increased, followed by growth mortality from TB / HIV co-infection. Analysis on the epidemic situation of HIV-AIDS in Ukraine indicates that the infection has challenged health system. The proportion of IDUs among new HIV infections is quite big, the proportion of sexual transmission among new HIV infections has tendency to increasing. Also the number of HIV-infected persons identified due to the manifestation of clinical signs of the disease growth. The most common AIDS-indicator disease in Ukraine still remains tuberculosis. Mostly HIV infection and tuberculosis were detected simultaneously, also the development of tuberculosis determined on a background HIV is often. Males dominated; age of the patients is closely correlated with the age groups of patients with tuberculosis. Alcohol abuse found in 17.4% of cases, smoking more than 10 cigarettes per day – in 35.3% of cases, and smoking and alcohol abuse – in 20.6% of cases. Almost the half of HIV / TB cases were registered when applying at preventive examinations. In terms of the localization process, dominated pulmonary form of TB, among extrapulmonary forms - intrathoracic tuberculosis and tuberculosis of peripheral lymph nodes. Bacteria defined in 63.9% of cases and mostly confirmed by the culture method. Drug resistance to first-line drugs was in the half of cases. Most frequent were strains resistant to 4 drugs (HRES). Total frequency resistance of MBT was highest to streptomycin, ethambutol and kanamycin. Among MRTB-registered patients death was recorded in 51.3% of cases.

Conclusions: The situation with co-infection of HIV / TB in Kharkiv region worsens from year to year. Tuberculosis on the background of HIV is often evolving passively over 2-6 years after HIV infection. The most common form is infiltrative tuberculosis followed by destruction and bacterioexcretion. Among patients with co-infection, the most common are strains of Mycobacterium tuberculosis with HRES-resistance profile – both in intact sensitivity and in the presence of additional resistance to different amounts of second-line antitubercular drugs. The least common are strains of Mycobacterium tuberculosis with HRE-resistance profile. Tuberculosis is the major secondary disease in HIV infection and the main cause of death in AIDS stage, and it requires joint and coordinated efforts of TB services and services for AIDS prevention and timely diagnosis of tuberculosis in HIV-infected individuals.

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IDENTIFICATION OF APOLIPOPROTEIN A1 IN THE BLOOD SERUM OF PATIENTS WITH CHRONIC HEPATITIS C
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Aim - to study the content of protein apolipoprotein A1 (apoA1) in the blood serum of patients with chronic hepatitis C (CHC), depending on the biochemical activity of the process, the degree of phlogistic and necrotic activity, stages of fibrosis and steatosis.

Material and methods. 22 patients with CHC have been monitored. Among them there were: men - 14 (63.6 %), women - 8 (36.7%) . The average age of the patients was 41.23 ± 2.68 years. For all the patients there was made an assessment of the activity of the process, the stage of fibrosis and the degree of steatosis according to the system FibroMax, was indentified the content of apoA1 in the blood serum, ALT and AST activity . Statistical
processing was performed using Student-t criterion for small samples, and the correlation coefficient r.

Results. ALT activity in the blood serum averaged 71.52 ± 9.95 IU/l, AST - 49.2 ± 7.47 IU/l. Phlogistic and necrotic changes in the liver were absent in 6 (27.3%) patients, the minimum level of activity was detected in 5 (22.7%) patients, moderate - in 3 (13.6%), expressed - in 8 (36.4%). Fibrosis was absent in 7 (31.8%) patients, slight fibrosis was diagnosed in 4 (18.2%), moderate - in 4 (18.2%), frank - in 3 (13.6%), cirrhosis - in 4 (18.2%) patients. The degree of severity of hepatic steatosis in patients studied ranged from 0 to 4 points. ApoA1 content in the blood serum of all patients did not go beyond the normal range (1.08-2.25 g/l), reaching an average of 1.5 ± 0.06 g/l, which was not different from control (p > 0.05). No relationship revealed between this index and ALT activity (r = -0.05; p> 0.05), AST (r = 0.27; p> 0.05) in the blood serum as well as with the degree of phlogistic and necrotic activity (r = -0.16; p> 0.05) CHC, stage of fibrosis (r = -0.28; p> 0.05) degree of liver steatosis (r = 0.11; p> 0.05) in the examined patients based on the results FibroMax.

Conclusions. Identification of protein apolipoprotein A1 content in the blood serum does not allow us to evaluate the condition of functional and morphological changes in the liver in patients with CHC.


INCIDENCE OF CHILDHOOD DROPLET INFECTIONS IN ADULTS IN KHARKIV REGION

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Introduction. Childhood droplet infections are one of the important problems of health care, not only in developing countries but also in some developed countries. Annually in the world more than 30 million cases and 1 million deaths of measles, rubella, mumps and its complications are registered, not only among children but also among adults. Many factors contribute to the spreading of the disease: aerosol mechanism of transmission, high susceptibility of the humans to these infections, tendency to epidemic spreading, especially in regions with low social and sanitary level. Low social and hygienic living conditions, crowding of people in urban areas, sometimes lack of proper vaccination facilitate to development of childhood droplet infections among adults in Ukraine.

Aim – to evaluate the incidence of childhood droplet infections in adults in the Kharkiv region.

Materials and methods. The analysis of case histories of patients who were hospitalized in Kharkiv regional hospital of infectious diseases in the period from December 2012 till December 2013 was done.

Results. During the period from December 2012 to December 2013 in Kharkiv regional hospital of infectious diseases were 190 patients with childhood droplet infections. From them 127 were men (66.8%) and 63 – women (33.2%). The chickenpox prevailed in the morbidity structure – 146 cases (76.8%). It was also registered 29 cases of rubella (15.3%), 10 cases of measles (5.3%), 3 cases of mumps (1.6%) and 2 cases of scarlet fever.