

Answers

An HIV Traveller (adapted from HIV Manual 3rd Edition, CHP, DH & CEID, CUHK)

Expiration Date: 19 Aug 2016

CME point # / **CNE point:** 1 / **PEM point:** **0** (*Healthcare related which contributes to the enhancement of professionalism of midwives/nurses*)

Please contact respective authorities directly for CME/CPD accreditation if it is not on listed below.

Accreditors	CME Point
Department of Health (<i>for practising doctors who are not taking CME programme for specialists</i>)	1
Anaesthesiologists	1
Community Medicine	1
Dental Surgeons	1
Emergency Medicine	pending
Family Physicians	1
Obstetricians and Gynaecologists	pending
Ophthalmologists	0.5
Orthopaedic Surgeons	1
Otorhinolaryngologists	1
Paediatricians	pending
Pathologists	1
Psychiatrists	pending
Radiologists	1
Surgeons	pending

1. People living with HIV/AIDS (PLWHA) should be advised to avoid non-essential travel to resource-limited areas except when
 - (a). Their CD4 count remains <200 cells/uL
 - (b). During the initial month when they are put on antiretroviral therapy
 - (c). They are receiving treatment for pneumocystis jiroveci pneumonia
 - (d). **They have achieved satisfactory immune reconstitution with an undetectable viral load ✓**
 - (e). They cannot secure enough stock of medications for their journey

2. Which of the following vaccine(s) is/are contraindicated for PLWHA with a CD4 count of <200 cells/uL:
 - i) Inactivated influenza vaccine
 - ii) Hepatitis A vaccine
 - iii) Injectable typhoid vaccine
 - iv) Yellow fever vaccine
 - v) Measles vaccine
 - (a). i) & iv) & v)
 - (b). ii) & v)
 - (c). iii) & iv)
 - (d). iii) & iv) & v)
 - (e). **iv) & v) ✓**

3. The following precautions should be taken to minimize the risk of traveller's diarrhea except:
- (a). To avoid raw and undercooked food, especially seafood
 - (b). To avoid taking unpasteurized milk and dairy products
 - (c). **To take food and drinks from local street vendors** ✓
 - (d). Frequent hand washing with soap and water or using alcohol-based hand rub for hand hygiene
 - (e). Water should be either be boiled or bottled; drinking directly from the tap should be avoided
4. Which of the following statement is true regarding traveller's diarrhea?
- (a). Strict adherence to food and drink precautions and maintenance of personal hygiene can prevent all traveller's diarrhea
 - (b). Routine antimicrobial prophylaxis is recommended for all HIV travellers going to resource-limited areas
 - (c). **The use of antimicrobial prophylaxis may promote drug resistance** ✓
 - (d). Fluoroquinolones should be used as antimicrobial prophylaxis for travellers going to Southeast Asian countries
 - (e). Traveller's diarrhea is a vaccine-preventable disease
5. Which of the following are vector-borne diseases?
- i) Malaria
 - ii) Leishmaniasis
 - iii) Dengue fever
 - iv) Yellow fever
 - v) Typhoid fever
- (a). i) & iii) & iv)
 - (b). ii) & iii) & v)
 - (c). **i) & ii) & iii) & iv)** ✓
 - (d). iii) & iv) & v)
 - (e). all of the above
6. Which of the following statement is not true regarding insect bite prevention?
- (a). **Wearing long-sleeved and dark-colored clothes** ✓
 - (b). N, N-diethyl-3-methylbenzamide (DEET) is the most effective repellent against a wide range of arthropods
 - (c). DEET has to be applied repeatedly as it can be washed off by sweats or rain
 - (d). Using permethrin-treated bed nets and clothing
 - (e). Staying in air-conditioned or well-screened rooms and avoiding shrubby areas
7. Which of the following statement is not true regarding malaria and HIV in PLWHA?
- (a). PLWHA should be advised on insect bite prevention when traveling to malaria endemic areas
 - (b). **PLWHA should not take chemoprophylaxis for malaria due to fear of drug-drug interaction with their antiretroviral regimen** ✓
 - (c). Chemoprophylaxis for malaria should be tailored according to the specific area of travel and the local resistance to antimalarial drugs
 - (d). Mefloquine carries the risk of additional neurological toxicity when used with efavirenz
 - (e). Doxycycline and atovaquone-proguanil are considered to be the drugs of choice for malaria chemoprophylaxis among PLWHA

8. Which of the following is not true regarding travel health in PLWHA?
- (a). Pre-travel consultation should be sought at least 4-6 weeks in advance of departure to allow for the consideration of vaccination and modification of treatment regimen
 - (b). Recommendations and treatment of malaria are similar for PLWHA as for non-infected persons
 - (c). **It is generally safe to give live-attenuated vaccines to PLWHA with a CD4 count of below 200 cells/uL ✓**
 - (d). The immunological response to vaccination may be suboptimal when given to PLWHA with a CD4 count of below 200 cells/uL
 - (e). Use of antibiotics such as azithromycin or a fluoroquinolone may be warranted in the event of traveller's diarrhea with severe manifestations (severe diarrhea, abdominal cramping and fever)
9. Which of the following is not true when offering pre-travel advice to travellers?
- (a). PLWHA should check with consular offices regarding entry restriction in certain travel destinations
 - (b). Travellers should be counseled on safe-sex practices
 - (c). **Travellers should be advised to keep all their medications in the check-in luggage ✓**
 - (d). PLWHA with severe immunosuppression should be advised to modify or defer their travel plans in order to minimize the risks to their health
 - (e). Pre-travel advice regarding non-infectious aspects, e.g. management of temperature extremes, environmental hazards and personal safety should also be given during a pre-travel consultation
10. Which of the following is not true regarding post-travel management in PLWHA?
- (a). Any febrile travellers returning from a malaria-endemic area should be managed as medical emergency to rule out malaria irrespective of the history of chemoprophylactic treatment
 - (b). Travellers presented with fever and muscle ache with history of fresh water exposure should be worked up for leptospirosis
 - (c). Travellers presented with chronic diarrhea should be worked up for parasitic enteric infections
 - (d). Referral to an infectious disease specialist is warranted for any returning, febrile HIV travellers
 - (e). **The itinerary and exact travel dates are unimportant when enquiring history from a febrile returning travellers ✓**