

Conclusions

The outbreak situation in 2017 warranted extensive and regular removal of possible mosquito breeding sites from the environment, along with strengthened patient education on management of fever which resulted in a relatively low mortality. It is very important to seek medical attention in the event of fever and to do relevant laboratory investigations at least by day three of the illness and the citizens have been informed regarding this fact. According to the reveals of laboratory investigations there have been a prototype findings such as FBC — low platelets and high packed cell volume if haemoconcentrated. Usually white cell count will fall. Infection may be confirmed by isolation of virus in serum and detection of IgM and IgG antibodies for Dengue by ELISA, monoclonal antibody or haemagglutination. Molecular diagnostic methods such as reverse-transcriptase-PCR are increasingly being used. Chest X-ray may show pleural effusion.

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HIV STIGMATIZATION AMONG MEDICAL STUDENTS: RELATIONSHIP WITH THEIR KNOWLEDGE OF HIV

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Introduction

HIV and AIDS remain one of the many problems of the global public health. Today it has claimed more than 32 million human lives. In 2018 770,000 people died from HIV-related causes worldwide. 37.9 million people lives with HIV infection in the world. 82 % of pregnant and breast feeding women are living with HIV [1]. As a result of concerted international efforts to respond to HIV, coverage of services has been steadily increasing. In 2018, 62 % of adults and 54 % of children living with HIV in low- and middle-income countries were receiving lifelong antiretroviral therapy (ART). At the end of 2018, an estimated 79 % of people living with HIV knew their status. An estimated 23.3 million (or 62 % of all) people living with HIV were receiving ART and 53 % had achieved viral suppression with no risk of infecting others. Between 2000 and 2018, new HIV infections fell by 37% and HIV-related deaths fell by 45 %, with 13.6 million lives saved due to ART. This achievement was the result of great efforts by national HIV programmes supported by civil society and international development partners. In 2018, for the first time, individuals from key population groups and their sexual partners accounted for over half of all new HIV infections globally (an estimated 54 %) in 2018. For eastern European, central Asian, Middle Eastern and north African regions, these groups accounted for around 95 % of new HIV infections [1].

Medical workers can cause some stigmatization of the HIV infected patients. That's why medical students as future doctors should avoid causing stigma of these patients [2].

The aim

To determine if knowledge and awareness of HIV affects the attitude of medical students to people living with the disease.

Material and research method

The study involved 50 students of Gomel State Medical University, from 1st to 6th year of study, 30 (60 %) were females and 20 (40 %) were male. 54 % were from India, 22 % — from Sri Lanka, 14 % were Nigerians. The rest were from Lebanon, Brazil, Pakistan. The average age was 21.8 years. The study was conducted using an anonymous sociological survey, also an adapted questionnaire [3] consisting of a total sum of 45 questions was distributed divided into 3 tables which included *knowledge, comfortability and attitude*. Table 1 includes 25 questions showing a right or false answer (1 point for any correct answer & 0 points for any wrong one). Table 2 includes 10 questions assessing the attitude of the students (3 points for total agreement, 4 points for agreement, 3 points «not sure», 2 point «not in agreement», 1 point for being in total disagreement. Table 3 includes 10 questions (3 points for total comfortability, 2 point for not being sure, 1 point for discomfortability). Statistical analysis was performed with the use of chi-squared test and Spearman's rank correlation.

Research results and discussion

In the category of *Knowledge* had markings of between 1–25. Highest score rating 20–25, was scored by 5 students which represents 10 %. Average 15–20 was scored by 14 students, which represents 28 %, the low knowledge was 1–14, was scored by 31 students which represents 62 %. So, only 38 % of all students had a good knowledge. 10 % of all the students with the highest score where from 4–6 year, 38 % of the students with the lowest score was from 1–3 year.

In the category of *Attitude*, the markings were in the range of 1–50: poor (1–10), bad (11–20), average (21–30), acceptable (31–40), excellent (41–50). Based on the questionnaires collected from 50 students, 98% of them had a good attitude, which is from 31 to 50. Regardless of the course of their studies, 24 had excellent scores. Of these, 62.5 % were from 4–5y, while 37.5 % where from 1–3y. A chi-squared test was done to compare the attitude of the students in 1–3 year of education to that of the 4–6 year of education. Potentially higher knowledge (4–6 year students) had no significant impact on their attitude (Chi-squared = 1.11; $p = 0.293$).

To investigate possible correlation between knowledge of medicals students and their attitude towards patient with HIV the Spearman's rank correlation was done. There was a positive correlation of moderate strength ($R_s = 0.40$, $p = 0.004$).

Conclusion

Only 38 % of students from medical university had good and excellent knowledge about HIV. But their attitude to people living with HIV/AIDS was high: 98 % having good or excellent attitude. The attitude in older students was also better than in those younger, but not significant, $p = 0.293$. We found the positive correlation of moderate strength between knowledge and attitude which was $R_s = 0.4$, $p = 0.004$.

Our data shows that medical education increases the knowledge about HIV and AIDS in medical students and also shows that regardless of the knowledge of medicine attitude would always be good.

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