CPD QUESTIONNAIRE

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A maximum of 3 CEUs will be awarded per correctly completed test.

CPD questionnaires must be completed online at www.mpconsulting.co.za. After submission, you can check the answers and print your certificate.

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

True or False:

1. Currently, there are six classes of antiretroviral agents available in South Africa.
2. Integrase inhibitors prevent the assembly and maturation of infectious viral progeny.
3. There is definitive evidence that patients with $CD4^+$ >500 cells/uL should initiate antiretroviral therapy (ART) for their own health.
4. In patients with tuberculosis, ART initiation may be delayed by up to 8 weeks to reduce the risk of immune reconstitution inflammatory syndrome (IRIS).
5. In patients with cryptococcal meningitis, ART initiation should not be delayed by more than 2 weeks after initiation of antifungal therapy, to reduce the risk of mortality.
6. In an otherwise stable patient on efavirenz 600 mg once a day who has significant non-reversing central nervous system side-effects, dose reduction to 400 mg once a day may be a viable strategy to maintain viral suppression while reducing side-effects.
7. Any detectable viral load (e.g. above 50 copies/mL) is significant and requires interventions to improve adherence.
8. In stable patients with suppressed viral loads and $CD4^+$ >200 cells/uL, it may be possible to stop $CD4^+$ monitoring as it adds little to clinical management.
9. In patients who are seroconverting (newly infected with HIV), immediate ART initiation may be associated with improved viral control and long-term health outcomes.
10. If HIV diagnosis is made using rapid tests outside of the laboratory, confirmation of HIV infection using a laboratory-based test (viral load or enzyme-linked immunosorbent assay (ELISA)) is advised before ART initiation to rule out false positive rapid-test results.
11. Atazanavir may be preferred to lopinavir as the protease inhibitor of choice because it has a lower gastrointestinal and blood lipid side-effect profile, and does not require boosting with ritonavir.
12. In a patient who reinitiates ART after stopping therapy, the first viral load testing should ideally take place 6 - 12 months after reinitiation.
13. For patients with liver impairment, a regimen of tenofovir, lamivudine (or emtracitibine) and raltegravir is considered the least hepatotoxic.
14. There are few drug-drug interactions between antiretrovirals and antimalarial drugs.
15. Surgeons' use of two surgical gloves ('double-gloving') is unlikely to be useful in preventing exposure to blood-borne pathogens.
16. Surgeons may be least likely to experience intraoperative glove puncture when the patient is known to be HIV-positive.
17. *Talaromyces marneffei* is a common AIDS-defining opportunistic infection in South-east Asia and central Africa, which may resemble disseminated tuberculosis, and which is sensitive to fluconazole.
18. Deep fungal infections in HIV-infected patients commonly present with fever, weight loss, skin papules with central necrosis, respiratory involvement, lymphadenopathy and hepatosplenomegaly.
19. While possible to down-refer HIV-infected children on ART from tertiary or secondary hospitals to primary healthcare facilities, their outcomes are generally not as good as those of children kept in hospital-based, specialist paediatrician care.
20. For children initiating ART, mortality is lower in infants compared with older children.

INSTRUCTIONS

1. Read the journal. All the answers will be found there.
2. Go to www.mpconsulting.co.za to answer the questions.

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