THE MINISTRY OF HEALTH PROTECTION OF UKRAINE

ODESSA NATIONAL MEDICAL UNIVERSITY

Department of infectious diseases with a course of dermatovenereology

APPROVED
vice-rector for scientific and pedagogical work.
Eduard BURIACHKIVSKYI
«02» 04 2025 p.

METHODOLOGICAL RECOMMENDATIONS

FOR INDEPENDENT WORK BY HIGHER EDUCATION STUDENTS

IN THE ACADEMIC DISCIPLINE

Infectious diseases
5 year

Level of higher education: second (master's)

Field of knowledge: 22 "Health care"

Specialty: 222 "Medicine"

Educational and professional program: Medicine

Approved:
Meeting of the department of infectious diseases with a course of dermatovenereology of Odessa National Medical University
Protocol No. 1 of 08/29/2025
Head of the department of infectious diseases with a course of dermatovenereology _____ Tetiana CHABAN

Teacher(s)
Chaban T.V. PhD. Doctor of Sciences, professor, head of the department.
Associate professors: candidate of medical science Pavlenko O.V., Gerasymenko O.A., N.V. Movlyanova, K.M. Usychenko
Assistants: Verba N.V, Bocharov V.M.

Topic #1: "Introduction to the course of infectology. General characteristics of infectious diseases with fecal-oral transmission mechanism" - 2 hours

Goal:

To improve the knowledge of students regarding: "infection", "infectious process", "infectious disease", features of infectious diseases, their classification, principles of diagnosis, treatment and prevention; characteristics of infectious diseases with fecal-oral transmission mechanism, etiology, epidemiology, pathogenesis, clinical manifestations; to form a professional skill in drawing up a plan for examining a patient for infectious diseases with a fecal-oral transmission mechanism, a comprehensive plan for the patient's treatment and necessary preventive measures.

Basic concepts:

Infectious disease, infectious process, pathogen source, fecal-oral mechanism of transmission

Plan

Theoretical questions:

1. Concepts of "infection", "infectious process", "infectious disease".
2. Mechanisms of transmission of pathogens of infectious diseases.
3. Classification of infectious diseases.
4. Age characteristics of the course of infectious diseases
5. Indications for hospitalization of infectious patients.
6. Media categories, media measures.
7. Principles of diagnosis of infectious diseases. Features of the formation of an immune response after an infectious disease. Features of the formation of post-vaccination immunity.
8. The concept of specific prevention of infectious diseases. Vaccination.
9. The concept of "calendar of preventive vaccinations". The concept of "recommended vaccinations". Vaccination according to epidemic indications. Vaccination of risk groups.
10. Non-specific and specific methods of laboratory examination.
11. Principles of treatment of infectious diseases. Etiotropic, symptomatic and pathogenetic therapy.
12. General characteristics of infectious diseases with fecal-oral transmission mechanism
13. Epidemiological features of intestinal infectious diseases with fecal-oral transmission mechanism.
14. Leading clinical symptoms and syndromes in patients with intestinal infections.
15. Modern methods of laboratory diagnosis of infectious diseases with fecal-oral transmission mechanism.
16. Indications for hospitalization and rules for discharge of patients with infectious diseases with fecal-oral transmission mechanism

1. Questions for self-control:

1. Name the main characteristics"infection", "infectious process", "infectious disease".
2. What is atypical pneumonia?
3. Which indications for hospitalization of infectious patients?
4. Name the peculiarities of the formation of an immune response after an infectious disease. Features of the formation of post-vaccination immunity.
5. Name the non-specific and specific methods of laboratory examinations of an infectious patient.
6. What are the features of treatment of infectious diseases. Etiotropic, symptomatic and pathogenetic therapy?
7. Name the types of prevention of infectious diseases.
8. Describe the features of infectious diseases with fecal-oral transmission mechanism.
9. Name the leading clinical symptoms and syndromes in patients with intestinal infections.

10. What are the modern methods of laboratory diagnosis of infectious diseases with fecal-oral transmission mechanism?
11. What are the indications for hospitalization and the rules for discharge of patients with fecal-oral infectious diseases
12. What is the transmission mechanism?

Approximate tasks for processing the theoretical material: study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.
Practical work:
1. Compile a differential-diagnostic table of differences in clinical manifestations and diagnosis of manifestationsin emergency situations (infectious-toxic shock, dehydration shock, intestinal bleeding, intestinal perforation) in a patient with infectious diseaseswith fecal-oral transmission mechanism
2. Make a report on the results of the examination of patients with infectious diseases with fecal-oral transmission mechanism by a team of students in the study group, analysis under the guidance of the teacher of the correctness of the diagnosis, differential diagnosis, scope of the prescribed examination, treatment tactics, assessment of the prognosis and work capacity.
Test tasks for self-control:
1. Define a characteristic feature of an infectious disease?
A. The presence of a specific pathogen
B. Contagiousness
B. Cyclical course
C. Development of immunity
D. All answers are correct

2.Drugs that have a pronounced anti-inflammatory and anti-allergic effect and are used in complicated, urgent conditions in infectious diseases include:
A. Suprastin
B. Amazon
B. Dexamethasone
C. Laferon
D. Lineks

3. What disease you will confirm with bacteriological method?
A. Diphtheria
B. Infectious mononucleosis
B. Malaria
C. Viral hepatitis A
D. Typhoid fever

4. Determine what happened to patient B. with botulism 5 days after the administration of antibotulinum serum: an increase in body temperature to 40 degrees, worsening of the general condition, nausea was noted. On the skin - rash like hives, itching?
A. Pneumonia
B. Dysbacteriosis
B. Sepsis
G. Anaphylactic shock
D. Serum sickness

5. In case of an infectious disease, the medical worker reports:
A. SES
B. Chief physician of the medical institution
V. Ministry of Health of Ukraine
G. The senior nurse of the infectious department

D. All answers are correct

6. Which symptom is not characteristic of botulism?
A. Dysphagia
B. Dysarthria
V. Diplopia
G. Mydriasis
D. Roseolous rash

7. You need to carry bacterioculture of feces. What tool will you perform the manipulation with:
A. Rectal loop
B. Rectoscope
V. Esmarch's mug
D. Gastric tube
D. Intestinal probe

8. Determine the diet of a patient with acute gastroenterocolitis?
A. Table #15
B. Table #4
V. Table No. 5
G. Table #7
D. Table #6

Individual tasks for students of higher education on the topic: students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.

1. List of recommended literature (main, additional, electronic information resources):

Main:

1. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 9-27

2. CDC Yellow Book 2018: Health Information for International Travel \ Edited by Brunette Gary WKozarsky Phyllis. Oxford University Press, 2017. 704 pp.

Additional:

1. Harrison's Principles of internal medicine. 19th edition /edited by Anthony S. Fauci, Dennis L Kasper, Dan L. Longo [et all]. – New York. - 2017. – P. 2-10., 48-58, 70-79.

2. Comprehensive Textbook of Infectious Disease : M. I. Sahadulla, S. A. Udman. – 2rd edition. Jaypee Brothers, Medical Publishers Pvt. Limited, 2019 – 835 p.

3. Recognition and diagnosis of infectious diseases / Посібник для англомовних студентів медичних вузів. M. Kryzhanska, O. Zubach, O. Vorozhbyt // – Львів: ЛНМУ, 2018. – 95 с.

Electronic information resources:

1. www.who.int- World Health Organization
2. www.ama-assn.org–American Medical Association /American Medical Association
3. www.dec.gov.ua/mtd/home/- State Expert Center of the Ministry of Health of Ukraine
4. http://bma.org.uk– British Medical Association
5. www.gmc-uk.org- General Medical Council (GMC)
6. www.bundesaerztekammer.de– German Medical Association
7. https://library.odmu.edu.ua/catalog/- Electronic catalog

Topic # 3: Diarrheal syndrome in the clinic of infectious diseases. Cholera 2 hours

Goal: Improve students' knowledge of: etiology, pathogenesis, diarrheal syndrome, types of diarrhea; etiology, epidemiology, pathogenesis, clinical manifestations of cholera; to develop professional skills in drawing up an examination plan (laboratory and instrumental) for a cholera patient, a comprehensive treatment plan for a cholera patient, and a plan for the necessary preventive measures in a cholera outbreak.

Basic concepts:

Diarrheal syndrome, cholera, rotavirus infection, dehydration shock

Plan

Theoretical questions:

1.Features of diarrhea of various genesis, their classification and clinical features.
2. Degrees of dehydration, severity criteria.
3. Diagnosis of infectious diseases occurring with enterocolitis syndrome.
4. Diagnosis of infectious diseases that occur with enteritis syndrome.
5. Diagnosis of infectious diseases occurring with colitis syndrome.
6. Diagnosis of infectious diseases occurring with gastroenterocolitis syndrome.
7. Principles of providing emergency aid in case of dehydration shock.
8. Methods of specific and non-specific diagnosis of diarrheal syndrome.
9. Basic principles of treatment of diseases occurring with diarrheal syndrome.
10. Pathogenetic and symptomatic therapy in patients with intestinal infections.
11. Rules for discharge from the hospital of patients with intestinal infections with diarrheal syndrome.

Questions for self-control:

1. Name the types of diarrhea.
2. Diagnosis of infectious and non-infectious diseases that occur with gastroenterocolitis syndrome.
3. Diagnosis of infectious and non-infectious diseases that occur with enterocolitis syndrome.
4. Diagnosis of infectious and non-infectious diseases that occur with enteritis syndrome.
5. Diagnosis of infectious and non-infectious diseases that occur with colitis syndrome.
6. Methods of laboratory diagnosis of infectious and non-infectious diseases that occur with gastroenterocolitis syndrome.
7. Methods of laboratory diagnosis of infectious and non-infectious diseases that occur with enterocolitis syndrome.
8. Methods of laboratory diagnosis of infectious and non-infectious diseases that occur with enteritis syndrome.
9. Methods of laboratory diagnosis of infectious and non-infectious diseases that occur with colitis syndrome.
10. Principles of treatment of infectious diseases occurring with gastroenterocolitis syndrome.
11. Principles of treatment of infectious diseases with enterocolitis syndrome.
12. Principles of treatment of infectious diseases with enteritis syndrome.
13. Principles of treatment of infectious diseases occurring with colitis syndrome.
14. Principles of prevention of infectious diseases that occur with gastroenterocolitis syndrome.
15. Principles of prevention of infectious diseases that occur with enterocolitis syndrome.
16. Principles of prevention of infectious diseases that occur with enteritis syndrome.
17. Principles of prevention of infectious diseases that occur with colitis syndrome.

Approximate tasks for processing the theoretical material:study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.

Practical work:

1. Compile a differential-diagnostic table of differences in clinical manifestations and diagnosis of manifestationsatdiarrheal syndrome in infectious diseases that overlap with gastrointestinal syndrome.
2. Make a report on the results of the examination of a patient with diarrheal syndrome by a team of students in the study group, an analysis under the guidance of the teacher of the correctness of the diagnosis, differential diagnosis, scope of the prescribed examination, treatment tactics, assessment of prognosis and work capacity.

Test tasks for self-control:

1. In a patient with intestinal dysfunction (severe diarrhea, "fountain" vomiting)body temperature is normal, there is no pain in the stomach. Pronounced dehydration, dryness of the skin and mucous membranes, the skin gathers into a fold that does not smooth out; tachycardia, a sharp decrease in blood pressure, total cyanosis, aphonia, anuria. What analysis is necessary to confirm the diagnosis?

A.Isolation of pathogen culture from feces
B.Clinical blood analysis
C.Study of blood electrolytes
D.Coprological research
E.Blood culture

2. The general condition of the patient is extremely difficult. The question is answered bydifficulty The voice is husky. The skin is pale. Facial features are pointed. The eyes lit up. Lips and nail phalanges are bluish. The tongue is dry, the sclera is dark. The skin, taken in a fold, does not straighten. The pulse is not detected. Blood pressure - 0 mm Hg. Heart tones are weak. Stomach retracted. Frequent spasms of tender limbs. Uncontrollable vomiting and loose stools. Body temperature is 35°C. Specify the complications of this disease:
A.Dehydration shock
B.Acute renal failure
C.Infectious-toxic shock
D.Edema of the brain
E.Acute vascular insufficiency

3. The patient has watery stools many times, frequent vomiting. Objectively: general cyanosis, dryness of mucous membranes, decrease in skin turgor. T-35,20C.Peripheral pulse is not determined. It's mesmerizing. Muscle cramps. No urine output for 6 hours. How to assess the patient's condition?
A.Uncompensated hypovolemic shock.
B.Dehydration of the second degree.
C.Dehydration of the third degree.
D.Infectious-toxic shock.
E.Anaphylactic shock.

4. The patient came to the therapist with complaints of weakness, diarrhea. Rested in the south, where there were cases of diarrhea. Objectively: t-36.4°C, the skin is clean, acrocyanosis, the tongue is dry, the abdomen is soft, not painful, the stools are abundant, watery, with white flakes, without odor and impurities. Previous diagnosis?
A.Cholera
B.Acute shigellosis
C.Giardiasis
D.Intestinal yersiniosis
E.Salmonellosis

5. The patient, 20 years old, became acutely ill. Profuse diarrhea, which was unexpected for him, appeared, which was joined by repeated vomiting with a large amount of vomitus. The patient arrived from Southeast Asia. Abdomen retracted, painless. The stools have the appearance of rice broth. What is the most likely diagnosis?
A.Cholera
B.Salmonellosis
C.Escherichia
D.Acute shitelosis
E.Rotavirus gastroenteritis

6. A citizen of Pakistan became acutely ill: frequent watery stools resembling milk soup appeared. Objectively - T - 35.4oC, the skin of the peripheral parts of the body is cold, acrocyanosis, dry mouth, skin elasticity and tissue turgor are sharply reduced. What should be done to assess the severity of the patient's condition?
A.Determine the density of blood plasma
B.Measure central venous pressure
C.Determine the number of erythrocytes
D.Examine the fundus
E.Determine the level of hemoglobin

7. A 30-year-old patient became acutely ill, when frequent watery stools appeared, then profuse vomiting without nausea, thirst. Objectively: body temperature 35.4oC. The condition is severe, the skin is cold. Tissue turgor and skin elasticity are significantly reduced. Facial features are pointed. The voice is hoarse, acrocyanosis. Pulse 130 per minute, weak. Blood pressure - 60\30 mmHg. The tongue is dry. The abdomen is inflamed, painless, palpation shows rumbling in the intestines. Anury. Indicate the most likely diagnosis.
A.Cholera
B.Salmonellosis
C.Dysentery
D.Rotavirus gastroenteritis
E.Food poisoning

Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.

List of recommended literature (main, additional, electronic information resources):

Main:

1. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 9-27

2. CDC Yellow Book 2018: Health Information for International Travel \ Edited by Brunette Gary WKozarsky Phyllis. Oxford University Press, 2017. 704 pp.

Additional:

1. Harrison’s Principles of internal medicine. 19th edition /edited by Anthony S. Fauci, Dennis L Kasper, Dan L. Longo [et all]. – New York. - 2017. – P. 2-10., 48-58, 70-79.

2. Comprehensive Textbook of Infectious Disease : M. I. Sahadulla, S. A. Udman. – 2rd edition. Jaypee Brothers, Medical Publishers Pvt. Limited, 2019 – 835 p.

3. Recognition and diagnosis of infectious diseases / Посібник для англомовних студентів медичних вузів. M. Kryzhanska, O. Zubach, O. Vorozhbyt // – Львів: ЛНМУ, 2018. – 95 с.

Electronic information resources:

1. www.who.int- World Health Organization

2. www.ama-assn.org–American Medical Association /American Medical Association
3. www.dec.gov.ua/mtd/home/- State Expert Center of the Ministry of Health of Ukraine
4. http://bma.org.uk– British Medical Association
5. www.gmc-uk.org- General Medical Council (GMC)
6. www.bundesaerztekammer.de– German Medical Association
7. https://library.odmu.edu.ua/catalog/- Electronic catalog

Topic #4: "Salmonellosis. Dysentery. Amoebiasis".

Goal: Improve students' knowledge of etiology, epidemiology, pathogenesis, clinical manifestations of salmonellosis, dysentery, amebiasis; to develop professional skills in drawing up a plan for the examination of patients with salmonellosis, dysentery, amebiasis (laboratory and instrumental), a comprehensive plan for the treatment of the patient and the necessary preventive measures in the center of salmonellosis, dysentery, amebiasis.

Basic concepts: Salmonellosis, dysentery, amebiasis.

Plan
Theoretical questions:
1. Salmonellosis: etiology, epidemiology, pathogenesis
2. Salmonellosis: classification, clinical course
3. Salmonellosis: laboratory diagnosis, differential diagnosis, complications
4. Modern methods of treatment of salmonellosis, medical care at the pre-hospital stage
5. Indications for hospitalization, discharge rules. Principles of salmonellosis prevention
6. Etiology, epidemiology, classification of shigellosis
7. Clinical course of dysentery
8. Dysentery: laboratory diagnosis, differential diagnosis, complications
9. Modern methods of treatment of dysentery, medical care at the pre-hospital stage
10. Indications for hospitalization, discharge rules. Principles of prevention of dysentery
11. Amebiasis, etiology, epidemiology, classification
12. The current state of the incidence of amebiasis in Ukraine and the world.
13. Clinical course of amebiasis. Possible complications of amebiasis.
14. Plan of examination of a patient with amebiasis. Co-program of a patient with amebiasis in the period of exacerbation of the disease.
15. Methods of specific diagnosis of amebiasis.
16. Basic diagnostic criteria for amebiasis.
17. Principles of therapy for amebiasis patients.
18. Rules for discharge of convalescents from a hospital.
19. Prevention of amoebiasis (specific, non-specific).
20. Terms of dispensary supervision.

Questions for self-control:
1. Name the main clinical forms of salmonellosis.
2. What are the clinical criteria for diagnosing salmonellosis?
3. Name the non-specific and specific methods of laboratory examinations of a patient with salmonellosis.
4. What are the features of treatmenta patient with salmonellosis. Etiotropic, symptomatic and pathogenetic therapy.
5. Name the types of preventionsalmonellosis.
6. Name the main clinical forms of shigellosis.
7. What are the clinical criteria for diagnosing shigellosis?
8. Name the non-specific and specific methods of laboratory examinations of a patient with shigellosis.
9. What are the features of treating a patient with shigellosis. Etiotropic, symptomatic and pathogenetic therapy.
10. Name the types of prevention for shigellosis.
11. Name the main clinical forms of amebiasis.
12. What are the clinical criteria for making a diagnosis of amoebiasis?
13. Name the non-specific and specific methods of laboratory examinations of a patient with shigellosis.
14. What are the features of treating a patient with amebiasis. Etiotropic, symptomatic and pathogenetic therapy.

15. Name the types of prevention for amebiasis.

Approximate tasks for processing the theoretical material:study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.
Practical work:

1. Make a differential-diagnostic table of differences in clinical manifestations and diagnosiswith salmonellosis, shigellosis and amebiasis.
2. Make a therapeutic and preventive table of differences in salmonellosis, shigellosis and amebiasis.

Test tasks for self-control:
1. Determine where the pathological process occurs in shigellosis?
A. Stomach
B. Liver
C. Cecum
D. Sigmoid colon
E. Small intestine

2. The farmer complains of general weakness, spastic pain in the lower abdomen, mainly in the left iliac region, frequent loose stools up to 18 times a day with mucus and blood. The disease began acutely, three days ago, with chills, a feeling of heat, and a headache. General condition of medium severity, T-37.8 °C. The sigmoid colon is spasmodic and painful. What is the most likely diagnosis?
A. Dysentery
B. Amebiasis
C. Nonspecific ulcerative colitis
D. Yersiniosis
E. Salmonellosis
3. A nurse observes the feces of a 42-year-old patient. Excretions are abundant, smelly, quickly become watery, with impurities of mucus and a greenish tint. This type of stool indicates the disease:

A. Salmonellosis
B. Shigellosis
C. Botulism
D. Typhoid fever
E. Cholera

4. A 28-year-old man became acutely ill when he developed chills, an increase in body temperature to 38.5°C, paroxysmal spastic pain in the left iliac region, frequent loose stools with mucus and blood. Palpation of the abdomen reveals tenderness and spasm of the sigmoid colon. What is the most likely diagnosis?
A. Escherichia
B. Amebiasis
C. Shigellosis
D. Nonspecific ulcerative colitis
E. Malignant tumor of the colon
5.Patient S. was hospitalized in the infectious department with complaints of fever (39°C), general weakness, repeated vomiting, abdominal pain, frequent bowel movements with a greenish tint. It is known from the anamnesis that the patient consumed raw eggs yesterday. What disease can be suspected?
A. Salmonellosis
B. Typhoid
C. Botulism

D. Escherichia
E. Shigellosis
6. The patient has defecation disorders, the stool is liquid, mucous and bloody. Symptoms indicate:
A. Dysentery
B. Salmonellosis
C. Bbotulism
D. Typhoid
E. Food poisoning
7. The patient turned to the admission department of the infectious disease hospital with complaints of paroxysmal spastic pain in the lower abdomen, mainly on the left side, pulling pain during defecation and for 5-10 minutes. after it, frequent bowel movements, chills. The patient is weakened, adynamic. The skin and visible mucous membranes are dry, pale. During palpation of the abdomen, sharp pain is noted in its left half, the sigmoid colon is spasmodic and is palpated as a dense, motionless, painful mass. Feces have the appearance of lumps of mucus with streaks of blood. Specify the previous diagnosis of the disease.
A. Shigellosis
B. Salmonellosis
C. Food poisoning
D. Cholera
E. Escherichia
8.A month after returning from vacation (from Ethiopia), the patient had loose stools, mild abdominal pains, some weight loss, slight enlargement of the liver, and in the following days, abundant stools about 10 times a day. Feces of the "raspberry jelly" type, accompanied by spasm-like pains in the abdomen, which worsen during the act of defecation. Specify the previous diagnosis of the disease.
A. Shigellosis
B. Salmonellosis
C. Food poisoning
D. Amoebiasis
E. Escherichia
9. A 44-year-old resident of Nigeria was sent to the hospital. She indicates that in the last 2 years she started to lose weight, developed weakness, 2 weeks ago heaviness appeared in the right hypochondrium, chills, high temperature, sweating. X-rays and x-rays revealed enlargement of the liver in the anterior-superior direction. Specify the previous diagnosis of the disease.
A. Escherichia
B. Amoebiasis has an acute course
C. Shigellosis
D. Amoebic liver abscess
E. Malignant tumor of the colon
Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.
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1. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 44-55
2. CDC Yellow Book 2018: Health Information for International Travel \ Edited by Brunette Gary WKozarsky Phyllis. Oxford University Press, 2017. 704 pp.
Additional:

1. Harrison’s Principles of internal medicine. 19th edition /edited by Anthony S. Fauci, Dennis L Kasper, Dan L. Longo [et all]. – New York. - 2017. – P 553-559.
2. Comprehensive Textbook of Infectious Disease : M. I. Sahadulla, S. A. Udman. – 2rd

edition. Jaypee Brothers, Medical Publishers Pvt. Limited, 2019 – 835 p.
3. Recognition and diagnosis of infectious diseases / Посібник для англомовних студентів медичних вузів. M. Kryzhanska, O. Zubach, O. Vorozhbyt // – Львів: ЛНМУ, 2018. – 95 с.

Electronic information resources:

1. www.who.int- World Health Organization
2. www.ama-assn.org–American Medical Association /American Medical Association
3. www.dec.gov.ua/mtd/home/- State Expert Center of the Ministry of Health of Ukraine
4. http://bma.org.uk– British Medical Association
5. www.gmc-uk.org- General Medical Council (GMC)
6. www.bundesaerztekammer.de– German Medical Association
7. https://library.odmu.edu.ua/catalog/- Electronic catalog

Topic #7: "Other ARVI: parainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection".

Goal: Improve students' knowledge of: etiology, epidemiology, pathogenesis, clinical manifestations of parainfluenza, adenovirus disease, RS infection, rhinovirus infection; to form professional skills in drawing up a plan for examining a patient for parainfluenza, adenovirus disease, RS infection, rhinovirus infection (laboratory and instrumental), drawing up a comprehensive plan for the treatment of a patient and necessary preventive measures in SARS centers.

Basic concepts: Infectious diseases with an airborne mechanism of transmission, influenza.

Plan

Theoretical questions:

1. Etiology, epidemiology of parainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.
2. Pathogenesis of parainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.
3. Classification of parainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.
4. Describe the main clinical symptoms and name the severity criteriaparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infectionand.
5. Complicationparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.
6. Plan of examination of the patientparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.
7. Methods of specific diagnosisparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.
8. Etiotropic therapyparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infectionand principles of basic therapy.
9. Non-specific and specific preventionparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.

Questions for self-control:

1. Name the main clinical formsparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.
2. What are the clinical criteria for diagnosisparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection?
3. Name the nonspecific and specific methods of laboratory examinations of a patient for parainfluenza, adenovirus disease, RS infection, rhinovirus infection, and reovirus infection.
4. What are the features of treatmenta patient with parainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection? Etiotropic, symptomatic and pathogenetic therapy.
5. Name the types of preventionparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.

Approximate tasks for processing the theoretical material:study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.

Practical work:

1. Make a differential-diagnostic table of differences in clinical manifestations and diagnosisatparainfluenza, adenovirus disease, RS infection, rhinovirus infection and reovirus infection.
2. Make a therapeutic and preventive table of differences withparainfluenza, adenovirus disease, MS infection, rhinovirus infection and reovirus infection.

Test tasks for self-control:

1. A student, 18 years old, for 7 days complains of weakness, temperature up to 37.8°C, mucous discharge from the nose, pain in the throat when swallowing, feeling of "sand" in the eyes. Objectively: increase in posterior cervical and maxillary lymph nodes, swelling and injection of conjunctival vessels, hyperemia of the mucous membrane of the oropharynx, hypertrophy of tonsils, plaque is absent. The most likely diagnosis:
A. Adenovirus infection
B. Flu
C. Infectious mononucleosis
D. Rhinovirus infection
E. Parainfluenza

2. The patient is 15 years old, he fell ill gradually, all days he has a low-grade fever, runny nose, rough painful cough. On the 5th day: the voice is hoarse, sometimes there is stridorous breathing, the patient takes a sitting position, becomes restless. Hard breathing over the lungs, isolated dry wheezes. The pulse is 100 beats in 1 minute. What manifestations of an emergency state occur in this case?
A. Laryngostenosis
B. Acute cardiovascular failure
C. Bronchoobstruction syndrome
D. Swelling of the lungs
E. Acute pulmonary insufficiency

3. At night, an ambulance was called to a patient who, on the 2nd day of SARS, developed noisy inspiratory dyspnea, severe intercostal space congestion, swelling of the wings of the nose, and a barking cough. The most likely diagnosis:
A. Asthma
B. Epiglottitis
C. Bronchiolitis
D. Viral croup
E. Foreign body

4. Patien has been sick for 2 days. The disease started with low-grade fever, dry cough, and discharge from the nose. On the 2nd day of the illness, the cough became rough, "barking", hoarseness of voice and loud breathing appeared. During hospitalization, t- 38.8C, the severity of the condition is average. The throat is hyperemic, the cough is "barking". When excited, shortness of breath increases with involvement of the fossa jugularis and regio epigastrica. Dry, conducting rales in the lungs. The diagnosis was established: ARVI. The most probable causative agent of the disease in this patient may be:
A. Rotavirus
B. Staphylococcus
C. Diphtheria bacillus
D. Adenovirus
E. Parainfluenza virus

5.Acute RS infection is characterized by:
A. Etiologically diverse diseases
B. Speed and mass distribution
C. High sensitivity of the pathogen
D. Wide spread among children
E. All of the above

6.The main symptom of rhinovirus infection:
A. High fever
B. Headache
C. Abundant watery discharge from the nose
D. Pronounced inflammatory changes in the throat
E. All of the above
7. The most common complication of parainfluenza:
A. Myocarditis
B. Pyelonephritis
C. Pneumonia
D. Otitis
E. Sinusitis

Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.

List of recommended literature (main, additional, electronic information resources):

Main:

1. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 44-55

2. CDC Yellow Book 2018: Health Information for International Travel \ Edited by Brunette Gary WKozarsky Phyllis. Oxford University Press, 2017. 704 pp.

Additional:

1. Harrison's Principles of internal medicine. 19th edition /edited by Anthony S. Fauci, Dennis L Kasper, Dan L. Longo [et all]. – New York. - 2017. – P 553-559.

2. Comprehensive Textbook of Infectious Disease : M. I. Sahadulla, S. A. Udman. – 2rd edition. Jaypee Brothers, Medical Publishers Pvt. Limited, 2019 – 835 p.

3. Recognition and diagnosis of infectious diseases / Посібник для англомовних студентів медичних вузів. M. Kryzhanska, O. Zubach, O. Vorozhbyt // – Львів: ЛНМУ, 2018. – 95 с.

Electronic information resources:

1. www.who.int- World Health Organization
2. www.ama-assn.org–American Medical Association /American Medical Association
3. www.dec.gov.ua/mtd/home/- State Expert Center of the Ministry of Health of Ukraine
4. http://bma.org.uk– British Medical Association
5. www.gmc-uk.org- General Medical Council (GMC)
6. www.bundesaerztekammer.de– German Medical Association
7. https://library.odmu.edu.ua/catalog/- Electronic catalog

Topic #9: "Meningeal syndrome in the clinic of infectious diseases. Meningococcal infection".

Goal: Improve students' knowledge of etiology, epidemiology, pathogenesis, clinical manifestations of meningococcal infection; to develop professional skills in drawing up an examination plan (laboratory and instrumental), drawing up a comprehensive treatment plan for a patient with meningococcal infection.
Basic concepts: meningeal syndrome, meningococcal infection, meningism, serous and purulent meningitis, secondary meningitis.

Plan

Theoretical questions:
1. Pathogenesis of meningeal syndrome.
2. Etiology, epidemiology, pathogenesis of meningococcal infection.
3. Classification of clinical forms of meningococcal infection.
4. Main clinical manifestations of meningococcal nasopharyngitis.
5. Main manifestations and clinical forms of meningococcemia.
6. Complications of meningococcemia.
7. Main clinical manifestations of meningococcal meningitis and meningoencephalitis.
8. Complication of meningococcal infection.
9. The main causes of mortality in generalized forms of meningococcal infection.
10. Examination plan for a patient with meningococcal infection.
11. Methods of specific diagnosis of meningococcal infection. Etiotropic therapy of various forms of meningococcal infection: drugs, doses, routes of administration, duration of treatment.
12. Sanitation of meningococcus bacteria carriers.
13. Principles of pathogenetic therapy of generalized forms of meningococcal infection.
14. Rules for discharge of convalescents from a hospital.
15. Dispensary monitoring of convalescents.
16. Measures in the center of meningococcal infection.
17. ITSH: definition, pathogenesis, classification, clinical and laboratory diagnosis, emergency care.
18. NNGM: definition, pathogenesis, classification, clinical and laboratory diagnosis, emergency care.

Questions for self-control:
1. Definition of meningitis, meningeal syndrome;
2. Characteristics of causative agents of serous and purulent meningitis;
3. Modern classification of meningitis.
4. Clinical manifestations of diseases accompanied by meningeal syndrome.
5. Characteristic changes in cerebrospinal fluid in the case of damage to the central nervous system of various etiologies.
6. Research methods used in the diagnosis of diseases with meningeal syndrome: general clinical, biochemical, bacteriological and virological, serological, instrumental.
7. Evaluate the data of laboratory and instrumental examination of the patient.
8. Conduct a differential diagnosis between meningitis of various etiologies and other diseases of the nervous system.
9. Prescribe etiotropic, pathogenetic treatment to patients with various forms of meningitis.

Approximate tasks for processing the theoretical material:study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.
Practical work:

1. Make a differential-diagnostic table of differences in clinical manifestations and diagnosisatmeningeal syndrome.
2. Compile a therapeutic and preventive table of differences in meningeal syndrome.

Test tasks for self-control:

1. The patient became acutely ill after being on the beach. In the evening, repeated vomiting, headache, and high temperature appeared. Meningeal signs are positive. During a lumbar puncture - a clear liquid that flows out under high pressure, cytosis - 350 cells in 1 μl (lymphocytes - 80%), glucose - 2.21 mmol/l, protein - 0.66 g/l, Pandey reaction +. Your diagnosis?

A. Tuberculous meningitis

B. Purulent meningitis

C. Enterovirus serous meningitis

D. Food poisoning

E. Tick-borne encephalitis

2.The patient was examined for a rise in temperature, the appearance of symptoms of intoxication and the presence of meningeal syndrome. A lumbar puncture was performed. Cerebrospinal fluid is cloudy, flows out under high pressure: protein-1.8g/l; Panda's reaction (++++), glucose -2.2 mmol/l, chlorides-123 mmol/l, cytosis-2350*106/l (80% neutrophils, 20% lymphocytes). Your diagnosis?

A. Meningism.

B. Viral meningitis.

C. Tuberculous meningitis.

D. Purulent meningitis

E. Encephalitis.

3. The patient fell ill suddenly: the body temperature rose to 39-40C, he was bothered by a diffuse headache that worsened when he turned his head, significant light and sound stimuli, vomiting without nausea. The patient is sleepy, lying on his side with his head thrown back and his knees bent to his stomach. Pronounced stiffness of the occipital muscles. Your diagnosis?

A. Brain tumor

B. Encephalitis

C. Brain concussion

D. Meningitis

E. Neurotoxicosis

4. A patient with chicken pox was admitted to the reception department on the 8th day of illness. During examination: headache, repeated vomiting, unsteadiness of gait, drowsiness, dyscoordination of movements, tremor of limbs. Temporary loss of consciousness and convulsions were observed. Your diagnosis?

A. Meningitis

B. Neurotoxicosis

C. Infectious-toxic shock

D. Chicken pox Encephalitis

E. Brain tumor.

5. A patient with hyperthermia of 39.8-400 C, progressive loss of consciousness, increasing pallor and cyanosis, coldness and bluishness of the skin of the feet and hands, rapid spread of hemorrhagic star-shaped rash, onset of shortness of breath, absence of diuresis for 8 hours. Pressure 50/0 mmrts. Your diagnosis?

A. Lyell's syndrome

B. Hemorrhagic vasculitis

C. Allergic reaction.

D. Thrombocytopenic purpura

E. Meningococcal infection, infectious-toxic shock 3rd century.

6. The patient was admitted to the hospital with complaints of an increase in temperature to 39.7°C, clonic-tonic convulsions. During the examination, the condition is heavy, lethargic, pale, stiffness of the muscles of the back of the head, repeated vomiting. Your diagnosis?

A. Neurotoxicosis

B. Pyelonephritis.

C. Meningitis.

D. Encephalitis.

E. Sinusitis

7. The patient became acutely ill at night: temperature 37.80C, anxiety, repeated vomiting. In the morning, the temperature was 39.50C, repeated vomiting, lethargy, and a rash appeared in the afternoon. In the evening, the temperature is 36.00C, sopor, on the hips, buttocks, abdomen - hemorrhagic and hemorrhagic-necrotic rash, cold extremities, tachycardia, tachypnea, acrocyanosis. Pressure 70/30 mmHg. Your diagnosis?

A. Measles

B. Influenza, severe form with hemorrhagic syndrome

C. Thrombocytopenic purpura

D. Scarlet fever

E. Meningococcal infection, meningococcemia, ITS.

8. A patient on the 2nd day of the disease with pronounced meningeal syndrome in the cerebrospinal fluid pleocytosis - 8000 in 1 μl (95% neutrophils), protein 1.1 g/l, in the smear - diplococci, located intracellularly. Specify the most likely diagnosis:

A. Tuberculous meningitis

B. Meningococcal meningitis

C. Subarachnoid hemorrhage with secondary meningitis

D. Enterovirus meningitis

E. Tick-borne encephalitis

9. The patient became acutely ill with a temperature of 39.0C, a sore throat, a sharp headache, and vomiting. During the examination, a hemorrhagic rash on the limbs, hemorrhages in the sclera were found. Severe meningeal syndrome. Diagnosed meningococcal infection. Choose a drug for starting therapy:

A. Penicillin 300 thousand units/kg

B. Penicillin 500 thousand units/kg

C. Levomycetin 100 thousand units/kg

D. Cefotaxime (claforan) 100 mg/kg

E. Ceftriaxone 100 mg/kg.

10. On the second day of the illness, the patient had a temperature of 38.0 °C, a shrill cerebral scream, refusal to eat, vomiting 3 times, throwing back the head. During puncture, cerebrospinal fluid flows out in a stream, 15 cells in 1 μl (100% lymphocytes), protein 0.33 g/l. Choose the most likely diagnosis:

A. Tuberculous meningitis

B. Hemophilic meningitis

C. Serous meningitis

D. SARS, meningism syndrome

E. Meningococcal meningitis

Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.

List of recommended literature (main, additional, electronic information resources):

Main:

3. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 44-55

4. CDC Yellow Book 2018: Health Information for International Travel \ Edited by Brunette Gary WKozarsky Phyllis. Oxford University Press, 2017. 704 pp.

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6. Recognition and diagnosis of infectious diseases / Посібник для англомовних студентів медичних вузів. M. Kryzhanska, O. Zubach, O. Vorozhbyt // – Львів: ЛНМУ, 2018. – 95 с.

Electronic information resources:

8. www.who.int- World Health Organization
9. www.ama-assn.org–American Medical Association /American Medical Association
10. www.dec.gov.ua/mtd/home/- State Expert Center of the Ministry of Health of Ukraine
11. http://bma.org.uk– British Medical Association
12. www.gmc-uk.org- General Medical Council (GMC)
13. www.bundesaerztekammer.de– German Medical Association
14. https://library.odmu.edu.ua/catalog/- Electronic catalog

Topic #12: "Acute viral hepatitis with a parenteral mechanism of transmission."

Goal: Improve students' knowledge of etiology, epidemiology, pathogenesis, clinical manifestations of viral hepatitis with a parenteral transmission mechanism; to develop professional skills in drawing up an examination plan (laboratory and instrumental), a comprehensive plan for the treatment of the patient and the necessary preventive measures.
Basic concepts: Viral hepatitis with a parenteral transmission mechanism, viral hepatitis B, viral hepatitis C, viral hepatitis D.

Plan

Theoretical questions:
1. Etiology, epidemiology of viral hepatitis B.
2. Pathogenesis of viral hepatitis B.
3. Classification and clinical course of viral hepatitis B.
4. Complications of viral hepatitis B.
5. Examination plan for a patient with viral hepatitis B.
6. Methods of specific and nonspecific diagnosis of viral hepatitis B, basic biochemical indicators and specific markers of hepatitis B.
7. Features of treatment of acute and chronic hepatitis B.
8. Non-specific and specific prevention of viral hepatitis B.
9. Etiology, epidemiology of viral hepatitis C.
10. Pathogenesis of viral hepatitis C.
11. Classification and clinical course of viral hepatitis C.
12. Complications of viral hepatitis C.
13. Examination plan for a patient with viral hepatitis C.
14. Methods of specific and nonspecific diagnosis of viral hepatitis C, basic biochemical indicators and specific markers of hepatitis C.
15. Features of treatment of acute and chronic hepatitis C.
16. Nonspecific and specific prevention of viral hepatitis C.
17. Etiology, epidemiology of viral hepatitis D.
18. Pathogenesis of viral hepatitis D.
19. Classification and clinical course of viral hepatitis D.
20. Complications of viral hepatitis D.
21. Examination plan for a patient with viral hepatitis D.
22. Methods of specific and nonspecific diagnosis of viral hepatitis D, basic biochemical indicators and specific markers of hepatitis D.
23. Features of treatment of acute and chronic hepatitis D.
24. Non-specific and specific prevention of viral hepatitis D.

Questions for self-control:
1. Source of infection and ways of infection in acute VH.
2. Classification of viral hepatitis.
3. Risk groups for acute VH.
4. Main clinical forms of acute viral hepatitis.
5. Variants of the course of the pre-jaundice period of acute VH.
6. The main clinical manifestations of the jaundice period of acute VH.
7. Variants of acute viral hepatitis D. Clinical manifestations.
8. Complications and consequences of acute VH.
9. Severity criteria of acute viral hepatitis.
10. Ultrasound diagnosis of acute VT.
11. The nature of laboratory changes in acute VH.
12. Specific diagnosis of acute VH.
13. The main stages of the pathogenesis of acute hepatic encephalopathy.
14. Main clinical manifestations of acute hepatic encephalopathy.
15. Character of laboratory changes in acute hepatic encephalopathy.
16. Principles of acute VH treatment.

17. Principles of dietary nutrition in acute VH.
18. Principles of treatment of acute hepatic encephalopathy.
19. Non-specific and specific prevention of acute VH.
20. Rules for discharge from hospital of patients with VH.

Approximate tasks for processing the theoretical material:study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.

Practical work:

1. Make a differential-diagnostic table of differences in clinical manifestations and diagnosisatviral hepatitis B, C and D.
2. Make a therapeutic and preventive table of differencesatviral hepatitis B, C and D.

Test tasks for self-control:

1..The incubation period for hepatitis B is...

A. 7-15 days
B. 30-40 days
C. 2-6 months
D. 12 months
E. Up to 18 months

2.Which of the biological fluids of an infected person represent the greatest epidemic danger as a factor of HBV transmission?

A. mother's milk, saliva
B. saliva, urine
C. blood, vaginal secretions and semen
D. feces, urine, saliva, sweat
E. blood, cerebrospinal fluid, saliva

3.Syndromes of the pre-jaundice period of acute HBV.

A. meningeal
B. jaundice
C. arthralgic
D. catarrhal
E. bulbar

4. Name the main route of transmission for hepatitis C:

A. Alimentary
B. Sexual
C. Wounded and sexual
D. Air-dusty
E. Wounded

5What vaccine is used to prevent hepatitis B?

A. Live vaccine
B. Vaccine "Influvak"
C. Sebin's live vaccine
D. Recombinant vaccine EngerixTM B
E. BCG dry vaccine

6.What vaccine is used to prevent hepatitis C?

A. Killed vaccine
B. Vaccine "Influvak"
C. Live vaccine
D. BCG dry vaccine
E. Not used

7.What is the specific prevention of hepatitis C?

A. A vaccine
B. Not developed
C. Delaguilum

D. Anatoxin
E. Serum and human immunoglobulin
8. A patient with hepatitis B becomes contagious:
A. The last 2-3 days of the incubation period
B. With the onset of clinical manifestations
C. From the beginning of the incubation period
D. In the period of convalescence
E. The last 2 months of the incubation period
9. Patients with viral hepatitis must undergo a number of laboratory tests to confirm the diagnosis. Specify the main method of specific diagnosis of viral hepatitis B:
A. Serological
B. General blood test
C. Bacteriological
D. Microscopic
E. Allergic
10. The patient complains of rapid fatigue, pain and heaviness in the right hypochondrium, yellowness of the skin and sclera, darkening of urine, discoloration of feces. The patient is 3 months old. therefore, he received a severe injury with blood loss. Hemotransfusion was performed during the operation. For which disease are these symptoms characteristic?

A. Viral hepatitis A
B. Malaria
C. Leptospirosis
D. Viral hepatitis B
E. Cholecystitis
11. The size of the liver decreased in the patient during the exacerbation of HBV. This indicates:
A. Acute liver failure
B. The transition to a chronic form
C. Dyskinesia of biliary tract
D. Cirrhosis
E. Cholangitis

12.Predictors of hepatic coma:
A. The appearance of restlessness, pain in the area of the liver (sometimes so strong that it gives reason to suspect acute surgical pathology of the abdomen), psychomotor excitement
B. An increase in the size of the liver
C. Decrease in body temperature
D. Everything is listed
E. Bradycardia
13. What is the nature of jaundice in patients with HS:
A. Parenchymatous
B. Obturational
C. Hemolytic
D. Hereditary
E. Hemolytic and parenchymatous.
14. What is the nature of jaundice in HBV patients:
A. Obturational
B. Hereditary
C. Hemolytic and parenchymatous
D. Hemolytic
E. Parenchymatous
15. In which HG most often develops cirrhosis of the liver:
A. HCV
B. HBV

C. VGE
D. VGA
E. IOP

16. Primary hepatocarcinoma most often develops in which HG:
A. VGE
B. VGA
C. VGG
D. VHC
E. IOP

Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.

List of recommended literature (main, additional, electronic information resources):

Main:

5. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 44-55

6. CDC Yellow Book 2018: Health Information for International Travel \ Edited by Brunette Gary WKozarsky Phyllis. Oxford University Press, 2017. 704 pp.

Additional:

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8. Comprehensive Textbook of Infectious Disease : M. I. Sahadulla, S. A. Udman. – 2rd edition. Jaypee Brothers, Medical Publishers Pvt. Limited, 2019 – 835 p.

9. Recognition and diagnosis of infectious diseases / Посібник для англомовних студентів медичних вузів. M. Kryzhanska, O. Zubach, O. Vorozhbyt // – Львів: ЛНМУ, 2018. – 95 с.

Electronic information resources:

15. www.who.int- World Health Organization
16. www.ama-assn.org–American Medical Association /American Medical Association
17. www.dec.gov.ua/mtd/home/- State Expert Center of the Ministry of Health of Ukraine
18. http://bma.org.uk– British Medical Association
19. www.gmc-uk.org- General Medical Council (GMC)
20. www.bundesaerztekammer.de– German Medical Association
21. https://library.odmu.edu.ua/catalog/- Electronic catalog

Topic #13: "HIV infection. AIDS-associated infections and invasions."

Goal: Improve students' knowledge of etiology, epidemiology, pathogenesis, clinical manifestations of AIDS-associated infections and invasions; to develop professional skills in drawing up an examination plan (laboratory and instrumental), a comprehensive plan for the treatment of the patient and the necessary preventive measures.

Basic concepts: AIDS-associated infections and invasions, herpes infection, cytomegalovirus infection, tuberculosis, toxoplasmosis, cryptosporidiosis, isosporosis, Kaposi's sarcoma, pneumocystis pneumonia, candidiasis.

Plan

Theoretical questions:
1. What is the classification of AIDS-associated infections and invasions?
2. What are the viral AIDS-associated infections?
3. What are the bacterial AIDS-associated infections?
4. What are the fungal AIDS-associated infections?
5. What are the protozoan AIDS-associated infections?
6. What are the principles of non-specific and specific diagnosis of AIDS-associated infections and invasions?
7. What are the general principles of treatment of AIDS-associated infections and invasions?
8. What are the general principles of prevention of AIDS-associated infections and invasions?

Questions for self-control:
1. The contribution of world scientists to the study of HIV infections
2. Etiology of HIV infection
3. Source of HIV infection and ways of infection
4. Peculiarities of the HIV epidemic in Ukraine
5. Peculiarities of HIV's own development
6. The infectivity of HIV
7. Pathogenesis of HIV infection
8. Clinical classification of stages of HIV infection, WHO, 2006
9. Clinical features of each stage of HIV infection
10. Criteria for the diagnosis of HIV infection
11. Specific diagnosis of HIV infection
12. Study of immune status in HIV-infected and AIDS patients
13. Groups at increased risk of infection
14. The concept of AIDS-related diseases
15. The concept of opportunistic infections and features of the course of HIV/AIDS
16. Which AIDS-associated diseases belong to mycoses
17. Opportunistic diseases of bacterial and viral nature
18. AIDS-associated diseases of protozoan nature
19. AIDS-associated diseases of tumor origin
20. Knowledge of pre-test and post-test counseling
21. Basic principles of treatment of HIV infection
22. Indications for prescribing ART
23. What groups of drugs belong to ART
24. Mechanism of action of ART drugs
25. General rules for prescribing ART schemes
26. What are the indicators of the effectiveness of ART.

Approximate tasks for processing the theoretical material:study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.

Practical work:
1.Conduct differential diagnosis between HIV infection and chronic

toxoplasmosis
2.Make a plan for laboratory examination of an HIV-infected person
3.Recognize HIV-associated toxoplasmosis
4.Draw up a treatment plan for a patient with candidal esophagitis
Test tasks for self-control:
1. Criteria for the classification of HIV infection by WHO, which was approved for use in our country by order of the Ministry of Health of Ukraine (2006)
A. clinical manifestations
B. viral load in the blood
C. the number of CD4 lymphocytes in the blood
D. the duration of the disease is more than 5 years
E. all the listed answers are correct except D
2. An HIV-infected person is dangerous as a source of infection:
A. from the first day after infection
B. a few weeks after infection and throughout life
C. only during the clinical manifestation of the disease
D. throughout life after the end of the period of acute HIV infection.
E. only in the chronic phase of the disease
3. Clinical signs-indicators of HIV infection are:
A. fungal infection of the tonsils
B. unexplained diarrhea for 2 weeks
C. micropolyadenopathy for 3 weeks
D. persistent fever for 1 month or longer
E. all answers are correct
4. The leading factors of HIV infection are:
A. Transfusion of blood and its preparations
B. kisses
C. Sexual, including homosexual in men
D. fecal-oral in the presence of relevant HIV-associated infectious diseases
E. Transmissible, especially in African countries
5. Etiotropic treatment of HIV infection is carried out:
A. antiretroviral monotherapy
B. antiretroviral therapy with several drugs
C. combined antibiotic therapy with drugs of a wide spectrum of action
D. sulmetoprim in combination with immunomodulators
E. combination of 2 antiretroviral drugs with laser irradiation of blood.
6. Complaints of a patient with pneumocystis pneumonia:
A. chills with increased body temperature, weakness. Dry cough, shortness of breath
B. cough with secretion of a large amount of serous-purulent sputum
C. most patients have no complaints
D. cough in the absence of X-ray changes
E. cough with bloody sputum
7. The acute stage of HIV infection is most often manifested by:
A. generalized form of candidiasis
B. mononucleosis-like syndrome
C. cachexia
D. total immunodeficiency
E. diarrhea
8. AIDS indicator infections include
A. recurrent dysentery
B. typhus
C. malaria
D. disseminated histoplasmosis
E. pneumoconiosis

9. The source of the causative agent in HIV infection:
A. Rodents
B. Wild animals
C. Pets
D. Man
E. Great apes
10. HIV infection is:
A. anthroponosis, the sensitivity of the human body to this disease depends on the race
B. zooanthroponosis, the sensitivity of the human body to this disease is 100%
C. anthroponosis, sensitivity depends on the presence of a mutation of the CSR5 gene
D. anthroponosis, sensitivity depends on HLA histocompatibility complex antigens
E. zooanthroponosis, black people are the most sensitive

Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.

List of recommended literature (main, additional, electronic information resources):

Main:

1. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 44-55

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4. http://bma.org.uk– British Medical Association
5. www.gmc-uk.org- General Medical Council (GMC)
6. www.bundesaerztekammer.de– German Medical Association
7. https://library.odmu.edu.ua/catalog/- Electronic catalog

Topic #14: "HIV infection. Organization of palliative care in the context of HIV infection".

Goal: Improve students' knowledge of etiology, epidemiology, pathogenesis, clinical manifestations of HIV infection; to develop professional skills in drawing up an examination plan (laboratory and instrumental), a comprehensive plan for the treatment of the patient and the necessary preventive measures.

Basic concepts: HIV infection, opportunistic infections, opportunistic invasions, organization of assistance to patients with HIV infection.

Plan

Theoretical questions:
1. Modern features of the development of the epidemic in the world and in Ukraine at the current stage of the development of society
2. Approaches to the organization of medical care with HIV/AIDS
3. Organizational structure of the system of specialized medical care for HIV/AIDS
4. Replacement maintenance therapy
5. Routing of patients related to HIV infection
6. Activities of "Trust" offices
7. Capacity development as a way to increase the effectiveness of combating the HIV epidemic in Ukraine

Questions for self-control:
1. What are the current indicators of the development of the pandemicHIV/AIDS in Ukraine?
2. What are the modern approaches to the organization of medical care for people living with HIV/AIDS?
3. What is included in the system of specialized medical care for people living with HIV/AIDS?
4. What is supportive therapy aimed at providing assistanceto people living with HIV/AIDS?
5. What is the main purpose of the activityoffices "Trust"?
6. Relevance of palliative and hospice care in the world and in Ukraine.
7. What are the components of palliative and hospice care systems?
8. What are the criteria for granting a patient the status of a palliative patient?
9. What is the legislative regulation and provision of availability of palliative care in Ukraine?
10. What does the concept of "Basic clinical and ethical principles of palliative care" include?

Approximate tasks for processing the theoretical material:study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.

Practical work:
1.Draw up a road map for work with risk groups associated with the threat of HIV/AIDS infection.
2.Make a planimplementation of a gender approach in a treatment or institution.

Test tasks for self-control:
1. Mark one correct answer. Which statements about preventing STDs are true?
I. Before using a contraceptive, you should familiarize yourself with the instructions for it and learn how to use it correctly.
II. Hormonal contraceptives reliably protect a person from STIs.
III. The problem of choosing contraceptives must be solved jointly by a woman and a man.
A. only I, II
B. only I, III
C. only II, III
D. all are correct

2. Which statements about combating stigma and discrimination of persons on any basis are correct?
I. Discrimination is a limitation of the rights of a part of the population on a certain basis.

II. Moral values of a person are of great importance for the prevention of STIs and combating stigma and discrimination.
III. Stigma is a characteristic of a person or group that is a kind of flaw and causes a desire to punish, isolate or otherwise humiliate people.
A. only I, II
B. only I, III
C. only II, III
D. all are correct

3. Mark the conditions under which transmission of HIV infection and hepatitis B and C viruses is possible.
A. If a person who comes into contact with an infected person has intact skin and mucous membranes, then he is usually not infected.
B. If a person, in particular a teenager, smokes or uses alcoholic beverages, other narcotic substances, the risk of infection with HIV or viral hepatitis B and C increases.
C. The presence of other infections in a person that weaken immunity, in particular sexually transmitted infections, also increase the risk of infection with HIV and hepatitis B and C.
D. HIV infection, hepatitis B and C viruses are transmitted through contact and household contact.
E. It is also quite safe to use sterile medical instruments at the dentist, disinfected instruments at the hairdresser, nail salon.

4. Signs of stigmatization are:
A. emphasizing any differences between people that are used to divide people into opposite categories
B. attributing negative qualities, negative signs to people
C. thinking in terms of "us" and "them", which allows us to believe that "they" are not like "us" and are necessarily worse than us in some way
D. understanding that all people are different and this diversity is a positive feature of society as a whole
5. Discrimination and stigma are based on:
A. low cultural level
B. tolerance and restraint
C. high communicative competence
D. unknown and fear
6. HIV is transmitted through blood in cases of:
A. It is possible to infect a person when using non-sterile tools for cosmetic procedures
B. When using common clothes
C. Infection is possible when using non-sterile instruments for injections, vaccinations, surgical operations or dental manipulations
D. During a blood transfusion
7. The principle of HIV testing, which means that a person does not have to give his name if he does not want to, is called
A. voluntariness
B. anonymity
C. privacy
D. free of charge
8. Testing for the detection of HIV infection, according to the legislation of Ukraine, has the following features:
A. It is confidential
B. It is voluntary
C. Is free
D. It is voluntary and paid

Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.
List of recommended literature (main, additional, electronic information resources):
Main:

1. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 44-55
2. CDC Yellow Book 2018: Health Information for International Travel \ Edited by Brunette Gary WKozarsky Phyllis. Oxford University Press, 2017. 704 pp.
Additional:

1. Harrison's Principles of internal medicine. 19th edition /edited by Anthony S. Fauci, Dennis L Kasper, Dan L. Longo [et all]. – New York. - 2017. – P 553-559.
2. Comprehensive Textbook of Infectious Disease : M. I. Sahadulla, S. A. Udman. – 2rd edition. Jaypee Brothers, Medical Publishers Pvt. Limited, 2019 – 835 p.
3. Recognition and diagnosis of infectious diseases / Посібник для англомовних студентів медичних вузів. M. Kryzhanska, O. Zubach, O. Vorozhbyt // – Львів: ЛНМУ, 2018. – 95 с.

Electronic information resources:

1. www.who.int- World Health Organization
2. www.ama-assn.org–American Medical Association /American Medical Association
3. www.dec.gov.ua/mtd/home/- State Expert Center of the Ministry of Health of Ukraine
4. http://bma.org.uk– British Medical Association
5. www.gmc-uk.org- General Medical Council (GMC)
6. www.bundesaerztekammer.de– German Medical Association
7. https://library.odmu.edu.ua/catalog/- Electronic catalog

Topic #15: "Infectious diseases with predominant damage to the kidneys: leptospirosis".

Goal: Improve students' knowledge of etiology, epidemiology, pathogenesis, and clinical manifestationsleptospirosis; to develop professional skills in drawing up an examination plan (laboratory and instrumental), a comprehensive plan for the treatment of the patient and the necessary preventive measures.

Basic concepts: leptospirosis

Plan

Theoretical questions:
1. Etiology, epidemiology of leptospirosis.
2. Pathogenesis of leptospirosis.
3. Classification and clinical course of leptospirosis.
4. Complication of leptospirosis.
5. Plan of examination of the patient with leptospirosis.
6. Methods of specific and non-specific diagnosis of leptospirosis.
7. Features of treatment of leptospirosis.
8. Non-specific and specific prevention of leptospirosis.

Questions for self-control:
1. Name leptospires pathogenic for humans.
2. The main factors of the pathogenicity of Leptospira.
3. Who gets leptospirosis?
4. Source of infection in leptospirosis.
5. Where in the human body do leptospires multiply and accumulate?
6. Incubation period for leptospirosis.
7. Describe the "hood" symptom in leptospirosis.
8. Characteristics of conjunctival changes in leptospirosis.
9. What syndrome develops with hemorrhages in the adrenal glands with leptospirosis?
10. Clinical symptoms of uremia in leptospirosis.
11. To characterize rhabdomyolysis in leptospirosis.
12. Describe the symptom of fever in leptospirosis.
13. When and why does jaundice appear with leptospirosis?
14. What clinical syndromes develop with severe leptospirosis?
15. To characterize hepatolienial syndrome in leptospirosis.
16. Specify the cause of muscle pain in leptospirosis.
17. Describe the symptoms of kidney damage in leptospirosis.
18. To characterize the exanthema in leptospirosis.
19. Characterize changes in pulse and blood pressure in leptospirosis.
20. When can relapse of leptospirosis be observed?
21. Describe the damage to the nervous system in leptospirosis.
22. To characterize thrombohemorrhagic syndrome in leptospirosis.
23. Characteristics of changes in blood biochemistry in leptospirosis.
24. To characterize the changes in the urogram in leptospirosis.
25. Name the specific methods of diagnosing leptospirosis.
26. When is it advisable to conduct microscopy of blood and urine for leptospira?
27. What antibacterial drugs are used to treat leptospirosis?
28. Under what conditions are hormones prescribed for leptospirosis?
29. Name the complications of leptospirosis.
30. Rules for discharge from a hospital of a leptospirosis convalescent. Approximate tasks for working out the theoretical material: study of the main and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.

Practical work:

1. Make a differential-diagnostic table of differences in clinical manifestations and diagnosisat andinfectious diseases with predominant damage to the kidneys.
2. Make a therapeutic and preventive table of differencesat andinfectious diseases with predominant damage to the kidneys.

Test tasks for self-control:

1. Characteristic complications of leptospirosis:
A. acute renal failure
B. bleeding from intestinal ulcers
C. anaphylactic shock
D. pulmonary edema
E. acute liver failure
2. Source of infection in case of HFRS:
A. sick person
B. cattle
C. birds
D. rodents
E. marmoset monkeys
3. Mechanism of transmission in case of HFRS:
A. transmissive
B. vertical
C. plural
D. fecal-oral
E. air-droplet
4. Specific methods of diagnosis of HFCC:
A. biological
B. Total blood count
C. X-ray method
D. NRIF,
E. coprourinoculture
5. Incubation period of HFCC:
A. 1 month
B. 1-6 months
C. 1-3 months
D. 3-14 days
E. 1-2 days
6. Etiotropic therapy for hemorrhagic fevers is carried out:
A. ribavirin
B. delagil
C. Levomycetin
D. metronidazole
E. oseltamivir
7. Characteristic complications of leptospirosis:
A. acute renal failure
B. bleeding from intestinal ulcers
C. anaphylactic shock
D. pulmonary edema
E. acute liver failure
8. Characteristic rashes with HFRS:
A. papular
B. vesicular
C. hemorrhagic

D. pustular
E. urticarial

9. The main syndrome in the pathogenesis of HFRS is the development of:
A. distal colitis;
B. endocarditis;
C. peritonitis;
D. vascular endothelium damage;
E. meningoencephalitis.

10. Characteristic changes in the hemogram in leptospirosis:
A. leukocytosis
B. normocytosis
C. leukopenia
D. atypical mononuclear cells
E. basophilia

Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.

List of recommended literature (main, additional, electronic information resources):

Main:

1. Infectious diseases: Підручник для мед. ун-тів, інст., акад. Затверджено МОН і МОЗ / Голубовська О.А., Андрейчин М.А., Шкурба А.В.; за ред. О.А. Голубоської. К.: ВСВ «Медицина», 2018. –с. 44-55

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Topic #18: "General characteristics of infectious diseases with a transmissible transmission mechanism. Malaria".

Goal:To provide knowledge to higher education students about the basic concepts of diseases with a transmissive mechanism of transmission and malaria. To form knowledge on the peculiarities of the ability to collect anamnesis, interview and examine the patient with the preparation of an examination plan and carrying out differential diagnosis of diseases suspected of malaria and the peculiarities of the clinical course of the disease under the influence of various factors.

Basic concepts: transmissive transmission mechanism. Malaria.

Plan

Theoretical questions:

1. Etiology, epidemiology of malaria.
2. Pathogenesis of malaria.
3. Classification and clinical course of malaria.
4. Complication of malaria.
5. Plan of examination of the patient with malaria.
6. Methods of specific and non-specific diagnosis of malaria.
7. Features of treatment of malaria.
8. Non-specific and specific prevention of malaria.

Questions for self-control:

1. The source of infection in malaria and ways of transmission of malaria.
2. Pathogenicity factors of malaria pathogens.
3. Pathogenesis of malaria.
4. Stages of development of malaria plasmodium in tissue phase and erythrocyte phase.
5. Stages of the cyclic clinical course of malaria.
6. Basic symptoms of malaria.
7. Clinical manifestations of disorders of the nervous system in malaria.
8. Type of temperature curve in malaria.
9. Consequences of malaria.
10. The main causes of mortality in malaria.
11. Specific complications of malaria.
12. The concept of early and late relapses in malaria.
13. Hemogram of a malaria patient in the midst of the disease.
14. Plan of examination of a patient with suspected malaria.
15. Methods of specific diagnosis of malaria.
16. Etiotropic therapy of malaria. Doses, route of administration, duration of appointment.
17. Rules for discharging a malaria patient from a hospital.
18. Emergency care for malaria coma.
19. Hemoglobinuric fever clinic, possible causes of its occurrence.

Approximate tasks for processing the theoretical material:study of basic and additional literature, lecture notes, methodological developments, recommendations and instructions of the Ministry of Health and WHO, writing essays.

Practical work:

1. Make a differential-diagnostic table of differences in clinical manifestations and diagnosiswith various forms of malaria.
2. Make a therapeutic and preventive table of differenceswith various forms of malaria.

Test tasks for self-control:

1. The causative agent of malaria refers to:

A. bacteria
B. viruses
C. protozoa
D. fungi

2. The most characteristic way of malaria transmission:

A. fecal-oral
B. airborne
C. transmissive
D. contact
3. What cycle of development of malaria plasmodium takes place in the human body:
A. sexual
B. asexual
C. sexual and asexual
D. does not go through any stage
4. What does the term of sporogony depend on:
A. type of plasmodium
B. human body
C. humidity of the area
D. air temperature
5. Malaria paroxysm is due to:
A. erythrocytic schizogony
B. tissue schizogony
C. sporogony

6. The development of anemia in malaria is associated with:
A. iron deficiency in the body
B. hemolysis of erythrocytes
C. autoimmune reactions
D. temporary inhibition of erythropoiesis
7. The patient's state after a malarial paroxysm:
A. loss of consciousness
B. weakness
C. drowsiness
D. obscuration of consciousness
8. Which type of malaria is characterized by the following features of the course: a long benign course, the duration of attacks is 6-8 hours, attacks occur mainly in the morning and afternoon hours, early and late relapses are possible, most often ruptures of the spleen.
A. tropical malaria
B. vivax malaria
C. four-day malaria
D. ovale-malaria
9. Clinical signs of malaria:
A. erratic changes in body temperature
B. severe cyclicity of paroxysms
C. the patient's condition does not improve during the period of apyrexia
D. satisfactory condition of the patient during the period of apyrexia
10. Methods of specific diagnosis of malaria:
A. bacteriological
B. parasitological
C. virological
D. PCR
11. Hematoschizotropic drugs act on:
A. sexual stages of parasite development
B. erythrocytic forms of parasites
C. tissue forms of parasites
D. all forms of parasites
12. Histoschizotropic drugs are used for:
A. prevention of mosquito infection and prevention of the spread of malaria
B. prevention of primary attacks and late relapses

C. stopping attacks
D. impact on all forms of the parasite
Individual tasks for students of higher education on the topic:students of higher education are offered a choice of individual tasks, in the form of writing: an abstract work, drawing up thematic schemes, algorithms or tables in accordance with the subject of the lesson.
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Current evaluation criteria in practical training

Rating	Evaluation criteria
Perfectly "5"	The student is fluent in the material, takes an active part in discussing and solving a situational clinical problem, confidently demonstrates practical skills during the examination of a patient and the interpretation of clinical, laboratory and instrumental research data, expresses his opinion on the topic of the class, demonstrates clinical thinking.
Fine "4"	The applicant has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates practical skills during the examination of a patient and the interpretation of clinical, laboratory and instrumental research data with some errors, expresses his opinion on the topic of the class, demonstrates clinical thinking.
Satisfactorily "3"	The acquirer does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of the situational clinical problem, demonstrates practical skills during the examination of the patient and the interpretation of clinical, laboratory and instrumental research data with significant errors.
Unsatisfactory "2"	The acquirer does not possess the material, does not participate in the discussion and solution of the situational clinical problem, does not demonstrate practical skills during the examination of the patient and the interpretation of clinical, laboratory and instrumental research data.