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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1999) and the number of people in the private sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1999) (Department of Social Security 2000).

There is a growing emphasis on the need to improve the quality of care and services provided by the public sector. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and services provided by the public sector. The Act sets out a number of objectives, including the need to improve the quality of care and services provided by the public sector, to ensure that the public sector is able to meet the needs of the population, and to ensure that the public sector is able to provide a high quality of care and services.

The Act also sets out a number of measures to improve the quality of care and services provided by the public sector, including the need to improve the quality of care and services provided by the public sector, to ensure that the public sector is able to meet the needs of the population, and to ensure that the public sector is able to provide a high quality of care and services.

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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]. In the United Kingdom, *S. flexneri* serotype 3 is the most common serotype isolated from children with shigellosis [12].

There is a paucity of data on the prevalence of *Shigella* in the United Kingdom. In a study of 1000 children in the United Kingdom, 10% were found to have *Shigella* in their stool [13]. In a study of 1000 children in the United States, 10% were found to have *Shigella* in their stool [14].

The purpose of this study was to determine the prevalence of *Shigella* in the United Kingdom. The study was conducted in a large, multi-centre, case-control study of children with shigellosis in the United Kingdom. The study was conducted in 1998 and 1999.

The study was conducted in 10 centres in the United Kingdom. The centres were selected on the basis of their size and the number of children with shigellosis. The centres were: 1. St. James's Hospital, Dublin; 2. St. James's Hospital, Dublin; 3. St. James's Hospital, Dublin; 4. St. James's Hospital, Dublin; 5. St. James's Hospital, Dublin; 6. St. James's Hospital, Dublin; 7. St. James's Hospital, Dublin; 8. St. James's Hospital, Dublin; 9. St. James's Hospital, Dublin; 10. St. James's Hospital, Dublin.

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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 as the most common serotype in children with acute bacterial dysentery [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 isolated from patients with acute bacterial dysentery in the United Kingdom [12]. In the 1980s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [13].

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In the 2010s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [16]. In the 2020s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [17].

In the 2030s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [18]. In the 2040s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [19].

In the 2050s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [20]. In the 2060s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [21].

In the 2070s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [22]. In the 2080s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [23].

In the 2090s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [24]. In the 2100s, *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom [25].







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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has become a major employer in the UK, and its growth has been a major factor in the overall growth of the economy.

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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 in the UK is projected to increase from 10.5 million in 2000 to 13.5 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 health care, which is based on the principles of prevention, promotion, and primary care. This paradigm is based on the idea of 'active ageing', which is the process of maintaining and enhancing the functional ability of older people to live independently and to participate in society (World Health Organization 1999).

The Department of Health (2000) has identified a number of key areas for action in order to achieve this paradigm. These include: (1) the development of a 'new paradigm' for health care, which is based on the principles of prevention, promotion, and primary care; (2) the development of a 'new paradigm' for social care, which is based on the principles of prevention, promotion, and primary care; (3) the development of a 'new paradigm' for housing, which is based on the principles of prevention, promotion, and primary care; and (4) the development of a 'new paradigm' for transport, which is based on the principles of prevention, promotion, and primary care.

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the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of people who are surviving to old age is increasing. This is due to a number of factors, including improved medical care, better nutrition, and a decline in the death rate.

Another reason why the world population is growing so rapidly is that the number of people who are having children is increasing. This is due to a number of factors, including a decline in the age at which people are having children, and a decline in the number of children who are dying in infancy.

There are a number of other factors that are contributing to the rapid growth of the world population. These include a decline in the death rate, and a decline in the number of people who are having children.

The rapid growth of the world population is a major concern for many people. This is because it is leading to a number of problems, including a decline in the standard of living, and a decline in the environment.

There are a number of ways in which the world population can be controlled. These include a decline in the death rate, and a decline in the number of people who are having children.

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