## I. V. FEDOROVA, Y. V. MITRAIKINA, L. V. KAMARCHUK

# **EPIDEMIOLOGY**

Student \_\_\_\_\_ group \_\_\_\_\_ group \_\_\_\_

# МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ БЕЛОРУССКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ КАФЕДРА ЭПИДЕМИОЛОГИИ

И. В. ФЕДОРОВА, Ю. В. МИТРЯЙКИНА, Л. В. КОМАРЧУК

# ЭПИДЕМИОЛОГИЯ EPIDEMIOLOGY

Практикум



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Содержит учебные задания для самостоятельной работы и иллюстрации по общей и частной эпидемиологии, вакцинопрофилактике инфекционных болезней.

Предназначен для студентов 3-го курса медицинского факультета иностранных учащихся, обучающихся на английском языке по специальности «Лечебное дело».

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#### Class № 1. BASIC EPIDEMIOLOGICAL NOTIONS

#### **Questions for self-control:**

- 1. Give the definition of notion «epidemiology». Name the object and subject of study in epidemiology.
- 2. Explain the significance of each factor (biological, natural and social) in the epidemic process.
- 3. Determine how different theories (self-regulation, the transmission mechanism) explain of the mechanism of epidemic process development.
  - 4. Explain the manifestations of the epidemic process from the standpoint of the self-regulation theory.

#### **Basic epidemiological notions**

The epidemic process is		
The source of infection is		 
Who can be the source of infection among people?  The transmission mechanism is	1	 
The transmission factors are		
The route of transmission is		
The epidemic focus is		

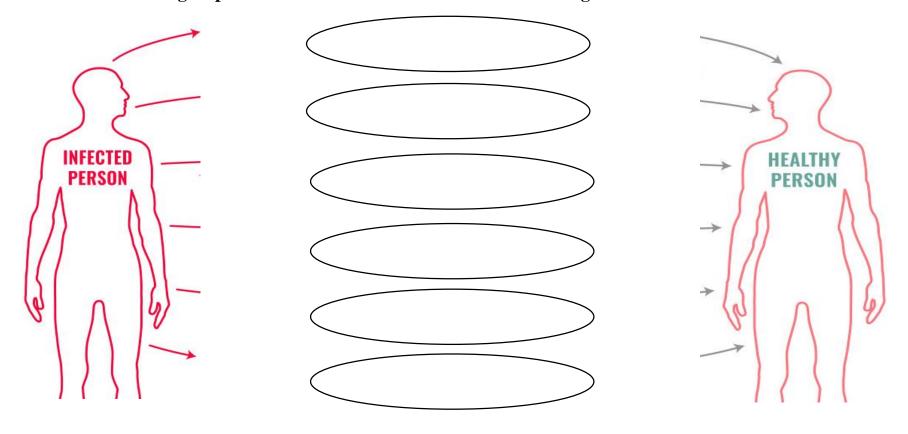
# The modern doctrine of the epidemic process includes 3 sections

1.	2.	3.
The contagiousness	Factors of the epide Name them and compare w	vith their examples
of a pathogen	1.	The migration of the population
The healthcare system		The presence of organized collectives
The susceptibility	2.	The level of sanitary culture of the population
The susceptibility to infectious diseases	3.	The state of the immune system
The landscape and geographical conditions	J.	The species composition of animals

## Transmission mechanism includes 3 phases



## The main groups of factors of transmission of the causative agent of an infectious disease



### Mechanisms of infectious diseases transmission

Mechanism of transmission	Localazation of the pathogen in human body	Factors of transmission	Routes of transmission of infection	Examples of infectious diseases (3–4)
Aerosol				
Fecal-oral				
Vector-borne				
Contact				
Vertical				

# Artificial mechanism of infection of the causative agent

Sources of infection	Routes of infection	Factors of infection	Examples of infectious diseases (3–4)
1.	1.		
2.	2.		
3.	3.		
	4.		

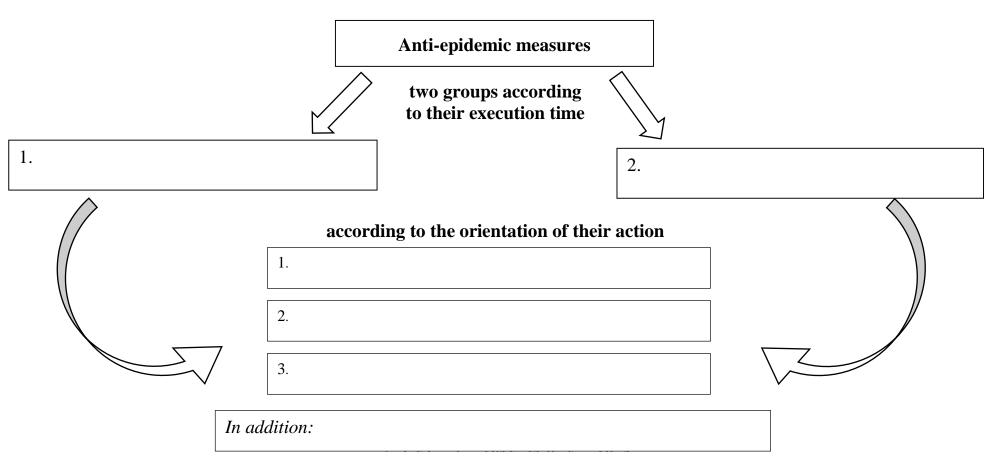
# **Manifestations of the epidemic process**

is an incidence, unusual for the area; it occurs a outside of the host's body or objects of the external environment.	as a result of introduction of the pathogen from
is mass distribution among people of infectious d (city, collective) and originating from a common source of infection or common par	· ·
is the frequency of infectious diseases; express 1,000 population. These indicators allow us to compare the incidence in different po	· ·
are age, professional and other groups, among v	which the incidence is higher than among other
groups is time periods characterized by higher levels of m	norbidity than in other periods.
Signature of the tutor	Date//

#### Class № 2. ANTI-EPIDEMIC MEASURES AND MEANS

#### **Questions for self-control:**

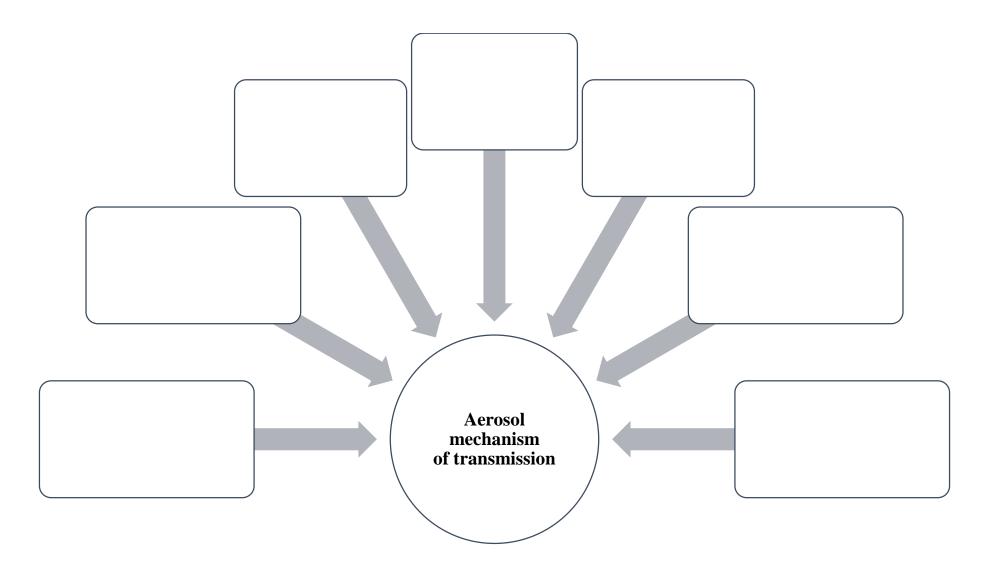
- 1. Define the concept «anti-epidemic measures».
- 2. Give the definition of term «anti-epidemic means».
- 3. Divide anti-epidemic measures into groups according to their implementation time.
- 4. Distribute preventive measures according to the direction of action.



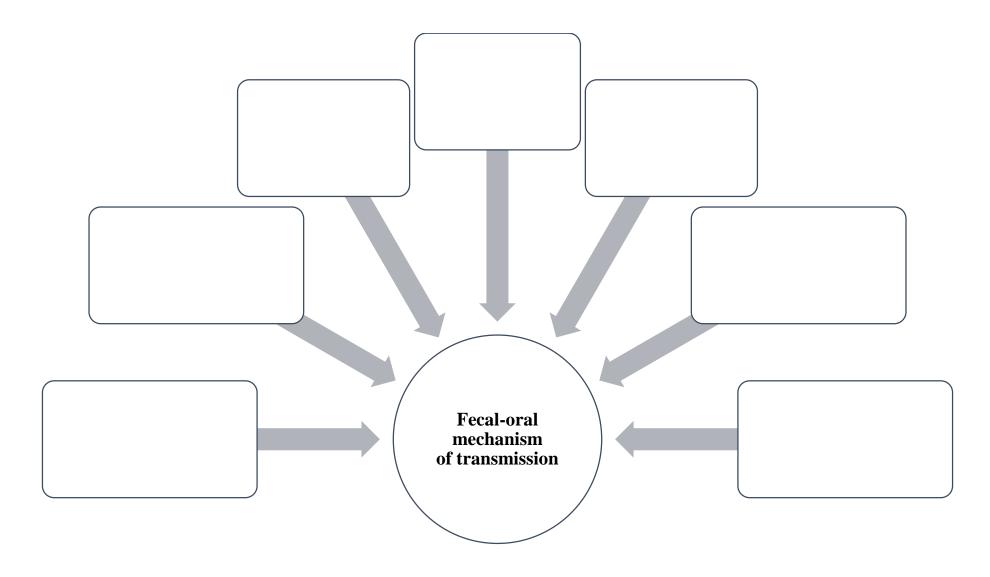
# Compare antiepidemic measures, the direction of their action and the antiepidemic agents used

Antibiotics	Dsinfection	
Bacterial raticides		1. Activities aimed at
Chemical disinfectants	Disinsection	
Immune sera		2. Activities aimed at
Repellents	Treatment	2. Activities aimed at
Vaccines	Immunoprophylaxis	3. Activities aimed at
Insecticides		STATES MARKET AC
Acaricides	Deratization	
Immunoglobulins		
Chemical raticides	Emergency prevention	

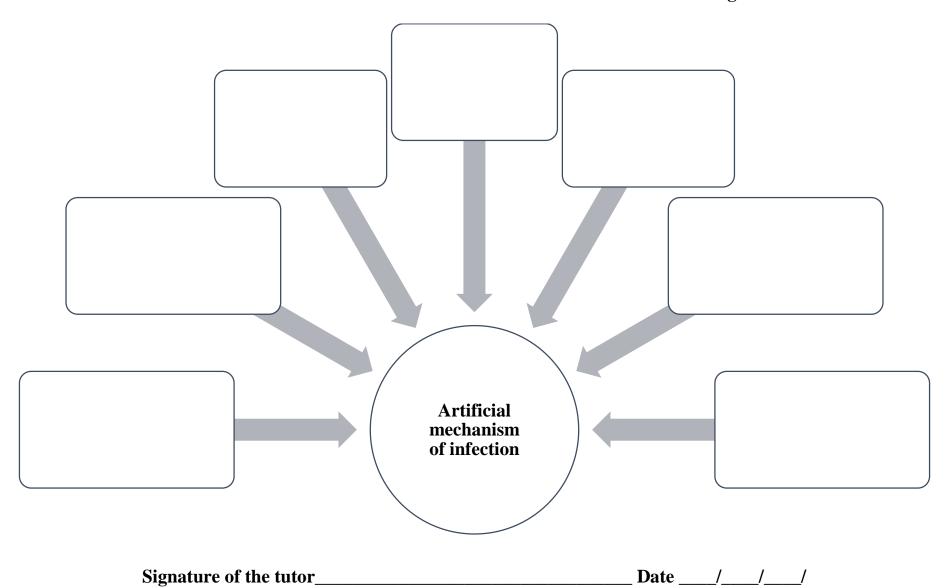
# Prevention of the aerosol mechanism of transmission of the causative agent



# Prevention of the fecal-oral mechanism of transmission of the causative agent



## Prevention of the artificial mechanism of infection of the causative agent



# Class № 3. ORGANIZATION OF ANTI-EPIDEMIC WORK IN OUTPATIENT CLINICS AND MEDICAL AND PREVENTIVE ORGANIZATIONS

#### **Questions for self-control:**

- 1. Specify the main objectives of anti-epidemic measures in healthcare organizations.
- 2. Distribute the activities conducted in the epidemic focus according to the direction of action.
- 3. Describe the measures aimed at the source of the infection in the epidemic focus.
- 4. Describe the activities for contact persons in the epidemic focus.

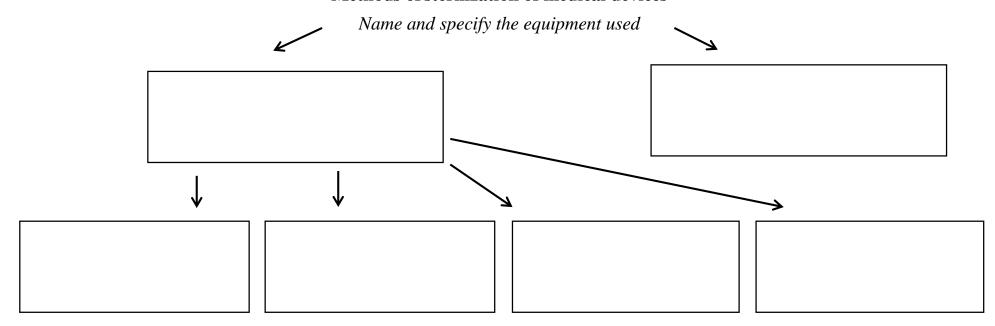
# **Epidemic control measures in health care organizations** Disinfection is \_\_\_\_\_ Sterilization is Antiseptics is \_\_\_\_\_ Asepsis is \_\_\_\_\_ Methods of disinfection of medical devices Name and give an example

# Stages of sterilization of medical devices

Name and describe

1.	2.	3.

#### Methods of sterilization of medical devices



# Activities in the epidemic focus

Measures aimed at the source of infection	Activities aimed at the transmission mechanism	Activities in regard to persons who communicate with the source of infection (contact persons in the focus)
1.	1.	1.
2.		2.
3.		3.
4.	2.	4.
5.		5.
6.		6.
7.	3.	7.
8.		
9.		

Signature of the tutor	$\mathbf{D}_{\mathbf{c}}$	ate /	/	

# Class № 4. ORGANIZATIONAL AND METHODOLOGICAL ISSUES OF IMMUNOPROPHYLAXIS OF INFECTIOUS DISEASES: GENERAL REQUIREMENTS FOR THE ORGANIZATION OF VACCINATIONS; TECHNICAL REGULATIONS ON IMMUNOPROPHYLAXIS; NATIONAL CALENDAR OF PREVENTIVE VACCINATIONS; PREVENTIVE VACCINATIONS FOR EPIDEMIC INDICATIONS; PLANNING OF PREVENTIVE VACCINATIONS

#### **Questions for self-control:**

- 1. Give the definition «immunity». Describe the main categories of immunity.
- 2. Give the definition «body's immune response». Describe the primary and secondary immune response of the body.
- 3. Name basis for inclusion of vaccines in the National Immunization Schedule.
- 4. Name the population groups that are subject to vaccination for epidemic indications.

#### Factors influencing the development of post-vaccination immunity

Immunobiological medicine (IBM)	Microorganism-dependent factors	Factors that depend on the external environment
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.		5.
6.		
7.		

# National Preventive Immunization Schedule of the Republic of Belarus

Patient's age	List of name of vaccines
newborns of the first	
12 hours of life	
newborns on the 3–5th	
day of life	
2 months	
3 months	
4 months	
from 6 months	
12 months	
18 months	
6 years	
7 years	
11 years	
16 years and every	
10 years until	
the age of 66	

# National Preventive Immunization Schedule of your country (specify the name of the country)

Patient's age	List of vaccine name or the name of the infection

# The main characteristics of vaccine preparations

Type of vaccine. Vaccine Technology Platform	The composition of the vaccine. What is included in the vaccine?	Advantages and pros	Disadvantages and cons	Examples of infectious diseases
Live attenuated vaccine				
Inactivated corpus- cular vaccine (killed)				
Chemical vaccine				
Conjugated vaccine				
Vaccine by recombinant producers				
Vaccine by recombinant vectors				

# The main characteristics of vaccine preparations

Type of vaccine. Vaccine Technology Platform	The composition of the vaccine. What is included in the vaccine?	Advantages and pros	Disadvantages and cons	Examples of infectious diseases
Nucleic acids (DNA, RNA)				
Subunit vaccine				
Split vaccine				
Virosomal				
Peptides				
Toxoid				

Signature of the tutor	Date / /
Signature of the tutor	Date / /

# Class № 5. ORGANIZATIONAL AND METHODOLOGICAL ISSUES OF IMMUNOPROPHYLAXIS OF INFECTIOUS DISEASES: REQUIREMENTS FOR THE DEVICE AND EQUIPMENT OF VACCINATION OFFICES OF ORGANIZATIONS; REQUIREMENTS FOR TRANSPORTATION AND STORAGE OF IMMUNOBIOLOGICAL MEDICINES; REQUIREMENTS FOR PREVENTIVE VACCINATIONS

#### **Questions for self-control:**

- 1. List the requirements for the device and equipment of vaccination offices of organizations.
- 2. Name the main requirements for transportation and storage of immunobiological medicines (IBM).
- 3. Give the definition «immunization safety». What does the immunization safety system include?
- 4. Describe the injection safety and waste recycling.

#### Requirements for preventive vaccinations

An 11-year-old patient came to an appointment with his mother for another vaccination in accordance with the National Preventive Immunization Schedule.

1. What should the doctor tell the mother and the patient before vaccination?

2. What does a medical examination before vaccination include?

3. What are the actions of the nurse before the introduction of the vaccine?

4. What should be done after the vaccination?

# Requirements for transportation and storage of immunobiological medicines

1. I	Define the concept of «cold chain system»						
2. T	The cold chain system comprises three main elements:						
1	2.		3.				
3. S	Specific requirements for IBM storage in the Inoculation office  Specify the correct statements:	e.					
	The vaccination room in newly built polyclinics for children culosis and a tuberculin test.	should include a separ	rate room for immunization against tuber-				
	Immunoprophylaxis against tuberculosis and tuberculin test poses.	s should be carried out	on a special table used only for these pur-				
	In the vaccination room, the number of doses in the refriger for 2 months.	ator should correspond	to the number of vaccinations scheduled				
	The arrangement of IBM packages in the refrigerator should	l ensure that cooling air	is available to each package.				
	Other medicines can be stored in the IBM refrigerator.	•					
	6						
	Temporary storage of the vaccine at the bottom of the refrigerator is allowed.						
	IBM with a shorter shelf life should be used first.						
	The volume of the stored IBM products should not exceed two thirds of the volume of the refrigerator compartment.						

# Correct storage of vaccines in the refrigerator

1. Place the following immunobiological preparations in the refrigerator:	Frozen ice-packs taken from the left	Unfrozen ice-packs put on the right	
DTaP, BCG, IPV, OPV, HBV, DT, the solvents to live IBM.	Ice-packs in vertical position to avoid leaking		— Freezing
2. Specify the limits of the temperature of storage and transportation of most	Space between ice-packs		compartment: -20°C Padlock
vaccine preparations	Further expiry date in the back		
	Closer expiry date in the front	Use first	Padlock
3. Which vaccines can be frozen during long-term storage	Space between vaccines	Thermometer	Thermometer
	Box containing opened vials		Refrigerating — compartment: +4°C
4. Specify what is used to control the storage			
temperature of vaccines	Unfrozen ice-packs ——— on the bottom		
2.			
Signature of the tutor		Date//	

# Class № 6. ORGANIZATIONAL AND METHODOLOGICAL ISSUES OF IMMUNOPROPHYLAXIS OF INFECTIOUS DISEASES: THE CONCEPT OF ADVERSE REACTIONS TO PREVENTIVE VACCINATIONS: TYPES, DETECTION, REGISTRATION, INVESTIGATION, EVALUATION OF THE QUALITY AND EFFECTIVENESS OF IMMUNOPROPHYLAXIS

#### **Questions for self-control:**

- 1. Formulate the concept of «adverse reactions (side effects)».
- 2. Describe mechanism for adverse reactions monitoring.
- 3. Name and describe groups of medical contraindications to vaccination.
- 4. Describe evaluation of the quality and effectiveness of immunoprophylaxis.

#### The concept of adverse reactions to preventive vaccinations

Adverse events after vaccination (AEAV) are						
Adverse reactions (side effects) are	2					
Adverse reactions monitoring is _						
Signs of poor-quality medicines:						
	5					

## The types of adverse reactions to preventive vaccinations

Specify the type of adverse reactions according to its definition and connect it with the correct examples from the list:

1. Reactions established by the instruction on application, disappear without medical	1.	Skin abscess
intervention. They don't require registration.		Lymphadenitis
2. Reactions are reactions of a general nature		
in the form of temperature rise over 40 °C or local in the form of edema and hyperemia of more	2.	Soreness at the injection site
than 8 cm in diameter manifested within two days after the administration of IBM.		Anaphylactic shock
3. Reactions require medical intervention	3.	Fatigue, decreased appetite
nvolving hospitalization, they are detrimental to the health of the patient.		Encephalopathy
4. Reactions are reactions the information about which is absent in the instructions on medical	4.	Seizures
application and (or) in the package leaflet.		Headache
What should be done to minimize the risks of ad  1		
1		
•		

# Medical contraindications to vaccination are divided into three groups

1	2	3
(up to one month)	(from 1 to 3 months, up to 1 year)	(1 year or more)
<i>Examples</i>	Examples	Examples
1.	1.	1.
2.	2.	2.
3.	3.	3.
Contraindications to all live vaccines:	1	
	2	
	3	
	4	
<b>☑</b> Specify the correct statements:		
Routine vaccination is carried out a sible remission.	after disappearance of acute manifestations ar	nd in the state of complete or maximum pos-
	s a temporary indication for vaccination.	
☐ The decision on the establishment p	permanent medical contraindications can be n	nade by pediatrician (physician).
Signature of the tu	tor	

# Class № 7. IMMUNOPROPHYLAXIS OF INFECTIOUS DISEASES INCLUDED IN THE NATIONAL SCHEDULE OF PREVENTIVE VACCINATIONS: VIRAL HEPATITIS B, TUBERCULOSIS, DIPHTHERIA, WHOOPING COUGH, TETANUS

#### **Questions for self-control.**

Make a characteristic of:

- recombinant vaccine against viral hepatitis B (HBV): indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- **BCG, BCG-M vaccines**: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- pertussis-diphtheria-tetanus vaccine (DTaP/DTwP/Dtap): indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- adsorbed diphtheria-tetanus toxoid (DT): indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- adsorbed diphtheria-tetanus toxoid with a reduced content of antigens (Td): indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- adsorbed diphtheria toxoid (Dt): indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization:
- adsorbed tetanus toxoid (Tt): indications; doses and routes of administration; immunization schedule; contraindications;
   adverse reactions after immunization.

# Viral hepatitis B immunoprophylaxis

Name of the vaccine	Type of the vac- cine (live (attenu- ated), inactivaited etc.)	The composition of the vaccine	Method of administration and dosage	Contrai	ndications	Adverse reactions
HBV						
Vaccination schemes					Epidem	tiological indications
according to the	according to the National Preventive Immunization Schedule(NPIS):					
short scheme:					2. 3.	
regular scheme:					<b>4. 5.</b>	

#### **Viral hepatitis B immunoprophylaxis** (continuation)

Vaccination schemes	Vaccination is recommended
For children who was born to HBsAg-positive mothers or unknown mother's HBsAg status:	
People on hemodialysis and regularly receiving blood products:	

#### TASK 1

Patient M, 46 years old, is preparing for planning surgery on the gastrointestinal tract. The operation is scheduled in 2 months. The patient is not vaccinated against viral hepatitis B.

#### The Questions:

- 1. Describe the vaccine for preventive immunization against viral hepatitis B.
- 2. Prescribe a vaccination regimen, dosage and explain the method of administration.
- 3. Specify the dates when the patient should come to the clinic for vaccination.

#### The answers:

# Tuberculosis immunoprophylaxis

attenuated), nactivaited etc.)	The composi- tion of the vaccine	Method of administration and dosage	Contrain	ndications	Adverse reactions
Vaccination schemes  According to the NPIS:					l specific reaction BCG, BCG-M
Children over the age of two months who are not vaccinated:					
	etc.)  Vo	Vaccination scheme	Vaccination schemes PIS:	Vaccination schemes PIS:	Vaccination schemes  Vaccination Schemes  A location on the scheme of th

# ${\bf Tuberculosis\ immunodiagnosis\ } (continuation)$

	The mantoux test	The diaskin test
What components does the allergology test contain?		
The allergology test is used for:	1.	1.
	2.	2.
	3.	3.
	4.	4.
The results of the aller-	1. negative —	1. «injection reaction» or «bruise» of 2–4 mm in size
gology test:	2. questionable —	2. doubtfu —
	3. positive —	3. positive:  – weakly
	4. hyperergic —	– weakry – moderate
		– pronounced
		– hyperergic
		4. negative —

#### **Tuberculosis immunodiagnosis** (continuation)

	The mantoux test	The diaskin test
Method of administration		
and dosage		
Contraindications		

#### TASK 2

Determine the schedule of vaccination of a child in the maternity hospital, born on 11/12/2024, weight 2300g., mother is a carrier of HBsAg.

#### The Questions:

- 1. Describe the IBM for preventive immunization.
- 2. Prescribe a vaccination regimen, dosage and explain the method of administration.
- 3. Specify the dates when the child should receive IBM.

#### The answers:

# Diphtheria, whooping cough, tetanus immunoprophylaxis

Name of the vaccine	Type of the vaccine (live (attenuated), inactivaited etc.)	The composition of the vaccine	Method of administration and dosage	Contraindications	Adverse reactions
D <sub>w</sub> TP					
DT <sub>a</sub> P					
DT					
Td					
Dt					

# Diphtheria, whooping cough, tetanus immunoprophylaxis (continuation)

Vaccination schemes	Epidemiological indications
according to the NPIS:	for the pertussis vaccinations: 1.
If a child who has pertussis:	2.
If a child has a serious adverse reaction to the first administration of DTwP:	for the diphtheria vaccinations: 1.
of DTWT.	2.
If 12 months or more have passed after the second vaccination	3.
with DTwP or DTaP:	4.

# $\textbf{Diphtheria, whooping cough, tetanus immunoprophylaxis} \ (continuation)$

Vaccination schemes	Epidemiological indications
Children aged 1–6 years who haven't previously been immun-	for the tetanus immunoprophylaxis:
ized:	1.
	2.
Persons 7 years of age and older who haven't previously been immunized:	3.
	4.
	5.
	6.
	7.

Signature of the tutor	Date	/	/ /
2-8	 	' ——— <b>'</b>	

# Class № 8. IMMUNOPROPHYLAXIS OF INFECTIOUS DISEASES INCLUDED IN THE NATIONAL SCHEDULE OF PREVENTIVE VACCINATIONS: IMMUNOPROPHYLAXIS OF POLIO, MEASLES, RUBELLA, MUMPS

#### **Questions for self-control.**

Make a characteristic of:

- **oral polio vaccine (OPV), inactivated polio vaccine (IPV)**: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- MMR live attenuated combined vaccine against measles, mumps and rubella: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization.

#### Measles, mumps and rubella immunoprophylaxis

Name of the vaccine	Type of the vaccine (live (attenuated), inactivaited etc.)	The composition of the vaccine	Method of administration and dosage	Contraindications	Adverse reactions
MMR					

#### Measles, mumps and rubella immunoprophylaxis (continuation)

Vaccination schemes	The interval between vaccination  MMR and Mantoux test
according to the NPIS:	WIWK and Wantoux test
children who have had measles, mumps or rubella:	
persons receiving blood products:	

#### TASK 1

Make an individual vaccination calendar for a child aged 10 months to 18 years. It is known that the child had a history of immediate allergic reactions to neomycin. Up to 10 months vaccinated according to the calendar.

#### The Questions:

- 1. Name the vaccines for preventive immunization.
- 2. Prescribe the vaccination schedule, dosage and explain the method of administration.
- 3. Specify the age when the patient should come to the clinic for vaccination.

#### The answers:

## Polio immunoprophylaxis

Name of the vaccine	Type of the vaccine (live (attenuated), inactivaited etc.)	The composi- tion of the vaccine	Method of administration and dosage	Contraindications	Adverse reactions
OPV					
IPV					

## Polio immunoprophylaxis (continuation)

Vaccination schemes	Epidemiological indications
According to the NPIS:	1.
Persons who don't have preventive vaccinations:	2.

**TASK 2.** Pair up: infectious disease — vaccine.

BCG	Viral hepatitis B
MMR	Diphtheria-tetanus
IPV	Whooping cough
DT	Tuberculosis
OPV	Measles, rubella, mumps
HBV	Polio
Signature of the tutor	

# Class № 9. IMMUNOPROPHYLAXIS OF INFECTIOUS DISEASES INCLUDED IN THE NATIONAL SCHEDULE OF PREVENTIVE VACCINATIONS: IMMUNOPROPHYLAXIS OF HIB-INFECTION, PNEUMOCOCCAL INFECTION, INFLUENZA. TEST ON DRAWING UP INDIVIDUAL IMMUNIZATION SCHEDULE

#### **Questions for self-control.**

Make a characteristic of:

- **influenza vaccines**: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- vaccine against Hib-infection: indications; doses and routes of administration; immunization schedule; contraindications;
   adverse reactions after immunization;
- vaccines against pneumococcal infection: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization.

#### Influenza immunoprophylaxis

Type of the influenza vaccines (live (attenuated), inactivaited etc.)	The composition of the vaccine	Method of administration and dosage	Contraindications	Adverse reactions
Live vaccines for children over 3 years old and adults				

## **Influenza immunoprophylaxis** (continuation)

and dosage		
In	-	• •
	In	Influenza vaccination is carried groups (NP

## Immunoprophylaxis of infection caused by haemophilus influenzae type B

Name of the vaccine	Type of the vac- cine (live (atten- uated), inacti- vaited etc.)	The composi- tion of the vaccine	Method of administration and dosage	Cont	raindications	Adverse reactions
Hib						
Vaccination schemes  According to the NPIS:					_	t-septic diseases caused lus influenzae type B
For children whereached the age	o didn't receive vac of 5 years	hey				

## Pneumococcal infection immunoprophylaxis

Name of the vaccine	Type of the vac- cine (live (atten- uated), inacti- vaited etc.)	The composition of the vaccine	Method of administration and dosage	Contraindications	Adverse reactions
PCV					
According to the	Vaccina e NPIS:		Risk groups of pneumococcal etiology infections		
The polysacchar	ride vaccine:				
The conjugated up to 12 months	pneumococcal vacc	ines:			
12–23 months o	f life:				
2–5 years old :					

## Check the following phrases. Put a «+» sign if you agree, or a «-» sign if the phrase is not correct

№	The phrases about immunoprophylaxis	Yes	No		
1.	Persons in close contact (relatives, medical workers) with children under the age of 12 months are				
	vaccinated against tuberculosis according to epidemic indications				
2.	Children who have contraindications for the DTWP administration are not given vaccines against				
	pertussis, diphtheria and tetanus at all				
3.	Preventive vaccinations against pertussis using DTwP vaccines are given to children aged 2 months				
	to 4 years				
4.	There are only inactivated polio vaccine for vaccination against polio				
5.	The minimum interval between preventive vaccinations with IPV in the initial series is 6 weeks				
6.	IPV is indicated for vaccination of persons with immunodeficiency				
7.	Passive measles and rubella prophylaxis is carried out by normal human immunoglobulin				
8.	The 4-valent vaccine is recommended for active immunization against measles, mumps, rubella and				
	chickenpox in the age group from 9 months to 12 years				
9.	The minimum interval between the first and second vaccinations against measles, mumps and ru-				
	bella is 1 year				
10.	HIV infection is not a contraindication for the MMR vaccination				
11.	Preventive immunization against Hib- infection recommended for children aged 2 months				
	to 5 years with a chronic hepatitis, liver cirrhosis, chronic kidney diseases, removed spleen, diabe-				
	tes mellitus, immunodeficiency states, chronic heart diseases, lungs, etc.				
12.	Healthy children over the age of 5 don't need a Hib vaccine				
13.	Vaccination against pneumococcal infection using the pneumococcal conjugate vaccine is recom-				
	mended for all children aged 2–59 months and is given to children under 5 years of age who have				
	some diseases or conditions				

Signature of the tutor	<b>Date</b>	/	′ ,	/	/

# Class № 10. IMMUNOPROPHYLAXIS OF INFECTIOUS DISEASES ACCORDING TO EPIDEMIC INDICATIONS: HEPATITIS A, CHICKENPOX, INFLUENZA

#### **Questions for self-control.**

Make a characteristic of:

- **hepatitis A**: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- **chickenpox vaccines**: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization.

#### Immunoprophylaxis of hepatitis A

Name of the vaccine	Type of the vaccine (live (attenuated), inactivaited etc.)	The composi- tion of the vaccine	Method of administration and dosage	Contraindications	Adverse reactions
HAV					

## Immunoprophylaxis of hepatitis A (continuation)

Vaccination schemes	Indications for vaccination HAV
	In areas of high endemicity:
	In areas with low to moderate endemicity:
	in areas with 10 w to moderate endemnerty.



WHO position paper on hepatitis A vaccines.

## Immunoprophylaxis of chickenpox

Name of the vaccine	Type of the vaccine (live (attenuated), inactivaited etc.)	The composi- tion of the vaccine	Method of administration and dosage	Contraindications	s Adverse reactions
Chickenpox					
	Vaccination schemes				
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## Class № 11. IMMUNOPROPHYLAXIS OF INFECTIOUS DISEASES ACCORDING TO EPIDEMIC INDICATIONS: TETANUS AND RABIES

#### **Questions for self-control.**

Make a characteristic of:

- emergency rabies prevention: indications, doses and routes of administration; immunization schedule; contraindications;
   adverse reactions after immunization;
- adsorbed tetanus toxoid (Tt): indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- **tetanus human immunoglobulin (TI)**: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- **tetanus serum**: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization.

#### Rabies immunoprophylaxis

	Pre-exposure prophylaxis	Post-exposure prophylaxis
Prophylaxis is carried out to persons	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	

## Rabies immunoprophylaxis (continuation)

	Pre-exposure prophylaxis	Post-exposure prophylaxis
Immunobiological medicines (IBM)	1.	1.
		2.
Tactics of the using of the vaccine		
(vaccination scheme)		
Tactics of the using of the anti-rabies immunoglobulin		
manogradam		
	_	
N		
Nonspecific prophylaxis		
	_	

## Immunobiological medicines (IBM) for prevention rabies

Name of the immuno- biological medicines (IBM)	The composition of the IBM	Method of administration and dosage	Contraindications	Adverse reactions
The lyophilized anti-ra-			Pre-exposure prophylaxis:	
bies vaccine for hu-				
mans (vaccine)			Post-exposure prophylaxis:	
The homologous				
immunoglobulins				
The heterologous				
immunoglobulins				

Allergology test of individual sensitivity to horse protein:

- 1.
- 2.
- **3.**

## Who recommendations for post-exposure prevention of rabies

Category	Type of contact with an animal suspected for rabies or rabies-confirmed one	The actions that should be performed
	Touching the animal, feeding the animal, but no	
	wound	
	Damage to uncovered skin, minor scratches or abrasions without bleeding, contact of saliva with damaged skin	
	Single or multiple transdermal bites or scratches with a contact with saliva	

#### Tasks on the rabies immunoprophylaxis

#### TASK 1

On 27/02/2024, a veterinarian turned to a general practitioner to prescribe preventive rabies vaccinations due to the risk of infection in professional activities.

#### Questions:

Name the drugs for preventive rabies vaccination.

Prescribe a vaccination schedule, dosage, and explain the method of administration.

Specify the dates when the veterinarian should come to the clinic for vaccination.

#### The answers:

#### TASK 2

On 28/01/2024, a mother and a child went to the emergency room. The child was bitten by a stray dog. Upon examination, multiple wounds were found on the hands, forearms, and shins.

#### Questions:

Explain the method of wound treatment.

What immunobiological drugs should be prescribed?

Specify the dosage and explain the method of administration.

Make a vaccination schedule.

Specify the dates on which the child should appear at the clinic for vaccination.

#### The answers:

#### TASK 3

A 23-year-old man contacted the polyclinic on 02/22/2024 in connection with scratching by a pet cat. 4 superficial scratches were found on the surface of the forearm, they do not bleed.

#### Questions:

Determine the category of contact with the animal.

Prescribe a vaccination schedule.

Specify the drugs, dosages, and method of administration.

Set the dates for vaccinations.

In which case can vaccinations be stopped?

#### The answers:

#### **Emergency tetanus prevention**

Epidemiological indications for the tetanus immunopr	ophylaxis:
_	
_	
_	
_	

## Immunobiological medicines (IBM) for emergency tetanus prevention

Name of the immuno- biological medicines (IBM)	The composition of the IBM	Method of administration and dosage	Contraindications	Adverse reactions
Adsorbed tetanus tox-				
oid (Tt) or adsorbed				
diphtheria-tetanus tox-				
oid with a reduced con-				
tent of antigens (Td)				
Tetanus human immu-				
noglobulin (TI)				
Tetanus serum				

The principles of choosing an IBM for emergency tetanus prevention

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# Class № 12. CARRYING OUT PREVENTIVE VACCINATIONS AGAINST INFECTIONS THAT ARE NOT INCLUDED IN THE NATIONAL SCHEDULE OF PREVENTIVE VACCINATIONS: PAPILLOMAVIRUS INFECTION, ROTAVIRUS INFECTION

#### **Questions for self-control.**

Make a characteristic of:

- human papillomavirus vaccines: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization;
- **rotavirus infection vaccines**: indications; doses and routes of administration; immunization schedule; contraindications; adverse reactions after immunization.

#### Papillomavirus infection immunoprophylaxis

Name of the vaccine	Type of the vaccine (live (attenuated), inactivaited etc.)	The composition of the vaccine	Method of administration and dosage	Contraindications	Adverse reactions
<b>PV</b> vaccines:		Gardasil 9,			
9-valent HPV		9vHPV			
vaccine (Gar-					
dasil 9,					
9vHPV);					
quadrivalent HPV vaccine (Gardasil, 4vHPV);		Gardasil, 4vHPV			

## **Papillomavirus infection immunoprophylaxis** (continuation)

Name of the vaccine	Type of the vaccine (live (attenuated), inactivaited etc.)	The composi- tion of the vaccine	Method of ad- ministration and dosage	Contraindications	Adverse reactions
Bivalent HPV		Cervarix,			
vaccine (Cervarix, 2vHPV)		2vHPV			

Vaccination schemes

## **Rotavirus infection immunoprophylaxis**

Name of the vaccine	Type of the vaccine (live (attenuated), inactivaited etc.)	The composi- tion of the vaccine	Method of administration and dosage	Contraindications	Adverse reactions
RotaTeq					
Rotarix					
Rotavac					
ROTASIIL:					
Vaccination schemes					
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#### Class № 13. INTESTINAL INFECTIONS: GENERAL EPIDEMIOLOGICAL CHARACTERISTICS; FUNDAMENTALS OF PREVENTION AND ANTI-EPIDEMIC MEASURES. SHIGELLOSIS. SALMONELLA INFECTIONS

#### **Questions for self-control:**

- 1. Give a general epidemiological description of intestinal infections, describe their role in human infectious pathology
- 2. Describe the fecal-oral transmission mechanism and transmission routes of intestinal infections.
- 3. List the risk groups for the incidence of intestinal infections
- 4. Describe the prevention of intestinal infections.

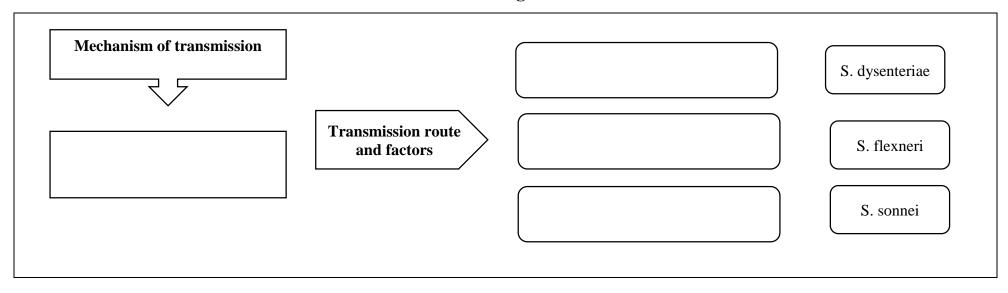
#### Epidemiological characteristics of causative agents of intestinal infections

Epidemiological features	Shigellosis	Salmonellosis
The causative agent of infec-		
tion (family, genus, species)		
Pathogenicity factors providing		
virulent properties		
Resistance of the infectious		
agent in the environment		
The sensitivity of the causative		
agent to physical and chemical		
disinfection methods		

## **Epidemiological characteristics of the sources of infection**

Epidemiological features	Shigellosis	Salmonellosis
Categories of sources		_
of infection	_	_
	_	-
Incubation period	_	-
(minimum, average,	_	_
maximum)	_	_
The period of conta-		
giousness		

## The mechanism of Shigella transmission



#### The mechanism of Salmonella transmission

Mechanism of transmission  Transmission route and factors	The most likely transmission factors
---	--------------------------------------

## **Epidemiological features of a susceptible organism**

Epidemiological features	Shigellosis	Salmonellosis
Factors determining susceptibil-		
ity to infection		
Duration and specificity of im-		
munity after an infectious dis-		
ease		

## Manifestations of the epidemic process

Nosological form	The intensity of the epidemic process and the risk areas	Seasonality	Risk groups
Shigellosis			
Salmonellosis			

## Preventive and anti-epidemic measures for bacterial intestinal infections

Epidemiological features	Shigellosis	Salmonellosis
Directions of prevention	-	-
	_	_
	_	_
	_	-
	_	-
	_	_
	_	_
	_	_
Anti-epidemic measures aimed		
at the source of infection		
The need for disinfection in an		
epidemic focus		
Duration of monitoring of the		
contact persons in an epidemic		
focus		
Prevention of contact persons		

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#### Class № 14. INTESTINAL INFECTIONS: ROTAVIRUS INFECTION, VIRAL HEPATITIS A

#### **Questions for self-control:**

- 1. Indicate the epidemiological differences between viral and bacterial intestinal infections.
- 2. Explain why the contagiousness of viral intestinal infections differs from bacterial ones.
- 3. List the risk groups for the incidence of viral intestinal infections.
- 4. Describe the social and natural factors that affect the incidence of intestinal infections.

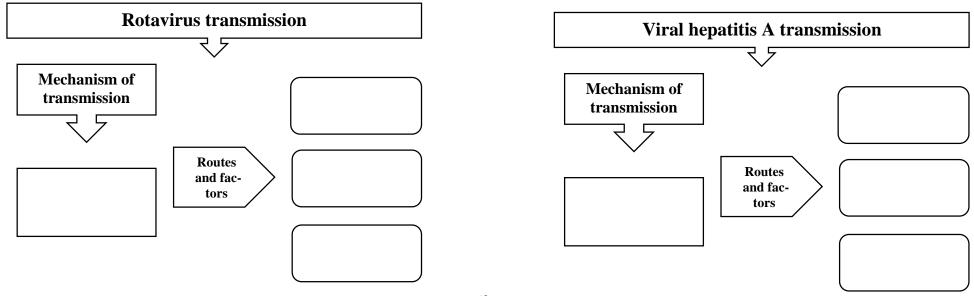
#### Epidemiological characteristics of causative agents of viral intestinal infections

Epidemiological features	Rotavirus infection	Viral hepatitis A
The causative agent of infection (family, genus, species)		
Pathogenicity factors providing virulent properties		
Resistance of the infectious agent in the environment		
The sensitivity of the causative agent to physical and chemical disinfection methods		

#### **Epidemiological characteristics of the sources of infection**

Epidemiological features	Rotavirus infection	Viral hepatitis A
Categories of sources	_	_
of infection	_	_
	_	_
Incubation period	_	_
(minimum, average,	_	_
maximum)	_	_
The period of conta-		
giousness		

## Mechanism, routes and factors of transmission of pathogens of viral intestinal infections



## Epidemiological features of a susceptible organism

<b>Epidemiological features</b>	Rotavirus infection	Viral hepatitis A
Factors determining suscep-		
tibility to infection		
Duration and specificity of		
immunity after an infectious		
disease		

## Manifestations of the epidemic process

Nosological form	The intensity of the epidemic process and the risk areas	Seasonality	Risk groups
Rotavirus infection			
Viral hepatitis A			

## Preventive and anti-epidemic measures for bacterial intestinal infections

Rotavirus infection	Viral hepatitis A
-	-
_	_
_	-
_	_
_	-
_	_
	_

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# Class № 15. AEROSOL INFECTIONS: MENINGOCOCCAL INFECTION, GROUP A RESPIRATORY STREPTOCOCCAL INFECTION, INFLUENZA, NEW CORONAVIRUS INFECTION

#### **Questions for self-control:**

- 1. Give a general epidemiological description of aerosol infections, describe their role in human infectious pathology.
- 2. Describe the aerosol transmission mechanism and transmission routes of aerosol infections.
- 3. List the risk groups for the incidence of aerosol infections
- 4. Describe the prevention of aerosol infections.

#### Epidemiological characteristics of causative agents of bacterial aerosol infections

Epidemiological features	Meningococcal infection	Group A respiratory streptococcal infection
The causative agent of infec-		
tion (family, genus, species)		
Pathogenicity factors providing		
virulent properties		
Resistance of the infectious		
agent in the environment		
The sensitivity of the causative		
agent to physical and chemical		
disinfection methods		

## **Epidemiological characteristics of causative agents of viral aerosol infections**

Epidemiological features	Influenza	New coronavirus infection
The causative agent of infec-		
tion (family, genus, species)		
Pathogenicity factors providing		
virulent properties		
Resistance of the infectious		
agent in the environment		
The sensitivity of the causative		
agent to physical and chemical		
disinfection methods		

Routes and factors of infections with an aerosol transmission mechanism			
<b>Meningococcal infection</b>	streptococcal infection	ınfluenza	coronavirus infection

## Epidemiological features of a susceptible organism

Epidemiological features	Meningococcal infection	Respiratory streptococcal infection	Influenza	New coronavirus infection
Factors determining susceptibility to infection				
Duration and speci- ficity of immunity af- ter an infectious dis- ease				

## Manifestations of the epidemic process

Nosological form	The intensity of the epidemic process and the risk areas	Seasonality	Risk groups
Meningococcal infec-			
tion			
Respiratory strepto-			
coccal infection			
Influenza			
New coronavirus in-			
fection			

## Preventive and anti-epidemic measures for bacterial intestinal infections

Epidemiological features	Meningococcal infection	Respiratory streptococcal infection	Influenza	New coronavirus infection
Directions of prevention				
Anti-epidemic measures aimed at the source of infection				
The need for disinfection in an epidemic focus				
Duration of monitoring of the contact persons in an epidemic focus				
Prevention of contact persons				

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# Class № 16. INFECTIONS WITH A PREDOMINANTLY PARENTERAL MECHANISM OF INFECTION: A DISEASE CAUSED BY THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

#### **Questions** for self-control:

- 1. Indicate the main epidemiological features of the parenteral transmission mechanism.
- 2. What is sentinel epidemiological surveillance of HIV infection?
- 3. List the risk groups for the incidence of HIV infection.
- 4. Describe the social and natural factors that affect the incidence of HIV infection.

Epidemiological characteristics of intestinal infections	Disease caused by the human immunodeficiency virus (HIV)
Etiology of the disease	
Properties of the pathogen.	
Pathogen resistance in the environment	
Sources of infection	
Mechanism and factors of transmission	
Incubation period	
The period of contagion	
Susceptible individuals	
Methods of laboratory diagnostics	

## Directions of prevention and sentinel surveillance of HIV-infection

Preventive measures	Disease caused by the human immunodeficiency virus (HIV)
Directions of prevention	
Anti-epidemic measures for the source	
of infection	
Current and final disinfection in the epi-	
demic focus	
Monitoring of contact persons	

## TASK 1. For monitoring knowledge about HIV infection.

Conditions for the death of HIV:	Which of the following ways can you get HIV infection?
1) heating at a temperature of 50 °C for 1 min;	1) when breast feeding a child with an HIV-infected mother;
2) exposure to 3% chloramine solution for 60 minutes;	2) when caring for an HIV-infected person at home;
3) Exposure to ultraviolet radiation;	3) When staying together with an infected person in the clinic;
4) boiling for 15 minutes.	4) When using shared utensils with an infected person;
	5) When using general medical instruments for invasive pro-
The source of HIV infection is most often infected	cedures;
in stages:	6) When bitten by insects;
1) asymptomatic (latent);	7) When kissing an HIV-infected person.
2) secondary clinical manifestations;	,, ,, <u>,</u>
3) terminal;	
4) Lymphadenopathy.	

#### TASK 2. For monitoring knowledge about HIV-infection.

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#### The maximum epidemic danger is experienced In case of violation of the integrity of the skin (cuts, injections), by HIV-infected people at the stage of: it is necessary: 1) incubation stage; 1) squeeze blood from the wound, remove gloves, treat with 70 % 2) stage of primary manifestations; alcohol: 3) stage of secondary manifestations; 2) remove gloves, squeeze out blood, treat with 70 % alcohol, then 4) terminal stage. 5 % iodine: 3) remove gloves, squeeze out blood, treat with 5 % iodine. TASK 3. For monitoring knowledge about HIV-infection. In the task, it is necessary to assess the risk of HIV-infection. Green square — low risk, red square — high risk. To get a tattoo in a basement room Work as a teacher for a 7-year-old Kissing an HIV-positive person with without observing the sanitary and epchild. Child is HIV-positive a low viral load idemiological regime Having sex with a regular partner Having sex with different sexual part-Use injectable drugs with without a condom ners without a condom a reusable syringe

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# Class № 17. INFECTIONS WITH A PREDOMINANTLY PARENTERAL MECHANISM OF INFECTION: VIRAL HEPATITIS B, C, D

#### **Questions for self-control:**

- 1. List the main directions of prevention of viral hepatitis with an artificial mechanism of infection.
- 2. Indicate the measures for the prevention of viral hepatitis during therapeutic and diagnostic manipulations.
- 3. Describe the measures to prevent occupational infection of medical workers.
- 4. Describe measures to prevent infection with viral hepatitis in newborns.

#### Epidemiological characteristics of causative agents of viral hepatitis

Epidemiological features	Viral hepatitis B	Viral hepatitis C
The causative agent of infection		
(family, genus, species)		
Pathogenicity factors providing		
virulent properties		
Resistance of the infectious agent in the environment		
The sensitivity of the causative		
agent to physical and chemical		
disinfection methods		

# **Epidemiological characteristics of the sources of infection**

Epidemiological features	Viral hepatitis B	Viral hepatitis C
Categories of sources	_	_
of infection		_
	_	_
Incubation period	_	_
(minimum, average,	_	_
maximum)	_	_
The period of conta-		
giousness		

Factors of transmission of parenteral hepatitis viruses

Viral hepatitis B (D)	Viral hepatitis C
<b>₹</b>	7

# **Epidemiological features of a susceptible organism**

Epidemiological features	Viral hepatitis B	Viral hepatitis C
Factors determining susceptibility to infection		
Duration and specificity of immunity after an infectious disease		

# **Manifestations of the epidemic process**

Nosological form	The intensity of the epidemic process and the risk areas	Seasonality	Risk groups
Viral hepatitis B (B)			
Viral hepatitis C			

# Preventive and anti-epidemic measures for viral hepatitis

<b>Epidemiological features</b>	Viral hepatitis B	Viral hepatitis C
Directions of prevention	-	-
	_	_
	_	_
	_	_
	_	_
Anti-epidemic measures		
aimed at the source		
of infection		
The need for disinfection		
in an epidemic focus		
Duration of monitoring		
of the contact persons		
in an epidemic focus		
Durantian of contact visit		
Prevention of contact per-		
sons		

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#### Class № 18. VECTOR-BORNE INFECTIONS: TICK-BORNE ENCEPHALITIS, LYME DISEASE

#### **Questions for self-control:**

- 1. Indicate the main epidemiological features of the transmissive (vector-borne) transmission mechanism.
- 2. List the insects of epidemiological importance in the implementation of the transmissive transmission mechanism.
- 3. List the risk groups for the incidence of vector-borne infections.
- 4. Describe the social and natural factors that affect the incidence of vector-borne infections.

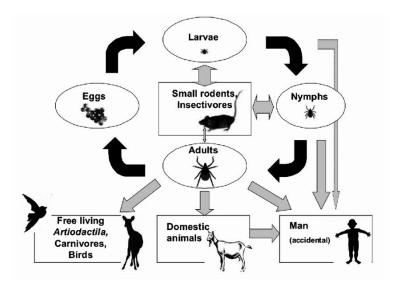
### **Epidemiological characteristics of causative agents of vector-borne infections**

Epidemiological features	Tick-borne encephalitis	Lyme disease
The causative agent of infec-		
tion (family, genus, species)		
Pathogenicity factors providing		
virulent properties		
Resistance of the infectious		
agent in the environment		
The sensitivity of the causative		
agent to physical and chemical		
disinfection methods		

### **Epidemiological characteristics of the sources of infection**

Epidemiological features	Tick-borne encephalitis (TBE)	Lyme disease
Categories of sources of infection		
Incubation period		
The period of contagiousness		

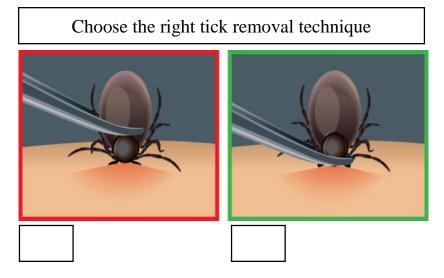
### Mechanism, routes and factors of transmission of pathogens of viral intestinal infections



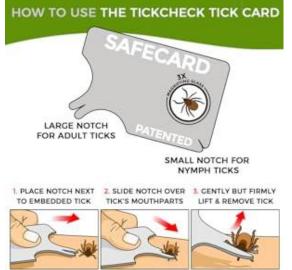
- 1. Using Fig. 1, describe the development cycle of the tick-borne encephalitis vector.
- 2. List the main feeders of ticks.
- 3. Indicate the risks of infection with pathogens transmitted through tick bites
- 2
- 3.

Fig. 1. Life cycle of ixodid tick and transmission cycle of TBE virus

### TASK. What should you do if you notice a tick on your skin?







- 1. Describe the algorithm of actions when sucking a tick.
- 2. What should you do with the removed tick?
- 3. Suggest measures for the emergency prevention of tick-borne encephalitis and Lyme disease.

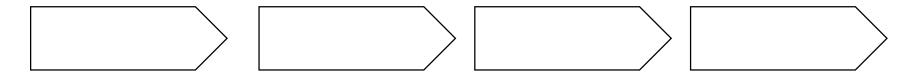


Fig. 2. The algorithm of actions for sucking a tick

### Briefing. Tick-borne encephalitis

On the evening of June 15, a 12-year-old girl was admitted to the infectious 1. diseases department of the district hospital. From the epidemiological history, it was established that the patient was at the cottage, went to the forest. Upon returning from the forest, she took off a crawling tick from her outer clothes. In the 2. evening, taking a shower, I independently removed the attached tick from my neck, threw the tick away and did not go to the doctor. The doctor on duty was diagnosed with tick-borne viral encephalitis.

Task for performing a practical skill:

- 1. Indicate possible sources of infection in tick-borne encephalitis.
- 2. Describe the mechanism of infection, possible ways and factors of transmission of tick-borne encephalitis pathogens.
  - 3. List the specific vectors of the causative agent of tick-borne encephalitis.
  - 4. Indicate the procedure for sucking the tick.
- 5. Indicate the drugs for planned and emergency specific prevention of tickborne encephalitis, indications and application scheme.

#### Answers to the briefing tasks

- **3.**
- 5.

#### Preventive and anti-epidemic measures for vector-borne infections

Types of prevention	Tick-borne encephalitis (TBE)	Lyme disease
Specific preventive		
measures		
Non-specific preventive measures		

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#### THE FINAL TEST QUESTIONS

- 1. Basic epidemiological notions (epidemic process, source of infection, susceptibility).
- 2. Basic epidemiological notions (mechanism of transmission, epidemic focus).
- 3. Anti-epidemic measures: grouping and orientation; criteria for selection of leading directions.
- 4. Disinfection: organization; types; methods; essential to preventing and communicable diseases control.
- 5. Chemical disinfectants: main groups and its characteristics; methods of application.
- 6. Sterilization: types, methods, stages of sterilization.
- 7. Epidemic control measures in outpatient and health-care organizations.
- 8. Immunoprophylaxis of infectious diseases: immune response (primary, secondary), justification of the optimal date of vaccination.
  - 9. Immunoprophylaxis of infectious diseases: Immunization schedule, functioning of vaccination room.
  - 10. Indications and contraindications for preventive vaccination.
  - 11. General characteristics of immunobiological preparations (vaccines, toxoids, serum immunoglobulins).
- 12. Immunoprophylaxis of viral hepatitis B: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 13. Immunoprophylaxis of tuberculosis: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 14. Immunoprophylaxis of polio: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 15. Immunoprophylaxis of measles, mumps, rubella: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 16. Immunoprophylaxis of diphtheria and pertussis in persons who do not have contraindications to administration DTP vaccine: product characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 17. Immunoprophylaxis of diphtheria and pertussis, adsorbed diphtheria and tetanus toxoids with a reduced amount of antigen: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.

- 18. Emergency tetanus prophylaxis: indications, preparation characteristics, order of products selection and schemes of their application.
- 19. Emergency prevention of rabies: preparation characteristics; indications to anti-rabies vaccination; organization of anti-rabies aid.
- 20. Immunoprophylaxis of influenza: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 21. Immunoprophylaxis of Hib-infection: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 22. Immunoprophylaxis of viral hepatitis A: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 23. Immunoprophylaxis of pneumococcal infection: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
- 24. Immunoprophylaxis of HPV (human papillomavirus)-infection: preparation characteristics; indications; doses and ways of application; immunization schedule; contraindications; adverse reactions (side effects) after immunization.
  - 25. Salmonellosis: epidemic process, basics of anti-epidemic and preventive measures.
  - 26. Viral hepatitis A: epidemic process, basics of anti-epidemic and preventive measures.
  - 27. Meningococcal infection: epidemic process, basics of anti-epidemic and preventive measures.
  - 28. Influenza: epidemic process, basics of anti-epidemic and preventive measures.
  - 29. Chickenpox and varicella zoster infection: epidemic process, basics of anti-epidemic and preventive measures.
  - 30. HIV (acquired immune deficiency syndrome): epidemic process, basics of anti-epidemic and preventive measures
  - 31. Viral hepatitis B, D, C: epidemic process, basics of anti-epidemic and preventive measures.
- 32. Infections related to the provision of medical care: definition of the concept, epidemiological characteristics of pathogens, the mechanism of development of the epidemic process and the basics of prevention.
  - 33. Clinical epidemiology: definition of the concept, methods of clinical epidemiology.















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#### Additional

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- 3. Clinical Epidemiology: The Essentials 6th Edition, Kindle Edition Grant / S. Fletcher. Wolters Kluwer Health; 6 ed. (December 31, 2019). 288 p.
  - 4. Shylava, M. A. Basics of infectious diseases immunoprophylaxis / M. A. Shylava, G. N. Chistenko. Minsk: BSMU; 2020. 60 p.

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