

mechanical ventilation, length of the ICU stay and results (survival or death) were analyzed. The CPIS was calculated after 48 hours for the diagnosis of VAP. The patients with CPIS >5 intubated were assessed VAP+ and the others with CPIS ≤5 were evaluated VAP-. Statistics: t-Student, Fisher exact test.

**Results.** VAP (77.77%), deceased (87.77%), VAP identified using CPIS (score >5. 67.77%), reintubated patients (6.66%), the duration of mechanical ventilation and proportion of death were essentially higher in the patients with VAP+. CPIS levels were also higher in the patients with VAP+. The parameters, which included the CPIS, body temperature, leukocyte number, tracheal secretions, and the presence of infiltrates on the chest radiograph, were significantly higher in VAP+ patients.

**Conclusions.** The results of our research demonstrate that (1) utilizing the CPIS for early diagnosis and treatment of VAP and considering that the patients with CPIS >5 were VAP+ are managing elements to determine the issues related with VAP in ICU patients and at the meantime can confine superfluous antibiotic use. (2) VAP+ patients have longer stay-period, longer duration of mechanical ventilation, and increased risk for mortality, that recommend that the risk factors (reintubation, use of stress ulcer prophylactics and transportation) causing VAP ought to be known by medical staff, and that patient care should be handled accordingly.

**Key words:** VAP, CPIS, ICU, mechanical ventilation

## **PUBLIC HEALTH**

### **201. EVALUATING THE RISK OF MEDICAL CARE ASSOCIATED INFECTION THROUGH RAPID SELF-CONTROL TESTS**

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**Introduction.** Infection prevention and control in medical care facilities are designed to prevent the spread of infection and ensure a safe environment for patients and health workers.

**Aim of the study.** To determine the risk of infection for the patients or medical staff according to the grade of contamination of the surfaces frequently touched by them.

**Materials and methods.** We relied on running rapid auto-control tests on surfaces that are frequently touched by patients and staff, and calculating the risk of infection based on the degree of contamination of these surfaces.

**Results.** We performed 48 tests: 22.91% on surgical departments and 77.08% on medical units. Of the total number of tests performed the 27.08% had values above the admitted limit. The majority of the abnormal tests were detected in surgical departments.

**Conclusions.** Rapid auto-control tests are quick option to indicate the grade of contamination of the surfaces frequently touched by medical staff and patients. Test results can be used for correction of the procedures of the surface cleansing and disinfection.

**Key words:** infection prevention, medical staff, rapid tests, surface contamination

### **202. THE EVALUATION OF SPORT INJURIES AND MEDICAL RECOVERY METHODS BASED ON THE SPORT AND ITS LEVEL OF PRACTICE**

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**Introduction.** Sports injuries may occur when engaging physical activity due to over-training, lack of conditioning, improper form, technique or equipment.

**Aim of the study.** To explore if practicing a sport changes predisposition of encountering one or another type of trauma. Seek for a link between the number of training hours/week or the amount of training years and the presence/absence of injuries. Finding which medical specialty has higher effect on sustaining the physical effort recovery.

**Material and methods.** Cross-sectional study including a convenience sample of 62 voluntary students from the Physical Education and Sport Specialty of the University of Medicine and Pharmacy from Tîrgu Mureş and a number of 79 diagnostics. A questionnaire was administrated and statistical analysis was performed using Microsoft Excel and MedCalc 18.2.1 using a 0.05 level of significance.

**Results.** There was no statistically significant association found between the environment of origin or practicing sports (football, basketball, handball, volleyball, tennis, table tennis, bodybuilding, parkour and free running) and any type of injury,  $p > 0.05$ , as well as there was no statistically significant difference between age and the presence or absence of any kind of trauma,  $p > 0.05$ . No significant statistic association was found, between practicing any type of sport (contact vs. non-contact, individual vs. team game, amateur vs professional) and the presence of sport injuries,  $p > 0.05$ . Another result in regards to the training hours/week or the amount of training years, we couldn't find any statistically significant difference between them and the presence/absence of sport injuries,  $p > 0.05$ . Furthermore, although there wasn't any statistically significant association between physiotherapy and effort recovery,  $p > 0.05$ , we found a statistically significant association between orthopedic treatment and the recovery of exercise capacity,  $p < 0.0001$ . Another important result would be that there is a statistically significant association between being treated in the public system and the effort recovery,  $p < 0.0001$ .

**Conclusions.** Our athletes' sport injuries are not determined by either any sport in particular, from the ones we mentioned above, neither by the training hours/week or the amount of years of training. A very important factor in maintaining a good performance state is having a short recovery time. That would be possible if athletes would first consult an orthopedic doctor in order to have a good recovery plan.

**Key words:** sports injury, physical effort, recovery, athletes

### 203. EVALUATION OF NUTRITION HARMLESSNESS IN RÎŞCANI DISTRICT

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**Introduction.** The people's health mainly depends on living conditions, including the quality and safety of food. Thus, producers and food service providers, directly or indirectly involved in the food chain, must provide safe products according with consumers expectations, European regulations and National legislation. In order to maintain the quality and safety of food chain, there are necessary regulations for determination of food quality and monitoring procedures to ensure that the whole process is carried out in good condition.

**Aim of the study.** To evaluate the sanitary-hygienic indicators harmlessness of food products in Rîşcani district during 2011-2015.

**Materials and methods.** We conducted a retrospective study of laboratory tests of food samples at the Public Health Center in Rîşcani district during the last 5 years, 2011-2015, using laboratory and instrumental methods approved by the Public Health Center laboratories. Food samples were taken in Rîşcani district. In order to assess their safety, the data analyzed were: the sanitary-microbiological indicators, the pesticide content, and the sanitary-hygienic indicators. Food