THE IMPORTANCE OF THE SOCIAL FACTOR IN THE ACTIVATION OF THE EPIDEMIC PROCESS OF COVID-19 IN THE CONDITIONS OF TASHKENT

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Relevance

In the modern world, the social factor primarily encompasses various forms of communication between people, the level of people's concentration in families, enterprises, educational and health institutions, and the sanitary and hygienic conditions of work and life. These aspects either promote or hinder the manifestation of the epidemic process. The social factor determines the potential and scale of the epidemic process of new coronavirus infection, and analyzing the influence of social factors is a key element in assessing the sanitary and epidemiological situation in the region under study.

The purpose of the research

The purpose of our research was to assess some social factors involved in maintaining the epidemic process of new coronavirus infection in the conditions of Tashkent.

Research materials

The intra-annual dynamics of the incidence of new coronavirus infection among the population of Tashkent was studied according to data from the Center for Sanitary-Epidemiological Welfare and Public Health of the city of Tashkent for the time period from March 15, 2020, to December 31, 2020. When analyzing the results, a complex of descriptive and analytical techniques of the epidemiological research method and medical statistics methods were used.

Research results

As indicated by the analysis assessing the prevalence of COVID-19 among the population of Tashkent, from March to December 2020, 62,518 people infected with the coronavirus were registered in the capital. Among the infected, females predominated, accounting for 33,340 (53.3%), while the total number of infected males was 29,178 (46.7%) of the total number of patients. Among the officially registered patients, 61,807 people were infected through contacts in the family, public places, workplaces, etc., constituting 98.8% of the total number of patients.

In 0.5% of cases, or 316 infected individuals, arrived in Tashkent on charter flights. In 272 cases (0.4%), no infection factor was identified; 30 people (0.04%) were noted to have nosocomial infections.

It should be noted that out of the total number of cases, 140 people (0.2%) were infected while abroad for tourism, business travel, labor migration, study, guest visas, etc. Of the 104 identified COVID-19 patients, 43 (30.7%) were infected in the Republic of Kazakhstan; 20 (19.2%) in the Russian Federation; 12 (8.5%) in the Republic of Tajikistan; 6 (4.2%) in Turkey; 5 (3.5%) in Italy; 4 (2.8%) in India; 4 (2.8%) in England; 2 (1.4%) in France; 2 (1.4%) in the UAE; 1 (0.7%) in Switzerland; 1 (0.7%) in the Czech Republic; 1 (0.7%) in the United States of America; and 1 (0.7%) in the People's Republic of China. These cases demonstrate the significance of international travel as a social factor in the spread of the disease in Tashkent. This model of the social factor is primarily based on transport, especially aviation, and international connections. This social factor enables relatively accurate predictions of the epidemic spread of the new coronavirus infection in the capital.

Conclusion

Thus, obtaining objective and reliable information about the incidence and the role of social factors in the spread of the new coronavirus infection is necessary to develop management decisions for the implementation of further preventive and anti-epidemic measures responsible for epidemiological well-being.

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