Results:
As a total of 214 respondents, panic buying was lower (2.28 ± 0.79 on a 5-scale) except for perceived risk (5.91 ± 2.13 on a 10-scale). No difference between medical and nonmedical staff in panic buying (p = 0.619) and perceived risk (p = 0.477) and the domicile of respondents (Java VS nonJava) in panic buying (p = 0.810) and perceived risk (p = 0.101). Younger age, working in a medical field and living in Java are associated with higher perceived risk in the linear model whereas panic buying is solely affected by knowledge (β =1.459, p < 0.001). The respondents agreed that scarcity of single-use components (mean 4.32 out of 5) such as masker and goods inflation particularly groceries (mean 4.31 out of 5) will appear soon

Conclusions:
It is important to disseminate the correct information to the public to reduce panic buying. Collaborative action between the government and medical staff should be done particularly in Java as the first locus of CoVid 19 in Indonesia.

Key messages:
- Knowledge regarding corona virus affects the Panic Buying. An intervention to disseminate the correct information should be done.
- To reduce the perceived risk, a rigorous action should be done in Java and a collaborative work between the government and medical staffs should be established.