

Material and methods. We conducted the comparative study of vital functions features of senior pupils living in large cities of Ukraine (Kharkov) and Nigeria (Ondo) using questionnaire. The results of separate factors of risk study among teenagers allowed to expose similar tendencies and distinctions on separate parameters, characterised healthy lifestyle (namely psychological microclimate, motive activity, mode of day, character of feed and maintenance of rules of the personal hygiene).

Results. It was set that indexes of psychological microclimate at school and in family life were higher for the Kharkov senior pupils (the 78% interrogated pupils estimated them by categories «above average» and «high» as compared to 58% in the second group). Observance of the mode of day for the pupils of both inspected groups shows high enough level (54% and 64% accordingly). Substantial distinctions in the estimation of motive activity were found out. Most of Nigerian senior pupils were estimated as «above average» and «high» (78% as compared to 26% Kharkov schoolboys). Most senior pupils estimated feed as «average» and «above average» (82 % of Kharkov senior pupils and 78% - of Nigeria pupils). 86% Nigerian senior pupils and 40 % Kharkov senior pupils observe the rules of the personal hygiene with high-performance.

Conclusion. Therefore common traits of intraschool environment for the both inspected groups are maintenance of day mode and rules of the sanitary culture. Substantial distinctions were found out concerning motive activity, favourable psychological microclimate and arrangement of rational feed.

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PROGRESS IN DRACUNCULIASIS ERADICATION IN THE AFRICAN REGION

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Introduction. Dracunculiasis (commonly known as guinea-worm disease) is a crippling parasitic disease caused by *Dracunculus medinensis*, a long thread-like worm. It is transmitted exclusively when people drink water contaminated with parasite-infected fleas. Because of the debilitating nature of *D. medinensis* during its active stages, it can cause significant damage to the economy of its endemic region. The guinea worm has been blamed for the majority of school absences in many parts of Africa, wasting valuable time and resources in already-poor third world countries. Now Dracunculiasis is on verge of eradication.

Aim. To analyze the current epidemic situation of Dracunculiasis in the endemic areas of the African Region.

Material and methods. Data from WHO were used. This data includes information about reported cases of Dracunculiasis from mid 1980s till the beginning of 2013.

Results. During the mid 1980s there was an estimated 3.5 million cases in 20 countries worldwide, 16 of which was in Africa. From 1989 to 2007, the annual incidence of Dracunculiasis in the African Region decreased from 892055 cases



in 25789 villages in 1989 to 3700 cases in 251 endemic villages in 2007. At the end of 2008, 28 countries have been certified free of dracunculiasis local transmission and 8 countries were at pre-certification stage. The number of reported cases dropped further to 3190 in 2009 and to 1797 in 2010 and to 1058 in 2011 and to 542 in 2012. The number of endemic countries has decreased from sixteen to just four. The only reported cases have been in Chad, Ethiopia, Mali and South Sudan. January 2013 was the first month ever where no cases have been reported. Ghana, one of the endemic countries in 2010, reported only 8 cases in 2010 and has reported zero cases for over 14 consecutive months since June 2010 indicating interruption of transmission in 2010. To be declared free of dracunculiasis, a country needs to maintain adequate nationwide surveillance for 3 consecutive years and demonstrates that no cases of indigenous dracunculiasis occurred during that period.

Conclusions. For the interruption of transmission of dracunculiasis enforcement programs and nation-wide surveillance are necessary to ensure eradication of dracunculiasis.

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SICKLE CELL DISEASE AND PREGNANCY IN BAHRAIN

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Objective: To determine the morbidity and outcome of pregnancies complicated by homozygous sickle cell disease (SCD) in Bahrain.

Methods: A controlled study was conducted of all the pregnant women with SCD who were delivered at Salmaniya Medical Complex and affiliate hospitals in Bahrain.

Results: There were 351 pregnancies with SCD, giving an incidence of 0.67%. The mean \pm S.D. age of women with SCD was 28.8 \pm 5.7 years. These women, who were mostly from Shia villages, had more spontaneous abortions than the 351 controls (32% and 12%, respectively). Compared with the control group, the mean \pm S.D. number of pregnancies among women with SCD was 5.0 \pm 1.9 vs. 5.7 \pm 3.1; birth weight, 2,965 \pm 540 g vs. 3,457 \pm 497 g; rate of preterm deliveries, 25.9% vs. 12%; incidence of intrauterine growth restriction, 10% to 13% vs. 4% to 7%; Apgar scores at 1 and 10 min, 8.1 \pm 0.8 and 8.8 \pm 0.8; and cesarean section rate, 19.0% vs. 12.7%. There were no differences in the rates of pre-eclampsia, antepartum and postpartum hemorrhage, or stillbirth. There were 4 maternal deaths directly related to SCD complications. Hemoglobin analysis was performed in 86% of the women with SCD. Of these women, 60.6% had homozygous SCD with raised levels of fetal hemoglobin (more than 5% HbF); 9.6% had sickle cell hemoglobin with beta-thalassemia disease; and 1.4% had sickle cell hemoglobin only. Vaso-occlusive crises were the most common cause of hospital admissions during pregnancy (42.2%), while hemolytic and sequestration crises accounted for 28.0% and 0.6% of admissions.