The diseases of social significance are one of the biggest threats of people’s health and well-being all over the world and a great burden for the healthcare system and community in general. It is widely known that the consequences of most of such diseases include temporary or permanent loss of working ability and continuous significant investments of money in the prediction, curing, and rehabilitation measures. The diseases of social significance have a negative impact on the quality of life and life span, often becoming reasons of early death [1].

Not all diseases regarded as the ones of social significance are proven to have infectious nature (diabetes mellitus, psychiatric disorders, malign tumors etc.). Nevertheless, a number of infectious diseases, which are also regarded as the diseases of social significance, are severely dangerous for surrounding people (tuberculosis, syphilis, viral hepatitis etc.) [2,3]. In the existing normative documents of Ukraine several infectious diseases are classified as extremely dangerous, dangerous, the diseases of social significance, and diseases which are potentially dangerous for surrounding people [4].

Being a source of infection, people with mentioned pathology might be a direct threat for surrounding people. Alongside this, the course of epidemic process of sexually transmitted infections (STIs) (including viral hepatitis, human immunodeficiency virus (HIV) and tuberculosis) is, to a large extent, determined by the level of social and economic development of society.

Severe epidemiologic research confirm that the sexual transmission of HIV is more likely in people with existing genital herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs is more likely in people with existing genital herpetic lesions, syphilis, and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin. Moreover, the risk of herpes, syphilis and other STIs accompanied by loss of the mucosal layer integrity of genitalia and skin.
apply to immigration medical examinations: gonorrhea, leprosy (Hansen’s disease), syphilis (infectious stage), and tuberculosis (only a class A). According to the definition given by the Centers for Disease Control and Prevention (CDC) guidelines, class A tuberculosis means clinically active and communicable tuberculosis. Since January 4, 2010, HIV is no more regarded as a communicable disease [10].

The isolation and quarantine help to protect the community, by preventing the transmission of disease from people who might be carriers of infection. The quarantine measures provide separation and restriction of movement of people who have had a contact with the sources of pathogens. Apart from medical functions, the isolation and quarantine perform the role of ‘policing power’, derived from the right of the government to take actions which affect people’s safety and are beneficial for the community.

In the USA federal isolation and quarantine are authorized for the following communicable diseases: cholera, diphtheria, tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, flu that can cause a pandemic, severe acute respiratory syndromes. Federal isolation and quarantine are authorized by Executive Order of the President of the USA [11]. Consequently, these communicable diseases can at the same time be regarded as the diseases of social significance, socially dangerous diseases, diseases linked with social status, and diseases linked with low socioeconomic status.

The increase in the number of individuals with deviant behavior, especially among teenagers and young people, social disadaptation, migration of people, insufficient government funding for healthcare and social sphere concerning prevention of diseases of social significance and diseases linked with social status – all these factors create the background for the further complication of the STIs epidemic situation in Ukraine.

It is scientifically proven that raising the quality of help given people with STIs and increasing its accessibility for different social strata, particularly for the representatives of the target groups, is an effective method for decreasing the rate of parental hepatitis and HIV infections in society [12].

There are the following five target groups of people who are particularly susceptible to HIV-infection and often do not have an access to medical services: transgender people, males who have sexual intercourse with males, sex workers, people using injection drugs, imprisoned persons [13].

The aim of the current research is to assess the quality of the specialized help given patients with STIs (on the example of HIV-infected persons) in order to implement the integrated system of medical and social rehabilitation considering the features of the target group.

Material and methods. The questionnaires that contained the questions about the level of education, social status, necessity and frequency of appealing for medical help, particularly for the dermatovenerological help, the comprehensiveness, affordability and accessibility of the latter, the level of satisfaction with the received medical help, subjective assessment of the quality and modernity of medical equipment etc. were designed for the research.

The received answers would help the specialists in understanding the crucial problems of the patients with STIs. 389 questionnaires served as material for the research. Each questionnaire was composed of 15 questions. The respondents included 201 males and 188 females diagnosed with HIV-infection, who permanently live in Odessa region.

Methods of research: analytical, descriptive, and statistical.

Results and their discussion. The analysis of the respondents’ age revealed that among them were people belonging to the different age groups: younger than 29 years – 57 individuals – 14,65%, 30-39 years – 116 individuals – 29,81%, 40-49 years – 125 individuals – 32,13%, 50-59 years – 83 individuals – 21,34%, 60 years and older – 8 individuals – 2,07%. 201 respondents (51,6%) were males and 188 (48,33%) – females (Fig. 1).

**Fig. 1. Age and gender proportions of the participants of survey**
The analysis of the responses showed that out of all the respondents 12 individuals (3.08%) had not received secondary education; 130 individuals (33.43%) mentioned that they had incomplete secondary education; 207 individuals (53.21%) had completed secondary education or vocational secondary education; 27 individuals (6.94%) had a bachelor’s degree, 13 individuals (3.34%) had completed a master’s or a specialist degree. Consequently, more than half of people who took part in the survey had completed secondary or vocational secondary education, whereas 36.50% of them had extremely low level of education: had not completed secondary school or had never studied there, and only 40 respondents (10.28%) claimed to have complete or incomplete higher education. The given data characterize the group of respondents as people with low intellectual level and, possibly, low level of social and sexual awareness (Fig. 2).

**Fig. 2. The level of education of HIV-infected respondents living in Odessa region**

**Fig. 3. Employment of the HIV-infected respondents who live in Odessa region**
Among the participants of the survey 94 persons (24.16%) were permanent employees, 128 (32.90%) did not have a permanent job, 11 (2.85%) – were unemployed due to being a full-time student, 41 (10.54%) – were unemployed due to being retired, 36 (9.25%) – were unemployed due to a temporary loss of working ability, 46 (11.82%) – were unemployed due to a physical disability, 33 (8.48%) – were unemployed due to other reasons (Fig. 3). 117 respondents (30.80%) claimed that it had been their personal decision to appeal to dermatovenereologist, 79 (20.30%) – were referred to this specialist by a general practitioner, 193 (49.62%) – were referred to dermatovenereologist by a doctor of another specialty. On the basis of these data, it can be concluded that venereological diseases are widely spread among people of the given cohort.

The table 1 represents the results of the questionnaire concerning the quality of dermatovenereological help. 68 respondents (17.48%) characterized the location of the dermatovenereologist’s office as fully convenient, 72 (18.51%) – were inclined to think that it is convenient, 173 (44.47%) – responded that it was not convenient, and 76 (19.54%) – were totally dissatisfied with the venues chosen for the dermatovenereologist’s office. To sum up, more than half of the respondents (64.01%) were not satisfied with the location of the dermatovenereologist’s office. 70 patients (17.99%) expressed a complete satisfaction with the quality and comprehensiveness of the doctor’s consultation, 109 (28.02%) – reported an average level of satisfaction, 155 (39.85%) – were more inclined to answer that they were dissatisfied, and 55 (14.14%) remained deeply dissatisfied. To sum up, slightly more than half of the respondents (53.98%) claimed that they had not received qualified and complete medical care during their visit to dermatovenereologist.

Assessing the equipment of the doctor’s office, 14 respondents (3.59%) outlined the modernity of medical equipment which had been used by their doctor, 199 patients (51.16%) reported that the equipment had not been modern but had been working appropriately, 55 patients (14.14%) mentioned that the equipment had not been modern and had not been working appropriately, and 121 patients (31.11%) stated that the equipment had been absent. A significant proportion of respondents (45.24%) reported the medical equipment being absent or not working appropriately, the outdateness of the latter was mentioned by 254 respondents (65.30%), and only 3.59% of respondents outlined the modernity of the equipment.

Besides this, 78 participants (20.06%) marked the affordability of medical services, 108 participants (22.76%) reported them to be relatively affordable, 152 participants (39.07%) were more inclined to characterize medical services as unaffordable, and for 51 patients (13.11%) the medical services remained completely unaffordable. To summarize, 203 patients (52.19%) were dissatisfied by the financial side of their visit to dermatovenereologist.

96 respondents (24.68%) were satisfied with the quality and comprehensiveness of medical help, 117 respondents (30.08%) reported to be relatively satisfied, 157 (40.36%) – dissatisfied by the comprehensiveness of received help, 19 (4.88%) – had not received the help they had expected for. In general, 176 respondents (45.24%) stated that they had not received the expected amount and comprehensiveness of the qualified medical help. Assessing the quality of the received medical help during their visit to dermatovenereologist, 76 respondents (19.54%) were completely satisfied and positively characterized the doctor’s work, 93 respondents (23.91%) were quite satisfied, 175 respondents (44.98%) were more inclined to negative opinion, and 43 respondents (11.57%) remained absolutely dissatisfied. On the whole, 220 respondents (56.56%) had a negative opinion regarding the quality of the received medical help.

The results of the survey showed that the necessity to receive antiretroviral treatment (ART) had not arisen for 25 HIV-positive individuals (6.43%), 76 individuals (19.54%) had been receiving the treatment for less than 1 year; 149 respondents (38.30%) had been receiving the ART for 1-5 years; 109 respondents (28.02%) – for 6-10 years; 30 respondents (7.71%) – for 10 years and more. In summary, 364 out of 389 HIV-positive respondents (93.57%) were currently receiving the ART, moreover 193 respondents (35.73%) had been registered in dispensaries and receiving permanent treatment for 5 years and more (Fig. 4). 33 respondents (8.48%) reported that their need for the dermatovenereologist had arisen less than 1 month ago, 74 respondents (19.02%) – during last 1-3 months, 66 respondents (16.97%) – during last 4-6 months, 96 (24.68%) – during last 6-12 months, and 120 respondents (30.85%) mentioned that they had appealed for a help more than 1 year ago. The obtained data reveal that HIV-infected patients constantly seek the help of dermatovenereologist, since about 70% of respondents reported to have had such a necessity in relatively recent period. The regular visits of HIV-infected individuals to dermatovenereologist might be explained by a tendency of this category of people to risky behavior, as well as by possible clinical manifestations of immunodeficiency.
Evaluating the necessity of creation of the specialized center of dermatovenerological help for HIV-infected patients, 226 respondents (58,10%) pointed out the vital necessity of its establishment, 89 participants (22,88%) responded that it was necessary, for 52 participants (13,37%) it was difficult to respond, and 22 participants (5,65%) responded that there was no need in the center. The given responses indicate that, according to the majority of the respondents’ opinions (80,98%), there is a great need in the establishment of the multiprofile health care institution, which would provide the whole spectrum of medical services, taking into consideration the specific features of HIV-infected patients.

In summary, the level of the epidemiological control of the spread of STIs is determined by harmonic combination and functioning of two systems – observation and regulation. On the first level of epidemic process control, the crucial role is performed by observation, so-called ‘epidemiological diagnostics’, which forms the background for the developing of ‘management decisions’ – evidence-based, backed-up strategical and tactical recommendations. The second level of epidemiological control is realized through the regulation and maintenance of the epidemic process indicators at the appropriate level.

**Conclusions.**

1. The majority of HIV-infected respondents received incomplete secondary, complete secondary or vocational secondary education, 10,28% of them (40 respondents) received incomplete or complete higher education, which characterized the cohort of respondents as people with low level of education, social and sexual awareness.

2. 24,16% of respondents (94 persons) were permanently employed; the others – were unemployed due to different reasons, and, consequently, had low social security level.

3. More than half of respondents (220 individuals – 56,56%) were dissatisfied by the quality of dermatovenerological medical help due to the lack of medical equipment. Only 76 respondents (19,54%) were completely satisfied and positively characterized the latter.

4. The necessity of the establishment of the specialized center of dermatovenerological help for HIV-infected patients was pointed out by 226 respondents (58,10%).

5. The vast majority of HIV-infected respondents (80,98%) expresses quite strong opinion regarding the necessity of the establishment of multiprofile health care institution, which would provide the whole spectrum of medical services, taking into consideration the specific features of HIV-infected patients.

**Recommendations.**

Since the diseases of social significance are proven to have a considerable impact on the well-being of society, the law of positive and negative feedback within the system of the epidemic process should be taken into consideration. Under the conditions of the current scientific progress, the more intensive the negative effect of the epidemic process on the society is, the more intensively the society responds trying to eradicate this effect. The response of the subsystem of epidemic process is performed by its adaption, which, on the level of socioecosystem lies in the decrease of socioeconomic significance of disease.

The detailed analysis of the possibility of establishment of the pilot center of integrated medical help for patients with the diseases of social significance in Odessa is worth being conducted. In such medical center, the patients with the diseases of social significance could receive social help, both ambulatory and stationary treatment of the STIs, skin diseases, viral hepatitis, tuberculosis, HIV-infection.

For the further studies, it can be used as a model the experience of the Latvian Centre of Infectious Diseases (Riga) – specialized medical treatment institution, where the patients can receive professional and high-quality services of ambulatory and stationary treatment of infectious diseases (including viral hepatitis B and C, HIV etc.). In the centre, patients have an access to the primary and confirmatory diagnostics of infectious diseases (including diagnostics of rare and dangerous infectious diseases). In the centre there are used the latest methodological and scientific recommendations in order to provide patients with cost-effective health care services compliant with international standards.

**REFERENCES**


2. Du J, Emilio D, Pang Y. et al. Tuberculosis Hospitalization Fees and Bed Utilization in China from 1999 to 2009: The Re-
The diseases of social significance are one of the biggest threats of people's health and well-being all over the world and a great burden for the healthcare system and community in general. It is widely known that the consequences of most of such diseases include temporary or permanent loss of working ability and continuous significant investments of money in the prediction, curing, and rehabilitation measures. The increase in the number of individuals with deviant behavior, especially among teenagers and young people, social disadaptation, migration of people, insufficient government funding for healthcare and social sphere concerning prevention of diseases of social significance and diseases linked with social status – all these factors create the background for the further complication of the STIs epidemic situation in Ukraine. It is scientifically proven that raising the quality of help given people with STIs and increasing its accessibility for different social strata, particularly for the representatives of the target groups, is an effective method for decreasing the rate of parenteral hepatitis and HIV infections in society.

The aim of the current research is to assess the quality of the specialized help given patients with STIs (on the example of HIV-infected persons) in order to implement the integrated system of medical and social rehabilitation considering the features of the target group.

The survey was conducted on the basis of designed questionnaires which included questions regarding the level of education, social status, necessity and frequency of appeals for medical help, particularly for dermatovenerological help, the affordability and comprehensiveness of the latter, the level of satisfaction with the received medical care, the respondent's assessment of quality and modernity of medical equipment. 389 questionnaires served as material for the research. Each questionnaire was composed of 15 questions. The respondents included 201 males and 188 females diagnosed with HIV-infection, who permanently live in Odessa region.

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Keywords: STIs; HIV; diseases of social significance; integrated system of medical care; medical and social rehabilitation.

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ОБОСНОВАНИЕ НЕОБХОДИМОСТИ КОМПЛЕКСНОЙ МЕДИЦИНСКОЙ ПОМОЩИ БОЛЬНЫМ СОЦИАЛЬНО-ЗНАЧИМЫМИ ЗАБОЛЕВАНИЯМИ (ПО РЕЗУЛЬТАТАМ ОПРОСА ЦЕЛЕВОЙ ГРУППЫ)

Талалаев К.А., Козишкурт Е.В., Голубятников Н.И.
Одесский национальный медицинский университет, Украина

В статье представлены результаты опроса мнения ВИЧ-инфицированных пациентов относительно качества полученной дерматовенерологической медицинской помощи. Полученные результаты могут послужить основой для внедрения интегрированной системы медико-социальной реабилитации больных инфекцией, передаваемой половым путем (ИППП) с учетом специфики данной целевой группы. Опрос проводился на основе разработанных анкет, которые включали вопросы, касающиеся уровня образования, социального статуса, необходимости и частоты обращений за дерматовенерологической помощью, доступности и полно-ты последней, качества и современности медицинского обновления, уровня удовлетворенности. Результаты опроса помогут специалистам понять проблемы пациентов, страдающих ИППП.

Цель исследования - оценка качества специализированной помощи, предоставляемой пациентам с ИППП (на примере ВИЧ-инфицированных) для обоснования внедрения интегрированной системы медико-социальной реабилитации с учетом особенности целевой группы.

Проанализированы 389 анкет ВИЧ-инфицированных лиц, постоянно проживающих в Одесской области на юге Украины (201 мужчина и 188 женщин). Методы исследования - аналитический, описательный, статистический.

Согласно результатам опроса: социальная и сексуальная осведомленность ВИЧ-инфицированных зависит от уровня образования, лишь 40 (10,28%) получили неполное или полное высшее образование. Установлено, что постоянное место работы имели 94 (24,16%) респондентов. 76 (19,54%) опрошенных были полностью удовлетворены и положительно охарактеризовали качество дерматовенерологической помощи. 220 (56,56%) были недовольны – в связи с недостаточным техническим оснащением кабинетов. 226 (58,10%) респондентов указали на необходимость создания специализированного центра дерматовенерологической помощи для ВИЧ-инфицированных в составе многопрофильного медицинского учреждения с предоставлением полного перечня медицинских услуг.

В качестве модели для создания такого учреждения предложена Специализированная больница биологических наук имени Риги (Рига) – специализированное лечебное учреждение, где пациентам оказывают высокотехнологичные качественные медицинские услуги, амбулаторное и стационарное лечение инфекционных заболеваний, в том числе вирусного гепатита В и С, ВИЧ. Для обслуживания клиентов используются новейшие методические и научные рекомендации экономически эффективных медицинских услуг, соответствующие международным стандартам.

РЕЗЮМЕ

В статье представлены результаты опроса мнения ВИЧ-инфицированных пациентов относительно качества полученной дерматовенерологической медицинской помощи. Полученные результаты могут послужить основой для внедрения интегрированной системы медико-социальной реабилитации больных инфекцией, передаваемой половым путем (ИППП) с учетом специфики данной целевой группы. Опрос проводился на основе разработанных анкет, которые включали вопросы, касающиеся уровня образования, социального статуса, необходимости и частоты обращений за дерматовенерологической помощью, доступности и полно-ты последней, качества и современности медицинского обновления, уровня удовлетворенности. Результаты опроса помогут специалистам понять проблемы пациентов, страдающих ИППП.

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