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## **MONITORING OF OPPORTUNIST INFECTIONS IN PATIENTS WITH HIV INFECTION**

**Summary.** The disease caused by the human immunodeficiency virus, i.e. HIV, has become an important problem for all countries today. Its impact today poses a serious threat not only to the health care system, but to the economic and national security of many countries.

Since the first diagnosis of Acquired Immune Deficiency Syndrome was made in 1981, more than 34 million people have died. This figure indicates that the disease is the most devastating disaster in human history.

**Keywords:** acquired immune deficiency syndrome, world health organization, human immunodeficiency virus, gastrointestinal tract, normal herpes virus.

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## **МОНИТОРИНГ ОППОРТУНИСТНЫХ ИНФЕКЦИЙ У БОЛЬНЫХ ВИЧ-ИНФЕКЦИЕЙ**

**Резюме.** Заболевание, вызываемое вирусом иммунодефицита человека, то есть ВИЧ, стало сегодня важной проблемой для всех стран. Его воздействие сегодня представляет серьезную угрозу не только системе здравоохранения, но и экономической и национальной безопасности многих стран.

С момента постановки первого диагноза синдрома приобретенного иммунодефицита в 1981 году умерло более 34 миллионов человек. Эта цифра свидетельствует о том, что болезнь является самым разрушительным бедствием в истории человечества.

**Ключевые слова:** синдром приобретенного иммунодефицита, всемирная организация здравоохранения, вирус иммунодефицита человека, желудочно-кишечный тракт, вирус обычного герпеса.

**Relevance.** HIV infection is one of the most pressing problems in the world, spreading in the form of a pandemic.

The prevalence of this disease around the world, ie pandemic, is caused by:

- HIV infection is an infectious disease, and a patient with this disease remains at risk of transmitting the virus to others for the rest of his life;
- Due to the rapid mutation of the virus, no effective vaccine has been developed;
- Lack of drugs that completely cure the disease;
- The tendency of HIV to spread mainly among people at high risk of contracting the virus (drug addicts, prostitutes, homosexuals, etc.) and the difficulty of effective preventive work with such people.

Opportunistic infections are diseases caused by various bacteria, viruses, fungi against the background of weakened immunity.

Against the background of normal immunity, opportunistic diseases are practically harmless, but in the case of developing immunodeficiency, they cause serious problems for human health. In 90% of patients living with HIV, death

occurs due to opportunistic infections. This means that the prevention and treatment of opportunistic infections is very important.

**Purpose of the study.** Monitoring of opportunistic infections in patients with HIV infection in Andijan region in stages III-IV.

**Materials and research methods.** Our research was conducted at the Department of Infectious Diseases and Epidemiology of Andijan State Medical Institute, Department 6 of the Andijan Regional Infectious Diseases Hospital. The study examined secondary, opportunistic diseases caused by immunodeficiency in 34 children under 18 years of age and 47 patients over 18 years of age treated in stage IV AIDS of HIV-infected patients, and conducted clinical anamnestic, general physical, and laboratory examinations in patients.

**Results and discussion.** The main goal was to study the prevalence of opportunistic infections among children and adults living with HIV in Andijan region. The results of the study showed that HIV infection was detected in 34 children and 47 adults in the pediatric group.

Opportunistic diseases in HIV-infected patients are known to co-occur with the development of the disease, which is associated with immunodeficiency. Diagnosis of AIDS (according to Pokrovsky's classification corresponds to stage 3 HIV). In addition, opportunistic diseases may be interchanged with other diseases in the same patients or may develop several diseases at the same time. Based on the above, the structure of opportunistic infections in HIV-infected patients was determined.

Lower respiratory tract infection is the most common recurrent infection in patients living with HIV, with more patients having serious consequences. Bacteria, in some cases viruses and fungi, have been identified as the causative agents of this infection.

Bacterial pneumonia was observed in 13 children and 17 adults. Streptococcus pneumoniae and Haemophilus influenzae are a type of infection caused by bacteria.

Pneumocytic pneumonia is a common opportunistic infection associated with HIV infection.

The causative agent is the fungus *Pneumocystis jirovecii* (formerly *Pneumocystis carinii*).

Pneumocytic pneumonia occurred in 3 patients in group 1 and 5 patients in group 2. PTsZ was characterized by an acute onset (dry cough within 2 weeks), cough, shortness of breath, and fever were typical symptoms. Symptoms of respiratory failure, such as shortness of breath and cyanosis, were detected in patients with Pneumocytic pneumonia.

Salmonellosis (*Salmonellatyphi i paratyphidantashkari*) in children occurred in 5 (17.7%), shigellosis 7 (20.5%), Microsporidiosis 1 (2.9%) in children, salmonellosis in adults (excluding *Salmonellatyphi i paratyphi*) 6 ( 12.7%), shigellosis 7 (17%), cryptosporidiosis1 (2.12%) and microsporidiosis 1 (2.12%).

To diagnose diarrhea in HIV, other etiological factors must be ruled out. Sometimes the symptoms caused by the gastrointestinal tract occur at the expense of atrophy of the intestinal mucosa, followed by a violation of motility (malabsorption).

The most common lesions in the gastrointestinal tract were manifested by diarrhea, acute, subacute, and chronic transient symptoms.

### **Output.**

1. Study of opportunistic infections representing stage 4 immunodeficiency status in patients under 18 years of age with HIV infection;
2. To study opportunistic infections that occur in stage 4 of the immunodeficiency condition in patients older than 18 years;
3. Detection of viral loads, the absolute amount of CD-4 cells in patients treated for HIV infection in the AIDS stage, and special screening methods according to the disease;
4. Identify guidelines for chemoprophylaxis of opportunistic diseases according to severity.

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