PANCE INFECTIOUS DISEASE PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://panceinfectiousdisease.examzify.com

Table of Contents

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 statement about herpes simplex virus is correct?

A. Genital herpes is primarily caused by HSV-2

B. HSV is curable with antiviral therapy

C. Genital herpes never recurs

D. HSV does not recur after treatment

2. Which single-agent regimen is acceptable for CAP in patients with significant comorbidities?

A. Amoxicillin-clavulanate plus macrolide

B. Levofloxacin monotherapy

C. Amoxicillin alone

D. Doxycycline alone

3. Which statement best describes the Hib vaccine in preventing meningitis?

A. Hib vaccine is no longer recommended

B. Hib vaccination is included in meningitis prevention in appropriate populations

C. Hib vaccine is used only in adults

D. Hib vaccine replaces pneumococcal vaccination

4. Which of the following is a protease inhibitor (PI) used in HIV treatment?

A. Efavirenz

B. Lopinavir

C. Dolutegravir

D. Enfuvirtide

5. Campylobacter jejuni infection is associated with which neurologic complication?

A. Guillain-Barré syndrome

B. Bell palsy

C. Multiple sclerosis

D. Myasthenia gravis

6. Anaplasmosis is caused by which organism?

A. Anaplasma phagocytophilum

B. Rickettsia rickettii

C. Borrelia burgdorferi

D. Ehrlichia chaffeensis

7. Which statement best describes the management of necrotizing soft tissue infection?

A. Broad-Spectrum Antibiotics Are Primary

B. Extensive Surgical Debridement Is Essential

C. Antibiotics Alone Sufficient

D. Hyperbaric Oxygen Therapy Is First-Line

8. Early syphilis is treated with which regimen?

A. Benzathine penicillin G 2.4 million units IM once

B. Doxycycline 100 mg PO bid for 14 days

C. Azithromycin 1 g PO x1

D. Ceftriaxone 1 g IM daily for 7 days

9. What predisposing factor is commonly associated with vaginal candidiasis?

A. Preceding antibiotic exposure

B. Regular waxing

C. Daily exercise

D. Eating spicy foods

10. Prophylaxis for PCP in HIV infection?

A. Dapsone

B. TMP-SMX

C. Azithromycin

D. Clindamycin

Answers

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

Explanations

1. Which statement about herpes simplex virus is correct?

A. Genital herpes is primarily caused by HSV-2

B. HSV is curable with antiviral therapy

C. Genital herpes never recurs

D. HSV does not recur after treatment

Genital herpes is caused predominantly by HSV-2 because this type tends to establish latency in the sacral nerve ganglia and repeatedly reactivates to cause genital outbreaks. HSV-2 has been the classic primary cause of genital herpes, even though HSV-1 can also cause genital disease, it remains more common for HSV-2 to be the chief driver of genital infections. Antiviral therapy, such as acyclovir or valacyclovir, helps control symptoms, reduce viral shedding, and lower outbreak frequency, but it does not eradicate the virus from the body. The virus persists in a latent state and can reactivate, leading to recurrences. That's why statements about a cure or about no recurrences after treatment aren't correct. So the statement that genital herpes is primarily caused by HSV-2 is the best choice.

2. Which single-agent regimen is acceptable for CAP in patients with significant comorbidities?

A. Amoxicillin-clavulanate plus macrolide

B. Levofloxacin monotherapy

C. Amoxicillin alone

D. Doxycycline alone

In CAP for patients with significant comorbidities, you want a single agent that can cover both typical bacteria and atypical pathogens. Levofloxacin has broad activity against Streptococcus pneumoniae (including penicillin-resistant strains), Haemophilus influenzae, Moraxella, and atypicals such as Mycoplasma, Chlamydophila, and Legionella, so it provides comprehensive coverage without needing a second drug. Amoxicillin alone misses atypicals, and amoxicillin-clavulanate plus a macrolide involves two agents; doxycycline alone may be less reliable against resistant pneumococcus and isn't the preferred sole therapy in more ill patients.

3. Which statement best describes the Hib vaccine in preventing meningitis?

A. Hib vaccine is no longer recommended

B. Hib vaccination is included in meningitis prevention in appropriate populations

C. Hib vaccine is used only in adults

D. Hib vaccine replaces pneumococcal vaccination

Hib vaccine prevents meningitis caused by Haemophilus influenzae type b by inducing antibodies to the type b capsule, stopping invasive Hib disease before it can cause meningitis. Because Hib used to be a common cause of meningitis in young children, the vaccine is included in routine immunization schedules for appropriate populations, starting in infancy and continuing with follow-up doses. It remains recommended for those groups at risk, not only adults and not as something that has been discontinued. It also does not replace pneumococcal vaccination, since those vaccines protect against different organisms and are given as part of separate immunization plans.

4. Which of the following is a protease inhibitor (PI) used in HIV treatment?

A. Efavirenz

B. Lopinavir

C. Dolutegravir

D. Enfuvirtide

Protease inhibitors block the HIV protease enzyme, preventing cleavage of the Gag-Pol polyprotein and producing immature, noninfectious virus particles. Lopinavir is a protease inhibitor, typically given with ritonavir to boost its levels, making it a standard option in combination antiretroviral therapy. Efavirenz is an NNRTI, which inhibits reverse transcriptase to stop conversion of viral RNA into DNA. Dolutegravir is an integrase strand transfer inhibitor, preventing integration of viral DNA into the host genome. Enfuvirtide is a fusion inhibitor that blocks entry by binding gp41 on the viral envelope.

5. Campylobacter jejuni infection is associated with which neurologic complication?

A. Guillain-Barré syndrome

B. Bell palsy

C. Multiple sclerosis

D. Myasthenia gravis

Campylobacter jejuni infection commonly precedes Guillain-Barré syndrome, an autoimmune attack on the peripheral nerves triggered by molecular mimicry between the bacteria's components and neuronal gangliosides. The immune response, aimed at the infection, cross-reacts with nerve components, causing demyelination or axonal damage that leads to progressive, symmetric weakness with absent reflexes. Clinically, patients often have an ascending pattern of weakness and may develop facial weakness or autonomic instability. Lumbar puncture typically shows high protein with normal cell count (albuminocytologic dissociation), and nerve studies reveal demyelination or axonal damage depending on the variant. Treatment with IVIG or plasmapheresis improves outcomes, and many patients recover, though some may have residual deficits. The other conditions listed are not classically linked as post-infectious complications of Campylobacter jejuni: Bell palsy is facial nerve palsy from various causes; multiple sclerosis involves central nervous system demyelination; myasthenia gravis affects the neuromuscular junction.

6. Anaplasmosis is caused by which organism?

A. Anaplasma phagocytophilum

B. Rickettsia rickettii

C. Borrelia burgdorferi

D. Ehrlichia chaffeensis

Anaplasmosis is caused by Anaplasma phagocytophilum, a small intracellular bacterium that infects neutrophils and is transmitted by Ixodes ticks. This organism causes human granulocytic anaplasmosis, presenting with fever, malaise, and often cytopenias; diagnosis is supported by PCR or serology, and a blood smear may show morulae inside neutrophils. Among the options, this is the organism classically linked to anaplasmosis. The others cause different diseases: Rickettsia rickettsii causes Rocky Mountain spotted fever, Borrelia burgdorferi causes Lyme disease, and Ehrlichia chaffeensis causes human monocytic ehrlichiosis.

7. Which statement best describes the management of necrotizing soft tissue infection?

A. Broad-Spectrum Antibiotics Are Primary

B. Extensive Surgical Debridement Is Essential

C. Antibiotics Alone Sufficient

D. Hyperbaric Oxygen Therapy Is First-Line

Prompt, aggressive source control through extensive surgical debridement is the cornerstone of management for necrotizing soft tissue infections. These infections cause rapidly spreading necrosis of fascia and subcutaneous tissue, and viable tissue is surrounded by devitalized tissue that antibiotics alone cannot adequately penetrate. Removing nonviable tissue reduces bacterial load, halts spread, and allows antibiotics and the immune system to work more effectively. In practice, this means early operative exploration and wide debridement, often requiring multiple procedures to achieve clean margins. Broad-spectrum IV antibiotics are essential as adjuncts to cover polymicrobial flora, but they do not replace the need for surgical removal of necrotic tissue. Hyperbaric oxygen therapy is not first-line and lacks strong evidence as the primary treatment; it may be considered in select situations but not as the mainstay. Rapid diagnosis and immediate surgical intervention offer the best chance of survival.

8. Early syphilis is treated with which regimen?

A. Benzathine penicillin G 2.4 million units IM once

B. Doxycycline 100 mg PO bid for 14 days

C. Azithromycin 1 g PO x1

D. Ceftriaxone 1 g IM daily for 7 days

Early syphilis is best treated with a single intramuscular dose of benzathine penicillin G 2.4 million units. This long-acting penicillin releases the antibiotic slowly, achieving adequate treponemal kill at all infection sites and making the regimen simple and highly effective, which supports high cure rates and helps ensure adherence. Doxycycline can be used as an acceptable alternative in nonpregnant patients who cannot receive penicillin G, but it requires a longer course and is not suitable for pregnant individuals, so it is not the preferred first choice. Azithromycin is not recommended due to widespread resistance in Treponema pallidum and higher rates of treatment failure. Ceftriaxone is another alternative option, typically given for 8–10 days; a 7-day course is shorter than the guideline-recommended duration and thus not as reliable.

9. What predisposing factor is commonly associated with vaginal candidiasis?

A. Preceding antibiotic exposure

B. Regular waxing

C. Daily exercise

D. Eating spicy foods

Vaginal candidiasis commonly follows disruption of the normal vaginal flora, which normally keeps yeast growth in check. The most frequent trigger is preceding antibiotic exposure because broad-spectrum antibiotics kill the protective lactobacilli in the vagina. With fewer lactobacilli, the vaginal environment becomes less acidic and less competitive, allowing Candida to overgrow and cause infection. Other options don't have a strong, direct effect on the vaginal microbiome to promote candidiasis, so they're not as relevant.

10. Prophylaxis for PCP in HIV infection?

A. Dapsone

B. TMP-SMX

C. Azithromycin

D. Clindamycin

Pneumocystis jirovecii pneumonia (PCP) prophylaxis is recommended in HIV when the CD4 count falls below 200 cells/μL or if there's a history of PCP. The best choice for prophylaxis is trimethoprim-sulfamethoxazole because it is highly effective at preventing PCP and, in those with very low CD4 counts, also helps prevent toxoplasma encephalitis. A common prophylaxis regimen is a double-strength TMP-SMX tablet daily or three times a week, adjusted for kidney function and tolerance. If a patient cannot take sulfa drugs, alternatives include dapsone, atovaquone, or inhaled pentamidine, each with its own caveats (for example, dapsone requires G6PD screening and can cause hematologic issues; atovaquone is less potent; inhaled pentamidine can cause bronchospasm). Azithromycin is used for MAC prophylaxis, not PCP, and clindamycin is not used for PCP prophylaxis (though it's part of a treatment option with primaquine in sulfa-allergic patients).

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://panceinfectiousdisease.examzify.com

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