Самоизоляция

Социальные и психологические аспекты

СОЦИАЛЬНАЯ ИЗОЛЯЦИЯ И САМОИЗОЛЯЦИЯ ЧЕЛОВЕКА: СОЦИАЛЬНО-ФИЛОСОФСКИЙ АНАЛИЗ

Хасуев А.Э.

SOCIAL INSULATION AND HUMAN SELF-INSULATION: SOCIAL-PHILOSOPHICAL ANALYSIS

Khasuev A.E.

Аннотация. В этой статье проведена попытка анализа того, что собой представляет социальная изоляция и самоизоляция человека в условиях изоляции от общества целиком или большей его части, крайняя форма проявления изоляции, от группы определенных лиц, которые имеют какую-то значимость для индивида. В условиях пандемии Коронавируса CoViD-19, которая повлияла на материальную и духовную социальную жизнь большинства людей в мире дает почву для исследований в области социологии и философии. Проживание жизни в сети, использование смартфонов приводит к снижению эмоциональности и избавляет от необходимости личного контакта. А это вызывает сильнейшую изолированность, нарушение социальных связей, деградация сознания. Но в статье рассмотрены и позитивные составляющие изоляции и самоизоляции, такие как развитие творчества, онлайн бизнеса, саморазвитие(книги, кино, музыка), тесное общение с семьей и родственниками с которыми попали в изоляцию и.т.д.

https://elibrary.ru/item.asp?id=42804641

Хасуев А.Э. СОЦИАЛЬНАЯ ИЗОЛЯЦИЯ И САМОИЗОЛЯЦИЯ ЧЕЛОВЕКА: СОЦИАЛЬНО-ФИЛОСОФСКИЙ АНАЛИЗ / Хасуев А.Э. // Экономические и гуманитарные исследования регионов. 2020. № 2. С. 122-128.

Концептуальные аспекты деятельности Федеральной службы войск национальной гвардии Российской Федерации в период сложной эпидемиологической обстановки в стране

Аннотация. В конце января 2020 года наша страна столкнулась с новой угрозой национальной безопасности, а именно заражение населения коронавирусной инфекцией, от которой еще не разработана вакцина. В результате деятельности COVID-19 имеются случаи летального исхода, носителей данного вируса. Главная проблема нового вируса – это его повышенный уровень заразности, передача осуществляется воздушно-капельным путем (при кашле или чихании) и контактным путем (поручни в транспорте, дверные ручки и другие загрязненные поверхности и предметы). Эпидемия, переросшая в пандемию, не позволяет поддерживать надлежащий уровень защищенности страны и реализацию конституционных

прав и свобод граждан Российской Федерации, а следовательно, и для восстановления данных прав и свобод необходимо применение всех возможностей государства по предотвращению распространения инфекции и разработки лекарства. Процесс самоизоляции граждан нашей страны не дает ожидаемых результатов, огромное количество людей вынуждено продолжать осуществлять свою трудовую деятельность, а следовательно, с помощью одной сознательной самоизоляции граждан прекратить распространение новой инфекции не получится и необходимо прибегать к другим мерам, регулирующим передвижение граждан и социальную активность. Для этого органами законодательной и исполнительной власти вводятся новые меры по предотвращению распространению инфекции. Федеральная служба войск национальной гвардии не остается в стороне и направляет все свои усилия на предотвращение распространение инфекции.

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Палюх А.И. КОНЦЕПТУАЛЬНЫЕ АСПЕКТЫ ДЕЯТЕЛЬНОСТИ ФЕДЕРАЛЬНОЙ СЛУЖБЫ ВОЙСК НАЦИОНАЛЬНОЙ ГВАРДИИ РОССИЙСКОЙ ФЕДЕРАЦИИ В ПЕРИОД СЛОЖНОЙ ЭПИДЕМИОЛОГИЧЕСКОЙ ОБСТАНОВКИ В СТРАНЕ / Палюх А.И., Попов М.В., Сплендер В.А. // Отходы и ресурсы. 2020. Т. 7. № 1. С. 19.

Наука и образование: хозяйство и экономика; предпринимательство; право и управление
2020. № 5 (120)

УДК 342.7

О СООТНОШЕНИИ ПРАВ И СВОБОД ЧЕЛОВЕКА С УРОВНЕМ БЕЗОПАСНОСТИ ЛИЧНОСТИ, ОБЩЕСТВА, ГОСУДАРСТВА В ПЕРИОД ПАНДЕМИИ

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Южно-Российский институт управления – филиал Российской академии народного хозяйства и государственной службы при Президенте Российской Федерации
344002, Ростов-на-Дону, Пушкинская, 70

South Russia Institute of Administration – the Branch of The Russian Presidential Academy of National Economy and Public Service
70, Pushkinskaya St., Rostov-on-Don, 344002

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Ключевые слова: *права и свободы, безопасность, коронавирус, пандемия, профилактика, законодательство, чрезвычайная ситуация, карантин, самоизоляция, запреты, ограничения, нарушения, санкции.*

The article analyzes the rules of law governing the introduction of legal regimes that allow certain restrictions on the rights and freedoms of citizens of the Russian Federation, the rights of organizations and public associations when implementing measures to combat epidemics and eliminate their consequences, the relationship and interdependence of ensuring human rights and freedoms with the level of security of society and the state, proposals are made to improve legislation.

Keywords: *rights and freedoms, security, coronavirus, pandemic, prevention, legislation, emergency, quarantine, self-isolation, prohibitions, restrictions, violations, sanctions.*

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Воронцов С.А. О СООТНОШЕНИИ ПРАВ И СВОБОД ЧЕЛОВЕКА С УРОВНЕМ БЕЗОПАСНОСТИ ЛИЧНОСТИ, ОБЩЕСТВА, ГОСУДАРСТВА В ПЕРИОД ПАНДЕМИИ / Воронцов С.А. //

Наука и образование: хозяйство и экономика; предпринимательство; право и управление. 2020. № 5 (120). С. 50-53.

НА ДЕМОГРАФИЧЕСКИЕ ПРОЦЕССЫ В РОССИИ

Кулькова Инна Анатольевна
доктор экономических наук, профессор,
профессор кафедры менеджмента
и предпринимательства
ФГБОУ ВО «Уральский государственный
экономический университет»

redactor@progress-human.com
ул. 8-е Марта, 12А, офис 915а,
г.Екатеринбург, РФ, 620014
+7 (982) 62-40-400

Аннотация. Статья посвящена изучению влияния пандемии коронавирусного заболевания COVID-19 на демографические процессы в стране. Целью статьи является определение направлений влияния пандемии и режима самоизоляции, объявленного в России, на основные процессы демографии: смертность, рождаемость, брачность и миграцию. Исследование проводилось автором методом логического анализа с использованием аналогии с пережитыми в прошлом эпидемиями и кризисами. В результате исследования выявлены демографические риски, которые могут отрицательно повлиять на демографическую ситуацию, увеличивая смертность и естественную убыль населения, причем не только в период продолжения самой пандемии и режима самоизоляции или карантина, но и после отмены такого режима (отложенные негативные последствия). Вместе с тем, автором выявлены некоторые направления влияния, которые могут улучшить демографическую ситуацию, но на непродолжительное время. Кроме того, доказано, что влияние пандемии коронавируса на процессы миграции является неоднозначным. Для наглядности представления результатов исследования использован графический метод. Статья является приглашением к дискуссии о влиянии пандемии коронавируса на демографические показатели, показывает необходимость проведения дальнейших научных исследований и формирования прогнозов.

https://elibrary.ru/item.asp?id=42799985

Кулькова И. А. ВЛИЯНИЕ ПАНДЕМИИ КОРОНАВИРУСА НА ДЕМОГРАФИЧЕСКИЕ ПРОЦЕССЫ В РОССИИ / Кулькова Инна Анатольевна // Human Progress. 2020. Т. 6. № 1. С. 5.

ОБ ОРГАНИЗАЦИОННО-ПРАВОВЫХ МЕРАХ БОРЬБЫ С ПАНДЕМИЕЙ В РОССИИ

ON ORGANIZATIONAL AND LEGAL MEASURES OF THE FIGHT AGAINST PANDEMIC IN RUSSIA

© Гулакова Виолетта Юрьевна
Violetta Yu. Gulakova
кандидат юридических наук, доцент, преподаватель отдела учебно-методической работы, Академия управления городской средой, градостроительства и печати (г. Санкт-Петербург).
PhD (Law), Associate Professor, department teacher educational work, Academy of Urban Management, Planning and Printing (St. Petersburg).
✉ gsv26@mail.ru

© Касторнов Никита Сергеевич
Nikita S. Kastornov
студент, Санкт-Петербургский юридический институт Университета прокуратуры Российской Федерации (г. Санкт-Петербург).
student, St. Petersburg Law Institute of University of the Prosecutor's Office of the Russian Federation (St. Petersburg).
✉ gamb16@mail.ru

Аннотация. *На основании анализа нормативно-правовых актов, регулирующих отношения в сфере борьбы с пандемией в России, авторы обращают внимание на наличие правовых оснований применения ограничительных мер, а также на механизм принятия управленческих решений. В качестве вывода авторы указывают на необходимость разработки федерального закона, закрепляющего правовые основания, цели карантинных мер и режима самоизоляции, объекты, перечень субъектов, их полномочия, основания и виды ответственности участников отношений, в целях выполнения требований норм Конституции РФ, а также создания единого правового поля для реализации режима повышенной готовности в стране.*

Abstract. *Based on an analysis of the regulatory legal acts regulating relations in the field of combating a pandemic in Russia, the author draws attention to the existence of legal grounds for applying restrictive measures, as well as to the mechanism for making managerial decisions. As a conclusion, the author points out the need to develop a federal law that establishes legal grounds, the goals of quarantine measures and the regime of self-isolation, objects, a list of subjects, their powers, grounds and types of responsibilities of participants in relations, in order to fulfill the requirements of the norms of the Constitution of the Russian Federation, as well as create a single legal fields for the implementation of high alert in the country.*

https://elibrary.ru/item.asp?id=42804430

Гулакова В. Ю. ОБ ОРГАНИЗАЦИОННО-ПРАВОВЫХ МЕРАХ БОРЬБЫ С ПАНДЕМИЕЙ В РОССИИ /

Гулакова Виолетта Юрьевна, Касторнов Никита Сергеевич // Базис. 2020. № 1 (7). С. 26-29.

ВЕСТНИК НОВЫХ МЕДИЦИНСКИХ ТЕХНОЛОГИЙ. Электронное издание – 2020 – N 2
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ПАНИЧЕСКИЕ РАССТРОЙСТВА ВО ВНУТРИСЕМЕЙНЫХ ОТНОШЕНИЯХ, КАК ПОСЛЕДСТВИЯ ВОЗДЕЙСТВИЯ КОРОНАВИРУСНОЙ ИНФЕКЦИИ (обзор литературы)

Н.В. ГОЛУБЕВА*, Д.В. ИВАНОВ**, М.С. ТРОИЦКИЙ**

**Общероссийская профессиональная психотерапевтическая лига, 1 ул. Арбат, д. 20, г. Москва, 19002, Россия, e-mail: lex2007905@rambler.ru*
***Тульский государственный университет, Медицинский институт, ул. Болдина, д. 128, г. Тула, 300012, Россия, e-mail: doctor_ivanov@inbox.ru*

Аннотация. В оригинальной статье проведён анализ влияния на внутрисемейные отношения ситуации, сложившейся со вспышкой острых респираторных заболеваний, вызванных новым видом вируса из семейства коронавирусов. Рассмотрены эпидемиологические аспекты распространения заболеваний по странам мира и России в частности. Описаны основные клинические проявления данной болезни и осложнения, возникающие при тяжёлом развитии болезни. Акцентировано внимание на эффектах от массированной информационной нагрузки, принудительной изоляции населения РФ и результатах воздействия на семейные отношения. Отмечено, что уровень семейного насилия, конфликтности вырос на порядок во время так называемого периода самоизоляции. Изученные основы резких изменений в межличностных семейных отношениях позволяют сделать выводы, на основании которых вырабатывается логический алгоритм действия для профилактических мероприятий по предупреждению повторения семейного насилия и конфликтных ситуаций в семье во время возможных вспышек инфекционных заболеваний. Отсутствие достоверной информации, последовательной разъяснительной работы от уполномоченных структур органов государственного управления, резкие ограничения в привычном образе жизни, всё это крайне негативно влияет на симпато-адреналовую систему и функционирование нервной системы индивидуума, приводя порой к необратимым последствиям на уровне первичной ячейки общества с выраженными отдалёнными негативными результатами.

Ключевые слова: коронавирусной инфекция, межличностные отношения, семейные отношения, панические расстройства

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Голубева Н.В. ПАНИЧЕСКИЕ РАССТРОЙСТВА ВО ВНУТРИСЕМЕЙНЫХ ОТНОШЕНИЯХ, КАК ПОСЛЕДСТВИЯ ВОЗДЕЙСТВИЯ КОРОНАВИРУСНОЙ ИНФЕКЦИИ (ОБЗОР ЛИТЕРАТУРЫ) / Голубева Н.В., Иванов Д.В., Троицкий М.С. // Вестник новых медицинских технологий. Электронное издание. 2020. № 2. С. 32-38.

CHECK FOR COVID-19 UPDATES ON HOME ISOLATION AND WORK NOTES

As the coronavirus pandemic continues, physicians may face questions from recovering COVID-19 patients about when they can leave isolation and return to daily activities.

As of April 15, the Centers for Disease Control and Prevention (CDC) guidance on this topic (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html) includes two options: one with testing and one without.

• **For patients with access to testing**, the CDC recommends they remain in isolation until they have an improvement of respiratory symptoms (cough and shortness of breath), no fever (without fever-reducing medications), and two negative test results from consecutive nasopharyngeal swabs taken at least 24 hours apart. (This is contingent, of course, on the availability of testing in your area.) Patients who tested positive for COVID-19 but never showed symptoms should wait until it's been seven days since their positive test result

confirming they tested positive for COVID-19 or confirming they have been cleared to return to work. The CDC's guidance (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html), as of April 15, is that employers should not require such documentation because health care providers may be extremely busy during this national public health emergency. A script containing this guidance that your staff can use to respond to patient calls and emails may be useful to lighten the workload.

CDC guidance on this and other topics continues to evolve, so it's a good idea to spend some time each day on the CDC website, as well as state and local health department websites checking for COVID-19 updates, or assign someone else in your practice to do so.

James Dom Dera, MD, FAAFP
Fairlawn, Ohio

ASK PATIENTS TO SUBMIT VITALS BEFORE TELEHEALTH

Having patients provide some reasonable data like weight, blood sugar review, and home

available. Patients with conditions such as hypertension, obesity, and diabetes may be experienced at measuring glucose and blood pressure, but may require a gentle reminder to have those measurements ready for the appointment.

With the judicious use of lab testing at this time to ensure appropriate social distancing, such basic data points help ensure that chronic diseases remain stable as we navigate uncharted waters.

Jesse Bracamonte, DO, and
Augustine Chavez, MD
Phoenix

ADAPT YOUR DOCUMENTATION SETUP FOR TELEHEALTH

Documentation can be challenging when you're also using your computer for telehealth visits. One solution is to use a laptop or tablet as a second screen off to the side. The main screen is where the telehealth camera is and where your electronic health record (EHR) should be located. The second screen is where you can see your patient in real time.

With the camera and the EHR on

https://www.clinicalkey.com//#!/content/journal/1-s2.0-S1069564820300186

Dera, J.D. Check for COVID-19 Updates on Home Isolation and Work Notes / Dera J.D. // Family Practice Management . - 2020. - Vol. 27, № 3. - P. 32.

Is home isolation appropriate for preventing the spread of COVID-19

At the end of 2019, the coronavirus disease 2019 (COVID-19) epidemic broke out in Wuhan, China.[1] In the early stages, it was thought that the epidemic could be controlled; however, on January 20 2020, a Chinese expert group confirmed that the spread of the virus is characterised by human-to-human transmission.[2] The spread of COVID-19 cannot be prevented by simply wearing facial masks. The only way to control this disease is to cut-off the route of transmission. After the confirmation of human-to-human transmission, the Wuhan Municipal Government announced travel restrictions in Wuhan, and population migration in Hubei Province continues to be monitored. The entire country is actively trying to prevent the spread of the epidemic.

The outbreak of COVID-19 occurred during the Chinese Spring Festival[3] when large numbers of Wuhan's population travelled to other areas, resulting in extensive spread of the infection. However, with the active efforts of the Chinese government, the epidemic has been well controlled, and the overall situation of the epidemic has improved in China.

At the beginning of the epidemic, there were insufficient hospital beds for the patients in Wuhan, and a large number of patients were required to self-isolate at home. However, patients with COVID-19 under home isolation will transmit the virus to other people in the house via human-to-human transmission. This can lead to the entire household being infected with COVID-19. Therefore, home isolation poses significant risks to the population.

The recent incident of the Diamond Princess cruise ship has served as an unintended case study.[4,5] The cruise ship has 1337 rooms and was carrying 2666 passengers from more than 50 different countries, as well as 1045 crew members. When an 80-year-old passenger was diagnosed with COVID-19 on February 1 2020, all passengers and crew (>3700 people) on the ship were ordered to remain on board in quarantine. By February 17 2020, 1219 people on board had been tested for the virus, of which 355 were infected. Of the 355 confirmed patients, 111 were asymptomatic. The number of infected persons accounted for 29% of the total population on the ship. This result suggests that if both infected and uninfected people are isolated in the same space, transmission cannot be prevented.

The Chinese government found that home isolation was not the best course of action in Wuhan, and that all patients should be brought to a hospital for further treatment. Therefore, the government quickly built two large hospitals within a matter days, namely Leishenshan Hospital and Huoshenshan Hospital.[6] Since then, mobile cabin hospitals have also been established. Chinese medical staff members from outside of Wuhan continue to arrive in Wuhan to help in these new medical facilities (Fig. 1). There are currently sufficient beds and medical staff members to provide the best conditions for the infected population and the route of transmission from person-to-person has been cut-off. At present, the number of infections in China is gradually declining.

China's COVID-19 epidemic prevention and control is currently in a relatively good situation. However, this epidemic has now spread to other countries. At present, the number of COVID-19 patients in Korea and Japan is gradually increasing.[7] It is suggested that mobile cabin hospitals are rapidly established in countries with insufficient hospital beds to treat the infected population and that home isolation should not be implemented for patients. All suspected patients should be sent to a hospital for further confirmation, monitoring and treatment.

https://www.clinicalkey.com//#!/content/journal/1-s2.0-S003335062030072X

Is home isolation appropriate for preventing the spread of COVID-19 / Feng Z.-H., Cheng Y.-R., Ye L. et al. // Public Health. - 2020. - Vol. 193. - P. 4-5

Deciphering the power of isolation in controlling COVID-19 outbreaks

Isolation of cases and contacts has long been a strategy in the fight against infectious diseases; however, its effectiveness has varied. The modelling study by Joel Hellewell and colleagues[1] qualitatively explored the parameters that determine whether isolation of cases and contacts can successfully contain COVID-19 outbreaks after importation of travel-related cases and initial transmissions.

Initial outbreak sizes were among the key determinants for the success of isolation. 2 months ago, the world knew almost nothing about COVID-19, and Wuhan—the epicentre of the outbreak—did not have the luxury of early detection and response. Challenged by the reality that earlier opportunities had been missed, China launched a costly public health response in Wuhan, which involved many tactics besides isolation of cases and contacts, including lockdown of the city and mass quarantine, social distancing mandates, school closures, and intense case finding and contact tracing by the medical and public health professionals who were mobilised across the country to come to Wuhan.[2-4] The approach in Wuhan and the nearby cities in Hubei Province took exceptional measures in response to the outbreak, because there was evidence of high-level community transmission and widespread nosocomial

Unlike the severe acute respiratory syndrome virus, where almost all onward transmissions occur after symptom onset,[8] we now know that transmission of COVID-19 virus can occur before symptom onset. In the fifth version of Chinese guidelines governing contact tracing, it defined close contacts as "those who have been in close contact since 2 days before the onset of symptoms in suspected and confirmed cases, or 2 days prior to an asymptomatic confirmed case," which reflects our current understanding that secondary transmission of COVID-19 virus is possible at least 2 days before symptom onset.[9] However, the efficiency of transmission remains uncertain, and seroprevalence studies among different contacts will be important. Transmission by people with no or mild symptoms can dampen the power of the isolation strategy because of reduced likelihood of isolating all cases and tracing all contacts. The identification and testing of potential cases need to be as extensive as is permitted by health care and diagnostic testing capacity—including the identification, testing, and isolation of suspected cases with no or mild disease (eg, influenza-like illness).

Another major challenge to the completeness in case isolation is that nucleic acid testing—the main tool for case identification—has a variable rate of false-negative results; so even symptomatic cases could be set free and

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See **Articles** page e488

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Niu Y. Deciphering the power of isolation in controlling COVID-19 outbreaks / Niu Yan, Xu Fujie // Lancet Global Health. - 2020. - Vol. 8, № 4. - P. e452-e453.

Institutional, not home-based, isolation could contain the COVID-19 outbreak

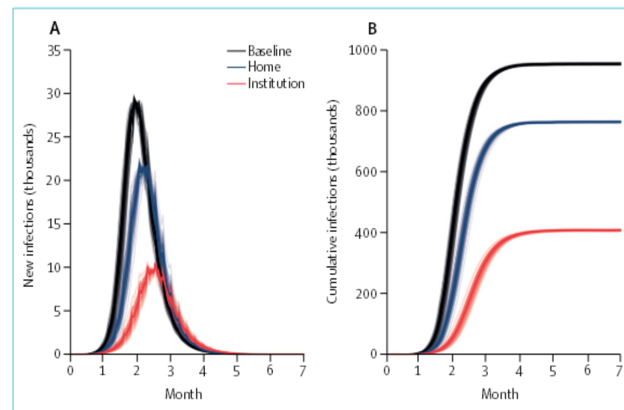

Figure: Number of new infections (A) and cumulative infections (B) within 7 months under the baseline control measures (black), home-based isolation (blue), and institution-based isolation (red)

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In the absence of vaccines, non-pharmaceutical interventions such as physical distancing, intensive contact tracing, and case isolation remain frontline measures in controlling the spread of severe acute respiratory syndrome coronavirus 2.[1] In Wuhan, China, these measures were implemented alongside city lockdown, mass quarantine, and school closure during the coronavirus disease 2019 (COVID-19) outbreak in January and February, 2020.[2] Critical to Wuhan's success, cases identified through liberal testing, regardless of symptom profile, were immediately isolated in purpose-built shelters, as delays in isolation from symptom onset increase transmission risk substantially.[3]

European countries and the USA have mostly followed these measures, except, in most cases, only people with severe symptoms are being admitted to hospital, whereas people with mild symptoms are asked to self-isolate at home. Test kit shortages and limited health-care facility capacity have also led to unconfirmed cases self-isolating reduced by 75% in the household and by 90% in the community.

We contrasted this with home-based isolation, modelled after Europe and the USA, where home isolation of confirmed cases is the current policy. This approach is assumed to cause a 50% reduction in contact within the home and a 75% reduction in contact in the community. Contact cases have an overall reduced interaction at an assumed contact rate of 50%. No reduction in transmission is assumed to occur for asymptomatic infections because asymptomatic cases are not being identified and isolated.

Relative to the baseline with no control measures (figure), our models showed that home-based isolation causes an 8-day delay (IQR 5–11) in the epidemic peak, with a corresponding reduction of 7100 cases (IQR 6800–7400) at this peak and 190 000 cases averted throughout the epidemic (IQR 185 000–194 000). Institution-based isolation created a peak delay of 18 days and a reduction of 18 900 cases (18 700–19 100). A total of 546 000 cases (IQR 540 000–550 000) are averted throughout the epidemic, representing roughly a 57% reduction in comparison to 20% reduction

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Epidemic of COVID-19 in China and associated Psychological Problems

Md Zahir Ahmed[a,*], Oli Ahmed[b], Zhou Aibao[a], Sang Hanbin[a], Liu Siyu[c], Akbaruddin Ahmad[d]

[a] College of Psychology, Northwest Normal University, China
[b] Department of Psychology, University of Chittagong, Chattogram-4331, Bangladesh
[c] College of Tourism, Northwest Normal University, China
[d] Policy Research Centre.bd, Dhaka, Bangladesh

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ABSTRACT

The world is experiencing pandemic of the COVID-19 now, a RNA virus that spread out from Wuhan, China. Two countries, China first and later Italy, have gone to full lock down due to rapid spread of this virus. Till to date, no epidemiological data on mental health problems due to outbreak of the COVID-19 and mass isolation were not available. To meet this need, the present study was undertaken to assess the mental health status of Chinese people. An online survey was conducted on a sample of 1074 Chinese people, majority of whom from Hubei province. Lack of adequate opportunities to conduct face to face interview, anxiety, depression, mental well-being and alcohol consumption behavior were assessed via self-reported measures. Results showed higher rate of anxiety, depression, hazardous and harmful alcohol use, and lower mental wellbeing than usual ratio. Results also revealed that young people aged 21–40 years are in more vulnerable position in terms of their mental health conditions and alcohol use. To address mental health crisis during this epidemic, it is high time to implement multi-faceted approach (i.e. forming multidisciplinary mental health team, providing psychiatric treatments and other mental health services, utilizing online counseling platforms, rehabilitation program, ensuring certain care for vulnerable groups, etc.).

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Epidemic of COVID-19 in China and associated Psychological Problems / Ahmed M., Ahmed O., Aibao Z. et al. // Asian Journal of Psychiatry. - 2020. - Vol. 51. - P. 102092.

Letter to the Editor

Psychiatric burdens or stress during hospitalization and concerns after discharge in patients with severe acute respiratory syndrome coronavirus-2 isolated in a tertiary care hospital

Dear Editor,

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has now infected tens of thousands of people in China and has spread rapidly around the globe. Many patients with SARS-CoV-2 have been admitted and are isolated for appropriate infection prevention and control.

During the severe acute respiratory syndrome (SARS) coronavirus outbreak in 2003 and the Middle East Respiratory Syndrome (MERS) coronavirus outbreak in 2014, infected individuals were isolated, and they faced mental health challenges and psychiatric burdens during hospitalization (Lin et al., 2010, Kim et al., 2018). Separation from loved ones, loss of freedom, uncertainty over disease status, and boredom can, on occasion, create dramatic effects. Incidents of suicide in these cases have been reported (Brooks et al., 2020).

Little is known about psychiatric burdens or stress in patients with SARS-CoV-2 quarantined in hospitals. Thus, we retrospectively conducted a chart review in order to identify psychiatric burdens or stress during hospitalization and concerns after discharge in inpatients with SARS-CoV-2.

We conducted a retrospective chart review on all the confirmed patients with SARS-CoV-2 admitted to the National Center for Global Health and Medicine during the outbreak from January 29, 2020 through March 13, 2020. As part of mental support in their daily patient care, we conducted one-on-one semi-structured individual interviews with inpatients with SARS-CoV-2 1 to 2 days before discharge. Each interview lasted approximately 20 minutes. The interviews were recorded in the patients' notes. Each patient's background (age, sex, nationality, length of hospital stay), psychiatric burdens or stress during hospitalization, and concerns after discharge were reviewed. This study was reviewed and approved by the Ethics Committee of the Center Hospital of the National Center for Global Health and Medicine after compliance with the condition that a document that declares an opt-out policy by which any possible patient and/or relatives could refuse to be psychiatric burdens or stress during hospitalization and concerns after discharge were analyzed and categorized into four and three categories, and fourteen and seven subcategories, respectively (Appendix 1).

One of the most important findings in this study was that some inpatients would isolate themselves after discharge because they were worried about the disease relapsing and transmitting the virus to their family members. Meanwhile, some inpatients had discrimination, prejudice, and suspension and dismissal from work. This factor is relevant because it increases the risk of long-term social isolation after discharge and may increase the risk of suicide (Barbisch et al., 2015). Appropriate mental support for patients with SARS-CoV-2 infection after discharge as well as during hospitalization is necessary. In addition, further studies to explore human-to-human transmission and treatment options are needed to prevent further outbreaks and to reduce patients' fear of transmitting the virus to their loved ones.

The second important finding was that some inpatients worried that they would be identified as a SARS-CoV-2-infected patient based on information on media and case reports. One of them was identified as a SARS-CoV-2-infected patient by his colleagues. Disclosure of information to the media and the handling of personal information in case reports must be closely looked into. Fear of being socially marginalized and stigmatized may cause vulnerable patients to deny early clinical symptoms and may contribute to their failure to seek timely medical care, resulting in another cluster (Person et al., 2004). Also, this fear aggravates the abovementioned sense of isolation, and may also increase the risk of suicide (Barbisch et al., 2015).

The third important finding was that most of the patients interviewed did not have financial difficulties nor language or cultural issues, and that the hospital was considered as a safe shelter with excellent medical care. In order to prevent the financial burden on patients and to further strengthen patient support systems after discharge, we will continue to work with government agencies such as health centers and the Ministry of Health, Labor, and Welfare.

This study had several limitations. First, this study was not a pro-

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Psychiatric burdens or stress during hospitalization and concerns after discharge in patients with severe acute respiratory syndrome coronavirus-2 isolated in a tertiary care hospital / Shinichiro M., Sho S., Kayoko H. et al. // Psychiatry Research. - 2020. - Vol. 289. - P. 113040.

Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey

Yeen Huang[a,b], Ning Zhao[a,b,*]

[a] The 6th Affiliated Hospital of Shenzhen University Health Science Center, Nanshan Hospital Affiliated to Shenzhen University, Shenzhen, 518052, People's Republic of China

[b] Department of Rehabilitation Medicine, Huazhong University of Science and Technology Union Shenzhen Hospital, Shenzhen, 518052, People's Republic of China

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ABSTRACT

China has been severely affected by Coronavirus Disease 2019(COVID-19) since December, 2019. We aimed to assess the mental health burden of Chinese public during the outbreak, and to explore the potential influence factors. Using a web-based cross-sectional survey, we collected data from 7,236 self-selected volunteers assessed with demographic information, COVID-19 related knowledge, generalized anxiety disorder (GAD), depressive symptoms, and sleep quality. The overall prevalence of GAD, depressive symptoms, and sleep quality of the public were 35.1%, 20.1%, and 18.2%, respectively. Younger people reported a significantly higher prevalence of GAD and depressive symptoms than older people. Compared with other occupational group, healthcare workers were more likely to have poor sleep quality. Multivariate logistic regression showed that age (< 35 years) and time spent focusing on the COVID-19 (≥ 3 hours per day) were associated with GAD, and healthcare workers were at high risk for poor sleep quality. Our study identified a major mental health burden of the public during the COVID-19 outbreak. Younger people, people spending too much time thinking about the outbreak, and healthcare workers were at high risk of mental illness. Continuous surveillance of the psychological consequences for outbreaks should become routine as part of preparedness efforts worldwide.

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Huang Y. Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey / Huang Y., Zhao N. // Psychiatry Research. - 2020. - Vol. 288. - P. 112954

Psychiatrist in post-COVID-19 era – Are we prepared?

Sir,

At the time of writing this letter (end March 2020) the world is facing one of the most feared pandemic of all time named – COVID-19, caused by a novel corona virus, SARS-CoV-2 (Anon., 2020). Although the disease started in December 2019 in China, but rapidly progressed to affect more than half a million people across 176 countries (till 27.03.2020) and these numbers are only expected to rise further. A time when world's best health-care facilities and global public-health researchers are in dare setback, it's worth raising the question that, are we prepared enough to handle the psychological ill-effect and psychiatric issues that are anticipated in post-pandemic periods?

Fear and anxiety are common psychological response during disastrous situations like this (Dong and Bouey, 2020). But undue prolonged stress with social isolation can act as a Table 1 niche for developing a pathological mental state (Goyal et al., 2020). While higher income countries already apprehending worse recession and socio-economic setbacks, low-and-middle income countries like India is high likely to face the worse. Many already proven social factors like: *being sick, prolonged hospitalization, death of loved ones, loss of job, months of forced quarantine, lack of supply, stigma* – is likely to hit us all, especially those who are more vulnerable to stress and already suffering from mental illness (Mak et al., 2009; Brooks et al., 2020) (Table 1).

We are among few, in our institute, being involved since beginning in active management of COVID-19 cases. We found, many patients in the designated isolation ward had reported – excessive fear, restlessness and sleep disturbances during hospital stay. Many frontline healthcare workers had shown signs of anxiety and depression. Therefore, we as psychiatrists need to take urgent action in finding and managing such issues.

Acute medical emergency may last many months and may be year (s) – and therefore until we have an effective preventive or curative treatment for COVID-19, primary focus would continue to be manpower development and resource allocation for detection and management of active cases. However, at the same time we cannot ignore the psychological aftermath of this pandemic.

Three primary concerns to be addressed by fellow psychiatrists are: (1) generating evidence by well conducted studies, (2) generating awareness and psychological preparedness among common men and essential service providers, (3) delivering active psychological and psychiatric intervention to those in need.

Well-conducted studies are needed to assess, (i) the magnitude (i.e. spectrum and severity) of various psychological problems – aiding the policymaking process, (ii) the immediate and long term psychological consequences of such life-changing events in various subgroups of the population, and (iii) the response to various therapeutic interventions. We believe, use of digital media (telepsychiatry) for early and active search of individuals with psychological infirmity, and also as mode of delivering information and psychological interventions can be an effective tool to reduce the sufferings of all vulnerable individuals (Liu et al., 2020). Later, integration of public mental health – delivering essential psychiatric and psychological services may become pivotal. Humanity has faced worse during two previous world-wars but we cannot wait until we heal. Psychiatrists have to be the flag-bearer of the best known medicine of all time – Hope.

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Declaration of Competing Interest

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