

The Incidence of the Population as an Indicator of Public Health

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ABSTRACT

In this article the incidence of the population as an indicator of overall public health is discussed.

Overall health rate of the population is considered as an important indicator of social development. It does not only constitute the economic, labor and cultural potential of society, but also reflects the socio-economic and hygienic state of the country. Therefore, we should pay special attention to the study of the patterns of its formation.

In today's world, the dependence of the health of the country's population on the impact of injurious environmental factors (environmental and lifestyle) has been established and clearly visible. This is expressed in changes in morbidity and mortality rates, reflecting the level of social development. These patterns are introduced clearly in the presentation of the topic "Social and biological patterns of public health." The issues of socio-medical significance of the most important mass non-epidemic diseases that determine the high level of mortality and disability of the population in the Republic will be paid attention in this presentation.

Morbidity is the most important component of a comprehensive assessment of the health of the population. It characterizes the totality of cases of diseases among the population as a whole or its individual groups (age, gender, territorial, occupational, etc.) for a certain period of time. Morbidity records are maintained by almost all medical institutions. The analysis of morbidity is necessary for the development of managerial decisions both at the state and regional levels of management of the healthcare system. Only on its basis is it possible to correctly plan and forecast the development of a network of health care institutions, to assess the need for various types of resources.

Morbidity rates serve as one of the criteria for assessing the quality of work of doctors, medical institutions, and the health care system as a whole. Morbidity rates of the population really reflect the state of public health, the level of mortality and disability, allow to identify the most

pressing problems for the development, justification of the purposefulness of preventive programs. The study of the dynamics of morbidity makes it possible to assess the quality and effectiveness of ongoing therapeutic and preventive measures. Morbidity rates serve as one of the criteria for assessing the quality of work of doctors, medical institutions, and the health care system as a whole.

One of the main methodological prerequisites for the scientific study of morbidity is the availability of a specially developed nomenclature and classification of diseases.

Nomenclature of diseases - an ordered list of names of diseases for general use in order to describe and register nosological forms of diseases.

The main purpose of the International Nomenclature of Diseases (MND) is to give a single name to each nosological form and provide a standard spelling of diagnoses.

The main regulatory document that is used in all countries of the world to study morbidity and causes of death is the International Statistical Classification of Diseases and Related Health Problems (ICD).

The ICD is a system for grouping diseases and pathological conditions, reflecting the current stage in the development of medical science.

The accumulation of new scientific knowledge in the field of medicine requires a periodic revision of the classification and nomenclature, making changes to them in accordance with the level of development of medical science. Therefore, approximately once every 10 years, the International Classification of Diseases is revised.

The classification of the last revision - the "International Statistical Classification of Diseases and Related Health Problems" of the tenth revision (ICD-10), was approved by the 43rd World Health Assembly and entered into force on January 1, 1993. The health care of the Republic switched to use of the Tenth Revision in full from January 1, 2002. The basis of this classification is an alphanumeric coding system. The code consists of a letter of the English alphabet as the first character and numbers in the second, third and fourth characters. The fourth character follows the decimal point. ICD-10 includes 21 classes, which includes all known diseases

The method of preventive examinations makes it possible to detect diseases in the initial stage, and infectious diseases, the most important non-epidemic diseases, diseases with temporary disability and diseases in hospitalized patients are also included in the special accounting group.

The allocation of infectious diseases to a number of special records is due to the fact that their spread due to contagiousness can be in the nature of epidemics. This necessitates the prompt implementation of anti-epidemic measures. The study of infectious morbidity is carried out by a continuous method. The unit of account is each case of an acute infectious disease. The main accounting document is "Emergency notification of an infectious disease, food, acute, occupational poisoning, unusual reaction to vaccination" (f. 058 / y), which is recorded in the "Journal of Infectious Diseases" (f. 060 / y).

The main criteria for identifying the most important non-epidemic diseases in the category of special accounting for the incidence of the population are their high medical and social significance, the severity of outcomes, and prevalence. The group of the most important non-epidemic diseases includes: tuberculosis, syphilis, gonorrhea, trichophytosis, microsporia, favus, scabies, trachoma, leprosy, malignant neoplasms, mental illness, alcoholism and drug addiction. If these diseases are detected, the doctor sends patients to the appropriate territorial specialized dispensaries (anti-tuberculosis, skin-and-venereal, oncological, neuropsychiatric, narcological) to clarify the diagnosis. Appropriate notifications are filled in for identified patients.

"Hospitalized" morbidity is the morbidity of persons treated in a hospital. Its study allows to

determine the composition of hospitalized patients, to study the diagnoses of diseases, the frequency of concomitant diseases and complications, the quality of medical diagnostics, the timeliness and timing of hospitalization, the effectiveness of various methods of treatment, treatment outcomes, the correct use of the bed fund. Unit of account - a case of hospitalization of a patient in a hospital for a disease. The primary accounting document is the "Statistical card of the person who left the hospital" (f. 066 / y), which is compiled for all those who left the hospital (discharged or deceased). Hospitalized morbidity can be studied through an in-depth sample study (one-day census), covering up to 10% of hospitalized patients, which reduces time and money, characterizes morbidity in many ways (class, nosological form, gender, age, profession, place of residence, etc.). etc.).

Morbidity with temporary disability (MTD) is a type of special record introduced for the registration of diseases in workers and covers cases of illness accompanied by temporary disability (TSD).

Temporary incapacity for work (TI) is a functional condition caused by illness or injury, in which the dysfunction that prevents the continuation of professional work is temporary, reversible, and the patient may return to work. Morbidity with VUT is important both for assessing the health of the working population, as well as economic and social.

Accounting for morbidity with temporary disability is carried out according to sick leave certificates (certificates of TI), which are a financial and legal document. In the republic, since 1999, there has been a continuous collection of information by medical organizations according to the reports of form 16-TI; information is quarterly submitted to the state statistics bodies.

Report on the causes of morbidity in the population with TSD according to f. 16 - TI is filled in by enterprises, institutions, organizations on the basis of the encryption of diagnoses in the disability certificate at the end of the case of TI. The data of this report allow us to calculate the indicators characterizing the incidence with TSD.

For the analysis of morbidity with TSD, it is customary to calculate the following indicators:

- ✓ *Number of disability cases per 100 employees.*
- ✓ *Number of days of incapacity for work per 100 employees.*
- ✓ *Number of days of incapacity for work per 100 employees.*
- ✓ *Structure of morbidity with VUT (in cases and days).*

In the analysis of morbidity with TSD, these indicators are presented not only in general terms, but also for individual diseases, workshops, professions, etc.

The main cause of disability is disease. Other types (reasons) of TI are taken into account separately. TI occupies a special place in connection with patient care. Basically, this is caring for a sick child. Separately, TI is taken into account in connection with pregnancy, childbirth, quarantine, spa treatment.

In the structure of the causes of temporary disability:

- 1st place - respiratory diseases (45.5%), mainly due to acute respiratory diseases;
- 2nd place - diseases of the musculoskeletal system and connective tissue (11.7%), more than 60% of cases are neurological manifestations of lumbar and thoracic osteochondrosis;
- 3rd place - injuries and poisoning (11.6%) (more than 30% are fractures and dislocations);
- on the 4th place are diseases of the circulatory system (6.4%), of which about 45% are due to arterial hypertension;
- in 5th place - diseases of the digestive system (5.6%) due to diseases of the oral cavity,

stomach ulcers and 12 duodenal ulcers, gastritis, duodenitis, diseases of the intestines and peritoneum.

The study of morbidity according to the data of visits to healthcare facilities does not reflect the actual level of morbidity of the population, since a number of patients with chronic diseases do not visit a doctor every year, but every few years. To obtain more complete information about the incidence of the population, the data of the first method are supplemented by the results of medical examinations of the population which did not serve as a basis for seeking medical help and therefore not reflected in the accounting for general morbidity. During medical examinations, all cases of acute and chronic diseases with clinical manifestations that are present at the time of the examination are taken into account, latent diseases and subclinical forms are revealed. There are three types of preventive medical examinations

A preliminary medical examination is carried out for persons entering work or study in order to determine the suitability (suitability) of workers and employees for their chosen work and to identify diseases that may be a contraindication for work in this profession.

Periodic medical examination is carried out according to the plan within the established time frame with a certain amount of research and a certain frequency of individual contingents of the population for the purpose of early detection of diseases.

Targeted medical examination is carried out for the purpose of early detection of patients with certain diseases, for example, tuberculosis, malignant neoplasms, sexually transmitted diseases, etc.

The method of medical examinations cannot serve as the only source for studying the morbidity of the population, since it gives an idea of the presence of diseases only at the time of the examination. Moreover, it is laborious and forces us to limit the size of the studied population. The results of the method can be subjective, since they depend on the specialty, qualifications of the doctor, the purpose and level of organization of the examination, and the availability of diagnostic tools. However, it makes it possible to supplement the materials on the incidence of the population according to the data on negotiability. The unit of account is each disease or borderline condition identified during a preventive examination. Preventive medical examinations allow you to determine the group of health.

Statistical development of data from medical examinations (preliminary, periodic, targeted, in-depth comprehensive examinations) allows you to calculate the indicators of pathological damage and momentary damage. These indicators are calculated as a whole for all examined, and for individual groups (by sex, age, diseases, etc.). Regular medical examinations make it possible to characterize the incidence at the time of examination and the dynamics of its change.

The study of the incidence of the population according to the causes of death allows us to study the part of the diseases that ended in death, that is, to establish the most important and serious diseases that lead to death. In addition, it makes it possible to take into account those diseases that were not recognized during life and led to sudden death.

The unit of observation is each death. The incidence according to the causes of death is studied for the year according to the "Medical certificates of death" (f. 106 / y) and "Medical certificates of perinatal death" (f. 106-2 / y). These records are issued by a doctor on the basis of hospital or outpatient monitoring of the patient before his death, as well as on the basis of the results of the autopsy of the deceased.

Statistical analysis includes calculation of intensive mortality rates and determination of causes of death. The structure of the causes of death of the population as a whole or of its individual groups (sex, age, professional, etc.) makes it possible to establish the most severe and serious diseases that led to death. In 2011–2013 in the structure of the causes of death of the population of the

republic, the 1st place was occupied by "Diseases of the circulatory system" (51.9%); 2nd place - "Neoplasms" (13.4%), 3rd place - "Injuries, poisoning and some other consequences of external causes" (10.0%).

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