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the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported to be the most common serotype of *Shigella* isolated from children with shigellosis [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1980s, *S. flexneri* was the most commonly isolated *Shigella* serotype from patients with shigellosis in the United Kingdom [12]. In the 1990s, *S. flexneri* was the most commonly isolated *Shigella* serotype from patients with shigellosis in the United Kingdom [13].

The aim of this study was to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–2000) and is projected to increase by a further 1.5 million by 2020 (Office for National Statistics 2001). The number of people aged 65 and over is projected to increase from 10.5 million in 2000 to 12.5 million in 2020, with the number of people aged 75 and over increasing from 4.5 million to 6.5 million in the same period (Office for National Statistics 2001).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (2000) has identified the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing' and 'positive ageing'. This paradigm is based on the idea that ageing is a process, not a state, and that the quality of life in old age is determined by the choices that people make throughout their lives.

The Department of Health (2000) has identified a number of key areas for action in order to develop this new paradigm. These include: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources that they need; (3) ensuring that older people are able to participate in the decisions that affect their lives; and (4) ensuring that older people are able to live in the communities in which they were born and raised.

The Department of Health (2000) has also identified a number of key areas for research in order to develop this new paradigm. These include: (1) understanding the needs and experiences of older people; (2) understanding the factors that influence the health and well-being of older people; (3) understanding the role of the community in the care of older people; and (4) understanding the role of the family in the care of older people.

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the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion. The number of people aged 65 and over has increased from 200 million to 350 million. The number of people aged 15–64 years has increased from 1.5 billion to 2.2 billion.

There are a number of factors which have contributed to this increase in the number of people in the world. One of the main factors is the increase in life expectancy. In 1990, the average life expectancy at birth was 47 years. In 2000, it was 52 years. This increase in life expectancy has led to a larger proportion of the population being aged 65 and over.

Another factor which has contributed to the increase in the number of people in the world is the increase in the number of people who are aged 15–64 years. This increase is due to a number of factors, including the increase in the number of people who are working, the increase in the number of people who are in school, and the increase in the number of people who are in the military.

The increase in the number of people in the world has led to a number of challenges. One of the main challenges is the need for more resources to support the growing population. This includes the need for more food, water, and shelter. It also includes the need for more education and healthcare.

Another challenge is the need for more jobs. As the population grows, there will be a need for more people to work. This will require the creation of more jobs, which will require investment in infrastructure and education.

The increase in the number of people in the world is a complex issue. It is a result of a number of factors, including the increase in life expectancy, the increase in the number of people who are working, and the increase in the number of people who are in school. It is a challenge that will require a number of solutions, including the need for more resources, the need for more jobs, and the need for more education and healthcare.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–2000) and is projected to increase by a further 1.5 million by 2020 (Office for National Statistics 2001). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 in the USA (U.S. Census Bureau 2000). The number of people aged 65 and over in the UK is projected to increase by 2.5 million by 2020 (Office for National Statistics 2001).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The World Health Organization (WHO) has developed a 'Global Strategy on Ageing and Health' (WHO 1999) which aims to 'enable older people to live longer, healthier, and more active lives'. The WHO has also developed a 'Global Strategy on Ageing and Health' (WHO 1999) which aims to 'enable older people to live longer, healthier, and more active lives'.

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the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 15.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people in the UK. The Department of Health (2000) has published a strategy for older people, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

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the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported to be the most common serotype of *Shigella* isolated from children with shigellosis [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1970s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [12]. In the 1980s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [13].

In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [14]. In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [15].

In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [16]. In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [17].

In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [18]. In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [19].

In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [20]. In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [21].

In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [22]. In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [23].

In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [24]. In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [25].

In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [26]. In the 2000s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [27].

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[The following text is a dense, continuous block of text, likely a scan of a document page. It contains numerous lines of text, many of which are illegible due to the quality of the scan. The text appears to be a mix of English and possibly some non-English characters, but the overall structure suggests a formal document or report. Due to the extreme density and illegibility, the specific content cannot be transcribed accurately.]

