ISSN 3060-4567

TREATMENT OF ARVI

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✓ ***Abstract:*** *Every adult suffers from influenza or other acute respiratory viral infections on average 2-4 times a year, a schoolchild - 4-5 times, a preschool child - 6 times, a child of the first year of life has from 2 to 12 episodes of acute respiratory viral infections. The polyetiology of ARVI pathogens and the variability of viruses involved in the epidemic process, complications after an illness, necessitate the search for new diagnostic methods and optimization of treatment and preventive measures.*

Key words: *acute respiratory viral infections, influenza virus, prevention, antiviral drugs*

Introduction

Among acute respiratory viral infections, influenza is of particular epidemiological and social significance, characterized by high morbidity and mortality rates, as well as severe socio-economic consequences. A feature of the epidemic situation in recent years is the simultaneous circulation in the human population of several respiratory viruses: influenza A (H3N2 and H1N1) and B with the periodic predominance of one of them, adenoviruses, parainfluenza viruses and rhinoviruses, respiratory syncytial viruses, coronaviruses, etc. Influenza viruses have unique variability of the genome, allowing it to evade the human immune system, which, combined with aerogenic transmission of the pathogen in conditions of close contact and high population migration, contributes to the rapid spread of infection. Features of the biology of the virus and the epidemiology of influenza lead

ISSN 3060-4567

to its widespread distribution among the population. Over the past 10 years, there has been a varying intensity of the influenza epidemic process - from seasonal epidemic surges to epidemics and pandemics.

The nature and severity of clinical manifestations of influenza vary from mild to extremely severe and depend on the type of pathogen and the reaction of the patient's immune system (immune response). The frequency of hospitalization of children with influenza depends on age: the younger the child, the higher the risk of severe illness requiring treatment in a hospital setting.

Prevention of ARVI

As soon as a child begins to actively contact a large number of peers, the risk of ARVI increases significantly. As a rule, in the first year of visiting a kindergarten, the baby gets sick a lot, since his body encounters a large number of pathogens. It is impossible to completely get rid of colds during this period [16-19]. General preventive measures will help reduce the likelihood of infection. In addition, it is very important to leave the child at home at the first signs of ARVI. This will not only help avoid the spread of infection in the community, but will also help the child’s body cope with the disease faster [20-23].

Flu vaccination

Vaccination is an effective way to protect both children (over 2 years old) and adults from influenza. It is this disease that is most severe, accompanied by severe intoxication and can cause life-threatening complications [24-27]. Vaccines change each year to reflect the most common strains that season. Ideally, the vaccine should be given 1-2 months before the start of the annual outbreak, as the immune system needs time to produce antibodies. Before vaccination, you must contact your pediatrician so that he can examine the child and make sure there are no contraindications.

Preventing influenza and ARVI, especially during an epidemic, is not an easy task. However, if you accustom yourself and your children to a daily routine, proper microclimate in the premises, good and healthy nutrition, if you get

ISSN 3060-4567

vaccinations on time and do not forget about hygiene, the likelihood of illness will be much lower [28-30].

Treatment

Influenza illness can present with a range of symptoms, ranging from a mild upper respiratory tract infection to an acute, life-threatening illness. Knowledge of the main symptoms of diseases caused by various respiratory viruses is essential for a doctor. This is due to the fact that modern principles of treatment of ARVI, in addition to symptomatic drugs, include a wide range of etiotropic drugs, many of which have a selective effect against specific viruses, which must be taken into account when prescribing them [38-41].

Modern approaches to the treatment of ARVI, including influenza, include the use of both medicinal and non-medicinal methods (regime, hygiene, diet, sanitation of the upper respiratory tract, physiotherapy). The main goals of therapy for these infections are suppression of viral replication in the early stages of the disease, relief of clinical manifestations of viral infection, prevention and treatment of complications.

In recent years, in the treatment of ARVI and influenza, preference is given to drugs that have several points of application and have a combined effect, which combine direct antiviral, immunomodulatory and symptomatic effects. In situations with an unspecified pathogen and the absence of a laboratory-confirmed mixed viral infection, therapy with broad-spectrum antiviral drugs should be started.

The use of complex drugs that affect not only the proteins and key structures of the virus, but also the cellular and humoral immune mechanisms of antiviral defense, allows for effective therapy for a wide range of respiratory viral infections, including influenza [42].

Conclusions

Influenza and other acute respiratory viral infections still remain one of the pressing medical and socio-economic problems, the solution of which is possible only at the state level.

ISSN 3060-4567

Vaccination against influenza for groups at increased risk of infection has been introduced into the National Calendar of Preventive Vaccinations; work is underway to prepare for the widespread use of a new generation influenza vaccine that can mitigate the problem of variability of the influenza virus; A quadrivalent vaccine has been created.

New etiotropic drugs are constantly being developed and introduced into clinical practice that can quickly cure a patient from influenza and prevent the development of complications, which are the main cause of mortality in the unvaccinated population.

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