




## Editorial

# High Vigilance Concept: Preventive Transition Strategy Toward the Covid-19 Endemic

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The transboundary disease, Covid-19, which has been ongoing since 2020, crosses borders and affects many parts of society. The ensuing health issues have weakened the nation's economy, workforce, quality of life, and overall resiliency. Based on information from the Covid-19 Task Force and Emerging Infections of the Ministry of Health, the Cumulative Situation of Covid-19 in Indonesia as of July 18, 2022, shows 6,138,953 confirmed cases, 27,550 active cases, 156,849 deaths, and 5,950,554 recoveries from a total of 102,088,388 specimens tested. This cumulative mortality rate is 2.6% greater than the global average of 1.14% [1].

Current evidence from epidemiology and transmission demonstrates that Covid-19 has mutational traits that make it a community spreader, demonstrated by an uptick in asymptomatic positive cases, mobilization, and international migration. However, keeping an eye out for comorbid groups with varying clinical signs and organ problems is still important. The government has to re-encapsulate the upstream and downstream techniques into a single integration if it is to cope with the present situation.

Hospital emergency plans and the notion of "High Vigilance" (also known as "High Alert") are both included in this plan as a means of making the shift from

a pandemic to an endemic. High Vigilance's strategy is to build organizational awareness and community participation by empowering Leadership, Best Practices, and Environmental Without Error as an integrated policy with measuring tools for the dynamic implementation of the rapid-detect-respond and prevention program.

The World Health Organization (WHO) proclaimed a global pandemic of Covid-19, an infectious illness caused by the SARS-Cov 2 virus, on March 9, 2020. During the first year of the Covid pandemic, 225 million persons were diagnosed with Covid-19, and 4.6 million people died from the disease. As of now (2023), fewer people are being admitted to hospitals due to an endemic shift that is spreading across the population [2].

The pathogenesis and pathophysiological investigation of the transmission and virulence of the Covid-19 virus were the first responses to the virus's discovery. Spike proteins, which serve as grabbers in the nasopharynx, are a hallmark of virulence. Once they attach to the cell receptors in the lungs, they multiply rapidly, wreaking havoc on the respiratory system. In the subsequent pandemic stage, this procedure is repeated. Mutations may take many forms, and each one contributes to an elevated risk of illness and death.

The lack of discipline in the community to take precautions like wearing masks, keeping a safe distance, and washing hands regularly contributes to the rise in severe cases in patients with comorbidities who are admitted to the emergency unit and the spread at the community level (super spreader) [3–5].

Due to the severity of the Covid-19 epidemic, hospitals had to restructure their service delivery system from the ground up, shifting their focus from reactive to proactive measures. Hospital preparedness, as defined by the World Health Organization (WHO), is "a shift in the service paradigm toward infection risk stratification." This shift includes, among other things, the identification and orientation of services, the allocation of human resources (doctors, nurses, care teams), the involvement of multidisciplinary specialties with professional culture, education, and training, the development of guidelines and treatment protocols, the collaboration of networks of hospitals, telemedicine consulting, and the preparation of research and evaluation studies [4].

Given the dynamic interactions between government policy struggles to modify various regulations and implementations in the field, such as tracing, testing, and treatment in synergy as early as possible through vaccination, the transition from pandemic to endemic is a natural process faced by every country. When vaccination rates are at their highest, they are most effective in preventing disease and limiting hospitalizations.

Covid -19, as a community entity, spreads because of an increase in the number of cases in the community, and its distribution is as unexpected and rapid as that of superspreaders. The delay in diagnosis that resulted in a less-than-strict quarantine regime contributed to the rapid spread of the disease in numerous nations with poor trace rates. The emerging simple analysis is not yet in sync with the ideas of specialists, including government policies and attitudes concerned with public input. Covid-19 might be seen in a web of disorders with roots in people's regular activities. Reemerging infectious and social illnesses need a disease perspective that is built around social cohesiveness, which affects the quality of life and how well a community works.

The environmental impact of this illness is reflected in the new nomenclature. Managing community health effectively calls for the participation of several community elements, including bureaucracy, the environment and culture, and the initiative of the community at large. Despite the fact that there may be disagreements and misunderstandings about how to stop the spread of Covid-19 best, everyone in the community has to be on the same page about the need to take preventive measures. The Infection Control Risk Assessment (ICRA) is used as a roadmap for risk assessment and preventative control management when

an infection has occurred. Our responses to risk assessment for disease prevention will determine the frequency with which re-emerging social issues and infectious diseases reappear [6].

Because of its transboundary nature, Covid-19 affects people on a personal, national, and global scale, with consequences for policy and infection management in a variety of areas. Due to the unpredictability of the pandemic, each nation does its own experimentation on the transboundary transmission of Covid in order to understand better the factors that contribute to its emergence and spread. The community-wide epidemic has led to a rise in the use of quarantine and isolation techniques aimed at lowering the disease's rate of spread, while the epidemic among hospitalized patients has led to an increase in the number of patients admitted with severe symptoms. Every government tactics boil down to socially cancelling a wide range of activities and events that occur between lockdowns and when they are lifted. Delta cases, which lead to death and long-term effects on socioeconomic conditions, are just one example of how this pattern epidemiologically stimulates infection experts to study the virus's characteristics in depth in relation to virulence, immunology, host adaptation, and transmission variant patterns [7].

Understanding the progression of this disease from pandemic to endemic can be the first step in implementing the Pandemic Transition to Endemic approach based on the High Vigilance concept. These four processes are 1) Covid as a Battle Transformation, 2) Covid as a Determinant Analysis, 3) Covid as a New Endemic Adaptation Culture, and 4) Covid as a Preventive Strategy.

Covid-19, also known as Battle Transformation, is a contagious disease that results from the interplay of systems, namely those of the body and the outside world. The internal system is the part of the body that may undergo cell degeneration, affecting structural alterations and the immune system's response to microbial invasion. The covid-19 infection has additional potential to produce serious illness conditions in the population because of the increased risk of degeneration due to comorbid disorders, including diabetes, hypertension, and old age. At the same time, the infectious disease's behavior is influenced by the external system, including global environmental conditions (pandemic to endemic) with dynamic variants of mutations. This disease has an asymmetric relationship with the reality it causes, with respect to the possibility of both outbreaks and endemicity [8].

The community's duty to construct health empowerment networks as a connection to synergize diverse components of the country as the center of the dynamic movement in society is a vital aspect of health security initiatives. In order to protect the community

from the discipline of health restrictions in the face of changing Covid-19 transmission variables and to generate new policy innovations, the implementation of large-scale social restrictions (PSBB) calls for the collaboration of a group of thinkers with multidisciplinary scientific competence and a national spirit [9].

The Approach to Preventive Strategy and New Adaptations Culture is social control as a societal movement (community movement). The created policies and management comprise activities that may constitute a social chain, consisting of a number of health-improving initiatives. Infection control at the hospital level, backed by ongoing resources, and management of the transition from pandemic to endemic comprise the sequence of programs. Prioritizing quality and patient safety, the objective is to return the hospital to its former function, which was hospital readiness, in everyday practice. The second part is limiting community infection (social and illness), which entails maintaining an environment and work system based on compassion for life and concentrating on community-level health safety connected to the transmission. The strategy covers environmental health control, including actions on the ground to monitor and encourage environmental management. This is done by involving different health professionals in ongoing training and education to prevent illness as much as possible and help people live healthier lives [10].

The Infection Control Risk Assessment (ICRA) tool is used in one program to analyze risks and implement preventative measures against the spread and consequences of illness. In the event of a resurgence of the virus or bacterium, there is a risk that it may have undergone a transmissible mutation. This might lead to an epidemic that would disrupt community life. The promotion of healthy social interactions and relationships is an important part of risk assessment, prevention, and control programs. The SCAC (Social Care Associate Community) is a social diversification that encourages the organic growth of society's distinguishing traits. Correcting socioeconomic inequalities is an essential part of every social intervention. In the context of disease prevention and control, SCAC refers to social monitoring that may be measured. The Integrated Service Post (Posyandu) in Indonesia is one example of a non-governmental organization (NGO) that operates at the village level to do this kind of monitoring [10].

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