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.

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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

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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.

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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.

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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.

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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.

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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.

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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.

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

A. Histoplasmosis
B. Kaposi’s sarcoma
C. Tuberculosis
D. Toxoplasmosis

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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.
