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Ensuring the Sanitary and Epidemiological Well-Being of the Civilian Population and Armed Forces of Ukraine (Review)

Objective – to analyse the features of modern provision of sanitary and epidemiological well-being of the civilian population and the Armed Forces of Ukraine.

Materials and methods. The study involved analysing regulatory documents forming the legislative framework of Ukraine on state defence, healthcare for civilians and military personnel, scientific publications, analytical reports, methodological recommendations, and articles on medical support for the Armed Forces of Ukraine. The research utilised systematic approaches, system analysis, historical-informational methods, semantic evaluation of scientific documents, observation, and structural-logical analysis.

Results and discussion. Modern healthcare and public health systems focus on disease prevention, reducing injury and disability, preventing premature mortality, increasing life expectancy, promoting healthy lifestyles, and ensuring a healthy environment for current and future generations. A crucial driver for harmonising Ukraine's legislative framework with European standards is the current state policy aimed at minimising state intervention in business activities, decentralising governance, and shifting responsibilities to local authorities, including the assurance of public sanitary and epidemiological well-being. When it comes to acute respiratory viral infections and coronavirus infection, which predominantly affect the respiratory and gastrointestinal systems, annual vaccination is the most effective preventive measure, especially for at-risk groups. Vaccination against influenza does not protect against COVID-19 and vice versa, but vaccinations for these illnesses can be administered on the same day or with minimal intervals. Given the above, one aspect of medical support in the Armed Forces of Ukraine examined in this study is the organisation and implementation of sanitary-epidemiological reconnaissance. These reconnaissance results are critical for targeted measures to prevent infections within military units, mitigate the spread of infectious diseases among personnel, and optimise the allocation of medical resources and local assets for epidemic control.

Conclusions. The ongoing large-scale armed aggression by the Russian Federation against Ukraine significantly impacts the accessibility and analysis of demographic data, particularly birth and mortality rates. The epidemic situation in Ukraine continues to be characterised by sporadic cases, group outbreaks, and epidemic peaks. Among infectious diseases, acute respiratory viral infections represent up to 98% of cases, alongside viral hepatitis, tuberculosis, and vaccine-preventable diseases, which have the most significant impact on public health. The study highlights the importance of examining the combined effects of modern combat trauma and concurrent infections.

Keywords

Population health, military personnel health, public health, acute respiratory viral infections, sanitary-epidemiological reconnaissance.

The health status of a population is one of the most significant social indicators of societal progress, a foundation for socio-economic growth, and a determinant of national security. It holds a leading posi-

tion in the value system of developed nations and reflects the well-being of a nation. Health influences both the quantity and quality of a country's labor potential, which in turn ensures public welfare, eco-

conomic growth, national defence capabilities, and state independence [1, 13]. Preserving health and ensuring a high-quality and fulfilling life for individuals, as well as achieving maximum health and well-being for the population, are among the most important societal development goals.

The preservation and enhancement of health, along with the physical development of military personnel, constitute a critical and integral part of their preparation for fulfilling military duties. This is achieved through:

- implementing measures aimed at creating healthy service and living conditions;
- systematic physical conditioning and development;
- conducting sanitary-hygienic, anti-epidemic, and therapeutic-preventive activities.

A key factor necessitating modernisation and comprehensive alignment of national regulatory frameworks in this area with European legislation is the current state policy. This policy focuses on minimising state and official intervention in business activities, transferring responsibility for outcomes from regulatory authorities to business entities, decentralising state governance, and granting greater powers to local authorities. These changes also involve shifting responsibility for ensuring the sanitary and epidemiological well-being of the population to local authorities [5, 11].

Objective – to analyse the features of modern provision of sanitary and epidemiological well-being of the civilian population and the Armed Forces of Ukraine.

Materials and methods

To achieve the research objectives, an analysis was conducted on regulatory documents shaping Ukraine's legislation on national defence, public health for civilians and military personnel, scientific publications, analytical reports, methodological recommendations, and articles on the medical support of the Armed Forces of Ukraine.

The study employed the following methods: systemic approach and system analysis, historical-informational methods, semantic evaluation of scientific documents, observation, and structural-logical analysis.

This approach clearly delineated the relationship between the object and the subject of the study, allowing for a comprehensive assessment of the object, identification of influencing factors, and determination of directions for creating a database and methods for processing the obtained information.

Results and discussion

The development of national defence capabilities in military policy within the medical support system

of the Armed Forces of Ukraine (AFU) and other military institutions focuses on modernising the military healthcare system. This involves concentrating efforts on medical support for troops in potential conflicts while integrating military and civilian healthcare systems in alignment with global best practices.

Further military cooperation facilitates Ukraine's strategic goal of Euro-Atlantic integration by gradually adopting NATO (North Atlantic Treaty Organization) standards and procedures and enhancing interoperability between the AFU and NATO. This includes implementing partnership goals and responding to crisis scenarios within the NATO framework. Accordingly, the military medical support system increasingly requires the unification of procedures, principles, and standards with those of NATO. Importantly, this unification should not be a mechanical replication but rather involve analysis, synthesis, and critical evaluation of NATO's experience. Its application must be judicious, considering the AFU's unique characteristics, medical support needs, the real political situation, and the state's economic capacities [11].

Hygienic and sanitary measures, together with anti-epidemic measures, form a unified system aimed at preserving and improving the health of military personnel, enhancing combat readiness, and preventing and controlling infectious diseases in the forces. These measures are usually conducted as a cohesive set of activities, but they can be divided into sanitary-hygienic and anti-epidemic measures based on their scope, required specialists, and resources. In wartime, organising and implementing such measures becomes critically important. Historical experience demonstrates that epidemics are a constant and inseparable companion of all wars.

The prevention and control of diseases are outlined in the Association Agreement between Ukraine and the European Union, the European Atomic Energy Community, and their member states (Article 427, Chapter 22, «Public Health», Section V, «Economic and Sectoral Cooperation»).

Ensuring the sanitary and epidemiological well-being of the civilian population involves creating optimal living conditions that ensure low morbidity rates, eliminate harmful environmental impacts on health, and prevent the occurrence and spread of infectious diseases.

The development of healthcare and public health systems focuses on preventing diseases, injuries, disabilities, and premature mortality, increasing life expectancy, promoting healthy lifestyles, and maintaining a healthy environment for current and future generations. Public health indirectly influences overall healthcare policy, resource allocation, and the organisa-

tion and management of healthcare systems. It is comprehensive in its goals, addressing both community-wide measures and individual health needs.

Certain public health measures aim to improve living environments, reduce risk factors contributing to significant disease and mortality burdens, and stimulate factors that strengthen and maintain health. Achieving these objectives at the national level is possible, among other things, through a well-structured and developed public health system. This system comprises public and private sector entities that implement a range of health-promotion, disease-prevention, and initiatives to increase life expectancy.

In recent decades, European countries have transitioned from traditional sanitary oversight and infectious disease control to a «new» public health model. This model emphasises health promotion, disease prevention, and cross-sectoral collaboration beyond the healthcare system. This shift has allowed European Union countries to achieve significant progress in public health, with an average life expectancy of 72 years for men and 80 years for women.

In Ukraine, life expectancy indicators have remained stagnant over the past 20 years and are, on average, five years lower than European averages. Ukrainian men live, on average, 66 years, and women 76 years. Analytical reports reveal that the preventive healthcare system, largely associated with the sanitary-epidemiological service, began to fail in the early 1990s. Additionally, legislation in the field of sanitary and epidemiological welfare has not undergone systematic updates since the late 1990s. Portions of the legislative framework were harmonised with European standards sporadically and inconsistently, some sections were eliminated, and the remainder became outdated and incompatible with current scientific advancements, the evolving relations among business entities, and the decentralisation of governance.

These issues prompted the adoption of Resolution No. 442 by the Cabinet of Ministers of Ukraine on September 10, 2014, «On Optimising the System of Central Executive Bodies». This resolution initiated the reorganisation of the State Sanitary and Epidemiological Service of Ukraine, the liquidation of the State Service of Ukraine for Counteracting HIV/AIDS and Other Socially Dangerous Diseases, and the creation of the State Service of Ukraine on Food Safety and Consumer Protection.

The modernisation and comprehensive harmonisation of sanitary legislation with European standards have become imperative. Current state policy emphasises minimising government and official interference in business activities, transferring accountability for outcomes from permitting and supervisory bodies to business entities themselves,

decentralising state governance, granting greater powers to local authorities, and transferring responsibilities for ensuring sanitary and epidemiological welfare to local governments.

According to the Law of Ukraine «On the Public Health System» (2023), public health policy is to be developed by building a system that includes tools, procedures, and measures implemented by state and non-state institutions to promote population health, prevent diseases, extend active working life, and encourage healthy lifestyles through collective societal efforts.

Key Principles of the Public Health System:

- *Legality*: Adherence to the Constitution, laws of Ukraine, and international agreements.
- *Equity*: Ensuring the right to health for all and equal access to healthcare services throughout life.
- *Holistic Approach*: Recognising the interconnectedness of physical, mental, psychological, spiritual, and social health aspects.
- *Population-Centric*: Prioritizing public health and safety in organising and delivering healthcare services.
- *Harm Reduction*: Systematically eliminating or mitigating health risks arising from various behaviours and activities.
- *Participation and Accountability*: Engaging society in public health operations and ensuring shared responsibility between individuals and the state.
- *Timeliness*: Rapid implementation of measures to safeguard health and address potential risks to public health and epidemiological welfare.
- *Intersectoral Collaboration*: Coordinating activities across government and local authorities in public health.
- *Adoption of Global Practices*: Embracing evidence-based global practices in public health through international cooperation.
- *Decision Justification*: Making public health decisions based on thorough analysis, including economic, safety, and strategic implications.
- *Anti-Discrimination in Health*: Preventing discrimination based on disability or health status and reducing stigma against individuals with illnesses [4].

The outlined principles serve as the foundation for developing an effective and modern public health system capable of addressing Ukraine's unique challenges while aligning with international standards.

In 2024, the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO) Regional Office for Europe jointly developed the European Respiratory Virus Integrated Surveillance Summary (ERVISS). ERVISS provides weekly integrated epidemiological reports on influenza, respiratory syncytial virus

(RSV), and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) for the European Union/European Economic Area (EU/EEA) and the WHO European Region.

Acute respiratory viral infections (ARVIs) are a group of viral infections characterised by general intoxication syndrome and predominant involvement of the respiratory tract mucosa. Coronavirus infection is an acute viral disease primarily affecting the respiratory and gastrointestinal systems.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), formerly known as the novel coronavirus 2019 (2019-nCoV), is a single-stranded RNA-containing strain of the SARS-CoV species, genus Betacoronavirus, first genetically identified in 2019.

In 2019, the incidence of influenza-like illnesses (ILI) and/or acute respiratory infections (ARI) exceeded baseline levels in 3 of 20 countries and regions in the WHO European Region. The SARS-CoV-2 positivity rate continues to decline at a regional level, although variations exist between countries and regions, with older age groups accounting for the majority of cases. Influenza and RSV activity remain low.

In 2019, the proportion of positive samples among patients in sentinel ILI/ARI surveillance programmes showed:

- An average positivity rate of 0 % (range: 0 %–36 %) across 18 countries and territories, with only one reporting at least 10 % positivity (United Kingdom – Northern Ireland: 36 %).
- An average SARS-CoV-2 positivity rate of 8 % (range: 0 %–24 %) in 18 countries and regions.
- An average RSV positivity rate of 0 % (range: 0 %–9 %) in 17 countries and regions.

Most detected influenza viruses (74 %) were type A. Among subtyped A viruses, 57 % were A(H1)pdm09, and 43 % were A(H3).

Among the 20 reporting countries and regions, none recorded moderate or higher influenza intensity, and 19 reported regional or widespread influenza circulation.

The WHO recommends the use of trivalent vaccines for the 2024/2025 influenza season. In Ukraine, the epidemic season began in October 2024. Between October 2, 2023, and January 21, 2024, over 2,288,634 people contracted influenza and ARVIs, a 25 % increase compared to the same period in 2022/2023. Children comprised 54.4 % of cases. During the first week of October, 2024, 114,487 ARVI cases were registered, with 2,826 hospitalisations (59 % were children). The week also saw 11 fatalities from COVID-19 complications among unvaccinated adults. These data underscore the importance of continued surveillance, vaccina-

tion, and public health interventions to mitigate the spread of respiratory viruses [6].

The most effective prevention of COVID-19 and influenza is annual vaccination, particularly for individuals in high-risk groups. It is important to note that the influenza vaccine does not protect against COVID-19 and vice versa. However, vaccines for both illnesses can be administered on the same day or with a minimal interval. Vaccination against COVID-19 remains free of charge for the population. Currently, healthcare professionals are administering Omicron-specific Comirnaty vaccines from Pfizer for both adults and children.

Updated COVID-19 Vaccination Recommendations:

- For most individuals, a single dose of the COVID-19 vaccine is sufficient.
- Booster vaccination every 6–12 months is recommended for high-risk groups:
 - Adults and children with weakened immune systems, comorbidities, or severe chronic diseases.
 - Pregnant women.
 - Individuals aged 60 years and older.
 - Adults and children at risk of severe outcomes or death from COVID-19.
 - Members of professional high-risk groups, such as healthcare workers, teachers, and military personnel.

Severe influenza cases can lead to dangerous complications, including damage to the heart, lungs, and kidneys. Annual vaccination against influenza is highly recommended, although it is not included in the list of free vaccines in Ukraine.

During the 2023/2024 epidemic season, 4,715,963 Ukrainians were infected with ARVIs, influenza, and COVID-19. A total of 1,028 deaths were reported due to complications from these diseases:

- 82 deaths from influenza complications.
- 946 deaths among individuals who tested positive for COVID-19.

Among primary healthcare visits and hospitalisations in the AFU, respiratory diseases rank first (41 and 31 %, respectively), followed by digestive system diseases (11 % in both cases). While musculoskeletal and connective tissue diseases rank third in primary healthcare visits; they occupy fourth place in hospitalisations. These illnesses can negatively impact the course of combat-related injuries, just as combat trauma can exacerbate the progression of these diseases, highlighting the relevance of this research [7, 8, 9, 13].

In 2019, Ukraine introduced influenza vaccination for military personnel in the Joint Forces Operation (JFO) zone, marking the first such practice in the AFU.

Priority influenza vaccination is provided to military personnel in high-risk groups:

- Staff and students at military educational institutions (teachers, cadets, and lyceum students).
- Medical personnel.
- Service members operating in command and control centers.
- Personnel with prolonged assignments in enclosed spaces.
- Service members scheduled for deployment to active combat zones.

This proactive vaccination strategy ensures the health and operational readiness of the military forces.

Influenza vaccination is most effective when administered 3–4 weeks before the start of the epidemic season. This timeframe allows the immune system to generate protective antibodies, a process that typically requires about two weeks. Vaccination is the most reliable method to prevent influenza and its severe complications, providing protection for the entire flu season against the most prevalent and dangerous strains with a single dose.

Vaccinations for military personnel are carried out only after a thorough medical examination by trained specialists. These vaccinations are administered by healthcare workers with specialised training from the Ukrainian Military Medical Academy. These professionals are well-versed in vaccination protocols and prepared to provide emergency medical assistance in case of post-vaccination complications.

In 2019, specialised QR codes were introduced to ensure that military personnel could access various medical, health, and prevention topics at any time. By scanning a QR code with a smartphone, service members can instantly download (in PDF format) materials such as methodological guidelines, battle reports, manuals, informational cards, and other resources [3].

In connection with the above, let us consider one of the elements of medical support of the AFU – the organisation and conduct of sanitary and epidemiological reconnaissance. Sanitary and epidemiological reconnaissance is the continuous and timely receipt of reliable data on the sanitary and epidemiological state of the territory where troops are operating (or will have to operate). This refers to possible sources of infection in the troops from the civilian population, other non-military contingents and from natural foci, and in the course of hostilities – from enemy troops. Sanitary and epidemiological reconnaissance is carried out during the redeployment of troops and any movement of troops, and in war-time – during the preparation of troops for combat operations, during combat operations and after their completion. The results of sanitary-epidemiological

intelligence are used to determine targeted measures to prevent the introduction of infection into the troops and the spread of infectious diseases among the personnel, as well as for the rational allocation of medical service forces and means and local resources in the interests of anti-epidemic support of the troops.

Army sanitary and epidemiological reconnaissance covers the entire territory and settlements from the military to the army rear and is conducted by the medical service of all rear units and formations under army command. The effectiveness of sanitary and epidemiological intelligence is determined by the fact that, firstly, its results are used in planning measures to provide anti-epidemic support to troops and, secondly, by the rapid and effective impact on identified epidemic foci. To this end, when organising sanitary and epidemiological reconnaissance, one should not be limited to general guidelines on the need to conduct it. It should be specifically determined who, when, on what issues, to what extent and at what facilities will conduct reconnaissance, while providing for clear deadlines and forms of reports/information, as well as methods of their delivery/implementation [10, 12].

In operational calculations, the probable number of patients is determined by the following formula

$$SL = N \cdot I \cdot (1 - H) \cdot (1 - P) \cdot E,$$

where SL – sanitary losses of the population, persons; N – the number of possible infected persons from the population (up to 0.5 (50 %) for highly contagious infections, up to 0.1–0.2 or 10–20 % for contagious and low-contagious infections); I – infectiousness index (proportion of patients among those infected – from 0.01 to 0.99); H – the non-specific protection coefficient (reflects the level of anti-epidemic preparedness of the population and/or the completeness and timeliness of anti-epidemic non-vaccine measures: no measures were taken, the population is poorly prepared – 0.1–0.2; the population is satisfactorily prepared – 0.5; measures were fully implemented – 0.9); P – the coefficient of specific protection: up to 0.95 in case of vaccination, i.e. the level of collective immunity; if no vaccinations were carried out, it is assumed to be 0.5; E – the coefficient of emergency prophylaxis (antibiotic prophylaxis, seroprophylaxis, etc.); if emergency prophylaxis was not performed, it is equal to 1 [1, 2].

Sanitary and epidemiological reconnaissance aims to establish:

- the number, size and sanitary condition of residential and public administrative buildings;
- availability of water supply sources;
- availability of sewers, pit latrines, garbage bins;
- sanitary condition of the territory;

- infectious morbidity among the population and epizootics among livestock, wild animals and rodents, activity of natural disease centers;
- availability and condition of local institutions that can be used for sanitary and hygienic and anti-epidemic support of troops and the affected population.

Sanitary and epidemiological reconnaissance should assess the sanitary and epidemiological state of the troops and the area of their action, which, according to the theoretical provisions adopted in military epidemiology, is defined as: favorable, unstable, unfavorable and emergency [9].

The technology for assessing the sanitary and epidemiological situation should provide for an integrated assessment of all components of the epidemic process: biological, natural, and social. Determination of threshold (control) morbidity rates. A simple and reliable method for determining threshold (control) levels of morbidity (or mortality) is to determine the boundaries of the confidence intervals of the average values of weekly and/or monthly morbidity rates for 5 years or more.

Conclusions

The ongoing armed aggression against Ukraine has a significant impact on the availability of data and the ability to analyse it, in particular in terms of the inaccessibility of demographic indicators of population reproduction and mortality. The epi-

dem process in Ukraine, as in previous years, manifested itself in the form of sporadic morbidity, group diseases and outbreaks.

In terms of the incidence of infectious diseases, the greatest impact on public health is made by acute respiratory viral infections, which account for up to 98 % of the total infectious disease incidence, as well as viral hepatitis, tuberculosis, and infections controlled by specific immunoprophylaxis.

However, the actual level of infectious diseases exceeds the official statistical reporting data due to a number of factors, including the ongoing armed aggression against Ukraine, which has led to the destruction of infrastructure, including medical and epidemic protection services; significant migration processes associated with the growing number of temporarily displaced persons, refugees and evacuees the lack of information on the morbidity of the population, including in the temporarily occupied territories of Ukraine, since 2014; an increase in the number of injuries related to active hostilities, as well as self-medication of patients due to insufficient access to medical care, etc.

Thus, the proper organisation of sanitary and hygienic measures among the population and military personnel of the AFU allows to preserve and strengthen the health of personnel (affected civilians), maintain a sufficient level of combat capability of the military personnel and the ability of the civilian population to work.

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References

1. Андрейчин МА, Копча ВС, Крушельницький ОД, Нарожнов ВВ. Епідеміологія екстремальних умов з курсом військової епідеміології: підручник. Тернопіль: Укрмедкнига; 2002. 284 с.
2. Виноград НО, Василичин ЗП, Козак ЛП, Романенко ТА. Загальна епідеміологія: навч. посібник. К: Медицина; 2013. 176 с.
3. Барікіна АС. Програмні засоби впровадження доповненої реальності у навчальні друковані видання. Сучасні проблеми науки: тези доповідей XXII міжнар. наук.-практ. конф. здобувачів вищої освіти і молодих учених. К., 2022. С. 231–233.
4. Закон України «Про систему громадського здоров'я». Відомості Верховної Ради України. 2023;26:93). <https://zakon.rada.gov.ua/laws/show/2573-20#Text>.
5. Закон України «Про Статут внутрішньої служби Збройних Сил України». Розділ 6. Збереження і зміцнення здоров'я військовослужбовців. Редакція від 18.12.2024. <https://zakon.rada.gov.ua/laws/show/548-14#Text>.
6. Захворюваність на грип та ГРВІ в Україні. Центр громадського здоров'я в Україні. <https://phc.org.ua/kontrol-zakhvoryuvan-inshi-infekciyni-zakhvoryuvannya/zakhvoryuvanist-na-grip-ta-grvi-v-ukraini>.
7. Індекс здоров'я. Україна-2018. Результати загальнонаціонального дослідження. Укл. Степурко Т.Г. та ін. К.; 2018. 172 с. https://health-index.com.ua/zvit_index_2018_ukr.pdf.
8. Нагорна АМ, Басанець АВ, Кононова ІГ, Медведовська НВ, Гвоздецький ВА. Стан здоров'я населення працездатного віку та ефективність функціонування системи охорони здоров'я України. Україна. Здоров'я нації. 2021;1:5-22. <http://healty-nation.uzhnu.edu.ua/article/view/227145>.
9. Наказ МО України № 41 від 08.02.2022 р. «Про затвердження Комплексного плану заходів щодо забезпечення санітарного та епідемічного благополуччя особового складу ЗС України на 2022–2026 роки». <https://lexinform.com.ua/militarylex/nakaz-41-vid-08-02-2022-pro-zatverdzhennya-kompleksnogo-planu-zahodiv-shhodo-zabezpechennya-sanitarnogo-ta-epidemichnogo-blagopoluchchya-osobovogo-skladu-zbrojnyh-syl-ukrayiny-na-2022-2026-roky>.
10. Санітарно-епідеміологічна служба Міністерства оборони України. Санітарно-епідеміологічна розвідка, її організація та оформлення результатів. <https://studfile.net/preview/9944052/>.
11. Сучасні аспекти військової медицини. 2021;28-2:18. https://emed.library.gov.ua/wp-content/uploads/tainacan-items/8476/26811/Suchasni-aspekty-viyskovoi-medycyny-Vyp.28_CH.2.pdf.
12. Трихліб ВІ, Ткачук СІ, Майданюк ВП. Інфекційні захворювання серед військовослужбовців у зоні АТО. Інфекційні

хвороби в практиці лікаря-інтерніста: сучасні аспекти: матеріали Всеукраїнської науково-практичної конференції, м. Суми, 15-16 червня 2016 р. Суми: СумДУ; 2016. 196-199 с. <https://essuir.sumdu.edu.ua/handle/123456789/45533>.

13. Щорічна доповідь про стан здоров'я населення, санітарно-

епідемічну ситуацію та результати діяльності системи охорони здоров'я України. 2016 рік / Ред. кол.: ПС Мельник, ГО Слабкий, ОМ Дзюба та ін. К.: МОЗ України, 2017. 516 с. <https://dSPACE.uzhnu.edu.ua/jspui/handle/lib/20687>.

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Забезпечення санітарно-епідеміологічного благополуччя цивільного населення та Збройних сил України (огляд літератури)

Мета роботи — проаналізувати особливості сучасного забезпечення санітарно-епідеміологічного благополуччя цивільного населення та Збройних сил України.

Матеріали та методи. Проведено аналіз нормативних документів, що формують законодавчу базу України з питань державної оборони, охорони здоров'я цивільного населення та військовиків, наукових публікацій, аналітичних звітів, методичних рекомендацій і статей з питань медичного забезпечення Збройних сил України. У дослідженні використовували системний підхід і аналіз, історико-інформаційні методи, семантичну оцінку наукових документів, спостереження та структурно-логічний аналіз.

Результати та обговорення. Сучасні системи охорони здоров'я та громадського здоров'я зосереджені на профілактиці захворювань, зменшенні травматизму та інвалідності, запобіганні передчасній смертності, збільшенні тривалості життя, пропаганді здорового способу життя, забезпеченні здорового довкілля для нинішнього та майбутніх поколінь. Вирішальним чинником для гармонізації законодавчої бази України з європейськими стандартами є сучасна державна політика, спрямована на мінімізацію державного втручання в діяльність підприємств, децентралізацію управління та покладання відповідальності на місцеві органи влади, зокрема на забезпечення санітарно-епідеміологічного благополуччя населення. Коли йдеться про гострі респіраторні вірусні інфекції та коронавірусну інфекцію, які переважно вражають дихальну й шлунково-кишкову системи, щорічна вакцинація є найефективнішим профілактичним заходом, особливо для груп ризику. Вакцинація проти грипу не захищає від коронавірусної хвороби-2019, але щеплення від цих захворювань можна проводити в той самий день або з мінімальним інтервалом. Одним із аспектів медичного забезпечення Збройних сил України є організація та проведення санітарно-епідеміологічної розвідки, результати якої мають вирішальне значення для розробки заходів щодо запобігання інфекціям у військових частинах, зменшення поширення інфекційних захворювань серед особового складу, оптимізації розподілу медичних ресурсів і місцевих засобів для боротьби з епідемією.

Висновки. Широкомасштабна збройна агресія РФ проти України, що триває, суттєво впливає на доступність і аналіз демографічних даних, зокрема показників народжуваності та смертності. Епідемічна ситуація в Україні продовжує характеризуватися спорадичними випадками, груповими спалахами та епідемічними піками. Серед інфекційних захворювань на частку гострих респіраторних вірусних інфекцій припадає до 98 % поряд з вірусним гепатитом, туберкульозом та вакцинопрофілактичними захворюваннями, які мають найбільший вплив на здоров'я населення. Результати дослідження свідчать про важливість вивчення комбінованого впливу сучасної бойової травми та супутніх інфекцій.

Ключові слова: здоров'я населення, здоров'я військовослужбовців, громадське здоров'я, гострі респіраторні вірусні інфекції, санітарно-епідеміологічна розвідка.

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ДЛЯ ЦИТУВАННЯ

- Shekera OG, Tsarenko AV, Medvedovska NV. Ensuring the Sanitary and Epidemiological Well-Being of the Civilian Population and Armed Forces of Ukraine (Review). Tuberculosis, Lung Diseases, HIV Infection (Ukraine). 2025;2:106-112. doi: 10.30978/TB2025-2-106.
- Shekera OG, Tsarenko AV, Medvedovska NV. Ensuring the Sanitary and Epidemiological Well-Being of the Civilian Population and Armed Forces of Ukraine (Review). Tuberculosis, Lung Diseases, HIV Infection (Ukraine). 2025;2:106-112. <http://doi.org/10.30978/TB2025-2-106>.