KNOWLEDGE RELATED TO THE NOVEL CORONAVIRUS (SARS-COV-2) AMONG GEORGIAN POPULATION

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Georgia, an Eastern European country, confirmed its first case of SARS-COV-2 infection on February 26, 2020. Despite the government's proactive measures during the early stages of the epidemic, such as restriction of air travel, the number of new infections of SARS-COV-2 is increasing and by March 31, a total of 110 cases have been reported [4].

Limited understanding about epidemics can lead to panic and disrupt public health efforts to contain transmission as people crowd into grocery stores and use public transportation to prepare for an undefined period of lockdown [5]. Thus, it is very important to understand the perceptions of the population regarding the disease and pandemic, and the perceived level of government preparedness to fight against the spread of infection. This study reports results of a survey designed to understand attitudes and knowledge regarding SARS-COV-2 virus and perceptions of preventive measures among the Georgian population, including health care workers (HCWs).

Material and methods. The online survey was conducted using a Facebook advertisement, which included the title, body text, the banner and the link to the questionnaire. The target was the whole country and the language used was Georgian. The study was approved by the Institutional Review Board of Health Research Union.

We collected information on demographic data (age, gender, marital status, education, employment status), knowledge of symptoms and transmission modes of coronavirus, perceived differences between coronavirus and influenza, availability of antiviral medication and vaccination. We also included questions to capture the Georgian population's perceptions about government preparedness to combat the new coronavirus.

Results and discussion. The survey was open for three days (March 2-4, 2020), during which time 5228 participants completed the survey. Of these, 40.3% (n=2106) were 25-45 years old, 58.2% (n=3042) were female, and 46.7% (n=2440) were married. One in five (20.7%, n=1080) of respondents had a university degree (Masters or Doctoral) and 10.3% (n=536) were working in the health care field (HCWs).

For 25.8% (n=1348) of respondents, a perception exists that COVID-19 and influenza are the same diseases; an additional 10.9% (n=568) did not know if they are different. In response to the question "Are you afraid of getting infected with SARS-COV-2?" almost half of study participants (46.3%) said "no." The majority of survey respondents correctly identified the transmission route and symptoms of the new coronavirus (96.9% and 98.0%, respectively). Respondents had little knowledge regarding antiviral medications and vaccines against COVID-19. Specifically, 41.4% (n=2164) did not correctly respond about the existence of antivirals and only 65.6% (n=3429) were aware that a vaccine does not exist. Nearly half (45.3%) of the respondents reported that COVID-19 mortality rates vary from 2 to 5% (Table 1).

The majority of participants (95.2%) reported that they would visit a medical facility if symptoms presented. Regarding precautions, 58.3% (n=3044) reported using masks in public places. A large proportion of surveyed individuals (75.4%) declared that wearing a mask is partially protective against SARS-COV-2. Regarding preparations, we asked "have you stocked up on food for current situation related to coronavirus epidemic?" Over half of respondents (53.6%, n=2800) reported that they did not think it was necessary. Regarding physical distancing strategies to reduce transmission, 13.2% (n=688) indicated they would attend public events if needed even if they had COVID-19 symptoms. 19.1% (n=996) of study participants think that Georgia is ready for COVID 19 epidemic, while according to 55% (n=2898) the county is not ready, but health care institutions are trying hard to respond to this challenge properly. For 18% (n=954) of study subjects, response to the current epidemic in the country is inadequate. Very few (1.1%, n=56) of study subjects visited countries with a high prevalence of SARS-COV-2 during the last month (February 2020) (Table 2).

Younger respondents differentiated COVID-19 from influenza better than their older counterparts. Among those aged 16-24 years, 67.1% (n=1438) indicated that COVID-19 and influenza are not the same, followed by 62.4% (n=1314) of participants aged 25 to 45 and 57.1% (n=560) of those older than 45 years ($p<0.0001$) (Table 3).

We also found that educational attainment was positively associated with awareness regarding a vaccine and antiviral medications. The majority (82.2%, n=888) of respondents who had achieved a Masters or Doctoral degree correctly reported that a vaccine against SARS-COV-2 does not exist compared to 72.1% (n=1282) of those with a bachelor, 56.7% (n=632) of university students, and 50.0% (n=628) of high school graduates. Similarly, 70.6% (n=762) of postgraduates correctly responded that antiviral medications against SARS-COV-2 do not exist, followed by 62.1% (n=1104) of university graduates, 53.0% (n=590) of university students and 48.4% (n=608) of respondents with a high school education ($p<0.0001$).

Health care workers were less apprehensive about infection. In response to the question "Are you afraid of getting infected with COVID-19?" more than half (55.2%) of HCWs responded "no" compared to their unemployed (46.4%) or non-HCW counterparts (44.3%, $p<0.0001$). There was no detectable difference in knowledge about the virus or therapeutics between HCWs, non-HCWs and the unemployed. In fact, approximately 20% of HCWs as well as other study subjects believe that a SARS-COV-2 vaccine and medications do exist but are simply not available in Georgia (Table 4).

We chose a convenience sample of Facebook participants for our survey because this method is quick, low-cost and reaches many participants [6-8]. During an epidemic, a face-to-face interview is not appropriate. Due to self-quarantine, telephone usage is increased, thus an online survey is most convenient to ensure all potential respondents have access to survey completion. The major limitation of this method is that internet access is differentially apportioned throughout the population. The Georgian Statistics Department estimated internet coverage in 2019 to be 79.3%, with 86% coverage in urban areas and 69.9% in rural areas [9]. We anticipate that Facebook accounts are more prevalent among the younger, educated population, as is reflected in our respondent demographics.

Table 1. Knowledge regarding COVID-19

Characteristic	N	%
Are coronavirus and influenza the same diseases?		
Yes	1348	25.8
No	3312	63.4
Don't know	568	10.9
Are you afraid of getting infected with SARS-COV-2?		
Yes	2288	43.8
No	2418	46.3
Don't know	522	10.0
Is your fear caused by information in the media and social network regarding COVID-19?		
Yes	1050	45.9
No, my fear is not relevant to these sources	1120	49.0
I don't know	118	5.2
SARS-COV-2 transmission route is:		
Droplets	5064	96.9
Sexual intercourse	44	0.8
Blood borne	10	0.2
I don't know	110	2.1
COVID-19 symptoms are:		
Dizziness, loss of appetite, losing weight	14	0.3
Bloody cough, frequent urination, enlarged lymph nodes	10	0.2
Fever, cough, shortness of breath	5126	98.0
I don't know	78	1.5
Does a vaccine against SARS-COV-2 exist?		
Yes, and it is available in Georgia	140	2.7
Yes, but it isn't available in Georgia	858	16.4
No	3429	65.6
I don't know	800	15.3
Do antiviral medications against SARS-COV-2 exist?		
Yes	880	16.8
No	3063	58.6
Don't know	1284	24.6
COVID-19 related mortality is:		
0 – 1.5%	1100	21.0
2 – 5%	2368	45.3
>5%	682	13.0
I don't know	1078	20.6

Table 2. Attitude and perception towards COVID-19

Characteristic	N	%
Would you visit a medical facility in case of COVID-19 symptoms?		
Yes	4975	95.2
Don't know	252	4.8
Do you use a medical mask when attending public events?		
Yes, always	1174	22.5
Yes, rarely	1870	35.8
No	2184	41.8
Is a medical mask protective against SARS-COV-2?		
Yes, always	80	1.5
Yes, partially	3942	75.4
Never	1016	19.4
I don't know	190	3.6
Did you stock up on food because of the coronavirus epidemic?		
Yes	188	3.6
Not yet, but going to do if situation worsens	2240	42.8
I don't think it's necessary	2800	53.6
Have you visited countries with high COVID-19 prevalence during the last month (e.g. Italy, China, Iran etc.)?		
Yes	56	1.1
No	5172	98.9
Would you attend public events in case of symptoms related to the COVID-19?		
Yes	46	0.9
Only if emergency	688	13.2
No, I would stay home	4396	84.1
I don't know	98	1.9
Do you think Georgia is ready for COVID-19 epidemic?		
Yes, and health care institutions are responding to the epidemic adequately	996	19.1
No, but health care institutions are trying hard to respond to the COVID-19 challenge properly	2898	55.4
No, and health care institutions are responding the epidemic inadequately	954	18.2
I don't know	380	7.3
Do you think that you are well-informed regarding COVID-19?		
Yes	3602	68.9
No	1050	20.1
Don't know	576	11.0

Table 3. Knowledge, attitudes and perceptions regarding COVID-19 by age

Characteristic	Total		16-24		25-45		≥46		*p* value
	N	%	N	%	N	%	N	%	
Are coronavirus and influenza the same diseases?									
Yes	1348	25.8	454	21.2	556	26.4	338	34.5	<0.001
No	3312	63.4	1438	67.1	1314	62.4	560	57.1	
Don't know	568	10.9	250	11.7	236	11.2	82	8.4	
Are you afraid of getting infected with SARS-COV-2?									
Yes	2288	43.8	876	40.9	966	45.9	446	45.5	<0.001
No	2418	46.3	1058	49.4	944	44.8	416	42.4	
Don't know	522	10.0	208	9.7	196	9.3	118	12.0	
Is your fear caused by the media and social network regarding COVID-19?									
Yes	1050	45.9	424	48.4	472	48.9	154	34.5	<0.001
No, my fear is relevant	1120	49.0	404	46.1	436	45.1	280	62.8	
I don't know	118	5.2	48	5.5	58	6.0	12	2.7	
SARS-COV-2 transmission route is:									
Droplets	5064	96.6	2052	95.8	2042	97.0	970	99.0	<0.001
Sexual intercourse	44	0.8	30	1.4	12	0.6	2	0.2	
Blood Bourne	10	0.2	6	0.3	2	0.1	2	0.2	
I don't know	110	2.1	54	2.5	50	2.4	6	0.6	
COVID-19 symptoms are:									
Dizziness, loss of appetite, losing weight	14	0.3	14	0.7	0	0.0	0	0.0	<0.001
Bloody cough, frequent urination, lymph nodes	10	0.2	8	0.4	0	0.0	2	0.2	
Fever, cough, shortness of breath	5126	98.0	2082	97.2	2074	98.5	970	99.0	
I don't know	78	1.5	38	1.8	32	1.5	8	0.8	
Does a vaccine against SARS-COV-2 exist?									
Yes, and it is available in Georgia	140	2.7	90	4.2	42	2.0	8	0.8	<0.001
Yes, but isn't available in Georgia	858	16.4	516	24.1	272	12.9	70	7.1	
No	3430	65.6	1134	52.9	1506	71.5	790	80.6	
I don't know	800	15.3	402	18.8	286	13.6	112	11.4	
Do antiviral medications against SARS-COV-2 exist?									
Yes	880	16.8	438	20.4	326	15.5	116	11.8	<0.001
No	3064	58.6	1068	49.9	1312	62.3	684	69.8	
Don't know	1284	24.6	636	29.7	468	22.2	180	18.4	
Would you visit a medical facility for diagnosis if you suspect you have COVID-19?									
Yes	4976	95.2	2030	94.8	2006	95.3	940	95.9	0.374
No	0	0.0	0	0.0	0	0.0	0	0.0	
Don't know	252	4.8	112	5.2	100	4.7	40	4.1	

COVID-19-related mortality is:									
0 – 1.5%	1100	21.0	382	17.8	464	22.0	254	25.9	<0.001
2 – 5%	2368	45.3	888	41.5	988	46.9	492	50.2	
>5%	682	13.0	358	16.7	212	10.1	112	11.4	
I don't know	1078	20.6	514	24.0	442	21.0	122	12.4	
Do you use a medical mask when attending public events?									
Yes, always	1174	22.5	534	24.9	468	22.2	172	17.6	<0.001
Yes, rarely	1870	35.8	800	37.3	728	34.6	342	34.9	
No	2184	41.8	808	37.7	910	43.2	466	47.6	
Is a medical mask protecting against SARS-COV-2?									
Yes, always	80	1.5	28	1.3	32	1.5	20	2.0	0.066
Yes, partially	3942	75.4	1648	76.9	1550	73.6	744	75.9	
Never	1016	19.4	394	18.4	448	21.3	174	17.8	
I don't know	190	3.6	72	3.4	76	3.6	42	4.3	
Did you stock up on food because of coronavirus epidemic?									
Yes	188	3.6	70	3.3	78	3.7	40	4.1	0.216
Not yet, but going to do if situation worsens	2240	42.8	900	42.0	894	42.5	446	45.5	
I don't think it's necessary	2800	53.6	1172	54.7	1134	53.8	494	50.4	
Do you think Georgia is ready for the COVID-19 epidemic?									
Yes, and health care institutions are responding the epidemic adequately	996	19.1	314	14.7	416	19.8	266	27.1	<0.001
No, but health care institutions are trying hard to response COVID-19 challenge properly	2898	55.4	1092	51.0	1220	57.9	586	59.8	
No, and health care institutions are responding the epidemic inadequately	954	18.2	578	27.0	308	14.6	68	6.9	
I don't know	380	7.3	158	7.4	162	7.7	60	6.1	
Would you attend public events if you have symptoms related to COVID-19?									
Yes	46	0.9	24	1.1	16	0.8	6	0.6	<0.001
No, I would stay home	4396	84.1	1710	79.8	1852	87.9	834	85.1	
Only if emergency	688	13.2	358	16.7	210	10.0	120	12.2	
I don't know	98	1.9	50	2.3	28	1.3	20	2.0	
Have you visited countries with a high COVID-19 prevalence during last month (e.g. Italy, China, Iran etc.)?									
Yes	56	1.1	32	1.5	14	0.7	10	1.0	0.31
No	5172	98.9	2110	98.5	2092	99.3	970	99.0	
Do you think that you are well-informed regarding COVID-19 epidemic?									
Yes	3602	68.9	1262	58.9	1550	73.6	790	80.6	<0.001
No	1050	20.1	614	28.7	312	14.8	124	12.7	
Don't know	576	11.0	266	12.4	244	11.6	66	6.7	

Table 4. Knowledge, attitudes and perceptions regarding COVID-19 by profession

Characteristic	Total		Unemployed		Other		HCW		*p* value
	N	%	N	%	N	%	N	%	
Are coronavirus and influenza the same diseases?									
Yes	1348	25.8	468	22.7	712	27.1	168	31.3	<0.001
No	3312	63.4	1304	63.1	1652	62.9	356	66.4	
Don't know	568	10.9	294	14.2	262	10.0	12	2.2	
Are you afraid of getting infected with SARS-COV-2?									
Yes	2288	43.8	902	43.7	1198	45.6	188	35.1	<0.001
No	2418	46.3	958	46.4	1164	44.3	296	55.2	
Don't know	522	10.0	206	10.0	264	10.1	52	9.7	
Is your fear caused by the media and social network regarding COVID-19?									
Yes	1050	45.9	444	49.2	532	44.4	74	39.4	<0.001
No, my fear is relevant	1120	49.0	398	44.1	610	50.9	112	59.6	
I don't know	118	5.2	60	6.7	56	4.7	2	1.1	
SARS-COV-2 transmission route is:									
Droplets	5064	96.6	1984	96.0	2554	97.3	526	98.1	<.01
Blood Bourne	10	0.2	2	0.1	6	0.2	2	0.4	
Sexual intercourse	44	0.8	20	1.0	24	0.9	0	0.0	
I don't know	110	2.1	60	2.9	42	1.6	8	1.5	
COVID-19 symptoms are:									
Dizziness, loss of appetite, losing weight	14	0.3	4	0.2	10	0.4	0	0.0	0.324
Bloody cough, frequent urination, lymph nodes	10	0.2	2	0.1	8	0.3	0	0.0	
Fever, cough, shortness of breath	5126	98.0	2028	98.2	2570	97.9	528	98.5	
I don't know	78	1.5	32	1.5	38	11.4	8	1.5	
Does a vaccine against SARS-COV-2 exist?									
Yes, and it is available in Georgia	140	2.7	66	3.2	64	2.4	10	1.9	<0.001
Yes, but isn't available in Georgia	858	16.4	386	18.7	368	14.0	104	19.4	
No	3430	65.6	1270	61.5	1780	67.8	380	70.9	
I don't know	800	15.3	344	16.7	414	15.8	42	7.8	
Do antiviral medications against SARS-COV-2 exist?									
Yes	880	16.8	362	17.5	426	16.2	92	17.2	<0.001
No	3064	58.6	1146	55.5	1548	58.9	370	69.0	
Don't know	1284	24.6	558	27.0	652	24.8	74	13.8	
Would you visit a medical facility for diagnosis if you suspect symptoms of COVID-19?									
Yes	4976	95.2	1966	95.2	2482	94.5	528	98.5	<0.001
Don't know	0	0.0	100	4.8	144	5.5	8	1.5	
COVID-19-related mortality is:	252	4.8							

0 – 1.5%	1100	21.0	382	18.5	610	23.2	108	20.1	<0.001
2 – 5%	2368	45.3	834	40.4	1228	46.8	306	57.1	
>5%	682	13.0	310	15.0	308	11.7	64	11.9	
I don't know	1078	20.6	540	26.1	480	18.3	58	10.8	
Do you use a medical mask when attending public events?									
Yes, always	1174	22.5	500	24.2	500	19.0	174	32.5	<0.001
Yes, rarely	1870	35.8	790	38.2	886	33.7	194	36.2	
No	2184	41.8	776	37.6	1240	47.2	168	31.3	
Is a medical mask protecting against SARS-COV-2?									
Yes, always	80	1.5	36	1.7	34	1.3	10	1.9	<0.05
Yes, partially	3942	75.4	1568	75.9	1942	74.0	432	80.6	
Never	1016	19.4	384	18.6	550	20.9	82	15.3	
I don't know	190	3.6	78	3.8	100	3.8	12	2.2	
Did you stock up on food because of the coronavirus epidemic?									
Yes	188	3.6	62	3.0	108	4.1	18	3.4	0.01
Not yet, but going to do if situation worsens	2240	42.8	928	44.9	1116	42.5	196	36.6	
I don't think it's necessary	2800	53.6	1076	52.1	1402	53.4	322	60.1	
Do you think Georgia is ready for a COVID-19 epidemic?									
Yes, and health care institutions are responding the epidemic adequately	996	19.1	382	18.5	510	19.4	104	19.4	<0.001
No, but health care institutions are trying hard to response COVID-19 challenge properly	2898	55.4	1086	52.6	1496	57.0	316	59.0	
No, and health care institutions are responding the epidemic inadequately	954	18.2	428	20.7	428	16.3	98	18.3	
I don't know	380	7.3	170	8.2	192	7.3	18	3.4	
Would you attend public events in case of symptoms related to COVID-19?									
Yes	46	0.9	20	1.0	20	0.8	6	1.1	<0.01
Only if emergency	688	13.2	274	13.3	320	12.2	94	17.5	
No, I would stay home	4396	84.1	1726	83.5	2234	85.1	436	81.3	
I don't know	98	1.9	46	2.2	52	2.0	0	0.0	
Have you visited countries with high COVID-19 prevalence during the last month (e.g. Italy, China, Iran etc.)?									
Yes	56	1.1	18	0.9	28	1.1	10	1.9	0.137
No	5172	98.9	2048	99.1	2598	98.9	526	98.1	
Do you think that you are well-informed regarding COVID-19 epidemic?									
Yes	3602	68.9	1378	66.7	1826	69.5	398	74.3	<0.001
No	1050	20.1	442	21.4	502	19.1	106	19.8	
Don't know	576	11.0	246	11.9	298	11.3	32	6.0	

The level of knowledge was higher among older individuals, which is consistent with previous studies. An online survey about COVID-19 conducted in the United Kingdom during March 17-18 similarly demonstrated that older adults consider COVID-19 to be life-threatening [10]. However, overall awareness and appreciation of the risks appears to be higher among the UK respondents, 77% of whom worried about a coronavirus outbreak, compared to 44% of Georgian respondents.

According to our study, the media plays important role in disseminating information regarding the coronavirus pandemic, including among HCWs. This appears to be a similar trend found during previous outbreaks. For instance, in a study conducted during the SARS epidemic, 92% of participants in a KAP survey conducted in China reported that their primary source of information about the disease was television [11].

In conclusion, educational attainment and age are correlated with correct information about COVID-19. However, misinformation persists. One in five Georgians believe that there is a vaccine and medication to treat coronavirus, but that it is not available in the country. Training of HCWs is essential to improve their awareness level. More than 10% of Georgians would still attend a large public event, even with symptoms of COVID-19. The media is the primary source of information about COVID-19, widely relied upon by the general public as well as HCWs. Given that information regarding coronavirus is changing very rapidly, the need to reach people with time-sensitive educational messages as well as prevention strategies is vital.

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SUMMARY

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Georgia confirmed its first case of SARS-COV-2 infection on February 26, 2020. Despite the government's proactive measures during the early stages of the epidemic, number of new infections of SARS-COV-2 is increasing and by March 31, a total of 110 cases have been reported. Limited understanding about epidemics can lead to panic and disrupt public health efforts to contain transmission. Thus, it is very important to understand the perceptions of the population regarding the disease and perceived level of government preparedness to fight against the spread of infection. This study reports results of a survey designed to understand attitudes and knowledge regarding SARS-COV-2 virus among Georgian population, including health care workers (HCWs). The online survey was conducted using a Facebook advertisement. The target was the whole country and the language used was Georgian. We collected information on demographic data, knowledge of symptoms and transmission modes of coronavirus, perceived differences between coronavirus and influenza, availability of antiviral medication and vaccination. We also included questions to capture the Georgian population's perceptions about government preparedness to combat the new coronavirus. The survey was open for three days (March 2-4, 2020). 5228 participants completed the survey. Of these, 40.3% were 25-45 years old and 58.2% were female. 20.7% of respondents had university degree and 10.3% were HCWs. For 25.8% of respondents, COVID-19 and influenza are the same diseases; 10.9% did not know if they are different. The majority correctly identified the transmission route and symptoms (96.9% and 98.0%, respectively). Regarding physical distancing, 13.2% indicated they would attend public events if needed even if they had COVID-19 symptoms. 19.1% think that Georgia is ready for COVID 19 epidemic, while according to 55% the county is not ready, but HCWs are trying hard to respond to this challenge properly. For 18% response is inadequate. There was no difference in knowledge between HCWs, non-HCWs and unemployed. 20% of HCWs as well as other study subjects believe that SARS-COV-2 vaccine and medications do exist but are simply not available in Georgia. One in five Georgians believe that there is a vaccine and medication to treat coronavirus, but that it is not available in the country. Given that information regarding coronavirus is changing very rapidly, the need to reach people with time-sensitive educational messages as well as prevention strategies is vital. Three months have elapsed since discovery of the novel coronavirus causing severe acute respiratory syndrome and classified as SARS-COV-2.

Keywords: Covid-19; coronavirus; sars-cov-2; KAP; online survey.

РЕЗЮМЕ

ЗНАНИЯ, СВЯЗАННЫЕ С РАСПРОСТРАНЕНИЕМ НОВОГО КОРОНАВИРУСА (SARS-COV-2), СРЕДИ НАСЕЛЕНИЯ ГРУЗИИ

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Первый случай заражения SARS-CoV-2 в Грузии был подтвержден 26 февраля 2020 года. Несмотря на активные меры правительства на ранних стадиях эпидемии, число новых случаев заражения SARS-CoV-2 увеличивалось и к 31 марта составило 110.

Недостаточная осведомленность населения об эпидемии ведет к панике и мешает эффективности работы общественного здравоохранения по снижению распространения инфекции. Таким образом, весьма значимо определение уровня восприятия населением этого заболевания и готовности правительства бороться с распространением инфекции.

В исследовании представлены результаты опроса по отношению и уровню знаний о вирусе SARS-CoV-2 среди населения Грузии, включая медицинских работников (МР). Онлайн-опрос проводился с использованием рекламы в Facebook. Целевой аудиторией была вся страна (Грузия), использовался грузинский язык. Собрана информация о демографических данных, уровне знаний, симптомах и способах передачи коронавируса, предполагаемых различиях между коронавирусом и гриппом, о наличии противовирусных препаратов и вакцинации. Включены также вопросы для понятия уровня готовности правительства Грузии к борьбе с новым коронавирусом.

Опрос продлился три дня (2-4 марта 2020 г.), участвовало 5228 респондентов, 40,3% из них были в возрасте от 25 до 45 лет и 58,2% - женщины. 20,7% респондентов имели высшее образование, 10,3% - медработники. 25,8% респондентов считают COVID-19 и грипп одним и тем же заболеванием. Большинство правильно определили способ передачи и симптомы (96,9% и 98,0%, соответственно). 13,2% указали, что они будут посещать общественные мероприятия в случае необходимости, даже если у них есть симптомы COVID-19. 19,1% считают, что Грузия готова к эпидемии COVID-19, а по мнению 55% страна не готова.

Разницы в уровне осведомленности между МР, не-МР и безработными не выявлено. 20% медработников считают, что вакцина и лекарства от SARS-CoV-2 действительно существуют, но их просто нет в Грузии. Каждый пятый грузин считает, что вакцина и лекарства для лечения коронавируса имеются, однако их нет в стране. Учитывая, что информация о коронавирусе меняется очень быстро, весьма значимо иметь своевременные данные о текущем вирусе и мерах профилактики.

რეზიუმე

ახალი კორონავირუსის (SARS-COV-2) შესახებ ცოდნის დონის შეფასება საქართველოს მოსახლეობაში

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საქართველოში SARS-CoV-2 ინფექციის პირველი შემთხვევა დაფიქსირდა 2020 წლის 26 თებერვალს. ეპიდემიის საწყის ეტაპზე მთავრობის მიერ მიღებული აქტიური ღონისძიებების მიუხედავად, ახალი კორონავირუსის ინფექციის შემთხვევათა რიცხვი გაიზარდა და 31 მარტის მონაცემებით შეადგინა 110. ეპიდემიის შესახებ დაბალი ცოდნის დონე შეიძლება გახდეს პანიკის მიზეზი და შეამციროს ინფექციის გავრცელების შეჩერებისკენ მიმართული საზოგადოებრივი ჯანდაცვის ღონისძიებების ეფექტურობა. სადღეისოდ, მეტად მნიშვნელოვანია მოსახლეობის მიერ SARS-CoV-2 ინფექციის მიმდინარეობის და მთავრობის მხრიდან მის წინააღმდეგ ბრძოლის მზაობის სწორი აღქმა. აღნიშნული კვლევა ასახავს საქართველოს მოსახლეობის,მათ შორის ჯანდაცვის მუშაკების,ცოდნის დონეს და დამოკიდებულებას SARS-CoV-2 ინფექციის მიმართ. ჩატარდა ონლაინ კვლევა Facebook პლატფორმის გამოყენებით. კითხვარი შედგენილი იყო ქართულ ენაზე და სამიზნე პოპულაციას წარმოადგენდა საქართველოს სრული მოსახლეობა. კვლევის ფარგლებში შეგროვდა დემოგრაფიული მონაცემები და ინფორმაცია SARS-CoV-2 ინფექციის გადაცემის გზების და სიმპტომების, ახალი კორონავირუსსა და გირპს შორის განსხვავების, SARS-CoV-2 ანტივირუსული მედიკამენტებისა და ვაქცინის არსებობის შესახებ. დაისვა კითხვები რესპონდენტთა აღქმის შესასწავლად საქართველოს მთავრობის ახალი კორონავირუსის ეპიდემიასთან ბრძოლის მზადყოფნის თაობაზე. კვლევაში ჩართვა ხელმისაწვდომი იყო 3 დღის განმავლობაში (2020 წლის 2-დან 4 მარტის ჩათვლით); მასში მონაწილეობა მიიღო 5228 მონაწილემ. რესპონდენტთა 40.3% იყო 25-45 წლის, 58.2% იყო ქალი. გამოკითხულთა 20.7% ჰქონდა საუნივერსიტეტო განათლება და 10.3% იყო ჯანდაცვის მუშაკი. მონაწილეთა 25.8%-სთვის გრიპი და COVID-19 ერთი და იგივე დაავადებაა, ხოლო 10.9%-მა არ იცოდა თუ რა განსხვავებაა ამ ორ დაავადებას შორის. უმეტესობამ ზუსტად დაასახელა გადაცემის გზები და სიმპტომები (96.9% და 98.0%, შესაბამისად). რესპონდენტთა 13.2% აღნიშნა, რომ ახალი კორონავირუსისთვის დამახასიათებელი სიმპტომების არსებობის შემთხვევაშიც არ შეიკავებდნენ თავს საჯარო ღონისძიებებზე დასწრებისგან. 19.1% ფიქრობს, რომ საქართველო მზადაა COVID-19 ეპიდემიისთვის, ხოლო 55.0%-ის აზრით ქვეყანა არ არის მზად, თუმცა ჯანდაცვის მუშაკები ყველაფერს აკეთებენ გამოწვევებზე ადექვატური პასუხისთვის. გამოკითხულთა 18.0%-ის აზრით ჯანდაცვის სისტემის

პასუხი არაადექვატურია. ცნობიერების დონის კუთხით განსხვავება ჯანდაცვის მუშაკებს, არაჯანდაცვის მუშაკებსა და დაუსაქმებელ მონაწილეთა შორის არ დაფიქსირდა. ჯანდაცვის მუშაკთა 20.0% -ს, ისევე როგორც კვლევის მონაწილე სხვა პირებს სჯერათ, რომ SARS-CoV-2 საწინააღმდეგო ვაქცინა და ანტივირუსული მედიკამენტები არსებობს, მაგრამ საქართველოში არ არის ხელმისაწვდომი. საქართველოში ყოველ მეხუთეს მიაჩნია, რომ SARS-CoV-2 საწინააღმდეგო ვაქცინა და ანტივირუსული მედიკამენტები არსებობს, მაგრამ საქართველოს მოსახლეობისთვის არ არის ხელმისაწვდომი. ახალი კორონავირუსის შესახებ ინფორმაცია სწრაფად იცვლება, რაც ხაზს უსვამს საგანმანათლებლო მესიჯების დროული მიწოდების და პრევენციული ღონისძიებების სასიცოცხლო მნიშვნელობას.

AWARENESS AND ATTITUDE TOWARDS COVID-19 AMONG STUDENTS OF MEDICAL UNIVERSITIES IN TBILISI, GEORGIA

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Chinese officials detected pneumonia-like cases in Wuhan on December 31st, 2019 and alerted The World Health Organization (WHO). A wet market in Wuhan was initially suspected to be at the center of the outbreak, and within two weeks cases started being reported outside China. On February 11, the WHO announced the official name given to the disease caused by the novel coronavirus: COVID-19. Just one month later, the WHO stated that there were more than 118 000 cases in 114 countries and 4291 deaths worldwide, and declared the SARS-CoV-2 outbreak a pandemic.

The first case in Georgia was confirmed in Tbilisi on 26 February. By April 15, a total of 4000 individuals had been tested and 306 cases were confirmed, including 232 active cases and 3 deaths. Georgia declared a state of emergency to prevent the spread of the virus on March 21 and introduced a curfew order on 1 April, 2020.

After the WHO declared COVID-19 a pandemic and most countries announced a quarantine regime, the general atmosphere was concern and fear due to conflicting information or a lack of guidance regarding how to stay safe and where to access testing and health care services for loved ones. A primary role of public health professionals is to promote awareness about disease and provide guidance regarding safety measures to prevent the spread of disease. Access to accurate and reliable information is especially crucial for health care workers and medical students, as most of them are at risk of getting infected themselves and want to be empowered to correctly respond to questions regarding COVID-19.

Material and methods. The online survey was conducted using a Facebook advertisement. The target group was students of Medical universities in Tbilisi and the language used was Georgian. Although the questionnaires were completed anonymously, we did collect demographic information. There were 18 questions in total, including multiple-choice and check-box type questions. All the questions were marked as "required" to encourage completion. The survey was entitled "Awareness about COVID-19 among students of medical universities in Tbilisi" and posted in three Facebook groups on April 13, 2020. It remained open for 3 days.

The intent of the questionnaire was to reveal awareness regarding the epidemiology of COVID-19, specifically knowledge about transmission of the virus and differentiation of COVID-19 from influenza, as well as the course of the disease, including identification of the main symptoms. The survey also contained questions about availability of a vaccine and effective antiviral medicines against SARS-CoV-2. We also assessed the attitudes of students toward preventive measures such as social distancing and individual protective equipment, as well as religious events held at that time.

Results and discussion. In total, 178 participants completed the survey, of these 79.8% (n=142) were female and 20.2% (n=18) were male. (71.9%, n=128) of respondents were medical program students, followed by 9% (n=16) enrolled as students in Physical Medicine and Rehabilitation; 6.7% (n=12) of students in Public Health and Management, and 2.2% (n=4) of respondents enrolled in the Pharmacy program. The remaining 10.1% (n=18) of respondents chose "other" as their response. With respect to year in the program, 75.3% (n=134) of the respondents were second-year medical students; followed by third-year students 7.9% (n=14); 3.4% (n=6) were in 1st year and the remaining students were in 4th-6th year (n=24).

Human-to-human transmission by respiratory droplets was chosen as means of SARS-CoV-2 transmission by 178 participants (100% correct response rate). With respect to differentiation from influenza, 94.4% (n=168) correctly responded "no" to the question about SARS-CoV-2 causing influenza; and 2.2% (n=4) did not know the answer to this question. Regarding distancing, 76.4% (n=136) of respondents selected 1-2 meters as the maximum human-to-human transmission distance of SARS-CoV-2 and 16.9% (n=30) chose 0.1 meter as their response, followed by 6.7% (n=12) selecting 5-6 meters. Nearly all identified fever, cough and shortness of breath as main symptoms of COVID-19 (98.9%, n=176). , Very few (1.1%, n=2) chose all of the listed symptoms: diz-