

## ASSESSMENT OF 15 MCQS

**FPSC NO : 123**  
**MCQS ON PANDEMIC TO ENDEMIC, MYTHS, LONG COVID, AND**  
**VACCINE HESITANCY**  
**SUBMISSION DEADLINE: 10 DECEMBER 2024, 12 NOON**

**INSTRUCTIONS**

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (<https://lms.wizlearn.com/cfps/>)
- Please contact [sfp@cfps.org.sg](mailto:sfp@cfps.org.sg) if you have not received an email on the new LMS account.
- Attempt **ALL** the following multiple-choice questions.
- There is only **ONE** correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be **NO** further extension of the submission deadline

1. **COVID-19, caused by SARS-CoV-2, remains a public health challenge. Although the WHO declared the public health emergency over in May 2023, the virus persists. Which of the following is TRUE about the current state of COVID-19 and its prevention efforts as of September 2024?**
  - A. The COVID-19 pandemic is over, and no further cases have been reported globally since the end of the public health emergency
  - B. New COVID-19 variants are no longer emerging, making existing vaccines fully effective against all forms of the virus
  - C. The development of mRNA vaccines was pivotal in controlling the pandemic and continues to play a role in addressing new variants of the virus
  - D. Non-pharmaceutical interventions (e.g., masking and distancing) are still the primary methods used to control the spread of COVID-19 globally
  - E. The WHO has declared that all vaccines are no longer necessary since the end of the public health emergency
2. **Which of the following statements is TRUE regarding the progression of the COVID-19 pandemic and its global impact as of September 2024?**
  - A. The virulence of the current strains of SARS-CoV-2 has increased compared to the early strains, leading to higher hospitalisation and mortality rates
  - B. The omicron variant of SARS-CoV-2 is less contagious than the ancestral strain, with each infected person spreading the virus to fewer individuals
  - C. The economic impact of the COVID-19 pandemic has been minimal, with average direct medical costs for patients being under US \$1000
  - D. The COVID-19 pandemic has reversed previous declines in global age-standardised all-cause mortality and disability-adjusted life-years (DALY) rates
  - E. As of September 2024, most COVID-19 cases are caused by new variants that are fully contained by current vaccination strategies
3. **Which of the following statements is TRUE regarding long COVID and its associated healthcare burden?**
  - A. Long COVID symptoms typically resolve within one month after the acute infection phase for most patients
  - B. Long COVID predominantly affects the elderly population, with minimal impact on the working-age population
  - C. Approximately 20 percent of COVID-19 survivors experience symptoms lasting three months, while 15 percent experience symptoms lasting 12 months after acute infection
  - D. Healthcare utilisation decreases significantly after acute COVID-19, with fewer outpatient visits and diagnostic tests compared to pre-pandemic levels
  - E. The economic impact of long COVID has been minimal, with less than 1 billion US dollars in productivity losses reported globally
4. **Which of the following statements is TRUE regarding booster vaccination and its role in protecting against COVID-19 and its complications?**
  - A. The risk of hospitalisation and severe COVID-19 in patients with chronic lung diseases is eliminated after receiving the ancestral strain COVID-19 vaccines
  - B. Antivirals are highly effective at preventing long COVID symptoms when given during the acute phase of infection
  - C. Booster vaccination with variant-updated vaccines restores protection against severe disease, hospitalisation, and emergency department visits in patients, including those with chronic lung diseases
  - D. Immunity from natural infection provides better protection against COVID-19 than annual booster vaccinations with variant-updated vaccines
  - E. The risk of anaphylaxis is highest with mRNA COVID-19 vaccines compared to other vaccines, with a 15% fatality rate

**5. Which of the following strategies is MOST effective for addressing vaccine hesitancy and improving COVID-19 vaccination uptake among patients?**

- Accepting patients' decisions to delay vaccination based on their low perceived risk of severe illness from COVID-19 without further discussion
- Recommending vaccination only if patients express interest, allowing them to make the final decision about their vaccination status
- Providing clear directives about the need for COVID-19 vaccination rather than a participatory approach and using decision aids to illustrate risks associated with vaccination versus infection
- Encouraging patients to receive COVID-19 vaccines separately from other routine vaccinations to avoid potential confusion about the benefits of coadministration
- Informing patients that COVID-19 vaccines are ineffective and focusing on the importance of non-vaccine preventive measures like hygiene practices

**6. Which is associated with a higher probability of prolonged symptoms after COVID?**

- Anti-viral treatment during acute illness
- Emergence of the Omicron variant
- Co-morbid medical conditions
- Prevention of severe infections
- SARS-CoV-2 primary and booster vaccinations

**7. What is the main cause of long COVID?**

- Anxiety and depression
- Dysfunctional immune responses to SARS-CoV-2 infection
- Integration of SARS-CoV-2 into the human genome
- Persistent SARS-CoV-2 infection in sanctuary sites
- Thrombo-embolic events

**8. Which symptoms have been associated with long COVID?**

- Brain fog and difficulty concentrating
- Cough and shortness of breath
- Fatigue and post-exertional malaise
- Palpitations and chest pain
- All of the above

**9. Which screening tests for long COVID should be routinely considered?**

- Anti-Spike antibody titres
- Computed tomography (CT) of the chest
- Echocardiogram
- SARS-CoV-2 rapid antigen tests
- Thyroid function tests

**10. What treatment approaches for long COVID are not recommended?**

- Corticosteroids and other immunosuppressive medications
- Devising strategies with patients to reduce the burden of symptoms on daily life
- Helping patients to manage fatigue
- Reassuring patients that most patients with long COVID will recover with time and without long-term health consequences
- SARS-CoV-2 vaccination

**11. Individuals develop diabetes mellitus after Covid in which of the following groups of people?**

- Children
- Adults
- Pre-diabetes mellitus
- Pregnant women
- All of the above

**12. Cerebrovascular disease risk after COVID infection:**

- Does not increase
- Is higher in males than in females
- Is higher in patients with diabetes mellitus
- Does not occur because of thromboembolic phenomenon
- Is not related to cerebral sinus venous thrombosis

**13. The following neurological complications are known to occur after Covid infection EXCEPT:**

- Strokes
- Alzheimer's Disease
- Parkinson's Disease
- White matter changes on MRI of the brain
- Motor neurone disease

**14. Which of the following statements about long Covid or post-acute sequelae of Covid (PASC) is FALSE?**

- It occurs in children
- The more severe the disease, the higher the risk of long Covid development
- The majority of individuals with long Covid had mild Covid infections
- There is no establishment treatment for long Covid
- Vaccinations reduce the risk of long Covid

**15. Which of the following pharmaceutical interventions has not been shown to reduce the risk of long Covid?**

- Vaccination for Covid-19
- Nirmatrelvir-ritonavir
- Metformin
- Aspirin
- Molnupiravir