UF CPP INFECTIOUS DISEASES 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. Influenza A, particularly which subtype, is known to mutate more frequently?

A. Influenza A H1N1

B. Influenza A H3N2

C. Influenza B

D. Influenza C

2. Which of the following best describes the initial management for suspected necrotizing fasciitis?

A. Observation only until symptoms worsen

B. Topical antiseptics and dressing changes

C. Oral antibiotics at home

D. Broad empiric antibiotics and prompt surgical consultation

3. The Ghon complex is associated with which TB phase?

A. Second phase: Latent TB Infection with parenchymal lesion and affected lymph nodes

B. First phase: initial infection with symptoms

C. Third phase: progressive TB

D. Cavitary TB in secondary

4. Which statement correctly identifies a non-treponemal test for syphilis?

A. VDRL and RPR

B. RPR only

C. VDRL

D. FTA-ABS

5. What are common symptoms of Hepatitis A?

A. Pain in the right abdomen, nausea, vomiting, dark urine, jaundice, and fever

B. Cough and fever

C. Rash on trunk

D. Shortness of breath

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6. Phase 2 symptoms: which of the following is typical of Phase 2?

A. Fever, cough, and purulent sputum

B. Headache and sore throat

C. No symptoms

D. Chronic cough with hemoptysis

7. Which hand hygiene is recommended to prevent the spread of C. difficile?

A. Alcohol-based hand sanitizer alone

B. Soap and water wash

C. No hand hygiene needed

D. Hand sanitizer with gloves only

8. Janeway lesions are best described as

A. Painful nodules on fingertips.

B. Linear streaks under nails.

C. Painless erythematous macules on palms and soles associated with infective endocarditis.

D. Immune complex deposition in joints.

9. Guillain-Barré Syndrome often follows which preceding event?

A. A respiratory or gastrointestinal infection

B. A bacterial skin infection

C. A kidney stone

D. A dental procedure

10. Phase 1 symptoms: which of the following best describes Phase 1?

A. Fever and productive cough

B. Wheezing with no cough

C. Coughing, wheezing, and hypoxemia

D. Rash

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Answers

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

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Explanations

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1. Influenza A, particularly which subtype, is known to mutate more frequently?

A. Influenza A H1N1

B. Influenza A H3N2

C. Influenza B

D. Influenza C

Influenza A viruses change mainly through antigenic drift in the surface proteins hemagglutinin and neuraminidase. Among the human-circulating subtypes, the H3N2 lineage shows more rapid antigenic drift than H1N1, meaning its surface antigens mutate more often from year to year. This leads to greater immune escape and more frequent updates to the vaccine. Influenza B and C aren't grouped into the same H/N subtypes, and C changes even less. So the subtype known for more frequent mutation is H3N2.

2. Which of the following best describes the initial management for suspected necrotizing fasciitis?

A. Observation only until symptoms worsen

B. Topical antiseptics and dressing changes

C. Oral antibiotics at home

D. Broad empiric antibiotics and prompt surgical consultation

Necrotizing fasciitis is a rapidly spreading, life-threatening infection where tissue death progresses along fascial planes, so time is critical. The best initial management is to start broad-spectrum IV antibiotics right away and obtain prompt surgical consultation for debridement. Antibiotics alone cannot control the disease because the infection advances quickly and tissue necrosis continues, increasing mortality if debridement is delayed. The antibiotic plan should cover a wide range of organisms, including MRSA and anaerobes, and commonly includes a beta-lactam with broad activity plus MRSA coverage, for example a combination like vancomycin (or an alternative MRSA agent) plus piperacillin-tazobactam or a carbapenem, with clindamycin added when streptococcal or toxin-producing organisms are suspected to help reduce toxin production. Early surgical evaluation is essential because definitive treatment is surgical removal of necrotic tissue, and patients often require repeated debridements. Observation or slow escalation is inappropriate because delays allow rapid progression and worsen outcomes. Topical antiseptics and dressing changes don't address deep tissue involvement, and oral antibiotics at home cannot reach the necessary IV levels or provide rapid source control. Rescue comes from urgent IV broad-spectrum therapy plus immediate surgical intervention to remove dead tissue and control the infection, alongside aggressive supportive care.

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3. The Ghon complex is associated with which TB phase?

A. Second phase: Latent TB Infection with parenchymal lesion and affected lymph nodes

B. First phase: initial infection with symptoms

C. Third phase: progressive TB

D. Cavitary TB in secondary

The Ghon complex represents the primary TB infection. It is formed when a Ghon focus in the lung—the initial parenchymal lesion—travels with involvement of the ipsilateral hilar lymph nodes. This combination is the radiographic hallmark of the primary TB complex and reflects the infection being contained, which can lead to a latent state. Over time, if the lesion heals, it may calcify into a Ranke complex. Because this describes the initial, largely contained infection that can persist as latent TB with a parenchymal lesion and nodal involvement, it best fits the option describing latent TB infection with those two components. The other choices describe later stages of TB—symptomatic initial infection, progressive disease, or cavitary disease in reactivation—not characteristic of the Ghon complex.

4. Which statement correctly identifies a non-treponemal test for syphilis?

A. VDRL and RPR

B. RPR only

C. VDRL

D. FTA-ABS

Non-treponemal tests for syphilis detect antibodies to cardiolipin-lecithin-cholesterol complexes released from damaged host tissue, not antibodies to the bacteria itself. VDRL and RPR are examples of these tests. Because they target a host lipid-complex antigen, they are less specific for syphilis and can yield false positives in other conditions, but they're useful for initial screening and for monitoring treatment response since their antibody titers tend to decline with successful therapy. Treponemal tests, like FTA-ABS, detect antibodies specific to Treponema pallidum and usually remain positive for life, which is why non-treponemal tests are often used for screening and monitoring, followed by treponemal testing to confirm.

5. What are common symptoms of Hepatitis A?

A. Pain in the right abdomen, nausea, vomiting, dark urine, jaundice, and fever

B. Cough and fever

C. Rash on trunk

D. Shortness of breath

Hepatitis A typically causes acute inflammation of the liver, which shows up as signs of liver dysfunction plus general illness. The combination of pain in the right upper abdomen from liver inflammation, nausea and vomiting, dark urine due to elevated bilirubin, jaundice, and fever fits this pattern well. These symptoms reflect liver involvement and systemic illness that comes with acute viral hepatitis. Cough and fever alone point more toward a respiratory infection, a rash on the trunk to skin or viral exanthems, and shortness of breath suggests lung or heart issues. They don't align with the classic cluster of liver-specific symptoms seen in Hepatitis A.

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6. Phase 2 symptoms: which of the following is typical of Phase 2?

A. Fever, cough, and purulent sputum

B. Headache and sore throat

C. No symptoms

D. Chronic cough with hemoptysis

Phase 2 reflects the infection advancing to an active inflammatory state in the airways, where the body mounts a stronger systemic response and the lungs produce a productive, purulent cough. Fever signals that the infection has progressed beyond a mild or early phase, and purulent sputum indicates bacterial involvement with neutrophil-driven inflammation in the airways. This combination—fever plus a productive cough with purulent sputum—is characteristic of ongoing bacterial airway infection and lower respiratory tract involvement. Headache and sore throat are more typical of early, milder respiratory illness or viral infection and don't capture the active bacterial airway process seen in Phase 2. No symptoms would not fit an active Phase 2 state. Chronic cough with hemoptysis points to a long-standing or different condition (such as chronic lung disease or a later stage of disease), not the acute Phase 2 process.

7. Which hand hygiene is recommended to prevent the spread of C. difficile?

A. Alcohol-based hand sanitizer alone

B. Soap and water wash

C. No hand hygiene needed

D. Hand sanitizer with gloves only

C. difficile forms spores that are resistant to alcohol. Soap and water wash physically removes these spores from the skin through scrubbing, which reduces the chance of spreading the organism. When hands are visibly soiled or after caring for a patient with C. difficile, wash with soap and water for about 15–20 seconds, then rinse and dry. Gloves do not replace hand hygiene; you should perform hand hygiene before putting on gloves and after removing them. So the recommended approach is soap and water wash.

8. Janeway lesions are best described as

A. Painful nodules on fingertips.

B. Linear streaks under nails.

C. Painless erythematous macules on palms and soles associated with infective endocarditis.

D. Immune complex deposition in joints.

Janeway lesions reflect a vascular manifestation of infective endocarditis. They are painless erythematous or hemorrhagic macules on the palms and soles that arise from septic microemboli shed by infected heart valve vegetations. Because they are caused by emboli lodging in small vessels and forming microabscesses, they are typically non-tender. This distinguishes them from Osler nodes, which are tender nodules on the fingertips caused by immune complex deposition. Splinter hemorrhages under the nails are another vascular finding in endocarditis, but they look different and are not the same lesion. The presence of painless palmar/plantar lesions in the right clinical context helps point toward infective endocarditis.

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9. Guillain-Barré Syndrome often follows which preceding event?

A. A respiratory or gastrointestinal infection

B. A bacterial skin infection

C. A kidney stone

D. A dental procedure

Guillain-Barré syndrome is a post-infectious autoimmune neuropathy. Most cases are preceded by a respiratory or gastrointestinal infection within a week or two before neurological symptoms develop. The immune response to that infection can cross-react with components of peripheral nerves through molecular mimicry, leading to demyelination or axonal injury and the rapid, ascending weakness seen in GBS. Other events listed—bacterial skin infection, kidney stone, or a dental procedure—are not commonly linked to triggering GBS. Thus, a recent respiratory or gastrointestinal infection best explains the preceding event.

10. Phase 1 symptoms: which of the following best describes Phase 1?

A. Fever and productive cough

B. Wheezing with no cough

C. Coughing, wheezing, and hypoxemia

D. Rash

Phase 1 is characterized by initial lower-airway involvement where the airways are inflamed and constricted, leading to bronchospasm. Coughing reflects the airway irritation, while wheezing comes from turbulent airflow through narrowed bronchioles. Hypoxemia shows that gas exchange is starting to be impaired due to this airway obstruction and possible mucous plugging, indicating the lungs aren't delivering oxygen as efficiently yet. The other options don't fit this early airway picture: fever with a productive cough points more toward pneumonia with alveolar involvement; wheezing without a cough is less typical of an early airway phase; and a rash suggests a non-respiratory or systemic process rather than an initial lower-respiratory phase.

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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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