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CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF ACUTE INTESTINAL INFECTIONS IN ANDIJAN REGION

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Annotation: An epidemiological investigation of the group incidence of acute intestinal infections of unknown etiology was carried out. Analysis of long-term dynamics of the incidence of acute respiratory infections in the population of Andijan region for 2021–2023. indicates the epidemiological significance of these infections in the analyzed territory. Specific factors of transmission of intestinal pathogens have not been established based on the analysis of available materials, however, when analyzed by risk factors, we can talk about the dominance of the food factor of transmission in the epidemic process of the spread of acute intestinal infections. In order to identify the etiology of acute intestinal infections, it is necessary to more widely apply in practice methods for detecting viral agents when conducting epidemiological investigations.
Key words: Epidemiological investigation, acute intestinal infections, group morbidity, rotaviruses.

Introduction

In modern world scientific literature, the problem of acute intestinal viral infections and especially those caused by viral agents also receives great attention [1]. Studies of patient feces showed that the main pathogens were Campilobacter coli, rotaviruses and noroviruses (including mixed infections). Intensive contamination of drinking water supplies was discovered. At the same time, failures in water chlorination were recorded at the waterworks. And most of the sick people consumed tap water in various ways (not only drinking, but also washing fruits and vegetables, dishes, brushing teeth, etc.). The second most important route was considered to be through contact and household transmission. These microorganisms were not found in food products [2]. Thus, rotavirus infection has been recognized as the leading cause of diarrhea in children under 5 years of age. At the same time, the authors noted insufficient diagnosis of rotavirus infection; Many cases of rotavirus infection were regarded as nonspecific diarrhea. Due to the improvement in the quality of diagnosis, there was an increase in the number of rotavirus gastroenteritis in hospitalized children during this period. At the same time, the number of cases of rotavirus diarrhea increased in the winter and spring months [4].

The authors believe that the main factors leading to greater mortality from rotavirus infection in developing countries are poor nutrition of children in these countries and low availability of adequate rehydration therapy. At the same time, the authors noted a decrease in deaths from intestinal infections in recent years, linking this precisely with advances in rehydration therapy and improving the nutritional status of children while maintaining mortality from rotavirus diarrhea. And, according to the authors, this infection is not controlled through sanitation measures. [5, 6]. In the same work, according to the Institute of Medicine (IOM), rotaviruses cause approximately 110 million cases of mild diarrhea, 10 million cases of moderate severity and 9 million cases of severe cases of rotavirus infection annually among children under 5 years of age worldwide [6]. These studies were conducted before the widespread use of vaccine prevention of rotavirus infection.

Of the 25 million children born each year in Central Africa, 4.3 million (1 in 6) die before age 5. About 20% of them (850,000) die from diarrhea. At the same time, the leading causative agent of infectious diarrhea in children in Africa is rotavirus: about a quarter of children who die from diarrhea are secreted by rotaviruses. Effective rehydration therapy and immunoprophylaxis can significantly reduce the mortality rate from rotavirus infection (it is estimated that these measures can prevent about 170,000-210,000 deaths per year).

It is known that in developed countries, rotavirus infection affects mainly older children than in developing countries. For example, in Africa, about 81% of all hospitalized children are children under 1 year of age; 38% – up to 6 months. It was the too late vaccination that explained the low effectiveness of the vaccines that were tested in Africa in the 90s. Today, rotavirus infection as a social problem is placed on a par with such serious diseases as HIV infection, malaria, other intestinal infections and diseases associated with malnutrition [7]. The cause of 207 outbreaks was food products (5,535 people were affected), and 62 outbreaks (5,045 people were affected) were caused by poor-quality drinking water. Outbreaks of waterborne infections, compared to the previous year, were characterized by less pronounced massiveness, were recorded mainly in winter and were associated with the use of poor-quality drinking water in the cities of a number of regions, the infection of which occurred as a result of accidents in water supply and sewerage networks.

Materials and methods

We conducted an epidemiological investigation of the group incidence of acute intestinal infections of unknown etiology. Analysis of long-term dynamics of the incidence of acute respiratory infections in the population of the Andijan region for 2019–2023. indicates the epidemiological significance of these infections in the analyzed territory.

Results and its discussion

An increase in the incidence of acute intestinal infections has been registered since October 24, 2023, but the excess of the upper limit of year-round incidence was registered on the 20th of November 2006. Thus, after November 20, 2006, the incidence of acute intestinal infections in the population was determined by the effect of a seasonal cause, i.e. we can talk about seasonal incidence of acute intestinal infections. It should be noted that this threshold in 2006 was passed in September (this is probably due to the return of children and adults from vacations, children's organized groups, etc.). As of November 8, 23, 118 people fell ill. Of these, 70 people were hospitalized. (40%). The ratio of cases - children/adults - is approximately equal.

The clinical picture was characterized by a sudden onset with a rise in temperature in 54%, including up to 38°C in 22%, vomiting in 80%, including repeated vomiting in 56%, loose stools in 86.5%, including multiple times (from 3 to 5 times a day). Clinical diagnoses – PTI – 11%, rotavirus enteritis – 12.7%, acute intestinal infections of unknown etiology – 76.4%. Comparing these data with our own data obtained earlier, we can note a certain similarity of the results obtained [11]. In most patients with rotavirus infection, the entire complex of symptoms developed on the first day of the disease. In 60% of patients, damage to the gastrointestinal tract was combined with the development of symptoms of damage to the respiratory tract. However, against the background of the main syndrome - vomiting, diarrhea, respiratory syndrome often goes unnoticed or is not given attention. In previously examined patients with rotavirus infection, diarrhea was observed in 95% of those examined. This infection was characterized by the development of gastroenteritis, less often enteritis. The stool is usually loose, watery, and foamy.

On average, it did not exceed 4-5 times a day. Vomiting usually occurred simultaneously with diarrhea. Body temperature reached 38.0–39.0° C and returned to normal by the 3rd–4th day of illness. General infectious intoxication manifested itself in the form of general weakness, lethargy, and headache. Bacteriological examination of the sick patients did not reveal any pathogens of intestinal bacterial infections. The duration of clinical symptoms is 2-3 days. According to the epidemiological history, 27% of the sick people ate sausages, including sausages, 20% - milk, 6% - cottage cheese, 4% - sour cream, 3% - kefir, 2% - glazed cheese curds, with a predominance of products from the city dairy , 15% – vegetables and fruits. 18% of sick people consumed raw drinking water. 11% became ill through family contact.

The materials for the study are: feces (feces) - when detecting the virus itself, viral antigens or viral RNA (viral RNA can also be detected in saliva); blood – for serological studies. In the period from October 24, 2023, when there was an increase in the incidence of acute intestinal infections among the population of the Andijan region, a special place was occupied by assessing the characteristics of the incidence of acute intestinal infections in the population of the Volzhsky microdistrict. Diseases were registered in children's factories 57, 70, 97, 109, schools No. 8 and No. 25, and camp No. 38.

When plotting on a map of the area the points of residence of patients with acute respiratory infections in the village. Volzhsky does not always confirm the conclusions about the water nature of the occurrence and spread of infection, since not a single case of the disease has been registered in the village of the hydroelectric station, and water is obtained from one pumping station. Analysis of laboratory tests on sanitary and microbiological indicators did not reveal any deviations from the norm. In the main (right bank) part of the city, scattered isolated outbreaks are observed. There is a large mosaic pattern of cases in the city districts, which practically does not confirm the water hypothesis of an increase in the incidence of acute intestinal infections.

It is known that in the autumn there is an annual increase in the incidence of acute intestinal infections associated, among other things, with intestinal viruses (rotaviruses, enteroviruses, etc.). Along with the food transmission of intestinal viruses (ready-made salads, sausages, poultry, milk and lactic AIId products - kefirs, AIIdophilus, etc., ice cream) and contact-household transmission, the spread of AII pathogens through the consumption of bottled water and drinks is not excluded , contaminated with intestinal viruses, the percentage of positive findings in which can be up to 25%. Swimming pools can also be considered a place where children and adults become infected with acute intestinal viral infections.

Conclusion

It can be said that cases of acute intestinal diseases of rotavirus and norovirus etiology are registered among the population of Rybinsk. It is more likely that we can talk about the seasonal incidence of acute intestinal infections of viral etiology, the pathogens of which are highly resistant in the environment, have a small infectious dose (several viral particles), a short incubation period and a mild course of the disease. Those hospitalized were in the hospital for 2–3 days. Specific factors of transmission of intestinal pathogens have not been established based on the analysis of available materials, however, when analyzed by risk factors, we can talk about the dominance of the food factor of transmission in the epidemic process of the spread of AII. In order to identify the etiology of acute intestinal infections, it is necessary to more widely apply in practice methods for detecting viral agents when conducting epidemiological investigations.

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