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PROGRAM	TAKEN BY	TIME
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Opening Speech.	President of ASIMS	10:20 – 10:25
Rules for scoring of oral presentation.	BOD Jnr.	10:25 – 10:30
1st PRESENTATION ***Dengue Fever***	Kenneth Anigboro V.N Karazin (Nigerian)	10:30 – 10:40
2nd PRESENTATION ***Measles Infection***	Sheikh Yusuf Hosam KNMU (Israeli)	10:40 – 10:50
3rd PRESENTATION ***Ebola Virus Disease, from Origin to Outbreak in West Africa.***	Jacdonmi Tosanwumi Felix KNMU (Nigerian)	10:50 – 11:00
1st GUEST SPEAKER	Dr. Dmytro Katsapov PhD	11:00 – 11:15
COFFEE BREAK		11:15 – 11:30
4th **PRESENTATION** ***The non-blanching rash and the efficacy of the NICE and NBL algorithms in the management of children with suspected meningococcal infection.***	Chisa Oparanma KNMU (American)	11:30 – 11:40
5th PRESENTATION ***Emerging infectious diseases: a public health dilemma***	Osuji Shedrack Chinechetam V.N Karazin (Nigerian)	11:40 – 11:50
6th PRESENTATION ***Toxoplasma Gondii***	Hiba Bassam Shalha KNMU (Lebanese)	11:50 – 12:00
7th PRESENTATION ***Human Papilloma Virus: A Monster, Major Cause of Cervical Cancer.***	Adetunji Elijah O. KNMU (Nigerian)	12:00 – 12:10
2nd GUEST SPEAKER	Dr. Elena Kucherenko	12:10 – 12:25
8th PRESENTATION ***Comparison between the effects of antibiotics and NSAIDs on the development of Staphylococcus aureus.***	Nguyen Do To Uyen KNMU (Vietnamese)	12:25 – 12:30
LUNCH BREAK		12:30 – 13:15
9th PRESENTATION ***Pediatric Acute Hematogenous Osteomyelitis***	Thuraya Ismail Al-Bhaisi KNMU (Palestinian)	13:15 – 13:25
KAHOOT QUIZ	Moderator	13:25 – 13:40
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PRESENTATION OF CERTIFICATES	BOD Jnr.	

PEDIATRICS ACUTE HEMATOGENOUS OSTEOMYELITIS

AUTHOR(s): Thuraya Ismail Al-Bhaisi, Dr. Victoria Vivcharuk, Dr. Konstantin Pashchenko
SUPERVISOR: Dr. Stanislav Shtyker
Kharkiv National Medical University
Palestinian

INTRODUCTION: Osteomyelitis is a bacterial inflammation of bones, it mostly affects long bones. It occurs when the bacterium travels from its original site to the bone. It is more common in children because there is higher blood circulation in bones which provides necessary nutrition for their growth.

AIM/OBJECTIVES: To investigate the results of treatment of acute hematogenous osteomyelitis in pediatric patients.

MATERIAL AND METHODS: To analyze the experience of the treatment of children with acute hematogenous osteomyelitis in the pediatric surgery clinic of Kharkov National Medical University.

RESULTS: The prevalent localization of the pathological process was noted in the long tubular bones - tibial in 60 %, femoral in 31 %, shoulder in 5 %, heel in 2 % and other localizations in 2 % of cases. All children underwent minimally invasive osteoperforation of the bone phlegmon with monitoring of pathogenic microflora. In the post-operative period, a complex effect on the inflammatory focus was carried out using electro-elimination of antimicrobial agents, ozonated saline irrigation and physiotherapeutic measures.

CONCLUSION: Treatment of septicopyemic osteomyelitis was supplemented with the use of extracorporeal detoxication and minimally invasive surgical interventions. Adequate treatment, targeted prevention of the formation of microbial biofilms and the staged rehabilitation of the patients made it possible to avoid the chronicity of osteomyelitis over the last 5 years.

TETANUS: GLOBAL DISTRIBUTION AND PROPHYLAXIS

AUTHORS(S): Mohamed Ziad Kerdali, Dana Ismail Al-Bhaisi
Kharkiv National Medical University
Syrian, Palestinian

INTRODUCTION: Tetanus is an infectious disease that affects the nervous system. Symptoms are caused by toxins produced by the anaerobic bacterium, Clostridium Tetani. Those toxins can cause spasms and stiffness in the jaw muscles (Trismus). That is why it is called “lockjaw” or Trismus.

AIM/OBJECTIVES: The aim was to study the distribution of tetanus worldwide after using the vaccination, and to study the possible ways of prevention and prophylaxis of tetanus.

MATERIAL AND METHODS: Data from vital registers, studies of verbal autopsy and mortality surveillance data that covers 12,534 site -years from 1980 to 2014- were used. Mortality caused by tetanus was estimated with the help of the Cause of Death Ensemble modeling strategy.

RESULTS: Between 1990 and 2015, the global mortality rate due to neonatal tetanus dropped by 90% and that due to non-neonatal tetanus dropped by 81%. However, tetanus mortality rates were still high in a number of countries in 2015. The highest rates of neonatal tetanus mortality (more than 1,000 deaths per 100,000 population) were observed in Somalia, South Sudan, Afghanistan, and Kenya. The highest rates of mortality from tetanus after the neonatal period (more than 5 deaths per 100,000 population) were observed in Somalia, South Sudan, and Kenya.

CONCLUSION: Tetanus vaccination proved efficiency in prevention of the disease, which resulted in decreasing the number of deaths worldwide especially in well-developed countries, while in other underdeveloped countries ineffectiveness was observed. Those observations were caused by the limited access to the vaccine and improper wound management directly after the injury.

THE MOST POTENTIALLY EFFECTIVE ANTIBIOTICS IN THE TREATMENT OF STAPHYLOCOCCUS EPIDERMIDIS.

AUTHOR: Hamada ELKALAMAWI **SUPERVISOR:** Ass. Prof. Olga Plakhotna Mykolaivna PhD
Kharkiv National Medical University
Egyptian

INTRODUCTION: Staphylococcus epidermidis is a gram-positive Bacteria that is a part of our normal flora. Consequently, it is a true opportunistic pathogen, as it requires a major breach in the host's innate defenses. S. epidermidis can cause some infectious disease from mild to severe such as: prosthetic joints, catheters, large wounds, septicemia and endocarditis

AIM/OBJECTIVES: To check the effectiveness of several different antibiotics in the treatment of infectious diseases caused by S. epidermidis.

MATERIAL AND METHODS: A survey has been conducted at a pediatric hospital among 13 patients from the age of 1 to 15. These patients were infected by S. epidermidis and treated with 10 different antibiotics: Benzylpenicillin, Oxacillin, Amoxiclav, Amoxicillin, Cefazolin, Cefoperazone, Cefuroxime, Cefpodoxime, Ceftriaxone, Cefepime. And the results of the treatment have been recorded. We noticed the level of resistance and susceptibility of S. epidermidis to these antibiotics and calculated the percentages of cases in which these antibiotics worked or not.

RESULTS: 100% of patients treated with Benzylpenicillin, Oxacillin, Amoxiclav, Amoxicillin, Cefazolin do not show any positive results, which means S. epidermidis has a high resistance to these antibiotics. The treatment with Cefoperazone, Ceftriaxone, Cefepime shows positive results in 100% of cases, which means S. epidermidis has a high susceptibility to these antibiotics. Among 53.8% of patients treated with Cefpodoxime, it does not show good results. There are 69.2% of cases showing positive results in the treatment with Cefuroxime.

CONCLUSION: Even though S. epidermidis is highly resistant to Benzylpenicillin, Oxacillin, Amoxiclav, Amoxicillin, Cefazolin, we can still use other antibiotics such as Cefoperazone, Cefuroxime, Ceftriaxone, Cefepime to treat infectious diseases caused by S. epidermidis bacteria.