



A PHARMACY CONTINUING EDUCATION PROGRAM

W-F Professional Associates, Inc. 400 Lake Cook Rd., Suite 207 Deerfield, IL 60015 847-945-8050

June 2006 "HIV/AIDS Update Part 1" 707-000-06-006-H02



THIS MONTH
"HIV/AIDS 2006
UPDATE PART I"

**THIS LESSON COVERS PREVALENCE, TRANSMISSION,
CONTROL OF SPREAD OF HIV/AIDS & LEGAL ISSUES. OUR
NEXT LESSON WILL DISCUSS MANAGEMENT &
DRUG THERAPY.**

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RESPOND MUCH FASTER TO YOUR NEEDS.**

**REGARDING QUIZZES, PLEASE KEEP A COPY FOR YOUR
RECORDS.**

HAVE YOU RECENTLY MOVED? PLEASE NOTIFY US.

Welcome to our special program on HIV/AIDS. This is an up to date review, with special emphasis on background issues and drug therapy. Our goal is to present the most current information on this subject. This lesson provides 1.5 hours of credit (0.15 CEUs), and is intended for pharmacists in all practice settings.

The ACPE program ID # for this lesson is 707-000-06-006-H02. Our CE Provider Registered # with CE Broker.com is 50-3170-1.

Pharmacists completing this lesson by June 30, 2009 may receive full credit.

To obtain continuing education credit for this lesson, you must answer the questions on the quiz (70% correct required), and return the quiz via conventional mail, fax (847-945-5037), or send us a conventional email with your answers (info@wfprofessional.com). Should you score less than 70%, you will be asked to repeat the quiz. Computerized records are maintained for each participant.

Upcoming topics for continuous participants: HIV/AIDS Update Part II Therapeutic Options; Skin Exposure to Sunlight.

If you have any comments, suggestions or questions, contact us at the above address, or call toll free 1-800-323-4305. (In Illinois, Alaska & Hawaii phone 1-847-945-8050). **Please write your ID Number (the number that is on the top of the mailing label) in the indicated space on the quiz page** (for continuous participants only).

The objectives of this lesson are such that upon completion the participant will be able to:

1. Comment upon the changing character of HIV/AIDS.
2. Discuss the prevalence of HIV/AIDS.
3. List sources of HIV infection & methods of transmission.
4. Describe the significance of HIV & tuberculosis.
5. Describe the significance of HIV & Hepatitis C virus.
6. Describe controlling the spread of infection.
7. Discuss preventive measures & educational counseling.
8. Identify legal issues that must be considered in reference to HIV & AIDS.

All opinions expressed by the author/authors are strictly their own and are not necessarily approved or endorsed by W-F Professional Associates, Inc. Consult full prescribing information on any drugs or devices discussed.

ACQUIRED IMMUNODEFICIENCY SYNDROME UPDATE

The face of acquired immunodeficiency syndrome (AIDS) changed considerably in the last decades of the 20th century. The incidence and number of deaths caused by the disease began to decrease, in large part due to remarkable advances in treatment.^{1,2} Such treatments have delayed the progression from initial infection with the human immunodeficiency virus (HIV) to the development of AIDS and have increased survival after the diagnosis of AIDS is made. However, people who now are living with HIV infection and AIDS have new concerns about concurrent infections, and the development and treatment of those infections are affecting people who are not HIV-positive.

Additionally, reports of the declining incidence of AIDS may be breeding complacency at a time when prevention remains the only proven method of addressing this problem. The number of new HIV diagnoses is not affected by treatment. Accordingly, education remains one of the most effective weapons in the arsenal directed against AIDS.

PREVALENCE

According to the annual HIV/AIDS Surveillance Report published by the Centers for Disease Control and Prevention (CDC), HIV and AIDS continue to exact a terrible toll. The estimated number of diagnoses of AIDS in the United States through December 2004 was 944,305, and an estimated 529,113 persons have died of the disease.³ In 2004, the largest number of AIDS cases occurred in adults ages 40 to 44, accounting for 21% of all AIDS cases diagnosed in the US that year. Male-to-male sexual contact was the most common exposure category among AIDS cases in 2004, followed by heterosexual contact. This latter transmission category has continued to expand since 2000, while the total number of cases of AIDS transmitted through injection drug use has declined. Additionally, the black and Hispanic populations remain disproportionately affected by the disease.

DISEASE TRANSMISSION

Despite many years of educational efforts, misconceptions about the transmission of HIV and AIDS remain. There are four primary routes of transmitting HIV:⁴

- Sexual contact with an infected person
- Sharing needles and/or syringes with an infected person
- Birth from or breastfeeding after birth from an infected woman
- Transfusions of infected blood or blood clotting factors

It is important to note that transmission by blood transfusions has become extremely rare in countries where blood is screened for HIV antibodies, such as the United States. All donated blood in the United States has been screened for HIV since 1985, and if there is any evidence of the virus in the donated blood, it is discarded.

The notion that AIDS can be caused by human herpesvirus-6 (HHV-6) rather than HIV is untrue.⁵ Although herpes virus infects the CD4+ T cells, which are the same cells infected by HIV, AIDS cannot develop in a person who has not been infected by HIV. Perhaps as important as understanding documented routes of transmission is dispelling information about ways in which HIV *cannot* be transmitted. High concentrations of virus grown in laboratories can be kept alive in that environment, but drying reduces the amount of infectious virus by 90% to 99% within several hours.⁴ Further, it has been shown that HIV cannot reproduce outside its living host, except under laboratory conditions. Therefore, it appears that the theoretical risk of transmission of the virus from the environment is infinitesimal.

Only in rare instances has HIV been transmitted between family members in a household setting, and there is no known risk of HIV transmission to coworkers, clients, or consumers in the foodservice industry.⁴ The CDC has no record of HIV transmission through tattooing or body piercing, and only one case of transmission from acupuncture has been documented. Nonetheless, people who are getting tattoos or body piercing should go to qualified technicians who use sterile equipment and do not reuse needles. An additional theoretical HIV transmission risk exists with body piercing because healing generally takes weeks or even months, extending the period for potential exposure to HIV-infected blood or other fluids.

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Closed-mouth or "social" kissing carries no risk for transmission, and although there is a theoretical possibility of transmission through open-mouth or "French" kissing, the risk is believed to be very low.⁴ Biting may be a source of transmission, although numerous reports have documented specific bites that did *not* result in HIV infection. Very low quantities of HIV have been found in the saliva and tears of some AIDS patients, but no instances of contact with saliva, tears, or sweat from an infected person have been shown to result in transmission of the virus. Finally, there is no evidence that HIV can be transmitted by insects, including mosquitoes. The virus does not reproduce or survive in insects, which means that the insect cannot become infected and, therefore, cannot transmit the virus.⁴

Latex or polyurethane condoms can prevent HIV transmission during oral, anal, or vaginal sexual intercourse, but they must be used correctly and consistently to provide complete protection.⁴ Because laboratory studies have shown that viruses occasionally pass through the pores of natural membrane ("skin" or lambskin) condoms, these types should not be used for disease prevention.

HIV AND TUBERCULOSIS

Tuberculosis (TB) is a common disease worldwide. It is spread by person-to-person contact through the air.⁶ Although an estimated 10 to 15 million Americans are infected with *Mycobacterium tuberculosis*, the pathogen that causes TB, not all will develop active disease. Only about 10% develop the disease at some point in their lives. However, because HIV weakens the immune system so dramatically, people who are positive for both HIV and *M tuberculosis* have a 100 times greater risk of developing active TB. The CDC estimates that 10% to 15% of all cases of TB now occur in HIV-infected individuals, and worldwide, TB is the leading cause of death among people infected with HIV. Therefore, experts recommend that all people who test positive for HIV also be tested for *M tuberculosis*. If they are found to be infected with this pathogen, they should receive preventive therapy as soon as possible to forestall activation of the disease.

Although there are very good drugs for treating TB, the treatment regimen must be continued for an extended period. Inconsistent or partial treatment has resulted in the development of pathogens that are resistant to multiple drugs.⁶ The number of multidrug-resistant TB cases have been increasing in the US, and the decline in the overall national TB rate has been decelerating.⁷ These trends are disturbing, since multidrug-resistant TB is extremely difficult to treat and can be fatal, and those infected with HIV are at greater risk of developing this type of disease. Unfortunately, multidrug-resistant TB pathogens can be transmitted to people who are not infected with HIV, placing them at increased risk for this potentially fatal disease. The most effective strategy for reducing the development and transmission of multidrug-resistant *M tuberculosis* strains is to ensure that TB treatment is completed, preferably using the approach of Directly Observed Therapy. New and emerging TB drugs offer the promise of reducing the duration of therapy by 30% to 70%, making treatment completion more likely.⁷

HIV AND HEPATITIS C VIRUS

Coinfection with hepatitis C virus (HCV) is another major problem for people who are infected with HIV.⁸ HCV is an important cause of chronic liver disease, and infection with the virus progresses more rapidly among those who also are infected with HIV. Because HCV is transmitted primarily by direct skin puncture exposures to contaminated blood, coinfection with HIV and HCV is a particular problem among HIV-infected injection drug users. The coinfection is seen in 50% to 90% of this patient population. The risk for both infections among persons who became infected with HIV through sexual exposure is no greater than for the general population (3% to 5%). The average rate of HCV infection is higher among infants born to women who are coinfecting than to women who are infected only with HCV. Once coinfection with the two viruses occurs, chronic hepatitis C infection is seen in 75% to 85% of patients, and it leads to chronic liver disease in 70% of affected people.

Although there are treatment regimens for chronic hepatitis C infection, initial studies suggest that those who also are infected with HIV may not respond as well as those who are not infected.⁸ Additionally, combination therapy, which has been shown to be more effective than monotherapy, is associated with more adverse effects in HIV-infected patients. It is vitally important for patients who are infected with HCV to reduce substantially or cease their intake of alcohol because of the additional burden it places on the liver. Further, other therapies in these patients need to be examined closely because liver damage can affect the treatment and adverse effect profiles of many prescription and over-the-counter drugs.

CONTROL OF SPREAD OF INFECTION

Even though treatment for HIV infection and AIDS has been advancing remarkably, preventing transmission remains the most effective approach to controlling the infection, and education is the most important aspect of prevention. Obviously, "safe sex" is the primary preventive approach. Other significant modes of transmission also need to be addressed:⁴

1. "Safe sex" implies use of latex condoms, with nonoxynol-9 foam, creams, and jellies, and water-soluble lubricants.
2. "Dirty" needles that have been exposed to one person's blood *never* should be used again on another person.

3. Because blood is a significant source of HIV, hepatitis B virus, and other blood-borne pathogens in the occupational setting, infection control efforts must focus on preventing exposures to blood.⁹ Blood and body fluid precautions should be employed for all patients. Healthcare workers should use gloves when touching blood or other body fluids.
4. Hands must be washed immediately after any contamination from blood or body fluids and after removing gloves.⁹ If hands are not visibly soiled, they should be routinely decontaminated with an alcohol-based rub.¹⁰
5. Used needles and syringes (do not recap), as well as knives, blades, etc., should be disposed of in puncture-proof containers.
6. Healthcare workers with exudative sores or weeping dermatitis should avoid contact with patients.⁹
7. Universal precautions should also apply to: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and human breast milk.¹¹ Special precautions are recommended in dentistry.⁹

Further information on HIV/AIDS can be obtained at:

CDC National AIDS Hotline (CDC Info)
1-800-232-4636 (English and Spanish)
TTY: 1-888-232-6348

CDC National Prevention Information Network:
PO Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231 (English and Spanish)
TTY: 1-800-243-7012

CURRENT FLORIDA LAW ON AIDS AND ITS IMPACT ON TESTING, CONFIDENTIALITY OF TEST RESULTS, AND TREATMENT OF PATIENTS

(THIS SECTION IS PART OF THE MANDATORY CONTENT FOR FLORIDA PHARMACISTS)

The Florida Legislature has established a requirement that health care professionals, including pharmacists, complete an educational course on HIV/AIDS as a condition of biannual relicensure. The course must contain at least these five components: (1) Education on the modes of transmission, (2) Infection control procedures, (3) Clinical management, (4) Prevention of AIDS and HIV, and (5) Information on current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Failure to complete the requirement is grounds for disciplinary action, and anyone failing to comply must still complete the course, as well as meet other conditions of administrative discipline. Applicants for initial licensure as a pharmacist must also complete the HIV/AIDS education re-quirement.

FLORIDA LAW ON AIDS AND ITS IMPACT ON TESTING

Because of the controversy associated with HIV testing, the Florida Legislature has established requirements concerning the testing for HIV. The Legislature bases its requirements on its determination that the use of tests designed to reveal HIV infection can be a valuable tool in protecting the public health. Despite the many good reasons to be tested for HIV infection, the Florida Legislature observed that many members of the public are deterred from seeking such a test because they misunderstand the nature of the test and/or they fear that the results of the test will be disclosed without their consent. The Florida AIDS law is designed to overcome barriers to the effective use of HIV testing as a public health measure.

Several important definitions, specifically set out in the Florida AIDS law, include:

- **"HIV Test"** is a test ordered after July 6, 1988, to determine the presence of the antibody or antigen to human immunodeficiency virus or the presence of human immunodeficiency virus infection.
- **"HIV test result"** is a laboratory report of a human immunodeficiency virus test result entered into a medical record on or after July 6, 1988, or any report of a human immunodeficiency virus test. As used in this section, the term **"HIV test result"** does not include test results reported to a health care provider by a patient.
- **"Significant exposure"** means:
 1. Exposure to blood or body fluids through needle-stick, medical instruments, or other sharp objects.
 2. Exposure of mucous membranes to visible blood or body fluids, to which universal precautions apply according to the National Centers for Disease Control, including, without limitations, the following body fluids:

a) Blood	f) Pleural fluid
b) Semen	g) Peritoneal fluid

- c) Vaginal secretions
- d) Cerebrospinal fluid (CSF)
- e) Synovial fluid
- h) Amniotic fluid
- i) Laboratory specimens that contain HIV (e.g., suspension of concentrated virus)

3. Exposure of skin to visible blood or body fluids, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis, or the contact is prolonged or involves an extensive area.

- **“Test subject” or “subject of the test”** means the person upon whom an HIV test is performed, or the person who has legal authority to make health care decisions for the test subject.

Bearing in mind these specific definitions, the Florida Legislature has required that no person order a test, without making available information regarding measures for the prevention of HIV transmission, exposure to HIV, and the transmission of HIV, to the test subject, prior to the test. At the time an HIV test is ordered, the person ordering the test must schedule a return visit with the test subject for the purpose of disclosing the test results and conducting post-test counseling.

Under Florida law, no test result may be determined as positive, and no positive test result may be revealed to any person, without corroborating or confirmatory tests being conducted. However, preliminary test results may be released to licensed physicians or certain medical personnel who have a “need to know” the results.

No test result may be revealed to the person upon whom the test was performed without affording that person the immediate opportunity for individual face-to-face counseling about:

1. The meaning of the test results.
2. The possible need for additional testing.
3. Measures for the prevention of the transmission of HIV.
4. The availability in the geographic area of any appropriate health care services, including mental health care, and appropriate social support services.
5. The benefits of locating and counseling any individual by whom the infected individual may have been exposed to HIV infection, and any person whom the infected individual may have exposed to HIV infection.
6. The availability, if any, of the services of public health authorities with respect to locating and counseling any individual described in paragraph 5, immediately above.

FLORIDA LAW ON AIDS AND ITS IMPACT ON THE CONFIDENTIALITY OF TEST RESULTS

The general rule in Florida is that the identity of any person upon whom a test has been performed and the test results are confidential. No person who has obtained a test result, or has knowledge of a test result, may disclose or be compelled to disclose the identity of any person upon whom a test is performed or the results of such a test. The confidentiality requirement extends to a prohibition on disclosure in any manner which permits identification of the subject of the test.

The general rule of confidentiality of HIV testing and test results are subject to several specific exceptions listed by the Florida Legislature. Under the exceptions to confidentiality, a person may disclose the identity of an individual who has been tested, or the results of a test, to the following persons:

1. The subject of the test or the subject’s legally authorized representative.
2. Any person designated in a legally effective written release of the test results executed prior to, or after the test, by the subject of the test, or by the subject’s legally authorized representative.
3. An employee of a health facility, if the facility is authorized to obtain the results, and if the employee (a) participates in the provision of patient care, and (b) must know the information.
4. Health care providers consulting between themselves or with health care facilities to determine diagnosis and treatment.
5. The Department of Health and Rehabilitative Services.
6. Health facility staff committees, for the purposes of conducting program monitoring, program evaluation, or service reviews.
7. Authorized medical or epidemiological researchers, who may not further disclose any identifying characteristics or information.
8. A person allowed access by order of a worker’s compensation judge.
9. Persons involved with child-caring agencies or family foster homes, or adoptive parents of tested individuals.
10. Medical personnel who have been subject to a significant exposure during the course of medical practice.

The law states that there shall be no criminal or civil liability for the disclosure of otherwise confidential information about a positive test for HIV to a patient’s sexual partner or a patient’s needle-sharing partner under the following circumstances:

1. If a patient discloses to a health care provider the identity of a sexual partner or a needle-sharing partner.
2. The health care provider recommends that the patient notify the sexual partner or the needle-sharing partner of the positive test and refrain from engaging in sexual or drug activity in a manner likely to transmit the virus, and the patient refuses, and the health care provider informs the patient of his or her intent to inform the sexual partner or needle-sharing partner.

3. If pursuant to a perceived civil duty or the ethical guidelines of the profession, the health care provider reasonably and in good faith advises the sexual partner or the needle-sharing partner of the patient of the positive test and facts concerning the transmission of the virus.

FLORIDA LAW ON AIDS AND ITS IMPACT ON THE TREATMENT OF PATIENTS

Under Florida law, no person may perform a test designed to identify HIV, or its antigen or antibody, without first obtaining the informed consent of the person upon whom the test is being performed. Informed consent must be preceded by an explanation of the right to confidential treatment of information identifying the subject of the test and the results of the test. Consent need not be in writing, provided there is documentation in the medical record that the test has been explained and that consent has been obtained. Informed consent must be obtained from a legal guardian or other person authorized by law when the patient is not competent or is otherwise unable to make an informed judgment.

There are several exceptions to the requirement of informed consent to HIV testing under Florida law:

1. When testing for sexually transmissible diseases as authorized by law.
2. Medical emergencies, when test results are necessary for appropriate emergency care and the patient is unable to consent.
3. When, in the opinion of the attending physician, in-formed consent would be detrimental to the patient.
4. HIV testing as a part of an autopsy for which consent was obtained.
5. After a sexual battery where a blood sample has been taken from the defendant.
6. When an HIV test is mandated by court order.
7. For epidemiological research consistent with institu-tional review boards.
8. For an infant, when the parents cannot be contacted.

Florida law on AIDS also addresses the need to obtain informed consent for the performance of an HIV test on a patient who comes into contact with medical personnel in such a way that a significant exposure has occurred. If a blood sample has already been taken voluntarily, then the following rules apply:

1. The patient must be requested to consent to an HIV test.
2. Reasonable efforts must be made to locate the patient, if the patient is not readily available.
3. Costs of the test must be borne by the medical person-nel, or the employer.
4. The medical personnel must also be tested, or provide evidence of a negative test within six months.
5. If all conditions are met, then no informed consent is necessary.
6. If no blood has been voluntarily drawn from the pa-tient, and medical personnel have a significant expo-sure during treatment of a medial emergency, then the same rules apply, and a blood test may be done during the course of treatment for the emergency.

CONFIDENTIALITY LESSONS

Perhaps the issue of greatest significance to pharmacists, with regard to the legal implications of HIV/AIDS, is the issue of confidentiality. The opportunities for pharmacists to publicly disclose private and personal information about HIV/AIDS patients increase as the records of pharmacists become more detailed and more easily accessed through computer systems. Pharmacists must at all times be aware of the need to respect the patient's right to privacy, and this lesson is particularly pertinent to the special circumstances of the HIV/AIDS patient.

One recent lawsuit against a pharmacy alleged that a pharmacist had been unable to fill an entire prescription for an AIDS patient, and had given the patient a few dosage units to last for a day or two, with instructions to return later for the balance of the prescription. The patient's ex-wife came to the pharmacy two days later to pick up her medicine, and the pharmacist asked if she would like to also pick up the medicine of her ex-husband. The ex-wife asked what the medicine was for, and the pharmacist explained that it was for AIDS. The ex-wife became distraught and her two sons, ages 5 and 7, asked if their father was going to die. The lawsuit ended in an out-of-court settlement.

In another lawsuit, the facts disclosed that an AIDS patient was so pleased with the high quality of the pharmaceutical care he received that he wrote a letter of thanks to the management of his pharmacy. The letter did not specifically say that the patient suffered from AIDS, but this conclusion could be indirectly drawn from other information in the letter. Eager to brag on its achievements, the pharmacy reprinted the letter, without permission of the patient, in its company newsletter. The newsletter was received by thousands of pharmacists and others throughout the area in which the pharmacy did business. The patient sued the pharmacy, challenging the release of the information as an invasion of privacy. The court rejected the pharmacy's argument that it was permitted to release this information since it had not been specifically forbidden to do so.

A Florida appellate court has ruled that pharmacy records of patients to whom drugs have been dispensed to treat HIV/AIDS are medical records that are confidential under the HIV/AIDS laws that appear to protect the privacy only of the "knowledge of a test result." The court reasoned that even disclosing the identity of patients who are treated by a physician whose specialty is HIV/AIDS would violate the HIV/AIDS laws.

A different Florida court has upheld the right of an AIDS patient to sue a hospital to which he had been admitted, and at which he had tested positive for HIV. The hospital had recorded this information in the patient's chart, but had not told the patient. Since the law requires that hospitals provide counseling to patients who have been tested for HIV, the patient was permitted to proceed with his lawsuit against the hospital.

In a case involving alleged Medicaid fraud, a Florida appellate court has upheld the right of state authorities to seize medical and pharmacy records to investigate the allegations. The court referred to an amendment to the law that went into effect in 2000, under which authorities are now authorized to access private patient information about HIV/AIDS when it is necessary in the investigation of a Medicaid fraud claim. However, this is a narrow exception to the general rule that medical and pharmacy information about a patient's HIV/AIDS status is confidential.

These cases, and others like them, emphasize the need to maintain the confidentiality of information about all patients. With HIV/AIDS patients the importance of the confidentiality issue is magnified, due to the particular sensitivity of the information.

CONCLUSION

The structure of Florida law on HIV/AIDS encourages voluntary testing of those who think they may be infected. This goal of voluntary testing is sought through legal controls placed on testing by individuals and institutions, to assure accuracy and confidentiality of test results. Florida law also establishes that persons infected or perceived to be infected with HIV may not be discriminated against based on their seropositive status. The result of this approach is to encourage as many people as possible to discover their HIV infection and take necessary steps to assure that others are not infected.

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IN NEXT MONTH'S LESSON WE SHALL PRESENT AN UPDATED REVIEW OF TREATMENT MODALITIES THAT ARE EMPLOYED FOR HIV & AIDS.

Fill in the information below, answer questions and return **Quiz Only** for certification of participation to:
 CE PRN®, 400 Lake Cook Road, Suite 207, Deerfield, IL 60015.

NAME _____ (ID # 1st line on label) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS **ARE YOU LICENSED IN FLORIDA? IF YES FL LIC** _____

EMAIL Address (we need this) _____

LESSON EVALUATION

Please fill-out this section as a means of evaluating this lesson. The information will aid us in improving future efforts. Either circle the appropriate evaluation answer, or rate the item from 1 to 7 (1 is the lowest rating; 7 is the highest).

1. Does the program meet the learning objectives?

Comment upon the changing character of HIV/AIDS	Yes	No		
Discuss the prevalence of HIV/AIDS	Yes	No		
List sources of HIV infection & methods of transmission	Yes	No		
Discuss controlling the spread of infection	Yes	No		
Discuss preventive measures & educational counseling	Yes	No		
Identify legal issues that must be considered	Yes	No		

2. Was the program independent & non-commercial?

	Yes	No		
Poor			Average	Excellent
1	2	3	4	5

3. Relevance of topic to your practice

4. What did you like most about this lesson? _____

5. What did you like least about this lesson? _____

(WATCH OUR WEBSITE FOR RESULTS OF PARTICIPANT EVALUATIONS)

Quiz—Please Select the Most Correct Answer

- | | |
|---|--|
| <p>The issue of greatest significance to pharmacists with regard to legal implications of HIV/AIDS is:</p> <ol style="list-style-type: none"> A. Shared information with other health professionals B. Duty to warn C. Confidentiality D. None of these <p>2. Patient information regarding HIV/AIDS status may be accessed if it is relevant to investigation of a Medicaid fraud claim.</p> <p>A. True B. False</p> <p>3. A common State Law, such as in Florida,</p> <p>A. Encourages voluntary HIV/AIDS testing</p> <p>B. Assures accuracy & confidentiality of test results</p> <p>C. Establishes that there be no discrimination of patients based on seropositive status</p> <p>D. All of these</p> <p>4. HCV is of special risk to HIV-infected injection drug users.</p> <p>A. True B. False</p> <p>5. The primary routes of HIV transmission are:</p> <p>A. Sexual contact with infected person</p> <p>B. Sharing needles with infected person</p> <p>C. Birth from or breastfeeding from infected female</p> <p>D. Transfusions of infected blood or blood clotting factors</p> <p>E. All of these</p> | <p>6. When disposing of needles & syringes, they should be recapped & disposed of in puncture-proof containers.</p> <p>A. True</p> <p>B. False</p> <p>7. In 2004, the greatest number of AIDS cases occurred in adults ages:</p> <p>A. 19 - 24</p> <p>B. 25 - 35</p> <p>C. 40 - 44</p> <p>D. 49 - 54</p> <p>8. Through 2004, the estimated number of diagnosed AIDS cases in the US was:</p> <p>A. 350,000</p> <p>B. 553,000</p> <p>C. 944,000</p> <p>D. 1,300,000</p> <p>9. Transmission of HIV via blood transfusions in the US is:</p> <p>A. On the rise</p> <p>B. Extremely rare</p> <p>C. Dependent on age</p> <p>D. None of these</p> <p>10. Why do patients, positive for both HIV & <i>M.tuberculosis</i>, have greater risk of developing TB?</p> <p>A. HIV weakens immune system</p> <p>B. Additive effect</p> <p>C. Symbiotic microbes</p> <p>D. All of these</p> |
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