ACVPM INFECTIOUS DISEASES PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Which host category is most associated with maintaining the virus in the population over time?

A. Amplifying hosts

B. Indicator hosts

C. Maintenance hosts

D. Reservoir hosts

2. Ovine Progressive Pneumonia (OPP) is also known as Maedi-Visna.

A. Maedi-Visna

B. Sheep Respiratory Disease

C. Caprine Arthritis Encephalitis

D. Bovine Leukosis

3. In which two countries is wild type poliovirus still circulating?

A. India and Pakistan

B. Nigeria and Afghanistan

C. Egypt and Somalia

D. Afghanistan and Pakistan

4. When is Borna virus most likely to occur?

A. Year-round

B. Sporadically

C. Continuously

D. Seasonally

5. Foot-and-Mouth Disease virus has how many serotypes and subtypes?

A. Seven serotypes with sixty subtypes

B. Five serotypes and thirty subtypes

C. Nine serotypes and eighty subtypes

D. Three serotypes and ten subtypes

6. Which description best matches the gross lung pathology seen with EMV?

A. Normal lungs

B. Emphysema

C. Congested, firm lungs with lymphatic dilation and foamy hemorrhagic exudate

D. Fibrotic scarring

7. Which preventive measures are described for AHS?

A. Quarantine for 60 days

B. Vaccination in endemic areas

C. Both quarantine and vaccination

D. Neither

8. Which meat products are more likely to carry viable FMD virus?

A. Fresh, unsalted meat

B. Cooked, pasteurized products

C. Well salted meats and non-pasteurized dairy products

D. Dried fruits

9. In vesicular stomatitis virus management, antibiotics are used for what purpose?

A. To treat second bacterial infections

B. To enhance viral clearance

C. To prevent dehydration

D. For pain relief only

10. Which of the following is NOT a form of Glanders?

A. Nasal

B. Pulmonary

C. Cutaneous

D. Ocular

Answers

1. C
2. A
3. D
4. D
5. A
6. C
7. C
8. C
9. A
10. D

Explanations

1. Which host category is most associated with maintaining the virus in the population over time?

A. Amplifying hosts

B. Indicator hosts

C. Maintenance hosts

D. Reservoir hosts

The idea here is to identify which host type sustains the virus within a population over the long term. Maintenance hosts are the ones in which the pathogen persists and is transmitted regularly, providing a continuous source of infection that keeps the virus in circulation even between outbreaks. This long-term persistence is what keeps the virus present in the population over time, forming the backbone of the enzootic transmission cycle. Amplifying hosts mainly boost transmission during outbreaks, increasing case numbers but not necessarily ensuring ongoing presence year after year. Indicator hosts reveal that an infection is present but do not contribute to maintaining the virus. Reservoir hosts are sources of infection for others and can be involved in spillover, but the term maintenance specifically captures the aspect of enduring persistence within the host population itself.

2. Ovine Progressive Pneumonia (OPP) is also known as Maedi-Visna.

A. Maedi-Visna

B. Sheep Respiratory Disease

C. Caprine Arthritis Encephalitis

D. Bovine Leukosis

Maedi-Visna is the recognized alternative name for the same chronic ovine lentiviral infection. Ovine Progressive Pneumonia (OPP) refers to this disease in sheep, and the virus involved is the Maedi-Visna virus (MVV). Historically, two syndromes were described—Maedi, a progressive dyspnea from interstitial pneumonia, and Visna, a wasting or demyelinating form—together defining the disease entity. So the term Maedi-Visna is used interchangeably with OPP. The other options point to diseases in goats or cattle, or to generic terms not used as the official sheep disease name, which is why they aren't correct.

3. In which two countries is wild type poliovirus still circulating?

A. India and Pakistan

B. Nigeria and Afghanistan

C. Egypt and Somalia

D. Afghanistan and Pakistan

Wild-type poliovirus circulation is now limited to only a couple of places, reflecting where transmission has not yet been interrupted. In this question, the two countries where wild poliovirus is still circulating are Afghanistan and Pakistan. Ongoing transmission in these neighboring nations has persisted due to challenges in achieving complete vaccination coverage, access issues in conflict-affected areas, and cross-border movement that helps spread the virus despite global eradication efforts. The other options refer to regions that have interrupted wild poliovirus transmission or have only experienced outbreaks from importations, not sustained endemic circulation. India cleared wild poliovirus years ago, and broader Africa is now polio-free for wild-type strains, with Nigeria also no longer sustaining wild-type transmission. Egypt and Somalia have faced outbreaks from imports but do not have ongoing endemic wild poliovirus circulation.

4. When is Borna virus most likely to occur?

A. Year-round

B. Sporadically

C. Continuously

D. Seasonally

Seasonal patterns often drive when viral diseases in animals show up, because how and where animals are housed, how they interact, and environmental conditions change throughout the year. For Borna disease virus, outbreaks tend to cluster in specific times of the year—typically in temperate regions during autumn and winter—when horses are kept indoors in closer contact, stress from housing and handling is higher, and environmental conditions can help the virus persist in the environment or transmission opportunities increase. This makes cases rise during those seasons rather than remaining constant throughout the year. The idea is that the incidence follows the seasons due to management and environmental factors, not a uniform year round presence.

5. Foot-and-Mouth Disease virus has how many serotypes and subtypes?

A. Seven serotypes with sixty subtypes

B. Five serotypes and thirty subtypes

C. Nine serotypes and eighty subtypes

D. Three serotypes and ten subtypes

Antigenic diversity in foot-and-mouth disease virus is organized into distinct serotypes and many within-serotype variants. There are seven serotypes recognized globally, and immunity is serotype-specific, meaning protection against one serotype does not reliably protect against another. Within each serotype, there are numerous antigenic variants—subtypes or topotypes—driven by the virus's high mutation rate. Taken together, seven serotypes with roughly sixty subtypes capture the wide diversity that makes vaccine design challenging, since vaccines must align with the circulating serotype and the prevalent subtypes within it. The other numbers understate this diversity, so this combination best reflects the real-world complexity of FMDV.

6. Which description best matches the gross lung pathology seen with EMV?

A. Normal lungs

B. Emphysema

C. Congested, firm lungs with lymphatic dilation and foamy hemorrhagic exudate

D. Fibrotic scarring

The main idea here is an acute inflammatory process in the lungs that causes vascular leakage and edema, with the lung attempting to clear it through the lymphatics. When a virus or similar infectious process inflames the lung tissue, the tiny blood vessels become leaky, leading to crowding of blood in the lungs (congestion) and the lungs feeling firm from edema and inflammatory exudate. The lymphatic vessels enlarge as they try to drain this excess fluid and debris, hence lymphatic dilation. The alveolar spaces fill with protein-rich fluid mixed with red blood cells from capillary damage, producing a foamy, hemorrhagic exudate. This combination of congested, firm tissue with enlarged lymphatics and foamy hemorrhagic exudate fits an acute, diffuse pneumonic pattern seen with EMV. It contrasts with normal lungs (no edema or exudate), emphysema (air-space destruction with hyperinflation), or fibrotic scarring (chronic, fibrous thickening), which do not match this acute, exudative picture.

7. Which preventive measures are described for AHS?

A. Quarantine for 60 days

B. Vaccination in endemic areas

C. Both quarantine and vaccination

D. Neither

Preventing African horse sickness relies on reducing introduction risk and lowering susceptibility in the horse population. Quarantine helps stop the spread by isolating imported or exposed horses and restricting movement from outbreak areas, which is a key control measure when a case is identified or suspected. Vaccination directly lowers the number of horses that can become ill and helps interrupt transmission, especially in areas where the disease is enzootic or during outbreaks. Using both approaches together provides the strongest protection: quarantine minimizes the movement of potentially infected animals, while vaccination reduces the overall pool of susceptible horses, making outbreaks less likely and less severe. That combination is why the option describing both quarantine and vaccination is the best answer.

8. Which meat products are more likely to carry viable FMD virus?

A. Fresh, unsalted meat

B. Cooked, pasteurized products

C. Well salted meats and non-pasteurized dairy products

D. Dried fruits

FMD virus survives best in foods that aren't heat-treated. Cooking or pasteurization inactivates the virus, so heated or pasteurized products are unlikely to carry viable virus. Salt-curing and drying don't reliably inactivate FMDV, so well-salted meats can retain infectious virus, and unpasteurized dairy products can also harbor it if the animals were infected. Fresh, unsalted meat may be raw but is not preserved in a way that commonly preserves the virus as effectively as salted meat or non-pasteurized dairy, and dried fruits are not meat or dairy products and aren't primary vectors for viable FMDV. Thus the combination of well-salted meats and non-pasteurized dairy best represents routes where viable virus can persist.

9. In vesicular stomatitis virus management, antibiotics are used for what purpose?

A. To treat second bacterial infections

B. To enhance viral clearance

C. To prevent dehydration

D. For pain relief only

Antibiotics do not affect viruses; in vesicular stomatitis virus, the virus itself won't be cleared by antibiotics. The role of antibiotics here is to treat or prevent secondary bacterial infections that can occur when vesicular lesions disrupt mucosal surfaces. Bacterial superinfection can slow healing and worsen illness, so antibiotics are used when there is evidence of bacterial involvement (such as purulent discharge, fever, or systemic signs). If there's no suspected bacterial infection, antibiotics aren't indicated. Pain relief and dehydration management rely on separate supportive measures rather than antibiotics.

10. Which of the following is NOT a form of Glanders?

A. Nasal

B. Pulmonary

C. Cutaneous

D. Ocular

Glanders classically presents in three primary forms: nasal, cutaneous (farcy), and pulmonary. Ocular involvement can occur, but it is not considered a standard primary form of glanders. The nasal form features mucosal lesions and nasal discharge, the cutaneous form shows nodules along lymphatics (farcy), and the pulmonary form presents with pneumonia-like signs. Since ocular involvement isn't a recognized primary form, it is the correct choice.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://acvpminfectiousdiseases.examzify.com

We wish you the very best on your exam journey. You've got this!