1. Common Causes of bacterial meningitis in Neonate
    A. Escherichia coli
    B. Group B streptococci
    C. Streptococcus pneumonia
    D. All
    E. A and B only
2. Common Causes of bacterial meningitis in Infant/preschool child
    A. Neisseria meningitides
    B. Listeria monocytogenes
    C. Haemophilus influenzae
3. Common Causes of bacterial meningitis in adult but not

    A. N. meningitides
    B. Streptococcus pneumonia
    C. Escherichia coli
4. the most common causes of outbreaks in hospitals, except
        a. Norovirus
        b. C. difficile
        c. Salmonella
        d. Rotavirus
        e. None
5. A suitable list of organisms to test for in all community outbreaks of gastroenteritis is:
    A. Salmonella species
    B. Campylobacter species
    C. Shigella species
    D. Shiga-toxin Producing E. coli (STEC)
    E. Norovirus
    F. All`
    G. None
6. **Groups that pose an increased risk of spreading gastrointestinal infection**
    i. Any person who is unable to perform adequate personal hygiene due to lack of capacity or ability to comply OR has lack of access to hygiene facilities.
    ii. All children aged five years old or under (up to the sixth birthday*) who attend school, pre-school, nursery or other similar child care or minding groups.
    iii. People whose work involves preparing or serving unwrapped ready to eat food (including drink).
    iv. Clinical, social care or nursery staff who work with young children, the elderly, or any other particularly vulnerable people, and whose activities increase the risk of transferring infection via the faecal-oral route.
7. Alll are Clues as to whether an outbreak of gastroenteritis could be food-borne but not
    a. Dates of onset (epidemic curve) clustered indicating a point source outbreak
    b. All wards, classes, buildings or units supplied by the kitchens or food supplier are affected.
    c. Patients and staff in a single ward, class, building, or unit are affected.
    d. Food handlers and catering staff are affected.

e. Environmental investigation reveals poor food handling practices or premises.

8. All are Clues as to whether an outbreak of gastroenteritis could be spread person to person except
    a. Dates and times of onset do not cluster but occur in waves coinciding with the incubation period of the responsible pathogen.
    b. People in the households of staff-members or pupils are also affected.
    c. Clinical features and laboratory tests suggest organism predominantly spread person to person, e.g. rotavirus, Shigella.
    d. All wards, classes, buildings or units supplied by the kitchens or food supplier are affected.

9. Non-infectious causes of jaundice

    a. Drug reaction (paracetamol, phenothiazine, alcohol)
    b. Toxins (khat, herbs, mushrooms e.g. Amanita phalloides 'the death cap')
    c. Recent exposure to anaesthetic
    d. Haemolysis (e.g. due to G6PD deficiency, sickle cell disease)
    e. Physiological (in the neonate)
    f. Toxin causing liver damage (including chronic alcohol abuse)
    g. Primary biliary cirrhosis
    h. Autoimmune liver diseases (autoimmune hepatitis [AIH], primary biliary sclerosis [PBS], primary sclerosing cholangitis [PSC], sarcoidosis)
    i. Gallstones
    j. Biliary or pancreatic cancer
    k. Genetic disorders (e.g. Gilbert's disease
    l. All
    m. None

10. The most common causes of infectious jaundice

    a. Viral hepatitis A, B, C, E
    b. Malaria
    c. Ebola, Marburg
    d. None

11. Mr X Came to your health centre with rapid onset of severe, unexplained febrile illness or febrile death. Rapid onset of severe sepsis is not due to a predisposing illness, or respiratory failure with a widened mediastinum. On lab.dx, severe sepsis with Gram-positive rods or Bacillus species identified in the blood or cerebrospinal fluid and assessed not to be a contaminant. Then, what is Confirmed case of this pt
    A. Meningitis
    B. Anthrax
    C. Tetanus`
    D. None

12. Identify Groups at increased risk of immunocompromise
    a. Extremes of age,
    b. Impaired anatomical barriers: burns, catheters, intubation,
    c. Impaired host defence due to genetic or acquired, underlying malignancy
    d. Pt with solid organ transplantation,
    e. Pt with Haemopoietic Stem Cell Transplantation (HSCT), chronic infection, immunosuppressive drugs, and HIV.
    f. All

g. None