Materials and methods: A retrospective epidemiological analysis of cases of HFRS according to official data from sanitary-epidemiological service of the Kharkiv region for the 1983-2014.

Results: During the period, in which the analysis was conducted, 47 cases have been reported, 44 (93.6%) of them were confirmed by laboratory tests. Severe course of the disease was observed in 70% cases. 6.4% of them were fatal, which were caused by acute renal failure and hemorrhagic lesions of the vital organs. Preliminary diagnosis of HFRS was made at 12.7% cases. The diagnosis according clinical signs was made at 46.8%. The reasons were a low level of knowledge of health workers and a low level diagnostics on this nosology. Summer-autumn seasonality (76.6%) is characterized by a high incidence. Routs of transmission were mostly contact, through contaminated food by rodent. In the spring, the way of transmission of the pathogen most often occurs through inhalation of dust. 76.6% of all cases were infected in nature (hunting, fishing, work in a wood). Four patients (8.5%) had household on the border of a natural focus. Two cases were infected during autumn rodents migration in the house.

Conclusions: It is concluded that the population of Kharkov region have got HFRS in natural focus with indirect contact with rodents. To control the epidemic process It is necessary to improve diagnostics, health education among the population and control of number of rodents.

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ANALYSIS OF CLINICAL DATA, CLINICAL STATUS VALUES KEY PRO-INFLAMMATORY CYTOKINE IL-1β AND LEUKOCYTE INDEX OF INTOXICATION IN THE INITIAL PERIOD OF INFLUENZA AND OTHER RESPIRATORY
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Introduction. Influenza a viruses are important human pathogens and cause recurrent annual epidemics and occasional pandemics. Innate defense factors are proteins - cytokines. IL-1β is a key proinflammatory cytokine. Endogenous intoxication (EI), often caused by infectious agents. For the initial phase of infection is characterized by the accumulation of toxic products in the tissue of the primary tumor. Found that the integral indicators of EI changes already in prenosological period or at the early stages of the disease, which allows to assess the dynamics of homeostasis and the effectiveness of the treatment. For the assessment of EI proposed scale and systems (SOFA, SAPS, APACHE and others). However, the extra definition of the indicators included in these systems are not always available in the clinic. The most informative indices to assess the degree of intoxication are LEAH Calf - Khalifa and its various modifications.

Aim. A study in comparative perspective clinical manifestations of influenza, viral infections and their complications, clinical significance of the status of the key proinflammatory cytokine IL-1β, and leukocyte index of intoxication observed in patients in the acute period of the disease.

Material and methods. Were studied clinical data, performance, instrumental and laboratory tests 16 patients hospitalized in OKIB the city of Kharkiv. The concentration of the cytokine IL-1β PG/ml in 13 patients was determined by ELISA using commercial kits in

a range of concentrations. All patients of group observations was calculated according to the first blood test in the hospital leukocyte index of intoxication (LII), which is equal to the average healthy individuals of 0.7. The optimal value of LEAH in the range of 0.50 to 0.75. Level LII less 0,32 is regarded as low. If the level LEAH more 0,92 - high level. To register the data used software Microsoft Excel for statistical analysis - criteria t-test.

Results. The study group comprised 16 patients. Among the patients of this group had 11 men and 5 women. The average age (M±M) 30.37 per ± 2,79 years. RNA influenza a(H1N1sw) PCR isolated from 13 patients, RNA of influenza virus In one patient, one case of influenza, severe, diagnosed clinically. Day of illness at admission (M±M) of 2.6±0,98, duration of hospital stay (M±M) of 10.5±1.3 days. In 8 cases (50%) influenza complicated community-acquired pneumonia. All patients of the first group received Tamiflu 150 mg/day. When analyzing the level of cytokines in the serum of patients revealed a decrease in the average level of IL-1 β when compared with control. In the control (M ± m) - 39,12 ± 3,38 PG/ml observed in the group of patients 34,63 ± a 4.83 PG/ml, respectively. Its content ranged from 5.7 to 74.5 PG/ml reduced Frequency indicators of IL-1 β when compared to the average performance of the control was 46,15%. At the same time 76,92 % of the surveyed value of IL-1 β does not exceed a 50.0 PG/ml, specified as the upper limit values. Slightly elevated level LEAH was determined in 3 (18,75) patients, elevated levels of LEAH and high level LII - 13 (82,15%). Interpreted the results of the study LII as an indication of the level of EI.

Conclusion. 1. Clinical manifestations of influenza a (H1N1) pandemic differed from those with other infections and seasonal flu. 2. When analyzing the level of the cytokine IL-1 β in the serum of patients at admission to hospital (day of illness (M±M) of 2.6±0,98), revealed a decrease in the average level of IL-1 β, which is characteristic of the acute phase of viral infection. 3. A comprehensive assessment of LEAH informative than learning simple hemogram and allows you to see the quantitative expression of the shift leukocyte towards neutrophils, allowing you to more clearly assess EI.

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OCULAR HEMORRHAGIC DISORDERSIN EBOLA VIRAL INFECTION CASES
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Introduction: Ebola (EBO) is a severe and often deadly disease caused by a virus(Ebola virus). Symptoms include fever, diarrhea, vomiting, bleeding, and often, death.Ebola can occur in humans and other primates (gorillas, monkeys, and chimpanzees).The 2014 Ebola outbreak in West Africa is the largest in history. About 70% of the people who have gotten Ebola in this outbreak have died. A small outbreak of twenty cases occurred in Nigeria and one case occurred in Senegal; both Nigeria and Senegal are now declared disease-free. The disease beginswith fever, asthenia, diarrhea, headaches, myalgia, arthralgia, vomiting, and abdominal pain. Early inconsistent signs and symptoms included conjunctivalinjections, sore throat, and rash. Overall, bleeding signs were observed in <45% of the cases.

Aim: To enlighten readers about the cognitive signs of Ebola especially with regards to the visual system.

Materials and methods: Literature from various sources, both online and offline articles.