## **JOURNAL-BASED LEARNING EXERCISES**



Please select your choice of correct answers and complete the exercises online at: www.ibms.org/cpd/jbl

## **DEADLINE WEDNESDAY 4 SEPTEMBER 2019** Eradication of measles: remaining challenges. The NHS Long Term Plan. Overview and Summary. (Note: Questions are set on the overview and summary only, pp 1-10) Holzmann H, Hengel H, Tenbusch M, Doerr HW. Med Microbiol Immunol 2016; 205 (3): www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf 201-8 Assessment No: 060619 Assessment No: 060919 01 The NHS has been in operation since 1948. 01 Measles virus (MeV) is commonly regarded as a bloodborne virus. Going forwards, there will be a provision of 2.2% funding increases annually. MeV can predispose people to opportunistic infections due to its impairment 02 02 on memory B and T cells. MeV is easily transmitted between humans and animals, and vice versa. The NHS is the largest employing organisation in the world. 03 03 There will be a major focus on digital systems going forwards, especially in primary Twenty-four genotypes of MeV compiled in eight clades have been identified 04 04 after sequencing the 450 nucleotides of the N gene. and outpatient care The plan ensures that specific scientific and technical training programmes are The pathognomonic Koplik spots appear on the buccal mucosa at the start 05 05 developed to support the implementation of the plan. of the prodromal phase. The plan seeks to address health inequalities and demonstrate achievements via Subacute sclerosing panencephalitis (SSPE) is linked with MeV strains 06 06 key metrics. escaping specific immune responses persisting in neurons and glia cells of the brain. There will be a drive to expand treatment at home with more community The MeV reproductive rate is much higher in comparison to Ebola 07 07 health provision. and influenza. The plan will expand its mental focus to include autism and learning disabilities. In the pre-vaccination era, MeV would be responsible for the deaths of 08 08 7–8 million children annually The plan acknowledges difficult-to-recruit specialisms and is looking at using new With the increased risk of exposure that an epidemic brings, MMR 09 09 incentives in these areas. vaccinations can be recommended for infants as young as 6-9 months of age. The plan anticipates saving £70 million in five years. After vaccination programmes started in the 1980s, the incidence rate dropped 10 10 by roughly 70%. The plan requires some changes to legislation. Most MeV strains start the infection process by the interaction of glycoprotein 11 11 F to virus-specific cell receptors such as CD120. The plan envisages the use of artificial intelligence. Pregnant ladies who've previously had an MeV infection or vaccination 12 12 have a level of immunity that can offer vertical protection to their infants. There will be no extra funds available for CPD. Wars and the increased refugee migrations across Europe have increased 13 13 the chances of the WHO reaching its eradication goal. There will be a requirement for more-flexible rostering of workers. The low reproduction rate of measles means that you only need 40% 14 14 of a population to be immune to ensure herd immunity. The plan notes that research and development are critically important. Combined vaccines such as MMR lead to an impairment of the immunogenic 15 15 infectivity of each of the single attenuated viruses. There is a commitment to reduce air pollution, smoking and obesity. For MeV surveillance systems to work appropriately within national 16 16 health authorities, suspected cases must be reported rapidly. It is recognised that delays to hospital discharges will remain problematic. On average, patients are at their most infectious six days onwards after 17 17 the onset of exanthema. Over three million people contributed individually to consultations on the plan. Whilst being developed over 50 years ago, the Ender/Schwarz strains are 18 18 still the preferred strains in the live-attenuated vaccine The NHS has improved the outcomes for stroke and major traumas. Within the laboratory. MeV diagnosis can be hampered due to false positives 19 19 caused by recent vaccination history or cross-reactivity with other viruses. The Rinderpest pandemic of 2010 has shown that Morbillivirus vaccines The plan notes that employees are under stress. 20 20 are ineffective. **REFLECTIVE LEARNING** What impacts and implications do you foresee for pathology services based on Apart from the viral vaccines mentioned in this article, there have been other 01 this plan? 01 vaccines available for use. Summarise a select few of these, including the challenges they have faced. How could point-of-care testing assist in early diagnosis and community care? Reflect on the differences between innate and adaptive immune responses 02 02 within the human body.