SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201711A)

		True	False
1.	Dengue fever is an acute illness caused by infection from one or more of the four serotypes of dengue viruses (DENV 1 to 4).	☐	☐
2.	In 2009, the World Health Organization (WHO) introduced a revised scheme emphasising the early recognition of warning signs to optimise triage and management decisions.	☐	☐
3.	There has been a sustained increase in the number of dengue cases in Singapore since 2017.	☐	☐
4.	A lower prevalence of dengue will mandate a change in clinical approaches to febrile illnesses and a review of the use of dengue diagnostic tests.	☐	☐
5.	While dengue may be clinically diagnosed, laboratory tests are helpful to confirm or secure a definitive diagnosis.	☐	☐
6.	Nonspecific dengue laboratory tests include nonstructural protein 1 (NS1) antigen assays and dengue serology tests.	☐	☐
7.	A complete blood count is an example of a definitive dengue laboratory test.	☐	☐
8.	Dengue diagnostic results do not provide epidemiological data and are therefore not necessary to spark off early vector control measures in the community.	☐	☐
9.	Having a confirmed diagnosis of dengue allows the primary care physician to provide appropriate follow-up and patient education.	☐	☐
10.	Definitive tests are useful for confirmation of dengue, as the symptoms of early dengue overlap with those of many other febrile illnesses.	☐	☐
11.	In general, direct virus detection methods, such as NS1 antigen testing, are used later in the course of illness.	☐	☐
12.	NS1 antigen is glycoprotein that is synthesised by all flaviviruses and secreted from infected mammalian cells during the acute phase of infection.	☐	☐
13.	The NS1 antigen assay has both very high sensitivity and specificity to dengue infection.	☐	☐
14.	High levels of NS1 antigen can potentially be a predictor of severe illness.	☐	☐
15.	In the later stages of illness, dengue serology is more useful, as NS1 antigen remains detectable for up to only nine days and may thus return negative results for dengue.	☐	☐
16.	Dengue specific immunoglobulin M (IgM) is usually expressed at lower levels than immunoglobulin G (IgG) in primary infection.	☐	☐
17.	Primary care physicians do not have available laboratory options for definitive tests for dengue.	☐	☐
18.	A patient's blood samples can be sent to the Environmental Health Institute laboratory at the National Environment Agency for diagnostic purposes.	☐	☐
19.	Rapid point-of-care test kits incorporate both dengue NS1 antigen and IgM/IgG assays.	☐	☐
20.	There are currently no commercially available rapid point-of-care test kits in Singapore.	☐	☐

Doctor's particulars:

Name in full: _____ MCR no.: _____

Specialty: _____ Email: _____

SUBMISSION INSTRUCTIONS:

Visit the SMJ website: http://www.smj.org.sg/current-issue and select the appropriate quiz. You will be redirected to the SMA login page.
For SMA member: (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.
For non-SMA member: (1) Create an SMJ CME account, or login with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

RESULTS:

(1) Answers will be published online in the SMJ January 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 3 January 2018. (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: (November 2017 SMJ 3B CME programme): 12 noon, 27 December 2017.