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SOME MEDICAL AND SOCIAL ASPECTS OF THE PREVALENCE OF COVID-19 AMONG THE POPULATION

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ANNOTATION

In almost all countries of the world, including Uzbekistan, the COVID-19 pandemic in 2020 has become a year of great trials for the World Health Organization and the health system of each country, continuing into 2021. In a short period of time, the COVID-19 pandemic, which has spread to almost all countries of the world, has proven that even the health care system of developed countries is not ready for such a complex process with its rapid spread and high mortality rates. The human factor was the main factor in the spread of the COVID-19 disease, and the role of natural and geographical factors was insignificant. That is, it became clear that the prevalence of this disease among the population is directly related to the strict observance of the established sanitary and hygienic rules by people.

KEY WORDS: COVID - 19, pandemic, health, morbidity, prevalence, social factors, sanitation, hygiene, knowledge.

THE URGENCY OF THE PROBLEM

In almost all countries of the world, including Uzbekistan, 2020, the COVID-19 pandemic has been a major test year for the World Health Organization and the health systems of each country, and this process will continue in 2021. It has been proved in practice that no country in the world is ready for this process. The Hubei province of Wuhan, China, was the starting point of the COVID-19 pandemic, which swept the world in almost half a year. Even though until recently Antarctica was listed as a COVID-19-free area, the analysis was positive in 36 Chihuahuas, according to Emily Baker (2020). This was recorded

as the first COVID-19 condition on the ice continent. On December 21, 2020, the VVS News Digest Russia reported that many European countries had suspended flights due to the spread of a new mutant strain of the virus in the British country. This new strain of the virus has spread very rapidly among the population, is 70% contagious and is relatively severe, with a high risk of death. (VVS news-December 12, 2020). The disease was registered in Uzbekistan on March 15, 2020. Urgent measures were taken in the country and strict quarantine measures were announced. The President and the government have developed a comprehensive roadmap to eradicate pandemics, allocated large



sums of money, and provided social protection to the poor and temporarily unemployed.

According to OV Rodionova and VA Sorokoulov, the third largest in the world, many patients with diseases of the nervous system, especially those associated with cerebral palsy, are less likely to be infected with COVID-19. causing many medical and social problems in treatment. It is also noted that in patients with COVID-19 who have oncological diseases, there are atypical cases in the course of the disease and the emergence of new risk groups and specific approaches to the treatment of the disease. (Kaprin A.D., GameevaE.V.i dr.2020). E.G. According to Kamkin (2020), pregnant women infected with COVID-19 also have a number of complications, including miscarriage (2%), stunted growth in the womb (10%), premature births (39%), and Kesereva. an increase in incisional surgical procedures has been noted. According to data spread on many social networks, the disease is more prevalent among the elderly, pregnant women, the poor, migrants, the homeless, children and the elderly, the unemployed are at high risk and require a special approach to medical care. According to statistics, the majority of people infected with COVID-19 in our country are aged 30-39 years (28%), while the majority of deaths due to the disease are in the age group of 60-70 years (30.7%). (Gazeta UZ, 2020) The number of patients in Uzbekistan has exceeded 79,467 and the number of cured is 98%. According to the latest data from Johns Hopkins University, more than 27.8 million people have been infected with COVID-19 during the pandemic in the United States today, and more than 488,000 people have died. In Russia, the figure is more than 4.05 million, with at least 29,000 people being infected each day and more than 79,659 dying. Gavin Yami, JastieNovinon, Coruelia Kenny (2020) argue that the COVID-19 pandemic that dominates the world today can only be saved together, especially if it is carried out through international cooperation, especially for the poor. Even at a time when the COVID-19

pandemic is continuing rapidly around the world today, in some countries the global risk of the disease, even experts are unable to predict what the outcome will be in the future. For example, the Swedish chief epidemiologist, the UK and the US have long failed to tighten quarantine regulations. In neighboring Kazakhstan, quarantine measures were not introduced in a timely manner, and not enough attention was paid to the wearing of ordinary masks. On top of that, there was a clear shortage of specialists. A similar situation was observed in Uzbekistan. The situation was quickly assessed, and in order to further address the issue of staffing, the Medical Institute "Public Health" was established in Fergana region. The shortage of 800 epidemiologists in Kazakhstan was noted by the Chief State Sanitary Inspector (Kursiv. Kz.-2020).

THE PURPOSE OF THE STUDY

It consists of studying and evaluating some medical and social aspects of the spread of COVID-19 among the population of Khorezm region.

MATERIALS AND METHODS

A total of 226 people were surveyed using a questionnaire to study some of the medical and social aspects of the prevalence of COVID-19. Of these, -123 were diagnosed with COVID -19 and 103 were not. Of those surveyed, 150 (66%) were urban and 76 (33.4%) were rural. Socio-hygienic and sanitary-statistical methods were widely used in the analysis of materials collected during the study.

CONCLUSION AND DISCUSSION

Some medical and social aspects of the prevalence of the disease were studied by comparative analysis of them among those infected with COVID-19 and those not. Of the 226 respondents surveyed, 123 had COVID-19 and 103 were uninfected, of whom 101 (44.7%) were men and 125 (55.3%) were women.

Table 1
 Prevalence of COVID-19 in urban and rural patients by age (%)

Age of Patients	City		Village	
	Male	Female	Male	Female
18-25	(8) 22,2	(13) 21,7	(1) 7,1	(1) 7,7
26-30	(5) 13,9	(5) 8,3	(4) 28,6	(0) 0
31-40	(3) 8,3	(10) 16,7	(6) 42,8	(3) 23,0
41-50	(5) 13,9	(12) 20,0	(3) 21,4	(6) 46,1
51-60	(12) 33,3	(11) 18,3	(0) 0	(2) 15,4
60 and older	(3) 8,4	(9) 15,0	(0) 0	(1) 7,7

The data show that the age distribution of patients is not the same in both urban and rural areas.

If in urban areas it is more common in men aged 51-60 and 18-25 years (33.3%, 22.2%), in rural areas



this figure was observed in 26-30 and 31-40 years (28%, 42.8%). In women, the highest incidence was observed in urban areas at the age of 41-50 and 18-25 years, while in rural areas it was observed at the age

of 31-40 and 41-50 years (23.0%, 46.1%). The conclusion is that the role of biological factors in the transmission of COVID-19 is also important.

Table 2
Distribution of the studied respondents by age

Age	18-25	26-30	31-40	41-50	51-60	60 and older	Total
Respondents							
Had COVID-19	17,9	10,7	20,3	21,1	17,9	12,2	123
Did not have COVID-19	33,0	34,0	15,5	5,8	7,8	3,9	103

Comparative analysis shows that the biological factor in the prevalence of COVID-19 among the population, the degree of influence of age, is noticeable. (Table 2). Significantly, the number of women in both groups is relatively higher. While 57% of women and 43% of men experienced the disease, the ratio was found to be 53.4% and 46.6%, respectively, in the uninfected. Some peculiarities were also noted in the results of the analysis of the respondents with their professions. Among patients with COVID-19 - 26.0%, employees - 37.4%, unemployed - 22%, students - 14.6%, these figures are 18.4%, 52, respectively. 4%, 11.6%, and 17.5%, respectively. Apparently, during the quarantine period, most workers worked, while employees and students stayed at home, and most of the unemployed also had a high probability of contracting the disease because they were in contact for a living. When asked what the main symptoms bothered you in the first place, 57.5% of them reported a rise in temperature, 24.6% a decrease in fullness and smell, sometimes a complete disappearance, and 17.9% a difficulty in breathing. According to E.G. Kamkin, 90% of patients with COVID-19 had a rise in body temperature, 80% had a dry cough, 30% had difficulty breathing, 40% had rapid fatigue, and more than 20% had chest congestion. Some peculiarities have also been noted in the transmission of the virus in those who have experienced the disease. 34.6% of those surveyed were at home, 27.7% at work, 15.4% in public places, 10% at the market, 6.1% at weddings and ceremonies, 0.8% at school and 5.4% at other places. found to be infected in different places. This means that since people spend most of their time at work and at home, 62.3% of patients contracted the disease in these areas. The conclusion to be drawn from this is that it has been found that even if it stays at home, it can only produce good results when the whole family stays at home together. It should be noted that the cessation of traditional studies and weddings in all educational institutions in the country has yielded good results. Significantly, 48% of patients with COVID-19 underwent

laboratory tests, while the remaining 52% did not. It is noteworthy that 83% of patients were treated at home, 7% in somatic hospitals, 1.7% in a special infectious disease hospital, 0.8% in a private hospital and 7.6% in distribution centers. This shows that only 17% of patients were hospitalized and the rest received outpatient care. When analyzing why the respondents did not conduct laboratory tests, 7.8% of them said that they had no money, 20.3% said they did not want to, and 71.9% said that they were sure that they had COVID-19. Because the disease was new to all, 62% of the respondents surveyed said they did not undergo special rehabilitation after recovery, resulting in recurrence of the disease in 6% of patients. The analysis of those who did not undergo rehabilitation showed that 58% of them were not even interested in it, 25% said they did not have time, and 17% of patients said that they did not have the funds for it. One of the next steps in our study was to study what bothered these patients after they recovered. Significantly, in almost 22% of the subjects, rapid fatigue, in 16.4% inability to walk much, in 13.1% negative mood changes, in 7.4% insomnia, in 17.5% in breathing difficulty, memory loss in 10%, loss of smell and full sensation in 2.7%, loss of appetite in 5.7%, and symptoms of excessive sweating were observed in 5.2%.

When we asked the respondents whether they regularly engage in physical activity and sports and lead a healthy lifestyle, 63.5% of them answered "no" and 36.6% answered "yes". It was found that none of the physically active individuals were infected with COVID-19. When asked about smoking, respondents in both groups gave almost the same answer, ie 11.4% of patients said "Yes" and 88.4% said "No". As noted in the literature, COVID-19 has been reported to be more severe and relatively more severe in overweight people. This fact has been proven in the course of our research. Only 2.0% of non-patients were found to be overweight. In patients, this figure was 58%. Specific features have also been identified in the case of masking due to COVID-19 disease. About 90% of



non-patients wear masks to protect themselves from the disease, compared to 51% of patients. Those who wore the mask to avoid paying a fine were charged 3% and 10%, respectively. Apparently, most of those who were not sick did not become infected because they wore masks. One of the important aspects of the study process was the order in which non-patients were protected from the disease. Of the 103 patients surveyed, 21.0% wore masks regularly, 20.7% used antiseptics frequently, 16% did not shake hands, 21.6% added vitamin products to their diet, and 18.0% had various community-based activities. They did not attend events, and 1.6% said they were protected from the disease by staying away from home and maintaining social distance. Another point that caught our attention was that when asked to respond to treatment at home (independently) when they were sick, 100% of those who did not said they denied the condition and said it was moderate. However, the opinion of patients with COVID-19 was relatively different, i.e., more than 20% of them supported home treatment, more than 30% had moderate condition, and 50% rejected home treatment. When asked if any of the family members of the study were infected with COVID-19, about 90% of the patients answered "Yes", while 40% of the patients did not. Thus, in the family of patients with COVID-19, the probability of transmission of the disease was very high, and it was noted that the constant call to stay at home may not always be effective. The study also found that information on COVID-19 and its routes of transmission is available to almost non-infected people from almost the same sources. The majority of respondents over the age of 18-25 confirmed their trust in the information on TV programs about COVID-19, while half of the 18-25-year-olds confirmed their trust in the Internet. To the question of how do you assess the sanitary-hygienic and anti-epidemic measures taken in the country to prevent the spread of COVID-19 among the population, 69.1% of patients, 82% of non-patients are effective, 9% of patients i, while 18.4% of those who did not respond answered very effectively, while 21.1% of those who responded said that they responded very effectively. While 21% of non-patients said the interventions were ineffective, 0.8% said they were not effective at all. The conclusion is that those who did not get sick made effective use of the measures taken by the state during the pandemic and fully complied with the requirements and avoided getting sick.

The following data were obtained when the views on what measures were needed to prevent the spread of the disease among the population were studied. The proposal to close markets was supported by 5.1% and 0% of the sick and non-sick, 7.0% and 10%, respectively, and the mass laboratory analysis of the population was 8.4% and 10%, respectively.

3.0%, 95.6% and 63.7% of the proposal to wear all masks, 85.4% and 66.0% of the proposal to increase immunity, 23.0% and 51.0% of the proposal to stay at home, respectively. apparently responded.

It can be seen that the opinions of respondents with and without COVID-19 differ sharply, and the influence of these individual factors on the transmission of the disease can also be clearly seen. Based on the above information, the following can be concluded:

CONCLUSIONS

1. The COVID-19 pandemic, which has spread to almost every country in the world in a short period of time, has proven that even the health systems of developed countries are unprepared for such a complex process. showed a negative effect;

2. While there are a number of specific features in the spread of COVID-19 disease, the rate of spread is largely dependent on the human factor, and the role of natural-geographical factors has not been felt. That is, it became clear that its prevalence among the population was directly related to people's strict adherence to established sanitary and hygienic rules;

3. The incidence of COVID-19 is higher in women than in men compared to men in urban areas. it was noted that the effect of the factors was large. The main part of the disease (85%) was found to be more prevalent among workers -26%, among employees -37.4% and among the unemployed 22%.

4. Studies have shown that the majority of patients (62.3%) are infected at home and at work. Only 48% of those studied underwent laboratory testing and 83% of the total patients were treated at home. Only 1.7% of patients were treated for infectious diseases in hospitals and 7.6% in distribution centers. 62% of patients did not undergo post-treatment rehabilitation.

5. Significant role in the spread of the disease among the population is played by physical activity, smoking, overweight, especially their regular wearing of masks, use of antiseptics, and the presence or absence of family members.

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