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Compliance to Home Isolation Guidelines Among Mild/Asymptomatic COVID 19 Patients of Visakhapatnam District – A Cross-Sectional Study.

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Abstract:

Background: Coronavirus disease (COVID-19) has brought significant harm and challenges to over 200 countries and regions around the world. Infected persons who remain asymptomatic play a significant role in the ongoing pandemic. Asymptomatic infections have the same infectivity as symptomatic infections. A report pointed out that one asymptomatic person who experienced 19 days, from contact with the source of infection to RT-PCR confirmation may have infected 5 people. These asymptomatic cases may play a role in the transmission and therefore pose a significant challenge to infection control

Objectives:

1. To study the compliance to home isolation practices (as per guidelines) among Covid positive patients under home isolation
2. To determine the factors affecting their behaviour either good / non compliance.

Methodology: A cross-sectional study conducted on 440 individuals who were tested positive for covid or have had suffered covid disease in the past. Pretested semi-structured questionnaire was designed pertaining to Socio-demographic factors, practice of safety precautions as per home isolation guidelines, medication prescribed, use of tele-medicine services, presence of comorbidities, H/o vaccination etc.

Results: The mean age of study participants was 38.23 ± 13.119 and around 57 % were males. About 95% of study population stated that they were in complete home isolation always during their infective period. Around 85% of study population stated to practice hand washing always, and 90% of them stated that they always wore mask during their isolation period.

Conclusion: The study infers that majority were following covid appropriate behaviour. It was observed that, the factors like education, occupation and presence of covid family member in the family have significant effect on the covid appropriate behaviour of the study population.

Key words: Covid disease, Home isolation, Safety practices

INTRODUCTION:

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Since the outbreak of coronavirus disease 2019 (COVID-19) in late December 2019, it has brought significant harm and challenges to over 200 countries and regions around the world. Most people infected with the

COVID-19 virus experience mild to moderate respiratory illness and recover without requiring special treatment. (1) Infected persons who remain asymptomatic play a significant role in the ongoing pandemic. (2)

Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. (1)

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important to practice respiratory etiquette and other safety measures (for example, by coughing into a flexed elbow). (1)

As the coronavirus pandemic continues, we're learning more about how different groups experience COVID-19. The guidelines issued by AIIMS/ ICMR-COVID-19 National Task Force / Joint Monitoring Group (Dte.GHS) Ministry of Health & Family Welfare, Government of India - CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS has classified the illness into asymptomatic, mild, moderate, severe and critical stages and has given the management guidelines accordingly. (3)

Symptoms of COVID-19 in 80% of infected people are mild, and common symptoms include, fever, dry cough and shortness of breath. Asymptomatic infections have the same infectivity as symptomatic infections. (4) A report pointed out that one asymptomatic person who experienced 19 days, from contact with the source of infection to RT-PCR confirmation may have infected 5 people. These asymptomatic cases may play a role in the transmission and therefore pose a significant challenge to infection control (5)

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes, how it spreads and following the safety practices. (1)

Self-care behaviours are of importance to decrease the transmission of COVID-19.(4) The emergency committees have stated that early diagnosis, isolation of confirmed or suspected cases, prompt treatment, and identification of contacts may help reduce transmission. Prompt identification of laboratory-confirmed cases and their isolation in a medical centre or at home is currently an approach to control COVID-19. Staying at home and observing self-care behaviours have been introduced as the best strategies for controlling the COVID-19 pandemic.

According to the definition of WHO, isolation is the separation of patients from other persons in the family and community to prevent the spread of the disease. (6). The present study will be performed on patients with laboratory-confirmed test (RT-PCR) of COVID-19 who were isolated at home. The study aim to determine the compliance of patients to home isolation practices (as per guidelines) as well as factors influencing their behaviour among patients with COVID-19.

OBJECTIVE

1. To study the compliance to home isolation practices (as per guidelines) among Covid positive patients under home isolation
2. To determine the factors affecting their behaviour either good / non compliance.

METHODOLOGY

Study design and period: A cross-sectional study was conducted among patients tested positive for Covid19 during the month of May and June 2021

Study setting & Study population:

Greater Visakhapatnam Municipal corporation, with 8 zones and 98 wards, is maintaining the register of all the patients who were tested positive for Covid19 infection. As per the guidelines issued by MOHFW, Govt of India, the district health authorities have advised asymptomatic and mild cases (as certified by health practitioner), to be under home isolation. These patients are to be monitored by the respective Sachivalayam health secretaries. These mild or asymptomatic Covid19 positive patients who are under home isolation during the months of May and June and have finished 14 days of isolation period constitutes the study population. The list of covid positive patients forms the sample frame.

Sample size: Assuming that 50% of the patients were following the home isolation guidelines, the sample size was calculated as 400, $P = 50, q = 50$, absolute error of 5% and using the formula $4pq/l^2$. Considering the non response rate of 10% sample size obtained was 440. During data collection 7 participants were excluded from study because incomplete data was obtained from them because of technical issues. Finally the study was conducted on 433 study participants.

Sampling technique: List of positive patients who were under home isolation during the months of May and June(15-05-2021 to 30-06-2021) were considered. From the obtained positive list, simple random sampling technique was applied until derived sample size was obtained.

Selection criteria:

Inclusion criteria: Mild/asymptomatic Covid 19 positive patients, completed 14 days of isolation period, have responded to calls done by home isolation monitoring team and willing to participate was included in the study .

Exclusion criteria: Patients who were initially under home isolation but later got admitted to covid care centres or hospitals due to progress of symptoms or due to any reason or died during the course of disease were excluded from the study. Those who didn't give consent to participate in the study were also excluded from the study.

Data Collection tool and Process : Pretested semi-structured questionnaire was designed pertaining to Socio-demographic factors, practice of safety precautions as per home isolation guidelines, medication prescribed, use of tele-medicine services, presence of comorbidities, H/o vaccination etc. For measuring the safety practices Likert scale is used. Kobo tool box software was used for collecting data. Data from the patients was collected through telephonic interviews after taking the informed consent through phone. This was recorded and preserved for future purposes and references. As the conventional methods of data collection could not be implemented, online methods were chosen to obtain the information.(7)

Data Analysis: Data sheet was downloaded in Excel format from the kobo tool box and analysed using SPSS software. Data was represented in percentages, proportions, mean and standard deviation.

Ethical Considerations: Institutional ethics committee approval was taken before the commencement of the study.

Definitions:

Isolation: According to the definition of WHO, isolation is the separation of patients from other persons in the family and community to prevent the spread of the disease.(8)

Self care: Self-care is a practice in which everyone uses their knowledge, skills, and abilities as a resource to independently improve their health condition. Appropriate self-care instructions can be as applicable approaches to decelerate the COVID-19 progression and improve the quality of life.

Compliance to Selfcare instructions:

Staying home, Using a separate room, Room ventilation, Regular hand washing with soap and water, Use handrub and alcohol for washing, Avoid animals, Observe standard distance (1.5 meters) with others, Respiratory hygiene, fever and respiratory symptoms monitoring, Keep up-to-date on the latest information on the disease, Wear a facemask, Clean all “high-touch” surfaces, Contact with healthcare centres, Isolation of individual patient waste, Separate personal belongings (9)

Operational definition:

Compliance to home isolation guidelines

Staying home, using a separate room, Regular hand washing with soap and water, Use of hand rub and alcohol for washing, wearing a facemask, cleaning all “high-touch” surfaces, Isolation and disposal of individual patient waste were considered in the study and 5 point Likert scale will be used to measure patients compliance to self care practices. Patients who responded as always, and most of the times (5 and 4 point) to above practices in Likert scale was known to be compliant to home isolation practices

Results :

Table: 1. Distribution of study population based on sociodemographic variables.

Age distribution(yrs)	Frequency	Percent
<20	25	5.8
21- 40	232	53.6
41-60	152	35.1
61- 80	23	5.3
>80	1	.2
Gender		
female	185	42.7
male	248	57.3
Education		
illiterate	37	8.5
High school &intermediate	113	26.1
Primary & middle school graduate or post graduate	57	13.2
	226	52.2
Occupation		
Profession & semi profession	136	31.4
Skilled & semi skilled worker/ clerical	96	22.2
Unemployed & unskilled	201	46.4
Total	433	100.0

Most of the study population as per table 1, belong to 21-40 yrs. with mean age was 38.23 and SD 13.119. Around 57 % were males. Around half of the population were educated up to graduation or above. One third were professionals or semi-professionals, 46.4 % were either unemployed or unskilled workers.

Table 2: Distribution of study population based on place of testing and time of testing:

Place of testing	Frequency	%
Govt	267	61.7
Pvt	166	38.3
Total	433	100.0

Testing done No of days after onset of symptoms		
1- 3 days	325	75.1
4 -6 days	73	16.9
7-10 days	25	5.8
> 10 days	10	2.2
Total	433	100.0
Family members test positive		
Yes	205	47.3%
No	228	52.7%

Regarding their Covid testing status (table no 2), 75% of the subjects got tested within three days of onset of symptoms, 61.7 % got tested in a govt laboratory. In 47.3% of cases at least one family member other than the subject was tested Covid positive.

Table 3:Distribution of study population based on Vaccination status

Vaccination status of the study subjects:	Frequency	%
No	359	82.9
Yes	74	17.09
Tota	433	100.0
I		
Covid positive confirmed	26	6.0
After second dose of vaccine	48	11.9
After the first dose of vaccine	74	17.09
Total		

As per table no 3, only 17% were vaccinated and among them only 11.9 % received at least one dose of vaccine.

Table 4 :Home Isolation Practices Vs demographic factors:

			ATLEA ST HALF OF THE TIMES	NEVE R	TO TAL	Chisquare &P value
		ALWAYS				

AGE	Complete Home Isolation					$x^2= 3.580,$ $p=0.167$
	<40 yrs.	241(58.6%)	11	5	257	
	>40 yrs.	170(41.4%)	2	4	176	
	Total	411	13	9	433	
	Handwashing Practices/ Usage Of Sanitisers					$x^2= 1.273$ $p=0.529$
	<40 yrs.	222(60%)	34(54.8 %)	1(100%)	257	
	>40 yrs.	148(40%)	28(45.2 %)	0(0%)	176	
	Total	370	62	1	433	
	Wearing Masks					$x^2= 2.276$ $p=0.320$
	<40 yrs.	237(60.1%)	20(52.6 %)	0	257	
>40 yrs.	157(39.8%)	18(47.4 %)	1 (100%)	176		
Total	394	38	1	433		
Gender	Complete Home Isolation					$x^2=4.628$ $p= 0.09$
	Female	180(43.7%)	4(30.7%)	1(11.1%)	185	
	Male	231(57.6%)	9(69.3%)	8(88.9%)	248	
	Total	411	13	9	433	
	Handwashing Practices/ Usage Of Sanitisers					$x^2= 0.763,$ $p=0.683$
	Female	158 (42.7%)	27(43.6 %)	0(0%)	185	
	Male	212 (57.2%)	35(56.4 %)	1(100%)	248	
	Total	370	62	1	433	
	Wearing Masks					$x^2= 1.732,$ $p=0.421$
	Female	166 (42.1%)	18(47.3 %)	1(100%)	185	
Male	228 (57.9%)	20(52.6 %)	0(0%)	248		
Total	394	38	1	433		

Table:4

		ALWAYS	ATL EAS T	NEVER	TOT AL	Chi- square &P value
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			HAL F OF THE TIM ES			
Education status	Complete Home Isolation					$x^2=$ 20.504, $p=0.002$
	Illiterate	36(8.75%)	0 (0%)	1(11.1%)	37	
	Primary+ middle	56 (13.6%)	0 (0%)	1 (11.1%)	57	
	High+ intermediat e	99(24%)	9(69. 2%)	6 (66.6%)	114	
	Profession+ graduate, pg	220(53.5%)	4(30. 8%)	2 (22.2%)	226	
	Total	411	13	9	433	
	Handwashing Practices/ Usage Of Sanitisers					$x^2=18.947$, $p=0.004$
	Illiterate	29(7.8%)	7(11. 3%)	1(100%)	37	
	Primary+ middle	46(12.4%)	11(34 .3%)	0(0%)	57	
	High+ intermediat e	91(24.5%)	22(35 .4%)	0(0%)	113	
	Profession+ graduate, pg	204(55.1%)	22(35 .4%)	0 (0%)	226	
	Total	370	62	1	433	
	Wearing Masks					$x^2=$ 32.650 , $p= 0.000$
	Illiterate	29(7.3%)	8(21 %)	0	37	
	Primary+ middle	52(13.1%)	4(10. 5%)	1(100%)	57	
	High+ intermediat e	94(23.8%)	19(50 %)	0	113	
	Profession+ graduate, pg	219(55.5%)	7(18. 4%)	0	226	
	Total	394	38	1	433	
	Complete Home Isolation					

Occupation	Profession & semi profession	132(32.1%)	3(23 %)	1(11.1 %)	136	$\chi^2= 36.384 , p= 0.000$	
	Skilled & semi skilled worker/ clerical	89 (21.6%)	5(38.5 %)	2(22.2 %)	96		
	Unemployed & unskilled	191 (46.4%)	5(38.5 %)	6(66.7 %)	201		
	Total	411	13	9	433		
	Handwashing Practices/ Usage Of Sanitisers						$\chi^2= 8.176 , p= 0.085$
	Profession & semi profession	123 (33.2%)	13(20 .9%)	0	136		
	Skilled & semi skilled worker/ clerical	82(22.1%)	13(20 .9%)	1(100%)	96		
	Unemployed & unskilled	165(44.5%)	36(58 %)	0	201		
	Total	370	62	1	433		
	Wearing Masks						$\chi^2= 13.275 , p= 0.010$
	Profession & semi profession	133(33.7%)	3(7.8 %)	0	136		
	Skilled & semi skilled worker/ clerical	82(20.8%)	14(36 .8%)	0	96		
	Unemployed & unskilled	179(45.4%)	21(55 .2%)	1(100%)	201		
Total	394	38	1	433			

Table 4 shows that, regarding the home isolation practices such as remaining in complete isolation, hand washing, use of sanitizer and masks, it is observed that

411 subjects followed complete isolation, 370 subjects always followed hand washing using sanitizer and 394 subjects always used masks.

Age: About 95% of study population stated that they were in complete home isolation always during their infective period. Around 85% of study population stated to practice hand washing always, and 90% of them stated that they always wore mask during their isolation period. Among all those who were following covid appropriate behaviour always, majority of them were found to be of less than 40 years age group. However significant difference was not observed between age and covid appropriate behaviour.

Gender: Among all those who were following covid appropriate behaviour always, majority of them were found to be males, however statistical significance was observed only for complete home isolation practice among males compared to females. Comparing other practices like hand washing and wearing masks, no difference and significance was observed.

Education: Among the study population who were following covid appropriate behaviour always, it was observed that with increase in education level covid appropriate behaviour also increased and this was also found to be statistically significant.

Occupation: Among the study population following covid appropriate behaviour always, it was observed that majority were unemployed and unskilled workers. However statistical significance was observed only for practices like staying in complete home isolation always and wearing mask daily.

Table:5 Home isolation practices vs vaccination status and comorbidities

		Always	Atleast half of the times	Never	Total	χ^2 and P Value
		Complete Isolation				

Vaccination Status	Yes	73 (17.7%)	1(7.6%)	3(33.3%)	77	$\chi^2=2.394$ P= 0.302
	No	338 (82.2%)	12(92.3%)	6(66.7%)	356	
	Total	411	13	9	433	
	Hand washing/ Usage Of Sanitizers					
	Yes	65 (17.5%)	12(19.3%)	0	77	$\chi^2=0.333$ P = 0.847
	No	305 (82.4%)	50(80.6%)	1(100%)	356	
	Total	370	62	1	433	
	Wearing Mask					
	Yes	69 (17.3%)	8(21%)	0	77	$\chi^2=0.514$ P =0.773
	No	325 (82.4%)	30(78.9%)	1(100%)	356	
Total	394	38	1	433		
Covid Positive Family member	Complete Isolation					
	Yes	196 (96.1)	4(30.7%)	5(55.5%)	205	$\chi^2=1.696$ P =0.428
	No	215 (94.2)	9 (69.2%)	4(44.5%)	228	
	Total	411	13	9	433	
	Hand washing/ Usage Of Sanitiser					
	Yes	194(52.4%)	11(17.7%)	0	205	$\chi^2=$ 26.535 P = 0.000
	No	176 (47.5%)	51(82.3%)	1(100%)	228	
	Total	370	62	1	433	
	Wearing Mask					
	Yes	193(48.9%)	12(31.5%)	0	205	$\chi^2=5.113$ P = 0.0780
No	201(51%)	26(68.4%)	1(100%)	228		
Total	394	38	1	433		
Complete Isolation						
Yes	65(15.8%)	1 (0.07%)	2 (22.2%)	68	$\chi^2= 0.723$ P = 0.697	

Co morbidities	No	346(84.1%)	12 (92.3 %)	7 (77.8%)	365	
	Total	411	13	9	433	
	Hand washing/ Usage Of Sanitisers					
	Yes	58(15.6%)	10(16. 1%)	0	68	$\chi^2=0.195$ P = 0.907
	No	312 (84.3%)	52(83. 8%)	1(100%)	365	
	Total	370	62	1	433	
	Wearing Mask					
	Yes	61(15.4%)	6(15.7 %)	1(100%)	68	$\chi^2= 5.383$ P = 0.068
	No	333(84.5%)	32(84. 2%)	0	365	
	Total	394	38	1	433	

Vaccination Status: Regarding behaviour of subjects in relation to their vaccination status, there is no significant difference between their practices such as being in complete isolation or use of mask or use of hand washing in relation to their vaccination status.

Covid positive patient in house: The use of hand washing and usage of mask was observed better among subjects having another covid patient in the family as compared to those not having another patient in family. This finding was found to be statistically significant.

Co-morbidities: More than 95% of the subjects irrespective of comorbid status followed complete home isolation. Even though hand washing practices was seen only in 85% of the subjects, there was no difference among the two groups. Similarly more than 90% of the subjects always used masks irrespective of comorbid status.

Discussion: A humanitarian emergency such as covid-19 global pandemic has represented a critical threat to the health, safety, security and well being of any community or large group of people across the globe.(10)

Homes are social environments and important sites for transmission of SARS-CoV-2 and preventive measures are recommended. The present study aimed to understand the patient behaviour during isolation how they practiced the recommendations in their home; (11)

It is observed that about 90% of the subjects were following the safety practices as recommended always or most of the time. Young patients aged less than 40 years were 58.3% and about 90% of them were following safety practices. Similar findings were observed in study conducted by Shahabi .N et al.,(12) and Gutu B et al.,(13)which was done in Iran and Ethiopia respectively.

The mean age of the population in the present study was 38 ± 9.8 yrs, which was similar to the study done in Rajasthan by Kumar et al(14) which was 36.89 ± 10.84 yrs

The male population in the present study was 57.2% which corresponds to the study done in Rajasthan by Kumar et al(14) .The behaviour pattern in both males and females was similar. In this study gender did not have any influence on the subjects' behaviour related to safety practices.

In the present study 94.9% have followed complete home isolation(staying at home), 85.4% have followed handwashing practices and usage of sanitisers, 90.9% followed safety practices like wearing masks. Contrary to our findings in the study conducted in Rajasthan,(14) among small scale workers.(57.8%) wore masks during the isolation period and (43.75%) followed handwashing practices. This difference could be because of inclusion of specific population groups involving a single study setting of Rajasthan.

Educational Status: Majority of people educated above graduation followed hand washing/ use of sanitizer and followed use of masks in comparison to illiterates. This difference was also found to be statically significant. This finding was similar to the study done by Shahabi .N et a l.,(12)

Occupation: Unemployed group were in complete home isolation(stayed at home) in comparison to other groups. The regular usage of masks and hand washing practices were observed more among professional, semi-professional group and clerical group compared to the unemployed / unskilled workers. It is understood that occupation and purchasing power of the patients is influencing their behaviour. As per recommendations patient must isolate himself from other household members, stay in the identified room and away from other people in home. Patients must use triple layer medical mask and discard mask after 8 hours of use or earlier if they become wet or visibly soiled. (15)

Comorbidities: Patients with comorbidities especially elderly patients having conditions like hypertension, cardiovascular disease, renal disease etc are advised to be in complete home isolation and follow the safety practices as the mortality is higher among such individuals. In this study it is observed that most of the subjects irrespective of comorbid status followed complete home isolation. Even though hand washing practices was seen only in 85% of the subjects, there was no difference among the two groups. Similarly, more than 90% of the subjects always used masks irrespective of comorbid status.

As per recommendations the care givers attending elderly patients and sick persons with comorbidities should use face mask. Hand washing with soap and water clean with alcohol-based sanitizer and cleaning of surfaces in the room such as tabletops, doorknobs, handles, etc with 1% hypochlorite solution is also recommended.(15)

About 75% of them got tested within 1-3 days after onset of symptoms and 67.1% were tested in govt facility.

Covid vaccination drive was launched in January 2021 initially vaccinating only the health care providers/front line workers and elderly keeping in view the higher risk in these groups. As this study was conducted in the month of May 2021, at that time only 17 % of the study subjects were vaccinated.

Out of these 74(17 %), 48(11%) were infected after first dose and 26(6 %) after two doses. People's behaviour on prevention measures and actual adherence to the recommended home isolation guidelines depends on perceived severity of illness and the perceived risk of becoming infected. In this study it was observed that, there is no significant difference between their practices such as being in complete isolation or use of mask or use of hand washing in relation to their vaccination status, people are cautious irrespective of their vaccination status.

During the pandemic, access to health care was hampered and in turn has promulgated the tele-consultation services. MOHFW has undertaken various initiatives using Information & Communication Technologies (ICT) for improving efficiency & effectiveness of the public healthcare system.(16) As per the guidelines, the telemedicine services are designed on HUB and Spoke model with spokes being the HWCs (PHC/SC) to be connected with Medical Colleges (HUBs) for availing services.(17) The mortality and morbidity due to covid was high during the second wave. MOHFW issued guidelines to follow Covid-appropriate protocols even during festivals. The Guidelines also state that the Covid-19 protocols will have to be adhered to even after complete vaccination. Vaccines reduce the disease severity and help in avoiding hospitalisation. But still, usage of masks and Covid protocols must continue even after vaccination.

In the study it was observed that 70.2% of patients health status was monitored by Sachivalayam staff. Incorporating our findings into policy making could provide households with more relevant and actionable advice.

Conclusion:

In the present study it was observed that, 94.9% were following complete home isolation(staying at home), 85.4% were following handwashing practices and usage of sanitisers, 90.9% were wearing masks. Considering the factors determining the safety practices, education, occupation and presence of covid family member in the family have significant effect on the covid appropriate behaviour of the study population.

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Annexure 1

Questionnaire:

Compliance to home isolation guidelines among covid positive home isolated patients.

* Name of the interviewer

Name of the patient

* Age

* gender

- male
 female

* education

- illiterate
 primary schooling
 middle school
 high school
 intermediate
 graduate or post graduate
 profession or honours

* occupation

- unemployed
 unskilled worker
 semi-skilled worker
 skilled worker
 clerical, shop-owner, farmer
 Semi-profession
 profession

* monthly income of the family in Rs

- <2585
 2586 - 7724
 7725- 12889
 12890- 19350
 19351- 25809
 25810- 51645
 51646 and above

Date of Diagnosis of covid



***Test used for Diagnosis of Covid**

- RTPCR
- Rapid Kit
- HRCT

***Which facility the test was done**

- Govt
- Pvt

After how many day of symptoms onset, test was done

- 1- 3 days
- 4 -6 days
- 7-10 days
- > 10 days

***What were the presenting symptoms**

- cough
- cold
- Fever
- myalgias
- sore throat
- loss of smell and taste
- Diarrhoea
- Breathlessness
- others

**How many of your family members are tested for covid after your diagnosis-
Contact testing.**

- 0
- 1
- 2
- 3
- 4 or more

have anyone of your family member tested positive for covid

- yes
- no

***Where from you have received treatment**

- self medication
- teleconsultation
- known doctor

***Have you received home isolation kit from govt**

- yes
- no

***For how many days you received treatment**

- 5days
- 10 days
- >10 days

***What are the other Lab tests you got done**

- HRCT
- D-dimer
- CRP
- CBC
- SERUM FERRITIN
- INTERLEUKIN
- LDH
- BLOOD SUGAR
- others

Patient were under complete isolation in separate room for all activities

- Always(14 days)
- Most of the times(>7 days)
- at least up to half of the period(7 days)
- sometimes (upto 5 days)
- never

Hand washing Practices

- Always
- most of the times
- atleast half of the times
- sometimes
- never

Usage of sanitisers

- Always
- most of the times
- atleast half of the times
- sometimes
- never

how did you dispose your mask and gloves

- throwed it outside
- collected it into a dustbin and disposed off with general waste
- disinfected with hypochlorite solution and disposed with general waste

Did you have any warning signs requiring hospitalisation

- yes
- no

Do you have any co morbidities

- yes
- no

Have you been vaccinated

- yes
- no

were your health status being monitored through phone tracing by sachivalayam staff

- yes
 no

Annexure 2

Consent Form for Participation in a Research Study

Description of the research and your participation:

You are invited to participate in a research study conducted by the team of doctors from, department of Community Medicine, Andhra Medical College, The purpose of this research is to study the Compliance to Home Isolation Guidelines among Mild/Asymptomatic COVID 19 Patients.

Your participation will involve answering the questions asked through phone, which includes Socio-demographic factors, practice of safety precautions as per home isolation guidelines, medication prescribed, self medication, use of tele-medicine services, presence of comorbidities, H/o vaccination etc. There are no known risks associated with this research. There are no known benefits to you that would result from your participation in this research. This research may help us to understand the peoples appropriate behaviour against covid 19 prevention.

Your participation in this research study is voluntary. You may choose not to participate or may withdraw your consent to participate at any time.

CONSENT:

I have understood this consent form and have been given the opportunity to ask questions. I give my verbal consent which will be recorded in phone to participate in this study.