

PYC2605 (489044)**RPY2605** (490811)

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HIV/AIDS CARE AND COUNSELLING

Duration 2 Hours

70 Marks

EXAMINERS

FIRST .

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Closed book examination.**This examination question paper remains the property of the University of South Africa and may not be removed from the examination venue.****This paper consists of 23 pages plus instructions for completion of a mark reading sheet.****Please complete the attendance register on the back page, tear off and hand to the invigilator.****This paper consists of 70 multiple-choice questions which must be answered on the mark reading sheet****Your mark for this examination will be converted to a mark out of 90 Note that your mark for Assignment 01 and 02 will be converted to your year mark and a mark out of 10 which will be added to the mark you obtain for this examination paper****After completing your answers, you must hand in the following**

- (i) The mark reading sheet
- (ii) This examination paper (All the pages must be handed in)

ENSURE THAT YOU HAVE WRITTEN YOUR STUDENT NUMBER, MODULE CODE AND UNIQUE NUMBER ON THE MARK READING SHEET.

- Answer the following seventy multiple choice questions on the mark reading sheet
- Follow the attached instructions carefully
- Submit your completed mark reading sheet together with this examination paper

NO STAPLES PLEASE!

Note: Section A (Question 1 to 55) is compulsory for all students. Students may then choose between Section B (Guidance track) and Section C (Care track)

SECTION A

QUESTION 1

Luc Montagnier from France is credited for the discovery of the HI virus in the year (a)____, while Robert Gallo from the USA is credited for developing the first HIV antibody test in the year (b)_____

- (1) (a) 1983, (b) 1985
- (2) (a) 1985, (b) 1990
- (3) (a) 1983, (b) 1990
- (4) (a) 1981, (b) 1985

QUESTION 2

We know how many people are infected with HIV by looking at the HIV incidence and the HIV prevalence. What is the definition of HIV incidence?

- (1) It is the percentage of people living with HIV (as a proportion of the total population) at a specific time
- (2) It is a 'snapshot' view of the current number of people infected with HIV
- (3) It is the percentage of new cases of HIV infection in a defined period of time, for example in one year
- (4) It is a percentage which is calculated by dividing the number of people living with HIV by the number of the total population

QUESTION 3

The reason why HIV is so dangerous to human beings is because HIV 'hijacks' the most important cells in the immune system, namely the (a) _____, and 'forces' them to (b) _____

- (1) (a) CD4+T cells, (b) manufacture more HI viruses
- (2) (a) macrophages, (b) kill all other invading organisms
- (3) (a) T helper cells, (b) change the viral DNA to viral RNA
- (4) (a) antibodies, (b) stop initiating their chemical reaction which kills viruses

QUESTION 4

T cells cannot recognise pathogens if their antigens have not first been processed into smaller pieces. These smaller pieces (also called 'epitopes') are then introduced to the T cells by

- (1) memory B cells
- (2) white blood cells
- (3) antigen-presenting cells
- (4) the specific defences of the immune system

QUESTION 5

There are two forms of immunological memory or immunity: active and passive immunity. Active immunity

- (1) is the short-term immunity that a newborn baby gets from its mother through the placenta or/and from the first breast milk
- (2) is a type of long-term immunity where memory T cells and memory B cells will be activated when a person becomes infected with the same pathogen again
- (3) consist of high levels of IgG antibodies that are present after active infections
- (4) can be given to adults by injecting them with antibody-rich serum to provide long-term protection against diseases like hepatitis B

QUESTION 6

Does the presence of sexually transmitted infections make it easier for the HI virus to enter the body? Why do you say this?

- (1) Yes, sexually transmitted infections attract immune cells with CD4+T cell receptors to the site of infection. The HI virus latches onto the CD4+T cell receptors and thus finds an easy way to enter the body at the site of infection.
- (2) Yes, because the various organisms causing STIs (sexually transmitted infections) are used as carriers to transport the HI virus into the body.
- (3) No, not necessarily. The relationship between STIs and HIV infection is more indirect. That is, people who are infected by STIs usually are more promiscuous and partake in unprotected sex – which also makes it much easier for the HI virus to be transmitted.
- (4) No, STIs do not make it easier for the HI virus to enter the body. The reverse is, however, true. People who are HIV positive have a dysfunctional immune system – thus making it easier for them to contract STIs.

QUESTION 7

In areas where HIV is a public health problem, healthcare workers should use the AFASS criteria to evaluate the feasibility of replacement feeding. One of the AFASS criteria is to assess if replacement feeding is

- (1) feasible in terms of the mother's circumstances such as time, knowledge and resources
- (2) free of charge for the mother and the family
- (3) supplied by the World Health Organisation
- (4) applicable in the mother's community

QUESTION 8

Human rights, policy changes and better access to health care are examples of _____ intervention to prevent HIV infection

- (1) structural
- (2) biomedical
- (3) behavioural
- (4) political

QUESTION 9

Pre-exposure prophylaxis (or PrEP) is a (a) _____ intervention based on the principle of (b) _____ and in terms of its effectiveness we can say (c) _____

- (1) (a) biomedical, (b) taking ARVs before exposure to HIV, (c) nothing yet because research is still under way
- (2) (a) behavioural, (b) preparing (PrEP) the patient for ARVs, (c) that it helps the patient to adhere to his/her medications
- (3) (a) structural, (b) changing policies to make PrEP available to the general public, (c) policy changes are taking place very slowly and we need more activism to make PrEP generally available
- (4) (a) biomedical, (b) taking ARVs before exposure to HIV, (c) that it very effective and can decrease HIV infection by 70% if it is taken within 24 hours before exposure to HIV

QUESTION 10

Drug resistant TB is a big problem in Africa, and the outbreak of extremely drug resistant TB (or XDR-TB) in the Msinga district of KwaZulu-Natal is of great concern to health authorities. What is meant by the concept drug resistant TB?

- (1) When a patient developed drug resistant TB, it means that the patient is infected with a strain of the TB bacillus (or germ) that is resistant to most of the available TB drugs, meaning that these drugs are no longer effective against TB
- (2) Drug resistant TB usually occurs in patients who are co-infected with HIV, because the interaction between the TB drugs and the ARVs makes the TB drugs less effective and more resistant
- (3) When a patient develops drug resistant TB, it means that the patient has developed resistance to most of the available TB drugs and that these drugs are no longer effective against TB
- (4) Drug resistant TB means that the TB drugs developed ways to resist the TB bacillus (or germ), mainly because patients do not take their medications as prescribed

QUESTION 11

The viral load in the blood of an HIV infected person usually reaches a certain 'set point'. Which of the following statements regarding the 'set point' is/are true?

- (a) The set point is the point at which viral levels reach a steady state
- (b) The set point usually occurs 16-24 weeks after HIV infection
- (c) A higher set point is usually an indication of a lowered viral burden in the body
- (d) A lower set point is usually an indication of a better outlook or prognosis for the patient

The correct answer is

- (1) (a) and (d)
- (2) (c) and (d)
- (3) (b) and (c)
- (4) (a), (b) and (d)

QUESTION 12

The treatment of STIs (sexually transmitted infections) is based on either the diagnostic or the syndromic management approach. The diagnostic approach is often used in so-called first world countries. Which one of the following is an advantage of diagnostic case management?

- (1) The diagnostic approach does not require laboratory support
- (2) The chances of over-treating patients by giving them more drugs than are actually necessary are very slim
- (3) Patients do not have to wait for treatment since the results of diagnostic tests are available immediately
- (4) It is impossible to establish a definite diagnosis of the STI because the causing organism cannot be identified

QUESTION 13

We can distinguish between primary prophylaxis and secondary prophylaxis in the prevention of opportunistic infections. The purpose of secondary prophylaxis is to

- (1) prevent primary infection by treating all HIV-infected patients with a CD4+T cell count below 350 cells/mm³
- (2) prevent the re-occurrence of an opportunistic infection which means that the infection occurred in the patient before
- (3) prevent opportunistic infections irrespective if they are occurring for the first time or are re-occurring for the second time or more
- (4) prevent an opportunistic infection that has never occurred in the patient before

QUESTION 14

The HIV PCR technique can be used for diagnostic and post-diagnostic purposes. A quantitative PCR (or RNA-PCR) test is used

- (1) for general diagnostic purposes
- (2) to detect proviral DNA in babies
- (3) to measure the response to antiretroviral therapy
- (4) to establish the health of the immune system

QUESTION 15

HIV testing is carried out for the following reason/s

- (1) to screen donated blood, to diagnose HIV infection and to monitor responses to antiretroviral therapy
- (2) to research the transmission patterns and prevalence of the virus
- (3) to test the specificity and the sensitivity of a test
- (4) Answers (1) and (2) above is correct

QUESTION 16

Which test was developed specifically to test HIV infection in young babies which is especially useful in resource-poor settings because it is inexpensive, easy to use, less invasive and easy to transport and store?

- (1) The DNA-PCR test
- (2) The dried blood spot (or DBS) test
- (3) The OraQuick saliva rapid test
- (4) The fourth generation ELISA (or EIA) test

QUESTION 17

Current guidelines suggest that antiretroviral therapy (ART) should be initiated as follows

- (1) Start antiretroviral therapy as soon as possible after diagnosis to give the medication a chance to eradicate the virus completely from the body
- (2) Concentrate on the treatment of opportunistic infections, and start antiretroviral therapy as soon as opportunistic infections stop reacting to any treatment
- (3) Start antiretroviral therapy as soon as the CD4+T cell count drops below 600 cells/mm³, which is an indication of a decline in immune functioning
- (4) Delay antiretroviral therapy until the immune deficiency becomes measurable, and the probability becomes high that the disease will develop

QUESTION 18

Under ideal conditions, how does anti-retroviral medication (ART) work to prevent HIV infection after needle-stick injuries?

- (1) ART interferes with the integrase enzyme and prevents the viral RNA from integrating with the cell's DNA
- (2) ART 'seals' the entry point of injury and prevents viruses getting past the first line of defence, namely the skin or mucose membranes
- (3) ART interferes with the replication mechanisms of HIV and prevents the virus from attacking the CD4+T cells and thus from reproducing
- (4) ART kills all the CD4+T cells in the vicinity of the HI viruses before the viruses have a chance to attack the CD4+T cells

QUESTION 19

It is recommended that the following patients be fast-tracked and that ARVs be initiated within two weeks

- (1) All pregnant women eligible for lifelong ART
- (2) Patients with multidrug-resistant tuberculosis
- (3) Patients with CD4+T cell counts below 200 cells/mm³
- (4) all of the above

QUESTION 20

It is widely accepted in the scientific community that an adherence level of (a)_____ % is necessary to suppress the virus sufficiently to avoid the risk of (b)_____ and to prevent (c)_____

- (1) (a) at least 90%, (b) mutation, (c) development of drug-resistant strains
- (2) (a) 100%, (b) drug failure, (c) opportunistic infections
- (3) (a) 95%, (b) opportunistic infections, (c) development of drug-resistant strains
- (4) (a) at least 90%, (b) wild-type viruses gaining fitness, (c) drug failure

QUESTION 21

One of the main reasons why people do not change their behaviour is because they believe that there are certain obstacles that prevent them from changing their behaviour. Which one of the following factors was identified by researchers as an obstacle that often hinders people from changing their sexual behaviour?

- (1) Society's tolerance and encouragement of certain unsafe sex practices makes it difficult for people to change their behaviour, because 'if society approves, why change?'
- (2) High self-efficacy and an external locus of control often make it difficult for people to change their sexual behaviour
- (3) If condoms are not available and accessible it is often difficult, especially for young people, to ask for condoms over the counter, it is also difficult for young people to buy condoms if they do not have money
- (4) Some people have a fatalistic attitude which makes it difficult for them to ask their sex partners to change their behaviour, even though they believe in it (i.e. behaviour change) themselves

QUESTION 22

An important principle of stages of change theories is that

- (1) one intervention plan fits all individuals so it is an easy model to use for behaviour change
- (2) behaviour change moves in a linear fashion through the various stages
- (3) the Aids educator firstly have to establish in which stage of change a person is before an appropriate behaviour change intervention can be planned
- (4) change is an individual process and the individual's needs must be taken into account when planning a behaviour change intervention

QUESTION 23

According to the Transtheoretical Model of Prochaska and DiClemente (1992), behaviour change involves movement through the following stages

- (1) Behaviour labelling, Cost and benefit assessment, Commitment to change, and Action
- (2) Pre-contemplation, Contemplation, Preparation, Action, Maintenance, and Termination
- (3) Preparation, Contemplation, Behaviour labelling, Action, Maintenance, and Termination
- (4) Behaviour labelling, Commitment to change, and Taking action

QUESTION 24

Which one of the following people is in the preparation phase of behaviour change according to the Transtheoretical Model?

- (1) Maboe knows about the dangers of Aids, but he believes that it will never happen to him
- (2) Puleng has decided to use condoms every time she has sex. She is very proud of herself because she consistently used condoms now for the past six months
- (3) John is seriously thinking of changing his behaviour and to be faithful to his girlfriend. He even said no to sex with random women on a couple of occasions now
- (4) Lebo is considering the advantages and the disadvantages of using condoms, but she is not sure yet if it is worth the trouble to use condoms

QUESTION 25

Behaviour change interventions based on the Social Network Theory usually ask the following questions

- (1) Does the individual have positive attitudes towards safer sex?
- (2) What is the composition of important social networks in a community?
- (3) What is being done in terms of advocacy, policy development and economic change?
- (4) Does the individual have intentions to change behaviour, and does he/she share these intentions with social networks?

QUESTION 26

A negative attitude to members of a group, based solely on their membership of that group, is called

- (1) a stereotype
- (2) prejudice
- (3) a misconception
- (4) discrimination

QUESTION 27

Which one or more of the following statements about the risk of anilingus or oral-anal sex is/are true?

- (a) Anilingus carries a very high risk of infection with the hepatitis-B and the herpes simplex viruses
- (b) Anilingus carries a very high risk of HIV infection
- (c) Anilingus carries a high risk of infection from all sorts of parasites
- (d) Anilingus does not carry a high risk of HIV infection unless there is blood present

The correct answer is

- (1) (a), (b) and (c)
- (2) (b) and (c)
- (3) (a) and (d)
- (4) (a), (c) and (d)

QUESTION 28

What is one of the disadvantages of the female condom?

- (1) It is made from nitrile and not from latex
- (2) It needs special storage requirements
- (3) It can only be used with water-based lubricants
- (4) It is more expensive than male condoms and not always readily available

QUESTION 29

The collective existence of traditional Africans should be kept in mind by Aids educators when they work in Africa. What is meant by the concept 'collective existence'?

- (1) Collective existence is based on the unity of the person with his or her community, with the emphasis on the self
- (2) Collective existence is based on principles such as the interest of the group, independence and individualism
- (3) Collective existence is based on values such as the interests of the group, survival of the community and total control and power over nature

- (4) Collective existence is based on the notion that the traditional African cannot exist alone and that his or her identity is totally embedded in the community or tribe

QUESTION 30

Cultural beliefs and customs should be respected by Aids educators who work in Africa. The following cultural practices practised by some traditional Africans are, however, dangerous and should be changed: (a) dry sex, (b) prostitution, (c) widow cleansing, (d) herbal remedies prepared by traditional healers, (e) rituals where offerings are made to the ancestors, (f) 'thigh' sex

- (1) (b) and (f)
- (2) (a) and (c)
- (3) (a), (c) and (f)
- (4) (a), (b), (c), (d), (e) and (f)

QUESTION 31

Counselling is a structured conversation aimed at facilitating a client's quality of life in the face of adversity. This definition means that

- (1) the client has problems and the counsellor, as the expert, must give him or her advice and tell him or her what to do to overcome these problems
- (2) the counselling sessions must be structured in such a way that the client experiences it as a social conversation and feels comfortable with discussing his or her problems with the counsellor
- (3) the counsellor facilitates the process of change by helping the client to review his or her problems and to make his or her own choices on how to solve these problems
- (4) the counsellor must allow the client to tell his or her story so that the counsellor can come up with a plan of action to help the client face his or her adversities

QUESTION 32

What message does listening attentively convey to the client?

- (1) The counsellor is really sympathetic and does not ask any questions
- (2) The counsellor not only listens to my words, but also listens to my hidden messages, and I get the feeling that he really understands where I am coming from
- (3) The counsellor is very good because he knows all the answers and he never hesitates to respond. It is almost as if he has rehearsed the answers
- (4) The counsellor applies all the SOLER rules to put me at ease, and it is very clear that he is in control of my problems

QUESTION 33

The counselling process can be divided into four phases. The goal of the relationship building phase is to (a)____, while the goal of the phase that involves helping the client to tell his or her story is to (b)_____

- (1) (a) get to know the client well, (b) set goals and to decide on methods of achieving them
- (2) (a) establish an open relationship, (b) get insight into the client's context
- (3) (a) set goals and to decide on methods of achieving them, (b) get to know the client well
- (4) (a) get insight into the client's context, (b) facilitate self-exploration and clarify feelings

QUESTION 34

Mary is a counsellor who works at a health clinic for sex workers. She respects and accepts her clients as they are, irrespective of their values, work and sexual preferences. According to Roger's theory this means that she

- (1) is 'there for her clients' and will always take their side no matter what
- (2) shows her clients unconditional positive regard
- (3) acknowledges and honours the sex workers' individual sexual diversity and will never challenge their choices
- (4) is a genuine but incongruent person

QUESTION 35

According to Egan (1998), probing involves statements and questions from the counsellor that enable clients to explore a relevant issue in their lives more fully. According to Egan's principles, which one of the following questions would best demonstrate this technique?

- (1) Is that acceptable to you?
- (2) Did you agree with his response?
- (3) Does your partner understand your condition?
- (4) Could you tell me more about that experience?

QUESTION 36

Your client tells you during a session that he is furious because his partner did not tell him that she was HIV positive. You reply by saying 'You feel angry because she did not tell you, but perhaps you also feel a bit hurt?' This is an example of advanced empathy, because you

- (1) highlighted the explicit message hiding behind your client's covert (implicit) message
- (2) did not become distracted by what your client was actually trying to say, and still managed to provide your own interpretation
- (3) communicated a deeper understanding to your client of his experience without blaming his partner
- (4) focused on your client's feelings of anger instead of being side-tracked by other feelings that the client is hinting at

QUESTION 37

Counsellors working in the Aids field often feel the need to 'rescue' their clients by taking responsibility for them. Is 'rescuing' a helpful counselling principle?

- (1) It is usually not a good thing to try and rescue your clients, but we need to make an exception in the case of Aids, because the Aids client often has nobody on their side but the counsellor
- (2) When a counsellor shows the need to rescue the client, the counsellor shows a lack of confidence in the client's ability to take responsibility for himself or herself
- (3) Rescuing implicitly communicates deep respect for the client's ability to cope, and also a caring attitude on the part of the counsellor
- (4) To try and rescue a client in need is not only a very helpful counselling principle, it is also the most selfless deed a counsellor can do for a client

QUESTION 38

To tell a client that he or she is HIV positive is one of the most difficult things that a counsellor can do. Although there are no hard and fast rules when sharing the news, which of the following issues below is/are important?

- (1) Tell the client openly, directly and without beating around the bush that he or she is HIV positive
- (2) Tell the client as soon as he or she enters your office that you have very bad news and that he or she had better sit down. Give the bad news as soon as the client is seated comfortably
- (3) It helps people a lot to cope and take their mind off things if they are inundated with new information. So give the client as much information as possible after you have given them the bad news
- (4) Make sure that you have control over the situation at all time and don't allow the client's needs to lead your counselling after you give him or her the positive HIV test result. This may have devastating effects that you might not be able to contain

QUESTION 39

The human rights of every client should be respected at all times during HIV counselling and testing. The following principles (often referred to as the three C's) apply

- (1) Counselling, Informed consent and Confidentiality
- (2) Consent, Care and shared Confidentiality
- (3) Counselling, Care and Confidentiality
- (4) Counselling, Confidentiality, Consent and Care

QUESTION 40

Informed consent and information about testing in South Africa should be available in

- (1) all 11 official languages
- (2) English only
- (3) child-friendly versions and Braille
- (4) all 11 official languages, child-friendly versions and Braille

QUESTION 41

Stefan, who is already very sick, refuses to tell anybody that he has Aids. What are some of the disadvantages of not disclosing his HIV-positive status?

- (a) The secrecy and the fact that Stefan has nobody to talk to can lead to a lot of stress
- (b) Stefan is denying himself the emotional and physical support of his loved ones
- (c) Stefan may lose his job as well as his insurance claims, because it is important to disclose one's HIV status in both cases
- (d) Family members and friends are not getting the opportunity to come to terms with Stefan's HIV status

The correct answer is

- (1) (a) and (c)
- (2) (b) and (d)
- (3) (a), (b), (c) and (d)
- (4) (a), (b) and (d)

QUESTION 42

Thandiwe is HIV positive and the counsellor talks to her about the decisions that she has to make in doing this, the counsellor should

- (1) reinforce and encourage Thandiwe to keep herself busy with some kind of work and to take control over everyday life situations as long as possible
- (2) arrange that a loved one be appointed as soon as possible to make all important decisions on Thandiwe's behalf
- (3) make all important decisions in terms of disclosure, nutrition, etc on behalf of Thandiwe since she has enough on her plate to cope with
- (4) refer her as soon as possible to a counsellor who can assist her better

QUESTION 43

With the definition of crisis intervention in mind, which one of the following counsellors provides crisis counselling?

- (1) Counsellor A views crisis intervention as a form of emotional 'first aid' to support and help the client. He therefore takes a passive, non-directive and empathic stance to find a quick solution for the client's problem.
- (2) Counsellor B knows that the only way to help a client through a crisis is to establish a long-term helping process. He is attentive, non-directive and respectful and makes sure that his client has access to ongoing therapy.
- (3) Counsellor C realises that this is an emergency situation and that his role is to provide immediate relief for the client. He therefore takes an active role and decides what should be done to help the client through this crisis.
- (4) Counsellor D defines crisis intervention as a form of preventing suicide. She therefore refers the client to an emergency service, and she also realises that this is the time to be prescriptive, supportive and passive.

QUESTION 44

On being diagnosed HIV positive, Alan's physician recommended that he join a local peer support group. Which of the following positive benefits would Alan gain from doing this?

- (1) A peer support group would help Alan to vent his feelings about people who do not understand him, because a support group creates the ideal context to gossip.
- (2) Belonging to a peer support group would help to reduce Alan's need to disclose his status to others, especially the non-infected, because he would have access to a group of people who have a better understanding of his experience.
- (3) It would help Alan to control his sexual urges, since he would have access to a supportive place where he could talk freely about his sexual needs as they arose and even find new sex partners with the same needs.
- (4) A peer support group would help Alan to reduce his stress levels by providing him with useful advice on how to overcome his anxiety, depression and other psychological problems.

QUESTION 45

The term 'stages' of bereavement should be avoided in favour of the term 'tasks' of bereavement. The reason for this is to

- (1) emphasise the active nature of bereavement rather than imply a passive process 'flowing over' the grieved person.
- (2) avoid the idea that the loss was punishment for a sin.
- (3) convey the idea that if a person works hard on the tasks of mourning, he/she may be able to speed up the process significantly.

- (4) keep the person so busy with all kinds of tasks that he or she does not have time to think about the loss

QUESTION 46

Which one of the following people whose spouses have died is involved in the bereavement task of reinvesting emotional energy?

- (1) Susan is trying very hard not to think about her deceased husband and, although she loved him very much, she tries to forget him
- (2) Peter is denying himself the opportunity of experiencing the pain of his loss by using every spare minute to watch old movies
- (3) Mabel does not have time to socialise with her friends, preferring to focus all her energy on thinking about her loss
- (4) John opens himself up to new experiences by getting involved in new friendships and relationships

QUESTION 47

You are an Aids counsellor and are helping your client, who has recently been diagnosed as HIV positive, to identify and express some of her feelings. Which one or more of the following interventions would best facilitate this process?

- (1) In order to help your client identify her feelings of guilt you ask her 'How does it feel to know that you have deliberately infected your partner?'
- (2) You help your client to deal with her feelings of anxiety and helplessness at her diagnosis when you reframe it as an opportunity for her to change and do things in her life that she has always wanted to do
- (3) You allow your client the space to express her feelings of sadness and loss and resist your own impulse to encourage her to find meaning in her loss
- (4) You encourage your client to make a memory book of all the happy things in her life to distract her from her HIV status

QUESTION 48

Which of the following techniques can the counsellor use to facilitate the process of bereavement?

- (1) Open-chair techniques, brainstorming and weighing up solutions
- (2) Objects, role playing, concreteness and advanced empathy
- (3) Cognitive restructuring, brainstorming, genuineness, and selecting solutions
- (4) Memory books, imagery, drawings and using photographs or letters of the deceased

QUESTION 49

The objective/s of HIV infection control in hospitals, clinics and in the home is/are to

- (a) protect the patient against opportunistic infections
- (b) keep hospitals, clinics and homes sterile and to kill absolutely all germs
- (c) prevent transmission of infection from one person to another

The correct answer is

- (1) (c)
- (2) (a) and (c)
- (3) (b)
- (4) (a), (b) and (c)

QUESTION 50

HIV positive people are usually more vulnerable to contracting food-borne illnesses and it is therefore important for them to eat defensively. What does it mean to eat defensively?

- (1) HIV positive clients should eat low microbial foods such as biltong, dried meat and sprouts
- (2) HIV positive clients need all the vitamins they can get, and therefore they should never overcook their food and rather eat undercooked fish, chicken and meat
- (3) HIV positive clients should avoid raw or soft-boiled eggs and unpasteurised dairy products such as cheese and milk, because it may contain bacteria that could make the person very sick
- (4) There should be no restrictions on the diet of HIV positive clients. They should eat whatever they like and if they get sick, the symptoms can be treated

QUESTION 51

Andrew is volunteering as counsellor in a very busy HIV clinic. Which of the following behaviours is an indication that Andrew is experiencing occupational stress and burnout?

- (a) Andrew briefly listens to the stories of his clients and then refers them immediately to one of his colleagues
- (b) Andrew, generally a very peace loving guy, is nowadays always picking a fight with his colleagues and even his friends try to avoid him
- (c) Andrew is attending as many workshops and refresher courses as possible to try and better himself as counsellor
- (d) Andrew always looks busy and he will tell you that he works very hard, but he accomplishes almost nothing

The correct answer is

- (1) (b) and (d)
- (2) (a) and (c)
- (3) (a), (b) and (d)
- (4) (a), (b), (c) and (d)

QUESTION 52

Too much stress can have a negative impact on our lives, our work and our relationships. Many people working in the Aids field experience occupational stress. Occupational stress can broadly be defined as

- (1) a syndrome of physical and emotional exhaustion, involving the development of a negative self-concept, negative job attitudes and loss of concern or feelings for clients
- (2) the perception of being unable to cope with an internal or external expectation or demand in the workplace
- (3) feelings of sadness, unhappiness, worthlessness, anxiety and apathy due to an unbearable demanding workload
- (4) a syndrome of behavioural and physiological symptoms such as lack of energy, neglect of personal appearance and a loss of appetite

QUESTION 53

Stefan is a security guard at a shopping mall in Cape Town. He was recently diagnosed as HIV positive. What are Stefan's legal obligations to his employer, customers and/or co-workers?

- (1) Stefan has no legal obligation towards his customers or co-workers, but he must disclose his status to his employers immediately so that they can assist him
- (2) Stefan has a legal obligation to protect his co-workers from infection by using separate cups at teatime, as well as a separate toilet
- (3) Stefan has no legal obligation to disclose his status to his employer, his co-workers or his customers
- (4) Stefan has a legal obligation to protect his co-workers from infection and must therefore disclose his status to them

QUESTION 54

What does the South African law say about virginity testing?

- (1) Unfortunately, the law does not make provision for virginity testing
- (2) Virginity testing is a cultural issue and recommendations can only be made on how to do virginity testing safely
- (3) A child who is older than 16 years must give written and signed consent to undergo a virginity test
- (4) The child's parent must give consent for virginity testing to be done

QUESTION 55

A girl of _____ may request an abortion without parental consent

- (1) 12 years and older
- (2) 14 years and older
- (3) 18 years and older
- (4) Any age

NOTE: If you have chosen the **GUIDANCE TRACK**, do Section B, Questions 56 to 70. If you have chosen the **CARE TRACK**, go to Section C on page 19 and answer Questions 56 to 70.

SECTION B: GUIDANCE TRACK**QUESTION 56**

In which school phase will Aids education deal primarily with fear and anxiety, re-assurances that children do not easily contract Aids, and with an explanation of what sexual abuse is - without going into details about sexual matters?

- (1) Foundation school phase (Grades 1 to 3)
- (2) Intermediate school phase (Grades 4 to 6)
- (3) Senior school phase (Grades 7 to 9)
- (4) Further education and training (Grades 10 to 12)

QUESTION 57

The reason why children in the intermediate school phase (Grades 4 to 6) are prone to acquire myths is because

- (1) group pressure will never be more important than at this stage, causing children to believe what their peers believe without questioning the validity of these beliefs
- (2) their awakening sexual feelings are confusing to them and cause them to entertain many irrational fears, making it easy to believe myths about the things they fear
- (3) children at this age are not yet fully capable of hierarchical classification and are therefore not able to classify things into 'cause' and 'non-cause' (i.e. to distinguish between fact and fantasy)
- (4) children at this age like storytelling, and this lends itself to the acquisition of myths

QUESTION 58

Adolescents are often very self-absorbed and egocentric. Adolescent egocentricity manifests in two ways that may have important implications for their health-related beliefs and decisions. Which one of the following adolescent's behaviour illustrates the influence of personal fable?

- (1) Mat is so self-centered that he gossips about other students being HIV positive and tells personal fables about them
- (2) Jacob refuses to use condoms because he truly believes that Aids is a disease that other people get and that he personally is safe from it
- (3) Karen, who is HIV positive, does not want to take her medication to school because she believes that everybody will notice that she takes medication and they will then know that she is HIV positive
- (4) Ethel practises safer sex only when she personally thinks that a man is HIV positive

QUESTION 59

Teachers who work with children in the foundation school phase (Grade 1 to Grade 3) should include the following aspects in their HIV and Aids lifeskills programmes

- (a) Explain the dangers of drug abuse to the children, for example, warn them not to take too much cough mixture or pain pills
- (b) Instill a healthy fear for Aids in children by warning them that Aids can also kill little children if they are not obedient to their parents and teachers
- (c) Explain the symptoms of Aids to the children because the chances are good that they will come into contact with it in their communities
- (d) Encourage the children to feel positive about their own bodies and reassure them that it is natural to feel curious about sex

The correct answer is

- (1) (b) and (c)
- (2) (c) and (d)
- (3) (a) and (d)
- (4) (a), (b), (c) and (d)

QUESTION 60

When do children begin to understand the concept of a syndrome for the first time, and do they realise that illness is not merely a collection of symptoms without any causative link between them?

- (1) Grades 1 to 3 (foundation phase)
- (2) Grades 7 to 9 (senior phase)
- (3) Grades 10 to 12 (further education phase)

- (4) Grades 4 to 6 (intermediate phase)

QUESTION 61

One of the main psychological tasks of the adolescent years is identity formation and, as their identities develop, their self-concepts change. Which of the following statements are true in terms of the adolescent's self-concept?

- (a) Adolescents' self-descriptions become less concrete and more abstract
- (b) Adolescents illustrate a greater awareness of themselves
- (c) Adolescents' self-concepts include more physical and less psychological components
- (d) Adolescents' self-descriptions include more social competencies, such as friendliness

The correct answer is

- (1) (b) and (c)
- (2) (a) and (d)
- (3) (a), (b), (c) and (d)
- (4) (a), (b) and (d)

QUESTION 62

In terms of their moral development, children in Grades 4 to 6

- (1) stop following rules blindly about safety, health and how to prevent HIV infection, and start to internalise rules by knowing what is wrong and what is right
- (2) believe in immanent justice and they believe that what other people - especially adults - tell them to do is right and what they themselves think is wrong
- (3) follow rules about safety, health and how to prevent HIV infection very strictly, and they believe that they will be severely punished if they break these rules
- (4) judge behaviour by its consequences and not by the intentions that prompted the behaviour

QUESTION 63

What is the difference between adolescents' experiences of fear of HIV and Aids, and that of their younger friends in the intermediate school phase (grades 4-6)?

- (1) Younger children have irrational fears about HIV and Aids because their thinking processes are still concrete, and they find it difficult to distinguish between myth and fact. Adolescents have a more realistic fear of HIV and Aids because they understand the concept of prevention and they know that they have control over what choices they make
- (2) Younger children are overwhelmed by the fear of Aids because they see disease in rather vague, supernatural and imaginative terms. Adolescents have a more realistic fear of Aids because they understand the biological mechanisms underlying the causes and prevention of HIV and Aids
- (3) Younger children have more rational fears about HIV and Aids because they are not really at risk and HIV and Aids is still a theoretical concept for them. Adolescents have more irrational fears of HIV and Aids because many of them are sexually active and therefore they know very well that they place themselves at risk for HIV infection
- (4) There is no difference between adolescents' fear of HIV and Aids and that of students in the senior primary school. The cognitive development of both these groups of children is advanced enough for them to know what causes Aids, what the symptoms are, and exactly how to prevent it

QUESTION 64

How would a spiritual counsellor answer secularised clients' questions about why they were infected by HIV?

- (1) We don't always understand why things happen to us, but 'bad things sometimes happen to good people' and being HIV positive doesn't mean one is a bad person
- (2) God wanted to punish them for their sins. They should therefore confess their sins (e.g. an immoral lifestyle) and ask God's forgiveness
- (3) God often brings illness and pain into life's way to make us better people and to teach us important truths about life
- (4) The devil is constantly trying to attack us and we should therefore expect that illness and pain will sometimes come our way

QUESTION 65

Which of the following are examples of a 'laager' mentality within a religious or other community?

- (a) It is necessary for our community to stand together and combat HIV and Aids together
- (b) It is desirable that the religious institution holds separate services or meetings for HIV positive and non-positive members
- (c) Our religious community will not be prone to HIV infection, because our members live a clean life
- (d) An attitude of indifference towards HIV positive people, because they are perceived as 'outsiders'

The correct answer is

- (1) (a) and (b)
- (2) (c) and (d)
- (3) (b) and (d)
- (4) (b), (c) and (d)

QUESTION 66

The principles of _____ developed by Victor Frankl, are especially useful when answering existential questions regarding the meaning of life

- (1) death and dying
- (2) psycho-analysis
- (3) spirituality
- (4) Logotherapy

QUESTION 67

Spiritual counselling in the Aids context is often complicated by

- (1) ignorance of clients regarding faith issues
- (2) the idea that HIV infection is regarded by most clients as a medical issue only
- (3) the fact that most HIV positive clients do not feel a need for spiritual counselling
- (4) the fact that sexual transgressions are often judged more harshly in faith communities

QUESTION 68

The Convention on the Rights of the Child is a legal document that sets minimum acceptable standards for the well-being of all children. Which basic right of a street child is violated when the child is deprived of shelter and primary healthcare?

- (1) Survival
- (2) Protection
- (3) Development
- (4) Participation

QUESTION 69

One of the fundamental needs of every child is the need to believe that they are part of something bigger than themselves and that the world is more than a physical reality. This is the need for

- (1) protection
- (2) participation
- (3) identity
- (4) transcendence

QUESTION 70

Max-Neef et al (1991) identified five different types of satisfiers that satisfy human needs. They termed the satisfier that satisfies a given need and stimulates and contributes to the fulfillment of other needs a/an (a) _____. An example of this type of satisfier is (b) _____

- | | |
|--------------------------------|--|
| (1) (a) pseudo-satisfier, | (b) a refugee camp for displaced children |
| (2) (a) synergistic satisfier, | (b) effective education |
| (3) (a) singular satisfier, | (b) preventive medicine |
| (4) (a) inhibitor, | (b) the indiscriminate distribution of food to poor children |

NOTE: If you have chosen the CARE TRACK, do Section C, Questions 56 to 70.

SECTION C: CARE TRACK**QUESTION 56**

You are looking after John in his home. John has a fluid and electrolyte imbalance resulting from vomiting and diarrhoea. Apart from treating John's nausea and diarrhoea, what else would you do to help John to restore his electrolyte balance?

- (a) Encourage John to eat lots of foods high in fibre, as well as heavily spiced fatty foods
- (b) Advise John to eat and drink the minimum until his diarrhoea and nausea are over. There will be enough time after that to restore his electrolyte imbalance.
- (c) Encourage John to drink at least two-and-a-half litres of fluid per day.
- (d) Advise John to eat foods that will replenish his electrolytes, such as bananas, oranges, cheese and soup as soon as he can tolerate them.

The correct answer is

- (1) (c) and (d)
- (2) (b)
- (3) (a) and (c)
- (4) (d)

QUESTION 57

Some people in the final phase of Aids may experience constant pain. What does it mean to use the 'ladder approach' in managing a patient's pain?

- (1) Pain medication should be taken on a regular basis (e.g. every 4, 6 or 8 hours) to help people to feel that they have control over their pain
- (2) Start with the strongest medication the patient can take. If it helps for the pain, give a more moderate pain medication the next time, and if that relieves the pain as well, you know that the patient will react well to mild medications at the bottom of the ladder
- (3) Do not give the patient the strongest pain medication to start with. Start by administering a mild pain medication, and if that does not help, give moderate medication. If that still doesn't help, give a strong medication such as morphine
- (4) Encourage mental imagery, relaxation and breathing exercises for pain management, and if that doesn't help use the ladder approach and give a moderate medication such as codeine

QUESTION 58

Peter has oral thrush and his mouth and throat are very painful. Owing to this he has difficulty eating and swallowing. To alleviate his discomfort, his mother could

- (a) give him bland pureed foods to eat and make sure that he drinks enough fluids
- (b) prepare a warm salt water solution to rinse his mouth with after eating and between meals
- (c) give him spicy foods with lemon juice once a day, because the acid in lemon juice slows down the growth of the fungus that causes thrush
- (d) help him to brush his teeth and tongue three times a day with a soft brush

The correct answer is

- (1) (b) and (d)
- (2) (a), (b) and (d)
- (3) (a) and (c)
- (4) (b), (c) and (d)

QUESTION 59

Anorexia, nausea and vomiting may cause weight loss and a fluid and electrolyte imbalance. What advice would you give a patient who experiences these problems?

- (1) Drink lots of fluids (preferably water) before, during and immediately after meals
- (2) Do mild exercises directly after meals to help with digestion and to prevent nausea
- (3) Eat dry, salty foods that are low in fat and avoid gas-producing foods
- (4) In the case of vomiting, stop the intake of food and fluids for 12 hours, and gradually introduce fluids such as flat coke

QUESTION 60

Why is it not advisable to give aspirin to children or adolescents with HIV infection?

- (1) Aspirin has been implicated in Hodgkin's disease, which can lead to death in HIV positive children with swollen glands or with persistent generalised lymphadenopathy
- (2) Aspirin can be a co-factor in the causation of Reye's syndrome - a rare but serious illness in children and teenagers with chickenpox and flu
- (3) Aspirin is not strong enough to alleviate the symptoms of HIV infection, and children with HIV infection should rather take paracetamol
- (4) Aspirin has a very bitter taste and children will often refuse to take more important medication because they fear the taste. Rather give pain medication with a better taste, such as Stopain syrup

QUESTION 61

Sibongile is a volunteer home-based caregiver and one of her patients suffers from nausea and vomiting. Sibongile is very competent in caring for this patient, but when would you advise her to seek professional help from a clinic or hospital?

- (a) If the patient also has a high fever
- (b) If the vomit is brown and smells like faeces
- (c) If the patient vomits regularly for more than 24 hours
- (d) If the patient cannot keep any fluids down

The correct answer is

- (1) (c) and (d)
- (2) (a) and (b)
- (3) (d)
- (4) (a), (b), (c) and (d)

QUESTION 62

A group of voluntary caregivers visits your clinic in the rural area for advice on the cheapest but most effective method of disinfection to use while nursing Aids patients at home. What would you tell them?

- (a) Needles should be sterilised with disinfectant, such as household bleach, for at least 30 minutes
- (b) Dry heat at 121⁰ C for 16 hours is effective for disinfecting needles and disposable plastic instruments, if soaked for at least 30 minutes
- (c) Household bleach (chlorine) is effective for disinfecting equipment if it is soaked for at least 30 minutes
- (d) Domestic pressure cookers can be used for 30 minutes at their highest pressure to sterilise equipment

The correct answer is

- (1) (c) and (d)
- (2) (a)
- (3) (c)
- (4) (b), (c) and (d)

QUESTION 63

Lebo is a volunteer home-based caregiver and one of her patients has acute diarrhoea. What are the danger signs that Lebo should look out for to seek professional help from the clinic or hospital should they occur?

- (a) If the patient has a very dry skin
- (b) If the patient is very thirsty
- (c) If the patient has a high fever
- (d) If the patient is vomiting and cannot keep fluids down

The correct answer is

- (1) (a), (b), (c) and (d)
- (2) (a) and (b)
- (3) (c) and (d)
- (4) (a), (b) and (d)

QUESTION 64

Do pregnant nurses have a higher risk of contracting HIV in the healthcare setting than their colleagues who are not pregnant, and should pregnant nurses take any special precautions?

- (1) No, pregnant nurses do not have a higher risk to contract HIV, and they don't need to use any special precautions beyond those used by other nurses
- (2) Yes, pregnant nurses have a higher risk to contract HIV, and they have to take special precautions such as always wearing latex gloves when they work with patients
- (3) Pregnant nurses only have a higher risk to contract HIV when they have illnesses such as colds or flu, and they should rather stay at home when they feel sick
- (4) Yes, pregnant nurses have a higher risk to contract HIV, CMV and herpes zoster, and they have to wash their hands frequently

QUESTION 65

Universal precautions are based on

- (1) a positive diagnosis of HIV infection or Aids
- (2) contact with HIV infected individuals
- (3) a patient's physical appearance
- (4) risk of exposure to blood and other body fluids that might contain the HI virus

QUESTION 66

The main classes of antiretroviral drugs that interfere with the viral enzymes are the following (choose the most complete answer)

- (1) NRTIs, NtRTIs, and PIs
- (2) NNRTIs, PIs and Integrase inhibitors
- (3) NRTIs, Integrase and entry inhibitors
- (4) NRTIs, NtRTIs, NNRTIs, PIs and Integrase inhibitors

QUESTION 67

Read the following statement and indicate if you agree with the statement or not 'Tuberculosis is a very serious opportunistic infection in Africa, and prophylactic (preventive) treatment with INH (a TB medication used to prevent TB) should be offered to all HIV-infected individuals'

- (1) Yes The combination of TB and HIV is very dangerous and the mortality rate for tuberculosis is much higher in people who are co-infected with HIV Treatment with INH reduces the mortality rate by ten times
- (2) No INH as a prophylactic treatment for tuberculosis should only be offered to HIV infected individuals with a CD4+T count of under 350 cells/mm³ and who can adhere to the medication for at least three months until the CD4+T cells stabilise
- (3) Yes Most people in Africa have been exposed to the TB bacilli and will therefore test positive on a tuberculin skin test Given the high prevalence of HIV infection in Africa, it therefore makes sense to treat all HIV positive individuals prophylactically with INH
- (4) No INH as prophylactic treatment for tuberculosis should never be offered to HIV positive people who already show signs of active tuberculosis, because this may lead to the development of drug resistant TB bacilli

QUESTION 68

Home-based care is often the best way to look after someone with Aids. There are, however, certain potential problems associated with community home-based care, such as the following

- (a) Families often don't want home-based caregivers in their homes due to stigma, ignorance and superstition
- (b) Patients often feel very isolated when they have to stay at home or in the bed all day
- (c) Patients often show symptoms of burnout by being cared for by the same home-based caregivers day-in and day-out
- (d) Many home-based caregivers are afraid of looking after Aids patients due to a lack of knowledge and fear that they might become infected themselves

The correct answer is

- (1) (a) and (d)
- (2) (a), (b) and (d)
- (3) (b) and (c)
- (4) (a), (b), (c) and (d)

QUESTION 69

Which of the following people should form part of a team for home-based care?

- (1) Family members and trained volunteers
- (2) The person with Aids
- (3) A professional who acts as the programme coordinator
- (4) All of the above

QUESTION 70

The following is/are basic requirement(s) for volunteers who are directly involved in the physical care of the patient in home-based care programmes

- (a) the ability to read, write and speak the language of the sick person
- (b) the ability to obtain objective distance. It is therefore preferable that the volunteer come from outside the community
- (c) the willingness to render a service to the sick person, irrespective of the volunteer's personality or abilities
- (d) a basic knowledge about caring for sick people

The correct answer is

- (1) (c)
- (2) (a) and (d)
- (3) (a), (b) and (d)
- (4) (b) and (c)

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