

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.

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