

## PUBLIC HEALTH

### 1. HEALTH PROBLEMS DUE TO LABOR MIGRATION

**Artiom Jucov**

*Academic adviser: Larisa Spinei, Ph.D., Professor, School of Management in Public Health, Chisinau, Republic of Moldova.*

**Introduction** It is well known that the labor migration influences traditions, customs, lifestyle of people, reached to enormous changes in individual behavior and thinking of people touched by the phenomenon of mobility. As this impact is reflected on their health, proven mostly indirectly and understood by society the present day.

**Materials and methods** This study was aimed at highlighting, assessing and finding solutions for people who are involved in the migration process. The authors had the objective of analyzing how the phenomenon of labor migration affects the population morbidity, what are the obstacles and solutions to improve the health status of labor migrants. This descriptive study is based on a methodological approach to complex health problems due to labor migration. The 1207 labor migrants were questioned from different areas of the country including the regions of the North, Center and South.

**Results** The research showed that the labor migration not only affects the health, but also creates preconditions for the appearance new diseases, acute exacerbation of chronic disease. The health of migrants degrades over labor conditions which are offered abroad, reached as the migrants had to pay with their health the remittances which are sent home.

**Conclusions** The health problems occur due to the migrant labor mobility process, but it can be avoided if migrants would take care of their health, not only when they return home, but also when they works outside of the country.

**Keywords:** labor migration, health, diseases, mobility process

### 2. ANTIMICROBIAL RESISTANCE/SENSIBILITY OF MICROORGANISMS MOSTLY INVOLVED IN THE ETIOLOGY OF SEPTIC-PURULENT INFECTIONS

**Berdeu Ion**

*Academic adviser: Prisacari Viorel, professor, correspondent member of the Academy of Sciences of Moldova, department of Epidemiology, State University of Medicine and Pharmacy "Nicolae Testemițanu", Chișinău, Republic of Moldova*

**Introduction:** Antimicrobial resistance is one of the major risks for the global health security. This phenomenon is particularly characteristic of septic-purulent infections.

**Materials and methods:** During 2013 were identified and tested with VITEK 2 Compact system 884 strains of microorganisms with GP-21342 cards for Gram-positive microorganisms and GN-21341 for the gram-negative. Number of tested strains were: *S. aureus*–146, *Enterococcus* spp.– 41, *A. baumannii*–92, *Enterobacter* spp. – 81, *E. coli*–130, *Citrobacter* spp. –15, *Morganella* spp. –7, *Proteus* spp. –76, *P. aeruginosa*–161, *Klebsiella* spp.–108, *Serratia* spp.–10 and other microorganisms–17.

**Results:** Producing of extended spectrum beta lactamase (ESBL) was 72,2% of the strains *K. pneumoniae*, *E. coli* strains of 37,5% and 23,5% *K. oxytoca*. Resistance to methicillin were 27 strains of *S. aureus* (18.5%), and four strains were producing enzymes responsible for inducible resistance to clindamycin. Resistance to vancomycin showed 7,5% of the strains of *Enterococcus* spp., antibiotic which is one of the few options that may be used in the treatment of infections due to enterococci. Against carbapenems, higher resistance showed strains of *P. aeruginosa*–51,18% *Proteus* spp.–18,67%, *Serratia* spp.–25%, *Klebsiella* spp.–10,60%, *Enterobacter* spp.–8,82% and *E. coli*–2,70%. *A. baumannii* strains were resistant to carbapenems only one sample, and *Citrobacter* spp. and *Morganella* spp. were susceptible to carbapenems. Against third generation cephalosporins, the resistance of strains of microorganisms often involved in producing septic-purulent infections were much higher. More resistant to cephalosporins have proved to be micro-



organisms of the genus *Klebsiella* spp.– 68.84%, *Proteus* spp.–56.30%, *Enterobacter* spp. –43.45%, *E. coli* - 33.85%.

**Conclusion:** Studied microorganisms show high resistance to antibiotics, especially to third generation cephalosporins. Dynamic monitoring is necessary in order to preserve one of the latest treatment options of septic-purulent infections.

**Keywords:** microorganisms, septic-purulent infections, resistance, carbapenems, cephalosporins

### 3. MANAGEMENT OF CHANGE IN THE OCCUPATIONAL HEALTH SERVICE

**Bucur Violetta, Ceban Tatiana**

*Academic adviser:* **Ferdohleb Alina**, Ph.D, Associate professor, National Centre of Public Health; **Goma Ludmila**, Ph.D, Associate professor, State Medical and Pharmaceutical University “Nicolae Testemițanu” Chisinau Republic of Moldova

**Introduction:** Occupational Health Service (OHS) is one of the prior charges of EU politics on employment and social affairs. The basic aim of OHS is to protect the health of workers, to promote the establishment of a healthy and safe work environment and a well-functioning work community. To achieve this goal, occupational health services carry out promotion, preventive and curative activities. Management of change are comprehensive objectives for planning, coordination, monitoring and multidisciplinary control.

**Purpose:** Literature review and comparative analysis of EU countries in the field concerned.

**Materials and methods:** Survey anonim developed by the authors. Research of sample was work laboratory for Specialist Day in OHS 2014 year, were processed 2 groups: group I – 35 hygienist physicians and group II - 30 hygienist resident physicians, students in 6-th course.

**Results:** There is a significant difference between these 2 groups: group I consider that OHS in Republic of Moldova is satisfactory, but group II - unsatisfactory. Hygienist physicians esteem insufficient material and technical base of the OHS, while greenness hygienist resident physicians satisfactory. Hygienist physicians with 25-35 years' work experience mentioned weak and unsatisfactory cooperation with occupational physicians. Note, that only 8.5 units of occupational physicians working in the RM. Also, more than  $\frac{2}{3}$  of doctors-hygienists from rural districts as well  $\frac{3}{4}$  of the students had the opinion, that cooperation with primary care physicians is good and high. 60% cases showed weak collaboration with committee medical expertise of vitality of positions deficiency in medical, professional and social rehabilitation. Changes in society, globalization and scientific and technical progress have occurred to the requirements hygienic for workplace and occupational process.

**Conclusions:** Management of change in OHS is an innovative, with hierarchic strategy and consensual approach. By that explain the durability and expected outcomes from management of change in OHS.

**Key words:** Occupational Health Service (OHS), management of change

### 4. ERGONOMIC - OCRA CHECKLIST RISK ASSESSMENT IN THE INDUSTRY CONFECTION

**Ceban Tatiana, Ferdohleb Eugenia, Rata Vadim**

*Academic adviser:* **Ferdohleb Alina**, Ph.D., Associate professor, National Centre of Public Health, State Medical and Pharmaceutical University “Nicolae Testemițanu”, Chisinau, Republic of Moldova

**Introduction:** The OCRA method is the reference method chosen in ISO (ISO 11228-3) and CEN (EN 1005-5) standards regarding risk assessment and management of upper limbs repetitive movements and exertions. The method consists of two specific tools (OCRA index and OCRA checklist). In this paper special attention will be devoted to the procedures for the analysis of multiple repetitive tasks. The Occupational Repetitive Actions (OCRA) - is a synthetic index describing risk factors of repetitive actions at work with one figure. The OCRA index quantifies the relationship between the daily numbers of actually performed by the upper limbs in repetitive tasks, and corresponding number of recommend