

Hepatitis A - Update and an Overview of Viral Hepatitis

🕒 Expires Wednesday, July 31, 2019

📖 Nursing

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Examination

- 1. When evaluating a patient with a diagnosis of possible hepatitis, obtaining a _____ is imperative.**
 - a. stat coagulopathy screen
 - b. neurologic consult for possible delirium
 - c. serum toxicology screen
 - d. thorough history
 - e. TORCH screen
- 2. Which of the following statements is true?**
 - a. Regardless of the viral type, most patients with viral hepatitis are asymptomatic.
 - b. In patients with hepatitis, if symptoms do appear, they are usually the classic signs of jaundice with light colored stools, dark urine and right upper quadrant pain.
 - c. Only in rare cases will the symptoms of anorexia, nausea and vomiting, fatigue, myalgias and a low-grade fever develop.
 - d. Patients with the classic clinical signs of hepatitis are usually misdiagnosed as a viral flu syndrome.
 - e. Severe cases of hepatitis are common and usually lead to acute liver failure resulting in coagulopathy, delirium, and even death.
- 3. In the differential diagnosis of liver disorders, pregnancy related illnesses include all of the following except**
 - a. Acute Fatty Liver
 - b. Gilberts syndrome
 - c. Intrahepatic Cholestasis
 - d. HELLP Syndrome
 - e. Hyperemesis Gravidarum
- 4. Though any drug in theory can cause injury to the liver, all of the drugs listed below are commonly associated, except**
 - a. Tetracycline
 - b. Acetaminophen (overdose)
 - c. Guaifenesin
 - d. Zidovudine (AZT)
 - e. Vitamin A (excess)
- 5. Hepatitis A**
 - a. is a double-stranded RNA virus that is 27 nm in size.
 - b. has a viral envelope
 - c. is in the enterovirus subgroup of the picornavirus family.
 - d. is in the main subgroup that is responsible for the common cold
 - e. has its own DNA polymerase
- 6. The enteroviruses include all of the following except**
 - a. poliovirus
 - b. hepatitis A
 - c. coxsackieviruses
 - d. rhinoviruses

e. echoviruses

7. Hepatitis A is

- a. in the coxsackievirus A subcategory and is number 72
- b. in the coxsackievirus B subcategory and is number 72
- c. in the rhinovirus subcategory and is number 72
- d. in the echovirus subcategory and is number 72
- e. in its own subcategory by itself and is number 72

8. Which of the following statements is true?

- a. The virus has a relatively short incubation period of approximately 2-7 days.
- b. The onset of the illness is usually abrupt and clinical resolution usually occurs within 2-3 weeks.
- c. Most adults and older children do not have symptoms, whereas, children under the age of 6 are usually symptomatic.
- d. Most symptomatic individuals (usually greater than 70%) have prolonged or relapsing symptoms that last for up to 6 months.
- e. There is no known chronic carrier state for hepatitis A, but once the disease has completely resolved, the patient is usually immune for only a few years.

9. Regarding the clinical impact of hepatitis A,

- a. The Centers for Disease Control estimates that about 500,000 to 800,000 cases occur annually in the United States
- b. The Centers for Disease Control estimates that nearly 90% of patients with hepatitis A have symptoms.
- c. It is estimated that 5000 deaths occur each year from liver failure due to hepatitis A.
- d. Of those individuals with symptoms, approximately 75% are hospitalized.
- e. Adults who become ill will miss an average of 27 workdays and the estimated cost (direct and indirect) in 1997 was \$300 million.

10. The best diagnostic procedure for identifying acute hepatitis A is the presence of a positive

- a. IgM antibody.
- b. IgG antibody
- c. HAV antigen test
- d. HAV-RNA test in stool
- e. HAV-RNA test in blood

11. In the United States, the reported incidence of Hepatitis A is highest among

- a. newborns delivered of women infected
- b. children between the ages of 1 and 3
- c. children between the ages of 5 and 14
- d. teenagers between the ages of 14 and 19
- e. adults over the age of 30

12. Regarding the transmission of hepatitis A, the most common identifiable source is

- a. person-to-person contact accounting for about 25%.
- b. in children or employees of daycare centers accounting for about 30%.
- c. in international travelers accounting for about 25%.
- d. from food-borne epidemics accounting for about 50%.
- e. in the IV and non-IV drug using populations accounting for about 25%.

13. The goal of hepatitis A surveillance includes all of the following EXCEPT

- a. to detect outbreaks
- b. to identify contacts who might require acute treatment with Zidovudine
- c. to determine the effectiveness of vaccine therapy and or missed opportunities for vaccination
- d. to monitor disease incidence and characteristics

e. to identify contacts who might require post-exposure prophylaxis

14. Which of the following statements is true regarding hepatitis A in pregnancy?

- a. Hepatitis in pregnancy is the number two cause of jaundice in pregnancy accounting for about 20% of cases.
- b. The main risk to the mother is the potential for developing the chronic carrier state seen with Hepatitis A.
- c. The fetal risks are primarily related to an increased risk of becoming infected with the virus before delivery and the risk for birth defects.
- d. In the United States, the spontaneous abortion rate and stillbirth rate do not appear to be increased in pregnant women with hepatitis when compared to the general pregnant population.
- e. There have been confirmed fetal anomalies with Hepatitis B and C but not with Hepatitis A.

15. In utero transmission of the hepatitis A virus from the mother to the neonate

- a. occurs primarily in the first trimester
- b. occurs primarily in the second trimester.
- c. occurs primarily in the third trimester.
- d. essentially does not occur.
- e. only occurs in the presence of birth anomalies.

16. Which of the following statements is true?

- a. For hepatitis A once a person is infected, the treatment for cure is Lamivudine.
- b. With hepatitis A, if the disease course is fulminant, the individual is at risk for long-term sequela like hepatitis B and C because of the chronic carrier state.
- c. The best treatment for hepatitis A is prevention of the infection.
- d. For pre-exposure and acute post-exposure prophylaxis, the treatment is vaccine therapy only.
- e. Fortunately, most fecal excretion of the virus occurs after jaundice has developed, therefore, immunoprophylaxis for household contacts should occur quickly but time is not of the essence.

17. If the exposure to hepatitis A has been _____, immune globulin is not indicated since it probably would not be effective.

- a. greater than 2 days
- b. greater than 2 months
- c. greater than 96 hours
- d. greater than 4 weeks
- e. greater than 2 weeks

18. The product that should be used for preventing an HAV infection is

- a. intravenous immune globulin (IGIV)
- b. intramuscular immune globulin (IGIM)
- c. Anti - HAV-RNA treatment
- d. Lamivudine
- e. Interferon alpha-2b

19. If treatment is indicated in pregnant women and or in infants,

- a. IGIV without thimerosal should be used.
- b. IGIV with thimerosal should be used.
- c. Lamivudine is the drug of choice.
- d. IGIM with thimerosal should be used.
- e. IGIM without thimerosal should be used.

20. Which of the following statements is false?

- a. Immune globulin does appear to interfere with the effectiveness of inactivated vaccines as well as the polio or yellow fever vaccines.
- b. Immune globulin can decrease the effectiveness of the MMR and varicella vaccines.

- c. The administration of the MMR vaccine should be delayed for at least 3 months and the varicella vaccine delayed for 5 months after giving immune globulin.
- d. If a pregnant woman has had hepatitis A in the past, her IgG antibodies will cross the placenta and can remain in the child's circulation for up to 18 months.
- e. Immunity following vaccination (in children under the age of 2) is good if the mother has not had hepatitis A in the past.



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