mass rapid tests as a screening tool. Professor Anne Gatignol, said the "sanitary pass" or what is known as the vaccine certificate worked well.

d. Singapore

With one of the highest vaccination rates in the world, it plans to gradually reopen its borders after 80 percent of its citizens have received two doses of the vaccine. Professor Yik-Ying Teo, said other countries, such as Australia, had to prepare for an increase in the number of infections.

e. Australia

Each state has different restrictions with the new two-dose vaccination rate reaching 86.6 percent.

Living side by side with Covid-19 in Indonesia,

At the beginning of the pandemic in Indonesia (2020), the government had implemented a policy called "New Normal", as a condition that inevitably coexists with Covid-19. This policy refers to the prediction that the Corona virus will not completely disappear from Indonesia and the world. According to Chriscaden, Kimberly (2020), Communications Officer of the World Health Organization, we must rethink our environmental future act with both ambition and haste to combat climate change and environmental degradation Only then will we be able to safeguard everyone's health, livelihoods, food security, and nutrition, and ensuring that our "new normal" is a better one.

According to Schwab (2020), one path will lead us to a better world: more inclusive, more just and more respectful of Mother Earth. Others will take to a world resembling the one that was just left, but worse and constantly plagued with unpleasant surprises. Therefore, have to do it right. It's a consequential challenge than imagining, but our capacity to reset and hope can be greater than ever.

According to Kennedy, Robert (2021), We don't know whether the rashly created SARS-CoV-2 Virus was unleashed on purpose or by accident the careless management of the Wuhan, China, has a high-risk dual-use biodefense/bioweapons lab. However, we do know that a powerful worldwide network of elites, including Bill Gates, the World Economic Forum, Big Tech, the Rockefeller Foundation, and the Pentagon, foresees the crisis and then actively exploits it by sowing and promoting panic. pursuing anti-democratic, economic, technocratic, authoritarian, and totalitarian policies agendas.

We also recognize that it is an existential imperative that we continue to expose the international gene engineers and scientists whose criminal negligence contributed to this disaster, and that we put an end to genetic engineering and the weaponization of viruses and bacteria once and for all, so that we can live in a world free of these technologies another pandemic like this doesn't happen again.

As more evidence mounts that SARS-CoV-2 was created in a lab and that all of the virus's components were genetically modified science of misleading global elites, medical malpractice, and the spread of the pandemic is being armed We must start to unify the critical mass in a coordinated and evil strategy called the Grand Reset. "Is this the future we really want to create?" asks Arjun Walia of Collective Evolution. Is this the most we can do, and if not, what else can we do happen when we return?"

Currently, what needs to be maintained is that every community must adhere to health protocols so that the spread of the virus can be suppressed in such a way. This needs to be done considering the very significant impact on economic growth which has become increasingly positive. Likewise with other aspects that are supported by other attributes in handling Covid-19, such as vaccinations and so on. With good vaccination, massive herd immunity will be formed in the community in dealing with the Covid-19 variant.

"We must begin planning for the shift from pandemic to endemic status, as well as learning how to live with Covid-19," (President Joko Widodo, 10 September 2021)

Liang Tingbo, (2020), underlining about the management of staff as follows:

- 1) Workflow Management.
 - a. Prior to working in Staff in isolation ward clinics must go through extensive training and testing to ensure that they understand how to put on and remove personal protective equipment. Before they can work, they must pass an exam.
 - b. The staff is divided into teams for Working in the isolation ward for no more than 4 hours is allowed. At certain times, the crew will work in isolation wards (contaminated zones).

- c. Arrange for each team to get treatment, assessment, and disinfection as a group to decrease the number of times employees enter and leave the isolation ward.
- d. Prior to avoid infections of the respiratory tract and mucosa, employees must wash their hands and follow the essential personal hygiene guidelines while on duty.
- 2) Health Management
 - a. Isolation area workers, such as medical staff, medical technicians, and property and logistics personnel, must remain in isolation accommodation and may not leave without authorization.
 - b. Nutritious food is provided to increase the endurance of medical personnel.
 - c. Monitor and record the health status of all employees in the workplace, as well as conduct health monitoring for front-line employees, including monitoring of body temperature and respiratory symptoms; collaborate with relevant experts to resolve any psychological or physiological issues that arise.
 - d. If they have symptoms like fever, they should be isolated and tested for NAT right away.
 - e. Before returning to normal life after completing work in isolation areas, they must be NAT tested for SARS-CoV-2. If the results are negative, they will be isolated in a specific region for 14 days before being released from medical observation.

The government has drawn up a long-term strategy to anticipate the possibility that COVID-19 will persist for a long time. The best option for today's society is to remain disciplined and familiarize themselves with health protocols as a way to a new order of life. Minister of Communication and Information Johnny G. Plate, this transition and adaptation to living with COVID-19 must be prepared. Therefore, while continuing to evaluate the implementation of Level PPKM, the government is compiling and implementing a number of health protocols as part of a strategy towards that direction. The goal is that we can balance a healthy life but also remain empowered in economic and social activities.

The guidelines for the health protocol are the basis for a new way of life for the community, considering that COVID-19 is not expected to disappear in a short time. There is no other choice but to be disciplined in carrying out health protocols as one of the new habits. The priorities for implementing health protocols in public spaces/facilities are:

- Trading places; modern market/shop, traditional market/shop.
- Public transport; land, sea, air.
- Tourism Destinations; hotel, restaurant, show.
- Office/Factory; government, private sector, banks, large factories, SMEs/IRT.
- Locations of worship and religious activities
- School; PAUD, SD, SMP, SMA, Universities.

The preparation of health protocols in each public space/facility involves the relevant stakeholders. Each health protocol is based on 3 standards, namely:

- 1) Quantity standards are regarding the capacity of public spaces/facilities to ensure the implementation of 3M (wearing masks, keeping distance, washing hands).
- 2) Activity standards are allowed forms and durations of activities to ensure 3M implementation.
- 3) Standards of conduct mean that visitors/users of the facility must be ensured to follow 3M.

In addition to health protocols, the government will also continue to improve the implementation of various pandemic control strategies, such as:

- 1) Detection: improve epidemiological testing, increase the ratio of close contacts traced, genomic surveillance in areas with a potential spike in cases.
- Therapeutic: conversion of TT 30-40% of total hospital capacity, deploying reserve health workers, tightening hospital admission requirements, increasing utilization of centralized isolation.
- 3) Vaccination: increasing the allocation of vaccines in areas with high cases and mobility, adding vaccination centers, making vaccine cards a requirement for travel and in public spaces, accelerating vaccination for vulnerable groups, the elderly, and people with comorbidities.

4 Conclusion

Living side by side with Covid-19, especially in Indonesia, is a necessity as a strategy to maintain the integration of aspects of life. The virus's spread is inextricably linked to the virus's spread government's central role as the executor in preventing, handling and rehabilitating the adverse effects it causes. The implementation of coexistence with Covid-19 is a joint effort in order to minimize the worst impacts resulting from the virus. Through efforts to implement strict Prokes and massive vaccinations are anticipatory steps in responding to the widespread spread of virus variants, especially the Covid-19 virus. The government's success in accelerating the handling of Covid-19 victims has had an impact on other sectors. Community participation is the key to the success of the government's strategy where it becomes the world's assessment of Indonesia's rapid response in dealing with the pandemic.

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