Private & Confidential

FACULTY OF LIBERAL ARTS

School of Service Professional Development

FINAL EXAMINATION

Student ID (in Figures)	:													

Student ID (in Words) : _____

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Course Code & Name	:	**MPU3232 Academic Writing Skills**
Trimester & Year	:	May – August 2022
Lecturer/Examiner	:	Nur Harizah Mohd Faiz
Duration	:	2 hours

INSTRUCTIONS TO CANDIDATES

1. **This question paper consists of 2 parts:**
   PART A (55 marks) : **READING COMPREHENSION & SUMMARY**
   There are **TWO (2)** sections in this part. Answer both questions in the space provided.
   PART B (45 marks) : **ESSAY WRITING**
   There is only **ONE (1)** section in this part. Answer the question in the space provided.
2. **Candidates are not allowed to bring any unauthorized materials except writing equipment into the Examination Hall. Electronic dictionaries are strictly prohibited.**
3. **This question paper must be submitted along with all used and/or unused rough papers and/or graph paper (if any). Candidates are NOT allowed to take any examination materials out of the examination hall.**
4. **Only ballpoint pens are allowed to be used in answering the questions, with the exception of multiple choice questions, where 2B pencils are to be used.**

WARNING: The University Examination Board (UEB) of BERJAYA University College regards cheating as a most serious offence and will not hesitate to mete out the appropriate punitive actions according to the severity of the offence committed, and in accordance with the clauses stipulated in the Students' Handbook, up to and including expulsion from BERJAYA University College.

Total Number of pages = 8 (Including the cover page)

PART A **: READING COMPREHENSION & SUMMARY (55 MARKS)**

INSTRUCTION(S) **:** There are **TWO (2)** sections in this part. Answer both questions in the space provided.

Risk-benefit analysis of COVID-19 vaccines

Adapted from: Lau, CL & Galea, I 2022, 'Risk–benefit analysis of COVID-19 vaccines', *Nature Reviews Neurology*, vol. 18, pp. 69-70, viewed 31 May 2022, <https://www. https://www.nature.com/articles/s41582-021-00606-5>

Since the start of the COVID-19 outbreak efforts have been made on public health measures to slow or stop the spread of the virus. Through the COVAX Global Vaccine Facility and other mechanisms, the World Health Organisation and partners are working with governments to facilitate equitable access to and distribution of an initial allocation of vaccine as quickly as possible. Unprecedented scientific collaborations have allowed COVID-19 vaccine research, development, and authorisations to be completed in record time – to meet the urgent need for these vaccines while maintaining high safety standards. Although experts are still learning a lot about the COVID-19 vaccines, there are some clear benefits to getting vaccinated.

With COVID-19, it is not possible to reliably predict who will have mild or severe illness. During studies, the three vaccines — Johnson & Johnson, Moderna and Pfizer — have shown to be effective at preventing severe illness from COVID-19 and proven to be very effective in preventing the need for hospitalisation. So if a vaccinated person becomes infected, it is very unlikely that they become severely ill. Getting sick with COVID-19 can cause death, and cases of people getting hospitalised were in majority those who were unvaccinated. Studies have also found that expectant mothers who receive the COVID-19 vaccine create antibodies to the virus and pass those to their unborn baby through the placenta. Mothers were also shown to pass antibodies to their newborns through breast milk. These findings are especially important as very young children cannot get the vaccine.

More importantly, the vaccine is likely to prevent contraction of the virus and also carrying the virus and subsequently transmitting it to others. It's true that infection can still happen after vaccination, but once more of the population is vaccinated, those chances are further reduced through the development of herd immunity. This protection is invaluable, especially for those with comorbidities and the elderly who are particularly vulnerable to the virus. Social distancing, hand washing, and protective masks are certainly essential yet they do not prevent coronavirus infection in the way that the vaccine does. Once people are vaccinated, they will be able to travel, attend concerts, attend sporting events, visit museums, and generally do as they please. This is a stark contrast to those who do not receive the vaccine and are forced to remain at home, living in fear of contracting the virus.

The global roll-out of COVID-19 vaccines is unprecedented in terms of scale and pace. However, although vaccines are crucial for pandemic control, there are concerns of the risks the vaccines pose, specifically regarding the development of the vaccines, and possible negative effects. Emerging reports of adverse events following immunisation (AEFI) have generated substantial media attention

even before proven causation and have affected vaccine confidence and created challenges for risk–benefit analysis of mass vaccination programmes. In the United States, there has been an increase in reported cases of myocarditis and pericarditis after mRNA COVID-19 vaccination, particularly in males ages 12 through 29. Myocarditis is the inflammation of the heart muscle, while pericarditis is the inflammation of the lining outside the heart. In Europe, there has been a link established between the AstraZeneca vaccine and a very rare but serious side effect called thrombosis in combination with thrombocytopenia which can cause fatal blood clots.

Questions have also been raised regarding the speed by which the vaccines were made available. This is amidst concerns that the COVID vaccines were not rigorously tested, and its development was more rapid than many other vaccines which are why they have only emergency authorization approval and not full Food and Drug Administration (FDA) approval. Furthermore, it has been queried whether the technology used to create the COVID vaccines is too new to possibly cause future harm, and whether it is safer to rely on natural immunity. This is after reports of people who were infected by the COVID-19 virus had developed natural immunity, which is the antibody protection the human body creates against a germ once it has been infected with it. Once the body has developed natural immunity, those who have had the virus are not likely to get it again.

Regardless of the concerns, Johns Hopkins Medicine insists that vaccine developers did not forego any testing steps but conducted some of the steps on an overlapping schedule to gather data faster. There is a perception that things moved very fast, but it must be emphasised that the technology being used now was being studied for a decade. The technology used, called messenger RNA, or mRNA, is not new. Research on it actually began in the early 1990s with two diseases that are very close to COVID: SARS (severe acute respiratory syndrome) in 2003, and MERS (Middle East respiratory syndrome), both of which helped bring the mRNA vaccine development to present day use. Furthermore, the main difference between emergency use versus full FDA approval is that months of monitoring is needed rather than six months; and by looking at the history of vaccines, if patients were to develop side effects, they would have occurred within two months.

Vaccine-induced immunity can be developed by being fully vaccinated with an approved or authorized COVID-19 vaccine. Research indicates that the protection from the vaccines may wane over time so additional doses (boosters) are now authorized for certain populations. Depending on natural immunity is impractical as it varies according to the person and the germ. A mild case of an illness may not result in strong natural immunity, is weakened over time, and does so faster than immunity provided by COVID-19 vaccination. Ultimately, any serious side effects from the vaccines that could cause long-term health problems are extremely unusual and side effects that were reported are usually very rare events and only occur less than once in a million doses of vaccine. It is now over two years into the experience with these vaccines and researchers have not seen anything that would make them believe that the risks outweigh the benefits.

SECTION 1 : Reading Comprehension (30 marks)

Instructions : Reconstruct the argument presented in the article above by identifying the following elements:

a) the main claim (3 marks)

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b) **FOUR (4)** reasons in support of the main claim (8 marks)

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c) the opposing claim (3 marks)

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d) **FOUR (4)** reasons in support of the opposing claim (8 marks)

e) **FOUR (4)** refutations of the reasons in support of the opposing claim (8 marks)

SECTION 2 : Summary (25 marks)

Instructions : Summarise the article given above in 60 words, using (i) vocabulary and sentence structures different from those in the original and (ii) one short in-text citation (using Harvard referencing style).

[Number of words:]

END OF PART A

PART B **: ESSAY WRITING (45 MARKS)**

INSTRUCTION(S) **:** There is only **ONE (1)** section in this part. Answer the question in the space provided.

Feminism is the advocacy of women's rights on the grounds of the equality of the sexes. However, recent movements such as "Women Against Feminism" claim that modern feminism belittles and demonises men, treating them as potential rapists while encouraging women to see themselves as victims. Do we still need feminism — or should we give up on the label altogether because of its idea of advocating for women only?

Write an argumentative essay to express your point of view on this issue. Your essay should contain **approximately 350 words**.

END OF EXAMINATION PAPER