

and 248 household contacts) in a selected population in Santiago de Chile. Home interviewers measured: compliance with non-pharmaceutical interventions, household structures, symptoms questionnaire; comorbidities and periodontal condition self-report; and saliva samples and nasopharyngeal swabs for ACE2 and SARS-CoV-2 viral load determination. The secondary attack rate (SAR) of SARS-CoV-2 risk factors was assessed using Poisson random-mixed models. Incidence Rate Ratios (IRR) and p-values are reported.

Results: The baseline SAR in household contacts was 0.478 (within household variations of 0.03) and 0.488 at the end of the follow-up. Of infected households, 13.6% of contacts were asymptomatic at baseline 23.7% and 12.7% at 7-day and 14-day follow-up, respectively. Infected household contacts were younger (35.9 y vs. 41.1 y, $p=0.02$), less hypertensive (9.3% vs. 18.5%, $p=0.03$), and had lower levels of ACE2 (0.04 ng/dl vs. 0.07 ng/dl, $p=0.02$) than those uninfected. Factors associated with household transmission were a greater number of adult inhabitants (IRR 0.77, $p<0.01$) and a greater number of rooms (IRR 0.8, $p=0.003$). Conclusions: In our study, during a COVID-19 when index cases were enrolled, more than 48% of their household contacts were already infected. The composition and structure of the home play an essential role in preventing household SARS-CoV-2 transmission. The ACE2 levels may play an important role in household contacts, but further studies are needed.

Popul. Med. 2023;5(Supplement):A336
DOI: 10.18332/popmed/165129

Hospital hand hygiene after COVID-19: has the pandemic heightened healthcare workers' awareness?

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Hand hygiene (HH) is the most effective, low-cost measure for preventing transmission of healthcare-associated infections (HAI), and a cornerstone to COVID-19 prevention. Aim of this study is to assess Healthcare Workers' (HCW) adherence to WHO optimal practices, in order to promote a culture of safety and quality infection prevention and control (IPC) activities. Fondazione IRCCS Policlinico San Matteo, Pavia (Italy), implemented a monitoring plan in which HCWs' adherence to HH procedures was evaluated using WHO's 5 moments guidelines, technical manual and observation form. Direct field observations by trained personnel took place from March to October 2022. Process index was HH adherence, stratified by profession, opportunity and unit, with each being inspected at least twice. Overall, 953 HCWs were observed within 18 hospital units (334 physicians, 375 nurses, 190 healthcare assistants, 25 students). Out of 4245 opportunities, global adherence was 52% with 606 handwashings and 1605 handrubbing. The indication with the highest adherence was "after body fluid exposure risk" (69%), whereas the lowest were "before touching a patient" (43%) and "after touching the patient's setting" (44%). Adherence was higher in specialistic surgeries and haematology units, while the worst performances were reported in general surgery ward (33%). Physicians' and nurses' adherence was respectively 46% and 60%. Audits occasionally revealed non-conformities in glove use (i.e., unnecessary use, not changed between patients, hand rubbing on gloves). These findings could be directly linked to habits acquired during the pandemic, when HCWs tended to consider COVID-19 patients as a whole block, to shield themselves from infections. HH awareness has changed in the wake of the pandemic and our study reports how specific initiatives are needed to promote correct HH and optimal practices among HCWs. Therefore, the COVID-19 pandemic reinforced the importance of handwashing and IPC, showing the key role of the HCWs' adherence to HH procedures.

Popul. Med. 2023;5(Supplement):A337
DOI: 10.18332/popmed/165136

Mitigating the psychological impact of COVID-19 on care givers at Dodoma Municipality, Tanzania

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Background: COVID-2019 outbreak started at Wuhan city in China, December 2019. On January, 2020 WHO declared it as, public health emergency and upon projection Sub-Saharan Africa was expected to see high number of deaths by 2020, because of poor and limited healthcare systems. In Tanzania by June 2020 there were 509 reported cases and 21 deaths from COVID-19 infection, among all reported cases were in cities. Since COVID-19 pandemic psychological impact was still unclear therefore understanding the psychological burden of the COVID-19 pandemic among caregivers is crucial in guiding policies and interventions to maintain their

psychological well-being. Study Objective is to assess the psychological impact of COVID -19 on care givers of Dodoma Municipality in Tanzania. Methods: A cross-sectional study design were used, random sampling and purposeful sampling for select participants employed. The study established a brief, confidential, self-administered questionnaire containing DASS-21 (Depression, Anxiety, and Stress Scales) designed enquiry, in software data collector (KoBo toolbox), data analyzed by IBM SPSS software version 23.

Results: The current study employed a sample of 246 Dodoma residents' adults caregivers of COVID-19 patients, which found that psychological impact experienced by caregivers were commonly, anxiety, stress and depression was 83.7%, 76.4% 67.5 respectively, and peaking among nurses and family care givers, serving the frontline at hospital and quarantine center of COVID-19 patients. Mitigation of psychological burden, were achieved through taking precautionary measure of COVID-19, clear disease information, psychological support from family member, fellow staff and hospital managements, vaccination and least religious conviction. Conclusions: Generally, psychological burden has increased in COVID-19 caregivers, particularly among frontline health care workers, this may increase the risk of mood, sleep and functional disorders, therefore early psychotherapeutic interventions targeting this vulnerable group may be beneficial.

Popul. Med. 2023;5(Supplement):A338
DOI: 10.18332/popmed/165141

Caring for Long COVID patients in primary health care: a cross-sectional study among general practitioners in Belgium and Malta

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Background and Objective: At least 10% of COVID-19 recovered individuals experience persistent symptoms (Long COVID), with primary health care and general practitioners (GPs) at forefront in their care. In this study, GPs' knowledge, perception and experience on Long COVID, and the definition used across two countries are investigated to provide insight in their care at cross-country level. Methods: A cross-sectional study targeting GPs was conducted in Belgium and Malta during mid-2022. An online survey on Long COVID was disseminated. Country-specific practice and demographic characteristics were collected. Descriptive and logistic regression analyses were performed.

Results: A total of 150 GPs (Belgium=105; Malta=45) responded. Female GPs represented 58.0%, median age was 49 years (IQR: 37-61). In both countries, two in three GPs felt that Long COVID patients were not well followed up by primary care. Most GPs reported insufficient scientific knowledge and information on Long COVID diagnosis and treatment. Accessibility to educational material was limited and an awareness-rising campaign is merited, especially in Malta (OR=6.81, 95%CI [1.49;31.12]). For diagnosing Long COVID, 54.7% reported the requirement of a positive COVID-19 test, especially among Belgian than Maltese GPs (64.3% vs 45.2%, $p=0.036$). To assess Long COVID, GPs mainly implemented diagnostic criteria by themselves (47.3%) together with persistence of symptoms (4 weeks to 5 months). 76.0% GPs reported caring for Long COVID patients, irrespective of practice type and GPs' country, sex or age ($p=0.353$; $p=0.241$; $p=0.194$; $p=0.058$). 48.3% of GPs reported to follow-up these patients by themselves or GP colleagues and 29.8% by multidisciplinary cooperation.

Conclusions: At cross-country level, most GPs provide similar (multidisciplinary) care to Long COVID patients. Although GPs perceive lack of scientific knowledge and training on Long COVID, similar diagnostic criteria were noted. Uniform guidelines, scientific support and training for GPs across Europe is a priority to augment their Long COVID approach.

Popul. Med. 2023;5(Supplement):A339
DOI: 10.18332/popmed/165193

COVID-19 pandemic on public health systems and practice in 3 districts from the perspective of public health leaders: a qualitative study in Uganda

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The COVID-19 pandemic has impacted health systems worldwide. Studies to date have largely focused on the health care system with less attention to the impact on public health systems and practice.

Objective: To describe the early impacts of COVID-19 on public health systems and practice in 3 Ugandan districts from the perspective of public health system leaders and synthesize lessons learned.

Design: A qualitative study using semi structured virtual interviews with