- 1. Routes of transmission of typhoid fever.
- 2. The specific diagnosis of typhoid fever.
- 3. Specific treatment of typhoid fever (drugs, doses).
- 4. What intestine is affected in case of typhoid fever.
- 5. Main diagnostic features of typhoid fever (at least 4).
- 6. What test confirms the diagnosis of typhoid fever during the whole period of the disease?
- 7. What regions of the world have the highest morbidity rate of typhoid fever?
- 8. The specific diagnosis of typhoid fever in the initial period.
- 9. What are the symptoms of intestinal hemorrhage in typhoid fever.
- 10. Characteristics of eruption in typhoid fever (terms of appearance, the main element, localization).
- 11. What is the order of morphological changes in the intestine in typical typhoid fever?
- 12. Name the main causes of death in typhoid fever.
- 13. Specific treatment of typhoid fever (drugs, doses).
- 14. Specific complications of typhoid fever.
- 15. What is Padalka's symptom?
- 16. The cause of bleeding in patients with typhoid fever.
- 17. Treatment of intestinal hemorrhage in typhoid fever.
- 18. What are the symptoms of the intestinal perforation in typhoid fever?
- 19. The characteristics of fever in the height of a typical uncomplicated typhoid fever.
- 20. The characteristics of the pulse in the height of a typical uncomplicated typhoid fever
- 21. Typical changes in the TBC in patients with uncomplicated typhoid fever in the height of disease.
- 22. What kind of sleep disorder are specific for the height of typhoid fever?
- 23. How does the fever correlate with the pulse in patients in the height of typical typhoid fever?
- 24. Which laboratory parameters should be monitored during the treatment of patients with typhoid fever?
- 25. The specific diagnosis of typhoid fever in the height of illness.
- 26. What species of Yersinia can affect gastrointestinal tract?
- 27. Name the clinical forms of pseudotuberculosis (at least 3).
- 28. The characteristics of rash in pseudotuberculosis (localization, terms of appearance, the main element).
- 29. Describe the "hood", "gloves" and "socks" symptoms in pseudotuberculosis.
- 30. Name the clinical forms of intestinal yersiniosis.
- 31. Specific treatment of pseudotuberculosis.
- 32. What peculiarities of cultivation of Yersinia do you know?
- 33. Name the clinical forms of intestinal yersiniosis.
- 34. The specific diagnosis of intestinal yersiniosis.
- 35. What are the clinical features of generalized forms of pseudotuberculosis?

- 36. The specific diagnosis of pseudotuberculosis.
- 37. Definition of inflammatory diarrhea.
- 38. Definition of secretory diarrhea.
- 39. Name intestinal infections (at least 4), which may be accompanied by a skin rash.
- 40. Name at least 3 acute intestinal infections, which may lead to the development of dehydration shock.
- 41. Which intestinal infections (at least 2) are characterized by gradual onset?
- 42. Name at least 3 intestinal infections which may cause jaundice?
- 43. How to confirm the diagnosis of food poisoning?
- 44. Name the infectious agents of food poisoning (at least 5).
- 45. Clinical features of staphylococcal food poisoning.
- 46. Emergency treatment of food poisoning.
- 47. Is it necessary to use specific treatment in case of food poisoning? Substantiate your answer.
- 48. What defines the grade of severity in food poisoning?
- 49. The specific diagnosis of salmonellosis depending on the clinical form according to ICD -10.
- 50. Is it necessary to use specific treatment in case of severe Salmonella enteritis. Substantiate your answer.
- 51. Treatment of moderate Salmonella enteritis.
- 52. Describe the transmission of salmonellosis.
- 53. Name the main clinical features of Salmonella enteritis.
- 54. Emergency treatment in Salmonella enteritis.
- 55. The main clinical features of Salmonella sepsis.
- 56. The cause of muscle cramps in salmonella enteritis.
- 57. Name the main complications of salmonellosis (at least 3).
- 58. Changes in TBC in Salmonella enteritis.
- 59. Describe the onset of typical cholera?
- 60. Name the main complications of cholera.
- 61. Treatment of cholera in the onset of the disease and early dehydration.
- 62. What specific treatment is prescribed to patients with severe cholera?
- 63. Definition of cholera.
- 64. The cause of muscle cramps in salmonella enteritis.
- 65. What treatment should be prescribed in case of muscle cramps in cholera?
- 66. The specific diagnosis of cholera.
- 67. Which laboratory parameters should be monitored during the treatment of patients with cholera?
- 68. What is the sequence of diarrhea and vomiting in patients with cholera?
- 69. What IV solutions are used in the treatment of cholera?
- 70. Clinical criteria for the end of first stage rehydration therapy in the treatment of cholera.
- 71. What are the sequential stages of rehydration in the treatment of typical cholera?

- 72. Name the clinical and epidemiological criteria for diagnosis of cholera (at least 4).
- 73. Changes in the cardiovascular system in the height of the typical cholera.
- 74. Describe the face appearance in patient with severe cholera.
- 75. What is the classification of dehydration according to the WHO recommendations?
- 76. What are the features of moderate dehydration according to the WHO guidelines?
- 77. What are the features of severe dehydration according to the WHO guidelines?
- 78. Characteristics of feces and vomit in typical cholera.
- 79. What is cholera algid?
- 80. What defines the grade of severity in cholera as severe?
- 81. When is it necessary to use antibiotics in treatment of cholera?
- 82. Specific treatment of typical severe shigellosis.
- 83. What intestine is affected in typical shigellosis?
- 84. Is it necessary to use antibacterial therapy in treatment of mild shigellosis?
- 85. Specific treatment of shigellosis.
- 86. Definition of shigellosis.
- 87. The specific diagnosis of typical shigellosis.
- 88. Name the causative agents of shigellosis. What agent produces the exotoxin?
- 89. Complications of the typical form of shigellosis (at least 3).
- 90. What test confirms the diagnosis of shigellosis?
- 91. Characteristic of the stool in typical shigellosis.
- 92. What are the manifestations of intestinal lesions and character of bowel movements in a typical shigellosis?
- 93. Why does intestinal spasm appear in severe typical shigellosis?
- 94. Name the ways of transmission of shigellosis.
- 95. What changes in the intestinal mucosa are typical for severe shigellosis in the height of illness?
- 96. What is the duration of immunity after acute shigellosis?
- 97. Is chronic course of the disease typical for shigellosis?
- 98. What does abdominal palpation reveal in typical course of shigellosis?
- 99. Name the clinical and epidemiologic diagnostic criteria of a typical shigellosis (at least 5)?
- 100. What changes are found in coprocytogram in typical shigellosis?
- 101. What antibacterial drugs for treatment of campilobacteriosis are recommended by the WHO?
- 102. What are the ways of transmission of campilobacteriosis?
- 103. What are the peculiarities of two forms of the causative agent of giardiasis?
- 104. Epidemiological components of giardiasis.
- 105. What are the main pathogenic factors of Giardia?
- 106. The main clinical features of typical giardiasis.
- 107. What are the clinical syndromes in a typical course of giardiasis?
- 108. Specific diagnosis of giardiasis.

- 109. Treatment of giardiasis.
- 110. The specific diagnosis of amebiasis.
- 111. Clinical forms of amebiasis (at least 4).
- 112. Describe the changes in the intestinal mucosa and feces in typical amebiasis.
- 113. Features of the initial period of acute amoebic dysentery.
- 114. Specific treatment of intestinal amebiasis.
- 115. Name extraintestinal forms amebiasis (at least 3).
- 116. Name at least 3 acute intestinal infections, which may lead to the development of dehydration shock.
- 117. Name intestinal infections (at least 2) associated with inflammatory diarrhea.
- 118. Name intestinal infections (at least 4) associated with secretory diarrhea.
- 119. Name clinical forms of enterovirus infection according to ICD-10 (at least 5).
- 120. Describe the changes in the oropharynx in herpangina.
- 121. Describe the clinical features of pleurodynia.
- 122. Prevention of poliomyelitis.
- 123. Emergency treatment of botulism.
- 124. The main clinical syndromes in the height of moderate botulism.
- 125. Is impairment of consciousness typical for botulism?
- 126. Name the main causes of death in botulism.
- 127. The specific diagnosis of botulism.
- 128. Is dehydration typical for botulism?
- 129. Emergency treatment in severe botulism.
- 130. Is fever typical for botulism?
- 131. Is the early impairment of consciousness typical for botulism?
- 132. Describe changes of vision in a typical botulism.
- 133. Describe myoplegic syndrome in the height of typical botulism.
- 134. Describe the bulbar syndrome in severe botulism.
- 135. What is affected at the early stage of pathogenesis of botulism?
- 136. What is affected in the later stage of the pathogenesis of botulism?
- 137. What food can contain botulinum toxin in case of the breakdown in technology of production?
- 138. What changes of vegetative nervous system are typical in the height of botulism?
- 139. Describe the changes in the digestive system in the height of botulism.
- 140. Name at least 3 infectious diseases with prevalence of fecal-oral transmission.
- 141. Name intestinal infections (at least 3), which can lead to acute renal failure.
- 142. Name infectious diseases with prevalence of fecal-oral transmission associated with long-lasting fever (at least 2).
- 143. What helminthiasis have a risk of autoinvasion?
- 144. Name helminthiasis (at least 3) that may have a migration stage in human body.
- 145. Name at least 3 biohelminthosis.
- 146. Name at least 2 helminthiasis that could be complicated by anemia.
- 147. Name at least 3 geohelminthosis.

- 148. What helminthiasis (at least 2) are transmitted through raw fish?
- 149. In what helminthiasis Praziquantel is effective?
- 150. In what helminthiasis Albendazole is effective?
- 151. Name helminthiasis (at least 2), where a human could be both intermediate and definitive host.
- 152. Name helminthiasis (at least 3) that may have a migration stage in human body.
- 153. What complications are typical for ascariasis (at least 3)?
- 154. The main symptoms of the migration stage of ascariasis.
- 155. What is the duration of the symptomatic illness in ascariasis without treatment and reinfection?
- 156. What are the main symptoms of trichinosis.
- 157. The most typical changes in TBC in trichinosis.
- 158. What is the most effective method of diagnosis in enterobiasis?
- 159. The localization of *Enterobius vermicularis* parazitation.
- 160. What is the duration of the symptomatic illness in enterobiasis without treatment and reinfection?
- 161. What are the clinical features of hymenolepiasis in the height of illness?
- 162. Name 4 types of helminths according to their biological characteristics.
- 163. Name 3 groups of helminthes according to specifics of the life cycle?
- 164. Name 3 possible routes of transmission of helminths to human.
- 165. Name 2 groups of helminthiasis according to their specific localization?
- 166. Name modern diagnostic methods of helminthiasis?
- 167. Name at least 5 nematodosis.
- 168. Name at least 3 cestodosis. What is cysticercosis?
- 169. Laboratory and specific diagnosis of neurocysticercosis.
- 170. Source of infection in toxocariasis.
- 171. What are the clinical features and consequences of eye toxocariasis?
- 172. The localization of whipworm in a human organism.
- 173. Name the most frequent symptoms of trichuriasis.
- 174. What complications can develop in trichuriasis?
- 175. The localization of whipworm in a human organism.
- 176. What is the duration of the symptomatic illness in trichuriasis without treatment and reinfection?
- 177. The localization of Strongyloides stercoralis in a human organism.
- 178. The way of transmission of teniasis.
- 179. What symptom is typical for beef tapeworm infection?
- 180. The way of transmission of echinococcosis?
- 181. Treatment of liver echinococcosis.
- 182. The specific diagnosis of echinococcosis .
- 183. What are the symptoms of the acute opisthorchiasis?
- 184. The way of transmission of opisthorchiasis.
- 185. Treatment of opisthorchiasis.
- 186. The localization of the causative agent of opisthorchiasis in a human

- organism.
- 187. Clinical features of chronic opisthorchiasis.
- 188. Causes of death in influenza.
- 189. The specific diagnosis of influenza.
- 190. The main clinical differences between influenza and parainfluenza.
- 191. Main non-bacterial complications of influenza (at least 3).
- 192. Modern specific treatment of influenza.
- 193. Specific prevention of influenza.
- 194. What part of the respiratory tract is affected in influenza?
- 195. Changes in TBC in influenza in the height of the illness.
- 196. Urgent specific prevention of influenza.
- 197. Name the clinical symptoms of influenza during the first day of illness in adults.
- 198. The main features of respiratory syndrome in parainfluenza.
- 199. Changes in TBC in case of bacterial complications of influenza.
- 200. What clinical syndrome is predominant in the early hours of influenza?
- 201. Name the typical clinical features of parainfluenza in adult.
- 202. The specific diagnosis of parainfluenza.
- 203. What part of respiratory tract is affected in parainfluenza?
- 204. Treatment of uncomplicated parainfluenza.
- 205. Name the clinical features of adenovirus infection.
- 206. Clinical features of adenoviral epidemic keratoconjunctivitis.
- 207. The specific diagnosis of adenovirus infection.
- 208. What part of respiratory tract is affected in adenovirus infection.
- 209. Name the types of influenza virus in humans.
- 210. What types of influenza virus may cause epidemics?
- 211. Name the 2 clinical forms of respiratory syncytial infection according to ICD -10.
- 212. Name the agents of acute respiratory infections (at least 4).
- 213. Name the agents of acute respiratory infections (at least 2), which can cause acute respiratory failure.
- 214. What respiratory infections can be associated with serous meningitis (at least 2)?
- 215. What acute respiratory infections can be associated with conjunctivitis (at least 2).
- 216. What respiratory infections (at least 4) are associated with significant intoxication and fever at the onset of the illness?
- 217. Name the agents (at least 4) of atypical pneumonia.
- 218. Source of infection in psittacosis.
- 219. The specific diagnosis of psittacosis.
- 220. What is the correlation between the signs of intoxication and percussion, auscultation changes in the lungs in a typical psittacosis?
- 221. Causal therapy of psittacosis.
- 222. Clinical forms of respiratory mycoplasmosis according to ICD -10.

- 223. Causal therapy of respiratory mycoplasmosis.
- 224. Clinical forms of legionellosis according to ICD -10.
- 225. Sources of legionellosis.
- 226. Specific therapy of legionellosis.
- 227. Specific diagnosis of legionella.
- 228. What is a Stimson's triad of symptoms in measles?
- 229. Describe the specific symptom of measles.
- 230. Common complications of measles (name at least 4).
- 231. Describe lesions in patients with measles (localization, the main element, the term of appearance).
- 232. Describe the stages of a typical measles rash.
- 233. Describe the most typical changes in blood in the height of uncomplicated measles.
- 234. Peculiarities of rubella course in adults.
- 235. Describe lesions in patients with rubella (localization, the main element, the term of appearance).
- 236. Specific diagnosis of rubella.
- 237. Peculiarities of mumps course in adults.
- 238. Name at least 3 clinical forms of mumps according to ICD -10.
- 239. Name at least 4 complications of mumps.
- 240. Specific diagnosis of mumps.
- 241. Name main diagnostic symptoms of mumps.
- 242. Describe lesions in patients with chickenpox (localization, the main element, the term of appearance).
- 243. Specific diagnosis of diphtheria.
- 244. Specific treatment of diphtheria.
- 245. Specific complications of diphtheria (name at least 3).
- 246. Name clinical forms of diphtheria according to the localization of pathological process (at least 4).
- 247. Describe specific symptom of rubella.
- 248. Describe specific triad of symptoms in congenital rubella.
- 249. Name main diagnostic symptoms of pharyngeal diphtheria.
- 250. The most common complication of pharyngeal diphtheria.
- 251. The main clinical differences between diphtheria and bacterial pharyngitis.
- 252. In case of diphtheria of the larynx death can be caused by:
- 253. First aid in case of diphtheritic croup.
- 254. In case of diphtheria of the pharynx death can be caused by:
- 255. What does isolation of nontoxic diphtheria strain in patients with bacterial pharyngitis mean?
- 256. The main differences between pseudo and real croup.
- 257. Name herpes viruses pathogenic to human.
- 258. The main element of rash in case of infection caused by herpes simplex virus.
- 259. List the clinical forms of HSV infection by ICD-10 (at least 4).
- 260. Specific treatment of HSV infection.

- 261. Peculiarities of HSV infections in patients with HIV infection.
- 262. In what cells herpes simplex virus multiplies?
- 263. Ways of transmission of HSV infection.
- 264. Describe the typical clinical manifestations for Herpes labialis.
- 265. The disease caused by HSV-2 manifests as:
- 266. Main clinical symptoms of infectious mononucleosis.
- 267. In which cells Epstein-Barr virus multiplies?
- 268. Specific diagnosis of infectious mononucleosis.
- 269. What antibacterial drugs are contraindicated in infectious mononucleosis?
- 270. Indications for corticosteroids prescription in infectious mononucleosis.
- 271. Specific changes in the haemogram in infectious mononucleosis.
- 272. In infectious mononucleosis skin rash appears as a result of:
- 273. Specific treatment of cytomegalovirus infection.
- 274. List infections (at least 4), that usually involve tonsillitis with patches.
- 275. List respiratory infections (at least 4), that usually manifest with the rash.
- 276. List respiratory infections (at least 4), that usually manifest with lymphadenopathy.
- 277. Main pathogenic factors of meningococcus, its pathogenic effect.
- 278. List clinical forms of meningococcal infection (at least 4).
- 279. Describe the changes in the cerebrospinal fluid in meningococcal meningitis.
- 280. Specific diagnosis of meningococcal meningitis.
- 281. What is the treatment of infectious mononucleosis tonsillitis with patches?
- 282. Specific treatment of meningococcal meningitis.
- 283. Typical hematological changes in meningococcemia.
- 284. Clinical signs of brain edema in patients with meningococcal meningitis.
- 285. Complications of meningococcal meningitis (at least 4).
- 286. Signs of interposition of medulla oblongata in meningococcal meningitis.
- 287. What are the changes in the cerebrospinal fluid in tuberculous meningoencephalitis?
- 288. What are the main meningeal signs (at least 4)?
- 289. What are the main causative agents of purulent meningitis (at least 4)?
- 290. Serous meningitis are usually associated with such diseases as (at least 4):
- 291. What is the difference between meningitis and meningismus?
- 292. What specific diagnostic methods are used for confirmation of meningococcemia?
- 293. Describe meningococcal exanthema (rash elements, its location, time of appearance).
- 294. Typical symptoms of meningococcemia at the full height of the disease.
- 295. Complications of meningococcemia (at least 4).
- 296. Specific therapy of meningococcemia in case of septic shock.
- 297. What's syndrome Waterhouse Frideriksen?
- 298. Specific therapy of meningococcal nasopharyngitis.
- 299. Typical signs of meningococcal nasopharyngitis.

- 300. What clinical forms of meningococcal disease are the most dangerous in terms of epidemiology?
- 301. Clinical variants of the preicteric period of acute hepatitis B course.
- 302. Biochemical parameters of cytolytic syndrome in case of viral hepatitis.
- 303. What pathogens cause chronic viral hepatitis?
- 304. What is co-infection in case of viral hepatitis? What is its most common variant?
- 305. What chronic viral hepatitis is the most common in the world?
- 306. Name viral hepatitis with parenteral mechanism of transmission.
- 307. What pathogens cause viral hepatitis with fecal-oral mechanism of transmission?
- 308. What is superinfection in case of viral hepatitis? What is its most common variant?
- 309. Describe the changes in the cerebrospinal fluid in serous meningitis.
- 310. Describe the changes in the cerebrospinal fluid in purulent meningitis.
- 311. What causative agent of viral hepatitis is characterized by the highest genome variability?
- 312. Biochemical parameters of the syndrome of cholestasis in case of viral hepatitis?
- 313. What viral hepatitis is often associated with flu-like syndrome while preicteric period?
- 314. What viral hepatitis is particularly dangerous for pregnant women?
- 315. What chronic viral hepatitis is characterized with the phenomenon of avoiding of immune response?
- 316. What chronic viral hepatitis usually has latent course?
- 317. Laboratory signs of the severity of viral hepatitis (at least 4)?
- 318. What are the rates of bilirubin, ALT and AST in case of viral hepatitis with hepatic coma?
- 319. What are the clinical signs of cholestatic form of viral hepatitis?
- 320. The most common complications of viral hepatitis.
- 321. What viral hepatitis have specific prevention?
- 322. What viral hepatitis is usually associated with hepatic coma?
- 323. Specific diagnosis of viral hepatitis A.
- 324. The most typical changes in full blood count for hepatitis A at the height of the disease.
- 325. The main clinical differences between hepatitis A and hepatitis B in preicteric period and period of jaundice.
- 326. Treatment of mild hepatitis A.
- 327. What laboratory tests should be carried out in the preicteric period of hepatitis A?
- 328. The most typical changes in full blood count in case of uncomplicated hepatitis A with medium severe course.
- 329. List clinical variants of preicteric period of hepatitis A.
- 330. What is the most reliable marker that confirms the diagnosis of hepatitis A?

- 331. List markers of acute hepatitis B.
- 332. The most typical changes in full blood count in hepatitis B at the height of the disease.
- 333. The main clinical criteria of acute hepatitis B without delta-agent with hepatic coma.
- 334. List antigens of HBV?
- 335. Specific prophylaxis of hepatitis B.
- 336. The main routes of transmission of HBV.
- 337. Laboratory criteria for severity of hepatitis B.
- 338. The specific diagnosis of hepatitis C.
- 339. What category of patients are at risk of death in case of viral hepatitis?
- 340. Specific diagnosis of hepatitis E.
- 341. Specific markers of acute hepatitis D.
- 342. What cells are naturally infected with HIV?
- 343. List the ways of transmission of HIV infection.
- 344. What does abbreviation «TORCH» mean?
- 345. List HIV-associated infections (at least 4).
- 346. List at least 2 infections that cause lesions of the brain or meninges in HIV infection.
- 347. List at least 2 infections that cause prolonged diarrhea in HIV-infected patients.
- 348. List at least 4 pathogens that cause meningoencephalitis in HIV infection.
- 349. Describe the first clinical stage of HIV infection according to the WHO classification and its main clinical and laboratory criteria.
- 350. What are the main clinical symptoms of acute retroviral syndrome?
- 351. HIV-associated protozoal infections (at least 2).
- 352. List at least 2 HIV-indicating bacterial infections.
- 353. List at least 2 HIV-indicating fungal infections.
- 354. List at least 2 pathogens that often cause lung lesions in patients with HIV infection.
- 355. What tumors (at least 2) are HIV-indicating?
- 356. List clinical manifestations of toxoplasmosis in immunocompetent adults.
- 357. The main clinical symptoms of CMV infection in immunocompetent, non-HIV-infected adults.
- 358. Peculiarities of tuberculosis course in HIV-infected patients.
- 359. Changes in blood in the later stages of HIV infection.
- 360. The specific diagnosis of HIV infection: the stages and methods at every stage.
- 361. What blood cells' number should be investigated to monitor the effectiveness of HIV treatment?
- 362. What basic research should be conducted in patient with HIV infection that was diagnosed for the first time?
- 363. Post-exposure prophylaxis of HIV infection in health care workers.
- 364. List the main groups of antiretroviral drugs (at least 4).

- 365. List the indications for antiretroviral therapy (at least 4).
- 366. How long should you conduct antiretroviral therapy in patients with HIV infection?
- 367. List the main specific drugs for the treatment of toxoplasmosis in adults with HIV infection.
- 368. Treatment of pneumocystis carinii pneumonia in HIV-infected patients.
- 369. Specific treatment of herpes zoster in HIV-infected patients.
- 370. Name the source of malaria infection.
- 371. In what group of patients malaria has the most severe course.
- 372. The stages of a typical malarial paroxysm.
- 373. Name the complications of four-day malaria.
- 374. What types of malaria are associated with late relapses?
- 375. What types of malaria are associated with early and late relapses?
- 376. What specific drugs are used for treatment of malarial coma?
- 377. Describe full blood count at the height of malaria.
- 378. What type of malaria is often transmitted during blood transfusion?
- 379. Name the causes of death in case of tropical malaria.
- 380. Name methods of specific diagnosis of malaria.
- 381. Peculiarities of the clinical course of the four-day malaria.
- 382. List antimalarial drugs.
- 383. Name the complications of tropical malaria (at least 4).
- 384. Specific treatment of typical vivax malaria.
- 385. What agent and why causes the worst course of malaria?
- 386. Name the route of transmission of malaria.
- 387. Describe the features of fever in tropical malaria.
- 388. What is the duration of schizogony in erythrocytes in the various types of malaria?
- 389. List transmissible protozoal infections (at least 2).
- 390. What viral infections (at least 4) are transmissible?
- 391. The main clinical signs of acute sepsis.
- 392. Name groups of transmissible infections?
- 393. What are the basic diagnostic signs of sepsis?
- 394. Clinical forms of sepsis.
- 395. Serous meningitis is associated with such viral infections (at least 4) as:
- 396. Clinical manifestations of acute brucellosis.
- 397. The specific diagnosis of brucellosis.
- 398. Specific treatment of brucellosis.
- 399. Typical clinical syndromes of subacute brucellosis.
- 400. The source of brucellosis.
- 401. Brucellosis fever has the following features:
- 402. What are the ways of transmission of brucellosis?
- 403. Sources of infection in case of Lyme disease.
- 404. What are the ways of transmission of Lyme disease's causative agent?
- 405. What local changes are specific for local stage of Lyme disease?

- 406. Name at least 4 transmissible infections except for viral etiology.
- 407. Describe migrating erythema in case of Lyme disease.
- 408. What diagnostic methods are used for confirmation Lyme disease?
- 409. What are the typical lesions at the stage of dissemination in Lyme disease?
- 410. Specific treatment of Lyme disease.
- 411. What is the prevention of Lyme disease?
- 412. Name the specific diagnostic methods of tick-borne encephalitis.
- 413. Specific therapy of tick-borne encephalitis.
- 414. Describe the specific prevention of tick-borne encephalitis.
- 415. What are the ways of transmission of epidemic typhus?
- 416. Specific treatment of epidemic typhus.
- 417. What is Brill-Zinsser disease?
- 418. What infectious diseases are now referred to as rickettsiosis (at least 4)?
- 419. Describe fever in epidemic typhus.
- 420. Exanthema in case of epidemic typhus (localization, elements of rash, terms of appearance).
- 421. What is the causative agent of the Brill-Zinsser disease?
- 422. Specific treatment of the Brill-Zinsser disease.
- 423. What is the difference in the behavior of patients with typhoid fever and epidemic typhus?
- 424. Peculiarities of the nervous system affection in patients with epidemic typhus?
- 425. Where does Rickettsia Prowazeki initially multiply in the incubation period?
- 426. List hemorrhagic fevers (at least 4).
- 427. What is the algorithm of examination of patients with fever of unknown origin?
- 428. What syndrome of fever of unknown origin is?
- 429. What is the mechanism of transmission and transfer factor of Crimean Congo hemorrhagic fever?
- 430. Sources of Crimean Congo hemorrhagic fever.
- 431. Name tick-borne infectious diseases (at least 2):
- 432. Name infectious diseases associated with direct kidney damage (at least 2).
- 433. Describe the epidemiological chain of hemorrhagic fever with renal syndrome.
- 434. Specific changes in the urogram in hemorrhagic fever with renal syndrome.
- 435. Specific changes in the hemogram at the height of hemorrhagic fever with renal syndrome.
- 436. Specific diagnosis of leptospirosis.
- 437. The most severe complications of leptospirosis.
- 438. Pathogenic factors of Leptospira.
- 439. What categories of people are at risk of getting leptospirosis (at least 4).
- 440. Sources of leptospirosis infection.
- 441. What kinds of human malaria have late relapses?
- 442. What kinds of malaria have early and late relapses?

- 443. What etiotropic anti-malarial medications are used for treating malaria coma?
- 444. Characteristics of the common blood test at the height of malaria.
- 445. What kinds of malaria are mostly transmitted during the blood transfusion?
- 446. Name the causes of death in falciparum malaria.
- 447. Name the methods of specific diagnosis of malaria.
- 448. What is typical for in clinics of malaria malariae?
- 449. Name the groups of anti-malarial drugs.
- 450. Name the complications of falciparum malaria (not less than 4).
- 451. Etiological treatment of typical malaria vivax.
- 452. What pathogen causes the most serious course of malaria and why?
- 453. Name the transmission routes of the malarial agent.
- 454. Describe the features of fever in falciparum malaria.
- 455. What is the duration of erythrocytic life-cycle in different kinds of malaria?
- 456. Name the protozoogical transmissible infections (not less than 2).
- 457. What viral infections (not less than 4) are transmissible?
- 458. The main clinical features of acute sepsis.
- 459. What groups are the transmissible infections divided into?
- 460. What features is the diagnosis of sepsis based on?
- 461. Clinical forms of sepsis:
- 462. Clinical features of the acute variant of brucellosis.
- 463. Specific laboratory diagnostics of brucellosis.
- 464. Etiological treatment of brucellosis.
- 465. Name the typical clinical syndromes of the subacute variant of brucellosis.
- 466. The main sources of infection in brucellosis.
- 467. Fever in brucellosis has the following properties:
- 468. In what ways does the brucellosis agent infect the humans?
- 469. What is the scheme for examination of patients with fever of unknown origin?
- 470. What is syndrome of the fever of unknown origin?
- 471. The source of infection in Lyme disease.
- 472. Name the transmission routes of Lyme disease.
- 473. What local changes are typical for the local infection stage of Lyme disease?
- 474. Name not less than 4 non viral transmissible infections.
- 475. Describe the migratory lesion in Lyme disease.
- 476. Finding tests used for verifying the Lyme disease diagnosis:
- 477. What affections are common for the disseminated infection stage in Lyme disease?
- 478. Name the drugs for etiological treatment of Lyme disease.
- 479. What is prevention of Lyme disease infecting?
- 480. Name the laboratory findings that can suggest the diagnosis of tick encephalitis.
- 481. Etiological treatment of tick encephalitis includes:

- 482. Characterize the specific prophylaxis of tick encephalitis.
- 483. In what way can people be infected with louse-borne typhus?
- 484. The drugs for etiological treatment of louse-borne typhus are:
- 485. What is Brill-Zinsser disease?
- 486. What infectional diseases are now considered ricketsial (not less than 4)?
- 487. What kind of fever is common in louse-borne typhus?
- 488. The rash in louse-borne typhus is characterized with (localization, lesions, time of appearance):
- 489. What is the pathogen in Brill-Zinsser disease?
- 490. The drugs for etiological treatment Brill-Zinsser disease are:
- 491. What is the difference in behavior of patients with abdominal and louse-borne typhus?
- 492. What are the features of nervous system lesion in patients with louse-borne typhus?
- 493. Where do rickettsias Provazeki firstly multiply during the incubation period at first?
- 494. What 2 clinical forms of tick encephalitis are definied according to IDC-10?
- 495. What cells of nervous system is the tick encephalitis's virus tropic towards?
- 496. What is location of pareses in severe flow tick encephalitis?
- 497. What pathogenesis stages are marked in Lyme disease?
- 498. Describe the epidemiologic chain in trench fever.
- 499. Describe the typical temperature in trench fever.
- 500. What clinical features in Lyme disease do characterize the typical flow of trench fever?
- 501. What clinical features regarding the eyes and skin are usual for the typical flow of papatasi fever?
- 502. Etiological treatment of papatasi fever.
- 503. Describe the epidemiologic chain in papatasi fever.
- 504. Describe the eye symptoms in papatasi fever.
- 505. Describe the epidemiologic chain in louse-borne typhus.
- 506. Why is flow the course of the disease easier in flea-born typhus than in louse-borne typhus (justify according to particular features of pathogenesis).
- 507. The distinctive features of rash in louse-borne typhus at its height (localization, lesions, time of appearance).
- 508. Describe the epidemiologic chain in louse-borne typhus.
- 509. What vessels are affected in louse-borne typhus?
- 510. How can you name the pathologic process in blood vessels at the height of louse-borne typhus?
- 511. How can you name CNS lesion in louse-borne typhus?
- 512. Describe the eye symptoms observed at the height of louse-borne typhus.
- 513. What is Godelier Remlinger symptom?
- 514. Describe the typhus status y the height of louse-borne typhus.
- 515. Laboratory findings for louse-borne typhus.
- 516. Laboratory findings for Brill-Zinsser disease.

- 517. Clinical criteria for the diagnosis of louse-borne typhus (name not less than 6).
- 518. Changes in complete blood count in patients with severe louse-borne typhus.
- 519. Describe the epidemiologic chain in Marseilles fever.
- 520. Name the clinical triad observed in Marseilles fever?
- 521. Describe the skin changes at the height of typical Marseilles fever.
- 522. Describe the epidemiologic chain in rickettsialpox.
- 523. Describe the skin changes at the height of typical rickettsialpox.
- 524. Characterize the epidemiologic chain of tick encephalitis.
- 525. The person bitten by the tick can be infected by (not less than 2):
- 526. What are both the mechanism and factor of transmission of Crimean-Congo hemorrhagic fever?
- 527. The source of infection in Crimean-Congo hemorrhagic fever:
- 528. Describe the epidemiologic chain in Q-fever.
- 529. Laboratory findings of Q-fever.
- 530. Etiological treatment of Q-fever.
- 531. The hemorrhagic fevers are (not less than 4):
- 532. Name the infectional diseases in which direct lesion of the kidney is typical (not less than 4).
- 533. Describe the epidemiologic chain in hemorrhagic fever with renal syndrome.
- 534. The typical changes in urinanalysis in hemorrhagic fever with renal syndrome are:
- 535. The typical changes in common blood test in hemorrhagic fever with renal syndrome are:
- 536. Laboratory findings of leptospirosis:
- 537. The most typical complications of leptospirosis.
- 538. The virulence factors of the leptospires.
- 539. Human risk categories for leptospirosis infection (not less than 4).
- 540. The source of infection in leptospirosis.
- 541. The epidemiologic chain in leptospirosis.
- 542. The main clinical features of leptospirosis, caused by L.icterohaemorrhagiae.
- 543. Drugs used for etiological treatment of leptospirosis:
- 544. The cause of jaundice appearance in leptospirosis is:
- 545. The common symptoms at the height of the middle serious form of leptospirosis:
- 546. The typical changes in common blood test in leptospirosis are:
- 547. Why is the patient ill with leptospirosis not the main source of infection?
- 548. The typical changes in urinanalysis in leptospirosis are:
- 549. The increasing of such laboratory parametres is common for typical leptospirosis:
- 550. The prognosis of leptospirosis may be:

- 551. What class of microorganisms does the cateratch disease pathogen belong to?
- 552. What are the main features of the typical cateratch disease?
- 553. The infections with the contact mechanism of transmission are (not less than 4):
- 554. Give the classification of erysipelas according the predominant nature of local lesion.
- 555. The prognosis for the chronic erysipelas of lower extremities may be:
- 556. Predisposing factors for erysipelas.
- 557. What is classification of erysipelas by the multiplicity of lesions?
- 558. How does fever and appearance of local changes correlate in primary erysipelas?
- 559. Etiological treatment in erysipelas.
- 560. The particularities of treating the edema form of erysipelas.
- 561. The prevention of erysipelas relapse.
- 562. Name transmission mechanism of rabies.
- 563. The principal features of rabies in human.
- 564. The prophylaxis of rabies in human after having been bitten in a face.
- 565. The source of infection in rabies.
- 566. The prophylaxis of rabies in human in case of bitten hands is made with:
- 567. The nervous system's lesion in rabies is linked with:
- 568. The post exposure prophylaxis of rabies.
- 569. The rabies virus spreads from wound to CNS through:
- 570. Name the typical tetanus complications.
- 571. The principal triad of primary generalized tetanus symptoms.
- 572. Drugs used for the etiological treatment in tetanus:
- 573. The clinical classification of tetanus:
- 574. Can the person be the source of infection in tetanus?
- 575. The cause of spasm appearance in tetanus is:
- 576. The mode of spasm in tetanus.
- 577. The nervous system lesion in tetanus is linked with:
- 578. The common symptoms at the height of the middle serious form of tetanus:
- 579. Is the loss of consciousness usual for patients suffering from tetanus?
- 580. Are the defects in cutaneous sensitivity usual for patients suffering from tetanus?
- 581. The primary diffusion of tetanus toxin in human organism occurs:
- 582. The emergency help in humans with tetanus before hospitalization.
- 583. The severity criteria of generalized tetanus is:
- 584. Name not less than four infections which are regulated by International Health Regulations 2005.
- 585. The clinical forms of anthrax.
- 586. Laboratory findings of tularemia.
- 587. The differentiating features of plague and tularemia buboes.
- 588. Laboratory findings of anthrax.

- 589. What hemorrhagic fevers can trigger off the intrahospital infections outbreaks (not less than 2)?
- 590. Name the hemorrhagic fevers (not less than 4) that are regulated by International Health Regulations 2005.
- 591. The clinical forms of plague according IDC-10 (not less than 4).
- 592. The causes of death in plague.
- 593. The complications of anthrax.
- 594. Etiological treatment of anthrax.
- 595. The specific prophylaxis of plague.
- 596. Laboratory findings of plague.
- 597. The changes in common blood test in plague.
- 598. Laboratory findings of yellow fever.
- 599. Etiological treatment of tularemia.
- 600. The specific prophylaxis of yellow fever.
- 601. Describe the erythema in erysipelas of lower extremities.
- 602. The particularities of the chronic erysipelas treating.
- 603. What are the infectious diseases (not less than 4) most often complicated with toxic shock syndrome?
- 604. What are the most dangerous from the point of epidemiology clinical forms of plague?
- 605. The stages of the ulcer's development in anthrax.
- 606. The clinical features of the pneumonic form of plague.
- 607. Etiological treatment of plague in modern clinics.
- 608. The most often complications of the pneumonic plague.
- 609. The main clinical symptoms at the height of plague bubonic form.
- 610. The emergent specific prophylaxis of plague.
- 611. What infectious diseases (not less than 2) can flow with bubo?
- 612. In what infectious diseases (not less than 4) regulated by International Health Regulations 2005 can the hemorrhagic syndrome develop?
- 613. Describe the typical bubo in plague.
- 614. Name the clinical and epidemiological criteria of plague diagnosis (not less than 6).
- 615. Describe the typical bubo in tularemia.
- 616. The epidemiologic chain in plague.
- 617. The epidemiologic chain in tularemia.
- 618. The epidemiologic chain in anthrax.
- 619. The particularities of the toxic syndrome in plague.
- 620. Describe the typical clinical features of Crimean-Congo hemorrhagic fever at the height of disease.
- 621. What are 2 indications for using hemodialysis in leptospirosis?
- 622. What are 2 nozological forms the sodoku includes?
- 623. What does appear in the bitten place in human with sodoku?
- 624. What are the main clinical features of Haverhill fever?
- 625. Is antimicrobial therapy necessary in typical cateratch disease?

- 626. What antimicrobial drugs are used in complicated flow of catcratch disease or in immunocompromised human?
- 627. What are the clinical and epidemiological criteria of the catcratch disease diagnosis?
- 628. The particularities of the of chronic erysipelas clinical flow.
- 629. What are the clinical and epidemiological criteria of generalized tetanus diagnosis (not less than 6)?
- 630. Describe the tonic muscle rigidity in typical generalized tetanus.
- 631. What clinical stages are marked out in typical flows of hemorrhagic fever with renal syndrome?
- 632. Describe the changes of vision occur in a prime stage of hemorrhagic fever with renal syndrome?
- 633. Describe the cutaneous changes in hemorrhagic fever with renal syndrome?
- 634. Describe the pathomorphological changes in kidneys in hemorrhagic fever with renal syndrome.
- 635. Describe the main clinical features in oliguria stage of hemorrhagic fever with renal syndrome.
- 636. Characterize the directions for treating patients suffering off hemorrhagic fever with renal syndrome.
- 637. What changes in kidneys are common at the height of leptospirosis?
- 638. What is myositis at the height of leptospirosis caused by L. icterohaemorrhagiae connected with?
- 639. What are the clinical and epidemiological criteria of leptospirosis diagnosis (not less than 4-x)?
- 640. Describe the myalgia and the features of hemorrhagic syndrome at the height of typical leptospirosis.
- 641. Describe the features kidneys and liver lesions in typical leptospirosis.
- 642. What laboratory indexes need to be controlled in typical leptospirosis?
- 643. Describe the particularities of two yellow fever epidemiological types особливості типів.
- 644. What are the stages marked out in the clinical flow of yellow fever?
- 645. What are the leading clinical features of the initial phase yellow fever clinical flow?
- 646. What are the leading clinical features of the reactive phase (venous stasis or toxic phase) yellow fever's clinical flow?
- 647. What are the clinical and the epidemiological criteria of the yellow fever diagnosis (not less than 6)?
- 648. The main clinical features Marburg fever.
- 649. The main clinical features Lass fever.
- 650. The main clinical features Ebola fever.
- 651. What diseases need patient who came from Africa with fever and hemorrhagic syndrome хвороби to be checked on (not less than 4)?
- 652. Describe the lesion of oropharynx in patients with Lass fever?
- 653. Describe the epidemiologic chain of West Nile fever.

- 654. What are the clinical forms marked out in West Nile fever's flow?
- 655. Laboratory findings of West Nile fever.
- 656. The clinical features of tularemia according IDC-10 (not less than 4).
- 657. What are the main clinical features of most often tularemia clinical forms?
- 658. The particularities of edema in cutanuos form of anthrax.
- 659. The features of anthrax ulcer.
- 660. Name the clinical forms of anthrax according IDC-10 (not less than 4).
- 661. What kind of chock mostly appears in patients with cutanuos form of anthrax?
- 662. Laboratory findings of cutanuos form of anthrax.
- 663. What are the slow infections?
- 664. What diseases can be considered slow infections (not less than 4)?
- 665. Now such human infections relate to prion diseases (not less than 2):
- 666. W hat features are common for pathogenic prions?
- 667. Describe the epidemiologic chain of Creutzfeldt–Jakob disease.
- 668. What are the specific pathomorphological changes that occur in CNS in prion disease?
- 669. What resistance to boiling and disinfection means do the prion proteins have?
- 670. Characterize the biosafety boxes of 3rd level.
- What is a hospital-acquired infection by WHO definition?
- 672. Name not less than 4 hospital-acquired infections agents nowadays.
- 673. Describe the epidemiologic chain in a hospital-acquired infection.
- 674. What is pathogenicity of infections agents?
- 675. What is virulence of infections agents?
- 676. Name the types of the fever (not less than 4).
- 677. Name the groups of infectious diseases marked out according the Gromashevskyi L. V. classification.
- 678. How is anaphylaxis in patients with diphtheria after diphtheria antitoxin application treated?
- 679. The main clinical features of serum sickness.