

Results and discussion. The effectiveness of vaccination is the formation of a specific post-vaccine immunity. Immunity development factors that depend by the vaccine (purity of the drug, compliance with storage rules, lifetime antigen, dose, number of injections); factors dependent on the body (state of immune reactivity, age, genetic predisposition); factors that depend on the influence of the environment (nutrition, working conditions, climate). The effectiveness of immunization is the highest in case of adherence to the age-specified dates of vaccination and revaccination in the calendar. Vaccination – the case is very responsible. Before choosing, you must respond responsibly, despite the arguments behind and against.

Positive arguments. Vaccination is needed to protect the human body. Infectious diseases in severe complications, disability, some – death. Vaccinated people do not suffer or tolerate the disease in a mild form. The advantage of vaccination is the creation of an immune response of the body in contact with the pathogens of infectious disease.

Vaccination against most infections occurs at the age of two years. The child should be protected from infections before she will actively interact with other children. A child who has not received a vaccine is at high risk of contracting and getting complicated. In particular, in such children, when hepatitis B is infected, chronic hepatitis B develops, which leads to the development of cirrhosis and liver cancer. Vaccination of hepatitis B is the most effective means of preventing this disease. As a result of the full vaccination course, long-term immunity is produced.

An infectious agent in case of exposure to the body of a vaccinated person cannot provoke the disease and it will not be transmitted to other people.

Over the past decade, the safety and efficacy of vaccines has been repeatedly proven in all countries. Due to the widespread use of immunization, certain infectious diseases have been almost completely destroyed in certain regions and on the whole planet.

Negative arguments. Even in the case of immunization, according to all rules, there is no 100 % guarantee of immunity. Each organism is individual and perceives the vaccine in its own way. Even safe vaccines may be complicated, allergic.

The introduction of any vaccine causes the corresponding reaction of the body, which can be a tissue seal, hyperemia, sometimes pain in the injection site. Increased body temperature, short-term malaise, headache, sleep disturbance, appetite – is considered normal.

Vaccine ADTP often has negative consequences for the child's body. Particularly difficult to tolerate her children with neurological pathologies. To avoid complications, people must follow an individual vaccination plan. Contraindications are allergic reactions (may be dangerous for allergic people). In the case of weakened immunity, live vaccines can cause the disease. Side effects of vaccines are especially dangerous for infants (lower appetite, fever, etc.) than for adults.

Side effects: pain, headache, redness and swelling at the injection site, fever, lethargy, irritability. In some cases, after vaccination, may occur after vaccine reactions and complications due to an individual reaction of the organism to the vaccine.

Conclusions. No vaccine is absolutely safe and does not guarantee 100 % protection against infections to all vaccinated people. People who do not vaccinate should be aware that the disease can endure them at every step.

DYNAMICS OF IMMUNOLOGICAL BLOOD MARKERS IN PATIENTS AT DIFFERENT STAGES OF HIP OSTEOARTHRITIS

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Introduction. Diagnosis of immunological disorders in patients with coxarthrosis is one of the urgent problems of modern orthopedics. The immune system state evaluation is necessary to understand the degree of the patient's body reactivity, the presence of comorbidities and assess the various treatment methods' applicability, including endoprosthetics.

Aim. To conduct a study of the blood immunological parameters in patients at different stages of coxarthrosis as to assess the immune status.

Materials and methods. Studies were conducted on the basis of the Department of Laboratory Diagnostics and Immunology of Sytenko institute of Spine and Joint Pathology. A total of 19 patients were examined, of them 7 had the I–II coxarthrosis stages, 12 had the III–IV coxarthrosis stages according to the Kellgren and Lawrence classification. The age of the patients was from 36 to 52 years, 12 men and 7 women. The control group consisted of 15 clinically healthy people aged 35 to 55 years, 8 men and 7 women. Patients were examined in the following immunological parameters: subpopulations of T-lymphocytes, circulating immune complexes (CIC), immunoglobulins (Ig G, A, M), the spontaneous neutrophil migration coefficient (LIF) and the level of lymphocytes migration with antigens (bone, cartilage and synovial membrane joints).

Results and discussion. In patients with coxarthrosis at I–II stages were found the CIC level by 97.9 % increase, LIF – by 44.8 %, migration level of lymphocytes with cartilage antigens – by 2.1 times, with synovial membrane antigens – by 62.7 % compared with the control group. At the III–IV stages CIC were increased by 88.9 %, LIF – by 40 %, migration of lymphocytes with cartilage antigens – by 32.2 %, with synovial membrane antigens – by 46.7 % compared to the control group. Other parameters did not differ from the control group.

Conclusions. Patients at the I–II stage of osteoarthritis of the knee joints had more serious immune status disorders associated with a more active inflammatory process in the joints, which must be considered in the conservative and surgical treatment.

RISK OF INFECTION IN THE EDGED MANICURE

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Introduction. Classic or edged manicure – a manicure where the cuticle is cut off with special tweezers or scissors for burrs. There are always risks of circumcision manicure, among which: tools can permanently damage the nail bed, improper disinfection of tools, the possibility of infection, the color of varnish on the nails can hide the infection. After sterilization, the instruments must be stored in airtight trays or ultraviolet sterilizers. The master must get them already in the presence of the client. The complete processing of tools takes at least 1.5-2 hours. Therefore, in the cabin necessarily must be several sets of manicure instruments. The treatment must be subjected to absolutely all the repeated tools with which the master worked. Anesthetic saws and baffles that are in contact with the blood can not be used more. You need to disinfect and throw away. In addition, before the beginning of the work, the master is obliged to wash the hands and hands of the client with soap, as well as to treat them with antiseptic.

Processing of manicure tools must include: clearing of visible contaminants (cream, traces of blood) from the surface of tools; disinfection, sterilization of tools for the complete destruction of microbes (quartz sterilizer, autoclave, dry chest cabinet). Some masters still use ultraviolet sterilizers. However, it should be kept in mind that sterilization should still be performed after ultraviolet treatment. Because ultraviolet does not kill viruses hepatitis B and C, HIV, herpes. Ultraviolet sterilizers are not essentially sterilizers, they are intended only for storing sterile instruments. Ballistic sterilizers are not recommended for use in manicure sterilization as the most authoritative organization in the world – the FDA (USA Food and Drug Administration). They do not provide the purity of manicure instruments.

Aim. Control of the quality of the disinfection tools used in the circumcision manicure.

Materials and methods. Disinfectant "Lizoformin 3000", a high-performance disinfectant Bacillon AF. Cultures of microorganisms: Staphylococcus aureus ATCC 6538, Escherichia coli ATCC 25922, Bacillus subtilis ATCC 6633, Pseudomonas aeruginosa ATCC 9027, Candida albicans ATCC 10231. Direct sowing method on nutrient media: meat-peptone agar, Endo agar, yellow-salt agar, blood agar, Sabur agar.