

Care CEUs

HIV/AIDS

1. Which of the following statements regarding PEP is most accurate?

- A. PEP must be started within three days after potential HIV exposure.
 - B. PEP must be started within four days after potential HIV exposure.
 - C. PEP must be started within five days after potential HIV exposure.
 - D. PEP must be started within six days after potential HIV exposure.
-

2. When can a NAT usually detect HIV?

- A. Within 24 hours of exposure
 - B. Within 48 hours of exposure
 - C. About 5 to 10 days after exposure
 - D. About 10 to 33 days after exposure
-

3. Which of the following best represents a recommendation for laboratory testing for the initial assessment and monitoring of people with HIV?

- A. Only a white blood cell count should be used to monitor people with HIV.
 - B. Only the CD4+ T lymphocyte cell count (or CD4 count) should be used for people with HIV.
 - C. One surrogate marker should be used to monitor people with HIV (e.g., plasma HIV RNA [viral load] to assess level of HIV viremia).
 - D. Two surrogate markers should be used to monitor people with HIV: plasma HIV RNA (viral load) to assess level of HIV viremia and CD4+ T lymphocyte cell count (or CD4 count) to assess immune function.
-

4. Which of the following statements is most accurate?

- A. ART cannot be initiated before drug-resistance test results are available.
 - B. ART cannot be initiated for patients over the age of 65 before drug-resistance test results are available.
 - C. ART cannot be initiated for patients over the age of 75 before drug-resistance test results are available.
 - D. ART can be initiated before drug-resistance test results are available.
-

5. Which of the following best represents a recommendation for antiretroviral therapy to prevent sexual transmission of HIV?

- A. All persons with HIV should be informed that maintaining a plasma HIV RNA (viral

load) of <400 copies/mL, including any measurable value below this threshold value, with ART prevents sexual transmission of HIV to their partners.

B. All persons with HIV should be informed that maintaining a plasma HIV RNA (viral load) of <300 copies/mL, including any measurable value below this threshold value, with ART prevents sexual transmission of HIV to their partners.

C. All persons with HIV should be informed that maintaining a plasma HIV RNA (viral load) of <200 copies/mL, including any measurable value below this threshold value, with ART prevents sexual transmission of HIV to their partners.

D. All persons with HIV should be informed that maintaining a plasma HIV RNA (viral load) of <200 copies/mL, including any measurable value below this threshold value, with ART does not prevent sexual transmission of HIV to their partners.

6. Which of the following best represents a recommendation for the management of the treatment-experienced patient with virologic failure?

A. Drug-resistance testing should be performed while the patient is taking the failing ARV regimen or within two weeks of treatment discontinuation of a non-long-acting ARV regimen.

B. Drug-resistance testing should be performed while the patient is taking the failing ARV regimen or within four weeks of treatment discontinuation of a non-long-acting ARV regimen.

C. Drug-resistance testing should be performed while the patient is taking the failing ARV regimen or within eight weeks of treatment discontinuation of a non-long-acting ARV regimen.

D. Drug-resistance testing should not be performed.

7. Which of the following best represents a recommendation for treatment-experienced patients with poor CD4 cell recovery and persistent inflammation despite viral suppression?

A. Interleukin-2 is recommended to increase CD4 cell counts and/or decrease immune activation for all patients.

B. Interleukin-2 is recommended to increase CD4 cell counts and/or decrease immune activation for male patients over the age of 65.

C. Interleukin-2 is recommended to increase CD4 cell counts and/or decrease immune activation for female patients over the age of 65.

D. Interleukin-2 is not recommended to increase CD4 cell counts and/or decrease immune activation, because clinical trial data demonstrated no clinical benefit.

8. A health care administrator has questions regarding cryptococcosis. Which of the following informational points of interest should be communicated to the health care administrator?

A. Cryptococcosis is caused by a fungus; the fungus typically enters the body through the lungs and can cause pneumonia.

B. Cryptococcosis is caused by a virus; the virus typically enters the body through the

lungs and can cause pneumonia.

C. Cryptococcosis is caused by a parasite; the parasite typically enters the body through the lungs and can cause pneumonia.

D. Cryptococcosis cannot cause pneumonia.

9. Which of the following OIs is caused by a virus?

A. Histoplasmosis

B. Kaposi's sarcoma

C. Tuberculosis

D. Toxoplasmosis

10. A health care administrator is developing an educational lecture focused on HIV/AIDS and COVID-19. Which of the following informational points of interest should be included in the health care administrator's lecture?

A. COVID-19 treatments cannot interact with ART used to treat HIV.

B. Research indicates that currently available medications used to treat or prevent COVID-19 will not interact with PrEP to prevent HIV.

C. There is an association between COVID-19 vaccines and risk for HIV infection.

D. COVID-19 vaccines are not safe for older adults with HIV.

Copyright © 2024 Care CEUs

Visit us at <https://www.careceus.com>