



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. Rapid Diagnostic tests can improve the quality of malaria case management.

Q: Why might you need to consider using more than one product in a given country?

- Because of the need for a confirmatory test
- Temperature and parasite density can affect a test
- To give better market competition
- To cover the different strains of parasite

2. HIV AIDS will remain a major challenge in global health for decades to come.

Q: In a 2008 study, what was the median percentage of HIV-infected individuals who knew their status?

- 20%
- 42%
- 52%
- 67%

3. Triple ARVs can reduce MTCT and HIV.

Q: What are the names of the three ARVs which when taken in combination reduce mother to child transmission of HIV by 42%?

4. Inextricably linked but how can we harmonise the monitoring of HIV/TB collaborative activities?

Q: What are the 'three I's' for TB management in HIV settings?

5. Maximising funding opportunities to upgrade – and retaining – the health workforce in Africa.

Q: No specific question, but if you broadened discussion with colleagues in your place of work, if you were the manager(s) what would be the three priority interventions that you would make to improve both your job satisfaction and the care you provide. Write to us, it is a key issue.

6. Understanding how to access the Global Fund.

Q: If you have an initiative to reduce (say) malaria incidence in your area, and want to submit for funding from the Global Fund, who would you submit your application to?

- The technical review panel.
- The local fund agent.
- The secretariat in Geneva.
- The local Country Coordinating Mechanism.

7. Introducing the Standard Days Method of fertility awareness.

Q: Why is SDM attractive to people who currently do not practice family planning methods?

- It is natural and therefore more socially and culturally acceptable than other interventions.
- People like wearing necklaces.
- Men are in control.

8. Can the mobile phone tame Africa's dangerous counterfeit trade.

Q: In the pharma context what is the meaning of bio-equivalence?

- That all contents are correctly labeled on the packaging.
- That the claimed molecule or compound is actually present.
- That there are equal proportions of all ingredients.

Male circumcision: See Clinical Review (below)

9. The management of community-acquired pneumonia in childhood.

Q: What is the drug of choice for children aged 60 days to 5 years?

10. Cough.

Why do the guidelines recommend stopping treatment with ACE inhibitors for patients with chronic cough?

- Because they sensitise the cough reflex
- They dilate the crural diaphragm and cause reflux.
- They desensitise the lower oesophageal sphincter.

11. Flexible bronchoscopy.

Q: Name two new uses that are anticipated for bronchoscopy

12. Clinical Review (pages 65–70)

i. What are the two major problems with 'user fees' in African healthcare?
 ii. Which of the following is the commonest risk factor for stroke in Africa?

- Smoking
 - Hypertension
 - HIV infection
 - Diabetes
 - Hyperlipidaemia
- Answer: b

Africa HEALTH CPD Challenge
Questions

- iii. Which of the following treatments for African trypanosomiasis (sleeping sickness) has the worst side-effects?
 - a. Pentamidine
 - b. Eflornithine
 - c. Nifurtimox
 - d. Melarsoprol
 - e. Nifurtimox-eflornithine
- iv. A mother has failed to take her child for the 3rd DPT vaccination at 10 weeks but turns up for measles immunisation at 10 months. You should:
 - a. repeat the full three-dose DPT schedule;
 - b. give the third dose of DPT;
 - c. delay the measles vaccine;
 - d. give the third dose of DPT followed by a fourth dose 2 months later.
- v. A 16-year-old girl comes to the emergency room with a history that she has been raped by a stranger. Regarding HIV PEP:
 - a. It should be given only if HIV serology is positive.
 - b. The rapid HIV test requires confirmation by another HIV ELIZA before administering HIV PEP.
 - c. It should be given immediately.
 - d. One-drug ART is adequate.
- vi. Does male circumcision reduce the risk of HIV infection?
 - a. Yes.
 - b. No.
 - c. Unclear.
- vii. Does male circumcision reduce female partners' risks of HIV and other sexually transmitted infections?
 - a. Yes
 - b. No.
 - c. Unclear.
- viii. Demand for male circumcision is increasing in southern and eastern Africa.
 - a. Yes.
 - b. No.
- 9. If a person has a regular long-term partnership and is also engaging in casual relationships, why are they amongst the most difficult to advise on HIV prevention
 - a. Because they are too busy
 - b. Condom use in the long-term partnership is unlikely to be acceptable... and explanation offends.
 - c. It is too difficult to keep track of the casual partners

- ix. Answer: b. with the demand. efficient human and medical resources to keep up service providers are struggling to provide sufficient human and medical resources to keep up South Africa, Kenya, and Botswana), and health circumcision services in many countries (such as a. Yes. There is great demand for safe male bacterial vaginosis. men for genital ulcer disease, trichomonas and protection offered female partners of circumcised STIs is mixed, but there appears to be some cervical cancer in female partners. Data on other papillomavirus infection in men, and reduced STI is associated with reduced high-risk human c. Unclear. Studies do show male circumcision risks by more than 50%. a. Yes. Male circumcision can reduce HIV infection risks by more than 50%. Answer: c.
- v. Answer: b.
- iv. Answer: d.
- iii. Answer: b.
- ii. Answer: b. high. They deter people from attending clinics, and administrative costs in running the system can be high.
- i. Answer: b. They deter people from attending clinics, and administrative costs in running the system can be high.
- Q12 Answer: b. They deter people from attending clinics, and administrative costs in running the system can be high.
- Q11. (from) Therapeutics for asthma; techniques of emphysema; drug eluting stents.
- Q10. Answer: b.
- Q9. High dose amoxicillin (80–90 mg/kg/day for 7 to 10 days.
- Q8. Answer: b.
- Q7. Answer: a.
- Q6. Answer: d. Infection control. Provision of Isoniazid Preventive therapy; Intensified TB case finding through screening; Zidovudine, lamivudine and lopinavir.
- Q2 Answer: a.
- Q1 Answer: b.

Answers to CPD Challenge

Africa HEALTH CPD Challenge
Answers