



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.

True (A) or false (B):

Regarding 'men who have sex with men (MSM)-appropriate' health services in South Africa (SA):

1. Local evidence suggests that there are high rates of HIV among the population of MSM.
2. Biologically, unprotected vaginal sex is more likely than unprotected receptive anal sex to transmit HIV.
3. For a health-provision site to be considered MSM-appropriate, services need to be friendly, sensitive and competent.

With regard to managing AIDS-related Kaposi's sarcoma (KS) and pregnancy:

4. In sub-Saharan Africa, KS with pulmonary manifestations generally has an associated life expectancy of <6 months.
5. Patients with a favourable prognostic index should be treated with a combination of antiretroviral therapy (ART) and systematic chemotherapy immediately.
6. Liposomal doxorubicin and a taxane group constitute the backbone of current systemic chemotherapy against KS in the developed world.

Regarding screening for suicide risk among HIV-infected persons in the immediate post-diagnosis period:

7. HIV-infected individuals are at higher risk of suicidality than the general population in SA.
8. A number of psychometric, clinical and biological measures to detect suicide risk have made it simple to measure and predict this risk accurately.
9. Self-reported screening tools provide an adequate evaluation of suicidality.

Regarding the challenges to delivering quality care in a prevention of mother-to-child transmission (PMTCT) of HIV programme in Soweto, SA:

10. Knowledge of PMTCT interventions in SA is high among pregnant women and healthcare providers.
11. Challenges in scaling up PMTCT services in the SA public healthcare sector relate to coverage at different steps of the PMTCT cascade, and also to the quality of care rendered in the PMTCT services.

12. ART initiated pre-conception decreases the risk of mother-to-child transmission of HIV significantly.
13. Disclosure of HIV status is unrelated to PMTCT intervention uptake and adherence among women.

Regarding HIV sero-conversion during late pregnancy and when to retest:

14. Pregnancy poses an increased risk for HIV acquisition by women.
15. High viral loads during primary HIV infection increase risk of vertical transmission *in utero*, peripartum and post partum.
16. The two HIV tests recommended during pregnancy – one at the first antenatal visit and one at 32 weeks of gestation – are adequate to identify all new HIV infections in pregnant women.

Regarding HIV/human T-cell lymphotropic virus type 1 (HTLV-1) co-infection:

17. Co-infections, previous splenectomy, and lymphoproliferative disorders are among the pathophysiological causes for a normal or raised CD4⁺ count in the background of a progressive HIV infection.
18. HIV-1/HTLV-1 co-infected patients have been found to progress to advanced clinical disease with a high HIV viral load but in the presence of a normal or higher than normal CD4⁺ count.

Regarding parental presence within households and the impact of ART in Khayelitsha, SA:

19. Young adults with advanced HIV disease are likely to rely on and live with their families for support, but this can be reversed after initiation of ART.

Regarding ART adherence clubs as a long-term retention strategy for clinically stable patients receiving ART:

20. The ART adherence club model leads to better adherence and long-term retention in care for clinically stable ART patients compared to usual clinical services.

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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