Module: Syphilis Case Management
End of Module Scored Quiz (10 Questions)

1) Which is the primary purpose of case management?

A. To reduce the duration of infectivity, reduce exposure to infectious persons, and reduce the efficiency of transmission during exposure.

B. To systematically pursue, document, and analyze medical and epidemiologic case information to identify opportunities to develop and implement timely disease intervention plans.

C. To focus on changing individual behaviors and social conditions that increase the potential for acquiring or spreading STDs/HIV.

D. To study populations in order to determine the frequency and distribution of disease and measure risks.

Incorrect answer response: Case Management is the process of systematically pursuing, documenting, and analyzing medical and epidemiologic case information for the purpose of indentifying opportunities to develop and implement timely disease intervention plans.

2) What are the three disease intervention functions performed by partner services providers during case management.

A. Field Investigation, partner notification, diagnosis
B. Bilateral examination, interviewing, viral shedding
C. Test of cure, screening, analysis
D. Interviewing, Field Investigation, Case Analysis
E. None of the above

Incorrect answer response: Interviewing, field investigation, and case analysis are the three disease intervention functions performed by partner services providers. Interviewing is the exchange of information between patient and partner services provider where the patient understands their infection and the partner services provider obtains all partners who may benefit from examination and treatment. Field investigation is when partner services providers go into the community to notify individuals of possible exposure to infection so they can seek medical testing and treatment. Case analysis is when partner services providers review medical and epidemiologic information on individuals in order to determine further disease investigation.

3) Primary Disease Intervention includes:

A. The process of preventing disease by treating persons who may have been exposed to an infection but who, have not yet developed signs or symptoms of disease.

B. Events and factors related to or caused by disease or disability.
C. Persons who have been exposed to infection and at the time of examination are negative or unknown, but offered preventive treatment so the disease can be aborted before it develops.

D. Process of acquiring information about the incidence and prevalence of disease in an area.

E. A and C

Incorrect answer response: Primary Disease Intervention is the process of preventing disease by treating individuals who may have been exposed to infection but who have not developed signs or symptoms of disease. The individuals are offered preventative ("epi") treatment so that the disease is aborted before it develops.

4) Secondary Disease Intervention is:

A. The process offering prompt and accurate medical examination and treatment to prevent further complications.

B. A secondary infection originating from a site at which infection is already present in the body.

C. The process of stopping the spread and complications of a disease.

D. An infection originating from a primary infection

E. A and C

Incorrect answer response: Secondary Disease Intervention is the process of stopping the spread and complications of a disease. In this case a person is already infected. The intent is to get them in for examination and treatment to prevent further complications. This intervention eliminates the potential for infecting others.

5) Why is the visual case analysis used?

A. To incorporate standardized information collected to help assure the best possible analysis of case information and patient behavior.

B. To compare social/epidemiologic and clinical/medical information known about the index patient, with known information about the natural course of their syphilis infection.

C. Highlights informational gaps or conflicting information gathered during the interview so partner services providers can concentrate on specific areas.

D. Presents information in a way that verifies source/spread relationships so that hypotheses can be developed as to who might have passed the infection to whom.

Incorrect answer response: VCA is used to compare social/epidemiologic and clinical/medical information known about the index patient, with known information about the natural course of their syphilis infection. By examining this information, we
can identify previous disease transmission activities, and then determine appropriate intervention steps to halt further disease transmission.

6) When calculating the critical period for primary, secondary, and early latent syphilis you go back, from the date of adequate treatment:

A. Primary 2 months, secondary 5.5 months, early latent 7 months.
B. Primary 1 months, secondary 4.5 months, early latent 6 months.
C. Primary 3 months, secondary 6.5 months, early latent 12 months.
D. Primary 4 months, secondary 3.5 months, early latent 8 months.
E. Primary 0 months, secondary 4.5 months, early latent 10 months.

Incorrect answer response: The guidelines for calculating critical periods for syphilis: For Primary syphilis, from the date of adequate treatment back three months prior to the onset of symptoms. For secondary syphilis, from the date of adequate treatment back six and a half months prior to the onset of symptoms and for early latent, from the date of adequate treatment back 12 months.

7) Use the Visual Case Analysis Chart to answer the question. When plotting Martin’s medical history information, which box number represents this information:

A. 4
B. 1
C. 3
D. 7

Incorrect answer response: The medical history section is where all pertinent medical information about the original patient (OP) patient and sex partner’s is recorded. This includes laboratory results and type of treatment which is documented to the right of the T-line.
8) Use the Visual Case Analysis Chart to answer the question. When plotting Martin’s sexual exposure information, which box number represents this information:

A. 4  
B. 1  
C. 3  
D. 7  

Incorrect answer response: The sexual exposure information provided by the original patient (OP) is recorded on the exposure line above the sex partner’s name. The sexual exposure information provided by the sex partner about the original patient is recorded on the exposure line below the sex partner’s name. Record the date, type, and frequency of sexual exposure.

9) What is the purpose of ghosting?

A. It is used as a visual aid to determine source/spread relationships and to identify time periods where more intensified disease intervention activities should be used.  
B. To plot historical symptoms at the time of diagnosis so the critical period can be developed and documented.  
C. To identify likely source and spread periods for a patient (who is a partner to that one patient) who does not have, or recall, symptoms.  
D. All the above  
E. A and C  

Incorrect answer response: Ghosting is an important visual aid to determine source/spread relationships and to identify time periods where more intensified disease intervention activities should be used. It is used to identify likely source and spread periods for a patient (who is a partner to that one patient) who does not have, or recall, symptoms. Ghosting combines existing symptom obtained from a patient and basic
information about typical (using averages) syphilis symptoms to develop a reasonable course of disease for that patient.

Graphic for Q10.

10) Use the Visual Case Analysis Chart to answer the question. Based on the ghosted spread/source lesions, who is more likely to be the source to John Scott’s syphilis infection.

A. Jane because she does not recall having a lesion, the lesion sites are not compatible, and no one was in the primary stage of syphilis.
B. Jane because she had a negative RPR 3/15/LY, was infectious and having sex
C. Jane because her ghosted source lesion occurs at the time they were having sex, lesion sites were compatible and it fits the basic assumptions.
D. Jane because she fits the criteria for relating cases and the basic assumptions.
E. Neither Jane nor John because the ghosted spread and source lesions are not logical and don’t fit the criteria for relating cases nor basic assumptions.

Incorrect answer response: Jane is the most likely source of John’s infection because all three sets of principles are adhered to and used when ghosting a spread and source lesion: The ghosting hierarchy, John’s existing primary lesion, the criteria for related cases, Jane was having sex at the time of the ghosted source lesion, lesion sites were compatible and she fits the basic assumptions.