

## LIST OF QUESTIONS FOR THE FINAL MODULAR KNOWLEDGE TEST

**The first question:** solve a clinical Task

### Task 1

Olena K., 6 years old, became acutely ill: the temperature rose to 38.2°C, she vomited twice, and had abdominal pain. During the next two days, the pain in the stomach increased, vomiting was repeated up to 3 times a day. The child refuses to eat, the temperature is 38.5°C. During hospitalization (for 3 days): the condition is medium-severe, the temperature is 38.5°C, the skin is pale, on the hands and feet there is a spotted-papular rash (see pictures), the tongue is covered with a gray coating, in the mouth and throat there is moderate hyperemia. Tones of the heart of reduced volume, pulse - 90 per minute.

The abdomen is painful on palpation in the right pubic region and around the navel, there are symptoms of peritoneum irritation. The liver is not enlarged. Urine is light yellow. Excretions 3 times a day are watery without pathological impurities. It is known that the child attends a kindergarten, where 6 cases of similar diseases have been registered in the last 5 days, and there are mice in the utility rooms.

- 1 Make a clinical diagnosis.
- 2 What laboratory tests should be prescribed to confirm the diagnosis?
- 3 Prescribe treatment.

### Task 2

Patient A, 9 years old, entered the clinic on the 7th day of illness with complaints of yellow skin and sclera (see picture), dark urine, one-time vomiting, decreased appetite, and an increase in body temperature to 38°C for 2 days.

Objectively: lethargic, temperature 36.8 ° C, skin and sclera are yellowish, heart sounds of reduced volume, 68 per minute, liver protrudes from under the ribs by 3 cm, sensitive to palpation, soft and elastic, spleen is palpable does not appear Urine is dark. Acholic stool.

- 1 Specify the leading syndromes.
- 2 Formulate a preliminary diagnosis.

3 What are the main laboratory tests that need to be carried out?

### Task 3

The child is 3 months old and has been sick for 8 days. The disease began with a cough, the body temperature was 36.5°C. 5 days after the onset of the disease, she was examined by a doctor - a diagnosis of SARS. The cough worsened at night. The prescribed treatment is not effective. It is known from the anamnesis that the child's father has been coughing for a month.

On the 10-11th day, the child's cough became similar to 15 times a day, while the face was red, the tongue was stuck out during the cough, and cyanosis of the nasolabial triangle was noted. The child assumed a forced position (see picture). Lacrimation was noted. After a coughing fit, viscous sputum came out. During one such attack, the child turned blue and stopped breathing. Hard breathing in the lungs, no wheezing. Rhythmic heart sounds, tachycardia.

The patient has a 6-year-old brother who attends kindergarten. Vaccinated, revaccinated. The neighbors have a five-month-old baby.

- 1 Give the patient a clinical diagnosis.
- 2 Give treatment to the patient.
- 3 What anti-epidemic measures should be taken?

### Task 4

Sasha M., 6 years old, became acutely ill with an increase in body temperature to 39.70 C, pain in the throat and joints, headache, and vomiting twice. The next day, a rash appeared on the skin. Objectively: on the second day of illness, the condition is severe, in consciousness, a pronounced pale nasolabial triangle. On the skin of the forehead, cheeks, neck, inguinal pits (see picture), lower abdomen, elbows, popliteal pits, there is a small-dotted bright pink rash, located on a hyperemic background of the skin, in some places the rash is miliary. In the oropharynx - demarcated bright red hyperemia, tonsils are swollen, loosened, in the lacunae - pus. The tongue is coated with white plaque, the submandibular lymph nodes are enlarged to 2.5 cm, dense, painful. Heart tones are rhythmic. The pulse is intense - 122 beats. per minute On the 5th day of the disease - bradycardia, muffled tones, gentle systolic murmur at the top of the heart.

In clinical blood analysis: Er. -  $3.5 \times 10^{12}/l$ ; Hb -110 g/l;

L- $16 \times 10^9/l$ , e-5%, p-5%, c-67%, l-20%, m-3%, ESR-20 mm/h.

- 1 Formulate a clinical diagnosis.

2 Name the possible complications.

3 What preventive measures should be taken?

#### Task 5

A 3-year-old child became acutely ill with an increase in temperature to 38.0°C. The temperature remained at this level for 3 days, then malaise, mucous secretions from the nose, pain during swallowing, lack of movement in the left leg joined. The child was hospitalized on the 7th day of illness.

Objectively, a decrease in the tone and strength of the muscles of the left lower leg, tendon reflexes on the left side, when walking, pulls the left leg (see picture). There are catarrhal phenomena in the throat, on the mucous membrane of the soft palate, 2x3 mm vesicles on the tongue. A systolic murmur is heard at the apex of the heart.

After the appointment of treatment, the child's condition gradually improved, the temperature normalized. Full recovery of muscle strength came on the 15th day. The diagnosis was confirmed serologically.

1 What diseases should be considered?

2 What additional information should you be interested in?

3 What laboratory tests should be conducted to resolve the issue of diagnosis?

#### Task 6

A 6-year-old child was admitted to the clinic 18 hours after the onset of the disease. She became acutely ill, when the body temperature rose to 39.9°C, vomiting, abdominal pain, clonic-tonic convulsions appeared, she lost consciousness. The child was taken to the clinic by ambulance.

Objectively: the condition is serious. Conscious, body temperature 39.5°C. The skin is pale, the tongue is covered with a gray coating. Vesicular breathing in the lungs. Tones of the heart of reduced volume, rhythmic. Pulse - 110 per minute, rhythmic. The abdomen is soft, inflamed. The liver and spleen are not palpable. The sigmoid colon is spasmodic, sensitive. The stools are liquid with small portions of mucus and blood.

Blood analysis: er.- $3.7 \times 10^{12}/l$ , hemoglobin 120 g/l, leukocytes -  $7.6 \times 10^9/l$ ,

e-2%, n-16%, c-24%, l-50%, m-8%, ESR-4 mm/h.

Coprogram - undigested fiber, mucus, leukocytes - 10-15 in p/z.

- 1 Emergency therapy for convulsive syndrome.
- 2 Your previous diagnosis.
- 3 He will evaluate the blood test and co-program.

#### Task 7

A 9-year-old child was examined by an "emergency" doctor. Complaints of severe headache, vomiting, increase in body temperature up to 39.30 °C. He has been sick for the fourth day, the disease began with swelling in the parotid salivary glands (see picture), pain when chewing and opening the mouth. She was not treated. On examination, the child's condition is serious. The skin is pale. There is swelling in the parotid area, the skin over the swelling is not changed, stiffness of the muscles of the back of the head, positive symptoms of Kernig, Brudzinsky. Heart rate - 120 per minute. When examining the oropharynx, the opening of Stenon's duct is hyperemic. Abdomen is soft, not painful. Defecation and urination without features.

- 1 Formulate a preliminary diagnosis.
- 2 What are the tactics of the "emergency" doctor?
- 3 List the anti-epidemic measures that must be carried out.

#### Task 8

The district doctor examined a sick 6-year-old child. Complaints about an increase in body temperature up to 38.20C, decreased appetite, rash. Sick for 3 days. On examination, the child is frail. The skin is pale, there is a polymorphic rash on the scalp, face, trunk, and limbs: red spots, papules, vesicles with a diameter of up to 3-5 mm, filled with a transparent liquid. Vesicles are located on a non-infiltrated base. No other pathological signs of the disease were found. The child attended kindergarten before the illness.

- 1 Formulate a diagnosis for a sick child.
- 2 State the possible complications of this pathology.
- 3 What measures should be taken to prevent the spread of the disease?

#### Task 9

Boy M., 1 year 4 months, was brought to the hospital by an ambulance with complaints of increased body temperature, hoarseness of voice, frequent "barking"

cough, shortness of breath. He fell ill acutely at night, when in the middle of his sleep there was an attack of rough porridge, hoarseness of voice. Two hours later, an increase in body temperature to 38.0°C was detected, shortness of breath increased, and the child was taken to a hospital.

On examination, the condition is severe. Body temperature is 38.8°C. The skin is pale, clean, significant periorbital and perioral cyanosis. Hyperemia in the throat. The voice is hoarse, the cough is rough, "barking". Breathing is whistling, heard at a distance, auxiliary muscles are involved in the act of breathing, and pronounced retraction of the jugular fossa. ChD 60 in 1 min. Percussion over the lungs does not determine the difference in lung sound. Auscultatively conducting dry rales on both sides against the background of evenly weakened breathing. Heart tones of reduced volume. Heart rate 140 per minute.

- 1 Make a diagnosis.
- 2 Why do such seizures develop more often at night?
- 3 What are the rules of hospitalization for this disease?

#### Task 10

The child is 5.5 years old, he has been sick for the first day. An increase in body temperature to 37.3°C is noted, a small spotted rash of pale pink color on the face, trunk, extensor surfaces of the hands (see picture), enlarged occipital and cervical lymph nodes are palpable. The mucous membrane of the pharynx is moderately hyperemic.

- 1 What diagnosis is likely in this case?
- 2 List the main directions in the treatment of the patient.
- 3 List the main anti-epidemic measures.

#### Task 11

A 4-year-old child, who attends kindergarten, has a body temperature of 39.0°C, cough, runny nose, and conjunctivitis. The temperature remained elevated for three days, the catarrhal phenomena increased. On the 4th day of the disease, during the examination, conjunctivitis, blepharospasm, enanthema, Belsky-Filatov-Koplik spots are noted on the mucous membrane of the mouth. Spotty-papular rash on the skin of the face, behind the ears (see picture).

- 1 Formulate a detailed clinical diagnosis.
- 2 What examinations should be prescribed?

### 3 Prescribe treatment and anti-epidemic measures in kindergarten?

#### Task 12

A 7-month-old child, on artificial feeding, became acutely ill 6 days ago. Body temperature rose to 38.30C, vomiting appeared. Objectively: there is lethargy, depression of the parietal lobe, sharp facial features, a body weight deficit of about 10%, a distended abdomen, watery stools, in large quantities up to 15 times a day, yellow-brown with impurities of a small amount of transparent mucus, without impurities of blood

The child's mother had dyspeptic disorders a week ago.

1 What disease is most likely in this case?

2 What additional examinations should be carried out to clarify the etiology of the disease?

3 List the main directions in the treatment of the child.

#### Task 13

A mother with a 3.5-year-old girl sought an appointment with the district pediatrician with complaints of an increase in body temperature to 37.20C on the first day of the disease, a frequent cough, which gradually worsened over the course of 5 days. Attacks of coughing without repetitions, do not have a spasmodic character.

Objectively: the general condition is not disturbed, the temperature is normal, hard breathing is heard above the lungs, there are no wheezes.

In the kindergarten in the group attended by the girl, four other children are coughing.

1 Make a preliminary diagnosis.

2 On the basis of which data can you confirm the diagnosis?

3 Is it necessary to prescribe antibacterial therapy for this disease?

Is it necessary to carry out final disinfection in the center of infection?

#### Task 14

A 10-year-old boy became ill 2 days ago, when he began to complain of nasal congestion, difficulty in nasal breathing without signs of a runny nose, headache, weakness, increased sweating, sore throat. Objectively: a condition of moderate severity. Body temperature is 38.70C. Upon palpation, the submandibular, behind the ears, cervical and occipital lymph nodes are symmetrically enlarged, not connected to each other and to the surrounding tissues (see picture). On examination, the mucous membrane of the pharynx is hyperemic, swelling of the tonsils and the back wall of the pharynx is observed. There is a yellowish-white coating on the tonsils, which is easily removed.

In the blood analysis: leukocytes  $15 \times 10^9/l$ , erythrocytes  $3 \times 10^{12}/l$ , eosinophils - 3%, rod-shaped neutrophils - 2%, segmented neutrophils - 15%, lymphocytes - 45%, monocytes - 15%, mononuclear cells - 20%, ESR - 18 mm per hour

- 1 Formulate a preliminary diagnosis.
- 2 What additional methods of examination need to be carried out?
- 3 What complications occur with this disease?

#### Task 15

A 6-year-old child became acutely ill. The body temperature is 38.0C, the night was restless, he complains of headache, sore throat, runny nose, increased sweating. In the morning, when trying to sit down, the child developed pain in the spine, legs, lethargy. On the 4th day, the temperature decreased, and ulcerative spasms and convulsions appeared. The child was hospitalized. Objectively: body temperature is 37.40 C, catarrhal phenomena in the throat, muscle tone is reduced, tendon reflexes are weakened, positive Brudzinsky syndrome, nystagmus, heart sounds of reduced volume, systolic murmur at the top of the heart.

In early childhood, the child was not vaccinated against diphtheria, whooping cough, tetanus and poliomyelitis.

- 1 What is the previous diagnosis?
- 2 What studies should be conducted to confirm the diagnosis?
- 3 Which diseases should be differentially diagnosed?

#### Task 16

The mother of a 4.5-year-old boy turned to the district doctor with complaints about his irritability, sleep disturbances, itching in the rectal area, perineum, and genitals.

- 1 Formulate a preliminary diagnosis.
- 2 What must be done to confirm the diagnosis?
- 3 What medicines are used for treatment, their doses?

#### Task 17

In a 7-year-old boy who has been suffering from attacks of spasmodic cough with repetitions for 3 weeks, in the morning after the next attacks of coughing, his grandmother saw what is shown in the picture. The child was not vaccinated due to the categorical refusal of the parents. ZAC: leukocytes  $29 \times 10^9/l$ , lymphocytes - 68%. Answer the questions:

1. What is the most likely disease in the child?
2. Describe the changes in the child's face shown in the picture.

What complications can occur with this disease?

1. What is the duration of the incubation period for this disease?

#### Task 18

A 13-year-old boy, who became acutely ill, has a body temperature of  $38.4^\circ\text{C}$ , tonsillitis (see picture), enlarged cervical lymph nodes, splenomegaly, and moderate hepatomegaly. In ZAK: leukocytes  $16 \times 10^9/l$ , mononuclear cells - 50%.

Answer the questions:

1. What is the most likely disease in the child?
2. What is the etiology of this disease?
3. What treatment do you prescribe?

#### Task 19

A 2-year-old boy has a temperature of  $39.2^\circ\text{C}$ . He became acutely ill. A hemorrhagic asymmetric rash on the skin is noted (see picture). Gram-negative diplococci were found in the blood. There are signs of intoxication, in the coagulogram - signs of the syndrome of disseminated intravascular blood clotting.

Answer the questions:

1. What is the most likely disease in the child?
2. Describe the changes in the sick child shown in the picture.



3. Specify the incubation period of this disease.

#### Task 20

A 10-month-old child became acutely ill: febrile fever, hemorrhagic rash on the buttocks and thighs (see picture). On the 2nd day of illness – significant restlessness, bulging of the head, vomiting twice, positive meningeal signs. Due to the serious condition, a lumbar puncture was not performed, later gram-negative diplococci were found in the blood.

Answer the questions:

1. What is the most likely disease in the child?

1. Describe the changes in the skin of a sick child shown in the picture.
2. Are preventive vaccinations for this disease carried out according to the calendar?

#### Task 21

The mother of a 3-year-old boy went to the doctor four days after the onset of the disease with complaints of an increase in body temperature to 40°C, a dry cough, runny nose, and red eyes. A day ago, a spotted-papular rash appeared on the unchanged background of the skin behind the ears and on the face. Later, the rash spread to the neck, skin of the shoulder girdle (see picture). In the general blood analysis - leukocytes  $2.5 \times 10^9/l$

It is known from the anamnesis that the boy was in contact with a patient 10 days ago who had pigmentation on his skin after a rash.

Answer the questions:

1. What is the most likely disease in the child?
2. What is the specific prevention of this disease?
3. Principles of patient treatment.

#### Task 22

On the 11th day after contact with the patient, the girl's body temperature rose to 39.7°C, a runny nose, redness of the eyes, photophobia, a hoarse voice, a dry cough appeared, and after 4-5 days from the onset of the disease, spots appeared in stages - a papular rash on an unchanged background of the skin behind the ears

and on the face, later on the neck and trunk, then on the lower limbs (see picture). The disease was complicated by pneumonia. Answer the questions:

1. What is the most likely disease in the child?
2. What pathognomonic changes in the oral mucosa are characteristic of this disease in the catarrhal period?
3. Describe the changes in the mucous membrane of the child's mouth shown in the picture.

### Task 23

On the 10th day after contact with the patient, the girl's body temperature rose to 40°C, a dry cough, runny nose, and red eyes appeared. Four days after the onset of the disease, a spotted-papular rash gradually appeared on the unchanged background of the skin behind the ears and on the face, later on the neck and trunk, then on the limbs (see picture). After the rash for 1.5 weeks. pigmentation was observed, and then - bran-like peeling.

Answer the questions:

1. What is the most likely disease in the child?
2. For what period is quarantine introduced for contact children with this disease?
3. Describe the changes in the child's skin on the 3rd day of the rash, shown in the picture.

### Task 24

The mother of a 5.5-year-old child, who attends a children's preschool, complains of a decrease in her appetite, weakness, an increase in body temperature to 37.5°C, and the appearance of a maculo-papular rash on the skin of the face, trunk, and limbs with the formation of a rash within hours of of these vesicle elements, some of which had an umbilical depression in the center. Two weeks ago, the child was in contact with a sick neighbor's child who had a similar rash. Answer the questions:

1. What is the most likely disease in the child?
2. Is specific prevention of this disease carried out according to the vaccination calendar?
3. Describe the rash on the patient's trunk shown in the picture.

### Task 25

In a 12-year-old boy, during an epidemic outbreak in the city, the disease began very acutely: the body temperature rose to 39.8°C, significant signs of intoxication appeared, intense headache, chills, pain in the eyes when moving, aching pains in the muscles ligaments, joints, bones. The face is hyperemic, injection of vessels of the sclera and conjunctiva, granularity and moderate hyperemia of the pharynx (see picture). There is no rash. Answer the questions:

- 1 What is the most likely disease in the child?
- 2 Is there specific prevention of this disease?
- 3 Principles of child treatment.

#### Task 26

An 8-year-old child had a sharp rise in body temperature to 39.6°C, an intense sore throat, one-time vomiting, a bright red small-dotted rash on a hyperemic background of the skin on the face, trunk, and limbs. The rash is more intense in skin folds. The nasolabial triangle is pale. During the examination - bright hyperemia of the pharynx, "raspberry tongue", enlargement of the palatine tonsils, submandibular lymph nodes. Answer the questions:

- 1 What is the most likely disease in the child?
- 2 What is the period of observation of contacts with this disease?
- 3 Is there an etiotropic treatment?

#### Task 27

A 5-year-old child had a sharp rise in body temperature to 39.8°C, an intense pain in the throat, a bright red small-dotted rash on a hyperemic background of the skin on the face, trunk, limbs, the rash is more intense in the folds of the skin. White dermographism is noted (see picture). The nasolabial triangle is pale. On examination, there is marked hyperemia of the tonsils, uvula, soft palate, enlargement of the palatine tonsils, on their surface - dirty white layers that are easily removed, enlargement of the submandibular lymph nodes.

Answer the questions:

- 1 What is the most likely disease in the child?
- 2 When will a sick child be able to visit the children's group?
- 3 What pathogen causes this disease?

### Task 28

A 2.5-year-old child had a sharp rise in body temperature to 38.8°C, moderate weakness, decreased appetite, serous-mucous discharge from the nose, injection of scleral and conjunctival vessels, later right-sided conjunctivitis (see . picture). Objectively - moderate hyperemia of the pharynx, back wall of the pharynx, hyperplasia of tonsils, enlargement of submandibular and cervical lymph nodes. A DNA virus was isolated from nasopharyngeal washings. Answer the questions:

- 1 What is the most likely disease in the child?
- 2 What anti-epidemic measures are carried out for this disease?
- 3 What forms of this disease do you know?

### Task 29

A 10-year-old boy developed a moderate sore throat, a feeling of exhaustion, and a severe headache after visiting his grandmother. On the third day, the body temperature is 38.2-38.9°C. The skin is pale. Examination of the pharynx - see picture. The submandibular lymph nodes are enlarged, the edema of the subcutaneous fatty tissue extends to the middle of the neck (see picture). Despite the treatment, after 2 weeks the child developed carditis.

Answer the questions:

1. What is the most likely disease in the child?
2. Describe the changes in the pharynx shown in the figure.
3. At what age do vaccinations against this disease begin?

### Task 30

An 8-year-old child complains of feeling unwell, an increase in body temperature up to 38.5°C, moderate pain in the throat when swallowing for the last three days. Objectively: increase in submandibular lymph nodes on both sides, examination of the pharynx - **see** picture. After removing the rough fibrinous film, the surface of the tonsil bleeds slightly. Bacterioscopy of a swab from the throat shows gram-positive microorganisms with mace-like thickenings at the ends.

Answer the questions:

1. What is the most likely disease in the child?
2. What should be the doctor's tactics?

3. Describe smear bacterioscopy. What is the specific treatment for this disease?

### Task 31

The boy is 10 years old and has been sick for 6 days. The disease began with the appearance of swelling in the area of the parotid glands (see picture). Bilateral orchitis was revealed during genital examination. From the 4th day, the swelling in the area of the parotid glands and manifestations of orchitis gradually decreased, but the general condition of the child worsened: there were complaints of a severe headache, an increase in body temperature to 39.2°C, vomiting, stiffness of the occipital muscles, a positive Kernig's symptom. Answer the questions:

- 1 What is the most likely disease in the child?
- 2 What should be the tactics of an "emergency" doctor?
- 3 Is there a specific prevention of this disease?

### Task 32

The three-year-old sister of a newborn boy fell ill with whooping cough. Two weeks later, a 5-week-old boy developed respiratory arrest during the night against a background of coughing (see figure). Objectively: body temperature is 36.7°C, chest is swollen, box percussion sound. ZAK: leukocytes 18 x10<sup>9</sup>/l, lymphocytes 73%.

Answer the questions:

- 1 What is the most likely disease in the child?
- 2 What should be the doctor's tactics?
- 3 When and how is vaccination against this disease carried out?

### Task 33

The child is 8 months old in 8 hours. after a rapid rise in body temperature to 40°C, petechiae and ecchymoses, dense to the touch, of irregular shape appeared on the skin of the entire body surface (see picture). Over the course of hours, the number of rash elements increased significantly, necrosis appeared in the center of some of them, the body temperature continued to rise, the child lost consciousness, vomiting of "coffee grounds" appeared. Heart rate 212 per minute, pulse weak, anuria, AT 40/10 mm Hg. Art. SAC: leukocytes 38x10<sup>9</sup>/l, rod-nuclear - 24%, segmentonuclear - 52%, ESR -35 mm/h.

Answer the questions:

- 1 What is the most likely disease in the child?
- 2 Describe the changes in the child's skin that are characteristic of this disease.
- 3 What is the etiotropic treatment of the disease.

#### Task 34

A 7-year-old child complains of poor appetite, an increase in cervical lymph nodes, and rapid fatigue during classes at school. A Mantoux diagnostic test was performed with 2 TO PPD-L. Hyperemia 8 mm, papule - 0. Last year's Mantoux test result - hyperemia 15 mm, papule 9 mm. Answer the questions:

1. Evaluate the child's Mantoux test.
2. Is BCG revaccination indicated?
3. What are the next tactics?

#### Task 35

An 8-year-old girl fell ill 7 days ago, when she complained of general malaise, weakness, an increase in body temperature to 37.6-37.80 C, increased salivation, decreased appetite, nausea, bowel dysfunction, pain in various parts of the abdomen of a seizure-like nature.

It is known from the anamnesis that the child often eats unwashed fruits and berries.

Objectively: The child has a reduced body weight. The skin is pale. Vesicular breathing above the lungs. The abdomen is soft, painless on palpation.

- 1 What is the previous diagnosis?
- 2 What research should be conducted to confirm the diagnosis?

How to properly collect feces for research?

- 3 Prescribe treatment.

## The second question

1. Classification and severity criteria of scarlet fever.
2. Classification and severity criteria of pseudotuberculosis.
3. Classification and severity criteria of oropharyngeal diphtheria.
4. Classification and severity criteria of laryngeal diphtheria.
5. Classification and severity criteria of infectious mononucleosis.
6. Classification and severity criteria of meningococcal infection.
7. Classification and severity criteria of whooping cough.
8. Classification and severity criteria of influenza.
9. Classification and severity criteria of adenovirus infection.
10. Classification and severity criteria of diarrhea.
11. Classification and severity criteria of salmonellosis.
12. Classification and severity criteria of escherichia.
13. Classification and severity criteria of shigellosis.
14. Classification and criteria of severity of exicosis (degree, type).
15. Classification and severity criteria of viral hepatitis.
16. Classification and severity criteria of poliomyelitis.
17. Classification and severity criteria of enterovirus infection.
18. Classification and severity criteria of chicken pox.
19. Classification and severity criteria of herpes infection.
20. Classification and severity criteria of mumps infection.
21. Classification and severity criteria of measles.
22. Classification and severity criteria of rubella.
23. Classification and severity criteria of angina.
24. Classification and severity criteria of HIV infection.
  
25. Anti-epidemic measures for scarlet fever.
26. Anti-epidemic measures for pseudotuberculosis.
27. Vaccination dates, ways of administering the measles vaccine. Anti-epidemic measures.
28. Vaccination dates, routes of vaccine administration for rubella. Anti-epidemic measures.
29. Anti-epidemic measures for chicken pox.
30. Anti-epidemic measures for meningococcal infection.
31. Vaccination dates, ways of administering the diphtheria vaccine. Anti-epidemic measures.
32. Anti-epidemic measures for infectious mononucleosis.
33. Vaccination dates, ways of administering the flu vaccine. Anti-epidemic measures.
34. Vaccination dates, methods of administering the vaccine for whooping cough. Anti-epidemic measures.
35. Timing of vaccination, ways of administering the vaccine for mumps infection. Anti-epidemic measures.
36. Vaccination dates, routes of vaccine administration for viral hepatitis A. Anti-epidemic measures.
37. Vaccination dates, routes of vaccine administration for viral hepatitis B. Anti-epidemic measures.
38. Timing of vaccination, methods of vaccine administration in poliomyelitis. Anti-epidemic measures.

39. Anti-epidemic measures at GKI.
40. Anti-epidemic measures for enterovirus infection.
  
41. Diagnostic clinical and laboratory criteria of scarlet fever.
42. Diagnostic clinical and laboratory criteria of follicular angina.
43. Diagnostic clinical and laboratory criteria of lacunar angina.
44. Diagnostic clinical and laboratory criteria of Symanovsky Plaut-Vincent's angina.
45. Diagnostic clinical and laboratory criteria for pseudotuberculosis.
46. Diagnostic clinical and laboratory criteria for chicken pox.
47. Diagnostic clinical and laboratory criteria of encephalitis in chicken pox.
48. Diagnostic clinical and laboratory criteria of herpes infection.
49. Diagnostic clinical and laboratory criteria of herpes zoster.
50. Diagnostic clinical and laboratory criteria for measles.
51. Diagnostic clinical and laboratory criteria for measles in the catarrhal period.
52. Diagnostic clinical and laboratory criteria of rubella.
53. Diagnostic clinical and laboratory criteria for influenza.
54. Diagnostic clinical and laboratory criteria of respiratory-enzymal infection.
55. Diagnostic clinical and laboratory criteria of rhinovirus infection.
56. Diagnostic clinical and laboratory criteria of adenovirus infection.
57. Diagnostic clinical and laboratory criteria of parainfluenza and croup syndrome.
58. Diagnostic clinical and laboratory criteria for parotitis.
59. Diagnostic clinical and laboratory criteria of parotitis meningitis.
60. Diagnostic clinical and laboratory criteria for whooping cough in the catarrhal period.
61. Diagnostic clinical and laboratory criteria for whooping cough in the spasmodic period.
62. Diagnostic clinical and laboratory criteria of meningococcal nasopharyngitis.
63. Diagnostic clinical and laboratory criteria of meningococemia.
64. Diagnostic clinical and laboratory criteria of meningococcal meningitis.
65. Diagnostic clinical and laboratory criteria of infectious mononucleosis.
66. Diagnostic clinical and laboratory criteria of oropharyngeal diphtheria.
67. Diagnostic clinical and laboratory criteria of laryngeal diphtheria.
68. Diagnostic clinical and laboratory criteria for viral hepatitis A.
69. Diagnostic clinical and laboratory criteria of viral hepatitis B.
70. Diagnostic clinical and laboratory criteria for shigellosis.
71. Diagnostic clinical and laboratory criteria of enteropathogenic escherichia.
72. Diagnostic clinical and laboratory criteria of enteroinvasive escherichia.
73. Diagnostic clinical and laboratory criteria for salmonellosis.
74. Diagnostic clinical and laboratory criteria of rotavirus infection.
75. Diagnostic clinical and laboratory criteria of intestinal yersiniosis.
76. Diagnostic clinical and laboratory criteria for degrees of exocosis.
77. Diagnostic clinical and laboratory criteria of water-deficit exocosis.
78. Diagnostic clinical and laboratory criteria of salt deficiency exocosis.
79. Diagnostic clinical and laboratory criteria of paralytic poliomyelitis.
80. Diagnostic clinical and laboratory criteria of herpangina.
81. Diagnostic clinical and laboratory criteria for HIV infection.
  
82. Treatment of scarlet fever.



83. Treatment of tonsillitis (follicular, lacunar).
84. Treatment of pseudotuberculosis.
85. Measles treatment.
86. Treatment of rubella.
87. Treatment of diphtheria.
88. Treatment of chicken pox.
89. Treatment of herpes infection.
90. Treatment of infectious mononucleosis.
91. Treatment of mumps orchitis.
92. Treatment of SARS (antiviral treatment).
93. Treatment of parainfluenza (croup).
94. Treatment of influenza.
95. Treatment of fever.
96. Treatment of seizures.
97. Treatment of meningococcal nasopharyngitis.
98. Treatment of meningococcal meningitis.
99. Treatment: emergency care for meningococemia.
100. Treatment of whooping cough.
101. Treatment of whooping cough in the catarrhal period
102. Treatment of whooping cough in the spasmodic period.
103. Treatment: diet for diarrhea.
104. Oral rehydration in intestinal infections.
105. Treatment: antibacterial therapy for GKI.
106. Treatment of GKI: correction of potassium.
107. Treatment of viral hepatitis A.
108. Treatment of viral hepatitis B.