

Methods of credit for the discipline "epidemiology", 5 th year

After the end of the classroom training provided by the curriculum, a differential test is carried out, to which students with no academic debt and scored at least 72 points for current academic performance (current academic performance is 72-120 points).

The form of the final module control includes the control of theoretical and practical training

The structure of the final modular control:

1. Test computer control - maximum score of 10 points.
2. Writing work - situational task and the answer to theoretical questions - 40 points.

An example of a written work.

Patient K, 20 years old, complains of diarrhea without abdominal pain, which began acutely a day ago. Stools more than 20 times a day, watery, reminiscent of a "rice water", repeated vomiting without prior nausea. There is weakness, dry mouth, thirst. The body temperature 36,0 °C. With the epidemiological anamnesis, it is known that 2 days before the disease, he communicated with a patient who had a similar clinical picture. On examination, the skin is pale with a bluish tinge, the turgor is reduced, the hands of the washerwoman, the features are pointed, the voice is hoarse, the cramps of the gastrocnemius muscles. Blood pressure 70/50 mm Hg. Art., pulse of a weak filling 130, per min., tachypnoe.

1a Indicate the duration of the epidemic focus. Describe the primary anti-epidemic measures in relation to the patient.

1b Plan anti-epidemic measures for contact persons.

1v Method, method and means of disinfection.

2 Epidemic process and its components

3 Meningococcal infection. Epidemiological features (source of the pathogen, factors and ways of transmission, features of the epidemic process, conditions of admission of convalescent to children's institutions).

3 Practical skills - 30 points.

Practical example

Make a plan of anti-epidemic measures to eliminate the focus of viral hepatitis A in a preschool

3.1 Measures aimed at eliminating the source of infection;

3.2 Measures aimed at interrupting the transmission mechanism;

3.3. Measures aimed at preventing disease in contact persons. **Sample response to a task**

1a Specify the duration of the epidemic focus. Describe the initial anti-epidemic measures in relation to the patient .

The duration of the cholera epidemic focus is 5 days from the moment of hospitalization of the patient to the cholera hospital and the final disinfection.

Initial antiepidemic measures in relation to the patient: Ensuring the patient's isolation; Inform the head of the medical institution about the revealed patient; Short collection of epidemiological history; Organization of current disinfection;

1b Plan anti-epidemic measures for contact persons.

Tentative list of questions for homework in epidemiology

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Isolation (contact persons, persons at risk of infection) for 5 days in a provisional hospital, departing persons - in observatory. Carry out bacteriological examination for cholera.

Emergency prophylaxis: tetracycline 0.3-0.5 g 4 times a day or doxycycline 0.1 g 1-2 times a day for 4 days.

1c Method, with manual and means of disinfection.

Final disinfection, chamber disinfection of things.

Disinfection personnel must wear a Type II anti-plague suit. Emetic masses, feces are disinfected with dry bleach 1:5 or dry neutral calcium hypochlorite 1:10, with an exposure of 1 hour. Dishes are disinfected by boiling in a 2% soda solution for 15 minutes or soaking in a 0.5% solution of chloramine for 15 minutes. The room is disinfected with a 0.5% solution of chlorantoin, a 3% solution of lysol. Exposure - 30 minutes.

2 Specify a polio immunization scheme. Call immunobiological drugs.

According to the Calendar of preventive vaccinations in Ukraine vaccinations against poliomyelitis are carried out at the age of 2, 4, 6, 18 months, 6 and 14 years.

An inactivated vaccine for polio prevention is used for the first two vaccinations, and in the case of contraindications for the administration of oral poliomyelitis - for all subsequent immunizations. Oral polio vaccine is used for the third - sixth vaccination in the absence of contraindications to it.

Children who are in the family environment, closed-type children with HIV-infected persons or those who are contraindicated in the administration of the oral poliovirus vaccine, are vaccinated exclusively with an inactivated polio vaccine.

3 Meningococcal infection. Epidemiological features (source of pathogens, factors and ways of transmission, peculiarities of the epidemic process, admission condition of reconvalescent to children's institutions).

There are 3 groups of sources of infection: patients with generalized forms; patients with acute meningococcal nasopharyngitis; "Healthy" carriers. The most dangerous source of infection is a patient with a generalized form of meningococcal infection. The risk of infection from a patient with a generalized form, with other things being equal, is six times higher than that of the carrier, and twice as high as in patients with meningococcal nasopharyngitis. The transmission mechanism is aerosol. Propagation of the pathogen in the team occurs more slowly than with other aerosol infections. This is due to the instability of meningococci in the external environment. Meningococcal infection is detected everywhere. Risk groups - children under the age of 14 who account for 70-80 % of the generalized forms of meningococcal infection. The maximum incidence is due to the spring period.

Convalescents of meningococcal infection are admitted to organized children's collectives, with a negative result of a single bacteriological examination conducted not earlier than 5 days after discharge from the hospital or recovery of a patient with nasopharyngitis at home.

Performing practical tasks

Make a plan of anti-epidemic measures to eliminate the focus of viral hepatitis A in a preschool institution

Measures aimed at eliminating the source of infection:

- immediate isolation of him in the facility isolation facility, followed by hospitalization in an infectious disease hospital;
- examination of contact children and employees of the institution by an infectious diseases physician with laboratory examination in order to identify persons with asymptomatic forms of the disease or had been ill (feces to determine the hepatitis A antigen, blood to determine

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antibodies);

- clinical observation within 35 days from the date of the last visit to the institution by the patient; daily - a survey of parents, thermometry, control of the color of urine and feces, weekly - determination of the size of the liver, spleen;
- if there is evidence during the observation of contact (acute respiratory infections, hepatolienal syndrome, dyspepsia, fever, etc.) - laboratory examination of contact persons (definition in blood AIAT, specific markers of VHA)
- in the case of the absence of contact children in the institution - to transfer data about them to the clinic in the place of residence to continue monitoring them;
- prohibit the admission of new children to the group until the end of the observation period for the group;
- during the observation of children can not be transferred to other groups or joined in general groups; the group does not participate in general institution activities;
- children of the group do not visit the common areas (assembly hall, sports halls, etc.); in the case of a visit, disinfection is immediately carried out after the class;
- at the time of observation, the self-service system in the group is canceled (the duty of children, involvement in the distribution of food, etc.).

Measures aimed at interrupting the pathogen transmission mechanism:

- final disinfection in the outbreak after removal of the patient from the institution (all premises of the group, as well as common areas - sports, music, etc.), which the patient visited the last 10 days before the first clinical manifestations;
- current disinfection (group premises, dishes, toys, etc.).

Measures aimed at preventing disease in contact persons:

- vaccination of contact persons with a specific vaccine during the first week.

Reference list of questions to control work of the semantic module 1: General epidemiology

1 Object and tasks of epidemiology.

2 Basic stages of development of epidemiology (D. Samoylovich, D.K. Zabolotniy, L.V. Gromashevskiy).

3 Epidemic process and his constituents.

4 Sections of studies are about an epidemic process.

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5 Driving force of epidemic process.

6 Features of epidemic process of antroponosis and zoonosis. A concept is about sapronosis.

7 Quantitative and high-quality displays of epidemic process.

8 Disease measures are in the cells of infectious diseases.

9 Give determination the cell of infectious disease. Is the epidemiology inspection of cell conducted in what directions?

10 What is stipulate the limits of cell of infectious disease? Make examples.

11 Name a purpose and task of epidemiology inspection a cell.

12 How is the exposure of infectious patients and report conducted about them?

13 Source and reservoir of excitors of infectious diseases.

14 Sick man and transmitter and them epidemiology value.

15 Categories of transmitters of excitors of infectious diseases.

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16 Measures are on the disinfestation of sick transmitters as sources of excitors of infectious diseases.

17 Epidemiology value of animals.

18 A concept is about a deraturation, kinds and methods.

19 Theory of mechanism of transmission of excitors of infectious diseases of L.V. Gromashevskiy. Determination of mechanism of transmission, his link. Factors and ways of transmission of excitors of infectious diseases.

20 Laws of accordance of mechanism of passing to primary (to epidemiology) localization of exciter are in the organism of man.

21 Types of mechanisms of transmission of excitors of infectious diseases of man.

22 Methods of disinsection.

23 Determination of disinfection, its kinds and methods.

24 Calendar of prophylactic inoculations of Ukraine.

25 Drafting of plan of leadthrough of prophylactic inoculations.

26 Filling of registration-current document is in relation to the leadthrough of inoculations.

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27 Basic normative documents are in the area of epidemiology.

28 Epidemiology method of research, his structure.

29 Descriptive evaluation reception of epidemiology method.

30 Epidemiology, social and economic meaningfulness of infectious morbidity.

31 Analytical reception of epidemiology method of research.

32 Epidemiology diagnostics as basis of prophylactic and against epidemic work.

33 Operative epidemiology analysis.

34 Method of leadthrough of retrospective epidemiology analysis.

35 Analysis of long-term and annual dynamics of morbidity.

36 Displays of endemic process are in the long-term dynamics of morbidity and reason, that they are stipulated.

37 Analysis of morbidity on territories, in the different groups of population and collectives.

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38 Displays of epidemic process are in the annual dynamics of morbidity and reason, that they are stipulated.

39 Structure and level of morbidity of population for to the groups and nosology forms.

40 Epidemiology analysis of morbidity for territories, in the different groups of population and separate collectives.

41 A concept is about territory, groups, time and risk factors.

42 A value of social factor is in development of epidemic process.

43 A value of natural factor is in development of epidemic process.

44 Prognostication of displays of epidemic process.

45 Planning of disease and prophylactic measures.