which 12 million people were covered, which represents a coverage of 24 million of the population.

**Conclusions.** Though Ghana has been making progress implementing its National Malaria Control Programme, there are still gaps in achieving the targets. Yet still malaria account for over 25% deaths in the hospitals, in which more than ¼ are children under 5 years.

**Mohylenets O.I., Dally M., Merkulova N.F., Bondarenko A.V., Solomennyk G.O., Iurko K.V., Vinokurova O.M.**

## SIGNIFICANCE OF LABORATORY PARAMETERS IN ETIOLOGIC DIAGNOSIS OF INFECTIOUS MONONUCLEOSIS

**Kharkiv National Medical University, Kharkiv, Ukraine**

**Introduction**. In recent years, Ukraine has a significant increase in morbidity registers due to infectious mononucleosis (IM). It is known that in addition to theEpstein-Barr virus (EBV), other herpesviruses can cause IM. Despite the widespread use of new laboratory technologies which allow to establish the etiology of IM, the differential diagnostics of different etiologic variants of this disease still contains many unsolved questions.

**Purpose of work** – to evaluate thelaboratory indexes of patients with IM due to different etiologies.

**Materials and methods.**Surveys of 47 patients with IM in Kharkiv regional clinical hospital of infectious diseases were done. From them 28 were men (59,6 %) and19women (40,4 %). Mean age of patients was 23,94±1,08 year.

The diagnosis was based on the clinical data, results of additional laboratory and imaging studies which are in accordance with generally accepted clinical criteria. Etiological diagnosis was conducted by the detection of EBV and cytomegalovirus (CMV) antibodies by the method of immunoferment analysis (IFA),plus thedetection of their DNA in the blood serum by the method of polymerase chain reaction (PCR). After signing the consent, patients were tested for the presence of HIV antibodies by IFA. Alanine aminotransferase (ALaT) activity, thymol test, integral haematological indexes (IHI) (calculated using mathematical formulas) were checked in all patients.

**Results**. Among the inspected patients EBV was detected in 26 (55,3 %) while CMV was present in 6 (12,8 %), and in 15 (31,9 %) – the markers of both viruses were present.All patients were HIV-negative. Increase of ALaT was observed in 81,25% of patients; thymol in 50%, the simultaneous increase in both measures was present in 50% of patients. The median ALaT was 2,5 ± 0,33 mmol /(l/h.), thymol – 5,2 ± 0,59 units. The difference between the groups of patients with different etiologies of IM was not present. In comparing IM patients (regardless of etiology) to healthy persons significant changes or tendency to change of IHI were observed, which indicates the presence of endogenous intoxication caused by an infectious process, and violation of immunological reactivity. Significant differences in IHI between EBV-, CMV- and EBV+CMV-IM is not present.

**Conclusions.** 1. In majority of IM patients cytolytic syndrome of varying severity was present, also half of the patients had mesenchymal-inflamatory syndrome. 2. IHI study showed that non-specific immune reactivity in patients with IM is different from that in healthy individuals. 3. Significant difference between the rates of ALaT, thymol, IHI, in patients with EBV-, CMV- and EBV+CMV-IM is absent which eliminate the usage of these indicators to establish the etiological basis of this disease.

**Ntim Gyakari Afia**

## PROGRESS IN DRACUNCULIASIS ERADICATION IN THE AFRICAN REGION

**Kharkiv National Medical University, Kharkiv, Ukraine**

**Introduction.** Dracunculiasis (more 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 water fleas. Now Dracunculiasis is on verge of eradication.

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

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

**Results.** During the mid 1980s there were an estimated 3.5 million cases in 20 countries worldwide, 16 of which were 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. As of the end of 2008, 28 countries have been certified free of dracunculiasis local transmission and 8 countries are at pre-certification stage. Then 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 is 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 have reported zero transmission and afterwards maintained active surveillance for at least three years.

**Conclusions.** The interruption of transmission and enforce nation-wide surveillance are necessary to ensure eradication of dracunculiasis.

**Omelchenko A.V., Khaziev A.V., Bondar A.E.**

## QUALITY OF LIFE IN PATIENTS WITH CHRONIC HEPATITIS C AFTER STANDARD TREATMENT

**Kharkiv National Medical University, Kharkiv, Ukraine**