

მკვლევარების სამეცნიერო მიღწევებზე ინფექციურ სნეულებებში, სახელობრ – კეთრის მიმართულებით. აღწერილია კეთრის გამომწვევის აღმოჩენის პრიორიტეტთან დაკავშირებული კონფლიქტი. შედარებულია, რა შედეგები ჰქონდა გ. ჰანსენისა და ა. ნეისერისათვის *Mycobacterium leprae*-ს აღმოჩენის პრიორიტეტთან დაკავშირებულ საერთაშორისო სკანდალს, რომელშიც ჩართული იყო მაშინდელი ევროპის პრაქტიკულად მთელი თანამეგობრობა. ნაჩვენებია, რომ მეცნიერთა უმეტესობამ ერთმნიშვნელოვნად მხარი დაუჭირა გ. ჰანსენს, რომელიც იყო არა მარტო ავტორი იმ დროისთვის რეკლუციური ჰიპოთეზისა კეთრის კონტაგიოზურ-ბაქტერიული ბუნების შესახებ, არამედ ამ დაავადების გამომწვევის აღმოჩენიც, რასაც მოწმობს სინონიმური დასახელება - *Mycobacterium leprae* – *bacillus Hansen*. მიუხედავად ამისა, გამოჩენილი მეცნიერისათვის არაეთიკური ექსპერიმენტის შედეგები პაციენტის ქალის შეგნებული დამატებითი ინფიცირებით საკმაოდ ტრაგიკული აღმოჩნდა: მან დაკარგა ლიცენზია სამედიცინო პრაქტიკაზე, გადაიტანა სასამართლო, რომლის გადაწყვეტილებითაც გ. ჰანსენის მოქმედება

ჩაითვალა შეუთავსებლად ექიმის მაღალ წოდებასთან, თუმცა, მას სიცოცხლის ბოლომდე ეკავა ნორვეგიის მთავარი შტატგარეშე ლეპროლოგის თანამდებობა. პარალელურად შესწავლილია ანეისერის ბიოგრაფია, რომელიც ამ ხმაურიანი სკანდალის მიზეზი გახდა. ნაჩვენებია, რომ სხვა საშიში დაავადების – სიფილისის ექსპერიმენტული კვლევის სერიამ, ჩატარებულმა ანეისერის მიერ, ასევე გამოიწვია სკანდალი, რომელიც, ბედის ირონიით, წააგავდა იმას, რომელიც თავის დროზე დატრიალდა გ. ჰანსენის სახელის ირგვლივ. მაგრამ ამ სამწუხარო შემთხვევას ა. ნეისერის არც რეპუტაციაზე, არც სამედიცინო ლიცენზიაზე და არც შემდგომ სამეცნიერო კარიერაზე მნიშვნელოვანი გავლენა არ მოუხდენია, თუმცა, გახდა კლინიკურ კვლევაში მონაწილე პირებისაგან ინფორმირებული თანხმობის მიღების პრეცედენტი. დასკვნით ნაწილში აღნიშნულია, რომ, მეცნიერებისა და კაცობრიობისათვის მსახურების სურვილის მიუხედავად, ბიოეთიკის წესების, ასევე, ადამიანური მორალის დაცვა უნდა წარმოადგენდეს ნებისმიერი მეცნიერი-მედიკოსის საქმიანობის განუყოფელ ნაწილს.

KNOWLEDGE, ATTITUDES AND PERCEPTION AMONG PATIENTS TOWARDS CROSS-INFECTION CONTROL MEASURES IN DENTAL CLINICS IN GEORGIA BEFORE THE COVID-19 PANDEMIC

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Prevention of cross-infection in the dental clinic is a crucial aspect of community protection from infection and dental health care workers should adopt a certain basic infection control routines while practicing [6]. Both dental patients and dental health care professionals are at risk of infections caused by various microorganisms and viruses [8]. Furthermore, nowadays we live in an era of eco-epidemiology [5,4]. Emerging agents in particular HCV, HBV and AIDS/HIV, TB and infectious respiratory diseases having different etiologies and others can be also transmitted during dental practice [9]. More recently, the world has been affected by the coronavirus outbreak (caused by severe acute respiratory syndrome corona virus 2-SARS-CoV-2), which turned into COVID-19 pandemic and embraced the whole world. Health organizations recommended strict preventive strategies for elimination of disease. Despite the considerable emphasis placed on standardized infection control procedures, it appears that few dentists have adhered to these procedures in their clinical practice [10]. Even though, there are many studies carried out with the intention to assess dentist's knowledge towards barrier technique, a very few studies have reported dental patient's awareness about infection control [7]. Importance of patients' knowledge was acknowledged by Centers for Disease Control and Prevention (CDC), which developed several online educational materials to educate the community. It has been demonstrated that adequate patient education can substantially reduce cross infection [1]. Identifying KAP of patients towards infection control methods in dentistry is an important issue. Many studies indicate that compliance of dentists with infection control guidelines was not satisfactory. One of the factors that can

bring changes in the compliance is patient expectation. This expectation in turn can be influenced by the media, cultural mores, as well as the patients' level of education. Knowing patient perception of infection control methods will affect dental practice. Heightened awareness among patients will hopefully help them to request and remind members of the dental team to take all necessary steps to prevent cross-infection to protect both their patients and themselves [3].

The objective of the study was to determine the level of knowledge, attitude and perception (KAP) of Georgian patients towards cross-infections and infection control measures in dental clinics. Special attention was paid to issues related to the level of awareness of patients about infections that are quite widespread in the country, in particular HCV, HBV and AIDS/HIV, TB and infectious respiratory diseases having different etiologies.

Material and methods. After being approved by the Ethics Committee of the School of Health Sciences of the University of Georgia, this cross-sectional design study was conducted during 2019 among individuals from all 10 regions of Georgia and Tbilisi (the capital city). A non-probability convenience sample method was used. 570 random individuals voluntarily included in the confidential study were asked to answer to self-administrated, close-ended questionnaire to assess their knowledge, attitudes, perception (KAP), perception and behaviors toward cross infection control measures in dental clinics. A questionnaire contained 22 questions and consisted of three parts. First part included socio-demographic characteristics (age, gender, level of education, occupation, etc.) and respondent's visits to the dental clinics; the second part included items to assess the

awareness and knowledge about the infection spread and control methods in the dental settings, necessity to use personal protective equipment that dentists should wear such as gloves, gown, mask, goggles, etc. The third part included questions to assess the perceived attitudes and self-reported practices of patients toward infection control measures. Statistical analysis was performed using Statistical Package for Social Sciences (IBM SPSS Statistics, for Windows, Version 23.0. Armonk, NY). Data was presented using descriptive statistics, the Chi-square tests were performed to assess correlations. A statistical significance was considered at P-value <0.05.

Results and discussion. Among 570 participants 71.4% (n 407) were females and 28.6% (n 163) were males. The mean age was 27.83 years. Students made up 43.7%. 43% of participants were employed. 50.7% of respondents were from Tbilisi, 49.3% were from regions of Georgia. Table 1 shows the demographic characteristics of study participants and respondents distribution according to their visits to the dental clinics.

Second part of the study included patients' knowledge about transmissible infectious diseases in the dental clinic, transmis-

sion routes, necessity to use cross-infection barriers and participant's perception of the protective function of cross-infection barriers. In the process of interviewing the respondents, special attention was paid to assessing their knowledge of infections, the prevalence of which is quite high in Georgia. We mean such infectious diseases as HCV, HBV and AIDS/HIV, TB and infectious respiratory diseases having different etiologies. 72.6%, 63.2%, and 62.5% of respondents agreed that they can catch HCV, HBV and AIDS/HIV respectively during dental treatment, while 50.5% and 55.8% mentioned about TB and infectious respiratory diseases respectively (Fig. 1). The present study on the patients' perception of infection transmission in the dental office was carried out in relation to socio-economic groups assessed according to education level of the participants so as to compare the relative status of awareness at each level. There was a statistically significant relationship between the level of education and knowledge about infectious disease in the dental clinic (Table 2.) P-value=0.005, 0.002, 0.003, and 0.023 respectively for HIV/AIDS, HBV, HCV and infectious respiratory diseases, while the results of Chi-square tests did not show a significant

Table 1. Socio-demographic characteristics of the sample, visits to the dental clinics.

Variables		No	%
Gender	Males	163	28.6
	Females	407	71.4
Age	<20	220	38.6
	20-30	196	34.4
	31-40	53	9.3
	41-50	49	8.6
	51-60	31	5.4
	>60	21	3.7
Level of education	High school	85	14.9
	Collage	22	3.9
	Bachelor	291	51.1
	Postgraduate	172	30.2
Occupation	Employed	245	43.0
	Unemployed	47	8.2
	Student	249	43.7
	Pupil	23	4.0
	Retiree	6	1.1
Residence	Tbilisi	289	50.7
	Regions (10)	281	49.3
Marital status:	Single	393	68.9
	Married	168	29.5
	Widowed	3	0.5
	Divorced	6	1.1
Last visit to dental clinic	This year	248	43.5
	Last year	158	27.7
	2-3 years ago	164	28.8

relationship between the level of education and knowledge about TB. A statistically significant relationship between gender and knowledge about transmissible infectious disease was found only for HBV and HCV with P-value=0.032 and 0.005 respectively. It is apparent from Table 2 that females obtained a higher percentage of knowledge about infection transmission

compared to males. There was a statistically significant relationship between the occupation and knowledge about HIV/AIDS, HBV, HCV with P-value=0.004, 0.023, and 0.000 respectively. No statistically significant relationship was demonstrated between occupation and infection knowledge for TB and infectious respiratory diseases.

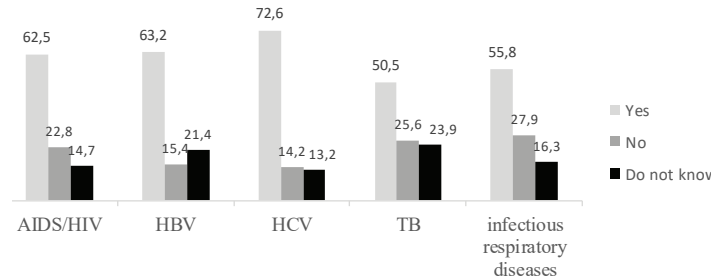


Fig.1. Distribution of patients' knowledge of transmitted infectious disease in the dental clinic

Table 2. Distribution of patients' knowledge of transmitted infectious disease in the dental clinic according to gender, education and occupation

	Gender		Education				Occupation				
	Male	Female	high school	collage	bachelor	post-graduate	employed	unemployed	retired	student	pupil
HIV/AIDS (%)											
Yes	55,2	65,4	44,7	72,7	67,7	61	71,8	59,6	0,5	55,8	43,5
No	26,4	21,4	32,9	9,1	21,3	22,1	15,1	29,8	16,7	27,7	39,1
Do not know	18,4	13,3	22,4	18,2	11	16,9	13,1	10,6	33,3	16,5	17,4
χ^2 (P value)	5.279 (0.071)		18.774 (0.005)				22.562 (0.004)				
Hepatitis B (%)											
Yes	54	66,8	52,9	59,1	69,1	58,7	73,1	55,3	66,7	55,8	52,2
No	17,8	14,3	21,2	18,2	14,4	13,4	10,6	21,3	16,6	19,3	17,4
Do not know	27,6	18,7	25,9	18,2	16,2	27,9	16,3	23,4	16,7	24,9	30,4
χ^2 (P value)	8.820 (0.032)		26.260 (0.002)				23.539 (0.023)				
Hepatitis C (%)											
Yes	65,6	75,4	58,8	68,2	79,7	68,1	82,4	72,3	50	64,7	60,9
No	14,1	14,3	22,4	13,6	11,7	14,5	7,8	14,9	0	20,5	17,4
Do not know	20,2	10,3	18,8	18,2	8,6	17,4	9,8	12,8	50	14,9	21,7
χ^2 (P value)	10.251 (0.006)		19.608 (0.003)				31.535 (0.000)				
TB (%)											
Yes	44,8	52,8	40	59,1	55,6	50,5	57,1	51,1	33,4	44,6	47,8
No	26,4	25,3	31,8	22,7	23,4	25,6	21,6	23,4	33,3	29,7	26,1
Do not know	28,8	21,9	28,2	18,2	21	23,9	21,3	25,5	33,3	25,7	26,1
χ^2 (P value)	3.909 (0.142)		9.282 (0.152)				9.035 (0.339)				
Infectious respiratory diseases (%)											
Yes	51,5	57,5	41,2	54,5	58,1	55,8	59,2	53,2	33,3	54,6	43,5
No	28,2	27,8	41,2	22,8	28,2	27,9	25,3	34	16,7	28,9	34,8
Do not know	20,2	14,7	17,6	22,7	13,7	16,3	15,5	12,8	50	16,5	21,7
χ^2 (P value)	2.910 (0.233)		14.712 (0.023)				8.823 (0.357)				

The study describes patients' knowledge of infection transmission by saliva, blood, non-sterile instruments and routes of transmission. 94% of patients agreed with infection transmission by nonsterile instruments, while only 68.4% and 78.9% agreed with transmission by saliva and blood respectively. 68.4%, 70%, and 77.5% of participants agreed about infection transmission available routes from dentist to patient, from patient to dentist and from patient to patient respectively. Majority of participants (97.9%) had positive attitudes towards infection control measures required during dental practice and agreed that dentists should wear gloves while treating their patients. Similarly, 95.6% and 94% agreed that dentists need to wear face mask and uniform respectively. Only 59.6% of participants agreed about necessity of goggles usage (Fig. 2). 98.2% confirmed that dentists should change gloves for every patient.

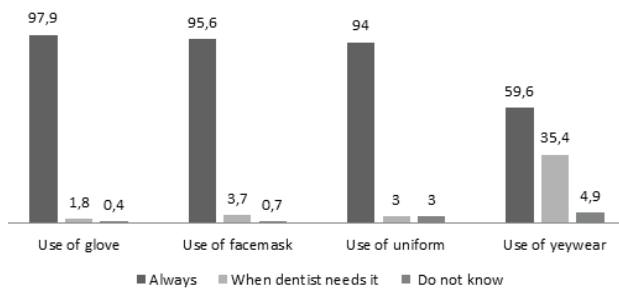


Fig.2. Patients' knowledge of barrier usage in dentistry

Nearly 65.3% and 71.6% of respondents felt that gloves and face masks protect both dentist and patient, respectively. However, 58.4% of respondents believed that wearing of goggles protects dentist only (Fig. 3).

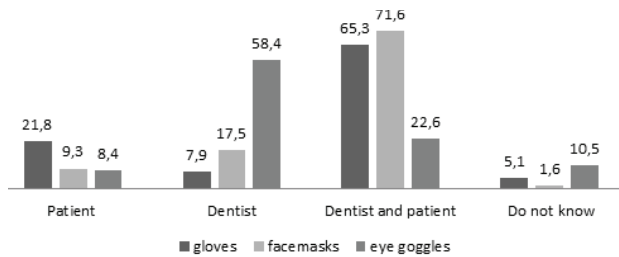


Fig.3. Participant's perception of the protective function of cross-infection barriers

The third part of the study included the questions to assess the perceived attitudes and practices of patients toward infection control measures and is demonstrated patients' particular observation regarding usage of cross-infection barriers by dentists during dental treatment.

94%, 73%, 67.4% and 49.5% of respondents agreed that their dentist always used uniform, gloves, face masks and goggles respectively. 74.6% of participants could observe, how dentist washed hands (Fig. 4).

Patients' attitude and behavior toward poor infection control measures demonstrated that 5.4% complained about poor infection control measures and refused the treatment, 4% - complained, however continued the treatment, 10.5% continued the treatment without complaint, 12.5% refused the treatment without complaint. 67.5% of patients mentioned that treatment complied with rules of infectious safety. 80% of participants are concerned about the risk to be infected during the dental treatment. Moreover, 30.4% have ever avoided dental care due to

the risk of getting infected. 62.5% of participants responded that they would not receive treatment in dental clinic where HIV and HBV/HCV patients are being treated. 51.8% of respondents considered that they are protected by the medical staff against infection transmission. 71.4% of patients are satisfied with the quality of dental services (Fig.5).

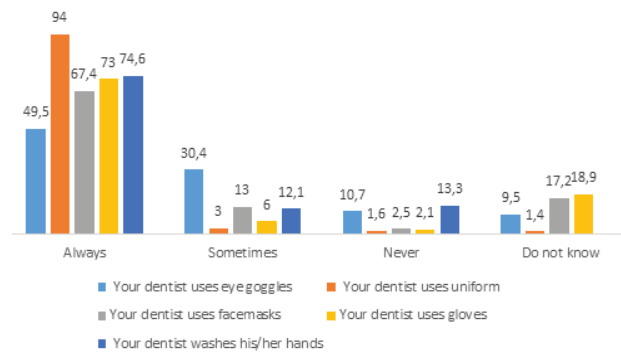


Fig.4. Patients' observation regarding usage of cross-infection barriers by dentist

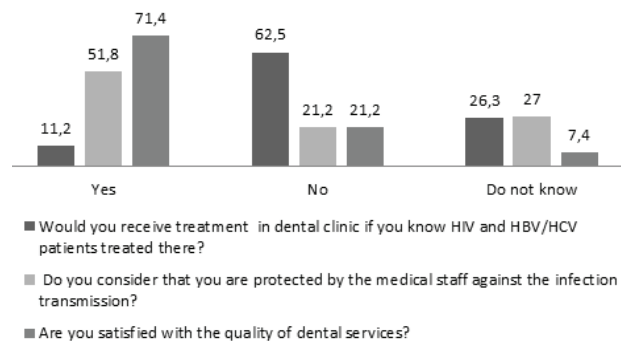


Fig.5. Patients' willingness to receive treatment in the clinic in which infected patients are being treated; Patients' perception regarding protection from cross-infection during treatment; Patients' satisfaction with dental services

To the best of our knowledge, this is the first study done in Georgia for assessing the KAP of dental patients regarding cross-infection and infection control in dental clinics. Following infection control guidelines and use of proper precautions are vital for preventing transmission of bloodborne infections and other dentally acquired cross-infections [2]. In this study about one-third of the participants demonstrated poor knowledge about bloodborne diseases that may be transmitted in dental clinic and nearly half of them showed poor knowledge about transmission of TB and infectious respiratory diseases. Level of knowledge was affected by several socio-demographic characteristics. Nearly one-third of respondents had inadequate understanding of possible routes of infection transmission. Most of participants had positive attitudes towards using of barrier methods by dentist except goggles (59.6%) to prevent spread of infection during dental practice, indicating a high degree of awareness of such matters, while nearly one-third of respondents demonstrated poor knowledge about protective function of cross-infection barriers. Our findings demonstrate the patients' concern and interest towards infection control in the dental office. Majority of patients are concerned by the risk to get infected during the dental treatment. Moreover, about one-third of them has ever avoided dental care due to the risk of getting infected. Regarding self-reported practices, about 62.5% of respondents would

not attend a clinic were HIV/AIDS and HBV/HCV patients are being treated. On the other hand, it was reported that nearly half of patients expressed their confidence in the professionalism and responsibility of the medical team regarding infection transmission protection. Infection control practices are crucial and important elements in clinical dentistry as there is an enormous increase in the prevalence of infectious diseases among dental patients, especially nowadays, as we live in an era of eco-epidemiology with global emergence and re-emergence of many communicable diseases. Results of the study highlight importance of the evaluation of patients' perception towards infectious control in dentistry as a method to motivate medical staff to promote safety and increase the quality of dental treatment. In addition, our data emphasize importance of patient education and their involvement in their own safety.

Infection prevention in dentistry is an important topic that has gained more interest in recent years and guidelines for the prevention of cross-transmission are common practice in many countries. However, little is known about the real risks of cross-transmission, specifically in the dental healthcare setting. A number of cases are probably not acknowledged by patients and healthcare workers in dentistry clinics of Georgia. For the above reasons, the real risks of cross-transmission are likely to be higher.

This paper evaluated dental patients needed to be equipped with better knowledge about cross-infection control through more extensive educational programs, increasing public awareness on this issue and the information to determine the risk of cross-transmission of viruses and bacteria that are of particular relevance in the dental practice environment.

Data of this study will assist in providing baseline information while planning effective and efficient public awareness measures on infection control measures in dentistry in Georgia.

There is therefore a need for prospective longitudinal research in this area, to determine the real risks of cross-infection in dentistry. This will assist the adoption of effective hygiene procedures in dental practice.

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SUMMARY

KNOWLEDGE, ATTITUDES AND PERCEPTION AMONG PATIENTS TOWARDS CROSS-INFECTION CONTROL MEASURES IN DENTAL CLINICS IN GEORGIA BEFORE THE COVID-19 PANDEMIC

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Problem of cross-infection and infection in dental practice has become a matter of public concern. Changing public expectations for cross-infection control could improve safety precautions of dental care. Goal of the study was to determine the level of Knowledge, Attitude and Perception (KAP) of Georgian patients attending dental clinics regarding cross-infections and infection control measures in dentistry. A cross-sectional study was conducted among 570 participants from all 10 regions of Georgia and Tbilisi (the capital city) during 2019. A standardized, confidential, self-administered, close-ended questionnaire was used to assess respondents' knowledge, attitudes, self-reported practices, perception and behaviors toward cross-infection control measures in dental clinics. 71.4% (n 407) of participants were females and 28.6% (n 163) were males. 72.6%, 63.2%, and 62.5% of respondents agreed that they can catch during dental treatment HCV, HBV and AIDS/HIV respectively, while 50.5% and 55.8% mentioned about TB and respiratory infectious (RI) diseases respectively. 80% of participants are concerned about the risk to be infected during the dental treatment. 62.5% of participants responded that they would not receive treatment in dental clinic where HIV and HBV/HCV patients are being treated. Overall, the study suggests that participants' knowledge, attitude and perception regarding cross-infection control in dentistry need some improvements. This study will assist in planning more effective interventions to enhance public awareness about infection control in dentistry in Georgia.

Keywords: cross-infection control, Knowledge, Attitude, Perception - KAP, dental patients, perception, behaviors, dental care, IC- Infection Control, Respiratory Infectious (RI).

РЕЗЮМЕ

ЗНАНИЯ, ОТНОШЕНИЕ И ВОСПРИЯТИЕ СТОМАТОЛОГИЧЕСКИХ ПАЦИЕНТОВ К МЕРАМ ПЕРЕКРЕСТНОГО ИНФЕКЦИОННОГО КОНТРОЛЯ В СТОМАТОЛОГИЧЕСКИХ КЛИНИКАХ В ГРУЗИИ ДО ПАНДЕМИИ COVID-19

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Проблема перекрестной инфекции в стоматологической практике стала предметом общественного беспокойства. Изменение общественных ожиданий относительно перекрестного инфекционного контроля могут улучшить меры предосторожности стоматологических услуг. Целью исследования было определение уровня знаний, отношения и практики (КАР) грузинских пациентов, посещающих стоматологические клиники, в отношении перекрестных инфекций и мер инфекционного контроля в стоматологии. В течение 2019 года было проведено перекрестное исследование среди 570 участников из всех 10 регионов Грузии и Тбилиси. Стандартизированная, конфиденциальная, закрытая анкета для самостоятельного применения использовалась для оценки знаний-отношения-практики (КАР) респондентов в отношении контроля перекрестной инфекций в стоматологических клиниках. Анализ данных включал таблицы распределения частот. 71,4% (n 407) участников были женщины, 28,6% (n163) были мужчины. 72,6%, 63,2% и 62,5% 20% респондентов согласились с тем, что во время лечения они могут заразиться гепатитом С, гепатитом В и ВИЧ /СПИД соответственно, в то время как 50,5% и 55,8% упомянули о туберкулезе и инфекционных заболеваниях дыхательных путей соответственно. 80% участников обеспокоены риском заражения во время лечения зубов. 62,5% участников ответили, что не посетят стоматологические клиники, где лечатся пациенты с ВИЧ и гепатитом. В целом, исследование показывает, что знания, отношение и практика участников в отношении перекрестного инфекционного контроля в стоматологии нуждаются в некоторых улучшениях. Это исследование послужит планированию более эффективных мер для повышения осведомленности общества об инфекционном контроле в стоматологии в Грузии.

რეზიუმე

პაციენტების ცოდნა, დამოკიდებულება და აღქმა სტომატოლოგიური კლინიკების ჯვარედინი ინფექციის კონტროლის ღონისძიებების მიმართ Covid-19 პანდემიამდე საქართველოში

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სტომატოლოგიური მომსახურების დროს განვითარებული ჯვარედინი ინფექციები საზოგადოებრივი ჯანმრთელობის პრობლემად გადაიქცა. კლინიკაში ინფექციების კონტროლის მიმართ პაციენტთა გაზრდილ მოლოდინებს შეუძლია სტომატოლოგიური სერვისების უსაფრთხოების გაუმჯობესება. კვლევის მიზანს წარმოადგენდა საქართველოს პაციენტთა ცოდნა-დამოკიდებულება-პრაქტიკის შესწავლა-შეფასება სტომატოლოგიურ კლინიკებში ინფექციური კონტროლის ზომების მიმართ. ჯვარედინ-სექციურ კვლევაში მონაწილეობა მიიღო საქართველოს ათივე რეგიონისა და თბილისის 570-მა რესპოდენტმა 2019 წლის განმავლობაში. სტომატოლოგიური კლინიკების ჯვარედინ-ინფექციური კონტროლის ზომების შესახებ მონაწილეთა ცოდნა-დამოკიდებულება-აღქმის (KAP) შესაფასებლად გამოყენებულ იქნა თვითადმინისტრირებადი კითხვარი, მონაწილეობა იყო ნებაყოფლობითი და ანონიმური. მონაცემთა ანალიზი მოიცავდა სისშირის განაწილების ცხრილებს. კვლევაში მონაწილეობა მიიღო 71,4% (n=407) ქალმა და 28,6% (n=163) მამაკაცმა. გამოკითხულთა 72,6%, 63,2% და 62,5% ეთანხმება, რომ სტომატოლოგიური მკურნალობისას შესაძლოა HCV, HBV და აივ/შიდსის გადადება შესაძლებელია და ინფექციური რესპირატორული დაავადებების გადადების შესაძლებლობას. მონაწილეთა 80%-ს აღეგებს სტომატოლოგიური მკურნალობის დროს ინფიცირების რისკი. რესპოდენტთა 62,5%-მა უპასუხა, რომ ისინი არ იმკურნალებდნენ იმ სტომატოლოგიურ კლინიკაში, სადაც შიდსითა და ჰეპატიტით ინფიცირებულ პაციენტებსაც მკურნალობენ. საერთო ჯამში, კვლევა აჩვენებს, რომ მონაწილეთა ცოდნას, დამოკიდებულებას და პრაქტიკას სტომატოლოგიური კლინიკების ინფექციების კონტროლის მხრივ გარკვეული გაუმჯობესება სჭირდება. ეს კვლევა ხელს შეუწყობს საქართველოში სტომატოლოგიის დარგში ინფექციის კონტროლის შესახებ საზოგადოების ცნობიერების ამაღლებას.