

Health-System Pharmacists' Practice Update on Immunization and Preventable Disease Management

This program is located at <http://esymposia.ashp.org/cemornings>



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on "Take CE Test" to proceed to the ASHP CE Testing Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

There are 11 questions associated with this self-assessment test.

1. Live attenuated vaccines differ from inactivated vaccines in that they:
 - a. Contain killed whole microbes, toxoids, or antigenic subunits.
 - b. Do not stimulate an immune response similar to the actual disease.
 - c. Must be administered parenterally.
 - d. Produce durable immunity.
2. Which of the following is a live attenuated (not inactivated) vaccine?
 - a. Hepatitis A vaccine.
 - b. Meningococcal vaccine.
 - c. Pneumococcal vaccine.
 - d. Varicella.
3. Which of the following is an important change in immunization recommendations of the Advisory Committee on Immunization Practices for adults in 2007-08?
 - a. Varicella vaccine is contraindicated in adults without evidence of immunity.
 - b. Zoster vaccine is recommended for all adults without evidence of immunity.
 - c. Zoster vaccine is recommended for adults 60 years of age or older.
 - d. Varicella and zoster vaccine both are recommended for HIV-infected persons with CD4+ T lymphocyte count <200cells/ μ L.
4. Which of the following is an important change in immunization recommendations of the Advisory Committee on Immunization Practices for children in 2007-08?
 - a. Children 6 months to 8 years of age who received only 1 dose of influenza vaccine their first year should receive 2 doses the following year.
 - b. Adolescents 11-18 years of age should receive the meningococcal polysaccharide vaccine (MPSV4).
 - c. Adolescents should receive two Tdap doses, with the first dose at the age of 11-12 years and the second dose 5 years later.
 - d. Catch-up vaccination with the HPV vaccine is recommended for women 60 years of age or older who were not previously immunized.
5. For which of the following age groups at high risk for complications from influenza is immunization recommended by the Advisory Committee on Immunization Practices for 2007-08?
 - a. School-age children 5-11 years of age.
 - b. Adolescents 11-18 years of age.
 - c. Adults 18-49 years of age.
 - d. Adults \geq 50 years of age.

6. Seasonal influenza and related complications result in approximately 36,000 deaths and 226,000 hospitalizations each year in the United States.
 - a. True.
 - b. False.

7. The lifetime prevalence of herpes zoster is:
 - a. 1% to 2%.
 - b. 5% to 10%.
 - c. 15% to 30%.
 - d. 85% to 90%.

8. The case fatality rate from meningococcal disease is:
 - a. 1% to 4%.
 - b. 10% to 14%.
 - c. 25% to 30%.
 - d. 75% to 80%.

9. The resurgence of pertussis in the late 1990s has been attributed to:
 - a. Waning immunity.
 - b. Sexual activity at increasingly young ages.
 - c. Reduced immunization rates.
 - d. Vaccine shortages.

10. Which of the following statements is true regarding human papillomavirus (HPV)?
 - a. An estimated 2.6 million persons are newly infected in the United States each year.
 - b. Less than 20% of sexually active women have acquired HPV by age 50 years.
 - c. High-risk HPV types have been detected in 99% of cervical cancers.
 - d. ACIP recommendations advise vaccination of females only when 11-12 years of age.

11. Which of the following is an immunization product in development with the potential for great societal benefit that was mentioned in this program as coming on the horizon?
 - a. A vaccine to prevent age-related blindness.
 - b. A vaccine to help cigarette smokers quit.
 - c. A vaccine to prevent obesity.
 - d. A vaccine to manage chronic alcoholism.