

**Answers - HIV and Health Care Workers (Adapted from HIV Manual
www.hivmanual.hk)**

Expiration Date: 1 December 2020

CME point [#] / *CNE point*: 1 / *PEM point*: 0 (Midwifery related)

- Please choose the best option.
- Answer these on the answer sheet and make submission by fax to Special Preventive Programme, Department of Health.

Please contact respective authorities directly for CME/CPD accreditation if it is not on listed below.

Accreditors	CME Point
Department of Health/ HKMA/ HKAM/ HKDU <i>(for practising doctors who are not taking CME programme for specialists)</i>	1
Anaesthesiologists	1
Community Medicine	1
Dental Surgeons	1
Emergency Medicine	1
Family Physicians	1
Obstetricians and Gynaecologists	pending
Ophthalmologists	1
Orthopaedic Surgeons	0
Otorhinolaryngologists	pending
Paediatricians	1
Pathologists	1
Physicians	1
Psychiatrists	1
Radiologists	1
Surgeons	1

1. After needlestick exposure to a source patient known to be HIV infected, which of the following information does NOT contribute to estimating the risk of transmission?
 - (a) The magnitude of HIV viral load of the source patient
 - (b) **Known history of HIV drug resistance ✓**
 - (c) Whether the needle was visibly contaminated with blood before puncture
 - (d) Whether the needle had been used for venipuncture or intramuscular injection
 - (e) The disease stage of the source patient

2. A nurse, after a needlestick injury involving blood from a patient, was started on Truvada and Kaletra® (boosted lopinavir) as PEP at 24 hours after the incident. Three days later, she developed vomiting and diarrhoea. Which of the following approaches is reasonable?
 - (a) You reassure her that these symptoms are associated with Kaletra®, and stress to her the importance completing the regimen unchanged for 28 days to achieve maximum effectiveness.
 - (b) The symptoms are likely related to Kaletra®. You replace Kaletra® by raltegravir for a total treatment duration of 31 days.
 - (c) The symptoms may be explained by HIV seroconversion. You add raltegravir to the regimen to prevent breakthrough of HIV infection with resistance.
 - (d) The symptoms are likely related to PEP. You withhold PEP for 48 hours before restarting it with additional medications to alleviate symptoms.
 - (e) **None of the above ✓**

3. Which of the following is covered by Standard Precautions (SP)?
 - (a) Hand hygiene before and after patient contact
 - (b) Wearing gloves for contact with blood or body fluids
 - (c) Avoiding recapping of needles
 - (d) Using needleless devices for injection
 - (e) **All of the above ✓**

4. Which of the following about occupational HIV post-exposure prophylaxis (PEP) is false?
 - (a) PEP administered after 72 hours is futile
 - (b) **PEP is given for 4 weeks if administered between 24 to 72 hours, and 2 weeks if administered within 24 hours ✓**
 - (c) Nevirapine is contraindicated for PEP because of a high risk of hepatotoxicity
 - (d) Confidentiality of the exposed and source patient should be ensured
 - (e) The possibility of being pregnant may affect the choice of PEP

5. Which of the following about nosocomial HIV transmission is true?
 - (a) Provider-to-patient HIV transmission has not been reported in Hong Kong
 - (b) Bleed back is the mechanism of provider-to-patient HIV transmission
 - (c) Standard Precautions is the mainstay of prevention
 - (d) Accidental needlestick carries a small risk of HIV transmission
 - (e) **All of the above ✓**

6. Which of the following about Standard Precautions (SP) is true?
 - (a) **SP covers precautionary measures including good hand hygiene practices and use of protective barriers during routine patient care ✓**
 - (b) SP is automatically triggered when a positive HIV diagnosis of the patient is made known to health care staff
 - (c) SP has been supplanted by Universal Precautions
 - (d) Where the suspicion of open tuberculosis exists, airborne precautions will replace SP
 - (e) In SP, double gloving is employed when a patient exhibits signs and symptoms of HIV seroconversion

7. Under normal circumstances, which of the following procedures is considered exposure prone?
 - (a) Phlebotomy
 - (b) setting up a subclavian central line
 - (c) incision of a 5 cm abscess over the scalp
 - (d) **Repair of an episiotomy wound ✓**
 - (e) Upper endoscopy

8. Which of the following is not within the remit of the Expert Panel on HIV Infection of Health Care Workers?
 - (a) Evaluates if exposure prone procedure is or has been performed by the health care worker
 - (b) Examines the need of public health intervention such as a look back investigation
 - (c) **Determines the appropriate combination of antiretroviral therapy for the infected health care worker ✓**
 - (d) Recommends on the need of job modification
 - (e) Assesses the health status of the infected health care worker

9. Which of the following characterises the referral and review process of the Expert Panel on HIV Infection of Health Care Workers?
- (a) The Expert Panel is charged with the mandate of following all known HIV infected health care workers
 - (b) The HIV infected health care worker is required to attend the initial hearing by the Expert Panel
 - (c) The Expert Panel keeps log of all patients with invasive procedures done by the HIV infected health care worker
 - (d) For HIV infected surgeons who perform highly invasive procedures, the Expert Panel will provide their names to the Medical Council but in a fully confidential manner
 - (e) **None of the above ✓**
10. To reduce the risk of provider-to-patient HIV transmission, which of the following strategies is NOT employed in Hong Kong?
- (a) Referral of an infected health care worker to an Expert Panel for case by case evaluation
 - (b) Antiretroviral treatment of the infected health care worker for viral suppression
 - (c) Standard Precautions for all patients in the health care setting
 - (d) Education of medical students on the ethical responsibility to safeguard the health of patients
 - (e) **Universal, opt-out, testing of health care workers belonging to the surgical specialties ✓**