

**EPIDEMIOLOGY AND PREVENTION OF INFECTIOUS DISEASES, DYNAMICS OF
DISEASES IN KIZILTEPA DISTRICT**

Umurov Sh.S.

Bukhara State Medical Institute. Department of general hygiene and ecology

Abstract: The work carried out in the organization of the collection, storage, transportation and processing of medical waste generated in the treatment and prevention institutions belonging to the health system of the Republic of Uzbekistan, and in these cases, the medical waste in the treatment and prevention institutions of the Republic approved by the chief state sanitary doctor of the Republic of Uzbekistan on July 10, 2017 analysis of cases of non-compliance with SanQvaM No. 0317-15 on the sanitary rules and norms of collection, storage, transportation and disposal, as well as the analysis of errors and omissions.

Key words: Medical waste, category "A" medical medical waste, category "B" medical waste, collection of medical waste, transportation of medical waste, 0317-15 SanQvaM.

Purpose: SanQvaM No. 0317-15 on sanitary rules and norms on collection, storage, transportation and disposal of medical waste in treatment and prevention institutions of the Republic of Uzbekistan approved by the chief state sanitary doctor on July 10, 2017 ways to apply.

Materials and methods: Qiziltepa District Medical Association, Republican Center for Scientific and Applied Oncology and Radiology, Tashkent Medical Academy Clinic, sanitary and epidemiological control procedures, sanitary analysis, epidemic analysis.

Result: In the factors protecting human health, the Treatment consists in the specific conditions of the spread of diseases occurring in preventive institutions (DPM), their inherent dependence on the ecological situation of the DPM, the specific characteristics of medical waste, paying attention to hygienic standards in storage and decontamination, and the correct organization of preventive measures[32,31,30,29].

If hygienic requirements are not properly met in the planning and operation of preventive treatment facilities, if the standards are violated, they themselves cause the spread of diseases in the hospital. Factors that affect the cause are divided into 2 groups: medical factors: the structure of the land relief, changes in underground water layers, the structure of SHM, changes in water sources[28,27]. Violation of the storage and removal system, violation of disinfection methods, improper implementation of State sanitary control, incorrect laboratory analysis[25,24,23].

Among the above, the most necessary is to collect, store and remove medical waste in accordance with the provisions of the sanitary law. This is reflected in the following document: "DPM rules of sanitary law on collection, storage and removal of waste[22,21,20,19]."

All wastes of DPM are divided into the following categories according to their epidemiological, toxicological and radiation status:

Group "A" DPM waste is safe for external environment;

Group "B" DPM wastes are hazardous to the environment;

Group "V" DPM wastes are extremely dangerous to the environment;

DPM costs of group "G " are closer to enterprise costs ;

"D" group DPM wastes are rich in radioactive substances.

Taking into account the epidemiological, toxicological, radiological conditions, it is divided into the following classes :

Class "A" wastes: waste generated in wards (except for infectious diseases, dermatological, tuberculosis hospitals); waste generated in administrative rooms; centralized catering units, buffets (except for infectious diseases, dermatological, tuberculosis hospitals); Waste generated outside of the DPM housing. Class "A" waste is collected in reusable containers or disposable bags. Reusable containers must be disinfected after emptying[18,17,16,15]. In order to prevent internal hospital infection and ensure the safety of recovered patients, it is necessary to ensure that entrance and exit doors, stairs and elevators are separate for admission and discharge of patients in hospitals (departments) of infectious diseases . In order to ensure the safety of certain psychiatric patients suspected of having an infectious disease, reception boxes (isolators) should be provided for receiving patients in infectious disease hospitals (departments), and their number is determined depending on the number of beds in the department[14,13,12] . The operation of treatment-diagnostic complexes with departments of different specialties leads to a wide circulation of microorganisms through the interdepartmental movement of patients and employees[1,2]. The main characteristics of hospital strains are: high adhesiveness, virulence, invasiveness, resistance to antibiotics and disinfectants[3]. A standard definition of nosocomial infection (HAI) includes epidemiologic, clinical, microbiological, and other confirmatory data to ensure that all recorded infections meet the same criteria[11,10,9]. In order to prevent the occurrence and spread of intra-hospital infections in treatment and prevention institutions (DPM), it is necessary to carry out preventive, sanitary and anti-epidemic measures provided for by these sanitary regulations and other regulatory documents of the Republic of Uzbekistan in a timely manner and in full. In hospitals with more than 200 beds, especially those with surgery, maternity care and children's departments, a doctor-epidemiologist should be allocated for the purpose of prevention of SII, and in hospitals with less than 200 beds, this is done at the discretion of the administration. In the absence of a doctor-epidemiologist in preventive treatment institutions (DPM), the issues of organizing preventive and anti-epidemic measures are assigned to the deputy chief physician for treatment work of preventive treatment institutions (DPM). A doctor-epidemiologist controls the identification and registration of hospital infections, develops and analyzes preventive, anti-epidemic and disinfection measures based on the results of laboratory analysis of sanitary-hygienic, sanitary-technical and external environment facilities, and combats diseases related to the treatment-diagnostic process. develops and organizes activities on The doctor-epidemiologist of treatment-preventive institutions (DPM) directly reports to the chief physician of the treatment-preventive institution[8,7,6,5]. In his work, he follows the current orders and methodical instructions of the Ministry of Health of the Republic of Uzbekistan, and works in close cooperation with regional SE X and JS M specialists. At each station, regardless of his specialty, an infectious disease control commission is established every year based on the order of the chief physician[4,3,2,1]. The activity of the infection control commission is carried out in accordance with the work plan approved by the head of the treatment - prevention institution[3]. The commission is headed by the deputy chief physician for medical affairs[2]. The plan should include sections on the prevention of specific infectious diseases, including purulent diseases, as well as measures against the primary epidemic in case of detection of a patient with an infectious disease. The commission includes representatives of the administration of the inpatient hospital, leading experts related to the solution of the problem

of SCI, the head nurse of the institution, a physician-epidemiologist or an assistant of a physician-epidemiologist, and other specialists depending on the type of inpatient facility[1]. In addition to the specialists mentioned above, it is advisable to include the heads of the internal pharmacy (if available) and the central sterilization department (MSB) in the composition of the commission. By the order of the head of treatment and preventive institutions (DPM), responsible persons are appointed for the control of infectious diseases in all departments of the hospital. Preventive measures are carried out based on the procedure for evaluating each patient as a potential source of hemocontact infections (hepatitis V, C types, HIV, etc.). Class "V" wastes are divided into the following depending on their generation: wastes of patients suffering from extremely dangerous and quarantine diseases; pathogenic microbes, laboratories working with 1-2 groups of microbes; tuberculosis and mycological disease clinics[1]. Class "V" wastes are specially after disinfection if the waste is to be collected outside, it is collected in specially adapted containers and written as "class V waste and extremely dangerous"[2].

Class "G" wastes are divided into the following depending on their generation: from diagnostic departments; from chemical treatment departments; from pathologoanatomical sections; "G" class wastes from chemical laboratories; administrative utility rooms are similar to the wastes of many enterprises[3]. Wastes from fluorescent lamps or tools that use mercury should be collected in closed containers. It is recommended to collect them with special attention to the toxic conditions of class 1-2. "G" class collection and placement of incoming wastes of toxicity class 2-3 is carried out in solid containers.

Class "D" wastes are divided into the following depending on their generation: from diagnostic laboratories or departments; from radioisotope laboratories or X-ray rooms. "Collection, storage, removal, neutralization of class D" wastes shall be carried out in compliance with the law on the direction of radioactive substances or ionized substances. must be increased.

Conclusion: Based on the above, infectious diseases are distinguished by the fact that cases of non-compliance with the rules of sanitary-hygienic and anti-epidemic procedures are the most common causes of sleeplessness. Taking into account the above points, we ask the general public to follow the sanitary and hygiene rules and anti-epidemic procedures, and it is recommended to carry out campaigning activities by informing the population about these rules and how their non-compliance can lead to serious situations.

Literature:

1. Умуров Ш. С. БРУЦЕЛЛЁЗ КАСАЛЛИГИ САНИТАР-ГИГИЕНИК ВА ЭПИДЕМИОЛОГИЯСИ ХУСУСИЯТЛАРИ ХАМДА ҚИЗИЛТЕПА ТУМАНИДА КАСАЛЛИК ДИНАМИКАСИ //TADQIQOTLAR. – 2023. – Т. 25. – №. 1. – С. 64-69.
2. Умуров Ш. С. Особенности Труда Рабочих В Сельском Хозяйстве //AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI. – 2023. – Т. 2. – №. 10. – С. 197-201.
3. Умуров Ш. С. Здоровье Молодежи //AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI. – 2023. – Т. 2. – №. 10. – С. 189-196.
4. Serdanovna, M. I., Oybekovna, I. M., Samandarovna, S. K., & Sattorovich, U. S. (2023). Epidemiological Analysis Incidence of Workers in Flour Production. *Journal of Advanced Zoology*, 44(S6), 311-317.
5. Uktamovich, K. O. CLINICAL AND THERAPEUTIC NUTRITION. // *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, (2023). – P. 42–44.
6. Uktamovich, K. O. Diets of Altered Consistency. // *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, (2023). – P. 81–84.

7. Jumaeva A.A., Qodirov O.O'. HYGIENIC BASES OF THE ORGANIZATION OF CHILDREN'S NUTRITION. // CENTRAL ASIAN ACADEMIC JOURNAL OF SCIENTIFIC RESEARCH ISSN: 2181-2489 VOLUME 2 | ISSUE 6 | 2022. – P. 264-268
8. Uktamovich, K. O. Ecological Approaches to Human Nutrition. // *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, (2022). - P. 251–254.
9. Uktamovich, K. O. Impact of Ecology on Health. // *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, (2022). – P. 255–257.
10. Uktamovich, K. O., & Gafurovna, A. N. NUTRIENT RECOMMENDATIONS AND DIETARY GUIDELINES FOR PRAGNENT WOMEN. // *FAN, TA'LIM VA AMALIYOTNING INTEGRASIYASI*, 3(6), . (2022). - P. 340-342
11. Uktamovich, K. O. Study of Health Indicators. // *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, (2023). – P. 91–92.
12. Kadyrov Oybek Uktamovich. Noise as a Harmful Production Factor. // *American Journal of Pediatric Medicine and Health Sciences*, (2023). - P.249–251.
13. Kadyrov Oybek Uktamovich. Industrial Poisons, Prevention of Occupational Poisoning. // *American Journal of Pediatric Medicine and Health Sciences*, (2023). – P. 246–248.
14. Uktamovich, K. O. Dental Care Rules. // *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, (2023). - P. 88–90.
15. Uktamovich, K. O. How to Properly Care behind the Oral Cavity. // *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, (2023). - P. 86–87.
16. Samadova X. Radioaktiv nurlarning organizmiga ta'siri // *Science and Education*. – 2022. – T. 3. – №. 12. – C. 189-194.
17. KH Samadova. THE IMPORTANCE OF PHYSICAL DEVELOPMENT IN A CHILD'S LIFE // *International Journal of Education, Social Science & Humanities*. FARS Publishers // Volume-11 | Issue-1 | 2023. P-708-712.
18. XS Samadova, MZ Oxunjanova. Health in the Process of Mental Work // *RESEARCH JOURNAL OF TRAUMA AND DISABILITY STUDIES* // Volume: 01 Issue: 12 | Dec – 2022 ISSN: 2720-6866. Page 89-94
19. XC Самадова. Health of Preschool Children and Environmental Factors in Preschool Educational Organization of Bukhara // *International Journal of Studies in Natural and Medical Sciences* // Page 12-17
20. Samadova K. H. THE IMPORTANCE OF THE PERIODS OF DEVELOPMENT OF THE CHILD'S ORGANISM. // *Web of Scientist: International Scientific Research Journal* // ISSN: 2776-0979, Volume 4, Issue 2, Feb., 2023 Page-464-469
21. Samadova X.S. BOLALARNING JISMONIY RIVOJLANISHI HAQIDAGI ZAMONAVIY G'OYALAR (ADABIYOT SHARHI). // – 2023. C-50-55
22. Samandarovna S. K. IMPACT OF CLIMATE CHANGE ON LIFE ACTIVITIES // *Neo Scientific Peer Reviewed Journal* // Volume 12, ISSN (E): 2949-7752, July, 2023. Page- 31–33.
23. Самадова X. С. РОЛЬ ОКРУЖАЮЩЕЙ СРЕДЫ И ЭКОЛОГИИ В ОБРАЗЕ ЖИЗНИ // *Journal of new century innovations* // Volume–33, Issue-1, Iyul_2023. 2023. C. 28-30.