



Spread of HCV Infection Children and Adults

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ABSTRACT

The volume of distribution of HCV and its genotypes among healthy children and adults has been established, as well as different risk groups for the incidence of viral hepatitis living in the hyperendemic zone of the Ferghana Valley have been identified. A high frequency of detection of anti - HCV was revealed. A high level of carriage was noted in the groups of patients in the intensive care unit and human donors

Keywords:

Viral hepatitis, marker, donor, genotype.

Introduction. In many regions of the world, there is an unfavorable situation for parenteral viral hepatitis (VH). According to WHO, the number of people infected with the hepatitis C virus (HCV) in the world is at least 500 million. more than 170-200 million of them are patients with chronic hepatitis c (HCV) (5,6,7). HCV markers are diagnosed in 13% of the world's population. More than 4 million people are infected with HCV in the USA. The epidemiological situation of viral hepatitis C in Uzbekistan is also not calm (1,2,3,4,7). Those suffering from HCV infection are the main cause of the development of chronic hepatitis, cirrhosis of the liver and hepatocellular carcinoma. At the same time, in 60-70% of cases or more, the outcomes of this infection developing at a late date (15-25 years after infection) are the cause of death of patients. The absence so far of specific prevention of hepatitis C, the known difficulties of treatment determine the complexity and relevance of this problem of medicine (5,6,7).

The purpose of the study. Establishing the breadth of HCV and its genotypes among healthy children and adults, as well as different

risk groups in Andijan, which, like the entire Fergana Valley, belong to the hyperendemic zone for the incidence of viral hepatitis.

Material and methods of research. 977 people (570 adults and 402 children) from 4 groups were under observation. The first group included 260 practically healthy children aged from 1 to 14 years organized in nurseries, kindergartens and schools. The 2nd group consisted of 104 practically healthy adults, aged 18-50 years. The 3rd group consisted of 471 personnel donors who constantly donate blood to the blood transfusion station, Andijan. The 4th group included 142 children – patients of the intensive care unit who are there with severe forms of OCI, sepsis and other diseases. The examined children and adults in the above groups denied a history of parenteral viral hepatitis.

Antibodies to hepatitis C (anti - HCV) were determined by enzyme immunoassay (ELISA) of the 3rd generation in all the observed patients along with general clinical examinations of the standard set of laboratory studies.

In order to study the spread of various HCV genotypes in Andijan, HCV RNA was indicated by RT-PCR in blood sera positive for anti-HCV, followed by genotyping of isolated HCV RNA samples. 80 samples of 20 samples from each examined group were examined.

The results of the survey and their discussion. The results of the study showed that in the 1st group of practically healthy children, anti HCV was detected in 14 (53%) and among the examined healthy adults in 7 (6.6%).

Among the cadre donors, anti-HCV was detected in 90 persons among the patients of the intensive care unit belonging to the high-risk group, anti-HCV was detected the most in 36 (25.3%).

The results of the study of HCV genotypes showed that the greatest diversity of HCV genotypes was noted in the group of patients in the intensive care unit, where genotype 1 was detected in 70.0% and genotypes 1a, 2a, 3a were detected almost uniformly (respectively: 10.5; 8.5; and 11%). And among the cadre donors, genotype 1b was identified in 80.0%, genotypes 1a – 9.5 and 10.5%, respectively.

Only 2 genotypes were identified among healthy children and adults. Their predominant genotype was 1b (80.0% and 90.0%, respectively). Genotype 1a was less common (20.0 and 10%, respectively).

Conclusions.

1. Patients at risk of parenteral infection have a high detection rate of anti-HCV.
2. The highest rates are found in frequently ill children, intensive care unit patients, adult human donors and relatively low in practically healthy children and adults.
3. The high level of carrier and diversity of HCV genotypes is explained by the multiplicity of infection sources, a large number of parenteral manipulations performed in them, including blood transfusions and its preparations, compared with groups of practically healthy children and adults.

Literature

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