



CPD QUESTIONNAIRE

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

CPD questionnaires must be completed online via www.cpdjournals.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.

HIV risk behaviour among primary care patients with tuberculosis (TB) in South Africa (SA)

1. When counselling TB patients, condom use and alcohol/substance use risk reduction need to be considered as HIV-prevention measures.

Child privacy rights in HIV-prevention research

2. While children are entitled to privacy, in some cases, their expectation of privacy may be limited and may not be deemed reasonable by the healthcare provider.

Chylothorax associated with non-endemic Kaposi's sarcoma (KS)

3. Chylothorax is a common complication in patients infected with HIV and with KS.
4. The most common cause of chylothorax in and HIV-infected patient is TB.
5. KS-associated chylothorax carries a poor prognosis.
6. Treatment of chylothorax in patients affected by advanced HIV and KS is best considered a palliative measure.

Analysis of HIV-related mortality data in a tertiary South African neurology unit from 2006 to 2012

7. Neurological complications of HIV infection are rare in SA.
8. After bacterial and fungal meningitis, encephalitis is the most common neurological presentation in HIV-infected patients requiring hospitalisation.
9. The incidence of neurological diseases such as HIV-associated dementia and central nervous system opportunistic infections may be decreasing due to antiretroviral therapy (ART).

Combined ART/anti-TB drug resistance after incarceration

10. SA is responsible for a quarter of the world's burden of HIV-associated TB.

11. Prisons act as reservoirs of TB, including drug-resistant TB that poses a threat to public health control.
12. In settings with a high burden of drug resistance, screening using Xpert MTB/TIF has little role in reducing the transmission of drug-resistant TB.
13. Patients receiving ART and/or TB treatment who become incarcerated may be at high risk of defaulting treatment and/or developing treatment resistance.

Management of drug-induced liver injury (DILI) in HIV-infected patients treated for TB

14. DILI occurs in <0.1% of patients receiving TB treatment and ART.
15. Some of the individual risk factors for DILI in patients receiving TB treatment or ART are younger age, children, hepatitis B surface antigen positivity, malnutrition and use of alcohol.

Starting ART following cryptococcal meningitis (CM) – the optimal time has yet to be defined

16. Patients with CM in Southern Africa typically present with CD4⁺ counts >100 cells/μl.
17. There is clear evidence that ART should be initiated no more than 2 weeks after initiation of CM treatment.

Native valve endocarditis due to *Candida parapsilosis* in a an adult patient

18. A high index of suspicion as well as aggressive diagnostic modalities and therapy are essential in patients with candidaemia to decrease mortality.
19. Candidiasis is the most common opportunistic infection in HIV-infected patients with CD4⁺ counts <200 cells/μl.
20. The most prevalent presentation of candidiasis is invasive candidiasis.

INSTRUCTIONS

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

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