EURASIAN JOURNAL OF ACADEMIC RESEARCH
Innovative Academy Research Support Center
www.innacademy.uz

CHILDREN'S INFECTIOUS DISEASES

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https://doi.org/10.5281/zenodo.4762898

ARTICLE INFO

Received: 1st May 2021
Accepted: 5th May 2021
Online: 10th May 2021

KEY WORDS

Protect, prevent and treat children's health from various infectious diseases.

ABSTRACT

In today's time, as the world develops, various infectious diseases and viruses are spreading. The fight against infectious diseases, including the protection of children's health, is a very important issue in the country. The medical profession plays a special role in the fight against infectious viruses that spread around the world.

Introduction. Infectious diseases are widespread all over the world and are caused by various microorganisms. "Contagious" diseases have been known since ancient times, and information about them can be found in the most ancient writings: in the Indian Vedas, the works of Ancient China and Ancient Egypt. Descriptions of some infectious diseases, such as dysentery, tetanus, erysipelas, anthrax, viral hepatitis, etc., can be found in the writings of Hippocrates (460-377 BC). In the Russian chronicles, the infections were described under the name of pestilence, general pestilence diseases, emphasizing the main signs — high prevalence, high mortality and rapid prevalence among the population.

Infectious diseases are a large group of human diseases that occur as a result of exposure to viruses, bacteria, and protozoa. They develop in the interaction of two independent biological systems - a macroorganism and a microorganism under the influence of the external environment, and each of them has its own specific biological activity.

Infection is the interaction of a macroorganism with a microorganism in certain conditions of the external and social environment, as a result of which pathological, protective, adaptive, compensatory reactions develop, which are combined into an infectious process. The infectious process is the essence of an infectious disease and can manifest itself at all levels of the organization of the biological system - subcellular, cellular, tissue, organ, and organismal.

Chickenpox is an acute, highly contagious infectious disease, accompanied by an increase in body temperature and the appearance of a characteristic spotty-bubble rash on the surface of the skin and mucous membranes.

In chickenpox, complications are caused either by exposure to the infection itself, or as a result of the addition of bacterial flora. With multiple elements or secondary infection, chickenpox stomatitis, chickenpox laryngitis may occur. Patients at the same time complain of difficulty breathing, pain in the chest area, hoarseness of the voice, rough cough.

Complications in the sexual system in girls — vulvitis, phlegmon of the labia majora and perineum.

Neurological complications occur in the first days of the disease at the height of the rashes, but there were cases of their detection already during the recovery period. The virus can affect the gray matter of the brain and spinal cord, the soft meninges, peripheral nerves; brain centers: subcortical nodes, cerebellum, bulbar centers, anterior horns of the spinal cord. As a result, the nature of the clinical manifestations of the central nervous system lesion is different. However, the most common are inflammatory diseases of the membranes of the brain.

In case of damage of central nervous system, occur a severe condition, an increase in body temperature, and brain symptoms. In the first days of the disease, convulsions and loss of consciousness are observed. Then there are rapidly passing incomplete paralysis (hemiparesis) and other neurological symptoms. Such complications are rare and indicate the severity of chickenpox.

Congenital chickenpox. Infection of a pregnant woman with chickenpox is dangerous in the first and third trimesters of pregnancy. At the beginning of pregnancy, this disease can lead to the death of the fetus or serious disorders of its development. With the disease of a woman in the last days of pregnancy, congenital chickenpox is possible. All cases of the disease in a newborn under the age of 11 days are related to congenital chickenpox, since its incubation period is from 11 to 23 days.

Patients with chickenpox do not need specific treatment. They need careful care. It is necessary to ensure that the clothes and bed linen are clean; to monitor the hygienic content of the sick child. Hands should be clean, nails-shorn. Parents need to make sure that the child does not tear off the bubbles and crusts. During all periods, you can use warm baths or showers with a weak solution of potassium permanganate. As a result of prolonged refusal to bathe, complications of chickenpox such as inflammation of the glans penis (balanitis), inflammation of the labia majora and perineum in girls can occur. After baths, the itching is noticeably reduced. After eating, it is recommended to rinse your mouth with disinfectant solutions.

Diphtheria is an acute infectious disease characterized by the process of inflammation at the site of infection with the formation of a fibrinous membrane and the phenomena of general poisoning of the body (intoxication) as a result of the action of exotoxin.

In the process of reproduction, diphtheria bacillus produces an exotoxin, which determines its pathogenic properties.

Depending on the presence or absence of the ability to form exotoxin, diphtheria bacteria are divided into toxigenic and non-toxigenic species. Toxicity is a hereditary trait. In addition to exotoxin, diphtheria bacilli secrete several other biologically active substances. Diphtheria toxin is a highly potent bacterial exotoxin (poison), which determines the general and local manifestations of the disease.

The source of infection is only a person-a patient or a bacterial carrier of toxigenic types of diphtheria. One child with diphtheria is ten times more epidemically dangerous than one bacterial carrier. The child is infected from the last day of the incubation period until full recovery, which is determined by laboratory testing. The path of infection transmission is airborne. If the pathogen is sufficiently stable in the external environment and retains its pathogenic properties, then it is possible to spread the infection through infected objects (dishes, toys, underwear) and through third parties. People who carry the bacterium do not suffer from diphtheria, as they have a high antitoxic immunity.

Patients with diphtheria are hospitalized without fail. The prognosis depends on the timely administration of anti-diphtheria serum. The more complex the form of the disease, the greater the concentration of the injected serum. The entire dosage is set by the doctor. After the disappearance of the plaque, the serum is canceled, and antibiotics are prescribed simultaneously with the serum. Also, a patient with toxic forms in order to restore the body from general poisoning and improve blood circulation through the vessels, intravenously drip hemodez, reopliglyukin, neocompesan. Together with the solutions, ascorbic acid, insulin, and cocarboxylase are introduced. With toxic diphtheria, hormonal drugs and heparin are also prescribed (to prevent the formation of blood clots in the vessels).

When the first symptoms of myocarditis are detected, it is necessary to prescribe prednisone, cocarboxylase, ATP, in order to improve the blood supply to the myocardium — supporting vitamin preparations.

In the treatment of polyneuritis, a 5 to 6% solution of vitamin B1, proserin, dibazole and other drugs that restore neuromuscular conduction and muscle tone are used.

With diphtheria croup, aerosols of hyposensitizing agents, drugs that expand the bronchi are shown.

Active immunization is of primary importance. For this purpose, an anatoxin is used, i.e., a weakened diphtheria toxin, which is part of the adsorbed pertussis-diphtheria-tetanus vaccine (DPT), or in combination with tetanus toxoid (ADS). The first vaccination, consisting of three intramuscular injections, begins at the age of three months and is carried out at intervals of 45 days. Repeated vaccination (revaccination) after 1.5 - 2 years.

If there are contraindications to the DPT vaccine or children who have had pertussis, enter ADS 8 anatoxin — two injections intramuscularly. The first revaccination is after 9-12 months.

Whooping cough is an acute infectious disease transmitted by airborne droplets, characterized by a prolonged course and typical attacks of spasmodic cough.

The first documented description of the symptoms of whooping cough belongs to the Parisian doctor Guilleaume de Bailou, who in 1578 observed a severe epidemic of this disease, which claimed many lives. Based on the results of a study of the whooping cough epidemic in Great Britain in 1670-1679, the famous English doctor Sydenham published a fairly accurate and detailed description of the course of the disease.

The pathogen forms a number of factors of aggression and defense, but the most important in the development of the disease is the formation of exotoxin (a toxic substance released by a microbe into the environment, which has a toxic effect on the patient's body). According to the principle of action, these are cytotoxins (a substance of a protein nature that triggers pathological reactions inside the cell, causing its defeat and death), which has a certain affinity for the epithelial cells of the upper respiratory tract, causing their death and rejection. It affects the cardiovascular system, as well as the respiratory and vasomotor centers of the brain. Whooping cough affects both children and adults, but more often the disease is registered in children aged 1 to 7 years. The seasonal increase in morbidity is observed in the autumn-winter period, which is not always clearly traced and depends on many conditions: the terrain, the economic well-being of the region, the peculiarities of weather conditions.

The source of infection is a sick person (at the end of the latent period and within 25 days of the disease) or a bacterial carrier. The patient is most contagious in the first two

weeks of the disease, then the release of the pathogen gradually decreases.

All children under one year old who have pertussis, patients with a severe course and with a complication or according to epidemiological indications are subject to inpatient treatment.

It is important to draw up the correct regime for the patient, to exclude possible contact with other infections (prevention of non-specific complications). The maximum reduction in contact with stimuli allows you to reduce the frequency of seizures, since the vast majority of them occur due to the influence of external factors on the pathologically altered respiratory center with a reduced threshold of excitability. It is very important to properly organize the nutrition of patients. In addition to impaired appetite, children often experience vomiting, so it is necessary to reduce the single volume of food, increase the number of feedings. The food should also meet the needs of the child both in calories and in basic nutrients (including vitamins C, K, etc.).

The diet should consist mainly of milk, eggs, boiled meat, broths, cereals and other mechanically and chemically sparing food. It is necessary to limit the intake of sour, fried, spicy dishes, which in themselves can provoke an attack. If vomiting occurs after feeding, the child should be fed in portions every half hour.

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