ASSESSMENT FUND

of discipline «Tropical diseases»

Level of higher education

SPECIALIST

Field of study

31.05.01. – RF, 560001 – KG general medicine

(code and name of the field of study)

Qualification

General practitioner

1. LIST OF COMPETENCIES WITH INDICATION OF THE STAGES OF THEIR FORMATION IN THE PROCESS OF MASTERING THE DISCIPLINE

Competencies being developed	*Planned learning outcomes for the discipline, characterizing the stages of competence development*	*Types of assessment tools / section code in this document*
PC-5: readiness to collect and analyze patient complaints, anamnesis data, examination results, laboratory, instrumental, pathological and other studies to recognize the condition or establish the presence or absence of a disease	**Knowledge:** Scheme of anamnesis collection, physical examination, features of collecting pathological materials from the patient, precautions.	Block A, B: — MCQs; — conversation
	Skills: Collect anamnesis - interview the patient; conduct a physical examination of a patient of different ages, refer the patient for laboratory and instrumental examination, for consultation with specialists.	Block A, B: — MCQs; — conversation
	Expertise: Methods of collecting anamnesis, studying physical status. Interpretation of results of laboratory and instrumental diagnostic methods.	Block A, B: — MCQs; — conversation
PC-6: the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, 10th revision	**Knowledge:** The main methods of examination of pathological conditions, symptoms and syndromes of various nosology forms. Specificity of detection of various pathological conditions, symptoms, syndromes of diseases, nosology forms in accordance with ICD-10 (international classification of diseases-10); The main syndromes of organs and systems damage and their specificity at various nosology forms in accordance with ICD-10	Block A, B: — MCQs; — conversation
	Skills: Interpret the results of the examination of various infections; Analyze various types of pathological conditions, symptoms, syndromes in various infections in accordance with ICD-10; Differentiate symptoms and syndromes with similar pathological conditions.	Block A, B: — MCQs; — conversation
	Expertise: Common clinical examination methods (history taking, examination, palpation, percussion, auscultation); Skills to identify various symptoms, syndromes and pathological conditions in various infections in accordance with ICD-10; Skills to substantiate clinical diagnosis in accordance with ICD-10.	Block A, B: — MCQs; — conversation

Competencies being developed	*Planned learning outcomes for the discipline, characterizing the stages of competence development*	*Types of assessment tools / section code in this document*
PC-8: the ability to determine the management of patients with various nosological forms.	**Knowledge:** The specifics of collecting an anamnesis of an infectious patient; The main clinical manifestations of nosological forms of infectious pathology; The basic principles of treatment and rehabilitation in infectious pathology..	Block A, B: — MCQs; — conversation
	Skills: Take anamnesis and plan of laboratory and instrumental examination; Interpret the results of the examination of the infectious patient; Develop a plan for the treatment and rehabilitation of the infectious patient.	Block A, B: — MCQs; — conversation;
	Expertise: Physical examination methods (history taking, examination, palpation, percussion, auscultation) of the infectious patient; Skill of a substantiation of the clinical diagnosis of the infectious patient; Skills of etiotropic, pathogenetic and specific therapy in infectious diseases.	Block A, B: — MCQs; — conversation.

2. TECHNOLOGICAL MAPS OF THE DISCIPLINE

Course 6, semester 11, reporting – Credit

Section according to course outline	***Control***	***Control method***	***Credit minimum (points)***	***Credit maximum (points)***	***Control schedule (week)***
Section 1					
Viral infections, spirochetosis and mycobacteriosis	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson	10	18	7
	Boundary	MCQ	10	18	
Section 2					
Protozoan and helminthiases	Current	Face-to-face conversation; Curation of the patient. SIW: Report with presentation. Attendance: 1 point is deducted for each missed and not completed lesson	10	17	15
	Boundary	MCQ	10	17	
Total per semester			40	70	
Intermediate Control (credit)		MCQ; Clinical challenge. Interpretation of laboratory data	20	30	16
Semester rating by discipline			60	100	

3. TESTS AND OTHER MATERIALS REQUIRED FOR ASSESSING LEARNING RESULTS IN THE DISCIPLINE (ASSESSMENT TOOLS)

BLOCK A

MCQs

1. ***What is the primary vector of Yellow Fever in urban settings?***

1) Anopheles mosquito
2) Culex mosquito
3) Sandfly
4) Tick
5) Aedes aegypti.

#

2. ***Which organ is most characteristically affected in severe Yellow Fever?***

1) Lungs
2) Brain
3) Kidneys
4) Liver
5) Spleen

#

3. ***What is a classic clinical sign of severe Yellow Fever?***

1) Koplik spots
2) Rose spots
3) Jaundice
4) Eschar
5) Bullae.

#

4. ***Which type of vaccine is used for Yellow Fever prevention?***

1) Inactivated vaccine
2) mRNA vaccine
3) Toxoid vaccine
4) Subunit vaccine
5) Live attenuated vaccine

#

5. ***What is the main method of laboratory confirmation of Yellow Fever?***

1) Gram staining
2) Blood culture
3) PCR or serology (IgM antibodies)
4) Urinalysis
5) Skin biopsy.

#

6. ***Which virus family does Dengue virus belong to?***

1) Orthomyxoviridae
2) Paramyxoviridae
3) Retroviridae
4) Flaviviridae
5) Arenaviridae

#

7. *What is a typical laboratory finding in Dengue fever?*

1) Leukocytosis
2) Hypernatremia
3) **Thrombocytopenia**
4) Hyperglycemia
5) Eosinophilia.

#

8. *What is a hallmark complication of severe Dengue?*

1) Pulmonary fibrosis
2) Hemorrhagic manifestations and plasma leakage
3) Myocardial infarction
4) Renal stones
5) Otitis media;

#

9. *Which mosquito transmits Dengue virus?*

1) Anopheles
2) Culex
3) Mansonia
4) Aedes aegypti
5) Glossina

#

10. *What is the recommended mainstay of Dengue treatment?*

1) Antibiotics
2) Antivirals
3) Corticosteroids
4) Anticoagulants
5) Supportive therapy (fluids, monitoring)

#

11. Ebola virus belongs to which family?

1) Flaviviridae
2) Togaviridae
3) Filoviridae
4) Arenaviridae
5) Coronaviridae.

#

12. *What is the main route of Ebola transmission?*

1) Airborne droplets
2) Vector-borne
3) Foodborne
4) Direct contact with body fluids
5) Waterborne.

#

13. ***Which symptom is common in Ebola virus disease?***

1) Mild cough only
2) Polyuria
3) Severe fever and hemorrhagic signs
4) Constipation
5) Alopecia

#

14. ***What is the case of the fatality rate of Ebola (approximate range)?***

1) <1%
2) 5–10%
3) 10–20%
4) 20–30%
5) 25–90% depending on outbreak.

#

15. ***Which measure is crucial for Ebola control?***

1) Mass antibiotic use
2) Strict infection prevention and control (PPE, isolation)
3) Vector eradication
4) Vitamin supplementation
5) Air filtration;

#

16. ***What is the vector of Phlebotomus fever?***

1) Tick
2) Mosquito
3) Flea
4) Sandfly (Phlebotomus)
5) Louse

#

17. ***The causative agent of Phlebotomus fever belongs to which group?***

1) Bacteria
2) Protozoa
3) Helminths
4) Fungi
5) Viruses (Phlebovirus)

#

18. ***What is the typical clinical course of sandfly fever?***

1) Chronic progressive disease
2) Latent infection
3) Acute self-limited febrile illness
4) Lifelong persistence
5) Severe neurological degeneration

#

19. ***Which symptom is commonly associated with Phlebotomus fever?***

1) Rash with vesicles
2) Hemoptysis
3) Paralysis
4) Headache and myalgia
5) Jaundice

#

20. ***What is the main prevention strategy for Phlebotomus fever?***

1) Vaccination
2) Antibiotic prophylaxis
3) Vector control and personal protection
4) Chemotherapy
5) Water sanitation

#

21. ***Lassa virus belongs to which family?***

1) Filoviridae
2) Flaviviridae
3) Paramyxoviridae
4) Arenaviridae
5) Reoviridae

#

22. ***What is the main reservoir of Lassa virus?***

1) Bats
2) Birds
3) Mosquitoes
4) Dogs
5) Rodents (Mastomys rats)

#

23. ***What is a characteristic complication of Lassa fever?***

1) Blindness
2) Deafness
3) Paralysis
4) **Sensorineural hearing loss**
5) Nephrolithiasis

#

24. ***Which drug is used in the treatment of Lassa fever?***

1) Acyclovir
2) Oseltamivir
3) Azithromycin
4) Ribavirin
5) Metronidazole

#

25. ***What is a common route of human infection in Lassa fever?***

1) Mosquito bite
2) Tick bite
3) Airborne droplets only.
4) Contact with contaminated rodent excreta
5) Sexual transmission only

#

26. Which organism causes Leprosy?

1) Mycobacterium tuberculosis
2) Treponema pallidum
3) Staphylococcus aureus
4) Mycobacterium leprae
5) Corynebacterium diphtheriae

#

27. What is the main route of transmission of Leprosy?

1) Sexual contact
2) Fecal-oral route
3) Vector-borne
4) Skin penetration
5) Prolonged close contact via respiratory droplets.

#

28. Which form of Leprosy is associated with strong cell-mediated immunity?

1) Lepromatous
2) Borderline
3) Indeterminate
4) Tuberculoid
5) Virchowian.

#

29. A 28-year-old man presents with hypopigmented skin patches and loss of sensation over the lesions. Peripheral nerves are thickened. What is the most likely diagnosis?

1) Psoriasis
2) Vitiligo
3) Dermatomyositis
4) Secondary syphilis
5) Leprosy (tuberculoid form).

#

30. A patient with multibacillary leprosy develops fever, painful nodules, and worsening skin lesions during treatment. What is the most likely reaction?

1) Jarisch-Herxheimer reaction
2) Type 1 (reversal) reaction
3) Allergic dermatitis
4) Type 2 reaction (erythema nodosum leprosum)
5) Drug toxicity

#

31. Monkeypox virus belongs to which family?

1) Herpesviridae
2) Flaviviridae
3) Retroviridae
4) Poxviridae
5) Arenaviridae

#

32. What is a key distinguishing feature of Mpox compared to Smallpox?

1) No fever
2) Absence of rash
3) Prominent lymphadenopathy
4) Only respiratory symptoms
5) Chronic infection.

#

33. Which is the main route of transmission of Mpox?

1) Waterborne
2) Airborne only
3) Vector-borne
4) Close contact with lesions, body fluids, or contaminated materials
5) Foodborne.

#

34. A 24-year-old patient presents with fever, lymphadenopathy, and a vesiculopustular rash involving the face, palms, and genitals. What is the most likely diagnosis?

1) Varicella
2) Measles
3) Secondary syphilis
4) Herpes simplex
5) Mpox (monkeypox)

#

35. ***A healthcare worker is exposed to a suspected Mpox case. What is the most appropriate post-exposure measure?***

1) Antibiotics
2) Antifungals
3) No action needed

4) Vaccination with smallpox/mpox vaccine (if indicated)
5) Corticosteroids

#

36. Which diseases belong to Tropical Non-Venereal Treponematoses group?

1) Syphilis and gonorrhea
2) HIV and hepatitis
3) Malaria and dengue
4) Tuberculosis and leprosy
5) Yaws, bejel, and pinta

#

37. What is the main mode of transmission of Tropical Non-Venereal Treponematoses?

1) Sexual contact
2) Blood transfusion
3) Airborne
4) Vector-borne
5) Direct non-sexual skin contact.

#

38. Which populations are most affected in Tropical Non-Venereal Treponematoses?

1) Elderly in urban areas
2) Healthcare workers
3) Travelers only
4) Children in tropical rural regions
5) Immunized individuals;

#

39. A child from a rural tropical area presents with skin lesions resembling syphilis, but no history of sexual exposure. What is the most likely diagnosis group?

1) Viral exanthem
2) Fungal infection
3) Autoimmune disease
4) **Non-venereal treponematosis**
5) Drug reaction.

#

40. A public health program aims to eliminate endemic treponematoses. What is the most effective strategy?

1) Isolation of all patients
2) Vaccination campaigns
3) Vector control
4) Mass treatment with antibiotics (e.g., azithromycin)
5) Antiviral therapy

#

41. What is the causative agent of Yaws?

1) Treponema pallidum pallidum

2) Treponema denticola
3) Borrelia burgdorferi
4) Treponema pallidum pertenue
5) Leptospira interrogans

#

42. What is the typical primary lesion of Yaws?

1) Chancre
2) Vesicle
3) Ulcer with necrosis
4) Papillomatous skin lesion (“mother yaw”)
5) Macular rash.

#

43. Which age group is most affected in Yaws?

1) Neonates
2) Elderly
3) Adults only
4) Children
5) Pregnant women.

#

44. A child presents with painless papillomatous skin lesions on the legs in a tropical rural area. What is the most likely diagnosis?

1) Cutaneous leishmaniasis
2) Psoriasis
3) Secondary syphilis
4) Tuberculosis
5) Yaws

#

45. A patient with untreated yaws develops destructive lesions of bones and soft tissues years later. What stage is this?

1) Primary
2) Secondary
3) Latent
4) Early
5) Tertiary stage.

#

46. What is the causative agent of Pinta?

1) Treponema pallidum pallidum
2) Treponema pertenue
3) Borrelia recurrentis
4) Treponema carateum
5) Leptospira spp.

#

47. What is the main clinical feature of Pinta?

1) Neurological damage
2) Cardiac involvement
3) Skin depigmentation and dyschromic lesions
4) Severe hemorrhage
5) Renal failure.

#

48. Which regions are most affected by Pinta?

1) Europe
2) North America
3) Arctic regions
4) Latin America
5) Australia.

#

49. A patient from a rural area presents with progressive skin discoloration without systemic symptoms. What is the most likely diagnosis?

1) Vitiligo
2) Leprosy
3) Fungal infection
4) Secondary syphilis
5) Pinta

#

50. What is the treatment of choice for Pinta?

1) Acyclovir
2) Amphotericin B
3) Isoniazid
4) Corticosteroids
5) Azithromycin or penicillin

#

51. What is the causative agent of Visceral Leishmaniasis?

1) Trypanosoma brucei
2) Plasmodium falciparum
3) Leishmania donovani complex
4) Toxoplasma gondii
5) Entamoeba histolytica.

#

***52. What is the main vector of Visceral Leishmaniasis*?**

1) Mosquito
2) Tick
3) Flea
4) Sandfly (Phlebotomus/Lutzomyia)
5) Tsetse fly.

#

53. Which clinical feature is most characteristic of Visceral Leishmaniasis?

1) Skin ulcer
2) Hematuria
3) Hepatosplenomegaly with pancytopenia
4) Paralysis
5) Jaundice only.

#

54. A child presents with prolonged fever, weight loss, massive splenomegaly, and anemia. What is the most likely diagnosis?

1) Malaria
2) Typhoid fever
3) Leukemia
4) Tuberculosis
5) Visceral leishmaniasis

#

55. Which diagnostic method confirms Visceral Leishmaniasis?

1) Urinalysis
2) Chest X-ray
3) Stool examination
4) Bone marrow or splenic aspirate showing amastigotes
5) ECG

#

56. What is the typical lesion of Cutaneous Leishmaniasis?

1) Vesicle
2) Nodule with scaling
3) Painless ulcer with raised borders
4) Bullae
5) Petechiae.

#

57. What is the vector of Cutaneous Leishmaniasis?

1) Tick
2) Mosquito
3) Flea
4) Sandfly
5) Louse.

#

58. Which species commonly cause Cutaneous Leishmaniasis?

1) L. donovani
2) L. infantum
3) L. tropica / L. major
4) L. braziliensis only

5) L. mexicana only.

#

59. A traveler develops a painless skin ulcer weeks after returning from a desert region. What is the most likely diagnosis?

1) Anthrax
2) Fungal infection
3) Tuberculosis
4) Syphilis
5) Cutaneous leishmaniasis.

#

60. What is a common diagnostic approach in Cutaneous Leishmaniasis?

1) Blood culture
2) Urine PCR
3) X-ray
4) **Skin scraping/biopsy with identification of amastigotes**
5) EEG.

#

61. What is the causative agent of African Trypanosomiasis?

1) Trypanosoma cruzi
2) Leishmania donovani
3) Trypanosoma brucei
4) Plasmodium vivax
5) Giardia lamblia.

#

62. What is the vector of African Trypanosomiasis?

1) Mosquito
2) Sandfly
3) Tick
4) Tsetse fly (Glossina)
5) Flea.

#

63. What is a key late-stage symptom of African Trypanosomiasis?

1) Diarrhea
2) Skin rash
3) Sleep disturbances and neurological signs
4) Hematuria
5) Arthritis.

#

64. A patient from sub-Saharan Africa presents with fever, lymphadenopathy, and progressive somnolence. Diagnosis?

1) Malaria
2) HIV

3) Tuberculosis
4) Rabies
5) African trypanosomiasis.

#

65. ***What diagnostic test confirms CNS involvement in African Trypanosomiasis?***

1) Urine analysis
2) Blood glucose
3) Chest CT
4) CSF examination showing trypanosomes
5) Liver biopsy

#

66. What is the causative organism of American Trypanosomiasis?

1) Trypanosoma brucei
2) Leishmania spp.
3) Plasmodium spp.
4) Trypanosoma cruzi
5) Babesia spp.

#

67. What is the vector of American Trypanosomiasis?

1) Mosquito
2) Tick
3) Sandfly
4) Triatomine (kissing bug)
5) Flea

#

68. What is a classic acute sign of American Trypanosomiasis**?**

1) Koplik spots
2) Rose spots
3) Romaña's sign (periorbital swelling)
4) Eschar
5) Bullae.

#

69. ***A patient develops chronic cardiomyopathy years after infection in Latin America. What is the likely cause?***

1) Rheumatic fever
2) Viral myocarditis
3) Hypertension
4) Chagas disease
5) Tuberculosis.

#

70. What is the preferred early diagnostic method in American Trypanosomiasis?

1) Stool exam

2) Urinalysis
3) Chest X-ray
4) Blood smear showing trypomastigotes
5) Skin test.

#

71. What disease is caused by Wuchereria bancrofti?

1) Onchocerciasis
2) Loiasis
3) Lymphatic filariasis
4) Schistosomiasis
5) Leishmaniasis.

#

72. What is the vector of Wuchereria bancrofti-infection?

1) Sandfly
2) Tick
3) Flea
4) Mosquito
5) Tsetse fly.

#

73. What is a chronic manifestation of Wuchereria bancrofti-infection?

1) Rash
2) Fever
3) Elephantiasis
4) Ulcer
5) Cough.

#

74. A man presents with massive swelling of the lower limbs and scrotum in a tropical region. Diagnosis?

1) Deep vein thrombosis
2) Heart failure
3) Renal disease
4) Cancer
5) Lymphatic filariasis (Wuchereria bancrofti)

#

75. When should blood samples be collected for microfilariae detection?

1) Morning
2) Afternoon
3) Anytime
4) At night (nocturnal periodicity)
5) Only fasting

#

76. Brugia malayi causes which condition?

1) Cutaneous larva migrans
2) Loiasis
3) Lymphatic filariasis
4) Schistosomiasis
5) Strongyloidiasis

#

77. What differentiates Brugia malayi from Wuchereria bancrofti?

1) Different vector
2) No lymphatic involvement
3) Only affects lungs
4) Less severe genital involvement
5) No microfilariae

#

78. What is the vector of Brugia malayi?

6) Tick
7) Sandfly
8) Mosquito
9) Flea
10) Louse

#

79. A patient from Southeast Asia presents with limb lymphedema without scrotal involvement. Most likely cause:

1) Wuchereria bancrofti
2) Onchocerca volvulus
3) Loa loa
4) Strongyloides
5) Brugia malayi

#

80. What is the treatment of choice in Brugia malayi?

1) Albendazole only
2) Ivermectin only
3) Diethylcarbamazine (DEC)
4) Praziquantel
5) Metronidazole

#

81. What is the causative organism of Loiasis?

1) Wuchereria bancrofti
2) Onchocerca volvulus
3) Loa loa
4) Brugia malayi
5) Schistosoma spp.

#

82. What is the vector of Loiasis?

1) Mosquito
2) Sandfly
3) Tick
4) Chrysops (deer fly)
5) Flea

#

83. What is a characteristic feature of Loiasis?

1) Hematuria
2) Jaundice
3) Calabar swellings
4) Seizures
5) Ulcers

#

84. A patient reports a worm migrating across the conjunctiva. Diagnosis?

1) Onchocerciasis
2) Filariasis
3) Strongyloidiasis
4) Ascariasis
5) **Loiasis**.

#

85. When is microfilaria detected in blood?

1) Night
2) Midnight
3) Early morning
4) Daytime (diurnal periodicity)
5) Only during fever;

#

86. What is the causative agent of Human Schistosomiasis?

1) Nematodes
2) Protozoa
3) Fungi
4) Viruses
5) Trematodes (Schistosoma spp.).

#

87. What is the route of Human Schistosomiasis infection?

1) Inhalation
2) Ingestion
3) Vector bite
4) Skin penetration by cercariae
5) Sexual transmission.

#

88. Which species is associated with urinary disease in Human Schistosomiasis?

1) Hydroxychloroquine;
2) Primaquine;
3) Metrogil;
4) Quinocide;
5) Doxycycline;

#

89. A patient presents hematuria and bladder wall fibrosis after living in Africa. Most likely cause?

1) Kidney stones
2) UTI
3) Cancer
4) Tuberculosis
5) Schistosoma haematobium infection.

#

90. What is the treatment of choice in Human Schistosomiasis?

1) Albendazole
2) Ivermectin
3) Metronidazole
4) Praziquantel
5) Artemisinin.

#

BLOCK B

TEST QUESTIONS ON TROPICAL DISEASES

1. What is the role of Aedes mosquitoes in dengue transmission?
2. What are the main serotypes of the dengue virus?
3. Describe the pathogenesis of dengue hemorrhagic fever.
4. What are the characteristic clinical stages of dengue infection?
5. What laboratory findings are typical in severe dengue?
6. How is dengue fever diagnosed?
7. What warning signs indicate progression to severe dengue?
8. What measures are used in the prevention of dengue fever?
9. Why is aspirin contraindicated in dengue?
10. What are the principles of fluid management in severe dengue?
11. What virus causes yellow fever and how is it transmitted?
12. What are the major clinical phases of yellow fever?
13. What is the classical triad of severe yellow fever?
14. How is yellow fever diagnosed?
15. What organs are primarily affected by severe yellow fever?
16. What complications may occur during the toxic phase of yellow fever?
17. What is the role of vaccination in yellow fever prevention?
18. Which laboratory abnormalities suggest liver involvement in yellow fever?
19. What international regulations apply to yellow fever vaccination?
20. How is supportive treatment provided in yellow fever?
21. What family and genus do the Ebola virus belong to?
22. What modes of transmission are associated with Ebola virus?
23. Describe the pathogenesis of viral hemorrhagic fever in Ebola.
24. What are the early clinical symptoms of Ebola virus disease?
25. What laboratory findings suggest Ebola infection?
26. How is Ebola virus disease confirmed?
27. What infection control measures are essential when caring for Ebola patients?
28. What supportive therapies improve outcomes in Ebola cases?
29. What complications are common in severe Ebola infection?
30. What strategies are used to prevent Ebola outbreaks?
31. What is the causative agent of leprosy?
32. How is leprosy transmitted?
33. Describe the difference between tuberculoid and lepromatous leprosy.
34. What is the role of the immune response in leprosy manifestation?
35. What skin and nerve symptoms are typical for leprosy?
36. How is leprosy diagnosed?
37. What is the purpose of slit-skin smear testing in leprosy?
38. What drugs are included in multidrug therapy for leprosy?
39. What are lepra reactions and how are they managed?
40. How can disability due to leprosy be prevented?
41. What pathogens cause yaws, bejel, and pinta?
42. How are non-venereal treponematoses transmitted?
43. What are the characteristic skin lesions of yaws?

44. How does bejel differ clinically from syphilis?
45. What are the stages of pinta infection?
46. How are non-venereal treponematoses diagnosed in resource-limited settings?
47. What is the mainstay treatment for non-venereal treponematoses?
48. What complications can result from untreated yaws?
49. What public health strategies help eliminate yaws?
50. How can treponemal serology be interpreted in endemic areas?
51. What viruses cause phlebotomus (sandfly) fever?
52. How is sandfly fever transmitted?
53. What are the typical clinical features of sandfly fever?
54. What is the incubation period of sandfly fever?
55. How is sandfly fever diagnosed?
56. What complications of sandfly fever, if any, may occur?
57. What laboratory abnormalities in sandfly fever may be seen?
58. How is sandfly fever managed?
59. How can sandfly fever be prevented?
60. What geographic regions are associated with sandfly fever transmission?
61. What parasite species most commonly cause visceral leishmaniasis?
62. What is the vector responsible for transmitting visceral leishmaniasis?
63. What are the major clinical manifestations of kala-azar?
64. What laboratory findings are typical (e.g., pancytopenia) for visceral leishmaniasis?
65. What organs are primarily affected in visceral leishmaniasis?
66. How is the diagnosis of visceral leishmaniasis confirmed?
67. What are the characteristic features of post-kala-azar dermal leishmaniasis?
68. What drugs are used for first-line treatment of visceral leishmaniasis?
69. What complications may arise if visceral leishmaniasis is untreated?
70. What preventive measures reduce leishmaniasis transmission?
71. Which Leishmania species commonly cause cutaneous leishmaniasis?
72. What are the typical skin lesions seen in cutaneous leishmaniasis?
73. How does cutaneous leishmaniasis differ from mucocutaneous forms?
74. How is the diagnosis established in cutaneous leishmaniasis?
75. What is the role of smear or biopsy in diagnosis of cutaneous leishmaniasis?
76. How do Old World and New World cutaneous leishmaniasis differ?
77. What treatments are recommended for localized skin lesions in cutaneous leishmaniasis?
78. What factors influence the severity of cutaneous leishmaniasis?
79. What complications of cutaneous leishmaniasis may occur in New World species infections?
80. How can cutaneous leishmaniasis be prevented?
81. What pathogens cause East and West African trypanosomiasis?
82. What vectors transmit African trypanosomes?
83. What is the clinical significance of the chancre at the bite site in African trypanosomiasis?
84. What are the main stages of African trypanosomiasis?
85. What neurological symptoms are characteristic of advanced disease in African trypanosomiasis?
86. How is African sleeping sickness diagnosed?
87. What CSF findings indicate CNS involvement in African trypanosomiasis?
88. What drugs are used in first- and second-stage African trypanosomiasis?

89. What complications of African trypanosomiasis arise from untreated infections?
90. What strategies are used to control Tse-Tse fly populations?
91. What parasite causes Chagas disease?
92. What is the typical vector responsible for transmission of American Trypanosomiasis?
93. What is Romana's sign and when does it appear in American Trypanosomiasis?
94. What organs are most affected in chronic Chagas disease?
95. What ECG abnormalities may be found in American Trypanosomiasis?
96. How is acute Chagas disease diagnosed?
97. What serological tests are used for chronic American Trypanosomiasis?
98. What drugs are effective for etiological treatment in American Trypanosomiasis?
99. What complications can develop decades after infection by American Trypanosomiasis?
100. What public health measures reduce American Trypanosomiasis?
101. What parasite causes Wucheriasis?
102. How is Wuchereria bancrofti transmitted?
103. What are the early clinical manifestations of lymphatic filariasis?
104. What is the pathogenesis of lymphedema and elephantiasis in Wucheriasis?
105. What laboratory method confirms microfilariae in the blood in Wucheriasis?
106. What is the significance of nocturnal periodicity of microfilaria?
107. What drugs are used for mass drug administration programs in Wucheriasis?
108. What complications of Wucheriasis result from chronic lymphatic obstruction?
109. What imaging techniques help evaluate lymphatic damage in Wucheriasis?
110. What vector control strategies reduce filariasis transmission?
111. What species cause brugiosis?
112. How do Brugia species differ from Wuchereria bancrofti?
113. What vectors transmit Brugia infections?
114. What are the characteristic clinical manifestations of Brugia infections?
115. How is brugiosis diagnosed microscopically?
116. What role do antigen detection tests play in brugiosis?
117. What drugs are used in treatment of brugiosis?
118. How does chronic brugiosis present compared to acute episodes?
119. What geographic regions are endemic for Brugia infections?
120. What preventive strategies are used to control Brugia transmission?
121. What parasite causes loiasis?
122. How is Loa loa transmitted?
123. What is Calabar swelling and why does it appear in loiasis?
124. What symptoms occur when the adult worm migrates across the eye?
125. How is the diagnosis confirmed in loiasis?
126. Why is microfilarial load assessment important before treatment in loiasis?
127. What drug is used for treatment and what risks exist in loiasis?
128. What complications of loiasis may arise from high microfilarial burdens?
129. What regions are endemic to Loa loa?
130. What measures help prevent exposure to Chrysops flies?
131. What Schistosoma species commonly infect humans?
132. What freshwater snails act as intermediate hosts in schistosomiasis?
133. What is cercarial dermatitis and how does it develop in schistosomiasis?
134. What organs are predominantly affected in S. mansoni and S. japonicum infection?

135. What is the pathogenesis of portal hypertension in schistosomiasis?
136. What urinary symptoms and complications occur in S. haematobium infection?
137. How is schistosomiasis diagnosed?
138. What role does serology play in diagnosis of schistosomiasis?
139. What drug is used as the mainstay of treatment in schistosomiasis?
140. What measures prevent schistosomiasis in endemic areas?