On approval of the Rules for Sanitary and Epidemiological Surveillance

Unofficial translation

Order of the Minister of Healthcare of the Republic of Kazakhstan No. KR DSM-193/2020 dated November 13, 2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on November 16, 2020 under No. 21640

Unofficial translation

In obedience to Article 114, paragraph 5 of the Code of the Republic of Kazakhstan of July 7, 2020 "On Public Health and the Healthcare System", **I HEREBY ORDER:**

1. That the attached Rules for Sanitary and Epidemiological Surveillance shall be approved.

2. That Order of the Minister of National Economy of the Republic of Kazakhstan No. 326 dated July 19, 2016 "On Approval of the Rules for Sanitary and Epidemiological Surveillance**"** shall be deemed invalid (registered with the Register of State Registration of Regulatory Legal Acts under No. 14128, published on September 5, 2016 in Adilet, the information and legal system).

2. That in compliance with the statutory procedure of the Republic of Kazakhstan, the Committee for Sanitary and Epidemiological Control of the Ministry of Healthcare of the Republic of Kazakhstan shall ensure:

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

2) placement hereof on the website of the Ministry of Healthcare of the Republic of Kazakhstan;

3) within ten working days after the state registration hereof with the Ministry of Justice of the Republic of Kazakhstan, submission to the Legal Department of the Ministry of Healthcare of the Republic of Kazakhstan of the information on the implementation of the measures stipulated in subparagraphs 1) and 2) of this paragraph.

3. That the supervising Vice-Minister of Healthcare of the Republic of Kazakhstan shall be charged with the control of execution of this order.

4. That this order shall be put into effect ten calendar days after the date of its first official publication.

Minister of Healthcare
of the Republic of Kazakhstan *A. Tsoy*

Approved by order
of the Minister of Healthcare
of the Republic of Kazakhstan
No. KR DSM-193/2020
dated November 13, 2020

Rules for Sanitary and Epidemiological Surveillance

Chapter 1. General provisions

1. These Rules for Sanitary and Epidemiological Surveillance (hereinafter referred to as Rules) have been developed pursuant to paragraph 5 of Article 114 of the Code of the Republic of Kazakhstan of July 7, 2020 “On Public Health and Healthcare System” (hereinafter referred to as the Code) and determine the procedure for public health surveillance by territorial divisions, state organisations of state body in the field of sanitary-epidemiological welfare of population (hereinafter referred to as territorial divisions, subordinated organisations).

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

1) state body in the sphere of sanitary-epidemiological welfare of population - a state body implementing the state policy in the sphere of sanitary-epidemiological welfare of population, control and supervision over observance of requirements, established by regulatory legal acts in the sphere of sanitary-epidemiological welfare of population and other legislative acts of the Republic of Kazakhstan;

2) state organization in the field of sanitary-epidemiological welfare of the population – the National Centre for Expertise Republican State Enterprise on the Right of Economic Management;

3. Sanitary and epidemiological surveillance shall be the state system of observation of the state of population's health and habitat, through collection, processing, systematization, analysis, assessment and forecast, as well as determination of causal relationships between the state of population's health and the state of human habitat.

4. The objective of sanitary and epidemiological surveillance shall be to obtain reliable information on the impact of environmental factors (chemical, physical, biological, social) on human health, assess the effectiveness of measures to prevent the occurrence of poisonings and outbreaks of infectious diseases, occupational diseases, the ability to predict their occurrence.

5. Sanitary and epidemiological surveillance and assessment of effectiveness of measures carried out shall be conducted for compliance with the requirements of documents of the state system of sanitary and epidemiological standardization (sanitary rules, hygienic standards, technical regulations, methodological guidelines and recommendations) in the manner provided by Article 95 of the Code.

6. Management and coordination of organizational-methodological, normative-legal and software and hardware support of sanitary and epidemiological surveillance shall be performed by the state body in the sphere of sanitary-epidemiological welfare of population (hereinafter referred to as state body).

7. Sanitary and epidemiological surveillance shall be conducted in relation to objects and products, subject to sanitary-and-epidemiologic supervision, laboratory and instrumental researches, indicators of infectious, non-infectious and occupational morbidity, sanitary-and-epidemiologic and preventive measures.

8. Sanitary and epidemiological surveillance shall be carried out in stages and shall include:

1) gathering, processing, systematisation of data (digital, analytical one) on the state of public health and human environment, based on the results of sanitary and epidemiological inspections of facilities subject to state sanitary and epidemiological supervision, pursuant to the list of products and epidemically significant facilities subject to state sanitary and epidemiological control and supervision approved under Article 36, paragraph 3 of the Code.

2) analysis and identification of cause-and-effect relations between health and human environment, causes and conditions of changes in sanitary and epidemiological well-being of population, based on results of laboratory and instrumental examination of products and objects of sanitary and epidemiological supervision and control;

3) detection of environmental factors and selection of leading indicators of health disorders for optimization of laboratory control in the system of sanitary and epidemiological surveillance;

4) in the case of infectious and mass non-infectious diseases (poisonings) determination of causes and conditions of their emergence and spread;

5) inter-agency cooperation on sanitary and epidemiological surveillance to ensure the sanitary and epidemiological welfare of the population;

6) assessment and prognosis of changes in the health of the population due to changes in the human environment;

7) determination of urgent and long-term measures to prevent and eliminate the impact of harmful factors on public health;

8) creation of information-analytical systems, networks, program materials and databases of sanitary and epidemiological surveillance of district, city, region and republic and storage of sanitary and epidemiological surveillance data.

Chapter 2: Area of application

9. Sanitary and epidemiological surveillance data shall be used in the activities of territorial subdivisions, subordinated organizations of the state body.

10. Based on the results of sanitary and epidemiological surveillance:

1) summaries, reports, recommendations, scientific forecasts, charts, tables characterizing the dynamics, direction and intensity of changes shall be prepared.

2) managerial decisions shall be made to eliminate violations of the legislation of the Republic of Kazakhstan in the field of sanitary and epidemiological welfare of the population in the territory of the Republic of Kazakhstan.

11. The outcomes of sanitary and epidemiological surveillance shall be posted on the official web-site of the state body following the results of six months, a year and shall be heard at the meeting of the state body following the results of the year, in cases of exceeding the indicators of morbidity, deteriorating indicators of environmental objects at the meetings of the authorized body in the field of environmental protection.

Chapter 3: Documenting sanitary and epidemiological surveillance data

12. Data on monitored parameters of sanitary and epidemiological surveillance shall be documented in the following reporting forms:

1) surveillance of infectious disease incidence pursuant to the form in conformity with Annex 1 to these Rules (hereinafter referred to as Annex 1);

2) monitoring of infectious diseases by age categories according to the form in Annex 2 to these Rules (hereinafter referred to as Annex 2);

3) sanitary and epidemiological surveillance according to the form in compliance with Annex 3 to these Rules (hereinafter - Annex 3);

4) monitoring of laboratory tests and instrumental measurements in the form according to Annex 4 to these Rules (hereinafter - Annex 4);

5) surveillance of occupational diseases and poisonings according to the form in conformity with Annex 5 to these Rules (hereinafter - Annex 5);

6) monitoring of investigations on various infections according to the form in compliance with Annex 6 to these Rules (hereinafter - Annex 6).

13. Forms of reporting on sanitary and epidemiological surveillance shall be completed in the Excel format that allows computer processing.

14. Forms of reporting on sanitary and epidemiological surveillance shall be signed by heads of territorial subdivisions and subordinated organizations of the state body providing reports.

Chapter 4. Conducting sanitary and epidemiological surveillance

15. Sanitary and epidemiological surveillance shall be carried out at the republican, regional and district levels.

16. In territorial subdivisions, subordinated organizations of the state body by the decisions of the first heads responsible persons shall be assigned for the work, connected with sanitary and epidemiological surveillance implementation.

17. District sub-branches of branches of regions, cities of Nur-Sultan, Almaty and Shymkent of state organization in the sphere of sanitary-epidemiologic well-being shall:

1) carry out laboratory and instrumental studies, collect, primary processing of data on conducted studies in accordance with the requirements of technical regulations of the Eurasian Economic Union;

2) forward the data to the territorial subdivisions of the state authority in the respective territory at district, regional level, as well as the cities of Nur-Sultan, Almaty and Shymkent in terms of the conducted research pursuant to Annexes 1-5 3 working days before the deadline specified in paragraph 19 of these Rules (except for sub-paragraph 1) of these Rules.

18. Territorial subdivisions of the state body shall:

1) carry out sanitary-epidemiological, preventive and anti-epidemic measures in the respective territory in obedience to existing regulatory legal acts in the field of sanitary-epidemiological welfare of population, including inspections of facilities subject to control and supervision in compliance with the Entrepreneurial Code of the Republic of Kazakhstan;

2) carry out collection and systematization of information submitted by district sub-branches and branches of regions, Nur-Sultan, Almaty and Shymkent cities, supplement information in terms of activities carried out within their competence on the results of inspections;

3) determine cause-and-effect relations of the impact of environmental factors, by analyzing the information provided to confirm the connection between the occurrence (increase of indicators) of morbidity and contamination of environmental objects (products, water, air, soil);

4) carry out selection of leading risk factors of disturbance of public health with the purpose of timely assessment of risks on these factors and prevention of threat to life and health of population;

5) carry out forecasting of the state of morbidity, public health and human environment in the respective territory to prepare timely and effective planned measures aimed at preventing the increase of morbidity;

6) determine urgent and long-term measures to prevent and eliminate the impact of harmful factors on public health, by issuing acts in the sphere of sanitary and epidemiological surveillance to eliminate violations of legislation in the sphere of sanitary and epidemiological welfare of the population, forwarding information to the interested state bodies and local executive bodies of regions, cities of national importance and the capital: (if necessary), conducting communication work;

7) at the district level send the summary information to the territorial subdivisions of state authority in the respective territory at regional level three working days prior to the deadlines specified in paragraph 19 (except for sub-item 1) of these Rules;

8) on regional level direct the analysis and summary data on sanitary-epidemiological surveillance to the branch of the Research and Practical Centre for Sanitary and Epidemiological Expertise and Surveillance of the National Centre for Public Health

Republican State Enterprise on the Right of Economic Management of the Ministry of Healthcare of the Republic of Kazakhstan (hereinafter - branch of RPCSEES of NCPH RSEREM) three working days prior to the deadlines stipulated in paragraph 20 (with the exception of sub-paragraph 1);

9) perform formation of database of sanitary-epidemiological surveillance on respective territory and storage of data.

19. The branch of RPCSEES of NCPH RSEREM shall:

1) conduct collection, processing and systematization of data submitted by territorial subdivisions, subordinate organizations of the state body;

2) carry out the analysis of the received data, make forecast of a sanitary-and-epidemiologic situation in the territory of the Republic of Kazakhstan;

3) develop recommendations on efficiency of measures being carried out for reduction and liquidation of consequences of negative impact of entities' activity on the territory of the Republic;

4) provide methodological support to sanitary-epidemiological surveillance data of subordinate state body;

5) send the analysis and summary information on conducted sanitary-epidemiological surveillance to the state body in time according to paragraph 20 of these Rules;

6) form and maintain the database of sanitary-epidemiological surveillance on the Republic;

7) comply information bulletins of dynamics and changes in the state of public health, environmental pollution and health risks for the population in the republic as a whole, by regions.

Chapter 5. Deadlines for providing information on sanitary and epidemiological surveillance

20. At the regional level, territorial subdivisions of the state body shall send summary information on sanitary and epidemiological surveillance to the branch of RPCSEES of NCPH RSEREM:

1) weekly by 5:00 p.m. on Fridays, as per Annex 1;

2) monthly by the 1st day of the month following the reporting month, according to Annexes 1-2;

3) quarterly by the 5th day of the month following the reporting quarter as per annexes 1-2;

4) quarterly by the 20th of the last month of the quarter, according to Annexes 3-4;

5) once every six months by the 5th day of the month following the reporting period pursuant to Annexes 1-2;

6) once a half-year by the 20th day of the last month of half-year, in accordance with Annexes 3-5;

7) once a year by the 5th day of the month following the reporting year on an accrual basis as per Annexes 1-2;

8) once a year by the 20th of the last month of the year on an accrual basis in compliance with annexes 3-5.

21. The branch of RPCSEES of NCPH RSEREM shall send information on sanitary and epidemiological surveillance to the state body:

1) weekly by 10.00 a.m. on Mondays as per Annex 1;

2) monthly by the 1st day of the month following the reporting month according to annexes 1-2;

3) quarterly by the 1st of the month following the reporting quarter as per annexes 1-2;

4) quarterly by the 1st of the month following the reporting quarter as per annexes 1-2;

5) quarterly by the 25th of the last month of the quarter pursuant to Annexes 3-4;

6) semiannually by the 1st day of the month following the reporting period as per Annexes 1-2;

7) once a half-year by the 25th day of the last month of a half-year according to Annexes 3-5;

8) once a year by the 10th day of the month following the reporting year on accrual basis in conformity with Annexes 1-5;

9) once a year by the 25th day of the last month of the year in compliance with Annexes 3 -5.

22. If the last day of the deadline for submission of the sanitary and epidemiological surveillance reporting forms falls on a non-working day, the deadline for submission shall be the next working day.

23. If necessary, the state body shall request a transcript (supporting documents) on the submitted sanitary and epidemiological surveillance reporting forms to be submitted to the state body within three working days of receipt of the request from the branch of the RPCSEES of NCPH RSEREM during the year.

24. The summing up and submission of information to the state body for the current year shall be completed by January 10 of the year following the reporting calendar year.

Annex 1 to the Rules for
Sanitary and Epidemiological
Surveillance

Monitoring of infectious diseases

1. Sanitary and epidemiological monitoring form for the incidence of viral hepatitis " A"

among schoolchildren for the period since _____20____ (weekly, with increase)

Location	Total cases of HAV (viral hepatitis A) in the population	Number of schools	Number of enrolled school students	Number of boarding schools	Number of enrolled school students	Number of schools, boarding schools where HAV is registered
1	2	3	4	5	6	7

Table continued

Number of infected schoolchildren therein	Proportion of schoolchildren out of the total number of patients	schools, boarding schools with 1-2 cases	3-10 cases	11-20 cases	21 or more cases	The proportion of schools and boarding schools with HAV
8	9	10	11	12	13	14

2. Sanitary and epidemiological monitoring form for the incidence of acute flaccid paralysis in the population of the Republic of Kazakhstan for the period from _____ 20___ (weekly, with increase)

Location	Number of children under 15 years of age	Registered		2 adequate samples collected (of the total number of cases)		Index	re-examined after 60 days		Non-polio enteroviruses (NPEVs) (in children under 15 years of age) have been determined		registered in the first 7 days		Revealed in the first 48 hours	
		Abs	Per 100 thousand	Abs	%		Abs	% of the number of people to be examined	Abs	%	Abs	%	Abs	%
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Table continued

unclassified after 90 days or more		total classified during the reporting period		
Abs	%	Abs	%	Per 100 thousand
16	17	18	19	20

3. Form of sanitary and epidemiological monitoring of rubella morbidity in the population of the Republic of Kazakhstan for the period since _____20____ (weekly, with increase)

Table 1

Location	number of cases registered during	total cases with	of whom were hospitalised	Age range of people affected							Number of affetced among	samples examined at the regional National	Number of
							10-14	15-19	20-29	Over 30			

	the reporting week	cumulative total		Up to 1 year	1-4 years old	5-9 years old	years old	years old	years old	years of age	vaccinated against rubella	Centre of Expertise (NCE)	confirmed cases in the NCE
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Table continued

Samples received by the National Reference Laboratory (NRL) of the branch of RPCSEES of NCPH RSEREM	Number of confirmed cases by the NRL of the NCPH out of the number of those nonconfirmed by the NCE	% of laboratory-confirmed cases (NCE+ out of the number of those nonconfirmed by the NCE but confirmed by the NRL of the branch of RPCSEES of NCPH RSEREM	Number of epidemic cases related to confirmed cases
15	16	17	18

Table 2

Location	cases in the vaccinated person during the reporting week	total number of cases in vaccinated persons cumulatively since _ ___	% of vaccinated persons as a proportion of the total number of cases	age range of rubella cases in vaccinated people						
				Up to 1 year	1-4 years old	5-9 years old	10-14 years old	15-19 years old	20-29 years old	Over 30 years of age
1	2	3	4	5	6	7	8	9	10	11

4. Sanitary and epidemiological monitoring form for the incidence of measles in the population of the Republic of Kazakhstan for the period since _____20____ (weekly, with increase)

Location	the number of recorded cases in the current week	number of cases for the whole period cumulatively												
		total cumulative cases	Number of hospitalised persons	age range of people affected							Measles cases among those vaccinated against measles	samples examined at the NCE of the region or city	Number of cases confirmed by the NCE	samples received by the NRL of the branch of RPCSEES of NCPH RSEREM
				Up to 1 year	1-4 years old	5-9 years old	10-14 years old	15-19 years old	20-29 years old	Over 30 years of age				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Table continued

number of cases for the whole period cumulatively		
Number of cases confirmed by the NRL of the branch of RPCSEES of NCPH RSEREM	Number of epidemic cases related to confirmed cases	Mortality
16	17	18

5. Form of sanitary-epidemiological monitoring of pertussis morbidity in the population of the Republic of Kazakhstan for the period from _____ 20___ (weekly, with increase)

Location	by primary diagnoses											
	the number of primary cases recorded per week	Total cases recorded with ____ cumulative total	Including by vaccination status				including by age			including in terms of organisation		
			unvaccinated	with an incomplete vaccination course	with a full course	Vaccination status unknown	Up to 1 year	1-14 years old	Over 14 years of age	Those outside community organisations.	Those registered with community organisations	Others
1	2	3	4	5	6	7	8	9	10	11	12	13

6. Sanitary and epidemiological monitoring form for the incidence of acute enteric infection in the population of the Republic of Kazakhstan for the period from _____20____ (weekly, with increase)

Table 1

Location	AEI (acute enteric infection)								
	Total cases per week	rate per 100,000.	including among children under 14 years of age, cases	Proportion of children under 14 years of age, %	including cases among children under 1 year of age	Proportion of children under 1 year of age, %	number of food poisoning outbreaks	including children under 14 years of age	number of people affected
1	2	3	4	5	6	7	8	9	10

Table continued

Microbial landscape in foci of AEI (from patients and exposed persons)			
Salmonella	Shigella	Rotavirus	opportunistic bacteria, specify species if present
11	12	13	14

Table continued

Microbial landscape in foci of AEI (ambient environment)			
Salmonella	Shigella	Rotavirus	opportunistic bacteria, specify species if present
15	16	17	18

Table 2

	AEI control measures in outbreaks											

Location	Total for the week, cases	number of foci	Number of exposed persons examined	carriers identified	foodstuffs sampled	including positive ones	Water samples taken in foci	including positive ones	Swabs were taken for E. coli bacteria (E. coli)	including positive ones	swabs taken for pathogenic flora	including

												positive ones
1	2	3	4	5	6	7	8		9	10	11	12

Table continued

organizational and methodological work		awareness-raising work of sanitation issues		
information on medical advice	information to the akimats	health bulletins	lectures	TV and radio appearances
13	14	15	16	17

7. Form of sanitary and epidemiological surveillance of salmonellosis morbidity in the population of the Republic of Kazakhstan for the period since _____20____ (weekly, with increase)

location	salmonella infection									
	total cases per week	indicator per 100 thousand	including among children under 14 years old, cases	Proportion of children under 14 years old, %	including among children under 1 year old, cases	proportion of children under 1 year old, %	number of outbreaks and food poisoning	including		
								in organized teams		in population
								number of people involved in the epidemiological process	number of victims	number of victims
1	2	3	4	5	6	7	8	9	10	11

8. Sanitary and epidemiological monitoring form for the incidence of meningococcal disease in the population of the Republic of Kazakhstan for the period from _____ 20__ (weekly, with increase)

location	meningococcal disease incidence and mortality									
	number of cases of MM of unspecified etiology by primary diagnoses	number of MM cases by confirmed diagnoses (clinically or laboratory)	by nosological forms					including by age		
			meningitis	meningococcemia	meningoencephalitis	mixed forms	nasopharyngitis	Total	up to 1 year	including those vaccinated against Haemophilu influenzae Hib)
1	2	3	4	5	6	7	8	9	10	11

Table continued

meningococcal disease incidence and mortality	
including by age	including organization

5 - 7 years inclusive	including those vaccinated against Hib	including those vaccinated against pneumo	8-14 years old	15-19 years old	20 years and older	Total	unorganized.	organized by preschool organizations	school students	students	paramedics	educators	other
15	16	17	18	19	20	21	22	23	24	25	26	27	28

table 2

										laboratory confirmation of samples from patients, abs.		
additional epidemiological data on MM cases (meningococcal meningitis)				mortality (among the cases recorded for this period)		group morbidity in organized groups				number of cases examined by laboratory	all cases confirmed	incl. bacteriological method
immigrants from the total number of reported cases of SM (serous meningitis)	if there is data, indicate how many patients and where they came from	Did the patient leave the country during the incubus period, and if so, where?	whether the person (s) came to the outbreak from other regions, countries	all fatal cases	proportion	number of group diseases	from 2-3 cases	from 3 cases or more	number of organizations where restrictive measures have been introduced			
1	2	3	4	5	6	7	8	9	10	11	12	13

Table continued

Laboratory confirmation of samples from patients, abs.				
Characteristics of isolated/identified pathogens in samples (serotyping)				
A	B	C	other	non-typeable
14	15	16	17	18

9. Sanitary-epidemiological surveillance form for serous meningitis morbidity in the population

of the Republic of Kazakhstan for the period from _____ 20___ (weekly, with increase)

table 1

location	incidence of serous meningitis												
	number of cases of SM of unspecified etiology by primary diagnoses	the number of cases of SM by confirmed diagnoses (clinical / laboratory)			incl. by age								
		Total	laboratory	clinically	Total	up to 1 year	including those vaccinated against Hib	including those vaccinated against pneumo	1-4 years	including those vaccinated against Hib	including those vaccinated against pneumo	5 - 7 years inclusive	including those vaccinate against Hib

1	2	3	4	5	6	7	8	9	10	11	12	13	14

Table continued

incidence of serous meningitis											
incl. by age				incl. by organization							
including have vaccination against pneumo	8-14 years old	15-19 years old	20 years and older	Total	unorganized	organized by preschool organisations	School students	students	paramedics	educators	others
15	16	17	18	19	20	21	22	23	24	25	26

table 2

additional epidemiological data on cases of SM				mortality (among the cases recorded for this period)	
visitors from the total number of reported cases of SM	if there is data, indicate how many patients and where they came from	Did the patient leave the country during the incubus period, and if so where?	whether the person / s came to the outbreak from other regions / countries	all fatal cases	proportion
1	2	3	4	5	6

Table continued

group morbidity in organized teams				laboratory confirmation in samples from patients (feces, cerebrospinal fluid, swabs from the throat and nose), abs.			
number of group diseases	from 2-3 cases	from 3 or more cases	number of organizations where restrictive measures have been introduced	the number of cases examined by laboratory	all cases confirmed	including PCR (polymerase chain reaction)	including virological method
7	8	9	10	11	12	13	14

10. Sanitary and epidemiological surveillance form for serous meningitis morbidity in the population of the Republic of Kazakhstan for the period from _____ 20___ (weekly, with increase)

organization of preventive measures in the outbreaks						
Total number of exposed persons revealed	Number of exposed persons examined by laboratory-based method	Number of carriers identified	Proportion of carriers	Persons subject to rehabilitation	Number of persons rehabilitated	the name of the antibiotics used for the rehabilitation of exposed persons
1	2	3	4	5	6	7

table continued

Epidemiological factors of disease transmission							
swimming in open water	swimming in pools	swimming in fountains	using water from open reservoirs for drinking and washing vegetables and fruits	contact with the sick	contact with the wearer	drinking raw water	other (specify)
8	9	10	11	12	13	14	15

Table continued

laboratory monitoring						organizational and methodological work				
wastewater samples	result (research method)	samples from open water	result (research method)	samples from pools, fountains	result (research method)	seminars for health workers	seminars / meetings for employees of other departments	round tables	medical advice	information to akimats
16	17	18	19	20	21	22	23	24	25	26

Table continued

awareness-raising work of sanitation issues							
visual aids distributed (pieces)	dictations	appearances on television, radio	information is posted on the official sites	newspaper articles	conversations with teachers	conversations with parents	hotline
27	28	29	30	31	32	33	34

Annex 2 to the Rules for
for Sanitary and Epidemiological
Surveillance

Monitoring of infectious diseases by age group

1. Sanitary and epidemiological monitoring form for infectious disease incidence in the population of the Republic of Kazakhstan for the period _____ 20 ___ (monthly, with increase)

location	name of the disease														
	_____year						_____year							_____ to __	
	absolute			indicator			absolute			indicator				+, -)	
	Total	children under 1 4 years old	teenagers 15 - 17 years old	Total	children under 1 4 years old	teenagers 15 - 17 years old	Total	children under 1 4 years old	teenagers 15 - 17 years old	Total	children under 1 4 years old	teenagers 15 - 17 years old	Total	children under 1 4 years old	teena 15 - years
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

2. Sanitary and epidemiological monitoring form for the incidence of measles in the population of the Republic of Kazakhstan for the period _____ 20___ (monthly, with increase)

1	identification data		reporting		monthly	
2	region name		reporting year			

3	Name, surname, patronymic of the (if any) responsible person		month of submission of the report						
4	E-mail address		the number of registered suspicious cases during the reporting period						
5	the number of registered suspected cases of measles with the collection of samples for laboratory tests for measles (including in the regions)								
6	telephone	number of reporting districts							
7	date								
8	final classification of measles cases								
9		age groups							
10		<1 year	1 - 4 years	5 - 9 years old	10 - 14 years old	15-19 years old	20-29 years old	30 +	a g e unknown	Total
11	0 doses									
12	1 dose									
13	2 doses									
14	unknown number									
15	Total									
16	number of laboratory confirmed cases									
17	number of epidemics. related cases laboratory confirmed case									
18	number of hospitalized									
19	number of deaths									

3. Sanitary and epidemiological monitoring form for rubella morbidity in the population of the Republic of Kazakhstan for the period _____ 20___ (monthly, with increase)

1	identification data		reporting		monthly	
2	region name		reporting year			
3	Name, surname, patronymic of the (if any) responsible person		month of submission of the report			
4	E-mail address		the number of registered suspicious cases during the reporting period			
5	the number of registered suspected cases of measles with the collection of samples for laboratory tests for rubella (including in the regions)					
6	telephone	number of reporting districts				
7	date					

8	final classification of rubella cases									
9		age groups								
10		<1 year	1 - 4 years	5 - 9 years old	10 - 14 years old	15-19 years old	20-29 years old	30 +	a g e unknown	Total
11	0 doses									
12	1 dose									
13	2 doses									
14	unknown number									
15	Total									
16	number of laboratory confirmed cases									
17	number of epidemics related cases laboratory confirmed case									
18	number of hospitalized									
19	number of deaths									

4. Sanitary and epidemiological monitoring form for the incidence of epidemic parotitis in the population of the Republic of Kazakhstan for the period _____ 20___ (monthly, with increase)

1	identification data		reporting			monthly				
2	region name		reporting year							
3	Name, surname, patronymic of the (if any) responsible person		month of submission of the report							
4	E-mail address		the number of registered suspicious cases during the reporting period							
5	the number of registered suspected cases of measles with the collection of samples for laboratory tests for epidemic parotitis (including in the regions)									
6	telephone	number of reporting districts								
7	date									
8	final classification of epidemic parotitis cases									
9		age groups								
10		<1 year	1 - 4 years	5 - 9 years old	10 - 14 years old	15-19 years old	20-29 years old	30 +	a g e unknown	Total
11	0 doses									
12	1 dose									
13	2 doses									
14	unknown number									

15	Total									
16	number of laboratory confirmed cases									
17	number of epidemics related cases laboratory confirmed case									
18	number of hospitalized									
19	number of deaths									

5. Sanitary and epidemiological monitoring form for immunization against viral hepatitis A (VHA) of the population of the Republic of Kazakhstan for the period _____ 20 ___ (monthly, with increase)

location	allocated funds from the local budget for VHA vaccine	vaccine purchased, doses	total number of persons subject to immunisation	Total number of persons vaccinated	number of children aged 2 years	vaccinated children aged 2 years
1	2	3	4	5	6	7

Table continued

Schoolchildren subjected to immunisation	Vaccinated schoolchildren	Number of those exposed in foci subjected to immunisation	Vaccinated persons exposed in foci	Children under 14 years of age with chronic hepatitis B and C (HBV and HCV)	Vaccinated children up to 14 years of age, with CV-HB and CV-HCV	Other vaccinated ones
8	9	10	11	12	13	14

6. Sanitary and epidemiological monitoring form for immunisation against viral hepatitis B (HBV) in the population of the Republic of Kazakhstan for the period _____ 20___ (monthly, with increase)

table 1

HBV - 1						
Total number of vaccinated ones	Including		Of children vaccinated			
	adults	children	Up to 1 year	Of children under one year of age		Over 1 year old
				In obstetrics organisations	At the precinct	
1	2	3	4	5	6	7

Table continued

HBV - 2				HBV - 3			
	Including		Of children vaccinated		Including		Of children vaccinated

Total number of vaccinated ones	adults	children	Up to 1 year	Over 1 year old	Total number of vaccinated ones	adults	children	Up to 1 year	Over 1 year old
8	9	10	11	12	13	14	15	16	17

table 2

HBV - 1							
adults	Including						
	health professionals	recipients	medical students	exposed persons	people living with HIV	Those subject to haemodialysis and transplantation	oncohematological patients
1	2	3	4	5	6	7	8

Table continued

HBV - 2							
adults	Including						
	health professionals	recipients	medical students	exposed persons	people living with HIV	Those subject to haemodialysis and transplantation	oncohematological patients
9	10	11	12	13	14	15	16

table 3

HBV - 3							
adults	Including						
	health professionals	recipients	medical students	exposed persons	people living with HIV	Those subject to haemodialysis and transplantation	oncohematological patients
1	2	3	4	5	6	7	8

Annex 3 to the Rules for
for Sanitary and Epidemiological
Surveillance

Sanitary and hygiene surveillance monitoring

1. Sanitary and epidemiological monitoring form for water bodies for_____ _20___ (quarterly, with increase)

open reservoirs (1 category)							open reservoirs (2 categories)					
Total	does not meet sanitary and epidemiological requirements	laboratory control				Total	does not meet sanitary and epidemiological requirements	laboratory control			
		microbiological indicators		sanitary and chemical indicators				microbiological indicators		sanitary and chemical indicators	
		samples examined	do not meet the standards	samples examined	do not meet the standards			samples examined	do not meet the standards	samples examined	do not meet the standards
1	2	3	4	5	6	7	8	9	10	11	12

2. Form of sanitary-epidemiological monitoring of atmospheric air condition for_____ _____20___ (quarterly, with increase)

location	Number of facilities with organised atmospheric emissions, units	Number of facilities with sanitary protection zones of standard dimensions, units	number of sampling inspection points	amount of ingredients contained in the emissions, units		of which determined by the NCE, units		Samples tested for sanitary and chemical indicators				
				total units	including classes I-II	total units	including classes I-II	total samples, units	of them with exceeding the maximum permissible concentration (MPC)	Name of ingredients with exceeded MPC	By each ingredient	Includi those exceedi the MP
1	2	3	4	5	6	7	8	9	10	11	12	13

3. The form of sanitary and epidemiological monitoring of the state of the soil for __ _____ 20___ (quarterly, with increase)

location	soil samples investigated for:					
	sanitary and chemical indicators, units		bacteriological indicators, units		helminth eggs, units	
	samples examined	of them does not meet the standards	samples examined	of them does not meet the standards	samples examined	helminth eggs found
1	2	3	4	5	6	7

4. Sanitary and epidemiological surveillance form for general education schools, including boarding schools for_____20___ (quarterly, with increase)

table 1

s/o	Name of the region	number of general education schools, including boarding schools		
		total	of urban type	of rural type
1	2	3	4	5

table 2

investigated food samples for microbiological indicators, units	of them do not meet the standards, units	researched dishes for calorie content, units	of which does not meet the standards, units	investigated water samples for microbiological indicators, units	of which does not meet the standards, units	studied washings, units	of which positive ones, units	measurements of the microclimate, units	of them do not meet the standards, units	number o measureme for lighting
1	2	3	4	5	6	7	8	9	10	11

Table continued

of them do not meet the standards, units	number of measurements for EMF (electromagnetic fields)	of them exceeding the maximum permissible level (MPL)
14	15	16

5. Form of sanitary and epidemiological surveillance over boarding schools for_____ _____20___ (quarterly, with increase)

		table 1		
s/o	Name of the region	number of general education schools, including boarding schools		
		total	of urban type	of rural type
1	2	3	4	5

table 2

investigated food samples for microbiological indicators, units	of them do not meet the standards, units	researched dishes for calorie content, units	of which does not meet the standards, units	investigated water samples for microbiological indicators, units	of which does not meet the standards, units	studied washings, units	of which positive ones, units	measurements of the microclimate, units	of them do not meet the standards, units	number o measureme for lighting
1	2	3	4	5	6	7	8	9	10	11

Table continued

of them do not meet the standards, units	number of measurements for EMF (electromagnetic fields)	of them exceeding the maximum permissible level (MPL)
14	15	16

6. Sanitary and epidemiological monitoring form for pre-school child care and education facilities for_____20___ (quarterly, with increase)

								table 1		
s/o		Name of the region			Number of early pre-school child care and education facilities					
					total			of urban type		of r
1		2			3			4		5
								table 2		
investigated food samples for microbiological indicators, units	of them do not meet the standards, units	researched dishes for calorie content, units	of which does not meet the standards, units	investigated water samples for microbiological indicators, units	of which does not meet the standards, units	studied washings, units	of which positive ones, units	measurements of the microclimate, units	of them do not meet the standards, units	number o measureme for lighting
1	2	3	4	5	6	7	8	9	10	11

Table continued

of them do not meet the standards, units	number of measurements for EMF (electromagnetic fields)	of them exceeding the maximum permissible level (MPL)
14	15	16

7. Form for sanitary and epidemiological surveillance of food products for_____ _____20___ (quarterly, with increase)

No.	Types of facilities	for microbiological indicators	of them does not match	including for patflora	of them does not match	for sanitary and chemical indicators	of them does not match	swabs in total	of them positive
1	milk processing plants								
2	meat-processing factories								
3	poultry processing plants								
4	Fish canneries								
5	Bakehouses								
6	Fruit processing plants								
7	for the production of fat and oil products								
8	for the production of alcoholic beverages								
9	for the production of alcoholic beverages								
10	creamy confectionery factories								
11	infant-feeding centers								
12	public catering facilities with more than 50 seats								
13	flour-grinding facilities								
14	salt production facilities								
15	sugar production facilities								
16	on production and sale of specialised foodstuffs and other food product groups								
17	Food retail establishments with more than 50 sq.m. of selling space								
18	food markets;								
19	food wholesale storage facilities								
20	Transport catering facilities								
21	in-flight catering facilities								
22	others								
23	Total								

Annex 4 to the Rules for
for Sanitary and Epidemiological
Surveillance

Monitoring of laboratory tests and instrumental measurements

1. Sanitary and epidemiological water supply monitoring form for_____ 20___ (quarterly, with increase)

								Table 1					
location	Number of settlements with a centralised water supply	the number of people living therein	%	Number of settlements with decentralised water supply (wells, boreholes, springs)	the number of people living therein	%	Number of settlements using water from open reservoirs for drinking (without water treatment)	the number of people living therein	%	number of settlements on imported water	the number of people living therein	%	total population
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 2

centralised water supply						
water pipelines			including rural ones			
of them not working	surveyed	From among operating ones the number of those which does not meet the health and epidemiological requirements	total	of them not operating	covered by the survey	From among operating ones the number of those which does not meet the health and epidemiological requirements
2	3	4	5	6	7	8

table 3

total						including rural ones					
for sanitary and chemical indicators			for microbiological indicators			for sanitary and chemical indicators			for microbiological indicators		
Samples tested	of them those which fail to meet the requirements	%	Samples tested	of them those which fail to meet the requirements	%	Samples tested	of them those which fail to meet the requirements	%	Samples tested	of them those which fail to meet the requirements	%
1	2	3	4	5	6	7	8	9	10	11	12

table 4

accidents at centralised water supply facilities			Disinfection of domestic and drinking water supply facilities			Number of water supply facilities covered by disinfection				Number of drinking water transport vehicles
total registered	the number of repairs eliminated on time (in the first 24 hours)	subsequent disinfection	Reagents used (please, specify)	need (in number)	supply (in number)	water pipelines		decentralised water supply		
							including upon the		including upon the	

						in total	initiative of territorial authorities	in total	initiative of territorial authorities	
1	2	3	4	5	6	7	8	9	10	11

table 5

Decentralised water supply (wells, springs, artesian wells without a distribution network)			
total facilities under control	of them those which are not operational	total surveyed	From among operating ones the number of those which does not meet the health and epidemiological requirements
1	2	3	4

Table continued

Specific weight of decentralised water supply samples that do not meet sanitary and epidemiological requirements											
In total						Including rural ones					
for sanitary and chemical indicators			for sanitary and microbiological indicators			for sanitary and chemical indicators			for sanitary and microbiological indicators		
Samples tested	of them those which fail to meet the requirements	%	Samples tested	of them those which fail to meet the requirements	%	Samples tested	of them those which fail to meet the requirements	%	Samples tested	of them those which fail to meet the requirements	%
5	6	7	8	9	10	11	12	13	14	15	16

2. Sanitary and epidemiological surveillance form for workplace air conditions for_____20___ (quarterly, with increase)

	Name of enterprises by sector	total facilities, units	of which surveyed	including with the use of laboratory methods of investigation	number of surveys, in units	Number of facilities with exceeded MPC, MPL	issued prescriptions, in units	of which completed on time, in units	samples examined, in units:			
									vapours and gases			
									In total	of them with exceeding the MPC	Including substances of hazard class 1-2	
											In total	of them with exceeding the MPC
	A	1	2	3	4	5	6	7	8	9	10	11
1	industrial and other enterprises in total,											
	including:											
2	non-ferrous metal industry											
3	iron and steel industry											

4	chemical											
5	mechanical engineering and metalworking											
6	coal industry											
7	power industry											
8	oil and gas extraction											
9	oil refinery											
10	building material industry											
11	glass and porcelain											
12	light manufacturing											
13	woodworking											
14	printing											
15	medical											
16	food											
17	agricultural industry											
18	chemicalization facilities											
19	transport											
20	communication											
21	petrol stations, service stations, car washes											
22	construction											
23	other											

Table continued

samples examined, units:			
dust and aerosols			
In total	of them with exceeding the MPC	Including substances of hazard class 1 to 2	
		In total	of them with exceeding the MPC
12	13	14	15

3. Form for sanitary and epidemiological surveillance of physical factors in the workplace for_____20___ (quarterly, with increase)

	microclimate		lighting		noise		vibration		electromag

Name of enterprises by sector	Number of workplaces surveyed	of them those that do not meet hygiene requirements	Number of workplaces surveyed	of them those that do not meet hygiene requirements	Number of workplaces surveyed	of them those that do not meet hygiene requirements	Number of workplaces surveyed	of them those that do not meet hygiene requirements	Number o workplace surveyed
industrial and other enterprises in total,									
including:									
non-ferrous metal industry									
iron and steel industry									
chemical									
machine building and metal working									
coal industry									
power industry									
oil and gas extraction									
refining									
building materials industry									
glass and porcelain production									
light manufacturing									
woodworking									
printing									
medical									
food									
agricultural industry									
chemicalization facilities									
transport									
communication									
petrol stations, service stations, car washes									
construction									
1	2	3	4	5	6	7	8	9	10

4. Sanitary and epidemiological surveillance form for nuclear facilities for_____ _____20___year (quarterly, with increase)

table 1

Location	Number of facilities using an ionising radiation source (IRS)	number of radioactive sources (RS)									
		total units	including RS sealed								
			total activity, giga Becquerel (GBq)	In total		of them those used in					
				number of pieces	total activity, GBq	Gamma detectors		powerful gamma units			
						number of pieces	total activity, GBq	Medical ones		Industrial ones	
							number of pieces	total activity, GBq	number of pieces	total activity, GBq	
1	2	3	4	5	6	7	8	9	10	11	12

Table continued

number of radioactive sources (RS)							
including RS sealed						Including open RS	
of them those used in						number of pieces	total activity, GBq
RID-x (radioisotope device)		smoke detectors		other RS (radiation source)			
number of pieces	total activity, GBq	number of pieces	total activity, GBq	number of pieces	total activity, GBq		
13	14	15	16	17	18	19	20

table 2

X-ray units, total			Radioactive waste (sources of ionising radiation)			
Industrial ones		Medical ones	the number of sources to be disposed in the reference year			
X-ray structural analysis pieces	X-ray defectoscopes pieces	total, pieces	total, pieces	total activity, GBq	including smoke detectors	total activity, mega Becquerel (MBq)
1	2	3	4	5	6	7

Table continued

Radioactive waste (sources of ionising radiation)							
number of sources disposed in the past year				Number of sources to be disposed of in the past year			
total, pieces	total activity, GBq	including smoke detectors	total activity, mega Becquerel (MBq)	total, pieces	total activity, GBq	including smoke detectors	total activity, mega Becquerel (MBq)
8	9	10	11	12	13	14	15

table 3

Radioactive waste (solid (SRW), liquid (LRW)			
the amount of radioactive waste (SRW) to be disposed as	the amount of radioactive waste (LRW) to be disposed as	the amount of radioactive waste (	the amount of radioactive waste (

of 01.01. of the reporting year (quarter)		of 01.01. of the reporting year (quarter)		SRW) disposed in the past year (quarter)		LRW) disposed in the past year (quarter)	
total (t)	total activity, GBq	total litres (m3)	total activity, GBq	total (t)	total activity, GBq	total litres (m3)	total activity, GBq
1	2	3	4	5	6	7	8

Table continued

Radioactive waste (solid (SRW), liquid (LRW)					
the amount of radioactive waste (SRW) disposed in the past year (quarter)		the amount of radioactive waste (LRW) disposed in the past year (quarter)		The amount of radioactive waste (SRW) to be disposed as of 31.12 of the previous year (quarter)	
total (t)	total activity, GBq	total litres (m3)	total activity, GBq	total, pieces	total activity, GBq
9	10	11	12	13	14

Table continued

Radioactive waste (solid (SRW), liquid (LRW)	
The amount of radioactive waste (SRW) to be disposed as of 31.12 of the previous year (quarter)	
total litres (m3)	total activity, GBq
15	16

table 4

Number of category "A" personnel								Number of facilities that do not meet requirements of statutory and regulatory enactments		administrative measures			
										Order on imposition of a fine		order to su operation facility	
in total	industrial enterprises	medical organizations	mines, quarries , landfills	research organizations	secondary and higher education institutions	Rail, air, sea (river) transport	other facilities	In total	Including in health care providers	imposed	detained	resolved	ir
1	2	3	4	5	6	7	8	9	10	11	12	13	1

Table continued

The number of radiation accidents, including in medical organisations	Number of persons affected by radiation accidents
15	16

table 5

dust-emitting factor					Radon, thoron and rhodon daughter product concentrations in workplace air				
total number of facilities	total number of measurements	Specific activity of production dust (content range)		number of measurements from exceeding the PL	total number of facilities	total number of measurements	EEVA (equivalent equilibrium volumetric activity) of radon isotopes in air, Bq/m3 (range of values)		number of measurements exceeding the PL (permissible level)
		max	min				max	min	

table 6

concentrations of radon, thoron and DPR (a daughter product of radon) from soil in land allocation for the construction of industrial facilities (ND - 250 mBq/(m.s.xs))					Radon, thoron and DPR concentrations in the ground in the allocation of land for the construction of residential and social buildings (ND - 80 mBq/(m.sq.xs))				
total number of facilities	total number of measurements	Radon flux density, mBq/(m.s.xs) value range		number of measurements exceeding the PL	total number of facilities	total number of measurements	Radon flux density, mBq/(m.s.xs) (value range)		number of measurements exceeding the PL
		max	min				max	min	
1	2	3	4	5	6	7	8	9	10

table 7

Radon, thoron and DPR concentrations in residential and public buildings at occupancy (100Bq/m3)					Radon, thoron and DPR concentrations in active residential and public buildings (200Bq/m3)				
total number of facilities	total number of measurements	equivalent equilibrium volumetric activity, Bq/m3 (range of values)		number of measurements exceeding the PL	total number of facilities	total number of measurements	equivalent equilibrium volumetric activity, Bq/m3 (range of values)		number of measurements exceeding the PL
		max	min				max	min	
1	2	3	4	5	6	7	8	9	10

table 8

EDR in the territory of land plots during allocation for construction, reconstruction, in the territory of residential areas (settlements)					EDR (equivalent dose rate) in residential, public, industrial areas, renovated buildings				
total number of facilities	total number of measurements	EDR Gamma radiation, µSv/h (value range)		number of measurements exceeding the PL	total number of facilities	total number of measurements	EDR Gamma radiation, µSv/h (value range)		number of measurements exceeding the PL
		max	min				max	min	
1	2	3	4	5	6	7	8	9	10

table 9

Scrap metal radiation monitoring								number of measurements exceeding the PL							
total number of facilities	total number of measurements	range of values													
		alpha particle flux, cm/sq.min		Beta particle flux, cm/sq.min		Gamma radiation mSv/hour									
		max	min	max	min	max	min								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

table 10

industrial facilities using IRS						
total number of facilities	total number of measurements	Gamma radiation mSv/hour	Beta particle flux, cm/sq.min	alpha particle flux, cm/sq.min	neutron radiation	number of measurements exceeding the IL

		max	min	max	min	max	min	max	min	max
1	2	3	4	5	6	7	8	9	10	11

table 11

Radiology and therapy rooms							
total number of facilities	total number of x - r a y measurements	Total number of work places	X-ray radiation, mR/hour			number of measurements exceeding the PL	the staffing of workplaces with IPD
			max	min	middle value		
1	2	3	4	5	6	7	8

table 12

others (core rock, utensils, waste, sludge, etc.)					Oil and refined products				
total samples	Specific effective activity, Bq/kg			number of samples with exceeded PL	total samples	specific total activity of natural radionuclides, Bq/kg			number of samples with exceeded PL
	max	min	middle value			max	min	middle value	
1	2	3	4	5	6	7	8	9	10

table 13

mineral fertilisers						fuel oil		
total samples	specific activity, Bq/kg			number of samples with exceeded PL	total samples	of them radiation hazard class 1	of them radiation hazard class 2	of them radiation hazard class 3
	max	min	middle value					
1	2	3	4	5	6	7	8	9

table 14

construction materials					wood raw material							
total samples	of them radiation hazard class 1	of them radiation hazard class 2	of them radiation hazard class 3	total samples	strontium-90			cesium-137			number of samples with exceeded PL	Specific weight of samples with exceeded PL
					max	min	middle value	max	min	middle value		
1	2	3	4	5	6	7	8	9	10	11	12	13

table 15

greenery													
thorium-232				radium-226			strontium-90			cesium-137			number of samples with exceeded PL
total samples	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 16

soil, bottom sediments												
total samples	thorium-232			radium-226			kalium-40			cesium-137		
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value
1	2	3	4	5	6	7	8	9	10	11	12	13

table 17

Tobacco and tobacco products										number of samples with exceeded PL
total samples	total beta activity (Bq/kg)			Strontium-90 (Bq/kg)			Cesium-137 (Bq/kg)			
	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11

table 18

Foodstuffs examined by the express method - medicinal plants (herbal supplements, dried teas and liquid balms, tinctures)							
total samples	express method (Bq/kg)						number of samples with exceeded PL
	Strontium-90			Cesium-137			
	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8

table 19

Foodstuffs tested by radiochemical method - Tea													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 20

foodstuffs examined by radiochemical method - aromatic herbs													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 21

foodstuffs examined by radiochemical method - legumes													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 22

Foodstuffs examined by radiochemical method - vegetables, gourds													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 23

foodstuffs examined by radiochemical method - fish													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 24

Foodstuffs examined by radiochemical method - grains and cereals													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 25

foodstuffs examined by radiochemical method - bread													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 26

пищевые продукты исследованные радиохимическим методом - молоко													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 27

foodstuffs examined by radiochemical method - meat													number of samples with exceeded IL
total samples	Radiochemical studies (Bq/kg)												
	Strontium-90			Cesium-137			lead-210			radium-226			
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 28

foodstuffs by incoming inspection (express method)							number of samples with exceeded IL
total samples	Strontium-90 (Bq/kg)			Cesium-137 (Bq/kg)			
	max	min	middle value	max	min	middle value	
1	2	3	4	5	6	7	8

table 29

	Technical, domestic water (irrigation, swimming pools, etc. not suitable for drinking water)

total samples	Radiochemical, spectrometric studies (Bq/L)					
	uranium-238			thorium-232		
	max	min	middle value	max	min	middle value
1	2	3	4	5	6	7

Table continued

Technical, domestic water (irrigation, swimming pools, etc. not suitable for drinking water)								
Radiochemical, spectrometric studies (Bq/L)								
radium-226			radium-228			strontium-90		
max	min	middle value	max	min	middle value	m a x	m i n	middle value
8	9	10	11	12	13	14	15	16

table 30

Technical, domestic water (irrigation, swimming pools, etc. not suitable for drinking water)												Number of samples with exceedance of IL in radionuclide composition	Specific weight of samples with exceedance
cesium - 137			lead -210			polonium -210			radon-222				
max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value		
1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 31

total samples	total samples tested for total alpha-beta activity	industrial spill water						Number of samples with exceeded PL for total alpha-beta activity	total samples for radiochemical testing
		Radiometric studies (total alpha and beta activity (Bq/L)							
		beta activity			alpha activity				
		max	min	middle value	max	min	middle value		
1	2	3	4	5	6	7	8	9	10

table 32

Industrial spill water, radiochemical tests (Bq/l)														
uranium-238			uranium-238			thorium-232			radium-226			radium-228		
max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

table 33

Industrial spill water														
Strontium-90			Cesium-137			lead-210			radon-222			polonium-210		
max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Table continued

Number of samples with exceedance of IL in radionuclide composition	
min	middle value
16	17

table 34

total samples	total samples tested for total alpha-beta activity	Drinking water from underground sources (wells, bottled water)						Number of samples with exceeded PL for total alpha-beta activity	total samples for radiochemical testing
		Radiometric studies total alpha and beta activity (Bq/l)							
		beta activity			alpha activity				
		max	min	middle value	max	min	middle value		
1	2	3	4	5	6	7	8	9	10

table 35

Drinking water from underground sources (wells, bottled water)														
Radiochemical studies (Bq/l)														
uranium-238			uranium-234			thorium-232			radium-226			radium-228		
max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

table 36

Drinking water from underground sources (wells, bottled water)														
Radiochemical studies (Bq/l)														
Strontium-90			Cesium-137			lead-210			radon-222			polonium-210		
max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

table 37

total samples	total samples tested for total alpha-beta activity	water from open sources (bodies of water)						Number of samples with exceeded PL for total alpha-beta activity	total samples for radiochemical testing
		Radiometric studies total alpha and beta activity (Bq/l)							
		beta activity			alpha activity				
		max	min	middle value	max	min	middle value		
1	2	3	4	5	6	7	8	9	10

table 38

water from open sources (bodies of water)														
Radiochemical, spectrometric studies (Bq/L)														
uranium-238			thorium-234			thorium-232			radium-226			strontium-90		
max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

table 39

Technical, domestic water (irrigation, swimming pools, etc. not suitable for drinking water)												Number of samples with exceedance of IL in radionuclide composition	Specific weight of samples with exceedance
cesium - 137			lead -210			polonium -210			radon-222				
max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value		

1	2	3	4	5	6	7	8	9	10	11	12	13	14

table 40

total samples	rainfall											
	Radiometric studies (total alpha and beta) activity						radiochemical research					
	beta activity			alpha activity			Strontium-90 (Bq/kg)			cesium -137		
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value
1	2	3	4	5	6	7	8	9	10	11	12	13

Table continued

rainfall					
radiochemical research					
lead -210 (Bq/kg)			Radium		
max	min	middle value	max	min	middle value
14	15	16	17	18	19

	table 41

total samples	Air											
	Radiometric studies (total alpha and beta) activity						radiochemical research					
	beta activity			alpha activity			Strontium-90 (Bq/kg)			cesium -137		
	max	min	middle value	max	min	middle value	max	min	middle value	max	min	middle value
1	2	3	4	5	6	7	8	9	10	11	12	13

Table continued

air					
radiochemical research					
lead -210 (Bq/kg)			radium		
max	min	middle value	max	min	middle value
14	15	16	17	18	19

table 42

								radiation monitoring equipment			
spectrometers						Gamma-ray spectro-radiometers			low background radiometer		
Beta activity			"Progress-Alpha"			RUG satellite			"UMF-2000"		
quantity available	of them those unused	reason for not using	quantity available	of them those unused	reason for not using	quantity available	of them those unused	reason for not using	quantity available	of them those unused	reason for not using
1	2	3	4	5	6	7	8	9	10	11	12

Table continued

radiation monitoring equipment	X-ray dosimeters
survey dosimeters	

"RKS-01"			"DCS-96"			"DRG-01T1"			"DRC-01"		
quantity available	of them those unused	reason for not using	quantity available	of them those unused	reason for not using	quantity available	of them those unused	reason for not using	quantity available	o f them those unused	reason for not using
13	14	15	16	17	18	19	20	21	22	23	24

table 43

radiation monitoring equipment											
Radon measurement radiometers											
ramon-01			Ramon-radon-01			Ramon-radon-02			RRA-01		
quantity available	of them those unused	reason for not using	quantity available	of them those unused	reason for not using	quantity available	of them those unused	reason for not using	quantity available	o f them those unused	reason for not using
1	2	3	4	5	6	7	8	9	10	11	12

Table continued

				auxiliary equipment		
				Quantity		
Aspiration sampling device		photocolometer				
quantity available	reason for not using	of them those unused	reason for not using	quantity available	of them those unused	reason for not using
13	14	15	16	17	18	19

Annex 5 to the Rules for
for Sanitary and Epidemiological
Surveillance

Monitoring of occupational diseases and intoxication

1. Sanitary and epidemiological surveillance form for occupational morbidity and intoxication oisoning in the Republic of Kazakhstan for_____20___ (semi-annual, with increase)

№	location	Cases in total		Including (abs. number)							
				By type				By action			
				occupational diseases		occupational intoxication		acute		chronic	
		reporting period of the current year	the same period of the past year	reporting period of the current year	the same period of the past year	reporting period of the current year	the same period of the past year	reporting period of the current year	the same period of the past year	reporting period of the current year	the same period of the past year
	1	2	3	4	5	6	7	8	9	10	11
	In total										

Table continued

Including (abs. number)				occupational disease rate per 10,000 workers (%)		Note
By severity						
Without full loss of ability to work		With full loss of ability to work				
reporting period of the current year	the same period of the past year	reporting period of the current year	the same period of the past year	reporting period of the current year	the same period of the past year	
12	13	14	15	16	17	18

Note:

1) at the district and city level - in breakdown by settlements, by name and by facility;

2) at the regional level - in breakdown by districts and cities of regional and republican status;

3) at the republican level - in breakdown by regions, cities of republican status, CDs on transport

4) the information on nosological forms shall be presented additionally in the textual part after the table.

Annex 6 to the Rules for
for Sanitary and Epidemiological
Surveillance

Monitoring of studies on different infections

1. Testing procedures for bacterial infections

nosology	subject of investigation	testing material	types of tests	testing method	Material sampling (indication, time, frequency)
typhoid fever, paratyphoid fever	a patient, exposed person in a nidus of infection	blood	Bacterial, antibody isolation	Bacteriological, serological (Vidal reaction, direct haemagglutination reaction)	On indication, on case report
		bile	isolation of bacteries	Bacteriological, gene-molecular, automated	Under the indication, upon case registration
		urine	isolation of bacteries	bacteriological, gene and molecular, automated	Under the indication, upon case registration
		sectional material	isolation of bacteries	Bacteriological, gene and molecular, automated	Medically indicated, lethal case reported
	objects in the environment (	water, flushes		Bacteriological, gene and	

	outbreak of infection, water supply, food, trade, etc.)		isolation of bacteries	molecular, automated	Upon epidemiological indications, when a case is reported
Salmonellosis	a patient, an exposed person in an outbreak of infection	blood	Bacterial, antibody isolation	Bacteriological, serological (Vidal reaction, direct haemagglutination reaction)	Upon epidemiological indications, when a case is reported (a patient with a suspected illness for the purpose of etiological interpretation of group illnesses/infections)
		bile	isolation of bacteries	Bacteriological, gene-molecular	
		urine	isolation of bacteries	Bacteriological, gene and molecular, automated	
		sectional material	isolation of bacteries	Bacteriological, gene and molecular, automated	Upon epidemiological indications, when a case is reported
	objects in the environment (outbreak of infection, water supply, food, trade, etc.)	(water, food residues, flushes)	isolation of bacteries	Bacteriological, gene and molecular, automated	Upon epidemiological indications, when a case is reported
dysentery and other intestinal infections	a patient, an exposed person in an outbreak of infection	blood, paired sera	isolation of bacteria, antibodies	Bacteriological, serological (Vidal reaction, direct haemagglutination reaction)	Upon epidemiological indications, when a case is reported (a patient with a suspected illness for the purpose of etiological interpretation of group illnesses/infections)
		rinse water	isolation of bacteries	Bacteriological, gene-molecular, automated	
		vomit	isolation of bacteries	bacteriological, gene and molecular, automated.	
		faeces	isolation of bacteries	bacteriological, gene and molecular, automated.	
		sectional material	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, upon registration of a lethal case
	Persons admitted to state medical and social institutions and non-state medical and social organisations	faeces	isolation of bacteries	bacteriological, gene and molecular, automated	In the case of admission to state medical and social institutions and non-state medical and social organizations

	objects of the external environment (outbreak of infection, water supply, food, trade, etc.)	water, food residues, washouts	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, when a case is reported
Other bacterial food poisoning (including botulism)	a patient, an exposed person in an outbreak of infection	vomit	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, when a case is reported (a patient with a suspected illness for the purpose of etiological interpretation of group illnesses/infections)
		Rinse waters	isolation of bacteries	bacteriological, gene and molecular, automated.	
		urine	isolation of bacteries	bacteriological, gene and molecular, automated.	
		faeces	isolation of bacteries	bacteriological, gene and molecular, automated.	
		blood, paired sera	isolation of bacteries, antibodies	bacteriological	
		sectional material	isolation of bacteries	bacteriological, gene and molecular, automated.	
	objects of the external environment (catering , trade, etc.)	swabs	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, when a case is reported
		food residues	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, when a case is reported
meningococcal infection, purulent meningitis	a patient	nasopharyngeal swab, cerebrospinal fluid	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, when a case is reported (a patient with a suspected illness for the purpose of etiological interpretation of group illnesses/infections)
	an exposed person in an outbreak of infection	nasopharyngeal swab	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, when a case is reported
	a patient	nasal and pharyngeal		bacteriological, gene and	

diphtheria		swabs, affected skin areas	isolation of bacteries	molecular, automated.	Upon epidemiological indications, when a case is reported
	an exposed person in an outbreak of infection	nasal and pharyngeal swabs, affected skin areas	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, when a case is reported
	Persons placed in children's homes (orphanages)	nasal and pharyngeal swabs	isolation of bacteries	bacteriological, gene and molecular, automated.	When placed in children's homes (orphanages)
pertussis	an exposed person in an outbreak of infection, who have or have had a history of coughing	mucus from the upper respiratory tract	isolation of bacteries	bacteriological, gene and molecular, automated.	Upon epidemiological indications, 2 times in 1-day intervals
		cough slides	isolation of bacteries	bacteriological, gene and molecular, automated.	
		blood, paired sera	isolation of antibodies	serological	

2. Procedures for investigations on hospital-acquired infections (HAI)

nosology	object of study	testing material	types of research	testing method	material sampling (indications, times, multiplicity)
	objects of the environment in a health care organisation	environmental wipes	bacterial isolation	bacteriological	when carrying out scheduled inspections, for epidemiological indications
		environmental wipes	helminth isolation	parasitological	upon epidemiological indication, during routine inspections
		sterile suture, dressing and other material	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections
		sterile medical instruments	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections
		sterile linen	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections
		sterile cloths for drying the hands of medical staff	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections
		medicinal products	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections

HAI		baby care items	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections
		breast milk, fluid for drinking by the newborn	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections
		disinfection and sterilisation equipment - baktests and biotests	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections
		room air	bacterial isolation, total microbial contamination	bacteriological	upon epidemiological indication, during routine inspections
	patient(s) with a wound infection	wound discharge	bacterial isolation	bacteriological, gene-molecular, automated	upon epidemiological indication
		nasal swabs, pharyngeal swabs	bacterial isolation, viral isolation	bacteriological, virological	upon epidemiological indication
		the infectious agent (micro-organism)	antibiotic sensitivity testing	bacteriological, automated	upon epidemiological indication
	healthcare personnel	nasal swabs, pharyngeal swabs	bacterial isolation	bacteriological	upon epidemiological indication
		hands after treatment	bacterial isolation	bacteriological	upon epidemiological indication
		bodily fluids and secretions (blood, sputum, urine, faeces, etc.)	isolation of bacteria, viruses	bacteriological, virological	upon epidemiological indication
	patient in a health care organisation	nasal swabs, pharyngeal swabs	bacterial isolation	bacteriological, gene-molecular, automated	upon epidemiological indication
		bodily fluids and discharges (blood, sputum, urine, faeces, etc.)	isolation of bacteria, viruses	bacteriological, genetic-molecular, automated	upon epidemiological indication
		surgical field of the patient after treatment	bacterial isolation	bacteriological	upon epidemiological indication, during routine inspections
		infectious agent (micro-organism)	antibiotic susceptibility testing	bacteriological, automated	upon epidemiological indication

3. Testing procedures for viral infections

nosology	object of study	test material	types of investigations	testing method	material sampling (indication, time, frequency)

Influenza, etc. ACUTE RESPIRATORY INFECTIONS	patient	pharyngeal and nasal swabs, sectional material	influenza virus isolation	virology	when the disease is registered by at least 10 patients with ARVI, influenza from October 1 till May 1 annually material sampling (indication, time, frequency)
			antigen detection	fluorescent microscopy	
			RNA and DNA virus detection	molecular genetic (polymerase chain reaction)	
poliomyelitis	patient	faeces, cerebrospinal fluid*, sectional material	virus isolation	virological	material sampling (indication, time, frequency)
		blood serum	antigen detection	serological	upon registration of the disease, 2 times at intervals of 3-5 days
	an exposed person from an outbreak of infection	faeces	virus isolation	virological	upon registration of the disease, 2 times at intervals of 24-48 hours
AFP (acute flaccid paralysis)	patient	faeces	virus isolation	virological	upon registration of the disease, 2 times at intervals of 24-48 hours
	an exposed person from an outbreak of infection	faeces	virus isolation	virological	at the time of registration 1 time
enteroviruses	patient	faeces, liquor	virus isolation	virological	as cases are reported
			RNA virus detection	molecular genetic (polymerase chain reaction)	as cases are reported
	wastewater, sewage system	sewage water	virus isolation	virological	upon epidemiological indications, once a month during the epidemic season
			RNA virus detection	molecular genetic (polymerase chain reaction)	upon epidemiological indications, once a month during the epidemic season
	water supply system	drinking water	virus isolation	virological	upon epidemiological indications, once a month during the epidemic season
				molecular genetic (polymerase	upon epidemiological indications, scheduled once a month during

			RNA virus detection	chain reaction)	the epidemiological season
	open water bodies (designated places of water use, including bathing), swimming pools	water from open reservoirs, swimming pools	virus isolation	virological	upon epidemiological indications, scheduled once a month during the epidemiological season
			RNA virus detection	molecular genetic (polymerase chain reaction)	upon epidemiological indications, scheduled once a month during the epidemiological season
viral hepatitis A	water supply system	drinking water	virus isolation	virological	upon epidemiological indication, on registration of cases
			RNA virus detection	molecular genetic (polymerase chain reaction)	upon epidemiological indication, on registration of cases
	open water bodies (recreational area, designated water use areas, including bathing)	water from open reservoirs	virus isolation	virological	upon epidemiological indication, scheduled once a month from June to September
			RNA virus detection	molecular genetic (polymerase chain reaction)	upon epidemiological indication, scheduled once a month from June to September
	swimming pools	swimming pool water	virus isolation	virological	upon epidemiological indications, when carrying out planned inspections
			RNA virus detection	molecular genetic (polymerase chain reaction)	upon epidemiological indications, when carrying out planned inspections
viral hepatitis B, D, C	an exposed person from an outbreak of infection	blood components (serum, plasma)	hepatitis B, C, D virus antigen/ antibody detection	serological (Enzyme Immunoassay)	upon epidemiological indication, on registration of cases
			detection of hepatitis B, C, D virus DNA (qualitative analysis)	molecular genetic (polymerase chain reaction)	upon epidemiological indication, on registration of cases
			detection and differentiation of	molecular genetic (polymerase	

			hepatitis B, C virus genotypes	chain reaction)	upon epidemiological indication, on registration of cases
	facility-focal point for the link between the disease and the facility	medical, cosmetological instruments	presence of blood residues	chemical - azopyramine test	upon epidemiological indication, on registration of cases
			sterility	bacteriological	upon epidemiological indication, on registration of cases
viral hepatitis E	an exposed person from an outbreak of infection	blood components (serum, plasma)	IgM class immunoglobulins to hepatitis E virus	serological - enzyme immunoassay	upon epidemiological indication, on registration of cases
rota, nora, astroviruses	patient	faeces	rotavirus antigen detection	antigenic method (enzyme immunoassay)	upon epidemiological indication, on registration of cases
			detection of RNK rotavirus, norovirus, astrovirus (qualitative analysis)	molecular genetic (polymerase chain reaction)	upon epidemiological indication, on registration of cases
	wastewater, sewerage system	waste water	rotavirus antigen detection	antigenic method (enzyme immunoassay)	once a month during the epizootic season
			detection of RNA rotavirus, norovirus, astrovirus (qualitative test)	molecular genetic (polymerase chain reaction)	once a month during the epidemiological season
	water supply system	drinking water	rotavirus antigen detection	antigenic method (enzyme immunoassay)	upon epidemiological indications, scheduled - once a month during the epizootic season
			detection of RNA from rotavirus, norovirus, astrovirus (qualitative test)	molecular genetic method (polymerase chain reaction)	upon epidemiological indications, scheduled - once a month during the epizootic season
	open reservoir	open water	rotavirus antigen detection	antigenic method (enzyme immunoassay)	upon epidemiological indications, scheduled - once a month during the epizootic season
			detection of RNA from rotavirus,	molecular genetic method (	upon epidemiological indications, scheduled

			noravirus, astrovirus (qualitative test)	polymerase chain reaction)	- once a month during the epizootic season
	swimming pool	swimming pool water	rotavirus antigen detection	antigenic method (enzyme immunoassay)	upon epidemiological indications, when carrying out planned inspections
			detection of RNA rotavirus, norovirus, astrovirus (qualitative analysis)	molecular genetic method (polymerase chain reaction)	upon epidemiological indications, when carrying out planned inspections
measles	patient	blood components (serum, plasma)	IgM class immunoglobulin antibodies	serological (enzyme Immunoassay)	when a case is registered
			IgG class immunoglobulin antibodies		
		urine	measles virus isolation	virological, sequencing	when a case is registered
rubella	patient	blood components (serum, plasma)	I g M immunoglobulin class antibodies	serological (enzyme Immunoassay)	when a case is registered
			I g G immunoglobulin class antibodies		
			Immunoglobulin class IgG-avidity antibodies		
		urine	rubella virus isolation	virological, sequencing	when a case is registered

4. External quality assessment of research on bacterial infections

nosology	material for confirmation	type of research	method of investigation in case of confirmation	transportation of cultures from NCE oblasts, Nur-Sultan, Almaty and Shymkent to the reference laboratory
typhoid fever, paratyphoid fever	salmonella typhi, Salmonella paratyphi A,B	bacteriological	bacteriological, molecular-genetic , serological	all cultures from sick people, and the environment
salmonellosis	salmonella spp.	bacteriological	bacteriological, molecular genetic , serological	5 cultures each from the environment, and sick
	shigella spp.	bacteriological	bacteriological, molecular genetic , serological	5 cultures from the environment, and sick ones

dysentery and other intestinal infections	listeria monocytogenes	bacteriological	bacteriological, molecular genetic	all cultures from sick people and the environment
	campylobacter spp.	bacteriological	bacteriological, molecular genetic	all cultures from the sick, and the environment
	yersinia spp.	bacteriological	bacteriological, molecular genetic	all cultures from the sick, and the environment
	vibriospp.	bacteriological	bacteriological, molecular genetic	all cultures from sick people and the environment
airborne infections	clinical specimen, environmental samples positive for neisseria meningitidis	bacteriological	molecular genetic	5 samples each from the environment, and sick
	bordetella spp., (clinical specimen)	bacteriological	bacteriological, molecular genetic	5 samples from sick people
	corynebacterium diphtheriae	bacteriological	bacteriological, molecular genetic	5 samples from sick people
	haemophilus influenza	bacteriological	bacteriological, molecular genetic	5 samples from sick people
	streptococcus pneumoniae	bacteriological	bacteriological, molecular genetic	5 samples from sick people
HAI (hospital-acquired infection) pathogens	an antibiotic-resistant strain of a micro-organism isolated from a patient(s) with suspected HAI	bacteriological	bacteriological, disc-diffusion, semi-quantitative, automated	all cultures from sick people
infectious agents of various localisations	antibiotic-resistant strain of micro-organism	bacteriological	bacteriological, disco-diffusion, semi-quantitative, automated	5 samples from sick people

5. External quality assessment of research on viral infections

nosology	confirmation material	types of investigations	method of investigation in case of confirmation	transport of cultures from NCE oblasts, Almaty and Shymkent. Nur-Sultan, Almaty and Shymkent to a reference laboratory
influenza etc. ACUTE RESPIRATORY INFECTIONS	pharyngeal and nasal swabs	influenza virus isolation	virological	all samples with positive results or isolates from patients within a year
		RNA virus detection	molecular genetic (polymerase chain reaction)	all samples with positive and 5 samples with negative results for influenza from patients within a year
				professional testing is performed once a year
	faeces, liquor	virus isolation	virological	all samples positive for polioviruses from patients within a year
				2 specimens or isolates for viruses: coxsackievirus, adenovirus and Echo from patients, once a year

enteroviruses	sewage water	virus isolation	virological	all samples positive for polioviruses within a year
				2 samples with positive results or isolates for viruses: Coxsackie and Echo from patients, once a year
	suspensions	virus isolation	virological	professional testing is done once a year
viral hepatitis B and C	blood serum	detection of hepatitis B, C virus antigen or antibodies	serological (enzyme immunoassay)	5 HBsAg-positive and 5 HBsAg-negative samples from patients per year
				5 HBsAg-positive and 5 HBsAg-negative specimens from patients within a year
measles	blood serum	Immunoglobulin class IgM antibodies	serological (enzyme immunoassay)	all samples positive and 10% of samples negative for IgM for measles virus, monthly
				professional testing once a year
rubella	blood serum	Immunoglobulin class IgM antibodies	serological (enzyme immunoassay)	5 specimens positive and 10 specimens negative for rubella virus IgM within a year
				professional testing shall be carried out once a year
rotavirus	faeces	antigen detection	serological (enzyme immunoassay)	5 samples of native material from patients and environmental objects positive for Rota antigen , 5 samples of native material from patients and environmental objects negative for Rota antigen , during the year
	environmental samples			

6. Research procedures for highly dangerous infections (HIDs)

nosology	object of research	research material	types of research	research method	material sampling (readings, times, multiplicity)
	Patient, an exposed person from an outbreak of infection	faecal material	isolation of bacteria, antibodies	bacteriological	upon epidemiological indication, on registration of cases
		sectional material	isolation of bacteria,	bacteriological	upon epidemiological indication, on registration of cases, followed by death
					Depending on the classification of the area* during the epizootic season (three times), during

cholera	Patients with severe acute intestinal infections	faecal material	isolation of bacteria,	bacteriological	the rest of the year according to epidemiological indications (once) (Plague Control Stations (PCS), branches of NCE)
	Patients with mild to moderate acute intestinal infections	faecal material	isolation of bacteria,	bacteriological	Depending on the classification of the area* during the epizootic season (once), during the rest of the year according to epidemiological indications (PCS, NCE branches)
	Deaths from acute intestinal infections of unknown etiology	corpse material	isolation of bacteria,	bacteriological	During the year (PCS, NCE branches)
	Persons admitted to special-regime, social rehabilitation, psychoneurological dispensaries and persons of no fixed abode or work	faecal material	isolation of bacteria,	bacteriological	On admission, for epidemiological indications (one time), depending on the classification of the area* (health centres, branches of the NCE)
	Open water body (sanitary protection zone of water intake for centralised domestic and drinking water supply, places of water use for drinking), recreation zone (places of mass recreational water use)	water	isolation of bacteria,	bacteriological	At a water temperature of at least 16 °C once every 10 days (PSC, NCE branches)
	swimming pools, fountains	water	isolation of bacteria,	bacteriological	According to epidemiological indications
					Depending on area classification*

	drains	discharged water	isolation of bacteria,	bacteriological	May-October once every 10 days, on the basis of epidemiological indications (PSC, NCE branches)
anthrax	material from anthrax outbreaks	farm animal feed, litter, water	farm animal feed, litter, water	Bacteriological, serological, genetic, bioassay	upon epidemiological indication, on registration of cases
	environmental samples (from permanently anthrax-contaminate on zone)	soil, water	bacteriological, serological, genetic, bioassay	Bacteriological, serological, genetic, bioassay	upon epidemiological indication, on registration of cases
	material from humans in cases of suspected anthrax	blood, ulcerous secretions, pathogenic material	bacteriological, serological, genetic, bioassay	Bacteriological, serological, genetic, bioassay	upon epidemiological indication, on registration of cases
brucellosis	persons in contact with sick livestock	Blood	serological reactions	serological	upon epidemiological indication, on registration of cases
	sampling from brucellosis foci (animal products, samples from livestock housing)	livestock products, animal feed, litter, water, manure	bacteriological, serological, genetic, ring test	bacteriological, serological, genetic, ring test	upon epidemiological indication, on registration of cases
pasteurellosis	sampling	livestock products, vegetables	serological, bacteriological, bioassay	serological, bacteriological, bioassay	upon epidemiological indication, on registration of cases
	sampling from humans	blood, wound samples, pathogenic material	serological, bacteriological, bioassay	serological, bacteriological, bioassay	upon epidemiological indication, on registration of cases
	rodents	rodents	serological, bacteriological, bioassay	serological, bacteriological, bioassay	upon epidemiological indication, on registration of cases
		Excrement, faeces, mites,			upon epidemiological indication, on

tularemia	territory of natural foci (environmental objects)	rodents, water , etc.	serological, bacteriological , bioassay	serological, bacteriological , bioassay	registration of cases
	material from tularaemia epidemic foci	Excrement, faeces, mites, rodents, water , etc.	serological, bacteriological , bioassay	serological, bacteriological , bioassay	u p o n epidemiological indication, on registration of cases
	material from people	b l o o d, biomaterial	serological, bacteriological , bioassay	serological, bacteriological , bioassay	u p o n epidemiological indication, on registration of cases
Listeriosis	material from listeriosis epidemic foci (external objects)	meat and dairy products , vegetables	serological, bacteriological	serological, bacteriological	u p o n epidemiological indication, on registration of cases
	material from humans, including for prophylactic purposes	Blood, urine, pathogenic material	serological, bacteriological	serological, bacteriological	u p o n epidemiological indication, on registration of cases
yersinioses	Material from foci of yersinosis (environmental media)	Vegetables, rinses	serological, bacteriological	serological, bacteriological	u p o n epidemiological indication, on registration of cases
leptospirosis	Material from natural foci (environmental media)	ticks, water and other environmental objects	serological	serological	u p o n epidemiological indication, on registration of cases
	Material from epidemic foci of leptospirosis (environmental media)	ticks, water and other environmental objects	serological	serological	u p o n epidemiological indication, on registration of cases
Rikettsioses (Q f e v e r, tick-borne typhus, rat typhus, Brill's disease)	natural foci area (source of infection, vectors)	rodents, mites , lice	serological	serological	u p o n epidemiological indication, on registration of cases
	Material from epidemic foci of rickettsiosis (source of infection , vectors)	Rodents, mites, lice	serological	serological	u p o n epidemiological indication, on registration of cases
	material from humans				u p o n epidemiological indication, on

viral haemorrhagic fevers (Crimean-Congo haemorrhagic fever), viral tick-borne encephalitis		blood, samples, secretions	serological, genetic	serological, genetic	registration of cases
	Material from a CCHF outbreak (vectors)	mites	serological, genetic	serological, genetic	upon epidemiological indication, on registration of cases
	Material from a legionella outbreak (environmental media)	swimming pool water, cooling system water	genetic	genetic	upon epidemiological indication, on registration of cases