OF HEALTH OF THE REPIBLIC OF MOLDOVA
„N. TESTEMITANU" STATE UNIVERSITY OF
MEDICINE AND PHARMACY

Department of Epidemiology

EPIDEMIOLOGY IN TESTS

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I. GENERAL EPIDEMIOLOGY

1.1. Characteristics of the epidemic process

1.1.1. Simple choice

1. The study object of epidemiology of infectious diseases is:
a. infectious process;
b. epidemic process;
c. epidemic outbreak.

2. The subject of epidemiology as a general medical science is:
a. morbidity;
b. epidemic outbreak;
c. infectious process.

3. The intensity of the epidemic process can be determined as "sporadic", "epidemic" and "pandemic" according to:
a. severity of disease manifestation;
b. speed of spread of a disease;
c. number of patients.

4. The sporadic morbidity is:
a. population infected with an infectious disease not specific for a certain region;
b. infection of a group of people with infectious diseases;
c. single cases of a disease.

5. The duration of the epidemic outbreak corresponds to the period:
a. until hospitalization;
b. maximum duration of the incubation period since terminal disinfection;
c. till patient's recovery, if he was treated in outpatient conditions.

6. Focality index is:
a. number of foci in a given period of time;
b. number of foci in a certain region;
c. number of cases in one focus.

7. Natural focality is specific for:
a. rabies, brucellosis;
b. leptospirosis, tetanus;
c. tularemia, plague.

8. Natural focality is specific for:
a. rabies, plague;
b. brucellosis, ornitosis;
c. tetanus, listeriosis.

9. Natural focality is specific for:
a. anthrax, brucellosis;
b. rabies, leptospirosis;
c. brucellosis, salmonellosis.

10. Natural focality is specific for:
a. sapronosis;
b. antroponosis;
c. zooantroponosis.

11. Exotic infections are:
a. infectious disease not specific to a certain region;
b. rare infectious diseases, but characteristic of the given region;
c. viral disease transmitted through hematophagous vectors.

12. Enzootic is:
a. animal morbidity, specific to a particular region;
b. spread of diseases among animals;
c. human population morbidity, specific to a particular region.

13. Chain of the epidemic process is:
a. causative agent of infectious diseases;
b. mechanism of transmission of microorganism;
c. water, air, soil.

14. The epidemiological classification of anthroponosis is based on:
a. clinical disease characteristics;
b. transmission mechanism;
c. properties of a pathogen agent.

15. The factor that determine the patient's contagiousness in anthroponosis is:
a. clinical manifestation of the disease;
b. hygienic conditions;
c. both mentioned in point a and b.

16. Anthroponosis are:
a. typhoid fever, rubella;
b. diphtheria, listeriosis;
c. VHD, legionellosis.

17. Anthroponosis are:
a. measles, leptospirosis;
b. scarlet fever, exantymatic typhus;
c. diphtheria, listeriosis.

18. A longer period of pathogen agents carriage is specific for:
a. diphtheria;
b. dysentery;
c. HBV.

19. Mechanisms of transmission are:
a. airborne, waterborne:
b. fecal-oral, transmisive;
c. alimentary, contact.

20. Mechanisms of transmission are:
a. fecal-oral, contact;
b. airborne, alimentary;
c. transmisive, hydric.

21. Mechanisms of transmission in anthroponosis are determined by:
a. clinical forms;
b. pathogen resistance;
c. localisation of the pathogen agent in the body.

22. Mosquitoes can be vectors of transmission in:
a. malaria, plague;
b. tick encephalitis, exantymatic typhus;
c. yellow fever, Dengue fever.

23. Vectors are epidemiologically important in:
a. dysentery, measles;
b. exantymatic typhus, tularemia;
c. rabies, VHA.

24. Seasonality is specific for:
a. dysentery;
b. VHB;
c. tuberculosis.

25. Sources of pathogen agents in sapronosis are:
a. soil;
b. cockroaches;
c. lice.

26. A higher epidemiological risk as a source of infection have:
a. acute carriers;
b. chronic carriers;
c. transitive carriers.

27. Sources of pathogens in zooanthroponosis are:
a. a man;
b. animals;
c. soil and water.

28. Zooanthroponosis transmitted from xenantrope animals are:
a. tularemia, rabies;
b. ornithosis, brucellosis;
c. tricofitia, histoplasmosis.

29. Animals are sources of pathogens in:
a. salmonellosis, ornitosis;
b. tetanus, amebiasis;
c. rabies, enterobiasis.

30. Sources of pathogen agent in sapronosis are:
a. animals;
b. soil and water;
c. man.

31. Infectious diseases are divided according to the sources of infection into:
a. two groups;
b. 4 groups;
c. 5 groups.

32. The most common infections in early childhood are:
a. anthroponosis;
b. zooanthroponosis;
c. sapronosis.

33. At the basis of epidemiological classification of the anthroponosis are:
a. clinical manifestations of the disease;
b. specific human ecological relationships with animals;
c. mechanism of human infection.

34. Rodents are sources of pathogens in:
a. listeriosis, tularemia;
b. brucellosis, leptospirosis;
c. plague, anthrax.

35. Sources of infection are:
a. cattle, flies;
b. man, soil;
c. geese, lice.

36. Sapronosis are:
a. leptospirosis, tick encephalitis;
b. coccidioidomycosis, yellow fever;
c. tetanus, cholera.

37. A wider spread infections in the Republic of Moldova are:
a. anthroponosis;
b. zooanthroponosis;
c. sapronosis.

38. Sources of pathogen agents in zooanthroponosis are:
a. rats, geese;
b. cattle, a sick man;
c. pigs, carrier of pathogen agents.

39. A person can be source of infection in the following zooanthroponosis:
a. fever, salmonellosis;
b. anthrax, leptospirosis;
c. rabies, brucellosis.

40. Variations of the morbidity in multiannual dynamic are mentioned in the theory of:
a. natural focality;
b. mechanism of transmission;
c. parasitic self-regulation systems.

41. Emergency sheet (about disease) is transmitted to the Center of Public Health:
a. Immediately, on suspection of contagious disease;
b. after a definitive diagnosis;
c. within 36 hours after detection of contagious disease.

42. Hospitalization of patients with anthrax, leptospirosis and brucellosis:
a. is compulsory according to clinical indications;
b. is not required;
c. is performed according to epidemiological indications.

43. When the focus is considered liquidated?
a. after patient hospitalization;
b. after terminal disinfection;
c. after maximum incubation period at the last contact person.

44. The main cause of non uniform distribution of the morbidity during the year (seasonality) is:
a. different resistance of pathogen agents in the environment;
b. activation of mechanism of transmission in a particular period of time;
c. different clinical manifestations of the disease.

45. Index of epidemiological effectiveness is the ratio of:
a. population morbidity with performed antiepidemic measures to total morbidity in population;
b. population morbidity with not performed antiepidemic measures to total morbidity in population;
c. population morbidity with not performed antiepidemic measures to population morbidity with performed antiepidemic measures.

46. The main measure of combating the intestinal infections are directed to:
a. source of pathogens;
b. mechanism of transmission;
c. to form the non receptive population.

47. The main role in combating and control the airborne infections belongs to:
a. disinfection;
b. immunoprophylaxis;
c. early detection and isolation of sources of pathogen agents.

48. Compulsory isolation in the hospital is performed in case of:
a. healthy carrier of toxigenic strains of C.diphteriae;
b. dysentery;
c. salmonellosis.

49. Compliance with hygienic rules in meat processing is particularly important in prevention of:
a. tricocefalosis;
b. teniasis;
c. opisthorchiasis.

50. Calculation of the duration of focus surveillance starts from the moment of:
a. patient's detection;
b. isolation of patient and performing of terminal disinfection;
c. patient's visit to the doctor.

51. Man can be contagious as a source of infection in following zooanthroponosis :
a. brucellosis;
b. tick encephalitis;
c. plague.

52. Periodical increasing of morbidity is specific for:
a. all infectious diseases;
b. most infectious diseases;
c. all non-communicable diseases.

53.Factors for realization of the fecal-oral transmission mechanism are:
a. food, water;
b. water, air, insects;
c. food, blood, medical instruments.

54. What chain of the epidemic process can be influenced by natural factors:
a. source of pathogen agents;
b. mechanism of transmission;
c. population receptivity.

55. Ubiquitous infectious diseases are:
a. with global spread;
b. spread in some natural areas;
c. with limited geographical spread.

56. Periodicity of epidemic process manifestations specific to certain infectious disease is determined by:
a. changes of the natural and climatic conditions;
b. formation of immune population;
c. changing of socio-hygienic conditions (housing).

57. Classification of infectious diseases according to mechanism of transmission is based on:
a. affinity of causative agent to specific macroorganism tissues;
b. transmission factors of infectious diseases;
c. transmission ways of infectious diseases.

58. Transmission way of infectious diseases is:
a. all elements (objects) of the environment, which transmit the causative agent from the source of infection to the receptive population;
b. the dissemination process of the infection;
c. pathogen agent passing from one organism to another by transmission factors.

59. Transmission mechanism is a process carried out in:
a. two stages;
b. three stages;
c. four stages.

60. The vertical mechanism of transmission of diseases includes:
a. Intrauterine fetal infection with infectious disease;
b. contamination during intrauterine growing and /or birth of fetus;
c. contamination of child from sick or carrier of infectious disease mother.

61. Premunition is a result of:
a. specific immunity by heredity;
b. administration of biological preparation according to the epidemiological indications;
c. frequent contact with the causative agent of infectious diseases in small doses.

62. Epidemiological surveillance is:
a. ongoing assessment of the public health state;
b. measures oriented to the contacts performed by the epidemiologist in the epidemic focus;
c. elaboration of anti-epidemic measures in the epidemic focus.

63. Epidemiological surveillance is based on:
a. retrospective epidemiological analysis of infectious morbidity;
b. operative epidemiological analysis;
c. both of the mentioned above.

1.1.2. Multiple choice

64. Basic concepts explaining the mechanism of epidemic process development are:
a. Theory of mechanism of transmission;
b. theory of natural focus;
c. theory of outbreaks formation;
d. self-regulation theory of parasitic systems;
e. theory of pathogens evolution.

65. Chains of the epidemic process are:
a. Pathogenic agents;
b. source of pathogenic agents;
c. mechanism of transmission of pathogenic agents;
d. water, air, soil, household objects, vectors of transmission;
e. receptive population.

66. Natural focus is characteristic of:
a. brucellosis;
b. leptospirosis;
c. tularemia;
d. rabies;
e. anthrax.

67. Infections with natural focus are:
a. plague;
b. cholera;
c. yellow fever;
d. tularemia;
e. leptospirosis.

68. Natural focus is characteristic of:
a. plague;
b. tularemia;
c. rabies;
d. salmonellosis;
e. anthrax.

69. Sapronoses are:
a. tetanus;
b. cholera;
c. legionellosis;
d. brucellosis;
e. polio.

70. Choose from the list proposed possible sources of pathogenic agents:
a. healthy carriers;
b. birds;
c. mosquitoes;
d. rodents;
e. milk and milk products.

71. Sources of pathogenic agents are:
a. domestic animals;
b. xenantrope animals;
c. arthropods;

d. rodents;
e. molluscs.

72. Mechanisms of transmission of pathogenic agents are:
a. aerogenic;
b. alimentary;
c. fecal oral;
d. transmisive;
e. hydric.

73. Fecal- oral transmission is characteristic of:
a. recurrent typhus;
b. polio;
c. malaria;
d. HEV;
e. Koksaki, ECHO enteroviruses.

74. The transmisive mechanism of transmission is characteristic of:
a. leptospirosis;
b. plague;
c. tularemia;
d. brucellosis;
e. endemic typhus.

75. International medical-hygiene rules oblige to inform immediately (24 hours) the WHO in case of:
a. registration of a high contagious disease at a person;
b. detection of infected mosquitoes and mammals with yellow fever;
c. detection of synanthropic or xenantropic rodents infected with Y. pestis;
d. considerable social and economic losses following the implementation of quarantine;
e. the treatment of imported malaria.

76. Emergency sheet needs to be transmited to the CPH:
a. only if the diagnosis is confirmed by laboratory methods;
b. only after infectionist consultation;
c. immediately, in case of suspected infectious diseases;
d. not later than 12 hours after detection of the patient;
e. till the performing of terminal disinfection in focus.

77. Anti-epidemic measures directed to the source of pathogenic agents:
a. deratization;
b. disinfection;
c. sterilization
d. isolation;
e. disinsection.

78. Criteria of liquidation of the epidemic focus are:
a. detection and isolation of the source;
b. performing of terminal disinfection;
c. detection of the pathogenic agents;
d. performing of current disinfection;
e. supervision of contacts during a maximum incubation period since the performing of terminal disinfection.

79. Anti-epidemic measures directed to the mechanism of transmission of pathogenic agents:
a. deratization;
b. disinfection;
c. disinsection;
d. sterilization;
e. immunocorrection.

80. In the focus participate in organization and performaning the anti-epidemic measures:
a. family doctor;
b. district nurse;
c. infectionist;
d. hygienist;
e. bacteriologist.

81. Epidemiological history is collected by:
a. family doctor;
b. doctor who suspected the disease at the patient;
c. epidemiologist;
d. bacteriologist doctor who made bacteriological and serological investigations;
e. infectionist who consulted the patient.

82. Doctor who suspected a case of communicable disease should:
a. collect epidemiological history;
b. transmit emergency information to CPH;
c. perform the current disinfection in focus;
d. organize vaccination in focus;
e. determine the option of patient's isolation.

83. Dispensarisation has epidemiological importance in case of:
a. HAV;
b. HBV;
c. pertussis;
d. typhoid fever;
e. rotavirus infection.

84. Epidemiological surveillance include:
a. recording of disease cases;
b. studying the biological properties of cultures of pathogenic agents;
c. epidemiological analysis of morbidity;
d. analysis of effectiveness of the anti-epidemic measures;
e. assessment of epidemiological situation.

85. Hospitalization is required in case of:
a. dysentery;
b. typhoid fever;
c. endemic typhus;
d. salmonellosis;
e. tetanus.

86. Basic prevention measures in intestinal infections are:
a. detection of infection sources;
b. detection and treatment of carriers;
c. sanitary-hygienic measures
d. vaccination of susceptible persons;
e. prophylactic and terminal disinfection.

87. Epidemiological classification of infectiuos diseases is based on:
a. source of infection;
b. clinical evolution of disease;
c. mechanism of transmission of infection;

d. routes of transmission of infection;
e. ecological relationship with animals.

88. In case of habitual contact, for epidemic process are characteristic:
a. appearance of diseases in chain;
b. minimum period of incubation;
c. uniform contamination of all age groups;
d. joining to the hydric factor;
e. HAV transmission, E.coli infection, etc..

89. Foodborne eruption is characterized by:
a. appearance of diseases in chain;
b. evident seasonality;
c. minimum period of incubation;
d. joining to the hydric factor;
e. variable morbidity according to the level of severity.

90. Social factors that can start epidemic process can be:
a. density of the population in the country;
b. social-economic situation of the population;
c. religious affiliation;
d. possibility of performing a wide range of alternative investigations;
e. cost of treatment.

91. Natural factors that contribute the onset of the epidemiological process among the population, are:
a. high density of population;
b. gender of the receptive population;
c. landscape of the territory;
d. temperature and humidity;
e. atmospheric pressure.

92. Biological factors that contribute to the development of epidemic process among the population, are:
a. high density of population;
b. receptivity of the population;
c. environmental conditions;
d. pathogen resistance in the environment;
e. sensitivity of causative agent to disinfectants.

93. Stages of the mechanism of transmission are:
a. movement of the pathogenic agents to the host;
b. elimination of the causative agent of infectious disease from the source of infection into the environment;
c. maintaining of the pathogenic agents in the environment;
d. changes of causative agent under the action of environmental factors;
e. entrance of causative agent in the susceptible population.

1.1.3. Match numbers with letters:

94. Manifestations of the epidemic process:

1. in time;	a. seasonal, cyclical;
2. by intensity;	b. epidemics, pandemics;
3. according to the population group;	c. gender, age.

95. Manifestations of the epidemic process and morbidity:

1. sporadically;	a. single cases of illness;
2. endemic;	b. morbidity specific to a particular territory;
3. epidemic;	c. increased level of morbidity in many regions of the country;
4. pandemic;	d. increased level of morbidity in several countries or continents.

96.

Group of infections:	Source of pathogens:
1. zoonosis;	a. man;
2. anthroponosis;	b. soil, water;
3. sapronosis;	c. animals.

97. Sources of infection for the following groups of infection are:

1. anthroponosis;	a. water, soil;
2. zooanthroponozis;	b. sick man, carrier;
3. sapronosis;	c. diseased animals or carriers of infection.

98. Nosological form and manifestations of the epidemic process:

1. cholera;	a. natural focus;
2. plague;	b. pandemic;
3. diphtheria;	c. epidemic;
4. malaria;	d. limited by biological factors.

99. Transmission routes and manifestations of epidemic process in typhoid fever:

1. waterborne;
2. foodborne;
3. habitual contact;

a. epidemic process is not associated with a particular time of year;
b. children and adults are affected;
c. usually number of cases is not great.

100. Seasonality:

1. uniform morbidity throughout the year;
2. autumn-winter;
3. summer-autumn;
4. winter-spring;

Nosological form:

a. HAV;
b. HBV;
c. dysentery;
d. measles.

101. Nosological form:

1. polio;
2. hepatitis B;
3. yellow fever;
4. tetanus;

Mechanisms of transmission:

a. transmissive;
b. fecal-oral;
c. contact;
d. vertically.

102. Determine the correspondence between group of infection and transmission mechanism:

1. fecal-oral;
2. breathing;
3. contact;
4. transmission;
5. vertically.

a. Meningococcal infection, measles, scarlet fever;
b. plague, recurrent typhus, yellow fever;
c. toxoplasmosis, HBV, rubella;
d. rabies, scabies, tetanus;
e. HAV, salmonellosis, typhoid fever.

103. Nosological form:

1. recurrent typhus;
2. typhoid fever;
3. malaria;

The mechanism of transmission:

a. specific inoculation;
b. non-specific contamination;
c. specific contamination.

104. Nosological form:
1. typhoid fever;
2. measles;
3. salmonellosis;
4. HBV;

Route of transmission:
a. airborne;
b. waterborne;
c. foodborne;
d. bloodborne.

105. Nosological form:
1. typhoid fever;
2. HBV;
3. brucellosis;
4. rabies;

Route of transmission:
a. waterborne;
b. parenteral;
c. foodborne;
d. direct contact.

106. Nosological form:
1. brucellosis;
2. salmonellosis;
3. HCV;
4. cholera;

Factors of transmission:
a. milk;
b. eggs, meat;
c. blood;
d. water.

107. Nosological form:
1. malaria;
2. epidemic typhus;
3. dysentery;
4. anthrax;

Route of transmission:
a. non-specific contamination;
b. non-specific inoculation;
c. specific contamination;
d. specific inoculation.

108. Nosological form:
1. malaria;
2. epidemic typhus;
3. tularemia;
4. plague;

Vector of transsmission:
a. tick;
b. flea;
c. mosquitoes;
d. lice.

109. Laboratory investigations during the discharging of patients from the hospital have epidemiological importance:
1. HAV;
2. dysentery;
3. typhoid fever;

a. have major imprtance;
b. do not have imprtance;
c. not always is necessary to performe.

110. Group of anti-epidemic measures:
1. Measures oriented to the source of infection;
2. measures oriented to the mechanism of transmission of pathogens;
3. measures directed to formation of non receptive groups of population;
4. general measures.

Examples of measures:
a. health education, laboratory investigations;
b. deratization, detection of disease person, isolation, treatment, treatment of carriers;
c. disinfection, sterilization, disinfection;
d. vaccination and revaccination of the population.

111. Nosological form:
1. measles;
2. malaria;
3. plague;
4. enteroviruses ECHO, Coxsackie;

Epidemiological measures:
a. sanitary and hygienic;
b. deratization, disinsection;
c. vaccination;
d. disinfection.

112. Nosological form:
1. scarlet fever;
2. polio;
3. dysentery;
4. plague;

Basic epidemiological measure:
a. vaccination;
b. general measures;
c. disinfection;
d. deratization.

113. Nosological form:
1. yellow fever;
2. typhoid fever;
3. polio;

Anti-epidemic measure:
a. disinsection;
b. disinfection;
c. immunoprophylaxis.

114. Nosological form:
1. polio;
2. dysentery;
3. malaria;

Anti-epidemic measure:
a. sanitary and hygienic;
b. vaccination;
c. prevent importation.

115. Nosological form:
1. yellow fever;
2. chickenpox;
3. diphtheria;
4. scarlet fever;

Anti-epidemic measures:
a. required hospitalization;
b. Outpatient treatment is possible.

116. Nosological form:
1. tularemia;
2. cholera;
3. C.diphteriae carrier;
4. measles;

Indications for hospitalisation:
a. epidemiological indications;
b. clinical indicationas;
c. clinical and epidemiological indications;
d. is not compulsory.

117. Nosological form:
1. cholera;
2. whooping cough;
3. plague;
4. epidemic typhus.

Period of medical supervision on contact people:
a. 6 days;
b. 14 days;
c. 21 days;
d. 5 days.

118. Nosological form:
1. HAV;
2. dysentery;
3. tularemia;
4. typhoid fever.

Duration of medical surveillance of contact people:
a. is not performed;
b. 35 days;
c. 7 days;
d. 21 days.

1.2. Disinfection, sterilization, disinfection, disinfestation

1.2.1. Simple choice

119. Current disinfection is performed:
a. 2 times / day;
b. 4 times / day;
c. multiple, during the period of infectiousness during the eliminatation of pathogenis in the environment.

120. The most efective method to control the quality of disinfection is:
a. chemical;
b. bacteriological;
c. visually.

121. For disinfection are used the following substances:
a. chloride of lime, metaphos;
b. bases, lizol;
c. ratindan, zinc phosphide.

122. Chemical method of disinfection is necessary in focus with:
a. measles;
b. rabies;
c. HEV.

123. Time for disinfection can be reduced by using:
a. chloramines;
b. activated solution of lime chloride;
c. phenol.

124. Chloramine is used in:
a. powder;
b. solution;
c. emulsion.

125. Chloride of lime (powder) can be used for disinfection, with active chlorine not less than:
a. 0.1%;
b. 16.0%;
c. 25.0%.

126. Disinfection is carried out in outbreaks of tuberculosis with chloride of lime in concentration of:
a. 1.0%;
b. 3.0%;
c. 5,0%.

127. Hydrogen peroxide is used in clinical practice in concentrations of:
a. 0.1 to 3.0%;
b. 0.1 to 6.0%;
c. 0.1 to 33.0%.

128. Wool materials or synthetic fibers can be disinfected in the chambers:
a. with vapors and formalin;
b. with hot vapors;
c. hot air.

129. Disinfection is carried out at lower temperatures in the chambers:
a. with hot vapors;
b. with vapors and formalin;
c. with hot air.

130. Sterilization is oriented to:
a. remov pathogenic microflora;
b. destruction of pathogenic agents;
c. destruction of microflora.

131. Chloride of lime is rational to be used as:
a. emulsion;
b. solution;
c. powder.

132. Active solution of chloride of lime is prepared by:
a. increasing of the concentration;
b. increasing of the volume;
c. addition of ammonium salts.

133. Minimum concentration of active chlorine in chloride of lime (dust) has to be not less then:
a. 0.1%;
b. 1.0%;
c. 16.0%.

134. Chloride of lime (standard) contains active chlorine:
a. 16.0%;
b. 25.0%;
c. 33.0%.

135. Hydrogen peroxide is used in clinical practice in concentrations up to:
a. 3.0%;
b. 6.0%;
c. 33.0%.

136. Performing the final disinfection is compulsory in the focus of:
a. measles;
b. diphtheria;
c. mumps.

137. Terminal disinfection is performed from the moment of isolation the source, in first:
a. 6-12 hours;
b. 24-36 hours;
c. 36-72 hours.

138. Time required for final disinfection can be reduced by higher:
a. concentrations;
b. larger quantities;
c. activators.

139. Disinfection has greater importance in infections with mechanism of transmission:
a. aerogenic;
b. feacal oral;
c. transmissive.

140. Chloride of lime is based on the bactericidal mechanism of action:
a. oxidation;
b. denaturing of the proteins;
c. clotting of the proteins.

141. Disinfection goal is:
a. total destruction of microflora;
b. destruction or removal of pathogenic microflora;
c. destruction of vegetative forms of pathogenic agents.

142. Current disinfection is organized by:
a. specialists from CPHs;
b. familly doctor;
c. specialists of disinfection center.

143. Chemical disinfectants are:
a. phenol, iodine;
b. chloride of lime, dimetiltoluolamida;
c. chloramines, zoocumarina.

144. Disinfection is performed according to:
a. mechanism of transmission of pathogens;
b. pathogen resistance in the environment;
c. localisation and mechanism of transmission of pathogens.

145. Bacteriological control of the quality of terminal disinfection is performed (since the completion of disinfection):
a. between 45 minutes and 2 hours;
b. immediately;
c. over 20-45 minutes.

146. Time necessary to prepare working solutions (from dust) is shorter in:
a. chloride of lime;
b. chloramine;
c. solution of activated chloride of lime.

147. Necessity of terminal disinfection is determined by:
a. presence of the source of pathogenic agents;
b. resistance of pathogenic agents in the environment;
c. presence of the receptive people in the focus.

148. In dysentery current disinfection is performed:
a. 3 times / day;
b. 6-10 times / day;
c. During the elimination of the pathogenic agents.

149. Disinfection in chambers is compulsory for:
a. Endemic typhus;
b. typhoid fever;
c. HAV.

150. Sterilization has grat importance in preventing:
a. HBV, diphtheria;
b. HAV, polio;
c. HCV, botulism.

151. Disinfection is one of the basic measures in:
a. dysentery, typhoid fever;
b. anthrax, leptospirosis;
c. typhus, malaria.

152. Repellents are:
a. ratindan, zoocumarin;
b. dietiltoluolamid, dimetilftalat;
c. lizol, phenol.

153. To process hair hygine of patients with pediculosis the following substances can be used:
a. carbophos, dimetilftalatul;
b. nitifor, clorofos;
c. anti-pediculosis shampoo (anti-P), carbophos

154. Disinsection is important in:
a. dysentery;
b. typhoid fever;
c. typhus,

155. To combat the pediculosis the following substances can be used:
a. nitiforul, metilacetofos;
b. clorofos, diclofos;
c. dietiltoluolamid, monofluorin.

156. The type of disinsection is:
a. chemical
b. physical;
c. both mentioned in a and b.

157. Insecticides are:
a. flicid, acetofos;
b. dietiltoluolamid, monofluorin;
c. albihtol, tiosemicarbazid.

158. Repellents are:
a. ratindan, zinc phosphide;
b. metilacetophos, benzimin;
c. albihtol, dietiltoluolamid.

159. Select the anti-epidemic mesures directed to the source of pathogenic agents:
a. deratization;
b. disinfection;
c. disinsection.

160. Rodenticides are:
a. carboxid, heptachlor;
b. tiosemicarbazid, ratindan
c. albihtol, flicid.

161. Rodenticides are:
a. ratindan, zinc phosphide;
b. zoocumarin, pyrethrum;
c. monophtorine, carbophos.

162. Deratization is necessary in focus of:
a. anchilostoma infection;
b. infection caused by tenia;
c. trichinnellosis.

163. Select the measures carried out by non-medical services:
a. emergency prevention;
b. hygine measures in rural regions;
c. chemoprophylaxis.

164. Hospitalization is performed according to epidemiological indication in the following patients:
a. all patients diagnosed with infectious disease;
b. all patients suspected with infectious disease;
c. specific groups of patients with infectious diseases.

165. The anti-epidemic measures, oriented to the second chain of epidemic process is:
a. Isolation of patient;
b. deratization;
c. disinsection.

166. Transmission of waterborne infections can be prevented by:
a. compliance with food preparation technology;
b. decontamination of drinking water;
c. compliance with food realization period.

167. Current disinfection is compulsory in:
a. tuberculosis dispensary;
b. somatic pediatrics department;
c. department of surgery.

168. Test used for determination of residues detergent is:
a. with amidopirine;
b. with Sudan III;
c. with phenolphthalein.

1.2.2. Multiple choice

169. Terminal disinfection is required to be performed:
a. after patient detection;
b. after inpatient hospitalization;
c. after patient recovery;
d. after 5 days of illness of the patient with measles;
e. after reshaping the communicable diseases stationary in the therapeutic profile.

170. Select preparations with bactericidal, virulicid, sporacid and fungicide action:
a. chloride of lime;
b. sulphohlorantin;
c. lizol;
d. hydrogen peroxide;
e. chloramine.

171. The following preparations groups are used for disinfection:
a. oxidants;
b. activities;
c. coagulated protein preparations;
d. distorts protein preparations;
e. phosphorus derivatives.

172. Terminal disinfection is carried out in outbreaks of:
a. measles;
b. dysentery;
c. HAV;
d. typhoid fever;
e. mumps.

173. Types of chambers used in disinfection are:
a. with detergents;
b. formalin;
c. vapors;
d. hot dry air;
e. with acids.

174. Chemical disinfection is required to perform in outbreaks of:
a. anthrax;
b. measles;
c. diphtheria;
d. typhoid fever;
e. malaria.

175. Requirements to keep disinfectants are:
a. dry place;
b. well-heated room;
c. to light;
d. in the dark;
e. in an open vessel.

176. Chloride of lime-dust is used for disinfection of:
a. liquid fecale;
b. toilets in the apartment;
c. toilets in rural areas without sewer system;

d. vomites;
e. stables.

177. Disinfection in oven is required in focus with:
a. leptospirosis;
b. typhoid fever;
c. diphtheria;
d. dysentery;
e. tularemia.

178. Solution of hydrogen peroxide with detergent can be used:
a. once, immediately after preparation;
b. in different concentrations (0.1 to 6.0%);
c. during 2-3 days of preparation;
d. at room temperature;
e. after heating.

179. What desinfectant can be used for desinfection:
a. substances with active chlorine;
b. substances with phosphorus;
c. phenol;
d. lizol;
e. hydrogen peroxide.

180. The effectiveness of disinfection can be influenced by:
a. concentration of the solution;
b. humidity in the room;
c. exhibition;
d. volume of the solution per m $^{2;}$
e. all those listed above.

181. Action effectiveness of of disinfectant solutions depends on:
a. temperature of the disinfecting solutions;
b. concentration;
c. exhibition;
d. pressure;
e. presence of activators.

182. Terminal disinfection is performed in the following situation:
a. patient with influenza is transferred from the terapeutic units to isolator;
b. according to epidemiological situation dysentery department is reshaping to influenza one;
c. HAV department is reshaping into dysentery one;
d. patient with tularemia is transferred from the infectious box into the room;
e. patient with typhoid fever is hospitalized.

183. The following agents are used for disinfecting:
a. vapor;
b. hot air;
c. γ and β rays;
d. mechanics;
e. chemical.

184. Stages of sterilizated of the medical instruments with multiple use are:
a. disinfection;
b. cleaning;
c. packaging of material;
d. sterilization;
e. selection of materials.

185. Lizol solutions are used for:
a. rat;
b. insect;
c. disinfection;
d. sterilization;
e. tuberculosis outbreaks.

186. The following items are processed in the oven with vapors:
a. pillows, mattresses;
b. clothing of leather;
c. books;
d. cotton clothes;
e. cotton bed linen.

187. The following items are disinfected in the chamber with vapors:
a. clothing of leather;
b. mattresses, pillows;
c. rubber footwear;
d. clothes of synthetic fibers;
e. none of those listed above.

188. Chambers with vapors and formaline are used:
a. only for disinfection;
b. only for disinsection;
c. in different disinfection and disinsection regime;
d. sterilization;
e. for disinfection of synthetic fibers clothes.

189. Disinfection of clothes in chambers is required in focus with:
a. typhoid fever;
b. dysentery caused by Sh.sonnei;
c. diphtheria;
d. meningococcal infection;
e. typhus.

190. The following medical instruments are sterilized :
a. that contact with the wound surface;
b. that contact with blood;
c. that contact with preparations administrated parenterally;
d. equipment of office procedures;
e. tonometer, fonendoscop.

191. To combait lice can be used:
a. dihlophos;
b. chlorophos;
c. benzilbenzoat;
d. metaphos;
e. pyrethrum.

192. To avoid transmission of vectors are used:
a. acaricides;
b. fungicides;

c. herbicides;
d. repellents;
e. ovicidal.

193. Examination to lice need to be done:
a. to patients on admission into the hospital;
b. to elderly people admited to retirement home;
c. planned to the population of the administrative territory;
d. to children from boarding schools;
e. to pregnant women in the maternity hospital.

194. Disinfection is required in focus with:
a. scabies;
b. anthrax;
c. yersiniosis;
d. plague;
e. brucellosis.

195. Choose three most ecologically methods for disinfection:
a. chemical
b. mechanical;
c. physical;
d. biological;
e. with gas.

196. Patients with pediculosis are processed with compulsory participation of medical personnel in case of:
a. kindergarten;
b. boarding school;
c. campus;
d. hospitals;
e. all enterprises and institutions from the field.

197. Repellents are used for:
a. clothes processing;
b. impregnation of tents;
c. application on the skin;

d. rats;
e. destruction of vectors.

198. What substances listed bellow are insecticides:
a. benzyl-benzoate;
b. acetophos;
c. benzimine;
d. pyrethrum;
e. metaphos.

199. Deratization can be performed by the following methods:
a. biological;
b. chemical
c. ultraviolet;
d. mechanical;
e. prophylactic.

200. Measures oriented to the source of infection are:
a. visit the patient at home;
b. address to clinic;
c. investigation of patient with infectious disease on admission;
d. planned examination of alimentary service workers;
e. laboratory examination of contacts.

201. Rodenticide baits are allowed in children, curative or alimetary institutions to be:
a. distributed in all rooms;
b. applied in the absence of children;
c. placed on the floor, on the rodents route, in their feed places;
d. placed in special boxes;
e. applied on weekends.

202. Prophylactic measures are:
a. prevention of environmental pollution by microorganisms;
b. water decontamination in accordance with requirements for drinking water;

c. prophylaxis of contamination of objects with epidemiological significance;
d. sanitary protection of the territory from import and spread of infection;
e. liquidation of epidemic outbreak.

203. Select the anti-epidemic measures made by medical forces:
a. decontamination of drinking water;
b. vaccination of the population;
c. killing the homeless animals;
d. burial of radioactive waste;
e. health education activities.

1.2.3. Match numbers with letters:

204. Percentage of chloramine solution and its use:

1. vegetative forms of bacteria,	a. 1.0 - 2.0%;
2. viral infections,	b. 3.0%;
3. tuberculosis and fungal infections,	c. 5.0%;
4. spor forms of bacteria	d. 10.0%.

205. Nosological form and chemical disinfection:

1. E.coli infection;	a. is not performed;
2. cholera;	b. with forces of specialists from the center of disinfection;
3. botulism;	
4. scarlet fever;	c. with forces of persons from the focus;
	d. is made selective (not in all outbreaks).

206. Preparation:	The action:
1. cresol;	a. repellent;
2. albihtol;	b. disinsection;
3. ratindan;	c. disinfectant;
4. metaphos;	d. rodenticid.

207. Preparate and its action:

1. hexachlorocyclohexane;	a. disinfectant;
2. phenol;	b. disinsection;
3. dietiltoluolamid;	c. rodenticide;
4. monophtorine;	d. repellent.

208. Preaparate and its action:

1. chloride of lime;	a. coagulates the protein;
2. cresol;	b. oxidant;
3. monophtorine;	c. repellent;
4. albihtol;	d. rodenticide.

209. Determine the correspondence between groups of substsnces and its action:

1. cresol, formaline, phenol;	a. disinfectants;
2. nitiphor, carbophos, pyrethrum;	b. insecticide;
3. ratindan, zoocumarin, zinc fosfide.	c. deratization.

210. The mode of action and preparations:

1. oxidants of protein;	a. chloride of lime, cloramine;
2. denaturation;	b. formaline;
3. coagulation;	c. phenol, crizol, acids.

1.3. Immunoprophylaxis

1.3.1. Simple choice

211. The minimum interval between planned vaccine is:
a. 1 month;
b. two months;
c. three months.

212. Planned vaccination is not provided in Moldova for:
a. tetanus;
b. tuberculosis;
c. HAV.

213. BCG vaccine is administrated:
a. intramuscularly;
b. subcutaneously;
c. intracutaneous.

214. Planned vaccination is performed in the Republic of Moldova against:
a. pertussis, influenza;
b. diphtheria, typhoid fever;
c. tetanus, mumps.

215. Transplacental immunity lasts:
a. few days;
b. few weeks;
c. few months.

216. Post- infection immunity is:
a. active natural;
b. pasive;
c. nonspecific.

217. Formation of artificial active immunity is possible by:
a. post- infectious disease;
b. using of toxoids;
c. using of interferon.

218. Natural active immunity is formed after:
a. administration of the vaccine;
b. administration of immunoglobulin;
c. premunition.

219. Time required to form active immunity after vaccination is:
a. few hours;
b. few days;
c. few weeks.

220. Vaccination by split method is used for:
a. inactivated corpuscular vaccines;
b. homologous serum;
c. heterologous serum.

221. Diphtheria serum is used:
a. in the emergency prevention;
b. for planned prophylaxis;
c. for the treatment.

222. Live vaccine is used in imunoprophilaxis of:
a. diphtheria;
b. polio;
c. tetanus.

223. Live vaccines are used for:
a. measles, pertussis;
b. tuberculosis, polio;
c. mumps, diphtheria.

224. Toxoid is used for prophylaxis of:
a. anthrax;
b. tetanus;
c. brucellosis.

225. The vaccine administrated per-oral is:
a. polio;
b. pertussis;
c. mumps.

226. Evaluation of tuberculins reactions is done in period of:
a. 24 hours;
b. 48 hours;
c. 72 hours.

227. Bacteriofages forms:
a. active immunity;
b. passive immunity;
c. no one mentioned above.

228. Vaccination is important in control of:
a. tuberculosis;
b. HBV;
c. typhoid fever.

229. Duration of immunity is longer after administration of:
a. serum;
b. immunoglobulins;
c. toxoids.

230. The minimum interval between planned vaccination is:
a. two weeks;
b. 1 month;
c. 1.5 months.

231. The planned vaccination is carried out in:
a. tuberculosis, typhoid fever;
b. diphtheria, scarlet fever;
c. mumps, pertussis.

232. The minimum interval between administration of the vaccine and immunoglobulin is:
a. two weeks;
b. two months;
c. 6 months.

233. Serological reactions are used in evaluation of the effectiveness of vaccination against:
a. anthrax;
b. tuberculosis;
c. diphtheria.

234. The schedule of imunization against tuberculosis includes in Moldova:
a. one revaccination;
b. two revaccinations;
c. three revaccinations.

235. The immunity is longer after vaccination against:
a. diphtheria;
b. tetanus;
c. measles.

236. The vaccine with minimal reactogenicity is:
a. live vaccine;
b. chemical vaccine;
c. inactivated corpuscular vaccine.

237. Inactivated corpuscular vaccines are used in:
a. smallpox;
b. mumps;
c. pertussis.

238. Vaccination against diphtheria is carried out with:
a. live vaccine;
b. toxoid;
c. inactivated corpuscular vaccine.

239. Planned vaccination is carried in Moldova for:
a. 7 nosological forms;
b. 10 nosological forms;
c. 12 nosological forms.

240. Mumps vaccine is administered together with:
a. Diphtheria vaccine;
b. Polio vaccine;
c. Measles vaccine.

241. Positive results of Mantoux test means:
a. need for the revaccination;
b. no need in revaccination;
c. not a criterion to solv the problem of revaccination.

242. Conditional course of vaccination against rabies is indicated to:
a. children;
b. persons bitten by animals and can be supervised;
c. people bitten by wild animals.

243. Polio live attenuated vaccine is administered:
a. intracutaneous;
b. per-oral;
c. intramuscularly.

244. Polio vaccination is carried out together with:
a. tetanus;
b. HBV;
c. tuberculosis.

245. Chemoprophylaxis is used to prevent:
a. tetanus;
b. botulism;
c. malaria.

246. Planned vaccination against typhoid fever is made according to epidemiological indications:
a. lifelong;
b. between 7 and 60 years;
c. between 14 and 50 years.

247. Mumps vaccine is administrated at:
a. two months;
b. 12 months;
c. 18 months.

248. Polio vaccination and revaccination is done with:
a. four doses of vaccine;
b. 5 doses of vaccine;
c. 6 doses of vaccine.

249. Vaccination is indicated after the possible infection with:
a. anthrax;
b. rabies;
c. diphtheria.

250. Whooping cough vaccine is administrated at:
a. 2, 4, 6 months;
b. 0, 1, 6 months;
c. 3, 4, 5, 6 months.

251. Mantoux reaction is carried out in period of:
a. 1-7 days before the revaccination;
b. 3-14 days before revaccination;
c. 14-60 days before revaccination.

252 Vaccine administrated intramuscularly is:
a. tuberculosis;
b. HBV;
c. polio.

253. Influenza vaccine is rational to administer:
a. according to epidemiological indications;
b. planned;
c. before seasonal spread.

254. To prevent tetanus infection is administrated:
a. live vaccine;
b. toxoid;
c. inactivated vaccine.

255.Planned vaccination is performed in:
a. HBV, typhoid fever;
b. rotavirale infection, mumps;
c. diphtheria, scarlet fever.

256. Planed vaccination is done in the Republic of Moldova for:
a. typhoid fever;
b. HBV;
c. HAV.

257. Allergic skin reactions are used in the diagnosis of:
a. anthrax, brucellosis;
b. tuberculosis, botulism;
c. dysentery, typhoid fever.

258. The immunity formed after the administration of toxoids is:
a. active;
b. pasive;
c. active-passive.

259. Vaccine and immunoglobulin are administrated together in case of high risk of spreading of:
a. measles;
b. rabies;
c. diphtheria.

260. The temperature dropped to -6 ° C after damage of the refrigerator. What preparate can be used in this situation?
a. diphtheria serum;
b. hepatitis B recombinant vaccine;
c. BCG vaccine.

261. The box with measles vaccine was without the instruction of using the preparation. In these situation you will:
a. use the instruction from another box with the same serial number;
b. administrate the vaccine without the instruction;
c. prohibits administration of the vaccine.

262. What will do the kindergarten nurse in case of the unvaccinated child (refuse de vaccination) admitted to the institution:
a. the child will be accepted to the kindergarten with administrative permission;
b. the child will be accepted to the kindergarten after parents sign the document about refusal to vaccination;
c. the child will be accepted to the kindergarten in the special group of unvaccinated children.

263. We received information from school medical unit about 5 vaccinated children with DT from150 that 3-4 days after the vaccination appeared a slight dolor induration at the injection site. Select the correct recommendation in this situation:
a. it is a post-vaccination complications, vaccination is recommended to stop;
b. it is a post-vaccination complications, is recommended to obtain information about the time, series and preparation from the Center of Public Health;
c. it is a post-vaccination reaction, vaccination is recommended to continue.

264. BCG vaccination is performed after the Mantoux reaction in period of:
a. 3 days and 2 weeks;
b. not later than the 11th day after reading the Mantoux reaction;
c. period of BCG vaccination is not depending on the results of Mantoux reaction.

265. DTP vaccination is recommended to:
a. five months healthy child, unvaccinated against whooping cough, diphteria, and tetanus.
b. six months healthy child, who suffered of whooping cough at 2 months;
c. 4 year one month healthy child unvaccinated against whooping cough, diphtheria, and tetanus.

266. Is it allowed to vaccinate the child with vaccine without instruction brought from abroad?
a. it is allowed when the vaccine is included in the list of registered biological preparations in the country;
b. it is not allowed;
c. it is allowed with the approval of the Center of Public Health.

267. Person with positive Mantoux reaction vccinated with BCG vaccine are in risk to:
a. develop anaphylactic shock:
b. have generalization of tuberculosis;
c. form a post-vaccination "cold" abscess.

268. Contraindication for rabies vaccination is:
a. hypertonic disease grade II;
b. pregnancy;
c. hydrophobia.

269. BCG vaccination is contraindicated to:
a. newborns with congenital immunodeficiency;
b. HIV-positive people;
c. children born from HIV mothers.

270. BCG vaccination of AIDS patients is:
a. indicated immediately;
b. applied depending on the results of Mantoux Reaction;
c. forbidden.

271. PPD - Purified protein derivative used in tuberculin skin test is:
a. standardized at the international level;
b. only in endemic areas for tuberculosis;
c. removed from production.

272. Possible complication of BCG vaccination is:
a. tuberculosis after the vaccination;
b. axillary adenopathy which may form fistulas;
c. complications after the vaccination are not registered.

273. The complication after BCG vaccination is:
a. complications are not registered;
b. miliary tuberculosis after the dissemination of bacillus Calmette-Guerin;
c. anaphylactic shock.

274. BCG vaccine is administrated:
a. strictly intradermally in the lower third of left forearm;
b. strictly intradermally in the deltoid region of the left arm;
c. strictly intradermally in any anatomical area.

275. Correct injection of BCG vaccine supposes appearance of:
a. ulceration, which disappears after a week;
b. small red induration of 10 mm diameter, which persists 1-2 weeks;
c. "orange peel"papule, which remains about 30 minutes.

276. Correct injection of BCG vaccine supposes appearance of:
a. small red induration of 6-8 mm diameter more than 3-4 weeks, persisting up to 2 months;
b. small red induration of 10 mm diameter more than 3-4 days, persisting 1-2 weeks after the administration;
c. induration and the situation is considered to be a complication of BCG vaccine.

277. Injection of BCG vaccine supposes appearance of:
a. red induration, at the 3rd-4th weeks after the vaccination, and it is considered as complication;
b. the crust that leaves around a scar of 5 mm diameter after 2-8 weeks;
c. the scar in the deltoid region of the left arm of about 5 mm diameter and it is classified as a complication.

278. BCG vaccination is performed in countries with high incidence of tuberculosis:
a. immediately after birth;
b. immediately after birth and followed by five other revaccinations;
c. after birth without revaccinations.

279. The main purpose of BCG vaccination is:
a. eradication of tuberculosis;
b. to achiev the national immunization program;
c. to prevent severe forms of tuberculosis (miliary and meningitis) in infants and children.

280. Scientific studies about BCG vaccination demonstrate immune protection of:
a. 10% and 30%;
b. 20% and 60%;
c. 60% and 90%.

281. BCG vaccine is:
a. live attenuated and contains M.tuberculosis;
b. live attenuated and contains M.bovis;
c. inactivated and contains M.bovis.

282. Effectiveness of BCG vaccine depends on:
a. cellular immunity of each individual;
b. kind of mycobacteria used for the preparation of vaccine;
c. method used in preparation of vaccine.

1.3.2. Multiple choice

283. Planned vaccination is performed according to epidemiological indications in:
a. diphtheria;
b. typhoid fever;
c. brucellosis;
d. yersiniozis;
e. psittacosis.

284. Children are vaccinated in the first 6 months against:
a. tuberculosis;
b. tetanus;
c. mumps;
d. typhoid fever;
e. measles.

285. Children are vaccinated according to the vaccination schedule in the Republic of Moldova against:
a. HBV, tuberculosis, rubella;
b. polio, mumps, whooping cough;
c. diphtheria, scarlet fever, measles;
d. polio, diphtheria, tetanus;
e. diphtheria, tuberculosis, mumps.

286. The following vaccines can not be administrated in case of freezing:
a. measles;
b. BCG;
c. DTP;
d. DT;
e. polio.

287. Protective active immunity is formed after the admnistration of immunoglobulin together with vaccine in:
a. rabies;
b. measles;
c. tetanus;
d. mumps;
e. HBV.

288.Infections controlled by vaccination are:
a. measles;
b. diphtheria;
c. whooping cough;
d. rotavirale infection;
e. chickenpox.

289. It is not allowed to use vaccines:
a. without specific physical properties;
b. with damage vials;
c. transported to an inadequate temperature regime;
d. with overdue period;
e. polio kept in the freezer.

290. You are responsible for the vaccination. What are your tasks?
a. records the group that require vaccination;
b. health education about the importance of vaccinations;
c. training of medical staff, responsible for the vaccinations;
d. daily report about the vaccinations;
e. plannification of vaccination.

291. The vaccines are administered according to epidemiological indications to:
a. contact people in cholera focus;
b. contacts persons in measles focus;
c. people going to the natural focus of tick encephalitis;
d. persons bitten by animals;
e. soldiers against tetanus.

292. Unconditional vaccination against rabies is indicated after the bite of:
a. a wild animal;
b. an unknown animal;
c. the dog infected with rabies after 20 days from the bite;
d. an animal under supervision;
e. an animal that was immediately killed.

293. Preparations not administrated by fractionated method are:
a. tetanus serum;
b. influenza immunoglobulin;
c. measles immunoglobulin;
d. tetanus immunoglobulin;
e. staphylococcal immunoglobulin.

294. Vaccination is not planned in the Republic of Moldova for:
a. HAV;
b. rubella;
c. mumps;
d. chickenpox;
e. whooping cough.

295. In refrigerators- container completely melted ice 12 hours ago. Which of the preparations listed below can not be used?
a. polio vaccine;
b. tetanus toxoid;
c. diphtheria toxoid;
d. DTP;
e. measles.

296. To obtain homologous immunoglobulins are used:
a. blood donors;
b. placental blood;
c. hiperimunizate animal blood;
d. blood of infected people;
e. blood of immunized persons.

297. What vaccines provides a long lasting protective immunity:
a. measles;
b. leptospirosis;
c. rabies;
d. tularemia;
e. cholera.

298. The preparations introduced fractionated into the body are:
a. staphylococcal immunoglobulin;
b. diphtheria serum;
c. tetanus serum;
d. rabies immunoglobulin;
e. tetanus immunoglobulin.

299. Planned vaccination is performed in the Republic of Moldova for:
a. tuberculosis;
b. leptospirosis;
c. typhoid fever;
d. whooping cough;
e. mumps.

300. Planned vaccination is performed for:
a. polio;
b. mumps;
c. whooping cough
d. scarlet fever;
e. chickenpox.

301. Planned vaccination is carried out for:
a. tuberculosis;
b. whooping cough;
b. tetanus;
c. flu;
d. scarlet fever.

302. Infections controlled by vaccination are:
a. typhoid fever;
b. brucellosis;
c. measles;
d. polio;
e. tetanus.

303. Planned vaccination at 2 month children is perfomed for:
a. mumps;
b. pertussis;
c. polio;
d. tetanus;
e. viral hepatitis B.

304. Prevention by vaccination is possible in:
a. HAV;
b. HBV;
c. malaria;

d. toxoplasmosis;
e. yellow fever.

305. The first 2 infections that children are vaccinated in the Republic of Moldova are:
a. tuberculosis;
b. measles;
c. hepatitis B;
d. polio;
e. hepatitis A.

306. 4 month baby was not vaccinated with BCG. What is necessary to do?
a. to vaccinate as soon as possible;
b. to vaccinate after clinical examination;
c. to vaccinate after clinical examination and positive result of the Mantoux test;
d. to vaccinate after the vaccination with DTP;
e. to vaccinate according to the results of the Mantoux Reaction.

307. Planned vaccination is carry out in Moldova for:
a. HBV, mumps;
b. tuberculosis, diphtheria;
c. rubella, tetanus;
d. influenza, pertussis;
e. polio, measles.

308. The correct statements are:
a. minimum interval between vaccination and immunoglobulin administration is 6 months;
b. minimum interval between immunoglobulin and the vaccine administration is 4-6 weeks;
c. measles vaccination start at 3 month age;
d. bacteriophage does not form the passive immunity;
e. diminished vaccination against polio is done with inactivated vaccine.

309. To form the passive immunity is used:
a. interferon;
b. homologous serum;
c. heterologous serum;
d. toxoid;
e. immunoglobulin.

310. Passive immunity is formed by the administration of:
a. chemical vaccine;
b. homologious serum;
c. immunoglobulin;
d. heterologious serum;
e. toxoids.

311. Live vaccines are used in:
a. polio;
b. tuberculosis;
c. pertussis;
d. tetanus;
e. mumps.

312. Inactivated or chemicals vaccines are used in:
a. pertussis;
b. measles;
c. hepatitis B;
d. typhoid fever;
e. tuberculosis.

313. Inactivated corpuscular vaccines are used in prophylaxis of:
a. rabies;
b. meningococcal infection;
c. mumps;
d. pertussis;
e. influenza.

314. Immunoglobulins are used for prophylaxis of:
a. rabies;
b. measles;
c. diphtheria;

d. tuberculosis;
e. tetanus.

315. Vaccination is carried out according to epidemiological indications in:
a. leptospirosis;
b. yersiniosis;
c. botulism;
d. tularemia;
e. plague.

316. Live vaccines are characterized by:
a. loss of pathogenicity and preservation of antigenic properties of the vaccine strains;
b. are obtained by the action of pathogenic microorganisms to physical, chemical, and biological factors, multiple cultivation;
c. low immunogenic efficacy determines its repeated application;
d. vaccines are lyophilized to extend the application of vaccines;
e. vaccines are produced from the bacterial cultures.

317. Choose the correct placement of the vaccines in the refrigerator:
a. some vaccines are not kept in the refrigerator;
b. the effectiveness is equal to keep the vaccines on different shelf of the refrigerator;
c. separate place for "old" vaccines and recently received;
d. is better to completely fill the space with boxes of vaccines on a particular shelf;
e. is more rational to keep the vaccinas on the top shelf.

318. There are 500 doses of DTP remained in the vaccination office, with three days expired term. It is necessary to:
a. stop the vaccination;
b. vaccinate because the warranty period has expired by more than a month ago;
c. consult CPH on further measures;
d. vaccinate a limited group of population and evaluate the immunological effectiveness;
e. assess the situation as negligence in organization of imunoprophylaxis.

319. Administration of DTP forms:
a. antitoxic immunity (for diphtheria and tetanus) and antimicrobial (for pertussis);
b. antimicrobial and antitoxic immunity (for diphtheria and tetanus);
c. antitoxic immunity (for diphtheria, tetanus and pertussis);
d. antimicrobial immunity (for diphtheria and tetanus);
e. antimicrobial immunity (for whooping cough).

320. Vaccination with BCG:
a. reduce the risk of latent infection to TB in children;
b. significantly reduces serious risk in children;
c. prevent disseminated forms of TB in newborns and infants;
d. prevents any form of TB, regardless of age;
e. currently, it is considered ineffective.

1.3.3. Match numbers and letters:

321. Nosological form and the principle of the prevention:

1. diphtheria;	a. specific;
2. cholera;	b. nonspecific.
3. yellow fever;	
4. scarlet fever;	

322. Nosological forms and preparations for emergency prophylaxis:

1. flu;	a. antibiotics;
2. malaria;	b. immunoglobulin;
3. HAV;	c. clorachina;
4. cholera;	d. interferon.

323. Prophylactic remedies and its action:

1. antibacterial;	a. remantadin, oxolinic ointment;
2. antiviral;	b. biological preparations (bificol, lactobacterin);
	c. chemical preparates (antibiotics);
	d. interferon;
	e. bacteriophages.

324. Nosological forms and means of prevention:

1. typhoid fever, staphylococcal infection;	a. bificol, colibacterin;
2. E.coli infection, disentery;	b. antibiotics;
3. cholera, plague;	c. bacteriophages.

325. Biological preparations and methods of production:

1. corpuscular vaccines;	a. prepared of detoxified bacterial toxins;
2. synthetic vaccines;	
3. toxoids;	b. attenuation by multiple cultivation of microorganisms;
4. live vaccines;	c. strains of bacteria or viruses inactivated by the action of chemicals and physical factors;
	d. chemical synthesis method, artificial reproduction of natural analogue antigenic determinants.

326. Types of vaccines and infection:

1. live vaccines;	a. diphtheria, tetanus;
2. inactivated vaccines;	b. polio, measles, mumps;
3. chemical vaccines;	c. pertussis, leptospirosis, typhoid fever;
4. toxoids;	d. endemic typhus, typhoid fever, paratyphoid fever A and B

327. Group of vaccine and vaccines:

1. monovaccin;	a. polio vaccine, flu;
2. polivaccin (complex);	b. DTP, TABT;
3. associated vaccine;	c. BCG, HBV.

328. Biological preparations and method of administration:

1. BCG vaccine;	a. intramuscularly;
2. heterologious immune serum;	b. fractional method;
	c. per os;
3. polio vaccine;	d. intradermal;
4. DTP;	e. the skin.
5. anthrax vaccine;	

329. Biological preparations used in specific prophylaxis:

1. formation of active immunity;	a. immune serum, immunoglobulins;
2. formation of passive immunity;	b. interferon, bacteriophage;
3. retention of multiplication of the pathogen in the body;	c. vaccines, toxoids.

330. Vaccination against the following infections are done by:

1. diphtheria;	a. chemical vaccine;
2. tuberculosis;	b. toxoid;
3. whooping cough;	c. live vaccine;
4. typhoid fever;	d. corpuscular inactivated vaccine.

331. Types of vaccines and infections:

1. live vaccines;	a. whooping cough;
2. inactivated vaccines;	b. endemic typhus, typhoid fever, paratif A, B;
3. chemical vaccines;	c. diphtheria, tetanus, botulism;
4. toxoids;	d. mumps, polio, measles.

332. Nosological form:

1. whooping cough;	a. active-passive immunization;
2. tetanus;	b. corpuscular inactivated vaccine;
3. tuberculosis;	c. in maternity;
4. HBV;	d. live attenuated vaccine.

333. Preparation: The type of immunity:

1. toxoid;	a. not form;
2. immunoglobulin;	b. active;
3. bacteriophage;	c. passive.

334. Type of preparation: nosological form:

1. Live attenuated;	a. whooping cough;
2. toxoid;	b. typhoid fever;
3. inactivated corpuscular;	c. polio;
4. chemical;	d. diphtheria.

335. Nosological form: Emergency Prevention:

1. cholera;	a. toxoid;
2. tetanus;	b. immunoglobulin;
3. anthrax;	c. antibiotics;
4. measles;	d. vaccine.

336. Infection and used preparations:

1. malaria;	a. chloroquine;
2. anthrax;	b. antibiotics;
3. leptospirosis;	c. corpuscular inactivated vaccine;
4. polio;	d. live vaccine.

337. Infection and type of vaccine:

1. rabies;	a. live vaccine;
2. anthrax;	b. corpuscular inactivated vaccine;
3. HBV;	c. antibiotics;
4. malaria;	d. chemical vaccine;
5. whooping cough;	e. chloroquine.

338. Nosological form: The vaccine used:

1. diphtheria;	a. chemical;
2. polio;	b. corpuscular inactivated;
3. whooping cough;	c. live attenuated;
4. meningococcal infection;	d. toxoid.

339. Nosological form: Emergency prevention:

1. flu;	a. usually is not performed;
2. measles;	b. serum;
3. tetanus;	c. vaccine;
4. scarlet fever;	d. interferon.

340. Types of immunity:

1. active natural immunity;	a. vaccination;
2. passive natural immunity;	b. transplacental antibody;
3. artificial active immunity;	c. premonition;
4. artificial passive immunity;	d. administration of immune serum, immunoglobulin.

341. Nosological form: Emergency Prevention:

1. flu;	a. antibiotics;
2. malaria;	b. immunoglobulin;
3. HAV;	c. chloroquine;
4. cholera;	d. interferon.

342. Biological preparations: Types of immunity:

1. bacteriophages;	a. pasive;
2. immunoglobulin;	b. active;
3. toxoid;	c. not forms;
4. live attenuated vaccine;	d. active antitoxic.

343. Nosological form: Type of vaccine:

1. tetanus;	a. inactivated vaccine;
2. leptospirosis;	b. live attenuated vaccine;
3. brucellosis;	c. chemical vaccine;
4. typhoid fever;	d. toxoid.

II. SPECIAL EPIDEMIOLOGY

2.1. Intestinal infections

2.1.1. Simple choice

344. Pathogen of typhoid fever is:
a. S. typhimurium;
b. S.enteritidis;
c. S.typhi.

345. The main source of pathogen of typhoid fever is:
a. patient;
b. acute carrier;
c. chronic carrier.

346. The main way of transmission in typhoid fever is:
a. water;
b. food;
c. contact.

347. Incubation period of typhoid fever is:
a. 1 to 20 days;
b. 6 to 25 days;
c. 1 to 14 days.

348. Early diagnosis of typhoid fever is based on investigation of:
a. urine and faeces;
b. serology;
c. blood culture.

349. Vaccination of typhoid fever is done with:
a. live attenuated vaccine;
b. chemically inactivated vaccine;
c. toxoid.

350. Basic antiepidemic measures in typhoid fever are directed to:
a. the source of pathogens;
b. the mechanism of transmission;
c. the suscceptibil population.

351. Source of pathogenic agents of typhoid fever is:
a. last 2-3 days of incubation period;
b. sick man in recovery period;
c. rodents.

352. Patient with typhoid fever is contagious:
a. in the incubation period;
b. all period of clinical manifestations;
c. during the recovery.

353. The main source of pathogenic agents in typhoid fever is:
a. patient with asymptomatic form;
b. carrier;
c. patient with clinical manifestations.

354. "Transit carier" in typhoid fever suppose detection of S.typhi in:
a. urine;
b. feaces;
c. blood.

355. Medical supervision of contact pesrons in typhoid fever focus is done in period of:
a. 21 days;
b. 14 days;
c. 7 days.

356. High risk group in typhoid fever are people of:
a. 1 - 4 years old;
b. 20 - 40 years old;
c. 50 - 70 years old.

357. Hospitalizion of patients with typhoid fever is done:
a. according to epidemiological indications;
b. mandatory all patients;
c. according to clinical indications.

358. Patients with typhoid fever are discharged from the hospital:
a. without bacteriological investigations:
b. with one negative bacteriological result;
c. with three negative bacteriological results.

359. At the actual period, the main goal of epidemiological surveillance in typhoid fever is:
a. to eradicate typhoid fever;
b. to decrease the morbidity;
c. to form unreceptive population.

360. At the actual period, the epidemic process in typhoid fever is manifested by:
a. increasing of the morbidity;
b. epidemic manifestations of the morbidity;
c. leveling of the sezonality.

361. To determine the fagotype of typhoid fever is practically important:
a. for etiotropic and pathogenic therapy ;
b. for detection of the source of infection;
c. has essential practical importance.

362. The prophylaxis of typhoid fever at the contact person is done with:
a. antibiotics;
b. bacteriophage;
c. vaccine.

363. „Transit"carrier in typhoid fever is supposed if S. typhi is detected in:
a. urine;
b. feaces;
c. gallbladder.

364. Dispensarization period in typhoid fever is:
a. 21 days;
b. 3 months;
c. 6 months.

365. Period of medical surveillance of chronic carriers of S. typhi is:
a. 3 months;
b. 6 months;
c. lifelong

366. Period of medical surveillance of contact persons in typhoid fever focus is:
a. 11 days;
b. 21 days;
c. 40 days.

367. In first days of clinical manifestations, the amount of blood required for serological investigations in typhoid fever is:
a. 1 ml;
b. 5 ml;
c. 10 ml.

368. High morbidity is cuased in Moldova by:
a. Sh. Flexneri;
b. Sh. Sonnei;
c. Sh.Dyzenteriae.

369. Exotoxin is produced by Shigella:
a. Sh.Boydi;
b. Sh.Dysenteriae;
c. Sh.Flexneri.

370. The main source of pathogenic agents in dysentery is:
a. patient during the prodromal period;
b. patient in acute period;
c. chronically ill.

371. Medical supervision of contacts in dysentery is:
a. 4 days;
b. 7 days;
c. 14 days.

372. Medical supervision of contacts in dysentery is:
a. 7 days;
b. 14 days;
c. 21 days.

373. The correct answer for dysentery is:
a. pathogen agent is S.virhov;
b. there are 2 pathogenic agents known;
c. only one type of pathogen produces exotoxin.

374. The correct answer for dysentery is:
a. it is caused by several pathogen agents;
b. patient is contagious at the end of first week of the disease;
c. is necessary to perform serological investigations fot the confirmation.

375. Transmission by food is characteristic of:
a. Sh.Sonnei;
b. Sh.Flexneri;
c. S.typhi.

376. The shorter incubation period is characteristics of:
a. dysentery;
b. measles;
c. mumps .

377. Recovery patients with dysentery are discharged from hospital:
a. without bacteriological investigations;
b. with 2 bacteriological investigations;
c. both mentioned above are possible.

378. Epidemia of dysentery transmitted by habitual way is characteristic of:
a. mainly involve people that have direct contact with the source of infection;
b. therea are registred in children;
c. sever forms are registred.

379. Ttransmission by water is more characteristic of:
a. Sh.boydi;
b. Sh.sonnei;
c. Sh.flexneri.

380. The main source of infection in salmonellosis is:
a. man;
b. animal;
c. soil.

381. What type of Salmonella frequently is causing the nosocomial infection?
a. S.newport;
b. S.enteritidis;
c. S. typhimurium.

382. Factors of transmission of Salmonella are:
a. flies, air;
b. eggs, meat;
c. water, hematophagous insects.

383. Sources of infection in salmonellosis are:
a. ticks, geese;
b. ducks, pigs;
c. cattle, flies..

384. Food poisoning with bacterial origin is more specific for:
a. salmonellosis;
b. botulism;
c. dysentery.

385. Pathogen agent in E.coli infection is:
a. enteric cultures of E. coli;
b. Yersinia enterocolitica;
c. different types of microorganisms of the genus Shigella.

386. What type of Shigella determines the disease similar to dysentery?
a. E. coli enteropathogen;
b. E. coli enteroinvazive;
c. E. coli enterotoxigenic.

387. E.coli enteropathogen affects more:
a. first year children;
b. children from different age group;
c. all children.

388. Maximum incubation period for E.coli is:
a. 1 - 2 days;
b. 3 days;
c. 7 - 10 days.

389. More frequent is registered poliovirus:
a. I;
b. II;
c. III.

390. Poliovirus is part of the family:
a. Rabdavirus;
b. Picornovirus;
c. Astrovirus.

391. Antiepidemic measures in polio are directed to:
a. source of pathogens;
b. mechanism of transmission;
c. receptivity.

392. Polio vaccination start at age of:
a. 2 months;
b. 6 months;
c. 12 months.

393. Polio is transmitted by:
a. airborne;
b. fecal-oral;
c. by both mechanisms mentioned above.

394. Patients with polio are contagious in period of:
a. incubation;
b. prodromal;
c. recovery.

395. Correct for polio is:
a. virus belongs to picornoviridae family;
b. there are two known serotypes;
c. paralytic forms constitute about 50% of cases.

396. The main antiepidemic measures in polio is:
a. detection and isolation of source;
b. disinfection and sanitary–hygiene measures;
c. vaccination.

397. The main goal of epidemiological surveillance in polio is:
a. eradication of infection;
b. prevention of outbreaks;
c. prevention of import.

398. Maximum incubation period for polio is:
a. 3 days;
b. 14 - 15 days;
c. 21 days.

399. Correct for staphylococcal food poisoning is:
a. food borne outbreaks are more common;
b. morbidity is higher in children group;
c. increasing of the morbidity is observed.

400. Foodborne infections include diseases that occur as a result of:
a. toxins with bacterial origin;
b. causative agent;
c. toxin and causative agent.

401. The main source of pathogenic agents for Botulism is:
a. man;
b. animals;
c. soil.

402. Correct for botulism is:
a. it is a foodborne infection;
b. sapronosis;
c. has an incubation period of several months.

403. The major role in the pathogenesis of staphylococcal origin poisoning have:
a. exotoxins;
b. enterotoxins;
c. both mentioned above.

404. Typical for foodborne infections of staphylococcal origin is:
a. morbidity is registered in groups;
b. more frequent is registered in children;
c. high risk group is population working in food industry.

405. Incubation period for botulism poisons is:
a. 6-36 hours;
b. 30 '- 7 hours;
c. 1 hour - 3 days.

406. Agent of intestinal yersiniosis is:
a. Yersinia enterocolitica;
b. Yersinia pseudotuberculosis;
c. Yersinia pestis.

407. Manifestations of epidemic process in yersiniosis is:
a. sporadic;
b. pandemic;
c. airborne.

408. The main way of transmission of yersiniosis and pseudotuberculosis is by:
a. food;
b. water;
c. habitual contact.

409. The incubation period of intestinal yersiniosis is:
a. 3 - 7 days;
b. 14 - 15 days;
c. 21 days.

410. The Yersiniozis are:
a. antroponosis;
b. zooantroponosis;
c. sapronosis.

411. The main source of yersiniosis infection are:
a. synanthrope animals;
b. xenantrope animals;
c. sick persons.

412. Pseudotuberculosis and yersiniosis are:
a. worldwide infection;
b. infection with specific affected zones;
c. infection registered only in countries with developed food industry .

413. The incidence of campylobacteriosis is higher in:
a. countries with tropical climate;
b. countries with moderate climate;
c. the different territories regardless of the climate.

414. E.coli enteroinvazive most commonly affects:
a. small intestine;
b. terminal portion of small intestine and check intestine;
c. distal portions of the large intestine.

415. „Travellers diarrhea" is determined by E.coli:
a. enterohaemorrhagic;
b. enteroinvazive;
c. enterotoxigenic.

416. E.coli infection determined by E.coli enterotoxigenic is registered in:
a. all climatic zones;
b. mainly in tropical and subtropical areas;
c. regions with moderate climate.

417. Legionellosis determined by Legionella pneumophilla is extremely dangerous infection because of:
a. capacity to transmit from a person to person;
b. high lethality ;
c. similar manifestations to quarantine diseases.

418. Seasonality of habitual legionellosis is:
a. spring-summer;
b. summer - autumn;
c. autumn - winter.

419. Seasonality of hospital legionellosis is:
a. summer - autumn;
b. autumn - winter;
c. throughout the year.

2.1.2. Multiple choice

420. The favourable factors for the preservation and multiplication in the environment of intestinal infectious pathogens are:
a. milk;
b. roasted meat;
c. cucumbers;
d. tomatoes;
e. vegetable salad with sour cream.

421. Investigation methods of contacts in typhoid fever focus are:
a. thermometer;
b. bacteriology of blood;

c. bacteriology of faeces ;
d. reaction of passive hemagglutination;
e. surveillance for 10 days.

422. At the current period the following characteristics are specific for typhoid fever:
a. increasing of the morbidity;
b. sporadic morbidity;
c. seasonal increasing of cases;
d. ununiform distribution of morbidity in the territory;
e. trend of stabilization of the morbidity.

423. Correct for typhoid fever is:
a. sick is contagious from first appearance of clinical symptoms;
b. chemical terminal disinfection is required;
c. planned vaccination are performed according to epidemiological indications in specific groups of population;
d. children are more frequently affected;
e. to discharge from the hospital, epidemiological importance has laboratory analysis.

424. Correct for typhoid fever is:
a. source of infection is the man;
b. morbidity is controlled by vaccination;
c. young adults are more susceptible;
d. incubation period is 6-25 days;
e. correct or wrong dismission from the hospital has epidemiological importance.

425. Correct for typhoid fever is:
a. dangerous are sick and carrier animals;
b. man is dangerous in the prodromal period;
c. blood culture is one of the early method of diagnosis;
d. chronic carriage is characteristic;
e. vaccination is carried out according to epidemiological indications.

426. Immunoprophylaxis of typhoid fever is done with:
a. live attenuated vaccine;
b. corpuscular vaccine;

c. chemical vaccine;
d. toxoids;
e. immune serum and imunoglobulin.

427. Sources of infection in typhoid fever are:
a. domestic animals;
b. sick man;
c. recovery persons;
d. water, soil;
e. xenantrope animals.

428. Correct for typhoid fever is:
a. patient is not contagious at the initial stage of the disease;
b. contact person has to be monitored for 21 days;
c. contact persons are vaccinated;
d. blood is bacteriologically investigated at the contact persons;
e. contact persons are serologically investigated.

429. Vaccination against typhoid fever is indicated to?
a. contact persons in the focus;
b. residents of a city that can not be temporary provided with qualitative water;
c. the population from an endemic area of this infection (> 25.0% ooo);
d. persons with professional risk of infection;
e. persons from public food industry.

430. Vaccination against typhoid fever is indicated to:
a. people from the region with the incidence of typhoid fever of 1.7 ‰ in the last year;
b. laboratory staff who produce typhoid fever vaccine;
c. food industry satff;
d. personel from water treatment;
e. staff of house renting.

431. Correct for typhoid fever is:
a. the main source of pathogens is carrier of S.typhi;
b. typhoid fever is caused by S. typhimurium;
c. early method of diagnostic is urine culture;

d. analysis of gallbladder is used for diagnosis of carriers;
e. recovery carriage is specific.

432. Specific way of transmission for typhoid fever is:
a. by water;
b. sexual contact;
c. by food;
d. parenterally;
e. habitual contact.

433. „Transit"carriers in typhoid fever are:
a. Person detected with Salmonella typhi in faeces only once;
b. Person detected with S.typhi in gallbladder after 6 months of the disease;
c. Person detected with S.typhi in faeces after 2 months of the disease;
d. Person detecred with S.typhi in urine after 4 months of the disease;
e. Person detected with S.typhi in faeces after 3 years of the disease.

434. Select from the proposed list the acute carriers:
a. Person detected with Salmonella typhi in faeces only once;
b. Person detected with S.typhi in gallbladder after 6 months of the disease;
c. Person detected with S.typhi in faeces after 2 months of the disease;
d. Person detected with S.typhi in urine after 4 months of the disease;
e. Person detected with S.typhi in faeces after 3 years of the disease.

435. Select from the proposed list the chronic carriers:
a. Person identified with Salmonella typhi in faeces only once;
b. Person indentified S.typhi in gallbladder after 6 months of the disease;
c. Person indentified S.typhi in faeces after 2 months of the disease;
d. Person indentified S.typhi in urine after 4 months of the disease;
e. Person indentified S.typhi in faeces after 3 years of the disease.

436. Measures organized for contact persons in typhoid fever focus are:
a. thermometry;
b. blood cultures;
c. faeces analyses;

d. direct hemagglutination reaction;
e. surveillance for 21 days.

437. Terminal disinfection is performed in the focus of typhoid fever for:
a. dishes;
b. bedding;
c. toilet;
d. air;
e. toys.

438. Factors of transmission of Salmonella are:
a. water;
b. pork;
c. vegetables, fruit;
d. eggs;
e. poultry meat.

439. Factors of transmission of salmonellosis are:
a. eggs;
b. meat products;
c. fish and its products;
d. milk;
e. vectors.

440. Salmonella keeps the viability from few days up to few months in:
a. food;
b. soil;
c. water;
d. air;
e. animal feed.

441. Ways of transmission in salmonellosis are:
a. by food;
b. by water;
c. habitual contact;
d. by air;
e. transmisive.

442. Correct for salmonellosis are:
a. it is a zooantroponosis;
b. S.enteritidis and S. typhimurium are determined more frequently in RM;
c. medical surveillance of the focus is one week;
d. more affected are adults;
e. vaccination is performed according to epidemiological indications.

443. Correct for salmonellosis are:
a. it is a antroponosis;
b. S.enteritidis frequently determine appearance of nosocomial infection;
c. medium resistance in the environment;
d. often lead to food poisoning;
e. it is more characteristics for pediatric profile institutions as hospital infections .

444. In case of an salmonellosis outbreak in boarding school is necessary:
a. to hospitalize all persons;
b. to hospitalize patients according to clinical indications;
c. to investigate clinically and bacteriologically all persons fed in that cafeteria;
d. to indicate prophylaxis with antibiotics to all pupils;
e. to investigate bacteriologically canteen workers.

445. Measures for neutralization of ways and factors of transmission in salmonellosis are:
a. sanitary and veterinary;
b. control of preparation, technology, transportation, and sale of animal products;
c. deratization;
d. emergency prophylaxis with antibiotics;
e. bacteriological control of food.

446. Socio-economic factors that increase the morbidity of salmonelozis are:
a. internaltional commercial contacts;
b. centralized production of food;

c. expanding the production of semi-finished meat;
d. activation of population migration processes;
e. increasing the length of the drinking water supply systems.

447. Measures to neutralize factors and ways of transmission in salmonellosis are:
a. sanitary and veterinary control of maintenance and killing the animals;
b. disinfection and deratization at mills and processors of meat products;
c. compliance with hygiene and antiepidemic regime in the hospitals to prevent the occurrence of nosocomial salmonellosis;
d. immunoprophylaxis of population;
e. immunoprophylaxis o high risk group of infection.

448. Socio-economic factors that increase the morbidity by salmonellosis are:
a. broadening trade of animal products;
b. high number of localities with centralized water supply;
c. decrease in export and import of animal feed;
d. centralized food production;
e. activation of migration processes.

449. Causative agents of dysentery are:
a. Yersinia;
b. Salmonella;
c. Klebsiella;
d. Shigella;
e. E.coli.

450. Pathogenic agents of dysentery are:
a. Dysenteriae;
b. Enteritidis;
c. Flexneri;
d. Virhov;
e. Sonnei.

451. Most frequently pathogen of dysentery in Moldova is:
a. Dysenteriae;
b. Flexnery;
c. Sonnei;

d. Boydi;
e. Newkastl.

452. More pathogen agent is:
a. Sh. Boyd;
b. Sh.Flexneri;
c. Sh.Sonnei;
d. Sh.Dyzenteriae;
e. other types.

453. Transmission of Shigella is done by:
a. water;
b. habitual contact;
c. parenterally;
d. food;
e. through mechanical factors (flies).

454. Dysentery patient is most contagious in:
a. prodromal period;
b. clinical manifestations;
c. incubation;
d. recovery;
e. all of the mentioned above.

455. To confirm the diagnosis of dysentery are used the following laboratory diagnostic methods:
a. bacteriological investigations of faeces;
b. bacteriological investigations of urine and blood;
c. serological investigations;
d. bacterioscopia of faeces;
e. investigations of faeces to blood occult.

456. Hospitalization of patients with dysentery:
a. is compulsory;
b. is performed based on clinical indications;
c. is done based on epidemiological indications;
d. is not done;
e. is performed according to the patient's willingness.

457. Basic prophylactic measures in dysentery are:
a. detection and treatment of infection source;
b. interruption of transmission ways;
c. immunization of susceptible population group;
d. laboratory diagnosis;
e. health education.

458. The contemporary epidemic process in dysentery is characteristics of:
a. seasonal increase of morbidity;
b. all transmission ways are specific;
c. transmitted mostly by water;
d. transmission by habitual contact;
e. transmission by food.

459. Hospitalization of patient with Sh.sonnei is compulsory at the following persons:
a. engineer who lives in his own apartment;
b. a kindergarten nanny;
c. locksmith at the dairy production;
d. the employee providing services to population;
e. student at the Technical University.

460. Specific for food outbreaks of dysentery is:
a. aprevalence of severe and medium clinical forms;
b. the same pathogen is identified in patients and carriers;
c. contagious are mainly people contacted with the source of infection;
d. acute diarrheal disease are increased before the dysentery outbreaks;
e. outbreaks are registered more in children.

461. The correct statements for dysentery are:
a. S.boydi produce exotoxin;
b. serology is the basic in laboratory confirmation;
c. children are afected more frequently;
d. some recovered persons may be discharged without laboratory investigations;
e. there is no effective vaccine.

462. The correct statements for dysentery are:
a. discharge from the hospital can be done according to different schemes;
b. morbidity of Sh.Sonnei prevails in RM;
c. the pathogen is particularly resistant in the environment;
d. S.flexneri is transmitted primarily by water;
e. supervision of contact persons is 5 days.

463. The correct statements for dysentery are:
a. mechanism of transmission is realized by several ways;
b. morbidity is dependent on medical actions;
c. post infectious immunity has great practical importance;
d. types of pathogens form exotoxin;
e. patients are the source of infection from the11th-day of illness.

464. The correct statements for dysentery are:
a. it is a sapronosis;
b. it is widespread in the world;
c. there is no effective means of specific prophylaxis;
d. S.dyzenteriae produces exotoxin;
e. the contagious period start at the end of the first week, beginning of the second week of clinical manifestations.

465. The correct statements for dysentery are:
a. Sh.sonnei is transmitted primarily by water;
b. sources of infection are carriers animals;
c. Sh.flexneri is the most pathogenic;
d. there is no effective vaccines;
e. seasonality is specific.

466. Persons supervised in dysentery are:
a. all children of age school;
b. children of kindergarten;
c. students;
d. catering staff;
e. all recovered persons regardless of profession age.

467. The correct statements for E.coli infection are:
a. sources of infection are domestic animals (sheep);
b. it is a antroponosis that affect children;
c. seasonality is specific;
d. incubation period is 1-10 days;
e. mechanism of transmission is the contact.

468. The correct statements for escherichiosis are:
a. the pathogen is a microorganism of the genus E. coli;
b. antigenic structure is represented by three antigens: O, H, K;
c. the causative agent of escherichiosis is very sensitive to the action of external factors of the environment;
d. source of infection may be the sick person or carrier;
e. basic anti-epidemic measures are directed to the source of pathogens.

469. Not correct statements for escherichiosis are:
a. the causative agent is Yersinia enterocolitica and pseudotuberculosis;
b. factors of transmission are unwashed vegetables and fruits;
c. transmission of infection occurs by contaminated hands of mothers and medical personnel during the child care and feeding;
d. patients are contagious during all the period of the diseas;
e. treatment of the carriers of E. coli is the basic measure to prevent the spreading.

470. Specific peculiarities for enterohaemorrhagic E.coli are:
a. sever evolution;
b. development of hemolitico-uremic syndrome;
c. development of pseudomembranous colitis;
d. subclinical evolution;
e. development of hemorrhagic colitis.

471. Hospitalization of patients with escherichiosis is performed to:
a. children of 0-14 years;
b. adults;
c. all patients;
d. persons working in food industry;
e. kindergarten children, orphanages and boarding schools.

472. Sources of pathogens in enteropathogenic E.coli are:
a. patient with typical form of the disease;
b. patient with rudimentary form of the disease;
c. carrier;
d. animal carrier;
e. sick animal.

473. The correct statements for enteropathogenic E.coli are:
a. the main way of transmission is by water;
b. the source of infection may be the carrier;
c. clinical manifestations vary depending on the type of pathogen;
d. most frequently are affected children up to 1 year;
e. enteropathogenic E. coli can cause clinical manifestations similar to cholera.

474. Pathogen agent of cholera is:
a. V. cholerae biovar Cholera (classical) serological group 01;
b. V. parahaemoliticus;
c. V. cholerae El Tor biovar serological group 01;
d. V. cholerae 01 0139 "Bengal";
e. NAG vibrion.

475. Water outbreaks with intestinal infections are characterized by:
a. territorial limit;
b. summer seasonality;
c. no seasonality;
d. manifestation of outbreaks with a single nosological form;
e. different sero-and biovariante of microorganisms.

768. The pathogen agent of Campylobacteriosis are:
a. Campylobacter jejuni;
b. Campylobacter pyloric;
c. Campylobacter coli;
d. Campylobacter freundii;
e. Campylobacter fetus.

477. The source of campylobacteriosis infection are:
a. hen eggs;
b. cattle;

c. rodents;
d. sick people and carriers;
e. contaminated water.

478. Ways of transmission in campylobacteriosis are:
a. by food;
b. transmissive;
c. parenteral;
d. by water;
e. habitual contact.

479. The mechanism of transmission of Polio virus are:
a. fecal-oral;
b. respiratory;
c. transmissive;
d. contact;
e. vertically.

480. Sources of polio infection are:
a. the person with asymptomatic form of the disease;
b. patients with symptomaticform of the disease;
c. patient with acute form of the disease;
d. the carrier;
e. patient with chronic form of the disease.

481. The mechanisms and ways of transmission specific for polio are:
a. fecal-oral;
b. airborne;
c. habitual contact;
d. transmissive;
e. vertically.

482. Enteroviruses are pathogens of:
a. polio;
b. Coxsackie A and B;
c. ECHO;
d. hepatitis A;
e. hepatitis C.

483. The correct statements for the infections caused by Coxsackie virus A and B are:
a. sources of infection may be sick and healthy people;
b. epidemic spreading is characteristic;
c. has a winter-spring seasonality;
d. no specific prophylaxis;
e. adults are affected more frequently.

484. The correct statements for botulism are:
a. it is a sapronosis;
b. terminal disinfection is required in outbreaks;
c. the patient is isolated according to epidemiological indications;
d. one of the prevention methods is thermal processing of food before using;
e. Cl.botulini does not change the organoleptic of the products.

485. The correct statements for poliomyelitis are:
a. there are 3 types of viruses;
b. in specific prophylaxis is using live ore inactivated vaccine;
c. infection is eradicated in the country;
d. emergency prophylaxis is performed with antibiotics;
e. paralytic forms predominate after the infection.

486. The correct statements for polio are:
a. the main source of infection is the sick with all clinical forms;
b. it is transmitted by two mechanisms: fecal-oral and respiratory;
c. incubation period is 3-14 days;
d. patients with mild paralytic forms are isolated for 20 days;
e. live attenuated and inactivated polio vaccine is used in immune-prophylaxis.

487. Basic preventive measures in legionellosis is:
a. immunoprophylaxis;
b. emergency prophylaxis with specific Ig;
c. isolation of contacts;
d. regular cleaning of air conditioning systems;
e. disinfection of water and shower facilities.

2.1.3. Match numbers and letters

488. Pathogen:
1. Sh.dysenteriae:
2. Sh.flexneri
3. Sh.sonnei
4. others types of Shigella

Virulence:
a. very low virulence;
b. low virulence;
c. virulent;
d. the most virulent.

489. Pathogen:
1. Sh.dysenteriae;
2. Sh.flexneri;
3. Sh.sonnei;
4. Other;

Disease severity:
a. mostly sever forms;
b. severe and medium forms;
c. midium forms of the disease;
d. mostly mild.

490. Pathogen:
1. Sh.dysenteriae;
2. Sh.flexneri;
3. Sh.sonnei.

Frequency of atypical forms:
a. Typical forms of disease;
b. atypical forms of disease;
c. Typical and atypical forms of disease.

491. Pathogen:
1. Sh.dysenteriae;
2. Sh.flexneri;
3. Sh.sonnei.

Possibility of chronicization:
a. with a higher frequency;
b. depending on the form of manifestation of the disease and the treatment;
c. there is no chronic forms.

492. Dysentery caused by:
1. Sh.dysenteriae:
2. Sh.flexneri
3. Sh.sonnei

Priority transmission ways:
a. habitual contact;
b. by food;
c. by water.

493. Dysentery infection with:
1. Sh.dysenteriae;
2. Sh.flexneri;
3. Sh.sonnei;

Frequency of registration in Moldova:
a. most frequently determined;
b. practically is not detected;
c. with lower frequency than specified in point a).

494. Dysentery infection with:
1. Sh.dysenteriae;
2. Sh.flexneri;
3. Sh.sonnei.

Seasonality:
a. classic summer-autumn seasonality;
b. outbreaks can be recorded every season;
c. seasonal increasing are poorly pronounced.

495. Typesof E.coli:
1. E. coli enteropathogens;
2. E. coli enteroinvazive;
3. E. coli enterotoxigenic.

Cause the infections:
a. is similar to dysentery in children and adults;
b. is similar to cholera frequently in children;
c. similar to enteritidis especially in early childhood.

496. Intestinal infection:
1. Dysentery,
2. typhoid fever;
3. Polio;
4. food poisoning.

Incubation period:
a. 6-25 days;
b. 1-6 days;
c. 6-48 hours;
d. 3-21 days.

497. Nosological form:
1. Dysentery;
2. typhoid fever;
3. polio;
4. rotaviral infection;

Contagious period:
a. from the 7-8 th day of illness;
b. throughout the period of clinical manifestations;
c. in the first hours of the contamination;
d. throughout the period of state, including recovery and carieriage.

498. Nosological form:
1. Dysentery;
2. paratyphoid fever;
3. polio;
4. escherichiosis;

Isolation mode:
a. hospitalization is compulsory;
b. isolation according to clinico-epidemiological indications in the hospital or at home.

2.2. Viral hepatitis

2.2.1. Simple choice

499. Maximum incubation period of HAV is:
a. 35 days;
b. 50 days;
c. 180 days.

500. Patient with HAV are contagious in period of:
a. incubation;
b. prodrome;
c. jaundice.

501. Medical surveillance of contact persons in hepatitis A focus is performed for:
a. 35 days;
b. 50 days;
c. 60 days.

502. The disinfection with the chloramines in outbreaks of hepatitis A needs to be performed with solution of:
a. 0.1%;
b. 3%;
c. 5%.

503. More frequently are affected by HAV in Moldova:
a. children;
b. adults;
c. elderly people.

504. Patient with HVA are more contagious in:
a. incubation and prodromal period;
b. prodromal and clinical manifestations;
c. clinical manifestations and recovery.

505. The most affected age group in HAV are:
a. first year children;
b. 4 - 15 year children;
c. teenagers and adults.

506. Multiannual periodicity of acute viral hepatitis is specific for:
a. HAV;
b. HBV and HDV;
c. HCV.

507. Eruptive manifestations of epidemic process of viral hepatitis is specific for:
a. HBV;
b. HBV and HDV;
c. HAV.

508. The vertical mechanism of transmission of viral hepatitis is not specific for:
a. HDV;
b. HAV;
c. HCV.

509. Evolution of viral hepatitis in chronic form is not specific for:
a. HAV;
b. HBV;
c. HCV.

510. Viral hepatitis that affect more 4-15 year children are:
a. HAV;
b. HBV;
c. HEV and HCV.

511. HAV virus contains:
a. one antigen;
b. two antigens;
c. three antigens.

512. Autumn-winter seasonality is specific for:
a. HAV;
b. HBV;
c. HCV.

513. Outbreaks of HAV occur frequently after transmission by:
a. food;
b. water;
c. habitual contact.

514. Medical surveillance of contact persons in hepatitis A focus is performed during:
a. the maximum incubation period;
b. 21 days;
c. 35 days.

515. The fecal-oral mechanism is specific for:
a. HAV and HEV;
b. HCV;
c. HBV and HDV.

516. Fecal-oral mechanism is specific for hepatitis:
a. C, D;
b. A, E;
c. B, E.

517. Transmission by water is crucial for:
a. Salmonella;
b. shigella;
c. HAV.

518. Main source of HBV infection is:
a. patient with chronic form;
b. patient with acute form;
c. carrier.

519. The characteristic ways of transmission of HBV are:
a. natural and artificial;
b. only natural;
c. only artificial.

520. The incubation period of HBV is:
a. 15-50 days;
b. 60 - 180 days;
c. 120-180 days.

521. Patient with HBV is contagious:
a. only during the incubation and prodromal period;
b. only during clinical manifestations;
c. from incubation period till the recovery.

522. The correct statement for HBV is:
a. there is no specific prophylaxis;
b. the main source of infection is the sick man;
c. duration of infectiousness of the source can be very high.

523. High risk age group for HBV are:
a. children;
b. young people;
c. elderly people.

524. The criterion for vaccinationation against HBV is:
a. anti-HBs;
b. anti-HBc summary;
c. no one of the mentioned above.

525. Vaccination against HBV is performed with:
a. one booster;
b. two boosters;
c. four boosters.

526. Supervision of children born from positive to HBsAg mothers needs to be done:
a. 3 months;
b. 6 months;
c. 12 months.

527. Basic anti-epidemic measures in HBV are directed to:
a. source of pathogens;
b. mechanism of transmission;
c. receptive population.

528. Vaccination against HBV is performed at:
a. 0, 2, 4 and 6 months;
b. 0, 2 and 6 months;
c. 3, 4, 5 and 6 months.

529. People are in risk to develop HDV in case of:
a. HBs positive;
b. anti-HBs positive;
c. anti-HBc positive.

530. The main way of transmission of HCV is:
a. by water;
b. parenteral;
c. sexual contact.

531. Waterborne transmission is important for:
a. HDV;
b. HEV;
c. HBV.

532. The source of infection of HEV are:
a. patients with jaundice form of the disease;
b. patients with chronic forms of the disease;
c. patients without jaundice.

533. Fecalo-oral mechanism of transmission is the main mechanism in the following viral hepatitis:
a. HEV;
b. HCV;
c. HBV.

534. HAV virus belongs to the family:
a. Picornoviruse (Picornoviridae);
b. Rabdoviruse (Rhabdoviridae);
c. Hepadnoviruse (Hepadnaviridae).

535. Sources of infection in hepatitis B are people with persistent HBs antigenemie over:
a. 3 months;
b. 6 months;
c. a year.

536. Predominant way of transmission in HCV is:
a. natural (perinatal, horizontal, sexual);
b. artificial (nosocomial, habitual, intravenous administration of drugs);
c. both.

537. Perinatal transmission of HBV virus is most valuable in:
a. first trimester of pregnancy;
b. second trimester of pregnancy;
c. the third trimester of pregnancy.

538. HEV is not transmitted by:
a. water;
b. blood;
c. food.

539. The antibodies of acute HVC can be detected:
a. at least over 4-6 weeks after onset of illness;
b. already in the second week of the incubation period;
c. at the beginning of clinical manifestations.

540. Persons at risk for superinfection with HDV are:
a. persons with hepatitis B in anamnesis;
b. patients with chronic hepatitis B;
c. patients without hepatitis D or B in anamnesis.

541. Receptive for HDV coinfection are:
a. persons with HBs-antigenemie;
b. patients with acute or chronic hepatitis B;
c. all persons without hepatitis D and/or Bin anamnesis.

542.The highest rate of HVB infection in Moldova are persons of:
a. 20-29years old;
b. 30-39 years old;
c. persons over the 60 years old.

543. The epidemiological manifestations of viral hepatitis in Moldova are:
a. sporadic outbreaks;
b. epidemic spreading;
c. endemic spreading.

544. The highest morbidity with chronic hepatitis in Moldova is in:
a. the north country;
b. the center of the country;
c. the south.

545. The incubation period of HCV is:
a. 15-45 days;
b. 14 - 110 days;
c. 45 - 180 days.

546. Incubation period of HEV is:
a. 15-45 days;
b. 21-90 days;
c. 30-60 days.

547. The premonition phenomenon is specific for the following viral hepatitis:
a. HAV;
b. HBV;
c. HCV.

548. The seasonality is not specific for the following viral hepatitis:
a. HAV;
b. HBV;
c. HCV.

549. Hepatitis B virus is transmitted vertically:
a. during embryonic development;
b. during fetal development;
c. during birth.

550. The HbsAg appears in the blood of the patient with acute viral hepatitis:
a. at the first clinical signs of the disease;
b. during the clinical manifestation of the disease;
c. in incubation period.

551. Chronic carrier of the HbsAg is considered when antigenemia is:
a. till 3 months;
b. till 6 months;
c. more than 6 months.

552. Hepatitis B is not developed at people with high concentrations of:
a. anti-HBc;
b. anti-HBe;
c. anti-HBs.

553. Higher risk of infection with hepatitis B have:
a. medical personnel of operating rooms and nurse procedures;
b. staff from physical procedures;
c. staff from sterilization unit.

554. The measures to HBsAg-positive medical personnel, dealing with the collection and processing of donated blood are:
a. to allow the professional activity without restriction;
b. to transfer to the another job, avoiding contact with blood;
c. to provide with personal protective equipment and allow the professional activity.

555. The socio-economical impact of hepatitis C is determined by:
a. development of fulminant forms of infection;
b. prevalence of latent forms of the disease;
c. high probability of chronicization.

556. The incidence HDV correlates with the spreading of the following hepatitis:
a. A;
b. B;
c. C.

2.2.2. Multiple choice

557. The correct statements for HAV are:
a. it is caused by the enterovirus;
b. parenteral way of transmission is not excluded;
c. autumn-winter seasonality is characteristic;
d. 0-1 year children are most affected;
e. supervision after the contact persons is carried out during the maximum incubation period from the moment of isolation the source of pathogen agents.

558. The correct statements for HAV are:
a. age groups with high risk of contamination differ in different countries;
b. effective vaccine is developed already;
c. disinfection plays a palliative role;
d. the propfylaxis with imunoglobulin is not rationally to be administrated;
e. patient starts to be contagious at the appearance of jaundice.

559. Specific features for water-born outbreaks of HAV are:
a. the morbidity of acute diarrhea diseases is not increased;
b. a high number of people are affected;
c. contamination of kindergarten children prevails;
d. autumn-winter seasonality;
e. men are priority affected.

560. The ways of transmission of HAV are:
a. direct contact;
b. by food;
c. by water;
d. indirect contact;
e. habitual contact.

561. The source of infection in HAV is:
a. patient with rudimentary form;
b. patient with acute form;
c. recovery carriers;
d. immune carriers;
e. patients in the prodromal period.

562. Transmission by water is more specific for:
a. HAV;
b. escherichiosis;
c. HCV;
d. HDV;
e. HEV.

563. Factors of transmission in HBV are:
a. blood;
b. saliva;
c. water, food;
d. semen and vaginal secretions;
e. amniotic fluid.

564. The vaccines for viral hepatitis exist in medical practice for?
a. HAV;
b. HBV;
c. HBV and HDV;
d. HCV;
e. HEV.

565. The fluids with high concentration of HBV are:
a. blood;
b. sperm;
c. urine;
d. tears;
e. saliva.

566. The complex of prevention measures in HBV are:
a. to use the disposabale syringes;
b. qualitative sterilization;

c. vaccination of newborns;
d. investigation of the HBsAg carriers;
e. sanitary supervision of food departments.

567. The sources of pathogens in HBV are:
a. patients with acute forms of the disease;
b. chronically ill;
c. carriers;
d. patients with HDV;
e. anti-HBs recovered people.

568. Person with HBV is contagious in:
a. throughout the period of incubation;
b. prodromal period;
c. the period of clinical manifestations;
d. the period of recovery;
e. 40-50% of convalescents is releasing with antigenemie.

569. Patients with HCV are contagious in:
a. incubation period;
b. during the prodromal period;
c. during the clinical manifestations;
d. during the recovery;
e. there are not contagious after the clinical recovery.

570. The correct statements for HDV are:
a. the morbidity is significantly influenced by the vaccination in Moldova;
b. it is a antroponosis;
c. chronic forms are not characteristic;
d. medical personel are in high risk to infection;
e. the quality of sterilization of medical instruments does not affect the level of the morbidity.

571. The measures of prevention in HDV are:
a. vaccination against HDV;
b. to reduce the number of donors per recipient;
c. correct disinfection of instruments;

d. vaccination against HBV;
e. to test the donors blood at HBV.

572. The HDV is dangerous because of:
a. high lethality;
b. high rate of chronic forms;
c. high rate of liver cancer;
d. very short incubation period;
e. more often are affected children.

573. Receptive to HDV are:
a. healthy people who are not carriers of HBsAg;
b. patients with HAV;
c. patients with HBV;
d. HBsAg carriers;
e. HBeAg carriers.

574. The correct statements for HEV are:
a. the mechanism of transmission is parenteral;
b. young people are priority affected;
c. water outbreaks are characteristic;
d. worldwide spreadinf may occur;
e. prevention by vaccination is performed according to epidemiological indications.

575. The viral hepatitis with fecal-oral mechanism of transmission are:
a. HAV and HCV;
b. HAV and HEV;
c. HAV;
d. HEV;
e. HCV.

576. The viral hepatitis with the priority blood mechanism of transmission are:
a. HAV;
b. HBV and HCV;
c. HBV and HDV;
d. HDV;
e. HEV.

577. The possible ways of transmission of HAV are:
a. by water;
b. by blood;
c. by food;
d. habitual contact;
e. vertically.

578. The sources of pathogens in HAV are:
a. patients without jaundice;
b. convalescens;
c. patients in anti- jaundice period;
d. patients in the second period of clinical manifestations;
e. patients with asymptomatic forms.

579. The transmission ways of HBV are:
a. parenteral;
b. transmissive;
c. by water;
d. sexual contact;
e. vertical.

580. Parenteral way of transmission is specific for:
a. HAV;
b. HBV;
c. HCV;
d. HDV;
e. HEV.

581. The transmission mechanisms of HVB are:
a. contact;
b. vertical;
c. transmissive;
d. sexual contact;
e. parenterally.

582. The correct statements for HCV are:
a. parenteral way of transmission is the most common;
b. patients with acute forms are the main source of infection;
c. prevention by vaccination is one of the basic measure;

d. it is quite resistant pathogen in the environment;
e. results of serological investigations not always allow to do a conclusion about the risk.

583. The correct statements for HCV are:
a. HCV can cause a coinfection or superinfection only in the presence of HBV;
b. the mechanism and ways of transmission of HCV are similar to HBV;
c. artificial ways of transmission prevails in HCV;
d. HCV is widespread among IDUs;
e. the prognosis is moderately favorable, but with high mortality in pregnant women.

584. The correct statements for HBV are:
a. medical staff have a special place in the epidemic process;
b. the needle can contain up to 100 infectious doses of HB virus during a pricking;
c. minimal protective titre of antibodies after the vaccination is 1/10 mU.I. / ml;
d. live attenuated vaccine is using in immunoprophylaxis;
e. rate of chronicization is 95%.

585. The control measures of HBV infection are:
a. to supply with safe drinking water;
b. cleaning up the area;
c. proper organization of harmless decontamination and liquidation of medical instruments of multiple use;
d. protection of the skin and the mucous membranes of medical staff at the working place;
e. vaccination of infants, adults and medical staff that are in risk of contamination.

586. The sexual communicable disease group are:
a. HAV;
b. HBV;
c. HCV;
d. HDV;
e. HEV.

587. The sexual communicable disease group are:
a. HBV;
b. syphilis;
c. HIV/AIDS;
d. Herpes Zoster;
e. HEV.

588. The control measures of HBV infection are:
a. vaccination of newborns and risk group;
b. screening to HBsAg in blood, organs, tissues and donated sperm;
c. replace the multiple using instruments with disposable one;
d. the maximum reduction of blood transfusions;
e. to prohibit using the pharmaceutical preparations of blood.

589. The seasonality is specific for the following viral hepatitis:
a. HAV;
b. HBV;
c. HCV;
d. HEV;
e. HDV.

590. The capsule is not specific the following viral hepatitis:
a. HAV;
b. HBV;
c. HCV;
d. HDV;
e. HEV.

591. Patient with viral hepatitis A is:
a. not hospitalized;
b. compulsory hospitalized;
c. hospitalized according to clinical indications;
d. hospitalized according to epidemiological indications;
e. hospitalized according to clinical and epidemiological indications.

592. Measures directed to contact persons in HAVfocus are:
a. medical surveillance for 35 days;
b. daily thermometry to determine the size of the liver;

c. investigate to the IgM anti-HAV;
d. to investigate blood to the ALT activity;
e. investigate the blood to the ALT activity at the onset of the disease.

593. The hepatitis B virus is maintained as biological species by the following ways of transmission:
a. blood transfusion;
b. sexual contact;
c. parenteral;
d. intranatal;
e. habitual.

594. The markers of hepatitis B virus in anamnesis are:
a. HbsAg;
b. anti-HBc;
c. anti-HBs;
d. anti-HBe;
e. anti-HCV.

595. Socio-economic impact of HVB is determined by:
a. chronicization;
b. prevalence of asymptomatic and subtle forms of infection;
c. the development of primary liver cancer;
d. development of liver cirrhosis;
e. high lethality among newborns.

596. The intensity of the epidemic process in HVB is determined by:
a. the morbidity of acute HBV;
b. the spreading of the hepatocellular carcinoma;
c. reduced capacity to work due to the contamination;
d. high spreading of the HbsAg carriers, including other markers of hepatitis B among the population;
e. limited spreading of the morbidity due to liquidation of infection in some territories.

2.2.3. Match numbers with letters

597. Types of viral hepatitis:
1. HAV;
2. HVB;
3. HCV;
4. HDV;
5. HEV;

Epidemiological feature:
a. imposible to stat the infectious process in the absence of HBV;
b. transmission by blood transfusion is priority;
c. dramatic consequences among pregnant women;
d. exceptionally low dose of infection;
e. aging of infection is observed.

598. Types of viral hepatitis:
1. HAV;
2. HVB;
3. HCV;
4. HDV;
5. HEV.

Epidemiological feature:
a. high mortality among pregnant women;
b. high risk group are dentists, surgeons;
c. no chronicization;
d. the virus is acquired mainly by transfusion
e. vaccination is one of prophylactic measures.

599. Types of viral hepatitis:
1. HVA;
2. HBV;
3. HCV;
4. HDV;
5. HEV.

Chronic process:
a. is absent;
b. the risk to form the liver cancer is 40-60%;
c. depend on the acquired mode;
d. 5-10%;
e. it is missing, but is high mortality among pregnant women.

600. Types of viral hepatitis:
1) HAV;
2) HBV;
3) HCV;
4) HDV;
5) HEV.

Lethality rate:
a. high mortality among pregnant women;
b. 2-20%;
c. <0.5%;
d. 0.5-1%;
e. <2.0%.

601. Types of viral hepatitis:
1. HAV;
2. HBV;
3. HCV;
4. HDV;
5. HEV.

Incubation period:
a. 15-45 days;
b. 30-60 days;
c. 45-180 days;
d. 14-110 days;
e. 21-90 days.

602. Types of viral hepatitis:
1. HAV;
2. HBV;
3. HCV;
4. HDV;
5. HEV.

Mode of transmission:
a. predominantly is transmitted enterally;
b. predominantly is transmitted parenterally.

603. Types of viral hepatitis:
1) HAV,
2) HBV,
3) HCV;
4) HDV;
5) HEV.

Prognosis:
a. moderately favorable, but is unfavorable in case of coinfection;
b. moderately favorable, with high rate of chronicity;
c. in generally is favorable;
d. moderately favorable;
e. moderately favorable, but unfavorable in case of superinfection.

604. Ways of transmission of viral hepatitis are:
1. natural ways;
2. artificial means;

a. perinatal;
b. horizontal (usual direct contact);
c. sexual
d. nosocomial
e. habitual-communal (artificial vector: cosmetic kits, on-ry ¬ ces of teeth, towels etc.).
f. intravenous drugs.

605. Risk of transmission of HBV (estimated in%):
1. minimal risk;
2. 6%;
3. 67%;

Pregnancy periods (quarters):
a. first quarter;
b. second quarter;
c. the third quarter.

606. Viral hepatitis:
1. HAV;
2. HVB;
3. HIV/AIDS.

Type of vaccine:
a. plasmatic produced by genetic engineering method;
b. inactivated, live attenuated, genetic recombinant;
c. specific prophylaxis is not performed because there is no vaccine.

607. Viral hepatitis:
1. HAV;
2. HEV;
3. HVB;
4. HGV.

Type of postinfectious immunity:
a. stable long lasting immunity;
b. unstable short immunity;
c. is not sufficiently studied;
d. artificial active immunity.

608. Viral hepatitis
1. HAV;
2. HEV.

Groups with high risk of infection:
a. kindergarten and school children;
b. adult population regardless of the professional activity.

2.3. Respiratory infections

2.3.1. Simple choice

609. Autumn-winter seasonality in respiratory infections is determined by?
a. changes of communication conditions of population;
b. change of typical characteristics of pathogens;
c. lower immune stratus at the population.

610. Select anti-epidemic measures more efficient in respiratory infections:
a. early isolation of the source of pathogens;
b. disinfection in epidemic focus and crowded places;
c. immunoprophylaxis.

611. Periodicity in respiratory infections is caused by:
a. immune stratus of the population;
b. housing conditions;
c. type of transport.

612. Diphtheria toxoid leads to the formation of:
a. bacterial artificial immunity;
b. antitoxic artificial immunity
c. antibacterial and antitoxic immunity.

613. Compulsory isolation of patient in hospital is made in case of:
a. carrier of lizogene strains of C.diphteriae;
b. dysentery;
c. pertussis.

614. Less resistant in the environment is:
a. C.difteriae;
b. N.meningitidis;
c. St.haemoliticus.

615. The main source of pathogens in diphtheria is:
a. patient;
b. immune carrier;
c. convalescent carrier.

616. Protective titer of antibodies to diphtheria is:
a. 0.001 AU / ml;
b. 0.003 AU / ml;
c. 0.03 AU / ml.

617. Carriers of non toxigen C. diphtheriae in the actual period presents:
a. little epidemiological significance;
b. no epidemiological significance;
c. there are the main source of infection.

618. Medical supervision of contact person in diphtheria focus is performed during:
a. 3 days;
b. 7 days;
c. 14 days.

619. Patients with diphtheria are contagious:
a. up to 2 weeks;
b. few days till 4 months;
c. usually, up to 1 year.

620. Vaccination against diphtheria is performed with:
a. vaccine;
b. toxoid;
c. anatoxine.

621. Outbreaks of diphtheria is caused frequently by:
a. C. mitis;
b. C. gravis;
c. C. intermedius.

622. Healthy carriers of toxigen corinebateriae need to be:
a. isolated at home;
b. outpatient treatment;
c. isolated in hospital.

623. Chemical disinfection in outbreaks of diphtheria:
a. is necessary;
b. is not required;
c. shall be performe after epidemiological indications.

624. Diphtheria presents major risk for:
a. children;
b. adults from the service area;
c. unvaccinated persons.

625. Incubation period in diphtheria is:
a. 1-2 days;
b. 2-10 days;
c. 21 days.

626. Smallpox virus is characteristic of:
a. low viability in the environment;
b. high resistance in the environment;
c. sensitivity to antibiotics.

627. Maintaining of the epidemic process in diphtheria during the period of sporadic morbidity is the result of:
a. patients with typical forms of diphtheria;
b. convalescents people;
c. carriers of toxigen corinebateriae.

628. Clinical manifestations of diphtheria occur at people with:
a. low antitoxic immunity;
b. low antimicrobial immunity;
c. high level of antitoxic immunity.

629. Carriage of toxigen corinobacteriae is determined by:
a. antitoxic immunity without antimicrobial immunity;
b. antimicrobial immunity without antitoxic immunity;
c. low protective antitoxic immunity.

630. Resistance of the C.diphtheriae in the environment is:
a. weak resistance;
b. medium resistance;
c. high resistance.

631. Terminal disinfection in diphtheria focus is made by:
a. patient's family members;
b. district nurse;
c. disinfection staff .

632. The necessity of immunization in diphtheria is determined by:
a. high level of morbidity;
b. high level of lethality;
c. high level of infectiousness.

633. The source of pathogens in Smallpox is:
a. sick man with sever forms;
b. sick man with asymptomatic forms;
c. carrier of the virus.

634. Vaccination against smallpox is made with:
a. inactivated vaccine;
b. live attenuated vaccine;
c. chemical vaccine.

635. Administration of smallpox vaccine is:
a. intracutaneous;
b. cutaneous;
c. intramuscularly.

636. Duration of immunity after vaccination against smallpox is:
a. lifelong;
b. 3 years;
c. 10 years.

637. Source of pathogens in whooping cough is:
a. sick man with typical form of the disease;
b. recovery person;
c. carrier of pathogen.

638. Patient with whooping cough is contagious:
a. last few days of incubation;
b. catarrhal period;
c. convalescence.

639 Whooping cough is more common among children:
a. up to 2 years;
b. 3-6 years;
c. adolescents.

640. Vaccination against whooping cough is:
a. performed according to the epidemiological indications;
b. planned;
c. not performed.
641. The main source of whooping cough infection is:
a. patient with asymptomatic forms;
b. patients with symptomatic forms;
c. carrier.

642. The most effective anti-epidemic measures in Whooping cough is:
a. terminal disinfection;
b. treatment of the patient;
c. precocious detection and isolation of the patient.

643. Incubation period for whooping cough is:
a. 3-14 days;
b. 7-21 days;
c. 14 to 28 days.

644. Basic measure of prophylaxis of Whooping cough is:
a. detection and isolating of the source of pathogens;
b. disinfection;
c. immunoprphylaxis.

645. Vaccination against whooping cough is carried out with:
a. live vaccine;
b. toxoid;
c. corpuscular inactivated vaccine.

646. Manifestations of epidemic process in whooping cough are characterized by:
a. no seasonality;
b. presence of the seasonality;
c. high incidence.

647. Whooping cough is spread by:
a. solid aerosols (contaminated dust);
b. air;
c. habitual contact.

648. Most effective method of laboratory diagnosis of Whooping cough is:
a. bacteriological method;
b. bacterioscopic method;
c. PCR.

649. Diagnosis of whooping cough is confirmed based on:
a. clinical status;
b. the results of bacteriological investigations;
c. epidemiological history.

650. Vaccination against Whooping cough is performed to children:
a. up to 2 months;
b. up to 3 years;
c. 5 years old.

651. Emergency prophylaxis of whooping cough is performed with:
a. DTP;
b. bacteriophages;
c. immunoglobuline.

652. Group wit high risk of contamination with whooping cough are:
a. children of 2-3 years old;
b. children up to 1 year old;
c. students.

653. Patient with Rubella are contagious:
a. 4 days before the appearance of the rash on the body and four days after;
b. 7 days before the appearance of the rash on the body and 7 days after;
c. during the appearance of the rash on the body and till its involution.

654. Patient with rubella are contagous:
a. 7 days;
b. 14 days;
c. 21 days.

655. Correct answer for rubella is:
a. tends to become chronic;
b. vaccination is not performed;
c. may lead to genetic defects in chilldren.

656. Incubation period in measles is:
a. 2-3 days;
b. 9-15 days;
c. 17 to 21 days.

657. Immunity after rubella is:
a. short-term;
b. long-term;
c. lifelong.

658. Most common congenital syndrome in rubella affect:
a. heart, hearing and sight organs;
b. osteo-muscular system;
c. skin.

659. Frequency of congenital malformations in rubella is high in:
a. first trimester of pregnancy;
b. second quarter of pregnancy;
c. third quarter of pregnancy.

660. Rate of cases with congenital rubella syndrome is around:
a. 0.13%;
b. 5%;
c. 20-30%.

661. Pathogen of rubella is:
a. togavirus;
b. paramyxovirus;
c. mixovirus.

662. Resistance of measles pathogen in the environment is:
a. high;
b. average;
c. low.

663. Higher infectiousness is characteristic of:
a. measles;
b. diphtheria;
c. tuberculosis.

664. Higher infectiousness is characteristic of:
a. diphtheria;
b. chickenpox;
c. scarlet fever.

665. Patient with measles are contagious:
a. 4 days before the rash appears on the body and four days after;
b. 7 days before the rash appears on the body and 7 days after;
c. when the rash appears on the body and till their involution.

666. Patients with measles are contagious:
a. 4-5 days;
b. 8-9 days;
c. up to 21 days.

667. Source of infection in measles is:
a. carrier;
b. patient in convalescence;
c. patient in prodromal period.

668. Emergency prophylaxis of measles is performed with:
a. toxoid;
b. immunoglobulin;
c. inactivated vaccine.

669. Measles vaccines is:
a. toxoid;
b. live vaccine;
c. chemical vaccine.

670. Chemical disinfection in measles outbreaks is:
a. not made;
b. required;
c. required only after epidemiological indications.

671. Sick with measles may serve as a source of pathogens:
a. in prodromal period;
b. during reconvalescence;
c. 4 days before the onset of illness.

672. Pathogen of measles is transmitted by:
a. airborne route;
b. secondary aerosol (dust);
c. habitual route.

673. Is it necessary to do medical surveillance of the convalescence with measles?
a. yes;
b. no;
c. only in certain conditions.

674. Children born from seronegative mother for measles are vaccinated at:
a. 8 months;
b. 12 months;
c. vaccination is not indicated.

675. Whom of contact children in measles focus require medica surveiilance:
a. children vaccinated with measles vaccine;
b. children suffered already of measles;
c. children who are not vaccinated and have never suffered of measles.

676. Isolation measure in measles outbreak in kindergarten will be performed to:
a. child of 7 years old, who previously surferd of measles;
b. child of 5years old, who did not get measles, but is vaccinated at the 18 months;
c. child of 3 years old who did not get measles/or vaccination.

677. Hospitalization of patients with mumps is performed:
a. in all cases of the disease;
b. after clinical and epidemiological indications;
c. only after epidemiological indications.

678. Main preventive measures in mumps is:
a. early detection and isolation of the patient;
b. restriction measures in communities;
c. immunoprophylaxis.

679. Planned vaccination against mumps is carried out according to schedule:
a. 12 months;
b. 3 months;
c. 22-24 months.

680. Vaccine coverage in mumps has to be at age of 2 years old minimal:
a. 95%;
b. 98%;
c. up to 95%.

681. Incubation period in mumps is:
a. 7-12 days;
b. 12 to 26 days;
c. 4 to 16 days.

682 Specific prophylaxis of mumps is performed with:
a. live vaccine;
b. inactivated vaccine;
c. chemical vaccine.

683. Source of pathogens in mumps is:
a. sick man;
b. carrier;
c. covalescence.

684. A patient with mumps may be isolated at home for:
a. 4 days;
b. 6 days;
c. 9 days.

685. Vaccination against mumps is performed at the age of:
a. 3 months;
b. 9 months;
c. 12 months.

686. Pandemic spread is typical for:
a. the flu;
b. measles;
c. varicella.

687. Patient with mumps is contagious in:
a. incubation period;
b. last 1-2 days of incubation period and clinical manifestations;
c. convalescence period.

688. Hospitalization of patients with mumps is:
a. compulsory in all cases;
b. according to clinical indications;
c. according to clinical and epidemiological indications.

689. Vaccination against influenza has effectiveness:
a. high;
b. low;
c. dependent on the antigenic structure of vaccine strains.

690. Prophylaxis of influenza is carried out with:
a. vaccine;
b. tetanus;
c. bacteriophage.

691. Incubation period in influenza is:
a. 1-3 days;
b. 3-5 days;
c. 6-7 days.

692. Pandemic's spread is characteristics of:
a. dysentery;
b. HAV;
c. flu.

693. Source of pathogens for influenza may be:
a. sick man;
b. carrier of virus;
c. domestic animals and wild birds.

694. Select means of prevention in influenza during pre-epidemic period:
a) immunoprophylaxis with influenza vaccine;
b) human leukocyte interferon;
c) remantadine.

695. Patients with flu have to be hospitalized:
a. compulsory;
b. according to clinical and epidemiological indications;
c. depending on the social status of the patient.

696. When is contagious the patient with chickenpox ?
a. last day of incubation period, all period of rash and until the 5th day of the last appearance of the rash;
b. incubation period;
c. until the scabs fall.

697. Most affected with chickenpox are:
a. children up to 6 months;
b. children from 6 months to 7 years;
c. adults.

698. Incubation period in chickenpox is:
a. 4-12 days;
b. 6-12 days;
c. 11 to 17 days.

699. Contagious are patients with:
a) leptospirosis;
b) ascaridosis;
c) chickenpox.

700. Terminal disinfection in outbreak of chickenpox is:
a. not performed;
b. shall be compulsory;
c. performed for patient hospitalized according to epidemiological indications.

701. Hospitalization of patients with chickenpox is performed:
a. according to clinical indications;
b. according to epidemiological indications;
c. according to clinical and epidemiological indications.

702. Specific prophylaxis of chickenpox is carried out with:
a. live attenuated vaccine;
b. specific immunoglobulin;
c. corpuscular inactivated vaccine.

703. Incubation period in adenoviral infection is:
a. 1-6 days;
b. 4-14 days;
c. 5-28 days.

704. Source of infection of adenoviral infection may be:
a. sick man, carrier;
b. domestic animals;
c. xenantrope animals.

705. Laboratory diagnosis of mononucleosis is based on investigation:
a. bacteriological;
b. virological;
c. serology.

706. Pathogen of mononucleosis is:
a. bacteria;
b. virus;
c. rikettsie.

707. Main sources of pathogens in mononucleosis are:
a. sick in the first days of illness;
b. patients during clinical manifestations;
c. patients throughout the period of illness and convalescence.

708. Incubation period in mononucleosis is:
a. 5-10 days;
b. 10-15 days;
c. 15-45 days.

709. Transmission way of meningococcus is:
a. airborne (primary aerosol);
b. secondary aerosol (contaminated dust);
c. habitual contact.

710. Patients with generalized form of meningococcal infection are high contagious in:
a. prodromal period;
b. during convalescence;
c. from the onset till the convalescence period.

711. Epidemic period caused by meningococcal meningitis pathogen is determined by:
a. A;
b. B;
c. C.

712. The resistance of Neiseria Meningitidis in the environment is:
a. low;
b. average;
c. high.

713. Contact persons in meningococcal meningitis focus have to be under medical supervision during:
a. 7 days;
b. 10 days;
c. 14 days.

714. The main source of pathogens in meningococcal infection are:
a. healthy carriers;
b. patients with meningitis;
c. convalescence carriers.

715. Incubation period in meningococcal infection is:
a. 1-2 days;
b. 2-10 days;
c. 14 days.

716. Vaccination against meningococcal infection is carried out:
a. planned;
b. before seasonal spread of meningitis;
c. according to epidemiological indications.

717. Meningococcal infection is:
a. anthroponosis with viral etiology;
b. anthroponosis with bacterial etiology;
c. zooanthroponosis with bacterial etiology.

718. Population group at high risk of contamunation with mononucleosis are:
a. children, who do not go to kindergarten;
b. primary school children and closed type of institutions (orphanages, boarding school, etc.).
c. adults.

719. Most common serogroups of meningococcal strains in epidemic eruptions are:
a. A, X, W $_{35;}$
b. B, C, Y;
c. A, B, C.

720. Isolation of patients with scarlet fever is performed during:
a. 3-6 days;
b. 7-12 days;
c. 24 days.

721. Contact person in scarlet fever focus has to be under medical surveillance during:
a. 3 days;
b. 7 days;
c. 12 days.

722. Pathogen of scarlet fever is:
a. Staphylococcus aureus;
b. Streptococcus pyogenes;
c. Staphylococcus epidermidis.

723. Chemical disinfection is performed in outbreaks of scarlet fever:
a. compulsory;
b. not performed;
c. performed after epidemiological indications.

724. Maximum incubation period of scarlet fever takes:
a. 3 days;
b. 7 days;
c. 12 days.

725. Tuberculosis in humans may be caused by:
a. M.tuberculosis;
b. M.bovis;
c. both of the mentioned above.

726. When is the patient with scarlet fever most contagious:
a. incubation period;
b. during clinical manifestations;
c. convalescence period.

727. When may convalescence children of scarlet fever, who go to the primary school or first two classes of school be admitted to institutions:
a. immediately after recovery;
b. after negative results of bacteriological examination to streptococi;
c. after 12 days of clinical recovery.

728. Sick with scarlet fever is discharged to home:
a. after 2 weeks of the onset of disease;
b. after clinical recovery, but not earlier than 10 days after initiation of thetreatment;
c. after clinical recovery and negative bacteriological result.

729. Disinfection is performed in scarlet fever outbreak by:
a. family members of the patient;
b. employees of disinfection service;
c. Personel of Center of Public Health.

730. If sick person of scarlet fever is hospitalized, contact persons will be supervised in focus during?
a. 17 days;
b. 7 days;
c. 12 days.

731. If the sick patient of scarlet fever is treated in home conditions, the deadlines of medical supervision of contact persons will be during?
a. 7 days;
b. 12 days;
c. 17 days.

732. Factor of transmission of tuberculosis is:
a. water;
b. fish;
c. meat.

733. BCG vaccine is introduced into the body:
a. subcutaneously;
b. intramuscularly;
c. intracutaneous.

734. Sources of pathogens in tuberculosis are:
a. man;
b. animals;
c. man and animals.

735. Positive Mantoux test may be at:
a. vaccinated person;
b. persons get tuberculosis;
c. both.

736. BCG revaccination of 100 children requires minimal:
a. 50 doses of vaccine;
b. 100 doses of vaccine;
c. 200 doses of vaccine.

737. BCG vaccination is carried out with:
a. toxoid;
b. corpuscular inactivated vaccine;
c. live attenuated vaccine.

738. Big role in prevention of tuberculosis plays among adults:
a. vaccinoprevention;
b. disinfection;
c. socio-hygienic and economical status.

739. Revaccination against tuberculosis:
a. is not carried out;
b. one revaccination is planned;
c. have to be 2 revaccinations.

740. Disinfection must be carried out in tuberculosis focus with:
a. 3% chloramaine solution;
b. 5% chloramaine solution;
c. 20% chloramaine solution.

741. Standard chemoprophylaxis of tuberculosis consists of daily administration of isoniazid in dose of:
a. 3 mg / kg / day for 2 months;
b. 5 mg / kg / day for 6 months;
c. 10 mg / kg / day for 12 months.

742. A focus with higher epidemiological risk is:
a. focus with continuously elimination of mycobacteria;
b. focus with formal and conditional elimination of mycobacteria;
c. focus with non abundente and periodicals elimination of mycobacteria.

743. Basic anti-epidemic measure in tuberculosis is:
a. disinfection;
b. imunoprevention;
c. isolation of the patient.

744. Which of clinical form of tuberculosis is contagious:
a. laryngeal tuberculosis;
b. pulmonary tuberculosis;
c. any form of extrapulmonary tuberculosis.

745. The most common diagnosis of tuberculosis is caused by:
a. Mycobacterium bovis;
b. Mycobacterium tuberculosis;
c. Mycobacterium africanum

746. Patient that get both AIDS and TB:
a. is not contagious;
b. may be contagious even before the formation of caverns and apparently normal result of radiological investigation;
c. coinfection / superinfection of AIDS/TB is not described.

747. Prevalence of tuberculosis is:
a. proportion of reactive people (positive tuberculin test) at 100% persons of a certain age;
b. number of positive persons at the bacteriological examination;
c. number of inpatients with TB during a calendar year.

748. Incubation period in tuberculosis may be defined as:
a. period of time between the contamination moment and the appearance of the cellular hypersensitivity phenomenon;
b. interval of time between contamination and addressing of patient after medical assistance;
c. interval of time between contamination and detection of pathogenic agents.

749. Microscopic examination of sputum in tuberculosis is considered positive effect (M +) if :
a. density of MTB in sputum is at least 50-100/ml;
b. density of MTB in sputum is at least 500-1000/ml;
c. density of MTB in sputum is at least 5000-10000/ml.

750. Tuberculin hypersensitivity in patients infected with TB appear with an interval of:
a. 2-3 days after contamination;
b. 1-2 weeks after contamination;
c. 4-6 weeks after contamination.

751. Diagnosis of tuberculosis is made on the bases of:
a. results of tuberculin skin test;
b. cultures isolated from clinical specimens MTB in localized tuberculosis;
c. subjective examination of the patient.

752. Tuberculin skin test:
a. provide diagnosis of latent tuberculosis infection with relative accurate;
b. allows to determine tuberculosis as a disease;
c. does not have clinical and epidemiological importance.

753. Collection of samples in tuberculosis is done in laboratory strictly sterile conditions in case of:
a. pulmonary tuberculosis;
b. extrapulmonary tuberculosis;
c. all cases of tuberculosis, regardless of the clinical form.

754. The most effective way to prevent TB infection is:
a. detection and treatment of cases of active pulmonary tuberculosis;
b. selective vaccination of newborns;
c. tuberculin testing of newborns.

2.3.2. Multiple choice

755. Infections caused by herpes viruses are:
a. chickenpox;
b. mononucleosis;
c. cytomegalovirus;
d. herpes disease;
e. rubella.

756. Morbidity of airborne infections is increased periodically as a result of:
a. immune stratus of the population;
b. migration processes;
c. natality;
d. habitual conditions;
e. gender structure of the population.

757. What types of epidemiological manifestations are characteristic of respiratory infections:
a. sporadic type of morbidity;
b. epidemic type of morbidity;
c. uniform morbidity over the years;
d. multiannual periodicity of morbidity;
e. seasonality in the cold season.

758. Correct statements for diphtheria are:
a. not all healthy carriers are hospitalized;
b. serum is administered only for the treatment;
c. vaccine is used for emergency prevention;
d. infection is characteristic only for children;
e. contagious period may takes up to several months.

759. Sick with diphtheria is contagious:
a. last day of the incubation period;
b. after appearance of first clinical signs;
c. throughout the clinical manifestations;
d. in period of convalescence;
e. after two weeks of clinical manifestations.

760. Correct statements for diphtheria are:
a. vaccination leads to the formation of passive antitoxic immunity;
b. revaccination is carried out till 40 years old;
c. protective titer of antibodies is 0.03 IU / ml;
d. main source of infection is immune carrier;
e. terminal disinfection in focus is strictly necessary.

761. Correct statements for diphtheria are:
a. it is an antroponozis;
b. protective's titer is 0,003 IU / ml;
c. main source of infection is immune carrier;
d. average incubation period is only a few hours;
e. imuoprophylaxis is performed with toxoid.

762. Ways of transmission in diphtheria are:
a. airborne by droplets;
b. airborne by dust;
c. by household items;
d. foodborne;
e. by vectors.

763. Correct statements for diphtheria are:
a. carrier is the main source of infection;
b. immunity is protective for many years after vaccination;
c. serum is used for emergency prevention of diphtheria;
d. receptivity is not dependent on age;
e. morbidity is determined by the quality of vaccination.

764. Bacteriological investigations in diphtheria are carried out according to the epidemiological indications to:
a. the population living in an area with a high morbidity;
b. the contact persons in the focus;
c. the contact persons who had contact with the carrier of toxigen strains;
d. the contact persons who had contact with the carrier of atoxigen strains;
e. the people with angina.

765. Bacteriological investigation to detect difteria pathogens is indicated to:
a. all patients with ORL diseases;
b. patients with angina;
c. patients with peritonsillar abscess;
d. patients with laryngotracheitis;
e. all patients discharged from the ORL department.

766. Sources of infection in diphtheria are:
a. sick in incubation period;
b. carrier of toxigen corynebacterium (immune carrier);
c. carrier of atoxigen corynebacterium;
d. convalescence carrier;
e. sick during the clinical manifestations.

767. Epidemic process in diphtheria in the territory with low collective antitoxic immunity is characterized by:
a. epidemic morbidity;
b. disease ris ecorded mostly in children;
c. sporadic morbidity;
d. prevalence of sever forms;
e. maintaining of crarirge of diphtheria corynebacteria.

768. Sources of infection in diphtheria are:
a. patient;
b. healthy carrier;
c. convalescence;
d. animal;
e. liquid aerosols.

769. Ways of transmission of diphtheria are:
a. habitual-contact;
b. transmissive;
c. waterborne ;
d. liquid aerosol;
e. foodborne.

770. Peculiarities of the epidemic process in diphtheria before vaccination period are:
a. high morbidity among children aged up to 10 years;
b. high morbidity in adults;
c. autumn-winter seasonality;
d. high morbidity among children in the first year of life;
e. periodicity of 10-15 years.

771. Cases of diphtheria have never been registered for the last four years in the city C. What could be the following actions?
a. to continue vaccination of risk groups;
b. to continue planned vaccination of the population;
c. to stop the vaccination;
d. to continue planned vaccination with the approval of the Ministry of Health;
e. to continue vaccination of the population without any changes in the vaccination schedule.

772. Bacteriological investigations in diphtheria are performed with the purpose of:
a. prophylaxis;
b. diagnosis;
c. epidemiological indications;
d. planned for 1-14 year children;
e. is not made.

773. To perform bacteriological investigation of patients with diphtheria the following samples are collected:
a. smear of nasal cavity;
b. smear of pharynx;
c. sputum;
d. urine;
e. faeces.

774. Transmission of Corynebacterium diphtheriae is possible by:
a. respiratory mechanism;
b. water;
c. habitual contact (toys, lingerie etc.).

d. by food (dairy products, creams etc.).
e. hematophagous insects.

775. Epidemiological features of diphtheria are:
a. causative agent is hemolytic streptococcus;
b. sources of infection are patients and carriers;
c. mechanism of transmission is fecal-oral;
d. winter seasonality;
e. it is a group of infections controlled by the vacination.

776. The correct statements for the meningococcal infection are:
a. the pathogen is resistant in the environment;
b. source of infection is patient with nasopharyngitis;
c. vaccination is carried out in a planned manner;
d. supervision of the contact persons have to be during 21 days;
e. bacteriological investigation is the main method of diagnosis.

777. Purulent meningitis is caused by:
a. Haemophylus influenzae;
b. Neiseria meningitidis;
c. ECHO virus;
d. Coxackie B virus;
e. Pneumococus pneumoniae.

778. Indicators of improving situation in meningococcal infections are:
a. low morbidity among adults and adolescents;
b. high rate of the morbidity in children under 2 years;
c. high focal index among children under 2 years;
d. high rate of rare meningococcal strains (group X, Y, Z, W-135 etc.).
e. high rate of meningococcal serogroup A, B and C.

779. Risk of contamination with meningococcal infection is determined primarily by:
a. ambient temperature;
b. distance from the source of pathogens;
c. duration of contact with the source of pathogens;
d. vaccination performed in advance;
e. time when person is addressed to the health assistance from the onset of the disease.

780. The correct statements for the meningococcal infection are:
a. main source of infection are carriers;
b. contact mechanism of transmission;
c. incubation period is 2-10 days;
d. bacteriological investigation is the main method of diagnosis of carriers and diseased persons;
e. immunoprophylaxis is the main planned prophylactic measure in Republic of Moldova.

781. Hospitalization is compulsory in meningococcal infection at the following patients:
a. patients with meningitis;
b. patients with nasopharynx;
c. patients with meningococcemia;
d. meningococcal carriers;
e. patients with meningoencephalitis.

782. Whom of the specialists mentioned bellow, carriers of meningococcus, will be removed from the work:
a. teacher from the kindergarten;
b. employee of the infectious diseases department;
c. professional school student;
d. employee of orphanages;
e. nurse of the retirement home.

783. To perform laboratory examination of meningococcal infection is necessary to collect:
a. urine;
b. cerebrospinal fluid;
c. mucus of the throat;
d. mucus from the nose;
e. blood.

784. Anti-epidemic measures performed to the contacts in meninogococal infection focus:
a. otorinolaringoscopic examination;
b. serological examination;
c. thermometery;

d. use of phages;
e. use of immunoglobulins.

785. At the actual period, manifestations of the epidemic process in meningococcal infection are:
a. periodic increasing of the morbidity (with intervals of 10 years or more);
b. autumn -winter seasonality;
c. winter-spring seasonality;
d. high morbidity among children;
e. immunopronophylaxis has the main role in the regulation of the epidemic process.

786. The correct statements for the whooping cough are:
a. vaccines are not efficiency;
b. mainly children of early age are affected;
c. isolation of sick is allowed at home;
d. all patients are isolated for a period of 20-25 days;
e. diseased persons are the main source of infection.

787. The correct statements for the whooping cough are:
a. immune carrier is the main source of whooping cough;
b. contamination occurs in result of direct contact with the source of infection;
c. incubation period is 1-6 days;
d. spring-summer seasonality;
e. there is one revaccination.

788. What measures will be performed in the whooping cough outbreak:
a. vaccination of the contacts;
b. current disinfection;
c. bacteriological examination of all members of the family;
d. terminal disinfection;
e. medical surveillance during the maximum incubation period.

789. The contemporary epidemic process in whooping cough is characterized by:
a. sporadic morbidity;
b. children are more affected;

c. increasing number of carriers;
d. prevalence of mild disease;
e. adults are more affected.

790. To perform bacteriological examination in whooping cough is necessary to collect:
a. mucus from the nose;
b. mucus from the oropharynx;
c. mucus from the throat;
d. drops of mucus during the cough;
e. blood of cubital vein.

791. The correct statements for the scarlet fever are:
a. it is a anthroponosis;
b. vaccination is not performed;
c. summer-autumn seasonality;
d. convalescence has epidemiological risk;
e. chemical disinfection is required.

792. Hospitalization of patient with scarlet fever:
a. is carried out according to clinical indications;
b. is carried out according to epidemiological indications;
c. is carried out according to clinical and epidemiological indications;
d. is not performed;
e. is not compulsory.

793. At the present stage, epidemic process in scarlet fever is characterized by:
a. autumn-winter seasonality;
b. seasonality is not characteristic;
c. more cases of the diseases are registered among children;
d. periodicity of morbidity in multiannual dynamic;
e. epidemic type of morbidity.

794. The polymorphism of clinical forms and epidemiological manifestations of streptococcus infection are results of:
a. heterogeneity of human population as response to pathogens;
b. inhomogeneity and flexibility of biological peculiarities of pathogens;

c. absolute receptivity to infection;
d. high activity of airborne mechanism of transmission of infection;
e. not uniform spreading of clinical forms of infection in different territories.

795. Primary prophylaxis of streptococcal infections is provided by:
a. sanitary-epidemiological institutions;
b. urology department;
c. rheumatologic dispensaries;
d. peadiatric and adults clinics;
e. health care units.

796. Scarlet fever is transmitted by the following ways:
a. transmissive;
b. habitual contact;
c. waterborne;
d. liquid aerosol;
e. foodborne.

797. High morbidity of scarlet fever is registered in:
a. summer;
b. autumn;
c. winter;
d. spring;
e. morbidity is uniform throughout the year.

798. Medical surveillance measures of contacts in scarlet fever focus are:
a. examination of the skin;
b. examination of the nasopharynx;
c. determination of the liver limits;
d. determination of diuresis;
e. thermometers.

799. Medical surveillance will be performed in scarlet fever focus to:
a. three years brother of the sick person who get scarlet fever;
b. the patient's mother who works at the dairy laboratory;
c. the father who is a surgeon;
d. 10 year sister with scarlet fever in anamnesis;
e. grandfather, employee at the water treatment station.

800. The correct statements for the tuberculosis are:
a. vaccination develop active immunity;
b. not all patients are contagious;
c. results of Mantoux test are assessed over 24 hours;
d. negative result of Mantoux test indicates no need to carry out the vaccination;
e. disinfection is performed with a 5% of chloramines solution in tuberculosis focus.

801. Contagiousness of tuberculosis is determined by:
a. the intensity of elimination of the pathogen;
b. the duration of eliminatation of mycobacteria;
c. the mycobacterial virulence;
d. the patient age;
e. the home conditions.

802. Intensity of elimination of of mycobacteria may be:
a. abundant;
b. continue;
c. formal;
d. not abundant;
e. conditional.

803. Sources of infection of Mycobacterium tuberculosis are:
a. catlle with tuberculosis;
b. patient with cavitary pulmonary TB;
c. patients with non treated TB and they are eliminating acidoalcoolo-resistant bacilli;
d. patients with chronic TB;
e. persons with latent TB.

804. Contamination with Mycobacterium bovis may occur:
a. after the contact with diseased animals;
b. after the consumption of raw milk or milk products;
c. mainly after damage of the muco-cutaneous barriers;
d. mainly from patients with extrapulmonary forms;
e. transmission among people is not registered.

805. Tuberculosis in humans may be caused by:
a. Mycobacterium bovis;
b. Y.pseudotuberculosis;
c. Mycobacterium tuberculosis;
d. Mycobacterium africanum;
e. Mycobacterium leprae.

806. Primary diagnosis of tuberculosis is based on:
a. isolation of MTB;
b. results of tuberculin skin test;
c. epidemiological data;
d. clinical signs;
e. paraclinical signs.

807. To achieve the combating of tuberculosis according to DOTS strategy, is necessary to initiate following measures:
a. to increase accessibility of patient to health services;
b. full inpatient treatment of all clinical forms of tuberculosis;
c. involvement of family doctors in patients monitoring;
d. to develop guidelines for patients;
e. to improve the organization of treatment centers.

808. The correct implementation of DOTS strategy results from:
a. detection of all cases of tuberculosis by tuberculine skin test performed among all population;
b. prevention of new cases of infection by treating of all contagious patients;
c. prevent the development of drug-resistant tuberculosis by the correct treatment;
d. success rate of the treatment will achieve 85% even in the poorest countries;
e. planned BCG vaccination of adult performed every five years.

809. DOTS strategy has the following key components:
a. government commitment to support the control activities in tuberculosis;
b. detection of tuberculosis by microscopic examination of sputum from symptomatic patients;

c. standardized directly observed treatment, lasting between 6 and 8 months;
d. patients have to be provided with apartment according to hygienic norms;
e. a standardized system of recording and reporting of cases to assess the treatment results for each patient and for all TB control program.

810. Basic measures to reduce the nosocomial transmission of tuberculosis are:
a. room of the patient with tuberculosis should be sunny and have effective ventilation;
b. patients with tuberculosis and AIDS may be hospitalized in the same room;
c. cases of tuberculosis (especially bacteriological confirmed) have to be separated from the other respiratory diseases;
d. adequate ventilation of bacteriological laboratories, places where is carried the investigation of MTB cultures and spaces where sputum is collected or carried out bronhoscopies;
e. on admission, tuberculin test of patients is peformed indeferent of diagnostic.

811. Adenoviral infection is spread by:
a. respiratory mechanism;
b. fecal-oral mechanism;
c. contact mechanism;
d. parenteral;
e. food.

812. The correct statements for the adenoviral infection are:
a. sick man or carrier is the source of infection;
b. virus is eliminated with the faeces from the first days of illness up to 3 weeks;
c. transmission may be by fecal-oral mechanism;
d. prophylaxis is performed by using live attenuated vaccine;
e. bacteriological investigation is the main method of diagnosis.

813. The false statements for the adenoviral infection are:
a. it is a intestinal infection;
b. factors of transmission are meat and milk;

c. autumn-winter seasonality;
d. incubation period is 4-14 days;
e. methods of prevention are similar to those of flu.

814. The correct statements for chickenpox are:
a. it is a anthroponosis;
b. mechanism of transmission is fecal-oral;
c. complications can be very severe;
d. morbidity is not controlled by vaccination in RM;
e. patient is contagious during the prodrome period.

815. The epidemic process in chickenpox is characterized by:
a. epidemic type of morbidity;
b. sporadic type of morbidity;
c. pronounced seasonality of the morbidity;
d. morbidity is high among children who are not going to the children institutions ;
e. morbidity is high among children who are going to the children institutions.

816. The correct statements for the chickenpox are:
a. virus is not resistant in the environment;
b. it is transmitted by airborne droplets;
c. it is transmitted by airborne dust particles;
d. it is transmitted by habitualcontact;
e. it is transmitted transplacental.

817. Chickenpox may be transmitted by:
a. liquid aerosol;
b. solid aerosol;
c. transplacental;
d. transmissive;
e. habitual contact.

818. Source of pathogens in chickenpox can be patient with:
a. chickenpox;
b. herpes zoster;
c. herpes infection;

d. infectious mononucleosis;
e. cytomegalovirus.

819. Patients with chickenpox are contagious:
a. in the period of convalescence;
b. when the last crust fall;
c. in the last day of incubation;
d. till 5th day after the last appearance of the eruptions;
e. during rashes developing on the body.

820. Cytomegalovirus is characterized by:
a. monoorganotropism;
b. teratogenicity;
c. immunosuppression influence;
d. thermolability;
e. antigenic variability.

821. Cytomegalovirus infection is characterized by:
a. wide spreading;
b. periodicity;
c. seasonality;
d. seroconversion is spreading without any professional features;
e. frequency of infection is dependence of age.

822. In present conditions the following features are characteristic for the measles:
a. significant reduction of the morbidity;
b. multiannual periodicity is not common;
c. multiannual periodicity is common;
d. no seasonality;
e. presence of the foci mostly with 1-3 cases.

823. The correct statements for the measles are:
a. it is less resistant pathogen in the environment;
b. the contagiosness of patient is throughout the clinical manifestations;
c. laboratory diagnosis is based on bacteriological investigations;
d. the incubation period may last till 21 days in some cases;
e. vaccination is made with live attenuated vaccine.

824. The correct statements for the measles are:
a. it is caused by a rabdovirus;
b. chronic forms are not characteristic;
c. the patient is contagious before the clinical signs;
d. supervision of the contact persons shall be 14 days;
e. chemical disinfection is not required.

825. The correct statements for the measles are:
a. morbidity is dependence on vaccination;
b. patient is contagious in prodromal period;
c. carriers are a secondary source of infection;
d. the pathogen is better preserved at low temperatures;
e. chemical disinfection is required.

826. Hospitalization of patients with measles:
a. is performed according to epidemiological indications;
b. is performed according to clinical indications;
c. is compulsory;
d. is not performed;
e. is performed according to clinical and epidemiological indications.

827. Measles pathogen is transmitted:
a. airborne by droplets;
b. airborne by dust;
c. by the habitual contact;
d. by the fecal oral mechanism;
e. transplacental.

828. The correct statements for the measles are:
a. carrier is one of the main sources of infection;
b. source of infection is contagious only 8-9 days;
c. vaccination is made with corpuscular inactivated vaccine;
d. the disinfection is carried out with 1% cloramines solution in focus;
e. only in some cases immunoglobulin is indicated for emergency prophylaxis.

829. The correct statements for the measles are:
a. infection is under the control;
b. contagious period starts during the incubating of the disease;

c. carriers of measles are the source of pathogens;
d. incubation period is 8-17-21 days;
e. terminal disinfection is not performed in outbreak.

830. Patient with measles is contagious in:
a. the onset of the incubation period;
b. the last 2 days of the incubation period;
c. eruptions;
d. prodrome;
e. the period of convalescence.

831. Measles immunoglobulin will be administrated in case of:
a. planned vaccination;
b. revaccination of seronegative persons;
c. contact children in measles focus;
d. treatment of patients with measles;
e. persons allergic to neomycin.

832. Emergency prevention of measles in outbreak:
a. is not made;
b. is performed with live measles vaccine;
c. is carried out with measles immunoglobulin;
d. is performed with live vaccine or measles immunoglobulin;
e. is carried out with antibiotics.

833. Sources of pathogens of rubella are:
a. patient with manifest forms;
b. patient with asymptomatic forms;
c. carrier;
d. recovery;
e. children with congenital rubella syndrome.

834. Sources of pathogens in mumps are:
a. patient with typical form of the disease;
b. patient with atypical form of the disease;
c. patient with unapparent forms of the disease;
d. reconvalescence;
e. carriers.

835. Patient with mumps is contagious:
a. throughout the period of incubation;
b. in the last 1-2 days of incubation period;
c. during the clinical manifestation of the disease;
d. in the period of convalescence;
e. in the prodromal period.

836. The correct statements for the mumps are:
a. the patient is isolated after the onset of illness for a period of 9 days;
b. vaccination is performed according to epidemiological indications;
c. pathogen is resistant in the environment;
d. vaccination is carried out in a planned manner;
e. contact person needs to be monitored for 12 days.

837. Sources of pathogens in mumps are:
a. the patient with clinical manifestations;
b. the person with asymptomatic forms
c. the patient with chronic mumps;
d. the patient with unapparent form;
e. carriers.

838. Select the possible ways of contamination with mumps:
a. by habitual objects contaminated by the diseased person;
b. contaminated toys with children saliva;
c. transplacental;
d. by kisses;
e. by food.

839. Diagnosis of numps is determined according to:
a. epidemiological anamnesis;
b. the clinical picture;
c. the results of laboratory examinations of urine and blood;
d. the virological examination;
e. the bacteriological examination.

840. Immunoprophylaxis in mumps has the following impact:
a. reduce morbidity among children;
b. reduce the complications;

c. reduce inpatients;
d. liquidate disease among adults;
e. maintain the morbidity among children.

841. The causative agent of mumps belongs to the group:
a. paramyxovirus;
b. adenoviruses;
c. reovirus;
d. retroviruses;
e. herpeviruses.

842. From the infection moment, patient with mumps is contagious no more than:
a. 2 days;
b. 4 days;
c. 6 days;
d. 8 days;
e. 10 days.

843. The most effective measures to prevent mumps are:
a. sanitary and hygiene;
b. isolation;
c. regime and restrictions;
d. vaccination of children with live attenuated vaccine;
e. there are no effective measures.

844. Immunity to mumps after natural infection lasts:
a. up to 1 year;
b. up to 2 years;
c. up to 3 years;
d. up to 5 years;
e. long-term and and it is stable.

845. After the contact, mumps vaccine is administrated to children who were not infected and were not imunized in the term of:
a. 24 hours;
b. 36 hours;
c. 48 hours;

d. 72 hours;
e. 96 hours.

846. Immunization against mumps is performed in Moldova:
a. at 12-15 months and 6 years;
b. at 15-18 months
c. at 15-18 months and 6 years;
d. at 12-15 months;
e. in 12-15 months and 7 years.

847. Sources of the pathogen of mumps are:
a. immune carriers;
b. patients with typical forms of the disease;
c. patients with atypical forms of the disease;
d. patients with asymptomatic disease;
e. convalescence.

848. Anti-epidemic measures carried out to vaccinated contact children in mumps focus are:
a. medical surveillance during 21 days;
b. thermometers 2 times a day;
c. exclusion from the children institutions at the 8th and 21th day;
d. children are not excluded from the institutions;
e. exclusion from the children institutions at the 11th and till 21st day;

849. Anti-epidemic measures carried out to unvaccinated contact children in mumps focus are:
a. medical surveillance during 21 days;
b. thermometers 2 times a day;
c. exclusion from the children institutions at the 8th and 21th day;
d. exclusion from the children institutions at the 11th and till 21st day;
e. immunoprophylaxis.

850. The correct statements for the herpes infection are:
a. it is caused by several types of viruses;
b. relapses occur, usually due to the presence of a high titer of antibodies;
c. has 3 mechanisms of transmission;

d. vaccine is used for the treatment;
e. sick man is not contagious.

851. The correct statements for the mononucleosis are:
a. it is a virus;
b. it is registered among young people;
c. the incubation period is 15-45 days;
d. serological reactions are the criterion for diagnosis;
e. prophylaxis with immunoglobulin is indicated for contact persons.

852. Sources of infection in mononucleosis are:
a. patients with manifested forms of infection;
b. patients with subtle forms of the disease;
c. convalescence carriers;
d. healthy carriers;
e. persons infected with any of the viruses of the Herpesviridae family.

853. Mononucleosis pathogen is transmitted by:
a. liquid aerosol;
b. solid aerosol;
c. sexual;
d. habitual contact;
e. intranatal.

854. Currently mononucleosis is caractherized by:
a. wildworld spreading;
b. sporadic morbidity;
c. high morbidity in autumn seasonality;
d. mostly morbidity is registered among children up to 7 years;
e. mostly morbidity is registered among adolescents.

855. Anti-epidemic measures carried out in mononucleosis focus are:
a. hospitalization according to clinical indications;
b. current and terminal disinfection is required;
c. medical surveillance of the contacts is performed during 20 days;
d. quarantine is performed in the focus;
e. quarantine is not performed.

856. The correct statements for the flu are:
a. pandemic spreading is regular;
b. specific type of virus is typical for a certain territory;
c. social and economic losses are not significant;
d. sequelae can be dramatic;
e. patients are the primary source of infection.

857. What is necessary to perform during the epidemic influenza in medical institutions?
a. to move working week to 7 days;
b. to reprofile gradual the stationary;
c. to vaccinate medical personnel;
d. to increase the number of health workers in the department;
e. to give imunoglobuline as prophylaxis to patients at the initial stage of the disease.

858. The correct statements for the influenza are:
a. most variable virus is type A influenza;
b. virus type C is the most stable antigen;
c. the mechanism of transmission is contact;
d. interferon is used for emergency prophylaxis;
e. route of transmission is direct contact.

859. The correct statements for the influenza are:
a. the sporadic spread prevails;
b. periodicity is not characteristic;
c. the patient is secondary source of infection;
d. periodic increasing of the morbidity is characteristic;
e. children are most affected.

860. The vaccination of flu is rational to be done to the risk groups:
a. children up to 3 years;
b. 3 year children that attend kindergarten;
c. elderly persons;
d. persons with chronic diseases;
e. only to people from the service sector.

861. Transmission ways of the influenza virus:
a. airborne by dust;
b. airborne by droplets;
c. indirect contact;
d. foodborne;
e. waterborne.

862. Influenza is prevented by using:
a. immune serum;
b. vaccine;
c. antibiotics;
d. interferon;
e. remantadine.

863. Epidemic process in flu is characteristic of:
a. sporadic morbidity;
b. epidemic and pandemic morbidity;
c. seasonality;
d. morbidity is higher in rural population;
e. periodicity of morbidity in multiannual dynamics.

864. To prevent influenza is given during the epidemic period:
a. vaccine;
b. dibasol;
c. remantadine;
d. human leukocyte interferon;
e. immunoglobulin.

865. To prevent influenza at the contact people is given:
a. inactivated vaccine;
b. interferon;
c. immunoglobulin;
d. oxolinic ointment;
e. antibiotics.

866. Epidemiological peculiarities of parainfluenza are:
a. the morbidity is sporadic during the antiepidemic period;
b. epidemic outbreaks;
c. autumn-winter seasonality ;

d. children are more affected;
e. high resistance of the pathogen to high temperature.

2.3.3. Match numbers with letters

867. Nosological form:
1. diphtheria;
2. pertussis;
3. measles.

Source of infection:
a. person with asymptomatic form;
b. sick man;
c. healthy carrier (immune).

868. Nosological form:
1. HBV;
2. HAV;
3. diphtheria;
4. flu.

The main source of infection:
a. sick;
b. patients with manifest mild forms;
c. carriers;
d. immune carriers.

869. Nosological form:
1. chickenpox;
2. diphtheria;
3. typhoid fever;
4. dysentery.

The main source of infection:
a. convalescence carrier;
b. healthy carrier;
c. patient with subtle forms;
d. sick.

870. Nosological form:
1. measles;
2. scarlet fever;
3. dysentery.

Periodicity of morbidity in multiannual dynamics
a. 10-12 years;
b. 3-5 years;
c. 4-6 years.

871. Nosological form:
1. dysentery;
2. HAV;
3. scarlet fever;
4. measles.

Seasonality:
a. autumn-winter;
b. summer-autumn;
c. spring-summer;
d. winter-spring.

872. Nosological form:
1. HBV,
2. typhoid fever
3. cholera
4. measles

Antigenic structure of the pathogen:
a. O, H, Vi;
b. H, O;
c. stable;
d. HBsAg, HBcAg, HBeAg, HBcorAg

873. Nosological form:
1) HAV;
2) HBV;
3) whooping cough;
4) measles.

Risk age group:
a. <12 months;
b. 12 months;
c. 15-29.
d. 4-28 years;

874. Nosological form:
1. dysentery;
2. typhoid fever,
3. HAV;
4. measles.

Duration of supervision of contact persons:
a. 35 days;
b. 21 to 25 days;
c. 17 to 21 days;
d. 6 days.

875. Nosological form:
1. dysentery;
2. hepatitis A;
3. whooping cough;
4. measles.

Incubation period:
a. 7-14 days;
b. 8-17 days;
c. 14-50 days;
d. 1-6 days.

876. Nosological form:
1. dysentery;
2. polio;
3. cholera;
4. measles.

Incubation period:
a. 1-6 days;
b. 3-21 days;
c. few hours - 5 days;
d. 8-17 days.

877. Nosological form:
1. Diphtheria;
2. HAV;
3. typhoid fever.

The main source of infection:
a. immune carriers;
b. patients with asymptomatic forms;
c. convalescence carriers.

878. Nosological form:
1. typhoid fever;
2. measles;
3. HAV;
4. Dysentery.

The main source of infection:
a. chronic carriers;
b. sick man;
c. patients in prodromal period;
d. acute patients.

879. Nosological form:
1. dysentery;
2. HAV;
3. HBV;
4. flu;
5. chickenpox.

Seasonality:
a. summer-autumn;
b. autumn and winter;
c. absent;
d. winter-spring;
e. winter.

880. Nosological form:
1. chickenpox;
2. measles;
3. acute diarrheal diseases;
4. HBV.

Age group:
a. 12 months;
b. 6 months - 7 years;
c. <12 months;
d. 15-29 years old.

881. Nosological form:
1. measles;
2. HAV;
3. typhoid fever;
4. diphtheria.

Period of contagiousness:
a. prodromal period and 4-5 days of clinical signs;
b. prodromal period and 7-14 days of clinical manifestation;
c. the end of the second week of the clinical manifestations;
d. from the first day of illness.

882. Nosological form:
1. botulism;
2. dysentery;
3. HEV;
4. tuberculosis;

The correct statement:
a. cellular immunity is the protective one;
b. predominant route of transmission is waterborne;
c. different types of pathogen is associated with specific food;
d. one type of pathogen produces exotoxin.

883. Nosological form:
1. smallpox;
2. typhoid fever;
3. HCV;
4. scarlet fever;

The correct statement is:
a. effective vaccine is developed;
b. most common source of pathogens is older women;
c. there is no effective vaccine;
d. contagiousness index is relatively low.

884. Infection and contagious period:

1. diphtheria;	a. prodromal period - 4 days of rash;
2. measles;	b. from a few days till 4 months;
3. whooping cough;	c. catarrhal period - 4 weeks.

885. Infection and contagious period:

1. meningococcal infection;	a. period of clinical manifestations;
2. rubella;	b. during prodromal and first days of illness;
3. dysentery.	c. 7 days before the eruption and 7 days after the onset of the eruption.

886. Infection and incubation period:

1. diphtheria;	a. 3-14 days;
2. measles;	b. 2-10 days;
3. whooping cough;	c. 8-17 days.

887. Infection and type of immunity:

1. measles;	a. antitoxic;
2. diphtheria;	b. antibacterial;
3. meningococcal infection;	c. antiviral.

888. Pathogen and its antigenic structure:

1. diphtheria;	a. stable;
2. measles;	b. unstable.
3. flu;	

889. Infection and prevention in emergency:

1. flu;	a. vaccination;
2. measles;	b. interferon;
3. anthrax;	c. antibiotics.

890. Infection and its incubation period:

1. rubella;	a. 2-10 days;
2. meningococcal infection;	b. 1-2 days;
3. flu;	c. 7 to 24 days.

891. Infection and its pathogens:

1. diphtheria;	a. Morbillivirus,
2. measles;	b. Corinebacterium diphtheriae;
3. whooping cough;	c. Bordetella pertussis.

892. Infection and risk group of population:

1. whooping cough;	a. adolescents and adults;
2. parapertussis;	b. children up to 3 years;
3. diphtheria;	c. children of 3-6 years old.

893. Infection and incubation period:

1. diphtheria;	a. 8-17 days;
2. measles;	b. 2-10 days;
3. whooping cough;	c. 3-14 days.

894. Infection and vaccines used in immunoprophylaxis:

1. diphtheria;	a. corpuscular inactivated vaccine;
2. measles;	b. toxoids;
3. whooping cough.	c. live attenuated vaccine.

895. Infection and incubation period:

1. scarlet fever;	a. 13 to 17 days;
2. mumps;	b. 1-3 days;
3. chickenpox.	c. 12 to 26 days.

896. Infection and and duration of isolation of patient:

1. measles;	a. 9 days from the onset of illness;
2. mumps;	b. 4 days from the appearance of exanthema;
3. scarlet fever.	c. after clinical recovery, but not early then 7-12 days from the onset of the disese.

897. Infection and minimum protective level of antibodies:

1. diphtheria;	a. 1:10;
2. pertussis;	b. 0.015 to 0.03 AU/ml;
3. measles;	c. 1:80.

898. Infection and minimum protective level of antibodies:

1. mumps;	a. 1:40;
2. rubella;	b. 1:10;
3. flu;	c. 1:64.

899. Infection and duration of medical surveillance of contact people:

1. diphtheria;	a. 17 to 21 days;
2. pertussis;	b. 7 days;
3. measles;	c. 14 days.

900. Infection and duration of medical surveillance of contact people:

1. mumps;	a. 10 days;
2. scarlet fever;	b. 7 days;
3. meningococcal infection;	c. 21 days.

901. Infection and pathogen:

1. staphylococcal infection;	a. corinebacterium diphtheriae;
2. legionellosis;	b. staphylococcus aureus and staphylococcus epidermidis;
3. diphtheria;	c. legionella pneumophila.

902. Infection and pathogen:

1. mumps;	a. Bordetella pertussis;
2. pertussis;	b. virus of Herpesvirus Family;
3. chickenpox;	c. virus of Paramixoviride family.

903. Infection and pathogen:

1. measles;	a. virus of the Togaviridae Family, genus Ribivirus;
2. smallpox;	b. virus of Paromyxoviridae Family, genus Morbillivirus;
3. rubella;	c. Poxovirus variolae.

904. Infection and pathogen:

1. tuberculosis;
2. flu;
3. scarlet fever;

a. virus of the Orthomyxoviridae Family;
b. Micobacteria tuberculosis and Micobacteria bovis of Micobacteriaceae Family;
c. Streptococcus pyogenes.

905. Infection and periodicity of morbidity in multiannual dynamics:

1. scarlet fever;
2. diphtheria;
3. whooping cough;

a. 7-10 years;
b. 2-4 years;
c. 4-7 years.

906. Intensity of eliminaton of mycobacteria:

1. abundant;
2. not abundant;
3. conditional.

Number of colonies:
a. less than 20 colonies;
b. more than 20 colonies;
c. after the first positive result following two are negative.

907. Duration of elimination of mycobacteria:

1. continue;
2. regular;
3. formal.

The correct statsment:
a. alternation of positive and negative results;
b. the causative agent is detected in every analysis;
c. first result is positive and the others are negative.

908. Category of outbreak in tuberculosis:

1. category I;
2. category I;
3. category III.

Outbreak characteristics:
a. elimination of mycobacteria is formal and only adults live in the focus;
b. elimination of mycobacteria is not abundant, but children live in the focus;
c. elimination of mycobacteria is not abundant and only adults live in the focus.

2.4. Vector-borne infections

2.4.1. Simple choice

909. Mechanism of transmission of the recurrent typhus is:
a. contact;
b. transmissive;
c. airborne.

910. Transmission of recurrent typhus pathogen is done by:
a. fleas;
b. lice;
c. bedbugs.

911. Mode of infection with recurrent typhus is:
a. non-specific contamination;
b. specific inoculation;
c. specific contamination.

912. Diagnostic method of recurrent typhus is:
a. serological;
b. bacterioscopic;
c. bacteriological.

913. The incubation period of recurrent typhus is:
a. 3-15 days;
b. 21 to 25 days;
c. 1-2 days.

914. Source of infection of recurrent typhus is:
a. patients with Brill-Zinsser;
b. sick people;
c. ill animals.

915. Recurrent typhus is:
a. zooanthroponosis;
b. infection with natural focus;
c. anthroponosis.

916. Transmission mechanism of recurrent typhus is:
a. vertical;
b. transmissive;
c. fecal oral.

917. Pathogen of recurrent typhus is:
a. Salmonella typhi;
b. Borrelia recurrentis;
c. Rickettsia prowazeki.

918. Focus of endemic typhus is under medical control in term of:
a. 30 days;
b. 15 days;
c. 25 days.

919. Lice are contagious of endemic typhus after blood feeding in term of:
a. 1-2 days;
b. 5-6 days;
c. 10 days.

920. Endemic typhus is:
a. anthroponosis;
b. zooanthroponosis;
c. sapronosis.

921. Eearly detection of sick of endemic typhus is considered to be:
a. 3-9 days;
b. up to 5 days;
c. 5-7 days.

922. The incubation period of endemic typhus is:
a. 2-9 days;
b. 4-12 days;
c. 6-23 days.

923. Source of infection of endemic typhus is:
a. patient with Brill-Zinsser;
b. carriers of Borrelia recurrents;
c. only sick with endemic typhus during the incubation period.

924. Mode of transmission in endemic typhus:
a. specific inoculation;
b. specific contamination;
c. non-specific inoculation.

925. Mechanism of transmission in endemic typhus is:
a. fecal-oral;
b. transmissive;
c. contact.

926. Brill-Zinsser is:
a. viroses;
b. candidiasis;
c. rickettsiosis.

927. Cutaneous leishmaniasis is:
a. anthroponosis;
b. zooanthroponosis;
c. sapronosis.

928. Source of infection of the urban cutaneous leishmaniasis is:
a. the carrier of germs;
b. the sick man;
c. domestic animals.

929. The incubation period of the urban type of cutaneous leishmaniasis is:
a. 2 months - 1.5 years;
b. 10-15 days;
c. from few hours till 1 to 2 days.

930. Cutaneous leishmaniasis is registered in:
a. Africa and Asia;
b. Latin America;
c. Moldova, Romania.

931. Trypanosomiasis is transmitted by:
a. ticks;
b. Tsetse flies;
c. fleas.

932. Trypanosomiasis is frequently registered in:
a. South America;
b. Africa;
c. Europe and Asia.

933. Pathogen of trypanosomiasis is:
a. virus;
b. monocecular parasite;
c. helminths.

934. Mechanism of transmission in trypanosomiasis is:
a. fecal-oral;
b. transmissive;
c. contact.

935. The entrance gate of the african trypanosomiasis is:
a. airways;
b. digestive tract;
c. site of bite by the tsetse flies.

936. Entrance gate for the pathogen of endemic typhus is:
a. intact skin;
b. site of bite by louse;
c. airways.

937. Wider spread has in Moldova:
a. Pl.vivax;
b. Pl.falciparum;
c. Pl.malariae.

938. The main anti-epidemic measures of malaria in Moldova:
a. disinfection;
b. prevent the import of new cases;
c. chemoprophylaxis.

939. Malaria is:
a. wolrdwide;
b. with natural focus;
c. limited by biological factors.

940. Transmission of malaria can be done by following mosquitoes in Moldova:
a. Aedes;
b. Culex;
c. Anopheles.

941. Vectors of transmission in malaria is mosquito:
a. Aedes;
b. Anopheles;
c. Culex.

942. Prophylaxis of malaria is done with:
a. vaccine;
b. toxoid;
c. chimioprophylaxis.

943. A higher risk of spreading has in the Republic of Moldova:
a. Pl.vivax vivax;
b. Pl.vivax hibernans;
c. Pl.malariae.

944. At the actual moment the main purpose of epidemiological surveillance of malaria in Moldova is:
a. to eradicate the parasites;
b. to prevent appearance of epidemic outbreaks;
c. to prevent the import.

945. Sporozoites can be found in human blood after the bite of mosquito:
a. up to 30 minutes;
b. up to 24 hours;
c. throughout the incubation period.

2.4.2. Multiple choice

946. Hematophagous vector which transmits urban type of cutaneous leishmaniasis is:
a. flea;
b. tick;
c. phlebotomy;

d. tsetse flies;
e. louse.

947. Specific for endemic typhus is:
a. mechanism of transmission - transmisive;
b. specific inoculation is characteristic;
c. sources of infection are patients with Brill-Zinsser;
d. major risk groups for contamination are people from the service sector (hairdressing, bathroom, laundry, public transport);
e. one of the main measures is to prevent pediculosis.

948. Source of endemic typhus is:
a. sick with endemic typhus;
b. sick with Brill-Zinsser;
c. body louse;
d. head lice;
e. convalescence.

949. Entrance gates for pathogen of endemic typhus are:
a. bite site;
b. intact skin;
c. eye conjunctiva;
d. airways;
e. digestive tract.

950. The correct statements for endemic typhus are:
a. seasonality is not pronounced;
b. patient is contagious already at the last 2 days of the incubation period;
c. infection occurs during the bite of the louse;
d. louse is not contagious immediately after the feeding the infected blood;
e. louse is contagious till the end of its life.

951. The correct statements for the endemic typhus are:
a. source of pathogens is the man;
b. control of pediculosis is basic preventive measure;
c. early detection of patients is considered up to first 5 days of illness;

d. morbidity is controlled by the vaccination;
e. contact persons are under the medical surveillance in term of 14 days.

952. The correct statements for the Brill-Zinsser disease are:
a. sick man is contagious;
b. the pathogen is Borrelia Recurrents;
c. louse is the vector of transmission;
d. infection occurs during blood feeding of louse;
e. louse is not necessary to be present for the contamination.

953. The correct statements for the Brill-Zinsser are:
a. it is a relapse of the recurrence typhus;
b. it is a relapse of the endemic typhus;
c. sick with pediculosis can be a source of infection;
d. the pathogen is Rickettsia prowazeki;
e. transmission mechanism is transplacental.

954. The correct statements for the malaria are:
a. there is no specific prophylaxis;
b. worldwide spreading;
c. patient is contagious only in specific conditions;
d. laboratory diagnosis is based on serological method;
e. indigenous malaria was eradicated in the Republic of Moldova.

955. The purpose of chemoprophylaxis in malaria is:
a. to prevent the infection;
b. to avoid contamination;
c. to prevent severe clinical forms;
d. to prevent the illness;
e. to prevent the treatment which is very long.

956. The correct statements for the malaria are:
a. it is a parasitosis;
b. chemoprophylaxis is used in practice;
c. mosquito Aedes is the main vector of transmission;
d. Pl.vivax has a high risk of spreading in RM;
e. worldwide spreading can be registered.

957. Type of malaria that can spread in Moldova:
a. Pl.vivax;
b. Pl.malariae;
c. Pl.ovale;
d. Pl.falciparum;
e. all types.

958. Sources of pathogens in malaria are:
a. sick animals;
b. man and animals;
c. the sick and carrier;
d. environmental objects;
e. environmental objects and animals.

959. The causative agent of malaria is:
a. triponosoma;
b. plasmodium;
c. leishmania;
d. bacteria;
e. toxoplasma.

960. Types of malaria are:
a. tropical;
b. three days malaria;
c. malaria-ovale;
d. four days malaria;
e. fulminant.

961. Malaria can be transmitted:
a. by direct contact with the sick man of malaria;
b. by the mosquito;
c. by the hemotransfusion;
d. transplacental;
e. by the mosquitoes and bed bugs bite.

962. Anti-epidemic measures in the outbreaks of malaria are:
a. detection of patients and carriers with malaria;
b. epidemiological investigation of the outbreak;

c. insecticides are applied;
d. seasonal chemoprophylaxis;
e. immunoprophylaxis.

963. The correct statements for the recurrent typhus are:
a. causative pathogen is Borrelia recurrentis;
b. infection is a zooanthroponosis;
c. louse is contagious immediately after blood feeding;
d. source of infection are patients with Brill-Zinsser disease;
e. mechanism of transmission is transmissive.

964. Group of Anthroponosal Richettsiosis are:
a. Bril-Zinsser disease;
b. endemic typhus;
c. Q fever;
d. tsutsugamushi fever;
e. typhoid fever.

965. The causative agent of recurrent typhus is:
a. viruse;
b. richettsia;
c. bacteria;
d. borelii;
e. fungi.

966. Vector of transmission in recurrent typhus are:
a. pubic lice;
b. body lice;
c. ticks;
d. mosquitoes;
e. fleas.

967. Sources of pathogens in recurrent typhus are:
a. lice;
b. fleas;
c. people;
d. ticks;
e. rats.

968.Anti-epidemic measures of endemic typhus in outbreak are:
a. early detection and inpatient hospitalization;
b. disinfection and disinsection measures;
c. deratization;
d. monitoring of contacts;
e. sanitary and hygienic processing of people contacted with the source of pathogens.

969. To perform terminal disinfection in recurrent typhus outbreak is necessary:
a. to process the objects from the habitual environment of the patient;
b. sanitary and hygienic processing of contact persons;
c. disinsection of patient's clothes;
d. desinsection of objects of the contact people, including oven desinsection;
e. desinsection is not required in recurrent typhus outbreak.

970. Source of pathogens in recurrent typhus is:
a. convalescence;
b. sick animal;
c. sick man;
d. sick man with Brill-Zinsser disease;
e. carrier of B. recurrentis.

2.4.3. Match numbers with letters

971. The causative agent:	Nosological form:
1. Richettsia prowazeki,	a. endemic typhus;
2. Borrelia recurrentis	b. recurrent typhus;
3. Sarcoptes scabiei	c. scabies.

972. The causative agent:	Clinical forms:
1. Plasmodium vivax,	a. tertiary malaria;
2. P.ovale	b. benign tertiary malaria;
3. P.malariae	c. quartana malaria;
4. P.falciparum	b. d) tropic malaria.

973. Nosological form:
1. syphilis;
2. mumps;
3. whooping cough;
4. endemic typhus.

Causal agent:
a. richettsia;
b. bacteria;
c. virus;
d. spirochaete.

974. Nosological form:
1. malaria;
2. typhus;
3. dysentery.

Vector / Factor
a. lice;
b. fly;
c. mosquito Anopheles.

975. Nosological form:
1. typhoid fever;
2. endemic typhus;
3. whooping cough;
4. flu;
5. salmonellosis.

Pathogens:
a. S.typhi;
b. Rickettsia prowazeki;
c. Bordetella pertussis;
d. Myxovirus influenzae;
e. Salmonella typhimurium.

976. Nosological form:
1. Q fever;
2. typhoid fever;
3. endemic typhus.

Pathogens:
a. Salmonella typhy;
b. Rickettsia prowazeki;
b. Coxiella burnetii.

977. Nosological form:
1) malaria;
2) dysentery;
3) endemic typhus;
4) Q fever;
5) plague.

Vectors:
a. fleas;
b. tick;
c. fly;
d. lice;
e. Anopheles mosquito.

978. Nosological form:
1. Brill-Zinsser disease;
2. typhoid fever;
3. salmonellosis.

Pathogens:
a. Salmonella typhimurium;
b. Rickettsia prowazeki;
c. Yersinia pestis.

979. Nosological form:
1. recurrent typhus;
2. Q fever;
3. Brill-Zinsser disease.

Source of infection:
a. sick animals;
b. the man infected with endemic typhus;
c. the sick man.

980. Nosological form:
1. recurrent typhus;
2. Q fever;
3. endemic typhus.

Incubation period:
a. 2-3 weeks;
b. 6-23 days;
c. 3-15 days.

981. Transmission mechanism:
1. transmissive;
2. respiratory;
3. fecal-oral;

Nosological form:
a. diphtheria;
b. dysentery;
c. malaria.

982. Nosological form:
1. Brill-Zinsser disease;
2. amebiasis;
3. flu.

The correct statement:
a. parasitosis;
b. richettsiosis;
c. viroses;

983. Preventive measures:
1. health education of population;
2. vaccination;
3. chemoprophylaxis.

Nosological form:
a. polio;
b. malaria;
c. echinococcosis.

984. Pathogen:
1. Coxiella burnetii;
2. Chlamydia psittaci;
3. Vibrio cholera.

Nosological form:
a. ornithosis;
b. Q fever;
c. cholera.

985. Nosological form:
1. typhoid fever;
2. Q fever;
3. African tripanosomoza.

Pathogens:
a. Coxiella burnetii;
b. salmonella typhi;
c. tripanosoma gambiense.

986. Nosological form:
1. typhus;
2. Q fever;
3. African tripanosomoza.

The correct statement:
a. it is transmitted by ticks;
b. it is a parasitosis;
c. late relapses may occur.

987. Geographical spread:
1. Q fever;
2. yellow fever;
3. flu.

Nosological form:
a. Africa and South America;
b. Moldova;
c. worldwide.

988. Nosological form:
1. tularemia;
2. urban type of cutaneous leishmaniasis;
3. Q fever;
4. plague;
5. recurrent typhus.

The correct statement:
a. is transmitted by ticks;
b. is a conventional infection
c. is a zooanthroponosis;
d. is transmited by lice;
e. is a anthroponosis.

2.5. Nosocomial infections

2.5.1. Simple choice

989. The correct statement for the nosocomial infections are:
a. patient is infected at home;
b. patient is infected at the polyclinic or in clinic, but medical staff is infected in time of their daily medical activites;
c. patient are infected in result of vaccination.

990. High morbidity of nosocomial infections is determined by:
a. time of the year;
b. high number of invasive diagnostic interventions and treatment;
c. low number of antibiotics administrated to the patient.

991. Nosocomial infection is:
a. only exogenous infection of human;
b. only the activation of endogenous microflora;
c. both variants mentioned above are possible.

992. Typical for the nosocomial strains are:
a. high sensitivity to antibiotics;
b. resistance to disinfectants;
c. high sensitivity to UV rays.

993. To prevent nosocomial infections is required:
a. to plann administration of human immunoglobulin to medical staff;
b. to do fewer invasive medical interventions;
c. to administrate antibiotics from the first day of hospitalization.

994. Hands of medical personnel contaminated with blood:
a. are washed with soap under the running water;
b. are cleaned with a disinfectant pad and washed under the running water;
c. are cleaned for 2 minutes with a disinfectant pad over 5 minutes and washed under the running water.

995. Medical gloves contaminated with patient's blood:
a. are unusable;
b. are cleand immediately with a disinfectant pad, then washed under running water;
c. immediately are washed under running water, then is sunk into disinfectant solution.

996. Sterile table is arranged in the procedure room:
a. every 2 hours;
b. after each work shift;
c. every working day.

997. General cleaning of the procedure's room need to be performed:
a. daily after work;
b. daily before starting the work, using 1% chloramine solution;
c. only once in period of 7 days for the processing of walls and floor with disinfectant, then is necessary to do bactericidal processing.

998. Which of the following situations is nosocomial infection?
a. children with primary diagnosis of acute respiratory infections and eruptions on the face, but at the 4th day of hospitalization he is diagnosed with measles;
b. inpatient with angina on the first day of hospitalization is detected with toxigenic corynebacterium diphtheriae as well;
c. inpatient with pneumonia is detected with salmonellosis at the 8th-10th day of the hospitalisation.

999. The onset and the severity of clinical manifestations in nosocomial infections depend on:
a. only on the properties of the pathogen;
b. only on the own host factors of the body (age, concomitant diseases, immunological status, nonspecific resistance etc.).
c. both mentioned above.

1000. Main source of infection of nosocomial infection is:
a. patients with acute form of the disease;
b. chronic carriers of pathogenic and conditionally pathogenic agent;
c. convalescence carriers.

1001. More frequently, causative agents of nosocomial infections are:
a. Gram-positive cocci;
b. Enterobacteriaceae;
c. mycoses.

1002. More frequently nosocomial infections are:
a. gastrointestinal;
b. airborne;
c. septic-purulent.

1003. Frequently septic-purulent infection are registered in:
a. the operating room;
b. bandage room;
c. the reanimation and intensive care unit.

1004. After cleaning the rooms and medical offices, sanitary devises should:
a. washed in water and dried;
b. soaked for 1 hour in disinfectant solution, then washed in water and dried;
c. washed in disinfectant solution and dried.

1005. The incubation period of nosocomial infections is:
a. 3-10 days;
b. 4-7 days;
c. from a few hours to several months, depending on the causative agent.

1006. To prevent hospital infections following steps are performed:
a. monitoring on the health status of medical personnel;
b. vaccination of medical staff with staphylococcal toxoid;
c. non rational use of antibiotics, including for prophylaxis.

1007. To stop the outbreaks of salmonellosis in the hospital is :
a. not performed terminal disinfection;
b. performed terminal disinfection with the agreement of curative-prophylactic institution;
c. performed oven processing only of bedding.

2.5.2. Multiple choice

1008. Risk factors in nosocomial infections are:
a. duration of hospitalization;
b. patient's gender;
c. administration of antibiotics;
d. duration of surgery;
e. quality of sterilization of medical instruments.

1009. High morbidity of hospital infection is in result of:
a. building of large hospital complexes;
b. uncontrolled administration of antibiotics;
c. introduction of exogenous microflora;
d. high rate of risk patients;
e. transitition to disposible medical instruments.

1010. Nosocomial infections are characterized by:
a. polirezistence to antibiotics;
b. polirezistence to disinfectants;
c. conditionally pathogenic microorganisms prevail;
d. the main mechanism of transmission is fecal-oral;
e. only surgical patients are afected.

1011. Epidemiological manifestationss of hospital strains are:
a. polirezistence to antibiotics;
b. resistance to disinfectants;
c. high sensitivity to the action of external environmental factors;

d. high virulence;
e. high sensitivity to phages.

1012. Hospital strain is:
a. S.typhi;
b. S.enteritidis;
c. S.java;
d. S. typhimurium;
e. S.newport.

1013. Mechanisms of transmission of nosocomial infections are:
a. fecal-oral;
b. contact;
c. parenteral;
d. transmissive;
e. waterborne.

1014. The correct statements for the nosocomial infections are:
a. it is a quarantine infection;
b. causative agents are bacterial microorganisms;
c. there are caused by conditionally pathogenic microorganisms;
d. frequently men fall ill;
e. seasonality is not characteristic.

1015. Characteristic for the nosocomial infections is:
a. polymorphism of clinical manifestations;
b. polyrezistence to antibiotics;
c. polyrezistence to disinfectants;
d. polyetiological;
e. more frequently is detected during the warm season.

1016. Prevention measures of the nosocomial infections are:
a. immunoprophylaxis;
b. disinfection;
c. sterilization of the medical instruments;
d. antibiotics are administrated only according to antibiogram;
e. isolation of patients ir performed only in the hospital for infectious diseases.

1017. Which of the situations listed bellow are nosocomial infections?
a. inpatient has vomiting, pain in the abdomen, and in faeces was found Sh.sonnei at the 8th day of hospitalization into the radiology department,;
b. patient with pyelonephritis was detected with Salmonella london in urine at the time of admission to the urology department;
c. patients has signs of HBV after 6 months of discharg from the surgery department;
d. patient with pneumonie is diagnosed with "typhoid fever" on the 2nd day of hospitalization;
e. patient was diagnosed with flu at the 4th day of hospitalization to the traumatology department.

1018. The etiological agents of septic-purulent nosocomial infections are:
a. Gram-positive cocci;
b. anaerobic bacteria;
c. fungi;
d. aerobic gram-negative bacteria;
e. gram-negative cocci.

1019. Mechanism of transmission of hospital infections are:
a. airborne;
b. transmissive;
c. fecal-oral;
d. contact;
e. vertically.

1020. Contamination with septic-purulent infection frequently registered in:
a. the operating room;
b. the bandage room;
c. the procedure room;
d. the salon;
e. the room of physical procedures.

1021. Peculiarities of the hospital strains are:
a. high virulence;
b. polirezistence to antibiotics;

c. resistance to the disinfectants;
d. succeptibility to the phage;
e. sensitivity to the antibiotics.

1022. Causes of high morbidity of septic-purulent infections are:
a. imunostimulatious preparations are not enougth administrated;
b. invasive diagnostic and therapeutic methods are used in medical practice;
c. building of large hospital complexes;
d. long duration of patient hospitalization;
e. non rational use of antibiotics.

1023. Risk factors of septic-purulent infections are:
a. duration of hospitalization;
b. concomitant diseases;
c. immunodeficiency states;
d. patient gender;
e. the living conditions of the patient.

1024. A higher risk of appearance of the hospital infections is in the following departments:
a. combustion;
b. therapeutic;
c. neurologic;
d. urology;
e. psychiatric.

1025. A higher risk of septic-purulent nosocomial infections is in the following department:
a. thermal injuries;
b. therapeutical;
c. neurological;
d. urology;
e. surgery.

1026. Which of the nosological forms may be nosocomial infections?
a. postoperative suppuration wound;
b. peritonitis;

c. pneumonia;
d. purulent tracheobronchitis;
e. septicemia.

1027. Tasks of the hospital epidemiologist are:
a. to perform anti-epidemic measures in the hospital;
b. to perform the retrospective and operative analysis;
c. to control the compliance of the anti-epidemic regime in the hospital;
d. to diagnose and record the nosocomial infections in the hospital;
e. to control the quality of disinfection and sterilization of the medical instruments.

1028. Epidemiological surveillance of hospital infections consist of:
a. analysis of patient morbidity;
b. analysis of medical staff morbidity;
c. determination of the type of hospital strain;
d. evaluation of the effectiveness of measures performed in the hospital;
e. elaboration of plan with prophylactic measures against hospital infections.

1029. Peculiarities of hospital salmonellosis are:
a. more frequently outbreaks occur in pediatric hospital;
b. usually the man is the source of infection;
c. route of transmission is habitual contact;
d. airborne transmission of the causative agent is excluded;
e. summer-autumn seasonalty.

1030. Contamination with hospital infections may be determined by the following manipulations and procedures:
a. surgical interventions;
b. parenterally manipulations;
c. bladder catheterization;
d. gastroscopy;
e. electrophoresis.

1031. Responsible for the control of nosocomial infections in the hospital is:
a. superior nurse,
b. hospital epidemiologist;

c. head of the institution;
d. deputy chief doctor for curative activity,
e. head of the department.

1032. Measures of prevention of the hospital infections are:
a. lower number of invasive interventions;
b. use of disposable instruments,
c. minimum duration of hospitalisation;
d. compliance with anti-epidemic regime;
e. vaccination of all hospital staff.

2.5.3. Establish the correspondence between

1033. Nosological form:
1. HCV;
2. dysentery;
3. flu;
4. nosocomial infections.

Mechanism of transmission:
a. all horizontal mechanisms;
b. parenteral;
c. fecal-oral;
d. respiratory.

1034. Nosological form:
1. scarlet fever;
2. salmonellosis;
3. nosocomial infecton;
4. 4) diphtheria.

Causative agents:
a. conditionally pathogenic microorganisms are;
b. hemolytic streptococcus;
c. Salmonella;
d. Corynebacterium diphtheriae.

1035. Nosological form:
1. nosocomial infecton
2. cholera
3. diphtheria
4. salmonella
5. mumps

Way of transmission:
a) parenteral;
b) waterborne;
c) by solid aerosol;
d) foodborne;
e) liquid aerosol.

1036. Department:
1. trauma;
2. otolaryngology;
3. general surgery;
4. urology;

The causative agent:
a. Ps.aeruginosa;
b. streptococci, staphylococci;
c. staphylococci, Enterobacteriaceae;
d. chlamidia.

1037. Nosological form:	Factors of transmission:
1. nosocomial HCV	a. medical instruments;
2. salmonellosis	b. water;
3. typhoid fever	c. eggs, meat;
4. HAV	d. contaminated hands.

2.6. HIV/AIDS

2.6.1. Simple choice

1038. Pathogen of HIV infection is:
a. retrovirus;
b. picornovirus;
c. rabdovirus.

1039. The incubation period of HIV/AIDS is:
a. 2-4 weeks;
b. 10-20 weeks;
c. 2-10 years.

1040. To control HIV/AIDS are effective:
a. drugs;
b. vaccines;
c. nonspecific methods of prevention.

1041. Epidemiological manifestations of the AIDS is:
a. endemic morbidity;
b. epidemic morbidity;
c. pandemic morbidity.

1042. Effective vaccine against human immunodeficiency virus is not possible to elaborate because of:
a. virus infectivity;
b. high variability of the virus;
c. virus tropism.

1043. The HIV affects:
a. erythrocytes;
b. thrombocytes;
c. lymphocytes.

1044. The HIV has tropism to:
a. urogenital system;
b. nervous system;
c. the bloodstream.

1045. What tipe of T lymphocytes are affected in HIV?
a. helpers;
b. suppressors;
c. killers.

1046. Prognosis of HIV/AIDS is:
a. positive;
b. moderately favorable;
c. unfavorable.

1047. Patients with HIV/AIDS are under to medical surveillance in term of:
a. 2 years;
b. 10 years;
c. longlife.

1048. Whom of the persons listed bellow are obligatory screened to HIV?
a. health personnel;
b. IDU, blood donors;
c. pregnant woomen.

1049. Whom of the persons listed bellow are obligatory screened to HIV?
a. patients with hemophilia;
b. homosexuals;
c. IDU.

1050. Age group affected by HIV in Moldova is:
a. 20-29;
b. 30-39 years;
c. persons over the 60 years old.

1051. What is the main factor that determines the prevalence of HIV?
a. concentration of the virus in the blood and other body fluids;
b. high variability of the virus;
c. lifelong persistent infection.

1052. What way of transmission of HIV prevails in Moldova at present?
a. sexual;
b. parenteral;
c. perinatal.

1053. HIV is mostly registered in Moldova in:
a. sex workers;
b. medical staff;
c. IDU.

1054. Daily, the number of HIV/AIDS cases registered in the world is:
a. about 7 thousand persons;
b. 10.000 infected persons;
c. 16.000 infected persons.

1055. The main argument to not perform total screening to HIV of the patients admitted to the medical institutions is?
a. there is no new generation of reagents;
b. significant cost of the reagents for diagnostic;
c. the risk of contamination of the medical personnel is minimal in result of compliance with the universal precautions.

1056. Why the total screening to HIV of the inpatients is not performed at the admission to the hospital?
a. it is expensive to test the population with low prevalence of HIV and frequent false-positive reactions;
b. there are no diagnostic reagents of latest generation;
c. insufficient qualified medical staff.

1057. Seropositivity to HIV/AIDS is more common in period of:
a. 2-4 weeks after the risk contact ;
b. 4-12 weeks after risk contact;
c. 10-12 months after risk contact.

1058. In the early stages of HIV infection, one ml of blood of infected person contains:
a. 80-100 doses of infection;
b. 10 to 12 doses of infection;
c. 1-6 doses of infection.

1059. To stabilize the HIV epidemic outbreak is performed:
a. public awareness;
b. vaccination;
c. a set of sanitary and hygienic measures.

1060. The main source of infection according to the gender is:
a. male;
b. women;
c. equally men and women.

1061. AIDS is defined as:
a. primary stage of HIV;
b. the final stage of HIV manifested by immune deficiency accompanied by opportunistic infections;
c. the stage of primary clinical manifestations.

1062. HIV infection is:
a. anthroponosis;
b. zooanthroponosis;
c. sapronosis.

1063. Correct statement for the HIV are:
a. HIV has higher risk among female;
b. HIV has higher risk in male;
c. HIV is contagious equally among female and male.

2.6.2. Multiple choice

1064. High number of HIV-positive people among drug addicts is depending on:
a. contamination of drugs during the preparation;
b. the type of drug;
c. the amount of drug;
d. sharing of syringes;
e. sexual promiscuity.

1065. Transmission of HIV is realized by:
a. sexual contact;
b. habitual contact;

c. exposure to blood;
d. perinatal;
e. hematophagous vectors.

1066. Ways of transmission of HIV/AIDS are:
a. sexual;
b. airborne;
c. transmissive;
d. parenteral;
e. intranatal.

1067. Contamination with HIV/AIDS may be in result of:
a. parenteral maneuvers;
b. surgery;
c. physiotherapy procedures;
d. teeth removal;
e. performing of the roentgen.

1068. Risk factors for the contamination with HIV/AIDS are:
a. sexual promiscuity;
b. sexual contact during the menstrual cycle;
c. bisexual contacts;
d. sexual contact with a condom;
e. chemical methods of contraception.

1069. Correct statements for the HIV/AIDS are:
a. premises of spreading of the HIV/AIDS in Moldova are: migration, high morbidity of STD (sexual transmissible diseses) etc;
b. HIV is acquired mainly by sexual contact;
c. in 1995 were registered first cases of HIV/AIDS in Moldova;
d. children born from infected mothers are in risk of 100% to have HIV infection ;
e. education of population is still the main anti-epidemic measure.

1070. The correct statements for the HIV/AIDS are:
a. HIV/AIDS is part of the STD;
b. risk of contamination depend on the profession;
c. the causative agent is identified in period of 3-12 weeks after the contact;

d. B lymphocytes are mostly affected in HIV;
e. source of infection is contagious lifelong.

1071. Basic epidemiological measures in HIV/AIDS are:
a. antiepidemic measures directed to the source of infection;
b. antiepidemic measures directed to the transmission mechanism;
c. antiepidemic measures directed to the population responsiveness;
d. general measure;
e. all of the mentioned above.

1072. There are following indications to perform investigation to the HIV?
a. fever that lasts more than one month;
b. migraine;
c. long period with diarrhea;
d. infection that is not treated by the traditional schemes;
e. frequent dyspepsia mentioned by patient.

1073. The following statments listed bellow can be used to perform investagations to HIV?
a. chronic diseases in anamnesis;
b. frequent and long period hospitalizations in anamnesis;
c. administration of intravenous drugs;
d. unsafe sex practiced with people with high risk behavior;
e. promiscuity.

1074. The preventive measures of HIV/AIDS are?
a. processing of food and drink water;
b. desinfection and sterilization of medical instruments;
c. blood testing of donors to HIV is mandatory;
d. vaccination;
e. promotion of the monogamous sexual relationships.

1075. Premises of spreading of the HIV/AIDS in Moldova are?
a. high migration of population;
b. difficult socio-economic conditions;
c. ethnic traditions of population;
d. high morbidity of syphilis and other STIs;
e. climaterical and geographical conditions.

1076. The risk factors in transmission of HIV/AIDS by hemotransfuzion are:
a. multiple medical instruments and equipment used in practice;
b. direct blood transfusion from donor to recipient;
c. high volume of blood transfused increase the risk;
d. false-negative results at the investigated donors;
e. no modern method to process the medical instruments.

1077. The correct statements for the HIV/AIDS are:
a. it is a disease transmitted by hematophagous vectors;
b. source of pathogens are monkeys;
c. the main route of transmission of the HIV is parenteral in Moldova ;
d. contagious period lasts lifelong;
e. education of population is one of the antiepidemic measures.

1078. Not correct statements for the HIV/AIDS are:
a. HIV/AIDS is a disease that affects previously uninformed population;
b. sources of infection are equally men and women;
c. patients with hemophilia are in high risk to contaminate HIV/AIDS;
d. medical staff is in major risk group;
e. to prevent HIV/AIDS is used genetic engineering vaccine.

1079. Not correct statements for the HIV/AIDS are:
a. HIV is highly resistant in the environment and to the disinfectants;
b. HIV is transmitted only by the contact mechanism;
c. HIV have tropism to the body's immune system;
d. antibody to HIV testing is done by ELISA, radiometric, immunofluorescent investigation;
e. high contagiousness of the virus is an obstacle in the development of anti-HIV vaccine.

1080. For HIV/AIDS are correct statements:
a. onset of the epidemic process by HIV/AIDS in Western Europe country and the U.S. has been especially due to persons practicing homosexual;
b. Currently as a source of HIV infection equally serve men and women;

c. HIV/AIDS affects previously fertile population;
d. risk of HIV infection after a blood trnsfuzion from a seropozitive persons is 50%;
e. in Moldova HIV screening is performed to all patients of medical institutions.

1081. For HIV/AIDS are correct statements:
a. HIV belongs to the Hepadnaviridae family;
b. HIV/AIDS is transmitted by two mechanisms (contact and vertical);
c. virus is isolated from blood, semen, vaginal secretions, saliva, etc.;
d. in result of heat treatment, blood products that contain factors of coagulation eliminates the risk of HIV infection in patients with hemophilia;
e. at the onset of the epidemic process of HIV/AIDS is not significant to minimize the indications for hemotransfuzion.

1082. Groups with risk behavior for HIV/AIDS are:
a. children from the kindergarten;
b. drug addicts;
c. blood donors;
d. promiscuity persons;
e. patients from medical institutions.

1083. More then 10 doses of HIV are in:
a. breast milk;
b. blood;
c. vaginal fluids;
d. sperm;
e. amniotic fluid.

1084. The infection dose in HIV is containing in:
a. amniotic fluid;
b. sperm;
c. blood;
d. saliva;
e. cerebrospinal fluid.

1085. Routes of transmission of HIV/AIDS are:
a. parenteral;
b. sexual
c. waterborne;
d. habitual contact;
e. foodborne.

1086. Standard actions of precautions in case of prick with the syringe needle are:
a. there is nothing happening;
b. to bandage the wound and change the gloves;
c. to wash the affected area under the running water;
d. to apply solution of potassium permanganate or hydrogen peroxide;
e. to apply bandage of protective impermeable material and dress new gloves.

1087. The risk of HIV infection from a needle stickt is?
a. 0.3%;
b. 1%;
c. 10%;
d. 30%;
e. more than 50%.

1088. HIV seropozitive patients must:
a. be isolated from society;
b. be restricted from public places;
c. have normal life;
d. to attend medical institution dedicated exclusively to people infected with HIV;
e. be treated as a disabled person.

1089. HIV can be transmitted by:
a. unprotected sex;
b. sharing of toilets;
c. usual contact in the family;
d. blood transfusion and/or blood products;
e. from mother to child.

1090. Factors of transmission of HIV are:
a. sperm;
b. perspiration;
c. expired air of HIV-positive person;
d. blood;
e. milk.

1091. HIV-positive person is contagious in period of:
a. only during periods of clinical manifestations;
b. only in the final stage of HIV;
c. only in the acute period of the disease;
d. lifelong;
e. only in the immunological window.

1092. Typical for the epidemic process of HIV is:
a. manifestion by outbreaks;
b. summer-autumn seasonal;
c. high indices of the morbidity in population under one year;
d. emergent evolution of the morbidity;
e. epidemic process has professional origine.

1093. Investigations for HIV is compulsory to perform to:
a. blood donors;
b. sperm donors;
c. organ donors;
d. pregnant women;
e. patients from surgical department.

1094. Contamination of medical staff with HIV is possible by:
a. various medical procedures;
b. accidental puncture during surgery;
c. preparation for the dental prosthesis;
d. descaling;
e. physiotherapy procedures.

1095. Human immunodeficiency virus affects:
a. lymphoid tissue;
b. muscle tissue;

c. epithelial cells;
d. neurogliale cells;
e. skin and mucous membranes.

1096. Transmission routes of HIV are:
a. waterborne;
b. transplacental;
c. habitual contact;
d. foodborne;
e. intranatal.

1097. Opportunistic infections associated with AIDS are:
a. pneumocystosis;
b. toxoplasmosis;
c. tuberculosis;
d. infection caused by cytomegalovirus;
e. streptococcal and/or staphylococcal infection.

1098. The cells affected by HIV are:
a. T-helpeii;
b. T-killers;
c. endothelial cells;
d. macrophages;
e. hepatocytes.

1099. The most sensitive and specific tests for HIV are:
a. IFR;
b. PCR;
c. IHAR;
d. RFC;
e. RHADE.

1100. Risk behavior for HIV have the following persons:
a. drug users;
b. medical staff;
c. truck drivers;
d. persons from sexual services;
e. promiscuity.

1101. Contamination with HIV is possible in result of:
a. protected sexual contact;
b. blood transfusions;
c. breasfeeding;
d. mosquito bite;
e. parentrerale manipulations.

1102. The optimal time to initiate prophylactic treatment of post-accidental contact is?
a. the first 12-24 hours;
b. the first 24-72 hours;
c. the first 24-96 hours;
d. the first week;
e. the first month.

1103. The risk of contamination with HIV is higher in case of:
a. injecting drug;
b. caring for a sick of AIDS;
c. promiscuity;
d. frequenting swimming pools and public saunas;
e. using of th same plates with an infected person.

1104. Risk of HIV infection can be reduced by:
a. correct use of condom;
b. compliance with occupational standard precautions;
c. isolation of HIV-positive persons from the society;
d. educational methods in population;
e. prohibition of free migration of persons HIV +.

2.6.3. Match numbers with letters

1105. Nosological form:
1. diphtheria
2. HIV
3. measles
4. typhoid fever

Period of infectivity:
a. few weeks;
b. months and years;
c. 8-10 days;
d. from a few days till decades.

1106. Nosological form:
1. HIV/AIDS;
2. hepatitis B;
3. STIs (syphilis);
4. hepatitis C;

The main route of transmission:
a. parenteral;
b. hemotransfusion;
c. administration of intravenous drug;
d. sexual.

1107. Nosological form:
1. HCV;
2. HIV/AIDS;
3. HBV;

Period of detection of the pathogen at the patient is:
a. the second part of the incubation period;
b. 4-6 weeks after the onset of illness;
c. 15 days-2 months after the contamination.

1108. Nosological form:
1. HIV/AIDS;
2. hepatitis B;
3. hepatitis C;
4. hepatitis D.

The main anti-epidemic measures:
a. to minimize the indications for hemotransfusion;
b. specific prophylaxis;
c. specific prophylaxis of HBV;
d. to inform the population.

1109. Source of infection:
1. HIV/AIDS;
2. measles;
3. dysentery.

Contagiousness:
a. 4 days before clinical onset and 4-5 days during the clinical manifestions;
b. 3-12 weeks after the infection and till death;
c. at the appereance of clinical manifestations until the end of repair processes.

1110. Nosological form:
a. HIV/AIDS;
b. hepatitis B;
c. whooping cough;
d. measles.

Type of vaccine:
a. plasma and genetically engineered;
b. corpuscular inactivated;
c. live attenuated;
d. vaccination is not performed.

1111. Nosological form:
1. HBV;
2. HDV;
3. HIV/AIDS;
4. HCV.

Incubation period:
a. 21-90 days;
b. 45-180 days;
c. 2-10 years;
d. 14-110 days.

1112. HIV/AIDS infection:
1. is transmitted;
2. not transmitted.

Conditions of transmission:
a. unprotected sexual contact with infected person;
b. hematophagous insect bites;
c. contaminated medical instruments;
d. by kiss and handshake.

1113. Dose of infection:
1. necessary infectious dose to produce the infection is contained completely in all cases;
2. it contains an infectius dose;
3. it is not enough dose needed to cause the infection;

Organic fluids:
a. blood, semen;
b. amniotic fluid, saliva, urine, CSF etc.;
c. vaginal secretions.

1114. Nosological form:
1. HIV/ AIDS;
2. HBV;
3. HCV;
4. 4) HEV.

The main route of transmission:
a. parenteral;
b. hemotransfusion;
c. water borne;
d. sexual.

1115. Nosological form:
1. HIV/AIDS;
2. hepatitis D;
3. diarrheal acute disease;
4. communicable diseases (malaria);

The main anti-epidemic measures:
a. vaccination;
b. sanitary and hygienic measures;
c. information of population, public awareness;
d. disinsection.

2.7. Zooanthroponosis

2.7.1. Simple choice

1116. More ways of transmission is typical for:
a. tuberculosis;
b. dysentery;
c. tularemia.

1117. Tularemia is an infection:
a. only of domestic animals;
b. only of wild animals;
c. with natural focus.

1118. The incubation period of tularemia is:
a. 1-6 days;
b. from 1 day to 3 weeks;
c. 1-3 months.

1119. Tularemia is a group of infections:
a. controlled by vaccination;
b. non-controlled by vaccination;
c. partially controlled by vaccination.

1120. The most important measure of individual protection against tularemia in natural outbreaks is:
a. use of repellents,
b. use of protective mosquito nets;
c. immunoprophylaxis.

1121. The most resistant microorganism in the environment is:
a. B.anthracis;
b. Br. melitensis;
c. L. icterohemoragica.

1122. Pathogen of anthrax is:
a. not resistant in the environment;
b. has an average resistance in the environment;
c. very resistant in the environment.

1123. The main sources of pathogen of anthrax are:
a. pigs;
b. cattle;
a. rats, mice.

1124. The main mechanism of transmission of anthrax is:
a. transmissive;
b. respiratory;
c. contact.

1125. Incubation period of anthrax is:
a. 2-3 hours;
b. 1-10 days;
c. 6-14 days.

1126. Virulence factor of B.anthracis is:
a. capsule and form spore;
b. capsule;
c. form spore.

1127. Dead animals of anthrax are:
a. buried;
b. burned;
c. is technique used.

1128. Emergency prophylaxis of anthrax is carried out with:
a. antibiotics;
b. vaccine;
c. toxoids.

1129. Emergency prophylaxis of anthrax is carried out with:
a. immunoglobulin;
b. antibiotics;
c. both of the mentioned above.

1130. Allergic skin test is used if you suspect:
a. yellow fever;
b. anthrax;
c. leptospirosis.

1131. Sources of infection of brucellosis among animals are:
a. synanthrope animals;
b. xenantrope animals;
c. domestic animals.

1132. The main sources of infection in brucellosis are:
a. cattle;
b. pigs;
c. dogs and cats.

1133. Higher virulence has:
a. B. melitensis;
b. B. abortus;
c. B. bovis.

1134. To perform vaccination against brucellosis is used:
a. B.abortus;
b. B.melitensis;
c. B. bovis.

1135. Basic measure to prevent leptospirosis is:
a. planned vaccination;
b. deratization;
c. isolating of the sick.

1136. Natural outbreaks of leptospirosis are formed by:
a. synanthropic rats;
b. domestic animals;
c. xenantrope animals.

1137. The basic method of laboratory diagnozis in leptospirosis is:
a. bacteriological;
b. microscopic;
c. serological.

1138. Dispensarisation of leptospirosis patients lasts:
a. 1 month;
b. 1,5 months;
c. 6 months.

1139. Specific prophylaxis of leptospirosis is done with:
a. toxoid;
b. gammaglobulins;
c. corpuscular inactivated vaccine.

1140. Prophylaxis of leptospirosis is based on:
a. anti-epizootic measures;
b. specific prophylaxis;
c. prophylactic disinfection.

1141. Rabies is group of infection:
a. compulsory transmissive;
b. optionally transmissive;
c. non-transmissive.

1142. Dog can be source of rabies in period of:
a. 7 days before illness;
b. 14 days before illness;
c. incubation.

1143. Pathogen of rabies is:
a. enterovirus;
b. rabdovirus;
c. picornovirus.

1144. Supervision of animal in rabies lasts:
a. 4 days;
b. 6 days;
c. 10 days.

1145. Conditional course of the vaccination is indicated to:
a. all persons bitten by carnivores;
b. persons bitten by animals that can be monitored for 10 days;
c. persons with bitten fingers, neck and head.

1146. The correct statements for ornithosis are:
a. sick is the main source of infection;
b. in outbreak is required to perform terminal disinfection;
c. in the focus is performed selective vaccination of contact persons.

1147. Haemorrhagic fevers are:
a. anthroponosis;
b. zooanthroponosis with natural focus;
c. sapronosis.

1148. The causative agent of listeriosis is:
a. bacteria;
b. a virus;
c. a parasite.

1149. Mechanism of transmission in listeriosis is:
a. fecal-oral;
b. contact;
c. respiratory.

1150. Mechanism of transmission in tetanus, which allows its presservation as biological species is:
a. transmissive;
b. fecal-oral;
c. contact.

1151. The incubation period in tetanus is:
a. 2-4 days;
b. 4-21 days;
c. 14-36 days.

1152. Spores of tetanus are kept in soil for:
a. one year;
b. up to 11 years;
c. by 30 years.

1153. The main measure to prevent tetanus is:
a. detection and isolation of the source of pathogens;
b. disinfection;
c. specific prophylaxis.

1154. Specific prophylaxis of tetanus is carried out with:
a. live attenuated vaccine;
b. corpuscular inactivated vaccine;
c. tetanus.

1155. Minimum protective titer of antitoxic antibodies in tetanus is:
a. 0.1 IU / ml;
b. 0.01 IU / ml;
c. 0.03 IU / ml.

1156. The main source of infection in yersiniosis are:
a. sick people;
b. domestic animals and birds;
c. xenantrope carnivorous animals.

1157. The outbreaks of pseudotuberculosis occur more frequently in:
a. summer;
b. spring;
c. any time of the year.

1158. Sources of pathogens in pseudotuberculosis are:
a. animals;
b. man;
c. water.

1159. The main sources of infection in pseudotuberculosis are:
a. domestic animals;
b. synanthrope animals;
c. xenantrope animals.

1160. The characteristic of tick encephalitis is:
a. outbreaks;
b. natural outbreaks;
c. human outbreaks.

1161. Contamination with tick encephalitis can be by:
a. water;
b. milk;
c. usual household items from patient apartment.

1162. Sources of pathogens in tick encephalitis are:
a. domestic animals;
b. birds;
c. ill people.

1163. Vaccination against tick encephalitis with inactivated vaccine is indicated to:
a. all adult population;
b. the population aged 4-70 year who live in natural outbreak;
c. persons who leave to natural outbreak area during spring-summer period.

2.7.2. Multiple choice

1164. Anti-epidemic measures in haemorrhagic fevers are:
a. deratization;
b. disinfection;
c. vaccination;
d. chemoprophylaxis;
e. health education of the population.

1165. The correct statements for listeriosis are:
a. source of infection may be synanthrope animals;
b. epizootic process is maintained by the fecal-oral and transmisive mechanism;
c. receptivity is increased in infants during the first 3 weeks and at the elderly;
d. the incubation period is 5 months;
e. all mentioned above.

1166. The correct statements for tularemia are:
a. its may be transmitted by household items;
b. birds are sources of infection;
c. natural focus is not characteristic;
d. the vaccine is very effective;
e. infection can be transmitted by water and food.

1167. Mechanisms of transmission in tularemia are:
a. fecal-oral;
b. transmissive;
c. airborne;
d. contact;
e. vertically.

1168. High risk of tularemia infection are characteristic for:
a. hunting;
b. manufacturers;
c. fishermen;
d. person works with scythe;
e. farmers.

1169. Mesures of epidemiological surveillance in natural foci of tularemia are:
a. monitoring of rat population;
b. supervision of hematophagous vectors;
c. bacteriological investigation of rats and arthropods;
d. permanent prophylactic vaccination of population;
e. control of population immune status against tularemia.

1170. More pathogenic for humans are Brucellas:
a. abortus;
b. suis;
c. rangiferi;
d. melitensis;
e. canis.

1171. The correct statements for brucellosis are:
a. Br.abortus is the most virulent for humans;
b. the main source of infection are synanthrope animals;
c. different pathogens have different epidemiological importance;
d. sick man has not epidemiological importance;
e. vaccination is performed according to epidemiological indications.

1172. Type of brucellosis pathogens:
a. gravis;
b. melitensis;
c. bovis;
d. intermedius;
e. suis.

1173. The correct statements for brucellosis are:
a. vaccination is made with live attenuated vaccine;
b. pathogen remains viable in some food products during 60 days;

c. xenantrope animals are the main source of infection;
d. sick man is hospitalized according to epidemiological indications;
e. meat of sick animals can be used after rigorous thermal processing.

1174. Pathogenic for humans are:
a. Brucella melitensis;
b. B. canis;
c. B. Suis;
d. B. abortus;
e. B. ovis.

1175. The correct statements for brucellosis are:
a. it has several types of pathogens;
b. it is a sapronosis;
c. it is transmitted by milk;
d. the pathogen does not form spores;
e. meat of sick animals can be used in eating after thermal processing.

1176. The main route of transmission in pseudotuberculosis and yersiniosis is:
a. waterborne;
b. foodborne;
c. Contact;
d. airborne;
e. parenteral.

1177. Main factors of transmission in pseudotuberculosis and and yersiniosis are:
a. vegetables;
b. milk;
c. meat:
d. water;
e. air.

1178. Typical seasonality for yersiniosis is:
a. spring-summer;
b. summer-autumn;
c. autumn and winter;

d. winter-spring;
e. summer-autumn-winter.

1179. Prevention measures in pseudotuberculosis and yersiniosis are:
a. sanitary and hygiene;
b. sanitary and veterinary;
c. immunoprophylaxis;
d. deratization;
e. disinfection.

1180. The main route of transmission of pathogens in yersiniosis and pseudotuberculosis are:
a. foodborne;
b. waterborne;
c. contact;
d. airborne;
e. vectors transmission.

1181. The correct statements for yersiniosis are:
a. the pathogen is Iersinia Pestis;
b. pathogen multiplies at low temperatures;
c. frequently factors of transmission are fruits and vegetables;
d. vaccination is performed according to epidemiological indications;
e. it has a winter-spring seasonality.

1182. The correct statements for leptospirosis are:
a. it is a sapronosis;
b. the main source of infection is man;
c. epidemiological indications for vaccination is after the age of 7 years;
d. it is caused by several types of pathogens;
e. more frequently is recorded during the warm season.

1183. More contagious for human are the following leptospires:
a. L.icterohaemorrhagia;
b. L.canicola;
c. L.pomona;
d. L.grippotyphosa;
e. L.biflexa.

1184. Sources of leptospirosis infection are:
a. rats;
b. murine;
c. sheep, goats;
d. dogs;
e. water, soil.

1185. Pathogenic and saprophytic forms of leptospire differ by the following peculiarities :
a. cultural;
b. biochemistry;
c. serological;
d. morphological;
e. antigenical.

1186. People with leptosirosis are compulsory investigated by the:
a. ophthalmologist,
b. neurologist;
c. family doctor;
d. nephrologist;
e. gastroenterologist.

1187. Measures required to be peformed in natural outbreaks of leptospirosis are:
a. vaccination of all population;
b. respecting hygienic measures by persons working in outbreak;
c. to fulfill the sanitary requirements in transportation and storage of rinking water and food for people working outdoor;
d. to detect and treat sick and carrier of leptospire animals;
e. vaccination of contact people.

1188. The correct statements for rabies are:
a. immunoglobulin is reasonable to use only within 30 'after bite;
b. in some cases vaccination is not indicated after bite;
c. monitoring on the animal is performed for 14 days;
d. rabies inevitably lead to death;
e. processing of wound is recommended with iodine.

1189. Contraindications for curative-prophylactic vaccination against rabies are:
a. pregnancy;
b. chronic hepatitis;
c. fever;
d. all of the mentioned above;
e. there are no contraindications.

1190. Measures to control rabies are:
a. to capture homeless animals;
b. to prevent rabies among domestic animals;
c. to kill xenantrope animals that form natural outbreaks of rabies;
d. health education of population;
e. monitoring of the wild animals.

1191. To prevent rabies is administrated:
a. immunoglobulin;
b. live attenuated vaccine;
c. corpuscular inactivated vaccine;
d. chemical vaccine;
e. bacteriophage.

1192. Humans can acquired B.anthracis:
a. in case of damag skin contaminated during the treating of sick animal with anthrax;
b. in case of contact with any animal product;
c. in case of using the meat and meat products unsufficiently thermal processed;
d. breathing the contaminated dust with B.anthracis;
e. transmissive.

1193. Group with high risk of infection with anthrax are:
a. zootechnics and veterinarians;
b. slaughterer;
c. persons dealing with processing, storage and transportation of animal products;
d. workers from sanitation stations;
e. drivers.

1194. The correct statements for anthrax are:
a. vaccination is planned according to epidemiological indications;
b. low resistance of pathogen in the environment;
c. it is more registered among children;
d. the vaccine is administrated by scarification or subcutaneous;
e. in generally, the sick man is not a source of pathogens.

1195. For anthrax are correct statements:
a. the pathogen eliminate a toxic complex in receptive animals;
b. the vegetative form of bacillus is sensitive to chemical and physical factors;
c. anthrax is a disease with natural focus;
d. vaccination of animals and workers from the zootechnics field is performed as a prophylactic measure;
e. meat and animal products can be used after thermal processing.

1196. Source of infection in anthrax are:
a. the sick man;
b. big horned cattle;
c. small horned animals;
d. cats, dogs;
e. soil.

1197. Emergency prophylaxis of anthrax is done with:
a. immunoglobuline;
b. live attenuated vaccine;
c. immune serum;
d. bacteriophages;
e. antibiotics.

1198. Anthrax is transmitted by:
a. contact;
b. fecal-oral;
c. inhaling the causative agent;
d. transmissive;
e. vertically.

1199. Transmission ways in tetanus are:
a. waterborne;
b. food;
c. transmissive;
d. skin lesion;
e. contact.

1200. Factors that inactivate the tetanus exotoxin are:
a. high temperatures;
b. low temperatures;
c. alkaline;
d. acid medium;
e. ultraviolet rays.

1201. Sources of pathogens in tetanus are:
a. the sick man;
b. herbivorous sick animals;
c. xenantrope sick animals;
d. herbivorous animals with Clostridium tetani colonizing in intestine;
e. people with Clostridium tetani colonizing in intestine.

1202. Risk factors that contribute to contamination with Clostridium tetani are:
a. food;
b. water;
c. animal faeces;
d. soil;
e. footwear, clothing, medical instruments contaminated soil.

1203. The correct statements for tetanus are:
a. it is a antroponosis;
b. the vaccination is the main prophylactic measure;
c. the pathogen is particularly resistant in the environment;
d. the patient is not contagious;
e. the protective titer is of 0.03 IU / ml.

1204. Emergency prophylaxis in tetanus is carried out:
a. after being bitten by the animal;
b. in any open trauma;

c. only if the trauma wound is contaminated with soil;
d. after any combustion;
e. in combustion of grade II-III.

2.7.3. Match numbers with letters

1205. Nosological form:
1. salmonellosis;
2. anthrax;
3. brucellosis;
4. leptospirosis;

Source of infection:
a. pigs, waterfowl;
b. cattle and small cattle (cows, sheep, goats);
c. rats;
d. big and small horned cattle, horses, pigs.

1206. Nosological form:
1) rabies;
2) brucellosis;
3) recurrent typhus;
4) anthrax.

Pathogens:
a. B.anthracis;
b. Brucella;
c. virus in the family Rhabdoviridae;
d. Borrelia recurrentis.

1207. Nosological form:
1. brucellosis;
2. anthrax;
3. rabies;
4. tularemia.

Reservoir of infection:
a. xenantrope rodents;
b. wolves, foxes, cats;
c. cattle;
d. cattle, horses, pigs.

1208. Nosological form:
1. salmonellosis;
2. brucellosis;
3. leptospirosis;
4. yellow fever.

Factors of transmission:
a. water;
b. milk;
c. eggs;
d. mosquitoes.

1209. Nosological form:
1. fever;
2. rabies;
3. tularemia;
4. anthrax.

Epidemiological characteristics:
a. natural focus;
b. conventional infection;
c. spor form of causative agent;
d. it is transmitted by direct contact.

1210. Nosological form:
1. fever;
2. rabies;
3. leptospirosis;
4. anthrax;
5. brucellosis.

Incubation period:
a. 1-8 days;
b. 1-3 weeks;
c. 2-22 days;
d. 1-6 days;
e. 10-200 days.

1211. Nosological form:
1. anthrax;
2. tularemia;
3. brucellosis;
4. leptospirozele;

Prophylactic measures:
a. vaccination;
b. vaccination of animals;
c. deratization;
d. to prevent the import.

2.8. Conventional infections

2.8.1. Simple choice

1212. Sanitary protection of the territory from the import and spread of conventional (quarantine) infections is:
a. the complexity of medical measures;
b. a system of state measures regarding the limitation and liquidation of outbreaks with high speading diseases.
c. the complexity of departmental action.

1213. Infectious diseases included in the group of conventional infections (quarantine) are:
a. tularemia;
b. malaria;
c. yellow fever.

1214. The quarantine, as anti-epidemic measures, is determined when conventional disease occures by:
a. curative services;
b. sanitary-epidemiological service;
c. local government bodies.

1215. Measures of limitation organized on the administrative territory in case of the import of conventional infections, are performed by:
a. epidemiological service;
b. curative medical service;
c. extraordinary anti-epidemic commission.

1216. International medical regulations suppose to inform WHO about conventional infections in humans in terms of:
a. 48 hours;
b. 24 hours;
c. 72 hours.

1217. Conventional infections are:
a. plague, tick encephalitis;
b. cholera, malaria;
c. yellow fever, plague.

1218. The correct statement for quarantine infections are:
a. high resistance of pathogens in the environment;
b. ability to affect high number of people in a short time;
c. ubiquitous distribution (cosmopolitan).

1219. Conventional infections are:
a. plague, yellow fever;
b. cholera, tick encephalitis;
c. rabies, tetanus.

1220. The mechanism of transmission of yellow fever is:
a. airborne;
b. transmissive;
c. fecal oral.

1221. Cholera pathogen is:
a. gram-positive;
b. aerobic;
c. less resistant in the environment.

1222. Cholera according to source of pathogens is:
a. zoonosis;
b. zooanthroponsis;
c. sapronosis.

1223. The main way of transmission of V. cholera is:
a. by food;
b. by water;
c. by contact.

1224. The incubation period for cholera is:
a. from a few hours up to 5 days;
b. from a few hours up to 7 days;
c. 1-6 days.

1225. Emergency prophylaxis of cholera is carried out with:
a. antibiotics;
b. vaccine;
c. immunoglobulin.

1226. The spreading of cholera is:
a. endemic;
b. sporadic;
c. pandemic.

1227. Seventh pandemia of cholera is caused by Vibrio:
a. V. cholerae;
b. V. El Tor;
c. V. parahaemolyticus.

1228. Cholera is an infection:
a. zoonosis;
b. zooanthroponosis;
c. sapronosis.

1229. Higher resistance of pathogen of cholera in the environment is typical for:
a. V.parahaemolyticus;
b. V. cholerae;
c. V. El Tor.

1230. Cholera pathogens are less resistant to:
a. base;
b. acids;
c. preparations that denatures protein.

1231. The outbreak of cholera is considered liquidated after the hospitalization of the last sick with cholera or carrier and performing terminal disinfection in term of:
a. 5 days;
b. 10 days;
c. 1.5 months.

1232. Recovery people with cholera are admitted to their job indifferent of the specialty:
a. immediately at the discharg from the hospital;
b. after 3 months;
c. after expiry the period of clinic examination by family doctor.

1233. The correct statement for cholera is:
a. the pathogen-is a NAG vibrions;
b. the pathogen is highly resistant to disinfectants;
c. the pathogen can find viable state in the environment for a very long time in specific conditions.

1234. Cholera pathogen is:
a. less resistant to disinfectants;
b. resistant as other intestinal microbes;
c. highly resistant.

1235. Source of cholera infection are:
a. the sick;
b. carrier;
c. patient and carrier.

1236. Minimum incubation period of cholera is:
a. a few hours;
b. 1-2 days;
c. 5 days.

1237. More contagious as a source of infection in cholera are:
a. patient with typical form of the disease;
b. patient with atypical form;
c. chronic carrier of vibrios.

1238. Plague is possible to acquire in case of:
a. pulmonary plague;
b. intestinal plague;
c. bubonic form of plague.

1239. At the actual period of time, the prophylaxis of plague is based in Moldova on:
a. preventing the import;
b. natural outbreaks sanitation;
c. vaccination of population.

1240. The vector which transmismit plague is:
a. flea;
b. louse;
c. mosquito.

1241. Supervision of contact persons in plague focus is carried out during:
a. 6 days;
b. 10 days;
c. 14 days.

2.8.2. Multiple choice

1242. International medical rules concerns:
a. plague;
b. cholera;
c. tularemia;
d. yellow fever;
e. anthrax.

1243. Conventional infections are:
a. plague;
b. cholera;
c. flu;

d. malaria;
e. yellow fever.

1244. Conventional infections are:
a. cholera;
b. tularemia;
c. yellow fever;
d. anthrax;
e. plague.

1245. Antiepidemic measures in yellow fever are:
a. disinfection;
b. territory protection from the virus import;
c. vaccination according to the epidemiological indications;
d. chemoprophylaxis;
e. deratization.

1246. Compulsory measures for cholera as quarantine infection are:
a. report the information about ill patient to the regional Centers of Public Health;
b. inpatient hospitalization;
c. daily bacteriological control of aqueduct water, open basins and standing water;
d. installation of quarantine in the territory with outbreak;
e. vaccination of population.

1247. Compulsory antiepidemic measures performed in cholera outbreaks are:
a. isolation of contacts and medical supervision;
b. emergency antibiotic prophylaxis is done to the contact persons;
c. medical surveillance of contact persons for 15 days;
d. terminal disinfection;
e. current disinfection.

1248. Source of infection in cholera are:
a. water, soil;
b. the sick man;
c. convalescent carrier;

d. healthy carrier;
e. soil.

1249. Cholera pathogens are:
a. vibriocholerae biovar cholerae;
b. vibriocholerae biovar eltor;
c. vibriocholerae biovar 01;
d. vibriocholerae non 01 0139" Bengal";
e. vibrio parahaemolyticus.

1250. The correct statements for cholera are:
a. there is no increasing of the seasonality;
b. the seasonality is evident;
c. morbidity is primarily dependent on socio-hygienic factors;
d. not all people have the same risk for infection;
e. vibrio cholerae biovar cholera is the main pathogen in the last pandemic.

1251. The correct statements for cholera are:
a. it is a sapronosis;
b. specific prophylaxis is basic anti-epidemic measures;
c. contacts are isolated for a period of 5 days;
d. disinfection in focus is performed with 10-20% chloramine solution;
e. V.eltor is detected most frequently.

1252. The correct statements for plague are:
a. no cases registered in Moldova;
b. can spread in Moldova;
c. priority mechanism of transmission is transmissive;
d. sick man is the main source of infection;
e. incubation period is up to 14 days.

1253. Sources of pathogens in plague may be:
a. synanthrope rodents;
b. xenantrope rodents;
c. camels;
d. cattle, pigs;
e. birds.

1254. The pathogen of Plague is:
a. Yersinia enterocolitica;
b. Yersinia pestis;
c. Gram-negative microorganisme;
d. form spors;
e. form exotoxin.

1255. Plague is an infection:
a. conventional;
b. with fecal-oral mechanism of transmission;
c. with natural focus;
d. with high lethality;
e. with high receptivity.

1256. The incubation period of plague is:
a. 1-6 days;
b. 7-21 days;
c. 21 to 31 days;
d. 1-3 months;
e. 4-6 months.

1257. Clinical forms of plague are:
a. pulmonary;
b. skin;
c. bubonic;
d. intestinal;
e. liver.

1258. The causative agent of plague is transmitted among animals by:
a. water;
b. contact;
c. hematophagous vectors;
d. airborne;
e. food.

1259. The correct staments for plague are:
a. patients are isolated at home;
b. patients are isolated in specialized hospitals;

c. contacts are isolated for a period of 5 days;
d. contacts received prophylactic course of antibiotics;
e. disinfection and disinsection in outbreak is not compulsory.

2.8.3. Match numbers with letters

1260. Nosological form:
1. plague;
2. cholera;
3. yellow fever.

The pathogen:
a. Togoviridae virus family;
b. Iersinia pestis;
c. holerae Vibrio, Vibrio El-Tor.

1261. Nosological form:
1. cholera;
2. plague;
3. 3) fever Ebola.

Incubation period:
a. 3-6 days;
b. 2-5 days;
c. 3-5 days.

1262. Nosological form:
1. plague
2. cholera
3. yellow fever

The mechanism of transmission:
a. transmissive;
b. fecal-oral;
c. respiratory.

1263. Nosological form:
1. Marburg fever;
2. Lassa fever;
3. fever Ebola.

The pathogen:
a. Filoviridae virus family, genus filovirus;
b. virus Marburg from Rabdovirida family;
b. virus from Arenoviride family genus Arenovirus.

1264. Nosological form:
1. Marburg fever;
2. Lassa fever;
3. Ebola fever.

The incubation period:
a. 3-5 days;
b. 4-9 days;
c. 7-14 days.

1265. Nosological form:
1. cholera;
2. fever;
3. yellow fever.

Term of isolation of contacts:
a. 6 days;
b. 5 days;
c. contacts are not isolated.

1266. Nosological form:	The factors of transmission:
1. cholera;	a. air;
2. fever;	b. water;
3. yellow fever.	c. mosquitoes.

2.9. Military and disaster epidemiology

2.9.1. Simple choice

1267. Select the correct definition of military epidemiology:

a. epidemiology is a medical military science aims to prevent the infectious disease in period of war;
b. military epidemiology is a component of epidemiology aimed to study the laws of the epidemic process in military group and develop the system of antiepidemic measures;
c. military epidemiology is a science regarding the study about biological weapons and other methods of mass destruction, elaborate the measures to protect the military staff.

1268. Antibacteriological protection of the population and military staff includes:

a. a complex of organizational, sanitary and hygienic, antiepidemic measures, treatment and evacuation, aimed to prevent and liquidat the outbreaks in conditions of application of biological weapons;
b. preventive awareness of the population about the possible application of biological weapons by the enemy, providing the population with gas masks and costumes against plague;
c. current bacteriological recognition and evacuation of the population from potential areas of application of biological weapon.

1269. Observation is:

a. a system of epidemiological measures with regime and restriction aimed to total isolation of outbreaks and liquidation of the infectious morbidity;
b. permanent medical surveillance of civilians, including the military staff, from the zone of application of biological weapon;
c. a system of isolation measures, restriction and curative-prrophylactic aimed to prevent the spreading of infectious diseases, inside of outbreak and outside as well.

1270. Quarantine is:

a. a system of epidemiological measures with special regime that include total isolation of outbreaks;
b. a system of antiepidemic measures organized in the outbreak, which involves special medical supervision during the minimum period of incubation from the last patient isolation and terminal disinfection;
c. isolation of outbreaks and performing of the antiepidemic measures. Foreigners enter the quarantine zone only with special permission of exceptional commission.

1271. The indication is:

a. determination of the teritory with applied biological weapons, specifying the measures to protect the population;
b. a complex of measures of detection and identification of the biological weapon and identification of pathogen species;
c. evaluation of the epidemiological situation in zone with contaminated outbreak and estimation of the sanitary losses of the effective military.

1272. Select the correct definition of sanitary-epidemiological recognition:

a. Sanitary-epidemiological recognition is a military medical measures aimed to early detection of enemy preparation to apply the biological weapons;
b. sanitary-epidemiological recognition suppose timely and accurate receipt of data necessary to ensure sanitary-epidemiological situation of the military army;
c. sanitary-epidemiological recognition is a part of the medical recognition aimed to prevent the import of zooanthroponosis into the military staff.

1273. Bacteriological recognition is:

a. a complex of special measures aimed to detect at the early stage the preparation of the enemy to apply biological weapons, detection of pathogens and toxins of infectious diseases in different substrates of the environment;
b. done by a special military specialists dealing with detection of the bacteriological laboratories, where the bioweapon is prepared;

c. a complex of measures performed by military medical specialists according to the Geneva Convention called "About prohibition to apply the biological weapons."

1274. Natural disasters according to the classification are:
a. earthquakes, gas eruptions, fires, floods;
b. landslides, atmospheric deposition rains, hurricanes, volcanic eruptionstions;
c. poisoning with chemicals, epidemics as a result of damage of the water supply system.

1275. Artificial disasters are:
a. terrestrial;
b. industrial;
c. meteorological.

1276. Risk factors that influence the appearance of disasters are:
a. thermal action;
b. high industrial development of society;
c. the computerization of the society.

1277. How many types of antiplague costumes can be used in case of specific artificial disaster:
a. two;
b. three;
c. four.

1278. The anti-epidemic measures carried out after the onset of the disaster are:
a. development of the alarm system;
b. vaccination according to the indications;
c. strict epidemiological surveillance.

1279. Conditions that fosters the spreading of the infectious diseases in a disaster situation are:
a. disoders in providing of drinking water and food, disintegration humans and animals cadavers;
b. entering of new pathogens on the territory;
c. changes of the resistance to different pathogens.

1280. Technogenic disasters are:
a. social;
b. specific;
c. transport.

1281. Specific calamities are:
a. public order disturbances, earthquakes;
b. epidemics;
c. war, famine, bioterrorism.

1282. Social hazards include:
a. disorderes of public order, earthquakes;
b. wars, famine, terrorism, bioterrorism;
c. alcoholism and drug addiction, floods, landslides, storms.

1283. Epidemics and pandemics, can be considered the following type of the disasters:
a. natural;
b. specific;
c. anthropogenic.

1284. The risk of epidemic outbreaks in extremal conditions depends on the following factors:
a) the season of the calamity;
b) type of the calamity;
c) socio-economic level of the population registered before the disaster.

1285. Contamination of people in extremal conditions depends on:
a. the season of the appearance of calamity;
b. long term contact with the undetected sources of infection;
c. long term contact with undetected sources of infection in relation to weather when the calamity occurred.

1286. Limits of the outbreak of contamination of the population depend on the following factors:
a. ensuring the stricken people with needs for personal hygienic;
b. the presence of contagious patients among flood victims that eliminates pathological agents;
c. the factors mentioned in point a and b are equally epidemiologically important.

1287. To plann the anti-epidemic measures in calamities is important to:
a. determine the potential nosological forms;
b. determine the volume of the population with high risk of infection;
c. correct actions are mentioned in point a and b.

1288. The spreading of airborne infections among the population in calamities can be determined by:
a. providing of the stricken population with drinking water and food;
b. crowding in different places not sufficient ventilated;
c. the spreading of the airborne infections among the population in calamities can not be influenced by factors mentioned in point a and b.

289. The risk of appearance of cholera in the sinister area is the result of the:
a. high infectivity and the ability to cause disease in a relatively short period of incubation;
b. impossibility of water and food contamination;
c. features mentioned in point a and b are correct.

1290. The risk of appearance of anthrax outbreaks in calamities is determined by:
a. impossibility to acquire the pathogen by different ways of transmission;
b. high stability of spore foms of pathogens in the environment;
c. low stability of spore foms of pathogens in the environment.

1291. The notion of primary sanitary losses in calamities suppose:
a. injury and trauma obtained as a result of the calamity;
b. entering into the body of infectious germs in result of the calamity;
c. both mentioned in the point a and b are considered primary sanitary losses.

1292. Sanitary-epidemiological supervision in the area of disaster includes:
a. two stages of the activity;
b. three stages of activity;
c. four stages of activity.

1293. The epidemiological situation can be assessed, in case of the disaster zone with massive destruction and life losses, essential disorders in insurance systems with minimal necessary for existence, recorded foci of infectious diseases, including conventional disease with epidemic spreading, as the following:
a. unstable;
b. unsatisfactory;
c. extraordinary.

1294. The sanitary-hygienic and anti epidemic insurance of the population during the evacuation, suppose:
a. organization and control of insurance of the sinister population with bath in place of temporary dislocation;
b. waste evacuation and decontamination of its collection place;
c. both actions mentioned in point a and b are correct.

1295. Vaccination in the calamity zone is done:
a. in strictly aseptic conditions;
b. in usual conditions;
c. the conditions will depend on the infection.

1296. Laboratory investigations in disaster area, in case of the environment contamination with pathogens of the infectious diseases, are directed to:
a. specific indication of bacteria, viruses, richettsia, fungi and toxines;
b. microbiological control of food, semi-products, drinking water and delivery the conclusions about the possibility to consume them;
c. both of mentioned above are correct.

1297. Basic requirement to perform the bacteriological recognition is:
a. early evaluation of the results;
b. emergency verification and confirmation of the results, which would allow a more operational involvement of specific forces and means, including the specific and emergency prophylaxis;
c. reporting the results of bacteriological recognition horizontally or vertically to all medical services to organize appropriate antibacteriological measures.

1298. The appearance of the epidemic outbreaks among the military staff or suspicion to the infectious disease suppose the following measures:
a. active detection of infectious patients and carriers of pathogen;
b. yearly diagnosis and the emergency isolation of patients or suspects to be ill, with evacuation from the calamities zone;
c. Both of the mentioned above are correct.

1299. Sanitary-epidemiological recognition is performed continuously fulfilling:
a. two requirements;
b. three requirements;
c. five requirements.

1300. The measures necessary to be performed in case of the application of biological weapon are:
a. to perform systematic sanitary-hygienic and anti-epidemic measures;
b. to use the individual and collective protection;
c. identification of infectious pathogen of plague, cholera, anthrax and botulini toxin.

1301. The measures necessary to be performed in case of the application of biological weapon are:
a. to perform systematic sanitary-hygienic and anti-epidemic measures;
b. to use the individual and collective protection;
c. vaccination of the medical staff and affected population.

1302. The meaning of the quarantine regime is:
a. restriction of the entrence and exit from the zone with observation regime, including prohibition of removal of part of the goods without previous sanitary treatment;
b. restriction or interruption the contact of the military staff from different military units and/or with civilian population in the area;
c. total isolating of affected area.

2.9.2. Multiple choice

1303. The basic goals of the military medical service directed to the the antiepidemic supervision of the military staff are:
a. to maintain favorable sanitary-epidemiological situation and prevent the import of the infectious diseases in the military staff;
b. to organize and provide with drinking water the military staff in outdoors conditions;
c. to localizate and liquidate the outbreaks occurred in troops and in the civilian population around it;
d. prevent the appearance of the infectious diseases from the military staff to the civilian population;
e. to prepare the military staff to prevent infectious diseases in case of the application of the biological weapon.

1304. Sanitary-epidemiological supervision of the permanent dislocation zone of military units suppose:
a. detection in time of patients with infectious diseases and epizootic diseases dangerous to humans;
b. identification of pollution sources of drinking water, food, air, etc.;
c. permanent medical control of the dislocation territory to maintain the sanitary and hygienic situation;
d. head of the medical service report daily to Military Public Health Center about the epidemiological situation and about the performed activity;
e. sanitary-epidemiological study of the situation in the dislocation zone.

1305. Specific for the biological weapon are:
a. affect mass population;
b. retroactive;
c. ability to penetrate technical means;
d. one method of administration;
e. quick in the indications.

1306. Observation system suppose:
a. to prohibit the entrance and exit from the calamities zone;
b. to reduce the contacts among civilian and military;
c. to reduce the entrance and exit from the area;

d. the army guard at the border area;
e. continuation of the military activities.

1307. Quarantine regime suppose:
a. prohibition of entrance and exit from the area;
b. to reduce the contacts among civilian and military;
c. the army guard at the border area;
d. to reduce the entrance and exit from the area;
e. the contact with the outside territory is possible only through the special points.

1308. The measures performed in case of the application of biological weapons are:
a. to inform the military staff;
b. to use individual protection;
c. to use collective means of protection;
d. vaccination;
e. sanitary processing of the staff and equipment.

1309. Specific for the artificial epidemic process (after application of the biological weapon) are:
a. the appearance of the diseases at the immune persons;
b. there is no source of pathogens;
c. cyclicity;
d. seasonality;
e. non specific ways of transmission.

1310. The articularities of the artificial epidemic process (after application of the biological weapon) are:
a. there are no cases of the disease at the immune persons;
b. there is no source of pathogens;
c. difficulties in identification of pathogens;
d. there is no effect of antibiotic therapy;
e. it is not registered mixed infections.

1311. Bacteriological weapon is characterized by the following peculiarities:
a. effectiveness and high contagiousness;
b. presence of latent period of the activity;

c. simple in production and inexpensive;
d. psychological activity;
e. simple in indication.

1312. Choose the possible methods to apply the biological weapons:
a. contamination of the air by bacterial aerosol;
b. by infecting the prisoners and then released from the prison;
c. by infecting the vectors and then its spreading;
d. diversions;
e. there is only one method of application by water and food contamination.

1313. Basic compartment of antibacterial protection are:
a. measures carried out in case of application of the biological weapons;
b. measures performed in the moment of application of the biological weapons;
c. disinfection, disinsection and deratization;
d. immunoprophylaxis;
e. actions performed after the application of the biological weapon.

1314. The measures necessary to be performed in case of application of the biological weapons are:
a. to find the fact about the application of the biological weapons;
b. vaccination of the population;
c. to inform the population;
d. to use the individual protection equipment;
e. to use the collective protection means.

1315. The measures directed to liquidate the consequences of biological weapons are:
a. emergency prevention and immunoprophylaxis;
b. sanitary processing of military staff;
c. the sanitary processing of the equipment;
d. evacuation and treatment of the military staff;
e. bacteriological recognition.

1316. The type of indications of the bacteriological means are:
a. laboratory;
b. epidemiological;
c. chemical;
d. specific;
e. nonspecific.

1317. The schemes of specific indication are:
a. total;
b. partial;
c. complet;
d. restricted;
e. complex.

1318. Indication suppose the following stages of the activity:
a. to receive, record and select the samples with its primary processing;
b. express analysis of native samples;
c. quck analysis of enriched biological material;
d. evaluation of the results;
e. evaluation of the biological effects on the laboratory animals.

1319. Preventive measures in exceptional conditions caused by calamities are:
a. hygienic education of the population;
b. save the ijured people;
c. staff training;
d. cadavers evacuation;
e. development of the action plans.

1320. Natural disasters are:
a. of production - with elimination of mechanical energy, chemical, thermal, radioactive, bacteriological agents;
b. cosmic;
c. meteorological;
d. tectonics;
e. social - famine, terrorism, drug abuse, social disorder.

1321. Risk to spread the infectious disease in calamities are deremined by:
a. previous epidemiological situation;
b. the leve of training of medical staff;
c. the quality of the alarm system;
d. level of hygiene education of the population;
e. provision with quality drinking water and food.

1322. Primary, the calamities are classified into:
a. social;
b. natural;
c. artificial;
d. transport;
e. specific.

1323. Outbreaks in the disaster have the following epidemiological peculiarities:
a. outbreaks in the disaster area are not characterized by specific epidemiological features;
b. the possibility to form active long lasting outbreaks;
c. relatively short incubation period;
d. adults are affected in mass;
e. mass contamination of the population and as a consequence, form multiple secondary outbreaks.

1324. The risk of epidemic outbreaks in exceptional circumstances depends on:
a. the season of the calamity;
b. unorganized migration of group of people;
c. socio-economic level of the population before the disasters;
d. accumulation of wastes and impossibility to evacuate its;
e. disorders of the environmental hygiene.

1325. Disasters are classified into the following types:
a. natural disasters;
b. anthropogenic disasters;
c. social disasters;
d. economic disaster;
e. specific disasters.

1326. Technogenic disasters are:
a. industrial
b. specific;
c. transport;
d. social;
e. natural.

1327. Natural disasters are classified into:
a. industrial
b. tectonics;
c. topological;
d. cosmic;
e. meteorological.

1328. Social disasters are:
a. disorder of public order, earthquakes;
b. wars, famines;
c. acts of terrorism, bioterrorism;
d. high level of alcoholism and drug addiction among the population;
e. landslides, hurricanes, storms.

1329. Specific calamities are:
a. hurricanes, storms, torrential rains;
b. epidemics;
c. pandemics;
d. mass poisoning of the population;
e. disorders of public order, earthquakes.

1330. Mass contamination of people in exceptional circumstances depends on:
a. the season of the calamity;
b. long lasting contagious period of undetected sources of infection;
c. permanent contact with undetermined sources of infection;
d. deficiencies in isolation of infectious patients;
e. multitude of ways of transmission of pathogens in disaster.

1331. The border of the outbreak in disaster dependent on the following factors:
a. the presence of contagious persons among flood victims and the possibility of pathogens to spread;
b. evacuation of the affected population and stop the unorganized migration;
c. the level of providing the affected population with the necessary means for individual hygiene;
d. the accuracy and the possibility of organization of the emergency prevention among the population;
e. all of the factors mentioned above are epidemiologically important.

1332. To plan the anti-epidemic measures in calamities is important to:
a. establish the time of the activity of epidemic outbreak;
b. diagnose the possible nosological forms;
c. monitor the progress of the epidemic process;
d. determine groups of population with high risk of infection;
e. only the actions mentioned in points a, b and d.

1333. The posibility to spread plague in calamities is determined by the following features:
a. high contagiousness and the possibility to spread very rapidly, especially pulmonary forms of plague;
b. high receptivity of the population and possibility to infect by different ways;
c. difficulties in the differential diagnosis of the first cases of the disease;
d. the possibility to form stable plague outbreaks in case of rodents and vectors in the focus;
e. correct features are mentioned only in points a, b and c.

2.9.3. Match numbers with letters

1334. Determine the correspondence between:

1. non-specific indication;	a. detection of pathogens;
2. specific indication;	b. to find the fact about the application of biological weapons;
3. observation;	c. to evaluate the epidemiological situation;
4. sanitary-epidemiological recognition:	d. to reduce the risk of infectious diseases spreading.

1335. Classificationof of disasters:

1. natural;
2. artificial;
3. cosmic;
4. social;
5. terrestrial;
6. Production.

a. meteorological;
b. specific.

1336. Type of indication:

1. unspecified;
2. specific;
3. serological investigations;
4. collection of suspicious objects;
5. physicochemical investigations.

The indication methods:

a. visual;
b. bacteriological investigations.

3.1.1. Simple choice

1337. The index of seasonality is ratio of the number of cases in the months with high morbidity to:
a. the number of cases in other months of the year;
b. the annual number of cases;
c. the index of annual morbidity.

1338. The following actions are not part of the operative epidemiological analysis:
c. the analysis of multiannual dynamics of the morbidity according to different clinical forms;
d. estimation of the epidemiological situation at the present;
e. submission and demonstration of the hypothesis related to the cause of high morbidity among population by specific diseases.

1339. The following actions are not part of the retrospective epidemiological analysis:
a. the annual morbidity according to different infectious and non infectious diseases;
b. the multiannual morbidity according to different infectious and non infectious diseases;
c. estimation of the epidemiological situation at the present.

1340. Select the element which is not a component part of the epidemiological analysis:
a. identification of the source of infection;
b. identification of the contact persons in the focus;
c. prognosis of the following epidemic process;

1341. Descriptive epidemiological studies are:
a. case report;
b. case-control studies;
c. the modeling of epidemic process.

1342. Analytical epidemiological studies are:
a. individual studies;
b. cohort studies;
c. experimental studies.

1343. Experimental epidemiological studies are:
a. correlation studies;
b. randomized trials;
c. the cohort studies.

1344. To determine the structure of the morbidity of infectious or no-ninfectious disease is calculated:
a. the extensive index;
b. the intensive index;
c. the demonstration index.

1345. To determine the level of the morbidity is calculated:
a. the extensive index;
b. the intensive index;
c. the demonstration index.

1346. The prevalence index is:
a. new cases;
b. new cases of the particular chronic disease;
c. the sum morbidity of all clinical forms.

1347. The intensive index is:
a. the phenomenon structure;
b. the phenomenon frequency;
c. the dynamics of the process.

1348. The Student coefficient is:
a. standardized indicators;
b. medium value;
c. the veracity index.

1349. The minimum value of the Student coefficient which indicate the difference between two quantitative characteristics is:
a. 1.0;
b. 2.0;
c. 3.0.

1350. The correlation method of analysis is:
a. the connection between phenomena;
b. the difference between the statistical index;
c. the veracity index statistics.

1351. The correlation is applied in epidemiological study to:
a. determine the veracity of the difference between the values of two comparable variables;
b. determine the changes in the value of a variable at the modification of the value of other variable;
c. determine the power and direction of influence of various factors on the other factors.

1352. The coefficient of regression is used to:
a. calculate the quantitative relation between the quantitative characteristics of two phenomena;
b. determine the veracity of the difference between two comparable values;
c. calculation of quantitative change of a phenomenon under the influence of another correlated phenomenon.

1353. "Case-control" epidemiological studies are:
a. retrospective;
b. prospective;
c. transversal.

1354. The cohort epidemiological studies are:
a. transversal;
b. retrospective;
c. prospective.

1355. The types of studies applied in the healthy population are:
a. randomized;
b. intervention studies;
c. transversal studies.

1356. Disadvantage of the cohort study is:
a. long duration in time;
b. possibility of false conclusion;
c. does not allow to follow the mode of action of risk factors throughout the survey period and its effect on health.

1357. Extensive index is:
a. 10 cases;
b. 10%;
c. 10%ooo.

1358. Intensive index is:
a. 36 %;
b. 43 $\%_{ooo}$;
c. 58 cases.

1359. The prevalence index is crucial in:
a. dysentery;
b. TB;
c. enterobiosis.

3.1.2 Multiple choice

1360. Observational epidemiological studies are:
a. descriptive studies;
b. analytical studies;
c. experimental studies;
d. modeling of the epidemic process;
e. intervention studies.

1361. Descriptive epidemiological studies are:
a. individual studies;
b. population studies;
c. cohort studies;
d. randomized trials;
e. field studies.

1362. Analytical epidemiological studies are:
a. population studies;
b. ecological studies;
c. randomized trials;
d. "case-control" studies;
e. cohort studies.

1363. The prevalence of the disease may be lower than the incidence in case of:
a. quick recovery after the treatment;
b. few number of new cases;
c. few patients completely recovered;
d. the appearance of a new remedy which helps to extend the life of the patients;
e. death installed in a short time after the onset of the disease.

1364. The mortality as an indicator of public health is expressed by:
a. the rate of deaths of a particular disease from all deaths indifferent of the cause of death;
b. the number of deaths of a particular disease in a population;
c. the proportion of deaths of all new cases of the diseases in an administrative territory;
d. the number of deaths in a population, indifferent of the cause of death;
e. the rate of deaths from total cases of disease.

1365. The lethality as an indicator of the public health is expressed by:
a. the number of deaths of a particular cause, in a population;
b. the number of deaths in a population indifferent of the cause of death;
c. the proportion of deaths from total new cases of the diseases in the respectively territory;
d. the rate of deaths from total cases with the respectively disease;
e. the proportion of deaths from a particular cause from all deaths indifferent of the cause of death.

1366. The features of descriptive studies are:
a. allow the evaluation of a new treatment;
b. measure the association between a disease and a risk factor;
c. determine the distribution of the disease based on the person, place, time;
d. include a series of cases;
e. are costly and difficult to perform.

1367. Which is the most appropriate epidemiological studies to compare the frequency of a disease in the same population, but at different times:
a. correlation;
b. transversal;

c. case-control;
d. cohort;
e. randomized.

1368. What are the advantages of case-control studies besides cohort studies:
a. study several possible effects of exposure;
b. it requires a smaller number of subjects;
c. can study rare diseases;
d. have a shorter duration;
e. are cheaper.

1369. Epidemiological case-control studies can be:
a. single-blind;
b. double-blind;
c. triple blind;
d. all mentioned in the points a, b, c;
e. none.

1370. Analytical epidemiological study can be:
a. retrospective;
b. prospectively;
c. observation;
d. experimental;
e. of field.

1371. Epidemiological investigation is:
a. investigation of infectious disease outbreak;
b. "case-control" investigation performed in clinic;
c. "case-control" investigation made outdoor;
d. research of tinctorial properties of the microorganism;
e. investigation of the non infectious disease outbreak.

1372. The correlation is direct strong when „R" is:
a. 0.0 to 0.20;
b. 0.20 - + 0.40;
c. + 0.40 - + 0.70;
d. + 0.70 - + 1.0;
e. + 1.0.

1373. The weak indirect correlation of „R" is:
a. - 1.0;
b. from 1.0 to 0.70;
c. from 0.70 to 0.40;
d. from 0.40 to 0.20;
e. from 0.20 to 0.0.

1374. The correlation of R = + 0.45 means:
a. direct weak correlation;
b. moderate direct correlation;
c. Strong direct correlation;
d. indirect weak correlation;
e. indirectly moderate correlation.

1375. The advantages of transversal epidemiological studies are:
a. they are easy to perform and low cost;
b. allow the assessment of health problems and prioritize response actions;
c. allows to identify the temporality regarding on exposure and disease;
d. are useful in assessing the incidence of rare diseases;
e. may serve as a first step in describing the epidemiological outbreaks with unknown cause.

1376. The intensieve indices are:
a. 20 cases of the disease;
b. 10 %;
c. 12 %o;
d. 24 %oo;
e. 11 %o.

Table 1

Clasification of infectious dideases

Infection	Anthroponosis				Zoonosis	Zooanthro-ponosis	Sapronosis
	intestinal	respire-atory	transmit-sive	skin			
Dysentery of cattle							
Lyme Borreliosis							
HIV Infection							
Yellow fever							
Yersiniosis							
Shigellosis							
Malaria							
Flu							
Pandemic typhus							
Syphilis							
Plague							
Gonorrhea							
Tularemia							
Ascaridosis							
Anthrax							
Brucellosis							
Q Fever							
Ornithosis							
Yellow fever							
Mumps							
Typhoid fever							
HAV							
HBV							
HEV							
Diphteria							
Smallpox							
Chickenpox							
Rubella							
Teniaza							
Measles							
Polio							
Enterobiosis							
Echinococcosis							
Dogs plague							

Table 2

Pahogent agent of infectious diseases

Nr.	Disease	Bacteria	spirochetes	Rictettsii	chlamydiae	Virus	mycoplasm	Fungi	Protozoa	helminths	arthropods
1.	HIV infection										
2.	Ornithosis										
3.	Endemic typhus										
4.	Recurrent typhus										
5.	Lyme disease										
6.	Diphteria										
7.	Scarlet fever										
8.	Malaria										
9.	Candidiasis										
10.	Amebiasis										
11.	Trichinosis										
12.	Scabies										
13.	Flu										
14.	Q fever										
16.	Cholera										
17.	Syphilis										
18.	Tetanus										
19.	Rabies										
20.	Shigellosis										
21.	HAV										
22.	HBV										
23.	Mycoplasmosis										
24.	Measles										
25.	Tenioza										
26.	Polio										
27.	Oxiuriaza										
28.	Yersiniosis										
29.	Campilobacteriosis										
30.	Tularemia										
31.	Anthrax										
32.	Aspergillosis										

Table 3

Vectors of infectious diseases

Nr.	Vectors / Diseases	louse	mosquitoes	flea	ticks	bedbugs	hematophagous flies	gadfly	moschiţii	Home flies
1.	Endemic typhus									
2.	Malaria									
3.	Recurrent typhus									
4.	haemorrhagic fevers									
5.	Tripanosomosis									
6.	Anthrax									
7.	Yellow fever									
8.	Q fever									
9.	leishmaniasis									
10.	Dengue fever									
11.	Spring-summer encephalitis									
12.	Japanese encephalitis									
13.	Onchocerciasis									
14.	Plague									
15.	Tularemia									

THE KEY TO SOLVE THE TESTS

1. Simple choice

The tests with simple choice are followed by three possible answers noted by the letters a, b, c, only one of them is correct. The question always suggests the existence of a single correct answer.

example:

Prevalence rate is crucial for:

a. shigelosis;
b. tuberculosis;
c. measles.

The correct answer is "b".

2. Multiple choice

The test is similar to the previous one, differ only the number of correct answers. Although the question suggests multiple answers, it does not indicate the number of correct answers, aimed to check more deep the student knowledge.

example:

Hospitalization is required in:

a. shighellosis;
b. typhoid fever;
c. endemic typhus;
d. Salmonella;
e. tetanus.

The correct answer is: b, c, e

3. Determine the correspondence between

The test has a numeric column marked with numbers and a column noted by alphabetical letters. It requires to corelate the first column with the corresponding statement from the second column.

example:

Determine the correspondence between:	Group of infection and sources of pathogens:
1. antroponosis;	a. human;
2. zoonosis;	b. soil and water;
3. sapronosis.	c. animals.

The correct answer is: 1a, 2c,

TESTS ANSWERS

1.	b	39.	a
2.	a	40.	c
3.	c	41.	a
4.	c	42.	a
5.	b	43.	c
6.	c	44.	b
7.	c	45.	c
8.	a	46.	b
9.	b	47.	b
10.	c	48.	a
11.	a	49.	b
12.	a	50.	b
13.	b	51.	c
14.	b	52.	a
15.	c	53.	a
16.	a	54.	c
17.	b	55.	a
18.	c	56.	b
19.	b	57.	a
20.	a	58.	a
21.	c	59.	b
22.	c	60.	b
23.	b	61.	c
24.	a	62.	a
25.	a	63.	c
26.	b	64.	a,b,d
27.	b	65.	b,c,e
28.	a	66.	b,c,d
29.	a	67.	a,c,d
30.	b	68.	a,b,c
31.	b	69.	a,b,c
32.	a	70.	a,b,d
33.	b	71.	a,b,d
34.	a	72.	a,c,d
35.	b	73.	b,d,e
36.	c	74.	b,c,e
37.	a	75.	a,b,c
38.	a	76.	c,d,e

77.	a,d	116.	3a,1b,2c,4d
78.	a,b,e	117.	3a,2b,4c,1d
79.	b,c, d	118.	3a,1b,2c,4d
80.	a,b,c	119.	c
81.	a,b,c,e	120.	b
82.	a,b,c,e	121.	b
83.	b,d	122.	c
84.	a,c,d,e	123.	b
85.	b,c,e	124.	b
86.	a,b,c,e	125.	b
87.	a,c,e	126.	c
88.	a,c,e	127.	b
89.	b,c	128.	a
90.	b,c	129.	b
91.	c,d,e	130.	c
92.	b,d	131.	b
93.	b,c,e	132.	c
94.	1a,2b,3c	133.	c
95.	1a,2b,3c,4d	134.	b
96.	1c,2a,3b	135.	b
97.	1b,2c,3a	136.	b
98.	2a,1b,3c,4d	137.	a
99.	1a,2b,3c	138.	c
100.	2a,1b,3c,4d	139.	b
101.	3a,1b,4c,2d	140.	a
102.	2a,4b,5c,3d,1e	141.	b
103.	3a,2b,1c,	142.	b
104.	2a,1b,3c,4d	143.	a
105.	1a,2b,3c,4d	144.	b
106.	1a,2b,3c,4d	145.	a
107.	3a,4b,2c,1d	146.	b
108.	3a,4b,1c,2d	147.	b
109.	3a,1b,2c	148.	c
110.	4a,1b,2c,3d	149.	b
111.	4a,3b,1c,2d	150.	c
112.	2a,1b,3c,4d	151.	c
113.	1a,2b,3c	152.	b
114.	2a,1b,3c	153.	c
115.	1a,2b,3a,4b	154.	c

155.	a	194.	a,d
156.	c	195.	b,c,d
157.	a	196.	a,b,d
158.	c	197.	a,b,c
159.	a	198.	b,d,e
160.	b	199.	a,b,d
161.	a	200.	a,c,d,e
162.	c	201.	b,d,e
163.	b	202.	a,b,c,d
164.	c	203.	b,e
165.	c	204.	1a,2b,3c,4d
166.	b	205.	3a,2b,1c,4d
167.	a	206.	2a,4b,1c,3d
168.	c	207.	2a,1b,4c,3d
169.	b,e	208.	2a,1b,4c,3d
170.	a,c	209.	1a,2b,3c
171.	a,b,c,d	210.	1a,2b,3c,4d
172.	b,c,d	211.	a
173.	b,c,d	212.	c
174.	a,c,d	213.	c
175.	a,d	214.	c
176.	a,c,d	215.	c
177.	b,c	216.	a
178.	a,b,e	217.	b
179.	a,c,d,e	218.	c
180.	a,c,d	219.	c
181.	a,b,c,e	220.	c
182.	b,c,e	221.	c
183.	a,b,d,e	222.	b
184.	b,c,d	223.	b
185.	c,e	224.	b
186.	a,d,e	225.	a
187.	b	226.	c
188.	c,e	227.	c
189.	a,c,e	228.	b
190.	a,b,c	229.	c
191.	c,d	230.	b
192.	a,e	231.	c
193.	a,b,d,e	232.	a

233.	c	272.	b
234.	a	273.	b
235.	c	274.	b
236.	b	275.	c
237.	c	276.	a
238.	b	277.	b
239.	c	278.	a
240.	c	279.	c
241.	c	280.	b
242.	b	281.	b
243.	b	282.	a
244.	a	283.	b,c
245.	c	284.	a,b
246.	b	285.	a,b,d,e
247.	b	286.	c,d
248.	c	287.	a,b,c
249.	b	288.	a,b,c,d
250.	a	289.	a,b,c,d
251.	b	290.	a,b,c,e
252.	b	291.	c,e
253.	c	292.	a,b,e
254.	b	293.	b,c,d,e
255.	b	294.	a,d,e
256.	b	295.	b,c,d
257.	a	296.	a,b,d,e
258.	a	297.	a,d
259.	a	298.	b,c,d
260.	c	299.	a,d,e
261.	a	300.	a,b,c
262.	b	301.	a,b,c
263.	c	302.	c,d,e
264.	a	303.	b,c,d
265.	a	304.	a,b,e
266.	b	305.	a,c
267.	b	306.	e
268.	c	307.	a,b,c,e
269.	a	308.	b,d
270.	c	309.	b,c,e
271.	a	310.	b,c,d

311.	a,b,e	350.	b
312.	a,c,d	351.	b
313.	b,d	352.	c
314.	a,b,e	353.	b
315.	a,d,e	354.	b
316.	a,b,d	355.	a
317.	a,b,e	356.	b
318.	a,c,e	357.	b
319.	a,e	358.	c
320.	a,b	359.	a
321.	1a,2b,3a,4b	360.	c
322.	1d, 2c,3b,4a	361.	b
323.	1b,1c,1e,2a,2d	362.	b
324.	1c,2a,3b	363.	b
325.	1b,2c,3d,4a	364.	b
326.	1b,2c,3d,4a	365	c
327.	1c,2a,3b	366.	b
328.	1d,2b,3c,4a,5e	367.	a
329.	1c,2a,3b	368.	b
330.	1b,2c,3d,4a	369.	b
331.	1d,2b,3c	370.	b
332.	1b,2a,3d,4c	371.	b
333.	1c,2d,3a,4b	372.	a
334.	1c,2a,3b,4d	373.	c
335.	1c,2a,3b,4d	374.	a
336.	1a,2b,3c,4d	375.	a
337.	1a,2c,3d,4e,5b	376.	a
338.	1d,2c,3b,4a	377.	c
339.	1d,2c,3b,4a	378.	b
340.	1c,2a,3b,4d	379.	c
341.	1d,2c,3b,4a	380.	b
342.	1c,2a,3d,4b	381.	c
343.	1d,2a,3b,4c	382.	b
344.	c	383.	b
345	c	384.	b
346.	a	385.	a
347.	b	386.	b
348.	c	387.	a
349.	b	388.	c

389.	a	428.	a,b,e
390.	b	429.	b,c,d
391.	c	430.	b,d
392.	a	431.	a,d,e
393.	c	432.	a,c,e
394.	c	433.	a
395.	a	434.	c
396.	c	435.	b,d,e
397.	c	436.	a,c,d,e
398.	c	437.	a,b,c,e
399.	a	438.	a,b,d,e
400.	c	439.	a,b,d
401.	b	440.	a,b,e
402.	b	441.	a,b,c,d
403.	a	442.	a,b,c
404.	a	443.	c,d,e
405.	a	444.	b,c,e
406.	a	445.	a,b,e
407.	a	446.	a,b,c,d
408.	a	447.	a,b,c
409.	a	448.	a,d,e
410.	b	449.	D
411.	a	450.	a,c,e
412	a	451.	C
413.	a	452.	D
414.	c	453.	a,b,d,e
415.	c	454.	B
416.	b	455.	a,c
417.	b	456.	b,c
418.	b	457.	B
419.	c	458.	a,b,d,e
420.	a,e	459.	b,c
421.	a,c,d	460.	a,b
422.	b,d,e	461.	c,d,e
423.	b,c,e	462.	a,b,d
424.	a,d,e	463.	a,c
425.	c,d,e	464.	b,c,d
426.	b,c	465.	c,d,e
427.	b,c	466.	b,c,d

467.	b,c,d	506.	a
468.	a,b,d	507.	c
469.	a,e	508.	b
470.	a,b,e	509.	a
471.	d,e	510.	a
472.	a,b,c	511.	a
473.	b,d	512.	a
474.	a,c,d	513.	b
475.	a,c,e	514.	c
476.	a,c,e	515.	a
477.	b,c,d	516.	b
478.	a,d,e	517.	c
479.	a,b	518.	c
480.	a,b,c,d	519.	a
481.	a,b,c	520.	b
482.	a,b,c,d	521.	c
483.	a,d	522.	c
484.	a,d,e	523.	b
485.	a,b,c	524.	c
486.	a,b,e	525.	c
487.	d,e	526.	b
488.	1d2c3b4a	527.	c
489.	1a,2b,3c,4d	528.	a
490.	1a,2c,3b	529.	a
491.	1c,2b,3a	530.	b
492.	1a,2c,3b	531.	b
493.	1b,2c,3a	532.	b
494.	1c,2b,3a	533.	a
495.	1c,2a,3b	534.	a
496.	1b,2a,3d,4c	535.	b
497.	1b,2a,3c,4d	536.	b
498.	1b,2a,3a,4b	537.	c
499.	b	538.	b
500.	b	539.	a
501.	a	540.	b
502.	b	541.	b
503.	a	542.	a
504.	a	543.	c
505.	b	544.	c

545.	b	584.	a,b,c
546.	c	585.	c,d,e
547.	a	586.	b,c,d
548.	a	587.	a,b,c
549.	c	588.	a,b,c
550.	c	589.	b,c,e
551.	c	590.	a,d,e
552.	c	591.	c,d,e
553.	a	592.	a,b,e
554.	b	593.	b,c,d
555.	c	594.	a,b,c,d
556.	b	595.	a,c,d
557.	a,b,c	596.	a
558.	a,b,c	597.	1e,2d,3b,4a,5c
559.	b,d,e	598.	1c,2b,3d,4e,5a
560.	b,c,e	599.	1a,2d,3b,4c,5e
560.	a,b,e	600.	1c,2e,3d,4b,5a
562.	a,b,e	601.	1a,2c,3d,4e,5b
563.	a,d,e	602.	1a,2b,3b,4b,5a
564.	a,b,c	603.	1c,2d,3b,4e,5a
565.	a,b,e	604.	1a,1b,1c,2d,2e,2f
566.	a,b,c	605.	1a,2b,3c
567.	a,b,c	606.	1b,2a,3c
568.	b,c,d	607.	1a,2b, 4c,3d
569.	a,b,c,d	608.	1a,2b
570.	a,b,d	609.	a
571.	c,d,e	610.	c
572.	a,b,c	611.	a
573.	c,d,e	612.	b
574.	b,c,d	613.	a
575.	b,c,d	614.	b
576.	b,c,d	615.	b
577.	a,c,d	616.	c
578.	a,c,e	617.	b
579.	a,d,e	618.	b
580.	b,c,d	619.	b
581.	b,d,e	620.	b
582.	a,b,e	621.	b
583.	b,c,d	622.	c

623.	a	662.	c
624.	c	663.	a
625.	b	664.	b
626.	a	665.	a
627.	c	666.	b
628.	a	667.	c
629.	a	668.	c
630.	b	669.	b
631.	c	670.	a
632.	b	671.	a
633.	a	672.	a
634.	b	673.	b
635.	b	674.	b
636.	a	675.	c
637.	a	676.	c
638.	b	677.	b
639.	b	678.	c
640.	c	679.	a
641.	a	680.	b
642.	c	681.	b
643.	a	682.	a
644.	c	683.	a
645.	c	684.	c
646.	b	685.	c
647.	b	686.	a
648.	c	687.	b
649.	b	688.	c
650.	b	689.	c
651.	c	690.	a
652.	b	691.	a
653.	b	692.	c
654.	b	693.	a
655.	c	694.	a
656.	c	695.	b
657.	c	696.	a
658.	a	697.	b
659.	a	698.	c
660.	a	699.	c
661.	c	700.	a

701.	a	740.	b
702	a	741.	b
703.	b	742.	a
704.	a	743.	a
705.	c	744.	a
706.	b	745.	b
707.	b	746.	b
708.	c	747.	a
709.	a	748.	a
710.	a	749.	c
711.	a	750.	c
712.	a	751.	b
713.	b	752.	a
714.	a	753.	b
715.	b	754.	a
716.	c	755.	a,c,d
717.	b	756.	a,b,c
718.	b	757.	a,d,e
719.	c	758.	a,b,e
720.	b	759.	b,c,d
721.	b	760.	c,d,e
722.	b	761.	a,c,e
723.	c	762.	a,b,c
724.	a	763.	a,b,e
725.	c	764.	b,c,e
726.	b	765.	b,c,d
727.	c	766.	b,d,e
728.	b	767.	a,d,e
729.	a	768.	a,b,c
730.	b	769.	a,d,e
731.	c	770.	a,c,e
732.	c	771.	b,e
733.	c	772.	a,b,c
734.	c	773.	a,b
735.	c	774.	a,c,d
736.	c	775.	b,e
737.	c	776.	b,e
738.	c	777.	a,b
739.	b	778.	a,b,d

779.	a,b,c	818.	a,b
780.	a,c,d	819.	c,d,e
781.	a,c,e	820.	b,c,d
782.	a,c,d	821.	a,d,e
783.	b,c,e	822.	a,c,d
784.	a,c,e	823.	a,d,e
785.	a,c,d	824.	a,b,e
786.	b,c,e	825.	a,b,d
787.	b,d,e	826.	a,b,e
788.	b,c,e	827.	a,e
789.	a,b,c,d	828.	b,e
790.	c,d	829.	a,d,e
791.	a,b,d	830.	b,c,d
792.	a,b,c	831.	c,d,e
793.	a,c,d	832.	b,c,d
794.	a,b	833.	a,b,e
795.	d,e	834.	a,b,c
796.	b,c,d,e	835.	b,c,e
797.	b,c,d	836.	a,b,d
798.	a,b,e	837.	a,b,d
799.	a,b,c,d	838.	b,c
800.	a,b,e	839.	a,b,c
801.	a,b	840.	a,b,c
802.	a,b,d,e	841.	a
803.	b,c,d	842.	e
804.	a,b,e	843.	d
805.	a,c,d	844.	e
806.	c,d,e	845.	d
807.	a,c,d,e	846.	a
808.	b,c,d	847.	b,c,d
809.	a,b,c,e	848.	a,b,d
810.	a,c,d	849.	a,b,d,e
811.	a,b,e	850.	b,d,e
812.	a,b,c	851.	a,b,c
813.	a,b	852.	a,b,c,d
814.	a,d,e	853.	a,c,d,e
815.	a,c,e	854.	a,b,e
816.	a,b,e	855.	a,c,e
817.	a,c	856.	a,d,e

857.	a,b,d	896.	1b,2a,3c
858.	a,b,d	897.	1b,2c,3a
859.	d,e	898.	1b,2c,3a
860.	b,c	899.	1b,2c,3a
861.	b	900.	1c,2b,3a
862.	d,e	901.	1b,2c,3a
863.	b,c,e	902.	1c,2a,3b
864.	b,c,d	903.	1b,2c,3a
865.	b,c,d	904.	1b,2a,3c
866.	a,b,c,d	905.	1c,2a,3b
867.	1c,2a,3b	906.	1b,2a,3c
868.	1c,2b,3d,4a	907.	1b,2a,3c
869.	1d,2b,3a,4c	908.	1b,2c,3a
870.	1b,2c,3a	909.	b
871.	1b,2a,3c,4d	910.	b
872.	1d,2a,3b,c	911.	c
873.	1d,2c,3a,4b	912.	b
874.	1d,2b,3a,4c	913.	a
875.	1d,2c,3a,4b	914.	b
876.	1a,2b,3c,4d	915.	c
877.	1a,2b,3c	916.	b
878.	1a,2b,3c,4d	917.	b
879.	1a,2b,3c,4e,5d	918.	c
880.	1a,2c,3b,4d	919.	b
881.	1a,2b,3c,4d	920.	a
882.	1c,2d,3b,4a	921.	b
883.	1a,2b,3c,4d	922.	c
884.	1b,2a,3c	923.	a
885.	1b,2c,3a	924.	b
886.	1b,2c,3a	925.	b
887.	1c,2a,3b	926.	c
888.	1a,2a,3b	927.	a
889.	1b,2a,3c	928.	b
890.	1c,2a,3b	929.	a
891.	1b,2a,3c	930.	a
892.	1b,2c,3a	931.	b
893.	1b,2a,3c	932.	b
894.	1b,2c,3a	933.	b
895.	1b,2c,3a	934.	b

935.	c	974.	1c,2a,3b
936.	b	975.	1a,2b,3c,4d,5e
937.	a	976.	1c,2a,3b
938.	b	977.	1e,2c,3d,4b,5a
939.	c	978.	1b,2c,3a
940.	c	979.	1c,2a,3b
941.	b	980.	1c,2a,3b
942.	c	981.	1c,2a,3b
943.	a	982.	1b,2a,3c
944.	c	983.	1c,2a,3b
945.	a	984.	1b,2a,3c
946.	c	985.	1b,2a,3c
947.	a,c,d,e	986.	1c,2a,3b
948.	a,b	987.	1b,2a,3c
949.	a,c,d	988.	1c,2e,3a,4b,5d
950.	b,d,e	989.	b
951.	a,b,c	990.	b
952.	a,c,e	991.	c
953.	b,c,d	992.	b
954.	a,c,d,e	993.	b
955.	a,d,e	994.	c
956.	a,b,d	995.	b
957.	a,c	996.	b
958.	c	997.	c
959.	b	998.	c
960.	a,b,c,d	999.	c
961.	b,c,d	1000.	b
962.	a,b,c	1001.	a
963.	a,c,e	1002.	c
964.	a,b	1003.	a
965.	d	1004.	b
966.	b	1005.	c
967.	c	1006.	a
968.	a,b,d,e	1007.	c
969.	a,b,c,d	1008.	a,d,e
970.	c	1009.	a,b,d
971.	1a,2b,3c	1010.	a,b,c
972.	1a,2b,3c,4d	1011.	a,b
973.	1d,2c,3b,4a	1012.	c,d,e

1013.	b,c	1052.	a
1014.	b,c,e	1053.	c
1015.	a,b,c,d	1054.	a
1016.	b,c,d	1055.	c
1017.	c	1056.	a
1018.	a,d	1057.	b
1019.	a,b,c,d	1058.	b
1020.	a,b	1059.	a
1021.	a,b,c	1060.	c
1022.	b,c,d,e	1061.	b
1023.	a,b,c	1062.	a
1024.	a,d	1063.	c
1025.	a,d,e	1064.	a,d,e
1026.	a,b,c,e	1065.	a,c,d
1027.	b,c,e	1066.	a,d,e
1028.	a,b,c,d	1067.	a,b,d
1029.	a,b,c	1068.	a,b,c
1030.	a,b,c,d	1069.	a,b,e
1031.	c	1070.	a,b,c,e
1032.	a,b,c,d	1071.	b
1033.	1b,2c,3d,4a	1072.	a,c,d
1034.	b,c,a,d	1073.	c,d,e
1035.	a,b,c,d,e	1074.	b,c,e
1036.	a,b,c,d	1075.	a,b,d
1037.	a,c,b,d	1076.	b,c,d
1038.	a	1077.	d,e
1039.	c	1078.	c,d,e
1040.	c	1079.	a,b,e
1041.	c	1080.	a,b,c
1042.	b	1081.	b,c,d
1043.	c	1082.	b,d
1044.	c	1083.	b,d
1045.	a	1084.	b,c
1046.	b	1085.	a,b
1047.	c	1086.	c,d,e
1048.	b	1087.	a
1049.	c	1088.	c
1050.	a	1089.	a,d,e
1051.	c	1090.	a,d,e

Continue

1091.	d	1130.	b
1092.	d,e	1131.	c
1093.	a,b,c	1132.	a
1094.	b	1133.	a
1095.	a,d	1134.	b
1096.	b,e	1135.	b
1097.	a,b,c,d	1136.	c
1098.	a,d	1137.	c
1099.	a,b	1138.	c
1100.	a,c,d,e	1139.	c
1101.	b,c,e	1140.	a
1102.	a	1141.	c
1103.	a,c	1142.	a
1104.	a,b,d	1143.	b
1105.	1a2,d,3c,4b	1144.	c
1106.	1c,2a,3d,4b	1145.	b
1107.	1b,2c,3a	1146.	b
1108.	1d,2b,3a,4c	1147.	b
1109.	1b,2a,3c	1148.	a
1110.	1d,2a,3b,4c	1149.	a
1111.	1b,2a,3c,4d	1150.	b
1112.	1a,1c,2b,2d	1151.	b
1113.	1a,2c,3b	1152.	b
1114.	1d,2a,3b,4c	1153.	c
1115.	1c,2a,3b,4d	1154.	c
1116.	c	1155.	a
1117.	c	1156.	c
1118.	b	1157.	b
1119.	a	1158.	a
1120.	c	1159.	b
1121.	a	1160.	b
1122.	c	1161.	b
1123.	b	1162.	a
1124.	c	1163.	c
1125.	b	1164.	a,b,e
1126.	b	1165.	a,b,c
1127.	b	1166.	d,e
1128.	a	1167.	a,b,c,d
1129.	c	1168.	a,c,d,e

1169.	a,b,c,e	1208.	1c,2b,3a,4d
1170.	a,b,d	1209.	1b,2d,3a,4c
1171.	c,d,e	1210.	1d,2e,3c,4a,5b
1172.	b,c,e	1211.	1b,2a,3d,4c
1173.	a,b,e	1212.	b
1174.	a,c,d	1213.	c
1175.	a,c,d,e	1214.	c
1176.	b	1215.	c
1177.	a,b,c	1216.	b
1178.	d	1217.	c
1179.	a,b,d	1218.	b
1180.	a	1219.	a
1181.	b,c,e	1220.	b
1182.	c,d,e	1221.	b
1183.	a,c,d	1222.	c
1184.	a,b,d	1223.	b
1185.	a,b,c	1224.	a
1186.	a,b,c	1225.	a
1187.	b,c,d	1226.	c
1188.	b.d,e	1227.	b
1189.	e	1228.	c
1190.	a,b,e	1229.	c
1191.	a,b	1230.	b
1192.	a,c,d,e	1231.	b
1193.	a,b,c	1232.	a
1194.	a,d,e	1233.	c
1195.	a,b,d	1234.	a
1196.	b,c,e	1235.	c
1197.	a,e	1236.	a
1198.	a,b,c,d	1237.	b
1199.	d	1238.	a
1200.	a,c	1239.	a
1201.	d,e	1240.	a
1202.	c,e	1241.	a
1203.	b,c,d	1242.	a,b,d
1204.	a,b,e	1243.	a,b,e
1205.	1a,2d,3b,4c	1244.	a,c,e
1206.	1c,2b,3d,4a	1245.	a,c
1207.	1c,2d,3b,4a	1246.	a,b,c

Continue

1247.	a,b,d,e	1286.	b
1248.	b,c,d	1287.	c
1249.	a,b,d	1288.	b
1250.	b,c,d	1289.	a
1251.	a,c,e	1290.	b
1252.	a,b,c	1291.	a
1253.	a,b,c	1292.	c
1254.	b,c,e	1293.	c
1255.	a,c,d	1294.	c
1256.	a	1295.	a
1257.	a,b,c,d	1296.	c
1258.	c,d	1297.	a
1259.	b,c,d	1298.	c
1260.	1b,2c,3a	1299.	c
1261.	1c,2a,3b	1300.	a
1262.	1c,2b,3a	1301.	b
1263.	1b,2c,3a	1302.	c
1264.	1b,2c,3a	1303.	a,c,d,e
1265.	1b,2a,3c	1304.	a,b,c,e
1266.	1b,2a,3c	1305.	a,b,c
1267.	b	1306.	b,c,e
1268.	a	1307.	a,c,e
1269.	c	1308.	a,b,c
1270.	a	1309.	a,b,e
1271.	b	1310.	b,c,d
1272.	b	1311.	a,b,d
1273.	a	1312.	a,c,d
1274.	b	1313.	a,b,e
1275.	b	1314.	a,c,d,e
1276.	a	1315.	a,b,c
1277.	c	1316.	d,e
1278.	c	1317.	c,d
1279.	a	1318.	a,b,c,d
1280.	c	1319.	a,c,e
1281.	b	1320.	b,c,d
1282.	b	1321.	a,d,e
1283.	b	1322.	b,c
1284.	c	1323.	b,c,e
1285.	b	1324.	b,c,d,e

1325.	a,b,c,e	1351.	c
1326.	a,c	1352.	c
1327.	b,c,d,e	1353.	a
1328.	b,c,d	1354.	c
1329.	b,c,d	1355.	b
1330.	b,c,d,e	1356.	a
1331.	a,b,d	1357.	b
1332.	a,b,c,d	1358.	b
1333.	a,b,c,d	1359.	b
1334.	1b,2a,3d,4c	1360.	a,b
1335.	1a,c,e,2b,d,f	1361.	a,b
1336.	1a,d,e2b,c	1362.	b,d,e
1337.	b	1363.	a,c,e
1338.	a	1364.	d
1339.	c	1365.	d
1340.	c	1366.	c,d
1341.	a	1367.	b
1342.	b	1368.	b,c,d,e
1343.	b	1369.	a,b,c,d
1344.	a	1370.	a,b,c
1345.	b	1371.	a,b,e
1346.	b	1372.	d
1347.	b	1373.	d
1348.	c	1374.	b
1349.	b	1375.	a,b,e
1350.	a	1376.	c

Summary