



Short Commentary

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Practice of Covid-19 Prevention Measure Inconsistence Definitions

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Introduction

According to WHO COVID-19 prevention measures include hand washing, wear mask, keeping distance, ventilated room, avoid crowding, and covering nose during coughing, avoid contact with animals and avoid consumption of raw meat [1,2]. Poor practices of hand hygiene, overcrowding and handshaking leads to increased spread of virus over short period [3]. A COVID-19 vaccine is a vaccine that provide acquired immunity against coronavirus 2 (SARS-CoV-2) [4]. The WHO and the US CDC recommend individuals wear mask in public areas where there is an increased risk of transmission and where social distancing are difficult to maintain [5,6]. Crowded indoor spaces should be avoided [7]. The WHO recommends ventilation and air filtration in public spaces to help clear out infectious aerosols [8-10]. The WHO also recommends that individuals wash hands with soap and water for twenty seconds, after going to toilet or when hands are dirty, before eating and after blowing nose [11]. Individuals may apply social distancing methods by staying home, decrease travel, avoiding crowding, using no-contact meetings, and physically distancing from others [12]. The Harvard T.H. Chan School of Public Health recommends a healthy diet, physically activity, managing psychological stress, and getting enough sleep [13]. Different studies in various countries used different definitions to measure people's prevention practice of COVID-19.

Inconsistence Definitions

Study in Dire Dawa City, Eastern Ethiopia Used Six questions to assessed practice of COVID-19 prevention measure and those who

scored less than mean were measured as having poor practice and those who scored a mean point above as having a good practice [14]. Study in Addis Ababa, Ethiopia used four items to assessed practice of COVID-19 prevention measure A score 75% and above as having a good practice and score 50% and below indicated a poor practice [15]. Study in Amhara region, Ethiopia: assessed A health workers practice of COVID-19 prevention measure, using a value of those scored 75% and above was grouped as "good practitioner" and who scored below 75% was grouped as "poor practitioner" [16]. Study in Chinese residents: assessed A health workers practice of COVID-19 prevention measure by asking 2 things one for went to an overcrowded area and two wearing a mask when going out in recent days [17].

In another study: practice of COVID-19 prevention measure was assessed using Ten practice related questions with sixteen responses were asked. Those having scored \geq mean by categorizing the clients as having good practice those who score less than the mean was classified as having poor practice [18]. As stated above different studies used different definitions to measure people's prevention practice of COVID-19 and this makes the analysis difficult as well as difficult to compare prevention practice of COVID-19 across countries.

Conclusion

We recommend researcher to develop a validated tool to measure prevention practice of COVID-19 and to study prevention practice of COVID-19 using health belief model or qualitative



methods this is important to understand the real people's prevention practice of COVID-19.

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