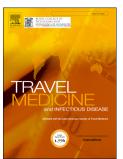
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Healthcare students and workers' knowledge about transmission, epidemiology and symptoms of Zika fever in four cities of Colombia

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ACCEPTED MANUSCRIPT

1 Letter to the Editor

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3	Healthcare students and workers' knowledge about transmission,
4	epidemiology and symptoms of Zika fever in four cities of Colombia
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30 Dear Editor

31

Latin America has recently witnessed the unprecedented arrival of emerging arboviruses such as Chikungunya and Zika ¹⁻⁴. This represents complex epidemiological scenarios, where assessing knowledge amongst healthcare students and workers about the epidemiology, symptoms and transmission of Zika in cities of Colombia would be relevant ⁵. Particularly because no information about Zika was available in national or local settings before 2015.

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An observational cross-sectional study was performed among assistants who
attended a symposium on Zika on June-July (2015), simultaneously in four cities:
Pereira and Dosquebradas, Risaralda; Sincelejo, Sucre and Cartagena, Bolivar (all
of them, endemic for Dengue and Chikungunya).

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Attendees who agreed to be part (convenience sample), filled out a questionnaire
about basic knowledge on the epidemiology, symptoms and prevention of disease
(five questions), before and after the meeting.

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A total of 269 questionnaires were applied (93 in Pereira, 91 in Sincelejo, 65 in
Dosquebradas and 30 in Cartagena). The mean age of participants was 32.2 yearold (±12.1; range 17-78, 65.9% female), 32.6% were physicians (15.4% general
practitioners and 17.2% specialists), 20.4% nurses, 15.8% medical students.

52

53 Knowledge about virus transmission was significantly higher previous to the 54 intervention in Cartagena (100%), being consistently high as well in the other 55 assessed cities (>80%). Regard the frequency of symptoms, initial degree of 56 knowledge was low among all of cities (<35%, p≥0.05). Information about 57 incubation period was significantly higher before at Pereira (80%) and lower in the 58 other cities (<65%). Regard the most frequent symptoms associated and disease prevention, knowledge was also significantly higher in Pereira (91% and 100%, 59 60 respectively). Also, in Pereira we observed a significant increase in questions 2 61 and 3 (33.3% to 83.3% and 80.0% to 97.9%, p<0.05), reaching 100% of correct answer choice for the rest of the questions. In Cartagena 100% of correct answers 62 were reached after. A similar pattern was observed for Sincelejo, except for 63 64 question 5 in which 95.7% was obtained after intervention, with significant increase 65 when compared to the baseline (p=0.04). For Dosquebradas, a significant rise was observed for question 2 (p=0.001), with a boost of up to 100% for question 1, as 66 67 well as a >89% trend in final correct answers for the other questions (Table 1).

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Despite its limitations, this is the first study to measure the level of knowledge on 69 70 transmission, epidemiology and symptoms of Zika fever. Up to July 15, 2015, when 71 the trainings were held, there were not officially confirmed cases of Zika in 72 Colombia, contrasting to its neighboring country of Brazil, where almost 50 cases 73 were reported. Since September 22, 2015, the first nine cases, were reported. Until 74 November 28, 2015, there have been more than 3700 suspected cases, with 578 75 RT-PCR-laboratory-confirmed Zika cases in Colombia. This would have been 76 impact in clinical and epidemiological suspicion, then giving the relevance of

3

- 77 preparedness and alert before the arrival of Zika to these regions, in order to
- 78 achieve a timely diagnosis and optimal disease management in endemic regions,

79 but also for travelers returning from these areas $^{2, 4}$.

- 80
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- 82 **Conflict of Interest**: None of the authors report conflict of interests.
- 83

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1	03

 Table 1. Results of questions about knowledge about transmission, epidemiology and symptoms of Zika fever in four cities of Colombia.

Cities

			Pere	eira		Dosquebradas					Sincelejo					Cartagena					comparison		
	Pre		Post			Pre		Post			Pre		Post				Pre	F	Post		Pre	Post	
	n	%	n	%	р	n	%	n	%	р	n	%	n	%	р	n	%	n	%	р	р	р	
1. Zika fev	er is d	ı disease	tran	smitted b	oy (answe	r: mo	squito bi	te)						\sim									
Correct	44	97.8	48	100.0	0.3	16	94.1	48	100.0	0.26	36	81.8	47	100.0	O	15	100.0	15	100.0	n/a	0.0249	n/a	
Incorrect	1	2.2	0	0.0		1	5.9	0	0.0		8	18.2	0	0.0		0	0.0	0	0.0				
Total	45	100.0	48	100.0		17	100.0	48	100.0		44	100.0	47	100.0		15	100.0	15	100.0				
2. Regard	symp	toms, wi	hich p	roportio	n of patie	nts pr	esent th	em? (answer:	75%)				\mathcal{I}									
Correct	15	33.3	40	83.3	<0.001	3	17.6	32	66.7	0	10	22.7	47	100.0	n/a	0	0.0	15	100.0	n/a	0.0592	<0.00	
Incorrect	30	66.7	8	16.7		14	82.4	16	33.3		34	77.3	0	0.0		15	100.0	0	0.0				
Total	45	100.0	48	100.0		17	100.0	48	100.0		44	100.0	47	100.0		15	100.0	15	100.0				
3. Usual in	cuba	tion peri	od is	answer:	3-12 days	5)																	
Correct	36	80.0	47	97.9	0.01	11	64.7	46	95.8	0.49	28	63.6	47	100.0	n/a	5	33.3	15	100.0	n/a	0.0004	0.469	
Incorrect	9	20.0	1	2.1		6	35.3	2	4.2		16	36.4	0	0.0		10	66.7	0	0.0				
Total	45	100.0	48	100.0		17	100.0	48	100.0	5.0	44	100.0	47	100.0		15	100.0	15	100.0				
4. More fr	equer	nt sympt	oms d	ıre (answ	ver: fever,	conju	ınctivitis	and a	arthralgi	a)													
Correct	41	91.1	48	100.0	0.05	14	82.4	47	97.9	0.05	40	90.9	47	100.0	n/a	8	53.3	15	100.0	0.01	0.0023	0.511	
Incorrect	4	8.9	0	0.0		3	17.6	1	2.1		4	9.1	0	0.0		7	46.7	0	0.0				
Total	45	100.0	48	100.0		17	100.0	48	100.0		44	100.0	47	100.0		15	100.0	15	100.0				
5. In order	to pr	event di	sease	spread i	n commu	nities,	is neces	sary	to (answ	er: to re	educe	mosquit	o bite	e exposul	re)								
Correct	45	100.0	48	100.0	n/a	13	76.5	43	89.6	0.08	35	79.5	45	95.7	0.04	10	66.7	15	100.0	0.04	0.0029	0.072	
Incorrect	0	0.0	0	0.0		4	23.5	5	10.4		9	20.5	2	4.3		5	33.3	0	0.0				
Total	45	100.0	48	100.0		17	100.0	48	100.0		44	100.0	47	100.0		15	100.0	15	100.0				

All cities