

MENINGOKOKK INFEKTSIYASI BILAN KASALLANGAN BEMORLARNING YOSHMA-YOSH UCHRASH SABABLARI

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kafedrasida katta o'qituvchisi.

Annotatsiya

Meningokokk infeksiyasining epidemiyalari kutilmaganda yuzaga keladi va uni oldindan bashorat qilib bo'lmaydi. Hozirgi kunda meningokokk infeksiyasi dunyoning 150 dan ortiq mamlakatlarida ro'yxatga olingan va O'zbekiston ham ularning tarkibiga kiradi.

Kalit so'zlar

Meningokokk infeksiyasining qo'zg'atuvchisi, meningokokk infeksiyasining tarqalgan va mahalliy klinik shakllari, kasallanishning ko'p yillik dinamikasi, aholining yoshlar bo'yicha tarkibi, vaksinoprofilaktika.

ПРИЧИНЫ ВОЗРАСТНОЙ ВСТРЕЧАЕМОСТИ СРЕДИ ПАЦИЕНТОВ, БОЛЕВШИХ МЕНИНГОКОККОВОЙ ИНФЕКЦИЕЙ

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Аннотация

Эпидемии менингококковой инфекции возникают неожиданно и до сих пор не поддаются прогнозированию. В настоящее время случаи ИМ регистрируются более чем в 150 странах мира, и Узбекистан является одной из них.

Ключевые слова

Возбудитель менингококковой инфекции, эпидемиология, источник инфекции, частота эпидемических волн, генерализованные и локализованные формы менингококковой инфекции, многолетняя динамика заболеваемости, возрастная структура населения, вакцинопрофилактика.

AGE-SPECIFIC CAUSES OF MENINGOCOCCAL INFECTION AMONG AFFECTED PATIENTS

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Abstract

Epidemics of meningococcal infection occur unexpectedly and still cannot be predicted. Currently, MI cases are recorded in more than 150 countries of the world, and Uzbekistan is one of them.

Keywords

causative agent of meningococcal infection, epidemiology, source of infection, frequency of epidemic waves, generalized and localized forms of meningococcal infection, long-term dynamics of the incidence, age structure of the population, vaccine prevention.

Relevance. Meningococcal infection is reported in all countries of the world and in all climatic zones. It tends to be widely distributed and affects populations with general susceptibility. Incidence remains high, reaching 20–30 cases per 100,000 population in some regions.

The unique uneven distribution of meningococcal infections distinguishes it from other airborne infectious diseases. However, in any location, small-scale (local) outbreaks and epidemic peaks may occur [1, 12].

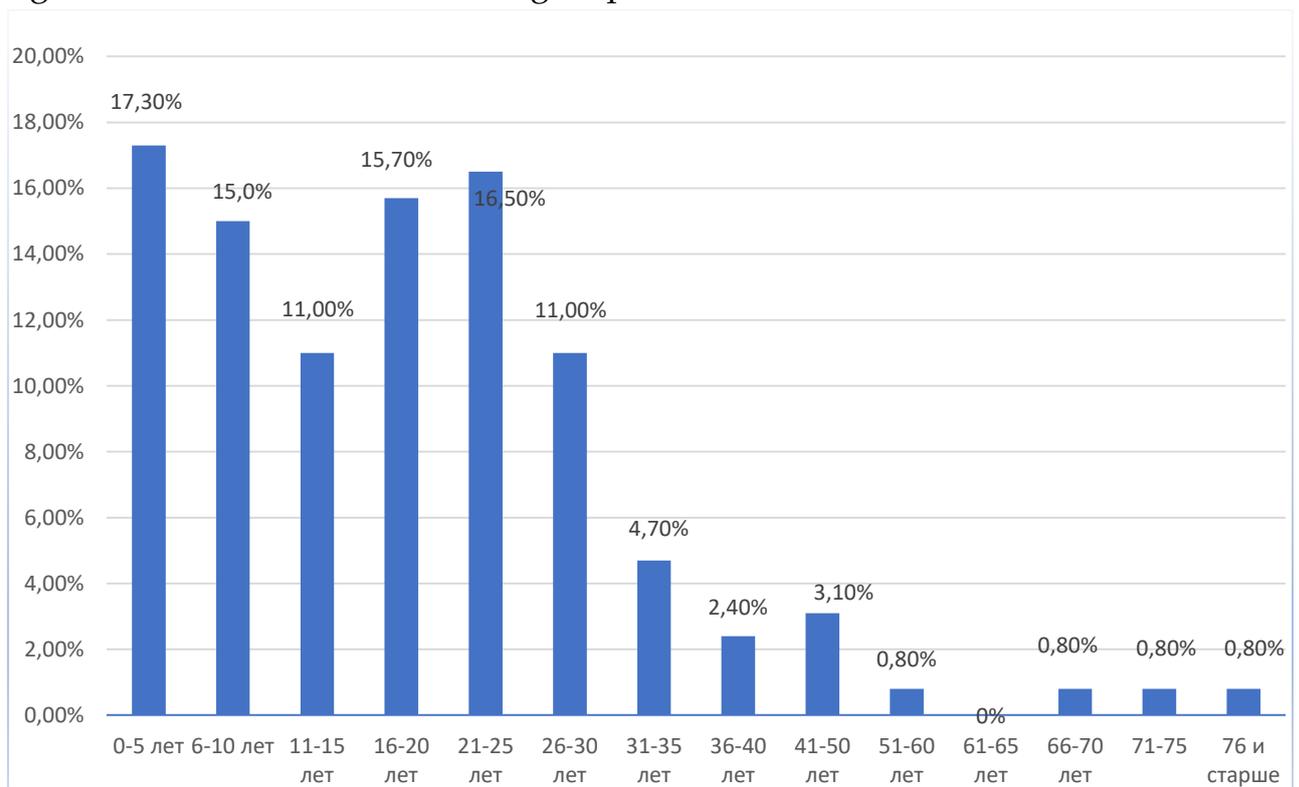
The long-term dynamics of meningococcal infection are characterized by significant periodicity. The age distribution of cases remains relatively stable: during years of increased incidence, all age groups experience a rise in infection rates.

Meningococcal infection has been observed across all age groups, with cases reported in individuals aged 40 to 76 years. In particular, children under 5 years of age are affected most frequently, although their proportion has decreased compared to previous decades. The highest number of cases is recorded among 20-year-olds. In most cases, women are slightly more affected than men. The peak incidence of meningococcal infection occurs in March and April. Among preventive measures, vaccination based on epidemic indications is the most effective strategy for controlling meningococcal infection [4].

Objective of the Study. To investigate the current epidemiological characteristics of meningococcal infection in Uzbekistan and to improve preventive measures during inter-epidemic periods.

Study Materials. Reports and statistical data from the Sanitary-Epidemiological Welfare and Public Health Services of the Republic of Uzbekistan and Tashkent city.

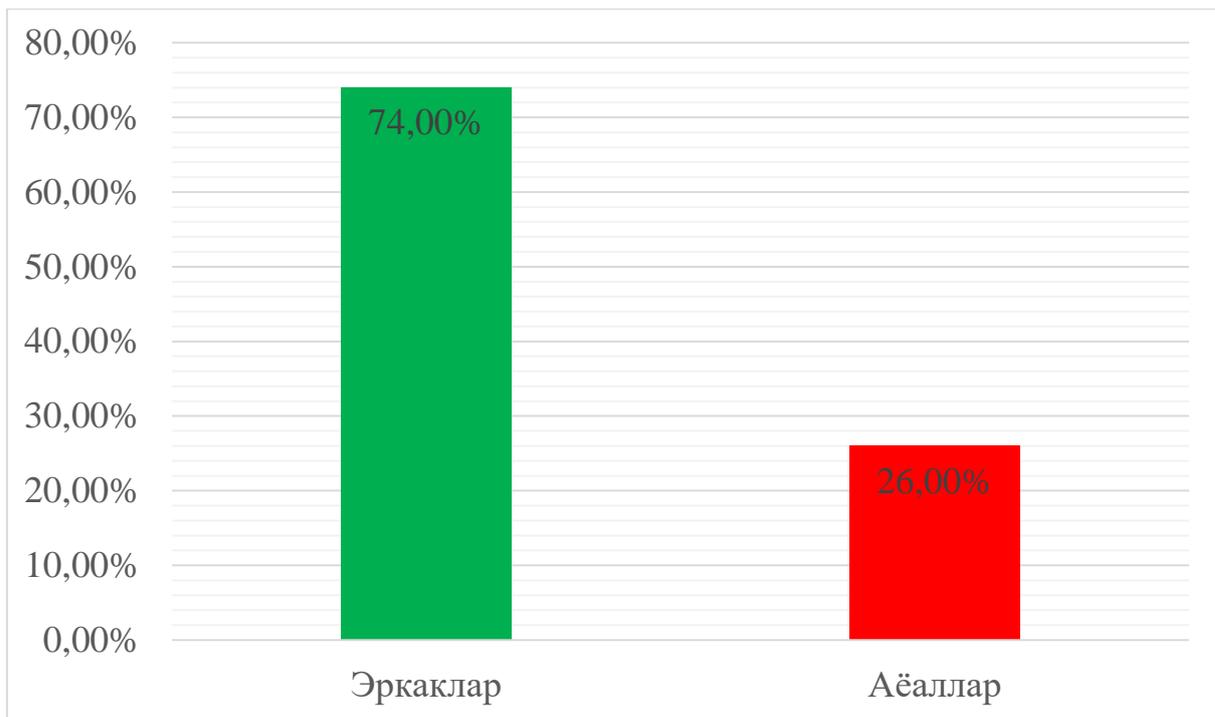
Study Object. Medical histories of patients with meningococcal infection (nasopharyngitis and generalized/disseminated clinical forms), contacts of meningococcal patients, and epidemiological investigation data from meningococcal outbreak sites, including maps.



Age Distribution of Patients with Meningococcal Infection in Tashkent City

The source of meningococcal infection includes patients and bacterial carriers, who represent a dangerous source of infection to others. Patients with mild or asymptomatic forms of the disease are also capable of transmitting the infection. In some cases, meningococcal infection presents as nasopharyngitis. The presence of *Neisseria meningitidis* in nasopharyngitis can only be confirmed through bacteriological testing.

Such patients are often not hospitalized, allowing them to continue spreading the pathogen. Chronic inflammation of the nasal, pharyngeal, and throat mucosa facilitates bacterial carriage and transmission.



Gender Distribution of Patients with Meningococcal Infection

Meningococcal infection occurs more frequently in children under 14 years, adolescents, and young adults. The incidence of meningococcal infection increases in cycles of approximately 10–20 years. Epidemics are most often observed among school-aged and preschool children.

Meningococcal infection is more prevalent during winter and spring. The disease exhibits seasonality: although cases begin to rise in autumn, the peak incidence occurs between January and March [1,4].

The long-term dynamics of meningococcal infection are characterized by pronounced periodicity. The age distribution of cases remains relatively stable: during epidemic years, infection rates increase across all age groups [2,3,5].

Conclusion. In recent years, there has been a trend of increasing incidence of meningococcal infection. Additionally, the occurrence of the disease among older age groups has relatively increased. During the study, seasonality was not consistently observed, and cases were recorded throughout the year. Among older patients, the following complications were identified: cerebral edema, hemiparesis, vision loss, monoparesis, infectious toxic shock, and meningoencephalitis.

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