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НОВЫЙ ДЕНЬ В МЕДИЦИНЕ

NEW DAY IN MEDICINE

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EPIDEMIOLOGICAL ANALYSIS OF THE SPREAD OF ACUTE INTESTINAL INFECTIONS BY SURVEYING PATIENTS AND CAREGIVERS

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✓ ***Resume***

Acute intestinal infections (AII) are a polyetiological group of infectious diseases accompanied by intoxication, impaired gastrointestinal motility with the development of diarrhea, and in some cases vomiting and dehydration. In the complex of clinical (objective, subjective) and laboratory data when diagnosing an infectious disease, an important place is occupied by the data of the epidemiological anamnesis, which is an integral part of the medical history of an infectious patient.

Key words: diarrheal diseases, premorbid background, route of infection

ЭПИДЕМИОЛОГИЧЕСКИЙ АНАЛИЗ РАСПРОСТРАНЕНИЯ ОКИ ПУТЁМ ОПРОСА БОЛЬНЫХ И УХАЖИВАЮЩИХ

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✓ ***Резюме***

Острые кишечные инфекции (ОКИ) — полиэтиологичная группа инфекционных заболеваний, сопровождающаяся интоксикацией, нарушением моторики желудочно-кишечного тракта с развитием диареи, а в ряде случаев рвоты и обезвоживания.

В комплексе клинических (объективных, субъективных) и лабораторных данных при постановке диагноза инфекционного заболевания важное место занимают данные эпидемического, анамнеза, который является неотъемлемой частью истории болезни инфекционного больного.

Ключевые слова: диарейные заболевания, преморбидный фон, путь заражения.

BEMORLAR VA PARVARISH QILUVCHILARNI SO'ROV O'TKAZISH YO'LI BILAN UII YOQISHINI EPIDEMIOLOGIK TAHLILI

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✓ ***Rezyume***

O'tkir ichak infektsiyalari (OII) intoksikatsiya, diareya rivojlanishi bilan oshqozon-ichak motorikasining buzilishi, ayrim hollarda qusish va suvsizlanish bilan kechadigan yuqumli kasalliklarning polietiologik guruhidir.

Yuqumli kasallikni tashxislashda klinik (ob'ektiv, sub'ektiv) va laboratoriya ma'lumotlari majmuasida yuqumli bemorning tibbiy tarixining ajralmas qismi bo'lgan epidemiologik tarix ma'lumotlari muhim o'rinni egallaydi.

Kalit so'zlar: diareya kasalliklari, premorbid fon, infektsiya yo'li

Relevance

When examining patients with diarrhea syndrome, special attention should be paid to collecting an epidemiological anamnesis, finding out the presence of group outbreaks of the disease, contacts with patients with AII, staying in unsanitary conditions and endemic areas for cholera, amebiasis, etc. The predominant transmission mechanism is feces-oral. Contact-household transmission is realized mainly in organized groups and in families. Of the natural conditions, the temperature of the air and soil is of great importance for pathogens, which determines the seasonality of the disease. The development of the epidemic process in the contact-household route of transmission is influenced by sanitary culture, social and household amenities, crowding and the state of immunity of the population.

In the complex of clinical (objective, subjective) and laboratory data when diagnosing an infectious disease, an important place is occupied by the data of the epidemiological anamnesis, which is an integral part of the medical history of an infectious patient. Meanwhile, often the epidemiological anamnesis in medical histories is collected superficially and is limited to a set of formal phrases without taking into account the age, profession and specific living conditions of the patient. In accordance with the current order of the Ministry of Health of the Republic of Uzbekistan No. 122 of 05/23/15 "On improving measures to combat typhoid-paratyphoid diseases, salmonellosis and acute intestinal infections among the population of the republic", all cases of diarrheal diseases under the age of 2 years are subject to.

However, it is not always possible to conduct an examination of the outbreak in due time, especially in rural areas with remote locations of outbreaks. Therefore, regular targeted questioning of patients with acute intestinal infections or those caring for them in a hospital, without replacing a full epidemiological investigation with a visit to the outbreak, laboratory testing of contacts and objects of the external environment, can help in the implementation of operational monitoring of the epidemiological situation.

The aim of the study was to investigate the conditions of occurrence of diarrheal diseases in patients with acute intestinal infections and epidemiological investigation of the outbreak of acute intestinal infections.

Materials and methods of research

We conducted an epidemiological investigation by interviewing patients with diarrheal diseases or their caregivers using a specially designed questionnaire. Taking into account the peculiarities of the etiology and pathogenesis of diarrheal diseases, 2 questionnaires were designed for children under 2 years of age and for older individuals. In addition to questions regarding passport data, dates associated with the disease, treatment, hospitalization, as well as questions about the supposed factors and conditions of infection in young children, special attention was paid to the premorbid background, the nature of feeding, and the health of the mother. In order to track the prevailing clinical forms of diarrheal diseases, epidemiologists need to obtain regular data on the leading clinical symptoms of registered acute intestinal infections, as well as on treatment measures, primarily on the implementation of etiotropic treatment before hospitalization of the patient.

Results and discussion: In total, from 2020 to 2024, 157 patients over 7 years of age and 220 caregivers of patients under 2 years of age were interviewed at the Samarkand Regional Clinical Infectious Diseases Hospital using a questionnaire we compiled.

An analysis of the routes and factors of transmission of diarrheal diseases showed that the food route of infection was observed in 67.5% of cases of AII with an established route of infection. Of the food products, fruits, salads, hot dogs and other products were most often assumed to be a factor of infection, primarily melons (59.1% of the total number of food products). The water route was assumed in 9.1% of AII cases. The household route was noted in 23.4% of diarrhea cases. An analysis of the transmission factors of acute intestinal infections in young children, conducted by interviewing mothers, showed: Among the young children who fell ill, 44.3% were children on artificial feeding, 58.7% had an unfavorable premorbid background, including 18.4% who had frequent bowel disorders during the month before the disease. An analysis of the transmission factors, conducted by interviewing caregivers, showed that 48.5% of respondents noted changes in the nature of complementary or additional feeding shortly (within a week) before the disease, additional products

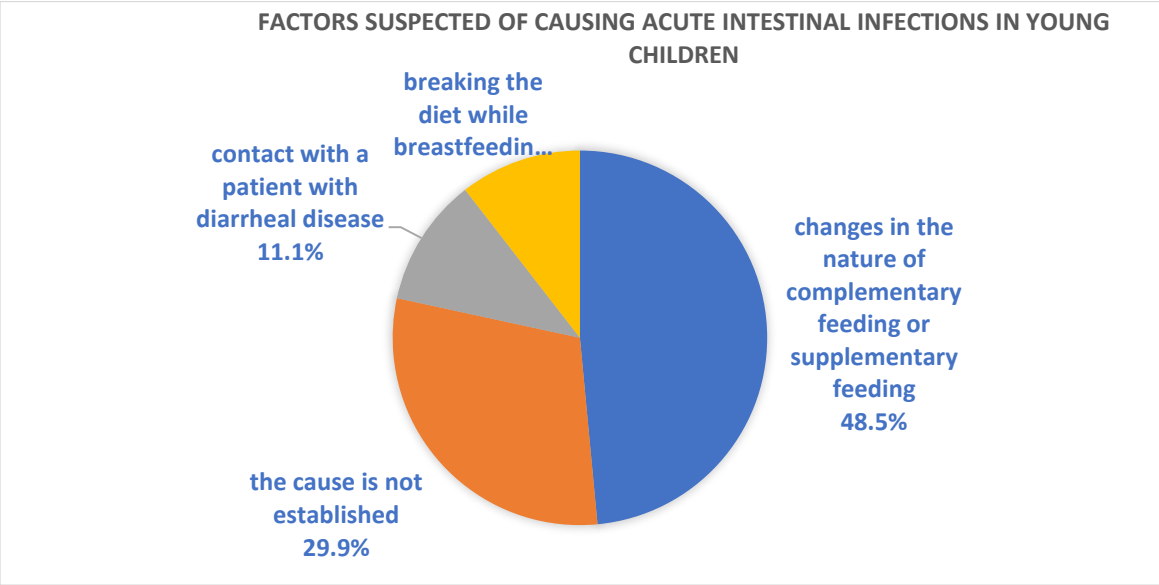
were introduced (cow's milk, fruits, juices or formulas). In 10.5%, the disease was associated with a violation of the diet by the nursing mother. 11.1% had a history of contact with a patient with diarrheal disease (younger or adult family members). In 29.9% of children, an obvious cause of the disease could not be identified**.**

Questionnaire for the analysis of the routes and conditions of occurrence of diarrheal diseases in young children (up to 2 years)

<table>
<tr><td rowspan="2">№</td><td rowspan="2">Name</td><td rowspan="2">Address</td><td rowspan="2">Age</td><td rowspan="2">Visit details</td><td rowspan="2">№ medical history</td><td colspan="3">Dates</td></tr>
<tr><td>Diseases</td><td>Appeals</td><td>Hospitalizations</td></tr>
<tr><td colspan="3">Main symptoms of the disease Onset (acute, gradual) leading symptom, temperature type, stool type, presence of vomiting (single, multiple)</td><td colspan="3">Treatment measures before hospitalization: Contacting medical workers (specify), etiotropic therapy before hospitalization</td><td colspan="3">Premorbid background of the child - Associated diseases (rickets, anemia, malnutrition, etc.) Other diseases during the month before hospitalization. Frequency of diarrhea and gastrointestinal disorders in the past.</td></tr>
<tr><td colspan="2">Feeding pattern Breastfeeding Artificial feeding Supplementary feeding Changing the feeding pattern during the week before the illness</td><td colspan="2">Conditions and factors of infection: what is the disease associated with? Diarrhea in other family members; Water supply condition at home; Mother's illness; Diet violation by nursing mother</td><td colspan="2">Complete clinical diagnosis based on medical history</td><td colspan="2">Data from coprological and bacteriological examination</td></tr>
</table>

Questionnaire for the analysis of the routes and conditions of occurrence of diarrheal diseases in elderly patients with acute intestinal infections

<table>
<tr><td rowspan="2">№</td><td rowspan="2">Name</td><td rowspan="2">Addres</td><td rowspan="2">Age</td><td rowspan="2">Place of work, study, date of last visit</td><td colspan="3">Dates</td><td rowspan="2">№ medical history</td></tr>
<tr><td>Diseases</td><td>Diseases</td><td>Diseases</td></tr>
<tr><td colspan="5">Main signs of the disease (onset of the disease - acute, gradual, leading symptoms of the disease, presence of temperature). Treatment measures before hospitalization.</td><td colspan="4">Suspected factors and conditions of infection: Information on suspected food factors of infection; Conditions of infection (at home, visiting, at mass events, in the canteen, etc.); Water factor (state of water supply at the place of residence, work, study; drinking water from open reservoirs or other suspicious water sources, swimming in open reservoirs; Contact with a patient with diarrhea</td></tr>
<tr><td colspan="3">Premorbid background: Presence of concomitant diseases of the gastrointestinal tract;</td><td colspan="3">Clinical diagnosis</td><td colspan="3">Laboratory data: results of coprological and bacteriological examination</td></tr>
</table>



The use of a questionnaire when interviewing patients and their caregivers allowed us to expand the range of analyzed data compared to the data that can be provided by a generally accepted map of epidemiological investigation.

Conclusion

Thus, the analysis of the routes and factors of the spread of diarrheal diseases based on a survey of patients and their caregivers is important for infectious disease specialists as one of the components that should be relied on when making a clinical diagnosis. In order to focus the attention of the attending physician when collecting an epidemiological anamnesis from patients, the necessary questions of interest can be included in the case history scheme, leaving the necessary space for answers.

If the main proposed questions on the study of the conditions and routes of occurrence of acute intestinal infections are located in the epidemiological anamnesis section, then a significant number of questions (premorbid background, treatment measures taken before hospitalization, feeding patterns, etc.) will take place in the Anamnesis morbi and Anamnesis vitae sections. To analyze the routes and factors of diarrheal disease spread based on a survey of patients and their caregivers in sanitary and epidemiological surveillance centers, it is recommended to keep a separate log in which the data will be located in the tables proposed below. The recommended log is proposed to be used for epidemiological analysis in addition to the main form approved by the Ministry of Health of the Republic of Uzbekistan No. 357-x "Map of epidemiological investigation of an infectious disease outbreak". Regular maintenance and analysis of the log data on the analysis of routes and factors of AII spread, especially during the epidemic season in combination with daily operational analysis of morbidity and laboratory monitoring of environmental objects, will allow timely identification of the causes of the increase in morbidity and taking appropriate measures aimed at reducing morbidity.

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