AJPMHS GLOBAL RESEARCH NETWORK

AMERICAN Journal of Pediatric Medicine and Health Sciences
Volume 2, Issue 6, 2024 ISSN (E): 2993-2149

Epidemiological Situation of Tuberculosis among Children and Adolescents

Ashurov Otabek Shavkatovich
Bukhara State Medical Institute

Abstract: According to a World Health Organization report, tuberculosis (tuberculosis) is the most deadly disease on the planet. It is noted that global efforts have saved 54 million people from dying from tuberculosis since 2000, but 1.6 million people died from it in 2017 alone.

Keywords: Koch bacillus, primary tuberculosis, infection, tuberculosis, morbidity, chronic.

Currently, tuberculosis is one of the most urgent health problems in many countries of the world (Rieder N.L., Cretin J., 1995; Vernon A., Khan A., 2002).

Many researchers point out that the risk of infection is high for those who have close relatives or contacts with tuberculosis patients, especially children and adolescents (Ovsyankina E.S., Zakhovaeva E.Kh., 2001). Indicators of secondary morbidity in tuberculosis foci are ten times higher than the general incidence rate of the population (Feshchenko Yu.I., 2002; Aksyutina L.P., 2003; Levashev Yu.N., 2003).

In connection with the epidemiological situation that has arisen in the new socio-economic conditions, the problem of evaluating the quality and effectiveness of the anti-epidemic and preventive measures against tuberculosis, and their impact on the level of tuberculosis is considered urgent. (author Pasechnik, Oksana Aleksandrovna)

The epidemiological situation of tuberculosis in different regions of the world is constantly changing as a result of the complex relationship between population movements, the number and distribution of tuberculosis patients , the socio-economic and cultural level of the population, the availability of medical care, and the prevalence of HIV infection.

In our opinion, the use of the quality of life indicator can be a promising direction in terms of finding indicators that will allow us to predict changes in the epidemiological situation in the near future. Currently, the study of the quality of life is a reliable way to assess the general well-being of not only individuals, but also groups of people - people of different ages, professions and other categories, and society as a whole. , 224, 269, 317.. At the same time, the study of the quality of life provides an opportunity to obtain such health characteristics that cannot be determined by any other method.

It cannot be ruled out that the ongoing epidemiological changes are associated with general trends in the development of the epidemic process. The ongoing changes in the ecology of humans have significantly affected the ethnological structure of infections, the properties of pathogens and have adversely affected the nature of the diseases they cause. Dozens of new diseases have been discovered, and some of the old ones are returning in a new quality [308]. Using the example of tuberculosis, it can be argued that the epidemiological situation is

complicated not only by the increase in cases of the disease, but also by changes in its clinical manifestations.

The high information content of the QOL indicator is related to the multi-component nature of its constituent criteria. Thus, according to the WHO, the following indicators determining the quality of human life are defined: - physical (strength, energy, fatigue, pain, discomfort, sleep, rest); - psychological (positive emotions, thinking, learning, memorization, concentration, self-esteem, appearance, negative experiences); - level of independence (daily activities, indicators, dependence on drugs and treatment); - social life (personal relationships, social value of the subject, sexual activity); - environment (welfare, safety, life, safety, availability and quality of medical and social care, availability of information, opportunities for training and professional development, free time, ecology (pollutants, noise, population, climate, etc.); - spirituality (din, There are many studies in the scientific literature devoted to the analysis of the quality of life of patients diagnosed with tuberculosis, but attempts to use this indicator to assess the socially determined factors of the development of tuberculosis and to predict the epidemiological situation have not yet been made.

According to the literature, among the contingent with a high risk of developing tuberculosis, its detection occurs 6-8 times more often than in the general population. The first risk group includes epidemiological factors that are in close contact with patients with tuberculosis. The second risk group includes people with chronic somatic diseases, alcohol abusers, people working in hazardous production conditions - these are called biomedical risk factors.

The third group includes persons with social risk factors: alcoholism, drug addiction, being in places of deprivation of liberty, unemployment. Persons working in the service sector are defined as a special risk group. The inclusion of the contingent employed in the service sector in the risk group is not related to the presence of biomedical, social and epidemiological factors, but is related to the presence of a large circle of contacts and the need for timely diagnosis to prevent the spread of tuberculosis. spread of infection among healthy people.

In addition, the system of active detection of tuberculosis requires medical personnel to maintain systematic reports and accounting documents, to analyze and present data to higher authorities for further development of organizational and methodological measures (feedback principle) .

The level of study of the problem.

The clinic of tuberculosis, including pulmonary tuberculosis, and the effectiveness of its treatment are mainly determined by the presence of multimorbidity, which aggravates the specific process and complicates its treatment. The frequency of multimorbidity in patients with pulmonary tuberculosis ranges from 80% to 100%. The effects of chronic viral and alcoholic hepatitis, peptic ulcer disease, diabetes mellitus, as well as adverse reactions during chemotherapy have been fully studied in the course of tuberculosis (Aminev H.K. et al., 2017;

Muazzamov B.R. (2009) established that the epidemiological indicators of tuberculosis in Bukhara region depend on the climate-geographic characteristics of the region. It has been proven that more adverse conditions affecting the epidemiological indicators of tuberculosis occur in arid regions.

The purpose of the study. "Clinical, epidemiological and microbiological aspects of drug resistance detection of primary pulmonary tuberculosis".

Research tasks:

1. Conducting a comparative epidemiological analysis and evaluating the medical and social aspects of the population infected with drug-resistant primary pulmonary tuberculosis by age, gender, and place of residence (in the case of Bukhara region)

2. Carrying out short-term and long-term forecasting by conducting a comparative analysis of the transmission routes of the population infected with drug-resistant primary pulmonary tuberculosis

3. To study and evaluate the effectiveness of treatment results by analyzing the results of treatment of the population with drug-resistant primary pulmonary tuberculosis

4. Taking into account the epidemiological characteristics of pulmonary tuberculosis infection, development of ways to optimize primary and secondary prevention of patients with pulmonary tuberculosis.

Research object and subject: Statistical indicators of pulmonary tuberculosis incidence in Bukhara region during 2012-2022 and data of epidemiological survey of patients with pulmonary tuberculosis.

Research methods.

The following methods are used in research:

- microbiological methods (identification of microorganisms; determination of sensitivity of microorganisms to antibiotics);
- statistical methods (using "Excel" computer programs for medical-biological research).

Scientific novelty of the work.

To develop proposals for improving the system of epidemiological control of pulmonary tuberculosis in Bukhara region and to give concrete recommendations for the prevention of this infection.

References

1. Shavkatovich , Ashurov Otabek . "Medical and Social Aspects of Epidemiological Analysis and Prevention of Tuberculosis Incidence in the Population." *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI* (2022): 146-148.
2. Ashurov O. Sh. Epidemiological aspects of coronavirus infection and scientific recommendations for the treatment of coronavirus infection //RESEARCH JOURNAL ON TRAUMA AND DISABILITY. – 2021. – T. 1. – No. 5. – pp. 37-43.
3. Shavkatovich , Ashurov Otabek . "Epidemiological Aspects of Corona Virus Infection and Scientific Recommendations for the Treatment of Corona Virus Infection." *Research Journal of Trauma and Disability Studies* 1.2 (2022): 32-38.
4. Shavkatovich , Ashurov Otabek . "Characteristics of the Coronavirus Disease and Its Epidemiological Features." *BOSHQARUV VA ETIKA QOIDALARI ONLAYN ILMIY JURNALI* 1.6 (2021): 99-105.
5. Ashurov O. “ Birlamchi Ўпка Tuberculosis Dori Darmonlarga Chidamliligini Aniklashning Clinic, Epidemiologic Va Microbiologic ” Zhikhatlari .
6. Ashurov O. Sh. Medical and Social Aspects of Epidemiological Analysis and Prevention of Population Disease with Pulmonary Tuberculosis //AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI. – 2023. – T. 2. – No. 2. – pp. 137-140.
7. Rakhmatovna TD Influence of Clinical and Immunological Parameters on the Frequency and Prevalence of Helicobacter Pylori in Patients with Gastritis //EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION. – 2022. – T. 2. – No. 12. – S. 115-117.
8. Rakhmatovna TD Influence of Clinical and Immunological Parameters on the Frequency and Prevalence of Helicobacter Pylori in Patients with Gastritis //EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION. – 2022. – T. 2. – No. 12. – S. 115-117.

9. Rakhmatovna TD Influence of Clinical and Immunological Parameters on the Frequency and Prevalence of Helicobacter Pylori in Patients with Gastritis //EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION. – 2022. – T. 2. – No. 12. – S. 115-117.
10. Rakhmatovna TD Influence of Clinical and Immunological Parameters on the Frequency and Prevalence of Helicobacter Pylori in Patients with Gastritis //EUROPEAN JOURNAL OF INNOVATION IN NONFORMAL EDUCATION. – 2022. – T. 2. – No. 12. – S. 115-117.
11. Mansurova M. Kh., Suleymanov S. F. Risk factors for acute myocardial infarction in patients of different ages // New day in medicine. – 2020. – No. 1. – pp. 270-272.
12. Mansurova M. Kh. Epidemiological Aspects of Tuberculosis Infection //AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI. – 2023. – T. 2. – No. 2. – pp. 76-78.
13. Khabibova N.N., Razikova D.K., Olimova D.V. The importance of the protective system of the oral cavity in patients who have had coronavirus against the background of inflammation and concomitant arterial hypertension // Tibbiyotda Yangi kun. – 2022. – No. 6 (44). – pp. 22-26. (14.00.00; No. 22)
14. Khabibova N.N., Razikova D.K., Olimova D.V. Arterial hypertension bilan asoratlangan coronavirusli bemorlarda oғiz bushlik kawati Holatini bagolash va uni davolash tactics // Biology va Tibbyot muammolari . – 2022. – No. 4 (137). – pp. 194-197. (14.00.00; No. 19)
15. Khabibova N.N., Razikova D.K. Ogiz bushligi shillik kawatining Surunkali Yalliglanishi fonida ikkala boskichdagi arterial hyperthesia bilan asoratlangan COVID-19 mavjud bemorlarda endothelial dysfunction complex davolash Samaradorligi // Magazine
16. Mansurova M. et al. Comparative assessment of the effectiveness of culture media for isolating Listeria from milk // Journal of Problems of Biology and Medicine. – 2012. – No. 1 (68). – pp. 79-80.
17. Mansurova M. Kh. Epidemiological Aspects of Tuberculosis Infection //AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI. – 2023. – T. 2. – No. 2. – pp. 76-78.
18. With

    Collins CH, Grange JM, Yates MD. Identification of species. In: Collins CH, Grange JM, Yates MD, editors. *Tuberculosis bacteriology: organization and practice.* 2nd. Butterworth-Heinemann; Oxford: 1997. pp. 69–97. [Google Scholar]
19. CT/GTD - Comissão de Tuberculose , Grupo de Trabalho das Diretrizes para Tuberculose III Brazilian Thoracic Association Guidelines on Tuberculosis. III Diretrizes para Tuberculose da Sociedade Brasileira de Pneumologia e Tisiologia . *J Bras Pneumol* . 2009; 35 :1018–1048. [PubMed] [Google Scholar]
20. Souza MB de, Antunes CMF, Garcia GF. Perfil de sensibilidade e fatores de risco associados à resistência do *Mycobacterium tuberculosis* em centro de referenceência de doenças infecto-contagiosas de Minas Gerais. *J Bras Pneumol* . 2006; 32 :430–437. [PubMed] [Google Scholar]
21. Fandinho FCO, Kritski AL, Hofer C, Conde H, Jr, Ferreira RMC, Silva MG, Fonseca LS. Drug resistance patterns among hospitalized tuberculous patients in Rio de Janeiro, Brazil, 1993-1994. *Mem Inst Oswaldo Cruz* . 1999; 94 :543–547. [PubMed] [Google Scholar]
22. Faustini A, Hall AJ, Perucci CA. Risk factors for multidrug resistant tuberculosis in Europe: a systematic review. *Thorax.* 2006; 61 :158–163 . [PMC free article] [PubMed] [Google Scholar]
23. French CE, Glynn JR, Kruijshaar ME, Ditah IC, Delpech V, Abubakar I. The association between HIV and antituberculosis drug resistance. *Eur Respir J.* 2008; 32 :718–725. [PubMed] [Google Scholar]

24. García VD. Rapid detection of resistance in *Mycobacterium tuberculosis* : a review discussing molecular approaches. *Clin Microbiol Infect* . 2003; 9 :349–359. [PubMed] [Google Scholar]

25. Gazetta CE, Vendramini SHF, Ruffino- Netto A, Oliveira MRC, Villa TCS. Estudo descritivo sobre a implantação da estratégia de tratamento de curta duração diretamente observado no controle da tuberculose em São José do Rio Preto e seus impactos (1998-2003) *J Bras Pneumol* . 2007; 33 :192–198. [PubMed] [Google Scholar]