ASSESSMENT OF 15 MCQS

FPSC NO : 130
MCQS ON COVID-19 AND RESPIRATORY VIRUS VACCINATION STRATEGIES FOR FAMILY PHYSICIANS (2025 UPDATE)
SUBMISSION DEADLINE: 23 DECEMBER 2025, 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 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. Which of the following groups are not recommended for COVID-19 vaccination in Singapore?

A. Individuals aged 60 years and above
B. Medically vulnerable individuals aged six months and above
C. Residents of aged care facilities
D. Persons living or working with medically vulnerable individuals are also encouraged to consider receiving the vaccine
E. Children aged under six months

2. Which of the following describes an RSV vaccine licensed for use in Singapore?

A. Non-adjuvanted vaccine targeting RSV fusion F surface glycoprotein of RSV-A
B. Unadjuvanted vaccine targeting RSV prefusion F surface glycoprotein of RSV-A and RSV-B strains
C. Unadjuvanted vaccine targeting RSV prefusion F surface glycoprotein of RSV-A strain only
D. Unadjuvanted vaccine targeting RSV prefusion F surface glycoprotein of RSV-B strain only
E. Adjuvanted vaccine targeting RSV fusion F surface glycoprotein of RSV-A and RSV-B strains

3. Which of the following describes a rare side effect that has been observed in association with some existing RSV vaccines (5.2 per 1,000,000 vaccinations)?

A. Heart failure
B. Heart attack
C. Kidney failure
D. Stroke
E. Guillain-Barre Syndrome minimal, with less than 1 billion US dollars in productivity losses reported globally

4. Which pneumococcal vaccine is currently not part of NAIS recommendations in Singapore?

A. PCV-20
B. PCV-13
C. PPSV-23
D. PCV-15
E. All of the options listed above are part of NAIS recommendations

5. An adult aged 66 years, without any previous pneumococcal vaccination or other comorbidities, shows up at your clinic asking about pneumococcal vaccination. What pneumococcal vaccine would you recommend?

A. PCV-20 only
B. PCV-20 followed by PPSV-23 one year later
C. PCV-13, followed by PPSV-23 within two weeks
D. PPSV-23 only
E. No need for pneumococcal vaccination, as he does not have any comorbidities

6. What is the typical duration that mRNA from vaccines remains in the human body before degradation?

A. 1–2 weeks
B. 24–48 hours
C. 1–2 months
D. Permanently
E. 6–12 hours

7. What is the approximate incidence rate of myocarditis associated with mRNA vaccines?

A. 1–2 per 100,000
B. 10–20 per 100,000
C. 1–2 per 1,000
D. 100–200 per 100,000
E. No reported cases

8. Which characteristic of the mRNA vaccine platform most directly enhances global pandemic preparedness and response?

A. Requirement for large-scale cell culture of live pathogens prior to formulation
B. Capacity for rapid antigen redesign and manufacturing within weeks of sequence availability
C. Dependence on cold-chain storage throughout the entire distribution pathway
D. Necessity for adjuvant reformulation with each new viral strain
E. Ability to induce lifelong sterilising immunity after a single dose

9. Why does mRNA from vaccines not alter human DNA?

A. It is rapidly absorbed into the nucleus
B. It remains in the cytoplasm and degrades quickly
C. It integrates into the genome temporarily
D. It uses reverse transcriptase to modify DNA
E. It replaces damaged DNA sequences with corrected templates

10. When a patient expresses concerns that mRNA vaccines "alter DNA", which communication strategy is most effective for healthcare professionals to counter misinformation and maintain trust?

A. Reassure the patient by stating, "That claim is irrational; just trust the science"
B. Acknowledge the concern, provide evidence-based explanation that mRNA cannot integrate into the DNA, and direct the patient to reputable sources (e.g., CDC, WHO, peer-reviewed studies)
C. Emphasise that vaccination is recommended under government regulations, so there is no concern
D. Respond with an explanation on the mechanism of action and the lack of enzymes required for DNA integration
E. Provide the patient with official fact sheets that firmly refute conspiracy theories and end the discussion without further dialogue

11. A 58-year-old patient coming for a routine check-up says, "I'm quite healthy and I don't really see the point in getting the pneumococcal vaccine. I feel like it's more for frail or elderly people." According to the 7C model described in the article, which psychological driver is this patient primarily exhibiting?

A. Low Confidence
B. Convenience
C. Calculation
D. Complacency
E. Conspiracy

12. A 66-year-old patient expresses hesitation about the shingles vaccine. When you begin to discuss it, you find they are ambivalent. They acknowledge a family member had a severe case of shingles but are also worried about potential side effects they've read about. According to the article, which communication style is most appropriate for this scenario?

A. A presumptive recommendation to normalise the vaccine
B. The Empathetic Refutational Interview to debunk their side-effect concerns
C. Motivational Interviewing to help them explore their own reasons for and against vaccination
D. The SHARE model to collaboratively review all available vaccine brands
E. Focusing on a cost-benefit analysis to address convenience barriers

13. During a consultation, a patient asserts, "I heard the new RSV vaccine wasn't tested properly and contains harmful toxins." When using the Empathetic Refutational Interview (ERI) framework, what is the crucial first step a clinician should take after hearing this statement?

A. Immediately provide data from clinical trials to prove the vaccine is safe and effective
B. Ask the patient to identify the source of their information to assess its credibility
C. Express empathy and affirm the underlying value of their concern (e.g., "It's smart to be cautious and want to be sure about safety")
D. Elicit more concerns by asking an open-ended question like "What else have you heard about the vaccine?"
E. Explain the biological mechanism of the vaccine to show how it cannot be toxic

14. A patient has done their own research on pneumococcal vaccination and comes to the appointment wanting to discuss the differences between the available vaccine types (e.g., PCV15, PCV20, PPSV23), their efficacy rates, and which one would be best for their specific health condition. They are highly engaged and want to be a partner in the decision. Which communication framework is most suitable?

A. The SHARE model
B. The Presumptive Recommendation
C. Motivational Interviewing
D. The Empathetic Refutational Interview
E. The 7C model

15. The "presumptive recommendation" (e.g., "Let's do your shingles vaccine today to protect you") is a highly effective opening strategy. However, its success depends on the clinician's ability to perform a crucial next step if the patient shows any hesitation. What is that crucial step?

A. Repeating the recommendation with more authority to reinforce its importance
B. Immediately providing a pamphlet with factual information about the vaccine
C. Documenting the patient's refusal and agreeing to revisit it at the next appointment
D. Pivoting from recommending an exploratory, patient-centred approach like Motivational Interviewing
E. Asking a series of direct questions to challenge the patient's reasons for hesitating