National Tuberculosis Control Program Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. **After starting a DR-TB treatment regimen, a patient developed pruritus and lesions. What could be the cause?**
   - **A. Levofloxacin (Lfx)**
   - **B. Pyrazinamide (Z)**
   - **C. Any of the drugs in the regimen are probable causes**
   - **D. Prothionamide (Pto)**

2. **Which of the following regimen is appropriate for a patient who previously completed treatment for DS-TB and shows symptoms of PTB?**
   - **A. 6HRZE**
   - **B. DRTB regimen**
   - **C. 2HRZES/1HRZE/5HRE**
   - **D. 2HRZE/4HR**

3. **Is the Department of Labor and Employment (DOLE) Executive Order 73-05 a protection example for patients in the workplace?**
   - **A. True**
   - **B. False**

4. **In designing an MDRTB regimen for adults, how many "likely effective drugs" should be included?**
   - **A. At least 3**
   - **B. At least 4**
   - **C. At least 5**
   - **D. No specific number required**

5. **What screening method should be conducted to all presumptive TB patients?**
   - **A. Complete blood count**
   - **B. Screen for TB signs and symptoms**
   - **C. Regular chest radiography**
   - **D. Physical examination**

6. What is the prophylactic dose of oral pyridoxine for at-risk patients on Isoniazid?

A. 10-25 mg/day

B. 10-50 mg/day

C. 25-50 mg every 250 mg of cycloserine

D. All of the above

7. The provision of nutritional support to TB patients on treatment could be achieved through which of the following?

A. Conducting baseline and periodic nutritional assessments through computation of the patient's BMI

B. Nutritional advice from a nutritionist for rehabilitation

C. Both

D. Neither

8. What is meant by off-label use of an anti-TB drug?

A. Use of the drug according to manufacturer indications

B. Use of the drug for a purpose not specified in the manufacturer's labeling

C. Refusal to use the drug

D. Use of the drug only in clinical trials

9. Which of the following is NOT a criterion for the severity of TB disease in children?

A. Cavities on chest radiography

B. Extrapulmonary form of disease

C. Positive TB bacteriology

D. Presence of severe malnutrition

10. What essential information should be communicated to patients regarding latent tuberculosis infection?

A. It is not contagious

B. It can be treated with antibiotics

C. It requires immediate hospitalization

D. It usually stays dormant and can reactivate

Answers

1. C
2. D
3. A
4. C
5. B
6. D
7. C
8. B
9. C
10. D

Explanations

1. After starting a DR-TB treatment regimen, a patient developed pruritus and lesions. What could be the cause?

A. Levofloxacin (Lfx)

B. Pyrazinamide (Z)

C. Any of the drugs in the regimen are probable causes

D. Prothionamide (Pto)

The development of pruritus and lesions in a patient after starting a drug-resistant tuberculosis (DR-TB) treatment regimen indicates a possible adverse reaction to one or more of the medications involved in the treatment. It is essential to recognize that the array of medications used in DR-TB, including but not limited to levofloxacin, pyrazinamide, and prothionamide, can elicit a variety of side effects. Each drug has the potential to cause allergic reactions or skin-related issues. For example, pyrazinamide is known to cause skin reactions in some patients, while agents like prothionamide can also lead to hypersensitivity responses. Given that the patient has started a new treatment regimen, multiple medications may interact or contribute to the manifestation of such symptoms. The statement recognizes that any of the drugs included in the regimen could be at fault, supporting the idea that it's not limited to just one particular medication. Understanding that multiple agents can yield similar dermatological reactions emphasizes the need for careful monitoring of patients undergoing treatment for DR-TB and underscores the importance of being vigilant for potential side effects.

2. Which of the following regimen is appropriate for a patient who previously completed treatment for DS-TB and shows symptoms of PTB?

A. 6HRZE

B. DRTB regimen

C. 2HRZES/1HRZE/5HRE

D. 2HRZE/4HR

In the context of tuberculosis treatment, particularly for a patient who has previously completed treatment for drug-susceptible tuberculosis (DS-TB) and is now presenting with symptoms of pulmonary tuberculosis (PTB), the appropriate regimen is the 2HRZE/4HR regimen. This regimen is based on the well-established principles of tuberculosis management, which involve an intensive phase and a continuation phase. The initial phase (2 months) includes a combination of four first-line antitubercular drugs: isoniazid (H), rifampicin (R), pyrazinamide (Z), and ethambutol (E). This combination has shown effectiveness in rapidly reducing the bacterial load. After the intensive phase, the continuation phase lasts for an additional four months with rifampicin and isoniazid alone. The choice of this specific regimen for a patient with a previous history of DS-TB is important because it ensures a comprehensive treatment approach with effective medication that targets the bacteria while minimizing the risk of resistance development. The regimen is streamlined and is recommended to avoid complications and better manage potential recurrence. Other choices are not as suitable for this scenario; for example, the 6HRZE regimen consists of a different combination and duration

3. Is the Department of Labor and Employment (DOLE) Executive Order 73-05 a protection example for patients in the workplace?

A. True

B. False

The Department of Labor and Employment (DOLE) Executive Order 73-05 serves as a significant framework aimed at protecting the rights of various vulnerable groups in the workplace, including patients with specific health conditions. This executive order emphasizes the need for workplace policies that uphold employee rights and welfare, contributing to a safer and more inclusive work environment. Specifically, it recognizes the importance of accommodating individuals with health issues, which may include those undergoing treatment for tuberculosis. Ensuring that such patients have the necessary support and protections can help minimize stigma and promote a culture of understanding and care in the workplace. While other policies or frameworks may address workplace health and safety in various contexts, the emphasis of this executive order on patient protection aligns directly with the broader objectives of public health initiatives, including those aimed at controlling and preventing tuberculosis. Therefore, regarding the protective nature of DOLE Executive Order 73-05, affirming it as an example of protective legislation for patients is accurate.

4. In designing an MDRTB regimen for adults, how many "likely effective drugs" should be included?

A. At least 3

B. At least 4

C. At least 5

D. No specific number required

The correct number of "likely effective drugs" that should be included in the regimen for multidrug-resistant tuberculosis (MDRTB) is at least five. This guideline is based on the understanding that MDRTB is a more complicated infection than drug-susceptible TB and requires a more robust treatment regimen to effectively combat the resistant strains. The rationale for using at least five likely effective drugs is to ensure that there is a sufficient level of drug coverage, which helps to increase the chances of treatment success and minimize the likelihood of further resistance developing during the treatment course. Each drug selected should ideally come from different classes and have a proven efficacy against the MDR strains, providing a comprehensive assault against the bacteria. Involving a higher number of drugs helps account for potential drug interactions, patient adherence factors, and possible drug toxicities, ensuring that the treatment remains effective over the duration of therapy. Generally, it is acknowledged that more extensive and diversified drug combinations are less likely to lead to treatment failure and resistance if one or more drugs are ineffective or poorly tolerated by the patient.

5. What screening method should be conducted to all presumptive TB patients?

A. Complete blood count

B. Screen for TB signs and symptoms

C. Regular chest radiography

D. Physical examination

Screening for TB signs and symptoms is the most effective initial step for all presumptive TB patients. This approach involves evaluating individuals for key indicators such as persistent cough, weight loss, fever, and night sweats, which are common symptoms of tuberculosis. Identifying these clinical signs is critical because it allows healthcare providers to determine the likelihood of TB and decide on the appropriate next steps for diagnosis and treatment. While complete blood count, regular chest radiography, and physical examination can provide valuable information, they do not directly target the specific identification of TB cases as effectively as a focused assessment of signs and symptoms does. For instance, a complete blood count can indicate overall health status or the presence of other infections but is not specific to tuberculosis. Similarly, although chest radiography is an essential tool for confirming TB diagnosis after the initial screening, it is not practical or efficient as a first-line screening method for every presumptive case. Physical examinations, while important for a general assessment, may not provide sufficient information to specifically identify TB. Thus, systematically screening for TB signs and symptoms is paramount in the early detection and management of the disease.

6. What is the prophylactic dose of oral pyridoxine for at-risk patients on Isoniazid?

A. 10-25 mg/day

B. 10-50 mg/day

C. 25-50 mg every 250 mg of cycloserine

D. All of the above

The recommended prophylactic dose of pyridoxine (vitamin B6) for patients on Isoniazid therapy is important to consider due to the potential for Isoniazid to induce pyridoxine deficiency. Isoniazid can interfere with the metabolism of pyridoxine, leading to peripheral neuropathy and other neurological issues. As a precautionary measure, particularly for at-risk groups such as those with diabetes, malnutrition, or HIV, administering pyridoxine serves to mitigate these side effects. Each of the specified dosing ranges is considered appropriate in different clinical contexts. The range of 10-25 mg/day is often used for many patients on Isoniazid, while a higher range of 10-50 mg/day reflects a more preventative strategy for those at higher risk of deficiency. The option that includes 25-50 mg every 250 mg of cycloserine refers to the recommendation for patients taking cycloserine with the aim of preventing central nervous system side effects associated with both medications. Since each option offers valid dosing information applicable to various at-risk populations, stating that all of the dosing regimens are acceptable reflects a comprehensive understanding of the need for monitoring and supplementing pyridoxine in patients

7. The provision of nutritional support to TB patients on treatment could be achieved through which of the following?

A. Conducting baseline and periodic nutritional assessments through computation of the patient's BMI

B. Nutritional advice from a nutritionist for rehabilitation

C. Both

D. Neither

Providing nutritional support to tuberculosis (TB) patients undergoing treatment is crucial for improving their overall health and supporting their recovery. Both conducting baseline and periodic nutritional assessments through computation of the patient's Body Mass Index (BMI) and offering nutritional advice from a nutritionist contribute significantly to effective nutritional support. Conducting assessments of BMI allows healthcare providers to monitor nutritional status and identify any malnutrition issues that may arise during treatment. Regular monitoring through these assessments can help track changes in a patient's weight and nutritional intake, enabling timely interventions to adjust dietary plans as needed. On the other hand, receiving nutritional advice from a qualified nutritionist ensures that patients understand how to meet their specific dietary needs. A nutritionist can create tailored meal plans that consider the patient's treatment regimen, health status, and preferences, promoting adequate nutrient intake and dietary balance to enhance treatment outcomes. In summary, a dual approach—combining systematic nutritional assessments with professional dietary guidance—ensures that TB patients receive comprehensive support that addresses both monitoring and nutritional education. This collaborative effort is vital for improving patient outcomes and overall effectiveness of the treatment provided.

8. What is meant by off-label use of an anti-TB drug?

A. Use of the drug according to manufacturer indications

B. Use of the drug for a purpose not specified in the manufacturer's labeling

C. Refusal to use the drug

D. Use of the drug only in clinical trials

Off-label use of an anti-TB drug refers to its administration for purposes that are not included in the labeling approved by the manufacturer. This can involve prescribing the drug for a different condition, at a different dose, or through different routes of administration than what is specified. Off-label use is common in medicine when healthcare professionals believe that a medication may be beneficial for a patient based on emerging evidence or clinical judgment, even if that use has not gone through the formal approval process. In contrast, the definitions provided in the other choices emphasize conforming to established protocols or the manufacturer's labeling, which do not pertain to off-label use. For example, using a drug strictly according to the manufacturer's indications aligns with established treatment protocols, while refusal to use the drug and using it only in clinical trials would not reflect off-label practices. The concept of off-label use is significant in the realm of tuberculosis treatment, especially in instances where a patient may be resistant to standard therapies or present with atypical cases.

9. Which of the following is NOT a criterion for the severity of TB disease in children?

A. Cavities on chest radiography

B. Extrapulmonary form of disease

C. Positive TB bacteriology

D. Presence of severe malnutrition

Determining the severity of tuberculosis (TB) in children involves evaluating various clinical and radiological parameters. One essential aspect to note is that positive TB bacteriology, while indicative of the presence of the disease, is not a direct criterion for assessing its severity. Instead, severity is more about the impact the disease has on the child's health and the extent of its spread within the body. Cavities on chest radiography indicate a more advanced pulmonary disease, suggesting severe lung involvement. The extrapulmonary form indicates that TB has spread beyond the lungs, which typically complicates treatment and may signal a more severe disease state. Presence of severe malnutrition also suggests a compromised overall health status, which can exacerbate the effects of any infection, including TB, thus marking it as a criterion for a severe disease presentation. In contrast, while positive TB bacteriology confirms an active infection, it does not directly correlate with the severity of the disease. Therefore, this option stands out as not fitting the criteria used to delineate severe TB cases in children, emphasizing the multifaceted nature of TB assessment where presence alone does not equate to severity.

10. What essential information should be communicated to patients regarding latent tuberculosis infection?

A. It is not contagious

B. It can be treated with antibiotics

C. It requires immediate hospitalization

D. It usually stays dormant and can reactivate

The essential information regarding latent tuberculosis infection that needs to be communicated to patients includes the understanding that it usually stays dormant and can reactivate. This is crucial for patient awareness and management, as latent tuberculosis means the bacteria are present in the body, but the patient does not exhibit active symptoms and is not infectious. Patients should be informed that even though they do not feel sick and cannot spread the infection to others, there is a risk of reactivation, particularly if their immune system becomes weakened due to disease or medications. Educating patients on this aspect helps them recognize the importance of monitoring their health and adhering to treatment if prescribed, as this can help prevent the development of active tuberculosis in the future. While information about contagion and treatment is important, the focus on dormancy and the potential for reactivation is particularly vital in ensuring patients understand the nature of their condition and the importance of management strategies.