

dated March 26, 2018 No. 126

**On approval of the Sanitary Rules "Sanitary and epidemiological requirements for the organization and conduct of sanitary anti-epidemic, sanitary and preventive measures to prevent infectious diseases**

In accordance with paragraph 6 of Article 144 of the Code of the Republic of Kazakhstan dated September 18, 2009 " On the health of the people and the healthcare system " **I ORDER:**

1. Approve the Sanitary Rules "Sanitary and epidemiological requirements for the organization and implementation of sanitary and anti-epidemic, sanitary and preventive measures to prevent infectious diseases" in accordance with Appendix 1 to this order.
2. Recognize invalid some orders of the Minister of National Economy of the Republic of Kazakhstan in accordance with Annex 2 to this order.

3. The Committee for Public Health Protection of the Ministry of Health of the Republic of Kazakhstan, in accordance with the procedure established by the legislation of the Republic of Kazakhstan, shall ensure:

1) state registration of this order with the Ministry of Justice of the Republic of Kazakhstan;

2) within ten calendar days from the date of the state registration of this order, sending a copy of it in paper and electronic form in Kazakh and Russian to the Republican State Enterprise on the right of economic management "Republican Center for Legal Information" for official publication And inclusion in Reference control bank normative

legal acts of the Republic of Kazakhstan;

3) within ten calendar days after the state registration of this order, send a copy of it for official publication in print periodicals;

4) placement of this order on the Internet resource of the Ministry of Health of the Republic of Kazakhstan after its official publication;

5) within ten working days after the state registration of this order with the Ministry of Justice of the Republic of Kazakhstan, submission to the Legal Service Department of the Ministry of Health of the Republic of Kazakhstan of information on the implementation of the measures provided for in subparagraphs 1), 2), 3) and 4) of this paragraph.

reserve control over the execution of this order .

5. This Order shall enter into force ten calendar days after the day of its first official publication.

**Acting**

**Minister of Health**

**Republic of Kazakhstan A. Tsoi**

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| **"AGREED"**  **Minister of Education and Science**  **Republic of Kazakhstan**  **\_\_\_\_\_\_\_\_\_\_ Sagadiev E.K.**  **"\_\_\_" \_\_\_\_\_\_\_\_\_ 2018** |  |
| **"AGREED"**  **Minister of Labor and Social**  **protection of the population of the Republic of Kazakhstan**  **\_\_\_\_\_\_\_\_\_\_ Abylkasymova M.E.**  **"\_\_\_" \_\_\_\_\_\_\_\_\_ 2018** |  |

Appendix 1

to the order and.about. Minister

health care

Republic of Kazakhstan

dated \_\_\_\_\_\_\_\_\_\_ 201 8 year No. \_\_\_\_

**Sanitary rules "Sanitary and epidemiological requirements for the organization and conduct of sanitary - anti-epidemic,**

**Sanitary and Preventive Measures to Prevent Infectious Diseases”**

**Chapter 1. General Provisions**

1. These Sanitary Rules "Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic, sanitary and preventive measures to prevent infectious diseases" (hereinafter referred to as the Sanitary Rules) were developed in accordance with paragraph 6 of Article 144 of the Code of the Republic of Kazakhstan dated September 18, 2009 " On the health of the people and the healthcare system " (hereinafter referred to as the Code) and establish requirements for the organization and implementation of sanitary and anti-epidemic, sanitary and preventive measures to prevent infectious diseases (acute intestinal infections, salmonellosis, typhoid fever, paratyphoid fever, tuberculosis, infections associated with the provision of medical care, viral hepatitis, HIV infection, AIDS, influenza , acute respiratory viral infections, meningococcal infections, sexually transmitted infections, chickenpox and scarlet fever).

2. The following terms and definitions are used in these Sanitary Rules:

1) emergency situation - contact with infected material or biological substrates on damaged or undamaged skin, mucous membranes, injuries ( injections, cuts of the skin with medical instruments that have not undergone disinfection treatment);

2 ) HIV - human immunodeficiency virus;

3 ) HIV infection - a disease caused by the human immunodeficiency virus, an anthroponotic infectious chronic disease characterized by a specific lesion of the immune system, leading to its slow destruction until the formation of acquired immunodeficiency syndrome (hereinafter - [AIDS](#sub_6626) ), accompanied by the development of opportunistic infections and secondary malignant neoplasms;

4) examination according to clinical indications for the presence

HIV infections - confidential medical examination of persons with clinical indications (opportunistic diseases, syndromes and symptoms indicating the possibility of HIV infection);

5 ) source of HIV infection - an infected person at any stage of the disease, including the period of incubation;

6 ) anonymous examination - a voluntary medical examination of a person without personal identification;

7 ) antiretroviral drugs (hereinafter - ARVs - drugs) - drugs used for the prevention and treatment of HIV / AIDS;

8) antiretroviral therapy (hereinafter - [ART](#sub_661) ) - etiotropic therapy for HIV infection, stops the reproduction of the virus, which leads to the restoration of immunity, the prevention of the development or regression of secondary diseases, the preservation or restoration of the patient's working capacity and the prevention of his death. Effective antiretroviral therapy is also a preventive measure that reduces the risk of the patient as a source of infection;

9) extensively drug-resistant tuberculosis (hereinafter - XDR-TB) - tuberculosis caused by Mycobacterium tuberculosis (hereinafter - MBT), strains of which are resistant to isoniazid and rifampicin, as well as to one of the fluoroquinolones and to one of the three second-line injectable drugs (capreomycin , kanamycin or amikacin);

10) severe acute respiratory infections (hereinafter - SARI) - diseases that have arisen during the previous ten calendar days, characterized by a history of high fever or fever ≥ 38 degrees Celsius (hereinafter - ° C) , cough and requiring immediate hospitalization ;

11 ) contact person - a person who is and (or) was in contact with the source of the infectious agent;

12 ) bacteriophages - bacterial viruses that can infect a bacterial cell and cause its dissolution;

13 ) bacteriocarrier - a form of an infectious process characterized by the persistence in the human or animal body and the release into the environment of the causative agent of an infectious (parasitic) disease, without clinical manifestation of the disease;

14 ) restrictive measures at the objects of upbringing and education of children and adolescents - measures aimed at preventing the spread of an infectious or parasitic disease, providing for a ban on admission to a group and transfer from group to group, the abolition of the classroom system of education, restrictions on mass, entertainment and sports events, timely isolation of the patient, maintaining a mask regimen, strengthening the sanitary and disinfection regimen and maintaining personal hygiene;

1 5) supporting phase - phase continuation therapy that affects the remaining mycobacterial population, and provides a further reduction in the inflammatory changes in the tuberculous process, as well as the restoration of the functionality of the patient's body;

16 ) dysentery - an infectious disease caused by microbes of the genus

shigella (Shigella), in which the mucous membrane of the large intestine is predominantly affected. Clinically, the disease is characterized by intoxication and the presence of a colitis syndrome;

17 ) voluntary examination - examination of people at their request, on the basis of the information received;

18 ) post-exposure prophylaxis (hereinafter - PEP) - a short course of taking antiretroviral drugs in order to reduce the risk of contracting HIV after a possible infection (occurred in the line of duty or during sexual contact);

19 ) chicken pox - an acute infectious disease characterized by fever, intoxication and a macular-vesicular rash;

20 ) AIDS - the final stage of HIV infection, in which pathological manifestations are observed due to a deep defeat of the human immune system by HIV;

21 ) sexually transmitted infections (hereinafter referred to as STIs) - HIV infection, syphilis, gonorrhea, chancre, venereal lymphogranulomatosis, donovanosis, urogenital chlamydia, urogenital trichomoniasis, gardnerellosis, urogenital mycoplasmosis, genital papillomas, genital herpes;

22 ) Routine epidemiological surveillance of acute respiratory viral infections , influenza and their complications (pneumonia) - monitoring the level and dynamics of morbidity and mortality from acute respiratory viral infections , influenza and their complications (pneumonia) based on accounting the number of registered cases of diseases throughout the republic according to the appeal of the population with clinical manifestations of acute respiratory influenza-like illness and (or) pneumonia;

23 ) acute respiratory viral infections ( hereinafter - ARVI ) - a highly contagious group of diseases caused by influenza, parainfluenza, adenoviruses and respiratory syncytial viruses, transmitted by airborne droplets and accompanied by damage to the mucous membrane of the respiratory (respiratory) tract;

2 4 ) acute viral hepatitis (A, E, B, C, D) - acute inflammation of the liver with a duration of less than six months, in the presence of specific markers;

25 ) acute intestinal infections - infectious diseases caused by pathogenic and opportunistic bacteria, viruses, characterized by damage to the gastrointestinal tract;

26 ) immune blotting (hereinafter - IB) - a method that allows you to determine the presence of specific antibodies to individual proteins of the pathogen, is used

as a confirmatory test in the diagnosis of HIV;

27 ) immunological research methods: enzyme immunoassay (hereinafter - ELISA), immunochemiluminescent analysis (hereinafter - ICLA), electrochemiluminescent analysis (hereinafter - ECLA), (IB) - diagnostic research methods based on the specific interaction of antigens and antibodies ;

28 ) invasive methods - diagnostic and treatment methods carried out by penetrating into the internal environment of the human body;

29 ) incubation period - the length of time from the moment the infectious agent enters the body until the first symptoms of the disease appear;

30 ) focus of an infectious or parasitic disease - the place of stay of a patient with an infectious or parasitic disease with the territory surrounding it to the extent that the infectious agent is capable of being transmitted from the patient to susceptible people;

31 ) clinical examination - examination of the patient in order to identify the disease;

32 ) multidrug resistant tuberculosis (hereinafter - MDR-TB) - tuberculosis caused by MBT, strains of which are resistant to rifampicin;

3 3 ) microreaction of precipitation with blood plasma - a selection method for examination for syphilis;

34 ) intensive phase - the initial phase of therapy aimed at eliminating the clinical manifestations of the disease and maximizing the impact on the MBT population;

35 ) pulmonary tuberculosis with a positive sputum microscopy result (bacterioexcretor) - sputum smear microscopy before treatment revealed acid-resistant bacteria (hereinafter referred to as AFB), even with a single detection;

36 ) confidential medical examination - an examination based on the preservation of medical secrecy and information about the identity of the person being examined;

37 ) Mantoux test - a specific diagnostic test, intradermal tuberculin Mantoux test with two international tuberculin units (hereinafter - Mantoux test );

3 8) infection associated with the provision of medical care - cases of infection associated with the provision of any type of medical care (in medical inpatient and outpatient clinics, educational, sanatorium and recreational institutions, institutions of social protection of the population, in the provision of emergency medical care, home care ) or occurred during the incubation period after receiving medical care, as well as cases of infection of medical workers as a result of their professional activities;

39 ) microscopic study - method identifying CUBE in

fixed smears;

40 ) paratyphoid - bacterial acute infectious diseases caused by bacteria of the genus Salmonella (Salmonella paratyphi (sal monella paratyphi), characterized by ulcerative lesions of the lymphatic system of the small intestine, bacteremia, cyclic course with symptoms of general intoxication, with a fecal-oral mechanism of pathogen transmission, implemented mainly food and waterways, prone to the formation of a long bacteriocarrier;

41 ) parenteral mechanism - transmission of infection during blood transfusion, injections and manipulations, accompanied by a violation of the integrity of the skin and mucous membranes, as well as from mother to child when passing through the birth canal;

42 ) preventive treatment - treatment that prevents the occurrence of a disease in persons who have had sexual contact with patients with sexually transmitted infections;

43 ) convalescent - a sick person in the recovery stage;

44 ) retrospective epidemiological analysis - analysis of the level, structure and dynamics of infectious morbidity over a long previous period of time in order to substantiate long-term planning of anti-epidemic measures;

45 ) salmonellosis - a group of polyetiological acute infectious diseases with a fecal-oral mechanism of transmission of pathogens of the genus Salmonella, which are characterized by a large polymorphism of clinical manifestations from asymptomatic bacteria to severe septic variants. Most often proceed in the form of acute gastroenteritis;

46 ) rehabilitation - carrying out targeted therapeutic and preventive measures to improve the body;

47 ) serological diagnostics for syphilis - a blood test for syphilis;

48 ) scarlet fever - an acute infectious disease, manifested by a small punctate rash (exanthema), fever, general intoxication, acute tonsillitis;

49 ) restrictive measures in hospitals - measures aimed at preventing the spread of infectious and parasitic diseases, providing for a special regime for the movement of health workers and patients, timely isolation of patients, the introduction of a mask regime, strengthening the disinfection and sterilization regime and personal hygiene;

50 ) filter - an anti-epidemic barrier organized in a polyclinic, the task of which is to separate patients at the entrance to the polyclinic into two main streams: persons with suspected infectious disease (fever, rash of unclear etiology, dyspeptic disorders and manifestations of infectious diseases) and healthy persons or people with various functional deviations;

51 ) control level of incidence - the threshold level of incidence, characteristic for each time interval and for a particular area, consisting of the average incidence for the previous five years. It is calculated for the territory as a whole and for individual groups of the population (age, professional). Approximation of the analyzed indicators to the upper control level or its excess indicates epidemiological trouble;

52 ) "morning filter" - admission of children to educational organizations with a survey of parents for the presence of signs and symptoms of SARS and influenza with examination of the pharynx, temperature measurement;

53 ) pre-test counseling - providing the patient with brief information on HIV prevention, treatment, care and support prior to the HIV test;

54) post-test counseling - providing information to a patient after an HIV test ;

55 ) tuberculosis is an infectious disease caused by Mycobacterium tuberculosis (mycobacterium tuberculosis) and transmitted by airborne droplets when talking, coughing and sneezing from a sick person to a healthy person with predominantly pulmonary localization, in which all organs and tissues of the body can be involved in the pathological process except for the lungs;

56 ) focus of tuberculosis infection - place of residence (private house, apartment, room in a hostel), study, work, rest of a patient with tuberculosis with bacterioexcretion;

57 ) influenza-like illnesses (hereinafter - ILI) - cases of acute respiratory viral diseases that occurred during the previous seven calendar days, characterized by fever ≥38 ° C and cough;

58 ) zonal virological laboratory for sentinel epidemiological surveillance ( hereinafter - SS) for influenza - virological laboratory, which provides methodological and practical assistance to virological laboratories participating in the SS system for ILI, SARI and influenza, and also retests samples in order to ensure external quality assessment ;

5 9 ) phage type - a set of bacterial strains characterized by the same sensitivity to a typical set of bacteriophages;

60 ) fluorographic, x-ray examination - diagnostic studies using fluorographic or x-ray devices;

61 ) decreed group of the population - persons working in the field of public services, representing the greatest danger for infecting others with infectious and parasitic diseases;

62 ) key population groups - groups at high risk of contracting HIV infection: people who inject drugs (hereinafter - PWID), sex workers (hereinafter - SW) [,](#sub_6615) men who have sex with men (hereinafter - [MSM](#sub_6618) );

63 ) sentinel centers - medical organizations where the SS system for ILI, SARI and influenza is implemented;

64 ) sentinel regions - administrative territories where the SS system for ILI, SARI and influenza has been introduced and is being implemented;

65 ) operational epidemiological analysis - a dynamic assessment of the state and trends in the development of the epidemic process, designed to identify not stable trends, but emerging outbreaks (epidemics);

66 ) SES - systematic collection of information about a patient with ILI and samples of material from patients with ILI and SARI in representative groups, which makes it possible to compare the epidemiological and virological characteristics of influenza incidence, economic damage from influenza in the Republic of Kazakhstan with data from countries around the world;

67 ) typhoid fever - a bacterial infectious disease caused by bacteria of the genus Salmonella (Salmonella Typhi (sal monella typhi), characterized by ulcerative lesions of the lymphatic system of the small intestine, bacteremia, cyclic course with general intoxication, with a fecal-oral mechanism of transmission of the pathogen, realized by water, food and household routes, with sporadic distribution, as well as a tendency to form a long-term bacteriocarrier;

68) enteral mechanism gastrointestinal tract;

69 ) examination according to epidemiological indications - an examination based on the information received about an infectious or parasitic disease, due to the epidemiological situation in a certain territory, among certain groups of the population and when conducting an epidemiological investigation of a case of an infectious or parasitic disease (to identify risk factors for infection, ways of transmission and carrying out sanitary and anti-epidemic, sanitary and preventive measures) .

**Chapter 2. Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic,**

**sanitary and preventive measures to prevent infectious diseases**

**Paragraph 1. Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic,**

**sanitary and preventive measures to prevent acute intestinal infections**

1. Epidemiological surveillance for morbidity sharp intestinal

infections include:

1) a retrospective epidemiological analysis of the incidence of acute intestinal infections, conducted annually by the territorial divisions of the department of the state body in the field of sanitary and epidemiological welfare of the population (hereinafter referred to as the territorial divisions) in order to substantiate the list, volume and timing of preventive measures, long-term program-targeted planning;

2) operational epidemiological analysis of the incidence of acute intestinal infections, carried out monthly by territorial subdivisions for the timely detection of the onset of an increase in the incidence, identification of its cause and implementation of operational sanitary and anti-epidemic measures.

A comparison is made of the current morbidity by weeks, months, with a cumulative total, a comparison with the control levels of morbidity characteristic of a given territory.

4. Identification of patients and suspected intestinal infections is carried out by medical workers of medical organizations during outpatient appointments, home visits, medical examinations, medical examinations. The diagnosis is established on the basis of clinical manifestations of the disease, laboratory data, epidemiological history.

5. For the timely detection of patients with acute intestinal infections, single laboratory examinations are carried out for the intestinal group of population categories:

1) patients with suspected acute intestinal infections when applying to medical organizations;

2) patients of mental health centers upon admission to a hospital;

3) children upon registration in boarding schools, organization of education for orphans and children left without parental care, children's homes;

4) recipients of services of medical and social institutions (organizations) upon registration;

5) convalescents after an intestinal infection.

6. In order to identify the pathogen and determine the size of the focus, laboratory tests are carried out, determined by the epidemiologist, taking into account the expected factors and ways of transmission of the pathogen of an infectious disease.

7. The final disinfection is carried out by branches of the subordinate organization of the department of the state body in the field sanitary and epidemiological welfare of the population (hereinafter referred to as branches) when registering a disease with acute intestinal infections in preschool organizations, educational organizations for orphans and children left without parental care , boarding schools, orphanages, medical and social institutions (organizations) .

8. Epidemiological surveys of foci of acute intestinal infections and salmonellosis are carried out:

1) in case of acute intestinal infections, salmonellosis of employees of public catering facilities and food trade, water supply, preschool organizations, as well as persons engaged in entrepreneurial activities related to the production, storage, transportation and sale of food products;

2) in case of illness of children attending preschool organizations, organizations of secondary education , organizations of education for orphans and children left without parental care, boarding schools;

3) in case of illness of employees of mental health centers, educational organizations for orphans and children left without parental care, orphanages, medical and social institutions (organizations);

4) when three or more cases of the disease are registered in one focus during one incubation period.

9. If the control levels of the incidence of acute intestinal infections are exceeded, the need for a house-to-house examination of foci is determined by the chief state sanitary doctor of the relevant territory, taking into account the epidemiological situation and the results of operational epidemiological analysis.

10. During the epidemiological examination of the foci, a circle of contact persons is determined and a laboratory examination of persons from among the decreed contingent and children under two years of age , sampling of food products, water, washings for laboratory examination .

eleven.If carriers of pathogenic microflora are detected among contact persons, sanitation is carried out followed by a follow-up examination. Carriers of pathogenic microflora are suspended from work until negative results are obtained.

12. Medical observation of contact persons is carried out by medical workers at the place of residence, work, study, rest of the contact person. The results of medical observation are reflected in outpatient cards, in the history of the development of the child, in hospitals - in the case histories approved by the order of the Acting Minister of Health of the Republic of Kazakhstan dated November 23, 2010 No. 907 "On approval of forms of primary medical documentation of healthcare organizations" (registered in the Register of State registration of regulatory legal acts under No. 6697) (hereinafter - Order No. 907) . The duration of medical observation is seven calendar days and includes a survey, examination, and thermometry.

13. Determination of the list and volumes of laboratory tests, sampling from outbreaks is carried out by a specialist of territorial divisions .

14. Studies of material from the focus of an infectious disease are carried out by branches .

15. Laboratory examination of contact persons is carried out before the appointment of treatment.

16. Hospitalization of patients with acute intestinal infections is carried out according to clinical and epidemiological indications.

17. Clinical indications for hospitalization of patients with acute intestinal infections:

1) all forms of the disease in children under the age of two months;

2) forms of the disease with severe dehydration, regardless of the age of the child;

3) forms of the disease, aggravated by concomitant pathology;

4) prolonged diarrhea with dehydration of any degree;

5) chronic forms of dysentery (with exacerbation).

18. Epidemiological indications for hospitalization of patients with acute intestinal infections:

1) the inability to comply with the necessary anti-epidemic regime at the place of residence of the patient (socially disadvantaged families, hostels, barracks, communal apartments);

2) cases of illness in medical organizations, boarding schools, educational organizations for orphans and children left without parental care, orphanages, sanatoriums, medical and social institutions (organizations), summer health organizations, rest homes.

19. Discharge of convalescents for dysentery and acute intestinal infections is carried out after a complete clinical recovery.

A single bacteriological examination of convalescents of dysentery and intestinal infections is carried out on an outpatient basis within seven calendar days after discharge, but not earlier than two calendar days after the end of antibiotic therapy (antibiotic treatment).

20. Medical supervision after acute dysentery is subject to:

1) employees of public catering facilities, food trade, food industry;

2) children who are in educational organizations for orphans and children left without parental care, orphanages, boarding schools;

3) employees of mental health centers, educational organizations for orphans and children left without parental care, orphanages, medical and social institutions (organizations).

21. Medical observation is carried out within one month after the end of treatment, at the end of which a single bacteriological examination is carried out.

22. The frequency of visiting a doctor is determined by clinical indications.

23. Medical supervision is carried out by a district doctor at the place of residence or a doctor in the office of infectious diseases.

24. In case of a relapse of the disease or a positive result of a laboratory examination, persons who have recovered from dysentery are again treated. After the end of treatment, persons who have had dysentery for three months undergo a monthly laboratory examination. Persons who carry bacteria for more than three months are treated as patients with a chronic form of dysentery.

25. Persons from among the decreed population group are allowed by the employer to work in their specialty after complete recovery, confirmed by the results of a clinical and bacteriological examination.

Persons with chronic dysentery are transferred to work not related to food and water supply, where they do not pose an epidemiological danger.

26. Persons with chronic dysentery are subject to medical supervision within a year after the end of treatment . Bacteriological examinations and examination by an infectious disease doctor of persons with chronic dysentery are carried out monthly.

27. The following categories of people are subject to bacteriological examination for salmonellosis:

1) children under two years of age admitted to a hospital;

2) adults hospitalized in a hospital to care for a sick child;

3) women in childbirth, puerperas, in the presence of intestinal dysfunction in the moment of admission or during the previous three weeks before hospitalization;

4) all patients, regardless of diagnosis, with the appearance of intestinal disorders during their stay in the hospital;

5) persons from among the decreed groups of the population in the focus of salmonellosis;

6) children traveling to health facilities.

28. Hospitalization of patients with salmonellosis is carried out according to clinical and epidemiological indications.

29. An extract of salmonellosis convalescents is carried out after a complete clinical recovery and a single negative bacteriological examination of feces. The study is carried out no earlier than three calendar days after the end of treatment.

30. Medical supervision after suffering salmonellosis is subject to:

1) employees of public catering facilities, food trade, food industry;

2) children who are in educational institutions for orphans **and** children left without parental care, orphanages, **boarding** schools;

3) employees of mental health centers, educational organizations for orphans and children left without parental care, orphanages, medical and social institutions (organizations).

31. Medical supervision of persons who have recovered from salmonellosis is carried out by a doctor in the office of infectious diseases or district doctors at the place of residence for a month with three clinical examinations (on the tenth , twentieth and thirtieth day) with an assessment of the general condition, complaints, the nature of the stool and thermometry.

32. Convalescents from among the decreed groups of the population are allowed by the employer to work in their specialty from the moment they provide a certificate of recovery in the form No. 035-2 / y, approved by order No. 907 .

Convalescents who continue to excrete salmonella after the end of treatment, as well as identified bacteria carriers from among the decreed population groups territorial divisions suspended from the main work for fifteen calendar days days.

When suspended within fifteen calendar days, a three-fold study of feces is carried out. With a repeated positive result, the procedure for suspension from work and examination is extended for fifteen calendar days.

When a bacteriocarrier is established for more than three months, persons, as chronic carriers of Salmonella, are suspended from work in their specialty for twelve months.

After the expiration of the term, a three-time study of feces and bile is carried out with an interval of one to two calendar days. Upon receipt of negative results, they are allowed to the main work. Upon receipt of one positive result, such persons are considered as chronic bacteria carriers and, in accordance with subparagraph 5) of paragraph 12 of Article 21 of the Code, territorial divisions are suspended from work on fifteen calendar days, where they represent an epidemiological danger.

the attending physician from attending a preschool organization for fifteen calendar days, during this period a three-time examination of feces is performed at an interval of one to two days. With a repeated positive result, the same procedure for suspension and examination is repeated for another fifteen calendar days.

34. Final disinfection is carried out by branches when registering a salmonellosis disease in preschool organizations, educational organizations for orphans and children left without parental care , boarding schools, orphanages, medical and social institutions (organizations) .

**Paragraph 2. Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic,**

**sanitary and preventive measures to prevent typhoid and paratyphoid**

35. Sanitary and epidemiological monitoring of the incidence of typhoid and paratyphoid fever in the population includes:

1) analysis of information on the sanitary condition of settlements, especially those that are unfavorable in terms of the incidence of typhoid and paratyphoid infections;

2) identification of risk groups among the population;

3) determination of phage types of isolated cultures from patients and bacteria carriers;

4) registration and medical observation of typhoid fever and paratyphoid fever in order to identify and sanitize bacteria carriers, especially among employees of food enterprises and decreed population groups;

5) planning of sanitary - preventive and sanitary - anti-epidemic measures.

36 . Sanitary and preventive measures to prevent typhoid fever and paratyphoid fever are aimed at sanitary and hygienic measures that prevent the transmission of pathogens through water, food.

37 . Before admission to work, persons from among the decreed groups of the population, after a medical examination, are subject to a single bacteriological and serological examination. They are allowed to work with a negative result of a laboratory examination and in the absence of contraindications.

Persons who have positive laboratory results are considered as carriers. They are being treated, registered, and medically monitored. In accordance with subparagraph 5) of paragraph 12 of Article 21 of the Code, territorial subdivisions of bacteria carriers are suspended from work, since they pose an epidemic danger.

38. Vaccination against typhoid is carried out in accordance with with the Decree of the Government of the Republic of Kazakhstan dated December 30, 2009 No. 2295 “On approval of the list of diseases against which preventive vaccinations are carried out, the Rules for their implementation and population groups subject to routine vaccinations”.

39. In the foci of typhoid and paratyphoid, the following measures are taken:

1) identification of all patients by questioning, examination, thermometry and laboratory examination;

2) timely isolation of all patients with typhoid fever and paratyphoid fever;

3) identifying and conducting a laboratory examination of persons who have previously had typhoid and paratyphoid fever, decreed groups of the population, persons at risk of infection (who consumed food or water suspicious for infection, who were in contact with patients);

4) in the focus with a single disease in persons from among the decreed population groups, a single bacteriological examination of feces and a study of blood serum by a serological method are carried out. In persons with a positive serological test result, a five-time bacteriological examination of feces and urine is repeated ;

5) in the event of group diseases, a laboratory examination of persons who are presumably the source of infection is carried out. Laboratory examination includes a three-time bacteriological examination of feces and urine with an interval of at least two calendar days and a single examination of blood serum by a serological method. In persons with a positive result of a serological study, an additional five-fold bacteriological examination of feces and urine is carried out with an interval of at least two calendar days, and if the results of this examination are negative, bile is examined once ;

6) persons from among the decreed groups of the population who have contact or communication with patients with typhoid fever or paratyphoid fever at home, territorial divisions in accordance with subparagraph 5) of paragraph 12 of Article 21 of the Code are temporarily suspended from work until the patient is hospitalized, final disinfection is carried out and negative results are obtained single bacteriological examination of feces, urine and serological examination ;

7) persons at risk of infection, along with laboratory examinations, are under medical supervision with daily medical examinations by a doctor and thermometry for twenty-one calendar days in case of typhoid fever and fourteen calendar days in case of paratyphoid fever from the moment of isolation of the last patient;

8) identified patients and carriers of typhoid fever and paratyphoid fever are immediately isolated and sent to medical organizations for examination and treatment.

40. Emergency prophylaxis in foci of typhoid fever and paratyphoid fever is carried out depending on the epidemiological situation. In the foci of typhoid fever, a typhoid bacteriophage is prescribed in the presence of paratyphoid fever, a polyvalent salmonella bacteriophage. The first appointment of a bacteriophage is carried out after the collection of material for bacteriological examination. Bacteriophage is also prescribed to convalescents.

41. Disinfection measures are carried out in the foci of typhoid fever and paratyphoid fever:

1) current disinfection is carried out in the period from the moment the patient is identified to hospitalization, in convalescents within three months after discharge from the hospital;

2) current disinfection is organized by a medical worker of a medical organization, and carried out by a person caring for the patient, the convalescent himself or a bacteriocarrier;

3) the final disinfection is carried out by branches within the time limits regulated by the sanitary and epidemiological requirements for the organization and conduct of disinfection, disinfestation and deratization, approved by paragraph 6 of Article 144 of the Code;

4) in case of detection of a patient with typhoid fever or paratyphoid fever in a medical organization, after isolation of the patient in the premises where he was, the final disinfection is carried out by the personnel of this organization.

42. Timely detection, isolation and treatment of patients and bacteria carriers of typhoid fever and paratyphoid fever is carried out by medical workers of all medical organizations on the basis of clinical and laboratory data.

43. When diagnosing typhoid fever, it is effective to isolate the pathogen from the blood (hemoculture). Blood sampling for blood culture isolation is carried out in all periods of the disease. The first blood culture is performed before starting antibiotic therapy. For diagnosis, a study of coproculture, urine culture, bile and blood is carried out.

44. Patients with an unidentified diagnosis who have been febrile for three or more days are examined for typhoid fever.

45. All patients with typhoid fever and paratyphoid fever are hospitalized in an infectious diseases hospital.

46. Discharge of patients is carried out not earlier than twenty-one calendar days after the establishment of normal body temperature (35 - 37 ºС) after a three-time bacteriological examination of feces and urine. Bacteriological examination of feces and urine is carried out twice in five calendar days after the abolition of antibiotics with an interval of five calendar days. In addition, duodenal contents are sown seven calendar days before discharge.

47. All patients who have been ill with typhoid fever and paratyphoid after discharge from the hospital are subject to medical observation with thermometry once every two weeks. Ten calendar days after discharge from the hospital, the examination of convalescents for bacteriocarrier begins, for which feces and urine are examined five times with an interval of at least two calendar days. For three months, a single bacteriological examination of feces and urine is performed monthly.

With a positive result of bacteriological examination within three months after discharge from the hospital, the subject is regarded as an acute carrier.

At the fourth month of observation, bile and blood serum are examined. If the results of all studies are negative, the patient is removed from dispensary observation.

With a positive result of the serological study, a five-fold bacteriological examination of feces and urine is carried out. In case of negative results, the recovered patients are left under observation for one year.

One year after discharge from the hospital, feces, urine and blood serum are examined bacteriologically once. If the results of the study are negative, the patient is removed from dispensary observation.

48. Persons who have been ill with typhoid fever and paratyphoid fever, belonging to the decreed groups of the population, after being discharged from the hospital for one month in accordance with subparagraph 5) of paragraph 12 of Article 21 of the Code, are suspended from work by territorial divisions, since they pose an epidemic danger. During this period, their five-fold bacteriological examination ( feces and urine) is carried out.

If the results of the study are negative, they are allowed to work, and in the next two months, bile and blood serum are examined monthly. Then they are examined for two years quarterly, and subsequently throughout the entire working life twice a year (examine feces and urine).

With a positive result, one month after discharge from the hospital, they are transferred to work not related to food and water. After three months, a five-fold bacteriological examination of feces and urine and once bile is performed. If the result is negative, they are allowed to work and examined as the previous group.

With a positive result of the serological study, an additional five-fold examination of feces and urine is performed, and with negative results, a single examination of bile.

With a negative result, they are allowed to work.

If, during any of the examinations carried out three months after discharge from the hospital, the causative agents of typhoid fever or paratyphoid fever were isolated at least once in such persons, they are considered chronic bacterial carriers and the territorial subdivision removes them from work , since they represent an epidemic danger in accordance with subparagraph 5) of paragraph 12 of Article 21 of the Code.

49. Bacterial carriers of typhoid and paratyphoid fever are divided into categories:

1) transient bacteria carriers - persons who did not suffer from typhoid fever and paratyphoid fever, but excrete causative agents of typhoid fever or paratyphoid fever;

2) acute bacteria carriers - persons who have been ill with typhoid fever and paratyphoid fever, who have a bacteriocarrier within the first three months after discharge from the hospital;

3) chronic bacteria carriers - persons who have recovered from typhoid fever and paratyphoid fever, who have a bacteriocarrier for three or more months after discharge from the hospital.

following activities are carried out among bacterial carriers of typhoid and paratyphoid fever :

1) in transient bacteria carriers, a five-fold bacteriological examination of feces and urine is carried out within three months. With negative

As a result, bile is examined once. At the end of the observation, the blood serum is examined once by the serological method . With a negative result of all studies by the end of the third month of observation, they are removed from the register. With positive results of bacteriological and serological studies, they are regarded as acute bacteria carriers;

2) for acute bacteria carriers, within two months after detection, a medical observation with thermometry is carried out, and within three months, a bacteriological examination of feces and urine is performed once a month.

At the end of the third month, a bacteriological examination of feces and urine is carried out - five times, bile - once and a serological examination of blood serum .

If the results of bacteriological and serological studies are negative, the subject is removed from dispensary observation.

With a positive result of a serological study and a negative result of a bacteriological study of feces and urine, observation is continued for one year. After one year, it is necessary to examine feces and urine with cysteine once, feces and urine - bacteriologically, once.

With a positive result of a serological study, feces and urine are examined five times, bile once.

If the test results are negative, the subject is removed from dispensary observation.

With a positive result, the subject is regarded as a chronic bacteriocarrier;

3) chronic bacteria carriers are registered in the territorial subdivision and are subject to examination when registering cases of the disease among contact persons and in case of complication of the epidemiological situation in the territory of residence of the chronic carrier . Health workers teach chronic bacteria carriers how to prepare disinfectant solutions, current disinfection, and proper hygienic behavior;

4) bacteria carriers from among the decreed groups of the population are permanently registered in the territorial subdivision.

51. Persons from among the decreed groups of the population, in the event that a chronic bacterial carrier is found in one of his family members, are not removed from work and are not subject to special supervision.

**Paragraph 3. Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic,**

**sanitary and preventive measures to prevent**

**tuberculosis**

52. Identification of patients with tuberculosis is carried out medical employees of all specialties of medical organizations:

1) when people apply for medical help;

2) in the provision of inpatient and specialized medical care;

3) during medical examinations;

4) during immunization against tuberculosis;

5) when applying for medical assistance to HIV-infected persons in healthcare organizations engaged in HIV/AIDS prevention activities (hereinafter referred to as HIV/AIDS healthcare organizations).

53. When applying to a medical organization, patients with symptoms indicating tuberculosis disease, a complete clinical and instrumental examination is carried out with X-ray and bacteriological examination (sputum smear microscopy and pathological material).

54. If during the examination signs indicating a possible tuberculosis disease are detected, the patient is sent to the anti-tuberculosis dispensary (department, office) at the place of residence within three calendar days.

55. Control over the timely and complete examination of the patient is carried out by the referring specialist of the medical organization and the specialist of the anti-tuberculosis organization (hereinafter referred to as PTO).

56. Persons without a fixed place of residence in case of suspected tuberculosis are hospitalized in an anti-tuberculosis dispensary to complete the examination and, if the diagnosis of tuberculosis is confirmed, to treatment.

57. The PTO specialist informs the specialist who referred the patient about the results of the examination.

58. The admission of patients with tuberculosis to work and study is issued by the central medical advisory commission (hereinafter referred to as the Central Medical Advisory Commission ) in accordance with Instructions for organizing the provision of medical care for tuberculosis, approved by order of the Minister of Health of the Republic of Kazakhstan dated December 25, 2017 No. 994 ( registered in the Register of State Registration of Regulatory Legal Acts under No. 16381 ) (hereinafter - Order No. 994).

59 . Organizations providing outpatient care, as well as a PTO doctor, in case of refusal of treatment, in case of unauthorized care and violation of the treatment regimen, apply to the CCCC to resolve the issue of prescribing compulsory treatment in a specialized PTO.

60 . \_ According to the conclusion of the Central Medical Commission, primary health care organizations, including the head physician of the PTO, sign a submission to the patient to the court on the appointment of compulsory treatment in accordance with the Rules for the Compulsory Treatment of TB Patients in Specialized Anti-TB Organizations and Their Discharge, approved by order of the Acting Minister of Health of the Republic of Kazakhstan dated November 17, 2009 No. 729 (registered in the Register of State Registration of Regulatory Legal Acts under No. 5959).

6 1 . Preventive medical examinations of the population are carried out on a mass, group (according to epidemic indications) and individual basis in medical organizations at the place of residence, work, service, study or detention in medical and social institutions (organizations), pre-trial detention centers and correctional institutions.

6 2 . Planning, organization and accounting of preventive medical examinations and the formation of a fluorocardiogram (with reconciliation with the organization providing outpatient care and a fluorocabinet) according to the individual registration of the population is provided by the heads of medical organizations with the provision of monthly reports on the implementation of the plan for the fluorographic examination of the population at the place of actual residence in accordance with Appendix 1 to these Sanitary Rules to the territorial subdivisions.

6 3 . The formation of a plan for a fluorographic examination of persons in the “risk” group is carried out in the context of therapeutic areas by territorial - production principle monthly and incrementally. The plan for a fluorographic examination in a polyclinic is approved by the head of this organization and agreed with the head of the TVET and the head of the territorial unit.

6 4 . The diagnosis of "Tuberculosis" is confirmed by the TsVKK PTO, which decides on the need for hospitalization, observation and treatment.

6 5 . For the purpose of early detection of tuberculosis in children, an intradermal allergic test with tuberculin is used. Tuberculin diagnostics is carried out in vaccinated against tuberculosis children at risk with 12 months of age and until the age of 14 years, once a year at intervals of 12 months, regardless of the result of previous tests in accordance with Instructions for organizing the provision of medical care for tuberculosis , approved by order No. 994.

6 6 . Children referred for consultation to an anti-tuberculosis dispensary, whose parents did not submit the conclusion of a phthisiatrician about the absence of tuberculosis in any form within one month from the moment of the Mantoux test, are not allowed in the organization of preschool and primary secondary education.

67 . Planning, organization, timely and complete recording of Mantoux tests (for the purpose of early detection of tuberculosis) according to individual records of the child population, as well as interaction with medical PTOs on the issue of timely appearance and examination of children sent for additional examination to a phthisiatrician based on the results of tuberculin diagnostics, are provided by managers medical organizations.

68 . Medical organizations submit a report on the implementation of the Mantoux test plan to the territorial divisions on a monthly basis in the form in accordance with Appendix 2 to these Sanitary Rules.

69 . For the purpose of early detection of tuberculosis, preventive medical fluorographic examinations carried out in accordance with the Instructions for organizing the provision of medical care for tuberculosis approved by order No. 994.

70 . For medical workers of organizations providing outpatient - Outpatient care is provided by:

1) early detection of tuberculosis by sputum smear microscopy among persons with clinical signs of the disease and by fluorography among the population with a high risk of tuberculosis (the "risk" group);

2) the implementation of controlled chemotherapy;

3) carrying out explanatory work among the population about the first signs of tuberculosis and methods of its prevention.

71 . Medical worker of organizations providing outpatient - outpatient care, collects sputum and delivers it to the laboratory for examination in a timely manner. Sputum sampling is carried out by a health worker trained in VET and undergoing retraining annually.

72 . Detection of tuberculosis by fluorography among the population is carried out from the age of 15. The period of additional examination of a fluoropositive person in urban areas is no more than two weeks, in rural areas - one month.

73 . In organizations providing outpatient care and in hospitals, the analysis of the fluoroimage is carried out in two stages (double reading). Admission to work in medical books is based on the results of a repeated (second) reading.

74 . All puerperas, during the period of stay in the perinatal center (maternity ward) until the moment of discharge, are subject to examination for tuberculosis by the method of fluorography. The heads of perinatal centers (maternity wards) ensure timely isolation in a separate ward of women in the postpartum period with suspected tuberculosis and, within six hours from the moment a suspicion of tuberculosis is detected, call a consultant phthisiatrician and conduct additional studies to confirm or exclude tuberculosis.

75 . In the sputum collection room, the part of the room used for the direct collection of sputum is separated to the full height by a partition made of a material resistant to detergents and disinfectants. The sputum collection room is equipped with bactericidal shielded irradiators, an inhaler, a handwashing sink with a dispenser with antiseptic soap and an antiseptic solution, containers with a disinfectant solution, containers for clean containers and containers with sputum, is equipped with a local ventilation system with an air exchange rate of at least 6-12 volumes at one o'clock.

76 . Bacterioscopic laboratories have three sections:

1) for the preparation and staining of smears with a table divided into two parts: for the preparation of smears in a biological fume hood and staining of smears;

2) for microscopy;

3) for registration and storage of drugs.

77 . VET personnel in areas with a high risk of infection, use respirators with a high degree of protection (at least 94.0 percent (hereinafter referred to as %). Respirators are used repeatedly. Not used: loose fitting to the face, with a damaged filter, contaminated with blood or body fluids respirator.

78 . Planning, organizing and conducting preventive vaccinations is carried out by medical organizations in accordance with paragraph 6 of Article 144 of the Code and in accordance with the Instructions for organizing the provision of medical care for tuberculosis approved by order No. 994.

79 . The plan of prophylactic vaccinations against tuberculosis and the need of medical organizations for medical immunobiological preparations are approved by their heads and agreed with the territorial divisions.

80 . The preventive vaccination plan is compiled by the medical workers of perinatal centers (maternity wards) and medical organizations at the place of residence, educational organizations responsible for carrying out vaccination work.

81 . Registration of children attending educational organizations, orphanages, educational organizations for orphans **and** children left without parental care, boarding schools, regardless of departmental affiliation and form of ownership, is carried out once a year. Information about children visiting organizations is transferred to organizations that provide outpatient **-** outpatient care at the location of the organization.

82 . Vaccination against tuberculosis of newborns born from HIV **-** infected mothers is carried out in accordance with the regulations adopted in accordance with paragraph 6 of Article 144 of the Code.

83 . Each newly diagnosed case of tuberculosis is subject to registration and accounting.

84 . Citizens of the Republic of Kazakhstan, oralmans, labor migrants and persons who are on the territory of the Republic of Kazakhstan are subject to registration if they have an active form of tuberculosis for the first time.

85 . Accounting and registration of patients with tuberculosis is carried out at the place of detection of the disease, regardless of the place of permanent residence of the patient.

86 . For each patient diagnosed with active tuberculosis of all forms of localization for the first time in his life, a notice is filled out according to the form No. In the case of a posthumous diagnosis of "Active tuberculosis", which was the cause of death, it is necessary to confirm the diagnosis by a TB doctor and submit form 089 / y.

87 . When tuberculosis patients with bacterioexcretion are detected, in addition to the notice of form No. 089 / y, a notice is filled out in the form No. 058 / y, approved by order No. 907 , which is sent to the territorial divisions at the patient's place of residence within twenty-four hours . Notice Form No. 058/y, approved by Order No. 907, is filled in for newly diagnosed cases of tuberculosis with bacterioexcretion, in case of bacterioexcretion in patients with an inactive form of tuberculosis, and in case of death from tuberculosis of patients who were not registered during their lifetime.

88 . The calculation of epidemiological indicators for tuberculosis (morbidity, morbidity, mortality) is carried out taking into account the permanent, migratory (internal and external) and prison population , with an analysis for the indicated categories of the population.

89 . All cases of death of patients with tuberculosis are subject to accounting and registration.

90 . Control over the reliability of the diagnosis of tuberculosis when a disease is detected in a patient for the first time and the final decision on the need to record and register a new case of tuberculosis in a given area is carried out by PTO.

91 . The classification of foci of tuberculosis is carried out taking into account the intensity of bacterial excretion.

92 . The intensity of bacterial excretion is divided into:

1) moderate bacterial excretion from the exact number of acid-fast bacteria to 1+;

2) massive bacterial excretion (from 2+ to 3+).

93 . The first epidemiological group of foci of tuberculosis includes:

1) centers in which patients with massive bacterial excretion live;

2) centers where patients with moderate bacterial excretion live with the presence of children and adolescents, pregnant women, alcoholics, drug addicts;

3) centers with unsatisfactory sanitary and hygienic conditions, low living standards.

The second epidemiological group includes foci of tuberculosis, in which TB patients with moderate bacterial excretion live in the presence of satisfactory sanitary and hygienic conditions in the focus and the absence of children and adolescents, pregnant women, alcoholics, and drug addicts in the focus.

The third epidemiological group includes:

1. foci of tuberculosis from the moment of cessation of bacterial excretion by a patient with tuberculosis, departure, change of permanent place of residence or death of a patient with tuberculosis with bacterial excretion;
2. foci of tuberculosis, where TB-sick farm animals were found.

Contact persons from the third group of foci of tuberculosis are observed for one year.

94. Sanitary **and** anti-epidemic measures in the focus of tuberculosis infection include:

1) treatment of a patient with tuberculosis with anti-tuberculosis drugs and isolation in a hospital . Treatment on an outpatient basis is allowed if there are conditions for compliance with the requirements of the anti-epidemic regime and in agreement with the territorial divisions;

2) primary examination (clinical **and** radiological, Mantoux test, test with recombinant tuberculosis allergen, smear microscopy according to indications) of contact persons within two weeks from the date of detection of the patient;

3) carrying out chemoprophylaxis according to indications to contact persons (children and adolescents under 18 years of age);

4) organization and conduct of disinfection;

5) sanitary training by medical workers of patients and members of their families in compliance with sanitary **-** anti-epidemic and sanitary - hygienic regimes, protection measures aimed at preventing infection, and ongoing disinfection.

95. The focus is removed from the epidemiological record when the outcome of the patient's treatment is "Treatment completed", "Cured", "Dead" and when the patient leaves the focus.

96 . Contact persons are observed within a year after the focus is removed from the epidemiological record. Before being removed from the epidemiological register, contact persons undergo an examination.

97 . In foci of tuberculosis, sanitary **and** anti-epidemic measures are taken according to the epidemiological group of the foci. The outbreaks are visited together with VET specialists and territorial divisions:

1) the first epidemiological group at least once a quarter;

2) the second epidemiological group at least once every six months;

3) the third epidemiological group at least once a year.

98 . The transfer of a focus of tuberculosis from a group to a group, in case of changes in the conditions in the focus that reduce or increase its danger, is carried out by specialists of the territorial divisions together with the local phthisiatrician.

99 . The reconciliation of the number of sick bacteria excretors with the actual number of sick bacteria excretors registered in the PTO is carried out by specialists of the territorial divisions on a monthly basis. TVETs monthly send data on newly diagnosed TB patients to territorial subdivisions and reconcile reports on TB.

100 . \_ The results of each visit to tuberculosis foci are reflected in the epidemiological survey card in the form No. 211 / y, approved by order of the Minister of National Economy of the Republic of Kazakhstan No. 415 dated May 30, 2015 " On approval of the forms of accounting and reporting documentation in the field of sanitary and epidemiological welfare of the population " (registered in Register of state registration of normative legal acts under No. 11626) (hereinafter - Order No. 415).

101 . \_ Sanitary - anti-epidemic measures in the outbreak are divided into primary, current and final.

102 . \_ Primary activities include isolation and treatment of a TB patient under the direct supervision of a trained worker, conducting and monitoring final disinfection, identifying and examining contact persons and registering them with the PTO.

103 . \_ During the first three working days after the patient is registered as a bacterio-excretor, the specialized specialist of the territorial unit, together with the PTO specialists , conducts an initial epidemiological examination of the focus with filling in the “Card of the epidemiological examination of the focus of the bacillary form of tuberculosis” in the form No. 211 / y order number 415 .

104 . \_ During the initial examination of the focus, information about the patient and members of his family is found out, including the place and nature of the work of the patient, a list of contacts for registering them. The list of contacts is updated taking into account the persons who have been in contact with the patient over the past four months. Repeated visits to outbreaks are carried out as determined by a specialized specialist of the territorial subdivision.

105 . \_ In each case of registration of patients with active tuberculosis among the subject contingent and the "risk" group, the profile specialist of the territorial unit, together with the phthisiatrician and medical worker of this organization and his head, conducts an epidemiological investigation at the place of work (study) of the patient with the preparation of an act.

106 . \_ If necessary, specialized specialists of state bodies and organizations engaged in activities in the field of sanitary and epidemiological well-being are involved.

107 . \_ Medical workers of organizations providing outpatient - outpatient care and VET teach the patient and family members about protection measures aimed at preventing infection.

108 . \_ After examining the focus, a plan for its recovery is drawn up, which includes:

1) timely isolation and controlled treatment of the patient;

2) carrying out chemoprophylaxis for children and adolescents according to indications;

3) improvement of sanitary and hygienic living conditions;

4) examination of contact persons;

5) training of adult contacts and patients in compliance with sanitary - anti-epidemic and sanitary-hygienic regimes, first of all, airing the premises, conducting ongoing disinfection;

6) social, psychological and informational support for the bacteria excretor and his family members;

7) informing local executive bodies about centers with unsatisfactory sanitary and hygienic condition and the need to provide social and material assistance required for the improvement of the center.

109 . \_ For the patient, they fill out the "Observation card for the dispensary contingent", in the form of TB 16 / y , approved by order No. 907.

1 10 . In rural areas, work in the focus is carried out by medical workers of organizations providing outpatient care .

111. Organizational and advisory work in organizations providing outpatient care is carried out by specialists from regional and district TVETs on a quarterly basis.

1 12 . Current activities in the focus are carried out when a patient with tuberculosis is at home. These measures consist of a systematic planned implementation of sanitary-anti-epidemic and sanitary - preventive, medical, veterinary (as agreed) measures.

1 13 . In the hearth they carry out:

1) current disinfection;

2) isolation of children, including newborns and HIV-infected persons;

3) examination of contacts;

4) hygienic education of the patient and members of his family;

5) improvement of sanitary and hygienic living conditions;

6) control of outpatient treatment of the patient and chemoprophylaxis to contact persons.

1 14 . Work on the improvement of the focus is carried out by a PTO nurse under the guidance of a local phthisiatrician.

115. Contact persons undergo periodic examination by a phthisiatrician of organizations providing outpatient care and in PTO. The nurse conducts work on the examination of contacts and, first of all, children, adolescents and pregnant women, as well as contact with farm animals with tuberculosis.

1 16 . The final sanitary - anti-epidemic measure in the focus of tuberculosis infection provides for the removal of the focus from the epidemiological record.

1 17 . When visiting outbreaks, health workers take precautions against possible infection (wear a tight-fitting respirator with an adequate filter, medical gown and observe personal hygiene).

1 18 . Not later than fifteen calendar days after receiving a message about the patient, the phthisiatrician and the specialized specialist of the territorial subdivision conduct an epidemiological examination of the place of work (study) with the involvement of specialists from state bodies and organizations engaged in activities in the field of sanitary and epidemiological well- being . The circle of contact persons and the boundaries of the outbreak are determined by the profile specialist of the territorial subdivision.

1 19 . The number of contacts at the place of work (study) includes workers, employees and students who were in contact with a patient with an active form of tuberculosis. All contact persons are examined in organizations providing outpatient care at the place of work (study).

1 20 . During the examination, the list of workers, children and adolescents, the dates and results of fluorographic examinations for the previous and current years are specified, the boundaries of the outbreak are determined, and sanitary - anti-epidemic and sanitary - preventive measures are developed.

1 21 . For contact persons who have passed six months from the moment of the previous examination, a fluorographic examination and a tuberculin test, a test with an allergen for tuberculosis recombinant children are carried out according to epidemiological indications. The phthisiatrician, according to indications, prescribes chemoprophylactic treatment, the "Observation Card for the Dispensary Contingent", in the form of TB 16 / y , approved by Order No. 907, and drugs for controlled treatment are transferred to the medical center of the enterprise or organization.

1 22 . The profile specialist of the territorial subdivision transfers information about all contact persons to the organization providing outpatient - outpatient care and VET at the place of residence for examination.

1 23 . Chemoprophylaxis of tuberculosis is carried out in accordance with the Instructions for organizing the provision of medical care for tuberculosis, approved by order No. 994.

124 . When diagnosing an active form of tuberculosis in patients undergoing treatment in somatic, infectious, medical and social institutions (organizations) and mental health centers, the primary complex of sanitary and anti-epidemic measures is carried out by the personnel of these organizations.

125 . Outpatient treatment is carried out in dispensary departments of PTO, organizations providing outpatient care or in the conditions of hospital-replacing technologies. Outpatient treatment is carried out for patients without bacterial excretion. The procedure for outpatient treatment at the place of residence is reflected in detail in the outpatient card in the form No. 025-5 / y, approved by order No. 907 and the medical card of a patient with tuberculosis TB-01, approved by order No. 907.

126 . When referring for outpatient treatment to a PTO or an organization providing outpatient care , a TB - 01 or TB - 01 category IV card , approved by order No. 907 , is transmitted .

127 . In the treatment of patients with PTO tuberculosis, smear microscopy and sputum culture are performed: in the treatment of patients of category I after 2, 3, 4 months; for category II after 3, 4, 5 months, for category IV in the intensive phase - monthly, in the maintenance phase - quarterly.

128 . Dispensary registration and observation of patients with tuberculosis are carried out in accordance with the Instructions for organizing the provision of medical care for tuberculosis, approved by order No. 994.

129 . Current disinfection in foci of tuberculosis is carried out by soaking discharges, an individual spittoon, food debris, dishes of individual accessories in disinfectant solutions, as well as constant ventilation of the premises in the warm season and 5-10 minutes every hour in the cold season. The measures provide for the observance of sanitary-hygienic, sanitary-anti-epidemic and disinfection regimes from the moment the diagnosis of "TB with bacterioexcretion" is established and the patient is registered.

130 . The current disinfection in the outbreak is carried out by the patients themselves, the PTO gives the patients spittoons with tight-fitting lids (at least two) and disinfectants for use. In settlements where there is no PTO, disinfectants are issued by organizations providing outpatient - outpatient care .

In the card of an outpatient patient in the form No. 025-5 / y, approved by order No. 907 of the patient, the district doctor notes the dates of the current disinfection and completion. The current disinfection is entrusted to the patient or one of the family members (except for children and adolescents).

131 The district phthisiatrician teaches the patient about the sanitary and hygienic regimen: the use of masks, spitting sputum into a spittoon and ongoing disinfection .

132 . The head of the PTO provides timely and high-quality current disinfection.

133 . In the absence of supply and exhaust ventilation with mechanical stimulation, all PHE rooms are ventilated regularly: in the warm season, constantly and for 5-10 minutes every hour in the cold season.

134 . While in the hospital, the patient's outerwear is stored in a special room. The patient uses outerwear during daytime walks.

135 . After the patient is discharged, bedding (pillows, mattresses, a blanket belonging to the hospital) is disinfected in disinfection chambers.

136 . Premises and household items are subjected to daily wet cleaning.

137 . The collection, disinfection and issuance of spittoons is carried out by trained personnel using personal protective equipment in a specially designated room.

138 . Used tableware is collected with gloves on a marked table in the pantry, freed from food debris, disinfected without prior washing in separate containers, then washed and dried in a drying cabinet or on a separate table.

Dishes are disinfected in an air sterilizer. After collecting the used dishes, the tables are wiped with a rag soaked in a disinfectant solution.

139 . Food remains are collected in a container (bucket, tank), covered with a dry disinfectant in a ratio of 1:5.

140 . Sorting of dirty linen is carried out in special clothes, respirators, gloves, rubber shoes in a room, the walls of which are tiled to a height of 1.5 meters and equipped with mechanical supply and exhaust ventilation.

141 . Linen is collected in oilcloth bags and sent to the laundry. In the absence of a separate laundry, linen is pre-disinfected before being sent to the laundry and washed in separate machines on the set days.

142 . Visits to inpatient bacterial excretors are not allowed, except in severe cases. At the same time, visitors use personal protective equipment (respirator, gown). Patients leave the hospital only with the permission of the medical staff.

143 . The final disinfection in the PTO is carried out in all cases of re-profiling, moving, reconstruction, repair with one of the disinfectants, as well as once a year for preventive purposes. Buildings of closed TB hospitals may be used to accommodate public buildings after final disinfection and major repairs.

144 . The final disinfection in the outbreaks is carried out by the branch office within six (city) or twelve hours (village) from the time of receipt of the application from the TB dispensary.

145 . Final disinfection is carried out in all cases of the patient leaving the outbreak and death at home, when changing their place of residence , after moving (treatment of apartments or a room with things).

146 . Territorial divisions carry out:

1) together with TVET, preparation of regional programs to combat tuberculosis;

2) state accounting and reporting on vaccinations and contingents vaccinated against tuberculosis;

3) provide methodological and advisory assistance to medical organizations in planning vaccinations and tuberculin tests, tests with recombinant tuberculosis allergen , determining the need for BCG vaccine and Mantoux test tuberculin;

4) supervision of transportation, storage and accounting of BCG and tuberculin vaccines;

5) control over the timeliness of preventive medical examinations, timely hospitalization of bacillary patients, sanitary and anti-epidemic measures in the focus of tuberculosis, according to the epidemiological group, compliance sanitary and anti-epidemic regime in TVET;

6) control over compliance with measures to prevent infection of persons providing services to animals in farms disadvantaged by tuberculosis, labor protection of livestock workers, implementation of sanitary and preventive measures in farms and farms;

7) interaction with state bodies and organizations in the field of tuberculosis control;

8) together with specialists from anti-tuberculosis and medical organizations, training medical workers to work with the BCG vaccine and tuberculin, conduct prophylactic vaccinations against tuberculosis and tuberculin diagnostics, and observe infection control measures;

9) registration of tuberculosis patients for the first time identified in the reporting year on the basis of a notification of form No. 089 / y and bacteria excretors on the basis of an emergency notification of form No. 058 / y, approved by order No. 907 ;

10) together with specialists from anti-tuberculosis, medical organizations and subordinate organizations of the authorized body in the field of healthcare explanatory work among the population about measures to prevent tuberculosis;

11) control over the organization of detection of tuberculosis by microscopy, fluorography , tuberculin test and test with allergen tuberculosis recombinant among the group "risk";

12) together with specialists from TVET and medical organizations, control over the treatment of tuberculosis patients who are on outpatient treatment, monitor the implementation of activities in the foci of CD+ tuberculosis until the outcome is “Cured” and “Treatment is completed”;

13) control over separate hospitalization of patients with tuberculosis by type, infectious status and the presence of multidrug resistance;

14) informs employers about the need for an annual fluorographic examination of internal and external labor migrants.

**Paragraph 4.** **Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic,**

**sanitary and preventive measures to prevent**

**healthcare-associated infections**

147 . For the effective organization and implementation of measures to prevent infections associated with the provision of medical care (hereinafter - HCAI) each medical organization develops an infection control program in accordance with the Rules for conducting infection control in medical organizations, approved by order of the Minister of Health of the Republic of Kazakhstan dated January 15, 2013 No. 19 (registered in the Register of State Registration of Regulatory Legal Acts under No. 8339) (hereinafter - Order No. 19).

148 . In order to timely investigate cases of HCAI and further prevent infections associated with the provision of medical care to patients, the following is carried out:

1) each case of HCAI is investigated by the commission for infection control in accordance with order No. 19, on the basis of which medical organizations an operational plan of sanitary - anti-epidemic and sanitary - preventive measures is being developed. If necessary , specialists from territorial divisions may be involved to investigate cases of HCAI by decision of the infection control commission . as an expert;

2) medical organizations submit to the territorial subdivisions the protocols of investigation of each case of HCAI within three calendar days upon completion of the investigation;

3) epidemiological investigation is carried out by specialists of territorial divisions when registering a lethal case, sepsis, as well as three or more cases of HCAI in one medical organization during one incubation period;

4) the pathoanatomical service monthly sends to the medical organization, at the place of provision of medical care, data on the results of the pathoanatomical examination, including laboratory studies of lethal cases from HCAI and intrauterine infections.

149 . For timely and adequate treatment of patients in the postoperative period, material is taken for bacteriological culture during operations for purulent processes, as well as during repeated operations for postoperative complications of any origin (revision of surgical wounds (cavities).

150 . Infectious diseases detected during the period of stay in a medical organization or during the incubation period after discharge from it are subject to registration as HCAI for this medical organization:

1) skin infections of newborns - within seven days, generalized forms (sepsis, osteomyelitis and meningitis) - within thirty days after discharge;

2) diseases associated with the provision of obstetric and gynecological care endometritis, purulent mastitis, sepsis and peritonitis within thirty days after discharge.

Complications of surgical interventions identified during the stay in a medical organization or within thirty days after discharge, in the presence of an implant - within a year after the operation.

151 . In medical organizations of a non-infectious profile, if a patient has an infectious disease that poses an epidemiological danger to others, he is transferred to an isolation ward. The final disinfection of the premises and chamber disinfection of bedding is carried out. In the absence of an isolation ward, patients with infectious diseases are subject to transfer to the appropriate infectious diseases hospitals or departments.

152 . The opening of a hospital that closes due to epidemic indications is carried out in agreement with the territorial divisions.

153 . All medical manipulations related to the violation of the integrity of the skin and mucous membranes are carried out with disposable gloves.

**Paragraph 5 . Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic,**

**sanitary and preventive measures to prevent viral hepatitis with enteral transmission mechanism**

154 . When registering viral hepatitis, specialists of territorial subdivisions conduct an epidemiological examination of foci of patients with viral hepatitis and an epidemiological investigation of each case of acute viral hepatitis.

155 . Sanitary and anti-epidemic and sanitary and preventive measures for viral hepatitis A and E (hereinafter - HAV and HHE) include:

1) ensuring compliance with sanitary and hygienic requirements during daily routine cleaning at public catering facilities, sanitary facilities, classrooms and recreation, which is entrusted to technical staff;

2) preventing the involvement of students in organizations of primary, basic secondary education in the cleaning of school premises.

156 . The specific prevention of HAV is vaccination.

157 . There is no specific prophylaxis against HEV.

158 . Populations eligible for HAV vaccination:

1) children aged two years;

2) contact persons in HAV outbreaks under the age of fourteen years inclusive, in the first two weeks from the date of contact;

3) children under fourteen years of age with chronic viral hepatitis B and C in remission.

159 . Vaccination is carried out twice with an interval of six months.

160 . Measures in the foci of patients with HAV and HEV:

1) contact persons are subject to medical supervision within thirty-five calendar days from the date of separation from the patient with a weekly medical examination (survey, examination of the skin and mucous membranes, thermometry, liver palpation);

2) during the observation period, new children are not accepted and contact persons are not transferred from group to group, from ward to ward or from institution to institution, the desk system of education is canceled for the class where cases of the disease are registered. In case of an outbreak of morbidity, the cabinet system of education is terminated throughout the organization of primary and basic secondary education for the period of incubation from the date of registration of the last case;

3) laboratory examinations of contact persons for biochemical blood tests are prescribed by a doctor if there are clinical indications;

4) focal final disinfection is carried out in preschool organizations , organizations of primary and basic secondary education of a closed type, subject to the joint nutrition, stay and sleep of children after isolation of the patient from the team;

5) conducting a laboratory study of drinking water.

161 . Focal final disinfection is carried out by disinfection stations or disinfection departments (branches) of branches.

162 . Focal current disinfection:

1) is carried out by a person determined by the order of the head of the preschool organization , primary, basic secondary education and health-improving organizations under the supervision of a medical worker of this organization within thirty-five calendar days from the moment of isolation of the patient;

2) the provision of disinfectants is the responsibility of the head of the organization where the focus of viral hepatitis is registered;

3) the organization and conduct of focal final and current disinfection is assigned to the head of the organization.

163 . Hospitalization of patients with viral hepatitis is carried out according to clinical indications (moderate and severe forms, mild forms in the presence of concomitant pathology of the liver and gastrointestinal tract), separately according to nosological forms.

164 . There are no epidemiological indications for hospitalization of patients with viral hepatitis .

Pregnant women with viral hepatitis up to thirty weeks of pregnancy, according to clinical indications, are hospitalized in infectious hospitals, from thirty weeks of pregnancy and puerperas in isolated wards (boxes) of perinatal centers (maternity wards).

165 . Discharge of patients with viral hepatitis is carried out according to clinical and laboratory parameters, after complete clinical recovery.

166 . Dynamic monitoring of patients with acute viral hepatitis (hereinafter referred to as AVH ) is carried out according to clinical indications in the hepatological center or in the office of infectious diseases of the territorial divisions health care organization with the recommendation of the attending physician in any form, issued to the patient.

Dynamic monitoring of those who have recovered from moderate and severe forms of HAV is carried out for three months after the end of treatment.

The duration of dynamic observation is determined by the presence of a hepatitis clinic and fermentemia.

Viral hepatitis convalescents are registered with persistent fermentemia with an examination one month after discharge.

Deregistration is carried out in the absence of clinical manifestations.

Persons who have undergone AVG are contraindicated for preventive vaccinations within six months after discharge from the hospital, except (if indicated) for tetanus toxoid and rabies vaccine.

**Paragraph 6 . Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic,**

**sanitary and preventive measures to prevent infections with a parenteral transmission mechanism**

**(viral hepatitis B, C, D, HIV infection and AIDS )**

167 . When registering viral hepatitis, specialists of territorial subdivisions conduct an epidemiological examination of foci of patients with viral hepatitis and an epidemiological investigation of newly diagnosed chronic viral hepatitis B and C, identification of transmission routes and assessment of risk factors for infection in medical organizations.

168. Hospitalization of patients with viral hepatitis is carried out according to clinical indications (medium - severe and severe forms, mild forms in the presence of concomitant pathology of the liver and gastrointestinal tract), separately according to nosological forms.

169 . There are no epidemiological indications for hospitalization of patients with viral hepatitis .

Pregnant women with VH up to thirty weeks of pregnancy, according to clinical indications, are hospitalized in infectious diseases hospitals, from thirty weeks of pregnancy and puerperas in isolated wards (boxes) of maternity hospitals and departments.

170 . An extract from those who have recovered from viral hepatitis is carried out according to clinical and laboratory parameters, after a complete clinical recovery.

171. Dynamic monitoring is carried out for those who have recovered from moderate and severe forms of viral hepatitis B (hereinafter - HBV) - six months after the end of treatment, acute HCV - permanently, given the high likelihood of chronicity (including with normal biochemical samples and the absence of virus replication in the blood).

Dynamic observation of patients with HBV is indicated in connection with possible superinfection with D-infection.

The duration of dynamic observation is determined by the presence of a clinic of ongoing hepatitis and fermentemia.

Viral hepatitis convalescents are registered with persistent fermentemia with an examination one month after discharge.

Deregistration is carried out in the absence of clinical manifestations.

Persons who have undergone AVG are contraindicated for preventive vaccinations within six months after discharge from the hospital, except (if indicated) for tetanus toxoid and rabies vaccine.

172 . Medical workers involved in surgical operations and manipulations are not allowed to work if they receive positive results of a polymerase chain reaction confirming the replication of hepatitis B and C viruses in the blood.

173 . There is no specific prevention of viral hepatitis C (hereinafter referred to as HCV).

174 . Specific prevention of viral hepatitis B and D - vaccination, which is carried out in accordance with the regulations adopted in accordance with paragraph 6 of Article 144 of the Code. The goal of HBV vaccination is to prevent HBV and HDV, including chronic forms of the disease.

175 . Vaccination of persons over 15 years of age is carried out after preliminary marker diagnosis for HBV. Individuals who test positive for HBV are not eligible for vaccination.

176 . Populations to be vaccinated against HBV:

1) newborns in order to prevent perinatal transmission in the first twelve hours of life;

2) contact persons in HBV foci for the prevention of sexual and domestic transmission;

3) medical workers (doctors, middle and junior medical personnel) of medical organizations;

4) persons studying in organizations of secondary and higher education of a medical profile, regardless of the form of ownership;

5) recipients of blood, its components and preparations, regardless of the frequency of transfusion;

6) newly diagnosed HIV-infected;

7) newly identified persons subject to hemodialysis and transplantation of tissues and (or) organs (parts of organs), regardless of the multiplicity;

8) oncohematological patients, as well as patients receiving immunosuppressive drugs, who, due to a weak immune response, are given a double dose of the vaccine and an additional revaccination is carried out six months after the completed vaccination.

177 . Vaccinations to recipients of blood, its components and preparations, tissues (parts of tissues) and (or) organs (parts of organs) are carried out in medical organizations at the place of residence according to the list provided by the medical organization that performed the transfusion of blood, its components and preparations, and transplantation of tissues (parts of tissues) and (or) organs (parts of organs).

178 . In order to ensure the safety of donor biological material of blood donors, its components and preparations, organs (parts of organs), tissues (parts of tissues), sex, fetal, stem cells and biological materials, persons are not allowed to donate:

1) with positive results for HIV infection, persons survivors of viral hepatitis and persons with positive results for HBV, HCV markers - for life;

2) contact persons with a patient with VH - for the duration of the incubation period;

3) who received transfusion of blood and its components, transplantation of organs (parts of organs), tissues (parts of tissues), sex, fetal, stem cells and biological materials - for one year.

179 . In order to identify donors with positive results on For HIV infection, for HBV and HCV markers, donors are subject to examination for HIV infection, for HBV and HCV markers - at each donation of blood, organs (parts of organs), tissues (parts of tissues), sex, fetal, stem cells and biological materials.

180 . Blood service organizations provide information to medical organizations and organizations operating in the field of blood service when revealing positive results from donors at all levels in order to prevent them from donating throughout the territory of the Republic of Kazakhstan *.*

18 1 . If positive results for HBV and HCV markers are detected in the examined individuals, including donors, medical organizations transmit information about positive results for HBV and HCV markers in the examined individuals to the medical organization at the place of residence for diagnosis.

182 . Upon receipt by laboratories that carry out laboratory diagnosis of HIV infection by immunological methods (ELISA, ELISA, ECLA) of doubtful or an initial positive result for HIV infection on repeat testing of a blood sample, this sample is subject to referral for additional testing or confirmation to the HIV/AIDS healthcare organization .

183 . Blood, its components and preparations, primarily positive for HIV infection or containing markers of viral hepatitis HBV and HCV must be disposed of.

184 . For the prevention and transmission of infections with parenteral transmission in healthcare workers biological fluids of patients are considered as potentially infected with pathogens with parenteral transmission. Medical workers of medical organizations, including laboratories, and students of educational organizations in the field of health care are at risk for infection with diseases with parenteral transmission.

185 . Ways of infection:

1) damage to the skin (prick with a needle or cut with a sharp instrument);

2) contact of biological fluids with mucous membranes or damaged skin;

3) prolonged or extensive contact of intact skin with tissues and biological fluids.

186 . Precautions to be observed when handling body fluids, including:

1) blood;

2) sperm;

3) vaginal discharge;

4) synovial fluid;

5) cerebrospinal fluid;

6) pleural fluid;

7) peritoneal fluid;

8) pericardial fluid;

9) amniotic fluid;

10) saliva.

187 . Precautions to be taken while working:

1) with any excised (or removed by method), in vivo or at autopsy, human tissues and organs (except for intact skin);

2) with tissues and organs of experimental animals infected with blood-borne infections;

3) with any liquids with a visible admixture of blood;

4) with any unknown biological fluid.

188 . The risk of infection increases with:

1) injuries from careless handling of contaminated needles and sharp instruments;

2) ingestion of blood and biological fluids on the mucous membrane of the mouth, eyes, nose and damaged skin (cuts, scratches, dermatitis, acne);

3) touching the mucous membranes of the eyes, nose, mouth and damaged skin when working with biological fluids and surfaces contaminated by them;

4) spreading, splashing and splashing of blood and biological fluids.

189 . In order to protect against infection, apply:

1) personal protective equipment that protects the skin, eyes, mouth and mucous membranes from contact with biological fluids during the entire period of use of these funds;

2) protective devices and safe technologies provided by employers.

190 . Medical organizations provide:

1) work with biological fluids and contaminated surfaces with gloves worn immediately before work. Prevention of reuse of disposable gloves, the use of vaseline-based lubricants that damage the latex from which the gloves are made;

2) work in a gown, surgical cap or cap, removable shoes;

3) wearing a mask, goggles or a face shield that covers the face to the chin, or a mask in combination with goggles equipped with side shields is required for manipulations with the possible appearance of splashes of blood and body fluids ;

4) provision by the employer of personal protective equipment;

5) storage of personal protective equipment in an accessible place;

6) accounting for cases of microtrauma by personnel, emergency situations with blood and biological fluids getting on the skin and mucous membranes.

191 . Precautions for handling body fluids:

1) in case of contact with biological fluids on the skin, immediately after removing gloves or personal protective equipment, wash hands with soap and water, then rinse contaminated areas. Hands are washed under running water. In the absence of running water, it is necessary to use disposable paper towels or antiseptic wipes for hands;

2) disposable syringes with needles immediately after use without prior washing, disinfection, disassembly and deformation are thrown into containers for safe collection and disposal (hereinafter - KBSU);

3) dirty, reusable cutting and piercing tools are placed immediately for further processing in rigid, moisture-proof (bottom and walls), marked containers;

4) KBSU and labeled containers for used tools are placed in a convenient place for use, they are not allowed to overflow (three-quarters filling) and are moved only carefully closed;

5) samples of biological fluids are placed in sealed containers with appropriate markings. If the sample container is dirty or damaged , it is placed inside the second container;

6) before maintenance and transportation of equipment contaminated with biological fluids, it should be disinfected;

7) minimize contact with soiled linen, place it in labeled bags or containers, transport wet linen in waterproof bags or containers.

192 . Not allowed:

1) eat, smoke, put on makeup, remove or put on contact lenses in workplaces where contact with biological fluids is likely;

2) store food and drinks in refrigerators or places where samples of biological fluids and tissues are stored;

3) suck biological fluids into pipettes by mouth;

4) pick up pieces of glass that are contaminated with biological fluids;

5) bend, break, remove used needles from syringes, put caps on them and carry out similar actions with contaminated sharp instruments;

6) get something out of containers with used reusable piercing and cutting tools, manually open and empty the containers.

193 . In case of contact with biological fluids on personal protective equipment, it is necessary to immediately remove them and wash the contaminated areas of the skin with soap and water. Before leaving the workplace, remove all personal protective equipment and place them in the designated container.

194 . Training of medical personnel on the prevention of occupational infection with HBV, HDV, HCV and HIV infection is provided by the heads of medical organizations.

195 . The staff of medical organizations (both medical and non-medical) undergoes safety training when they are hired and annually.

196 . When treating patients, it is necessary to avoid any unjustified invasive interventions.

197 . Medical organizations are provided with the necessary equipment and consumables (including disposable syringes, catheters, needles and infusion systems, disinfectants, containers, KBSU) in sufficient quantity and assortment.

198 . In order to identify, organize treatment, determine the mode of work, for HIV infection, for HBV and HCV markers, they are subject to examination upon admission to work and once every six months:

1. medical workers of blood service organizations conducting invasive procedures involved in blood processing;

2) medical workers involved in hemodialysis;

3) medical workers of surgical, dental, gynecological, obstetric, hematological profiles, as well as medical workers conducting invasive diagnostic and treatment methods;

4) medical workers of clinical, immunological, virological, bacteriological, parasitological laboratories.

199 . Medical workers of the department of blood procurement and its components of the organization of the blood service, surgical, dental, gynecological, obstetric, hematological profiles and engaged in hemodialysis, as well as medical workers conducting invasive diagnostic and treatment methods, with positive results for HBV and HCV markers, are not allowed to work until clarification of the diagnosis.

Medical workers infected with HIV, HBV and HCV, performing medical procedures associated with a violation of the integrity of the skin or mucous membranes, are subject to transfer to work not related to the violation of the integrity of the skin or mucous membranes.

200 . \_ In order to identify and reduce the risk of infection spread, the following are subject to examination for HBV and HCV markers:

1) upon admission to hospitalization in hospitals: those entering for planned and emergency surgical interventions , patients of centers and departments of hemodialysis, hematology, oncology, transplantation, cardiovascular and pulmonary surgery;

2) when staying in the hospital of patients of hemodialysis, hematology and transplantation departments for more than one month - monthly;

3) pregnant women at registration and in the third trimester.

201 . \_ Patients before and six months after blood transfusions, transplantation and transplantation of organs (parts of organs), tissues, sex, fetal, stem cells and biological materials in order to identify, organize the treatment of the disease, are subject to examination for HBV and HCV markers.

Examination for the presence of HIV infection of persons for clinical indications is carried out in accordance with the Rules for mandatory confidential medical examination for the presence of HIV infection of persons for clinical and epidemiological indications, approved by order of the Minister of Health and Social Development of the Republic of Kazakhstan dated June 23, 2015 No. 508 (registered in the Register of State Registration of Regulatory Legal Acts under No. 11803) (hereinafter - Order No. 508).

202 . \_ If the results are positive for HIV infection and for HBV and HCV markers, medical workers are not allowed to the process of collecting blood and its preparations.

203 . \_ In medical organizations, a responsible person is appointed as the head, instructing and monitoring the implementation of measures aimed at preventing infection with HIV and viral hepatitis with parenteral transmission.

204 . \_ In health care facilities where there is an occupational risk of HIV infection, there is a stock of antiretroviral drugs and rapid tests for post-exposure prophylaxis with 24-hour availability.

205 . \_ HIV/AIDS healthcare organizations provide advice to medical organizations on post-exposure prophylaxis.

206 . \_ Post-exposure prophylaxis with antiretroviral drugs begins within the first two hours, but no later than 72 hours after contact with biological material.

207. In the event of an emergency, medical workers immediately report this case to the head, with registration in the form No. 135 / y, approved by order No. 907.

208 . \_ During the follow-up period, a healthcare worker who has been exposed to the risk of HIV infection is recommended to:

1) avoid sexual intercourse or use condoms to prevent infection of a partner;

2) use contraceptive methods;

3) not become a donor of blood, its components and preparations, organs (parts of organs), genital, fetal and st in tin cells, tissues;

4) stop breastfeeding the baby.

209 . \_ If seroconversion occurs in a participant in an emergency, this case is investigated for occupational infection with HIV and ( or ) viral hepatitis with parenteral transmission.

210 . \_ Disposable medical instruments destroyed without prior disinfection and disassembly.

2 11 . Reusable medical devices after use are subjected to disinfection, pre-sterilization cleaning, drying, packaging and sterilization.

2 12. Disinfection of instruments is carried out at the place of use by immersion in a disinfectant solution or in ultrasonic and washing machines.

2 13 . Two containers are used for disinfection of medical devices. In the first container, the instrumentation is washed from the remnants of blood, mucus, and drugs, then it is immersed in the second container for exposure. Detachable products are processed in disassembled form.

2 14 . Disinfectant solutions are changed as they become dirty, discolored or precipitated, expired, and stored.

2 15 . When using a disinfectant that has a fixing effect on biological fluids, the instruments are preliminarily washed in a separate container with water, followed by its disinfection.

2 16 . The washing solution is used within a day from the moment of preparation, if the color of the solution has not changed. The quality of the pre-sterilization treatment is assessed by the absence of positive samples for the residual amount of blood and alkaline components of synthetic detergents, as well as residues of oil medicines on the instrument.

2 17 . Pre-sterilization cleaning and sterilization of instruments is carried out in a specially designated place of each division of a medical organization or in a centralized sterilization department.

2 18 . If the disinfectant contains a detergent component, pre-sterilization cleaning is not carried out.

219 . Ways of HIV transmission - infection:

1) contact (sexual);

2) parenteral (through blood, syringes, needles, cutting instruments contaminated with blood containing HIV);

3) vertical (from mother to fetus).

220 . Risk factors for HIV infection:

1) the presence of sexually transmitted diseases;

2) unprotected sex;

3) the use of non-sterile medical and non-medical instruments for invasive interventions;

4) contact with the biomaterial of an HIV-infected person in the presence of damage to the skin and mucous membranes;

5) blood transfusion, transplantation of organs, tissues, cells;

6) perinatal contact of a child with an HIV-infected mother during the period of gestation, childbirth and breastfeeding.

2 21 . A survey to identify HIV-infected persons is carried out by medical organizations, regardless of the form of ownership .

222 . Examination for HIV infection (including anonymous) is carried out with the informed consent of the patient in conditions of strict confidentiality, and in the case of examination of minors under the age of 14 years - at the request or with the consent of his legal representative.

223 . Compulsory medical examination is carried out on the basis of requests from the prosecutor's office, the investigation and the court.

224 . Medical examination for HIV infection according to epidemiological indications is carried out in accordance with order No. 508 .

225 . When testing for HIV infection, people being tested are provided with information related to pre-test and post-test counseling.

226 . Pre-test counseling is provided through visual aids such as posters, brochures, websites and short video clips shown in waiting rooms .

227 . Information related to pre-test counseling:

1. benefits of HIV testing;
2. the significance of HIV-positive and HIV-negative diagnosis;
3. clarification about available services in case of HIV-positive diagnosis, including clarification about receiving ART;
4. a summary of prevention options and recommendations for partner testing;
5. guarantee of confidentiality of test results and any information.

228 . Post-test counseling is carried out in order to inform the counselee about the test result (negative, positive and indeterminate), the significance of this result and the counselor's motivation for behavior that minimizes the risk of HIV infection.

2 29 . Post-test counseling includes the following information:

1) communication to the patient of the test result and the meaning of this result;

2) informing about the possible presence in the seronegative window (with an indeterminate or negative result) and the need for re-testing for HIV infection;

3) discussion of opportunities to reduce the risk of infection through behavior change;

4) informing about the possibilities of additional medical care for the key population, psycho-social assistance;

5) psychological help and support.

230 . When confirming the status of an HIV-infected person, the doctor, psychologist of the HIV / AIDS healthcare organization notifies the subject in writing of a positive result for HIV infection, conducts crisis counseling of the patient, which includes:

1) provision of psychological assistance;

2) informing about the features and clinical stages HIV infection, the possibilities of treatment with antiretroviral drugs, possible ways and necessary measures to prevent the transmission of HIV to third parties;

3) motivation for clinical examination, timely start of treatment;

4) assessment of the need and recommendations on the possibilities of obtaining additional medical and social assistance in healthcare organizations, psychosocial assistance, social support;

5) a written warning about the need to take precautionary measures to prevent the spread of HIV infection, as well as about responsibility, in accordance with the legislation of the Republic of Kazakhstan, for knowingly putting people at risk of infection or infection.

231 . If an HIV-infected person under the age of 18 is identified, his parents or legal representatives are notified.

232 . Counseling of persons who applied for an examination for the presence of HIV infection is carried out in compliance with the principles of voluntariness and confidentiality, in the absence of third parties.

233 . Blood sampling for HIV infection is carried out in medical organizations, regardless of ownership and departmental affiliation.

234. During a confidential examination, at the sampling stage, the patient is verified using an identity document.

235 . When receiving the service of anonymous medical examination for the presence of HIV infection, documents are not required, the person being examined is assigned an individual code.

236 . The pre-analytical stage of the study is provided by the Regulations on the activities of organizations and (or) structural divisions of healthcare organizations that carry out laboratory diagnostics, as well as the scope and types of studies they conduct , approved by order of the Minister of Health and Social Development of the Republic of Kazakhstan dated September 28, 2015 No. 758 (registered in the Register state registration of normative legal acts under No. 12207).

237 . Blood samples are accompanied by a referral in the form No. 264 / y, approved by order No. 907 .

238 . The result of the test with a negative result for HIV is received by the subject at the place of examination.

239 . Reference - a certificate of testing for HIV antibodies is issued by HIV/AIDS healthcare organizations at the request of the person being examined, in the form of the Rules for voluntary anonymous and (or) confidential medical examination and counseling of citizens of the Republic of Kazakhstan and oralmans on HIV infection on a free basis, approved by order of the Minister health and social development of the Republic of Kazakhstan dated April 22, 2015 No. 246 (registered in the Register of State Registration of Regulatory Legal Acts under No. 11145) upon presentation of an identity document. The issuance of each certificate - certificate is registered in the journal e for the issuance of certificates of examination for antibodies to HIV , in the form No. 272 / y, approved by order No. 907. The certificate is valid for three months from the date of the examination.

240 . The identification of HIV-infected persons using rapid tests, followed by examination of the same portion of blood by one of the immunological methods (ELISA, ELISA, ECLA) are subject to:

1) pregnant women admitted for childbirth without the results of a double examination for HIV infection or examined once - more than three weeks before admission to perinatal centers (maternity wards) ; admitted to childbirth belonging to key groups, or the sexual partner is HIV-positive, or an injecting drug user - examined more than three weeks before admission to the perinatal center (maternity ward) ;

2) injured in emergency situations when in contact with infected biological fluids;

3) key populations.

241 . A positive rapid HIV test result is not a basis for determining the status of an HIV-infected person. Confirmation of the diagnosis of HIV infection is required by laboratory tests using specific immunological methods and the PCR method .

242 . To study the risk factors for infection, the prevalence of HIV, viral hepatitis C, syphilis , HIV/AIDS healthcare organizations conduct biobehavioral studies among key populations (PWID, SW, MSM).

243 . Sanitary and anti-epidemic measures include measures to prevent the transmission of HIV infection:

1) in a natural (vertical) way from mother to child perinatally (during pregnancy through mother's blood);

2) intranatally (during childbirth through the blood or vaginal secret of the mother), while breastfeeding;

3) by contact-hemocontact by sexual contact (through blood, semen, vaginal secretion), direct contact with blood of damaged skin and (or) mucous membranes;

4) artificially (artificially) through infected donor blood and its components, organs (parts of organs) and (or) tissues (parts of tissues) of a person, with parenteral consumption of narcotic drugs and their analogues, during non-medical and medical manipulations with violation of the integrity of skin integuments and mucous membranes.

244. When a case of HIV infection is detected, an epidemiological investigation is carried out by epidemiologists from HIV/AIDS healthcare organizations . In case of suspicion of nosocomial infection, occupational infection of medical workers, infection in penitentiary institutions, an epidemiological investigation is carried out by HIV/AIDS healthcare organizations together with specialists from territorial divisions.

245 . Based on the results of the epidemiological investigation, a conclusion is made about the alleged source of infection, the ways and factors of transmission that caused the onset of the disease. Based on this conclusion, a set of preventive and anti-epidemic measures is being developed and implemented, including training of HIV-infected people and contact persons.

246 . The Republican Center for Prevention and Control of AIDS receives reports from HIV/AIDS healthcare organizations on cases of HIV infection detected in children, pregnant women, donors, recipients, healthcare workers with unknown routes of transmission, nosocomial infection of a patient, infection in penitentiary institutions.

2 47 . With regard to the identified source of HIV infection , HIV/AIDS healthcare organizations apply the following Events:

1) timely detection and diagnosis of HIV infection;

2) specific therapy with antiretroviral drugs as prescribed by a doctor (including pregnant women, children born to HIV-infected mothers);

3) referral for examination and treatment of STIs infected with HIV reduces the risk of sexual transmission;

4) referral of people who inject drugs to drug dependence treatment, harm reduction programs, maintenance substitution therapy, to non-governmental organizations for services and social support, reduces the activity of the source in the transmission of the virus through drug use.

248 . **Actions regarding transmission mechanisms, routes and factors:**

**1)** disinfection and sterilization of medical instruments and equipment in medical institutions, as well as equipment and instruments in hairdressing salons, beauty salons, piercing and tattoo parlors, use of disposable instruments;

2) ensuring and monitoring the safety of medical manipulation practices and the use of barrier methods of protection;

3) examination of blood donors and any donor materials for the presence of antibodies to HIV at each donation of donor material, quarantine of blood products and culling of infected donor material. Lifelong suspension of HIV-infected and positive in ELISA during the reference study from donating blood, plasma, organs and tissues;

4) advising and educating the population **-** both susceptible contingent and sources of infection **-** on safe or less dangerous behavior;

5) preventive work with key population groups (PWID, SW, MSM, remand prisoners and convicts);

6) prevention of the child's contact with the mother's biological fluids is combined with the prescription of ARV drugs and is achieved:

during childbirth during a planned cesarean section operation in HIV-infected women;

after childbirth by replacing breastfeeding of the child of an HIV-infected mother with artificial.

At the request of an HIV-infected woman, assistance is provided to prevent unwanted pregnancies.

**2 49 . Measures against the susceptible population by** health organizations HIV/AIDS **:**

**1)** contact persons in case of HIV infection are considered to be persons who had the opportunity to become infected based on the known mechanisms, routes and factors of transmission of the infectious agent. Establishing the fullest circle of people who had contacts with an HIV-infected person makes it possible to inform about the methods and methods of protection against HIV infection during pre-test counseling and testing for HIV infection;

2) teaching safe behavior in terms of HIV infection;

3) carrying out preventive chemoprevention. For emergency prevention of the disease, people at risk of contracting HIV infection are prescribed antiretroviral drugs, including: newborns of HIV-infected mothers, health workers and persons injured in the provision of care to HIV-infected persons, citizens in respect of whom there is reason to believe that there is contact raising the risk of HIV infection.

**250 . \_** Preventive measures are carried out on the basis that each patient is regarded as a potential source of bloodborne infections (hepatitis B, C, HIV).

**251 .** In order to prevent nosocomial transmission of HIV infection, the following is provided:

1) compliance with the established requirements for disinfection, pre-sterilization cleaning, sterilization of medical devices, as well as for the collection, disinfection, temporary storage and transportation of medical waste generated in medical organizations;

2) equipping with the necessary medical and sanitary equipment, modern atraumatic medical instruments, means disinfection, sterilization and personal protection.

25 2 . If a case of nosocomial HIV infection is suspected, a set of preventive and anti-epidemic measures is carried out in medical organizations.

25 3 . An epidemiological investigation is carried out in order to identify the source, transmission factors, establish the circle of contact persons, both among staff and among patients who were in equal conditions, taking into account the risk of possible infection, and to implement a set of preventive and anti-epidemic measures to prevent infection in the conditions of medical organizations.

25 4 . The organization of the examination of contacts with HIV - infected is carried out by HIV / AIDS healthcare organizations . The results of a laboratory examination of contacts for the detection of HIV infection are recorded in the outpatient card of an HIV - infected person registered at the dispensary (discordant couples).

2 55 . The duration of observation of contact persons depends on the contingent and is set:

1. for children born to HIV - infected mothers eighteen months;
2. for persons from the nosocomial focus - if more than three months have passed since the patient was discharged from the medical organization, the persons from the focus undergo a single examination for the presence of HIV infection, as a contact, and if the result is negative, the observation is terminated;
3. for medical workers in the event of an emergency - three months after the accident;
4. for recipients of donor biomaterial - three months. If the result of ELISA, ICLA, ECHL for HIV infection is negative - one month and three months after hemotransfusion or transplantation, it is removed from observation;
5. for seronegative sexual partners of people living with HIV and co-injecting drug contacts, the observation period is not limited. The frequency of screening for HIV infection is at least twice a year.

2 56 . Activities to raise public awareness of HIV prevention issues are carried out by: territorial divisions, HIV / AIDS healthcare organizations , organizations providing outpatient care.

2 57 . Interdepartmental and intersectoral interaction is coordinated by HIV/AIDS healthcare organizations and territorial subdivisions.

2 58 . Raising public awareness includes: providing the population with detailed information about HIV infection, measures to prevent HIV infection, the main symptoms of the disease, the importance of timely detection of sick people, the need to take them to dispensary records and activities using the media, leaflets, posters, bulletins, modern information and telecommunication technologies, live magazines, including social networks, text messages using a cell phone , carrying out individual work aimed at forming behavior that is less dangerous in relation to [HIV infection](#sub_667) .

259 . \_ Public education includes coverage of all approaches to safe and less dangerous behavior in terms of HIV infection: the safety of sexual behavior, the safety of parenteral interventions, professional safety.

260 . \_ Medical organizations need have in an accessible place for visitors a visual campaign on the prevention of HIV infection, prevention of drug use, safe sex, information on additional medical and social assistance in healthcare organizations, psychosocial assistance and social support for key populations, people living with HIV, hotlines.

261 . \_ The curricula of educational organizations (organizations of higher, post-secondary and secondary education) include issues of HIV prevention.

26 2 . It is necessary to ensure the introduction of preventive programs for HIV infection among the working population.

26 3 . When providing medical assistance to persons belonging to key groups in healthcare organizations, trust points, friendly offices, they are consulted, which includes:

1) informing the patient about the need for testing for HIV infection for early detection of HIV infection and timely initiation of treatment in case of HIV infection;

2) discussion of ways to reduce the risk of HIV infection for the patient, open relationships with a sexual partner, and opportunities to receive medical care;

3) informing about the possibility of obtaining additional medical and social assistance in healthcare organizations, psychosocial assistance and social support on the basis of non-governmental organizations.

26 4 . Trust points and friendly offices that carry out HIV prevention activities carry out activities to reduce the risk of HIV transmission among key populations, including:

1. voluntary HIV testing using rapid tests with pre-test and post-test counseling;
2. voluntary testing using rapid tests for parenteral hepatitis, STIs;
3. counseling with an assessment of the individual risk of tuberculosis infection (using a questionnaire), motivation to undergo a fluorographic examination, if necessary, accompaniment to a healthcare organization;
4. motivating people with positive results of rapid tests for HIV, parenteral hepatitis, STIs to seek medical help, medical examination, if necessary, accompany them to a healthcare organization;
5. motivation for regular (every six months) voluntary testing for HIV - infection, tuberculosis, STIs;
6. counseling, including group counseling, on safe sexual behavior, less dangerous behavior when using narcotic, psycho-stimulating substances with the issuance of motivating consumables that contribute to the formation of safe behavior skills (condoms, sterile syringes and needles, alcohol wipes, information and educational materials );
7. counseling, including with the involvement of an infectious disease specialist, narcologist, phthisiatrician, psychologist, peer consultant, on the assessment of the individual risk of infection with HIV, parenteral hepatitis, STIs, tuberculosis, the possibilities of changing behavior to minimize this risk;
8. socio-psychological support, including sexual partners, family members, relatives, loved ones;
9. the work of psychological support groups, self-help groups;
10. work in places where key groups are actually present;
11. dissemination of information and educational materials on the prevention of HIV infection, parenteral hepatitis, STIs, and tuberculosis.

**Paragraph 7 . Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic,**

**sanitary and preventive measures for acute respiratory viral infections, influenza and their complications (pneumonia)**

2 65 . Animal and epidemiological control over the incidence of ARVI (ILI, SARI), influenza and their complications (pneumonia) in the population is carried out in the form of monitoring throughout the year and includes the implementation of sanitary and anti-epidemic and sanitary - preventive measures.

2 66 . Sanitary-anti-epidemic and sanitary-preventive measures in the routine system of epidemiological surveillance of SARS, influenza and their complications (pneumonia) are divided into pre-epidemic periods from October 1 to December 1 and epidemic seasons from December 1 to April 30.

2 67 . SS for influenza, ARVI, ILI and SARI is carried out year-round, the purpose of which is to monitor the incidence of influenza in outpatients and inpatients, early decoding of circulating types of viruses among the population and detection of new, modified types of influenza virus.

268 . In the pre-epidemic period, the following activities are carried out:

1) development of interdepartmental operational comprehensive action plans to combat ARVI and influenza by the heads of health departments, state bodies of the sanitary and epidemiological service and interested state bodies;

2) the readiness of medical organizations to receive patients with acute respiratory viral infections and influenza in the event of an increase in the incidence during the epidemic season, providing for the creation of the necessary volume of beds, a reserve of basic anti-influenza drugs and agents (antiviral drugs, oxolin ointment, antipyretics, immunomodulating agents, vitamins and minerals), equipment and means for intensive care, disinfectants and personal protective equipment;

3) the reserve of anti-influenza drugs and funds in medical organizations is based on:

in organizations providing outpatient care for at least 10 patients;

in hospitals - at least 35 patients;

4) holding seminars and briefings on the issues of the clinic, diagnosis, treatment and prevention of influenza with employees of medical organizations and personnel of educational organizations ;

5) annual vaccination against influenza for medical workers, children subject to medical supervision in medical organizations, frequently ill children older than six months, children of educational organizations for orphans and children left without parental care , orphanages, recipients of medical and social services institutions (organizations) , pregnant women in the second or third trimester of pregnancy, persons with chronic diseases of the cardiovascular system and respiratory organs and according to epidemiological indications.

269 . During the epidemic period, the following activities are carried out:

1) registration of cases of acute respiratory viral infections, influenza and their complications (pneumonia), as well as deaths associated with them, with a laboratory study of biomaterial for influenza and acute respiratory viral infections;

2) systematic (weekly from October 1, daily from December 1) monitoring of the incidence of acute respiratory viral infections, influenza and their complications (pneumonia), as well as mortality from them, the incidence of acute respiratory viral infections and influenza among those vaccinated against influenza, among pregnant women and children under one year old by territories, ages and risk groups;

3) monitoring of immunization of the population against influenza by age, categories of risk groups;

4) medical organizations provide information on the incidence of acute respiratory viral infections, influenza and their complications (pneumonia), as well as mortality from them to the territorial divisions;

5) local executive bodies are regularly informed about the epidemic situation in terms of the incidence of acute respiratory viral infections, influenza and their complications (pneumonia) and mortality from them, the activity of circulating types of the virus in the region and the necessary measures for the prevention and control of influenza and acute respiratory viral infections;

6) conducting sanitary and educational work among the population on measures to prevent and combat influenza and SARS;

7) sanitary - anti-epidemic and sanitary - preventive measures .

270 . During the epidemic season, in medical organizations providing outpatient care , the following anti-epidemic and sanitary-preventive measures are taken:

1) organization and equipment of "filters" at the entrance with appropriate signs on the territory and in the building;

2) persons with signs of ARVI, ILI, SARI and influenza are isolated in a specially allocated room, after which the filter nurse calls a doctor;

3) after examination by a doctor, the filter's nurse performs the doctor's prescriptions (takes smears for research, performs injections) and then the patient is sent for outpatient treatment or to a hospital;

4) limiting the time spent in the polyclinic of visitors, the allocation of additional rooms for receiving patients;

5) the establishment of additional telephones and vehicles to provide advice and hospitalization of patients with suspected influenza and severe, moderate ARVI;

6) creation of conditions for servicing calls at home (additional vehicles, fuel and lubricants, organization of shift work of the registry, issuance of disability certificates for seven calendar days);

7) priority home call service for pregnant women and children under 1 year of age with manifestations of acute respiratory viral infections, influenza and their complications (pneumonia), ensuring their daily patronage, timely hospitalization;

8) during the period of rising incidence of acute respiratory viral infections, influenza, extending the duration of the work of a medical organization from 8.00 to 20.00 hours, on Saturdays and Sundays from 9.00 to 18.00 hours in accordance with the labor legislation of the Republic of Kazakhstan;

9) creating a stock of antiviral drugs for the treatment of outpatients with acute respiratory viral infections, influenza and their complications (pneumonia);

10) providing employees with disposable masks at the rate of replacing masks every 3 hours with timely disposal of used personal hygiene items;

11) the use of modern devices that provide air disinfection in the presence of people;

12) provision of sanitary facilities with liquid soap dispensers, electric dryers or disposable paper napkins, rubbish bins equipped with a pedal for collecting used masks and napkins;

13) ensuring the temperature regime in the premises of medical organizations not less than + 18 about C;

14) ensuring timely (no later than 72 hours from the moment of illness) collection of material from patients with suspected influenza, temporary storage and transportation of samples to virological laboratories in compliance with the requirements of the "cold chain";

15) creating a stock of consumables and a transport medium for taking material from patients with suspected influenza and ensuring temporary storage of the transport medium in compliance with the temperature regime for no more than seven calendar days;

16) placement of visual information about the prevention of SARS and influenza (stands, brochures, leaflets, posters, showing videos on influenza prevention) at the locations of patients.

2 71 . During the epidemic season , the following sanitary and anti-epidemic and sanitary and preventive measures are carried out in medical organizations (hospitals, maternity hospitals and departments) :

1) reprofiling of beds in somatic departments for infectious beds during the rise in the incidence of acute respiratory viral infections, influenza;

2) purchase of a stock of drugs for the treatment of patients with acute respiratory viral infections, influenza and their complications (pneumonia), as well as disinfectants;

3) ensuring timely (no later than 72 hours from the moment of illness) sampling of material from patients with suspected influenza and respiratory viral infections, temporary storage and transportation of samples to virological laboratories in compliance with the requirements of the "cold chain";

4) purchase of a supply of consumables and a transport medium for taking material from patients with suspected influenza and provision of temporary storage of the transport medium in compliance with the temperature regime for no more than seven calendar days;

5) provision of personal protective equipment (disposable masks, gowns, gloves) for medical personnel providing medical care to patients with signs of SARS and influenza; providing employees with disposable masks at the rate of replacing masks every three hours, preventing their reuse and the use of reusable masks;

6) the introduction of a mask regime for medical personnel with restrictions on the movement of medical workers in the departments of the hospital and the number of visitors during the period of introduction of restrictive measures;

7) ensuring the temperature regime in the premises of medical organizations is not less than + 18 ° C , in the premises of the maternity unit is not less than + 22 ° C;

8) ventilation of the wards at least three times a day through window openings;

9) use of devices for air disinfection;

10) organization of active early detection of influenza cases among patients and employees in the hospital;

11) isolation of patients with suspected SARS and influenza in separate rooms or blocks (wards, boxes, departments, sections);

12) recording and registering cases of nosocomial influenza morbidity, investigating the causes and taking measures to localize influenza outbreaks.

272 . During the epidemic season , the following sanitary and anti-epidemic and sanitary and preventive measures are carried out in educational organizations :

1) carrying out daily monitoring of the attendance of children, adolescents and employees to find out the reason for the absence and informing medical organizations and territorial divisions about cases of the disease;

2) organizing and conducting a morning filter before each shift to prevent schoolchildren and teachers with manifestations of acute respiratory disease from attending classes, observing group isolation at the objects of upbringing and education of children and adolescents;

3) organization of a daily filter before the start of each shift of children and adolescents at educational facilities for orphans and children left without parental care, adaptation centers for minors, boarding schools, boarding houses, shelters with a survey, external examination, according to indications - thermometry; organizing the work of sanitary posts on each floor or classroom for the timely detection of children with suspected SARS and influenza;

4) organization of timely removal of children (employees) with signs of acute respiratory viral infections and influenza identified during the morning filter from classes (work), referral to a medical center or home to call a local doctor at home;

5) organizing the transfer of children who fall ill during the day to the isolation ward before the arrival of the parents, with the provision of appropriate care;

6) hospitalization of children in emergency cases in medical organizations;

7) equipping the medical center and isolation rooms with the necessary medical equipment and medicines (thermometers, spatulas, masks, anti-influenza drugs);

8) ensuring the temperature regime in the premises from + 18 to + 22 ° C ;

9) the use of premises of a specific profile strictly for its intended purpose;

10) strengthening the ventilation regime in classrooms with an increase in the duration of breaks from 10 to 15 minutes, in preschool organizations when taking children out of a ventilated room;

11) provision of sanitary facilities with liquid soap, disposable towels (napkins ) ;

12) the establishment of waste bins equipped with a pedal for collecting used masks and wipes;

13) with schoolchildren of thematic dictations on compliance with the rules of personal hygiene and prevention of SARS and influenza;

14) limiting the holding of mass and entertainment events during the rise in the incidence of SARS and influenza:

in case of detection of group diseases of ARVI up to 20% among children in one class (group) of the size of the class (group), it is recommended to temporarily suspend the educational process in the class (group), establish medical supervision of contact persons for a period of seven calendar days, cancel the office system education in general educational institutions, prohibition of admission of new children of the group (classes) during the incubation period after the identification of the last patient with ARVI ;

in case of involvement in the epidemic process of patients with acute respiratory viral infections with a total number of cases of 30% or more of the number of organizations of upbringing and education, a temporary suspension of the educational process at the objects of upbringing and education is recommended.

273. If the weekly control levels of incidence are exceeded or the incidence of acute respiratory viral infections, influenza, in comparison with the previous week, by 1.5 times or more, restrictive measures are introduced in the territories.

274 . Hospitalization of patients with acute respiratory viral infections and influenza is carried out according to clinical and epidemiological indications.

275 . Clinical indications for hospitalization are:

1) ARVI and influenza occurring with moderate and severe, complicated forms of the course of diseases in children under 14 years of age, persons over 65 years of age and pregnant women at any stage of pregnancy;

2) patients with manifestations of SARS and influenza with moderate and severe course, with concomitant chronic diseases of the cardiovascular, pulmonary, excretory, endocrine systems and hematological pathology.

276 . Epidemiological indications for hospitalization of patients are their residence in orphanages, educational institutions for orphans and children left without parental care, boarding schools, medical and social institutions (organizations) , hostels.

277 . The collection, storage and delivery of biomaterial for laboratory research is provided by a trained medical worker of medical organizations in the manner prescribed in accordance with paragraph 6 of Article 144 of the Code.

278 . Organizations of departments of the state body in the field of sanitary and epidemiological welfare of the population studies of material from patients with ARVI (ILI and SARI), influenza and their complications (pneumonia), determination of the scope of studies for influenza and non-influenza viruses, and provision of a supply of consumable laboratory equipment are being carried out.

2 79 . With a routine system of epidemiological surveillance, sampling of biomaterial for laboratory research is carried out by responsible medical workers of a medical organization every month in at least ten patients with acute respiratory viral infections, influenza with a pronounced clinic in the pre-epidemic and epidemic seasons of acute respiratory viral infections and influenza; SS does not allow routine sampling.

280. Under the sentinel system of epidemiological surveillance for ILI and SARI, the list of sentinel centers, their work schedules and functional duties of responsible persons for organizing work within the framework of SS are determined and approved by the heads of health departments and territorial divisions of sentinel regions.

When carrying out routine examinations, the quality of work of sentinel centers is assessed by questioning and visual control of the actions of medical workers in the pre-epidemic and epidemic seasons, the provision of methodological and practical assistance, and the discussion of the results of the assessment with the heads of sentinel centers.

281 . The criteria for assessing the quality of the SS organization are: compliance with the principles of recording ILI and SARI patients in sentinel centers and their compliance with the standard definitions of ILI and SARI cases, completeness of epidemiological and clinical data collection, laboratory examination of ILI and SARI cases, timely and complete submission of weekly reports at all stages SS systems, qualitative analysis and ensuring the timely dissemination of data, participation in the external quality control program.

282 . The SS system for GPZ includes:

1) weekly submission to territorial subdivisions of data on the appeal of the population for ARVI and ILI in age groups 0-4, 5-14, 15-29, 30-64, 65 and older and laboratory examination of patients;

2) to calculate the incidence rates of ARVI, ILI and the share of ILI in the amount of ARVI in the pre-epidemic season, information is provided on the number of people served by age groups: 0-4, 5-14, 15-29, 30-64, 65 and older;

3) daily collection of information on patients diagnosed with acute respiratory viral infections with a disease duration of not more than seven and calendar days when visiting a doctor and (or ) servicing calls at home, indicating the age group, gender, diagnoses of acute respiratory viral infections and ( or ) ILI;

4) collection of samples from patients with ILI is carried out with a visit to the patient's home. If there are four weeks in a month, a team with a clinician from each polyclinic visits patients subject to laboratory examination at home once , if there are five weeks, twice a month;

5) the mobile team includes a virologist the sanitary and epidemiological service and the clinician of each of the polyclinics;

6) on the day of sampling, a trained house call nurse at the sentinel center marks patients who meet the standard ILI case definition;

7) the responsible doctor for SS selects patients from the list so that there are at least three and no more than five ILI patients of each age group: 1-4, 5-14, 15-29, 30-64, 65 and older who applied to sentinel polyclinics;

8) the material is taken from patients over the age of 1 year; meeting the standard definition of an ILI case with a disease duration of less than 72 hours;

9) for each ILI patient from whom the material was taken, a referral to the laboratory is filled out with the assignment of an identification number and information about the patient;

ten) information about patients with ILI is regularly entered into the electronic influenza tracking system online by epidemiologists of territorial divisions (epidemiological part of the questionnaire) and virologists of branches (laboratory part of the questionnaire).

283 . DEN system for TORI:

1) in order to fully and timely identify patients with SARI, sentinel centers ensure: counting of SARI cases corresponding to the standard definition and duration of the disease, no more than ten calendar days for all appeals of patients with the submission of weekly data to the territorial divisions;

2) in patients admitted in the first ten calendar days of illness, with acute respiratory viral infections and ( or ) acute lung diseases, and ( or ) exacerbation of chronic lung diseases, to facilitate the issuance of the conclusion "SARI -" yes or no ", a stamp" with SARI symptoms » in a convenient place in each story, where the symptoms are marked with a "V" that the patient has;

3) a count is made of all hospitalized SARI patients by age group from the total number of hospitalized patients with all diagnoses in sentinel departments (or a hospital, if all departments of the latter receive SARI patients), including if additional departments are opened during the influenza season. If there are scanners and computers in sentinel hospitals, weekly reports are generated automatically;

4) the report includes: the number of all hospitalized patients in sentinel departments with all diagnoses (ARVI and ( or ) acute lung disease and ( or ) exacerbation of a chronic lung disease) within ten calendar days from the moment of illness by age groups: 0-4, 5-14, 15-29, 30-64, 65 and older; of which SARI "YES" by age group: 0-4, 5-14, 15-29, 30-64, 65 and older; SARI YES per 1000 by age groups: 0-4, 5-14, 15-29, 30-64, 65 and older; number of SARI laboratory-examined cases within three calendar days from the onset of illness by age groups: 1-4, 5-14 and within seven calendar days from the onset of illness by age groups: 15-29, 30-64, 65 and older and their results;

5) the criterion for selecting SARI patients for laboratory examination is compliance with the standard SARI case definition; for children older than 1 year from the onset of the disease, no more than 72 hours; for persons over 15 years of age, no more than seven calendar days from the onset of the disease;

6) the material is taken from no more than one patient per day from each age group: 1-4, 5-14 in children's hospitals and 15-29, 30-64, 65 and older - in adult hospitals. For a week, the number of patients examined is at least three patients from each age group (total total for all age groups of the population for a week is at least fifteen patients);

7) in the case history of laboratory-examined cases of SARI, the following data should be indicated in a convenient place: the patient was in intensive care unit "-" "+"; received IVL "-" "+"; received oxygen therapy (through a mask or nasal catheter) "-" "+"; recovery "-" "+"; died "-" "+"; Date of death;

8) after the patient is discharged from the hospital, the information specified in subparagraph 7 ) of paragraph 28 3 of these Sanitary Rules is transferred to the territorial divisions;

9) for each laboratory-examined case of SARI, a questionnaire is filled out and a referral to the virological laboratory is completed.

**Paragraph 8 . Sanitary and epidemiological requirements**

**to the organization carrying out sanitary and anti-epidemic ,**

**sanitary and preventive measures to prevent meningococcal infection**

284 . In the clinical course of meningococcal infection, localized (meningococcal carriage, nasopharyngitis) and generalized (meningitis, meningococcemia, mixed) forms are distinguished. The incubation period for meningococcal infection lasts from two to twenty days, more often two to four days.

285 . Acute nasopharyngitis, which occurs with moderate fever for three to five days, mild symptoms of intoxication and nasopharyngitis and does not differ in clinical symptoms from an acute respiratory disease, the diagnosis is established only on the basis of a positive result of bacteriological examination of nasopharyngeal mucus.

286 . Meningitis begins acutely, with chills and fever, severe headache, and vomiting. Patients develop photophobia, hyperacusis, skin hyperesthesia, then excitation and motor restlessness join, impaired consciousness from stupor to coma, meningeal symptoms increase. Pronounced intoxication, impaired consciousness, convulsions, seizures, cranial nerve paresis, ataxia, hemiparesis and paralysis, nystagmus, cerebellar disorders indicate meningoencephalitis.

287. Meningococcemia (meningococcal sepsis) begins acutely, in some patients with nasopharyngitis. Body temperature rises to 40 ° C and above, symptoms of intoxication are expressed. characteristic symptom - hemorrhagic rash on the trunk, limbs, buttocks appears after 12 - 48 hours from the onset of the disease. Elements of a rash of various shapes from barely noticeable petechiae to large hemorrhages in the skin of a purple color, protruding above the surface. Necrosis in the center of the hemorrhage. Meningococcemia is lightning-fast in nature, when there is a violent onset, a sharp chill, the appearance of a feeling of fear. Body temperature rises to 40 - 41 ° C, then quickly decreases as infectious- toxic shock develops. Shortness of breath, tachycardia increase, blood pressure drops, death occurs within 6-48 hours from the onset of the disease.

2 88 . Epidemiological surveillance of the incidence of meningococcal infections includes the following sanitary and anti-epidemic and sanitary and preventive measures:

1) a retrospective epidemiological analysis of the incidence of meningococcal infections, conducted annually by territorial divisions in order to substantiate the list, volume and timing of preventive measures, long-term program-targeted planning. It is necessary to study the structure of meningococcal infections according to nosological forms, to assess the incidence rate in certain age, social, professional groups of the population and individual groups to identify "risk groups";

2) operational epidemiological analysis of the incidence of meningococcal infections, carried out monthly by territorial subdivisions for the timely detection of the beginning of the rise in the incidence, identification of its cause and implementation of operational anti-epidemic measures. A comparison is made of the current morbidity by weeks, months, with a cumulative total, a comparison with the control levels of morbidity characteristic of a given territory.

289 . In order to prevent nosocomial diseases, the territorial subdivisions carry out a state sanitary - epidemiological surveillance of compliance sanitary and anti-epidemic regime in medical organizations, educational organizations for orphans and children left without parental care, orphanages, mental health centers, medical and social institutions (organizations).

290 . Identification of patients and suspected meningococcal infections is carried out by medical workers of all healthcare organizations during outpatient appointments, home visits, medical examinations, medical examinations and visits to medical organizations. The diagnosis is established on the basis of the clinical manifestations of the disease, laboratory data and epidemiological history.

291 . Single laboratory examinations for meningococcal infection of the following categories of the population are carried out:

1) patients with suspected meningococcal infection when applying to medical organizations;

2) patients of mental health centers upon admission to a hospital;

3) children upon registration in boarding schools, organization of education for orphans and children left without parental care and children's homes;

4) a recipient of services upon registration in medical and social institutions (organization) ;

5) convalescents after a meningococcal infection;

6) persons who were in contact with a patient with meningococcal infection during the incubation period. Laboratory examination of contact persons in preschool organizations , educational organizations for orphans and children left without parental care and at the child 's home is carried out at least twice with an interval of three to seven days.

292 . For diagnostic purposes, a laboratory examination for meningococcal infection of persons specified in subparagraphs 1), 5) paragraph 291 of these Sanitary Rules is carried out by medical organizations.

293 . For preventive purposes, a laboratory examination for meningococcal infection of persons specified in subparagraphs 2), 3), 4), 6) of paragraph 291 of these Sanitary Rules is carried out by branches.

294 . When the epidemiological situation becomes more complicated, a laboratory examination of certain groups of the population is carried out. The volume and structure of the survey is determined by officials of the department of the state body in the field of sanitary and epidemiological welfare of the population and territorial divisions .

295 . An epidemiological survey is carried out at the time of registration of each case of the disease.

296 . Quarantine for ten calendar days from the moment of isolation of the last patient is established in preschool organizations , in organizations of secondary education , where a case of meningococcal infection is registered. During this period, new and temporarily absent children are not accepted, as well as children and staff from group to group are not are being translated.

297 . All persons who were in contact with the patient are subject to medical supervision with daily clinical examination and thermometry within ten calendar days from the moment of isolation of the last patient. Otorhinolaryngologists are involved in the examination. Persons who have been in contact with patients and have catarrhal phenomena in the nasopharynx are given prophylactic treatment.

298 . Individuals who have positive laboratory results are considered carriers. They are being treated, registered, and medically monitored. Carriers that pose an epidemic danger to others are suspended from work by territorial divisions and are allowed into teams with a single negative result, the material for research is taken from the nasopharynx three calendar days after the end of treatment.

299 . If the republican level of morbidity is exceeded, according to epidemiological indications, people with a high risk of morbidity are vaccinated on the basis of the Resolution on carrying out sanitary - anti-epidemic and sanitary and preventive measures according to the form No. 015 / y, order No. 415.

300 . Final disinfection in the outbreaks and processing of vehicles for the transportation of patients is not carried out.

301 . Airing, wet cleaning, maximum deconsolidation of persons who were in contact with the patient in bedrooms, classrooms and playrooms are organized.

30 2 . Hospitalization of patients with meningococcal infection is carried out according to clinical and epidemiological indications.

303 . Clinical indications for hospitalization of patients with meningococcal infection:

1) generalized form;

2) increase in symptoms of intoxication and nasopharyngitis.

304 . Epidemiological indications for hospitalization of patients with meningococcal infection:

1) the inability to comply with the necessary anti-epidemic regime at the place of residence of the patient (socially disadvantaged families, hostels and communal apartments);

2) cases of disease in medical organizations, boarding schools, educational organizations for orphans and children left without parental care, orphanages, sanatoriums, medical and social institutions (organizations), summer health organizations and rest homes.

305 . The discharge of convalescents after meningococcal infection is carried out:

1) with a localized form - after clinical recovery and a single negative bacteriological examination of mucus from the nasopharynx three calendar days after the end of antibiotic therapy;

2) with a generalized form - after clinical recovery and a double negative bacteriological examination of mucus from the nasopharynx three calendar days after the end of antibiotic therapy with an interval of two calendar days.

306 . Persons who have had a meningococcal infection in an educational organization are allowed after a single negative bacteriological examination conducted five calendar days after discharge from the hospital or recovery of the patient with nasopharyngitis at home.

307 . Convalescents of meningitis and meningoencephalitis are observed by a neurologist for two years (during the first year once every three months, in the next year once every six months).

308 . \_ Laboratory diagnosis of meningococcal infection and purulent meningitis is carried out by the bacteriological method by isolating and identifying the pathogen (mucus from the nasopharynx), by the bacterioscopic method by staining, by the serological method by detecting specific antigens in body fluids (cerebrospinal fluid, blood and sinusoidal fluid) or antibodies in the blood serum, by polymerase chain reaction (hereinafter - PCR ) , which allows to achieve a significant increase in low concentrations of certain nucleic acid fragments in a biological material (sample). PCR is the most sensitive and specific of the existing express methods for detecting pathogens in biological material: a few molecules of deoxyribonucleic acid in a sample are enough to detect most of the known microorganisms, including non-culturable ones. Factors such as storage of cerebrospinal fluid at room temperature, freezing-thawing (up to three times) do not affect the sensitivity of the method. Molecular biological methods are characterized by high reproducibility, rapid results (within a few hours, allows identification without isolating pure cultures).

**Paragraph 9 . Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic, sanitary - preventive measures for the control of sexually transmitted infections**

309 . \_ Examination of persons for STIs is carried out in accordance with the Regulations on organizations providing dermatovenereological care, approved by order of the Minister of Health of the Republic of Kazakhstan No. 312 dated May 23, 2011 ( registered in Register state registration normative legal acts under No. 7018) .

310 . \_ Material for microscopic diagnosis for sexually transmitted infections (smears) is taken:

1) for all women at each initial visit to organizations providing obstetric and gynecological care and gynecological rooms, skin and venereal centers, as well as for all hospitalized gynecological patients;

2) in all men who go to urological offices and are hospitalized for diseases of the genitourinary system.

3 11 . Administratively detained persons who do not have a fixed place of residence, sick with sexually transmitted infections , the source of infection of which has not been established, are subject to preventive treatment.

3 12 . Prevention of STIs:

1) the doctor of the medical and preventive organization, after establishing the diagnosis of STI , confirmed by clinical and laboratory studies, explains to the patient the infectious nature of his disease and the possibility of transmitting it to third parties sexually if hygiene rules are not observed. The doctor explains to the patient the rules of personal hygiene and the need to comply with a certain regimen;

2) the doctor explains to the patient that the treatment of STIs is carried out only in the skin and venereal center , while the harm of self-treatment should be explained to the patient;

3) patients working in a children's, perinatal center (maternity ward) and directly serving children, as well as working in food and communal enterprises, are allowed to work after laboratory confirmation of cure during a control examination;

4) a dermatovenereologist finds out the time, place of infection, information about the source of infection and the persons who were in contact with the patient. Brings to the attention of patients that all persons identified in this way who were in contact with the patient are subject to medical examination using laboratory tests, and the patients identified in this case are provided with treatment in a dermatovenereological institution. Persons who have been in contact with the patient during the incubation period, as prescribed by the doctor, are given preventive treatment for syphilis or prophylactic treatment for gonorrhea in accordance with current instructions.

3 13 . Persons suffering from STIs are considered sick from the moment they are diagnosed with a disease - in a medical and preventive organization, during the entire treatment process until deregistration - in a skin and venereal center .

3 14 . The period of control observation is included in the treatment process, as an integral part of it, without which it is impossible to resolve the issue of the patient's cure.

3 15 . Patients with contagious forms of syphilis and complicated forms of STIs receive treatment on an inpatient basis, and acute uncomplicated forms of STIs receive treatment on an outpatient basis in a dermatovenerologic center.

3 16 . The patient is informed about the day of the appearance in the dermatovenerological center for the next course of treatment or appearance for a control analysis after the end of the entire treatment.

317 . Minors delivered to healthcare organizations from the adaptation center for minors, persons without a fixed place of residence, if they have a sexually transmitted disease, are subject to treatment in a hospital of a skin and venereal center .

3 18 . In case of simultaneous infection with a sexually transmitted disease of mental patients, including those suffering from drug addiction and chronic alcoholism, who simultaneously need the treatment of an underlying mental illness, patients with acute infectious diseases, patients with tuberculosis - bacillus excretors or with an exacerbation of the underlying tuberculosis process, treatment is carried out in appropriate hospitals under the supervision of specialists skin and venereal center.

**Paragraph 1 0 . Sanitary and epidemiological requirements**

**to the organization and conduct of sanitary and anti-epidemic, sanitary and preventive measures to prevent**

**chicken pox and scarlet fever**

319 . Identification of patients with chicken pox and scarlet fever is carried out by medical workers of all medical organizations during outpatient appointments, home visits, medical examinations, medical examinations and visits to medical organizations. The diagnosis is established on the basis of the clinical manifestations of the disease and (or) the results of a laboratory study and (or) an epidemiological history.

320 . Hospitalization of patients with chickenpox, scarlet fever is carried out according to clinical and epidemiological indications.

321 . Clinical indications for hospitalization of patients with chickenpox and scarlet fever:

1) all forms of the disease in children under the age of two months;

2) patients with moderate and severe forms of the disease;

3) forms of the disease, aggravated by concomitant pathology.

322 . Epidemiological indications for hospitalization of patients with chickenpox and scarlet fever:

1) the inability to comply with the necessary anti-epidemic regime at the place of residence of the patient (socially disadvantaged families, hostels, barracks, communal apartments);

2) cases of disease in medical organizations, boarding schools, educational organizations for orphans and children left without parental care , orphanages, sanatoriums, medical and social institutions (organizations) , summer health organizations, rest homes.

3 23 . Medical observation of contact persons is carried out in organized groups by medical workers at the place of residence of the contact person. The results of medical supervision in organizations providing outpatient care are reflected in forms No. 003 / y, 026 / y and 112 / y, approved by order No. 907 . The duration of medical observation is twenty-one calendar days for chickenpox, seven calendar days for scarlet fever from the moment the last patient was identified and includes a survey, examination and thermometry.

324 . Contact persons are not isolated.

325 . When registering chickenpox in preschool organizations (for children under 6 years old) quarantine is established for twenty-one calendar days, when scarlet fever is registered for seven calendar days from the moment of isolation of the last patient. With the appearance of repeated cases of chickenpox, scarlet fever in preschool organizations , children who have been ill are admitted to the group after the disappearance of acute phenomena.

3 26 . Children who have recovered from chickenpox are admitted to an organized recovery team, but not earlier than the ninth day from the moment the rash appears. During the quarantine period, new and temporarily absent children are not accepted, as well as children and staff from group to group are not are being translated.

327 . An epidemiological survey of chickenpox, scarlet fever is carried out when registering three or more interconnected cases in one organized team.

328 . When registering two or more related cases of scarlet fever in one organized team, a bacteriological examination of contact persons is carried out. Bacteriocarriers identified during the examination are suspended from attending preschool organizations for the period of sanitation, their admission to the team is carried out after sanitation and receiving a negative result of bacteriological examination.

329 . When registering chicken pox, scarlet fever, final disinfection is not carried out. Current disinfection and ventilation of the premises are carried out until the end of quarantine.

Appendix 1

to the Sanitary Rules

"Sanitary and epidemiological

requirements for organizing and conducting

sanitary and anti-epidemic,

sanitary - preventive

preventive measures

infectious diseases"

The form

**Report   
on the implementation of the plan for the fluorographic examination of the population   
for \_\_\_\_\_\_\_\_ 20\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(month) (medical organization)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the medical organization | risk groups subject to fluorographic examination in accordance with Instructions for organizing the provision of medical care for tuberculosis, approved by order of the Minister of Health of the Republic of Kazakhstan dated December 25, 2017 No. 994 ( registered in the Register of State Registration of Regulatory Legal Acts under No. 16381 ) | total number | plan | performance | % | identified patients with tuberculosis |
|  |  |  |  |  |  |  |

Appendix 2   
to the Sanitary Rules   
"Sanitary and epidemiological   
requirements for the organization and implementation of   
sanitary and anti-epidemic,   
sanitary and preventive measures to   
prevent infectious diseases"

The form

**Report on the implementation of the Mantoux test plan   
for \_\_\_\_\_\_\_\_\_ 20 \_\_\_ years to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(month) (name of the medical organization)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contingent | plan | fulfillment of the plan for the reporting month | incremental execution of the plan | coverage share (%) | revealed with a turn and a hyperergic reaction | of them covered by chemoprophylaxis |
| Examination by Mantoux test of all,  including: |  |  |  |  |  |  |
| children and adolescents from foci of tuberculosis (data from anti-tuberculosis organizations) |  |  |  |  |  |  |
| children older than two months before vaccination against tuberculosis |  |  |  |  |  |  |
| in first grade students (aged 6-7 years) before revaccination |  |  |  |  |  |  |
| children of the "risk" group of all,  including: |  |  |  |  |  |  |
| children from socially disadvantaged families (low-income and large families,  parents - unemployed, from places of deprivation of liberty, suffering from alcoholism, drug addiction, HIV-infected, not having a permanent place of residence, migrants) |  |  |  |  |  |  |
| children who are on outpatient and inpatient treatment with a prolonged cough (more than two weeks) and with symptoms of increasing intoxication (low-grade fever, sweating, loss of appetite and body weight, irritability, lethargy) |  |  |  |  |  |  |
| children on dispensary records for diabetes mellitus, nonspecific diseases of the bronchopulmonary system, malnutrition (lack of body weight), HIV infection, receiving immunosuppressive therapy, disabled people |  |  |  |  |  |  |
| contingent of closed educational institutions  ( boarding organizations , specialized schools for children with disabilities ) |  |  |  |  |  |  |
| children, unvaccinated and with undeveloped post-vaccination scars |  |  |  |  |  |  |
| children with unknown vaccination status |  |  |  |  |  |  |

Appendix 2 to

order and.about. Minister

health care

Republic of Kazakhstan

dated \_\_\_\_\_\_\_\_\_\_ 201 8 year No. \_\_\_\_

**List of invalid orders**

**Minister of National Economy of the Republic of Kazakhstan**

1. Order of the Minister of National Economy of the Republic of Kazakhstan dated March 12, 2015 No. 194 “On approval of the Sanitary Rules “Sanitary and epidemiological requirements for the organization and implementation of sanitary and anti-epidemic (preventive) measures to prevent infectious diseases” ( registered in the Register of State Registration of Normative Legal Acts under No. 10741, published in the information and legal system "Adilet" on June 08, 2015 );
2. Order of the Minister of National Economy of the Republic of Kazakhstan dated November 26, 2015 No. 732 " On amendments to the order of the Minister of National Economy of the Republic of Kazakhstan dated March 12, 2015 No. 194" On approval of sanitary rules "Sanitary and epidemiological requirements for organizing and conducting sanitary and anti-epidemic (preventive ) measures to prevent infectious diseases ” ( registered in the Register of State Registration of Normative Legal Acts under No. 12570, published in the information and legal system “Adilet” on January 14, 2016 );
3. paragraph 3 of the list of some orders of the Minister of National Economy of the Republic of Kazakhstan, which are amended, approved by order of the Minister of National Economy of the Republic of Kazakhstan dated August 29, 2016 No. 389 ( registered in the Register of State Registration of Regulatory Legal Acts under No. acts of the Republic of Kazakhstan on October 26, 2016 ).