

## PROPHYLACTIC DISPENSARY SCREENING OF DESIGNATED CONTINGENTS FOR BRUCELLOSIS

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**Abstract:** In order to timely identify individuals infected with brucellosis, in accordance with the current directive of the Ministry of Health, individuals being employed as well as designated high-risk contingents must undergo mandatory annual prophylactic dispensary screening. This article outlines the general characteristics of brucellosis, including its etiology, epidemiology, methods of diagnosis and treatment, and strategies for improving prevention and epidemic control measures. The article also analyzes the main directions for reducing the spread of infectious diseases, based on global experience and modern approaches.

**Keywords:** Brucellosis, infectious diseases, etiology, epidemiology, prevention, epidemic control, designated contingents, dispensary screening

### Main Content

#### Introduction:

To ensure timely detection of individuals infected with brucellosis, the current directive of the Ministry of Health mandates that individuals being newly employed, as well as those belonging to the following high-risk contingents, undergo mandatory prophylactic dispensary screening at least once per year:

- Individuals engaged either permanently or temporarily in farms (healthy or affected by brucellosis) where any type of livestock is raised, for purposes such as collecting animal products, shearing wool, slaughtering, primary processing, and transportation.

- Individuals engaged either permanently or temporarily at enterprises processing livestock products and raw materials originating from farms or districts known to be affected by brucellosis.

- Medical, veterinary, zoo-technical, and other specialists who work with live *Brucella* cultures or infected material, as well as those in contact with animals infected or suspected of being infected with brucellosis.

Organization and oversight of dispensary screening is carried out by the regional health authorities. Sanitary and Epidemiological Surveillance Centers (SES) are responsible for monitoring the coverage of these contingents, compiling lists of facilities and employees, and assessing occupational risk factors.

The administrations of selected facilities are required to submit a confirmed list of workers undergoing regular medical screening for brucellosis. The primary

specialist conducting the examination is the district therapist. Serological testing for brucellosis is carried out using the Hedderson test, Wright's test, or immunofluorescence test (IFT).

Individuals with positive serological test results, as well as those exhibiting clinical signs typical of brucellosis (such as musculoskeletal disorders, neurological impairments, hearing or vision loss, inflammation of the genitourinary system), must undergo thorough medical examination by relevant specialists (infectious disease specialist, neurologist, gynecologist, urologist, surgeon, etc.).

Individuals with no clinical symptoms but with positive or questionable serological test results are classified into a "positive serological group" and must be dynamically monitored twice per year by an infectious disease specialist. Blood serum must be tested in the laboratory for brucellosis, and consultations with other specialists are conducted as necessary based on identified pathology.

Confirmation or clarification of diagnosis is performed by an infectious disease specialist in an infectious disease hospital (department or clinic).

Livestock workers are screened 1–2 months after the mass mating and birthing season (typically in the second quarter), while workers in processing enterprises are examined 1–2 months after the completion of mass animal slaughter (not later than the third quarter).

Individuals temporarily engaged in livestock care or processing of animal products and raw materials are screened 1–2 months after the completion of seasonal work.

Control over the complete coverage of these contingents is carried out by the sanitary-epidemiological service.

During scheduled medical examinations and laboratory testing, broad sanitary-educational efforts are conducted among the serviced contingents.

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