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**INTERNATIONAL PUBLIC HEALTH CONFERENCE
«PUBLIC HEALTH IN UKRAINE – MODERN CHALLENGES
AND DEVELOPING PROSPECTS»,
22-23 APRIL 2021, SUMY, UKRAINE**

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GENDER AND AGE FEATURES OF «FAMILIAL» TUBERCULOSIS IN THE SUMY REGION

Halyna P. Oleshchenko, Igor D. Duzhyi, Oleksandr M. Lytvynenko, Vasyl P. Melnyk, Leonid A. Bondarenko, Ivan A. Hnatenko

SUMY STATE UNIVERSITY, SUMY, UKRAINE

Introduction: It is known that tuberculosis infection occurs during a prolonged stay in close contact with the patient indoors. Among other common ways of contact is the so-called «family». In the context of the Covid-19 epidemic and the reform of the tuberculosis service in Ukraine, when migration is declining, and the vast majority of bacillary patients are treated on an outpatient basis, the spread of tuberculosis infection in the family is particularly acute, which determines the urgency of the problem.

Aim: The purpose of this study was to determine the gender and age characteristics of «familial» tuberculosis.

Materials and methods: The medical documentation of tuberculosis patients who had family contact during 2006–2018 in the Sumy region was retrospectively analyzed. The source of infection was 157 patients with various forms of tuberculosis. It has been reliably confirmed that these patients caused the disease in 162 contact persons. That is, one patient was involved in the disease with more than one family member.

Results: Among the patients – «sources» of tuberculosis infection were 127 (80.9%) males and 30 (19.1%) females. Among the «contactors» there were 78 males (48.1%) and females – 84 (51.9%) – ($p < 0.05$). Thus, women are significantly more likely to get sick due to home contact with sick men. According to age, the «sources» of tuberculosis infection are distributed as follows. At the age of 0–18 years there was 1 (0.6%) patient, 19–28 years – 18 (11.5%) persons, at the age of 29–38 years there were 50 (31.8%) patients, 39–48 years – 49 (31.2%), aged 49–58 years – 26 (16.6%), older than 59 years – 13 (8.3%). Thus, the main group of infection sources (79.6%) were persons aged 29–56 years. The mean age of patients involved in the disease of family members is 42.5 ± 2.4 years. Among those infected with these sources of tuberculosis were 41 (25.3%) children under the age of 18, young people aged 19–28 were registered 32 (19.7%), aged 29–38 were 44 (27.3%) persons aged 39–48 years – 19 (11.7%) patients, 49–58 years – 14 (8.6%), over 59 years – 12 (7.4%) persons. The vast majority (72.2%) of family members were young people under 40 years of age. Moreover, most importantly, a quarter (25.3%) of the patients were CHILDREN! The mean age of «contact» persons was 31.6 ± 1.9 years ($p < 0.05$).

Conclusions: Thus, in our study, a «typical» example of tuberculosis sources was males aged 42.5 ± 2.4 years. It can be explained by a tendency to smoke and abuse alcohol, which provokes antisocial behavior and low adherence to treatment. The latter contributed to the infection in the vast majority of women and children. Thus, «reforming medicine» by eliminating and reducing the network of anti-tuberculosis hospitals and dispensaries, where such patients would be treated, at least until the cessation of bacterial excretion, and the network of anti-tuberculosis children's sanatoriums, where children could recover and be isolated from sick adults., premature.

KEY WORDS: «familial» tuberculosis, contact person, source of infection.

ESTABLISHMENT OF ELECTRONIC INFORMATION AND COMMUNICATION SYSTEM FOR HEALTH CARE QUALITY OPTIMIZATION IN PATIENTS WITH DIABETES OF 2 TYPE

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Introduction: Optimization of quality of health care (HCQ) for patients with diabetes (DM) is a dynamic process during which requirements of society for high-quality medical care (MC) have to be satisfied and improve quality of life of patients. Achievement of significant progress in treatment of patients is possible under the conditions of creation and ensuring appropriate functioning of a system of prevention, diagnostics and treatment; wide acceptance of modern medical technologies, introduction of standards of delivery of health care into the practical activities. It should be noted that maintaining health is not only a medical, but also social problem and depends on responsibility of the patient for his or her health state. Therefore, an introduction of the modern information and communication system (ICS) for active involvement of the patient to process of treatment and prevention of complications of chronic non-communicable diseases (CNCDs), including DM 2 type, and a constant reminder to patients about importance of control of the main physical data, observance of a healthy lifestyle and mode of treatment, is relevant.

Aim: assessment of ICS effectiveness implementation for HCQ optimization in patients with DM of 2 type at the level of primary medical care establishment (PMCE) in Sumy.

Materials and methods: methods, used in a study included interviewing with a specially created closed questionnaire, that took place from December 2019 till January 2020. During the study, systematic, bibliosemantic, comparative, statistical and inference techniques were used.

Results: The study group included 96 respondents: women – 58 ($60.42 \pm 3.53\%$); men – 38 ($39.58 \pm 3.53\%$). In this group, a dynamic two-way observation and treatment algorithm using the information and communication system (ICS) «Remote medical service in the system of quality management of medical care at the primary level» was introduced for six months. Analysis of the results of re-monitoring showed that during the period of implementation of the ICS, the indicators of HCQ and the state