



# **DISTRIBUTION OF CHRONIC HEPATITIS IN THE CONDITIONS OF THE FERGHANA VALLEY AND CHANGES OVER 21 YEARS (RESULTS OF PROSPECTIVE EPIDEMIOLOGICAL MONITORING)**

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<b>Article history:</b>	<b>Abstract:</b>
<b>Received:</b> March 1 <sup>st</sup> 2023 <b>Accepted:</b> April 4 <sup>th</sup> 2023 <b>Published:</b> May 6 <sup>th</sup> 2023	In Uzbekistan and other countries, the problems of epidemiology, principles of treatment and prevention of chronic hepatitis and cirrhosis, which are the most aggressive liver diseases of social importance, remain topical. In the world there are 300-400 million people infected with viral hepatitis B, widespread viral hepatitis C and chronic hepatitis D have been confirmed in many countries of the world, including Uzbekistan.

**Keywords:** Chronic hepatitis, epidemiology, monitoring.

**RELEVANCE.** In Uzbekistan and other countries, the incidence of chronic hepatitis and cirrhosis, which are considered to be the most aggressive socially significant liver diseases, is decreasing<sup>1</sup>.

There are 300-400 million people infected with viral hepatitis V in the world, and the prevalence of virus carriers varies greatly in different regions - from 0.2-1.0% (Western Europe and the USA) to 8.3-15.0% (Far and in the Near East and in Africa) [1, p.986-991].

The countries with the highest prevalence of viral hepatitis C, at the population level, were found to be -16.0 percent in Japan, above -6.0 percent in Zaire and Saudi Arabia, and 9.9 cases per 100,000 in Russia. With similar prevalence frequencies, chronic hepatitis D is also described (especially among the population of Africa, the Middle East, Taiwan, India and the Mediterranean countries). In most patients, it is observed that hepatitis D accelerates the development of liver cirrhosis [4; 5, p. 45-55].

Autoimmune hepatitis is observed with a prevalence of 50 to 200 cases per 100,000 population per year, with SG totaling 20.0% of the population. The prevalence of biliary cirrhosis is 18-240 patients per million people. Risk factors have not been sufficiently clarified [2, 6. 77; 3, 6. 71-100].

**THE PURPOSE OF THE STUDY.** A 21-year study of the dynamics of the distribution and origin of chronic hepatitis in the conditions of the Fergana Valley.

**RESEARCH MATERIAL AND METHODS.** Research work, in accordance with the plan of scientific work of the Andijan State Medical Institute for 2000-2020, within the framework of the innovative project PZ-201205194 "Development of advanced innovative technologies for studying the epidemiology of chronic non-infectious diseases in various regions of Uzbekistan, ways to improve treatment and prevention" done.

A population of men and women aged 18-74 with a diagnosis of chronic hepatitis and treated in the departments of the Andijan State Medical Institute (4585) were included in the study.

A description of the population involved in the study and observed during the 21-year monitoring and related data are presented in Table 1 and Figure 1.

<sup>1</sup> Ravzatov J.B. Development of forecasting, treatment and preventive measures of cardiohemodynamic disorders in patients with viral cirrhosis of the liver//PhD thesis.-2023.- B. 78-103.



**1-Table  
Description of the study population**

Indicators	Текширув гуруҳлари					
	Men (n=2484)		Women (n=2101)		Total population (n=4585)	
	abs	%	abs	%	abs	%
Age (M±SD)	39,37±15,67		44,71±14,80		41,82±15,51	
City dwellers	633	25,5	512	24,4	1145	25,0
Villagers	1851	74,5	1589	75,6	3440	75,0
Local population	1498	60,3	1258	59,9	2756	60,1
New residents	986	39,7	843	40,1	1829	39,9
Working population	538	21,7	246	11,7	784	17,1
Non-working population	1946	78,3	1854	88,2	3800	82,9
People with disabilities	898	36,2	704	33,5	1602	34,9
Population without disability group	1586	63,8	1397	66,5	2983	65,1

A total of 4,585 patient populations were examined in the research databases during the years 2000-2020 (women aged 18-74 - 2,101 and 2,484 men). The average age of patients was 41.82±15.51 years (in men - 39.37±15.67 years and in women - 44.71±14.80).

Distribution of the examined population by gender according to social status is shown in Figure 1.

The social status of the population was divided by gender as follows: urban residents - 1145 (25%), men - 633 (25.5%) and women - 512

(24.4%); rural population - 3440 (75.0%), men - 1851 (74.5%) and women - 1589 (59.9%); Aboriginal local population - 2756 (60.1%), men - 1498 (60.3%) and women - 1258 (59.9%); immigrant population - 1829 (39.9%), men - 986 (39.7%) and women - 843 (40.1%); working population - 784 (17.1%), men - 538 (21.7%) and women - 246 (11.7%); unemployed population - 3800 (82.9%), men - 1946 (78.3%) and women - 1854 (88.2%); population with disability group - 1602 (34.9%), men - 898 (36.2%) and women - 704 (33.5%); population without disability group - 2983 people (65.1%), men - 1586 (63.8%), women - 1397 (66.5%).

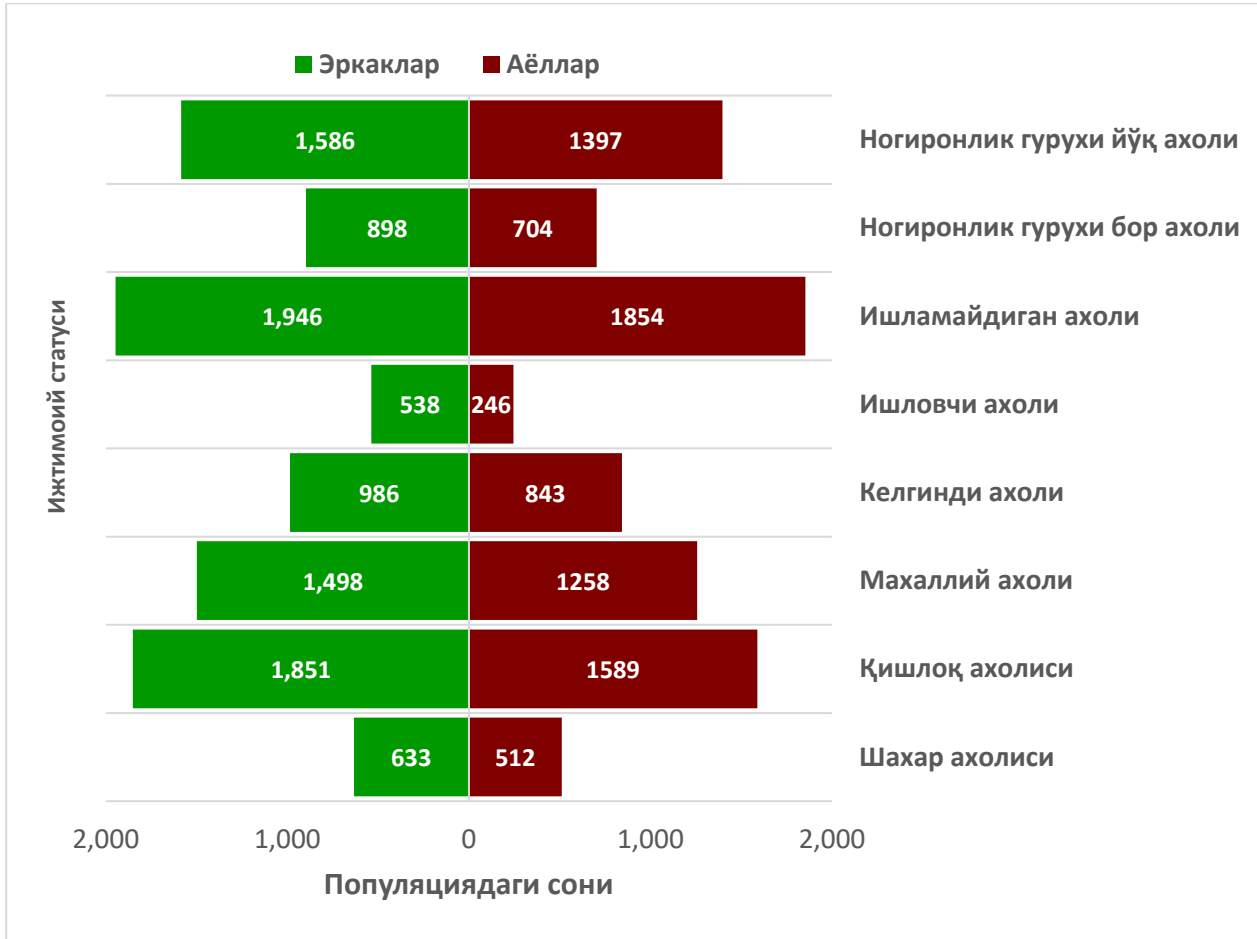


Figure 1. Distribution of the examined population by gender.

The investigated population represents the population of the valley with its own characteristics and it is involved in the research.

In a 21-year clinical-epidemiological study, questionnaire, clinical, biochemical, instrumental,

pharmacoepidemiological and statistical processing methods were used to determine the situation and evaluate the dynamics of JIAEK (Fig. 2).

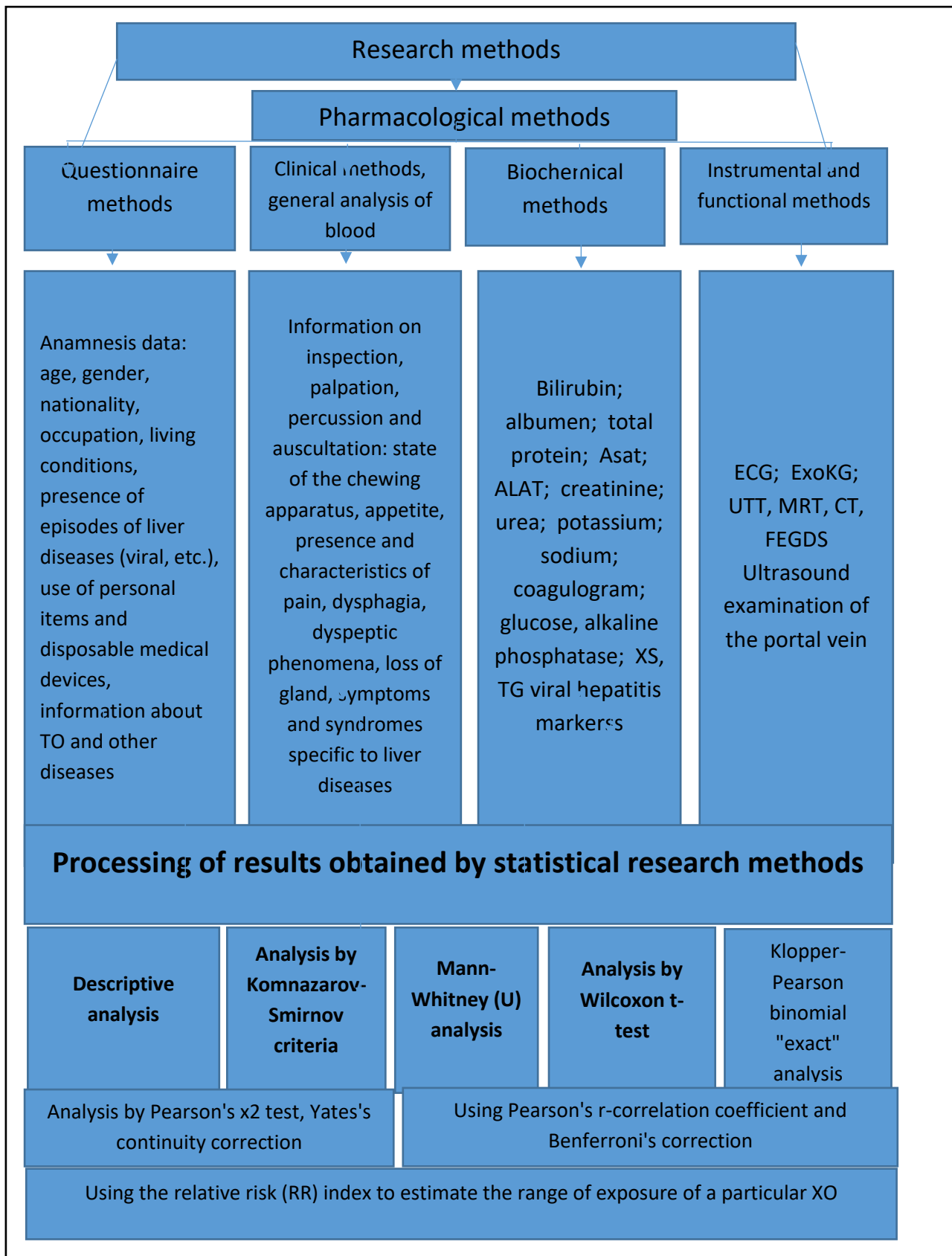


Figure 2. General description of research methods



The medical history data of patients with confirmed diagnosis of JIAEK (by clinical, questionnaire, biochemical, instrumental, functional and autopsy methods) were studied using a special questionnaire, subjective and objective clinical condition was evaluated. This questionnaire (U.K. Kayumov, 2020), approved and recommended for the identification of chronic non-infectious diseases, is standardized and unified, used in epidemiological studies and approved by the SSV of Uzbekistan. Questionnaire identification and assessment of SGs and JTs has been expanded with additional tests.

In a 21-year clinical-epidemiological study, questionnaire, clinical, biochemical, instrumental, pharmacoepidemiological and statistical processing methods were used to determine the situation and dynamics of JIAEK. Medical history data of patients with confirmed JIAEK diagnosis (by clinical, questionnaire, biochemical, instrumental, functional and autopsy methods) were studied using a special questionnaire, subjective and objective clinical condition was evaluated. This questionnaire (U.K. Kayumov, 2020), approved and recommended for the detection of chronic non-infectious diseases, is standardized and unified, used in epidemiological studies and approved by the SSV of Uzbekistan. The method of questionnaire identification and assessment of SGs and JTs was expanded with additional investigations.

### **CONCLUSIONS.**

1. Average age of patients -  $41.82 \pm 15.51$  years (in men -  $39.37 \pm 15.67$  years and in women -  $44.71 \pm 14.80$ ).
2. The social status of the population was divided by gender as follows: urban residents - 1145 (25%), men - 633 (25.5%) and women - 512 (24.4%);
3. rural population - 3440 (75.0%), men - 1851 (74.5%) and women - 1558 (59.9%);
4. Aboriginal local population - 2756 (60.1%), men - 1498 (60.3%) and women - 1258 (59.9%); immigrant population - 1829 (39.9%), men - 986 (39.7%) and women - 843 (40.1%);
5. working population - 784 (17.1%), men - 538 (21.7%) and women - 246 (11.7%); unemployed population - 3800 (82.9%), men - 1946 (78.3%) and women - 1854 (88.2%);
6. population with disability group - 1602 (34.9%), men - 898 (36.2%) and women - 704 (33.5%); population without disability group - 2983 people (65.1%), men - 1586 (63.8%), women - 1397 (66.5%).

The studied population represents the population of the valley with its characteristics and it is involved in the research.

### **BIBLIOGRAPHY:**

1. Тобокалова С.Т., Бекенова Д.С., Заирова Г.М., и др. Эпидеми-ологические особенности острого и хронического гепатита В в Кыргызской Республике за 20 летний период ( 1997 – 2017 гг) // Казанский медицинский журнал.- 2018- Том 99. - № 6. Библиогр: С . 986- 991.
2. Бобров А.Н. Этиологическая структура циррозов печени по результатам пятнадцатилетнего наблюдения // Вестник Военномеди-цинской академии .- 2011.- Т. 1.- С. 77
3. Ивашкин В.Т., Маевская М.В., Павлов Ч.С., Федосина Е.А., Бессонова Е.Н., Пирогова И.Ю., Гарбузенко Д.В. Клинические рекомендации Российского общества по изучению печени и Российс-кой гастроэнтерологической ассоциации по лечению осложнений цирроза печени // Российский журнал гастроэнтерологии, гепатологии колопроктологии.- 2016; 26 (4); С.- 71- 100.
4. Gardinier D., Olson M.C. Hepatitis C in 2019 ; are we there yet? // J Nurse Pract. – 2019; 0 (0)/ DOI : 10. 1016 / j . nurpra. 2018. 12.009.
5. Gower E., Estes C., Raravi- Shearer K., Raravi H. Global epidemiology and genotype distribution of the hepatitis C virus infection // 5 Hepatol. 2014 ; 61 (1 )S 45- S. 55. DOI : 10. 1016 / j. jhep. 2014.07.027.