

Rules of Action When Extremely Dangerous Infectious Diseases Are Detected

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Annotation: this article very Dangerous infectious diseases when it is determined, anti-epidemic actions are devoted to methods and measures.

Keywords: extremely dangerous infectious diseases, patient, medical care.

Today, the presence of natural foci of extremely dangerous infectious diseases in a large area of our country, the high risk of such diseases entering from abroad, the possibility of using biological means during terrorist activities, requires the elimination of problems related to extremely dangerous infectious diseases[1,2,3].

Prevention of emergency situations related to highly dangerous infectious diseases, ability to act correctly in the elimination of consequences is important in preventing many consequences that may occur later[4,5,6].

Extremely dangerous infectious diseases are characterized by their high transmissibility, rapid spread (epidemic, pandemic), "variety" of transmission routes, the fact that most of them have natural foci, severe course of the disease and death. is characterized by a high lim index. In addition, highly dangerous infectious disease agents can be used as biological weapons, one of the weapons of mass destruction[7,8,9].

Plague was last registered as a local disease in our republic in 1999.

The fact that about 2/3 of the territory of our republic consists of areas with natural outbreaks of plague, the constant circulation of cholera vibrios in open water bodies can lead to the registration of these diseases as local disease cases.

Although there are no conditions for yellow fever to be recorded and spread in the territory of our republic, i.e., there are no conditions for the manifestation of an epidemiological process, there is a risk of this disease entering from abroad, that is, from endemic foci[10,11,12].

In our republic, there is a complex epizootic and epidemic situation regarding zoonotic diseases such as Crimean-Congo hemorrhagic fever, anthrax and rabies.

Of course, knowing what to do in an emergency of this type can reduce the spread of disease and increase casualties[13,14].

Primary measures to be taken against an epidemic when highly dangerous infectious diseases are detected

A) When the patient is diagnosed at home, the primary measure – activities[15,16]:

- separating the patient from family members. Do not allow relatives and relatives of the patient to stay in the patient's house;

- to inform about the detection of a suspected disease by phone or by an outside person. Request delivery of personal protective equipment kits, disinfectants, and patient care items;
- prohibiting the removal of items from the house where the patient is lying until disinfection is carried out;
- stop using tap water, sewage;
- banning the consumption of ready-made food products when cholera is suspected;
- depending on the patient's condition, find out the surname, first name, surname, place of residence of those who communicate with him, ask the patient what he attributes his illness to, where he was during the last 3 weeks, what he was doing, who he was communicating with determining the nature of communication. Collecting information on determining the source of the disease, ways of transmission and factors;
- providing the patient with the necessary medical care;
- when the patient is suspected of plague, VGIs, monkey pox, treatment of mucous membranes and exposed parts of the body of employees and then wearing MShHV;
- performing current disinfection work (patient secretions, water falling from hand washing and patient care items);
- stay in the center of the disease until the epidemiological team arrives;
- providing information to the consultation team about the patient and the primary measures taken. Further preventive measures are carried out based on the instructions of the epidemiologist.

B) Measures taken when the patient is identified in the hotel[17,18]:

- closing the window and door of the room where the patient was identified, not letting strangers into the room;
- inform the hotel management about the patient (by phone or through the floor attendant);
- to take measures to isolate the patient, and to isolate those who communicate with him (roommates) by moving them to another room;
- report a suspected patient by phone or floor attendant. Asking for MShHV;
- The following tasks are assigned to the hotel management by phone or through the floor attendant:
 - of the hotel , setting up a post near the hotel door, temporarily stopping entry and exit from the door;
 - to post on the hotel floors and stop moving to the floors;
 - stopping the exit of guests from the rooms on the floor where the patient was identified;
 - organizing a post in front of the door of the room where the patient was identified;
 - allocate a separate room on the floor where the patient is identified and isolate those who communicate with the patient;
 - making a list of those who communicate with the patient (by work and place of residence);
 - informing the residents of the hotel about the measures being carried out.

- making a list of those who communicate with the patient outside the hotel;
- workers in this place should wear PPE when handling open parts of their bodies and mucous membranes;
- providing first aid to the patient;
- carrying out current disinfection measures;
- providing information about the patient and the care provided to the visiting consulting team.

Further measures against the epidemic are carried out based on the epidemiologist's instructions.

C) When a patient is detected in a passenger train car, the primary measures to be taken[19,20,21]:

- instruct the road manager:
- closing the doors and windows of the carriage, prohibiting entry and exit from the carriage;
- stopping the movement of passengers along the carriage;
- transfer passengers from the compartment where the patient was identified to another compartment, leaving the patient in the identified place. If a patient is identified in general or placard cars, move him to the conductor's room and isolate him;
- transfer those in contact with the patient to another empty compartment and take them under control;
- from the moment the patient is identified until he gets off the train, put a bucket with chlorine lime or 5% chloramine in the compartment reserved for the patient to collect the patient's feces and vomit;
- carrying out current disinfection work in the car.
- by the road manager to inform about the identification of the patient through communication means or to call the head of the main station, the head of the SNP or the employee of the medical station to the wagon where the patient was identified and through them inform the railway about the identified patient providing information to the sanitary-epidemiological service, calling a consulting group;
- request (demand) to stop the train in which the patient has been identified through the administration;
- request medical supplies, medicines, disinfectants to the car in which the patient has been identified through the employee of the medical center of the branch station with the help of the conductor of the adjacent car;
- Wear PPE, use of prophylactics.
- providing the patient with the necessary medical care;
- make a complete list of those who communicate with the patient;
- carrying out current disinfection works;
- providing information about the patient and the medical care provided to the visiting consulting team.

Further anti-epidemic measures are carried out based on the epidemiologist's instructions.

D) Measures to be taken when a patient is detected on the plane[22,23,24]:

- providing first aid to the patient on the plane and isolating the patient as much as possible;
- providing information about the patient to the dispatch center through the aircraft commander;
- after the plane lands at the airport, the plane door is closed, stopping the exit of passengers;
- separate the patient from passengers and crew members;
- without leaving the plane, inform the sanitary quarantine station or medical station about the identified patient through the airport staff and ask them for PPE, emergency personal protective equipment and disinfectants;
- treating open areas of the body and mucous membranes with prophylactic means, wearing MShHV;
- all subsequent measures (sending the plane to the sanitary field, isolating the patient, taking an analytical sample from the patient, treatment, identifying those who have been in close contact with the patient, calling a consulting group, conducting current and final disinfection measures, etc.) are approved. It is carried out according to the plan, according to the instructions of the Department of Highly Dangerous Infectious Diseases of the State Medical Center and the specialists of the Ministry of Health and Welfare.

E) When a patient is detected at sanitary checkpoints, the primary measures to be taken[25,26,27]:

- placing the patient in isolation;
- providing appropriate medical care to the patient;
- notify the head of the customs post about the identified patient;
- collect epidanamnesis from the patient. Notify the regional and territorial DSENM about the patient (according to the notification procedure);
- instruct:
 - to organize a post in front of the entrance and exit doors, in front of the room where the patient is lying.
 - before entering the room where the patient was identified, treat the open areas and mucous membranes of the body depending on the type of infection and wear PPE;
 - making a list of those who communicate with the patient ;
 - Providing information about the patient and the medical care provided to the advisory group called by DSENM;
 - carrying out disinfection (disinsection) activities;
 - to explain to passengers the nature of the measures being carried out.

Measures are carried out based on the approved plan.

Duties of sanitary control points (SNP).

The SNP is a component of the relevant DSENM and is organized on the state borders of the Republic, air and railways, water ports, highways[28,29,30]. DSENM provides organizational and

methodological support to SNP and supervises their activities. SNPs are assigned the following tasks[31]:

- carries out sanitary (medical) control of citizens, vehicles and cargo crossing the border;
- supervises vaccination against infectious diseases of foreign citizens leaving the territory of the republic and entering our territory in accordance with the procedure established by the Republic SSVgi;
- prohibits the entry and exit of citizens, vehicles and goods that do not comply with the requirements of the Regulations developed on the basis of international medical and sanitary regulations;
- When highly dangerous infectious diseases are detected or suspected, they inform the regional and regional DSENM according to the patient reporting system. Conducts primary measures against the epidemic based on a quick work plan (medical surveillance, disinfection measures, etc.);
- After the consultation team called by the DSENM arrives at the SNP, it informs them about the patient and the medical care provided;
- Anti-epidemic measures are carried out in cooperation with the State border and customs services and other relevant organizations[32].

Minimum, maximum and average latent periods of highly dangerous infectious diseases

Infectious diseases	Incubation period (in days)		
	Minimum	Maximum	Average
1. Pestilence	A few hours	6	1-3
2. Cholera	A few hours	5	1-2
3. Yellow fever	3	12	3-6
4. Marburg GI	1	9	4-9
5. Lassa GI	3	20	7-8
6. Ebol GI	2	15	7-14
7. Bolivia GI	6	18	7-14
8. Argentina GI	5	17	8-12
9. BSK GI	7	45	14-21
10. Omsk GI	2	10	2-4
11. JV GI	2	12	3-6
12. Smallpox	5	17	14
13. Monkey pox	7	19	12
14. Bird flu	1	14	2-7
15. Anthrax	A few hours	8	2-3
16. Rabies	10	365 and >	2-3 months

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