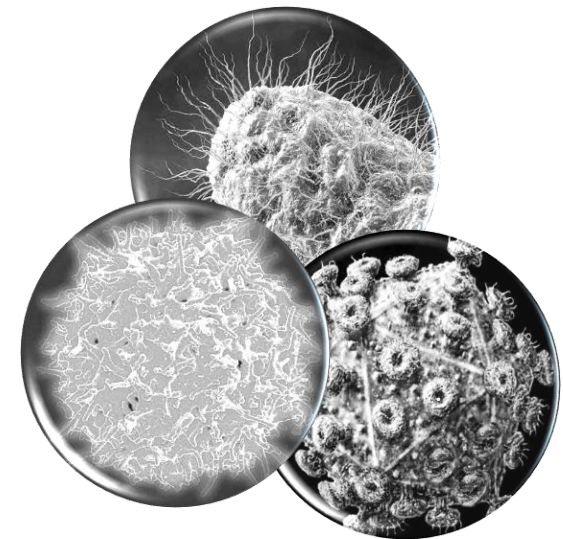


# MICROBIOLOGY, VIROLOGY, IMMUNOLOGY

Laboratory workbook

Student \_\_\_\_ group of dental faculty

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MINSK BSMU 2025

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ  
БЕЛОРУССКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ  
КАФЕДРА МИКРОБИОЛОГИИ, ВИРУСОЛОГИИ, ИММУНОЛОГИИ

# МИКРОБИОЛОГИЯ, ВИРУСОЛОГИЯ, ИММУНОЛОГИЯ

## MICROBIOLOGY, VIROLOGY, IMMUNOLOGY

Лабораторный практикум

*9-е издание*



Минск БГМУ 2025

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## CURRICULUM OF THE DISCIPLINE “MICROBIOLOGY, VIROLOGY, IMMUNOLOGY” for the speciality 1-79 01 07 “Dentistry”

The discipline should be studied for 202 academic hours, including. 109 classroom hours, 22 hours of lectures, 87 hours of laboratory classes and 93 hours for independent study.

Current assessment is carried out in accordance with the curriculum in the form of tests and exams.

### Distribution of the school hours budget on semester

The code, the name of speciality	Semestre	Hours for studies					The form of assessment
		Total	Including classroom hours	including			
				lectures	Laboratory classes (class)	Independent study	
1	2	3	4	5	6	7	8
1-79 01 07 “Dentistry”	3	84	55	10	45 (18)	29	
	4	118	54	12	42 (17)	64	exam
Total hours		202	109	22	87	93	

### CONTENT OF EDUCATIONAL MATERIAL

#### 1. General microbiology

##### 1.1. Microbiology as a science. Microbial world

**Subject, tasks, methods of microbiology and its connection with other biomedical sciences.**

Microbiology as a complex science about morphology, physiology, ecology, genetics, and evolution of microorganisms. Classification of the microbiological sciences by object: of study (general microbiology, bacteriology, virology, mycology, protozoology); by applied goals (medical, sanitary, veterinary, technical, soil, sea, space).

Medical microbiology as a science about pathogenic and syngenetic germs and the etiology, pathogenesis, diagnostics, causal treatment and specific prevention of caused diseases. Importance of microbiology in the progress of the natural sciences and the human society and the development and implementation of measures to improve the health outcomes of the humanity. The tasks of medical microbiology. Microbiological methods of research: microscopic, cultural, immunobiological (serological, cellular, allergic, etc.), molecular-genetic, experimental. Connections of medical microbiology with biological, biomedical, clinical, hygienic and other sciences.

Place of Microbiology in the health protection system; structure and the principles of microbiology and immunology service organizations. Dental microbiology as a section of medical microbiology. Role of Medical Microbiology in the professional activities of a dentist.

**History of Microbiology.** Early ideas about invisible to the naked eye organisms — Contague (I century BC—I century AC — Roman encyclopedists; XVI century — D. Frakastoro; XVII century —

A. Kirher). The invention of the microscope and the discovery of the microbes world by A. Levenhook. The emergence of scientific microbiology in the second half of the XIX century as a consequence of the science and technology, medicine, industry and agriculture development. L. Pasteur — the founder of the technical and medical microbiology, the creator of the immunization against infectious diseases theory. R. Koch's role in the development of microbiological methods, discovery of tuberculosis and cholera pathogens. Establishment of the cellular (I. Mechnikov) and humoral (P. Erlih) mechanisms of immunity to infectious diseases doctrine. Works of D. Ivanovski and importance of viruses discovery for biology and medicine. Development of antiseptics (I. Zemmelveys, D. Lister) and chemotherapy (D. L. Romanovsky, P. Erlih) for bacterial infections principles. The main directions of microbiology development in the XX and XXI centuries. Development of microbiology in the Republic of Belarus.

**Classification and nomenclature of microorganisms.** Place of microorganisms in organic world. Common with the higher animals and plants, and the specific features of microorganisms.

Principles and approaches to the taxonomy and nomenclature of microorganisms. Genosystematics. DNA and 16s rRNA as information molecules. Fenosystematics. Joined approach to taxonomy. Taxonomic categories: domain, type (division), class, order, family, genus, species. Subspecies categories: variant (var), strain, culture, clone. Species as the main taxonomic category. Criteria for species in microbes (morphological, genetic, cultural, serological, ecological, geographical).

Classification of microorganisms. Prokaryotic (bacteria) and eukaryotic (fungi, protozoa) organisms. Viruses. Classification of bacteria by Bergey. International principles and rules of nomenclature of microorganisms.

##### 1.2. The morphology of microorganisms

**Morphology of bacteria.** Basic shapes and sizes of true bacteria. The structure of the bacteria. Nucleoid. Plasmids. Ribosome. Inclusion. Cytoplasmic membrane, mesosomes. Periplasmic space. The cell wall of Gram-positive and Gram-negative bacteria. Capsule. Flagella. Cilia. Sex pili. Defective forms of microbes (protoplasts, spheroplasts, L-forms).

The morphology of actinomycetes, spirochetes, rickettsia, chlamydia, mycoplasma, forms of existence, ultrastructure, differences from the true bacteria, methods of study.

The morphology of eukaryotic microorganisms (fungi and protozoa).

**Methods of bacterial morphology study.** Microscopic research methods, steps, evaluation. Types of preparations for microscopy. Techniques for fixed smear preparation. Methods of light microscopy: dark field, phase contrast, fluorescent. Tinctorial properties of microbes. Simple and differential methods of staining. Gram staining technique. Methods for native microorganisms study.

##### 1.3. Physiology of microorganisms

**Metabolism and energy exchange in microorganisms.** Characteristics of metabolism and energy exchange in microorganisms. Enzymes of microbes, classification. Types of secretory systems in bacteria.

Holozoic and holophytic nutrition. Nutrition in bacteria. Nutrients — carbon and nitrogen sources. Autotrophs and hemoorganotrophs. Growth factors and their sources. Sources of mineral elements. Extracellular and parietal digestion of polymers. Mechanisms of nutrient transport through the membrane.

Respiration in bacteria. The energy requirements of bacteria. Energy metabolism in autotrophs (photosynthesis, chemosynthesis). Energy metabolism in hemoorganotrophs. Respiratory apparatus in bacteria. Aerobic and anaerobic types of biological oxidation in bacteria. Aerobic, anaerobic, facultative anaerobic, and microaerophilic bacteria. Capnophiles. Features of metabolism and energy exchange in microbes. Enzymes of microbes, classification. Biotechnology.

**The growth and reproduction of microorganisms.** Methods of reproduction. Binary (simple) division. Schizogony. Budding. Sporulation. Conditions of growth and reproduction. Resting forms of microbes, their properties and purpose.

**Bacteriological (cultural) method of investigation.** Principles and methods of bacteria cultivation.

Nutritional needs of the microbes. Culture media for bacteria cultivation. Requirements for the medium. Classification of culture media. Conditions and techniques for cultivation of bacteria.

Stages and assessment of bacteriological (cultural) investigation method. Requirements for sampling and transportation of the material for investigation. Techniques for nutrient medium inoculation. Methods for the isolation of pure cultures of aerobic and anaerobic bacteria. The properties used to identify the isolated cultures and methods for their determination. Automatic microbiological analyzers. Cultivation of Rickettsia, Chlamydia and Mycoplasma. Molecular-genetic methods for the detection of microorganisms.

#### 1.4. Genetics of microorganisms

**Heredity.** Microbiology role in the development of molecular genetics. Organization of the genetic apparatus in bacteria (nucleoid, plasmids, transposons, Is-elements, integrons). Principles of the bacterial genome operation. Operation organization. Genotype and phenotype.

Genomics and proteomics of microorganisms.

**Variability** of microbes. Modifications in bacteria, importance, manifestations, properties.

Genotypic variability. Mutations and their basic properties. Mutagens. Spontaneous and induced, forward and backward, genetic, chromosomal and plasmid mutations. Phenotypic manifestations of mutations. The fate of mutants. Dissociation in bacteria. Recombination variability. Transformation, transduction, conjugation, transposition. The fate of the recombinants. Influence of selection factors.

The practical importance of knowledge about the microbes genetics. Principles of genetic mapping. The concept of genetic engineering and the use of its methods in microbiology and biotechnology.

Methods for the genetic analysis (molecular hybridization, polymerase chain reaction, blotting, sequencing of nucleic acids). The value of genetic methods in the infectious diseases laboratory diagnostics.

#### 1.5. Ecology of microorganisms. Basics of the infectology.

Environmental microbiology. Microbes role in the formation, existence and development of the biosphere. The concept of microbial dominant. Microbiological aspects of the environment protection. The microflora of soil, water and air. The microflora of the anthropogenic environment (objects, food, drugs, medical devices, etc.).

The microflora of the human body (autochthonous and allochthonous, parietal and luminal). Formation and development of normal microflora, its role (protective, metabolic, immune, and others.). Colonization resistance. Biofilm. Quorum sensing.

Ecological relationships of microbes (symbiosis, commensalism, competition, parasitism).

The influence of environmental factors on microorganisms. Influence of physical and chemical factors.

Antimicrobial activities. Goals, methods, tools and objects for sterilization and disinfection in dentistry and microbiology.

Infections and invasions, definition, general characteristics. Differences between infectious and non-infectious diseases.

Etiology of infectious diseases. Causes and conditions of infectious diseases.

The role of microorganisms in the infectious process. The infectious dose. Routes of infection. Entrance gate. Pathogenicity. Virulence. Genetic control of pathogenicity and virulence. Pathogenicity islands. Pathogenicity factors. Adhesins. Microbial colonization of tissues. Ways for penetrating skin, mucosa, the internal environment of the body, the cells. Factors for the immune system suppression (antiphagocytic, antiserum, anticomplement and immunosuppressive). Exotoxins, endotoxins, enzymes-toxins and their properties. Allergens. Intracellular parasites. Superantigens, heat shock proteins. Pathogenic, opportunistic and non-pathogenic microbes.

The role of the microorganisms in the development of infectious diseases. Susceptibility. Hereditary factors. The role of anatomical and physiological condition of the body and lifestyle. The role of living conditions in the development of infectious diseases. Natural and social factors.

Classification of infectious processes by severity, the nature of the pathogen, the source of infection (anthroponoses, zoonoses, sapronoses), the mechanism of transmission and routes of infection (aerosol, fecal-oral, transmissible, contact, transplacental, parenteral disease, exogenous, endogenous, self-infection), by the prevalence (pandemic, epidemic, endemic, sporadic infections). Classification by microbial focus localization (local, systemic and generalized infections), by the terms of development (acute, chronic primary, secondary chronic, slow infection) and multiplicity of infection (primary, secondary, mixed infection, superinfection, reinfection, relapse).

**Biological (experimental) research method** steps appraisal. Laboratory animals. Use of a method to isolate and identify the causative agent of culture, assessment of virulence, toxicity, toxigenicity microbial cultures, immunogenicity.

#### 1.6. Microbiological basis of antiseptics and chemotherapy of bacterial infections

Chemotherapy and chemoprophylaxis, definitions. Place of chemoprophylaxis and chemotherapy in the treatment and infections control measures. History of chemotherapy. Implementation in practice of the infectious diseases treatment of sulfonamides (G. Domagk, 1936), antibiotics (A. Fleming, 1926; H. Florey, E. Chain, 1940), nitrofurans (M. Dodd, U. Stillman, 1944). Modern trends in the development of chemotherapy and chemoprophylaxis.

Chemotherapeutic drugs, properties, requirements, etio- and organotropism, chemotherapeutic index. The concept of selectivity and the "target" of action of antimicrobial drugs, the effect and the range of actions, mechanisms of action on microorganisms.

Basic groups of antimicrobial chemotherapeutic drugs: sulfonamides, azoles, quinolones, nitrofurans, organic and inorganic metal compounds, arsenic, sulfur, fluoroquinolones, oxazolidinones and others.

Antibiotics, definition. Producers of antibiotics. Natural, synthetic and semi-synthetic antibiotics. The main groups of antibiotics: beta-lactam (penicillins, cephalosporins,

carbapenems, monobactams), aminoglycosides, tetracyclines, macrolides, and azalides, lincosamides, ansamycins (rifamycins), chloramphenicol, polypeptides, glycopeptides, lipopeptides, streptogramins, polyenes.

Bacterial resistance to antibiotics. Natural resistance. Acquired resistance, genetic and biochemical mechanisms. The role of plasmids and transposons in the emergence and spread of multidrug-resistant strains. Side effects of antibiotics: dysbiosis, acute reaction, drug infection, secondary infection, negative organotropic action.

Methods for the sensitivity of bacteria to antibiotics determination. Techniques of disk diffusion method performance and evaluation. E-tests. The method of antibiotics serial dilutions in liquid and solid culture media. Instruments and test systems for the automated determination of antibiotic susceptibility of microorganisms.

Antiseptics, definition, types (preventive, therapeutic). Preventive antiseptics types. Antiseptic agents (chemical, biological, physical and mechanical).

Chemical antiseptics, requirements, origin, properties, groups, mechanisms of action on microorganisms.

Principles of chemotherapy and antiseptic for dental diseases.

## **2. Theoretical and Applied Medical immunology**

### **2.1. Immunology as a science. The immune system**

Immunology, definition, history and development (E. Dzhennar, L. Pasteur, I. I. Mechnikov, P. Ehrlich, L. K. Poling, F. Bernet). The problems of medical immunology, value for practical medicine. The main sections of modern immunology.

**The immune system.** Properties of the immune system. Immunocompetent organs: central and peripheral, structure and function. Immunocompetent cells: types, morphology, markers, identification and isolation methods. Major histocompatibility complex. The structure of HLA-molecules I, II and III of classes and their expression on cells and tissues. The biological significance of molecules HLA, role in the recognition and elimination of antigens. Cytokines classification (interleukins, interferons, growth and chemotactic factors), characteristics, structure and functions. The protective function of the respiratory, digestive, endocrine and other systems of the human body. Cooperative mechanism of the immune system functioning.

### **2.2. Innate immunity**

Definition, innate immunity characteristics. Non-immune mechanisms of the innate immunity: barrier and antimicrobial properties of the skin, mucous membranes, lymph nodes, tissue unresponsiveness, the normal microflora. Immune factors: humoral and cellular. The complement system, structure, activation pathways (classical, alternative, lectin). Activators of the complement system. Biologically active fragments, and their functions. The membrane attack complex. Lysozyme. Bacteriolysis, cytolysis. Interferons. Polymorphonuclear and mononuclear phagocytes (origin, characteristics, functions). Phagocytic reaction (phases, mechanisms, intracellular bactericidal factors). Outcomes of phagocytosis. The persistence of microorganisms in phagocytes. Natural killer cells. Mechanism of target cells killing.

### **2.3. Immune response**

Immune response: the definition and the factors influencing its development. Types, manifestations, the genetic control of the immune response.

**Antigens**, structure, properties, classification. Adjuvants. Antigenic structure of bacteria: O, H, K, fimbrial, cytoplasmic, membrane antigens, extracellular antigens (toxins and exoenzymes). Antigens of viruses, fungi and protozoa. Group, species, variant, antigens. Antigenic variation. Cross-reacting antigens. Antigenic mimicry. T-dependent and T-independent antigens. Superantigens. Mitogens.

Antigen-presenting cells (APC), the types and characteristics. APC interaction with antigens: Antigen processing and presentation, activation of APC

**Humoral immune response.** B-lymphocyte system, surface markers. B-cell receptor. Mechanisms of B cell activation. Antigen-presenting cells: types, characteristics. The interaction of antigen-presenting cells with antigens: processing and presentation. Stages of the humoral immune response development. Mediators of humoral immune response. Antibodies: structure, biosynthesis, antibodies diversity. Classes, subclasses, isotypes, allotypes and idiotypes of immunoglobulins. Monoclonal antibodies. Biological properties of the antibodies. Fab-fragments of antibodies and their properties. The mechanism of interaction with antigens. Antibodies valence, affinity and avidity. Complete and incomplete antibodies. Fc fragment and its properties. Immune complexes. Biological effects of the interaction between antibodies and antigens: activation of complement, neutralization of toxins and viruses, lysis, agglutination and opsonization of bacteria, fungi and protozoa, inhibition of adhesion, invasion. Antibody-dependent cellular cytotoxicity.

Cellular immune response. T-lymphocyte system: development, membrane markers, characteristics of subpopulations and their role in the immune response. Mediators of cellular immune responses. Stages and variants of development. Immunological phenomena caused by cellular immune response: DTH, antiviral immunity, transplantation immunity, immunological tolerance, anti-tumor immunity.

### **2.4. Anti-infection immunity**

The concept of natural and artificial, active and passive, general and local, post-infectious and infectious (non-sterile) types of immunity. Immunity against extracellular and intracellular parasites. Mechanisms of immune inactivation of bacteria, fungi, protozoa, viruses and neutralization of toxins and exoenzymes.

### **2.5. Immunodiagnosis of infectious diseases**

Serological studies, stages, evaluation of results. Diagnosticum. Diagnostic antisera, methods for preparation. Adsorbed (polyclonal) and monoclonal serum and diagnostic test systems. Methods for the production of monoclonal antibodies.

Quantitative evaluation of serological tests: antisera titer, diagnostic titer increase of antibody titer, affinity. Types of serological tests. Agglutination and passive agglutination tests (latex agglutination test) methods of performance and results evaluation. Immunoprecipitation, main variants, evaluation of results. Lysis reactions. Complement fixation test: performance and evaluation of results.

The solid-phase immunoassay (immunofluorescence, enzyme immunoassay and radioimmunoassay, immunoelectron microscopy): the principles, main variants, evaluation of results. Immunoblotting (Western blotting).

### **2.6. Immunoprophylaxis and immunotherapy of infectious diseases**

Immunization, definition. Active immunoprophylaxis. Vaccine, requirements. Types of vaccines (inactivated, live, toxoids, chemical, subunit, genetically engineered). Factors affecting

the efficiency of post-vaccination immunity. The dose, interval, competition of antigens, duration of antigenic stimulation, booster effect. Influence of body condition, age, nutrition on the immunity. Methods for assessment of post-vaccination immunity. Protective antibody titers.

Passive immunoprophylaxis. Immune sera and immunoglobulins, indications for use.

Immunotherapy, definition. Medicines for immunotherapy, mechanisms of action, indications for use. Complications of immunization and immunotherapy.

### **2.7. Immunopathology and clinical immunology**

Allergies definition. Allergens. Domestic, pollen, epidermal, food, chemicals, pharmaceuticals, microbial ekzoallergy. Pathways allergens into the body. Endoallergy. Stage allergy: sensitization, resolution, de (hypo) sensitization. Role of T-helper type I and II and their cytokines in the development of hypersensitivity. Hypersensitivity of immediate type (ITH). IITH of mediator type (I). Anaphylactic shock, the mechanism of development. Atopy, the mechanism of development, clinical forms. ITH of cytotoxic type (II). ITH of immunocomplex type (III). Delayed Type Hypersensitivity (DTH, IV). Contact allergy. Infection allergy. Drug allergy. Mechanisms of development. Prevention. Anergy. Idiosyncrasy. Methods of diagnostics of allergic diseases. Prevention of allergic diseases in the workplace, at home, in health care.

**Clinical Immunology**, definition, objectives, objects of study.

The immune status of the organism, the characteristics, methods of determination and evaluation. Immunotherapy, indications, preparations, methods. Immunocorrection efficacy monitoring.

*Immunodeficiencies*: hereditary and acquired. The clinical syndromes associated with deficiency of B- and T-lymphocytes systems, phagocytosis, complement system.

*Autoimmune diseases*, pathogenesis, clinical forms.

*Transplant immunity*. The types of grafts. Transplantation antigens. Conditions for the development of the immune response to the graft and its mechanisms. Methods for inhibiting of transplant reaction. Complications in the treatment with immunosuppressants.

## **3. Dental Microbiology**

### **3.1. Special medical microbiology**

**Staphylococci**, classification, general characteristics, pathogenicity factors. Staphylococcal infection. Purulent-inflammatory diseases. Sepsis. Immunity and principles of microbiological diagnostics. Medicines for immunoprophylaxis and immunotherapy of staphylococcal infections, chemotherapeutic agents, antiseptics.

**Streptococci**, general characteristics, classification by biological properties and antigenic structure. Pyogenic streptococci, properties, antigenic structure, serovars, pathogenicity factors, the role in the pathology of the oral cavity. Etiology, pathogenesis, immunity, microbiological diagnostics, prevention, acute and chronic streptococcal infections (septic infections, sore throat, scarlet fever, rheumatic fever, glomerulonephritis, erysipelas, streptoderma). Streptococcus pneumoniae, properties, differentiation by capsular antigen, pathogenicity factors. Pneumococcal infection, pathogenesis, immunity, microbiological diagnostics. Medicines for immunization and chemotherapy of pneumococcal infections.

**Neisseria**, general characteristics, classification.

Pathogenic Neisseria. Gonococci, properties, pathogenicity factors. Prevalence, pathogenesis, immunity, microbiological diagnostics of gonorrhea. Prophylaxis of gonococcal disease. Oral lesions.

Meningococcus, properties, pathogenicity factors. Pathogenesis and clinical forms of meningococcal infections, immunity, microbiological diagnostics. *Medicines for immunization and chemotherapy of meningococcal disease*.

### **Aerobic and facultative anaerobic gram-negative rod-shaped bacteria.**

*Enterobacteriaceae*, general characteristics, classification, pathogenic and opportunistic species, role in human pathology. Acute intestinal infections: prevalence, etiology, pathogenesis, manifestations in the oral cavity, microbiological diagnostics.

*Escherichia*, properties, serological classification. Opportunistic and obligate pathogenic *Escherichia*, pathogenicity factors. Prevalence, pathogenesis and clinical forms of escherichiosis.

*Shigella*, general characteristics, classification, pathogenicity factors. Prevalence, the pathogenesis of dysentery, immunity.

*Salmonella*, general characteristics, biological and serological classification. Etiology, pathogenesis of typhoid and paratyphoid fever, manifestations in the oral cavity. Phage typing of *Salmonella*. Immunity and carrier state in typhoid fever. Salmonellosis, the properties of pathogens, pathogenesis, immunity, prevention.

Etiology and principles of diagnostics of food poisoning of microbial nature (poisoning and intoxication).

*Klebsiella*, general characteristics, species composition. Scleroma: the pathogen, prevalence, pathogenesis, immunity. Ozaena: the pathogen, prevalence, pathogenesis, immunity. Opportunistic *Klebsiella* (*K. pneumoniae*, *K. oxytoca*) and their role in human pathology.

*Pseudomonas*, characteristics, classification, properties, persistence in the hospital environment. *Pseudomonas aeruginosa*, pathogenicity factors, role in human pathology, sensitivity to antibiotics, antiseptics and environmental factors.

*Campylobacter*, general characteristics, role in human pathology. *Helicobacter*, role in the development of peptic ulcer disease and gastric cancer.

*Bordetella*. The causative agent of whooping cough, properties, antigenic structure, sensitivity to environmental factors, pathogenicity factors, differentiation with the paraptussis agent. Pathogenesis, immunity, principles of microbiological diagnostics of *Bordetella* infections. Immunization.

### **Aerobic and facultative anaerobic Gram-positive bacteria and actinomycetes.**

*Actinomycetes*, systematic position, general characteristics, prevalence, role in the pathology of the oral cavity. Etiology, pathogenesis, principles of microbiological diagnostics of actinomycosis of the head and neck tissues.

*Mycobacteria*, general characteristics, resistance to acids. The causative agents of tuberculosis, species composition, morphology, nutritional needs, pathogenicity factors, differences from non-tuberculosis mycobacteria. The pathogenesis of tuberculosis, infectious granuloma, immunity, allergy, anergy. Principles of microbiological diagnostics of tuberculosis, immunoprophylaxis. TB chemotherapeutic drugs.

*Corynebacterium*, general characteristics, classification. *Corynebacterium diphtheriae*, properties, pathogenicity factors, toxigenicity, biovars, sensitivity to environmental factors. Diphtheria, prevalence, pathogenesis, toxinemia, manifestations in the oral cavity, immunity, microbiological diagnostics, immunoprophylaxis. Medicines for immuno- and chemotherapy for diphtheria.

### **Pathogens of extremely dangerous and highly contagious infections.**

*Vibrio*, general characteristics, classification. *Vibrio cholerae*, properties, antigenic structure, serotypes, pathogenicity factors. Cholera, prevalence, pathogenesis, drugs for chemotherapy and immunization.

*Brucella*, general characteristics, classification, properties. Human brucellosis, pathogenesis, immunity, medicines for immunization.

The causative agent of *plague*, systematic position, general characteristics, pathogenicity factors. Pathogenesis, clinical forms, immunity, methods of microbiological diagnostics of plague. Medicines for immuno- and chemoprophylaxis of plague.

The causative agent of *tularemia*, general characteristics, pathogenicity factors. Pathogenesis, immunity. Live tularemia vaccine (B. Ya. Elbert, N. A. Gaysky).

*Bacilli*, the systematic position, classification. *Anthrax*, properties, pathogenicity factors. Anthrax in humans, pathogenesis, prevalence, immunoprophylaxis, manifestations in the oral cavity.

**Environmental Group of anaerobic bacteria.** Sensitive to oxygen and aerotolerant anaerobes. Sporogenous and asporogenous anaerobes. Gram-positive and Gram-negative anaerobes.

*Clostridium*, general characteristics, classification, sporulation.

*Clostridium tetani*, properties. Tetanus exotoxin. Pathogenesis of tetanus, immunity, passive and active immunoprophylaxis, immunotherapy.

*Clostridium* of anaerobic gas infections, properties, toxins. The pathogenesis of gas gangrene, medicines for immunization and serotherapy.

*Asporogenous gram-negative and gram-positive anaerobes.* Bacteroides, fusobacteria, peptococci, peptostreptococci, veillonella, characteristics, role in human pathology.

Principles of microbiological diagnostics of diseases caused by sporogenous and asporogenous anaerobes.

***Spirochetes***, systematic position, general characteristics, classification, role in the pathology of the oral cavity.

*Treponema*, general characteristics, classification. *Treponema pallidum*, morphology, tinctorial properties, antigenic structure, pathogenicity factors. The pathogenesis of syphilis, the principles of microbiological diagnostics in different periods of the disease, manifestations in the oral cavity.

*Leptospira*. Properties, pathogenicity factors. Leptospirosis, prevalence and pathogenesis.

*Borrelia*, properties, antigenic structure. Etiology and pathogenesis of epidemic relapsing fever. Etiology and pathogenesis of Lyme borreliosis.

***Rickettsiae***, systematic position, classification, general characteristics, morphological types, pathogenicity factors, role in human pathology.

***Chlamydia***, systematic position, classification, general characteristics, life cycle, elementary and reticular cells morphology, role in human pathology.

***Mycoplasma***, systematic position, classification, general characteristics. Mycoplasmas and ureaplasmas role in human pathology.

***Fungi***. Systematic position and classification of fungi. Human pathogenic fungi, morphology, biology, pathogenicity factors, the role in the pathology of the oral cavity.

### **3.2. General and special medical virology**

**General Virology.** History of viruses discovery (D. I. Ivanovsky). Objectives of Medical Virology, its relationship with other sciences, the value in the professional dentist's activities. Kingdom of viruses. Viruses as an independent form of organic matter existence. The main features that distinguish viruses from other forms of organic matter. Classification of viruses. Prions. Viroids.

*The morphology of viruses.* Forms of viruses existence. Morphology of virions of simple (non-enveloped) and complex (enveloped) viruses. Chemical composition of viruses.

*The reproduction of viruses.* Strict parasitism and cytotropism of viruses. Stages of viruses reproduction: adsorption, viropexis, deproteinization, the synthesis of early and late proteins, multiple replication of the genome, assembly of the virions, the release of virions from the cell. Abortive and lytic infection. Integrative infection of cells.

*Viruses of bacteria (bacteriophages).* The morphology of the phage particles, properties. Virulent and temperate phages, and the characteristics of their interaction with bacteria. Lysogenic infection. The use of bacteriophages for the diagnostics, treatment and prevention of bacterial infections.

*Viral diseases.* Viruses as a cause of cancer and infectious diseases. Prevalence of virus infections. The types of viral infections. Mechanisms of cells viral damage in the organism. Cytopathic and cytotoxic action of viruses. Immune-mediated damage. Immunotropic, tolerogenic, tumorigenic, teratogenic viruses. The persistence of virus in the host. The concept of slow infections of viral and prion origin, features of the pathogenesis.

*Antiviral immunity.* Factors of innate immunity. Cell unresponsiveness. Antiviral inhibitors. Natural killer cells. Mechanisms of antiviral activity of the complement system and phagocytes. Viral interference. Interferons, types, classes, properties. Antiviral, anti-tumor, immunomodulatory and radioprotective effects.

Acquired immunity to viral infections. Mechanisms of neutralization of infectivity of virions by antibodies. The cytotoxic effects of lymphocytes in virus infected cells.

The concept of *chemotherapy and chemoprophylaxis* of viral infections.

*Immunoprophylaxis and immunotherapy* of viral infections.

*Virological methods of investigation.* The study of viruses morphology. Methods for the isolation, indication and identification of viruses in chicken embryo. Cell culture. Methods for the isolation and identification of viruses in cell cultures. Cultivation of virus in laboratory animals. Serological diagnostics of viral infections. Neutralization of virus activity. Hemagglutination inhibition test. Rapid diagnostic methods: immunofluorescence, enzyme immunoassay and radioimmunoassay. Methods of molecular genetic analysis (molecular hybridization, PCR).

#### **RNA-genomic viruses.**

*Orthomyxoviruses*, characteristics, classification. *Influenza viruses A and B*, the structure of the virion, properties, antigenic structure, serotypes, antigenic variability and its consequences. Influenza, prevalence, pathogenesis, immunity virological diagnostic methods. Medicines for specific therapy, immunotherapy and chemoprophylaxis of influenza.

*Paramyxoviruses*, characteristics, classification. Parainfluenza viruses, structure, properties, serotypes. Pathogenesis, immunity. Mumps virus, structure, properties. Pathogenesis, immunity, specific prevention of mumps. Pneumovirus, structure, properties, pathogenicity for humans.



Measles virus, structure, properties. Measles, prevalence, pathogenesis, immunity, medicines for active and passive immunization.

*Retroviruses*, characteristics, classification. Human immunodeficiency virus (HIV-1, HIV-2), virion morphology, genome, antigenic structure, propagation in T-lymphocytes, sensitivity to physical and chemical factors. HIV infection, prevalence, route of infection, groups at high risk of infection. Development of immunodeficiency and its characteristics. AIDS and its manifestations. HIV-associated opportunistic infections and tumors. Diagnosis of HIV infection, causal treatment. Prevention of AIDS and its complications.

*Rhabdoviridae*, characteristics, family composition. Rabies virus properties. Route of human infection, pathogenesis, virological diagnostics. L. Pasteur role in the development of vaccines. Modern rabies vaccine and gamma globulin to prevent rabies, indications for use.

#### **DNA-genomic viruses.**

*Herpesviruses*, characteristics, composition of the family, resistance to physical and chemical factors, oncogenic properties.

Herpes simplex viruses 1 and 2 (HSV-1, HSV-2), properties. Pathogenesis of herpetic infections, immunity, diagnostics, chemotherapy and immunotherapy. Varicella-zoster virus, properties. Pathogenesis, immunity, prevention of varicella and herpes zoster.

Cytomegalovirus (beta-herpesviruses), properties, form of the infection. Epstein-Barr virus (gamma-herpesviruses) properties, form of the infection. Herpes viruses 6, 7, 8 serotypes and their role in human pathology.

*Adenovirus*, characteristics, tumorigenicity. Human adenoviruses, virion structure, properties, serotypes. Pathogenesis, immunity.

**Hepatitis viruses.** Classification (HAV, HBV, HCV, HDV, HEV, TTV, SEN).

Hepatitis A virus, structure and properties. Prevalence, route of infection, pathogenesis, immunity, diagnostics, specific and nonspecific prophylaxis.

Hepatitis B virus, morphological and antigenic structure, tumorigenicity. Pathogenesis of hepatitis B, immunity, diagnostics, specific and nonspecific prophylaxis. Delta infection, pathogenesis.

Hepatitis C, D, E viruses, characteristics.

### **3.3. Microbiology and immunology of the oral cavity**

**Oral microflora.** Autochthonous, allochthonous, random oral microflora. The composition of autochthonous microflora. Gram-positive and Gram-negative cocci: oral and other streptococci, their properties, pathogenetic significance; staphylococci, *Veillonella*, *Neisseria*. Gram-positive and Gram-negative bacilli (*Lactobacilli*, *Propionibacteria*, *Actinomycetes*, *Actinobacilli*, *Bacteroides*, *Prevotella*, *Fusobacteria*, *Leptotrichia*), their pathogenic significance. Curved form: *Vibrio*, *Spirochetes*. *Mycoplasma*, fungi, protozoa. Transitory oral microflora.

The ontogeny of the normal microflora. Composition of the microflora of the mouth in the first hours after birth, before and after the appearance of the teeth and in elderly persons.

Microbial flora of specific areas of the mouth. Microflora of saliva, composition, quantitative content of various species.

Composition of the tongue and soft tissues microflora. The mechanisms of microorganisms adhesion.

Microflora of dental plaque, the quantitative content. Role of microorganisms in all stages of the dental plaque formation and their relationship.

The microflora of the periodontal pocket. Qualitative and quantitative composition.

The influence of genetic and non-genetic factors on the microflora of the mouth. Influence of environmental factors and physiological features of the host oral cavity on the biotope microflora.

The role of saliva, the presence or absence of teeth, removable and non-removable prosthesis, defects and anomalies of the teeth-jaw system, the diet, bad habits, oral cavity good hygiene.

Value of the normal oral flora — positive (biological barrier, immunization and immunostimulatory function, metabolic and digestive function, role in the self-cleaning of the mouth) and negative. Normal microflora as a potential reservoir of infection. Dysbiosis of the oral cavity.

Methods for the study of oral microflora in normal and pathological processes.

#### **Immune mechanisms in the oral cavity.**

**Nonspecific protection factors.** Protective mechanisms of saliva: mineralization. mechanical and detoxification functions, antimicrobial factors of saliva (lysozyme, beta-lysin, lactoperoxidase, salivary proteins of the complement system, interferons and viral inhibitors), the aggregation function of saliva, role in reducing of the virulence and calcification microbes, saliva enzymes. Role of leukocytes and natural antibodies. Protective mechanisms of the mucous membranes: mucous barrier properties, mechanical removal of microorganisms, phagocytosis. Protective mechanisms of gingival fluid, composition, the bactericidal properties of gingival fluid, phagocytosis. The protective role and properties of the tooth enamel. Defense mechanisms of the normal microflora.

**Specific protective factors.** The role of antibodies and T lymphocytes in protection against infection. Humoral immune response. Local immunity of the oral cavity. Function of secretory immunoglobulin A. Cellular immune response and its manifestations in the oral cavity.

Immunological processes in the mouth. Allergic and autoimmune reactions role in the etiology and pathogenesis of stomatitis of various etiology. The role of immunodeficiency states in diseases of the mouth.

### **3.4. Dental Clinical Microbiology**

Objectives, methods, objects of dental clinical microbiology study.

#### **Nonspecific infectious processes in the oral cavity and their features.**

Dental diseases and their complications. Caries, definition, prevalence, etiology. Etiologically important microorganisms. Role of *Streptococcus mutans* in the etiology of dental caries and its biological properties. Pathogenesis of dental caries. Conditions for the development of caries. Caries resistance. Nonspecific and specific prevention of dental caries.

Microflora in inflammatory processes of the oral cavity. The role of microorganisms in the development of odontogenic inflammation, pathogenesis. Microorganisms in exudative, alternative and proliferative odontogenic inflammation. Pulp, its protective role. Routes of pulp infection. Microflora in acute and chronic pulpitis. Apical periodontitis, microflora in acute and chronic apical periodontitis. Microflora in purulent periostitis.

The role of bacteria in disease and periodontal tissue damage. Classification of inflammatory periodontal disease. Periodont-pathogenic microorganisms, properties, pathogenicity factors, prevalence. Gingival recession (anatomical, physiological, symptomatic). Etiology and pathogenesis of catarrhal and ulcerative gingivitis, the role of microorganisms. Etiology and pathogenesis of marginal periodontitis, the role of microorganisms and their metabolic products. Juvenile periodontitis.

Immunology of periodontal disease, prevention and antimicrobial treatment. The role of microorganisms in the formation of tartar, its pathogenetic role, prevention and treatment.

The role of microorganisms in inflammatory diseases of the oral mucosa. Classification according to the involvement of microorganisms. The role of microorganisms in acute and chronic, superficial and deep stomatitis.

***Bacterial pathogens of specific stomatitis.***

The lesions of mucosal and other tissues of maxillofacial area in actinomycosis, tuberculosis, leprosy, syphilis, scarlet fever, diphtheria, typhoid fever, anthrax, gonorrhea, whooping cough. Etiological role of microbes, pathogenesis, microbiological diagnostics, prevention.

Fusospirochaetal infection, etiology, pathogenesis, complications, microbiological diagnostics.

Pathogens of fungal stomatitis: candida glossitis, cheilitis, gingivitis, stomatitis (thrush). Factors contributing to their development.

Viral stomatitis. Etiology and pathogenesis of acute and recurrent herpetic stomatitis. Stomatitis in influenza, parainfluenza, measles, mumps, adenovirus infection, rubella, chickenpox, infectious mononucleosis. Enteroviral stomatitis. Stomatitis in HIV infection.

The role of microorganisms in the development of complications of nonspecific stomatitis.

***Purulent-septic stomatogenic infection.***

Opportunistic infections in dentistry, prevalence, conditions for the development, manifestations, methods of microbiological diagnostics. Opportunistic microbes, systematic position, differences from the non-pathogenic microbes. Criteria for assessing the etiological significance of microbes isolated from pathological focus.

Etiology and pathogenesis of septic stomatogenic infections (bacteremia, sepsis, bacterial shock, inflammatory diseases of the skin, subcutaneous tissue and soft tissue of the maxillofacial region). Microbiological diagnostics.

Etiology, pathogenesis, microbiological diagnostics of stomatogenic bronchopulmonary diseases.

Hospital-acquired infections, the definition, prevalence, socio-economic consequences, the etiological structure. Hospital ecovars and strains of nosocomial pathogens. Obligate pathogens — agents of nosocomial infections. Exogenous and endogenous opportunistic pathogens — agents of nosocomial infections. Conditions of development, pathogenesis, immunity, diagnostics, prevention of nosocomial infections. Antiepidemic measures in stomatological institutions.

**Requirements for the student's knowledge at the end of the discipline.**

As a result of the discipline study the student **must know:**

- morphology, physiology, genetics, antigenic structure, ecology of bacteria, viruses, fungi, protozoa, principles of taxonomy and nomenclature of microorganisms;
- etiology and general regularities of infections development, fundamentals of immunization and causal treatment of infections caused by obligatory pathogenic and opportunistic agents;
- pathogenic factors, genetic control, mechanisms and the molecular pathogenesis of bacterial, viral, fungal, and protozoal infections;

- characteristics of the human immune system, influence of immune factors on the microflora of the mouth in normal and pathological conditions, manifestations of allergic, autoimmune and immunodeficiency conditions in the oral cavity;

- microbiological, immunological and molecular biological methods for diagnostics of bacterial, viral, fungal infections, and protozoal invasions.

**must:**

- draw request forms for microbiological, immunological and molecular biological investigation;

- evaluate the results of microbiological, immunological and molecular biological investigation;

- evaluate the results of microorganisms sensitivity to antibiotics and antiseptics testing;

- evaluate immunograms and immunity factors of the oral cavity;

- monitor compliance with sanitary and anti-epidemic measures in dentistry;

- perform and evaluate the results of the serological tests: agglutination test in tubes. passive hemagglutination, latex-agglutination test, complement fixation test, immunofluorescence test, enzyme-linked immunosorbent assay (ELISA);

- perform and evaluate the results of polymerase chain reaction (PCR).

**must have:**

- skills in safe handling of biological material and cultures of microorganisms;

- skills in techniques of microbiological smears preparation and staining them by simple and Gram methods;

- skills in techniques of immersion light microscopy with an evaluation of the results;

- skills in collection of material from the oral cavity for microbiological immunological and molecular-biological investigation;

- skills in bacteria culturing techniques for the isolation of a pure culture;

- skills in decontamination of waste biological material and environmental objects and dental instruments contaminated with microorganisms.

**LIST OF ASSESSMENT TOOLS USED**

For the assessment of competencies, the following forms are used:

- |                   |                                            |
|-------------------|--------------------------------------------|
| - Oral form:      | - Interviews                               |
|                   | - Colloquia                                |
|                   | - Oral credit                              |
|                   | - Oral exam                                |
| - Written form:   | - Quizzes                                  |
|                   | - Control quizzes                          |
|                   | - Written reports on laboratory work       |
|                   | - Evaluation based on module-rating system |
| - Technical form: | - Computer tests                           |

**List of tasks and control measures for assessment  
of students' independent work in the academic discipline**

- preparation for lectures and laboratory classes;
- preparation for colloquia, credits and exam in the discipline;
- the study of questions designated for independent study;
- the study of topics and issues not covered by lectures and laboratory classes;
- problem solving;
- the execution of research and creative tasks;
- preparation of thematic reports, abstracts, presentations;
- practical tasks;
- synopsis preparation;
- preparation of the review of scientific literature on a given topic;
- preparation of informational and demonstration materials (posters, tables, etc.);
- production of laboratory tutorials;
- compilation of a collection of literature and Internet sources.

**BASIC METHODS OF INDIVIDUAL WORK ORGANIZATION:**

- preparation and presentation of the essay;
- oral presentations in given topic;
- study of topics not covered by lectures and laboratory classes;
- preparation of synopsis (monographs, textbooks);
- computer testing;
- preparation of tutorials;
- preparation and participation in the active forms of learning.

**CONTROL OF INDEPENDENT STUDY IS CARRIED OUT IN THE FORM OF:**

- control work;
- concluding test, colloquia, oral interview, written work, tests;
- abstract presentation;
- defending of educational tasks;
- defending of laboratory classes protocol;
- assessment of oral answer, message, report or problem solution;
- assessment of essays and written reports;
- assessment of synopsis of monographs and articles;
- individual interviews.

**REFERENCES**

**TEXTBOOK**

1. *Generalov, I. I.* Medical microbiology, virology and immunology : Lecture course for students of medical universities. Part 1. General microbiology and medical immunology / I. I. Generalov. Vitebsk : VSMU, 2016. 387 p.
2. *Generalov, I. I.* Medical microbiology, virology and immunology : Lecture course for students of medical universities Part 2. Medical bacteriology and medical virology / I. I. Generalov. Vitebsk : VSMU, 2016. 391p.
3. *Stomatological microbiology, virology, immunology : пособие / Д. А. Черношей [и др.].* Минск : БГМУ, 2020. 152 с.
4. *Review of Medical Microbiology and Immunology.* 15th ed. by Warren Levinson. 2018. 833 p.
5. *Manual of Clinical Microbiology.* 11th ed.; editor in chief J. H. Jorgensen. American Society for Microbiology. 2015. 2892 p.

**COMPLEMENTARY LITERATURE**

1. *Color Atlas of Medical Bacteriology / L. M. de la Maza [et al.].* 3rd ed. 2020. 464 p.
2. *Xuedong Zhou Yuqing Li Atlas of Oral Microbiology: From Healthy Microflora to Disease / Xuedong Zhou Yuqing Li.* Zhejiang University Press, 2020. 360 p.
3. *Murray, P. R.* Medical Microbiology / P. R. Murray, K. S. Rosenthal, M. A. Pfaller. 9th ed. Elsevier Inc., 2021. 987 p.
4. *Cornelissen, C. N.* Lippincott Illustrated Reviews: Microbiology / C. N. Cornelissen, M. M. Hobbs. 4th ed. Philadelphia : Wolters Kluwer, 2020. 460 p.

**INTERNET SOURCE**

<http://www.bsmu.by>  
<http://www.ada.org>  
<http://www.asm.org>  
<http://www.forsyth.org>  
<http://www.iadr.org>  
<http://www.nidcr.nih.gov>  
<http://www.nih.gov>

Belarusian State Medical University  
 American Dental Association  
 American Society for Microbiology  
 The Forsyth Institute  
 International Association for Dental Research  
 The National Institute of Dental and Craniofacial Research  
 The National Institutes of Health

This site provides important information  
 This site provides important information about practicing good oral hygiene  
 This organization provides valuable resources about bacteria and microorganisms.  
 This institute is a leader in oral biology research.  
 This association provides valuable resources about oral care and research in dentistry.  
 This site provides information about dental research funding in America.  
 The site provides information about grants and research funding in America.

## LABORATORY SAFETY PROCEDURES

1. Place all extra clothing, unnecessary books, purses, backpacks, and paraphernalia in an appropriate place. Racks are provided for these materials. The laboratory work area must be kept free of articles not actually in use.

2. Eating, drinking, and smoking are forbidden at all times in the laboratory.

3. Keep your locker or laboratory door clean. Do not allow your locker drawer to become filled with cultures that have no value in your current work.

4. Return all reagents, cultures, and glassware to their appropriate places.

5. Wear a laboratory coat, smock, or lab apron when working in the laboratory. This will protect clothing from contamination or accidental discoloration by staining solutions.

6. Do not place anything in your mouth while in the laboratory. This includes pencils, food, and fingers. Learn to keep your hands away from your mouth and eyes.

7. Avoid contamination of benches, floor, and wastebaskets.

8. Clean your work area (laboratory bench) with a phenolic disinfectant such as 5 % Lysol or 5 % phenol or a quaternary compound such as cetylpyridinium (Ceepyrn) before and after each laboratory period. This standard procedure lessens the chance for accidental infection as well as for contamination of cultures.

9. Special receptacles will be provided for infectious materials and used glass slides. Place all discarded cultures and contaminated glassware into these receptacles. Do not let unwanted and unneeded materials accumulate. Tall jars filled with a solution such as 5 % Lysol or special receptacles will be provided for pipettes.

10. When infectious material is accidentally spilled, cover it immediately with a disinfectant such as 5 % Lysol or 5 % phenol and notify your instructor at once.

11. Flame wire loops and needles before and immediately after transfer of cultures. Do not move through the laboratory with a loop or pipette containing infectious material.

12. Wash your hands thoroughly before and after each experiment, using disinfecting soap if possible.

13. Label all experimental material with your:

a. Name \_\_\_\_\_

b. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

c. Exercise number Ex. 5

14. Telephone number to call in case of an emergency 101, 103.

## Practical class 1. METHODS IN DIAGNOSTIC MICROBIOLOGY. MICROSCOPIC METHOD OF EXAMINATION (MME). BASIC MORPHOLOGICAL FORMS OF BACTERIA. SIMPLE METHODS OF STAINING

### Suggested reading for self-study:

History of the microbiology, virology, immunology department; main spheres of activity and trends in research. Design and equipment of microbiological laboratory, biosafety levels. Basic rules of work in microbiological laboratory (biosafety in work with class II biohazards). Universal precautions in work with burners and electric supplies.

Taxonomy of microorganisms: classification and nomenclature. Modern approaches to taxonomy of microorganisms. Taxonomic ranks. Vars (types), strains, clones, pure cultures.

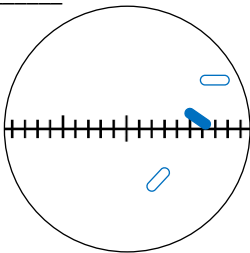
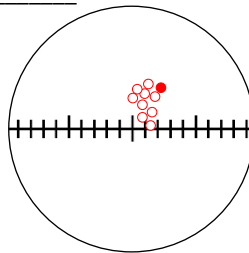
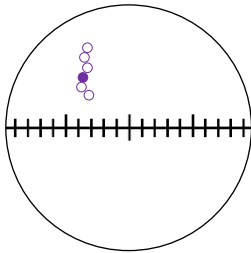
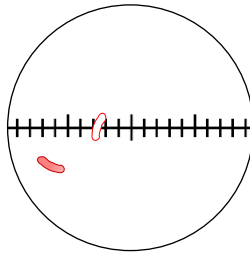
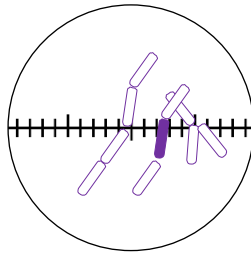
Basic morphological forms of bacteria. Morphological characteristics of cocci, rods and spiral-shaped bacteria.

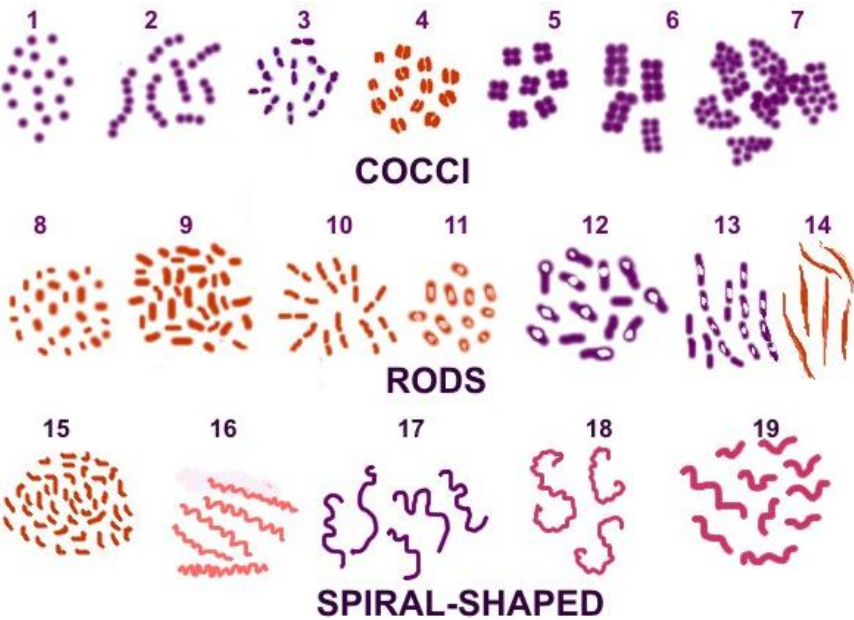
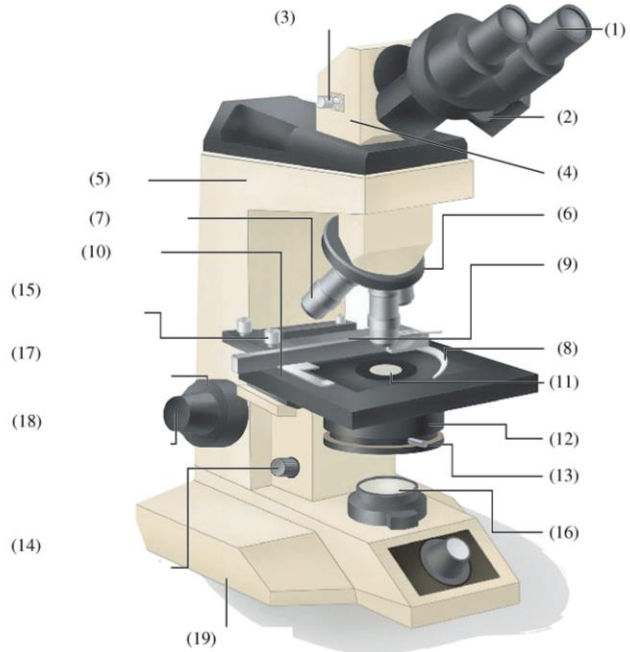
Microscopic method of examination: tasks, procedure, method evaluation. Bright-field light microscope: components and proper use of the microscope. Smear preparation and fixation. Simple methods of staining. The technique of oil immersion microscopy.

Signature of the tutor

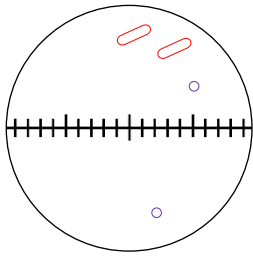
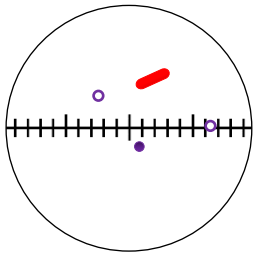
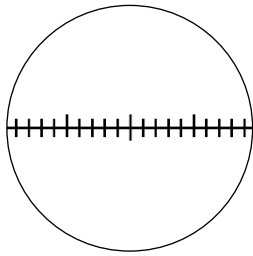
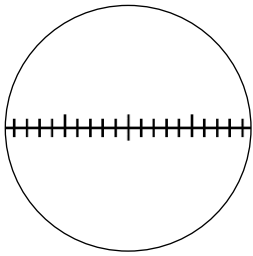
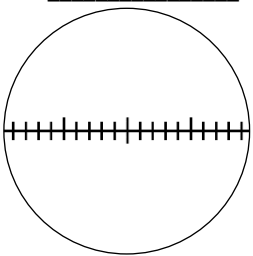
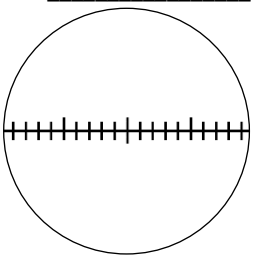
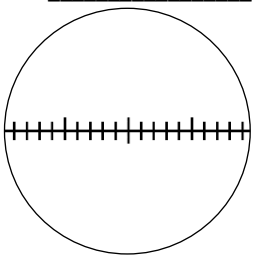
Oral quiz	Laboratory work	Individual work	Tests	Total results

### Laboratory work

Laboratory exercises	Laboratory report			
<p>1. Prepare heat-fixed slide of <i>Escherichia coli</i>, cultured on agar medium, stain with methylene blue, examine under the oil immersion lens and complete the report.</p> <p>2. Prepare heat-fixed slides of <i>Staphylococcus spp.</i>, cultured on liquid medium, stain with basic fuchsin, examine under the oil immersion lens and complete the report.</p> <p>3. Complete the drawings of slides seen in demonstration room:</p> <ul style="list-style-type: none"> <li>– <i>Streptococcus spp.</i>, pure culture, stained with crystal violet;</li> <li>– <i>Vibrio spp.</i>, pure culture, stained with basic fuchsin;</li> <li>– <i>Bacillus spp.</i>, pure culture, stained with crystal violet.</li> </ul>	<p><b>1</b> Smear _____ Stain _____</p> 	<p><b>2</b> Smear _____ Stain _____</p> 		
	<p><b>3</b> Smear _____ Stain _____</p> 	<p><b>4</b> Smear _____ Stain _____</p> 	<p><b>5</b> Smear _____ Stain _____</p> 	

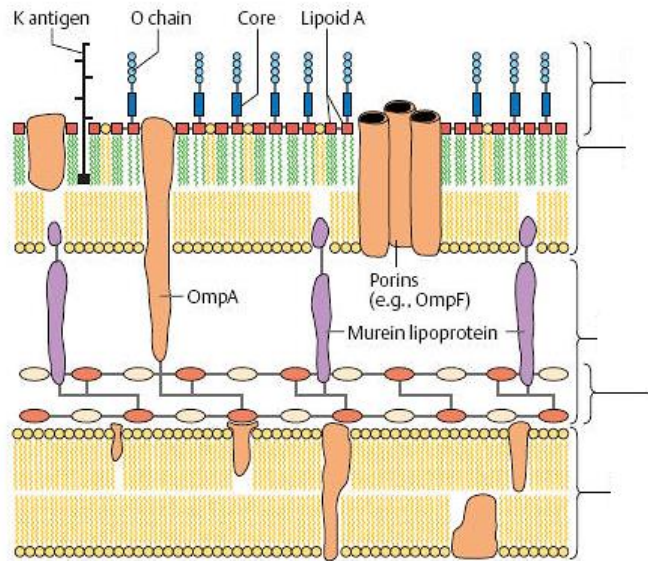
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<div style="text-align: center;">  <p><b>COCCI</b></p> <p><b>RODS</b></p> <p><b>SPIRAL-SHAPED</b></p> </div>	<p><b>Fill the numbers in the table according to the picture above:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px;"></td><td>bacterium</td></tr> <tr><td></td><td>bipolar-staining bacterium</td></tr> <tr><td></td><td>clostridium</td></tr> <tr><td></td><td>coccobacterium</td></tr> <tr><td></td><td>diplobacterium</td></tr> <tr><td></td><td>diplococcus</td></tr> <tr><td></td><td>fusobacterium</td></tr> <tr><td></td><td>micrococcus</td></tr> <tr><td></td><td>sarcinae</td></tr> <tr><td></td><td>spirillum</td></tr> <tr><td></td><td>spirochete (borrelia)</td></tr> <tr><td></td><td>spirochete (leptospira)</td></tr> <tr><td></td><td>spirochete (treponema)</td></tr> <tr><td></td><td>staphylococcus</td></tr> <tr><td></td><td>streptobacillus</td></tr> <tr><td></td><td>streptococcus</td></tr> <tr><td></td><td>tetrad</td></tr> <tr><td></td><td>vibrio</td></tr> </table>		bacterium		bipolar-staining bacterium		clostridium		coccobacterium		diplobacterium		diplococcus		fusobacterium		micrococcus		sarcinae		spirillum		spirochete (borrelia)		spirochete (leptospira)		spirochete (treponema)		staphylococcus		streptobacillus		streptococcus		tetrad		vibrio	<p style="text-align: center;"><b>Biosafety Levels for Infectious Agents BSL</b></p> <p style="text-align: center;"><i>Fill in the empty cells examples of microorganisms in accordance with the level of risk</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Agents that typically do not cause disease in healthy adults; they generally do not pose a disease risk to humans</td> <td style="width: 30%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">Agents that can cause disease in healthy adults; they pose moderate disease risk to humans</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Agents that can cause disease in healthy adults; they are airborne and pose a more serious disease risk to humans</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Agents that can cause disease in healthy adults; they pose lethal disease risk to humans; no vaccines or therapy available</td> <td></td> <td></td> </tr> </table>		Agents that typically do not cause disease in healthy adults; they generally do not pose a disease risk to humans			Agents that can cause disease in healthy adults; they pose moderate disease risk to humans			Agents that can cause disease in healthy adults; they are airborne and pose a more serious disease risk to humans			Agents that can cause disease in healthy adults; they pose lethal disease risk to humans; no vaccines or therapy available		
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Agents that can cause disease in healthy adults; they are airborne and pose a more serious disease risk to humans																																																			
Agents that can cause disease in healthy adults; they pose lethal disease risk to humans; no vaccines or therapy available																																																			
<p><b>Questions for self-control and discussion:</b></p> <ol style="list-style-type: none"> <li>1. What are the two purposes of heat fixation?</li> <li>2. What is the purpose of simple staining?</li> <li>3. Why are basic dyes more successful in staining bacteria than acidic dyes?</li> <li>4. Name three basic stains.</li> <li>5. Why is time an important factor in simple staining?</li> <li>6. How would you define a properly prepared bacterial smear?</li> <li>7. Why should you use an inoculating needle when making smears from solid media? An inoculating loop from liquid media?</li> <li>8. Why is oil necessary when using the 90× to 100× objective?</li> <li>9. What are three bacterial shapes that you have observed?</li> <li>10. How can you increase the resolution on your microscope?</li> <li>11. In microbiology, what is the most commonly used objective?</li> </ol>	<p style="text-align: center;"><b>STEPS OF THE MICROSCOPIC METHOD OF EXAMINATION</b></p> <p style="text-align: center;"><b>(WRITE IN THE CELL)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; text-align: center;"><b>1</b></td><td></td></tr> <tr><td style="text-align: center;"><b>2</b></td><td></td></tr> <tr><td style="text-align: center;"><b>3</b></td><td></td></tr> <tr><td style="text-align: center;"><b>4</b></td><td></td></tr> <tr><td style="text-align: center;"><b>5</b></td><td></td></tr> </table>	<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>		<p style="text-align: center;"><b>Write the names of the parts of a microscope</b></p> <div style="text-align: center;">  </div>																																							
<b>1</b>																																																			
<b>2</b>																																																			
<b>3</b>																																																			
<b>4</b>																																																			
<b>5</b>																																																			

**Practical class 2. MME. THE MORPHOLOGY AND FINE STRUCTURE OF BACTERIA. DIFFERENTIAL METHODS OF STAINING.**  
**THE MORPHOLOGY OF THE SPIROCHETES, ACTINOMYCES, RICKETTSIA, CHLAMYDIA, MYCOPLASMAS**

<b>Suggested reading for self-study:</b> Distinctive features of prokaryotic and eukaryotic cells. Basic bacterial cell structure: components of bacterial cell. The composition, function, detection methods of bacterial cell wall. Gram stain: medical application, principles, procedure for Gram stain. The composition, function of capsule, flagella, pili (fimbriae) and methods for their detection. Detection of capsule using negative staining. The cytoplasmic membrane: structure, function. The most important bacterial cytoplasmic membrane proteins. Bacterial core: cytoplasm, cytoplasmic structures (nucleoid, plasmids, ribosomes, and mesosomes). Inclusion bodies — storage granules (starch, fat, sulfur, polymetaphosphate (volutin)). Methods for nucleoid and volutin detection. Loeffler and Neisser stain for volutin granules. Acid-fast bacteria and unique properties of their cell wall. Ziehl-Neelsen acid-fast staining: medical application, principle, procedure. Bacterial forms with defective cell wall (protoplasts, spheroplasts and L forms): factors inducing cell wall removal, medical importance of L-forms. Resting forms of microorganisms, detection methods. Taxonomy, morphology, medical significance of the Spirochetes, Actinomyces, Rickettsiae, Chlamydiae, Mycoplasmas. Romanowsky-Giemsa stain. Dark-field light microscopy. Phase-contrast light microscopy. Fluorescence microscopy.		<b>Signature of the tutor</b> _____									
							Oral quiz	Laboratory work	Individual work	Tests	Total results
<b>Laboratory work</b>											
<b>Laboratory exercises</b>		<b>Laboratory report</b>									
1. Prepare heat-fixed slide of the mixed culture of <i>Escherichia coli</i> (gram-negative) and <i>Staphylococcus aureus</i> (gram-positive), Gram stain, examine under oil immersion and complete the report. 2. Complete the drawings of slides seen in demonstration room: – slide with capsule of <i>Klebsiella pneumoniae</i> , negative staining; – slide with mixture of <i>Escherichia coli</i> (gram-negative) and <i>Staphylococcus aureus</i> (gram-positive), Gram stain; – slide with volutin granules of <i>Corynebacterium diphtheriae</i> , Loeffler staining; – slide with volutin granules of <i>Corynebacterium diphtheriae</i> , Neisser staining; – slide of the mixed culture of acid-fast and acid-labile microorganisms, staining Ziehl-Neelsen.	<b>1</b> Smear _____ Stain _____ 	<b>2</b> Smear _____ Stain _____ 	<b>3</b> Smear _____ Stain _____ 	<b>4</b> Smear _____ Stain _____ 							
	<b>5</b> Smear _____ Stain _____ 	<b>6</b> Smear _____ Stain _____ 	<b>7</b> Smear _____ Stain _____ 								



# INDIVIDUAL WORK (See continued on page 18)



A

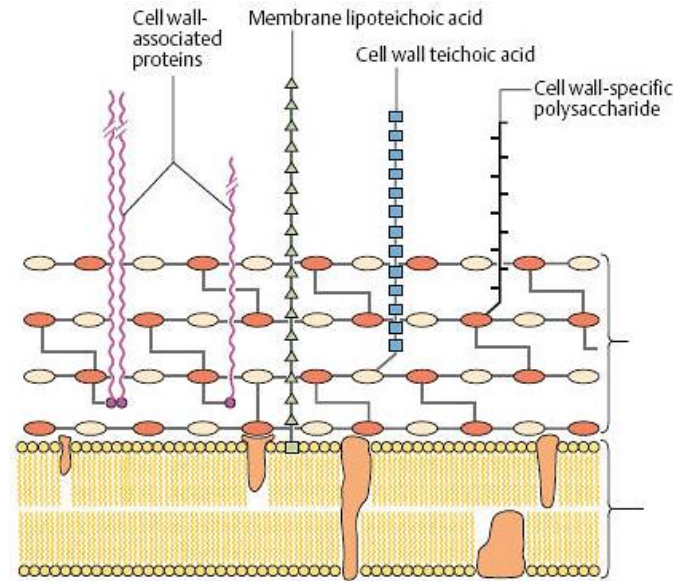
1

2

3

4

5



B

4

5

Write the component name of the wall

1

2

3

4

5

A

B

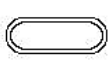
Paint bacteria by Gram' stage:

GRAM +

GRAM -



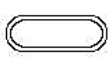
Fixation



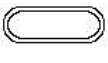
Crystal Violet



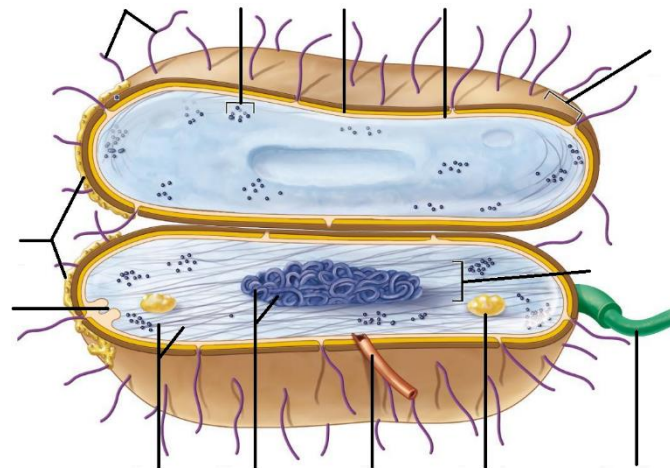
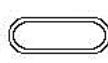
Iodine treatment



Decolorization



Counter stain (safranin)



Enter the cell names of structures

1 —

2 —

3 —

4 —

5 —

6 —

7 —

8 —

9 —

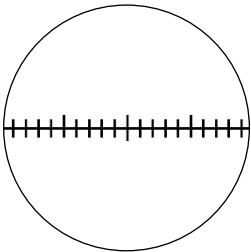
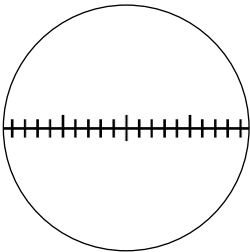
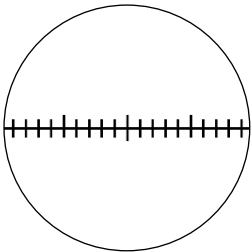
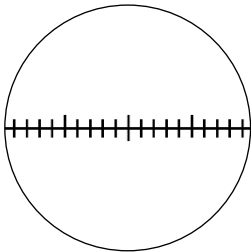
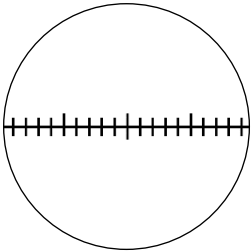
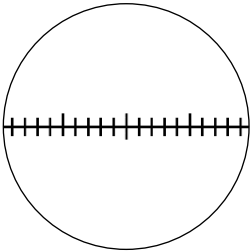
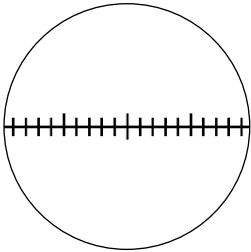
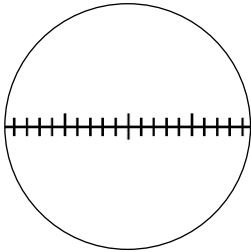
10 —

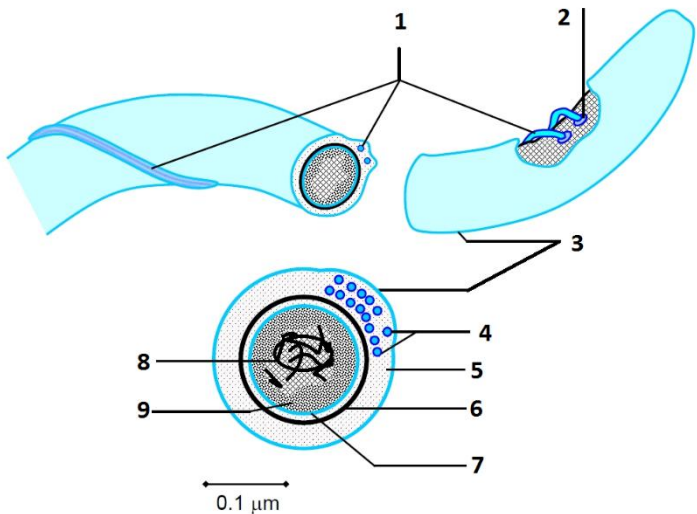
11 —

12 —

13 —




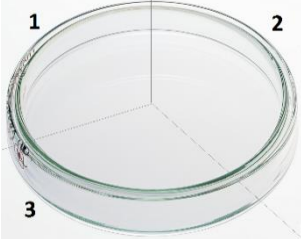


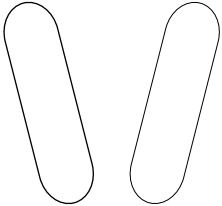
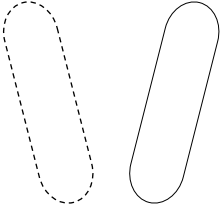
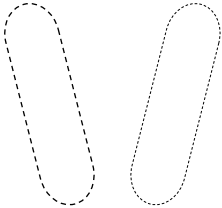
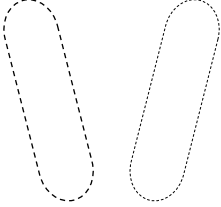
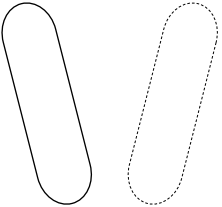
Laboratory exercises	Laboratory report			
<p>3. Complete the drawings of slides seen in demonstration room:</p> <ul style="list-style-type: none"> <li>– slide with <i>Treponema denticola</i> in dental plaque, Gram stain;</li> <li>– <i>Leptospira</i> spp., dark-field microscopy;</li> <li>– <i>Borrelia recurrentis</i> in the blood of patient with relapsing fever, Romanowsky-Giemsa stain;</li> <li>– <i>Chlamydia</i> inclusions in cytoplasm of host-cell, Romanowsky-Giemsa stain;</li> <li>– slide with <i>Actinomyces</i> spp., pure culture, Gram stain;</li> <li>– slide with spores of <i>Bacillus anthracis</i>, <i>Ozheshko staining</i>;</li> <li>– slide with <i>E. coli</i>, pure culture, acridine orange stain.</li> </ul>	<p><b>1</b> Smear _____ Stain _____</p> 	<p><b>2</b> Smear _____ Stain _____</p> 	<p><b>3</b> Smear _____ Stain _____</p> 	<p><b>4</b> Smear _____ Stain _____</p> 
	<p><b>5</b> Smear _____ Stain _____</p> 	<p><b>6</b> Smear _____ Stain _____</p> 	<p><b>7</b> Smear _____ Stain _____</p> 	<p><b>8</b> Smear _____ Stain _____</p> 

INDIVIDUAL WORK							
<b>Morphology of Spirochetes (write in cells names of structures)</b> Endoflagella (axial filaments) beneath outer membrane, Basal body, Outer membrane, Endoflagella, Periplasm, Cell wall (peptidoglycan), Inner (cell/plasma) membrane, DNA in nucleoid, cytoplasm			<b>Confront Gram-positive and Gram-negative bacteria</b>				
			1				
			2		Number of peptidoglycan layers		
			3		Overall thickness in nm		
			4		Specific compounds		
			5		Interbridges between tetra peptides of neighbor glycan chains		
			6		Outer membrane		
			7		Periplasmic space		
			8		Porin proteins		
			9		Permeability		
			<b>The technique of Gram stain (write the component and exposure time)</b> Component: crystal violet, tap water, basic fuchsin or safranin, ethanol, iodine			Secretion systems	
Flagella fixation in cell envelope							
	Component	Exposure time, sec	Main mechanisms of genetic exchange				
1			Cell wall deficient forms in vitro				
2			Ability to produce spores				
3			Ability to produce long filamentous				
4			Susceptibility to Lysozyme				
5			Adhesion by pili				
6			Pathogenicity islands				
7	Tap water (wash slide thoroughly)	5	Gram stain (fill)				

INDIVIDUAL WORK				
Questions for self-control and discussion			Questions for self-control and discussion	
What is the function of the iodine solution in the Gram stain? If it were omitted, how would staining results be affected?		Result — draw	For what diseases would you use an acid-fast stain?	
What is the purpose of the alcohol solution in the Gram stain?			What chemical is responsible for the acid-fast property of mycobacteria?	
What counterstain is used? Why is it necessary? Could colors other than red be used? What is the advantage of the Gram stain over the simple stain?		Result — draw	How should the acid-fast stain of a sputum specimen from a patient with suspected pulmonary Nocardia infection be performed?	
Describe at least two conditions in which an organism might stain gram variable.			Is a Gram stain an adequate substitute for an acid-fast stain? Why?	
Which step is the most crucial or most likely to cause poor results in the Gram stain? Why?			Are acid-fast bacteria gram positive or gram negative? Explain your answer.	
Why must young cultures be used when doing a Gram stain? What is meant by gram variable?			Why is it important to know whether bacterial cells possess flagella, or endospores?	
What part of the bacterial cell is most involved with Gram staining, and why?			What do endospore stains have in common with the Ziehl-Neelsen acid-fast stain? Is bacterial sporulation a reproductive process? Explain.	
What is an advantage of negative staining?			What is the purpose of the heat during the acid-fast staining procedure?	
Why is negative staining also called either indirect or background staining?			Why are endospores so difficult to stain?	

## Practical class 3. MOLECULAR BASIS OF BACTERIAL GENETICS. MOLECULAR METHODS OF INFECTIOUS DISEASES DIAGNOSIS AND BACTERIAL GENETIC INVESTIGATIONS

<b>Suggested reading for self-study:</b> The structure of bacterial genetic apparatus. Regulation of gene expression. General properties and varieties of plasmids. Detection of plasmids. Bacterial variability: phenotypic and genetic. Practical significance of bacterial variability. Mechanisms of genetic variability: Mutation and recombination. Classification of mutations. Methods of mutant bacteria selection. Molecular methods: tasks, specimens for investigation, advantages of the methods. Molecular hybridization: test materials, DNA extraction, components of DNA hybridization reaction, molecular probes, detection of DNA hybrid duplexes, interpretation of results. Equipment. Practical application of molecular hybridization method. Polymerase chain reaction (PCR): test materials, principle, DNA extraction, components of PCR reaction mixture, primers, PCR thermal cycle, detection of amplicons, interpretation of results. Equipment for PCR. Practical application of PCR.		<b>Signature of the tutor</b> <hr/>				
		Oral quiz	Laboratory work	Individual work	Tests	Total results
<b>Laboratory work</b>						
<b>Laboratory exercises</b>	<b>Laboratory report</b>					
1. Perform the bacterial conjugation experiment: – prepare the mating mixture by aseptically transferring 0.5 ml of an overnight meat-peptone both culture of donor and recipient <i>E. coli</i> into the separate tube; – mix and incubate at 37 °C for 1 hours; – confirm the resistance status and leucine and threonine production by the culturing donor, recipient and recombinant <i>E. coli</i> on minimal medium supplemented with streptomycin.	In bacterial conjugation experiment donor <i>E. coli</i> is susceptible to streptomycin and synthesize threonine and leucine. Recipient <i>E. coli</i> displays complementary properties: resistant to streptomycin and unable to synthesize threonine and leucine. Recombinants of these two strains will have combination of either the donor or recipient strains' characteristics and can be readily detected by using selective minimal media.	<b><i>E. coli</i> D (donor)</b> $F^+$ $tre^+$ $leu^+$ $str^S$	<b>3</b> 	<b>Recombinant <i>E. coli</i></b> $F^-$ $tre^-$ $leu^-$ $str^R$	<b><i>E. coli</i> R (recipient)</b> $F^-$ $tre^-$ $leu^-$ $str^R$	<b>2</b> 
		<b>1</b> 		<b>1 — donor</b> <b>2 — Recipient</b> <b>3 — recombinant</b>	Registration of THE results after 24 hours incubation at 37 °C	
			Minimal medium without <b>threonine</b> and leucine, with streptomycin 100 µg/ml			

INDIVIDUAL WORK				
Bacterial conjugation 'I'- Draw a process diagram				
0 min	2 min	10 min	15 min	20 min
	Pilus formation 	DNA replication with continued pilus formation 	DNA transfer 	Conjugates separate 

INDIVIDUAL WORK	
The polymerase chain reaction (PCR), complete cells	
Stages	Amplification
Evaluation of method	Practical application

## Practical class 4. BACTERIOLOGICAL METHOD OF LABORATORY DIAGNOSIS OF INFECTIOUS DISEASES.

### TECHNIQUES FOR PURE CULTURE ISOLATION AND MAINTENANCE

#### Suggested reading for self-study:

Metabolism and energy exchange in microbes. Constructive and energy metabolism. Types and methods of feeding, nutrient transport through the membrane. Breathing microbes, breathing apparatus, ways of biological oxidation. Aerobic, anaerobic, facultative anaerobes.

Cultivation of microorganisms. Conditions required for growth. Nutrient media for culturing bacteria: classification and characteristics. Culture media ingredients, procedure of preparation and sterilization. General requirements to bacteriologic nutrient media. Incubator.

Bacteriological method of laboratory diagnosis: tasks, procedure, evaluation of the method. Methods of aerobic and anaerobic microorganisms isolation in pure culture. Bacterial colony characteristics.

Signature of the tutor

Oral quiz	Laboratory work	Individual work	Tests	Total results
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#### Laboratory work

#### Laboratory exercises

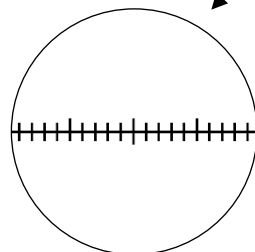
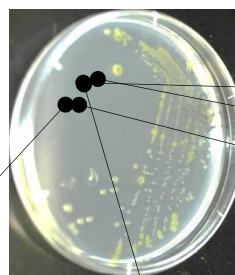
1. Register the results of experiment on conjugation (see class N 3).

2. Perform the 2<sup>nd</sup> period of bacteriological diagnosis (inspection and accumulation of aerobic microorganisms pure cultures isolation):

- characterize morphology of colonies two different types present on agar medium;
- determine morphology and purity of colonies two different types using Gram stain;
- use aseptic technique and transfer the colony of Gram-negative microorganisms for subculturing on a surface of agar slant by streaking technique for microbial biomass accumulation.

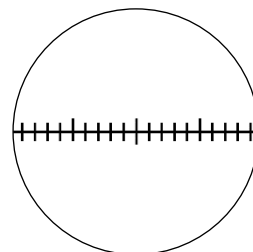
#### The 2<sup>ND</sup> PERIOD OF BACTERIOLOGICAL DIAGNOSIS

Nutrient agar with isolated colonies



Morphology of culture 1

Stain \_\_\_\_\_



Morphology of culture 2

Stain \_\_\_\_\_

#### Incubation 24 hours, 37 °C

Inoculation of slant media with isolated colony of gram-negative bacteria



Morphology of colony	Colony of culture 1	Colony of culture 2
Shape		
Size		
Surface		
Edge		
Color		
Transparency		
Gram stain		

INDIVIDUAL WORK	
Questions for self-control and discussion:	
Define a pure culture, a mixed culture.	
Define a bacterial colony. List four characteristics by which bacterial colonies may be distinguished.	
Why should a Petri dish not be left open for any extended period?	
Why does the streaking method of plates inoculation result in isolated colonies?	
Why are culture media sterilized before use?	
Discuss the relative value of broth and agar media in isolating bacteria from mixed cultures.	
At what temperature does agar solidify? At what temperature does agar melt?	
Define a culture medium.	
Discuss some of the physical and chemical factors involved in the composition, and in the preparation, of a culture medium.	
Why is it necessary to isolate individual colonies from a mixed growth?	
Are the large numbers of microorganisms found in the mouth cause for concern? Explain.	
Why are plate cultures incubated in the inverted position?	
How do you decide which colonies should be picked from a plate culture of a mixed flora?	
Why is it necessary to make pure subcultures of organisms grown from clinical specimens?	
How can you determine whether a culture or subculture is pure?	
What kinds of clinical specimens may yield a mixed flora in bacterial cultures?	
When more than one colony type appears in a pure culture, what are the most likely sources of the extraneous organisms?	

## Practical class 5. BACTERIOLOGICAL METHOD OF INFECTIOUS DISEASES LABORATORY DIAGNOSIS.

### TECHNIQUES FOR PURE CULTURE IDENTIFICATION

#### Suggested reading for self-study:

Identification of microorganisms: approaches and methods. Bacterial species: term definition, species criteria and methods for discovering bacterial species.

Biochemical activities of bacteria and methods for the biochemical properties detection of microorganisms. Enzymes of microorganisms: classification, importance for identification: a) proteolytic (proteases, peptidases, decarboxylases, deaminases, cysteine desulfurase, urease, tryptophanase); b) carbohydrate hydrolyses (carbohydralyses, amylase); c) lipolytic (lipases, lecithinase); d) oxidative-reductive (dehydrogenase, oxidase, catalase); e) hemolysins;  $\alpha$ -,  $\beta$ -,  $\gamma$ -hemolysis.

Rapid multitest systems for microorganisms identification. Automatic bacteriological analyzers: structure and principle of bacterial identification.

Signature of the tutor \_\_\_\_\_

Oral  
quiz

Labo-  
ratory  
work

Indivi-  
dual  
work

Tests

Total  
results

#### Laboratory work

#### Laboratory exercises

1. Perform the 3<sup>rd</sup> period of bacteriological diagnosis (identification of aerobic microorganisms pure cultures):

- determine morphology and confirm purity of agar slant culture;

- using stab technique inoculate Hiss media with sucrose, maltose, mannitol for the determination of bacterial carbohydrate hydrolyses;

- using stab and streaking technique inoculate Kligler Iron agar for the determination of bacterial carbohydrate hydrolyses and H<sub>2</sub>S production;

- using stab technique inoculate semisolid tube medium to detect motility;

- inoculate nutrient broth and test the culture for the indole production.

2. Demonstration:

- semisolid and liquid Hiss media with different pH indicators;

- hemolysis on blood agar medium, lecithinase activity, indole detection;

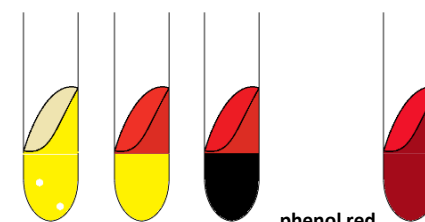
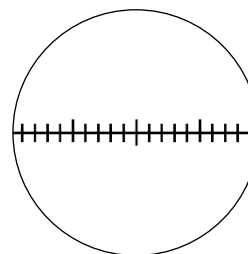
- differentiate among members of the family *Enterobacteriaceae* using Kligler Iron agar;

- rapid multitest systems for identification of microorganisms.

#### Laboratory report

Smear \_\_\_\_\_  
Stain \_\_\_\_\_

Key YELLOWY 6.8< RED<8.2 CRIMSON



phenol red

Triple sugar iron agar

Semiliquid nutrient medium

Hiss medium sucrose

Hiss medium maltose

Hiss medium mannitol

Nutrient bullion

glucose,

lactose

H<sub>2</sub>S

production



Carbohydrases  
cysteinedesulfurase



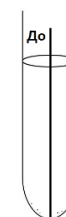
motility  
detection



Carbo  
hydrase



Carbo  
hydrase



Carbo  
hydrase



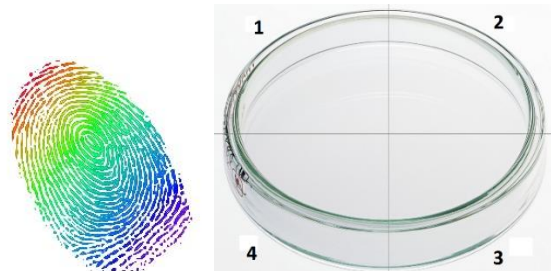
indole  
detection  
tryptophanase



INDIVIDUAL WORK			
BACTERIOLOGICAL METHOD OF LABORATORY DIAGNOSIS — 5 I's			
1	2	3	4

Laboratory exercises	Laboratory report										
4. Identify isolated pure culture and complete the final report: – register the biochemical properties of tested pure culture in the table; – analyze the results and determine the species of tested pure culture.  The result is taken into account in the next practical class.	Species	Morphology	Biochemical characteristics								Conclusion: According to morphological, cultural, biochemical properties X-microbe is attributed to _____  * “A” — acid, “G” — gas
			Glucose	Lactose	Maltose	Mannitol	Sucrose	H <sub>2</sub> S	Indole	Motility	
	E. coli	Gram-rods	AG	AG	AG	AG	–	–	+	+	
	S. Typhi	Gram-rods	A*	–	A	A	–	+	–	+	
	S. Paratyphi A	Gram-rods	AG	–	AG	AG	–	–	–	+	
	S. Schottmuelleri	Gram-rods	AG	–	AG	AG	–	+	–	+	
X-microbe											

## Practical class 6. ECOLOGY OF MICROORGANISMS. ASEPSIS. METHODS OF STERILIZATION, DISINFECTION AND ANTISEPSIS

<b>Suggested reading for self-study:</b> Ecology of microorganisms. Interspecific and intraspecific relations. Symbiosis, its variants. Antagonistic microbial relationships, its background and medical importance. Bacteriocins. Definition of terms asepsis, sterilization, disinfection, antiseptics. Methods of sterilization: physical, chemical, mechanical. Differences between sterilization and disinfection. Types and methods of disinfection. Types and methods of antiseptics. Practical antiseptics. Classification of antiseptics, origin and characteristics of groups. Mechanisms of action on microorganisms. Antimicrobial management in dentistry.		<b>Signature of the tutor</b>																			
		Oral quiz	Laboratory work	Individual work	Tests	Total results															
<b>Laboratory work</b>																					
<b>Laboratory exercises</b>		<b>Laboratory report</b>																			
1. Test the effectiveness of hygienic and surgical hand antiseptics. <b>The result is taken into account in the next practical class.</b>		1. Divide a nutrient agar plate into 4 sections with a marking pen or pencil. Mark each section of the plate with numbers 1, 2, 3, 4. 2. Mark each plate with your group number and your name. 3. On the surface of agar medium at section N 1 make a fingerprint of skin untreated with any antiseptic (control). 4. Wash your hands with soap as you do it usually at home and make a fingerprint on the surface of the agar medium at section N2. 5. Wash your hands with soap twice and then your fingers with antiseptic (1 % solution of iodopyron) — 2 minutes, neutralize iodopyron with neutralizer (1 % solution of sodium thiosulfate) for 2 minutes and make a fingerprint on the surface of agar medium at section N 3. 6. Do not wash your hands and fingers with antiseptic (1 % of iodopyron) — 2 minutes, neutralize iodopyron with neutralizer (1 % of sodium thiosulfate) for 2 minutes and make a fingerprint on the surface of agar medium at section N 4. 7. Incubate Petri dishes at 37 °C for 24 hours. 8. After incubation count the amount of colonies grown at each section and fill in the table. Formulate the conclusion regarding effectiveness of hygienic and surgical hand antiseptics.																			
		<table><tr><th>Section</th><th>Experiment description</th><th>Quantity of CFU</th></tr><tr><td>1</td><td>Control</td><td></td></tr><tr><td>2</td><td>Hygienic hand antiseptics (washing with soap)</td><td></td></tr><tr><td>3</td><td>Surgical hand antiseptics</td><td></td></tr><tr><td>4</td><td>Antiseptics with iodopyron</td><td></td></tr></table>					Section	Experiment description	Quantity of CFU	1	Control		2	Hygienic hand antiseptics (washing with soap)		3	Surgical hand antiseptics		4	Antiseptics with iodopyron	
Section	Experiment description	Quantity of CFU																			
1	Control																				
2	Hygienic hand antiseptics (washing with soap)																				
3	Surgical hand antiseptics																				
4	Antiseptics with iodopyron																				
		Conclusion:																			

2. Test the effectiveness of hygienic oral antisepsis. **The result is taken into account in the next practical class.**

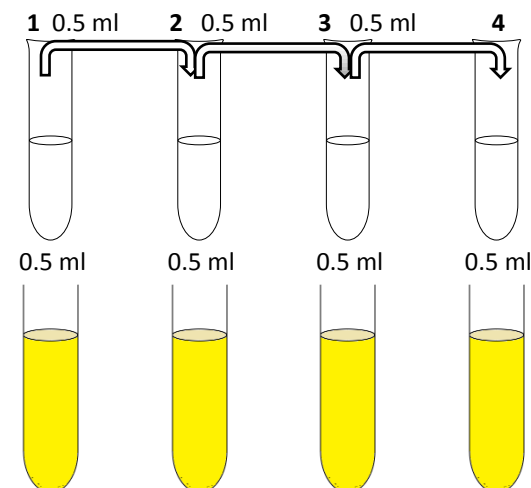


1. Mark the Petri plate "**Experiment**" and "**Control**".
2. Rinse mouth with sterile saline 45 seconds, and spit in the plate "**Control**".
3. Rinse the mouth with 1 % solution of boric acid 45 seconds and spit into the sink.
4. Rinse mouth with sterile saline, and spit in the plate of "**Experiment**".
5. Using a sterile pipette and spray bulb make breeding materials:
  - a) prepare 4 test tubes with 4.5 ml of sterile saline, label 1C, 2C, 3C, 4C;
    - dial 0.5 ml of material from the plate "**Control**" and release into the tube 1C. Reset the pipette into a porcelain cup;
    - other pipette to mix the contents of the tube 1C, type 0.5 ml tube and release in 2C. Reset the pipette into a porcelain cup. Do this with the other tubes.
  - b) analogous prepare "**Experiment**" material.
6. Use a glass pipette and spray bulb produce seed dilutions on sugar broth:
  - prepare 4 tubes with Sugar broth sign 1C, 2C, 3C, 4C;
  - sterile pipette to stir the contents of the tube 4C gain of diluted material 0.5 ml in a test tube and release 4C broth;
  - without changing the pipette, transfer 0.5 ml of the diluted material from the tube into the tube 3C broth; do this with the other tubes.
7. Analogous prepare "**Experiment**" material.
8. Incubate all tubes at 37 °C for 24 hours. After incubation observe each tube for growth (+) or absence of growth (–). Complete the table by recording your own results and formulate the conclusion regarding effectiveness of oral antisepsis.

"**Experiment**" / "**Control**"



Saline, 4.5 ml



Result				
<b>Experiment</b>				
Control				
<b>Conclusion:</b>				

INDIVIDUAL WORK			
Enter in cells possible methods of sterilization		Give the definition of the following terms:	
Bacteriological loops		Asepsis —	
Gauze, cotton, bandage		Antisepsis —	
Rubber, plastic products		Disinfection —	
Glass products		Sterilization —	
Air in operating room		Modes of action of disinfectants and antiseptics (write in cells)	
General-purpose media		Mode	Disinfectants or antiseptics
Enriched media with serum or blood			
Solution which is inactivated at above 60 °C			
Borer			
Dental mirror			
Tooth brush			

## Practical class 7. INFECTIONS. APPLICATION OF LABORATORY ANIMALS IN MICROBIOLOGY.

### ANTIBIOTIC SUSCEPTIBILITY TESTING OF MICROORGANISMS

#### Suggested reading for self-study:

Defenition of infection. Classification of infections. Bacterial pathogenicity and virulence. Measurements of virulence: ID50, LD50, DLM. The genetics of bacterial pathogenicity. Pathogenicity islands. Pathogenicity factors: adhesins, invasins, impedins, agressins, modulins. The role of bacterial biofilms. Methods of adhesins, capsule, invasins, toxigenicity detection.

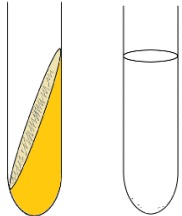
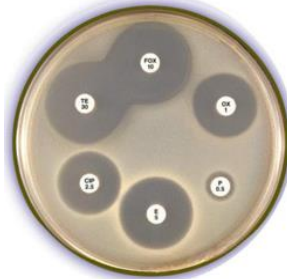
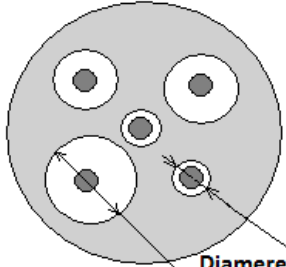
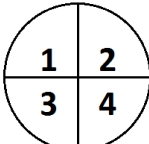
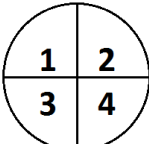
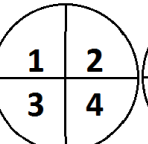
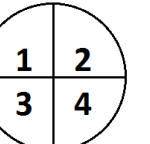
Biological method (application of laboratory animals in microbiology): tasks, phases, evaluation of the method. Animal models for infectious diseases. Routs for animal infection. Ethical, humane and legal considerations involved in the use of laboratory animals.



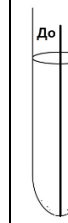
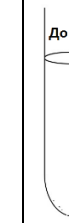




Sources of antibiotics. Spectrum of action. Chemical classification of antibiotics. Mechanisms of action. Side effects. Principles for rational antimicrobial therapy. The problem of resistance to antimicrobials: definitions (intrinsic, acquired resistance), incidence, significance. Resistance mechanisms: non-genetic and genetic origin of drug resistance. Antibiotic susceptibility testing of microorganisms: methods and principles.

Signature of the tutor

Oral quiz	Laboratory work	Individual work	Tests	Total results

#### Laboratory work

Laboratory exercises	Laboratory report																											
1. Perform the disk diffusion method (Kirby-Bauer) for determination of antibiotic susceptibility of four different microorganisms which often infect humans — <i>Staphylococcus aureus</i> , <i>Escherichia coli</i> , <i>Pseudomonas aeruginosa</i> , and <i>Klebsiella pneumoniae</i> .	 <p>Pure culture</p> <p>1.0 ml of inoculum of microorganisms</p>	<p>Inoculation on Mueller–Hinton agar</p> <p>Mueller-Hinton agar (composition): meat extract — 2.0 g; casein hydrolysate — 17.5 g; corn starch — 1.5 g; agar — 17.0 g; aqua distillate — 1 l; pH 7.4 ± 0.2</p>  <p>Mueller-Hinton agar</p> <p>application of antimicrobial discs to the surface of the inoculated agar plate</p>	<p>Incubation at 35 °C 24 h</p>  <p>Diameter of inhibition zone, mm</p> <p>Registration of results</p>																									
	2. Determine antibiotic susceptibility of microorganisms by agar dilution test. Complete the report.	<p>Petri dishes with serial doubled dilutions of Ampicillin in agar media</p> <div><p>control</p><p>8 mcg/l</p><p>16 mcg/l</p><p>32 mcg/l</p></div> <p>Conclusion:</p>			<table><tr><th colspan="3">Interpretation of results, MIC, mcg/l</th></tr><tr><th>antibiotic</th><th>resistant</th><th>susceptible</th></tr><tr><td>Ampicillin</td><td>≥32</td><td>≤8</td></tr><tr><th>Microbial culture</th><th>MIC, mcg/ml</th><th>Interpretation of results</th></tr><tr><td>Culture 1</td><td></td><td></td></tr><tr><td>Culture 2</td><td></td><td></td></tr><tr><td>Culture 3</td><td></td><td></td></tr><tr><td>Culture 4</td><td></td><td></td></tr></table>	Interpretation of results, MIC, mcg/l			antibiotic	resistant	susceptible	Ampicillin	≥32	≤8	Microbial culture	MIC, mcg/ml	Interpretation of results	Culture 1			Culture 2			Culture 3			Culture 4	
Interpretation of results, MIC, mcg/l																												
antibiotic	resistant	susceptible																										
Ampicillin	≥32	≤8																										
Microbial culture	MIC, mcg/ml	Interpretation of results																										
Culture 1																												
Culture 2																												
Culture 3																												
Culture 4																												

<p>3. Determine antibiotic susceptibility of microorganisms by disk diffusion method, complete the report (<b>perform it at classes N 9</b>).</p>	<b>Results of pure culture _____ testing by disc diffusion method</b>								<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 20%;">Antibiotic</th> <th colspan="2" style="text-align: center;">Diameter of inhibition zones (mm)</th> </tr> <tr> <th style="width: 30%;">resistant</th> <th style="width: 30%;">susceptible</th> </tr> </table>			Antibiotic	Diameter of inhibition zones (mm)		resistant	susceptible
	Antibiotic	Diameter of inhibition zones (mm)														
		resistant	susceptible													
	Antibiotic		Diameter of inhibition zone, mm		Interpretation of results				Staphylococcus spp.							
									Penicillin	≤28	≥29					
									Oxacillin							
									S. aureus	≤10	≥13					
									CNS	≤17	≥18					
									Canamycine	≤13	≥18					
									Gentamicin	≤12	≥15					
								Ciprofloxacin	≤15	≥21						
								Tetracycline	≤14	≥19						
								Erythromycine	≥23	≥23						
								Lincomycine	≤13	≥21						
								Chloramphenicol	<17	≥18						
								Enterobacteriaceae								
								Ampicillin	≤13	≥17						
								Cefazolin	≤14	≥18						
								Cefotaxime	≤14	≥23						
								Canamycine	≤13	≥18						
								Gentamicin	≤12	≥15						
								Ciprofloxacin	≤15	≥21						
								Lomefloxacin	≤18	≥22						
								Tetracycline	≤14	≥19						
								Doxicycline	≤12	≥16						
								Chloramphenicol	≤12	≥18						
		0.5 µg/ml	1.0 µg/ml	2.0 µg/ml	4.0 µg/ml	8.0 µg/ml	16.0 µg/ml	32.0 µg/ml	Control							
																

4. Demonstration:

- agar disk diffusion test for antibiotic susceptibility testing of microorganisms;
- rapid test for antibiotic susceptibility testing of microorganisms;
- slide of *Bacillus anthracis* in tissues of white mouse, Gram stain;
- slide of *Y. pestis* in tissues of white mouse, Gram stain;
- slide of *Klebsiella pneumoniae rhinoscleromatis* in tissues of white mouse, Gram stain.

4-1 Smear \_\_\_\_\_  
Stain \_\_\_\_\_

4-2 Smear \_\_\_\_\_  
Stain \_\_\_\_\_

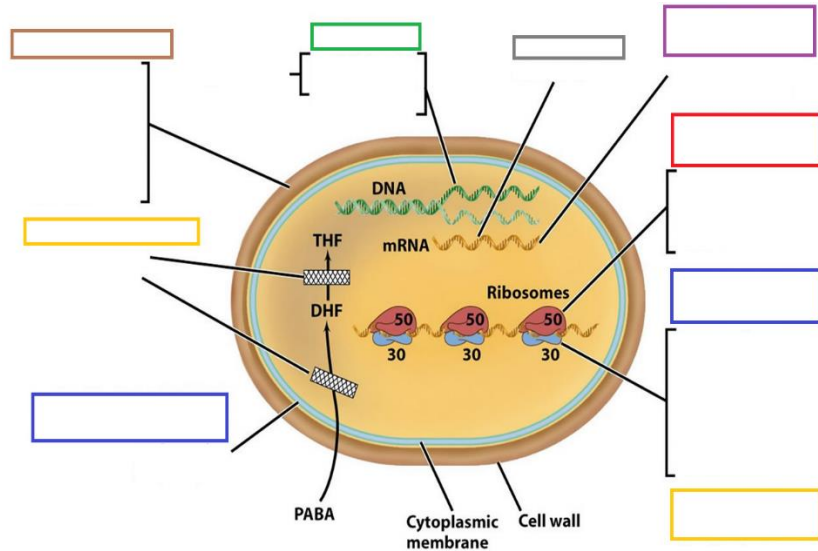
DDM report (formulate what antibiotics can be recommended for the therapy):

BDT report: minimal inhibitory concentration of antibiotic is \_\_\_\_\_ µg/ml.

# INDIVIDUAL WORK

Define the target action of antibiotics



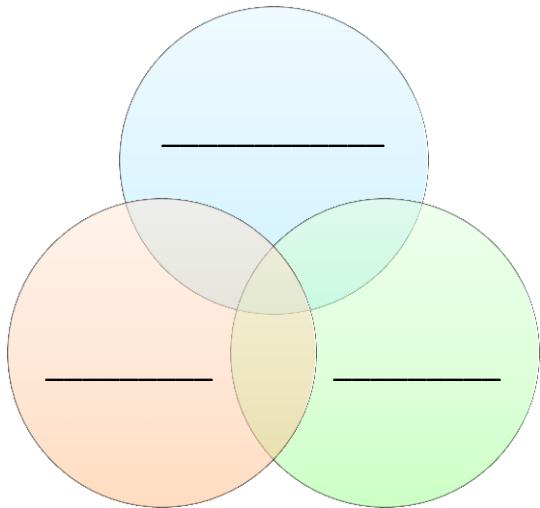
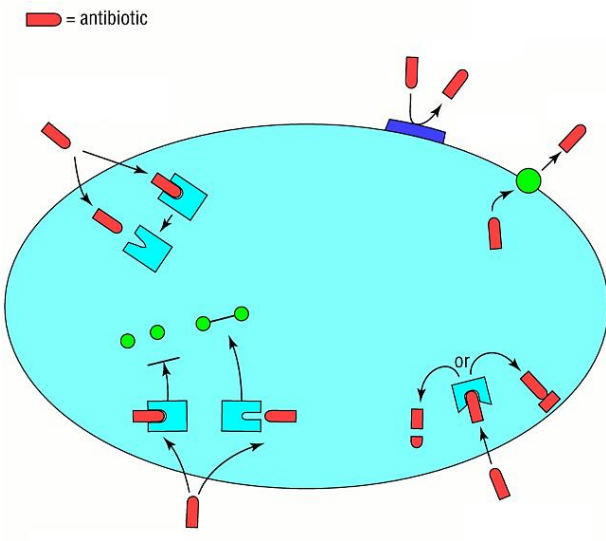
DNA-directed RNA polymerase, Cell wall synthesis, RNA elongation, protein synthesis (50S inhibitors), protein synthesis (30S inhibitors), Folic acid metabolism, Cytoplasmic membrane structure, protein synthesis (tRNA)

Mechanisms of action of antimicrobial drugs (write in cells)

Side effects of antimicrobial drugs  
(write in cells)

Pathogenicity factors' groups  
(write in cells)

Mechanisms of resistance of bacteria to an antimicrobial agents  
(write in cells)

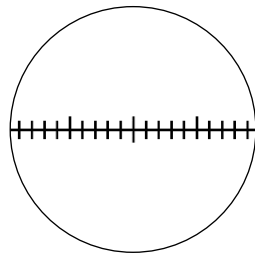
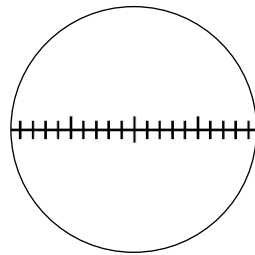











INDIVIDUAL WORK		
<p><b>Interacting factors of antimicrobial therapy</b> (write in circle)</p> 	<p><b>Characteristics of ideal antimicrobial drug:</b></p>	<p><b>Analyze the circuit in the picture</b> (in the middle) and answer next. <b>Which of the resistance mechanisms</b> are shown in the figure?</p>
<p><b>Give the definition of the following terms:</b></p>		<p><b>Methods of the antibiotic susceptibility testing</b> (write methods and indicate possibility to determine MIC)</p>
Antibiotic -		
Specific antibacterial therapy -		
Minimal inhibitory concentration -		
Multiple resistance -		
Pathogenicity -		



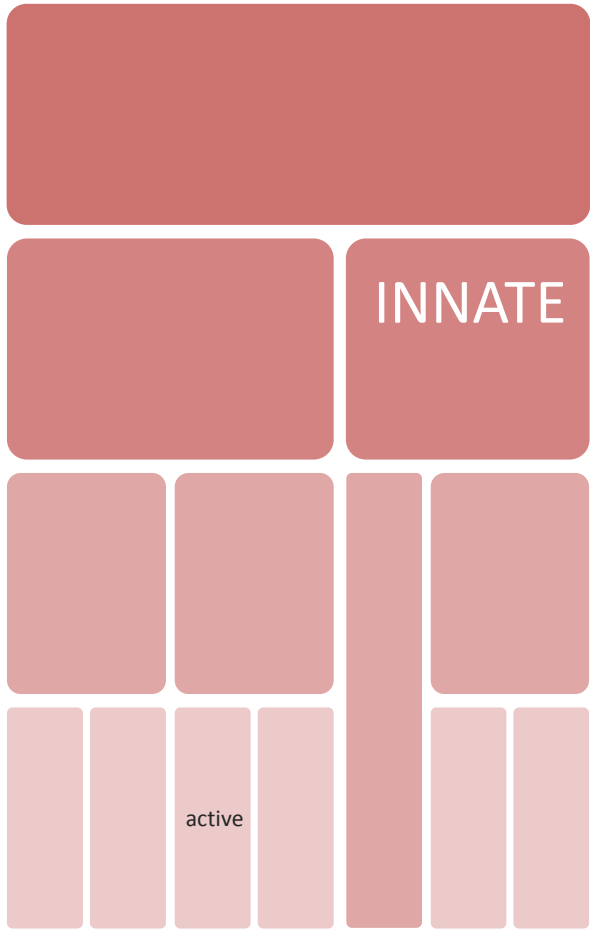
## Practical class 8. CREDIT “MORPHOLOGY AND PHYSIOLOGY OF MICROORGANISMS”

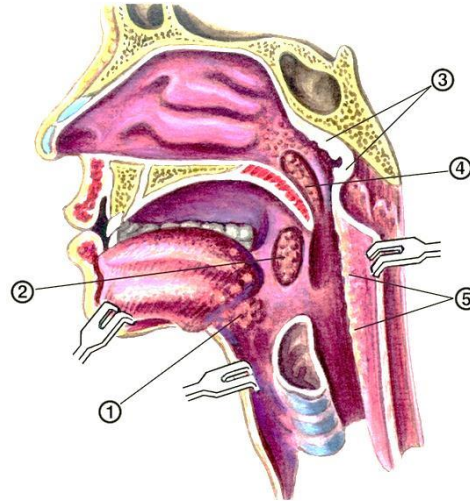
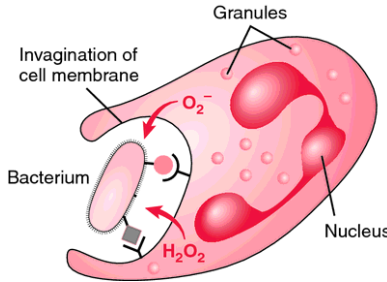
List of questions		Oral quiz	Script	Tests	Total results
1. History of microbiology as a science. Periods. The founders of microbiology main routs.	25. The structure of bacterial genetic apparatus. Phenotype, genotype, genome, genes. Regulation of gene expression. General properties and varieties of plasmids. Detection of plasmids.				
2. Microscopic method of examination: tasks, procedure, evaluation of the method.	26. Bacterial variability: phenotypic and genetic. Practical significance of bacterial variability. Population variability.				
3. Bright-field light microscope: components and proper use of the microscope. Dark-field light microscopy: the principle behind dark-field microscopy. Phase-contrast light microscope: basic principles behind phase-contrast microscopy. Fluorescence microscopy: principles behind the fluorescence microscopy. The technique of oil immersion microscopy.	27. Molecular methods in diagnosis of infection diseases: aims, methods, advantages. Molecular hybridization and polymerase chain reaction: principles of the methods.				
4. Type of microscopic preparations. Smear preparation and fixation. Simple methods of staining.	28. Doctrine regarding infections. Terms for emergence of infectious disease. Basic terminology of infectology. Classification of infections.				
5. Differential stains of microorganisms. Gram stain: medical application, principles, procedure for Gram stain.	29. Role of microorganisms in infection emergence. Bacterial pathogenicity and virulence. The genetics of bacterial pathogenicity. Pathogenicity islands. Pathogenicity factors: adhesins, invasins, impedins, agressins, modulins.				
6. Morphology of bacteria. Distinctive features of prokaryotic and eukaryotic cells. Basic morphological forms of bacteria. Morphological characteristics of cocci, rods and spiral-shaped bacteria. Motility of bacteria, methods of detection.	30. Role of microorganisms, social and physical factors in infection emergence.				
7. Structure and function of cell envelope and appendages. Capsule. Detection methods of the capsule.	31. Biological method (application of laboratory animals in microbiology): tasks, phases, evaluation of the method.				
8. The composition, function, detection methods of bacterial cell wall. The cell wall of gram-positive bacteria. The cell wall of gram-negative bacteria. Bacterial forms with defective cell wall. Factors inducing cell wall removal, medical importance of L-forms.	32. Chemoprophylaxis and chemotherapy; antimicrobial chemotherapeutic agents and antibiotics. Sources of antibiotics. Especially the use of antibiotics in dentistry.				
9. Bacterial core: cytoplasm, cytoplasmic structures; their functions and detection methods. Acid-fast bacteria and unique properties of their cell wall. Methods of acid-fast staining: medical application, principle, procedure.	33. Mechanisms of antibiotics action. Side effects of antibiotics. Principles for rational antimicrobial therapy.				
10. Resting forms of microorganisms. Bacterial endospores: medical importance, properties of endospore, the periods of endospore formation, detection methods (principles, procedures).	34. The problem of resistance to antimicrobials: definitions (intrinsic, acquired resistance), incidence, significance. Resistance mechanisms.				
11. Taxonomy of microorganisms: classification and nomenclature. Modern approaches to taxonomy of microorganisms. Taxonomic ranks. Vars (types), strains, clones, pure cultures.	35. Antibiotic susceptibility testing of microorganisms: methods and principles.				
12. Taxonomy, morphology, medical significance of the spirochetes. Methods for spirochetes detection.	36. Ecology of microorganisms. Basic terminology of ecology.				
13. Taxonomy, morphology, medical significance of Actinomyces.	37. Asepsis: definition, surgical, medical asepsis, asepsis in microbiological laboratory.				
14. Taxonomy, morphology, medical significance of Mycoplasmas. Methods for Mycoplasmas investigations.	38. Sterilization: definition, methods of sterilization (physical, chemical, mechanical), quality control.				
15. Taxonomy, morphology, medical significance of Chlamydiae and Rickettsiaceae.	39. Disinfection: definition, methods of disinfection.				
16. Nutrition of microorganisms. Source of macro- and micronutrients, growth factors. Nutritional types. Transport mechanisms for nutrient absorption.	40. Antisepsis: definition, methods of antisepsis. Disinfectant and antiseptics: classification and modes of action.				
17. Energy strategies in microorganisms. Aerobic and anaerobic respiration. Structures involved in respiration in microorganisms.	<b>List of practice.</b>				
18. Reproduction of microorganisms. Mechanisms and phases of bacterial division.	1. Prepare heat-fixed slide of bacteria, cultured on agar medium, stain with methylene blue.				
19. Bacteriological method of laboratory diagnosis: tasks, procedure, evaluation of the method.	2. Prepare heat-fixed slides of bacteria, cultured on liquid medium, stain with basic fuchsin.				
20. Cultivation of microorganisms. Conditions required for growth. Nutrient media for culturing bacteria: classification and characteristics. Culture media ingredients, procedure of preparation and sterilization. General requirements to bacteriologic nutrient media.	3. Prepare heat-fixed slides of bacteria, cultured on liquid medium, stain by Gram.				
21. Methods of aerobic microorganisms isolation in pure culture.	4. Technology immersion microscopy.				
22. Methods of anaerobic microorganisms isolation in pure culture. Cultivation of anaerobic bacteria: culture media, techniques, equipment.	5. Determine the morphology of Staphylococcus, pure culture, Gram stain.				
23. Identification of microorganisms: morphological, cultural, serologic, biological, genetic.	6. Determine the morphology of E. coli, pure culture, Gram stain.				
24. Biochemical identification of microorganisms. Detection of: a) proteolytic enzymes; b) carbohydrate hydrolyses enzymes; c) lipolytic enzymes; d) oxidative- reductive enzymes; e) hemolysins. Automatic stations for identification of bacteria.	7. Determine the morphology of Gram+ and Gram- bacteria into the mix, Gram stain.				
	8. Determine the morphology of the culture in smear colored by negative staining method.				
	9. Define streptobacill pure culture morphology, Gram stain coloring.				
	10. Determine antibiotic susceptibility of microorganisms by disk diffusion method.				
	11. Characterize morphology of two different types of colonies present on agar medium.				

## Practical class 9. IMMUNE SYSTEM. INNATE IMMUNITY. METHODS FOR INNATE IMMUNITY FACTORS EVALUATION

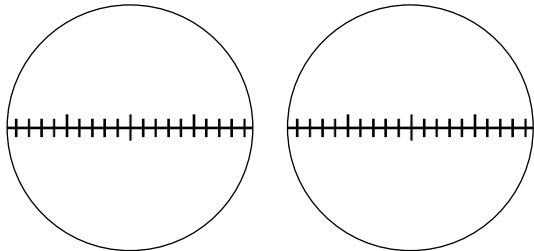
<b>Suggested reading for self-study:</b> Human immune system: organs, cells, molecules (CD; receptors; MHC I, II, III; cytokines, adhesion molecules etc.). Immunity, types of immunity. Innate immunity. Immune and not-immune factors. Complement system: composition, way of activation, functions. Methods for estimation of complement system activity. Lysozyme, b-lysins. Polynuclear and mononuclear phagocytes systems. Phagocytosis: phases, intracellular killing mechanisms, outcomes. Dendritic cells. Methods for estimation of phagocytosis. Natural killer cells. Antigen-presenting cells. TOLL-like receptors.											<b>Signature of the tutor</b> _____								
											Oral quiz	Laboratory work	Individual work	Tests	Total results				
<b>Laboratory work</b>																			
<b>Laboratory exercises</b>					<b>Laboratory report</b>														
1. Determine phagocytosis parameters in prepared slides stained by Gimza method. 2. Complete the drawings of slides seen in demonstration room: – incomplete phagocytosis of N. gonorrhoea. – incomplete phagocytosis of K. rhinoscleromatis. 3. Register the complement system activity by 50 % haemolysis method. Serum is diluted and added in wells from 0.05 to 0.5 ml. Then saline solution is added to the final volume of 1.5 ml. 1.5 ml of haemolytic system is added to each well. Reaction is incubated at 37°C for 45 min, cooled at 4 °C and centrifuged at 1500 rpm for 5 min. The well in which 50 % haemolysis occurred is determined visually. This means the volume of patient's serum that contains one unit of CH <sub>50</sub> . Then the CH <sub>50</sub> for the whole serum is calculated.					Staphylococci are mixed with leucocytes (50:1) and incubated at 37 °C for 15–120 min. Then slides are prepared and stained by Gimza method. Under oil immersion the phagocytosing leucocytes and phagocytosed staphylococci are counted and phagocytosis parameters calculated.  <b>PI (Phagocytosis index)</b> = Number of phagocytosing leucocytes / All leucocytes counted Norma* — 40–60 %. <b>PN (Phagocytosis number)</b> = Number of phagocytosed staphylococci / Number of phagocytosing leucocytes Norma* — 4–7.					Smear _____ Stain _____  					Smear _____ Stain _____  				
Volume of diluted (1:10) serum, ml <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">0.05 </div> <div style="text-align: center;">0.1 </div> <div style="text-align: center;">0.15 </div> <div style="text-align: center;">0.2 </div> <div style="text-align: center;">0.25 </div> <div style="text-align: center;">0.3 </div> <div style="text-align: center;">0.35 </div> <div style="text-align: center;">0.4 </div> <div style="text-align: center;">0.45 </div> <div style="text-align: center;">0.5 </div> <div style="text-align: center;">50 % haemolysis </div> </div>										1 CH <sub>50</sub> — in _____ ml serum X CH <sub>50</sub> — in 1 ml serum  N 40 — 60 CH <sub>50</sub>									
<b>Results:</b>																			

INDIVIDUAL WORK					
<b>Fill cells with types of immunity</b>  immunity, adoptive, passive, natural, artificial, immune factors, humoral, cellular, non-immune factors, active			<b>Fill with sample of</b>		
			<b>Organs of immune system</b>	<b>Cells of immune system</b>	<b>Molecules of immune system</b>
			<b>Write in cells ligand of receptors</b>		<b>Associate the scientist and his discovery</b>
			<b>Pattern Recognition Receptors</b>	<b>Ligand</b> pathogen-associated molecular patterns	<b>Edward Anthony Jenner</b>
			<b>TLR1</b>		<b>Élie Metchnikoff</b>
			<b>TLR2</b>		<b>Polly Celine Eveline Matzinger</b>
			<b>TLR3</b>		<b>Charles Alderson Janeway</b>
			<b>TLR4</b>		<b>Rodney Robert Porter</b> <b>Gerald M. Edelman</b>
			<b>TLR5</b>		<b>Karl Landsteiner</b>
			<b>TLR6</b>		<b>Paul Ehrlich</b>
			<b>TLR7</b>		<b>Jules Jean-Baptiste Vincent Bordet</b>
			<b>TLR8</b>		<b>Emil Adolf von Behring</b>
			<b>TLR9</b>		<b>Frank Macfarlane Burnet</b>

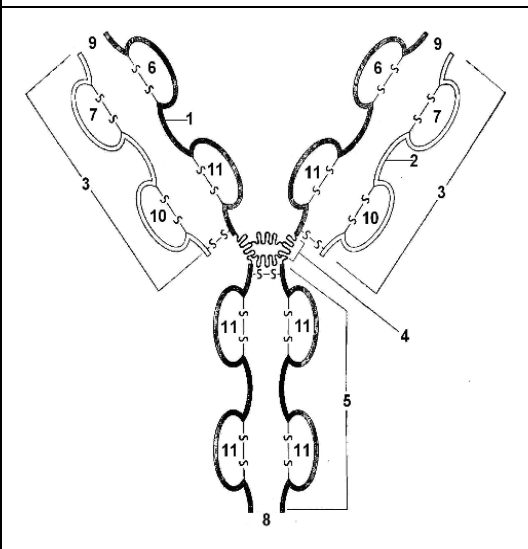


INDIVIDUAL WORK				
Compare or score				<div><div>Nose-Associated Lymphoid Tissue</div><div>1 —</div><div>2 —</div><div>3 —</div><div>4 —</div><div>5 —</div></div>
INNATE IMMUNITY		ADOPTIVE/ACQUIRED IMMUNITY		
Complement system				Phases of phagocytosis (write in cells)
Activation pathway				
activators				
C3-convertase				
C5-convertase				
MAC development				
<p>The illustration shows the process of phagocytosis.</p> <p>Draw a picture of the possible outcomes of the process in adjacent cells and named them.</p> <div></div>				

## Practical class 10. ANTIGENS. ANTIBODIES. IMMUNE RESPONSE

<b>Suggested reading for self-study:</b> Immune response, definition, main factors. Antigens: definition, main features, classification. B-lymphocytes system. B cells genesis. B cell receptor (BCR). B-cell activation, proliferation, differentiation to plasmocyte, immunoglobulin production. Humoral immune response. Primary and secondary humoral response. Immunoglobulins: structure, functions. Classes and subclasses of immunoglobulins. Monoclonal immunoglobulins. Methods of B-lymphocytes evaluation: quantitative and functional tests.							Signature of the tutor _____				
							Oral quiz	Laboratory work	Individual work	Tests	Total results
<b>Laboratory work</b>											
<b>Laboratory exercises</b>		<b>Laboratory report</b>									
1. Determine the quantity of B-cells by immune rosettes methods in ready-made slides.  2. Complete the drawings of slides seen in demonstration room: – immune rosettes method for B-cell quantity determination <b>(Romanowsky-Giemsa stain);</b> – blast transformation of lymphocytes <b>(Romanowsky-Giemsa stain);</b> – determine an IgG, A, M concentration in serum by Manchini method (simple radial gel immunodiffusion).	N	Count	N	Count	N	Count	The method reveals CD20 antigen on B-cell surface; Normal B-cells count by CD20 = 8–20 % total blood lymphocytes.  $B_{CD20} = \text{rosette's Cell}/30 =$  Conclusion:	Smear _____ Smear _____ Stain _____ Stain _____  			
	1		11		21						
	2		12		22						
	3		13		23						
	4		14		24						
	5		15		25						
	6		16		26						
	7		17		27						
	8		18		28						
	9		19		29						
	10		20		30						

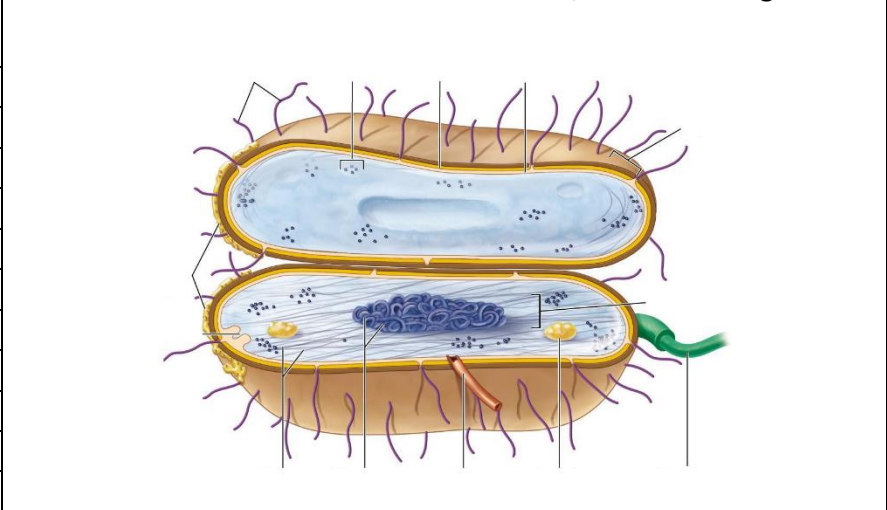
## INDIVIDUAL WORK



Write figures for elements of an immunoglobulin molecule indicated on scheme

	Light chain (L)
	Variable domen of the light chain
	Constant domen of the light chain
	Heavy chain (H)
	Variable domen of the heavy chain
	Constant domen of the heavy chain
	Hinge fragment
	Fc-fragment
	Fab-fragment
	Active center
	Fc-receptor ligand

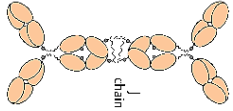
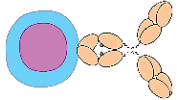
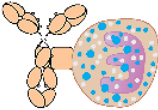
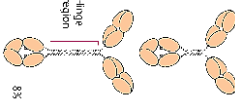
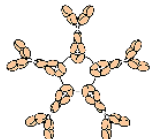
Enter the names of structures of bacteria, which are antigens



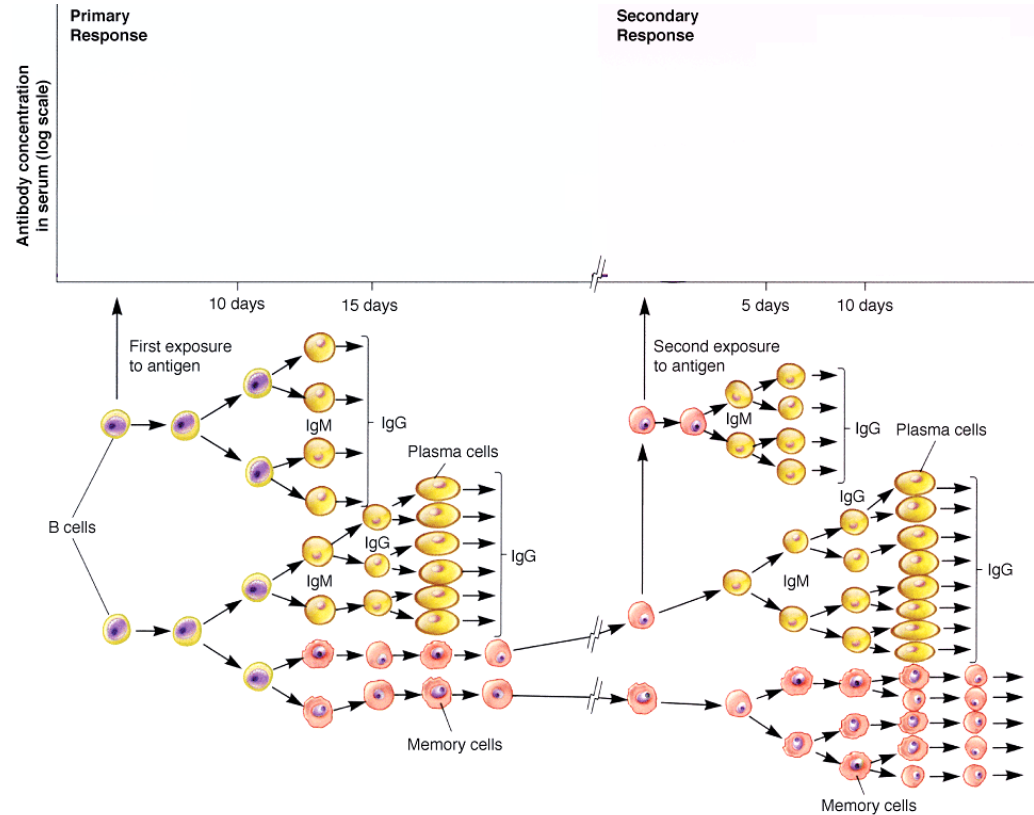
**Write the main cells involved in the humoral response**

and molecules that are  
ral immune response  
molecules

**Write down the characteristics of immunoglobulin according to class and molecule structure**

structure	characteristics	class
		Ig __
		Ig __
		Ig __
		Ig __
		Ig __

## INDIVIDUAL WORK

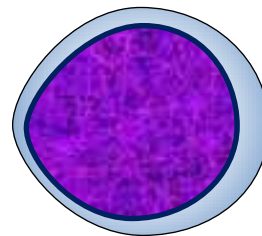
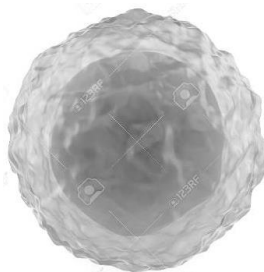


Source: Ryan KJ, Ray CG: *Sherris Medical Microbiology*, 5th Edition: www.accessmedicine.com  
Copyright © The McGraw-Hill Companies, Inc. All rights reserved.

According to the following diagram, draw a graph of dynamics of immunoglobulins G and M classes for primary and secondary immune responses.

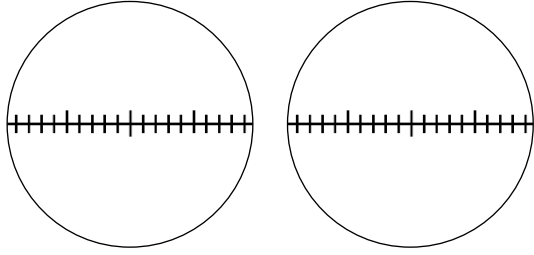
Write methods of the study of humoral immunity

Draw the B-lymphocyte



CD4	CD8	CD40b	BCR	
sIgM	CD3		TCR	TCR $\alpha,\beta$
sIgD	CD19	IL4r	ACR	
CD52	CD20	ILR	HLA	
CD45	CD23	CD37	CD11C	
	CD79a	CD79b	CD38	

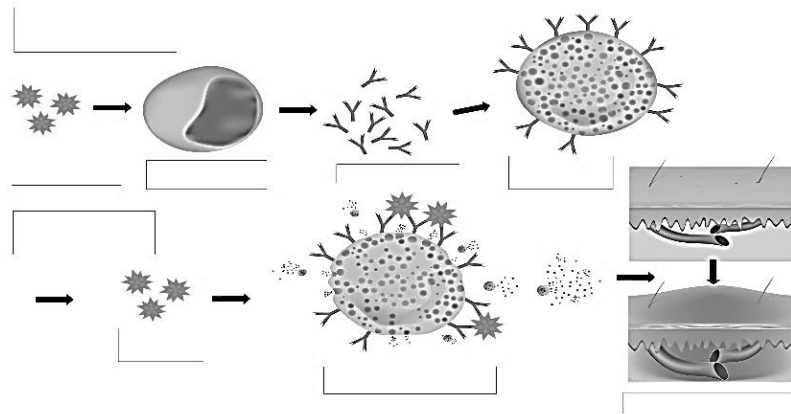
## Practical class 11. CELLULAR IMMUNE RESPONSE. ALLERGY

<b>Suggested reading for self-study:</b> T lymphocyte system. T-cell markers. TCR. Genetic control of TCR diversity. T-lymphocytes subpopulations: helpers, killers, DTH-effectors, regulators. T helpers of 1, 2, 3 and 17 types. Cellular immune response and its phenomena. Interaction and control of the immune system. Methods for evaluation of T-lymphocytes system: quantitative and functional tests. Allergy, periods, types. Immediate type of hypersensitivity mechanisms: mediator type (I), cytotoxic type (II), immune complex type (III). Delayed type of hypersensitivity mechanism (IV). Drug allergy. Allergens in dentistry. Methods for allergic conditions diagnostics.							<b>Signature of the tutor</b>				
							Oral quiz	Laboratory work	Individual work	Tests	Total results
<b>Laboratory work</b>											
<b>Laboratory exercises</b>		<b>Laboratory report</b>									
1. Determine the quantity of T-cells by immune rosettes methods in ready-made slides. 2. Complete the drawings of slides seen in demonstration room: – immune rosettes method for T-cell quantity determination ( <b>Romanowsky–Giemsa stain</b> ); – blast transformation of lymphocytes ( <b>Romanowsky–Giemsa stain</b> );	N	Count	N	Count	N	Count	The method reveals CD3 antigen on T-cell surface; Normal B-cells count by CD3 = 75–80 % total blood lymphocytes.  $T_{CD3} = \text{rosette's Cell}/30 =$  Conclusion:	Smear _____ Smear _____ Stain _____ Stain _____  			
	1		11		21						
	2		12		22						
	3		13		23						
	4		14		24						
	5		15		25						
	6		16		26						
	7		17		27						
	8		18		28						
	9		19		29						
	10		20		30						

<b>INDIVIDUAL WORK</b>				
<b>Write down the types of allergy by P. G. H. Gell and P. R. A. Coombs (1964):</b>				



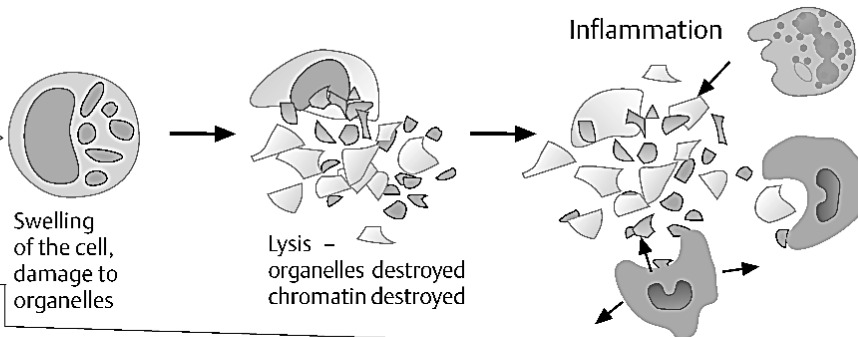
# INDIVIDUAL WORK



What type of allergy phenomena is depicted?  
Give explanations.

Draw the TCR

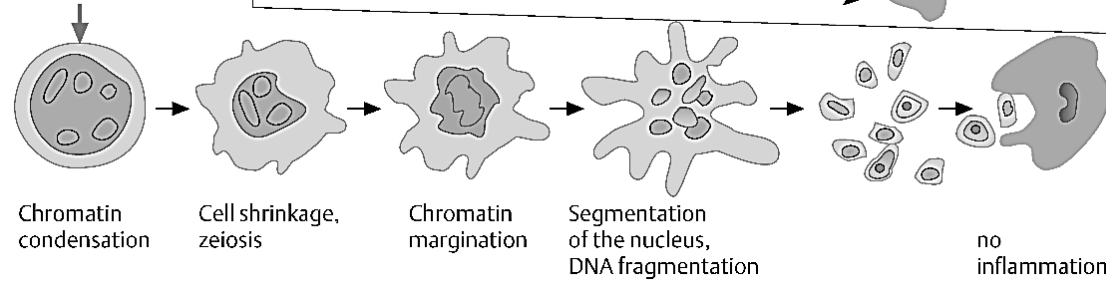
- 1** Ischemia  
- Hyperthermia  
- Hypothermia  
- Physical or chemical damage  
- Trauma







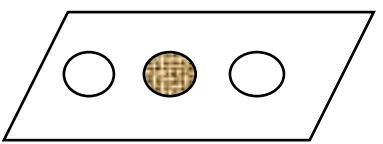







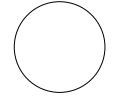
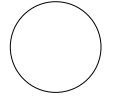
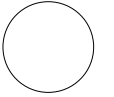
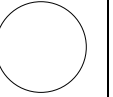
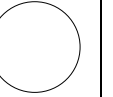
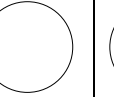
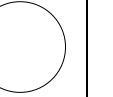
What are the two phenomena are depicted in the diagram.  
Give explanations.

























































































































Write major allergens of drug allergy:





**2** signal



## Practical class 12. SEROLOGICAL METHOD

<b>Suggested reading for self-study:</b> Serological method, characteristics. Antibody titre. Diagnostic titre. Diagnosticum. Diagnostic serum. Agglutination, passive agglutination, reversed passive agglutination, latex agglutination. Precipitation. Ring precipitation test, double immunodiffusion in a gel (by Ouchterlony), simple radial immunodiffusion in a gel (by Mancini), immunoelectrophoresis, electroimmunodiffusion. Immune lysis reactions. Immunofluorescence test: direct and indirect variants. Immunoenzyme test. ELISA. Radioimmune test.							<b>Signature of the tutor</b> _____					
							Oral quiz	Laboratory work	Individual work	Tests	Total results	
<b>Laboratory work</b>												
<b>Laboratory exercises</b>			<b>Laboratory report</b>									
1. Perform slide agglutination test to identify an X-bacteria.			 <b>1. antiserum S. Typhi</b>	 <b>2. antiserum E. coli</b>	 <b>3. Saline</b>	 <b>X-bacteria</b>						
			<b>Conclusion: X-microbe is</b> _____									
2. Determine the result of the agglutination test.			<b>CFT</b> 	<b>1:20</b> 	<b>1:40</b> 	<b>1:80</b> 	<b>1:160</b> 	<b>1:320</b> 				
			<b>Key</b> “+” “-”									
Assess:												
<b>Conclusion:</b>												
3. Determine the result of passive haemagglutination reaction.			<b>PASSIVE BLOOD AGGLUTINATION TEST</b>									
<b>Key</b> “+” “-” 			<b>1/10</b> 	<b>1/20</b> 	<b>1/40</b> 	<b>1/80</b> 	<b>1/160</b> 	<b>1/320</b> 	<b>1/640</b> 			
Assess:												
<b>Conclusion:</b>												

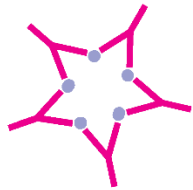
Laboratory exercises	Laboratory report																																																																					
4. Perform ELISA for HBs antigen detection in donor serum: a) put 100 mcl of control serum and samples according to test scheme; b) put 50 mcl of conjugate in each well; c) incubate for 1 hour at 37 °C; d) wash the strip 5 times; e) put 100 mcl of chromogen in each well; f) incubate for 30 min at 37 °C; g) put 50 mcl of stop-reagent in each well; h) measure the strip on ELISA reader and print out the results; i) fill in the report: check the test validity and make the final conclusion about results.	<b>ELISA test for HBs-Ag detection in the serum</b>	<table><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td></td></tr><tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td>Negative control</td></tr><tr><td>B</td><td></td><td></td><td></td><td></td><td></td><td>Negative control</td></tr><tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td>Low positive control</td></tr><tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td>High positive control</td></tr><tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td>Sample 1</td></tr><tr><td>F</td><td></td><td></td><td></td><td></td><td></td><td>Sample 2</td></tr><tr><td>G</td><td></td><td></td><td></td><td></td><td></td><td>Sample 3</td></tr><tr><td>H</td><td></td><td></td><td></td><td></td><td></td><td>Sample 4</td></tr></table>						1	2	3	4	5		A						Negative control	B						Negative control	C						Low positive control	D						High positive control	E						Sample 1	F						Sample 2	G						Sample 3	H						Sample 4	Test validity: – average OD of negative controls must be $< 0.15$ OD(NC) (negative controls) = – OD negative controls must range from 0.6 to 1.4 of average OD(NC) 0.6 OD(NC) = 1.4 OD(NC) = – average positive controls OD must be more than four times as much as OD(NC): average OD(PC)/ OD(NC) = – Low positive control OD must be higher than cut-off level Cut-off calculation: Cut-off = OD(NC) + 0.04
			1	2	3	4	5																																																															
		A						Negative control																																																														
		B						Negative control																																																														
		C						Low positive control																																																														
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Sample 1																																																																						
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Sample 3																																																																						
Sample 4																																																																						

INDIVIDUAL WORK		
Write down the following definitions:		
Titer	-	
Diagnostic titer	-	
Diagnosticum	-	
Diagnostic serum	-	
Direct variant	<p>Draw the scheme of ELISA</p> <p>Antigen — </p> <p>Antibody — </p> <p>Anti-Ig antibody — </p> <p>Enzyme — </p>	Indirect variant

# INDIVIDUAL WORK

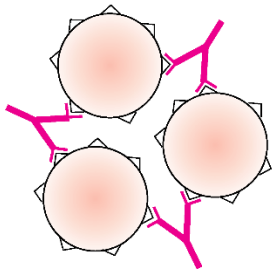
Write name of reaction' type in the first and in the second case:

1



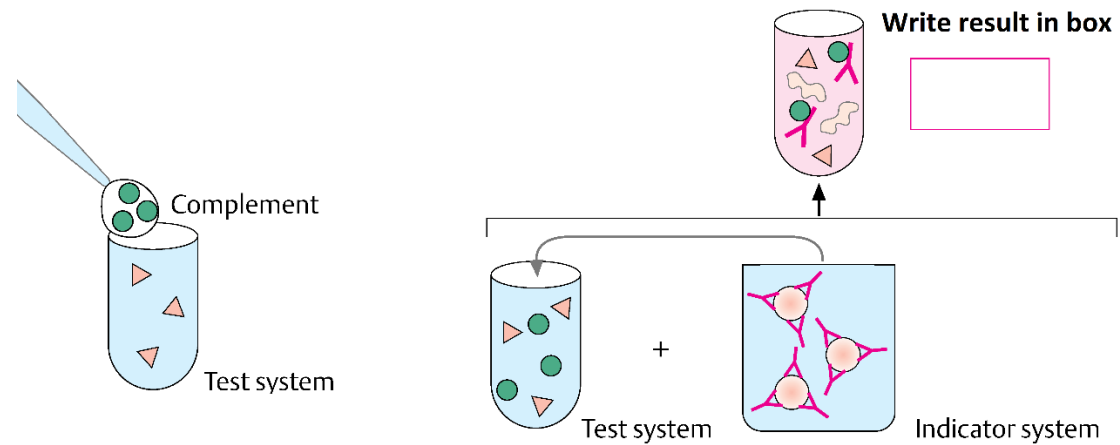
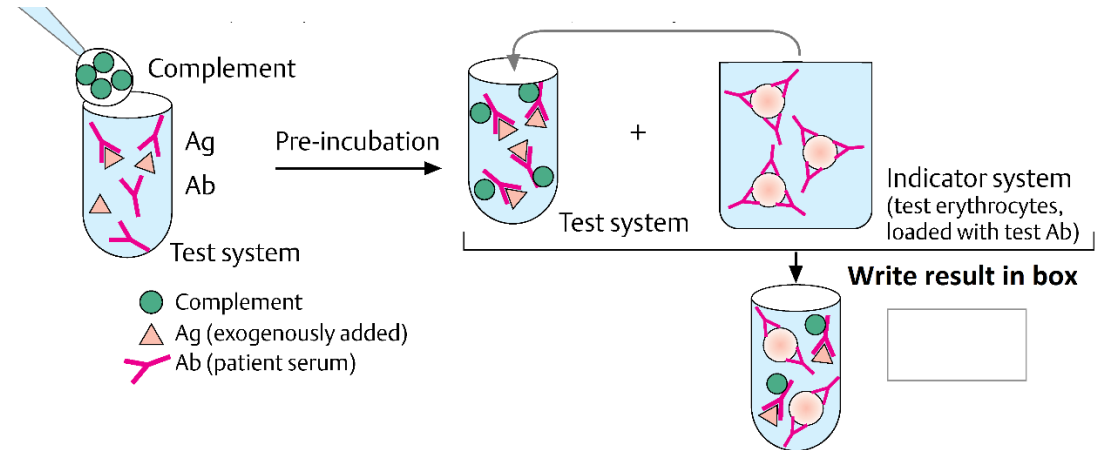
Immune complex formation with molecular antigens

2



Immune complex formation with antigenic particles (e.g. erythrocytes, latex particles)

What type of serologic test is depicted? Give explanations and result for both variant:



Write labels for next types of assays:

Immunofluorescence

ELISA

Radioimmune test

## Practical class 13. IMMUNOPROPHYLAXIS AND IMMUNOTHERAPY. IMMUNOPATHOLOGY AND CLINICAL IMMUNOLOGY

### Suggested reading for self-study:

Immunoprophylaxis and immunotherapy. Vaccines, classification, essential characteristics. Vaccinal immunity, factors affecting its development. Methods of vaccinal immunity evaluation.

Passive immunoprophylaxis. Immune sera and serum preparations; methods of its production and application.

Clinic immunology: definition. Immune status. Immunogram.

Primary and secondary immunodeficiency.

Autoimmune disease. Causes, manifestation. Autoantibodies, diagnostic value, methods of determination. Antitumor immunity. Methods of immune status correction. Immunosuppression. Immunostimulation. Immunomodulators. Thymus, spleen, bone marrow substances. Interleukins, interferons.

Signature of the tutor \_\_\_\_\_

Oral  
quiz

Labo-  
ratory  
work

Indivi-  
dual  
work

Tests

Total  
results

### Laboratory work

#### Laboratory exercises

1. Perform the passive haemagglutination test for the detection of rheumatoid factor.

Diagnosticum = armed bull erythrocytes coated with human IgG.

Rheumatoid factor is an autological antibody (IgM) to IgG. It is found in certain autoimmune diseases (SLE, RA etc.) and is useful for diagnostics.

2. Perform the LA test to detect autoantibodies to thyreoglobulin

Latex diagnosticum = latex microsphaera coated with thyreoglobulin molecules

3. Demonstration:

– degranulation of mast cells,

**Romanowsky–Giemsa stain;**

– Allergens;

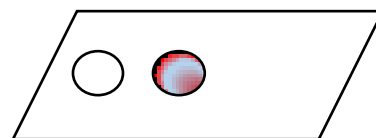
– Medicine for correction.

#### Laboratory report

1. Saline

2. Patient's  
serum

3. ER  
Diagnosticum

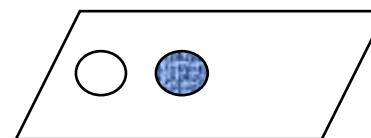


**Conclusion:**

1. Saline

2. Patient's  
serum

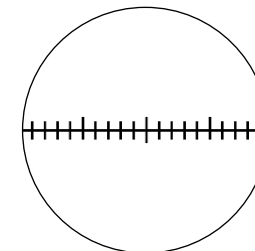
3. Latex  
Diagnosticum



**Conclusion:**

Smear \_\_\_\_\_

Stain \_\_\_\_\_



INDIVIDUAL WORK				
Write down the following information				
Type of vaccine	Characteristic feature	Advantage	Disadvantage	Example

## Practical class 14. TEST “IMMUNOLOGY. IMMUNITY. ALLERGY”

List of questions	Oral quiz	Script	Tests	Total results
<ol style="list-style-type: none"> <li>1. Immunology. Definition, tasks, methods. History of immunology.</li> <li>2. Immune system. Characteristics. Organs, cells, molecules of the immune system.</li> <li>3. Cytokines. Definition, classification. Biological importance.</li> <li>4. Immunity: definition, classification. Characteristics of anti-infection immunity.</li> <li>5. Innate immunity: definition, immune and non-immune factors, characteristics.</li> <li>6. Complement system: definition, ways of activation, functions. Medical importance. Methods of complement activity evaluation.</li> <li>7. Phagocytosis. Phagocytes. Phagocytosis phases. Phagocytosis outcome (complete, incomplete). Chemotaxins, opsonins: origin and medical importance. Phagocytosis evaluation methods.</li> <li>8. Immune response and factors influencing its strength.</li> <li>9. B-lymphocytes, characteristics, main markers. Humoral immune response, periods.</li> <li>10. Methods for B-lymphocytes quantity and functional activity evaluation.</li> <li>11. Antigens: structure, classification, characteristics.</li> <li>12. Bacteria antigenic structure. Cross-reacting antigens.</li> <li>13. Antibodies, structure-functional organization of immunoglobulin molecule, characteristics. Antiidiotypic and monoclonal antibodies.</li> <li>14. Classes of immunoglobulins, characteristics.</li> <li>15. Mechanisms of antigens and antibodies interactions. Specificity. Phases. Affinity. Avidity.</li> <li>16. Serology reactions, characteristics. Tasks, periods, clinical importance.</li> <li>17. Agglutination reaction. Methods of conduction and result registration. Medical importance.</li> <li>18. Passive haemagglutination, ingredients. Methods of conduction and result registration. Medical importance. Reversed passive agglutination test. Latex agglutination.</li> <li>19. Precipitation reaction. Methods of conduction and result registration. Medical importance.</li> <li>20. Immunofluorescence test. Medical importance.</li> <li>21. Immunoenzyme analysis. ELISA. Ingredients, methods of conduction, results registration, characteristics. Medical importance.</li> <li>22. Immune lysis reactions. Haemolysis.</li> <li>23. T-lymphocytes system, characteristics. Cellular immune response, dynamics.</li> <li>24. Methods for T-lymphocytes quantity and functional activity evaluation.</li> <li>25. Allergy: definition, classification. Allergy phases and types.</li> <li>26. Allergens: definition, classification, characteristics.</li> </ol>	<ol style="list-style-type: none"> <li>27. Allergic reaction of immediate type, clinical phenomena.</li> <li>28. Mediator type of ITH: definition, mechanisms, clinical phenomena, approaches for prophylaxis.</li> <li>29. Cytotoxic (II) and immunocomplex (III) ITH types: definitions, mechanisms, clinical phenomena.</li> <li>30. Hypersensitivity of delayed type (IV): definition, classification, clinical phenomena.</li> <li>31. Methods for ITH diagnostics (in vivo and in vitro).</li> <li>32. Methods for DTH diagnostics (in vivo and in vitro).</li> <li>33. Immune tolerance: definition, mechanisms, medical importance.</li> <li>34. Transplantation immunity. MHC antigens of I, II, III types, role for an immune response development. Transplantological reactions. Mechanisms of transplant rejection. Prophylaxis.</li> <li>35. Clinical immunology: definition, aims.</li> <li>36. Primary and secondary immunodeficiencies: definitions, classification, medical importance.</li> <li>37. Immune status: definition, methods for evaluation. Influence of life way on the immune system function.</li> <li>38. Autoimmune diseases, classification. Autoantigens. Mechanisms of autoimmunity.</li> <li>39. Immunoprophylaxis and immunotherapy of infections. Achievements and problems.</li> <li>40. Vaccines, main demands. Classification, characteristics, approaches to development. New vaccines.</li> <li>41. Vaccinal immunity. Factors influencing vaccinal immunity.</li> <li>42. Passive immunoprophylaxis. Antisera for therapy and prophylaxis, medical importance.</li> <li>43. Immunocorrection. Methods for suppression and stimulation of the immune response, drugs for immunocorrection.</li> </ol> <p style="text-align: center;"><b>List of practice</b></p> <ol style="list-style-type: none"> <li>1. Register the result of agglutination test.</li> <li>2. Register the result of gel immunoprecipitation test.</li> <li>3. Register the result of passive haemagglutination test.</li> <li>4. Perform the slide agglutination test</li> <li>5. Determine the immunoglobulins concentration.</li> <li>6. Determine T-lymphocytes quantity in ready slide by immune rosettes method.</li> <li>7. Determine phagocytosis indices in ready slides</li> </ol>			

## Practical class 15. MICROBIOLOGICAL DIAGNOSTICS OF DISEASES CAUSED BY STAPHYLOCOCCI, STREPTOCOCCI, NEISSERIA

### Suggested reading for self-study:

Staphylococci, general characteristics. Pathogenicity factors. Staphylococcal infection, including dentistry. Staphylococci as causative agents of nosocomial infections. Methods of staphylococcal infections microbiological diagnostics. The material for the research depending on the infection form. Scheme of pure culture isolation (from pus, mucus, blood, etc.). Identification methods, phagotyping of Staphylococci. Specific prevention and treatment of staphylococcal infections. Hospital staphylococci: MRSA, antibiotics of choice for their therapy.

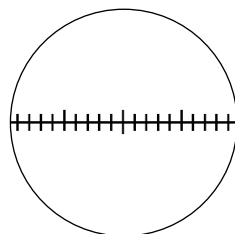
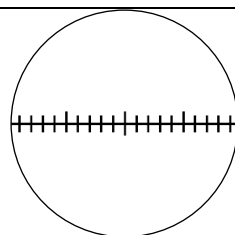
Streptococci, systematics, general characteristics. Antigenic structure. *S. pyogenes*, *S. pneumoniae*, *S. mutans* and other spp of the oral cavity. The role in the health and pathology of the oral cavity. Acute and chronic diseases, pathogenesis, immunity. Methods for streptococcal infections diagnosis. Bacteriological method, study design. Material for studies depending on the form of the infection, the rules and methods of sampling. Principles of therapy and prevention streptococcal infections.

*Neisseria*. Systematics, general characteristics. The role in the health and pathology of the oral cavity. Meningococcus, gonococcus. Pathogenicity factors. Pathogenesis and immunity. Microbiological diagnostics, material for studies. Specific prevention and treatment.

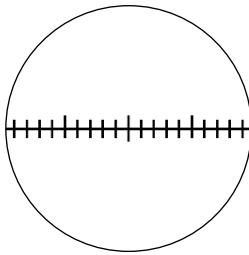
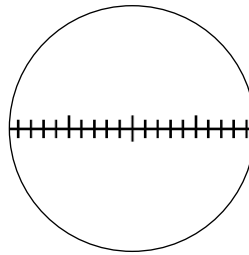
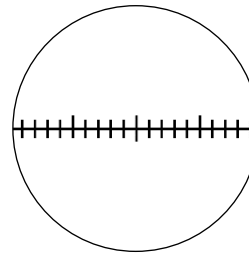
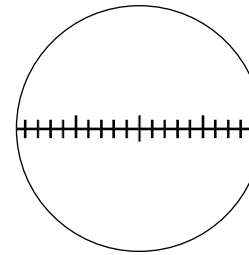
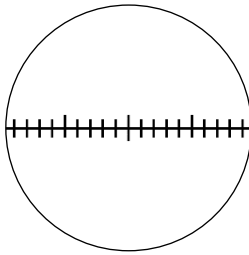
Signature of the tutor \_\_\_\_\_

Oral quiz	Laboratory work	Individual work	Tests	Total results

### Laboratory work

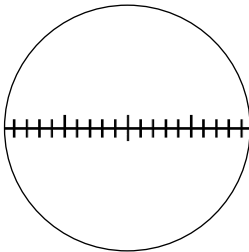
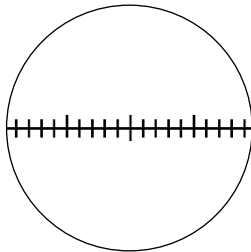
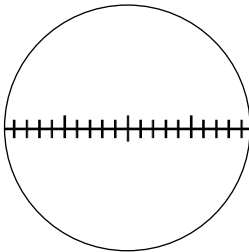

Laboratory exercises	Laboratory report			
1. Microbiological diagnostics of staphylococcal infection, 2 <sup>nd</sup> period: – macro- and microscopic examination of the colonies on YSA; – plasmacoagulase test (stabilized rabbit plasma, 37 °C, 2–4–24 h).	Smear _____		Staphylococcal colonies	
	Stain _____		shape	
			size/elevation	
			surface (appearance)	
			edge (margin)	
			pigmentation	
			transparency	
			lecithinase	
			Conclusion: according to morphological, cultural and biochemical properties unknown bacterium is identified as _____	
2. Microbiological diagnostics of streptococcal infection, 3 <sup>rd</sup> period: – the description of Streptococci growth in serum broth; – determining the morphology of streptococci, Gram staining; – determination of streptococcus serogroups by ring precipitation test.	Smear _____			
	Stain _____			
			Conclusion: according to morphological, cultural and biochemical properties unknown bacterium is identified as _____	



Laboratory exercises	Laboratory report			
3. Demonstration: – <i>Staphylococcus aureus</i> in pus, Gram staining; – <i>Streptococcus pneumonia</i> , pure culture, Gram staining; – <i>S. pneumoniae</i> , white mice, Gram staining; – <i>Neisseria gonorrhoeae</i> in pus, Gram staining; – <i>Neisseria meningitidis</i> in cerebrospinal fluid, methylene blue; – the growth of staphylococci on YSA, blood agar, broth; – the growth of streptococci on blood agar and broth; – coagulase test (plasma); – anaerobic mannitol fermentation; – phage typing of staphylococci.	Smear _____ Stain _____ 	Smear _____ Stain _____ 	Smear _____ Stain _____ 	Smear _____ Stain _____ 
	Smear _____ Stain _____ 			

INDIVIDUAL WORK					
Write down the table					
	<i>Staphylococcus aureus</i>	<i>Streptococcus pneumonia</i>	<i>Streptococcus mutans</i>	<i>Neisseria gonorrhoeae</i>	<i>Neisseria meningitidis</i>
Typical Diseases					
Type of Pathogenesis Pathogenicity factors					
Predisposing Factor					
Specific prevention					
Laboratory Diagnosis					

## Practical class 16. MICROBIOLOGICAL DIAGNOSTICS OF ACUTE ENTERIC INFECTIONS CAUSED BY ENTEROBACTERIA. METHODS FOR FOOD POISONING DIAGNOSTICS

<b>Suggested reading for self-study:</b> General characteristics of Enterobacteriaceae family. Escherichia, general characteristics. The biological role of Escherichia coli in health and pathology. Salmonella, classification and general characteristics. The role in the pathology, the pathogenesis of typhoid, manifestations in the oral cavity. Shigella, classification, general characteristics. The role in pathology. Common principle of microbiological diagnosis of acute intestinal infection. Etiology of food poisoning. Principles of microbiological diagnostics.		Signature of the tutor _____				
		Oral quiz	Laboratory work	Individual work	Tests	Total results
<b>Laboratory work</b>						
<b>Laboratory exercises</b>		<b>Laboratory report</b>				
1. Demonstration: – <i>E. coli</i> , pure culture, Gram staining; – <i>Salmonella typhi</i> pure culture, Gram staining; – <i>Shigella flexneri</i> pure culture, Gram staining; – clean media: Endo, Levin, Ploskirev, bismuth sulfite agar, Rapoport, magnesium, Kliglera; – the same media with the growth of <i>E. coli</i> , <i>Salmonella</i> , <i>Shigella</i> ; – biochemical activity of <i>E. coli</i> and <i>Salmonella</i> ;  2. Slide agglutination test with diagnostic O and H-serum for identification of <i>Salmonella</i> .	Smear _____ Stain _____ 	Smear _____ Stain _____ 				
	Smear _____ Stain _____ 	Slide agglutination test  <div style="float: right;">Conclusion:</div>				

INDIVIDUAL WORK					
Write down the table					
Enterobacteriaceae family				Biological properties <i>Escherichia coli</i> , as normal microflora representatives	
	<i>Escherichia</i>	<i>Salmonella</i>	<i>Shigella</i>	Positive	Negative
Diseases					
Pathogenicity factors					
Specific prevention					
Methods of microbiological diagnostics					
Confront two microbes (continue on the suggested sample)			Food poisoning		
	<i>Escherichia coli</i>	<i>Streptococcus mutans</i>		Foodborne diseases	Microbial food toxicosis
Morphology (draw)			Definition		
Size					
Shape					
Capsule					
Motility			Abbreviation		
Biotope			Pathogens		
			Base of Pathogenesis		
			Materials for the research		

## Practical class 17. MICROBIOLOGICAL DIAGNOSTICS OF DISEASES CAUSED BY KLEBSIELLA, CAMPYLOBACTER, HELICOBACTER AND PSEUDOMONADA

### Suggested reading for self-study:

Klebsiella, classification and general characteristics, main diseases caused.

Campylobacter, general characteristics, role in human pathology. Mechanisms of pathogenesis. Diagnosis of campylobacteriosis. Helicobacter.

Pseudomonas aeruginosa, general characteristics, role in human pathology.

### Signature of the tutor

Oral quiz	Laboratory work	Individual work	Tests	Total results

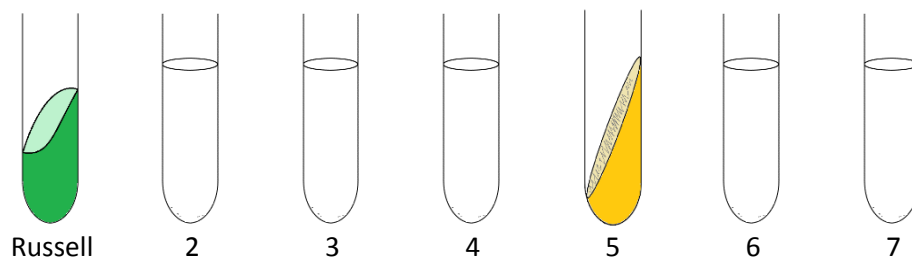
### Laboratory work

#### Laboratory exercises

1. Microbiological diagnostics of Klebsiellosis, 3<sup>rd</sup> period:

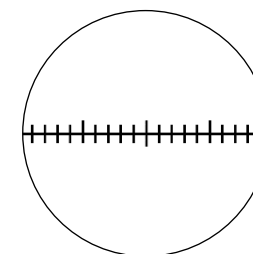
- determine the biochemical properties of Klebsiella;
- perform slide agglutination test with anti-capsule diagnostic sera and determine the K-antigen;
- determine the titer of CFT for serological diagnosis of Scleroma.

#### Laboratory report

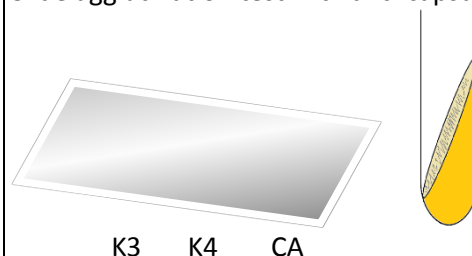


Smear \_\_\_\_\_

Stain \_\_\_\_\_



Slide agglutination test with anti-capsule serum






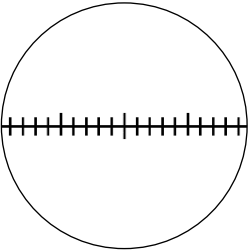
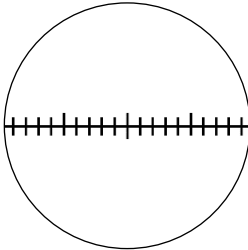
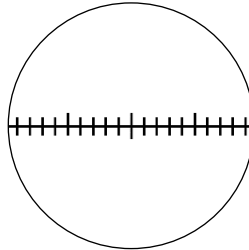
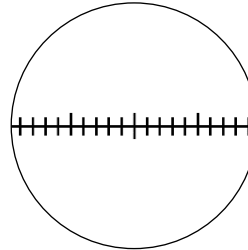


#### Biochemical properties

#### K. pneumoniae

	s. rhinoscleromatis	s. ozaenae	s. pneumoniae
1, 2 Glucose (A+G)	–	+/-	+
1, 3 Lactose	–	+/-	+
4 Saccharose (4 <sup>th</sup> day)	–	+/-	+
5 Citrate	–	+/-	+
6 Urea	–	-/+	+
7 Malonate	+	–	+
8 Antigens	O2a:K3	O2b:K4	O1.3–5:K1–3

Conclusion: \_\_\_\_\_

Laboratory exercises	Laboratory report											
2. Demonstration: – <i>K. pneumonia s. rhinoscleromatis</i> capsule (Hins-Burri staining); – <i>K. pneumonia s. rhinoscleromatis</i> , pure culture, Gram staining; – <i>Pseudomonas aeruginosa</i> , pure culture, Gram staining; – <i>C. jejuni</i> , pure culture, Gram staining; – Klebsiella growth on differential diagnostic media; – oxidase test.	1:5	1:10	1:20	SA	AC	COMPLEMENT FIXATION TEST						
						Var	Serum dilutions			SC	AC	Result
							1:5	1:10	1:20			
						1	++++	++++	++++	–	–	Very positive
						2	++++	++++	–	–	–	Positive
						3	+++	–	–	–	–	Slight positive
						4	–	–	–	–	–	Negative
	Smear _____	Smear _____	Smear _____	Smear _____								
	Stain _____	Stain _____	Stain _____	Stain _____								
												

INDIVIDUAL WORK					
Write down the table					
	<i>Klebsiella pneumonia</i>	<i>K. pneumonia s. rhinoscleromatis</i>	<i>Campylobacter jejuni</i>	<i>Helicobacter pylori</i>	<i>Pseudomonas aeruginosa</i>
Typical Diseases					
Pathogenicity factors					
Prophylaxis					
Laboratory Diagnosis					

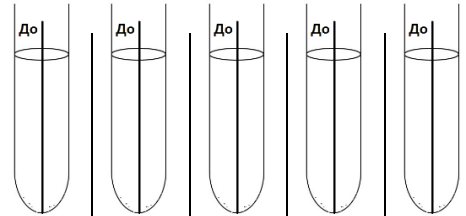
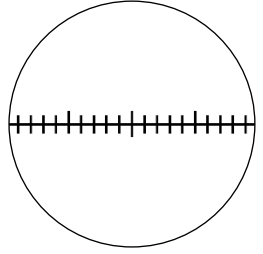
## Practical class 1 (18). MICROBIOLOGICAL DIAGNOSIS METHODS OF DISEASES CAUSED BY CORYNEBACTERIA, BORDETELLA

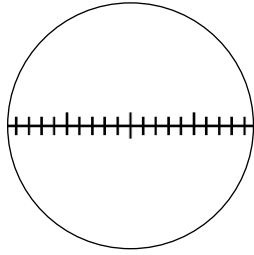
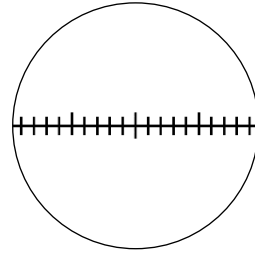
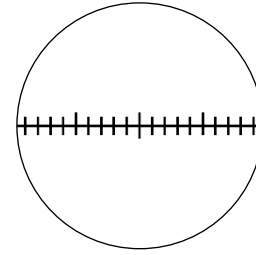
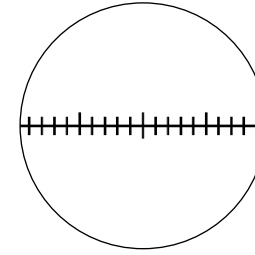
### Suggested reading for self-study:

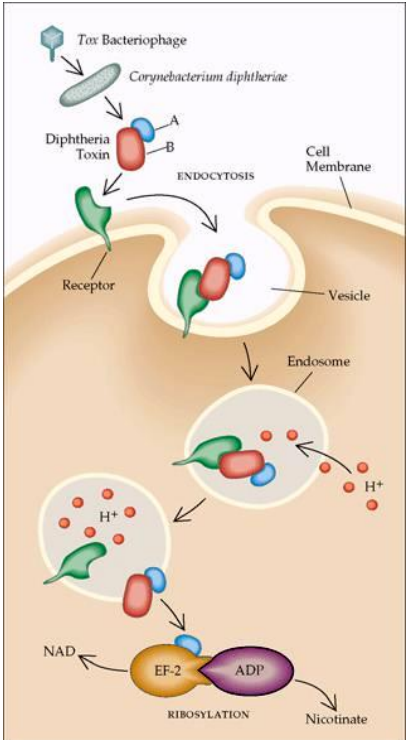
Corynebacterium diphtheria, general characteristics of the pathogen. Types of Corynebacterium diphtheria, their distinctive features. Diphtheria toxin and antitoxic serum. The pathogenesis of diphtheria. Diphtheria in the oral cavity. Methods of diphtheria microbiological and molecular biological diagnosis. Principles of diphtheria therapy and prevention.

Bordetella pertussis and parapertussis. Characteristics of the pathogen, pathogenicity factors. The pathogenesis of pertussis, manifestation in the oral cavity, immunity, diagnostics. Principles of pertussis therapy and prevention.

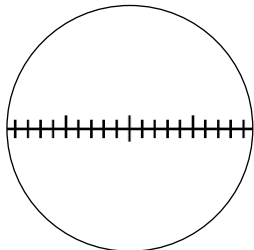
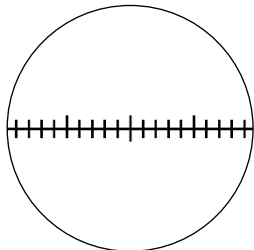
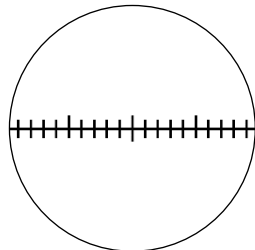
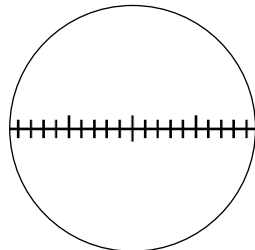
Oral quiz	Laboratory work	Individual work	Tests	Total results
Signature of the tutor _____				


Laboratory work																																																								
Laboratory exercises	Laboratory report																																																							
<p>1. Bacteriological diagnosis of diphtheria, the 2<sup>nd</sup> period:</p> <ul style="list-style-type: none"> <li>– describe the colonies Corynebacterium on potassium tellurite serum agar;</li> <li>– seed bacteria from typical colonies into Hiss media (glucose, sucrose, starch).</li> </ul>	Smear _____	<b>Feature</b>	<b>Colonies on serum tellurite agar</b>																																																					
	Stain _____	Shape																																																						
		Size																																																						
		Surface																																																						
		Edge																																																						
		Color																																																						
		Transparency																																																						
	<b>Biochemical properties of certain corynebacteria</b> <table border="1"> <thead> <tr> <th rowspan="3">Corynebacteria spp.</th><th colspan="5">Enzymatic activity</th></tr> <tr> <th colspan="3">with Acid production</th><th rowspan="2">Cysteinase</th><th rowspan="2">Urease</th></tr> <tr> <th>Glucose</th><th>Sucrose</th><th>Starch</th></tr> </thead> <tbody> <tr> <td><i>C. diphtheriae gravis</i></td><td>+</td><td>–</td><td>+</td><td>+</td><td>–</td></tr> <tr> <td><i>C. diphtheriae mitis</i></td><td>+</td><td>–</td><td>–</td><td>+</td><td>–</td></tr> <tr> <td><i>C. pseudodiphtheriae (hofmani)</i></td><td>±0</td><td>–</td><td>–</td><td>–</td><td>+</td></tr> <tr> <td><i>C. xerosis</i></td><td>+</td><td>+</td><td>–</td><td>–</td><td>+</td></tr> <tr> <td><i>C. ulcerans</i></td><td>+</td><td>–</td><td>+</td><td>+</td><td>+</td></tr> <tr> <td><i>X-microbe</i></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Corynebacteria spp.	Enzymatic activity					with Acid production			Cysteinase	Urease	Glucose	Sucrose	Starch	<i>C. diphtheriae gravis</i>	+	–	+	+	–	<i>C. diphtheriae mitis</i>	+	–	–	+	–	<i>C. pseudodiphtheriae (hofmani)</i>	±0	–	–	–	+	<i>C. xerosis</i>	+	+	–	–	+	<i>C. ulcerans</i>	+	–	+	+	+	<i>X-microbe</i>					
	Corynebacteria spp.	Enzymatic activity																																																						
		with Acid production			Cysteinase	Urease																																																		
Glucose		Sucrose	Starch																																																					
<i>C. diphtheriae gravis</i>	+	–	+	+	–																																																			
<i>C. diphtheriae mitis</i>	+	–	–	+	–																																																			
<i>C. pseudodiphtheriae (hofmani)</i>	±0	–	–	–	+																																																			
<i>C. xerosis</i>	+	+	–	–	+																																																			
<i>C. ulcerans</i>	+	–	+	+	+																																																			
<i>X-microbe</i>																																																								
<b>Conclusion:</b> according to morphological, cultural and biochemical properties unknown bacterium is identified as _____																																																								

2. Demonstration: – <i>Corynebacterium diphtheria</i> stained by Neisser; – <i>C. diphtheria</i> stained by Leffler; – <i>Bordetella pertussis</i> , Gram staining; – test for <i>Corynebacterium diphtheria</i> toxigenicity; – preparations for specific prevention and treatment of diphtheria and pertussis; – Growth of <i>Bordetella pertussis</i> and <i>parapertussis</i> on CCA, NA with tyrosine, urease test; – assessment of antidiphtheria immunity intensity.	Smear _____	Smear _____	Smear _____	Smear _____
	Stain _____	Stain _____	Stain _____	Stain _____
				

INDIVIDUAL WORK				
Write down the table				
	<i>Corynebacterium diphtheria</i>	<i>Bordetella pertussis</i>	<i>Bordetella parapertussis</i>	
Diseases				
Pathogenicity factors				
Specific prevention				
Methods of microbiological diagnostics				

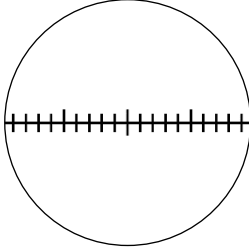
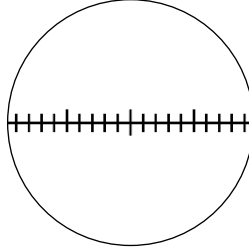
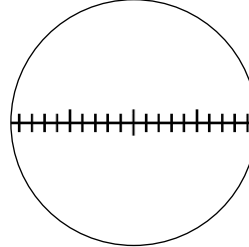
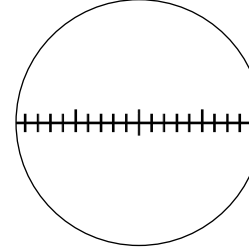
## Practical class 2 (19). MICROBIOLOGICAL DIAGNOSIS METHODS OF DISEASES CAUSED BY MYCOBACTERIA AND ACTINOMYCETES

<b>Suggested reading for self-study:</b> Actinomycetes, systematic position, general characteristics, prevalence, role in the oral cavity pathology. Etiology, pathogenesis, microbiological diagnostics principles of the head and neck tissues actinomycosis. Mycobacteria, general characteristics, resistance to acids. The causative agents of tuberculosis, species composition, morphology, nutritional needs, pathogenicity factors, differences from non-tuberculosis mycobacteria. The pathogenesis of tuberculosis, infectious granuloma, immunity, allergy, anergy. Principles of microbiological diagnostics of tuberculosis, immunoprophylaxis. TB chemotherapeutic drugs. TB symptoms in the oral cavity.		Oral quiz	Laboratory work	Individual work	Tests	Total results
		<b>Signature of the tutor</b> _____				
<b>Laboratory work</b>						
<b>Laboratory exercises</b>		<b>Laboratory report</b>				
1. Bacteriological diagnosis of diphtheria, the 3 <sup>rd</sup> period: – the assessment of Corynebacteria enzymatic activity, identification, conclusion. 2. Demonstration: – Cord factor of <i>M. tuberculosis</i> , Ziehl–Neelsen staining; – <i>Actinomycetes spp.</i> , pure culture, Gram staining; – <i>M. leprae</i> , Ziehl–Neelsen staining; – <i>M. tuberculosis</i> in sputum, Ziehl–Neelsen staining; – Mycobacteria growth on nutrient media; – Flotation method; – determination of <i>M. tuberculosis</i> drug resistance.		Smear _____ Stain _____	Smear _____ Stain _____	Smear _____ Stain _____	Smear _____ Stain _____	
						

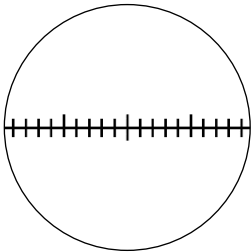
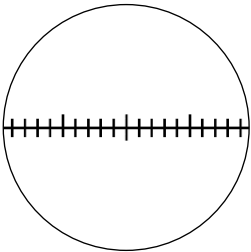
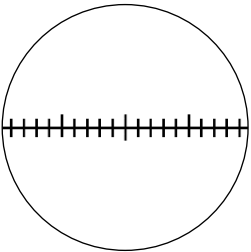
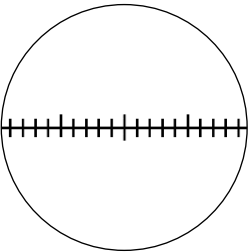
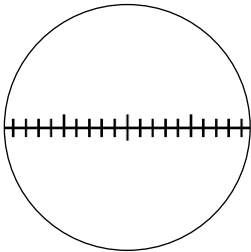
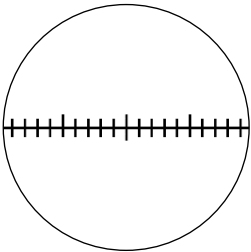
INDIVIDUAL WORK				
Write down the table				
	<i>M. tuberculosis</i>	<i>M. leprae</i>	<i>Actinomycetes spp.</i>	<b>What is shown in the photo?</b> 
Diseases				
Pathogenicity factors				
Specific prevention				
Methods of microbiological diagnostics				

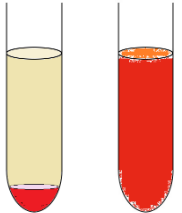



















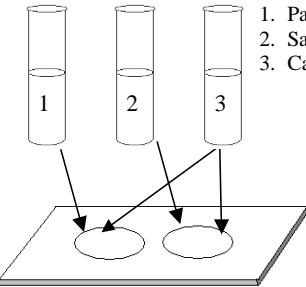


## Practical class 3 (20). METHODS OF ANAEROBIC INFECTIONS MICROBIOLOGICAL DIAGNOSTICS

<b>Suggested reading for self-study:</b> Anaerobes, classification, general characteristics. Non-spore anaerobes of the oral cavity (streptococci, bacteroides, fusobacteria, peptococci, peptostreptococci, veillonella, fusobacterial, leptotrichi, prevotella, bilophila), role in pathology. Causative agents of gas gangrene, tetanus, botulism, general characteristics. Pathogenicity factors, exotoxins. Clostridium role in dentistry. General principles and methods for anaerobic infections diagnosis. Molecular biological diagnostics — PCR. Principles of anaerobic infections therapy and prevention.				Oral quiz	Laboratory work	Individual work	Tests	Total results
				Signature of the tutor _____				
<b>Laboratory work</b>								
<b>Laboratory exercises</b>		<b>Laboratory report</b>						
1. Bacteriological diagnosis of diphtheria, the 3 <sup>rd</sup> period: – the assessment of Corynebacteria enzymatic activity, identification, conclusion. 2. Demonstration: – Clostridium, Gram staining; – Bacteroides, Gram staining; – veillonella spp., Gram staining; – fusobacterial spp., Gram staining; – anaerobes growth on nutrient media.		Smear _____	Smear _____	Smear _____	Smear _____	Stain _____	Stain _____	Stain _____
		Stain _____	Stain _____	Stain _____	Stain _____	Stain _____	Stain _____	Stain _____
								
<b>INDIVIDUAL WORK</b>								
Write down the table								
	<i>Clostridium tetani</i>	<i>Clostridium perfringens</i>	<i>Clostridium botulinum</i>	<i>Bacteroides fragilis</i>	<i>Fusobacterium nucleatum</i>			
Diseases								
Pathogenicity factors								
Specific prevention								
Methods of microbiological diagnostics								

## Practical class 4 (21). MICROBIOLOGICAL DIAGNOSTICS OF DISEASES CAUSED BY SPIROCHETES, RICKETTSIA, CHLAMYDIA, MYCOPLASMA

<b>Suggested reading for self-study:</b> Spirochetes, classification, general characteristics. Treponema. Systematics and general characteristics. Pathogenesis and immunity in syphilis, manifestations in the oral cavity. Methods of syphilis microbiological diagnosis. Principles of syphilis therapy and prevention. Fusospirochetosis pathogens. Leptospira, Borrelia. Role in human pathology. The causative agent of Lyme borreliosis. Rickettsiae, systematic position, classification, general characteristics, role in human pathology. Rickettsia typhi, pathogenesis, immunity and methods of microbiological diagnostics. Other pathogenic rickettsia. Chlamydia, systematics and general characteristics, role in human pathology. Mycoplasma, systematics and general characteristics, role in human pathology.				Oral quiz	Laboratory work	Individual work	Tests	Total results
				<b>Signature of the tutor</b> _____				
<b>Laboratory work</b>								
<b>Laboratory exercises</b>		<b>Laboratory report</b>						
<b>1. Demonstration:</b> – <i>Leptospira</i> spp., dark field microscopy; – <i>Borrelia recurrentis</i> in blood, Romanovsky-Giemsa staining; – <i>Treponema</i> spp. in dental plaque, Gram staining; – <i>Treponema pallidum</i> , pure culture; Romanovsky-Giemsa staining; – <i>Chlamydia</i> spp. in cell culture, Romanovsky-Giemsa staining; – <i>R. prowazeki</i> , pure culture, Zdrodovski staining; – Wasserman test (ELISA).		Smear _____ Stain _____	Smear _____ Stain _____	Smear _____ Stain _____	Smear _____ Stain _____			
								
		Smear _____ Stain _____	Smear _____ Stain _____					
								

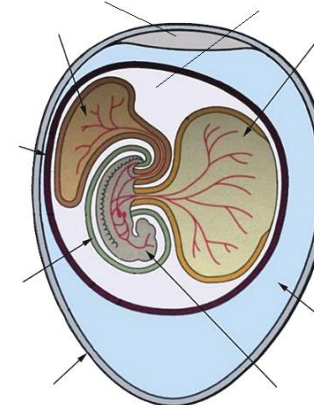
Laboratory exercises		Laboratory report									
2. Assess CFT for the epidemic typhus diagnostics.	<b>4. CFT</b>	<b>1:20</b>	<b>1:40</b>	<b>1:80</b>	<b>1:160</b>	<b>1:320</b>			<b>SC</b>	<b>AC</b>	
	 <b>Key</b> "+"        "-"										
	Assess:										
	<b>Conclusion:</b>										
	<b>PASSIVE BLOOD AGGLUTINATION TEST</b>										
3. Passive blood agglutination test for differential diagnostics of epidemic and residual typhus.	<b>1/10</b>	<b>1/20</b>	<b>1/40</b>	<b>1/80</b>	<b>1/160</b>	<b>1/320</b>	<b>1/640</b>		<b>SC1</b>	<b>AC</b>	
											
									<b>SC2</b> 		
	<b>Conclusion:</b>										
	<b>Conclusion:</b>										
4. Perform the slide microprecipitation reaction (VDRL) for the syphilis serodiagnosis.	 1. Patient serum 1:20 2. Saline sol. 3. Cardiolipin Ag			Slide microprecipitation reaction (VDRL) for the syphilis serodiagnosis				Assess ELISA (Wasserman test) for the syphilis diagnostics.			
				Conclusion:				Conclusion:			
5. Assess ELISA (Wasserman test) for the syphilis diagnostics.											



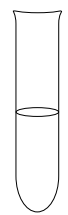
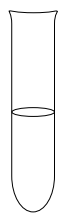
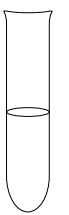
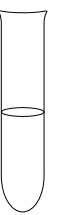





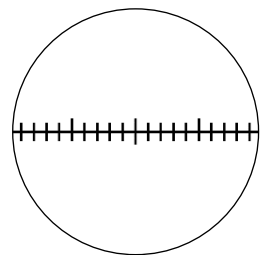
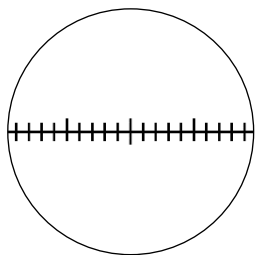
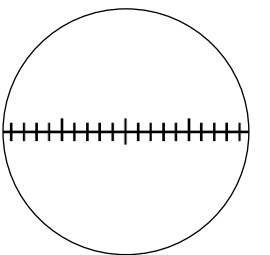
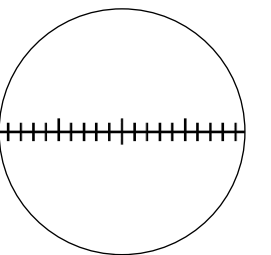
INDIVIDUAL WORK					
Write down the table "Quarantine infections"					
	<i>V. cholerae</i>	<i>Y. pestis</i>	<i>Brucella spp</i>	<i>F. tularensis</i>	<i>B. anthracis</i>
Diseases					
Pathogenicity factors					
Specific prevention					
Methods of microbiological diagnostics					

## Practical class 5 (22). TEST “SPECIAL BACTERIOLOGY”

List of questions	Oral quiz	Script	Tests	Total results
<p>1. Staphylococci, classification, general characteristics. Staphylococcal infections, pathogenesis and immunity. Role in oral cavity pathology. Microbiological diagnosis. Principles of staphylococcal infections treatment and prevention.</p> <p>2. Streptococci, classification, general characteristics, antigenic structure. Acute and chronic streptococcal infections. Oral streptococci. The role of streptococci in oral pathology. Methods of streptococcal infections diagnostics. Principles of therapy and prophylaxis.</p> <p>3. Classification of Neisseria. Meningococcus, general characteristics. Meningococcal infections, mechanisms of pathogenesis, immunity, methods of diagnosis, prevention.</p> <p>4. Gonococci, general characteristics. Mechanisms of pathogenesis and immunity. Microbiological diagnosis of acute and chronic gonorrhea. Principles of therapy and prophylaxis. Gonorrheal stomatitis.</p> <p>5. General characteristics of the family. Enterobacteriaceae.</p> <p>6. General Principles of acute intestinal infections (All) bacteriological diagnosis. E. coli, common characteristic. The biological role of Escherichia coli. Diseases caused by Escherichia.</p> <p>7. Salmonella. General characteristics. Members of the genus. Diseases caused by Salmonella.</p> <p>8. Pathogens of typhoid, paratyphoid A and B, general characteristic. Pathogenesis, immunity, prophylaxis and methods of microbiological diagnosis of typhoid and paratyphoid.</p> <p>9. The etiology of bacterial origin food poisoning and intoxication. Materials and methods of diagnosis.</p> <p>10. Shigella. Classification. Characteristics. Pathogenesis, immunity of dysentery.</p> <p>11. Klebsiella, general characteristics. Role in human pathology. Methods of klebsiellosis microbiological diagnostics.</p> <p>12. Pseudomonas aeruginosa, general characteristics, pathogenicity factors. Role in human pathology.</p> <p>13. C. diphtheria, general characteristics. Pathogenesis of diphtheria. Manifestation of diphtheria in oral cavity. Immunity in diphtheria. Methods of microbiological diagnostics, principles of diphtheria therapy and prevention.</p> <p>14. The causative agent of whooping cough, general characteristics. Differentiation with paraptussis agent. Pathogenesis, immunity. Microbiological diagnosis, principles of pertussis treatment and prevention.</p> <p>15. Actinomycetes, general characteristics. Role in the oral cavity pathology. Actinomycosis, characteristic of pathogen diagnostic techniques.</p> <p>16. Classification of Mycobacteria. General characteristics of the tuberculosis causative agents. Pathogenesis, immunity, diagnostic, principles of tuberculosis therapy and prophylaxis. Manifestations of tuberculosis in the oral cavity.</p> <p>17. Quarantine infection. Classification mode. Basic rules of infectious material sampling, sending and transportation. General principles of diagnosis.</p> <p>18. V. cholera, general characteristics. Pathogenesis, immunity, principles of treatment and prevention.</p>	<p>19. Classification and general characteristics of anaerobes. Clostridia. Nonspore anaerobes. Role in the oral cavity pathology.</p> <p>20. The causative agent of tetanus, general characteristics. Pathogenesis, immunity, principles of tetanus treatment and prevention. Gas gangrene pathogens, general characteristics. Pathogenesis, principles of gas gangrene treatment and prevention.</p> <p>21. The causative agent of botulism, general characteristic. Pathogenesis, principles of botulism prevention and therapy.</p> <p>22. Methods of anaerobic infections diagnosis.</p> <p>23. Classification and general characteristics of spirochetes. Borreliosis and leptospirosis agents.</p> <p>24. Classification of treponemes and treponemal diseases. Characteristics of syphilis causative agent. Pathogenesis, immunity, principles of syphilis therapy and prophylaxis, manifestations in the oral cavity. Methods of syphilis diagnosis.</p> <p>25. Oral spirochetes. Fusospirochaetosis.</p> <p>26. Rickettsia. Role in human pathology. Pathogenesis, immunity, methods of typhus diagnosis.</p> <p>27. Chlamydia. Role in human pathology. Pathogenesis, immunity, methods of diagnosis.</p> <p>28. Mycoplasma. Role in human pathology. Pathogenesis, immunity, methods of diagnosis.</p> <p>29. Vibrio: classification, characteristics, antigenic structure, pathogenicity factors. Cholera: pathogenesis, immunity, microbiological diagnosis, prophylaxis, principles of treatment. The role of noncholera vibrios in human pathology.</p> <p>30. Plague, tularemia: classification and characteristics of causative agents, pathogenicity factors, microbiological diagnosis, prophylaxis, principles of treatment.</p> <p>31. Bacilli: classification, characteristics. The causative agent of anthrax: properties, pathogenicity factors. Anthrax in humans: pathogenesis, prevention, manifestations in the oral cavity.</p> <p>32. Tularemia: classification, general characteristics. Pathogenesis, immunity, prevention.</p> <p>33. Brucella: classification, general characteristics. Human brucellosis: pathogenesis, immunity, prevention.</p> <p style="text-align: center;"><b>Practical skills:</b></p> <p>1. Determine the morphology of Staphylococcus, pure culture, Gram stain.</p> <p>2. Determine the morphology of Streptococcus, pure culture, Gram stain.</p> <p>3. Determine the morphology of Gonococci in pus, Gram stain.</p> <p>4. Determine the morphology of Enterobacteria, pure culture, Gram stain.</p> <p>5. Determine the morphology of the mixture of S. aureus and Escherichia coli, Gram stain.</p> <p>6. Determine the morphology of B. anthracis, pure culture, Gram stain.</p> <p>7. Determine the morphology Vibrio, pure culture, Gram stain.</p> <p>8. Determine the morphology of Brucella, a pure culture, Gram stain.</p> <p>9. Determine the morphology Corynebacteria, pure culture, Leffler stain.</p> <p>10. Determine the morphology of Klebsiella, pure culture, Hins-Burri stain.</p> <p>11. Determine the morphology of Mycobacteria in sputum, Ziehl-Neelsen stain.</p> <p>12. Determine the biochemical properties of enterobacteria on Kligler iron agar medium.</p>			

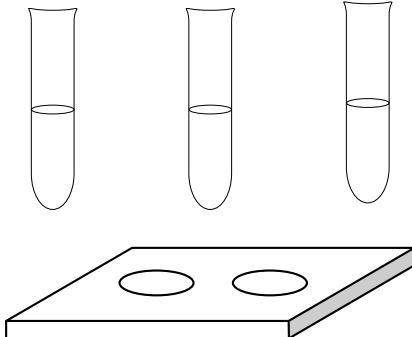
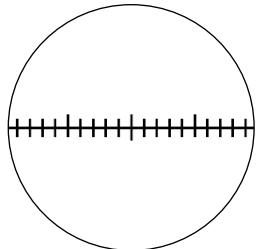
## Practical class 6 (23). METHODS OF INVESTIGATIONS IN VIROLOGY. BACTERIOPHAGES

<b>Suggested reading for self-study:</b> Viruses. Taxonomy and morphology of viruses. Mechanisms of reproduction. Strict parasitism and cytotropism of viruses. The types of viral infection. The mechanisms of antiviral immunity. Principles for the prevention of viral infections in the dental practice. Methods of viral infections diagnostics. Culturing of viruses. Viruses of bacteria (bacteriophages), characteristics of bacteriophages. Use of bacteriophages in medical practice.		Oral quiz	Laboratory work	Individual work	Tests	Total results
		<b>Signature of the tutor</b> _____				
<b>Laboratory work</b>						
<b>Laboratory exercises</b>		<b>Laboratory report</b>				
1. Chicken embryo inoculation with influenza virus in allantois cavity.		<div><div><div>2. Study the structure of hen embryo (8–11 days).</div><div>2. Examine hen embryo in ovoscope and determine the vitality signs: a) the dimensions of the embryo shape; b) presence of the developed blood vessels pattern; c) active mobility of the embryo; d) mark the air cavity border.</div><div>3. Set embryo on the egg rack and work with the shell as follows: a) 70 % alcohol; b) 5 % iodine.</div><div>4. Inoculate embryo as follows: a) flame scissors; b) carefully pierce the shell for 3–5 mm above the air cavity border; c) introduce 0.2 ml of viral material (live influenza vaccine) into the syringe; d) put the needle into the embryo (25 mm) vertically and introduce the material.</div><div>5. Repeat the shell manipulations according to p. 3.</div><div>6. Seal the shell with tape or melted wax. Mark the embryo (group number).</div><div>Inoculation of the Allantois cavity: 1. Use cotton wool and 70 percent alcohol to swab the eggs end to be inoculated. Allow the alcohol to evaporate. 2. Swab the eggshell punch with 70 percent of alcohol solution. Place used cotton wool in discard tray. 3. Pierce a hole in the end of the egg at the marked inoculation site. 4. Attach needle to 1 mL syringe. 5. Draw inoculum into 1 mL syringe. 6. Keeping the needle and syringe vertically, run through the eggshell hole approximately for 16 mm into the egg to reach the allantois cavity. 7. Inject 0.1 mL of inoculum into the egg. 8. Take the needle out from the egg. 9. Seal the hole in the shell with stationery tape or melted wax. 10. Discard the used needles and syringes. 11. Put the inoculated eggs into an incubator.</div></div></div> <div><div><div>1. Shell membrane</div><div>2. Air sac</div><div>3. Chorioallantoic membrane</div><div>4. Allantois cavity</div><div>5. Amnion cavity</div><div>6. Yolk sac</div><div>7. Albumin</div><div>8. Extraembryonic cavity</div><div>9. Embryo</div></div></div>				













2. Virus titration by color test.	<b>KEY</b>	<b>10<sup>-1</sup></b>	<b>10<sup>-2</sup></b>	<b>10<sup>-3</sup></b>	<b>10<sup>-4</sup></b>	<b>10<sup>-5</sup></b>	<b>10<sup>-6</sup></b>	<b>10<sup>-7</sup></b>	<b>CC</b>	<b>VC</b>	
	 pH ≥ 7.2	 pH < 7.2									
	<b>Conclusion:</b>										
3. Demonstration:	<div>             Smear _____ Stain _____              </div> <div>             Smear _____ Stain _____              </div> <div>             Smear _____ Stain _____              </div> <div>             Smear _____ Stain _____              </div>										

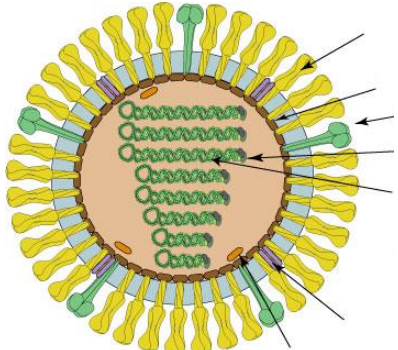
INDIVIDUAL WORK							
According to Baltimore classification, viruses are divided into the following seven classes (fill table)							
class	I	II	III	IV	V	VI	VII
Description of genome and replication strategy							
tip	T-C-A-G A-G-T-C	T-C-A-G	U-C-A-G A-G-U-C	U-C-A-G	U-C-A-G-	U-C-A-G↓↑	T-C-A-G ↓↑ A-G-T-C

## Practical class 7 (24). VIROLOGY DIAGNOSTICS OF DISEASES CAUSED BY ORTHOMYXOVIRUSES, PARAMYXOVIRUSES, CORONAVIRUSES. RUBIVIRUS

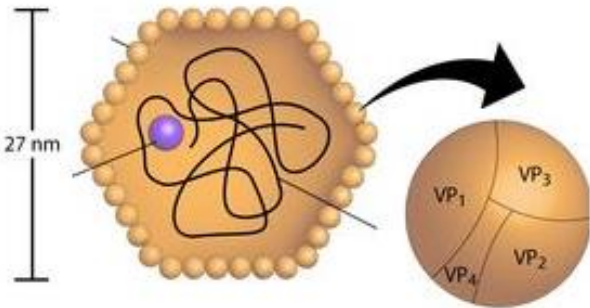
<b>Suggested reading for self-study:</b> Orthomyxoviruses. Taxonomy and characteristics of the family. Influenza viruses, morphology, antigenic structure and antigenic diversity (shift and drift) and its consequences. Methods for influenza diagnostics. Principles of therapy and prophylaxis. Paramyxoviruses. Taxonomy and characteristics of the family. Differentiation with Orthomyxoviruses, Parainfluenza viruses, Mumps virus, Morbillivirus, HRSV. Pathogenesis, immunity, specific prophylaxis. Coronaviruses: classification, characteristics. Coronavirus SARS-CoV-2: classification, characteristics. Coronavirus infection COVID-19: pathogenesis, immunity, etiological diagnosis, prevention, epidemic situation in the world. The causative agents of SARS-CoV and the MERS-CoV. Matonaviridae. Rubella virus. General characteristics. Role in pathology. Manifestations of rubella in the maxillofacial region. Prevention of rubella.		Oral quiz	Laboratory work	Individual work	Tests	Total results		
		Signature of the tutor _____						
Laboratory work								
Laboratory exercises		Laboratory report						
1. Chicken embryo autopsy. 2. Virus indication by slide HT. 3. Evaluation of HIT for influenzavirus identification.		1. Before autopsy embryo should be cooled for 2–3 hours at 4–6 °C for blood vessels constriction. 2. Treat the eggshell with 70%-alcohol and flamed. Repeat it once more. 3. Open the shell by sterile scissors 2–3 mm above air sack border. Remove shell membrane and aspirate 1 ml of allantois cavity liquid. 4. Amnion cavity liquid can also be taken (0.5–1.5 ml). 5. Remove an embryo on the Petri plate. Allantois membrane should be carefully examined by eyes. Usually influenza viruses produce no CPE. 6. Perform slide HT for virus indication.						
		<div><div>1</div><div>2</div><div>3</div></div> <div></div>			<b>SLIDE HT</b> Put two drops of 5 % chicken erythrocytes suspension onto glass slide. Add and mix one drop of allantois liquid (experiment) and saline (negative control) with each drop. The test is positive if flakes of erythrocytes are developed. The test is negative if erythrocytes remain in suspension after 5–7 min.  1. Allantois liquid. 2. Saline. 3. 5 % chicken erythrocytes.		<b>Smear</b> _____ <b>Stain</b> _____ <div></div>	



Laboratory work									
Laboratory exercises	Laboratory report								
4. Evaluation of HIT for influenza virus identification	L patient's virus	Anti H <sub>1</sub> N <sub>1</sub>	Anti H <sub>3</sub> N <sub>2</sub>	Anti H <sub>5</sub> N <sub>1</sub>	EC	VC	K <sub>анти</sub> C1	K <sub>анти</sub> C2	K <sub>анти</sub> C3
									
	D patient's virus								
Conclusion:									

INDIVIDUAL WORK									
 <p>1. Haemagglutinin 2. Neuraminidase 3. Lipid bilayer membrane 4. Matrix protein M1 5. Ion channel protein M2 6. Nucleoprotein 7. Nuclear export protein 8. Polymerase complex</p> <p>Virion of _____ virus (identify numerals virion structure) Baltimore Group _____</p>	Fill the table								
		Host	Tropism	Diseases	Transmission	Vaccine	Antiviral drugs	Samples	Laboratory diagnostics
	Influenza A virus								
	Measles virus								
	SARS-CoV								

## Practical class 8 (25). VIROLOGIC DIAGNOSTICS OF DISEASES CAUSED BY PICORNAVIRUSES

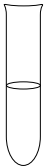
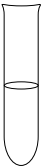
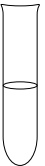

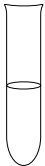
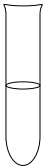
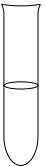
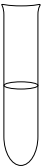
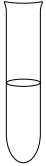
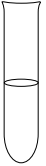



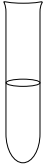
<b>Suggested reading for self-study:</b> Picornaviruses. Characteristics of the family, importance for human pathology. Etiology, pathogenesis, immunity, diagnostics and immunoprophylaxis of poliomyelitis. Coxsackieviruses and ECHOviruses. Stomatitis in diseases caused by RNA-viruses.					Oral quiz	Labo-ratory work	Indivi-dual work	Tests	Total results		
					<b>Signature of the tutor</b> _____						
<b>Laboratory work</b>											
<b>Laboratory exercises</b>			<b>Laboratory report</b>								
 <p>Virion of _____ virus (identify numerals virion structure)</p> <p>Baltimore Group _____</p>			Fill the table								
				Host	Tropism	Diseases	Transmi ssion	Vaccine	Antiviral drugs	Samples	Laboratory diagnostics
			Human poliovirus								
			Coxsackie viruses								
			ECHO viruses								

## Practical class 9 (26). VIROLOGIC DIAGNOSTICS OF DISEASES CAUSED BY HEPATITIS VIRUSES

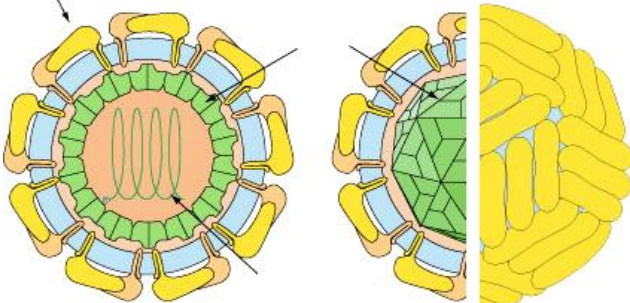
<b>Suggested reading for self-study:</b> Hepatitis viruses A, B, C, D, E. Taxonomy and characteristics, role in human pathology. Hepatitis A virus: characteristics. Hepatitis A: pathogenesis, immunity, etiologic diagnosis, prevention. Hepatitis B virus: systematics, characteristics. Viral hepatitis B: pathogenesis, etiological diagnosis, principles of therapy and prevention. Specific and non- specific prophylaxis in dentistry. Immunization of healthcare workers against HBV, control of post-vaccination immunity. Hepatitis D virus: characteristics, role in pathology, prevention. Hepatitis C virus: systematics, characteristics. Viral hepatitis C: pathogenesis, principles of diagnosis, therapy and prevention. Hepatitis E virus: characteristics, role in pathology, prevention.						Oral quiz	Labo- ratory work	Indivi- dual work	Tests	Total results									
						<b>Signature of the tutor</b>  _____													
<b>Laboratory work</b>																			
<b>Laboratory exercises</b>				<b>Laboratory report</b>															
1. Performance of ELISA for VHC diagnostics.  The protocol is based on the commercial ELISA kit for VHC diagnostics “RecombiBest anti-HCV” by VectorBest, RF. The method reveals antibodies (IgG and IgM) to HCV antigens.				Antibodies from patients’ serum bind to recombinant antigens adsorbed on the well of a plate. Specific immune complexes then detected by conjugate antibody-enzyme and respective enzymatic reaction. Colored product developed is measured by ELISA reader. Reaction scheme: a) HCV antigens are adsorbed on the strip wells as follows: rows A, E — core  rows B, F — NS3 rows C, G — NS4 rows D, H — NS5				b) put 100 µl of control sera and samples according to the plate layout’s) close strip with adhesive tape and incubate for 1 hour at 37 °C; d) wash wells 5 times; e) put 100 µl of conjugate in each well; f) seal strip with tape and incubate for 30 min at 37 °C; g) wash 5 times; h) put 100 µl of substrate in each well; i) incubate for 30 min at 37 °C; j) put 50 µl of stop solution in each well; k) measure the plate by ELISA reader; l) evaluate results.				C– — negative control; C+ — positive control; X <sub>1</sub> — serum patient 1; X <sub>2</sub> — serum patient 2; «1», «2» — plate vertical rows; A-H — plate horizontal rows;  Card STATEMENT				Core NS <sub>3</sub> NS <sub>4</sub> NS <sub>5</sub> Core NS <sub>3</sub> NS <sub>4</sub> NS <sub>5</sub>	A B C D E F G H	C- C- C- C- C+ C+ C+ C+	X <sub>1</sub> X <sub>1</sub> X <sub>1</sub> X <sub>1</sub> X <sub>2</sub> X <sub>2</sub> X <sub>2</sub> X <sub>2</sub>
Antigens	Row	OD control	OD probe	Cut-off	Results	1. Test results validation: Negative control OD < 0.2 Mean negative control OD = Mean positive control OD > 0.8 Mean positive control OD = 2. Cut-off level for each antigen: Cut-off (core-Ag) = NC ODO(core) + 0.2 = Cut-off (NS3-Ag) = NC OD (NS3) + 0.2 = Cut-off (NS4-Ag) = NC OD (NS4) + 0.2 = Cut-off (NS5-Ag) = NC OD (NS5) + 0.2 = 3. Positivity index determination for each antigen:					PI(core-Ag) = OD sample(core)/ Cut-off(core-Ag) = PI(NS3-Ag) = OD sample (NS3)/Cut-off(NS3-Ag) = PI(NS4-Ag) = OD sample (NS3)/Cut-off(NS4-Ag) = PI(NS5-Ag) = OD sample (NS3)/Cut-off(NS5-Ag) = 4. Results evaluation: a) If PI less than 1, sample is considered negative; b) the results are considered positive if IP exceeds 1 for: core-Ag any two antigens c) result is considered uncertain if IP exceeds 1 for one nonstructural protein only.								
Core	A																		
NS <sub>3</sub>	B																		
NS <sub>4</sub>	C																		
NS <sub>5</sub>	D																		
Core	E																		
NS <sub>3</sub>	F																		
NS <sub>4</sub>	G																		
NS <sub>5</sub>	H																		

2. Neutralization test on cell culture in paired sera for poliomyelitis serodiagnostics — accounting of reaction.

NT IN PAIRED SERA FOR POLIOMYELITIS SERODIAGNOSTICS

	1/10	1/20	1/40	1/80	1/160	SC <sub>1</sub>	VC	CC
<b>Patient Z' serum</b>								
<b>Patient X' serum</b>								

**Conclusion:**



1. Supercapsid

3. Glycoprotein E1

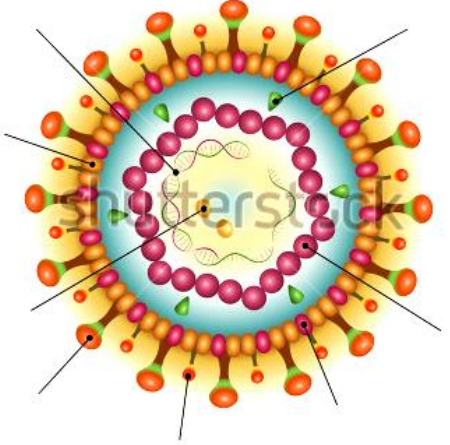
5. Unsegmented linear ssRNA(+)

2. Nucleocapsid

4. Glycoprotein E2

**Virion of \_\_\_\_\_ virus**  
**(identify numerals virion structure)**  
**Baltimore Group \_\_\_\_\_**

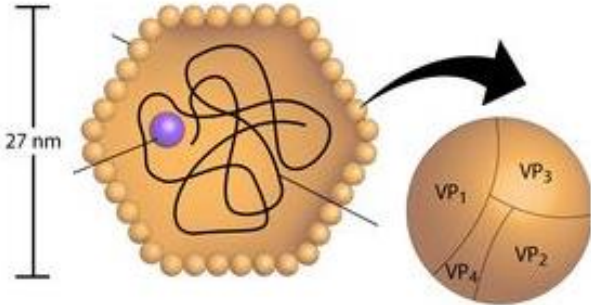
**INDIVIDUAL WORK**



1. DNA
2. DNA Polymerase
3. Lipid bilayer membrane
4. Large HBsAg
5. Medium HBsAg
6. Small HBsAg
7. Core HBcAg
8. HBeAg

**Virion of \_\_\_\_\_ virus**  
**(identify numerals virion structure)**  
**Baltimore Group \_\_\_\_\_**

	Fill the table							
	Host	Tropism	Diseases	Trans- mission	Vaccine	Antiviral drugs	Samples	Laboratory diagnostics
<b>Hepatitis B virus</b>								
<b>Hepatitis C virus</b>								

INDIVIDUAL WORK								
Fill the table								
 <p>27 nm</p> <p>1. RNA 2. Capsid polypeptides 3. VPg</p> <p>Virion of _____ virus (identify numerals virion structure)</p> <p>Baltimore Group _____</p>	Host	Tropism	Diseases	Trans- mission	Vaccine	Antiviral drugs	Samples	Laboratory diagnostics
	Hepatitis E virus							
	Hepatovi rus A							

Virus	Family-Genus-Species	Genome	The structure, size of the virion, nm	High-risk group
HAV	<i>Picornaviridae – Hepatovirus – Hepatitis A virus</i>			
HBV	<i>Hepadnaviridae – Orthohepadnavirus – Hepatitis B virus</i>			
HCV	<i>Flaviviridae – Hepacivirus – Hepatitis C virus</i>			
HDV	<i>Unassigned – Deltavirus – Hepatitis delta virus</i>			
HEV	<i>Hepeviridae – Hepevirus – Hepatitis E virus</i>			

## Practical class 10 (27). METHODS OF DIAGNOSTICS FOR DISEASES CAUSED BY RETROVIRUSES AND RABDOVIRUSES

### Suggested reading for self-study:

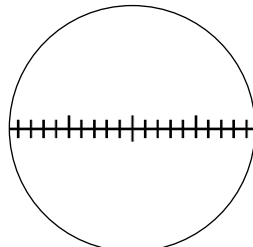
Retroviruses. Taxonomy and characteristics of the family. Human immunodeficiency virus (HIV-1, HIV-2). Pathogenesis. AIDS-associated diseases. Manifestations in the oral cavity. HIV diagnostics, prophylaxis, treatment. HIV in Belarus and your Country.

Rabdoiruses. Taxonomy and characteristics of rabdoiruses. Pathogenesis, immunity and specific prophylaxis of rabies.

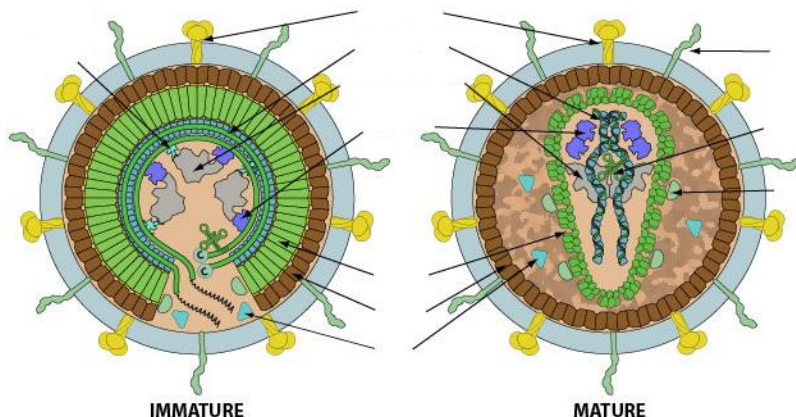
Oral quiz	Laboratory work	Individual work	Tests	Total results

Signature of the tutor

### Laboratory work

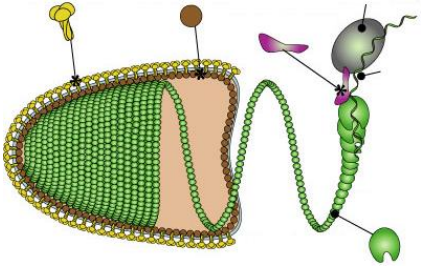
Laboratory exercises	Laboratory report
<b>1. Demonstration:</b> – Negry bodies in mouse brain homogenate, Muromtcev stain.	Smear _____ Stain _____ 

### INDIVIDUAL WORK

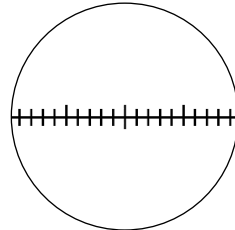


Virion of \_\_\_\_\_ virus (identify numerals virion structure)  
 Baltimore Group \_\_\_\_\_

- |                                          |                                                                                                                                                |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. gp120, gp41 (cleavage products gp160) | surface (supercapsid) group glycoproteins, receptor function; gp120 is located on the surface of the virion, gp41 permeates its lipid membrane |
| 2. p6, p17                               | matrix proteins                                                                                                                                |
| 3. p24, p25                              | capsid proteins                                                                                                                                |
| 4. p7, p9                                | nucleocapsid proteins                                                                                                                          |
| 5. p10, p11                              | protease proteins                                                                                                                              |
| 6. p32                                   | integrase                                                                                                                                      |
| 7. P15                                   | RNase                                                                                                                                          |
| 8. p51/p66                               | reverse transcriptase                                                                                                                          |
| 9. ICAM1                                 |                                                                                                                                                |
| 10. CypA                                 |                                                                                                                                                |
| 11. ssRNA(+)                             |                                                                                                                                                |

INDIVIDUAL WORK								
 <p>1. Ribonucleoprotein      2. Nucleoprotein 3. Glycoproteins        4. RNA polymerase L 5. Matrix protein        6. Phosphoprotein P 7. Unsegmented, linear ssRNA(-)</p> <p><b>Virion of _____ virus</b> <b>(identify numerals virion structure)</b> <b>Baltimore Group _____</b></p>	Fill the table							
	Host	Tropism	Diseases	Trans- mission	Vaccine	Antiviral drugs	Samples	Laboratory diagnostics
	HIV-1, HIV-2							
Rabies lyssavirus								

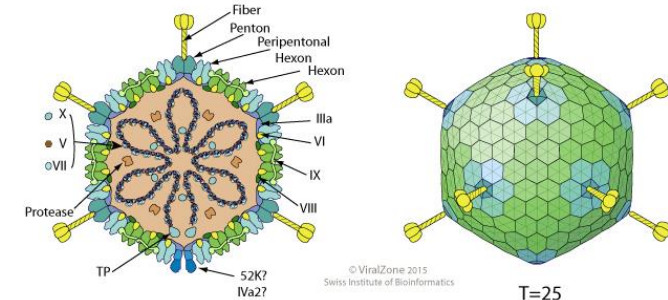
## Practical class 11 (28). METHODS OF DIAGNOSTICS FOR DISEASES CAUSED BY HERPES- AND ADENOVIRUSES DISEASES IN ORAL CAVITY

<b>Suggested reading for self-study:</b> Herpes viruses. Taxonomy and family characteristics. HSV-1, HSV-2, properties, role in human pathology, pathogenesis, immunity, diagnostics, chemo and immunotherapy. Herpetic stomatitis, keratoconjunctivitis, facial skin lesions and red lip rims. A virus of chicken pox and herpes zoster. Cytomegalovirus, properties, forms of infection. Cytomegalovirus parotitis. Epstein-Barr virus, properties, role in human pathology. Infectious mononucleosis. Herpesviruses of human 6, 7, 8 types, role in human pathology. Immunity, diagnosis, chemotherapy and immunotherapy of herpetic infections. Adenoviruses. Characteristics. Human adenoviruses. Virions structures, pathogenesis, immunity, laboratory diagnostics.					Oral quiz	Laboratory work	Individual work	Tests	Total results
					Signature of the tutor _____				
Laboratory work									
Laboratory exercises		Laboratory report							
1. Demonstration: – CPE of adenoviruses.		Smear _____  Stain _____							

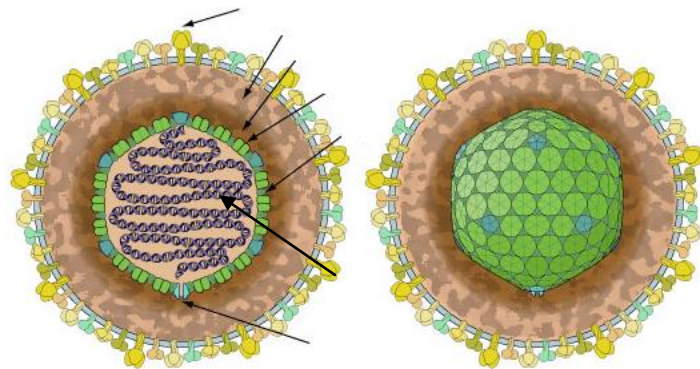


# INDIVIDUAL WORK

## Fill the table



Virion of \_\_\_\_\_ virus  
(identify numerals virion structure)  
Baltimore Group \_\_\_\_\_

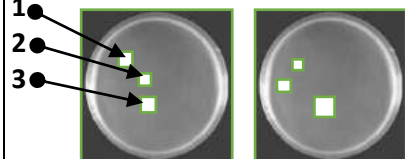
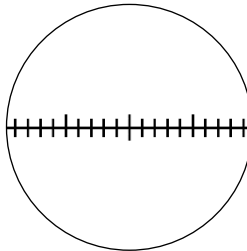
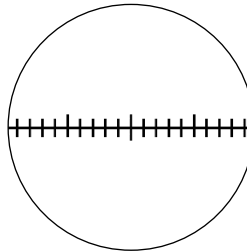
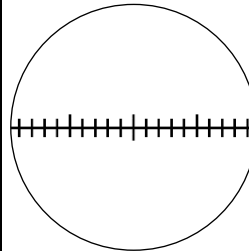


Virion of \_\_\_\_\_ virus  
(identify numerals virion structure)  
Baltimore Group \_\_\_\_\_

	Host	Tropism	Diseases	Trans- mission	Vaccine	Antiviral drugs	Samples	Laboratory diagnostics
Human adenovirus								
Human herpesvirus 1, 2								
Human herpesvirus 4								
Human herpesvirus 5								
Human herpesvirus 6, 7								
Human herpesvirus 8								



## Practical class 12 (29). DENTAL MICROBIOLOGY. METHODS OF ORAL CAVITY NORMAL FLORA INVESTIGATION. ETIOLOGY AND PATHOGENESIS OF CARIES

<b>Suggested reading for self-study:</b> Dental microbiology, goals and objectives. Normal microflora of the oral cavity, characteristic. Ontogeny of normal microflora. Influence of genetic and non-genetic factors on the composition of the oral cavity microflora (which regulates the role of saliva, teeth, soft tissue, contact with alien microorganisms, diet and oral hygiene). The value of normal microflora. Methods of study. Dysbacteriosis of the mouth, causes, diagnostic methods. The etiology of caries. Causal importance of microorganisms. S. mutans, properties. Subsidiary germs. Pathogenesis. Conditions conducive to the caries development. Prophylaxis and therapy of caries. Rules and methods of sampling for the study of cariesogenic microflora. Criteria for assessment of the isolated microorganisms etiological significance.		Oral quiz	Laboratory work	Individual work	Tests	Total results
		Signature of the tutor _____				
<b>Laboratory work</b>						
<b>Laboratory exercises</b>		<b>Laboratory report</b>				
1. Perform isolation of normal flora from mucus of oral cavity membrane surfaces to gain the microorganisms diversity understanding at these body locations and exclude/confirm dysbacteriosis.		– Divide agar plates into four sections with a marking pen or pencil. Mark each section with 1, 2, 3, 4. – Mark each plate with group number and your name. – Add sterile isotonic solution to the Petri dish with sterile filter paper squares (1×1 cm); – Use flamed forceps to cover the squares of the various body sites in which normal flora is to be investigated (saliva, lips, gum, mucus membranes of tongue, cheeks) with filter paper for 30 sec. – Put the squares of filter paper for 60 sec on the surface of blood and MacConkey agar. – Fill in the table with the sites in which the microbial flora is under study. Incubate the plates at 37 °C for 24–48 hours.			<b>Blood agar    MacConkey agar</b> 	
2. Register the results of experiment on normal flora isolation from mucus membrane surfaces, Gram stain different types of colonies, explore under microscope, complete the report. <b>(The task will be given at the next lesson).</b> 3. Prepare heat-fixed smear from dental plaque, Gram stain, explore under microscope, complete the report. 4. Demonstration: – slide with dental plaque, Gram stain; – methods for detection of pathogenicity factors (capsule, hemolysins, lecithinase, coagulase).		<b>Results of registration of dysbacteriosis:</b> Conclusion: _____ _____ 3 Smear _____ 1 — Stain _____ 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 —	<b>Body site</b> <b>Amount of colonies and their description</b> <b>Gram stain</b>	<b>1 -</b> Smear _____ Stain _____ 	<b>2 -</b> Smear _____ Stain _____ 	<b>3 -</b> Smear _____ Stain _____ 

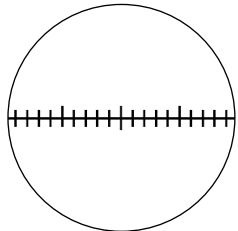
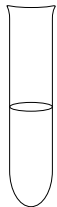
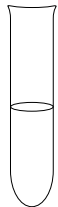
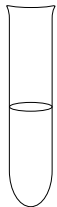
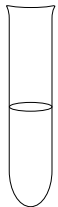
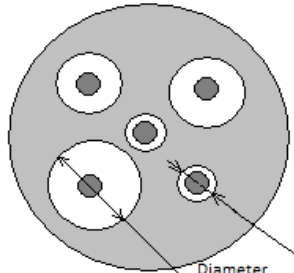
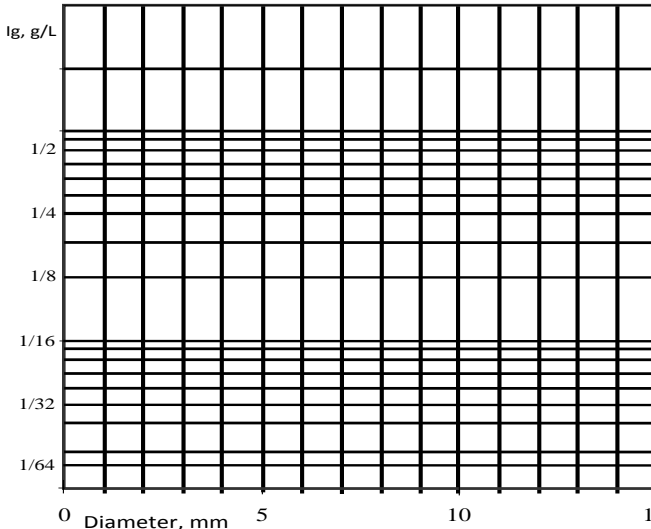
## Practical class 13 (30). DENTAL MICROBIOLOGY. METHODS OF ORAL CAVITY IMMUNITY FACTORS INVESTIGATION

### Suggested reading for self-study:

Immune and non-immune mechanisms in the oral cavity (natural and acquired). Protective mechanisms of saliva, mucous membranes of the oral cavity, enamel, dentin and pulp of the teeth. Importance of phagocytosis. Immunoglobulins of the oral cavity. Secretory immunoglobulin A.

Cell-mediated immunity. Mechanisms of antibacterial and antiviral immunity in the oral cavity.

Oral quiz	Laboratory work	Individual work	Tests	Total results
Signature of the tutor _____				

Laboratory work																	
Laboratory exercises	Laboratory report																
<p>1. Determine the content of lysozyme in saliva.</p> <ul style="list-style-type: none"> <li>– collect 1–1.5 ml saliva in a tube.</li> <li>– mark the Petri dish with the ready-hole seeded <b>Micrococcus lysodeikticus</b>, according to the scheme.</li> <li>– pipette in the wells of the lysozyme appropriate dilutions 50 µl (from low to high concentration).</li> <li>– in the central well of the test add 50 µl of saliva.</li> <li>– incubate the plate for 24 hours.</li> <li>– construct a calibration curve and determine the concentration of lysozyme in your sample.</li> <li>– compare with the standard and make a conclusion.</li> </ul>	<p>Smear _____</p> <p>Stain _____</p> 	<p>1</p>  <p>6.25 mcg/ml</p>	<p>2</p>  <p>12.50 mcg/ml</p>	<p>3</p>  <p>25.00 mcg/ml</p>	<p>4</p>  <p>50.00 mcg/ml</p>	<p>Saliva, 1–1.5 ml</p> 											
	<p>Standard curve</p> 				<table border="1"> <thead> <tr> <th>Standard of Lysozyme, mcg/ml</th> <th>Zone of inhibition, diameter in mm</th> </tr> </thead> <tbody> <tr> <td>6.25 (1/8)</td> <td></td> </tr> <tr> <td>12.50 (1/4)</td> <td></td> </tr> <tr> <td>25.00 (1/2)</td> <td></td> </tr> <tr> <td>50.00 (1)</td> <td></td> </tr> <tr> <td>X sample</td> <td></td> </tr> </tbody> </table>	Standard of Lysozyme, mcg/ml	Zone of inhibition, diameter in mm	6.25 (1/8)		12.50 (1/4)		25.00 (1/2)		50.00 (1)		X sample	
Standard of Lysozyme, mcg/ml	Zone of inhibition, diameter in mm																
6.25 (1/8)																	
12.50 (1/4)																	
25.00 (1/2)																	
50.00 (1)																	
X sample																	
<p>Conclusion:</p>																	

Laboratory exercises	Laboratory report				
<p>2. Determine the IgA concentration in saliva by Mancini method (simple radial gel immunodiffusion).</p> <p>    slgA standard — 2.0 g per liter.</p> <p>3. Register the experiment results on normal flora isolation from mucus membrane surfaces, Gram stain different types of colonies, explore under the microscope, complete the report.</p>		Standart curve			
		Standard slgA = 2 g/l			
			Titer	Concetrntion, g/l	Diameter, mm
		Point 1	1	2.000	
		Point 2	1/2	1.000	
		Point 3	1/4	0.500	
		Point 4	1/8	0.250	
		Point 5	1/16	0.125	
X-sample					
As a normal slgA ranger is 0.3–0.4 g/l					
Conclusion:					

## Practical class 14 (31). DENTAL MICROBIOLOGY. MICROBIOLOGY OF PERIODONTAL AND PERI-IMPLANTITIS DISEASES

<b>Suggested reading for self-study:</b> Plaque: stages of formation, microorganisms-colonizers. Plaque as a biofilm. Periodontal diseases: classification, etiology, risk factors. Theories of the pathogenesis of periodontitis. Properties of periodontopathogenic microorganisms, mechanisms of invasion and persistence. Microbial complexes (Socransky, 1998). Immune mechanisms in diseases of the tissues of the periodioth. Principles of prevention and treatment of periodontitis. Dynamics of microflora with successful and complicated dental implantation.					Oral quiz	Labo- ratory work	Indivi- dual work	Tests	Total results
					Signature of the tutor _____				
Laboratory work									
Laboratory exercises					Laboratory report				
1. Determine the content of lysozyme in saliva — ending (see practical class 12).									

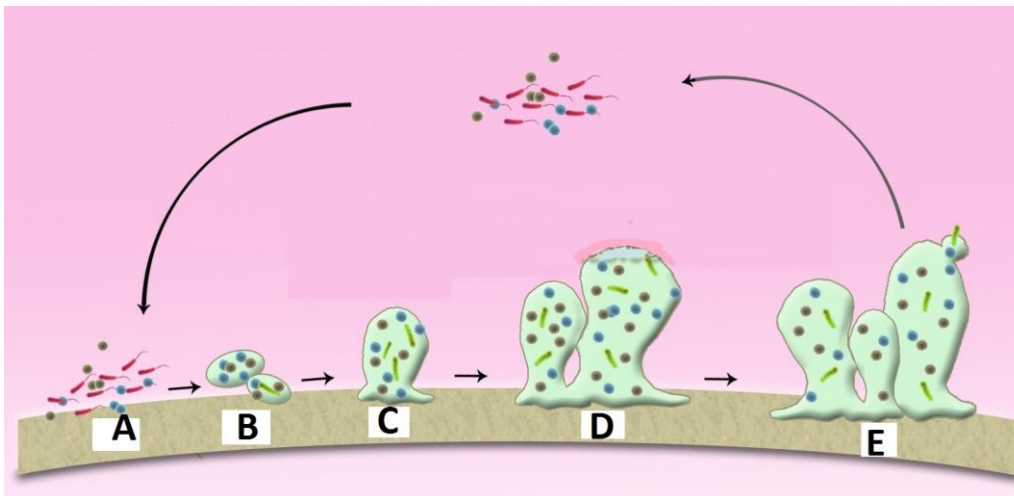
### INDIVIDUAL WORK

#### SUBLINGVAL MICROBIAL COMPLEXES by SOCRANSKY

(enter the names of the species of bacteria in each complex according to color)

### BIOFILM FORMATION

(write stage of formation of biofilm)



- A —
- B —
- C —
- D —
- E —

detachment and recolonization – multiplication – co-adhesion – colonization – reversible adhesion

## Practical class 15 (32). DENTAL MICROBIOLOGY. METHODS OF MICROBIOLOGICAL DIAGNOSTICS OF STOMATITIS.


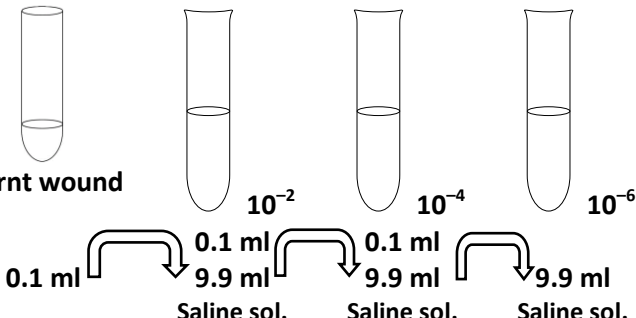
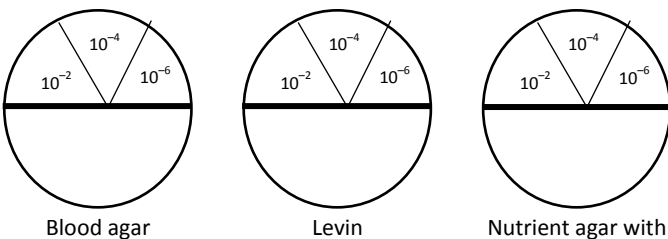
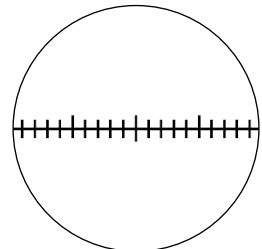
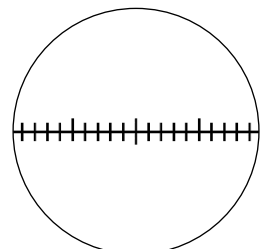
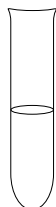

### MICROBIOLOGICAL DIAGNOSTICS OF FUNGAL INFECTIONS

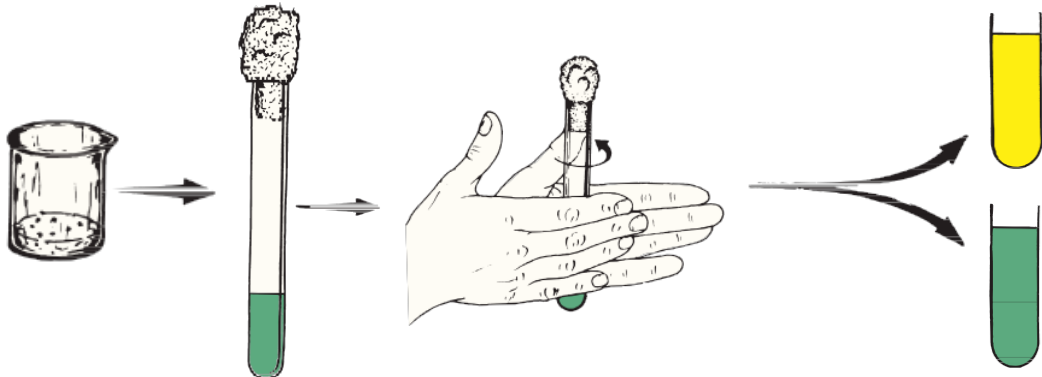
#### Suggested reading for self-study:

Inflammatory diseases of the oral mucosa. Bacterial stomatitis: specific (gonococcal, typhoid fever, antrax stomatitis, manifestations in the oral cavity of syphilis, tuberculosis, actinomycosis, scarlet fever) and nonspecific. Viral stomatitis.

Classification and general characteristics of fungi. Classification of mycosis. Candida, general characteristics. Role in human pathology. Soor. General principles of fungal infections diagnostics.

Oral quiz	Laboratory work	Individual work	Tests	Total results
Signature of the tutor				

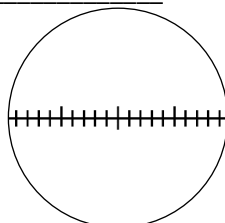
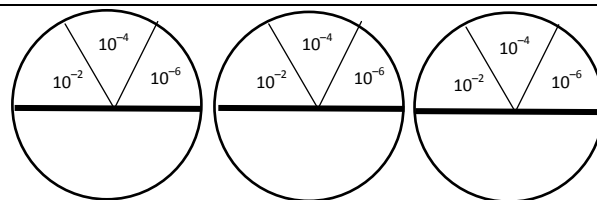
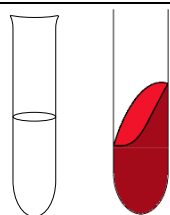
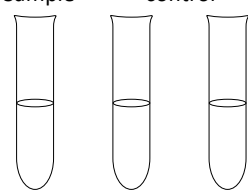
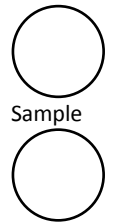
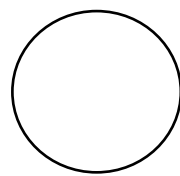

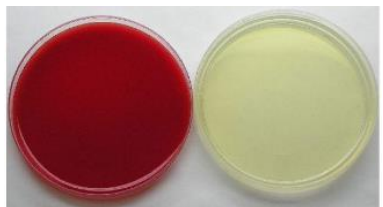
Laboratory work			
Laboratory exercises	Laboratory report		
<p>1. Research of the sample of the patient's pus with an abscess subcutaneous tissue of maxillofacial area, the 1<sup>st</sup> period:</p> <ul style="list-style-type: none"><li>– microscopy of pus (smear, Gram stain);</li><li>– preparation of inverse hundredfold dilutions material in sterile saline (1:100; 1:10000; 1:1000000);</li><li>– quantitative (50 mcl) streak respective sectors dilutions of pus on solid nutrient media (MSA, Endo, blood agar, NA with furagin) depending on the results of microscopy.</li></ul> <p>2. Research of the blood sample from the patient with stomatogenic sepsis, the 1<sup>st</sup> period:</p> <ul style="list-style-type: none"><li>– microscopy of blood, smear "thick drop", methylene blue stain or Romanovsky;</li><li>– Crop material in the liquid medium of the primary crop (enrichment) in a ratio of 1: 10–60;</li><li>– Incubation of cultivation in an incubator at 37 °C — 18–24 hours and up to 14 days.</li></ul> <p><b>All inoculations are placed in a incubator for 24 hours, then transferred to a refrigerator for 14 days.</b></p>	<p><b>Sample of pus from</b></p>  <p><b>Burnt wound</b></p> <p><b>Serial dilution of the sample</b></p>  <p>0.1 ml <math>10^{-2}</math> 0.1 ml <math>10^{-4}</math> 0.1 ml <math>10^{-6}</math></p> <p>Saline sol. Saline sol. Saline sol.</p> <p><b>Streak respective sector with 0.05 ml (1 drop)</b></p> <p>Medium</p>  <p>Blood agar Levin Nutrient agar with</p>	<p><b>Smear 1.1</b> _____</p> <p><b>Stain</b> _____</p>  <p><b>Smear 2.1</b> _____</p> <p><b>Stain</b> _____</p> 	<p><b>Blood sample examination, 1<sup>st</sup> period</b></p>  <p><b>10 ml:60 ml</b></p>  <p>Solid phase</p> <p>Liquid phase</p>

Laboratory exercises	Laboratory report				
<p>3. Snyder’s caries susceptibility test</p> <p>The degradation of enamel and dentin in the formation of tooth decay (dental caries) occurs as a result of the production of lactic acid by bacteria (<i>Streptococcus mutans</i> and others) in the presence of sucrose high levels. Of the various methods that have been devised to determine one’s susceptibility to tooth decay, M. L. Snyder’s caries susceptibility test is a relatively simple test that has been shown to have a high reliability correlation.</p> <p>This method relies on the rapidity of organisms in saliva to lower the pH in the medium that contains 2 % dextrose (Snyder test agar). Since decalcification of enamel begins at pH of 5.5, and progresses rapidly as the pH is lowered to 4.4 and less, the demonstration of pH lowering becomes evidence of susceptibility to caries.</p> <p>To indicate the presence of acid production in the medium, the indicator bromcresol green is incorporated in it. This indicator is green at pH 4.8 and becomes yellow at pH 4.4, remaining yellow below 4.4.</p> <p>Figure illustrates the procedure that is used in the Snyder caries susceptibility test. Note that 0.2 ml of saliva is added to the tube of liquefied Snyder test agar (50 °C) and mixed well by rotating the tube between the palms of both hands. After the medium has solidified, the tube is incubated at 37 °C for a period of 24–72 hours. If the medium turns yellow in 24–48 hours, the individual is said to be susceptible to caries.</p> <p>Although we will be performing this test only once, it should be noted that test reliability is enhanced by performing the test on three consecutive days at the same time each day. If the test is performed correctly after tooth brushing, it is not as reliable as if 2 or 3 hours have elapsed after brushing.</p>	<p>1. Liquefy a tube of Snyder test agar and cool it to 50 °C.</p> <p>2. After allowing a piece of paraffin to soften under the tongue for a few minutes, start chewing it. Chew it for <b>3 minutes</b>, moving it from one side of the mouth to the other. <i>Do not swallow the saliva.</i> As it accumulates, deposit it in the small sterile beaker.</p> <p>3. Vigorously shake the sample in the beaker from side to side for 30 seconds to disperse the organisms.</p> <p>4. With a 1 ml pipette transfer 0.2 ml of saliva to the tube of agar. Do not allow the pipette to touch the side of the tube or agar.</p>	<p>5. Before the medium solidifies, mix the contents of the tube by rotating the tube vigorously between the palms of the hands.</p> <p>6. Write your name on a gummed label and attach it to the tube.</p> <p>7. Incubate the tube at 37 °C. Examine the tube every 24 hours to see if the bromcresol green indicator has changed to yellow. If it has, the test is positive. The degree of caries susceptibility is determined from the table below.</p> <p>8. Record your results on the Laboratory Report.</p>			
					
<p><b>Materials:</b></p> <p>1 tube of Snyder test agar (5 ml in 15 mm dia tube)</p> <p>1 30 ml sterile beaker</p> <p>1 piece of paraffin (1/4” 1/4” 1/8”)</p> <p>1 ml pipette</p> <p>1 gummed label</p>	CARIES SUSCEPTIBILITY	MEDIUM TURNS YELLOW IN:			
		24 HOURS	48 HOURS	72 HOURS	
	Marked	Positive			
	Moderate	Negative	Positive		
	Slight	Negative	Negative	Positive	
Negative	Negative	Negative	Negative		


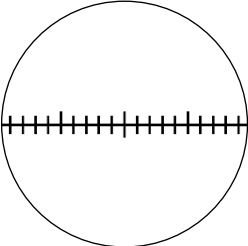
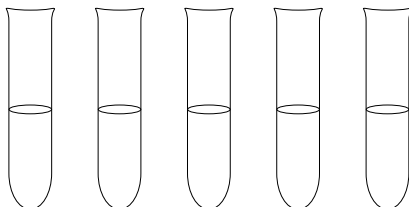
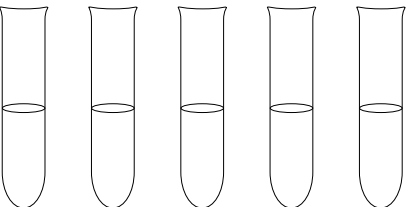
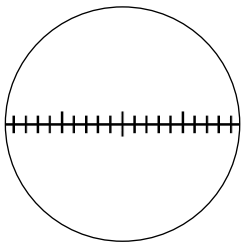
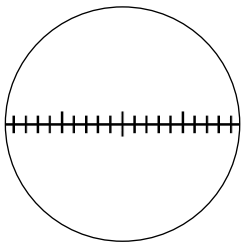
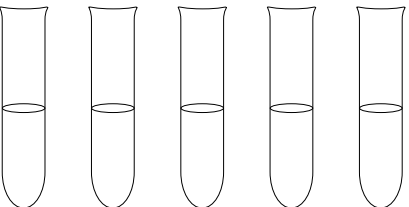
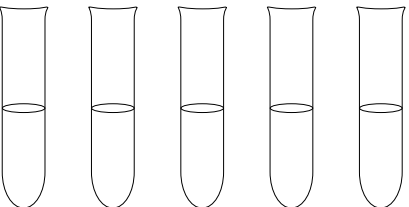
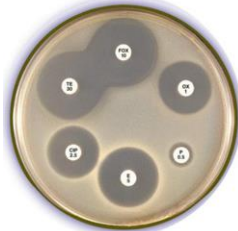
## Practical class 16 (33). TEST “GENERAL AND SPECIAL VIROLOGY. DENTAL MICROBIOLOGY”

List of questions	Oral quiz	Script	Tests	Total results
<p>1. Virology, tasks and methodologies. The systematic position and classification of viruses.</p> <p>2. Forms of viruses existence. The morphology of virions. The interaction of viruses with susceptible cells.</p> <p>3. Features of infection and immunity in viral infections.</p> <p>4. Methods of virus cultivation (cell culture, chicken embryo, laboratory animals).</p> <p>5. General principles of viral infections diagnostics.</p> <p>6. Influenza viruses. General characteristics. Pathogenesis, specific and non-specific treatment and prevention, influenza laboratory diagnosis. Manifestations in the oral cavity.</p> <p>7. Paramyxoviruses, general characteristics. Mumps virus, respiratory-syncytial virus, measles virus, parainfluenza viruses. Manifestations in the oral cavity.</p> <p>8. Enteroviruses, general characteristics, role in human pathology. Poliovirus, pathogenesis and laboratory diagnostics, specific prevention. Manifestations of enteroviruses infection in oral cavity.</p> <p>9. Classification of hepatitis viruses. Characterization of hepatitis A, B, C virus. Pathogenesis, immunity, laboratory diagnosis, prevention.</p> <p>10. Retroviruses. Human immunodeficiency virus (HIV-1, HIV-2). Pathogenesis. AIDS-associated diseases in dentistry. HIV diagnostics, prophylaxis.</p> <p>11. Adenoviruses, general characteristics. Pathogenesis, laboratory diagnostics of adenoviral infections. Manifestations in oral cavity.</p> <p>12. Herpes viruses. Classification. General characteristics, disease. Herpetic stomatitis.</p> <p>13. Bacterial viruses (bacteriophages), properties, classification. The practical use of bacteriophages.</p> <p>14. The microflora of the oral cavity (indigenous, transient). Ontogeny of normal oral flora.</p> <p>15. Representatives of the normal oral flora: Gram-positive and Gram-negative cocci (streptococci, peptostreptococci, staphylococci, veillonella, Neisseria), their role.</p> <p>16. Representatives of the normal oral flora: Gram-positive (propionibacterium, lactobacillus, actinomyces, corynebacterium) and Gram-negative rods (bacteroides, prevotella, porphyromonas, fusobacterium, leptotrichia), their role.</p> <p>17. Representatives of the normal oral flora spiralshaped bacteria (vibrio, wolinnella, centipedia, selenomonas, campylobacter, spirochetes), mycoplasma, protozoa, fungi, and their role.</p> <p>18. Microflora of specific areas of the mouth: saliva, dorsum of the tongue, dental pocket, mucous membranes. Methods of study of oral microflora.</p> <p>19. Influence of environmental factors and physiological features on oral flora. The role of the oral cavity normal microflora (positive and negative). Disbacteriosis of the oral cavity: causes, outcome, prevention, principles of correction.</p> <p>20. Antigens and the immune system of the oral cavity. Citrullinated antigens. Immune mechanisms in the oral cavity. Antimicrobial factors of saliva: defensins, cathelicidin, mucins, histatin, statherin, cystatins. Proinflammatory cytokines.</p> <p>21. Nonspecific mechanisms of defense of the mucous membranes, saliva, gingival fluid, tooth enamel, normal microflora's.</p> <p>22. Factors and mechanisms of acquired immunity of oral cavity. Local Immunity of the oral cavity. Immunological aspects of relationship of inflammatory periodontal diseases, cardiovascular and rheumatic diseases.</p> <p>23. Types of inflammatory processes of the oral cavity, their characteristics. Cytokines of early and late phase of inflammation: cell producers, properties. Methods of cytokines detection: obtaining of specimens, storage, methods of determination (ELISA, genetic).</p>	<p>24. The etiology of dental caries. Features of cariogenic microorganisms. Cariogenic streptococci. Characteristics of <i>S. mutans</i>. Characteristics of lactobacilli. Associative (additional) microorganisms. The role of the microorganism in the development of caries.</p> <p>25. Cariogenesis: mechanisms of streptococci adhesion to teeth and their role in dental plaque formation. Role of glucans and their characteristics. Factors responsible for caries development. Resistance to caries. Prevention of dental caries.</p> <p>26. Odontogenic infections: etiology, types. The role of microorganisms in the etiology and pathogenesis of gingivitis. Dynamics of the microflora of implants in case of successful implantation and complicated.</p> <p>27. The role of microorganisms in the pathogenesis of pulpitis, acute and chronic periodontitis ray, periostitis, osteomyelitis, abscesses and soft tissue abscesses.</p> <p>28. Periodontal diseases: classification, risk factors. General properties of periodontopathogenic microorganisms. Red complex microorganisms: <i>Porphyromonas gingivalis</i>, <i>Tannerella forsythia</i>, <i>Treponema denticola</i>. Characterization, pathogenicity factors and their role in the pathogenesis of periodontitis. Characteristics of <i>Aggregatibacter actinomycetemcomitans</i> and role in the development of aggressive periodontitis.</p> <p>29. Dental Plaque: microflora, formation stages. The role of dental plaque in the development of periodontitis. Microorganisms of orange and yellow complexes, their role in the development of periodontal disease. Plaque as a biofilm. The role of quorum sensing factors in the formation of plaque. New approaches to reduce the bioburden of plaque.</p> <p>30. Immune mechanisms in the development of periodontal diseases. Factors contributing invasion of microorganisms. Mechanisms to protect tissues from microbial invasion. Principles of prevention and treatment of periodontitis</p> <p>31. The role of microorganisms in the formation of dental calculus. Pathogenesis of the carie dental calculus formation.</p> <p>32. Inflammatory diseases of the oral mucosa: classification, the role of microorganisms in their development. Specific and nonspecific stomatitis.</p> <p>33. Stomatitis caused by obligate pathogens and opportunistic bacteria.</p> <p>34. Fusospirochetal diseases: etiology, characteristics of pathogens, pathogenesis, clinical forms.</p> <p>35. Actinomyces spp.: systematics, classification, characteristics, antigenic structure, factors of pathogeneity. Cervico- maxillo-facial actinomycosis: pathogenesis, immunity, microbiological diagnosis, prevention.</p> <p>36. Viral stomatitis.</p> <p>37. Candida: systematics, properties, pathogenicity factors. Candidosis: factors responsible for the development, methods of diagnosis and prevention.</p> <p>38. Methods of studying the normal oral flora. Methods of sampling for dental diseases diagnosis.</p> <p>39. Manifestations of allergic and immunodeficiency conditions in the oral cavity. Recurrent viral aphthous stomatitis.</p> <p>40. Types and etiology of stomatogenic infections.</p> <p>41. Dental Clinical Microbiology. Opportunistic pathogens. Specific features opportunistic pathogens and infections caused by them. Specific features of pathogenesis and diagnosis of opportunistic diseases. Criteria of Etiological significance of isolated bacteria from a specimen.</p>			

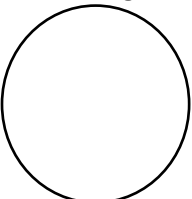
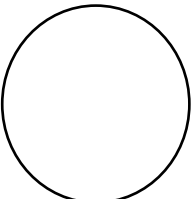
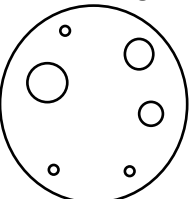
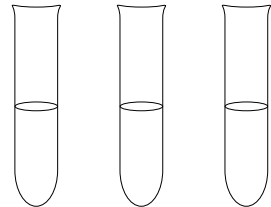
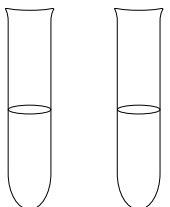
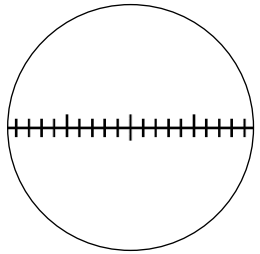
## Practical class 17 (34). DENTAL MICROBIOLOGY. METHOD OF MICROFLORA INVESTIGATION IN DISEASES OF THE TEETH AND ORAL CAVITY SOFT TISSUES

Suggested reading for self-study:				Oral quiz	Laboratory work	Individual work	Tests	Total results
<p>Odontogenic inflammation. Microflora, pathogenesis, microbiological diagnosis of pulpitis, periodontitis, periostitis, osteomyelitis, odontogenic abscesses and phlegmon.</p> <p>Purulent-inflammatory dental diseases of soft tissues and bones of the maxillofacial area. Pathogens, pathogenesis, methods of microbiological diagnostics (material for research, rules and methods of sampling, a scheme for bacteriological examination of pus, criteria for the etiological role of isolated microorganisms). Determination of sensitivity to antibiotics.</p> <p>Dental sepsis. Pathogens, methods of microbiological diagnosis.</p>								
				Signature of the tutor _____				
<b>Laboratory work</b>								
<b>Laboratory exercises</b>		<b>Laboratory report</b>						
<p>1. Research of the sample of the patient's pus with an abscess subcutaneous tissue of maxillofacial area, 2<sup>nd</sup> period:</p> <ul style="list-style-type: none"> <li>– microscopy of slides prepared from all types of colonies;</li> <li>– the study of microbial growth on the media;</li> <li>– determination of the pathogen quantity per ml/g (CFU) of the sample with formula;</li> <li>– oxidase test;</li> <li>– coagulase test;</li> <li>– seeding the pure culture for accumulation and biochemical identification, incubation in an incubator at 37 °C — 18–24 hours.</li> </ul>		<b>Colonies characteristics</b>	<b>Medium</b>	<b>Medium</b>	Smear _____			
		Shape			Stain _____			
		Size						
		Surface						
		Edge						
		Color						
		Transparency						
		<b>Determination of CFU</b>						
		Calculation of bacteria quality per ml/g of the sample:						
		$N_{(CFU/ml)} = n \times 20 \times 10^x,$ <p>n — colonies quantity in respective sector, 20 — conversion factor for 1 ml, 10<sup>x</sup> — the degree of the sample dilution.</p>						
		$N_{(CFU/ml)} =$						
		<p>Coagulase test</p> <p>Sample      control</p>  <p>Oxidase test</p>  <p>Sample      control</p>			<p>Conclusion:</p>			
		<p>Stabilized rabbit plasm:</p> <p>37 °C — 2, 4, 24 h</p>						
<p>2. Research of the blood sample from the patient with stomatogenic sepsis, the 2<sup>nd</sup> period:</p> <ul style="list-style-type: none"> <li>– the study of microbial growth on the media;</li> <li>– microscopy of slides prepared from the media;</li> <li>– seeding on the blood and Yolk-salt agar for the pure culture.</li> </ul>		  						



Laboratory exercises	Laboratory report							
<p>3. Research of the sample of the patient's pus with an abscess subcutaneous tissue of maxillofacial area, 3<sup>rd</sup> period (<b>The task will be given at the next lesson</b>):</p> <ul style="list-style-type: none"> <li>– microscopy of slides prepared from pure culture;</li> <li>– the study of microbial growth on the media;</li> <li>– seeding the pure culture for accumulation and biochemical identification, incubation in an incubator at 37 °C — 18–24 hours;</li> <li>– seeding the pure culture for determination of antibiotic resistance.</li> </ul>		Smear _____						
		Stain _____						
								
								
		<p>4. Research of the sample of the patient's pus with an abscess subcutaneous tissue of maxillofacial area, 4<sup>th</sup> period (<b>The task will be given at the next lesson</b>):</p> <ul style="list-style-type: none"> <li>– microscopy of slides prepared from pure culture;</li> <li>– the study of microbial growth on the media;</li> <li>– determination of antibiotic resistance;</li> <li>– conclusion: identification and typing results, antibioticgramm.</li> </ul>			Smear _____			
					Stain _____			
								
								
					<b>Conclusion:</b>			
					<b>antibioticgramm</b>			
					<b>DDM</b>			
								
					<p>– make standard inoculum with saline solution (0.5 unit MacFarlane);</p> <p>– microscopy of slides prepared from inoculum culture)</p> <p>– seeding of 1.0 ml of inoculum on MH agar;</p> <p>– incubation 18–20 hours 35 °C.</p>			
					<p>– incubation 18–20 hours 35 °C.</p>			

## Practical class 18 (35). CLINICAL MICROBIOLOGY. MICROBIOLOGICAL DIAGNOSTICS OF PURULENT INFECTIONS OF BRONCHI AND LUNGS. HOSPITAL-ACQUIRED INFECTION

<b>Suggested reading for self-study:</b> Dental bronchopulmonary diseases. Pathogens. Pathogenesis. Conditions of occurrence. Methods of microbiological diagnosis (materials for research, rules and methods of sampling, a scheme for bacteriological sputum examination, bronchial washings, criteria for the etiological role of isolated microorganisms). Determination of sensitivity to antibiotics. Nosocomial infections. Pathogens, features in the practice of a dentist, principles of diagnosis. Anti-epidemic regime in dental practice. Principles of microbiological diagnosis. Prevention.				Oral quiz	Laboratory work	Individual work	Tests	Total results																							
				<b>Signature of the tutor</b> _____																											
<b>Laboratory work</b>																															
<b>Laboratory exercises</b>		<b>Laboratory report</b>																													
1. Research of the blood sample from the patient with stomatogenic sepsis, the 3 <sup>rd</sup> period: – the study of microbial growth on the medium; – microscopy of slides prepared from all types of colonies; – oxidase test; – coagulase test; – seeding the pure culture for accumulation and biochemical identification, incubation in an incubator at 37 °C — 18–24 hours. – incubation at 37 °C — 18–24 hours. 2. Research of the blood sample from the patient with stomatogenic sepsis, the 4 <sup>th</sup> period: – the study of tests used for identification of cultures and antimicrobial sensitivity level in DDM.		Blood agar 		YSA 		MH agar 		<b>Coagulase test</b> Exp      Control      Control 		Glucose and mannitol fermentation (anaerobic) 																					
		Hemolyses _____		Lecithinase _____		<b>Kirby–Bauer method</b> Stabilized rabbit plasm: 37 °C — 2, 4, 24 h																									
		Smear _____																													
		Stain _____ 																													
				<table border="1"> <thead> <tr> <th>Colonies characteristics</th> <th>Medium _____</th> <th>Medium _____</th> </tr> </thead> <tbody> <tr><td>Shape</td><td></td><td></td></tr> <tr><td>Size</td><td></td><td></td></tr> <tr><td>Surface</td><td></td><td></td></tr> <tr><td>Edge</td><td></td><td></td></tr> <tr><td>Color</td><td></td><td></td></tr> <tr><td>Transparency</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>		Colonies characteristics	Medium _____	Medium _____	Shape			Size			Surface			Edge			Color			Transparency						<b>Conclusion:</b>  	
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## EXAM' QUESTIONS FOR THE DENTAL FACULTY STUDENTS

List of questions	
<p>1. Microbiology: definition, area and fields of microbiology. Objects and methods of research. Dental microbiology: goals, objectives, role in the dentist's practice.</p> <p>2. Milestones (periods) in microbiology. Work of L. Pasteur, R. Koh, I. I. Mechnikov. Evolution of microorganisms and infectious diseases.</p> <p>3. Common with other organisms and the unique features of microorganisms. Principles of systematics of microorganisms. Classification and nomenclature of microorganisms. The term of "species" in bacteria: group of traits for species identification (criteria for speciation).</p> <p>4. Morphology of bacteria. Basic morphological forms of bacteria. The structure of a bacterial cell. Functions of the surface and cytoplasmic structures of a bacterial cell. Mechanism of Gram staining. Forms of bacteria with the cell wall defects.</p> <p>5. Unique features of metabolism in prokaryotes. Nutrition of bacteria: types, requirements of bacteria, nutrients and pathways of nutrients penetration into the bacterial cell.</p> <p>6. Respiration of microorganisms: types, pathways of energy production. Enzymes and cell structures involved in the process of respiration. Classification of bacteria regarding their oxygen requirements.</p> <p>7. Growth and reproduction of bacteria. The mechanism of simple division and its phases. Dormant forms of microorganisms: general characteristics, factors inducing their formation, medical importance.</p> <p>8. Sampling for microbiological studies: types of samples, the rules of sampling, storage, transportation. Principles of organization, equipment and levels of biosafety in microbiological laboratories.</p> <p>9. Microscopic (bacterioscopic) method of diagnosing the infectious diseases: definition, aim and tasks, steps and evaluation of specificity, sensitivity, disadvantages of the method. Types of microscopic preparations. Staining of microorganisms: methods. Types of microscopes.</p> <p>10. The bacteriological method of diagnosing the infectious diseases: aim, tasks, phases, and evaluation of specificity, sensitivity, disadvantages of the method.</p> <p>11. Cultivation of bacteria, nutrient media: requirements, classification. Methods for the isolation of pure cultures of aerobic and anaerobic bacteria.</p> <p>12. Methods of identification of aerobic and anaerobic bacteria pure cultures. Identification of microorganisms without isolation of a pure culture.</p> <p>13. Genetic apparatus of bacteria (nucleoid, plasmids, transposons, IS-elements) characteristics, functions, effect and importance. The concept of genetic engineering and biotechnology.</p> <p>14. Inheritance and variability of microorganisms. Types of variability. Mutations. The genetic recombination of bacteria. Phenotypic variability. The practical significance of the variability of microorganisms in the diagnosis, treatment and prevention of infectious diseases.</p> <p>15. Molecular biological method of diagnosing the infectious diseases (molecular hybridization, polymerase chain reaction): definition, the principle of the methods, application in dentistry.</p> <p>16. Infection (infection process): definition of the term causes and conditions of infectious diseases emergence. Differences in communicable and non-communicable diseases. Periods of infectious diseases. Infectious disease classification and outcomes.</p>	<p>17. Classification of infectious processes: the nature of the pathogen, the source of infection, the mechanisms and routes of infection, prevalence, the multiplicity of infection, duration.</p> <p>18. The role of microorganisms in the infectious process. Pathogenicity and virulence. Factors of pathogenicity of microorganisms. Pathogenicity island. Microbial toxins. Types of exotoxins and their biological properties. Mechanisms of microbial persistence and latency in host's organisms.</p> <p>19. The role of host, social, environmental factors in the infectious process.</p> <p>20. The biological (experimental) method of diagnosing the infectious diseases: definition of the term, aim, tasks, phases, evaluation.</p> <p>21. The ecology of microorganisms. Types of ecological relationships in microorganisms. The role of microorganisms in the genesis and development of the Biosphere (the concept of the microbial dominance). Spread of microorganisms in the nature.</p> <p>22. The characteristic of normal human microflora and its biological role. Methods of study. Disbiosis: causes, consequences, prevention. Gnotobiology.</p> <p>23. Sterilization: definition of the term, methods, quality control. Sterilization of instruments and medical devices. Consequences of sterilization errors.</p> <p>24. Disinfection: definition of the concept, types, methods of conducting. Groups of disinfectants used in dentistry.</p> <p>25. The antiseptics: definition of the term, types, categories, methods of application. Antiseptic agents: classification, mechanism of action, side effects. Principles of rational antiseptics in dental practice.</p> <p>26. The chemotherapy and chemoprophylaxis of infectious diseases. Groups of antimicrobial chemotherapeutic agents, mechanisms and spectrum of action on microbial cells. Chemotherapeutic index.</p> <p>27. Antibiotics: characteristic, classification. Requirements for antibiotics. Mechanisms of action of antibiotics.</p> <p>28. Principles of a rational antibiotic therapy in stomatology. Antibiotics for prophylaxis of bacterial complications. Side effects of antibiotics. New approaches to the development of antibiotics.</p> <p>29. Natural and acquired resistance of microorganisms to antibiotics. The genetic and biochemical mechanisms of resistance of microorganisms.</p> <p>30. Genotypic and phenotypic methods for determining the susceptibility of microorganisms to antibiotics. Instruments and test systems for the automated detection of antibiotic susceptibility of microorganisms.</p> <p>31. Immunology: definition of the term, aim and task, methods, history of development, branches. Immunity: definition, types of immunity.</p> <p>32. Immune system of the body: organs, cells, molecules of the main histocompatibility complex (structure, distribution on cells, biological role), cytokines (classification, functions).</p> <p>33. Innate immunity. Immune and non-immune factors of innate immunity. Mechanisms of recognition in the innate immune system.</p>

<p>34. Phagocytes, classification. Phagocytosis reaction: phases, mechanisms of intracellular microorganisms killing, outcomes. Methods of phagocytosis evaluation. Phagocytic reaction indexes, definition and importance in clinical practice.</p> <p>35. The complement system: definition, main components, activators and activation pathways, functions of components and their fragments. Methods of evaluation of the complement system activity.</p> <p>36. Antigens: structure, properties, classification. T-dependent and T-independent antigens. Superantigens.</p> <p>37. Antigens of microorganisms. Antigenic structure of bacteria. Type, species, group antigens. Protective antigens. Cross-reactive antigens, medical importance.</p> <p>38. Antigen presenting cells: types, characteristics. B-lymphocytes: development, markers, antigen-specific B-cell receptor.</p> <p>39. Humoral immune response: definition, development. Activation, proliferation, differentiation and interactions of cells involved. T-dependent and T-independent response. Primary and secondary humoral immune response characteristics.</p> <p>40. Antibodies (immunoglobulins): structure, properties, classification, Immunoglobulins biosynthesis. The mechanism of interaction of antibodies with antigens: specificity, phases, manifestations. Affinity and avidity. Monoclonal antibody: principles of production, application.</p> <p>41. Serological method of investigation: general definition of the term, objectives, basic concepts (diagnosticum, diagnostic serum, titer, diagnostic titer, paired sera). Samples for serological examination. General characteristics of the method. Use of serological method for infectious and noninfectious diseases diagnostics.</p> <p>42. Agglutination: ingredients, main variants of performance, registration, evaluation, application. Indirect (passive) and reverse passive agglutination: ingredients, mechanism, methodology, registration of results, practical use.</p> <p>43. Immunoprecipitation reaction: ingredients, mechanism, main methods of performance, application. Reaction of the immune lysis. Complement fixation test: ingredients, mechanism, registration of results.</p> <p>44. Immunofluorescence (fluorescent antibodies test, FAT), main variants, ingredients, mechanisms, registration of results, practical use. ELISA: ingredients, mechanisms, registration of results, practical use. Immunoblotting (IB). Radioimmunoassay (RIA).</p> <p>45. T cells: development, markers, subpopulations. Helper T-cells, main types (Th1, Th2, Th3, Th17), spectrum of cytokines produced. T-cell receptor: structure, types, genetic control, variety.</p> <p>46. Cellular immune response: definition, development, main stages, manifestation. The model of two (three) signals: the response, anergy, apoptosis. Manifestation of cellular immune response. Immunological memory.</p> <p>47. Anti-infection immunity and its types depending on pathogen nature. Mechanisms of antitoxic, antibacterial, antifungal, antiparasite immunity.</p> <p>48. Immunoprophylaxis and immunotherapy for infectious diseases. Active immunoprophylaxis. Vaccines: requirements, characteristics of main types of vaccines. Adjuvants mechanisms of action. Side effects of vaccination: severe vaccinal reaction, post-vaccination complications.</p>	<p>49. Post-vaccination immunity: mechanisms and factors influencing its development. Indications and contraindications to vaccination. Immunization schedule. Expanded Programme on immunization. Collective immunity to infectious diseases, importance.</p> <p>50. Passive immunoprophylaxis and immunotherapy of infectious diseases: indications, principles, complications.</p> <p>51. Allergology: the definition, objectives. Allergens. Allergy: the stages, types of reactions. Classification of allergens. Allergens in dentistry.</p> <p>52. Immediate type hypersensitivity (ITH). Mediator type (I) ITH: allergens, mechanism, development, Manifestations in the oral cavity, ways to prevent anaphylaxis.</p> <p>53. Cytotoxic (II) type ITH: allergens, development, mechanisms, manifestations. Immunocomplex (III) type ITH: allergens, development, mechanisms. Manifestations of allergic reactions II and III types in the oral cavity.</p> <p>54. Delayed type of hypersensitivity (IV): allergens, development, mechanism, manifestation (infection and contact allergy), importance in oral cavity.</p> <p>55. Drug allergy: major allergens, the mechanisms and types of allergic reactions, methods for diagnostics and prevention. Food allergy. Main allergens. Prevention of food allergy. Idiosyncrasy.</p> <p>56. Methods of diagnosing allergic diseases. Prevention of allergy.</p> <p>57. Antitumor immunity. The concept of immune surveillance. Mechanisms of tumor escape from immune surveillance.</p> <p>58. Clinical Immunology: definition, objectives, main concepts. Immune status: principle and methods of examination. Methods for determining the amount and functional activity of T- and B-lymphocytes.</p> <p>59. Autoantibodies: origin, role in pathology. Autoimmune diseases: definition, classification, aetiology, mechanisms of tissue damage, manifestations.</p> <p>60. Immunodeficiency conditions: classification, causes of development, methods for detection, principles for correction.</p> <p>61. Staphylococci: classification, characterization, antigenic structure, pathogenicity factors. Staphylococcal infections: pathogenesis, immunity, microbiological diagnosis and principles of prevention, immunotherapy. Staphylococcal carriage: diagnosis, significance. Staphylococcus aureus: MRSA, antibiotics of choice for their therapy.</p> <p>62. Streptococci: classification, characterization, antigenic structure, pathogenicity factors. Streptococcal disease: pathogenesis, immunity, microbiological diagnosis, and prevention.</p> <p>63. Pneumococci: classification, characterization, antigenic structure, pathogenicity factors. Pneumococcal infections.</p> <p>64. Neisseria meningitidis: systematics, characterization, antigenic structure, pathogenicity factors. Meningococcal infections: pathogenesis, immunity, microbiological diagnosis, prophylaxis.</p> <p>65. Neisseria gonorrhoeae: systematics, characterization, antigenic structure, pathogenicity factors. Pathogenesis, immunity, microbiological diagnosis of acute and chronic gonorrhoea, prophylaxis. Prevention of gonorrhoea and gonorrhoeal conjunctivitis, stomatitis.</p> <p>65. Family of Enterobacteria: classification, characterization, pathogenicity factors. Principle of microbiological diagnosis of GIT diseases caused by Enterobacteria. Principles of identification of enterobacteria.</p>
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<p>66. Escherichia: systematics, characterization, antigenic structure, pathogenicity factors. Pathogenic and opportunistic Escherichia coli. The biological role of Escherichia coli. Escherichiosis: pathogenesis, immunity, microbiological diagnosis and prevention.</p> <p>67. Salmonella: systematics and classification, characterization, antigenic structure, pathogenicity factors, role Salmonella in pathology. Salmonellosis and Typhoid fever: pathogenesis, immunity, prevention.</p> <p>68. Shigella: classification, characteristics, antigenic structure, pathogenicity factors. Bacterial dysentery: pathogenesis, immunity, microbiological diagnosis, prophylaxis.</p> <p>69. Food poisoning of microbial aetiology: classification, etiology, pathogenesis, principles of microbiological diagnosis, prophylaxis.</p> <p>70. Klebsiella: classification, characteristics, antigenic structure, pathogenicity factors, Klebsiella diseases. Pseudomonas: characteristics, antigenic structure, pathogenicity factors, role in the pathology.</p> <p>71. Campylobacter, Helicobacter: characteristics, role in pathology.</p> <p>72. Corynebacterium: classification, characteristics, antigenic structure, pathogenicity factors. Diphtheria: pathogenesis, immunity, microbiological diagnostics, immunotherapy and aetiological therapy of diphtheria, prophylaxis. Manifestation of diphtheria in oral cavity.</p> <p>73. Bordetella: classification, characteristics, antigenic structure, pathogenicity factors. Whooping cough: pathogenesis, immunity, microbiological diagnosis, prophylaxis. Haemophilus spp.: characteristics, role in pathology, prophylaxis Hib-infections.</p> <p>74. Actinomyces: classification, characterization, antigenic structure, pathogenicity factors. Cervico-maxillofacial actinomycosis: pathogenesis, immunity, microbiological diagnosis, prevention.</p> <p>75. Mycobacteria: classification, characteristics, antigenic structure, pathogenicity factors. Tuberculosis: pathogenesis, immunity, methods of diagnosis, principle of prevention and treatment. Mycobacterioses. Manifestation of tuberculosis in oral cavity.</p> <p>76. Obligate anaerobes. Classification and characteristics. Clinical signs of anaerobic infection. Features of taking the material in case of suspected anaerobic infection.</p> <p>77. Gas gangrene Clostridia spp.: classification, characteristics, antigenic structure, pathogenicity factors. Anaerobic myonecrosis: pathogenesis, immunity, microbiological diagnostics and prophylaxis, aetiological treatment.</p> <p>78. Clostridium tetani: systematics, characterization, antigenic structure, pathogenicity factors. Tetanus: pathogenesis, immunity, microbiological diagnosis, prevention, aetiological treatment.</p> <p>79. Nonsporforming anaerobes: classification, characteristics, role in pathology of oral cavity. Principles of sampling in anaerobic bacteriology. Principle of bacteriological diagnosis of infections caused by nonsporforming anaerobes.</p> <p>80. Quarantine diseases: characteristics, classification. Principles of collection, transportation and investigation of specimens with pathogens of 3d and 4th biosafety levels.</p> <p>81. Vibrio: classification, characteristics, antigenic structure, pathogenicity factors. Cholera: pathogenesis, immunity, microbiological diagnosis, prophylaxis.</p> <p>82. Classification and characteristics of causative agents of plague, tularemia, pathogenicity factors, microbiological diagnosis, prophylaxis.</p>	<p>83. Classification and characteristics of causative agents of brucellosis, anthrax, pathogenicity factors, microbiological diagnosis, prophylaxis.</p> <p>84. Spirochetes: classification, characteristics, antigenic structure, pathogenicity factors. Role of Borrelia spp. in human pathology. Lyme borreliosis: aetiology, pathogenesis, immunity, microbiological diagnosis, prophylaxis. Role of Leptospira in human pathology, prophylaxis of leptospirosis.</p> <p>85. Treponema: classification, characteristics, antigenic structure, pathogenicity factors. Syphilis: pathogenesis, immunity, microbiological diagnosis, prophylaxis. Manifestation of Syphilis in oral cavity.</p> <p>86. Treponema of oral cavity and their role in pathology. Fusospirochetozes: etiology, characteristics of pathogens, pathogenesis, clinical forms.</p> <p>87. Chlamydia: classification, characterization, development cycle, antigenic structure, pathogenicity factors, role in pathology. Microbiological diagnostics and prevention.</p> <p>88. Mycoplasma spp.; classification, characteristics, role in pathology.</p> <p>89. Rickettsia: classification, characteristics, role in pathology.</p> <p>90. Pathogenic fungi: classification, characteristics. Fungal infections promoting factors and conditions. Role microfungi in human pathology. Prophylaxis of mycoses.</p> <p>91. Virology: definition, objectives, methods. Systematic position and classification of viruses. History. D. Ivanovski works importance. Forms of existence of viruses. Morphology and biochemical structure of virions. Structure, function and properties of virion nucleic acid, proteins, lipids and carbohydrates. Prions, role in human pathology.</p> <p>92. Interaction of the virus and susceptible cell. Strict parasitism and cytotropism of viruses. Cell receptors for viruses. Viral genome organization. Reproduction strategy of DNA and RNA viruses.</p> <p>93. Types of viral infection of cell. Changes in the host cells in the process of a viral infection. Peculiarities of viral infections of an organism. Acute, chronic and slow infection. Local and systemic mechanisms of antiviral immunity. Factors of innate and adaptive antiviral immunity. Interferons: classes, properties, mechanisms of antiviral activity.</p> <p>94. Principles of etiologic diagnostics of viral infections. Rapid methods. Serological diagnostics: principles, criteria for diagnosis. Principles of viral infections chemotherapy. Groups of antiviral drugs.</p> <p>95. Cultivation of viruses. Indication and identification of viruses.</p> <p>96. The aetiology of acute respiratory viral infections. Influenza viruses: classification, characteristics, antigenic properties. Influenza: pathogenesis, immunity, prevention, etiologic diagnostics of influenza, chemotherapy and chemoprophylaxis of influenza.</p> <p>97. Paramyxoviruses: classification, characteristics, role in pathology. Prevention of infection caused by paramyxoviruses.</p> <p>98. Rabies virus: classification, characteristics, specific inclusion. Rabies: pathogenesis, etiologic diagnosis, prevention.</p> <p>99. Rubella virus. General characteristics. Role in pathology. Prevention of rubella.</p> <p>100. Enteroviruses: classification, characteristics. Enterovirus infections: pathogenesis, prevention. Role in pathology of oral cavity.</p> <p>101. Viral hepatitis A: pathogenesis, immunity, etiologic diagnosis, prevention.</p>
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<p>102. Parenteral hepatitis viruses: classification, characteristics. Parenteral hepatitis: pathogenesis, immunity, etiologic diagnostics, prevention.</p> <p>103. Retroviruses. Human immunodeficiency virus (HIV). HIV infection: pathogenesis, immunity, etiologic diagnostics, principles of therapy, prophylaxis. AIDS-related illnesses. HIV-associated diseases in oral cavity.</p> <p>104. Herpesviruses: classification, characterization, role in pathology. Herpetic stomatitis. Chickenpox. Herpes viruses of 4–8 types, their role in human pathology.</p> <p>105. Adenoviruses: classification, characteristic. Adenoviral infections: pathogenesis, immunity, etiological diagnosis. Papillomaviruses: characteristics, role in pathology, disease prevention.</p> <p>106. Dental microbiology: definition, goals, objectives. General principles of microbiological diagnosis of dental diseases.</p> <p>107. The microflora of the oral cavity (indigenous, transient). Ontogeny of normal oral flora.</p> <p>108. The role of normal microflora of the oral cavity (positive and negative). Dysmicrobiosis of the oral cavity: causes, effects, prevention, principles of correction. Influence of environmental factors, physiological features of the oral cavity and other factors of the microorganism on the microflora of the oral cavity.</p> <p>109. Representatives of the normal microflora of the oral cavity: aerobes and facultative anaerobes (streptococci, corynebacteria, staphylococci, Neisseria), their role. General characteristics of streptococci of the oral cavity.</p> <p>110. Representatives of the normal oral flora: anaerobes (velonella, propionibacterium, lactobacillus, actinomyces, bacteroides, prevotella, porphyromonas, fusobacterium, leptotrichia), their role.</p> <p>111. Representatives of the normal oral flora spiralshaped bacteria (vibrio, wolinnella, centipedia, selenomonas, campylobacter, spirochetes), mycoplasma, protozoa, fungi, and their role.</p> <p>112. Microflora of specific areas of the mouth: saliva, dorsum of the tongue, dental pocket, mucous membranes. Features of these biotopes, affecting microorganisms.</p> <p>113. Methods of study of oral microflora. Methods of sampling material for dental diseases. Environments for the isolation of cariogenic streptococci, lactobacilli.</p> <p>114. Nonspecific mechanisms of defense of the mucous membranes, saliva, gingival fluid, tooth enamel, normal microflora's, system of polymorphonuclear leukocytes.</p> <p>115. Functions of saliva. Antimicrobial factors of saliva: defensins, cathelicidin, mucins, histatin, statherin, cystatins, peroxidase.</p> <p>116. The role of factors and mechanisms of acquired immunity of the oral cavity. Local immunity of the oral cavity. Functions of secretory immunoglobulins A.</p> <p>117. Dental plaque: the stages of formation, microorganisms-colonizers. Plaque as a biofilm. The role of factors in the quorum of sensing in the formation of plaque. New approaches to reducing the bioburden of plaque.</p> <p>118. Etiology of caries. Criteria of cariogenicity. Cariesogenic streptococci. Characteristic of <i>S. mutans</i> et <i>sobrinus</i>. Characteristics of lactobacilli. Associative (auxiliary) microorganisms. The role of the macroorganism in the development of caries.</p>	<p>119. Pathogenesis of caries: mechanisms of adhesion (carbohydrate-dependent and carbohydrate-independent) streptococci and mechanisms of destruction of tooth tissues. The role of streptococci in coaggregation. Glukans. Conditions for the development of caries. Caries resistance. Prophylaxis of caries. Fluorides and their influence are microorganisms.</p> <p>120. Odontogenic inflammation: etiology, types and phases of inflammation. Significance in pathology of foci of chronic odontogenic infection. Immunological aspects of the relationship between inflammatory periodontal diseases, cardiovascular and rheumatic diseases.</p> <p>121. Types of microorganisms and their role in the origin and pathogenesis of pulpitis, acute and chronic apical periodontitis, periostitis, osteomyelitis, abscesses and phlegmon soft tissues.</p> <p>122. Periodontal disease: classification, risk factors for development. The role of microorganisms in the etiology and pathogenesis of gingivitis. Dynamics of microflora of implants in case of successful and complicated implantation.</p> <p>123. The role of dental plaque in the development of periodontitis. The role of microorganisms in the formation of dental plaque. Pathogenetic importance of dental plaque.</p> <p>124. General properties of periodontopathogenic microorganisms. Microorganisms of the red complex: <i>Porphyromonas gingivalis</i>, <i>Tannerella forsythia</i>, <i>Treponema denticola</i>. Characteristics, pathogenicity factors, their role in the pathogenesis of periodontitis.</p> <p>125. Microorganisms of orange, green and yellow complexes, their role in the development of periodontal diseases. Characteristics <i>Aggregatibacter actinomycetemcomitans</i>, pathogenicity factors, the mechanism of invasion and persistence, a role in the development of periodontitis.</p> <p>126. Immune mechanisms in diseases of periodontal tissues. Factors contributing to the invasion of microorganisms. Mechanisms of tissue protection from microbial invasion. Principles of prevention and treatment of periodontitis.</p> <p>127. Inflammatory diseases of the oral mucosa: specific and nonspecific bacterial stomatitis.</p> <p>128. Viral stomatitis.</p> <p>129. Candida: systematics, properties, pathogenicity factors. Candidosis: factors responsible for the development, methods of diagnosis and prevention.</p> <p>130. Manifestations of allergic and immunodeficiency conditions in the oral cavity. Recurrent viral aphthous stomatitis.</p> <p>131. Dental Clinical Microbiology. Opportunistic pathogens. Specific features opportunistic pathogens and infections caused by them. Specific features of pathogenesis and diagnosis of opportunistic diseases. Criteria of Etiological significance of isolated bacteria from a specimen.</p> <p>132. Etiology and principles of microbiological diagnosis of opportunistic diseases of skin and subcutaneous tissue of stomatogenic origin.</p> <p>133. Etiology and principles of microbiological diagnosis of opportunistic diseases of bronchopulmonary tract of stomatogenic origin.</p> <p>134. Etiology and principles of microbiological diagnosis of bacteremia, sepsis of stomatogenic origin.</p> <p>135. Nosocomial infections: definition of the term, etiology, incidence and spread, principles of microbiological diagnosis, prevention. Antiepidemic control in stomatology.</p>
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**PRACTICAL SKILLS FOR DEMONSTRATION (PRE-EXAM)**

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| <ol style="list-style-type: none"><li>1. Prepare a smear from bullion culture of bacteria and stain by Gram method.</li><li>2. Prepare a smear from agar medium culture of bacteria and stain by Gram method.</li><li>3. Identify <i>Staphylococcus spp.</i></li><li>4. Identify <i>Streptococcus spp.</i></li><li>5. Identify <i>Neisseria gonorrhoeae</i>.</li><li>6. Identify <i>Escherichia coli</i>.</li><li>7. Identify a mixture of <i>Staphylococcus spp.</i> and <i>Escherichia coli</i>.</li><li>8. Identify a causative agent of anthrax — <i>Bacillus anthracis</i>.</li><li>9. Identify <i>Vibrio spp.</i></li><li>10. Identify <i>Brucella spp.</i></li><li>11. Identify <i>Candida spp.</i></li><li>12. Identify <i>Corynebacterium diphtheria</i> (Löffler stain).</li></ol> | <ol style="list-style-type: none"><li>13. Identify capsule of <i>Klebsiella spp.</i> (negative contrasting)</li><li>14. Identify <i>Mycobacterium</i> in sputum (Ziehl–Neelsen stain stain)</li><li>15. Demonstrate inoculation technique on plated agar medium from slant media.</li><li>16. Demonstrate inoculation technique on slant agar medium from plated medium.</li><li>17. Demonstrate inoculation technique on slant medium from slant medium.</li><li>18. Register and assess the results antibiotic susceptibility testing by disc diffusion method.</li><li>19. Assess the results of agglutination reaction in tubes.</li><li>20. Assess the results of Complement fixation test.</li><li>21. Assess the results of Indirect (passive) agglutination test.</li><li>22. Assess the results of haemagglutination inhibition test.</li><li>23. Demonstrate the technique of slide agglutination testing.</li></ol> |
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## CLASSIFICATION OF BACTERIA

LPSN — List of Prokaryotic names with Standing in Nomenclature (dsmz.de)

## DOMAIN BACTERIA

A genus is theoretically a member of successively higher ranks: subtribe, tribe, subfamily, family, suborder, order, subclass, class, division (or phylum) domain (or empire).

PHYLUM	CLASS	ORDER	FAMILY	GENUS	SPECIES	DISEASE
<b>Proteobacteria</b>	<b>Alphaproteo- bacteria</b>	<i>Rickettsiales</i>	<i>Rickettsiaceae</i>	<i>Rickettsia</i> (28)	<i>R.prowazekii</i> , <i>R.typhi</i> , <i>R.felis</i> , <i>R.rickettsii</i> , <i>R.conorii</i> , <i>R.australis</i> , <i>R.akari</i> , <i>R.sibirica</i> , <i>R.japonica</i> , <i>R.honei</i>	
				<i>Orientia</i> (1)	<i>O.tsutsugamushi</i>	
			<i>Ehrlichiaeae</i>	<i>Ehrlichia</i> (8)	<i>E.chaffeensis</i> , <i>E.sennetsu</i> , <i>E.equilike</i> ( <i>E.phagocytophila</i> )	
		<i>Hyphomicrobiales</i>	<i>Bartonellaceae</i>	<i>Bartonella</i> (37)	<i>B.quintana</i> , <i>B.henselae</i> , <i>B.bacilliformis</i> , <i>B.chlaridgeae</i> , <i>B.elizabethae</i> , <i>B.rochalimae</i>	
			<i>Brucellaceae</i>	<i>Brucella</i> (25)	<i>B.melitensis</i> et al	
	<b>Betaproteo- bacteria</b>	<i>Burkholderiales</i>	<i>Burkholderiaceae</i>	<i>Burkholderia</i> (34)	<i>B.mallei</i> , <i>B.pseudomallei</i> , <i>B.cepacia</i> et al.	
			<i>Alcaligenaceae</i>	<i>Alcaligenes</i> (4)	<i>A.faecales</i> et al.	
				<i>Bordetella</i> (15)	<i>B.pertussis</i> , <i>B.parapertussis</i> , <i>B.bronchiseptica</i> et al	
		<i>Neisseriales</i>	<i>Neisseriaceae</i>	<i>Neisseria</i> (29)	<i>N.gonorrhoeae</i> , <i>N.meningitidis</i> , <i>N.sicca</i> , <i>N.subflava</i> et al.	
				<i>Eikenella</i> (4)	<i>E.corrodens</i>	
				<i>Kingella</i> (5)	<i>K.kingae</i> et al.	
				<i>Simonsiella</i> (1)	<i>Simonsiella muelleri</i>	
		<i>Nitrozomonadales</i>	<i>Spirillaceae</i>	<i>Spirillum</i> (2)	<i>S.winogradskyi</i> et al.	
	<b>Gammapro- teobacteria</b>	<i>Thiotrichales</i>	<i>Francisellaceae</i>	<i>Francisella</i> (9)	<i>F.tularensis</i>	
		<i>Legionellales</i>	<i>Legionellaceae</i>	<i>Legionella</i> (62)	<i>L.pneumophila</i> et al.	
			<i>Coxiellaceae</i>	<i>Coxiella</i> (1)	<i>C.burnetii</i>	
		<i>Pseudomonadales</i>	<i>Pseudomonadaceae</i>	<i>Pseudomonas</i> (254)	<i>P.aeruginosa</i> et al.	
			<i>Moraxellaceae</i>	<i>Moraxella</i> (19)	<i>M.lacunata</i> , <i>M.catarrhalis</i>	
				<i>Acinetobacter</i> (65)	<i>A.calcoaceticus</i> , <i>A.baumannii</i> et al.	
		<i>Vibrionales</i>	<i>Vibrionaceae</i>	<i>Vibrio</i> (131)	<i>V.cholerae</i> ( <i>cholerae</i> , <i>eltor</i> ), <i>V.parahaemolyticus</i> et al.	
		<i>Aeromonadales</i>	<i>Aeromonadaceae</i>	<i>Aeromonas</i> (31)	<i>A.hydrophilia</i>	
		<i>Enterobacteriales</i>		<i>Plesiomonas</i> (1)	<i>P.shigelloides</i>	
			<i>Erwiniaceae</i>	<i>Erwinia</i> (20)	<i>E.amylovora</i> et al.	
			<i>Hafniaceae</i>	<i>Hafnia</i> (3)	<i>H.alvei</i>	
				<i>Edwardsiella</i> (5)	<i>E.tarda</i> et al.	
				<i>Morganella</i> (2)	<i>M.morganii</i>	
			<i>Morganellaceae</i>	<i>Proteus</i> (9)	<i>P.vulgaris</i> , <i>P.mirabilis</i> et al.	
				<i>Providencia</i> (10)	<i>P.alcalifaciens</i> et al.	
			<i>Yersiniaceae</i>	<i>Yersinia</i> (27)	<i>Y.pestis</i> , <i>Y.enterocolitica</i> , <i>Y.pseudotuberculosis</i> et al.	
				<i>Serratia</i> (22)	<i>S.marcescens</i> et al.	
		<i>Enterobacteriaceae</i>		<i>Enterobacter</i> (20)	<i>E.cloacae</i>	



PHYLUM	CLASS	ORDER	FAMILY	GENUS	SPECIES	DISEASE
				<i>Citrobacter</i> (15)	<i>C.freundii</i> , <i>C.amalonaticus</i> , <i>C.koseri</i> et al.	
				<i>Escherichia</i> (6)	<i>E.coli</i> , <i>E.fergusonii</i> , <i>E.germannii</i> , <i>E.albertii</i>	
				<i>Klebsiella</i> (13)	<i>K.pneumoniae</i> (subsp: <i>ozaenae</i> , <i>rhinoscleromae</i> , <i>pneumoniae</i> ), <i>K.oxytoca</i> , <i>K.planticola</i> , <i>K.terrigena</i> , <i>K.granulomatis</i>	
				<i>Salmonella</i> (3)	<i>S.enterica</i> , <i>S.bongori</i> . Species <i>S.enterica</i> consict from 6 subsp.: <i>arizonae</i> , <i>diarizonae</i> , <i>enterica</i> , <i>houtenae</i> , <i>indica</i> , <i>salamae</i> ). Serotypes: <i>S.Typhi</i> , <i>S.Paratyphi A</i> , <i>S.Schottmuelleri</i> , <i>S.Enteritidis</i> , <i>S.Typhimurium</i> , <i>S.Choleraesuis</i> et al.	
				<i>Shigella</i> (4)	<i>S.dysenteriae</i> , <i>S.flexneri</i> , <i>S.boydii</i> , <i>S.sonnei</i>	
		<i>Pasteurellales</i>	<i>Pasteurellaceae</i>	<i>Haemophilus</i> (15)	<i>H.influenzae</i> , <i>H.ducreyi</i> et al.	
				<i>Pasteurella</i> (13)	<i>P. stomatis</i>	
	<i>Epsilon-proteobacteria</i>	<i>Campylobacteriales</i>	<i>Campylobacteriaceae</i>	<i>Campylobacter</i> (34)	<i>C.jejuni</i> , <i>C.fetus</i> , <i>C.coli</i> et al. <i>C.sputorum</i>	
			<i>Helicobacteriaceae</i>	<i>Helicobacter</i> (47)	<i>H.pylori</i> , <i>H.heilmanii</i> et al.	
				<i>Wolinella</i> (1)	<i>W.succinogenes</i>	
<b>Firmicutes</b>	<i>Negativicutes</i>	<i>Selenomonadales</i>	<i>Selenomonadaceae</i>	<i>Selenomonas</i>	<i>S.sputigena</i>	
				<i>Centipeda</i> (1)	<i>C.periodontii</i>	
				<i>Mitsuokella</i> (2)	<i>M.multacida</i>	
		<i>Veillonellales</i>	<i>Veillonellaceae</i>	<i>Veillonella</i> (15)	<i>V.parvula</i> et al	
	<i>Clostridia</i>	<i>Eubacteriales</i>	<i>Clostridiaceae</i>	<i>Clostridium</i> (151)	<i>C.botulinum</i> , <i>C.perfringens</i> , <i>C.novyi</i> , <i>C.histolyticum</i> , <i>C.septicum</i> , <i>C.tetani</i> et al.	
				<i>Hathewayia</i> (3)	<i>H.histolytica</i>	
				<i>Sarcina</i> (2)	<i>S.ventriculi</i>	
			<i>Peptostreptococcaceae</i>	<i>Peptostreptococcus</i> (4)	<i>P.anaerobius</i> et al.	
				<i>Clostridioides</i> (2)	<i>C.difficile</i>	
			<i>Peptococcaceae</i>	<i>Peptococcus</i> (2)	<i>P.niger</i> , <i>P.simiae</i>	
			<i>Mogibacteriaceae</i>	<i>Mogibacterium</i> (5)	<i>Mogibacterium timidum</i>	
			<i>Lachnospiraceae</i>	<i>Lachnoanaerobaculum</i> (5)	<i>Lachnoanaerobaculum saburreum</i>	
	<i>Bacilli</i>	<i>Caryophanales</i>	<i>Bacillaceae</i>	<i>Bacillus</i> (94)	<i>B.subtilis</i> , <i>B.anthraxis</i> , <i>B.cereus</i> et al.	
			<i>Listeriaceae</i>	<i>Listeria</i> (21)	<i>L.monocytogenes</i> et al.	
			<i>Staphylococcaceae</i>	<i>Staphylococcus</i> (57)	<i>S.aureus</i> , <i>S.epidermidis</i> , <i>S.saprophyticus</i> et al.	
		<i>Lactobacillales</i>	<i>Lactobacillaceae</i>	<i>Lactobacillus</i> (52)	<i>L.fermentum</i> et al.	
				<i>Lactocaseibacillus</i> (19)	<i>L.caseii</i>	
			<i>Enterococcaceae</i>	<i>Enterococcus</i> (60)	<i>E.faecalis</i> , <i>E.faecium</i> et al.	
			<i>Leuconostocaceae</i>	<i>Leuconostoc</i> (16)	<i>L.mesenteroides</i>	
			<i>Streptococcaceae</i>	<i>Streptococcus</i> (107)	<i>S.pyogenes</i> , <i>S.pneumoniae</i> , <i>S.agalactiae</i> , <i>S.anginosus</i> , <i>S.bovis</i> , <i>S.mutans</i> , <i>S.mitis</i> , <i>S.salivarius</i> , <i>S.sanguis</i> , <i>S.milleri</i> et al.	
				<i>Lactococcus</i> (22)	<i>L.lactis</i> et al.	
<b>Actinobacteria</b>	<i>Actinobacteria</i>	<i>Actinomycetales</i>	<i>Actinomycetaceae</i>	<i>Actinomyces</i> (29)	<i>A.israelii</i> , <i>A.naelslundii</i> , <i>A.viscosus</i> , <i>A.odontolyticus</i> , <i>A.pyogenes</i>	
				<i>Mobiluncus</i> (3)	<i>M.curtisii</i>	
		<i>Bifidobacteriales</i>	<i>Bifidobacteriaceae</i>	<i>Bifidobacterium</i> (87)	<i>B.bifidum</i> et al.	
				<i>Gardnerella</i> (4)	<i>G.vaginalis</i>	

PHYLUM	CLASS	ORDER	FAMILY	GENUS	SPECIES	DISEASE
		<i>Micrococcales</i>	<i>Micrococcaceae</i>	<i>Micrococcus</i> (9)	<i>M.lysodeicticum</i> , <i>M.luteus</i> et al.	
				<i>Rothia</i> (11)	<i>Rothia dentocariosa</i>	
		<i>Mycobacteriales</i>	<i>Mycobacteriaceae</i>	<i>Mycobacterium</i> (193)	<i>M.tuberculosis</i> , <i>M.bovis</i> , <i>M.africanum</i> , <i>M.leprae</i> , <i>M.kasasii</i> , <i>M.avium</i> , <i>M.ulcerans</i> , <i>M.fortuitum</i> , <i>M.smegmatis</i> et al.	
			<i>Corynebacteriaceae</i>	<i>Corynebacterium</i> (125)	<i>C.diphtheriae</i> , <i>C.ulcerans</i> , <i>C.urealyticum</i> , <i>C.xerosis</i> et al.	
			<i>Nocardiaceae</i>	<i>Nocardia</i> (117)	<i>N.asteroides</i> , <i>N.farcinica</i> et al.	
			<i>Nocardiaceae</i>	<i>Rhodococcus</i> (51)	<i>R.rhodochrous</i>	
		<i>Propionibacteriales</i>	<i>Propionibacteriaceae</i>	<i>Propionibacterium</i> (5)	<i>P.acnes</i> , <i>P.propionicus</i> et al.	
		<i>Streptomycetales</i>	<i>Streptomycetaceae</i>	<i>Streptomyces</i> (680)	<i>Streptomyces albus</i>	
<b>Bacteroidetes</b>	<i>Bacteroidia</i>	<i>Bacteroidales</i>	<i>Bacteroidaceae</i>	<i>Bacteroides</i> (39)	<i>B.fragilis</i> , <i>B.gingivalis</i> et al.	
			<i>Porphyromonadaceae</i>	<i>Porphyromonas</i> (18)	<i>P.gingivalis</i> , <i>P.endodontales</i> et al.	
			<i>Prevotellaceae</i>	<i>Prevotella</i> (55)	<i>P.melaninogenica</i> , <i>P.dentalis</i> et al.	
		<i>Flavobacteriales</i>	<i>Flavobacteriaceae</i>	<i>Flavobacterium</i> (244)	<i>F.brevivivae</i> et al.	
	<i>Flavobacteriia</i>	<i>Flavobacteriales</i>	<i>Weeksellaceae</i>	<i>Capnocytophaga</i> (10)	<i>Capnocytophaga gingivalis</i>	
				<i>Elizabethkingia</i> (7)	<i>Elizabethkingia meningoseptica</i>	
<b>Fusobacteria</b>	<i>Fusobacteria</i>	<i>Fusobacteriales</i>	<i>Fusobacteriaceae</i>	<i>Fusobacterium</i> (15)	<i>F.nucleatum</i> , <i>F.necroforum</i> , <i>F. ulcerans</i>	
			<i>Leptotrichiaceae</i>	<i>Leptotrichia</i> (6)	<i>L.buccalis</i> et al.	
			<i>Leptotrichiaceae</i>	<i>Streptobacillus</i> (5)	<i>S.moniliformis</i>	
<b>Chlamydiae</b>	<i>Chlamydiae</i>	<i>Chlamydiales</i>	<i>Chlamydiaceae</i>	<i>Chlamydia</i> (10)	<i>C.trachomatis</i> , <i>C.psittaci</i> , <i>C.pneumoniae</i>	
<b>Spirochaetes</b>	<i>Spirochaetes</i>	<i>Spirochaetales</i>	<i>Treponemataceae</i>	<i>Treponema</i> (29)	<i>T.pallidum</i> , <i>T. pertenue</i> , <i>T. denticola</i> , <i>T.minutum</i> , <i>T.refringens</i> , <i>T.medium</i>	
			<i>Borreliaceae</i>	<i>Borrelia</i> (42)	<i>B.recurrentis</i> , <i>B.burgdorferi</i> , <i>B.duttoni</i> , <i>B.persica</i> et al.	
		<i>Leptospirales</i>	<i>Leptospiraceae</i>	<i>Leptospira</i> (65)	<i>L.interrogans</i> , <i>L.biflexa</i>	
<b>Tenericutes</b>	<i>Mollicutes</i>	<i>Mycoplasmatales</i>	<i>Mycoplasmataceae</i>	<i>Mycoplasma</i> (45)	<i>M.mycoides</i>	
				<i>Ureaplasma</i> (9)	<i>U.urealyticum</i> et al.	
		<i>Mycoplasmoidales</i>	<i>Metamycoplasmataceae</i>	<i>Metamycoplasma</i> (18)	<i>M.hominis</i> , <i>M. orale</i> , <i>M.salivarum</i> , <i>M.arthritis</i>	
				<i>Mycoplasma</i> (44)	<i>M.fermentans</i>	
		<i>Mycoplasmoidales</i>	<i>Mycoplasmoidaceae</i>	<i>Mycoplasmoides</i> (6)	<i>M.pneumoniae</i>	
		<i>Acholeplasmatales</i>	<i>Acholeplasmataceae</i>	<i>Acholeplasma</i> (16)	<i>A.laidlawii</i>	

## CLASSIFICATION OF VIRUSES

(Updates approved during EC 55, Jena, Germany, August 2023 Email ratification April 2024 (MSL #39))

Realm	Kingdom	PHYLUM	CLASS	ORDER	FAMILY	SUBFAMILY	GENUS	SPECIES	DISEASE	GENOME
Duplodnaviria	Heunggongvirae	Peploviricota	Herviviricetes	Herpesvirales	Herpesviridae	Alphaherpesvirinae	Simplexvirus	Simplexvirus humanalpha 1, 2		dsDNA
						Alphaherpesvirinae	Varicellovirus	Varicellovirus humanalpha 3		dsDNA
						Betaherpesvirinae	Cytomegalovirus	Cytomegalovirus humanbeta 5		dsDNA
						Betaherpesvirinae	Roseolovirus	Roseolovirus humanbeta 6A, 6B, 7		dsDNA
						Gammaherpesvirinae	Lymphocryptovirus	Lymphocryptovirus humangamma 4		dsDNA
						Gammaherpesvirinae	Rhadinovirus	Rhadinovirus humangamma 8		dsDNA
Monodnaviria	Shotokuvirae	Cossaviricota	Papovaviricetes	Sepolyvirales	Polyomaviridae		Alphapolyomavirus	Human polyomavirus 5, 8, 9, 13, 14		dsDNA
							Betapolyomavirus	Human polyomavirus 1–4		dsDNA
							Deltapolyomavirus	Human polyomavirus 6, 7, 10, 11		dsDNA
				Zurhausenvirales	Papillomaviridae	Firstpapillomavirinae	Alphapapillomavirus	Alphapapillomavirus 1		dsDNA
							Betapapillomavirus	Betapapillomavirus 1		dsDNA
							Gammapapillomavirus	Gammapapillomavirus 1		dsDNA
							Mupapillomavirus	Mupapillomavirus 1		dsDNA
							Nupapillomavirus	Nupapillomavirus 1		dsDNA
			Quintoviricetes	Piccovirales	Parvoviridae	Parvovirinae	Bocaparvovirus	Pinniped bocaparvovirus 1		ssDNA
							Dependoparvovirus	Adeno-associated dependoparvovirus A, B		ssDNA
							Erythroparvovirus	Primate erythroparvovirus 1		ssDNA
							Cyclovirus	Human associated cyclovirus 8 (1–12)		ssDNA
							Huchismacovirus	Human associated huchismacovirus 1, 2, 3		ssDNA
							Porprismacovirus	Human associated porprismacovirus 1, 2		ssDNA
		Cressdnaviricota	Arfviricetes	Cirlivirales	Circoviridae		Gemykibivirus	Human associated gemykibivirus 1–5		ssDNA
							Gemyvongvirus	Human associated gemyvongvirus 1		ssDNA
Cremevirales	Smacoviridae									
Repensiviricetes	Geplafuvirales	Genomoviridae								
Riboviria	Orthornavirae	Duplornaviricota	Resentoviricetes	Reovirales	Reoviridae	Sedoreovirinae	Rotavirus	Rotavirus A (A-J)		dsRNA
		Kitrinoviricota	Alsuviricetes	Hepelivirales	Hepeviridae	Spinareovirinae	Coltivirus	Colorado tick fever coltivirus		dsRNA
					Matonaviridae		Orthohepevirus	Orthohepevirus A		ssRNA(+)
				Martellivirales	Togaviridae		Rubivirus	Rubella virus		ssRNA(+)
							Alphavirus	Alphavirus chikungunya		ssRNA(+)
								Alphavirus Eastern		ssRNA(+)
								Alphavirus Onyong		ssRNA(+)
								Alphavirus Negro		ssRNA(+)
								Alphavirus RosRiver		ssRNA(+)

Realm	Kingdom	PHYLUM	CLASS	ORDER	FAMILY	SUBFAMILY	GENUS	SPECIES	DISEASE	GENOME		
								<i>Alphavirus Semliki</i>		ssRNA(+)		
								<i>Alphavirus Sindbis</i>			ssRNA(+)	
Riboviria	Orthornavirae	Kitrinoviricota	Alsuviricetes	Martellivirales	Togaviridae		Alphavirus	<i>Alphavirus Venezuelan</i>			ssRNA(+)	
								<i>Alphavirus Western</i>			ssRNA(+)	
			Flasuviricetes	Amarillovirales	Flaviviridae		Orthoflavivirus	<i>Dengue</i>			ssRNA(+)	
								<i>Edge Hill virus</i>			ssRNA(+)	
								<i>Japanese encephalitis virus</i>			ssRNA(+)	
								<i>Murray Valley encephalitis virus</i>			ssRNA(+)	
								<i>Omsk hemorrhagic fever virus</i>			ssRNA(+)	
								<i>Rio Bravo virus</i>			ssRNA(+)	
								<i>Saint Louis encephalitis virus</i>			ssRNA(+)	
								<i>Tick-borne encephalitis virus</i>			ssRNA(+)	
								<i>West Nile virus</i>			ssRNA(+)	
								<i>Yellow fever virus</i>			ssRNA(+)	
		<i>Zika virus</i>			ssRNA(+)							
		<i>Hepacivirus</i>	<i>Hepacivirus C</i>				ssRNA(+)					
		<i>Pegivirus</i>	<i>Pegivirus A</i>				ssRNA(+)					
		Negarnaviricota	Monjiviricetes	Mononegavirales	Filoviridae		Ebolavirus	<i>Zaire, Bombali, Bundibugyo, Reston, Sudan, Tai Forst ebolavirus</i>			ssRNA(-)	
								<i>Marburgvirus</i>	<i>Marburg marburgvirus</i>			ssRNA(-)
					Paramyxoviridae		Orthoparamyxovirinae	<i>Henipavirus</i>	<i>Hendra henipavirus</i>			ssRNA(-)
								<i>Henipavirus</i>	<i>Nipah henipavirus</i>			ssRNA(-)
								<i>Morbillivirus</i>	<i>Measles morbillivirus</i>			ssRNA(-)
								<i>Respirovirus</i>	<i>Human respirovirus 1, 3</i>			ssRNA(-)
					Rubulavirinae		Orthorubulavirus	<i>Human orthorubulavirus 2, 4</i>			ssRNA(-)	
								<i>Mumps orthorubulavirus</i>			ssRNA(-)	
								<i>Metapneumovirus</i>	<i>Human metapneumovirus</i>			ssRNA(-)
								<i>Orthopneumovirus</i>	<i>Human orthopneumovirus</i>			ssRNA(-)
					Rhabdoviridae		<i>Ledantevirus</i>	<i>Le Dantec ledantevirus</i>			ssRNA(-)	
							<i>Lyssavirus</i>	<i>Rabies lyssavirus</i>			ssRNA(-)	
		<i>Vesiculovirus</i>	<i>Indiana vesiculovirus</i>					ssRNA(-)				
		<i>Mammarenavirus</i>	<i>Lymphocytic choriomeningitis mammarenavirus</i>					ssRNA(+/-)				
		Ellioviricetes	Bunyavirales	Arenaviridae	Mammantavirinae		Orthohantavirus	<i>Hantaan orthohantavirus</i>			ssRNA(-)	
								<i>Khabarovsk orthohantavirus</i>			ssRNA(-)	
							<i>Nairoviridae</i>	<i>Orthonairovirus</i>	<i>Crimean-Congo hemorrhagic fever orthonairovirus</i>			ssRNA(-)

Realm	Kingdom	PHYLUM	CLASS	ORDER	FAMILY	SUBFAMILY	GENUS	SPECIES	DISEASE	GENOME																			
Riboviria	Orthornavirae				Peribunyaviridae		Orthobunyavirus	Bunyamwera orthobunyavirus		ssRNA(-)																			
							California encephalitis orthobunyavirus		ssRNA(-)																				
					Phenuiviridae		Phlebovirus	Rift Valley fever phlebovirus		ssRNA(+/-)																			
			Negarnaviricota	Ellioviricetes	Bunyavirales	Phenuiviridae	Uukuvirus	Uukuniemi uukuvirus		ssRNA(+/-)																			
				Insthoviricetes	Articulavirales	Orthomyxoviridae	Alphainfluenzavirus	Alphainfluenzavirus Influenza		ssRNA(-)																			
							Betainfluenzavirus	Betainfluenzavirus		ssRNA(-)																			
							Gammainfluenzavirus	Gammainfluenzavirus Influenza		ssRNA(-)																			
							Quaranjavirus	Quaranfil quaranjavirus		ssRNA(-)																			
							Thogotovirus	Dhori thogotovirus		ssRNA(-)																			
							Picobirnavirus	Human picobirnavirus		dsRNA																			
											Alphacoronavirus	Human coronavirus 229E		ssRNA(+)															
											Human coronavirus NL63		ssRNA(+)																
											Betacoronavirus	Human coronavirus HKU1		ssRNA(+)															
												Severe acute respiratory syndrome-related coronavirus		ssRNA(+)															
											Cardiovirus	Cardiovirus A		ssRNA(+)															
											Cosavirus	Cosavirus A		ssRNA(+)															
											Enterovirus	Enterovirus C		ssRNA(+)															
											Enterovirus	Rhinovirus A		ssRNA(+)															
											Hepatovirus	Hepatovirus A		ssRNA(+)															
		Kobuvirus	Aichivirus A		ssRNA(+)																								
		Parechovirus	Parechovirus A		ssRNA(+)																								
		Mamastrovirus	Mamastrovirus 1		ssRNA(+)																								
		Orthohepadnavirus	Hepatitis B virus		dsDNA-RT																								
		Deltaretrovirus	Primate T-lymphotropic virus 1, 2, 3		ssRNA-RT																								
		Lentivirus	Human immunodeficiency virus 1, 2		ssRNA-RT																								
		Spumaretrovirinae	Bovispumavirus	Bovine foamy virus		ssRNA-RT																							
			Pararnavirae	Artverviricota	Revtraviricetes	Blubervirales	Hepadnaviridae																						
	Ortervirales				Retroviridae																								
													Bamfordvirae	Nucleocyotviricota	Pokkesviricetes	Chitovirales	Poxviridae												

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Лабораторный практикум

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