Answers

The Primary Care Perspectives of HIV Management

Expiration Date: 29 August 2014

CME point: 1 / CNE point: 1 / PEM point: 1 (Healthcare related which contributes to the enhancement of professionalism of midwives/nurses)

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1. Which of the following is not true regarding the outlook of HIV disease with the advent of highly active antiretroviral therapy (HAART)?
   (a). The life expectancy of HIV infected patients has greatly improved
   (b). Non-AIDS complications has become more common
   (c). HAART itself plays a role in shaping long-term conditions in people living with HIV nowadays
   (d). Immune activation from HIV is an important underlying mechanism of non-communicable conditions in people living with HIV
   (e). **None of the above** ✓

2. Which of the following is not true about smoking in HIV patients?
   (a). The prevalence of smoking is higher than general population
   (b). **Smoking cessation modalities is generally different from those in non-HIV infected people** ✓
   (c). Smoking accounts for an important modifiable cardiovascular risk
   (d). A multidisciplinary team approach is desirable for effective smoking cessation service
   (e). Drug interaction with anti-HIV drugs has to be cautioned in using pharmacological interventions for smoking cessation

3. Which of the following is not true about cervical cancer and its screening in HIV infected patients?
   (a). Frequency of cervical screening can be higher than non-HIV infected population
   (b). Cervical dysplasia is more common in HIV infected patients
   (c). **Cervical cancer is not increased in HIV infected patients** ✓
   (d). The role of human papillomavirus vaccination to prevent cervical cancer is unclear
   (e). All of the above

4. Which of the following chronic medical condition is a not concern in HIV infected patients?
   (a). Diabetes mellitus
   (b). Dyslipidaemia
   (c). Coronary heart disease
   (d). Hypertension
   (e). **None of the above** ✓

5. Which of the following is not true regarding immunization in HIV infected patients?
   (a). Immune response to vaccination is usually better with a higher CD4 level, say >350-500/uL
   (b). **Inactivated influenza vaccination is recommended once** ✓
   (c). Hepatitis B vaccination is recommended for those with neither immunity nor chronic infection
   (d). Hepatitis A vaccine is recommended, especially for those at higher risk of liver complications
   (e). None of the above

6. Which of the following is not true for a HIV infected patient who needs to travel to areas with concern of tropical diseases?
   (a). Both routine vaccines and destination-specific preventive measures have to be updated or implemented
   (b). Live vaccine should be avoided and replaced by inactivated vaccine if available
   (c). Patients with preserved immunity can consider yellow fever vaccine
   (d). Anti-mosquito measures are integral component in the prevention of vector-borne diseases including malaria
   (e). **None of the above** ✓

7. Which of the following is not true about prophylaxis against opportunistic infections in HIV patients?
   (a). Primary prophylaxis for *Pneumocystis* pneumonia is indicated for patients with CD4 below 200/ul or presence of oral thrush
   (b). **Single strength tablet daily of cotrimoxazole is the drug of choice in preventing toxoplasmosis in patients with positive anti-toxoplasma IgG, and has the added benefit of preventing *Pneumocystis* pneumonia** ✓
   (c). Discontinuation of secondary prophylaxis for *Pneumocystis* pneumonia can be considered when CD4 improved to ≥ 200/uL for more than 3 months after HAART
   (d). Dapsone and aerosolised pentamidine are both alternative to cotrimoxazole in *Pneumocystis* pneumonia prophylaxis
   (e). All of the above

8. Which of the following is not true regarding the prophylaxis of tuberculosis or atypical Mycobacterium infection in HIV/AIDS patients?
   (a). Tuberculin skin test (TST) is useful to determine latent TB infection
   (b). When considering primary prophylaxis for *Mycobacterium avium* complex (MAC), active MAC disease has to be excluded
   (c). **A cut-off of 5mm skin redness from TST is used for diagnosing latent TB infection** ✓
   (d). Isoniazid for 9 months is the standard to treat latent TB and reduce the risk of developing active TB in the future
   (e). Discontinuation of primary and secondary MAC prophylaxis is possible with immune reconstitution after HAART

9. Which of the following is not true of anal cancer in HIV infected patients?
   (a). Anal cancer is more common in HIV patients than the general population
   (b). Oncogenic human papillomavirus infections contribute to anal cancer development
   (c). HIV positive men who have sex with men (MSM) are at higher risk of developing anal cancer than HIV negative MSM
   (d). Ageing also plays a role in HIV patients developing anal cancer, like other cancers
   (e). **None of the above** ✓

10. Which of the following is not true screening of sexually transmitted infections (STI) in HIV patients?
   (a). Syphilis screening is done more frequently at 3-4 months interval for HIV infected men who have sex with men because of the higher risk of co-infection than patients with other HIV transmission modes
   (b). Urine screening for *Neisseria gonorrhoea* or *Chlamydia trachomatis* by nuclei acid amplification test is recommended
   (c). Screening is necessary as asymptomatic STIs are not uncommon
   (d). Screening followed by prompt treatment of STIs help in reducing the risk of HIV transmission
   (e). **None of the above** ✓