

OPERATIONAL (RAPID) EPIDEMIOLOGICAL ANALYSIS

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Abstrakt: The article provides information on operative (rapid) epidemiological analysis and generalization of epidemiological survey data in order to clarify the specific, sometimes predominant causes of the occurrence of diseases.

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Operational analysis, retrospective analysis is carried out taking into account the general epidemiological assessment. Epidemiological surveillance of outbreaks is part of the operational analysis of organic matter, as the name implies, involves the continuous monitoring of epidemic conditions. The point is that every week, sometimes every month (as part of an operational analysis) is a list of data, that is, the degree of incidence, the composition (the degree of involvement of different groups of the population in the epidemic process), the territorial distribution of the disease. The latter is mainly used in the assessment of weekly and monthly indicators. In acute, food-borne epidemics, the daily dynamics are of great importance. In fact, on the basis of operational analysis is the idea of constant monitoring of possible changes in the epidemic situation.

Thus, the task of operative epidemiological analysis is to quickly determine the degree of change in the incidence of the disease and to identify the causes of these changes, that is, to identify the development of epidemic outbreaks and to reveal their nature.

Therefore, in order to assess the changes, it is necessary to know the data on the typical morbidity rates specific to the region (daily, weekly, sometimes monthly for the observation period).

The usual level of morbidity serves as a benchmark for possible changes in the development of the epidemic process.

Along with information on the level of common morbidity, it is necessary to understand the level of chronic morbidity for different groups of the population (different age groups, people in different areas attending children's institutions, etc.). Not only is the incidence rate normal, but the incidence rate for different groups of the population is high.

On the basis of computer or log entries, epidemiologists set themselves two tasks:

1. For each infectious disease the working schedule - the epidemiological drawing is made on the basis of which there can be a weekly interval.

2. Generalization of epidemiological data in order to clarify the specific, sometimes predominant causes of disease. However, as noted, epidemiological investigations into individual cases are not usually conducted, so data on individual cases are not included in the summary table. Individual exotic diseases (cholera, malaria, etc.) that hide the epidemic risk, sometimes natural foci, as well as controlled infections, including external (measles, polio, etc.). In addition, epidemiological investigation of individual (sporadic) cases is necessary when the total number (or incidence) is more or less reliably formed moderately distributed disease. In this case, an epidemiological survey should be conducted in the presence of a large number of isolated foci, and it is necessary to identify any common factors (using the method of logical similarity). For example, a common factor that gives a similar picture to the likelihood of infection (use of the same dairy product produced at the same dairy plant, etc.). in some cases, there may be more than one such factor. In such circumstances, to determine the degree of significance of each factor, ie to determine its share (percentage): the higher this indicator, the greater its etiological significance. Thus, an increase in sporadic disease, which indicates a higher incidence than usual, indicates the development of an epidemic. Mandatory procedures are performed in the system of operative analysis of multiple foci (two or more cases), as there is a certain probability of

finding the causes of diseases in such foci. This includes the use of tables, charts, and the distribution of diseases on paper or on a computer screen.

In transmissible anthroponoses, the sanitary-hygienic condition of the above-mentioned sites, which are primarily intended to include epidemiological data in the field sweating, is usually a place where people go, as well as places where people accidentally go to the place of accident.

In the case of natural and man-made diseases, a set of information specific to each infectious disease is used. For example, hemorrhagic fever with renal syndrome (HSV) may include trips to forested or bushy areas, living in the field or in gardens, the presence of rodents (rodents), and the presence of rodents in the home.

When tick-borne encephalitis or borreliosis is suspected, the exodus is the density of the canal population, their presence in forests, the duration of the invasion of canals, the duration of invasion of canals, and the first clinical and then epidemiological data.

In hepatitis B and C, in HIV infection, when talking about sexual intercourse (especially casual) in older people and adolescents, information on the use of intravenous drugs is needed; information about everyone else - blood transfusions and other medical treatments.

Epidemiological surveillance is widely used in a variety of methods to help identify epidemic links, identify sources and factors of transmission, and identify the most vulnerable groups of the population. In microbiological and some infectious diseases, immunological tests are especially important. Microbiological methods are used not only to identify the pathogen itself, but also to determine the types and characteristics of the microorganism (determination of antigenic structure, antibiotic susceptibility, phagotype detection, virulence, toxicity, etc.). Epidemiological surveillance of these outbreaks will help to identify epidemic links and infectious agents, and regular monitoring will help to predict the epidemic process. Immunological methods can be used to diagnose the disease, to identify susceptible groups, to monitor the state of population immunity (airborne

and natural foci, poliomyelitis), to predict the epidemic process and to conduct special prophylaxis. Thus, although epidemiological surveillance of foci often does not allow to find the causes of diseases, when the data are included in a specially prepared summary table, the table materials can solve the task of rapid analysis. In summary, comparing the materials in this table with the data in the table above may help the epidemiological diagnosis.

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