1. Public health ethics is:
   a. Patient-centered
   b. Population-centered
   c. Subject-centered
   d. Must respect the rights of individuals
   e. b. and d. above

2. The primary goal of public health is to:
   a. Protect the uninfected
   b. Protect the infected
   c. Protect the identity of those who have died from an infectious disease
   d. a. and c. above
   e. b. and c. above

3. Anxiety is a useful tool for implementing public health interventions.
   a. True
   b. False

4. Fluoridation of community water is an example of:
   a. Personal autonomy
   b. Public health legal powers/coercion
   c. The community good superceding individual human rights
   d. a. and b. above
   e. b. and c. above

5. Which of the following are goals of vaccination?
   a. Prevent infection
   b. Prevent disease
   c. Prevent transmission
   d. All of the above
   e. a. and c. above
6. The basic code of ethical research (respect for persons, beneficence, and justice) was first established by the:
   a. Nuremberg Code
   b. Declaration of Helsinki
   c. CIOMS
   d. **Belmont Report**

7. Avoiding action is always the correct ethical alternative:
   a. True
   b. **False**

8. That qualified researchers must use appropriate research designs was one of the tenets of the Nuremburg Code:
   a. **True**
   b. False

9. Respect for persons means that persons intellectually compromised individuals may not serve as research subjects:
   a. True
   b. **False**

10. A “benefit” of research may accrue:
    a. To the participant
    b. To his/her family
    c. To society
    d. **All of the above**
    e. a. and b. above

11. Ethical considerations usually require choosing the least worst alternative rather than the best alternative:
    a. **True**
    b. False

12. The most important element of ethical research on human subjects is:
    a. Beneficence
    b. Justice
    c. A methodologically sound study design
    d. **Informed consent**

13. The single most important key to the success of the Multicenter AIDS Cohort (MACS) is:
    a. The brilliance of the principal investigator
    b. The commitment of the staff
    c. **The commitment of the participants**
    d. The quality of the laboratories
    e. The quality of data management
14. The MACS investigators have an obligation NOT to pursue the objectives stated in their original proposal:
   a. True
   b. False

15. A key factor facilitating the application of nested case-control studies from the MACS was:
   a. Data collection
   b. Establishment of a repository of biologic specimens
   c. Participant interest
   d. Administration of the questionnaire by staff

16. The group that permits analysis of the entire natural history of HIV/AIDS is:
   a. Persistent seronegatives
   b. Long-term survivors
   c. Seroconverters
   d. Long-term survivors with low levels of CD4+ cells

17. The median survival time to AIDS and death was established by following:
   a. Seroprevalent HIV-infected individuals
   b. Seronegatives
   c. Seroconverters
   d. High-risk seronegatives
   e. Seroprevalent men with low CD4+ cell levels

18. The particular quality of the U.S. health care system is its:
   a. Systematic, democratic approach
   b. Fragmented, uncoordinated approach
   c. The result of rationale decisions by informed legislators
   d. a. and c. above

19. In the United States, what proportion of the HIV-infected population does NOT know that they are infected?
   a. 20%
   b. 60%
   c. 75%
   d. 95%

20. The major provider of insurance for care of HIV/AIDS patients in the U.S. is:
   a. Medicaid
   b. Medicare
   c. Private insurers

21. The block grant mechanism for allocating federal support of health care to the states reduces inflationary costs and provides ‘predictability’:
   a. True
   b. False
22. The major beneficiary of Medicaid in the U.S. is:
   a. Single men
   b. The elderly
   c. **Women and children**
   d. Undocumented residents

23. Ryan White funds are an example of which type of federal support?
   a. Mandatory spending
   b. **Discretionary spending**
   c. Presidential allocation

24. The United States contributes over 50% of the budget of the Global Fund:
   a. True
   b. False

25. Most U.S. AIDS funding to other countries is bilateral:
   a. True
   b. False

26. Globally, the most deaths are caused by:
   a. HIV
   b. **Respiratory infections**
   c. Diarrheal diseases
   d. Malaria
   e. Tuberculosis

27. Under President Obama, the majority of HIV/AIDS drugs provided through PEPFAR were generic:
   a. True
   b. False

28. Surveillance data must be:
   a. Rapidly collected
   b. Use simple case definitions
   c. Provide very precise estimates
   d. All of the above
   e. a. and b. above

29. The requirements for an effective surveillance system include:
   a. A diagnostic algorithm
   b. Staff members
   c. A sampling frame
   d. **All of the above**

30. A good surveillance system should provide information about:
   a. Who is being infected
   b. Where the infected individuals are
   c. How rapidly infection is spreading
   d. **All of the above**
   e. a. and c. above
31. For finding the reservoir of infection in a population, it is imperative that the surveillance population be representative of the whole population:
   a. True
   b. False

32. Most surveillance systems use which of the following study designs?
   a. Cohort
   b. Serial cross-sectional
   c. Mortality
   d. Syndromic
   e. a. and c. above

33. The surveillance testing strategy associated with the least selection bias is:
   a. Compulsory
   b. Unlinked anonymous
   c. Voluntary anonymous
   d. Voluntary confidential
   e. Routine anonymous

34. “Test and treat” depends on:
   a. The proportion of infected persons willing to be tested
   b. The willingness of persons testing HIV positive to begin treatment
   c. The availability of resources for persons testing HIV positive
   d. All of the above
   e. a. and c. above

35. The current testing policy of the Centers for Disease Control and the World Health Organization is:
   a. “Opt-in”
   b. “Opt-out”
   c. Mandatory testing of prisoners
   d. Mandatory testing of high-risk groups

36. Which of the two following strategies usually provides more accurate information about disease/infection occurrence in a community?
   a. Passive
   b. Active

37. Surveillance systems usually provide information about the changing prevalence of disease rather than the changing incidence:
   a. True
   b. False

38. A surveillance system that doesn’t result in informed policy decisions is a waste of money:
   a. True
   b. False
39. Results of surveillance should be distributed to:
   a. Decision makers
   b. The public
   c. The data collectors
   d. All of the above
   e. a. and b. above

40. Behavioral surveillance is useful to predict the future course of the HIV/AIDS epidemic:
   a. True
   b. False

41. Most biologic interventions depend on behavioral interventions:
   a. True
   b. False

42. Structural interventions typically target:
   a. Policies
   b. The environment
   c. Availability
   d. All of the above
   e. a. and c. above

43. Behavioral interventions must assume that the target population makes rational decisions:
   a. True
   b. False

44. The most important goal of a behavioral intervention is:
   a. Change in behavior
   b. Comprehensive coverage
   c. Effective use of behavioral theory
   d. Sustained behavior change

45. “Contingency management” is:
   a. A strategy of last resort for reducing high-risk behaviors
   b. Paying drug users for negative urine specimens
   c. Paying sex workers to use condoms
   d. Paying drug users to use condoms
   e. All of the above

46. PreP is an effective strategy for reducing the incidence of HIV in:
   a. Women
   b. Men
   c. Drug users
   d. Pregnant women
   e. a. and b. above
47. PreP is most effective for which group:
   a. **Men with frequent unprotected sex**
   b. Men with infrequent unprotected sex
   c. Women with frequent unprotected sex
   d. Women with infrequent unprotected sex

48. The effectiveness of PEP is inversely proportional to the elapsed interval between exposure and initiation of therapy.
   a. **True**
   b. False

49. Achieving effective change in a community is usually dependent on which of the following segments of society?
   a. **Innovators**
   b. Early adapters
   c. Middle adapters
   d. Late adapters
   e. b. and d. above

50. The role of community intervention is usually to change community “norms”:
   a. **True**
   b. False

51. Black tar heroin is easy to use because it dissolves in water easily:
   a. True
   b. **False**

52. The three countries with the most drug injectors are:
   a. Bolivia, Argentina, Thailand
   b. **China, the U.S. and Russia**
   c. Afghanistan, Iraq and Myanmar
   d. Lithuania, Estonia and Latvia
   e. Mexico, Argentina, and Australia

53. In the last ten years, there has been a significant increase in the proportion of drug injectors who are women in:
   a. China
   b. Vietnam
   c. Laos
   d. All of the above
   e. a. **and b. above**

54. Drug rehabilitation centers in Asia have been successful:
   a. True
   b. **False**
55. Benefits of opioid replacement therapy as an approach for HIV prevention include:
   a. Reducing craving for and use of illicit opioids
   b. More sharing of injecting paraphernalia
   c. Reducing frequency of injection drug use
   d. Both a and c

56. Stable methadone maintenance results in:
   a. Reduced incidence of injection drug use
   b. Reduced frequency of injecting
   c. Switching from heroin to methamphetamine
   d. All of the above
   e. a. and b. above

57. Reduction in the risk of seroconversion with methadone maintenance is dependent on adherence:
   a. True
   b. False

58. The characteristic of injecting drug users in Asia is/are:
   a. Strong family support
   b. Low failure rate for rehabilitation centers
   c. Remaining a member of the community
   d. Both a and c

59. The three key intervention strategies according to Professor Shoptaw are:
   a. Behavioral intervention, treatment and structural interventions
   b. Condoms, drug therapy and regulation of commercial sex establishments
   c. Drug replacement therapy, community intervention and needle exchange
   d. HIV testing, drug therapy and condom use

60. “Serosorting” is the practice of
   a. Separating HIV+ and HIV- patients
   b. Selecting a sex partner of the same HIV infection status
   c. Selecting a sex partner of the same gender
   d. Selecting a sex partner of the same AIDS status
   e. a. and b. above

61. Determinants of acquiring an HIV infection from an infected person per sexual act include:
   a. Viral RNA level
   b. Presence of other infections
   c. Condom use
   d. All of the above
   e. a. and c. above
62. The characteristic of a generalized epidemic is:
   a. High rates in drug users
   b. High rates in MSM
   c. High rates in pregnant women
   d. High rate in STD clinic attendees

63. In which of the following groups in the U.S. is the incidence of HIV increasing?
   a. MSM
   b. IDUs
   c. CSWs
   d. Plasma donors

64. An effective measure of the effectiveness of an HIV/AIDS intervention is the number of incident infections averted:
   a. True
   b. False

65. In MSM, early syphilis was found to be associated with:
   a. HIV infection
   b. Use of methamphetamine
   c. Sex with recent internet partners
   d. All of the above
   e. a. and b. above

66. The “Stonewall Inn”:
   a. Ignited the gay civil rights movement
   b. Was the site of the first discovered AIDS cases among gay men
   c. Was a bar frequented by gay men in New York City
   d. All of the above
   e. a. and c. above

67. AIDS activism in the U.S. resulted in:
   a. Food and Drug Administration reforms
   b. Easier access to investigational drugs
   c. Changes in the way medicine was practiced in the U.S.
   d. All of the above

68. The largest Latino community in the U.S. is:
   a. Puerto Rican
   b. Mexican
   c. Cuban
   d. Brazilian
   e. Costa Rican
69. The prevalence of HIV among Latino-Americans compared to other ethnic groups in the U.S. is:
   a. Highest
   b. **Higher than all other ethnic groups except African-Americans**
   c. Higher than in all other ethnic groups except African-Americans and Native Americans
   e. Higher than in all other ethnic groups except Asian-Americans

70. The prevalence of HIV/AIDS infection in Los Angeles is highest in which ethnic group?
   a. European American
   b. Asian-Americans
   c. Hispanic-Americans
   d. Native Americans
   e. **African-Americans**

71. The following cultural characteristics of Latinos increase their vulnerability to HIV infection.
   a. Gender inequality
   b. “Machismo”
   c. Homophobia
   e. b. and c. above

72. The major risk group for HIV infection among Latinos is:
   a. Heterosexual males
   b. **Homosexual males**
   c. Females
   d. Injection drug users
   e. Pregnant women

73. Which of the following is the cause of delay in HIV testing among the Latino population?
   a. Stigma attached to the disease
   b. Machismo
   c. Drug abuse
   d. **All of the above**

74. The major issue for HIV infection among the Latino population is:
   a. Late detection of HIV status
   b. Cultural beliefs
   c. Immigration
   d. **All of the above**
75. The highest risk of HIV infection among drug users in the U.S. is in:
   a. The east coast
   b. The central United States (Kansas, Missouri etc.)
   c. Southern California
   d. The Pacific Northwest (Washington, Oregon, Idaho)

76. Methamphetamine in the U.S. is used primarily by:
   a. IDUs
   b. CSWs
   c. MSM
   d. Young heterosexual men

77. In the absence of treatment the risk of HIV transmission from an infected mother to her fetus/infant was highest in which of the following areas?
   a. Africa
   b. North America
   c. Europe
   d. Japan
   e. California

78. The biggest single determinant of HIV transmission to the infant is:
   a. Mother’s age
   b. Mother’s viral load
   c. Mother’s immune status
   d. Father’s viral load
   e. Infant’s CD4+ level

79. Protease inhibitors are an effective treatment for infected pregnant women to protect their fetus because they easily cross the placental barrier:
   a. True
   b. False

80. The risk of perinatal transmission of HIV-1 infection during breast feeding is increased due to:
   a. Mixed feeding
   b. Very early introduction of solids
   c. Both a and b
   d. None of them

81. Newborn infants in countries with limited access to safe water and low levels of education should be:
   a. Exclusively formula fed for six months
   b. Exclusively breast fed for six months
   c. Should receive both breast milk and other foods as tolerated in the first 6 months
   d. Should receive both formula and other food as tolerated in the first 6 months
82. Vertical transmission of HIV infection does not occur when the viral load is less than 500 HIV RNA copies/ml:
   a. True
   b. False

83. The risk of acquiring HIV from a unit of blood in the United States is now:
   a. 1/10,000 units
   b. 1/200,000 units
   c. 1/500,000 unit
   d. 1 per 2 million units
   e. 1 per 100 million units

84. The risk of acquiring infection from a contaminated unit of blood in the U.S. is greater for:
   a. HIV
   b. HCV

85. The chance of acquiring HIV infection from factor VIII in the United States in 2011 is 0% primarily because:
   a. All donors for factor VIII are screened
   b. Factor VIII is subject to detergent “washing” prior to release
   c. **Factor VIII is made synthetically**
   d. Factor VIII is important from countries with no reported HIV

86. No blood donors in the United States are paid for donating blood:
   a. True
   b. False

87. The blood supply in the United States is protected by multiple layers of safety procedures:
   a. True
   b. False

88. Progressive multifocal leukoencephalopathy (PML) affects:
   a. Grey matter
   b. White matter
   c. The cerebellum
   d. All of the above
   e. **b. and c. above**

89. The severity of dementia in HIV-infected individuals reflects the extent of pathology in the brain:
   a. True
   b. False
90. Opportunistic infections of the brain continue to be a major problem in the era of antiretroviral treatment:
   a. True
   b. False

91. Currently, peripheral neuropathies in HIV-infected persons are most likely to be caused by:
   a. CMV
   b. HPV
   c. Antiretroviral drugs
   d. Papaova virus
   e. Chlamydia

92. Therapy with antiretroviral drugs can reverse HIV-associated dementia:
   a. True
   b. False

93. In HIV-associated tuberculosis cases, treatment with antiretrovirals should begin:
   a. Before antiretroviral drugs are started
   b. After antiretroviral drugs are started
   c. Concurrently with antiretroviral drugs
   d. Doesn’t make any difference

94. The first acquired immune cell to respond defensively to HIV infection is:
   a. CD4+
   b. CD8+
   c. CD57
   d. NK cells
   e. Macrophages

95. Why do vigorous CD8 cell responses in chronically infected HIV-positive individuals fail to eliminate the virus?
   a. CTL exhaustion
   b. Epitope escape
   c. Suboptimal CTL
   d. Absence of dendritic cells

96. Binding of receptors on which site of the provirus stimulates gene expression and replication?
   a. TAT
   b. TAR
   c. NEF
   d. LTR