IJIMM, Volume 3, Issue 5, 2025 ISSN: 2995-5319
http://medicaljournals.eu/index.php/IJIMM/issue/view/3

INTERNATIONAL JOURNAL OF INTEGRATIVE AND MODERN MEDICINE

Refusal of PCR Test for COVID-19, Tikrit 2021

Aeed Hasan Alwan Alwan
Ministry of Health, Salah al-Din Health Department

Dr. Khattab Algbouri
University of Sfax / Biotechnology Center / PhD in Microbiology

Annotation: Title: Refusal to undergo PCR testing for COVID-19, Tikrit 2021, a cross-sectional study

Background: Coronaviruses are a family of viruses that can cause illnesses such as the common cold, severe acute respiratory syndrome (SARS), and Middle East respiratory syndrome (MERS). A new type of coronavirus has been discovered after being identified as the cause of an outbreak that began in China in 2019. Local authorities have reported several suspected cases of COVID-19 and claim they have another differential diagnosis, which is helping the disease spread.

Objective: Learn about the reasons for not taking a PCR test and find appropriate solutions.

Ways: A descriptive cross-sectional study was conducted that included the opinions of (187) people from suspected cases who did not take a swab to diagnose the disease in the city of Tikrit for the period from 2/1/2021 to 5/30/2021.

Results: 62% of males, 29% in the 35-45 age group, 65% of urban residents, 43% have a fear of COVID-19, 26% have a fear of social stigma, followed by distrust of the institution (25% of the sample).

Recommendations: Health education, increasing COVID-19 early screening centers, facilitating testing procedures, and finding alternative methods for swabbing. Continuously providing necessary materials and supplies, strengthening experienced and qualified human resources, and engaging with patients professionally are essential to restore confidence in healthcare institutions. Leveraging the results of social science research on COVID-19 to address social and psychological factors.

Keywords: Polymerase chain reaction, graph, cross-sectional study, COVID-19.

Introduction

Coronaviruses are a family of viruses that cause diseases in mammals and birds. In humans, the virus causes respiratory infections including the common cold, which are usually mild and rarely fatal, such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and the novel coronavirus that caused the 2019-2020 outbreak. It can cause diarrhea in cattle and pigs, and in chickens, it can cause upper respiratory tract illness. There are no approved vaccines or antivirals to prevent or treat these viruses. The name "coronavirus" (abbreviated CoV) is derived from the Latin word corona, meaning crown or wreath, referring to the distinctive appearance of the virus particles (virions). Seen under an electron microscope, they exhibit surface protrusions resembling a king's crown or a solar corona.[1]

Coronaviruses are a large family of viruses that can cause illnesses ranging from mild illnesses, such as the common cold, to more severe diseases, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). Because the new coronavirus is related to the virus that causes severe acute respiratory syndrome (SARS), it is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Experts have not yet confirmed the exact source of SARS-CoV-2, the virus that causes COVID-19, but it may have been transmitted to humans from bats.[2]

Human coronavirus: Coronaviruses are believed to cause a significant proportion of colds in adults and children. Coronaviruses cause colds with major symptoms, such as fever and swollen appendages, particularly in humans during winter and early spring. [24] Pneumonia-causing coronaviruses can cause either viral pneumonia directly or secondary to bacterial pneumonia. They can also cause bronchitis, either directly from viral bronchitis or secondary to bacterial bronchitis. [25] A human coronavirus, which has been circulating since 2003, has been identified. It is severe acute respiratory syndrome-associated coronavirus (SARS-CoV), which causes severe acute respiratory syndrome (SARS), and has a unique ability to cause disease because it causes both upper and lower respiratory infections.[3]

The international community, which was preparing to welcome the second decade of the second millennium with more inventions, innovations, and ideas that bring the world's peoples and cultures closer together, could have imagined that the Earth would become too small for its inhabitants to bear, and that the entire world, with its capabilities and scientific achievements, would stand perplexed throughout this period, which has surpassed the norms of epidemics since the beginning of time until this moment, in the face of this pandemic that has taken everyone by surprise. A new reality and a different world are what COVID-19 has created; this tiny creature that can only be seen with extremely complex and sensitive microscopic devices. Malls, schools, and airports have closed, public transportation has stopped, and people have been confined to their homes in fear of this hidden, lurking enemy, which has spread panic and death, its effects devouring the economy and various aspects of life. Overnight, our lives were turned upside down, and we were stunned by obsessions, rumors, and conflicting information about the nature and reality of the disease: Is it a threat to our lives or merely a passing ailment? Is there a conspiracy being hatched to change the world and us for ulterior motives, or is it God's will and destiny, a divine lesson to recognize our true worth in the face of His power? Since the beginning of 2020, the world has been facing the coronavirus (COVID-19) pandemic, which represents a major challenge to humanity and a serious threat to life, represented by the rapid and alarming spread of the epidemic, which can lead to death in some cases. Although many countries have taken multiple, sometimes harsh, measures to limit the spread of the virus and limit its spread to epidemic proportions, the world's eyes are now turning to scientists, doctors, and innovators from all scientific disciplines in the hope of finding a quick and successful cure for this epidemic.[4]

The pandemic is forcing us to rethink the kind of society we want to rebuild or "recover" from in the coming decades. COVID-19 has exposed the deep roots and exacerbated structural inequalities and injustices in our society. This paper has demonstrated the importance of bringing a social science perspective to the discussion as well.[5]

Objective

- Knowing the reasons for not performing a PCR test
- Developing new and well-thought-out policies to combat the risk of disease spread through early diagnosis.

Methodology

After obtaining official approvals from the Department of HealthSaladinAnd design a special questionnaire to find out if the swab is not accepted.

A cross-sectional study was conducted on a random sample of the community within the geographical scope ofTo spend TikritFrom February 1, 2021 to May 30, 2021, 187 samples were collected from individuals with COVID-19 who had not undergone a PCR test. The study aimed to determine the reasons for not having a swab test for diagnosis. Responses were collected face-to-face. Samples were collected using a pre-prepared form, and data was compiled using Excel and analyzed using a Pivot Table. Results were then obtained.

Results

Figure No. (1) Distribution of cases by gender

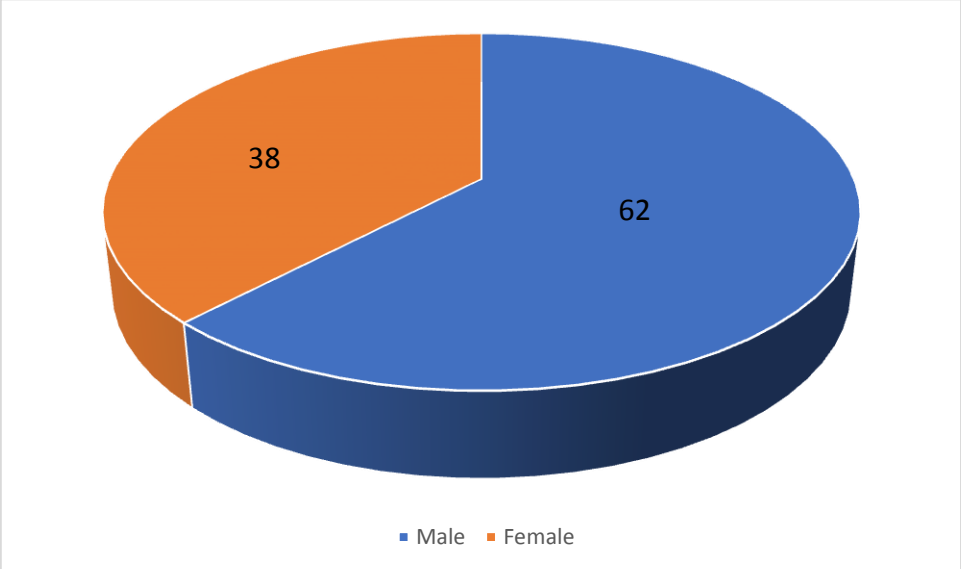


Figure No. (2) Distribution of cases according to age group

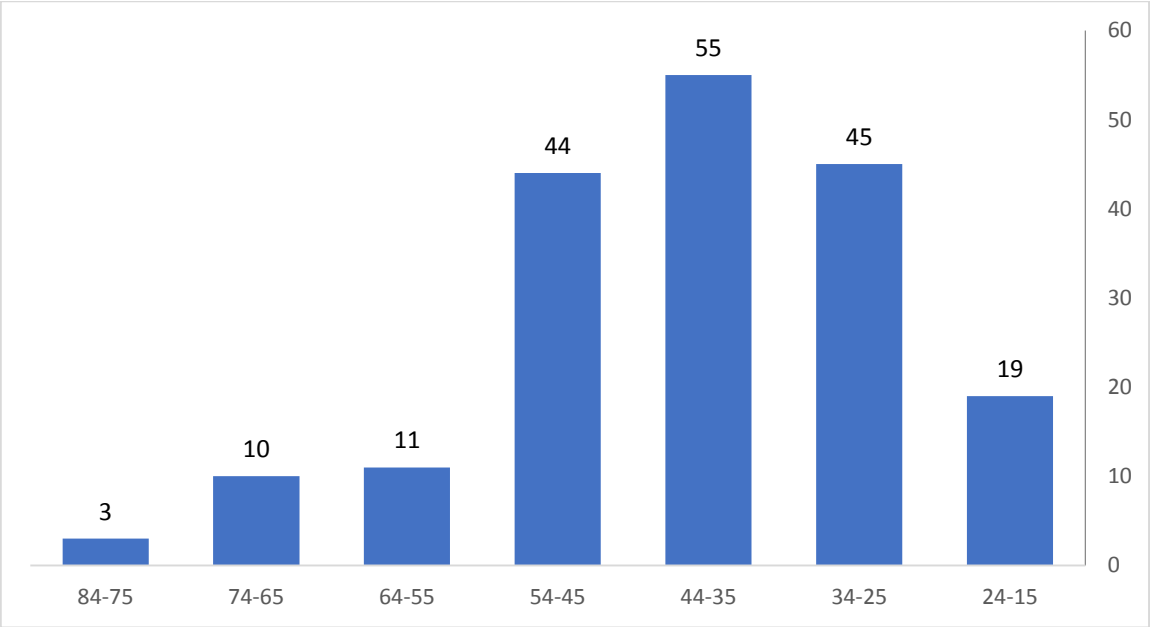


Figure No. (3) Distribution of cases according to profession

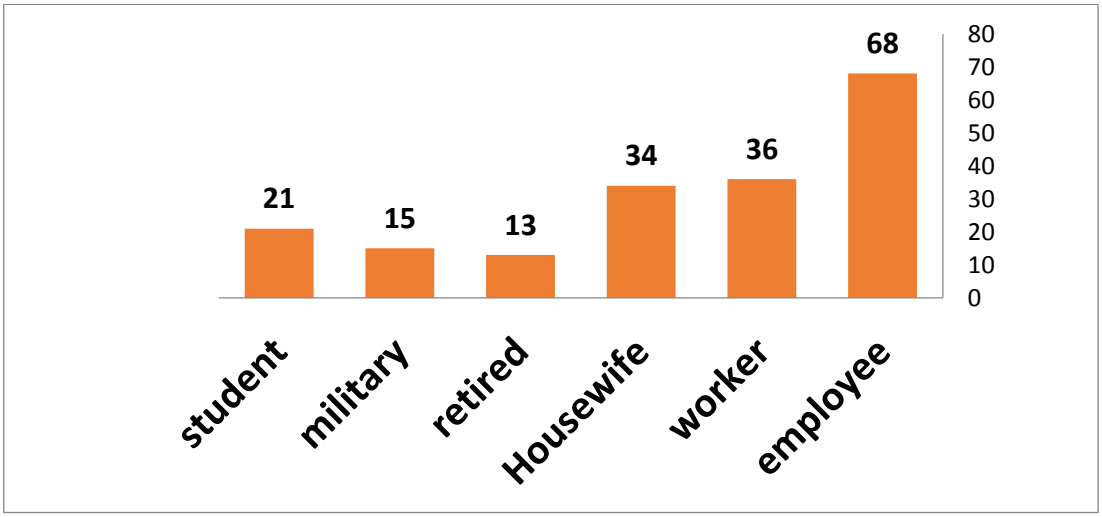


Figure No. (4) Distribution of cases according to neighborhoods

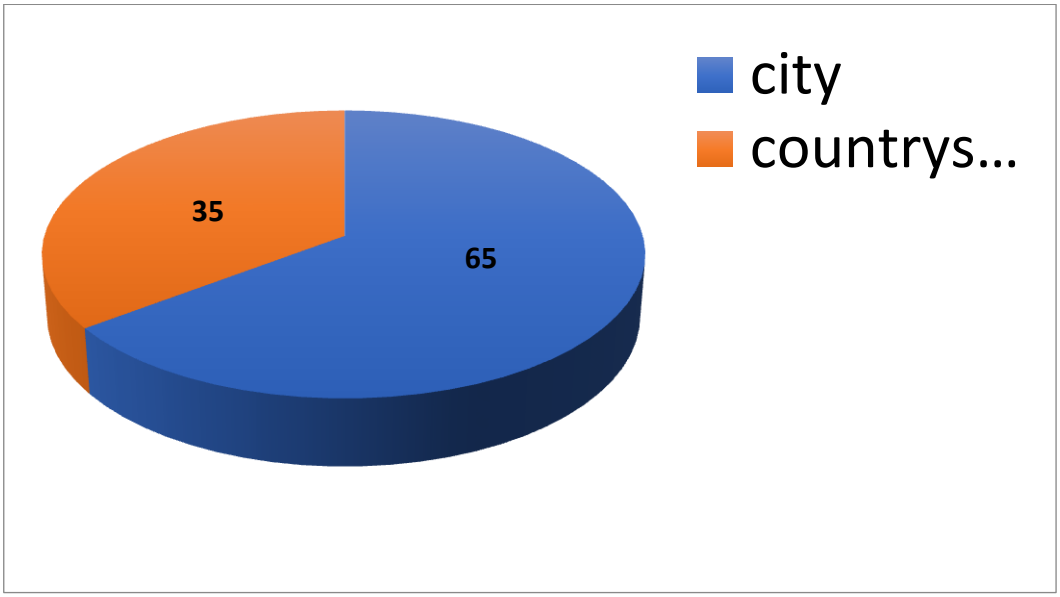


Figure No. (5) Presence or absence of the disease

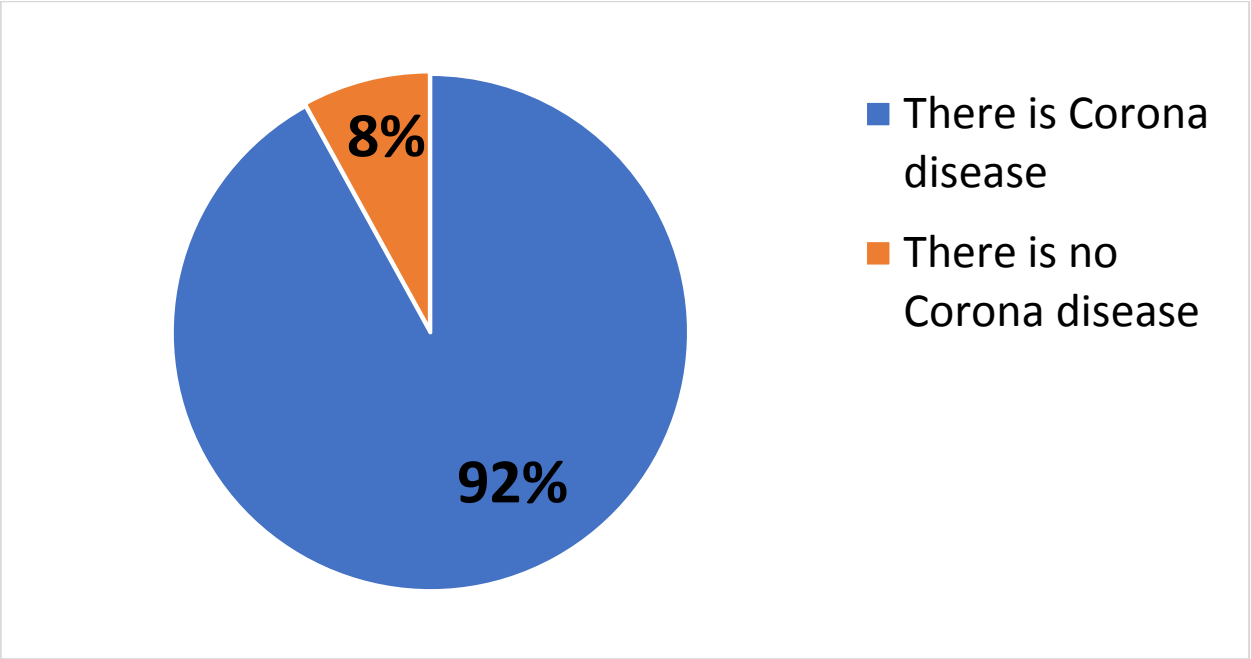


Figure No. (6) Reasons for not taking the swab

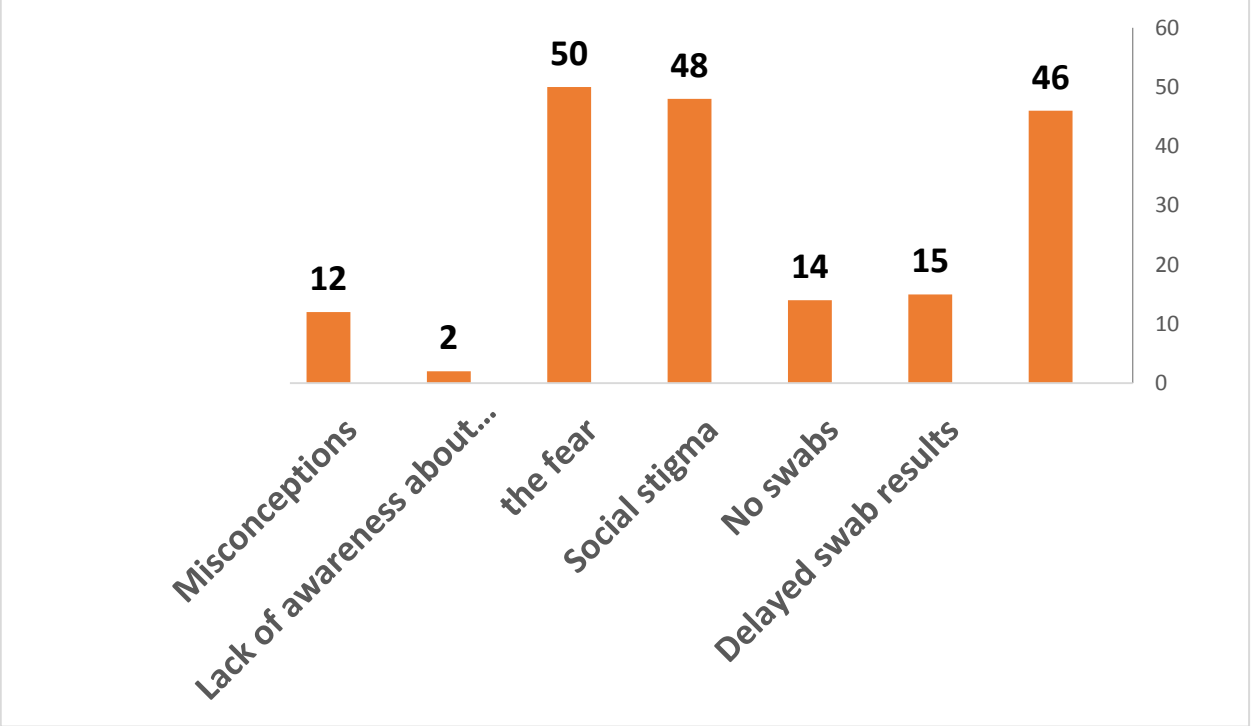
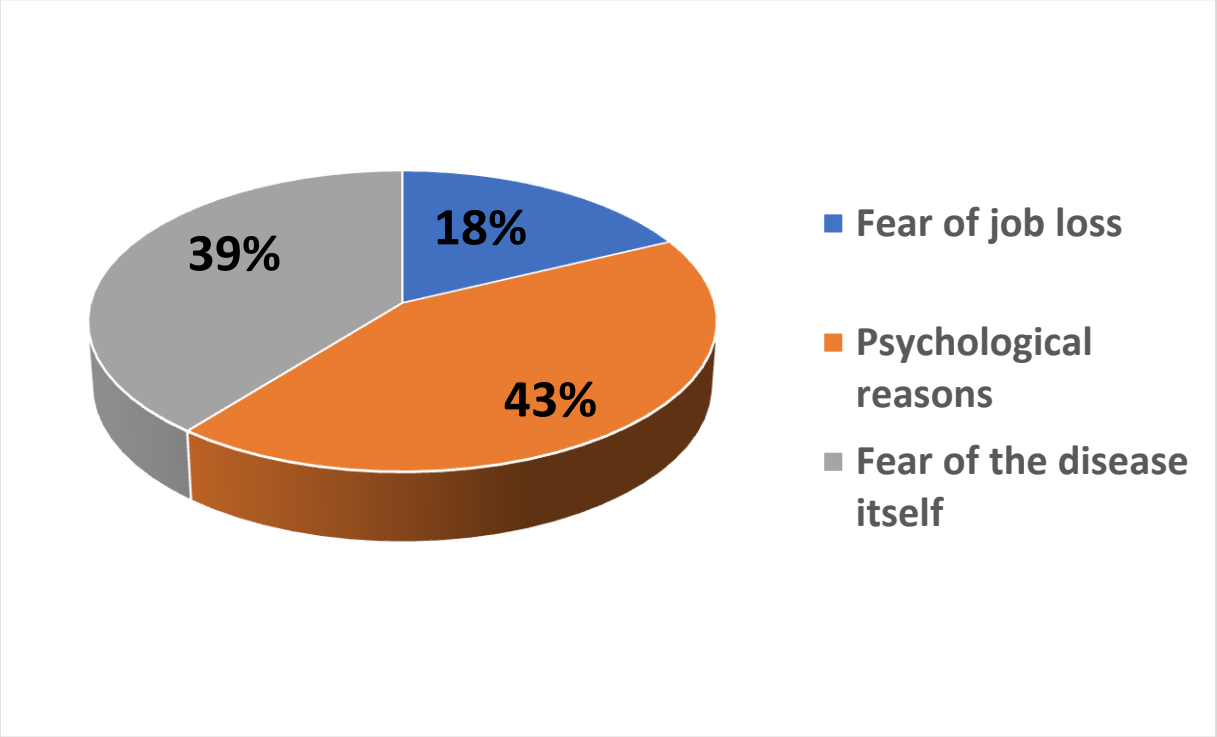


Figure No. (7) Reasons for fear of polymerase chain reaction



- The percentage of males participating in the survey was 62%, as shown in Figure 1.
- Figure 2 shows that the ages of most of the survey participants were between 35-45 years.
- In Figure 3, it was noted that most of the respondents were employees.
- The percentage of survey participants from the city is higher than from the countryside, reaching 65%. Figure 4
- Figure 5 shows that 92% of respondents believe in the existence of the Corona virus.
- Figure 6 shows that the most common reasons for hesitation or reluctance to undergo a PCR test to detect COVID-19 are fear, followed by social stigma and distrust of healthcare institutions.
- In Figure 7, we find that 43% of respondents had a prior fear of contracting the coronavirus, and 39% were afraid of losing their jobs.
- It was noted that there was a large difference in the distance (unintentional) from the participation of the elderly category in the research topic and questionnaire form, as the participants who were in the third and fourth decades of life constituted the largest percentage as in Figure (3) and the employee segment was the highest as in Figure (4).

Conclusion

- Males have the highest percentage of participation in the survey, Attributed to customary social factors
- The age group of 35-45 is the most participating because it is the most Active age group in the community, injuries are often minor at this age
- Employees are more engaged because they are knowledgeable and educated and answer questions easily.
- City dwellers are more engaged thanIn the countryside due to economic and social conditions
- Fear factors top the survey due to the widespread rumours and allegations about the disease, as well as living conditions.

Discussion

 # The study agreed In terms of providing testing sites nearby and increasing the number of swabs needed to detect coronavirus. With the adoption of a new "mass testing" strategy, where communities are tested even if they are asymptomatic to prevent a new outbreak or the emergence or continuation of a new wave, experts warn that without widespread testing for COVID-19, the number of cases will rise sharply as governments reopen more businesses and public spaces. However, there remains a woeful shortage of diagnostic tests for coronavirus, due to unprecedented demand for chemicals and supplies.[6]

The study differedGiven the human tendency to resist restrictions on personal freedoms and the strong motivation to disregard or ignore government rules, as well as the flawed policies adopted by some countries to combat the pandemic, given the economic consequences are more serious than the pandemic itself, at the beginning of 2020, as the coronavirus spread rapidly across Europe and North America, we helped mobilize more than 100 colleagues from around the world to measure how people were responding to the pandemic. Beyond adopting prosocial behaviors such as social distancing, frequent handwashing, and wearing a face mask—the best tools we can use to combat the virus—we wanted to understand why some people follow government rules while others do not. Now, with 60,000 responses from more than 30 countries, we have preliminary results, which paint a complex picture of individual and collective motivations for mitigating the coronavirus.[7]

Recommendations

1. Intensifying awareness campaigns and activating the role of health promotion and community communication to educate the community.
2. Integrating Social Science Research with Policy: Medical research on the COVID-19 pandemic has recently seen a significant increase, out of clear necessity and for several reasons. This research has also demonstrated that social scientists have a crucial role to play in addressing the crisis, not only in improving our immediate understanding of it but also in its future consequences.
3. Social distancing in some form, especially as signs of a third wave of COVID-19 emerge, is likely to further exacerbate age and gender divides.
4. Older people should not be marginalized, but rather considered an integral part of economic and social life. They are not merely a dead background or a neutral material stage in human life; rather, they are teeming with materials and forces that can harm or help us in almost everything we do, individually and collectively.
5. The coronavirus does not discriminate between nationalities, genders, men, or ages. It is very important not to let fear affect friends, neighbors, or community members if they are sick, and to warn others if you hear them making statements that affect members of your community.
6. - Adopting a clear government vision to develop strategies for dealing with epidemic diseases and disasters, establishing the concept of community partnership, and ensuring that all members of society assume responsibility.
7. Working to establish more centers for early COVID-19 testing, facilitate testing procedures, and increase awareness of alternative swab testing methods.
8. Providing the necessary materials and supplies to isolation centers (designated areas for conducting swabs) on an ongoing basis, as well as strengthening the human cadres with experience and competence and dealing professionally with visitors to restore confidence in the work of the healthcare institution.

Restrictions

- ✓ Unwillingness to participate in the survey
- ✓ Customary and social factors

- ✓ The patient is in critical condition
- ✓ Patient companions

Reference

1. (Virus Taxonomy: 2018b Edition) (HTML). International Committee on Taxonomy of Viruses (ICTV). March 2019. Archived from the original on 4 March 2018. Retrieved 24 January 2020.
2. (Centers for Disease Control and Prevention: 2019-nCoV)
3. Shi L, Zhang W, He J, Liu S, Zhao S, Kong S, Lu JF, Gu D, Ho L, Liu B (November 2017). "Analysis of the spread and genetic diversity of human coronaviruses among children crossing borders." Journal of Virology (English). 14(1): 230. doi: 10.1186/s12985-017-0896-0. PMC 570073
4. Iraq\help.unhcr.org
5. (Suga 2020, p. 19)
6. (Lack of coronavirus tests triggers new strategy)
7. www.scientificamerican.com › Arabic › Articles › Features › Coronavirus Testing (What's the Motivation Behind Breaking COVID-19 Rules? - Scientific American)