CPD Challenge

Questions

Q1 Please indicate whether the following statements about Laboratory Methods for Tuberculosis Diagnosis are TRUE or FALSE:

a. Laboratory diagnosis of tuberculosis still relies predominantly on conventional methods such as smear microscopy and culture-based methods. .
b. Given that Mycobacterium tuberculosis is a slow-growing organism, requiring 2–4 weeks or longer for cultures to yield results, the evaluation of novel and rapid diagnostic methods has been a priority for research and development.
c. Since the beginning of the 1990s, molecular-based diagnostics became widely available, providing rapid detection and identification of M. tuberculosis. .
d. Molecular-based diagnostics are superior for rapid diagnosis of active tuberculosis and detection of drug resistance but are not typically used for diagnosing latent M. tuberculosis. .
e. Although molecular-based diagnostics have improved identification of tuberculosis, they remain less applicable in the management of cases and are not superior in reducing transmission rates or curbing the spread of drug-resistant strains.

Q2 Indicate whether the following statements concerning barriers to cervical cancer screening are TRUE or FALSE:

a. Key individual barriers include limited awareness and knowledge about cervical cancer and its screening, fear of diagnosis, and misconceptions. .
b. Interpersonal factors such as lack of spousal support and cultural beliefs are important, but do not ordinarily impede screening uptake.
c. At the community level, stigma and socio-cultural norms discourage women from seeking screening services.
d. Systemic barriers encompass inadequate access to screening facilities, a shortage of trained healthcare providers, lack of equipment and supplies, and insufficient political commitment.
e. Key barriers among women living with HIV include healthcare system-related challenges such as poor integration of cervical cancer screening into HIV care, shortage of trained personnel, and lack of necessary equipment and supplies.

Q3 Which of the following statements are TRUE or FALSE about mpox outbreaks in Africa?

a. The Democratic Republic of the Congo (DRC) accounts for over 95% of Africa's mpox cases, with human-wildlife interactions, poverty, and weakened healthcare systems—further strained by COVID-19—contributing to the spread.
b. Key risk factors for mpox include contact with bushmeat, lack of smallpox vaccination, HIV-positive status, and close physical contact with infected individuals. .
c. Contributing factors to the epidemic include biological and ecological changes in the virus, waning immunity to smallpox, socio-economic challenges, and global economic strain.
d. Effective control measures include community education, vaccination, disease surveillance, and infection control strategies.
e. The spread of mpox is exacerbated by vaccine shortages, diagnostic delays, and uneven international support.

Q4 Please indicate whether the following statements are TRUE or FALSE based on lessons learned from Ebola Virus Disease (EVD) outbreaks in Africa:

a. Since its identification in 1976, Africa has experienced 34 EVD outbreaks, resulting in 34,356 cases and 14,823 deaths across 11 countries, with an overall case fatality rate of 66%.
b. Persistent challenges in EVD control include epidemiological, sociocultural, and health system factors.
c. There has been no significant change in case fatality rates over the decades.
d. Effective future responses to EVD outbreaks will require a One Health approach, strong communication, community mobilization, and robust health systems.
e. While EVD is transmitted via blood, vomit, diarrhea, and other bodily fluids, cultural beliefs often attribute its cause to man-made or supernatural forces, complicating public health interventions.

Q5 Please indicate whether the following statements about breast cancer epidemiology in Sub-Saharan Africa (SSA) are TRUE or FALSE:

a. The increase in breast cancer cases in SSA is attributed to factors such as increased life expectancy, urbanization, changes in reproductive behavior, and lifestyle modifications including diet and physical activity.
b. The lack of systematic, population-based cancer registries in many African countries has not limited the availability of accurate epidemiological data, with most information derived from small clinical and pathology case series.
c. Overall breast cancer survival rates in SSA remain substantially lower than global averages, highlighting the need for improved cancer care infrastructure, early detection programs, and access to effective treatments.
d. There are generally limited disparities in breast cancer outcomes within SSA, suggesting that uniform interventions across all countries are sufficient to improve survival rates.
e. Future research should focus on identifying barriers to care and developing context-specific strategies to address the unique challenges faced by breast cancer patients in SSA.

Answers

1. a). F, b). T, c). T, d). T, e) F
2. a). T, b). F, c). T, d). T, e) T
3. a). T, b). T, c). T, d). T, e) T
4. a). T, b). T, c). T, d). T, e) T
5. a). T, b). F, c). T, d). F, e) T