Наиболее подверженной группой являются дети в возрасте 3–6 лет, а также дети 0–2 года. Основным механизмом передачи инфекции у детей является воздушно-капельный. Вторым механизмом передачи инфекции служит фекально-оральный механизм – как классическая болезнь грязных рук при несоблюдении мер гигиены (не вымыты руки перед едой или после посещения туалета, грязные руки тянутся в рот). Еще одним актуальным способом заражения детей является водный – с некипяченой водой при ее питье из колодцев, скважин и родников, при купании в водоемах, обсемененных вирусами. Это обуславливает высокий уровень заболеваемости и распространения заболеваемости внутри семьи, а также в местах большого скопления детей, а именно детские сады, игровые площадки, парки, поликлиники и т. д.

Выводы

В 2023 году начался подъем заболеваемости, связанный с цикличностью энтеровирусных инфекций. В 2023–2024 годах ожидается подъем заболеваемости. Чтобы минимизировать количество заболевших, особенно детского населения следует поводить противоэпидемические мероприятия.

Исследовав динамику ЭВИ и включая во внимание отсутствие специфической профилактики, следует уделить внимание информационно-образовательной работе с населением. Наиболее подверженной группой заболевших являются лица детского возраста, поэтому следует уделять особое внимание дошкольным учреждениям, а именно контроль соблюдения санитарных норм и правил.

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KNOWLEDGE AND ATTITUDE OF MEDICAL STUDENTS TOWARDS COVID-19 VACCINATION AND POSITIVE PEOPLE

Introduction

COVID-19 vaccination is a crucial strategy in combating the spread of the coronavirus and reducing the impact of the pandemic. Vaccines are designed to stimulate an immune response in the body, helping to prevent infection or reduce the severity of the illness if an individual does get infected. Here are some key points about COVID-19 vaccination:

Vaccine Development: Multiple COVID-19 vaccines have been developed and authorized for emergency use in different countries. Vaccines have undergone rigorous testing and evaluation to ensure their safety and efficacy.Vaccine Types: Various types of COVID-19 vaccines are available, including mRNA vaccines (such as Pfizer-BioNTech and Moderna), vector vaccines (such as AstraZeneca and Johnson & Johnson), and protein subunit vaccines (such as Novavax). These vaccines work by teaching the immune system to recognize and respond to the virus.Vaccine Effectiveness: COVID-19 vaccines have demonstrated high effectiveness in preventing severe illness, hospitalization, and death caused by the virus. While breakthrough infections can still occur, vaccinated individuals are generally less likely to experience severe symptoms.Vaccine Distribution: Governments and health organizations have implemented vaccination campaigns to distribute vaccines to the population. Vaccination strategies prioritize high-risk groups, such as healthcare workers, older adults, and individuals with underlying health conditions, followed by the general population.Vaccine Safety: COVID-19 vaccines undergo rigorous testing and monitoring to ensure their safety. Common side effects are typically mild and temporary, such as pain at the injection site, fatigue, or mild flu-like symptoms. Serious side effects are rare. Vaccine Certificates: Some countries have implemented vaccine certificate systems, also known as vaccine passports or digital health passes. These certificates provide proof of vaccination and may be required for certain activities, travel, or access to specific venues.Booster Shots: As new variants emerge and more data becomes available, some countries have started administering booster shots or additional doses of the COVID-19 vaccines to further enhance immunity, especially in certain populations.It's important to follow the guidance and recommendations of your local health authorities regarding COVID-19 vaccination. They can provide specific information on vaccine availability, eligibility criteria, and vaccination centers in your area. Vaccination is a critical tool in controlling the pandemic, along with other preventive measures such as wearing masks, practicing good hand hygiene, and maintaining physical distance.

A booster dose, also known as a third dose or additional dose, is an extra dose of a vaccine given after the initial vaccination series to enhance and extend the protection provided by the primary vaccination. Booster doses for COVID-19 vaccines aim to strengthen the immune response against the virus, particularly for individuals who may experience waning immunity over time or for those who may have a weakened immune system. The decision to administer booster doses Is typically based on scientific evidence, including data from clinical trials, real-world effectiveness studies, and analysis of breakthrough infections. Regulatory agencies and public health authorities carefully review this data to determine the optimal timing and eligibility criteria for booster doses. It's important to note that recommendations for booster doses may vary across different countries and populations. Generally, priority is given to certain high-risk groups, such as older adults, individuals with underlying health conditions, and healthcare workers. However, eligibility criteria may evolve as more data becomes available. Booster doses are typically designed to target the original strain of the virus as well as any emerging variants. Some booster doses may be modified to specifically address new viral variants and ensure comprehensive protection. Research and development efforts continue to evaluate the effectiveness of booster doses against emerging variants and to optimize the vaccine strategies accordingly. By providing an additional boost to the immune system, booster doses aim to maintain a high level of protection against COVID-19 and its variants. They contribute to ongoing efforts to control the spread of the virus, minimize severe illness, and reduce the burden on healthcare system.

Goal

This study aimed to evaluate the level of knowledge about COVID-19 vaccinations, booster dose and attitude towards the COVID-19 infected persons among the medical university students.

Materials and methods of research

A cross-sectional study was conducted in a convenience sample of students in Gomel state Medical university in Gomel, Belarus, using a questionnaire designed to measure the student's Knowledge and attitude towards COVID-19 vaccination and booster dose. The questionnaire was made in google forms, it Consisted of 10 questions regarding demographic characteristics, general information, about type of vaccination and booster dose .The survey questionnaire was administered to the students In their classrooms. Students with no knowledge about COVID-19 and not a student in university are Excluded from the result.

Results of research and their discussion

127 medical students participated in the study, by that study Regarding the course, students from fifth course 22% (n=28), students from second course 14.2% (n=18), students from sixth course 17.3% (n=23) students from third Course 19.7% (n=25), students from first course 13.4% (n=17) and students from fourth course 13.4% (n=17). The average age of students is 18–20 (37%, n=40) 7,21–23 (46.5%, n=59), 24–26 (11.8%, n=15) and above 26 (4.7%, n=6) are the students by that ages reported to getting information about COVID-19 vaccination, followed by social media and some other students got information from their parents And other sources and respectively. (88.2%, n=112)students have been vaccine against COVID-19 and only (11.8%, n=15) of students not got vaccinated against COVID-19. If students got vaccinated and about what t of vaccines they vaccinated covaxin vaccine (34.6%, n=44), Sputnik (22.8%, n=29), sinopharm, (21.8%, n=13) soberano (0.2%, n=2), other vaccines (21.3%, n=27) and not even took vaccination students are (9.4%, n=12). After vaccination people got anyside effects students (35.6%, n=45) and not even got any side effects (35.4%, n=82) .behalf of this some students not administered vaccine at all they are (27.3%, n=72) reasons behind them was personal choice (n=11), due to medication (n=3), due to allergy or medical conditions n=3, due to regional belief (n= 2) and already vaccinated students are (82.7%, n=105). At last about booster dose students administered (38.6%, n=78), not administered booster dose (61.4%, n=49). If administered booster dose what vaccine students had Pfizer bioNTech (18.9%, n=24), moderma (8.7%, n=11), AstraZenece (n=4), covaxin (n=2) ,covid sheild (n= 1) ,sobereno (n=1). Booster dose can also be administered many times in that 1 time admistered students (31.5%, n=40,2) times admistered students (10%, n=13),more than 3 times (n=2), not even taken students are (57.5%, n=73).

Table – 1 Questionnaire questions and answers of the students

Questions	Yes (%;n)	No(%;n)
1. Have you been vaccinated against COVID-19.	88.2%; 112	11.8%; 15
2. If yes,did you experience any side effects after receiving COVID-19 vaccine.	35.4%; 45	64.6%; 82
3. Have you tested positive for COVID-19 at any point during pandemic?	40.2%;51	59.8%; 76
4. You had any booster dose after COVID-19 vaccination?	38.6%; 49	61.4%; 78
5. How many times was the booster dose administered?	31.5%; 40	57.5%; 73

Conclusion

The majority of medical students who participated in this study showed a positive attitude of students (88.2%) by COVID-19 vaccination and negative attitude of students (11.8%) by covid vaccination. However knowledge about booster dose of COVID-19 of students shown positive attitude (38.6%) about booster dose vaccination and negative attitude (59.8%) towards booster dose vaccination. In addition, 40.2% of the participants showed a negative attitude in response

with infected positive with COVID-19 and 59.8% of the participants shown positive response with not infected with COVID-19. Thus, students'knowledge of COVID-19 vaccination over all response was good and also paid attention towards the vaccination against COVID-19 and booster dose.

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PREVALENCE AND DISTRIBUTION OF SOIL-TRANSMITTED HELMINTH INFECTIONS IN INDIA

Introduction

Understanding the prevalence of soil-transmitted helminth infections is necessary to plan control strategies and focus on highly endemic regions for preventive chemotherapy and improved sanitation facilities. India is known to be endemic for soil-transmitted helminth (STH) infections. Soil-transmitted helminth infections rarely cause mortality with diarrhea, abdominal pain and low hemoglobin levels as the immediate outcome of infections, however, the long term effects of these infections are far more sinister as those with infections show reduced cognitive abilities, intellectual capacity and lower work productivity [1]. The warm and moist climate of tropical and subtropical countries provides the ideal environment for the survival of parasite eggs or larvae of these four STH, roundworm (Ascaris lumbricoides), whipworm (Trichuris trichiura) and hookworm (Necator americanus, Ancylostoma duodenale) [2]. The prevalence and control of STH infections is inextricably linked with water quality, sanitation, hygiene practices and socio-economic status in the affected areas [3]. Despite the fact that infection can be cured with either Albendazole or Mebendazole, eradication is difficult, given STH's feco-oral and penetration-via-skin transmission pattern as the chances of reinfection are very high in population living in affected areas. Control is achieved by targeted use of chemotherapy and improvement of sanitation, drinking water, use of pit-latrines instead of open defecation and good hygiene practices.

Goal

To analyse the prevalence and distribution of soil-transmitted helminth infections in India.

Materials and methods of research

To analyse the prevalence, spatial distribution and identify high-risk zones of helminth a systematic search was carried out based on PRISMA guidelines from the year 2013–2022. We used the following search terms anywhere in the articles: "soil transmitted helminth" or "ascaris" or "trichuris" or "whipworm" or "necator" or "ancylostoma" or "hookworm" AND "India" [4].