democracy will thrive, but if they don't bother to vote, then everybody else in the country will think like them, nobody will vote, and the democracy will collapse.

Therefore, a citizen's turnout behavior to vote is a joint function of factors and events that occur at the time of each election. This also means that these factors are not constant. They change from election to election.

Sources:

1. Caplan, B. The Myth of the Rational Voter: Why Democracies Choose Bad Policies / B.Caplan. – Princeton: Princeton University Press, 2007. – 276 p.

2. Who Votes, Who Doesn't, and Why // PewResearchCenter [Electronic resource]. – 2006. – Mode of access: http://www.people-press.org/2006/10/18/who-votes-who-doesnt-and-why/. – Date of access: 05.01.2015.

OUTBRAKE OF DENGUE-2 SEROTYPE HEMORRHAGIC FEVER IN THE PUNJAB LAHORE OF PAKISTAN IN 2011

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Introduction. Pakistan is at high risk of being hit by large epidemics because of: over crowded cities, unsafe drinking water, inadequate sanitation, heavy monsoon rainfalls, large number of refugees. Vector of Dengue hemorrhagic fever A. aegypti is highly urbanized, breeding in water stored for drinking or bathing or in rainwater collected in manufactured or natural containers. These conditions promote the spread of infectious diseases and consequently every year a large number of epidemics/outbreaks of infections occur in different parts of the country, which result in increased morbidity and mortality.

Dengue-2 serotype is most virulent; increased severity with secondary infections is observed; increased risk in children <15 years and elderly is observed;

The aim of study: to present of Dengue-2 serotype hemorrhagic fever outbreak in the Punjab Lahore of Pakistan which took place in 2011.

The material and methods. The date of official statistics from Health department electronic resourse were used [1, 2]. The laboratory of diagnosis was done by Dengue specific IgM antibody reactivity by ELISA.

Results. Total population of Lahore in 2011 accounted of 15926 thousands. Reported number of patients affected by Dengue fever during outbreak consist of 17 060 (0,1 %). Among them 2 170 (12,7%) cases were laboratory confirmed. Outbreak lasted from August 2011 till October 2011. The distribution of patients according to main clinical forms of diseases was following: classic dengue fever (DF) was reported in 66% of cases, Dengue hemorrhagic fever (DHF) – in 29%, Dengue shock syndrome (DSS) – in 5% of cases. Patients who developed DHF or DSS had a range of outcomes from good to poor, depending on their underlying medical problems and how quickly supportive measures were given. In less than a month, 126 people have died. The fatality rate among patients with DHF and DSS was 50% and 3% if patients were treated with supportive measures. Overall, fatality rate was 0,75 % of all Dengue fever infections.

In another region of Pakistan in the same time the number of affected patients and fatality rate of Dengue fever infections was significantly less. Northwest-

ern province Khyber Paktunkhwa, at least 130 people have been diagnosed and 6 have died. Southern province Sindh has seen 400 suspected cases and 6 deaths.

Intensive source reduction exercises (ISRE) to be conducted two months before the traditional Dengue season, which falls between May and October:

- educating people about dengue fever and its prevention at individual level using electronic media and health workers;
- management or removal of “natural” breeding sites by Filling, land levelling and transformation of impoundment margins;
- discarded receptacles (tins, bottles, buckets) scattered around houses – removed and buried in landfills;
- space spraying involves the application of small droplets of insecticide into the air in an attempt to kill adult mosquitoes.

Conclusions. The Punjab Lahore of Pakistan is at high risk of Dengue hemorrhagic fever due to climate conditions, high prevalence of Dengue fever vectors and reservoirs of infection. Complex medical and socio-economic measures is required to prevent similar outbreaks in the Pakistan.

References:

1. http://health.punjab.gov.pk/
2. http://www.jcpsp.pk/archive/2013/Jul2013/04.pdf

PREGNANCY OUTCOME IN WOMEN WITH ANTIPHOSPHOLIPID SYNDROME

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The antiphospholipid syndrome (APS) is a systemic autoimmune disorder characterized by either vascular thrombosis or pregnancy morbidities such as recurrent miscarriages, intrauterine fetal demise, severe pre-eclampsia and intrauterine growth restriction (IGR). Presence of the anticardiolipin antibody or lupus anticoagulant in the setting clearly defined clinical manifestations confirms the diagnosis of APS (Sapporo criteria). The prevalence of APS in normal population has been quoted as 1-5% [1]. It has a higher prevalence (35%) among patients with systemic lupus erythematosus. Treatment with steroids, low dose aspirin, and low-molecular weight heparin (LMWH) in various combinations improves live-birth rates, however, both minor and serious adverse effects, such as gestational diabetes mellitus, preterm premature rupture of membranes, preeclampsia, osteoporosis, and thrombocytopenia, have been reported in association with these therapeutic interventions. These medications improve fetal survival, but women with APS remain at high risk for serious pregnancy complications. Despite therapy with low-dose aspirin, heparin, or steroids, there remains a high incidence of fetal growth restriction and severe pre-eclampsia. Preterm delivery is frequently required when these complications occur.

Objective: To assess maternal and fetal outcomes in patients with APS treated with low dose aspirin and low-molecular weight heparin during pregnancy.

Subjects and Methods: The medical records of 4106 puerperas, who had been delivered in 2014 year in Grodno Regional Clinical Perinatal Center, were re-