Pre-work for 8/8/2023 AHD

1. A 36-year-old man is evaluated for fatigue, headache, myalgia, arthralgia, and sore throat of 2 days' duration. He is also seeking HIV pre-exposure prophylaxis initiation. He has had multiple male and female sexual partners, with rare condom use. His last sexual encounter was approximately 2 weeks ago. He takes no medications.

On physical examination, vital signs are normal. Examination of the head and neck reveals anterior cervical and occipital lymphadenopathy; the remainder of the examination is unremarkable.

Laboratory testing shows a negative fourth-generation HIV-1/2 antigen/antibody combination immunoassay and negative serum rapid plasma reagin test. Top of Form

Which of the following is the most appropriate management?

1. Check absolute CD4 cell count
2. Perform HIV-1 RNA nucleic acid amplification testing
3. Start tenofovir-emtricitabine
4. Start tenofovir-emtricitabine plus dolutegravir
5. Bottom of Form

2. A 35-year-old man undergoes follow-up evaluation for a positive HIV screening test obtained 3 days ago. He is ready to start treatment. HIV testing 1 year ago was negative. He takes no medications.

The physical examination is normal.

The fourth generation HIV-1/2 antigen/antibody combination immunoassay is positive, with the differentiation assay positive for HIV-1 antibody. HIV-1 quantitative RNA is 25,640 copies/mL, and the CD4 cell count is 540/µL.Top of Form

Which of the following is the most appropriate management?

1. Antiretroviral therapy initiation now
2. Antiretroviral therapy initiation when CD4 cell count drops to less than 350/µL
3. Confirmatory HIV Western blot testing
4. Repeat HIV-1/2 antigen/antibody combination immunoassay and HIV quantitative RNA

3. Bottom of Form

An 84-year-old woman is evaluated 2 days after hospitalization for pneumonia. Initial treatment included ceftriaxone and azithromycin, but azithromycin was stopped following a negative urine *Legionella* antigen test. She is clinically improved and is able to eat and maintain oral hydration.

On physical examination, temperature is 37.7 °C (99.9 °F), blood pressure is 126/84 mm Hg, pulse rate is 82/min, and respiration rate is 18/min. Oxygen saturation  is 98% breathing ambient air. Pulmonary examination reveals crackles in the right lower lung field.

Laboratory studies show a leukocyte count  of 9700/µL (9.7 × 109/L), improved from 15,400/µL (15.4 × 109/L).

Admission chest radiograph showed a right lower lobe infiltrate without a pulmonary effusion.

Top of Form

Which of the following is the most appropriate management?

1. Continue ceftriaxone
2. Measure procalcitonin level
3. Repeat chest radiography
4. Switch to oral amoxicillin

4. List the indications for head CT prior to LP for evaluation of meningitis.

5. When treating for meningitis, who warrants additional coverage for listeria.

6. List the situations when treatment of asymptomatic bacteriuria is indicated.

Bottom of Form