Proceedings of International Conference on Educational Discoveries and Humanities
Hosted online from Plano, Texas, USA.
Date: 1st February, 2024
ISSN: 2835-3196 **Website:** econferenceseries.com

PREVALENCE OF INFECTIOUS DISEASES

Boltaboyeva Dilrabo Imomaliyevna
Assistant of the Department of "Epidemiology and Infectious Diseases" of Fergana Public Health Medical Institute Fergana, Uzbekistan

Annotation

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions.

Key words: WHO (World Health Organization), SARS (Severe Acute Respiratory Sindrome), Ebola, IHR (international health regulation), Marburg fever,

Infectious diseases are spreading around the world faster than ever, says the World Health Organization, and new diseases are emerging at the unprecedented rate of one a year. WHO has appealed in its annual world health report for international cooperation to tackle infectious diseases, which it says are a serious threat to public health worldwide. The disease situation is “anything but stable,” the report says. Several factors have helped accelerate the spread of diseases around the world: the increasing ease of international travel (each year airlines carry more than two billion passengers), population growth, resistance to drugs, under-resourced healthcare systems, intensive farming practices, and degradation of the environment. “A sudden health crisis in one region of the world is now only a few hours away from becoming a public health emergency in another,” it says. The biggest fear is that other new diseases on the scale of AIDS or severe acute respiratory syndrome (SARS) will emerge. The report says, “It would be extremely naive and complacent to assume that there will not be another disease like AIDS, another Ebola, or another SARS, sooner or later ”. Also, it says, new diseases are emerging at an unprecedented rate, often with the ability to cross borders rapidly. Since 1967 at least 39 new pathogens have been identified, including HIV, Ebola haemorrhagic fever, Marburg fever, and SARS. At the same time, old infections, such as pandemic flu, malaria, and tuberculosis, continue to pose a threat to public health through a combination of

mutation, rising resistance to antimicrobial drugs, and weak health systems. The key recommendations of the report include: full implementation of the revised international health regulations (IHR 2005) by all countries Global cooperation in surveillance and outbreak alert and response measures. Open sharing of knowledge, technologies, and materials, including viruses and other laboratory samples cross sector collaboration within governments, and more international and national resources for training, disease surveillance, laboratory capacity, response networks, and prevention campaigns.

Some statistical date infectious disease: In 2019, 13·7 million people worldwide died from infectious syndromes, 5·2 million of which co-occurred with non-communicable diseases. 3 million of these deaths occurred in children under the age of 5 years. Globally, respiratory infections and bloodstream infections are the deadliest. Regional disparities are stark, with a death rate of 52·6 per 100 000 for bloodstream infections in sub-Saharan Africa, compared with 37·7 per 100 000 in high-income countries. The burden varies across age groups: adults aged 50–69 years face the highest burden from bloodstream infections, whereas children under the age of 5 years are most burdened by respiratory infections.

In 2019, infectious syndromes contributed substantially to mortality, especially in non-communicable disease. Infectious syndrome mortality rivalled ischemic heart disease (9 million deaths) and neoplasms (10 million deaths), suggesting that infections, both as underlying and intermediate causes, are an immense source of mortality and must be recorded, analysed, and treated.

As part of the core public health functions, disease data are collected and maintained by the Infectious Diseases Division of the Connecticut Department of Public Health (DPH). It is important to note that surveillance methods may change over time as needed to reflect how the data will be used. These changes can have an impact on the number of cases and incidence of disease over time. The Infectious Diseases Section monitors over 80 reportable diseases, emergency illnesses, and health conditions that are declared reportable by the Commissioner of the DPH. Surveillance is conducted for many infectious diseases including, for example, vector-borne, foodborne, healthcare associated, vaccine preventable, and sexually transmitted illnesses, as well as, HIV, viral hepatitis, and tuberculosis. Collected data are used by the DPH to identify trends, outbreaks, and changes in infectious agents. Aggregate data of reportable diseases over time, can be found below.

Germs can spread through:

the air as small droplets (droplet spread) or tiny aerosol particles (airborne spread)

contact with faeces (poo) and then with the mouth (faeco-oral spread)

contact with the skin or mucus membranes (the thin moist lining of many parts of the body such as the nose, mouth, throat and genitals) (contact spread)

blood or other body fluids (for example, urine, saliva, breastmilk, semen and vaginal secretions).

Germs can spread:

directly from person to person or

indirectly from an infected person to the environment (for example toys, door handles, bench tops, bedding and toilets) and then to another person who comes in contact with the contaminated environmental source.

Germs can enter the body through the: mouth, respiratory tract, eyes, genitals, broken skin. Some infections can be spread in several different ways. There are other ways of describing how germs are spread that are commonly used. Germs can be spread through sexual contact, which is usually through semen and vaginal secretions (body fluids), but can also occur through contact with mucus membranes. Germs can spread through food or water. Many but not all the germs spread in this way are through contact with faeces and then with the mouth (faeco-oral). Germs can also spread from a mother to her unborn child, usually though blood (body fluids) but also through contact with skin or mucous membranes during delivery.

In short, the human body is in direct contact with the nature that surrounds us and its microorganisms. Pathogenic microorganisms cause various infectious diseases in the human body, adversely affect human life and can even death.

References:

1. Имомова, М. Ё., Абдуганиев, Ё. Г., Хошимова, А. Ё., & Турдибоев, А. Х. (2014). ОПРЕДЕЛЕНИЕ КОЛИЧЕСТВА ХОЛЕСТЕРИНА В СОСТАВЕ ПИЩЕВЫХ ПРОДУКТОВ. In Актуальные проблемы и достижения в медицине (pp. 51-52).
2. Хошимова, А. Ё. (2018). ВЛИЯНИЕ ЗАГРЯЗНЕНИЯ ОКРУЖАЮЩЕЙ СРЕДЫ НА ЗАБОЛЕВАЕМОСТЬ БРОНХИАЛЬНОЙ АСТМОЙ. Актуальные вопросы современной пульмонологии. Ма, 200.

3. Кулиева, Э. М., & Абдуганиева, А. Е. РОЛЬ ТЕОРИЙ И КОНЦЕПЦИЙ ЭПИДЕМИОЛОГИИ В ПРОФИЛАКТИКЕ ИНФЕКЦИОННЫХ БОЛЕЗНЕЙ. СБОРНИК, 97.
4. Хошимова, А. Ё., & Маматкулова, М. Т. (2016). ВЛИЯНИЕ ЗАГРЯЗНЕНИЯ ОКРУЖАЮЩЕЙ СРЕДЫ НА ЗАБОЛЕВАЕМОСТЬ ДЕТЕЙ ПНЕВМОНИЕЙ. Актуальные вопросы современной пульмонологии. Ма, 233.
5. Болтабоева, Д. И. (2023). ОИВ ИНФИЦИРЛАНГАНЛАРДА ГЕРПЕТИК ИНФЕКЦИЯЛАРИНИ КЛИНИК КЕЧИШ ХУСУСИЯТЛАРИ. Scientific Impulse, 2(13), 174-177.
6. Азимов, М. Б., & Болтабоева, Д. И. (2021). ОСОБЕННОСТИ КЛИНИЧЕСКОГО ТЕЧЕНИЯ ГЕРПЕТИЧЕСКОЙ ИНФЕКЦИИ ВИЧ-ИНФИЦИРОВАНЫХ БОЛЬНЫХ. In Молодежь, наука, медицина (pp. 14-18).
7. Маматкулова, М. Т. (2017). Разработка методов и средств объективный оценки достижения целей обучения. Биология и интегративная медицина, (4), 228-235.
8. Mamatkulova, M. T. (2016). Study to efficiency voluntary inoculation under viral hepatitis A. Биология и интегративная медицина, (2), 88-93.
9. Маматкулова, М. Т. (2016). Definition of sensitivity of microorganisms to an antibiotic and prophylactics interhospital infectious. Биология и интегративная медицина, (2), 99-109.
10. Маматкулова, М. Т. (2017). Role bacteriocarrier at salmonelleze-the epidemiological analysis and system of antiepidemic actions. Биология и интегративная медицина, (4), 89-94.
11. Маматкулова, М. Т. (2018). Use of modern pedagogical technologies when training in the subject epidemiology and prevention of viral hepatitis a. Биология и интегративная медицина, (4), 232-241.
12. Mamatqulova, M., & Ruziboeva, Y. (2023). EPIDEMIOLOGICAL ASSESSMENT OF SALMONELLOSIS DISEASE IN FERGANA CITY AND THE SYSTEM OF ANTI-EPIDEMIC MEASURES. Евразийский журнал медицинских и естественных наук, 3(6), 61-64.
13. Pulatova, Z., & Ganijonov, H. (2023, June). MODERN VIEWS OF BEHAVIORAL CHANGES IN 16-17-YEAR-OLD STUDENTS. In

International Conference on Education and Social Science (Vol. 1, No. 2, pp. 30-32).

14. Jalolidinovna, I. Z. Cellular Changes in Cardiomyocytes Due to Ischemia and Necrosis. JournalNX, 7(04), 1-2.
15. Rapikov, I. (2020). BAŞLANGICH SINF O‘QUVCHILARIDA MEHNAT TA’LIMI ASOSIDA TEMMONAT VA TADBIRKORLIKNI SHAKLLANTIRISH HAQIDA OLIMLAR FIKRI. Namangan muhandislik-texnologiya instituti ilmiy-texnikaviy jurnali , 2 (11), 309-313.
16. Рапиков, И. Г. (2019). Роль народных подходов к учащимся начальной школы на основе труда, экономики и предпринимательства. доктора/кандидата наук предлагаем вступить в редакционную коллегию журнала (подробности на сайте), 90.
17. Эрматов, Н. Ж., & Насирдинов, М. (2022). Treatment procedures for anemia in experimental animals with local vegetable protein products.
18. IRMATOV, N., & NASIRDINOV, M. NEW DAY IN MEDICINE. NEW DAY IN MEDICINE Учредители: Бухарский государственный медицинский институт, ООО" Новый день в медицине", (3), 9-18.
19. Косимова, З. М. (2023). Информационно-Компьютерная Технология Организации Работы Отдела Переливании Крови В Ферганском Филиале Республиканского Научного Центра Экстренной Медицинской Помощи. Research Journal of Trauma and Disability Studies, 2(4), 7-13.
20. Madaminjanovna, Q. Z. (2023). Diagnosis and treatment of emphysematous pyelonephritis in diabetic patients. Eurasian Medical Research Periodical, 19, 4-8.
21. Хасанбоева, Н. А. (2021). ЦЕЛЕБНЫЕ СВОЙСТВА ПРЕПАРАТОВ, ПОЛУЧЕННЫЕ ИЗ ПРОДУКТА ХВОИ. Интернаука, 22, 7
22. Khasanboeva, N. A. (2023). MEDICINAL PLANTS OF THE FERGANA REGION. International Journal of Medical Sciences And Clinical Research, 3(02), 1-4.
23. Khasanboeva, N. A. (2023). Fees in Folk and Modern Medicine. The Peerian Journal, 14, 14-17.