Perception and Track concerning Swine Flu among Staff

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Abstract:- Swine flu likewise alluded as novel A/H1N1 authoritatively, is an intense respiratory infection created by Influenza sort an infection. In India, the most noteworthy number of cases was accounted for in 2009 to 2012. Amid the scourge circulation of influenza, social insurance specialists are in charge of conveying great quality administration and treatment. Their insight and right conduct can assume a vital part in anticipation of illness spreading among people. Henceforth a study was embraced to know the Information and Routine of Nursing staff and Assistants.

Keywords: Swine flu, Novel A/H1N1, Awareness, Health care providers.

1. INTRODUCTION

Swine flu likewise alluded as novel A/H1N1 authoritatively, is an intense respiratory sickness brought about by Influenza sort an infection. [1] Swine influenza was initially proposed to be an ailment identified with human influenza amid the 1918 flu pandemic, which was known as Spanish flu, which tainted around 500 million individuals and brought about roughly 50 million passing’s. On eleventh June 2009, the World Wellbeing Association (WHO) raised its pandemic ready level to Stage 6 which implies that, the A/H1N1 flu had spread in more than two landmasses. By the year 2010 June, it has brought about more than 18, 172 passings in almost 214 nations and abroad regions and groups. [2] Be that as it may, the quantity of individuals influenced with this ailment is reliably expanding following the time when 2011. Worldwide there have been more than 375, 000 research center affirmed instances of pandemic influenza H1N1 in 2009 and a large number of passing’s answered to WHO. [3] Most sicknesses, particularly the serious ones and passing’s have happened among sound youthful grown-ups. [4] The signs and indications of Occasional influenza is portrayed by a sudden onset of high fever, hack (generally dry), cerebral pain, muscle and joint agony, serious disquietude (feeling unwell), sore throat and runny nose. Hack can be serious and can last 2 or more weeks. It is more deadly particularly in high hazard persons specifically in - Kids more youthful than age 2 years, elderly matured 65 years or more established, pregnant ladies, and individuals of any age with certain medicinal conditions, for example, perpetual heart, lung, kidney, liver, blood or metabolic infections, (for example, diabetes), or debilitated invulnerable frameworks. [5] In India, the most astounding number of cases was accounted for in...
The most elevated number of passings because of swine flu occurred in 2011 (1,763), trailed by 2009 (981) and 2012 (405). [6] The quantity of passings because of swine flu in India was 261 in the initial 3 months of 2013, with most passings reported from Rajasthan and Gujarat. There were 2,329 individuals who were tried positive for the Influenza a (H1N1) infection, in 35 states and union domains. [7] In Punjab, a northern condition of India, aggregate number of affirmed cases was 182 and 42 passings. [8] The best we natives can do is to keep ourselves educated about the happenings and the strides we can take to keep the spread of swine flu. [9] In spite of the fact that the swine flu is currently in its Post-endemic stage there is dependably a danger of resurgence of illness in vulnerable populace. Amid the pandemic dispersion of influenza, social insurance specialists are in charge of conveying great quality administration and treatment. Their insight and right conduct can assume a critical part in counteractive action of illness spreading among people.

2. MATERIALS AND METHODS

A cross-sectional study was conducted in the month from Jan to April, 2010 among the interns and nurses working at Sassoon General Hospital attached with B.J. Govt. Medical College, Pune. Permission from the Dean, B.J.G.M. C. and Medical Superintendent at Sassoon General Hospital was taken prior to the study. The study also got approved by the Institutional Ethical Committee. Intern sand staff nurses who have been working for at least past 6 months in this hospital and those who gave consent to be a part of the study, were included in the study. Interns and nurses those who did not gave consent and those who did not respond even after two visits were excluded from the study. According to guidelines for conducting Knowledge, Attitude and Practice study, minimum sample size required for KAP study is 200. [10] To meet this sample, a total of 506(206interns+300Nurses) health care providers were contacted. Out of that 196 interns and 234 nurses participated and completed the study. A pretested, semi structured questionnaire was used for obtaining knowledge and practices of the respondents regarding swine flu. The questionnaire was administered by interviewer. A written consent from each subject was taken and the respondent was counseled to provide correct information. The information collected was kept strictly confidential and anonymity was maintained. The information thus collected was computerized and analyzed by using Statistical Package for Social Science (SPSS 16.0) software program for Windows. Data was presented as proportions and Chi-square test was used as to find out the association.

3. DISCUSSION

Nursing Health staff and interns are the key persons in delivering health services in any tertiary care centre in case of epidemic and are important key persons in control of epidemic as they come first in contact of the patient. [11] To deliver the health services in a better and effective way, they should have a sound knowledge and practice regarding the disease. There are very few studies are available on this topic among medicos and Paramedical workers from India. The interns as being medicos were having better knowledge regarding wine flu symptoms, causative agent, Mode of transmission infection, Incubation period as compared to nurses and it was found to be statistically significant. They were also having better knowledge regarding Primordial, primary and secondary prevention of swine flu such as correct distance maintained from flu patients, use of N-95 mask, Chemoprophylaxis and treatment
aspects as compared to nurses. The findings were similar to the study conducted by Rajoura et al. [12] Another study done by Datta SS at Pondicherry among paramedical workers in an tertiary care hospital found that 91% of the participants had correct knowledge of causative agent which is comparable to our study. [13] A study by Sharma S et al. showed that the symptoms of swine flu were known to only half of the interns. [1] Which is very less when compared with our interns. This difference in knowledge may be because of large number of cases and more alertness at Pune. Regarding Practice aspect is concerned with respect to swine flu, only 12.76% of interns and 14.53% of nurses used mask all the time in their duties. Most of the interns and nurses practiced correct use of mask, but nurses used it in better way as compared to interns and it was found to be statistically significant. It was also found that the correct use and disposal of masks (either in yellow bag or in hypochlorite solution) was practiced more by nurses as compared to interns. All these factors were found to be statistically significant. The findings were similar to the study conducted by Rajoura et al. [12] Very few health care providers were immunized and had taken chemoprophylaxis and they were more among nurses as compared to interns and it was found to be statistically significant.

4. CONCLUSION

There is critical hole in the middle of information and work on in regards to swine flu infection among medicinal services specialists which ought to be topped off by legitimate preparing and Behavioral change and correspondence rehearses among social insurance suppliers. There is a prompt requirement for spreading right mindfulness about the immunization and its part in anticipating H1N1 contamination as medicinal services specialists are at high danger of contracting disease.

REFERENCES


