

2802 Human Health and Disease

January 2006

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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Abbreviations, annotations and conventions used in the Mark Scheme	R () ecf AW	= = = =	alternative and acceptable answers for the same marking point separates marking points answers which are not worthy of credit reject words which are not essential to gain credit (underlining) key words which <u>must</u> be used to gain credit error carried forward alternative wording accept
	A ora		accept or reverse argument

Question Expected Answers

Marks

	energy source / energy storage / component of, glycoprotein <i>or</i> glycolipid <i>or</i> DNA <i>or</i> RNA <i>or</i> ATP / AVP ; e.g. function of glycoprotein such as cell membrane receptor <i>or</i> in vitreous humour / in synovial fluid R converted into energy R respiration on its own R energy on its own
fat / fatty acid / lipid / triglyceride / oil / AW ; A phospholipid	
	growth <i>or</i> repair <i>or</i> replacement / supply <i>or</i> source of <i>or</i> produce, amino acids / formation of, named protein <i>or</i> protein-containing tissue / AVP ; A energy source R protein synthesis
	(good) night vision / allows rods to function / prevents night blindness <i>or</i> xerophthalmia / make, rhodopsin <i>or</i> retinal <i>or</i> retinene / AVP; e.g. maintain epithelial cells / reduce risk of infection
	R helps vision, retinal pigments, retinol absorption of calcium or phosphorus /
	 use <i>or</i> deposition of, Ca <i>or</i> P, in bones <i>or</i> teeth / hardens bone <i>or</i> teeth / prevents, rickets <i>or</i> osteomalacia <i>or</i> osteoporosis / AVP ; A reduce risk of, heart disease / cancer R strengthen / healthy, bone

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(b)	bar for pregnancy higher than normal ; bar for breast feeding higher than pregna	ncy (and normal) ;	2
(c)	protein needed to allow fetus to, grow / de growth of mother's, cells / tissues ; used for growth of named tissue (materna e.g. placenta, umbilical cord, bone for production of, milk / colostrum ; A milk after birth baby growing more quickly ; repair mother's tissues damaged during b AVP ; e.g. making antibodies for baby	al or fetal) ; e, muscle c contains protein	
	A ecf from answer to (b) e.g. baby gets m feeding lower than pregnancy)	ilk from other source, weaning (if b	oreast 2 max

[Total: 9]

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2	(a)		<i>mental</i> Alzheimer's / schizophrenia / phobia / anorexia / depression / Parkinson's / Huntington's / CJD / AVP ; <i>self-inflicted</i> alcoholism / cirrhosis / smoking addiction / drug addiction / lung cancer / obesit CHD / anorexia / AVP ; R unnamed cancer <i>inherited</i> sickle cell / haemophilia / cystic fibrosis A CF / diabetes / Huntington's / Down's syndrome / AVP ;	-
	(b)	(i)	 to find out where, rates are highest / people are most at risk ; to keep track of infection rates over time ; to see where, disease is likely to spread / epidemic most likely ; to help research (into how it is spread / into effectiveness of drugs) ; to allow organisations to provide aid where it is needed most ; to allow organisations to provide education (about disease) where it is needed most ; AVP ; e.g. tourist industry 	3 max
			e.g. limit potential spread by migration or imports	SINAX
		(ii)	education on HIV/AIDS less effective in Africa ; sexual attitudes / number of partners ; availability of condoms ; R general reference to contraceptives, not used / refused poverty / poorer / less money ; sex industry ; less primary health care / less likely to be diagnosed ; AVP ; e.g. ref. to unscreened or untreated blood unsterilised needles or surgical apparatus civil war / rape no alternative to breast feeding R access to drugs for treatment R no vaccine	
			R ref to intravenous drug addiction	2 max
	(c)		find person who is immune ; isolate gene that provides immunity ; identify protein (receptor) that provides immunity ; develop drug (to fit normal receptor) that provides immunity ;	
			(gene used to) manufacture, drug, protein / antibody / immunoglobulin, giving immunity ;	
			protein used as, vaccination / cure / AW ;	
			gene therapy used in at risk groups / AW ;	
			AVP; AVP;	2 max
				[Total: 10]

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Question		ı	Expected Answers		
3	(a)	(i)	phagocyte / macrophage / dendritic cell ; A antigen presenting cell / APC R white blood cell / lymphocyte / neutrophil	1	
		(ii)	<pre>bacteria in vacuole / phagosome ; A lysosome bacterium, cut up / partly, digested / partly broken down / AW (so antigens still whole) ; enzymes / lysins / lysozyme ; AVP ; e.g. hydrolysis / hydrolases</pre>	2 max	
		(iii)	receptors / binding sites ; on cell surface membrane (of T helper cell) ; <u>complementary</u> to antigen ; R matching A analogy to lock and key	2 max	
		(iv)	mitosis; R cloning	1	
	(b)	(v)	remain in body ; A blood / tissue fluid etc (memory cell or antibody) specific to antigen ; produce secondary response ; more quickly / no symptoms ; divide / clone, to make plasma cells ; (plasma cells) manufacture antibodies ; more antibodies made / antibodies accumulate faster ; gives long term immunity / immunological memory / AW ; variable region binds to, antigen / pathogen ; A antigen-binding site variable region specific to, antigen / pathogen ; A antigen-binding site agglutinate pathogens / stick pathogens together ; immobilise pathogens / attach to flagellum (of pathogen) ; combine with pathogen to stop entry to cell ; break wall of bacterium open / lysis ;	4 max	
			constant region, attracts phagocytes / makes it easier to engulf bacterium ; AVP ; e.g. ref to hinge region in context	2 max	
			[Total: 12]	

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Qu	estion	Expected Answers				
4	(a)	Mycobacterium tuberculosis / Mycobacterium bovis ; A M. tuberculosis / M. bovis / Mycobacterium				
		R Microbacterium / Myobacterium	1			
	(b)	many, air spaces / alveoli ; large surface area ; R ref to surface area to volume ratio thin wall of, alveolus / capillary ; A one cell thick R 'thin wall' on its own good blood supply / large capillary network ; air passage / bronchiole ; capillary close proximity to alveolus ;	2 may			
		R refs. to cilia, mucus, elasticity	3 max			
	(c)	short of breath / breathless / less easy to inflate lungs <i>or</i> breathe ; due to less surface area for gaseous exchange ; less oxygenation of, blood / haemoglobin ; R oxidation coughing due to irritation in lungs (alveoli filled with some substance) ; coughing up blood ; longer diffusion pathway ; as alveoli walls thicker ;				
		AVP; e.g. destruction / loss of, alveoli and blood vessels				
		AVP ; weight loss chest pain when coughing				
			2 max			
	(d)	opportunistic disease / immune system already weakened ; long course of treatment not always completed ; drug / antibiotic, resistance ; R strand R mutation alone vaccine is less than 100% effective / no vaccine for mutated strains / more effective in some parts of world ; symptomless carriers / dormant in body ; lack of education about TB ; overcrowding (in poorly ventilated accommodation) ; Less Economically Developed Countries cannot afford, treatment / drugs / vaccines ; A lack of access malnutrition ; untreated milk / uncooked meat ; breakdown of treatment programmes due to, war / civil unrest ; migration of carriers / refugees / tourists / AW ;				
		AVP; e.g. link to HIV/AIDS AVP; ref badgers as carriers spitting / in sputum				
		poverty, increased homelessness vaccine, refused / not wanted	5 max			
			Total: 11]			

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Que	estior	ı	Expected Answers				Marks
5	(a)	emp COF hear strok two lung	t disease ; ce ; <i>marks available for the</i> / mouth / throat / brea ; e.g. gangrene, erec	st / bladder / oesophagus	s / prostate other named ca	ancer ;;	2 max
	(b)	c2 c3 c4	irreversibly / permane	kide (no mark) / forms carboxyhaemog ently ; A greater affinity to ation of haemoglobin ; R	han for oxygen		
		с6	AVP ; nicotine (no m addictive ;			max 3	
			adrenaline released;				
			increases heart rate;				
			•		iction ; R contract A narrov	<i>w</i> lumen	
			sticky platelets ;				
			cause blood clotting /	thrombosis :			
		n7	AVP; e.g. ref to effect tar (no mark)	ect on synapse / brain fur		max 3	
		t1		urfaces of breathing syste	em; Alungs		
		t2	reducing efficiency of	•			
		t3 t4	irritation of mucous m	d / over secretion of muc			
		t5			stroys / damages R kills		
		t6	mucus not moved ;				
		t7	coughing ;				
		t8	0 0 0	-causing / causes mutati	ons:		
		t9		described; R ref to elas			
		t10	AVP; e.g. ref to mor may be award AVP; strain on heart	•	isk of chronic bronchitis	max 3	
			AVP; raised blood pr	essure / hypertension			8 max
				ganised using specialis (if four of the following a carboxyhaemoglobin	st terms ; re used in the correct cont affinity	ext	1
			oxygenation	addictive	adrenaline		
			vasoconstriction	lumen	platelets		
			thrombosis	mucous membranes	goblet cell		
			cilia	epithelium	carcinogenic		
			emphysema	bronchitis	hypertension		

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Question		ı	Expected Answers		
6	(a)	(i)	award two marks if correct answer (0.55 – 0.65) is given incorrect answer (or no answer) but correct working = 1 mark ecf rules apply for 1 mark max		
			working ; (marks on graph or calculation) 0.55 – 0.65 ;	2	
		(ii)	vital capacity;	1	
	(b)	(i)	tidal volume increases / AW ; A amplitude (of trace) increases rate of breathing increases / AW ; A frequency (of trace) increases / wavelength gets shorter trace will fall more steeply / AW ;	2 max	
		(ii)	increased, heart / pulse rate ; R blood pumped faster increased stroke volume ; increased cardiac output ; blood pressure rises ; blood diverted to muscles / vasodilation in muscle ; blood diverted away from digestive system / vasoconstriction in, digestive system / kidney ;		
			less (at first) / more (later on), blood to skin ;	2 max	
			ח	otal: 7]	