UF CPP Infectious Diseases 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. **Histoplasmosis pneumonia is caused by inhaling spores of Histoplasma capsulatum spores from soil contaminated with bird or bat droppings. Is this infection contagious between people?**

   A. Yes, it is contagious between people.

   B. It spreads via droplets.

   C. It is not contagious; infection is caused by inhalation of spores.

   D. It is contagious only in immunocompromised individuals.

2. **Invasive diarrhea, or dysentery, is characterized by?**

   A. Watery stools without blood

   B. Visible blood or mucus in stools, often with fever and abdominal pain

   C. No fever

   D. Abdominal cramps only

3. **Which gastrointestinal symptom is commonly associated with Legionella pneumonia?**

   A. Jaundice

   B. Rash

   C. Diarrhea

   D. Hearing loss

4. **What systemic and skin signs are associated with Coccidioidomycosis?**

   A. Cough only.

   B. Myalgias only.

   C. Night sweats only.

   D. Fever often persistent, fatigue, night sweats, headache; myalgias; arthralgias; rashes (maculopapular or erythema nodosum).

5. **What diagnostic test is essential to differentiate bacterial from viral meningitis?**

   A. MRI brain

   B. Lumbar puncture with CSF analysis

   C. CT scan of head

   D. Blood culture only

6. How do CAUTI infections typically occur?

- **A. Bacteria enter the urinary tract through the catheter during insertion or by tracking up the exterior of the tube**
- **B. Bacteria enter the urinary tract via the bloodstream**
- **C. Bacteria travel from the lungs**
- **D. Bacteria rarely cause CAUTI**

7. Perinatal HIV transmission can occur during which periods?

- **A. Pregnancy, childbirth, or breastfeeding**
- **B. During pregnancy**
- **C. During breastfeeding**
- **D. Only during delivery**

8. Which toxin is associated with necrotizing pneumonia in Staph aureus?

- **A. PVL-producing toxin associated with necrotizing pneumonia**
- **B. TSST-1 toxin**
- **C. Enterotoxin**
- **D. Exfoliative toxin**

9. Which influenza type is typically associated with more severe illness, higher fevers, and widespread outbreaks?

- **A. Influenza B**
- **B. Influenza A**
- **C. Influenza C**
- **D. Influenza D**

10. Death worldwide annually due to meningitis?

- **A. 135,000**
- **B. 50,000**
- **C. 10,000**
- **D. 500,000**

Answers

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

Explanations

1. Histoplasmosis pneumonia is caused by inhaling spores of Histoplasma capsulatum spores from soil contaminated with bird or bat droppings. Is this infection contagious between people?

A. Yes, it is contagious between people.

B. It spreads via droplets.

C. It is not contagious; infection is caused by inhalation of spores.

D. It is contagious only in immunocompromised individuals.

Histoplasmosis pneumonia is an environmental fungal infection. The disease results from inhaling Histoplasma capsulatum spores that are released from soil rich in bird or bat droppings. Because transmission requires exposure to these environmental spores rather than transfer from an infected person, it is not contagious between people. Droplet spread describes contagious respiratory infections, which Histoplasma does not use. While immunocompromised individuals may experience more severe disease if exposed, that does not create person-to-person contagion. So the infection is not contagious; inhalation of environmental spores is the cause.

2. Invasive diarrhea, or dysentery, is characterized by?

A. Watery stools without blood

B. Visible blood or mucus in stools, often with fever and abdominal pain

C. No fever

D. Abdominal cramps only

Dysentery reflects an invasive infection of the colon, so the hallmark is visible blood or mucus in the stool, often with fever and abdominal pain. The bleeding and mucus come from inflammation and injury of the colonic mucosa caused by invading pathogens, and the fever signals the body's inflammatory response. This set of findings distinguishes invasive diarrheal illness from simple watery diarrhea, which lacks blood or mucus and may not have fever. Abdominal cramps alone without blood does not indicate invasive disease, and absence of fever with watery stools points away from dysentery and toward noninflammatory causes.

3. Which gastrointestinal symptom is commonly associated with Legionella pneumonia?

A. Jaundice

B. Rash

C. Diarrhea

D. Hearing loss

Diarrhea is a commonly reported gastrointestinal manifestation of Legionella pneumonia. The infection often causes systemic symptoms and can involve the GI tract, leading to loose stools or diarrhea alongside fever and cough. This GI involvement helps set Legionella apart from many other pneumonias where GI symptoms are less typical. Jaundice isn't a hallmark feature, though mild liver enzyme changes can occur; rash can occur in some cases but isn't the classic GI symptom, and hearing loss isn't associated with Legionella. So diarrhea best fits the common GI presentation.

4. What systemic and skin signs are associated with Coccidioidomycosis?

A. Cough only.

B. Myalgias only.

C. Night sweats only.

D. Fever often persistent, fatigue, night sweats, headache; myalgias; arthralgias; rashes (maculopapular or erythema nodosum).

Coccidioidomycosis often shows a mix of systemic symptoms along with skin findings, not just a single sign. Fever is commonly persistent, and many patients also report fatigue, night sweats, and headaches. In addition, musculoskeletal involvement is frequent, with myalgias and arthralgias. Skin manifestations can appear as maculopapular rashes or erythema nodosum. Together, this broad array of systemic symptoms plus distinctive skin changes constitutes the typical clinical picture of Valley fever, especially in regions where the fungus is endemic. The other options capture only one symptom at a time and miss the fuller spectrum of presentation.

5. What diagnostic test is essential to differentiate bacterial from viral meningitis?

A. MRI brain

B. Lumbar puncture with CSF analysis

C. CT scan of head

D. Blood culture only

Differentiating bacterial from viral meningitis relies on directly examining the cerebrospinal fluid obtained by lumbar puncture. This analysis reveals the characteristic differences in the CSF that reflect the underlying pathogens. In bacterial meningitis, you typically see a neutrophil-dominant (polymorphonuclear) pleocytosis, low glucose levels (because bacteria consume glucose), and high protein, often with elevated opening pressure; Gram stain or culture can identify the organism. In viral meningitis, the CSF usually has a lymphocyte-predominant profile, normal or near-normal glucose, and only mildly elevated protein, with viral PCR helping to identify the specific virus. Imaging and blood cultures can be helpful adjuncts but do not reliably distinguish bacterial from viral meningitis; they don't sample the CSF directly to make the differentiation. So the essential test is lumbar puncture with CSF analysis.

6. How do CAUTI infections typically occur?

A. Bacteria enter the urinary tract through the catheter during insertion or by tracking up the exterior of the tube

B. Bacteria enter the urinary tract via the bloodstream

C. Bacteria travel from the lungs

D. Bacteria rarely cause CAUTI

CAUTI infections usually arise when bacteria from the skin or urethral flora contaminate the catheter during insertion or migrate up along the exterior of the catheter into the bladder. The catheter creates a direct conduit and a surface for bacteria to adhere and form biofilm, which helps them persist and be harder to eradicate. This ascending route from the urethra into the bladder is the typical mechanism, rather than infection spreading through the bloodstream or coming from the lungs. Because of this, preventing CAUTI focuses on aseptic insertion, maintaining a closed drainage system, proper catheter care, and removing the catheter as soon as it's no longer needed.

7. Perinatal HIV transmission can occur during which periods?

A. Pregnancy, childbirth, or breastfeeding

B. During pregnancy

C. During breastfeeding

D. Only during delivery

HIV can be transmitted at several points in the perinatal period: during pregnancy (in utero), during the actual delivery (intrapartum), and after birth through breast milk (postnatal). Because the virus can cross the placenta before birth, be exposed to maternal blood and secretions during labor, and be present in breast milk after birth, the statement that transmission can occur during pregnancy, childbirth, or breastfeeding best captures all the possible windows. The other options are incomplete because they recognize only one time period. In practice, preventing transmission relies on suppressing the mother's viral load with antiretroviral therapy throughout pregnancy, addressing intrapartum exposure when needed, and following guidelines for feeding to minimize postnatal risk.

8. Which toxin is associated with necrotizing pneumonia in Staph aureus?

A. PVL-producing toxin associated with necrotizing pneumonia

B. TSST-1 toxin

C. Enterotoxin

D. Exfoliative toxin

Panton-Valentine leukocidin (PVL) is the toxin linked to necrotizing pneumonia caused by Staphylococcus aureus. PVL is a pore-forming cytotoxin that kills neutrophils and other leukocytes, leading to intense local inflammation and rapid tissue destruction in the lung. Infections with PVL-producing S. aureus, especially community-associated MRSA strains, can present as severe, necrotizing pneumonia in otherwise healthy individuals. Other toxins have different clinical roles: toxins like TSST-1 are superantigens that trigger toxic shock syndrome; enterotoxins cause food poisoning; exfoliative toxins cause staphylococcal scalded skin syndrome by affecting the skin. The necrotizing pneumonia association is specifically with PVL-producing strains.

9. Which influenza type is typically associated with more severe illness, higher fevers, and widespread outbreaks?

A. Influenza B

B. Influenza A

C. Influenza C

D. Influenza D

Influenza A is the type that usually causes more severe illness, higher fevers, and widespread outbreaks because it has a large animal reservoir (including birds and pigs) and can undergo substantial genetic changes. This allows new, highly antigenically distinct strains to emerge and spread rapidly among humans, leading both seasonal epidemics and potential pandemics. Influenza B also causes seasonal outbreaks but typically with milder disease and no broad animal reservoir driving drastic changes. Influenza C tends to produce milder, localized illness and doesn't cause large epidemics, and influenza D mostly affects cattle with little or no established human disease.

10. Death worldwide annually due to meningitis?

A. 135,000

B. 50,000

C. 10,000

D. 500,000

Global deaths from meningitis are a substantial but not extreme mortality burden, reflecting all forms of the disease (bacterial, viral, tuberculous, and fungal). The death toll is variable year to year and is higher in regions with limited access to timely treatment and vaccination, especially in sub-Saharan Africa during outbreaks. Because of this variability, most reputable estimates place the annual global deaths in the low to mid hundreds of thousands. Among common figure choices, about 135,000 deaths per year falls within a plausible, widely cited range for the total meningitis mortality burden worldwide. The other options—much lower or much higher than these broad estimates—are less consistent with the known global impact.

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://ufcppinfectiousdiseases.examzify.com

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