

# CPD QUESTIONS

Journal 41

**Two CPD points are awarded for the correct completion and submission of the questions below.**

CPD questionnaires must be completed online via [www.cpdjournals.org.za](http://www.cpdjournals.org.za).

After submission you can check the answers and print your certificate.

Questions may be answered up to 6 months after publication of each issue.

**This programme is available free of charge to members of the HIV Clinicians Society and SAMA only.**

## **Regarding the use of antiretroviral therapy to prevent the transmission of HIV in serodiscordant partnerships:**

1. True (A) or false (B):  
Observational studies have suggested that the lower the average viral load in a community, the lower the incidence of new HIV infections.
2. True (A) or false (B):  
The HPTN 052 trial provides evidence that initiation of ART at a threshold of 350 – 550 cells/μl reduces sexual transmission of HIV to HIV-negative partners.
3. True (A) or false (B):  
The HPTN 052 trial provides clear evidence that initiation of ART at a threshold of 350 – 550 cells/μl reduces mortality and AIDS-related complications in HIV-infected individuals.
4. Evidence for the benefits of ART initiation above 500 cells/μl is mixed, and trials investigating these are ongoing within South Africa.

## **Regarding HIV prevention in the context of mental disorders:**

5. True (A) or false (B):  
Individuals diagnosed with mental illness in South Africa have a level of knowledge of HIV prevention that is similar to that of the general population.
6. True (A) or false (B):  
Standard HIV prevention messages and interventions may not be adequate for this group, as they have an increased risk of HIV infection compared with the general population.

## **Regarding the use of microscopy to diagnose a febrile HIV-infected infant:**

7. True (A) or false (B):  
High *Candida* fungal loads may lead to abnormal results of white cell count quantification in peripheral blood.
8. True (A) or false (B):  
Peripheral blood smears may be useful in interpreting unusually rapid changes in full blood count parameters.

## **Regarding primary breast lymphoma in the context of HIV/AIDS:**

9. Primary extranodal lymphoma is the most common presentation of non-Hodgkin's lymphoma.
10. Non-Hodgkin's lymphoma is the most common AIDS-associated malignancy.

11. Which of the following are common presenting symptoms of non-Hodgkin's lymphoma in HIV/AIDS:  
A. Pain  
B. Fever  
C. Sweating and weight loss  
D. All of the above.

## **Regarding invasive obstetric procedures in HIV-infected women:**

12. Most current guidelines recommend that pregnant women with higher CD4 cell counts (e.g. >350 cells/μl) do not require any form of prophylaxis or therapy to prevent mother-to-child transmission of HIV before undergoing an invasive obstetric procedure such as amniocentesis.
13. If a woman is established on effective antiretroviral therapy and has an undetectable viral load, invasive obstetric procedures do not appear to significantly increase the risk of mother-to-child transmission of HIV.
14. In contexts where the invasive obstetric procedure is urgent and an HIV-infected woman has not received any form of antiretrovirals, initiation of therapy immediately before or after the procedure may still provide some measure of protection against HIV transmission.

## **Regarding HIV prevention and treatment interventions for men who have sex with men (MSM):**

15. In terms of post-exposure prophylaxis, unprotected anal intercourse is a low-risk activity for HIV transmission, and it is appropriate to use 2-drug PEP.
16. There is evidence that pre-exposure prophylaxis using antiretroviral medications (PrEP) can help to protect MSM from sexually transmitted HIV infection, but adherence is an important consideration.
17. Anal intra-epithelial neoplasia (AIN) is recognised as an AIDS-related malignancy that is associated with the human papillomavirus.
18. Existing evidence suggests that the predominant subtype of HIV circulating in MSM in South Africa is subtype B (also the most common subtype among MSM in Europe and North America), while subtype C is more common in heterosexual populations in SA.
19. HIV prevention messages aimed solely at heterosexuals invariably include the risks associated with anal sex.
20. Recreational drugs can cause drug-drug reactions and side-effects in HIV-positive individuals taking antiretroviral medication.