Федеральное государственное бюджетное образовательное учреждение

высшего образования «Красноярский государственный медицинский

университет имени профессора В.Ф. Войно-Ясенецкого»

Министерства здравоохранения Российской Федерации

Кафедра латинского и иностранных языков

**Текст 1 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

**COVID-19**

The name coronavirus comes from the Latin word “corona”, which means a crown or halo. Under an electron microscope, the image of the virus resembles the solar corona.

* In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease.
* COVID-19 is caused by a coronavirus called SARS-CoV-2. Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV).

The “incubation period” means the time between catching the virus and beginning to have symptoms of the disease. Most estimates of the incubation period for COVID-19 range from 1-14 days, most commonly around five days.

Is COVID -19 airborne?The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or speaks. You can be infected by breathing in the virus if you are within 1 metre of a person who has COVID-19. So the virus is spreading from person-to-person. The droplets are too heavy to hang in the air. They quickly fall on floors or surfaces. A person can also catch the virus by touching a contaminated surface and then touching eyes, nose or mouth before washing hands.

People are thought to be most contagious when they are symptomatic (the sickest). That is why they recommend us that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others. More recently the virus has also been detected in asymptomatic persons.

Currently, there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for at least 20 seconds for general food safety. Throughout the day use a tissue to cover your coughing or sneezing, and wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging. Based on information about this novel coronavirus thus far, it seems unlikely that COVID-19 can be transmitted through food – additional investigation is needed.

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**Текст 2 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

**Transmission of COVID-19**

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COVID-19 symptoms include fever, a dry cough, tiredness, and some patients may have aches and pains, nasal congestion, runny nose, sore throat, or diarrhea and shortness of breath. Shortness of breath is the most serious. A headache isn't a common symptom of the virus, but about 14% of people infected with corona have experienced it. These symptoms may appear 2-14 days after exposure.

Currently, there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for at least 20 seconds for general food safety. Throughout the day use a tissue to cover your coughing or sneezing, and wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging. Based on information about this novel coronavirus thus far, it seems unlikely that COVID-19 can be transmitted through food – additional investigation is needed.

It is not yet known whether weather and temperature affect the spread of COVID-19. Some other viruses, like those that cause the common cold and flu, spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during other months. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.

Detailed investigations found that SARS-CoV was transmitted from civet cats to humans in China in 2002 and MERS-CoV from dromedary camels to humans in Saudi Arabia in 2012. Several known coronaviruses are circulating in animals that have not yet infected humans. As surveillance improves around the world, more coronaviruses are likely to be identified.

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**Текст 3 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

**COVID - 19**

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

The name coronavirus comes from the Latin word “corona”, which means a crown or halo. Under an electron microscope, the image of the virus resembles the solar corona.

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* COVID-19 is caused by a coronavirus called SARS-CoV-2. Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV).

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Signs and symptoms of coronavirus disease 2019 (COVID-19) may appear two to 14 days after exposure. This time after exposure and before having symptoms is called the incubation period. Common signs and symptoms can include: fever, cough, shortness of breath or difficulty breathing. other symptoms can include: tiredness, aches, chills, sore throat, loss of smell, loss of taste, headache, diarrhea, severe vomiting.

Some people may experience worsened symptoms, such as worsened shortness of breath and pneumonia, about a week after symptoms start.

The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it’s important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

At this time, there are no specific vaccines or treatments for COVID-19. It can take a number of years for a new vaccine to be developed. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.

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**Текст 4 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

**COVID - 19**

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People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. These symptoms may appear 2-14 days after exposure to the virus: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.

In more severe cases, the disease can cause hard medical complications and lead to death in some people. Older adults or people with existing chronic medical conditions are at greater risk of becoming seriously ill with COVID-19. Complications can include: Pneumonia in both lungs, Organ failure in several organs, Respiratory failure, Heart problems, such as heart rhythm problems and a disease of the heart muscle that makes it hard for your heart to pump blood to the body (cardiomyopathy), Acute kidney injury, Additional viral and bacterial infections.

Unfortunately, there is no vaccine until one is developed and there is no specific treatment for disease caused by a novel coronavirus. However, many of the symptoms can be treated and therefore treatment based on the patient’s clinical condition. Moreover, supportive care for infected persons can be highly effective.

Standard recommendations to reduce exposure to and transmission of a range of illnesses include maintaining basic hand and respiratory hygiene, and safe food practices and avoiding close contact, when possible, with anyone showing symptoms of respiratory illness such as coughing and sneezing.

How long can this virus survive on different surfaces? The study reaffirms the need to disinfect surfaces – especially those made of plastic and stainless steel – where possible. In addition, after touching any of these surfaces, it's important to wash your hands with soap and water.

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**Текст 5 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

**COVID - 19**

A novel coronavirus named as 2019-nCoV (now named as SARS-CoV-2) quickly attacked China and multiple countries. Epidemiologically, the novel coronavirus is highly contagious.

On January 30, 2020, the World Health Organization declared SARS-CoV-2 to be a Public Health Emergency of International Concern. Soon afterwards, WHO made the assessment that COVID-19 can be characterized as a pandemic on March 11. Lately, other countries subsequently declared SARS-CoV-2 outbreak “emergency”- the highest warning tier, especially Italy, South Korea and Iran.

COVID-19 typically causes flu-like symptoms including a fever and cough. In some patients - particularly the elderly and others with other chronic health conditions - these symptoms can develop into pneumonia, with chest tightness, chest pain, and shortness of breath. It seems to start with a fever, followed by a dry cough. After a week, it can lead to shortness of breath, with about 20% of patients requiring hospital treatment.

Notably, the COVID-19 infection rarely seems to cause a runny nose, sneezing, or sore throat (these symptoms have been observed in only about 5% of patients). Sore throat, sneezing, and stuffy nose are most often signs of a cold.

Based on all 72,314 cases of COVID-19 confirmed, suspected, and asymptomatic cases in China:

80.9% of infections are mild (with flu-like symptoms) and can recover at home; 13.8% are severe, developing severe diseases including pneumonia and shortness of breath; 4.7% as critical and can include: respiratory failure, septic shock, and multi-organ failure; in about 2% of reported cases the virus is fatal; risk of death increases the older you are; relatively few cases are seen among children.

How long can this virus survive on different surfaces? The study reaffirms the need to disinfect surfaces – especially those made of plastic and stainless steel – where possible. In addition, after touching any of these surfaces, it's important to wash your hands with soap and water. Dropped onto plastic, the two virus strains appear to be able to stay intact far longer. Only half of the SARS-CoV-2 particles broke apart in just under seven hours, for example, with viable coronavirus particles still detected up to three days later. Stainless steel was almost as bad, with a half-life for SARS-CoV-2 of 5.6 hours. Copper, on the other hand, failed to provide similar protection for either strain, with the number of viable particles capable of causing disease vanishing within just four hours for SARS-CoV-2, and eight hours for SARS-CoV-1. Similarly, on cardboard, no viable SARS-CoV-2 particles could be found after 24 hours, or SARS-CoV-1 after eight.

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**Текст 6 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

**PNEUMONIA**

Pneumonia is an infection in one or both lungs. Bacteria, viruses, and fungi cause it.

The infection causes inflammation in the air sacs in your lungs, which are called alveoli. The alveoli fill with fluid or pus, making it difficult to breathe. The germs that cause pneumonia are contagious. This means they can spread from person to person. Both viral and bacterial pneumonia can spread to others through inhalation of airborne droplets from a sneeze or cough. You can also get these types of pneumonia by coming into contact with surfaces or objects that are contaminated with pneumonia-causing bacteria or viruses. You can contract fungal pneumonia from the environment. However, it doesn’t spread from person to person.

Pneumonia symptoms can be mild to life-threatening. They can include: coughing that may produce phlegm (mucus), fever, sweating or chills, shortness of breath that happens while doing normal activities or even while resting, chest pain that’s worse when you breathe or cough, feelings of tiredness or fatigue, loss of appetite, nausea or vomiting, headaches.

From the case history.

Coming home from work patient N. felt general malaise, severe headache, discomfort in the chest, and chills. He took a tablet for his headache and went to bed. But in a few hours he woke up because of difficulty breathing. While coughing he felt pain in the right side of the chest. His temperature rose to 38.6°C, and his general condition worsened. In the morning the pain, accompanying the coughing attacks, became more severe. His temperature was 39ºC. The general condition of the patient deteriorated.

Being too ill to go to the out-patient department he called in a doctor. The doctor examined him carefully and noted irregular respiration, besides there were moist râles heard on auscultation in the right lung. The patient’s pulse was rapid and irregular, the skin was dry, and the tongue was coated. The patient complained of breathlessness. The doctor diagnosed the patient with inflammation of the lungs and sent him to the hospital. On the way to the hospital in the ambulance, the patient felt very bad. He became nauseated and vomited. On admission to the hospital, he looked acutely ill and complained of increasing weakness and severe pain in the right side of the chest radiating to his back. The laboratory analyses of the sputum revealed Pneumococci, the x-ray examination showed right lower lobe pneumonia.

At hospital the patient received antibiotics twice a day. He also took sedatives to improve the condition of his nervous system. When his lungs were clear upon auscultation and laboratory tests showed no pneumococci in the sputum, he was discharged.

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**Текст 7 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

**SARS (Severe Acute Respiratory Syndrome)**

SARS coronavirus (SARS-CoV) – virus identified in 2003. SARS-CoV is thought to be an animal virus from an as-yet-uncertain animal reservoir, perhaps bats, that spread to other animals (civet cats) and first infected humans in the Guangdong province of southern China in 2002.

Transmission of SARS-CoV is primarily from person to person. It appears to have occurred mainly during the second week of illness, which corresponds to the peak of virus excretion in respiratory secretions and stool, and when cases with severe disease start to deteriorate clinically. Most cases of human-to-human transmission occurred in the health care setting, in the absence of adequate infection control precautions. Implementation of appropriate infection control practices brought the global outbreak to an end.

Symptoms are influenza-like and include fever, malaise, myalgia, headache, diarrhoea, and shivering (rigors). No individual symptom or cluster of symptoms has proved to be specific for a diagnosis of SARS. Although fever is the most frequently reported symptom, it is sometimes absent on initial measurement, especially in elderly and immunosuppressed patients.

Cough (initially dry), shortness of breath, and diarrhoea are present in the first and/or second week of illness. Severe cases often evolve rapidly, progressing to respiratory distress and requiring intensive care.

Many people with SARS develop pneumonia, and breathing problems can become so severe that a mechanical respirator is needed. SARS is fatal in some cases, often due to respiratory failure. Other possible complications include heart and liver failure. People older than 60 — especially those with underlying conditions such as diabetes or hepatitis — are at the highest risk of serious complications.

If SARS infections reappear, follow these safety guidelines if you're caring for someone who may have a SARS infection: Wash your hands. Wear disposable gloves. Wear a surgical mask. Wash personal items. Disinfect surfaces.

Is coronavirus the same as SARS? - No. The virus that causes COVID-19 and the one that caused the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003 are related to each other genetically, but the diseases they cause are quite different. SARS was more deadly but much less infectious than COVID-19. There have been no outbreaks of SARS anywhere in the world since 2003.

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**Текст 8 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

**SAFETY GUIDELINES**

Coronaviruses are a large family of viruses that usually cause mild to moderate upper-respiratory tract illnesses, like the common cold.

There are hundreds of coronaviruses, most of which circulate among such animals as pigs, camels, bats and cats. Sometimes those viruses jump to humans—called a spillover event—and can cause disease. Four of the seven known coronaviruses that sicken people cause only mild to moderate disease. Three can cause more serious, even fatal, disease. SARS coronavirus (SARS-CoV) emerged in November 2002 and caused severe acute respiratory syndrome (SARS). That virus disappeared by 2004. Middle East respiratory syndrome (MERS) is caused by the MERS coronavirus (MERS-CoV). Transmitted from an animal reservoir in camels, MERS was identified in September 2012 and continues to cause sporadic and localized outbreaks. The third novel coronavirus to emerge in this century is called SARS-CoV-2. It causes coronavirus disease 2019 (COVID-19), which emerged from China in December 2019 and was declared a global pandemic by the World Health Organization on March 11, 2020.

Most respiratory illnesses spread through droplets that enter the air when someone with the disease coughs, sneezes or talks. Most experts think respiratory infections spread mainly through close personal contact, such as caring for someone sick. The virus may also be spread on contaminated objects — such as doorknobs, telephones and elevator buttons.

If infections reappear, follow these safety guidelines if you're caring for someone who may have some infections:

Wash your hands. Clean your hands frequently with soap and hot water or use an alcohol-based hand rub containing at least 60% alcohol.

Wear disposable gloves. Throw the gloves away immediately after use.

Wear a surgical mask. When you're in the same room with an infected person, cover your mouth and nose with a surgical mask. Wearing eyeglasses also may offer some protection.

Wash personal items. Use soap and hot water to wash the utensils, towels, bedding and clothing of someone with infection.

Disinfect surfaces. Use a household disinfectant to clean any surfaces that may have been contaminated with sweat, saliva, mucus, vomit, stool or urine.

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**Текст 9 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

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o COVID-19 is caused by a coronavirus called SARS-CoV-2. Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV).

When a patient presents to the obstetrical triage or emergency department for respiratory or obstetrical reasons, she should be screened for symptoms or exposure relevant to COVID-19 infection. In cases of positive screen, the patient should be asked to wear a mask and the team should take the necessary contact precautions. The patient should be assessed in an isolation or private room. Symptoms and vital signs should be evaluated, and testing for SARS-CoV-2 should be considered based on local criteria.

Assessment should also include evaluation of comorbidities and other risk factors for severe COVID-19 infection. Women with mild symptoms with no risk factors for severe disease may be discharged home after being advised to monitor symptoms and to seek care in case the symptoms worsen.

Women with moderate disease or those who have comorbidities or other risk factors for severe COVID-19 infection should undergo detailed assessment including physical examination, laboratory testing, and chest radiography as indicated. Decision regarding further management should be individualized based on the symptoms, risk factors, and the results of the assessment.

Women with severe symptoms should undergo detailed assessment by a multidisciplinary team that includes obstetricians, maternal–fetal subspecialists, intensivists, obstetric anesthetists, internal medicine or respiratory physicians, midwives, virologists, microbiologists, neonatologists and infectious disease specialists. Pregnant women are at an increased risk for anxiety and depression; once they have been defined with suspected/probable/confirmed COVID-19 infection they may exhibit varying degrees of psychiatric symptoms that are detrimental to maternal and fetal health. Consequently, healthcare providers should pay attention to a patient’s mental health.

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**Текст 10 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

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There are hundreds of coronaviruses, most of which circulate among such animals as pigs, camels, bats and cats. Sometimes those viruses jump to humans—called a spillover event—and can cause disease. Four of the seven known coronaviruses that sicken people cause only mild to moderate disease. Three can cause more serious, even fatal, disease. SARS coronavirus (SARS-CoV) emerged in November 2002 and caused severe acute respiratory syndrome (SARS). That virus disappeared by 2004. Middle East respiratory syndrome (MERS) is caused by the MERS coronavirus (MERS-CoV). Transmitted from an animal reservoir in camels, MERS was identified in September 2012 and continues to cause sporadic and localized outbreaks. The third novel coronavirus to emerge in this century is called SARS-CoV-2. It causes coronavirus disease 2019 (COVID-19), which emerged from China in December 2019 and was declared a global pandemic by the World Health Organization on March 11, 2020.

Pregnancy is a physiological state that predisposes women to viral respiratory infection. Due to the physiological changes in the immune and cardiopulmonary systems, pregnant women are more likely to develop severe illness after infection with respiratory viruses. In addition, SARS-CoV and MERS-CoV are both known to be responsible for severe complications during pregnancy, including the need for endotracheal intubation, admission to an intensive care unit (ICU), renal failure, and death . The case fatality rate of SARS-CoV infection among pregnant women is up to 25% .

Currently, however, there is no evidence that pregnant women are more susceptible to COVID-19 infection or that those with COVID-19 infection are more prone to developing severe pneumonia.

Pregnancy may also modify the clinical manifestation, for example lymphocytopenia may be even more marked. Summarized data from 56 pregnant women diagnosed with COVID-19 during the second and third trimester demonstrated that the most common symptoms at presentation were fever and cough; two-thirds of patients had lymphopenia and increased C-reactive protein, and 83% of cases had chest CT scan showing multiple patches of ground-glass opacity in the lungs.

Over and above the impact of COVID-19 infection on a pregnant woman, there are concerns relating to the potential effect on fetal and neonatal outcome. It has been reported that viral pneumonia in pregnant women is associated with an increased risk of preterm birth, fetal growth restriction, and perinatal mortality. Therefore, pregnant women require special attention in relation to prevention, diagnosis, and management.

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**Текст 11 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

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The epidemic of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) originating in Wuhan, China, has rapidly spread worldwide.

As of March 24, 2020, China had reported 81 767 cases with 3281 deaths, and the World Health Organization declared coronavirus disease 2019 (COVID-19) a pandemic. As of March 18, 2020, cases were reported in approximately 195 countries.

No specific therapeutic agents or vaccines for COVID-19 are available.

Several therapies, such as Remdesivir and Favipiravir, are under investigation, but the antiviral efficacy of these drugs is not yet known. The use of convalescent plasma was recommended as an empirical treatment during outbreaks of Ebola virus in 2014, and a protocol for treatment of Middle East respiratory syndrome coronavirus with convalescent plasma was established in 2015. This approach with other viral infections such as SARS-CoV, H5N1 avian influenza, and H1N1 influenza also suggested that transfusion of convalescent plasma was effective.

In previous reports, most of the patients received the convalescent plasma by single transfusion. In a study involving patients with pandemic influenza A (H1N1) virus infection, treatment of severe infection with convalescent plasma (n = 20 patients) was associated with reduced respiratory tract viral load, serum cytokine response, and mortality.

In another study involving 80 patients with SARS, administration of convalescent plasma was associated with a higher rate of hospital discharge at day 22 from symptom onset compared with patients who did not receive convalescent plasma.

Accordingly, these findings raise the hypothesis that use of convalescent plasma transfusion could be beneficial in patients infected with SARS-CoV-2.

Федеральное государственное бюджетное образовательное учреждение

высшего образования «Красноярский государственный медицинский

университет имени профессора В.Ф. Войно-Ясенецкого»

Министерства здравоохранения Российской Федерации

Кафедра латинского и иностранных языков

**Текст 12 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The name coronavirus comes from the Latin word “corona”, which means a crown or halo. Under an electron microscope, the image of the virus resembles the solar corona.

A novel coronavirus named as 2019-nCoV (now named as SARS-CoV-2) quickly attacked China and multiple countries. Epidemiologically, the novel coronavirus is highly contagious.

In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease.

o COVID-19 is caused by a coronavirus called SARS-CoV-2. Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV).

Any suspected case should be tested for COVID-19 infection using available molecular tests, such as qRT-PCR. Lower respiratory tract specimens likely have a higher diagnostic value compared with upper respiratory tract specimens for detecting COVID-19 infection. WHO recommends that, if possible, lower respiratory tract specimens, such as sputum, endotracheal aspirate, or bronchoalveolar lavage be collected for COVID-19 testing. If patients do not have signs or symptoms of lower respiratory tract disease or specimen collection for lower respiratory tract disease is clinically indicated but collection is not possible, upper respiratory tract specimens of combined nasopharyngeal and oropharyngeal swabs should be collected. If initial testing is negative in a patient who is strongly suspected of having COVID-19 infection, the patient should be resampled, with a sampling time interval of at least 1 day and specimens collected from multiple respiratory tract sites (nose, sputum, endotracheal aspirate). Additional specimens, such as blood, urine, and stool may be collected to monitor the presence of virus and the shedding of virus from different body compartments. When qRT-PCR analysis is negative for two consecutive tests, COVID-19 infection can be ruled out.

Suspected, probable, and confirmed cases of COVID-19 infection should be managed initially by designated tertiary hospitals with effective isolation facilities and protection equipment. Suspected/probable cases should be treated in isolation and confirmed cases should be managed in a negative pressure isolation room, although it is recognized that these may be unavailable in many units. In general, critically ill confirmed cases should be admitted to a negative pressure isolation room in an ICU.

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Кафедра латинского и иностранных языков

**Текст 13 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

There are hundreds of coronaviruses, most of which circulate among such animals as pigs, camels, bats and cats. Sometimes those viruses jump to humans—called a spillover event—and can cause disease. Four of the seven known coronaviruses that sicken people cause only mild to moderate disease. Three can cause more serious, even fatal, disease. SARS coronavirus (SARS-CoV) emerged in November 2002 and caused severe acute respiratory syndrome (SARS). That virus disappeared by 2004. Middle East respiratory syndrome (MERS) is caused by the MERS coronavirus (MERS-CoV). Transmitted from an animal reservoir in camels, MERS was identified in September 2012 and continues to cause sporadic and localized outbreaks. The third novel coronavirus to emerge in this century is called SARS-CoV-2. It causes coronavirus disease 2019 (COVID-19), which emerged from China in December 2019 and was declared a global pandemic by the World Health Organization on March 11, 2020.

Covid-19 is officially a pandemic. It is a novel infection with serious clinical manifestations, including death, and it has reached at least 124 countries and territories. Although the ultimate course and impact of Covid-19 are uncertain, it is not merely possible but likely that the disease will produce enough severe illness to overwhelm health care infrastructure.

In the United States, perhaps the earliest example was the near-immediate recognition that there were not enough high-filtration masks for health care workers, prompting contingency guidance on how to reuse masks designed for single use. Physicians in Italy have proposed directing crucial resources such as intensive care beds and ventilators to patients who can benefit most from treatment. South Korea faced a hospital bed shortage, with some patients dying at home while awaiting admission.

The Covid-19 pandemic is likely to cause a shortage of hospital beds, ICU beds, and ventilators. It is also likely to affect the availability of the medical workforce, since doctors and nurses are already becoming ill or quarantined. Even in a moderate pandemic, hospital beds and ventilators are likely to be scarce in geographic areas with large outbreaks or in rural and smaller hospitals that have much less space, staff, and supplies than large academic medical centers.

Public health measures known to reduce viral spread, such as social distancing, cough etiquette, and hand hygiene may make resource shortages less severe by narrowing the gap between medical need and the available supply of treatments.

However, the rapidly growing imbalance between supply and demand for medical resources in many countries presents an inherently normative question: How can medical resources be allocated fairly during a Covid-19 pandemic?

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Министерства здравоохранения Российской Федерации

Кафедра латинского и иностранных языков

**Текст 14 для перевода**

*(практические навыки)*

по дисциплине «Иностранный язык» (английский)

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o COVID-19 is caused by a coronavirus called SARS-CoV-2. Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV).

The outbreak of COVID-19 has become a public health emergency of major international concern and it is affecting the management of several chronic conditions, such as onco-haematological diseases. The complexity of this new problem is having also an important impact on the management of all patients taking immunosuppressive drugs for their autoimmune systemic diseases, not only for those already under treatment, but especially those who are about to start a new treatment to control their disease activity.

In this COVID-19 era, specific observational studies aimed at assessing the safety of our therapies are pressingly needed to answer the following questions:

1) Should patients who need to start conventional or biological immunosuppressive drugs be screened for potential COVID-19 infection?

2) Are recurrent infections possible?

At the moment, we know that a specific screening should take place prior to initiating immunosuppressive drugs; this is the case for example of biological therapies that require prior screening for tuberculosis (TB), hepatitis B and C.

Unfortunately, so far there are no data on the potential course of COVID-19 disease in rheumatic patients and more comprehensive studies are needed in order to know the percentage of subjects

positive to the virus who will develop signs and symptoms of COVID-19.

To date, the principles of common sense have guided us in the management of patients undergoing new therapies that envisaged, after the usual diagnostic screening, isolation of 15 days for asymptomatic patients who were about to start a new treatment. In the case that the patient did not show any signs or symptoms related to COVID-19 infection, the new therapy could be initiated.