

**EXAME DE PROFICIÊNCIA EM LÍNGUA INGLESA PARA ALUNOS DE MEDICINA, ODONTOLOGIA,
FARMÁCIA, ENFERMAGEM, NUTRIÇÃO, FISIOTERAPIA.
GRADUAÇÃO - 2020/2****Nome:** _____**Curso:** _____**ATENÇÃO**

- Apresentar documento de identidade com foto. Não é permitido o uso de crachá de funcionário e carteirinha de estudante da PUCRS.
- Entregar a prova no prazo de 2 (duas) horas.
- Leia o texto abaixo e responda às perguntas referentes a ele em **PORTUGUÊS**.
- Utilize somente dicionários ou gramáticas, em papel, da língua inglesa, e nenhum outro material de consulta ou equipamento eletrônico.
- Não é permitido o empréstimo de materiais.
- Leia atentamente o que se pede. A correta interpretação das questões faz parte da prova.
- Serão considerados aprovados os candidatos que demonstrarem proficiência, com aproveitamento igual ou superior a 70% de acertos.

I - Responda às questões 1 – 4 de acordo com o texto 1, abaixo:

Text 1: Article – Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial. WANG, Y et al. The Lancet, 2020

Summary**Background**

No specific antiviral drug has been proven effective for treatment of patients with severe coronavirus disease 2019 (COVID-19). Remdesivir (GS-5734), a nucleoside analogue prodrug, has inhibitory effects on pathogenic animal and human coronaviruses, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) *in vitro*, and inhibits Middle East respiratory syndrome coronavirus, SARS-CoV-1, and SARS-CoV-2 replication in animal models.

Methods

We did a randomised, double-blind, placebo-controlled, multicentre trial at ten hospitals in Hubei, China. Eligible patients were adults (aged ≥ 18 years) admitted to hospital with laboratory-confirmed SARS-CoV-2 infection, with an interval from symptom onset to enrolment of 12 days or less, oxygen saturation of 94% or less on room air or a ratio of arterial oxygen partial pressure to fractional inspired oxygen of 300 mm Hg or less, and radiologically confirmed pneumonia. Patients were randomly assigned in a 2:1 ratio to intravenous remdesivir (200 mg on day 1 followed by 100 mg on days 2–10 in single daily infusions) or the same volume of placebo infusions for 10 days. Patients were permitted concomitant use of lopinavir–ritonavir, interferons, and corticosteroids. The primary endpoint was time to clinical improvement up to day 28, defined as the time (in days) from randomisation to the point of a decline of two levels on a six-point ordinal scale of clinical status (from 1=discharged to 6=death) or discharged alive from hospital, whichever came first. Primary analysis was done in the intention-to-treat (ITT) population and safety analysis was done in all patients who started their assigned treatment. This trial is registered with ClinicalTrials.gov, NCT04257656.

Findings

Between Feb 6, 2020, and March 12, 2020, 237 patients were enrolled and randomly assigned to a treatment group (158 to remdesivir and 79 to placebo); one patient in the placebo group who withdrew after randomisation was not included in the ITT population. Remdesivir use was not associated with a difference in time to clinical improvement (hazard ratio 1·23 [95% CI 0·87–1·75]). Although not statistically significant, patients receiving remdesivir had a numerically faster time to clinical improvement than those receiving placebo among patients with symptom duration of 10 days or less (hazard ratio 1·52 [0·95–2·43]). Adverse events were reported in 102 (66%) of 155 remdesivir recipients versus 50 (64%) of 78 placebo recipients. Remdesivir was stopped early because of adverse events in 18 (12%) patients versus four (5%) patients who stopped placebo early.

Interpretation

In this study of adult patients admitted to hospital for severe COVID-19, remdesivir was not associated with statistically significant clinical benefits. However, the numerical reduction in time to clinical improvement in those treated earlier requires confirmation in larger studies.

WANG, Y et al. The Lancet, 2020

1. De acordo com o primeiro parágrafo, quais os efeitos do Remdesivir? (1 ponto)

2. Quais os requisitos necessários para que um indivíduo participasse do estudo randomizado descrito no artigo? (2 pontos)

3. Traduza, para o Português, o seguinte segmento do texto 1:

“Although not statistically significant, patients receiving remdesivir had a numerically faster time to clinical improvement than those receiving placebo among patients with symptom duration of 10 days or less. Adverse events were reported in 102 of 155 remdesivir recipients versus 50 of 78 placebo recipients”. (1 ponto)

4.No parágrafo “*Interpretation*”, qual a conclusão apresentada pelos autores quanto ao uso do Remdesivir? (1 ponto)

II - Responda às questões 5-8 de acordo com o texto 2, abaixo.

Texto 2 - *How Pandemics End*

(Published May 10, 2020 Updated May 13, 2020 - By Gina Kolata. New York Times
<https://www.nytimes.com/2020/05/10/health/coronavirus-plague-pandemic-history.html>)

When will the Covid-19 pandemic end? And how?

According to historians, pandemics typically have two types of endings: the medical, which occurs when the incidence and death rates plummet, and the social, when the epidemic of fear about the disease wanes.

“When people ask, ‘When will this end?’, they are asking about the social ending,” said Dr. Jeremy Greene, a historian of medicine at Johns Hopkins.

In other words, an end can occur not because a disease has been vanquished but because people grow tired of panic mode and learn to live with a disease. Allan Brandt, a Harvard historian, said something similar was happening with Covid-19: “As we have seen in the debate about opening the economy, many questions about the so-called end are determined not by medical and public health data but by sociopolitical processes.” Endings “are very, very messy,” said Dora Vargha, a historian at the University of Exeter. “Looking back, we have a weak narrative. For whom does the epidemic end, and who gets to say?”

In the path of fear

An epidemic of fear can occur even without an epidemic of illness. Dr. Susan Murray, of the Royal College of Surgeons in Dublin, saw that firsthand in 2014 when she was a fellow at a rural hospital in Ireland. In the preceding months, more than 11,000 people in West Africa had died from Ebola, a terrifying viral disease that was highly infectious and often fatal. The epidemic seemed to be waning, and no cases had occurred in Ireland, but the public fear was palpable.

“On the street and on the wards, people are anxious,” Dr. Murray recalled recently in an article in The New England Journal of Medicine. “Having the wrong color skin is enough to earn you the side-eye from your fellow passengers on the bus or train. Cough once, and you will find them shuffling away from you.”

The Dublin hospital workers were warned to prepare for the worst. They were terrified, and worried that they lacked protective equipment. When a young man arrived in the emergency room from a country with Ebola patients, no one wanted to go near him; nurses hid, and doctors threatened to leave the hospital.

Dr. Murray alone dared treat him, she wrote, but his cancer was so advanced that all she could offer was comfort care. A few days later, tests confirmed that the man did not have Ebola; he died an hour later. Three days afterward, the World Health Organization declared the Ebola epidemic over.

Dr. Murray wrote: “If we are not prepared to fight fear and ignorance as actively and as thoughtfully as we fight any other virus, it is possible that fear can do terrible harm to vulnerable people, even in places that never see a single case of infection during an outbreak. And a fear epidemic can have far worse consequences when complicated by issues of race, privilege, and language.”

5. De acordo com historiadores, as pandemias terminam de duas formas, quais são elas? (1 ponto)

6. Qual o significado das palavras side-eye e shuffling away (5º parágrafo, em negrito e sublinhadas)? (1 ponto)

7. Traduza para o Português o segmento extraído do texto 2:

“If we are not prepared to fight fear and ignorance as actively and as thoughtfully as we fight any other virus, it is possible that fear can do terrible harm to vulnerable people, even in places that never see a single case of infection during an outbreak”. (1 ponto)

8. A quem/ que se referem as palavras **they** e **him** (6º parágrafo, em negrito e sublinhadas)? (2 pontos)
