

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 2, 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, mark the single answer that you think is correct.

1. Informal gold miners with mercury toxicity: Novel asymmetrical neurological presentations

Regarding mercury toxicity (more than one answer is true):

- a. Mercury is only used in illegal gold mining.
- b. The clinical presentation of mercury toxicity depends on the type and quantity of the mercury exposure.
- Neurological manifestations of mercury toxicity include neurological, respiratory, renal and gastrointestinal symptoms.
- The clinical manifestations are almost exclusively symmetrical in their presentation.

2. Implementing E-MOTIVE for detection and treatment of postpartum haemorrhage in South Africa

Regarding postpartum haemorrhage (more than one answer is correct):

- a. Haemorrhage, mainly postpartum haemorrhage (PPH), is the leading cause of avoidable maternal mortality in South Africa (SA), with 89.5% of haemorrhage deaths being potentially preventable.
- b. Few women in SA are attended by midwives when giving birth.
- c. The primary outcome of the landmark E-MOTIVE trial was reduction in severe PPH, laparotomy for bleeding or death from bleeding after vaginal birth.
- d. There was also a 29% reduction in the use of blood transfusion for bleeding in the intervention sites.

Wrong-route drug administration errors: A review of the literature Regarding wrong-route drug administration errors (more than one answer is correct):

- The administration of an oral drug via the intravenous route is classified as a wrong-route drug administration error.
- Complications related to these errors include sepsis from the injection of unsterile solution, and embolic complications from insoluble particulate matter, high-viscosity solutions and fat globules.
- c. Disseminated intravascular coagulation, or anaphylactic or hypersensitivity reactions to foreign antigens and phlebitis related to high-osmolality solutions are never reported.
- d. Oral drugs administered intravenously may have greater drug bioavailability with potential for toxicity.

- 4. An outbreak within an outbreak: The impact of infection prevention and control strategies on hospital-acquired infections and the occurrence of multidrug-resistant organisms during the COVID-19 pandemic
 - Regarding infection and prevention control strategies (more than one answer is correct):
- Local and international data suggested that bacterial co-infection in patients with confirmed SARS-CoV-2 was frequently recorded on admission.
- b. Bacterial antimicrobial resistance (AMR) was estimated to be responsible for 4.95 million deaths globally in 2019, with the highest deaths attributed to bacterial AMR in western sub-Saharan Africa.
- c. This study suggests the occurrence of multidrug-resistant (MDR) hospital-acquired infections in patients admitted to the intensive care unit with COVID-19, with *Acinetobacter baumannii* being the most common isolate.
- d. In this study, an upstroke in the occurrence of not only nosocomial sepsis, but specifically carbapenem-resistant *Enterobacteriaceae* and MDR *A. baumannii* was noted.

5. Knowledge, attitudes and practices of oral HIV pre-exposure prophylaxis (PrEP) among healthcare workers in the Ekurhuleni District, South Africa

Regarding HIV pre-exposure prophylaxis (more than one answer is correct):

- a. At current observed rates, the number of new HIV infections in 2025 will treble the anticipated target.
- b. More than half of new HIV infections recorded in sub-Saharan Africa in 2021 were from SA.
- c. HIV PrEP works by preventing HIV from replicating in the body, and may reduce the risk of HIV acquisition from sexual intercourse by ~99% when taken as prescribed.
- d. The SA National Department of Health started the routine delivery of oral HIV PrEP in 2016, and by 2020, implementation had been scaled up to all primary healthcare clinics.

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.



