

# Infectious Disease First Line Treatments Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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. What is the first line treatment for HSV Encephalitis?**
  - A. Oral Acyclovir**
  - B. IV Acyclovir**
  - C. Ceftazidime**
  - D. Supportive care**
  
- 2. Which medication is the standard first-line treatment for HIV?**
  - A. Tenofovir disoproxil fumarate combined with emtricitabine**
  - B. Efavirenz combined with emtricitabine**
  - C. Ritonavir combined with zidovudine**
  - D. Lopinavir combined with ritonavir**
  
- 3. What is the first line treatment for Mononucleosis?**
  - A. Antivirals and rest**
  - B. Supportive care and analgesics**
  - C. Corticosteroids for all patients**
  - D. Antipyretics only**
  
- 4. What is the recommended first-line treatment for scabies?**
  - A. Permethrin cream**
  - B. Benzyl benzoate lotion**
  - C. Lindane lotion**
  - D. Oral ivermectin**
  
- 5. Which of the following is not a treatment for Osteomyelitis?**
  - A. Surgical Debridement**
  - B. Prolonged Antibiotics**
  - C. Topical antifungals**
  - D. IV Antibiotics**

- 6. Which medication is first line for treating Hookworm infections?**
- A. Albendazole**
  - B. Pyrantel Pamoate**
  - C. Mebendazole**
  - D. All of the above**
- 7. Which antibiotic is considered the first line treatment for Rocky Mountain Spotted Fever?**
- A. Amoxicillin**
  - B. Doxycycline**
  - C. Azithromycin**
  - D. Atovaquone**
- 8. Which antibiotic is the first line for treating infections caused by Clostridium perfringens?**
- A. Amoxicillin**
  - B. Penicillin G**
  - C. Ciprofloxacin**
  - D. Doxycycline**
- 9. What is the preferred first line treatment for Genital Herpes Simplex Virus Type 2?**
- A. Oral Valacyclovir**
  - B. Oral Acyclovir**
  - C. Oral Famciclovir**
  - D. All of the above**
- 10. What is the first line treatment approach for Fitz-Hugh-Curtis Syndrome?**
- A. Meropenem**
  - B. Ceftriaxone + Doxycycline + Metronidazole**
  - C. Oral Acyclovir**
  - D. Supportive therapy**



## **Answers**

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

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## **Explanations**

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## 1. What is the first line treatment for HSV Encephalitis?

- A. Oral Acyclovir
- B. IV Acyclovir**
- C. Ceftazidime
- D. Supportive care

The first-line treatment for HSV (Herpes Simplex Virus) Encephalitis is IV Acyclovir. Administering IV Acyclovir is essential because it provides high concentrations of the antiviral medication directly into the bloodstream, allowing for rapid and effective management of the viral infection affecting the central nervous system. This treatment is particularly critical considering the potential for the infection to cause significant neurological damage and the rapid onset of serious symptoms associated with HSV encephalitis. Acyclovir works by inhibiting viral DNA synthesis, effectively reducing the viral load and preventing further progression of the disease. The intravenous route is preferred in cases of severe infections or when central nervous system involvement is suspected or confirmed, as it facilitates faster absorption and higher drug levels compared to oral administration. In addition to antiviral therapy, patients often require supportive care for various symptoms that arise due to the encephalitis, but the use of IV Acyclovir remains the cornerstone of treatment for this serious condition.

## 2. Which medication is the standard first-line treatment for HIV?

- A. Tenofovir disoproxil fumarate combined with emtricitabine**
- B. Efavirenz combined with emtricitabine
- C. Ritonavir combined with zidovudine
- D. Lopinavir combined with ritonavir

The standard first-line treatment for HIV is typically a combination of Tenofovir disoproxil fumarate and emtricitabine. This combination is part of a class of medications known as nucleoside reverse transcriptase inhibitors (NRTIs). These drugs work by inhibiting the reverse transcriptase enzyme, which is crucial for the replication of the HIV virus. Tenofovir has been well-studied and shown to have strong antiviral activity, and emtricitabine complements its action by attacking the virus from a different angle. Together, they provide a potent and effective initial regimen for patients newly diagnosed with HIV, particularly due to their favorable resistance profile and side effect profile when compared to older regimens. Other options listed may have utility in certain situations or in different treatment regimens, but they do not represent the current standard of care for initial HIV treatment. Therefore, the combination of Tenofovir disoproxil fumarate and emtricitabine is the preferred choice, aligning with up-to-date clinical guidelines.

### 3. What is the first line treatment for Mononucleosis?

- A. Antivirals and rest
- B. Supportive care and analgesics**
- C. Corticosteroids for all patients
- D. Antipyretics only

The first line treatment for Mononucleosis is supportive care and analgesics. This approach focuses on alleviating symptoms and ensuring patient comfort, as the condition is typically self-limiting and not caused by a bacterial infection that would require antibiotics. Supportive care includes measures like hydration, rest, and avoiding strenuous activities, particularly to prevent splenic rupture, which can be a risk with Mononucleosis due to potential splenomegaly. Analgesics, such as acetaminophen or ibuprofen, are recommended to manage pain, reduce fever, and provide general symptom relief. This strategy emphasizes the body's natural healing process rather than a specific antiviral treatment, as Mononucleosis is most commonly caused by the Epstein-Barr virus, which does not have a standard antiviral treatment available. In contrast, antiviral medications are not typically used in the management of Mononucleosis, as they do not offer significant benefit. Corticosteroids are reserved for severe cases, such as those with airway obstruction or significant thrombocytopenia, rather than for general treatment. Antipyretics alone would not suffice for comprehensive symptom management, as they do not address other discomforts like sore throat or fatigue associated with the illness. Thus, supportive care paired

### 4. What is the recommended first-line treatment for scabies?

- A. Permethrin cream**
- B. Benzyl benzoate lotion
- C. Lindane lotion
- D. Oral ivermectin

Permethrin cream is recognized as the first-line treatment for scabies due to its effectiveness and safety profile. This topical insecticide works by disrupting the nervous system of the mites causing the infestation, leading to their death. The cream is typically applied to the entire body from the neck down and left on for a specified duration before washing it off, ensuring that it covers all the areas where mites may reside, including skin folds and between fingers. While other treatments exist, they are generally considered second-line options or used in specific cases. Benzyl benzoate lotion can also treat scabies but may be more irritating to the skin compared to permethrin. Lindane lotion has fallen out of favor due to concerns over toxicity and potential for neurotoxicity, especially in young children and during pregnancy. Oral ivermectin, while effective for scabies, is typically reserved for cases of crusted scabies or in populations where topical treatments may be impractical, such as in certain institutional settings. Therefore, permethrin cream remains the most recommended first-line treatment for scabies.

**5. Which of the following is not a treatment for Osteomyelitis?**

- A. Surgical Debridement**
- B. Prolonged Antibiotics**
- C. Topical antifungals**
- D. IV Antibiotics**

In the context of treating osteomyelitis, the correct choice is the one that highlights treatments that are not typically employed. Osteomyelitis is a bone infection that usually requires a combination of methods for effective management. Surgical debridement is often necessary to remove necrotic tissue and infected bone, making it a fundamental part of treatment. Prolonged and intravenous antibiotics are crucial in fighting the underlying infection, as they help to ensure that high drug levels are achieved in the affected bone. Topical antifungals, however, are not standard treatments for osteomyelitis. This condition is typically caused by bacterial rather than fungal infections, and thus antifungal medications would not be relevant to the treatment of bacterial osteomyelitis. While antifungal therapies can be critical in cases specifically involving fungal pathogens, such situations are uncommon and would not apply in the classical sense of osteomyelitis. In summary, topical antifungals are not appropriate for the treatment of osteomyelitis due to its usual bacterial etiology, highlighting why that choice does not align with standard practices for managing this condition.

**6. Which medication is first line for treating Hookworm infections?**

- A. Albendazole**
- B. Pyrantel Pamoate**
- C. Mebendazole**
- D. All of the above**

When considering the first-line treatments for hookworm infections, it is important to recognize that several effective medications are available, and each of them plays a role in managing this parasitic disease. Albendazole is widely used and is effective against a variety of helminths, including hookworms. It works by inhibiting the parasite's ability to absorb glucose, ultimately leading to its death. Pyrantel Pamoate is another option, functioning through a different mechanism. It paralyzes the worms, which then leads to their expulsion from the gastrointestinal tract. This medication is often preferred in certain populations, such as children, due to its safety profile. Mebendazole also targets hookworm infections, and similar to albendazole, it disrupts the absorption of glucose by the worms, aiding in their elimination from the host. Since all three medications are considered effective for treating hookworm infections, the inclusion of each in the treatment options validates the choice that indicates all of the above medications are first-line treatments. This demonstrates the flexibility in treatment options available to healthcare providers when managing hookworm infections.

**7. Which antibiotic is considered the first line treatment for Rocky Mountain Spotted Fever?**

- A. Amoxicillin
- B. Doxycycline**
- C. Azithromycin
- D. Atovaquone

Doxycycline is recognized as the first-line treatment for Rocky Mountain Spotted Fever (RMSF) due to its effectiveness against the *Rickettsia* bacteria that causes the disease. RMSF is a potentially severe tick-borne illness characterized by fever, rash, and other symptoms. The timely use of doxycycline is crucial, particularly because the infection can lead to severe complications if not treated promptly. Doxycycline works by inhibiting protein synthesis in bacteria, and its ability to penetrate tissues where *Rickettsia* may reside makes it particularly effective for treating this infection. The early initiation of doxycycline therapy is critical in improving outcomes and reducing mortality rates associated with RMSF. Other antibiotics listed, such as amoxicillin, azithromycin, and atovaquone, do not have the same efficacy against the specific pathogens that cause Rocky Mountain Spotted Fever, making them unsuitable as first-line treatments for this condition.

**8. Which antibiotic is the first line for treating infections caused by *Clostridium perfringens*?**

- A. Amoxicillin
- B. Penicillin G**
- C. Ciprofloxacin
- D. Doxycycline

Penicillin G is the first-line antibiotic for treating infections caused by *Clostridium perfringens* due to its effectiveness against this specific organism. *C. perfringens* is a gram-positive, anaerobic bacterium that is known for causing various types of infections, including gas gangrene. Penicillin G targets the peptidoglycan layer of the bacterial cell wall, effectively inhibiting cell wall synthesis, which is crucial for the survival and replication of the bacteria. This antibiotic has been well-studied and is established as a treatment choice due to its ability to penetrate the tissues where these infections often occur, providing adequate concentrations at the site of infection. Other antibiotics listed may not be as effective against *C. perfringens* or may not provide the necessary spectrum of activity to combat the specific types of infections this bacterium can cause.

**9. What is the preferred first line treatment for Genital Herpes Simplex Virus Type 2?**

- A. Oral Valacyclovir
- B. Oral Acyclovir
- C. Oral Famciclovir
- D. All of the above**

All of the listed antiviral medications are acceptable first-line treatments for genital herpes simplex virus type 2, which is known for causing recurrent outbreaks of painful lesions in the genital area. Oral Acyclovir has long been the standard treatment for herpes infections, effectively reducing the duration and severity of outbreaks. It works by inhibiting viral replication, helping to manage symptoms and prevent future recurrences. Oral Valacyclovir is a prodrug of acyclovir that is often preferred due to its improved pharmacokinetics, allowing for less frequent dosing while providing effective suppression of viral activity. This can enhance patient compliance because it is taken twice daily compared to more frequent dosing schedules required for acyclovir. Oral Famciclovir, another antiviral, offers similar efficacy and has a dosing schedule that also supports patient adherence. Like the others, it works by inhibiting viral replication. Since all three options effectively treat genital herpes simplex virus type 2, the choice of which specific medication to use can depend on factors like patient preference, cost, and pharmacy availability. Hence, stating that all of the mentioned antiviral treatments are acceptable first-line options is accurate.

**10. What is the first line treatment approach for Fitz-Hugh-Curtis Syndrome?**

- A. Meropenem
- B. Ceftriaxone + Doxycycline + Metronidazole**
- C. Oral Acyclovir
- D. Supportive therapy

Fitz-Hugh-Curtis Syndrome is characterized by the inflammation of the liver capsule and is often associated with pelvic inflammatory disease (PID), particularly caused by sexually transmitted infections such as gonorrhea and chlamydia. The first line treatment approach involves addressing both the infection and any associated pelvic inflammation. The combination of ceftriaxone, doxycycline, and metronidazole is effective because it covers a broad spectrum of possible pathogens. Ceftriaxone is a third-generation cephalosporin that is particularly effective against *Neisseria gonorrhoeae*, a common bacterial agent in cases of PID. Doxycycline provides coverage for *Chlamydia trachomatis*, another leading cause of PID and associated inflammatory conditions. Metronidazole adds anaerobic coverage, which is crucial given the polymicrobial nature of infections in the pelvic region. This combination therapy effectively treats the underlying infections that could contribute to Fitz-Hugh-Curtis Syndrome, reducing the risk of complications and promoting recovery. The use of supportive therapy alone would not adequately address the infectious etiology of the syndrome, nor would antiviral treatments like oral acyclovir, which are primarily used for viral infections. Meropenem, while a broad-spectrum carbapenem antibiotic, is



## 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](mailto:hello@examzify.com).**

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

**<https://infectiousdiseasefirstline.examzify.com>**

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