

UF CPP INFECTIOUS DISEASES PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. What is the typical mortality range for Legionella pneumonia in the community, and how can it change in healthcare-associated cases?**
 - A. 0% mortality with treatment
 - B. 1% to 2% always
 - C. 30% to 60% in all cases
 - D. 5% to 15% in the community; up to 25-50% in healthcare-associated cases

- 2. What is the treatment for mild-to-moderate Histoplasmosis pneumonia?**
 - A. Amphotericin B.
 - B. Fluconazole.
 - C. Echinocandins.
 - D. Itraconazole.

- 3. In the primary stage of syphilis, when does the chancre typically develop after exposure?**
 - A. Within 1-3 days
 - B. 1-2 months after exposure
 - C. 1-2 weeks after exposure
 - D. 2-3 weeks after exposure

- 4. Is Histoplasmosis pneumonia contagious?**
 - A. Can be transmitted from person to person through droplets.
 - B. Spreads only via animal vectors.
 - C. Not contagious and cannot be spread from person-to-person or between people and pets.
 - D. Primarily spread through contaminated water.

- 5. Aspiration type pneumonia is best defined as**
 - A. Inhalation of foreign materials into the airways
 - B. Bacteria in the bloodstream
 - C. Viral infection
 - D. Allergic reaction

6. Which of the following is a type of community-acquired pneumonia?

- A. Atypical pneumonia caused by organisms such as *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, and *Legionella*
- B. Typical pneumonia caused by *Streptococcus pneumoniae* with lobar consolidation
- C. Viral pneumonia exclusively
- D. Fungal pneumonia in healthy individuals

7. Late Generalization Miliary TB features?

- A. Late Generalization (Post-Primary/Reactivation) Miliary TB
- B. Early Generalization Miliary TB
- C. Progressive TB
- D. Primary TB

8. Which systemic symptom is commonly seen with *Legionella pneumoniae*?

- A. Sudden rash and joint swelling
- B. Vision loss and hearing impairment
- C. Only productive cough with green sputum
- D. Severe headache, muscle aches, fatigue

9. Which of the following is a common initial symptom of a brain abscess?

- A. Fever and chills
- B. Nuchal rigidity
- C. Seizures
- D. Neurological deficits

10. What is hepatitis?

- A. Inflammation of the liver caused by infectious agents, toxins, or drugs
- B. Inflammation of the pancreas caused by bacteria
- C. Inflammation of the liver caused by autoimmune only
- D. Infection of the liver caused by parasites

Answers

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

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Explanations

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1. What is the typical mortality range for Legionella pneumonia in the community, and how can it change in healthcare-associated cases?

- A. 0% mortality with treatment
- B. 1% to 2% always
- C. 30% to 60% in all cases
- D. 5% to 15% in the community; up to 25-50% in healthcare-associated cases**

Mortality from Legionella pneumonia varies with setting and patient risk. In the community, deaths occur but the rate is generally modest—roughly 5% to 15% when treatment is given promptly with appropriate antibiotics. In healthcare-associated cases, patients tend to be older and sicker, diagnosis can be delayed, and the illness is more severe, which can push mortality higher—up to about 25% to 50%. So, the statement that best fits what's observed across these contexts is 5% to 15% in the community and up to 25% to 50% in healthcare-associated cases. The other options aren't realistic: zero mortality with treatment isn't accurate for Legionella; a fixed 1% to 2% ignores higher-risk patients; and 30% to 60% in all cases overstates mortality for typical community cases.

2. What is the treatment for mild-to-moderate Histoplasmosis pneumonia?

- A. Amphotericin B.
- B. Fluconazole.
- C. Echinocandins.
- D. Itraconazole.**

For mild-to-moderate Histoplasma pneumonia, the preferred treatment is itraconazole. This antifungal works well against Histoplasma capsulatum and is suitable for outpatient therapy, offering effective drug exposure with a more favorable safety profile than amphotericin B, which is reserved for more severe or disseminated disease due to its toxicities. Other options like fluconazole or echinocandins have inferior activity against Histoplasma and aren't the best choices for this stage of illness. A typical approach uses itraconazole with an initial loading phase (for example, a higher dose for a few days) followed by a maintenance course, usually continuing for about 6–12 months. Monitoring for response and potential drug interactions or hepatic effects is important, and ensuring adequate itraconazole absorption (often via the oral solution or considering formulation) helps achieve effective levels.

3. In the primary stage of syphilis, when does the chancre typically develop after exposure?

- A. Within 1-3 days
- B. 1-2 months after exposure
- C. 1-2 weeks after exposure
- D. 2-3 weeks after exposure**

In primary syphilis, the lesion called a chancre appears after a short incubation period following exposure. The pathogen, Treponema pallidum, multiplies at the entry site and the chancre typically becomes evident about two to three weeks later. This timing is the most commonly observed window for the primary stage, making two to three weeks after exposure the best answer. Timelines that are much shorter (within days or a week or two) are too early for the infection to manifest, while a longer delay (a month or more) falls outside the usual primary-stage window and corresponds to later stages or different clinical timing.

4. Is Histoplasmosis pneumonia contagious?

- A. Can be transmitted from person to person through droplets.
- B. Spreads only via animal vectors.
- C. Not contagious and cannot be spread from person-to-person or between people and pets.**
- D. Primarily spread through contaminated water.

Histoplasmosis pneumonia is an environmental fungal infection acquired by inhaling spores from soil that's contaminated with bird or bat droppings. Because you catch it by exposure to the environment rather than from another person, it is not contagious from person to person. There are no typical animal vectors that spread it to people, and it isn't primarily transmitted through water. So, infections aren't spread between people or between people and pets; the illness comes from environmental exposure to the fungal spores.

5. Aspiration type pneumonia is best defined as

- A. Inhalation of foreign materials into the airways**
- B. Bacteria in the bloodstream
- C. Viral infection
- D. Allergic reaction

Aspiration pneumonia is defined by the inhalation of foreign materials into the airways. This means material from the oropharynx or stomach—such as saliva, food, or gastric contents—drops into the lower respiratory tract, causing inflammation and often infection. It's not about bacteria in the bloodstream, a primary viral infection, or an allergic reaction. Clinically, risk factors include impaired consciousness or swallowing (for example, after anesthesia, a stroke, or heavy alcohol use). The inhaled material can introduce anaerobic bacteria from the throat, leading to a polymicrobial infection, but the key concept remains the entry of material into the airways rather than a bloodstream infection, a viral pathogen, or an allergic process.

6. Which of the following is a type of community-acquired pneumonia?

- A. Atypical pneumonia caused by organisms such as *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, and *Legionella***
- B. Typical pneumonia caused by *Streptococcus pneumoniae* with lobar consolidation
- C. Viral pneumonia exclusively
- D. Fungal pneumonia in healthy individuals

*In community-acquired pneumonia, pathogens are often described as typical or atypical. The atypical group includes *Mycoplasma pneumoniae*, *Chlamydia pneumoniae*, and *Legionella*. These organisms are classic causes of atypical CAP and tend to produce a different clinical and radiographic picture—nonspecific symptoms, a more gradual onset, and interstitial or patchy infiltrates rather than dense lobar consolidation. That makes this option the best answer because it highlights the recognized atypical type within community-acquired pneumonia. The other choices describe patterns or scenarios that can occur with CAP or respiratory infection in general, but they don't capture this commonly taught category of atypical pneumonia.*

7. Late Generalization Miliary TB features?

A. Late Generalization (Post-Primary/Reactivation) Miliary TB

B. Early Generalization Miliary TB

C. Progressive TB

D. Primary TB

Late generalization refers to miliary TB that arises after reactivation of a latent infection rather than at the initial exposure. In this pattern, bacilli re-enter the bloodstream and spread hematogenously, producing a diffuse millet-seed pattern of nodules throughout the lungs and often involving multiple other organs. Clinically, adults with this form typically have systemic symptoms such as fever, night sweats, and weight loss, with a subacute course. Chest imaging shows widespread tiny nodules in both lungs, and extrapulmonary involvement is common—affecting liver, spleen, bone marrow, lymph nodes, and meninges—leading to hepatosplenomegaly, cytopenias, or meningitis signs. This distinguishes it from primary TB, which is more common in children and often presents with a Ghon complex, and from early generalized (disseminated) TB, which reflects dissemination at the time of the initial infection.

8. Which systemic symptom is commonly seen with Legionella pneumonia?

A. Sudden rash and joint swelling

B. Vision loss and hearing impairment

C. Only productive cough with green sputum

D. Severe headache, muscle aches, fatigue

Legionella pneumonia often presents with systemic, or constitutional, symptoms in addition to the lung infection. Headache, muscle aches, and fatigue reflect this widespread inflammatory response and malaise that accompany the illness. Rashes with joint swelling aren't typical features of Legionella, and a cough described as a productive green sputum points more toward a classic bacterial pneumonia without emphasizing the systemic symptoms. In Legionella, the sputum can be scant or nonproductive, but the systemic symptoms like headache and myalgias are characteristic clues. So this combination best illustrates the broader, systemic impact of the infection.

9. Which of the following is a common initial symptom of a brain abscess?

A. Fever and chills

B. Nuchal rigidity

C. Seizures

D. Neurological deficits

Seizures reflect direct irritation of the brain cortex by the developing abscess and surrounding inflammatory edema. When an abscess forms, inflammatory mediators and mass effect irritate nearby neurons, triggering abnormal electrical activity that manifests as seizures. This cortical irritation can appear early, sometimes before fever or focal neurological signs become evident, making seizures a common initial presenting symptom. Fever and chills are common with infection but may be absent or nonspecific early on, and nuchal rigidity points more to meningitis than to a parenchymal abscess. Neurological deficits depend on the abscess's location and often develop as it enlarges, so they may come later.

10. What is hepatitis?

- A. Inflammation of the liver caused by infectious agents, toxins, or drugs
- B. Inflammation of the pancreas caused by bacteria
- C. Inflammation of the liver caused by autoimmune only
- D. Infection of the liver caused by parasites

Hepatitis means inflammation of the liver. This inflammation can come from a variety of causes, most commonly infectious agents (like the hepatitis viruses), toxins or drugs that damage liver cells, or autoimmune processes. Harnessing this broad view helps distinguish hepatitis from problems in other organs (for example, pancreatitis is inflammation of the pancreas) and from a disease caused exclusively by one mechanism. The idea is that the liver is inflamed, due to viruses, toxins such as alcohol or certain medications, or autoimmune injury, and that captures the main ways the condition arises.

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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!

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