

## Answers

### The Use of BCG Vaccine in HIV Infected Patients

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1. What is not true about HIV and TB coinfection?
  - (a) The importance of TB and HIV coinfection has been rising in many parts of the world
  - (b) TB has become one commonest AIDS-defining illness in Hong Kong
  - (c) Hong Kong is of intermediate TB endemicity
  - (d) **None of the above** ✓
  - (e) (b) and (c)
  
2. What is not true about BCG (Bacilli Calmette-Guerin) vaccine?
  - (a) **It was used in human as early as 1901** ✓
  - (b) It does not protect against primary TB infection or reactivation of latent infection
  - (c) Neonatal vaccination protects against TB-related death, meningitis and disseminated TB
  - (d) Protective effect is largely lost after 10-20 years of vaccination in neonates
  - (e) None of the above
  
3. Which of the following is incorrect regarding potential risk of BCG vaccination?
  - (a) Local BCG disease at the site of vaccination with severe scar ulceration
  - (b) Distant disease with BCG confirmed from lung secretions, urine and so on
  - (c) Disseminated disease is defined as having >1 distant site of involvement, with or without positive blood or blood culture
  - (d) BCG immune reconstitution syndrome in HIV is a new entity after the advent of highly active antiretroviral therapy
  - (e) **Ipsilateral axillary lymphadenitis is the only regional disease** ✓
  
4. Which of the following is not true regarding BCG vaccination in HIV infected or exposed infants and children?
  - (a) Before 2007, World Health Organisation (WHO) recommended BCG vaccination in HIV infected infants if asymptomatic
  - (b) There could be an increased risk of BCG complications
  - (c) BCG being a live virus makes it a concern for administration in HIV immunocompromised children
  - (d) **Mortality associated with disseminated disease in HIV is low at <5%** ✓
  - (e) None of the above
  
5. Which of the following is not true regarding WHO's new recommendation on BCG vaccination in HIV setting?

- (a) Known HIV infected children should not receive BCG vaccination, irrespective of TB endemicity of the locality
- (b) The new position is related to new knowledge of greatly elevated risk of serious BCG diseases in HIV infected
- (c) The possible diminished efficacy of BCG in HIV infected children is a rationale
- (d) Should local system endanger missing out vaccination of HIV uninfected children, asymptomatic HIV exposed children should be vaccinated
- (e) **None of the above** ✓
6. Which of the following is factor that will influence adoption of new the WHO recommendation?
- (a) Laboratory capacity to early clarify HIV status in exposed child
- (b) Clinical follow up of exposed children
- (c) Communication between obstetricians and paediatricians in managing HIV positive pregnancy and the delivered child
- (d) **All of the above** ✓
- (e) (a) and (c)
7. Which of the following is incorrect about Hong Kong's favourable situation to implement the new WHO recommendation?
- (a) The universal antenatal HIV testing programme has made non-diagnosis of infected mothers uncommon
- (b) The antenatal testing programme makes timely involvement and collaboration of obstetricians, HIV physicians and paediatricians possible
- (c) Nuclei acid amplification test is the norm to diagnose infected infant early
- (d) A good and readily accessible infrastructure exists for TB case detection, directly observed therapy and contact tracing
- (e) **None of the above** ✓
8. Which of the following is incorrect of the Hong Kong Scientific Committee on AIDS and STI 2009 recommendation on the use of BCG in HIV infected patients?
- (a) BCG vaccination is recommended against in all HIV-infected
- (b) BCG vaccination is delayed till HIV status is clarified in HIV exposed infant
- (c) HIV infection can normally be diagnosed within 6 months of birth
- (d) **Immediate vaccination may be given for exposed infants who cannot be closely followed up, even if the risk of mother-to-child transmission may not be low** ✓
- (e) None of the above