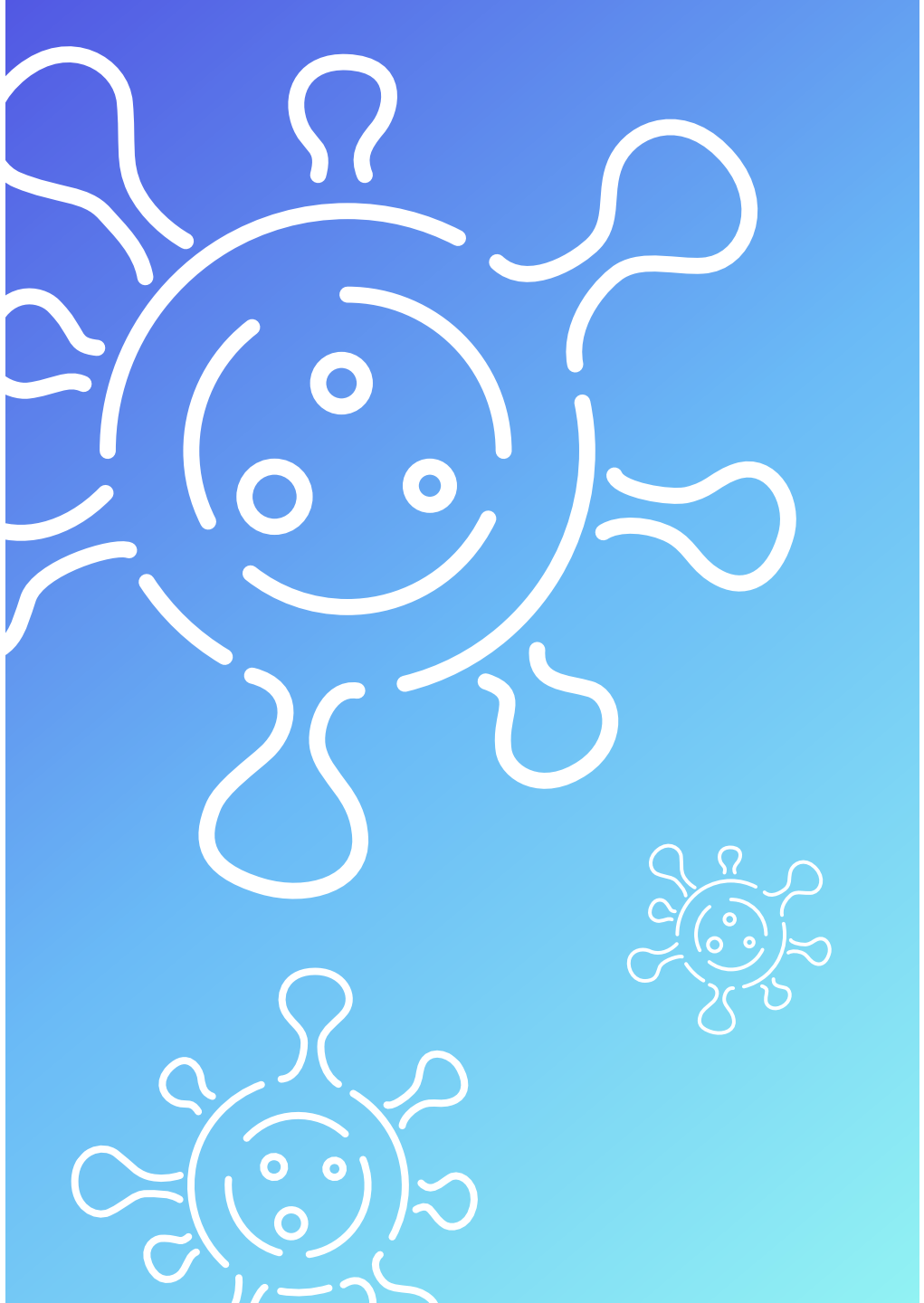


Countermeasures against COVID-19

Evidence-based medicine & COVID-19 prevention

This self-learning material on evidence-based COVID-19 prevention has been developed as part of the Japan International Cooperation Agency (JICA) Partnership Program “Promoting Evidence-based Patients-centered Health Services in Southern Vietnam: University & Medical Association Partnership Initiative”. The project has implemented research training courses jointly organized by the Fukushima Medical University, the University of Medicine and Pharmacy, Ho Chi Minh City, and the Ho Chi Minh City Medical Association, partnering with JICA for a decade. This material is developed for past, present, and future course participants and beyond: the gatekeepers of people’s health.

INDEX

JICA Partnership Program

Epidemiological Research Training

- Our long-term goal is to strengthen the application of the research findings to public health and clinical practice in Vietnam.
- By collecting, analyzing, and interpreting data, local health professionals and policymakers will be able to realize, prioritize, and act towards their country's health problems.
- We first started with teaching about the analysis of hospital data and have moved on to teaching about the analysis of patients' voices as our focus shifted from a disease-specific approach to a comprehensive care approach.

Course objectives

The primary objective of this course is to enable participants to understand scientific evidence and develop their own based on analysis of both clinical data and patients' voices.

- To reinforce basic knowledge of epidemiology, biostatistics, and qualitative research
- To provide technical competencies required for research: literature searching, critical appraisal of published medical evidence, study designing, questionnaire development, data handling, data analysis, and publication skills.
- To facilitate a multifaceted view of scientific evidence.

Course organization

Instructors

- Hanoi Uni. of Public Health
- Kagoshima University
- Juntendo University
- National Research Institute
- Universities in the US
- Local NGOs

Supporting agencies

Japan Epidemiological Association
Ho Chi Minh City Health Service
VN Ministry of Health

Partners

JICA

Partnership Program

Local companies

Organizers

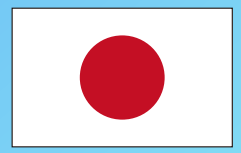
- University of Medicine and Pharmacy, HCMC
- HCMC Medical Association
- Fukushima Medical University
- Fukushima Prefecture

Course participants

- There have been thirteen courses held in HCMC since 2004, with a total of 790 graduates: 128 from Courses I-IV, 262 from V, 203 from VI, 129 from VII, and 68 from VIII. In the project management cycle, the participant evaluation results were reviewed and reflected upon in the next course, which was selected as JICA's model initiative.
- From 2018, the course expanded to An Giang province with 124 participants across two courses, and this outreach was given an award by the local committee.

FUKUSHIMA MEDICAL UNIVERSITY

Project expansion



	Courses I - IV	Course V (Three-part)	Course VI - (Two-part)
Time	2004 – 2009	2010-2012	2013-present
Grant	Gov. research grants	JICA	JICA + MA
Accreditation	University	University + City	University + City + Ministry (textbook)
Target	Physicians at universities	Physicians in cities	Physicians in the south of VN
Lectures	Epi and Bio	Epi and Bio	Epi, Bio and Qualitative research
Lecturers	JP	JP + VN + Third country	JP + VN + Third country

Course textbook is available on the web and in print

EBM Promotion

University-centered capacity building toward evidence-based medicine among health care professionals in the South of Vietnam

- Home
- Project background and goals
- Course description
- Course materials
- Publications

Course materials

Course textbook

(Vietnamese version with a recommendation letter from MOH, pdf file)

(English version with a new chapter on qualitative dat , pdf file, digital book version)

Recommendation message "This book is an ideal training material for doctors, nurses an professionals to have comprehensive understandings on epidemiology, biostatistics, and essential for creating evidence based medicine. Designed for health staff without much p research, this digital book could reach a wide range of health professionals in Vietnam. T much more emphasis on practical issues that broadly reflect clinical research. It will defi Vietnamese health professionals to capture research skills and to design better studies esp settings." (Associate Professor Ho Thi Hien, Hanoi University of Public Health)

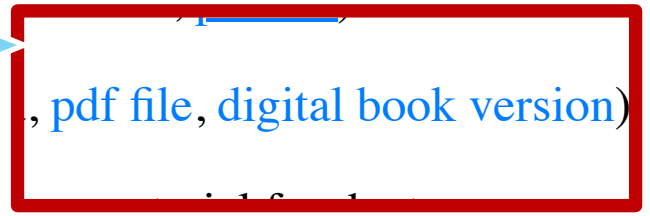
1. Go to the following website

https://www.fmu.ac.jp/home/public_h/ebm/materials/index.html

2. Click on the "pdf file" link to download

or

Click on the "digital book version" to read digital book



FUKUSHIMA MEDICAL UNIVERSITY

Project history

Group photos of trainers from training courses in Japan

Project managers:

Aya Goto

Center for Integrated Science and Humanities
Fukushima Medical University

Nguyen Thy Khue

Department of Endocrinology
University of Medicine and Pharmacy, Ho Chi Minh City
Ho Chi Minh Medical Association

Nguyen Quang Vinh

Department of Health Activities Direction, Department of Obstetrics and Gynecology, & Clinical Epidemiology Unit
Nguyen Tri Phuong Hospital

FUKUSHIMA MEDICAL UNIVERSITY

Training of Trainers, 2010

Training of Trainers, 2012

Training of Trainers, 2015

Training of Trainers, 2017
(At Fukushima Prefectural office)

Training of Trainers, 2018 (With student project participants)

Project history

Group photos from courses
in Vietnam

Course I, 2004

Course II, 2006

Course III, 2007

Course IV, 2009

Course V-1, 2011 (Instructors)

Course V-3, 2012

Course V-2, 2012

Course VI-1, 2014

Course VI-2, 2015

Course VII-1, 2016

Course VII-2, 2017

Course in An Giang, 2018

Course VIII-1, 2018

Course VIII-2, 2019

Course in An Giang, 2019

COVID-19 prevention at a tertiary hospital in Japan

Department of General Medicine,
Juntendo University School of Medicine

Hirohide Yokokawa

Outpatient reception and waiting area for fever

First station

Interview by doctor,
assistance by nurse

Command space with outpatient leaders, deputy leaders, administrative staff, and infection control room staff; walkie-talkie used by medical interviewer to talk

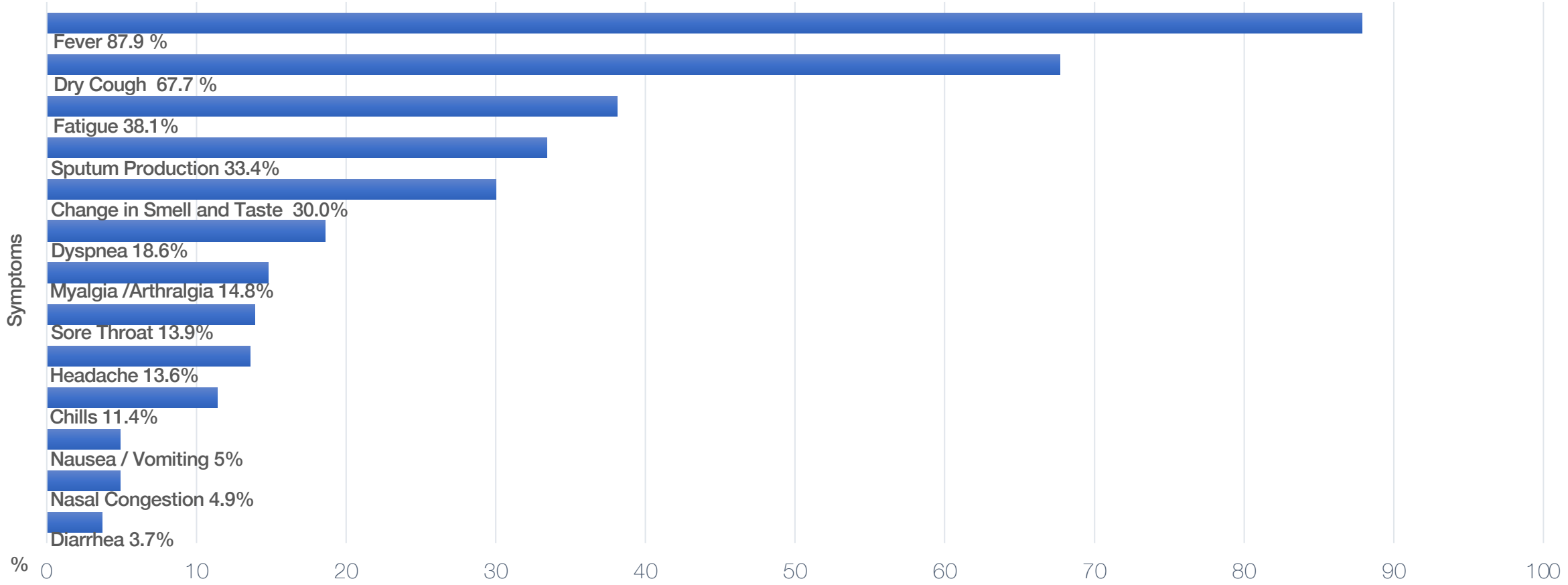
Second station

Collection of nasopharyngeal swab fluid for PCR


キャリット

Dedicated beds for COVID-19

Symptoms of COVID-19



1.Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)
2.Burke et al, MMWR report, 17 July 2020, 69(28);904–908

Characteristics of people testing positive in PCR

Number of PCR submissions at Juntendo University
Nerima Hospital: 336 cases

Positive: 76 cases (22.6%)

$p<0.05$

- ✓ History of close contact
- ✓ Taste impairment
- ✓ Olfactory impairment
- ✓ Oxygen saturation
- ✓ WBC
- ✓ AST
- ✓ CRP
- ✓ CT: Frosted shadow present
- ✓ CT: Multi-segmental
- ✓ CT: Bilateral
- ✓ CT: Peripheral shadow

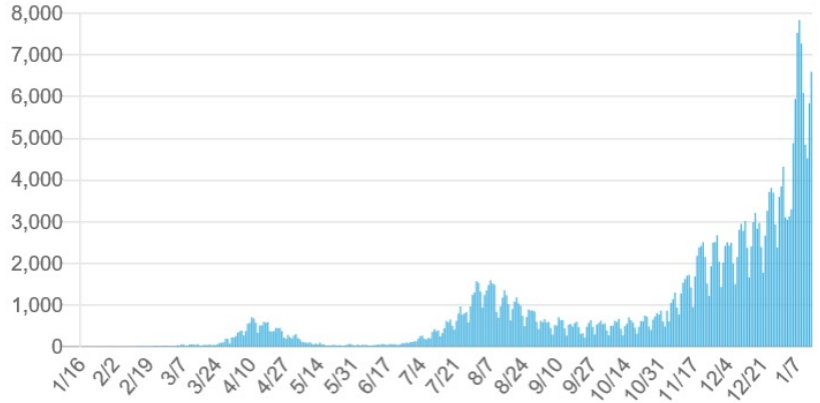
Fukui S, et al., Clinical prediction rule for COVID-19: Using a Chi-Squared Automatic Interaction Detector (CHAID) Decision Tree Analysis Model.

(submitted)

Trends of COVID-19 indicators in Japan

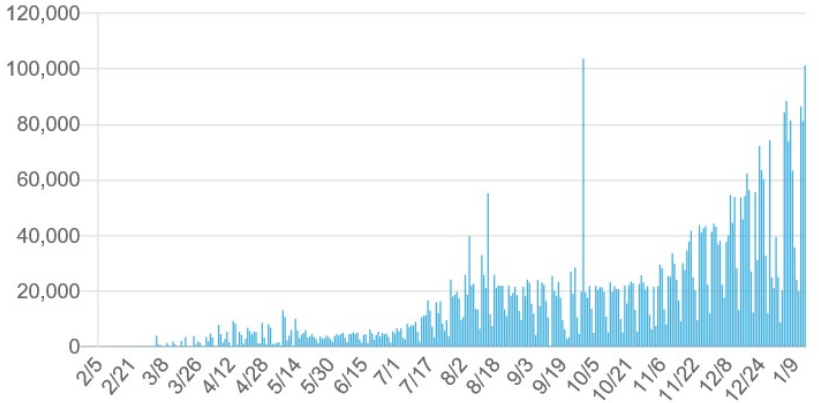
Number of people testing positive 6,598 people

(Cumulative total: 307,756 people)



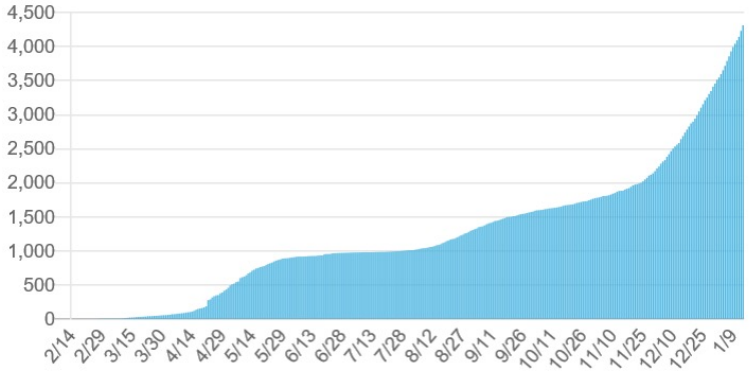
Number of people PCR tests performed on 101,255 people

(Cumulative total: 5,281,131 people)



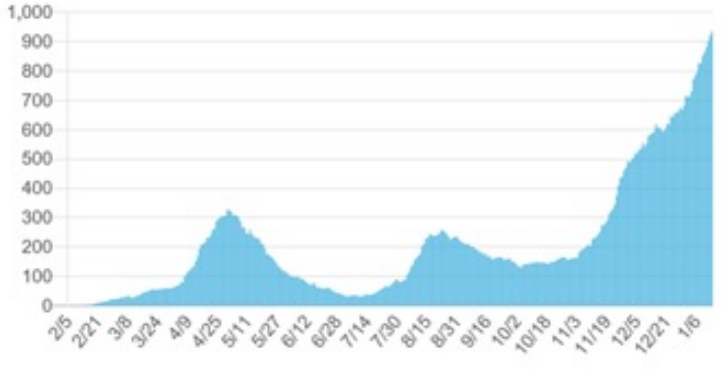
Number of deaths (cumulative total) 4,314 people

(+82 people compared to the previous day)



Number of people with serious symptoms 934 people

(+14 people compared to the previous day)



https://www.mhlw.go.jp/stf/covid-19/kokunainohasseijoukyou.html

COVID-19 prevention at a tertiary hospital in Vietnam

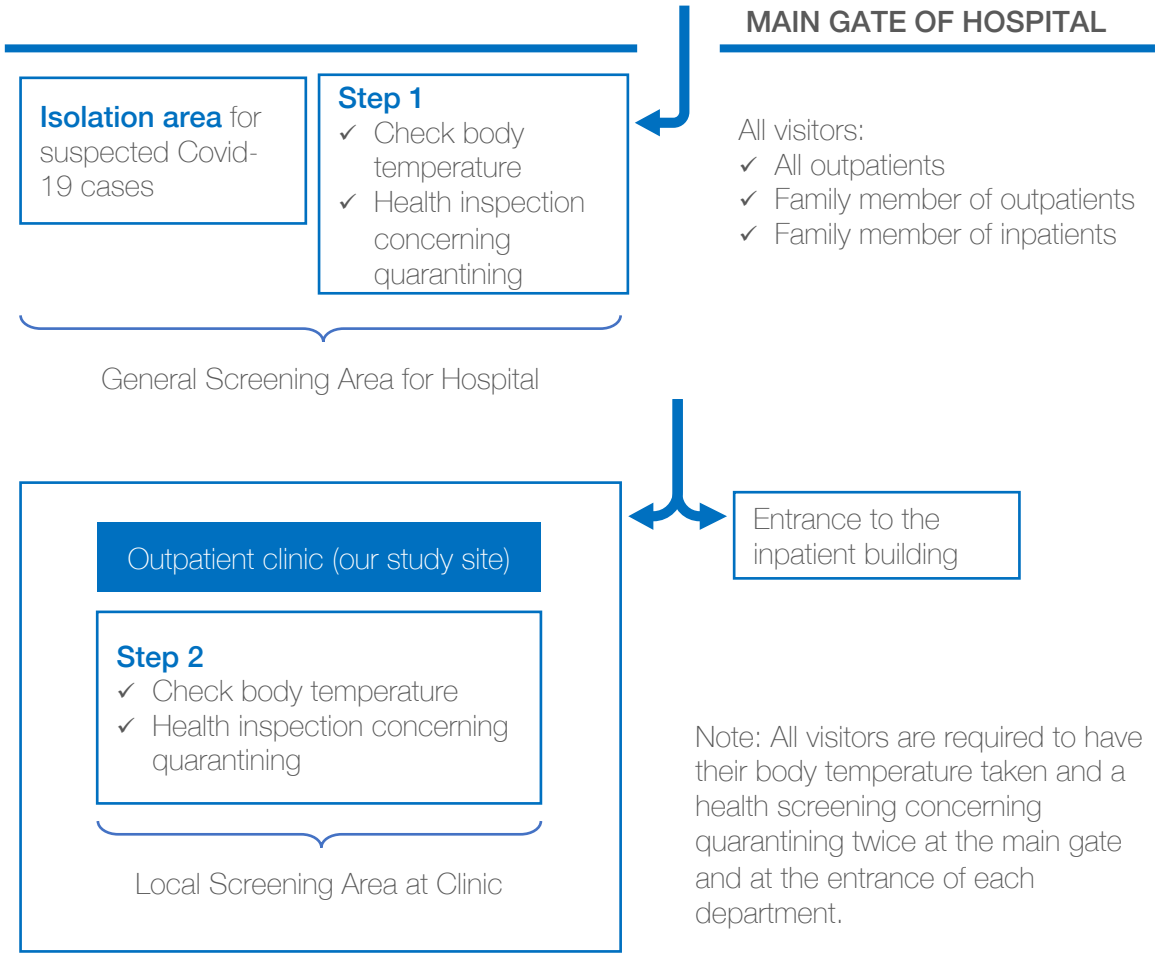
with a comparison of data between two countries

Department of Endocrinology
People's Hospital 115, Ho Chi Minh City

Vo Tuan Khoa

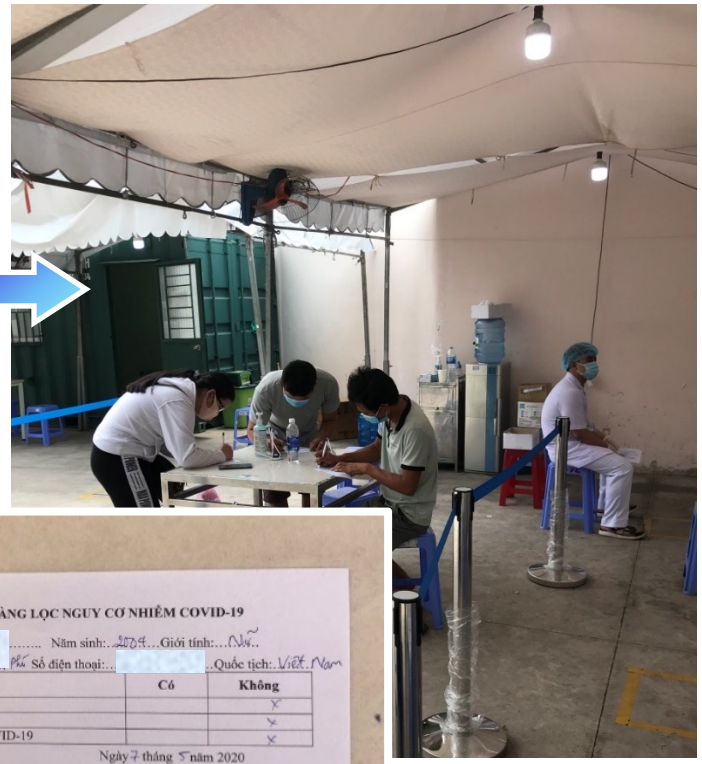
Screening procedure for COVID-19 at People's hospital 115

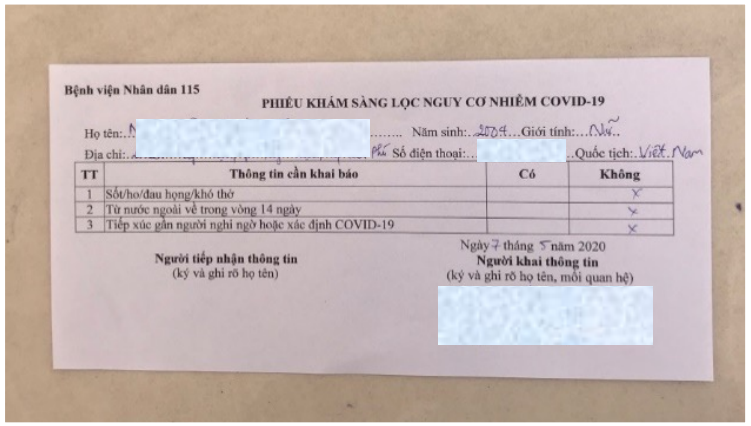
Health inspection concerning quarantining notice for all hospital visitors



Screening procedure for COVID-19 at People's hospital 115

Isolation room





Bệnh viện Nhân dân 115

PHIẾU KHÁM SÀNG LỌC NGUY CƠ NHIỄM COVID-19

Họ tên:... Năm sinh:...Giới tính:...

Địa chỉ:... Số điện thoại:...Quốc tịch:...

TT	Thông tin cần khai báo	Có	Không
1	Sốt/ho/đau họng/khó thở		X
2	Từ nước ngoài về trong vòng 14 ngày		X
3	Tiếp xúc gần người nghi ngờ hoặc xác định COVID-19		X

Ngày 7 tháng 5 năm 2020

Người tiếp nhận thông tin
(ký và ghi rõ họ tên)

Người khai thông tin
(ký và ghi rõ họ tên, mối quan hệ)

Filling in a form

Local screening area at the entrance of each department

Checking body temperature

“Survey on behavior changes among the Japanese general public in the wake of coronavirus disease 2019 (COVID-19) pandemic”

Principle investigator:

Kohta Suzuki (Aichi Medical University)

Collaborators:

Aya Goto (Fukushima Medical University)

Chihaya Koriyama (Kagoshima University)

This study aims to understand how people’s perception of diseases and daily practices have changed in response to the COVID-19 pandemic. We started off with an anonymous mail survey of a random sample of residents in Fukushima, Tokyo, Aichi and Kagoshima. In this survey, we asked questions concerning their attitude towards COVID-19, prevention practices, and information sources including social media platforms. We are now expanding this survey to neighboring Asian countries in the hope that this study can contribute to disease prevention.

“Perceptions on COVID-19 and preventive measurements in Vietnamese adults: Results in a hospital based cross-sectional survey”

Vietnamese team:

Vo Tuan Khoa (Endocrinology Department, People’s Hospital 115)

Ngo Thi Cam Hoa (Outpatient Department, People’s Hospital 115)

A long border and active trading with China put Vietnam at high risk in terms of the COVID-19 outbreak. However, the country has been successful in preventing the disease in communities despite a modest budget. In light of this success, our survey of Vietnamese adults concerning health literacy and prevention measures will provide useful information for ongoing prevention efforts.

We conducted a cross-sectional survey during a one-month period between April and May 2020 at the People’s Hospital 115 in Ho Chi Minh City, Vietnam. Those surveyed were enrolled through convenience sampling from an outpatient clinic. A total of 524 participants were invited, of which 517 completed the questionnaire (response rate 98.7%) with the mean age being 40 years (SD 12), and 60% of the participants women.

Reported on the hospital's website

Bệnh viện
NHÂN DÂN 115
Đa khoa hạng I

Nhận tin từ bệnh viện | Gửi Email | Tìm k

GIỚI THIỆU | TIN TỨC & HOẠT ĐỘNG | DỊCH VỤ KHÁM BỆNH | CHĂM SÓC KHÁCH HÀNG | LỊCH KHÁM | BẢNG GIÁ

TUYỂN DỤNG | THÔNG BÁO

TIN TỨC VÀ HOẠT ĐỘNG

In ấn

TỔNG ĐÀI ĐẶT LỊCH KHÁ
028 1080

17/11/2020 11:00

Khảo sát tại Bệnh viện Nhân dân 115: Người dân rất tin tưởng các thông tin COVID-19 từ chính phủ và cơ quan y tế

Kết luận

Trong suốt đại dịch COVID-19 tại Việt Nam, kiến thức và nhận thức phòng ngừa bệnh(đặc biệt là đeo khẩu trang) của người dân đã thay đổi đáng kể theo chiều hướng tích cực. Hầu hết trong số họ đã xem các thông tin COVID-19 trên các phương tiện thông tin đại chúng kể cả mạng kết nối xã hội hiện nay. Quan trọng là mức độ tin tưởng của người dân rất cao đối với các thông tin có nguồn gốc chính thống như chính phủ, chính quyền địa phương và cơ quan chuyên trách y tế. Điều này có thể góp phần không nhỏ lý giải các thành công trong cuộc chiến chống lại COVID-19 tại Bệnh viện Nhân dân 115 nói riêng và tại Việt Nam nói chung.

http://benhvien115.com.vn/tin-tuc-va-hoat-dong/khao-sat-tai-benh-vien-nhan-dan-115nguoi-dan-rat-tin-tuong-cac-thong-tin-covid-19-tu-chinh-phu-va-co-quan-y-te/20201117103636814

Reported on at the 2020 annual HCMC Medical Association conference

Reported on in the Medical Association journal

TÌM HIỂU NHẬN THỨC VỀ COVID-19 Ở NGƯỜI VIỆT NAM TRƯỞNG THÀNH ĐẾN KHÁM TẠI BỆNH VIỆN NHÂN DÂN 115

Võ Tuấn Khoa Ngô Thị Cẩm Hoa* Aya Goto[2]* Chihaya Koriyama[3]* và Kohta Suzuki [4]**

TÓM TẮT

Đặt vấn đề: Đại dịch COVID-19 đã và đang trở thành vấn đề sức khỏe cộng đồng nghiêm trọng trên toàn thế giới

Mục tiêu: Nghiên cứu này nhằm đánh giá nhận thức về phòng ngừa và tìm hiểu nguồn thông tin liên quan COVID-19 trên truyền thông đại chúng và mạng xã hội kết nối người dùng trong số người đến khoa Khám bệnh tại Bệnh viện Nhân Dân 115.

Đối tượng và Phương pháp nghiên cứu: Chúng tôi tiến hành khảo sát cắt ngang bằng bộ câu hỏi phỏng vấn từ 1/5/2020 đến 15/5/2020 tại bệnh viện Nhân Dân 115. Bộ câu hỏi tiếng Việt gồm 20 câu được phát cho những người đến khoa Khám bệnh. Bộ câu hỏi được biên soạn do đại học y khoa Aichi phối hợp với đại học y khoa Fukushima và đại học Kagoshima bao

Tác giả liên hệ: ThS BS Võ Tuấn Khoa, khoa Nội tiết, Bệnh viện Nhân Dân 115. Email: tkhoa.vo@gmail.com. Điện thoại 09 3776 3774

ABSTRACT

COVID-19 AWARENESS AMONG VIETNAMESE ADULTS: A HOSPITAL-BASED SURVEY

Background: The COVID-19 pandemic has become a major public health concern around the worldwide.

Objectives: This study aimed at assessing the overall awareness of prevention of COVID-19 using media and social network system (SNS) among Vietnamese adults visiting People's Hospital 115.

Materials and method: We had conducted a questionnaire-based survey during between 1/5/2020 and 15/5/2020 at People's Hospital 115. A

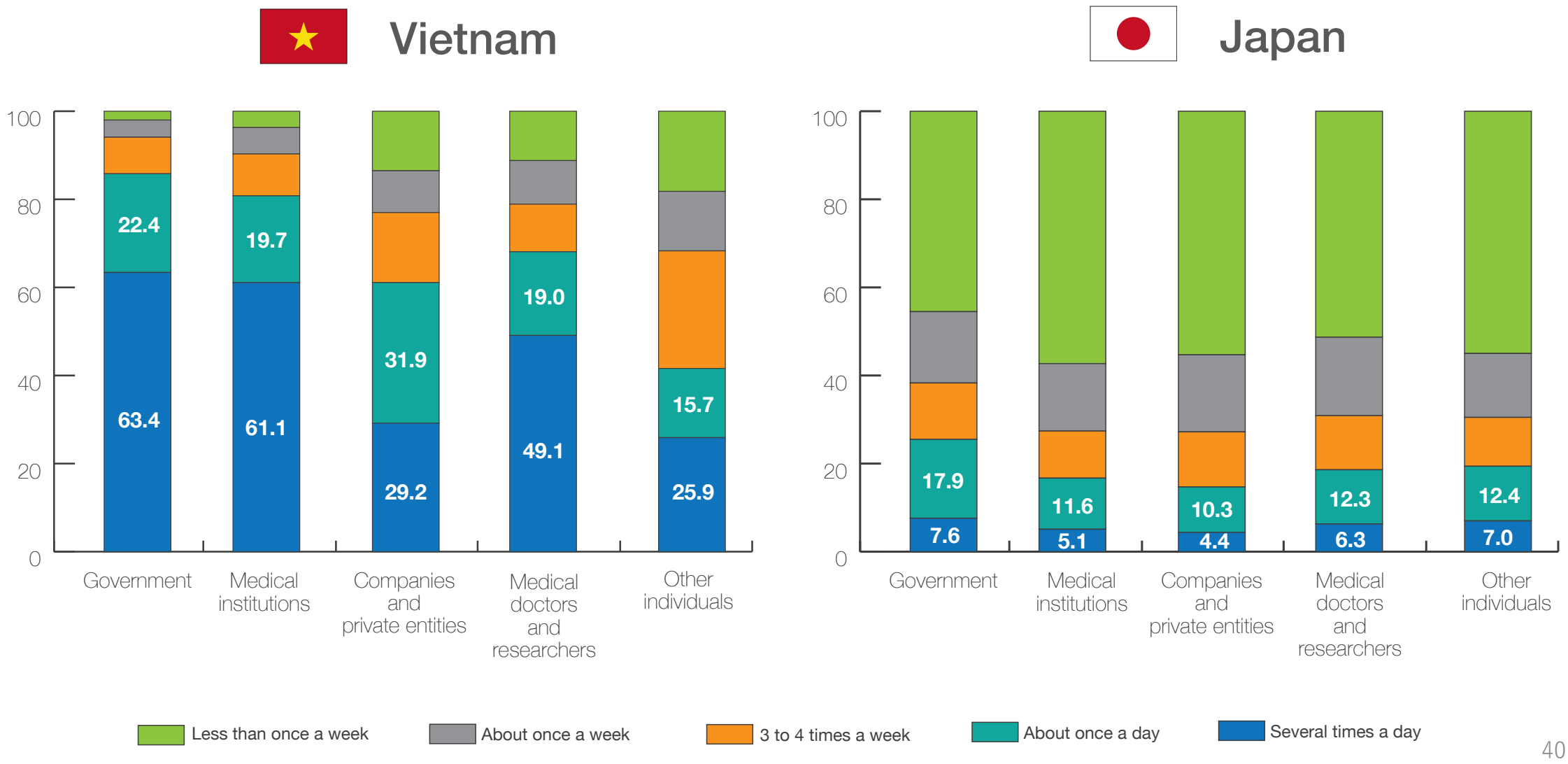
How worried are you about COVID-19?

	Vietnam		Japan	
	N	%	N	%
Not at all	31	6.0	51	1.4
Somewhat worried	169	32.7	1,017	28.7
Clearly anxious	198	38.3	1,433	40.5
Not only anxious but also fearful	119	23.0	1,037	29.3

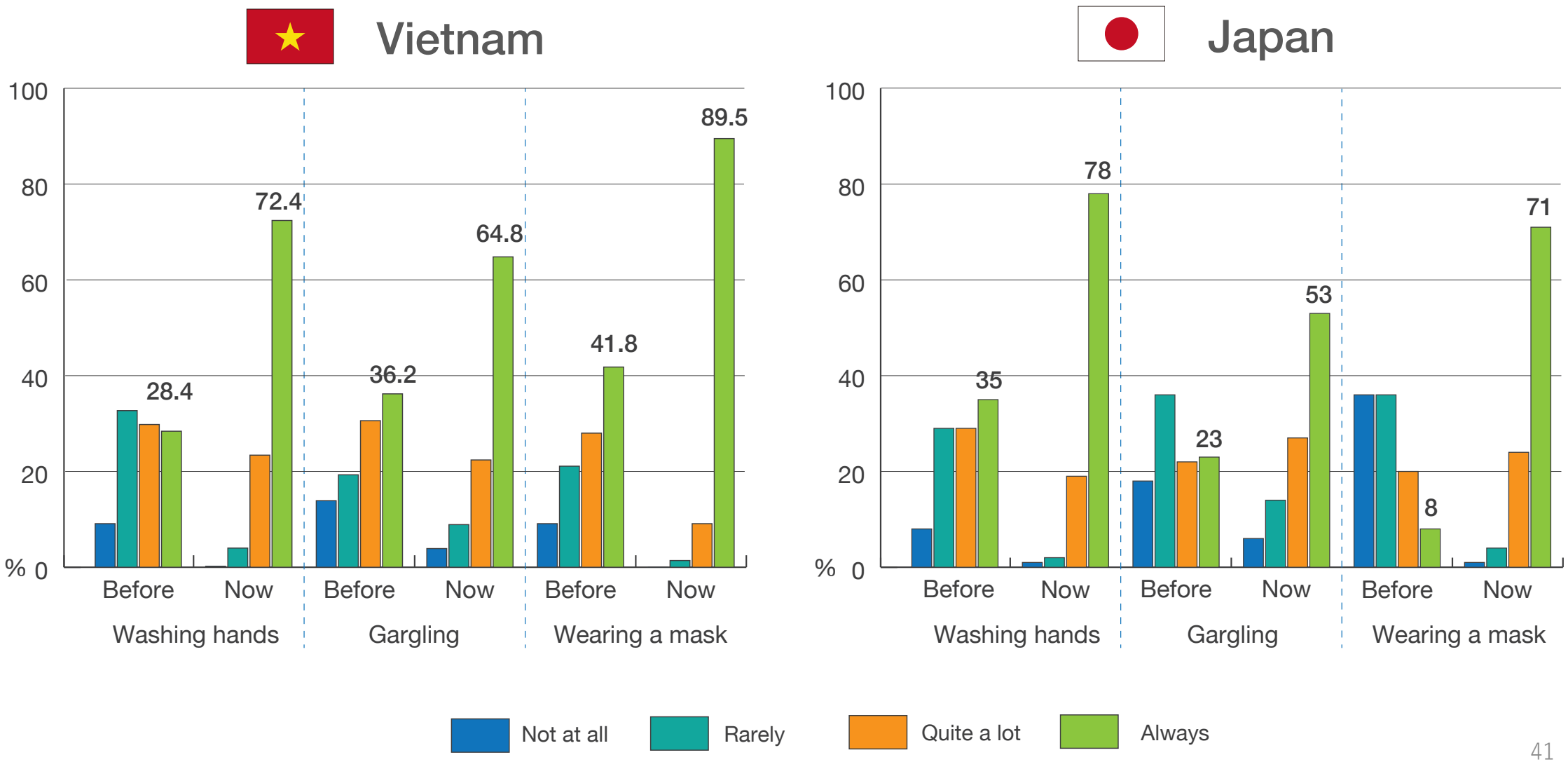
How much do you know about COVID-19?

	Vietnam		Japan	
	N	%	N	%
Nothing at all	9	1.7	21	0.6
Aware of the name	21	4.1	75	2.1
Have a little understanding	96	18.6	2,124	60.0
Am interested and have researched it	288	75.0	1,302	36.8
Other	3	0.6	16	0.5

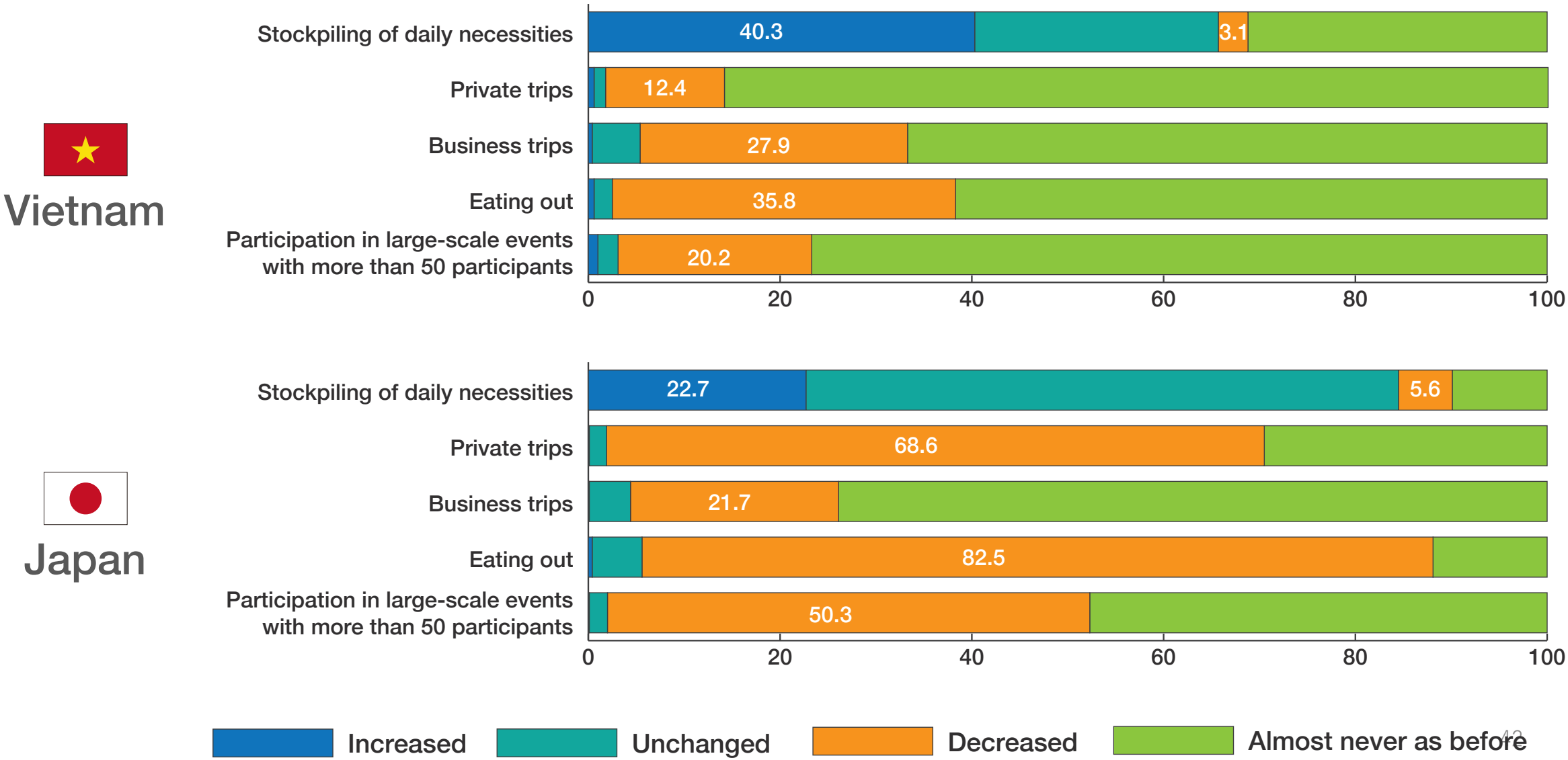
Frequency of reading about COVID-19 on social media



Frequency of preventive practices



Frequency of daily activities



- ✓ Respondents in both countries were worried about COVID-19. Over 20% were fearful of the disease.
- ✓ Vietnamese were more active in becoming aware and confident in their knowledge of COVID-19.
- ✓ Changes in preventive practices and daily activities were observed in both countries.
- ✓ The usage of masks was much higher in Vietnam even before the pandemic.
- ✓ Reduction in certain daily activities was more prevalent in Japan. Vietnamese were less frequently travelling and eating out before the pandemic.

How to interpret a screening test

Department of Epidemiology and Preventive Medicine
Kagoshima University Graduate School of Medical and Dental Sciences

Chihaya Koriyama

Department of Health Activities Direction, Department of Obstetrics and Gynecology, & Clinical Epidemiology Unit
Nguyen Tri Phuong Hospital
Nguyen Quang Vinh

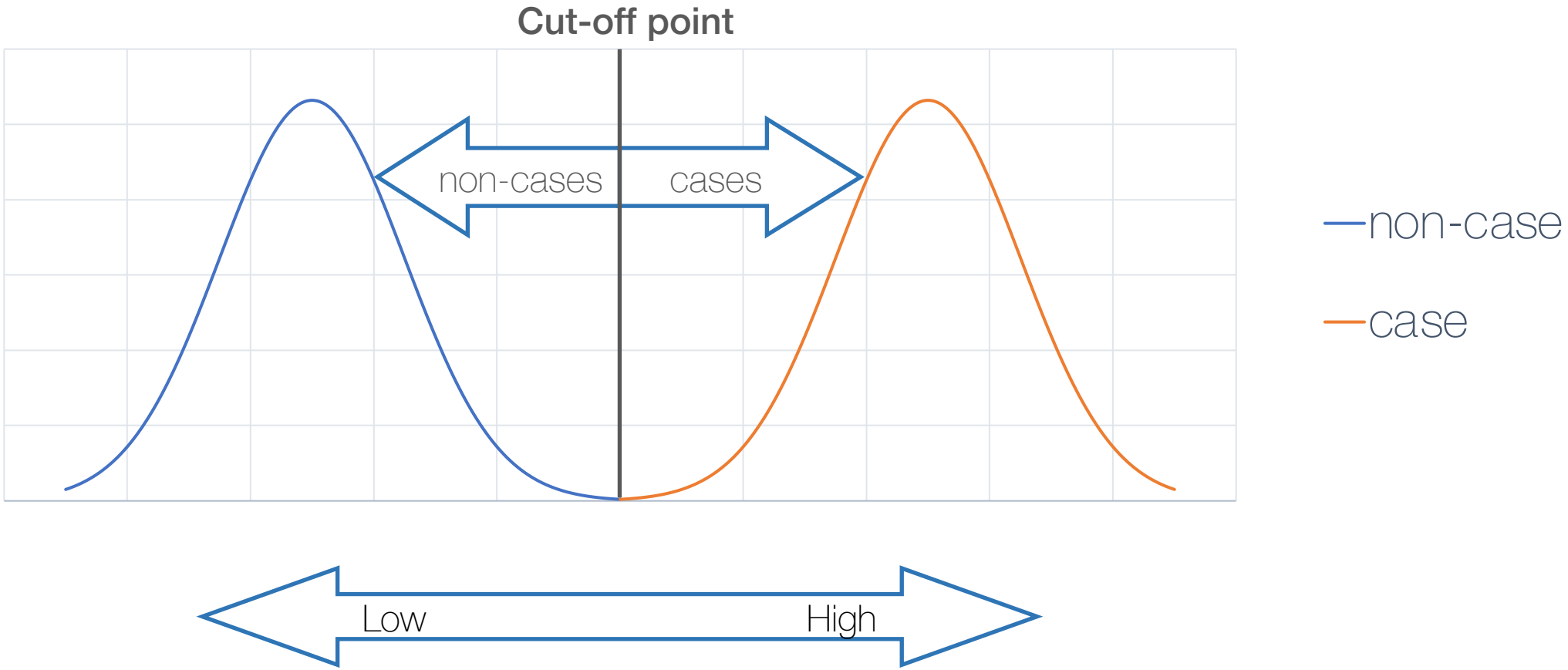
Do you think that screening tests are 100% accurate?

Actually, they are not.

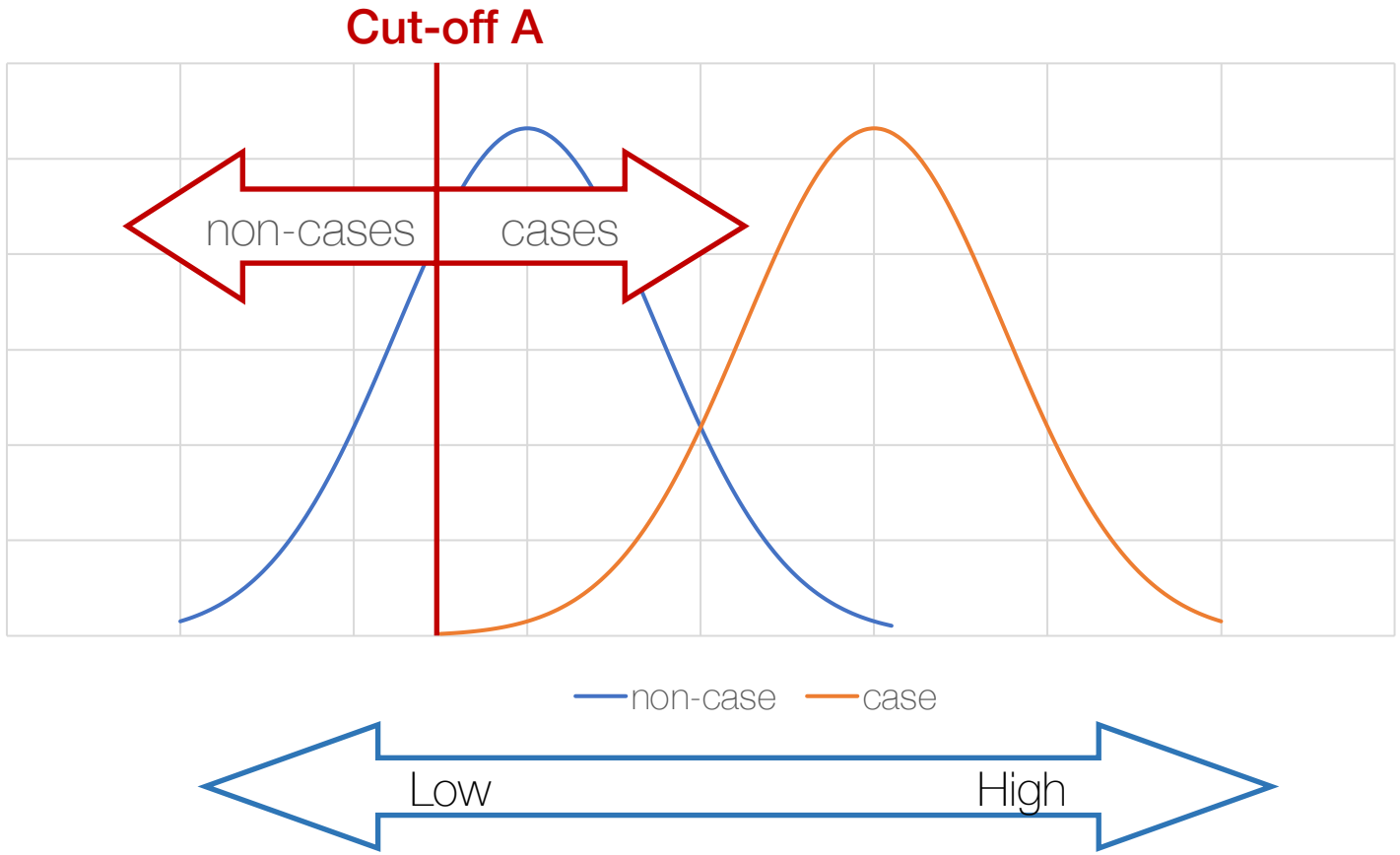
Let's find out why together.

Screening tests are tests to determine whether a person is likely to have the disease by detecting disease ***markers*** (indicators).

If markers are distributed this way into case and non-case groups, respectively, then, it is ***easy to distinguish between cases and non-cases (a good marker).***

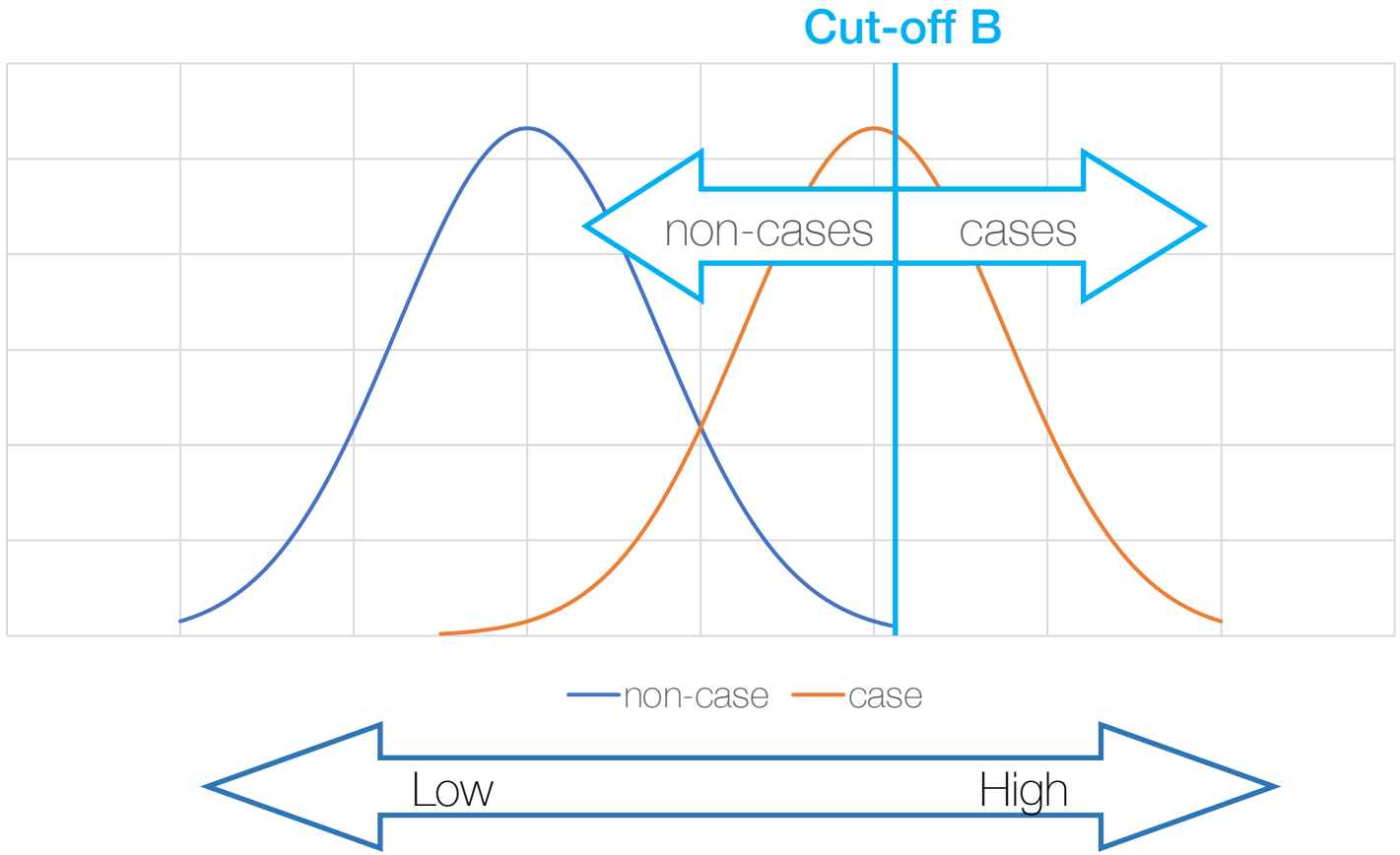


In reality, as shown here, the marker distribution for case and non-case groups often ***partially overlaps*** so it is NOT easy to distinguish between cases and non-cases.



If we choose **cut-off A**:
cases are determined perfectly but many non-cases will also be classified as cases.

However, if we choose ***cut-off B***:
non-cases are determined perfectly but many cases will also be classified as non-cases.



Which cut-off point should we take?

There is a trade-off concerning reliably detecting a case and reliably detecting a non-case.

Assessment of screening test

	Cases	Non-cases
Positive test	A (true positive)	B ☹ (false positive)
Negative test	C ☹ (false negative)	D (true negative)

Sensitivity: proportion of positive tests in true cases, A/(A+C)

Specificity: proportion of negative tests in true controls, D/(B+D)

Since we do not want to miss any cases,
we try to minimize false negatives in screening tests.

Screening test for secondary prevention

A screening test detects diseases early ***when***:

- They are still asymptomatic, and
- Early detection can stop the disease spreading to a wider population, and/or
- Early treatment can stop the disease from progressing.

The most important issues concern

Effectiveness of Early Detection, including:

1. **Efficacy** of the management/treatment.
2. Patients' **compliance**.
3. **Early** management/treatment more effective than later.

How useful is the screening procedure in terms of:

Acceptability: simplicity, low cost, safety.

Accuracy of the screening test:

- **Sensitivity**: is always high in a screening test. When a test shows a positive result, the use of a higher or lower sensitivity test doesn't influence the probability of the presence of a disease (in conjunction with the prevalence) at all! So, a screening test is only valuable when there is a negative test result.

- **Specificity**: is very helpful for positive predictive values, when high enough. A screening test is also usually not very helpful when a positive result is displayed, since the specificity of any screening test is usually not too high.

How harmful is the screening procedure in terms of:

Effects of "labeling":

- There are situations that are classed as "cases", which are in fact just "high-risk"
- Whether medical conditions can be solved (efficacy of management)

There are risks of false positive results, especially when looking for a rare disorder.

Minimized by:

- ↑ prevalence by carrying out tests in selective high-risk groups
- tests used: the fewer the better
- clearly describing the standards for a positive screening test before being used