

Self-Assessment Questions for Physicians and Nurses

Select the 1 best answer to each question and circle that letter on the answer grid on the evaluation form.

1. Children with normal immune function may be predisposed to recurrent infections by any of the following factors except:
 - a. Allergies.
 - b. Gastroesophageal reflux.
 - c. Multiple adults in the household.
 - d. Passive smoking.
2. Recurrent infections at 1 site generally indicate:
 - a. An anatomic abnormality.
 - b. B-cell deficiency.
 - c. Phagocytic dysfunction.
 - d. T-cell deficiency.
3. Severe infections due to viruses, fungi, or other opportunistic pathogens point to underlying:
 - a. B-cell deficiency.
 - b. Common variable immunodeficiency.
 - c. Complement dysfunction.
 - d. T-cell deficiency.
4. Delay in the onset of recurrent infections until 7 to 9 months of age suggests the presence of:
 - a. B-cell deficiency.
 - b. Complement defect.
 - c. Neutrophil defect.
 - d. T-cell immunodeficiency.
5. Skeletal abnormalities of the ribs and hips are characteristic x-ray findings in children with:
 - a. B-cell deficiency.
 - b. Complement dysfunction.
 - c. Adenosine deaminase (ADA) deficiency.
 - d. T-cell deficiency.
6. If humoral immune dysfunction is suspected, specific IgM antibodies to _____ should be measured.
 - a. ABO blood group antigens
 - b. Influenza A vaccine
 - c. Polio vaccine
 - d. Tetanus toxoid
7. T-cell immunodeficiency should be suspected in a young child with a total lymphocyte count of:
 - a. $\leq 6000/\mu\text{L}$.
 - b. $< 2500/\mu\text{L}$.
 - c. $> 1500/\mu\text{L}$.
 - d. $> 500/\mu\text{L}$.
8. Children with significant T-cell defects may require antibiotic prophylaxis against:
 - a. Group A streptococci.
 - b. *Pneumocystis jiroveci (carinii)*.
 - c. *Staphylococcus aureus*.
 - d. *Streptococcus pneumoniae*.
9. In patients or family members with suspected or diagnosed antibody or T-cell deficiency, administration of _____ is contraindicated:
 - a. Antibiotic prophylaxis
 - b. Antiviral therapy
 - c. Live-attenuated vaccines (such as oral polio, varicella, and *bacillus Calmette-Guérin*)
 - d. Skin-prick tests
10. Currently available treatment options for the management of PID include:
 - a. Enzyme replacement therapy with ADA (for ADA deficiency), gene therapy (for Bruton's disease), and IGIV (for IgA deficiency).
 - b. Gene therapy (for Bruton's disease) and IGIV (for antibody deficiencies, including IgA deficiency).
 - c. IGIV (for antibody deficiencies, except IgA deficiency), enzyme replacement therapy with ADA (for ADA deficiency), and bone marrow and stem cell transplantation.
 - d. Only bone marrow and stem cell transplantation and IGIV (for antibody deficiencies, including IgA deficiency).