



workstations, reduce musculoskeletal disorders, and enhance productivity [4].

d. **Sustainable and green practices:** Industrial hygiene is aligning

standards. Moreover, industrial hygiene practices contribute to a positive work culture. When employees feel that their health and safety are prioritized, it boosts morale, job satisfaction, and overall well-being. A safe and healthy work environment fosters trust and loyalty among workers, reducing turnover rates and absenteeism. It also enhances productivity by minimizing disruptions caused by accidents or illnesses [10]. As industries evolve and new technologies emerge, industrial hygiene must adapt to address emerging trends and challenges. For example, advancements in sensor technology and data analytics enable more accurate and timely hazard detection and risk assessment. Additionally, there is an increasing recognition of the impact of psychosocial factors, ergonomics, and sustainable practices on worker health and well-being.

Conclusion

Industrial hygiene is an essential discipline that ensures the health and safety of workers in various industries. By applying the principles of hazard identification, risk assessment, exposure control, monitoring, and education, industrial hygienists play a vital role in preventing occupational illnesses and injuries. As the field continues to evolve, embracing technological advancements and addressing emerging trends will further enhance workplace safety and well-being. Prioritizing industrial hygiene not only protects employees but also contributes to increased productivity, legal compliance, and a positive organizational culture.

Acknowledgement

None

Conflict of Interest

None

References

1. Wei J, Goldberg MB, Burland V, Venkatesan MM, Deng W, et al. (2003) Complete genome sequence and comparative genomics of *Shigella flexneri* serotype 2a strain 2457T. *Infect Immun* 71: 2775-2786.
2. Gupta A, Polyak CS, Bishop RD, Sobel J, Mintz ED (2004) Laboratory-confirmed shigellosis in the United States, 1989-2002: Epidemiologic trends and patterns. *Clin Infect Dis* 38: 1372-1377.
3. Torres AG (2004) Current aspects of *Shigella* pathogenesis. *Rev Latinoam Microbiol* 46: 89-97.
4. Bachand N, Ravel A, Onanga R, Arsenault J, Gonzalez JP (2012) Public health significance of zoonotic bacterial pathogens from bushmeat sold in urban markets of Gabon, Central Africa. *J Wildl Dis* 48: 785-789.
5. Iwamoto M, Ayers T, Mahon BE, Swerdlow DL (2010) Epidemiology of seafood-associated infections in the United States. *Clin Microbiol Rev* 23: 399-411.
6. Germani Y, Sansonetti PJ (2006) The genus *Shigella*. *The prokaryotes* In: *Proteobacteria: Gamma Subclass* Berlin: Springer 6: 99-122.
7. Taneja N, Mewara A (2016) Shigellosis: epidemiology in India. *Indian J Med Res* 143: 565-576.
8. Jomezadeh N, Babamoradi S, Kalantar E, Javaherizadeh H (2014) Isolation and antibiotic susceptibility of *Shigella* species from stool samples among hospitalized children in Abadan, Iran. *Gastroenterol Hepatol Bed Bench* 7: 218.
9. Ranjbar R, Dallal MMS, Talebi M, Pourshafe MR (2008) Increased isolation and characterization of *Shigella sonnei* obtained from hospitalized children in Tehran, Iran. *J Health Popul Nutr* 26: 426.
10. Pourakbari B, Mamishi S, Mashoori N, Mahboobi N, Ashtiani MH, et al. (2010) Frequency and antimicrobial susceptibility of *Shigella* species isolated in children medical center hospital, Tehran, Iran, 2001-2006. *Braz J Infect Dis* 14: 153-157.