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therapy before the examination. The control group is represented by 62 healthy individuals aged 19 to 60 years.

The study of thyroid hormones (triiodothyronine (T3), thyroxine (T4), thyroid-stimulating hormone (TSH)) in the serum was performed by enzyme-linked immunosorbent assay.

Results. Examining the medical records of patients with CHC thyroid pathology was revealed in 7 (5.3%) patients. Thyroid dysfunction in 6 patients with CHC was characterized by autoimmune thyroiditis (AT) in most cases with increased levels of antibodies to thyroperoxidase (5 patients), and to thyroglobulin - in 1 patient. Signs of hypothyroidism were detected in all patients with CHC with blood pressure.

During the examination of 59 patients with CHC without signs of thyroid pathology there was a significant increase in the content of T3 in the serum, as well as a decrease in the content of TSH and T4 compared with the same control group ($p<0.05$).

In patients with CHC, compared with the control, there was an increase in the content of low-density lipoproteins in 1.13 ($p <0.01$) and the level of atherogenic factor in 1.2 times ($p <0.01$).

The correlation between hormone levels and lipid levels in patients with CHC have been studied. The correlation analysis revealed a moderate direct relationship between the content of T3 and triglycerides ($r = 0.36$; $p <0.05$); moderate direct relationship between T4 content and very low density lipoproteins ($r = 0.34$; $p <0.05$). There was also a correlation between hormones, namely a moderate direct relationship between the content of T3 and T4 ($r = 0.31$; $p <0.05$).

Conclusions. Thyroid dysfunction was found in 5.3% of patients with CHC who were registered at Hepatology Center of Regional Clinical Infectious Diseases Hospital of Kharkiv. The analysis revealed the presence of numerical correlations between the content of thyroid hormones and certain biochemical parameters, which indicates a close relationship between the content of such hormones with the lipid profile of patients with CHC.

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EPIDEMIOLOGYCAL STATUS OF COVID – 19 IN EGYPT

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Introduction. In 31 December 2019 in China, there were registered several cases of pneumonia where causative agent was an unknown virus. Scientists determine that it was a new type of coronavirus and named it novel coronavirus 19 – SARS-CoV-2.

This group of viruses obtained such name from the crown-like spikes which can be seen on their surface with electronic microscopy. They were first identified in the middle of the 1960s.

On 11th January 2020, the 1st coronavirus death was reported in Chine, in Wuhan. The occurrence of this disease is associated with eating bats, which are a reservoir for this virus. This disease has aerosol mechanism of transmission. This virus is stable in the environment (it stays on surfaces for 3 days) and can spread very quickly among population. Because of this COVID – 19 reached many countries around the word after the first cases in Chine. On 11th March the World Health Organization (WHO) announced COVID – 19 as a pandemic.

Aim. To study COVID – 19 cases that were registered the first 53 days in Egypt and assess efficacy measures which were provided by the Egyptian government had taken toward the epidemiological status of COVID – 19.

Material and methods. In this work were analysis the first COVID – 19 cases which were registered from 14.02.20 till 05.04.20 in Egypt according to official report.

Result. There were 1173 COVID – 19 cases in the first 53 days of epidemic in Egypt with total 241 recovery and 71 death. The incidence rate was 0.06 per 100000 daily, mortality rate - 6.6 % and recovery rate -21%.

The first case of COVID – 19 in Egypt was confirmed on 14th February. This was a Chinese who was visited of girlfriend from Wuhan. The first measures were direct to all people who had contact with him were tested and kept in isolation for 14 days.

During the study period, it announced: the men mortality rate was higher than the women mortality rate by ration 3:1, the death average of age was 60 and in 60% of the death cases were people with concomitant diseases like diabetes, hypertension etc. The main reason of the most of the death was connected with such complication of the disease as pneumonia.

There were many positive COVID – 19 test of Egypt residents who came back from foreign countries. The first such cases were registered on 6 March on the Egyptian cruise ship board among 12 personnel who had no symptoms. The ship was travelling from Aswan to Luxor and the source of coronavirus was Taiwanese-American female tourist who took part in this round trip.

Measurements toward to stop the spreading of disease were started from15th March. The president of Egypt Abdelfatah Elsisi declared the closing of all educational institutes. All public places (cafes, restaurants, nightclubs) could not work from 7 p.m. until 7 a.m. from 19th March. And also, from this day air communication with other countries was stopped. From 21st March all Egypt's mosques and the Coptic Orthodox Church was stopped their work for a period of two weeks. Prime Minister Mostafa Madbouly imposed nationwide curfew from 7 p.m. until 6 a.m. beginning from 24th March during 2 weeks.

President Abdel Fattah al-Sisi announced the allocation of 100 billion Lear to counter the outbreak and its negative economic consequences. It was prepared 27 isolation hospitals with total 2560 bed

provided with all needed equipment following the international standards recommended by WHO. 25, 000 PCR tests had already been performed in the country by March 25.

People who returned from any foreign country, had contact with any people with positive coronavirus test had to be isolated for 14 days. Small villages which had large number of infected cases had to be isolated completely during max incubation period of this disease too. These control measures were direct against further spreading of COVID – 19 in Egypt and for decrease cases of coronavirus death.

Conclusion. The Egyptian government began to take anti-epidemic measures against the spread of the disease among the country's population on time. This has helped to reduce the flow of patients and provide all of them with proper medical treatment, as well as reduce the number of fatal cases.

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GUILLAIN-BARRÉ SYNDROME IN COVID-19-POSITIVE PATIENTS

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Actuality. The COVID-19 virus appeared in Wuhan, China, and spread rapidly worldwide, leading to a pandemic. It affects primarily the respiratory system, but also complications from the gastrointestinal tract, heart and kidneys can occur. Some studies describe neurological disorders such as headache, dizziness, hypogeusia, hyposmia, neuromyopathy, rhabdomyolysis, ischemic and hemorrhage stroke. But Zahra Sedaghat and Narges Karimi described a case of Guillain-Barré syndrome due to infection with the COVID-19 virus in their article 'Guillain Barre syndrome associated with COVID-19 infection: A case report'.

Discussion. Guillain-Barré syndrome is an acute inflammatory polyradiculoneuropathy. It's autoimmune and is characterized by progressive ascending muscle weakness leading to paresis, as well as distal sensitivity impairment. Infection is one of the triggers. According to the article, COVID-19 stimulates the production of inflammatory cytokines by immune cells and leads to immune-mediated processes, which are important in the development of Guillain-Barré.

The article describes a clinical case of a COVID-19-positive patient who had classic symptoms two weeks before the manifestation of neurological symptoms. They had begun with paresis of the lower limbs. The following five days there was a progression, that led to acute symmetrical quadriparesis. Patient showed areflexia and no spinal sensory level. Electro diagnostics revealed acute motorsensory axonal neuropathy. The patient was diagnosed with Guillain-Barré syndrome and received 0.4 g/kg/day intravenous Immunoglobulin five days and for virus infection - hydroxychloroquine, Lopinavir/Ritonavir and Azithromycin. There's no data about treatment efficiency.

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