
Traveller Pre Intermediate Test Booklet

Test 5 Key [WORK]

In settings where malaria microscopy is not immediately available, reactive RDTs can be used to rapidly rule out or confirm the presence of malaria and can be used to confirm whether treatment is working. Although RDTs for malaria have the advantage of fast results, limited sensitivity, and the inability to distinguish between species of Plasmodium, they are not suitable for malaria case management. Unfortunately, they are the only point-of-care test available to most travelers and clinicians in malaria-endemic areas. All tests must be performed according to strict protocol. Findings from laboratory tests should be reported to the person's physician or to the nearest appropriate local public health unit. It is the responsibility of the person's physician and/or the local public health unit to determine the seriousness of any abnormal laboratory findings and to decide what further action is needed. However, it is extremely important that the diagnosis and appropriate therapy are performed as soon as possible because of the risk of complications. The correct malaria test must be performed at the time of sample collection and not later. The result of a malaria diagnostic test should not be relied upon to determine whether the disease is present or absent in a person. Some fever is necessary for malaria to be present in a person. If a person has not experienced symptoms suggestive of malaria for a specified amount of time, a person is likely to be malaria-free. The test should be repeated if malaria is considered likely to have been acquired within the last few days or hours. Retesting is also appropriate if the test result is false-positive or if the person has experienced a recent malaria-related complication, or if the test result is negative, but there is a concern that the result may have been false negative because of low parasitemia.

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Due to its high mutation rate, the virus has a high potential for antigenic change and to escape immune detection. Thus, the 4-fold or greater rise in antibody titer between acute and convalescent sera is less reliably indicative of immunity to rubella. As an alternative to serologic testing for antibody, a rapid diagnostic test, such as a card test or fluorescent antibody to membrane antigen (FAMA), can also be used. In the United States, serologic testing is generally not recommended for routine testing of pregnant women. However, a positive antibody result in the first trimester of pregnancy should prompt provider evaluation of the mother's history and a clinical evaluation of fetal health (e.g., maternal serum alpha-fetoprotein). Since safe, effective vaccines against rubella are available and routinely recommended for susceptible pregnant women, pregnant women are no longer considered a population in which routine serologic testing is indicated. The two commercially available, FDA-approved, rapid, immunoassay tests for rubella antibody detection are the particle agglutination (PA) and the microparticle enzyme immunoassay (MEIA). A localized reaction at the site of injection is a particularly important factor with respect to the diagnosing of latent tuberculosis. Because the reaction is not seen or is not seen at the site of TB exposure, in those with a negative reaction, a positive response on retest is considered to represent true infection. One of the main

advantages of this test is that it can be performed at the time of diagnosis and does not require a second visit for assessment of the response. 5ec8ef588b

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