



EPIDEMIOLOGICAL ASSESSMENT OF CASES OF TUBERCULOSIS IN SAMARKAND REGION

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ABSTRACT

The article is devoted to the study of information on the correctness of the state of tuberculosis among the akholys of the Samarkand region in the next two years, the actual problems of organizing cargo and preventive work. In the Prevention of tuberculosis epidemics, the organization of akholini preventive measures is of great importance. For this reason, these indicators are being studied and studies are being carried out to determine the harm of axoli to tuberculosis infection, to determine the extent of the epidemic. During 2023-2024, the Samarkand regional population underwent a tuberculosis examination and studied the circumstances of its registration and what preventive measures should be organized to prevent further tuberculosis infections.

Relevance of the topic. The prevalence and steady growth of tuberculosis in population is one of the pressing and serious problems of modern medicine. This disease is 24.4% of the population of Samarkand, an intensive indicator of persons living with tuberculosis, which is not bypassed by ham. Testing the population for tuberculosis is controlled on the basis of special kidneys of the Ministry of health of our state, and medical care is carried out with standard rules. It is known that tuberculosis patients can recover up to 70-75 percent if they are diagnosed in time and receive the necessary treatment. The accounting of the population of the region by tuberculosis was studied on the basis of statistics of the regional sanitary-epidemiological Department of tranquility and public health(VSEO and JS) (2023-2024).

Purpose of the study: by region, there was an increase in the primary identified BK+ type of tuberculosis to 628-652, or 3.8%, while the intensive indicator of the disease was 24.4 per region, which was higher than in bulgur district (31.66), Jomboy district (25.72), Taylok district (25.33) and is higher than the regional indicator.

Research and methods: epidemiologically important bulged fibrosis of tuberculosis-cavernosis, an increase in the types of seizures indicates that tuberculosis is not actively detected by medical personnel, and control over it is weakened by employees of the sanitary



and epidemiological service. In the Republic, the form Mlu/SLU/TB, which has been resistant to the action of drugs since 2014, has been detected in the modern G – Xpert method.

Discussion of the results: according to the Order of the SSV of the Republic of Uzbekistan No. 383 of October 24, 2014 "on improvement of anti-tuberculosis measures in the Republic of Uzbekistan", it is necessary to take control over the implementation of health care in cases of the disease in which these patients are noted. Every month, newly recorded (Mlu/SHLU/TB) patients are registered by SEO and JSB staff, determining which group belongs to the disease flies epidemiologically, and in accordance with the established procedure, in cooperation with phthiziats, they are prescribed to carry out epidemiological surveys in the area where the patient lives.

BK+, a bacterial separator to external muchitis, is obliged to control those who are infected in contact with patients in the disease plane during the patient's bacterial separation period and for a year after the patient is discharged from the dispensary, but the anti-epidemic measures in this regard are not sufficiently carried out by responsible epidemiologists.

An early diagnosis of tuberculosis is also of great importance for the population to be tested by the method of flyurography, covering 360,400 out of 419,125 individuals (86%) to be tested by the plan in 12 months of 2023. Of this, 713 were diagnosed. Based on the compulsory-class plan, 102,227 out of 119,695 individuals underwent a flyurography survey (85%) of which 7 were diagnosed with the disease. Patients who have been diagnosed with primary tuberculosis as a result of untimely failure of the flyurography examination are diagnosed with severe forms of tuberculosis skipping, fibrosis-cavernous, infiltrative, or pulmonary tuberculosis absorption

Conclusion:

1. As a result of the slowness of subsequent epidemiological control, in which patients are discharged from the dispensary, bacterial separators are coping in the foci of the disease.
2. Severe forms of tuberculosis are observed due to the lack of thulic coverage of the scheduled flyuragraphy examination of the obligate class.
3. Tuberculosis in the region amounted to 1024, and its intensive course in the middle of 100 thousand inhabitants was 24.4 in kilmock.

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