

Conclusions. 1. In majority of IM patients cytolytic syndrome of varying severity was present, also half of the patients had mesenchymal-inflammatory 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.

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PROGRESS IN DRACUNCULIASIS ERADICATION IN THE AFRICAN REGION

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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.

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

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Hepatitis C virus often causes chronic liver disease, reduces physical, mental and social functions in patients. Only adequate therapy can return them initial standard of living.

The **aim** of this investigation was to evaluate the quality of life (QOL) in the patients with chronic hepatitis C (CHC) after standard therapy (peginterferon alfa + ribavirin), to investigate the influence of socio-demographic factors of the quality of life in patients with CHC.

Methods. The study was based on 28 CHC patients (before therapy, $n=13$, after therapy, $n=14$) and 40 healthy persons. It was carried out using the generic Short Form-36 (SF-36).

Results. Significant reduction of QOL was noted in patients with CHC patients in comparison with healthy control group ($p < 0.05$). The results were distributed in such a way: General Health - 54.7 ± 4.8 in patients before treatment and control group - 70.3 ± 5.8 , Physical Functioning 53.7 ± 3.8 and 96.3 ± 3.6 , Role-Physical 49.3 ± 6.2 and 65.4 ± 6.4 , Role-Emotional 58.4 ± 3.4 and 88.9 ± 5.4 , Social Functioning 49.5 ± 3.7 and 84.6 ± 4.9 , Bodily Pain 49.8 ± 3.2 and 83.4 ± 5.3 , Vitality 41.7 ± 4.8 and 73.2 ± 6.4 , Mental Health 44.8 ± 4.6 and 77.5 ± 6.9 . Patients after standard therapy showed better results in comparison with persons previous to treatment: significant differences using SF-36 were found regarding physical and emotional functions, activity and physical pain. The analysis revealed ages below 35 years as the most important positive variable in CHC patients for total score of the quality of life and physical component score. The most important positive variable for the mental component of the quality of life was male gender.

Conclusion. The quality of life is reduced in patients with chronic hepatitis C in comparison with healthy population. The quality of life in chronic hepatitis C patients after therapy is better than in patients without treatment. We can see the lowest damage of the total quality of life in young patients with chronic hepatitis C.

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INTERLEUKINS PROMOTOR GENE POLYMORPHISM IN HIV-INFECTED INDIVIDUALS

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The **objective** of the research was to study distribution character of the allele variants of IL-4 promoter gene area in position -590, IL-10 in position -592, TNF- α in position -308 in HIV-infected Ukrainians of North-Eastern region.

Materials and methods. Data for the study were DNA samples, received from peripheral blood leukocytes of 200 persons: 78 HIV-infected, 22-HIV-negative individuals from the group of high risk of contamination, 100 healthy blood donors. Gene polymorphism detection was made with PCR-RFLP method.

Results. By analysis of frequency of IL-4 gene allele variants it has been discovered that homozygotes by the main allele were the dominant variant. It has been found out that among people with HIV there were T/T minor gene carriers 4.5 more