Answers

Recommended Clinical Guidelines on the Prevention of Perinatal HIV Transmission (Scientific Committee on AIDS and STI, Centre for Health Protection, November 2018)

Expiration Date: 23 December 2019

CME point [#] ***/ CNE point: 1 / PEM point: 1 (Midwifery related)***

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Accreditors	CME Point
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Ophthalmologists	0.5
Orthopaedic Surgeons	1
Otorhinolaryngologists	pending
Paediatricians	1
Pathologists	1
Physicians	0
Psychiatrists	1
Radiologists	1
Surgeons	1

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1. In its recommendations for prevention of perinatal HIV infection, the Scientific Committee on AIDS and STI abides by the following principles EXCEPT

   (a) Universal HIV antibody testing should be performed as part of routine antenatal care, supplemented by rapid testing when necessary. Repeat testing in the third trimester is recommended where risk exists.
   (b) HIV infected pregnant women who present late would still benefit from use of antiretroviral to reduce mother-to-child transmission (MTCT)
   (c) **HIV MTCT considerations override those of obstetric indications in determining the mode of delivery** ✓
   (d) Clinical management should include that of maternal HIV infections as well as prevention of MTCT
   (e) Paediatric management should be offered to reduce the risk of MTCT

2. Which of the following applies to the Universal HIV Antenatal Testing Programme of Hong Kong?

   (a) Mandatory; women who opt out will be put on empiric antiretroviral therapy
   (b) One HIV test during the antenatal period suffices
   (c) Voluntary; women who ‘opt in’ will sign consent form before testing
   (d) **To guide intervention to prevent MTCT, rapid HIV testing should be done if a pregnant woman without prior antenatal HIV test results presents late in labour** ✓
   (e) If repeat HIV testing is to be done for a pregnant woman with continuing risk of infection, the best time to perform it is at labour

3. Which of the following is NOT a reason to perform a second HIV test in the antenatal period after an initial negative result?

   (a) The woman habitually injects heroin but she claims to have stopped after becoming pregnant
   (b) The woman has moved to Hong Kong from a country in Central Asia; you are not familiar with the HIV epidemiology there
   (c) The woman tells you that her husband is HIV infected
   (d) The woman tests positive for Neisseria gonorrhoeae in her urine
   (e) **All of the above are indications to repeat testing for HIV** ✓

4. Regarding the initiation of antiretroviral (ARV) for pregnant women known to be HIV infected in the antenatal period,

   (a) Women with high CD4 count (>200/uL) should defer ARV until after the first trimester
   (b) **Even if a woman has been put on effective ARV while becoming pregnant, this regimen should be reassessed for need of change**. ✓
   (c) HIV physician should not be involved in antenatal care until after delivery to avoid conflict of interest between the best obstetric and HIV outcome.
   (d) As ARV begun intrapartum has also proved to be effective in preventing MTCT, the newest guideline today allows deferment of ARV until labour
   (e) All of the above are correct

5. Regarding the choice of antiretroviral (ARV) in the antenatal period

   (a) Doluegravir is one of the recommended options
   (b) The two-drug combination of Kaletra® and lamivudine is one of the recommended regimens
   (c) Efavirenz cannot be recommended for use in the first trimester because of the risk of neural tube defect in the newborn
   (d) Tenofovir cannot be recommended because of its association with unfavourable obstetric outcome
   (e) **Raltegravir is preferred if rapid lowering of viral load is necessary** ✓

6. For use of protease inhibitor in the antenatal period

   (a) **Dosage of Kaletra® (lopinavir coformulated with ritonavir) should be increased to three tablets BID in the third trimester and reduced back to two tablets BID after delivery** ✓
   (b) Dosage of Prezcobix® (darunavir coformulated with cobicistat) should be doubled
   (c) Dosage of atazanavir (boosted by ritonavir) should be doubled
   (d) TDM (therapeutic drug monitoring) for protease inhibitors cannot be relied upon in pregnancy
   (e) All of the above are true

7. For an HIV infected mother who is delivering vaginally

   (a) Vacuum extraction, but not forceps, should be used to expedite delivery and reduce the time of contact between the neonate and maternal blood
   (b) Scalp electrodes should be used in order to detect foetal distress as early as possible
   (c) **Prolonged rupture of membranes should be avoided** ✓
   (d) Vaginal delivery should not happen as all HIV infected mothers should deliver by Cesarean section
   (e) All of the above are true

8. A 33 year old pregnant lady presents to the hospital in labour. She arrived in Hong Kong two weeks ago. Although she has not undergone antenatal care in Hong Kong, she claims that she has had full workup in her home country, all with normal results. Your preliminary assessment is that the baby is full term; you ask the nurse to prepare a rapid test for HIV and explain to the mother why this is necessary.

   (a) The rapid test result is positive; you explain to the woman that you will need to expedite delivery with forceps or vacuum extraction.
   (b) **The rapid test result is positive; you order an IV bolus of zidovudine stat** ✓
   (c) The rapid test result is positive; you immediately order a conventional serum HIV antibody test and reassure the mother that antiretroviral will be started for her and her baby once the result is confirmed
   (d) The rapid test result is positive; you proceed to emergency cesarean section because this will reduce the risk of MTCT
   (e) The woman refuses the rapid test; you ask the nurse to perform the rapid test using blood already drawn for her complete blood picture as it is important to ascertain her HIV status as soon as possible

9. You have been called to see an 18 year old woman who just delivered at her home 24 hours ago. You are unable to retrieve any electronic medical record on her. She admits to having received no antenatal care in Hong Kong and she is not sure about the medical history of the father of her baby. You perform a rapid HIV test for the mother. It is positive.

   (a) You order a two drug regimen for the newborn with oral zidovudine and nevirapine to be started stat
   (b) You order a three drug regimen for the newborn with oral zidovudine, lamivudine and nevirapine to be started stat
   (c) You alert the mother to NOT breastfeed even after her own HIV disease is brought under control
   (d) You explain to the mother she herself will also need to be put on antiretroviral therapy as soon as assessment is done
   (e) **All of the above are appropriate** ✓

10. Recent evidence or expert consensus is that

   (a) **Extra intrapartum zidovudine is not necessary for an HIV infected mother who achieves undetectable viral load at delivery** ✓
   (b) For an untreated HIV infected mother who presents already in labour, a three-drug daily regimen for empiric therapy (zidovudine, lamivudine, and nevirapine) is now the only option for the neonate
   (c) To rapidly lower viral load when an HIV infected mother is diagnosed late in the antenatal period, cobicistat-boosted elvitegravir, an integrase inhibitor, may be considered
   (d) There is no longer justification that neonatal zidovudine should be given for more than 4 weeks
   (e) All of the above