

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD



### Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

**4.1**

**A 35-year old woman develops diarrhea, cramps and is passing bloody stools with fever while snorkeling with her family in Cozumel, Mexico**




**Grossly bloody stool**



**Many leukocytes of stool microscopically indicate diffuse colonic inflammation**

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD




INFECTION DISEASE BOARD REVIEW  
TREATY REVIEW CASE  
15 2021

### PREVIEW QUESTION

**4.1** What is the preferred treatment for this patient with dysenteric traveler's diarrhea?

- A) Azithromycin 1,000 mg
- B) Ciprofloxacin 500 mg twice daily X 3 days
- C) Levofloxacin 500 mg
- D) Rifaximin 200 mg three times/d for 3 days
- E) Oral fluids only



INFECTION DISEASE BOARD REVIEW  
TREATY REVIEW CASE  
15 2021


### PREVIEW QUESTION

**4.1** What is the preferred treatment for this patient with dysenteric traveler's diarrhea?

- A) Azithromycin 1,000 mg**
- B) Ciprofloxacin 500 mg twice daily X 3 days
- C) Levofloxacin 500 mg
- D) Rifaximin 200 mg three times/d for 3 days
- E) Oral fluids only

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD




INFECTION DISEASE BOARD REVIEW  
MAY 2021

### PREVIEW QUESTION

**4.2** Three non-family members begin vomiting 2 hours after eating at a local Italian restaurant. What is the likely cause?

- A) *Shigella* spp. from restaurant
- B) Staphylococcal enterotoxin from restaurant
- C) *Clostridium perfringens* enterotoxin from restaurant
- D) Norovirus from restaurant
- E) Forget the restaurant



INFECTION DISEASE BOARD REVIEW  
MAY 2021


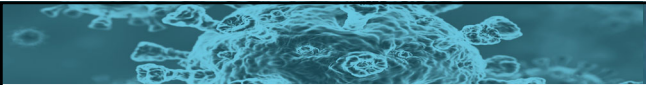
### PREVIEW QUESTION

**4.2** Three non-family members begin vomiting 2 hours after eating at a local Italian restaurant. What is the likely cause?

- A) *Shigella* spp. from restaurant
- B) Staphylococcal enterotoxin from restaurant**
- C) *Clostridium perfringens* enterotoxin from restaurant
- D) Norovirus from restaurant
- E) Forget the restaurant

## 41 – Daily Question Preview: Day 4


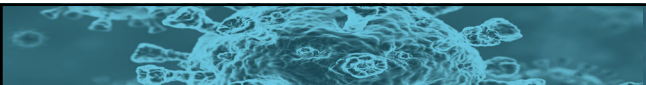
Moderator: Roy Gulick, MD



### PREVIEW QUESTION

**4.3** A foodborne outbreak occurred among 100 school children and teachers after a special luncheon.

- Median incubation period - 28 hours
- Vomiting seen in 70%
- Diarrhea in 50%
- Objective Fever in 30%
- Recovery occurred in 12-60 hours





### PREVIEW QUESTION

**4.3** What is the likely cause of the outbreak?

- A) Norovirus
- B) Shigella sonnei
- C) Enterotoxin from Staphylococcus aureus
- D) Clostridium perfringens
- E) Bacillus cereus

## 41 – Daily Question Preview: Day 4



Moderator: Roy Gulick, MD



**PREVIEW QUESTION**

**4.3** What is the likely cause of the outbreak?

- A) Norovirus**
- B) Shigella sonnei
- C) Enterotoxin from Staphylococcus aureus
- D) Clostridium perfringens
- E) Bacillus cereus




**PREVIEW QUESTION**

**4.4** A 49-year-old woman from Guinea-Bissau has a reactive HIV-1/2 ELISA and a HIV Geenius positive for HIV-2 and negative for HIV-1.

CD4 cell count is 350 cells/ $\mu$ l.

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD




INFECTIOUS DISEASE BOARD REVIEW  
TREATMENT CASE #5  
Q3 2021

### PREVIEW QUESTION

**4.4** Which of the following is correct?

- A) HIV-2 is less pathogenic than HIV-1 so she only needs therapy with one antiretroviral drug
- B) She should not be treated with protease inhibitors because HIV-2 is naturally resistant to PIs.
- C) She should not be treated with NNRTI therapy because HIV-2 is naturally resistant to NNRTIs.
- D) Use of routine HIV-1 viral load assays is useful in patient management



INFECTIOUS DISEASE BOARD REVIEW  
TREATMENT CASE #5  
Q3 2021

### PREVIEW QUESTION

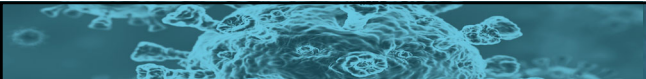
**4.4** Which of the following is correct?

- A) HIV-2 is less pathogenic than HIV-1 so she only needs therapy with one antiretroviral drug
- B) She should not be treated with protease inhibitors because HIV-2 is naturally resistant to PIs.
- C) She should not be treated with NNRTI therapy because HIV-2 is naturally resistant to NNRTIs.**
- D) Use of routine HIV-1 viral load assays is useful in patient management



## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

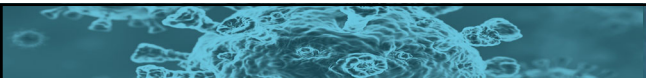


INFECTION DISEASE BOARD REVIEW  
THE GREAT NORTHWESTERN  
DEB 2021

### PREVIEW QUESTION

**4.5** Low Dose Pathogens Commonly Cause Diarrhea Outbreaks in Day Care Center. Which of the following doesn't fit?

- A) Shigella
- B) Cryptosporidium
- C) Giardia
- D) Campylobacter jejuni
- E) Norovirus



INFECTION DISEASE BOARD REVIEW  
THE GREAT NORTHWESTERN  
DEB 2021


### PREVIEW QUESTION

**4.5** Low Dose Pathogens Commonly Cause Diarrhea Outbreaks in Day Care Center. Which of the following doesn't fit?

- A) Shigella
- B) Cryptosporidium
- C) Giardia
- D) Campylobacter jejuni**
- E) Norovirus

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD




INFECTION DISEASE BOARD REVIEW  
THE MOST RELEVANT CASE  
Qs 2021

### PREVIEW QUESTION

**4.6** A 26-year-old otherwise healthy gay white man has his first HIV test as part of a new health plan.

The fourth generation test is antibody reactive and antigen non-reactive.

A supplemental third generation HIV-1/2 ELISA is non-reactive, and an HIV RNA test does not detect HIV RNA.




INFECTION DISEASE BOARD REVIEW  
THE MOST RELEVANT CASE  
Qs 2021

### PREVIEW QUESTION

**4.6** The most likely explanation for these results is

- A) This person HIV-infected and is an elite controller
- B) This person is HIV-infected but is in the window period for HIV infection
- C) This person is infected with an HIV variant that is not detected by the supplemental test
- D) This person is not HIV-infected






INFECTION DISEASE BOARD REVIEW  
THE GREAT NORTHWEST  
ID 2021

## PREVIEW QUESTION

**4.6** The most likely explanation for these results is

- A) This person HIV-infected and is an elite controller
- B) This person is HIV-infected but is in the window period for HIV infection
- C) This person is infected with an HIV variant that is not detected by the supplemental test
- D) This person is not HIV-infected**



INFECTION DISEASE BOARD REVIEW  
THE GREAT NORTHWEST  
ID 2021

## PREVIEW QUESTION

**4.7** A 65-year-old American male has had unprotected sex with men for many years.



The HIV-1/2 ELISA is reactive and supplemental testing is positive for HIV-1.

Viral RNA level is <50 copies/ml and CD4 count is 700 cells/ $\mu$ l.

He has never been on antiretroviral therapy and has no history of travel outside the US.

## 41 – Daily Question Preview: Day 4



Moderator: Roy Gulick, MD



### PREVIEW QUESTION

**4.7** Which of the following is most likely:

- A) The patient is in the window period of HIV-1 infection.
- B) The patient is chronically infected with HIV-1 and has a viral load too low to be detected because he is a long term non progressor.
- C) The patient is not infected with HIV-1 or -2, all tests are false positive.
- D) The patient is infected with non-B subtype of HIV-1



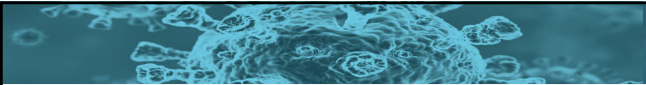
### PREVIEW QUESTION

**4.7** Which of the following is most likely:

- A) The patient is in the window period of HIV-1 infection.
- B) The patient is chronically infected with HIV-1 and has a viral load too low to be detected because he is a long term non progressor.**
- C) The patient is not infected with HIV-1 or -2, all tests are false positive.
- D) The patient is infected with non-B subtype of HIV-1

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

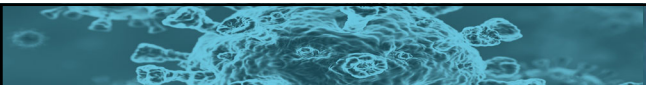


INFECTIOUS DISEASE BOARD REVIEW  
TREATMENT CASE  
Q5 2021

### PREVIEW QUESTION

**4.8** A 43-year-old HIV+ man has CD4 900-1200 and HIV RNA consistently <200 copies over the last 11 years.  
Do you recommend starting ART?

- A) Yes, all current guidelines recommend starting.
- B) No, he's a long-term non-progressor and doesn't need ART.
- C) No, he should wait until his viral load level is confirmed >200 copies/ml.
- D) No, he should wait until CD4 is confirmed <500 cells/uL.



INFECTIOUS DISEASE BOARD REVIEW  
TREATMENT CASE  
Q5 2021


### PREVIEW QUESTION

**4.8** A 43-year-old HIV+ man has CD4 900-1200 and HIV RNA consistently <200 copies over the last 11 years.  
Do you recommend starting ART?

- A) Yes, all current guidelines recommend starting.**
- B) No, he's a long-term non-progressor and doesn't need ART.
- C) No, he should wait until his viral load level is confirmed >200 copies/ml.
- D) No, he should wait until CD4 is confirmed <500 cells/uL.

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD




INFECTION DISEASE BOARD REVIEW  
THE INFECTION DISEASE BOARD REVIEW  
DE 2021

### PREVIEW QUESTION

**4.9** You have been monitoring a 36-year-old HIV+ man with CD4 ~350, VL 636,000 who is now ready to start ART, but wants the “simplest regimen possible.” Which of these regimens do you recommend?

- A) raltegravir + darunavir (boosted)
- B) tenofovir alafenamide/emtricitabine/rilpivirine
- C) abacavir/lamivudine + efavirenz
- D) lamivudine/dolutegravir
- E) tenofovir alafenamide/emtricitabine/bictegravir



INFECTION DISEASE BOARD REVIEW  
THE INFECTION DISEASE BOARD REVIEW  
DE 2021


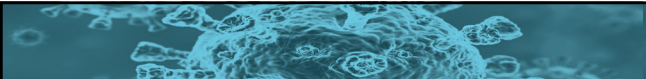
### PREVIEW QUESTION

**4.9** You have been monitoring a 36-year-old HIV+ man with CD4 ~350, VL 636,000 who is now ready to start ART, but wants the “simplest regimen possible.” Which of these regimens do you recommend?

- A) raltegravir + darunavir (boosted)
- B) tenofovir alafenamide/emtricitabine/rilpivirine
- C) abacavir/lamivudine + efavirenz
- D) lamivudine/dolutegravir
- E) tenofovir alafenamide/emtricitabine/bictegravir**

## 41 – Daily Question Preview: Day 4


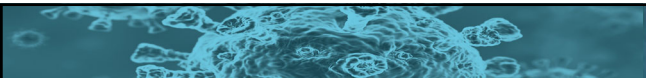
Moderator: Roy Gulick, MD



**PREVIEW QUESTION**

**4.10** 28-year-old HIV+ man on TDF/emtricitabine + atazanavir/ritonavir for 2 years with HIV RNA <50 cps/ml and CD4 200s →300s presents for routine follow-up;

Labs reveal HIV RNA 98 cps/ml and CD4 352.



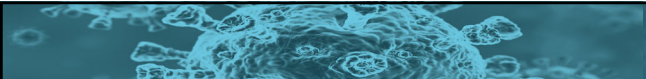
**PREVIEW QUESTION**

**4.10** What do you recommend?

- A) Obtain genotype.
- B) Obtain genotype and phenotype.
- C) Repeat HIV RNA at next visit.
- D) Change regimen to TAF/emtricitabine/bictegravir to improve adherence

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

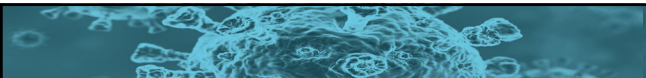


INFECTION DISEASE BOARD REVIEW  
THE GREAT NORTHWEST  
ID 2021

### PREVIEW QUESTION

**4.10** What do you recommend?

- A) Obtain genotype.
- B) Obtain genotype and phenotype.
- C) Repeat HIV RNA at next visit.**
- D) Change regimen to TAF/emtricitabine/bictegravir to improve adherence



INFECTION DISEASE BOARD REVIEW  
THE GREAT NORTHWEST  
ID 2021

### PREVIEW QUESTION

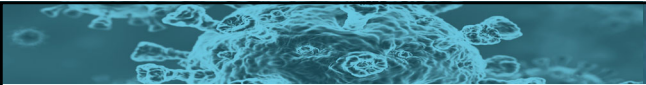
**4.11** A 22-year-old man presents with fever, mouth pain, and skin rash.

PE reveals 3 small oral ulcers and diffuse macular rash.

Labs show WBC 3K, platelets 89K, monospot negative, RPR NR, HIV antibody negative, HIV RNA 1,876,000 cps/ml.

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

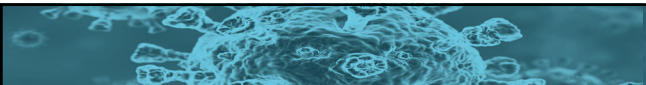


INFECTIONIOUS DISEASE BOARD REVIEW  
TREATY REVIEW CASE  
ID 2021

### PREVIEW QUESTION

**4.11** Which statement is correct?

- A) ART should not be offered.
- B) ART would decrease his symptoms.
- C) ART has long-term virologic benefits in this setting.
- D) ART has long-term clinical benefits in this setting.



INFECTIONIOUS DISEASE BOARD REVIEW  
TREATY REVIEW CASE  
ID 2021

### PREVIEW QUESTION


**4.11** Which statement is correct?

- A) ART should not be offered.
- B) ART would decrease his symptoms.**
- C) ART has long-term virologic benefits in this setting.
- D) ART has long-term clinical benefits in this setting.



## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD




INFECTIOUS DISEASE BOARD REVIEW  
THE GREAT NORTHWESTERN  
MAY 2021

### PREVIEW QUESTION

**4.12** A 34-year-old HIV-negative nurse sustains a needlestick from an HIV-positive patient who has not taken ART for 2 years.

Which of these post-exposure (PEP) regimens do you recommend?

- A) tenofovir (TDF)/emtricitabine
- B) tenofovir (TDF)/emtricitabine + integrase inhibitor
- C) tenofovir (TAF)/emtricitabine + integrase inhibitor
- D) tenofovir (TDF)/emtricitabine + protease inhibitor



INFECTIOUS DISEASE BOARD REVIEW  
THE GREAT NORTHWESTERN  
MAY 2021

### PREVIEW QUESTION



**4.12** A 34-year-old HIV-negative nurse sustains a needlestick from an HIV-positive patient who has not taken ART for 2 years.

Which of these post-exposure (PEP) regimens do you recommend?

- A) tenofovir (TDF)/emtricitabine
- B) tenofovir (TDF)/emtricitabine + integrase inhibitor**
- C) tenofovir (TAF)/emtricitabine + integrase inhibitor
- D) tenofovir (TDF)/emtricitabine + protease inhibitor

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD





**PREVIEW QUESTION**

**4.13** 23-year-old HIV-negative man with an HIV+ partner on ART with HIV RNA suppressed below detection asks about starting pre-exposure prophylaxis (PrEP).

In addition to safer sex counseling, which of these do you recommend?

- A) Nothing – PrEP is not indicated.
- B) PrEP with tenofovir (TDF)/emtricitabine daily.
- C) PrEP with tenofovir (TAF)/emtricitabine “on demand”.
- D) PrEP with bictegravir/tenofovir (TAF)/emtricitabine daily.



**PREVIEW QUESTION**

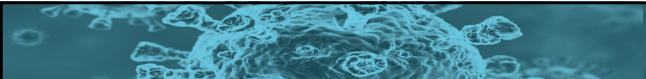
**4.13** 23-year-old HIV-negative man with an HIV+ partner on ART with HIV RNA suppressed below detection asks about starting pre-exposure prophylaxis (PrEP).

In addition to safer sex counseling, which of these do you recommend?


- A) Nothing – PrEP is not indicated.
- B) PrEP with tenofovir (TDF)/emtricitabine daily.**
- C) PrEP with tenofovir (TAF)/emtricitabine “on demand”.
- D) PrEP with bictegravir/tenofovir (TAF)/emtricitabine daily.

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD



**INFECTIOUS  
DISEASE**  
BOARD REVIEW  
THE NEXT REVIEW CASE  
**Q5 2021**



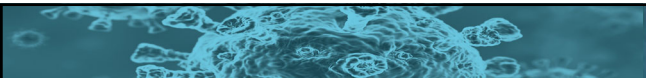
# PREVIEW QUESTION


**4.14** A 38-year-old woman with AML is admitted with fever. She underwent induction chemotherapy 2 weeks prior, complicated by neutropenic fever. Following marrow recovery, she was d/c to home.

The day of admit she developed fever without localizing symptoms. CBC showed a white blood cell count of 12,250 with 20% bands.

Exam: T 101.4; P 98, Otherwise unremarkable.  
Blood cultures were sent, and she was started on broad spectrum empiric antibiotics.



**INFECTIOUS  
DISEASE**  
BOARD REVIEW  
THE NEXT REVIEW CASE  
**Q5 2021**




# PREVIEW QUESTION



**4.14**

HD 2: Fever persists, with interval development of raised, red-purple, tender, non-pruritic papules and nodules on her face, neck and the dorsum of her hands.



## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS  
DISEASE  
BOARD REVIEW  
— PREVIEW QUESTION —  
Q4 2021


# PREVIEW QUESTION



  

### 4.14

**HD 3: Fever persists; some of the papules develop a plaque-like appearance**

**HD 4: Skin biopsy: dense perivascular infiltrates of neutrophils without evidence of vasculitis; stains for organisms negative.**



INFECTIOUS  
DISEASE  
BOARD REVIEW  
— PREVIEW QUESTION —  
Q4 2021

# PREVIEW QUESTION


### 4.14

**Which is the most likely diagnosis?**

- A) Ecthyma gangrenosum
- B) Pyoderma gangrenosum
- C) DRESS
- D) Leukemic infiltrates
- E) Sweet syndrome

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD




INFECTION DISEASE BOARD REVIEW  
THE NEXT BEST CASE  
ID 2021

### PREVIEW QUESTION

**4.14** Which is the most likely diagnosis?

- A) Ecthyma gangrenosum
- B) Pyoderma gangrenosum
- C) DRESS
- D) Leukemic infiltrates
- E) Sweet syndrome**



INFECTION DISEASE BOARD REVIEW  
THE NEXT BEST CASE  
ID 2021

### PREVIEW QUESTION

**4.15** 38-year-old male physician, previously healthy, with periodic travel to South Africa for medical research work.



Reports a positive TST six years ago, and admits poor adherence with a course of isoniazid preventive therapy at that time.

Now with 5 weeks of fever, chills, night sweats, 10-lb wt loss, productive cough. CXR shows RUL cavitory lesion. Sputum GeneXpert MTB/RIF test result is “MTB detected” and “Rifampin resistance not detected” (culture results pending).

HIV test is negative, liver chemistries are normal.

## 41 – Daily Question Preview: Day 4



Moderator: Roy Gulick, MD



### PREVIEW QUESTION

**4.15** What is the best course of action?

- A) Prescribe 9 months of isoniazid for presumed latent TB infection
- B) Do nothing pending culture results
- C) Start TB treatment with rifampin, isoniazid, PZA, ethambutol
- D) Start TB treatment with rifampin, isoniazid, PZA
- E) Start TB treatment with a regimen for multidrug-resistant TB

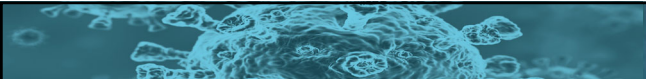


### PREVIEW QUESTION

**4.15** What is the best course of action?

- A) Prescribe 9 months of isoniazid for presumed latent TB infection
- B) Do nothing pending culture results
- C) Start TB treatment with rifampin, isoniazid, PZA, ethambutol**
- D) Start TB treatment with rifampin, isoniazid, PZA
- E) Start TB treatment with a regimen for multidrug-resistant TB





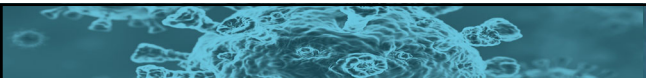
**INFECTIOUS DISEASE BOARD REVIEW**  
THE MOST RELEVANT CASES  
JULY 2021

## PREVIEW QUESTION

**4.16** 24-year-old from Zambia, in U.S. for community college, recently tested HIV-positive with CD4 400, not yet on ART.

He has a prominent anterior cervical lymph node but is otherwise well-appearing with normal BMI, normal liver and renal chemistries, and mild anemia.

Lymph node biopsy grows *M. tuberculosis* in culture.



**INFECTIOUS DISEASE BOARD REVIEW**  
THE MOST RELEVANT CASES  
JULY 2021

## PREVIEW QUESTION

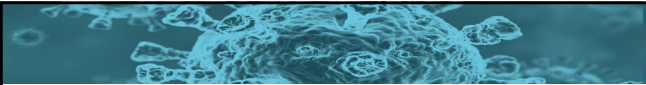
**4.16** What is the best course of action with respect to the timing of TB therapy and HIV therapy?

- A) Start ART immediately, defer TB tx
- B) Start TB tx immediately, defer ART until after completion of 6 months of TB tx
- C) Start TB tx immediately, and start ART within about 8 weeks
- D) Start both TB tx AND ART immediately



## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

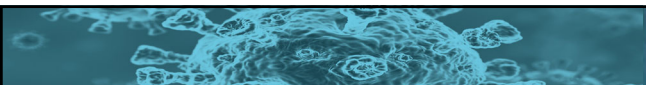


INFECTION DISEASE BOARD REVIEW TB 2021

### PREVIEW QUESTION

**4.16** What is the best course of action with respect to the timing of TB therapy and HIV therapy?

- A) Start ART immediately, defer TB tx
- B) Start TB tx immediately, defer ART until after completion of 6 months of TB tx
- C) Start TB tx immediately, and start ART within about 8 weeks**
- D) Start both TB tx AND ART immediately



INFECTION DISEASE BOARD REVIEW TB 2021

### PREVIEW QUESTION


**4.17** 24-year-old U.S. born male whose wife (with whom he lives) was recently diagnosed with smear-positive pulmonary TB.

During a contact investigation, the 24-year-old male had a strongly positive IGRA assay, and is referred to you.

He has no other known TB contact, and reports a negative TST years ago.

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD




INFECTIOUS DISEASE BOARD REVIEW TB 2021

### PREVIEW QUESTION

**4.17** What is the most appropriate next course of action?

- A) Start preventive therapy immediately using daily isoniazid
- B) Start preventive therapy immediately using weekly isoniazid plus rifapentine
- C) Repeat the IGRA assay
- D) Start INH/RIF/PZA/EMB immediately for active TB
- E) Obtain medical history, perform TB symptom review and CXR



INFECTIOUS DISEASE BOARD REVIEW TB 2021

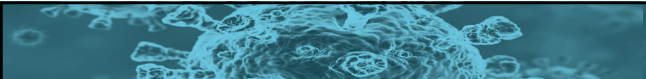
### PREVIEW QUESTION

**4.17** What is the most appropriate next course of action?

- A) Start preventive therapy immediately using daily isoniazid
- B) Start preventive therapy immediately using weekly isoniazid plus rifapentine
- C) Repeat the IGRA assay
- D) Start INH/RIF/PZA/EMB immediately for active TB
- E) Obtain medical history, perform TB symptom review and CXR**

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

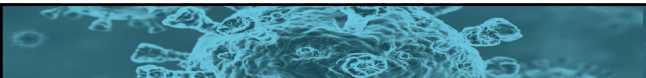


INFECTION DISEASE BOARD REVIEW  
TENTH EDITION, CASE  
DE 2021

### PREVIEW QUESTION

**4.18** 25-year-old black woman presents with fatigue.

- History of IV Heroin use; intermittently takes TDF/FTC PreP
- Exam no edema
- Work up in ER shows creatinine 8.4 BUN 79; mild anemia; mild acidemia
- In ER 10 weeks earlier; normal renal function
- U/A high grade proteinuria
- US of kidneys: Normal to increase size; no obstruction
- Rapid HIV test positive



INFECTION DISEASE BOARD REVIEW  
TENTH EDITION, CASE  
DE 2021

### PREVIEW QUESTION

**4.18** Which of the following is the most likely cause of her renal failure?

- A) Volume depletion / ATN
- B) Heroin Associated Nephropathy
- C) HIVAN
- D) Membranous glomerulonephritis
- E) Tenofovir Toxicity (PrEP)

## 41 – Daily Question Preview: Day 4

Moderator: Roy Gulick, MD

INFECTIOUS  
DISEASE  
BOARD REVIEW  
THIRTY-NINTH EDITION  
2021

### PREVIEW QUESTION

**4.18** Which of the following is the most likely cause of her renal failure?

- A) Volume depletion / ATN
- B) Heroin Associated Nephropathy
- C) HIVAN**
- D) Membranous glomerulonephritis
- E) Tenofovir Toxicity (PrEP)