



Based on the results obtained and the fact that the number of intestinal infections significantly increases in the summer period, probiotics, containing bifidobacteria for the prevention of intestinal infections, are recommended to be used in summer.

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MONTHLY ISOLATION CHRONOGRAMS, POPULATION LEVEL AND MICROECOLOGICAL INDICATORS OF MICROORGANISM MICROBIAL MICRO-ORGANISMS MICROBIOTA OF THE COLON CAVITY OF PRACTICALLY HEALTHY PEOPLE OF NORTHERN BUKOVINA

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The physiological significance of *Bifidobacterium* and *Lactobacillus* bacteria for the human body and their exceptional significance in the functioning of the «microorganism-macrobiorota» ecosystem has been proved by numerous studies and is no doubt in it. Deficiency of the quantity in the large intestinal cavity of these anaerobic bacteria leads to a violation of the digestive processes, absorption of nutrients, assimilation of iron, calcium, vitamin D; synthesis and adsorption of endogenous vitamins; the activity level of individual enzymes, biologically active substances decreases: hypoproteinemia, hypovitaminosis, bacteremia develops; the reactivity of the digestive tract and colonization resistance of the mucous membrane to colonization of the intestine by pathogenic and opportunistic microorganisms, which contributes to the development of purulent-inflammatory processes reduces.

The objective of the work was to investigate the persistence level of *Bifidobacterium* and *Lactobacillus* bacteria to their population level and microecological parameters that characterize their decontaminating and regulating function in self-regulation of the taxonomic composition and population level of large intestinal cavity of practically healthy people in winter, depending on the month chronorhythms. In previous research it was shown that the best indicators in bifidobacteria and lactobacilli of taxonomic composition, population level and microecological value were established in winter time.

The research proved that *Bifidobacterium* and *Lactobacillus* bacteria are found in the intestinal cavity of each practically healthy person and have a high value of Margaleff species richness index, Whittaker species diversity, Simpson and Birger - Parker species domination.

The research of the population level of these bacteria shows that their quantitative indices depend on month chronorhythms. The population level of bifidobacteria in winter is 8.83 ± 0.37 lg CFU/g, lactobacilli is 7.46 ± 0.23 lg CFU/g. The average annual bifidobacteria level is 8.87 ± 0.13 lg CFU/g., lactobacilli is 7.38 ± 0.11 lg CFU/g, which practically responds to winter season.

Indicators of the population level of bifidobacteria and lactobacilli are specifically considered in each month. It is possible to conclude that in December, the population level of bifidobacteria is reduced to 5.64 %, lactobacilli to 3.23 %. In January, the population level of bifidobacteria increases to 7.32 %, lactobacilli to 5.70 %. In February the population level of these bacteria is going on to increase. Under such conditions, the regulatory role in the self-regulation of associative microbiocenosis in the large intestinal cavity in February in bifidobacteria and lactobacilli increase to 8.06 %. While in December, the dominant role of bifidobacteria is reduced to 5.44 %, lactobacilli – to 3.98%. Thus, in practically healthy people aged 18 - 30, living in Northern Bukovina, *Bifidobacterium* and *Lactobacillus* bacteria in the large intestinal cavity are exposed month chronorhythms of winter time.

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GENERAL IMMUNOLOGICAL REACTIVITY OF PATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA

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The purpose of the work is to establish the general immunological reactivity of the body of patients with community-acquired pneumonia in the first two days of clinical course according to the immune-hematological indices and coefficients.

Dizziness, cough with predominantly mucosal-purulent sputum excretion was noted in patients aged 19-25 years (average age 23.91 ± 4.27) who complained of general weakness, fatigue, loss of appetite, increased sweating, body temperature, palpitation, diffuse headache. Exaggerated or diminished breath sounds and dry, fine moist rales from the side of the lungs, damaged by inflammatory process, were also heard over the pulmonary areas. The diagnosis was confirmed by X-ray in each case.

At primary examination, we took the peripheral blood for the general examination and determination of the absolute and relative number of major populations of immunocompetent cells, on the basis of which the overall immunological reactivity was defined. It has been established that in patients with community-acquired pneumonia, according to the index of immune reactivity, the overall immunological reactivity of patients tends to decrease 19.44 % ($p > 0.05$). Against a background of immunological reactivity decrease (in this period the first stage of the immune response takes place) the activity of the non-specific reactivity of the organism increases 57.50 % ($p < 0.05$), which is