# RS micro questions

# What is the best management for rhinovirus infections?

A. Antiviral therapy with ribavirin.
B. Antiviral therapy with tenofovir.
C. Systemic corticosteroids.
D. Supportive therapy.
E. Salbutamol.

# The most common cause of rhinosinusitis is:

A. A naked DNA virus.
B. An enveloped RNA virus.
C. A naked RNA virus.
D. An enveloped DNA virus.
E. Haemophilus influenzae.

# In which stage of pertussis is the characteristic whooping sound made?

A. convalescence
B. catarrhal
C. paroxysmal
D. prodromal
E. None of the above

A 3-year-old child develops Haemophilus influenzae meningitis. Therapy is begun with cefotaxime. Why is this third-generation cephalosporin used rather than ampicillin?

A. About 80% of Haemophilus influenzae organisms have modified penicillin-binding proteins that confer resistance to ampicillin.
B. The drug of choice, trimethoprim–sulfamethoxazole, cannot be used because the child is allergic to sulfonamides.
C. It is easier to administer intravenous cefotaxime than intravenous ampicillin.
D. There is concern that the child will rapidly develop a penicillin (ampicillin) allergy.
E. About 20% of Haemophilus influenzae organisms have a plasmid that encodes for β-lactamas

# Humans become infected with Legionella pneumophila by

A. Kissing a person who is a legionella carrier
B. Breathing aerosols from environmental water sources
C. Receiving a mosquito bite
D. Consuming undercooked pork
E. All of the above

# A 13-valent capsular polysaccharide protein conjugate vaccine for pneumococcal infections is recommended

A. For children up to age 18 years and for selected adults
B. Only on exposure to a patient with disease caused by the organism
C. For all children ages 2–60 months plus selected older children and adults with immunocompromising conditions
D. For children ages 24–72 months
E. For all age groups older than age 2 months

# Which of the following statements regarding interferon- release assays (IGRAs) is correct?

A. They are useful for evaluating immunocompromised patients for active tuberculosis.
B. They detect antigens present in all Mycobacterium species.
C. They are not available yet for testing in the hospitals.
D. They are performed using molecular probes that detect organism DNA.
E. They are used as alternatives to the tuberculin skin test to evaluate for latent tuberculosis.

Mycoplasma pneumoniae is considered. All of the following are methods to confirm the clinical suspicion except

A. PCR amplification of Mycoplasma pneumoniae DNA in sputum
B. Culture of sputum for Mycoplasma pneumoniae
C. Gram stain of sputum smear
D. Culture of a lung aspirate for Mycoplasma pneumoniae
E. Enzyme immunoassay test of acute and convalescent sera

# The End