

PUBLIC HEALTH

1. HEALTH PROBLEMS DUE TO LABOR MIGRATION

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Introduction It is well known that the labor migration influences traditions, customs, lifestyle of people, reached to enormous changes in individual behavior and thinking of people touched by the phenomenon of mobility. As this impact is reflected on their health, proven mostly indirectly and understood by society the present day.

Materials and methods This study was aimed at highlighting, assessing and finding solutions for people who are involved in the migration process. The authors had the objective of analyzing how the phenomenon of labor migration affects the population morbidity, what are the obstacles and solutions to improve the health status of labor migrants. This descriptive study is based on a methodological approach to complex health problems due to labor migration. The 1207 labor migrants were questioned from different areas of the country including the regions of the North, Center and South.

Results The research showed that the labor migration not only affects the health, but also creates preconditions for the appearance new diseases, acute exacerbation of chronic disease. The health of migrants degrades over labor conditions which are offered abroad, reached as the migrants had to pay with their health the remittances which are sent home.

Conclusions The health problems occur due to the migrant labor mobility process, but it can be avoided if migrants would take care of their health, not only when they return home, but also when they works outside of the country.

Keywords: labor migration, health, diseases, mobility process

2. ANTIMICROBIAL RESISTANCE/SENSIBILITY OF MICROORGANISMS MOSTLY INVOLVED IN THE ETIOLOGY OF SEPTIC-PURULENT INFECTIONS

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Introduction: Antimicrobial resistance is one of the major risks for the global health security. This phenomenon is particularly characteristic of septic-purulent infections.

Materials and methods: During 2013 were identified and tested with VITEK 2 Compact system 884 strains of microorganisms with GP-21342 cards for Gram-positive microorganisms and GN-21341 for the gram-negative. Number of tested strains were: *S. aureus*–146, *Enterococcus spp.*– 41, *A. baumannii*–92, *Enterobacter spp.* – 81, *E. coli*–130, *Citrobacter spp.* –15, *Morganella spp.* –7, *Proteus spp.* –76, *P. aeruginosa*–161, *Klebsiella spp.*–108, *Serratia spp.*–10 and other microorganisms–17.

Results: Producing of extended spectrum beta lactamase (ESBL) was 72,2% of the strains *K. pneumoniae*, *E. coli* strains of 37,5% and 23,5% *K. oxytoca*. Resistance to methicillin were 27 strains of *S. aureus* (18.5%), and four strains were producing enzymes responsible for inducible resistance to clindamycin. Resistance to vancomycin showed 7,5% of the strains of *Enterococcus spp.*, antibiotic which is one of the few options that may be used in the treatment of infections due to enterococci. Against carbapenems, higher resistance showed strains of *P. aeruginosa*–51,18% *Proteus spp.*–18,67%, *Serratia spp.*–25%, *Klebsiella spp.*–10,60%, *Enterobacter spp.*–8,82% and *E. coli*–2,70%. *A. baumannii* strains were resistant to carbapenems only one sample, and *Citrobacter spp.* and *Morganella spp.* were susceptible to carbapenems. Against third generation cephalosporins, the resistance of strains of microorganisms often involved in producing septic-purulent infections were much higher. More resistant to cephalosporins have proved to be micro-