## WJEC (Eduqas) Biology A-level

 Option 3.A: Immunology and Disease Questions by TopicZika is an RNA virus, which can be spread by the Aedes mosquito. Most people infected with the Zika virus experience no or very mild symptoms. A recent outbreak in South America was accompanied by an increase in the number of babies being born with microcephaly (a significantly smaller head and abnormal brain development). The incubation period for the Zika virus is estimated to range between 3 and 12 days. The symptoms, if experienced, are similar to other mosquito-borne diseases such as malaria and include: fever, rash, muscular pain, joint pain and headaches.

In 2016, concern was expressed by athletes travelling to the Olympics in Brazil regarding possible infection with Zika. The World Health Organisation concluded that the risk of transmission was relatively low. The advice given to anyone travelling to the Olympics was:

- use insect repellent and wear loose clothing that covers the body
- keep windows closed at night and sleep under a mosquito net
- avoid areas with poor sanitation and stagnant water.
(a) (i) State the term given to the Aedes mosquito in the lifecycle of the Zika virus.
(ii) Explain how the preventative methods described above would help reduce the chance of infection with Zika.
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(b) The diagram below describes how the Zika virus replicates inside a human cell.

(i) With reference to the diagram, suggest why viruses are difficult to treat with drugs and state the challenges faced when attempting to develop a vaccine against Zika.
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(ii) State two features of a successful vaccine.
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(c) Urgent research is being carried out to provide protection against Zika to pregnant women, as quickly as possible as well as providing a long-term prevention strategy.

Two research projects currently in progress are:

1. The use of an injection containing anti-Zika antibodies for use in pregnant women. This has had some success in animal trials with mice.
2. The development of a vaccine to confer immunity against the virus.

Evaluate the relative advantages and disadvantages of these strategies in the prevention of Zika cases. State which one would be more effective in the long term and explain your reasoning.
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(d) The image below is an electron micrograph showing part of a human cell infected with Zika. Virus particles are in membranous vesicles, the arrow on the micrograph below indicates one virus particle.


Use the scale bar to calculate the diameter of the labelled Zika virus particle.
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(e) Methicillin works in a similar way to penicillin and is said to be bactericidal. It is no longer produced for medical use because of the rapid increase in bacterial resistance to it. Methicillin resistant Staphylococcus aureus (MRSA) is endemic in the general human population. Infections caused by MRSA are common in hospital patients.
(i) State what is meant by the term endemic and suggest why MRSA is not a major cause for concern amongst the general population.
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(ii) Erythromycin can be bactericidal or bacteriostatic depending on the dose. It binds to the large ribosomal subunit in bacterial cells. Suggest how erythromycin may work to treat bacterial infection and why it does not affect the patient's cell metabolism.
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(f) Antibiotic resistance is a global crisis and measures are needed to control the use of antibiotics as well as developing new antibiotics. Clinical trials need to be done on any new antibiotic. A trial was carried out to test the safety of a new antibiotic using 20 healthy male volunteers from the same ethnic background. Evaluate the validity of this trial in terms of its use in the whole population.
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(i) Define the terms endemic and epidemic.
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(ii) Explain how cholera spread in Haiti.
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(iii) Conclude what could have been the original source of the cholera epidemic, explain your answer.
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(b) Cholera is caused by the production of cholera toxin by 2 strains of V. cholerae, O1 and O139. An agglutination test can be carried out to test for the presence of $O$ antigens on the bacterial surface. Agglutination is when clumping takes place between antibodies and antigens. A different agglutination test can be carried out to test for each of the strains.


Samples were taken from patients for testing to confirm the strain of bacteria and determine the source of the outbreak.

(i) Explain why an agglutination test would be able to distinguish between the two strains of cholera bacteria.
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(ii) How would the scientists be able to confirm the source of the outbreak?
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(iii) Suggest why some patients with severe symptoms are given antibiotic tablets, but antibiotics alone are not a cure for the disease.
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(iv) Treatment for severe dehydration caused by Cholera is by intravenous rehydration. Patients are given $200 \mathrm{~cm}^{3}$ of fluid per kg of body mass in a 24 hour period. Calculate the volume of liquid per hour to be given to a patient weighing 70 kg .
(c) Oral cholera vaccines can be used to prevent the disease if there is a risk of an epidemic. Two doses of the vaccine are required. Shancol is a vaccine which has been used successfully in areas of endemic cholera but was not used during the Haiti epidemic as it had not then been authorised for use by the United Nations/World Health Organisation (UN/WHO).
(i) Explain why the oral vaccine must be administered in two doses.
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(ii) State one reason why a higher concentration of the vaccine must be used when given orally.
(iii) What considerations would need to be made by the UN/WHO before allowing the use of a vaccine in Haiti?
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3.

The graph shows how blood antibody concentration against Rubella changed in a 12 month old child following an injection with Rubella antigen at day 0 followed by a booster injection at day 40 .

(a) (i) State the time taken to produce the antibody level required for immunity following the first injection with Rubella antigen.
(ii) Explain why the time taken to produce the antibody level required for immunity was much shorter following the booster injection.
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(b) The child, who had not been exposed to measles previously, was given a separate immunisation against the measles virus at Day 40 - the same day that she received the booster injection against Rubella.
(i) On the graph opposite, draw a line to show how the blood antibody concentration against measles changes from the immunisation at day 40 to day 60 .
(ii) Explain why the blood antibody concentration against measles would change in this way.
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4. Complete the following sentences giving the correct name.
(a) A disease which is always present at low levels in an area is referred to as
(b) A person who shows no symptoms when infected by a disease but can still pass the disease on to another individual, is referred to as a
(c) Organisms which carry pathogens from one individual to another are called
(d) Antibiotics that prevent bacterial growth are referred to as
(e) The term used to describe a disease which may be passed or transmitted from one individual to another is
5. Cholera is an infection of the gut lining caused by the bacterium Vibrio cholerae. The bacterium releases toxins that cause watery diarrhoea leading to severe dehydration and frequently death.

Transmission occurs primarily by drinking water or eating food that has been contaminated by the faeces of an infected person. In the ten months following the earthquake in Haiti in 2010, over 60,000 cases of cholera were reported, concluding in 1400 deaths.
(a) Describe how the spread of cholera could have been prevented following the earthquake.
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(b) The diagram below shows part of the cell wall taken from Vibrio cholerae.

(i) Name two components found in the outer layer.
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(ii) Name the component found in layer $\mathbf{X}$.
(iii) What colour would you expect this bacterium to be following the gram stain test?
(iv) Explain why penicillin is ineffective in treating cholera.
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6. (a) Although micro-organisms can cause disease in humans, scientists believe that up to $10^{16}$ symbiotic microbial cells live in or on the human body. Up to $90 \%$ of all diseases can be traced back in some way to the composition of this microbiome. Figure 8.1 shows bacteria on the surface of a human tongue.

Figure 8.1


An average adult has $10^{13}$ cells in the body. Suggest why it is often said that we are more microbe than human in terms of our genomes and describe how the micro-organisms living inside our bodies and on the skin surface help protect us from infectious disease.
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(b) Figure 8.2 shows part of the T-cell immune response when the body is infected with a pathogenic bacterium, such as Vibrio cholerae.

Figure 8.2

(i) Explain the role of the macrophage in the T-cell response.
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(ii) Describe the roles of each of the T-cell types shown in figure 8.2 as part of the immune response.
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(c) B-cells are activated in a similar way but synthesise antibodies that are specific protein molecules that can bind to foreign antigens. These antibodies can be of different types, as shown in figure 8.3.

Figure 8.3

$\operatorname{lgM}$

lgM is made up of five antibody molecules bonded together. A more detailed diagram of $\operatorname{lgG}$ is shown in figure 8.4 along with a bacterial cell, showing antigens on the surface.

Figure 8.4

(i) The hinged sections of the IgG molecule give it some structural flexibility. Suggest an advantage of this.
(ii) Suggest an advantage of the IgM molecule over IgG
(d) Bacteriophages are viruses which infect bacteria specifically. When they infect bacteria, they result in cell lysis. Bacteriophages are harmless to humans. A typical bacteriophage is shown in figure 8.5.

Figure 8.5


Bacteriophage therapy has been successful in trials against a range of bacterial infections, including chronic skin infections caused by bacteria such as MRSA. Their use in medicine to treat infectious disease in humans is called phage therapy.

Bacteriophages can be isolated from bacterial cultures and they can be grown on nutrient agar plates in a lawn of bacteria. Clear zones (plaques) appear on the plates as bacteria are lysed by the bacteriophages as shown in figure 8.6.
Each plaque is assumed to originate from a single bacteriophage.
Figure 8.6


The plate in figure 8.6 was prepared by mixing $0.02 \mathrm{~cm}^{3}$ of a $10^{-5}$ dilution of bacteriophages with a bacterial culture and spreading it on an agar plate. This plate was incubated for 24 hours at $37^{\circ} \mathrm{C}$.
(i) On the plate shown in figure 8.6 there are 25 plaques. Calculate the number of bacteriophages per $\mathrm{cm}^{3}$ in the original sample.
(ii) Describe two techniques that could have been used to maintain sterile conditions when inoculating the plates.
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(iii) Explain why $37^{\circ} \mathrm{C}$ was used as the incubation temperature.
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(iv) Using the information provided and your own knowledge, suggest two disadvantages of antibiotic use that could be overcome by phage therapy.
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(v) Suggest an ethical issue that should be considered before widespread use of phage therapy in humans.
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7.

Neisseria meningitidis is an airborne pathogenic bacterium that can cause one type of meningitis.
The photomicrograph below of an airway's lining shows an example of the body's natural barriers to infection by pathogenic bacteria.

(a) With reference to the photograph, describe this first line of defence.
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(b) Pseudomonas aeruginosa is a Gram-negative bacterium that can be easily spread by hands as a type of direct contact. P. aeruginosa infections can be treated with a bactericidal antibiotic called Colistin that binds to lipopolysaccharides and phospholipids in the outer cell layer of Gram-negative bacteria.

Using your knowledge of bacterial structure and antibiotics explain how penicillin acts and why it cannot be used to treat $P$. aeruginosa.
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Colistin is known as a "last resort" antibiotic, increasingly used to treat infections that resist every other antibiotic. However, in November 2015, bacteria were found resistant to this antibiotic. Microbiologists are constantly researching new antibiotic compounds.

The illustration below shows zones of inhibition around filter paper discs. The discs are all the same size and saturated with the same concentration of different antibiotic compounds and placed on bacteria growing on agar. The antibiotic will diffuse out of the filter paper. The radius of the zone of inhibition is a measure of the effectiveness of the antibiotic compound.

(c) Since this method depends on diffusion of the antibiotic, it is important to keep several factors constant.
(i) State two variables that should be controlled.
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(ii) Explain how you could identify which antibiotic worked the best.
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(iii) A sample of bacteria was removed from each zone of inhibition generated by the working antibiotics. These bacteria were then re-plated without the antibiotics and cultured.
The images below show the results for antibiotics a to $\mathbf{d}$.


Conclude the mode of action of each of these antibiotics. Explain how you reached this conclusion.
(d) Antibiotics have no effect on viruses. Chickenpox is a highly infectious airborne disease caused by the varicella-zoster virus. The virus spreads easily in the air when an infected person coughs or sneezes. Airborne viruses have antigens that can attach to the surface membrane of cells lining the trachea.

Explain why the varicella-zoster virus needs to enter the cells of the trachea and the effect this has on the cells.
(e) Radial Immuno Diffusion is a quantitative technique used to estimate antibody concentration. Agar plates are set up with a known concentration of antibody included in the agar. Pure antigens are added to the centre of each plate. The antigens diffuse through the agar and form antigen-antibody complexes which can be seen as a precipitation ring. The diameter of the ring is used to plot a calibration curve to estimate the concentration of antibodies in the blood samples as shown below.

(i) Use the graph to estimate the antibody concentration of the sample taken before vaccination and after. Write your answers in the table below.

| Sample | Ring diameter <br> $/ \mathrm{mm}$ | Antibody <br> Concentration <br> $/ \mathrm{mg} \mathrm{cm}^{-3}$ |
| :---: | :---: | :---: |
| Before <br> Vaccination | 7 |  |
| Following <br> Vaccination | 11 |  |

(ii) Using your knowledge of the humoral response, explain the concentration of antibodies after the vaccination.
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(iii) To assess the effectiveness of the vaccine the technique was repeated with several blood samples taken from a number of volunteers. A statistical test was used to assess the significance of the differences in the antibody levels before and after vaccination.
State the null hypothesis.
(iv) The test gave a value greater than the critical value at a probability of 0.05 . State whether you would accept or reject the null hypothesis and explain why.
(v) A protective antibody response to a vaccine requires at least a fourfold increase in antibody concentration. Using the table opposite, calculate the minimum antibody concentration that would be required to be protective.
(vi) State whether the results shown opposite indicate a successful vaccination and explain why annual vaccination programmes against influenza are not always effective.
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8. Lyme disease, or Lyme borreliosis, is caused by the bacteria Borrelia burgdorferi and is endemic in some areas. There are a number of strains of this bacterium. The bacteria are transmitted to humans through the bite of an infected tick. Reported cases in England and Wales rose from 268 in 2001 to 959 in 2011, with an increase in the number of cases in Snowdonia National Park.

Ticks are tiny, spider-like creatures found in woodland and heath areas. They feed on the blood of birds and mammals, including humans. Ticks that carry the bacteria responsible for Lyme disease are found throughout the UK and in other parts of Europe and North America.
(a) State what is meant by the term endemic.

The immune system of an infected person will react by producing specific antibodies to the bacterial antigens.
(b) (i) Label the diagram below to identify the regions of the antibody.

(ii) Define the term antigen, and explain the meaning of an antigen-antibody complex.
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(c) The body's response to infection shows both a primary response and a secondary response to the foreign antigens. Both responses can be identified by measuring the levels of two antibodies found in the blood, $\operatorname{lgM}$ and $\operatorname{lgG}$.
$\operatorname{lgM}$ is produced mainly by B-cells on initial exposure; IgG antibodies are produced in higher levels during the secondary response.

(i) Explain why the level of $\operatorname{IgG}$ is higher after the second exposure to the antigen than the first exposure.
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(ii) Lyme disease can persist in patients for many years and the IgM levels remain high. Suggest possible reasons why.
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(d) The symptoms of Lyme disease include fever, chills, fatigue, headaches and muscle aches. As a consequence, patients with Lyme disease are often misdiagnosed.

An ELISA (enzyme-linked immunosorbent assay) can be carried out to diagnose Lyme disease using a blood sample from the patient around two weeks after infection. It is based on detecting the antibodies made in response to being exposed to B.burgdorferi.

The results of the assay show the concentration of IgG antibodies in the patient's blood. The steps involved in the ELISA are shown below.


Specific antigen from B.burgdorferi attached to the surface of the test well.
human anti-B.burgdorferi antibody


Patient's blood plasma added to the well. Human antibodies bind to the B.burgdorferi antigen.


Enzymes attached to anti-human IgG antibodies cause a colour change if an antigen-antibody complex forms. Greater colour intensity indicates a higher IgG concentration.
(i) Using the graph, explain why carrying out an ELISA would not detect the IgG antibodies in the days immediately after the tick bite.
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(ii) The ELISA can produce false negative results for Lyme disease. In a false negative result there is no colour change, even if the patient is infected with the bacteria.

Suggest why, even if there are anti-B.burgdorferi antibodies in the patient's plasma, the enzyme may not cause a colour change.
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(e) B.burgdorferi is a Gram-negative bacterium and can be treated using a bacteriostatic antibiotic which stops protein synthesis.
The image below is of an agar plate showing the results of testing various antibiotics on B.burgdorferi.

(i) State the temperature at which the culture should be incubated. Explain your answer.
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(ii) The most effective antibiotic was found to be E. The diameter of the zone of inhibition was 22 mm . Calculate the area of the zone of inhibition caused by $E$ to a suitable level of precision.

Formula for the area of a circle: $\pi r^{2}$
$\pi=3.14$
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(iii) With reference to the image, suggest what assumption is being made when making this calculation.
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9. The common cold is caused by a rhinovirus which infects the cells of the nasal epithelium.


Symptoms of this infection include a runny nose, sneezing, cough and sore throat. The nasal epithelium contains ciliated mucous membranes which usually act as a natural barrier to infection by trapping microbes entering in inhaled air.
(a) (i) State three other natural barriers to infection in the body.
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(ii) Explain why the body is sometimes described as a host to other living organisms.
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(iii) Rhinovirus uses the metabolic pathways of a host cell to produce many copies of the virus. Explain how infection with rhinovirus could cause cell death.
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(iv) In cells infected with rhinovirus, the cell-mediated immune response involves the activation of B and T lymphocytes, and phagocytes.
Explain how phagocytes and T lymphocytes bring about the cell-mediated response against rhinovirus.
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(b) Symptoms of a cold can also be caused by other viruses and bacterial infections. Streptococcus pyogenes is a species of Gram-positive bacteria which produces similar symptoms. These symptoms can be treated with antibiotics. The diagrams below show simplified structures of a coccus bacterium (such as $S$. pyogenes) and a virus (such as rhinovirus).

## S. pyogenes



## Rhinovirus


(i) With reference to the diagram, explain why antibiotics can be used to treat colds caused by $S$. pyogenes but not those caused by rhinovirus.
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(ii) Patients infected with S. pyogenes can be treated with the antibiotic amoxycillin which has a similar mode of action to penicillin. The recommended dosage is at $25 \mathrm{mg} \mathrm{kg}^{-1}$ twice a day for 10 days.
Calculate the total dosage over the 10 days for a child weighing 14.5 kg .

> Total dosage =
mg

Scientists studied the effect of tetracycline and amoxycillin on S. pyogenes.
The same number of bacteria were inoculated into the same type of nutrient medium and cultured for 6 days at $35^{\circ} \mathrm{C}$ in aerobic conditions. Amoxycillin was added to one culture and tetracycline was added to the other at day 3. The graph below shows how the number of viable bacteria change during the course of the experiment.

(iii) Using the graph, identify the mode of action of these two antibiotics and explain how you reached this conclusion.
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(iv) State two factors that would need to be controlled to increase confidence in the results.
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(v) Explain why S. pyogenes was cultured at $35^{\circ} \mathrm{C}$.
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(c) Vaccination programmes for the common cold caused by rhinovirus have so far proved unsuccessful.
(i) Using your own knowledge of immunisation, suggest and explain why it is unlikely that a vaccine for the common cold will ever be developed.
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(ii) The flu virus causes many similar symptoms to the common cold.

There is a vaccine against the flu virus which can provide protection. It is offered to certain 'at-risk' groups. These immunisations are not compulsory.

Suggest why it would be considered unethical to make the flu vaccine compulsory for all.

## 10.

The bacterium, Vibrio cholerae is the causative agent of cholera. It produces a toxin which causes water and ions, such as sodium, chloride and potassium to be released from the blood into the intestine. This can result in death within 24 hours.

A new strain of the bacterium arose in the Far East in the 1960s and gradually replaced existing strains throughout much of the world but not in Western Europe.

This new strain is much more vigorous than the strain it replaced and the bacteria can contimue to appear in faeces up to three months after a patient has recovered. In addition, it can survive in water for up to fourteen days. Cholera may be spread directly or indirectly and humans are the only reservoir of infection.
(a) Identify the type of bacterium to which Vibrio cholerae belongs.
(b) Describe how cholera may be transmitted.
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(c) Use the information in the passage to suggest how the toxin can lead to the death of a cholera patient.
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(d) Suggest two reasons why the new strain of cholera has not become established in Western Europe.
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(e) The antibiotic tetracycline is sometimes given to cholera patients.
(i) Describe one way in which the antibiotic can affect the Vibrio cholerae.
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11. (a) Large numbers of children continue to die from measles.

Children may now be vaccinated against measles.
The effectiveness of the vaccine varies according to diet.
The graph shows the level of antibody in a well fed child and a malnourished child over a period of eight weeks from the point of vaccination.

(i) Describe the differences between the graph antibody concentration for the 'healthy' and 'malnourished' child.
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(ii) Suggest why there is a difference in the response for a malnourished child.
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12. The diagram shows some of the events occurring during the process of immunity.

(a) Name cell $\mathbf{X}$ and describe its function.

Name $\qquad$
Function $\qquad$
(b) (i) With reference to the diagram, suggest why some T lymphocytes are referred to as killer cells.
(ii) What is the function of cell Y?
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(iii) How do T lymphocytes affect the activity of cell Y?
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(c) Describe how antibodies are specific to a virus.
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