

## STRUCTURE AND MAIN TENDENCIES OF PRIMARY MORBIDITY OF THE POPULATION OF THE REPUBLIC OF BELARUS

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Three most significant nosologies were identified: respiratory diseases, skin and subcutaneous tissue diseases, as well as injuries, poisoning and some other consequences of external causes. An analysis of long-term dynamics revealed a tendency to an increase in the incidence of respiratory diseases, a relative stability in the dynamics of the incidence of diseases of the skin and subcutaneous tissue, and a decrease in the incidence of injuries, poisoning and some other consequences of external causes.

*Keywords:* incidence, structure, dynamics.

Health is an important indicator determining the standard of living and well-being of the population. To ensure the control of morbidity and for the purpose of constructive planning of medical measures, a statistical assessment of the morbidity of the population is carried out. Studies of the morbidity of the population of the Republic of Belarus are important not only for predicting the occurrence and development of diseases, but also for developing more effective preventive measures to preserve the health of the population, which is a priority for the state.

In order to identify and determine the dynamics of the most significant pathologies, as well as to compare the structural distribution of morbidity, an analysis was made of the structure of the primary morbidity of the population of the Republic of Belarus in 2010 and 2017, as well as a long-term analysis of the dynamics of the primary morbidity of the population for the period 2006-2017 for the most significant pathologies. For the analysis, official statistics of the Ministry of Health were used.

In 2010, in the structure of the primary morbidity of the population of the Republic of Belarus, respiratory diseases took first place (53,7%), injuries, poisoning and some other consequences of external causes were in second place (10%), and in third place are diseases of the skin and subcutaneous tissue (5,4%).

In the structure of the incidence rate in 2017, respiratory diseases still occupied the first place (53,3%). In second place are injuries, poisoning and some other consequences of external causes (8,7%), in third - diseases of the skin and subcutaneous tissue (5,2%).

A long-term analysis of the dynamics of the primary incidence of the population of the Republic of Belarus for the period 2006-2017 was also carried out for the most significant nosologies: respiratory diseases, skin and subcutaneous tissue diseases, as well as injuries, poisoning and some other consequences of external causes.

According to the results of the analysis of the long-term dynamics of the incidence of respiratory diseases, annual fluctuations in the incidence with a general upward trend were revealed. The peak of the primary incidence of respiratory diseases was observed in 2009, and the lowest rates were recorded in 2006.

In the structure of the primary morbidity of the population of the Republic of Belarus with skin and subcutaneous tissue diseases for the period 2006-2017, insignificant annual fluctuations in the incidence are observed. The peak incidence was in 2017, while the lowest rates were recorded in 2014.

In the structure of the primary morbidity of the population of the Republic of Belarus with injuries, poisoning and some other consequences of external causes, there is a noticeable tendency to a decrease in the incidence. The peak of the primary incidence was observed in 2010, and the lowest rates were recorded in 2015.

Thus, in the structure of the primary morbidity of the population of the Republic of Belarus, three most significant nosologies were identified: respiratory diseases, skin and subcutaneous tissue diseases, as well as injuries, poisoning and some other consequences of external causes. An analysis of long-term dynamics revealed a tendency to an increase in the incidence of respiratory diseases, a relative stability in the dynamics of the incidence of diseases of the skin and subcutaneous tissue, and a decrease in the incidence of injuries, poisoning and some other consequences of external causes. All this should be taken into account when planning and conducting mass treatment and preventive measures, as well as during the modernization and re-equipment of medical institutions.