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**ENDEMIC FOCI OF LEPROSY IN NAMANGAN REGION
(RETROSPECTIVE ANALYSIS)**

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Summary:Endemic foci of leprosy in Namangan region (retrospective analysis) In this article, the endemic foci of leprosy in Namangan region between 1930 and 2010 is covered and analyzed in detail.

Key words: Leprosy, endemic foci, migration.

Резюме:Эндемический очаги лепры в Наманганской области (ретроспективный анализ) В данной статье подробно освещен и проанализирован эндемический очаги лепры в Наманганской области в период с 1930 по 2010 годы.

Ключевые слова: Лепра, эндемические очаги, миграция.

Хулоса:Мохов касаллиги бўйича Наманган вилоятидаги эндемик ўчоқлар. (ретроспектив таҳлил) Ушбу мақолада Наманган вилоятидаги 1930-2010 йиллар оралиғида мохов касаллигининг эндемик ўчоқлари батафсил ёритилган ва таҳлил қилинган.

Калит сўзлар: Мохов, эндемик ўчоқлар, миграция.

Relevance of the topic.When there was a conversation about infectious diseases among the former experts, they certainly remembered leprosy. In fact, leprosy is one of the oldest diseases. Leprosy has infected millions of people over the past 150-200 years. Only by the 70s and 80s of the last century, due to the introduction of complex drug therapy into practice, it decreased sharply and was reduced to a sporadic status in many regions (1,2,3,6).

During the former Union (1924-1991), one of the largest endemic foci of leprosy occurred in the Karakalpakstan region of Uzbekistan. Especially in its northern zone, that is, in the districts close to the Aral Sea, the incidence per 100,000 inhabitants was 34.1, and in some places, for example, in the districts of Moinoq, Takhtakopir, Chimboy and Kunghirot, the incidence was even higher than 150.0-180.0. It should be said that 95.0% of the total number of patients were from the Northern zone, and only 5.0% from the Southern zone (Beruniy, Tortkol, Ellikkala, Amudaryo districts) (4,5,7,9,11).

From 1930 to this day, about 4000-4500 patients have been registered among the population of the Republic of Karakalpakstan. This indicator made up 20-25% of the patients identified in the Union as a whole. During the last 30 years (after 1991), more than 40 new cases of leprosy have been identified from this area. From 1930 to 2022, more than 550-560 leprosy patients were registered and received special treatment courses from the rest of the regions, cities and districts of the Republic of Uzbekistan. To date, there are 214 patients in the territory of the Republic of Karakalpakstan, and 11 in the rest of the regions of Uzbekistan. All identified patients received special complex medical therapy. 25 of the previously identified patients in the one and only leprosarium of the Republic of Karakalpakstan live in inpatient conditions. All other patients have already been transferred to dispensary control (7,8,10,12,13,14).

Despite the implementation of special medical therapy, 180,000-210,000 new patients are registered annually in the world. Leprosy is a global problem, especially in Africa, Latin America, and the majority of Asian countries. 80-90% of all patients live in Brazil, India, Indonesia, Malaysia, Nepal, Congo, Efiopia, Madagascar, Mozambique, Nigeria, Somalia and neighboring countries (10,18,20).

It is not a secret that leprosy occurs in developed countries such as the United States of America and a number of developed countries such as Spain, France, Germany, Greece, Denmark, and Turkey due to interstate migration occurring at the end of the 20th century and the beginning of the 21st century. It should also be said that in the 16th and 17th centuries there were also endemic foci of leprosy in these regions (15,16,17,19).

From these data it is clear that there is now a high probability of arrival of patients from outside due to migration to some non-endemic areas of leprosy.

In fact, it is necessary to continuously analyze the data on any infectious diseases over the years. Based on the results, preventive measures will be developed. So, what was the situation of leprosy in Namagan region yesterday and today?

Materials and methods. We set out to answer the same questions. To implement it, we analyzed nearly 80 years of data based on historical documents (medical records, reports).

The results showed that only 14 leprosy patients were identified in the region from 1930 to 2010. These figures show that the disease has never created a dangerous situation in Namangan region, and the morbidity was minimal.

Initially, 5 patients were identified during the 1930-1940s, 1 during the war years and the following five years, 5 more during the 1951-1960s, and 3 patients during the 1961-1970s. Note: Namangan region was established on March 11, 1941 (it was added to Andijan and Fergana regions on January 25, 1960. It was reorganized on December 18, 1967). The republic borders Andijan to the southeast, Fergana to the south, Tashkent region to the north and northeast, and Sughd region of Tajikistan. The area is 7.44 thousand km². The population is more than 2 million 914 thousand 194 people. Uzbeks make up 87.8% of the population, Tajiks make up 9.0%, Kyrgyz make up 1.0%, Russians make up 0.8%, Tatars, Ukrainians, Armenians, Jews, Belarusians, Kazakhs and other nationalities. The center is the city of Namangan.

For the last 40 years, not a single new leprosy patient has been registered in the region. The last patient died in 2002, over 80 years old. Today, there is not a single patient left alive in the region.

Results. The analysis of the age of the patients identified in Namangan region revealed that the majority of cases were recorded among older people. In particular, 15-20-year-olds - 2 (14.3%), 21-30-year-olds - 4 (28.6%), 31-40-year-olds - 6 (42.9%), 41-50-year-olds - 1 (7.1%) and 51-60 years old - 1 person (7.1%). On the other hand, leprosy cases among children were not detected at all.

A total of 14 patients identified in the region had 41 household contacts. So the average number of contacts was 2.9. It should be noted here that 4 (28.5%) patients did not have close contacts, that is, they lived alone. Only 1 patient had a previous case of leprosy at home (note: this patient also actually came from Ukraine. He also had no close household contacts in Namangan).

Summary. Our clinical analyzes answered why the epidemiological situation in the region was calm. That is, equal half of the leprosy patients (7 -50.0%) had the lepromatous leprosy type, and

the other half had the less contagious leprosy (tuberculoid -5 (35.7%) types, non-comparable - 2 (14.3%) types of leprosy.

Thus, in the territory of Namangan region, there were no real stable foci of leprosy. The main patients first came in the years of severe famine after the revolution (1925-1935), and the second time in the difficult economic times after the war (1945-1955) in connection with the migration of peoples. There were no conditions for the spread of the disease due to the fact that the disease was detected early during the period of low contagion, as well as the fact that the patients had few household contacts, and some of them lived alone. The last patients were identified in Namangan region during 1961 and 1970s. More than 50-60 years have passed, and no new patients have been registered from the region. These data show that the overall leprosy situation in this area is stable.

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