from poor or large families, which was significantly greater than the number of deaf students from such families (4,48±1,34%). These figures may indicate the relationship of social disadvantages of hearing loss in children and the onset of hearing loss, and the absence of this connection with the occurrence of deafness. which is most likely with a hereditary factor.

Conclusions. Thus, based on studies and analysis of morbidity senior pupil persons with hearing disorders, we can say that one reason for the complete deafness may be more likely to heredity, and one of the causes of deafness and hearing loss - the influence of external factors, such as adverse social conditions of life.

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TROPICAL MALARIA: CURRENT TREATMENT PROTOCOL AND PROGNOSIS BASED ON CLINICAL SEVERITY

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Introduction. Malaria worldwide statistics at a glance: 3.3 billion people (half the world's population) live in areas at risk of malaria transmission in 109 countries and territories; malaria is the 5th cause of death from infectious diseases worldwide (after respiratory infections, HIV/AIDS, diarrheal diseases, and tuberculosis); malaria is the 2nd leading cause of death from infectious diseases in Africa, after HIV/AIDS.

Results. Current protocol of treatment of malaria by centre for disease control (CDC) 2011 edition which depends on factors such as: type (species) of the infecting parasite, endemic area where the infection was acquired and its drug-resistance status, clinical status of the patient, any accompanying illness or condition, pregnancy, drug allergies, or other medications taken by the patient. Most drugs used in treatment are active against the parasite forms in the blood and include: chloroquine (600mg base=1000mg salt) PO then half dose; atovaquone(250mg)-proguanil (100mg) (malarone) P.O; artemether(20mg)-lumefantrine (120mg)(coartem)PO; mefloquine (lariam) 684mg base=750mg salt PO; quinine (sulphate base 542mg base=650mg salt) PO tid; quinidine (gluconate 6.25mg base/kg=10mg saltbase/kg) iv; doxycycline (plus quinine) 100mg po bid x7days; clindamycin (plus quinine) 20mg base/kg/day PO tidx7dy; artesunate (50mg) PO x5dys (divided doses 4,2,2,2,2). In addition, primaquine is active against the dormant parasite liver forms and prevents relapses Primaquine should not be taken by pregnant women or by people who are deficient in G6PD (glucose-6-phosphate dehydrogenase). Patients should not take primaquine until a screening test has excluded G6PD deficiency. Thus, treatment is tailored to meet an individual's requirement and the drugs are administered with the highest efficiency. Prognosis of the outcome of the malaria is determined by the clinical severity of the disease.

Conclusions. Thus, the prompt treatment of malaria with complete recovery is of the utmost importance to a medical practitioner.

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INDIRECT IMMUNOFLUORESCENT ANTIBODY ASSAY FOR BARTONELLOSIS DIAGNOSTIC

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Introduction. *Bartonella henselae* the causative agent of cat scratch disease (CSD) can cause a broad spectrum of syndromes in HIV-infected individuals, including: bacillary angiomatosis, peliosis hepatis, osteomyelitis, unexplained fever, bacteremia, endocarditis etc. Diagnosis of bartonellosis is a difficult enough and differentiated with Kaposi sarcoma, other tumors and infections, and is based on comparison of clinical picture and results of histological examination of biopsy material.

Aim: development of the test system for laboratory diagnostic of bartonellosis due to indirect immunofluorescent antibody (IFA) assay by determination of antibartonellosis antibodies level in a blood serum.

Results. On the I phase of investigation patients with typical picture of CSD were selected by epidemiology and clinical criteria (presence of previous «traumatic» contact with a cat; presence of scratches or bites and of primary affect in 1-3 weeks after «traumatic» contact; development of regional lymphadenopathy in 1-6 weeks after cat scratch; moderate painfulness of the attracted lymphatic nodes; protracted maintenance of lymphadenitis; moderate intoxication). From selected patients 7 strains of *Bartonella* spp. were obtained due to bacteriological methods. On the II phase strain-producer of bartonellosis antigens (JIHMI3 06u054) was selected, as a result of "produceability" and level of specific antigen activity study of the selected strains-candidates of B. henselae and comparing to the reference strain of *B. henselae* CCUG 30454 (University of Goteborg, Sweden). On the III phase experimental approbation of IFA was conducted on 24 types of diagnostic homology and heterologous to *B. henselae* antiserum and immunoglobulins and on 14 blood serum samples from patients on CSD and 40 blood serum samples from donors.

Conclusions. Developed indirect antibody IFA for bartonellosis diagnostic provides sensitiveness level – (0,2±0,03) mg anti*Bartonella*Ig/ml, (91±4) % specificity and (95±5) % reproduction of test.

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THE SIGNIFICANCE OF MEDIATORS OF INFLAMMATION IN CHILDREN WITH SHIGELLOSIS

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Introduction. Great importance in the pathogenesis of infectious diseases has different biologically active substances, the inflammation mediators - cytokines. There are proinflammatory and anti-inflammatory interleukins. These substances regulate immune and inflammatory responses in the condition of infectious pathology. Induction of cytokine synthesis begins at the first stages of pathological process. Tumor necrosis factor-α (TNFα) and interleukin-1β (IL1β) have a special importance.