# **Letter to Editor**

# Recognition on Possibility of No-Fever and No-History of Travel to Risk Country Among Nurse in Rural Area of a Country That COVID-19 Already Existed: Observation

Dear Editor.

COVID-19 is a new respiratory infection that attacks more than 45 countries around the world at present (March 2020). After its first appearance in China,[1] Thailand is the second country receiving disease from China.<sup>[2]</sup> Despite attempts to control for COVID-19, new cases still continuously occurs[3] and the disease is already further imported from Thailand to the third country.[4] Good knowledge among local population is an important factor that can help prevention of disease. In Thailand, there is still report on knowledge of local people despite the disease has already been existed for more than 8 weeks. Here, the authors report on observation on recognition on possibility of no-fever and no-history of travel to risk country among nursing personnel in rural area of Thailand, namely Nakornchaiburin area. This area locates northeastern to Bangkok, capital and share border with Cambodia.

A simple survey was done covering overall 101 nursing personnel in this rural area (30 males, 71 females, average age =  $36.73 \pm 8.01$  years). The simple questions are used for testing recognition on possibility of COVID-19 patients with no-fever and no-history of travel to risk country. Only 10 nursing personnel (9.9%) know that the patient might not have fever and only 21 nursing personnel (20.8%) know that the patient might not have history of travelling to risk country.

Poor recognition of COVID-19 can be observed. Generally, nursing personnel play important role in primary screening for detection of the patient with COVID-19. If the nursing personnel have poor knowledge, the effectiveness of prevention program using screening cannot be expected. In fact, nursing personnel in rural area of developing countries usually have low chance to get update knowledge for clinical practice. The routine work according to the downward ordered policies is a common job of those nursing personnel. Regarding screening for COVID-19, the criteria for screening was set by Thai CDC as fever and history of traveling to China. Therefore, it is no doubt that the nursing personnel who attached to the screening policies will not know the exact clinical details of the new disease.

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### **Conflicts of interest**

There are no conflicts of interest.

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### References

- Hsia W. Emerging new coronavirus infection in Wuhan, China: Situation in early 2020. Case Study Case Rep 2020;10: 8-9.
- Yasri S, Wiwanitkit V. Editorial: Wuhan coronavirus outbreak and imported case. Adv Trop Med Pub Health Int 2020;10:1-2.
- Sookaromdee P, Wiwanitkit V. Imported cases of 2019-novel coronavirus (2019-nCoV) infections in Thailand: Mathematical modelling of the outbreak. Asian Pac J Trop Med 2020;13:139-40.
- Sookaromdee P, Wiwanitkit V. Imported novel coronavirus infections: Observation on active and passive case detection in Thailand. Popul Health Manag 2020. doi: 10.1089/ pop. 2020.0014. [Epub ahead of print].

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