MINISTRY OF PUBLIC HEALTH SERVICE
ZAPOROZHYE STATE MEDICAL UNIVERSITY
Department of Infectious Diseases

Methodical Recommendations

For writing of case report on infectious diseases

For the students of the V course of medical faculty

Zaporozhye -2008

The methodical development has been made by:

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The methodical development has been discussed on the sub-faculty meeting on the 23rd of April, 2008, protocol №7

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Methodical Recommendations for writing of case report on infectious diseases : For the students of the V course of medical faculty / comp. E. V. Ryabokon, T. Ye. Onischenko. – Zaporozhye : [ZSMU], 2008. – 31 p.

In the guidelines for writing a history of infectious diseases for the 5th year students of the Medical Faculty the modern international classification of infectious diseases, examples of the formation of clinical diagnosis, given modern standards laboratory examination according to clinical protocols, laboratory parameters are norms and basic characteristics diet.

The program has been approved on the meeting of the Cycle Methodical Commission 2008 Protocol №___ Head of the Cycle Methodical Commission Professor Kraydashenko O.V.

Contents:

Model of a title-page

The Head of the Department of Infectious Diseases
MD:_____
The lecturer:_____

Case History

Of the patient_____

Clinical diagnosis

Underlying disease:

_____
_____
_____

Complications:

_____
_____
_____

Concomitant disease:

_____
_____
_____

Curator:_____
V – year student
of___group
of_____faculty
Curation beginning:_____
Curation ending:_____

The Passport part:

Surname, name and patronymic of the patient:

_____
Age:_____
Sex:_____
Place of residence:_____
Occupation and place of work:_____

Date of patient's hospitalization_____.
Day of the disease: _____.
Patient was directed by physician of (policlinic, ambulance)_____
Diagnosis of the directing physician:_____

Patient's complaints at the moment of curation

A student gets the complete information about patient's complaints during task-oriented questioning of the patient according to the scheme given below.

- Main complaints. They are determined by underlying disease and characterize illness as an infectious disease.

- Additional complaints. They are typical for many infectious diseases.

Practically more comfortable to divide infectious diseases into groups: infections with a general toxic syndrome, with nervous system lesion, acute enteric infections, infections of respiratory tracts, infections with skin and mucous membranes lesion.

The History of the Illness
(Anamnesis Morbi)

(It includes the detailed case history from the beginning of the disease to the moment of curation).

Time and place of onset of the disease (on journey, at work, at home).

Beginning of the disease (acute, subacute – during 1-3 days, gradual – 4-7 days).

The manifestations of underlying disease (chill, rise of temperature, character of temperature curve, nausea, vomiting, stool, its character, tenesmus, presence of rush on the skin and mucous membranes, catarrhal phenomena (stuffiness in nose, cold, cough), cramps, objective feelings and other).

In patient's opinion what caused the disease; possible influence of environmental conditions (professional, life style, climate and weather factors), physical or psychoemotional exertion, intoxications, malnutrition, etc.

When did patient receive medical treatment at first time? What kind of medicine was he given, its effectiveness? What treatment was given to patient before his hospitalization, its efficiency?

What changes in the patient's condition have occurred since the onset of the disease up to the present moment (the dynamics of patient's complaints)? How has

the patient's condition been changing during his treatment at the in-patient department up to the moment of curation (taking into account the expressiveness of symptoms and their characteristics)?

Life History
(Anamnesis Vitae)

Includes information:

- short biographic data (the place of birth, how the patient was growing up and developing, his studies, speciality);
- about his living conditions;
- about character of professional activity;
- about family status;
- about bad habits (smoking, using alcohol, drugs);
- about somatic and infectious illnesses, traumas, operations etc., which he had or has (with indication of severity and features of clinical course);
- about hereditary diseases;
- about working capacity (the amount of incapacity days a year, does the patient have disability group).

For children – psychomotor development, infant feeding is specified in detail. For women – separately: menstrual cycle, labors and abortions.

Epidemic anamnesis

(It is a specific part of case report of infectious patient, which helps to get substantial additional information for diagnostics of infectious disease).

It is necessary to find out:

- Did the patient contact with infectious patients, especially who have similar syndromes by clinical manifestations?
- Did he have similar diseases in the past?
- Was the patient in the nidus of infection?
- Does the disease begin in the period of infective episode?

- Did the patient visit endenic regions of infectius diseases?
- Did the patient have possibility of contamination via contacts with sick animals, usage of the infected objects, clothes and infected (contaminated) food products or due to poor quality of water?
- Was the patient bitten by animals or stung by bloodsucking insects which can be sources or carriers of transmissible and some contact infections?
- Does the patient have probability to be infected during transfusions of blood or its components, during operations, invasive diagnostic or medicinal manipulations, sex contact? Has patient had any medical manipulations for the last 6 months: transfusions, operations, extractions of a tooth?
- What are the living conditions (the home conditions, where does he live: on an apartment, in dormitory), sanitary-hygienic skills?
- What is his occupation, conditions of work? What transport is delivered on work? What overall is used (general or separate)? What about bath and shower usage, condition of keeping of the clothes?
-Hasn't he been in business trip or other trip for the last three weeks? Hasn't anyone arrived in house during this time? The condition of nourishment (eat at home, at work, use raw products bought at the market). Does the patient use unboiled milk, milk products?
-Does he link the disease to anything?

Allergic anamnesis

It is necessary to find out information about:
-tolerance and reactions on medicinal preparations (heterogeneous serums, antibiotics), products (milk, chocolate, citrus plants and other);
-vaccination anamnesis, reactions on vaccinations;
-hemotransfusions;
-presence of different clinical forms of allergic diseases (pollinosis, bronchial asthma, Quincke's edema, urticaria, Layel disease and other).

At problem-free allergic anamnesis it is possible to be limited with the entry like “Allergic diseases and reactions, the intolerance of food products and medications were not in the past”.

Objective Patients State

(Status Presents)

Day of disease is made research on

- General patient's state: satisfactory, moderate severity, severe.

-Consciousness: clear, depressed, stupor, sopor, coma, excitement, euphoria, delirium, hallucinations.

- Patient's position: active, passive, forced.

- Countenance: calm, excited, indifferent, suffering, mask-like.

- Gait: free, constrained, cheerful, waddling, specific (hemiparesis, parkinsonism and so on.)

- Constitutional type (normosthenic, asthenic, hypersthenic), height, weight.

- Skin and visible mucous membranes: colour (pale, pink-pale, red, cyanotic, icteric, grey, pigmentation, depigmentation); eruptions (erythema, roseola, papula, pustula, vesicular, blister, petechia, crust, bruises, erosions, fissures, ulcers, scratches); scars, vascular stars, xanthomas, xanthelasmas; skin moist, turgor; type of pilosis.

- Subcutaneous fatty tissue; developed poorly, moderately, excessively, fat deposits places; pastosity, characteristics of edemas according to their localization and spreading (general, local), colour of the skin in the edematous area (pallor, cyanosis, hyperemia), property of edema (dense, soft).

- Lymph nodes (submandibular, cervical, infra- and subclavicular, cubital, axilary, inguinal) - determination of their size, consistence, painfulness, mobility, adhesion with each other and with the skin. Tonsils - their size, staining, the presence of purulent plugs in lacunae.

- Muscles: the degree of development (normal, surplus, weak, muscular atrophy - general or local), tension (increased, reduced, normal); tenderness on palpation and motion; trembling or tremor of separate muscles; pareses, paralyses of extremities.

- Bones: bones of the skull, chest, pelvis and extremities are examined to reveal deformity, periostitis, curvature, acromegalia, changes of fingers and toes phalanges, drumstick- fingers, painfulness on palpation.
- Joints: configuration (normal, tumescence, deformity); skin hyperemia and local rise of temperature in the joint's area; the volume of active, passive movements (free or limited, tenderness on palpation and during movements; crackle, fluctuation, contractures, ankyloses.

Respiratory System

- Examination *(Jinspectio).* Does the patient have dyspnea, its character, the type of respiration, the number of breathing per 1 minute, form of the chest, retraction or bulging of supraclavicular *and* subclavicular fossae;
- palpation *(palpatio)* (thorax resistance, painfulness, vocal fremitus);
- percussion: lungs comparative percussion, determine zones of dullness, areas of tympanitis, etc, indicate their size and exact localization, define the character of percussion sound (clear pulmonary sound, loss of resonance, dullness, bandbox sound. Topographic percussion: determine of the height of lungs' apexes from the front and behind, lower borders, excursion of lungs edges in cm;
- auscultation: character of respiration (vesicular, bronchial, harsh and so on), rales (dry and moist – large, medium and small bubbling rales, sonorous, non-sonorous, crepitation, pleural friction rub, their exact localization, bronchophony.

Cardiovascular system.

Examination (visible pulsation of the vessels, "carotid shudder", cardiac hump, apex and cardiac beats):
- palpation (apex beat, cardiac beat, its localization, systolic and diastolic tremors);
- percussion (relative and absolute borders of the heart dullness, cardiac configuration, amplitude of vascular bundle in cm.);
- auscultation (cardiac sounds: clear, quiet; murmurs, their characteristics);

Pulse: rate, filling, tension, rhythm, form; availability of pulse asymmetry. If the patient has arrhythmia to auscultate the heart sounds and pulse rate simultaneously (to determine of the so-called pulse deficit);

- arterial blood pressure on both arms.

Digestive system

To find out: presence of the vomiting, its frequency, connection with reception of the food, frequency and nature of the stool.

Examination:

- oral cavity, mucous membranes, tongue: dry, humid, furred, nature of fur; the state of its papillae, cracks, ulcers, gums, teeth;
- abdomen (its form, swelling, meteorism, participation in the act of respiration, subcutaneous veins' phlebectasia), visible gastric and intestinal peristalsis;
- palpation: surface palpation (tension of abdominal wall, Schetkin-Blumberg symptom, painfulness, its localization, divergence of straight abdominal muscles); deep palpation (by Obraztsov-Strajesko), palpation of sigmoid and caecum, rumbling. Padalka's symptom;
- liver: to find out the liver size during percussion by the corresponding position - finding lines (dimensions *by Kurlov).* If liver is palpable, i.e. it is extended below the costal margin - size, painfulness, surface (smooth, nodular), margin of the liver (sharp, rounded), consistence (dense, mild), special examination of gall-bladder area.
- spleen: palpation in different positions of the patient (on the back, on the right side), its size, shape, consistence and the state of its surface; percussion of the spleen *(by Sally)* - dimensions in cm (length and diameter).

Urinary system

- the frequency of the urination, dysuric phenomena;
- examination of lumbar area;
- palpation of kidneys (size, shape, consistence, position). Pasternatsky's symptom;
- diuresis.

Nervous system

- consciousness (clear consciousness, obnubilation, sopor, coma);
- increasing of excitability (the euphoria, excessive talkative, aggressiveness);
- depression (sluggishness, apathy, sleepiness);
- delirium, hallucinations;
- headaches, dizziness, sleep, memory, speech;
- meningeal syndrome;
- motor sphere, gait, Romberg's symptom;
- reflexes: pupillary**,** pharyngeal, tendon, abdominal and other; pathological reflexes;
- dermographism;
- vision: pupils, reaction them on light, convergence, accommodation, nystagmus;
- ear: discharge, painfullness during pressure on tragus and mastoidal process.

Provisional Diagnosis and its Substantiation.

Provisional diagnosis is made on the grounds of complaints, anamnesis, epidemiology anamnesis and objective information directly confirming the availability of the disease (only those symptoms are used which are characteristic for the disease), the effectiveness of the therapy is taken into account too. If possible the form, phase, stage, course of the disease and so on are reflected and grounded in the diagnosis. The substantiation of the underlying, concomitant diseases and complications is carried out separately.

It's necessary to detail subjective and objective symptoms, to formulate syndromes and to make a nosologic diagnosis.

The diagnosis must include:

-The underlying disease which caused hospitalization;

-The complications which were brought about by the underlying disease;

-The functional disorders of injured organs: compensation or decompensation.

-The concomitant disease which is not associated with the underlying one pathogenetically;

- The complications which were brought about by the concomitant disease;

- The functional disorders due to the concomitant disease.

Plan of patient's examination

Starting from the provisional diagnosis student projects the individual plan of patient's examination and consultations of other specialists.

The supplementary methods of investigation must be aimed to solve the tasks of diagnostics, functional state of organs and systems involved in the pathologic process, the degree of activity and the severity of the disease.

Plan of laboratory and instrumental methods of investigation must include:

-Clinical blood analysis every 7-10 days;

-General urinalysis every 7-10 days;

- Feces analysis on helminth eggs;

-Blood test for AIDS, syphilis

-Determining blood group and Rhesus-factor;

-Blood sugar;

-Photoroentgenography of the chest (if it wasn't performed during a year);

-Electrocardiogram;

-The list of special laboratory and instrumental investigations of the patient necessary to carry out when the pathology is revealed (to indicate what kind of investigations).

Standard of examinations of the patient suffered from viral hepatitis:

- general blood analysis with thrombocytes;
- RW;
- hepatic tests: general and conjugated bilirubin, AlAT, AlAT in dilution (1 : 10), thymol turbidity test, alkaline phosphatase, GGT;
-cholesterin;
-proteinogram;
- blood sugar;
- amylase;
- coagulogram;

- rest nitrogen, creatinine;
- markers of viral hepatitis: A, B, C, D et al.
- PCR;
- urine analysis for bile pigments;
- ultrasound examination of hepatobiliary system.

Standard of examinations of the patient suffered from intestinal infection:

- general blood analysis, Ht, relative plasma density;
- rest nitrogen, creatinine;
- blood electrolytes: K^+, Na^+, Cl^- ;
- general analysis of urine;
- coprograms № 3;
- bacteriological inoculation of lavage waters of stomach and feces for pathogenic and conditionally pathogenic flora (salmonellosis, dysenteric, campilobacteriosis, CPF);
- bacteriological inoculation of feces for cholera (f.30);
- reaction of indirect hemagglutination (RIHA) with salmonellosis and dysenteric antigen in dynamics (repeated taking away in 10 days);
- reaction of agglutination (RA) with auto-strain if during bacteriological inoculation CPF was found;
- determination of water balance.

Standard of examinations of the patient suffered from neuroinfection:

- general analysis of blood;
- general analysis of urines;
- general-clinical research of liquor: cytosis, sugar, protein, sedimental reactions;
- electrolytes of blood,
- sugar of blood;
- consultation of neurologist, oculist, otolaryngologist;

- microscopy of blood by method «thick drop»
- bacteriological research of mucus from rhinopharyns, blood, liquor for meningococcus and other agents;
- bacteriological research of blood and liquor for sterility;
- virusologic and serologic research of blood and liquor for decipher viral etiology of the disease;
- researching of liquor for the BK;
- hepatic tests;
- rest nitrogen, creatinine;
- proteinogram, coagulogram.

THE RESULTS OF LABORATORY AND INSTRUMENTAL EXAMINATIONS

The results of laboratory and instrumental methods of patient's investigation, their estimation.

- The student notes examination data in the case history.
- The interpretation of the data received is carried out.

Temperature chart. The curator notes in the temperature chart:

- treatment of patient (etiotropic, pathogenetic)
- patient's temperature, pulse, BP;
- dynamics of results of laboratory researches;
- diuresis, color of urine;
- amount and character of feces (presence of pathological admixtures)

Differential diagnosis

Differential diagnosis is performed by comparing the most important symptoms of the underlying disease of the investigated patient with the similar signs of other diseases.

This section begins from grounding the choice of the disease with which differentiation will be carried out. At first common manifestations of the patient's

disease with the similar disease are described. Then the comparison of each symptom of this patient with similar symptom of the other disease is reflected peculiarities (differences) of their manifestation.

It's necessary to take into account symptoms which the investigated patient doesn't have but which are characteristic for the other disease and vice versa; and the symptoms which are present in this patient but not characteristic for the other disease.

Differential diagnosis is performed in the same order as the patient's examination has been made: at first complaints are compared, then anamnesis of the disease and life history data, results of objective examination and, at last, the supplementary methods of investigation which confirm availability of this disease.

Note: Only those symptoms and the results of the supplementary methods of investigation are used which this patient has.

The final clinical diagnosis and its substantiation

When substantiation the clinical diagnosis, reference is done to the provisional (inicial) and differential diagnosis; then the data of supplementary methods of investigations are used which confirm the availability of the present disease. It's necessary to make substantiation of the underlying, concomitant diseases and complications separately, substantiating each point of the diagnosis.

Detailed clinical diagnosis is formulated in accordance with the requirements of the classifications established by Ukraine Public Health Ministry or Congress of doctors.

The following issues are included in the diagnosis:

- Etiology;
- Clinical (clinical-morphologic) variant of the disease;
- Phase (remission or exacerbation);
- Stage;
- Particular most pronounced syndromes (the result of involving of different organs and systems in pathologic process);
- Complications.

Etiology and Pathogenesis.

The curator describes the main etiologic factors and links of the disease pathogenesis in the investigated patient.

Treatment

Present-day principles of treatment of the underlying disease are stated according to the following plan:

- Regimen;
- Diet;
- Pharmacotherapy;
- Physiotherapy;
- Sanatorium-resort therapy;
- Surgical treatment (indications);
- Dispensary observation and anti-recurrence therapy.

In this section it's necessary to state briefly the main groups of medicinal preparations used for the treatment of the present disease, indications and contraindications to their prescription. To describe the mechanism of action of medicinal preparations recommended to the investigated patient, their single and daily doses, the duration of the course of the treatment. To ground the individual treatment to this patient, to make prescriptions.

Prognosis and working capacity examination.

Examination (of the investigated Patient)

The prognosis is based with regard to the disease, life and working ability. The prognosis can be favorable, doubtful and unfavorable.

The prognosis of the disease is considered favorable, if there is confidence that the investigated patient will recover; it is doubtful if there is no certitude in the complete recovery and it is unfavorable if the disease is incurable and has a chronic course growing progressively worse.

The prognosis with respect to life may be favorable in that case if the patient is not in danger of complications; it may be doubtful if in certain situations the patient (considering his age, the course of the disease, its progressing, complications, effectiveness of treatment and so on) can have a lethal outcome and the prognosis may be unfavorable if the lethal outcome of the patient is inevitable.

The prognosis of working ability is made with regard to its temporary or persistent disability (disability group) considering the degree of the patient's functional disorders and his profession.

Diary

The diary is kept in the form:

Date Patient's condition Prescriptions

In the section "Patient's condition" the estimation of the patient's general condition is given, complaints, objective data are described which accentuate the pathologic changes in the organs; the dynamics of the course of disease is stated.

In the section "Administrations" the regimen, diet, treatment, changes in therapy, necessary supplementary investigations are indicated.

Epicrisis on discharge

The epicrisis is the final part of the case history. It's a brief medical comment on the essence of the disease, its causes, its course and the results of treatment, patient's condition by the moment when epicrisis is making up, prognosis, patient's working ability, his further regimen, treatment and the prophylaxis of recurrences.

In the epicrisis patient's passport data, complaints and their characteristics, anamnesis, life history (facts having relation to the present illness), clinical signs of the disease, the basic findings of laboratory and instrumental investigations, confirming the diagnosis are briefly stated. The diagnosis is confirmed by epidemiologic information _____ or "Source of infection was not found".

Then the diagnosis and the following treatment (single, daily doses of preparations), the results of treatment, changes in the patient's condition during

treatment are filled in. The outcome of the disease (complete recovery, incomplete recovery, insignificant aggravation of symptoms, stable condition, transformation acute form of the disease into chronic one, aggravation of condition, death).

In patient's case record it's necessary to determine the prognosis of recovery, to give the estimation of working ability considering patient's occupation and place of work (able to work, able to work with limitation, the transfer to easier work is indicated, the transfer to disability is necessary, disability group), recommendation for further dispensary supervision, treatment and prophylaxis of recurrences of the disease, sanatorium-resort treatment.

Literature

In this section literary sources used in writing of cased history are given according to the generally accepted bibliographical form (indicating the authors' surname and the initials in alphabetical order, the title of work, the source, the year and place of publishing, pages).

Date Student's signature

Recommended literature.

1. Інфекційні хвороби: Підручник / Є.В. Нікітін, М.А. Андрейчин, К.Л. Сервецький, В.О. Качор, А.М. Головченко, Є.М. Усиченко: За ред.. Є.В. Нікітіна та М.А. Андрейчина. – Тернопіль: Укрмедкнига, 2004. – 364 с. (англ.).

2. Возіанова Ж.І. Інфекційні і паразитарні захворювання: В 3 т. – Київ: Здоров'я, 2001-2002. – Т.1 – 856 с. – Т.2 – 658 с. – Т.3 – 904 с.

3. Инфекционные болезни / Под ред. Ю.В. Лобзина. – СПб.: СпецЛИТ, 2001. – 543 с.

Appendix № 1

Normal clinical and biochemical indexes

Content of hemoglobin, erythrocytes and hematocrit in blood

Index	Men	Women
hemoglobin, g/l	132 - 164	115 - 145
erythrocytes	(4…5) x 10^{12}/l	(3,7…4,7) x 10^{12}/l
hematocrit	0,40 – 0,48	0,36 – 0,42
ESR	1 - 10 mm/h	2 - 15 mm/h

Normal indexes of leukogram

Index	%	Abs.number, x 10^{9}/l
leukocytes	-	4,0 – 6,0
stab neutrophiles	1 – 6	0,04 – 0,3
segmental neutrophiles	47 – 72	2,0 – 5,5
eosinophiles	0,5 – 6	0,02 – 0,3
basophiles	0 – 1	0,0 – 0,065
lymphocytes	19 – 37	1,2 – 3,0
monocytes	3 – 11	0,09 – 0,6

Normal content of albuminous fractions in blood, %

Albuminous fractions	Normal value
Whole protein	64 – 82 g/l
Albumins	56,5 – 66,8%
Globulins:	-
α 1	3 -5,6%
α 2	6,9 – 10,5%
β	7,3 – 12,5%
γ	12,8 - 19%
A/G index	1,5 – 2,0

Content of nonprotein nitrous components of blood

Index	Normal value
rest nitrogen	14,3 – 28,6 mmole/l
urea	3,3 – 8,32 mmole/l
creatinine: men women	 68 – 115 micromole/l 53 – 97 micromole/l

Cerebrospinal fluid

Index	Normal value
albumin	0,15 – 0,33 g/l
glucose	1,65 – 2,75 mmole/l
chlorides	118 – 132 mmole/l
cytosis	(0-5) x 10^6/l, lymphocytes
Reactions: None – Apelta Pandi Lange	 negative negative negative

Coagulogram

Index	Normal value
Prothrombin index	93 – 103%
free heparin	0,02 – 0,06 mg%
fibrinogen	2,0 – 4,0 g/l
fibrinogen B	negative
fibrinolysis	2,0 – 4,0 hour
thrombinous time	14 - 18"

Hepatic tests

Index	Normal value
AlAT	0,1 – 0,68 micromole/(h·ml)
α - amylase	3,3 – 8,9 mg/(s·l)
GGT men women	 15 – 106 WU 10 – 66 WU
phosphatase alkaline men women children	 900 – 2290 ME/l 740 – 2100 ME/l 1200 - 6300ME/l
general bilirubin conjugated bilirubin	8,5 – 20,5 mkmol/l 2,13 – 5,28 mkmol/l
thymol test	0 – 4 unit SH
cholesterin	2,4 – 5,07 mlmol/l

Normal coprogram

Common properties:

A color is brown.

Amount is 100 – 200g.

Consistency is formed.

Admixtures are absent.

Chemical research:

The reaction is alkalescent or neutral;

The reaction for hidden blood is negative (-);

Sterkobylyn is positive reaction (+);

Bilious acids are negative reaction (-);

Microscopic research:

Muscular fibres are single (±);

Neutral fat is absent (-);

Fatty acids are absent (-);

Starch is absent (-);

The digestion cellulose is absent (-);

The undigestion cellulose is insignificant quantity (+);

The iodinophil flora is absent (-);

*Mucus i*s absent (-);

Eggs of helminths – can be discovered if patient suffers from helminthiasis;

The protozoa – can be found out the unpathogenic simplest;

Leucocytes – 0 – 3 in eyeshot;

Erythrocytes are absent.

Appendix № 2

Isolation terms of patients and contact persons

Desease	Isolation terms of patients
Chicken-pox	for 5 days from the moment of appearance of the last fresh rash element on skin
Measles	during 4 days from the beginning of appearance of skin rash; at the complicated course – 16 days, at presence of pneumonia no less than 10 days.
Parotitic infection	during 9 days from the beginning of disease.
German measles	4 days from the beginning of disease.
Scarlet fever	22 days from the beginning of disease (for children visiting infant schools and 1-4 grades of school, and also for adults, workings in these establishments). Patients with tonsillitis from nidus of scarlet fever are interdicted to attend child's institutions during 22 days.
Meningococcosis	Until clinical convalescence, double negative bacteriological examination 1-2 days apart made not earlier than 3 days after completion of etiotropic therapy. Recovered persons are admitted to the collective in 10 days after discharging from hospital.
Diphtheria	Until clinical convalescence and double negative bacteriological examination of mucus from pharynx and nose made 2 days apart. At toxic forms (depending on a degree) the discharge is allowed in 21-50 days from the moment of disease. Recovered persons (children and adults) are double examined for carrying before admittance them in a collective (the first examination is made in 3 days after the discharge, second – some more in a day).

Viral hepatitis A	30 days from the beginning of the disease (clinical supervision during 6 months).
Whooping-cough	25 days from the beginning of disease at the double negative result of bacteriological examination or in 30 days from the beginning of disease.
Infectious mononucleosis	For all period of disease and during 2 days after normalization of body temperature.
Acute dysentery	During all period of disease and no less than 3 days after clinical convalescence, normalization of body temperature, stool and single negative examination made not earlier than 2 days after completion of specific treatment.
Chronic dysentery	Before clinical convalescence, normalization of stool (no less than 10 days) and negative result of single bacteriological examination, done not earlier than 2 days after completion of treatment, regular medical check-up during 3 months, bacteriological during one month.
Salmonellosis	Until clinical convalescence and no less than 3 days after normalization of stool and body temperature, double negative bacteriological examination of faeces and urine made not earlier than 2 days after completion of specific therapy (children visiting an infant school, unorganized and schoolboys are supervised during 3 months).
Typhoid	Unless disappearance of clinical symptoms and negative result of double bacteriological examination of faeces and urine and single duodenal content. Patients are discharged not earlier than on 21st day after normalization of body temperature (medical supervision after convalescents is kept during 3 months).

Appendix № 4

Epidemiological classification of infectious and parasitic diseases

Viral	Bacterial	Protozoan	Mycoses	Helminthiases
ANTHROPONOSES				
INTESTINAL				
Viral hepatites A, E Infection of Norfalk virus Rotaviral infection Enteroviral infection Poliomyelitis	Paratyphoid fevers Staphylococcus food poisoning Typhoid Cholera Shigelloses Esherichioses	Amebic dysentery	African histoplasmosis	Ascaridiasis Hymenolepiasis Dracunculosis Trichocephallosis Enterobiosis
OF RESPIRATORY TRACT				
Flu, adenoviral infection, herpetic infection, reoviral infection, respiratory syncytial viral infection, measles, rubella (German measles), infectious mononucleosis, a chicken pox, variola vera, parainfluenza, an epidemic parotiditis	Diphtheria, Haemophilus influenza infection, meningococcosis, a streptococcosis, whooping cough, leprosy, respiratory mycoplasmosis, parapertussis, pneumococcal pneumonia, tuberculosis, respiratory clamidiosis	Acantamebic meningitis, pneumocystosis		
OF BLOOD				
Transmitted by mosquitoes Pappatacci Fever	Transmitted by fleas Bartonellosis	Transmitted by bloodsucking mosquitoes		Transmitted by flies Loaosis

	Transmitted by louses War (trench) fever Recurrent lousy fever Epidemic (louse-borne) typhus	Malaria		Transmitted by bloodsucking mosquitoes Brugosis, Wouchereriosis
OF INTEGRUMENT				
Common (infectious, viral) wart, Viral hepatitis B (VH B), Viral hepatitis C (VH C), Viral hepatitis Delta, HIV, Cytomegalovirus infection	Bejel, gonorrhea, donovanosis, staphylococcal pyoderma., lues, frambesia (yaws), urogenital clamidiosis, chancroid	Indian visceral leishmaniasis, (kala azar), dermal leishmaniasis of the Old World (city type) trichomoniasis	Actinomycosis, candidiasis, antroponous microsporia, antroponous trichophytosis, epidermophytosis	Ankylostomiasis and necatoriasis, onchocerciasis, strongyloidiasis, schistosomiases

Viral	Bacterial	Protozoan	Mycoses	Helminthiases
ZOOGENOUS INFECTION				
INTESTINAL				
Lass fever, aphthous fever	Botulism, brucellosis, Yersiniosis, clamidiosis, campilobacteriosis, leptospiroses, listeriosis, melioidosis, necrobacillosis, a pseudo-tuberculosis, salmonelloses	Balantidiasis, cryptosporidia, toxoplasmosis		Alveococcosis, angiostrongylidosis, diphyllobothriasis, intestinal capillariosis, pulmonal capillariosis, clonorchiasis, opisthorchiasis, teniarinchosis, teniosis, toxocariasis, trichinosis,

				liver fluke (fasciola hepatica) infections, echinococcosis
OF RESPIRATORY TRACT				
Marburg and Ebole fever, smallpox of monkeys, lymphocytic choriomeningitis	Ornithosis, zoogenous tuberculosis			
OF BLOOD				
Transmitted by bloodsucking mosquitoes Dengue fever, Rift Valley fever, yellow fever, Syndbical, Chicungunya, Japanese fevers, Saint Luis encephalitis, Japanese encephalitis , encephalomyelitis horses. Transmitted by ticks Crimean - Congo hemorrhagic fever, Omsk hemorrhagic, Issyk Kul hemorrhagic fever, Kemerovo hemorrhagic fever	Transmitted by fleas Flea-rat ricketsiosis, plague Transmitted by ticks Lame's desease, tick Central Asian borreliosis, Q-fever, Rocky Mountain spotted fever, tularemia	Transmitted by flies African tripanosomosis Transmitted by bed bugs American tripanosomosis Transmitted by ticks Babesiosis		

OF INTEGRUMENT				
Hydrophobia, paravaccinia	Capnocytofagia, Pasterellosis, glanders, anthrax, sodoku, tetanus, Streptobacillosis, erysipeloid	Visceral leishmaniasis of East Africa, dermal leishmaniasis of the New World, dermal leishmaniasis of the Old World	Zoogenous microsporia, Zoogenous trichophytosis	
Viral	Bacterial	Protozoan	Mycoses	Helminthiases
SAPRONOSES				
INTESTINAL				
	Food poisoning of Bac. cereus Food poisoning of. Cl. perfrigens	Primary acantamebic meningoencephalitis		
OF RESPIRATORY TRACT				
	Legionellosis		Aspergillosis, histoplasmosis, cryptococcosis, nocardiosis, coccidioidomycosis	
OF INTEGRUMENT				
	Gas gangrene		Chromoblastomycosis, sporotrichosis	