1. Which statements are true regarding chlamydia infections in women?
   a. The majority of infections are asymptomatic
   b. Majority occur in women < 25 years of age
   c. CDC guidelines recommend annual screening of sexually active women < 25 years
   d. CDC guidelines recommend women > 25 years annual screening if has new or
      multiple sex partners
   e. A and B
   f. All of the above*

2. The best method for diagnosing genital chlamydia infection is
   a. IgM, IgG serology
   b. Culture of site
   c. NAAT testing at site*
   d. Stains looking for inclusion bodies in cells
   e. PAP smear to look for atypical cells
3. What is the current recommendation for chlamydia screening in pregnant women <25 years?
   a. No screening needed
   b. Do prenatal screening
   c. Do screening at third trimester
   d. Do prenatal and third trimester screening*
   e. Do screening only if symptomatic

4. What is the preferred therapy for chlamydia, cervicitis, proctitis, and urethritis?
   a. Doxycycline 100mg bid x 7 days
   b. Azithromycin 1gm po x 1 dose
   c. Erythromycin 500mg qid x 10 days
   d. Levofloxacin 500mg po x 1 dose
   e. A and B*
   f. All of the above

5. Test-of-cure for chlamydia is indicated for which group?
   a. Women less than 25-years-old
   b. Women greater than 25-years-old
   c. Women with HIV disease
   d. Pregnant women*
   e. Women with prior history of STD
6. Which statement is true regarding *N. gonorrhoeae* infection?
   a. *N. gonorrhoeae* is increasing more rapidly in women than men
   b. Persons aged 20-24 years are at highest risk*
   c. Infection is always symptomatic
   d. The CDC recommends no screening for women unless symptomatic
   e. The rate of resistance in *N. gonorrhoeae* is decreasing

7. What is the preferred method for gonorrhea screening in women?
   a. A cervical swab for cultures
   b. A first catch urine specimen for cultures
   c. A urine specimen for NAAT testing*
   d. A cervical swab for gram stain
   e. A cervical specimen for NAAT testing

8. What is the preferred therapy for *n. gonorrhoeae* infection?
   a. Ceftriaxone 250mg IM
   b. Azithromycin 1gm po
   c. Ceftriaxone 250 IM and azithromycin 1gm po*
   d. Doxycycline 100mg bid x 7 days
   e. Levofloxacin 500mg po x 7 days
9. Unrecognized pelvic inflammatory disease may result in long-term sequelae including
   a. Infertility
   b. Chronic pelvic pain
   c. Ectopic pregnancy
   d. A and B
   e. All of the above*

10. A 23-year-old female comes in for a routine exam. She has no complaints. Labs reveal an FTA-ABS positive with an RPR + 1:8. She has no history of syphilis or any symptoms of syphilis. What should be done?
   a. Observation and repeat serology in 1 month
   b. Do another verification test to make sure not a false positive
   c. Treat with benzathine penicillin x 1 dose
   d. Treat with benzathine penicillin x 3 weekly doses*
   e. Give doxycycline 100mg bid x 14 days

11. True statement(s) regarding herpes simplex genital infection include
   a. HSV₂ is more common than HSV₁ in genital area
   b. HSV₁ leads to less recurrence than HSV₂
   c. The best method for diagnosis is culture
   d. In pregnancy HSV₁ is more lethal than HSV₂
   e. Asymptomatic shedding rarely causes transmission
12. The World Health Organization recently came out with a recommendation in hormonal contraception in women and HIV transmission. Which statement is true?
   a. Estrogen-related contraception definitely increases risk of HIV transmission
   b. Progesterone-related contraception definitely increases risk of HIV transmission
   c. All forms of hormonal contraception increase risk of HIV transmission
   d. There is no evidence that hormonal contraception increases HIV transmission*
   e. Hormonal contraception increases risk of HIV transmission only if an STD is also present

13. Which antiretroviral agent has no drug interaction with combined oral contraceptives?
   a. Elvitegravir/cobicistat
   b. Efavirenz
   c. Raltegravir*
   d. Darunavir/cobicistat
   e. Atazanavir/cobicistat

14. Which method has been successful in prevention of HIV transmission?
   a. Undetectable viral load in HIV patient
   b. Pre-exposure prophylaxis
   c. Condom
   d. A and B
   e. All of the above*
15. A 23-year-old woman is HIV positive and discusses various regimens with you. She states she uses no contraception and would eventually like to become pregnant. Which HIV medication would be contraindicated?
   a. Raltegravir
   b. Atazanavir/ritonavir
   c. Darunavir/ritonavir
   d. Efavirenz*
   e. Nevirapine

16. HIV positive women have an increased risk of developing which metabolic condition?
   a. Lipoatrophy
   b. Lipohypertrophy
   c. Insulin resistance
   d. Osteoporosis/osteopenia*
   e. Hyperlipidemia

17. Which statement is true regarding using HAART therapy in pregnancy?
   a. HAART can be started in the 1st trimester of pregnancy*
   b. HAART should be started in 2nd trimester of pregnancy
   c. HAART should only be started in the 3rd trimester of pregnancy
   d. HAART should only be started in pregnancy if CD4 is less than 200
   e. HAART therapy should be started in pregnancy only if viral load is greater than 10,000