

# SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201603A)

These questions are based on the full text of the guidelines which may be found at [http://www.moh.gov.sg/content/moh\\_web/healthprofessionalsportal/doctors/guidelines/cpg\\_medical.html](http://www.moh.gov.sg/content/moh_web/healthprofessionalsportal/doctors/guidelines/cpg_medical.html)

**Question 1.** Pertaining to Latent Tuberculosis Infection:

- (a) A person with Latent Tuberculosis Infection can transmit the tuberculosis bacillus to others.
- (b) The highest risk period for progression of Latent Tuberculosis Infection to active disease is the first two years after infection.
- (c) HIV infection carries the same risk as diabetes mellitus of progression of Latent Tuberculosis Infection to active tuberculosis.
- (d) Both the tuberculin skin test (TST) and interferon-gamma release assay (IGRA) do not distinguish recently acquired Latent Tuberculosis Infection from that acquired in the remote past.

**Question 2.** Pertaining to active tuberculosis:

- (a) Tuberculosis affects the lungs in ~50% of cases.
- (b) The person with pulmonary tuberculosis may present with an abnormal chest X-ray in the absence of any symptoms.
- (c) Persons with diabetes mellitus have a three-fold higher risk of tuberculosis than non-diabetics.
- (d) Close contacts of persons with lymph node tuberculosis should be screened.

**Question 3.** Pertaining to evaluation of patients for active tuberculosis:

- (a) Patients undergoing evaluation for tuberculosis in extrapulmonary sites (e.g. tuberculosis lymph node, tuberculous meningitis) should have samples sent for Xpert/RIF as well as for tuberculosis culture and drug susceptibility testing.
- (b) There is no need to perform sputum sampling for acid-fast bacilli smear and tuberculosis culture and drug susceptibility testing in persons with typical chest radiograph features of tuberculosis.
- (c) The elderly person with tuberculosis may present with non-specific signs and symptoms.
- (d) Extrapulmonary tuberculosis is more common in young children.

**Question 4.** Pertaining to tuberculosis in Singapore:

- (a) Non-residents comprised approximately half the total number of tuberculosis cases in Singapore in 2013.
- (b) The Chinese have the highest tuberculosis incidence rate among the three main ethnic groups in Singapore.
- (c) BCG vaccination is given at birth to protect against tuberculosis in adulthood.
- (d) A key intervention of the Singapore Tuberculosis Elimination Programme is the surveillance of treatment progress and outcome of all tuberculosis cases in Singapore.

**Question 5.** Pertaining to tuberculosis risk factors:

- (a) Cigarette smoking is associated with an increased risk for tuberculosis.
- (b) Persons with end-stage renal failure are not at higher risk for tuberculosis.
- (c) Use of TNF-alpha blockers increases the risk of progression of latent to active tuberculosis.
- (d) HIV infection is the most important known risk factor for tuberculosis.

	True	False
(a)	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>
(c)	<input type="checkbox"/>	<input type="checkbox"/>
(d)	<input type="checkbox"/>	<input type="checkbox"/>
(a)	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>
(c)	<input type="checkbox"/>	<input type="checkbox"/>
(d)	<input type="checkbox"/>	<input type="checkbox"/>
(a)	<input type="checkbox"/>	<input type="checkbox"/>
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(c)	<input type="checkbox"/>	<input type="checkbox"/>
(d)	<input type="checkbox"/>	<input type="checkbox"/>
(a)	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>
(c)	<input type="checkbox"/>	<input type="checkbox"/>
(d)	<input type="checkbox"/>	<input type="checkbox"/>
(a)	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>
(c)	<input type="checkbox"/>	<input type="checkbox"/>
(d)	<input type="checkbox"/>	<input type="checkbox"/>

**Doctor's particulars:**

Name in full : \_\_\_\_\_  
 MCR number : \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Email address : \_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

(1) Log on at the SMJ website: <http://www.sma.org.sg/publications/smjcurrentissue.aspx> and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

**RESULTS:**

(1) Answers will be published in the SMJ May 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 3 May 2016. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

**Deadline for submission: (March 2016 SMJ 3B CME programme): 12 noon, 25 April 2016.**