

HALK SAĞLIĞI VE COVID-19

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GİRİŞ

2019 yılı Aralık ayı sonlarına doğru, Çin'in Hubei eyaletinde bulunan Wuhan kentindeki bir deniz ürünleri toptan satış pazarında ateş, öksürük, yorgunluğun eşlik ettiği zatüre vakaları görülmeye başladı[1]. Yerel sağlık otoritelerinin 31 Aralık 2019'da "epidemiyojik uyarı" açıklamasından bir gün sonra da toptan satış pazarı kapatıldı. Ateş ve kuru öksürük şikayeti ile başvuran vakaların %66'sının pazarla temas öyküsünün olması bulaşın hayvan kaynaklı olduğunu düşündürdü[1]. Dünya Sağlık Örgütü (DSÖ) 7 Ocak'ta hastalık etkeninin yeni tip bir koronavirüs olduğunu açıkladı, ilk vakaların 2019'da görülmesinden dolayı hastalığın etkeni "2019-nCov" olarak adlandırıldı; 21 Ocak'ta da bulaşın insandan insana olduğu duyuruldu[2].

Çin'de vakalar artarken 11 Ocak'ta ilk can kaybı yaşanmıştır. Çin'den sonraki ilk vaka Tayland'da görülmüştür[3]. DSÖ, Çin'de başlayan

COVID-19 salgınının, Çin dışına yayılması ve 18 ülkede de görülmesi üzerine 30 Ocak'ta yaşanan durumu «uluslararası kamu sağlığı acil durumu» olarak[4]; salgının başlamasından yaklaşık iki ay sonra 11 Şubat'ta hastalığın adını "COVID-19" olarak; hastalığın etkenini ise SARS'a neden olan koronavirüse benzerliğinden dolayı, "SARS-CoV-2" olarak isimlendirildiğini duyurmuştur [5]. DSÖ, 11 Mart 2020'de Çin'de ilk kez görülen COVID-19 vakalarının Çin haricinde 113 ülkede de görülmesi, virüsün yayılımı ve şiddeti nedeni ile COVID-19 vakalarının küresel salgın (pandemi) haline geldiğini ilan etmiştir[6]. Ülkemizde ise ilk COVID-19 vakası da 11 Mart 2020'de görülmüştür[7].

Dünyada yaşanan COVID-19 ne ildir, ne de son olacaktır. Bugün için bilinen COVID-19 pandemisi gibi bilinmeyen salgın hastalık kaynakları için de koruma ve kontrol önlemleri alma sorumluluğumuz vardır. Bunun için salgın hastalıklara zemin hazırlayan etkenleri ve pandemik süreçte-

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Sonuç

Günümüzde, hastalıkların yönetilmesinde bireysel özellikler ve karmaşık süreçlerin etkili olabileceği düşüncesiyle hastalık yoktur, hasta vardır görüşü ile yaklaşılmaktadır. Bütün dünyayı etkisi altına alan COVID-19 pandemisi sürecinde toplumların davranış biçimlerini anlamak, salgından korunma ve kontrolünü sağlamak için de yine bireysel davranışları analiz etmek ve çözümlenmek gerekmektedir.

Enfeksiyon epidemiyolojisi iyi analiz edilme- li ve politika yapıcılar toplum yapılarına göre formüller üretmelidir. Ülkelerdeki yaş yapısı ve yaşama modelleri, enfeksiyon ve ölüm sayısını nasıl şekillendirebileceği düşünülmelidir. Yaş yapılarındaki farklılıklar ülkeleri farklı risklere sokmaktadır. Daha az dikkate alınan bir diğer faktör ortak ikamet modelleridir. Salgınlarda toplumların davranışlarını anlamak, koruma ve kontrol stratejileri geliştirmek ve iyileştirme hedeflerine ulaşmanın anahtarıdır.

Salgın hastalıklarda, toplumun eğitimi, koruma ve kontrol müdahalelerine katılımı çok önemlidir. Farklı sosyokültürel ve sosyodemografik gruplara özel formüller geliştirilerek, salgın koşullarına adaptasyon mekanizmaları geliştirilmelidir. Pandemilerden önce erken tesbit ve koruma, pandemi sırasında filyasyon ve adaptasyon çalışmaları, sonrasında da toplumsal refah düzeyini yükseltebilmek için bilim insanları, yöneticiler ve toplumun iş birliği esastır.

Akılda Kalması Gerekenler:

- Salgın dönemlerinde; doğru bilgiye zamanında ulaşma ile tehlikeden haberdar olarak doğru davranış kalıplarının geliştirilmesi ve yaygınlaştırılması büyük önem arz etmektedir.
- Salgın kontrolünde; toplumun salgın kontrolü eylem planlarının bilincinde olması, bu eylem planlarına aktif olarak katılması ve uyum sağlaması temel gerekliliktir.
- Halkın önlemlere uyumunun organize edilmesinde sosyodemografik, sosyokültürel ve

sosyoekonomik özelliklerinin de göz önüne alınması gerekmektedir

- Pandemi sırasında üzerine düşülen beden sağlığının yanı sıra ruh sağlığı ile ilgili çalışmaların da pandemi dönemi ve hatta sonraki dönemlerde de planlanması gerekmektedir.

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