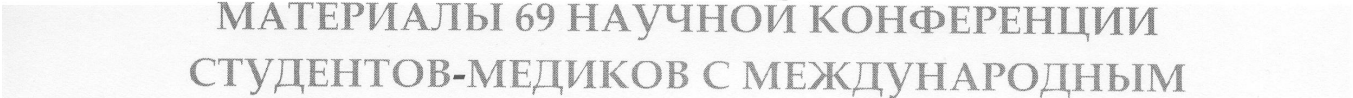

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IMMUNE SYSTEM DYSFUNCTION IN PATIENTS WITH INFLUENZA VIRUS A/H1N1 IN BUKOVYNA REGION

Sydorchuk A.S., Moskaliuk V.D., Sydorchuk L.I.
Dept. of Infectious Diseases and Epidemiology (chief Moskaliuk V.D.)
Bukovinian State Medical University
Scientific Advisor: PhD. professor Moskaliuk V.D.

Actuality. During the last years through the world, the atypical and seasonal subtype influenza virus A (H1N1) was wide spreading, including Ukraine. This infectious disease often complicated with different pathologic states, a death cases are not rare. Clinical course of influenza in each individual patient depend on the state of systemic immunity. **Aim of study.** To determine dysfunction features of an immunity system in young persons infected with pandemic subtype influenza virus A/H1N1 circulated in Bukovyna region (Western Ukraine, Eastern Europe). **Materials and Methods.** 47 young people 16-25 years old (mean age 21.7, female 38%, male 62%) with clinical features and laboratory findings were investigated at the Municipal Clinical Hospital, Chernivtsi, Ukraine. The diagnosis of influenza A/California/7/2009 became definite by PCR. Control group included 33 volunteers. CD3+, CD4+, CD8+, CD22+-cells were investigated with monoclonal antibodies. Serum IgG, IgM, IgA were defined by radial immune-diffusion method. Neutrophil function was assessed by performing NBT-reduction test. For exclusion of immunodeficiency connected with other acute viral infections, PCR diagnostics, and specific serum IgM and IgG antibodies to HHV, CMV, HSV-1 and EBV were determined by ELISA. **Results.** Clinically acute infectious disease influenza A/H1N1 in young patients was characterized mostly by a moderate severity course. At the beginning number of CD3+, CD4+-cells was decreased in 20-40%; CD8+-cells – in 10-12%; CD22+-cells – in 60-80%. The population of null-lymphocytes substantially was increased in 70-90% comparing with control. The parameters of nonspecific anti-infectious immune system were decreased – an activity of complement system in 2.5 times, and a titer of natural antibodies (IgG, IgM, IgA) in 30-40% comparing with control. The neutrophil dysfunction was determined and based on the decrease phagocytic activity in 32-37% in infected persons. Serum IgM antibodies to HHV, CMV, HSV-1 and EBV weren't determined. Serum IgG antibodies were defined in 30% of young patients. **Conclusions.** This study indicated that violations of immune status in young patients infected with pandemic influenza A/H1N1 were definitely accompanied with mucosal and T-cell immunodeficiency, as well as with neutrophil dysfunction and an inadequacy of humoral immunity. An assessment of parameters of nonspecific and specific systemic immunity is evidential necessary for prediction of complicated disease course, for timely immune correction and immune rehabilitation.

INFLUENZA A/H3N2: DOES CELL IMMUNITY IMPROVED UNDER APPLICATION OF PROBIOTIC'S STRAINS?

Sydorchuk A.S., Sydorchuk L.I.
Dept. of Infectious Diseases and Epidemiology (chief: Moskaliuk V.D.)
Bukovinian State Medical University
Scientific advisor: PhD., professor Moskaliuk V.D.

Actuality. One of the most dangerous problems of medicine nowadays still is high morbidity and lethality from viral infections, which are widely distributed in human population. Actually influenza is an acute systemic infectious disease, even primary involved only respiratory epitheliocytes. Within a few hours a viremia and manifested toxicity lead to severe chief complaints and dysfunction of systemic immunity parameters. In some clinical cases a diarrhea occurred as a "result" of intestine dysbiosis development. Research purpose. Study aimed to grounded the possibility of improvement of cell immunity parameters under ongoing application of probiotics onto mucous membranes of tonsils as well as using another one per os in patients with influenza A. **Materials and methods.** The study design "case-control" enrolled 50 young people (18-35 years) in Bukovyna during 2013-2014 years: 20 healthy volunteers and 30 patients with influenza caused by virus A/H3N2. The diagnosis confirmed serologically. Patients were divided into 2 groups: group I patients (15 people) designed a basic therapy of influenza (Tamiflu 75 mg 2 times a day orally; askorutin 1 pill 3 times a day). 15 voluntary participants in the study group II on the background of standard treatment applied locally Biosporin and additionally taking capsules of bifiform. Combined therapy lasted for 7 days. **Results.** Analyzing the results of paraclinical examination authors note that multimodality therapy leads to an increase of relative lymphocytes count on 11.4% and in absolute count on 15.5%. Combined therapy more effectively stimulate the A-system, increasing the phagocytic activity of neutrophils and improving phagocytosis in the early stages of its implementation. Evidently, that the strengthening of phagocytosis contributes in 20.6% increase in total antibodies titer and normal activity of the complement system, increasing opsonization of phagocytosis objects. Thus, immune dysfunction developed in influenza patients can be removed through immunomodulatory properties of bacterial strains that are part of probiotic biosporin (*Bacillus subtilis*, *Bacillus licheniformis*). This tactic prevents complications and improves (up to normalization) absolute (up to 50.7%) and relative (up to 23.5%) of T-CD3-lymphocytes counts. The increase (in 80.6%) of relative T-CD4-lymphocytes count, pointed into significant improvement of recognition processes of influenza virus A. The vast number of CD4+ cells increased in 2.2 times. **Conclusions.** Application of probiotics onto mucosa of influenza gate and orally since first day of this acute infectious disease by means immunomodulation and intestine dysbiosis correction may be recommended in multimodality treatment of patients with influenza A/H3N2. Author suggested this scheme against the background of the basic treatment. Cell immunity parameters improve up to normalization CD3+, CD4+ and generally of immunoregulation index as well as phagocytosis activity increased. Evidently present the positive effect on the clinical course of the disease, reduce of the intoxication intensity, prevention of secondary microbial complications.