

Note

The importance of anamnesis on the filiation of COVID-19 patients and the determination of their contacts

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Abstract

Novel Coronavirus disease 2019 (COVID-19) is a viral respiratory disease caused by a new coronavirus. COVID-19 spreads rapidly due to its human-to-human transmissibility and poses a serious public health risk. Filiation and contact tracing are key strategies to prevent further spread of COVID-19. The detection of the people who were contacts to the patient starts with an anamnesis taken appropriately from the patient. In this article, the importance of anamnesis on the filiation of COVID-19 patients and the determination of their contacts are discussed.

Keywords: Medical history taking, filiation, contact tracing, COVID-19, coronavirus

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COVID-19 hastalarının fiyasyonunda ve temaslilarının belirlenmesinde anamnezin önemi

Öz

Yeni Koronavirüs Hastalığı 2019 (COVID-19) yeni bir koronavirüsün neden olduğu viral bir solunum hastalığıdır. COVID-19 insandan insana bulaşma özelliği nedeniyle hızla yayılmakta ve ciddi bir halk sağlığı riski oluşturmaktadır. COVID-19'un daha fazla yayılmasını önlemek için fiyasyon ve temaslı takibi kilit bir stratejidir. Temasliların tespiti ise hastadan uygun şekilde alınan anamnez ile başlamaktadır. Bu yazıda COVID-19 hastalarının fiyasyonunda ve temaslilarının belirlenmesinde anamnezin önemi ele alınmıştır.

Anahtar kelimeler: Anamnez alma, fiyasyon, temaslı takibi, COVID-19, koronavirüs

Novel Coronavirus disease 2019 (COVID-19) is a viral respiratory disease caused by a new coronavirus. COVID-19 spreads rapidly due to its human-to-human transmissibility and poses a public health problem. To prevent further spread of COVID-19, the filiation and contact tracing, which are basic disease control measures, are key strategies.^{1,2} Filiation is the study of determining the source of the disease and taking protection and control measures.³

The definitions are made in the Republic of Turkey, Ministry of Health Public, Health Directorate General of COVID-19 Guide. They are close contact and contact.

Close Contact is defined as;

- direct caregivers without precautionary measures for droplet infection to a definitive or possible case,
- working with COVID-19 infected healthcare professionals or people with health centre related exposure,
- students and teachers in the same class as a COVID-19 patient,
- staying in the same room with a COVID-19 patient,
- having direct contact with a COVID-19 patient,
- having unprotected contact with a COVID-19 patient's secretions (saliva, expectoration, etc.),

- being face to face with a COVID-19 patient for more than 15 minutes at less than 1-meter distance,
- staying together with a COVID-19 patient in the same indoor environment for more than 15 minutes at less than 1-meter distance,
- traveling on the same aircraft with a COVID-19 patient,
- living in the same home or working in the same office with a COVID-19 patient.

Contact is defined as people;

- staying together with a COVID-19 patient in the same indoor environment at more than 1-meter distance for longer than 15 minutes,
- staying together with a COVID-19 patient in the same indoor environment for more than 15 minutes with masks,
- being face to face with a COVID-19 patient for less than 15 minutes at less than 1-meter distance.²

In this study, the 'Contact' definitions will be used.

In Turkey, COVID-19 filiation and contact tracing is carried out by teams formed by the Provincial/District Health Directorate or Community Health Centre. It is done in line with the Republic of Turkey Ministry of Health, Public Health Directorate General of COVID-19 Guide. The COVID-19 patient is phoned in a few hours' time after

diagnosis in order to identify the contacts. Figure 1 shows the filiation and the

determination process of the contacts of the COVID-19 case.

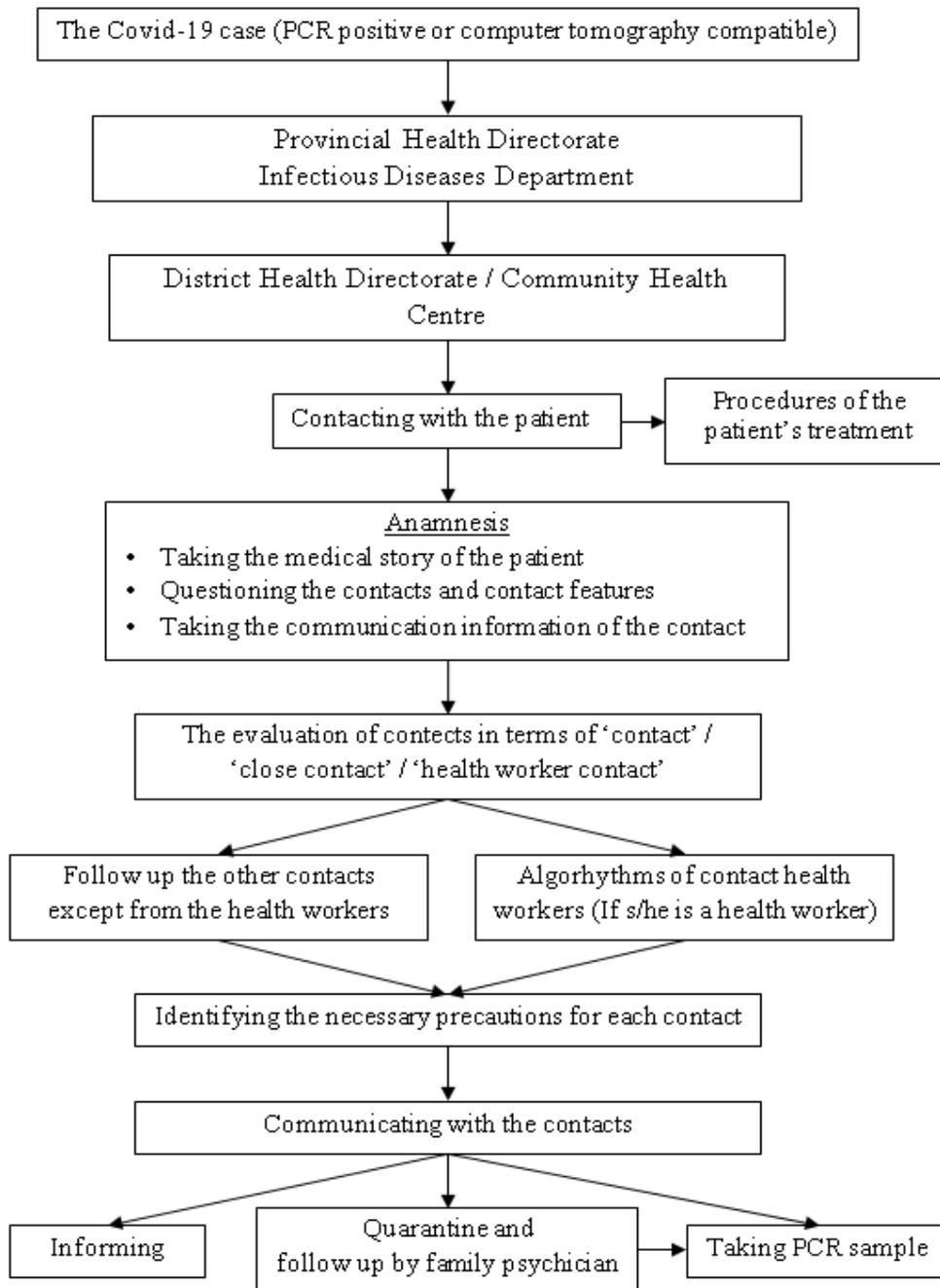


Figure 1. The process of the filiation and determination process of contacts of the COVID-19 case. (Compiled from Republic of Turkey Ministry of Health Public Health Directorate General of COVID-19 Guide.²⁾

The detection of the contacts begins with an anamnesis appropriately taken from the patient. Anamnesis is defined as listening to the disease and the patient's history and answering questions to be asked by the doctor. The sociocultural characteristics and chronic diseases

affecting cognitive functions have an impact on the process of anamnesis. In determining the contacts of the COVID-19 patient, the doctor should first introduce herself/himself to the patient and begin the anamnesis by explaining the purpose and the process of this interview. Questions and

words should be carefully selected so that the patient can understand. A question-answer sequence should be maintained. Some problems and solution suggestions

frequently encountered during the anamnesis are presented in the table (Table 1).

Table 1. Problems and solution suggestions that may occur during anamnesis in the filiation and determining of contacts

Problems	Solution offers
Starting an anamnesis	
<ul style="list-style-type: none">• The patient has difficulty maintaining the conversation due to his/her illness• The patient's inability to focus on the interview• The patient not yet accepting the diagnosis• Having concerns about illness, family members or work• When the person diagnosed with COVID-19 while being monitored by contact, focusing on the patient with whom s/he is completely in contact, ignoring the contact with other people• Seeking answers to the patient's own questions and concerns• The patient's tendency to conceal his/her contacts or neglect of COVID-19 measures (stigmatization anxiety)• Reluctance to interview<ul style="list-style-type: none">· Thinking that the anamnesis process will not help him/her· Thinking that they live alone and thus they do not have any contacts• Being aggressive towards the physician	<ul style="list-style-type: none">• Making the patient feel that the patient's concerns are understood by the physician• Pausing the interview, indicating that the patient will be called again• Obtaining personal information from the patient about him/herself.• The importance of the interview is explained to the patient again and the patient's resistance is broken.• Stating that questions other than the main subject will be dealt with at the end of the interview.• Encouraging the patient not to conceal information• Change of interviewing personnel
Maintaining anamnesis	
<ul style="list-style-type: none">• The words used do not match the perceived meanings<ul style="list-style-type: none">· The patient states that he only 'contacts' with the people s/he hugs or shakes hands with· Stating that he does not 'meet' with people with whom his friendship does not continue, even though s/he is in close contact (funeral, wedding, etc.)· Stating that s/he 'meets' or is in 'contact' with people who s/he makes an online video call to via smartphone.· The patient does not consider activities such as consuming tea and coffee or eating at the same table as contact due to the difficulty of wearing a mask and physical distance rules.· Not specifying the people using the same means of transport	<ul style="list-style-type: none">• Defining words to the patient or giving short explanations if needed• Asking additional questions to clarify the situation• Questioning of food and beverage consumption at the same table

Table 1 continued

<ul style="list-style-type: none">• Determining the date when symptoms begin<ul style="list-style-type: none">• The patient only expresses the date on which the most disturbing symptom started• Expressing the date that the patient's symptoms have been disturbing him/her for a while as the starting date• Difficulty remembering• Drug use that suppresses the patient's COVID-19 symptoms• Difficulty remembering contacts<ul style="list-style-type: none">• Inquiry of the period before the date of diagnosis• Inability to remember contacts in crowded environments	<ul style="list-style-type: none">• The patient should be asked whether s/he has any other symptoms;<ul style="list-style-type: none">• The starting date of other symptoms, if any, should be learned• Questioning the patient's drug use for chronic diseases (immunosuppressive ect.)• Questioning of drug use for mild symptoms of COVID-19
	<ul style="list-style-type: none">• Making use of dates that will make it easier to remember<ul style="list-style-type: none">• National and religious days,• Payment days• Days when there is a street market around• Start or end days of measures taken to combat COVID-19 disease in Turkey

Consequently, taking detailed anamnesis from the patient in the fight against COVID-19 enables quarantining at home, getting an early diagnosis and applying appropriate treatment for the contacts. As seen in the table, when there are parts of the anamnesis that cannot be clarified for various reasons, the risks of the patient's contacts cannot be determined, and these opportunities may be missed and may lead to public consequences. By taking appropriate precautions, the possible chain of transmission of infection can be broken, thus contributing to the protection of the society from infection.

Conflicts of interest

The authors declare that no conflicts of interest exist.

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Ethical approval

The research carried no risk of violating ethical principles.

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