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# **TOPICAL ISSUES OF NEW DRUGS DEVELOPMENT**

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## **PHARMACOTHERAPY OF SALMONELLOSIS**

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Today in Ukraine marked a growth of intestinal infections, especially salmonella. This topic is relevant, because the highest share of group of diseases accounted for salmonella. Thus, statistically, children often suffer up to 2 years.

Salmonellosis - an acute infectious disease caused by bacteria of the genus *Salmonella* and accompanied by symptoms of gastroenteritis and intoxication. The source of infection are often domestic and wild animals, waterfowl, patients and bacteria. Transmitted by the fecal-oral route.

*Salmonella* gastrointestinal infections usually resolve in 5-7 days and most do not require treatment other than oral fluids. Persons with severe diarrhea may require rehydration with intravenous fluids. Antibiotic therapy can prolong the duration of excretion of non-typhoidal *Salmonella* and is recommended only for patients with severe illness or those at risk of severe disease or complications, including young infants, older adults and immunocompromised persons. Antibiotic resistance is increasing among some *Salmonella* bacteria; therefore, susceptibility testing can help guide appropriate therapy. Antibiotic therapy consists of initial preparations (nifuroxazide, ceftriaxone, cefotaxime) and reserve drugs (trimethoprim, ciprofloxacin, chloramphenicol, azithromycin), assisted therapy is divided into enterosorption, with a predominant use of aluminosilicate sorbents (smecta), probiotics drugs that have some kind of normal microorganisms (lineks forte, bifiform) and enzyme (pancreatin, festal).

Emerging drug resistance over the past 20 years has limited the usefulness of these antibiotics. Unfortunately, sensitivity to quinolones has been steadily declining, and these are no longer fool-proof agents for typhoid fever. A growing rate of resistance of nontyphoidal salmonella to nalidixic acid and ceftriaxone has been reported.

Azithromycin is likely to be the preferred empirical treatment, often given together with ceftriaxone, in developed countries where chloramphenicol is usually reserved for life-threatening situations, for which no alternatives are available, and physicians are reluctant to use fluoroquinolones in children and lack easy access to ciprofloxacin.

Treatment of salmonella infection in pregnancy is controversial, and antibiotic therapy should be reserved for cases of invasive disease, using amoxicillin or cephalosporin. Non-specific prevention lies in the implementation of veterinary and sanitary and anti-epidemic measures, conduct health education among the population.

Specific prevention involves vaccination.

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