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per the first report of new HIV cases (1997-1998) - 151.7% and 100.9%, respectively. During this period the number of new HIV cases in the region increased significantly.

Validly, we can see a significant increase in the number of new HIV cases in the Donbass region in 2002-2003 compared to the previous 1997-1999 period, and this increase continued in 2004-2005 and 2005-2006. The authors of the study hypothesize that the increase in new HIV cases could be due to increased sexual activity among young people, particularly in the regions with a higher number of cases.

Methods. Data used for this analysis were abstracted from the official monthly reports of Ukrainian AIDS Center. Between March 2005 and March 2007, the authors reported tabular information with calculated numbers of new HIV cases per month for the population of the region. The data were used to calculate the percentage of new HIV cases in the region compared to the national average.

Regional differences in the time trends of new registered cases of HIV in Ukraine

HIV-infected individuals are at a serious health problem in Ukraine. Efforts to control this epidemic are mostly funded by international donors; however, the impact of these efforts is still to be evaluated. The goal of this paper is to review the natural course of the epidemic in Ukraine and to evaluate the effectiveness of the efforts made.

Methods. Data used for this analysis were abstracted from the official monthly reports of Ukrainian AIDS Center. Between March 2005 and March 2007, the authors reported tabular information with calculated numbers of new HIV cases per month for the population of the region. The data were used to calculate the percentage of new HIV cases in the region compared to the national average.

We hypothesize that effective preventive strategies should lead to a reduction in the number of new HIV cases compared to the 'natural course' of the epidemic.

Methods. Data used for this analysis were abstracted from the official monthly reports of Ukrainian AIDS Center. Between March 2005 and March 2007, the authors reported tabular information with calculated numbers of new HIV cases per month for the population of the region. The data were used to calculate the percentage of new HIV cases in the region compared to the national average.
missing, interpolation was performed. This resulted in time series of absolute numbers of new cases per month by regions with reported registered numbers.

Population size was obtained for the Health for All Database for Ukraine (HFADB-UA). HIV incident rates per 100,000 population were calculated for 2002-2004 data.

Time series of new HIV cases per month by region and for Ukraine were considered for the analysis.

Results Rates of new cases by region. The highest average rate is observed in Mykolaiv region (more than 5 new cases per month per 100,000 of population). Dnipropetrovsk, Odessa and Donetsk regions get registered between 4 and 5 new cases per month. Sevastopol city, Crimea as a whole, and Kherson region get between 3 and 4 new cases. Kiev city, Kiev region, Ukraine as a whole and Chernigiv region get between 2 and 3 new cases per month. All other regions have lower rates of HIV incidence.

Dynamics of new cases rates. Beside the average levels of new HIV cases rates, we considered how these rates change in time. Most of the regions under consideration and Ukraine as a whole have clear upward trend. The form of the trends of the new HIV cases rates by year is illustrated by the graph below. There are regions or territories with more favorable trends - with more intensive increase in earlier years and slower increase recently - Kiev city and Zaporizhya region are the examples.

Other typical trend is with close to linear changes of new HIV cases rates in time. Ukraine as a whole has this type of dynamics. Other examples are the trend for Cherkassy at comparatively low level and Donetsk at an extremely high level.

The third typical picture includes slower increase at the beginning and faster increase at a later stage. This type of trend is the most unfavorable while the most expectable within natural development of epidemic. This trend was seen with Poltava region and Crimea. Beside the above explanation this type of trend may be caused by more resources put into the testing procedures at recent stages.

Other regions had less clear dynamics close to one of the three types described above with different fluctuations.

To quantitatively estimate the three different forms of the trend described above, linear regression coefficients were calculated for those regions where rates were known before and after March 2005.

Student criterion to compare the trends in the two time spans, and the lines were sorted by its value. Those regions which the quicker increase in new cases was substituted with slower increase is headed by Zaporizhia, Lugansk, Kharkov, Crimea, Kiev, Odessa.

The most unfavorable trend is seen in Donetsk, Cherkassy, Mykolaiv, and Poltava.

Limitations of this analysis are typical for those based on routine surveillance and official statistics data. Registration rates are extremely dependent on numbers of provided HIV-tests. However when territories with long history of HIV epidemic and control measures are considered, similar level of registration to incidence ratio may be expected.

Conclusion Different regions of Ukraine are characterized by different patterns of time trends in registration of new cases of HIV. While uncontrolled course of the epidemic anticipates increasing incidence until the natural saturation of the population is achieved, effective control measures can significantly limit the expected increase. However, only some administrative territories of Ukraine bear signs of increasing control over HIV-epidemic.

Non-industrial indoor air quality assessment in Latvia

Introduction and Objectives. The quality of non-industrial indoor air is a complex notion. The employees in offices are exposed to different environmental risk factors during daily work. The pollution at the premises can be caused by chemical compounds (coming from building materials, office equipment, cleaning liquid etc.), microbiological agents, inadequate microclimate and deficient efficiency of ventilation system in the premises. The microclimate, lighting, noise, detection of different microbes etc. mostly are assessing in non-industrial enterprises. The microclimate (air temperature, relative humidity and airflow) is very important factor for mental and physical well being of employees. The inadequate microclimate mostly is caused by incorrect workplace planning, deficient in workplace area, inadequate or lack of
REGIONAL DIFFERENCES IN THE TIME TRENDS OF NEW REGISTERED CASES OF HIV IN UKRAINE

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HIV-infection is considered a serious health problem in Ukraine. Efforts to control this epidemic are mostly funded by international donors; however effects of these efforts are still to be evaluated. The goal of this paper is to review time trends of new cases of HIV-infection. New cases are considered a proxy for incidence rates data. We hypothesize that effective preventive strategies should lead to smaller numbers of new HIV cases compared to the ‘natural course’ of epidemic development.

Methods. Data used for this analysis were abstracted from the official monthly reports of Ukrainian AIDS Center. Between March 2005 and March 2007 reported tabular information with calculated numbers of new HIV cases per month per 100000 of population by region was used. Before March 2005 MSWord format monthly reports contained numbers of cumulative registered cases in regions with largest numbers of registered HIV-infected persons (Crimea, Donetsk, Dnipropetrovsk, Odessa, Zaporizhya, Lugansk, Mykolaiv, Poltava, Kharkov, Cherkassy regions, Kiev and Sevastopol cities). These data were used to calculate numbers of new HIV cases by region. For those months where reports were missing, interpolation was performed. This resulted in time series of absolute numbers of new cases per month by regions with reported registered numbers.

Population size was obtained for the Health for All Database for Ukraine (HFADB-UA). HIV incident rates per 100000 population were calculated for 2002-2004 data.

Time series of new HIV cases per month by region and for Ukraine were considered for the analysis.

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Other regions had less clear dynamics close to one of the three types described above with different fluctuations. To quantitatively estimate the three different forms of the trend described above, linear regression coefficients were calculated for those regions where rates were known before and after March 2005. Student criterion to compare the trends in the two time spans, and the lines were sorted by its value. Those regions which the quicker increase in new cases was substituted with slower increase is headed by Zaporizhia, Lugansk, Kharkov, Crimea, Kiev, Odessa.

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**Conclusion**

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