

9. INFECTIOUS DISEASES:

1. What is the mode of spread of chicken pox?

- a. Airborne
- b. Close contact
- c. Fecal-oral
- d. Blood
- e. Vector

2. A child has just recovered from meningitis. What investigation will you do before discharge?

- a. CT scan
- b. EEG
- c. Blood culture
- d. Repeat LP
- e. Hearing test

3. A 12 months old child with AIDS is due for his MMR vaccination. What is the single most appropriate action?

- a. Defer immunization for 2 weeks
- b. Don't give vaccine
- c. Give half dose of vaccine
- d. Give paracetamol with future doses of the same vaccine
- e. Proceed with standard immunization schedule

4. A 7 years old boy is brought by his mother. There are multiple perioral and forehead vesicles. Some vesicles are crusted and some are not. The face is hot. What is the most likely diagnosis?

- a. Varicella zoster
- b. Herpes zoster
- c. Fungal infection
- d. Impetigo
- e. Psoriasis

5. A 4 years old baby present with low grade fever and malaise. Throat examination reveals grayish white membranes which is tightly and bleeds on an attempt to remove. The most likely diagnosis is:

- a. Acute follicular tonsillitis
- b. Diphtheria
- c. Herpetic infection
- d. Oral thrush
- e. Infectious mononucleosis

1.A	2.E	3.B	4.E	5.E
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6. Corneal Ulceration is recognized complication of:

- a. Mumps
- b. Typhoid
- c. Bronchiolitis
- d. Cystic fibrosis
- e. Measles

7. The diagnosis of pertussis is confirmed. The antibiotic of choice for an infant of 4 months age is:

- a. Azithromycin
- b. Erythromycin
- c. Penicillin
- d. Trimethoprim-sulfamethoxazole
- e. Vancomycin

8. Which of the following best describes the use of the TST in the treatment of children?

- a. It becomes positive within 2 weeks of exposure to TB.
- b. It should be used routinely to screen all children.
- c. Prior bacillus Camille-Guerin vaccination routinely causes a false-positive result.
- d. The TST is the only appropriate screening test for TB.
- e. Up to 15% of children who have clinical TB have a negative TST result.

9. Osteomyelitis of femur was diagnosed in a 4 years old child. Most likely causative organism is:

- a. Group B streptococcus
- b. Salmonella
- c. Mycoplasma pneumoniae
- d. Staphylococcus aureus
- e. Haemophilus influenzae B

10. What is the mode of spread of chicken pox?

- a. Airborne
- b. Close contact
- c. Feco-oral
- d. Blood
- e. Vector

11. A young girl presenting with fever, headache, vomiting, neck stiffness and photophobia. She has no rashes. What is the most appropriate test to confirm diagnosis?

- a. Blood Culture
- b. Blood Glucose
- c. Lumbar Puncture
- d. Chest X-Ray
- e. CT Scan

12. In last June a 5-years old child from a poor family in D.I. Khan presented with fever, vomiting and neck stiffness. His CSF examination was unremarkable. What is the most likely diagnosis?

- a. Cerebral abscess
- b. Cerebral malaria
- c. Meningococcal meningitis
- d. Cerebral tumor
- e. Pneumonia

13. A 4-years old baby presenting with low-grade fever and malaise. Throat examination reveals greyish white membrane which is tightly attached and bleeds on an attempt to remove. The most likely diagnosis:

- a. Acute follicular tonsillitis
- b. Diphtheria
- c. Herpetic infection
- d. Oral thrush
- e. Infectious mononucleosis

14. Bacteria are known to cause:

- a. Cholera
- b. Dengue
- c. Acquired Immune Deficiency Syndrome (HIV/AIDS)
- d. Malaria A
- e. Measles

15. An 8 years old child following "mild upper respiratory infection" and low grade fever developed maculopapular rash on jaw spreading on to trunk which cleared on 3rd day without desquamation. Child also has tender post-auricular & suboccipital lymphadenopathy. Most likely diagnosis is:

- a. Toxic epidermal necrolysis
- b. Erythema infectiosum
- c. Rubella
- d. Measles
- e. Kawasaki disease

16. Liver hypnozoites of malaria (dormant form) can be effectively treated with:

- a. Chloroquine
- b. Doxycycline
- c. Mefloquine
- d. Primaquine
- e. All of the above

17. A 2 months old infant presents with noisy breathing soon after birth. Parents tell you that the noises are variable and sometimes completely disappear, more so in prone position. On your examination, baby has Minimal inspiratory stridor. He is comfortable, takes feeds well and has no respiratory distress. What is the most likely diagnosis? Name one among the following.

- a. Croup
- b. Tonsillitis
- c. Epiglottitis
- d. Laryngomalacia
- e. Gastro esophageal reflux

18. A 2 years old unvaccinated child comes with history of fever, running nose, severe cough and loose motions for the last 3 days. He developed a maculopapular rash today. O/E, the child has 102°F temperature, congested eyes, scattered crepes in chest and few oral lesions. What is your diagnosis?

- a. Scarlet fever
- b. Measles
- c. Measles with complication
- d. Dengue fever
- e. Rubella

19. A 4 Years old unvaccinated child is brought with history of symmetrical weakness of both lower limbs for the last 2 days. What first step will you take in the management of this child?

- a. Referral to the tertiary care hospital
- b. Immediately start IV medications
- c. Investigate to find out cause
- d. Notification to Health officials for AFP Surveillance
- e. Observation and follow up

20. A 6 Years old child is brought with history of high grade fever with chills for the last 4 days. O/E, child has temperature of 103°F, is pale and has splenomegaly 3cm below left costal margin. What is the most likely diagnosis?

- a. Typhoid fever
- b. Hepatitis
- c. Malaria
- d. Yellow fever
- e. Brucellosis

21. A 2 years old unvaccinated child had history of fever, stridor, cough with neck swelling 2 weeks ago. Now the child is having fast breathing, tachycardia and edema with Hepatomegaly. The child is diagnosed as a case of myocarditis. What infection is likely to be the cause of this complication?

- a. Streptococcal sore throat
- b. Diphtheria
- c. Mumps
- d. Tuberculosis
- e. Adenovirus

22. Poliomyelitis is basically diagnosed by:

- a. Blood culture for polio
- b. Stool culture for polio
- c. CSF R/E and culture for polio virus
- d. Nerve conduction studies
- e. On clinical ground only

23. An 8 months old child would be expected to

- a. Cruise around furniture
- b. Sit unsupported
- c. Say bye bye
- d. Build a tower of 5 cubes
- e. Has pincer grasp

24. The commonest cause of diarrhea in infants is

- a. E. Coli
- b. E. histolytica
- c. Enterovirus
- d. Rota Virus
- e. Salmonella

25. A school boy who presents with a 3-day illness caused by acute osteomyelitis is likely to have

- a. severe localized pain
- b. fever
- c. neutrophil leucocytosis
- d. an abnormal limb X-ray
- e. a blood culture growth of staphylococci

6.E	7.A	8.E	9.D	10.A
11.C	12.B	13.B	14.A	15.C
16.D	17.D	18.C	19.D	20.C
21.B	22.B	23.E	24.D	25.D

26. Post-streptococcal glomerulonephritis characteristically:

- a. occurs in pre-school children
- b. follows one or two weeks after a Streptococcus pneumonia infection
- c. is associated with generalized oedema
- d. requires confinements to bed for at least 4 weeks
- e. is a rare cause of end-stage renal failure

27. The Guthrie test:

- a. must be done on a fresh specimen of urine
- b. depends upon the bacterial growth in the presence of phenylalanine
- c. should be done within the first 48 hours of life
- d. is unreliable if the baby has jaundice
- e. is a radio-immunoassay

28. A 4-years-old is brought to the casualty by ambulance. His mother reports that he has been unwell with a sore throat for 8 hours. He is sitting on his mother's knee and is tolerating an oxygen mask but looks unwell. He has constant noisy breathing and he is drooling saliva. His temp=39°C. What is the most important diagnosis?

- a. Acute asthma
- b. Bronchiolitis
- c. Croup
- d. Epiglottitis
- e. Tonsillitis

29. Cerebral malaria is caused by

- a. Plasmodium falciparum
- b. Plasmodium malaria
- c. Plasmodium ovale
- d. Plasmodium vivax
- e. None of the above

30. Regarding "Measles" which of the following is true

- a. Incubation period in 5 days
- b. Koplik's spots appear on the abdomen
- c. Rash in morbilliform and pustular
- d. S.S.P.E may occur years after the infection
- e. It is a non-contagion disease

31. World wide Group B streptococcus is the most common cause of meningitis in children of

- a. 0-1 month of age
- b. 1-3 month of age
- c. 4 months - 1 year of age
- d. 1-2 years of age
- e. Above 2 years of age

32. The typical rash of chicken pox (varicella infection) is

- a. Macular
- b. Papular
- c. Morbilliform
- d. Vesicular
- e. Purpuric

33. Regarding Dengue Hemorrhagic Fever following is NOT true

- a. Primarily occurs below the age of 10 years where dengue fever is endemic
- b. It requires prior infection with dengue virus
- c. It is mediated by immune-pathologic process
- d. Characterized by Hemorrhagic manifestation
- e. The condition is not found in Pakistan

34. Corneal ulceration is a recognized complication of

- a. Mumps
- b. Typhoid
- c. Bronchiolitis
- d. Cystic fibrosis
- e. Measles

35. Following are the three most common bacterial pathogens responsible for serious diseases in children above the age of 3 months:

- a. E. Coli, Group B streptococci, Group A streptococci
- b. Group B streptococcus, Group A streptococci, Listeria
- c. Group A streptococcus, Pneumococci, Klebsiella
- d. Listeria monocytogenes, Staphylococcus, Pneumococcus
- e. Pneumococcus, Meningococcus, H. influenza B

36. Bronchiolitis is commonly caused by:

- a. Adeno virus
- b. H. Influenza
- c. Mycoplasma pneumonia
- d. Respiratory syncytial virus
- e. Streptococcus



37. Acute watery diarrhea in young children is most commonly caused by

- a. E. coli
- b. Entamoeba histolytica
- c. Giardia lamblia
- d. Rota virus
- e. Shigella

38. The typical rash of chicken pox is:

- a. Macular
- b. Morbilliform
- c. Palpable
- d. Papular
- e. Vesicular

39. Cerebral Malaria is caused by:

- a. Plasmodium ovale
- b. Plasmodium Malariae
- c. Plasmodium Vivax
- d. Plasmodium Falciparum
- e. None of the above

40. Regarding Measles which of the following is true?

- a. Incubation period is 3 days
- b. Is non-contagious disease
- c. Rash is papulo-vesicular
- d. Koplik's spot present on the abdomen
- e. SSPE follows years after the infection

41. Which vitamin is given in measles?

- a. A
- b. B
- c. C
- d. D
- e. E

42. Vitamin A is given to children of age:

- a. 4 months & older
- b. 5 months & older
- c. 6 months & older
- d. 1 yr & older
- e. After 5 years

43. What is the mode of spread of chicken pox?

- a. Airborne
- b. Close contact
- c. Fecal-oral
- d. Blood
- e. Vector

44. A 7-years-old school boy has been diagnosed with meningococcal meningitis. What is the advice for schoolmates and staff?

- a. Rifampicin for the whole class and family
- b. Rifampicin for the whole school and family

- c. Meningococcal vaccine for the family
- d. Benzylpenicillin
- e. IV cefotaxime

45. A 3-year-old child has a high temp for 4 days and he had not seen a doctor. Then mother notices rashes on buccal mucosa and some around the mouth. What is the most appropriate diagnosis?

- a. Measles
- b. Roseola infantum
- c. Rubella
- d. Chicken pox
- e. Impetigo

46. A young girl presenting with fever, headache, vomiting, neck stiffness and photophobia. She has no rashes. What is the most appropriate test to confirm diagnosis?

- a. Blood culture
- b. Blood glucose
- c. LP
- d. CXR
- e. CT

47. A child has just recovered from meningitis. What investigation will you do before discharge?

- a. CT scan
- b. EEG
- c. Blood culture
- d. Repeat LP
- e. Hearing test

48. A 3-year-old girl presents with fever for 2 days. She is drowsy and had a seizure causing twitching of the right side of the body for 4 mins. Her RR = 30 bpm, sat = 90%, temp = 38.9°C, capillary refill time = 2s. Urine negative on dipstick. What is the single investigation most likely to lead to diagnosis?

- a. Blood for C&S
- b. ESR
- c. CXR
- d. Urine for C&S
- e. CSF analysis

49. A 3-years-old boy presents with a 1d history of being unwell. He appears shocked and has 3h old rash made up of urticarial and purpural spots. His RR = 30 bpm, sat = 94%, temp = 39°C, capillary refill time = 1s. Urine is clean on dipstick. What is the single investigation most likely to lead to diagnosis?

- a. Blood for C&S
- b. ESR
- c. CXR
- d. Urine for C&S
- e. CSF analysis

26.E	27.B	28.D	29.A	30.D	
31.A	32.D	33.E	34.E	35.E	36.C
37.D	38.E	39.D	40.E	41.A	42.C
43.A	44.A	45.B	46.C	47.E	48.E