

## Editorial

## Indonesian Government Response In COVID-19 Disaster Prevention

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**Abstract:** WHO has designated COVID-19 as a health problem with a global emergency status with the highest level of vigilance. Indonesia has a very strategic area. The entry and exit of Indonesian citizens and foreigners who carry out economic, educational, political, cultural, tourism, and other activities in Indonesia are hazardous for the spread of Covid-19. Indonesia is a country with two confirmed cases of Covid-19. Covid-19 has an impact on the health, tourism, economic, social, and other sectors. Prevention of dissemination is by responding to Covid-19 through early detection, human surveillance, environmental surveillance, transport equipment inspection, and goods inspection.

**Keywords:** coronavirus, covid-19, monitoring, response, prevention.

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## COVID-19 PHENOMENON

The coronavirus novel (2019-nCoV) is a new type of coronavirus that has never been identified in humans that cause Corona Virus Disease-19 (COVID-19). Coronavirus is a large family of viruses that cause disease in humans and animals. In humans, it creates common cold to severe illnesses such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) Syndrome. The coronavirus novel (2019-nCoV) has epidemiology with different characteristics from SARS-CoV or MERS-CoV. The coronavirus novel (2019-nCoV) self-replicates in the upper respiratory tract and causes moderate symptoms, similar to pneumonia. (Kemenkes RI 2020)(Kemenkes RI 2020).

WHO has designated COVID-19 as a health problem with a global emergency status with the highest level of vigilance (Ghebreyesus, 2020) The WHO China Country Office reported the discovery of a case of pneumonia of unknown etiology in Wuhan City, Hubei Province, China, on January 7, 2020, which was later determined as a new type of coronavirus (novel coronavirus, 2019-nCoV).

The number of 2019-nCoV cases took place quite quickly, and there was a spread outside the Wuhan region and other countries. On January 26, 2020, globally, 1,320 cases were confirmed in 10 countries

with 41 deaths (CFR 3.1%). China confirmed finding 1297 cases of 2019-nCoV (including Hong Kong, Taiwan, and Macau) with 41 deaths (39 deaths in Hubei Province, one death in Hebei Province, one death in Heilongjiang Province). Then followed by Japan (3 cases), Thailand (4 cases), South Korea (2 cases), Vietnam (2 cases), Singapore (3 cases), USA (2 cases), Nepal (1 case), France (3 cases), Australia (3 cases). Among these cases, there were already several health workers who were reported to be infected (Kemenkes RI, 2020e)(Kemenkes RI, 2020d).

According to Gardner (2020), on 27 February 2020, there were 81,743 confirmed cases worldwide, resulting in 2,798 deaths and being declared cured of 30,538 cases. (Dong E, Du H, 2020) The number and spread of covid-19 increased very significantly between 26 January 2020 until 27 February 2020 an increase of 80,423 confirmed cases and an increase of 2,757 deaths and the range of situations in 63 countries around the world and all continents except Antarctica.

The rapid spread of this disease is caused by the city of Wuhan becoming China's new silk route where the economic development of the central region of China. Wuhan has very high mobility, and community mobility increases using flights and railroad lines as it approaches the Chinese New Year on January 10, 2020. (Wu, Leung, & Leung, 2020) An average of 16,202 international passengers at Wuhan airport to

Bangkok, Thailand. Two thousand five hundred four passengers from Wuhan headed for London, England. Indonesia has an average of 2,432 passengers from Wuhan who flights to Denpasar every month (Zaenudin, 2020).

Indonesia as a country with a very strategic location is flanked by Asia and Australia, bringing together in the Pacific and Indian oceans, has an international airport and as one of the busiest airlines in the world including Soekarno Hatta (CKG) - Changi (SIN) there are 27,046 flights. Indonesia has 353 national entrances and borders (airports, ports and federal land border crossings). (Kemenkes RI, 2020d) The entry and exit of Indonesian citizens and foreigners who carry out economic, educational, political, cultural, tourism and other activities in Indonesia are hazardous for the spread of Covid-19.

The WHO Scientific and Technical Advisory Group for Infectious Hazards (STAG-IH), carrying out sustainable strategies to control and eliminate the spread over the next 2-3 weeks until the end of February 2020 will be critical to monitor the situation of the range of Covid-19 in the world community. (Heymann, Shindo, & WHO Scientific and Technical Advisory Group for Infectious Hazards, 2020) The most influential factor on the spread of Covid-19 is the result of human-to-human transmission where population mobility from and out of Wuhan city during the Chinese New Year (Heymann *et al.*, 2020).

Until the beginning of March 2020, Indonesia was a country with two confirmed cases of covid-19 infection. The biggest challenge facing now is preventing as much as possible the spread of 2019-nCoV, one of which is through surveillance and response programs. (Kemenkes RI, 2020e) (Kemenkes RI, 2020d) (Dong E, Du H, 2020)

## IMPACT OF COVID-19

Impact on the health sector until March 3, 2019, the number of infected 90,937 people, recovered 48,017 and died 3,117 people with the spread in 75 countries. The data show that Covid-19 has a cure rate of 52.8% and a mortality rate of 3.4%. (4) Other data address the distribution of rapid morbidity, while the mortality rate is around 2%. (WHO, 2020a). (Cahyono, 2020).

WHO has spent US \$ 15 million to monitor the distribution of morbidity, investigate cases, and national laboratory operations, overall US \$ 675 million to fight coronaviruses is expected to be able to withstand the spread of the virus if countries take secure steps to detect cases early, isolate and treat patients, and track contacts. soon, separate and treat patients, and track communications (WHO, 2020b).

## THE RESPONSE OF GOVERNMENT

The recommended standard set by the Ministry of Health of the Republic of Indonesia to prevent the spread of covid-19 from human to human is to promote the community to carry out PHBS and healthy lifestyles through regular hand washing, applying the ethics of coughing and sneezing, cooking meat and eggs until cooked and avoiding contact with sufferers of respiratory diseases such as coughing. (Kemenkes RI, 2020d)

On January 28, 2019, the Directorate General of Disease Prevention and Control of the Ministry of Health issued a circular on preparedness to deal with the Coronavirus novel infection (2019-nCoV) which contained: Surveillance and Response, Clinical Management, Infection Prevention and Control, Specimen Management and Laboratory Confirmation, Risk Communication and Empowerment Public

The surveillance and response preparedness aims to: Conductivity, early detection of patients in supervision / in monitoring/probability/ confirmation, 2019-nCoV at the entrance of the country and region. Detect human-to-human transmission. Identifying risk factors 2019-nCoV. Identifying areas at risk for infection of 2019-nCoV (Kemenkes RI, 2020e) (Kemenkes RI, 2020d).

The President responded to readiness through instructions related to travel to mainland China, and a limited meeting on 2 February 2019 instructed readiness to deal with the effects of the coronavirus as follows: Take protective and preventive measures, and also give an understanding of the whole community, all people, wherever they are, so there is no need to panic. All direct flights to and from mainland China are temporarily suspended from Wednesday, 5 February 2020 at 00.00. Imposing health protocols, not allowing all migrants who arrive from mainland China, or have been there for 14 days to enter and transit in Indonesia. Temporarily stop visa-free and visa-on-arrival facilities for Chinese nationals. Indonesian citizens temporarily do not travel to the mainland. (Sekretariat Kabinet RI, 2020a) Protect Indonesian citizens in the PRC, evacuate our citizens in Wuhan, in Hubei Province, and be observed in Natuna. Carefully calculate the impact of this policy on our economy from the trade, investment, tourism and trade sectors (WHO, 2020a).

The Indonesian Embassy also gave the response by disseminating important information to increase public awareness of the increase in the COVID-19 virus, coordinating community leaders of the Indonesian Embassy, religious groups such as the Indonesian Jemaah Mosque and also the Indonesian Church Congregation, regional communities and students (WHO, 2020b).

**Early detection and response carried out by the government following the objectives of surveillance activities by the WHO are as follows:**

Limiting human-to-human transmission, including preventing secondary infections among close contact and health workers, preventing further international transmission and spread from China; Through the efforts at rapid collection, diagnosis and case management, treatment and follow-up of actions, prevention and treatment of infections in health care settings, application of health measures to those who travel, increase public awareness about the risk of disease and its spread.

1. Identifying, isolating, and treating patients early, providing optimal care for protecting patients;
2. Identification and conversation of transmission from animal sources;
3. Related to the unknown things that are important about the severity of the clinical course, the level of transmission and infection, treatment options, and the improvement of vaccine, therapy and vaccine development;
4. Communicating critical risks and event information to all communities and combating misinformation;
5. Minimizing Social and Economic Impacts through multisectoral partnerships.(Jung *et al.*, 2020)

The Early detection and response of the Ministry of Health of the Republic of Indonesia by conducting a 2019-nCoV investigation through supervision of patients under surveillance, everyone under surveillance, possibilities, and confirmation. Patients under surveillance are:

**a.** Associated with fever: ( $\geq 38^{\circ} \text{C}$ ) or fever, cough/cold /sore throat, mild to severe pneumonia according to clinical and radiological. Required in patients with immune system disorders (immunocompromised) because the symptoms and signs become unclear, and changes in at least one condition as follows:1) Having a history of travel to China or the affected region/country (according to disease progression) within 14 days before the onset of symptoms; or 2) Is a sick health worker with the same complaint after treating a patient with severe acute respiratory infections (SARI) whose cause is unknown, regardless of where they live or the outcome of the battle; or

**b.** 14 days before illness, have one of the following exposures: Have contact with the 2019-nCoV truth report; 2019-nCoV in China or infected regions/countries (according to disease progression); or have a history of contact with infectious animals (if infectious animals have been identified) in China or the affected region/country (according to disease development), or Have a history of travel to Wuhan OR contact with people who have a history of travel to Wuhan (there is an epidemiological relationship) and have (fever  $\geq 38^{\circ} \text{C}$ ) or have a history of fever. (Kemenkes RI, 2020e)(Kemenkes RI, 2020d) .

Someone in monitoring is someone who has symptoms of fever / a history of fever without pneumonia who has a history of travel to China or the affected region/country, within 14 days and does not have one or more history of exposure (history of close contact with the 2019-nCoV confirmation case; Work or visit health facilities associated with 2019-nCoV confirmation patients in China or the affected region/country (according to disease progression), have a history of contact with infectious animals (if infectious animals have been identified) in China or the affected region/country ( according to disease progression). (Kemenkes RI, 2020e)(Kemenkes RI, 2020d) Close contact means including health workers who inspect, treat, deliver and clean rooms in special care places, people who care for or wait for patients in the room, people who live at home with patients, guests who are in the same room with patients, people travelling together with patient covid-19.(Kemenkes RI, 2020e)(Kemenkes RI, 2020d)(Kemenkes RI, 2020a) Close human-to-human contact increases the risk of transmission (Kemenkes RI, 2020a) (Kemenkes RI, 2020c).

The probable case of a patient is someone under surveillance who was examined for 2019-nCoV but was inconclusive or someone with positive confirmation results of pan-coronavirus or beta coronavirus. The confirmed case is someone infected with 2019-nCoV with positive laboratory results (Kemenkes RI, 2020a).

Early Detection and Response at the Entrance of the State is carried out on patients under surveillance/people in monitoring / probable / confirmation 2019-nCoV. Implementation of the International Health Regulation / IHR (2005), ports, airports, and the State Cross-border Post (PLBDN) carrying out quarantine activities, an inspection of transportation equipment, vector control, and sanitary measures. Implementing the IHR (2005) at the entrance of the state and PLBDN is the Port Health Office (KKP). Activities at the state entrance include efforts to detect, prevent and respond to 2019-nCoV at ports, airports. Activities in the form of supervision of transport equipment, people, goods, and the environment coming from the 2019-nCoV infected area/country (Kemenkes RI, 2020d) (Kemenkes RI, 2020a).

Early detection by observing 238 citizens who had been evacuated from China, they were quarantined for 14 days in Natuna since February 2, 2020. All people observed were measured twice a day.(Kemenkes RI, 2020f) On February 27, 2019 crew members totalling 188 people were evacuated from the World Dream ship and quarantined in KRI dr. Soeharso to be monitored and monitored while on the ship to The Sebaru Kecil Island.(Guan *et al.*, 2020) Supervision is carried out on nine crew members (ABK) Diamond

Princess who are Indonesian citizens (WNI) positive Covid-19, and ABK who are negative Covid-19 are still aboard and after pick-up will be observed for two incubation periods or 28 days. Li Q *et al.*, 2020).

The evacuation of Indonesian citizens to avoid contact with patients is essential because there are 72.3% of confirmed cases resulting from contact with residents of Wuhan (World Health Organization (WHO)-China Joint Mission on Coronavirus Disease 2019, 2020) Temperature measurement is the monitoring of fever symptoms, if fever occurs, this shows the possibility of entry of 2019-nCoV, the most common symptoms are fever (43.8% on admission and 88.7% during hospitalization) and cough (67.8%). (World Health Organization (WHO)-China Joint Mission on Coronavirus Disease 2019, 2020) Supervision is carried out because the incubation period can vary in several cases, the results of research of 425 patients confirmed coronavirus novel (2019-nCoV) - infected pneumonia (NCIP) average incubation period of 5.2 with the most extended incubation of 12, 5 days. (PT Garuda Indonesia (Persero) TBK, 2020) On in another case, 67 patients were observed for an incubation period of 2-7 days (19). According to WHO the average incubation period is 5-6 days with a range of 1-14 days (Prianto, 2020).

Distribution of Health Alert Cards (HAC) to travellers from 12 affected countries. COVID-19 prepared one hundred referral hospitals. The Center for Biomedical and Basic Health Technology (BTDK) is a laboratory designated to conduct examinations. As of February 11, 2020, 71 samples had been examined with 67 negative COVID-19 and four results in the examination process.

Supervision of conveyance, carried out disinfection inside and outside the hangar every morning and night is also routinely carried out. Disinfection of the cabin, cockpit and the aircraft cargo compartment were carried out after taking a flight from China. Changing the air filter High-Efficiency Particulate Arresting (HEPA) which is a standard feature of the aircraft-operated fleet functions to kill viruses and bacteria in the aircraft cabin of the fleet that previously served flights to and from China (World Health Organization (WHO), 2020) (European Centre for Disease Prevention and Control, 2020) (Menteri Perdagangan RI, 2020).

Monitoring of people, whether passengers, crew or ships that have travelled from China when through the airport entrance or port, is done by thermal scanners detecting the onset of fever. The government provided 195 thermal scanners at 135 state entrances, 21 capsule transport devices at 21 Port Health Offices (KKP) (Kemenkes RI, 2020e) (Kemenkes RI, 2020d). A Health Alert Card (HAC) is given to people who have travelled from an infected country (Kemenkes RI,

2020e) (Kemenkes RI, 2020d). Disinfection also sprayed on the body and clothes of passengers who descend from the plane. This is done to kill viruses that might stick to the body or passenger clothing. The Covid-19 virus can last more than 48 hours. An average room temperature (20 ° C) and will die if disinfected using 0.1%, hypochlorite and ethanol 70%. (Menteri Perdagangan RI, 2020) (Badan Karantina Ikan, 2020).

Supervision of goods, especially imported goods that allow infection in animals and are zoonotic. The rules of trade ministry number 10 of 2020 temporarily ban imports of live animals from the People's Republic of China. (Kemenkes RI, 2020b) Circular Letter from the Head of the Fish Quarantine Agency, Fisheries Product Quality and Safety (BKIPM) Ministry of Maritime Affairs and Fisheries (KKP) number SE No.276 / BKIPM / I / 2020 dated January 24, 2020, BKIPM coordinates with the Ministry of Health, the Ministry of Agriculture, and the Ministry of Trade to supervise fish imports, especially those from mainland China. Fish imported from infected countries must be healthy and safe for consumption, testing of fish is required, and the possibility of exposure to coronavirus. If the fish has been confirmed as the coronavirus carrier media, BKIPM will temporarily stop the import of fish from countries suspected of having an outbreak. BKIPM requests information from the General Administration of Customs of the People's Republic of China (GACC) that fish from China have been tested and found to be free from coronavirus contamination. (Zhang & Liu, 2020).

Environmental control carried out the supervision of waste management, including medical waste. Cleanliness of the observation area, operationalization of the autoclave (sterilization of medical waste). Inspection of drinking water samples from the kitchen and clean water of the hangar to ensure that drinking water meets the quality standard requirements. The Natuna people were given health education about the observation process by residents from Wuhan and provided integrated health posts on Piwang Beach. (Kemenkes RI, 2020f).

The Mitigation strategy by the Directorate General of Civil Aviation by issuing a Circular of the Director-General of Civil Aviation through the Director of Aviation Security Number: SE.001 / DKP / I / 2020 dated January 20, 2020, which contains orders to airlines to:

1. Complete the general declaration card (Gendec) to give to the health quarantine officer at the arrival airport;
2. Report to the air traffic officer on duty (by PIC) if there are people/passengers suspected of being exposed due to being infected on an airplane;
3. Giving a health alert card (alert card) before arrival (for flights originating from an infected country) to the passenger, and ensuring the passenger to report



to the officer if he feels there is a suspicion of contracting the disease.

4. Give announcements on board (on-board) so that passengers report to the KKP officer on arrival if they are from or have stopped by the country affected.
5. Flight operators continue to improve surveillance at the international arrival terminal and continue to coordinate with all flight stakeholders to anticipate the spread of the pneumonia virus through flight routes. (Sekretariat Kabinet RI, 2020a)

Prevention of food-borne diseases, an examination of food samples for breakfast, morning snacks, lunch and dinner for monitoring patients in Natuna (Kemenkes RI, 2020f). Control applied to the community so as not to be infected and also applied to patients with Covid-19 is nutritional provision good include vitamin A, B, C, D, E, Omega-3 polyunsaturated fatty acids (PUFA), selenium, zinc, iron, interferon, intravenous gamma globulin, thymosin alpha-1, thymopentin, lefamprazole, cyclosporine A, flavanoid. Influenza immunization can be given to children. For those with confirmed Covid-19 given convalescent plasma (Zhang & Liu, 2020)

## CONCLUSION

The response of the Government of the Republic of Indonesia Prevention of dissemination is by responding to Covid-19 through early detection, human surveillance, environmental surveillance, transport equipment inspection, and goods inspection

## REFERENCES

1. Badan Karantina Ikan, P. M., & K. H. P. (2020). Waspada Penularan Virus Corona, KKP Lakukan Berbagai Langkah Antisipatif. Retrieved from <https://kkp.go.id/bkipm/artikel/16768-waspada-penularan-virus-corona-kkp-lakukan-berbagai-langkah-antisipatif>
2. Dirjen Perhubungan Darat. (2020). Antisipasi virus pneumonia, maskapai Indonesia tak akan terbang ke kota Wuhan (p. 2). p. 2. Retrieved from <http://hubud.dephub.go.id/website/berita.php?id=ZjJiNWU5MmY2MWI2ZGU5MjNiMDYzNTg4ZWU2ZTdjNDg=>
3. Dong, E., & Du H, G. L. (2020). Mapping 2019-nCoV. Johns Hopkins University CSSE. Retrieved from <https://systems.jhu.edu/research/public-health/ncov/>
4. European Centre for Disease Prevention and Control. (2020). Interim guidance for environmental cleaning in non-healthcare facilities exposed to 2019-nCoV 20200207. (February), 1–3.
5. Ghebreyesus, T. A. (2020). WHO raises global COVID-19 risk to highest level. 3–5.
6. Guan, W., Ni, Z., Hu, Y., Liang, W., Ou, C., He, J., ... Zhu, S. (2020). Disease 2019 in China. 1–13. <https://doi.org/10.1056/NEJMoa2002032>
7. Heymann, D. L., Shindo, N., & WHO Scientific and Technical Advisory Group for Infectious Hazards. (2020). COVID-19: what is next for public health? *Lancet* (London, England), 6736(20), 19–21. [https://doi.org/10.1016/S0140-6736\(20\)30374-3](https://doi.org/10.1016/S0140-6736(20)30374-3)
8. Jung, S., Akhmetzhanov, A. R., Hayashi, K., Linton, N. M., Yang, Y., Yuan, B., ... & Nishiura, H. (2020). Real-Time Estimation of the Risk of Death from Novel Coronavirus (COVID-19) Infection: Inference Using Exported Cases. *Journal of Clinical Medicine* 2020, Vol. 9, Page 523, 9(2), 523. <https://doi.org/10.3390/JCM9020523>
9. Kemenkes, R.I. (2020a). Covid-19 Menyebar ke Berbagai Negara, Indonesia Perkuat Pencegahan. Retrieved from <https://www.kemkes.go.id/article/view/20021400004/covid-19-menyepar-ke-berbagai-negara-indonesia-perkuat-pencegahan.html>
10. Kemenkes, R.I. (2020b). Covid-19 Menyebar ke Berbagai Negara, Indonesia Perkuat Pencegahan. Biro Komunikasi Dan Pelayanan Masyarakat. <https://doi.org/10.1016/B978-0-08-097086-8.64142-9>
11. Kemenkes, R.I. (2020c). Detik-detik 188 ABK World Dream Berhasil Dievakuasi. Biro Komunikasi Dan Pelayanan Masyarakat, Kementerian Kesehatan RI. <https://doi.org/10.1016/B978-0-08-097086-8.64142-9>
12. Kemenkes, R.I. (2020d). Pedoman Kesiapsiagaan Menghadapi Infeksi Coronavirus (2019-nCoV). Jakarta: Ditjen Pencegahan dan Pengendalian Penyakit Kemenkes RI.
13. Kemenkes RI. (2020e). Pedoman Kesiapsiagaan Menghadapi Infeksi Novel Coronavirus (2019-nCoV). Direktorat Jenderal Pencegahan Dan Pengendalian Penyakit, 0–74.
14. Kemenkes, R.I. (2020f). WNI ABK Diamond Princess Diobservasi 28 Hari. Biro Komunikasi Dan Pelayanan Masyarakat, Kementerian Kesehatan RI. Retrieved from <https://www.kemkes.go.id/article/view/20022700002/wni-abk-diamond-princess-diobservasi-28-hari.html>
15. Menteri Perdagangan, R.I. (2020). Peraturan Menteri Perdagangan No. 10 tahun 2020 tentang Larangan Impor Binatang Hidup dari Republik Rakyat Tiongkok (pp. 1–8). pp. 1–8. <https://doi.org/10.1111/j.1460-9592.2004.01541.x>
16. Prianto, L. (2020). Sterilisasi pesawat X daerah wabah corona <https://www.youtube.com/watch?v=ghFKc0ZZrUs>
17. PT Garuda Indonesia (Persero) Tbk. (2020). Garuda Indonesia Lakukan Disinfeksi Armada Sebagai Tindakan Antisipatif Penyebaran Virus Corona. Retrieved from <https://www.garuda-indonesia.com/id/id/news-and-events/garuda-indonesia-lakukan-disinfeksi-armada-sebagai-tindakan-antisipatif-penyebaran-virus-corona.page?>

18. Li, Q., Guan, X., Wu, P., Wang, X., Zhou, L., Tong, Y., ... & Xing, X. (2020). Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. *New England Journal of Medicine*. Retrieved from <https://www.nejm.org/doi/pdf/10.1056/NEJMoa2001316?articleTools=true>
19. Sekretariat Kabinet, R.I. (2020a). Pemerintah Terus Berupaya Tingkatkan Perlindungan WNI di Korea Selatan. Retrieved from: <https://setkab.go.id/pemerintah-terus-berupaya-tingkatkan-perlindungan-wni-di-korea-selatan/>
20. Sekretariat Kabinet, R.I. (2020b). Rapat Terbatas mengenai Kesiapan Menghadapi Dampak Virus Corona. Humas Sekretariat Kabinet. Retrieved from <https://setkab.go.id/rapat-terbatas-mengenai-kesiapan-menghadapi-dampak-virus-corona-4-februari-2020-di-istana-kepresidenan-bogor-provinsi-jawa-barat-2/>
21. WHO. (2020a). Coronavirus Situation Report, Coronavirus disease 2019 ( COVID-19). 2019(February).
22. WHO. (2020b). Global surveillance for human infection with novel. Who, (January), 2019–2020. Retrieved from [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))
23. World Health Organization. (WHO). (2020). Laboratory biosafety guidance related to the novel coronavirus ( 2019-nCoV ). 2019(February), 1–12.
24. World Health Organization (WHO)-China Joint Mission on Coronavirus Disease 2019. (2020). Report of the WHO-China Joint Mission on Coronavirus Disease 2019 ( COVID-19 ).
25. Wu, J. T., Leung, K., & Leung, G. M. (2020). Nowcasting and forecasting the potential domestic and international spread of the 2019-nCoV outbreak originating in Wuhan, China: a modelling study. *The Lancet*, 6736(20). [https://doi.org/10.1016/S0140-6736\(20\)30260-9](https://doi.org/10.1016/S0140-6736(20)30260-9)
26. Zaenudin, A. (2020). Melihat Konektivitas Global Indonesia dari Wabah Virus Corona. Retrieved from [https://tirto.id/melihat-konektivitas-global-indonesia-dari-wabah-virus-corona-exjD?utm\\_source=Aggregator&utm\\_campaign=5463&utm\\_medium=Article](https://tirto.id/melihat-konektivitas-global-indonesia-dari-wabah-virus-corona-exjD?utm_source=Aggregator&utm_campaign=5463&utm_medium=Article)
27. Zhang, L., & Liu, Y. (2020). Potential Interventions for Novel Coronavirus in China: A Systemic Review. In *Journal of medical virology*. <https://doi.org/10.1002/jmv.25707>.