

Выводы

Таким образом, клиническая картина COVID-19 у пациентов, находящихся на лечении в ГОКБ, не имела характерных симптомов и напоминала собой иные острые респираторные инфекции. Следовательно, в период пандемии COVID-19 практический врач должен иметь особую настороженность в отношении данного заболевания и с целью его выявления своевременно проводить необходимое обследование

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LEPTOSPIROSIS IN SRI LANKA

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Introduction

Leptospirosis is a zoonotic bacterial infection caused by pathogenic spirochetes of leptospira interrogans. It is maintained by chronic kidney infection in carrier animals, which excrete leptospira interrogans species in their urine and contaminate the environment. Leptospirosis is a notifiable disease in Sri Lanka. It is very endemic, with an annual incidence rate of >10/100,000 inhabitants. Human leptospirosis is an acute febrile disease with a wide range of clinical manifestations, ranging from mild to severe diseases. We can identify high fever, headache, malaise, muscle pain, vomiting, red eyes, abdominal pain and jaundice as symptoms.

The common circulating serogroup is Tarassovi. The important maintenance hosts in Sri Lanka are cattle, buffaloes and rats. These types of animals living mainly in rice paddy fields and rice growing areas. There are, high-risk occupations include in Sri Lanka are farmers, workers, manual workers. Common serious diseases include acute kidney damage, leptospirosis associated with severe pulmonary haemorrhagic syndrome, liver failure, myocarditis and pancreatitis. Other complications noted in patients are hemiplegia, liver encephalopathy, acute quadriplegia, cerebellar signs, Guillain-Barre syndrome, and rash. Leptospirosis is a disease that has various manifestations and complications where diagnosis and treatment are a challenge.

Therefore, having clinical guidelines, particularly in the Sri Lankan context, will be helpful to the treating clinician in overcoming these challenges. Especially in Sri Lanka, people say to this disease as «RAT FEVER», because in Sri Lanka its spread mainly from rats that live near the rice fields [1 4].

Goal

To get an idea about leptospirosis infection in Sri Lanka. To know the causes, statistic, outbreak, prevention methods.

Material and Methods of research

The epidemiological analysis and generalization of modern medical scientific literature on this topic. The communicable disease surveillance system in Sri Lanka is

empowered by the Quarantine and Prevention of Diseases Ordinance enacted in 1897, with subsequent amendments, and identification of leptospirosis as a notifiable disease. Leptospirosis reporting system has two main components:

I. Routine notification system. II. Sentinel site based special surveillance system. Field Investigation activities carried out by Public Health Inspector (PHI). Obtains relevant information from the patient, medical records and his/her family members, Verifies the diagnosis, Ensures that the patient is taking proper treatment, Encourages continued treatment, Assesses the health of the contact persons and guides them for necessary treatment if needed. Observes the environment of the patient to locate potential source of leptospirosis infection, Health education regarding leptospirosis. Takes control measures and ensures prevention of possible outbreaks/spread in the area. Reports the findings to Medical Officer of Health (MOH) Then they work with PCR test MAT test and cultivation test to diagnose properly.

Leptospire may be free-living or associated with animal hosts and survive well in fresh water, soil, and mud in tropical areas. Organisms are antigenically complex, with over 250 known pathogenic serologic variants. Although certain geographic regions contain specific leptospiral serovars and species, the serologic characterization of an isolate is not an absolute predictor of its species designation.

So we should look how to prevent from this disease. The risk of acquiring leptospirosis can be greatly reduced by not swimming or wading in water that might be contaminated with animal urine, or eliminating contact with potentially infected animals. So people who have high risk possibility to infect with this disease should use Protective clothing or footwear should be worn by those exposed to contaminated water or soil because of their job or recreational activities.

Leptospirosis is treated with antibiotics, such as doxycycline or penicillin, which should be given early in the course of the disease. Intravenous antibiotics may be required for persons with more severe symptoms. Persons with symptoms suggestive of leptospirosis should contact a health care provider.

The results of the research and their discussion

Disease notification data from 1991 shows a steady increase of reporting of leptospirosis until 2007. This was mainly attributed to improved surveillance. However, the outbreak of leptospirosis in 2003 created an alert among health professionals on leptospirosis as an emerging disease. In 2007, clustering of unidentified fever cases and a few deaths were reported from Matara, Gampaha and Kandy districts, some of whom were confirmed as leptospirosis. In 2008, Sri Lanka experienced the largest documented outbreak of leptospirosis in Sri Lanka with an estimated incidence of 371/100000. However, incidence based on notification data may be a gross underestimation of the true problem as it has been shown that reported data might be showing only around 30 % of the actual caseload (Figure 1).

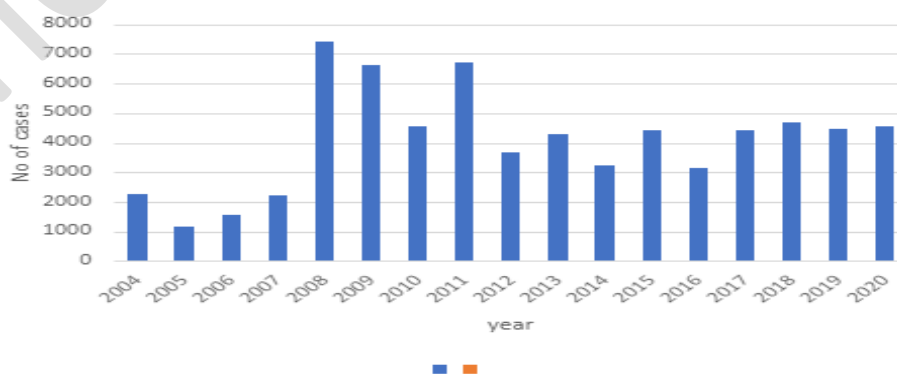


Figure 1 — Annual number of recorded leptospirosis cases in Sri Lanka from 2004 to 2020

Since 2008, the number of cases reported has been more than 3000 per year and global comparison data shows Sri Lanka as the country with the highest incidence of leptospirosis. Recently, 4554 leptospirosis cases have been reported in Sri Lanka in 2020, with a death count of 37 due to the disease, Epidemiology Unit disclosed.

Conclusion

Leptospirosis is generally spreading disease in Sri Lanka. Recently [in 2019 and 2020] nearly 4000 cases had been reported. And also when we see 2017, 2016, 2015 reported cases are not more different than 2020. So we can think its not increasing. health care workers controlling this situation. Also for leptospirosis no need specialized vaccine, using antibiotics are enough for control it. So government of Sri Lanka should supply continuously relevant antibiotic drugs to hospital all over Sri Lanka, specially regions which reporting high number of cases. And also government of Sri Lanka should give message to people how prevent from this disease. Specially people who live in rural areas, because lot of paddy fields situate in rural areas and also majority of farmers living in these areas. So health ministry authorities can use mass media like television, radio, newspapers for distribute preventive methods. Also can use social media platforms like internet facebook instagram whatsapp. Also can use creative posters and banners.

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LEISHMANIASIS AS AN EMERGING INFECTIOUS DISEASE IN SRI LANKA

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Introduction

Leishmaniasis is a vector-borne zoonotic disease caused by obligate intracellular parasitic protozoa of the genus *Leishmania* which includes species like *L.donovani* and *L.tropica*.

It is recognized by the World Health Organization as one of the neglected tropical parasitic diseases worldwide. *Leishmania* currently affects 6 million people in 98 countries. About 0.9-1.6 million new cases occur each year, and 21 species are known to cause the disease in humans.

The disease comes into human population when human, flies and the reservoir hosts share the same environment. *Leishmania* infection is transmitted to humans and to other mammals by the bite of an infected sand fly vector.

Three common forms of leishmaniasis are: Cutaneous leishmaniasis (CL), Mucocutaneous leishmaniasis (MCL) and Visceral leishmaniasis (VL). Of the three different clinical presentations of infection, CL is the most common, producing ulcerated skin lesions on exposed body parts. MCL damages the mucous membranes of the nose, mouth and throat. VL, affects internal body organs, such as the spleen, liver and bone marrow, and is considered as the most severe form of the disease [1-7].