

ASSESSMENT OF 15 MCQs

FPSC No : 80
MCQS ON LIFE COURSE IMMUNISATION
Submission DEADLINE: 9 July 2019, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline

1. A seven-year-old child is brought in for consideration of influenza vaccination. Her mother claims that she had developed fever, hives and nasal congestion after consuming an egg at the age of three, and is concerned about the presence of egg in the vaccine. What would you recommend her?

- a. Referral to an allergist to verify the diagnosis of egg allergy.
- b. Recommend the inactivated influenza vaccine.
- c. Recommend the recombinant HA influenza vaccine, which is manufactured without the use of eggs.
- d. Recommend the live attenuated influenza vaccine, which has a lower concentration of egg protein.
- e. Recommend that the child not be vaccinated in view of the egg allergy.

2. A 16-year-old boy presents with fever for three days associated with myalgia, dry cough, headache and sore throat. He has a temperature of 39 degrees Celsius but clinical examination is otherwise unremarkable. His younger sister had presented with similar but milder symptoms two days ago. Neither have travelled overseas over the past month. How would you treat him?

- a. Symptomatic treatment and oral clarithromycin 500 mg BD, with advice to return if his symptoms do not improve within the next few days.
- b. Symptomatic treatment with advice to return if his symptoms do not improve within the next few days.
- c. Referral to the nearest hospital emergency department in view of his high fever.
- d. Symptomatic treatment and oral oseltamivir 75 mg BD, with advice to return if his symptoms do not improve within the next few days.
- e. Symptomatic treatment as well as oral amoxicillin 500 mg TDS and oral oseltamivir 75 mg BD, with advice to return if his symptoms do not improve within the next

few days.

3. Which of the following statements is true?

- a. Current influenza vaccines will protect against influenza A, B and C.
- b. Current influenza vaccines can be prescribed for a five-month-old child.
- c. The influenza vaccine cannot be prescribed for a person who had developed a severe allergic reaction to an influenza vaccine administered four years ago.
- d. Immunity from the influenza vaccine will last at least five years.
- e. The influenza vaccine cannot be administered together with the pneumococcal vaccine.

4. Which of the following statements is false?

- a. Breastfeeding mothers should avoid the influenza vaccine.
- b. Influenza vaccination is associated with the risk of Guillain-Barre syndrome.
- c. The most common side effect from influenza vaccination is pain and erythema at the injection site.
- d. Women in the first trimester of pregnancy may still receive the influenza vaccine.
- e. Influenza vaccine efficacy exceeds 70 percent most years.

5. A 72-year-old man with hypertension, ischaemic heart disease, type II diabetes mellitus, and resected stage IIB colon cancer presents with fever for a day associated with dry cough and myalgia. His granddaughter had similar symptoms along with runny nose three days ago when she visited him. MOH had issued a circular reporting an increase in influenza A(H3N2) infections less than a week ago. Clinical examination is unremarkable – lungs are clear on auscultation, throat is mildly injected, and temperature is 38.1 degrees Celsius. How would you manage this man?

- a. Referral to the nearest hospital emergency department in view of his many co-morbid conditions and age.
- b. Symptomatic treatment and oral amoxicillin 500 mg TDS, with advice to return if his symptoms do not improve within the next few days.
- c. Symptomatic treatment with advice to return if his symptoms do not improve within the next few days.
- d. Symptomatic treatment and oral oseltamivir 75 mg BD, with advice to return if his symptoms do not improve within the next few days.
- e. Symptomatic treatment as well as oral amoxicillin 500 mg TDS and oral oseltamivir 75 mg BD, with advice to return if his symptoms do not improve within the next few days.

6. If you are left with only one vial of Hepatitis B vaccine in your clinic, which of the following would you give the vaccine to?

- a. An 18-year-old NSF who is up-to-date on all his vaccines.
- b. A 32-year-old man who has sex with men.
- c. A 27-year-old domestic helper who is the main care giver to her employer who is a who is chronic hepatitis B carrier.
- d. A 23-year-old medical student whose Immunization Information System form indicates all vaccines "Complete".
- e. A known drug addict brought in by CNB officer for drug offence.

7. A 36-year-old woman has severe rheumatoid arthritis. Her rheumatologist has prescribed prednisone 20mg daily for two months and now she is on a low daily maintenance dose for the last three months. Her colleague has just been diagnosed with chickenpox. What should you do now?

Which of the following would be the most appropriate therapeutic strategy for this patient?

- a. Give her the varicella vaccine immediately regardless of her chickenpox history and keep her on her steroids.
- b. Give her the varicella vaccine immediately and ask the rheumatologist to taper the steroid quickly.
- c. Refer to Infectious Disease colleagues and offer to give IV varicella immune globulin.
- d. Offer reassurance that she is at very low risk of contracting chicken pox.
- e. Offer her both varicella and herpes zoster vaccines at the same time.

8. When using the HALO approach for adult immunization assessment, a healthcare provider considers the adult's ...

- a. Health conditions, Age, Lifestyle, Occupation
- b. Health conditions, Activity, Longevity, Occupation
- c. Health conditions, Activity, Lifestyle, Occupation
- d. Health conditions, Age, Living conditions, Other
- e. Housing condition, Age, Lifestyle, Occupation

9. Which of the following statements is NOT correct?

- a. SMS reminders have been shown to improve take up rate of vaccines.
- b. Incentives and subsidies are known factors that improve acceptance of vaccine.
- c. Professional bodies play a big role in punishing primary care physicians for failure to promote vaccines
- d. Smokers and alcoholics are prone to some infections and vaccines can help to reduce infections.
- e. Travelers benefit from vaccines

10. Which of the following statements is correct?

- a. Childhood vaccination schedule alone is sufficient for protecting the community against infectious diseases.
- b. The quality of care in terms of vaccine stock among primary care practitioners is largely adequate and comprehensive
- c. Chronic diseases patients do not benefit from vaccines
- d. There are no vaccines required for pregnant mothers.
- e. Adult vaccination guidelines and schedules have helped the primary care physicians to introduce vaccines to the public.

11. The incubation period for Bordetella pertussis is usually:

- a. 2-3 days
- b. 4-6 days
- c. 7-10 days
- d. 11-13 days
- e. 14-17 days

12. You are seeing a 26-year-old man in your clinic, and suspects him to be having Bordetella pertussis infection. You intend to take a nasopharyngeal swab. Which of the following investigations is considered gold standard for diagnosis?

- a. Polymerase chain reaction (PCR)
- b. Bacterial culture
- c. Gram stain
- d. IgA testing
- e. Urinary antigen

13. You have confirmed the diagnosis of pertussis.**Which antibiotic should be started?**

- a. Clarithromycin
- b. Augmentin
- c. Amoxicillin
- d. Ciprofloxacin
- e. Cefuroxime

14. Which of the following groups has lower priority for Bordetella pertussis vaccination?

- a. Caregivers of young children
- b. Elderly
- c. Healthcare workers
- d. Infants
- e. Secondary school students

15. Under the Singapore national childhood immunization schedule, acellular pertussis vaccine will be given at the following age except:

- a. 3 months of age
- b. 4 months of age
- c. 5 months of age
- d. 18 months of age
- e. 30 months of age