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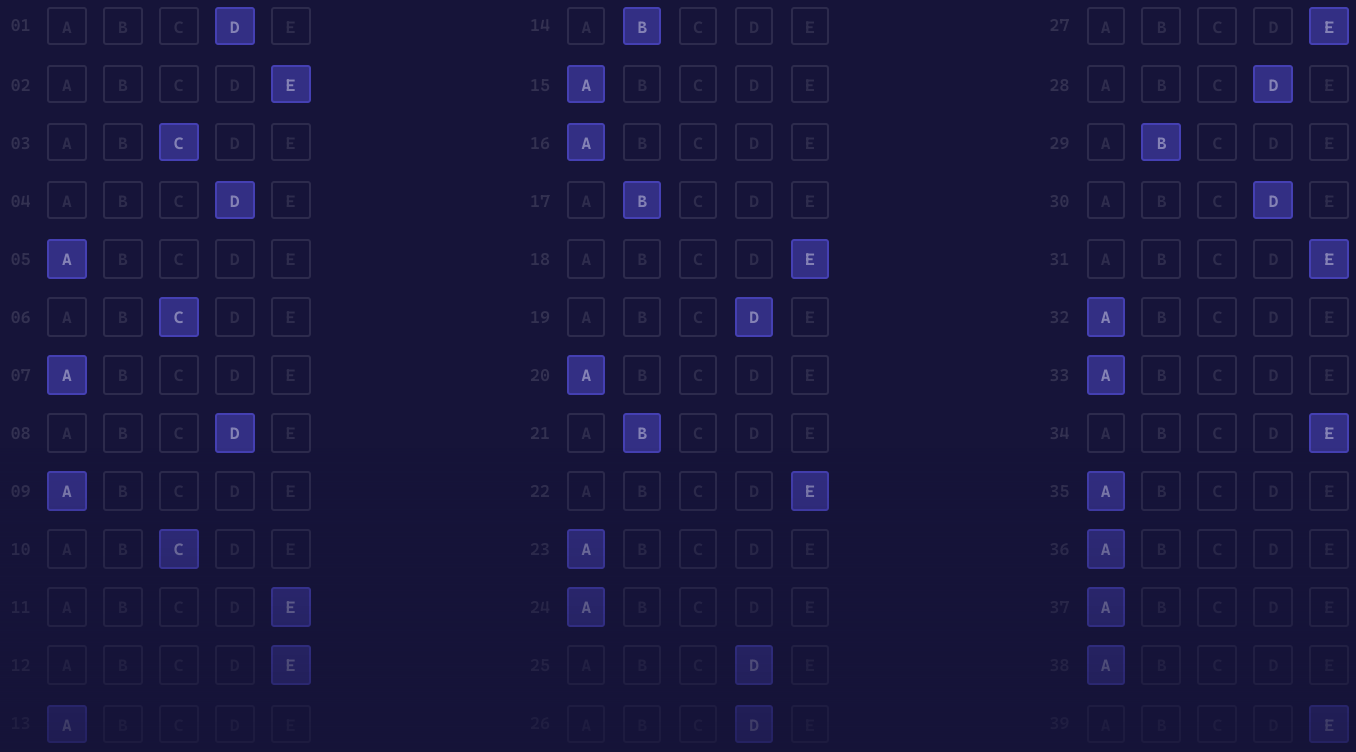

PRACTICE QUESTIONS

American Board Of Pediatrics (ABP)

RIDIS

Pediatric Infectious Diseases (MOC - Subspecialty)

EDITION	QUESTIONS	ISSUED
Demo	9	September 3, 2026

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Before you begin

What this is

9 practice questions for American Board Of Pediatrics (ABP) `RIDIS`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `RIDIS`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

QUESTION 1 SINGLE CHOICE

A 4-month-old infant is due for routine immunizations. Which of the following vaccines is recommended at this age per the CDC/ACIP schedule?

A Tdap

B MMR

C DTaP

D Varicella

ANSWER C

WHY DTaP is recommended at 2, 4, and 6 months of age. Tdap is given to adolescents and adults, while MMR and varicella vaccines are not given before 12 months of age.

QUESTION 2 SINGLE CHOICE

A 2-year-old child presents with fever, irritability, and a bulging tympanic membrane. Examination of the contralateral ear is normal. What is the most appropriate first-line antibiotic therapy?

A Cefdinir

B Azithromycin

C Amoxicillin-clavulanate

D Amoxicillin

ANSWER D

WHY Unilateral acute otitis media in an otherwise healthy child without recent antibiotic use is treated first-line with high-dose amoxicillin (80-90 mg/kg/day). Cefdinir or amoxicillin-clavulanate are second-line, and azithromycin is reserved for penicillin allergy.

QUESTION 3 SINGLE CHOICE

A previously healthy 6-month-old infant develops fever to 39.5°C and a maculopapular rash starting on the trunk and spreading to extremities. The infant appears well and is feeding normally. Which of the following is the most likely etiology?

A Measles

B Roseola (HHV-6)

C Rubella

D Scarlet fever

ANSWER B

WHY Roseola (exanthem subitum) caused by HHV-6 typically affects children 6 months to 2 years old, presenting with high fever followed by a maculopapular rash as fever resolves. Measles and rubella are uncommon in vaccinated populations, and scarlet fever would involve sandpaper-like rash and pharyngitis.

QUESTION 4 MULTIPLE CHOICE

A newborn is evaluated for possible congenital infection. Which of the following pathogens are part of the TORCH classification? (Choose two.)

A Toxoplasma gondii

B Group B Streptococcus

C Cytomegalovirus

D Escherichia coli

ANSWER A · C

WHY TORCH stands for Toxoplasma gondii, Other (including syphilis, varicella, parvovirus B19, HIV), Rubella, Cytomegalovirus, and Herpes simplex virus. Group B Streptococcus and E. coli are common causes of neonatal sepsis but are not part of the TORCH classification.

QUESTION 5 SINGLE CHOICE

An 8-year-old child who recently returned from sub-Saharan Africa presents with cyclical fevers, chills, and splenomegaly. Thick and thin blood smears confirm Plasmodium falciparum infection. Which of the following is the most appropriate initial treatment for severe disease?

A Oral chloroquine

B Intravenous artesunate

C Oral atovaquone-proguanil

D Oral mefloquine

ANSWER B

WHY Severe P. falciparum malaria (with signs such as impaired consciousness, severe anemia, or organ dysfunction) is treated with intravenous artesunate, which has replaced quinidine as first-line therapy. Oral agents are used for uncomplicated disease. Chloroquine is no longer effective in most regions due to resistance.

QUESTION 6 SINGLE CHOICE

A 10-year-old immunocompromised child with prolonged neutropenia develops fever despite broad-spectrum antibiotics. Imaging reveals a pulmonary nodule with a halo sign. Which of the following is the most likely diagnosis?

A Candida pneumonia

B Invasive aspergillosis

C Cryptococcosis

D Mucormycosis

ANSWER B

WHY The halo sign (a nodule surrounded by a rim of ground-glass opacity) on CT imaging in a neutropenic patient is highly suggestive of invasive pulmonary aspergillosis. Voriconazole is the first-line treatment. Candidiasis and cryptococcosis have different clinical and imaging features, and mucormycosis more commonly presents with sinusitis or rhino-orbital-cerebral disease.

QUESTION 7 SINGLE CHOICE

A child with a documented penicillin allergy (anaphylaxis) requires treatment for community-acquired pneumonia. Which of the following antibiotics is appropriate?

A Cefdinir

B Ceftriaxone

C Azithromycin

D Ampicillin

ANSWER C

WHY Children with a history of severe penicillin allergy (anaphylaxis) should avoid all beta-lactams, including cephalosporins, due to risk of cross-reactivity. Macrolides (azithromycin or clarithromycin) are the recommended alternative for community-acquired pneumonia in this setting. Ampicillin and cephalosporins are contraindicated.

QUESTION 8 MULTIPLE CHOICE

A newborn has microcephaly, periventricular calcifications, chorioretinitis, and hepatosplenomegaly. Which of the following are the most likely etiologies? (Choose two.)

A Cytomegalovirus

B Toxoplasma gondii

C Rubella virus

D Herpes simplex virus

ANSWER A · B

WHY Both CMV and Toxoplasma cause the classic triad of congenital infection with chorioretinitis, intracranial calcifications (periventricular for CMV, diffuse for toxoplasmosis), and microcephaly with hepatosplenomegaly. Rubella classically causes cataracts, sensorineural deafness, and blueberry muffin rash. HSV causes vesicular lesions and encephalitis.

QUESTION 9 SINGLE CHOICE

A 3-month-old infant presents with fever, lethargy, and a bulging fontanelle. CSF analysis shows neutrophilic pleocytosis, elevated protein, and low glucose. Which of the following empiric antibiotic regimens is most appropriate?

A Ceftriaxone alone

B Vancomycin and cefotaxime

C Ampicillin and gentamicin

D Vancomycin and ceftriaxone

ANSWER B

WHY Empiric therapy for bacterial meningitis in infants beyond the neonatal period should cover S. pneumoniae (including resistant strains) and N. meningitidis. Vancomycin plus cefotaxime (or ceftriaxone in older children) is standard. Ceftriaxone is avoided in neonates due to risk of biliary sludging and displacement of bilirubin. Ampicillin is added when Listeria is a concern (neonates, immunocompromised).