

## **CHARACTERISTICS OF CLINICAL FEATURES OF RECURRENT AND FIRST IDENTIFIED FORMS OF TB IN COVID-19 INFECTION IN THE FERGANA REGION**

Mamasaliev N. S.

Sadikxodjaev S. Sh.

Xakimova R. A.

Typсунов X. X.

Mamasaliev Z. N.

Usmonov B. U.

Kurbanova R. R.

Andijan State Medical Institute, Uzbekistan

### **Relevance**

According to the World Health Organization (WHO) for 2019, 10 million people in the world are infected with tuberculosis, including 5.6 million men, 3.2 million women and 1.2 million children. It is estimated that 1 million children worldwide suffer from tuberculosis every year. The reduction in the incidence rate from 2015 to 2019 was 9%, and the global goal for 2030 was 80%.

Therefore, the main task of anti-tuberculosis and practical work is to prevent the development of tuberculosis lung lesions, including in comorbidity and especially against the background of the pandemic growth of COVID-19 among the population. Only on the basis of screening and "targeted" formation of groups of low, medium, high and very high risk of COVID-19 patients for tuberculosis lung lesions and modern implementation of primary, secondary or tertiary prevention measures can solve this currently extremely urgent task.

In this article, it was concluded that in the absence of clinical manifestations of an active form of tuberculosis infection, there is a constant state of immunoassay caused by the presence of mycobacterium tuberculosis antigens in the body, there is no "gold standard" diagnosis that allows a direct method to identify an infection in which mycobacterium tuberculosis occurs in humans, most infected individuals do not have It is believed that Lti is 10% probability of transition to active tuberculosis, 5% in the first two years of infection and 5% for the rest of a person's life.

In addition, the article emphasizes that the placement of persons who, as is known from mathematical models, about 30% of the world's population are considered carriers of lti, who are at risk of developing active tuberculosis for the detection and preventive treatment of persons with lt, is very important for the elimination of the disease.

**The aim of the study** was to study the clinical and epidemiological characteristics and prognostic and preventive aspects of tuberculous lung lesions in COVID-19 infection.

**Materials and methods:** The object of the study 1499 patients with COVID-19 (PCR+ - 239 and PCR-1260), having broken through and “undergone examination” were treated at the hospitals/clinics of the “Fergana Regional Medical Centers of Phthisiology and Pulmonology” and COVID centers.

**The subject of the study** The medical history, physical data, risk factors, instrumental and biochemical data, results of the questionnaire examination and report forms No. 8 (“Information on active tuberculosis cases”), No. 003/u (“Medical record of a rational patient”) and No. 060 (“Journal of registration of infectious diseases”) were included.

**Research methods.** The study of pain used epidemiological, survey, instrumental, functional research methods, and statistical analysis.

**Results and discussion** When analyzing the clinical features of recurrent and newly diagnosed forms of pulmonary tuberculosis in COVID-19 infection (Table 3 and Fig.3), it was revealed that ARI is observed 3-4 times per year with a frequency of 78.0% and 22.0% ( $P <0.001$ ), 1 time per year - 76.0% and 24.0% ( $P <0.001$ ).

Cough during work is observed with a frequency of occurrence of 85.0% and 15.0%, respectively ( $P <0.001$ ); cough in winter is characterized with a frequency of prevalence of 87.0% and 13.0% ( $P <0.001$ ) and secreted sputum in winter is confirmed with a frequency of detection of 83.0% and 17.0%, respectively ( $P <0.001$ ).

In both patients with recurrent TB and patients with newly diagnosed TB, all the above-mentioned and predictable clinical symptoms of pulmonary tuberculosis are observed with a significantly high frequency against the background of COVID-19.

It is noted that such clinical manifestations, in a more pronounced form, predominate in patients with TPL; VVTBL - the indicated main symptoms, firstly, are recorded with a low frequency and with a retail in the frequency of prevalence from 27.0% to 17.0%, i.e. by 7.0% ( $P <0.005$ ).

A similar analysis was conducted among the population of the Fergana region with destructive and other forms of pulmonary tuberculosis in COVID-19 infection.

## **CONCLUSION**

In the clinical manifestation of COVID-associated tuberculosis of the lungs with a relatively high prevalence rate, frequent acute respiratory viral infections, cough during work, cough in winter, sputum production in winter, close contact (family outbreak) route of infection and the route of tuberculosis infection in the workplace and drug resistance (monoresistance, multiresistance, polyresistance, complete resistance) are observed. The most frequently noted diseases in the population with TB are type 2 diabetes mellitus, COPD, gastroduodenitis, anemia, arterial hypertension, chronic hepatitis B. In 73.0% (in the population of health workers) and 21.0% (in the PDP group) of cases, COVID - 19 is combined with a mild degree of TB.

## **LITERATURES**

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