

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 minimum 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 c 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. Management of thalassaemia

Regarding the management of thalassaemia (more than one answer is correct):

- Regular blood transfusion and iron chelation therapy are required to prevent progressive deterioration in patients.
- Transfused blood contains iron that the body is unable to excrete.
- Patients with thalassaemia intermedia should receive regular transfusion therapy.
- Chelation should not be started without evidence of iron overload.

2. Heparin-induced thrombocytopenia (HIT): An update for the COVID-19 era

Regarding HIT (more than one answer is correct):

- HIT is a rare entity.
- Most COVID-19 inpatients receive heparin therapy as thromboprophylaxis.
- All circulating PF4/heparin antibodies can activate platelets.
- Rarely, HIT may also occur without previous heparin exposure, so-called spontaneous HIT.

3. Evaluating the performance of the GeneXpert HIV-1 qualitative assay as a consecutive test for a new early infant diagnosis algorithm in South Africa (SA)

Regarding the performance of the GeneXpert HIV-1 qualitative assay (more than one answer is correct):

- The proportion of HIV-exposed infants and young children infected with HIV in SA has declined markedly over the past decade as a result of the country's comprehensive prevention of mother-to-child transmission programme.
- This decrease has in turn reduced the positive predictive value of diagnostic assays, necessitating review of early infant diagnosis algorithms to ensure improved accuracy.

- The absolute number of HIV-infected infants and children in SA is low.
- To diagnose HIV in infants and children <18 months of age, nucleic acid tests are recommended.

4. Clinical aspects and outcomes of patients with malaria at Chris Hani Baragwanath Academic Hospital

Regarding clinical aspects and outcomes of patients with malaria (more than one answer is correct):

- Sub-Saharan Africa continues to be disproportionately affected by malaria, with an estimated 80% of the disease burden and mortality.
- In SA, malaria is endemic in low-altitude regions of Limpopo, Mpumalanga and northern KwaZulu-Natal provinces, with an estimated 10% of the national population at risk.
- Gauteng is not an endemic malaria area, but treats ~18% of the national disease burden.
- Few malaria cases in Gauteng are imported.

5. Determining the prevalence of tuberculosis in emergency departments in the Eastern Cape region of SA and the utility of the World Health Organization tuberculosis screening tool

Answer true or false:

Among the six high-burden countries that account for 60% of the global tuberculosis burden, SA has the highest burden of HIV co-infected cases.

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

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

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