

№ ЛД – 16 ИИ

Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Department infectious diseases

APPROVED
minutes of the meeting
Central coordination
educational and methodological council
"May 23, 2023 No. 5

ASSESSMENT MATERIALS

in the discipline "Epidemiology"

main professional educational program of higher education - specialty program in
specialty 31.0501 General Medicine,
approved on May 24, 2023

For 6th year students
by specialty 31.05.01 General medicine

Reviewed and approved at a department meeting
From May 22, 2023 (protocol No. 10)

Head of the department: Candidate of Medical Sciences, Associate Professor Otaraeva B.I.



Vladikavkaz 2023

STRUCTURE OF ASSESSMENT MATERIALS

1. Title page
2. Structure of assessment materials
3. Reviews of evaluation materials
4. Passport of evaluation materials
5. Set of assessment materials:
 - questions for incoming control,
 - questions for the module,
 - questions for testing,
 - bank of situational tasks/practical tasks/business games,
 - standards of test tasks (with title page and table of contents),
 - tickets for competition

**ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ
УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ
ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА
ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ**

**РЕЦЕНЗИЯ
на оценочные материалы**

**по дисциплине «Эпидемиология»
для студентов 6 курса
по специальности 31.05.01 Лечебное дело**

Оценочные материалы составлены на кафедре инфекционных болезней на основании рабочей программы учебной дисциплины «Эпидемиология» (утв.2023г.) и соответствует требованиям Федерального государственного образовательного стандарта высшего образования по специальности 31.05.01 «Лечебное дело». Оценочные материалы включают в себя:

- вопросы к входному контролю
- вопросы к модулю,
- вопросы к зачету,
- банк ситуационных задач, /практических заданий/деловых игр
- эталоны тестовых заданий,
- билеты к зачету

Банк ситуационных задач/практических заданий/деловых игр включают в себя сами задания и шаблоны ответов. Все задания соответствуют рабочей программе дисциплины «Эпидемиология» формируемым при ее изучении компетенциям, и охватывают все её разделы. Банк содержит ответы ко всем ситуационным задачам.

Эталоны тестовых заданий включают в себя следующие элементы: тестовые задания, шаблоны ответов. Все задания соответствуют рабочей программе дисциплины «Эпидемиология» формируемым при ее изучении компетенциям, и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Эталоны содержат ответы ко всем тестовым заданиям.

Количество билетов к зачету достаточно для проведения зачета и исключает неоднократное использование одного и того же билета во время зачета в течение одного дня. Билеты к зачету выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Билет к зачету включает в себя 2 вопроса. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на зачет. Содержание вопросов одного билета относится к различным разделам рабочей программы дисциплины, позволяющее более полно охватить материал дисциплины.

Дополнительно к теоретическим вопросам предлагается банк ситуационных задач. Ситуационные задачи дают возможность объективно оценить уровень усвоения обучающимся теоретического материала при текущем контроле успеваемости и промежуточной аттестации. Сложность вопросов в билетах к зачету распределена равномерно.

Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы по дисциплине «Эпидемиология» способствуют качественной оценке уровня владения обучающимися общепрофессиональными и профессиональными компетенциями.

Рецензируемые оценочные материалы по дисциплине «Эпидемиология» могут быть рекомендованы к использованию для текущего контроля успеваемости и промежуточной аттестации на лечебном факультете у обучающихся 6 курса.



Боцьева Н.И.

Passport of assessment materials for the discipline
"Epidemiology"

No.	Name of the supervised section (topic) of the discipline/module	Code of the competence (stage) being formed	Name of assessment material
1	2	3	4
Type of control	Ongoing progress monitoring/interim assessment		
1	Incoming control		questions
2	Introduction to epidemiology. The doctrine of the epidemic process.	OPK-6 PK-3	test control, questions for the module, situational tasks, tickets for competition
3	Manifestations of the epidemic process. The doctrine of natural focality of infections. Epidemiology of non-communicable diseases.	PK-3	test control, questions for the module, situational tasks, tickets for competition
4	Epidemic method. Epidemiological diagnostics. Fundamentals of evidence-based medicine in epidemiology.	PK-3 PC-13 PK-19	test control, questions for the module, situational tasks, tickets for competition
5	The source of infectious disease, preventive and anti-epidemic work. Epidemiological surveillance	PK-3 PC-13 PK-19	test control, questions for the module, situational tasks, tickets for competition
6	Disinfection, disinsection, deratization, sterilization. Epidemiology of nosocomial infections	PK-3 PC-13 PK-19	test control, questions for the module, situational tasks, tickets for competition
7	Immunoprophylaxis of infectious diseases. National calendar of preventive vaccinations. Legal basis of immunoprophylaxis.	OPK-6 PK-3 PC-13 PK-19	test control, questions for the module, situational tasks, tickets for competition
8	Features of the epidemic process and anti-epidemic measures for respiratory tract infections (diphtheria, measles, influenza, meningococcal infection, chicken pox).	PK-3 PC-13 PK-19	test control, questions for the module, situational tasks, tickets for competition
9	Features of the epidemic process and anti-epidemic measures for intestinal infections (shigellosis, typhoid fever, salmonellosis, viral hepatitis A).	PK-3 PC-13 PK-19	test control, questions for the module, situational tasks, tickets for competition
10	Features of the epidemic process and anti-epidemic measures for blood infections with a transmissible transmission mechanism (malaria, typhus), infections of the external integument (anthrax, erysipelas, tetanus)	OPK-6 PK-3 PC-13 PK-19	test control, questions for the module, situational tasks, tickets for competition

	and infections with a contact transmission mechanism (parenteral viral hepatitis, HIV infection).		
11	International Health Regulations. Anti-epidemic measures in foci of infections of international importance. Sanitary and anti-epidemic provision of the population in emergency situations.	PK-3 PC-13 PK-19	test control, questions for the module, situational tasks, tickets for competition

Questions for incoming inspection

1 option

1. Definition of the concepts “infection”, “infectious process”, “infectious disease”. Social significance of infectious diseases.
2. Forms of manifestation of the infectious process
3. The main periods of an infectious disease, their significance in the diagnosis of infectious diseases.
4. The mechanism of transmission of pathogenic microorganisms as the basis for the epidemiological classification of infectious diseases.
5. The concept of the body’s susceptibility to infectious diseases. Types of resistance
6. The concept of immunity, its types and ways of acquisition. The importance of collective immunity in the development of the epidemiological process.
7. Increasing the population's immunity to infectious diseases. The role and importance of preventive vaccinations.
8. Collection of an epidemiological history of an infectious disease, its significance in making a presumptive diagnosis (examples).
9. The importance of population immunity in the development of the epidemic process. Age-related characteristics of infectious diseases. Ways to acquire immunity.
10. Classification of infectious diseases. Characteristics of each group of infections, examples.
11. The concept of controllable and uncontrollable infections. Calendar of preventive vaccinations.
12. The use of immune sera, toxoids and specific immunoglobulins in the treatment of infectious diseases (examples).

Option 2

1. Classification of infectious diseases
2. Sources of infection. The concept of sources of infection. Epidemiological significance of various forms of the disease: typical, atypical and erased. The infectiousness of a patient during different periods of an infectious disease.
3. Forms of the clinical course of an infectious disease.
4. Exacerbations and relapses, reinfection, superinfection and coinfection in infectious diseases, conditions for their occurrence, clinical course (examples).
5. The concept of immunity. Types of immunity. Age-related characteristics of infectious diseases.
6. The concept of epidemiology. Subject and tasks.
7. The concept of the source of infection. Sources of anthroponotic, zoonotic and sapronotic infections
8. The mechanism of transmission of pathogenic microorganisms as the basis for the epidemiological classification of infectious diseases
9. Types of fevers in infectious diseases.
10. Characteristics of various transmission factors and ways of spreading infections (within the main types of transmission mechanism)
11. Preventive vaccinations. Vaccination according to epidemic indications.
12. Methods for diagnosing infectious diseases.

Questions for the module

1. The doctrine of the epidemic process. Manifestations of the epidemic process.
2. Determination of the intensity of the epidemic process: sporadic morbidity, epidemic, pandemic.
3. The concept of endemic and exotic diseases.
4. The doctrine of natural focality of infections.
5. Epidemiology of non-communicable diseases.
6. Epidemic method. Epidemiological diagnostics.
7. Fundamentals of evidence-based medicine in epidemiology.
8. The source of infectious disease, preventive and anti-epidemic work.
9. Epidemiological surveillance, organization and implementation of measures to reduce and prevent diseases.
10. Preventive work at the medical site. The office of infectious diseases in the clinic, its tasks in the field of prevention of infectious diseases.
11. Disinfection. Types and methods of disinfection. Basic disinfectants.
12. Disinsection, its purpose and role in various diseases.
13. Deratization, its purpose and role in various diseases.
14. Sterilization. Definition of the concept. The importance of sterilization in the prevention of hospital infections.
15. Epidemiology of infections associated with health care (Nosocomial infections).
16. Main directions of prevention of nosocomial infections.
17. Immunoprophylaxis of infectious diseases. The immune layer, natural and artificial ways of its formation.
18. National calendar of preventive vaccinations.
19. Legal basis of immunoprophylaxis.
20. Features of the epidemic process and anti-epidemic measures for respiratory tract infections (diphtheria, measles, influenza, meningococcal infection, chicken pox).
21. Features of the epidemic process and anti-epidemic measures for intestinal infections (shigellosis, typhoid fever, salmonellosis, viral hepatitis A).
22. Features of the epidemic process and anti-epidemic measures for blood infections with a contact mechanism of transmission (parenteral viral hepatitis, HIV infection).
23. Features of the epidemic process and anti-epidemic measures for blood infections with a vector-borne transmission mechanism (malaria, typhus);
24. Features of the epidemic process and anti-epidemic measures for infections of the external integument (anthrax, erysipelas, tetanus)
25. International Health Regulations. Anti-epidemic measures in foci of infections of international importance. Sanitary and anti-epidemic provision in emergency situations.

Questions for testing

1. The importance of epidemiology for medicine and healthcare.
2. Definition of the concept of “the doctrine of the epidemic process.” The role of domestic scientists (L.V. Gromashevsky, V.D. Belyakov, B.L. Cherkassky) and their contribution to the theory of the study of the epidemic process.
3. Mechanisms and ways of spreading the infectious principle. The concept of biological terrorism.
4. Define the concept of epidemiological focus. Draw up a plan for eliminating the anthroponotic focus.
5. Methodology for examining an epidemiological outbreak. Documentation.
6. Methodology of epidemiological analysis. The concept of infectious morbidity of the population (intensive and extensive indicators). Definition of the concept of lethality and mortality. Types of epidemics.
7. Characteristics of measures aimed at increasing immunity.
8. The concept of “source of infection”. Indications for hospitalization.
9. The concept of deratization. Deratization methods.
10. Anti-epidemic measures in the focus of zoonotic infection.
11. Pest control. Concept. Physical and chemical methods. Medical disinfection.
12. Epidemiological significance of ticks, mosquitoes, lice, flies, fleas.
Organization of insect control activities in hospital settings.
13. Treatment method for pediculosis. Drugs.
14. Disinfection. Preventive, focal. The concept of “current and final” disinfection.
15. Disinfection: concept, types. Methods and means of disinfection.
16. Disinfection quality control.
17. Methods of sterilization of medical instruments and materials.
18. Immunoprophylaxis office. Device. Anti-epidemic mode of operation. Accounting and reporting documentation.
19. Calendar of planned preventive vaccinations and vaccinations for epidemic indications.
20. Live vaccines. Characteristics, features. Indications and contraindications for vaccination.
21. Chemical and killed vaccines. Characteristics, features. Indications and contraindications for vaccination.
22. Cold chain, definition of the concept. Impact of cold chain disruptions on immunization effectiveness.
23. Specific prevention of mumps, rubella, measles.
24. Specific and nonspecific prevention of influenza. Types of vaccines.
25. Specific prevention of tetanus and diphtheria.
26. Anti-epidemic measures in the focus of viral hepatitis A.
27. Anti-epidemic measures in the focus of hepatitis B, C. Specific prevention of hepatitis B.
28. Anti-epidemic measures in the focus of typhoid fever. Specific prevention.
29. Anti-epidemic measures in the source of an emergency.
30. Anti-epidemic measures in the focus of HIV infection.
31. Anti-epidemic measures in the outbreak of diseases causing emergencies in the field of sanitary and epidemiological well-being of the population
32. Tactics of a local doctor when identifying a patient/corpse with suspected infectious diseases causing emergencies in the field of sanitary and epidemiological well-being of the population
33. Tactics of the doctor on duty at the hospital emergency room when identifying a patient or suspected of having a disease causing emergency situations in the field of sanitary and epidemiological well-being of the population
34. Anti-epidemic measures in the outbreak of dysentery.
35. Anti-epidemic measures in the hotbed of foodborne toxic infections.

36. Anti-epidemic measures in the focus of malaria, contagious viral hemorrhagic fevers.
37. Structure and purpose of the infectious diseases office of the clinic.
38. Anatoxins. Characteristics, features.
39. Serums and immunoglobulins. Characteristic. Indications for use.
40. Specific and nonspecific immunity. Diagram of the immune response.
41. Preventive and anti-epidemic work in areas of helminthiasis.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 1

In the children's plant in one of the seven functioning groups for the period from 6.10 to 23.10, 5 cases of acute intestinal infections were registered, of which 4 were Sonne dysentery 2d and 1 case of acute gastroenteritis. Among the sick are 3 children and 2 employees.

The children fell ill simultaneously on September 29, two Ds: acute Sonne dysentery 2d, one had acute gastroenteritis (bacco analysis negative).

Employees were identified actively while carrying out anti-epidemic measures. Double bacteriological examination of the group's personnel was negative. In a serological blood test of the nanny - RPHA with dysentery diagnosticum Sonne 2d 1:400++++, in the teacher - 1:800++++. The nanny was on sick leave from September 27 to October 3 with Ds: hypertensive crisis.

Task: Assess the situation and determine the source of infection in this case.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 2

Meningococemia was diagnosed in an 18-year-old boy, a vocational school student. Lives in the school dormitory, where, according to the paramedic at the health center of this educational institution, a number of students have had nasopharyngitis over the past 2 months. 140 students live in the school dormitory. There are 10 people in each room. A violation of the sanitary maintenance of the hostel was noted - drafts, high air humidity, temperature - 17-18o.

Task: Determine the nature and scope of anti-epidemic measures

a) at school;

b) at the place of residence (in the dormitory). 3. Make a plan for examination and treatment.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 3

What to do with a child who, having received the 1st dose of the vaccine against VH "B", has not been vaccinated for 1 year?

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 4

A 3-year-old child attending kindergarten fell ill with whooping cough. Lives in a communal apartment. In the family - mother and father (work in a bank), brother 4 years 8 months. – attends kindergarten and sister is a 13-year-old schoolgirl. Two children, 11 and 14 years old, schoolchildren, live in the neighbors' apartment; The mother works in a children's home as a teacher.

Assignment: What anti-epidemic measures should be taken in a home outbreak of whooping cough.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 5

On the 3rd day of illness, a 10-year-old boy consulted a doctor with complaints of a sore throat and slight malaise. A diagnosis of tonsillitis was made and the child was suspended from attending school. After 2 days, the results of examination of a throat smear were received - a toxigenic diphtheria bacillus of the "mitis" type was isolated.

It was established that during the 4 days of illness, the child and his parents went on holiday to visit relatives in a neighboring area. Children of relatives suffered from sore throats. The family of the sick child has three adults (grandmother is a pensioner, father is a veterinary assistant, mother is an accountant at a research institute) and one 4-year-old child attending kindergarten. The patient has been vaccinated according to age; his 4-year-old sister is aged 1 g.1 month. Received three-time DTP vaccination.

Task: Determine the nature and scope of anti-epidemic measures.

Federal state budgetary educational institution

**higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 7

In a children's plant, in one group out of ten operating at the same time, a cluster of 9 cases of acute intestinal infections among children arose. A bacteriological examination revealed Sonne 2e dysentery in 8 children and E.coli O-151 in one child. Bacteriological examination of contact children and group personnel gave negative results. A serological examination of the group's staff revealed positive results with dysentery diagnosticum: the nanny had +++++, the teacher had +. Repeated serological examination showed: + for the nanny, +++ for the teacher.

Task: Assess the epidemiological situation, give a conclusion about the source of infection and route of transmission.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 8

In 1998, in a psychoneurological boarding school, 5 cases of viral hepatitis were registered within 2 months among patients in the men's department. The first case was identified on March 15, 1998 (the patient was admitted to the boarding school on February 20, 1998, and had a history of cholecystectomy with blood transfusion on December 7, 1997). Subsequent cases were registered on 2.05, 10.05, 11.05 and 13.05.98. All patients were men aged from 32 to 64 years old and were in different wards of the same department. Common areas (toilet, bathroom) are located in the corridor.

Among the staff of the boarding school, patients with viral hepatitis and carriers of HBS-Ag were not identified. Parenteral medical procedures were not carried out for patients with viral hepatitis in the boarding school.

During the epidemiological investigation, it was established that once a week the department is visited by a hairdresser who cuts and shaves the patients. Safety razor blades were not changed after each patient

Assignment: What viral hepatitis can you think of? Most likely route of transmission?

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 9

In a children's plant, in one of ten groups, 5 cases of acute intestinal diseases simultaneously occurred among children. The diseases began acutely with an increase in temperature to 38.80 and were accompanied by diffuse abdominal pain, single vomiting and loose stools (up to 3-5 times) mixed with mucus. In one case, a scatological examination revealed blood in the stool. The resulting diseases were diagnosed as gastroenteritis in 4 cases and as CINE in one case. Later, 1 more sick child was identified, who was absent allegedly due to "home circumstances." The disease in this child was mild and the clinic was limited to an increase in temperature to 37.10 and slight pain in the abdomen.

During the first bacteriological examination of 5 sick children, *Shigella Sonne 2e* was isolated from 2 of them. During the examination of contacts of children in the group, *Shigella Sonne* of the same biochemical variant was isolated from 2 more children. The same pathogen was also detected in a child who was absent "for family reasons." A bacteriological and serological examination of the personnel of the children's plant, including the teacher of this group (the only employee in this group), did not give positive results.

Task: Assess the epidemiological situation in the group, complete a set of anti-epidemic measures and give a conclusion about the source of infection.

Medical Academy" of the Ministry of Health of the Russian Federation

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 11

At a children's plant in one of the 7 functioning groups, 5 out of 18 children aged 6-7 years who were there fell ill. The first 4 children fell ill with ACI on the same day directly in the children's institution for a relatively short period of time from 12.00 to 17.00. The diseases proceeded according to the IPT type (temperature up to 38-40o, vomiting, loose stools up to 5 times streaked with blood and mucus in some children). All four patients were diagnosed with gastroenteritis. In the fifth victim, the disease arose on the same day as in other children, but not in a children's institution, but only after returning home (from 19.00) and was much milder (one-time vomiting, one-time loose, loose stool, normal temperature).

Exercise:

1. How did the infection spread in the group?
2. Where to look for the source of infection?
3. What is the most likely etiology of the diseases that have arisen?
4. Why did only a small part of the children in the group get sick (5 out of 18)?
5. How can we explain the occurrence of the fifth disease at a relatively late date (only after returning home from preschool education)?

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Discipline epidemiology

Course 6

Situational task No. 12

In a therapeutic department for adults, where there are 50 people, a patient with pneumonia who was admitted 10 days ago was found to have scleral icterus. The patient reported that he had discolored stool and dark urine for 2 days. The attending physician suspected viral hepatitis.

Exercise

1. Decide whether this case is an infection.
2. What activities need to be carried out.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 13

The diagnosis of hepatitis B was made to a 32-year-old woman, who 5 months ago was in a surgical hospital due to a severe injury, where she was repeatedly transfused with blood and blood substitutes. There are 3 more people in the family: a technician husband, a retired mother, a son, 3 years old, who does not attend kindergarten. The sick woman and her husband are personnel donors.

Exercise. Make a plan for anti-epidemic measures.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 14

What measures should be taken in the therapeutic department to reduce the risk of the introduction and spread of influenza during an epidemic?

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 15

In the village of M., located in the zone of a natural source of plague, a doctor, when examining a patient at home, suspected plague. The patient lives in a rural house with his father and mother. The patient's mother was present during the doctor's visit.

Exercise

1. Draw up a plan of initial measures that should be carried out by the local doctor.
2. Draw up a plan for anti-epidemic measures in the plague outbreak.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 16

A 15-year-old schoolboy came to the trauma center for help; he was bitten by an unknown dog and was vaccinated against tetanus in accordance with the vaccination calendar.

What measures should the emergency room doctor take? What measures should the epidemiologist take?

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 17

Among 80 seasonal workers in the village of K., engaged in harvesting watermelons, 7 cases of acute respiratory infections were registered within 2 days. Cholera was suspected in one patient.

The village of K. is located on the bank of the river. Upstream, 30 km from the village, there is a large river port where ships from cholera-endemic countries call.

Seasonal workers live in a tent camp 300 meters from the river bank, eat in a temporary canteen, and use river water for drinking and household purposes. Watermelons are sent on barges daily to major cities in the country.

Exercise. Make a plan for anti-epidemic measures

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 18

In patient T., 36 years old, on the 6th day of illness the local doctor suspected typhoid fever based on the clinical picture and epidemiological situation (2 cases of typhoid fever were registered at the site over the last 2 weeks). In the patient's family: the wife is a kindergarten teacher; son - 2nd grade student; my daughter attends the middle group of kindergarten. When examining the outbreak, the epidemiologist found out that the patient's wife suffered from acute respiratory viral infection 3 weeks ago and was on sick leave for 13 days.

Exercise. What needs to be done to clarify the diagnosis? What mistake did the local doctor make? Draw up a plan for anti-epidemic measures in the outbreak.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 19

Determine the need for emergency rabies prevention. Name the necessary anti-rabies drugs.

A 37-year-old woman with diabetes mellitus, stage 2 hypertension, was bitten on the forearm by an unknown dog. The bite was not provoked. She was vaccinated against tetanus 2 years ago. The rabies situation among animals in the territory is favorable.

Exercise:

Determine the need for emergency rabies prevention. Name the necessary anti-rabies drugs.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 20

In the somatic department of the children's hospital, during a routine daily examination of the child's mouth, Filatov's spots were discovered on the 3rd day of hospitalization.

There are 40 children of different ages in the department, including 10 children under the age of 1.5 years, 2 of them had measles; 25 children were vaccinated against measles.

Exercise.

1. Determine whether this case of measles is an imported infection or a nosocomial infection?
2. Name the possible causes of importation or nosocomial infection.
3. Name the measures to eliminate the outbreak that has arisen (note that over the last 3 days 5 people have been discharged from the department).

**higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Well6

Discipline epidemiology

Situational task No. 6

During a diagnostic study on BL of Ivanova Kolya, 5 years old (05/22/91), toxigenic BL, “gravis” type, was isolated. The child was hospitalized with a diagnosis of localized diphtheria of the oropharynx.

Vaccinated against diphtheria: DPT 09/10/91 471- 1 0.5

10/30/91 472- 1 0.5

01/05/92 310- 5 0.5

The children's clinic carried out the following anti-epidemic measures in the outbreak:

1. Examined for BL: mother (at work) Ivanova K.L. 35 years tank. analysis No. 1-2 is negative.

She is not vaccinated against diphtheria.

2. Papa N.I. 35 years old (military) tank. analysis No. 3-4 – negative. Vaccinated against diphtheria.

3. Brother Andrey, 7 years old – 1a class No. 5-6 – negative.

DPT vaccinations: 01.10.90 p.275 - 3 0.5

20.11.90 p.275 -3 0.5

05.01.91 p.303 - 1 0.5

1 R 06.06.92 p.185 – 0.5

Task: Assess the correctness and completeness of anti-epidemic measures.

**Federal state budgetary educational institution
higher education "North Ossetian State
Medical Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases

Faculty medicinal

Course 6

Discipline epidemiology

Situational task No. 10

An epidemic outbreak of food poisoning occurred in a children's health camp. 175 children aged 6 to 15 years were divided into 6 squads (from 25 to 37 children per squad). The residential buildings are not sewered and have no running water. Bathrooms and washbasins are located next to the dormitory buildings. Local sewerage, drainage; water is from our own artesian well.

The catering unit has all the necessary facilities and equipment. Technological and refrigeration equipment is in good condition. Hot water comes from electric titans.

Children are given 5 meals a day, organized in one shift and included breakfast, lunch, afternoon snack, first dinner and second dinner.

A total of 66 people fell ill, including 62 children and 4 adults. Diseases occurred in all units: from 3 to 19 children fell ill, 5 children were hospitalized with diagnoses of IPT, infectious gastroenteritis, acute gastritis, rotavirus infection. In almost all cases, the resulting diseases were diagnosed as PTI.

The first 3 sick people came to the camp's medical center on the night of July 26-27 with complaints of nausea and repeated vomiting; then during the night - another 23 children also complained of nausea and repeated vomiting and, in addition, abdominal pain and headache. The body temperature of the majority remained normal, and only a few increased to 37.5o. Pathological changes in the gastrointestinal tract were limited to the stage of gastritis; no loose stools were noted. The next day, during an active examination, another 36 children and 4 adults were identified (3 counselors, 1 isolation nurse) with a similar clinical picture.

During a bacteriological examination of sick and contact children, as well as catering staff, *Citrobacter freubdi* was isolated. Enterobacteriaceae of the same genus were isolated from butter.

Nutrition menu on the day of the first illness (July 26):

Breakfast

Pasta with cheese
egg, tea, bread, butter
oil.

Afternoon snack

Cottage cheese casserole
with condensed milk,
peach, tea.

Dinner

Borsch with sour cream
pilaf with chicken, tomatoes,
compote, bread

Dinner (first)

Cutlet with mashed potatoes
re, cucumbers, tea with lemon,
bread

Dinner (second)

Yogurt

Task: Assess the situation in the health camp, take measures to establish the etiology of this outbreak, the route and the presumed factor of transmission.

**Federalstate budgetary educational institution
higher education "North Ossetian State Medical Academy" of the Ministry of Health of
the Russian Federation**

Department infectious diseases
Faculty medicinal **Well6**
Discipline epidemiology

Practical task/Business game No. 1

Fill out an emergency notification (form 058u) for the patient P.P. Petrova. Born in 1976, diagnosed with bacterial food poisoning. She considers herself sick for the second day; she asked for medical help today. Lives with parents.

**Federalstate budgetary educational institution
higher education "North Ossetian State Medical Academy" of the Ministry of Health of
the Russian Federation**

Department infectious diseases
Faculty medicinal **Well6**
Discipline epidemiology

Practical task/Business game No. 2

Fill out the "Professional Vaccination Card for Adults" for Ivanova I.I. Born in 1986 (vaccinated according to age).

№ ЛД -16 ИИ

Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical Academy" of the Ministry of Health of the
Russian Federation

Department of Infectious Diseases

Standards of test tasks
in the discipline "Epidemiology"

main professional educational program of higher education - specialty program in specialty
31.05.01 General Medicine, approved 05/24/2023.

for 6th year students

specialty 31.05.01 General Medicine

Vladikavkaz, 2023

Table of contents

No.	Name of the controlled section (topic) of the discipline/module	Code of competence (stage) being formed	Number of tests (total)	p. from __ to __
1	2	3	4	5
View control	Ongoing progress monitoring/interim assessment			
1.	Introduction to epidemiology. The doctrine of the epidemic process.	OPK-6 PK-3	20	
2.	Manifestations of the epidemic process. The doctrine of natural focality of infections. Epidemiology of non-communicable diseases.	PK-3	47	
3.	Epidemic method. Epidemiological diagnostics. Fundamentals of evidence-based medicine in epidemiology.	PK-3 PC-13 PK-19	21	
4.	The source of infectious disease, preventive and anti-epidemic work. Epidemiological surveillance	PK-3 PC-13 PK-19	20	
5.	Disinfection, disinsection, deratization, sterilization. Epidemiology of nosocomial infections	PK-3 PC-13 PK-19	34	
6.	Immunoprophylaxis of infectious diseases. National calendar of preventive vaccinations. Legal basis of immunoprophylaxis.	OPK-6 PK-3 PC-13 PK-19	40	
7.	Features of the epidemic process and anti-epidemic measures for respiratory tract infections (diphtheria, measles, influenza, meningococcal infection, chicken pox).	PK-3 PC-13 PK-19	65	
8.	Features of the epidemic	PK-3	46	

	process and anti-epidemic measures for intestinal infections (shigellosis, typhoid fever, salmonellosis, viral hepatitis A).	PC-13 PK-19		
9.	Features of the epidemic process and anti-epidemic measures for blood infections with a transmissible transmission mechanism (malaria, typhus), infections of the external integument (anthrax, erysipelas, tetanus) and infections with a contact transmission mechanism (parenteral viral hepatitis, HIV infection).	OPK-6 PK-3 PC-13 PK-19	22	
10.	International Health Regulations. Anti-epidemic measures in foci of infections of international importance. Sanitary and anti-epidemic provision of the population in emergency situations.	PK-3 PC-13 PK-19	8	

Test tasks

Anthroponoses with an aerosol transmission mechanism.

1. Ways of infection with meningococcal infection

Contact and household

Airborne

Airborne dust

Food Water

2. What material from a patient with meningococcal infection is not used for bacteriological research? Nasopharyngeal mucus

Blood

Feces

Liquor

3. Diphtheria can be contracted through all of the following routes except

Transmissible

Nutritional
Airborne
Contact and household

4. The material for isolating the causative agent of diphtheria is

Blood
Mucus from the nose and throat
Urine
Feces

5. The infectious period for influenza continues

1-3 days
4-5 days
5-9 days
10-12 days

6. The minimum protective dose of antitoxin in the blood that protects against diphtheria is /vIU/ml/ 0.01

0.03
0.05
0.1
0.2
0.5

7. Diphtheria bacteria in the corpses of those killed by diphtheria remain viable for up to 6 hours

2 days 10 days
15 days 2 months

8. Under the influence of 2-3% chloramine, the causative agent of diphtheria dies through +1-5 min.

10-15 min.
30 min.
1 hour
2-3 hours

9. A patient with mumps poses a danger to others, starting

From the first day of incubation
From the last days of incubation
Onset of clinical manifestations

10. A nurse at a children's hospital was discharged from the hospital after contracting a moderate form of scarlet fever. When can she start working at a children's hospital?

Immediately after discharge from hospital
7 days after discharge
12 days after discharge After 22 days

11. What are the indications for hospitalization of a patient with diphtheria? According to clinical indications

According to epidemiological indications
Depending on the epidemiological situation in the area
Hospitalization is required

12. Seasonal rises in scarlet fever

Summer
Autumn-winter period
Spring

No seasonality

13. Terms of dispensary observation for those who have had measles

2 months

12 days

17 days

Not carried out

14. Terms of separation of a patient with scarlet fever from the onset of the disease

10 days

17 days

22 days

Disunity is not necessary

15. At the site of meningococcal infection,

Preventive disinfection

Current disinfection Final disinfection

Disinfection is not carried out

16. Maximum incubation period of diphtheria 10 days

7 days

17 days

14 days

17. Source of infection for measles

A sick man

Carrier

Synanthropic rodents

Dogs

18. Duration of the infectious period for measles

Only in the last days of incubation Only in the prodromal period

Up to 10 days after recovery

Up to 10 days of illness

19. What is the maximum period allowed for collecting material from patients with suspected diphtheria 2-4 hours

5-6 hours

8 hours 12 hours

20. Isolation from children from among those who communicated in the outbreak of measles is subject to

A 7-year-old child who had measles

A child who has not had measles and has been vaccinated with measles vaccine

A 3-year-old child who has not been sick and has not been vaccinated against measles

A child vaccinated against measles with a sharply positive Mantoux reaction

Maximum incubation period for chickenpox

7 days

10 days

14 days

21 day

21. Doctor's tactics when identifying diphtheria in a children's organized group

Vaccinate everyone with ADS-M toxoid
Vaccinate those children who are due for revaccination
Limit yourself to checking f.63
Quarantine a group

22. During a bacteriological examination of a child sent to the ENT department for removal of adenoids, non-toxicogenic corynebacteria were isolated. What needs to be done?

Send to an infectious diseases hospital for treatment
Carry out sanitation on an outpatient basis
Do not carry out sanitation, refer the child to the ENT department for surgery. Do not carry out sanitation, but postpone the operation for 2 months.

23. Vaccination against meningococcal infection carried out for preventive purposes

To the entire population during the epidemic period
Children from 1 year to 3 years during the period of epidemiological troubles
In organized groups of adults and adolescents during epidemiological troubles
Children from 1 to 3 years old, regardless of the epidemiological situation
Persons without a fixed place of residence
Children admitted to orphanages and first grade students of boarding schools

24. The low controllability of meningococcal infection is due to

Insufficient knowledge of the pathogen
Heterogeneous antigenic characteristics of meningococcus
Variety of clinical forms
Widespread carriage

25. Contacts in the focus of meningococcal infection are subject to

Bacteriological examination
Bacteriological examination and observation
Bacteriological examination, observation and serological control
Observation

26. Who is indicated for the administration of immunoglobulin in the outbreak of measles?

All contacts
Previously vaccinated against measles
Those who have not reached vaccination age
Unvaccinated and currently exempt for health reasons

27. The most significant feature of the pathogen that is important in the epidemiology of diphtheria

Stability in the external environment
Toxicogenicity
Availability of non-toxicogenic options
Heterogeneity in cultural, morphological and enzymatic properties

28. A prognostic sign of epidemiological ill-health for diphtheria is a change

Temperatures in the winter months are below the long-term average

Influenza epidemic caused by a serovariant of the pathogen

.Higher proportion of seropositive individuals among the population for diphtheria than for tetanus Increased isolation of non-toxigenic strains of the causative agent of diphtheria among preschool children

29. The decrease in the incidence of measles in Russia in recent years has been facilitated by

Introduction of revaccination

Implementation of a surveillance system

Reducing the virulence of the measles virus

Changes in the demographic structure of the population

30. Seromonitoring for diphtheria is carried out in the following age groups

Children aged 12 months.

Children 3 years old

Children 7-8 years old

Teenagers 16 years old Adults 20-

29 years old

Adults 40-49 years old

31. Antibody titer in a patient with measles reaches a maximum

By the 3rd day of illness

By the 7th day of illness

By the 14th day of illness

By day 26-30 of illness

32. One of the people who gets scarlet fever is exposed to infection no more

60%

20%

40%

50%

33. Isolation of a patient with scarlet fever stops after clinical recovery, but not earlier

30 days

15 days

10 days

40 days

34. How long after the onset of scarlet fever can convalescents be admitted to children's institutions?

After 10 days

After 40 days

In 22 days

In 30 days

35. The causative agent of scarlet fever belongs to the category of streptococci

+Beta-hemolytic

Alpha hemolytic

Non-hemolytic

36. Abundant pinpoint rash with scarlet fever occurs at a certain time of the disease

- 1-2 days
- 3-4 days
- 5-6 days
- 7-8 days

37. A child contracting scarlet fever on the 16th day after his admission to the dysentery department is

Infection
Nosocomial infection Autoinfection

38. Transmission of the scarlet fever pathogen is carried out by

- Contact
- Contact and household
- Airborne
- Nutritional

39. The risk group for scarlet fever is

- Preschool children
- Junior schoolchildren
- Teenagers
- Adults

40. The greatest epidemiological danger as sources of infection in scarlet fever are

- Patients with manifest form
- Patients with the erased form
- Convalescents
- Bacteria carriers

41. What is the main diagnostic task when deciphering outbreaks of airborne infections?

- Establishment of transmission routes and factors
- Identifying the source of infection
- Determination of time and territory of risk

42. Vaccinations according to epidemiological indications for non-immune persons who are in direct contact with patients with diphtheria, if they have temporary exemptions

- Conducted without restrictions
- Prohibited
- Conducted against the background of appropriate therapy according to the conclusion of a specialist

43. Routes of transmission of diphtheria

- Contact and household
- Transmissible
- Water
- Airborne

44. Measles transmission routes

- Contact and household
- Airborne dust
- Nutritional

Airborne

45. How to treat things from a source of diphtheria

No need to process

Simply brush with a brush

Wipe with a rag soaked in 1% chloramine solution.

Chamber disinfection required

46. Transmission factors for whooping cough

Air

Dishes

Hands

Nipples

47. Final disinfection at the source of diphtheria is carried out

Patient's family members

CSEN employees

Clinic nurse

Disinfection service workers

Immunoprophylaxis

48. Method of administration of the BCG vaccine

Cutaneous

Intradermal

Intramuscular

Oral

49. Methods of administering bacterial preparations for prophylactic purposes are all of the following except

Cutaneous Intradermal

Subcutaneous

Intramuscular

Oral

Intravenous

50. After suffering from viral hepatitis, routine preventive vaccinations can be carried out after discharge from the hospital through

2 months

3 months

6 months

9 months 1 year

51. Contraindications to the administration of rabies vaccine

Allergy

Pregnancy

Pyelonephritis

Hydrophobia disease Chronic pancreatitis

52. A nurse, having discovered a loose sediment in a vial with a chemical sorbed typhoid vaccine, doubts the possibility of its use. How to proceed?

Draw up a transparent layer into the syringe
Shake before use
Consider the vaccine unsuitable

53. What drugs are used to create active immunity

Specific serums
Bacteriophages
Vaccines
Antibiotics

54. What type of vaccine is used to prevent measles?

Live
Murdered
Chemical
Anatoxin

55. Drugs for emergency prevention of whooping cough in the outbreak

DTP vaccine
Pertussis monovaccine
Antibiotics
Immunoglobulin

56. Under what conditions can one refuse to administer the rabies vaccine?

While trying to break into someone else's house, the man was bitten on the shin by a dog. The bite was light. The dog is healthy
Walks only on a leash.
Child bitten by a rat
A teenager is bitten by a fox he found in the forest.
A man was attacked by a dog at a train station and bit his leg.

57. When is routine vaccination against measles carried out? At 15-18 months.

At 12 months
Simultaneously with DTP vaccine
In combination with polio vaccine

58. How long after the procedure are the results of the Mantoux test assessed?

In 24 hours
In 48 hours
In 36 hours
In 72 hours

59. When the Mantoux test results are assessed as positive

Complete absence of hyperemia Prick reaction (0-1 mm)
Hyperemia, infiltrate 2-4 mm
Hyperemia, infiltrate 5 mm or more

60. Under what conditions can emergency tetanus prophylaxis not be carried out?

Animal bites
Injuries to children and adolescents who have received confirmation of a full course of vaccinations During childbirth outside of a hospital setting
For abscesses

61. Vaccinations against leptospirosis are carried out

As planned for the entire population

According to epidemiological indications

For emergency prevention

As planned for certain professional groups of the population

62. What drugs are used to create active immunity against diphtheria? Live vaccine

Chemical vaccine

Gammaglobulin

Anatoxin

63. The plant has organized preventive vaccinations against diphtheria and tetanus. Which of the following can be vaccinated?

Mechanic, 26 years old, suffered from dysentery 6-3 months ago

Quality Control Controller, 25 years old, had viral hepatitis B 4 months ago

Turner, 36 years old, suffers from bronchial asthma

Worker, 47 years old, suffers from eczema

64. During the transportation of biological drugs, the temperature in the carriage dropped to minus 20 degrees during the day. What medications can be used after this?

Antidiphtheria serum

ADS toxoid

Antirabies gammaglobulin

BCG vaccine

65. For what purpose are the following biological preparations used: tuberculin, brucellin, tularin

For active immunization

For passive immunization

To identify allergic changes in the body

To identify specific immunity

66. What drug is used for immunoprophylaxis of scarlet fever?

Live vaccine

Killed by vaccine

Anatoxin

Not carried out

67. Transplacentally transmitted antibodies persist in most children until

Up to 2 months age

Up to 4 months age

Up to 6 months age

Up to 1 year

68. The most accurate method for assessing protective immunity in polio is considered

Determination of secretory antibodies

Assessment of the completeness of vaccination of the population

Determination of serum neutralizing antibodies

Determination of the protective effectiveness of the vaccine in an uncontrolled epidemiological experiment

69. What antibodies appear first in the first days of polio disease? +IgA

IgM

IgG

70. Human immunoglobulin is used for prevention

Tetanus
Rabies
Poliomyelitis
Tick-borne encephalitis

71. Local humoral immunity on the surface of the mucous membranes is due to+IgA

IgE
IgM
IgG
Ig D

72. The minimum period between vaccinations against diphtheria and other vaccinations is 2 weeks

1 month
2 months

73. The drug of choice for emergency prevention of measles in children under 1 year of age is

Measles vaccine
Human immunoglobulin

74. The secondary immune response leads to a rapid increase in antibodies predominantly

IgA
IgM
IgG

75. Ig G, found in maternal blood in high concentrations (anti-rubella, anti-measles) are transferred through the placenta

Fine
Badly
They don't pass

76. After achieving epidemic freedom from polio, is it necessary to continue mass routine vaccinations?

Necessarily
No need
Depends on region

77. A man was bitten by a dog on the hand and head. Is it necessary to continue vaccinations against rabies if 10 days after that the dog remains healthy

Stop vaccinations
Continue in full
Administer rabies gamma globulin and stop vaccination

78. What interval must be maintained after any vaccination, if it is necessary to administer immunoglobulin for seasonal prevention of viral hepatitis A?+ 2 weeks

1 month
3 months 6
months

79. Which vaccine preparation is prohibited from being used in the vaccination room on the same day as other vaccinations? Measles vaccine

Diphtheria toxoid
Mumps vaccine
BCG
Polio vaccine

80. The level of population immunity (population immunity) consists of several categories. Indicate which ones

Affected and recovered

Recovered and vaccinated

Vaccinated and infected

Infected and affected

81. What drugs are used for emergency prophylaxis in the outbreak of measles?

Serum and antibiotics

Antibiotics and vaccine

Vaccine and immunoglobulin

Immunoglobulin and serum

82. The protective effect of the bacteriophage introduced into the body is preserved

2 weeks

1 month

5 days

More than 1 month

Intestinal infections

83. Frequency of sanitary and bacteriological studies of epidemiologically significant public catering facilities in the warm season

1 time per month

Quarterly

2 times a month 1 time a

week

84. Epidemiological surveillance in the focus of typhoid fever is carried out

45 days

35 days

21 days 7 days

85. The fecal-oral mechanism of infection with viral hepatitis is characteristic of

VG D and VG E

+VGA and VG E

VGi VG V

VG A and VG C

VG B and VG C

86. If botulism bacillus is detected in canned food, they are subjected to

Technical recycling

Heat treatment

Destroyed

Dispersed

87. Maximum incubation period for food toxic infections+12-24 hours

2-3 days

4-5 days

6-7 days

88. The main reservoir of the causative agent of pseudotuberculosis is

Human

Pets

Rodents

Ticks

Birds

89. The way to infect a person with pseudotuberculosis is

Contact and household

Water and food

Airborne

All listed

90. Vibrio cholerae in the human body is localized in

Small intestine

Stomach

Large intestine

91. The source of infection for salmonellosis can be

A sick man

Bacteria carrier

Sick pet

Animal carrier

Birds

All listed

92. At what temperature are milk samples stored before laboratory testing?

0

4-8

6-8

8-10

93. To determine the role of equipment in the bacterial contamination of products, swabs are taken Before starting work

During the technological process

At the end of the technological process

After sanitization

94. Which route of transmission is not typical for cholera

Water

Nutritional

Airborne dust Contact household

95. Clostr. botulini spores are killed by boiling for 30 min.

1 hour

2-3 hours

4 hours

5 o'clock

96. Clostr. Botulini toxin decomposes when boiled Instantly

After 2-6 minutes.

After 1 hour

In 2 hours

97. The most common cause of botulism is eating homemade canned foods Meat/canned food, ham/

Canned mushrooms

Cucumbers

Juices

98. Name ways to sell beef contaminated with Salmonella during its lifetime

Destroyed

Processed into sausage

Processed into bone meal

Sent to a catering establishment for the preparation of first courses weighing no more than 2 kg, no more than 8 cm thick when laid

99. The diagnosis of botulism is confirmed by performing the following laboratory tests

RSK

pH in bioassay

RNGA

Allergy test

100. Indications and method of isolation of patients with viral hepatitis A

Hospitalization depending on the severity of clinical manifestations

Hospitalization for epidemic reasons

Mandatory hospitalization

Isolation at home

Hospitalization depending on the epidemiological situation in the area

101. What conditions are necessary for the accumulation of botulinum toxin in a product?

Acidic environment

Neutral environment

Lack of oxygen High temperature

102. Name the main causes of bacterial contamination of surface water supplies

Untreated wastewater discharge

Presence of contaminated bottom sediments

Sedimentation of emissions from enterprises into the atmosphere

Limitation of the possibility of monitoring the quality of water sources

103. When a patient with cholera appears at an outpatient appointment, what should the doctor do?

Termination of admission and message to the manager, polyclinic and chief physician of the Central State Sanitary

Epidemiology Center

Hospitalization of the patient

Routine disinfection in the reception area

Collection of material from a patient for bacteriological examination

All of the above

104. What types of water sources reduce the possible role of the water factor in the spread of viral hepatitis A?

Artesian waters without disinfection

Ground well water

Surface water that has undergone complete purification and disinfection at a water station Ground water with disinfection

105. When choosing a water source, how many sample analyzes should be submitted for a sanitary assessment of the quality of river water at the point of water intake

- 3 samples
- 9 samples
- 12 samples
- 36 samples

106. Anti-epidemic measures in a cholera outbreak include all of the following, except

- Observation of contacts at home for 5 days
- Disinfection in the outbreak
- Hospitalization of patients
- door-to-door rounds
- Emergency prophylaxis with antibiotics

107. Persons who have had cholera are subject to dispensary observation for 1 year

- 1.5 years
- 6 months
- 3 months

108. What foods are most often associated with outbreaks of dysentery?

- Sausage
- Vegetables
- Beverages
- Dairy products
- Cakes and pastries

109. The most massive release of hepatitis A virus occurs during

- Incubation period
- Prodromal pre-period
- Jaundice period
- Convalescence period

110. What measures are the main ones in the prevention and control of intestinal infections

- Measures to isolate and neutralize sources of infection
- Measures to eliminate routes of transmission of infection
- Increased resistance of the population

111. Why is it important to determine the phagotype of the isolated pathogen of typhoid fever?

- To select treatment
- To determine the source of infection
- To determine the transmission path
- For statistical recording

112. In a hospitalized patient with dysentery, a bacteriological examination of stool revealed Shigella Sonne in 2 samples, and Flexner in the third. What happened?

- Lab error
- Evolution of the pathogen
- Nosocomial infection

113. What is the period of clinical observation for a cook discharged from hospital with a diagnosis of chronic dysentery?

- Allowed to work and observed for 6 months
- Transferred to work not related to cooking for 3 months.
- Observed for 1 month. with permission to do the main job.
- He is under clinical observation for 6 months with a transfer to work not related to food preparation.

114. Leading factor in cholera transmission

Household items
Arthropods
The soil
Water

115. Materials subject to bacteriological examination in patients with dysentery

Blood
Urine
Excreta
Gastric lavage water

116. Can botulism be a wound infection?

In case of violation of the rules of asepsis and antisepsis during surgery
When bitten by a blood-sucking insect
When the wound is contaminated with soil
For purulent infection

117. Mechanism of transmission of salmonella infection

Transmissible (through mosquito and tick bites)
Vertical (mother-fetus)
Parenteral
.Fecal-oral

118. Maximum incubation period for cholera

1-2 days
3 days
8 days
5 days

119. Sources of infection for typhoid fever

Sick person (carrier)
Water
Cattle
Fish

120. Sources of infection for viral hepatitis A

Human
Water
Synanthropic rodents
Dairy products

121. Sources of infection for salmonellosis

Only people
Cattle, synanthropic rodents, people
Eggs
Milk

122. Name the signs characteristic of a water epidemic

Monoetiology
Polyetiology
A large number of severe forms
The majority of cases are children under 3 years of age

123. Possible routes of transmission of dysentery

Contact
Transmissible
Airborne
Food

124. Risk group for viral hepatitis A

Children under one year old
Children 4-15 years old
People 19-30 years old
Adults over 40 years old

125. Name the signs characteristic of dysentery during the implementation of the milk factor of transmission

Polyetiology
A large number of severe forms of the disease
Low specific gravity tank confirmation
The epidemic process is extended over 2-3 incubation periods

126. Incubation period of viral hepatitis A

14 days
50 days 180 days
35 days

127. What seasonality is typical for typhoid fever?

No seasonality
Spring-summer
Winter
Summer-autumn

128. Indicate the period of seasonal increase in the incidence of cholera

Spring
Summer
Autumn
Winter

129. What laboratory tests for typhoid fever are carried out in the first week of illness?

RNGA
Blood culture isolation
Isolation of the pathogen from roseola
Intradermal test

130. Conditions for isolation of patients with typhoid fever

All patients are hospitalized
.Patients with mild forms can be isolated at home
Only persons of the decreed group are hospitalized. Only children under 14 years of age are required to be hospitalized.

131. There were 2 children in the emergency department at the same time. One child has dysentery, the other has measles. A patient with measles is sent to the box. Where to place a patient with dysentery (child is 7 years old, has not had measles, has not been vaccinated against measles)

In the same box with a patient with measles
To the department for patients with dysentery for the entire period of illness
To the ward for dysentery patients for 7 days
In a separate box

134. By what indicators can we compare the incidence of dysentery in different territories? Absolute indicators
Extensive indicators
Intensive indicators Long-term dynamics

135. What genus does the causative agent of typhoid fever belong to?
Shigella
Escherichia
Picornoviruses
Salmonella

136. Which group of infections does typhoid fever belong to?
Anthroponosis
Zoonosis
Sapronosis
Saprozoonosis

137. Tasks of the observator when imposing a cholera quarantine on a territory
Isolation of all persons entering the territory
Survey of selected professional groups of the population
Examination of persons leaving the quarantine territory Examination of contacts with cholera patients

138. What material should be collected for testing for typhoid fever in the first 3 days of illness? +Blood
Urine
Cerebrospinal fluid
Excreta

139. A 48-year-old SMU master who recovered from salmonellosis (diagnosis confirmed bacteriologically) was discharged from the hospital. Associated diseases: chronic cholecystitis, asthmatic bronchitis. Specify the period of dispensary observation.
3 months
6 months
According to the decision of the local doctor, depending on the state of health
Not carried out

140. Frequency of formation of chronic carriage in typhoid fever 1%
2-3%
8-10%
3-5%

141. An outbreak of what infectious disease can occur in a populated area when a reservoir is polluted with sewage
Brucellosis
Scarlet fever
Typhoid fever
anthrax

142. The most important features of the pathogen that are important for the epidemiology of pseudotuberculosis Stability in the external environment
Heterogeneity of antigenic structure
Psychrophilicity

143. Pseudotuberculosis belongs to the group
Zoonoses
Sapronozov

Anthroponoses
Saprozoonoses

144. The natural habitat of the causative agent of pseudotuberculosis is

The soil
Human organism
Animals

145. What temperature promotes the activation of pathogenicity factors of the causative agent of pseudotuberculosis?

+22
+37
-4

146. Girl L., 3 years old, fell ill with viral hepatitis A on September 20, jaundice appeared on September 29. Last visit to kindergarten 09/19. Is it necessary to carry out a set of activities in a kindergarten group?

Yes
No

At the discretion of the epidemiologist

147. The district CSES received an emergency notification about a sick N., 3 years old, who attended the senior group of nurseries. Diagnosis of "viral hepatitis?" During an epidemiological survey of the home, it was established that the patient's parents were healthy, no contact with a patient with hepatitis was identified. After 17 days in the group that N. visited, 2 more cases of viral hepatitis were registered. Quarantine should be imposed in the children's institution and anti-epidemic measures should be taken.

Quarantine the entire children's institution for 60 days, conduct a serological examination of children and staff

Quarantine for 35 days in the older group, examine children and staff for transaminase activity, immunoglobulin prophylaxis for children in this group. Quarantine for 45 days in the older group.

148. On the basis of what techniques of formal logic was the hypothesis about the food transmission factor (sour cream) formulated during the investigation of the outbreak: an outbreak of dysentery occurred in a children's sanatorium, which was associated with the consumption of sour cream. At the same time, in 2 children's camps that received sour cream from the same dairy plant, group diseases of dysentery arose.

.Similarity

Difference

Related changes

Analogies

Remainder

149. What is the leading route of transmission typical for enteropathogenic Escherichia coli?

Water

Food

Domestic

Transmissible

150. Active production of exotoxin is characteristic of Shigella

Sonne

Flexner

Boydy

Grigorieva-Shiga

151. What is the main task when deciphering outbreaks of intestinal infections?

Establishment of transmission routes and factors

Identification of sources of infection and immune layer

Determination of time and territory of risk

152. In one of the districts of the city, a large outbreak of typhoid fever occurred; 25 people fell ill. During the investigation, the initial hypothesis about the food route of transmission was rejected. What signs of the epidemiological process made it possible to do this?

High incidence rate

mild course

The occurrence of all diseases within one incubation period

Isolation of strains of different phages

153. Based on what signs of the epidemiological process did the epidemiologist conclude that the outbreak of salmonellosis typhimurium in the hospital is not a foodborne toxic infection, but is of the nature of a nosocomial infection and is associated with the spread of a hospital strain

Mass morbidity of an explosive nature

Clinical manifestations in the form of acute gastroenteritis

Consecutive occurrence of diseases in the same wards

The isolated pathogen strains are insensitive to indicator phages and antibiotics

154. An outbreak of escherichiosis O111 occurred in a children's factory. Only one nursery group out of two, for which the menu was the same, was affected. Clinically, the diseases were moderate. The intervals between diseases were 1-2 days. What kind of transmission route can we think about?

Contact and household

Water

Food

155. On what basis are epidemiologically significant objects in relation to intestinal infections identified? According to their territorial location

Based on the results of a retrospective analysis

Number of employees

Results of sanitary inspection

156. What are the tactics of the medical service in relation to the bacteria carrier Salmonella typhi, who first comes to work at a catering establishment?

Re-examine after 3 months

Don't hire

After rehabilitation you can be hired

157. The diagnosis of transient carriage of Salmonella typhi can be made only when it is isolated once from

Blood

Kala Jelchi

Urine

158. What documents are filled out in the clinic when an infectious patient is identified? House card index

Statistical card

Epidemic map examination of the outbreak

Emergency Notice

159. What conditions are necessary to make a diagnosis of “healthy carriage”?

Identification of the pathogen from a patient no more than 3 times

The duration of the previous similar disease is more than a year

Was vaccinated against this disease

I have never had this disease

No seroconversion

160. Specify zoonoses in which humans become a source of infection

Plague

Tick-borne encephalitis

Leptospirosis

Tularemia

161. Of the listed categories of sources of infection, the one with the least epidemiological significance is A patient with a typical course of the disease

A patient with an erased form of the disease

Transient carrier of pathogenic bacteria

162. The period of observation in the epidemic focus is determined

Minimum incubation period

Maximum incubation period Average incubation period

163. What disease is endemic?

Measles

Malaria

Whooping cough

HIV infection

Typhus

164. When is the epidemiological examination of the source of infection carried out?

On schedule as planned

Within 2 days after receiving an emergency notification

At any free time at the discretion of the epidemiologist

In the first 6 hours after receiving an emergency notification

165. Indicate quarantine infections

Flu

Glanders

Rabies

Cholera

166. Indicate particularly dangerous infections

Flu

Typhoid fever

Rabies

Leptospirosis

167. Indicate natural focal diseases

Malaria

Tick-borne encephalitis
Diphyllobothriasis
Pediculosis

168. The system for admitting patients to a hospital provides

Bacteriological examination and medical examination
Medical examination and sanitary treatment
Medical examination, sanitary treatment and bacteriological examination

169. Indicate vaccine-preventable infections

Infectious mononucleosis
Flu
Viral hepatitis A
Diphtheria

170. Statistical methods used in epidemiological analysis are

The main ones on which the hypothesis is based
Additional (auxiliary) to confirm the hypothesis

171. The magnitude of the statistical connection between two phenomena is determined

Agreement criterion (χ^2)
.Correlation coefficient
Student's t test

172. With underdiagnosis and a decrease in morbidity rates, the task of eliminating the infection

Are real
Few are real
Quite possible
Unreal

173. For what infections are measures regulated by the International Sanitary Regulations carried out?

Flu
Rabies
Cholera
Typhus
Plague

174. Indicate the social factors influencing the nature of the epidemic process

Change of the leading serotype of the pathogen
Intensive snow melting and river flooding
Population migration
Increased solar activity

175. The diagnostic capabilities of epidemiological examination are most effectively realized when examining outbreaks

Single by place of residence
Multiple (group) outbreaks in children's institutions
Single outbreaks in children's institutions
Single foci of natural focal infections

176. To establish the approximate time of possible infection, it is necessary from the date of the diseases

subtract the duration of the periods of Infectivity and the minimum incubation period
Minimum and maximum incubation period
Maximum incubation period and convalescence
Infectious period and convalescence
period

177. What infections are there a high risk of intrauterine infection?

Parotitis

Rubella
Scarlet fever
Typhoid fever

178. The basic principles of planning preventive and anti-epidemic measures are

Availability of medical computer software
Ensuring complexity
Choosing the main direction
Economic efficiency

179. When you need to fill out an emergency notification for an infectious disease

Immediately if you suspect a disease
After the final diagnosis
After hospitalization of the patient

180. What diseases require mandatory hospitalization for epidemiological indications?

A patient with chronic brucellosis
A vocational school student with whooping cough
Patient with erased dysentery, cook

181. An epidemic focus ceases to exist when the following activities are carried out

Hospitalization of the patient
Carrying out final disinfection
Hospitalization of the patient and expiration of the maximum incubation period
After contact prophylaxis with antibiotics or phages

182. What is the minimum number of diseases that must occur in an outbreak to consider it multiple?

10
7
5
2 or more

183. Principles for determining the focality index

Average number of patients with this disease in the outbreak
Percentage of patients in one focus
Percentage of outbreaks with epidemiologically associated diseases

184. What definition corresponds to the concept of "seasonality index"?

Multiplicity of excess of the maximum level of morbidity during the period of seasonal rise above the ordinary level
Multiplicity of excess of the ordinary level over the month with the minimum level of morbidity

185. Who is the author of the doctrine of natural focality?

N.F. Gamaleya
L.V. Gromashevsky
D.I. Ivanovsky
E.N. Pavlovsky

Disinfection business

186. Specify a disinfectant that belongs to the group of oxidizing agents

Carbolic acid
DTSGK
Dezoxon
Sulfochloranthine
Chloramine

187. Indicate raticides

Fir oil
Karbofos
Dezoxon
Pivalil

188. Who prescribes ongoing disinfection in the apartment of a patient with salmonellosis left at home?

Disinfection station doctor
Doctor epidemiologist
District therapist District nurse

189. How long after preparation are activated solutions of chlorine-containing disinfectants used?

During the working day
During the day
Within a month
Immediately after cooking

190. Specify a preparation containing more than 50% active chlorine

Bleaching powder
Monochloramine
Sulfochloranthine
Trichloroisocyanuric acid Desam

191. Indicate the maximum possible period of use of a 10% solution in clarified bleach

Within 1 hour after preparation
2-3 days
Within 5 days
During the working day
Within 1 month

192. Specify a drug that has an ovicidal effect

Pyrethrum
Borax
Lysol
Karbofos

193. What drug is used to combat head lice?

Hydrogen peroxide
Neopine
DTSGK
Borax
DET

194. What part of the epidemic process is disinfection aimed at?

Source of infection
Distribution routes
Responsive team

195. For the chemical method of disinfection, drugs are used

Lindan
Chlorophos
Hexochlorane
All listed
None of the above

196. Insecticides include all of the following drugs, except

Flicida
Solventa
Polychlorpinene
Hexochlorane
Chlorophosa
Phenol

197. Disinfection of rubber, fur, leather products is carried out in a chamber

Hot air
Steam
Paroformalin

198. Specify a raticide-anticoagulant

Zinc phosphide
Krysid
Sulfur dioxide
Zookoumarin

199. Indicate fumigants from the listed preparations

Pyrethrum
Parisian green
Chloropicrin
Borax
Karbofos

200. Which drug should not be used for treatment at the site of tuberculosis

Chloramine
DTS GK
Dichlorodimethylhydantoin
Phenol
Lysol

201. What are repellents

Agents specifically acting on intestinal bacteria
Drugs used for nosocomial infections
Anthelmintic drugs
Arthropod repellents

202. Name contact insecticides

Pyrethrum
Methyl bromide
Arsmal
Kyuzol

203. What things can be disinfected in a steam chamber

Sheepskin coats
Leather coats
Items made from synthetic fabrics
Pillows and mattresses

204. Name fumigants (respiratory insecticides)

Pyrethrum
Parisian green

Chloropicrin DDT

205. Final disinfection at the source of intestinal infection is carried out after hospitalization of the patient in the following periods:

In the course of a day

In 12 hours

In 6 hours

May not be carried out, depending on the sanitary condition of the outbreak

HIV, Hepatitis B

206. Is transmission of HBV possible at home?

Possible

Impossible

207. To determine the markers of VH B are not used

ELISA

RPGA

RIA

RSK

Molecular hybridization method

208. The source of typhus infection is

Carrier of the causative agent of typhus

Sick man louse

209. Which transmission routes are significant for the spread of HIV infection

Airborne

Blood-sucking insect bite

Sexual contacts

Blood transfusions

Vertical path

210. For how long is observation of contacts in the outbreak of typhus established?

For 14 days

For 23 days

For 25 days For 35 days

211. Which patients should be examined for typhus?

All patients with elements of a rash on the body

All affected by pediculosis

Patients with fever of unknown origin for more than 5 days

Patients with rash

212. Duration of dispensary observation for convalescent viral hepatitis B 1 month

3 months

6 months

12 months

213. How long does it take for someone infected with HIV to develop antibodies to it in their blood? In 6 months

After 1 year

After 1 year

Within a period of 2 weeks to 3 months

214. How often are health workers who come into contact with blood tested for HBs-ag (the presence of Australian antigen)?

Examined only upon entry to work

Quarterly

Once every six months

1 time per year

215. Who should be suspended from work if HBs-ag is detected in the blood?

Surgeon

Dentist

Urologist

Blood transfusion station nurse

216. What manipulations may expose medical workers to the risk of contracting HIV infection?

Tooth extraction

Cytoscopy

Retroromanoscopia

Bronchoscopy

217. Blood of a patient seropositive for HIV, after heating at a temperature of +70 in a water bath for 15 minutes, fell into the hands of a nurse. Can infection occur?

No

In any case, yes

Infection can occur if there are microtraumas on the hands

The possibility of infection is determined by the state of natural resistance

218. A patient who was operated on in the surgical department was diagnosed with viral hepatitis B on the 5th day after surgery. The patient was in the hospital for 6 days. During this time he received blood transfusions 2 times. The patient denies contact with an infectious patient at home and at work. 3 months ago I was treated in the therapeutic department of this hospital. It can be said with a high degree of certainty that the patient became infected

In the surgical department

Outside the hospital
In the therapeutic department

219. A 67-year-old patient was diagnosed with viral hepatitis B on December 10. A family of 3 lives in a separate apartment. The son is a regular donor. The last time he donated blood was on December 2. What measures should be taken at the outbreak

Examine contacts in the outbreak for AlAt activity, monitor the outbreak for 12 months.

The son should be examined for ALT activity and the presence of HBs-Ag. Monitor the outbreak for 35 days.

Examine contacts for AlAt activity and the presence of HBs-Ag. Remove the son from donation, remove his donor blood.

Observe the outbreak for 6 months.

220. The epidemic process in Eastern European countries is characterized by

High intensity, ratio of affected women to men 1:1, damage to children

High intensity, ratio of affected women to men 1:10, defeat of homo- and bisexuals

Low intensity, predominance of imported cases

221. The epidemic process in Latin America and Africa is characterized by +High intensity, ratio of affected women to men 1:1, damage to children

High intensity, affecting women and men 1:10 affecting homo- and bisexuals Low intensity, predominance of imported cases

222. The risk of nosocomial infection with viral hepatitis B and C depends on

Severity of the patient's condition

Volume and intensity of treatment measures

State of the department's anti-epidemic regime

223. Testing for HIV infection on an outpatient basis is carried out

Persons registered in the KIZ after discharge from the hospital

Alcoholics, mentally ill people and homeless people

For donors, persons returning from abroad, drug addicts for clinical and epidemiological indications

224. HIV infection belongs to the group of infections with a transmission mechanism

Fecal-oral

Transmissible

.Contact

Airborne

225. Which type of lice has the greatest epidemiological significance in the epidemiology of typhus Head louse

Pubic louse

Cootie

226. Which of the listed measures in the fight against lice can be classified as exterminatory?

Change bed linen at least once every 10 days

Shaking out and beating out outer clothing

Treatment of linen and clothing with insecticides

Using physical pest control methods

227. The transmission of the causative agent of typhus involves

human flea

Bedbug

Body louse

Mosquitoes

228. Does HIV have a territorial location associated

- With climatic conditions
- With professional employment of the population
- With the age structure of the population
- Doesn't have

229. The donor's son is sick with viral hepatitis B. When can a donor donate blood?

- Anytime
- A month after my son's hospitalization
- 3 months after hospitalization
- 6 months after hospitalization

230. The epidemic process of HIV infection in Western European countries is characterized by High intensity, ratio of affected men to women 1:1, affecting children High intensity, ratio of affected men to women 1:10, affecting homo- and bisexuals
Low intensity, predominance of imported cases

Helminthiasis

231. Where roundworm eggs develop to the invasive phase

- In dirty water
- In compost pits
- In the body of crustaceans
- In the soil

232. In what infections is the pathogen transmitted by mosquitoes?

- Yellow fever
- Plague Relapsing fever
- HFRS
- Leishmaniasis

233. The source of infection for malaria can be

- Man sick with malaria
- Mosquito
- Animal

234. In which malaria pathogen does the erythrocyte cycle last 72 hours?

- Pl. Vivax
- Pl. falciparum
- Pl. malaria Pl. oval

235. What is the duration of the invasive period for Vivax malaria

- 6-12 months 1-2 years
- 2-4 years
- 3-6 years
- Several decades

236. Late true relapses of malaria can occur when

- Malaria Vivax
- Quadrennial malaria
- tropical malaria

237. What laboratory tests are carried out if malaria is suspected?

- Intradermal allergy test

Bacteriological blood test
Examination of a thick drop of blood

238. Name the ways of selling pork infected with trichinosis

Salting
Destruction
Processing for canned food
Boiling

239. Biohelminthiases include all of the following, except

Diphyllobothriasis
Enterobiasis
Teniorhynchosis
Echinococcosis
Trichinosis

240. All of the listed helminthiases are anthroponotic, except

Ascariasis
Trichocephalosis
Hymenolepiasis
Echinococcosis
Enterobiasis

241. Which helminths belong to geohelminthiases

Diphyllobothriasis
Teniorhynchosis
Opisthorchiasis
Echinococcosis
All listed
None of the above

242. Which of the listed helminthiases are contact

Ascariasis
Hymenolepiasis
Diphyllobothriasis
Opisthorchiasis
Trichinosis

243. For which helminths are two intermediate hosts necessary in the development cycle?

Tenia solium
Teniarynchus saginatus
Diphyllobothrium latum
Hymenolipis nana

244. What helminthiases cannot a person become infected by eating insufficiently thermally processed fish or caviar?

Taeniasis
Diphyllobothriasis
Opisthorchiasis

245. What kind of helminthiasis cannot a person become infected by eating insufficiently thermally processed animal meat?

Taeniasis
Diphyllobothriasis
Teniarinhos

Trichinosis

246. Helminth infections can be contracted by consuming the meat of the following affected animals Calves and

cows

Pigs

wild boar

Bear

All of the above

247. Sources of infection for geohelminthiasis

Human

Fish

Cattle

The soil

248. In what infections is the pathogen transmitted by mosquitoes?

Plague

Yellow fever

Relapsing fever

Leishmaniasis

249. When does a person become a source of infection for malaria?

During the period of tissue schizogony

In the first cycle of erythrocyte schizogony

With the appearance of gametocytes in the blood

After contact with a person with malaria

250. Determine the degree of epidemic danger in the children's play area of a residential neighborhood when the content of helminth eggs is within the range of 80-100 per 1 kg of soil

Safe

Relatively safe

Dangerous

Extremely dangerous

251. Sanitary indicator soil helminths are:

Roundworms, whipworms, hookworms

Broad tapeworm, whipworms, pinworms, roundworms,

taeniids, trichostrongylids, Trichocephali,

diphyllobothria, hookworms

252. Where does the sexual development cycle of malarial plasmodium (sporogony) occur?

In the human body

In the body of a mosquito

In birds

In the body of rodents

In the body of cattle

253. When identifying what percentage of ascariasis-infected children in a group of children, deworming of all children is carried out

1-2%

5-7%

10-15%

254. Life expectancy of roundworms in the human body

A week

Month

6 months

2 years

9-12 months

255. Lifespan of tapeworm in the human body

1 year 6 months

2-5 years

10-15 years

256. Parasitic diseases include

Tick-borne encephalitis

Scabies

Yersiniosis

Pediculosis

257. What disease can a person be affected by eating cattle meat? Hymenolepiasis

Teniarinhoz

Taeniasis

Amoebiasis

Alveococcosis

258. Who is the source of infestation of unarmed tapeworm

Cattle

Small cattle

Horses

Dogs

Human

259. How does a person get sick when infected with eggs of an armed tapeworm?

Teniarinhoz

Cysticercosis

Taeniasis

Trichocephalosis

Alveococcosis

260. When infected with tapeworm, at what stage of development does a person develop diphyllbothriasis? Mature penis

Procercoid

Plerocercoid

Coracidium

Egg

261. Which of the listed helminths belong to geohelminths

Trichinella

Roundworms

Diphyllobothrium latum

Echinococcus

Whipworm

262. Which children are more likely to suffer from enterobiasis

Unorganized

Attending kindergartens Attending nurseries

263. Where roundworm eggs develop to the invasive phase

- In dirty water
- In compost pits
- In the body of crustaceans
- In the soil

264. From what depth are soil samples taken for sanitary and helminthological studies?

- From the surface
- 15-20 cm
- From the surface and from a depth of 15-20 cm
- 30 cm

265. Sources of infection during enterobiasis

- The soil
- Carrier
- A sick man
- Pet

266. From what period after infection with roundworm eggs does a person become a source of infection? In 2-3 weeks

- In 5 weeks
- After 8 weeks
- After 10-15 weeks

ZOONOSIS.

267. In a natural focus of tick-borne encephalitis, after removing the attached tick, the victim must be given

- Vaccine against tick-borne encephalitis
- Antitoxic serum
- Specific immunoglobulin
- Antibiotics

268. When the meat of cattle sick with tuberculosis is free from mycobacteria and does not pose a danger to humans

- In the generalized form of tuberculosis with the phenomenon of depletion of the animal
- In a generalized form without depletion of the animal
- For milliary tuberculosis
- For localized tuberculosis

269. Sources of infection during plague can be

- Gophers
- Gerbils
- voles
- Rats
- Camels
- Human
- All listed

270. The main routes of transmission of plague from rodents to humans

- Contact
- Nutritional
- Transmissible
- Airborne
- Airborne dust

271. Can a person become infected with tularemia from a person?

- Yes

No

272. Who is the source of infection in tularemia

Vole

Water rat

House mouse

Hare

All listed

None of the above

273. Routes of transmission of tularemia to humans

Contact

Nutritional

Water

Airborne dust

Transmissible

All listed

274. What form of tularemia occurs during contact infection

Bubonic

Oculo-bubonic

Anginal-bubonic

Abdominal

Pulmonary

275. The source of leptospirosis is all of the following, except

Wild animals

Pets

Rodents

Human

276. Ways of human infection with leptospirosis are

Contact-professional

Nutritional

Water

All listed

None of the above

277. Which transmission routes are not typical for HFRS

Contact and household

Airborne dust

Nutritional

Transmissible

278. Groups at risk of contracting brucellosis

Catering and preschool workers

Livestock and veterinary workers

Utility workers

High school students in endemic foci

279. Sources of infection in leptospirosis

Human

Mouse-like rodents

The soil

Water

280. What is the reason for the seasonal rise in brucellosis

Start of hunting season

Mass death of livestock

Beginning of the vegetable harvesting season

Lambing (calving, farrowing) of farm animals

281. Indicate natural focal diseases on the territory of Russia

Escherichiosis

Campylobacteriosis

Yellow fever

Leptospirosis

282. What material should be taken for examination from a patient with carbunculous anthrax?

Blood

Sputum

Excreta

Contents of vesicles, pustules

283. Under what conditions can the milk of leptospiric animals be used for food?

Can be used without restrictions

Can be used after boiling

Can be used to make cheese

Can not use

284. Terms of observation of contacts with plague patients

12 days

25 days

6 days

14 days

285. To identify anthrax antigen in animal raw materials, use the reaction

Ascoli thermoprecipitation

Wright's or Hedderson's agglutinations

Precipitation according to Mancini

286. The greatest epidemiological danger is posed by a patient with clinical form of plague

Bubunna

Septic

Pulmonary

287. Natural carriers of plague are

Mosquitoes

Ticks

Lice

Fleas

288. For what period is observation of the outbreak of leptospirosis established?

For 7 days

For 18 days

For 15 days

For 21 days

289. For what indications is a patient with brucellosis hospitalized?

- According to epidemiological indications
- According to clinical indications
- Based on the epidemiological situation in the area
- No need to be hospitalized

nosocomial infection

290. Features of the development of the epidemic process of the GSI are mainly due to

- Biological properties of the pathogen
- Features of the diagnostic and treatment process and anti-epidemic measures
- Presence of carriers among the staff

291. What microorganisms most often cause deep suppuration of wounds in trauma departments?

- Gram-positive bacteria
- Gram-negative bacteria
- Fungi

292. The most common pathogens of hospital infections

- C. tetani
- C. perfringens
- C. difficile

293. What is the share of GSIs in the total incidence of nosocomial infections?

- 20 %
- 50 %
- 60%
- 85%

294. Is it necessary to carry out intraspecific typing of opportunistic bacteria isolated from patients and the environment during the surveillance of GSI?

- Preferably
- Necessarily
- Not carried out

295. The sources of infection of Escherichia etiology in surgical hospitals are primarily

- Patients with GSI
- Bacteria carriers from patients
- Medical staff
- External environment of the department

296. Possible routes of transmission of Pseudomonas aeruginosa infection in surgical hospitals are

- Food
- Airborne
- Instrumental
- Contact

297. What pathogens of nosocomial infections can be transmitted by airborne dust?

- Shigella
- Legionella
- Salmonella
- Staphylococcus
- Pneumocystis

298. What biological signs are characteristic of the hospital strain of GSI

- Defined morphology
- Multiresistance to antibiotics
- Antibiotic sensitivity to a set of phages
- Sensitivity to phage recruitment

299. In an operated patient, on the 10th day after discharge from the hospital, a fistula with purulent discharge appeared at the site of a postoperative scar. How to assess this complication

This is a hospital-acquired purulent-septic infection.

Infection after discharge from hospital

Autoimmune process

Endogenous infection

300. When infected with what pathogens, the external environment can be a source of purulent-septic hospital infection

Staphylococcus

measles virus

Escherichia

Pseudomonas

301. Indirect signs of GGSI

Patient's age

Bleeding in the early postoperative period

Difficulty of surgery

Secondary healing of a postoperative wound

Disinfection, disinsection

302. Document defining normative acts of sanitary legislation

A. Decree of the Russian Federation No. 625 dated 0-0-94;

B. Law of the Russian Federation "On the sanitary and epidemiological welfare of the population" No. 52 Federal Law dated 30.0-1999;

B. Sanitary rules SP --1378-03 "Sanitary and epidemiological requirements for the organization and implementation of disinfection activities."

303.. Disinsection measures are divided into

A. Preventive and exterminatory;

B. Primary (focal) and secondary;

B. Sanitary, hygienic and technical.

304. Disinfection is

A. Killing of pathogenic and conditionally pathogenic microorganisms on environmental objects;

B. Extermination of rodents to an epidemiologically safe level;

B. Extermination of insects harmful to humans.

305. Types of focal disinfection:

A. Current.

B. Preventive.

B. Final.

306. Time to disinfect linen and dressings by boiling in a 2% soda solution, from the moment of boiling, for spore infections

A. 15 minutes;

B. 90 minutes;

B. 120 minutes;

G. 30 minutes.

307. Current disinfection in the outbreak is carried out

A. after hospitalization of an infectious patient;

B. after the death of an infectious patient;

B. after removing an infectious patient from the outbreak;

G. as long as the infectious patient is in the outbreak.

308. Routine disinfection in the home is organized by medical workers:

A. clinics

B. disinfection station

B. Sanitary and Epidemiological Service

G. infectious diseases hospital

309. Biological methods of disinsection:

- A. Use of natural enemies and parasites of insects;
- B. Punching out, vacuuming;
- B. Use of pathogenic microorganisms.

310. Chemical method of disinfestation

- A. Boiling, steam.
- B. Application of insecticides;
- B. Hot air,
- G. UV traps;
- D. Adhesive tapes.

311. Methods for quality control of current and final disinfection.

- A. Visual, chemical, bacteriological
- B. Microscopic, biological
- B. Thermal, technical
- G. Physico-chemical, toxicological

312. Bacteriological quality control of final and ongoing disinfection in the outbreak includes taking for laboratory testing:

- A. Samples of working disinfectant solution
- B. Food products
- B. Samples of the original disinfectant from which the working solution is prepared
- G. Analyzes of patients
- D. Flushes from environmental objects.

313. Frequency of examination of patients for pediculosis in medical institutions

- A. Examined selectively
- B. Examined only upon admission
- B. Examined upon admission and every 10 days thereafter

314. The purpose of using 40% acetic acid in a hospital:

- A. for soaking laundry
- B. for processing spatulas
- V. for disinfection of shoes of patients in order to prevent fungal infection
- G. for rough disinfection

315. Time for disinfection of products and utensils by boiling in a 2% soda solution from the moment of boiling

- A. 15 minutes;
- B. 20 minutes;
- B. 45 minutes;
- G. 30 minutes.

316. Document defining the requirements for disinfection activities: A. SP --1378-03 "Sanitary and epidemiological requirements for the organization and implementation of disinfection activities"; B. OST 42-21-2-85 "Disinfection and sterilization of medical devices."

B. Order of the Ministry of Health No. 254 "On the development of disinfection in the country";

317. Time for disinfecting glass and metal products by boiling in a 2% soda solution from the moment of boiling for spore infections

- A. 90 minutes;
- B. 45 minutes;
- B. 30 minutes.
- G. 15 minutes

318. Chemicals that inhibit the activity of bacteria:

- A. Bactericidal
- B. Bacteriostatic
- B. Antiseptics
- G. Aseptics

319. Physical methods of disinfestation:

- A. Boiling, steam;

- B. Punching out, vacuuming.
- B. Protective nets;
- G. Hot air;
- D. UV traps;
- E. Adhesive tapes.

320. Documents required when purchasing disinfectants

- A. Certificate of state registration, certificate of conformity according to the GOST R system or declaration of conformity, instructions for the use of disinfection. means for disinfection purposes;
- B. Registration certificate, certificate of conformity according to the GOST R system, guidelines for use;
- B. Registration certificate, sanitary-epidemiological conclusion, certificate of conformity, manufacturer's passport.

321. Purpose of disinfection:

- A. Killing pathogenic microorganisms in the human body.
- B. Killing pathogenic microorganisms in the human environment.
- B. Participation in the elimination of epidemic foci.
- D. Killing of all microorganisms in the human environment.

Epidemic focus

322. The focus of an infectious disease is...

- A) the territory in which the patient is located
- B) the location of the source of infection with the surrounding area to the extent that it is capable of transmitting the infectious principle to others
- C) the place where infection with an infectious disease occurred within 1 year

323. The epidemic focus is characterized by...

- A) seasonality
- B) frequency
- B) duration
- D) boundaries

324. How long does an epidemic outbreak remain dangerous?

- A) during the incubation period of the disease
- B) until the patient is hospitalized and disinfected
- C) while viable pathogens remain in it

325. The duration of the existence of an epidemic focus is determined...

- A) the maximum incubation period of a particular infection
- B) the minimum incubation period of a specific infection
- B) residence time of the source
- D) seasonality of certain infectious diseases

326. How is the spatial extent of the focus of an infectious disease determined?

- A) the nature of the infectious disease
- B) social and living conditions
- B) natural conditions
- D) incubation period of an infectious disease

327. An epidemic focus is considered eliminated when:

- A) those around you have been tested for carriage and are free from it
- B) the source of infection is neutralized
- C) measures have been taken in the outbreak to destroy the causative agent of the disease or the vector of infection
- D) the maximum incubation period for this disease expires and contacts of this disease do not get sick

328. Anti-epidemic measures in the outbreak are carried out in the following areas:

- A) in relation to the patient
- B) environmental objects

C) healthy people who are in the outbreak

329. Measures in an epidemic outbreak are carried out based on the results of an epidemiological survey of the outbreak no later than through:

- A) 12h
- B) 24h
- B) 48h
- D) 72h

330. Anti-epidemic measures are aimed at:

- A) neutralization of the source of infection
- B) rupture of the transmission mechanism
- C) increasing the immunity to the causative agent of this infection of persons exposed to the risk of infection in the outbreak

331. Measures regarding the source of infection include:

- A) early isolation of the source of infection
- B) isolation at home
- C) healthy carriers are not subject to hospitalization, with the exception of carriers of pathogens of particularly dangerous infections
- D) separation of children who were in contact with infectious patients
- D) sick animals that serve as a source of infection are exterminated

332. Is chemoprophylaxis given importance among measures regarding the source of infection?

- A) yes
- B) no

333. For how long, after the patient's departure or recovery, does the outbreak retain its significance?

- A) within 48 hours
- B) within 7 days
- B) within a minimum incubation period
- D) during the maximum incubation period

334. The focus of an infectious disease is...

- A) the territory in which the patient is located
- B) the location of the source of infection with the surrounding area to the extent that it is capable of transmitting the infectious principle to others
- C) the place where infection with an infectious disease occurred within 1 year

335. The epidemic focus is characterized by...

- A) seasonality
- B) frequency
- B) duration
- D) boundaries

336. For how long does an epidemic outbreak constitute a danger?

- A) during the incubation period of the disease
- B) until the patient is hospitalized and disinfected
- C) while viable pathogens remain in it

337. The duration of the existence of an epidemic focus is determined...

- A) the maximum incubation period of a particular infection
- B) the minimum incubation period of a specific infection
- B) residence time of the source
- D) seasonality of certain infectious diseases

338. How is the spatial extent of the focus of an infectious disease determined?

- A) the nature of the infectious disease
- B) social and living conditions
- B) natural conditions
- D) incubation period of an infectious disease

339. An epidemic focus is considered eliminated when:

- A) those around you have been tested for carriage and are free from it
- B) the source of infection is neutralized
- C) measures have been taken in the outbreak to destroy the pathogen or vectors of infection
- D) the maximum incubation period for this disease expires and contacts of this disease do not get sick

340. Anti-epidemic measures in the outbreak are carried out in the following areas:

- A) in relation to the patient
- B) environmental objects
- C) healthy people who are in the outbreak

341. Measures in an epidemic outbreak are carried out based on the results of an epidemiological survey of the outbreak no later than through:

- A) 12h
- B) 24h
- B) 48h
- D) 72h

342. Anti-epidemic measures are aimed at:

- A) neutralization of the source of infection
- B) rupture of the transmission mechanism
- C) increasing the immunity to the causative agent of this infection of persons exposed to the risk of infection in the outbreak

343. For how long, after the patient's departure or recovery, does the outbreak retain its significance?

- A) within 48 hours
- B) within 7 days
- B) within a minimum incubation period
- D) during the maximum incubation period

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal Well6
Disciplineepidemiology

Ticket to test No. 1

1. The importance of epidemiology for medicine and healthcare.
2. Preventive and anti-epidemic work in areas of helminthiasis.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal Well6
Disciplineepidemiology

Ticket to test No. 2

1. Definition of the concept of “the doctrine of the epidemic process.” The role of domestic scientists (L.V. Gromashevsky, V.D. Belyakov, B.L. Cherkassky) and their contribution to the theory of the study of the epidemic process.
2. Specific and nonspecific immunity. Diagram of the immune response.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well**6
Disciplineepidemiology

Ticket to test No. 3

- 1.Mechanisms and ways of spreading the infectious principle. The concept of biological terrorism.
- 2.Serums and immunoglobulins. Characteristic. Indications for use.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well**6
Disciplineepidemiology

Ticket to test No. 4

- 1.Define the concept of epidemiological focus. Draw up a plan for eliminating the anthroponotic focus.
- 2.Structure and purpose of the infectious diseases office of the clinic.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well**6
Disciplineepidemiology

Ticket to test No. 5

- 1.Methodology for examining an epidemiological outbreak. Documentation.
- 2.Anti-epidemic measures in the focus of malaria and contagious viral hemorrhagic fevers.

Head department, candidate of medical sciences, associate professor
B.I. Otarava

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well**6
Disciplineepidemiology

Ticket to test No. 6

- 1.Methods of epidemiological analysis. The concept of infectious morbidity of the population (intensive and extensive indicators). Definition of the concept of lethality and mortality. Types of epidemics.
- 2.Anti-epidemic measures in the hotbed of foodborne toxic infections.

Head department, candidate of medical sciences, associate professor
B.I. Otarava

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well6**
Disciplineepidemiology

Ticket to test No. 7

- 1.Characteristics of measures aimed at increasing immunity.
- 2.Anti-epidemic measures in the outbreak of dysentery.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well6**
Disciplineepidemiology

Ticket to test No. 8

- 1.The concept of “source of infection”. Indications for hospitalization.
- 2.Tactics of the doctor on duty at the hospital emergency room when identifying a patient or suspected of a disease causing emergency situations in the field of sanitary and epidemiological well-being of the population

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well6**
Disciplineepidemiology

Ticket to test No. 9

- 1.The concept of deratization. Deratization methods.
2. Tactics of a local doctor when identifying a patient/corpse with suspected infectious diseases causing emergencies in the field of sanitary and epidemiological well-being of the population

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well6**
Disciplineepidemiology

Ticket to test No. 10

- 1.Anti-epidemic measures in the focus of zoonotic infection.
2. Anti-epidemic measures in the outbreak of diseases causing emergencies in the field of sanitary and epidemiological well-being of the population

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well6**
Disciplineepidemiology

Ticket to test No. 11

1.Pest control. Concept. Physical and chemical methods. Medical disinfestation.

2.Anti-epidemic measures in the focus of HIV infection.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well6**
Disciplineepidemiology

Ticket to test No. 12

1.Epidemiological significance of ticks, mosquitoes, lice, flies, fleas. Organization of insect control activities in hospital settings.

2.Anti-epidemic measures in the source of an emergency.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well**6
Disciplineepidemiology

Ticket to test No. 13

- 1.Treatment method for pediculosis. Drugs.
- 2.Anti-epidemic measures in the focus of typhoid fever. Specific prevention.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal **Well**6
Disciplineepidemiology

Ticket to test No. 14

- 1.Disinfection. Preventive, focal. The concept of “current and final” disinfection.

2. Anti-epidemic measures in the focus of hepatitis B, C. Specific prevention of hepatitis B.

Head department, candidate of medical sciences, associate professor
B.I. Otarava

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases
Faculty medicinal **Well**6
Discipline epidemiology

Ticket to test No. 15

1. Disinfection: concept, types. Methods and means of disinfection.

2. Anti-epidemic measures in the focus of viral hepatitis A.

Head department, candidate of medical sciences, associate professor
B.I. Otarava

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases
Faculty medicinal **Well**6
Discipline epidemiology

Ticket to test No. 16

1. Disinfection quality control. Methods of sterilization of medical instruments and materials.

2. Specific prevention of tetanus and diphtheria.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal Well6
Disciplineepidemiology

Ticket to test No. 17

- 1.Chemical and killed vaccines. Characteristics, features. Indications and contraindications for vaccination.
- 2.Specific and nonspecific prevention of influenza. Types of vaccines.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Departmentinfectious diseases
Facultymedicinal Well6
Disciplineepidemiology

Ticket to test No. 18

- 1.Immunoprophylaxis office. Device. Anti-epidemic mode of operation. Accounting and reporting documentation.

2. Specific prevention of mumps, rubella, measles.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases
Faculty medicinal **Well6**
Discipline epidemiology

Ticket to test No. 19

1. Calendar of planned preventive vaccinations and vaccinations for epidemic indications.

2. Cold chain, definition of the concept. Impact of cold chain disruptions on immunization effectiveness.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva

**Federal State Budgetary Educational Institution
higher education "North Ossetian State Medical
Academy" of the Ministry of Health of the Russian Federation**

Department infectious diseases
Faculty medicinal **Well6**
Discipline epidemiology

Ticket to test No. 20

1. Live vaccines. Characteristics, features. Indications and contraindications for vaccination.
2. Disinfection quality control.

Head department, candidate of medical sciences, associate professor
B.I. Otaraeva