

# CLINICAL AND DIAGNOSTIC SPECIFICITY OF THE COURSE OF CORONAVIRUS INFECTION IN ELDERLY AND YOUNG PATIENTS VACCINATED AGAINST COVID-19

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**Abstract:** Due to the lack of specific symptoms of COVID-19 infection, early differential diagnosis with other conditions/diseases is impossible. In the neonatal period, for the management of newborns, the diagnosis of COVID-19 infection should be suspected/marked. following current clinical guidelines for birth and treatment of relevant perinatal conditions. It is also recommended to conduct multidisciplinary consultations (mainly remote) with the participation of a clinical pharmacologist and other narrow specialists for relevant indications. **Key words:** infection, influenza, medicine. patients with COVID-19, coronavirus infection, clinic symptoms of coronavirus

## SUMMARY

We conducted a comprehensive clinical and laboratory examination of 60 vaccinated patients, aged 16 to 70 years, with a confirmed diagnosis of "COVID-19 in vaccinated patients." We established the clinical diagnosis of patients on the basis of epidemiological anamnesis, clinical examination and laboratory results. The mean age of the patients was  $50.3 \pm 2.83$ ; males predominated by gender. The peculiarity of the clinical course of "COVID-19" was characterized by the predominance of a moderate course of the disease and the absolute predominance of the contact-household factor in maintaining a high level of morbidity.

Thousands of people are theoretically at risk of the double whammy of flu and coronavirus at the same time. This combination poses a very serious risk to our health, warned British experts. They talked about a double pandemic that could lead to an overcrowding of hospitals, especially when the combination of two pathogens in one organism increases the risk of death. Warnings about the cumulative effects of the flu and the coronavirus on humans have been heard before, but they have never been justified. To a large extent, this was due to the strict observance of preventive measures such as wearing medical masks, social distancing and quarantine. Now, however, masks are becoming more relaxed, demand for vaccinations is declining, and public attendance is almost as brisk as before the pandemic. Delayed coronavirus infection leads to the development of already existing heart and blood vessel diseases, as well as their emergence. In addition, even if a person has a mild form of COVID-19, this risk remains. Often, in the period after infection with COVID-19 and sometimes during the disease, the following are diagnosed: myocarditis, arrhythmia, cardiomyopathy, angina

pectoris, arterial hypertension. Perhaps the occurrence of myocardial infarction, the formation of an intracardiac thrombus or in the veins of the legs.

Biologists have identified another form of gene disruption associated with the SARS-CoV-2 coronavirus infection. They studied the functions of proteins that the coronavirus uses to hide from the immune system. The ORF8 protein plays a role in these processes, the structure of which is almost unchanged with the development of SARS-CoV-2 and similar pathogens. The researchers studied the two-dimensional and three-dimensional structure of this peptide and found sequences similar to the shape of histone proteins. The structure of histones determines how actively the cell reads a certain gene, so changes in their structure play a role in the so-called epigenetic regulation of gene activity. This feature of ORF8 explains why virus strains that do not produce this protein cause much milder forms of COVID-19 than other variants of SARS-CoV-2. While symptoms like sore throat, headache and fatigue can be early warning signs, your ears can also indicate the coronavirus. During the coronavirus pandemic, a number of patients infected with the virus complained of problems such as hearing loss and tinnitus. While hearing loss is self-explanatory, tinnitus describes a ringing or noise that comes from your own ears rather than from an external source. Many experts suggest that these symptoms may affect the inner ear of the virus, researchers have confirmed this assumption. However, it is not yet known how the coronavirus enters the human inner ear.

In the majority (90.0%) of the examined patients, the clinical picture of coronavirus infection was characterized by the presence of bilateral viral pneumonia. In (10.0%) vaccinated patients, the disease proceeded without lung damage. The severity of pneumonia was established during CT scanning in accordance with the accepted gradation according to the volume of damage to the lung tissue and is presented in the table № 1.

Results of CT study in examined patients

CT scanning	Number of patients n=60	
	Abc	M ±m
CT- 0	6	0
CT - 1	30	12,7 ± 1,19
CT - 2	19	31,8 ± 1,11
CT - 3	5	55,2 ± 3,77

As you can see from Table No. 1, upon admission, 54 (90%) half of the patients had stage 1-2-3 lung damage according to CT data. At the same time, CT-0 was recorded in 6 (10.0%) patients, CT-1 - in 30 (50.0%), CT-2 - in 19 (31.6%), CT-3 - in 5 (8.3%) patients. Of the total number of patients (n=24) with a PCR-confirmed diagnosis of COVID-19, CT examination performed in 100% of cases, with CT-1 in 13 (54.2%), CT-2 in 10 (41.6%), CT-3 in one patient (4.2%). The dynamics of the lung condition according to CT data were assessed in 26 (43.3%) patients. At discharge, the proportion of patients with CT-3 decreased to 10%. On CT scans of the lungs, ground glass was the most common diagnostic finding (67%).

The method of post-Covid diagnosis developed by Tyumen Medical University (TMU) scientists will help identify hidden complications of the vascular system after the coronavirus and personalize rehabilitation therapy. Standard medical rehabilitation may not be appropriate for all patients after infection with the novel COVID-19 coronavirus. Practice shows that an

individual approach is necessary in each case. Therefore, there is a need to improve the methods of recovery of the body after COVID. In multi-level studies, scientists from Tyumen found that one of the most common and undetectable consequences of coronavirus infection is a change in the neurohumoral regulation of blood vessels, which threatens to disrupt the body's general adaptive reactions.

Experts conducted a study to understand how COVID-19 affects the placenta. It is known that infection in a pregnant woman, even if the coronavirus is mild, destroys her immunity against other viral and infectious diseases. This discovery is the "tip of the iceberg" in understanding how COVID-19 can affect fetal or placental development. At the beginning of the pandemic, many believed that the coronavirus did not harm developing fetuses because only a small percentage of babies were born with COVID-19. Research has shown that the placenta is vulnerable to the virus.

One of the terrible consequences of the coronavirus can be a weakening of the immune system, as its functionality is impaired due to the fact that white cells fight infection. This was previously known, but the long-term effects of covid on the immune system remained unclear. Some patients with long-lasting antibodies after contracting the coronavirus are more likely to develop autoimmune diseases, a new study has found. It is a disorder in which the immune system mistakenly attacks healthy tissues in our body instead of protecting them. Known autoimmune diseases are rheumatoid arthritis, multiple sclerosis or lupus.

### References:

1. Alviggi Carlo, et al. COVID-19 and assisted reproductive technology services: repercussions for patients and proposal for individualized clinical management. *Reproductive Biology and Endocrinology*. 2020; 18(1): 1-7.
2. Vaiarelli Alberto, et al. COVID-19 and ART: the view of the Italian Society of Fertility and Sterility and Reproductive Medicine. *Reproductive biomedicine online*. 2020; 40(6): 755-759.
3. Anesthesiologist-reanimation care of patients with the novel coronavirus infection COVID-19. *Metodicheskierekomendatsiiobshchestvennoyorganizatsii "FederatsiiAnesteziologov- reanimatologov"*, version N 5 on February 26, 2021). - 242 p.
4. 4 Toshpulatovich, Yuldashev Odiljon. "СОПТИНУЙТЪ ОФ ИННОВАТИВЕ EDUCATIONAL TECHNOLOGIES AND EDUCATIONAL EFFECTIVENESS." *Galaxy International Interdisciplinary Research Journal* 11.11 (2023): 821-823.
5. Шожалилова М.С., Атамухамедова Д.М., Осипова Е.М. Особенности клинического течения COVID-19 в период пандемии // *Инфекция, Иммунология и Фармакология*. 2021.-№1.- С.103-107.
6. Clinical management of human infection with pandemic (H1N1) 2009; revised
7. guidance. Geneva. World Health Organization./Клиническиерекомендации. 2009.
8. The New York Times. Coronavirus Live Updates: W.H.O. Declares Pandemic as Number as of Infected Countries Grows.
9. Информация о случаях заболевания COVID-19 в России и мире // Роспотребнадзор. [Information on cases of COVID-19 in Russia and the world. In: Rospotrebnadzor. (InRuss).] Доступно по: [https://www.rospotrebnadzor.ru/region/korono\\_virus/epid.php](https://www.rospotrebnadzor.ru/region/korono_virus/epid.php). Ссылка активна на 27.02.2022.