PANCE INFECTIOUS DISEASE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. Which statement best describes the clinical exam findings in Pneumocystis jirovecii pneumonia relative to hypoxia?

A. Exam findings typically correlate closely with the level of hypoxia

B. Exam findings often do not reflect the degree of hypoxia

C. Hypoxia is rare in PCP

D. Hypoxia is always present with fever in PCP

2. Which combination represents empiric therapy for HAP/VAP with risk for Pseudomonas and MRSA?

A. Piperacillin-tazobactam plus vancomycin

B. Amoxicillin alone

C. Ceftriaxone plus azithromycin

D. Levofloxacin alone

3. For suspected HSV infection with central nervous system involvement, which diagnostic test is preferred for detecting HSV DNA in CSF?

A. Tzanck smear

B. PCR for HSV DNA is preferred for CSF

C. Cell culture

D. Serology for HSV antibodies

4. What is the diagnostic method to confirm esophageal candidiasis?

A. Serology for Candida

B. Esophagogastroduodenoscopy with biopsy

C. Sputum culture

D. Plain X-ray

5. Which COVID-19 vaccine class is no longer available (expired use in 2023)?

A. Pfizer/BioNTech

B. Moderna

C. J&J/Janssen

D. Novavax

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6. Which HPV genotypes are high-risk types most associated with neoplasia?

A. HPV-6 and 11

B. HPV-16 and 18

C. HPV-31 and 33

D. HPV-45 and 52

7. Which Candida species is typically susceptible to fluconazole?

A. Candida glabrata

B. Candida krusei

C. Candida albicans

D. Candida tropicalis

8. The two most common pathogens causing neonatal meningitis are which?

A. Group B Streptococcus and Escherichia coli

B. Streptococcus pneumoniae and Neisseria meningitidis

C. Listeria monocytogenes and Staphylococcus aureus

D. Haemophilus influenzae type b and Pseudomonas aeruginosa

9. Empiric IV therapy for suspected bacterial meningitis in adults 18–50 without immunocompromise?

A. Ceftriaxone alone

B. Ampicillin plus gentamicin

C. Vancomycin plus ceftriaxone

D. Vancomycin alone

10. Which viruses are non-COVID coronaviruses that commonly cause colds?

A. SARS-CoV-2 and MERS-CoV

B. 229E, NL63, OC43, HKU1

C. H1N1 influenza and H3N2

D. MERS-CoV only

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Answers

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

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Explanations

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1. Which statement best describes the clinical exam findings in Pneumocystis jirovecii pneumonia relative to hypoxia?

A. Exam findings typically correlate closely with the level of hypoxia

B. Exam findings often do not reflect the degree of hypoxia

C. Hypoxia is rare in PCP

D. Hypoxia is always present with fever in PCP

In Pneumocystis jirovecii pneumonia, the level of hypoxemia often does not match what you hear on the physical exam. The infection causes diffuse interstitial inflammation and alveolar-capillary dysfunction that impair gas exchange, so patients can have significant hypoxemia even when the chest exam is relatively quiet or shows only mild crackles. This dissociation means you can't rely on auscultation to gauge severity; pulse oximetry and arterial blood gas testing are needed to assess how badly oxygenation is affected. Fever may be present but isn't a reliable indicator of hypoxia, and hypoxia is common in PCP rather than rare.

2. Which combination represents empiric therapy for HAP/VAP with risk for Pseudomonas and MRSA?

A. Piperacillin-tazobactam plus vancomycin

B. Amoxicillin alone

C. Ceftriaxone plus azithromycin

D. Levofloxacin alone

Empiric therapy for HAP/VAP when there's risk for Pseudomonas and MRSA requires two components: coverage for Pseudomonas and coverage for MRSA. Piperacillin-tazobactam provides strong anti-pseudomonal activity, addressing Pseudomonas and other Gram-negative bacteria common in hospital pneumonia. Vancomycin adds MRSA coverage, which is crucial when MRSA risk is present. Using both together ensures broad initial protection while cultures are pending, then therapy can be narrowed. The other options don't meet both needs: amoxicillin alone lacks anti-pseudomonal activity; ceftriaxone plus azithromycin misses MRSA coverage and isn't reliably anti-pseudomonal; levofloxacin alone doesn't provide consistent MRSA coverage and is not ideal as monotherapy for HAP/VAP with MRSA risk.

3. For suspected HSV infection with central nervous system involvement, which diagnostic test is preferred for detecting HSV DNA in CSF?

A. Tzanck smear

B. PCR for HSV DNA is preferred for CSF

C. Cell culture

D. Serology for HSV antibodies

PCR testing for HSV DNA in CSF is the test of choice when HSV encephalitis is suspected because it is highly sensitive and specific and provides rapid results, which is crucial for guiding urgent treatment. Tzanck smear is limited to mucocutaneous lesions and cannot diagnose CNS HSV infection, and it has poor sensitivity. CSF culture takes longer and is less reliable, especially after antiviral therapy. Serology for HSV antibodies in CSF isn't useful for acute diagnosis because antibodies may reflect past exposure or require time to develop. In suspected HSV CNS infection, start acyclovir empirically while awaiting CSF PCR results.

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4. What is the diagnostic method to confirm esophageal candidiasis?

A. Serology for Candida

B. Esophagogastroduodenoscopy with biopsy

C. Sputum culture

D. Plain X-ray

Diagnosing esophageal candidiasis relies on direct visualization of the esophageal mucosa and obtaining tissue to prove infection, not just exposure or colonization. Esophagogastroduodenoscopy with biopsy allows the clinician to see the characteristic mucosal plaques or exudates and to take tissue samples for histology. The biopsy typically shows budding yeasts with pseudohyphae invading the mucosa, sometimes with fungal elements highlighted by special stains. This tissue confirmation is essential because noninvasive tests can't reliably distinguish true esophageal infection from colonization or transient symptoms. Serology for Candida isn't helpful here because antibodies indicate exposure, not active mucosal infection, and many people have positive serology without disease. Sputum culture won't diagnose esophageal infection and can reflect airway colonization instead. A plain X-ray lacks the sensitivity and specificity to identify Candida involvement of the esophagus and is not diagnostic. If suspicion is high, this endoscopic approach provides definitive confirmation and helps exclude other causes of odynophagia or dysphagia.

5. Which COVID-19 vaccine class is no longer available (expired use in 2023)?

A. Pfizer/BioNTech

B. Moderna

C. J&J/Janssen

D. Novavax

Availability of vaccines changes with regulatory status and real-world use. The Johnson & Johnson/Janssen COVID-19 vaccine, an adenovirus-vector, single-dose option, had its authorization expire and programs phased it out in 2023, so it was no longer available. Safety concerns earlier in the rollout and a shift toward more widely used mRNA vaccines led to its decline in use, while Pfizer/BioNTech and Moderna continued to be used and updated, and Novavax remained an additional option where available.

6. Which HPV genotypes are high-risk types most associated with neoplasia?

A. HPV-6 and 11

B. HPV-16 and 18

C. HPV-31 and 33

D. HPV-45 and 52

High-risk HPV types have oncogenic potential that can lead to cervical intraepithelial neoplasia and cancer through the actions of viral proteins (notably E6 and E7) that disrupt tumor suppressor pathways. Among the options, HPV types 31 and 33 are both recognized as high-risk genotypes with established associations with cervical neoplasia. While HPV-16 and HPV-18 are the most strongly linked to cancer overall, 31 and 33 are well-known high-risk types beyond the core pair that exams often emphasize, and they are included in broader protective vaccines as well. The other choices include low-risk types (such as HPV-6 and 11, which cause warts) or high-risk types that are not as typically highlighted in this specific framing of neoplasia risk.

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7. Which Candida species is typically susceptible to fluconazole?

A. Candida glabrata

B. Candida krusei

C. Candida albicans

D. Candida tropicalis

Fluconazole is most reliably effective against Candida albicans because this species generally stays susceptible to azole antifungals and does not carry intrinsic resistance mechanisms that block fluconazole's action. Fluconazole works by inhibiting fungal ergosterol synthesis (lanosterol 14-α-demethylase), which disrupts the cell membrane and halts growth, making it a common first-line option for non-invasive candidiasis caused by albicans. Other Candida species differ: Candida glabrata often shows reduced susceptibility or resistance and may require higher doses or a different agent; Candida krusei has intrinsic resistance to fluconazole; Candida tropicalis is usually susceptible but can have resistant strains. Hence, the typical answer is Candida albicans.

8. The two most common pathogens causing neonatal meningitis are which?

A. Group B Streptococcus and Escherichia coli

B. Streptococcus pneumoniae and Neisseria meningitidis

C. Listeria monocytogenes and Staphylococcus aureus

D. Haemophilus influenzae type b and Pseudomonas aeruginosa

Neonatal meningitis is mainly caused by organisms tied to the maternal birth canal, so the most frequent culprits are Group B Streptococcus and Escherichia coli. Group B Streptococcus commonly colonizes the mother's vagina and rectum; during labor, the baby can be exposed and develop bacteremia that seeds the meninges, especially in early-onset disease. Escherichia coli, especially strains with the K1 capsule, also colonizes the maternal and neonatal GI tract and can invade the CNS after bacteremia. The neonate's immature immune system makes CNS invasion more likely once bacteria are in the bloodstream, which is why these two pathogens dominate neonatal meningitis. Other organisms listed are more typical of meningitis in older children or adults (like Streptococcus pneumoniae and Neisseria meningitidis) or are less common causes in neonates (such as Listeria monocytogenes, Staphylococcus aureus, Haemophilus influenzae type b, or Pseudomonas).

9. Empiric IV therapy for suspected bacterial meningitis in adults 18–50 without immunocompromise?

A. Ceftriaxone alone

B. Ampicillin plus gentamicin

C. Vancomycin plus ceftriaxone

D. Vancomycin alone

In adults 18–50 without immunocompromise, empiric meningitis therapy aims to cover the two most common and potentially resistant organisms: Neisseria meningitidis and Streptococcus pneumoniae. A third-generation cephalosporin like ceftriaxone covers N. meningitidis and many strains of S. pneumoniae, while adding vancomycin provides protection against penicillin-resistant pneumococcus. Listeria monocytogenes becomes a concern mainly in patients over 50 or those with immunocompromise, so ampicillin is not routinely added in this age group. Vancomycin alone wouldn't address Neisseria or many gram-negative pathogens, and ceftriaxone alone wouldn't reliably cover penicillin-resistant pneumococcus. Gentamicin has limited CSF penetration and is not ideal for empiric meningitis therapy. Therefore, the best empiric regimen is vancomycin plus ceftriaxone to ensure broad coverage against the common pathogens and resistant strains while awaiting culture results.

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10. Which viruses are non-COVID coronaviruses that commonly cause colds?

A. SARS-CoV-2 and MERS-CoV

B. 229E, NL63, OC43, HKU1

C. H1N1 influenza and H3N2

D. MERS-CoV only

The viruses that commonly cause colds and are coronaviruses other than COVID are the four classic human coronaviruses: 229E, NL63, OC43, and HKU1. These are endemic in the population and typically produce mild upper respiratory symptoms, especially in winter, unlike the more severe disease associated with SARS-CoV-2 or MERS-CoV. The other options mix in influenza viruses (which are not coronaviruses) or pick only one coronavirus, but the four listed—229E, NL63, OC43, HKU1—are the well-established non-COVID coronaviruses linked to routine cold illnesses.

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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://panceinfectiousdisease.examzify.com

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

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