

PRACTICE TEST -1

PART A

Ebola virus and Marburg virus: Texts

TEXT-A

- Ebola virus and Marburg virus are related viruses that cause hemorrhagic fevers – illnesses marked by severe bleeding (hemorrhage), organ failure and, in many cases, death. Both viruses are native to Africa, where sporadic outbreaks have occurred for decades.
- Ebola virus and Marburg virus live in animal hosts, and humans can contract the viruses from infected animals. After the initial transmission, the viruses can spread from person to person through contact with body fluids or contaminated needles.
- No drug has been approved to treat either virus. People diagnosed with Ebola or Marburg virus receive supportive care and treatment for complications. Scientists are coming closer to developing vaccines for these deadly diseases

Causes

Ebola virus has been found in African monkeys, chimps and other nonhuman primates. A milder strain of Ebola has been discovered in monkeys and pigs in the Philippines.

Marburg virus has been found in monkeys, chimps and fruit bats in Africa.

TEXT-B

Transmission from animals to humans

Experts suspect that both viruses are transmitted to humans through an infected animal's bodily fluids. Examples include:

- **Blood.** Butchering or eating infected animals can spread the viruses. Scientists who have operated on infected animals as part of their research have also contracted the virus.
- **Waste products.** Tourists in certain African caves and some underground mine workers have been infected with the Marburg virus, possibly through contact with the feces or urine of infected bats.

Transmission from person to person

Infected people typically don't become contagious until they develop symptoms. Family members are often infected as they care for sick relatives or prepare the dead for burial.

Medical personnel can be infected if they don't use protective gear, such as surgical masks and gloves.

There's no evidence that Ebola virus or Marburg virus can be spread via insect bites

Risk factors

For most people, the risk of getting Ebola hemorrhagic fever or Marburg hemorrhagic fever is low.

The risk increases if you:

- **Travel to Africa.** You're at increased risk if you visit or work in areas where Ebola virus or Marburg virus outbreaks have occurred.
- **Conduct animal research.** People are more likely to contract the Ebola or Marburg virus if they conduct animal research with monkeys imported from Africa or the Philippines.
- **Provide medical or personal care.** Family members are often infected as they care for sick relatives. Medical personnel also can be infected if they don't use protective gear, such as surgical masks and gloves.
- **Prepare people for burial.** The bodies of people who have died of Ebola or Marburg hemorrhagic fever are still contagious. Helping prepare these bodies for burial can increase your risk of developing the disease.

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TEXT-C

Diagnosis

Ebola and Marburg hemorrhagic fevers are difficult to diagnose because early signs and symptoms resemble those of other diseases, such as typhoid and malaria. If doctors suspect you have Ebola or Marburg hemorrhagic fever, they use blood tests to quickly identify the virus, including:

- Enzyme-linked immunosorbent assay (ELISA)
- Reverse transcriptase polymerase chain reaction (PCR)

Time of Infection Diagnostic Tests

Few days after onset of symptoms	✓	Antigen-capture-enzyme-linked immunosorbent assay (ELISA) testing IgM ELISA Polymerase chain reaction (PCR) Virus isolation
Later in disease progression or after recovery	✓	IgM and IgG antibodies
Retrospectively in deceased patients	✓	Immunohistochemistry testing PCR Virus isolation

Treatment

No antiviral medications have proved effective in treating infection with either virus. Supportive hospital care includes:

- Providing fluids
- Maintaining blood pressure
- Providing oxygen as needed
- Replacing lost blood
- Treating other infections that develop

TEXT-D

Prevention

Prevention focuses on avoiding contact with the viruses. The following precautions can help prevent infection and spread of Ebola and Marburg.

- **Avoid areas of known outbreaks.** Before traveling to Africa, find out about current epidemics by checking the Centers for Disease Control and Prevention website.
- **Wash your hands frequently.** As with other infectious diseases, one of the most important preventive measures is frequent hand-washing. Use soap and water, or use alcohol-based hand rubs containing at least 60 percent alcohol when soap and water aren't available.
- **Avoid bush meat.** In developing countries, avoid buying or eating the wild animals, including nonhuman primates, sold in local markets.
- **Avoid contact with infected people.** In particular, caregivers should avoid contact with an infected person's body fluids and tissues, including blood, semen, vaginal secretions and saliva. People with Ebola or Marburg are most contagious in the later stages of the disease.
- **Follow infection-control procedures.** If you're a health care worker, wear protective clothing, such as gloves, masks, gowns and eye shields. Keep infected people isolated from others. Dispose of needles and sterilize other instruments.
- **Don't handle remains.** The bodies of people who have died of Ebola or Marburg disease are still contagious. Specially organized and trained teams should bury the remains, using appropriate safety equipment.
- Scientists are working on a variety of vaccines that would protect people from Ebola and Marburg viruses. Some of the results have been promising, but further testing is needed.

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Part A

TIME: 15 minutes

- Look at the four texts, A-D, in the separate Text Booklet.
 - For each question, 1-20, look through the texts, A-D, to find the relevant information.
 - Write your answers on the spaces provided in this Question Paper.
 - Answer all the questions within the 15-minute time limit.
 - Your answers should be correctly spelt.
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Ebola virus and Marburg virus: Questions

Questions 1-7

For each question, 1-7, decide which text (A, B, C or D) the information comes from. You may use any letter more than once.

In which text can you find information about?

1. Ways to spread the disease _____
2. Avoid contact with infected people _____
3. Causes for attacking this disease? _____
4. The manner of causing the infection _____
5. Risk factors associated with this disease _____
6. Treatment to be provided for affected people _____
7. Providing right diagnosis _____

Questions 8-13

Answer each of the questions, 8-13, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

8. Ebola virus and Marburg virus can be transmitted to human through contact with?
-

9. What to do to avoid the spreading of the disease?
-

10. Doctors determine the person affected Ebola or Marburg with?

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11. For most people, the risk of getting Ebola hemorrhagic fever or Marburg hemorrhagic fever is?

12. Ebola or Marburg infected people don't become contagious until they develop?

13. IgM and IgG Antibody diagnosis test can be conducted in which stage?

Questions 14-20

Complete each of the sentences, 14-20, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

14. A milder strain of Ebola has been discovered in _____ and pigs.

15. Infected people typically don't become _____ until they develop symptoms

16. Ebola and Marburg hemorrhagic fevers are difficult to diagnose because early signs and _____ resemble those of other diseases, such as typhoid and malaria

17. _____ medications have proved ineffective in treating infection with either virus

18. Prevention focuses on avoiding contact with the _____.

19. There's no evidence that Ebola virus or Marburg virus can be spread via _____.

20. People with Ebola or Marburg are most contagious in the _____ stages of the disease.

END OF THE PART A

PRACTICE TEST - 1 PART BC

Part B

In this part of the test, there are six short extracts relating to the work of health professionals. For **questions 1-6**, choose answer (A, B or C) which you think fits best according to the text.

- 1) When to call 911 Emergency number?
 - A. When you are travelling to USA.
 - B. If someone identified with drug overdose
 - C. If someone find no alternative option such as hospital or clinic nearby

Emergency Guidelines:

If someone has overdosed and has serious symptoms such as passing out or trouble breathing, call 911. Otherwise, call a poison control center right away. US residents can call their local poison control center at 1-800-222-1222. Canada residents can call a provincial poison control center. Symptoms of overdose may include: burning pain in the throat/stomach, confusion, mental/mood changes, fainting, weakness, ringing in the ears, fever, rapid breathing, change in the amount of urine, seizures, loss of consciousness.

- 2) What do the guidelines tell us Aspirin?
 - A. Aspirin is not an ideal drug for treating fever
 - B. It is not recommended for pregnant
 - C. It is ineffective for reducing fever in pregnant women

Manual extract Guideline for Aspirin use:

Aspirin is not recommended for use to treat pain or fever during pregnancy. It may harm an unborn baby or cause problems during delivery. Consult your doctor before using this medication if you are or think you may be pregnant. In some cases, low-dose aspirin (40-150 milligrams a day) may be used safely during pregnancy to prevent certain conditions. Talk to your doctor for more details.

Aspirin passes into breast milk. When used in large amounts (such as to treat pain or fever), it may harm a nursing infant and breast-feeding while using this drug is not recommended. However, low-dose aspirin for heart attack or stroke prevention may be used if directed by your doctor. Consult your doctor before breast-feeding.

PRACTICE TEST - 1 PART BC

3) When will you go home from hospital with bandages?

- A. After the Patch test.
- B. Before the Patch test
- C. After complete treatment.

The doctor or nurse will clean any extracts and ink marks off your skin with alcohol. You may need to use a mild cortisone cream to ease itching.

If you get a patch test, you'll go home with bandages on your skin. Don't get these areas wet -- no baths or swimming. When you go back to the doctor in a couple of days, he'll take another look at your skin.

Your doctor or allergist will use the results of your test to come up with a treatment plan for you.

4) What is the trickiest part of learning swimming?

- A. Parents objection
- B. Attending Pennycooke's lessons
- C. Mastering the art of breathing

Beginning Swimming:

Not all swimming workouts are the same. How you structure your water routine and the strokes you choose make a difference. Beginners often prefer the backstroke and sidestroke, which are less difficult and don't require breathing out underwater. More experienced swimmers who want a demanding exercise session favor the butterfly and freestyle strokes, Katz says.

The trickiest part of learning to swim is mastering the art of breathing. Katz suggests practicing in the shallow end: Put your face underwater and exhale through your nose and mouth, lift your face out of the water and inhale, go back under water and exhale. Keep practicing until it feels comfortable.

Pennycooke's lessons lasted 30 minutes, and each week she was stronger, faster, and more confident in the pool. "The first time our class swam 10 laps, I was one of the last to finish, but I didn't care because I felt such a massive sense of accomplishment," she recalls. "To go from a nonswimmer to a swimmer is a huge item checked off my bucket list."

PRACTICE TEST - 1 PART BC

5) Why the treatment for depression is complex?

- A. Because its pathophysiology is unable to understand
- B. There are alternative treatment therapies available
- C. Because it is in initial stages

Manual extract:

The treatment of depression can be a complex blend of art and science as its pathophysiology remains poorly understood. There is a wide spectrum of response to various medications and therapy. Some patients may have rapid relief of their symptoms, and others do not experience relief at all. This is a challenging issue that warrants more research.

6) The administration of Paracetomol to patients can only be done by??

- A. Registered Nurse Practitioners
- B. Registered Nurse
- C. Special medication staff.

Manual extract:

Administration of paracetamol by an appropriately trained registered nurse is only for use on inpatient settings in mental health and learning disability services. All patients who fall within the stated inclusion criteria will be eligible to receive paracetamol at the discretion of the registered nurse under whose care the patient falls. This is subject to the exclusion criteria and /or contraindications. Medication can be administered to adult patients aged 16 years and over who require symptomatic relief of mild aches, pains and the management of mild to moderate headaches for up to 48 hours during the working week or a maximum of 72 hours at weekends and bank holidays. Administration procedures must be the same as for all other medicines in line with the Trust Procedural Guidelines on the Safe and Secure Handling of Medicines (CLPG13-MH) and must be reported to the doctor at the earliest opportunity as further investigation may be required.

PRACTICE TEST - 1 PART BC

Part C

In this part of the test, there are two texts about different aspects of healthcare. For questions 7-22, choose the answer (A, B, C or D) which you think fits best according to the text.

Text 1:

Whooping cough

It all started when my husband Tim developed a terrible cough, it sounded like a machine gun. It was so bad he hurt his back in a coughing fit. Around the same time my eldest son Harvey, four, also had a cough and a chest infection. I was heading to Perth for Street Swags - the not-for-profit organisation that I founded and run, which provides swags to homeless people - so I decided to take Tim and our two boys with me. Our baby, Ged, was about five months old at the time. Before we left on our week-long trip, I went to the doctor several times to make sure the boys were okay to travel. The doctor put Tim and Harvey on antibiotics; but gave them and Ged (who had also had cold and flu symptoms) the all clear to fly. They loved Perth, but Tim and Harvey were both coughing the whole week.

The day we got back home to Brisbane, I had to fly straight to Mt Isa. I then had a night at home and then had to fly to Sydney for a conference. By the time I got there I was sick, congested and headachy. When I got home late the following night the kids were already in bed. The baby didn't sound so good, he was coughing during the night and by morning he was really starting to gasp. I had taken to swinging him to get some air into his lungs.

Like most mothers, I know my kids and I know when something is not right. I was really worried about the baby, so that morning, my husband took Harvey to pre-prep and I took Ged up to the Wesley Hospital in Brisbane. They tested the oxygen saturation levels in his blood and used a long flexible cotton tip to swab the very back of his nose before sending us home. A few hours later we got a call to say he had tested positive for whooping cough and that the entire family had to go back in. So my husband and I, our two boys and Granny headed back up to the Wesley. We were all given antibiotics and sent home to be quarantined for the weekend.

During this time, we took it in shifts to keep vigil over the baby. Every time he coughed he needed to be picked up so he wouldn't choke. This meant one of us was awake all through the night. The hardest part about it was that we were all sick and exhausted. But it was the baby, because he couldn't sit himself up, who was in the most danger. So we took turns sitting in a chair with him laid on our chests to keep him upright. The Street Swags annual general meeting was also on that weekend and I had to attend via Skype.

By Monday morning, I was still really concerned about the boys and I wanted to see my paediatrician, Dr Bruce Lewis. I was worried about Ged's oxygen levels and both the boys had really gone downhill. So we went back to the Emergency Department and the boys were then admitted to hospital. Dr Lewis and all the staff at the Wesley were fantastic. They kept the boys there a week, until I was sure their coughing attacks were manageable.

PRACTICE TEST - 1 PART BC

It was still hard going in hospital, as we had to maintain a careful watch over Ged and pick him up whenever he coughed to help him clear his lungs. Harvey's coughing was so violent I was worried it might cause brain injury.

Meanwhile, I was still running Street Swags from my mobile phone and laptop and trying to reassure other parents around us that we are no longer infectious. I have never seen a play room clear so quickly as when the word got around that we were in the hospital for whooping cough. Once we left hospital, Harvey still wasn't getting better. Several weeks later his breathing at night was still so scary that I took him to our family ear nose and throat doctor. He put Harvey on some serious antibiotics, which did the trick, and he later cleaned out Harvey's ears, because he had started to go a bit deaf.

We suspect our case of whooping cough came from Tim's work. I feel terrible that we did so much travelling before we were diagnosed, I'd hate to think we had spread it to other people. I'm also really sorry to say neither Tim nor I had been vaccinated. And while Harvey had been immunised, the baby wasn't old enough to have had his full course at the time he got sick. Even though it's possible to catch whooping cough after being vaccinated, the immunisation likely made the disease milder than it would otherwise have been.

Although I hate hassling **them**, I'm really glad that I did act on my instinct and continue to get the boys seen to. So my advice to other parents: get yourselves and your children immunised, and always trust your instincts when it comes to your kids.

PRACTICE TEST - 1 PART BC

Text 1: Questions 7-14

7. Why the writer does compare her husband cough with machine gun?
 - A. Because he is terribly making sounds like it
 - B. Because he is repeatedly coughing
 - C. Because of his versatile nature to cough
 - D. His cough is discontinuous

8. Why the writer is headed to Perth?
 - A. For her husband's cough treatment
 - B. For relaxation and for recovery of her husband
 - C. For her non-profit organization
 - D. For her young boy Ged

9. Where the writer's whole family quarantined for a week?
 - A. Brisbane
 - B. Perth
 - C. Sydney
 - D. Wesley

10. How does the writer managed to attend General conference?
 - A. Attending it through Skype from home
 - B. Avoid attending this meeting because of her son's sickness
 - C. Postponed the meeting to next month
 - D. Sent an representative on behalf of her to that meeting

PRACTICE TEST - 1 PART BC

11. Why the writer's family members were highly concerned about Ged's health
 - A. Because is a small boy unable to bare the pain
 - B. Because he is liked by all the family members very much
 - C. Because is highly prone to cough
 - D. Because he is second time sick to cough
12. Why the writer expressed her worries about
 - A. Harvey's coughing might lead to brain injury
 - B. Dr Lewis hospital staff care
 - C. Overuse of antibiotics for cough
 - D. Street Swags conference outcomes
13. What does the writer think about hating themselves?
 - A. for not taking care of her children
 - B. for leaving their hometown
 - C. for not going treatment under specialist doctor
 - D. she didn't like that they spread disease to others
14. In the final paragraph, the word them refers
 - A. doctors
 - B. hospital staff
 - C. Street Swags members
 - D. parents

PRACTICE TEST - 1 PART BC

Text 2:

What does IVF involve?

Your GP will refer you and your partner to an IVF Clinic. You can choose which clinic you would like to attend or your GP can recommend one for you. In states with legislation, only accredited clinics can offer IVF services. These facilities, doctors and procedures have been thoroughly reviewed to ensure they adhere to certain guidelines. Accredited institutions are listed on the Fertility Society of Australia's webpage.

Initially, the IVF clinic will perform routine tests to assess the degree of infertility that you and/or your partner may have. These include blood tests, semen analysis, and pelvic ultrasound (see What is infertility? - Diagnosis). Once your fertility specialist analyses the test results, a treatment program will be planned. In some states couples may be required to attend counselling before treatment begins. In Victoria it's a legal requirement to attend one session, however in other states a couple's participation is recommended but not compulsory. The counselling session give couples the opportunity to discuss any concerns they may have about the treatment with a registered psychologist (see Coping with infertility). The counselling sessions are not designed to assess suitability for infertility treatment.

Those using donor eggs and sperm, will need to discuss with the counsellor issues that relate to identification of the donor (see Costs & legal issues). You will need to decide on the number of embryos transferred and whether or not you wish to freeze any extra embryos that may be produced for use at a later date. Your doctor will discuss these issues with you. The number of embryos transferred has been an intense point of discussion worldwide. In Australia, generally only one to two embryos are transferred. The greater the number, the greater the chance of achieving a pregnancy, but more embryos also increase the chance of a multiple pregnancy (twins, triplets or more). This can pose an increased risk to the health of both mother and babies. Because IVF is generally less successful in older women, the risk of a multiple pregnancy through IVF declines with age.

An IVF cycle involves a series of steps that may require the administration of hormones (known as having a 'stimulated' cycle) and minor surgical procedures. For a stimulated IVF cycle, hormones are given to induce many eggs to grow. Some clinics may require you, your partner or a family friend to administer the hormones, this can be taken orally, through a nasal spray or via an injection. (In contrast, hormones are not used to induce egg growth in a 'natural' IVF cycle.) Ultrasound and daily blood tests are used to track egg growth, timing of ovulation and the growth of the lining of the uterus (important for implantation of the embryo.)

In general, you may need two to four IVF cycles to have a fair chance of getting pregnant. Initially you may be required to take the oral contraceptive pill for a minimum of 21 days. This will help to regulate your cycle. Eggs grow within a multicellular unit called a follicle in the ovary - a fluid filled compartment much like a blister. To stimulate the growth of many follicles in the ovary, daily injections of a hormone called FSH are given for ten to 12 days. The more eggs that can be collected from the ovary, the greater the chance the required number of embryos will be produced. During this time, one or two ultrasounds will be performed to find out how many follicles are growing, the size of the follicles and in which ovary they are developing. The scan is done by placing a sterile probe inside the vagina. When the follicles are big enough, you will be given an injection to initiate ripening of the eggs in preparation for egg collection approximately 36 hours later.

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Egg collection is a day procedure that is carried out in hospital. You will be given a light anaesthetic, and once you are asleep the follicles will be viewed in the ovary using ultrasound. A needle is used to collect the egg from inside each follicle. With the aid of the ultrasound, the needle is pushed through the vaginal wall and into the ovary. The eggs are removed and then put into a special solution in sterile dishes and placed into an incubator in preparation for fertilization.

Your partner will be asked to provide a semen sample close to the time of egg collection. The sperm will be washed and prepared for fertilisation then added to the eggs. Fertilisation should occur 18 to 24 hours later (ie the day after egg collection). At this point you will be notified of the results. Not all eggs will form embryos and not all embryos have the same chance of developing into a baby. If fertilisation has occurred, then the '*best*' embryos will be selected for transfer. Some clinics may allow you and your partner to view your embryos in the laboratory before they are transferred.

They may be transferred to the uterus any time from one to seven days after egg collection. The embryo transfer procedure is relatively painless and rarely requires the use of an anaesthetic. Embryos are transferred to the uterus using a fine sterile plastic tube that is passed from the vagina, through the cervix and up into the uterus. If you have decided to freeze extra embryos it will be done at this point. Finally, a pregnancy test will be performed about 16 days after egg collection. The results of the test should be available the same day. If pregnancy is confirmed, further check-ups will be needed. If you fail to become pregnant and have had extra embryos frozen, these embryos can be transferred at a later date.

PRACTICE TEST - 1 PART BC

Text 2: Questions 15-22

- 15) In the first paragraph, what point does the writer clarify?
- A. All hospitals are authorized to conduct IVF Services
 - B. Strict accreditation rules make the IVF Centers limited
 - C. Only some centers were allowed to do IVF tests
 - D. Hospitals across the states are not eligible to do IVF tests

- 16) What do you understand from the second paragraph?
- A. IVF Tests are performed by specialized clinics only.
 - B. Couples are free to attend IVF Tests across all the hospitals in states.
 - C. Counseling sessions are necessary to for couples before IVF Test.
 - D. IVF is a single test that determines the future..

- 17) Why in Australia, the no. of transferred embryos is limited?
- A. It may lead to multiple pregnancy
 - B. Rules are not permitted to do so.
 - C. Transferring multiple embryos may lose pregnancy
 - D. The is the universal in al countries

- 18) What do you understand from the 4th paragraph?
- A. Daily blood tests are not necessary to check the growth o IVF cells
 - B. Hormones are administered by family members
 - C. Hormones are used to induce growth in natural IVF cycle
 - D. IVF cycle involves little process only

- 19) How many IVF cycles are needed to get pregnancy, in general?
- A. 2-4 IVF cycles
 - B. 6-8 IVF cycles
 - C. Multiple IVF cycles
 - D. More than 10 IVF cycles

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20) The eggs thus obtained will be placed in an

- A. special solution
- B. incubator
- C. sterilize dishes
- D. IVF room

21) In the 7th paragraph, what is the meaning of the word 'best' confers in this context?

- A. Viable
- B. Suitable
- C. Stimulating
- D. Survived

22) In the final paragraph, the word 'they' refer to?

- A. Family member
- B. Embryos
- C. Egg cell
- D. Clinics

END OF THE READING TEST