COVID-19 knowledge among Ukrainian refugees in Poland.

Background: The constantly growing refugee population may constitute a public health threat in Poland in the context of COVID-19 pandemic. An anonymous, self-administered questionnaire describing their effectiveness and the contextual factors contributing to their success or failure to inform the development of tailored interventions targeting these populations.

Methods: This cross-sectional study was carried out between March–April 2020 among Ukrainians who arrived in Poland between March 2017 and April 2020. An anonymous, self-administered, 10 questions related to COVID-19 knowledge. Each correct answer was given 1 point.

Results: The response rate was 96.0%, 190 Ukrainians responded (mean age 37.8 years; 42.1% males); 52.1% were living in the cities >50,000 inhabitants; 61.6% reported high SES; 39% higher education; p = 0.03 both). Regarding prevention, 37.0% reported that FFP3 is the most protective type of mask, 43.3% COVID-19 treatments are now available (more with high SES and high SES; p < 0.05, p = 0.01 respectively), 44.4% - that SARS-CoV-2 is an animal-human transmitted disease (more with high SES, p = 0.004), 55.0% considered COVID-19 as highly contagious disease (more living in bigger cities, p = 0.04), 26.3% reported that SARS-CoV-2 infection ensures lifetime immunity (more with high SES, p = 0.003); 31.7% stated that SARS-CoV-2 is a respiratory disease (more with high SES, p = 0.003); 23.6% said that SARS-CoV-2 spreads via air born droplets in closed spaces (more with high SES, p = 0.003); 18.4% mentioned that SARS-CoV-2 is a blood-borne virus (more with high SES, p = 0.003); 16.8% believed that SARS-CoV-2 is a virus that cannot be treated by prescription drugs (more with high SES, p = 0.003); 15.8% collected >50% points. The knowledge of health professionals incorporated into the General Hospital of Zielona Góra, Poland is 15.7 years; 42.1% males). A regression analysis was performed to determine the predictors of COVID-19 knowledge. The regression model was significant (F(11,178) = 19.2, p < 0.0001). The mean knowledge score was 1.6 (SD = 2.2), 15.8% collected >50% points. The knowledge of health professionals incorporated into the General Hospital of Zielona Góra, Poland is 15.7 years; 42.1% males). A regression analysis was performed to determine the predictors of COVID-19 knowledge. The regression model was significant (F(11,178) = 19.2, p < 0.0001). The mean knowledge score was 1.6 (SD = 2.2), 15.8% collected >50% points. The knowledge of health professionals incorporated into the General Hospital of Zielona Góra, Poland is 15.7 years; 42.1% males). A regression analysis was performed to determine the predictors of COVID-19 knowledge. The regression model was significant (F(11,178) = 19.2, p < 0.0001). The mean knowledge score was 1.6 (SD = 2.2), 15.8% collected >50% points. The knowledge of health professionals incorporated into the General Hospital of Zielona Góra, Poland is 15.7 years; 42.1% males). A regression analysis was performed to determine the predictors of COVID-19 knowledge. The regression model was significant (F(11,178) = 19.2, p < 0.0001). The mean knowledge score was 1.6 (SD = 2.2), 15.8% collected >50% points. The knowledge of health professionals incorporated into the General Hospital of Zielona Góra, Poland is 15.7 years; 42.1% males). A regression analysis was performed to determine the predictors of COVID-19 knowledge. The regression model was significant (F(11,178) = 19.2, p < 0.0001). The mean knowledge score was 1.6 (SD = 2.2), 15.8% collected >50% points. The knowledge of health professionals incorporated into the General Hospital of Zielona Góra, Poland is 15.7 years; 42.1% males). A regression analysis was performed to determine the predictors of COVID-19 knowledge. The regression model was significant (F(11,178) = 19.2, p < 0.0001). The mean knowledge score was 1.6 (SD = 2.2), 15.8% collected >50% points. The knowledge of health professionals incorporated into the General Hospital of Zielona Góra, Poland is 15.7 years; 42.1% males). A regression analysis was performed to determine the predictors of COVID-19 knowledge. The regression model was significant (F(11,178) = 19.2, p < 0.0001). The mean knowledge score was 1.6 (SD = 2.2), 15.8% collected >50% points.

Discussion: Improving vaccination in underserved minority populations requires specifically developed, context-sensitive and consent policy changes. The analysis highlighting contextual factors enabling or hindering each intervention category’s success is ongoing.

Conclusion: Several intervention categories can potentially improve vaccine coverage among underserved minority populations. We will describe their effectiveness and the contextual factors enabling or hindering each intervention category’s success is ongoing.

Abstract citation ID: ckac131.397

Measles, rubella, mumps and chicken pox seroprevalence of health workers in a second level hospital

Inmaculada Guerrero Fernández de Alba

I Guerrero Fernández de Alba1, E Soler Ibort2, R Padilla Matas3, J Díaz Campanón4, M Rivera Izquierdo5, J Perez de Rojas6

1Preventive Medicine and Public Health, Hospital Universitario Clínico San Cecilio, Granada, Spain

Contact: inmagfa@gmail.com

Healthcare workers are a professional group subject to a risk of occupational exposure to a variety of infectious agents. From a public health perspective, their immune status has a great impact on the worker’s own health, on the patients and on the general population. Measles, mumps, rubella, and chickenpox are vaccine-preventable diseases caused by viruses. Seroprevalence surveys are a powerful evaluation tool that provide information on the frequency, distribution, and dynamics of communicable diseases. In this study, the prevalence of immunity to measles, mumps, rubella, and varicella viruses was analyzed in healthcare workers in a General Hospital of Granada (Spain). A cross-sectional study examining the seroprevalence was carried out in a population of health professionals incorporated into the General Hospital between January 2021 and February 2022. 260 professionals were studied, classified into groups according to age: 20-29, 30-39. Serum determination of IgG to measles virus was performed using a marketed chemiluminescent immunoassay. The resulting seroconversion rates were: 66.54% measles, 89.75% rubella, 84.62% mumps, and 88.08% chickenpox. The lowest rates were observed for measles, resulting in a minimum among professionals between 20-29 years of age, with a seroconversion rate of 65.4%. In general, women had a higher percentage of antibodies against measles. The highest rates were for the varicella virus, reaching up to 93.18% among health professionals between 30-39 years old. Considerable decrease in titers of antibodies against measles is observed in healthcare workers, especially in the age group 20-29 years, which may be due to the loss of serological protection as time goes by since vaccination with the 2nd dose of Triple Viral,
possibly due to the absence of contact with the wild virus. It will be necessary to assess the need for new vaccination strategies in certain population groups such as healthcare workers based on their risk of exposure.

**Key messages:**
- It will be necessary to assess the need for new vaccination strategies in certain population groups.
- More seroprevalence studies are necessary to update the status of protection against infectious disease.