FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "AMUR STATE MEDICAL ACADEMY" MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

AGREED Vice Rector for Academic Affairs, <u>Mc</u> N.V. Loskutova

April 17, 2025

Decision of the CCMC April 17, 2025

Protocol No. 7

APPROVED by decision of the Academic Council of the FSBEI HE Amur SMA of the Ministry of Health of the Russian Federation April 22, 2025

Protocol No. 15

Acting Rector of the FSBEI HE Amur SMA of the Ministry of Health of the Russian Federation I.V. Zhukovets

peil 22, 2025

EDUCATIONAL PROGRAM

discipline "EPIDEMIOLOGY"

Specialty: 31.05.01. General Medicine Course: 5 Semester: 9 Total hours: 108 hrs. Total credits: 3 credit units Control form: credit-test, 9 semester

Blagoveshchensk, 2025

The educational program of the discipline is designed in accordance with the requirements of the Federal State Educational Standard of Higher Education - Specialist in specialty 31.05.01. General Medicine, approved by the order of the Ministry of Education and Science of Russia dated 08.12.2020 No. 988 (registered in the Ministry of Justice of Russia on 08.26.2020 No. 59493), BPEP HE (2021).

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April 17, 2025

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I. EXPLANATORY NOTE

1.1 Brief description of the discipline

The work program on epidemiology prepared by the department staff provides for the training of graduates who have mastered the basics of epidemiological diagnostics to identify the causes, conditions and mechanism of the formation of infectious and non-infectious diseases among the population, the validity of the organization and implementation of a system of preventive and an-ti-epidemic measures,

aimed at improving the health of the adult population, reducing infectious diseases within the functional responsibilities assigned to the medical service.

1.2. Purpose and objectives of the discipline.

PURPOSE OF TEACHING THE DISCIPLINE: - deepening basic and developing systemic knowledge, skills and abilities on issues of general and specific epidemiology, the epidemiological approach to studying morbidity among the population, the basics of immunoprophylaxis and the organization of preventive and anti-epidemic measures at the medical site and in emergency situations, developing universal, general professional and professional competencies necessary in the future professional activity of a general practitioner.

LEARNING OBJECTIVES OF THE DISCIPLINE:

- 1. To provide knowledge of the organization and levels of the epidemiological surveillance system in the Russian Federation, the methodological foundations of organizing, planning and implementing anti-epidemic measures in emergency situations among the civilian population.
- 2. Consolidation and improvement of skills in organizing sanitary-hygienic and anti-epidemic regimes in medical organizations providing primary health care and inpatient care.
- 3. To teach how to use the methodology for organizing preventive and anti-epidemic measures in epidemic foci for various infectious diseases.
- 4. To teach the basics of organizational work on planning immunoprophylaxis of infectious diseases (according to the National Vaccination Calendar and according to epidemic indications).
- 5. Formation of independent epidemiological thinking (ability to analyze morbidity rates of different age groups of the population according to nosological forms of diseases based on general patterns of development of the epidemiological process).
- 6. Consolidation and improvement of skills in organizing disinfection measures to disrupt the mechanisms and routes of transmission of infectious diseases in medical organizations.
- 7. Deepening skills in the preparation of medical documentation, working with educational scientific, reference, medical literature, sanitary rules and regulations, official statistical reviews, including those on the Internet.

1.3. The place of the discipline in the structure of the main professional educational program of higher education

According to the OPOPVO, the discipline "Epidemiology" refers to the disciplines of the basic part (Block 1). The total workload is 3 credits (108 hours).

The discipline contains the following sections:

1. General epidemiology

2. Private epidemiology

1.4. Requirements for students

To study the discipline, knowledge, skills and abilities formed by previous disciplines are neces-				
sary:				
Philosophy				
<i>Knowledge:</i> Methods and techniques of philosophical analysis of problems, forms and methods				
of scientific knowledge, their evolution. The concept of cause and causality of diseases. Princi-				
ples of conducting discussions.				
<i>Skills:</i> Be able to use historical-philosophical and system-analytical methods in studying the				
general laws of epidemiology. Analyze situations of professional activity and other spheres of				
life using philosophical categories and concepts.				
Skills: Applies skills of analysis, synthesis and scientific thinking in educational and research				
work, presentation of an independent point of view, logical thinking, public speaking, conduct-				
ing discussions and round tables.				
Biology				
Knowledge: The phenomenon of parasitism, morphology, life cycles, pathogenic effect on hu-				
mans, relationships in the parasite-host system at the population level, distribution of parasites in				
Skuis: Be able to analyze the role of biological factors in the development of disease. Analyze				
patterns of variability in the development of relationships between macro and microorganisms.				
Determine file cycles of epidemically significant parasites and neimintus.				
Skills: Uses laboratory equipment, techniques for preparing temporary microscopic preparations,				
Mierobiology, virology, immunology				
Wherebiology, virology, minutiology				
Knowledge: Classification of microorganisms and their role in the development of infectious diseases, the immune system structure and functions, innote and easyired immunity, mashe				
nisms and types of immune response to the introduction of vaccines, hierappretions (vaccines				
serums bacterionbages) methods of production and practical significance				
Skills: Be able to perform seeding, recording and interpreting the results of laboratory diagnostic				
methods (microbiological molecular biological and immunological)				
Skills: Applies methods of disinfection sterilization and antiseptic treatment of instruments and				
equipment to avoid infection of the doctor and patient skills in working with material containing				
pathogenic microorganisms, evaluates the results of microbiological molecular biological and				
immunological methods for studying biological fluids.				
Hygiene				
<i>Knowledge:</i> The impact of the environment on public health. Health indicators of the adult popu-				
lation, factors of their formation (ecological, natural and climatic, social, genetic, epidemiologi-				
cal). Diseases associated with the impact of unfavorable climatic and social factors. Legislative				
acts and normative legal documents governing sanitary and epidemiological services for the				
population in infectious and parasitic diseases.				
<i>Skills:</i> Be able to plan, analyze and evaluate the quality of medical care for the adult population,				
as well as establish cause-and-effect relationships between changes in health status and the im-				
pact of environmental factors.				
Skills: applies skills in organizing and providing anti-epidemic assistance to the population, tak-				
ing into account the social, professional, age and gender structure, skills in teaching patients and				
their relatives basic hygienic measures of a health-improving nature.				
Public health and healthcare organization				
Knowledge: Basic principles of organizing a health care system. Methods of collecting and med-				
ical-statistical analysis of health indicators of the adult population, basic intensive and extensive				
indicators (morbidity, mortality, lethality).				
Skills: Be able to assess the level and structure of morbidity in the adult population, maintain ac-				

counting and reporting documentation, calculate and evaluate indicators characterizing the activities of a medical organization.

Skills: applies the methodology for calculating medical statistics indicators, statistical methods in medical research, maintains accounting and reporting documentation in a medical organization, uses statistical indicators when assessing the health status of the population

Disaster medicine.

Knowledge: Damaging factors of emergencies. Tasks, structure and governing bodies of the All-Russian Disaster Medicine Service. The system of medical and evacuation and sanitary and anti-epidemic support for the adult population during the liquidation of the consequences of emergencies.

Skills: Be able to organize and carry out anti-epidemic measures to protect patients and medical personnel from the effects of damaging factors of emergencies.

Skills: Applies skills in educational work to eliminate damaging risk factors of emergencies, uses personal medical protective equipment, organizes and carries out medical triage, anti-

epidemic measures and evacuation of the injured at the stages of medical evacuation in emergency situations.

1.5. Interdisciplinary links with subsequent disciplines

The knowledge and skills acquired in the discipline "Epidemiology" are necessary for studying subsequent disciplines

Item No.	Names of subsequent disciplines	Sec	ction ry fo	nun r stu	nber Idyir	s of t ng su	this o bseq	disci Juen	pline t dise	e, neo ciplin	ces- nes
		Ge	General Epidemi-			Private epidemiol-			i ol-		
		ology				ogy					
1.	1. Public Health and Healthcare		+	+	+	+	+	+	+	+	+
2.	Otorhinolaryngology						+	+		+	
3.	Hospital therapy	+	+		+	+	+		+		
4.	Traumatology			+	+		+		+		+
5.	Hospital surgery	+		+		+	+		+		+
6.	Obstetrics and gynecology		+		+		+	+		+	
7.	7. Infectious diseases		+	+	+	+	+	+	+	+	+
8.	Childhood diseases		+	+		+		+	+		+
	All disciplines of block C.3										
	Professional disciplines										

1.6. Requirements for the results of mastering the discipline

The study of the discipline "Epidemiology" is aimed at the formation of the following competencies: universal (UK), general professional (OPK) and professional competencies (PC): UK-1, OPK-2, 4.6, PC-9.11

Ν		Code and nome of the indi	As a result of studying the ac	ademic discipline ''Epidemiol	ogy" The student must:
о. р/ р	Code and name of competence	cator of achievement of competence	Know	Be able to	To own
			Universal competencies		
1	UC -1. Capable of carry- ing out a critical analysis of prob- lematic situations based on a sys- tems approach and developing an action strategy	AI UC-1.1. Analyzes the problem as a system, identifying its com- ponents and the connections between them.	 the main historical stages of the development of epidemiology, the subject, goals and objectives of epidemiology. basic concepts in epidemiology, patterns of the epidemic process. epidemiology as a general medical science, goals and objectives of epidemiology at the current stage of development of society. epidemic focus, links of the epidemic process. epidemiological classification of infectious diseases. 	 to substantiate the causes, conditions of occurrence, mechanisms of development and manifestations of the epidemic process. to determine the links of the epidemic process. to determine the quantitative and qualitative manifestations of the epidemic process. use the laws of epidemiology to establish the causality of diseases. 	 the ability to analyze the significance of epidemiology at the current stage of science and practice. the ability to formulate and evaluate hypotheses about the cause-and-effect relationships between morbidity and risk factors. the ability to determine the links in the epidemic process, the ability to analyze the forms of manifestation of the epidemic process.
	T	r	General professional competence	ies	
2.	GPC -2. Capable to conduct and monitor the ef- fectiveness of measures for pre-	AI GPC - 2.3. Develops a work plan to promote a healthy lifestyle for various groups (staff and patients of medical organiza- tions, various professional	 structure, causes, characteristics of epidemic foci, factors, risk groups for the occurrence of HAI; principles of preventive and anti-epidemic measures in HAI 	 maintain a system of sani- tary and anti- epidemic re- gime in the hospital and at the medical site; use in daily activities and instructional and methodo- 	 methods for collecting epidemiological anamne- sis, conducting anti- epidemic measures in out- break areas; methods and techniques
	vention, the for-	and social groups), taking in-	toci;	logical documents regulat-	for organizing and imple-

Г						· · · · · · · · · · · · · · · · · · ·
		mation of a	to account the sanitary and	- the basics of organizing the	ing preventive and anti-	menting a disinfection re-
		healthy lifestyle	epidemiological situation.	protection of patients and medi-	epidemic work;	gime in the Ministry of
		and sanitary and		cal personnel from HAI;	- carry out preventive	Defense;
		hygienic educa-		- organizing the work of the in-	measures to prevent infec-	- an algorithm for behavior
		tion of the popu-		fectious diseases department of	tious diseases;	in an emergency situation;
		lation		the clinic;	- carry out health education	- techniques for conduct-
				- functions of a general practi-	work.	ing primary anti-epidemic
				tioner to promote a healthy life-		measures in case of detec-
				style and prevent infectious dis-		tion of HAI;
				eases in the medical area;		- methods of organizing
				- the structure and organizational		primary prevention of in-
				basis of anti-epidemic institu-		fectious diseases:
				tions of Rospotrebnadzor:		- the ability to determine
				- methods of conducting health		the epidemiological group
			education work among the adult		of diseases based on clini-	
				population.		cal and epidemiological
				F · F ······		data.
F			AI GPC -4.1.	- modern means used for disin-	- justify the choice of mod-	- an algorithm for the ap-
			Uses modern medical tech-	fection. Disinsection. Deratiza-	ern disinfectants, antisep-	plication and evaluation of
		GPC -4 .	nologies, specialized equip-	tion:	tics, drugs, including im-	the results of using medi-
		Capable of using	ment and medical products.	- types, methods of disinfection.	munobiological ones, and	cal technologies, special-
		medical devices	disinfectants, drugs, including	Disinsection Deratization:	other substances and their	ized equipment and medi-
		provided for by	immunobiological and other	- methods of quality control of	combinations when solving	cal products in solving
		the procedure for	substances and their combina-	disinfection and sterilization :	professional problems from	professional problems.
	3	providing medi-	tions when solving profes-	- modern means and methods for	the standpoint of evidence-	- methods and techniques
	5	cal care as well	sional problems from the	treating patients with pediculosis	based medicine of an epi-	for organizing and imple-
		as conducting na-	standpoint of evidence-based	in hospital ·	demiological nature	menting a disinfection re-
		tient examina-	medicine	- national calendar of preventive	- organize justify and eval-	gime in a hospital and at a
		tions to establish	modifine.	vaccinations planned and ac-	uate the quality and effec-	medical site
		a diagnosis		cording to enidemiological indi-	tiveness of disinfection dis-	- methods for preparing
		u ulugilosis		cations.	infestation and Deratization	disinfection solutions and
				- modern vaccines serums im-	measures at various sites	assessing the quality of
	3	GPC -4. Capable of using medical devices provided for by the procedure for providing medi- cal care, as well as conducting pa- tient examina- tions to establish a diagnosis	Uses modern medical tech- nologies, specialized equip- ment and medical products, disinfectants, drugs, including immunobiological and other substances and their combina- tions when solving profes- sional problems from the standpoint of evidence-based medicine.	 fection, Disinsection, Deratization; types, methods of disinfection, Disinsection, Deratization; methods of quality control of disinfection and sterilization; modern means and methods for treating patients with pediculosis in hospital; national calendar of preventive vaccinations, planned and according to epidemiological indications; modern vaccines, serums, im- 	ern disinfectants, antisep- tics, drugs, including im- munobiological ones, and other substances and their combinations when solving professional problems from the standpoint of evidence- based medicine of an epi- demiological nature; - organize, justify and eval- uate the quality and effec- tiveness of disinfection, dis- infestation and Deratization measures at various sites	plication and evaluation the results of using med cal technologies, specia ized equipment and med cal products in solvi professional problems; - methods and techniqu for organizing and impl menting a disinfection in gime in a hospital and at medical site; - methods for prepari disinfection solutions at assessing the quality

			munoglobulins, bacteriophages,	and foci of infectious dis-	disinfection measures;
			eubiotics ;	eases;	- algorithm of epidemio-
			- requirements for the quality of	- organize and evaluate the	logical research methods.
			vaccines, storage, and transpor-	quality of current and final	
			tation of IBP;	disinfection;	
			- analytical, experimental meth-	- to evaluate the quality, ep-	
			ods of epidemiological research;	idemiological and immuno-	
			- randomized clinical trial of	logical effectiveness of	
			drugs, including IMBP ;	modern immunobiological	
			- criteria for assessing the clini-	drugs using epidemiological	
			cal, immunological and epide-	research methods.	
			miological effectiveness of im-		
			munoprophylaxis.		
		AI GPC -6.2.	- types, means, damaging factors	- use individual and collec-	personal protective equip-
	GPC -6.	Uses medical means of pro-	of biological weapons ;	tive means of protection in	ment;
	Capable of or-	tection, prevention, provision	-Russian legislation in the field	case of biological contami-	- the ability to carry out
	ganizing patient	of medical care and treatment	of biosafety;	nation;	emergency and specific
	care, providing	of injuries caused by toxic	- measures to protect against	- work in epidemic foci of	prevention;
	primary health	substances of various nature,	biological weapons (collective,	emergency situations, put on	-methods for evacuation
	care, ensuring the	radioactive substances and	individual);	and take off anti-plague suit;	and medical triage of in-
	organization of	biological agents.	- features of the epidemic situa-	- reorganize the work of the	fectious patients;
	work and making		tion and epidemic foci during	medical evacuation stage in-	- an algorithm for organiz-
4.	professional de-	AI GPC - 6.3.	emergencies;	to a strict anti- epidemic re-	ing anti-epidemic (isola-
	cisions in emer-	Makes professional decisions	- emergency and specific pre-	gime;	tion-restrictive, disinfec-
	gency situations	in emergency situations and	vention in epidemic foci;	- assess the epidemiological	tion) and preventive
	at the pre-	provides first medical aid at	- medical and evacuation support	situation during emergen-	measures in the event of
	hospital stage, in	the pre-hospital stage, in	for patients in emergency situa-	cies;	outbreaks of particularly
	emergency situa-	emergency situations, epi-	tions, medical triage, transporta-	- carry out medical triage of	dangerous infections, in
	tions, epidemics	demics and in areas of mass	tion of patients;	sick and injured people;	the event of epidemics and
	and in areas of	destruction.	- principles of anti-epidemic	- to properly organize anti-	in emergency situations;
	mass destruction		measures in foci of diseases	epidemic measures upon	- the ability to work in a
		AI GPC -6.4.	causing emergency situations in	admission of patients with	strict anti-epidemic regime

		Organizes the work of medi- cal personnel and carries out anti-epidemic measures to protect the population in emergency situations, epi- demics and in areas of mass destruction.	the field of sanitary and epide- miological well-being of the population and "emergencies"; - the basics of organizing the protection of patients and medi- cal personnel in the event of dis- eases that cause emergency situ- ations in the field of sanitary and epidemiological well-being of the population and "emergen- cies"; - legislation in the field of sani- tary and epidemiological welfare of the population anti- epidemic regime of work of the MO; - structure and organizational basis of anti-epidemic institu-	diseases that cause emer- gency situations in the area of sanitary and epidemio- logical well-being of the population.	in the event of diseases that cause emergency situ- ations in the area of sani- tary and epidemiological well-being of the popula- tion; - skills in working with personal protective equip- ment.
	DC 0		Professional competencies	1 1 1	1 11 1 11
	PC-9. Ready to conduct	AI PC-9.1.	-content of preventive and anti-	-develop a plan	- skills in collecting epi-
	Ready to conduct	tions for the introduction of	work in a madical area:	preventive and anti-	skills of conducting
	prevention and	restrictive measures (quaran-	- modern means and methods of	the population	epidemiological survey of
	formation	tine)	disinfection sterilization Disin-	nations and medical staff	the outbreak of infectious
	healthy lifestyle	AIPC-9 2	section Deratization:	- determine the boundaries	disease with filling
5.	and sanitary and	Determine medical indica-	-immunobiological preparations	of the outbreak.	accounting and reporting
	hygienic	tions for referral to a special-	- methods of early detection	- identify epidemiological	documentation:
	enlightenment	ist physician	infectious patients:	indications for patient hos-	-composition skills
	population	AI PC-9.3.	- a system of isolation and regis-	pitalization, discharge crite-	plan for anti-epidemic
	1 1	Conduct sanitary	tration of patients;	ria and medical examina-	work at the medical site.
		anti-epidemic measures in the	-epidemiological indications for	tion;	

		event of an outbreak of infec-	hospitalization:	- identify groups.	
		tion	- infectious diseases department	time risk areas	
			-forms and methods of sanitary –	by morbidity.	
			educational work in	- organize disinfection	
			foci	measures	
			1001.	immunoprophylaxis and	
				evaluate quality and effi-	
				cionov:	
				ciency,	
				- conduct an epidemiologi-	
				fa si with single and	
				foct with single and	
				group cases of diseases;	
				-fill out the registration	
				form-	
				reporting documentation	
	D C 44 4111			(t-357-u, t-058-u).	
	PC-11. Ability	AI PC-11.1.	-regulatory and legal acts, reg-	-use in everyday activi-	- skills of working with
	to leadmedical	Fill out medical documenta-	ulating preventive and anti-	ties regulatory and legal	regulatory documents
	documentation	tion, including in the form	epidemic activities doctor -	documents regulating	governing preventive
	and quality	of an electronic document,	therapist V medical organiza-	preventiveand anti-	and anti-epidemic activi-
	control imple-	control quality her manage-	tions.	epidemicactivity.	ties physician - therapist
	mentation her	ment	- regulatory and legal docu-	- carry out filling medical	in medical organizations.
	conduct		mentation on issues of im-	documentation (f-058u	- skills of correct fillings
6		AI PC-11.2.	munoprophylaxis population.	emergency notification	medicaldocumentation
0.		Use V work personal data of	- design rules and require-	of infectious disease,	on immunoprophylaxis
		patients and information con-	ments to medical management	food poisoning, acute oc-	of infectious diseases;
		stituting a medical secret	documentation V medical or-	cupational poisoning; f-	- technology fillings
			ganizations.	357u-epidemiological	Epidemiological survey
				survey cards hearth).	cards "focus of infec-
					tious disease" account-
					ing form No. 357-u,
					"Cards emergency noti-

ſ			fications about infectious
			disease, food, sharp pro-
			fessional poisoning, un-
			usual reactions on "vac-
			cination" accounting
			form №058-y And
			"Magazine "Registration
			of infectious diseases"
			accounting form №060-
			у.
ſ			

Item No.	Section name	Code of the competence being formed
1.	General Epidemiology	UC-1; GPC-2; GPC -4; GPC -6; PC – 9; PC-11
2.	Private epidemiology	UC - 1; GPC -2; GPC -4; GPC -6; PC -9; PC-11

Sections of the discipline and the code of the competence being formed

1.7. Stages of formation of competencies and description of their assessment scales



<u>The first stage is knowledge of topics (at each lesson, the student must know is presented in the form of questions)</u>, sections (questions for the final lesson), and discipline (questions submitted for midterm assessment).

<u>The second stage is skills in practical manipulations based on knowledge (is presented in the form - the student must be able to).</u>

<u>The third stage is mastering the skills of application in a specific clinical situation (solving a clinical situation (problem), with a demonstration of practical implementation).</u>

To assess the mastery of competencies, a binary competency assessment scale is adopted: satisfactory – mastered the competency (marked as passed), unsatisfactory – did not master the competency (marked as failed).

Form of organization	Brief
of students' training	characteristic
Lectures	Lecture material contains the most important and modern aspects of general and specific epidemiology, the most significant V preparation specialist.
Practical classes	Intended For analysis (consolidation) of theoretical provisions And control over their assimilation With subsequent application received knowledge V in the course study of the topic.
Interactive forms of education	 solution situational tasks followed by discussion in groups; round table, brainstorming, small group method, role-playing and business game; creative tasks; testing in the Moodle system.
Participation in the re- search work of the de- partment, student circle and con- ferences	Preparation oral messages and poster presentations for speeches at a student club or scientific conference; and abstracts on the chosen sci- entific direction; preparation of a literary review using educational, scientific, reference literature and Internet sources ; conducting talks and lectures in city schools on preventive topics.
Types of control	Brief description
Incoming inspection	Conducted before the first lesson. It is designed to assess the level of knowledge of students obtained in mastering previous disciplines and includes testing in the Moodle system.
Current control	 -initial and final control- is carried out at each practical lesson and includes an assessment of the theoretical knowledge and practical skills developed by students during the lesson and includes: - assessment of the assimilation of theoretical material (oral frontal survey); - checking the solution of situational problems; - protection of the map of the epidemiological survey of the outbreak; - control of acquisition of practical skills; - checking assignments and exercises completed independently; - individual assignments (practical and theoretical) for each topic of the discipline studied. - testing in the Moodle system
Intermediate certification	 Includes a test in the IX semester and consists of an assessment of the theoretical knowledge and practical skills developed by students during the course of the course. assessment of knowledge of theoretical material (oral survey and interview); testing in the Moodle system (interim assessment test); check of assimilation practical skills And skills; solving situational problems for each topic of the discipline studied.

1.8. Forms of training organization and types of control

II. STRUCTURE AND CONTENT OF THE DISCIPLINE

Types of educational work	Total hours	Semesters
		9
Lectures	20	20
Practical classes	52	52
Independent work of students	36	36
Total labor intensity in hours	108	108
Total workload in credit units	3	3

2.1. Scope of the discipline and types of educational activities

Item No	Lecture topics and their summary	Codes of formed compe- tencies	Labor in-
110.		teneres	(hour)
1.	The subject of epidemiology. The study of the epidemic process. Epidemiological approach to the study of human pathology. The main stages of development of the theory and practice of epidemiology. The structure, goals and objectives of modern epidemiology. Epidemiological classification of infectious diseases. Reservoir and source of the infectious agent. The concept of anthroponoses, zoonoses and Sapronoses. Scheme of development of the epidemic process. Manifestations of the epidemic process. Endemic diseases of the Amur region. Laws of epidemiology. The concept of causality in epidemiology. The relationship of epidemiology with other sciences.	UC - 1	2
2.	 Mechanisms and routes of transmission. Disinfection work. Types of transmission mechanism, routes and factors of transmission of infectious agents. Definition the concept of "disinfection". Role, place of disinfection activities in system anti-epidemicevents. Types disinfection. Preventive And focal(current And final). Methods disinfection. Groups of chemical compounds and their purpose at carrying out disinfection at different infectious diseases. Deratization. Disinsection. 	GPC - 2 GPC - 4 PC - 9 PC - 11	2
3.	 General issues of organizing immunoprophylaxis. Methods And methods increases non-specific factors protection. Place immunoprophylaxis V system preventive And anti-epidemic events, her value at different groups infectious diseases. Achievements And Prospects development immunoprophylaxis. Main provisions modern concepts of vaccination prevention. Expanded immunization program, stages of its implementation. Organization and implementation of vaccination. Types preventive vaccinations. Vaccinations planned And By epidemic indications. Ways to improve the calendar of preventive vaccinations. 	GPC - 2 GPC - 4 PC - 9 PC - 11	2
4.	Organizational bases of anti-epidemic work. Epidemiological surveillance. The concept is "anti-epidemic system". Organization of anti-epidemic activities. Grouping anti -epidemic measures accord- ing to their impact on the source of infection, mechanisms and routes of transmis- sion, and the susceptible organism. Legal bases of executive activity in the anti-epidemic system. Hospitalization of pa-	UC - 1 GPC - 2 GPC - 4 PC - 9 PC - 11	2

2.2. Thematic plan of lectures and their content

	tients according to epidemiological indications.		
	State sanitaryepidemiological supervision as a structural unit in the system of an-		
	ti-epidemic protection of the population definition And content (information, di-		
	agnostic subsystems).		
5.	Epidemiological diagnostics.	UC - 1	2
	Definition and structure of epidemiological diagnostics. Diagnostic thinking. Basic	GPC - 4	
	forms. Algorithm of epidemiological diagnostics.	PC - 11	
6.	Epidemiological studies. Epidemiological analysis.	UC - 1	2
	Organizational diagram, main stages of epidemiological studies.	GPC - 2	
	Descriptive studies. Screening tests: definition of the concept, requirements for	GPC - 4	
	tests. Risk groups, time and territories.	PC - 11	
	Analytical epidemiological studies. Cohort study – direction of search for the cause		
	of the disease - "from cause to effect" Features of the organization and examples of		
	conducting retrospective (by historical cohort) and prospective, continuous and se-		
	lective, scientific and routine cohort studies. Case-control study. Experimental epi-		
	demiological studies. Randomized clinical trial.		
7.	Epidemiology and prevention of anthroponoses with feco-oral transmission mecha-	GPC - 2	2
	nism.	GPC - 4	
	Epidemiological features of intestinal infections caused by the general mechanism	PC – 9	
	of transmission (infectivity, resistance of pathogens in the external environment,	PC - 11	
	seasonality, periodicity, preventive measures). General characteristics of the mani-		
	festations of the epidemic process. Types of outbreaks: water, food, household.		
	Primary anti-epidemic measures in epidemiological foci, medical examination.		
	Main areas of prevention		
8.	Epidemiology and prevention of anthroponoses with aerosol transmission mecha-	GPC - 4	2
	nism.	GPC – 6	
	Social and economic significance of respiratory tract infections. Prevalence, mani-	PC – 9	
	festations of the epidemic process. Ways of implementing the aspiration mechanism	PC - 11	
	of transmission. Preventive and anti- epidemic measures, their potential and real ef-		
	fectiveness. Features of the epidemiology of diphtheria, measles, meningococcal in-		
	fection, influenza in modern conditions.		
9.	Epidemiology and prevention of healthcare-associated infections (HAI).	UC - 1	2
	Relevance problems on the present stage. Epidemiological, economic and social	GPC - 2	
	significance hospital infections. Etiology. Classification. Sources of hospital infec-	PC – 9	

	tions, exogenous And endogenous infection. Potential role medical workers in the spread of hospital infections. Preventive And anti-epidemic events. Sanitary-hygienic and anti-epidemic regime of medical organizations (MO). Prevention hospital infections among medical workers.	PC - 11	
10.	 Content and organization of anti-epidemic measures during emergency situations and wartime. Biological weapons and defense. Classification of emergency situations and their consequences. Characteristics of epidemiological foci in emergency areas. Complex of preventive and anti-epidemic measures during the liquidation of emergency situations. Sanitary and epidemiological intelligence (SEI), types. Organization of protection in biological lesions. Biological weapons, bioterrorism. Features of detection, isolation and evacuation of infectious patients. Anti-epidemic regime and strict anti-epidemic regime at the stages of medical evacuation. Contents and organization of activities during observation and quarantine. General and special emergency prevention in bacterial infection foci. 	UC - 1 GPC - 4 GPC - 6 PC - 9 PC-11	2
	Total hours		20

Item	Name of the topics of practical	Contents of practical classes	Codes of formed com-	Types of control	Labor
No.	classes		petencies and indica-		intensi-
			tors of their achieve-		ty
			ments		(watch)
1	Morbidity is the main subject of epi-	Entrance control (checking theoretical	UC -1. AI:1.1	Frontal survey.	5.2
	demiology. Goals, objectives and	knowledge from related disciplines.		Testing in the	
	methods of epidemiology. Epidemio-	Theoretical part:		Moodle system .	
	logical approach to the study of hu-	Structure, goals and objectives of modern		Situational task.	
	man diseases, Epidemiological pro-	epidemiology.		Interactive	
	cess. Epidemiological focus.	"Epidemic process". Main characteristics		methods.	
		of the epidemic process. Ecological and			
		epidemiological classification of infectious			
		diseases (anthroponoses, zoonoses,			
		Sapronoses). Source of infection. Trans-			
		mission mechanism. Routes and factors of			
		transmission. Susceptibility of the popula-			
		tion. Biological, social, natural factors.			
		Manifestations of the epidemic process (by			
		Endemic diseases of the Amur region En			
		idemic focus its structure. The doctrine of			
		natural focality of F N Paylovsky Defini-			
		tion of the concept of "natural focus"			
		Practical part:			
		Organization and preparation of a plan for			
		preventive and anti-epidemic measures and			
		determination of the type of epidemiologi-			
		cal process.			
2.	Direction and organization of disin-	Theoretical part:	GPC-4. AI : 4.1	Frontal survey.	5.2
	fection measures. Disinfection busi-	Types of disinfection (preventive and fo-	PC – 9. AI : 9.3	Testing in the	
	ness. Disinsection . Deratization.	cal). Methods of disinfection (mechanical,	PC - 11 AI :11.1	Moodle system .	
		physical, chemical). Characteristics of		Situational task.	
		groups of disinfectants. Requirements for		Interactive	

2.3. Thematic plan of practical classes and their content

		 disinfectants. Features of preparation of working solutions. Sterilization. Sterilization methods: steam, air, radiation, thermal, chemical. Sterilization quality control. Classification of medical waste. Disinfection chambers, types, device, operating mode. Disinsection, its purpose and role in various diseases. Disinsection in medical organizations. Deratization. Methods and means. Epidemiological significance of rodents in the Amur Region. Practical part: 1. Working with disinfection equipment (disinfal, automax, hydro-console). 2. Operation of steam and steam-formeddebude abambers (aeriad out in the 		methods.	
		formaldehyde chambers (carried out in the			
		disinfection department of a medical or-			
		ganization).			
		5. Preparation of distinectant solutions for disinfaction in gross where various infac			
		tions diseases occur			
3	Susceptibility of the population to in-	Theoretical nart:	UC -1 AI · 1 1	Frontal survey	5.2
5.	fectious diseases. The role of im-	The place of immunoprophylaxis in the	GPC -4. AI : 4.1	Testing in the	5.2
	munoprophylaxis of infectious dis-	system of preventive and anti-epidemic	GPC -2. AI : 2.3	Moodle system .	
	eases in the system of preventive and	measures. The national calendar of preven-	PC-9. AI : 9.2, 9.3	Situational task.	
	anti-epidemic measures. Organiza-	tive vaccinations as a normative legal act	PC-11. AI :11.1; 11.2	Interactive	
	tion of immunoprophylaxis.	regulating the timing, sequence , and		methods.	
		scheme of vaccine use.			
		Federal program "Vaccination. Vaccines.			
		Indications and contraindications for vac-			
		lavis of infactious diseases. Criteria for as			
		sessing the effectiveness of vaccination			
		Post-vaccination reactions Post-			
		vaccination complications. Serums, immu-			

4.	Preventive and anti- epidemic measures in foci of infectious diseas- es. Organization and legal basis of anti-epidemic activities of a physi- cian therepist Sonitory and epide	noglobulins. "Cold chain". Vaccination of the population with various somatic pa- thologies. Accounting and reporting doc- umentation (form 063-card of preventive vaccinations, form 064-journal of preven- tive vaccinations). Legal basis for immunoprophylaxis. Federal Law of 30.03.1999 No. 52 "On the sanitary and epidemiological well-being of the population"; Federal Law No. 323 of 21.11.2011 "On the Protection of Health of Citizens of the Russian Federation"; Federal Law No. 157 of 17.09.98 "On Im- munoprophylaxis of Infectious Diseases". Practical part: Drawing up a plan for preventive vaccina- tions, working with a card index, vaccina- tion certificate, filling out forms 63, 64, 156, drawing up a vaccination plan, solv- ing situational problems, preparing a workbook, working with educational, sci- entific, medical and reference literature. Theoretical part: Anti-epidemic work: organization of vac- cination prevention, place of treatment and prevention in the work of a general practi- tionar prevention of healminthiesis modi	UC -1. AI :1.1 GPC -2. AI : 2.3 GPC -4. AI : 4.1 PC 9. AI : 9.1	Frontal survey. Testing in the Moodle system . Situational task.	5.2
4.	Preventive and anti- epidemic	entific, medical and reference literature. Theoretical part:		Frontal survey.	5.2
	measures in foci of infectious diseas-	Anti-epidemic work: organization of vac-	UC -1. AI :1.1	Testing in the	
	es. Organization and legal basis of	cination prevention, place of treatment and	GPC -2. AI : 2.3	Moodle system.	
	anti-epidemic activities of a physi-	prevention in the work of a general practi-	GPC -4. AI : 4.1	Situational task.	
	cian - therapist. Sanitary and epide-	tioner, prevention of helminthiasis, medi-	PC-9. AI : 9.1,	Interactive	
	miological supervision.	cal examination. Anti-epidemic regime in	9.2; 9.3 DC 11 AL 11 1 11 2	methods.	
		medical organizations. Infectious diseases	PC-11. AI : 11.1; 11.2.		
		Measures aimed at the source of infaction			
		(isolation hospitalization) Measures			
		aimed at breaking the mechanism of infec-			
		annea at breaking the meentamism of mile			1

		tion transmission (disinfection, Disinsec- tion, Deratization). Measures in relation to contact persons (observation, laboratory testing, emergency prevention). Documen- tation (form 058 - emergency notification card, form 060 - registration log of infec- tious patients, card of epidemiological ex- emination of the outbreak form 257 v)			
		Practical part:			
		Drawing up a plan of anti-epidemic and			
		preventive measures in an epidemic out-			
		break, conducting an examination of an ep-			
		idemic outbreak with filling out an epide-			
		miological examination card of the out-			
		break, an emergency notification of an in-			
		fectious disease (form 058), drawing up an			
		epidemiological examination card of the			
		outbreak and a report to the teacher, solv-			
		ing situational problems, drawing up a			
		entific medical and reference literature			
5	Epidemiological research and organ-	Theoretical part.	UC -1 AL·11	Frontal survey	52
5.	ization of its implementation. Epi-	Descriptive epidemiological studies Risk	GPC -4. AI : 4.1	Testing in the	5.2
	demiological diagnostics. Epidemio-	factors, Risk groups, Risk areas, Epidemio-	PC-11. :11.1: 11.2.	Moodle system .	
	logical analysis. Types of epidemics.	logical surveillance: screening studies. An-	,	Situational task.	
		alytical epidemiology: cohort studies, case-		Interactive	
		control studies. Experimental methods:		methods.	
		controlled experiment, uncontrolled exper-			
		iment. Natural experiment. Retrospective			
		and operational epidemiological analysis.			
		The concept of intensity of the epidemio-			
		logical process (sporadic incidence, epi-			
		demic outbreak, epidemic, pandemic, en-			
		demic, exotic disease). Intensive and ex-			
		tensive indicators. Types of epidemics			

		(water, food, contact, airborne, transmissi-			
		ble). Organization of preventive and anti-			
		epidemic measures.			
		Practical part:			
		Graphic representation of epidemic types			
		in workbooks, work on calculating the			
		main indicators of population morbidity			
		(intensive, extensive, lethality, mortality),			
		solving situational problems, designing a			
		workbook, working with educational, sci-			
		entific, medical and reference literature.			
6.	Epidemiological characteristics of a	Theoretical part:	GPC - 2. AI : 2.3	Frontal survey.	5.2
	group of intestinal infections . Epi-	Epidemiological characteristics of infec-	GPC -4. AI : 4.1	Testing in the	
	demiological survey of intestinal in-	tions with feco-oral mechanism of trans-	PC-9. AI : 9.1;	Moodle system .	
	fection foci. Preventive and anti-	mission.	9.2; 9.3.	Situational task.	
	epidemic measures for helminthi-	Shigellosis, salmonellosis, cholera, Esche-	PC – 11. AI : 11.1;	Interactive	
	ases.	richiosis, rotavirus infections. Viral hepati-	11.2.	methods.	
		tis A and E, poliomyelitis, etc.		Epidemiolog-	
		Water, food, contact-household routes of		ical survey	
		transmission. The importance of social and		map of the	
		hygienic measures for the prevention of		outbreak	
		diseases with the feco-oral mechanism of			
		transmission. Preventive and anti-epidemic			
		measures.			
		Epidemiology and prevention of parasitic			
		diseases. Biological characteristics of hel-			
		minths. Natural focal infections. Helmin-			
		thiasis of the Amur Region. Anti-epidemic			
		measures. Epidemiology and prevention of			
		zoonotic and saprozoic infections.			
		Bacterial: brucellosis, plague, tularemia,			
		campylobacteriosis, leptospirosis, salmo-			
		nellosis, anthrax. Viral zoonoses: hemor-			
		rhagic fevers, rabies. Rickettsioses. Chla-			
		mydia, borreliosis. Transmissible and non-			

		transmissible zoonoses. The role of insects in the transmission of arbovirus infections. Anti-epidemic measures. Sapronoses: prevalence, epidemiology, epidemiological surveillance, prevention. Practical part: Registration of form 357 in epidemic foci of patients with acute intestinal infections , solving situational problems, registration of a workbook, work with educational, sci- entific, medical and reference literature.			
7.	Epidemiological characteristics of anthroponoses with aspiration trans- mission mechanism (respiratory tract infections). Epidemiological survey of foci of aerosol infections.	 Theoretical part: Epidemiological characteristics of a group of infections with aspiration transmission mechanism. Bacterial diseases: diphtheria, whooping cough, parapertussis, streptococcal and meningococcal infection. Viral diseases: influenza and acute respiratory viral infections, measles, mumps, chickenpox, rubella, infectious mononucleosis, herpes infection, cytomegalovirus infection. Focus of preventive and anti-epidemic measures. Work of a district therapist in the event of sporadic and mass cases of infectious diseases. Vertical transmission in rubella, herpes infection and other nosologies. Vaccine prophylaxis. Peculiarities of epidemiological surveillance. Practical part: Familiarization with graphs, diagrams of the dynamics of respiratory tract infection incidence, anti-epidemic and preventive 	GPC -2. AI : 2.3 GPC -6. AI : 6.4 GPC -4. AI :4.1; PC-9. AI : 9.1; 9.2; 9.3. PC – 11. AI: 11.1; 11.2.	Frontal survey. Testing in the Moodle system . Situational task. Interactive methods. Epidemiolog- ical survey map of the outbreak	5.2

Image: series of the series						
 epidemic outbreak with an aerosol transmission mechanism (flu and acute respiratory viral infections), preparation of documentation (form 357, form 058), solving situational problems, preparation of a workbook, work with educational, scientific, medical and reference literature. Epidemiological characteristics and anti-epidemic measures for viral hepatitis and HIV infection. Transmission mechanism, factors (HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures. Preventive and anti-epidemic measures. Preventive and anti-epidemic relapsing fever. Features of the epidemic relapsing fever. Features of the epidemic relapsing fever. Features of the epidemic measures. 			measures in outbreaks, examination of an			
8.Epidemiological characteristics and hepatitis and HIV infection. Trans- missible natural focal diseases (HFRS, tick-borne rickettsiosis, tick-borne recephalitis, borreliosis, tick-borne recephalitis, borreliosis, tick-borne recephalitis, borreliosis, tick-borne recephalitis, borreliosis, tick-borne relapsing fever. Features of the epidemic relapsing fever. Features of the epidemic relapsing fever. Features of the epidemic relapsing fever. Features of the epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic measures.Frontal survey resultance protection of HIV time to the epidemic process in to the epidemic process inSecond document second time to the t			epidemic outbreak with an aerosol trans-			
Interactiontory viral infections), preparation of documentation (form 357, form 058), solving situational problems, preparation of a workbook, work with educational, scientific, medical and reference literature.GPC -2. AI:2.3Frontal survey.5.28.Epidemiological characteristics and anti-epidemic measures for viral hepatitis and HIV infection. Transmission mechanism, factors and ways of implementation. High-risk (HFRS, tick-borne rickettsiosis). Preventive and anti-epidemic measures.Theoretical part: Epidemiological characteristics. Sources of GPC -4. AI: 4.1 PC-9. AI: 9.1; 9.2; 9.3.Frontal survey. Testing in the Moodle system . Situational task. Interactive methods. Epidemiological survey infactors methods.Preventive and anti-epidemic measures.anti-epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic relapsing fever. Features of the epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic epidemic typhus, Bril's disease, epidemic relapsing fever. Features of the epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic process. Epidemic process in Preventive and anti-epidemic process. Epidemic process inFrontal survey map of the outbreak			mission mechanism (flu and acute respira-			
8.Epidemiological characteristics and anti-epidemic measures for viral hepatitis and HIV infection. Trans- missible natural focal diseases (HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures.Theoretical part: Epidemiological characteristics. Sources of infection, transmission mechanism, factors and ways of implementation. High-risk groups. Prevention. Epidemiological sur- veillance. Sanitary and epidemiological rules SP 3.1.5.2826-10 "Prevention of HIV infection" Epidemiological surveillance Epidemiological surveillance of lice. Preventive and anti-epidemic measures. Peculiarities of the epidemic process in measuresFrontal survey. Testing in the Moodle system . Situational task. Epidemiological surveillance Epidemiological surveillance Epidemiological surveillance Epidemiological surveillance of lice. Preventive and anti-epidemic measures. Peculiarities of the epidemic process in measures.GPC -1. AI : 11.1; 11.2. Moodle system . PC-11. AI : 11.1; 11.2. Moodle system . Sit			tory viral infections), preparation of docu-			
8.Epidemiological characteristics and hepatitis and HIV infection. Trans- missible natural focal diseases (HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures.Theoretical part: Epidemiological characteristics. Sources of infection, transmission mechanism, factors and ways of implementation. High-risk groups. Prevention. Epidemiological surve/ infection, transmission mechanism, factors and ways of implementation. High-risk groups. Prevention. Epidemiological sur- veillance. Sanitary and epidemiological miles SP 3.1.5.2826-10 "Prevention of HIV infection"GPC -2. AI : 2.3 GPC -6. AI : 6.3, 6.4 GPC -4. AI : 4.1 PC-9. AI : 9.1; 9.2; 9.3.Frontal survey. Testing in the Moodle system . Situational task. Interactive methods. Epidemiological sur- veillance. Sanitary and epidemiological methods. Epidemiological surveillance Epidemiological surveillance Epidemiological surveillance Epidemiological surveillance Epidemiological surveillance Epidemiological significance of lice. Preventive and anti-epidemic measures. Peculiarities of the epidemic process in Peculiarities of the epidemic process inGPC -1. AI : 11.1; 11.2.Format survey. Testing in the outbreak5.2Image: Description of the process in measures.Statistic solution of parenteral viral hepatitis. Epidemiological significance of lice. Preventive and anti-epidemic measures.Frontal survey. Testistic solution the epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic measures.Frontal survey. Testistic solution the epidemic to the epidemic to the epidemic to the epidemic to the epidemic to the epidemic to the epidemic <th></th> <th></th> <th>mentation (form 357, form 058), solving</th> <th></th> <th></th> <th></th>			mentation (form 357, form 058), solving			
8.Epidemiological characteristics and anti-epidemic measures for viral hepatitis and HIV infection. Trans- missible natural focal diseases (HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis, tick-borne rickettsiosis).Theoretical part: Epidemiological characteristics. Sources of infection, transmission mechanism, factors groups. Prevention. Epidemiological sur- veillance. Sanitary and epidemiological rules SP 3.1.5.2826-10 "Prevention of HIV infection"GPC -2. AI : 2.3 GPC -6. AI : 6.3, 6.4 GPC -4. AI : 4.1 PC-9. AI : 9.1; 9.2; 9.3.Frontal survey. Testing in the Moodle system. Situational task. Interactive methods. Epidemiological sur- veillance. Sanitary and epidemiological rules SP 3.1.5.2826-10 "Prevention of HIV infection"GPC -4. AI : 4.1 PC-9. AI : 9.1; 9.2; 9.3.Frontal survey. Testing in the Moodle system. Situational task. Interactive methods. Epidemiological sur- veillance Epidemiological characteristics and pre- vention of parenteral viral hepatitis. Epi- demiological surveillance Epidemiological significance of lice. Preventive and anti-epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic measures.GPC -3. AI : 9.1; PC-9. AI : 9.1; PC-9. AI : 9.1; PC-9. AI : 9.1; PC-11. AI : 11.1; 11.2.5.2 Testing in the Moodle system. Situational task. Interactive methods. Epidemiological surveillance Epidemiological significance of lice. Preventive and anti-epidemic measures. Pcculiarities of the epidemic process in Pceuliarities of the epidemic process in Pceuliarities of the epidemic process inGPC -3. AI : 9.1; PC-9. AI			situational problems, preparation of a			
tific, medical and reference literature.CPC -2. AI : 2.3Frontal survey.5.28.Epidemiological characteristics and anti-epidemic measures for viral hepatitis and HIV infection. Trans- missible natural focal diseases (HFRS, tick-borne spring-summer encephaltis, borreliosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures.Theoretical part: Epidemiological characteristics. Sources of infection, transmission mechanism, factors and ways of implementation. High-risk groups. Prevention. Epidemiological sur- veillance. Sanitary and epidemiological sur- veillance. Sanitary and epidemiological infection" Epidemiological characteristics and pre- vention of parenteral viral hepatitis. Epi- demiological surveyling fever. Features of the epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic measures.Frontal survey. Testing in the Moodle system . Situational task. Interactive methods. Epidemiological survey map of the outbreak5.2			workbook, work with educational, scien-			
8. Epidemiological characteristics and anti-epidemic measures for viral hepatitis and HIV infection. Trans- missible natural focal diseases (HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures.			tific, medical and reference literature.			
anti-epidemic measures for viral hepatitis and HIV infection. Trans- missible natural focal diseases (HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures. Hegidemiological characteristics and pre- vention of parenteral viral hepatitis. Epi- demiological surveillance Epidemiological significance of lice. Preventive and anti-epidemic relapsing fever. Features of the epidemic process in elapsing fever. Features of the epidemic process in vertice of the epidemic process in	8.	Epidemiological characteristics and	Theoretical part:	GPC -2. AI :2.3	Frontal survey.	5.2
hepatitis and HIV infection. Trans- missible natural focal diseases (HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures. Hereit is and mathematication infection infect		anti-epidemic measures for viral	Epidemiological characteristics. Sources of	GPC -6. AI : 6.3, 6.4	Testing in the	
missible natural focal diseases (HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures.		hepatitis and HIV infection. Trans-	infection. transmission mechanism. factors	GPC -4. AI : 4.1	Moodle system.	
(HFRS, tick-borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures.groups. Prevention. Epidemiological sur- veillance. Sanitary and epidemiological rules SP 3.1.5.2826-10 "Prevention of HIV infection" Epidemiological characteristics and pre- vention of parenteral viral hepatitis. Epi- demiological surveillance Epidemiological surveillance Epidemiological significance of lice. Preventive and anti-epidemic measures.9.2; 9.3. PC-11. AI :11.1; 11.2.Interactive methods. Epidemiolog- ical survey map of the outbreak		missible natural focal diseases	and ways of implementation. High-risk	PC-9. AI : 9.1;	Situational task.	
encephalitis, borreliosis, tick-borne rickettsiosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures.		(HFRS, tick-borne spring-summer	groups. Prevention. Epidemiological sur-	9.2; 9.3.	Interactive	
rickettsiosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures. rules SP 3.1.5.2826-10 "Prevention of HIV infection" Epidemiological characteristics and pre- vention of parenteral viral hepatitis. Epi- demiological surveillance Epidemic typhus, Bril's disease, epidemic relapsing fever. Features of the epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic measures. Peculiarities of the epidemic process in tick here and the epidemic process in		encephalitis, borreliosis, tick-borne	veillance. Sanitary and epidemiological	PC-11. AI :11.1: 11.2.	methods.	
Preventive and anti-epidemic measures.		rickettsiosis, tick-borne rickettsiosis).	rules SP 3.1.5.2826-10 "Prevention of HIV		Epidemiolog-	
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Epidemic typhus, Bril's disease, epidemic relapsing fever. Features of the epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic measures. Peculiarities of the epidemic process in			demiological surveillance			
relapsing fever. Features of the epidemic process. Epidemiological significance of lice. Preventive and anti-epidemic measures. Peculiarities of the epidemic process in			Epidemic typhus, Bril's disease, epidemic			
process. Epidemiological significance of lice. Preventive and anti-epidemic measures. Peculiarities of the epidemic process in			relapsing fever. Features of the epidemic			
lice. Preventive and anti-epidemic measures. Peculiarities of the epidemic process in			process. Epidemiological significance of			
measures. Peculiarities of the epidemic process in			lice. Preventive and anti-epidemic			
Peculiarities of the epidemic process in			measures.			
			Peculiarities of the epidemic process in			
tick-borne spring-summer encephalitis.			tick-borne spring-summer encephalitis.			
borreliosis and tick-borne rickettsiosis.			borreliosis and tick-borne rickettsiosis.			
Non-specific and specific prevention.			Non-specific and specific prevention.			
Epidemiology of hemorrhagic fever with			Epidemiology of hemorrhagic fever with			
renal syndrome. Epidemiological signifi-			renal syndrome. Epidemiological signifi-			
cance of rodents in the Amur region. Pre-			cance of rodents in the Amur region. Pre-			
ventive and anti-epidemic measures.			ventive and anti-epidemic measures.			
Practical part:			Practical part:			
Work with regulatory documents, orders,			Work with regulatory documents, orders,			
municipal regulations, and special regula-			municipal regulations, and special regula-			

		tions on the prevention of HIV infection			
		and viral hepatitis modeling an enidemic			
		outbreak of HIV infection and organizing			
		preventive and anti-enidemic measures			
		drawing up a map of the epidemiological			
		survey of an outbrook of coute and abronia			
		survey of all outbreak of acute and chronic			
		viral neparities, solving situational prob-			
		lems, preparing a workbook, working with			
		educational, scientific, medical and refer-			
		ence literature.			
9.	Preventive and anti-epidemic	Theoretical part:	UC -1. AI : 1.1	Frontal survey.	5.2
	measures for infections associated	Factors contributing to the emergence of	GPC -2. AI : 2.3	Testing in the	
	with medical care. Anti-epidemic	HAI. Epidemiological process in various	GPC -4. AI : 4.1	Moodle system .	
	measures for especially dangerous	HAI: sources, factors and transmission	GPC -6. AI : 6.2, 6.3,	Situational task.	
	infections. Sanitary protection of the	routes. Risk groups. Hospital strains and	6.4	Interactive	
	country's territory. International sani-	their characteristics. Sanitary-hygienic and	PC-9. AI : 9.1;	methods.	
	tary rules.	anti-epidemic regime in medical organiza-	9.3.		
		tions. Prevention of HAI among medical	PC-11. AI :		
		workers. Content and organization of epi-	11.1; 11.2.		
		demiological surveillance of HAI. Preven-			
		tion of occupational infection with HIV,			
		hepatitis viruses.			
		Procedure for information on the detection			
		of quarantine infections.			
		The concept of "quarantine", "observa-			
		tion". Organization of work of the hospital			
		for patients with quarantine infections, its			
		structure. Activities concerning persons			
		who have been in contact with patients			
		with quarantine infections. Use of personal			
		protective equipment for medical workers			
		when working in outbreaks of quarantine			
		infections			
		Practical nart:			
		Compilation and execution of a map of the			
		for patients with quarantine infections, its structure. Activities concerning persons who have been in contact with patients with quarantine infections. Use of personal protective equipment for medical workers when working in outbreaks of quarantine infections. Practical part:			

			1		
		epidemiological survey of the outbreak,			
		preparation of an algorithm for anti-			
		epidemic work in the outbreak of HAI.			
		Filling out the "Emergency situation" log			
		in case of damage to the integrity of the			
		skin of health workers. MO, solving situa-			
		tional problems, preparing a workbook,			
		working with educational, scientific, medi-			
		cal and reference literature.			
10.	Preventive and anti-epidemic	Theoretical part:	UC -1. AI : 1.1	Testing in the	5.2
	measures in emergency situations.	Anti-epidemic and preventive measures in	GPC -2. AI : 2.3	Moodle system .	
	Biological weapons. Organization of	areas of natural disasters and catastrophes.	GPC -4. AI : 4.1	(final).	
	anti-epidemic measures using biolog-	Organization of work of sanitary and epi-	GPC -6. AI : 6.2,	Solving situation-	
	ical agents and elimination of the	demiological institutions (divisions) in ex-	6.3, 6.4;	al problems.	
	consequences of their use. Protection	treme conditions and in wartime. Content	PC-9. AI : 9.1;	Survey on ques-	
	of civilians and troops during medi-	and organization of anti-epidemic	9.2; 9.3.	tions for the test.	
	cal evacuation.	measures in "emergencies" and in wartime.	PC-11.	Passing practical	
		Specialized (non-staff) formations: sani-	AI :11.1.	skills.	
	Passed.	tary and epidemiological detachments, san-			
		itary and epidemiological teams. Their			
		tasks, structure and principles of work.			
		Sanitary and epidemiological reconnais-			
		sance (SER), its tasks. Criteria for as-			
		sessing the sanitary and epidemiological			
		state of troops and the area of their action.			
		Stages of medical evacuation, anti-			
		epidemic mode of work. Transfer of the			
		stage to a strict anti-epidemic regime . Bio-			
		logical weapons. Organization of anti-			
		epidemic measures using biological agents			
		and the elimination of the consequences of			
		their use. Bioterrorism. Characteristics of			
		biological agents used by bioterrorists.			
		Practical part:			
		Work in the OEI box, drawing up a plan			

	for anti-epidemic measures upon detection of OEI (plague, cholera) Practicing methods of working in a plague suit, solving situational problems, prepar- ing a workbook, working with educational, scientific, medical and reference literature. <u>The interim assessment includes:</u> - assessment of knowledge of theoretical material; - testing in the Moodle system; - testing the acquisition of practical skills and abilities; - solving situational problems.	
Total hours		52

2.4. Interactive forms of learning

interactive methods are widely used in practical classes. training (interactive survey, work in small groups, round table, brainstorming, etc.), participation in educational and research and scientific research work.

Item	Topic of practical lesson, lecture	Labor in-	Interactive form	Labor intensity
No.		tensity	of learning	in hours, in % of
		in hours		the lesson
1.	Morbidity is the main subject of epi- demiology. Goals, objectives and methods of epidemiology. Epidemio- logical approach to the study of human diseases, Epidemiological process. Ep- idemiological focus	5.2	Round table	20 min. (0.44 h.) 8.5%
2.	Direction and organization of disinfec- tion measures. Disinfection business. Disinsection. Deratization.	5.2	Brainstorming	20 min. (0.44 h.) 8.5%
3.	Susceptibility of the population to in- fectious diseases. The role of im- munoprophylaxis of infectious diseas- es in the system of preventive and anti- epidemic measures. Organization of immunoprophylaxis.	5.2	Round table	20 min. (0.44 h.) 8.5%
4.	Preventive and anti-epidemic measures in infectious disease foci. Organization and legal basis for anti-epidemic activ- ities of a physician - therapist. Sanitary and epidemiological supervision.	5.2	Brainstorming	30 min. (0.66 h.) 12.8%
5.	Epidemiological research and organi- zation of its implementation. Epidemi- ological diagnostics. Epidemiological analysis. Types of epidemics.	5.2	Small group meth- od	30 min. (0.66 h.) 12.8%
6.	Epidemiological characteristics of a group of intestinal infections. Epide- miological survey of intestinal infec- tion foci. Preventive and anti-epidemic measures for helminthiases.	5.2	Role play	40 min. (0.88 h.) 17.1%
7.	Epidemiological characteristics of an- throponoses with aspiration transmis- sion mechanism (respiratory tract in- fections). Epidemiological survey of foci of aerosol infections.	5.2	Role play	40 min. (0.88 h.) 17.1%
8.	Epidemiological characteristics and anti-epidemic measures for viral hepa- titis and HIV infection. Transmissible natural focal diseases (HFRS, tick- borne spring-summer encephalitis, borreliosis, tick-borne rickettsiosis, tick-borne rickettsiosis). Preventive and anti-epidemic measures.	5.2	Round table	40 min. (0.88 h.) 17.1%
9.	Preventive and anti-epidemic measures	5.2	Role play	30 min.

	for infections associated with medical care. Anti-epidemic measures for es- pecially dangerous infections. Sanitary protection of the country's territory. In- ternational sanitary rules.			(0.66 h.) 12.8%
10.	Preventive and anti-epidemic measures in emergency situations. Biological weapons. Organization of anti- epidemic measures using biological agents and elimination of the conse- quences of their use. Protection of ci- vilians and troops during medical evacuation.	5.2	Round table	30 min. (0.66 h.) 12.8%

2.5. Criteria for assessing students' knowledge

The assessment of students' learning outcomes in the discipline is carried out in accordance with the "Regulations on the system of assessment of students' learning outcomes of the Federal State Budgetary Educational Institution of Higher Education Amur State Medical Academy of the Ministry of Health of Russia.

The basis for determining the level of knowledge, skills, and abilities are the assessment criteria:

- completeness and correctness;
- correct, precise answer;
- correct, but incomplete or inaccurate answer;
- incorrect answer;
- no answer.

When assigning marks, the classification of errors and their quality are taken into account:

- gross errors;
- similar errors;
- minor errors;
- shortcomings.

Evaluation criteria

Quality of development	Mark on a 5-point scale
90 - 100%	"5"
80 - 89%	"4"
70 - 79%	"3"
less than 70%	"2"

Incoming inspection

Conducted during the first lesson, includes: testing in the Moodle system. The test control includes questions from related disciplines. Access mode https://educ-amursma.ru/mod/quiz/view.php?id=8256

Current control

Current control includes initial and final control of knowledge. Initial control **is** carried out by the teacher at the beginning of each lesson in the form of a frontal oral survey, testing in the Moodle system.

Access mode https://educ-amursma.ru/course/view.php?id=263

Final control – includes solving situational problems, drawing up a map of the epidemiological survey of the outbreak, and evaluating interactive forms of training.

The final grade during the current knowledge assessment is given on the day of the lesson, as the arithmetic mean result for all types of activities provided for in the given lesson of the discipline's work program.

Rating scales for ongoing knowledge control

The success of students in mastering sections of the discipline, practical skills and abilities is characterized by a qualitative assessment and is assessed on a 5-point scale: "5" - excellent, "4" - good, "3" - satisfactory, "2" - unsatisfactory. The conversion of the mark into a point scale is carried out according to the following scheme:

Criteria for assessing the oral response

"Excellent" - the student demonstrates deep and complete knowledge of the educational material, does not allow inaccuracies or distortions of facts when presenting, presents the material in a logical sequence, is well oriented in the presented material, and can provide justification for the judgments expressed.

"Good!" - the student has mastered the educational material in full, is well oriented in the educational material, presents the material in a logical sequence, but makes inaccuracies in his answer. **"Satisfactory"** – the student has mastered the basic principles of the topic of the practical lesson, but when presenting the educational material, he/she makes inaccuracies, presents it incompletely and inconsistently, requires leading questions from the teacher to present it, and has difficulty substantiating the judgments expressed.

"Unsatisfactory" – the student has fragmented and unsystematic knowledge of the educational material, is unable to distinguish between the main and the secondary, makes mistakes in defining basic concepts, distorts their meaning, and cannot independently present the material.

Assessment criteria for the practical part

"Excellent" - the student has fully mastered the practical skills and abilities provided by the course work program (correctly collects an epidemiological anamnesis from a patient, formulates an epidemiological diagnosis, carries out preventive and anti-epidemic measures, correctly works and fills out documentation).

"Good" – the student has fully mastered the practical skills and abilities provided by the course program, but makes some inaccuracies.

"Satisfactory" - the student has only some practical skills and abilities.

"Unsatisfactory " - the student performs practical skills and abilities with gross errors.

Criteria for assessing independent extracurricular work:

- the level of student mastery of the educational material;
- the completeness and depth of general educational concepts, knowledge and skills on the topic being studied, to which this independent work relates;
- development of universal and general professional competencies (ability to apply theoretical knowledge in practice).
- the problems were solved correctly, the exercises were completed, and the test assignments were answered accurately "passed".

- Problems were not solved correctly, exercises were not completed correctly, test questions were not answered accurately – "failed".

Essay evaluation criteria:

- "Excellent" awarded to a student if he has prepared a complete, detailed, and formatted according to requirements, abstract on the chosen topic, presented his work in the form of a report with a computer presentation, and answered questions on the topic of the report;
- "Good" awarded to a student for a complete, detailed essay that is formatted according to requirements, but poorly presented;
- "Satisfactory" the abstract does not contain information on the issue being studied in full, is formatted with errors, and is poorly presented;
- "Unsatisfactory" is given to a student if the paper is not written, or is written with serious errors, the report and computer presentation are not prepared, or their content does not correspond to the topic of the paper.

Evaluation criteria for the educational map of the epidemiological survey of the outbreak

"Excellent" - the educational card is completed in accordance with the requirements.

"Good" - in the educational record the student makes some inaccuracies in the correctness of the implementation of preventive and anti-epidemic measures.

"Satisfactory" - the study card is filled with errors, written in illegible handwriting,

There were inaccuracies in the formulation of the epidemiological diagnosis, and anti-epidemic measures in the outbreak were not fully implemented.

"Unsatisfactory" - the card is written in illegible handwriting, with gross errors (anti-epidemic measures were carried out incorrectly with respect to the source of infection, transmission routes and susceptible population. The student does not know the Sanitary Rules and Regulations for the relevant nosology).

Rating scale	Evaluation criteria
"Excellent" if the task is complet-	– most of the problems posed by the game's authors were
ed in full.	formulated and analyzed;
"Good" if the task is completed	- adequate analytical methods were demonstrated when
with minor errors.	working with information;
"Satisfactory" if the student	– additional sources of information were used to solve
demonstrates knowledge and un-	the problems posed;
derstanding of most of the task.	– all necessary calculations were performed,
C	- documents prepared in the course of solving the prob-
	lem meet the requirements for them in terms of meaning
	and content;
	- the conclusions are justified, the arguments are compel-
	ling;
	– we have made our own conclusions that distinguish the
	solution to this problem from standard solutions.

Assessment of competencies in business and role-playing games

Working off disciplinary debts.

If a student misses a class for a valid reason, he/she has the right to make it up and receive the maximum grade provided for by the course work program for that class. A valid reason must be documented.

If a student misses a class for an unjustified reason or receives a "2" mark for all activities in the class, he/she is required to make it up. In this case, the mark received for all activities is multiplied by 0.8.

If a student is excused from a class at the request of the dean's office (participation in sports, cultural and other events), then he is given a grade of "5" for this class, provided that he submits a report on the completion of mandatory extracurricular independent work on the topic of the missed class.

Assessment criteria for midterm assessment

Midterm assessment (test in the 9th semester) is designed to assess the degree of achievement of planned learning outcomes upon completion of the course and allows for an assessment of the level and quality of its mastery by students.

The students' success in mastering the discipline is assessed on a 5-point scale: "5" – excellent, "4" – good, "3" – satisfactory, "2" – unsatisfactory.

Criteria for final assessment (midterm assessment)

"**Excellent**" - for the depth and completeness of mastery of the content of the educational material, in which the student easily navigates, for the ability to connect theoretical questions with practical ones, express and justify their judgments, correctly and logically present the answer; when testing, allows up to 10% of erroneous answers. Practical skills and abilities provided for by the working program of the discipline are fully mastered.

"Good" - the student has fully mastered the educational material, is oriented in it, correctly states the answer, but the content and form have some inaccuracies; during testing allows up to 20% of erroneous answers. Completely practical skills and abilities provided by the working program of the discipline, but allows some inaccuracies

"**Satisfactory**" - the student has mastered the knowledge and understanding of the main provisions of the educational material, but presents it incompletely, inconsistently, does not know how to express and justify his/her judgments; during testing, allows up to 30% of erroneous answers. Has only some practical skills and abilities.

"Unsatisfactory" - the student has fragmented and unsystematic knowledge of the educational material, is unable to distinguish between the main and secondary, makes mistakes in defining concepts, distorts their meaning, presents the material in a disorderly and uncertain manner, and makes more than 30% of erroneous answers during testing. Performs practical skills and abilities with gross errors.

Based on the results of different assessments, an average grade is given in favor of the student.

A student can claim to receive an "excellent" grade automatically if he/she has won a prize in disciplinary or interdisciplinary Olympiads (university, regional) and has an average grade for the current academic performance of at least 4.8 points . A student can refuse the "automatic" grade and take an exam or test together with a group on a general basis.

Interim assessment is carried out through the test passing system.

in 4 stages:

1. Test control in the "Moodle" system.

Access mode: https://educ-amursma.ru/mod/quiz/view.php?id=8268

2. Passing practical skills (competencies).

- 3. Answers to questions for the test.
- 4. Solving situational problems.

Test control evaluation criteria

- "5" excellent 90-100% correct answers
- "4" is good 80-89% correct answers
- "3" satisfactory 70-79% correct answers
- "2" is unsatisfactory less than 70% of correct answers.

Assessment criteria for midterm assessment

"Passed":

- for the depth and completeness of mastering the content of the educational material, in which the student easily navigates, can express and justify his/her judgments, correctly and logically state the answer, and allows up to 10% of erroneous answers during testing. Practical skills and abilities provided for by the working program of the discipline are fully mastered;

- the student has fully mastered the educational material, is oriented in it, correctly states the answer, but the content and form have some inaccuracies; during testing

allows up to 20% of incorrect answers. Has fully mastered the practical skills and abilities provided by the course work program, but allows for some inaccuracies;

- the student has mastered the knowledge and understanding of the main provisions of the educational material, but presents it incompletely, inconsistently, does not know how to express and substantiate his judgments; during testing, allows up to 30% of erroneous answers and possesses only some practical skills and abilities.

"Not accepted":

- the student has fragmented and unsystematic knowledge of the educational material, is unable to distinguish between the main and the secondary, makes mistakes in defining concepts, distorts their meaning, presents the material in a disorderly and uncertain manner, and makes more than 30% of erroneous answers when tested. Performs practical skills and abilities with gross errors.

The conversion of the mark into a binary scale is carried out according to the following scheme:

Mark on a 5-point scale	Binary scale
"5"	passed
"4"	passed
"3"	passed
"2"	not credited

2.6. Independent work of students: in-class, out-of-class

Independent work of students consists of two components: classroom and extracurricular (mandatory for all students and optional) work.

2.6.1. Independent classroom work

Independent classroom work of students makes up 25% of the time allocated for the lesson. Classroom work includes : the main didactic tasks of independent work of students under the guidance of the teacher: consolidation of knowledge and skills acquired during the study of the academic discipline in lectures and practical classes; prevention of their forgetting; expansion and deepening of the educational material; formation of the ability and skills of independent work; development of independent thinking and creative abilities of students.

Independent classroom work of students in practical classes on epidemiology consists of the fact that students study the organization of the disinfection regime in medical organizations. They get acquainted with the disinfection and sterilization of medical instruments, carry out activities at f-

20. They are trained in methods of immunoprophylaxis of infectious diseases. They collect an epidemiological anamnesis at the bedside of patients, independently conduct an epidemiological survey and epidemiological analysis with the calculation of the main epidemiological indicators. They characterize the types of epidemics and are engaged in epidemiological analysis and calculate the main epidemiological indicators of morbidity. They conduct sanitary and epidemiological reconnaissance with the compilation of a report card of sanitary and epidemiological reconnaissance. Independently give an epidemiological description of individual groups of anti-epidemic measures. They get acquainted with and prepare medical documentation (child development history form F-112, emergency notification of infectious disease, food poisoning, acute occupational poisoning, unusual reaction to vaccination form F-058, infectious disease registration log form F-060, preventive vaccination certificate form F-156, epidemiological survey cards for foci form F-357), morbidity accounting and reporting documentation (form 1.5), work in a box for especially dangerous infections, study types of anti-plague suits, and solve situational problems.

2.6.2 Extracurricular independent work of students

The following can be used as the main forms of extracurricular independent work: studying basic and additional educational and scientific literature; solving situational problems, test assignments, working in an Internet class; preparing oral reports; participating in lectures and discussions, showing films and presentations dedicated to World AIDS Day.

This type of educational activity should be based on the activity, initiative, consciousness and self-activity of students.

No.	Topic of the practical les- son	Time for student	Forms of extracurricular independent work	
		prepara- tion for the lesson	Mandatory and the same for all students	At the student's choice
1	Morbidity is the main sub- ject of epidemiology. Goals, objectives and methods of epidemiology. Epidemiological approach to the study of human dis- eases, Epidemiological process. Epidemiological focus	2	Preparation for a practi- cal lesson (reading lec- tures, basic and addition- al literature, drawing up a plan and theses of the an- swer, taking notes on the text, solving situational problems, a test task	 Preparing a computer presentation. Literature review on the topic. Compiling and filling in tables and diagrams. Preparation of an ab- stract. "The goals and objectives of epidemi- ology at the present stage. The role of epi- demiology in the elim- ination of individual forms of infectious diseases."
2	Direction and organiza- tion of disinfection measures. Disinfection business. Disinsection. Deratization.	2	Preparation for a practi- cal lesson (reading lec- tures, primary and sec- ondary literature, draw- ing up a plan and sum- mary of the answer, tak- ing notes on the text, solving situational prob-	 Preparing a computer presentation. Literature review on the topic. Compilation and filling of tables, diagrams, algorithms Preparation of the

ſ				lama and a tast assign	abstract
				mont)	"Disinfectionology
				ment).	expands its boundaries"
	3	Susceptibility of the popu- lation to infectious diseas- es. The role of im- munoprophylaxis of infec- tious diseases in the sys- tem of preventive and an- ti-epidemic measures. Or- ganization of im-	2	Preparation for a practi- cal lesson (reading lec- tures, primary and sec- ondary literature, draw- ing up a plan and sum- mary of the answer, tak- ing notes on the text, solving situational prob-	 Preparing a computer presentation. Filling in tables, diagrams, algorithms. Literature review on the topic. Preparing the conversation, memos Preparation of the
_	4	munoprophylaxis.	2	lems, and a test assign- ment). Filling out form f-156-u (certificate of preventive vaccinations).	abstract. "Vaccines of the Future"
	4	Preventive and anti- epidemic measures in foci of infectious diseases. Or- ganization and legal basis for anti-epidemic activi- ties of a physician - thera- pist. Sanitary and epide- miological supervision.	2	classes (lectures, basic and additional literature, taking notes on the solution of sit- uational problems, test as- signments, work in an online classroom.) Registration of the epide- miological survey card of the outbreak according to forms 357, 171. Filling out form 058-u (emergency no- tification card)	 Preparing a computer presentation. Literature review on the topic. Compilation and filling in tables, diagrams, algorithms. Preparation of an abstract. "The role of a physician - therapist in the prevention of infectious diseases."
	5	Epidemiological research and organization of its implementation. Epidemi- ological diagnostics. Epi- demiological analysis. Types of epidemics.	2	Preparation for a practi- cal lesson (reading lec- tures, basic and addition- al literature, solving situ- ational problems, a test assignment. Construction of tables, graphs, calculation of the main statistical indicators of morbidity with prepa- ration in a workbook.	 Preparing a computer presentation. Literature review on the topic. Compiling and filling in tables and diagrams. Preparation of an abstract. "Risk in epidemiology".
	6	Epidemiological charac- teristics of a group of in- testinal infections. Epi- demiological survey of in- testinal infection foci. Preventive and anti- epidemic measures for helminthiases.	2	Preparation for a practical lesson (reading lectures, basic and additional litera- ture, drawing up a plan and theses of the answer, taking notes on the text, solving situational problems, a test task, drawing up maps of epidemiological surveys of acute intestinal infections foci.	 Preparing a computer presentation. Literature review on the topic. Compilation and filling in tables, diagrams, conversations, memos. Preparation of an abstract. "Epidemiological aspects of helminthiasis in the Amur region."

7	Epidemiological charac-	2	Preparation for a practi-	1.Preparing a computer
	teristics of anthroponoses		cal lesson (reading lec-	presentation.
	with aspiration transmis-		tures, basic and addition-	the topic.
	tory tract infections) Epi-		ational problems a test	3. Compilation and
	demiological survey of		assignment.	filling in tables,
	foci of aerosol infections.		Drawing up maps for	memos.
			surveying epidemic foci	4.Preparation of an
			of droplet infections.	abstract. "Epidemiology
				infection".
0		2		1 D
8	Epidemiological charac-	2	Preparation for practical	1.Preparing a computer presentation
	measures for viral hepati-		and additional literature,	2. Literature review on
	tis and HIV infection.		solving situational prob-	the topic.
	Transmissive natural focal		lems, test assignments.	algorithms, memos and
	diseases (HFRS, tick-		Drawing up maps for surveying epidemic foci	posters, conversations.
	cephalitis, borreliosis,		of viral hepatitis and HIV	4.Preparation of an
	tick-borne rickettsiosis,		infection.	and prevention of HIV
	tick-borne rickettsiosis).			infection."
	Preventive and anti-			5. Review of Internet
	epidennic measures.			sources on the topic.
9	Preventive and anti-	2	Preparation for a practi-	1.Preparing a computer
	fections associated with		cal lesson (reading lec-	2. Literature review on
	medical care. Anti-		al literature, solving situ-	the topic.
	epidemic measures for es-		ational problems, a test	3. Drawing up diagrams
	pecially dangerous infec-		assignment.	4.Preparation of an
	of the country's territory			abstract. "Prevention of
	International sanitary			HAI in healthcare workers "
	rules.			5. Review of Internet
10		2		sources on the topic.
10	Preventive and anti-	2	Preparation for practical	1. Compilation and filling of tables
	emergency situations. Bi-		and additional literature,	diagrams, algorithms
	ological weapons. Organ-		solving situational prob-	
	ization of anti-epidemic		lems, test assignment.	
	measures using biological		Drawing up schemes for	
	the consequences of their		epidemic institutions	
	use. Protection of civilians		Drawing up a plan for the	
	and troops during medical		elimination of an epi-	
	evacuation.		demic outbreak in the	
			case of acute respiratory	
Labo	r intensity in hours	20	20	16
Total	labor intensity (in hours)		36 ho	urs

2.7. Research (project) work of students.

Research work (project) (RW) of students is a mandatory section of the discipline and is aimed at the comprehensive formation of general cultural and professional competencies of students and involves the study of specialized literature and other scientific and technical information on the achievements of domestic and foreign science and technology in the relevant field of knowledge, participation in the scientific research of the department.

List of recommended topics for research (project) work:

1. Epidemiological features of infections associated with healthcare.

2. Epidemiological features and control measures for individual nosoforms of zoonotic diseases.

3. Epidemiological features and control measures for individual nosoforms of sapronotic diseases.

4. Features of epidemiological surveillance for diseases with different transmission mechanisms.

5. Assessment of the quality and effectiveness of preventive and anti-epidemic measures.

6. Modern methods of manufacturing immunoprophylaxis agents.

7. Sterilization and disinfection using modern methods and techniques.

8. Clinical epidemiology (fundamentals of evidence-based medicine).

9. Randomized clinical trials in the practice of a general practitioner.

To evaluate research work, a binary assessment scale is adopted: "passed", "failed".

Evaluation criteria for research (project) work students' work:

- the material on the results of the research in the report is presented in detail, the specialized literature is well-developed, scientific and technical information on the achievements of domestic and foreign science and technology in the relevant field of knowledge is studied "passed".
- the material on the results of the research in the report is not presented accurately enough, the special literature is poorly studied, the scientific and technical information on the achievements of domestic and foreign science and technology in the relevant field of knowledge is not studied "failed".

III . EDUCATIONAL, METHODOLOGICAL, MATERIAL, TECHNICAL AND INFORMATIONAL SUPPORT OF THE DISCIPLINE:

3.1. Main literature: 1. Briko, N. I. Epidemiology: textbook / N. I. Briko, V. I. Pokrovsky - Moscow: GEOTAR-Media, 2017. - 368 p. - ISBN 978-5-9704-3665-3. <u>http://www.studmedlib.ru/book/ISBN9785970436653.html</u> **3.2. Further reading:** 1. Yushchuk, N. D. Epidemiology of infectious diseases / Yushchuk N. D. et al. - Moscow: GEOTAR-Media, 2014. - 496 p. - ISBN 978-5-9704-2824-5. http://www.studmedlib.ru/ru/book/ISBN9785970428245.html 2. Kostinov, M. P. Epidemiology and vaccination against influenza in the context of COVID-19: a tutorial / M. P. Kostinov, E. G. Simonova, N. N. Filatov. - Moscow: GEOTAR-Media, 2021. - 112 p. - ISBN 978-5-9704-5987-4.

http://www.studmedlib.ru/book/ISBN9785970459874.html

3. Brazhnikov, A. Yu. General epidemiology with the basics of evidence-based medicine: a guide to practical classes: a tutorial / edited by V. I. Pokrovsky, N. I. Briko. - 2nd ed., corrected. and additional. - Moscow: GEOTAR-Media, 2018. - 496 p.: ill. - 496 p. - ISBN 978-5-9704-4256-2. - <u>http://www.studmedlib.ru/book/ISBN9785970442562.html</u>

3. 3. Educational and methodological support of the discipline, prepared by the department staff:

1. Figurnov V.A., Marunich N.A., Gavrilov A.V., Figurnova E.V. Monograph "Severe forms of hemorrhagic fever with renal syndrome in the Amur region". Latvia, Lambert Publishing House, 2019. P. 152.

Electronic and digital technologies:

1. Online course on the subject "Epidemiology" in the EIS FGBOU VO Amur State Medical Academy

Access mode <u>https://educ-amursma.ru/course/view.php?id=263</u> Characteristics of modules in the electronic information and educational course

Educational	Controlling	
Theoretical (lecture) material, scientific and edu- cational films, video presentations.	Methodological recommendations for students on independent extracurricular work.	
Methodological recommendations for students for practical classes.	List of recommended topics for ab- stracts and guidelines for abstract de- sign.	
Reference material, tables of standard values.	Tests of entrance, current and final knowledge control.	

2. Multimedia presentations (Microsoft Power Point 2016), to lecture-type classes, according to the thematic plan of lectures:

Access mode https://educ-amursma.ru/course/view.php?id=263

1. "The main groups of disinfectants used in the Ministry of Defense. Modern means of disinfection"

- 2. "Chamber methods of disinfection. Types of chambers"
- 3. "Basics of Disinsection. Repellents"
- 4. "Structure and purpose of the outpatient clinic's KIZ"
- 5. "Prospects for the creation of new vaccines"
- 6. "Prevention of HIV infection"

7. "Epidemiological significance of rodents in the Amur region. Epidemiology of HFRS in the Amur region"

- 8. "Epidemiology of natural focal diseases in the Amur region"
- 9. "Modern Problems of Particularly Dangerous Infections in the World" 10. "Epidemiology of Tick-Borne Infections. Specific and Non-Specific Prevention"
- 11. "Epidemiology of helminthiasis"
- 12. "Prevention of parenteral viral hepatitis"
- 13. "Basics of Sterilization"
- 14. "Epidemiology and prevention of HAIs"
- 15. "Epidemiology and prevention of influenza"

- 16. "Biological weapons"
- 17. "Bacteriophages"
- 18. "Epidemiology of the Plague"
- 19. "Anti-plague suits. Types"
- 20. "E. Jenner and L. Pasteur, their merits in immunoprophylaxis"

3. Videos Access mode https://educ-amursma.ru/course/view.php?id=263

- 1. "Epidemiology and prevention of helminthiasis"
- 2. "Prevention of HIV infection"
- 3. "Anti-epidemic measures for acute respiratory infections"
- 4. "Anti-plague suits. Types"
- 5. "Isolating transport box"

4.Photographic materials

- 1. Photo album "Severe forms of HFRS"
- 2. Photo album "Helminthiases, rare observations" 2014
- 5. Tables
- 1. "Main anti-epidemic organizations in emergency situations"
- 2. "Deratization"
- 3. "Disinsection"
- 4. "The main groups of preparations for disinfection"
- 5. "Documentation for work in epidemic foci"
- 6. "Disinfection"
- 7. "Epidemiology of HFRS in the Amur Region"

6. Stands:

- 1. "National calendar of preventive vaccinations"
- 2. "Disinfection"
- 3. "Basics of Disinsection" "Repellents"
- 4. "Biological weapons and means of protection"
- 5. "HIV infection prevention"
- 6. "Features of the development of the epidemiological situation for HFRS in the Amur Region"
- 7. "Natural focal infections in the Amur region"
- 8. "Epidemiological significance of rodents in the Amur region"
- 9. "Modern problems of especially dangerous infections in the world"

7. Handouts

1. Sets of immunobiological preparations (vaccines, toxoids, bacteriophages, serums, immunoglobulins).

- 2. A set of disinfectants.
- 3. Equipment for disinfection (automax, hydro-pistol).
- 4. Anti-pediculosis packing.

5. First aid kit for providing medical assistance in case of an emergency when working with blood and other biological fluids.

6. Folders with a selection of regulatory and methodological documents (SP, SanPiN, MU, MR, orders).

3.4. Equipment used for the educational process

1. Lecture hall No. 5 Gorky 101, License 90 P01№0035083 - Multimedia video projector, laptop, board, tables, benches

2. Study room No. 4 Battery, 15 - A9 - 3- 10 tables, 2 cabinets, 1 bookcase, 25 chairs

3. Thematic class with visual aids (stands, tables, disinfection and vaccination preparations, disinfection equipment).

4. Online class

3.5. Professional databases, information and reference systems, electronic educational resources.

Name resourceResource Description		Access	Resource address			
Electronic library systems						
"Student Con- sultant" Elec- tronic library of the medical uni- versity.	For students and teachers of medical and pharmaceutical universities. Pro- vides access to electronic versions of textbooks, teaching aids and periodi- cals.	library, individ- ual access	<u>http://www</u> .studmedlib.ru/			
"Doctor's Con- sultant" Elec- tronic Medical Library.	The materials posted in the library have been developed by leading Rus- sian specialists based on modern sci- entific knowledge (evidence-based medicine). The information has been prepared taking into account the posi- tion of the scientific and practical medical society (world, European and Russian) in the relevant specialty. All materials have undergone mandatory independent review.	library, individ- ual access	<u>http://www.rosmedlib.ru</u> / <u>cgi-bin/mb4x</u>			
PubMed	Free search system in the largest med- ical bibliographic database Medline. Documents medical and biological ar- ticles from specialized literature, and also provides links to full-text articles.	library, free access	<u>http:</u> //www.ncbi.nlm.nih. gov/pubmed/			
Oxford Medi- cine Online.	A collection of Oxford medical publi- cations, bringing together over 350 ti- tles into a single, cross-searchable re- source. Publications include The Ox- ford Handbook of Clinical Medicine and The Oxford Textbook of Medi- cine, the electronic versions of which are constantly updated.	library, free access	http://www.oxfordmedici ne.com			
Human Biology Knowledge Base	Reference information on physiology , cell biology , genetics , biochemistry , immunology , pathology . (Resource of the Institute of Molecular Genetics of the Russian Academy of Sciences .)	library, free access	<u>http://humbio.ru/</u>			

Medical online library	Free reference books, encyclopedias, books, monographs, abstracts, Eng- lish-language literature, tests.	library, free access	http://med-lib.ru/			
Information systems						
Russian Medical Association	Professional Internet resource. Objec- tive: to facilitate the implementation of effective professional activities of medical personnel. Contains the char- ter, personalities, structure, rules of entry, information about the Russian Medical Union.	library, free access	<u>http://www.rmass.ru/</u>			
Web-medicine	The site presents a catalog of profes- sional medical resources, including links to the most authoritative subject sites, journals, societies, as well as use- ful documents and programs. The site is intended for doctors, students, em- ployees of medical universities and scientific institutions.	library, free access	<u>http:</u> //webmed.irkutsk.ru/			
	Databases					
Worldwide health care organ- ization	The site contains news, statistics on countries that are members of the World Health Organization, fact sheets, reports, WHO publications and much more.	library, free access	http://www.who.int/ru/			
Ministry of Sci- ence and Higher Education of the Russian Federa- tion	The website of the Ministry of Science and Higher Education of the Russian Federation contains news, newsletters, reports, publications and more.	library, free access	<u>http://www.minobrnauki.g</u> <u>ov.ru</u>			
Ministry of Ed- ucation of the Russian Federa- tion.	The website of the Ministry of Educa- tion of the Russian Federation con- tains news, newsletters, reports, pub- lications and much more.	library, free access	https://edu.gov.ru/			
Federal portal "Russian educa- tion"	A single window for access to educa- tional resources. This portal provides access to textbooks on all areas of medicine and health care.	library, free access	http://www.edu.ru/ http://window.edu.ru/catal og/?p rubr=2.2.81.1			
Bibliographic databases						
BD "Russian Medi- cine"	It is created in the Central Scientific and Methodological Library and covers the entire collection, starting from 1988. The database contains bibliographic de- scriptions of articles from domestic journals and collections, dissertations and their abstracts, as well as domestic and foreign books, collections of insti- tute proceedings, conference materials,	library, free access	http://www.scsml.rssi.ru/			

	etc. Thematically, the database covers all areas of medicine and related areas of biology, biophysics, biochemistry, psychology, etc.		
eLIBRARY.RU	Russian information portal in the field of science, technology, medicine and education, containing abstracts and full texts of more than 13 million sci- entific articles and publications. The eLIBRARY.RU platform provides electronic versions of more than 2,000 Russian scientific and technical jour- nals, including more than 1,000 open access journals.	library, free access	<u>http://elibrary.ru/defaultx.a</u> <u>sp</u>
Portal Electronic li- brary of disser- tations	Currently, the Electronic Library of Dissertations of the Russian State Li- brary contains more than 919,000 full texts of dissertations and abstracts.	library, free access	http://diss.rsl.ru/?menu= disscatalog/
Medline.ru	Medical and biological portal for spe- cialists. Biomedical journal. Last up- dated February 7, 2021.	library, free access	http://www.medline.ru

3.6 . Licensed and freely distributed software used in the educational process.

I. Commercial software products				
1.	Operating system MS Windows 7 Pro	License number 48381779		
2.	Operating system MS Windows 10 Pro, MS	AGREEMENT No. 142 A dated December		
	Office	25, 2019		
3.	MS Office	License number: 43234783, 67810502,		
		67580703, 64399692, 62795141, 61350919		
4.	Kaspersky Endpoint Security for Business	Agreement No. 977/20 dated 12/24/2020		
	Advanced			
5.	1C: PROF University	LICENSE AGREEMENT No. 2191 dated		
		15.10.2020		
6.	1C: PROF Library	LICENSE AGREEMENT No. 2281 dated		
		11.11.2020		
	II. Freely distributed software			
		Freely distributed		
1	Google Chrome	Distribution conditions:		
1.		https://play.google.com/about/play-		
		terms/index.html		
		Freely distributed		
2	Yandex Browser	License Agreement for the Use of Yandex		
2.		Browser Programs		
		https://yandex.ru/legal/browser_agreement/		
		Freely distributed		
3.	Dr.Web CureIt!	License Agreement:		
		https://st.drweb.com/static/new-		
		www/files/license_CureIt_ru.pdf		

		Freely distributed
4.	OpenOffice	License:
		http://www.gnu.org/copyleft/lesser.html
5.	LibreOffice	Freely distributed
		License:
		https://ru.libreoffice.org/about-us/license/

3.7. Resources of the information and telecommunications network "Internet" for mastering the discipline

- Amur State Medical Academy Library. Access mode: <u>https://amursma.ru/obuchenie/biblioteki/biblioteka-amurskoy-gma/</u>
- ✓ Electronic library system "Student consultant". Access mode: <u>http://www.studmedlib.ru/cgi-bin/mb4x</u>
- ✓ Website of the Federal Service for Supervision of Consumer Rights Protection and Population Welfare (<u>http://www.rospotrebnadzor.ru</u>).
- ✓ Website of the Ministry of Health of the Russian Federation (<u>http://www.rosminzdrav.ru</u>).
- ✓ World Health Organization website (<u>http://www.who.int/</u>).
- ✓ Website for epidemiologists (<u>http://www.epidemiolog.ru/</u>).
- ✓ Vaccination news. Vaccination. (<u>https://www.privivka.ru/</u>).
- ✓ Sanitary and anti-epidemic measures (<u>http://pravoteka.ru/</u>)legal aid portal.
- ✓ Website of the Federal Budgetary Institution of Healthcare Federal Center for Hygiene and Epidemiology of Rospotrebnadzor (<u>http://www.fcgsen.ru</u>).
- ✓ Legal reference system Consultant Plus URL: <u>http://www.consultant.ru</u>
- ✓ Medical literature (. <u>https://www.booksmed.com/</u>)
- ✓ Medical portal. For students, doctors, medical books (<u>http://medvuz.info/</u>).
- ✓ Federal Electronic Medical Library (<u>http://www.femb.ru/</u>).

IV. ASSESSMENT TOOLS FUND

4.1. Current test control (input, initial), final.

4.1.1 Examples of entrance control test tasks (with standard answers)

Conducted on a single information and educational portal in the system Moodle .

Total number of tests - 50 <u>https://educ-amursma.ru/mod/quiz/view.php?id=8256</u>

1. THE DEVELOPMENT OF STAPHYLACOCCAL INTOXICATION IS MOST FREQUENTLY ASSOCIATED WITH THE USE OF

1) cakes and pastries with custard, dairy products

- 2) dry-cured and smoked meat products
- 3) home canning
- 4) eggs

2. THE RECEPTION DEPARTMENT MUST

1) eliminate the possibility of crossing "clean" and "dirty" flows, ensure prevention of the development of hospital infections

- 2) ensure unimpeded movement of patients and hospital visitors
- 3) have a dining room or a meal room
- 4) have smoking areas for patients and medical staff

3. THEY CAN BE TRANSMITTED THROUGH WATER

- 1) typhoid fever
- 2) typhus

3) Diphtheria

4) measles

Answer samples: 1-1; 2-1; 3-1.

4.1.2. Examples of test tasks of the original control (with standard answers)

Conducted on a single information and educational portal in the system

Moodle .

Total number of tests - 250 https://educ-amursma.ru/course/view.php?id=263

1. "SPORADIC INCIDENCE" MEANS DISEASES

- 1) single
- 2) group
- 3) mass
- 4) characteristic of the area

2. IN A COHORT EPIDEMIOLOGICAL STUDY, TWO OR MORE GROUPS OF PEOPLE ARE SELECTED FROM A POPULATION...

- 1) same age
- 2) same sex
- 3) same age and gender
- 4) initially free of the disease being studied

3. ANTI-EPIDEMIC MEASURES AIMED AT THE THIRD LINK OF THE EPIDEMIC PROCESS ARE CALLED

- 1) contact immunization
- 2) deratization
- 3) disinfection
- 4) isolation of patients

4. OBSERVATION IN THE EPIDEMIC FOCUS SHOULD BE ENDED AFTER

- 1) expiration of the maximum incubation period for contacts
- 2) hospitalization of the patient
- 3) final disinfection
- 4) introduction of contact immunoglobulin

5. IMMUNIZATION AGAINST TYPHOID FEVER IS SUBJECT TO

- 1) children of the first two years of life
- 2) health workers
- 3) persons traveling to endemic areas
- 4) family members of a patient with diarrhea who arrived from India or Pakistan

Answer samples: 1-1; 2-4; 3-1; 4-1; 5-3.

4.1.3. Examples of test tasks for the final assessment (with standard answers)

Conducted on a single information and educational portal in the system

Moodle .

Total number of tests 100 https://educ-amursma.ru/mod/quiz/view.php?id=8268

1. OBSERVATION IN THE EPIDEMIC FOCUS SHOULD BE ENDED AFTER

- 1) expiration of the maximum incubation period for contacts
- 2) hospitalization of the patient

3) final disinfection

4) introduction of contact immunoglobulin

2. ANTI-EPIDEMIC MEASURES AIMED AT THE FIRST LINK OF THE EPIDEMIC PROCESS INCLUDE

1) isolation of patients

2) personal hygiene

3) ongoing disinfection

4) immunoprophylaxis

3. A RELATIVE INDICATOR CHARACTERIZING THE FREQUENCY OR LEVEL OF PREVALENCE OF A PHENOMENON IN THE ENVIRONMENT DIRECTLY PRODUCING THIS PHENOMENON IS THE INDICATOR

1) intensive

- 2) extensive
- 3) ratios
- 4) clarity

4. FIRST OF ALL WHEN DIAGNOSIS OF TYPOTHESIS IN A SCHOOLCHILD IS IMPLEMENTED

- 1) emergency notification
- 2) certificate
- 3) outpatient card of the patient
- 4) exemption from school

5. SECONDARY PREVENTION INCLUDES A COMPLEX OF MEASURES AIMED AT

- 1) detection of the disease at early stages, prevention of its progression and possible complications
- 2) identification of risk factors, prevention of disease occurrence and elimination of its causes
- 3) improving the quality of life of patients with chronic diseases
- 4) prevention of the development of complications of the identified disease

Answer standards: 1-1; 2-1; 3-1; 4-1; 5-1.

4.2. Situational tasks

Task #1

Problem 24 A 74-year-old man came to a rural medical center because of an open fracture of the bones of the right forearm, received on the same day at his summer cottage. The wound was heavily contaminated. The victim underwent primary surgical treatment of the wound and was given 0.5 ml of tetanus toxoid. On the 8th day after the injury, the wound became purulent, convulsions appeared, due to which the victim was hospitalized in an infectious diseases hospital, where the diagnosis of "tetanus, generalized form" was established. There was no data on previous prophylactic vaccinations against tetanus. The patient died.

Please provide written answers to the following questions.

1. Assess the correctness of the emergency prevention measures taken by the traumatologist.

2. Specify the factors that determine the quality and effectiveness of emergency tetanus prophylaxis

Standard solution to problem #1

1. Since the doctor had no data on prophylactic vaccinations against tetanus, emergency prophylaxis had to be carried out according to the scheme described in the national vaccination calendar; a single administration of tetanus toxoid is not enough.

2. Factors that determine the quality and effectiveness of emergency tetanus prophylaxis are: age, health status, antibody level.

Problem #2

A 46-year-old truck driver was driving a man in serious condition from a village to a hospital. The patient was diagnosed with oropharyngeal diphtheria, a common form. The driver had not sought medical care in the past 26 years, only had regular medical check-ups, and was healthy. No deviations in his health were found during his examination.

Please provide written answers to the following questions.

1. Actions in relation to contact with diphtheria.

- 2. Does the contact require chemoprophylaxis?
- 3. Rules for vaccination of those in contact with diphtheria.
- 4. Vaccines used to prevent diphtheria.

Standard solution to problem #2

1. The contact patient is placed under daily medical observation with thermometry and examination of the oropharynx for 7 days from the moment of isolation of the source of infection. The contact patient must be examined for carriage of the diphtheria bacillus, examined by an otolaryngologist within the first 3 days and isolated from relatives who are not vaccinated against diphtheria. 72

2. Until the results of the bacteriological examination are received, the contact is observed. Chemoprophylaxis is carried out only when toxigenic diphtheria corynebacteria are cultured.

3. In adults with an unknown vaccination history, diphtheria vaccination is performed if they do not have a protective level of anti-diphtheria antibodies in their blood serum, and the immune response is checked 1–1.5 months after the vaccine is administered. If the level of anti-diphtheria antibodies after the first vaccination does not exceed a titer of 1:80 (which is observed in individuals who have not previously been vaccinated against diphtheria), then the individual is given a second vaccination and revaccination 6–9 months later. If the titer of anti-diphtheria antibodies is higher than 1:80, then the second dose of the diphtheria vaccine is not administered. Revaccinations are then administered every 10 years.

4. When vaccinating against diphtheria, it is necessary to take into account that adults should receive drugs containing a reduced amount of diphtheria antigen (ADS-M, AD-M, Imovax D.T. Adult).

Problem #3

A woman with a history of repeated miscarriages came to the antenatal clinic. Considering that rubella often leads to this, it was necessary to conduct a microbiological study.

Please provide written answers to the following questions.

1. To which group of microbes does the causative agent of rubella belong?

2. What does infection lead to in women in the first 4 months of pregnancy?

3. Epidemiology of rubella (source of infection, mechanism, factors, routes of transmission of infection).

4. Specific prevention of rubella?

Standard solution to problem #3

1. The causative agent of rubella is a virus.

2. Infection in the first 4 months of pregnancy leads to disruption of the normal development of the fetus, which leads to the development of congenital defects (cataracts, strabismus, deafness, microcephaly).

3. Source - a sick person several days before the rash and within 2 weeks after it; mechanism - blood, airborne; factors - air, blood; route - airborne, placental.

4. For the purpose of specific prevention, a live vaccine is used. Girls up to 14 years of age are vaccinated.

Problem #4

The diagnosis of "Salmonellosis" was established on March 11 in a 35-year-old woman living in the private sector, working as a cashier in a bank, hospitalized on March 11.

Family composition: husband 35 years old, engineer, son 8 years old, schoolboy, daughter 3 years old, attends preschool.

Please provide written answers to the following questions.

- 1. Determine the number and boundaries of epidemic foci.
- 2. Set a period of observation for contacts.
- 3. Is laboratory testing of contacts necessary?
- 4. Is it necessary to examine contacts by specialists?

5. Determine the need to prescribe biologically active drugs to persons in contact with the patient.

Standard solution to problem #4

- 1. 1 home, boundaries house.
- 2.7 days.
- 3. Bacteriological analysis of the daughter's stool (decreed person).
- 4. Contact persons are not examined by specialists.
- 5. Contact persons are recommended to take salmonella bacteriophage in a prophylactic dose.

Problem #5

A 28-year-old woman was bitten by a tick at her summer cottage. When examining the insect, it was found to have the tick-borne encephalitis virus. Three days had passed since the bite. When examining the patient, no deviations in her health were found.

Please provide written answers to the following questions.

- 1. Actions towards a bitten patient.
- 2. Indications for vaccination.
- 3. Vaccines used to prevent tick-borne encephalitis.
- 4. Vaccination schedule against tick-borne encephalitis in adults. 75

Standard solution to problem #5

1. The woman should be hospitalized in the infectious diseases department, and for emergency passive immunization she should be given human immunoglobulin against tick-borne encephalitis.

2. Indications for vaccination against tick-borne encephalitis are: prevention of tick-borne encephalitis in persons permanently residing in territories enzootic for tick-borne encephalitis; vaccination of persons who have arrived in these territories and are performing agricultural, irrigation and drainage, construction, soil, procurement, industrial, geological, survey, Deratization and disinfestation work ; immunization of donors for the purpose of obtaining specific immuno-globulin.

3. For the prevention of tick-borne encephalitis, the following vaccines are used: EnceVir, Tickborne encephalitis vaccine, FSME ImmunInject, Encepur adult.

4. The primary vaccination course is carried out according to the following schedule: 1 vaccination - 0.5 ml on the selected day; 2 vaccination - 0.5 ml after 1-3 months; 3 vaccination - 0.5 ml after 5-12 months. Emergency schedule (used for the Encepur vaccine): 1 vaccination - 0.5 ml on the selected day; 2 vaccination - 0.5 ml after 7 days; 3 vaccination - 0.5 ml after 21 days.

4.3. List of practical skills that a student should have after mastering the discipline

1. Correctly collect an epidemiological anamnesis upon admission of a patient to the hospital.

2. Conduct sanitary treatment of the patient upon admission to the hospital.

3. Complete the documentation: F-060 (registration log of infectious patients), F-058 (emergency notification card for an infectious disease, food poisoning, acute occupational poisoning, unusual reaction to vaccination), F-357 (epidemiological survey card for the outbreak), F-063 (record card for preventive vaccinations), F-156 (certificate of preventive vaccinations).

4. Organize an anti-epidemic regime in the emergency room and hospital departments in order to prevent infections associated with the provision of medical care.

5. Independently prepare basic (mother) and working solutions of disinfectants.

6. Be able to work independently with disinfection equipment.

7. Conduct current and final disinfection in epidemic foci.

8. Conduct anti-pediculocidal measures when admitting patients to hospital and at home.

9. Conduct dispensary observation of patients who have recovered from infectious diseases, with the preparation of documentation (Form 30).

10. Independently carry out preventive and primary anti-epidemic measures in the outbreak area with completion of the relevant documentation (Form 357)

11. Carry out pest control yourself.

12. Conduct talks and lectures on preventive topics in institutions, schools and other educational institutions when working in the outbreak area.

13. Collect material for bacteriological and virological studies.

14. Conduct primary operational and retrospective epidemiological analysis of outbreaks in medical organizations.

15. Calculate the main intensive and extensive indicators of morbidity.

15. Work in the immunoprophylaxis office of the polyclinic and independently carry out vaccination prophylaxis, phage prophylaxis, chemoprophylaxis, seroprophylaxis, antibiotic prophylaxis. Know the documentation.

16. Work in a plague suit, carry out quarantine and observation measures for diseases that cause emergency situations in the area of sanitary and epidemiological well-being of the population and anti-epidemic measures in emergency situations.

4.4 . List of questions for the test

1. The importance of epidemiology for medicine and health care.

2. Definition of the concept of "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 doctrine of the epidemic process.

3. Ways and means of spreading the infectious agent. The concept of biological terrorism.

4. Provide a definition of the concept of an epidemiological focus. Create a plan for eliminating an anthroponotic focus.

5. Methodology for examining an epidemiological focus. Documentation.

6. Methodology of epidemiological analysis. Concept of infectious morbidity of the population (intensive and extensive indicators). Definition of the concept of lethality and mortality.

7. Characteristics of measures aimed at improving immunity.

8. The concept of "source of infection".

9. The concept of Deratization. Deratization methods.

10. Anti-epidemic measures in the center of zoonotic infection.

11. Epidemiological significance of rodents in the Amur region.

12. The main natural focal diseases of the Amur region (viral, bacterial, parasitic).

13. Disinsection. Concept. Physical and chemical methods.

14. Epidemiological significance of ticks, mosquitoes, midges, lice, flies, fleas.

15. Organization of measures to combat insects in a hospital setting.

16. Tick control measures in endemic areas. Specify the necessary means and forms.

17. Methods of treatment for pediculosis.

18. Disinfection. The concept of "current and final" disinfection.

19. Chemical methods of disinfection. Specify the recipe and methods of application.

20. Types of disinfection chambers. Operating mode.

21. Immunoprophylaxis room. Structure. Anti-epidemic operating mode. Accounting and reporting documentation.

22. Calendar of routine preventive vaccinations.

23. Live vaccines. Characteristics, features.

24. Chemical and killed vaccines. Characteristics, features.

25. Specific prevention of mumps, rubella, measles.

26. Specific and non-specific prevention of influenza.

27. Specific prophylaxis of tetanus and diphtheria.

28. Anti-epidemic measures in the outbreak of viral hepatitis A.

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

30. Anti-epidemic measures in the typhoid fever outbreak. Specific prevention.

31. The concept of biological weapons. Anti-epidemic protection in the center of biological contamination.

32. Anti-epidemic measures at the site of an emergency.

33. Anti-epidemic measures in the center of HIV infection.

34. Anti-epidemic measures in the center of particularly dangerous infections (plague, cholera, yellow fever).

35. Tactics of a district physician when identifying a patient/corpse with suspected infectious diseases at home and in a clinic.

36. Tactics of the doctor on duty at the hospital emergency room when identifying a patient or suspected of having particularly dangerous infections (plague, cholera, yellow fever).

37. Anti-epidemic measures in the outbreak of dysentery.

38. Anti-epidemic measures in the center of food poisoning.

39. Anti-epidemic measures in the focus of malaria, contact viral hemorrhagic fevers.

40. Structure and purpose of the outpatient clinic's information system.

41. Anatoxins. Characteristics, features.

42. Bacteriophages. Characteristics. Methods of application and indications.

43. Serums and immunoglobulins. Characteristics. Indications for use.

44. Specific and non-specific immunity. Scheme of the immune response.

45. Preventive and anti-epidemic work in foci of helminthiasis.