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## **ЗБІРНИК ТЕЗ ДОПОВІДЕЙ**

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**EPIDEMIOLOGICAL CHARACTERISTICS OF IMPORTED CASES  
OF MALARIA IN THE ZAPOROZHYE REGION FOR 2001-2019**

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**Topicality.** Malaria is the most common endemic disease in the world, with a transmissible mechanism of infection, and is regularly registered in 91 countries. More than 220 million cases are registered annually. In the conditions of population unregulated migration problem of imported malaria in non-endemic regions and introduction multidrug-resistant strains of malaria pathogens in the territory, which were previously free from them, becomes very important.

**The purpose of the study is** to find out epidemiological features of imported cases of malaria in the Zaporozhye region for 2001-2019.

**Material and methods.** Statistical data on the etiological structure of 27 imported cases of malaria in Zaporozhye region for the period 2001-2019 were analyzed. The diagnosis of malaria was established on the basis of epidemiological and clinical data, and was confirmed by microscopy of a thick drop and a blood smear.

**Results.** It is established that in the Zaporozhye region almost annually recorded imported cases of malaria with their maximum number in 2001, 2013, 2017. The etiological structure of imported cases of malaria is significantly dominated by tropical malaria, which is caused by *Plasmodium falciparum*, whose share in the overall structure was 74%. Malaria, which is caused by *Pl. vivax* (14.8%) and *Pl. oval* (11%). Analysis of the geographical regions from which malaria was imported showed that all cases of tropical malaria were imported from Africa, more often from Nigeria (30%) and Congo (35%). Cases of malaria caused by *Pl. vivax* and *Pl. ovals*, were imported not only from various countries in Africa, but also from Asia and Latin America. Epidemiological data indicate that imported cases of malaria were more often associated with business trips: 90% for *falciparum* malaria and 57.1% for *vivax* and *ovale* malaria. Of particular note are cases of malaria among foreign students who, after a 5-6 year stay in Ukraine, visited their country, namely Nigeria, and as a result of infection had a manifestation of tropical malaria. People living in non-endemic areas should start chemoprophylaxis before traveling to malaria-endemic regions. However, among malaria patients, the majority did not receive chemoprophylaxis while in an endemic region: 65% of patients with tropical malaria and 71.4% of patients with *vivax* and *ovale* malaria. Among patients with tropical malaria, 15% took drugs irregularly. One in five patients receiving chemoprophylaxis found it to be ineffective. The probable cause of ineffectiveness in such cases was resistance of the malaria pathogen to prophylactics. Malaria was actively detected in 22% of patients after returning from endemic regions to Ukraine. In the remaining patients (78%) diagnosis was established 5-6 days after the onset of the disease after development of a typical clinical picture of the disease. One third of patients with tropical malaria (35%) were hospitalized with a diagnosis of SARS, pneumonia, fever of unknown origin, gastroenteritidis. Clinical manifestations of the disease were characterized by the development of typical malaria attacks of fever within the incubation period after returning from endemic region. In the majority of patients with *P. falciparum* (75%) severe course with development of multiorgan failure (renal and hepatic insufficiency, encephalopathy, DIC syndrome) prevailed. The cerebral form of malaria developed in 40% of patients with severe *P. falciparum*. Mild malaria of *P. falciparum* was registered in 25% of patients with repeated visits to African countries and a history of malaria. In 57% of patients with 3-day malaria, foreign students, mild course of the disease prevailed. The development of recurrence of *R. vivax*, 5-7 months after returning from India, was registered in one third (28.6%) of foreign students.

**Conclusions.** In the Zaporozhye region, imported cases of malaria are recorded almost annually. The etiological structure of malaria was significantly dominated by cases of tropical malaria (74%), which were imported from Africa. Imported cases of malaria were more often associated with business trips. Severe and complicated forms of malaria developed in Ukrainian citizens with tropical malaria due to the lack of effective chemoprophylaxis, late diagnosis and lack of timely treatment.