ACUTE RESPIRATORY INFECTIONS INSTIGATORS CHARACTERISTIC AND THEIR CLINICAL IMPORTANCE

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Viruses breath of the roads sharp infections reason divider main from factors one is , this diseases every year world more than 4 million across more than human to life surety Acute respiratory viral infection infections (ARVI) in the world various in countries illness in the structure leader place This of diseases prevent to take and treatment tools working exit according to big to efforts despite the results still not much satisfactory not . [1, 2].

Research most of the flu pathogenesis and him/her prevent to take and treatment methods to study focused on. However every year of the flu observable epidemics, diseases the most high to the top reach at the time variability, seasonal advantage virus strains causing prophecy in doing mistakes this shows that the current prevention system the flu enough at the level control do can't get it. World health storage According to the World Health Organization (WHO), according to, pandemics between in periods world every year throughout an average of 1 billion people flu with infected, of which 3–5 million cases disease heavy in the form passes, from 300,000 to 500,000 patient death Breathe. roads from infections the most high death level young children and elderly between observed. In 2008, under 5 years old was children between flu with 90 million cases of infection organization reached if, different to the grades According to, from 28,000 to 111,000 of them situation death with completed. Their most income low level and middle was in countries observed. Thus so, medicine in the field to developments Despite this, viral respiratory infections, including influenza, are still a serious health storage problem become remains. Main problems viruses high variability, seasonal vaccines enough effective not being and epidemics in advance clear forecast to do difficulty with depends.

Current scientific research on universal vaccines working exit, wide impact to the circle antiviral drugs create and more precisely diagnostics methods working to go out focused on. However viral to infections against struggle complex This requires an approach. vaccination, sanitation and hygiene to the measures compliance to do, to treat the sick fast determination and effective treatment such as measures own inside takes. [5].

Breath to take of the roads viral infections the most often occurring contagious diseases. Contains 200 close etiological spontaneously contagious infections known are, they are air-droplet through transition mechanism, pathological of processes development and clinical appearances because of one to the group combined. High breath of the roads infections (URTI) group rhinoviruses, influenza viruses A (A (H1N1), A (H2N2) and A (H3N2) and B small

species, parainfluenza, human respiratory syncytial virus , as well as HRSV and adenoviruses enters . Sharp inflammation. viral impact as a result breath to their paths take comes Mucus floor desquamation virus type depending on the URTI various level injury of the disease etiology related to be possible: nasopharyngitis (rhinoviruses, coronaviruses, influenza viruses A and B, parainfluenza). Also known as HRSV syncytial virus and adenoviruses), pharyngotonsillitis (adenoviruses, Coxsackie Hepatitis A and B infections with), pharyngo-conjunctivitis (adenoviruses brought (extracting), small aged in children stenotic laryngitis (flu) and parainfluenza viruses respiratory viral infection in diseases development the children own inside to receive need up to 2 months had, in the anamnesis febrile spasms with , central nerve system diseases , chronic blood rotation pathology and hereditary metabolic diseases , lungs and bronchial of tubes chronic diseases was adults, also elderly aged people [8] .

The most wide widespread viruses influenza, parainfluenza, adenoviruses, coronaviruses, human metapneumovirus, respiratory syncytial virus, human rhinoviruses and bocaviruses. except, last in years enteroviruses (ESHO, Coxsackie), reoviruses, Epstein-Barr virus and other pathogens causing ARVI as often They are not only breath of the roads to damage take to come, maybe the most many occurring viruses with together additional pathogen also manifested as to be possible . From the initiator strict look, infection entrance place and localization territory high breath roads viruses epithelial in cells the most active in a way increases. ARVI pathogens mainly air-droplet way through — cough, sneeze, conversation during, also polluted household items through spreads. Breath roads viruses external in the environment viability Duration from 7 to 12 days continue [6].

Breath roads viruses high meeting frequency and mixed infections

Doctors often in the body one how many breath roads viruses there is to be probability enough does not evaluate and many in cases only flu the initiator or even only strain A (H1N1) pdm09 determination with is limited. However many in patients sharp breath roads diseases various viruses joint infection as a result to the surface For example, the laboratory by approved flu with sick in 23% of patients at least again one breath roads viral pathogen Coinfection detected. doer viruses coronavirus, rhinovirus, bocavirus and parainfluenza with sick also found in 24–32% of patients. ARVI pathogens molecular check methods further improvement and wide application as a result viral mixed infections of detection share increase is expected. For example, recently held from research in one coronavirus with related breath roads to diseases played of patients only 30 % monoinfection approved if, in 70% of patients viral mixed infection detected, 18% of them and three and from it more than breath roads viral pathogens existence record [4,5].

Mixed infections problem practical point from the point of view important importance has.

First, one how many breath roads pathogens combination usually the course of ARVI For example, RSV and other breath roads viruses with co-infected in children of the disease heavy or middle heavy forms of RSV- monoinfection than more Secondly, mixed infections many in terms of this explains that the laboratory by approved with the flu etiotropic drugs early used In any case, treatment the result is always satisfactory It will not happen. [3].

Respiratory syncytial virus (RSV) -RSV to oneself originality is that in it neuraminidase and hemagglutinin there is not, also, it is lower breath roads mucus floor superficial epithelium to tropism has. This is him/her bronchitis and bronchiolitis main from the causes to one The virus main infection way — air -droplet through, but personal hygiene items through infection cases are also recorded The room RSV at room temperature for up to 6 hours preserved remains. RSV all young in the group people damage possible, sporadic diseases and breath roads infections epidemics reason to be possible. However, it is the most many small aged children and old aged people between occurs with RSV related Conditions: Bronchitis and up to 70% of bronchiolitis, up to 58.2% of pneumonia. In the first years of life, RSV called bronchiolitis in the future bronchial asthma to develop reason to be possible. [2].

Rhinoviruses-current at the time human 113 serological strains of rhinoviruses type They are RNA - containing. viruses is high breath roads epithelium strong to tropism has and many in quantity like water liquid nose secretions (profusion) rhinitis (cause) will be.This viruses main infection way — air-droplet through, but personal hygiene items through infection infection possibility is also an exception Rhinoviruses various serotypes wide prevalence and to them against harvest to be immunity short term that is because of epidemic duration one how many from the month one how many up to a year (less occurring in options) to be possible.

Metapneumovirus infection.

Human metapneumovirus (MPVCh) — Metapneumovirus genus belonging is Pneumovirinae junior family and Paramyxoviridae family first human pathogen is.MPVCh genotypes A and B of separated are, they are epidemics in parallel with time spread possible , but usually from them one advantage does.Metapneumovirus whole world along widespread and his/her seasonal rotation flu and RSV viruses is similar. This infection adults and in children sometimes asymptomatic past possible, but some in cases: high breath roads light from infections. Severe to pneumonia was clinical manifestation to be possible.

Etiotropic therapy tools

Etiotropic therapy tools of the disease the initiator, that is breath roads viruses against Special antiviral drugs directly infection to the initiator impact does, its in the body increase stop

the disease to treat help gives.In the world medicinal preparations, including those on the Russian market register past flu and ARVI treatment for used all medicine tools conditional accordingly three to the group divided into:

1. Infection entrance at the doors (breath) roads mucus (floors) localization doer tools;
2. Directly to the antivirus effect has preparations;
3. Microorganisms protection mechanisms suppressor and intermediate antiviral effect indicative tools.

Conclusion. Acute respiratory viral infection clinical signs of infection (ARVI) image etiological factor, patient immune system condition, age and companion pathologies to the existence looking at noticeable at the level difference does. But the flu and ARVI most cases for three main syndrome separation possible: intoxication, catarrhal and hemorrhagic. Disease first days and hours during appearance to be symptoms infection at the doors located local inflammation reaction development with depends. Next of symptoms development unborn immunity factors to the activity and the virus complete no to do aimed at high-specific immune reactions speed defines. Sometimes excess local inflammation reaction to the surface come, this surrounding of tissues wide extensive perish to be and viremia to develop take comes, as a result sharp breath roads diseases, infectious-toxic shock, acute respiratory distress syndrome and multiple organ failure such as dangerous complications to the surface comes. So even common ARVI symptoms there is even though, first from hours starting with antivirus and pathogenesis against medications (for inflammation) against and antioxidants) application recommendation is being

REFERENCES

1. Jumaeva, D. R. (2025). VAGINAL MIKROBIOTSENOZ, BAKTERIAL VAGINOZ HOLATI VA UNI DAVOLASH USULLARI. *Modern education and development*, *19*(3), 65-77.
2. Djumaeva, D. R. (2025). TOMOSINTEZ BILAN RAQAMLI MAMMOGRAFIYA NAZORATI OSTIDA KO'KRAK BEZINING STEREOTAKSIK BIOPSIYASI. *Modern education and development*, *19*(3), 53-64.
3. Жумаева, Д. Р. (2025). ОПТИМИЗАЦИЯ МЕТОДОВ ДИАГНОСТИКИ РАЗЛИЧНЫХ ФОРМ ЭНДОМЕТРИОЗА У ЖЕНЩИН РЕПРОДУКТИВНОГО ВОЗРАСТА. *Modern education and development*, *19*(3), 78-87.
4. Жумаева, Д. Р. (2025). СОСТОЯНИЕ МИКРОБИОЦЕНОЗА ВЛАГАЛИЩА, БАКТЕРИАЛЬНЫЙ ВАГИНОЗ И ВОЗМОЖНОСТИ ЕГО ЛЕЧЕНИЯ. *Modern education and development*, *19*(3), 88-101.

5. Жумаева, Д. Р. (2025). АНАЛИЗ ГИНЕКОЛОГИЧЕСКОЙ ПАТОЛОГИИ У ЖЕНЩИН ПОЗДНЕГО РЕПРОДУКТИВНОГО ПЕРИОДА ЗАБОЛЕВАНИЯМИ МОЛОЧНОЙ ЖЕЛЕЗЫ. *Modern education and development*, *19*(3), 102-112.
6. DR Zhumaeva, D. R. (2024). The State of the Vaginal Microbiocenosis, Bacterial Vaginosis andits Treatment Options. *American Journal of Bioscience and Clinical Integrity*, *1*(11), 78-83.
7. Хикматова, Н. И., & Жумаева, Д. Р. (2023). Инвазивные И Неинвазивные Методы Диагностики Заболевания Молочных Желез. *Central Asian Journal of Medical and Natural Science*, *4*(6), 652-658.
8. ZHUMAEVA, D. (2024). OPTIMIZATION OF METHODS OF DIAGNOSTICS OF VARIOUS FORMS OF ENDOMETRIOSIS IN WOMEN OF REPRODUCTIVE AGE. *Valeology: International Journal of Medical Anthropology and Bioethics (2995-4924)*, *2*(9), 120-125.
9. Абдукаримов, У. Г., Ихтиярова, Г. А., & Джумаева, Д. Р. (2024). Скрининг Рака Молочной Железы: Настоящее И Будущее. Обзор Литературы. *Research Journal of Trauma and Disability Studies*, *3*(2), 144-148.
10. Zhumaeva, D. R. (2025). IMMUNOLOGICAL CHARACTERISTICS OF THE ENDOMETRIUM IN WOMEN WITH IMPAIRED FERTILITY. *Modern education and development*, *19*(2), 390-402.
11. Jumaeva, D. R. (2025). REPRODUKTIV BUZISHLI AYOLLARDA ENDOMETRIYNING IMMUNOLOGIK XUSUSIYATLARI. *Modern education and development*, *19*(2), 403-415.
12. Jumaeva, D. R. (2025). REPRODUKTIV BUZISHLI AYOLLARDA ENDOMETRIYNING IMMUNOLOGIK XUSUSIYATLARI. *Modern education and development*, *19*(2), 403-415.
13. Jumaeva, D. R. (2025). REPRODUKTIV BUZISHLI AYOLLARDA SURUNKALI AUTOIMMUN ENDOMETRITNNING KECHISHI. *Modern education and development*, *19*(2), 375-389.
14. Temirova, D. O. (2024). Diagnosis of Cervical Erosion. *American Journal of Bioscience and Clinical Integrity*, *1*(11), 84-89.
15. Темирова, Д. А. (2024). СОВРЕМЕННЫЕ МЕТОДЫ ЛЕЧЕНИЯ СИНДРОМА АШЕРМАНА. *Modern education and development*, *16*(10), 132-142.
16. Темирова, Д. О. (2024). КЛИНИЧЕСКОЕ ЗНАЧЕНИЕ МИОМЫ МАТКИ В ГИНЕКОЛОГИИ. *Modern education and development*, *16*(10), 116-131.

17. Olimjonovna, T. D. (2024). THE SYNDROME OF UNFORTUNATE CONSEQUENCES HELPPA. *Modern education and development*, *16*(10), 156-166.
18. Olimjonovna, T. D. (2024). UTERINE PROLAPSE IS A DELICATE PROBLEM FOR WOMEN. *Modern education and development*, *16*(10), 167-176.
19. Olimjonovna, T. D. (2024). BACTERIAL VAGINOSIS IS A DANGEROUS DISEASE. *Modern education and development*, *16*(10), 143-155.
20. Temirova, D. (2024). ADENOMYOSIS AND DISORDERS OF REPRODUCTIVE FUNCTION. *European Journal of Modern Medicine and Practice*, *4*(10), 195-199.
21. Xalimova, Y. S. (2024). Morphology of the Testes in the Detection of Infertility. *Journal of Science in Medicine and Life*, *2*(6), 83-88.
22. KHALIMOVA, Y. S. (2024). MORPHOFUNCTIONAL CHARACTERISTICS OF TESTICULAR AND OVARIAN TISSUES OF ANIMALS IN THE AGE ASPECT. *Valeology: International Journal of Medical Anthropology and Bioethics*, *2*(9), 100-105.
23. Salokhiddinovna, K. Y. (2024). IMMUNOLOGICAL CRITERIA OF REPRODUCTION AND VIABILITY OF FEMALE RAT OFFSPRING UNDER THE INFLUENCE OF ETHANOL. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *4*(10), 200-205.
24. Salokhiddinovna, K. Y., Saifiloevich, S. B., Barnoevich, K. I., & Hikmatov, A. S. (2024). THE INCIDENCE OF AIDS, THE DEFINITION AND CAUSES OF THE DISEASE. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 195-205.
25. Nematilloevna, K. M., & Salokhiddinovna, K. Y. (2024). IMPORTANT FEATURES IN THE FORMATION OF DEGREE OF COMPARISON OF ADJECTIVES IN LATIN. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 150-157.
26. Saloxiddinovna, X. Y., & Ne'matillaevna, X. M. (2024). FEATURES OF THE STRUCTURE OF THE REPRODUCTIVE ORGANS OF THE FEMALE BODY. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 179-183.
27. Хафизова, М. Н., & Халимова, Ю. С. (2024). ИСПОЛЬЗОВАНИЕ ЧАСТОТНЫХ ОТРЕЗКОВ В НАИМЕНОВАНИЯХ ЛЕКАРСТВЕННЫХ ПРЕПАРАТОВ В ФАРМАЦЕВТИКЕ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 172-178.

28. Хафизова, М. Н., & Халимова, Ю. С. (2024). МОТИВАЦИОННЫЕ МЕТОДЫ ПРИ ОБУЧЕНИИ ЛАТЫНИ И МЕДИЦИНСКОЙ ТЕРМИНОЛОГИИ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 165-171.
29. Халимова, Ю. С., & Хафизова, М. Н. (2024). ОСОБЕННОСТИ СОЗРЕВАНИЕ И ФУНКЦИОНИРОВАНИЕ ЯИЧНИКОВ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *55*(2), 188-194.
30. Халимова, Ю. С., & Хафизова, М. Н. (2024). КЛИНИЧЕСКИЕ АСПЕКТЫ ЛИЦ ЗЛОУПОТРЕБЛЯЮЩЕЕСЯ ЭНЕРГЕТИЧЕСКИМИ НАПИТКАМИ. *TADQIQOTLAR. UZ*, *40*(5), 199-207.
31. Халимова, Ю. С., & Хафизова, М. Н. (2024). кафедра Клинических наук Азиатский международный университет Бухара, Узбекистан. *Modern education and development*, *10*(1), 60-75.
32. Халимова, Ю. С., & Хафизова, М. Н. (2024). КЛИНИЧЕСКИЕ ОСОБЕННОСТИ ЗАБОЛЕВАНИЙ ВНУТРЕННИХ ОРГАНОВ У ЛИЦ, СТРАДАЮЩИХ АЛКОГОЛЬНОЙ ЗАВИСИМОСТЬЮ. *TADQIQOTLAR. UZ*, *40*(5), 240-250.
33. Халимова, Ю. С., & Хафизова, М. Н. (2024). МОРФО-ФУНКЦИОНАЛЬНЫЕ И КЛИНИЧЕСКИЕ АСПЕКТЫ ФОРМИРОВАНИЯ КОЖНЫХ ПОКРОВОВ. *Modern education and development*, *10*(1), 76-90.
34. Khalimova, Y. S. (2024). Features of Sperm Development: Spermatogenesis and Fertilization. *American Journal of Bioscience and Clinical Integrity*, *1*(11), 90-98.
35. Salokhiddinovna, K. Y., & Nematilloevna, K. M. (2024). MODERN MORPHOLOGY OF HEMATOPOIETIC ORGANS. *Modern education and development*, *16*(9), 50-60.
36. Khalimova, Y. (2025). MORPHOLOGY OF PATHOLOGICAL FORMS OF PLATELETS. *Modern Science and Research*, *4*(2), 749-759.
37. Samikhovna, M. K. (2024). MODERN VIEWS ON ACROMEGALY AND IMMUNOMORPHOLOGY OF THIS DISEASE. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *4*(10), 179-183.
38. Mukhitdinova, K. S. (2024). Clinical and Morphological Aspects of the Functioning of the Lymphatic System. *International Journal of Alternative and Contemporary Therapy*, *2*(9), 101-106.
39. Samixovna, M. X. (2024). BACHADON BO ‘YNI RAKINING ZAMONAVIY TASHXISOTI VA PROFILAKTIKASI. *Modern education and development*, *16*(11), 62-72.
40. Samixovna, M. X. (2024). BACHADON BO ‘YNINING KASALLIKLARDAGI KLINIKO-MORFOLOGIK AHAMIYATI. *Modern education and development*, *16*(11), 73-84.

41. Samixovna, M. X. (2024). BACHADON ENDOMETRIYSINING HOMILADORLIK YUZAGA KELISHIDAGI AHAMIYATI. *Modern education and development*, *16*(11), 51-61.
42. Samixovna, M. X. (2024). AYOLLARDA TUXUMDONLARDAGI SARIQ TANANING KLINIKO-MORFOLOGIK XUSUSIYATLARI. *Modern education and development*, *16*(11), 131-142.
43. Мухитдинова, Х. С. (2024). КЛИНИКО-МОРФОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ЖЕЛТОГО ТЕЛА В ЯИЧНИКАХ У ЖЕНЩИН. *Modern education and development*, *16*(11), 143-154.
44. Мухитдинова, Х. С. (2024). КЛИНИКО-МОРФОЛОГИЧЕСКОЕ ЗНАЧЕНИЕ ШЕЙКИ МАТКИ ПРИ ЗАБОЛЕВАНИЯХ. *Modern education and development*, *16*(11), 107-118.
45. Samikhovna, M. K. (2024). MODERN UNDERSTANDING OF THE DIAGNOSIS AND PREVENTION OF CERVICAL CANCER. *Modern education and development*, *16*(11), 96-106.
46. Мухитдинова, Х. С. (2024). СОВРЕМЕННАЯ ДИАГНОСТИКА И ПРОФИЛАКТИКА РАКА ШЕЙКИ МАТКИ. *Modern education and development*, *16*(11), 85-95.
47. Samikhovna, M. K. (2024). CLINICAL AND MORPHOLOGICAL SIGNIFICANCE OF THE CERVIX IN DISEASES. *Modern education and development*, *16*(11), 119-130.
48. Samikhovna, M. K. (2024). MORPHOLOGICAL FEATURES OF THE YELLOW BODY IN WOMEN. *Modern education and development*, *16*(11), 155-166.
49. Toxirovna, E. G. (2024). QALQONSIMON BEZ KASALLIKLARIDAN HASHIMOTO TIREODIT KASALLIGINING MORFOFUNKSIONAL O'ZIGA XOSLIGI. *Modern education and development*, *16*(7), 120-135.
50. Toxirovna, E. G. (2024). REVMATOID ARTRIT: BO'G'IMLAR YALLIG'LANISHINING SABABLARI, KLINIK BELGILARI, OQIBATLARI VA ZAMONAVIY DAVOLASH YONDASHUVLARI. *Modern education and development*, *16*(7), 136-148.
51. Эргашева, Г. Т. (2024). ОЦЕНКА КЛИНИЧЕСКОЙ ЭФФЕКТИВНОСТИ ОРЛИСТАТА У БОЛЬНЫХ ОЖИРЕНИЕМ И АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИЕЙ. *Modern education and development*, *16*(7), 92-105.
52. Ergasheva, G. T. (2024). THE SPECIFICITY OFAUTOIMMUNE THYROIDITIS IN PREGNANCY. *European Journal of Modern Medicine and Practice*, *4*(11), 448-453.
53. Эргашева, Г. Т. (2024). ИССЛЕДОВАНИЕ ФУНКЦИИ ЩИТОВИДНОЙ ЖЕЛЕЗЫ ПРИ ТИРЕОИДИТЕ ХАШИМОТО. *Modern education and development*, *16*(7), 106-119.

54. Toxirovna, E. G. (2024). GIPOFIZ ADENOMASINI NAZORAT QILISHDA KONSERVATIV JARROHLIK VA RADIATSIYA TERAPIYASINING UZOQ MUDDATLI SAMARADORLIGI. *Modern education and development*, *16*(7), 79-91.
55. ERGASHEVA, G. T. (2024). OBESITY AND OVARIAN INSUFFICIENCY. *Valeology: International Journal of Medical Anthropology and Bioethics*, *2*(09), 106-111.
56. Ergasheva, G. T. (2024). Modern Methods in the Diagnosis of Autoimmune Thyroiditis. *American Journal of Bioscience and Clinical Integrity*, *1*(10), 43-50.
57. Tokhirovna, E. G. (2024). COEXISTENCE OF CARDIOVASCULAR DISEASES IN PATIENTS WITH TYPE 2 DIABETES. *TADQIQOTLAR. UZ*, *40*(3), 55-62.
58. Toxirovna, E. G. (2024). DETERMINATION AND STUDY OF GLYCEMIA IN PATIENTS WITH TYPE 2 DIABETES MELLITUS WITH COMORBID DISEASES. *TADQIQOTLAR. UZ*, *40*(3), 71-77.