

Mindful Continuing Education

STDs Update: Prevention, Special Populations, HIV and Syphilis

Clinical Prevention Guidance

1. CDC recommendations for the prevention and control of STDs are based on each of the following major strategies EXCEPT:

- A. Accurate risk assessment, education and counseling of persons at risk on ways to avoid STDs through changes in sexual behaviors and use of recommended prevention services
 - B. Pre-exposure vaccination of persons at risk for vaccine preventable STDs, and identification of asymptotically infected persons and persons with symptoms associated with STDs
 - C. Emphasizing a public health approach based on sound scientific evidence and cost-effectiveness that promotes advocacy and commitment
 - D. Effective diagnosis, treatment, counseling, and follow up of infected persons along with evaluation, treatment, and counseling of sex partners of persons who are infected with an STD
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2. The "Five P's" approach to obtaining a sexual history is one strategy for eliciting information concerning five key areas of interest, including partners, practices, prevention of pregnancy, prevention of STDs, and:

- A. Present signs and symptoms
 - B. Past history of STDs
 - C. Patient concerns
 - D. Probable prevention/treatment adherence
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STD/HIV Prevention Counseling

3. Prevention counseling for STD/HIV should be offered to all sexually active adolescents and to all adults who have received an STD diagnosis, have had an STD in the past year, or have multiple sexual partners, and it should be provided in an empathetic manner appropriate to the patient's culture, language, gender, sexual orientation, age, and developmental level.

- A. True
 - B. False
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Prevention Methods

4. In observational studies, diaphragm use has been demonstrated to protect against cervical gonorrhea, chlamydia, and trichomoniasis, although experts do not recommend diaphragms as a sole source of protection against HIV or other STDs.

- A. True
 - B. False
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Male Circumcision

5. Definitive data has clearly demonstrated that male circumcision reduces HIV acquisition in heterosexual males as well as in men who have sex with men (MSM).

- A. True
 - B. False
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Expedited Partner Therapy (EPT)

6. Which of the following is NOT a correct statement about Expedited Partner Therapy (EPT) or patient delivered partner therapy (PDPT)?

- A. EPT is the clinical practice of treating the sex partners of persons who receive syphilis, gonorrhea, or HPV diagnoses by providing medications or prescriptions to the patient
 - B. Providing patients with appropriately packaged medication is the preferred approach to PDPT because data on the efficacy of PDPT using prescriptions is limited and many persons do not fill the prescriptions given to them by a sex partner
 - C. Medication or prescriptions provided for PDPT should be accompanied by treatment instructions, appropriate warnings about taking medications, general health counseling, and a statement advising that partners seek medical evaluation for any symptoms of STD
 - D. Unless prohibited by law or other regulations, medical providers should routinely offer EPT to heterosexual patients with chlamydia or gonorrhea infection when the provider cannot confidently ensure that all of a patient's sex partners from the prior 60 days will be treated
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Reporting and Confidentiality

7. Syphilis, gonorrhea, chlamydia, chancroid, HIV infection, and AIDS are reportable diseases in every state, but reporting must be provider-based rather than laboratory-based.

- A. True
 - B. False
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Special Populations-Pregnant Women

8. Recommendations to screen pregnant women for STDs are based on several factors, including disease severity and sequelae, costs, medico-legal considerations, and:

- A. Patterns of sexual behavior
 - B. Sociological risk factors
 - C. Safety of testing procedures
 - D. Prevalence in the population
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9. All pregnant women in the United States should be screened for HIV infection at the first prenatal visit, as treating those who are infected is vital to the woman, and perinatal transmission of HIV may be reduced through available antiretroviral and obstetrical interventions.

- A. True
 - B. False
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Adolescents

10. Factors contributing to increased STD risk during adolescence include having multiple sexual partners concurrently, having sequential sexual partnerships of limited duration, failing to use barrier protection consistently and correctly, having increased biologic susceptibility to infection, and facing multiple obstacles to accessing health care.

- A. True
 - B. False
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Primary Prevention Recommendations

11. Recommendations for primary prevention of STDs among adolescents include each of the following EXCEPT:

- A. The HBV and HAV vaccination series are recommended for all adolescents and young adults who have not previously received them
 - B. The HPV vaccine is recommended routinely for males and females aged 14 and 15 years and can be administered beginning at 12 years of age
 - C. Information regarding HIV infection, testing, transmission, and implications of infection should be regarded as an essential component of health care guidance provided to all adolescents and young adults
 - D. Health-care providers who care for adolescents and young adults should integrate sexuality education into clinical practice
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Persons in Correctional Facilities

12. Comprehensive national guidelines regarding STD care and management have been developed for correctional populations, as growing evidence has demonstrated the utility of expanded STD screening and treatment services in these settings.

- A. True
 - B. False
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Men Who Have Sex with Men

13. Although the frequency of unsafe sexual practices and the reported rates of bacterial STDs and incident HIV infection declined substantially in MSM from the 1980s through the mid-1990s, since that time, higher rates of sexual risk behaviors have been documented among MSM in the U.S. as well as increased rates of:

- A. Early syphilis, gonorrhea, and chlamydial infection
 - B. HPV infection and HPV-associated conditions
 - C. HAV and HBV infection
 - D. STD-related anal cancer
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Women Who Have Sex with Women (WSW)

14. Routine cervical cancer screening should be offered to all women, including WSW who are at risk for acquiring HPV from both their female partners and from current or prior male partners, and thus are at risk for cervical cancer.

- A. True
 - B. False
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Emerging Issues-Hepatitis C

15. HCV can be transmitted through sex, and likely because of high-risk and traumatic sexual practices, new cases of HCV are emerging among MSM, as well as among:

- A. Adolescents and young adults with multiple partners
 - B. Those with compromised immune systems
 - C. Those who participate in group sex and use cocaine and other non-intravenous drugs during sex
 - D. None of the above
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Pregnancy

16. Since HCV has been shown to be transmitted through breast milk, mothers with HCV infection should abstain from breastfeeding.

- A. True
 - B. False
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HIV Infection: Detection, Counseling, and Referral

17. Despite the availability of effective antiretroviral therapy, many cases of HIV infection continue to be diagnosed at advanced stages, and although HIV testing facilitates early diagnosis, rates of testing remain relatively low.

- A. True
 - B. False
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18. Notifying the patient that an HIV test will be performed unless the patient declines, which is known as passive consent, is recommended in health-care settings that serve at-risk populations.

- A. True
 - B. False
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Acute HIV Infection

19. Acute retroviral syndrome, which develops in 50%-90% of persons within the first few weeks after they become infected with HIV, is characterized by nonspecific symptoms, including fever, malaise, lymphadenopathy, and skin rash.

- A. True
 - B. False
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Counseling for Persons with HIV Infection and Referral to Support Services

20. Providers should expect persons with HIV infection to be distressed when first informed of a positive test result, as they have to face coping with the reactions of others to a stigmatizing illness as well as:

- A. Developing and adopting strategies for maintaining physical and emotional health
 - B. Initiating changes in behavior to prevent HIV transmission to others
 - C. Reducing the risk for acquiring additional STDs
 - D. All of the above
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STD Testing During HIV Care

21. At the initial HIV care visit, providers should test all sexually active persons with HIV infection for curable STDs (e.g., syphilis, gonorrhea, and chlamydia) and perform testing at least annually during the course of HIV care.

- A. True
 - B. False
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Diseases Characterized by Genital, Anal, or Perianal Ulcers

22. In the United States, most young, sexually active patients who have genital, anal, or perianal ulcers have either genital herpes or syphilis, with the frequency of each condition differing by geographic area and population.

- A. True
 - B. False
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Genital HSV Infections

23. Each of the following is an accurate statement about genital HSV infections EXCEPT:

- A. Two types of HSV can cause genital herpes: HSV-1 and HSV-2, and most cases of recurrent genital herpes are caused by HSV-1
 - B. HSV-1 infection is especially prominent among young women as well as men who have sex with men
 - C. Most genital herpes infections are transmitted by persons unaware that they have the infection or who are asymptomatic when transmission occurs
 - D. Management of genital HSV should address the chronic nature of the disease rather than focusing solely on treatment of acute episodes of genital lesions
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Therapy for Recurrent Genital Herpes

24. In order to significantly reduce the frequency of genital herpes recurrences, by as much as 70%-80% in patients who have frequent recurrences, some patients choose to take daily antiviral therapy, which is known as:

- A. Elimination therapy
 - B. Subversion therapy
 - C. Suppressive therapy
 - D. Deterrence therapy
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HIV Infection

25. Immunocompromised patients can have prolonged or severe episodes of genital, perianal, or oral herpes, and lesions caused by HSV that may be severe, painful, and atypical are common among persons with HIV infection.

- A. True
 - B. False
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Genital Herpes in Pregnancy

26. Women with recurrent genital herpetic lesions at the onset of labor should deliver by cesarean delivery, as cesarean delivery completely eliminates the risk for HSV transmission to the neonate.

- A. True
 - B. False
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Syphilis

27. Syphilis has been divided into stages based on clinical findings, helping to guide treatment and follow-up, and manifestations of primary infection include skin rash and mucocutaneous lesions at the infection site.

- A. True
 - B. False
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Diagnostic Considerations

28. False-positive nontreponemal test results can be associated with various medical conditions and factors unrelated to syphilis, including other infections such as HIV, autoimmune conditions, immunizations, pregnancy, injection drug-use, and:

- A. Naturally occurring antibodies
 - B. Older age
 - C. Tuberculosis
 - D. Renal failure
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Treatment

29. Penicillin G, administered parenterally, is the preferred drug for treating persons in all stages of syphilis, and nearly all recommendations for this treatment are based not only on clinical trials and observational studies, but also on many decades of clinical experience.

- A. True
 - B. False
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30. Sex partners of persons with syphilis are considered at risk for infection and should be confidentially notified of the exposure and need for evaluation if they are partners who have had sexual contact within:

- A. 3 months plus the duration of symptoms for persons who receive a diagnosis of tertiary syphilis
 - B. 6 months plus the duration of symptoms for persons who receive a diagnosis of primary syphilis
 - C. 9 months plus duration of symptoms for those with secondary syphilis
 - D. 1 year for persons with early latent syphilis
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31. Although data to support use of alternatives to penicillin in the treatment of primary and secondary syphilis are limited, azithromycin is generally recommended as the first-line treatment when the use of penicillin is not feasible.

- A. True
 - B. False
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Persons with HIV Infection-Treatment

32. Persons with HIV infection who have early syphilis might be at increased risk for neurologic complications and might have higher rates of serologic treatment failure with recommended regimens.

- A. True
 - B. False
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Syphilis During Pregnancy

33. All women should be screened serologically for syphilis early in pregnancy, and for populations in which the prevalence of syphilis is high and for women at high risk for infection, serologic testing should also be performed at 20-24 weeks and at 34-38 weeks' gestation.

- A. True
 - B. False
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Syphilis During Pregnancy

34. Which of the following is a correct statement about syphilis treatment and management in pregnancy?

- A. Penicillin G is the only known effective antimicrobial for preventing maternal transmission to the fetus and treating fetal infection, and a second dose of benzathine penicillin must be administered 1 week after the initial dose in order to be effective
 - B. When syphilis is diagnosed during the second half of pregnancy, therapeutic treatment should be delayed until a sonographic fetal evaluation for congenital syphilis can be performed
 - C. Missed doses are not acceptable for pregnant women receiving therapy for late latent syphilis,
 - D. All of the above
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Congenital Syphilis-Penicillin Allergy

35. Infants and children who require treatment for congenital syphilis but who have a history of penicillin allergy or develop an allergic reaction presumed secondary to penicillin should be desensitized and then treated with penicillin.

- A. True
 - B. False
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Recommendations

36. Persons who report a history of penicillin reaction and who are skin-test negative can receive conventional penicillin therapy to treat syphilis.

- A. True
 - B. False
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