



than 95% of vaccinees, reduces the risk of rotavirus gastroenteritis in the 1st year to 74%, and severe rotaviral gastroenteritis in the 1st year to 98%, in the 2nd - on 88%. Decreased risk of hospitalization by 96%, going to the emergency - 94%, to the doctor - 86%, the number of disability days - by 87%. The effect is manifested RV5 against serotypes G1 (95%), G3 (93%), G4 (89%) and G9 (100%). Preliminary result of the mass use of RV5 in the US showed that in 2007-2008 rotavirus activity began at 2-4 months later than before vaccination, and incidence was significantly lower (17,8%) than in the years before vaccination (30,6-45,5%).

Conclusion. Thus, rotaviral vaccines should be included in national immunization programs in Ukraine.

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**THE IMPROVEMENT OF A DIFFERENTIATED APPROACH TO THERAPY OF
RECURRENT SIALADENITIS IN CHILDREN**

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Introduction: The percentage of false diagnoses of sialadenitis with irrationally assigned therapy remains high at 77.8% level. This study purpose was to improve the treatment of recurrent chronic sialadenitis in children based on the determination of viral load in disease dynamics.

Material and methods: We observed 38 children from 7 to 18 years old, who had unilateral (22 children) or bilateral (16 children) herpetic sialadenitis. The diagnosis was made based on the results of polymerase chain reaction (PCR) to quantitatively determine virus copies as well as enzyme-linked immunosorbent assay (ELISA). Disease relapses had been registered 3-5 times over the last 2-4 years in all patients' histories.

Results: A disease etiological factor in 18 children (47.4%) was Epstein-Barr virus and cytomegalovirus in 20 (52.6%). When conducting the ELISA in 22 children (57.9%), the increase in IgG and IgM antibody titer were determined. In 11 children (28.9%), there was an increase only in IgM antibody titer and in 5 children a rise in IgG antibody titer, which did not always allow to determine a treatment strategy. The quantitative PCR results allowed to distinguish children with low (44.4%), high (38.8%) and very high viral load (16.8%).

Conclusions: It was found that low virus concentration is a favorable factor during therapy and did not require immunomodulatory drugs usage, while high and very high—unfavorable, which dictates the need for immune correction. Besides, viral load determination in the disease dynamics allows to control therapy effectiveness and to determine the observation terms of convalescents herpetic sialadenitis.

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**ANALYSIS OF CLINICAL AND LABORATORY PARAMETERS AND EFFICIENTLY
OF TREATMENT OF ACUTE PURULENT MENINGITIS IN KHARKOV'S
REGIONAL CLINICAL HOSPITAL OF INFECTIOUS DISEASES IN 2011-2013**

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Introduction: Currently, infectious diseases of the central nervous system are some of the serious infectious diseases associated with high mortality, disability patients. According



to the World Health Organization in the world mortality from CNS infectious diseases is 20%. Nowadays admission and treatment of patients with acute neuroinfections in Kharkov is possible only in Regional Clinical Hospital of Infectious Diseases.

Aim: Analyze the etiology of infectious diseases of the CNS, the clinical picture and laboratory examination data, depending on the severity of the disease.

Materials and methods: Since 2011 to 2013, we observed 74 patients with acute purulent meningitis. Patients underwent conventional laboratory and research methods investigations of blood and cerebrospinal fluid.

Results: Severe disease were in 55 patients (74%), moderate in 19 patients (26%). Lethal outcome were in 11 patients (14.9%). Average age in the group with moderate disease was 46 ± 12 , with severe disease - 52 ± 15 . The average age of lethal outcomes was 63 years. The etiology of the disease was determined in only 28 % of cases. Most often from the cerebrospinal fluid (CSF) of patients were isolated Str. Pneumonia, St. Epidermidis. N. meningitidis was isolated only in 4 patients (5 %), two of them died. High mortality rate and severity is typical (14.9%). The severity of disease was due to the development of cerebral edema (100% of patients with severe disease), not as often with infectious-toxic shock, cerebral thrombosis, ventriculitis. Purulent meningitis accompanied by pneumonia in 21 % of patients. Pneumonia was observed in the group with severe disease in 29% of cases, in moderate in 16%. Antibiotics ceftriaxone and levofloxacin were used in 75% of cases.

Conclusions: In Kharkov and region noted sporadic incidence of purulent meningitis, with a low incidence of generalized meningococcal infection. Currently, using a combination of ceftriaxone and levofloxacin in the treatment of purulent meningitis is effective and reduces mortality to 15%. Significant positive dynamics of both clinical and laboratory parameters were at 5-7 days of treatment in most patients. Elderly patients, impairment of consciousness at the level of coma after 3-4 days of treatment, the presence of comorbidity were unfavorable factors.

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IMMUNOLOGICAL MARKERS IN CHILDREN WITH CHLAMYDIA PNEUMONIA

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Introduction. Infectious diseases caused by Chlamydia are widespread, especially Chlamydia pneumonia. Pathogenic mechanisms, immunogenesis, diagnostics, and treatment of Chlamydia pneumonia are not well-known and debatable.

Aim - to study the features of children immune system in Chlamydia pneumonia.

Materials and methods. Clinical laboratory examination of 45 3 months - 3 years old patients with Chlamydia pneumonia and 21 healthy children at the same age (control group) has been completed. We used clinical epidemiological information, results of the X-ray of lungs, markers of Chlamydia infection by ELISA and PCR in the sputum and in the blood to verify diagnosis. Levels of leukocytes, lymphocytes (CD_3 CD_4 CD_8 CD_{20}), and immunoglobulins (IgA, IgM, IgG) were determined.

Results. There are changes of levels of immune cells in patients with Chlamydia pneumonia in comparison with control group. We detected decrease level of T-cells. Level of B-cells wasn't changed. Quantity of leukocytes was higher in patients with Chlamydia