

RECOGNISING ACHIEVEMENT

Subject: Human Health and Disease Code: 2802

Session: June Year: 2001

Mark Scheme

MAXIMUM MARK	90
--------------	----

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. Strike through the remainder. In specific cases where this rule cannot be applied, the exact procedure to be used is given in the mark scheme.
- 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.

Mark Scheme	Unit Code	Session	Year	Version
Page 3 of 12	2802	June	2001	Final

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

Marks

Question Expected Answers

1 (a)	 A goblet cell; B ciliated cell / epithelial cell / columnar cell / epithelium; ® if inappropriate epithelium or endotbelium given 		
	C cartilage:		
	D (smooth) muscle / elastic fibres / elastin / elastic tissue; A collagen / fibrous	s protein	4
(b)	(goblet cells) secrete mucus; sticky;		
	(mucus) catches / traps, particles / dust / pollen / viruses / bacteria / sand / pathogens / spores;; allow max 2 for listing items trapped by mucus. @ foreign bodies / dirt		
	cilia beat in coordinated fashion / AW;		
	(particles in) mucus, moved / wafted / carried, by cilia;		
	mucus swallowed / pathogens killed in stomach; white blood cells / macrophages / phagocytes, destroy / engulf / ingest /		
	eat, bacteria / pathogens;		4 max
(c)	(elastic fibres) expand / stretch, when inhaling / breathing in; alveoli expand:		
	contract / recoil, when breathing out;		
	help to force, air / gas, out (of the alveoli);		
	prevent alveoli from bursting;		3 max
(d)(i)	6.000 cm^3 per minute / 6 dm ³ per minute:		4
(u)(i)	o ooo <u>ciii per minute</u> / o <u>diii per minute</u> ,		1
(ii)	maximum, volume / amount (of air) ; A total		
	A breathing in / breathing out / in and out		
	total lung volume, minus residual volume;;		
	RV + ERV + TV;; whole answer if ref to rate given i.e. maximum volume of air per minute		2 max
<i></i>			_
(iii)	deeper breaths / larger tidal volume;		1
		[Total:	15]

Mark Page 4 of	Scheme 12	Unit Code 2802	Session June	Year 2001	Version Final
Question	Expected A	nswers			Marks
2 (a)(i)	for 'rest only if no units do	during recovery' line on grap not award the first fig markir	oh na point in the ca	ndidate's ansv	ver
	rapid increas to peak of 11 decrease, gr to (approx) 3 other use of	e; A 'dramatic' increase I mmol dm ⁻³ ; adually / immediately / stead mmol dm ⁻³ ; A 3.0 – 3.5 figures; e.g. other concentrat	ily / slow / slowei ions / comparati	r; ve time ref	3 max
(ii)	® aerobic /	anaerobic exercise with no re	ef to respiration		
	during exerci- increase in d in muscle; ® not enough c anaerobic re oxygen defic takes time fo lactate is pro answer lactate enter	<i>ise</i> lemand for energy / increase 'body' oxygen, reaching muscle / for spiration; it; or heart / lungs, to adjust; oduct of anaerobic respiration s the blood;	in respiration; A aerobic respirat ; A implied from	metabolism ion; earlier in the	
	<i>after exercise</i> oxygen debt; lactate, respi converted inf liver;	e ; A 'dept' ired / metabolised / broken do to, glucose / glycogen;	own / oxidised;		
	AVP;; e.g. C	ori cycle, ref to Krebs, namec	l enzyme(s), pyr	uvate, glycolys	is 4 max
(iii)	respiration, s lactate provid oxygen provi respiration, c (lactate) resp maintenance lactate / n prevents bloc	still high / higher than at rest; des energy; ded to, tissues / muscles; ® l can be aerobic / not anaerobi bired by muscles / tissues / he of high heart rate / blood flo muscles 'squeeze' veins / vas od pooling in the muscles / re	body c; eart / liver; ws faster / faster sodilation; emoves lactate fr	⁻ delivery of rom muscles;	2 max
	prevents blog	od pooling in the muscles / re	emoves lactate fr	om muscles;	2 n

(b) accept both short term changes and long term changes depending on how the question has been interpreted

cardiovascular system

increase, in size of heart / left ventricle / heart muscle; larger (cardiac) muscle fibres; more mitochondria in heart muscle; more capillaries in heart muscle / capillaries in heart muscle dilate; increase in, stroke volume / volume of blood pumped per beat; increase in, cardiac output / volume of blood pumped per minute; ref to blood pressure; decrease in resting, heart rate / pulse rate; **A** increase if short term redirection of blood from named organ(s) to, muscles / skin;

® heart become stronger

muscles
more capillaries;
larger muscle (fibres);
more muscle fibres
increased flow of blood through muscles / ref to dilation of capillaries or
arterioles;
more mitochondria;
more enzymes;
ref myoglobin;
increased lactate tolerance;

AVP;; e.g. any advantages of changes described, for example ref to endurance, detail of muscle structure ref to glycogen more red blood cells / more haemoglobin

5 max

[Total: 14]

Question Expected Answers

3 (a)

(C)

assume that crossed ticks are crosses

statement	cholera	tuberculosis (TB)	AIDS
causative organism is a bacterium	\checkmark	\checkmark	
transmission is via drinking water	\checkmark		
sexually transmitted			\checkmark

one mark per disease – i.e. per column;

(b) look for these ideas

 (some organisms / bacteria) are <u>resistant</u> to antibiotics; immune or 'immune and resistant' antibiotics are not effective against, viruses / named viral disease; ora e.g. some microbes are not bacteria no suitable target for antibiotic / antibiotic acts on specific target; AVP; e.g. dangers of overuse, other treatments that may be just as effective such as ORT for cholera 	2 max
(a disease that is) always in a population / area;	1

(d) look for these ideas

to make a (valid) comparison; between, different countries / different populations; avoids decimals (e.g. 0.001 etc) / easier to interpret / easier to read / AW; **2 max**

Marks

3

(e) description

- 1 a statement that describes a difference between developed and developing;
- **2** use of figs to show a difference; e.g. data quote from table
- 3 manipulation of figs; e.g. 5x greater etc

explanations - accept ora for developed / developing as appropriate

infectious diseases in developing countries

- 4 limited control programmes for infectious diseases;
- **5** remote areas;
- 6 poor medical facilities / few medical personnel / poor health care;
- 7 sanitation / sewage treatment;
- 8 (drinking) water supply;
- 9 ref cholera / diarrhoeal diseases
- **10** overcrowded conditions;
- 11 ref TB;
- 12 poor control of spread of HIV / AW;
 ® contraception unless ref to condom / femidom
- 13 ref antibiotics;
- 14 ref vaccination;
- 15 ref nutrition / malnutrition;
- 16 ref housing / poverty;
- **17** ref education;
- **18** ref to cost;

non-infectious diseases / lung cancer and COPD

- **19** degenerative diseases;
- 20 smoking-related diseases;
- 21 diseases of, affluence / lifestyle; A self-inflicted
- 22 these diseases more important as people live longer;
- **23** AVP; e.g. ref to immunity, correct ref to Western diet (NOT cause of lung
- 24AVP;cancer and COPD), air pollution, natural disaster, civil unrest7 max
 - QWC legible text with accurate spelling, punctuation and grammar1look for ten lines of writing before awarding QWC be lenient with small8 max
 - • • • •
 - [Total: 16]

Mark Page 8 of	Scheme 12	Unit Code 2802	Session June	Year 2001	Version Final
Question	Expected A	nswers			Marks
4 (a)	P variable reg/ FabQ constant reg	gion / antigen-binding region; A egion / non-variable region; A fra	'site' / fraction an action crystallisabl	itigen binding e / Fc	2
(b)	(different) sec different shap different, tertia ref to R group different shap shape complementa	juences of amino acids / primary es / 3D structures; ary structures /quaternary struct os / side chains; es of, active sites / antigen bind	y structures; ures; A ref to fold ing sites; A ref to	ing specific	3 may
(c)	bone marrow;	B as part of a list			1
(d)	beware: ' eng A and B chemotaxis bacteria, a membra receptors (fit onto, ba membrane forms, vac endocytos membrane	ulf' is in the question s / moves towards bacteria / attr dhere / stick to / in contact with ane; A surface of phagocyte ® r (on cell surface membrane); icterium / bacterial wall / bacteria e infolds / cytoplasm extends / ps uole / vesicle; is / phagocytosis; e fuses;	racted by chemica / attach to, cell su ef to 'wall' al antigens; seudopods;	ıls; ırface	
	C lysosome fuse with toxins / H ₂ kill bacteri enzymes break dow lysozyme; proteases	s; vacuole; 2 ₀₂ / free radicals (secreted into ia; (secreted into vacuole); vn / destroy / digest / dissolve (b / other named enzymes;	vacuole); acteria);		6 max
(e)	agglutinins / s stop spread / opsonins / coa (phagocyte ha helps stick ba inactivate flag slow / stop, m ref specificity;	tick bacteria together / agglutina more engulfed at the same time at bacteria / opsonisation / attac as) receptors for antibodies; cteria to cell surface membrane ella; ovement (of bacteria); A immob	ation; ;; h to bacteria / lab ; ilised	el bacteria / AW	; 3 max

Mark Page 9 of	Scheme 12	Unit Code 2802	Session June	Year 2001	Version Final
Question	Expected A	nswers			Marks
5	ignore bacte	ria and virus in these answer	S		
(a)	Plasmodium	/ P. falciparum / P. vivax / P.	malariae / P. ov	ale;	1
(b)	(sub-Sahara Central Ame South Ameri South Asia / China; Middle East; South-East / Caribbean / AVP;; e.g. f rain ® Asia unles	n) Africa; erica; ica; India; Asia; West Indies; tropics / between the tropics, nforest as qualified as above	subtropics, nam	ed countries,	2 max
(c)(i)	mosquito				
	takes blood from infected feeds from u (parasites in	/ has blood meal; d person / from carrier / takes ininfected person; A 'gives it t) saliva / anti-coagulant; A sal	up parasites in t o another perso ivary gland in co	the blood; n' idea prrect context	3 max

- (ii) *difficulties in controlling mosquito*
 - 1 resistant to, insecticides / pesticides / chemicals used for control;
 - 2 named effect of chemicals on the environment; e.g. build up in food chains / kills predators
 - **3** breeds quickly / very common / lays many eggs;
 - 4 breeds in, small bodies of water / inaccessible places;
 - **5** especially in rainy seasons;
 - 6 difficult to, drain / spray / cover;
 - 7 difficult to encourage everyone to use nets;
 - 8 wide range / range increasing because of climate change;
 - 9 rests / hides, in houses;

difficulties in controlling Plasmodium

- 10 side effects of (anti-malarial) drugs / people not taking drugs for long enough;
- 11 many, strains / species;
- 12 resistance to, drugs / named drug;
- **13** eukaryote / protoctist / has many genes;
- **14** many surface antigens / antigenic variation;
- 15 inside, red blood cells / liver cells;
- 16 antigen concealment;
- 17 dormant / in body for a long time / symptomless carriers / long incubation;
- 18 different stages in life cycle in the body;
- 19 no vaccine / difficult to develop a vaccine;
- 20 people lose immunity if malaria eradicated;

21	AVP;	e.g. ref to sexua	I reproduction,	meiosis,	wildlife reserve	pir,

22AVP;movement of people into or out of malarial areas6 max

QWC – clear, well organised using specialist terms; look for ten lines of writing before awarding QWC – be lenient with small	1
handwriting look for logical organisation, appropriate use of terms	7 max

[Total: 13]

Mark SchemeUnit CodePage 11 of 122802	Session	Year	Version
	June	2001	Final

Question	Expected Answers		Marks
6 (a)(i)	increase in force of heart, contraction / beat; A heart 'works harder' heart muscle requires more oxygen;		
	(carbon monoxide) reduces oxygen, transported in blood / combined with hypertension / long term high blood pressure;	th Hb;	
	nicotine makes platelets sticky; leads to / increases risk of, thrombosis / clotting;		
	carbon monoxide damages lining of arteries; promotes atherosclerosis / atheroma; detail of atherosclerosis; ref LDLs; (low density lipoproteins)		
	ref high blood cholesterol;		
	ref coronary arteries;		3 max
	AVP;; e.g. increased resistance to blood flow, vasoconstriction		
(ii)	mucus glands / goblet cells, produce more mucus; cilia, destroyed / paralysed / less effective; ® killed mucus, collects / not removed; coughing;		
	bacteria, collect / grow; A infection inflammation;		
	scar tissue develops;		
	increase in muscle / ref to muscle contraction;		3 max
(b)	carcinogens / contains cancer-causing chemicals; mutations / change to DNA:		
	excessive / uncontrolled, division / replication / multiplication; ® rapid mitosis:		
	AVP; ref to oncogenes / no cell death		3 max
	® many divisions by mitosis causing a mutation		
		[Total:	9]

Mark Scheme Page 12 of 12		Unit Code 2802	Session June	Year 2001	Version Final			
Question	Expected A	nswers			Marks			
7 (a)	95 / 95.4 / 95	5.44;			1			
(b)(i)	note that Q s	says 'such as iron'						
	for haemoglobin / prevents anaemia / prevents deficiency; provides enough for most of the population / meets needs (of most people); data quote – 97.72 / 97.7%; allows enough to be stored (in the body); not enough to be harmful / guide to safe amount / ensure people do not take too much; ® idea that iron is harmless in large quantities AVP; e.g. people's requirements vary / difficult to know how much people require 2 max							
(ii)	blood lost; at menstruat females at hi ref to pregna	ion / during menstrual cycle / igher risk of anaemia; incy;	ref periods / at t	pirth;	2 max			
(c)	periods stop anaemia / fe ref iron in, ha less oxygen, weak / little e AVP; e.g. for	/ no menstruation; wer red blood cells / less hae aem group / haemoglobin; transported / in blood / pump energy / lethargic / tired / fatigu rce feeding, death	moglobin; ed around body ued / apathetic /	/ attached to F dizzy / faint / p	∃b; bale; 3 max			

[Total: 8]