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CORONAVIRUS IN THE REPUBLIC OF UZBEKISTAN DURING 2020-2023 RETROSPECTIVE EPIDEMIOLOGICAL ANALYSIS OF THE DISEASE

(TASHKENT CITY AS AN EXAMPLE)

Khamzaeva N.T.,
Matnazarova G. S.,
Saidkasimova N.S.,
Tashkent Medical Academy, Tashkent Uzbekistan

Getting infected with coronavirus in the Republic of Uzbekistan when a retrospective epidemiological analysis was conducted, it was found that the rate of infection with coronavirus in the republic has increased sharply, When we analyzed the distribution of coronavirus infection by regions, it was found that the infection was spread unevenly, the highest rate was observed in Tashkent city, the rate of infection was 28,822.1 per 100,000 inhabitants.

Taking into account the high rate of morbidity in Tashkent, we conducted a retrospective epidemiological analysis of the incidence in Tashkent.

The following was revealed when the incidence rate in Tashkent city was analyzed by districts. In Bektemir district, it was found that the intensive rate of morbidity is higher than other districts (5502.1) per 100,000 inhabitants. In Sergeli district, the incidence rate was relatively low and was 307.5 per 100,000 inhabitants. This was due to the fact that during the pandemic, the number of citizens who came to the district from abroad was small compared to other districts, and this had an impact on the overall morbidity rate. In other regions of the city of Tashkent, the incidence rates are at different levels, the intensive rate of incidence in New Life District (1821.72), Uch Tepa District (1631.2), Almazor District (1337.3), Chilonzor District (1946.4), Yakkasaroy District (2493.5), in Yunusabad district (1955.95), in Shaikhontohur district (1605.78), in Mirzo Ulugbek district (2686.75), and in Mirabad district (2285.5)

When we analyze the long-term dynamics of morbidity in the city of Tashkent, we can see that the incidence decreased sharply by 2023 . In the period from March 15, 2020 to January 2022, an increase in the dynamics of infection with COVID-19 was observed among the population living in all administrative regions of the city of Tashkent. Since January 2022 , the incidence rate has gradually decreased and reached 2130.67 per 100,000 population , and 273 in 2023 .

During these years, there was an increase in the dynamics of the incidence of COVID-19, and 4 periods of increase were identified, the first increase was in June-September 2020: from 49.9 to 630.3 per 100,000 population, the second increase was in June-July 2021 in: increased from 302.9 to 1320.1, the third period of increase in December 2021-January 2022: from 59.5 to 809.36, the fourth period was observed in June-September 2022, the incidence rate was 41.57 increased to 494.96. It can be seen that the highest rates of thrips disease occurred in June-July in 2021. As a result of effective preventive and anti-epidemic quarantine measures By the end of 2023, from 2024, coronavirus in all regions of the Republic of Uzbekistan with morbidity rates have decreased sharply.

COVID -19 in the city of Tashkent was 2 times higher than the average rate of infection in the republic. The increase in the rate of the disease was due to the improvement of the number and quality of laboratory tests , as well as the use of molecular genetic methods such as IFA (detection of specific antibodies), PCR, etc.

Annual dynamics of the coronavirus disease We studied based on the results of the epidemiological analysis of the disease observed in the city of Tashkent in 2020-2023. The increase in the incidence of the disease without seasonality was associated with the introduction of new strains of the virus into our republic. During the research years (2020-2023) in the dynamics of the incidence of COVID -19 in the city of Tashkent, it is possible to distinguish 4 different seasonal cycles of increase in incidence (summer-autumn, spring, autumn-winter, summer-autumn).

When we analyze the morbidity in the period 2020-2023 by age groups of young children, we can see an upward trend in the dynamics of the incidence of coronavirus among children aged 0-7 and 7-18 in 2020 (4878 in July 2021; 878 in July 2022) (1, 53±0.13), and from 2022, the incidence in children aged 0-7 increased (3314 in July 2021; 2704 by July 2022) (1.09±0.13) (P>0.05) and that from July 2022, it was found that the incidence remained 3 times higher in children aged 0-7 compared to children aged 7-18 we can see.