

SURVEILLANCE AND DISEASE REPORTING PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://surveillancediseasereporting.examzify.com>



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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. True/False: Technically you are not required to do any reporting besides the diseases.**
 - A. False
 - B. Depends on product
 - C. Not applicable
 - D. True

- 2. What is a case definition in disease surveillance?**
 - A. A set of laboratory protocols for testing.
 - B. A method for diagnosing diseases in the clinic.
 - C. A standardized criteria for classifying a person as having a disease; it ensures consistent reporting, comparability, and valid analyses.
 - D. A policy for hospital billing.

- 3. What components enable interoperability in ELR and eCR?**
 - A. DHCP networking and TLS.
 - B. FHIR resources only, no codes.
 - C. HL7 messaging and LOINC lab test codes.
 - D. DICOM and ICD-9-CM.

- 4. The NMTS identifies which states and herds are affected with H5N1.**
 - A. States and herds affected with H5N1
 - B. Regions with malaria
 - C. Countries with SARS
 - D. Farms with foot-and-mouth disease

- 5. Which channel is most commonly used to notify authorities about suspected adverse events in animals?**
 - A. Television news
 - B. Email to suppliers
 - C. Direct Poison Control contact
 - D. Public bulletin board

- 6. What common epidemiologic measures are used in surveillance besides incidence and prevalence?**
- A. Attack rate, case fatality rate, mortality rate, and time-to-event measures.
 - B. Only incidence and prevalence.
 - C. Sensitivity and specificity.
 - D. Population growth rate and birth rate.
- 7. Which of the following describes sentinel surveillance type that uses sentinel species to detect outbreaks?**
- A. Using sentinel species to detect outbreaks
 - B. Reporting by clinics
 - C. Wastewater Surveillance
 - D. Registries
- 8. Which animals are put out and periodically tested for antibody conversion to arthropod-borne viruses such as St. Louis Encephalitis virus or Western Equine Encephalitis virus?**
- A. Sentinel dogs
 - B. Sentinel cows
 - C. Sentinel horses
 - D. Sentinel chickens
- 9. What should you do if there is a FAD?**
- A. Call the FDA
 - B. Call the World Organization for Animal Health
 - C. Call the State Animal Health Officer (SAHO) and USDA APHIS Area Vet in Charge (AVIC).
 - D. Call the local veterinary clinic
- 10. What is an example of active surveillance for avian influenza?**
- A. Avian Influenza Live Bird Marketing System
 - B. National Milk Testing Strategy
 - C. Syndromic surveillance
 - D. Environmental fecal sampling

Answers

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

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Explanations

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1. True/False: Technically you are not required to do any reporting besides the diseases.

- A. False
- B. Depends on product
- C. Not applicable

D. True

Public health disease reporting is centered on capturing cases of notifiable diseases. The reporting framework is designed to document disease events that meet specific case definitions, and other health information isn't typically required through the same disease-reporting channel unless there's a separate program or regulation in place. Because of that standard setup, the statement that you're not required to do any reporting besides the diseases is true.

2. What is a case definition in disease surveillance?

- A. A set of laboratory protocols for testing.
- B. A method for diagnosing diseases in the clinic.
- C. A standardized criteria for classifying a person as having a disease; it ensures consistent reporting, comparability, and valid analyses.
- D. A policy for hospital billing.

A case definition in disease surveillance is a standardized set of criteria used to classify whether a person has a disease for reporting and analysis. This standardization ensures reports are consistent across different places and times, allowing reliable comparisons, trend detection, and valid analyses of outbreaks. A case definition may include clinical features (such as symptoms), laboratory evidence, and sometimes location or time frames, helping distinguish true cases from non-cases for the purpose of surveillance. For example, a surveillance influenza case might require fever and cough during flu season, with a lab-confirmed case added when a positive test is present. The other options describe laboratory testing procedures, routine clinical diagnosis, or hospital billing policies, which are not about classifying cases for surveillance.

3. What components enable interoperability in ELR and eCR?

- A. DHCP networking and TLS.
- B. FHIR resources only, no codes.
- C. HL7 messaging and LOINC lab test codes.
- D. DICOM and ICD-9-CM.

Interoperability in ELR and eCR relies on exchanging data in a way that both systems can understand, not just transmit. The key is pairing a standardized way to structure the data with a shared vocabulary for what the data mean. HL7 messaging provides the consistent format and packaging for lab results—so each piece of information (patient, specimen, test performed, result, units, timing) appears in the same places across systems. LOINC lab test codes supply the universal identifiers for each specific lab test and result, ensuring that the same test is recognized everywhere with the same meaning. Together, HL7 messaging and LOINC codes let different electronic health record systems, public health portals, and surveillance systems exchange lab data reliably and interpret it correctly, which is exactly what enables automated reporting and aggregation in ELR and eCR. Security or transport alone doesn't ensure that the receiving system knows what the data mean. DICOM is focused on imaging data, ICD-9-CM codes classify diagnoses (not lab tests), and while FHIR is a modern standard, using it without standardized codes would leave the data's meaning ambiguous.

4. The NMTS identifies which states and herds are affected with H5N1.

A. States and herds affected with H5N1

- B. Regions with malaria
- C. Countries with SARS
- D. Farms with foot-and-mouth disease

Outbreak surveillance in animal health focuses on where the disease is present at the level of specific geographic and production units. The NMTS is designed to record which states have affected herds and which individual herds are impacted by H5N1, so authorities can target control actions where they're actually happening. This targeted, unit-level approach is what makes it the best fit. Malaria regions, SARS countries, or foot-and-mouth disease farms describe different diseases or broader scopes and aren't the focus of a system tracking H5N1 at the state and herd level.

5. Which channel is most commonly used to notify authorities about suspected adverse events in animals?

- A. Television news
- B. Email to suppliers
- C. Direct Poison Control contact
- D. Public bulletin board

When documenting suspected adverse events in animals, the goal is to get the report into a formal channel that reaches the appropriate authorities quickly and with standardized information. Direct Poison Control contact serves as the designated entry point for suspected toxic exposures in animals. They collect the key details, provide immediate guidance, and ensure the report is routed to the right public health and animal health agencies for investigation and action. This creates a traceable, timely data flow that supports surveillance and appropriate responses. Television news is for public information and does not convey formal reports to authorities. Emailing suppliers bypasses official reporting systems and can lead to delays or incomplete data. Public bulletin boards are informal and lack the standardization and timeliness needed for effective surveillance.

6. What common epidemiologic measures are used in surveillance besides incidence and prevalence?

- A. Attack rate, case fatality rate, mortality rate, and time-to-event measures.
- B. Only incidence and prevalence.
- C. Sensitivity and specificity.
- D. Population growth rate and birth rate.

Beyond simply counting new cases and total existing cases, surveillance uses measures that describe risk, severity, and timing of outcomes. The attack rate is a measure of risk during an outbreak in a defined group, usually reflecting the proportion of people who become ill over a short period and helping us gauge how quickly an outbreak spreads in that setting. The case fatality rate tells us the proportion of diagnosed cases that die, showing how deadly the disease is among those affected and informing whether care or treatments are making a difference. The mortality rate expands the view to the whole population, indicating how many deaths occur per unit of population and time, which guides public health planning and resource allocation. Time-to-event measures add the dimension of timing, focusing on how long it takes to reach outcomes like death or recovery after exposure or diagnosis, which is important for understanding prognosis and the impact of interventions over time. These measures complement incidence and prevalence to give a fuller picture of an outbreak's dynamics, disease severity, and burden. Diagnostic test characteristics like sensitivity and specificity are about test accuracy, not population-level surveillance outcomes, and demographic rates like population growth or birth rate aren't specific disease surveillance measures.

7. Which of the following describes sentinel surveillance type that uses sentinel species to detect outbreaks?

A. Using sentinel species to detect outbreaks

B. Reporting by clinics

C. Wastewater Surveillance

D. Registries

The concept here is sentinel surveillance, which uses a selected indicator to detect changes in disease activity and provide an early warning of outbreaks. When the approach specifically mentions sentinel species, it means monitoring particular animals or other biological indicators that reflect what may be happening in the broader environment or population. Illness trends in these sentinel species can signal emerging problems before human cases rise, allowing quicker public health actions. That's why the option describing the use of sentinel species to detect outbreaks is the best fit. Other surveillance forms described—clinic reporting relies on human cases seen in health care settings, wastewater surveillance looks for pathogens in community sewage, and registries collect detailed case data—do not function as the sentinel signal coming from indicator species, which is the hallmark of this type of sentinel approach.

8. Which animals are put out and periodically tested for antibody conversion to arthropod-borne viruses such as St. Louis Encephalitis virus or Western Equine Encephalitis virus?

A. Sentinel dogs

B. Sentinel cows

C. Sentinel horses

D. Sentinel chickens

Sentinel surveillance relies on placing animals out in the environment to monitor virus activity by detecting seroconversion, signaling recent infection in the local mosquito-bird cycle. Sentinel chickens are the classic choice for this purpose because they're kept in secure pens in areas of interest and can be bled periodically to test for antibodies against arthropod-borne viruses like St. Louis Encephalitis virus and Western Equine Encephalitis virus. When a chicken shows a new antibody response, it indicates active transmission in that area, which helps public health respond with mosquito control and community alerts. Chickens are inexpensive, easy to maintain in groups, and their immune response provides clear, detectable evidence without the ethical and practical complications of testing animals that might suffer severe illness. While other animals can be monitored in some programs, sentinel chickens are the most practical and widely used option for this type of antibody-conversion surveillance.

9. What should you do if there is a FAD?

- A. Call the FDA
- B. Call the World Organization for Animal Health
- C. Call the State Animal Health Officer (SAHO) and USDA APHIS Area Vet in Charge (AVIC).**
- D. Call the local veterinary clinic

Suspicious or confirmed foreign animal diseases require immediate escalation to the proper authorities who can lead the response and containment. In the United States, the fastest and most authoritative action is to contact the State Animal Health Officer and the USDA APHIS Area Veterinarian in Charge. The SAHO oversees state-level reporting, investigations, and coordination with national systems, while the AVIC coordinates federal response actions, including movement controls, quarantine decisions, and lab testing. This official chain ensures rapid investigation and control measures to prevent spread. International notification (to the World Organization for Animal Health) is appropriate in broader contexts, but it isn't the first step. A local veterinary clinic can help with care, but they don't trigger the required surveillance and response actions.

10. What is an example of active surveillance for avian influenza?

- A. Avian Influenza Live Bird Marketing System**
- B. National Milk Testing Strategy
- C. Syndromic surveillance
- D. Environmental fecal sampling

Active surveillance is about proactively seeking out data and collecting samples to detect disease, rather than waiting for reports of illness to trigger investigation. The Avian Influenza Live Bird Marketing System fits this idea because it involves routine, proactive sampling and testing of poultry in live bird markets to detect avian influenza early and monitor its presence across markets, independent of whether any birds are reported sick. The other options don't match this proactive, market-based testing focus: a milk testing strategy targets dairy cattle and not avian species; syndromic surveillance relies on existing data streams for symptoms rather than direct sampling of birds; environmental fecal sampling can be part of surveillance but isn't in itself the structured, ongoing active program described by a live bird market system.

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://surveillancediseasereporting.examzify.com>

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

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