



Legal Review Regarding Commandeering Infectious Diseases in West Kutai District, East Kalimantan Province, Indonesia

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Abstract

Nowadays, various parts of the world are faced with increasingly large and complex health problems, one of which is the problem of epidemiological transition. Epidemiological transition or change in disease patterns is a situation where disease patterns change, where currently infectious diseases are still not well resolved, but on the other hand, non-communicable diseases continue to increase. If this happens, guidelines are needed that have a legal basis for handling outbreaks made by the local government. The aim of the research is to analyze the problems faced in controlling infectious diseases in West Kutai Regency; and to formulate the legal problems faced as a basis for establishing a legal basis for problem solving in the Management of Infectious Diseases in West Kutai Regency. The research was carried out from August to October 2021 in West Kutai Regency. This research uses legal research methods, namely by conducting Normative Juridical and Empirical Juridical legal research. The stages of research activities are: (1) identifying problems, (2) field observations, (3) inventory of legal materials needed related to the control of infectious diseases, (4) analysis of legal materials; (5) data collection; (6) data analysis; and (7) reporting. The results of the research show that: The problems faced in the Management of Infectious Diseases in West Regency are as follows: (a) disease prevention and control activities in health facilities are not yet optimal, (b) there is still limited and uneven provision and distribution of health workers, (c) there is still low public awareness of implementing healthy lifestyle patterns, especially sanitation and a healthy environment, (d) it is still difficult to collaborate with companies in finding cases of Infectious Diseases that can cause outbreaks, and (e) there are no special Isolation/Quarantine/Rehabilitation facilities; (2) efforts that have been made to control infectious diseases in West Kutai Regency, namely: (a) counseling, (b) distribution of filariasis drugs, (c) technical guidance, (d) cross-sector coordination, (e) establishing cooperation with companies ; (3) the impact of implementing regulations regarding the control of infectious diseases in West Kutai Regency will directly or indirectly affect aspects of community life such as poverty, strengthening primary services, community behavior and government policies; and (4) regulations need to be made as the basis and legal basis for problem solving in the Management of Infectious Diseases in West Kutai Regency.

Keywords: *Legal Studies; Infectious Diseases; West Kutai Regency*

Introduction

The aim of the founding of a country and the existence of a government is basically for the welfare of all its people. This is guaranteed by the 1945 Constitution, where the Preamble mandates the Indonesian Government to protect and prosper all citizens [1]. To achieve prosperity, as expected, a high degree of health is needed through health development. Article 2 Law no. 36 of 2009 concerning Health stipulates that "Health development is carried out based on humanity, balance, benefits, protection, respect for rights and obligations, justice, respect and non-discrimination, and religious norms.

According to Law Number 36 of 2009 concerning Health, it is stated that health is a healthy condition, both physically, mentally, spiritually, and socially, which allows everyone to live a productive life socially and economically. Health is also a human right and one of the elements of welfare that must be realized as intended in Pancasila and the 1945 Constitution. Article 3 emphasizes that health development aims to increase the awareness, will, and ability to live healthily for everyone to achieve an acceptable level of public health. as high as possible, as an investment for the development of socially and economically productive human resources."

Health matters are a shared responsibility of individuals, society, government, and the private sector. Including all sectors of government taking part in achieving health performance.

The decentralization adopted by the Indonesian State is currently intended to realize community welfare. With this decentralization, it is hoped that it will be able to accelerate the realization of community welfare through improving services, empowerment, and community participation.

Currently, infectious diseases in West Kutai Regency are a classic threat. Environmental conditions and bad human behavior are factors that cause infectious diseases. The presence of infectious diseases in West Kutai Regency consists of classic diseases that have existed for a long time to new diseases that have emerged in this decade.

Based on data from [2], it was found that the 10 highest infectious diseases in the early alert and response system were as follows: Influenza-like diseases) with a total of 1907 cases; Acute Diarrhea totaling 1545 cases; Suspected Typhoid Fever was 694 cases; Animal bites that transmit rabies were 105 cases; Suspected Dengue cases totaling 91; Bloody Diarrhea/Dysentery totaling 77 cases; Malaria totaling 25 cases; Pneumonia numbered 14 cases; Acute Jaundice Syndrome totaling 4 cases; and 2 cases of suspected HFMD.

Today's technology and medicine are relatively advanced in the treatment or prevention of disease, but this will not be enough to face new threats and challenges, especially if you only rely on a sectoral approach, because the causes and risks of disease may lie in other sectors. Therefore, overcoming infectious diseases requires multi-sector intervention and involvement, not just the health sector.

Infectious diseases cause various kinds of health problems, reducing the quality of life and premature death, especially for babies, children, and the elderly. The threat of infectious diseases is increasingly increasing and frightening as new types of infectious diseases emerge. Risk factors for infectious diseases originating from increasing population, an unsupportive environment, population dynamics, and community behavior that do not support the prevention and control of infectious diseases require a legal basis and/or basis in the form of regulations in West Kutai Regency.

The research objectives are: (1) to analyze the problems faced in controlling infectious diseases in West Kutai Regency, and (2) to formulate the legal problems faced as a basis for establishing a legal basis for problem-solving in the Management of Infectious Diseases in West Kutai Regency.

Theoretical Study

Health development aims to ensure that all Indonesian people have the awareness, will, and ability to live healthily. Law Number 36 of 2009 concerning Health states that health is a healthy condition, both physically, mentally, spiritually, and socially, which enables everyone to live a socially and economically productive life.

Based on Blum's theory in [3] that a person's health status is the result of a combination of the interaction of 4 factors, namely: environmental factors, behavioral factors, hereditary factors; and factors of available health services, which include promotive, preventive, curative and rehabilitative.

Illness is a condition where a person's physical, emotional, intellectual, and social development is reduced or disturbed. A person's behavior in dealing with illness is greatly influenced by their social status and ethnic, national, and cultural differences. Sick behavior is any form of activity carried out by an individual who is sick to obtain healing.

The characteristics of illness are the individual's belief that there is an abnormality in his body, he feels unwell, and the behavior of how the individual accepts his illness.

The ecological model is a model of health determinants that directly translates germ theory which explains the determinants of health status that are directly related to infectious diseases. Based on the ecological model, 3 factors play a role in the occurrence of disease and health problems, namely: host (host), agent (causal factor), and environmental agent [4].

1. The host or host has unique characteristics in facing the threat of disease, namely: (a) an immune response; The host can develop an immunological response so that the body can defend against a particular disease. This immunological response can be obtained naturally or acquired, for example, immunity obtained through immunization or immunity acquired after someone has been exposed to a certain disease; and (b) resistance; The human body can defend against infection.
2. An agent is a living or infective organism that can cause a disease. Agents can be biological, chemical, nutritional, physical, or mechanical agents. Biological agents include fungi, bacteria, protozoa, viruses, and other protozoa. The degree to which an agent causes disease in humans depends on the pathogenicity of the agent or virulence or toxicity of the agent.
3. Environmental factors, both physical, biological, and chemical environments. These three factors interact with each other, in a healthy state the interaction of these three factors is stated to be in a balanced state. If there is a balance in the interaction between host and agent factors, a disease condition will occur.

The definition of an infectious disease outbreak is a disease that spreads extremely quickly to humans and infects humans with a wide scope. This shows the danger of an outbreak if it occurs in an area with rapid transmission. According to [5], there are three main groups of infectious diseases:

1. A dangerous disease because it causes a fairly high death rate;
2. Certain infectious diseases can cause death and disability, although the consequences are milder than the first;
3. Infectious diseases that rarely cause death and disability but can become endemic and cause losses.

According to [6], prevention of infectious diseases can be carried out: (a) in the pre-illness period to increase the value of health (Health promotion). The forms of prevention that can be carried out at this stage are by providing special protection against a disease (Specific). protection); and (b) during illness through: (1) recognizing and understanding the type at an early level, as well as providing appropriate and

immediate treatment (Early diagnosis and treatment); (2) Limiting disability and trying to eliminate impairment of workability caused by an illness (Disability limitation); and (3) Rehabilitation.

According to [7], disease prevention is an effort made to prevent the occurrence of disease that covers all groups. Preventing this disease is divided into several levels, namely: (a) primordia prevention, namely efforts made to avoid the occurrence of risk factors, and the involvement of relevant agencies are required so that this can be carried out quickly; (b) primary prevention, namely efforts carried out at the pre pathogenesis stage so that health status can be improved in certain types of disease; (c) secondary prevention, namely efforts made when sick with early diagnosis and fast and appropriate treatment, and (d) tertiary prevention, namely efforts made to prevent disability or death, prevent recurrence of the disease and carry out physical, social and psychological rehabilitation processes.

Infectious diseases are still a burden in the world. Changes in lifestyle and environment, increasing life expectancy, and survival as a result of controlling infectious diseases have contributed to the increase in the prevalence of non-communicable diseases, causing the burden of disease in the world to come from non-communicable diseases. In Indonesia, especially in West Kutai Regency, infectious diseases are still a burden that must be found a way out.

To overcome infectious diseases, efforts need to be made, including (1) providing understanding across sectors about the concept of health; (2) preparing adequate legal products to support efforts to prevent, respond quickly, and handle emerging infectious diseases; (3) preparing infrastructure including human resources; (4) controlling risk factors; (5) early detection; and (6) fast response.

Research Methods

The research was carried out from August to October 2021 in West Kutai Regency. This research uses legal research methods, namely by conducting Normative Juridical and Empirical Juridical legal research. The stages of research activities are: (1) identifying problems, (2) field observations, (3) inventory of legal materials needed related to the control of infectious diseases, (4) analysis of legal materials; (5) data collection; (6) data analysis; and (7) reporting.

Data collection was carried out through (1) library research on Shrimp Laws, Government Regulations, Ministerial Regulations, Regional Regulations, and others; and (2) field research to obtain information directly from the source.

Data analysis was carried out qualitatively. The written legal materials that have been collected are classified according to the problems that have been identified, then a systematic content analysis is carried out on the legal material documents and compared with the information from the sources.

Results and Discussion

A. Study of Infectious Disease Management Practices in West Kutai Regency

The results of research in West Kutai Regency show that:

1. The 10 highest infectious diseases in the early alert and response system in 2020, namely: (a) ILI (Influenza-Like Disease) with 1907 cases; (b) Acute Diarrhea totaling 1545 cases; (c) Suspected Typhoid Fever totaling 694 cases; (d) Animal bites that transmit rabies totaling 105 cases; (e) Suspected Dengue totaling 91 cases; (f) Bloody Diarrhea/Dysentery totaling 77 cases; (g) Malaria Confirmation of 25 cases; (h) Pneumonia totaling 14 cases; (i) Acute Jaundice Syndrome with 4 cases; and (j) 2 cases of suspected HFMD.

2. The 10 most common diseases in Community Health Centers in 2020, namely: (a) Primary Hypertension 5343 cases; (b) Gastritis 4379 cases; (c) Acute Nasopharyngitis (common cold) 4143 cases; (d) Type 2 Non-insulin-dependent diabetes mellitus (DM) 2524 cases; (e) Myalgia 1925 cases; (f) Influenza 1877 cases; (g) Dyspepsia 1674 cases; (h) Fever of unknown cause 1609 cases; (i) Hypertension 1256 cases; and (j) Other diseases 1654 cases.
3. The causes of the development and untreated infectious diseases in West Kutai Regency include the following: (a) disease prevention and control activities in health facilities such as community health centers, community health centers, clinics, and government and private hospitals are not yet optimal; (b) there is still limited and uneven supply and distribution of health workers, while the number and types of health workers continue to increase, but the needs and equitable distribution have not been met, especially in remote criteria areas. The quality of health workers is still low, career development is not yet underway, the reward and sanction system is not as it should be; (c) there is still low public awareness of implementing healthy lifestyles, especially sanitation and a healthy environment; As a result of society still being placed as an object in health development, health promotion has not yet changed society's behavior to Clean and Healthy Living (PHBS). The utilization and quality of Community Resource Health Efforts (UKBM), such as posyandu and Poskesdes are still low. Health efforts have also not fully encouraged improvements or changes in clean and healthy living behavior, which has resulted in high rates of morbidity suffered by the community; (d) to prevent disease in the event that efforts to increase immunization are still hampered by the implementation and service of immunization for infants and toddlers in oil palm plantation areas in 16 sub-districts in West Kutai district, which is feared that this could cause the emergence of diseases that should be preventable by providing immunizations; (e) it is still difficult to collaborate with companies in finding cases of infectious diseases that can cause outbreaks and outbreaks; (f) for TBC disease, not yet maximum reports of TBC patients in private clinics, low number of TBC patient visits to access health services; (g) for HIV/AIDS and PIMS, public stigma is still high regarding HIV/AIDS, there is a lack of knowledge about the disease suffered, there are still many active localizations in West Kutai district and many sufferers do not want to take medication; (h) for Dengue Fever (DHF), reporting of dengue fever cases received by the Health Service is often late, especially from Regional General Hospitals, public awareness is still low about the importance of eradicating mosquito nests that transmit dengue fever, facilities and infrastructure for controlling dengue fever still relatively lacking, for example rapid DHF tests, abates, fogging machines and so on.
4. Health facilities in West Kutai Regency are 1 Regional General Hospital; 13 inpatient health centers; There are 6 non-inpatient health centers; There are 14 mobile health centers, and 84 supporting health centers; the number of clinics is 21.
5. Other health service facilities, namely: 3 Pramata Clinics; 17 individual general practitioner practices; 11 Individual Dentist Practices; 8 Individual Specialist Doctor Practices; Only 1 Blood Transfusion Unit; 34 pharmacies, 3 large drug stores; and there are no special Isolation/Quarantine/Rehabilitation Facilities.

B. Efforts or Programs That Have Been Carried Out by the West Kutai District Health Service to Prevent and Control Infectious Diseases

As a result of observations and interviews with the Head of the West Kutai District Health Service, several efforts or programs have been carried out in the context of preventing and controlling infectious diseases, including:

1. Counseling through community health centers throughout West Kutai Regency;
2. Distribution of filariasis drugs;
3. Technical guidance for survey activities of Anopheles mosquito breeding sites;
4. Cross-sector coordination in accelerating Malaria elimination;

5. Cross-border meeting of the districts that contribute the largest malaria cases, namely North Penajam Paser, Paser, Kutai Kertanegara and West Kutai;
6. Epidemiological investigation of positive Malaria cases;
7. Distribution of abates for the prevention of dengue fever;
8. Procurement of fogging equipment;
9. Establishment of 186 Posbindu, located in 186 villages for screening/early detection of non-communicable diseases;
10. Case finding/early detection of TBC cases in at-risk populations;
11. Active and massive case tracking of TBC cases who are lost to follow-up;
12. The availability of TBC drugs and TBC logistics at Community Health Centers and Hospitals is sufficient to provide care services for TBC patients.
13. Try to collaborate with companies that manage oil palm plantations.

C. Obstacles Faced by the West Kutai District Health Service in the Prevention and Management of Infectious Diseases.

The obstacles faced in efforts to prevent and control infectious diseases are:

1. Problems with the accuracy and completeness of the reporting of the Early Alert and Response System from Community Health Centers throughout West Kutai Regency are as expected so that the relevant program areas receive information late on the increase in cases and the slowness in handling prevention in the field as a result of the lack of Health Human Resources in the Facilities Health.
2. The problem of refusing to receive immunization still exists in the West Kutai Regency so herd immunity is not evenly distributed throughout West Kutai Regency.

D. Juridical Basis

The juridical basis relating to efforts to prevent and control infectious diseases in West Kutai Regency cannot be separated from aspects relating to the formation of regulations as binding and generally applicable juridical instruments. This is in line with the provisions contained in the 1945 Constitution of the Republic of Indonesia article 18 which states that provincial, district, and city governments regulate and manage government affairs themselves according to the principles of autonomy and assistance duties. The juridical basis is as follows:

1. The 1945 Constitution of the Republic of Indonesia.
2. Republic of Indonesia Law Number 1 of 1962 concerning Marine Quarantine.
3. Republic of Indonesia Law Number 2 of 1962 concerning Air Quarantine.
4. Republic of Indonesia Law Number 4 of 1984 concerning Infectious Disease Outbreaks.
5. Law of the Republic of Indonesia Number 25 of 2004 concerning the National Development Planning System.
6. Republic of Indonesia Law Number 44 of 2009 concerning Hospitals.
7. Republic of Indonesia Law Number 36 of 2009 concerning Health.
8. Republic of Indonesia Law Number 12 of 2011 concerning the Formation of Legislation.
9. Republic of Indonesia Law Number 23 of 2014 concerning Regional Government.
10. Republic of Indonesia Law Number 9 of 2015 concerning the Second Amendment to Law Number 23 of 2014 concerning Regional Government.
11. Law Number 6 of 2018 concerning Health Quarantine.
12. Government Regulation Number 40 of 1991 concerning the Management of Infectious Disease Outbreaks.
13. Government Regulation Number 32 of 1996 concerning Health Workers.

14. Government Regulation Number 65 of 2005 concerning Guidelines for Preparing and Implementing Minimum Service Standards.
15. Government Regulation Number 38 of 2007 concerning the division of government affairs between the Government, Provincial Regional Governments, and Regency/City Regional Governments.
16. Presidential Regulation Number 30 of 2011 concerning Zoonosis Control.
17. Presidential Regulation Number 72 of 2012 concerning the National Health System.
18. Minister of Health Regulation Number 658 of 2009 concerning the New-Emerging and Re-Emerging Infectious Disease Diagnosis Laboratory Network.
19. Minister of Health Regulation Number 1501 of 2010 concerning Certain Types of Infectious Diseases that Can Cause Outbreaks and Efforts to Control Them.
20. Minister of Health Regulation Number 82 of 2014 concerning the Management of Infectious Diseases.
21. Republic of Indonesia Minister of Health Regulation Number 69 of 2014 concerning Hospital Obligations and Patient Obligations.
22. Regulation of the Minister of Health of the Republic of Indonesia Number 774 of 2014 concerning Guidelines for Implementing HIV Counseling and Testing.
23. Decree of the Minister of Health of the Republic of Indonesia Number HK.01.01/MENKES/104/2020 concerning the Determination of Novel Coronavirus Infection (2019-nCoV Infection) as a Disease that can Cause an Outbreak and Efforts to Control It.

E. Study of the Implications of Implementing Regulations in Efforts to Prevent and Control Infectious Diseases for the West Kutai Regency Government and its Impact on Aspects of the Regional Financial Burden of West Kutai Regency

The impact of implementing regulations regarding the control of infectious diseases in West Kutai Regency will directly or indirectly affect aspects of people's lives. This is related to the problem of overcoming infectious diseases, namely:

1. Poverty

Social inequality causes poor people to be unable to access health services. To overcome this, the government has implemented the National Health Insurance (BPJS) program, although up to now, not all people are BPJS participants, so it is still necessary to apply for a Certificate of Indigency for people who do not yet have a Healthy Indonesia Card (KIS) so that they can access needed health services.

2. Strengthening Primary Services

To be able to overcome infectious diseases, doctors and nurses are needed. Based on Minister of Law and Human Rights Regulation Number 34 of 2016, the ratio of doctors per population is 1: 2,500, the ratio of specialist doctors is 1: 16,000, the ratio of midwives is 1: 1,000 and the ratio of nurses is 1: 500. Results of research in West Kutai Regency, the number of doctors and nurses has not met the established standards and the distribution is also uneven.

With the enactment of regulations regarding the Management of Infectious Diseases, the fulfillment of the number of workers and their equitable distribution can be included in a well-planned program. The selection and recruitment process as well as the budget for paying doctors, specialist doctors, midwives, and nurses must be provided through the Regional Revenue and Expenditure Budget, on the other hand, the health development budget must also be gradually increased to reach 20%. Fulfilling the needs of Human Resources (HR) in quantity must also go hand in hand with improving the quality of Human Resources. Various training, seminars, and workshops need to be prepared and

implemented by the West Kutai District Health Service to improve the quality of doctors, midwives, and nurses.

One way to strengthen primary services is through providing infrastructure. With the enactment of this Regional Regulation for Controlling Infectious Diseases, the West Kutai District Health Service will have to be more careful in planning activities and planning the financing of the activities in question. The limited costs of the West Kutai Regency Government require the West Kutai Regency Health Service to be able to analyze needs and prioritize better.

3. Community Behavior

After the implementation of the Infectious Disease Control regulations in West Kutai Regency, health promotion efforts must be strengthened. The development of health promotion programs is not only oriented towards input and process achievements but must also be able to measure output achievements from health promotion.

Health promotion efforts regarding a healthy paradigm, healthy clean living behavior, compliance with treatment, and complete change are important things that can support the implementation of the regional regulations for the Management of Infectious Diseases in West Kutai Regency.

4. Government Policy

The basic needs of the community in the form of clothing, food, and shelter are the responsibility of the government. Poor people who cannot have clothing, food, and shelter that meet the requirements for a clean and healthy life are the responsibility of the government. Likewise, the availability of clean water and adequate education needs are the government's responsibility.

The West Kutai Regency Government, with its limited budget, must be able to prioritize providing clothing, food, shelter, clean water, and education as well as clean and healthy living behavior for the community. One effort that can be made to support the successful fulfillment of this is through strengthening the regional health system.

Regarding the impact of the implementation of regulations regarding the Management of Infectious Diseases on the Regional Financial Aspects of the West Kutai Regency, all things mandated in these regulations must be implemented, both by the Regency Government and by Dewan Perwakilan Rakyat Daerah of West Kutai Regency. In practice, the West Kutai Regency Government is the implementer while the Dewan Perwakilan Rakyat Daerah of West Kutai Regency plays a role in monitoring, evaluation, and budgeting.

With the existence of regional regulations regarding the Management of Infectious Diseases, it is hoped that the control of infectious diseases will be carried out by paying attention to mobility and changes in people's lifestyles which are carried out by establishing clear, equitable, effective, and efficient boundaries of roles, functions, responsibilities, and authority. to achieve public health standards.

Conclusions and Recommendations

A. Conclusion

1. The problems faced in the Management of Infectious Diseases in West Regency are as follows: (a) disease prevention and control activities in health facilities are not yet optimal, (b) there is still limited and uneven provision and distribution of health workers, (c) there is still low awareness community to adopt a healthy lifestyle, especially sanitation and a healthy environment, (d) it is

still difficult to collaborate with companies in finding cases of Infectious Diseases that can cause outbreaks, and (e) there are no special Isolation/Quarantine/Rehabilitation facilities.

2. Efforts have been made to control infectious diseases in West Kutai Regency, namely: (a) counseling, (b) distribution of filariasis drugs, (c) technical guidance, (d) cross-sector coordination, (e) establishing collaboration with companies.
3. The impact of implementing regulations regarding the control of infectious diseases in West Kutai Regency will directly or indirectly affect aspects of community life such as poverty, strengthening primary services, community behavior, and government policies.
4. Regulations need to be made as the basis and legal basis for solving problems in the Management of Infectious Diseases in West Kutai Regency.

B. Suggestion

Based on the study and conclusions, it is recommended to prepare a regulation regarding the Management of Infectious Diseases in the form of a regional regulation that regulates the roles, rights, and obligations of each party involved, both individually and institutionally and/or institutionally.

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C. Others

Empirical Research at the West Kutai District Health Service.

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