past decade. One study showed an increase of peanut allergy in children from 0.4 % in 1997 to 0.8 % in 2002. Studies from Canada and the United Kingdom indicate allergy rates to peanut of over 1% in children. A report from the US Centers for Disease Control and Prevention (CDC) indicated that among children aged 0–17 years, the prevalence of food allergies increased from 3.4 % in 1997–1999 to 5.1% in 2009–2011, a 50 % rise.

Conclusions. Based on available studies, estimations of the rate of food allergies in children have been summarized as follows for common food allergens: (cow milk -2.5%; eggs -1.3%; peanuts -0.8%; wheat -0.4%; soy -0.4%).In general, most infants and young children outgrow or become clinically tolerant of their food hypersensitivities. Specifically, most "outgrow" allergies to milk, egg, soy and wheat. Allergies to peanut, tree nuts, fish, and shellfish are more persistent. Population-based studies generally show that 85\% of young children outgrow their allergy to milk or egg by age 3-5 years. However, studies reported from a referral center showed more persistence of egg, milk, and soy allergies, with only about 50\% of patients resolving these allergies by age 8-12 years.

EPIDEMIOLOGY FEATURES OF LYME DISEASE IN KHARKIV REGION

Gutorova M. A.

Scientific supervisors: assoc. prof. Dotsenko R.V., teacher Moklyak N. A. National University of Pharmacy, Kharkiv, Ukraine microbiology@nuph.edu.ua

Introduction. Lyme disease or Lyme borreliosis (LB) – infectious transmissible nature – focal disease caused by spirochetes, carried by Ixodes ticks, and characterized by a tendency to prolonged and chronic course, mainly affecting the skin, nervous system, musculo – skeletal system and cardio – vascular system. At present ixodid ticks borreliosis (BIC) is an urgent global problem, due to their widespread prevalence, high morbidity, polymorphism of clinical manifestations, clinical course severity, high frequency (60 %) forming a chronic course with subsequent disability.

In the world each year registered 16 - 18 thousand cases of BIC, which constitute 91 % of transmitted infections transmissible through and considered second in importance after HIV disease. In 2012-2014 y. in Ukraine registered 5264 cases BIC. The Sanitary and Epidemiological Service of Ukraine in 2015 registered 3413 tick borreliosis ill persons. During the first six months of 2018 in Ukraine recorded 2403 cases of Lyme disease. It was reported at the Center for Public Health.

Aim. Rate epidemiological features of Lyme borreliosis in Kharkiv region compared to other regions, and in the age and gender aspects.

Materials and methods. Analysis of the scientific literature and the results of the advanced research in the field of medicine and pharmacology. The analysis of the prevalence of BIC in Kharkiv region compared to other regions studied manifestations of the epidemic process BIC (incidence, seasonality, the circumstances of infection, age and gender characteristics).

Results and discussion. The prevalence of BIC were taken following regions: Kharkiv, Poltava, Sumy, Zaporizhya, Dnipropetrovsk region. According to the processed data in the incidence of LB during the years 2017-2018, the following results: in Kharkiv region revealed 306 LB cases of disease; Poltava – 297; Sumy – 169; Zaporizhia – 264; Dnipropetrovsk – 203 patients. Thus, most infected people was registered in the Kharkiv region, the second of infection Poltava region occupies the third place is Zaporizhya, the lowest number of cases found in the Sumy region.

It was established that the disease is characterized by seasonality and is determined by the natural cycle of mites and weather conditions. Early forms of the disease were recorded in the warm season – from late March to November. The maximum frequency of calls was observed in June – August: about 80%.

In 2018 in Kharkiv were monitored LB 159 patients with age 2 to 75 years. Median age of patients was 46.5 years. When analyzing the age structure was revealed preference of patients younger than 60 years, the remaining patients was retirement age. Gender analysis revealed preference LB registration of women as opposed to men. By gender analysis we can conclude that the woman amazed at LB is approximately 61 %, which is 22 % more than men. Thus, the age characteristics of patients BIC

shows that the most effectual subject to shock people aged up to 60 years for gender analysis revealed preference LB registration of women as opposed to men.

Thus, one could argue that modern epidemiologic feature LB Kharkiv region is urbanization, which relate to the natural LB cells in animals living in cities more – street less – home. Annual growth in the incidence of LB contributes to a significant increase in stray dogs and cats in the cities and the lack of warning people about the dangers of acquiring the disease at critical times of the year due to tick bites. Only 15 % (n = 24) patients 159 had an idea of LB and active after tick bites or the appearance of migratory erythema asked the doctor about it and 2 % (n = 5) patients have delivered a diagnosis LB after finding information on the web Internet. Tick bite to the 60 % (n = 95) patients, the remaining 23 % (n = 35) had no information about tick bites.

Conclusions. Borelliosis belongs to a group of natural-focal zoonoses with a transmissive mechanism of transmission of pathogens. For BIC incidence ranks second among infections, disseminated mites. During the period 2017 - 2018 years compared with other regions observed most infected people to LB in the Kharkiv region (306), second with infection takes Poltava region (297), the third place is Zaporizhzhia (264) and the lowest number of cases appeared in Sumy region (169). Age characteristics of patients BIC shows that the most effectual subject to shock people aged up to 60 years for gender analysis revealed preference LB registration of women as opposed to men.

ALLERGIC REACTIONS TO DRUGS

Ivanova E. A. Scientific supervisor: assistan prof. Dubinina N. V.

National University of Pharmacy, Kharkiv, Ukraine

haoasakura2004@gmail.com

Introduction. Drug allergies suffer more than 7% of the population. There are cases of severe life-threatening allergic reactions. The most common allergy occurs with antibiotic treatment.

Aim. Exploring the scientific reference books, describe the allergic reactions and diagnosis.

Materials and methods. Analysis of standard scientific publications, scientific literature and Internet sources.

Results and discussion. Drug allergy is characterized by the occurrence of hypersensitive reactions to drugs that have an immune mechanism of development. In such reactions, antibodies and / or activated T-cells are directed against drugs or their metabolites. This problem is very relevant for practical health care. In addition, the development of severe life-threatening allergic reactions that require hospitalization and long-term treatment is possible. Theoretically, allergic reactions can be caused by all drugs, but the most common causes are antibiotics, anticonvulsants, nonsteroidal anti-inflammatory drugs (NSAIDs), anesthetics. The risk of drug allergy, its clinical features depend on the individual properties of the immune system, the dose of drugs, the duration of treatment, the route of administration, the gender of the patient.

There are two categories of patients. In some, drug allergy occurs as a complication in the treatment of a disease. For others, it is an occupational disease, which is the main, and often the only cause of temporary or intermittent disability. As an occupational disease, drug allergy occurs in practically healthy individuals as a result of prolonged contact with drugs and medicines (doctors, nurses, pharmacists, workers in medical plants).

Among the urban population, drug allergy is more common in women -30 women and 14 men per 1,000 people (in rural areas, respectively, 20 and 11). Often drug allergy is observed in persons aged 31-40 years.

Reactions to tetanus toxoid are found in 26.6% of cases, sulfonilamides – 41.7%, antibiotics – 17.7%, non-steroidal anti-inflammatory drugs – 25.9%.

A big problem is cross-reactions to medications. Clinical manifestations of allergy to drugs vary in localization, severity, course. Generalized: anaphylactic shock, serum sickness, fever, etc. Localization: skin lesions, toxicoderma with damage to internal organs, vasculitis, hematological lesions, mucous membranes and respiratory system, nervous system.