Epidemiology

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Epidemiological and Research Studies 1

Corrected By :

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1.Residence of three villages with three different types of water supply were asked to participate in a study to identify cholera carriers. Because several cholera deaths had occurred in the recent past, virtually everyone present at the time submitted to examination. The proportion of residents in each village who were carriers was computed and compared. This study is a?
a. Case series
b . Case control
c. Cross sectional
d. Cohort
e. Ecological

answer: b

2. What study design has the most recall bias

a. Cross sectional

3.Cross-sectional study is called

prevalence study

4. The following is true about case-series

Build a natural history of the disease

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Epidemiological and Research Studies 2

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1.What is NOT true about a case control study? Select one:

    a. Provides quick results
    b. Is less expensive relatively
    c. Involves fewer subjects
    d. Gives attributable risk.
    e. Provides prevalence of exposure

Answer:d

2. Which study design is most susceptible to recall bias?

    a.Cross-sectional study
    b.Case-control study
    c.Cohort study
    d .Randomized Controlled Trial
    (RCT)

Answer:b

3. Calculate the Odds ratio of patients who have oral cancer and chew tobacco, given the following data:**
- People with oral cancer: 150 (60 of them chew tobacco) Healthy people: 180 (20 of them chew tobacco)

    a 3.00
    b. 4.50
    c. 5.33
    d. 6.00

Answer:c

4. All of the following about case - control studies true except?

More expensive

5 .To investigate the effect of tobacco chewed on oral cancer , it's observed that 50 out of 100 patients were tobacco chewers, as compared to 20 tobacco chewers out of 100 control subjects

The odds ratio of oral cancer associated with smoking will be?subjects.

a. 3.0

b. 40

c. 4.0

d. Insufficient data given for calculationnswer:

Answer:c

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Epidemiological and Research Studies 3

Corrected By :

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1. study on 300 IVDU . 140 with HIV , 160 without HIV . Followed up for 2 years , from HIV persons 40 develope TB , from others 60 develope TB . This study is ??

a.cohort study
b.cross sectional
c.case control
d.RCT

Answer:a

2-In a study of 300 intravenous drug users (IVDU), 140 with HIV and 160 without HIV were followed for 2 years. Among the HIV-positive individuals, 40 developed TB, and among those
without HIV, 60 developed TB. What is the risk ratio (relative risk) for developing TB?

a.0.76
b.1.29
c.0.57
d.1.50
e.0.80

Answer:a

2-In a study of 300 intravenous drug users (IVDU), 140 with HIV and 160 without HIV were followed for 2 years. Among the HIV-positive individuals, 40 developed TB, and among those
without HIV, 60 developed TB. What is the appropriate risk measurement for this study?

a.Odds Ratio
b.Risk Ratio
c.Risk Ratio
d.Attributable Risk
e.Prevalence Ratio

Answer:b

4.Which of the following statements is not correct? Select one

a. Cohort study is more appropriate when the disease or exposure under investigation is rare In comparison to case control study

b. Cohort study is more expensive in comparison to case control study

c. cohort study starts with people exposed to risk factor or suspected cause while case control
study starts with disease

d. A long follow-up period often needed with delayed results in a cohort study whereas a case control study
yields relatively quick results

e. Cohort study needs large sample size in comparison to case control study   Answer:a

5.WHEN THE RISK RATIO EQUALS ONE, IT INDICATES

a. No association at all
b. Negative association
c.Positive association
d. Confounding factor   Answer:a

6.When the quantifiable probability measure of association is possible

A- ratio more than one
B- ratio less than one
C- ratio equal to one   Answer:a
D- ratio equal zero
E- ratio less than zero

7.A study of association and causation of a certain outcome is positive, then the relative risk is

A. >1
B. =1
C. <1
D. =0.   Answer:a
E. <0

8.When we say they 95% cases of lung cancer is due to smoking

a.relative ratio
b. attribute risk
c.risk factor
d.prevalence rate

Answer:b

9.What is the most important for community physician?

A. Prevalence
B. Incedence
C. Attributable risk

Answer:C

**10.a prospective study with 10,000 subjects, 6,000 were given beta-carotene and 4,000 were
not. Among the 6,000 who received beta-carotene, 3 developed lung cancer, and among
the 4,000 who did not receive beta-carotene, 2 developed lung cancer. What is the best description
of the results?**

a.Beta-carotene reduces the risk of lung cancer.
b.Beta-carotene increases the risk of lung cancer
c.The risk of lung cancer is the same in both groups
d.The risk of lung cancer is higher in the beta-carotene group

Answer:C

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Screening

Corrected By :

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1.targeted screening

a. Involves the screening ofthe whole population
b. uses several screening tests at the same time
c. Applied to selective group of population who are at a high risk
d. individuals are offered tests non-systematically
e. screening of groups with specific exposures e.g. school children

Answer:a

2. Which of following not dose negatively impact the effectiveness of screening

a. Community awareness about the disease
b. high cost
c. Lack of follow up for positive cases
d.low sensitivity of the test

Answer:a

3. The ability of surveillance system to elicit cases it was indended to defect is known as

a. Positive predictive
b.representative
c.sentivity
b. Specificity
e . Accuracy

Answer: c

4.All of the following are achieved by screening except?

a. Increasing burden on tertiary disease prevention

5.The measure of how well a surveillance system can elicit cases is called?

Answer : Sensitivity

6.For a serious condition in newborn children, it might be preferable for the screening test to?

a. have high specificity
b. have low sensitivity
c. have high sensitivity
d. have low sensitivity and low specificity
e. have low sensitivity and high specificity

Answer: e

7.which tha following is best describes the purpose

a. To determine the exact diagnosis of the disease
b.to inform individuals about the disease
c.to indetify individuals at risk of a disease before symptoms to appear
d. To manage and treat individuals who already have the disease

Answer: c

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Viral Hepatitis

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1.Shedding of hepatitis A virus:

2 weeks before and 2 weeks after

2.HAV is excreted in the feces for

a. 2 weeks before the onset of jaundice and for up to 2 weeks thereafter
b. 2 weeks before to 1 week after

Answer:B

3.Which of the following is true about HAV infection?
a. The subclinical course of the disease is higher in children than adults

4.Which of the following is true about areas of intermediate endemicity of HAV?

a. Increased incidence of clinically prevalent cases

5.You are contacted. by a local physician who wishes to inform you. that she diagnosed and confirmed acase of hepatitis A in one of her patients. a 5-yeamld who attends a preschool center. She is concerned about the staff and children attending the school center. Which is the most appropriate management of susceptible contacts?

a. Immune globulin to all staff and children
b. Immune globulin only to classroom contact
c. Vaccine to staff and immune globulin to all children
d. Immune globulin and vaccine to staff and all children
e. Vaccine to all staff and children

Answer:?

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Surveillance and Outbreak invetigation

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1.Which of the following statements is true about surveillance in public health?

A. Surveillance applies only to infectious diseases.
B. Surveillance applies to both infectious and non-infectious diseases
C. Surveillance is only about collecting data without analyzing it.
D. Surveillance is exclusively for monitoring bioterrorism threats

Answer:B

2.Analysis and Interpretation of Time Trends SECULAR (LONG-TERM) TRENDS

a.by months
b. by years
c.by decades
d.by seasons

Answer:c

3. Which of the following best describes secular (long-term) trends in disease?

a.Every season
b.Every week
c.Every month
d.Every decade
e.Every day

Answer:d

4.Regarding active surveillance, which of the following statements is correct?

A. The Ministry of Health has to contact healthcare providers regularly
B. Data is collected passively from healthcare providers
C. It involves routine data collection without direct engagement with healthcare providers
D. It relies on routine health records without additional follow-up

Answer:A

5.What is active surveillance?

a.Conducted by contacting health providers in health care centers
b.Conducted by relying on health providers to collect surveillance data
c.Cheap and not expensive
d.Required by law to be reported to government authorities

Answer:A

6.An outbreak of influenza in a geriatric group with cases occuring for 3 weeks, while the incubation
period is less than 5 days, pattern is?

Propagated

7.Active surveillance is?

a. Epidemiologists contact hospitals for records of diseases

8.system in which data: generated without solicitation, intervention or contact by the health agency carrying out the surveillance?

passive surveillance

9.system in which data generated without solicitation, intervention or contact by the health
agency carrying out the surveillance%

passive surveillance

10.data collator checks that the reporting agency is indeed collecting the source data?

active surveillance

11.Case definition includes all of the following except :

a.Time
b.Place
c.Person
d.Hypothesised agent

Answer:d

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Epidemiological and Research Studies Intervention(experimental studies

Corrected By :

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1.in a double blind clinical drug trial?

a. Each patient receives a placebo
b. Each patient receives both (double) treatments
c. The patients do not know which treatment they are receiving
d. The patients do not know that they are in a drug trial
e. Each patient double checked daily

Answer:c

2.In a controlled trial to compare two treatments, the main purpose of randomization is to ensure that the?
Select one

a. Two groups will be similar in prognostic factors
b. Clinician does not know which treatment the subjects will receive
c. Sample may be referred to a known population
d. Clinician can predict in advance which treatment the subjects will receive
e. Participants will complete the treatment

3.Double blind study means?

a. Observer is blind about the study
b. Person or group being observed is blind about the study
C. Interpreters and analyser are blind about the study
e. Both observer and person or group being observed is blind about the study

Answer:e

4 .in randomized controlled trials, randomization is done to

a. Eliminate selection bias

5.The best study to investigate causation between risk factor and outcome?

a. Randomized control trial

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Viral hepatitis B

Corrected By :

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1.Marker for infectivity of serum in Hepatitis B is?

    a. Has Ag
    b. Anti - H85
    c. Anti H84:
    d. HBe Ag
    e. Anti Hae

Answer:a

2.,Regarding Hepatitis B Virus (HBV) risk, which statement is true for surgeons?

    A. Surgeons have 50 times more risk of HBV than the general population
    B. Surgeons have 50 times more risk of HBV than healthcare workers
    C. Surgeons have 10 times more risk of HBV than the general population
    D. Surgeons have the same risk of HBV as healthcare workers

Answer:c

3.When to give hepatitis B vaccination

    0,1,2,4