

Answers

Staging, classification and monitoring of HIV/AIDS

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CME point: 1

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1. Which of the following is not true about the purposes of devising classification/staging system for disease conditions?
 - (a) To assess public health impact
 - (b) To shed light on prognosis
 - (c) To guide treatment
 - (d) To monitor disease burden and epidemiology
 - (e) **None of the above** ✓

 2. Which of the following is not true regarding the evolution of HIV/AIDS classification by US CDC (Centers for Disease Control and Prevention)?
 - (a) Case definition was developed for AIDS before discovery of its causative agent
 - (b) **AIDS related complex (ARC) is commonly used nowadays** ✓
 - (c) The 1986 system classified HIV infection into acute infection, asymptomatic infection, persistent generalized lymphadenopathy and other categories
 - (d) In 1993, the system is substantially revised and with AIDS conditions expanded
 - (e) None of the above

 3. What is the pitfall of HIV/AIDS classification/staging system?
 - (a) Not all AIDS-defining illnesses carry equal prognostic significance
 - (b) The irreversible worst stage of a patient may not tally with improved health condition from effective treatment
 - (c) AIDS does not necessarily predict poor prognosis in future
 - (d) One system will not fit all places
 - (e) **All of the above** ✓

 4. Which of the following is not true about the HIV/AIDS classification system in Hong Kong?
 - (a) **A low CD4 alone is an AIDS criteria** ✓
 - (b) It is based on the US CDC 1993 classification system
 - (c) Pulmonary tuberculosis is considered AIDS only if CD4<200/ul
 - (d) Penicilliosis is included as an AIDS indicator disease unlike western countries
 - (e) Local disease epidemiology is factored in for its development

 5. Which of the following is not true regarding the disease conditions under the local classification system?
 - (a) Acute infection is classified as category A condition
 - (b) Recurrent salmonella septicaemia is a category C condition
 - (c) Stage C3 represents a worst disease stage
 - (d) **Oral thrush is a common occurring category C condition** ✓
 - (e) Oral hairy leucoplakia predicts faster disease progression

6. Which of the following is recommended in baseline investigations of HIV infected patients?
- (a) T lymphocyte subsets
 - (b) HIV-1 viral load
 - (c) Chest X ray
 - (d) Hepatitis B and C serology
 - (e) **All of the above** ✓
7. Which of the following is not true regarding CD4 count monitoring?
- (a) Age and splenectomy can affect absolute CD4 count
 - (b) **It should be performed no more frequent than every six months** ✓
 - (c) CD4 percentage adds information to the absolute count
 - (d) Flow cytometry is the commonest method used to discern CD4 level
 - (e) Healthy Chinese may have a lower CD4 range than Caucasian counterparts
8. Which of the following is not true concerning HIV viral load?
- (a) Polymerase chain reaction and branched chain DNA are the most commonly used methods
 - (b) A less than 0.3 log change is not significant
 - (c) HIV-2 viral load measurement is not available for clinical management
 - (d) **Man may have a lower viral load than women** ✓
 - (e) The nadir of viral load suppression can correlate with durability of treatment response
9. Which of the following should be included in clerking a new HIV patient?
- (a) Pap smear for female
 - (b) History of sexually transmitted diseases
 - (c) Current HIV-related conditions/symptoms
 - (d) Counseling on prevention of onward HIV transmission
 - (e) **All of the above** ✓
10. Which of the following is not true about CD4 in relation to HIV disease progression?
- (a) It is the single most important marker of immune function in infected patients
 - (b) Major opportunistic infections usually occur only when CD4 drops below 200/ul
 - (c) A study before HAART era in Hong Kong found major complications occurred at lower CD4 levels than Caucasians
 - (d) **CMV retinitis and Mycobacterium avium intracellulare usually occur at a CD4 >100/ul** ✓
 - (e) None of the above