



a range of concentrations. All patients of group observations was calculated according to the first blood test in the hospital leukocyte index of intoxication (LII), which is equal to the average healthy individuals of 0.7. The optimal value of LEAH in the range of 0.50 to 0.75. Level LII less 0,32 is regarded as low. If the level LEAH more 0,92 - high level. To register the data used software Microsoft Excel for statistical analysis - criteria t-test.

Results. The study group comprised 16 patients. Among the patients of this group had 11 men and 5 women. The average age (M±M) 30.37 per ± 2,79 years. RNA influenza a(H1N1sw) PCR isolated from 13 patients, RNA of influenza virus In one patient, one case of influenza, severe, diagnosed clinically. Day of illness at admission (M±M) of 2.6±0,98, duration of hospital stay (M±M) of 10.5±1.3 days. In 8 cases (50%) influenza complicated community-acquired pneumonia. All patients of the first group received Tamiflu 150 mg/day. When analyzing the level of cytokines in the serum of patients revealed a decrease in the average level of IL-1 β when compared with control. In the control (M ± m) - 39,12 ± 3,38 PG/ml observed in the group of patients 34,63 ± a 4.83 PG/ml, respectively. Its content ranged from 5.7 to 74.5 PG/ml reduced Frequency indicators of IL-1 β when compared to the average performance of the control was 46,15%. At the same time 76,92 % of the surveyed value of IL-1 β does not exceed a 50.0 PG/ml, specified as the upper limit values. Slightly elevated level LEAH was determined in 3 (18,75) patients, elevated levels of LEAH and high level LII - 13 (82,15%). Interpreted the results of the study LII as an indication of the level of EI.

Conclusion. 1. Clinical manifestations of influenza a (H1N1) pandemic differed from those with other infections and seasonal flu. 2. When analyzing the level of the cytokine IL-1 β in the serum of patients at admission to hospital (day of illness (M±M) of 2.6±0,98), revealed a decrease in the average level of IL-1 β, which is characteristic of the acute phase of viral infection. 3. A comprehensive assessment of LEAH informative than learning simple hemogram and allows you to see the quantitative expression of the shift leukocyte towards neutrophils, allowing you to more clearly assess EI.

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OCULAR HEMORRHAGIC DISORDERS IN EBOLA VIRAL INFECTION CASES

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Introduction: Ebola (EBO) is a severe and often deadly disease caused by a virus (Ebola virus). Symptoms include fever, diarrhea, vomiting, bleeding, and often, death. Ebola can occur in humans and other primates (gorillas, monkeys, and chimpanzees). The 2014 Ebola outbreak in West Africa is the largest in history. About 70% of the people who have gotten Ebola in this outbreak have died. A small outbreak of twenty cases occurred in Nigeria and one case occurred in Senegal; both Nigeria and Senegal are now declared disease-free. The disease begins with fever, asthenia, diarrhea, headaches, myalgia, arthralgia, vomiting, and abdominal pain. Early inconsistent signs and symptoms included conjunctival injections, sore throat, and rash. Overall, bleeding signs were observed in <45% of the cases.

Aim: To enlighten readers about the cognitive signs of Ebola especially with regards to the visual system.

Materials and methods: Literature from various sources, both online and offline articles.



Results: During the acute phase of EBO infection, Patients with EVD generally have abrupt onset of fever and symptoms typically 8 to 12 days after exposure (incubation period for current outbreak has a mean of approximately 9 to 11 days). Initial signs and symptoms are nonspecific and may include elevated body temperature or subjective fever, chills, myalgia, and malaise several ocular manifestations have been observed in 70%. Patients can progress from the initial nonspecific symptoms after about 5 days to develop gastrointestinal symptoms such as severe watery diarrhea, nausea, vomiting, and abdominal pain. A conjunctival injection, a relatively early sign of EHF epidemics. Bilateral conjunctivitis during the acute phase of the epidemic was highly predictive for the diagnosis of an EBO infection; subconjunctival hemorrhages have also been reported and certain patients with EHF complained of blurred vision or blindness during the acute phase of their illness. The etiology of these ocular manifestations remains unclear because ophthalmologic examinations, were considered potentially risky procedures for health care workers as they may be infected by contact with an infectious person. EBO is typically a zoonosis and outbreaks with human-to-human transmission periodically occur. The severity of this disease with its high fatality rate and its awful hemorrhagic symptoms has been largely emphasized by mass media. The risk for EVD among ophthalmologists from Western countries is, therefore, minimal. However, it is not impossible that mild, asymptomatic, and convalescent EVD patients may seek ophthalmologic care. Proper anamnesis and physical examination are enough to distinguish between false alarms and potential Ebola virus carriers and, in the latter case, preventive measures are effective in minimizing the risk of transmission.

Conclusion: We hope that the published data on metastases to the skin and data from our own practice will be interesting and useful to students and teachers of medical schools and doctors of various fields.

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**FEATURES OF DISORDERS OF MINERAL METABOLISM IN PATIENTS
CO-INFECTED WITH HIV/HCV**

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Introduction. HCV-infection and HIV are the two most serious and common viral diseases that are widespread and are characterized by the defeat of the working population. Co-infection with HIV/HCV is an important public health problem, since viruses, acting synergistically accelerate the progression of hepatitis C virus-induced liver disease. Trace elements have a significant impact on the metabolic processes in the body and have a close relationship with the enzymes, hormones, vitamins and other biologically active compounds. The content of trace elements in the blood is a valuable diagnostic feature in many pathological conditions. Insufficient knowledge of their content in patients co-infected with HIV/HCV proves the feasibility of studying their role in the pathogenesis of this disease.

Materials and methods. Our scientific work was carried out at the Department of Infectious Diseases Kharkiv National Medical University located at the Regional Clinical Hospital of Infectious Diseases of Kharkiv and Kharkiv regional center for prevention and control of AIDS. The content of trace elements (copper (Cu), iron (Fe) and zinc (Zn)) in