

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201601A)

	True	False
1. Intussusception following rotavirus vaccination is a contraindication to the subsequent dose.	<input type="checkbox"/>	<input type="checkbox"/>
2. The subsequent dose of measles, mumps, and rubella (MMR) vaccine is contraindicated in patients with idiopathic thrombocytopenic purpura whose thrombocytopenia worsened after the first dose.	<input type="checkbox"/>	<input type="checkbox"/>
3. In general, there are very few contraindications in which the risks of administering the vaccine outweigh the benefits.	<input type="checkbox"/>	<input type="checkbox"/>
4. A strong family history of febrile seizures is a contraindication to vaccination, especially when previous vaccination resulted in a post-vaccination fever.	<input type="checkbox"/>	<input type="checkbox"/>
5. A previous episode of febrile seizures is a contraindication to the MMR-varicella (MMRV) vaccine.	<input type="checkbox"/>	<input type="checkbox"/>
6. There are greater rates of fever and febrile fits following administration of the MMRV vaccine as compared to MMR and chickenpox vaccines co-administered at separate sites during the same visit.	<input type="checkbox"/>	<input type="checkbox"/>
7. A family history of sudden infant death syndrome is an absolute contraindication to immunisation.	<input type="checkbox"/>	<input type="checkbox"/>
8. Transmission of the vaccine-strain virus to susceptible household contacts is commonly seen after receiving live-attenuated vaccines, such as the chickenpox or MMR vaccines.	<input type="checkbox"/>	<input type="checkbox"/>
9. Most live-attenuated vaccines can be given to individuals who are living with pregnant women or mildly immunosuppressed persons.	<input type="checkbox"/>	<input type="checkbox"/>
10. After administration of a live-attenuated vaccine, breastfeeding is contraindicated for the next 48 hours to prevent the baby from catching vaccine-associated infections.	<input type="checkbox"/>	<input type="checkbox"/>
11. It is generally safe to administer inactivated vaccines to pregnant women, with the exception of the human papilloma virus vaccine.	<input type="checkbox"/>	<input type="checkbox"/>
12. When administered during pregnancy, the tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine can confer passive immunity on the child.	<input type="checkbox"/>	<input type="checkbox"/>
13. The Ty21a oral typhoid vaccine should not be given to patients on antibiotic therapy until 72 hours have lapsed.	<input type="checkbox"/>	<input type="checkbox"/>
14. Patients receiving antiviral treatment should only receive the influenza vaccine 48 hours after the cessation of therapy.	<input type="checkbox"/>	<input type="checkbox"/>
15. Patients who are on a short, tapering course of steroids will have a reduced immune response to any vaccination they receive.	<input type="checkbox"/>	<input type="checkbox"/>
16. Live-attenuated vaccines should be deferred if the patient has received high-dose steroids (≥ 20 mg prednisolone daily or ≥ 2 mg/kg/day) for 14 days or more.	<input type="checkbox"/>	<input type="checkbox"/>
17. An asthmatic who has just completed a seven-day course of high-dose prednisolone for acute exacerbation can receive the chickenpox vaccine at any time if there are no other contraindications.	<input type="checkbox"/>	<input type="checkbox"/>
18. Patients on adjuvant cancer treatment such as tamoxifen must defer vaccination for a month from their last dose.	<input type="checkbox"/>	<input type="checkbox"/>
19. In cases where both are indicated, the interval between the pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23) depends on the patients' age and underlying medical condition, and the sequence of administration.	<input type="checkbox"/>	<input type="checkbox"/>
20. For patients aged 19 years and above, if PPSV23 is given first for any reason, it is recommended to delay PCV13 by least 12 months.	<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 March 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 March 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: (January 2016 SMJ 3B CME programme): 12 noon, 26 February 2016.