REPORT

SUPPORT TO RUSSIAN FEDERATION
MINISTRY OF HEALTH IN PLANNING
AND CONDUCTING
HEALTH COMMUNICATION CAMPAIGNS

BASICS
SUPPORT TO RUSSIAN FEDERATION 
MINISTRY OF HEALTH IN PLANNING 
AND CONDUCTING 
HEALTH COMMUNICATION CAMPAIGNS

Moscow, Novgorod, Voronezh and Yekaterinburg

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Paul Olkhovsky

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<td>Basic Support for Institutionalizing Child Survival Project</td>
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<td>HIV</td>
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<td>IEC</td>
<td>Information, Education, and Communication</td>
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<td>Medicine For You</td>
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EXECUTIVE SUMMARY

BASICS consultant for communications Paul Olkhovsky traveled to Moscow, Novgorod, Voronezh, and Yekaterinburg, Russia, to assist counterparts in the implementation of federal- and oblast-level communications strategies for immunization and diphtheria control, to initiate evaluation procedures and to determine possibilities for institutionalizing training in modern information, education, and communication (IEC) methodology in counterpart federal institutions. On his trips to the oblasts, Olkhovsky was accompanied by Dr. Fatima Dzhatdoyeva, a staff member of the Moscow-based Federal Research Institute for Health Education and Health Promotion, who served as his counterpart from the Russian Ministry of Health.

In Moscow

Olkhovsky met with Dr. Vladimir Polessky, director of the Federal Research Institute for Health Education and Health Promotion, to discuss the institute's current programs and BASICS' cooperation with the institute at the national and oblast level. The discussion included evaluation efforts of oblast diphtheria communication campaigns, joint publication of a communication guide, and possible future work together should there be an opportunity.

Olkhovsky also met with Dr. Nikolai Ignatov, chief of Medicine For You (MFY) to discuss his interests in applying the IEC methodology introduced by BASICS to current and future national health communication campaigns. They reviewed MFY’s work over the last year, MFY’s relationship with the new minister of Health, and future MFY work, including the possibility of establishing a health communication teaching facility using BASICS tools and techniques.

In Novgorod, Voronezh, and Yekaterinburg

Olkhovsky provided critical advice on the targeting and design of written and electronic communication campaign materials. He assisted counterparts in pretesting these materials and the timely printing, production and distribution of them. Together they discussed and designed ways in which to evaluate the effectiveness on their campaigns. Olkhovsky stressed the importance of continually monitoring their campaigns in order to make necessary changes as those campaigns progress.

In Novgorod Only

Olkhovsky worked with counterparts to convey survey methodology designed by BASICS in Washington. He explained parameters of the survey to judge the effectiveness of the communication intervention. The survey also was designed to function as a capacity-building effort and was to include participants from Voronezh and Yekaterinburg.
BACKGROUND

This trip, in part, was to follow up on the work done during an earlier trip. From August 12 to September 6 of this year, Paul Olkhovsky traveled to Moscow, Voronezh, Novgorod, and Yekaterinburg to assist counterparts to develop and pretest IEC strategy messages, make appropriate changes, and implement federal and oblast-level strategies for immunization and diphtheria control.

In Moscow during the last trip, Olkhovsky worked with Ministry of Health (MOH) officials in screening four videos produced by MOH/MFY on immunization and diphtheria control, and ensured that messages were epidemiologically correct and pretested them to confirm their efficacy with target audiences.

In Voronezh, Novgorod and Yekaterinburg, Olkhovsky, traveling with Fatima Dzhatdoyeva, worked with counterparts, including staff responsible for health services delivery and disease control. Working with relevant local staff, he finalized communications plans, including evaluation components, pretesting of materials and message refinement. This task included showing counterparts in the oblasts changes which federal-level MOH officials introduced to the video shorts. Olkhovsky reviewed plans for local broadcast of the Moscow-produced videos and suggested ways in which the oblast health authorities could increase the chance and frequency of their broadcast.

Olkhovsky worked with local counterparts to creatively explore materials development (printed handouts, posters, etc.) and distribution options based on local resources, customs and events. He assisted counterparts in designing materials and establishing a schedule for materials release and distribution. Olkhovsky helped oblast health officials outline plans for evaluating information campaign process and outcomes.

TRIP ACTIVITIES

Moscow

On October 14, Olkhovsky met with Dr. N.K. Ignatov, Chief of MFY and reviewed a variety of issues. Ignatov characterized his relations with the new minister of Health as good and was sanguine about MFY’s future status with the MOH.

Regarding the possibility of a future federal unified health information system, Ignatov said that the idea was not new and that under current fiscal and political realities in Russia, a unified system was unlikely to emerge anytime soon.

Ignatov outlined MFY’s current work with regional health insurance funds to publicize the programs and their benefits. He explained that this work was giving MFY the opportunity to expand its work and contacts beyond Moscow. Should there be the opportunity to cooperate with
BASICS in the future, Ignatov would like to explore behavioral change efforts regarding the potential explosion of HIV-related illness.

Ignatov is thinking also of opening a medical information institute to teach young physicians mass communication techniques. He would be interested in assistance from BASICS in developing a curriculum and obtaining additional training tools and techniques.

On October 28, the consultant met with Dr. Vladimir Polessky, director, Federal Research Institute for Health Education and Health Promotion, and Dr. Nina Barsukova, research director of the Institute. Polessky and Barsukova express their deep satisfaction and gratitude regarding their cooperation with BASICS over the last year. Polessky had read the third draft of *A Guide to Health Communication* and thought that it would be very useful to co-publish it and distribute it to oblast centers of prophylaxis and medical faculties at universities across Russia.

Polessky and Barsukova expressed hope that BASICS would participate in an all-oblast conference to be held in April 1997, in Moscow. The main topic will be health communication.

Polessky also said that access to the World Wide Web would be helpful, particularly if all the oblast centers also are connected. This would make communicating with over 90 oblast centers much easier.

Polessky mentioned that his institute will be working with CDC this spring to conduct a youth behavior risk survey and that the training his staff has received from BASICS will be put to good use.

The author would like to note that both Ignatov and Polessky said they look forward to collaborating on future information campaigns and possible work together on Internet efforts.

On November 1, Olkhovsky briefed Terry Tiffany, Jane Stanley, and Natasha Voizannova of USAID on our work in Moscow and the oblasts. Tiffany stated that he was pleased with the "bang for the buck" BASICS has achieved in Russia. Stanley was wondering whether BASICS would consider working together with CDC to do a final report/seminar/conference for a broad audience. Tiffany suggested that our work in Russia should be well documented.

**Novgorod**

October 15-18: Dr. Fatima Dzhatdoyeva and Olkhovsky worked primarily with Dr. Boris Fishman, deputy chief of the Center of Preventive and Athletic Medicine, Novgorod Oblast, and Dr. Vera Bragina, chief physician on the Novgorod Sanitary and Epidemiological Station (SES). The target for adult diphtheria vaccination was established to be the 40-59 year old age group. Their communication intervention period began September 14 and ran until November 7.
The Novgorod Oblast media activities to date include

1. Sept. 14: Fifteen-minute live broadcast on oblast TV Telezavtrak (TV Breakfast) on Slaviya station (watched by 92 percent of the populace, according to Fishman). Participants included Robert Steinglass of BASICS, Alexander Zhilyakov of the oblast SES, and Fishman. The subject was the work of the Joint Russian-US Seminar and Conference on Child Immunization, held in Novgorod.


4. Sept. 18-26: On oblast radio three times/day (08:00, 14:00, 18:00), broadcasts of interviews recorded earlier with immunization conference participants.

5. Sept. 23: Distributed 40,000 leaflets to all city polyclinics for further distribution to targeted adult population encouraging complete diphtheria vaccination. Additionally, 35,000 printed leaflets directed toward mothers encouraging childhood immunization were sent out the same day. (See Appendix A for examples.) These leaflets were pretested, according to Fishman, and changes were made by the design artist reflecting the results of the pretest. Fishman planned door-to-door distribution of leaflets in the Western portion of Novgorod City because of a high rate of non-vaccination of the targeted adult population.

6. Oct 7: Posters encouraging adults to receive diphtheria vaccination were hung on the inside of all city buses. They remained there until Nov. 7.

7. A model vaccination calendar was designed, but was awaiting funds for printing. Olkhovsky provided those funds.

8. Received final MFY cassette with four video spots encouraging adult diphtheria vaccination and timely childhood immunization. (Also see Appendix A for schedule of broadcasts as reported by the oblast television station.)

Dzhatdoyeva and Olkhovsky worked with Fishman and Bragina to convey survey methodology created by BASICS in Washington. We explained parameters of the survey to judge the effectiveness of the communication intervention. The survey also is designed to function as a capacity-building effort and will include participants from Voronezh and Yekaterinburg.
One of the tasks of this consultancy was to find out how immunization cards are stored and maintained. Olkhovsky went to three central polyclinics and saw that the cards are not uniform and, in half of the city, not centralized. We ran an experiment in Polyclinic Number One to see how long it would take to go through the files. We arrived at an estimate of 1300 cards per person, per hour.

Voronezh

October 21-25: Dr. Fatima Dzhatdoyeva and Olkhovsky worked primarily with Dr. Ludmila Mogilanskaya, chief of the Center of Preventive Medicine, Voronezh Oblast, and Dr. Galina Vedenina, deputy director. The target for adult diphtheria vaccination was established as the 40-59 year old age group. Their communication intervention period began August 16 and ran until October 10 for electronic media, and for the next twelve months with an ad painted on the side of a trolleybus until November 1997. (See Appendix B for example.)

Media activity in Voronezh

1. Aug. 19: Round table broadcast regarding diphtheria and the necessity for adult vaccination featuring local specialists on oblast television.

2. Aug. 20: Chief epidemiologist of Voronezh Oblast was broadcast on radio with information regarding the dangers of diphtheria.

3. In late Aug.: An article appeared in the local newspaper Maiyo describing a diphtheria fatality and the necessity to be properly immunized.

4. Sept. 20: An article appeared in Voronezhskii Kurer (local newspaper) about diphtheria and the Center’s cooperation with BASICS.

5. Oct.: 20,000 pretested leaflets were printed and distributed to polyclinics encouraging diphtheria vaccination and explaining the process. (See Appendix B.)

6. Oct.: 50,000 pretested childhood immunization calendars were printed and distributed to polyclinics and will be included in toys manufactured by a local toy factory. (See Appendix B for two examples.)

7. Oct. 7: Oblast television broadcast devoted to diphtheria. Contained reporting from infectious disease hospital with diphtheria patients, an interview with a woman who had diphtheria, and a round table with specialists. Mogilanskaya was the moderator. (Copy is with BASICS.)
8. Received final MFY video spots promoting diphtheria vaccination among adults and timely immunization of infants. These were shown 16 September to 10 October on oblast television, twice weekly before the popular television soap opera Santa Barbara.

9. Oct. 23: Finalized an agreement to have a central line trolleybus painted with slogans encouraging diphtheria vaccination.

Yekaterinburg

October 28-November 1: Dr. Fatima Dzhatdoyeva and Olkhovsky worked primarily with Georgii Khoryakov, chief physician of the Sverdlovsk Regional Center of Medical Prophylaxis, and his deputies, Dr. Vitalii Dalgov and psychologist Ludmilla Rasova. It was established that the target for adult diphtheria vaccination was the 30-59 year-old age group, which differs from Voronezh and Novgorod by ten years. Their communication intervention campaign began September 12 and will continue until the end of December.

Media activities in Yekaterinburg and surrounding Sverdlovsk Oblast include

1. Sept. 12: On a Yekaterinburg local television station, Channel 4, there was a broadcast during the Morning News Show of a program called “What We Know About Diphtheria.” This broadcast included on-the-street interviews, a short report on diphtheria, and a report on the diphtheria unit of Yekaterinburg Hospital Number 40.

2. Sept. 14 and 18: On local television station ASV, a short broadcast called “Mothers, Don’t be Afraid of Diphtheria Vaccination” was shown. The broadcast included information on the diphtheria situation in the oblast and then the station proceeded to broadcast the four MFY video shorts.

3. Sept. 19: On radio station SGTRK, information was broadcast on diphtheria on the program “Today and Now.” The same information that was on the Sept. 12 television program also was included.

4. Sept. 23: On Radio Yekaterinburg, a program was broadcast about the danger of diphtheria and the need for multiple doses of the vaccine, and it encouraged the population to verify their vaccination status. The broadcast included an interview with oblast SES staff.

5. Month of October: On local television station ASV, there were three broadcasts during the month of all four MFY video shorts encouraging adult diphtheria vaccination and timely childhood immunization. (Dr. Khoryakov is still trying to verify the exact dates.)

6. Oct. 9: On local television station STK-24, the four MFY videos were broadcast.
7. Oct.10: On television Channel 4, a health program carried information about diphtheria on a program called "More on Diphtheria." The broadcast included an interview with a diphtheria patient, information about the disease, and the importance of adults receiving three doses.

8. Oct. 15: In the oblast city of Rezh, the local television station began running the MFY videos several times a week. They also began broadcast of an interview with the senior oblast SES physician on the need to be vaccinated against diphtheria.

9. Oct.16: On radio station Yekaterinburg there was a broadcast of an interview with a woman who had diphtheria but misidentified it as a case of angina.

10. Oct. 18: In the oblast city of Asbest, the local television station began running the MFY videos several times a week. They also began broadcast of an interview with the senior SES doctor on the need to be vaccinated against diphtheria.

11. Oct 26 and 29: On ASV television, there were broadcasts of a program encouraging vaccination, recounting the diphtheria situation and airing the MFY videos.

12. Oct. 28: The information that was broadcast in Yekaterinburg on September 14 was rebroadcast on the other local oblast stations, both radio and television.

13. Oct. 29: On STK-24, Paul Olkhovsky and Dr. Khoryakov were interviewed, regarding the diphtheria information campaign. Olkhovsky was also interviewed about BASICS work with the Center for future broadcast on oblast radio.

During the next two months, the Center will produce leaflets, posters, and plastic bags printed and distributed throughout the oblast encouraging people to get vaccinated against diphtheria. Dr. Khoryakov and his staff also plan to print a diphtheria vaccination reminder for mothers to be distributed at milk distribution points. (See Appendix C for examples of printed materials produced by the Center.)

Regarding timely childhood immunization, the Center plans to film a puppet troop performing a play telling children not to be afraid of shots. They also plan to design, pretest, print and distribute childhood immunization calenders and to broadcast those calenders on local television. Dr. Dzhatdoyeva and the consultant worked with the Center on design ideas and reviewed pretesting techniques.

CONCLUSIONS AND RECOMMENDATIONS

Each of the three oblasts have basic, functioning communication programs. They are applying well the tools and training provided by BASICS. They are all using a range of print and
electronic media to promote diphtheria vaccination. They are all pretesting their material, which was not done prior to their involvement with BASICS. The evaluation being undertaken in Novgorod will give a good indication as to the scope and effectiveness of the communication interventions.

All the oblast centers have made good progress in using modern communication methods and techniques. They would definitely benefit from more hands-on training. While the diphtheria campaign efforts provided a good model on how to accomplish the bare essentials of a modern communication campaign, the oblasts would greatly benefit by moving to the next step of a more complex campaign with more difficult target audiences and more nuanced messages. An example of this type of campaign would be a communication effort designed to change behavior to prevent the spread of sexually transmitted diseases among early adolescents which is, according to all three oblasts, a high priority. BASICS has the experience and expertise to assist with this type of program if opportunity permitted.

The accomplishments and lessons learned at the oblast level need to be taken nationwide. While involvement of both MOH and MFY participants does achieve some of this, The Federal Research Institute for Health Education and Health Promotion and Medicine For You would benefit by further collaboration with BASICS in developing nationwide campaign techniques. The MOH could use advice and assistance from BASICS in distributing the communication methodology developed in the three oblasts to the rest of Russia’s oblast Centers of Medical Prophylaxis.

Finally, BASICS successfully encouraged The Federal Research Institute for Health Education and Health Promotion in coordinating and monitoring oblast programs, particularly with the assistance of Fatima Dzhatdoyeva. BASICS should continue support of this effort to bring together the knowledge and guidance of the central government with the communication needs and resources at the oblast level.
APPENDIXES
APPENDIX A

Novgorod Materials
ЗАЩИТИ СЕБЯ ОТ ДИФТЕРИИ!

ОТЕЧЕСТВЕННЫЕ ВАКЦИНЫ БЕЗОПАСНЫ И ЭФФЕКТИВНЫ

НАДЕЖНАЯ ЗАЩИТА ОТ БОЛЕЗНИ
достигается ТОЛЬКО при
3-х кратной иммунизации

Постоянных противопоказаний
и возрастных ограничений против
прививок НЕТ

Прививки делают одноразовыми шприцами,
бесплатно в лечебных учреждениях
по месту жительства

Кратковременный подъем температуры,
pокраснение в месте введения вакцины –
естественное проявление процесса
выработки организмом иммунитета

ДИФТЕРИЯ ВЫСОКОЗАРАЗНА

ЛЕЧЕНИЕ дифтерии
трудоемкое
и дорогое,
НЕ ГАРАНТИРУЕТ
БЛАГОПРИЯТНОГО
ИСХОДА

Закаливание и правильное
питание не снижает риска
заболевания

ПОДРОБНУЮ КОНСУЛЬТАЦИЮ
МОЖНО ПОЛУЧИТЬ У ВРАЧА
ПО МЕСТУ ЖИТЕЛЬСТВА

СДЕЛАЙ ПРИВИВКУ –
ЗАЩИТИ СЕБЯ И БЛИЗКИХ!

ПРИВИВКА ДАСТ ВАМ
УВЕРЕННОСТЬ
В СОБСТВЕННОМ БЛАГОПОЛУЧИИ

Центр профилактической медицины
Центр Госсанэпиднадзора по Новгородской области
Защитите детей от дифтерии!

Эпидемия дифтерии в Новгородской области продолжается!

Болезнь начинается как ангина, поражает сердце и нервную систему.
Передается через воздух и предметы обихода.

Отечественные вакцины безопасные и эффективны!

Источник инфекции — больной человек или здоровый носитель микроба.

Заразиться можно!

Прививки детям надо начинать делать с 3-х месячного возраста.

Вакцинация состоит из 3-х прививок.

Постоянные противопоказания против прививок нет.

Одна прививка не защитит ребенка от болезни.
Начните прививать ребенка вовремя и пройдите весь курс прививок!

Прививки делают одноразовыми шприцами бесплатно в медицинских учреждениях по месту жительства.
Кратковременный подъем температуры, покраснение в месте введения вакцины после прививки — естественное проявление процесса выработки у ребенка иммунитета.

Жизнь и здоровье вашего ребенка в ваших руках!

Центр профилактической медицины
Центр Госсанэпиднадзора по Новгородской области
English translation of Medicine for You-produced diphtheria campaign videos in Novgorod:

Certificate
of broadcasts of video shorts on diphtheria on the “Slaviya” NGTPK television station
in September-October 1996.

1. Video short “Diphtheria” (3 versions) was shown on the city channel Sept. 2, 3, 5, 10, 11, 12, 16, 17, 19, 23, 25, 27; Oct. 1, 2, 3, 4, 8, 10, 15, and 17.
   Total: 20 times

2. Video short “Diphtheria” (3 versions) was shown on the oblast channel Sept. 7, 14, 21, 28; Oct. 5 and 12.
   Total: 6 times

Total certified: 26 broadcasts of video shorts on diphtheria on the “Slaviya” NGTPK television station.

Signed A.V. Avramenko, Administrator
С П Р А В К А
о прохождении рекламно - информационных материалов
в эфире телевидения НТРК "Славия" в программе "Телезавтрак"
в сентябре - октябре 1996 г.

1. Прокат видеоролика "Диабет" (3 варианта) в городском эфире
2.09, 3.09, 5.09, 10.09, 11.09, 12.09, 16.09, 17.09, 19.09, 23.09, 25.09, 27.09,
1.10, 2.10, 3.10, 4.10, 8.10, 10.10, 15.10, 17.10
Всего: 20 раз

2. Прокат видеоролика "Диабет" (3 варианта) в областном эфире
в программе "Телезавтрак"
7.09, 14.09, 21.09, 28.09, 5.10, 12.10
Всего: 6 раз

Итого по справке: 26 раз был прокатан видеоролик "Диабет" в эфире
телевидения НТРК "Славия"

Составил
администратор:                      Авраменко А.В.
APPENDIX B

Voronezh Materials
Только прививка защитит Вас от дифтерии.

Прими правильное решение! Защити себя и свою семью от дифтерии.

Обратись к врачу, не всем достаточно одной прививки.
От дифтерии можно защититься!

Обратись к врачу - не всем достаточно одной прививки от дифтерии
ПРОФИЛАКТИКА ДИФТЕРИИ

Дифтерия — острое инфекционное заболевание, возбудителем которого является дифтериальная палочка. Источником заражения дифтерией является не только больной человек, но и здоровый поситель дифтериальной палочки.

Инфекция передается здоровым людям воздушно-капельным путем. Дифтерийная палочка, попадая на различные объекты внешней среды, может длительное время сохранять свою жизнеспособность. Белье, одежда, посуда, игрушки, книги, бытовые предметы больного, обстановка и помещение — все это может сохранить инфекцию и может послужить средством ее передачи здоровому человеку.

Дифтерия угрожает не только детям, которым не были своевременно сделаны прививки против дифтерии, но и взрослым, так как у основной части взрослых утрачен постпрививочный иммунитет после иммунизации в детском возрасте, не подкрепленный повторными прививками.

Попадая на слизистую носоглотки, дифтерийная палочка размножается там и вызывает яд — токсин. Со слизистых оболочек он возвращается в кровь и отравляет весь организм, поражая жизненно важные органы: сердце, нервную систему, органы дыхания.

В зависимости от места проникновения дифтерийных микробов, наблюдаются различные формы заболевания: дифтерия глотки, носоглотки, глаз, кожи.

Заболевание может протекать легко у детей и взрослых, привитых от дифтерии, и очень тяжело, с развитием осложнений со стороны сердца и кровеносной системы и верхних дыхательных путей, у не привитых или привитых по инструкции.

Основным эффективным способом профилактики дифтерии является проведение профилактических прививок.

Прививки начинаются с 3-х месячного возраста ребенка. Вакцинация состоит из трех прививок с интервалом 1,5 месяца.

Для поддержания иммунитета через 1,5-2 года проводится первая ревакцинация, а затем в 9 и 16 лет.

Дальнейшим для сохранения иммунитета рекомендуется проводиться взрослому населению каждые 10 лет.

Взрослым старше 39 лет для достижения иммунитета прививки от дифтерии делаются трехкратно: через 1 месяц и через 9-10 месяцев.

Профилактические прививки проводятся в специально выделенном кабинете, обученным медицинским работником, одноразовым шприцем.

Вакцина применяется для прививок, проходит тщательный контроль в специально выделенном кабинете, обученным медицинским работником, одноразовым шприцем.

Для проведения прививок имеется противопоказания: острые инфекционные заболевания, лихорадочные состояния, туберкулез в активной форме, заболевания крови, сахарный диабет, острые и хронические болезни почек с обострениями, пороки сердца в период декомпенсации, аллергические болезни, заболевания центральной нервной системы с острыми явлениями.

Детей ослабленных, часто болеющих необходимо прививать в первую очередь, так как они наиболее тяжело переносят инфекционные заболевания.

Детей, временно ослабленных, выявленных по медицинским показаниям, берутся под особое наблюдение.

Приемущества вакцинации велики, так как вместо тяжелого протецирующего инфекционного процесса, как правило, возникает почти безобидная реакция, и нередко прививка проходит и без нее.

Риск возникновения у ребенка каких-либо серьезных осложнений чрезвычайно малочетим. В то же время Ваш ребёнок постоянно рискует заразиться и заболевать.

Если у Вас возникнут вопросы об условиях проведения иммунизации, Вы всегда можете обсудить их со своим лечащим врачом.

В жизни так много катастроф, которые Вы не в силах предотвратить. Но не умереть от дифтерии в Ваших руках!

СДЕЛАЙТЕ ПРИВИВКУ!
Маленькая капля вакцины
избавит Вас от
большой беды!

Медицинской профилактики
<table>
<thead>
<tr>
<th>Вид прививки</th>
<th>Сроки вакцинации</th>
<th>Сроки ревакцинации</th>
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<tr>
<td>Против туберкулез</td>
<td>4-7 день</td>
<td>6-7 лет</td>
</tr>
<tr>
<td>Против полиомиелита</td>
<td>С 7 месяцев трехкратно с интервалом 45 дней.</td>
<td>От 1 до 2 лет двукратно</td>
</tr>
<tr>
<td>Против коклюша, дифтерии и столбняка (АКДС)</td>
<td>С 3 месяца трехкратно с интервалом 45 дней.</td>
<td>Через 12-18 месяцев после 3 вакцинации</td>
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</tr>
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<td>С 18 месяцев</td>
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Я привив и этим! Медицинской профилактики
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APPENDIX C

Yekaterinburg Materials
Внимание: дифтерия!

Дифтерия — тяжелое инфекционное заболевание. Болеют и взрослые, и дети. За 9 месяцев 1996 года в Свердловской области зарегистрировано более 300 случаев этой болезни. Увеличилось число смертельных исходов. Положение можно расценивать как эпидемию.

Заражение происходит при кашле, чихании, разговоре, через предметы, с которыми соприкасается больной.

Признаки болезни:
- высокая температура;
- боли в горле при глотании;
- отечность миндалин, появление на них беловато-серых налетов;
- общая слабость.

Эти симптомы схожи с симптомами обычной ангины. Поэтому важно вовремя обратиться к врачу.

Надежная защита — прививка!

Проводятся такие прививки в поликлиниках по месту жительства и взрослым, и детям. Бесплатно и одноразовыми шприцами.

Помните!

Непривитой человек может легко заразиться дифтерией. Родители, позаботьтесь о здоровье своих детей!

Сделайте прививку!
Дифтерия
Тяжелое инфекционное заболевание. Возбудитель - дифтерийная палочка, которая вырабатывает сильнейший яд - дифтерийный токсин. Болеет дифтерией только человек.

Заражение происходит при кашле, чихании, разговоре.

Заболевание начинается с повышения температуры до 38-40 градусов, болей в горле. Появляются налеты на миндалинах в виде плотных серовато-белого цвета пленок. В тяжелых случаях присоединяется отек миндалин, дужек и подкожной клетчатки.

Осложнения:
- Паралич мягкого неба, с появлением гнусавости и затекания жидкой пищи в нос;
- Поражение сердца (миокардит);
- Поражение почек (тяжелая почечная недостаточность);
- Поражение мышц гортани, шеи, туловища.

Защита от дифтерии - прививки!
ПРИВИВКА ОТ ДИФТЕРИИ - спасёт от тяжелых осложнений и смерти.
Обращайтесь в поликлиники по месту жительства.

Городской Центр медицинской профилактики.
г.Екатеринбург.

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