

STRATEGIES FOR PREVENTION, DIAGNOSIS, AND MANAGEMENT OF SEASONAL AND PANDEMIC INFLUENZA

POSTTEST

- The emergence of new viral subtypes associated with pandemics, is the result of
 - Point mutations in the hemagglutinin gene
 - Point mutations in the neuraminidase gene
 - Shift/genetic reassortment
 - Deletions in the hemagglutinin gene
- Review of the 291 confirmed cases of H5N1 infection of human subjects (2003-2007 WHO) has indicated that
 - Most patients were infants
 - Most cases involved adults younger than 40 years
 - Only the elderly were affected
 - Mortality was highest in persons older than 50 years
- Based on past experience, the expected toll of a new moderate (category 2) pandemic would be
 - More than 1 million deaths
 - About 1 million deaths and 90 million illnesses
 - About 200,000 deaths and 90 million illnesses
 - About 500,000 deaths and 150 million illnesses
- Oseltamivir-based intervention within 12 hours of fever onset
 - Has no effect on illness severity
 - Was shown to reduce illness duration by ~ 3 days, when compared with later (48 hours) intervention
 - Has equally positive effects on illness duration as interventions at 48 and 72 hours post fever onset
 - Is not as effective as intervention at 48 hours
- Following the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP), the target population for annual influenza vaccination consists of
 - All adults older than 50 years
 - All infants younger than 23 months
 - All infants younger than 23 months and their immediate contacts
 - Seventy percent of the population, ie, about 220 million people
- Unvaccinated health care workers (HCWs)
 - Constitute the majority of the HCW population and are an important cause of influenza outbreaks in health care settings
 - Constitute less than 30% of all HCWs
 - Have not been associated with influenza outbreaks in health care settings
 - b and c
- Nurse practitioners can have significant impact on improving protection from influenza by
 - Getting vaccinated themselves
 - Being active vaccination advocates
 - Implementing patient reminder systems and making vaccinations easily available
 - All of the above
- Following the first visit, which symptoms should prompt the patient with influenza to contact the health care provider again?
 - Fever and shivers
 - Stuffy nose, myalgia
 - Headache, malaise, sore throat
 - Shortness of breath, cough with purulent sputum, altered mental status
- Diagnostic rapid tests generally
 - Require at least 3 hours to provide results
 - Provide results in less than 1 hour, with a sensitivity of ~75% and a specificity of ~ 95%
 - Are indicated especially in the very young and the elderly
 - Are exceedingly expensive
- Polymerase chain reaction (PCR)-based detection of viral RNA is the diagnostic method of choice for
 - Immunocompromised patients
 - Rapid screening
 - Confirming antigen tests
 - Emerging first cases at the beginning of the season

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