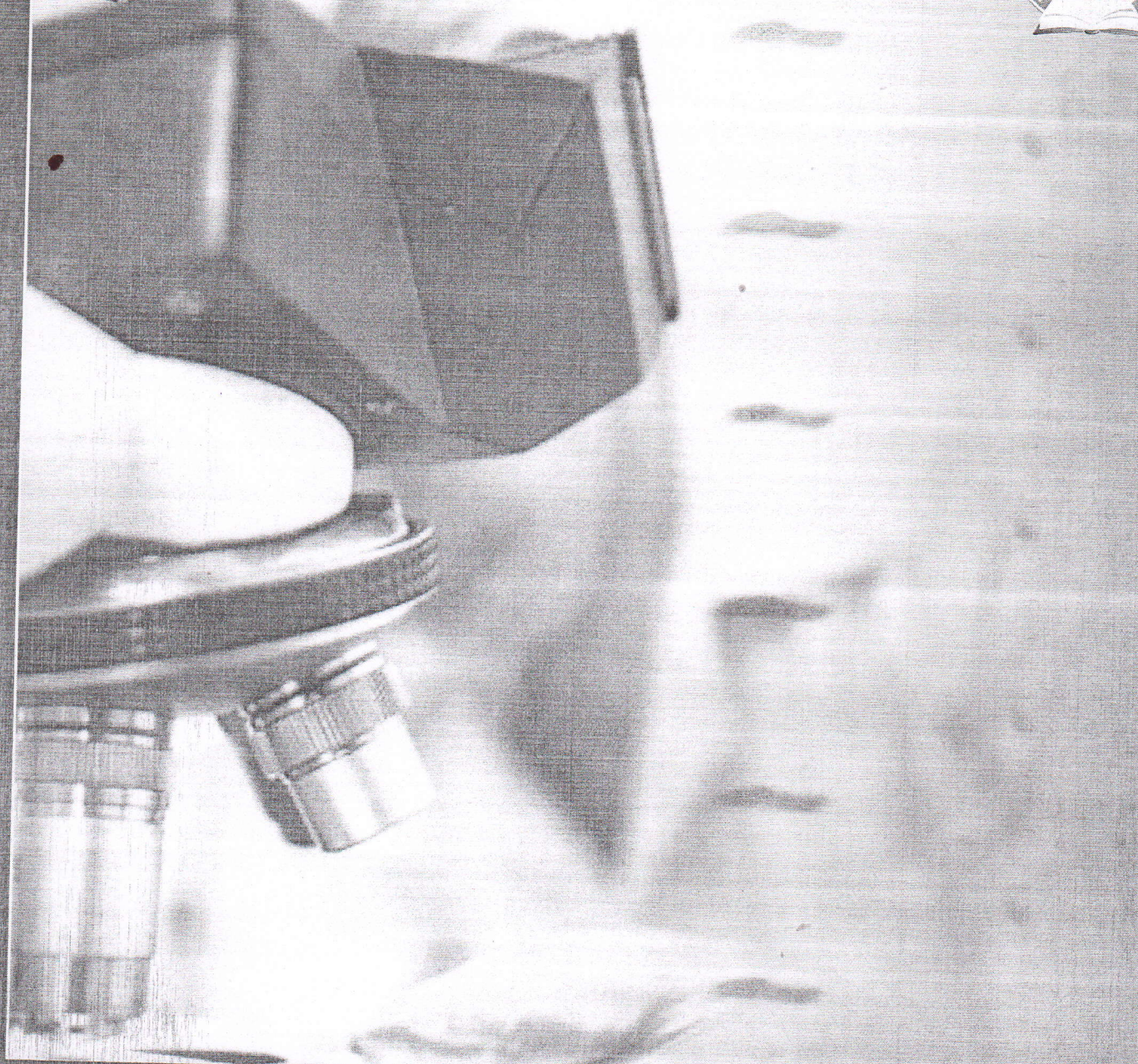




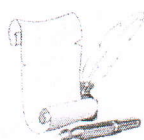
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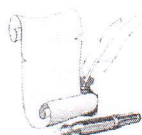
**МАТЕРИАЛЫ VII УЧЕБНО-
МЕТОДИЧЕСКОЙ КОНФЕРЕНЦИИ
«СОВРЕМЕННЫЕ ВЫСШЕЕ
МЕДИЦИНСКОЕ ОБРАЗОВАНИЕ:
ПРОБЛЕМЫ, ЗАРУБЕЖНЫЙ ОПЫТ,
ПЕРСПЕКТИВЫ»**

25 ФЕВРАЛЬ 2022

**Материалы сборника
VII учебно-методической конференции
«Современное высшее медицинское образование:
проблемы, зарубежный опыт, перспективы»**



**“Замонавий тиббий олий таълим:
муаммолар, хорижий тажриба, истикболлар”
мавзусидаги VII ўқув-услубий анжуман
мақолалар тўплами**



**Materials of the collection
VII educational and methodological
conference "Modern higher medical
education: problems, foreign
experience, prospects"**

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To ensure the complete translation of medical pharmaceutical terminology or literature, the interpreter must follow the following guidelines [3].

1. To have basic knowledge about the science in the text and to study them.
2. Knowing the human anatomy.
3. Knowing the Latin and Greek vocabulary.
4. To know the basics of translation theory and techniques of translation.
5. Get acquainted with the conventional signs and abbreviations in the field.
6. Getting information about new achievements in the field.
7. Creating Glossary.

As a result of generalization of relevant pharmaceutical publications the following terminological problems were identified: the vastness and heterogeneity of pharmaceutical terminology; the existence of different, but equally subjective points of view on the same concept. This problem is a consequence of the traditionally established pharmacy approach to the definition of a scientific concept without full terminological arguments; the disciplinary fragmentation of pharmaceutical terminology and the absence of an orderly terminological system uniting the core disciplines; the use of disordered terms and definitions in regulatory documents and, consequently, the automatic assignment of the status of normative, standardized pharmaceutical practice to these terms and definitions is a strictly regulated area of activity, therefore it is particularly sensitive to terminological inaccuracies and discrepancies between various regulatory and legislative documents; lack of translations (two- and multilingual), explanatory and terminological dictionaries in domestic pharmacy; the absence of a terminological standard in the field of linguistic support of pharmaceutical information systems.

Upon the nationalization of the Uzbek language, the demand for high quality international translation into Uzbek language is increasing. At present, the translation of medical pharmaceutical terminology is developing and improving, which is reflected in new manuals, dictionaries and scientific works.

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CONDUCTING AN ACADEMIC LECTURE ON THE TOPIC: “THE IMPACT OF COVID-19 ON THE VACCINATION SCHEDULE”

Karimov D.A.¹, Akhmedova M.², Fayzullaev R.³, Begmatov B.X.⁴, Aladova L.Y.⁵, Turakhonova F.⁶

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Introduction. A study of measures taken by countries and nations around the world to safely continue routine childhood vaccinations during a pandemic that delayed or suspended global vaccination programs and triggered the spread of other vaccine-preventable infectious diseases among children and an increase in infant mortality.

Methods. Searching electronic medical databases in scientific journals and websites, interviewing the official bodies on the emerging problems of routine vaccination calendar of Uzbekistan and other countries during COVID-19 pandemic.

Results. There are some countries that coped quickly and orderly with the task of timely vaccination of children during the pandemic crisis like South Korea, Singapore, and Uzbekistan, and countries that chose to suspend routine immunization like Italy, Great Britain, Pakistan, African and Latin American countries.

The least successful results in continuing vaccination were observed in some African countries. Among African countries, Angola, Central African Republic, Chad, the Democratic Republic of the Congo, Gabon, Guinea, Nigeria, and South Sudan deserve special attention, since the greatest decrease in coverage rates by vaccination was observed in these states. It should be noted that in these countries, immunization coverage of the child population was low even before the pandemic. Since the onset of the pandemic, the countries with the lowest rates before the pandemic have seen the greatest declines in immunization rates with these vaccines. For example, in Gabon and Guinea, DPT coverage in the second quarter of 2020 decreased by -28% and -52%, respectively. It should be noted that at the time of June 2020, in these same countries there was the highest prevalence of COVID-19 (Masresha, Luce, Shibeshi, et al., 2020).

Conclusion. According to data the COVID-19 pandemic around the world has had different impacts on their routine child immunization programs. However, not all countries in the world have seen a critical decline in immunization coverage rates. Despite the pandemic, several countries have conducted mass vaccination campaigns with the appropriate infection prevention measures after positive benefit-risk ratios were ensured.

Countries that are behind the planned vaccinations should catch up as soon as possible since the consequences of missing routine vaccinations can bring the most disastrous results. In countries in which it is difficult to increase the level of coverage of the child population with immunization, it is necessary to effectively monitor the population for the occurrence of outbreaks of vaccine-preventable diseases and to be ready for timely measures to stop their spread. Strengthening the recovery process requires well-designed communication strategies and approaches to educate stakeholders and the general public about the potential impact of the COVID-19 pandemic and specific mitigation strategies for the continuity and effectiveness of the vaccination program.

INFLUENCE OF DENTAL DISEASES ON THE GENERAL HEALTH OF STUDENTS

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An important role in the formation of students' correct habits in relation to their dental health in childhood is played by social behavioral factors that are laid down in the family, since parents and older family members are the main role models. In this regard, the level of knowledge and parental awareness of oral hygiene is essential.

Many factors affect the state of students' health: social policy, socio-political structure, the current level of sanitary and hygienic culture, customs and traditions of various groups of the population, living conditions, the level of well-being, the level of social security, the nature of interpersonal relations, the state of the environment, the development of health care and medicine. Also, in addition to social and biological factors, the health of the population, and especially young people, is determined by the subjective attitude of a person to his health and the health of people around him, his way of life.

The most important indicator of the well-being of society and the state is the physical and mental state of health of students. The health of each person is checked by various diagnostic methods and means and is characterized by the completeness of the manifestation of vitality, a sense of life, comprehensiveness and long-term social activity, integrity and harmony of personality development.

Dental health affects to a certain extent the quality of life, most of all referring to the mental components of health. Violation of dental health can cause a chain of certain types of pathology in the