Concomitant with the decrease in the number of WPV1 cases, transmission of several genetic lineages detected in 2015 was apparently interrupted during the reporting period, particularly during the second half of 2016 and first half of 2017. WPV1 isolates from at least two main genetic clusters (groups of polioviruses sharing ≥ 95 % sequence identity in the viral capsid protein VP1) have been detected during the 2016–2017 low transmission season by AFP surveillance, indicating continued circulation in the core reservoirs in the Sindh province and Quetta district. One case of paralysis associated with cVDPV2 was detected in the Quetta in 2016; no cVPDV2 cases have been detected in 2017 to date [5].

Conclusion

In September 2015 Nigeria was removed from the list of polio endemic countries but a new strain resurfaced. In Abuja 5 March, 2018 the World Health Organization (WHO) has recommitted to eradication of polio, promoting health through the life course, combating communicable and non-communicable disease, and supporting universal health coverage through government's primary healthcare revitalization agenda over the next biennium (2018–2019). Main problem Nigeria,Pakistan and Afghanistan faces currently is due to the inability to reach children in rural areas.

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KNOWLEDGE OF HIV SPREAD IN MODERN AGE

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Relevance

HIV/AIDS has become one of the most devastating diseases humanity has ever faced [1]. The impact of HIV/AIDS has caused much consternation among policy-makers as it threatens to erode socio-economic through it's associated increase in morbidity and mortality of people in the productive age group [2]. In this, there is awareness among young people. Youth are at an increased risk of HIV and account for about half of the new HIV infections in many nations [3]. Being an important period for social development, the adolescent and young adulthood stages are critical for promoting healthy attitudes and behaviours to protect young people from HIV. Their elevated risk of HIV infection has been attributed to their lack of knowledge and engagement in risky sexual and injection behaviours; calling for targeted educational interventions in improving their HIV knowledge and decreasing their risky behaviours [4]. Increasing HIV knowledge has been suggested as an effective HIV preventive behavioural intervention across different contexts. Elevating HIV knowledge creates motivation for risk reduction and has been associated with increased safe sex practices and HIV testing and treatment uptake [5].

Purpose of the study

To evaluate and analyse the HIV/AIDS knowledge among medical undergraduate students.

Material are research methods

We examined 45 students, in which 15 students were from 1^{St}, 2^{nd}, 3^{rd} course of study respectively, 19 (42 %) male, 26 (58 %) female. The age ranging from 16–24 years of age; median age of the respondents was 19 years of age. A cross-sectional study was conducted using structured questionnaires among conveniently selected students enrolled at Gomel State Medical University, Bela-

rus. The students were from India (65 %), Sri-Lanka (20 %), Nigeria (15 %). Students self-completed a questionnaire that was designed to examine their knowledge to HIV/AIDS. The Questionnaire comprised 10 questions, concerning: 1) general knowledge about HIV/AIDS; 2) it transmission, 3) prevention of HIV/AIDS, and 4) options of diagnosis and treatment of HIV/AIDS.

Fisher exact tests was used in comparing the results. All P-values were two-sided and values less than 5 % ($p < 0.05$) were considered as statistically significant.

Results and discussion

Comparisons between students in different course were carried out in Gomel State Medical University (GSMU). Out of 45 questionnaires distributed, a total of 60 % students responded with a high knowledge while 40 % of students have low knowledge on HIV.

General knowledge about HIV/AIDS. Reports about this disease among students surveyed. A large majority (71 %) answered that HIV is a viral infection (rather than bacteria) of the total. 67 % students told that HIV cannot be stable outside of the human body, 28 % answered not sure and only 5 % students said about HIV to be very stable outside the body.

Transmission of HIV/AIDS. 90 % of students considered that sexual contact is a route of transmission of HIV with no significant difference between 1st, 2nd and 3rd course, 10 % considered other routes. Regarding transmission through mosquito bites only 6 students answered correct (13 %), 73 % of 1st course students considered this as a route of transmission, among 2nd and 3rd course — 40 % ($P = 0.05$, Fisher exact test). Intravenous drug users, homosexuals and persons having multiple sexual partners were recognized as high risk groups for HIV/AIDS infection by 65 % of students, while 35 % doesn't see this as a risk. 73 % of the students gave correct responses regarding the various methods of transmission of HIV/AIDS infection whereas 27 % had low knowledge — considered that HIV can be transmitted via kissing an infected person in the presence of oral ulcer. Concerning mother to child transmission of HIV/AIDS infection, 19 (100 %) boys are more informed than girls who gave 19 (73 %) correct answers. There was a significant difference using Fisher exact test ($P = 0.016$).

Preventive measures for HIV. There is response of the surveyed students to questions about means to prevent HIV/AIDS. There was no significant difference between the 1st 2nd and 3rd course in terms of considering the use of condoms (65 %) and sterilising needles (35 %) as means of reducing transmission.

Diagnosis of HIV/AIDS. 83% girls want to be tested for HIV while there were only 21 % boys. There was a significant difference when calculating using the Fisher exact test ($P = 0.0001$). In general, 24 students want to be tested (56 %) while 19 (44 %) do not.

Treatment of HIV/AIDS. Responses of the surveyed students to questions about means of treatment showed that in total, 12 (63 %) boys and 17 (65 %) girls respectively know that HIV is treated with antiviral drug ($P = 0.86$). In duration of the treatment 5 (26 %) boys and 8 (30 %) girls respectively believe HIV is treated for a life time, not significant ($P = 0.67$).

Conclusion

The data underscore the urgent need for HIV/AIDS- related health education and prevention / control of it's spread in modern age targeting university students as well as younger age groups. Infectious diseases course and books are recommended for the three courses in order to help them broaden their knowledge about HIV/AIDS. This study found out the misconception about modes of transmission of HIV/AIDS, overall knowledge on HIV/AIDS and ways to prevent the spread of HIV. Boys and girls differently understand the situation, and should be educated differently on this topic.

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