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Question: 1

Which of the following is a key component of comprehensive case management for individuals living with HIV/AIDS?

- A. Administering antiretroviral therapy
- B. Conducting HIV testing and counseling
- C. Providing social support and linkage to resources
- D. Performing surgical interventions for HIV-related complications

Answer: C

Explanation: Comprehensive case management for individuals living with HIV/AIDS involves a multi-disciplinary approach to address the various needs of the individual. A key component of comprehensive case management is providing social support and linkage to resources. This includes assisting individuals in accessing healthcare services, mental health support, housing assistance, financial resources, and other social services that can contribute to their overall well-being and quality of life. Administering antiretroviral therapy (option A) is an important medical intervention but does not encompass the entirety of case management. Conducting HIV testing and counseling (option B) is part of the diagnostic and preventive measures but does not address the comprehensive needs of individuals living with HIV/AIDS. Performing surgical interventions for HIV-related complications (option D) may be necessary in some cases but is not a core component of case management. Therefore, option C, providing social support and linkage to resources, is a key component of comprehensive case management for individuals living with HIV/AIDS.

Question: 2

Which of the following is a characteristic feature of AIDS Dementia Complex (ADC)?

- A. Progressive muscle wasting and weight loss
- B. Severe respiratory symptoms and chronic cough
- C. Development of opportunistic infections
- D. Neurological impairment and cognitive decline

Answer: D

Explanation: AIDS Dementia Complex (ADC), also known as HIV-associated neurocognitive disorder (HAND), is a neurological condition characterized by progressive cognitive decline and neurological impairment. It is a common manifestation of advanced HIV infection and is associated with the direct neurotoxic effects of the virus. Symptoms of ADC include cognitive deficits, memory impairment, behavioral changes, motor dysfunction, and difficulties with concentration and attention. Progressive muscle wasting and weight loss (option A) are characteristic features of HIV-associated wasting syndrome. Severe respiratory symptoms and chronic cough (option B) may be seen in respiratory infections associated with AIDS, such as *Pneumocystis pneumonia*. The development of opportunistic infections (option C) is a general characteristic of advanced HIV infection but is not specific to ADC. Therefore, option D, neurological impairment and cognitive decline, is the characteristic feature of ADC.

Question: 3

Which of the following children with HIV should begin HAART?

- A. A 5-year-old HIV-infected child with CD4% of 15%
- B. A 12-year-old child who is a known long-term non-progressor with CD4 of 723
- C. A 4-year-old HIV-infected child with generalized lymphadenopathy
- D. A 3-year-old child with the first attack of acute otitis media

Answer: A

Explanation: HAART (Highly Active Antiretroviral Therapy) is recommended for children with HIV who meet certain criteria, including a CD4 percentage below a certain threshold. In this case, the 5-year-old child with a CD4% of 15% would meet the criteria for initiating HAART. CD4% is an important indicator of immune function, and a percentage of 15% suggests significant immunosuppression, warranting antiretroviral treatment to suppress viral replication and improve immune function.

Option B is incorrect because a CD4 count of 723 in a long-term non-progressor indicates a preserved immune function, and immediate initiation of HAART may not be necessary.

Option C is incorrect because generalized lymphadenopathy alone is not an indication for initiating HAART. Clinical symptoms and immunological criteria need to be considered together.

Option D is incorrect because the first attack of acute otitis media, by itself, does not warrant immediate initiation of HAART. The decision to initiate antiretroviral treatment should be based on immunological and clinical criteria rather than an isolated acute infection.

Question: 4

Which of the following laboratory tests is used to measure the amount of HIV RNA in the blood?

- A. ELISA
- B. Western blot
- C. PCR
- D. CD4 count

Answer: C

Explanation: Polymerase Chain Reaction (PCR) is a laboratory test used to measure the amount of HIV RNA (viral load) in the blood. PCR amplifies and detects the genetic material (RNA in the case of HIV) of the virus, allowing for quantitative measurement of viral replication. Viral load testing provides information about the level of HIV replication in the body and is used to monitor disease progression, assess treatment effectiveness, and guide clinical management decisions. ELISA (option A) and Western blot (option B) are antibody-based tests used for HIV diagnosis and confirmation but do not directly measure viral load. CD4 count (option D) measures the number of CD4+ T cells in the blood and is an indicator of immune function but does not directly measure viral replication. Therefore, option C, PCR, is the laboratory test used to measure the amount of HIV RNA in the blood.

Question: 5

Which of the following best defines the term "retrovirus" in the context of HIV/AIDS?

- A. A virus that can only replicate within a host cell
- B. A virus that infects the respiratory system
- C. A virus that primarily affects the gastrointestinal tract
- D. A virus that causes cancer in humans

Answer: A

Explanation: A retrovirus is a type of virus that can only replicate within a host cell. Retroviruses, including HIV (Human Immunodeficiency Virus), have RNA as their genetic material and use the enzyme reverse transcriptase to convert their RNA into DNA. This DNA is then integrated into the host cell's genome, allowing the virus to reproduce and persist within the host. HIV specifically targets immune cells, such as CD4+ T cells, and replicates within these cells, leading to immune system dysfunction and the development of AIDS. Therefore, option A, a virus that can only replicate within a host cell,

best defines the term "retrovirus" in the context of HIV/AIDS.

Question: 6

Which of the following groups is at a higher risk of acquiring HIV through occupational exposure?

- A. Healthcare workers
- B. Teachers
- C. Office workers
- D. Construction workers

Answer: A

Explanation: Healthcare workers, particularly those involved in direct patient care, are at a higher risk of acquiring HIV through occupational exposure. This includes exposure to contaminated blood or other body fluids through needlestick injuries, cuts, or splashes to mucous membranes. Healthcare settings often involve frequent contact with patients, some of whom may be living with HIV/AIDS, increasing the potential for occupational exposure. Teachers (option B), office workers (option C), and construction workers (option D) typically have lower risks of occupational exposure to HIV compared to healthcare workers. However, it is important to note that universal precautions and adherence to infection control measures are essential in all occupational settings to minimize the risk of HIV transmission. Therefore, option A, healthcare workers, is at a higher risk of acquiring HIV through occupational exposure.

Question: 7

Which of the following best describes the concept of seroconversion in the context of HIV infection?

- A. The transition from being HIV-negative to HIV-positive
- B. The development of AIDS-related complications
- C. The transmission of HIV from mother to child during childbirth
- D. The acquisition of drug resistance mutations in the HIV genome

Answer: A

Explanation: Seroconversion refers to the transition from being HIV-negative to HIV-positive. It occurs when antibodies to HIV are detectable in the bloodstream, indicating an immune response to the virus. During the initial stages of HIV infection, individuals may be seronegative, meaning that HIV antibodies are not yet detectable. As the immune system responds to the infection, seroconversion takes place, and HIV antibodies become detectable through laboratory tests such as ELISA (Enzyme-Linked Immunosorbent Assay) and Western blot. Therefore, option A, the transition from being HIV-negative to HIV-positive, best describes the concept of seroconversion in the context of HIV infection.

Question: 8

Which of the following is the primary mode of transmission for Chlamydia trachomatis?

- A. Sexual intercourse
- B. Vertical transmission from mother to child
- C. Occupational exposure to infected blood
- D. Contaminated food or water

Answer: A

Explanation: The primary mode of transmission for Chlamydia trachomatis, a bacterial sexually transmitted infection, is sexual intercourse. Chlamydia is primarily transmitted through unprotected vaginal, anal, or oral sex with an

infected partner. It can also be transmitted from mother to child during childbirth (vertical transmission), but sexual intercourse is the most common route of transmission. Occupational exposure to infected blood (option C) is more relevant to bloodborne infections such as HIV and hepatitis B and C. Transmission through contaminated food or water (option D) is not associated with *Chlamydia trachomatis*. Therefore, option A, sexual intercourse, is the primary mode of transmission for *Chlamydia trachomatis*.

Question: 9

Which of the following is the most appropriate intervention for reducing the risk of HIV transmission among people who inject drugs (PWID)?

- A. Implementing a needle exchange program
- B. Promoting abstinence from drug use
- C. Providing educational pamphlets on safe injection practices
- D. Increasing law enforcement efforts to reduce drug use

Answer: A

Explanation: The most effective intervention for reducing the risk of HIV transmission among people who inject drugs (PWID) is implementing a needle exchange program. Needle exchange programs provide sterile needles and syringes to PWID in exchange for used ones, thereby reducing the sharing of contaminated needles and the risk of HIV transmission. These programs also often offer education, counseling, and referral services, contributing to harm reduction and overall public health. Promoting abstinence from drug use (option B) may not be a realistic or feasible option for all individuals, and educational pamphlets alone (option C) may not adequately address the complex factors contributing to HIV transmission among PWID. Increasing law enforcement efforts (option D) may have unintended consequences, such as driving drug use underground and increasing the risk of HIV transmission due to unsafe injection practices. Therefore, option A, implementing a needle

exchange program, is the most appropriate intervention to reduce the risk of HIV transmission among PWID.



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