Mindful Continuing Education

HIV, Bloodborne Pathogens, and Sexually Transmitted Diseases (STDs)

1. When counseling a client newly diagnosed with HIV, which statement best reflects accurate education about the virus and its treatment?

A. HIV primarily affects the liver, and short courses of antiviral therapy can completely clear the virus in most people.
B. HIV is a lifelong infection that attacks cells that help the body fight infection; daily antiretroviral therapy can reduce the viral load to very low or undetectable levels but does not cure the virus.
C. HIV is usually a short-term illness; once flu-like symptoms resolve, the virus is no longer active or transmissible.
D. HIV can be cured if antiretroviral medications are started during the first few weeks after infection.

---

2. A man living with HIV has been in the chronic stage (stage 2) for several years and feels well. Which counseling message is most accurate regarding his transmission risk?

A. Because you no longer have flu-like symptoms, you cannot transmit HIV to sexual partners.
B. Even without symptoms, HIV remains active in the body and can still be transmitted unless effective treatment suppresses the viral load.
C. Transmission is a concern only during the acute stage; by stage 2 HIV is dormant and noninfectious.
D. You are contagious only if you develop the severe illnesses seen in AIDS.

---

3. Which statement accurately compares hepatitis B virus (HBV) and hepatitis C virus (HCV) as described in the course?

A. Both HBV and HCV lack effective drug treatments and typically require liver transplant as first-line management.
B. Chronic HCV is the main cause of liver cancer in the U.S. and has no cure, whereas HBV is the leading cause of liver transplants but is usually curable.
C. Chronic HBV is the main cause of liver cancer in the U.S. and has no cure, whereas HCV is the leading cause of liver transplants but is usually curable with antiviral therapy.
D. HBV and HCV are clinically identical: both are easily cured and rarely lead to liver cancer or transplantation.

---

4. Which client is at greatest risk of developing chronic hepatitis B after infection, assuming no treatment?

A. A healthy 40-year-old adult who acquires HBV through a needlestick injury.
B. A newborn whose birthing parent is infected with hepatitis B.
C. A 30-year-old man who has sex with men and develops acute hepatitis B symptoms.
D. A 55-year-old traveler who contracts HBV during an overseas trip.

---

5. A 62-year-old man reports injecting drugs in his 20s and 30s but has not used in decades. He feels well and has normal liver tests. Based on the course content, how should you approach hepatitis C (HCV) screening?

A. He both injected drugs in the past and is in the baby boomer birth cohort, which are established risk factors warranting HCV screening.
B. Screening is unnecessary because HCV almost always causes obvious jaundice shortly after infection.
C. Screening is reserved for people currently injecting drugs; past use and age are not relevant.
D. Only patients with advanced liver failure should be screened for HCV, because earlier stages are not treatable.

---

6. A sexually active client with multiple partners reports no genital symptoms and asks if STD testing is still important. Which response best reflects current understanding of STDs in the course?

A. Many common STDs cause no or mild symptoms, so regular testing is important even when you feel well.
B. STDs always cause noticeable symptoms, so testing is needed only if you develop pain, discharge, or sores.
C. As long as you avoid vaginal intercourse, STD testing provides little benefit.
D. Screening is recommended only once in a lifetime unless you are pregnant.

---

7. Which situation most clearly increases a person’s risk of acquiring or transmitting HIV according to the course content?

A. Engaging in anal sex with a partner who is HIV-positive but maintains an undetectable viral load on ART.
B. Having a single monogamous partner whose HIV status is known to be negative and consistently using condoms.
C. Having untreated STDs and engaging in sex without condoms while using alcohol or drugs that impair judgment.
D. Sharing household items like dishes and towels with a person living with HIV whose viral load is suppressed.

---

8. A 35-year-old woman born in a region with high HBV prevalence has never been vaccinated or tested for hepatitis B. According to CDC guidance described in the course, what is the most appropriate next step?

A. Skip screening and proceed directly to vaccination because people born outside the U.S. are presumed infected.
B. Defer HBV screening because triple-panel testing is recommended only for people over 60.
C. Rely on a single hepatitis B surface antigen test; triple-panel testing is reserved for people on dialysis.
D. Order a triple-panel HBV blood test because adults with risk factors who have never been screened should receive this panel regardless of age.

---

9. Which exposure scenario represents a realistic route of HIV transmission as described in the course?

A. Sharing a toilet seat with a person living with HIV whose viral load is undetectable.
B. Blood from a person with a detectable viral load entering another person's bloodstream through a needlestick injury.
C. Contact with sweat from an HIV-positive person on intact skin.
D. Coughing near an HIV-positive coworker in a shared office.

---

10. When educating clients about hepatitis B and C, which statement accurately compares their primary modes of transmission?

A. HBV can spread through blood, semen, and other body fluids, whereas HCV transmission occurs most often through infected blood, such as shared injection equipment.
B. Both HBV and HCV are spread almost exclusively by casual household contact like sharing utensils.
C. HCV is primarily transmitted sexually, while HBV transmission is limited to blood transfusions.
D. Neither HBV nor HCV can be transmitted from parent to child around the time of birth.

---

11. A client's roommate has chronic hepatitis B. Which prevention plan best reflects CDC recommendations for the uninfected roommate?

A. Avoid sharing food and hugging, as these are primary ways HBV spreads in households.
B. Obtain HBV testing and complete the hepatitis B vaccine series, since household contacts of someone with chronic HBV are at increased risk.
C. Take a short course of antivirals; vaccination is not useful after household exposure.
D. Rely on frequent handwashing; vaccination is reserved for health care workers and infants.

---

12. Which hand hygiene practice aligns with the standard precautions described in the course?

A. Wash hands briefly with water alone between patients as long as gloves are used.
B. Use alcohol-based hand rub only when hands are visibly soiled to maximize its effectiveness.
C. Wash hands with soap and water for about 40–60 seconds, and avoid touching the faucet with clean hands to prevent recontamination.

D. Reserve hand hygiene for after contact with blood; it is not needed after contact with contaminated objects.

---

13. According to CDC guidance cited in the course, what is the recommended sequence for putting on PPE before entering a room where blood or body fluid exposure is possible?

A. Mask first, then gloves, then gown, and goggles or face shield last.
B. Gloves first, then mask, then gown, and goggles or face shield last.
C. Gown first, then mask, then goggles or face shield, and gloves last.
D. Goggles or face shield first, then gloves, then gown, and mask last.

---

14. When removing PPE after a potential blood exposure, which action is consistent with the procedure outlined in the course?

A. Pull the gown off by grabbing the front fabric and letting the contaminated side touch your clothing.
B. Remove the mask first so you can speak clearly while taking off the remaining PPE.
C. Remove gloves first by peeling one away from the palm, holding it in the gloved hand, and then removing the second glove without touching the skin.
D. Remove goggles by grasping the front surface to avoid disturbing the straps.

---

15. A hospitalized patient has C. difficile infection with significant diarrhea. Which infection-control strategy best matches the recommended transmission-based precautions?

A. Use airborne precautions with an N95 respirator and negative-pressure isolation.
B. Implement contact precautions, wearing gloves and a gown on room entry and performing hand hygiene before donning and immediately after removing PPE.
C. Apply droplet precautions with a surgical mask only when performing aerosol-generating procedures.
D. Rely on standard precautions alone because C. difficile spreads mainly through the air.

---

16. A social worker in a supportive housing program is asked to clean up visible blood in a common area after a resident’s nosebleed. Which approach best applies OSHA guidance discussed in the course?

A. Rely on household gloves alone; eye and face protection are unnecessary for any blood cleanup tasks.
B. Wipe up the blood quickly with bare hands to minimize the time other residents see it.
C. Ask another resident to clean the spill, because the social worker’s risk is limited to clinical settings.
D. Use appropriate PPE and blood cleanup supplies, avoid direct skin contact with the blood, and dispose of contaminated materials safely.

---

17. A hospital social worker sustains a needlestick from a needle just used on a client with unknown HIV status. According to the updated occupational guidelines, what is the most appropriate immediate course of action?

A. Apply a bandage and schedule an HIV test in six months; early testing and PEP are not useful.
B. Wait for the client's HIV test results before reporting the incident so PEP is not started unnecessarily.
C. Rinse the area briefly and monitor for symptoms; PEP is indicated only if the source tests HIV-positive and has AIDS.
D. Clean the area, report the incident promptly, and seek medical evaluation to start HIV PEP as soon as possible, ideally within 72 hours.

---

18. A client presents 24 hours after condomless sex with a partner known to be HIV-positive. Which recommendation aligns with the non-occupational PEP guidance in the course?

A. Wait until an HIV test is positive before starting any medications, because early treatment can mask infection.
B. Initiate nPEP as soon as possible (within the 72-hour window), complete a 4-week regimen, and avoid unprotected sex, injection drug use, breastfeeding, and blood or semen donation during treatment.
C. Begin nPEP within 10 days of exposure; the timing of initiation does not affect its effectiveness.
D. Use nPEP for one week only, since HIV infection would be established after that point.

---

19. A person without known hepatitis B vaccination status has sexual contact with a partner later found to be HBV-positive. What post-exposure management is recommended in the course?

A. Give a single vaccine dose at the next routine clinic visit; HBIG is reserved for occupational exposures.
B. Wait to see if symptoms develop before giving HBIG or vaccine, because most adult HBV infections resolve spontaneously.
C. Administer hepatitis B immune globulin (HBIG) and a dose of hepatitis B vaccine as soon as possible, ideally within 24 hours, and complete the full vaccine series.
D. Start oral antivirals immediately and defer all vaccination, as vaccines are ineffective after exposure.

---

20. After a needlestick from a source patient later confirmed HCV-positive, what follow-up strategy is recommended for the exposed employee?

A. Rely on symptom monitoring alone; laboratory follow-up is unnecessary given the low risk of transmission.
B. Begin universal HCV PEP immediately for all percutaneous exposures and forgo baseline testing.

C. Delay initial testing until 6 months after exposure because earlier tests cannot detect HCV infection.
D. Obtain baseline HCV testing within 2 days, repeat testing at 3–6 weeks and again at 4–6 months if earlier tests are negative, and refer for treatment if infection is detected; routine HCV PEP is not recommended.

---

21. A client is treated for uncomplicated gonorrhea. Which partner-management strategy reflects the expedited partner therapy (EPT) approach described in the course?

A. Reporting the case but advising the client that partners should seek care only if they plan future sexual contact.
B. Waiting to treat the partner until they develop symptoms, to avoid overtreatment.
C. Asking the client to notify partners but not offering any medication because public health will handle all partner care.
D. Providing a prescription or medication for the client's sexual partner, based on the client's diagnosis, to prevent reinfection and further transmission.

---

22. Why are HIV, HBV, HCV, and several STDs classified as reportable diseases according to the course?

A. To allow health departments and CDC to collect prevalence data, identify trends and outbreaks, and inform public health prevention efforts.
B. To enable employers and insurers to restrict coverage or employment for infected individuals.
C. To ensure that every diagnosed person is automatically enrolled in clinical trials.
D. To waive privacy protections so that partners can be notified directly by laboratories.

---

23. Which statement best characterizes the legal concept of duty to warn in relation to STDs as described in the course?

A. Only a few U.S. jurisdictions have specific duty-to-warn laws for STDs; there is no universal nationwide requirement, and reporting and partner notification duties vary by state.
B. All states require clinicians to directly warn every sexual partner of anyone diagnosed with any STD.
C. Duty to warn laws for STDs are standardized federally and override all state privacy regulations.
D. Clinicians have no legal responsibilities related to STD exposure beyond routine medical care.

---

24. When working with clients living with HIV, HBV, HCV, or STDs, which understanding of trauma is most consistent with the research summarized in the course?

A. Infectious disease diagnoses tend to resolve quickly, so they seldom contribute to long-term trauma or PTSD symptoms.

B. Trauma is rarely relevant in infectious disease care because these conditions are almost always acquired in planned, consensual situations.
C. Trauma is only a concern for clients who report combat exposure; other experiences have minimal impact on infection risk or adjustment.
D. Many affected individuals have higher rates of prior interpersonal trauma and may experience the infection diagnosis itself as traumatic, influencing risk behaviors and mental health.

---

25. A social worker wants to align her practice with SAMHSA's trauma-informed care principles. Which approach best reflects these principles?

A. Focusing on rapid symptom reduction, minimizing client involvement in decisions, and avoiding discussion of past trauma to prevent distress.
B. Prioritizing physical and psychological safety, building trust through transparency, fostering peer support and collaboration, and empowering clients' voice and choice while honoring cultural context.
C. Explaining that trauma is a medical issue to be handled solely by psychiatrists, with social workers limiting their role to paperwork.
D. Setting strict behavioral rules and consequences to ensure compliance, regardless of how clients perceive safety or power dynamics.

---

26. During an intake with a client recently diagnosed with HCV, which non-verbal behavior most supports trauma-informed communication?

A. Standing over the client to convey authority and limiting eye contact to keep the conversation efficient.
B. Sitting at eye level with an open posture, maintaining culturally appropriate eye contact, and meeting in a tidy, calm space.
C. Using frequent touch to reassure the client without asking permission, regardless of their history.
D. Conducting the interview in a noisy hallway to show that the social worker is busy but available.

---

27. A client says, "Since I found out I have an STD, I feel overwhelmed and don't know where to start." Which response best demonstrates active listening with reflection and empathy?

A. Let's focus on filling out these forms; talking about feelings will just make things harder.
B. You shouldn't feel overwhelmed; many people have STDs and live normal lives.
C. You're going through so much right now that of course it feels overwhelming and hard to know what to do first—how can I help you with this?
D. Calm down and try to think positively; stress will weaken your immune system.

---

28. Using the BATHE technique for open-ended questioning, which sequence of prompts best fits the approach outlined in the course?

A. Begin by giving advice, then ask if the client agrees, and finish by summarizing a treatment plan.
B. Ask what is going on in the client's life, explore how it affects them and what troubles them most, inquire how they are handling it, then respond with an empathic statement.
C. Start with yes/no questions, move quickly to symptom checklists, and end by assigning homework.
D. Ask the client to describe past traumas in detail before addressing their current concerns.

---

29. A clinic is designing services for people who inject drugs. Which program design best reflects harm reduction principles described in the course?

A. Requiring clients to stop all substance use before receiving any services, to reinforce that abstinence is the only acceptable outcome.
B. Offering non-judgmental, non-coercive services such as syringe exchange, naloxone education, and linkage to treatment, while recognizing that safer use or gradual change may be more realistic than immediate abstinence for some clients.
C. Limiting services to brief education about legal penalties for drug use, to deter clients from using.
D. Designing programs without input from people who use drugs, to avoid conflicts of interest.

---

30. Which social work practice most clearly aligns with the NASW Code of Ethics as applied to clients with HIV, HBV, HCV, or STDs in this course?

A. Maintaining up-to-date knowledge of these conditions, respecting client self-determination and cultural context, avoiding discrimination, and using sound professional judgment about confidentiality and state reporting laws.
B. Discouraging clients from asking questions about disclosure laws so they do not become anxious.
C. Refusing to work with clients who continue high-risk behaviors to avoid professional liability.
D. Sharing a client's diagnosis with family members without consent whenever the social worker personally believes disclosure is in their best interest.

Copyright © 2026 Mindful Continuing Education

Visit us at https://www.mindfulceus.com