



CME Exam and Evaluation (1 CME credit)

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2. Educational questions. Answer by marking the correct answer.

1. Which of the following statements about tuberculosis are true?

The incidence of tuberculosis in Europe is falling. A cure rate of 85% is acceptable. Most individuals with tuberculosis have symptoms. A chest radiograph is the best way of diagnosing active tuberculosis. Smear-negative pulmonary tuberculosis is as infectious as smear-positive disease.

2. Which of the following are true about a tuberculin response?

BCG vaccination does not affect the size of a tuberculin response. A tuberculin response of 5 mm is positive if there is concurrent HIV infection. A tuberculin response of 15 mm or more is always positive. Everyone accepts that a tuberculin skin test of 10 mm in a TB contact indicates latent tuberculosis. All patients with a positive tuberculin response should receive chemoprophylaxis.

3. Which of the following statements about latent tuberculosis infection (LTBI) are known to be true?

LTBI is present in all those with a positive tuberculin response. LTBI is present in all those with a positive interferon- γ response to ESAT-6 and CFP-10. LTBI requires preventive treatment. LTBI will result in active tuberculosis in 10% of patients within 2 yrs. In those with HIV infection, evidence supporting LTBI requires chemoprophylaxis owing to the greater likelihood of developing active disease.

4. Which of the following statements about screening for tuberculosis are true?

Screening of immigrants is always cost-effective. Food handlers should be screened for tuberculosis. Prisoners are especially likely to have tuberculosis. WHO recommends screening for tuberculosis in all those with HIV infection. Screening for tuberculosis before starting anti-TNF treatment is important.

5. Which of the following statements about chemoprophylaxis (treatment of LTBI) are true?

Healthy children under the age of 2 years whose mother has smear-positive pulmonary tuberculosis should receive preventive treatment. All contacts of patients with XDR-TB should be given chemoprophylaxis. Isoniazid for 6-9 months is usually an acceptable regimen. Adherence to chemoprophylaxis is as good as for treatment of active tuberculosis. Active tuberculosis should always be excluded before chemoprophylaxis is considered.

