

MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION

**Federal State Autonomous Educational Institution of Higher Education  
«National Research Lobachevsky State University of Nizhny Novgorod»**

Институт клинической медицины

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УТВЕРЖДЕНО

решением Ученого совета ННГУ

протокол № 10 от 02.12.2024 г.

**Working programme of the discipline**

Infectious diseases with the basics of phthiology

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Higher education level

Specialist degree

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Area of study / speciality

31.05.01 - General Medicine

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Focus /specialization of the study programme

General Medicine

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Mode of study

full-time

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Nizhny Novgorod

Year of commencement of studies 2025

## 1. Место дисциплины в структуре ОПОП

Дисциплина Б1.О.48 Инфекционные болезни с основами фтизиатрии относится к обязательной части образовательной программы.

## 2. Планируемые результаты обучения по дисциплине, соотнесенные с планируемыми результатами освоения образовательной программы (компетенциями и индикаторами достижения компетенций)

Формируемые компетенции (код, содержание компетенции)	Планируемые результаты обучения по дисциплине (модулю), в соответствии с индикатором достижения компетенции		Наименование оценочного средства	
	Индикатор достижения компетенции (код, содержание индикатора)	Результаты обучения по дисциплине	Для текущего контроля успеваемости	Для промежуточной аттестации
ОПК-6: Способен организовывать уход за больными, оказывать первичную медико-санитарную помощь, обеспечивать организацию работы и принятие профессиональных решений при неотложных состояниях на догоспитальном этапе, в условиях чрезвычайных ситуаций, эпидемий и в очагах массового поражения	ОПК-6.1: Готов применить алгоритм оказания первичной медико-санитарной помощи при неотложных состояниях, в том числе в экстремальных условиях и очагах массового поражения ОПК-6.2: Выявляет состояния, требующие оказания медицинской помощи в экстренной форме, в том числе клинические признаки внезапного прекращения кровообращения и дыхания ОПК-6.3: Оказывает медицинскую помощь в экстренной форме пациентам при состояниях, представляющих угрозу жизни пациентов, в том числе клинической смерти (остановка жизненно важных функций организма человека (кровообращения и (или) дыхания).	ОПК-6.1: знает и готов применить алгоритм оказания первичной медико-санитарной помощи при неотложных состояниях, в том числе в экстремальных условиях и очагах массового поражения  ОПК-6.2: умеет выявлять состояния, требующие оказания медицинской помощи в экстренной форме, в том числе клинические признаки внезапного прекращения кровообращения и дыхания  ОПК-6.3: владеет навыками оказания медицинской помощи в экстренной форме пациентам при состояниях, представляющих угрозу жизни пациентов, в том числе клинической смерти (остановка жизненно важных функций организма человека (кровообращения и (или) дыхания).	Опрос	Зачёт: Доклад-презентация  Экзамен: Задачи
ПК-1: Готовность к проведению противоэпидемических мероприятий, организации	ПК-1.1: Знать классификацию, определение и источники чрезвычайных ситуаций, медико-	ПК-1.1: Знает классификацию, определение и источники чрезвычайных	Задачи Тест Опрос	Зачёт: Задачи

защиты населения в очагах особо опасных инфекций, при ухудшении радиационной обстановки, стихийных бедствиях и иных чрезвычайных ситуациях	<p>тактическую характеристику очагов поражения катастроф различных видов, современные способы и средства защиты населения от поражающих факторов катастроф, источники химической опасности и краткую характеристику отравляющих и высокотоксичных веществ, основы оценки химической и радиационной обстановки, организацию защиты населения в очагах чрезвычайных ситуаций, при ухудшении радиационной обстановки и стихийных бедствиях, современные средства индивидуальной защиты, основы организации и проведения санитарно-противоэпидемических мероприятий в очагах чрезвычайных ситуаций природного и техногенного характера</p> <p>ПК-1.2: Уметь применять современные способы и средства защиты населения, больных, медицинского персонала и медицинского имущества от поражающих факторов чрезвычайных ситуаций, использовать средства, методы контроля и мониторинга опасных и негативных факторов природного и антропогенного происхождения, проводить выбор методов защиты от поражающих факторов природных и антропогенных катастроф, оценивать химическую, радиационную и бактериологическую обстановку, использовать возможности современных средств индивидуальной защиты, применять методы оценки и проведения</p>	<p>ситуаций, медико-тактическую характеристику очагов поражения катастроф различных видов, современные способы и средства защиты населения от поражающих факторов катастроф, источники эпидемиологической опасности современные средства индивидуальной защиты, организацию защиты населения в очагах чрезвычайных ситуаций, при ухудшении эпидемиологической обстановки и проведения санитарнопротивоэпидемических мероприятий в очагах чрезвычайных ситуаций природного и техногенного характера</p> <p>ПК-1.2: Умеет применять современные способы и средства защиты населения, больных, медицинского персонала и медицинского имущества от поражающих факторов чрезвычайных ситуаций, использовать средства, методы контроля и мониторинга опасных и негативных факторов природного и антропогенного происхождения, проводить выбор методов защиты от поражающих факторов природных и антропогенных катастроф оценивать химическую, радиационную и бактериологическую обстановку, использовать возможности современных средств индивидуальной защиты, применять методы оценки и проведения радиационной и химической</p>	<p>Экзамен:</p> <p>Задачи</p>
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	<p>радиационной и химической разведки, радиометрического и дозиметрического контроля, использовать методику проведения основных санитарно-гигиенических и противоэпидемических мероприятий в составе формирований и учреждений всероссийской службы медицины катастроф.</p> <p>ПК-1.3: Владеть методами оценки медико-тактической обстановки в очагах чрезвычайных ситуаций и очагах массового поражения, методикой проведения основных мероприятий по защите населения от поражающих факторов чрезвычайных ситуаций, навыками организации и проведения основных мероприятий по санитарной и специальной обработке, способностями оценить эффективность выполнения мероприятий по защите населения от воздействия поражающих факторов чрезвычайных ситуаций, алгоритмом взаимодействия при проведении санитарно-гигиенических и противоэпидемических мероприятий в очагах массового поражения мирного и военного времени в составе формирований и учреждений службы медицины катастроф с другими службами РСЧС</p>	<p>разведки, радиометрического и дозиметрического контроля, использовать методику проведения основных санитарногигиенических и противоэпидемических мероприятий в составе формирований и учреждений всероссийской службы медицины катастроф.</p> <p>ПК-1.3: Владеет методами оценки медико-тактической обстановки в очагах чрезвычайных ситуаций и очагах массового поражения, методикой проведения основных мероприятий по защите населения от поражающих факторов чрезвычайных ситуаций, навыками организации и проведения основных мероприятий по санитарной и специальной обработке, способностями оценить эффективность выполнения мероприятий по защите населения от воздействия поражающих факторов чрезвычайных ситуаций, алгоритмом взаимодействия при проведении санитарногигиенических и противоэпидемических мероприятий в очагах массового поражения мирного и военного времени в составе формирований и учреждений службы медицины катастроф с другими службами РСЧС</p>		
<p>ПК-3: Готовность к сбору и анализу жалоб пациента, данных его анамнеза, результатов осмотра,</p>	<p>ПК-3.1: Знать методы сбора анамнеза, жалоб, осмотра больного с терапевтической патологией для распознавания заболеваний,</p>	<p>ПК-3.1: Знает методы сбора анамнеза, жалоб, осмотра больного с терапевтической патологией для распознавания заболеваний Этиологию,</p>	<p>Задачи Тест Опрос</p>	<p>Зачёт: Задачи</p> <p>Экзамен: Задачи</p>

<p>лабораторных, инструментальных, патолого-анатомических и иных исследований в целях распознавания</p> <p>состояния или установления факта наличия или отсутствия заболевания, проведение дифференциальной диагностики</p>	<p>этиологию, патогенез, и клинику наиболее часто встречающихся заболеваний внутренних органов; современную классификацию, принципы и особенности основных методов клинических, лабораторных и инструментальных методов обследования, их диагностическое значение</p> <p>ПК-3.2: Уметь получить информацию о заболевании, интерпретировать жалобы, анамнез заболевания и жизни, данные, применить объективные методы обследования, выявить общие и специфические признаки заболевания; построить план обследования больного с учетом стандартов и интерпретировать дополнительные методы обследования (лабораторно-инструментальные) с учетом нормы</p> <p>ПК-3.3: Владеть методами сбора анамнеза, жалоб больного с терапевтической патологией; навыком составления плана дополнительного обследования больного; интерпретацией результатов лабораторных и инструментальных исследований и проведения дифференциальной диагностики</p>	<p>патогенез, и клинику наиболее часто встречающихся заболеваний внутренних органов; современную классификацию, принципы и особенности основных методов клинических, лабораторных и инструментальных методов обследования, их диагностическое значение</p> <p>ПК-3.2: Умеет получить информацию о заболевании, интерпретировать жалобы анамнез заболевания и жизни, данные, применить объективные методы обследования, выявить общие и специфические признаки заболевания; построить план обследования больного с учетом стандартов и интерпретировать дополнительные методы обследования (лабораторноинструментальные) с учетом нормы</p> <p>ПК-3.3: Владеет методами сбора анамнеза, жалоб больного с терапевтической патологией; навыком составления плана дополнительного обследования больного; интерпретацией результатов лабораторных и инструментальных исследований и проведения дифференциальной</p>		
<p>ПК-4: Готовность к определению у пациента основных патологических состояний, симптомов, синдромов заболеваний, нозологических форм в</p>	<p>ПК-4.1: Знать этиологию, патогенез заболеваний соответственно с Международной статистической классификацией болезней и проблем, связанных со здоровьем X пересмотра</p> <p>ПК-4.2: Уметь определить</p>	<p>ПК-4.1: Знает этиологию, патогенез заболеваний соответственно с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра</p>	<p>Задачи</p> <p>Тест</p> <p>Опрос</p>	<p>Зачёт:</p> <p>Задачи</p> <p>Экзамен:</p> <p>Задачи</p>

соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра	основные симптомы, синдромы нозологических форм заболеваний в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем X пересмотра ПК-4.3: Владеть навыками постановки диагноза на основании симптомов, синдромов нозологических форм заболеваний в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем X пересмотра	ПК-4.2: Умеет определить основные симптомы, синдромы заболеваний в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра  ПК-4.3: Владеет навыками постановки диагноза на основании симптомов, синдромов нозологических форм заболеваний в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра.		
ПК-5: Готовность к определению тактики ведения пациентов с учетом возраста, с различными нозологическими формами (разработка плана лечения, назначение медикаментозных и немедикаментозных средств согласно клиническим рекомендациям) в том числе оказание паллиативной медицинской помощи	ПК-5.1: Знать алгоритмы постановки диагноза и тактику ведения пациентов с различными нозологическими формами ПК-5.2: Уметь определять необходимую тактику ведения пациентов с различными нозологическими формами ПК-5.3: Владеть алгоритмами постановки диагноза и лечения и навыком определения тактики ведения пациентов с различными нозологическими формами	ПК-5.1: Знает алгоритмы постановки диагноза и лечения и тактику ведения пациентов с различными нозологическими формами  ПК-5.2: Умеет определять необходимую тактику ведения пациентов с различными нозологическими формами  ПК-5.3: Владеет алгоритмами постановки диагноза и лечения и навыком определения тактики ведения пациентов с различными нозологическими формами	Задачи Тест Опрос	Зачёт: Задачи  Экзамен: Задачи

### 3. Структура и содержание дисциплины

#### 3.1 Трудоемкость дисциплины

	очная
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<b>Общая трудоемкость, з.е.</b>	<b>12</b>
<b>Часов по учебному плану</b>	<b>432</b>
в том числе	
<b>аудиторные занятия (контактная работа):</b>	
- занятия лекционного типа	<b>48</b>
- занятия семинарского типа (практические занятия / лабораторные работы)	<b>192</b>
- КСР	<b>5</b>
<b>самостоятельная работа</b>	<b>115</b>
<b>Промежуточная аттестация</b>	<b>72</b>
	<b>Экзамен, Зачёт</b>

### 3.2. Содержание дисциплины

(структурированное по темам (разделам) с указанием отведенного на них количества академических часов и виды учебных занятий)

Наименование разделов и тем дисциплины	Всего (часы)	в том числе			
		Контактная работа (работа во взаимодействии с преподавателем), часы из них			Самостоятельная работа обучающегося, часы
		Занятия лекционного типа	Занятия семинарского типа (практические занятия/ лабора- торные работы), часы	Всего	
	0 Ф 0	0 Ф 0	0 Ф 0	0 Ф 0	0 Ф 0
Тема 1. Infectious Diseases Overview	12	2	6	8	4
Тема 2. Typhoid fever and paratyphoids A and B	10	2	6	8	2
Тема 3. Salmonellosis, Food poisonings	10	2	6	8	2
Тема 4. Shigellosis. Amebiasis. Balantidiasis	12	2	6	8	4
Тема 5. Cholera. Botulism	12	2	6	8	4
Тема 6. Leptospirosis and HFRS	10	2	6	8	2
Тема 7. Viral hepatitis	20	4	12	16	4
Тема 8. Epidemic typhus and other rickettsioses	10	0	6	6	4
Тема 9. Influenza and ORVI	10	2	6	8	2
Тема 10. Intestinal helminthiasis	13	0	6	6	7
Тема 11. Differential diagnosis of jaundices and diarrheas	12	0	6	6	6
Тема 12. Yersiniosis	8	0	6	6	2
Тема 13. Plague, tularemia	8	2	6	8	0
Тема 14. Anthrax, erysipelas	6		6	6	0
Тема 15. Malaria	10	2	6	8	2
Тема 16. Sepsis	10	2	6	8	2
Тема 17. Meningococcal infection	10	2	6	8	2

Тема 18. HIV	10	2	6	8	2
Тема 19. Brucellosis. Tetanus. Rabies	10	2	6	8	2
Тема 20. Tonsillitis diphtheria, mononucleosis	10	2	6	8	2
Тема 21. Infections of childhood	8		6	6	2
Тема 22. Leishmaniosis, Filarial nematodes.	8	0	6	6	2
Тема 23 Tropical hemorrhagic fevers	8	0	6	6	2
Тема 24 Differential diagnosis of fevers and rashes	12	0	6	6	6
Тема 25 General questions of tuberculosis	18	2	6	8	10
Тема 26Diagnostics of tuberculosis/ Profilaxis	22	2	8	10	12
Тема 27 Clinical forms of tuberculosis	26	4	14	18	8
Тема 28 Differential diagnostics of tuberculosis	14	2	6	8	6
Тема 29 Treatment of tuberculosis	18	4	6	10	8
Тема 30 Complications of tuberculosis	8	2	2	4	4
Аттестация	72				
КСР	5			5	
Итого	432	48	192	245	115

### Contents of sections and topics of the discipline

General questions of infectious pathology teaching about general pathology of infectious diseases). Participation of domestic scientists in the development of discipline «Infectious diseases». The concept of infectious disease. Patterns of development of the infectious process, its form. Age characteristics of the course of infectious diseases. Evolution of infectious diseases and changes in the structure of infectious disease at present. The principle of building clinical classifications. «Quarantine» diseases. Principles of diagnosis of infectious diseases. Significance of history. Objective inspection. Structure of infectious service. Role of offices of infectious diseases of polyclinic, infectious hospitals, institute of chief specialists, laboratory service, sanitary and epidemiological units, territorial centers of infectious pathology. Principles and methods of treatment of infectious patients. Principle of complex etiotropic, pathogenetically based therapy of patients. The principle of individualized treatment. Principles of chemotherapy. Principles of serotherapy. Vaccine therapy. Pathogenetic therapy. Correction of disorders of the internal environment of the body. Methods and means of detoxification therapy. Glucocorticosteroids. Intensive care at the Infectious Disease Clinic

Typhoid fever: etiology, epidemiology, pathogenesis and pathoanatomy. Clinical picture: features of the Clinical picture of modern typhus; the course of typhus in vaccinated. Complications. Prognosis. Diagnostics; the role of anamnetic, epidemiological and Clinical data. Laboratory diagnostics. Clinical -epidemiological and laboratory data complex aimed at early diagnosis of typhoid. Treatment. Treatment of complications of typhoid. Prevention. Paratyphus A and B; etiology, epidemiology, pathogenesis - similarity and difference with typhoid. Clinical picture: features of the current in comparison with typhoid fever. Diagnosis. Treatment. Principles of the medical examination of reconvalesces. Dysentery: etiology, epidemiology, pathogenesis, pathological anatomy. The Clinical picture. Characteristic of dysentery with typical, atypical, erased, subClinical current. Complications of dysentery. Postdysentery conditions. Chronic dysentery, its forms. Prognosis. Diagnosis. Methods of taking material for laboratory research. Treatment of patients with acute and chronic dysentery. Dietotherapy. Prevention. Value of treatment of dysbacteriosis. Salmonellosis. Limits. Etiology. Epidemiology. Pathogenesis. Pathological anatomy. Clinical picture. Symptoms and course of localized and generalized forms. SubClinical form of salmonellosis. Complications. Prognosis. Diagnostics: the significance of Clinical and epidemiological data, laboratory diagnostics. Treatment: the decisive importance of pathogenetic therapy aimed at detoxification, normalization of water-salt exchange, control of hypoxia, metabolic acidosis, etc. Antibiotic therapy tactics. Intensive therapy of severe forms. Prevention. Food toxicology. Etiology. Epidemiology.



Sources of infection. Pathogenesis, pathological anatomy. Pathogenesis, pathological anatomy. The Clinical picture: incubation period, symptoms of food oxidation cofection caused by various pathogens. Complications. Prognosis. Diagnosis.. Treatment: doctor's tactics regarding antibiotics. Pathogenetic therapy as the main method of treatment of patients with nutritional mytoxycoinfections. Prevention. Cholera: Definition. Etiology. Epidemiology. Pathogenesis. Pathological anatomy. Clinical picture. Clinical features of modern cholera. Classification of Clinical forms of cholera. Early symptoms. Complications. Prognosis. Diagnosis. Exceptional importance of epidemiological history and Clinical examination of the patient. Bacteriological diagnosis. Rapid diagnostic methods. Rules of taking, sending and research of material from patients. Treatment. Principles of pathogenetic therapy and methods of intensive therapy. Antibiotic therapy. Ways to control the effectiveness of the therapy. Rules of discharge from the hospital. Prevention. International rules and quarantine measures to combat cholera. The definition. Etiology. Epidemiology. Pathogenesis and pathological anatomy. Clinical picture. Mechanism of central and peripheral nervous system lesions. Symptoms of the initial period. Complications. Prognosis. Diagnosis. Differential diagnosis. Treatment. Specific antitoxin therapy, the rules of its introduction. Detoxification therapy. Value of antibiotic therapy. Prevention. Eshirichiosis. Etiology. Epidemiology. Pathogenesis. Pathological anatomy. Clinical picture. Symptomatic and current dysentery and cholera-like esherichiosis. Prognosis.

Diagnosis. Differential diagnosis. Treatment. Role of antibiotic therapy. Tactics of pathogenetic treatment of patients. Prevention. Amebiasis .. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Intestinal amebiasis: acute and chronic form. Complications and outcomes. Extraintestinal amebiasis. Prognosis. Diagnosis. Differential diagnosis. Treatment. Basic chemotherapy. Pathogenetic and symptomatic therapy. Treatment of complications. Prophylaxis. Helminthoses.. Basics of general helminthology. The concept of parasitism, invasion, polyinvasion, final and intermediate hosts. Classification of helminths. General patterns of the pathological process in helminthiasis. Symptoms acute and chronic stage. Questions of private helminthology. Clinical picture, diagnostic methods and therapy of basic trematodoses, cestodoses, nematodoses. Basic information about imported tropical helminthiasis (schistosomiasis and filariasis). Tactics of the doctor when detecting them. Differential diagnosis. Principles of treatment. Prevention. Yersiniosis. Historical information. Pseudotuberculosis. Etiology, epidemiology. Pathogenesis and pathological anatomy. Clinical picture. Clinical classification. Symptomatology of various variants of the disease. Complications. Clinical picture of exacerbations and relapses. Prognosis. Diagnosis. Significance of epidemiological and Clinical data. Features of intestinal yersiniosis flow. Laboratory methods of research. Differential diagnosis. Treatment. Prophylaxis Viral hepatitis.. Etiology, epidemiology. Mechanism and transmission factors. Pathogenesis, pathological anatomy. Clinical picture. Pre-yellowish current options. Outcomes. Prognosis. Diagnosis. The significance of Clinical -epidemiological data, the results of biochemical research. Instrumental methods of research. Treatment. The value of diet and regimen. Medical. Prophylaxis. Brucellosis. Etiology, epidemiology, pathogenesis, pathological anatomy. Clinical picture. Classification by A.F.Bilibinu. Clinical symptoms. Complications. Prognosis. Diagnosis. Significance of anamnestic, epidemiological and Clinical data. Differential diagnosis. Treatment. Etiotropic therapy, vaccine therapy, etc. treatment methods. Prevention. Leptospirosis. Historical data. Etiology, epidemiology, pathogenesis, pathological anatomy. Clinical picture. Clinical classification. Complications. Prognosis. Diagnosis - epid.anamnesis, laboratory methods of diagnosis. Differential diagnosis. Treatment. Prevention. Airborne Influenza infections and other ARI. Etiology. Epidemiology. Pathogenesis and pathological anatomy. Clinical picture. Clinical classification of the flu. Features of the flu in children and the elderly. Complicated flu course. Forecast. Diagnosis. Differential diagnosis. Treatment. Therapeutic tactics for influenza. Etiotropic treatment. Indications for prescribing antibiotic therapy. Principles and means of pathogenetic therapy. Methods of intensive treatment of patients with severe and complicated forms of influenza. Prevention. Parainfluenza, adenovirus infection. Definition, etiology, epidemiology, sources of infection. Pathogenesis, pathological anatomy. Clinical picture in terms of differential diagnosis with influenza. Diagnosis. Treatment. Prevention. Respiratory-syncytic infection. Definition, etiology, epidemiology, sources of infection Pathogenesis, pathological anatomy. Clinical picture in terms of differential diagnosis with influenza. Diagnosis. Treatment. Prevention. Coronavirus infection Definition, etiology, epidemiology, sources of infection. Pathogenesis, pathological anatomy. Clinical picture in

terms of differential diagnosis with the flu. Diagnosis. Treatment. Prevention. Meningococcal infection. Brief historical information. Etiology. Epidemiology. Pathogenesis and pathological anatomy. Clinical picture. Clinical classification. Clinical syndromes of infectious toxic shock, acute adrenal insufficiency. Complications. Prognosis. Diagnosis. Differential diagnosis. Treatment. Complex therapy (etho-tropic and pathogenetic). Principles and tactics of antibiotic therapy. Methods and means of pathogenetic therapy. Treatment and prevention of complications. Prophylaxis Infectious mononucleosis.. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Classification of Clinical forms. Atypical variants of the disease. Complications. Prognosis. Diagnosis. Herpetic infection.. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Forms of flow. Complications. Outcomes. Diagnosis. Differential diagnosis. Treatment. Antiherpetic chemotherapy. Vaccine therapy. Prevention. Measles. Definition. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Clinical features of the current in adults. Outcomes. Prognosis. Diagnosis. Treatment. Prevention. Detection. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Clinical features of the current in adults. Outcomes. Prognosis. Diagnosis. Treatment. Prevention. Wind smallpox. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Clinical features of the adult current. Outcomes. Prognosis. Diagnosis. Treatment. Prevention. Epidemic Parotitis. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Clinical features of current in adults. Outcomes. Prognosis. Diagnosis. Treatment. Prophylaxis. Diphtheria. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Classification of Clinical forms. Atypical variants of the disease. Complications. Prognosis. Diagnosis. Treatment of Infections of the Outer integument of Roger. Etiology. Epidemiology. Pathogenesis. Pathological anatomy. Clinical picture, forms of the current. Diagnosis. Differential diagnosis. Treatment. Prophylaxis Rabies.. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture. Diagnosis. Differential diagnosis. Treatment. Prophylaxis Anthrax. Etiology, epidemiology, pathogenesis and pathological anatomy. Clinical picture. Clinical classification. Complications. Prognosis. Diagnostics - the meaning of professional-epidemiological history, laboratory research. Differential diagnosis. Treatment. Prevention Tetanus. History. Etiology. Epidemiology, pathogenesis and pathological anatomy. Clinical picture. Classification of forms of the disease. Early symptoms of the disease. Pathognomonic triad features. Complications. Prognosis. Methods of Clinical recognition. Differential diagnosis. Treatment. Features of specific etiotropic and pathogenetic therapy. Prevention. Erysipeloid. Etiology. Epidemiology. Pathogenesis, pathological anatomy. Clinical picture, Clinical forms of the current. Relapses, complications. Prognosis. Diagnosis. Laboratory research methods. Differential diagnosis. Treatment. Prevention Differential diagnosis of diseases with meningeal syndrome: serous and purulent meningitis - etiology, principles of early and differential diagnosis of meningitis, meningococcemia, complications, secondary purulent meningitis, subarachnoid hemorrhage. Provision of medical assistance at the pre-hospital stage Differential diagnosis of diseases that flow with lymphadenopathy: infectious mononucleosis, plague, tularemia; lymphogranulomatosis, lymphoerythrocytosis. Differential diagnosis of diarrhoeal diseases: food toxicology, salmonellosis, cholera, dysentery, yersiniosis, escherichiosis, rotavirus gastroenteritis, protozoal colitis, botulism, poisonous mushrooms, myocardial infarction, non-specific ulcerative colitis, mesenteric vascular thrombosis, acute appendicitis, pancreatitis, intestinal tumor, exacerbation of chronic pathology of the digestive organs. Differential diagnosis of illnesses with jaundice syndrome: viral hepatitis A, B, C, D, E, G, leptospirosis) assessment of epidemiological anamnesis in leptospirosis and Lyme disease; infectious mononucleosis, yersiniosis, hemolytic jaundice, organic damage to the liver and biliary tract (Cholangitis, pancreatitis, choledocholithiasis, liver and biliary tumours, pancreatic tumors and cysts; liver toxicity. Differential diagnosis of long-term fever diseases: typhoid fever, paratyphoid, typhoid fever and other rickettsiosis, Malaria, haemorrhagic fever, brucellosis, recurrent typhus; collagenoses, lympho-granulomatosis.

#### **4. Учебно-методическое обеспечение самостоятельной работы обучающихся**

Самостоятельная работа обучающихся включает в себя подготовку к контрольным вопросам и заданиям для текущего контроля и промежуточной аттестации по итогам освоения дисциплины приведенным в п. 5.

Для обеспечения самостоятельной работы обучающихся используются:  
Электронные курсы, созданные в системе электронного обучения ННГУ:

Infectious diseases, <https://e-learning.unn.ru/course/view.php?id=11245>.

## **5. Assessment tools for ongoing monitoring of learning progress and interim certification in the discipline (module)**

### **5.1 Model assignments required for assessment of learning outcomes during the ongoing monitoring of learning progress with the criteria for their assessment:**

#### **5.1.1 Model assignments (assessment tool - Interview) to assess the development of the competency ОПК-6:**

1. Clinical and epidemiological characteristics of diseases associated with diarrhea syndrome.
2. Natural focal diseases. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
3. Antiepidemic measures in the focus of intestinal infection.
4. Features of anti-epidemic measures in the foci of airborne infections.
5. Anti-epidemic measures carried out at the medical site. The epidemiological significance of early isolation of infectious patients.
6. Preparation of primary documentation at the pre-hospital and hospital stages.
7. Especially dangerous infections. The plague. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
8. Nosocomial infections, causes and conditions of widespread VBI. Reservoirs and sources, VBI transmission routes. Types and methods of monitoring the VBI.
9. Especially dangerous infections. Anthrax. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
10. Especially dangerous infections. Cholera. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
11. Infectious mononucleosis: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
12. Typhus and Brill's disease: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
13. Q-fever r: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
14. Hemorrhagic fever with renal syndrome: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention

- 15 Malaria: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 16 Viral hepatitis A: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 17 Viral hepatitis E: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 18 Viral hepatitis B: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 19 Viral hepatitis B with delta agent: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 20 Viral hepatitis C: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention

### **5.1.2 Model assignments (assessment tool - Interview) to assess the development of the competency IIK-1:**

1. Rules of transport and hospitalization of infectious patients.
2. The tactics of the doctor at suspicion of the patient's diagnosis «Cholera».
3. Tactics of the physician at suspicion of the patient's diagnosis «Plague».
4. The doctor's tactics when biting a human animal.
5. Principles of treatment of infectious patients
6. Anti-epidemic barriers to troop movements.
7. What activities are carried out to prevent the drift of infectious diseases, pediculosis on the way?
8. Requirements for sanitary and epidemiological surveillance.
9. Criteria for assessing the health status of troops and their areas of deployment?
10. Measures taken when infectious diseases occur.
11. OMedB operates under strict anti-epidemic regime.
12. Features of artificial epidemic process under action , biological weapons
13. Meningococcal nasopharyngitis: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 14.14 Meningococcal meningitis: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 15.15 Meningococemia: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 16.16 Angina epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 17.17 Diphtheria: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
- 18.18 Ornithosis: epidemiology, pathogenesis, clinic, diagnosis, treatment, preventio
- 19.19Crimea-Congo hemorrhagic fever. Clinical and epidemiological features. Therapy principles. Specific and non-specific prevention. Anti-epidemic measures.
- 20.20 Marburg and Ebola fevers. Clinical and epidemiological features. Therapy principles. Specific and non-specific prevention. Anti-epidemic measures

### **5.1.3 Model assignments (assessment tool - Interview) to assess the development of the competency IIK-3:**

1. Diphtheria throat, clinic, diagnosis, complications, the main components of therapy.
2. Differential diagnosis of diseases associated with fever syndrome. Stages of diagnostic search. Features of the clinic of modern abdominal typhus, diagnosis, treatment.
3. Differential diagnosis of diseases with diarrhoea syndrome in the clinic of infectious diseases. Clinical characteristics of the 4 stages of HIV infection (stage of secondary diseases).
4. Hepatic encephalopathy, pathogenesis, clinic, diagnosis, complex therapy.
5. Plague. Etiology, epidemiological aspects. Pathogenesis, classification. Clinic, complications. Laboratory diagnostics. Components of therapy. Anti-epidemic measures in the hearth.
6. . Botulism. Etiology, epidemiology, pathogenesis of botulism. Clinical syndromes, complications of botulism. Diagnosis, differential diagnosis, principles of therapy.
7. Differential diagnosis of diseases with jaundice syndrome in the clinic of infectious diseases.

8. Differential diagnosis of diseases flowing with exanthates in the clinic of infectious diseases.
9. . Laws and regulations for the protection of the health of citizens.
- 10.. Food toxicology, salmonella. Etiology, epidemiology, pathogenesis. Clinical manifestations, classification. Differential diagnosis, laboratory diagnosis, therapy. Hospital salmonellosis. Features of generalized salmonellosis.
- 11.. HIV infection - etiology, epidemiology, pathogenesis, laboratory diagnosis.
- 12.. Differential diagnosis of diseases with meningeal syndrome in the clinic of infectious diseases. Cholera. Epidemiology, pathogenesis. Clinic, differential diagnosis, laboratory diagnosis. Degree of dehydration. Principles of rehydration therapy. Anti-epidemic measures for cholera.
13. Timely detection of tuberculosis: ways and methods, criteria and groups of timely detection of tuberculosis.
14. Reservoir of tuberculosis infection. Ways of transmission of tuberculosis infection. The main epidemiological indicators of tuberculosis and their characteristics.
15. Tuberculosis risk groups. Designated population groups.
16. Social prevention of tuberculosis. The Russian National Tuberculosis Control Program.
17. Treatment of tuberculosis patients: basic principles, classification of anti-tuberculosis drugs, characteristics of the main representatives of the reserve group. What is a chemotherapy regimen?
18. The main group of anti-tuberculosis drugs: representatives, their characteristics. Complications of tuberculostatic therapy.

#### **5.1.4 Model assignments (assessment tool - Interview) to assess the development of the competency IIK-4:**

1. Rubella. Etiology, epidemiology, pathogenesis. Clinic, complications. Congenital rubella. Diagnosis, differential diagnosis, therapy. Vaccine prophylaxis.
2. . Swelling of the brain, pathogenesis, clinic, principles of emergency therapy
3. . Viral hepatitis with enteral mechanism of infection (A and E). Etiology, epidemiology, pathogenesis, clinic, diagnosis, treatment. A.
4. . Anthrax. Epidemiology, pathogenesis. Main clinical variants of the current. Laboratory and differential diagnostics, therapy. Vaccine testing of anthrax.
5. . Anaphylactic shock. Pathomechanism of development, clinic, diagnosis. Urgent actions.
6. . Infectious mononucleosis. Etiology, epidemiology, pathogenesis. The main clinical syndromes. Laboratory and differential diagnosis. Therapy, outcomes of the disease.
7. . Complications of HFRS by periods of disease, their clinic, diagnosis. Approaches to therapy.
8. Malaria. Etiology, species and strains, cycles of development of malaria plasmodium. Epidemiology, pathogenesis, immunity, clinical characteristics of all types of malaria. Diagnosis, differential diagnosis. Treatment of malaria, malaria coma. Prevention of malaria.
9. . Measles. Etiology, epidemiology, pathogenesis. Clinic, complications. Diagnosis, differential diagnosis. Treatment. Prevention of measles.
- 10.. Laboratory diagnosis of HIV - infections. Principles of HIV. Indications, contraindications. Classification of antiretroviral drugs, treatment regimens. Side effects of antiretroviral drugs.
- 11.. . Atypical pneumonia. Etiology, epidemiology, pathogenesis, clinic, diagnosis, therapy. Anti-epidemic measures.
- 12.. Nosocomial infections, causes and conditions of widespread VBI. Reservoirs and sources, VBI transmission routes. Types and methods of monitoring the VBI.

13. Especially dangerous infections. Anthrax. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
14. Especially dangerous infections. Cholera. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
15. Characteristics of the current epidemiological situation of tuberculosis. Definition of epidemiological indicators for tuberculosis: infection, annual risk of infection, morbidity, mortality.
16. The causative agent of tuberculosis, its types. The main properties of MBT, types of variability. Sources and ways of human infection with *Mycobacterium tuberculosis*.
17. Material for research on *Mycobacterium tuberculosis*. Methods of obtaining research material in case of suspected tuberculosis of the respiratory system. Methods for detecting the causative agent of tuberculosis and their resolution.
18. The structure of the tuberculous tubercle. The evolution of tuberculous inflammation from the focus to the fibrous cavity. Definition of the concept of "form" and "phase" of tuberculous inflammation.
19. Anatomical, clinical and radiological criteria of the infiltration phase

#### **5.1.5 Model assignments (assessment tool - Interview) to assess the development of the competency IIK-5:**

1. Differential diagnosis of diseases with catarrhal respiratory syndrome
2. Differential diagnosis of diseases with fever
3. Differential diagnosis of diseases with lymphadenopathy syndrome
4. Differential diagnosis of diarrhoeal diseases
5. Differential diagnosis of diseases with meningitis syndrome
6. Differential diagnosis of diseases with exanthemes and enanthemes
7. Differential diagnosis of acute tonsillitis
8. Differential diagnosis of hepatomegaly syndrome.
9. Timely detection of tuberculosis: ways and methods, criteria and groups of timely detection of tuberculosis.
10. Reservoir of tuberculosis infection. Ways of transmission of tuberculosis infection. The main epidemiological indicators of tuberculosis and their characteristics.
11. Tuberculosis risk groups. Designated population groups.
12. Social prevention of tuberculosis. The Russian National Tuberculosis Control Program.
13. Treatment of tuberculosis patients: basic principles, classification of anti-tuberculosis drugs, characteristics of the main representatives of the reserve group. What is a chemotherapy regimen?
14. The main group of anti-tuberculosis drugs: representatives, their characteristics. Complications of tuberculostatic therapy.
15. Meningococcal nasopharyngitis: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
16. Meningococcal meningitis: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
17. Meningococemia: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
18. Angina epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
19. Diphtheria: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention
20. Ornithosis: epidemiology, pathogenesis, clinic, diagnosis, treatment, prevention

#### **Assessment criteria (assessment tool — Interview)**

Grade	Assessment criteria
outstanding	High level of training, impeccable mastery of theoretical material, the student demonstrates a creative approach to solving non-standard situations. The student gave a complete and detailed

Grade	Assessment criteria
	answer to all theoretical questions, confirming the theoretical material with practical examples. The student actively worked in practical classes
excellent	High level of training with minor mistakes. The student gave a complete and detailed answer to all theoretical questions, confirms the theoretical material with practical examples. The student actively worked in practical classes.
very good	Good preparation. The student provides answers to all theoretical questions, but there are inaccuracies in the definitions of concepts, processes, etc. The student actively worked in practical classes.
good	Overall, good preparation with noticeable mistakes or shortcomings. The student gives a complete answer to all theoretical questions, but there are inaccuracies in the definitions of concepts, processes, etc. Mistakes are made when answering additional and clarifying questions. The student was working on practical classes.
satisfactory	Minimum sufficient level of training. The student shows a minimum level of theoretical knowledge, makes significant mistakes, but when answering leading questions, he can orient himself correctly and give the correct answer in general terms.
unsatisfactory	The training is insufficient and requires additional study of the material. The student gives erroneous answers, both to theoretical questions and to leading and additional questions.
poor	The preparation is absolutely insufficient. The student does not answer the questions asked.

#### 5.1.6 Model assignments (assessment tool - Tasks) to assess the development of the competency ИК-1:

##### Case 1

A patient 72 y.o. is hospitalized on the 4<sup>th</sup> day of the disease with diagnosis “Flu, a severe form”. His complaints are: a headache, sleeplessness, fantastic dreams. T 39,8°C. On inspection: the enlargement of the sclera vessels, small hemorrhages on the soft palate, a positive “pinch”- symptom, hepatosplenomegaly. Ps 112 per min. Blood pressure 115/80

A diagnosis? A differential diagnosis? What additional information is necessary?

Methods of the laboratory confirmation?

##### Case 2

A patient was hospitalized to an infectious hospital with an infective-toxic shock. Pathogenesis and symptoms? What diseases may lead to an infective-toxic shock?

### Case 3

A Patient 25 y.o. was sick abruptly. The temperature was 39<sup>0</sup>C, repeated vomiting and plentiful diarrhea of a dark green color. On inspection: a severe state, the pulse is not accounted, the blood pressure 40/0, diffuse gray-bluish cyanosis, aphonia, cramps.

A full diagnosis? Urgent treatment?

### Case 4

A Patient 26 y.o. got sick acutely 5 days ago. The temperature increased to 38,5C and lasts till now. The Patient is troubled by a headache, weakness. On inspection: a pale face, dry skin. Pulse rate 80 per min, blood pressure 100/65; auscultation: dry rales. The tongue is covered with a white coat, the liver and spleen are enlarged.

A diagnosis? A differential diagnosis? Laboratory examinations?

### Case 5

A patient is admitted to an emergency department with a respiratory failure. On inspection: difficulty to swallow, diplopia, nystagmus, paresis of the soft palate.

Your diagnosis. Severity. Urgent therapy

## **5.1.7 Model assignments (assessment tool - Tasks) to assess the development of the competency ПК-3:**

A patient 36 y.o. believes his disease is connected with swimming in cold water 12 days ago. The disease has an abrupt onset. He is examined on the 4-th day. A constant temperature is 37.8 – 38.3 C, a headache, weakness, a loss of an appetite, a pale face. The tongue is covered with a white coat. During auscultation: coarse breath sounds, dry diffuse rales, 16 respirations per minute. The pulse is 80 per min. The abdomen is distended; the liver and spleen are not enlarged. An out-patient doctor suspects influenza.

Do you agree with the diagnosis? If not, what's your diagnosis? A plan of the laboratory investigation

A patient has an acute onset of the disease: during eating he feels a painful swallowing. Then the pain increases, T – 38.5 C appears, symptoms of toxicosis take place. On examination: bright hyperemia and hypertrophy of the tonsils, purulent patches in the lacunas, spreading well on the spatulas. The submaxillary lymph nodes are



enlarged, painful. The heart and lungs are with no changes. The abdomen is soft, painless. The liver and spleen are not enlarged.

Your diagnosis. A differential diagnosis. A plan of the laboratory investigation. Treatment.

#### **5.1.8 Model assignments (assessment tool - Tasks) to assess the development of the competency ПК-4:**

A male patient is receiving treatment of hepatitis. On the 5th day of jaundice he complains of the increased body temperature up to 37.3-37.7 C, a headache, muscular and lumbar pains. On the next day a hemorrhagic rash appears and covers the entire body. The observation reveals a slight diuresis decrement. The liver is enlarged 2 cm more. It is elastic. There is leucocytosis  $12,2 \cdot 10^9$  and ESR 25 mm/h.

Do you agree with the diagnosis? What is your diagnosis? A plan of the examination. Therapy.

A patient 48 y.o., a journalist, 6 months ago came back from Central Africa. During the last month he felt a subfebrile fever. He is treated with several antibiotics with no effect. So he is examined by a professor: the neck lymph nodes are enlarged, a “curd-like” coat on the mouth mucosa, hepatomegaly. A blood test: Le  $11 \cdot 10^9/l$ , eosinocytes – 1%, bond Ne 10%, segmental leukocytes 20%, lymphocytes – 60%, monocytes – 9%, ESR – 15 mm/h, atypical lymphocytes. Serological tests for typhoid fever and epidemic typhus are negative.

Your suspected diagnosis. Is an epidemiological anamnesis complete? A differential diagnosis with infectious mononucleosis. A plan of the laboratory investigations.

#### **5.1.9 Model assignments (assessment tool - Tasks) to assess the development of the competency ПК-5:**

A patient 24 y.o. is admitted with the diagnosis of erysipelas. During the last week he has had a purulent wound of a leg. First symptoms are pain, especially in moving, then erythema and edema surrounding the wound. The temperature runs up to 37.5 C. On inspection: erythema and edema without clean borders, painful palpation especially in the centre.

Do you agree with the diagnosis? Your diagnosis. Your approaches to the therapy of the disease.

A patient 75 y.o. is hospitalized with a suspect of Epidemic typhus. Then, this diagnosis is confirmed. On the 12-th day the temperature decreases, but in 6 days increases again. It is combined with the pain in the left lower leg and its edema.

The criteria of the laboratory confirmation. The cause of a repeated increase of the temperature.

#### **Assessment criteria (assessment tool — Tasks)**

Grade	Assessment criteria
outstanding	The solution is provided in a volume exceeding the volume of the program for mastering the discipline, with the observance of the necessary sequence of actions; in the answer, all entries, tables, and drawings are correctly and accurately completed, a diagnosis is established in

Grade	Assessment criteria
	accordance with the classification, an examination and treatment are prescribed in full; the analysis of errors is correctly performed.
excellent	The solution is provided in full, observing the necessary sequence of actions; all entries are correctly and accurately made in the answer, a diagnosis is established in accordance with the classification, examination and treatment are prescribed in full; the error analysis is correctly performed
very good	The solution is provided in full, following the necessary sequence of actions; the diagnosis is correct, treatment and examination are prescribed, 1-2 shortcomings were made in the answer
good	The solution is provided in full, with the necessary sequence of actions observed; the diagnosis is correct, treatment and examination are prescribed, 2-3 shortcomings were made in the answer
satisfactory	the solution allows to obtain correct results and conclusions; the diagnosis is correct, but incomplete, treatment and examination are prescribed partially, errors were made during the work
unsatisfactory	The solution is not complete, the diagnosis is incorrect, treatment is not prescribed, or the volume of work performed does not allow for correct conclusions to be drawn
poor	No solution provided. Impossibility to assess the completeness of knowledge due to the student's refusal to answer

#### 5.1.10 Model assignments (assessment tool - Test) to assess the development of the competency IIK-1:

The most epidemiologically significant source of infection is the patient:

- A. In the incubation period of the disease
- B. In the acute phase of HIV - infection
- B. At the stage of chronic persistent lymphadenopathy
- H. At the stage of opportunistic infections
- D. In the latent phase

What laboratory indicator indicates the stage of AIDS in HIV infection:

- A. Pancytopenia
- B. High levels of IgM and IgG in blood serum
- B. Reduction of CD 4 Positive T Lymphocytes < 200 cells per 1 mL
- G. Appearance of gp 160 in blood serum
- D. Appearance of p 24 in blood serum

The structural unit of HIV that provides DNA synthesis on the matrix, RNA of the virus:

- A. External membrane proteins
- B. Virion Core Proteins
- B. Enzyme reverse transcriptase
- H. Transmembrane protein
- D. Virus enzymes (integrase, protease)

The manifestation of respiratory tract damage in HIV infection is characterized by:

- A. Bacterial recurring pneumonia
- B. Mycobacterial lung infection
- B. Lymphoid interstitial pneumonia
- H. Continuously progressive pneumocystis pneumonia
- D. All right

The most common symptoms of acute HIV infection are clinical syndromes:

- A. Mononucleosic and influenza-like
- B. Gastroenteritis and serous meningitis
- B. Lower respiratory tract lesions (interstitial pneumonia) and skin lesions
- G. Encephalopathy and myelopathy
- D. Nephropathy, cardiopathy

As a result of artificial insemination using sperm from an HIV-infected patient, there is no possibility of HIV infection when using:

- a. Fresh sperm
- B. frozen sperm
- B. hot sperm
- G. UFO treated sperm
- D. The allegation is false in all the cases listed

The inefficiency of HAART results from:

1. Development of specific virus mutations
2. Development of resistance to essential HAART drugs
3. Violations of the regimen of drugs
4. Development of the tumour process

The inefficiency of HAART results from:

1. Development of specific virus mutations
2. Development of resistance to essential HAART drugs
3. Violations of the regimen of drugs
4. Development of the tumour process

The most informative predictive laboratory indicator for HIV infection is:

- A. Lymphopenia
- B. High level of CEC
- B. Pancytopenia
- G. CD level 4+ lymphocytes
- D. CD 8+ lymphocyte level

According to SanPin, the HIV test signal is the presence of parasitic diseases:

1. Pneumocystis and toxoplasmosis
2. Isosporosis and visceral leishmaniasis
3. Histoplasmosis and cryptosporidiosis
4. Listeria and fasciolosis

HAART for HIV-positive pregnant women:

- A. Only those with a viral load of more than 100,000 copies per mL
- B. Only those with a CD4 cell count less than 350 mL
- B. Only those diagnosed with opportunistic infections
- G. All, regardless of viral load and lymphocyte count

#### **5.1.11 Model assignments (assessment tool - Test) to assess the development of the competency ПК-3:**

In the treatment of infection of the Epstein-Barra virus in persons with immunosuppression, use:

- A. Amantadin
- B Ribavirin.
- To Aciclovir.
- G Vidarabin
- D.Foskarnet

Viral natural-focal disease Crimea-Congo fever is transmitted:

- A. Mites
- B. Komarami
- B. Ovodas
- G. Klobami
- D. Rodents

West Nile fever is carried by:

- A. Mosquito
- B. Mosquitoes
- B. Rodents
- H. Birds

Clinical manifestations of West Nile fever are characterized by:

- A. Fever
- B. Polylymphadenopathy
- B. Polymorphic rash
- H. Defeat of the CNS
- D. All right

The clinical picture of the neurological variant of the disseminated form of Lyme-borreliosis is characterized by:

- A. Compulsory development of primary affect
- B. Pre-eminent nerve cell damage in the entrance gate area
- B. The development of purulent meningitis

H. Development of serous meningitis

D. Frequent complications

The distinctive symptom of leptospirosis in differential diagnosis is:

A. Severe pain in calf muscles

B. Early development of jaundice

B. Hemorrhagic rashes

H. Scleral hemorrhaging

D. Lymph node enlargement

The hypersecretory mechanism of diarrhea determines the severity of the flow:

A. Typhoid fever

B. Campylobacteriosis

B. Cholera

G. Salmonellosis

D. Escherichia coli

Specify the characteristic clinical symptoms of Stage IV dehydration in cholera:

A. Loss of 10% body weight with diarrhea and vomiting

B. Absence of peripheral pulse on a. radialis, hypotension

B. Sharp reduction in skin turgor, skin cyanosis, lower body temperature

H. Development of Anuria

D. All right

Medical tactics in escherichia coli include:

- A. Compulsory hospitalization of patients
- B. Mandatory administration of antibacterial drugs, regardless of the escherichia group
- B. Liver function monitoring
- H. Colon endoscopic examination
- D. Implementation of rehydration therapy

In the skin form of amebiasis, the pathological process localizes:

- A. Back
- B. Abdomen
- B. Perianal region
- G. Face
- D. Lower extremities

#### **5.1.12 Model assignments (assessment tool - Test) to assess the development of the competency ПК-4:**

In complex treatment of typhoid, the main method is:

- A. Antibacterial therapy
- B. Detoxification therapy
- B. Symptomatic therapy
- H. Immunocorrecting therapy
- D. Surgery

Typical for the clinical picture of typhoid fever is a skin rash:

- A. Abundant pale blue coloration of roseaceous papillae rash on the torso and extremities (including the face, palms and soles)
- B. Sparse, shallow (up to 3 mm in diameter) spotted rash on the abdominal and lateral thorax skin
- B. Abundant fine spot spot - papule rash with thickening in natural skin folds
- H. Erythematous rash concentrated mainly in distal limb departments
- D. Scanty vesicles - papule rash on the anterior abdominal wall

The pathogenesis of typhus is typical:

- A. Building a universal panvasculitis

- B. Development of hepatitis
- B. Endocarditis development
- H. Myelitis development
- D. Development of osteomyelitis

Lead for pseudotuberculosis transmission:

- A. Contact
- B. Nutritional
- B. Airy - drip
- H. Transmission
- D. Parenteral

Reservoir of infection for benign lymph deficiency:

- A. Cats
- B. Dogs
- B. Poultry
- H. The sick man
- D. Cattle

Indicate the characteristic sign of lymph node lesion in felinosis:

- A. Generalized lymphadenopathy;
- B. Predominantly increase of one lymph node;
- B. Severe pain in palpation;
- H. Presence of periadenite;
- D. Superior inguinal and femoral node enlargement

In the case of GLPS with renal syndrome, due to the developing hemoconstriction, all these changes are observed, except:

- A. Increasing the number of red blood cells and hemoglobin
- B. Reduction of hematocrit and leukopenia
- B. Increased hematocrit
- G. Leukocytosis and thrombocytopenia

The main sources of rabies infection are:

- A. Dogs
- B.foxes
- B. Wolves
- H. Farm animals
- D. All animals listed



Indicate the most effective method of rabies prevention:

- A. Treatment of wound with alcohol or iodine solution
- B. Abundant washing of the bite site with soap and water
- B. Taking broad-spectrum antibiotics
- H. Implementation of anti-retroviral vaccination
- D. Administration of antiretroviral immunoglobulin

In tularemia, the route of infection:

- 1. Contact
- 2. Aerogenic
- 3. Alimentary
- 4. Transmission

Distinctive clinical signs of leptospirosis:

- 1. Sharp start, no prodrom
- 2. Appearance of hemorrhagic rash, bleeds in the sclera in the prodromal period
- 3. Pain in calf muscles, back and abdominal muscles since the first days of the disease
- 4. Leukaemia, lymphocytosis, thrombocytosis in the first days of the disease

Pseudotuberculosis is characterized by clinical manifestations:

- 1. Fever, intoxication syndrome
- 2. Early development of parenchymatic liver lesion

### 3. Dyspeptic Disorder Syndrome

4. Severe muscle pains, especially calf muscles

#### **5.1.13 Model assignments (assessment tool - Test) to assess the development of the competency ΠK-5:**

As an etiotropic therapy for meningococcal meningitis is usually used:

- A. Penicillin
- B. Levomycetin
- B. Ampicillin
- G. Biseptol
- D. Gentamicin

The indications for antibiotic change for meningococcal infection are:

- A. Development of meningoencephalitis
- B. Release of a stable strain of causative agent
- B. No therapeutic effect
- H. Development of toxic-allergic reactions
- D. All of the above

The surgeon during the operation of the patient - «carrier» HBsAg received a cut of the skin of the hands. Previously, no vaccine was administered against viral hepatitis B. Preventive measures against HBV infection should include immediate administration of:

- A - one dose of IgG with HBs antibodies
- B - Initiation of HBV vaccination
- B - one dose of IgG with HBs antibodies and initiation of vaccination

G - two doses of IgG with HBs antibodies and initiation of vaccination

D - two doses of IgG with HBs antibodies

The vertical and sexual pathways of transmission are common to all the viruses listed except:

A. HBV

B. HEV

B. HDV

G. HCV

Patients with viral hepatitis A are treated:

1. Immunomodulators

2. basic

3. Ethiotropic

4. symptomatic

According to modern recommendations, antiviral drugs «first line» for chronic viral hepatitis B are drugs:

1. Alpha Interferon

2. alpha-timosine

3. nucleoside/nucleotide analogs

4. interferonogenesis inductors

The advantages of AHS over IFN- $\alpha$  drugs are:

1. non-injection form
2. Favorable safety profile
3. Possible use in cirrhosis of the liver, including  
decompensated
4. High genetic barrier for all AHs

According to the standards, the main strategy of etiotropic treatment of chronic hepatitis D is the use of drugs:

- A. Nucleoside/nucleotide analogues (ANA)
- B. alpha-timosine
- B. Combination therapy AHS and Peg-IFN- $\alpha$
- H. Peg-IFN- $\alpha$

#### Assessment criteria (assessment tool — Test)

Grade	Assessment criteria
pass	More than 60% of the correct answers
fail	Less than 60% of the correct answers

#### 5.2. Description of scales for assessing learning outcomes in the discipline during interim certification

##### Шкала оценивания сформированности компетенций

Уровень сформированности компетенций (индикатора достижения компетенций)	плохо	неудовлетворительно	удовлетворительно	хорошо	очень хорошо	отлично	превосходно
	не зачтено		зачтено				
	<u>Знания</u>	Отсутствие знаний теоретического	Уровень знаний ниже минимальных	Минимально допустимы	Уровень знаний в объеме,	Уровень знаний в объеме,	Уровень знаний в объеме,

	материала. Невозможность оценить полноту знаний вследствие отказа обучающегося от ответа	требований. Имели место грубые ошибки	й уровень знаний. Допущено много негрубых ошибок	соответству ющем программе подготовки . Допущено несколько негрубых ошибок	соответству ющем программе подготовки . Допущено несколько несуществе нных ошибок	соответств ующем программе подготовк и. Ошибок нет.	превышающе м программу подготовки.
<u>Умения</u>	Отсутствие минимальных умений. Невозможность оценить наличие умений вследствие отказа обучающегося от ответа	При решении стандартных задач не продемонстрир ованы основные умения. Имели место грубые ошибки	Продемонс трированы основные умения. Решены типовые задачи с негрубыми ошибками. Выполнены все задания, но не в полном объеме	Продемонс трированы все основные умения. Решены все основные задачи с негрубыми ошибками. Выполнены все задания в полном объеме, но некоторые с недочетами	Продемонс трированы все основные умения. Решены все основные задачи. Выполнены все задания в полном объеме, но некоторые с недочетами .	Продемонс трированы все основные умения. Решены все основные задачи с отдельным и несуществ енными недочетам и, выполнен ы все задания в полном объеме	Продемонстр ированы все основные умения. Решены все основные задачи. Выполнены все задания, в полном объеме без недочетов
<u>Навыки</u>	Отсутствие базовых навыков. Невозможность оценить наличие навыков вследствие отказа обучающегося от ответа	При решении стандартных задач не продемонстрир ованы базовые навыки. Имели место грубые ошибки	Имеется минималъ ный набор навыков для решения стандартны х задач с некоторым и недочетами	Продемонс трированы базовые навыки при решении стандартны х задач с некоторым и недочетами	Продемонс трированы базовые навыки при решении стандартны х задач без ошибок и недочетов	Продемонс трированы навыки при решении нестандарт ных задач без ошибок и недочетов	Продемонстр ирован творческий подход к решению нестандартны х задач

### Scale of assessment for interim certification

Grade		Assessment criteria
pass	<b>outstanding</b>	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "outstanding", the knowledge and skills for the relevant competencies have been demonstrated at a level higher than the one set out in the programme.
	<b>excellent</b>	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "excellent",
	<b>very good</b>	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "very good",
	<b>good</b>	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "good",
	<b>satisfactory</b>	All the competencies (parts of competencies) to be developed within the discipline have been developed at a level no lower than "satisfactory", with at least one competency developed at the "satisfactory" level.

<b>fail</b>	<b>unsatisfactory</b>	At least one competency has been developed at the "unsatisfactory" level.
	<b>poor</b>	At least one competency has been developed at the "poor" level.

### 5.3 Model control assignments or other materials required to assess learning outcomes during the interim certification with the criteria for their assessment:

#### 5.3.1 Model assignments (assessment tool - Report-presentation) to assess the development of the competency ОПК-6

1. Clinical and epidemiological characteristics of diseases associated with diarrhea syndrome.
2. Natural focal diseases. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
3. Antiepidemic measures in the focus of intestinal infection.
4. Features of anti-epidemic measures in the foci of airborne infections.
5. Anti-epidemic measures carried out at the medical site. The epidemiological significance of early isolation of infectious patients.
6. Preparation of primary documentation at the pre-hospital and hospital stages.
7. Especially dangerous infections. The plague. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
8. Nosocomial infections, causes and conditions of widespread VBI. Reservoirs and sources, VBI transmission routes. Types and methods of monitoring the VBI.
9. Especially dangerous infections. Anthrax. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.
10. Especially dangerous infections. Cholera. Clinical and epidemiological characteristics. Organization of preventive and anti-epidemic measures in the outbreak.

#### Assessment criteria (assessment tool — Report-presentation)

Grade	Assessment criteria
pass	the number of slides corresponds to the content and duration of the presentation . the title slide and the slide with the conclusions are of good quality, with a clear image, the text is easy to read – the means of information visualization are used (tables, diagrams, graphs, etc.) contains complete, understandable information on the topic of the work . the speaker is fluent in the content, clearly and competently presents the material, the speaker freely and correctly answers questions and comments from the audience
fail	presentation is not of good quality, without a clear image, Information is not complete . the speaker is not fluent in the content, cannot present the material, the speaker doesn't answer questions and comments from the audience

### 5.3.2 Model assignments (assessment tool - Tasks) to assess the development of the competency ОПК-6

A veterinary doctor is admitted to the hospital of infectious diseases with a suspicion of erysipelas. The disease starts with an appearance of an itching dense node, and then a black painless ulcer is formed. On inspection: the T – 38 C, toxicosis, an edema of the surrounding tissue.

Do you agree with the diagnosis. Your suspected diagnosis. What epidemiological data have to be specified? Differential diagnosis. Treatment.

Patient N. is sick acutely: on the right hand a red spot appears. Then it's transformed into ulcer. The temperature runs to 37.8 C and the patient comes to see a doctor. On inspection: a painless ulcer on the right hand covered with a black coat. A painless edema is around the carbuncle. The internal organs are normal.

Your diagnosis. Differential diagnosis. Laboratory investigation.

A patient 35 y.o. is sick acutely: T increases up to 39.8 C, a headache, muscle pains, dry cough, pain in the left side of the chest appears. On the 2-nd day dyspnea achieves 36 per min, and he is urgently hospitalized to the infectious diseases hospital. On inspection: the patient's state is severe, apathy, difficulties in breathing, hyperemia of the face, acrocyanosis, a dull percussion sound lower the 4-th rib on the left, a lot of moist rales, muffled heart sounds, pulse 128 per min, BP 90/60 mm Hg. The tongue is covered with a "chalk-like" coat. Two days before the patient has come back from Vietnam.

Your suspected diagnosis. Differential diagnosis.

Following an unexpected outbreak of plague, not enough streptomycin is available in the short term.

What do you prefer: penicilline, chloramphenicol or tetracyclines to be dispatched urgently? Why does your colleague in the crisis team order malathion?

3 days ago a patient returned from the expedition to the Caspian steppes. He feels abrupt weakness, the T up to 39 C, a severe headache. On the second day painful lymph nodes appear in the inguinal region.

What disease may be suspected? Laboratory investigations

### **5.3.3 Model assignments (assessment tool - Tasks) to assess the development of the competency IIK-1**

A patient 40 y.o. came back from an endemic plaque region, where he took part in agricultural work 2 days ago. During work he wounded his left hand. An instant disease began acutely. He felt chill, an increase of T 38.5 C, a headache, pain in the left axillary region. At the same time he noticed a dense formation in this site. On examination: the left axillary lymph nodes are markedly increased (5x6 cm), dense, painful with softness in the centre, hyperemia and edema of the surrounding skin. Pulse 100 per min, BP 120/70 mm Hg. The tongue is normal. The liver and spleen are not enlarged.

Your diagnosis. Differential diagnosis. Laboratory investigation.

Following an unexpected outbreak of plague, not enough streptomycin is available in the short term.

What do you prefer: penicilline, chloramphenicol or tetracyclines to be dispatched urgently? Why does your colleague in the crisis team order malathion?

In case of lymph node enlargement in the groin, plague should be considered as the most likely diagnosis. Do you agree?

In bubonic plague, bacilli will almost always be found in the peripheral blood. Is it correct?

A pregnant woman is admitted with a sudden very high fever and a considerable pain in the groin. A large bubo is present with foul-smelling liquid. This has occurred very recently.

What would you do?



### 5.3.4 Model assignments (assessment tool - Tasks) to assess the development of the competency IIK-3

Estimate the results of a coproscopy: a lot of mucus, leukocytes – 50-60 in the field of vision, erythrocytes 30-35 in the field of vision.

What part of the intestine is damaged?

A patient 40 y.o. is hospitalized to an infectious hospital with the diagnosis "dysentery". For 1 month liquid mucosal stools with an admixture of blood, a pain in the right lower part of the abdomen have been registered.

Do you agree with the diagnosis? Your diagnosis? How to confirm it?

A patient with a severe form of an intestinal infection is hospitalized. What kinds of shock may develop? Pathogenesis, different approaches to treatment.

Patient H. returned from Vietnam 2 weeks ago. He complains of loose stools with mucus and blood admixtures (4 times per day) and the abdominal pain in the right part of the abdomen. The examinations reveal a normal body temperature, a coated tongue, a normal liver and spleen.

What is your diagnosis? A differential diagnosis. A plan of the examination.

A patient 32 years old in 1 month after the return from Vietnam has a repeated diarrhea and a pain in the lower part of the abdomen. For the last 10 days stools up to 10 times a day with admixtures of blood and mucosa have appeared. He notices the loss of the body weight. On the chest radiograph – a high position of the right diaphragm.

A suspected diagnosis. A differential diagnosis. Methods of the laboratory investigations.

### 5.3.5 Model assignments (assessment tool - Tasks) to assess the development of the competency IIK-4

A patient becomes sick acutely with malaise, chills, the T raises up to 37.7 C. The body T has increased for the last 4 days. On the 4<sup>th</sup> day of the disease the T achieves 39C. An outpatient doctor suspects Flu and prescribes sulfadimetaxinum for 5 days. In a week the patient's condition becomes better. He returns to work, but still feels malaise. In 10 days the T increases again with chills and achieves 39-40C. The patient is hospitalized with the suspicion of typhus.

What is your diagnosis?

A patient comes to see a doctor because of a headache and weakness. He felt ill a day ago, when a weakness appeared. The T in the evening was 37.7°C, and then achieved 40°C and has lasted for 4 hours. The decrease of the T is accompanied by profuse sweatiness. the outpatient doctor suspects Flu. Then such paroxysms occur in a day and are accompanied by extreme chills, sweats and headaches.

Is the diagnosis of Flu correct? What anamnestic data are necessary? Prescribe proper therapy.

an engineer is hospitalized to an infectious hospital in a very severe condition, unconscious. The T is 40.5°C, the skin is straw-colored. Enuresis. Ps 100 bpm, muffled heart sounds. The tongue is dry and is covered with thick white coating. The spleen and the liver are considerably enlarged. The tendon reflexes are decreased. In the CBC Le  $10 \times 10^9$ , Hb 50 g/l, Er  $2 \times 10^{12}$ . 2 weeks ago he returned from Central Africa.

Your diagnosis, its confirmation and urgent therapy.

Three months after returning from Africa, a patient has chills and a headache. In Africa he suffered from tertian malaria. On inspection: the T 37.6°C, catarrhal symptoms are absent. The abdomen is soft, the liver and the spleen are enlarged. Paroxysms are repeated in a day.

Your diagnosis, its confirmation and therapy

a student came from Tanzania 2 months ago. There he suffered from malaria. For the last 2 months he has been feeling weakness and a subfebrile T, the liver and the spleen are enlarged. A day ago the T increased up to 38°C, and he was hospitalized with suspicion of Flu. In accordance to the epidemiological data, the doctors suspect malaria. It is known that chloroquine has been ineffective before. So Quinine is prescribed. The next day he feels a shaking chill, the T runs up 40°C, a severe headache and a muscle pain, a vomiting appear. On inspection: bright jaundice, the urine looks like dark beer, after sedimentation the top layer looks like red wine, an underlayer is a cloudy mass. A diuresis is 300 ml. CBC: a hypochromic anemia, leucocytosis, neutrophilia. In Er there are a lot of rings.

Your diagnosis, its confirmation, treatment.

### **5.3.6 Model assignments (assessment tool - Tasks) to assess the development of the competency IIK-5**

A patient 29 y. o. has had an inoculation against typhoid paratyphoid fever 7 months before the current disease. The disease has an abrupt onset: a rise of the body temperature up to 40° C, a headache. On the second day of the disease the body temperature decreases to 37.5 ° C – 38.0° C .The patient is delivered to the hospital on the 5th day of the disease in a satisfactory condition. She complains of a general weakness, a moderate headache and a slightly decreased appetite. The examination reveals a relative bradycardia, hypotension, the liver enlargement of 2 cm and the spleen enlargement according to percussion. An increased body temperature is between 37.2°C and 37.6°C , and stays increased till the 10th day of sickness . the body temperature becomes normal since the 11th day of the disease.

What is your clinical diagnosis? Estimate a severity and clinical peculiarities of the disease course. Order all necessary, laboratory examinations according to your diagnosis .

Mr S., 17 y.o. addresses to a doctor on the 2d day of his disease. The onset of the disease is acute. The main symptoms are a high temperature (38.7°C ), a cough, a catarrh and a headache, a weakness and a low appetite. The physical examination reveals slight hyperemia of the pharynx, its granularity, a wet, clean tongue. The abdomen is soft and painless. The size of the liver is normal.

What's your diagnosis?

Patient B. is admitted to the hospital. He complains of a weakness , dizziness, an epigastric pain, vomiting and diarrhea. The physical examination reveals: the temperature is 38°C , the pulse is 100 per minute, the blood pressure is 105/55 mm Hg. The tones are clear, the respiration is vesicular. The tongue is coated and dry. The palpation reveals that the abdomen is soft but the patient feels the pain in the epigastrium and around the navel. The stools are loose without admixtures. The patient says that he has had a cold meat for dinner 2 hours before; the meat was kept in a warm place.

What is your diagnosis and the plan of the examination?

Mr. P., 42 y.o. addresses to a doctor on the 6th day of his disease. He complains of the fever and weakness. The patient feels bad after he has spent his holiday in the village where the patient drank water from the river without boiling. The onset of the disease is acute. The main symptoms are diarrhea, vomiting, a stomach pain. During the physical examination the doctor reveals: the temperature is 37.8°C, the state is satisfactory. The skin of the breast and the abdomen is covered with a plentiful rash. The tones of the heart are clear. The pulse is 92 per minute, the blood pressure is 120/70 mm Hg. The tongue is coated and dry. The abdomen is soft and painless. The liver is enlarged and soft. The level of leucocytes in the blood analysis is increased.

What is your diagnosis? What is your plan of treatment?

A diagnosis of typhoid fever was established according to the clinical examination, and confirmed by a typhoid hemoculture growth. The temperature suddenly falls to 36.0°C on the 11<sup>th</sup> day of the disease. A headache decreases. The patient becomes pale, the face gains view of "facies Hippocratica", a dyspnea appears. PS 120 per min, BP 80/50 mm Hg. An imperative defecation develops, the feces become liquid and dark. The volume of the feces is 700ml.

What complication of the disease developed? What is the severity? What urgent therapy should be done? prognosis?

**Assessment criteria (assessment tool — Tasks)**

Grade	Assessment criteria
outstanding	The solution is provided in a volume exceeding the volume of the program for mastering the discipline, with the observance of the necessary sequence of actions; in the answer, all entries, tables, and drawings are correctly and accurately completed, a diagnosis is established in accordance with the classification, an examination and treatment are prescribed in full; the analysis of errors is correctly performed.
excellent	The solution is provided in full, observing the necessary sequence of actions; all entries are correctly and accurately made in the answer, a diagnosis is established in accordance with the classification, examination and treatment are prescribed in full; the error analysis is correctly performed
very good	The solution is provided in full, following the necessary sequence of actions; the diagnosis is correct, treatment and examination are prescribed, 1-2 shortcomings were made in the answer
good	The solution is provided in full, with the necessary sequence of actions observed; the diagnosis is correct, treatment and examination are prescribed, 2-3 shortcomings were made in the answer
satisfactory	the solution allows to obtain correct results and conclusions; the diagnosis is correct, but incomplete, treatment and examination are prescribed partially, errors were made during the work
unsatisfactory	The solution is not complete, the diagnosis is incorrect, treatment is not prescribed, or the volume of work performed does not allow for correct conclusions to be drawn
poor	No solution provided. Impossibility to assess the completeness of knowledge due to the student's refusal to answer

**5.3.7 Model assignments (assessment tool - Tasks) to assess the development of the competency ПК-1****Case 16**

A patient falls ill acutely: chills, high temperature, painful swallowing, and a slightly painful submaxillary lymph node. His condition is moderate severe, hyperemia of the throat is revealed, on the right hypertrophied tonsil there is an ulcer covered by a dense grey-yellowish coat. Regional lymph nodes are enlarged, motile.

What epidemiological data should be précised? A plan of the investigation.

A patient 35 y.o. is sick acutely: T increases up to 39.8 C, a headache, muscle pains, dry cough, pain in the left side of the chest appears. On the 2-nd day dyspnea achieves 36 per min, and he is urgently hospitalized to the infectious diseases hospital. On inspection: the patient's state is severe, apathy, difficulties in breathing, hyperemia of the face, acrocyanosis, a dull percussion sound lower the 4-th rib on the left, a lot of moist rales,

muffled heart sounds, pulse 128 per min, BP 90/60 mm Hg. The tongue is covered with a “chalk-like” coat. Two days before the patient has come back from Vietnam.

Your suspected diagnosis. Differential diagnosis

A male patient is receiving treatment of hepatitis. On the 5th day of jaundice he complains of the increased body temperature up to 37.3-37.7 C, a headache, muscular and lumbar pains. On the next day a hemorrhagic rash appears and covers the entire body. The observation reveals a slight diuresis decrement. The liver is enlarged 2 cm more. It is elastic. There is leucocytosis  $12,2 \cdot 10^9$  and ESR 25 mm/h.

Do you agree with the diagnosis? What is your diagnosis? A plan of the examination. Therapy.

A patient 32 years old in 1 month after the return from Vietnam has a repeated diarrhea and a pain in the lower part of the abdomen. For the last 10 days stools up to 10 times a day with admixtures of blood and mucosa have appeared. He notices the loss of the body weight. On the chest radiograph – a high position of the right diaphragm.

A suspected diagnosis. A differential diagnosis. Methods of the laboratory investigations.

## Case 2

A patient 25 y.o. is hospitalized to an infectious hospital with hepatitis B. On the 9th day of jaundice her condition worsens: a growing weakness, a repeated vomiting, a “liver smell” of breathing, a lot of skin hemorrhages, a sign of “thawing liver”.

What is the matter with the patient? Urgent measures.

### **5.3.8 Model assignments (assessment tool - Tasks) to assess the development of the competency ПК-3**

A patient, an accountant, has received prolonged treatment for neurasthenia. from time to time she notices a subfebrile temperature. There is no pathology of the peripheral nerves. A skin allergic test with brucelline is positive. Repeated serological tests are negative. It has been ascertained, that she has a tendency to allergic reactions.

How could you explain the results of the tests? What are the possible ways of confirmation of specificity of the skin test?

An outpatient doctor sees a patient of 19 y.o. with complaints of a subfebrile temperature, a skin rash and a sore throat. Using antipyretics has no effect. The patient is mincing, has a tender timbre of the voice, a low weight, a generalized lymphadenopathy, a spotty-papulose rash, a facial hyperemia. He declares a lot of foreign travels. A primary diagnosis: a respiratory infection.

Do you agree with the diagnosis? What social data must be specified? A plan of the laboratory investigations.

### **5.3.9 Model assignments (assessment tool - Tasks) to assess the development of the competency ПК-4**

A patient 42 y.o. a cheese-maker, a year ago the diagnosis of brucellosis was confirmed. Then 2 exacerbations are registered. Now he is hospitalized because of jaundice. Hepatomegaly is revealed, the liver is dense. The bilirubin level is 46 mmol/l (conjugated 30). ALT and AST are normal. The patient complains of subfebrile temperature, sweats, hypotonia.

Your diagnosis. A plan of the laboratory examination. Treatment.

A patient., 26 y.o. lives in a hostel. He has been sick for 3 days. First signs are: a running nose, cough, a sore throat, a headache. On examination: the T – 37.3 C, a hyperemia of a soft palate, a small granularity and an edema of the mucosa. A vesicular breath without rales. The pulse is 65 per min. The abdomen is without changes.

Your suspected diagnosis. An outpatient's doctor actions.

### **5.3.10 Model assignments (assessment tool - Tasks) to assess the development of the competency ПК-5**

A patient becomes sick acutely. At first a profuse watery diarrhea appears and then a repeated vomiting. He feels weakness, vertigo, falls down in a faint. On inspection: a hoarseness of the voice, a paleness, a cold sweat, a dry tongue, the T 36.0 C, Ps 106, BP 80/50 mm Hg, a vesicular breathing, the abdomen is soft and painless, cramps, anuria for 6 hours. The stools look like cloudy water. A day ago he returned from Sudan.

What is a clinical diagnosis? Therapy?

A patient 40 y.o. came back from an endemic plaque region, where he took part in agricultural work 2 days ago. During work he wounded his left hand. An instant disease began acutely. He felt chill, an increase of T 38.5 C, a headache, pain in the left axillary region. At the same time he noticed a dense formation in this site. On examination: the left axillary lymph nodes are markedly increased (5x6 cm), dense, painful with softness in the centre, hyperemia and edema of the surrounding skin. Pulse 100 per min, BP 120/70 mm Hg. The tongue is normal. The liver and spleen are not enlarged.

Your diagnosis. Differential diagnosis. Laboratory investigation.

## Assessment criteria (assessment tool — Tasks)

Grade	Assessment criteria
pass	The level of knowledge corresponds to the training program. Several minor errors were made.
fail	The level of knowledge is below the minimum requirements. There were serious errors.

## 6. Учебно-методическое и информационное обеспечение дисциплины (модуля)

Основная литература:

1. Yushchuk N.D. Infectious diseases: textbook : учебник / Yushchuk N.D.; Vengerov Yu.Ya. - Москва : ГЭОТАР-Медиа, 2020. - 464 с. - ISBN 978-5-9704-5504-3., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=735462&idb=0>.
2. Могилёва И. И. Children's infections : учебное пособие / Могилёва И. И., Гальфанович И. Л., Дайнеко М. Ю. - Санкт-Петербург : СПбГПМУ, 2021. - 72 с. - Утверждено учебно-методическим советом Государственного бюджетного образовательного учреждения высшего профессионального образования «Санкт-Петербургский государственный педиатрический медицинский университет» Министерства здравоохранения Российской Федерации. - Библиогр.: доступна в карточке книги, на сайте ЭБС Лань. - Книга из коллекции СПбГПМУ - Медицина. - ISBN 978-5-907443-06-8., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=756139&idb=0>.

Дополнительная литература:

1. Harry Dalton, Author. The Hepatitis E Virus: Pigs Might Fly. - Cambridge Scholars Publishing, 2019. - 1 online resource. - ISBN 9781527530447. - Текст : электронный., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=856118&idb=0>.
2. Viral intestinal infections in children: diagnosis, treatment, prevention : study guide / Gonchar N. V., Ermolenko K. D., Lobzin Y. V., Skripchenko N. V. - Санкт-Петербург : СЗГМУ им. И.И. Мечникова, 2022. - 44 с. - Книга из коллекции СЗГМУ им. И.И. Мечникова - Медицина. - ISBN 978-5-89588-273-3., <https://e-lib.unn.ru/MegaPro/UserEntry?Action=FindDocs&ids=864253&idb=0>.

Программное обеспечение и Интернет-ресурсы (в соответствии с содержанием дисциплины):

ЭБС «Юрайт». Режим доступа: <http://biblio-online.ru>.

ЭБС «Консультант студента». Режим доступа: <http://www.studentlibrary.ru>.

ЭБС «Лань». Режим доступа: <http://e.lanbook.com/>.

ЭБС «Znaniy.com». Режим доступа: [www.znaniy.com](http://www.znaniy.com).

## 7. Материально-техническое обеспечение дисциплины (модуля)

Учебные аудитории для проведения учебных занятий, предусмотренных образовательной программой, оснащены мультимедийным оборудованием (проектор, экран), техническими средствами обучения, компьютерами.

Помещения для самостоятельной работы обучающихся оснащены компьютерной техникой с возможностью подключения к сети "Интернет" и обеспечены доступом в электронную информационно-образовательную среду.

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