

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. Cochlear implantation (CI) in South Africa (SA) (part 2)

Regarding CI (more than one answer is correct):

- The Health Professions Council of South Africa (HPCSA) is the only body with regulatory authority over CI in SA.
- Audiologists working with CI patients are required by the HPCSA to complete the short course on Additional Training in Cochlear Implant MAPPING and Rehabilitation and 60 hours of supervised mentoring before working independently with CI patients.
- Only a fraction of the patients with severe-profound sensorineural hearing loss in SA who would audiologically qualify for a CI are referred for implantation.
- There is no minimum age at which paediatric CI should be performed for optimal results.

2. Development of active tuberculosis (TB) in patients treated with biological disease-modifying antirheumatic drugs

Answer true or false:

The incidence of TB among users of tumour necrosis factor alpha inhibitors in the South African Biologics Registry was 1 387 per 100 000 person-years, which is considerably higher than that recorded in the UK, France and Spain.

3. Guiding equitable prioritisation of COVID-19 vaccine distribution and strategic deployment in SA to enhance effectiveness and access to vulnerable communities and prevent waste

Regarding equitable prioritisation of COVID-19 vaccine distribution (more than one answer is correct):

- Eastern Cape Province makes up 11.3% of the population and has contributed 12.8% of all COVID-19 cases nationwide, but 22.2% of all deaths.
- Most districts in North West and Northern Cape provinces have demonstrated shorter and less dramatic first and second pandemic COVID-19 waves than districts in other provinces.
- Levels of urbanisation in SA have little effect on factors such as resource allocation and access to healthcare, specialised emergency services and other basic services.

- Mathematical modelling for the prioritisation of vaccines in low- and middle-income countries is largely in favour of using a short supply of vaccines to target the vulnerable populations such as the elderly and/or those with comorbidities putting them at risk.

4. Recency of HIV infection, antiretroviral therapy use and viral loads (VLs) among symptomatic sexually transmitted infection (STI) service attendees in SA

Regarding HIV infection, antiretroviral use and VLs (more than one answer is correct):

- Genital inflammation from both ulcerative and non-ulcerative STIs leads to local recruitment of CD4 cells, macrophages and dendritic cells, which are target cells for HIV.
- The drop in new HIV infections between 2010 and 2019 in SA is sufficient to meet global HIV prevention targets.
- This study of symptomatic STI service attendees found HIV positivity of 20%, with close to one-sixth of HIV infections being recent.
- The majority of symptomatic STI service attendees were HIV-seronegative but at risk of acquiring HIV, as they presented with signs of genital tract inflammation and a significant proportion had active, untreated STIs.

5. Tenofovir alafenamide: An initial experience at Groote Schuur Hospital, Cape Town

Regarding tenofovir alafenamide (more than one answer is correct):

- Chronic hepatitis B virus (HBV) infection elevates the risk of cirrhosis, decompensation and hepatocellular carcinoma, even in the absence of cirrhosis.
- Most HBV-infected individuals require a lifelong suppressive nucleos(t)ide analogue treatment regimen.
- Chronic kidney disease is not associated with either chronic HBV or HIV infection.
- Tenofovir, constituted as tenofovir disoproxil fumarate in a 300 mg tablet, is a first-line nucleos(t)ide analogue used to manage chronic HBV.

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.

Accreditation number: MDB015/MPDP/038/206

