MINISTRY OF HEALTH OF UKRAINE
Poltava State Medical University
Department of Edocrynology with children's infectious diseases

Pikul K.V., Il'chenko .V.I, Syzova L.M.

TESTS FOR CHILDHOOD INFECTIOUS DISEASES

For English-speaking students of the international faculty (specialty - medicine)

Poltava – 2023

МІНІСТЕРСТВО ЗДОРОВ'Я УКРАЇНИ
Полтавський державний медичний університет
Кафедра ендокринології з дитячими інфекційними хворобами

Пікуль К.В., Ільченко В.І., Сизова Л.М.

ЗБІРНИК ТЕСТІВ ПО ДИТЯЧИМ ІНФЕКЦІЙНИМ ХВОРОБАМ

Для здобувачів вищої освіти англомовної форми навчання, які навчаються за спеціальністю 222 «Медицина»

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УДК _____

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Content

Topic 1.
Measles and rubella. Chickenpox. Herpes zoster

How to change the incubation period of measles in children who were administered a specific immunoglobulin?

*increased to 21 days;
is not modified;
reduced to 10-12 days;
lasts 17 days.

When the patient is allowed the end the isolation of measles?

*5 days from the start of the rash, the presence of pneumonia -a 10 days;
5 days from the start of the rash;
21 days from the beginning of catarrhal period;
for 9 days from the onset.

What type of vaccine belongs to the measles vaccine?

*the live vaccine;
killed vaccine;
chemical;
combined.

Which group of antibiotic will you choose to prevent and treat secondary complications of measles?

*B-lactam Aminoglycosides;
Aminoglycosides;
Sulfonamide;
Derivatives 8-hydroxyquinoline.

Which of the following changes in the peripheral blood is not specific to rubella?

*significantly increased ESR leukopenia;
lymphopenia;
the presence of plasma cells;
leukopenia.

What are the signs of these characteristic rash rubella?

*elements of the pale pink, not more than 4 mm in diameter.
the phasing;
transition in pigmentation;
no inclination to merge elements of an eruption;

When make vaccination against rubella?

*12 months of age, single;
at 3 months of age, three times at intervals of 30-45 days;

6 -month age twice with an interval of 1.5 months;
12 months of age, three times at intervals of 30-45 days;

Which of the following antibiotics should not assign for children of the first 5-6 months of life?

*chloramphenicol.
ampicillin / sulbactam;
ceftriaxone (lonhatsef);
netromitsyn (netilitsyn);

What period of rubella does not exist?

*the period of pigmentation;
incubation period (11-24 days);
prodromal period (from several hours to 1-2 days);
the period of eruption (2-4 days).

Which of the complications related to the rubella (caused by a rubella virus)?

*with stenosis, laryngotracheitis;
stomatitis;
otitis;
abscess of the orbit (eye)

Which of the following symptoms are distinguished from measles rubella?

*phasing rash;
intoxication;
the reaction temperature;
lymphadenopathy.

In what period of time the introduction of immunoglobulin against measles gives the best result?

*at the beginning of the incubation period;
at the beginning of the catarrhal period;
at the beginning of a rash;
at the beginning of convalescence;

What kind of disease must be differentiated between measles rash?

*rubella;
meningococcemia;
scarlet fever;
pseudotuberculosis.

What is the basic therapy of rubella?

*symptomatic therapy.
antihistamines;
antibiotic therapy;
corticosteroids;

When performed revaccination against measles?

*15-16 years, only girls;
before school;
in 15-16 years to all without exception;
2 - 1.5 years after vaccination.

In what period of pregnancy rubella is the most dangerous for the unborn child?

*1 trimester;
2 trimester;
3 trimester;
there is no danger.

How long can rubella virus be released from the sputum, saliva, urine, feces in children with congenital rubella?

*1.5 -2 years after birth;
the beginning of puberty;
up to 28 days of life;
to 5-7 days after birth.

Which of the following anomalies does not apply to "classic congenital rubella syndrome"?

*cleft lip;
cataracts;
heart diseases;
deafness.

What is characteristic for rash of measles?

*rozeolar-papular;
vesicle-papular;
rozeolar;
urticaria.

What measures do not carried out in the outbreak of measles?

*a final disinfection;
isolation of the patient;
the introduction of immunoglobulin in children.
quarantine.

What feature is not found of catarrhal period of measles?

*phlegmonous, adenitis.
dry cough;
enantema;
Koplik-Filatov's spots;

Which symptom is not in the midst of the period of the rash of measles?

*Koplik-Filatov's spots;
dry, rough, "berating" cough;
conjunctivitis;
rhinitis.

Which of the following changes in blood characteristic rubella?

*increasing the number of plasma cells (30%)
leukopenia;
lymphocytosis;
ESR within normal limits.

Which of the following regarding serological diagnostic method of rubella is not true?

*for the diagnosis of rubella antibodies is sufficient growth in the second serum 2 times.
the using the reaction of hemagglutination inhibition (HIT), which take blood from a vein or finger;
conduct research on the beginning of diseases and 7-14 days (serum pair);
diagnostic antibody titer believe growth in the second serum least 4 times;

Which of the results of immunological studies does not indicate the presence of congenital rubella?

*if the newborns antibodies to rubella virus, such as IgG;
in newborns - detection of specific antibodies in blood serum type IgM;
in children 1 year of life - the presence of antibodies to rubella virus IgM;
children under 4 years old - the presence of specific antibodies IgG-type rubella in the absence of others.

For measles rash is atypical:

*the simultaneous appearance of elements.
spotty, papular rash;
phasing rash;
the trend towards mergers elements of an eruption;

What is the duration of pigmentation in measles :

*1.5 -3 weeks;
5 days;
about year;
6 months.

What does mean the term "rudimentary measles?"

*a mild form of the disease, which emerged in children 1 year of age who are breastfed;
particularly severe form of the disease;
form of the disease in which lesions first appear on the limbs;

Stains Koplik-Filatov's appear:

*at the end of catarrhal period for 1-2 days before the appearance of rash;
during the rash for 1-2 days before the appearance of flaking;
for 1-2 days before the catarrhal period;
in the first days after the onset of rash.

For the catarrhal period of measles is not typical:

*papular rash;
runny nose;
conjunctivitis, photophobia;
cough;
fever.

Subacute sclerosingpanencephalitis:

*late complications of measles;
well treated with tetracycline;
usually has a benign course;
late complications of scarlet fever.

After suffering a measles:

*there is a period of immunosuppression;
children need supervision endocrinologist;
unstable immunity, typical, repeated cases of morbidity;
the child requires isolation for 3 months;
all indicated the use of ampicillin relaxer.

The using of the kind of drug is appropriate in the measles?

*vitamin A;
acyclovir;
vitamin B12;
riboksin.

The most frequent mechanism of transmission of measles:

*aerial-droplet;
fecal-oral;
transmissive;
vertical.

The duration of incubation period of measles is:

*9-17 days after the administered immunoglobulin to 21 days;
21 days;
7 days;
30 days.

What is the period for measles is missing:

*spasmodic.
catarrhal;
rash;
pigmentation;

The girl of 13 years old for 3 days feels the fever, cough, rhinitis, conjunctivitis. Subsequently, there was a rash. The examination, maculopapular rash on the face, neck and upper part of the body. With the appearance of the rash, the temperature high. What is diagnosis:

*measles;
rubella;
Kawasaki disease;

Duration of the incubation period of rubella is:

*14-21 day;
21 days;
10 days;
30 days;

For rashes with rubella is not typical:

*phasing rash within 3 days;
appears on the first day of illness;
small-spotted character;
disappear without leaving a trace.

The isolation of the virus in congenital rubella in children lasts:

*up to 4 months;
only during newborn;
within 13-30 months;
is observed.

The causative agent of rubella belongs to the:

*the of kind of Togaviridae, Rubivirus
the kind of Paramyxoviridae, Morbillivirus
the kind of Ortomyxoviridae, Orthomyxovirus
the kind of Enteroviruses

For rubella virus is not typical:

*4 subtypes of hemagglutinin content;
genomic RNA virus of the genus Togavirus;
virus cleared under the influence of ether, chloroform, formaldehyde;
retains the biological activity at low temperatures;
causes poor cytopathogenic action.

For the clinical manifestations of rubella is not typical:

*pneumonia;
rash;
an increase in lymph nodes;
conjunctivitis;
arthritis.

The duration of the incubation period of measles is:

*9-17 days after administration of immunoglobulin to 21 days;
7 days;
21 days;
30 days.

For the lymphadenopathy with rubella is not typical:

*a preferential increase in back-cervical and cervical lymph nodes;
enlarged lymph nodes before the appearance of acne;
soreness palpation of lymph nodes;
storage lymphadenopathy more than 2 weeks after the exanthema.

The damage of the digestive system with rubella:

*is rare;
typical of the disease;
dyspeptic signs during eruptions;
an increase in liver and spleen;

In the peripheral blood with rubella observed:

*increase the number of plasma cells.
neutrophile leukocytosis;
leukocytosis;
anemia;

Rubella in pregnancy:

*proceeds in typical and atypical forms;
appears after 15-21 days after contact with patients with rubella;
the presence of specific antibodies in the blood of pregnant for 12 days after exposure, evidence of early transfer of disease;
all answers are correct.

For the laboratory diagnostic of rubella is used except:

*detection of specific antibodies type IgM.
Planting stool, urine, swabs from the nasopharynx;
blood cultures;
neutralization reaction with paired serum.

Treatment of uncomplicated rubella:

*symptomatic treatment;
antiviral;
specific immunoglobulin;
antibiotic.

What are the dynamics of elements is characteristic of varicella?

*roseola - papule - vesicle - crust.

roseola - papule - pigmentation;
roseola - papule - pustule - crust;
roseola - ecchymosis - necrosis - tripe;

Select the incorrect statements regarding the clinical characteristics of varicella:

*phasing rash;
hemorrhagic form;
the visceral form;
false polymorphism rash.

What complications are not typical for varicella?

*angioedema;
encephalitis;
erysipelas;
stomatitis.

Which of these drugs are not used in severe varicella?

*prednisolone;
acyclovir;
the aniline dyes;
bonafton.

Which person with the disease can be a source of varicella?

*herpes zoster.
strofulyus;
impetigo;
herpes simplex;

Which patients can be a source of varicella?

*natural varicella;
herpes zoster;
the varicella rash while;
the last day of the incubation period of varicella.

The term isolated children that have been in contact with varicella?

*11 to 21 days after the last contact.
for a period of maximum incubation period;
21 days from the last contact;
at 4 weeks after the last contact;

In what case varicella can be regarded as a newborn innate?

*get sick at the age of 13 days;
sick on the 10th day of life;
get sick at the age of 21 days;
get sick at the age of two months.

What is the way of transmission is not typical for the varicella?

*nutritional.
aerial;
transplacental;
contact;

What age children rarely get sick varicella?

*to 2 months;
up to 6 months;
up to 1 year;
up to 1 month.

What is the rash characteristic of varicella?

*vesicular;
popular-roseolar;
urticaria;
pustular.

Which of these drugs is specific with varicella?

*acyclovir;
Laferon;
tsikloferon;
Macropen.

What is the causative agent of herpes zoster?

*virus Varicella-Zoster;
virus filtering;
pneumocysta;
mycoplasma.

Which of these drugs is specific with herpetic infection?

*viroleks;
imepenem;
plasma;
leukocyte interferon.

The causative agent of varicella virus belongs to:

*the family Herpesviridae, genus Varicellavirus;
family Togaviridae, genus Rubivirus;
family Paramyxoviridae, genus Varicellavirus;
family Orthomyxoviridae, genus Orthomyxovirus;

After illness varicella virus:

*continued persists in the body;
quickly disappears from the body;

disappears after 10 days of normal temperature;
disappears during the year.

The duration of the incubation period of the varicella:

*11-21 days;
9-17 days;
2-7 days;
2-10 days.

Specify a custom path for transmission of varicella:

*fecal-oral;
airborne;
transplacental;
water.

The varicella complications do not include:

*orchitis.
encephalitis;
pneumonia;
laryngitis;

A pregnant woman who contracted varicella can transmit the virus to the fetus transplacental. Indicate the possible consequences of fetal infection:

*anomalies eyes and brain scarring on the skin.
congenital heart defects, deafness, cataracts;
chorioretinitis, thrombocytopenia, hepatosplenomenhaliya;
endocarditis and fibroelastoz endocardium.

In a 4-year old child with acute fungal infections were bubbles diffuse rash. The child was in contact with his brother, who was ill with varicella two weeks ago. What is the most difficult possible complications in the patient?

*pneumonia.
arthritis;
hepatitis;
osteomyelitis.

In patients 9 years old on the 5th day from the start of varicella were headache, vomiting, staggering gait. Objectively - positive meningeal symptoms. What the survey is inappropriate for this patient?

*excretory urography.
lumbar puncture;
a detailed analysis of the blood;
research fundus;

For the prevention of varicella apply the following measures, except:

*the contact of antibiotic
disconnection contact 11 to 21 days;
isolation relaxer to 5 days after the last rash;
isolation of patients with shingles up to 5 days after the last rash;

The boy of 14 years old have vesicular rash over two days, was the first on the face, then spread to the chest, back and limbs. The most appropriate tactics is?

*none of the above.
acyclovir 200 mg tablets 5 times daily for 10 days;
prednisone for 3 days;
azytymidin 200 mg tablets three times a day to stabilize manifestations;

The patient of 13 years old there was fever, intense pain along the sixth intercostal space on the right. Two days in this area were vesicular elements, the pain continues. Which statement is incorrect about the disease?

*after the disease virus disappears from the body;
before it is infected with varicella;
it can be a source of infection for other children;
it is reasonable to prevent bacterial skin lesions through the use of local antiseptics.

For primary varicella pneumonia is atypical:

*the effect of the use of antibiotics;
severe course
severe respiratory insufficiency;
sputum with blood.

What herpes viruses belong to the first type?

*herpes virus usual;
herpes virus type 6;
herpes virus type 8;
Epstein-Barr virus.

Newborn (1-day life) has vesicular rash on the scalp. What is your first steps?

*appointment of acyclovir;
examination of the child with the flu;
surveillance;
survey on mother herpes.

The etiology of encephalitis results for detection of antibodies in serum:

*Ig M antibodies against HSV-1 (+);
Ig G antibodies against CMV (+);
Ig G antibodies against HSV-2 (+).

Select the incorrect statements regarding the clinical characteristics of varicella:

*phasing rash;
hemorrhagic form;
the visceral form;
false polymorphism rash.

Which person with the disease can be a source of varicella?

*herpes zoster.
strofulyus;
impetigo;
herpes simplex;

What is the term isolated children that have been in contact with varicella?

*11 to 21 days after the last contact.
for a period of maximum incubation period;
21 days from the last contact;
at 4 weeks after the last contact;

What characteristic rash of varicella?

*vesicular;
popular-roseolar;
urticaria;
pustular.

The varicella complications do not include:

*orchitis;
pneumonia;
encephalitis;
larynhotraheobronhitis.

After illness varicella virus:

*continued persists in the body;
quickly disappears from the body;
disappears after 10 days of normal temperature;
disappears during the year.

The unusual way for transmission of varicella:

*fecal-oral;
airborne;
transplacental;
water.

What is the causative agent of herpes zoster?

*virus Varicella-Zoster;
virus filtering;
pnevmotsysta;
mycoplasma.

4 year old child with acute leukemia bubbles appeared rash. The child was in contact with his brother, who was ill with chicken pox two weeks ago. What is the most difficult possible complications in the patient?

*pneumonia;
hepatitis;
osteomyelitis;
arthritis.

For the treatment of uncomplicated varicella should be used:
*local antiseptic preparations;
antibiotics;
glucocorticoids;
interferon.

The causative agent of varicella belongs to:
*family Herpesviridae, genus Varicellavirus;
family Togaviridae, genus Rubivirus;
the family Paramyxoviridae, genus Varicellavirus;
family Orthomyxoviridae, genus Orthomyxovirus;

Woman who contracted varicella can transmit the virus to the fetus transplacental. Indicate the possible consequences of fetal infection:
*abnormalities of the eyes and brain scarring on the skin;
endocarditis and fibroelastoz endocardium;
congenital heart defects, deafness, cataracts;
chorioretinitis, thrombocytopenia, hepatosplenomenhaliya.

The boy of 14 years old with vesicular rash over two days, was the first on the face, then spread to the chest, back and limbs. The most appropriate tactics?
*none of the above;
azytymidin 200 mg tablets three times a day to stabilize manifestations;
acyclovir 200 mg tablets 5 times daily for 10 days;
prednisone for 3 days;
all answers are correct.

The etiology of encephalitis results for detection of antibodies in serum:
*Ig M antibodies against HSV-1 (+);
Ig G antibodies against HSV-6 (+);
Ig G antibodies against CMV (+);
Ig G antibodies against HSV-2 (+).

Atypical encephalitis from the varicella are:
*neutrophilic cytosis in cerebrospinal fluid;
appearance on 4-7 days of illness;
staggering gait, loss of coordination;
headache;
fever.

How to change the incubation period of measles in children who were administered a specific immunoglobulin?

*increased to 21 days;
is not modified;
reduced to 10-12 days;
lasts 17 days.

When the patient is allowed the end the isolation of measles?

*5 days from the start of the rash, the presence of pneumonia -a 10 days;
15 days from the start of the rash;
11 days from the beginning of catarrhal period;
for 9 days from the onset.

When make vaccination against rubella?

*12 months of age, single;
at 2 months of age, three times at intervals of 30-45 days;
8 -month age twice with an interval of 1.5 months;
12 months of age, three times at intervals of 30-45 days.

What period of rubella does not exist?

*the period of pigmentation;
incubation period (21-24 days);
prodromal period (from several hours to 5-7 days);
the period of eruption (12-14 days).

For the prevention of varicella apply the following measures, except:

*the contact of antibiotic;
disconnection contact 1 to 21 days;
isolation relaxer to 7 days after the last rash;
isolation of patients with shingles up to 5 days after the last rash.

The etiology of encephalitis results for detection of antibodies in serum:

*Ig M antibodies against HSV-1 (+);
Ig G antibodies against CMV (+);
Ig G antibodies against HSV-2 (+).
Ig G antibodies against CMV (-).

The boy of 15 years old have vesicular rash over two days, was the first on the face, then spread to the chest, back and limbs. The most appropriate tactics is?

*none of the above;
acyclovir 300 mg tablets 3 times daily for 10 days;
prednisone for 5 days;
azytymidin 200 mg tablets three times a day to stabilize manifestations.

The patient of 11 years old there was fever, intense pain along the sixth intercostal space on the right. Two days in this area were vesicular elements, the pain continues. Which statement is incorrect about the disease?

*after the disease virus disappears from the body;
before it is infected with varicella;
it can be a source of infection for other children;
it is reasonable to prevent bacterial skin lesions through the use of local antiseptics.

Topic 2.
Scarlet fever.
Pseudotuberculosis. Infectious mononucleosis

What is not characteristic of the vagus phase of scarlet fever?
bradycardia
decrease in blood pressure
dermographism quickly appears white (short latent period, №-7-8) and slowly fades (apparent lengthening of the period, №-2,5-3)
*dry skin

Which of the following is not a characteristic of severe toxic form of scarlet fever?
hyperthermia
the eclipse of consciousness, delirium, meningeal symptoms
the collapse
*necrotizing tonsillitis, periadenit, phlegmonous adenitis

Which of the following antibiotics should not be used to treat scarlet fever?
*gentamicin
fenoximetylpenicylin
ceftriaxone
erythromycin

What disease does not occur in a typical scarlet fever convalescents after a new contact with B-hemolytic streptococcus group A?
*a relapse of scarlet fever
sore throat
erysipelas
pyoderma

What of the following is not a characteristic of scarlet fever?
lamelar peeling of the skin
*pigmentation after acne
the net nasolabial triangle
"papillary" language

Which of the following is characteristic of septic forms of scarlet fever?
hyperthermia
the eclipse of consciousness, delirium, meningeal symptoms
the collapse
*necrotizing tonsillitis, periadenit, phlegmonous adenitis

What is the way of transmission is not typical of scarlet fever

contact
airborne droplets
nutritional
*water

Which of these complications is characteristic scarlet fever?

mastoiditis
glomerulonephritis
*paresis of the soft palate
sinusitis

What is the localization is not specific for scarlet fever?

on the sides of the chest
on the lower abdomen
*in the lumbar region
in the groin area

What is the antibiotic drug of choice for treatment of scarlet fever?

*benzylpenicillin
gentamicin
tetracycline
polymyxin

The autonomic disorders caused by scarlet fever at the beginning?

*sympathicotonia
vagotonia
does not occur
paresis of the sympathetic nervous system paresis of the sympathetic

Which of the following statements regarding the pathogenesis of scarlet fever is incorrect?

pathogens produce exotoxins scarlet fever
antitoxic immunity after the disease overall (for all serovars) steady
*an antibacterial compound-specific immunity, unstable
repeated often possible disease scarlet fever

Which of the patients can not be a source of scarlet fever?

typical scarlet fever patients
patients with sore forms of scarlet fever
patients with erysipelas
*patients with angina caused by b-hemolytic streptococcus group B

What code is contagious characteristic scarlet fever?

0.5%;

*40%;
75%;
90%.

Which of the following is not a gateway in scarlet fever?

*girls mucous membranes of the vulva
oropharyngeal mucosa
wound surface
burn surface

What are the characteristic rash of scarlet fever?

vesicular
vesicles and pustule rash
petechial
*small spots

Which of these symptoms are not typical for extrapharyngeal form of the scarlet fever?

*angina
small spots rash
fever
intoxication

Which of the following is a permanent symptom typical of scarlet fever?

small spots rash hyperemic background;
intoxication;
*angina
"raspberry" tongue.

Which of these symptoms are not typical of scarlet fever?

white dermographism hidden with long and short explicitly period
limited congestion throat
*preferentially localized rash on the hands and feet
dry skin

Which of the characteristics of the rash in scarlet fever is incorrect?

small spots
petechial
miliary
*urticaria

Which of the following antibiotics will be most effective in treating severe scarlet fever?

polimiksin B (15-20 thousand. IU / kg / day / m or / 3)
lincomycin (10-20 mg / kg / day / m two administration)

*ciprofloxacin (20-30 mg / kg / day / 2 introduction)
gentamicin (5-10 mg / kg / day / m or / 3 entry)

Which of the following factors pathogenicity 8-hemolytic streptococcus group A is the principal?

*white T;
capsule
exotoxin;
hemolysin (streptolysin) O.

Which of the following reasons prevents the formation of a busy antitoxic immunity in scarlet fever, reprevent scarlet fever disease?

rickets in children
*large doses of penicillin
artificial feeding in the first year of life history
frequent SARS in history.

In how many days of onset of scarlet fever convalescents can take the children's team?

within 5 days after the last item rash
on the 5th day
*after 22 days
after 17 days

What type of immune recovering from scarlet fever?

*stable antitoxic
antibacterial unstable
persistent antibacterial
antitoxic unstable

Which of the following pathogenic factors of B-hemolytic streptococcus group A causes scarlet fever rash?

proteine T
streptokinase
hemolizin (streptolizin) O
*exotoxin (the toxin Dick)

The autonomic disorders caused by acute period after scarlet fever?

was not due
*vagotonia
sympathicotonia
sympathicoparesis

The term of onset must isolate the patient with scarlet fever?

30 days

for 5 days; with complications - 10
*10 days
for 9 days

Which agent causes scarlet fever?
Staphylococcus aureus
virus V-Z
Kl. Pneumonie
*B-hemolytic streptococcus group A

What of these symptoms are not characteristic for scarlet fever?
severe intoxication;
little dotted background hyperemic rash on the skin;
limited congestion of the throat;
*significant swelling of the tonsils, subcutaneous tissue of the neck.

What is with these signs in scarlet fever is incorrect?
*small spots rash on the background of pale skin
no rash in the area of nasolabial triangle
symptom Pastia
some elements of rash have miliary nature

Of what component of the pathogenesis of scarlet fever associated significant hemodynamic abuse, especially in severe forms?
*toxic
septic
allergic
toxic-septic

Of what component of the pathogenesis of scarlet fever associated occurrence of myocarditis, glomerulonephritis?
toxic
*allergic
septic
toxic-septic

What disease occurs when the child first contact with B-hemolytic streptococcus group A?
erysipelas
sore throat
*scarlet fever
pneumonia

Scarlet fever is caused by the following agent:
staphylococcus

*b-hemolytic streptococcus group A
streptococcus group B
all streptococci

Which of the following fractions streptococcus toxin causes skin flushing in scarlet fever?

the allergen
*erytrohen- toxin
hyaluronidase
leykotsydin

Toxin of scarlet fever tropic to:

*the sympathetic autonomic nervous system
the parasympathetic autonomic nervous system
cardiovascular system
the lymphatic system

The minimum incubation period for scarlet fever:

*1 day
2 days
3 days
5 days

The source of infection with scarlet fever are:

sick scarlet fever
patients streptococcal infection
patientsnasopharyngitis
*all

The maximum incubation period for scarlet fever:

1 day
3 days
5 days
*12 days

Erytrohen- toxin streptococcus in patients with scarlet fever is not involved formation:

rash
dry skin
changesdermographism
*athralgii

The b-hemolytic streptococcus from the group A is characterized by:

*the total specific toxin of the group resistance to antibiotics of the b-lactams group

thermal stability
the ability to cause sustained antimicrobial immunity
resistance to disinfectants

Gateway in scarlet fever can be:
pharynx
*upper respiratory tract
the lungs
the gastrointestinal tract

Transmission of scarlet fever:
*drop
transmissible
parenteral
all answers are correct

The key to early diagnosis of scarlet fever are symptoms following except:
acute onset
significant intoxication
*tonsil tissue edema, subcutaneous tissue of the neck
the correct answer

If possible following scarlet fever, cardiovascular changes, except:
tachycardia
increase in blood pressure
systolic murmur
*rhythm "gallop"

Miliary rash in scarlet fever indicates:
unfavorable prognosis
the possibility of allergic complications
the possibility of septic complications a favorable prognosis
*no prognostic value

In the blood of patients with scarlet fever does not occur:
leukocytosis
neutrophilia
shift to the left
*anemia

Which of the following is the drug of choice for treatment of severe pathogenic infectious mononucleosis?
antihistamines
non-steroidal anti-inflammatory drugs
*glucocorticosteroid drugs
antibiotics

Which of these methods will ultimately differentiate infectious mononucleosis from acute leukemia?

clinical examination
study of peripheral blood (hemogram)
*research sternal punctate
research punctate lymph node (the presence of Shtenberh –Berezovsky cell)

Which of these antibiotics can not take in infectious mononucleosis, since 70% of his appointment accompanied by severe allergic reactions (angioedema, toxic and allergic conditions)?

benzylpenicillin Na
*ampicillin
norfloxacin
clindamycin

Which of these viruses does not belong to the family of herpesvirus?

*respiratorysyncitialvirus
cytomegalovirus
virus varicella
Epstein-Barr virus

Which of the following changes in the blood of infectious mononucleosis is the most distinctive feature of this disease?

moderate leukocytosis (10-15-10 9 / L)
expressed lymph monotsitoz (more than 15% compared with the age norm)
*the presence of atypical mononucleosis (5% or more)
moderately elevated erythrocyte sedimentation rate

Which of these diseases Epstein-Barr virus does cause?

Berkita lymphoma
nasopharyngeal carcinoma
Hodgkin's disease
*all

Which of the symptoms are not part of the main complex symptomo- infectious mononucleosis?

increase in all groups of lymph nodes, especially cervical group
*subcutaneous tissue edema
lesions of the nasopharynx and oropharynx
increasing the size of the liver and spleen

Which of the following does not belong to the early symptoms of infectious mononucleosis?

*repeated vomiting not associated with food intake
an increase in cervical lymph nodes

raids on the tonsils
deterioration of nasal breathing

Which of the following vehicles are not part of the standard treatment of infectious mononucleosis?

desensitizing agents
antipyretic drugs
local antiseptics
*antibiotics

Which of antibiotics is highly effective, relieves symptoms of intoxication and the treatment of infectious mononucleosis during one day?

biseptol - 5.10 mg / kg / day - 2 times a day
*metronidazole - 7.5 mg / kg single dose - 3 times a day
ciprofloxacin - 10-30 mg / kg / day - 2 times a day
ceftriaxone - 20-80 mg / kg / day - 1-2 times a day

Which of these methods will ultimately differentiate from infectious mononucleosis from Hodgkin's disease?

clinical examination
study of peripheral blood (hemogram)
research sternal punctate
*research punctate lymph node (cell Shtenberha-Berezovsky)

Which of the following is not characteristic of typical forms of infectious mononucleosis?

puffiness of face and swelling of the eyelids
*conjunctivitis is expressed
skin rash of various kinds
rash of various kinds on the mucosa of the mouth

What is the causative agent of infectious mononucleosis?

virus Varicella - Zoster
b-hemolytic streptococcus group A
Mycoplasma
*Epstein-Barr virus

Which of the serological tests used as a method for rapid diagnosis of infectious mononucleosis?

reaction Bunnel-Paul-Davydson (detection of heterophile antibodies to sheep red blood cells)
reaction Lavryk-Valner (erythrocyte agglutination sheep treated papain)
Tomchyk reaction (agglutination bovine erythrocytes)
*reaction Hoff-Bauer (agglutination and formal fresh horse red blood cells on glass)

Which of the following antibiotics can be used in the treatment of infectious mononucleosis without risking cause dangerous complications?

*benzylpenicillin
ampicillin
gentamicin
chloramphenicol succinate Na

Uncharacteristic blood of patients with infectious mononucleosis are:

atypical mononuclear cells
lymphocytosis
leukocytosis
*a slight increase in ESR

Epstein-Barr Virus detects tropism to:

T-lymphocytes
*B-lymphocytes
macrophages
neutrophils

Typical symptoms of infectious mononucleosis is set

the first days of the disease
during the most severe fever
to 3-4 days of disease
*at the end of the first week of illness

The earliest symptoms of infectious mononucleosis are:

fever
an increase in cervical lymph nodes
tonsillitis
*all

The picture of blood in patients with infectious mononucleosis is not typical:

leukocytosis
normocytosis
neutropenia
*thrombocytopenia

Clinic infectious mononucleosis in young children characters

cough, runny nose, Conjunctivitis
low severity hepatolienal syndrome
dyspeptic disorders
*all

At least pathologies which turns Association virus Epshtein-Barr?

nasopharyngeal carcinoma

Berkita lymphoma
*posttransplantative lymphoproliferative disease
B-cell lymphoma of the central nervous system

What are the pathogens causing mononucleosis- syndrome in children than
cytomegalovirus
Toxoplasma
HIV-1
*all

Lymphogranulomatosis of infectious mononucleosis is different:
undulating fever
the duration of the disease
lack of oropharyngeal lesions
*an increase in any one group of lymph nodes

Infectious mononucleosis the patient can confirm the detection of antibodies to the Epstein-Barr virus:
*class antibodies Ig M to the viral capsid antigen
classIg G antibodies to viral capsid antigen
antibodies to the virus early antigen
antibodies to viral nuclear antigen

Lymphogranulomatosis distinguished from infectious mononucleosis:
lack of inflammation in the oropharynx
undulating fever
*the presence of blood cells Berezovsky-Shtenberha;
the presence of atypical mononuclear cells in the blood

How often heterophile antibodies in infectious mononucleosis?
85% of older children and adults at the end of the first week of illness
85-98%) in adult end of the third week of illness
50% of young children
*all

For the treatment of infectious mononucleosis mainly used
gamma globulin
antimicrobials
antiviral drugs
*symptomatic therapy

Everything is typical for infectious mononucleosis, other than:
incubation period of 30-50 days
peredayetesya disease through saliva containing the virus
*the child can be infected with exogenous virus strain ode over time
most adults moved before the disease can be confirmed serologically

The causative agent of infectious mononucleosis refers to:

arbovirus
tohavirus
enterovirus
*herpesvirus

Antibacterial drugs in patients with infectious mononucleosis areprohibited:

*the typical course of the disease
severe angina with significant lymphadenopathy
symptoms of pneumonia
continuous temperature more than 6-8 days

The appointment of glucocorticoids in complicated forms infectious mononucleosis:

obstruction of the upper airway enlarged tonsils
autoimmune hemolytic anemia
aplastic anemia
*all

In the 14-year-old baby fever for 3 weeks, drowsiness. When viewed greatly enlarged lymph nodes, enlarged tonsils with layers, spleen 2 cm. Suspicion of infectious mononucleosis, which does not meet the diagnosis:

enantema and petechiae on the oral mucosa
leukocyte formula, lymphocytes make up 60%, including 15% atypical
positiveheterophile titer antibodies to red blood cells
*vesicular rash

Epstein-Barr virus antigens should:

early
capsid
*all
nuclear

Children ages often suffer from infectious mononucleosis?

up to 1 year
*2-10 years
14-15 years
does not depend on age

The duration of the incubation period:

2-10 days
11-21 days
*20-50 days
50-120 days

The symptoms of infectious mononucleosis template except:

intoxication
fever
lymphadenopathy
*conjunctivitis

Which of the following antibiotics should not be prescribed in infectious mononucleosis, since 70% of its weekly appointment accompanied by allergic reactions?

benzylpenicillin Na
*ampicillin
norfloxacin
gentamicin

Which of the following changes in the blood of infectious mononucleosis is the most distinctive feature of this disease:

moderate leukocytosis
expressed lymph monotsitoz (more than 15% compared with the age norm)
*the presence of atypical mononuclear cells (5% or more)
moderately elevated erythrocyte sedimentation rate (30 mm / h)

Which of these diseases Epstein-Barr virus does not cause?

Berkita lymphoma
*Hodgkin's disease
nasopharyngeal carcinoma
infectious mononucleosis

Who is the source of infection in infectious mononucleosis?

monkey
*a person
man and ape
no right answer

For the early diagnosis of infectious mononucleosis matter detecting antigens following:

early and capsid
*early and nuclear
early and late
late

Procedure for discharge of patients from hospital infectious mononucleosis:

lack of complaints and normalization of clinical and laboratory parameters
*the absence of complaints, normalization of the situation, but not earlier than 3-5 days after normalization of temperature
two weeks of treatment provided complete recovery
21 days of treatment

What code is contagious characteristic scarlet fever?

*40%;
0.5%;
75%;
90%.

What code is contagious characteristic scarlet fever?

*40%;
60%;
55%;
10%.

In how many days of onset of scarlet fever convalescents can take the children's team?

within 5 days after the last item rash;
on the 5th day;
*after 21 days;
after 11 days.

The term of onset must isolate the patient with scarlet fever?

30 days;
for 5 days with complications – 10;
*7 days;
for 10 days.

The minimum incubation period for scarlet fever:

1 day;
12 days;
5 days;
7 days.

The maximum incubation period for scarlet fever:

1 day;
5 days;
15 days;
*12 days.

Which of the following changes in the blood of infectious mononucleosis is the most distinctive feature of this disease?

moderate leukocytosis (10-15-10 9 / L);
expressed lymph monotsitoz (more than 25% compared with the age norm);
*the presence of atypical mononucleosis (15% or more);
moderately elevated erythrocyte sedimentation rate.

How often heterophile antibodies in infectious mononucleosis?

*85% of older children and adults at the end of the first week of illness;
18%) in adult end of the third week of illness;
60% of young children;
possible false positive results in young children.

Children ages often suffer from infectious mononucleosis?

up to 1 year;
2 years;
14years;
*does not depend on age.

How often heterophile antibodies in infectious mononucleosis?
How often heterophile antibodies in infectious mononucleosis?

*85% of older children and adults at the end of the first week of illness;
95%) in adult end of the third week of illness;
40% of young children;
possible false positive results in young children.

Children ages often suffer from infectious mononucleosis?

up to 1 year;
12 years;
15 years;
*does not depend on age.

Topic 3.
Diphtheria

In toxic diphtheria oropharynx PI Art. edema spreads:
Below the collarbone
By the middle of the neck
*Until the middle of the neck to the clavicle
Edema above the regional lymph nodes

Diphtheria of the nose occurs in such forms:
*All answers are correct
Bluetongue
Localized
Catarrhal-erosive

For localized typically croup location film in:
Fauces
*Larynx
Tracheal
All answers are correct

In released croup is not typical in the patency of films in:
*Oropharynx
Larynx
Trachea
Bronchi

In diphtheria myocarditis severity of the condition is determined:
*All answers are correct
Impression cardiac conduction system of heart
Failure impressed
Impressions of cardiomyocytes

Early diphtheria myocarditis in children most often occur on the:
*4-9 day diphtheria infection
2-3 day diphtheria infection
9-14 day diphtheria infection
5-6 day diphtheria infection

Late myocarditis most often in diphtheria in children develop on:
7-10 days diphtheria infection
*12-21 days diphtheria infection
21-30 days diphtheria infection
After 30 days of diphtheria infection

Early polyneuropathy with diphtheria infection in children develop most often on:

The first week of illness
*1-2 weeks of illness
2-3 weeks of illness
4-5 weeks of illness

Late polyneuropathy with diphtheria infection in children develop most often on:

*3-8 weeks of illness
2-3 weeks of illness
8 weeks of illness and later
5 weeks of illness and later

For clinical diphtheria couple feel of the soft palate and throat muscles are is not typical:

*Pain in swallowing
Nasal and hoarseness
Difficulty swallowing
Tickling during meals

Diphtheria in grafted individuals often occurs in the form:

*Localized diphtheria oropharynx
Toxic diphtheria oropharynx and diphtheria of the larynx
Diphtheria larynx
All answers are correct

Which of the following is not found in the diphtheria croup?

*myocarditis;
hoarseness that goes into aphonia;
dead "barking" cough;
growing stenotic breathing.

What stage are not characteristic of diphtheria croup?

Lobar cough (dystonic);
the stenotic;
asphyxial;
*all typical.

Which of the following is not a characteristic of a localized form of diphtheria oropharynx?

*fever;
fibrinous plaque on the tonsils;
increase and pain tonsillar lymph nodes;
swelling of the tonsils and redness them.

Which is swelling within cervical tissue with toxic diphtheria oropharynx 1st degree?

on regional (tonsillar) lymph nodes;
*to the middle of the neck;
to the collarbone;
below the collarbone.

Which of the surveys are not conducted in diphtheria?

RPGA of erythrocyte antigen diagnosticum or antitoxic diagnosticum;
a swab from the nose and throat;
*Spina puncture;
ECG.

The completed form islands diphtheria oropharynx in the absence of specific treatment?

the development of infectious-toxic shock;
spontaneous recovery;
*the paralysis of the soft palate;
myocarditis.

Which of the below statements is incorrect?

the possibility of myocarditis increases with the severity of diphtheria;
equally often myocarditis may be in any severity of diphtheria;
diphtheria myocarditis often occurs at the end of the 1st early 2nd week of disease;
*myocarditis usually occurs at the end of the acute period of diphtheria.

Which of the following is not characteristic for toxic diphtheria oropharynx?

severe intoxication;
*lockjaw chewing muscles;
cutting pale skin;
swelling of the mucous oropharynx.

Which of these complications are not characteristic of toxic forms of diphtheria?

toxic nephrosis;
poliradykulonevryt;
*meningoencephalitis;
myocarditis .

Which of the following is not found in diphtheria nose?

normal or low-grade fever;
*the significant deterioration of general condition;
discharge from the nose sanitations;
excoriation on the upper lip.

Which is swelling within cervical tissue with toxic diphtheria 2nd degree?

on regional (tonsillar) lymph nodes;
the collarbone;
*to the middle of the neck;
below the collarbone to the 4th rib.

Which of these drugs are not used to prevent diphtheria?

DTP vaccine;
*againstdiphtherialhyper immune serum;
ADP-toxoid;
ADM-toxoid.

At what age begin vaccination against diphtheria?

a 5-day life;
*2 months;
in 12 months;
in 15-18 months.

In the form of diphtheria myocarditis greatest potential?

diphtheria croup, asphyxial stage;
*toxic diphtheria oropharynx;
common diphtheria oropharynx;
diphtheria skin and genitals.

Which of the following in respect of paralysis of the soft palate in diphtheria is incorrect?

*voice hoarseness;
liquid food poured through the nose;
lack of reflection of the soft palate;
choke on during meals.

Which of these symptoms are not typical for toxic diphtheria oropharynx?

thick hulled raids, beyond the tonsils;
swelling of the tonsils, oropharyngeal mucosa, subcutaneous tissue of the neck;
a sharp pain when swallowing;
*congestive redness of the mucous oropharynx.

Which of these signs is the most characteristic toxic diphtheria?

thick patches on tonsils;
*swelling of the mucous oropharynx;
congestive redness of the mucous oropharynx;
the inability to open the mouth.

What is listed is not characteristic of diphtheria croup?

*sudden acute stenosis development;
aphonia;
the periodic "barking" cough;
the gradual development of stenosis of the larynx.

Which of the following is the most dangerous complication of diphtheria?

paresis of the soft palate;
myocarditis;
poliradikulonevrit;
*cerebrovascular accident.

What is the nature of inflammation in diphtheria?

fibrinous;
the croupous;
*dyfterytyc;
all mentioned is true.

Which of the following in respect of nephrotic syndrome in diphtheria is incorrect?

occurs in acute intoxication in height;
accompanied oligo- and anuria, pain in the lumbar region;
in the urine of significant proteinuria, cylindruria and leukocyturia and erytrouriya absent;
*renal function is not impaired.

Which is swelling within cervical tissue with toxic diphtheria 3rd degree?

to the middle of the neck;
on regional (tonsillar) lymph nodes;
to the collarbone;
*below the collarbone.

Which of the following is not a characteristic of diphtheria poliradykulo - nevrytiv?

muscle weakness (atony);
hypo- and areflexya;
atrophy;
*mosaic lesion limbs.

Which of the complications is characteristic for toxic forms of diphtheria?

atoxic nephrosis;
poliradykulonevryt;
*meningoencephalitis;
myocarditis.

What is the index with contagious diphtheria?

*10-20%;
30-40%;
50-60%;
70-80%.

For a localized form of diphtheria oropharynx is characterized by:

spread beyond the tonsil flying in the sky brackets;
unilateral raid spread beyond the tonsils, palate or brackets advantage of the process on the one hand;
*unilateral raid spread beyond the tonsils, palate or brackets advantage of the process on the 2 hands;
distribution plaque outside palatine tonsils in brackets tongue.

When diphtheria oropharynx severity of determined by:

the severity of the reaction temperature;
the reaction of regional lymph nodes;
prevalence raids;
*all answer.

When toxic diphtheria oropharynx 2nd degree of swelling spreads:

to the middle of the neck;
*to the clavicle;
below the clavicle;
swelling of the regional lymph nodes.

Diphtheria congestion occurs in the following forms:

catarrhal;
localized hulled;
common;
*all.

Localized croup is typical location in films:

oropharynx;
*the larynx;
the trachea;
bronchi.

When diphtheria myocarditis severity of determined by:

*destruction of the conduction system of the heart;
the development of heart failure;
lesions cardiomyocytes;
all answers are correct.

Early in diphtheria myocarditis in children is often caused by:

2-3 days of illness;
4-9 days;
*9-14 days;
15-22 days.

Clinical signs of diphtheria croup almost similar to:

cereals acute viral infections;
allergic swelling of the throat;
*burn the mucous membrane of the larynx;
herpetic angina.

In the treatment of toxic diphtheria oropharynx not shown:

introductionagainst diphtheria serum;
detoxification therapy;
the introduction of corticosteroids;
*introducing diphtheria toxoid.

In the acute phase with diphtheria myocarditis not shown:

monitoring ECG;
the appointment of nonsteroidal anti-inflammatory drugs;
*the appointment of cardiac glycosides;
introductionriboxyn.

In the treatment of diphtheria poliradiculoneuritis not shown:

antibiotics within the first 3-5 days;
prescribing the type prozerinu in the waning acute manifestations;
*the introduction of diphtheria toxoid;
corticosteroids.

When diphtheria bacteria not shown the following:

introductionagainst diphtheria serum;
isolation of the patient;
antibiotics;
*all answers are correct.

The indication for antibiotics when diphtheria croup are:

the duration of the disease;
catarrhal period;
the stenotic period;
*diphtheria croup appointed at any time.

Gateway in diphtheria may include:

oropharyngeal mucosa;
laryngeal mucosa;

the conjunctiva of the eye;
*any mucosa and damaged skin.

If there are no complications, patients with common form of diphtheria are on bedrest for:
*7-10 days;
14 days;
25 days;
thirty days.

On-site at the entrance gate diphtheria often happens:
productive inflammation;
catarrh;
*fibrinous inflammation;
allergic inflammation.

To confirm the diagnosis of diphtheria used:
bacteriological method;
neutralizing antibody response to commercial antigen;
RPGA of erythrocyte diagnostic tools for determining titer antitoxin;
*all answers are correct.

Transfer the causative agent of diphtheria carried out:
third parties;
through objects;
through food;
*by aerosol;

What biovar diphtheria bacillus occurs most severe forms of diphtheria today?
*gravis;
mitis;
intermedius;
the correct answer.

The duration of the incubation period of diphtheria at:
1-2 days;
*2-10 days;
11-21 days;
14-30 days.

Common downward diphtheria croup clinically characterized by:
slow development;
mild stenosis of the larynx;
the prevalence of pant;
*all answers are correct.

For stage diphtheria asphyxia at the rump is typical:

acrocyanosis, cutting pale skin;
*all;
cold, clammy sweat;
increase the involvement compliant include chest.

Which of the following features is not typical for diphtheria croup:

*acute onset;
hoarseness of voice;
"barking" cough;
stenotic breathing.

Conditional protective levels of diphtheria antitoxin levels are:

0.1 IU / ml;
0.01 IU / ml;
*0.03 IU / ml;
0.5 IU / ml.

Diphtheria nose is not typical:

*occurs only in children;
the onset usually gradual;
sanious nasal discharge;
process often one-sided.

Conditional protective levels of diphtheria antitoxin levels are:

0.1 IU / ml;
0.01 IU / ml;
*0.03 IU / ml;
0.2 IU / ml.

The duration of the incubation period of diphtheria at:

1-2 days;
*2-10 days;
11-21 days;
45 days.

If there are no complications, patients with common form of diphtheria are on bedrest for:

*7-10 days;
14 days;
25 days;
35 days.

Early in diphtheria myocarditis in children is often caused by:

2-3 days of illness;
*4-9 days;
10-25 days;
25-35 days.

What is the index with contagious diphtheria?

*10-20%;
30-40%;
95%;
100%.

Late polyneuropathy with diphtheria infection in children develop most often on:

*3-8 weeks of illness
5 weeks of illness
25 weeks of illness and later
10 weeks of illness and later

At what age begin vaccination against diphtheria?

*2 months;
a 5-day life;
in 12 months;
in 15-18 months.

Early diphtheria myocarditis in children most often occur on the:

4-9 day diphtheria infection
5 day diphtheria infection
14 day diphtheria infection
10 day diphtheria infection

Conditional protective levels of diphtheria antitoxin levels are:

0.1 IU / ml;
0.01 IU / ml;
*0.03 IU / ml;
0.5 IU / ml.

Diphtheria nose is typical:

occurs only in children;
the onset usually gradual;
sanious nasal discharge;
*all.

Conditional protective levels of diphtheria antitoxin levels are:

0.1 IU / ml;
*0.03 IU / ml;
0.06 IU / ml;
1.0 IU / ml.

The duration of the incubation period of diphtheria at:

1-2 days;
10 days;
21 days;
50 days.

If there are no complications, patients with common form of diphtheria are on bedrest for:

*7-10 days;
21 days;
17 days;
35 days.

Early in diphtheria myocarditis in children is often caused by:

2-3 days of illness;
*9-10 days;
25 days;
45 days.

What is the index with contagious diphtheria?

*10-20%;
40%;
70%;
100%.

Late polyneuropathy with diphtheria infection in children develop most often on:

*8 weeks of illness
25 weeks of illness
35 weeks of illness and later
45weeks of illness and later

At what age begin vaccination against diphtheria?

*2 months;
a 1-day life;
in 12 months;
in 18 months.

Early diphtheria myocarditis in children most often occur on the:

*7 day diphtheria infection
15 day diphtheria infection
24 day diphtheria infection
11 day diphtheria infection

Conditional protective levels of diphtheria antitoxin levels are:

0.1 IU / ml;
0.01 IU / ml;
*0.03 IU / ml;
0.5 IU / ml.

Diphtheria nose is not typical:

*occurs only in children;
the onset usually gradual;
sanious nasal discharge;
process often one-sided.

Conditional protective levels of diphtheria antitoxin levels are:

0.1 IU / ml;
1.0 IU / ml;
10.0 IU / ml;
5.0 IU / ml.

The duration of the incubation period of diphtheria at:

2 days;
*14 days;
45 days;
50 days.

If there are no complications, patients with common form of diphtheria are on bedrest for:

*1 day;
11 days;
17 days;
24 days.

Early in diphtheria myocarditis in children is often caused by:

3 days of illness;
17 days;
*14 days;
25 days.

What is the index with contagious diphtheria?

*10-20%;
50%;
75%;
95%.

Late polyneuropathy with diphtheria infection in children develop most often on:

*8 weeks of illness
25 weeks of illness
15 weeks of illness and later
42weeks of illness and later

At what age begin vaccination against diphtheria?

*2 months;
a 1-day life;
in 12 months;
in 15 months.

Early diphtheria myocarditis in children most often occur on the:

9 day diphtheria infection
*17 day diphtheria infection
20 day diphtheria infection
11 day diphtheria infection

Which of these drugs are not used for the local treatment of adenovirus infection etiotrop?

desoxyribonuclease;
ribonuclease;
*florenal;
tebrofen.

Which of the following is not a characteristic of rhinovirus infection?

the mechanism of transmission - airborne;
large epidemiological importance is contact transmission of rhinovirus infection;
*the susceptibility to rhinovirus infection is great, but the kids first months of life rarely get sick (transplacental immunity);
after rhinovirus infection is short-lived immunity.

Which of the following antibiotics should not be given to children the first 5-6 months of life?

ampicillin / sulbactam;
ceftriaxone;
netromitsyn;
*chloramphenicol.

Early polyneuropathy with diphtheria infection in children develop most often on:

the first week of illness;
*2 weeks of illness;
5 weeks of illness;
7 weeks of illness.

Early polyneuropathy with diphtheria infection in children develop most often on:

the first week of illness;
12 weeks of illness;
10weeks of illness;
7 weeks of illness.

Late polyneuropathy with diphtheria infection in children develop most often on:

*3-8 weeks of illness;
12 weeks of illness;
18 weeks of illness and later;
15 weeks of illness and later.

Early diphtheria myocarditis in children most often occur on the:

*4-9 day diphtheria infection;
12-13 day diphtheria infection;
20 day diphtheria infection;
11 day diphtheria infection.

Late myocarditis most often in diphtheria in children develop on:

7-10 days diphtheria infection;
*21 days diphtheria infection;
30 days diphtheria infection;
after 50 days of diphtheria infection,

At what age begin vaccination against diphtheria?

*2 months;
5 months;
in 10 months;
in 15months.

If there are no complications, patients with common form of diphtheria are on bedrest for:

*7-10 days;
5 days;
55 days;
thirty days.

The duration of the incubation period of diphtheria at:

1-2 days;
10 days;
5days;
*all.

What is the index with contagious diphtheria?

*10-20%;
5%;
95%;
100%.

What is the index with contagious diphtheria?

*10-20%;
20-40%;
50%;
95%.

What is the index with contagious diphtheria?

*15%;
30%;
95%;
100%.

Topic4.
Mumps infection (parotitis infection). Pertussis

What is the clinical sign is not specific to the glandular form of parotitis infection?

fever;
pain and swelling of the salivary glands;
repeated vomiting;
*violation of urination.

Which of these glands is not impressed with parotitis?

lacrimal gland;
the testicles;
*the adrenal gland;
the thyroid gland.

The term of isolation of children who had contact with parotitis infection?

all contact for 21 days;
contact of 9 days;
*children up to 10 years from 11 to 21 days after the isolation of patients;
children under 10 years, 21 days after the isolation of the patient.

What preparation is carried out active immunization against parotitis infection?

*live vaccine;
chemical vaccine;
toxoid;
immunoglobulin.

What is the causative agent of parotitis infection?

*a virus from the group of paramyxoviruses;
cytomegalovirus;
b-hemolytic streptococcus group A;
virus Varicella Zoster.

What transmission is most typical of parotitis infection?

*airborne;
contact by way infected saliva of the patient;
nutritional;
or water.

What glands are affected by the parotitis virus?

parotid glands;

hypoglossal glands;
the submandibular glands;
*all of the above listed.

What clinical form is characteristic of parotitis infection?
*visceral;
glandular;
nervous;
asymptomatic.

What are the conditions for the emergence of typical serous meningitis infection with parotitis?
absence of affection salivary glands;
significantaffection of the salivary glands;
moderate or weak destruction of the salivary glands;
*there is no correlation.

What is not typical of parotitis meningitis infection?
*neutrophilpleocytosis nature;
lymphocyticpleocytosis nature;
the liquor flows under pressure;
a significant improvement of the patient after lumbar puncture.

Which statement is incorrect for glandular form of parotitis infection?
orchitis;
*glandular;
pancreatitis;
submaxylit.

What is the nature of cerebrospinal fluid in meningitis etiology of mumps?
transparent, protein 1,98 g / l; neutrophilic pleocytosis 1,1-109 / l;
*transparent, protein 0,99 g / l; lymphocytic pleocytosis 0,6-109 / l;
muddy, protein 3.9 g / l; neutrophilic pleocytosis 6,0-109 / l;
ksantohrom, protein 3.3 g / l; lymphocytic pleocytosis 0,7-109 / l.

What are the indicators of the amount of protein in the cerebrospinal fluid is normal?
0,5-1,1 g / l;
*0,06-0,45 g / l;
1,0-3,3 g / l;
1,5-16,0 g / l.

What indicators cytosis are characteristic of normal CSF?
0,001-0,01-10^9 / L, neutrophils;
0,1-1,1-10^9 / L, neutrophils;

*0,001-0,01-10^9 / L, lymphocytes;
0,03-0,06-10^9 / L, lymphocytes.

What code contagious parotitis infection?
10-20%;
20-30%;
*40-50%;
100%

The causative agent of parotitis related to:
arbovirus;
herpes viruses;
*paramyxoviruses;
rhinoviruses.

The way of transmission the parotitis infection:
airborne;
through contact-household;
*transmissible;
all answers are correct.

From the parotitis often suffer:
children under the age of 1st year;
*children of preschool and primary school age;
aged 15 to 29 years;
aged 40 years and older.

For the treatment of patients with parotitis apply:
antibiotics;
sulfonamides;
corticosteroids;
*symptomatic therapy.

Parotitis unlike secondary salivary gland lesions not typical:
unchanged color over the affected gland;
the painful palpation of the gland;
*one-way process;
inhemogram with leukocytosis leukopenia.

The causative agent of parotitis infection usually enters the body through:
*the mucosa of the respiratory tract;
the mucosa of the gastrointestinal tract;
parotid salivary gland ducts;
the mucous membrane of the eyes.

Parotitis is not characterized by the following clinical signs:

fever;
*the occurrence of toxicity;
increase the salivary glands;
the occurrence of meningeal signs.

Decisive in the diagnosis epidparotitis are:

increasing of testicular glands;
CNS;
changes in the peripheral blood - leukopenia with lymphocytosis;
*serologycal-test.

The prevention of parotitis should include:

isolation of the patient;
children's institutions introduce quarantine for 21 days;
a final disinfection in the foci of infection is not made;
*all answers are correct.

Set the options of the nervous system in parotitis:

serous meningitis;
meningoencephalitis;
poliradykuloneuritis;
*all answers are correct.

The glandular form of parotitis infection include:

submaxylit;
orchitis;
pancreatitis;
*all answers are correct.

For the spinal fluid with parotitis meningitis is not typical:

transparent and liquid opalescenting
cytosis 1000 cells and more;
*in cerebrospinal fluid neutrophils cells predominate;
protein content increased slightly.

If theparotitis consistent involvement in the pathological process of various glands and nervous system, can continue to:

normalization of body temperature;
the 3rd day of onset of the disease;
*7-8 days from the onset of the disease;
all answers are correct.

What code of contagious of parotitis infection?

10-20%;
20-30%;
*40-50%;
100%.

What preparation is carried out active immunization against parotitis infection?

*live vaccine;
chemical vaccine;
toxoid;
immunoglobulin.

The stones of salivary gland distinguished from the parotitis by:

recurrent course;
normal temperature and overall satisfactory condition;
periodic pain in the ear near the cancer;
*all answers are correct.

Determination of which figure in the urine is used to confirm the diagnosis of pancreatitis with parotitis?

creatinine;
*amylase;
uropepsynu;
all answers are correct.

What form of parotitis usually occurs in adults?

submacsylitis;
parotitis;
pancreatitis;
*prostatitis.

Defeat of which is not typical for mumps?

the salivary glands;
*liver;
the pancreas;
nervous system.

Glandular form of parotitis is typical:

fever;
enlarged, painful salivary glands;
Mursons positive sign;
*all answers are correct.

The orchitis with the parotitis infection is not typical:

*appearing of young children;
there for 6-8 days of onset of the disease;
may not be accompanied by lesions of the salivary glands;
possible further development of infertility.

The hearth of parotitis inappropriate:

isolation of the patient to the disappearance of clinical symptoms, but not less than 9 days;
isolation of the patient to the disappearance of clinical symptoms, but not less than 21 days;
a quarantine facility in children 11 to 21 days after the last contact;
*prophylactic administration of interferon.

A patient with parotitis on the 5th day of onset of the disease, fells vomiting, severe pain in the upper abdomen. Is erroneous statements regarding this patient:

this state is a manifestation of parotitis;
required intensive care for treatment of the patient;
increase of alpha-amylase cannot definitively establish the diagnosis;
*is appropriate excretory cholecystography.

The causative agent of parotitis related to:

arbovirus;
herpesvirus;
*paramyxoviruses;
rhinoviruses.

At what age is carried out vaccination against parotitis?

5-7 days;
3 months;
*12 months;
no correct answer.

The 4 years old child has parotitis. All below listed inherent to epidparotitis except:

*increased levels of alpha-amylase always evidence of pancreatitis;
the disease can be prevented by vaccination;
CNS can struck without any experience glands;
orchitis occur in boys postpubertat period.

What clinical form is characteristic of parotitis infection?

*visceral;
glandular;
nervous;
asymptomatic.

What transmission is most typical of parotitis infection?

*airborne;
contact by way infected saliva of the patient;
nutritional;
or water.

From the parotitis often suffer:

children under the age of 1 year;
*children of preschool and primary school age;
aged 15 to 29 years;
aged 40 and over.

For the treatment of parotitis used:

antibiotics;
sulfonamides;
corticosteroids;
*symptomatic therapy.

5 year old boy with fever, swelling of the parotid glands and increase, headache. The most possible complications in children?

hearing loss;
*meningitis;
myocarditis;
pancreatitis.

At what age spend revaccination against parotitis by calendar of vaccination?

18 months;
*6 years;
11 years;
15 years.

What indicators cytosis are characteristic of normal CSF?

0,001-0,01 -109 / L, neutrophils;
0,1-1,1-109 / L, neutrophils;
*0,001-0,01 -109 / L, lymphocytes;
0,03-0,06-109 / L, lymphocytes.

For how long must isolate sick child with the typical form of parotitis?

for 7 days;
*for 9 days;
11 days;
for 14 days.

The 15 years old boy on the 12th day of illness was right-orchitis.

this phenomenon should be regarded as:
*manifestation of underlying disease;
layering bacterial infection;
none of the answers are not correct.

Which of the following infections susceptibility of newborn children is the highest?

measles (Morbili);
red rash (Rubeola);
*whooping cough (Pertussis);
chickenpox (Varicelle).

What are the characteristics of the pathogen pertussis is incorrect?

*high resistance in the environment;
a Gram-negative bacterium;
a hemophilic bacterium;
has a tropism for epithelial respiratory tract.

What is the contagious Code with pertussis?

0.15 (15%);
0.40 (40%);
*0.75 (75%);
1.0 (100%).

How is transmitted by pertussis?

through a third person;
the airborne, air jets infection spreads over long distances within the premises;
through objects with which the patient experienced;
*airborne at a distance of no more than 2 meters in terms of space.

Which of the following period, no clinic pertussis?

*the period of precursors;
catarrhal period;
the period of spasmodic cough;
during the solution.

Which of the following infections susceptibility of children under 6 months is the highest?

influenza;
diphtheria;
measles;
*whooping cough.

Which of the following is not characteristic clinic pertussis in children 1 year of life?

shortened incubation period;
*reduced or absent catarrhal period;
catarrhal much longer period;
significantly prolonged spasmodic period.

Which of the following antibiotics not prescribed for the treatment of whooping cough?

*benzylpenicillin;
erythromycin;
chloramphenicol;
gentamicin.

Which of these antibiotics can cause serious toxic complications in children in the first months of life?

benzlylpenitsylin;
chloramphenicol sodium succinate;
*gentamicin;
ceftriaxone (lonhatsef, rotsefin).

Which of the following antibiotics advisable to appoint a child 3 months with whooping cough for parenteral administration?

benzylpenicillin 100 thousand IU / kg / day;
*ampicillin 100 mg / kg / day;
gentamicin 5 mg / kg / day;
chloramphenicol sodium succinate 50 mg / kg / day.

Which of the changes in the hemogram is not specific to whooping cough?

leukocytosis;
lymphocytosis;
*thrombocytopenia;
normal ESR.

What is the duration of the incubation period with whooping cough?

10-21 days;
7-50 days;
*3-14 days;
1-7 days.

At what age begin vaccination against whooping cough?

*2 months;
6 months;
in 12 months;
in 15-18 months.

How is the index with contagious whooping cough?

0.15 (15%);
0.40 (40%);
*0.75 (75%);
1.0 (100%).

The period of whooping cough isolate sick?

5 days;
9 days;
22 days;
*30 days.

The causative agent of whooping cough include:

Epstein-Barr virus;
*stick Borde-Zhang;
Afanasyev stick-Pfeifer;
staphylococcus.

Whooping coughsuffer:

children of any age;
children of the first months of life;
adolescents;
*all answers are correct.

For a typical form of whooping cough is not characterized by the following clinical signs:

low-grade fever;
the appearance of dry cough;
*clear signs of tonsillitis;
during coughing face flushing, injection of vascular sclera.

Among the complications of whooping cough were observed:

the CNS;
pneumothorax, subcutaneous, mediastinal emphysema;
nosebleeds;
*myocarditis.

For the clinical course of whooping cough in children 1 year is not typical:

reducing the incubation period of 4-5 days;
reduce catarrhal period to 5-7 days;
*the height required reprise disease;
state of asphyxia accompanied by localized seizures and encephalopathy.

Transmission whooping cough:

or water;
*airborne;
transmissible;
parenteral;
all answers are correct.

In erased or subclinical forms of whooping cough were observed:

low-grade fever;
the appearance of dry cough;
*clear signs of tonsillitis;
during coughing face flushing, injection of vascular sclera.

Among septic complications of whooping cough is rarely observed:

the islands or discharge of pneumonia;
purulent pleurisy;
pleuropneumonia;
*purulent meningitis.

To confirm the clinical diagnosis of whooping cough is not used:

bacteriological method;
immunofluorescence method;
RA;
*isolating the pathogen from the blood.

When pair of whooping cough force for 25 days to be sick:

all age groups;
pre-school children;
*children under 1 year;
separation of children is not performed.

In the treatment of patients with whooping cough use:

antibiotics;
neuroplehic's preparations;
drugs that suppress the cough center;
*all answers are correct.

Crucial for diagnosis pair of whooping cough has everything except:

allocationpair of whooping cough sticks at sowing mucus from the nasopharynx;
increase in titers of specific antibodies in the reactions RA Phragmites, CFT;
clinical data;
*all answers are correct.

In the pathogenesis of whooping cough does not matter:

the effects on the body toxins pathogen;
*bacteremia;
the occurrence of fire resistant pathogen in the medulla oblongata;
hypoxia.

The incubation period of whooping cough averages:

2-3 days;
*5-8 days;
10-15 days;
over 20 days.

The classification of whooping cough are not allocated period:

incubation;
catarrhal;
spasmodic;
*residual effects.

For the whooping cough is not typical:

dry cough, dry;
*wet cough with lots of mucus;
paroxysms of coughing ending with vomiting;
during coughing face reddens.

During a severe paroxysm of coughing whooping cough are:

nosebleeds;
hemorrhages in the sclera;
sleep;
*all answers are correct.

In mild and medium-severe whooping cough in salable period between the patient's condition:

*does not change;
is lethargy, irritability;
kept cyanosis of the skin;
kept swelling veins of the neck.

For the blood test in a typical whooping cough is not typical:

leukocytosis;
lymphocytosis;
monotsitoz;
*neutrophilic shift to the .

Antibiotics to treat whooping cough should use:

*catarrhal period;
a period of spasmodic cough;
the presence reprise;
in the atypical forms.

What is the clinical form pair of whooping cough most common?

is similar whooping cough;
*deleted;
asymptomatic;
all answers are correct.

For a typical course of whooping cough is not typical:

odutlovatist face;
swelling of eyelids;
hemorrhages in the sclera;
*a large number of wet wheezing in the lungs.

In the clinical diagnosis of whooping cough in the catarrhal period need to focus on:

persistent cough intrusive;
lack of physical phenomena in the lungs;
lack of effectiveness of antibiotic therapy;
*all answers are correct.

Pair of whooping cough is not typical:

transfer of droplets;
*transfer transmissible by;
focus in the children's groups;
periodic increase in incidence.

What code with contagious whooping cough?

15%;
*40%;
75%;
100%.

Crucial in early diagnosis pair of whooping cough are:

intensive dry cough;
the duration of cough 2-3 weeks;
lymphocytosis in the blood;
*increase in antibody titer agglutination test.

At what age begin vaccination against whooping cough?

*2 months;
6 months;
in 12 months;
in 15-18 months.

The period whooping coughisolate sick?

5 days;
9 days;
14 days;
*30 days.

The incubation period is pair of whooping cough:

2-7 days;
*5-15 days;
10-25 days;
15-45 days.

Whooping cough vaccination is carried out:

once;
twice;
*three times;
fourfold.

On the whooping cough suffer:

children of any age;
children of the first months of life;
adolescents;
*all answers are correct.

Catarrhal during the first year of life:

does not change;
extended;
does not change;
*reduced.

The period of convalescence (end) goes to:

1 month;
1.5 months;
2 months;
*three months or more.

What can the antibiotics used in the treatment of patients with whooping cough?

ampicillin;
*erythromycin;
gentamicin;
all answers are correct.

At what age spend revaccination against whooping cough?

12 months;
*18 months;
6 years;
15 years.

Topic 5.
Meningococcal infection

What changes in cerebrospinal fluid as a result of meningococcal meningitis indicate it (CSF) sanitation?

lymphocyticpleocytosis less than 0.1 * 10 * 9 / L;
less than 1.0 g / L;
*less neutrophilic pleocytosis 0, 1 * 10 * 9 / L;
low protein-cell dissociation.

What antibiotic should choose to treat patient with meningococcemia in the event of an infectious-toxic shock?

benzylpenicillin sodium salt;
gentamicin;
*levomitsetina sodium succinate;
ampicillin.

The use of the drug is the treatment of convulsive syndrome in infants is dangerous (possible respiratory arrest)?

seduxen (Relanium);
sodiumhydroxybutyrate (GHB);
*lidocaine;
geksenal.

What antibiotic should take the child 4 months of treatment for meningococcal meningitis if the patient had an allergic reaction to penicillin?

erythromycin;
cefazolin;
chloramphenicol-sodium succinate;
*aztreonam (azaktam).

Which of the following properties N. Meningitis be taken into account during the delivery of liquor to the laboratory for bacteriological research?

rapidly killed by direct sunlight;
when heated to 80° C, die after 2 minutes;
conventional chemical disinfectants kill them in a few minutes;
*die quickly at t below 37° C.

Which of the following antibiotics not cause massive collapse of meningococcus in its application during the meningococcal?

ampicillin;
amoxicillin;
benzylpenicillin sodium salt;
*levomitsetina sodium succinate.

What are the indicators cytosis are characteristic of normal CSF?

0,001 - 0.01 * 10^9 / L, neutrophils;
0.1 - 1.1 * 10^9 / L, neutrophils;
*0,001 - 0.01 * 10^9 / L, lymphocytes;
0.03 - 0.06 * 10^9/ L cells.

Which characteristics with meningococcal rash is incorrect?

haemorrhagic rash;
*bullous;
necrotic;
roseola-papular.

Which of the following is the most characteristic symptoms of early meningococcal meningitis in children in the first months of life?

a significant increase in body temperature;
stiff neck;
vomiting not associated with eating;
*cramps kloniko-tonic character.

What is the daily dose ceftriaxone treatment for meningococcal meningitis during treatment promptly filed a child the first 3 months of life?

200-300 thousand IU / kg;
*80-100 mg / kg;
400-500 thousand IU / kg;
600-800 thousand IU / kg.

What is the daily dose ceftriaxone promptly begin treatment with meningococcal meningitis in a child older than 5 months of life?

*80-100 mg / kg;
300-400 thousand IU / kg;
400-500 thousand IU / kg;
600-800 thousand IU / kg.

Which interval administered daily dose of ceftriaxone with meningococcal meningitis in children older than 3 months of life?

6 hours without a break at night;
4 hours without a break at night;
*8 hours without a break at night;
3 hours of night without a break.

What is the normal pressure of the cerebrospinal fluid (in mm water column)?

200-300;
200-500;
*120-180;
120-410;

Which of these glucocorticoids is the drug of choice in the treatment of cerebral edema?

prednisone;
prednisone;
*hydrocortisone;
dexamethasone.

Which of the following symptoms of meningitis should not be taken into account in children during the first months of life?

symptom Lessazha ("hanging");
*Kernig symptom;
stiff neck from casting head;
stress, pulsation, large bulging fontanelles.

With which intervals administered daily dose of ceftriaxone with meningococcal meningitis in children older than 6 months of life?

6 hours without a break at night;
4 hours without a break at night;
3 hours of night without a break;
*8 hours without a break at night.

Which of these antibiotics is considered the most effective in the treatment of meningococcal meningitis?

benzylpenicillin sodium salt;
chloramphenicol sodium succinate;
gentamicin;
*ceftriaxone (lonhatsef, rotsefin).

Which of these antibiotics can cause serious toxic complications in children in the first months of life?

benzylpenicillin sodium salt;
*chloramphenicol sodium succinate;
gentamicin;
ceftriaxone (lonhacef, rotsefin).

What are the indicators of the amount of protein in the cerebrospinal fluid is normal?

0,5-1,1 g / l;
*0,06-0,45 g / l;
1,0-3,3 g / l;
1,5-2,6 g / l.

What is the incubation period characteristic of meningococcal infection?

*2-10 days;
1-7 days;
11-24 days;
4-28 days.

What is the velocity of CSF (the number of drops in 1 min.) With puncture needle if the pressure of the cerebrospinal fluid is normal?

60-80;
*40-60;
the stream;
over 70.

Which of these meningeal symptoms often occurs when meningococcal meningitis?

*stiff neck;
symptom Brudzinsky top;
symptom Brudzinsky bottom;
Kernig symptom.

What changes in cerebrospinal fluid are characteristic of meningococcal meningitis?

colorless, transparent; cytosis 0.04 * 10 * 9 / L; lymphocytes; 0,33h protein / l;
colorless, transparent; pleocytosis 0.054 * 10 * 9 / L; lymphocytes; protein 1.0 g/l;
*a white, cloudy; pleotcytosis 3.0 * 10 * 9 / L; neutrophils; 3,3h protein / l;
colorless, opalescirosis; pleocytosis 0.7 * 10 * 9 / L; lymphocytes, protein 1.8 g / l.

Which of the following symptoms of meningitis is not characteristic of children during the first months of life?

head thrown back;
bulging, tension, pulsation of the large fontanel;
posipuvannya limbs tremor.
*symptom Kernig's

What is the concentration of sugar (glucose) is characteristic of normal CSF?

*2,2-4,4 mmol / l;
1,1-2,2 mmol / l;
3,1-4,2 mmol / l;
4,0-5,5 mmol / l.

Meningococcal virulence factors include:

the capsule;
products S IgA-protease;
the ability to recycle iron from transferrin;
*all answers are correct.

The source of the disease in meningococcus infection can be:

patient nasopharyngitis;

meningococcal patient;
the patient meningitis;
*patient with angina.

When meningococcus infection is the main route of infection:
alimentary;
parenterally;
transmissible;
*air drop.

Meningococcal disease suffer:
children of the first year of life;
children under 14 years;
persons of 31 years and older;
*persons of all ages.

The localized forms of meningococcal infection does not include:
acutenasopharyngitis;
*acute laryngitis;
meningococcal carriage;
the correct answer.

Hemorrhagic rash with meningococcal not typical:
possiblerozeola or papular rash-rozeola;
*there is at the same time;
there is no later than 2 days;
of the skin may occur 2-3 items.

Before generalized forms of meningococcal infection does not include:
*meningococcalnasopharyngitis;
meningococcal meningitis;
meningococcal uveitis;
meningococcal.

Laboratory confirmation of diagnosis of meningococcal meningitis enough:
allocation of meningococcal nose or oropharynx;
*allocation of meningococcal blood, cerebrospinal fluid;
microscopy thick drop of blood;
serological study.

In acute meningococcal almost no common syndrome:
catarrhal;
meningeal;
haemorrhagic;
*hepatolienal.

For the ventriculitis with meningococcus infection is not typical:

sleepiness, persistent or progressive disorder of consciousness;
a high degree of muscle rigidity;
severe headache, vomiting, hypersensitivity;
*destruction of cranial nerves.

Meningococcal characterized by the following clinical signs:

sudden development of disease;
high temperature;
headache, chills, weakness;
*all answers are correct.

Meningococcal meningitis is not typical:

acute onset, fever to 39-40^{0}C;
expressed headache, anxiety;
the occurrence of vomiting on the first day of the disease;
*appearance petechial rash on the skin of the lower extremities.

Haemogram with meningococcus infection is not typical:

leukocytosis;
neutrophilia with a shift to the left;
accelerated ESR to 50-60 mm / h;
*anemia.

For causal treatment of meningococcal meningitis do not apply:

ceftriaxone;
chloramphenicol;
ceffalotoxim;
*tetracycline.

The main criterion for discontinuation of antibiotic therapy in meningococcal meningitis:

reorganization of liquor;
improving health;
the absence of meningeal symptoms;
*remedy for liquor.

What are unlikely traumas meningococcal meningitis:

optic neuritis, facial nerve hearing loss;
susceptibility to hypertension syndrome;
the susceptibility to fatigue and neurasthenia, hydrocephalus;
*chronic renal failure.

The infection meningococcal infection matter:

the duration of contact;

accumulation in the room;
familial predisposition;
*all answers are correct.

Meningococcal nasopharyngitis not typical:
bright redness posterior pharyngeal wall;
small grain and dry mucous membranes of the oropharynx;
*hemorrhagic rash;
draining greenish mucus on the back of the throat.

Clinics meningococcal meningitis in children 1 year of life is not typical:
a high temperature in the first hours of the disease;
meningeal out;
*hemorrhagic rash;
positive symptom of "hanging".

The rare forms of meningococcal disease include:
pericarditis;
pneumonia;
endoftalmit;
*all answers are correct.

The bad prognostic sign with meningococcal considered:
high WBC;
neutrophilia;
*pronounced leukopenia;
accelerated ESR.

Specify the most typical beginning of meningococcal meningitis at children:
sharp during the day;
*sudden, parents indicate the exact time of disease;
fulminant;
all answers are correct.

When meningococcus infection of heart may occur:
myocarditis;
endocarditis;
pericarditis;
*all answers are correct.

Meningococcal rash may disappear at:
leaving no trace;
leaving pigmentation;
leaving skin defects;
*all answers are correct.

A characteristic feature of meningococcal pneumonia consider:

the allocation of a large number of bacteria;
severe course;
rapid development of pleurisy;
*all answers are correct.

What is meningococcal meningitis complications inherent exclusively for young children?

acute renal failure;
subarachnoid hemorrhage;
*adrenal hemorrhage;
cerebral hypotension.

The thrombocytopenic purpura of meningococcal disease are distinguished:

smallpetechiae and ecchymosis on neck;
haemorrhages in the mucous;
the satisfactory condition;
*all.

Subdural effusion with meningococcal meningitis most often appears:

the first days of the disease;
*at the height of fever;
the appearance of acne;
after discontinuation of treatment.

Clinic subdural effusion with meningococcal meningitis is characterized by:

*sudden appearance hectic fever;
repeated vomiting;
stagnant changes in the fundus;
all answers are correct.

Is it possible to reduce the dose of the antibiotic with meningococcal meningitis at., clinical improvement?

can be after normalization of temperature;
can the disappearance of meningeal symptoms;
*it is impossible to reorganization of liquor;
all answers are correct.

The source of disease in meningococcal infections cannot be:

*a patient with angina
sick nasopharyngitis
sick meningococcemia
the patient with meningitis

In meningococcus infection is the main route of infection:

*airborne
alimentary
parenteral
vector-borne

Meningococcal disease suffer:

*people of all ages
children first year
children 14 years
persons 31 years and older

By localized forms of meningococcal disease not include:

*acute laryngitis
nasopharyngitis
meningococcal carriage
correct answer

By generalized forms of meningococcal infection does not include:

*meningococcal nasopharyngitis
meningococcal
meningococcal meningitis
meningococcal endocarditis

For laboratory confirmation of the diagnosis of meningococcal meningitis enough:

*bold meningococcal from blood, cerebrospinal fluid
bold meningococcal with oropharyngeal or nasal
microscopy thick drop of blood
serological studies

In acute meningococcal almost no common syndrome:

*hepatolienal
catarrhal
meningeal
cerebral hypotension

For hemorrhagic rash with meningococcemia is not characteristic:

*appears at the same time
possible rotoloni or roserose-papular rash
appears no later than 2 days
the skin can be observed 2-3 elements

For meningococcemia characterized by the following clinical symptoms:

*all answers are correct

the sudden development of the disease
high temperature
headache ,chills, weakness

Gadgetry the form of meningococcemia not typical:

*the rash appears during the first 3 days
rapid onset, hyperthermia
the sudden appearance of hemorrhagic rash
drops to normal numbers

For meningococcal meningitis is not typical

*the appearance of a petechial rash on the skin of the lower extremities
acute onset, fever up to 39-40 degrees c
severe headache, restlessness
the emergence of meningeal signs

The rare syndrome in meningococcal meningitis is

*hemodynamic disturbances
general-infectious, hyperthermic
meningeal
csf-hypertensive

For clinic of meningococcal meningitis in children 1-St year of life is not typical

*hemorrhagic rash
the high temperature from the first hours of the disease
meningeal pose
the lack of meningeal symptoms

For severe forms of meningococcal meningitis is typical

*all the answers are correct
the acute onset with high temperature
convulsions and unconsciousness
tachycardia with arrhythmia or bradycardia, increase in blood pressure

Not typical for ventriculitis in meningococcal disease is

*development of hyperthermia
drowsiness, stable or progressive disorder of consciousness
a very high degree of muscular rigidity
severe headache, vomiting, hypersensitivity

Specify unlikely complications of meningococcal disease:

*liver failure
toxic-infectious shock
parenhimatosny-subarachnoid hemorrhage
acute swelling and brain edema syndrome of herniation

For haemogram in meningococcal disease is not typical

*anemia
leukocytosis
neutrophilia with left shift
all the answers are correct

To confirm the diagnosis of meningococcal disease is necessary to conduct laboratory research

*all the answers are correct
bacteriological examination of blood
bacterioscopic examination thick drop of blood
bacteriological examination of CSF

For etiotropic therapy of meningococcal meningitis do not apply

*erythromycin
penicillin
chloramphenicol
ceftriaxone

Clinical indications for use of the super-massive doses of penicillin in meningococcal disease.

*all the answers are correct
late admission of the patient
particularly severe course of infection
meningoencephalitis

The main criterion for discontinuation of antibiotic therapy in meningococcal meningitis

*rehabilitation liquor
normalization temperature
improving health
the absence of meningeal symptoms

Is it possible to reduce the dose of the antibiotic with meningococcal meningitis with clinical improvement.

*not it is impossible to sanitation liquor
possible after normalization of temperature
you can decline after meningeal symptoms
it is impossible to complete normalization of blood

Indications combination antibiotic therapy for meningitis:

*all answers are correct
a severe course of meningitis
the secondary purulent meningitis
lack of effect of the therapy

In meningococcal causal drug of choice is:

*ceftriaxone
levomitsetin
gentamicin
biseptol

What are unlikely consequences of endured meningococcal meningitis:

*chronic liver failure
optic neuritis, facial nerve hearing loss
tendency to hypertension syndrome
the tendency to asthenia, neurasthenia, hydrocephalus

Meningococcus outside the organism dies:

*within thirty minutes
immediately
during the day
in pot for 8 hours

For meningococcal infection contamination matters:

*all answers are correct
the duration of contact
clusters in the room
familial predisposition

The rare forms of meningococcal disease include:

*all answers are correct
pericarditis
pneumonia
arthritis

For meningococcal nasopharyngitis is typical:

the presence of hemorrhagic rash
bright congestion posterior pharyngeal wall
fine grain and dry mucous membranes of the oropharynx
*greenish mucus drainage in the back of pharyngeal

For meningococcal reactive arthritis characterized by:

*all answers are correct
the incidence is 5.8% more common in adults
accompanied by increasing temperature
benign course

The incubation period for infection of meningococcus is:

*1-10 days
2-4 days
6-14 days
10-21 day

The characteristic symptom of meningococcal pneumonia conside

*all answers are correct
the release of large amounts of microbes severe
frequent development of pleurisy
a long period of convalescence

The typical of meningococcemia the rash rarely appears on

*the face
buttocks
the hips
the shins

The rash of meningococcemia may disappear

*all answers are correct
leaving no trace
leaving pigmentation
sometimes there is necrosis of the toes, ears

In meningococcal infection heart disease may occur

*all the answers are correct
myocarditis
endocarditis
pericarditis

Bad prognostic sign if it is considered meningococcemia is

*severe leukopenia esr acceleration
high leukocytosis
neutrophilia
neutrophilic shift to the left

The most characteristic start in meningococcal meningitis in children

*sudden, parents are to indicate the exact time of the disease
sharp throughout the day
fulminant
all the answers are correct

Thrombocytopenic purpura from meningococcal disease features

*all answers are correct
small petechiae and echimozu on the neck
hemorrhages in mucous a satisfactory
general condition

Subduralny departure in meningococcal meningitis often

*5-7 day treatment
from the first days of the disease

at the height of fever
after discontinuation of treatment

The subdural effusion in meningococcal meningitis is detected

*all answers are correct
suddenly the appearance hectice body temperature
repeated vomiting
congestive changes in the fundus

The incubation period for infection of meningococcus is:

*1-12 days
2-14 days
16-24 days
22-28 days

Meningococcal disease suffer:

*children of the first year of life
children under 4 years
persons of 30 years and older
persons of 60 years and older

What changes in cerebrospinal fluid as a result of meningococcal meningitis indicate it (CSF) sanitation?

lymphocyticpleocytosis less than 0.1 * 10 * ^{9} / L
less than 2.0 g / L
*less neutrophilic pleocytosis 0, 15 * 10 * ^{9} / L
low protein-cell dissociation

What are the indicators cytosis are characteristic of normal CSF?

*0,001 - 0.01 * 10^{9} / L, neutrophils
1.1 - 10.1 * 10^{9} / L, neutrophils
0,001 - 0.01 * 10^{9} / L, lymphocytes
0.05 - 0.1 * 10^{9}/ L cells

What is the normal pressure of the cerebrospinal fluid (in mm water column)?

200-300
500-1000
*100-150
160-410

Topic 6.
Poliomyelitis. Enterovirus infection

Which of the following speaks in favor of bulbar form of polio?

impairment of consciousness and pyramidal signs;
impairment of consciousness and convulsions;
*symptoms of IX and X pairs of cranial nerves paresis of flabby;
all of the above listed.

Which of the following statements about the polio vaccine used in Ukraine, is incorrect?

not vaccine;
*inactivated (killed) vaccine;
is as humoral immunity and tissue;
administered orally.

What are antibodies (immunoglobulins) contribute to the establishment of local immunity after penetration polio vaccine in the intestines?

Ig M;
Ig G;
*Ig A;
Ig E.

What will tactic of doctor be in case of occurring of cases of poliomyelitis in child's collective?

emergency vaccination of unvaccinated children against polio;
emergency vaccination is generally not performed;
*emergency vaccination of single contact children;
emergency vaccination is carried out only children with low titer of specific antibodies.

What is the case in paralytic poliomyelitis period?

normal body temperature;
areflexia;
*tonic spasms cloniko-character;
the affected limb cold, pale, cyanotic.

What violations are not characteristic of paralytic poliomyelitis period spiral shape?

violation of sensitivity;
pyramidal signs
loss of pelvic organs;
*is not typical.

Which of these symptoms are not typical for pontoon form of polio?

asymmetry of the face;
*the absence of active movements in hands;
unilateral laughter;
incomplete eyelid closure.

Which symptoms are not found in the pre paralytic period?

*oliguria;
vomiting;
diarrhea;
anorexia.

Which of the paralytic form of polio is?

*pontoon;
"had disease";
meningeal;
inaparantn.

Which of the forms of polio is the lightest?

pontoon;
bulbar;
meningeal;
*inaparantn.

What these forms of polio is the most dangerous?

meningeal;
*bulbar;
spinal;
"had the disease."

Which parts of the central nervous system often affects polio agent?

motor nuclei of cranial nerves;
the meninges;
motor anterior horn cells of the spinal cord;
*all of the departments.

Which of these glucocorticoids is the drug of choice in the treatment of cerebral edema?

prednisone;
prednisone;
hydrocortisone;
*dexamethasone.

Which of these corticosteroids has expressed mineralocorticoid activity (promotes fluid retention in the tissues)?

*prednisolone;
methylprednisolone;
dexamethasone;
triamcinolone.

What is the most common form of polio?

spinal;
bulbar;
pontynn;
*inaparantn.

For the etiology and epidemiology of poliomyelitis characterized by the following features:

pathogen related to intestinal infections;
the disease is more frequent in summer and autumn;
the source of infection is a sick man;
*all answers are correct.

Preparalytic stage of polio are not typical:

lethargy, drowsiness;
the emergence of pain in the spine and extremities;
the occurrence of meningeal syndrome;
*development by the court.

One of these symptoms are not typical for polio:

dvohfazove illness with fever that precedes the appearance of paralysis;
*in the cerebrospinal fluid sharply reduced sugar content;
may start with acute headache and vomiting;
the occurrence of flaccid paralysis.

The differential diagnosis of poliomyelitis carried out:

diphtheria polyneuritis;
poliradykuloneyropatiyeyu;
encephalitis;
*all answers are correct.

For laboratory diagnostics use:

virology (virus isolation from feces, blood, mucus);
serum;
blood;
*all answers are correct.

What is not typical for polio?

*the infection occurs through dirty hands;
the transmission of the virus is airborne;
lesions are mainly in the ganglion cells and cells of the anterior horn of the spinal cord;
all answers are correct.

Paralytic polio stage characterized by the following symptoms:

improving the well-being of the patient;
decrease in muscle tone and tendon reflexes;
the development of flaccid paralysis;
*all answers are correct.

The polio virus is not found in:

the stool;
blood;
*in urine;
corpses.

Preventive measures for poliomyelitis:

isolation of the patient;
routine vaccination vaccine;
the maintenance of contact for 21 days;
*all answers are correct.

The child 3 years old - fever, sudden weakness of the left leg. The child vaccinated. What other signs help establish the diagnosis of polio?

*lack of reflexes in the leg stricken;
lowering body temperature before the development of paralysis;
the normal cerebrospinal fluid;
symmetrical ascending paralysis.

What percentage up paralytic form of polio from all forms?

1%;
10% or more;
20% or more;
*50%.

How many types of polio virus, you know?

one;
two;
*three;
four.

What do you know forms of polio?

all not answers are correct;
asymptomatic;

no paralytic;
*all answers are correct.

The duration of the incubation period:
2-10 days;
4-20 days;
*2-35 days;
more than 60 days.

What are the complications associated with respiratory failure and lung ventilation in acute period?
respiratory failure, hypoxia;
as a result of asphyxia Inspirations food, saliva;
a sudden stop breathing;
*all answers are correct.

Meningeal form of poliomyelitis refers to:
abortive form;
the visceral form;
*no paralytic form;
the paralytic form.

At what age begin vaccination against polio?
3 months;
a 5-day life;
*2 month;
in 12 months.

Which of the following speaks in favor of bulbar form of polio?
impairment of consciousness and pyramidal signs;
impairment of consciousness and convulsions;
paresis flabby;
*all answers are correct.

What will the doctor's tactics in the event of cases of polio in children's team?
the emergency vaccination not vaccinated against polio in children;
emergency vaccination is generally not performed;
*emergency vaccination is carried out all contact children;
emergency vaccination is carried out only children with low titer of specific antibodies.

What is the case in paralytic poliomyelitis period?
*tonic seizures kloniko-character;
normal temperature;
areflexia;
the affected limb cold, pale, cyanotic.

Which of the following are characteristic for development of paralysis during polio?

sharp, the rapid development from a few hours to 1-2 days;
asymmetric arrangement of paralysis;
lack of sensitivity disorders, pelvic disorders;
*all of the above is typical.

What are the clinical manifestations are not typical for spinal form of poliomyelitis?

skin hypersensitivity in the affected limbs;
hyperreflexia the affected limbs;
clonic convulsions of the muscles in the affected limbs;
*all of the above list not typical.

What is not characteristic of paralytic spinal poliomyelitis period?

*central paralysis;
peripheral paralysis;
sudden development of paralysis;
the asymmetric distribution of paralysis.

What indicators cytosis are characteristic of normal CSF?

0,001 - 0,01-10^9 / L, neutrophils;
0.1 - 1,1-10^9 / L, neutrophils;
*0,001 -0,01-10^9 / L, lymphocytes;
0.03 - 0,06-10^9 / L, lymphocytes.

What is the normal pressure of the cerebrospinal fluid (in mm.of water.in.)?

200-300;
400-500;
*120-180;
120-440.

What violations are not specific to paralytic form of polio spinal period?

violation of sensitivity;
pyramidal signs;
loss of pelvic organs;
*is not typical.

Which of the forms of polio is the most dangerous?

meningeal;
*bulbar;
spinal;
"had the disease."

Which of these glucocorticoids is the drug of choice in the treatment of cerebral edema?

*prednisolone;
prednisone;
hydrocortisone;
dexamethasone.

Children ages often suffer from polio?

to 2 months of life;
from 4 months to a year;
*2-7 years;
8-15 years.

What period is not in the paralytic form of polio?

*the initial period;
preparalytic period;
the paralytic period;
the residual period.

What is not characteristic of paralytic spinal poliomyelitis period?

*central paralysis;
peripheral paralysis;
sudden development of paralysis;
the asymmetric distribution of paralysis.

Which parts of the nervous system often affects polio agent?

motor nuclei of cranial nerves;
the meninges;
motor anterior horn cells of the spinal cord;
*all answers are correct.

Which of these symptoms are not typical for pontyn-form of polio?

asymmetry of the face;
*the absence of active movements in hands;
unilateral laughter;
incomplete eyelid closure.

The term vaccination may develop vaccine-associated polio?

*to thirty days;
up to 40 days;
60 days;
never.

What preparation is considered causal in treating polio?

gammaglobulin;
antibiotics;
glucocorticoids;
*undeveloped causal treatment.

The term vaccination may develop vaccine-associated polio?

*to thirty days;
up to 50 days;
60 days;
10 days.

What percentage up paralytic form of polio from all forms?

1%;
20% or more;
30% or more;
*50%.

At what age begin vaccination against polio?

*2 months;
a 5-day life;
5 month;
in 7 months.

What indicators cytosis are characteristic of normal CSF?

0,001 - 0,01-10^9 / L, neutrophils;
1.0 -1$010^9$ / L, neutrophils;
*0,001 -0,01-10^9 / L, lymphocytes;
0.3 - 0,6-10^9 / L, lymphocytes.

What is the normal pressure of the cerebrospinal fluid (in mm.of water.in.)?

200-300;
500;
600;
*120-180.

What changes in cerebrospinal fluid as a result of meningococcal meningitis indicate it (CSF) sanitation?

lymphocyticpleocytosis less than 0.1 * 10 * 9 / L;
less than 1.0 g / L;
*less neutrophilic pleocytosis 0, 1 * 10 * 9 / L;
low protein-cell dissociation.

What antibiotic should choose to treat patient with meningococcemia in the event of an infectious-toxic shock?

benzylpenicillin sodium salt;
gentamicin;
*levomitsetina sodium succinate;
ampicillin.

The use of the drug is the treatment of convulsive syndrome in infants is dangerous (possible respiratory arrest)?

seduxen (Relanium);
sodiumhydroxybutyrate (GHB);
*lidocaine;
geksenal.

What antibiotic should take the child 4 months of treatment for meningococcal meningitis if the patient had an allergic reaction to penicillin?

erythromycin;
cefazolin;
chloramphenicol-sodium succinate;
*aztreonam (azaktam).

Which of the following properties N. Meningitis be taken into account during the delivery of liquor to the laboratory for bacteriological research?

rapidly killed by direct sunlight;
when heated to 80° C, die after 2 minutes;
conventional chemical disinfectants kill them in a few minutes;
*die quickly at t below 37° C.

Which of the following antibiotics not cause massive collapse of meningococcus in its application during the meningococcal?

ampicillin;
amoxicillin;
benzylpenicillin sodium salt;
*levomitsetina sodium succinate.

What are the indicators cytosis are characteristic of normal CSF?

0,001 - 0.01 * 10^9 / L, neutrophils;
0.1 - 1.1 * 10^9 / L, neutrophils;
*0,001 - 0.01 * 10^9 / L, lymphocytes;
0.03 - 0.06 * 10^9/ L cells.

Which characteristics with meningococcal rash is incorrect?

haemorrhagic rash;
*bullous;
necrotic;
roseola-papular.

Which of the following is the most characteristic symptoms of early meningococcal meningitis in children in the first months of life?

a significant increase in body temperature;
stiff neck;
vomiting not associated with eating;
*cramps kloniko-tonic character.

What is the daily dose ceftriaxone treatment for meningococcal meningitis during treatment promptly filed a child the first 3 months of life?

200-300 thousand IU / kg;
*80-100 mg / kg;
400-500 thousand IU / kg;

What is the daily dose ceftriaxone promptly begin treatment with meningococcal meningitis in a child older than 5 months of life?

*80-100 mg / kg;
300-400 thousand IU / kg;
400-500 thousand IU / kg;
600-800 thousand IU / kg.

Which interval administered daily dose of ceftriaxone with meningococcal meningitis in children older than 3 months of life?

6 hours without a break at night;
4 hours without a break at night;
*8 hours without a break at night;
3 hours of night without a break.

What is the normal pressure of the cerebrospinal fluid (in mm water column)?

200-300;
200-500;
*120-180;
120-410;

Which of these glucocorticoids is the drug of choice in the treatment of cerebral edema?

prednisone;
prednisone;
*hydrocortisone;
dexamethasone.

Which of the following symptoms of meningitis should not be taken into account in children during the first months of life?

symptom Lessazha ("hanging");
*Kernig symptom;
stiff neck from casting head;
stress, pulsation, large bulging fontanelles.

With which intervals administered daily dose of ceftriaxone with meningococcal meningitis in children older than 6 months of life?

6 hours without a break at night;
4 hours without a break at night;
3 hours of night without a break;
*8 hours without a break at night.

Which of these antibiotics is considered the most effective in the treatment of meningococcal meningitis?

benzylpenicillin sodium salt;
chloramphenicol sodium succinate;
gentamicin;
*ceftriaxone (lonhatsef, rotsefin).

Which of these antibiotics can cause serious toxic complications in children in the first months of life?

benzylpenicillin sodium salt;
*chloramphenicol sodium succinate;
gentamicin;
ceftriaxone (lonhacef, rotsefin).

What are the indicators of the amount of protein in the cerebrospinal fluid is normal?

0,5-1,1 g / l;
*0,06-0,45 g / l;
1,0-3,3 g / l;
1,5-2,6 g / l.

What is the incubation period characteristic of meningococcal infection?

*2-10 days;
1-7 days;
11-24 days;
4-28 days.

What is the velocity of CSF (the number of drops in 1 min.) With puncture needle if the pressure of the cerebrospinal fluid is normal?

60-80;
*40-60;
the stream;
over 70.

Which of these meningeal symptoms often occurs when meningococcal meningitis?

*stiff neck;
symptom Brudzinsky top;
symptom Brudzinsky bottom;
Kernig symptom.

What changes in cerebrospinal fluid are characteristic of meningococcal meningitis?

colorless, transparent; cytosis 0.04 * 10 * 9 / L; lymphocytes; 0,33h protein / l;
colorless, transparent; pleocytosis 0.054 * 10 * 9 / L; lymphocytes; protein 1.0 g/l;
*a white, cloudy; pleotcytosis 3.0 * 10 * 9 / L; neutrophils; 3,3h protein / l;
colorless, opalescirosis; pleocytosis 0.7 * 10 * 9 / L; lymphocytes, protein 1.8 g / l.

Which of the following symptoms of meningitis is not characteristic of children during the first months of life?

head thrown back;
bulging, tension, pulsation of the large fontanel;
posipuvannya limbs tremor.
*symptom Kernig's

What is the concentration of sugar (glucose) is characteristic of normal CSF?

*2,2-4,4 mmol / l;
1,1-2,2 mmol / l;
3,1-4,2 mmol / l;
4,0-5,5 mmol / l.

Meningococcal virulence factors include:

the capsule;
products S IgA-protease;
the ability to recycle iron from transferrin;
*all answers are correct.

The source of the disease in meningococcus infection can be:

patient nasopharyngitis;
meningococcal patient;
the patient meningitis;
*patient with angina.

When meningococcus infection is the main route of infection:

alimentary;
parenterally;
transmissible;
*air drop.

Meningococcal disease suffer:

children of the first year of life;
children under 14 years;
persons of 31 years and older;
*persons of all ages.

The localized forms of meningococcal infection does not include:

acutenasopharyngitis;
*acute laryngitis;
meningococcal carriage;
the correct answer.

Hemorrhagic rash with meningococcal not typical:

possiblerozeola or papular rash-rozeola;
*there is at the same time;
there is no later than 2 days;
of the skin may occur 2-3 items.

Before generalized forms of meningococcal infection does not include:

*meningococcalnasopharyngitis;
meningococcal meningitis;
meningococcal uveitis;
meningococcal.

Laboratory confirmation of diagnosis of meningococcal meningitis enough:

allocation of meningococcal nose or oropharynx;
*allocation of meningococcal blood, cerebrospinal fluid;
microscopy thick drop of blood;
serological study.

In acute meningococcal almost no common syndrome:

catarrhal;
meningeal;
haemorrhagic;
*hepatolienal.

For the ventriculitis with meningococcus infection is not typical:

sleepiness, persistent or progressive disorder of consciousness;
a high degree of muscle rigidity;
severe headache, vomiting, hypersensitivity;
*destruction of cranial nerves.

Meningococcal characterized by the following clinical signs:

sudden development of disease;
high temperature;
headache, chills, weakness;
*all answers are correct.

Meningococcal meningitis is not typical:

acute onset, fever to 39-40^{0}C;
expressed headache, anxiety;
the occurrence of vomiting on the first day of the disease;
*appearance petechial rash on the skin of the lower extremities.

Haemogram with meningococcus infection is not typical:

leukocytosis;
neutrophilia with a shift to the left;
accelerated ESR to 50-60 mm / h;
*anemia.

For causal treatment of meningococcal meningitis do not apply:

ceftriaxone;
chloramphenicol;
ceffalotoxim;
*tetracycline.

The main criterion for discontinuation of antibiotic therapy in meningococcal meningitis:

reorganization of liquor;
improving health;
the absence of meningeal symptoms;
*remedy for liquor.

What are unlikely traumas meningococcal meningitis:

optic neuritis, facial nerve hearing loss;
susceptibility to hypertension syndrome;
the susceptibility to fatigue and neurasthenia, hydrocephalus;
*chronic renal failure.

The infection meningococcal infection matter:

the duration of contact;
accumulation in the room;
familial predisposition;
*all answers are correct.

Meningococcal nasopharyngitis not typical:

bright redness posterior pharyngeal wall;
small grain and dry mucous membranes of the oropharynx;
*hemorrhagic rash;
draining greenish mucus on the back of the throat.

Clinics meningococcal meningitis in children 1 year of life is not typical:

a high temperature in the first hours of the disease;
meningeal out;
*hemorrhagic rash;
positive symptom of "hanging".

The rare forms of meningococcal disease include:

pericarditis;
pneumonia;
endoftalmit;
*all answers are correct.

The bad prognostic sign with meningococcal considered:

high WBC;
neutrophilia;
*pronounced leukopenia;
accelerated ESR.

Specify the most typical beginning of meningococcal meningitis at children:

sharp during the day;
*sudden, parents indicate the exact time of disease;
fulminant;
all answers are correct.

When meningococcus infection of heart may occur:

myocarditis;
endocarditis;
pericarditis;
*all answers are correct.

Meningococcal rash may disappear at:

leaving no trace;
leaving pigmentation;
leaving skin defects;
*all answers are correct.

A characteristic feature of meningococcal pneumonia consider:

the allocation of a large number of bacteria;
severe course;
rapid development of pleurisy;
*all answers are correct.

What is meningococcal meningitis complications inherent exclusively for young children?

acute renal failure;
subarachnoid hemorrhage;
*adrenal hemorrhage;
cerebral hypotension.

The thrombocytopenic purpura of meningococcal disease are distinguished:

smallpetechiae and ecchymosis on neck;
haemorrhages in the mucous;
the satisfactory condition;
*all.

Subdural effusion with meningococcal meningitis most often appears:

the first days of the disease;
*at the height of fever;
the appearance of acne;
after discontinuation of treatment.

Clinic subdural effusion with meningococcal meningitis is characterized by:

*sudden appearance hectic fever;
repeated vomiting;
stagnant changes in the fundus;
all answers are correct.

Is it possible to reduce the dose of the antibiotic with meningococcal meningitis at., clinical improvement?

can be after normalization of temperature;
can the disappearance of meningeal symptoms;
*it is impossible to reorganization of liquor;
all answers are correct.

The source of disease in meningococcal infections cannot be:

*a patient with angina
sick nasopharyngitis
sick meningococcemia
the patient with meningitis

Topic 7.
Acute respiratory viral infections (influenza, parainfluenza, RS-infection, adenoviral infection)

Which of the respiratory syncytial infection clinic regarding infection in infants is incorrect?

coughing attack like, long, unproductive, highlighting the thick viscous mucous sputum;
sometimes, especially children in the first months of life, accompanied by coughing stops breathing (apnoe), vomiting;
on the surface of lung thorax define boxed percussion sound auscultation - a large number of small wheezing;
*the severity of patient's general condition is due to the severity of overall toxicity.

Which of the changes haemogram is not specific to parainfluenza?

radiation;
normal leukocyte content;
relative lymphocytosis;
*neutrophilic leukocytosis.

Which of the following antibiotics should be administered first half of children living with severe adenoviral infection, secondary pneumonia, toxic encephalopathy (convulsions) and toxic nephropathy?

gentamicin - parenterally 3-5 mg / kg / day - divided into 2-3 introduction;
*tienam - parenteral 100 mg / kg / day - divided into 4 input;
chloramphenicol succinate-Na - parenteral 25-50 mg / kg / day - divided into 2-3 introduction;
klaforan - parenteral 50-100 mg / kg / day - divided into 3 input.

Which features inherent parahrypozniy infection sets it apart from the flu?

virus contains RNA;
route of transmission - airborne, relatively close to the patient;
the source of infection - a sick man;
*prevents large epidemic outbreaks.

Which of the following does not apply to parainfluenza bacterial complications that arise mainly in young children?

otitis;
pneumonia;
myocarditis;
*glomerulonephritis.

Which of the following are most evidenced by the appearance of the patient RS- infectious pneumonia?

fever in disease dynamics over febrile digits;
increase in respiratory failure;
the increase in the severity level of overall toxicity;
*local percussion lung surface changes over the chest in a significant reduction of percussion sound.

What are the changes in hemogram with parainfluenza suggests joining secondary microbial flora?

radiation;
*leuko (neutrophilic);
normocytosis;
relative lymphocytosis.

Which of these drugs are not used for the local treatment of adenovirus infection etiotrop?

*desoxyribonuclease;
ribonuclease;
florenal;
tebrofen.

Which of the following is not a characteristic of rhinovirus infection?

the mechanism of transmission - airborne;
large epidemiological importance is contact transmission of rhinovirus infection;
*the susceptibility to rhinovirus infection is great, but the kids first months of after rhinovirus infection is short-lived immunity;
Immunity short-term after illness.

Which of the following antibiotics should not be given to children the first 5-6 months of life?

ampicillin / sulbactam;
ceftriaxone;
*netromitsyn;
chloramphenicol.

Which of the following is not characteristic for parainfluenza?

during the contagious patient - 7-10 days from the onset of the disease;
*parainfluenza gives large epidemic outbreaks;
transmission - airborne, at a short distance from the patient
the susceptibility to infection most children in the first 2 years of life.

What manner of adenoviruses patient is not released into the environment?

intestinal feces;
with mucus respiratory tract;
in the urine;
*sweat.

What respect of the following clinics RS- infection in older children is wrong?

body temperature is usually low-grade, sometimes normal;
the dominant clinical symptom is persistent, dry cough with difficult long exhalation, which is sometimes accompanied by attacks of breath lessness;
*the dominant clinical symptom is hoarseness of voice, dry, painful, "barking" cough with difficult breath, accompanied by bouts of breathlessness;
has pale face and a slight edema, vascular injection sclera, displays catarrhal inflammation of the nose and the oropharynx.

For syndrome severity is different from other respiratory viral infections?

intoxication syndrome;
lymphadenopathy syndrome;
*syndrome cereals;
broncho-obstructive syndrome.

Which of these symptoms are not typical of the local inflammatory changes throat with adenoviral infection?

*bright hyperemia ("burning mouth");
mucosal edema;
exudation;
formation of delicate films.

Which of the following forms of adenovirus infection is the most difficult?

fever;
*adenoviral pneumonia;
adenoviral catarrh of the upper respiratory tract;
intestinal form (diarrhea).

Which of these materials are not used for virological studies with adenoviral infection?

secret mucous upper respiratory tract;
*blood;
discharge from the eye;
excrement and urine.

Syndromes characteristic of influenza, except:

neurotoxic;
*haemorrhagic;
obstructive;
asthenia.

What viruses cause diarrhea?

influenza virus;
parainfluenza virus;
measles virus;
*rotavirus.

Viral infection characterized by hyperthermia?

*influenza A;
parainfluenza;
adenoviral infection;
RS-infection.

Which of the following clinical forms has no place in the adenoviral infection?

mezoadenitis;
*tonzylofarynhitis;
keratokon'yuctivitis;
constrictivelaryngotracheitis.

Inactivated flu vaccine provides immunity:

high resistant;
*moderate, for a short period of time (1-2 years);
very weak and at times no more than 6 months;
no immunity.

Rinovirus infection affects:

infants;
*all;
pre-school children;
children of school age.

Diagnosis of infection reovirus established on the basis of:

typical clinic;
hematological changes;
epidemiological data;
*virological and serological studies.

Season with parainfluenza disease:

fall-summer;
*the autumn and winter;
spring-winter;
all answers are correct.

On parainfluenza often suffer from:

adults;
children of preschool and primary school age;
*young children;
all age groups.

The general laws of different SARS are:

the source of infection - a sick man;

transmission - drop;
high susceptibility of people;
*all answers are correct.

Laboratory express diagnostics rinovirus infection:
isolating the virus in tissue culture;
*determination of antigen in secretions from the nose immunofluorescence method;
neutralization reaction;
laboratory diagnostics to be developed.

The clinical presentation of influenza in infants 6 months typical:
nervous system;
*dyspeptic disorders;
respiratory failure;
the rapid development of hemorrhagic syndrome.

Among the clinical forms of infection reovirus distinguished:
bluetongue;
gastrointestinal;
mixed;
*all answers are correct.

Rinovirus infection is not typical:
acute onset;
a large number of watery discharge from the nose, sneezing;
stuffy nose;
*high fever.

Koronavirus infection is characterized by:
pronounced seasonality;
infestation only children;
infestation only adults;
*all answers are correct.

RS and pertussis infection is distinguished from:
*cough;
allocation of viscous mucus;
loss of appetite;
a large number wheezing;

A characteristic feature of adenovirus infection in newborns:
rare due to passive immunity;
fever is weak;
dominated by the phenomenon of bronchitis with obstructive syndrome;
*all answers are correct.

For cereals with parainfluenza not typical:

difficult breathing;
*aphonia;
rough cough;
supporting muscles involved in breathing.

The feature of RS infections in infants are:

gradual beginning;
complicated nasal breathing;
refusal of the chest, regurgitation, vomiting;
*rapid development of pneumonia.

Specific drug for the treatment of adenoviral infectionis:

normal immunoglobulin;
rifampin;
all answers are correct;
*deoxyribonuclease.

Parainfluenza is unusual:

*hyperemia throat;
hyperthermia;
acute onset;
hoarseness of voice.

Reovirus infection is not typical:

the source of infection - the sick and virus;
airborne transmission;
the fecal-oral route of transmission;
*susceptible all age groups, including adults.

Influenza virus from other types differs:

hight;
*belonging to orthomyxoviruses;
the content of RNA in the nucleocapsid;
induces the appearance of specific immunoglobulins.

Key features ARI:

*all answers are correct
etiologically heterogeneous disease
speed and mass distribution
the most widespread among childrenearly age

For rinovirus infection is not typical

*high fever
acute onset

many watery discharge from the nose
all answers are correct

For koronavirus infection characterized pronounced seasonality
*the combination of rhinitis and pharyngitis
only children infestation
only adult prevalence
all answers are correct

The source of infection is under parainfluenza
*a sick man
animals
birds
all the answers are correct

The mechanism of transmission Parainfluenza
*drop
transmissive
nutritional
contact

Seasonality disease at parainfluenza
*the incidence of recorded throughout the year with rise in the autumn- winter
autumn-winter
spring and winter
spring

Among the clinical forms of infection reovirus share
*all answers are correct
catarrhal
hastroinstenal
all answers are correct

For parainfluenza not typical
*the defeat of the gastrointestinal tract
mild toxemia
mild fever
marked changes in upper airway mucosa

In parainfluenza often suffer
*young children
adults
elderly
all ages

For parainfluenza characterized by the following clinical shape

*all answers are correct
rhinitis
laryngitis
pneumonia

For parainfluenza is not typical throat congestion

*hyperthermia
acute onset
dry cough
hoarseness of voice

For parainfluenza characterized by the following changes in the oropharyngeal mucosa

*brackets hyperemia of the soft palate and posterior pharyngeal wall
edema tonsil, regional lumps
purulent fibrinous! layers on tonsils
grain soft palate

For parainfluenza characterized by the following changes in the blood picture

*leukopenia
leukocytosis
neutrocytosis
thrombocytopenia

The most frequent complications parainfluenza

*otitis
myocarditis
croup
sinusitis

Clinic complicated parainfluenza characterized

*all answers are correct
pneumonia
related aggravation of chronic diseases
leukocytosis, stenosis of the larynx

For laboratory diagnosis of parainfluenzado not use

*RHA
the reaction of hemagglutination inhibition
imunoflyuorestsentn method
bold antibodies in paired serum

The increase in antibody titer in the blood of patients parainfluenza revealed

*from 8-10 days of illness
on the 4th day of illness
on the 15th day of illness
at the end of the third week of illness

In the treatment of uncomplicated parainfluenza expected to use

*symptomatic agents
causal agents
immunostimulantores
sulfanilamides

Indications for use of antibacterial drugs with parainfluenza

*pneumonia
children under 1 year
fever
severity catarrh

For barley with parainfluenza not typical

*aphonia
hard to breath
rough cough
participation supporting muscles in breathing

Among the clinical manifestations of adenovirus infection rarest

*bronchiolitis
nasopharyngitis
tonsillitis
pneumonia

What is the mechanism of transfer of adenovirus infection except

*transmissive
drop
contact
food

Rising incidence of adenovirus infection observed

*in autumn and winter
inall seasons
in summer
no season

Adenovirus infection often suffer

*young children
adults
children under 1 year
elderly

Complications are adenoviral infection

*all answers are correct
focal pneumonia
exacerbation of chronic diseases
croup

To prevent adenovirus infection is expected

*all answers are correct
disinfection ophthalmic instruments
using gauze masks
when flashes in groups sharing possible separation of children for 10 days

Which of the listed symptoms are not typical for adenoviruses

persistent in the environment
dna virus
the main source of infection – people
has hemahlyutynuyuchi properties

Adenovirus is different from other respiratory diseases

*pronounced tissue tropism to lymphoid tissue
highly contagious children
preferably airborne transmission
tropism for epithelial mucous membranes

The most common sign of adenovirus infection

*conjunctivitis
Cathar sair ways throat congestion
fever
the increase in cervical lymph nodes

Specific clinical variant of adenovirus infection is

*farynho-conjuctivitive fever
cathars overhead railway routes
mesadenitis
tonzylofaryngitis

Clinical variants of adenoviral conjunctivitis

*all answers are correct
catarrhal
follicular
filmy

Adenoviral conjunctivitis eye set against diphtheria

*density hulled raid
unilateral lesions
the increase in regional lymph nodes
the primary lesion of the lower eyelid

Features of adenovirus infection in infants

*frequent disorder stool
the duration of fever
severity catarrhal phenomena
the presence of tracheobronchitis

What characterizes the reaction temperature at Adenovirus infection

*all answers are correct
normalization is often 5-7 days of illness
sometimes it lasts 2-3 weeks
may be wavy

A characteristic feature of adenovirus infection in newborns

*all answers are correct
it occurs rarely due to passive immunity
fever is weak
increased lymph nodes and conjunctivitis rare

Adenovirus infection of infectious mononucleosis

*hematological parameters
set catarrhal
the increase in lymph nodes
a moderate increase in liver and spleen

The source of infection is the RS

*a sick man
animals
birds
animals, birds

The mechanism of transmission of RS infection

*drop
nutritional
contact
transmissive

That simple clinical criteria provide monitoring the effectiveness of infusion therapy?

*all the answers are correct
the weight of the patient
blood pressure
the rheological properties of blood

Until signs of ileus do not include?

*horizontal fluid levels in the intestine at the bottom of radiographs

flatulence
vomiting
blood pressure

What are the clinical manifestations the most characteristicfor acute heart failure?
*all the answers are correct
pale skin with acrocyanosis
kratous wheezing in the back-lower lung
shortness of breath

For the dislocation structures of the brain not typical is?
*the preservation of consciousness
progressive coma
bradycardia with arrhythmia breathing
anisocoria

Indications for oral rehydration therapy?
*watery diarrhea
exsicosis iii degree
severe pneumonia
all the answers are correct

For DIC developed, is not typical?
*heart failure
acute renal failure
respiratory failure, shock lung
hemorrhagic syndrome

Signs of brain edema in infectious disease is?
*all the answers are correct
coma
pathological pyramidal signs
tonic-clonic seizures

In what position should you transport child with swelling of the brain?
*lying with a raised 10-15 degree majorend
lying down with lowered head end 10-15degrees
on the side
coma

Not a typical clinical manifestation of hypokalemia is?
*increased appetite
decreased muscle tone
diarrhea

symptoms of paresis of the intestine

For the child's treatment at a temperature of the bodies of 40 degrees , cold, marble skin shown by appointment?

*chlorpromazine
analgin
paracetamol
rubbing the skin with alcohol

The development of cerebral edema is not typical for the following diseases?

*cholera
meningococcal disease
flu
encephalitis

The increase in antibody titer in the blood of patients parainfluenza revealed

*from 8-10 days of illness
on the 4th day of illness
on the 15th day of illness

Topic 8
Shigellosis. Escherichiosis. Salmonellosis. Intestinal yersiniosis. Rotavirus infection

Antibacterial therapy at a dysentery:
minimum duration of course 5-7 days;
maximal duration of course is determined by the state of child and speed of disappearance of symptoms;
in case of absence of effect from therapy on the draught of 3th days it follows to change an antibiotic;
*all answers are faithful.

What factor does determine morphological changes in an organism and severity of dysentery?
*bacteremia;
invasion properties of microorganisms;
infecting dose;
all answers are faithful.

The factors of transmission of Salmonella are not :
water, eggs;
milk and lactate foods;
*insects that suck out the blood;
all answers are faithful.

In basis of classification of salmonella:
pathogenicity;
the source of infection;
*the antigenic structure by O-antigen;
all answers are correct.

For the etiotropic therapy of Escherichia enteroinvasive use:
cefotaxime;
chloramphenicol;
ciprofloxacin;
*all answers are correct.

The main route of Escherichia transmission that caused enteroinvasive E. coli?
water;
*food;
contact;
all answers are correct.

The greatest risk of generalized forms of salmonellosis have?
children with congenital immunodeficiency T cells;
the newborn;
children with AIDS;
*all answers are correct.

Due to generalized salmonellosis infections in infants often develop:
pyelonephritis;
liver abscess;
abscess of the spleen;
*purulent meningitis.

The most common complication of dysentery:
infectious-toxic shock;
intestinal bleeding;
*rectal prolapse, paraproctitis;
all answers are correct.

What Shigella mainly produce exotoxin;
*Hryhoryeva- Shiga;
Lardzha -Saksa;
Flexner;
Sonne.

Possible complications of dysentery:
infectious-toxic shock;
intestinal bleeding;
peritonitis, intussusception;
*all answers are correct.

When the contact transmission of the maximum number of salmonellosis in children registered:
in the winter;
in the spring;
*in the summer;
in the autumn.

The source of salmonellosis infection are:
cattle, pigs, sheep;
the patient or carrier;
poultry, wild pigeons, turtles;
*all answers are correct.

Crucial to the formation of chronic dysentery should:
functional deficiency of digestive tract;
the ability of Shigella transitions in Z-shape;
violation of the wrong food;
*violation of immunological reactivity.

In the young children morphological changes in the intestine dysentery observed mainly in the form:

*catarrhal colitis;
fibrous colitis;
diphtherial colitis;
ulcerative colitis.

For the Hryhoryeva- Shiga dysentery is not typical:

the rapid development of colitis syndrome;
hyperthermia;
a severe course of illness;
*easy course of disease.

To the atypical forms of dysentery include:

erased;
dyspeptic;
hipertoxycal;
*all answers are correct.

Which statement is not inherent of salmonellosis as hospital infection:

number of cases of an intrahospital salmonellosis increases;
nosocomial outbreaks of salmonellosis differ of a long course;
nosocomial salmonellosis often caused by strains of microorganisms with low antibiotic resistance;
*greatest number of ill occurs in infants.

The main pathogenesis of salmonellosis:

endotoxemya;
bacteremia;
water and electrolyte loss, hemodynamic violations;
*all answers are correct.

Watery diarrhea without fever that persists more than 2 weeks in a child's first year of life, is most common:

*enteropathogenic E. coli;
enteroinvasive E. coli;
enterotoxigenic E. coli;
all answers are correct.

What microorganisms cause disease, with clinical signs similar to shigellosis:

*enteroinvasive;
enterotoxigenic;
enterohaemorrhagic;
all answers are correct.

Which of the following pairs of bacteria produce toxins with the same mechanism of action?

Streptococcus pyogenes and Schigelladysenteriae;
*Escherichia coli and Vibrio cholera ;
Bacillus antracis and Clostridium perfringes;
Klebsiella pneumoniae and Mycolacterium tuberculosis.

For the purpose of rapid diagnosis of dysentery use:

bacteriological method;
the serological method;
*method fluorescent antibodies;
rectoromanoscopy.

The common sign of appendicitis and dysentery in its lumbar location is:

local muscle tension;
symptoms of peritoneal irritation;
the growing increasing WBC;
*loose stools mixed with mucus.

What clinical form of salmonellosis often occurs in newborns children:

gastrointestinal;
*generalized;
bacterioexcretion;
discard.

Reliable sign that confirms the diagnosis of dysentery are:

blood in the stool;
the distal colitis syndrome;
the degree of intoxication;
*allotment of exciter.

The clinical symptoms of salmonellosis in children under 3 years dominated symptoms:

*gastroenteritis;
colitis;
generalization of infection;
no clinical signs recorded only hung with fecal microorganisms.

For the uncomplicated gastrointestinal form of salmonellosis are not typical:

high fever;
*jaundice, hemorrhagic syndrome;
nausea, vomiting, frequent liquid bowel movements;
dehydration.

In the fire dysentery are not necessary:
supervision of contact;
control of stool in contact;
current disinfection;
*bacteriological examination of all contact.

Salmonella virulence factors:
antyphagocytic activity salmonella;
the mobility of Salmonella;
the ability to endotoxin products;
*all answers are correct.

Salmonella osteomyelitis is a common problem children:
*have sickle cell anemia;
consumed unpasteurized milk in history;
receiving long-term antibiotic therapy;
had contact with animals.

The course of dysentery can be:
keen;
prolonged;
chronic continuous;
*all answers are correct.

Among the specific complications of dysentery in children the most common are:
the perforation of the intestine, peritonitis;
intestinal bleeding;
*rectal prolapse;
cracks, erosion anus.

Local symptoms that reflect the disease severity dysentery are:
the nature of excrement;
frequency of stool;
abdominal pain;
*all answers are correct.

For the septic option generalized forms of salmonella is not typical:
fever incorrect type;
*prolonged abdominal syndrome;
hepatolienal syndrome;
formation of secondary septic lesions.

In salmonellosis nervous system with symptoms:
weakness, frailty;
headache;
*meningeal symptoms;
all answers are correct.

The criterion of severity in salmonellosis can be:

fever;
the severity of intoxication;
*the duration of the incubation period;
toxic damage of myocardium.

In order to reduce diarrheal syndrome should not be used:

enterosorbents;
*Imodium;
biologic drugs;
astringents.

Diagnosis of can be established on the basis of:

fever, intoxication;
the presence of abdominal syndrome;
*bacteriological confirmation;
scatological analysis.

How often is the group of Escherichia disease in infants:

*enteropathogenic;
enteroinvasive;
enterotoxigenic;
enterohaemorrhagic.

Clinical salmonellosis was similar to:

dysentery;
cholera;
Yersinia;
*food poisoning

The material for bacteriological research at Salmonella are:

emptying;
vomit and gastric washings;
blood;
*all answers are correct.

For the treatment of generalized forms of salmonellosis antibiotics are administered:

orally;
intramuscular;
*intravenously;
all answers are correct.

Basic pathogenesis of Escherichia:

bacteremia;
virusemia;
*the effect of enterotoxin;
allergic reactions.

To confirm the diagnosis of Escherichia most reliable method is:

*bacteriological method;
agglutination test;
the indirect agglutination reaction;
immunofluorescence method.

In the treatment of severe forms of salmonellosis in young children is not critical:

oral and parenteral rehydration;
*oral rehydration;
parenteral rehydration;
therapy enzymes, sorbents and eubiotics.

Typical breeding Shigella are:

stomach;
small intestine;
*colon;
all answers are correct.

Due to the growth of antibiotic resistance of Salmonella at the current stage in children under one year of severe forms of salmonellosis treatment should begin with:

*cephalosporins III- generation;
aminoglycosides IP- generation;
nitrofurans;
ampicillin.

Acute febrile bloody diarrhea to the development of hemolytic anemia, thrombocytopenia and renal failure is most common:

enteropathogenic E. coli;
enteroinvasive E. coli;
*enterotoxigenic E. coli;
enterohaemorrhagic E. coli.

Abdominal syndrome in salmonellosis is not typical:

stable nausea, vomiting;
cramping abdominal pain, which intensified before emptying;
watery, foul-smelling stool;
*feces frequent small meals in a muddy slime.

What are the clinical signs appear in the chesta child whose mass is reduced by 2 days to 510%, except

*status of dying
inflamation of the fontanel
tachycardia
sunken eyes

In an infant there for 3 daysprofuse diarrhea. HR - 200 per minute,decreased perfusion, peripheral weakenedpulse. Choose the most optimal treatment

*infusion of glucose-saline
solutiondopamine infusion
appointment of atropine
infusion gemodesis

Rehydration oral therapy is the primary stage of treatment for all children with symptoms of gastroenteritis, except

*ileus, coma or shock
vomiting, high fever
cholera
dysentery

A child 2 years for 2 days are watery diarrhea 5-6 times a day, two shot vomiting. Which of these your decisions will be correct?

*explain the mother's need for and methods intensive oral rehydration with a view prevention of dehydration
assign chloramphenicol
assign furazolidon
assign enzyme

The main element of pathogenetic therapy of acute intestinal infection are:

*adequate rehydration therapy glucose-saline
fermentotherapy
appointment of sorbents
appointment eubiotics

The child 6 months breastfed within 24 hours is diarrhea without vomiting. The temperature of 36.7C, the appetite is not broken, slightly sunken eyes and fontanel. The most appropriate therapy are:

*the first phase of oral rehydration to make up the deficit continued breastfeeding
intravenous infusion of glucose-salt solutions, oral rehydration not to water and tea break for 24 hours, and then enter breast milk or dilute the mixture for a few days to normalization of stool frequency
infusion of glucose-saline solution
preparations loperamide

Boy 4 years old a few days after hemokolitu became pale and drowsy, facial swelling, urine liquid, small portions. All figures are indicative of hemolhhyko uremic syndrome, in addition to

*positive coombs-test
a low hemoglobin
low platelet count
hematuria from proteiinuria

Until the development of hemolytic uremic syndrome causes pathology

*endothelium
the membranes of red blood cells
hemoglobin
glycolysis

Microangiopathic anemia and thrombocytopenia characteristic of

*hemolytic uremic syndrome
after suffering glomerulonephritis - pathogen streptococcus
recurrent pyelonephritis
all answers are correct

That simple clinical criteria provide monitoring the effectiveness of infusion therapy?

*all the answers are correct
the weight of the patient
blood pressure
the rheological properties of blood

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paracetamol
rubbing the skin with alcohol

The development of cerebral edema is not typical for the following diseases?

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meningococcal disease
flu
encephalitis

What is the mechanism of transmission of shigellosis?

* fecal-oral
contact
air-droplet
through the bites of blood

What is the reservoir of shigellosis?

*humans
domestic birds
large and small horned cattle
rodents

What is the basic method of specific laboratory diagnostics of the shigellosis?

*bacteriological
allergological
biological
clinical

What clinical symptom from following is characteristic for the shigellosis?

*liquid stool with slime (and a blood)
indomitable vomiting
enlargement of liver
pain in the upper parts of abdomen of girdling character

Which antibiotics are effective for treatment of shigellosis?

* ciprofloxacin
erythromycin
first-generation cephalosporins
metronidazol

What is the mechanism of cholerogen' action?

*electrolytic diarrhea
increased peristalsis of an intestine
catarrhal inflammation of mucous tunic of intestine
catarrhal inflammation of mucous tunic of small and large bowels

What clinical symptoms are most important for early diagnostics of botulism:

*bulbar symptoms (dysphony, disorders of swallowing, dysarthria etc.)
dryness of mouth
nausea, vomiting, diarrhea
progressive weakness and disorder of vision

Typically cholera begin from:

*watery diarrhea
vomiting
abdominal pains
fever

Feces of patients with cholera usually contain:

*undigested food
slime
blood
slime and blood

The main mechanism of diarrhea in case of cholera is:

*breach of function of enzymatic systems of enterocytes (adenylate cyclase)
high permeability of intestinal vessels
hyperperistalsis of intestine
the increased osmotic pressure in a lumen of an intestine (malabsorption)

What are the character and frequency of stool typical for moderate gravity of cholera?

*liquid, frequent, plentiful, rice-water-like
liquid, frequent, plentiful, with admixture of slime and blood (jelly - like)
liquid, poor, frequent, with admixture of slime and blood
liquid, frequent, plentiful, with admixture of "greens

Active production of exotoxins is possible for shigellas:

*Dysenteriae 1
Sonnei
Flexneri
Dysenteriae 2

The most severe course of shigellosis causes:

*Dysenteriae
S. Sonnei
S. Boydii 6
all mentioned

The most effective antibiotic for treatment of shigellosis is:

*Ciprofloxacin
Levomycetin
Furazolidone
Metronidazole

Affection of what part of gastrointestinal tract is typical for shigellosis?

*distal parts of large bowel
stomach
small bowel
proximal part of large bowel

What are the clinical symptoms of colitic form of shigellosis?

*acute onset, moderate intoxication, spastic pain in left lower quadrant of abdomen, poor liquid stool with slime and blood
gradual onset, absence of intoxication, moderate spastic pains in lower part of abdomen, alternation of constipation and diarrhea, sometimes slime in feces
acute onset with sharp pain in abdomen, symptoms of intoxication on the beginning are absent stool is bloody, frequently without feces
acute onset, moderate intoxication, diffuse pain in abdomen, vomiting, then liquid stool with admixture of slime (and sometimes of blood)

What parts of gastrointestinal tract are most affected in shigellosis?

* sigmoid colon and rectum
stomach
duodenum
small bowel

What is the mechanism of transfer of adenovirus infection except

*transmissive
drop
contact
food

Rising incidence of adenovirus infection observed

*in autumn and winter
inall seasons
in summer
no season

Adenovirus infection often suffer

*young children
adults
children under 1 year
elderly

Features of adenovirus infection in infants

*frequent disorder stool
the duration of fever
severity catarrhal phenomena
the presence of tracheobronchitis

What characterizes the reaction temperature at Adenovirus infection

*all answers are correct
normalization is often 5-7 days of illness
sometimes it lasts 2-3 weeks
may be wavy

Rotavirus infection often suffer

young children
adults
children under 1 year
*all

Features of rotavirus infection in infants

*frequent disorder stool
the duration of fever
severity catarrhal phenomena
the presence of tracheobronchitis

For rotavirus infection in infants are:

frequent disorder stool
the duration of fever
catarrhal syndrome
*all

Which symptoms are not found in the pre paralytic period at polio?

*oliguria;
vomiting;
diarrhea;
anorexia.

The polio virus is not found in:

the stool;
blood;
*in urine;
corpses.

What characterizes the reaction temperature at rotavirus infection

*all answers are correct
normalization is often 5-7 days of illness
sometimes it lasts 2-3 weeks
may be wavy

The enterovirus is not found in:

the stool;
blood;
*in urine;
corpses.

What is the mechanism of transmission of enterovirus?

* fecal-oral
contact
air-droplet
through the bites of blood

Topic 9.
Hepatitis virus

To the gate of the liver include: 1) hepatic artery, 2) common hepatic duct, 3) the portal vein, 4) lymphatic vessels.

*all answers are correct;
correct answers 1.3
correct answers 2.4
1.4 correct answers

Main featurecytolysis of hepatocytes are:

increase in blood bilirubin
*the increased activity of ALT and AST
hypoalbuminemia
gipoprotrombinemii

Epstein-Barr virus antigens should:

early
capsid
*all
nuclear

Children ages often suffer from infectious mononucleosis?

up to 1 year
*2-10 years
14-15 years
does not depend on age

The duration of the incubation period:

2-10 days
11-21 days
*20-50 days
50-120 days

The symptoms of infectious mononucleosis template except:

intoxication
fever
lymphadenopathy
*conjunctivitis

Which of the following antibiotics should not be prescribed in infectious mononucleosis, since 70% of its weekly appointment accompanied by allergic reactions?

benzylpenicillin Na
*ampicillin
norfloxacin
gentamicin

Which of the following changes in the blood of infectious mononucleosis is the most distinctive feature of this disease:

moderate leukocytosis
expressed lymph monotsitoz (more than 15% compared with the age norm)
*the presence of atypical mononuclear cells (5% or more)
moderately elevated erythrocyte sedimentation rate (30 mm / h)

Which of these diseases Epstein-Barr virus does not cause?

Berkita lymphoma
*Hodgkin's disease
nasopharyngeal carcinoma
infectious mononucleosis

Who is the source of infection in infectious mononucleosis?

monkey
*a person
man and ape
no right answer

For the early diagnosis of infectious mononucleosis matter detecting antigens following:

early and capsid
*early and nuclear
early and late
late

For hepatitis A characteristic of these epidemiological patterns, except:

high resistance of the pathogen in the environment
*the highest incidence among children 1 year of age
disease is seasonal
the highest incidence among children 5-9 years

The average duration of the incubation period in viral hepatitis A:

7-10 days.
*14 days
1-2 months
14-50 days

In the peripheral blood in acute HBV is not found:

neutrophilia
leukopenia
*monocytic reaction

What symptom in viral hepatitis is a clinical sign of cholestasis:

nausea, vomiting
*itching
reduction of daily urine output
edema, ascites.

Hepatitis can cause all listed viruses except:

human cytomegalovirus
virus infection mononucleosis
*flu virus
herpes simplex virus

Virus hepatitis refers to:

*enteroviruses (pikornovirusiv)
Hepadnaviridae
arbovirus
retroviruses

The mechanism of action of interferon preparations:

stimulates the production of proteins that inhibit viral replication
immune-modulating effect, promotes recognition by cytotoxic T-lymphocytes hepatocytes infected with virus
the antiproliferative effect stimulates proliferation of cells producing collagen, retards the development of cirrhosis
*all answers are correct

Virus hepatitis C is not peculiar:

the genome of RNA virus represented
are 6 genotypes of the virus
expressed mutagenic virus that allows it to avoid the immune response
*rapidly eliminated in the infected organism

The most common option is to jaundice period in viral hepatitis A:

artralhichnyy
*flu-like
asthenovegetative
dyspeptic

The biological signs of cholestasis not related increase in blood:

cholesterol
phospholipids
the bile acids
*the activity of AST

Main mechanism of transmission of hepatitis A:

drop
*the fecal-oral
paranteralnyy
perinatal

What pathology caused by the formation increase of immune complexes in viral hepatitis B:

skin lesion as papularurticaria, spotty rash
arthralgia
membranous glomerulonephritis
*all

For hepatitis B is not typical:

disease in those risk groups as hepatitis B
virus contains RNA
may aggravate the infection in carriers of hepatitis B
*blood rarely determine the antigen of hepatitis B due to the short circulation period

The hepatitis A virus is not peculiar:

contains 4 structural polypeptides
virus genome -RNK
*a reverse transcriptase
relatively resistant to chlorine

In viral hepatitis A have not seen one of these routes of infection:

water
food
contact
*transmissible

Transmission of HBV from mother to fetus occurs:

prenatally
intrapartum
postnatally
*all answers are correct

When jaundice with HBV patient's condition:

improving
all answers are correct
*worsens
does not change

Not typical biochemical parameters of blood serum in mixed infections HBV and HBD are:

expressed cytolysis syndrome
stable hyperbilirubinemia stored longer than with HBV
decreased prothrombin index
*prevailing indirect bilirubin

The most effective drug for the treatment of chronic hepatitis C:

acyclovir;
ribavirin;
corticosteroids;
* interferon-a.

Increase immunity frees the body from viral hepatitis A:

the first week of jaundice;
*within 2-3 weeks of jaundice;
for 4-5 weeks jaundice;
after reducing jaundice.

Total duration incubation period for HBV:

7-40 days;
*1,5-6 months;
14 weeks;
1-2 months .;

The most common options before jaundice period with HBV:A) ap- tralhichnyy; B) flu-like; C) dyspeptic; D) latency;E) asteno- vegetative.

*A +C
B + D
D + E
A + E

What correctly describes Hbe Ag:

light recently transferred HBV;
serological marker that indicates recovery and immunity formation;
*is in Hbs-Ag- positive individuals, indicating a high replicative virus activity and high infectivity.

Serological markers of chronic hepatitis B does not include:

Hbs Ag •
Anti Hbe
Anti HbsorJgM
*Anti-HAV JgM.

Differential diagnosis of chronic HBV is made of:

toxic hepatitis;
autoimmune hepatitis;
disease Wilson;
*all answers are correct.

The main principle of treatment of chronic hepatitis with minimal activity:

corticosteroids;
immunomodulators;
hepatoprotectors;
*failure of drug therapy, and diet regime.

The sing of intoxication in HBV can be:

general weakness;
nausea, vomiting;
*aholiya;
tachycardia.

The duration of the incubation period with HCV:

7-40 days;
*1,5-6 months;
14 weeks;
14-50 days.

The largest epidemiological danger in the CAA are:

infected with HIV;
*patients at the end of the incubation period and before jaundice period:
patients in jaundice period;
patients with subclinical forms of the disease;

The increase immunity frees the body from viral hepatitis A:

the first week of jaundice;
*within 2-3 weeks of jaundice;
during the period of convalescence;
after reducing jaundice.

Mechanism transmission of HBV:

sex;
parenterally;
Perinatal;
*all answers are correct.

The total duration of the incubation period in HEV:

*7-40 days;
1,5-6 months;
14 weeks;
14-50 days.

Duration of jaundice period before HCV :

3-7 days;
3 days - 3tyzhni;
*7-8 days;
3-9 weeks.

After jaundice in the HAV being patient:

*improved;
remains unchanged;
all
worsens.

The total duration of jaundice period before HAV:

*3-7 days;
3 days - weeks;
7-8 days;
3-9 weeks.

Hepatitis C virus belongs to the group:

enterovirus;
herpesvirus;
*flavirusiv
kalitsyvirus.

The most unfavorable for patients of viral hepatitis are:

mixed acute viral hepatitis B and D;
*without joining hepatitis delta virus;
a combination of chronic hepatitis B with acute super delta infection
all

For epidemiological characteristics not typical HEV:

*more likely to sick children aged 2-5 years;
mostly ill adults 20-35 years of age;
transmitted by water;
observed serious disease with a high mortality rate among pregnant women.

Epidemiological features hepatitis C, except:

*the most common cause of hepatitis post transfusion;
widely spread among injecting drug users;
transmission can be sexually;
perinatal transmission of HCV is more likely in HIV-infected pregnant women.

What measure is not significant as a criterion for severity of HBV:

*the degree of hyperbilirubinemia;
the severity of intoxication;
the severity of intoxication;
reducing prothrombin index.

Do signs of hemorrhagic syndrome in HBV does not apply:

bleeding gums;
*hypoalbuminemia;
nosebleeds;
reducing prothrombin levels.

Which provision of right of action of glucocorticoids in acute viral hepatitis B:

stimulating the replication of the virus;
increase the frequency relapse;
promote chronic viral hepatitis;
*result in temporary, lower bilirubin.

Confirmation CAA diagnosis is to identify:

the hepatitis virus in the faeces;
Hepatitis A virus antigen in the blood;
all;
*antibodies to hepatitis A virus (anti HAV IgM) levels.

The result usually HAV course are:

*recovery;
frequent protracted course;
the development of chronic active hepatitis;
cirrhosis of the liver.

What does not refer to specific prevention of hepatitis A:

*intramuscular injection hamahlobulin;
active immunization against hepatitis A vaccine;
introduction of interferon;
the correct answer.

Virus hepatitis refers to:

enterovirus;
*hepatovirus;
arbovirus;
retroviruses.

Which characteristics of the hepatitis B virus is not true:

resistant to low temperatures;
resistant to high temperatures;
*dies quickly under preservatives blood;
resistant to drying.

In the course of HBV in children 1 year of life is not typical:

the rapid development of severe fulminant forms;
clearly expressed signs of jaundice before period;
*the same severity of jaundice intensity greater than in older children;
acute onset, often fever.

What clinical form is not typical for erysipelas?

*icteric
erythematous-hemorrhagic
skin-bubonic
necrotic

Clinical manifestation of food poisoning is characterized with:

*high temperature and intensive watery diarrhea
nausea, repeating vomiting, subfebrile temperature
protracted signs of the disease
admixture of mucus in stool

For bacteriological investigation of patients with food poisoning we have use such specimens as:

*contents of vomiting, lavage water of stomach, stool
stool, blood
stool duodenal drainage
contents of vomiting, stool

Specific complication of typhoid is:

*intestinal bleeding
arthritis
otitis
intestinal obstruction

What is most typical location of V. cholerae in human organism?

*in lumen of intestine
penetrate into enterocytes
penetrate into mesenteric lymph nodes
penetrate into bloodstream

What is the screening - method of diagnostics of HIV-infection?

*immune-enzyme analysis (IEA)
radioimmune analysis(RIA)
immunoblot analysis
molecular hybridization

What is the biochemical parameter, which constantly changes in the preicteric period of acute viral hepatitis?

*activity of alanine aminotransferase (ALaT)
level of a bilirubin
thymol test
sublimate titer

In what group of patients lethal outcome of viral hepatitis E are observed more often?

*pregnant women
homosexuals
drag–abused
recipients of blood

What are the main clinical signs of the mononucleosis?

*prolonged fever, generalized lymphoadenopathy, liver and spleen enlargement
prolonged fever, diarrhea, abdominal pain
prolonged fever, meningeal syndrome, liver and spleen enlargement
prolonged fever, generalized lymphoadenopathy, diarrhea

What are the typical for the mononucleosis changing in the blood cell count?

*leucocytosis, lymphocytosis, atypical mononuclears
neutrophylic leucocytosis, eosinophylia, anemia
neutrophylic leucocytosis, atypical mononuclears, eosinophylia
neutrophylic leucocytosis, drum stick shift to left, eosinophylia

Which envelop glycoproteins submit antigenic structure of the HIV 1 type virus?

*gp160, gp120, gp41
gp41, gp20, gp160
gp41, gp110, gp120
gp120, gp180, gp41

Where does replication of the HIV occur?

*macrophages and T-helpers
plasmocytes and macrophages
T-helpers and B-lymphocytes
B-lymphocytes and plasmocytes

Which one of the following secrets contains maximal quantity of the hepatitis A virus?

*feces
sperm
urine
saliva

What is the most frequent clinical form of viral hepatitis A?

*unicteric
subclinical
cholestatic
icteric

What is the basic method of therapy of viral hepatitis A?

*pathogenetic
symptomatic
immunocorrection
antiviral

What is the causative agent of the mononucleosis?

*Ebstine – Barr virus
Hepadnavirus
Klebsiella pneumonia
viral hepatitis

Chose symptoms, typical for icteric form of infectious mononucleosis:

* fever, generalized lymphoadenopathy, function of kidneys is normal, liver and spleen are enlarged, moderate serum ALAT elevation
fever, lymphoadenopathy, oliguria, significant serum ALAT elevation
fever, lymphoadenopathy, oliguria, significant serum ALAT elevation
generalized lymphoadenopathy, petechial rush, kidney affection

What is the fever pattern, characteristic for typhoid in climax of disease?

*constant
remittent
intermittent
viral hepatitis

What is the most typical cause of death in patients with the typhoid during the first week of disease?

*infectious - toxic shock
intestinal bleeding
hypovolemic shock
viral hepatitis

What is most typical exanthema in the typhoid fever?

*roseolar
urticaria
petechial
erythematous

What symptoms are most typical for acute hepatic failure?

*increase of jaundice and decrease of the sizes of a liver
increasing of jaundice and hepatomegaly
enlargement of level of common bilirubin and cholesterine
erythematic skin rash and fever

What type of c more often cause chronization of disease and formation of cirrhosis of liver?

*C
A
B
E

Choose symptoms, typical for icteric form of viral hepatitis A:

*ever, generalized lymphoadenopathy, function of kidneys is normal, hepatosplenomegaly, moderate serum ALAT elevation
fever, lymphoadenopathy, oliguria, significant serum ALAT elevation
lymphoadenopathy and fever are absent, function of kidneys is normal, hepatomegaly, significant serum ALAT elevation
generalized lymphoadenopathy, fever is absent, the function of kidneys is normal, significant serum ALAT elevation.

An 8-year-old boy fell ill acutely: he presents with fever, weakness, headache, abdominal pain, recurrent vomiting, then diarrhea and tenesmus. Stools occur 12 times daily, are scanty, contain a lot of mucus, pus, streaks of blood. His sigmoid gut is tender and hardene D. What is your diagnosis?

*dysentery
salmonellosis
staphylococcal gastroenteritis
viral hepatitis

Topic 10.
Immunoprophylaxis of infectious diseases in children

Applies to the first line of defense against infectious agents:
*undamaged skin
phagocytosis
activation of the complement
production of antibodies

Main cellular component specific immunity are:
*lymphocytes
mast cells
neutrophils
macrophages

Basic components of humoral specific immunity:
*antibodies
lysozyme
interferon
lymphokines

Complement system – is:
*the system enzymes
the system cells
the system antibodies
interferon

All these are the result of complement activation, except:
*opsonization
reduced activity of phagocytosis
expansion vessels and increase their permeability
production of inflammatory mediators

Complement component deficiency which often occurs during recurrent meningococcus infection:
*C3
C2
C5
C6

What type of white blood cells takes major part in phagocytosis?
*neutrophils
eosinophils
basophils
monocytes

What are mononuclear cells belonging to the phagocytic system?

*monocytes, macrophages and promonotes
monocytes and promonotsytes
monocytes and macrophages
lymphocytes and monocytes

What is the matter with antiviral activity produced by macrophages?

*interferon
lysozyme
fibrinogen
prostaglandin

What are protective monocytes and perform macrophages?

*all of the righ
the presentation of antigen lymphocytes
phagocitosis
induction of immune response

Which of the acute phase proteins is the most sensitive and rapidly responsive indicator of acute inflammation?

*complement
ceruloplasmin
haptoglobin
fibrinogen

Indicate classes of immunoglobulins, which appears first in the immune response?

*Ig M
IgA
Ig E
Ig G

What class of antibodies is dominant in mucosal secretions and prevent at attachment of microorganisms to epithelial cells?

*Ig A
Ig G
Ig M
Ig E

Which classes of immunoglobulins capable of look into the placenta?

*Ig G
Ig A
Ig M
Ig E

That applies to the central lymphoid of a person?

*bone and thymus lobes
lymph nodes and thymus
lymph nodes and spleen
molecules CD8+

By the function of T lymphocytes does not apply?

*Synthesis antibodies
Participation in delayed hypersensitivity reactions
Participation in the reactions cytolysis
Regulation of the immune response

What are helper cells have on their surface?

*molecules CD4+
molecules CD8+
molecules IgM
molecules IgD

What are correctly describes the humoral immune response?

*the result is the production of antibodies differentiated B-lymphocytes
part of innate immunity
it involved only T-cells
for the presentation of antigens B-lymphocytes need macrophages

The main clinical manifestations of B-cell failure concerns?

*increased susceptibility to bacterial infections
impaired phagocytosis
reduced complement
increased sensitivity to parasitic infections

In addition to antiviral activity, interferons may affect other functions of cells. The introduction of exogenous interferon affects not?

*attaching antibodies to oats
cell growth
the activity of natural killers cells
strengthening the function of macrophages

For vaccination against diphtheria use?

*toxoid
killed goals microorganisms
components of microorganisms
living virulent strains

For vaccination against Haemophilus influenzae type B infection using?

*intramuscular polysaccharide complex with a protein carrier
intramuscular injection of killed microorganisms
intramuscular toxoid
orally reception of weakened live virus

For vaccination against rubella using?

*subcutaneous administration of attenuated live virus
intramuscular injection of killed microorganisms
intramuscular toxoid
intramuscular polysaccharide complex with a protein carrier

Two hours after enter of the DTP vaccine to 4-month boy's temperature increase to 38^0C, anxiety. What will doctors tactic during examination of the patient at the age of 5 months?

*introduce DTP vaccine, recommending preventive treatment to prevent hyperthermia reaction
delay vaccination against pertussis and enter tetanus and diphtheria toxoid
delay vaccination against pertussis and enter diphtheria and tetanus toxoids a low dose (ADP-M)
enter half of the usual dose of DTP vaccine

Given statements are valid for atopic dermatitis (eczema), except:

*vaccination is contraindicated with eczema
the characteristic itching
the rash is localized on flexor surfaces
family anamnesis is common asthma and hay fever

Vaccination with genetically-engineered vaccine with surface antigen of hepatitis B virus by three times intramuscular enter can prevent disease listed, except:

*dropsy gallbladder
cirrhosis
hepatocellular carcinoma
acute fulminant hepatitis

Which resulted from groups are not recommended flu shots:

*children up to 6 months
medical workers
patients continued taking aspirin
patients with diabetes

A child with positive Mantoux test just all of the right statements, except:

*it shows that the child is contagious
it appears within 2-10 weeks after infection
it is an indication for starting antibiotic therapy
it can be a negative for a short time after immunization with live agent or live virus

For the routine vaccinations to children, the vaccine used, except:

*pneumococcal
mumps vaccine
against hepatitis B
ternary vaccine against mumps, rubella, measles

How to proceed with further grafting healthy baby 10 months, which two months ago suffered pneumonia?

*continue vaccination, do dtp vaccination the third time
assume that prior vaccination has lost action, again to start ternary DTP vaccination
consider two vaccinations sufficient 1-1,5 year do dpt revaccination
continue vaccination with DTA-M toxoid

On the 10th day after vaccination DPT vaccine, a childs temperature was increased to 37.5^{0}C, rhinorrhea, coughing. Most likely it can be regarded as:

*the begining of respiratory infection
the normal course of post-vaccination process
contavention of vaccination procedure
complications to the vaccine

On the 2nd day after vaccination with DPT vaccine observed rising of temperature to 37.5^{0}C at the injection site - slightly painful consolidation. It is regarded as:

*normal flow of vaccine process
contravention of vaccination procedure
hypersensitivity to the vaccine, in the future must refuse of vaccination
the reaction to the shot

Which of vaccinations drug 4-year old child with atopic dermatitis (eczema), which had not previously been immunized by DPT vaccine:

*ADP toxoid
ADP-M toxoid
administrative toxoid
AD toxoid

Who is not indicated for routine vaccination against measles, mumps and rubella if children earlier were not suffered from these infections and were not vaccinated:

*the child is 1 year and 1 month win hemoglobin level 78 g/L
the child is 1 year and 2 months with 2nd degree thymomegaly
the child is 1 year with disbacteriosis
the child is 1 year and 2 months. That first year of life were 6 times

At the day of vaccination against mump, measles and pertussis the childs temperature increased to 38.2 C, rhinorrhea, cough. What you need to do?

*prorogue vaccination until temperature normalization and convalescence
cancel vaccintaion, consider the question about vaccination after motnh of convalescence
enter vaccine against measles under imunoglobulin protection
enter vaccine against measles

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