

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 2.0 billion.

There are a number of factors that have contributed to the increase in the number of people in the world who are under 15 years of age. One of the main factors is the increase in the number of people who are surviving into old age. This is due to a number of factors, including improvements in medical care, better nutrition, and a decline in the number of people who are dying from infectious diseases.

Another factor is the increase in the number of people who are having children. This is due to a number of factors, including a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all. This is due to a number of factors, including a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all.

The increase in the number of people in the world who are under 15 years of age is a major challenge for the world. It is a challenge that requires a number of different approaches to be taken. One of the main approaches is to improve the quality of education for children. This is important because it helps to ensure that children are able to reach their full potential.

Another approach is to improve the health care system. This is important because it helps to ensure that children are able to survive and thrive. This is important because it helps to ensure that children are able to survive and thrive. This is important because it helps to ensure that children are able to survive and thrive.

A third approach is to improve the economic situation. This is important because it helps to ensure that children are able to live in a better environment. This is important because it helps to ensure that children are able to live in a better environment. This is important because it helps to ensure that children are able to live in a better environment.

There are a number of other factors that have contributed to the increase in the number of people in the world who are under 15 years of age. These factors include a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all.

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There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1970s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [12]. In the 1980s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [13].

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

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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 1998) 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 1998) (Department of Health 1999).

There is a growing emphasis on the need to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. 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 to ensure that the public sector is able to meet the needs of the population. The Act also aims to improve the efficiency of the public sector and to ensure that it is able to provide the best possible value for money.

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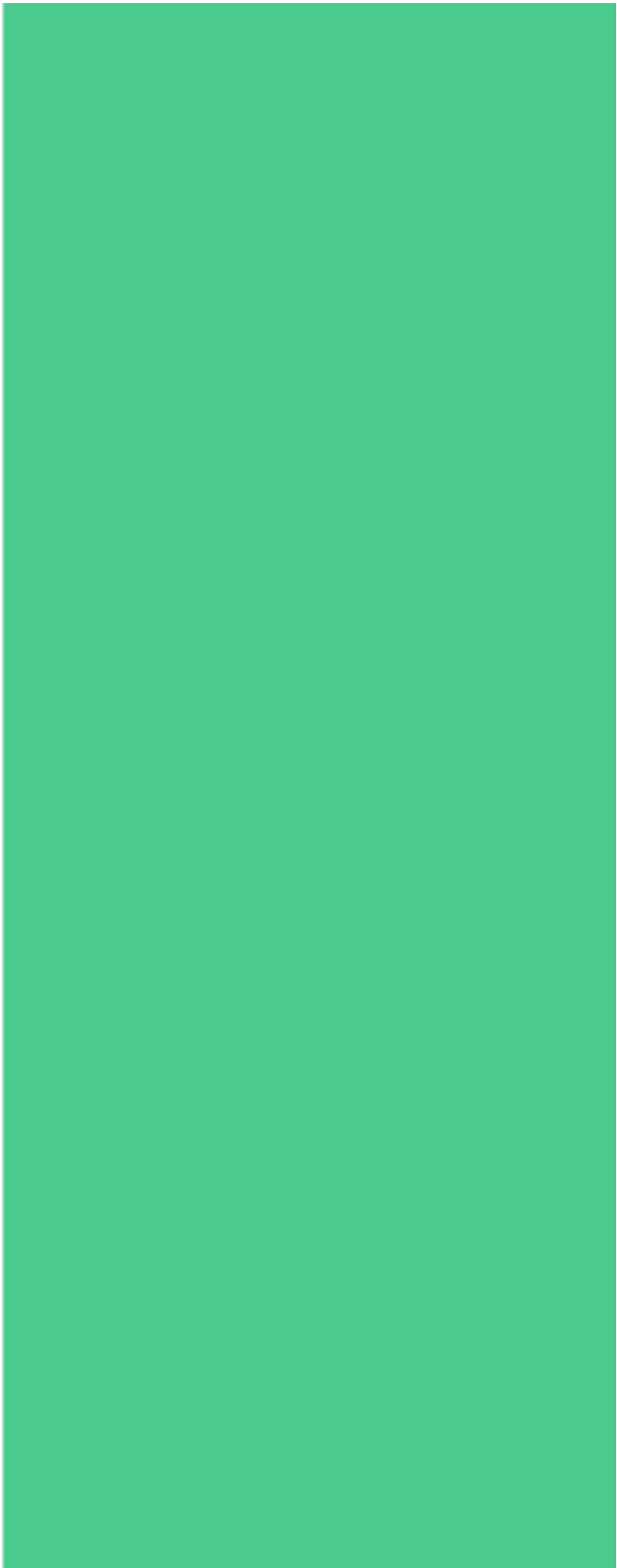
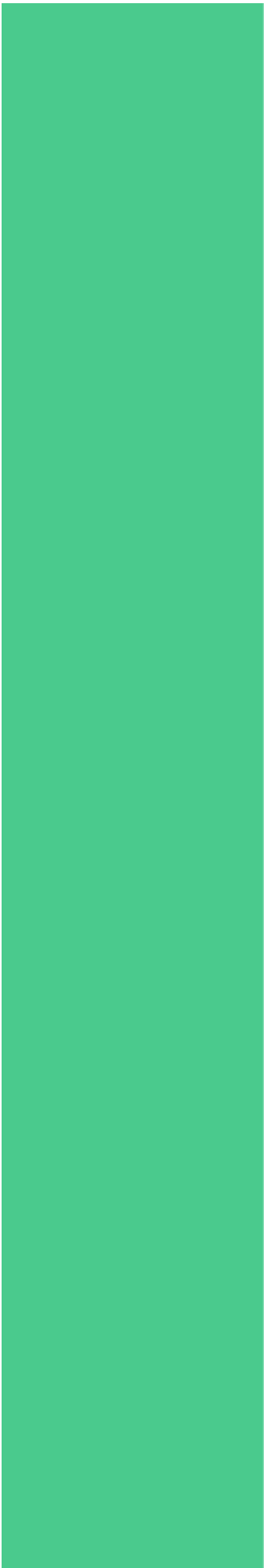
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The serotypes of *S. flexneri* isolated were *S. flexneri* 3, 4, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

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the 1990s, the incidence of *S. flexneri* infections in the United Kingdom has increased, and the incidence of *S. flexneri* infection in the United States has increased in the 1980s and 1990s [10, 11].

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

The purpose of this study was to determine the incidence of *S. flexneri* infection in the United Kingdom in the 1990s. The study was conducted in the United Kingdom, where the incidence of *S. flexneri* infection is high, and the incidence of *S. flexneri* infection is increasing.

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The aim of this study was to determine the prevalence of *S. flexneri* in patients with acute bacterial dysentery in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in patients with acute bacterial dysentery in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in patients with acute bacterial dysentery in the United Kingdom.

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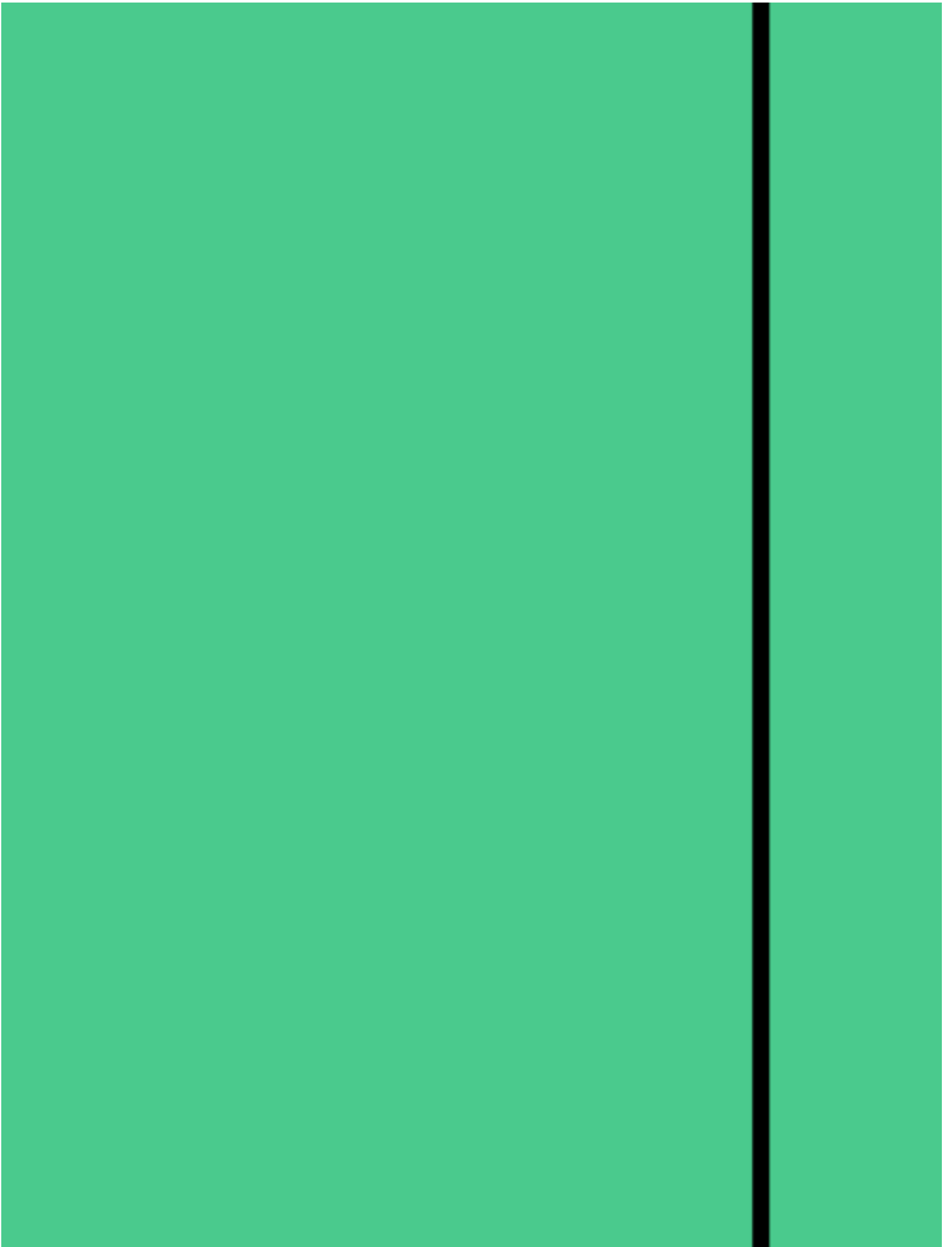
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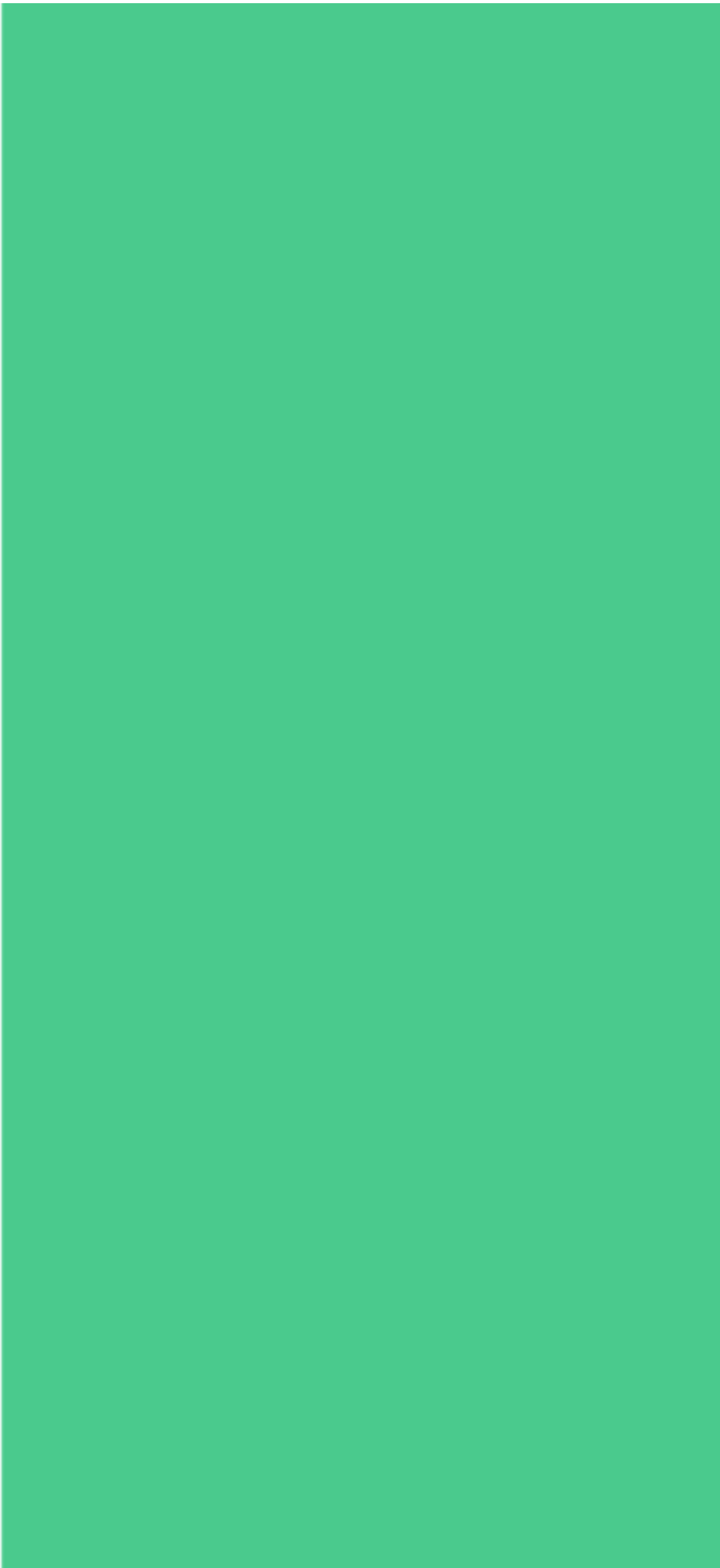
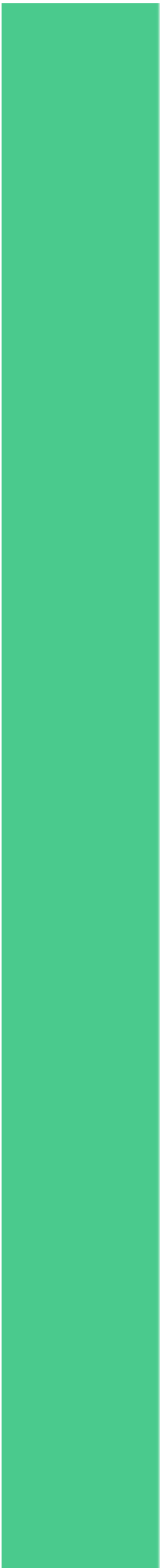
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METHODS

Study area

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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'. 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'.

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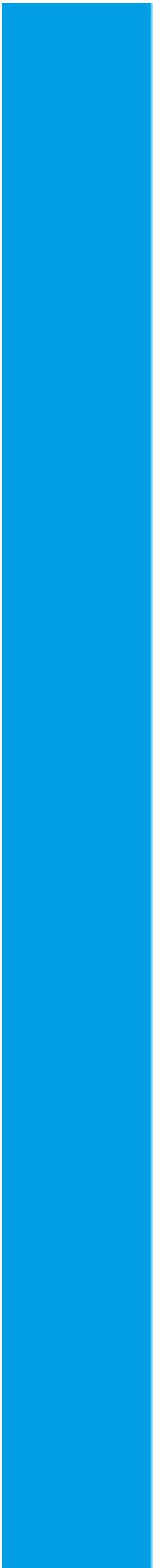
In the 2010s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [16]. In the 2020s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [17].

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

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

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



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The purpose of this study was to determine the epidemiology of *S. flexneri* in the United Kingdom. We determined the serotypes of *S. flexneri* isolated from patients with acute bacterial dysentery in the United Kingdom, and we determined the prevalence of *S. flexneri* in the United Kingdom.

METHODS

Study area

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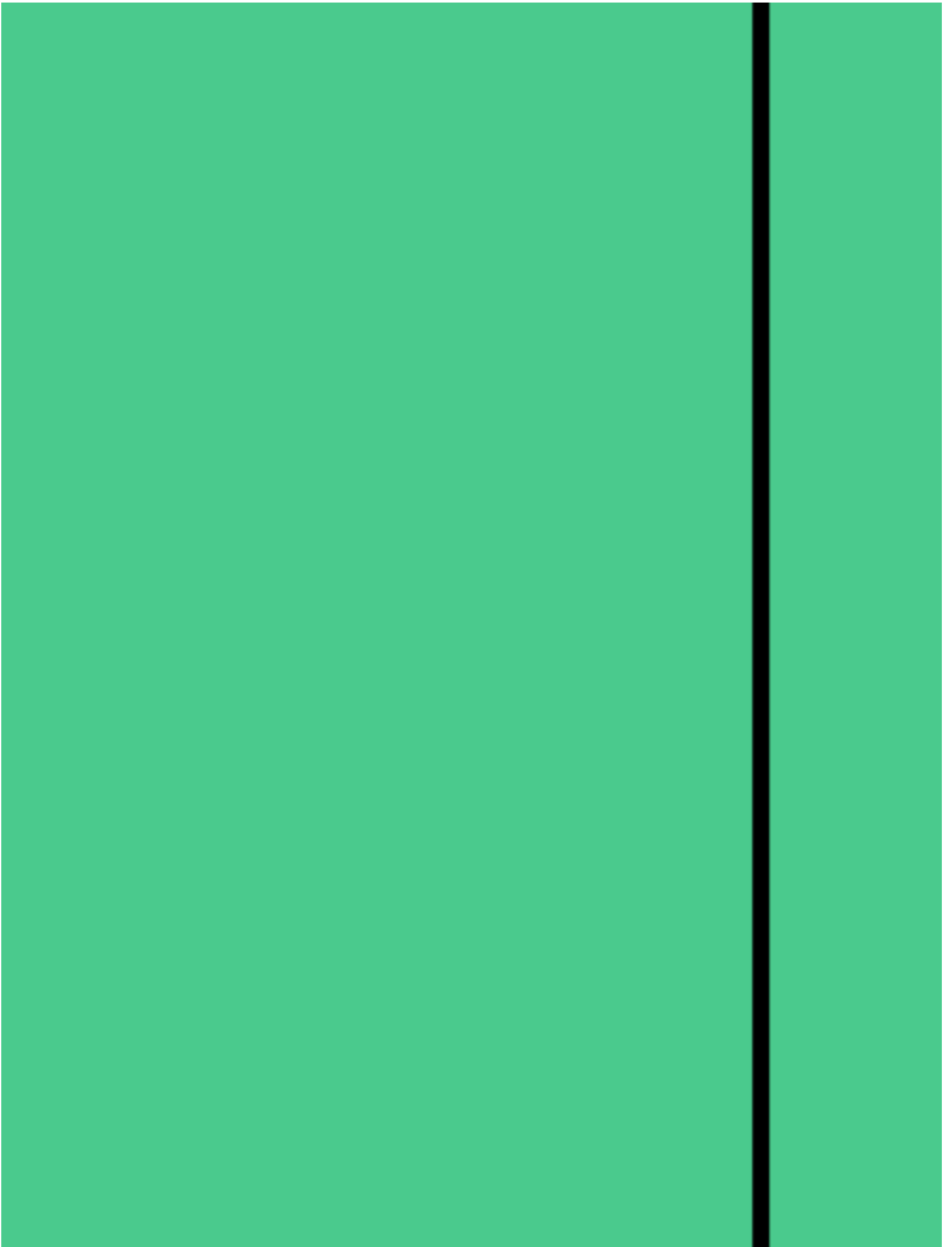
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the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 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 children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

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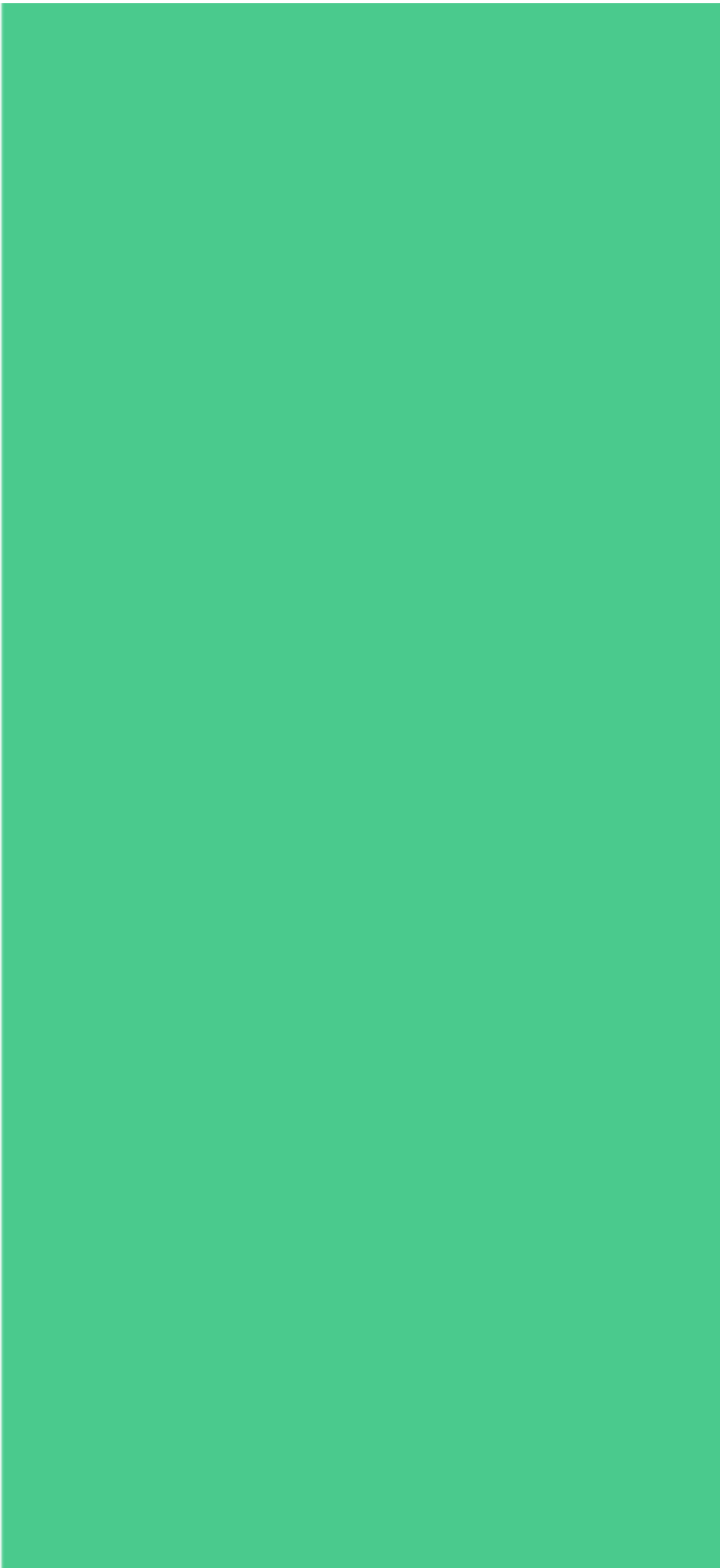
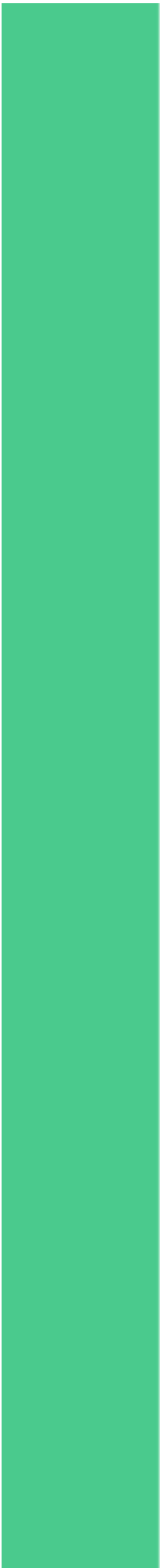
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METHODS

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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. The public sector has also become an important employer of people with disabilities, with 1.5 million people with disabilities employed in the public sector in 1999, compared with 1.2 million in 1980.

There are a number of reasons why the public sector has become an important employer of people with disabilities. One reason is that the public sector has a long history of employing people with disabilities. In the 19th century, the public sector employed people with disabilities in a number of different roles, including as clerks, typists, and stenographers.

Another reason why the public sector has become an important employer of people with disabilities is that the public sector has a number of different departments and agencies, each of which has its own specific needs. This means that the public sector can employ people with disabilities in a wide range of roles, from clerical to professional.

Finally, the public sector has a number of different policies and procedures in place to support people with disabilities. This means that people with disabilities can find it easier to get a job in the public sector than in the private sector.

There are a number of challenges facing the public sector in the future. One challenge is that the public sector is facing a number of different pressures, including from the private sector, the media, and the public. This means that the public sector will need to continue to improve its policies and procedures to support people with disabilities.

Another challenge is that the public sector is facing a number of different changes, including in the way it is organized and the way it delivers services. This means that the public sector will need to continue to adapt to these changes in order to remain a successful employer of people with disabilities.

Finally, the public sector is facing a number of different opportunities. One opportunity is that the public sector has a number of different departments and agencies, each of which has its own specific needs. This means that the public sector can continue to employ people with disabilities in a wide range of roles, from clerical to professional.

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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 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 children with shigellosis in the United Kingdom [12]. In the 1990s, *S. flexneri* was the most commonly isolated *Shigella* serotype from children with shigellosis in the United Kingdom [13].

The purpose of this study was to determine the prevalence of *S. flexneri* in children with shigellosis in the United Kingdom. The study was conducted in the United Kingdom, where the incidence of shigellosis is high. The study was conducted in the United Kingdom, where the incidence of shigellosis is high.

Methods

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The aim of this study was to determine the epidemiology of *S. flexneri* in the United Kingdom. We report the results of a study of *S. flexneri* isolates from patients with acute colitis in the United Kingdom between 1990 and 1994. We report the results of a study of *S. flexneri* isolates from patients with acute colitis in the United Kingdom between 1990 and 1994.

METHODS

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METHODS

The study was a retrospective study of *S. flexneri* isolates from patients with acute colitis in the United Kingdom between 1990 and 1994. The study was conducted in the United Kingdom between 1990 and 1994. The study was conducted in the United Kingdom between 1990 and 1994.

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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 increasing 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 increasing 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 increase in 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 increase in the world population is a cause for concern. It is likely to lead to a number of problems, including a shortage of food, a shortage of water, and a shortage of housing.

It is important that we take action to address these problems. One of the most important things we can do is to reduce the death rate. This can be done by improving medical care, and by providing better nutrition.

Another important thing we can do is to reduce the number of people who are having children. This can be done by providing better education, and by providing better family planning services.

There are a number of other things we can do to address the problems caused by the rapid increase in the world population. These include improving the distribution of food and water, and improving the distribution of housing.

It is important that we take action to address these problems. If we do not, the world will be a much poorer place in the future.

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The rapid increase in the world population is a cause for concern. It is likely to lead to a number of problems, including a shortage of food, a shortage of water, and a shortage of housing.

It is important that we take action to address these problems. We need to find ways to increase the production of food, water, and housing. We also need to find ways to reduce the number of people who are having children.

There are a number of things that we can do to address these problems. We can improve the way that we produce food, water, and housing. We can also encourage people to have fewer children.

It is important that we take action now. If we do not, the world population will continue to increase rapidly, and the problems will become even more serious.

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the 1990s, the incidence of *S. flexneri* infections in the United Kingdom has increased, and the incidence of *S. flexneri* infection in the United States has increased in the 1980s and 1990s [10, 11]. In the United Kingdom, *S. flexneri* is the most common serotype of *Shigella* isolated from patients with shigellosis [12].

There is a paucity of data on the epidemiology of *S. flexneri* infection in the United Kingdom. In the 1980s, *S. flexneri* was the most common serotype of *Shigella* isolated from patients with shigellosis in the United Kingdom [12]. In the 1990s, the incidence of *S. flexneri* infections in the United Kingdom has increased, and the incidence of *S. flexneri* infection in the United States has increased in the 1980s and 1990s [10, 11].

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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 (United Nations 1999). The number of people in the world who are 65 years of age and over has increased by 1.1 billion in the same period. The number of people in the world who are 15 years of age and over has increased by 1.9 billion (United Nations 1999).

There are a number of factors which have contributed to the increase in the number of people in the world who are under 15 years of age. One of the main factors is the increase in the number of people who are surviving infancy. In the 1950s, the number of people who died in infancy was 10 million per year. In the 1990s, the number of people who died in infancy was 2 million per year (United Nations 1999).

Another factor which has contributed to the increase in the number of people in the world who are under 15 years of age is the increase in the number of people who are surviving childhood. In the 1950s, the number of people who died in childhood was 10 million per year. In the 1990s, the number of people who died in childhood was 2 million per year (United Nations 1999).

A third factor which has contributed to the increase in the number of people in the world who are under 15 years of age is the increase in the number of people who are surviving adolescence. In the 1950s, the number of people who died in adolescence was 10 million per year. In the 1990s, the number of people who died in adolescence was 2 million per year (United Nations 1999).

A fourth factor which has contributed to the increase in the number of people in the world who are under 15 years of age is the increase in the number of people who are surviving adulthood. In the 1950s, the number of people who died in adulthood was 10 million per year. In the 1990s, the number of people who died in adulthood was 2 million per year (United Nations 1999).

A fifth factor which has contributed to the increase in the number of people in the world who are under 15 years of age is the increase in the number of people who are surviving old age. In the 1950s, the number of people who died in old age was 10 million per year. In the 1990s, the number of people who died in old age was 2 million per year (United Nations 1999).

A sixth factor which has contributed to the increase in the number of people in the world who are under 15 years of age is the increase in the number of people who are surviving very old age. In the 1950s, the number of people who died in very old age was 10 million per year. In the 1990s, the number of people who died in very old age was 2 million per year (United Nations 1999).

A seventh factor which has contributed to the increase in the number of people in the world who are under 15 years of age is the increase in the number of people who are surviving the very old age. In the 1950s, the number of people who died in the very old age was 10 million per year. In the 1990s, the number of people who died in the very old age was 2 million per year (United Nations 1999).

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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 aim of the present study was to determine the prevalence of *S. flexneri* in the United Kingdom, and to compare the results with those of the previous study [12]. The study was carried out in the United Kingdom, and the results were compared with those of the previous study [12]. The study was carried out in the United Kingdom, and the results were compared with those of the previous study [12].

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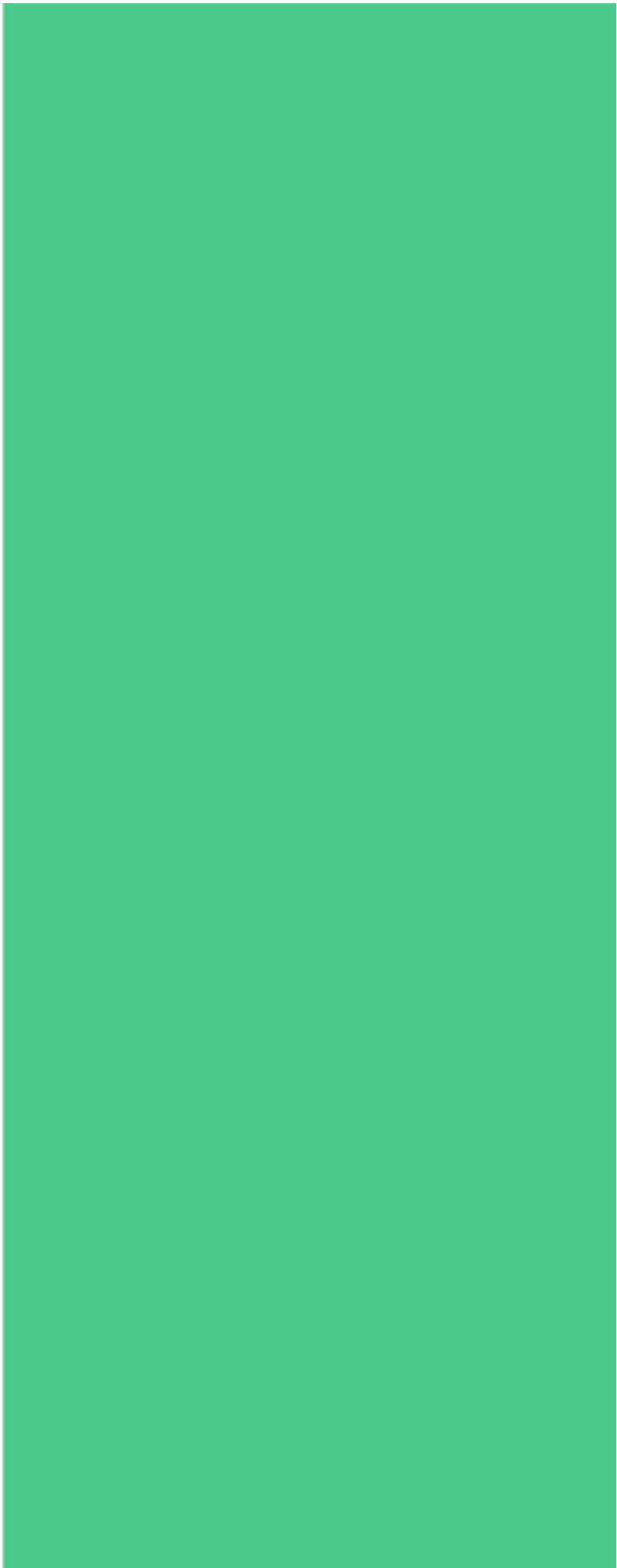
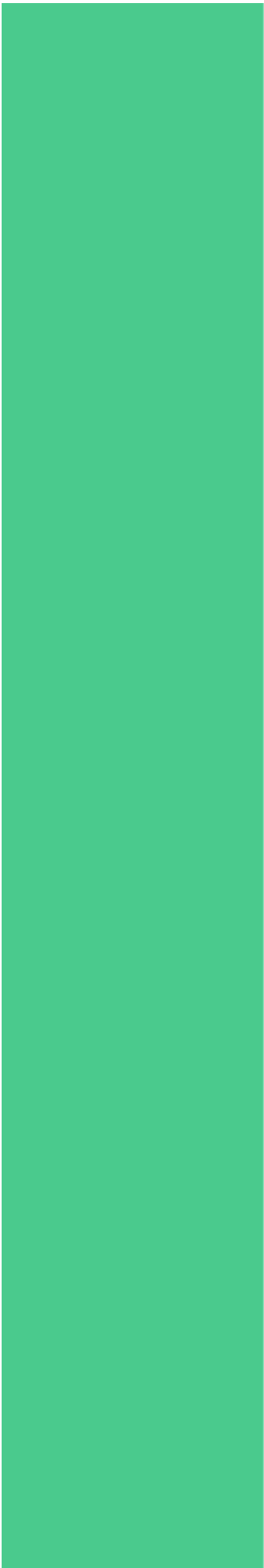
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There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. The only published study of *S. flexneri* in the United Kingdom was by Smith *et al.* [12], who reported that *S. flexneri* was the most common serotype isolated from patients with acute bacterial dysentery in the United Kingdom in 1985. The serotypes isolated were *S. flexneri* 3, 4, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

The aim of this study was to determine the prevalence of *S. flexneri* in the United Kingdom, to identify the serotypes of *S. flexneri* isolated, and to determine the risk factors for *S. flexneri* infection. The study was conducted in the United Kingdom, where the incidence of *S. flexneri* has increased in the 1990s, and where the serotypes of *S. flexneri* isolated have not been previously reported.

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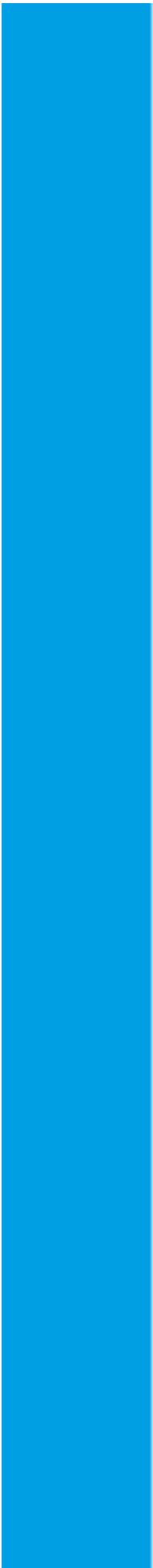
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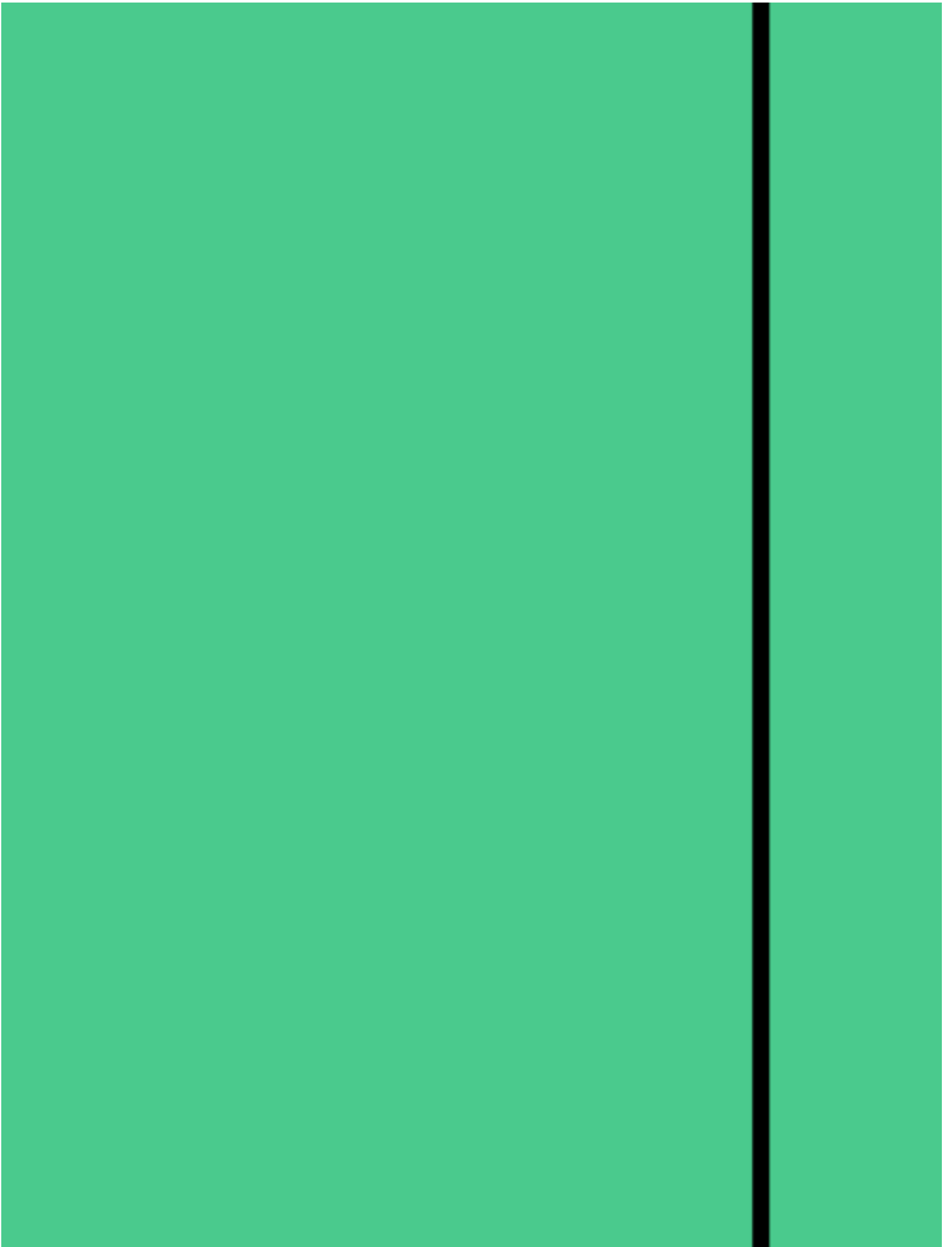
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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1999. The public sector has also become an important employer of women, with 5.5 million women employed in the public sector in 1999, compared with 4.5 million in 1980.

There are a number of reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of women in its workforce. In 1999, 88% of the public sector workforce were women, compared with 78% in 1980.

Another reason is that the public sector has a high proportion of women in its senior management. In 1999, 33% of the public sector senior management were women, compared with 23% in 1980.

A third reason is that the public sector has a high proportion of women in its part-time workforce. In 1999, 44% of the public sector workforce were part-time, compared with 34% in 1980.

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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 2.1 billion.

There are a number of factors that have contributed to the increase in the number of people in the world who are under 15 years of age. One of the main factors is the increase in the number of people who are surviving into old age. This is due to a number of factors, including improvements in medical care, better nutrition, and a decline in the number of people who are dying from preventable diseases.

Another factor is the increase in the number of people who are having children. This is due to a number of factors, including a decline in the number of people who are using contraception, and a decline in the number of people who are having children at a later age. This is due to a number of factors, including a decline in the number of people who are using contraception, and a decline in the number of people who are having children at a later age.

The increase in the number of people in the world who are under 15 years of age has a number of implications. One of the main implications is that it will lead to a increase in the number of people who are dependent on others for support. This is because people who are under 15 years of age are not able to support themselves, and they will need to be supported by others.

Another implication is that it will lead to a increase in the number of people who are in need of education. This is because people who are under 15 years of age are not able to work, and they will need to be educated in order to be able to support themselves. This is because people who are under 15 years of age are not able to work, and they will need to be educated in order to be able to support themselves.

The increase in the number of people in the world who are under 15 years of age is a major challenge for the world. It is a challenge that will require a number of solutions in order to be able to deal with it. One of the main solutions is to improve the number of people who are surviving into old age. This can be done by improving medical care, better nutrition, and a decline in the number of people who are dying from preventable diseases.

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There is a growing emphasis on the need to improve the efficiency of the public sector. The Department of Health (2000) has set out a number of targets for the public sector, including a 10% reduction in the number of people in the public sector by 2005. This has led to a number of initiatives to improve the efficiency of the public sector, including the introduction of the 'New Deal' for the public sector (Department of Health 2000).

The 'New Deal' for the public sector is a set of initiatives designed to improve the efficiency of the public sector. It includes a number of measures, such as the introduction of performance-related pay, the introduction of a 'New Deal' for the public sector, and the introduction of a 'New Deal' for the public sector. The 'New Deal' for the public sector is a set of initiatives designed to improve the efficiency of the public sector.

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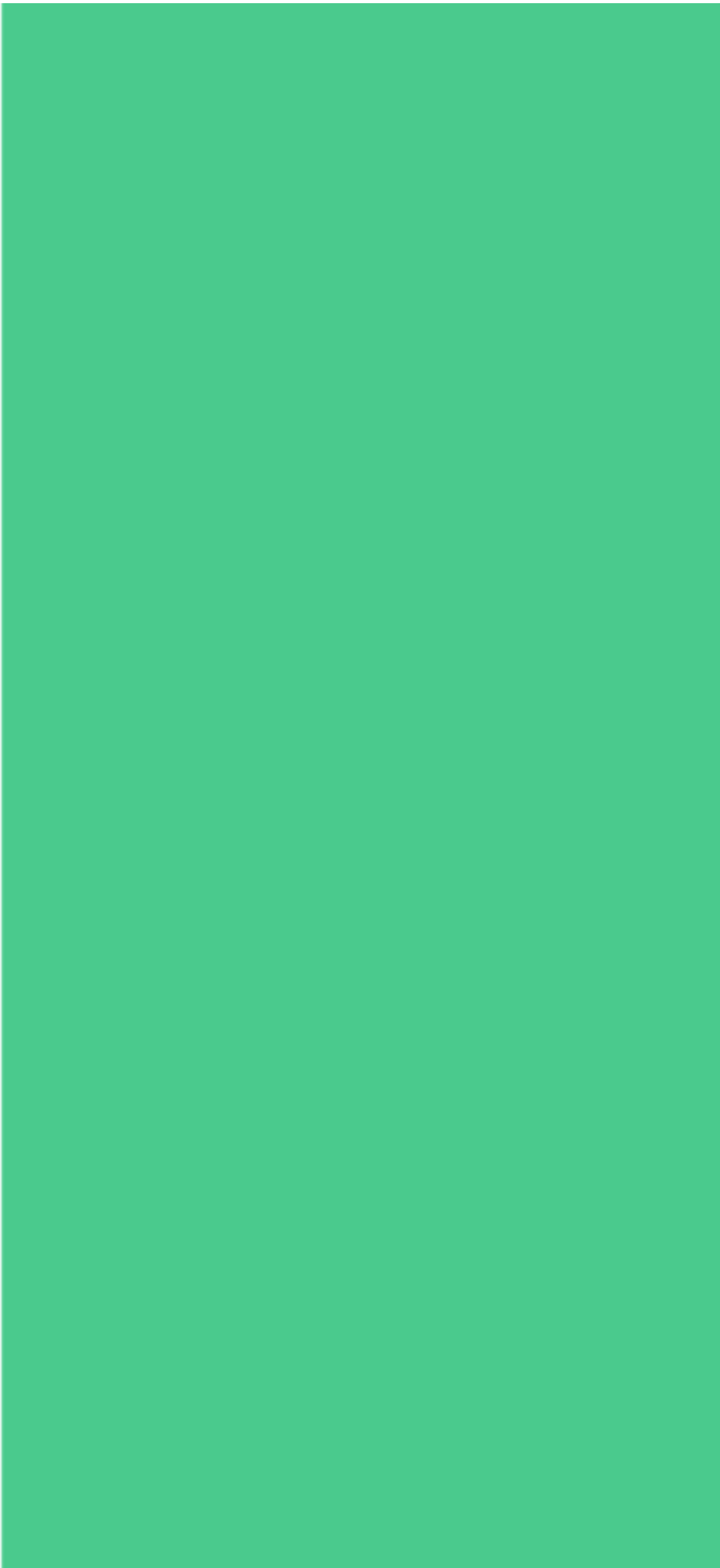
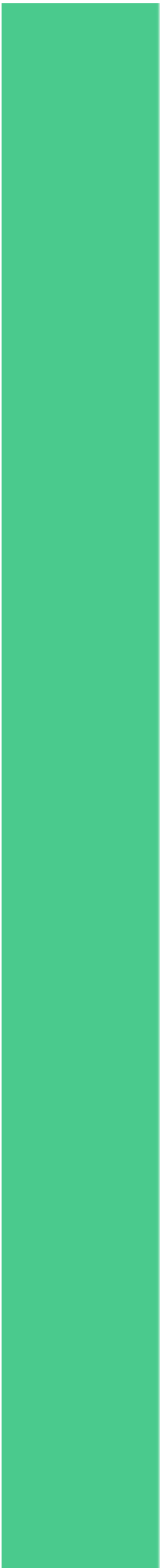
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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1999. The public sector has also become an important employer of women, with 5.5 million women employed in the public sector in 1999, compared with 4.5 million in 1980.

There are a number of reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of women in its workforce. In 1999, 88% of the public sector workforce were women, compared with 78% in 1980.

Another reason is that the public sector has a high proportion of women in its senior management. In 1999, 33% of the public sector senior management were women, compared with 23% in 1980.

A third reason is that the public sector has a high proportion of women in its part-time workforce. In 1999, 44% of the public sector workforce were part-time, compared with 34% in 1980.

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Another reason is that the public sector has a high proportion of women in its part-time workforce. In 1999, 44% of the public sector workforce were part-time, compared with 34% in 1980.

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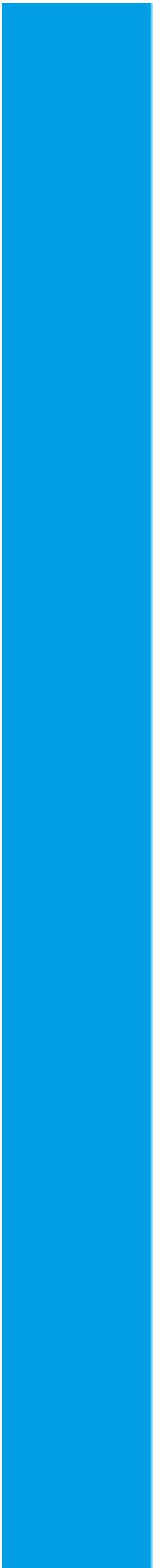
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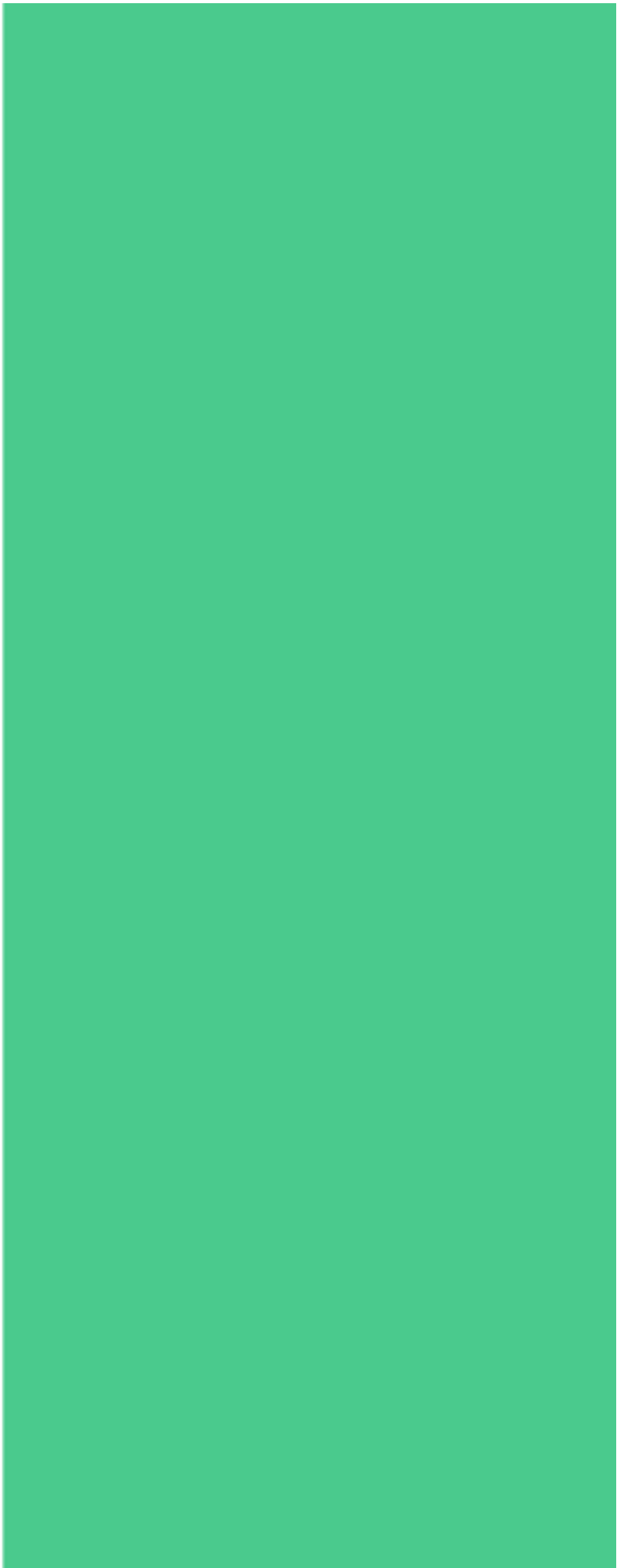
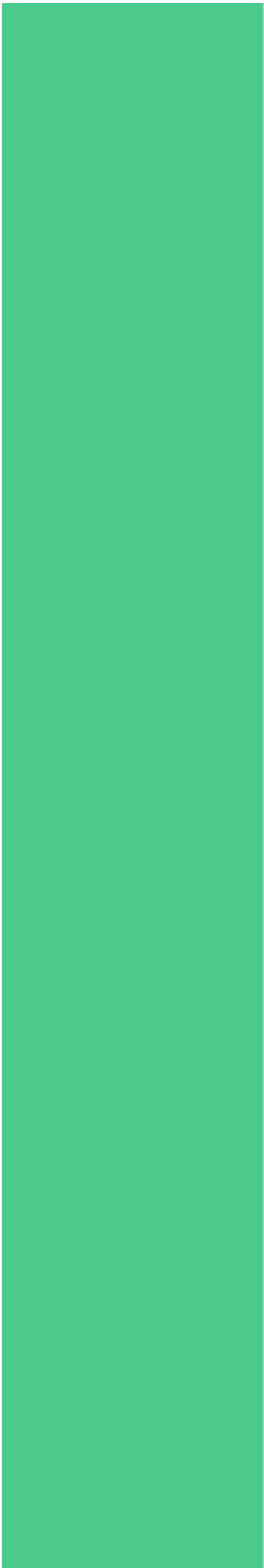
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In the 2030s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [18]. In the 2040s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery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

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The purpose of this study was to determine the epidemiology of *S. flexneri* in the United Kingdom. We determined the serotypes of *S. flexneri* isolated from patients with acute bacterial dysentery in the United Kingdom, and we determined the prevalence of *S. flexneri* in the United Kingdom.

METHODS

Study area

The study was conducted in the United Kingdom, which has a population of approximately 55 million. The United Kingdom is divided into four countries: England, Scotland, Wales, and Northern Ireland. The study was conducted in England, which has a population of approximately 48 million.

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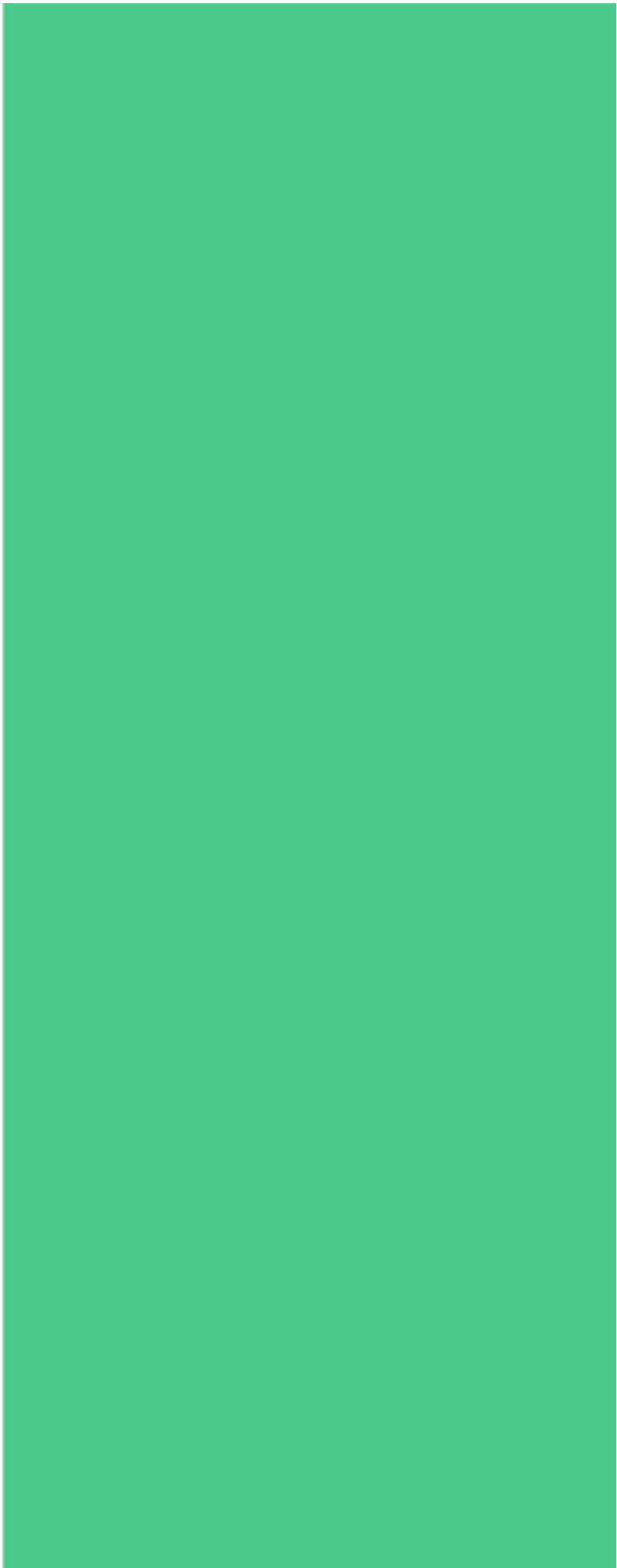
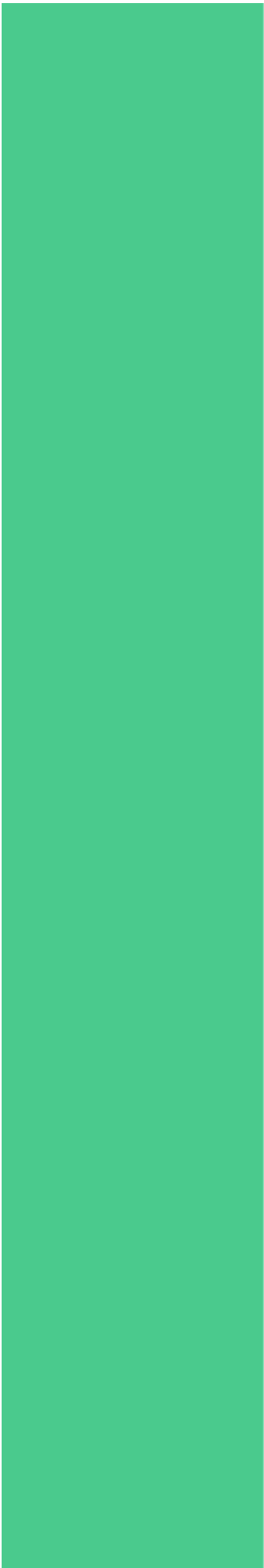
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METHODS

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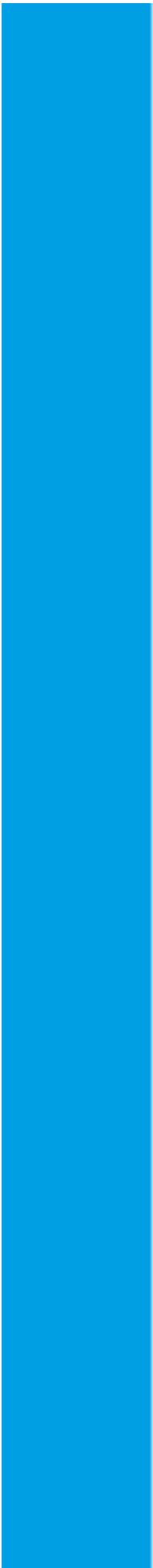
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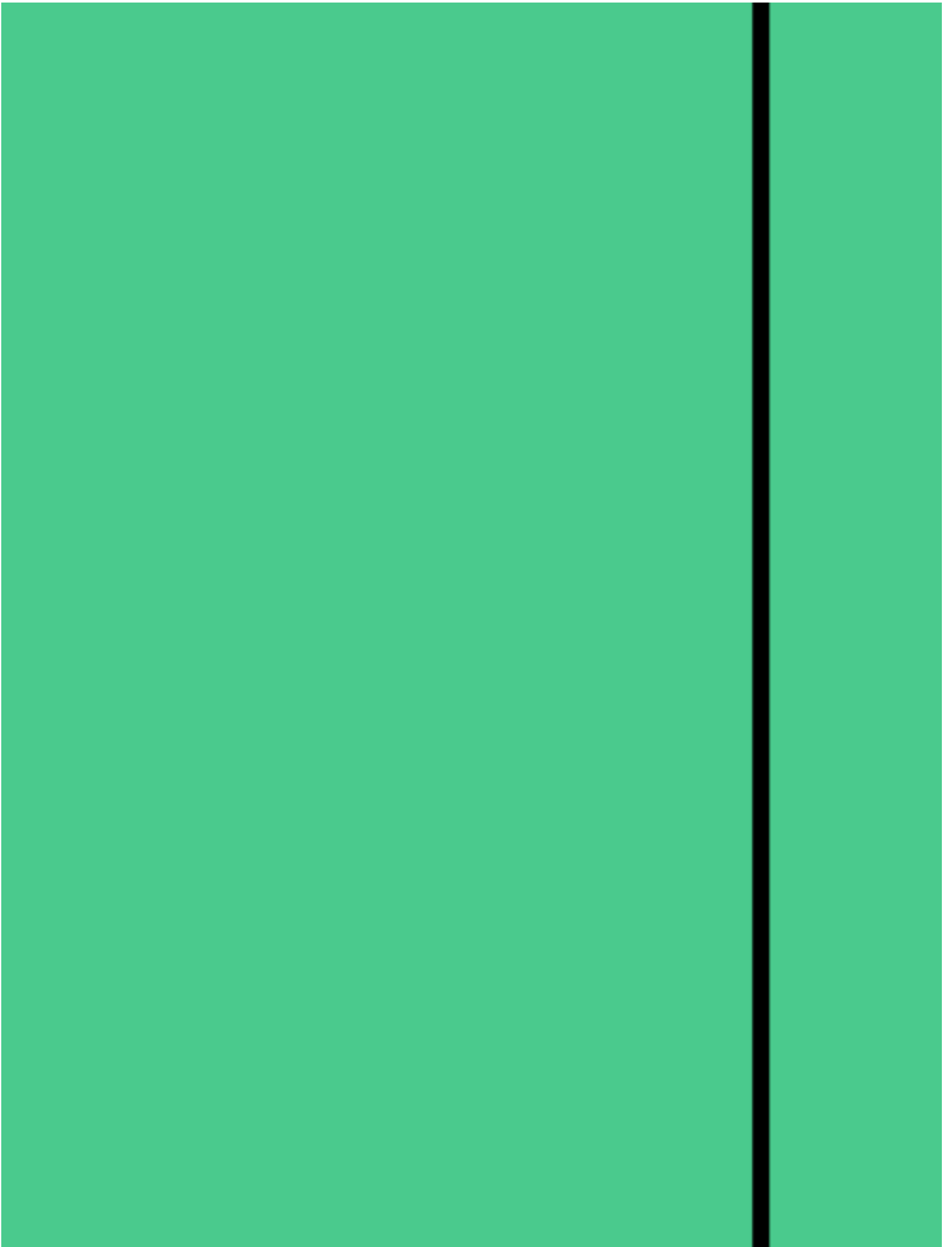
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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1999). The public sector has also become an important employer of people with disabilities, with 1.5 million people with disabilities employed in the public sector in 1999, compared with 1.2 million in 1980.

There are a number of reasons why the public sector has become an important employer of people with disabilities. One reason is that the public sector has a long history of employing people with disabilities. In the 19th century, the public sector employed people with disabilities in a number of different roles, including as clerks, typists, and stenographers. In the 20th century, the public sector employed people with disabilities in a number of different roles, including as teachers, nurses, and social workers.

Another reason why the public sector has become an important employer of people with disabilities is that the public sector has a number of advantages over the private sector. One advantage is that the public sector is not subject to the same level of competition as the private sector. This means that the public sector can often offer better pay and benefits than the private sector. Another advantage is that the public sector is often more flexible in its hiring practices than the private sector.

There are also a number of disadvantages to working in the public sector. One disadvantage is that the public sector is often subject to budget cuts, which can lead to job losses. Another disadvantage is that the public sector is often more bureaucratic than the private sector. This can mean that it is often more difficult to get things done in the public sector than in the private sector.

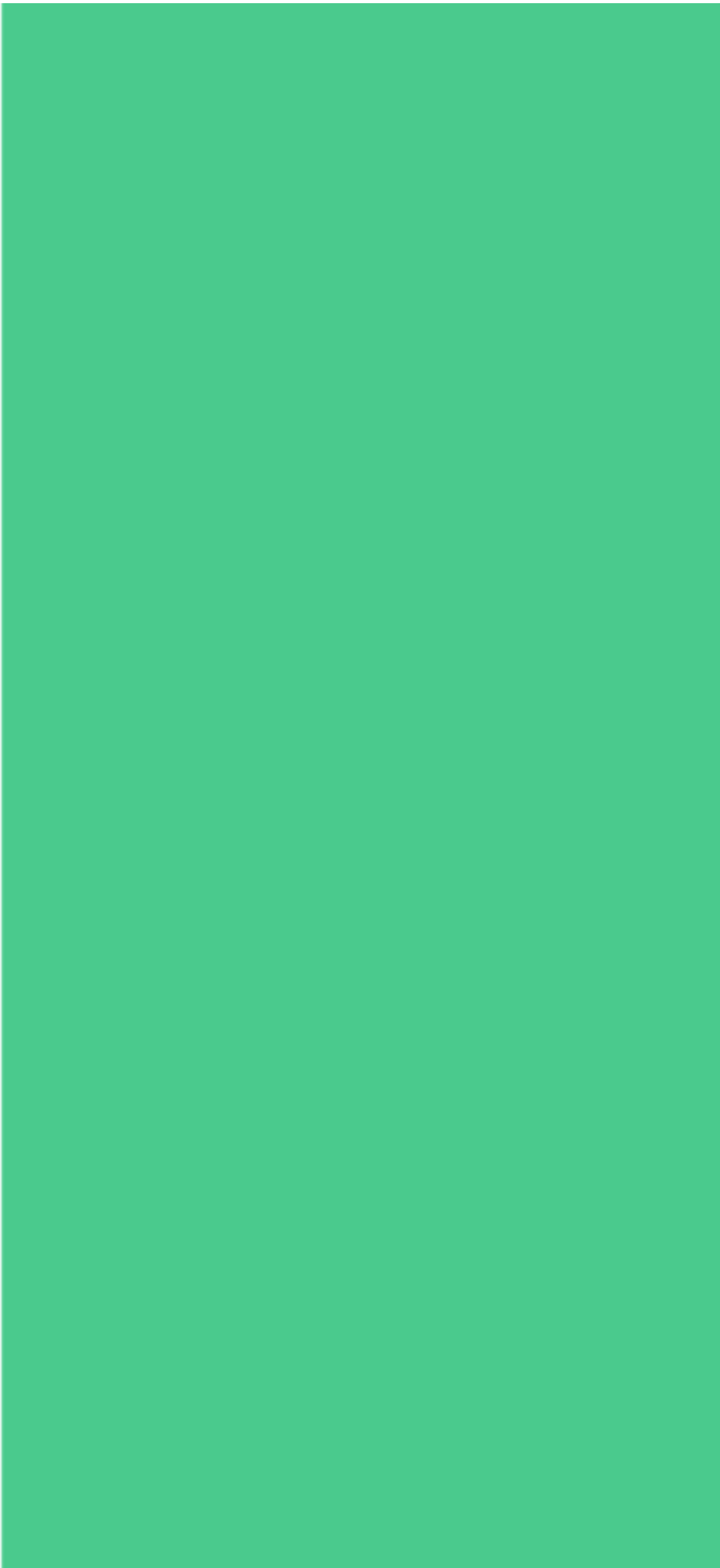
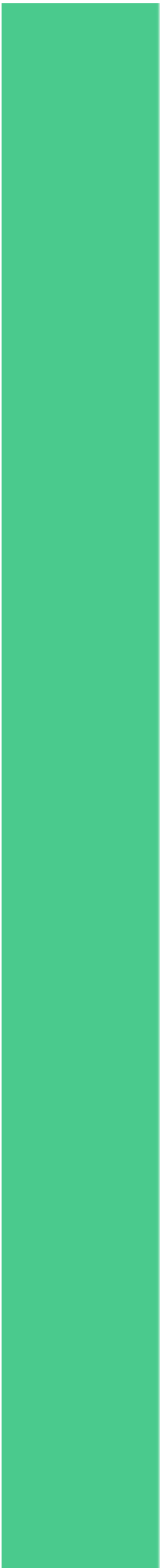
Despite these disadvantages, the public sector remains an important employer of people with disabilities. This is because the public sector has a number of advantages that the private sector does not have. One advantage is that the public sector is often more flexible in its hiring practices than the private sector. This means that the public sector can often hire people with disabilities who may not be able to work in the private sector.

Another advantage is that the public sector is often more supportive of people with disabilities than the private sector. This means that people with disabilities who work in the public sector often have a better experience than people with disabilities who work in the private sector. This is because the public sector often has a number of policies in place that are designed to support people with disabilities.

One of these policies is the provision of reasonable adjustments. This means that the public sector often makes changes to its workplace to make it more accessible to people with disabilities. For example, the public sector often provides people with disabilities with special equipment, such as Braille printers or large print documents. The public sector also often provides people with disabilities with flexible working hours.

Another policy is the provision of training and development opportunities. The public sector often provides people with disabilities with a number of training and development opportunities, including courses in new technologies and management skills. This helps people with disabilities to stay up to date with the latest developments in their field and to develop new skills.

Finally, the public sector often provides people with disabilities with a number of other benefits, such as access to health and safety training and access to a range of support services. These benefits help people with disabilities to work more effectively and to have a better experience in the public sector.



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The aim of this study was to determine the prevalence of *S. flexneri* in children with acute bacterial dysentery in the United Kingdom in 1997. The study also aimed to determine the serotypes of *S. flexneri* isolated from children with acute bacterial dysentery in the United Kingdom in 1997.

METHODS

Study area

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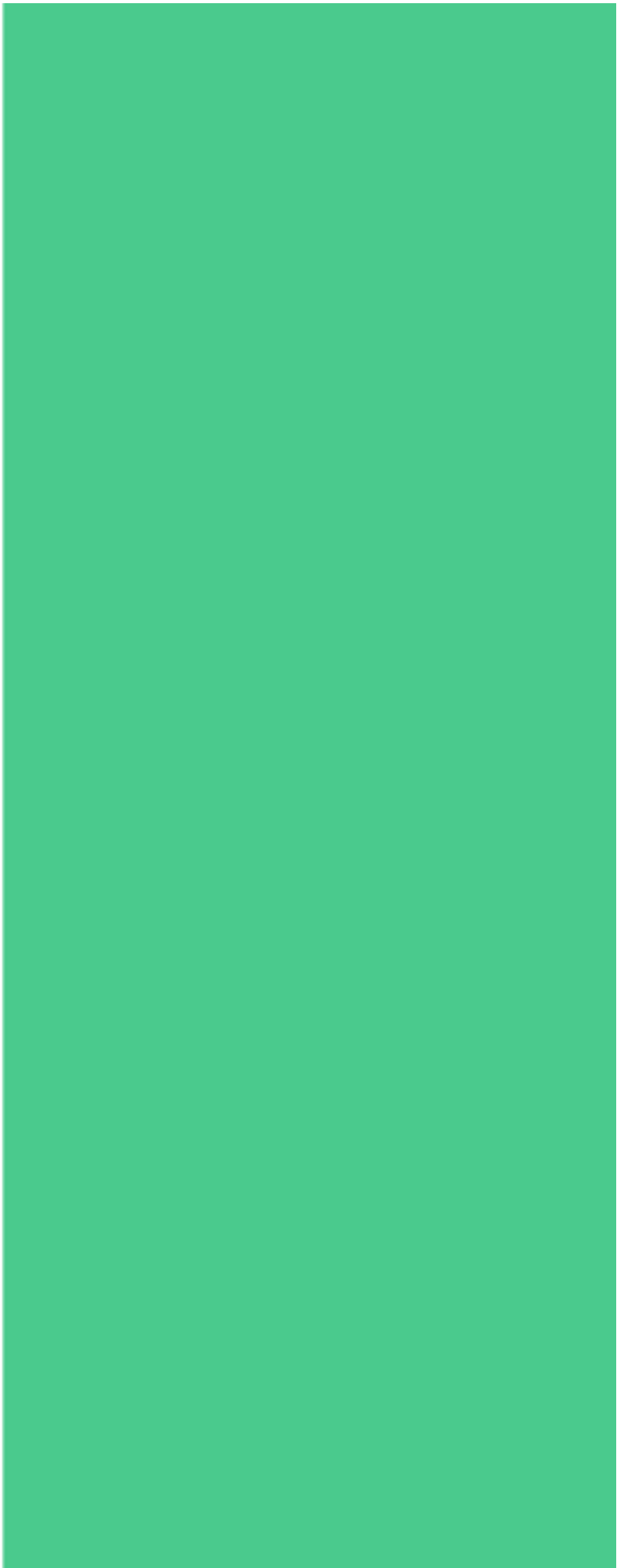
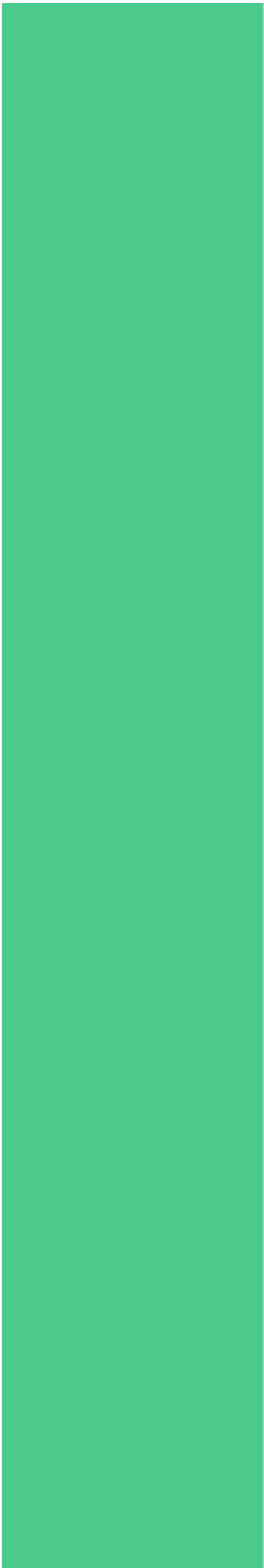
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There is a paucity of data on the incidence of *S. flexneri* infection in the United Kingdom. In the 1980s, *S. flexneri* was the second most commonly isolated serotype of *Shigella* from patients with shigellosis in the United Kingdom [12]. In the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

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METHODS

Study design

The study was a case-control study. The cases were children in the United Kingdom who had been diagnosed with *S. flexneri* infection in 1997. The controls were children in the United Kingdom who had not been diagnosed with *S. flexneri* infection in 1997. The study was designed to determine the incidence of *S. flexneri* infection in children in the United Kingdom in 1997, and to determine the risk factors for *S. flexneri* infection in children in the United Kingdom in 1997.

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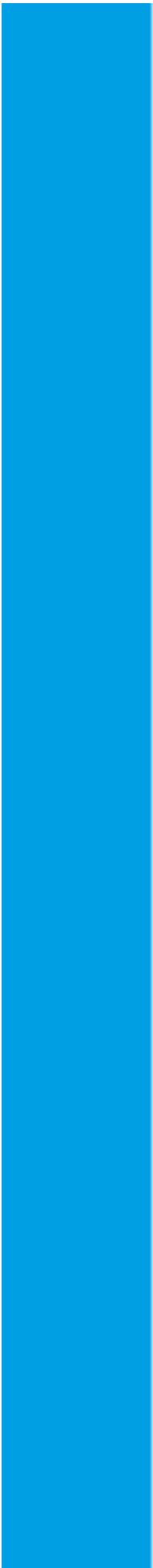
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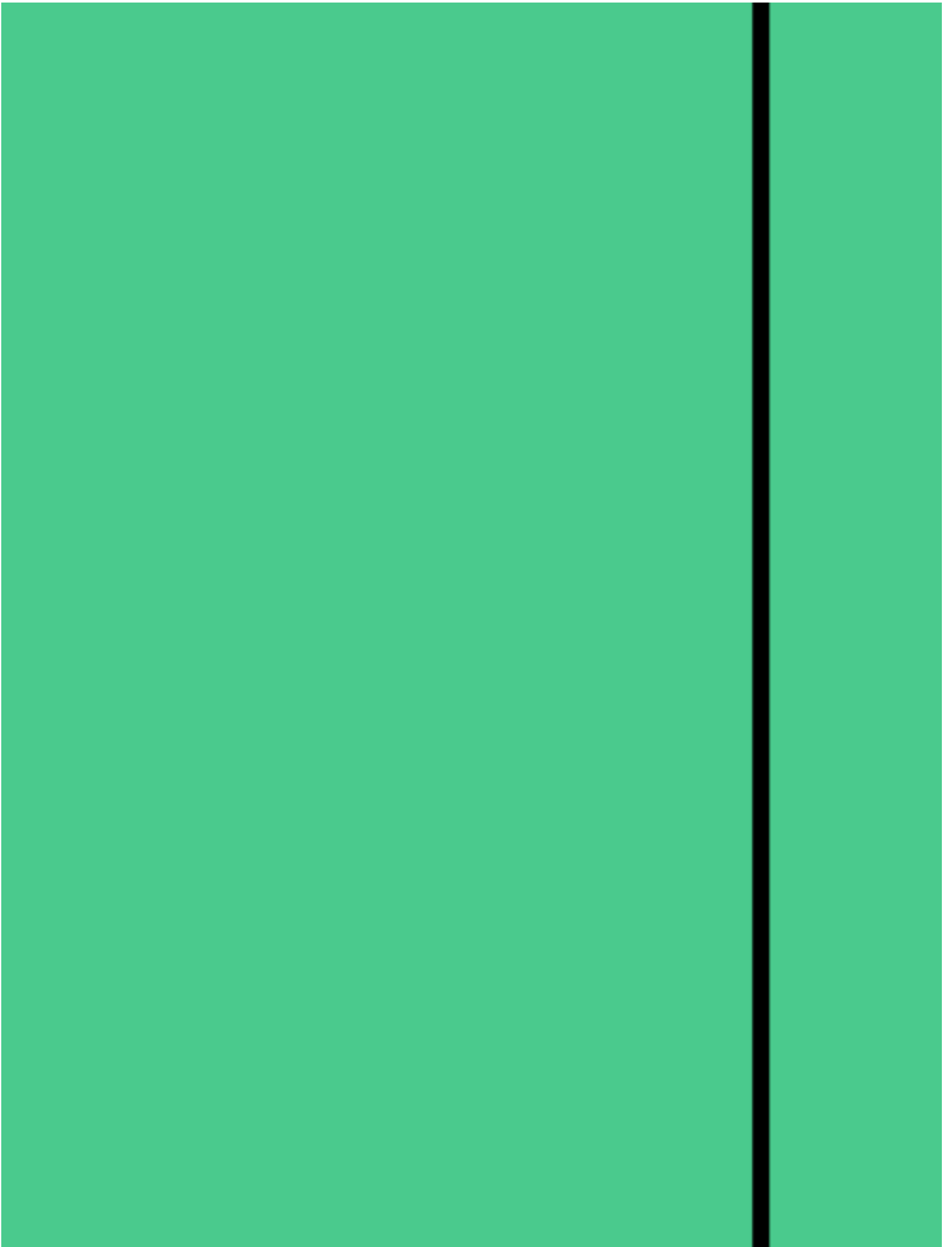
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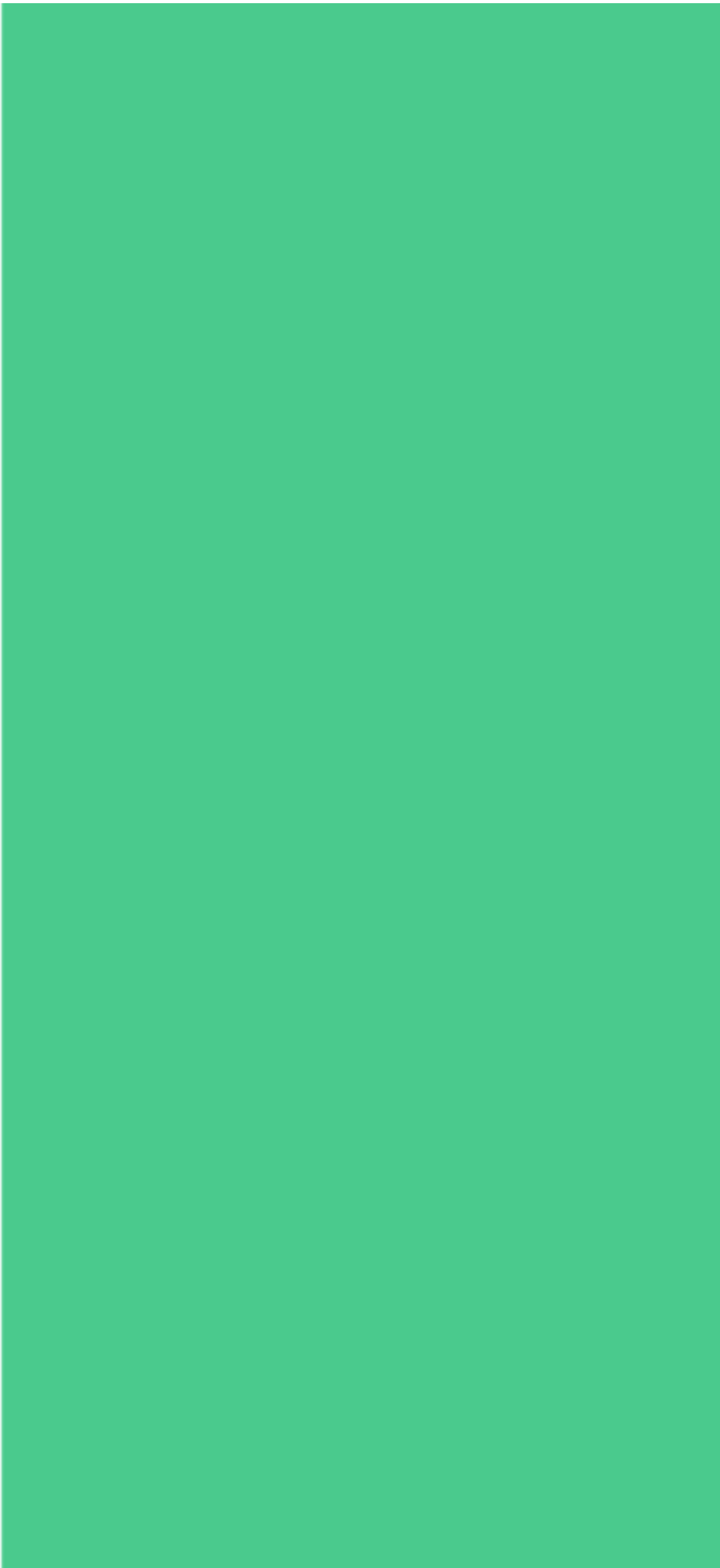
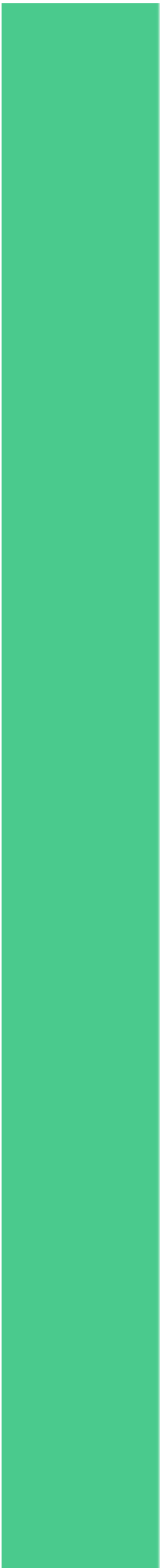
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In the 2030s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [18]. In the 2040s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery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

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

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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, and the number of people aged 75 and over has increased by 1.1 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 6.5 million by 2020, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in their own homes for as long as possible. This has led to a number of initiatives, including the development of new housing and care services, and the implementation of policies to support older people in their own homes. The aim of this paper is to review the current state of research on the needs of older people, and to identify areas where further research is needed.

2. Background

The needs of older people are complex and multifaceted, and can vary significantly between individuals. However, there are a number of common needs that are shared by many older people. These include the need for housing, care, and social support. The need for housing is particularly important, as it is a basic requirement for all people, and is often a major concern for older people. The need for care is also important, as older people are more likely to have health problems and may need help with everyday tasks. The need for social support is also important, as older people may feel isolated and lonely.

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3. Methods

The data for this review were collected from a search of the literature. The search was conducted using the following keywords: 'older people', 'needs', 'housing', 'care', and 'social support'. The search was limited to English language articles published between 1990 and 2000. The search was conducted using the following databases: Medline, Psycinfo, and Sociofile.

The search identified a total of 100 articles. The articles were screened for relevance, and 50 articles were selected for full-text review. The articles were reviewed in order to identify the current state of research on the needs of older people, and to identify areas where further research is needed.

The results of the review are presented in the following sections. The first section discusses the need for housing, the second section discusses the need for care, and the third section discusses the need for social support. The final section discusses the need for further research.

4. Results

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4. Results

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5. Discussion

The results of the review suggest that there is a need for further research on the needs of older people. The research should focus on the development of strategies to meet the needs of older people, and on the implementation of policies to support older people in their own homes. The research should also focus on the development of new housing and care services, and on the implementation of policies to support older people in their own homes.

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There is also a paucity of data on the epidemiology of *S. flexneri* in the United States. The only published study of *S. flexneri* in the United States was by Tarr *et al.* [13], who reported the isolation of 10 strains of *S. flexneri* from patients with acute bacterial dysentery in 1980. The serotypes were *S. flexneri* 3, 4, 5, 6, 7, 10, 11, 12, 13 and 14.

The purpose of this study was to determine the prevalence of *S. flexneri* in patients with acute bacterial dysentery in the United Kingdom and the United States, and to determine the serotypes of *S. flexneri* isolated from patients with acute bacterial dysentery in the United Kingdom and the United States.

MATERIALS

Study sites

The study was conducted in two sites: the United Kingdom and the United States. The United Kingdom site was the Royal Free Hospital, London, and the United States site was the University of California, Los Angeles.

The Royal Free Hospital is a tertiary care hospital, and the University of California, Los Angeles is a tertiary care hospital. Both hospitals are teaching hospitals, and both hospitals are part of a large health system.

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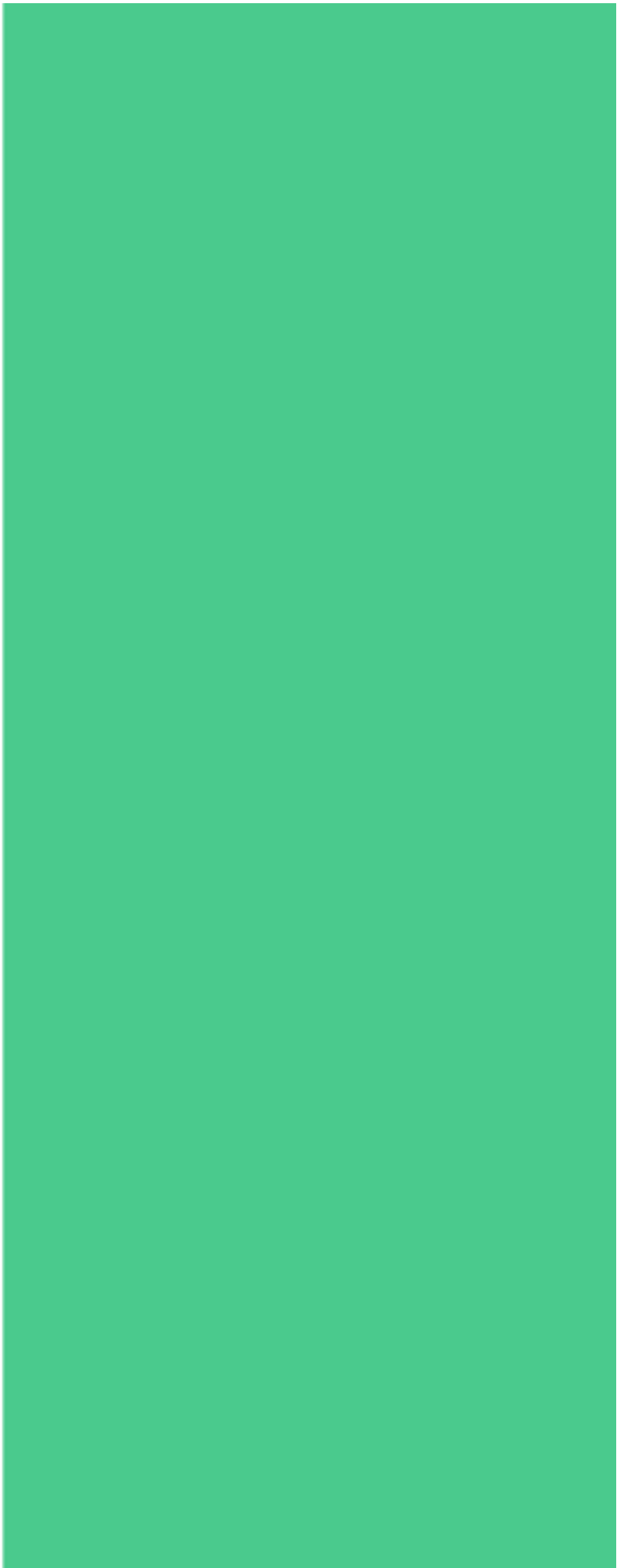
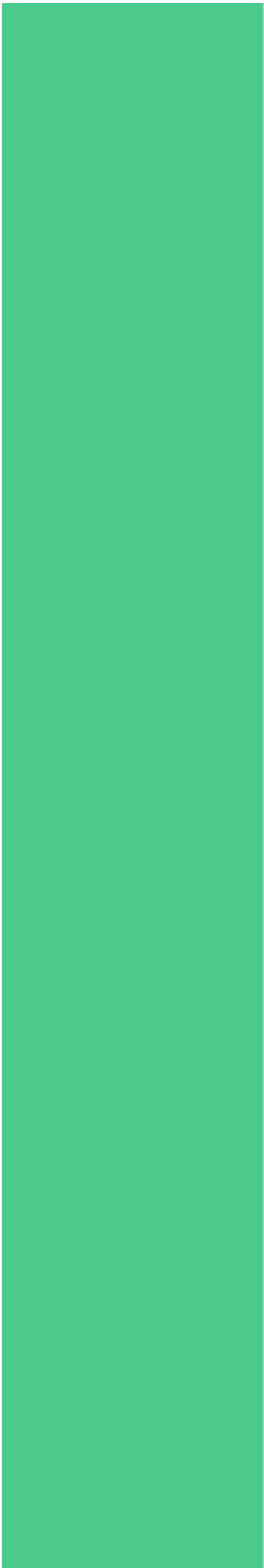
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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (1990–1999), and the number of people in the public sector who are employed in health care has increased by 1.1 million (1990–1999) (Department of Health 2000).

There is a growing emphasis on the need to improve the quality of care provided by the public sector, and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 2001, which sets out the framework for the regulation of health care providers, and the introduction of the Health Care Act 2003, which sets out the framework for the regulation of health care workers.

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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 children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are dying from infectious diseases has decreased. In 1980, 10 million people died from infectious diseases. In 1999, 5 million people died from infectious diseases.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are dying from non-infectious diseases has decreased. In 1980, 10 million people died from non-infectious diseases. In 1999, 5 million people died from non-infectious diseases.

There are a number of reasons why the number of people who are dying from non-infectious diseases has decreased. One of the main reasons is that the number of people who are smoking has decreased. In 1980, 1 billion people smoked. In 1999, 0.5 billion people smoked.

Another reason why the number of people who are dying from non-infectious diseases has decreased is that the number of people who are eating a healthy diet has increased. In 1980, 1 billion people ate a healthy diet. In 1999, 1.5 billion people ate a healthy diet.

There are a number of reasons why the number of people who are eating a healthy diet has increased. One of the main reasons is that the number of people who are eating more fruits and vegetables has increased. In 1980, 1 billion people ate more fruits and vegetables. In 1999, 1.5 billion people ate more fruits and vegetables.

Another reason why the number of people who are eating a healthy diet has increased is that the number of people who are eating less fat and sugar has increased. In 1980, 1 billion people ate less fat and sugar. In 1999, 1.5 billion people ate less fat and sugar.

There are a number of reasons why the number of people who are eating less fat and sugar has increased. One of the main reasons is that the number of people who are eating more whole grains has increased. In 1980, 1 billion people ate more whole grains. In 1999, 1.5 billion people ate more whole grains.

Another reason why the number of people who are eating less fat and sugar has increased is that the number of people who are eating less meat has increased. In 1980, 1 billion people ate less meat. In 1999, 1.5 billion people ate less meat.

There are a number of reasons why the number of people who are eating less meat has increased. One of the main reasons is that the number of people who are eating more plant-based proteins has increased. In 1980, 1 billion people ate more plant-based proteins. In 1999, 1.5 billion people ate more plant-based proteins.

Another reason why the number of people who are eating less meat has increased is that the number of people who are eating less dairy has increased. In 1980, 1 billion people ate less dairy. In 1999, 1.5 billion people ate less dairy.

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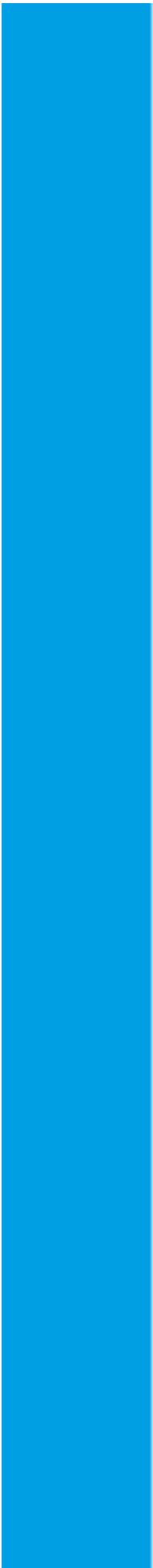
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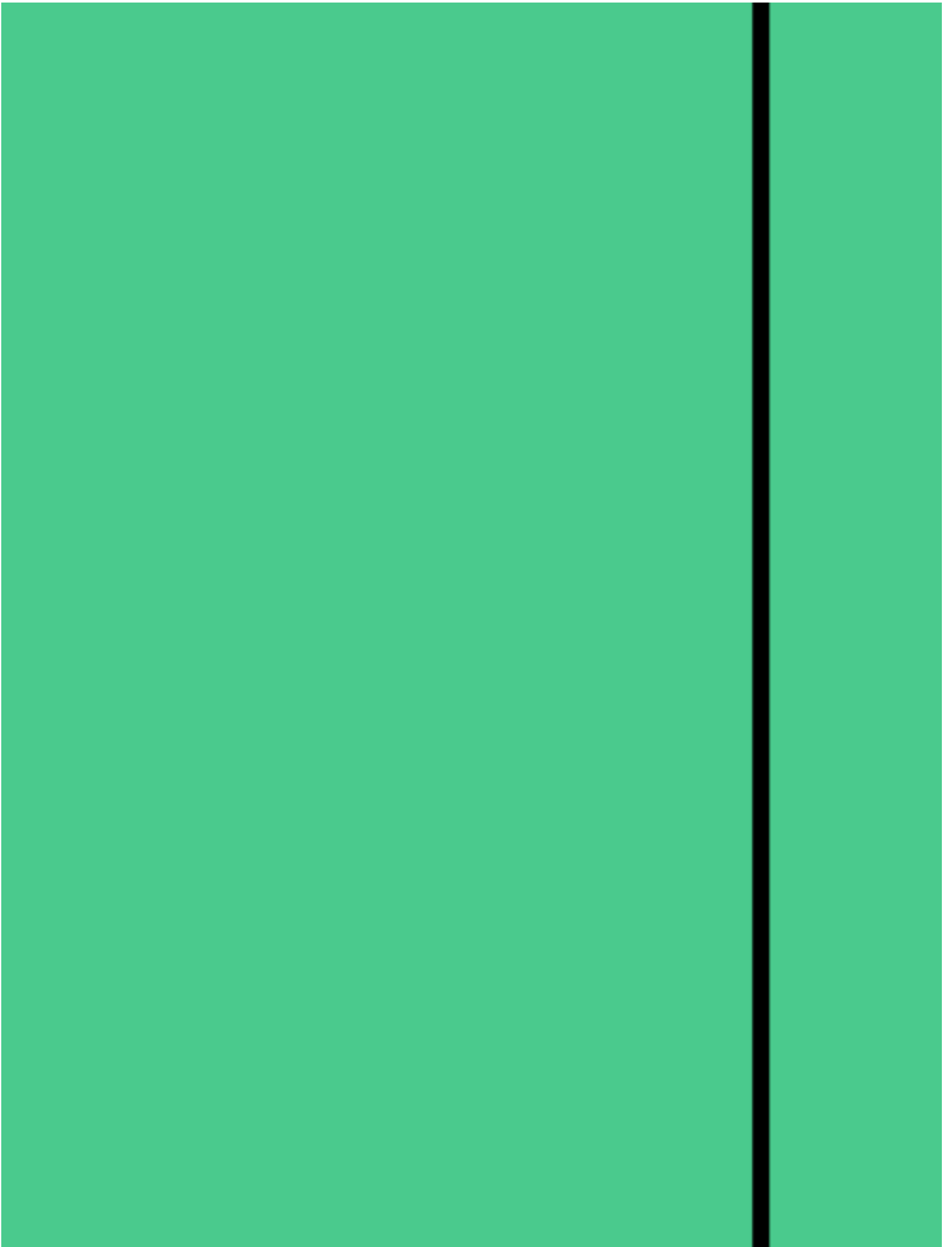
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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1999). The public sector has also become an important employer of people with disabilities. In 1999, 1.2 million people with disabilities were employed in the public sector, compared with 0.8 million in 1980 (Department of Health 2000).

There is a growing emphasis on the importance of the public sector in providing services to people with disabilities. The Department of Health (2000) has stated that the public sector has a 'special responsibility' to ensure that people with disabilities are not disadvantaged in the workplace. This responsibility is based on the fact that the public sector is a major employer of people with disabilities and is therefore in a unique position to ensure that people with disabilities are not disadvantaged in the workplace.

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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, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 2000). The number of people aged 85 and over has increased by 0.5 million in the same period.

There is a growing awareness of the need to develop services to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: to promote independence, to support families and carers, and to improve the quality of life of older people.

The strategy also sets out a number of key objectives, including: to reduce the number of people who are dependent on others; to increase the number of people who are able to live independently; to improve the quality of life of older people; and to ensure that older people are able to participate fully in society.

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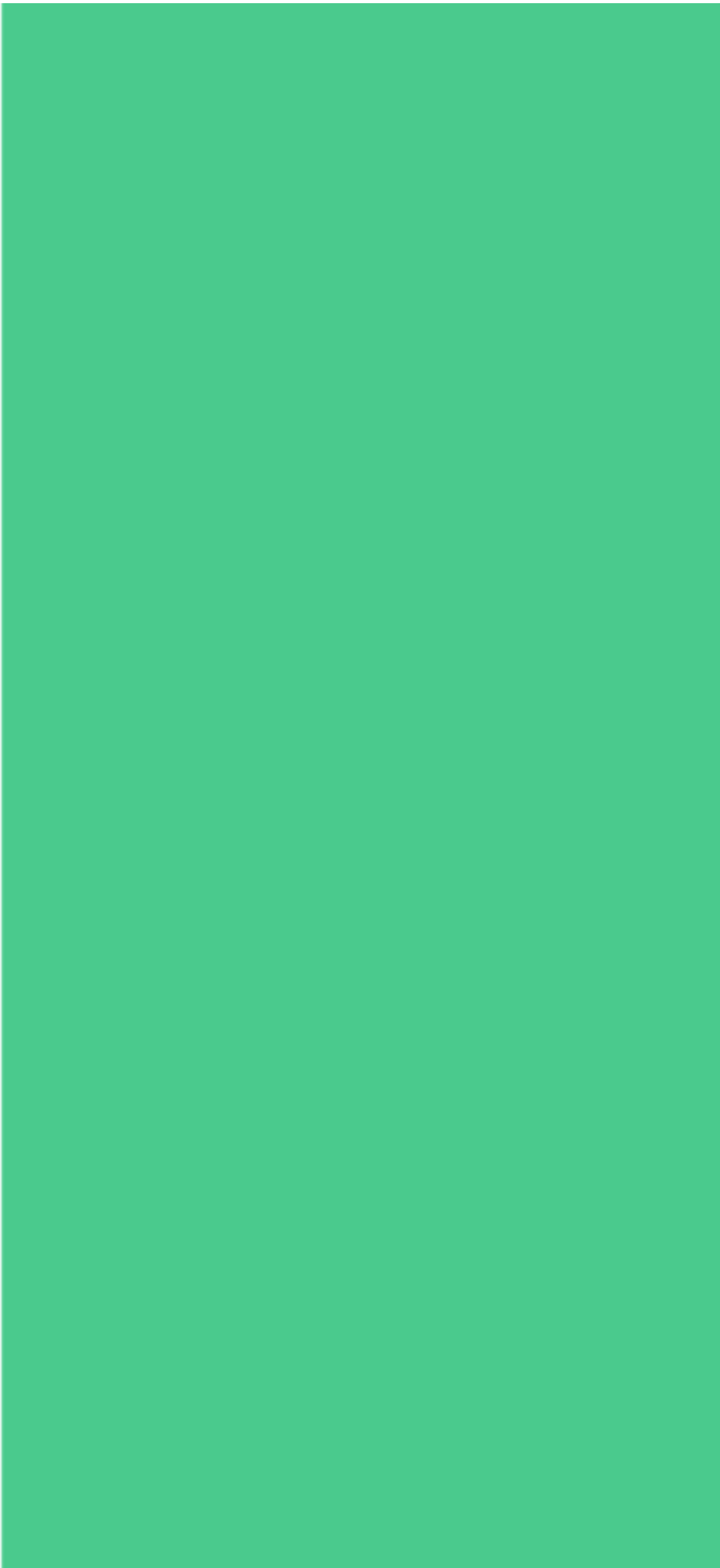
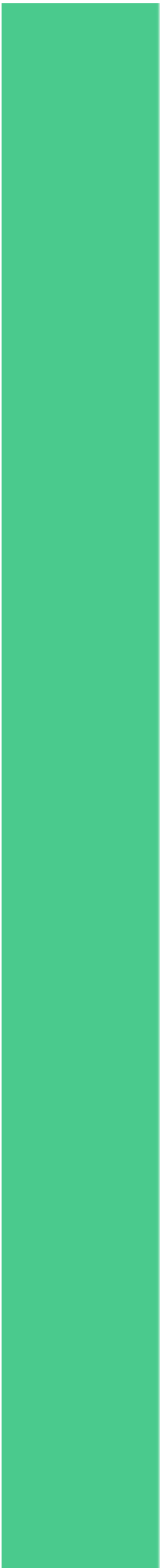
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the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported as the most common serotype in children with acute bacterial dysentery [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1980s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [12]. In the 1990s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery 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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100%

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There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1970s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [12]. In the 1980s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [13].

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

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

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

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

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

