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MCQs



NURSING

MCQs on COMMUNITY HEALTH NURSING

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3 Epidemiology of Communicable Diseases

Q.1. ***Presence of an infectious agent in an inanimate article or on skin surface, particularly hands, is called*:**

i. Pollution
ii. Contamination
iii. Infection
iv. Infestation

Q.2. ***Which mode of transmission is followed in transmission of microfilaria through female culex mosquito*?**

i. Cyclopropagative
ii. Propagative
iii. Cyclodevelopmental
iv. Vehicle-borne

Q.3. ***All of the followings are examples of direct modes of transmission except*:**

i. Fomites
ii. Inoculation into skin or mucous membranes
iii. Droplet infection
iv. Vertical transmission

Q.4. ***Latent period + period of maximum communicability will give a crude estimate of the*:**

i. Lead time
ii. Lag time
iii. Generation time
iv. Incubation period

Q.5. ***The level of immunity that is present in a population against an infectious agent is known as*:**

i. Innate immunity
ii. Acquired immunity
iii. Selective immunity
iv. Herd immunity

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Q.6. ***In calculation of secondary attack rate, exposure to which case is being taken into account*:**

i. Primary case
ii. Index case
iii. Secondary case
iv. Subclinical case

Q.7. ***Case Fatality Ratio (CFR) is a reasonably good measure of*:**

i. Pathogenicity
ii. Infectivity
iii. Virulence
iv. Infectiousness

Q.8. ***Epidemiologic chain of infection usually involves all of the following factors except*:**

i. Disinfectants
ii. Infectious agent
iii. Human host
iv. Modes of transmission

Q.9. ***The presence and development of insect vectors on the body or linen, e.g. louse is known as*:**

i. Infection
ii. Infestation
iii. Infectiousness
iv. Infectivity

Q.10. ***The time in which half of the infected subjects will develop clinical manifestations, following entry of the organism into the body, is known as*:**

i. Lead time
ii. Median latent period
iii. Median incubation period
iv. Generation time

Q.11. ***That subset of endemic frequency, wherein exposure to infection generally occurs during early childhood so that by the time adulthood is achieved, the population becomes immune and a high level of herd immunity occurs, is known as*:**

i. Hyperendemic
ii. Holoendemic

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iii. Mesoendemic
iv. Hypoendemic

Q.12. ***Wassermann antibodies and bactericidal antibodies against gram-negative organisms (endotoxins) are almost exclusively found in*:**

i. IgG
ii. IgM
iii. IgA
iv. IgE

Q.13. ***The objective of prevention and control measures in the prepathogenic phase is to achieve*:**

i. Primary prevention
ii. Secondary prevention
iii. Tertiary prevention
iv. None of the above

Q.14. ***Broad categories of disinfecting agents are all except*:**

i. Natural agents
ii. Physical agents
iii. Chemical agents
iv. Gaseous agents

Q.15. ***The temperature of the air in the oven should be maintained at*:**

i. 160°C for at least one hour
ii. 170°C for at least one hour
iii. 180°C for at least one hour
iv. 190°C for at least one hour

Q.16. ***Steam introduced at pressure in excess of atmospheric pressure is known as*:**

i. Current steam
ii. Unconfined steam
iii. Saturated steam
iv. Confined steam

Q.17. ***The underlying principle of "Syndromic Approach" to communicable disease surveillance is that the case definition is based on*:**

i. A specific disease
ii. A group of diseases

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iii. A syndrome
iv. None of the above

Q.18. ***Serum should be separated from blood prior to transportation if the time taken to reach the laboratory is*:**

i. > 6 hours
ii. > 12 hours
iii. > 18 hours
iv. > 24 hours

Malaria

Q.19. ***Malignant tertian malaria is caused by*:**

i. *Plasmodium vivax*
ii. *Plasmodium malariae*
iii. *Plasmodium falciparum*
iv. *Plasmodium ovale*

Q.20. ***The cyclopropagative life cycle of the plasmodium occurs in stages of*:**

i. 2
ii. 3
iii. 4
iv. 5

Q.21. ***Most of the severe morbidity and mortality in malaria is caused by*:**

i. *Plasmodium vivax*
ii. *Plasmodium malariae*
iii. *Plasmodium falciparum*
iv. *Plasmodium ovale*

Q.22. ***In order to infect a mosquito, the blood of a human carrier must contain at least how many gametocytes per mm^3*:**

i. 10
ii. 12
iii. 14
iv. 16

Q.23. ***Main vector of malaria in Andaman and Nicobar Islands is*:**

i. Anopheles dirus
ii. Anopheles sundaicus

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iii. Anopheles maculatus
iv. Anopheles stephensi

Q.24. ***A hyperendemic area is defined as one in which*:**

i. Spleen rate or parasite rate consistently over 10% in children between the ages of 2 and 9 years
ii. Spleen rate or parasite rate consistently over 30% in children between the ages of 2 and 9 years
iii. Spleen rate or parasite rate consistently over 50% in children between the ages of 2 and 9 years
iv. Spleen rate or parasite rate consistently over 75% in children between the ages of 2 and 9 years

Q.25. ***Rapid diagnostic test of malaria based on detection of antibodies against histidine-rich protein 2 is used for diagnosis of*:**

i. *Plasmodium falciparum*
ii. *Plasmodium vivax*
iii. *Plasmodium ovale*
iv. All of the above

Q.26. ***Gold-standard in confirming the diagnosis of malaria is*:**

i. Peripheral smear examination
ii. Immunochromatographic test
iii. Polymerase chain reaction
iv. Radioimmunoassay

Q.27. ***Drug of choice in severe and complicated malaria of Plasmodium falciparum*:**

i. Artesunate
ii. Quinine
iii. Chloroquine
iv. None of the above

Q.28. ***In severe and complicated malaria recommended dose of Quinine is*:**

i. 2.5 mg/kg body weight 8 hourly
ii. 5 mg/kg body weight 8 hourly
iii. 10 mg/kg body weight 8 hourly
iv. 15 mg/kg body weight 8 hourly

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Lymphatic Filariasis

Q.29. ***Most prevalent parasitic worm in India*:**

i. *Wuchereria bancrofti*
ii. *Brugia malayi*
iii. *Brugia timori*
iv. None of the above

Q.30. ***Brugia timori has only been found in parts of*:**

i. South India
ii. Indonesia
iii. China
iv. Bangladesh

Q.31. ***The most important vector for lymphatic filariasis in India*:**

i. Culex quinquefasciatus
ii. Culex tritaeniorhynchus
iii. Mansonia annulifera
iv. Mansonia uniformis

Q.32. ***Drug most widely used for treatment of lymphatic filariasis*:**

i. Diethylcarbamazine (DEC)
ii. Ivermectin
iii. Albendazole
iv. None of the above

Leishmaniasis

Q.33. ***The disease is endemic in following three countries of the WHO South East Asia region except*:**

i. Bangladesh
ii. India
iii. Nepal
iv. Sri Lanka

Q.34. ***The disease is reported in number of districts in India are*:**

i. 51
ii. 52
iii. 53
iv. 54

Q.35. ***State which accounts for more than 90% of the cases in India*:**

i. Uttar Pradesh

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ii. Bihar
iii. Assam
iv. Madhya Pradesh

Q.36. ***Leishmania donovani complex comprises of all except*:**

i. *Leishmania infantum*
ii. *Leishmania chagasi*
iii. *Leishmania venezuelensis*
iv. *Leishmania donovani*

Q.37. ***Cutaneous leishmaniasis is also known as all the following except*:**

i. Oriental sore
ii. Aleppo evil
iii. Delhi boil
iv. Espundia

Dengue and Dengue Hemorrhagic Fever

Q.38. ***Prior to 1970 the number of countries had experienced DHF epidemic are*:**

i. 3
ii. 5
iii. 7
iv. 9

Q.39. ***The city has reported the first major outbreak in India during 1963 is*:**

i. Mumbai
ii. Kolkata
iii. Delhi
iv. Chennai

Q.40. ***Dengue virus has how many serotypes*:**

i. 2
ii. 4
iii. 6
iv. 8

Q.41. ***IgM antibodies against dengue virus appear around how many days after onset of symptoms*:**

i. 3
ii. 5

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iii. 7
iv. 9

Japanese Encephalitis

Q.42. ***Japanese encephalitis virus is*:**

i. Single–stranded RNA virus
ii. Double–stranded RNA virus
iii. Single–stranded DNA virus
iv. Double–stranded DNA virus

Q.43. ***In India principal vector for JE is*:**

i. Culex quinquefasciatus
ii. Culex tritaeniorhynchus
iii. Aedes vittatus
iv. Aedes niveus

Q.44. ***Natural host for the virus are*:**

i. Humans
ii. Cattle
iii. Pigs
iv. Monkeys

Q.45. ***Cell culture–derived vaccine is based on a specific strain of the JE virus which is*:**

i. SA 14–14–1
ii. SA 15–15–1
iii. SA 14–14–2
iv. SA 15–15–2

Rickettsial Diseases

Q.46. ***Limited area of intensive transmission of rickettsiae called as*:**

i. Typhus island
ii. Mite islands
iii. Rickettsiae island
iv. None of the above

Q.47. ***Agent for Indian Tick Typhus is*:**

i. *Rickettsia typhi*
ii. *Rickettsia conorii*

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iii. *Rickettsia akari*
iv. *Rickettsia prowazekii*

Q.48. ***Most commonly reported rickettsial infection in India is*:**

i. Scrub typhus
ii. Indian tick typhus
iii. Epidemic typhus
iv. Rickettsial pox

Q.49. ***Epidemic typhus is transmitted by*:**

i. Tick
ii. Mite
iii. Human louse
iv. Rat flea

Q.50. ***The infection is transmitted to man through the bite of infective mite in the form of*:**

i. Larvae
ii. Pupa
iii. Male adult
iv. Female adult

Yellow Fever

Q.51. ***All the following are countries considered to be at high-risk for yellow fever except*:**

i. Brazil
ii. Colombia
iii. Hong Kong
iv. Peru

Q.52. ***Principal urban vector of yellow fever is*:**

i. *Aedes aegypti*
ii. *Aedes africanus*
iii. *Aedes simpsoni*
iv. *Aedes vittatus*

Q.53. ***The principal vector for forest transmission of yellow fever in South America is*:**

i. *Aedes simpsoni*
ii. *Haemagogus spegazzinii*

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iii. *Aedes vittatus*
iv. *Aedes niveus*

Q.54. ***Strain of yellow fever virus used for vaccination*:**

i. 16 D
ii. 17 D
iii. 18 D
iv. 19 D

Q.55. ***The international yellow fever vaccination certificate becomes valid after how many days*:**

i. 10
ii. 15
iii. 20
iv. 25

Plague

Q.56. ***Yersinia pestis was first discovered in*:**

i. 1893
ii. 1894
iii. 1895
iv. 1896

Q.57. ***Number of species in the genus Yersinia considered important human pathogens*:**

i. 1
ii. 3
iii. 5
iv. 7

Q.58. ***Human flea responsible for human to human transmission of plague*:**

i. *Pulex irritans*
ii. *Oropsylla montanus*
iii. *Nosopsyllus fasciatus*
iv. *Xenopsylla vexabilis*

Q.59. ***Epizootic hosts are all except*:**

i. Amplification hosts
ii. Maintenance hosts
iii. Highly susceptible
iv. Have high mortality

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Q.60. ***The least common but most dangerous plague is*:**

i. Septicemic plague
ii. Bubonic plague
iii. Pneumonic plague
iv. None of the above

Q.61. ***Drug of choice for treatment of plague*:**

i. Tetracyclines
ii. Chloramphenicol
iii. Ciprofloxacin
iv. Streptomycin

Q.62. ***Antibiotics of choice for prophylaxis*:**

i. Tetracyclines
ii. Rifampicin
iii. Ciprofloxacin
iv. Streptomycin

Anthrax

Q.63. ***All are properties of Bacillus anthracis except*:**

i. Gram-positive
ii. Spore-forming
iii. Nonmotile
iv. Hemolytic

Q.64. ***All are anthrax toxins except*:**

i. Edema factor (EF)
ii. Swelling factor (SF)
iii. Lethal factor (LF)
iv. Protective antigen

Q.65. ***Bacillus anthracis is known to have how many strains*:**

i. 1 (EF)
ii. 2
iii. 3
iv. 4

Q.66. ***Antibiotic of choice in treatment of anthrax*:**

i. Penicillin
ii. Ciprofloxacin

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iii. Tetracyclines
iv. Chloramphenicol

Q.67. ***The most common clinical form of presentation of anthrax is*:**

i. Pulmonary anthrax
ii. Gastrointestinal anthrax
iii. Cutaneous anthrax
iv. Anthrax meningitis

Tetanus

Q.68. ***In South East Asia, following country has eliminated maternal and neonatal tetanus*:**

i. India
ii. Bangladesh
iii. Myanmar
iv. None of the above

Q.69. ***In neonatal tetanus, the average incubation period is about*:**

i. 4 days
ii. 7 days
iii. 11 days
iv. 15 days

Q.70. ***This is the most common form of clinical presentation of tetanus*:**

i. Localized tetanus
ii. Generalized tetanus
iii. Cephalic tetanus
iv. Neonatal tetanus

Q.71. ***The only condition which mimics tetanus closely is*:**

i. Strychnine poisoning
ii. Botulism poisoning
iii. Rabies
iv. None of the above

Q.72. ***A 37-week pregnant woman attends the antenatal clinic for the first time. The correct advice regarding immunization is*:**

i. Nil immunization being too late
ii. One dose of TT

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The greatest challenge in community health nursing is the delivery of the healthcare in the community areas including rural and urban, though we have different cadres in the community health to provide the health support, but still we have found that there is something lacking in the healthcare. This can be due to various reasons such as lack of willingness to work door-to-door, lack of trained personnel at grassroot level, lack of knowledge, lack of provisions (man, money and material), etc.

This book is purely based on different aspects of community health nursing. After consulting experienced community health nursing leaders like Professor Gangubai Kulkarni, Professor YN Sashidhara and Professor Rama Taneja, I have come to the conclusion that this book can be referred to as a community health nursing educational reference book. All the chapters are in Multiple Choice Questions format, which will help the students of community health nursing to review their knowledge as well as for the preparation of the viva voce sessions.

This book is written according to the Indian Nursing Council requirements for the undergraduates and especially for the postgraduates in community health nursing.

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