



IN OUR COUNTRY PREVALENCE OF TUBERCULOSIS

Elmurodova Lenara Xudayberdi qizi

Samarqand Davlat Tibbiyot Universiteti Gigiyena kafedrasi assistenti

elmurodovalenara97@gmail.com

Fayzullayev Fazliddin Safar o'g'li

Samarqand Davlat Tibbiyot Universiteti talabasi

fayzullayevfazliddin@mail.com

ABSTRACT: One of the urgent tasks of modern medicine is to study the influence of extreme weather and climatic factors on the development of various diseases, including non-specific lung diseases. According to many scientists, it is not individual meteorological factors and a specific type of climate, but the exchange of different climates, that places great demands on the human body's ability to adapt and manage. The changing climate weather factors have a strong impact, causing not only a deterioration in the condition of healthy people and a decrease in their ability to work, but also a significant aggravation of the clinical course of various diseases, including bronchial asthma.

In 2012, according to the results of testing with the GeneXpert device in Uzbekistan, 269 (6.5%) patients aged 18 to 62 years were diagnosed with the primary drug-resistant form of mycobacterium tuberculosis. 106 patients with inflammatory pulmonary tuberculosis, 57 patients with disseminated pulmonary tuberculosis, 73 patients with fibrotic pulmonary tuberculosis and 1 patient with tuberculous meningitis were recorded. All patients were covered by the DOTS Q program. When the medical history of 237 patients treated at the dispensary was analyzed, 154 of them were men, 83 were women, 51 were aged 18 to 29, 98 were aged 30 to 50, and 96 were older than 50. Of 237 patients treated with the DOTS Q program, 57 (24%) had primary drug resistance, and 180 patients (75.9%) had secondary drug resistance.

KEY WORDS: Tuberculosis, epidemiological examination, GeneXpert device, preventive measures, rehabilitation, dispensary

IGNIFICANCE OF THE SUBJECT: Conducting scientific research on early diagnosis of tuberculosis, improvement of treatment methods for patients suffering from its drug-resistant form, according to the Decree of the Cabinet of Ministers of the Republic of Uzbekistan dated March 5, 2011 No. 62 "Reducing



tuberculosis in the Republic of Uzbekistan in 2011-2015 "On additional measures for In order to increase the effectiveness of prevention of tuberculosis, to develop preventive and anti-epidemic measures, it is of great importance to analyze the incidence of tuberculosis among population groups, among rural and urban residents, among different sexes and among young people.

One of the leading factors in the spread of tuberculosis is the social factor, which develops the epidemic process. In 2014, when we analyzed the distribution of tuberculosis patients in our republic between rural and urban residents, we obtained the following results.

Distribution of tuberculosis infection among rural and urban population in the Republic of Uzbekistan. (2011-2021 years)

As can be seen from the above indicators, the rate of tuberculosis is more common among rural residents than among urban residents.

We believe that the reasons for the higher incidence of disease among the rural population are as follows:

Most of the population living in the villages do not have the conditions to fully follow the rules of sanitation and hygiene;

– The villagers are mainly engaged in animal husbandry and farming, which increases the probability of contracting the disease by interacting with animals and poultry infected with tuberculosis;

– Organization of medical assistance among the villagers, timely identification of family cases, dispensary control and follow-up are a little slower;

– In many parts of the rural population, the level of provision of clean drinking water is lower than that of the urban population;

– The economic index of the population is also lower in the villages compared to the urban population.

It is important to analyze the incidence rates of tuberculosis among different sexes among population groups in order to develop preventive measures for the prevalence of tuberculosis and to increase the efficiency.

When we analyzed the distribution of total tuberculosis patients in our republic between men and women in 2011-2021, we got the following results.

Among the population, 58% of those infected with tuberculosis are men, 42% are women. It can be seen from the above figure that the incidence is slightly higher among men than women, because men work in unfavorable climatic conditions more



than women and tend to animal husbandry. more involved. In the analysis of the incidence of tuberculosis among smokers and non-smokers, it was found that the incidence of tuberculosis is higher among smokers. The majority of smokers are men. In order to increase the effectiveness of prevention of tuberculosis, the population groups with a high probability of contracting tuberculosis are divided into "dangerous" groups and "mandatory" groups that have to be examined.

RESEARCH MATERIALS. The social activity of people has led to changes in the composition of the disease among young people. If we take the figures from 1960-1966, sick children accounted for about 70.0%, and adults for 30.0%. In 1986, the analysis of cutaneous leishmaniasis among young people shows that among those infected in Uzbekistan, children under the age of 14 make up 21.7%, and adults (15 years and older) make up 78.3%.

Studies have shown that there is a special sensitivity of sand mice to *L. major* in Uzbekistan, but there is no sensitivity to *L. major* in Israel. This indicates that different biotypes of *L. major* are found in Uzbekistan and Israel, which are adapted to carriers of local pathogens.

As a result of the analysis of the composition of ZTL in Termiz, it was found that 2 types of *Leishmania* (*L. major* and *L. turanica*) were spread in this center. At the end of the season of transmission of *Leishmania* (September), the large sand mouse *L. Major* (92.7%) was found to be more common. During the non-infection season, the large sand mouse: *L. major* spread relatively less (59.5%).

R.M. Nasirov and soavt. according to their data, highly virulent *L. major* was isolated from patients with ZTL. *Leishmania* strains with a high level of virulence were isolated from gerbils.

Data on the average number of leishmania in one patient were studied. E.M. According to Pershina, an average of 11.4 wounds per patient, A.Sh. Vaisov - 4.2, M.K. According to Sharipov et al., 80% of patients have 1-3 wounds.

H.M. According to Mustafaev's research, the number of wounds on the legs is higher than the number of wounds on the face.

For the first time in 1956, an epidemic outbreak of ZTL took place in Bukhara region. Analyzing the cause of the origin, A.M. Bronstein concluded as follows. In the 1940s, the planting of saxobulus to prevent oases from being flooded by sand helped the greater sand mouse (the main natural source of *Leishmania*) to approach the borders of the oases. When approaching the oasis, favorable conditions for the large sand mouse to live appeared. The settlement of large sand mice along the borders of the oasis created conditions for maintaining the highest level of enzootic



cutaneous leishmaniasis among them. Based on this, in 1953, there were all conditions for outbreaks of cutaneous leishmaniasis in the villages located on the border of the desert. Cutaneous leishmaniasis was recorded in all 100 settlements located in the border area, which is about 200 km long.

There are about 40 isolated natural foci of cutaneous leishmaniasis in the territory of Uzbekistan: Karshi, Zarafshan, Surkhandarya, Sherabad, Jizzakh, Nurota, Sirdarya, Jizzakh deserts, lower Amudarya, Ustyurt and Fergana, which differ from an epidemic point of view. In one of our foci, the population is not affected by cutaneous leishmaniasis, the reason for this is the lack of *Ph. papatasi*, the carrier of the pathogen of epidemic importance, and probably the absence of highly virulent strains of leishmania.

PREVENTIVE MEASURES. The results of preventive fluorography examination of the population of the Republic of Karakalpakstan in the years 2011-2021 among the dangerous group and mandatory classes are presented in Table 3.1. In 2014, a total of 183,123 residents were planned to be examined, coverage was 172,722 (94.84%), 178 patients were identified during this examination. Of these, 19,348 residents of dangerous groups were examined, the coverage was 88.4%, 132 patients were identified during the examination, 15,147 residents were examined from among the mandatory examination groups, the coverage was 86.3%, and 46 patients were identified during the examination. Tuberculosis as an infectious disease remains an urgent problem even on the threshold of the third millennium. In all periods, the anti-tuberculosis dispensary is considered the main institution in organizing the fight against this disease. The English word "Dispenser" means "Dispensation" - distribution, distribution.

The main task of the anti-tuberculosis dispensary is to reduce the incidence and transmission of tuberculosis, disability and death among the population of the district it serves.

The dispensary must work in the following directions:

Tuberculosis prevention: vaccination of children and adolescents against tuberculosis, preventive chemotherapy, conducting sanitary education about tuberculosis among medical staff of the general treatment network.

Together with the staff of the general treatment network and DSENM, first of all, participation in the organization and implementation of measures for the early detection of tuberculosis among different groups of the population.



Organization of complex treatment of patients in inpatient and outpatient settings
Implementation of measures for rehabilitation (rehabilitation) and return to work of tuberculosis patients.

Plan anti-tuberculosis measures in the district together with the general treatment network and DSENM every year and determine the epidemiological situation of tuberculosis.

The anti-tuberculosis dispensary should organize its daily work as follows:

1. Working with a general treatment network.
2. Contact with sanitary epidemiology control center.
3. Work with the veterinary service.
4. Inspection of the population in groups
Preventive works carried out in furnaces.

The risk of developing tuberculosis is high in the family where a patient with infectious tuberculosis lives. Healthy people get sick and get infected first of all in the tuberculosis center. Therefore, the anti-tuberculosis dispensary, together with the staff of the DSENM, should regularly carry out sanitary preventive measures in this direction. Health care work in the tuberculosis center is carried out by a district nurse (in rural areas - a paramedic for tuberculosis) under the guidance of a doctor-physician. When a patient with an active active form of tuberculosis is detected for the first time (especially if there is TB in the sputum), the district phthisiologist together with the epidemiologist of the DSENM must go to the furnace within 3 days and draw up a plan of activities for his recovery. During the treatment of the patient, the doctor-phthisiatrist should visit the center of the 1st group once every quarter, the center of the 2nd group - once every six months, and the center of the 3rd group - once a year. a must. When going to the furnace, in a language that the population can understand, whether it is the patient or the people around the patient, explanatory work should be carried out on the observance of sanitary and hygiene rules. First of all, it is necessary to create all conditions for a patient with active pulmonary tuberculosis in the family. For this, the patient should be allocated a separate room or a separate bed with a curtain. First of all, children are separated. They are sent to kindergartens, sanatoriums and boarding schools. The room where the patient lives is regularly ventilated and cleaned with a wet cloth. Bedding and covers should be dried in the open air. It is necessary to have separate dishes for the patient, it is better for the patient to wash it himself, to keep it in a separate cabinet, and after disinfection, his clothes are washed separately. The patient should have two separate spittoons carried in his pocket, which can be changed if necessary; the spittoon is



rinsed in 5% chloramine or 20% chlorine lime or sodium hyposulfate solution, after disinfection, the spittoon is washed with a 2% soap-soda solution, and then sterilized in a dry, hot cabinet or in an autoclave.

CONCLUSION. When drawing up a plan of preventive and anti-epidemic measures, it is necessary to take into account the local, climatic-ecological and medical-social factors that determine the speed of the tuberculosis epidemic process. Establishing early detection of tuberculosis in children, especially its bacillary (infectious) forms.

Further increase TB screening coverage among high-risk areas and high-risk groups. It is necessary to regularly check people living in the family tuberculosis center and those who come into contact with them, especially children, and to further improve their dispensary control. In foci of tuberculosis infection, the current, final and periodic disinfection is carried out by the staff of the anti-tuberculosis dispensary, and the final disinfection station. DSENM has overall control over all disinfection activities. Usually, the final disinfection is carried out when the patient is admitted to the hospital, when the patient is discharged, and after the patient dies. The district nurse should warn the family about the final disinfection. When disinfection is carried out, it is necessary to try not to cause material damage to the patient's family. Disinfection will depend on family members. Periodic disinfection is carried out from time to time, when the patient changes his place, and this focus is considered bacillary.

LITERATURE:

1. Faxriddin, U. (2024). MAKTABGACHA TA'LIM TASHKILOTIDA BOLALARNING OVQATLANISH TARTIBI. FARZANDLARIMIZNING KUNLIK RATSIONI. *Global Interdisciplinary Science Review*, 1(1).
2. Musayeva O. T., qizi Elmurodova L. X., Khalilova B. R. HYGIENIC REQUIREMENTS FOR CHILDREN'S TOYS //World of Scientific news in Science. – 2024. – T. 2. – №. 3. – С. 152-159.
3. Baxriddin o'g'li U. F. et al. BOLALARDA QANDLI DIABET KASALLIGINI UCHRASHI, SABABLARI VA PROFLAKTIKASI //JOURNAL OF INNOVATIONS IN SCIENTIFIC AND EDUCATIONAL RESEARCH. – 2024. – T. 7. – №. 2. – С. 73-76.
4. Baxriddin o'g'li U. F. et al. STREPTOKOKK AVLODLARIDAGI (STREPTOCOCCUS MUTANTS, STREPTOCOCCUS VIRIDANS, VEYLONELLA) BAKTERIYALARINING OG'IZ BO'SHLIG'IGA



- TA'SIRINI O'RGANISH //Научный Фокус. – 2024. – Т. 1. – №. 10. – С. 476-479.
5. Maxmatmurot o'g'li S. M. et al. UMUMIY OVQATLANISH KORXONALARIDA FOYDALANILADIGAN JIHOZLARGA QO'YILADIGAN GIGIYENIK TALABLAR //INTERNATIONAL JOURNAL OF RECENTLY SCIENTIFIC RESEARCHER'S THEORY. – 2024. – Т. 2. – №. 2. – С. 128-132.
 6. Maxmatmurot o'g'li S. M. UMUMIY O'RTA TA'LIM MUASSASALARIDA O'QUVCHILAR OVQATLANISHINI GIGIYENIK TASHKILLASHTIRISH //PEDAGOGS. – 2024. – Т. 49. – №. 1. – С. 41-46.
 7. qizi Elmurodova L. X., Mahammadiyev B. F., Ibragimova F. C. ICHIMLIK SUVINI SAMARALI ZARARSIZLANTIRISH USULLARI //GOLDEN BRAIN. – 2024. – Т. 2. – №. 2. – С. 18-23.
 8. qizi Elmurodova L. X. et al. SUVNI KOAGULYATSIYA QILISHNING GIGIYENIK AHAMIYATI //GOLDEN BRAIN. – 2023. – Т. 1. – №. 30. – С. 67-71.
 9. Мусаева О. Т., Элмуродова Л. Х., Халилова Б. Р. Старение Как Область Научных Исследований И Организация Гериатрической Медицинской Помощи //Central Asian Journal of Medical and Natural Science. – 2023. – Т. 4. – №. 2. – С. 317-322.
 10. Tuichievna M. O., Elmurodova L. K., Rasulovna K. B. The Main Age-Related Diseases and Conditions Common among Elderly Men and Women //Scholastic: Journal of Natural and Medical Education. – 2023. – Т. 2. – №. 3. – С. 37-43.
 11. Tuxtarov B. E., Elmurodova L. X. Q. O'ZBEKISTONDA TERI LEYSHMANIOZINING TARQALISHI VA UNING OLDINI OLISH CHORA-TADBIRLARI //Scientific progress. – 2023. – Т. 4. – №. 2. – С. 42-48.
 12. Tuxtarov, B. E., Elmurodova LXQ O'ZBEKISTONDA TERI LEYSHMANIOZINING, and VA UNING OLDINI OLISH CHORA TARQALISHI. "TADBIRLARI//Scientific progress.–2023." T 4.2: 42-48.
 13. Javahir, A., Ulug'bek, H. O. A., Otabek o'g'li, J., Saidullaevich, B., Shakhnoza, A. F., Abrolov, H. K., ... & AA, R. Scholastic: Journal of Natural and Medical Education.
 14. Tuxtarov B. E. et al. Scientific progress. 2023. № 2 //URL: <https://cyberleninka.ru/article/n/o-zbekistonda-terileyshmaniozining-tarqalishi-va-uning-oldini-olish-chora-tadbirlari> (дата обращения: 30.03. 2023).



15. Furkatjonovna N. H. et al. O'ZBEKISTON RESPUBLIKASIDA ISTIQOMAT QILUVCHI AHOLI O'RTASIDA SIL KASALLIGINING TARQALISHINI OLDINI OLIHDA PROFILAKTIK CHORA-TADBIRLARNING ANAMIYATI //ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ. – 2024. – Т. 43. – №. 5. – С. 44-48.
16. Furkatjonovna, N. H. (2024). THE SIGNIFICANCE OF PREVENTIVE MEASURES IN PREVENTING THE SPREAD OF TUBERCULOSIS AMONG THE POPULATION RESIDING IN THE REPUBLIC OF UZBEKISTAN. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, 43(5), 35-38.
17. Номозбоева М. А., Абдурахманова Д. К. ЗНАЧЕНИЕ ПРОФИЛАКТИЧЕСКИХ МЕР В ПРЕДОТВРАЩЕНИИ РАСПРОСТРАНЕНИЯ ТУБЕРКУЛЕЗА СРЕДИ НАСЕЛЕНИЯ, ПРОЖИВАЮЩЕГО В РЕСПУБЛИКЕ УЗБЕКИСТАН //ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ. – 2024. – Т. 43. – №. 5. – С. 39-43.
18. Furkatjonovna, N. H. (2024). MODERNIZATION OF GELMINT PROFILING AND MEASURES AGAINST THE EPIDEMIC IN ALL RESIDENTIAL REGIONS OF THE REPUBLIC UZBEKISTAN. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, 43(1), 17-22.
19. Furkatjonovna, N. H. (2024). RESPUBLIKAMIZNING BARCHA TURAR JOY MINTAQALARIDA GELMINTLARNING PROFILAKTIKASI VA EPIDEMIYAGA QARSHI CHORA-TADBIRLARINI ZAMONAVIYLASHTIRISH. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, 43(1), 37-42.
20. Номозбоева М. А., Нормуродова Х. Ф., Абдурахмонова Д. К. МОДЕРНИЗАЦИЯ ГЕЛЬМИНТНОГО ПРОФИЛИРОВАНИЯ И ПРОТИВОЭПИДЕМИЧЕСКИХ МЕРОПРИЯТИЙ ВО ВСЕХ НАСЕЛЕННЫХ ПУНКТАХ НАШЕЙ СТРАНЫ //ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ. – 2024. – Т. 43. – №. 1. – С. 23-28.
21. Furkatjonovna, N. H. (2024). PREVALENCE OF HYMENOLEPIDOSIS IN UZBEKISTAN AND ITS MODERN EPIDEMIOLOGY CHARACTERISTICS. *INTERNATIONAL JOURNAL OF EUROPEAN RESEARCH OUTPUT*, 3(4), 24-29.



22. Yunus o'g'li, F. S., & Furkatjonovna, N. H. (2024). O'ZBEKISTONDA GIMENOLEPIDOZ KASALLIGINING TARQALGANLIGI VA UNING ZAMONAVIY EPIDEMIOLOGIK XUSUSIYATLARI. *Ta'lim innovatsiyasi va integratsiyasi*, 18(1), 172-176.
23. Furkatjonovna, N. H. (2024). THE PREVALENCE OF GEMINOLEPIDOSIS AMONG ADULT AND YOUNG POPULATIONS AND ITS EPIDEMIOLOGICAL FEATURES. *Ta'lim innovatsiyasi va integratsiyasi*, 18(1), 182-186.
24. Номозбоева М. А., Файзиев С. Ю., Нормуродова Х. Ф. РАСПРОСТРАНЕННОСТЬ ГИМЕНОЛЕПИДОЗА В УЗБЕКИСТАНЕ, ЕГО СОВРЕМЕННЫЕ ЭПИДЕМИОЛОГИЧЕСКИЕ ОСОБЕННОСТИ //Ta'lim innovatsiyasi va integratsiyasi. – 2024. – Т. 18. – №. 1. – С. 177-181.