Procedia of Engineering and Medical Sciences
Volume: 07 | 2023

Analysis And Epidemiology Of Viral Hepatitis Illnesses In Khorazm Region

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Annotation. According to the World Health Organization, liver cirrhosis is the tenth leading cause of death among all diseases. Despite the development of a number of recommendations worldwide in recent years, there is a sharp difference between the drugs used in the pharmacotherapy of liver diseases and the drugs indicated in the treatment standards. This, in turn, requires deep pharmaco epidemiological research [1]. The process of treating patients with chronic liver diseases requires large financial costs. These are not only the costs of treatment, but also indirect costs, which are associated with temporary loss of working capacity [2]. Epidemiological control of anthroponoses is multifaceted, a dynamic study of the disease, not only operative control of the disease, but also a deep investigation of the ecology, biology and distribution area of the causative agent. Viral hepatitis is one of the most common viral infectious diseases in the world. According to the information provided by the World Health Organization, 2 billion people are infected with viral hepatitis on earth, which corresponds to 1 out of every 3 people on earth [3]. Every year, parenteral viral hepatitis kills more than 1 million people worldwide, which is equal to the number of deaths from tuberculosis and more than the number of deaths from HIV. In 2021, despite the widespread use of a highly effective vaccine against viral hepatitis V, 1.5 million people were infected with hepatitis V [4]. The medical and social conditions of Uzbekistan include the hyperendemic region due to the specificity of the number of family members, different levels of virus infection in the region due to the age structure, and the spread of infection due to the ethnic identity of the local population [5,6]. In screening studies conducted by a number of authors, it was found that 5.6% of healthy population tested in our country have anti-HCV and 8.3% have HBsAg.

Keywords: Epidemiological research, hepatitis, Health, diseases.

Introduction. The purpose of the study: to study the epidemiological characteristics of the spread of viral hepatitis in the Khorezm region.

Research material and method: official information and reports of the epidemiology department of the Khorezm region SEO and JSX on viral hepatitis.

Epidemiological and statistical methods were used in the research work. Results of the study: When we determined the distribution of the disease by regions, the analysis of the registered viral hepatitis shows that the disease is not distributed uniformly in all regions of the Republic. In 2021, 7% of viral hepatitis detected in the Republic occurred in Khorezm region. In our analysis of the types of acute viral hepatitis, those infected with viral hepatitis A accounted for 99.1% of the total number of infected and with viral hepatitis V for 0.9%, while no cases of viral hepatitis E, C, D were detected in 2021. When we analyzed the number of patients with viral hepatitis in Khorezm region by month, the number of patients in January, February, November, and December was high, while in other months, the number of patients was relatively low, which shows that the disease is not distinguished by small changes in seasonality. In our analysis, men (53%) and women (47%) were the gender of the identified patients. When we analyze the morbidity in Khorezm region according to age indicators, among the total number of infected patients - 0.18%, 1-2 years - 4.86%, 3-5 years 18.7%, 6-14 years 51%, 15-17 aged 7.5%, 18 years and older accounted for 17.5%. therefore, the incidence is mostly recorded in small age groups of the population aged 6-14 years. In our regional analysis of patients, 83.4% of patients live in rural areas. 69.7% of patients under the age of 17 were living in rural areas. 83% of the patients identified in the village were under 17 years old, 17% were older than 17 years.

Summary. In the Khorezm region, there is a sharp decrease in the number of diseases due to the improvement of the lifestyle and quality water supply, the provision of boiled water to children in most schools and children's institutions, the widespread use of hepatitis A vaccination and routine vaccinations against parenterally transmitted hepatitis V. However, despite this, cases of viral hepatitis still occur, so viral hepatitis has not lost its relevance in our country. The main part of hepatoprotectors used in the treatment of chronic liver diseases in inpatient conditions (more than 80%) correspond to essentiale and karsil tablets in the form of injections, which have a good effect in cytolytic syndrome. Also, the use of UDXK drug to eliminate cholestatic syndrome, which occurs in one third of cases, was observed (5% of the total number of hepatoprotectors). Based on the AV analysis of the costs of drugs used in patients with chronic liver diseases, it was found that among the most consumed drugs (group A), the amount of drugs affecting infusion and metabolism is the priority, and the share of hepatoprotective drugs is low. Medicines used in the treatment of chronic liver diseases The pharmacoeconomic analysis (AVS/VEN) of the drugs shows that Vguruhi makes up a quarter of the vital drugs of the most used drugs (Aguruhi) in chronic viral hepatitis, and the rest are secondary drugs (group N) in the infusion and metabolic series. the share of these is equal to half of drugs of group A, and in chronic non-viral hepatitis does not exceed 15%, and does not occur in liver cirrhosis. Despite the decrease in the price of drugs and the emergence of financial opportunities for patients, there has been almost no change in the structure of drugs used in the treatment of chronic liver diseases in the last ten years, the number of prescriptions for UDXK has increased by five times, and the share of Karsil drug has decreased by three times. Optimizing the daily amount of Ursosan based on the assessment of the severity of cholestasis syndrome based on the biochemical indicators of bilirubin and alkaline phosphatase levels, it is observed that the medical effect of this drug is the same as that of standard treatment, and it leads to a reduction in the amount of the hepatoprotective agent. It is possible to reduce the duration of treatment by three months by gradually reducing the amount of ursosan depending on the level of biochemical indicators. In chronic hepatitis C, when using ursosan with differentiation and antiviral drugs: daclatasvir + sofosbuvir, clinical symptoms were completely eliminated, and there was no recurrence of the disease and no transition to liver cirrhosis for three years. The use of complex antiviral drugs and ursosan with differentiation in the

treatment of chronic hepatitis C option is the cheapest and has the highest clinical efficiency compared to the option of using essential and ursosan in a standard dose in the traditional way.

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