

**Knowledge Mapping and Data Visualization**------------------------------------------------------------------------

Covid-19 Project

**H.Kemal İLTER**  
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**Prepared by**

**Duygu Uçgun 16030411038**

**Abstract**   
 In this project, I will examine the hospital occupancy rates in the Covid-19 process in Turkey. I will examine the social and economic effects of 'hospital occupancy rates', which is one of the daily available data, on human health. In addition, I will examine the different point of view regarding the management of the process by healthcare professionals and authorities. Was the reason for the increasing hospital density rates in the epidemic process managed in Turkey was the mismanagement of the epidemic or was it the natural course of the epidemic? We can learn the answer to this question together. In this process, I aimed to examine the problems experienced by people in hospitals, the attitude of hospital staff and also the behavior of patients. Thanks to the knowledge and experience I have gained from my daily life, I will present this project to you in the best possible way. I started social studies on people who have been careful since the beginning of the pandemic period and who were vaccinated during the pandemic period, who had or did not have covid-19, and who have never had covid-19. In line with the information I have acquired in this project, I will find the most accurate way to specify hospital density rates on data visualization and add it to my project.

The data I will need while doing this project; Daily deaths in Turkey, bed occupancy rate in hospitals, rate of intubated patients. I will examine these data in 3 different time intervals. April 2021 April 2020 and December 2021. I'll make a comparison with different countries where necessary. For a detailed examination of the Covid-19 process, we need to reach the drugs used and the treatment methods in hospitals. However, since this is a current and ongoing issue, I do not find it right to talk too much about the Covid-19 drugs and different treatment methods used. But again, brief information about these factors should be given;

* **Plasma blood treatment:** Plasma blood treatment was applied to appropriate intensive care patients at certain time intervals, and this plasma blood treatment was approved by some doctors, but not by others. For plasma blood treatment, the Covid-19 patient must be in the first 10 days. It is applied in patients who do not respond to antibiotic treatment.
* **Intensive care treatment with a different drug:** some patients were given an antibiotic drug treatment that was not approved by the Ministry of Health in Turkey. The Ministry of Health did not approve because it was uncertain and had many side effects. Despite this, some conscientious intensive care physicians started to talk about this drug treatment with the authority of intubated patients' relatives. If the relatives of the patients had financial means, they would buy this drug personally and deliver it to the doctor. Of course, the procedures applied for this were different. It was done with the consent of the relatives of the patients. Sometimes, the values ​​of the patient were transmitted to the health ministry and demanded this drug for the patient, but the health ministry did not approve this drug according to the values ​​of the intubated patients. Because the drug had harmful effects on the defense mechanism.

I can access these data from many different places, but I have planned to actively collect data on 5 different platforms for certainty.

1. I will access the Digital Transformation Office website, which has been recently opened by the Presidency of the Republic of Turkey.
2. Google Statistics Data is currently available for every country. I especially wanted to choose this platform because the first information that comes to every internet user in the world is almost here.
3. Daily data published by the Ministry of Health of the Republic of Turkey during the pandemic process.
4. The monthly reports of the Turkish Medical Association.
5. Data published by the World Health Organization.

While obtaining these data, I was impressed by the disagreements that arose due to Turkey's political and political situation. I also had to examine and evaluate the data of the Turkish Medical Association, which opposed the data announced by the Ministry of Health. With the chaos, obscurity and shock effect of the epidemic that emerged during the pandemic process, many different approaches emerged. There are many different newspapers, websites, different institutions and organizations where I can access these data. I encountered a lot of information pollution. I tried to use the resources that are on Turkey's agenda.  
**Introduction** Coronaviruses are a type of virus that usually occurs in mammals and birds. Covid-19, a new type of this virus previously seen in animals, was first seen in Wuhan, China in December 2019. With the rapid spread of this virus, it has affected the whole world in a short time. In March 2020, it was declared a pandemic by the World Health Organization. During this global epidemic period, the countries' history of the epidemic was different. In Turkey, the first case was announced on March 11, 2020. Then, with the effect of the epidemic, measures were taken across the country. Symptoms of coronavirus were published as fever, cough, and shortness of breath. Later, the loss of smell and taste was added.  
 The coronavirus has affected our lives in many ways; psychological, social, economic and most importantly health. During the pandemic period, the number of people in the world who are not affected by the pandemic is now quite low. In line with the measures taken, people started to stay in homes, wear masks and follow distance rules. With this process, health problems started to emerge. People were very worried after the first case was reported in Turkey in early 2020. Sales of disinfectants, masks and cologne increased. Everything changed in Turkey overnight. The measures taken started to increase day by day and a curfew was imposed. During this pandemic period, the first mass affected was 65 years of age or older, so this elderly population was treated in a very specific way. While the measures were relaxed, the control was still the same for 65 and above. It was thought that those with chronic diseases were more affected. Asthma patients, diabetics, dialysis patients, cardiovascular patients and cancer patients were particularly careful. However, this was not known at the beginning of the epidemic. As people experienced this, they began to tell each other about their experiences. There was no exact information. Even the treatment method used in Turkey was not clear. After a certain period of time, the treatment process was concluded and a 'fillation' team, namely a contact follow-up team, was formed. Since the number of cases was low in this process, the epidemic was brought under control in the first place. However, this took a very short time. Then, with the increasing number of cases, hospital occupancy rates started to increase. When people caught coronavirus searched the relevant unit, they could not find a solution immediately. When patients with coronavirus symptoms sought help by calling the 112 emergency line, they could not find a solution. Contact tracking teams were not working at the same pace in every city.

**Scenario** In order to examine the coronavirus process more closely, I will talk about the experiences I witnessed and gained during this process. In this project, I would like to examine and explain in detail the hospital process of my father, whom I lost 4 months ago due to coronavirus. Our patient aged 65 and over was also diabetic. Symptoms had started in November 2020 with a severe cough. Because he was acting very carefully, no one around him suspected it would be covid-19. The same patient had been treated for bronchitis a year ago. As the cough naturally increased, they thought there was a problem with bronchitis. During this period, the patient spent 1 week with his loved ones, not knowing that he was covid. A person he met after this week reported that he had a coronavirus. Due to this situation, our patient was accepted as a 'contact person'. Those who came into contact had to go into quarantine at home. It happened like this and the quarantine process started. Our patient suddenly fainted 3 days later. The coronavirus test was also performed after the blood test of the patients and their relatives who went to the hospital with suspicion. Doctors had prescribed 'coronavirus drugs' without waiting for the result of the coronavirus test. He also gave antibiotics. The patients and their relatives, that is, the contacts, went to their homes and waited for the test results. When they saw the positive result the next day, they immediately called the relevant people and reported the situation. They had become Covid19. The contact tracking team came home to check. But they stayed away and looked at the family and said 'you're okay, no problem'. However, there was another disabled patient at home and that person did not have a test. 3 covid19 cases and 1 contact person lived in the same house. During this process, they behaved consciously. It has been said that nutrition is very effective in the healing process and vitamin D is required. Therefore, they met their vitamin D needs by sunbathing. They paid attention to the consumption of fruits and vegetables. In the meantime, they could not buy this drug from the pharmacy because the antibotic drug prescribed by the hospital was not approved. They just drank coronavirus medicine. At the end of the 3rd day, our patient could not stand it anymore and called the emergency 112 line and asked for help. The emergency team came and said that the patient's saturation was very low and that he had to go to the hospital urgently. The patient was being taken to Adana City Hospital by ambulance. However, when he learned that the capacity of this hospital was full on the way, he was taken to Adana Yuregir State Hospital. There was nobody with him. When the doctors saw the patient's condition, they immediately began to look at him.