

estimated for the country. Nearly 72% of total TB cases are pulmonary TB while 79.6% of PTB are bacteriologically confirmed. There are 10 (MDR) TB patients reported in the country in 2021 and the number of people with TB/HIV co- infection is 48. The highest number (21.6%) of new TB cases was in 55-64 years age group. The lowest number was in 0-14 years age group (2.6%). Out of 6249 new cases 56.4% were in the economically productive age group of 15-54 years. The TB incidence rate in Sri Lanka (2021) was 29.1 / 100,000 population. Tuberculosis death rate of Sri Lanka fell gradually from 6.8 cases per 100,000 people (2002) to 3.5 / 100,000 people (2021).

Conclusion. Policies that consider healthcare infrastructure, strain type, and demographics are expected to yield better results than a "one-size-fits-all" strategy. Maintaining control of tuberculosis requires ongoing commitment and flexibility. Developing tailored strategies for different settings and studying the success of Grodno may help control tuberculosis in Sri Lanka.

ЛІТЕРАТУРА

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CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF CHILDREN HOSPITALIZED WITH A DIAGNOSIS OF WHOOPING COUGH

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Introduction. In recent years, in the Republic of Belarus (RB), whooping cough has again become relevant due to the increased incidence of the disease both in unvaccinated children and in children who have undergone a full course of vaccination. Today, despite the possibility of specific prophylaxis for the population of the Republic of Belarus, unfortunately, whooping cough remains an urgent problem in pediatric infectology[1].

Aim of the study. To present the clinical and epidemiological characteristics of children diagnosed with whooping cough that were hospitalized at the Grodno Regional Infectious Diseases Clinical Hospital in 2023.

Materials and methods. A retrospective analysis of 59 medical records of patients aged 0 to 18 years hospitalized at the State Medical Clinical Hospital from January to December 2023, who were discharged after recovery, was performed.

Inclusion criteria were: age from 0 to 18 years with laboratory verified pertussis infection.

Results and discussion. Boys made up 35 patients (59.32%), girls – 24 (40.68%). The average age of the patients was 6.37 ± 0.63 years. Children under 1 year old were 10 patients (16.95%). The average number of bed days was 9.27 ± 0.4 days. The number of vaccinated patients was 26 (44.06%). Among the unvaccinated there were 4 patients (6.78%) not subject to vaccination by age – up to 3 months, withdrawal for medical reasons was established in 12 children (20.34%), refusal of vaccination – in 17 (28.82%).

Based on the epidemiological data, 19 patients (32.20%) had contact with sick people in the family. 57 patients (96.62%) had a disease of moderate severity, 1 case each with mild and severe severity (1.69%).

The main clinical manifestations of pertussis infection were paroxysmal cough, recorded in 100% of cases, vomiting in 21 cases (35.59%), shortness of breath in 11 cases (18.64%), increased body temperature in 9 cases (15.25%), loss of appetite and or decreased appetite in 6 cases (10.16%), sore throat in 3 cases (5.08%). 10 patients (16.95%) had concomitant diseases of the respiratory system, 4 patients (6.78%) of the cardiovascular system, 2 patients (3.39%) of the urinary system, 2 patients (3.39%) – diseases of the hepatobiliary system. There was 1 patient in the intensive care unit (1.69%). All patients were discharged with recovery achieved.

Conclusion.

1. Whooping cough vaccination was absent in 56% of cases among those who became ill.
2. Infection of children with whooping cough from adult family members who had a prolonged cough was noted in 32.2% of cases.
3. In the vast majority (96.6%) of cases, whooping cough had a typical course of moderate severity.

ЛИТЕРАТУРА

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