Corona Pandemic Conference: The Fallouts and Measures to Manage

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Knowledge of Surgeon about COVID19, Benghazi city: Across Sectional Study

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Abstract:

Background: The Coronavirus (COVID-19) Pandemic represents a once in a century challenge to human healthcare with over 4.5 million cases and over 300,000 deaths thus far. Therefore, knowledge of symptoms COVID19 and ways of protection are quite important to decrease the risk of infection. **Aim:** To assess the knowledge of surgeons about COVID-19. **Method**: A cross-sectional study included 40 surgeons from different branches of the surgical department in Al-Jala hospital and Benghazi Medical center, data were collected by self-administrated questioner about socio-demographic data, a specialty of the surgeon, years of experience, knowledge of symptoms, knowledge of diagnosis, and ways of protection. **Result:** Total number of surgeon 40 with mean age 33.07. The majority of the surgeon were 28-35 years old. Males were 52.50% and female 47.50%. The majority of surgeons work experience 80% between 0-5 years. The main mode of transmission of the virus is via respiratory droplets, 65% participate in training courses, and 70% of surgeons were updated to COVID-19 protocols, 87.5% of surgeons were confidential to deal with COVID-19 patients. **Conclusion**: The majority of the surgeon had good knowledge about COVID-19. **Keywords:** COVID-19 symptoms, diagnosis, protection

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1. Introduction:

Coronaviruses are enveloped non-segmented positive-sense RNA viruses belongs to the family Coronaviridae and the order Nidovirales and broadly distributed in humans and other mammals.[1] Although most human coronavirus infections are mild, the epidemics of the two beta coronaviruses, severe acute respiratory syndrome coronavirus (SARS-CoV)[2–4] and the Middle East Respiratory Syndrome coronavirus (MERS-CoV) [5,6] have caused more than 10 000 cumulative cases in the past two decades with mortality rates of 10% for SARS-CoV and 37% for MERS-CoV.

The coronaviruses already identified might only be the tip of the iceberg, with potentially more novel and severe zoonotic events to be revealed In early December 2019, an outbreak of unexplained pneumonia occurred in Wuhan, Hubei Province.[1-2] Since the outbreak of the new coronavirus pneumonia, with the rapid spread in the country and even the world, the number of infected cases has grown exponentially. The rapid spread of COVID-19 has attracted worldwide attention, and the World Health Organization (WHO)[1, 3] has identified it as a public health emergency of international concern. The incubation period for this disease is generally 1−14 days.[4]

The severity of symptomatic infections is widly ranged ,approximately 80% of patients have mild symptoms, whereas less than 20% experience severe symptoms such as dyspnea and shock; respiratory failure occurs in less than 5% of patients. Elderly patients and/or patients with comorbidities, such as cardiovascular diseases, respiratory diseases,hypertension, diabetes mellitus, and chronic kidney diseases, are at a higher risk for severe illness. They have a higher risk of mortality than younger or otherwise healthier individuals.

Previous reports have confirmed that hospitalized patients had a mean age of 49–55 years. In an earlier ,the report provided by the United States, regarding COVID-19 patients treated between February 12, 2020, and March 2020, about 67% of those hospitalized were older than 45 years which is similar to a prior report from China. Acute respiratory distress syndrome (ARDS) is a significant complication for COVID-19 patients. An estimated 20–41% of patients who develop ARDS following a COVID-19 infection require mechanical ventilation. This characteristic of the disease can significantly increase the existing burden on healthcare facilities, and it requires extra resources and appropriate management. Human challenge studies confirmed that COVID-19 causes upper respiratory disease and immune responses. Healthcare workers on the frontlines are particularly vulnerable to this infection and they are among the highest risk of being infected. The highly contagious SARS-CoV-2 virus is an additional hazard for the healthcare system apart from the

burden of extended work hours, physical and psychological stress, burnout, and fatigue. The Coronavirus (COVID-19) Pandemic represents a once-in-a-century challenge to human healthcare with over 4.5 million cases and over 300,000 deaths So far. Terefore knowledge of symptoms COVID19 and ways protection are quite important to decrease the risk of infection, Personal protective equipment (PPE), proper handwashing, and hand hygiene are critical in decreasing the transmission and risk of infection of COVID-19 in hospitals. Therefore, adequate training, knowledge, and resources are necessary to prevent hospital-acquired infections due to cross-contamination to other patients who receive care in these departments.

Aim: To assess the level of Knowledge of surgeons working in different branches of surgery in Al-Jala hospital and Benghazi Medical Center regarding COVID-19

Methods:

A survey was conducted in two hospitals Al-Jala hospital and Benghazi Medical hospital in Benghazi city, in October 2020. A cross-sectional study included 40 surgeons in different branches randomly selected and participants' knowledge about some issues of Covid-19 tested using a self-administered questionnaire**.** The questionnaire consisting of socio-demographic like age, sex, experience place of work, and source of information about COVID-19, infection control practices related to COVID-19 in the healthcare setting as hand hygiene techniques, use of gloves, mask and other related issues. Data analyzed using SPSS and represented in tables and figures.

4. Results:

The mean age of surgeons is 33.07 majority of surgeon(72.5%) were aged 28-35 years, 67.5 % were general surgeon, 10% orthopedic surgeons, 15% plastic surgeon and 7.5%were neurosurgeon . Male were 52.50% and female 47.50%. The majority of surgeons work experience 80% between 0-5 years. Most of them consider T.V and social media as the sources of information. Majorty of them know the main mode of transmission of the virus via respiratory droplets, and about 65% participate in training courses, and 70% of surgeons were updated to COVID-19 protocols. About 87.5% of surgeons were confidential to deal with COVID-19 patients .

Table 1: Frequency distribution of surgons accoding to years of experience

Years of experience	Frequency	Percentage
0-5	32	80
6-10	6	15
More than 10	2	5
Total	40	100

Table 2: Participation of surgons in any training courses

Participation	Frequency	Percentage
Yes	26	65
No	14	35
Total	40	100

Table 3: Surgons updating of COVID-19 protocols

Updating	Frequency	Percentage
Yes	28	70
No	12	30
Total	40	100

Table 4: Cofedentiality of dealing with COVID-19 patients

Participation	Frequency	Percentage
Yes	35	87.5
No	5	12.5
Total	40	100

Table 5:Knowledge about isolation prosudure according Experience

Experience	Knowledge about isolation prosudure	
	Yes	**No**
0-5years	**28**	**4**
6-10 years	**5**	**1**
More than 10 years	**2**	**0**
Total	**35**	**5**

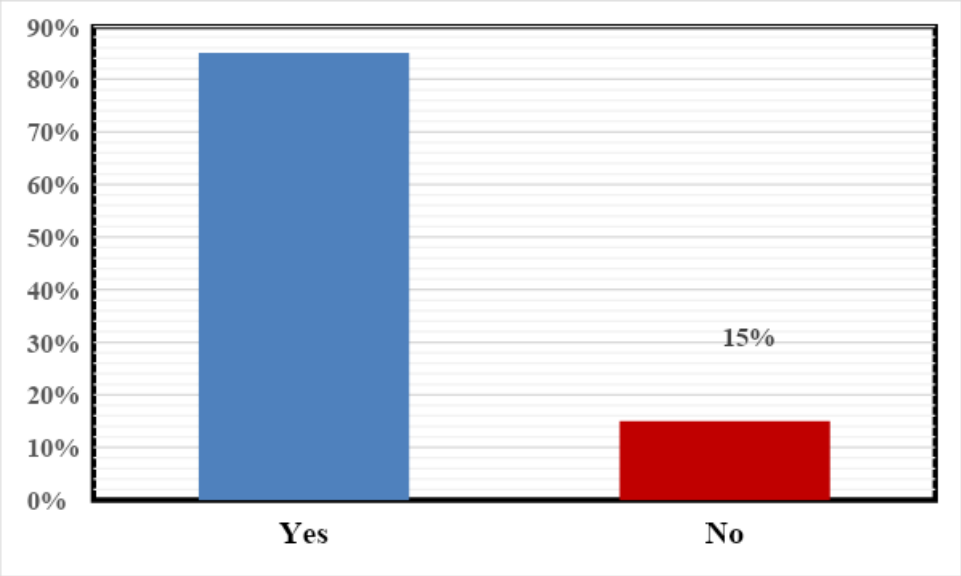

Figure1:Surgeons consider their selves prepared well with COVID patient

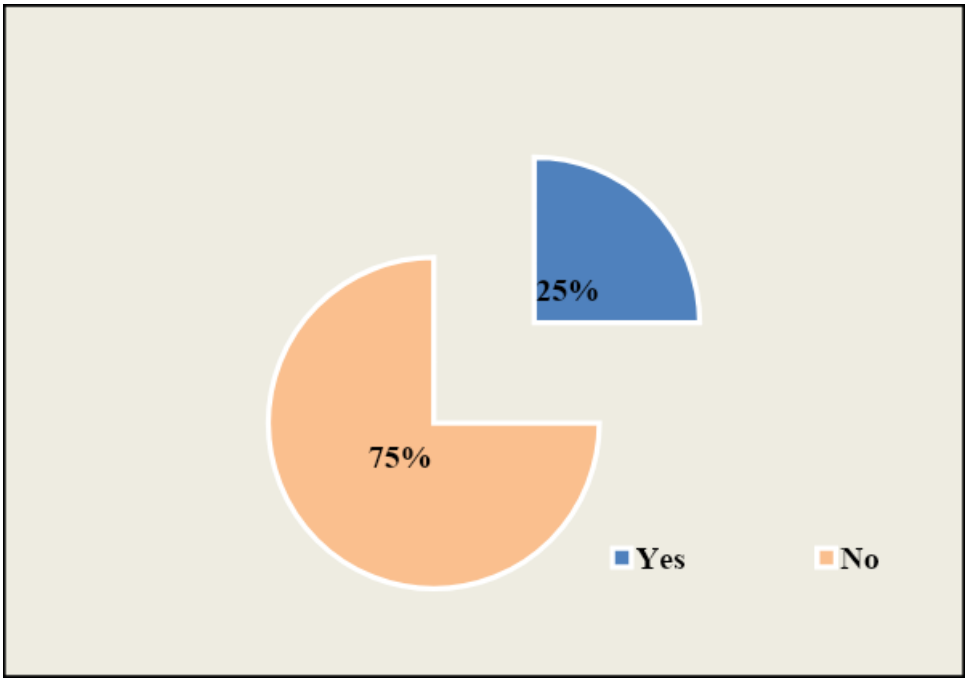

Figure2:Awarness about protocol of triage and isolation of suspected patient .

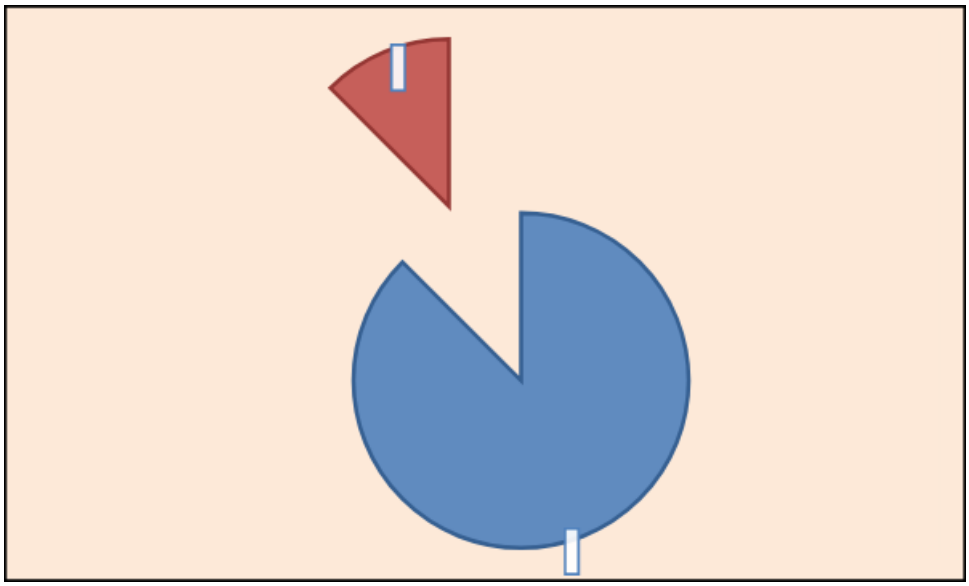

Figure3:Awarness about isolation prosudure in COVID-19 .

CONCLUSION

Surgeons had good knowledge about symptoms of COVID-19 infection, clinical diagnosis, techniques used for diagnosis, protective equipment but still need regular educational, training programs on infection, control practices for COVID-19 across all healthcare professions.

Occupational health and safety are of paramount importance to minimize the risk of transmission to healthcare students and professionals and provide optimal care for patients.

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