Nunavut Immunization Certification Exam

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Department of Health and Social Services
Ministère de la Santé et des Services Sociaux

Nunavut Immunization Certification Exam - revised November 2012
Nunavut Immunization and TB Testing Certification

Record your answers in the 2012 Nunavut Immunization Exam Answer sheet and fax or email as instructed in the Information package. Your primary resource for the exam is the Canadian Immunization Guide (CIG) (7th Edition), present in every health center and online. Please keep a copy of the answer package for yourself to facilitate learning in your review of any incorrect answers.

In the multiple choice questions, choose one correct answer only.

1. What kind of immunity is acquired from receiving a live, attenuated or inactivated vaccine?
   a. Natural active immunity
   b. Artificial active immunity
   c. Natural passive immunity
   d. Artificial passive immunity

2. What kind of immunity is acquired by receiving rabies immunoglobulin (RabIg) or palivizumab (RSVAb)?
   a. Natural active immunity
   b. Artificial active immunity
   c. Natural passive immunity
   d. Artificial passive immunity

3. What is the importance of maintaining adequate “herd immunity”?
   a. It increases the chance of an outbreak, which allows for the population to formulate natural active immunity.
   b. It protects those who are not immunized or for whom the vaccine did not work, in a community that has adequate coverage.
   c. It lowers the cost of vaccines when buying in bulk.
   d. It eliminates all vaccine preventable diseases.

4. Which of the following statements is true regarding live attenuated vaccines?
   a. They contain whole, live, weakened bacteria or viruses.
   b. They produce lower immunogenicity than other vaccines.
   c. Light exposure is no longer a concern for live vaccine storage.
   d. They are safely administered in pregnancy and to those with immunodeficiencies.
5. **What is an adjuvant?**
   a. It is a chemical added to multidose, killed or subunit vaccine to prevent serious secondary infections as a result of bacterial or fungal contamination (eg. thimerosal, phenol).
   b. It is a substance added to support the growth and purification of specific immunogens and/or the inactivation of toxins (eg. antibiotics, formaldehyde).
   c. It is a substance added to a vaccine to enhance the immune response by degree and/or duration making it possible to reduce the amount of immunogen per dose (eg. aluminum hydroxide).
   d. It is a substance added to confirm product quality or stability by controlling acidity, stabilizing immunogens or preventing loss of immunogenicity (eg. potassium salts, human serum albumin, gelatin and bovine reagents).

6. **What strategies can improve immunization uptake?**
   a. Providers should use all clinical opportunities to vaccinate.
   b. Patient education is an effective method of improving immunization uptake.
   c. Providers may administer multiple vaccines to catch up to the regular schedule.
   d. Vaccine providers should defer or withhold vaccines for true contraindications only.
   e. All of the above

7. **Immunization schedules between provinces and territories are the same.**
   a. True
   b. False

8. **When obtaining informed consent at each visit prior to immunizing, specific information must be provided to the individual or their caregiver. Choose the answer below which best includes all necessary information for consent.**
   a. Nature and purpose of vaccine, risks and benefits of receiving or not receiving vaccine.
   b. Nature and purpose of vaccine, drug lot number, expiry date.
   c. Risks and benefits of receiving or not receiving vaccine, alternatives to vaccine.
   d. Nature and purpose of vaccine, alternatives to vaccine, telephone number of public health unit.
9. After reviewing the CIG, NU Immunization schedules, NU Immunization information package, and vaccine monographs, who is the appropriate person to answer any further questions regarding immunizations?
   a. The Supervisor, Manager or Director of Health Programs
   b. The Regional Communicable Disease Coordinator
   c. The community physician
   d. A colleague

10. How may an immunization provider reduce the risk of an immunization error before giving a vaccine?
   a. Refer to the recipient’s appointment card to see what vaccine(s) is/are due and ask about previous reactions to immunizations.
   b. Read the vaccine monograph/insert prn, check the appointment card and Nunavut Immunization card to see what vaccine(s) is/are due.
   c. Review the vaccine insert prn, ask about previous reactions to immunizations, check the Nunavut immunization schedule and the recipient’s Nunavut Immunization card to see what vaccine(s) is/are due.
   d. Supervise the CHR or clerk when they make out appointment cards for immunization clinics.

11. Some vaccines produced by different manufacturers can be used interchangeably. Prior to administering the vaccine, immunization providers must review the product inserts and/or monographs for:
   a. Differences in doses
   b. Differences in routes
   c. Differences in schedules
   d. All of the above

12. When administering intramuscular (IM) injections for routine immunizations, use the deltoid muscle on anyone greater than or equal to 1 year of age (unless not recommended or muscle mass is not adequate).
   a. True
   b. False

13. The gluteus maximus (dorsogluteal) and gluteus medius (ventrogluteal) muscles may be used for active immunization.
   a. True
   b. False

14. All subcutaneous (SC) injections must be given in the arm over the deltoid using a 5/8” needle and inserting at a 45 degree angle.
   a. True
   b. False
15. When giving an IM injection to a full term infant (>28 days to 12 months of age), use a 7/8 – 1”; 23-25g needle inserted at a 90 degree angle into the anterolateral aspect of the thigh (vastus lateralis).
   a. True
   b. False

16. Measles, mumps, rubella (MMR) vaccine should be given SC in the upper triceps area of the arm.
   a. True
   b. False

17. Meningococcal conjugate vaccine (Men-C) may be given SC.
   a. True
   b. False

18. The preferred site for the varicella vaccine is SC in the thigh.
   a. True
   b. False

19. A vaccine error occurs when a vaccine is given by the incorrect: route, dose, timing, person, or vaccine product. In such cases, the provider should inform their direct supervisor or manager, complete an incident report, inform the vaccine recipient or their caregiver, and discuss the incident with the regional CDC and await their advice.
   a. True
   b. False

20. A correct intradermal (ID) injection raises a bleb at the site by inserting the needle at a 5 to 15 degree angle or parallel to the arm with the bevel of the needle facing upwards.
   a. True
   b. False

21. Meningococcal C Conjugate (Men-C) can be co-administered with other vaccines at the same anatomic site.
   a. True
   b. False
22. What is considered best practice for restraining an infant or toddler while administering a vaccine or vaccines?
   a. The parent/caregiver uses the “comfort restraint”, while one immunization provider uses distraction techniques while giving the vaccine.
   b. The parent/caregiver uses the “comfort restraint”, while two immunization providers give simultaneous vaccines.
   c. The infant or toddler is held down by the parent/caregiver on the examining table, controlling all four limbs.
   d. The infant or toddler is held by the parent/caregiver fully swaddled.

23. What is considered best practice when administering multiple injections?
   a. Do not give more than two vaccines at one visit.
   b. Vaccines that are known to sting should be given first.
   c. Vaccines prepared in separate syringes should be labeled in order to identify which vaccine each syringe contains.
   d. If giving two injections, use two nurses to give them simultaneously.

24. Which of the following are recommended techniques to decrease pain and anxiety in infants and toddlers?
   a. Use two immunization providers to restrain the infant and give vaccines simultaneously.
   b. If the mother/caregiver is anxious, ask her/him to leave the room to avoid transferring her/his anxiety to the infant.
   c. The immunization provider should focus on the syringe and the injection site to decrease the chance of error.
   d. Use distraction techniques such as books, bubbles, bells, breastfeeding, nonnutritive sucking, or giving sucrose drops immediately prior to vaccination.

25. What is the minimum safe length of time that the vaccine recipient is asked to stay in the clinic area after an immunization in case of an anaphylactic or syncopal event?
   a. No waiting time is necessary
   b. Five minutes
   c. Fifteen minutes
   d. Thirty minutes
26. Which of the following **BEST** describes the term “cold chain” and how it is maintained?
   a. The cold chain is a method of maintaining appropriate cool temperature of the vaccines during transport.
   b. The cold chain refers to the chain of people involved with transporting and handling vaccines.
   c. The cold chain maintains appropriate cool temperatures while storing vaccines.
   d. The cold chain refers to all equipment and procedures used to ensure that vaccines are protected from inappropriate temperatures and light, from the time of transport from the manufacturer to the time of administration.

27. **ColdMark™** monitors will activate when the internal temperature of the package reaches –3°C or colder for approximately 30 minutes.
   a. True
   b. False

28. What should the vaccine provider do when a cold chain breach has occurred?
   a. Take the vaccines out of the refrigerator and discard them as per monograph and/or manufacturer instructions.
   b. Keep the vaccines in the refrigerator, separate them and mark them “Do not use” until you get a replacement vaccines.
   c. Keep the vaccines in the refrigerator, separate them and mark them “Do not use” report and await direction from the Regional Pharmacy and Regional CDC.
   d. No action unless the breach has been more than 48 hours or there is discolorations of any vaccines.

29. What are the recommendations regarding the refrigerators that are used to store vaccines?
   a. Vaccine providers should maintain a daily log to monitor maximum and minimum refrigerator temperatures.
   b. Storage and handling guidelines should be posted on the refrigerator.
   c. **NO** food, medications or biologic specimens are to be stored in the same fridge as vaccines.
   d. It must be plugged into an emergency generator power source.
   e. All of the above
30. **What are recommendations for vaccine storage?**
   a. All vaccines are removed from the original boxes for easy access and exposure to light.
   b. All plastic water bottles, previously used to stabilize temperatures, should be removed to create more room.
   c. Keep the newest vaccines at the front of the refrigerator to make sure the vaccines are fresh and the immunogenic properties are intact.
   d. A designated person checks the expiry dates on a regular basis and ensures the refrigerator is maintained at 2 - 8 °C.

31. **How do you discard spoiled or expired vaccine?**
   a. The vaccines are sent to Iqaluit as dangerous goods for disposal of biohazards or reimbursement.
   b. If the pharmacy services advises you that the vaccines can be discarded instead of returned and reimbursed, the vaccines are put in the sharps containers to be incinerated.
   c. The vaccine vials to be discarded may be put into the regular garbage.
   d. The vaccines vials are opened and poured down the sink drain followed by lots of warm water.

32. **In a case where an individual presents with signs and symptoms of Botulism, after consulting with the physician, Botulism Antitoxin should be administered even in the absence of confirmation from serological or bacteriological tests.**
   a. True
   b. False

33. **What would you advise the parents/caregivers of a female infant who is two months preterm?**
   a. Delay immunization by 2 months to allow her to catch up on her gestational age.
   b. Delay immunization until she is over 3 kg.
   c. Delay immunization until infant is weaned and no longer receiving protective passive immunity from the mother.
   d. Follow the usual schedule as immunity is a function of actual age and not expected or gestational age.
34. An eight month old male is attending a Well Child Clinic. He had a BCG and HB at birth. At six months of age he received his first dose of DTaP-IPV-Hib and first dose of Pneu C. What vaccines should be given to him today?
   a. DTaP-IPV-Hib #2, HB #2
   b. DTaP-IPV-Hib #2, Pneu-C #2
   c. DTaP-IPV-Hib #2, Pneu-C #2, HB #2
   d. HB #2, Pneu-C #2

35. Using the previous scenario, what is the minimal time interval for his next Hepatitis B vaccination?
   a. 4 weeks
   b. 6 weeks
   c. 8 weeks
   d. 16 weeks

36. An 18 month male old is attending the Well Child Clinic. He received a BCG, three doses of DTaP-IPV-Hib and three doses of Pneu-C and 3 doses of HB at the recommended ages. After the third dose of DTaP-IPV-Hib, he had a febrile seizure. Two months ago, he was bitten by a stray dog and was given rabies immune globulin. What vaccines does he receive today?
   a. MMR, Men-C, Var, Pneu-C #4, DTaP-IPV-Hib #4
   b. Men-C, Pneu-C #4
   c. Men-C, DTaP-IPV-Hib #4, Pneu-C #4
   d. Men-C, Pneu-C #4, MMR, Var

37. What is the correct practice for documenting vaccines and diluents?
   a. Pre-printed, peel-off labels and bar coding of products should be applied to immunization record.
   b. Document the product name, date, dose, site, route, manufacturer and lot number, name and title of person administering it.
   c. Document the date by using the month/day/year format.
   d. Electronic medical records are not encouraged in Nunavut because it is too time consuming and a duplication of services.

38. Where should immunizations be documented?
   a. The Nunavut Immunization Card only.
   b. The Nunavut Immunization Card and the patient’s chart.
   c. The personal immunization record held by the person or his or her parent/guardian; the Nunavut Immunication Card (or Immunization record in the hospital) and in the vaccine recipient’s chart.
   d. In the vaccine recipient’s chart only.
39. Following immunization, what recommendations regarding acetaminophen administration should be given to the caregiver?
   a. Give routinely Q 4-6 hours at a dose of 10-15 mg/kg after each immunization.
   b. Give routinely Q 4-6 hours at a dose of 30 mg/kg after each immunization.
   c. Give Q4-6 hours prn for fever and crying at a dose of 10-15 mg/kg.
   d. Give Q4-6 hours prn for fever and crying at a dose of 30 mg/kg.

40. When do you fill out an AEFI (Adverse Events Following Immunization) form?
   a. Following clinical significant events (i.e. is of serious nature, requires urgent medical attention or is an unusual or unexpected event) even if is up to 3 months post vaccination event.
   b. Following clinical significant events (i.e. is of serious nature, requires urgent medical attention or is an unusual or unexpected event).
   c. Following a minor reaction that is temporally associated with vaccination (fever, syncope, redness at the site).
   d. After consultation and permission from the CMOH.

41. What actions should be taken by the immunization provider to document a true adverse reaction?
   b. Document in person’s chart. Record on immunization record. Notify their Manager or Supervisor. Submit a Adverse Event Following Immunization (AEFI) form to the Regional Communicable Disease Coordinator.
   c. Record on immunization record. Inform their Manager or Supervisor.
   d. Notify the Manager or Supervisor. Submit a AEFI Form.

42. What are contraindications to giving live vaccines?
   a. Allergy to vaccine component including eggs, preterm delivery, small for gestational age, and cardiac anomaly.
   b. Allergy to vaccine component including eggs, severely immunocompromised, and concurrent minor illness (ie. cold, cough).
   c. Allergy to vaccine component, severely immunocompromised, pregnancy, breastfeeding.
   d. Allergy to vaccine component, severely immunocompromised, pregnancy.
43. How do you respond to parental concerns regarding exposure to too many antigens?
   a. An increase in vaccines causes an increase in antigens, which initiates the infant’s immune responses.
   b. The human immune system has a limited capacity to antigens, so we should choose our immunizations wisely.
   c. Infants respond to a limited amount of antigens. This has been accommodated by giving increased numbers of vaccines with weaker levels of antigens.
   d. A healthy baby’s immune system can handle up to 10,000 different antigens at any one time.

44. What are the signs and symptoms of fainting?
   a. Flushed skin and hyperventilation
   b. Sudden brief loss of consciousness
   c. Significant hypotension and seizure activity
   d. Respiratory symptoms and/or hoarseness and/or difficulty swallowing

45. What are signs and symptoms of an anaphylactic reaction to a vaccine?
   a. Breath-holding spells, screaming and crying.
   b. Anxiety, mild increased blood pressure, fidgetting and increase in talking.
   c. Brief increased pallor, sudden brief loss of consciousness and collapse.
   d. Itchy urticarial rash; progressive, painless swelling (angioedema about the face and mouth); respiratory symptoms including sneezing, coughing, wheezing, laboured breathing and upper airway swelling (indicated by hoarseness and/or difficulty swallowing); hypotension; possible nausea, vomiting and diarrhea.

46. What would you do FIRST with a person post immunization who is itchy, is developing painless swelling around the mouth and face, and/or has difficulty breathing?
   a. Assess and administer epinephrine IM at dose recommended for age and/or weight immediately in opposite limb to that in which the vaccination was given.
   b. Assess and administer 0.1 ml/kg epinephrine IM to a maximum of 0.5 ml.
   c. Assess and give Benadryl and call the physician immediately for advice.
   d. Assess vital signs and give Ventolin inhalor every 5 minutes.
47. Which infants may be given a Bacille Calmette-Guerin (BCG) vaccine?
   a. Those infants who received a BCG earlier, but did not respond with a pustule or “take”.
   b. Infants over 6 months old, who have never had a TST.
   c. Neonates, who have a HIV negative biological mother and no family history of severe combined immunodeficiency syndrome (SCIDS).
   d. Infants who are immune compromised and need protection against TB.
   e. All of the above

48. The correct dose for the Freeze-Dried Glutamate BCG vaccine (Japan) dose for a neonate is 0.05 ml.
   a. True
   b. False

49. Occasionally, the BCG has been known to squirt during administration.
   What safety precautions are prudent to take when administering a BCG?
   a. Wear full personal protective equipment.
   b. Wear a mask and ventilate the room.
   c. Wear gloves and mask.
   d. Wear protective glasses and protect the eyes of the infant as well as the person holding the infant.

50. What are the Canadian contraindications to BCG?
   a. Immune deficiency
   b. extensive skin disease and burns
   c. a positive TST
   d. a family history of severe combined immunodeficiency syndrome (SCIDS).
   e. all of the above

51. What is your initial management of a BCG abscess at the site of injection?
   a. Refer for incision and drainage.
   b. Instruct mother to apply a bandaid as needed.
   c. May apply compresses to injection site and cover with a dry gauze.
   d. Use antibiotic ointment twice a day prn.
52. What should be considered when administering the Hepatitis B vaccination to a small-for-gestational age (SGA) infant under 2000 grams?
   a. Routine HB is given to the SGA, under 2000 grams infant, according to the NU immunization schedule regardless of weight.
   b. Routine HB for SGA infants, under 2000 grams, of mothers known to be negative for HBsAG, should be delayed until the infant reaches 2000 grams or 1 month of age.
   c. The SGA infant, under 2000 grams, of a biological mother who is HBsAG positive, would have HB Ig at birth and HB vaccine starting at one month.
   d. The SGA infant, under 2000 grams, of a biological mother who is HBsAG positive, would have deferred HB Ig and HB vaccine starting at one month.

53. Who is eligible to receive the publicly funded Human Papilloma Virus (HPV) vaccine in Nunavut?
   a. Any female between the ages of 9 and 26.
   b. Grade 6 girls age ≥ 9 years.
   c. Grade 6 girls or boys ≥ 9 years.
   d. A person who is sexually active or may have acquired an HPV infection.

54. Which one of the following statements about the HPV vaccine is TRUE?
   a. The HPV vaccine (Gardasil) will cure diseases such as cervical cancer, genital warts and vaginal cancer.
   b. The HPV vaccine protects against all strains of HPV.
   c. A pregnancy test needs to be done prior to administration of HPV vaccine.
   d. HPV vaccine (Gardasil) protects against 4 strains of HPV virus that cause up to 70% of HPV related cervical cancers.

55. What are the contraindications to the HPV vaccine?
   a. Anaphylaxis to a previous dose of HPV vaccine, mild illness, and compromised immune system.
   b. Anaphylaxis to a previous dose of HPV vaccine or painful arm with induration.
   c. Anaphylaxis to a previous dose of HPV vaccine, history of hypersensitivity to yeast, and pregnancy.
   d. Anaphylaxis to a previous dose of HPV vaccine, prior STI or abnormal PAP.

56. Which if the following is NOT a contraindication to giving the Flumist vaccine?
   a. An anaphylactic reaction to a prior dose, or vaccine components (ie. Eggs, Gentamycin, gelatin, Arginine)
   b. Individuals aged 2 – 17 currently receiving aspirin
   c. A fever in conjunction with a mild upper respiratory infection.
   d. Severe asthma (currently on inhaled or oral Glucocorticosteroids, active wheezing, or those treated in the past 7 days for wheezing).
57. Is it recommended for Health Care Workers to be up-to-date in their immunizations?
   a. No, because all health care workers practice proper infection control practices and universal precaution procedures.
   b. Yes, because health care workers through their activities are capable of transmitting viruses and infections to high risk populations.
   c. No, because as health care workers are continually exposed to various infections and viruses, their improved immune response provides them with immunity.
   d. Yes, to meet Nunuvut licensing requirements, all nurses must be up to date in their immunizations and prepared to prove this if audited.

58. Who is eligible to receive influenza vaccine in Nunavut?
   a. Individuals with chronic disease, elderly over age 65 years
   b. Individuals aged 6 months to 20 years, people with chronic illnesses, elderly over 65 years.
   c. Individuals aged 6 months to 20 years, people with chronic illnesses, elderly over 65, and pregnant women.
   d. All Nunavummiut over the age of 6 months

59. At a well child clinic, a parent/caregiver brings in their infant 5 days before their 1st birthday. They are going out on the land for 1 month. May you give the MMR at this visit?
   a. Yes
   b. No

60. In the absence of documentation, an adult born before 1970 will be presumed to be immune to measles and mumps, and will therefore not require a MMR vaccine.
   a. Yes
   b. No

61. In Nunavut, which of the following is the recommended dose, route, and scheduling for meningococcal C “conjugate” vaccine?
   a. 0.25 ml. subcutaneously at 2, 4 and 6 months of age.
   b. 0.25 ml. intramuscularly at 6 and 12 months of age.
   c. 0.5 ml. subcutaneously at 12 months of age.
   d. 0.5 ml. intramuscularly at 12 months of age.
62. What are contraindications for acellular pertussis vaccine?
   a. High fever within 48 hours after previous dose.
   b. Afebrile convulsions after previous dose.
   c. Persistent, inconsolable or high-pitched crying not associated with any sequelae after previous dose.
   d. Anaphylactic reaction after previous dose.

63. Why is Pneu-P-23 not given to children under 2 years of age?
   a. The volume would be too large.
   b. It causes hypersensitivity.
   c. It is a polysaccharide vaccine that does not produce sufficient antibody response in those less than 2 years of age.
   d. It is a conjugate vaccine that does not produce sufficient antibody response in those less than 2 years of age.

64. What are the benefits of receiving the polysaccharide pneumococcal vaccine?
   a. Immunity against bacterial pneumonia and ear infections for children under the age of two.
   b. It protects against bacterial pneumonia, skin infections, pharyngitis and post strep glomerulonephritis caused by Group B streptococcal infections.
   c. Immunity against some types of bacteremia, meningitis, pneumonia and acute otitis media caused by “streptococcus pneumoniae”.
   d. Polysaccharide vaccines are superior to the conjugate vaccine because they always provide life long immunity against bacterial pneumonia, meningitis, bacteremia and other infections caused by “streptococcus pneumoniae”.

65. If there is an adequate supply of vaccine and the regional CDC has been consulted, which Nunavummiut may receive the publically funded rabies pre-exposure vaccine?
   a. Any senior over age 65
   b. Community Health Nurses
   c. Healthy school-aged children
   d. Conservation officers, municipal bylaw officers, lay vaccinators, and Government of Nunavut biologists

66. The steps for managing an animal bite injury which breaks the skin includes:
   a. Assess and provide medical treatment and Td/Tdap as needed.
   b. Complete appropriate documentation and notify EHO immediately for advice on initiation of post exposure prophylaxis (PEP).
   c. If PEP is necessary, Regional CDC must be informed.
   d. Any questions regarding the administration of RabIg or rabies vaccine should be directed to the Regional CDC during working hours or the Medical Officer of Health (MOH) after hours.
   e. All of the above
67. To which of the following is it safe to administer the MMR vaccine?
   a. To an infant or child with a hypersensitivity to eggs or with no prior ingestion of eggs.
   b. To a pregnant woman.
   c. To a person who is severely immunocompromised.
   d. To a person with a history of an anaphylactic reaction to neomycin or gentamycin.

68. In clinic, how would you proceed with a pregnant woman who has 2 documented MMR vaccinations, but has a low rubella IgG antibody titre indicating absence of immunity?
   a. Give another MMR postpartum.
   b. Give rubella immunization only.
   c. There is no indication to ever give more than 2 MMRs.
   d. Give another MMR, only if and when she is pregnant.

69. If a woman requires the rubella vaccine, when should she receive the MMR?
   a. As soon as the bloodwork comes back and she is considered susceptible, even if she is pregnant.
   b. Immediately post partum and before hospital discharge or pre-conception and delay pregnancy by 1 month following the MMR.
   c. An adult would not need to be immunized for rubella as the disease is mild in adults.
   d. When there is a rubella outbreak.

70. What are contraindications and precautions to the tetanus vaccine according to the CIG?
   a. Pregnancy, seizure disorders or autoimmune disease following a previous dose.
   b. Painful red arm with induration less than 3 cm following a previous dose.
   c. Developing Guillain-Barre syndrome within 8 weeks of a previous dose or severe systemic reaction, neurological event or high fever post vaccination of a previous dose.
   d. Preterm infant, infants with autism, people over age 65 or people with Guillain-Barre syndrome.

71. What precautions should be taken regarding the varicella vaccine?
   a. Varicella should be protected from light by storage of the vials in the cartons provided.
   b. Use normal saline as a diluent as long as it is free of any preservatives, antiseptics and detergents.
   c. Administer the vaccine once it warms to room temperature.
   d. Varicella diluent must be stored in the refrigerator.
72. The CMOH (Chief Medical Officer of Health) or Deputy CMOH in Nunavut must approve each case requiring a series of Palivizumab (Synagis).
   a. True
   b. False

73. It is important to emphasize to parents that each dose in the Palivizumab series be given exactly on schedule because each dose protects against RSV for only one month in infants at high risk during the RSV season.
   a. True
   b. False

74. A child received MMR two days ago and requires a Tuberculin Skin Test (TST). What should you do?
   a. Give half dose of TST and read in 4 days.
   b. Delay TST for 4-6 weeks, as MMR may cause a false negative reading.
   c. Give TST and repeat MMR in 4 weeks as TST
   d. Give full dose of TST and read as usual in 2 days.

75. Which of the following steps is not correct when reading a TST?
   a. A TST result must be read at 48 to 72 hours after planting.
   b. Mark the border of induration with a pen mark by moving a pen tip at a 45 degree angle along the skin laterally (transverse diameter) towards the site of injection. Repeat the process on the opposite side of the induration.
   c. Using a caliper, measure the diameter of redness. Record the result in millimeters (mm) including a “0 mm” reading.
   d. Using a caliper, measure the diameter of induration between the pen marks. Record the result in millimeters (mm) including a “0 mm” reading.