

On approval of the Sanitary Rules “Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with vaccine-preventable infectious diseases”

Invalidated Unofficial translation

Order No. KR.DCM-135 of the acting Minister of Healthcare of the Republic of Kazakhstan as of October 4, 2019. Registered with the Ministry of Justice of the Republic of Kazakhstan on October 9, 2019, No. 19454. Abolished by the Order of the Minister of Health of the Republic of Kazakhstan dated February 2, 2021 No. KR DSM-13

Unofficial translation

Footnote. Abolished by the Order of the Minister of Health of the Republic of Kazakhstan dated February 2, 2021 No. KR DSM-13 (effective after ten calendar days after the date of its first official publication).

In accordance with paragraph 6 of Article 144 of the Code of the Republic of Kazakhstan “On Public Health and Healthcare System” as of September 18, 2009, I hereby ORDER:

1. To approve the appended Sanitary Rules “Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with vaccine-preventable infectious diseases”

2. To invalidate:

1) Order No. 215 of the Minister of National Economy of the Republic of Kazakhstan as of March 17, 2015 “On approval of the Sanitary Rules “Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic (preventive) measures for patients with vaccine-preventable infectious diseases” (registered in the State Registration Register of Regulatory Legal Acts under No. 10827, published in the “Adilet” Legal Information System on May 13, 2015);

2) paragraph 4 of the List of some orders of the Minister of National Economy of the Republic of Kazakhstan, as amended, approved by Order No. 389 of the Minister of National Economy of the Republic of Kazakhstan as of August 29, 2016 “On amending some orders of the Minister of National Economy of the Republic of Kazakhstan” (registered in the State Registration Register of Regulatory Legal Acts under No. 14308, published in electronic form in the Reference Control Bank of Regulatory Legal Acts of the Republic of Kazakhstan on October 7, 2016).

3. In accordance with the procedure established by the legislation of the Republic of Kazakhstan, the Committee for Quality Control and Safety of Goods and Services of the Ministry of Healthcare of the Republic of Kazakhstan shall:

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

2) within ten calendar days of the state registration of this order, send its copy in paper-based and electronic forms in Kazakh and Russian to the Republican State Enterprise with the Right of Economic Management “Institute of Legislation and Legal Information of the Republic of Kazakhstan” for its official publication and inclusion into the Reference Control Bank of Regulatory Legal Acts of the Republic of Kazakhstan;

3) place this order on the website of the Ministry of Healthcare of the Republic of Kazakhstan after its official publication;

4) within ten working days of the state registration of this order, submit information on the implementation of measures, provided for in subparagraphs 1), 2) and 3) of this paragraph, to the Legal Department of the Ministry of Healthcare of the Republic of Kazakhstan.

4. The control over the execution of this order shall be assigned to the supervising vice-minister of healthcare of the Republic of Kazakhstan.

5. This order shall take effect ten calendar days after its first official publication.

*Minister of Healthcare of
the Republic of Kazakhstan*

Approved by Order
No.KR DCM-135 as of
October 4, 2019

Sanitary Rules “Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with vaccine-preventable infectious diseases”

Chapter 1. General provisions

1. The Sanitary Rules “Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with vaccine-preventable infectious diseases” (hereinafter referred to as the Sanitary Rules) are developed in accordance with paragraph 6 of Article 144 of the Code of the Republic of Kazakhstan “On Public Health and Healthcare System” as of September 18, 2009 (hereinafter referred to as the Code) and establish the sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with vaccine-preventable infectious diseases.

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

1) vaccine-associated paralytic poliomyelitis (hereinafter referred to as VAPP) - a case of acute flaccid spinal paralysis with residual effects on the 60th day, the onset of which occurred between the fourth and the thirtieth days of administering the live oral polio vaccine (hereinafter referred to as OPV), when vaccine-derived poliovirus is isolated;

2) haemophilus influenza - an airborne anthroponotic acute infectious disease caused by *Haemophilus influenzae* B, characterized by a variety of clinical manifestations, primary damage to the respiratory system, central nervous system and the development of purulent foci in various organs;

3) Guillain-Barré syndrome – an acute autoimmune inflammatory polyradiculoneuropathy manifested by flaccid paralyses, impaired sensitivity, autonomic disturbances;

4) diphtheria - an airborne anthroponotic acute respiratory infection characterized by severe intoxication and fibroinflammatory disorders in the nasopharynx, larynx, trachea, nose, often giving serious complications (croup, myocarditis, etc.);

5) acute flaccid paralysis (hereinafter referred to as AFP) - any case of acute flaccid paralysis in a child under 15 years of age, including Guillain-Barré syndrome or any paralytic disease, regardless of age, if polio is suspected;

6) incubation period - the time elapsed from the moment of the body's exposure to a pathogen until the appearance of symptoms of the disease;

7) whooping cough - an airborne anthroponotic acute respiratory bacterial infection characterized by intoxication, accompanied by catarrhal signs of the upper respiratory tract with specific whoop bouts and vomiting;

8) rubella - an airborne anthroponotic acute respiratory viral infection characterized by lymphadenopathy, especially occipital and posterior cervical, maculopapular rash and moderate intoxication;

9) measles - an airborne anthroponotic acute highly contagious respiratory viral infection characterized by fever, intoxication, maculopapular rash appearing in stages, enanthema, lesions of the conjunctiva and upper respiratory tract;

10) monovalent vaccine - a vaccine against one species or serotype of microorganisms;

11) mumps – an airborne anthroponotic acute respiratory viral infection characterized by general intoxication, enlargement of one salivary gland or both of them, and frequently, by damage to the glandular organs and nervous system;

12) pneumococcal infections - a group of airborne anthroponotic infectious diseases caused by pneumococci (*Streptococcus pneumoniae*), characterized by various clinical manifestations, mostly by damage to the lungs, meninges; 13) poliomyelitis -

an acute highly contagious infectious disease with fecal-oral transmission caused by damage to the cinerea by poliovirus and characterized mainly by pathology of the nervous system, leading to irreversible paralysis;

14) a hot case of poliomyelitis or acute flaccid paralysis - a patient with symptoms of acute flaccid paralysis without knowledge about immunization against poliomyelitis and/or full series of poliovaccination (less than 3 preventive vaccinations), and/or who has arrived from not polio-safe countries/territories, and/or belonging to a family of immigrants, migratory groups, a person with suspected polio, regardless of age;

15) tetanus - a zooanthroponic acute infectious disease transmitted by physical contact, characterized by a severe course with damage to certain structures of the central nervous system, manifested by tonic tension of skeletal muscles and generalized convulsions;

16) emergency vaccination – epidemiologically required immunization.

3. Patients with or persons suspected of an infectious disease are detected during outpatient and inpatient visits, during medical checkups, medical examination.

4. A medical facility that detected a patient shall ensure complete, reliable and timely registration and recording of cases of diseases (suspected diseases), as well as prompt and complete informing of territorial units of the state body for sanitary and epidemiological welfare of the population thereof.

5. Each case of vaccine-preventable infectious diseases are subject to epidemiological investigation in the manner approved by subparagraph 2) of Article 7-1 and paragraph 2 of Article 151 of the Code.

6. An epidemiological investigation identifies a group of persons who were in contact with the patient at the place of the patient's residence, work, training, stay during the incubation period of the infectious disease (hereinafter referred to as contact persons).

7. Contact persons undergo a clinical examination for the presence of symptoms and signs of the disease and are under daily medical supervision for the duration of the incubation period. In addition, their vaccination history and epidemiological anamnesis shall be specified.

8. In cases of complication of the epidemiological situation with vaccine-preventable infectious diseases, additional vaccination of the population is organized on the basis of a relevant resolution of the chief state sanitary doctor of the Republic of Kazakhstan.

Chapter 2. Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with

vaccine-preventable infectious diseases

Clause 1. Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with diphtheria

9. Epidemiological investigation of diphtheria cases is carried out:

1) to identify a group of contact persons and establish their vaccination status. Persons, who were not vaccinated within the time frames set for preventive vaccinations in the Republic of Kazakhstan, which are approved by Decree No. 2295 of the Government of the Republic of Kazakhstan as of December 30, 2009 “On approval of the list of vaccine-preventable diseases, the Rules for vaccinations against them and population groups subject to routine vaccinations” (hereinafter referred to as Decree No. 2295), and without documentary confirmation of received preventive vaccinations, as well as persons who received previous preventive vaccination against diphtheria 10 or more years ago are subject to vaccination by epidemiological indications within 72 hours of their last contact with the patient;

2) to ensure medical supervision of contact persons within 7 calendar days of their last contact with the patient. On the first day of supervision, nasal and throat, skin lesions of contact persons are swabbed for bacteriological test for diphtheria, they are preventively treated with antibiotics without waiting for the results of the bacteriological examination;

3) after hospitalization (isolation) of the patient, to disinfect the infection site for the last time.

10. In a hospital, patients with diphtheria shall be isolated.

11. Patients with diphtheria are discharged after complete clinical recovery and two negative results of bacteriological tests. The patient is examined no earlier than 3 days of antibiotic therapy, with an interval of 1-2 days.

12. Persons with diphtheria are vaccinated as follows:

past disease is deemed to be a single vaccination, they are subject to subsequent age-specific immunization within the time frames set for preventive vaccinations in the Republic of Kazakhstan, which are approved by Decree No. 2295;

persons with a full course of vaccination against diphtheria and who have had a mild form of diphtheria are not subject to additional vaccination. The next routine immunization shall be in 2 months within the time frames for the vaccination in the Republic of Kazakhstan approved by Decree No. 2295;

persons with a full course of vaccination against diphtheria and who have had a toxic form of diphtheria are subject to additional age-specific vaccination 6 months after the disease; subsequent preventive vaccinations shall be within the time frames for preventive vaccinations in the Republic of Kazakhstan approved by Decree No. 2295.

Persons with diphtheria can join organized children's collectives after their full recovery and given two negative results of bacteriological tests, in case of a localized disease – in 2-3 weeks, in case of complications – in 4-8 weeks.

13. Dispensary observation in order to identify late complications, rehabilitation measures are carried out by a district doctor with the involvement (if indicated) of a cardiologist, neurologist and ENT doctor with a weekly examination during one month, then once a month during one month. The timing of the dispensary observation depends on the clinical severity of the form of diphtheria and the presence of complications. Persons with localized diphtheria are observed during 6 months, given complications - one year.

14. For diagnostic purposes, patients with laryngitis, tonsillitis with pathological plaque, nasopharyngitis shall be examined for diphtheria on the day of their visit to a medical facility.

For prophylactic purposes, persons newly admitted to orphanages, children's and adult neuropsychiatric hospitals are subject to a single examination for diphtheria.

15. Identified carriers of toxigenic diphtheria strains are isolated for treatment in a hospital and re-examine using the bacteriological method 2 days after the course of treatment, in order to confirm the absence of bacterial excretion.

Clause 2. Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with tetanus

16. Emergency vaccination is carried out against tetanus. Indications for emergency tetanus vaccination are such states as:

- 1) injuries, wounds with violation of the integrity of the skin and mucous membranes;
- 2) second-, third- and fourth-degree frostbite and burns;
- 3) criminal abortions;
- 4) out-of-hospital delivery;
- 5) out-of-hospital birth;
- 6) gangrene or necrosis of tissues of any type;
- 7) animal bites;
- 8) penetrating damage to the gastrointestinal tract.

17. Emergency vaccination against tetanus is carried out in accordance with Appendix 1 to these Sanitary Rules. For emergency tetanus vaccination, an AbKDS vaccine, ADS-M, human tetanus immunoglobulin (hereinafter referred to as HTIG), anti-tetanus serum (hereinafter referred to as ATS) are used.

Medical facilities providing medical assistance for emergency tetanus prophylaxis shall have emergency supply of HTIG and ATS.

Clause 3. Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with poliomyelitis

18. To increase the sensitivity of the epidemiological surveillance of poliomyelitis, it is necessary to identify and diagnose AFP.

19. When identifying a patient with suspected polio or AFP:

1) it is necessary to take an epidemiological investigation of each case in the form of an epidemiological investigation of a case of polio or acute flaccid paralysis in accordance with part 1 of Appendix 2 to these Sanitary Rules;

2) an epidemiological identification number is assigned to each case of disease at the regional level;

3) two stool samples of 8-10 grams are taken for laboratory virological tests with an interval of 24-48 hours. Samples are taken as soon as possible, but no later than 14 days of the onset of paresis or paralysis, and delivered to the reference laboratory for viral infections for the diagnosis of poliomyelitis within 72 hours of the second sample;

4) if polio, including VAPP, is suspected, it is necessary to collect paired blood sera from the patient; the first serum is taken upon his/her admission to the hospital, the second one - 2-3 weeks after the first sample;

5) it is necessary to clinically examine contact persons for signs of the disease, carry out laboratory examination of all children under 5 years of age at the home site and every fifth child at the organized site.

20. For the purposes of active epidemiological surveillance of AFP by medical facilities, regardless of ownership, monthly, by the 1st day of the next month of the reporting period, it is necessary to submit information on cases of AFP among children under 15 years of age who visited a medical facility to territorial units of the department of the state body for sanitary and epidemiological welfare of the population, in accordance with Appendix 3 to these Sanitary Rules.

21. Patients with suspected polio or AFP are subject to hospitalization.

22. In cases of registration of a hot case of poliomyelitis or AFP, it is necessary to take sanitary-epidemiological and sanitary-preventive measures for poliomyelitis approved by a resolution of the chief state sanitary doctor of the Republic of Kazakhstan.

23. In order to identify residual paralysis, it is necessary to examine a patient with polio or AFP and take stool samples for laboratory testing (given residual paralysis) 60 and 90 days after the onset of paresis or paralysis in the form of an epidemiological investigation of the case of poliomyelitis or acute flaccid paralysis in accordance with part 2 of Appendix 2 to these Sanitary Rules.

24. The state of immunity to poliomyelitis is examined by virology laboratories of subordinate organizations of the state body for sanitary and epidemiological welfare of the population.

25. The circulation of poliomyelitis virus is monitored using the virological method by examining samples of environmental objects (wastewater) and people (AFP patients, risk groups, healthy individuals).

26. The quality of the epidemiological and laboratory surveillance of AFP is assessed by indicators of the quality of the epidemiological and laboratory surveillance of AFP in accordance with Appendix 4 to these Sanitary Rules.

Clause 4. Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with whooping cough

27. Patients with whooping cough, identified in somatic hospitals, orphanages, pre-school educational and general educational institutions, special educational institutions of open and closed types, children's recreation and rehabilitation facilities, organizations for orphaned children and children left without parental care shall be isolated for a period of 25 days from the onset of the disease.

28. Pertussis bacteria carriers detected in somatic hospitals, orphanages, pre-school educational and general educational institutions, special educational institutions of open and closed types, children's recreation and rehabilitation facilities, organizations for orphaned children and children left without parental care shall be isolated until two negative results of bacteriological tests for whooping cough.

29. Patients with whooping cough shall be hospitalized according to clinical (with account of the severity criteria) and epidemiological indications (children from round-the-clock educational institutions, orphanages, organizations for orphaned children and children left without parental care and if they are surrounded by children not vaccinated at a required age).

30. For the purposes of early detection of patients with whooping cough and pertussis bacteria carriers and to prevent the spread of the disease, it is necessary to ensure:

- 1) single bacteriological examination of contact persons;
- 2) suspension from work of adults working at pre-school educational and general educational institutions, special educational institutions of open and closed types, children's recreation and rehabilitation facilities, organizations for orphaned children and children left without parental care, orphanages, sanatoriums for children, children's hospitals, perinatal centers, maternity hospitals (departments) who were in contact

with patients with whooping cough at the place of residence or work, if they cough, who can be later admitted to work after two negative results of bacteriological tests for whooping cough;

3) suspension of children under 14 years of age who have cough and were in contact with a patient with whooping cough, regardless of the vaccination history, from visiting educational institutions, who can join the children's collective after two negative results of bacteriological tests for whooping cough.

31. Medical supervision of contact persons at the sites is carried out within 14 days of their last contact with the patient.

32. Children with past whooping cough from children's homes, round-the-clock general education institutions, special educational institutions of closed type, organizations for orphaned children and children left without parental care are discharged after two negative results of bacteriological tests for whooping cough.

Persons with past whooping cough are subject to age-specific vaccination within the time frames for preventive vaccinations in the Republic of Kazakhstan approved by Decree No. 2295.

Clause 5. Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with measles, rubella, mumps

33. The epidemiological investigation of measles, rubella and mumps is carried out :

- 1) to establish the vaccination status of contact persons;
- 2) for laboratory examination of samples of patients with measles and rubella in accordance with Appendix 5 to these Sanitary Rules;
- 3) for daily medical supervision of persons, who were in contact with the patient, within 21 days of the last case of the disease;
- 4) for active search for other suspicious cases of the disease.

34. Persons under 30 years of age, who were in close contact with a patient with measles and rubella and persons under 25 years who were in contact with a patient with mumps, who are unvaccinated, have no vaccination data or the second preventive vaccination against this infection are subject to emergency vaccination with monovalent vaccine against measles, rubella and mumps, if no such vaccine - with a combined vaccine. Emergency vaccination is carried out within 72 hours of the last contact with the patient.

35. When cases of mumps are registered in an organized collective, children under 18 years of age vaccinated against this infection are subject to single vaccination if their second vaccination was more than 7 years ago.

36. Pregnant women who were at rubella sites are subject to medical supervision and laboratory examination to determine tactics for the prevention of congenital diseases of newborns.

If, during the first examination, the specific immunoglobulins G (in the absence of immunoglobulins M) to the rubella pathogen in concentrations (titers) of 25 international units per milliliter or higher are found in a pregnant woman, further medical observation is not required.

If antibodies to rubella (immunoglobulins G and immunoglobulins M) are not found, the pregnant woman is excluded from contact with the rubella patient, the examination is repeated in 2 weeks, during which the pregnant woman is monitored. In case of a negative result of the repeat examination, the third serological examination is conducted in 2 weeks, medical supervision of the pregnant woman continues. If antibodies are not detected during the third examination, the observation is terminated.

If, during the first examination, specific immunoglobulin M to the rubella pathogen is found in a pregnant woman, the latter is warned of the risk of congenital fetal pathology. 2 weeks after the first examination, the second laboratory examination is conducted.

If the rubella diagnosis is confirmed, the issue of abortion is decided individually.

37. The quality of the epidemiological and laboratory surveillance of measles, rubella and mumps is assessed by indicators of the quality of the epidemiological and laboratory surveillance of measles, rubella and mumps in accordance with Appendix 6 to these Sanitary Rules.

Clause 6. Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with pneumococcal and hemophilic infections

38. A patient with pneumococcal or hemophilic infections is hospitalized if clinical indicated. Patients with meningitis or suspected of meningitis are hospitalized in an infectious diseases hospital or in specialized departments and boxes of medical facilities providing inpatient care. Patients with pneumonia and other clinical forms of pneumococcal and hemophilic infections are hospitalized depending on the severity of the disease.

39. Persons with acute respiratory infections, otitis, nasopharyngitis, sinusitis in a collective are isolated at home and may not join children's collectives until their full recovery. Adults, patients with these diseases are suspended from work in children's collectives until recovery.

40. In perinatal centers, maternity hospitals (departments), newborn children who were in contact with the patient are isolated. In pre-school institutions and children's homes, groups of children under 5 years of age may not accept new children or those

who were temporarily absent, within ten days of isolation of a patient with pneumococcal or hemophilic infections, and also transfer children and staff to other groups.

41. No disinfection measures at a site of pneumococcal and hemophilic infections are required.

Appendix 1 to the sanitary rules
“Sanitary and epidemiological
requirements for the organization
and conduct of sanitary and
anti-epidemic and
sanitary-preventive measures for
patients with vaccine-preventable
infectious diseases”

Emergency vaccination against tetanus

Item No.	Immunity status	AbKDS vaccine, ADS-M	HTIG or ATS	Subsequent vaccination
1	Full vaccination course (3 or more doses)	Is administered 10 or more years of the previous preventive vaccination (in case of vast wounds, infected wounds, frostbite, burns, injuries - 5 or more years)	Is administered in case of infected wounds, frostbite, burns and injuries 5 and more years of the previous preventive vaccination	Routine preventive vaccinations according to the schedule approved by Decree No. 2295
2	Partial vaccination (less than 3 doses)	Is administered in case of 1 or more months after the previous preventive vaccination	Either medication is administered if a wound is infected	Next routine preventive vaccination in the vaccination cycle is received and subsequently the vaccination course (at least 3 doses) is completed according to the schedule approved by Decree No. 2295 in the territorial medical facility. The choice of the medication depends on the age of the vaccinee.
3		An age-specific anti-tetanus		Subsequently, a full course of vaccination (at least 3 doses) shall be received according to the schedule approved by Decree No. 2295 in

	Unvaccinated or with uncertain immunization status	medication is administered	Either medication is administered	the territorial medical facility. The choice of the medication depends on the age of the vaccinee.
4	Newborns born outside a medical institution and injured children less than 2 months old	Is not administered	Either medication is administered to a child if his/her mother is unvaccinated, partially vaccinated or has uncertain immunization status. Neither medication is administered if the mother received a full course of vaccination	Routine preventive vaccinations according to the schedule approved by Decree No. 2295
5	Unvaccinated children of 2 or more months old	AbKDS vaccine is administered according to the vaccination schedule approved by Decree No. 2295	Either medication is administered	Routine preventive vaccinations according to the schedule approved by Decree No. 2295
6	Women (with out-of-hospital delivery or criminal abortion) that are either not vaccinated or have no data on preventive vaccinations	ADS-M is administered	Either medication is administered	Second vaccination with an interval of 1 month, after 6 months - ADS-M re-vaccination, then once every 10 years - a single re-vaccination in accordance with Decree No. 2295
7	Women (with out-of-hospital delivery or criminal abortion) with partial vaccination course (less than 3 doses)	ADS-M is administered in case of 1 month or more after the previous vaccination	Is administered in case of infection	Single re-vaccination of ADS-M once every 10 years in accordance with Decree No. 2295
8	Women (with out-of-hospital delivery or criminal abortion) with full vaccination course (3 and more doses)	ADS-M is administered if the previous preventive vaccination was 10 or more years ago (for infected wounds -5 or more years)	Is administered if the previous preventive was 10 or more years ago (for infected wounds -5 or more years)	Single re-vaccination of ADS-M once every 10 years in accordance with Decree No. 2295

Note:

Emergency vaccination shall be as early as possible, but at least on the 20th day of the injury.

The anti-tetanus drug shall be age-specific.

Before each administration of the drug, it is necessary to carefully read the instruction thereon and follow it strictly.

HTIG dose shall be doubled in case:

of avulsive or infected wounds;

of late (24 hours after the injury) administration of HTIG;

adults weigh significantly higher than on average.

Appendix 2 to the sanitary rules
“Sanitary and epidemiological
requirements for the organization
and conduct of sanitary and
anti-epidemic and
sanitary-preventive measures for
patients with vaccine-preventable
infectious diseases”

Forms of an epidemiological investigation of a case of poliomyelitis or acute flaccid paralysis

1 st part. Immediate investigation of a case							
1. Identification data							
Epidemiological number				Date of investigation	day	month	year
Surname, name, patronymic (if any)				Name of the populated locality, address			
Region				District			
Date of birth				If the date of birth is unknown, indicate approximate age		sex	F
	day	month	year				M
Surname, name, patronymic (if any) of the father				Surname, name, patronymic (if any) of the mother			
2. Registration							
Date of the case registration					day	month	year
Date of the patient's hospitalization					day	month	year
Name of the medical facility				Case history No.			

Clinical diagnosis					Surname, name, patronymic (if any)			
Indicate whether the patient visited other medical facilities seeking medical assistance with regard to this disease						yes	no	unknown
If the patient visited other medical facilities, indicate their name and date of visit								
3. Case history and symptoms								
Date of the onset of paralysis (paresis)						day	month	year
If the patient died, indicate the date of death						day	month	year
Indicate whether the patient has a history of paralysis, convulsions or other neurological disorders - muscle hypotension						yes	no	unknown
Indicate	flaccid paralysis (rapidly progressive)					yes	no	unknown
	flaccid (atonic)					yes	no	unknown
If paralysis is neither acute nor flaccid, stop the investigation. Indicate the diagnosis:								
If paralysis is acute or flaccid, proceed with the investigation								
Was there an increase in body temperature at the onset of the disease (paralysis)?						yes	no	unknown
Is paralysis asymmetric?						yes	no	unknown
How many days passed from the onset of the disease to the complete development of paralysis?								
Site of paralysis:								
Left leg	yes	no	unknown	Respiratory muscles		yes	no	unknown
Right leg	yes	no	unknown	Neck muscles		yes	no	unknown
Left arm	yes	no	unknown	Facial muscles		yes	no	unknown
Right arm	yes	no	unknown	Other (indicate)		yes	no	unknown
Paralysis of arms		proximal		distal		both	no	unknown
Paralysis of legs		proximal		distal		both	no	unknown
Neural sensitivity loss						yes	no	unknown
Did the patient leave for other populated localities (courtiers) 28 days before the onset of the disease?						yes	no	unknown
Indicate, if yes	from	day	month	year	until	day	month	year
Where (country, ,								

populated locality)							
Have there been other cases of paralysis in the surrounding of the patient over the past 60 days?					yes	no	unknown
4. Vaccination history							
Number of doses of oral polio vaccine (OPV) administered during immunization					routine		
					additional		
Date of the latest OPV vaccination					day	month	year
5. Collection of stool samples							
Date of the first stool sample					day	month	year
Date of the second stool sample					day	month	year
Date of sending stool samples to the virology laboratory					day	month	year
Specialists involved in the epidemiological investigation:							
Surname, name, patronymic (if any) of the epidemiologist							
Surname, name, patronymic (if any) of the clinician							
2nd part. Assessment of the patient's status in 60 (90) days							
Epidemiological number				Date of investigation	day	month	year
Surname, name, patronymic (if any) of the patient				Populated locality, address			
Region				District			
Date of birth				If the date of birth is unknown, indicate approximate age		sex	F
	day	month	year				M
Was there examination in 60 (90) days?					yes	no	unknown
If no, indicate the reason					the patient is lost to follow-up		
					the patient died		
If yes, indicate the presence of paralyses (pareses)					yes	no	other
Name of the medical facility where the patient's status was assessed							
Specialists involved in the assessment							
Surname, name, patronymic (if any) of the clinician							
Surname, name, patronymic (if any) of the epidemiologist							

requirements for the organization
and conduct of sanitary and
anti-epidemic and
sanitary-preventive measures for
patients with vaccine-preventable
infectious diseases”

**Information on cases of acute flaccid paralysis among children under 15 years of age who
visited a medical facility over _____20_____**

Acute flaccid paralyzes	ICD code X Revision	Examined in laboratory
Total		
including: Inflammatory polyneuropathy (Guillain-Barré syndrome)	G61.0	
Post-vaccinal encephalitis	G04.0	
Encephalitis of undefined origin	G04.9	
Other paralytic syndromes	G83	
Mononeuritis of upper limb	G56	
Mononeuritis of lower limb	G57	
Limb paralysis	G82.0, G82.2	
Injury to the peripheral nerve (s) of the pelvic girdle and lower limb	S34	

Appendix 4 to the sanitary rules
“Sanitary and epidemiological
requirements for the organization
and conduct of sanitary and
anti-epidemic and
sanitary-preventive measures for
patients with vaccine-preventable
infectious diseases”

**Indicator values of the quality of epidemiological and laboratory surveillance
of acute flaccid paralysis**

Item No.	Indicator value	Goal
1	Detection of acute flaccid paralysis (AFP) in children under 15 years of age	at least 2.0 per 100 thousand children under 15 years of age
2	Percentage of AFP cases investigated within 7 days of the onset of the disease	at least 90%
3	Percentage of AFP cases in which 2 stool samples were collected within 14 days from the onset of the disease	at least 90%
4	Percentage of identified patients with AFP, examined after 60 days in order to determine the presence of residual paralysis	at least 90%

5	Percentage of stool samples received by the virology laboratory within 3 days of sampling	at least 90%
6	Percentage of stool samples received by the virology laboratory in compliance with the requirements for the cold chain during storage and transportation	at least 90%
7	Percentage of samples fully tested within at least 28 days of their receipt by the laboratory before results are obtained	at least 90%
8	Percentage of stool samples from which non-polio viruses were isolated	no more than 10%
9	Percentage of examined contact children under 5 years of age and every 5th child if the patient visited an organized collective	100%
10	Timely and complete monthly reporting of AFP cases, forms of epidemiological investigation of the case of poliomyelitis and AFP	100%

Appendix 5 to the sanitary rules
“Sanitary and epidemiological requirements for the organization and conduct of sanitary and anti-epidemic and sanitary-preventive measures for patients with vaccine-preventable infectious diseases”

Laboratory examination of patients’ samples for measles and rubella

In order to ensure effective epidemiological surveillance of measles and rubella, it is necessary to carry out laboratory examination of patients with account of current epidemiological situation with the incidence of measles and rubella.

1. When registering a high incidence of measles and rubella, the laboratory tests samples primarily for measles. In case of a negative measles test, a rubella test is done.

2. When registering a high incidence of rubella and a low incidence of measles, the laboratory tests samples primarily for rubella. In case of a negative rubella test, a measles test is done.

3. In the absence of registration of measles and rubella cases and in case of a low incidence of measles and rubella, it is necessary to do simultaneous tests for measles and rubella.

4. In order to ensure the quality of selected samples and the reliability of the results of testing for measles and rubella:

1) blood sera from patients are collected between the 4th and the 28th days of the rash onset. In case of negative results for a sample taken before the 4th day of the rash onset, it is necessary to take the second sample between the 4th and 28th days of the rash onset to re-examine the antibodies with immunoglobulin M, and also to determine the increase in antibodies' levels to immunoglobulin G;

2) it is necessary to take samples of nasopharyngeal discharge, urine and whole blood within the first 3 days of the rash onset, which are stored and transported at temperatures from plus 4 to plus 80C during 24 hours of the time of collection; if blood delivery is not possible within 24 hours, the whole blood is centrifuged, the serum is transferred to another sterile tube with a screw cap, an appropriate label for transportation to the laboratory is affixed on the tube;

3) sterile serum can be kept on ice for 48 hours or in the refrigerator for no more than 7 days.

Appendix 6 to the sanitary rules
“Sanitary and epidemiological
requirements for the organization
and conduct of sanitary and
anti-epidemic and
sanitary-preventive measures for
patients with vaccine-preventable
infectious diseases”

Indicator values of the quality of epidemiological and laboratory surveillance of measles, rubella and mumps

Item No.	Indicator value	Goal
1	Case detection rate for measles and rubella with adequate clinical specimens taken for laboratory testing	at least 2 cases per 100 thousand of population
2	Percentage of laboratory-confirmed cases of measles, rubella and mumps	at least 80 %
3	Timely sampling for laboratory testing for measles and rubella between the 4th and the 28th day of the rash onset	at least 80 %
4	Percentage of establishing measles or rubella chains with virus genotype data	at least 90 % of cases tested for the virus genotype
5	Percentage of measles, rubella and mumps cases investigated during the first 48 hours	at least 80 %
6	Percentage of cases of congenital rubella syndrome (hereinafter referred to as CRS) registered within 48 hours of the day of the disease	at least 80 %

7	Percentage of CRS cases with adequate samples collected within 3 days of the date of registration	at least 80 %
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