BG Pulse Journal USA
ISSN:1947-2536 http://www.bgpulseusa.com/index.php/bg
BG PULSE JOURNAL

SOME CHARACTERISTICS OF THE FREQUENCY OF COVID-19 IN THE REPUBLIC OF UZBEKISTAN, AS WELL AS THE ORGANIZATION OF MEDICAL AND SOCIAL AID FOR THEM RELEVANCE

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Abstract: The new coronavirus SARS-CoV-2 was first reported in December 2019 in the Chinese city of Wuhan. It is believed that the spread of the virus took place in a seafood market in Wuhan. [1]. On January 30, 2020, the World Health Organization (WHO) declared COVID-19 a "Public Health Emergency (PHEIC)". [2] The disease grew rapidly and was detected in 66 countries other than China in March 2020. [3]. Disease reports began to arrive in many countries, and this certainly had a direct impact on the flow of direct travel to China and the seafood market. [4].

As of March 17, 2020, 179,112 cases with COVID-19 were registered in the countries of the world, of which 7,426 cases were fatal. [5]. Some researchers [8,9] reported in their scientific articles about the gender and age characteristics of coronavirus disease, and it was noted that men have a higher incidence of the new coronavirus than women. In China, where the disease was first reported, 77.8% of cases occurred between the ages of 30 and 69, and the incidence was slightly higher in men 51.4% of men than in women (49.6%) [10].

Today, the COVID-19 pandemic worldwide has had severe socio-economic consequences, including the Great Depression, which led to the largest global regression, and a major famine, which affected 234 million people. The economic crisis observed as a result of pandemics and quarantine measures can escalate into a financial crisis (due to liquidity problems in the banking system), a debt crisis (due to an increase in additional debt) or a currency crisis (due to a decrease in foreign trade). According to experts, in all countries it is necessary to develop a set of additional measures to prevent infection with coronavirus, reduce mortality and stabilize the world economy. Today, the incidence rate in the world is 234 million, of which 4.78 million have died (09/30/2021). The largest number of cases of the disease was registered in the USA, India, Brazil, Great Britain and Russia [6, 7, 11].

Purpose

Study of the epidemiological and organizational aspects of COVID-19 in the Republic of Uzbekistan

Materials and methods

The materials of the official statistics of the prevalence of coronavirus infection in Uzbekistan in March-December 2020, statistical analysis of primary medical records, the method of retro-prospective research were used. In these data, the total number of registered, treated and treated

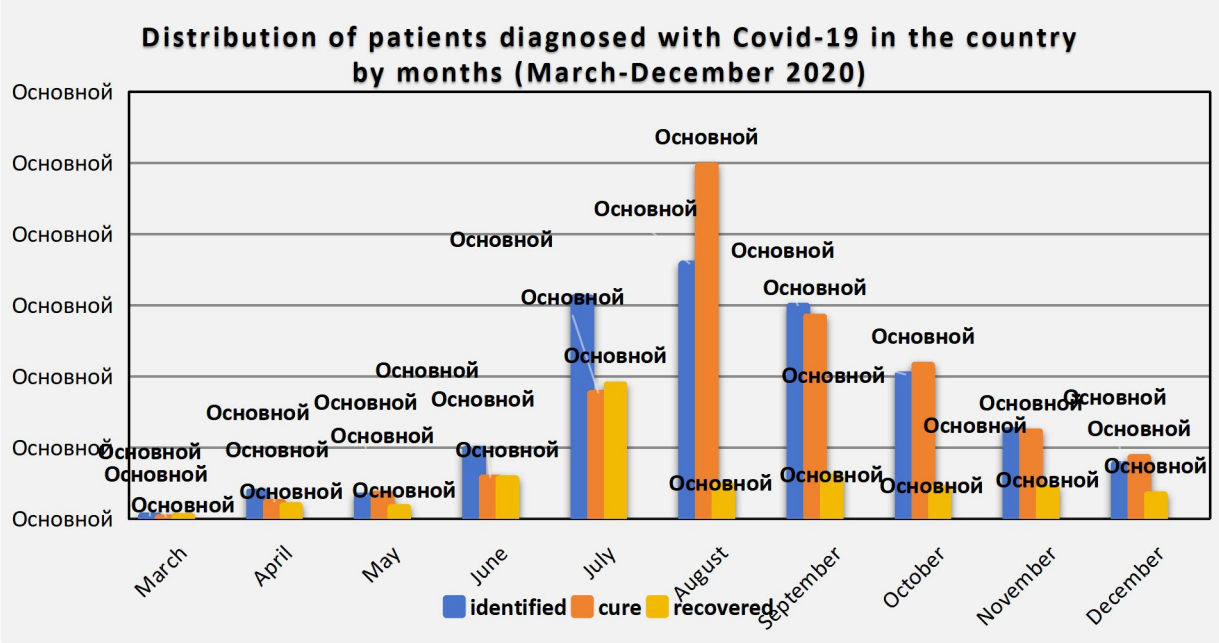
patients is listed separately in ascending order of months. Statistical data of 10848 patients treated in the Republican Special Hospital No. 2 Zangiota, mass observation, analysis of primary medical documents, questionnaire method, method of retrospective examination.

Results and their discussion

As of September 30, 2021, 174 408 patients were registered in our country, of which 1242 died. The epidemiology of coronavirus infection in Uzbekistan has its own characteristics. Due to the ongoing anti-epidemic (quarantine) measures, the epidemiological curve has an undulating character and differs from the European region, as well as from the world as a whole. The first case of infection in Uzbekistan, the first case of infection with coronavirus was recorded on March 15, 2020 in a woman, an Uzbek who came from France, after which all contact persons underwent an urgent medical examination.

All persons with positive cases of COVID-19 were hospitalized in the quarantine zones of hospitals until mid-May 2020. From mid-May, the infection began to spread and be registered in all regions of the Republic of Uzbekistan. Simultaneously with a sharp increase in the number of new cases of diseases in the countries of the European Region, the rate of increase in the incidence in Uzbekistan was more modest and even.

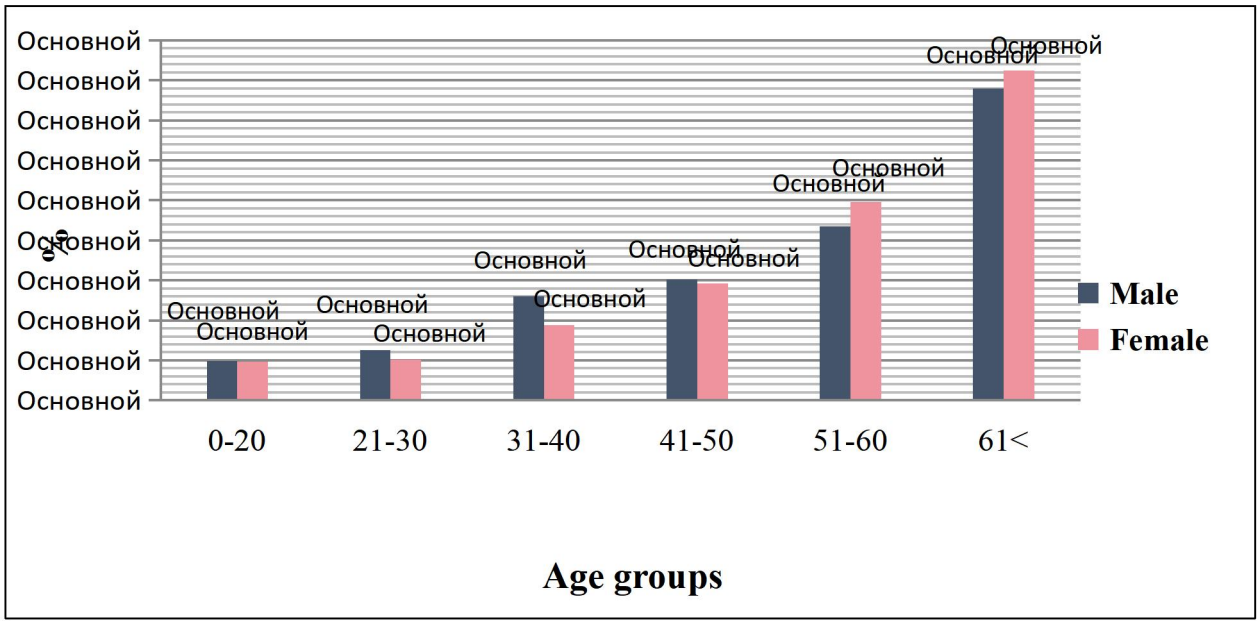
The implemented socio-economic measures and the strengthening of epidemiological control made it possible to prevent a sharp increase in the number of cases, and these ensured a lower mortality rate and the survival of a large number of sick vulnerable groups of the population. An analysis of the incidence of coronavirus infection in dynamics established 2020, a sharp increase in the incidence of coronavirus was established in the 3rd quarter (62.83%). The incidence rate, if from March to December 2020, a total of 74,626 were registered in the country, of which only in the 3rd quarter of patients treated for COVID-19 in the country, the percentage of recovery in the 3rd quarter was almost 62.8% [12]. The general rate of cured was 94%; it should be noted in June-July, this figure did not exceed 60-66% (Picture.1.)



Picture 1. Monthly rates of spread of coronavirus infection in Uzbekistan

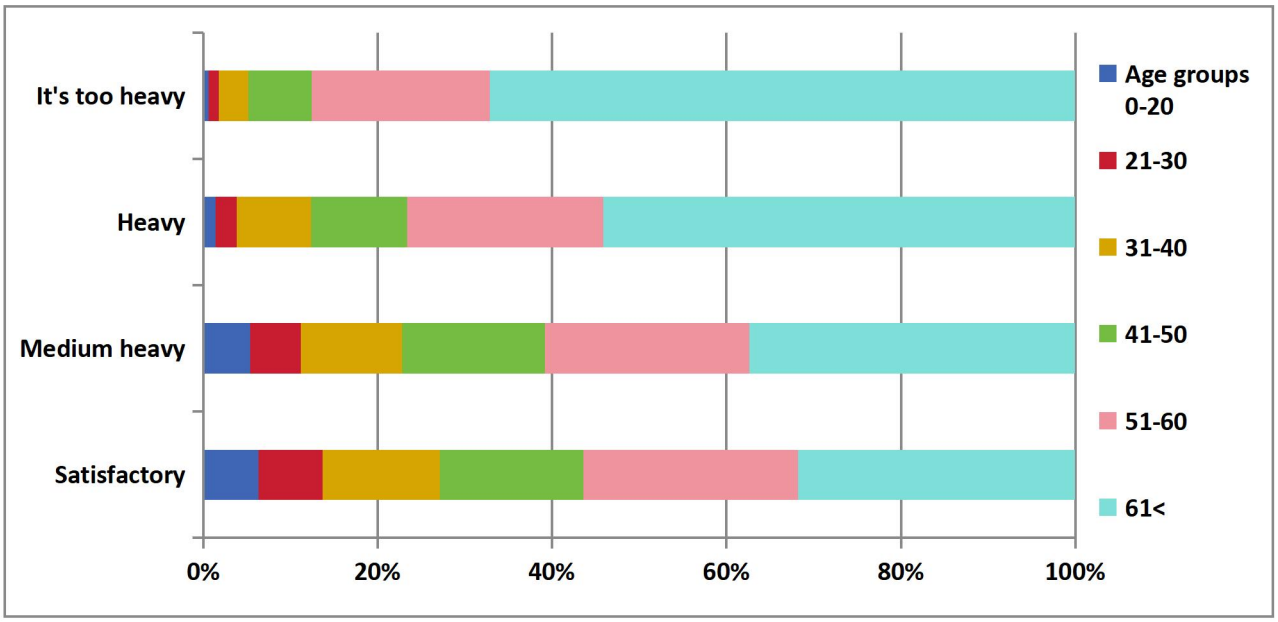
After some weakening of quarantine measures since September 2020, a second wave of COVID-19 incidence began in Uzbekistan, the same trend was observed both in the European

region and around the world. The results of a coalbed study of the hospitalized morbidity of patients with COVID-19 (10848 patients who received treatment in August-December 2020) showed that of all those hospitalized in the Republican Special Hospital No. 2 Zangiota, 46.3% in men and 53.7% in women. (63.6%), was observed in people over 50 years old (Picture.2.).



Picture 2. Distribution of COVID-19 by age and gender (%)

When we analyzed the incidence of COVID-19 among different age groups from 10,848 (August-December) patients treated at the Republican Special Hospital No. 2 Zangiota, 6.23% - satisfactory, 5.42% - moderate, 1.43% - severe degree among this age group. Among patients aged 50 years and older there was a high proportion of patients with very severe (%) and severe morbidity.(Picture.3.)



Picture.3. The severity of the incidence of COVID-19 among different age groups

Coronavirus infection mainly affects lung tissue. Preventing this requires significant responsibility from all healthcare professionals, especially anesthesiologists and resuscitators. Patients with respiratory failure require a number of specific resuscitation measures. Patients admitted to the intensive care unit (ICU) with severe respiratory failure are usually older than 65 years and suffer from concomitant somatic pathology (diabetes, coronary heart disease, cerebrovascular disease, neurological pathology, hypertension, oncological diseases, hematological diseases, chronic viral diseases, blood diseases of the coagulation system). All of these factors indicate that patients admitted to the intensive care unit are classified as severe or critically ill according to their performance. When we analyzed the distribution of 10,848 patients treated in the departments of the Republican Special No. 2 Zangiota Hospital, 93% of the total number of patients were admitted to the ordinary blocks of the hospital, and the remaining 7% were admitted to the intensive care unit. Among the age groups under 20 years of age, 5.21% of patients were treated in blocks, while patients in intensive care were not treated at all. The share of those who contracted the disease in the 21-50 age group was 33.1%. The proportion of people in intensive care in these age groups is lower (11.4%). 88.6% of patients in intensive care are in the age group 51-61 and older.(Table.1.).

Table .1.

Distribution of 10848 patients treated in the departments of the Republican Special No. 2 Zangiota Hospital by age (August-December 2020)

№	Age groups	General notes	%	Hospital departments			
				Block	%	Resusc-tation	%
1	0-20	525	4,84	525	5,21	0	0
2	21-30	613	5,65	606	6,01	7	0,92

3	31-40	1203	11,09	1182	11,72	21	2,75
4	41-50	1612	14,86	1553	15,40	59	7,73
5	51-60	2536	23,38	2375	23,55	161	21,10
6	61<	4359	40,18	3844	38,12	515	67,50
12	**Total**	**10848**	**100**	**10085**	**100**	**763**	**100**

To successfully combat the new coronavirus, on January 29, 2020, a decree of the President of the Republic of Uzbekistan was adopted "which provides for the creation of a special commission to prepare a program of measures to prevent the import and spread of a new type of coronavirus infection COVID-19"; this decree created a special Republican Commission. [6].

Compliance with sanitary and epidemiological measures and rules in public places, public transport, catering, weddings, etc. Particulars. In the Tashkent region, a "quarantine center" for 20 thousand places was built and put into operation. Quarantine centers for 7,085 places have been opened in Namangan, Samarkand, Surkhandarya regions and the Republic of Karakalpakstan. From March 15 to December 31, 2020, 2 million 25 thousand citizens of the country entered the territory of Uzbekistan, of which 1.6 million were quarantined. From January 1, 2021, they must be in home quarantine. With the aim of improving the provision of medical care to patients with COVID-19, 6,280 medical workers completed an 18-hour training program on the latest methods of treating the new coronavirus infection COVID-19. 5,046 reserve doctors, 421 resuscitators, 349 pediatricians were trained. An anti-crisis fund in the amount of 10 trillion soums has been created under the Ministry of Finance of the Republic of Uzbekistan [7].

The Anti-Crisis Fund financed the purchase of construction and repair work, medicines, hygiene and disinfection products, food, the purchase of medical equipment, the purchase of vehicles, additional and bonus payments, disinfection of public places, and other anti-epidemic measures. During the peak period, treatment of patients with COVID-19 was carried out in 159 institutions in the country. 25,200 beds were organized, including 2,500 intensive care beds. In the Tashkent region, in a short time, a new special clinic for 4,000 beds has been built and equipped with modern medical equipment. New special clinics have been built in the Republic of Karakalpakstan, Samarkand, Surkhondarya and Namangan regions. In addition, 15,000 beds have been created in 58 special distribution centers, including 1,225 intensive care units. To provide outpatient treatment and home treatment for patients with mild and moderate degrees, “COVID polyclinics”, Call centers, and special mobile teams were organized in each district.

More than 140 specialists from Russia, China, South Korea, Turkey and Germany took part in preventing the spread and treating patients with coronavirus infection. 8 clinical protocols for the treatment of patients with COVID-19 have been developed. Within the framework of international cooperation, Uzbekistan also sent assistance in the form of medicines, personal protective equipment and food to 12 countries of the world (China, Iran, Afghanistan, Kyrgyzstan, Tajikistan, Azerbaijan, Belarus, Russia, Hungary, Kazakhstan, Pakistan and Syria).

Conclusions

1.The incidence rate of coronavirus infection in the Republic of Uzbekistan is 238 per 100,000 population per year, cases have been reported, which will be in women (53.7%) than in men (46.3%). Among the hospitalized, the proportion is not very high.

2. The highest incidence rate of Covid-19 was noted at the age of 50 years and older (63.6%), the lowest level was found among the population under 20 years of age (4.84%). Older persons with illnesses, they are almost always hospitalized.

3. Almost 90% of hospitalized patients in the intensive care unit of the country are over 51 years of age, which in turn ensures that these age groups are included in the category of high-risk and high-risk groups. With this in mind, these age groups are more likely to follow sanitary-epidemiological rules to avoid contracting the disease.

4. The implementation of the necessary strict restrictive quarantine measures, the organization and provision of timely medical and social assistance to the population of the Republic of Uzbekistan has favorably influenced the spread of treatment, the course and prognosis of COVID-19 disease.

REFERENCES

1. Zhu N, Zhang D, Wang W, et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. *NEngl J Med.* 2020; 382, 727-33.
2. Li X, Wang W, Zhao X, et al. Transmission dynamics and evolutionary history of 2019-nCoV. *J MedVirol.* 2020: Epubaheadofprint.
3. Jin Y-H, Cai L, Cheng Z-S, et al. A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia (standard
4. version). *Mil Med Res.* 2020; 7: 4.
5. Stoecklin SB, Rolland P, Silue Y, Mailles A. First cases of coronavirus disease 2019 (COVID-19) in France: surveillance, investigations and control measures, January 2020. *Euro Surveill.* 2020; 25: 2000094.
6. Zhou P, Yang XL, Wang XG, Hu B, Zhang L. A pneumonia outbreak associated with a new coronavirus of probable bat origin. *Nature*2020: Epubaheadofprint.
7. № УП-5537 29.01.2020 «О создании специальной комиссии по подготовке программы мероприятий по предупреждению завозаи распространения нового типа коронавирусной инфекции COVID-19».
8. №УП-5969 19.03.2020 «о первоочередных мерах по смягчению негативного воздействия на отрасли экономики коронавирусной пандемии и глобальных кризисных явлений».
9. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan,China. Lancet. 2020; 395: 497-506 .
10. Chen N , Zhou M , Dong X , et al. Epidemiologicaland clinical characteristics of 99 cases of 2019 novelcoronavirus pneumonia in Wuhan, China: a descriptivestudy. Lancet 2020; 395, 507-13 .
11. The Novel Coronavirus Pneumonia Emergency ResponseEpidemiology Team. The Epidemiological Characteristics ofan Outbreak of 2019 Novel Coronavirus Diseases COVID-19-China. CCDC Weekly 2020; (2): 1–10. http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8-db1a8f51

12. A Nematov, A Abdiaxatov, G Tolipova. The Role Of Laboratory Analysis In Improving The Early Detection, Diagnosis, Treatment And Monitoring Of Covid-19 (Literature Review) - Science and innovation, 2023
13. A Nematov. Predicting The Risk Of Covid-19 And Optimizing The Use Of Healthcare Resources - International journal of medical sciences, 2025