PREVALENCE OF CUTANEOUS LEISHMANIASIS IN UZBEKISTAN AND ITS CONSEQUENCES PREVENTIVE MEASURES

Elmurodova Lenara Xudayberdi qizi - assistant
Samarkand State Medical University (Samarkand, Uzbekistan)

Purpose of the work: *Prevalence of skin leishmaniasis among the population of Uzbekistan, epidemiological features and prevention measures are covered. Skin*

leishmaniasis is a transmissive protozoan disease found in humans and animals

the instigator, the leishmanites, were not counted. Cutaneous leishmaniasis iscaptopar transmitted by mosquitoes. The disease has a seasonal character, with an epidemic season it starts mainly in may, June, with the most cases from August to September comes on. More villagers get sick. Local in endemic kilns compared to children, children and adults from elsewhere are more likely to get sick.

Preventive measures are mainly iskabtopar in endemic foci, where the disease is common to the loss of mosquitoes as well as rodent animals that are a source of disease will be paid.

Research materials: *Uzbekistan Statistics of Republic SSV on the basis of their data on the incidence of skin leishmaniasis in the cross section of Regions epidemiological and statistical methods were used.*

Conclusion: *As a result of the conducted research, the ways of transmission of leishmaniasis in Uzbekistan, prevention measures, and foci of the disease in Uzbekistan were studied. The development of sanitary work and prevention of the disease was studied.*

Keywords: *measures, skin leishmaniasis, epidemiology, prevention.*

РАСПРОСТРАНЕННОСТЬ КОЖНОГО ЛЕЙШМАНИОЗА В УЗБЕКИСТАНЕ И ЕГО ПОСЛЕДСТВИЯ ПРОФИЛАКТИЧЕСКИЕ МЕРЫ

Элмуродова Ленара Худайбердиевна - ассистент
Самаркандский государственный медицинский университет (Самарканд, Узбекистан)

Цель работы: *Освещена распространенность кожного лейшманиоза среди населения Узбекистана, эпидемиологические особенности и меры профилактики. Кожный лейшманиоз - это трансмиссивное протозойное заболевание, которое встречается у людей и животных. Кожный лейшманиоз скаптопара, передаваемый комарами. Заболевание носит сезонный характер, эпидемический сезон начинается в основном в мае, июне, при этом большинство случаев приходится на август-сентябрь. Заболевает больше сельских жителей. В эндемичных зонах чаще болеют местные жители, чем дети, дети и взрослые из других стран.*

Профилактические меры, проводимые в основном в эндемичных очагах скаптопаразита, где заболевание распространено, приведут к гибели комаров, а также животных-грызунов, которые являются источником заболевания.

Материалы исследования: *Статистическое управление Республики Узбекистан на основе своих данных о заболеваемости кожным лейшманиозом в разрезе регионов использовало эпидемиологические и статистические методы.*

Вывод: *В результате проведенных исследований изучены пути передачи лейшманиоза в условиях Узбекистана, меры предотвращения заражения, изучены очаги заболевания на территории Узбекистана. Изучена разработка санитарных работ и профилактических мероприятий по предупреждению заболевания.*

Ключевые слова: *меры, кожный лейшманиоз, эпидемиология, профилактика.*

O'ZBEKISTONDA TERI LEYSHMANIOZINING TARQALISHI VA UNING OQIBATLARI PROFILAKTIKA CHORALARI

Elmurodova Lenara Xudayberdi qizi - assistent
Samarqand Davlat tibbiyot universiteti (Samarqand, O'zbekiston)

Ishning maqsadi: *O'zbekiston aholisi orasida teri leyshmaniozining tarqalishi, epidemiologik xususiyatlari va oldini olish choralari yoritilgan. Teri leyshmanioz-bu odamlar va hayvonlarda uchraydigan transmissiv protozoa kasalligi , qo'zg'atuvchi leyshmanioz hisoblanadi. Teri leyshmaniozi skaptopara chivinlar orqali yuqadi. Kasallik mavsumiy xarakterga ega, epidemiya mavsumi bilan u asosan may, iyun oylarida boshlanadi, eng ko'p holatlar avgustdan sentyabrgacha davom etadi. Mahalliy endemik zonalarda bolalar bilan solishtirganda, boshqa joylardan kelgan*

bolalar va kattalar kasal bo'lish ehtimoli ko'proq. Profilaktika choralari asosan kasallik chivinlarning yo'qolishi uchun keng tarqalgan endemik o'choqlarda skaptopara, shuningdek kasallik manbai bo'lgan kemiruvchi hayvonlar to'lanadi.

Tadqiqot materiallari: *O'zbekiston SSV Respublikasi statistikasi ularning ma'lumotlari asosida Hududlar kesimida teri leyshmaniozi bilan kasallanish epidemiologik va statistik usullardan foydalanildi.*

Xulosa: *Olib borilgan tadqiqotlar natijasida leyshmaniozni O'zbekiston sharoitida yuqush yo'llari, yuqtirmaslik choralari o'rganilganligi va O'zbekiston hududida kasallik o'choqlari o'rganildi. Kasallikning oldini olish bo'yicha sanitariya ishlarining va profilaktikasini ishlab chiqish o'rganildi.*

Kalit so'zlar: *chora-tadbirlar, teri leyshmaniozi, epidemiologiya, profilaktika.*

Relevance of the topic. The most common among people in Uzbekistan one of the diseases is parasitic diseases. Skin leishmaniasis in humans and is a transmissive protozoan disease found in animals with causative agent the leishmanis are not counted. Skin leishmaniasis is transmitted by iskap topar flies.

Approximately 51 million people die annually in the world[1]. 17 of these

about a million are infectious and parasitic diseases. Leishmaniasis whole

it is a tropical disease endemic to 98 countries worldwide. Who 12 cases of skin leishmaniasis worldwide according to data given

there are about a million patients [2]. At the same time every year about 600 thousand new cases occur.

Infection with skin leishmaniasis according to statistics Sungi 10 years

the course Player is growing [3]. Leishmaniasis in Central Asian countries the main epidemic zoonase is located in Uzbekistan and Turkmenistan, where due to the epidemiologically specific characteristics of the disease, the ZTL is currently means that the day is an urgent problem [4]. Epidemiological 5 most active natural jets of ZTL in Uzbekistan: Bukhara, Kashkadarya, Navoi,It is found in Surkhandarya regions and the Republic of Karakolpogistan [5]. About 40 isolated separate jets of teri leishmaniasis on the territory of Uzbekistan available: Karshi, Zarafshan, Surkhandarya, Jizzakh, Nurota, Syrdarya, Jizzakh steppe, lower Amudarya, Ustyurt and Fergana, they differ in epidemic terms.

YA.X.According to khudoyberdieva [6], natural jets in Uzbekistan are mountain and a favorable condition for deserts, large sand mouse, bivalve insects (iskabtopars)

there are conditions. The epidemiological significance of ZTL natural jets in Uzbekistan is one not the same. Flutes in desert areas have very low inactive or activity. Where if the influence of anthropogenic factors is significant on the environment, the rule is called kura, usha erda An epidemic outbreak of ztl occurs. People can stretch land plots several times after the onset, people have been observed to get sick or have previously bloomed- Bukhara, Kashkadarya, Surkhandarya, Syrdarya and Jizzakh regions it has been recorded several times in the Regions [7]. Taxing the content of ZTL in the term as a result, 2 types of leishmaniasis (L.major and L.turanica) distribution determined. At the end of the transmission season of leishmaniasis (September), a large cum mouse L.Major (92.7%) has been found to have a cup distribution. Large at a time when the transmission season did not get enough g.-m syachkoi: L. Distributed less than major (59.5%). With population ZTL

in case of infection, each fly has its own special feature.

The place of settlement and the communication of the distant people of natural jets, the location, the level of migration and they depend on family members. The morality of natural Jets the level of immunity the features of the family's survival are especially important |8/. Surkhandarya region of DSENM I on leishmaniasis in 2002-2016 official reports. Epidemiological, parasitological and Statistical in the performance of this work methods were used. Children's skin in the Republic of Uzbekistan in 2011-2021 adults with the aim of identifying cases of leishmaniasis and when a comparative analysis of the incidence rates between children is carried out the result can be seen as follows.

Clinic: Rural type of leishmaniasis from an incubation period of 2-3 weeks then, from the first day on the skin, accompanied by signs of acute inflammation the furuncular node begins with the formation of yoke nodules. 1-2 weeks after passing, necrosis in the center of the leishmanioma forms an uneven, deep-bordered wound.

The Shape of the wound is incorrectly Oval, the bottom is yellowish-gray with a necrotic veil will be covered. In some cases, the patient may complain of pain as a result of an additional injury can. Small secondary, a few centimeters away from the sickle leishmaniomas (i.e. nodules) appear, are injured, and later overlap can merge. In both types of leishmaniasis, the lymphatic vessels painless inflammation is characteristic, and this is due to the unevenness of the upper part of the vessels

reminds the rosary. In the rural type of leishmaniasis, wounds quickly become (2-3 months) 4-6 cm or older, it is separated by an infiltrate (ring) that rises around it. Wound later granulations that are cleaned of necrosis and remind of red caviar of fish on it develops. This is a sign that the wounds will quickly get better.

The scar that appears in the place of the wound is the patient's leishmaniasis even after many years pretends to be infected with. This atrophic scar is as clear as the stamp is put on bordered, flat and shiny on top, the border edge is uneven and temporary around hyperpigmentation is observed. In rural-type leishmaniasis with acute necrosis a period of time from 2-3 months to 5-6 months from the moment the first rashes appear until the wounds are

over can. In urban-type leishmaniasis, the recovery period is on average 1 year, and this is the thing was the basis for the disease being called "wound of the year".

Research purpose. In Uzbekistan skin leishmaniasis of his illness study and prevention measures of prevalence, epidemiological characteristics improvement.

Research results. Epidemiological on skin leishmaniasis in the Republic

the situation cannot be called stable. State Sanitary of the Republic of Uzbekistan

according to the official data of the epidemiology Control Center, in the Republic as of 2017 increased incidence of skin leishmaniasis by origin was 32% (2013

512 cases identified in the year increased to 741 by 2017, on an intensive scale –

Increased from 1.7 to 2.3 per 100,000 inhabitants). Such a state of affairs among the inhabitants of our republic the fact that the disease is recorded in a state of stagnation from year to year, in most of its cases it is clear that it becomes chronic and leads to unpleasant complications, Skin registered in the Republic of Uzbekistan during 2002 - 2016 analysis of leishmaniasis indicates that the incidence rate is 100 thousand

the population was found to be 17.3 – 67.09 in different years. The first year of analysis - Intensive indicator of the incidence of skin leishmaniasis in our republic in 2001 for every 100 thousand inhabitants The highest figure over the years, which amounted to 54.19 and is being analyzed The 2005 estimate was 49.09. Since 2016, there has been a downward trend, The 2020 minimum was 39.3.\The reason for a sharp decrease in the incidence rate in 2020, coronavirus 2020 Pandemic of all residents of our republic due to the COVID-19 pandemic comply with the rules, be at home, to public places, kindergartens and schools due to the strict observance of sanitary and hygienic rules without going, many there was a decrease in cases.

Epidemiological features of skin Leishmaniasis are the Sahara of the Republic and

other wild rodents and rare living in semi-desert areas in cases, turtles can also be a source of infection. Infecting the disease iskabtoparous flies-Rhlebotomus raratasii, Rh.camcasicus, Rh.is sergenti. They inhabit the nest of sand mice in the desert (about 500 in one nest). 111 The disease is transmissive, or from sand mice to man via iskab topar is transmitted. Transmission of the disease in desert regions from the second half of April to can last until the end of September. Iskabtopars mainly at night, more

it comes out in the evening until midnight. Fell into the iskabtopar stomach with mouse blood unleavened leishmanias (amastigotes) are peppered (lentomonal,

promastigote) into shape and accumulates in the iskabtopar throat on the fourth day.

So, for humans and animals 6-8 days after the iskabtopar absorbed blood

becomes dangerous. When an Iskabtopar bites a person, the parasite enters the skin and thus the disease is transmitted. People in the hot desert without covering their tops and even naked mosquito bites and wound formation due to lying down also occur on all parts of the skin may be. The disease is seasonal in nature, and the epidemic season is mainly oil begins in June, with the most cases occurring in August-September comes. More villagers get sick. Local children in endemic kilns

children and adults from a relatively different place are more likely to get sick. This case is local indicates that the population has pre-acquired immunity.

Preventive measures.

Disease from time to time, even if the patient is not treated pain to the patient by the doctor, provided that it goes away on its own it bothers analgesics, protection of wounds from secondary infection

in order to quickly heal wounds along with antibacterial and antiseptic ointments

tools aimed at leaving are recommended. Skin leishmaniasis rural (zoonosis) pure injection of a Healy trigger (i.e. L.vaccination with a live ultrasound of mojor) (0.1—0.2 ml) also gives a good result. This the vaccine should be administered 3 months before entering the endemic zone. From vaccination immunity is maintained for life.

Conclusion: As a result of the research carried out, it became known that measures not to infect leishmaniasis were studied, and the routes of infection of cassava were identified foci of sources of disease. The development of vaprophylaxis of sanitary work on the Prevention of the disease was studied. Preventive measures are mainly the disease is common iskabtopar flies in endemic foci as well as a rodent that is a source of disease focuses on the loss of animals.

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