

RECOGNISING ACHIEVEMENT

2802 Human Health and Disease

January 2005

Mark Scheme

ADVICE TO EXAMINERS ON THE ANNOTATION OF SCRIPTS

- 1. Please ensure that you use the **final** version of the Mark Scheme. You are advised to destroy all draft versions.
- 2. Please mark all post-standardisation scripts in red ink. A tick (✓) should be used for each answer judged worthy of a mark. Ticks should be placed as close as possible to the point in the answer where the mark has been awarded. The number of ticks should be the same as the number of marks awarded. If two (or more) responses are required for one mark, use only one tick. Half marks (½) should never be used.
- 3. The following annotations may be used when marking. <u>No comments should be written</u> on scripts unless they relate directly to the mark scheme. Remember that scripts may be returned to Centres.
 - x = incorrect response (errors may also be underlined)
 - ^ = omission mark
 - bod = benefit of the doubt (where professional judgement has been used)
 - ecf = error carried forward (in consequential marking)
 - con = contradiction (in cases where candidates contradict themselves in the same response)
 - sf = error in the number of significant figures
- 4. The marks awarded for each <u>part</u> question should be indicated in the margin provided on the right hand side of the page. The mark <u>total</u> for each question should be ringed at the end of the question, on the right hand side. These totals should be added up to give the final total on the front of the paper.
- 5. In cases where candidates are required to give a specific number of answers, (e.g. 'give three reasons'), mark the first answer(s) given up to the total number required. Examiners will be expected to use their professional judgment in marking answers that contain more than the number required. Advice about specific cases will be given at the standardisation meeting.
- 6. Correct answers to calculations should gain full credit even if no working is shown, unless otherwise indicated in the mark scheme. (An instruction on the paper to 'Show your working' is to help candidates, who may then gain partial credit even if their final answer is not correct.)
- 7. Strike through all blank spaces and/or pages in order to give a clear indication that the whole of the script has been considered.
- 8. An element of professional judgement is required in the marking of any written paper, and candidates may not use the exact words that appear in the mark scheme. If the science is correct <u>and</u> answers the question, then the mark(s) should normally be credited. If you are in doubt about the validity of any answer, contact your Team Leader/Principal Examiner for guidance.

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A = accept ora = or reverse argument

Question		l	Expected Answers	Mai	rks
1	(a)		mental ; deficiency ; degenerative ; self inflicted ; physical ; non-infectious / non-communicable ; R malnutritional R social	2 m	ıax
	(b)	(i)	award two marks if correct answer (40) is given award one mark if not rounded up		
			47 x 85/100 ; 40 ;	2	2
		(ii)	an X on the (descending) curve at 40 kg ; accept anywhere on or below 40 kg must be on curve or touching <i>allow ecf</i>	1	I
	(c)		<pre>obsession about food ; A dysfunctional relationship with food eat very little / AW ; R poor appetite muscle / heart muscle, wasting ; loss of body fat ; R loss of weight and disrupted menst thin / sparse / brittle, hair ; cold, hands / feet or poor circulation ; lanugo / extra growth of fine body hair ; low blood pressure ; obsession with, exercise / death ; poor body image / low self esteem / perception of being fat / depression ; weak immune system / susceptible to infectious diseases ; weakness / tiredness / apathy / lacking energy ; AVP ; e.g. limited growth, limited sexual development</pre>	rual cycle	
			obsessional behaviour (not food related) bad breath – qualified e.g. ketosis deficiency explained - calcium and tooth decay - iron and pale skin		
			R ref to bulimia / vomiting	4 m	lax

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Question	Expected A	nswers			Marks		
2 (a)	Anopheles; infected; blood; vector; R (blood)trans	carrier	/ shared needle / across placenta / at birth / AW ;				
(b)	stock ponds oil on surfac spray bacter DDT / pestic release of st	ia (<i>Bacillus thuringiensis</i>) to k					
	wear insect long sleeved sleep under	l clothes ; nets ; in, insecticide / repellant ;					
	use, prophyl	drugs to prevent infection actic drug / quinine / chloroqu acycline / antimalarial ; vaccine ;	ine / larium / artime	esinin / vibrimycir	1 2 max		
					[Total: 8		

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Question	1	Expected A	Answers			Marks
3 (a)		1				
(b)	(mor	e) exposure	to, sunlight / uv light ;			1
(c)	(i)	R ref t	neet needs of almost all the p o average amount needed, or	r enough for every pe		1
	(11)	strengthen ref to (contr used in, syr involved in enzyme cof	/ harden, bones <i>or</i> prevent ric / harden, teeth ; ol of) muscle contraction ; hapse / neuromuscular junctic blood clotting ; actor ; .g. ref to breast milk		Done	
		,,	.9			2 max
(d)	(i)	% showing % showing reference to e.g. o	els in blood of group 2 higher some healing is higher than g complete healing is much hig figures with units comparin calcium concentration 90 mg % showing some healing 86 a % showing complete healing 6	group 1 (vit D treatme her than group 1 (vit ng one of above ; dm ⁻³ against 83 (7 m against 83 (3% differ	ent) / ora ; D treatment) / ora ; g dm ⁻³ higher) ence)	
			els in blood of group 2 match calcium) / group 4 (control) ;	levels in, group 3 (tr	eatment with both vit	D 3 max
	(ii)		f the group do not realise the f the group do not expect to s		-	
			/s re-examined) doctors unav not look for better results in o			;
		AVP; e.g.	double blind test or single bli	ind test if doctors kno	ow the treatment	2 max
	(iii)	of extent of to see, how	son; R control healing / of blood calcium lev well treatment has worked / with units ;		nal;	
		AVP;				2 max
						[Total: 12]

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Question	Expected A	Answers			Marks	
4 (a)	(substance	that) causes, cancer / tumour /	abnormal growth	/ AW ;		
	invasive / s	preading / destructive / results i	in secondary tumo	urs / metastasis	s/AW; 2	
(b)	acts on, genes / chromosomes / DNA ; causing, mutation / change in genetic code ; of genes that control cell division / oncogenes ; cells divide out of control / AW ; R rapidly R grow AVP ; e.g. detail of change / substitution / deletion / insertion / chromosome abnormality cells do not undergo apoptosis					
(c)	persistent / coughing u chest pain	^r pain when breathing ; ainful, lymph glands ;			2 max	
(d)	(chest) X-ra CT (compu	ppy / use of an endoscope / des ay ; ted tomography) scan ; A CAT . position of distinct, patch / sha use of stethoscope to tell if turn lung volume test	T A MRI R scan adow, is position of	f tumour		
	R biopsy, u	Itrasound			2 max	
					[Total: 9]	

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Que	Question Expected Answers						
5	(a)	(i)	X = (smoo	Answers th) muscle ; A involuntary muscle / non striated muscle d) epithelium ;			Mark
		(ii)	Z = (branc	n of) blood vessel / artery / ve	in / arteriole / venule	; R capillary	3
	(b)	1 2 3 4	prevents bu	/ bronchi ; y open / prevents collapse ; ırsting (of trachea / bronchi as nce to air movement ;	s air pressure change	es);	
		5 6	move mucu ref to how r	<i>pithelium / cilia</i> is ; novement brought about ; metachronal rhythm / wave /	sweep / waft		
		7 8 9					
		11 12	surround al deliver carb ref to wall c	ssels gen / nutrients (to tissues of le veoli / good blood supply to a on dioxide / pick up oxygen ; f capillary being thin ; pid, gaseous exchange <i>or</i> she	lveoli;	;	
		15	<i>smooth r</i> adjust size	<i>nuscle</i> of airways (in, exercise / asth	ma);		
		16 17 18 19	stretch (inh prevents al recoil ; R	veoli bursting;			
		20 21	alveolus wa	<i>is epithelium / described</i> Ill thin ; pid, gaseous exchange <i>or</i> sh	ort diffusion pathway	;	
			AVP; e.g.	ref to large surface area of n			8 max

QWC – legible text with accurate spelling, punctuation and grammar;

23 AVP ; ref to macrophages removing pathogens

8 max

1 [Total: 12]

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Question		Ì	Expected Answers	Marks		
6 (a)			(a disease that) spreads quickly / affects many people ;			
				1		
	(b)		pandemic;	1		
	(c)	(i)	(antigens) injected / taken orally; ora ('not caught') R vaccination	1		
		(ii)	 injection of antigen <i>or</i> attenuated / weakened / dead / similar, pathogen; R dise immune system activated / causes immune response; 	ase		
			 attacked / engulfed, by, phagocytes / macrophages ; ref antigens presented ; 			
			 selection / production, of active T, cells / lymphocytes; T cells, clone / divide / mitosis; secretion of cytokines; activation of B cells; B cells, clone / divide / mitosis; production of, plasma / effector, cells; production of antibodies (by plasma cells); production of memory cells; memory cells remain in body; (secondary) response to infection quicker; (secondary) response to infection greater; 			
			16 no symptoms when infected / AW ;			
	(iii) herd vaccination ; vaccinate, most / all, people ; stops infection spreading (within population) / lack of people to pass infection			4 max		
			ring vaccination ; vaccinate all people around victim ; contains spread (within ring) ;			
			surveillance / spotting and reporting victims ; isolation of victim ;			
			trace contacts ; isolation of contacts ;			
			ref to making it notifiable;			
			travel restrictions;			
			AVP; e.g. if notified can organise ring vaccination	3 max		
			ודן	otal: 10]		