PROFESSIONAL DETAILS

Fullname Arazoo Issa Tahir

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Phone 07507377323

Gender female

Birth Date 1989-11-12

Address Iraq - Bardarash-Duhok Governorate

Nationality iraqi

- Bardarash Technical Institute
- Nursing

LANGUAGE

- **Kurdish** (Native)
- **English** (Proficient)
- **Persian** (Proficient)
- **Arabic** (Intermediate)

SPECIALTIES

MSc.Community Health BSc Biology

TEACHING MATERIAL

Practical Microbiology PHC Nutrition Community Health Nursing Research Methodology

SOCIAL LINKS

Google Scholar

EDUCATION

Dec, 2018

Master degree

Community health

Duhok Polytechnic university

Feb, 2012

Bachelor

Biology

Salahhaddin University

PROFESSIONAL EXPERIENCE

Jan, 2019 - Jan, 2020

Lecturer

Bardarash Technical Institute

Bardarash

Lecturing Nursing and Health Management Department

Jan, 2013 - Apr, 2020

Teaching Practical lectures

Bardarash Technical Institute

Bardarash

I have been lecturing practical lectures (Microbiology, Nutrition, Community Health, Public health)

Jul, 2011 - Sep, 2011

Laboratory analysis

Primary Health care

Bardarash

I worked in the clinical laboratory of Bardarash Primary Health Care Center in 2011, for about three months.

SKILLS

MS Office Package::

Word, Excel, PowerPoint and Outlook

SPSS: Statistical Package for the Social Sciences

Photoshop:

Painting and editing photos and videos

PUBLICATION JOURNAL

Apr, 2020

Factors Associated with Methicillin Resistant Staphylococcus aureus Carriage

Kurdistan Journal of Applied Research (KJAR) (Issue: Special Issue: 3rd International Conference on Health & Medical Sciences) (Volume: 4)

Abstract S. aureus is a common commensal of the skin and mucosal membranes of humans, with esti mates of 20% (range from 12% to 30%) of healt hy people are persistent S. aureus nasal carri ers, 30% (range from 16% to 70%) are intermitt ent carri ers , and 50% (range from 16% to 69%) are non-carriers. The aim of this article is to explore the factors associated with Methicillin Resistant Staphylococcus Aureus carriage among food handlers. Across sectional study was done to involve 200 persons who are handling foods in 40 restaurants in Duhok city in the study. Methicillin Resistant Staphylococcus Aureus was detect among 27% of studied population. Methicillin Resistant Staphylococcus Aureus carrier ra te showed a significant associatio n wit h skin and soft tissue in fecti ons, health facilities visits and certain jobs of food handlers. Age, dura tio n of work in the re staurants, personal protective measures and antibiotic use showed no sig nificant association with the pre valence of MRSA. Methicillin Resistant Staphylococcus Aureus carrier ra te was hig her among food handlers working in popular restaurants when compared to other restaurants. Ongoing screening of all persons who handled foods is crucial to detect and treat those are MRSA carrier as one of major public health issues. Keywords: Methicillin Resistant Staphylococcus aureus , Fact carrier state , Duhok (PDF) Factors Associated with Methicillin Resistant Staphylococcus aureus Carriage. Available from: https://www.researchgate.net/publication/338385489_Factors_Associated_with_Methicillin_Resistant_Staphylococcus_aureus_Carriage [accessed Apr 16 2020].

Jan, 2018

Prevalence of Methicillin Resistant Staphylococcus Aureus Among Food Handlers in Duhok City

Science Journal of University of Zakho (Issue: 4) (Volume: 6)

ABSTRACT: Food handlers harbouring S. aureus on their noses or in hands are considered as the main source of food contamination. Antibiotic resistance in S. aureus is a serious issue. The study aimed to find out the prevalence of

methicillin-resistant S. aureus among food handlers in restaurants of Duhok city. Nasal and hand swabs were taken from 200 food handlers. The collected swabs inoculated on mannitol salt agar and incubated at 37oC for 24-48h. Isolates identified as S. aureus underwent antimicrobial sensitivity testing to methicillin and vancomycin on Mueller Hinton agar. A total of 74 (37%) out of 200 cultures of food handlers were found to be colonized with S. aureus. 53 (26.5%) isolated from the nose, compared with 8 (4.0%) from hands and 13 (6.5%) from both. 27% of the food handlers were found to be MRSA carrier, and none of the isolates were resistant to Vancomycin. The study revealed a high prevalence of MRSA among food handlers in Duhok city. Food handlers in public places are required to go through regular screening for both nasal and skin carriage of S. aureus for the early detection and treatment of carriers. This is to protect the community from staphylococcal food poisoning and the spread of resistant S. aureus strains among the population. The KEYWORDS: MRSA, Food handlers; Prevalence; Duhok. (PDF) Prevalence of Methicillin Resistant Staphylococcus Aureus Among Food Handlers in Duhok City. Available from: https://www.researchgate.net/publication/330166732_Prevalence_of_Methicillin_Resistant_Staphylococcus_Aureus_Among_Food_Handlers_in_Duhok_City [accessed Apr 16 2020].

WORKSHOP

Nov, 2019 - Nov, 2019

Technical and Vocational Institute Training (TEVT)

Erbil International Hotel in Erbil. As Guest

participated in technical and vocational institution (TVET) faculty and staff training, on building effective career services to better support students' employability. This initiative is implemented in cooperation between IREX and the Ministry of Higher Education and Scientific Research, under the Iraq Higher Education Partnerships Program with the support of United States Embassy/Baghdad. This specialized training has several goals, including: • Demonstrate the essential skills needed to provide career services support for students; • Identify strategies to carry out experiential education initiatives for professional development; • Develop a plan for industry engagement on initiatives such as internships and learning labs; and • Practice and develop training best practices.

TRAINING COURSE

Mar, 2020 - Apr, 2020

BACTERIAL GENOMES: ANTIMICROBIAL RESISTANCE IN BACTERIAL PATHOGENS

from Wellcome Genome Campus Advanced Courses and Scientific Conferences., International

This course covered some of the mechanisms of antibiotic actions and bacterial resistance to antibiotics, the laboratory techniques used to accurately identify resistant strains, and bioinformatic tools used to analyse genomic data. The significance of AMR for global health was also discussed. 3 weeks, 5 hours per week.

Mar, 2020 - Mar, 2020

Global Disease Masterclass: Non-communicable Diseases

by Imperial College London, National

About this Course Welcome to this course on the aetiology, epidemiology and interventions for non-communicable diseases of the Global Diseases Masterclass. We've selected four disease areas and will go through each in turn. The diseases we've chosen are: Colorectal Cancer, Cardiovascular Disease (CVD), Dementia, and Diabetes. We have selected these non-communicable diseases because they span a range of different types of disease process and because of the expertise and experience that our School of Public Health has in these areas. This will provide an introduction to a few of the of most important global non-communicable disease challenges while also providing variation in aetiology, epidemiology and interventions to learn from. We hope that by the end of this course you will be able to describe the basics of the disease aetiology, global epidemic trends and the available interventions. We also hope you'll be able to use this information to critique public health approaches and policy positions for the four non-communicable diseases we've covered as well helping you extend to further disease areas.

Feb, 2020 - Mar, 2020

Global Disease Masterclass: Communicable Diseases Epidemiology, Intervention and Prevention

by Imperial College London, International

About this Course This course is all about infectious diseases. We've selected four disease areas — HIV, Malaria, Emerging Infectious Diseases (Ebola and Zika), and TB — and we will go through each in turn. We've selected these

diseases because they span a range of different types of disease and allow us to look at important issues that relevance of other diseases too. We will look at each disease in the same way: we begin by looking at the aetiology and epidemiology of the diseases. We then show how data on this disease can be used to understand important trends and patterns. We then focus on the interventions that can be used to address that disease - typically spanning both prevention and treatment - and consider how policies have been developed to address the disease. We finish by reflecting on the whole topic area of the disease with an external expert.

Feb, 2020 - Apr, 2020

Introduction to the Biology of Cancer

by Johns Hopkins University, International

introduction to the basics of cancer biology as well as incidence and common types of cancer. All cancers share ten cellular hallmarks. This week, you'll learn to identify these hallmarks in order to distinguish a normal cell from a cancerous cell. attention to the genetics of cancer, variation and mutation, two-hit hypothesis, and genomic instability.

POSTGRADUATE COMMITTEE

Jan, 2019

Scientific Committee

member Degree, As Member