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60TH ANNIVERSARY OF STATE SANITARY INSPECTION AND 95TH ANNIVERSARY OF SANITARY SERVICES IN POLAND

State Sanitary Inspection, Warsaw, Poland

ABSTRACT

2014 was a year of two jubilees in the remit of public health in Poland: 95th anniversary of sanitary services and 60th anniversary of State Sanitary Inspection. It was an opportunity to organize a conference so as to remind the events concerning a birth of the institution which, after the First World War, had originated structures of epidemiological and sanitary supervision in Poland, the one we have nowadays. A conference took place on 16th December 2014 in Warsaw, at Palladium Theatre.

Key words: *sanitary services in Poland, National Institute of Hygiene, State Sanitary Inspection, public health*

INTRODUCTION

2014 was a year of 95th anniversary of sanitary services in Poland and 60th anniversary of State Sanitary Inspection. On that occasion Chief Sanitary Inspectorate, in cooperation with Polish Society of Hygiene and European Food Safety Authority, on 16th December 2014, organized a ceremonial conference at Palladium Theatre in Warsaw. The event held the honorary patronage of the President of the Republic of Poland, Mr. *Bronisław Komorowski*. A media patronage was provided by portal Medexpress.pl

THE CEREMONY

An inaugural speech was made by author of the present article - acting Chief Sanitary Inspector. He emphasized a role of preventive and epidemiological tasks performed by State Sanitary Inspection in order to guarantee a health safety in recent decades, as well as reminded former Chief Sanitary Inspectors and an effort they made in construction of public health system in Poland. There were scheduled three lectures in the agenda of the conference.

At the outset, Professor *Jerzy T. Marcinkowski*, Chairman of Polish Society of Hygiene, related an evolution of sanitary services in Poland; subsequently, challenges for public health were described by Professor *Andrzej Wojtczak*, Chairman of Sanitary-Epidemiological

Council, advisory board of Chief Sanitary Inspector; eventually, Professor *Tadeusz Wijaszka*, Member of the Board of EFSA, discussed a crucial role of State Sanitary Inspection in the field of food and nutrition safety. There were also speeches of honorary guests. Just to mention few of them: Mr. *Maciej Piróg* (Health Advisor of the President of the Republic of Poland), Mr. *Tomasz Latos* (Deputy and President of Commission of Health of Polish parliament), and Mrs. *Paulina Miśkiewicz* (Director of WHO Office for Poland). The event counted also with the presence of Mrs. *Beata Malecka-Libera* (Deputy and President of Subcommission of Public Health in Polish parliament). The conference was assisted by representatives of scientific institutions collaborating regularly with State Sanitary Inspection, public administration, sanitary services of Ministry of Home Affairs and Ministry of Defence, employers' associations, syndicates and national consultants in health. After all, there were also invited National Voivodeship Inspectors, National Poviats Inspectors and National Border Inspectors.

Mr. *Maciej Piróg* decorated functionaries of State Sanitary Inspection and other individuals collaborating with Inspection, by handing Crosses of Merit and Medals for Long Service.

Functionaries of State Sanitary Inspection and other individuals particularly devoted to public health affairs received honorary medals of Minister of Health „For Merit for Health”. The act of decoration was made by Mr. *Igor Radziejewicz-Winnicki* (Undersecretary of State in Ministry of Health) and by the author of the present article (acting Chief Sanitary Inspector).

HISTORY OF SANITARY AND EPIDEMIOLOGICAL SERVICES IN POLAND (1918-1939)

Independence regained in 1918, after long 123 years, was a base and impulse for construction of public administration in Poland. There were being organized national and local structures, including sanitary and epidemiological supervision (1). As underlines *Stefan Paździuch*, a process of creation of Polish legislation in the field of public health should be basically divided into three political periods: the Second Republic (1918-1939), Polish People's Republic (1944-1989) and the Third Republic (since 1989). It is worth to remind that Regency Council proclaimed the independence on 7th October 1918 and that the first legal act concerning health issues was a Decree of Regency Council on creation of Ministry of Public Health and Welfare, and Ministry of Protection of Work. A decree was issued on 30th October 1918 (3).

Nevertheless, the first crucial document regulating public health system in Poland, the one considered actually an origin of sanitary services in Poland, was National Basic Sanitary Law issued on 8th February 1919 through decree of Head of State *Józef Piłsudski*, which established a Ministry of Public Health (4).

The next legal act, signed by the first President of the Assembly of the Second Republic *Wojciech Trąpczyński*, was a Basic Sanitary Law of 19th July 1919 (5), in which for the very first time appeared a term „sanitary inspection”. According to the law „all the health matters in the country” were supposed to be supervised by Ministry of Public Health. Article 2 of that law mentioned minutely competences of Ministry of Public Health, i.a.: combating diseases in general, above all, the infectious, acute and chronic ones, issues concerning water delivery, air quality, water quality, soil quality, food and nutrition safety, food contact materials safety, supervision of production and distribution of cosmetics, as well as sanitary hygiene of spaces, ultimately, occupational hygiene and labour protection. (Should be stressed here that all of listed competences, however more extensively, are reflected in Law on State Sanitary Inspection of 14th March 1985). Basic Sanitary Law of 19th July 1919 regulated equally issues regarding production and distribution of serum and vaccines, but also many other questions concerning health such as functioning of hospitals, ambulatories, rest homes, biostatistics and secondary and higher vocational medical education. Those solutions were pretty general and frame, were treating problems in a quite brief manner; a goal was however to replace, as soon as possible, invaders' legal regulations by the Polish ones (2). More detailed provisions concerning a combat with infec-

tious diseases could be found in a Law on compulsory protective smallpox vaccination (6) and Law on combat with infectious diseases and other epidemic diseases.

Irrespective of issuing above mentioned laws, the work on construction of sanitary-epidemiological system in Poland had begun in 1918. On 1st October 1918 Polish government set up Institute of Epidemiology within Department of Medical Microbiology of Warsaw University (8). Minister's of Public Health regulation on reorganization of departments of epidemiology, signed on 29th March 1919, set up in turn, on a base of the Institute of Epidemiology, National Central Department of Epidemiology. This law established also national epidemiological departments (in Kraków, Łódź and Płock) as sections of national healthcare. Department was in charge of infectious diseases recognition and prevention, production of vaccines and coordination of epidemiological actions on a national scale (9).

National Central Department of Epidemiology was a central institution, settled in Warsaw and, given great needs of healthcare, including preventive activity concerning a combat with infectious diseases, water and food control and plenty of unsolved questions coming from very poor sanitary condition of the country, there was an absolute need to expand its activity. Therefore, there were set up territorial agencies of the Department, namely in Kraków, Łódź, Lwów, Poznań and Toruń.

On 7th September 1923 National Central Department of Epidemiology was renamed National Institute of Hygiene (10). Its service and scientific activity included also a prevention, diagnostics and treatment of infectious diseases, occupational hygiene, mental hygiene, hygiene of nutrition, food and food contact materials testing, sanitary engineering, sanitary administration. There was also established the Department of Production of Serum and Vaccines within National Institute of Hygiene. There were being produced dozens of them. Since 1924 the Department had been an unique entity in Poland producing an insulin. Vaccines produced by NIP were known worldwide.

There were established 13 territorial agencies of NIP until the beginning of the Second World War: in Gdynia, Kielce, Kraków, Lublin, Lwów, Łuck, Łódź, Poznań, Stanisławów, Toruń, Wilno, Brześć and Katowice. An agency in Gdynia was then transformed into Institute of Maritime and Tropical Medicine (in 1939), which still exists (11). Furthermore, in 1936 there were created job posts for epidemiologists in territorial agencies. Such network was connected in its activity with local health entities and with the national ones (in poviats and voivodeships) (8).

One of the entities performing tasks regarding a combat with infectious diseases was the Extraordinary Epidemics Commissioner. He was appointed by Council

of Ministers on request of Minister of Public Health and had extraordinary competences during the time of epidemics. Article 2 of the Law on appointing Extraordinary Epidemics Commissioner for the combat of epidemics (issued on 14th July 1920) provided that Minister of Public Health concedes his epidemics competences to the Commissioner for the maximum time of 1 year (12).

The outbreak of the Second World War stopped clearly a process of development both of National Institute of Hygiene and of a constructed sanitary-epidemiological system. During the occupation an epidemiological activity was practically restricted to the territories of General Government. The Germans were aiming to preserve territories remaining outside the front free from epidemics. In order to do so, there was appointed a commissioner for combat with typhus. He was in charge of supervising an activity of epidemics' columns in poviats and voivodeships, which recruited only Poles. Trainings for those columns were being provided by National School of Hygiene in Warsaw (8). Between 1940 and 1944 German authorities, concerned about epidemics, permitted a limited and strictly controlled epidemiological and sanitary activity. Under its cover, there was arising an underground activity which resulted i.a. in a clandestine production of vaccine for typhus for Polish citizens, secret delivery of vaccines to concentration camps and clandestine education of students of the Faculty of Medicine of Warsaw University (11).

THE HISTORY OF SANITARY-EPIDEMIOLOGICAL SERVICES AFTER THE SECOND WORLD WAR

After the Second World War, due to destruction of Warsaw, which affected also a building of National Institute of Hygiene (Chocimska Street 24), Minister of Health decided that headquarters of Institute will be settled in Łódź (Wodna Street 40), whereas territorial agencies will be situated in Gdańsk, Katowice, Lublin, Poznań, Białystok and Toruń. Furthermore, departments of health in poviats and voivodeships were obliged to cooperate with National Institute of Hygiene (13).

Vast damages after the Second World War, malnutrition, poor sanitary conditions which resulted in epidemics i.a. of typhus, typhoid fever, dysentery, diphtheria were serious challenges for sanitary and epidemiological services. An initiative taken by Minister of Defence and Commander-in-chief on 24th November 1944 resulted in appointment of Extraordinary Committee for Epidemics in Lublin. Its first commissioner was professor Jerzy Mokrzycki, Secretary of State in Ministry of Health (14). One of its main tasks was a screening of epidemiological situation of Poland and combating with outbreaks of infectious diseases.

Should be stressed extremely difficult conditions of work of sanitary services after the war. A Committee was in possession of merely few cars in 1944. Difficulties in communication ended up in decentralization of the Committee. Consequently, there were set up three provincial committees, namely in Białystok, Sandomierz and Rzeszów, whereas headquarters remained in Lublin. Each commissioner was obliged to combat, individually, epidemics. He was given an instruction and technically could count with support of headquarters in Lublin. Provincial commissioners could cooperate with doctors in poviats and towns, and were entitled to lead their work. Headquarters in Lublin were organizing courses of epidemiology for doctors, nurses, as well as courses of disinfection, finally, were preparing numerous instructions for territorial commissioners and promotional materials concerning an epidemiology, such as posters and leaflets (15).

There was created a committee in each voivodeship between 1944 and 1945. Their activity was based on epidemics' columns functioning in poviats and voivodeships. Each column consisted of prepared personnel which was in charge of making an epidemiological inquiry. In case of occurring of any infectious disease, they made a disinfection and pest control of spaces and environment where a sick person remained in. Until 1945 there were 450 columns and 1350 agents in charge of disinfection. An identification of epidemics as well as screening of epidemiological situation were led on a basis of reports made by territorial agents. They controlled houses and spaces. A cooperation between the Committee and National Institute of Hygiene were strengthening, and resulted in instructions for columns and epidemiological hospitals, elaborated by the Institute. The Committee was incorporated into Ministry of Health in 1945 (14).

Should be emphasized here an exceptional commitment of columns in combating with infectious diseases. Work made by them was absolutely large-hearted, led in extremely difficult conditions, where workers, not so rarely, exposed their life and health.

In 1948 structures of the Committee in voivodeships were transformed into sanitary-epidemiological units of departments of health in governors' offices in voivodeships, which were provided with columns. Each unit was headed by an inspector, whereas particular areas were supervised by functionaries responsible for food, municipal hygiene and epidemiology (10). Some kind of breakthrough for sanitary services in Poland was a creation of sanitary-epidemiological stations by virtue of Resolution of Council of Ministers n.27/52 issued on 2nd February 1952. In this way, territorial agencies of National Institute of Hygiene and voivodeships' departments of health were merged (1).

1954 – FORMING A STATE SANITARY INSPECTION

By a decree on State Sanitary Inspection issued on 14th August 1954, there was formed a State Sanitary Inspection (16). According to that act, Chief Sanitary Inspector was simultaneously a Secretary of State in Ministry of Health, being in charge of sanitary-epidemiological matters. Additionally, there were appointed territorial agents of State Sanitary Inspection – sanitary inspectors: in voivodeships for Warsaw and Łódź; in towns, poviats, districts and harbours. One of main tasks of such shaped Inspection was a preventive and regular sanitary supervision, prevention of occupational and infectious diseases and promotion of hygiene.

Inspectors were entitled to impose fees and to direct cases to the courts, according to administrative procedure. A law was providing that inspectors in voivodeships, poviats, towns and districts were simultaneously deputy heads of sanitary-epidemiological units, respectively, in voivodeships, poviats, towns and districts, whereas stations had the status of public health institutions. By the same decree there were formed sanitary inspectors of Minister of Defence and Minister of Public Security.

The fifties and the sixties were a period of development of State Sanitary Inspection. On the other hand, it was a time of great effort in the field of combating infectious diseases and improvement of sanitary conditions in Poland. There were being enhanced procedures of supervision of food and nutrition safety, as well as were being made regular epidemiological inquiries. Moreover, there were being supervised conditions of work, learning and leisure, eventually, there was being developed an educational activity in the field of health.

One of the greatest achievements of State Sanitary Inspection in those times was a participation in mass vaccinations for polio (10). An outbreak of polio in Poland occurred in 1951. As a result of that epidemics many people died – from 68 victims in 1953 to 348 in 1958. Totally, 1276 people died because of polio. Another relevant matter from the point of view of sanitary-epidemiological safety and whole activity of sanitary services was an occurrence of smallpox in Wrocław in 1963 (10).

A POSITION OF STATE SANITARY INSPECTION IN THE SYSTEM OF STATE ADMINISTRATION

Each decade brought some organizational and structural changes in State Sanitary Inspection. They concerned in particular a procedure of appointment

of sanitary inspectors, method of financing of stations and names of organs of Inspection, which was a natural consequence of scope of their competences and territory controlled.

Thus: decree on State Sanitary Inspection stated that inspectors who were deputy heads of health units were appointed by National Councils. Administrative reform of 1975 brought some immediate changes in Inspection's structure. According to the article 11 of Law on dual administrative division of State and on revision of the Law on National Councils, there were introduced some amendments into Decree on State Sanitary Inspection. There were established territorial organs of State Sanitary Inspection: for voivodeship, municipalities, towns, districts, harbours. Therefore, there existed eventually 49 voivodeship's, stations, 322 territorial and 10 port's stations (19). Territorial and port's inspectors were subjected to the voivodeship's inspectors. All inspectors were appointed by Minister of Health and Welfare in agreement with territorial organs in voivodeship.

A crucial legal act, modified but still valid, is a Law on State Sanitary Inspection, issued on 14th March 1985. At the time of its issue (20), there was a vertical structure of Inspection. Voivodeship's, territorial and port's inspectors were appointed by Minister of Health and Welfare. The voivodeship's ones were subjected to Chief Sanitary Inspector (Secretary of State in Ministry of Health), whereas territorial and port's ones were subjected to the voivodeship's inspectors. Respectively, each inspector, in case of necessity or urgency, could act in relation to the inspector structurally inferior.

A very relevant change in situation of Inspection within public administration system was a fruit of territorial reform in Poland that took place in 1998 (21). A word „State” was deleted from the name of the institution and organs of Inspection were integrated with government administration (voivodeship's inspector) and local (poviat's inspector). The voivode became thus an organ of Inspection at voivodeship level and acted by means of voivodeship's inspector who was, at the same time, a director of voivodeship's station. A station was a part of so called integrated administration. Poviat's inspector was a director of poviat's station and also was a part of integrated administration in poviat. The other organs of Inspection were: port's inspector and railway's inspector. Voivodeship's, port's and railway's inspectors were appointed and dismissed in agreement with Chief Sanitary Inspector. A dependence of inspectors on local and regional authorities was partially a fruit of the Law on State Sanitary Inspection. The Law authorized inspectors to take actions in case of health risk, upon request of starosts, mayors and vogts (presidents of the cities).

Such state of affairs lasted merely 4 years. Integration of Inspection's organs at poviats and voivodeship's level was not able to assure coherence of its activity. On 1st January 2002 (22) a vertical structure of Inspection was re-established. Tasks of Inspection were performed by: Chief Sanitary Inspector, voivodeship's sanitary inspector, poviats sanitary inspector and border sanitary inspector which in the end replaced port's inspector. Chief Sanitary Inspector was in charge of appointment of voivodeship's, poviats and border inspectors. These decisions are made in agreement with voivode (in relation to voivodeship's and border inspector) and starosta (in relations to poviats inspector).

Article 1 of the Law on State Sanitary Inspection described the Inspection as an entity responsible for public health.

A period between integration of Inspection's organs in 1998 and re-establishing its vertical structure in 2002, was also a witness of two relevant changes. First of all, on 1st January 2000 Chief Sanitary Inspectorate was established (23) (as a separate organ), secondly, railway's sanitary-epidemiological stations were eventually closed. Their competences were transferred to poviats stations (24). An amendment to Law on Sanitary Inspection restored the name of the institution – State Sanitary Inspection (25).

Eight years later, in 2010, organs of State Sanitary Inspection were re-integrated (26). Voivodeship's sanitary inspector is nowadays an organ of government administration in voivodeship, whereas poviats sanitary inspector is an organ of government administration in poviat. The activity of both is financed from voivode's budget. Unlike border inspector who is financed from the Minister's of Health budget. This is the current state of affairs.

All the changes made have not affected the goal of State Sanitary Inspection. According to the article 1 of Law on State Sanitary Inspection (27) issued on 14th March 1985, the Inspection takes care of the public health, in particular by supervising environmental hygiene, occupational hygiene, radiation hygiene, educational hygiene, hygiene of leisure, food, nutrition and food contact materials safety, hygiene of medical devices and personnel – in order to protect the population from dangers coming from the environment, prevent from diseases, including the infectious and occupational ones. A very new task, performed since 2010, is a supervision of so called „new drugs” (also known as smart drugs). Their production and distribution is legally banned. By the administrative decision of Chief Sanitary Inspector, issued on 2nd October 2010, there were closed more than 1300 shops distributing smart drugs. It was a very first trial of response to massive poisonings caused by those new substances. Since 2010

organs of State Sanitary Inspection have made a regular supervision of smart drugs.

To summarize, currently there are 318 poviats, 16 voivodeship's and 10 border sanitary-epidemiological stations. Our institution employs more than 17 000 staff (28).

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