



Were you paying attention? Test your retentive capacities on issues raised in this edition of *Africa Health*. You can quietly test yourself, or – and we're particularly keen on this – you could make it a part or the foundation of a Journal Club in your department or health institution. Life-long learning is a collaborative exercise and the whole health team can be positively stimulated by being involved in such discussion.

1. Malaria drug resistance

Q: What can individual health providers do to protect the efficacy of artemisinin-based combination therapy? Name three things.

Q: WHO has a programme that assesses drug manufacturers for the quality and effectiveness of medicines that are used in international donor programmes. What is it called?

2. Improving TB patient follow-up of a large urban setting in a low-income country

Q: Uganda's capital city Kampala is home to 5% of its total population. What percentage of the total TB cases notified annually in Uganda does Kampala account for?

- 5–10%
- 20–25%
- 30–40%

Q: Patients who could not be traced by telephone were followed up through home visits. Some of these were dropped as an intervention, why was this?

3. Integrated family planning and HIV services

Q: There are three sectors of the population who do not typically attend family planning clinics. Name them.

Q: Among clients of HIV counselling and testing in the five-country study, unmet need varied. Which country had the highest unmet need (46%) and which the lowest (17%)?

4. Innovation and impact: The Global Fund 2010

Q: In sub-Saharan Africa HIV, TB, and malaria are responsible for 52% of deaths among women of child-bearing age. Which disease alone accounts for 16–18% of child deaths?

- Tuberculosis
- Malaria
- HIV
- Measles

Q: Globally, how many people are currently on antiretroviral therapy?

- 1.2 million
- 2.5 million
- 4 million

5. Review diagnosis, aetiology, and severity in adult community-acquired pneumonia

Q: In addition to the list of symptoms pointing to CAP, there are factors associated with a five-times or greater risk of death in Africa. A low diastolic rate and high pulse rate are two. Name two others.

Q: CAP is common in those with advanced immune suppression from HIV. Is this statement

- True
- False

6. Inspiring futures: the Memory Project

Q: Healthlink Worldwide works to support the delivery of the International Memory Project in five African countries. Which are they?

Q: Parents' increased knowledge and strengthened links with the wider family emerge from which two memory work activities?

7a. Neurology: visual disturbances

Q: Colour vision testing is of particular importance in neurological visual disorders.

Q: What is the definition of Charles-Bonnet syndrome?

7b. Neurology: Headache and facial pain

Q: Migraine is about twice as common in women as in men. Is this statement

- True
- False

Q: What is the most common cause of new headache in older patients?

8. Ophthalmology Review

Q: The World Health Organization's strategy for reducing blindness caused by trachoma is known by its acronym: SAFE. What does this stand for?

Q: Treating children alone every 3 months appears to be as effective at reducing the prevalence of trachoma infection in adults as treating the entire community every 12 months. Is this statement

- True
- False

Africa HEALTH CPD Challenge
Questions

9. STI Review

Q: Would HPV vaccines be effective in sub-Saharan Africa

- a. Yes.
- b. No.
- c. Unclear

Q: It is not possible to screen African women for cervical cancer as is done in more developed countries. Is this statement

- a. True.
- b. False

Q: HPV vaccines are just for girls. Is this statement

- a. True
- b. False

10. Surgery Review

Q: Antibiotics are often used in severe burns. What is the definition of a severe burn?

Q: To give antibiotics continually to all severely burned patients is to run what risk?

!!: False. While many women in more developed countries receive routine screening, often using Papanicolaou tests, there are other effective screening tools. Visual inspection with acetic acid and new rapid HPV DNA tests make it possible to screen women in low-resource settings, without comprehensive laboratory facilities. Even a single screening of women between ages 30 and 39 followed by immediate treatment can have a significant impact on cervical cancer.

!!!: False. HPV vaccines have also been approved for use in males, but they are not yet routinely provided due to concerns about cost-effectiveness, acceptability and what impact vaccinating males would have on the incidence of cervical cancer in females and HPV-related disease in males.

Q10: Severe is defined as more than 19% deep. !!: Outbreaks of resistant organisms in the burns unit.

Q9: Yes. Although the prevalences of HPV DNA types vary, studies show significant prevalences of oncogenic HPV DNA types 6, 11, 16, 18 in sub-populations in sub-Saharan Africa. However, because several other HPV DNA types are also common, vaccination cannot

!!: True.

Q8: This includes Surgery for trichiasis, Antibiotics, Facial cleanliness, and Environmental Improvement.

Q7b: True !!: Cervical spondylosis

Q7a: Because colour vision is disproportionately affected in optic neuropathy. !!: Visual hallucinations in the context of low vision.

Q6: Ethiopia, Kenya, Tanzania, Uganda, and Zimbabwe !!: Drawing the family tree and planning for the future.

Q5: Use of traditional healer; Age over 55 years. !!: True

Q4: Malaria !!: 2.5 million

Q3: Men, sexually active young and unmarried people, and those who are at high risk of HIV, such as sex workers.

Q2: Answer: b. !!: They were time consuming, costly, and with limited success.

Q1: Consider what drugs they are prescribing. Consider the ability of the patient to absorb the drug; Counsel the patient to ensure they take the drug completely. !!: Prequalification.

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Answers