pared with a prospective study cohort of 127 adults with severe non-H_1N_1 CAP admitted during inter-pandemic period. A multivariate logistic regression model was generated for prediction of H_1N_1 influenza related pneumonia.

Results: In-hospital mortality in both cohorts was pretty similar, to 20% in H_1N_1 IRP cohort compared with 19,7% in non-H_1N_1 CAP cohort. A diagnostic prediction model was derived by assessing one point for each of the seven criteria: demographic (age≤ 65 years), clinical (presence of myalgia/arthralgia, absence of hypotension, absence of pathological bronchial breathing), laboratory (leucocyte count ≤ $12*10^9/l$) and radiological (presence of bilateral involvement, extension to superior pulmonary areas). The threshold yield of the model was obtained for 4 points value of that, with a negative predictive value of 92,4% and 88% of sensibility.Accuracy of the obtained model was appreciated using the value of area under receiver operatingcurve, which corresponds to a very good one - 0,93 (95%CI 0,89 - 0,96).

Conclusion: There are substantial clinical differences between H_1N_1 influenza related to pneumonia and inter-pandemic CAP. A model based on seven accessible criteria allows the early identification of adults with severe influenza related pneumonia.

CLINICAL AND EVOLUTIVE PECULIARITIES OF THE ASTHMA AT FREQUENT ILL CHILDREN

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Introduction: Asthma is one of the main causes of chronic morbidity and mortality in the whole world. The World Health Organization estimates that there are 300 million of people suffering of asthma worldwide. Asthma mostly occurs in childhood (allergic type) and after 40 years (non-allergic type). Asthma incidence is 3 – 6 ‰ in the world. It estimates that Asthma causes 250.000 of lethal cases annually in the whole world. The mortality of asthma rate is estimated from 2 to 4 cases at 100.000 of population annually. It is estimated that the incidence of Asthma in the Republic of Moldova is ≈3 at 10000 children, but the prevalence on the actual period is 8-15,4 cases at 10000 children.

Materials and methods: The group included 76 children with Asthma (54 boys and 22 girls) at the age under 5 years old hospitalized in the Allergy department of the First Municipal Children Hospital, in 2011 year. The methods, used in the clinical study, were:
1. Clinical.
2. Instrumental.
- Radiology, Visceral ecography.
- Spirography, Electrocardiography.
3. Laboratory research.
- General and biochemical blood analysis, Urine general analysis.
- Serum analysis, Immunological analysis.
- Allergens sensibility, Acid base report.
- Mucus bacteriology study, Infection diseases marckers.

Results: There were 50 % of children that suffer of bronchopneumonia as an associated disease. On the second place was Fe-defficient anemia (21%). Allergic rhinitis is present in 15,78% of children.

Laryngotracheitis was present in 13%. There were some diseases as complications: Reactive unspecific hepatopathy (26%), Toxico-infectious cardiopathy (9%), Reactive pancreatitis (7%) and chronic gastro-duodenitis in acute stage (7%). The most frequent pathologies, that had been the in past, from the anamnesis, were: Obstructive bronchitis (32%) and Pneumonias (24%). Ig E total and specific has high rates (76%) and cutaneous test was positive in 54%.

Conclusions: Asthma is common and in the Republic of Moldova (8-15,4 cases at 10000 children). Pathology of Asthma encourages the creation of the frequent ill children before the diagnostic of itself. The confirmation of diagnostic is made with the help of positive cutaneous tests (54%) and high rates of IgE total and specific (76%). Heredo-collateral anamnesis to allergic diseases is positive (13%). Manifestation of Asthma is preceded by the presence of allergic diseases in the child anamnesis: Atopic dermatitis (10%), frequent acute respiratory diseases (63%) and Allergic rhinitis (15%).

Keywords: Asthma, frequent ill children, IgE, acute respiratory diseases.

ASSESSMENT OF EFFECTIVENESS IN ANTIRETROVIRAL THERAPY WITH FIRST-LINE REGIMENS IN HIV-INFECTED PATIENTS

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Introduction: The HIV/AIDS infection in the Republic of Moldova is a priority public health problem. In the Republic of Moldova, after the onset of HIV/AIDS (1987) until 2011 were registered 7125 people infected with HIV. In 2011 were detected 721 new cases of HIV (13.87 to 100000 population), in 2010 to 704 cases. In 2011 were stricken with AIDS 420 persons (2010 - 290). The most frequent AIDS related conditions are pulmonary infection with Mycobacterium tuberculosis – 49,19%, esophageal candidiasis – 20% and the HIV fatigue syndrome (wasting syndrome) – 6,66%. International and national guidelines recommends that any patient with T-lymphocyte number CD4<350 cells/µl, should receive HAART (Highly Active Antiretroviral Therapy), whether it is asymptomatic, and the number of T-lymphocytes with CD4<200 cells/µml are with advanced HIV infection should receive immediate HAART. In addition, patients with CD4 between 350-500 cells/µl and HIV RNA>100.000 copies/ml should receive HAART. In the Republic of Moldova is provided universal access to HAART for people with HIV/AIDS, which started to be applied since 2003. Currently in HAART are included 1606 people with HIV/AIDS, out of which 771 people started HAART in 2011.

Objectives: assessing clinical, immunologic and virologic evolution in naive HIV-infected patients, which received HAART 36 weeks (9 months).

Materials and methods: We followed up 40 adult patients diagnosed with HIV/AIDS infection (average age 36,4 years), supervised in the specialized department and territorial cabinet of the Clinical Hospital of Infectious Diseases „Toma Ciorba", of which, 19 (47,5%) patients initiated HAART with AZT(zidovudine)+3TC(lamivudine)+EFV(efavirenz) (I regimen) and 21 (52,5%) patients with TDF(tenofovir)+FTC(emtricitabine)+EFV(efavirenz) (II regimen), were evaluated during the first 36 weeks.

Results: Out of the 40 patients who have initiated HAART, 28 (70%) patients were detected late with a number of CD4 < 350 cells/µl, out of which 18 (64,2%) patients were detected very late with a number of CD4 < 200 cells/µl. The most frequent opportunistic infections were present in the patients of our group, consisting of oropharyngeal candidiasis - 45%, pulmonary tuberculosis – 37,5%, Herpes Zoster – 7,5%, HIV fatigue syndrome (wasting syndrome) – 7,5% and HIV encephalopathy – 7,5%.