

INFECTIOUS DISEASE PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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

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- 1. Bloody stools in a patient with recent travel history would raise suspicion for?**
 - A. Salmonella
 - B. Shigella
 - C. Amebiasis
 - D. All of the above

- 2. Which stage of Lyme disease includes neurological symptoms?**
 - A. Early localized
 - B. Early disseminated
 - C. Late disseminated
 - D. Acute phase

- 3. A 30-year-old woman presents with migratory arthralgias and has a positive antistreptolysin O titer. What is the likely diagnosis?**
 - A. Reactive arthritis
 - B. Rheumatic fever
 - C. Gout
 - D. Psoriatic arthritis

- 4. What is the clinical name for whooping cough?**
 - A. Bronchitis
 - B. Pertussis
 - C. Pharyngitis
 - D. Croup

- 5. What is the common complication in the acute phase of rabies?**
 - A. Seizures
 - B. Hydrophobia
 - C. Paralysis
 - D. Hemorrhage

- 6. What is the clinical significance of the presence of cysts observed with an India ink stain?**
- A. Indicates *Streptococcus pneumoniae*
 - B. Indicates a *Candida* infection
 - C. Indicates *Cryptococcus* infection
 - D. Indicates a bacterial lung infection
- 7. What is a typical symptom of influenza?**
- A. Loss of appetite
 - B. Rash
 - C. High fever and body aches
 - D. Nausea and vomiting
- 8. What is the drug of choice for cytomegalovirus infections?**
- A. Ganciclovir
 - B. Acyclovir
 - C. Ribavirin
 - D. Interferon
- 9. What type of pathogen is responsible for malaria?**
- A. Bacteria
 - B. Virus
 - C. Protozoa
 - D. Fungi
- 10. What preventive measure is important for infants to avoid botulism?**
- A. Avoiding raw honey
 - B. Receiving the MMR vaccine
 - C. Wear masks in crowded places
 - D. Breastfeeding exclusively

Answers

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

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Explanations

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1. Bloody stools in a patient with recent travel history would raise suspicion for?

- A. Salmonella
- B. Shigella
- C. Amebiasis
- D. All of the above**

When considering bloody stools in a patient with a recent travel history, it's important to recognize that several infectious agents can lead to this symptom, especially when the travel history involves areas with different sanitation practices or endemic infections. Salmonella is a common cause of gastroenteritis, and when associated with certain serotypes, it can cause diarrhea that may include blood. This organism is often contracted through contaminated food or water, which can be an issue in many travel settings. Shigella is particularly known for causing dysentery, characterized by bloody diarrhea, and is highly transmissible via the fecal-oral route. Travelers may encounter Shigella in areas with inadequate sanitation, making it a strong suspect in the case of bloody stools following recent travel. Amebiasis, caused by the protozoan Entamoeba histolytica, can lead to bloody diarrhea as well, especially if the patient develops dysentery. The organism is often found in areas with poor water quality and sanitation, making it relevant for travelers. Given that all three infectious agents can present with bloody stools and are associated with travel to endemic regions, the most comprehensive answer reflects that they all warrant consideration in this scenario. Therefore, acknowledging all these potential causes allows for a

2. Which stage of Lyme disease includes neurological symptoms?

- A. Early localized
- B. Early disseminated
- C. Late disseminated**
- D. Acute phase

The stage of Lyme disease that includes neurological symptoms is late disseminated Lyme disease. This stage occurs weeks to months after the initial infection and is characterized by the spread of the Borrelia burgdorferi bacteria to various body systems, including the central nervous system. Neurological manifestations during this stage can include conditions such as meningitis, cranial nerve palsies, and radiculopathy among others. In the earlier stages, notably early localized and early disseminated, patients may experience symptoms such as erythema migrans (a characteristic rash) and systemic signs like fatigue, fever, and muscle aches. While early disseminated Lyme can involve some system-wide symptoms and occasionally neurological involvement, it does not commonly present the range of neurological manifestations seen in the late disseminated phase. The acute phase, on the other hand, typically includes the very early symptoms but not the advanced complications associated with neurological involvement. Thus, it is the late disseminated stage that firmly establishes neurological symptoms as a key feature, highlighting the need for timely diagnosis and treatment to prevent progression of the disease and associated complications.

3. A 30-year-old woman presents with migratory arthralgias and has a positive antistreptolysin O titer. What is the likely diagnosis?

- A. Reactive arthritis
- B. Rheumatic fever**
- C. Gout
- D. Psoriatic arthritis

The presentation of migratory arthralgias along with a positive antistreptolysin O (ASO) titer strongly suggests a diagnosis of rheumatic fever. This condition is a complication that can arise following a streptococcal infection, particularly pharyngitis caused by Streptococcus pyogenes. The ASO titer serves as a serological marker indicating recent streptococcal infection, which is pivotal in identifying rheumatic fever. In rheumatic fever, migrating joint pain is a classic symptom, often affecting larger joints in succession, which aligns with the migratory nature of the arthralgias described. The condition is also associated with other clinical findings such as carditis, erythema marginatum, and Sydenham chorea, but the combination of migratory arthralgia and elevated ASO titer is particularly indicative. In contrast, reactive arthritis typically occurs following an infection elsewhere in the body, not necessarily with a direct association to streptococcal infection, and would not usually present with an elevated ASO titer. Gout is characterized by sudden onset of pain in specific joints due to uric acid crystal deposition and does not correlate with such serological markers. Psoriatic arthritis,

4. What is the clinical name for whooping cough?

- A. Bronchitis
- B. Pertussis**
- C. Pharyngitis
- D. Croup

Whooping cough is clinically known as pertussis. This bacterial infection is caused by Bordetella pertussis, which primarily affects the respiratory system. The condition is characterized by severe coughing fits that can make it difficult for the patient to breathe and may lead to the characteristic "whoop" sound during inhalation after a coughing episode. The term "pertussis" originates from the Latin word meaning "intense cough," highlighting the primary symptom of the disease. Other conditions listed, such as bronchitis, pharyngitis, and croup, refer to different ailments affecting the respiratory system. Bronchitis is an inflammation of the bronchial tubes typically leading to coughing and mucus production but is not specifically associated with the unique symptoms of whooping cough. Pharyngitis refers to the inflammation of the pharynx, resulting in a sore throat, while croup is characterized by a distinctive barking cough and is often associated with viral infections, especially in children. Therefore, recognizing that pertussis specifically denotes whooping cough is crucial for understanding its clinical presentation and management.

5. What is the common complication in the acute phase of rabies?

- A. Seizures
- B. Hydrophobia**
- C. Paralysis
- D. Hemorrhage

Hydrophobia, or the fear of water, is a common complication during the acute phase of rabies due to the involvement of the central nervous system. As the rabies virus progresses, it causes inflammation in the brain, which can lead to significant neurological symptoms. One of these symptoms is difficulty swallowing and severe spasms of the throat muscles. This can make it painful and distressing for the infected individual to drink or even see water, thus leading to the sensation of hydrophobia. This phenomenon is particularly notable because it can occur even in the absence of conscious fear, showcasing the profound effects of the rabies virus on neural pathways that control autonomic responses. It's an essential symptom in diagnosing rabies in clinically ill patients, reflecting the severe nature of the disease as it progresses towards its critical phases.

6. What is the clinical significance of the presence of cysts observed with an India ink stain?

- A. Indicates Streptococcus pneumoniae
- B. Indicates a Candida infection
- C. Indicates Cryptococcus infection**
- D. Indicates a bacterial lung infection

The presence of cysts observed with an India ink stain is clinically significant as it is a hallmark feature used to identify Cryptococcus neoformans, a fungus that can cause serious infections, particularly in immunocompromised individuals. This staining method highlights the thick capsule surrounding the yeast form of Cryptococcus, which becomes apparent in the presence of the ink. When performing an India ink preparation, the cysts of Cryptococcus neoformans appear as round structures with a clear halo, corresponding to the polysaccharide capsule. This is important in clinical settings, particularly in diagnosing conditions such as cryptococcal meningitis, where the fungus can invade the central nervous system. Other choices, such as those indicating Streptococcus pneumoniae or bacterial lung infections, do not pertain to the findings observed with an India ink stain. The stain is not typically used for identifying bacterial pathogens or yeast like Candida, which requires different culture methods and staining techniques for accurate diagnosis. Therefore, the specific identification of Cryptococcus infection through the India ink stain highlights its clinical significance in managing patients with potential fungal infections.

7. What is a typical symptom of influenza?

- A. Loss of appetite
- B. Rash
- C. High fever and body aches**
- D. Nausea and vomiting

High fever and body aches are hallmark symptoms of influenza, which is commonly known as the flu. This viral infection typically presents with a sudden onset of fever, chills, significant muscle and joint pain, and general malaise. The combination of high fever and body aches distinguishes influenza from other respiratory illnesses. While loss of appetite, rash, and gastrointestinal symptoms like nausea and vomiting can occur with various infections, they are not primary indicators of influenza. Loss of appetite might happen due to general illness, but it's not specific to the flu. Rash is generally associated with viral infections like measles or chickenpox rather than influenza. Nausea and vomiting can occur in a minority of flu cases, especially in children, but it is not as characteristic as the high fever and body aches commonly seen with the virus. Thus, high fever and body aches are essential for identifying influenza, making this option the most representative of the disease's typical symptoms.

8. What is the drug of choice for cytomegalovirus infections?

- A. Ganciclovir**
- B. Acyclovir
- C. Ribavirin
- D. Interferon

Ganciclovir is recognized as the drug of choice for treating cytomegalovirus (CMV) infections. It is an antiviral medication specifically designed to target the viral DNA polymerase, which is crucial for the replication of the CMV virus. Ganciclovir is particularly effective in immunocompromised patients, such as those with HIV/AIDS or organ transplant recipients, where CMV infections can lead to severe complications, including retinitis and systemic diseases. Acyclovir, although an antiviral medication, is primarily effective against herpes simplex virus and varicella-zoster virus. Its efficacy against CMV is significantly less, making it unsuitable as the first-line treatment for CMV infections. Ribavirin is another antiviral that has broad-spectrum activity but is generally used for other viral infections, such as those caused by respiratory syncytial virus (RSV) or hepatitis C, rather than CMV. Interferon, while helpful in some viral infections and certain cancers, does not specifically target CMV and is not commonly used for treating CMV infections. In summary, ganciclovir's specific antiviral actions against cytomegalovirus make it the most effective choice in clinical practice for managing CMV infections, particularly in populations at

9. What type of pathogen is responsible for malaria?

- A. Bacteria
- B. Virus
- C. Protozoa**
- D. Fungi

Malaria is caused by a type of protozoan parasite belonging to the genus Plasmodium. Protozoa are microscopic, single-celled organisms that can live and reproduce in various environments, including inside a host. The life cycle of the Plasmodium species involves both the Anopheles mosquito and human hosts, highlighting the complexity of its transmission. In the case of malaria, when an infected mosquito bites a human, the Plasmodium parasites enter the bloodstream and travel to the liver, where they multiply. After a period of time, the parasites re-enter the bloodstream and invade red blood cells, leading to the symptoms of malaria, such as fever, chills, and anemia. Understanding that malaria is caused by protozoa is crucial for the development of treatment and prevention measures, including antimalarial medications and mosquito control strategies. The other pathogen types—bacteria, viruses, and fungi—each have different structures, life cycles, and associated diseases, which are not relevant to malaria.

10. What preventive measure is important for infants to avoid botulism?

- A. Avoiding raw honey**
- B. Receiving the MMR vaccine
- C. Wear masks in crowded places
- D. Breastfeeding exclusively

Avoiding raw honey is a crucial preventive measure for infants to avoid botulism because honey can contain spores of the bacterium Clostridium botulinum. Infants, particularly those under one year of age, have immature digestive systems that are not fully capable of handling these spores. If ingested, the spores can germinate in the gut and produce a potent toxin that leads to infant botulism, a serious condition that can cause muscle weakness and respiratory problems. In contrast, the other options listed do not directly address the risk of botulism in infants. The MMR vaccine is important for preventing measles, mumps, and rubella but does not impact botulism risk. Wearing masks in crowded places is a general public health measure that can help prevent respiratory infections, but it is not relevant to botulism prevention. Breastfeeding exclusively is beneficial for overall infant nutrition and immune support, but it does not specifically prevent botulism related to honey consumption.

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://infectiousdisease.examzify.com>

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

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