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THE DISTRIBUTION OF THE INCIDENCE OF HELMINTHS BY AGE AND MONTH (ON THE EXAMPLE OF THE CITY OF TASHKENT)

Abstract: Parasite kasalliklar asosan issiq va tropik iqlimi bulgan mamlakatlarda kўp uchraydi. Eng yukori kasallanish qishlok aholisining bolalari orasida kaid ethylgan. Parasite kasalliklar bilan boglik kasalliklar Shimoliy, Siberia, uzoq Sharq va Shimoliy Caucasus halqlari orasida etakchi hisoblanadi.

ZhSST ma'lumotlariga kўra, ular ҳozirda nafas yўllari kasalliklaridan keyin dunyoda 2-ўrinni egallaidi.

Key words: helminthiasis, parasites, diseases, diseases of the immune system, and the prevention of bacterial infections.

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РАСПРЕДЕЛЕНИЕ ЗАБОЛЕВАЕМОСТИ ГЕЛЬМИНТАМИ ПО ВОЗРАСТУ И МЕСЯЦАМ (НА ПРИМЕРЕ ГОРОДА ТАШКЕНТА)

Аннотация: Установлено, что паразитарные заболевания в больших количествах встречаются в основном в странах с теплым и тропическим климатом.

Наиболее высокая заболеваемость зарегистрирована среди детей сельского населения. Заболевания, относящиеся к паразитарным, считаются лидирующими

у народов Севера, Сибири, Дальнего Востока и Северного Кавказа. По данным ВОЗ, в настоящее время они занимают 2-е место в мире после респираторных заболеваний.

Ключевые слова: Гельминтоз, паразиы, дошкольное образование, среди детей, по возрасту населения и сезонам.

Introduction: According to official data, the incidence of helminthiasis ranks second among acute infectious diseases in children after ARVI. During one hour of observation in preschool institutions, it was revealed that 98 out of 106 children had a bad habit of sucking their fingers. When observing elementary school students during lessons, this habit was observed in 91% of children from grades 1 to 4, and in 43% of students from grades 5 to 9. In recent years, there has been a widespread spread of gastroenterological and allergic diseases among children, the cause of which, as it was established, are helminthological infections. The clinical symptoms of helminthiasis are often similar to those of infectious and non-communicable diseases, which makes it difficult to detect the disease in a timely manner. This often leads to complications in children, such as anemia, chronic gastrointestinal disorders and allergic reactions. The present study is aimed at solving these problems.

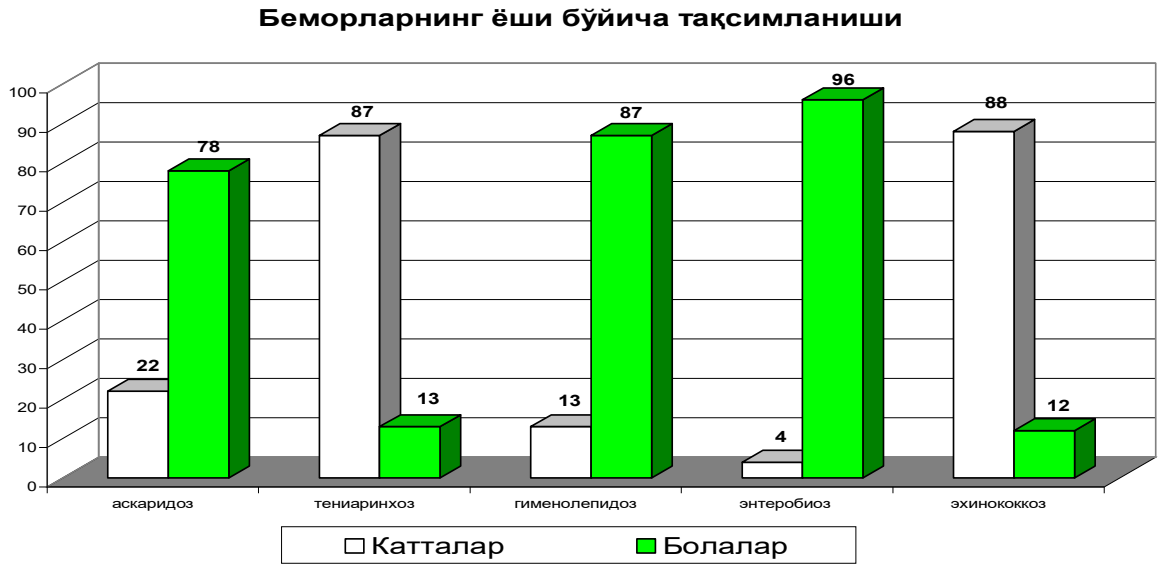
Objective: To study the causes of the incidence of helminthiasis in the Republic and the city of Tashkent, with an analysis of trends in the occurrence of diseases depending on the age of the population and seasonal factors, as well as to determine their impact on morbidity rates.

Research materials: During the study, official reports on the incidence of helminthiasis were used, received from the Republican and Tashkent city services of sanitary and Epidemiological welfare and public health, with data on the incidence by month and season, as well as the results of epidemiological inspections conducted in epidemic foci.

Results of the study: Based on the conducted studies, it can be concluded that in the conditions of the city of Tashkent, helminthiasis, such as teniarynchosis and

echinococcosis, are more common in adults, whereas ascariasis, hymenolepidosis and enterobiosis are more common in children

Рисунок 1



It was found that the distribution of helminthiasis, often found in children, by age group is as follows. Among the children diagnosed with ascariasis, 25.0% were children aged 0 to 3 years, 58.0% were children from 3 to 7 years old, and 17.0% were children from 7 to 14 years old. Data on hymenolepidosis and enterobiosis are also given in the table (Table 1).

Table 1

The composition of helminthiasis, which are most common in children, by age.

Helminthiasis	**The age structure of children,%**		
	0-3 лет	**3-7 лет**	**7-14 лет**
Ascariasis	25,0±2,28	58,0±2,6	17,0±1,99
Hymenolepidosis	23,0±1,6	56,5±1,9	20,5±1,5
Enterobiosis	25,0±0,2	66,0±0,25	9,0±0,13

The table shows that in Tashkent, contact-transmitted helminthiasis mainly affects children aged 3 to 7 years (preschool age). The study of the organization of children with the above-mentioned helminthiasis showed the following results. Among patients with ascariasis, 31.0% of children were organized, and 69.0% were

disorganized. The following data were obtained for hymenolepidosis and enterobiosis: 64.0% and 36.0%, as well as 76.0% and 24.0%, respectively.

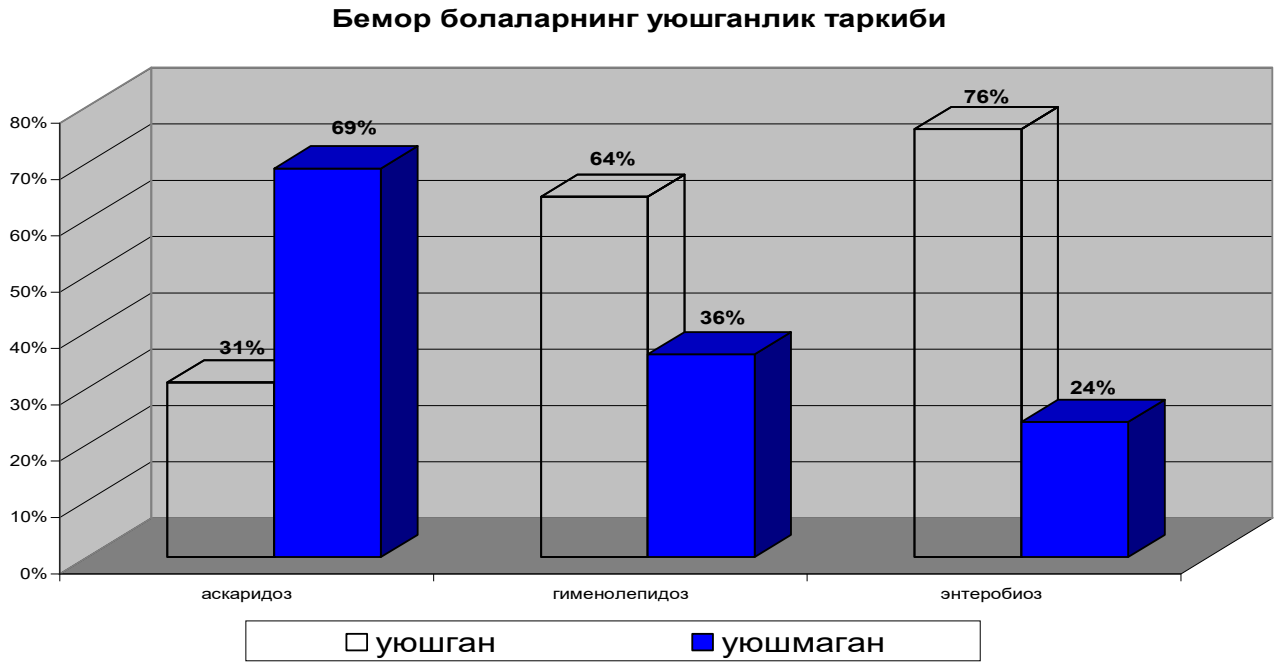


Figure 2

The data obtained show that in the conditions of the city of Tashkent, ascariasis is more common in children, whereas hymenolepidosis and enterobiosis are more common in organized children. Increased incidence of ascariasis among unorganized children (from 3 to 7 years old) it may be due to the fact that they play in areas with polluted soil and fields.

When studying the seasonal distribution of the incidence of helminthiasis in Tashkent during the year, it was noted that these diseases are registered all year round, but their intensity varies significantly by month. In particular, the highest incidence rates of ascariasis were recorded in May-July, and it was also found that these same months are a "dangerous period" for teniarinhosis. Patients with echinococcosis were mainly recorded in April-May. In contrast to these diseases, helminthiasis transmitted by contact had a more uniform distribution throughout the year. For hymenolepidosis, a

slight increase in the incidence was noted in November-December, and for enterobiosis — in March-April.

The results of the conducted research show that helminthiasis is registered in Tashkent all year round. However, ascariasis, teniarinchiasis and echinococcosis are characterized by an increase in incidence in the warmer months of the year, whereas hymenolepidosis is more often detected in November-December, and enterobiosis — in March-April.

In the conditions of the city of Tashkent, contact helminthiasis (hymenolepidosis and enterobiosis) are more common, and the main group of patients are children. Helminthiasis transmitted by contact mainly affects children aged 3 to 7 years (preschoolers). Ascariasis is more common in unorganized children, whereas hymenolepidosis and enterobiosis are more common in organized children.

For ascariasis and teniarinchiasis, the main period of morbidity increase is May-June, for echinococcosis — April-May, for enterobiosis — March-April, and for hymenolepidosis — November-December.

Conclusion: Strictly observe personal hygiene measures. Regularly improve the qualifications of doctors, secondary and junior medical personnel in the field of parasitology. Actively identify and treat patients infected with helminthiasis during routine mass examinations. Identify patients among the population groups that play a key role in the spread of infestations. When treating patients, avoid contamination of the external environment with their feces and other biological secretions. Constantly monitor the seasonality of helminthiasis transmission and the timing of mass death of pathogens.

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