



## HIV Credentialing Exam Sample Questions

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The following are examples of questions that have appeared on the HIV Credentialing Exam. These questions have been retired and the answers may not reflect current practice. Therefore, the purpose of publishing these questions is to demonstrate the type and format of questions that may be asked on the HIV Credentialing Exam. These questions should not be used as a diagnostic or indication of readiness to take the exam.

Correct answers at the time the question was administered are provided at the end of this appendix.

1. A 24 year-old transgender female who wants to start antiretroviral therapy is on estrogen hormone therapy and is preoperative for gender-affirming surgery. Which antiretroviral regimen is preferred based on potential drug-drug interactions?
  - A. Abacavir/lamivudine and atazanavir/ritonavir
  - B. Emtricitabine/tenofovir and raltegravir
  - C. Elvitegravir/cobicistat/emtricitabine/tenofovir
  - D. Emtricitabine/tenofovir and darunavir/ritonavir
  
2. A 35 year-old cisgender male has had HIV for 25 years and been treated with various antiretrovirals as they became available. His chief complaint is right hip pain. Plain X-rays show no fracture or arthritis. What is the **BEST** next step in evaluation of this patient?
  - A. CT scan of the hip
  - B. Bone scan with attention to hips
  - C. DEXA scan with attention to hips
  - D. MRI with attention to hips

3. A 30 year-old cisgender male with AIDS presents to the clinic with pneumonia. He is on emtricitabine/tenofovir and darunavir/ritonavir. His sputum is smear-positive for acid-fast bacilli. The patient's renal function is normal. Which is the BEST initial treatment regimen?
- A. Thrice weekly isoniazid/rifabutin/pyrazinamide/ethambutol with directly observed therapy
  - B. Twice weekly isoniazid/rifabutin/pyrazinamide/ethambutol
  - C. Daily isoniazid/rifabutin
  - D. Daily isoniazid/pyrazinamide/ethambutol with thrice weekly rifabutin
4. A 32 year-old transgender male with a history of intravenous drug use and a CD4 count of 30 cells/mm<sup>3</sup> is seen in the clinic for the first time. A comprehensive metabolic panel shows elevated hepatic transaminases. The hepatitis A antibody, hepatitis C antibody, and hepatitis B surface antigen are all negative. Which is the MOST appropriate next step?
- A. Repeat anti-HCV by enzyme immunoassay (EIA).
  - B. Refer to gastrointestinal specialist for liver biopsy.
  - C. Order CT scan of abdomen with and without contrast.
  - D. Order HCV RNA.
5. A 55 year-old cisgender female has been on antiretroviral therapy since 1996 when she was diagnosed with HIV. Her CD4 count is 450 cells/mm<sup>3</sup> and her HIV RNA level is < 40 copies/mL. She has been smoking for 20 years and has hypertension, chronic hepatitis B infection, and benign polyps found on her last colonoscopy one year ago. Which health-maintenance recommendation is the **MOST** important cancer prevention recommendation for this patient?
- A. Annual mammogram
  - B. Smoking cessation counseling
  - C. Colonoscopy every 3-5 years
  - D. Annual serum alpha-fetoprotein and ultrasound

6. Which is **TRUE** regarding colorectal cancer screening in adults with HIV?
- A. Routine screening should begin at age 40 because of a higher incidence of colon cancer.
  - B. Routine screening should begin at age 50 as the incidence is similar to non-HIV adults.
  - C. Routine screening should begin at age 60 because of a lower incidence of colon cancer.
  - D. Screening is recommended only if there is a family history of colon cancer in a first degree relative.
7. A 42 year-old transgender male who was diagnosed with HIV five years ago presents to the clinic for antiretroviral therapy initiation (ART). His HIV RNA level is 255,000 copies/mL, CD4 count is 285 cells/mm<sup>3</sup>, LDL level is 195 mg/d, HLA-B\*5701 negative, and has a K103N mutation. Which is the **MOST** appropriate ART to initiate?
- A. Emtricitabine/rilpivirine/tenofovir alafenamide
  - B. Abacavir/lamivudine and raltegravir
  - C. Abacavir/dolutegravir/lamivudine
  - D. Dolutegravir/rilpivirine
8. An obstetrician has referred a 26 year-old cisgender female with HIV who presented for initiation of prenatal care at 34 weeks gestation. She is currently off medications but has a history of taking antiretroviral therapy (ART) for approximately six months after her initial diagnosis four years ago. She discontinued them because she felt that they were not working. She also took two different pills for the last six weeks of her previous pregnancy two years ago. Her HIV RNA is 58,200 copies/mL and her CD4 count is 328 cells/mm<sup>3</sup>.

Which is the **BEST** recommendation for this patient?

- A. Delay the start of ART until results of current genotyping can be obtained.
- B. Delay the start of ART until records of her previous treatment and labs can be obtained.
- C. Begin immediate therapy with abacavir/dolutegravir/lamivudine 1 tablet daily while awaiting genotyping results.
- D. Begin immediate therapy with emtricitabine/tenofovir disoproxil fumarate 1 tablet daily plus darunavir 600 mg BID and ritonavir 100 mg BID while awaiting genotyping results.

9. A 48 year-old cisgender female with HIV has been recently diagnosed with gastric cancer. She has been on a successful antiretroviral therapy (ART) with a CD4 count of 450 cells/mm<sup>3</sup> and an HIV RNA <200 copies/mL. Which should be a consideration when combining antiretroviral and antineoplastic therapy in this patient?

- A. Chemotherapy is not expected to result in changes to the CD4 count.
- B. Chemotherapy should not be initiated unless the CD4 count is greater than 500 cells/mm<sup>3</sup>.
- C. A blip in the viral load is commonly seen with antiretrovirals and chemotherapy.
- D. There are antiretroviral combinations without drug interactions with chemotherapy.

10. A 24 year-old cisgender male receiving emtricitabine/tenofovir disoproxil fumarate for pre-exposure prophylaxis is newly diagnosed with acute HIV. The patient feels he will not avoid engaging in high-risk behaviors at this time. After counseling the patient on risk reduction practices, the patient is willing to start therapy.

Which of the following is the **MOST** appropriate action to take at this time?

- A. Perform genotypic resistance testing and discontinue emtricitabine/tenofovir disoproxil fumarate.
- B. Perform genotypic resistance testing and change to bictegravir/emtricitabine/tenofovir alafenamide.
- C. Perform phenotypic resistance testing and continue emtricitabine/tenofovir disoproxil fumarate.
- D. Perform phenotypic resistance testing and change to abacavir/dolutegravir/lamivudine.

11. A 29 year-old cisgender female medical resident who is five weeks pregnant presents to the employee health center after a needlestick injury. Rapid HIV testing is found to be negative. According to the most recent occupation post-exposure prophylaxis (PEP) guidelines, what is recommended to be initiated for PEP in this patient?
- A. Atazanavir/ritonavir and emtricitabine/tenofovir alafenamide
  - B. Efavirenz/emtricitabine/tenofovir disoproxil fumarate
  - C. Dolutegravir and abacavir/lamivudine
  - D. Raltegravir and emtricitabine/tenofovir disoproxil fumarate
12. Confidential name-based reporting of HIV diagnosis data to the Centers for Disease Control and Prevention (CDC) is used to accomplish which of the following?
- A. HIV/AIDS surveillance
  - B. Partner notification
  - C. Treatment as prevention
  - D. The duty to warn

13. A 27 year-old G2/P1 female with HIV presents at 39 weeks gestation for spontaneous vaginal delivery of her second child. She has been on antiretroviral therapy (ART) for the past seven years, including during her most recent pregnancy. Last week in the clinic, her CD4 count was 843 cells/mm<sup>3</sup> and HIV RNA level was <20 copies/mL. Her OB/GYN physician wants to start IV zidovudine, but the patient is reluctant to use zidovudine because she has read about the side effects online prior to arriving at the hospital.

Which is the **MOST** appropriate recommendation to give the OB/GYN physician regarding intrapartum ART in this patient?

- A. The patient must be started on IV zidovudine in order to prevent vertical transmission of HIV to her child during labor.
- B. The patient can be continued on her current ART regimen without IV zidovudine because her HIV RNA level is <20 copies/mL.
- C. IV zidovudine is not recommended for women with HIV during labor and delivery because the medication has not been shown to decrease the rate of vertical HIV transmission.
- D. Oral efavirenz/emtricitabine/tenofovir, not IV zidovudine, is recommended to prevent vertical transmission of HIV during labor and delivery.

14. Which statement is **TRUE** about emtricitabine/tenofovir disoproxil fumarate/elvitegravir/cobicistat?

- A. The drug should be taken on an empty stomach.
- B. The drug should not be started if the CrCl is < 70 mL/min.
- C. The drug may be continued if the CrCl drops to < 50 mL/min.
- D. Pravastatin is contraindicated in combination with this drug.

15. A 63 year-old cisgender female who is HIV-treatment-naive presents to the clinic to start antiretroviral therapy (ART). Active medical issues include gastroesophageal reflux disease with a history of ulcer, hypercholesterolemia, and hypertriglyceridemia. All of the conditions are presently at goal levels and managed with current therapy. She was hospitalized four years ago for alcohol-induced hepatitis but has abstained from alcohol for the past three years.

The patient has the following pertinent laboratory values:

- CD4: 235 cells/mm<sup>3</sup>
- HIV RNA: 110,000 copies/mL (genotype from this sample reveals no resistance mutations)
- HLA-B\*5701: negative.

She is taking 40mg of atorvastatin daily and 20mg of omeprazole daily.

Which is the **BEST** choice for initial therapy for this patient if she continues her current medications at present doses?

- A. Rilpivirine/emtricitabine/tenofovir alafenamide with food and omeprazole administration 12 hours before ART
- B. Dolutegravir and emtricitabine/tenofovir alafenamide
- C. Elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide with food and omeprazole administration 12 hours before ART
- D. Raltegravir and abacavir/lamivudine

Answers: 1. B, 2. D, 3. D, 4. D, 5. B, 6. B, 7. C, 8. D, 9. D, 10. B, 11. D, 12. A, 13. B, 14. B, 15. B