Listen to the talk on imported diseases, and choose the correct answers:

For an unwell returned traveller, the speaker recommends

(A) always thinking about imported infections

(B) focusing mainly on local, everyday illnesses.

When the clinician is unsure about a tropical illness, they should

(A) get early advice from a specialist, even by phone

(B) wait to see how the symptoms develop before asking for help.

In the travel history, it's important to record

(A) every place visited, including short stopovers

(B) only the main destination where the patient stayed the longest.

Regarding prophylaxis, the speaker highlights

(A) checking whether malaria medication was taken properly

(B) checking whether any vaccines were given after the trip.

The physical exam should pay special attention to

(A) fever, jaundice, rashes, and lymph nodes

(B) pulse, blood pressure, and oxygen saturation.

A key investigation suggested is

(A) thick and thin blood films, even if malaria seems unlikely

(B) viral PCR tests before ruling out malaria.

The word "malaria" comes from an Italian phrase meaning

(A) bad air (B) dirty water.

Malaria is often missed because

(A) it can look like many different illnesses

(B) it usually presents in a very typical, obvious way.

The symptoms described include

(A) a period of headache and tiredness followed by repeated high fevers

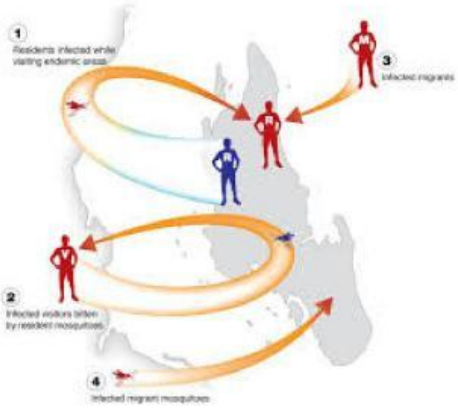
(B) sudden diarrhoea followed by a quick recovery.

On examination, clinicians should look for

(A) anaemia or jaundice, with or without an enlarged liver or spleen

(B) early bruising as the main warning sign.

Now, let's work on language: read and choose the correct option.



CLINICAL CASE

Mr. Alvarez is a 34-year-old civil engineer who has recently returned from a three-month work assignment in northern Mozambique, an area endemic for *Plasmodium* species. He presents with a 4-day history of febrile episodes, rigors, and marked asthenia. Symptom onset occurred during his return flight and has progressively intensified.

He reports adherence to antimalarial chemoprophylaxis throughout most of his stay; however, he acknowledges missing several doses during the final week. His febrile paroxysms exhibit a 48-hour periodicity, raising clinical suspicion for *Plasmodium vivax*. On physical examination, he appears dehydrated and demonstrates mild splenomegaly.

Laboratory investigations confirm malaria parasitemia. The attending physician emphasizes the need for immediate antimalarial therapy to prevent complications. She notes that strict compliance with prophylactic dosing could have significantly reduced the likelihood of infection. The physician further warns that untreated malaria may progress to severe anemia and multisystem involvement.

Mr. Alvarez inquires about his long-term prognosis. He is reassured that, if treatment is initiated promptly, he is expected to achieve full recovery without persistent sequelae.

1. Why does the physician initially suspect *Plasmodium vivax* rather than another malaria species?

2. What factor in Mr. Alvarez's behavior most likely contributed to his developing malaria despite prophylaxis?

3. What potential complications does the doctor warn Mr. Alvarez about if the malaria is not treated promptly?

4. Under which condition does the doctor say he will recover fully without long-term effects?

1. The patient is an engineer **whom/who** recently worked in Mozambique.
2. The fever spikes occur every 48 hours, **that/which** is suggestive of *Plasmodium vivax*.
3. His symptoms began **throughout/during** the flight back home.
4. He missed several doses **on/in** the final week of his trip.
5. He says he **was taking/has been taking** prophylaxis inconsistently.
6. His symptoms **have started/started** four days ago.
7. The fever **is coming/comes** in 48-hour cycles.
8. The chills **have been worsening/worsened** since yesterday evening.
9. The fever **peaks/is peaking** mainly at night.
10. His temperature **has risen/rose** steadily over the past four days.
11. While he **has been flying/was flying** back home, he started to feel weak.
12. He reports that he **felt/has felt** nauseous at several points this week.
13. The doctor notes that the patient **reports/is reporting** regular fever cycles.
14. At this moment, he **develops/is developing** mild dehydration.
15. In her summary, she writes that his symptoms **are appearing/appear** consistent with *P. vivax*.
16. He says he **forgot/has forgotten** two prophylaxis doses near the end of his trip.
17. His energy levels **declined/have been declining** since the onset of illness.
18. The doctor tells him he **might/must** begin treatment immediately.
19. Malaria **could/can** cause severe anemia if untreated.
20. If he **will start/starts** treatment today, he will recover fully.
21. If he **has taken/had taken** all his prophylaxis, the infection might have been prevented.
22. If malaria **were/is** not treated, it can become life-threatening.
23. He **would have felt/would feel** better sooner if he had come earlier.
24. **When the fever started? / When did the fever start?**
25. **What medications he has taken? / What medications has he taken?**
26. The doctor notes mild **splenitis/splenomegaly**.
27. Malaria may cause hemolytic **anemopathy/anemia**.
28. Treatment aims to eliminate the **parasitology/parasithemia** from the bloodstream.