

Sağlık Okuryazarlığı Perspektifinden Yeni Koronavirüs Enfeksiyonu

New-Coronavirus Infection from A Health Literacy Perspective

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ÖZ

Sağlık okuryazarlığı, insanların sağlığını korumak ve iyileştirmek için koruyucu sağlık hizmetlerinden faydalanması için gerekli becerileri ifade eder. Kötü okuryazarlık düzeyleri dünya çapında bir halk sağlığı sorunudur. Bu olgu sunumunda yüksek şüpheli yeni koronavirüs enfeksiyonu ile hastaneye yatırılan ve hastaneden kaçan olguyu sağlık okuryazarlığı perspektifiyle tartıştık.

ABSTRACT

Health literacy refers to the skills required for people to benefit from preventive health services to protect and improve their health. Poor literacy levels are a global public health problem. In this case report, we discussed a case from health literacy perspective that was hospitalized with high suspected new coronavirus infection and escaped from the hospital.

Introduction

From 31 December 2019 to 7 January 2020, it has been reported that the cause of pneumonia detected in Wuhan, China is a previously unidentified corona virus. The virus was named 2019-new coronavirus, SARS-CoV-₂ or COVID-19. After these dates, the virus spread worldwide and caused a pandemic. The first case of this pandemic was seen on 11 March 2020 in Turkey (1).

Health literacy: is the capacity to know, to make the right decision and to benefit from the health information and services provided that protect and improve health and to find the right treatment for health problems and diseases (2). Skills such as evaluating information, analyzing risks and benefits, knowing the number and time of drug doses, and making sense of test results are evaluated within the concept of health literacy (2).

In this case report, we aimed to present the patient who was considered as a high suspect COVID-19 infection and escaped from the hospital and to discuss it from the perspective of health literacy.

Case Report

On April 26, 2020, a 59-year-old female patient admitted to our clinic with sore throat and cough for two days. In her medical history, there were no diseases other than diabetes. She had known contact with a person who had corrected COVID-19, and she had the exertional dyspnea. She had no fatigue or fever and, no overseas travel history. The initial physical examination revealed a body temperature of 36.4 °C, blood pressure of 144/89 mm Hg, pulse of 68 bpm, respiratory rate of 17 breath/min, and oxygen saturation of 96% while the patient was breathing room air. Electrocardiography was evaluated as normal sinus rhythm. Blood tests revealed normal lymphocyte ($3.46 \cdot 10^3/\mu\text{L}$, normal: $0.8-4 \cdot 10^3/\mu\text{L}$), and neutrophil count ($5.26 \cdot 10^3/\mu\text{L}$, normal: $2-7 \cdot 10^3/\mu\text{L}$), and elevated C-Reactive Protein level (3.2 mg/L, normal: <0.5 mg/L). Troponin I level (0.001ng/mL, normal: <0.0262 mg/L) and other biochemical parameters were evaluated within normal limits. Thorax computed tomography showed ground-glass opacities in both lungs. Ground-glass opacities were widespread in both lungs and mostly located close to the pleura as seen in Figure 1.

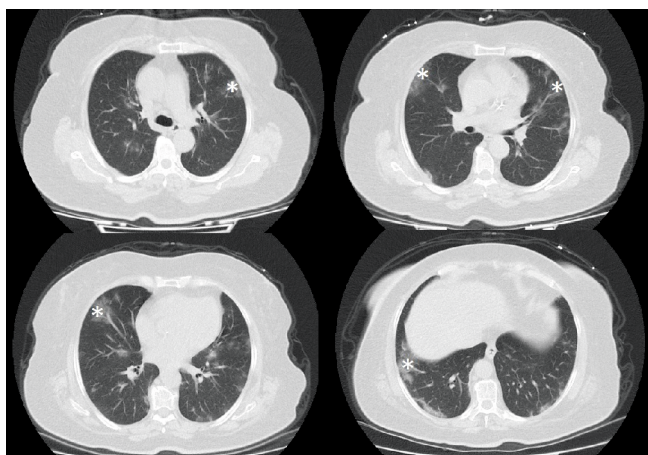


Figure 1. Thorax computed tomography without intravenous contrast media. The coronal reformatted image reveals pleurally located, diffuse, ground-glass opacities (asterisks).

Hospitalization decision was made. It was explained to the patient that she had a suspected coronavirus infection and she would be treated in an inpatient setting. The patient escaped from hospital while waiting for the hospital bed to be ready. The patient was found by the police at the bus stop in front of the hospital. She was persuaded to go to the hospital again by the police and paramedics. The patient was brought back to the hospital by Emergency Medical Services. Hydroxy chloroquine was started in dose of 500 mg of hydroxy chloroquine twice daily and azithromycin was started in dose of 500 mg of azithromycin once daily. She was treated with this medication for five days. Patient's oropharyngeal swab and sputum test result was positive for SARS-CoV-2 on third day of hospitalization. The patient was discharged asymptotically after five days of follow-up by recommending the treatment of low molecular weight heparin.

The patient agreed us to use his medical records and signed the consent form.

Discussion

COVID-19 virus is primarily transmitted between people through respiratory droplets and contact routes (1). The measures to be taken to prevent the transmission of the virus are the use of masks, attention to hygiene rules, isolation of patients or those with suspected disease. Individual behavior is crucial to control the spread of COVID-19. Social distance measures are approaches to minimize close contact with others in the community. Self-quarantine and self-isolation are important to prevent

disease. Although governments and health professionals recommend isolation measures, in many countries the public did not pay attention to social distance rules and isolation measures. This effects the rate of disease spread across countries and the world (3).

Health literacy is the necessary skills for people to benefit from preventive health services to protect and improve their health. Poor health literacy levels are a public health problem worldwide (4). In the USA, approximately 80 million adults have poor health literacy (5). A study performed in Turkey by Sağlık-Sen showed that, the general index of health literacy of Turkey has been identified as 30.4. As a result of this study in Turkey it was determined to have poor or problematic health literacy of 64.6% of the population (6). In another study conducted in Turkey it was found that 57.9% of the study population has low health literacy (7).

The patient was hospitalized for suspected viral pneumonia especially COVID-19 because of having known contact with a person who had corrected COVID-19 due to current COVID-19 outbreak Management and Working Guideline of the Turkish Ministry of Health at the time of the case that we used to manage cases (1). COVID-19 pneumonia has high mortality ranges in elderly patients. It was explained to her that have high mortality, risks of transmitting to other people and he should comply with the quarantine conditions by healthcare professionals and specialist doctors when she was hospitalized. Two hours after this information, the patient escaped from the hospital and endangered both her own health and public health.

Governments and non-governmental organizations carried out widespread information activities on quarantine measures (8). Posters and TV programs on the transmission routes of the new coronavirus infection, the necessity of cleaning and using masks were organized. As authors, we believe that these informative activities will positively affect health literacy.

As a conclusion, health literacy includes the ability to make the right decision about their health. Low health literacy levels in the COVID-19 pandemic process threaten both their own health and public health. Improving health literacy might have positive effects on public health. On the other hand, clinicians should continue to explain the importance of adhering patiently and repeatedly to the public with up-to-date scientific knowledge.

Yazarlık katkısı: Fikir/Hipotez: SÖ, HŞA, İA Tasarım: SÖ, HŞA, İA Veri toplama/Veri işleme: SÖ, AA, KK Veri analizi: SÖ,AA, KK Makalenin hazırlanması: SÖ, HŞA, İA Makalenin kontrolü: AA, KK.

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