Discussion, results: For the first time Ebola was described in Sudan, in 1976, when 284 people infected with Ebola were recorded, out of which 151 (53%) died. A few months later, a new epidemic broke out in the neighboring state Zaire, where 318 infected people were recorded, and 280 of them died (88%). The disease got its name after the river which flows near the settlement where the first cases of Ebola were noticed, nameyin Zaire. In 1979, the disease broke out again, but this time in Sudan, where 34 people were infected, out of whom 65% died. Only 15 years later (1994), Ebola was diagnosed in the third African state– Gabon in 52 patients and had a death rate of60%, in Ivory Coast–one single victim, then again in Congo in 1995, in 315 patients, out of whom 254 (81%) died.

The epidemiological peculiarities have not been sufficiently cleared out in all cases. In general, it is recognized that sources of infection and its transmission slightly differ in animals compared to what is known about disease in humans. The evolution and anatomic and clinical features are rather well-known aspects presently and which continue to be studied, but aspects of infection in animals are known too little.

Conclusion:

1. Ebola is an infectious disease extremely dangerous with pandemic potential;

2. Ebola is an exotic infectious disease with natural focus;

3. High risk to contact Ebola infectious is more appropriate for natives of areas with epidemic potential and for immigrants.

Key words: Ebola, epidemic, pandemic.

238. THE MUNICIPAL PUBLIC TRANSPORT MICROCLIMATE IN CHISINAU DURING THE COLD SEASON.

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Basic. Municipal public transport has been and is very current. Daily, in Chisinau, the transportation of 800 thousand passengers is made with the help of about 500 community cars. In Republic of Moldova the conditions of work and the health of workers in the field of public transport are insufficiently studied. The importance of the topic increases given that many women are working in the field, therefore emphasizing the need for the study.

Materials and methods. We evaluated the microclimate parameters in the saloons of public transport from Chisinau using the apparatus Meteoscop M. Basic indicators such as air temperature, relative humidity and velocity of currents which was considered constant (0.1 m/s) were examined in accordance with the rules. Three sets of measurements were performed in order to record the transition from the hot season to the cold season which included 50 electric cars per day, and then the Sigma

Date	Year	Season	Ext.Temp. (d.m.S.)	Int. Temp. (d.m.S.)	RH % (d.m.S.)	AT	WChill
11 september		Autumn	19,5	26,2	78,5	31,1	28,6
29 november	2014	Autumn	2,8	9,4	43,7	6,9	12,5
28 december		Winter	-4,8	6,8	63	4,6	10,0

method was used in order to analyze the statistical average of the measurements. The quality index of the microclimate was evaluated, namely the Actual Temperature and the Wind Chill. Then these results were compared with the regulatory framework in the given domain.

Discussion of the results. We compared the results of the Actual Temperature and Wind Chill with European regulatory framework nomograms in the field of occupational health and environmental health (89/654/EEC and FRR 2.2.2006-05; RNI 2.2.4.548 -96) and we determined that the actual temperature exceeded the minimum required in 2 cases. In September the index of actual temperature falls within the normal range, and in November and December it doesn't reach the normal minimum 18 ° C with 11.1 ° C, and respectively, 13.4 ° C.

The conclusion. This fact speaks about very cold working conditions during the cold season of the year, and as a result one might experience different diseases of the respiratory, urinary or cardiovascular system and many more.

Key word: microclimate, public transportation, actual temperature, employees, public health.

239. PECULIARITIES OF OCCUPATIONAL HEALTH SPECIALISTS' INSTRUCTION AND TRAINING

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Introduction: Occupational Specialty Health is a new specialty for both Moldova and the countries in the European region. Moldova is the only country in Europe that has not implemented a workers' health and safety surveillance system, in accordance with European and international bodies: EU-OSHA (European Agency for Safety and Health at Work), WHO (World Health Organisation), the ILO (International Labour Organisation). This system is part of the Public Health Strategy at European level and aims employee health surveillance, prevention and detection of occupational and work-related diseases.

Objective of the study: Assessing the situation in the field of instruction and training occupational health specialists. World experience shows that occupational health specialist one-third of life is spent at work of employees, studying working conditions and risk factors.