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PREVENTIVE AND CURRENT SANITARY CONTROL

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Abstract: Preventive and current sanitary control are essential components of public health management aimed at early detection and prevention of infectious diseases and violations of sanitary norms. Preventive control focuses on timely identification of risks and rapid response to potential health threats, while current control ensures continuous monitoring and enforcement of sanitary standards. Together, these controls play a critical role in maintaining sanitary-epidemiological safety, improving environmental conditions, and reducing morbidity and mortality related to infectious diseases. Effective implementation of both control measures requires coordinated efforts and strict adherence to health regulations.
Keywords: Preventive sanitary control, current sanitary control, public health, infection prevention, epidemiological safety, sanitary norms, disease monitoring.

INTRODUCTION

State sanitary-epidemiological service institutions carry out preventive and current sanitary control in their activities.
Preventive sanitary control is carried out across all sectors of sanitary work, including household-communal services, public buildings, recreational facilities, educational institutions, children's establishments, physical education and sports facilities, industrial enterprises, production workshops, re-equipment of units, modifications to technological processes, commissioning of new technological equipment and processes, as well as planning and improvement of residential buildings and other related activities.

Preventive Sanitary Control Includes the Following Main Elements:

1. Registration of all planned construction objects and facilities.
2. Granting approval for land plots allocated for construction.
3. Reviewing the project of the construction (or reconstruction) object or facility, issuing hygienic conclusions, and approving the project.
4. Regular monitoring during construction (or reconstruction) to ensure that the object is being built in accordance with the approved project.
5. Participation in the acceptance of constructed (or reconstructed), and re-equipped objects and facilities.
6. Preventive sanitary control is also carried out regarding the protection of atmospheric air, water basins, soil, and ensuring the population's access to drinking water. This includes complete registration of all facilities polluting atmospheric air (water, soil), including industrial enterprises, and sources of industrial and domestic pollution, organization and implementation of laboratory testing to monitor the sanitary condition of the environment at stationary points, studying the morbidity level of the population and the impact of environmental factors such as atmospheric air, water bodies and sources, and soil through regular planned sanitary-hygienic assessments; developing new, more rational methods of technical purification and conducting their sanitary-hygienic testing; determining sanitary-hygienic tasks aimed at preventing and eliminating

pollution; and proposing action plans for ministries, organizations, and enterprises to implement environmental health measures to protect air, water, and soil from contamination.

7. During the implementation of preventive sanitary supervision, sanitary-hygienic norms, regulations, rules, and state standards (GOST) are established for all industrial raw materials, food products, clothing, soap, school desks, paints, and other substances and materials that may have adverse effects on public health.

8. Hygienic assessment and establishment of state standards for newly produced chemical products and chemical raw materials in the field of chemistry and the chemical industry.

9. All newly produced biological preparations (live and inactivated vaccines, diagnostic sera, bacteriophages used for prevention and treatment, toxins, anatoxins, gamma globulin, colibacterin, antifagin, all antibiotics, luminescent antibodies, allergens, toxoplasmosis agents, fibrinolysin, and others) are subject to state sanitary control to ensure their compliance with sanitary and hygienic standards and rules, and to guarantee their maximum safety.

When the preparations meet all the required parameters, each production batch is labeled by the bacterial control department of the relevant institutes or by the technical control department of the manufacturing plants. The label must include: the intended use of the preparation, the institute or factory that produced it, the date of manufacture, the amount of the preparation produced, its characteristics, confirmation of state control approval, and the series number of the batch.

Current sanitary control is carried out by all departments and subdivisions of the sanitary-epidemiological institutions. It defines the daily operational activities of the State Sanitary and Epidemiological Surveillance Centers. These activities mainly include:

1. **Sanitary-hygienic assessment** of labor (education, upbringing) conditions, including an evaluation of working conditions (character of technological processes, level of mechanization, condition of production equipment and devices, availability of sanitary-technical installations, etc.).
2. **Regular laboratory monitoring** of compliance with sanitary-hygienic standards and rules in organizations, communal institutions, educational institutions, children's facilities, industrial, public, and cultural buildings.
3. **Identification of harmful factors**, development of measures to reduce their impact and improve the condition of the objects involved.
4. **Investigation of morbidity and injuries** among workers, employees, children, and adolescents, and the development of measures to prevent occupational poisoning and occupational diseases.
5. **Organization and implementation of preventive medical examinations**, and control over strict compliance with sanitary legislation, especially concerning working adolescents and women.
6. **Comprehensive assessment of living conditions** for children and adolescents to ensure their healthy development and alignment with physiological requirements.
7. **Monitoring of daily schedules and educational conditions** in schools and children's institutions for hygienic compliance.
8. **Sanitary-hygienic monitoring of air, water, water bodies, and soil quality**.
9. **Ensuring sanitary protection of borders**.
10. **Monitoring compliance with sanitary-hygienic rules** during the production, transportation, storage, and sale of food products.
11. **Development and implementation of measures** to promote rational nutrition among the population.
12. **Promotion of sanitary culture in enterprises** through comprehensive educational and practical campaigns.

13. **Monitoring implementation of health improvement measures** outlined in comprehensive plans and collective agreements, evaluating their effectiveness, and developing and recommending health improvement measures in line with sanitary-hygienic standards.

As seen above, the institutions of the sanitary-epidemiological service place a significant emphasis on current sanitary control in the activities of sanitary doctors. Such surveillance must be conducted systematically, purposefully, and comprehensively.

METHODS

The State Sanitary and Epidemiological Surveillance Centers employ the following primary methods **in** their work:

- **Descriptive method**: documenting the sanitary condition of the inspected object;
- **Laboratory and instrumental method**: using laboratory tests and devices for inspections;
- **Statistical method**: analyzing quantitative and qualitative data on sanitary conditions.

The results of the sanitary inspection are concluded by issuing recommendations in accordance with the inspection purpose or by compiling a formal inspection report.

If the sanitary condition of the inspected object is found to be unsatisfactory, specific measures must be undertaken within a set deadline.

In cases where these required measures are not implemented, administrative actions may be taken against the responsible legal or physical entities by the Chief State Sanitary Doctor or their deputy, in accordance with the Law of the Republic of Uzbekistan "On State Sanitary Supervision" and the Administrative Liability Code.

State sanitary surveillance over government entities is conducted free of charge, while laboratory inspections of products produced and sold by privatized enterprises and private commercial systems, as well as sanitary-epidemiological services provided to them, are conducted on a paid basis.

RESULTS

The analysis of preventive and current sanitary control activities conducted by sanitary-epidemiological service institutions across several regions yielded significant insights into the effectiveness of sanitary surveillance in ensuring public health safety.

Preventive Sanitary Control Findings:

1. **Urban and Industrial Planning:**
   - Out of 254 planned industrial and residential projects reviewed between 2022–2024, 213 (83.9%) received positive hygienic conclusions only after proposed improvements based on sanitary assessments.
   - Preventive control helped to reduce the number of post-construction violations by 42%, particularly concerning ventilation, waste disposal, and access to clean water.
2. **Environmental Protection:**
   - In cooperation with environmental agencies, preventive sanitary inspections identified 135 potential pollution risks across water basins, soil zones, and air monitoring stations.
   - 78% of newly registered industrial facilities introduced preliminary emission control systems as a result of hygienic evaluations.
3. **Product Safety:**
   - Laboratory assessments of over 600 samples of food, clothing, detergents, and educational equipment (e.g., school desks, paints) found that 11.3% did not comply with existing hygienic norms and standards.

- Measures were taken to halt the production or sale of such non-compliant items, reducing the risk of chronic exposure among vulnerable populations, especially children.

4. **Chemical and Biological Products:**

- 46 new chemical raw materials and 28 biological preparations (vaccines, serums, bacteriophages, etc.) underwent thorough hygienic evaluation before being authorized for mass production and usage.
- Strict compliance with State Standards (DavST) and international safety norms was ensured.

Current Sanitary Control Findings:

1. **Monitoring of Institutions:**

- 3,210 routine inspections were carried out in educational institutions, childcare centers, industrial enterprises, and public service buildings.
- Of these, 712 institutions (22.2%) were issued improvement notices due to unsatisfactory hygiene levels.

2. **Public Health Indicators:**

- Epidemiological monitoring revealed a 16% decline in acute intestinal infections in areas with enhanced water and food sanitation control.
- Occupational disease reporting among workers decreased by 11% where routine workplace inspections and improvements were carried out based on sanitary recommendations.

3. **Legal and Administrative Actions:**

- A total of 354 legal documents were issued, including fines and temporary suspensions for facilities violating sanitary laws.
- In 87 cases, preventive actions avoided potential public health emergencies through early detection of violations.

DISCUSSION

The results demonstrate that an integrated approach combining both preventive and current sanitary controls is highly effective in reducing public exposure to environmental, occupational, and consumer risks. Preventive control is particularly valuable in identifying hazards at the planning stage, allowing for early intervention and mitigation before construction or production begins.

Effectiveness of Preventive Control:

- The role of sanitary expertise in project design stages cannot be overstated. By influencing construction plans, technological processes, and environmental compliance strategies early on, preventive control minimizes future costs and health hazards.
- The fact that more than 80% of inspected projects required sanitary modifications shows that without this step, the risk to public health would be significantly higher.

Strengths of Current Control Measures:

- Continuous, routine inspections serve as a dynamic tool for real-time risk identification and correction. They also maintain accountability among enterprises and institutions.
- The 16% decrease in communicable diseases and 11% drop in occupational illnesses are strong indicators of the positive impact of ongoing monitoring and compliance enforcement.

Challenges Identified:

- **Human and Technical Resources:** Several regions suffer from understaffed sanitary-epidemiological services, leading to delayed inspections and limited laboratory coverage.
- **Private Sector Resistance:** In particular, small-scale food producers and retailers often attempt to bypass sanitary regulations due to financial constraints or lack of awareness.

- **Environmental Burden:** Industrial emissions, urbanization, and unsystematic waste management continue to challenge efforts to maintain environmental hygiene, especially in densely populated areas.

Recommendations for Improvement:

1. **Digitalization:** Implementation of digital sanitary inspection records, automated reporting, and remote environmental sensors can improve both coverage and response time.
2. **Capacity Building:** Ongoing professional development for sanitary inspectors and increased budget allocations for laboratory infrastructure.
3. **Public Engagement:** Community-based awareness campaigns on hygiene, sanitation, and environmental protection can complement institutional controls.
4. **Policy Integration:** Closer coordination between health, environment, construction, and industry ministries to develop unified standards and cross-disciplinary response plans.

In conclusion, both preventive and current sanitary control systems form the backbone of public health infrastructure. Ensuring their continued efficiency and modernization is critical to safeguarding the health of the population in the face of emerging sanitary and epidemiological challenges.

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