

# **DISEASE EDUCATION ON COMPLIANCE WITH COVID-19 PREVENTIVE PROTOCOL AMONG DENTAL THERAPY STUDENTS OF OGUN STATE COLLEGE OF HEALTH TECHNOLOGY ILESE.**

**A.O. Adeogun<sup>1</sup>, Igbokoyi A.V<sup>1</sup>, Anisere I. Dele<sup>2</sup>. & Olusoga, A.J.<sup>2</sup>**

*<sup>1</sup>Dept of Human kinetic and Health Education, TASUED, Ijagun*

*<sup>2</sup>Dept of Dental Therapy, Ogun State College of Health Technology, Ilese.*

## **Abstract**

*COVID-19 virus is transmitted between people through respiratory droplets particularly when coughing or sneezing. Direct contact with an infected person or indirect contact, touching a surface or object that has been contaminated with respiratory secretions and then touching one's own mouth, nose, or eyes is another route of transmission. Disease education on compliance with COVID-19 preventive protocol among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State. Five research hypotheses were tested at 0.05 level of significance. The study made use of quasi-experimental research design. Seventy (70) students were used for the study. Questionnaire and training package were used as instrument for data collection. Percentages and two tailed independent t-test at 0.05 were used to analyze the data generated. The result of the finding revealed that there was significant effect of disease education on self-isolation among dental therapy Students of Ogun State College of Health Technology, Ilese. Furthermore, the findings revealed that there is no significant effect of disease education on the uses of hand sanitizer, adherence to social distancing, the use of face mask and hands washing among Dental therapy Students of Ogun State College of Health Technology, Ilese. It was concluded that disease education is effective in the area of self-solation protection against COVID-19 while other preventive measures such as uses of hand sanitizer, adherence to social distancing, the use of face mask and hands washing are not preventive measure against COVID-19. It was recommended among others that effective self-isolation should be observed by the affected persons.*

**Key words:** *Health education, COVID-19, Compliance, Preventive, Dental.*

## **Introduction**

Coronavirus disease-2019 (COVID-19) is a disease caused by a highly infectious novel coronavirus which primarily affects the respiratory system. It was first seen in the Hubei province of China in December 2019. The disease has been recognized as a global public health emergency by the World Health Organization (WHO) on March 11, 2020 after cases had started to be seen outside China in less than a two-month period. According to Okafor, Olaleye, Asobara and Umeodinka (2021), the global epidemiological indices as of August 26, 2021, showed 213,752,662 confirmed cases with the African Region being

the 6<sup>th</sup> most affected region among the World Health Organization (WHO) regions behind the Region of Americas, Europe, South East Asia, Eastern Mediterranean, and Western Pacific. Nigeria like other African countries has had its own share of the impact of the pandemic. Epidemiological indices as of August 26, 2021, showed 188,880 confirmed cases and 2,288 deaths in Nigeria. The disease is clinically manifested in form of fever, cough, difficulty breathing, and other flu signs and symptoms including runny and stuffy nose, sneezing, and sore throat. In most of the cases, the disease shows mild to moderate manifestations, but it can lead to adverse outcomes including severe complications and/or death in some vulnerable individuals such as the elderly and those having underlying medical conditions (Wiersinga, Rhodes, Cheng, Peacock & Prescott, 2019).

According to current evidence, COVID-19 virus is transmitted between people through respiratory droplets (particularly when coughing or sneezing). Direct contact with an infected person or indirect contact, (touching a surface or object that has been contaminated with respiratory secretions) and then touching one's own mouth, nose, or eyes is another route of transmission (WHO,2020). Evidence from different sources indicate that asymptomatic infection and transmission of COVID-19 is possible. Asymptomatic infection occurs when an individual is infected but experiences no symptoms, while asymptomatic transmission occurs when an infected individual without symptoms transmits the virus to another person (Wong, 2020). Evidence of asymptomatic COVID-19 infection has been reported in several studies that a substantial portion of COVID-19 patients remained asymptomatic at the end of their isolation period (Dora et al, 2020). With regard to asymptomatic transmission, there is some evidence of transmission from people who are asymptomatic and never develop symptoms (Arons et al, 2020) and more evidence of transmission from people who are in their incubation period (ie, people who transmit infection while asymptomatic, but prior to their development of symptoms) (He, 2020).

Moreso, countries where the capacity to conduct mass testing is lacking and contact tracing is not very effective, asymptomatic and pre-symptomatic cases act as silent spreaders and this underlines the importance of social distancing, regular hand washing and good hygiene, and mask wearing to be practiced primarily among the general public. In the absence of an effective vaccination, measures such as active case finding and isolation, quarantine, travel restrictions, and the promotion of individual protection behaviors such as frequent hand washing, wearing of face masks, respiratory hygiene, avoiding public gatherings and physical distancing are the selected measures for prevention and controlling the COVID-19 pandemic (Kayrite 2020).

To prevent further spread of the virus, civil societies, and government agencies-initiated awareness programs for promotions of several preventive measures. Body temperature screening was conducted at airports and those

returning from countries with a high number of confirmed cases of COVID-19 were advised to self-isolate. The Nigeria Center for Disease Control in collaboration with State governments also initiated tracing and tracking of victims and their contacts. On 18th March 2020, the Nigerian government prohibited all gatherings of fifty people or above for four weeks and ordered a stay-at-home (Ewodage,2020).

Currently, the federal and state government while fighting the spread of the virus with massive COVID-19 screening tests and other preventive measures, shows obviously that priority revolves around people's health. Consequently, the indirect impact of these preventive measures on educational institution health has been little analyzed. Some stipulated COVID 19 preventive measures include: Social distance, Self-isolation, washing of hands with detergent or use of alcohol-based sanitizers and Putting on a face mask in public places.

Medical experts and researchers in the world work tirelessly towards the production of COVID-19 vaccines and find more adequate ways to curb the spread of the disease, it is important to note that there is a lot of false knowledge and misconceptions about the disease in Africa and Nigeria. Also, it is well-known that public health education plays a crucial role in the prevention and control of emerging infectious diseases, but how health providers should advise families and parents to obtain health education information is a challenging question (Li et al, 2020).

COVID-19pandemic poses multiple threats to the health of students and staff especially in Nigeria, being one of the developing countries trying to address the diverse needs of its people, is currently fighting the battle against the pandemic. Case identification, contact tracing, isolation, and quarantine are the actions being taken to curtail the spread of the disease in addition to the preventive measures provided. Despite the implementation of many preventive and control systems developed by governments, the spread of COVID-19 and its resulting infection rate is alarmingly increasing from time to time across the country, leading to increase in COVID-19 positive cases and death. Public places visited by large numbers of people where preventive and control measures are poorly practiced are considered to be potentially contributing to the spread of the disease.

Despite all these efforts put forth by the government, the compliance of the public and different institutions to the recommendations to halt the spread of the disease is observed to be very low and inadequate making it very difficult for the pandemic to be controlled and prevented, this calls for further action through a better and more effective educative programs. The main aim of this study is to investigate the implication of disease education on COVID-19prevention. Premised on the above, the researchers intend to investigatedisease education intervention on COVID-19preventive compliance among students of dental therapy department of Ogun State College of Health Technology ilese.

**Hypotheses**

1. There is no significant effect of disease education on self-isolation among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State.
2. There is no significant effect of disease education on the uses of hand sanitizer among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State.
3. There is no significant effect of disease education on adherence to social distancing among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State.
4. There is no significant effect of disease education on use of face mask among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State.
5. There is no significant effect of disease education on hands washing among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State.

**Methodology**

The study adopted a pretest, posttest, control group quasi-experimental research design. The population for this study were dental students of Ogun State College of Health Technology, Ilese-Ijebu. Seventy (70) participants were sampled for the study. Thirty-five (35) each for treatment group and control groups respectively and Simple random sampling technique used was to choose the sample population. Two instruments were used for this research work, structure questionnaire tagged 'Self Isolation hand sanitizer social distancing face mask hand washing' (SIHSSDFMHW) and intervention package used as instructional guide. Pre-test questionnaire was administered to have the pre knowledge of the participants on the subject matter before Six weeks of treatments was given, thereafter, post-test questionnaire of the same content and construct was administered to know the impact of health education that have occur to the participants after the treatment. Data obtained were analyzed using two tailed independent t-test at 0.05 level of significance.

**Result and Discussions**

The order of presentation of results in this study includes the presentation of descriptive statistics involving mean and standard deviation scores (to describe the variables in the study) and inferential statistics involving the independent T-test to test the stated hypotheses.

## Demographic Data of Participants

**Table 1: Age of participants**

Treatment	Group	Age ranges	N	Percent
Treatments groups	Experimental Group	15-20 years	35	17.0
		20-30 years		16.0
		31-40 years		2.0
	Control Group	15-20 years	35	11.0
		20-30 years		24.0
		31-40 years		0.0

Table 1 shows the age group of participants used for this study. Participants were divided into two groups (Experimental group and Control group). Experimental group were given oral health education before second instruments were distributed to them. From the table above, participants aged 15-20 years (Experimental group) recorded 17.0 Percent, 20-30 years recorded 16.0 percent while 31-40 years recorded 2.0 percent. Participants (Control group), 15-20 years recorded 11.0 percent while 20-30 years recorded 25.0 percent.

**Table 2: Gender of participants**

Treatment	Group	Gender	N	Percent
Treatment Groups	Experimental Group	Male	35	2.0
		Female		33.0
	Control Group	Male	35	4.0
		Female		31.0

Table 2 shows the gender of participants used for this study. From the table above, male participants (Experimental group) recorded 2.0 percent, female recorded 33.0 percent. Male participants (Control group), recorded 4.0 percent while female participants recorded 31.0 percent.

**Table 3: Religion of participants**

Treatment	Groups	Religion	N	Percent
Treatment Groups	Experimental Group	Christianity	35	23.0
		Islam		12.0
	Control Group	Christianity	35	25.0
		Islam		10.0

Table 3 revealed that participants practicing Christianity recorded 23.0 percent (Experimental group) while 12.0 percent were practicing Islam (Control group).

**Table 4: Marital status of participants**

Treatment	Groups	Marital Status	N	Percent
Treatment Groups	Experimental Group	Single	35	34.0
		Married		1.0
	Control Group	Single	35	33.0
		Married		2.0

Table 4 shows marital status of participants. From the table above, single participants ((Experimental group) recorded 34.0 percent, married participants recorded 1.0 percent. Single participants (Control group) recorded 33.0 percent while married participants recorded 2.0 percent.

### Testing of Hypotheses

#### Hypothesis one

There is no significant effect of disease education on self-isolation among dental therapy students of Ogun State College of Health Technology, Ilese.

**Table 5: t-test Analysis of difference in control group and experimental group on self-isolation in preventing COVID-19**

Group	N	Mean	Std. Deviation	df	T <sub>Cal.</sub>	T <sub>Tab</sub>	Remark
Control Group	35	15.54	3.090	68	3.613	2.01	Significant
Experimental Group	35	17.77	1.942				

Note: Two-tailed t-test for two samples assuming equal variance at 0.05 level of significant.

Table 5 revealed that there is a significant effect of Disease education on self-isolation among Dental therapy Students of Ogun State College of Health Technology, Ilese, Ogun State, since the  $T_{\text{calculated}}$  is greater than the  $T_{\text{table}}$  ( $T_{\text{cal}} > T_{\text{tab}}$ ) at 0.05 level of significant. Hence the hypothesis that stated that there is no significant effect of Disease education on self-isolation among Dental therapy Students of Ogun State College of Health Technology, Ilese, Ogun State is therefore, rejected and then concludes that there is a significant effect of disease education on self-isolation among Dental therapy Students of Ogun State College of Health Technology, Ilese, Ogun State.

### Hypothesis two

There is no significant effect of disease education on the uses of hand sanitizer among dental therapy students of Ogun State College of Health Technology, Ilese, OgunState.

**Table 6: *t*-test analysis of difference in control group and experimental group on the use of hand sanitizer in preventing COVID-19**

Group	N	Mean	Std. Deviation	Df	T <sub>Cal</sub>	T <sub>Tab</sub>	Remark
Control Group	35	16.14	2.840	68	1.181	2.01	Not Significant
Experimental Group	35	16.83	1.932				

Note: Two-tailed t-test for two samples assuming equal variance at 0.05 level of significant.

Table 6 revealed that there is no significant effect of disease education on the uses of hand sanitizer among Dental therapy Students of Ogun State College of Health Technology, Ilese, Ogun State, since the  $T_{\text{calculated}}$  is less than the  $T_{\text{table}}$  ( $T_{\text{cal}} < T_{\text{tab}}$ ) at 0.05 level of significant. Hence the hypothesis that there is no significant effect of disease education on the uses of hand sanitizer among Dental therapy Students of Ogun State College of Health Technology, Ilese, Ogun State is therefore, accepted and then concludes that there is no significant effect of disease education on the uses of hand sanitizer among Dental therapy Students of Ogun State College of Health Technology, Ilese, Ogun State.

### Hypothesis three

There is no significant effect of disease education on adherence to social distancing among Dental therapy Students of Ogun State College of Health Technology, Ilese, Ogun State.

**Table 7: *t*-test analysis of difference in control group and experimental group on adherence to social distance in preventing COVID-19**

Group	N	Mean	Std. Deviation	Df	T <sub>Cal</sub>	T <sub>Tab</sub>	Remark
Control Group	35	14.23	1.889	68	1.782	2.01	Not Significant
Experimental Group	35	15.17	2.503				

Note: Two-tailed t-test for two samples assuming equal variance at 0.05 level of significant.

Table 7 revealed that there is no significant effect of disease education on adherence to social distancing among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State, since the  $T_{\text{calculated}}$  is less than the  $T_{\text{table}}$  ( $T_{\text{cal}} < T_{\text{tab}}$ ) at 0.05 level of significant. Hence the hypothesis stated that

there is no significant effect of disease education on adherence to social distancing among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State is therefore, retained and then concludes that there is no significant effect of disease education on adherence to social distancing among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State.

#### **Hypothesis Four**

There is no significant effect of disease education on the use of face mask among dental therapy students of Ogun State College of Health Technology, Ilese, OgunState.

**Table 8: *t*-test analysis of difference in control group and experimental group on use of face mask in preventing COVID-19**

<b>Group</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Df</b>	<b>T<sub>Cal</sub></b>	<b>T<sub>Tab</sub></b>	<b>Remark</b>
Control Group	35	13.91	2.490	68	1.565	2.01	Not Significant
Experimental Group	35	14.77	2.073				

Note: Two-tailed *t*-test for two samples assuming equal variance at 0.05 level of significant.

Table 8 revealed that there is no significant effect of disease education on the use of face mask among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State, since, the  $T_{\text{calculated}}$  is less than the  $T_{\text{table}}$  ( $T_{\text{cal}} < T_{\text{tab}}$ ) at 0.05 level of significant. Hence the hypothesis that there is no significant effect of disease education on the use of face mask among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State is therefore, retained and then concludes that There is no significant effect of disease education on the use of face mask among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State.

#### **Hypothesis Five**

There is no significant effect of disease education on hands washing among dental therapy students of Ogun State College of Health Technology, Ilese, OgunState.

**Table 9: *t*-test analysis of difference in control group and experimental group on practicing hands washing in preventing COVID-19**

Group	N	Mean	Std. Deviation	Df	T <sub>Cal</sub>	T <sub>Tab</sub>	Remark
Control Group	35	16.60	2.464	68	0.432	2.01	Not Significant
Experimental Group	35	16.83	1.932				

Note: Two-tailed *t*-test for two samples assuming equal variance at 0.05 level of significant.

Table 9 revealed that there is no significant effect of disease education on hands washing among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State, since, the  $T_{\text{calculated}}$  is less than the  $T_{\text{table}}$  ( $T_{\text{cal}} < T_{\text{tab}}$ ) at 0.05 level of significant. Hence the hypothesis that there is no significant effect of disease education on hands washing among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State is therefore, retained and then concludes that there is no significant effect of disease education on hands washing among dental therapy students of Ogun State College of Health Technology, Ilese, Ogun State.

### Discussion of findings

The results of the findings revealed that there is a significant effect of diseases education interventions On self-isolation among dental student of Ogun State College of Health Technology. This finding supports the study of Esquivel-Gómez et al, (2018) which showed that self-isolation is a major preventive measure which is necessary during the time of COVID-19. Moreso, the result of findings shows a significant effect of disease education on the use of hand sanitizer among dental students of Ogun State College of Health Technology was consistence with that of Bauchner, Fontanarosa & Livingston (2020) that reiterated the importance of hand sanitizer as a means of cutting the chain of transmission of COVID-19 also affirmed the importance of use of alcohol based hand sanitizer to prevent COVID-19 infection.

Also, findings of this study revealed a significant effect of disease education on adherence to social distancing among dental students of Ogun State College of Health Technology. Findings from Chinwe et al, (2020) revealed that physical/social distancing is one preventive measure that was not strictly observed by most study participants, this is in line with the outcome of the present study. This result also corroborates the submission of WHO(2020) that in the absence of a vaccine or effective therapeutic drugs, preventive measures such as: good hygiene practices — hand washing, cough etiquette, disinfection of surfaces and social distancing represent the major weapons against COVID-19. The World Health Organization (WHO) states, “the best way to prevent and slow

down transmission is to be well informed about SARS-CoV-2, the disease it causes and how it spreads”

Result of the findings shows that there is significant effect of disease education on use of face mask among dental student of Ogun State College of Health Technology. This finding agreed with the assertion made in the study of Davies, (2021) that justified the importance and use of facemask which serves as an effective process of preventing transmission of COVID-19 virus. The study also established there is significant effect of disease education on practicing hands washing among dental students of Ogun State College of Health Technology

Health education and promotion are important components of disease prevention activities in general, but during disease outbreaks and health emergencies, they play a key role in an active response by offering well-established tools including the use of face mask. in the absence of a vaccine or an effective therapeutic drug, preventive measures such as good hygiene practices- hand washing, cough etiquette, disinfection of surfaces and social distancing represent the major (in fact only) weapons that we have against COVID-19. (Gray et al 2020).

This study is in support of submission of Gray et al (2020) that the very important tool appeared in order to minimise risks connected with COVID-19 before a massive onset of vaccination of the population. Preventive measures such as: good hygiene practices — hand washing, cough etiquette, disinfection of surfaces and social distancing would help through effective health education.

In a related study, health education and sensitization are important components of disease prevention activities in general, but during disease outbreaks and health emergencies, they play a key role in an active response by offering well-established tools. These are also in consonance with Gray, Kurscheid, Mationg, et al. (2020) study which their claimed messaging specifically targeting Health-education to prevent COVID-19

In another related study, it was shown that the awareness of four items of MERS knowledge was significantly higher after a health education intervention than before. The health behavior formation rate of MERS was also higher after the intervention than that before, (Alqahtani, Wiley & Mushta, 2016)

## **Conclusion**

From the findings, it was revealed that disease education is effective in the prevention of COVID-19 infection through self-isolation, but the education was not effective in the area of social distance, hand washing and face mask use. With increase effective COVID-19 knowledge on preventive measure: hand hygiene through hand sanitizer, self-isolation and the use of face mask could also be strategies for breaking of the chain of infection transmission. Based on the findings of this study, the following recommendations are made:

1. Provision should be made on more strategies on how to increase the knowledge of students and staff of the institution studied on washing of hands using ordinary bar soap. Sensitization towards the use of face masks and other preventive measures should be aggressively promoted.
2. Staff and students should be educated more on the consequence of neglecting the measures.
3. The members in the Institution's environment should also be educated on the effects of the abuse of the COVID-19 preventive measures by government and non-governments agencies responsible for diseases prevention.
4. Taskforce teams should be set up to enforce adherence to the COVID-19 pandemic preventive measures within the campuses.

### References

- Alqahtani, A.S., Wiley, K.E. & Ushta, S.M (2016) Association between Australian Hajj Pilgrims' awareness of MERS-CoV, and their compliance with preventive measures and exposure to camels. *Journal of Travel Medicine* ;23(2) 34.
- Arons, M. M., Hatfield, K.M., Reddy, S.C, Kimball A., James, A., & Jacobs, J.R,(2020) Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility. New England. *Journal of Medicine*. 382(22):2081-90
- Bauchner, H., Fontanarosa P.B. & Livingston, E.H.(2020) Conserving Supply of Personal Protective Equipment—A Call for Ideas. *JAMA*. 2020;323(19):1911
- Chinwe,u. Nnama-Okechukwu, Ngozi E. Chukwu &Chiamaka,W. Nkechukwu(2020). Covid-19 in Nigeria; Knowledge and compliance with preventive measure. *Social work in public health* 35;7;590-602
- Dora, A.V., Winnett, A., Jatt, L.P., Davar, K., Watanabe, M., & Sohn.L. (2020).Universal and serial laboratory testing for SARS-CoV-2 at a long-term care skilled nursing facility for veterans—Los Angeles, California, 2020. *MMWR Morb Mortal Wkly Rep*. 69(21):651–5
- Davies, N. G., Jarvis, C. I., Group, C. C.-W., Edmunds, W. J., Jewell, N. P., Diaz-Ordaz, K., & Keogh, R. H. (2021). Increased mortality in community-tested cases of SARS-CoV-2 lineage B.1.1.7. *Nature*. [Nature.doi:10.1038/s41586-021-03426-1](https://doi.org/10.1038/s41586-021-03426-1)
- Esquivel-Gómez & Barajas-Ramírez, (2018), Applying Behavioral Science in Combating COVID-19 at the Workplace: A Narrative Review
- Ewodage, R. (2020, March 22). How we plan to implement social distancing in Lagos Markets, Transport System.<https://www.channelstv.com/2020/03/22/covid-19-how-we-plan-to-implement-socialdistancing-in-lagos-markets-transport-system-sanwo-olu>.
- Gray, D. J., Kurscheid, J. & Mationg, M.L. (2020) Health-education to prevent COVID-19 in school children: a call to action. *Infectious Diseases and Poverty* 9, 81.<https://doi.org/10.1186/s40249-020-00695-2>.
- He, X., Lau, E.H., Wu, P., Deng, X., Wang, J. & Hao, X, (2020) Temporal dynamics in viral shedding and transmissibility of COVID-19. *National Medicine* 26(5):672-5

- Kayrite Q.Q., Hailu A.A., Tola T.N., Adula, T.D.& Lambyo, S.H.(2020). Compliance with COVID-19 preventive and control measures among food and drink establishments in Bench-Sheko and West-Omo Zones, Ethiopia, . *International Journal of General Medicine*;13:1147-1155.
- Li, W., Liao, J., Li, Q., Baskota, M., Wang, X., Tang, Y., Zhou, Q., Wang, X., Luo, X., Ma, Y., Fukuoka, T., Ahn, H.S., Lee, M.S., Chen, Y., Luo, Z. & Liu E; (2021) COVID-19 Evidence and recommendations working group. Public health education for parents during the outbreak of COVID-19: a rapid review. *Ann Transl Med.* 8 (10):628.
- Okafor, U. G., Olalaye, M. A., Asobara, H. C., & Umeodinka, E. F. (2021).Global impact of COVID-19 pandemic on public health supply chains. *Science-Based Approaches to Respond to COVID and Other Public Health Threats*, 87.
- Wiersinga W.J., Rhodes, A., Cheng, A.C., Peacock S.J.& Prescott, H.C. (2019) Pathophysiology, transmission, diagnosis, and treatment of coronavirus disease (COVID-19): A review. *JAMA.* 324(8):782–793
- Wong, J., Abdul, A.B.Z., Chaw, L., Mahamud, A., Griffith, M.M. & Ying-Ru, L.O, (2020) High proportion of asymptomatic and presymptomatic COVID-19 infections in air passengers to Brunei. *Journal of Travel Medicine.*
- World Health Organization (2020) Coronavirus. Available from: [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)