

samples, also, were researched according to the following sanitary - microbiological indicators: the number of aerobic mesophilic germs and optionally anaerobic bacteria(NGMAFA), B.coliforme, E. coli, B. cereus, S. aureus, pathogenic Enterobacteria, P. aeruginosa, B. acidolactic, Enterococi, and others.

Results. We have examined 4174 samples tested for 15023 indicators. In 2015, out of 2,188 indicators, only 20 were inappropriate (0,91%), the most harmless year. In 2011 was established the highest proportion of inadequate samples, 1.31% (45 out of 3430 indicators). The most frequent bacteria determined in food samples were NGMAFA, established in 54 samples out of 146 (36.98%). The highest number of NGMAFA bacteria were determined in 2012, and the most favorable year was 2011. More frequent deviations in NGMAFA indicators were established in the following food products: milk and dairy products, meat and meat products, poultry and poultry products, eggs and others. The second most frequent bacteria determined was B. Coliform with 52 samples infected out of 146(35.61%), and the third place was S. Aureus with 36 samples infected out of 146(24.65%).

Conclusions. During 2011-2015 there was a decrease in food samples deviations according with sanitary-hygienic indicators in Rîșcani district.

Key words: nutrition, safety, food samples, sanitary- microbiological indicators

204. THE EXPERTISE OF DISABILITY AND OCCUPATIONAL MORBIDITY IN WORKING-AGE PEOPLE

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Introduction. The occupational morbidity and disability are acute problems of society, being a major reason of work capacity reduction. According to WHO, more than 1 billion people in the world suffer from disability. More than 184 thousand people with disabilities are registered in Republic of Moldova. People with disabilities are 2-3 times less employed than others. They face with discrimination and social integration problems. This situation can be fixed through mutual exertion of society and state institutions.

Aim of the study. Study of occupational morbidity and disability expertise on working-age people.

Materials and methods. The bibliographic, mathematical, statistical, sociological and analytical methods have been applied. A cross-sectional, qualitative descriptive study has been done and there was organized an anonymous questionnaire of doctors from Councils of Disability and Work Capacity Determination on expertise methodology of work capacity loss in economically active population. The investigation data was processed with IBM SPSS Statistic 20 and Word-Excel programs. Parametric and non-parametric validity tests (p, t, DS, x²) were applied.

Results. In the qualitative descriptive study, 30 expert doctors were interviewed, which is the total number of doctors from 9 councils in Chisinau. 14.43 ± 0.99 people (DS = 5.45) are examined per day. 24 (80.0%) interviewed doctors responded that they had never attended courses on occupational health. During the last year, 9 (30.0%) doctors suspected cases of occupational diseases in examined persons. The average number of suspected occupational diseases in the past year is 7.0 ± 1.51 cases (DS - 4.27). Expert doctors appreciated the cooperation with Republican Center for Occupational Diseases as follows: 23.3% (7) - good; 6.3% (2) - satisfactory; 3,3% (1) - unsatisfactory; 66.7% (20) - nonexistent. Counseling of examined people on professional rehabilitation is informally accomplished by expert doctors. Only 22 (73.3%) doctors responded that they counseled people on professional rehabilitation.

Conclusions. In Republic of Moldova, there are high reserves in the notification, diagnosis and investigation of occupational diseases cases at all levels. There is a need to start a ministry

program to improve disability determination services and occupational diseases surveillance, to involve all structures, starting with primary and specialized health care, Councils of Disability and Work Capacity Determination and Republican Center for Occupational Diseases. It is also necessary to revise legislation in the field, to create manuals on work capacity expertise and occupational diseases diagnosis for physicians, expert doctors etc.

Key words: disability, work capacity, occupational diseases

205. THE LEVEL OF COMPLIANCE WITH SANITARY-HYGIENIC NORMS IN PUBLIC TRANSPORT

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Introduction. The large number of people concentrated in the urban area of our country leads to complexity of traffic congestion therefore creating non hygienic micro-environments for each vehicle of public transport in use. As a result some of the main problems become: poor air quality, dirty surfaces, lack of individual space and a great probability of catching an airborne disease (Meningitis, Chicken pox, Tuberculosis (TB), Influenza, Whooping Cough). But, is there any regulation that monitors this problem and what is the attitude of the population towards the existing situation? In the past 6 years (2010 – 2016), the indices of passengers turnover in the public transport increased by 27%. Also, the statistics offered by the National Bureau of Statistics (BNS) show a growth in the total number of transported passengers.

Aim of the study. To evaluate the level of compliance with sanitary-hygienic norms in public transport, to create a detailed picture of the current situation in the Republic of Moldova, and evaluate the connection between poor medical-sanitary services in public vehicles and an increased number of airborne diseases. Also, this research allows us to identify the gaps in existing regulations and come up with proposals and adjustments in a legal context.

Materials and methods. The study is only focused on the public transport provided within the capital of Moldova. In order to find out about the awareness of the direct beneficiaries and their attitude towards the current existing situation, a questionnaire was created. The questionnaire was administered in the form of an online survey to public transport users from Chisinau.

Results. A total number of 135 responses were received. 30 % of all the people use the services of public transport more than 15 times per week. 32 % of the survey participants think the public transport units do not respect the hygienic norms at all, and 56% have avoided using a unit of public transport because of hygienic reasons the main reason being the lack of cleanliness in the transport unit. The study shows that the current state of the hygiene in public transport units in Moldova is bad and the direct beneficiaries are not pleased with the compliance with sanitary – hygienic norms in vehicles.

Conclusions. A primary objective of the Government of the Republic of Moldova should be developing regulations on public transportation infection control that involve technologies of decontamination for drivers, operators and that help maintain safe and clean environments for the transportation industry. The number of public transport units might be increased and the old vehicles should be excluded from use in traffic. The population should also be informed more about good hygiene practices through diverse activities in order to educate a set of values that help in preventing the spreading of airborne diseases.

Key words: public transport, sanitary hygienic norms

206. EFFECTS OF METEOSENSITIVITY ON HEALTH

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