



2012年河南省疟疾流行三类县专业人员疟疾知识和检验技能评估分析

周瑞敏, 刘颖, 钱丹, 苏云普, 贺丽君, 颜秋叶, 鲁德领, 杨成运, 赵玉玲, 许汴利, 张红卫*

河南省疾病预防控制中心, 郑州450016

Assessment of Malaria Knowledge and Capability on Plasmodium Detection among Professionals of Class III Counties of Henan Province in 2012

ZHOU Rui-min, LIU Ying, Qian Dan, SU Yun-pu, HE Li-jun, YAN Qiu-ye, LU De-ling, YANG Cheng-yun, XUE wei*

Henan Centre for Disease Control and Prevention, Zhengzhou 450016, China

摘要

参考文献

相关文章

Download: [PDF \(3740KB\)](#) [HTML 1KB](#) Export: [BibTeX](#) or [EndNote \(RIS\)](#) [Supporting Info](#)

摘要 【摘要】目的 对2012年河南省疟疾流行三类县(以下简称疟疾三类县)专业技术人员的疟疾检测能力进行考核评估,了解其虫检测能力。方法 2012年9~12月,对河南省疟疾三类县(市、区)疾控中心和辖区内医疗机构中相应的专业技术人员进行评估,考核内容包括疟疾相关基础理论知识(疟疾病原学、临床表现、诊断与治疗 and 流行病学等基础知识;计满分100分,60分为及格)作(每位技术人员在1 h内制作4张血片,并吉氏染色;计满分40分,24分为及格)和镜检读片(每位技术人员镜检6张标准血片,每时8 min,进行定性和虫种鉴别;计满分60分,36分为及格),用SSPS17.0软件分别从技术人员的性别、年龄、职称、单位级别和方面对其成绩进行统计学分析。结果 共有891名专业技术人员参加考核,成绩合计平均分为162.1分,最高者200分(满分);96分,及格(平均120分以上)人数为871人,占97.8%。不同性别、年龄、职称、单位级别和单位类型人员之间的血片制作成绩差异无统计学意义($P>0.05$)。男性与女性技术人员间的理论成绩和镜检成绩的差异均无统计学意义($P>0.05$),女性技术人员的合计成绩(162.97 ± 17.64)高于男性(159.01 ± 20.33)($P<0.05$)。>50岁技术人员的理论成绩(84.38 ± 9.41)低于≤30岁($89.7.81$)和31~40岁(89.96 ± 7.74)($P<0.05$);>50岁技术人员的镜检读片成绩(34.62 ± 14.82)和合计成绩(144.62 ± 2.22)显著低于其他3个年龄组(≤30岁: 45.75 ± 13.58 和 162.50 ± 18.90 ;31~40岁: 46.53 ± 12.72 和 163.51 ± 17.77 ;41~50岁: 46.22 ± 13.38 和 159.80 ± 17.32)($P<0.05$)。初级、中级和高级职称技术人员的理论成绩(88.33 ± 8.23 , 90.00 ± 7.76 和 $92.7.29$)、镜检成绩(44.88 ± 13.62 , 46.59 ± 12.88 和 49.57 ± 11.98)和合计成绩(159.61 ± 18.37 , 163.81 ± 18.03 和 $169.16.38$)均依次递增,且各组间差异有统计学意义($P<0.05$)。乡级、县级和省市级技术人员的理论成绩(88.28 ± 8.30 , $90.84\pm 9.3.54\pm 6.10$)、镜检成绩(44.54 ± 13.14 , 47.69 ± 13.40 , 52.62 ± 11.04)和合计成绩(159.48 ± 18.33 , 165.92 ± 17.31 和 $171.15.53$)均依次递增,且各组间差异有统计学意义($P<0.05$)。疾控中心和医疗机构技术人员的各项成绩差异均较小,无统计学意义($P>0.05$)。结论 河南省疟疾三类县专业技术人员对疟疾诊治的总体水平均衡,需加强对初、中级职称和基层医疗单位技术人员的培训。

关键词: 疟疾 专业技术人员 检测 能力分析

Abstract: 【Abstract】Objective To evaluate the capability of malaria parasite detection among professionals of Class III malaria endemic counties of Henan Province in 2012. Methods The capacity assessment of professional staff in the Centres for Disease Control and the medical institutions was done in September to December 2012. The content of the assessment included malaria knowledge (including malaria etiology, clinical manifestation, diagnosis, treatment and epidemiology and so on, 100 scores as full marks and 60 as passing score), making blood slides of Plasmodium species in 1 hour, including Giemsa staining, 40 scores as full marks and 24 as passing score) and identification of malaria species with microscopy (6 slides, 8 min per slide 60 scores as full marks and 36 as passing score). All the participants were grouped by gender, age, professional title, level and type of institution. Their scores were statistically analyzed by SSPS 17.0 software. Results The average total score in 891 participants was 162.1, the highest was 200 (full markers), and the lowest was 96, and 871 (97.8%) participants passed the test (≥ 120 scores). There were no significant differences for the scores of blood slide making among gender, age, professional title and level of institution ($P>0.05$). No significant differences in the scores of malaria knowledge and blood slide reading among gender, age, professional title and level of institution ($P>0.05$), however, the total score in female participants (162.97 ± 17.64) was higher than that of males (159.01 ± 20.33) ($P<0.05$). The film-reading and total scores of 50-plus age group (34.62 ± 14.82 , 144.62 ± 20.33) were significantly lower than the other three groups (under age 30 group: 45.75 ± 13.58 and 162.50 ± 18.90 , age 31~40 group: 46.53 ± 12.72 and 163.51 ± 17.77 , age 41~50 group: 46.22 ± 13.38 and 159.80 ± 17.32) ($P<0.05$). The scores of malaria knowledge in 50-plus age group (84.38 ± 9.41) was lower than that of under age 30 group (89.91 ± 7.81) and 31~40 group (89.96 ± 7.74) ($P<0.05$). The scores of malaria knowledge (88.33 ± 8.23 , 90.00 ± 7.76 , $92.7.29$), film-reading (44.88 ± 13.62 , 46.59 ± 12.88 , 49.57 ± 11.98) and total scores (159.61 ± 18.37 , 163.81 ± 18.03 and $169.16.38$) were increased successively, and the differences between groups were statistically significant ($P<0.05$). The scores of malaria knowledge (88.28 ± 8.30 , $90.84\pm 9.3.54\pm 6.10$), film-reading (44.54 ± 13.14 , 47.69 ± 13.40 , 52.62 ± 11.04) and total scores (159.48 ± 18.33 , 165.92 ± 17.31 and $171.15.53$) were increased successively, and the differences between groups were statistically significant ($P<0.05$). The differences of scores between CDC and medical institutions were small, and no statistical significance ($P>0.05$). Conclusion The overall level of malaria diagnosis and treatment among professional staff in Class III malaria endemic counties of Henan Province was balanced, and it is necessary to strengthen the training of primary, middle and senior professional titles and technical staff in primary medical units.

169.15±16.38) of primary, intermediate and senior groups was proportional to the level of the titles, and the difference between the groups was statistically significant ($P<0.05$). The theory (88.28±8.30, 90.84±7.32, 6.10), film-reading (44.54±13.14, 47.69±13.40, 52.62±11.04) and total scores (159.48±18.33, 165.92±171.97±15.53) of the three institution level groups (township, county and province) were proportional to the difference between the groups was statistically significant ($P<0.05$). There was no significant difference in the scores between the CDCs and hospitals ($P<0.05$). Conclusion The capabilities of malaria parasite detection in Class III malaria endemic counties of Henan Province is balanced. It needs to strengthen the skills training for the