A pregnant patient who is in labor informs you she has never had an HIV test done before. You perform a rapid test, and it is positive. What do you do now?

a. Do a confirmatory report and await results  
b. Start her on HAART therapy now  
c. Do a CD4 count and await results  
d. Put her on PreP therapy and do a confirmatory test  
e. Assume it is a false positive unless she is high risk

A pregnant female present in labor. All prior STD tests have been negative but she has been sexually active. She is asymptomatic. Which test is not needed at time of delivery?

a. HIV  
b. Syphilis  
c. Hepatitis B  
d. Test for BV and Trichomonas  
e. All are needed
HIV and Women

Which STD’s are at high risk for also transmitting HIV?

a. Syphilis  
b. Herpes  
c. Chancroid  
d. Chlamydia  
e. A,B,C  
f. All of the above

HIV and Women

A 35-year-old woman with HIV presents with a malodorous yellow-green vaginal discharge and vulvar irritation. Which statement is true regarding Trichomonas infection?

a. Can increase the risk of PID  
b. Can increase the risk of genital shedding of HIV  
c. Is diagnosed used NAAT on urine or secretion  
d. Can treat with metronidazole 2 grams  
e. Can treat with metronidazole 500mg Bid x 7 days  
f. All of the above

HIV and Women

A 25-year-old female with HIV presents with vaginal itching, burning and a thick white vaginal discharge. Hyphael forms are seen on a wet mount of the secretions. This is her 5th episode of infection in the last year. Which statement is true?

a. Fungal cultures and susceptibility testing should be considered  
b. Long treatment course of oral fluconazole 220mg every 3rd day x 3 doses followed by 200 mg weekly x 6 months  
c. Long-term prophylaxis fluconazole therapy to reduce colonization and recent symptoms  
d. A & B  
e. All of the above
HIV and Women

Which antiretroviral class has the most significant drug interaction with the oral hormonal contraceptives?

a. Nucleoside reverse transcriptase inhibitors
b. Non Nucleoside reverse transcriptase inhibitors
c. Protease inhibitors *
d. Integrase inhibitors
e. Entry inhibitors

HIV and Women

An HIV negative woman asks about safe methods of contraception that will not increase her risk of HIV. Which form of contraception would have a risk of HIV acquisition?

a. Oral hormone contraceptives both estrogen combined with progestin
b. Intrauterine devices
c. Hormonal contraceptive implants
d. Spermicides *
e. None of the above

Women with HIV

A 30-year-old woman with HIV on therapy asks about using an intrauterine device (IUD) and how safe and effective it is since she is HIV positive. Which statement is true?

a. Use of IUD’s in HIV has not been associated with increased risk of HIV progression
b. IUD’s have no increased risk of HIV transmission or genital viral shedding
c. No increased risk of infectious complication such as PID
d. A and B
e. All of the above *
Women with HIV

A 25-year-old HIV negative woman is living with her HIV positive husband who has been undetectable for HIV for over 3 years. She asks you what methods of protection she should take to prevent her from getting HIV.

a. Condoms  
b. Pre-exposure Prophylaxis (PreP)  
c. Husband is undetectable so undetectable equals untransmissable  
d. A and B  
e. All of the above *

Women with HIV

A 25-year-old female presents to your office concerned that she had unprotected sexual intercourse with a man who later stated he was HIV positive. She has tested HIV negative in the past. The activity occurred 24 hours ago. What should be done now?

a. Test her for HIV and await the results  
b. Discuss using PreP with her in the future  
c. Administer post-exposure prophylaxis with Truvada for 1 month  
d. Administer post-exposure prophylaxis with Truvada plus Raltegravir for 1 month *  
e. Test her for HIV and attempt to get HIV records on the male to see if he is suppressed

Women with HIV

A 35-year-old woman with newly diagnosed HIV and is on hormonal contraceptives asks about what HIV medication she should start. You advise that the best choice for her is

a. Truvada plus Efavirenz  
b. Truvada plus Darunavir – Cobicistat  
c. Descovy plus Elvitegravir – Cobicistat  
d. Descovy plus Dolutegravir *  
e. Truvada plus Atazanavir - Cobicistat
Women with HIV

A 35-year-old woman with HIV is very well controlled on Descovy and Efavirenz. She asks about going on a hormonal contraceptive. What agent would you recommend to her?

a. Estrogen contraceptive
b. Estrogen – progesterone contraceptive
c. Progestin-only pills
d. Progestin-only injectable contraceptive *
e. Estrogen implant

HIV and Women

Pick the correct statement regarding HIV therapy and women

a. All women with HIV should be treated regardless of viral load or CD4 count
b. Virological responses are comparable in women versus men on antiretroviral agents
c. With Nevirapine the CD4 count in women should be greater than 250 to start to prevent hepatotoxicity
d. In men going on Nevirapine the CD4 count should be greater than 400 to prevent hepatotoxicity
e. All of the above *

HIV and Women

A 24-year-old female with HIV presents to your office for treatment considerations. She is not on any hormonal contraception and states she is having active sexual activity with her husband. What is the safest therapy to give her should she get pregnant?

a. Descovy plus Bictegravir
b. Truvada plus Doravirine
c. Truvada plus Raltegravir *
d. Truvada plus Elvitegravir – Cobicistat
e. Descovy plus Darunavir – Cobicistat
**HIV and Women**

Pick the statement which is false in women with HIV in USA

a. As of 2018, 22.3% of cases of HIV were women ages 13 and older
b. 75% of cases occur from heterosexual transmission
c. African-American women constitute 59% of HIV positive women
d. Women account for 50% of new cases and has been increasing *
e. 22% of new cases occur from IVDA

**HIV Epidemiology in Women**

Pick the correct statement

a. New cases of HIV in women have increased recently
b. 40% of new cases were from IVDA
c. New cases were seen 15 times more in African-American versus White females *
d. The number of deaths in women with HIV has increased by 20%
e. There were less than 5% of new cases of HIV in Hispanic females

**HIV and Women**

True statements regarding menopause in women with HIV include all of the following except

a. Menopause occurs at an earlier age in HIV positive versus HIV negative women
b. A low CD4 count confers a higher risk of early menopause
c. Post-menopausal women with HIV have not been found to have increased genital shedding
d. Estrogen has a protective effect on immune function
e. Women with HIV are ideal candidates for hormonal replacement therapy *
HIV and Pregnancy

A 35-year-old female who is pregnant is recently diagnosed with HIV. Which statement is true regarding her condition?

a. The risk of vertical transmission if HIV not treated is 50%  
   b. The risk of vertical transmission when HIV is treated and suppressed is < 1% *  
   c. A CD4 count less than 200 in a patient with totally undetectable virus increases risk of viral transmission to 25%  
   d. You must wait to start HIV medication until 2nd trimester  
   e. All HIV positive pregnant patients can be delivered vaginally

HIV and Pregnancy

What is the major factor in causing vertical transmission of HIV in pregnancy?

a. CD4 count  
   b. Resistant HIV virus  
   c. Getting infected in 1st trimester  
   d. Viral load *  
   e. Having associated STD

HIV and Pregnancy

A 25-year-old female is HIV positive and on therapy and undetectable with CD4 count > 500. She recently became pregnant. Which statement is true?

a. A CD4 count should be monitored every month during pregnancy  
   b. A resistance test should be performed  
   c. A viral load should be measured every 6 months during pregnancy  
   d. Amniocentesis or any invasive test is contraindicated in her during pregnancy  
   e. HIV medication should be stopped in 1st trimester and restarted in 2nd trimester
### HIV and Pregnancy

A 35-year-old female is HIV positive on therapy and is pregnant. She is due in 1 week but had a rupture of membranes today. The exam is normal. Labs: Hemoglobin 9.3; WBC 8.4; CD4 count 310; Viral load 1500. She is also coinfected with HCV and A HCV viral load is 3 million. Which factor would be important to consider in regards to C-section versus vaginal delivery?

- a. CD4 count
- b. HIV viral load *
- c. HCV viral load
- d. Anemia
- e. Ruptured membranes

### HIV and Pregnancy

A 25-year-old pregnant female presents to you. She is in her 1st trimester of pregnancy. She was test for HIV and is positive with a CD4 of 400 and a viral load of 50,000. Resistance testing reveals wild type. Which regimen would not be indicated in her?

- a. Truvada and Raltegravir
- b. Truvada/Atazanavir/Ritonavir
- c. Truvada/Darunavir/Ritonavir
- d. Truvada/Dolutegravir
- e. Truvada/Elvitegravir/Cobicistat *

### HIV and Pregnancy

Post-partum management of a patient with HIV includes all of the following except

- a. Testing the baby for HIV
- b. Continuing HAART therapy
- c. Avoid breast feeding
- d. Premasticate food and feeding to the infant *
- e. Putting baby on post-exposure prophylaxis for 6 months and a negative HIV test
HIV and Women

A 65-year-old HIV positive patient presents for her routine evaluation. She has been complaining of diffuse bone pain and has occasional shortness of breath with exertion. She is currently on TDF/Tivicay with good adherence. Her labs reveal CD4 540; VL < 20; Creatinine 2.0 with a GFR 27. She has lipids with cholesterol 230; triglycerides 280. She is on antihypertensive agents and Motrin for pain. She ad a recent bone density test and it reveals osteoporosis. Her last genotype showed no resistance. What would you advise regarding her current HAART regimen?

a. Remain on what she currently is on
b. Switch to Abacavir/3TC/Dolutegravir
c. Switch to TAF/Prezista/Cobicistat
d. Switch to Dolutegravir/Rilpivirine *
e. Switch to Truvada/Doravirine

HIV and Women

A 28-year-old is recently found to be pregnant and comes in for prenatal care. Tests reveal that she is HIV and HCV positive. Which statement is correct?

a. She should be put on HCV antiviral therapy now
b. She should have a C-section at the time of delivery
c. The chance of delivery of an HCV positive baby is 40%
d. She should wait until 2nd trimester to start HIV therapy
e. She should start HIV therapy now