The CPD programme for *SAMJ* is administered by Medical Practice Consulting.
CPD questionnaires must be completed online at www.mpconsulting.co.za.

Please note: The change in CPD question format comes from the accreditation bodies, who have informed us that CPD questionnaires must consist of a mimimum of 5 questions, 80% of which should be MCQs with a minimum of 4 options and only 20% of which may now be in the form of 'True or false' answers.

MCQs may be of 'single correct answer' or 'multiple correct answer' format. Where the question states that more than one answer is correct, mark more than one of a, b, c or d (anything from two to all answers may be correct). For example, in Question 1, if you think that a, b and d are correct (note that these are not necessarily the correct answers), mark each of these on the answer form. Where the question states that only one answer is correct (there are none of these this month), mark the single answer that you think is correct.

1. Epidemiology and aetiology of community-acquired pneumonia in children

Regarding the epidemiology and aetiology of community-acquired pneumonia in children (more than one answer is correct):

a. The incidence of pneumonia in children <5 years old in South Africa (SA) declined by ~50% from 2000 to 2015.
b. The introduction of pneumococcal conjugate vaccine into the SA public immunisation programme in 2009 was estimated to have reduced under-5 hospitalisations for all-cause pneumonia by 33% and 39% in HIV-uninfected and HIV-infected children, respectively, by 2014.
c. There is no increased risk of hospitalisation in HIV-exposed uninfected infants for specific pathogens such as pneumococcus, respiratory syncytial virus and influenza virus.
d. Gram-negative enteric organisms, particularly *Klebsiella pneumoniae*, *Escherichia coli*, *Enterobacter cloacae* and *Salmonella* spp. are important pneumonia pathogens in HIV-infected and malnourished children in sub-Saharan Africa.

2. Diagnosis of community-acquired pneumonia in children

Regarding the diagnosis of community-acquired pneumonia in children (more than one answer is correct):

a. The main symptoms of pneumonia are cough, difficulty breathing or tachypnoea.
b. Children with lower chest indrawing are classified as having severe pneumonia.
c. All children <2 months of age with signs of pneumonia require hospital admission.
d. A chest radiograph cannot accurately discriminate between viral and bacterial pneumonia.

3. Foreign body ingestion in children presenting to a tertiary paediatric centre in SA: A retrospective analysis focusing on battery ingestion

Regarding foreign body ingestion in children presenting to a tertiary paediatric centre in SA (more than one answer is correct):

a. International trends have shown an increased incidence of ingestion of button batteries in children in recent years.
b. Button batteries are particularly harmful owing to their electrochemical properties, which can cause extensive injuries if not diagnosed and treated rapidly.
c. There are no published local data on paediatric foreign body ingestion.
d. Batteries accounted for 4.8% of non-food foreign bodies ingested by children presenting to Red Cross War Memorial Children's Hospital during the 6-year period from 2010 to 2015.

4. Factors associated with repeat genital symptoms among sexually transmitted infection (STI) service attendees in SA, 2015 - 2016

Treatment algorithms have poor specificity for STI pathogens, leading to inappropriate use of antimicrobials, particularly for non-STI repeat genital symptoms, the consequences of which are persistence or non-resolution of genital symptoms leading to repeat clinic visits for the same symptoms. (True/false)

5. Investigating the threshold for early renal allograft biopsy: An SA single-centre perspective

Regarding the threshold for early renal allograft biopsy (more than one answer is correct):

a. The most common clinical indications for biopsy in the first month or early post-transplant period is early graft dysfunction, which may present as delayed graft function or acute graft dysfunction, where a period of initial graft function is followed by acute deterioration.
b. Acute cellular rejection is one of the most common causes of acute graft dysfunction.
c. A resource-constrained environment introduces a number of unique variables that may predispose the renal allograft to a higher risk of acute tubular necrosis and acute rejection, both of which may present similarly as early graft dysfunction.
d. Biopsies showing acute rejection, infection or a drug reaction lead to a specific change in the management of the recipient, whereas grafts with acute tubular necrosis require continuation of supportive management only.

Readers please note: Articles may appear in summary/abstract form in the print edition of the Journal, with the full article available online at www.samj.org.za

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

INSTRUCTIONS

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

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