CURRENT PREVALENCE OF INTERNAL HOSPITAL INFECTIONS

Shoberdiyeva Sitora
Student of Termez branch of Tashkent Medical Academy,

Paygamova Z.Kh
Teacher of Termez branch of Tashkent Medical Academy,

Davlatov Azamat
Stufdent of Termez branch of Tashkent Medical Academy,

Ergashova Shokhsanam
Student of Termez branch of Tashkent Medical Academy, Termiz Uzbekistan

Abstract:
Nowadays, there are many cases of outbreaks of infection in hospitals. It has become one of the important topics of the World Health Organization. Measures are being taken to prevent this

Keywords: Leukemia, diabetes, biopsy, diagnosis, therapeutic , surgery , catheterization

Today, the transmission of infectious diseases from hospitals is increasing. The average loss of people from infections is 8.7% worldwide.
1.4 million people suffer from diseases that are transmitted in hospital conditions. According to the information of the World Health Organization, those who get infections are young babies.
Because babies' skin is delicate and their bodies are not fully developed, young children die from infections more often. The hospital is conducting preventive measures for those affected by internal infections.
Not only patients, but also medical staff are affected by hospital internal infections.
In their origin, patients or medical workers carrying viruses or bacteria, as well as the external environment contaminated with bacteria, viruses and parasites in hospital conditions, are the source of the disease.
A patient or medicine that contracted a disease in a hospital setting of h , the disease is not detected during the hospital stay, causing the disease to spread widely among the population after discharge from the hospital.Internal hospital

infections can be transmitted through airborne droplets, parental, direct contact and alimentary routes. Through air droplets, lower respiratory tract and surgery, direct communication and alimentary tracts, and gastrointestinal and other diseases can be transmitted.

Transmission of infectious diseases with disruption of the integrity of the skin and mucous membrane is called "transmission through the parenteral route".

In order to prevent nosocomial infections, it is necessary to identify the source of the disease among the hospitalized patients in time and for this purpose to collect a complete epidemiologic anamnesis from them, to fully comply with the rules of disinfection, sterilization and anti-epidemia from the treatment and prevention institutions, medical staff in the hospital it is important to systematically increase the level of knowledge on the prevention of infections and conduct periodic medical examinations. The causes of internal hospital infections include the presence of microorganisms, the patient's age, the state of the immune system, susceptibility to infectious diseases, blood pressure and the presence of concomitant or chronic diseases (cancer, leukemia, diabetes, kidney failure, etc.) , catheterization, endoscopic examination, intubation), surgery and other procedures, as well as the virulence of microorganisms' ability to cause disease and the amount that enters the human body is the main factor.

Persons infected with infectious diseases or carriers of bacteria and viruses, including HIV, patients or medical personnel can be a source of disease in the origin of nosocomial infections.

Comprehensive measures are developed and approved for the improvement of the system of epidemiological control and control over the spread of HIV infection and hospital internal infections in penal institutions, as well as in medical institutions of internal affairs bodies.

innovative approaches based on the latest achievements of science and technology in the prevention of internal infections.

2. Organization of comprehensive medical and psychological support for persons infected with HIV.

3. Prevention and diagnosis of HIV infection in state medical institutions, strengthening of social protection of medical personnel engaged in its treatment.

4. To further strengthen the material and technical base of AIDS control centers and inter-district laboratories for the diagnosis of HIV infection, to equip them with modern diagnostic and laboratory equipment.

5. To establish close relations with foreign industry institutions and further develop cooperation. measures aimed at expanding coverage of HIV-infected

persons with inpatient treatment and providing treatment and prevention institutions with reusable and disposable medical items and medical devices are being implemented . Since the academic year of 2012, the subject of infection control has been included in the curriculum of students of the Higher Faculty of Nursing. The ultimate goal of teaching the subject of infection control is to provide theoretical knowledge and skills to prevent the occurrence and spread of TYBIs . Active implementation of infection control principles in the healthcare system is an effective means, method and condition for achieving the final goal of the reforms - providing quality medical care to the population. Therefore, a special responsibility is assigned to the specialist in IN and should be a medical worker with special knowledge in this area and practical work experience in DPM. In our opinion, the most optimal solution is to train IN specialists from the graduates of the Faculty of "Higher Nursing" in the future. After all, the basics of specific preparation for IN - the subjects "Infection control" and "Clinical epidemiology" are included in the medical education system only in the curriculum of the faculty of "Higher nursing work". The development mechanism of the TYBI epidemic process is completely outside the framework of general epidemiological laws, and the basis of TYBI protection measures, in its essence, is completely different from the general principles of prevention of infectious diseases. Infections associated with the provision of medical care "nosocomial infections" - microbes with different clinical manifestations arising as a result of the population's application for medical care, the provision of medical care to them, and the activities of their employees in treatment and prevention institutions is an ethological disease. Symptoms of healthcare-associated infections, that is, symptoms of the disease, are manifested by the patient's latent period in the hospital. The only criterion for a disease to be included in the category of infections associated with the provision of medical care is that its occurrence is related to the provision of medical services. Therefore, the transmission of a disease by a person in any place (inpatient, polyclinics, QVP and at home) as a result of medical admission, in the course of performing the duty of TX, is considered as TYBI. The disproportion between the provision of medical services (with the number of beds and medical equipment corresponding to the provided service) and the real needs of the population leads to a decrease in the quality of service by overloading the hospitals, as a result of which there is a high probability of the occurrence of various infectious diseases in DPM. will be Looking back on history, in 1843, Oliver Holmes concluded that medical workers infected their patients with puerperal fever through unwashed hands.

Based on the results of L. Pasteur's research, he scientifically substantiated the holistic system of prevention of wound infections - antiseptic (with elements of aseptic). A number of measures that have been used since the first quarter of the 20th century - the system of separating patients from airborne infections into individual boxes, disinfecting the separations of patients with intestinal infections, fighting against pediculosis in parasitic typhus have shown their positive effects to a certain extent. S hu way of TYBI prevention hygienic aspects form went and this aspect traditional color took _ Prevention of TYBI since the 80s of the XX century regarding main attention - attention traditional hygienic aspects according to more to patients medical help of showing epidemiological safe methods work to exit focused started _ the world experience to the pointer attention TYBI is noted in 5 % of patients will be done .

TYBI problem relevance the following with is determined .

1. TYBI 's wide prevalence and illness level high
2. TYBI treatment , hospitalization and of the patient in the hospital to be to the deadlines circle spend expenses increases .
3. Usually for all TYBI long in continuity passing away and pathological of the process chronic color inclination is typical .
4. TYBI is long term physical and neurological complications in development defects the cause to be can _
5. Medical help show with related certain infect cases of HIV infection, hepatitis B, C, D such as dangerous of diseases epidemic process to accelerate reason will be Infection the process is specific external and internal environment conditions macro organism and of microorganisms mutually effect reach due to to the body coming , pathological protection adaptation and compensator from reactions consists of complicated is a process . Current from 200 at the time in love microorganism types (bacteria - 90%, viruses - mold and yeast fungi , simple animals - 10%) . etiological agents by cause 100 ha of released TYBI near nosological shape note done

Summary

In order to prevent the increase of internal infections, the hospital should carry out educational activities among the population and give understanding about the observance of the internal rules of the hospital. It is up to each of us to protect our health and the health of others .

References

1. Ташпулатова, Ф. К. (2017). Выявление туберкулеза легких в общесоматических лечебных учреждениях. Молодой ученый, (3), 236-238.
2. Irbutaeva, N. D. (2022, November). THE ROLE OF INDEPENDENT WORK IN EXPANDING THE OUTLOOK AND DEVELOPING THE SPEECH SKILLS OF STUDENTS. In INTERNATIONAL CONFERENCES (Vol. 1, No. 10, pp. 128-131).
3. Dilshodovna, I. N., Izzatullaevna, K. G., & Akramovna, S. O. F. (2022). English as a means of global communication. Web of Scientist: International Scientific Research Journal, 3(6), 301-304.
4. Dilshodovna, I. N. (2021). METHODOLOGY OF TEACHING THE NERUSIAN AUDIENCE TYPES OF INDEPENDENT WORK (PHRASEOLOGICAL ANTONYMY) ON THE PRACTICAL STUDY OF THE RUSSIAN LANGUAGE. Galaxy International Interdisciplinary Research Journal, 9(11), 310-312.
5. Dilshodovna, I. N., & Akramovna, S. F. (2021). Development of an active and passive dictionary of students. methods of isolating the active dictionary from the text. ACADEMICIA: An International Multidisciplinary Research Journal, 11(5), 945-948.
6. Бердиева, Д. Ш. (2019). Роль экологической культуры в повышении экологических отношений. Евразийское Научное Объединение, (10-6), 455-458.
7. Бердиева, Д. Ш. (2019). ЗАГРЯЗНЕНИЕ ПОЧВЫ ТЯЖЁЛЫМИ МЕТАЛЛАМИ В ДЖИЗАКСКОЙ ОБЛАСТИ. Оказова Зарина Петровна, доктор, 82.
8. Бердиева, Д. Ш. (2019). ЭКОЛОГИЧЕСКОЕ ОБРАЗОВАНИЕ И ВОСПИТАНИЕ-ЗАЛОГ УСТОЙЧИВОГО РАЗВИТИЯ. In Экология: вчера, сегодня, завтра (pp. 88-93).
9. Тайлаков, А. А., Бердиева, Д. Ш., Караев, Г. Р., & Камолова, Ш. М. (2015). Научные основы и обоснование размещения сети мониторинга подземных вод горных массивов, предгорных зон, конусов выноса малых рек. In Инновационные технологии в сельском хозяйстве (pp. 55-57).
10. Shodiyarovna, B. D. (2022). Ecological state of irrigated gray-meadow soils and ways to improve them. ACADEMICIA: An International Multidisciplinary Research Journal, 12(5), 238-243.
11. Бердиева, Д. Ш., & Асатов, Б. А. (2020). ВЛИЯНИЕ НЕФТЕПРОДУКТОВ НА ОКРУЖАЮЩЕЮ СРЕДУ. In Арктика:

современные подходы к производственной и экологической безопасности в нефтегазовом секторе (pp. 22-25).
12. Тайлаков, А. А., & Бердиева, Д. Ш. (2015). Последствия экологического воздействия на окружающую среду Айдаро-Арнасайских озёрных систем. Молодой ученый, (9), 488-493.
13. Бердиева, Д. Ш. (2019). Охрана водных ресурсов в Джизакской области. Евразийское Научное Объединение, (10-4), 359-362.
14. Бердиева, Д. Ш., & Тайлаков, А. А. ОЦЕНКА И ПРОГНОЗИРОВАНИЕ ФОНОВЫХ ЗАГРЯЗНЕНИЙ ГОРОДА ДЖИЗАКА. УЧЕНЫЙ XXI ВЕКА, 22.
15. Dilshodovna, I. N. (2022). SIGNIFICANCE AND USE OF MEDICAL TERMINOLOGY IN RUSSIAN LESSONS FOR UZBEK STUDENTS OF MEDICAL UNIVERSITIES. Galaxy International Interdisciplinary Research Journal, 10(3), 590-592.
16. Tashpulatova, F. K. (2003). Prevention of adverse reactions of antituberculous drugs in pulmonary tuberculosis in patients with different genetic background. Problemy tuberkuleza i boleznei legkikh, (5), 50-51.
17. Ташпулатова, Ф. К., Мухамедиев, И. К., Абдуразакова, З. К., & Долгушева, Ю. В. (2016). Частота и характер лекарственных осложнений от химиопрепаратов у больных с лекарственно устойчивым туберкулезом легких. In Медицина: вызовы сегодняшнего дня (pp. 50-53).
18. Хомова, Н. А., Коломиец, В. М., & Ташпулатова, Ф. К. (2020). Приверженность к лечению больных туберкулезом как фактор риска снижения его эффективности. In Университетская наука: взгляд в будущее (pp. 314-319).
19. Ubaydullayev, A. M., & Tashpulatova, F. K. (2008). Evaluation of nonspecific reactivity of an organism on adaptation reactions at patients with destructive tuberculosis of lungs. Tuberculosis and pulmonary diseases, (6), 18-21.
20. Назарова, С. К., Оташехов, З. И., & Мирдадаева, Д. Д. (2020). Постинсультная реабилитация больных как социально-гигиеническая проблема. Новый день в медицине, (2), 449-452.
21. Искандарова, Ш. Т. (2000). Актуальные гигиенические проблемы охраны почвы от загрязнения в специфических условиях Узбекистана. Ташкент:" Фан, 146.
22. Камилова, Р. Т., Ниязова, Г. Т., Ниязов, А. Т., & Башарова, Л. М. (2016). Влияние гигиенических и медико-биологических аспектов в экологически

неблагополучных условиях Республики Каракалпакстан на процессы роста и развития детей.
23. Искандарова, Ш. Т., Мамедова, Г. Б., Мамбетова, Ш. У., & Миркаримова, М. Б. (2014). Раннее выявление синдрома эмоционального выгорания у среднего медицинского персонала. Молодой ученый, (3), 181-183.
24. Искандарова, Ш. Т. (2001). Региональные санитарно-гигенические проблемы охраны водоисточников и водаснабжения населения в спецификих условиях Республики Узбекистан.
25. Мухамедова, Н. С., Мамедова, Г. Б., Тешабаева, М. Х., & Юсупова, Д. Ю. (2015). Приоритетные направления охраны здоровья женщин в Республике Узбекистан. Молодой ученый, (2), 67-69.
26. Мухамедова, Н. С., & Юсупова, Д. Ю. (2016). Роль медсестры в организации медицинской помощи детям в общеобразовательных учреждениях. In Медицина и здравоохранение (pp. 68-69).
27. Rasulova, N. F., Jalilova, G. A., & Mukhamedova, N. S. (2023). PREVENTION OF IMPORTANT NON-COMMUNICABLE DISEASES AMONG THE POPULATION. Евразийский журнал медицинских и естественных наук, 3(1 Part 2), 21-23.
28. Mukhamedova, N. S., Maksudova, N. A., & Radzhabova, N. A. (2016). On an issue related to providing people living in Kaliningrad region with safe drinking water. Vestnik nauki i obrazovaniya, 16(4), 72.
29. Расулова, Н. Ф., Мухамедова, Н. С., & Максудова, Н. А. (2017). К вопросу гигиенического прогнозирования качества воды водоёмов в Узбекистане. Проблемы науки, (2 (15)), 89-93.
30. Джалилова, Г. А., Исаев, И. С., Икрамова, М. И., & Раджабова, Н. А. (2014). Оценка показателей репродуктивного здоровья женщин в Узбекистане. Молодой ученый, (3), 176-178.
31. Махмудова, Н. М., Джалилова, Г. А., Мирдадаева, Д. Д., & Турсунова, Х. Н. (2015). Основные направления медико-социальной помощи инвалидам. International medical scientific journal, 49.
32. Джалилова, Г. А., Бакаева, Ю. Р., & Мирзаева, Ш. Т. (2016). Организация мероприятий по охране здоровья матери и ребенка. Современные тенденции развития науки и технологий, (1-3), 36-38.
33. Умарова, У. М., & Джалилова, Г. А. (2014). Роль врачебно-физкультурной службы в формировании первичной профилактики

заболевания. Сборник тезисов молодых ученых посвященный году здорового ребенка, Ташкент 2014г., стр, 253.
34. Джалилова, Г. А., Умарова, У. М., & Раджапова, Н. А. (2014). Роль средних медицинских работников в учреждениях врачебно-физкультурной службы Республики, науч. Журнал ПЕДИАТРИЯ, (3-4), 88-89.
35. Bayram, E., & Auesbaevich, P. A. (2020). Methodology For Improving The Efficiency Of Competition Activities Based On Improving The Quality Of Explosive Forces Of Freestyle Wrestlers. European Journal of Molecular & Clinical Medicine, 7(3), 3621-3624.
36. Auesbaevich, P. A. (2020, August). IMPROVING THE PROCESS OF TRAINING FOR ACTIVITY ACCORDING TO THE CHARACTERISTICS OF KURASH. In The 8 th International scientific and practical conference—Eurasian scientific congress‖(August 9-11, 2020) Barca Academy Publishing, Barcelona, Spain. 2020. 370 p. (p. 178).
37. Курбанова, Ш. И., Самигова, Н. Р., & Ордабаева, А. С. (2016). Значение изучения состояния зрительного анализатора как возможного профессионального риска для здоровья преподавателей начальных классов общеобразовательных школ. Молодой ученый, (2), 355-357.
38. Самигова, Н. Р. (2017). Изучение показателей теплового состояния организма работников «Махсустранс» в теплый период года. Молодой ученый, (1), 40.
39. Искандарова, Г., Самигова, Н., & Палимбетов, А. (2021). Гигиеническая оценка воздуха рабочей зоны цементного завода с учетом её многокомпонентного состава.
40. Саломова, Ф. И., Садуллаева, Х. А., & Самигова, Н. Р. (2022). Загрязнение атмосферы соединениями азота как этиологический фактор развития СС заболеваний г. Ташкента.
41. Ermatov, N. D., Ganiev, A. A., Nabieva, U. P., Samigova, N. R., Khalmatova, M. A., & Alimukhamedov, D. S. (2022). The role of molecular biological and immunological markers in the diagnostics and treatment of patients with oropharyngeal cancer.
42. Самигова, Н. Р. (2016). Исследования влияния производственного шума на слуховой анализатор работников объединения «Махсустранс». Молодой учёный, 8, 20.
43. Сулейманова, Д. Р., & Самигова, Н. Р. (2014). Прогнозирование профессионального риска для здоровья врачей санитарно-гигиенических лабораторий центров государственного санитарно-эпидемиологического надзора. Молодой ученый, (18), 159-162.