Infectious Disease Certification Examination Blueprint

Purpose of the exam

The exam is designed to evaluate the knowledge, diagnostic reasoning, and clinical judgment skills expected of the certified infectious disease specialist in the broad domain of the discipline. The ability to make appropriate diagnostic and management decisions that have important consequences for patients will be assessed. The exam may require recognition of common as well as rare clinical problems for which patients may consult a certified infectious disease specialist.

Exam content

Exam content is determined by a pre-established blueprint, or table of specifications. The blueprint is developed by ABIM and is reviewed annually and updated as needed for currency. Trainees, training program directors, and certified practitioners in the discipline are surveyed periodically to provide feedback and inform the blueprinting process.

The primary medical content categories of the blueprint are shown below, with the percentage assigned to each for a typical exam:

<table>
<thead>
<tr>
<th>Medical Content Category</th>
<th>% of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial Diseases</td>
<td>27%</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV) Infection</td>
<td>15%</td>
</tr>
<tr>
<td>Antimicrobial Therapy</td>
<td>9%</td>
</tr>
<tr>
<td>Viral Diseases</td>
<td>7%</td>
</tr>
<tr>
<td>Travel and Tropical Medicine</td>
<td>5%</td>
</tr>
<tr>
<td>Fungi</td>
<td>5%</td>
</tr>
<tr>
<td>Immunocompromised Host (Non-HIV Infection)</td>
<td>5%</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>4%</td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
<td>5%</td>
</tr>
<tr>
<td>General Internal Medicine, Critical Care, and Surgery</td>
<td>18%</td>
</tr>
</tbody>
</table>

100%
Exam questions in the content areas above may also address clinical topics in clinical syndromes and general internal medicine that are important to the practice of infectious disease.

**Exam format**

The exam is composed of multiple-choice questions with a single best answer, predominantly describing patient scenarios. Questions ask about the work done (that is, tasks performed) by physicians in the course of practice:

- Making a diagnosis
- Ordering and interpreting results of tests
- Recommending treatment or other patient care
- Assessing risk, determining prognosis, and applying principles from epidemiologic studies
- Understanding the underlying pathophysiology of disease and basic science knowledge applicable to patient care

Clinical information presented may include patient photographs, radiographs, electrocardiograms, recordings of heart or lung sounds, and other media to illustrate relevant patient findings.


The blueprint can be expanded for additional detail as shown below. Each of the medical content categories is listed there, and below each major category are the content subsections and specific topics that *may* appear in the exam. The inherent complexity of the field of infectious disease leads to considerable overlap in content categories, and each question can only be assigned to a single blueprint topic. Thus, a question addressing the cause of fever and rash likely would be classified under the specific organism, while a similar question addressing the treatment of that same illness would be classified under the antimicrobial agent used. **Please note:** actual exam content may vary.
# Bacterial Diseases

27% of Exam

<table>
<thead>
<tr>
<th>Gram-positive cocci</th>
<th>Gram-positive rods</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Staphylococcus aureus</em></td>
<td><em>Listeria</em></td>
</tr>
<tr>
<td><em>Streptococcus</em></td>
<td><em>Corynebacterium</em></td>
</tr>
<tr>
<td><em>Enterococcus</em></td>
<td><em>Bacillus</em></td>
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<tr>
<td></td>
<td><em>Erysipelothrix</em></td>
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</table>

<table>
<thead>
<tr>
<th>Gram-negative cocci and coccobacilli</th>
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</thead>
<tbody>
<tr>
<td><em>Neisseria</em></td>
</tr>
<tr>
<td><em>Haemophilus</em></td>
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</table>

<table>
<thead>
<tr>
<th>Gram-negative rods</th>
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</thead>
<tbody>
<tr>
<td><em>Enterobacteriaceae</em></td>
</tr>
<tr>
<td><em>Pseudomonas</em></td>
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<tr>
<td><em>Stenotrophomonas</em></td>
</tr>
<tr>
<td><em>Burkholderia</em></td>
</tr>
<tr>
<td><em>Acinetobacter</em></td>
</tr>
<tr>
<td><em>Aeromonas</em></td>
</tr>
<tr>
<td><em>Salmonella</em></td>
</tr>
<tr>
<td><em>Shigella</em></td>
</tr>
<tr>
<td><em>Campylobacter</em></td>
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<tr>
<td><em>Vibrio</em></td>
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<tr>
<td><em>Pasteurella</em></td>
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<tr>
<td><em>Yersinia</em></td>
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<tr>
<td><em>Legionella</em></td>
</tr>
<tr>
<td><em>Capnocytophaga</em></td>
</tr>
<tr>
<td><em>Bartonella</em></td>
</tr>
<tr>
<td><em>Brucella</em></td>
</tr>
<tr>
<td><em>Bordetella</em></td>
</tr>
<tr>
<td><em>Streptobacillus</em></td>
</tr>
<tr>
<td><em>Francisella</em></td>
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<tr>
<td><em>Helicobacter</em></td>
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<table>
<thead>
<tr>
<th>Anaerobes</th>
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</thead>
<tbody>
<tr>
<td>Gram-positive cocci</td>
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<tr>
<td>Gram-positive rods</td>
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<tr>
<td>Gram-negative rods</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Actinomycetes</th>
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</thead>
<tbody>
<tr>
<td><em>Actinomyces</em></td>
</tr>
<tr>
<td><em>Nocardia</em></td>
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</tbody>
</table>
Spirochetes
  *Treponema*
  *Borrelia*
  *Leptospira*

**Mycoplasma**
  *M. pneumoniae*
  *M. genitalium*

**Tropheryma whipplei**

**Chlamydia**
  *C. trachomatis*
  *C. pneumoniae*
  *C. psittaci*

**Rickettsia**
  *R. conorii*
  *R. akari*
  *R. rickettsii*
  *R. prowazekii*
  *R. typhi*
  *Orientia tsutsugamushi*
  *R. parkeri*
  *R. africae*
  *Coxiella burnetii*

**Ehrlichia**
  *E. chaffeensis*
  *E. ewingii*
  *Anaplasma phagocytophilum*

**Mycobacterium**
  *M. tuberculosis*
  *M. bovis*
  *M. leprae*
  Nontuberculous mycobacteria

**Syndromes characterized by bacterial pathogens**
  Head and neck
  Respiratory
  Gastrointestinal
  Ophthalmologic
  Genitourinary
  Dermatologic (including skin and soft-tissue infections)
  Musculoskeletal
  Neurologic
  Cardiovascular
Human Immunodeficiency Virus (HIV) Infection  

Epidemiology
- Transmission
- Testing and counseling
- Initial laboratory evaluation
- Prevention

Pathogenesis
- Virology
- Immunopathogenesis
- Acute HIV infection

Laboratory testing
- Diagnostic evaluation
- Baseline evaluation

HIV treatment regimens
- Antiretroviral therapy drug classes
- Adverse effects of treatment
- Drug-drug interactions
- When to start therapy
- Selection of optimal initial regimen
- Laboratory monitoring
- Treatment-experienced patients

Opportunistic infections (OIs)
- Prevention
- When to start HIV therapy in the context of active OIs
- Immune reconstitution inflammatory syndrome
- Bacteria
- Mycobacteria
- Fungi
- Parasites
- Viruses

Malignancies
- Kaposi's sarcoma
- Lymphoma
- Cervical cancer
- Anal cancer

Other complications of HIV
- Hematologic
- Endocrine
- Gastrointestinal
- Renal (HIV-associated nephropathy [HIVAN])
- Cardiac (HIV cardiomyopathy)
Pulmonary
Head, eye, ear, nose, and throat
Musculoskeletal
Neurologic
Psychiatric
Dermatologic

Related issues
Substance use
Organ transplantation
Primary care
Miscellaneous non-HIV-related complications that may occur more commonly in those who have HIV
Pregnancy

**Antimicrobial Therapy**  9% of Exam

**Antibacterials**
- Aminoglycosides
- Antifolates
- Carbapenems
- Cephalosporins
- Fluoroquinolones
- Glycopeptides, glycolipopeptides, and lipopeptides
- Lincosamides
- Macrolides
- Monobactams
- Nitroimidazoles
- Oxazolidinones
- Penicillins
- Polymyxins
- Rifamycins
- Streptogramins
- Tetracyclines
- Non-sulfonamide (sulfa drug), non-trimethoprim urinary tract agents
- Topical antibacterials
- Other routes of administration

**Antivirals (non-HIV)**
- For influenza
- For herpes simplex
- For cytomegalovirus
- For hepatitis C and respiratory syncytial virus (RSV)
For hepatitis B
Interferon alfa 2a and alfa 2b
For hepatitis C

**Pharmacology and outpatient parenteral antimicrobial therapy (OPAT)**
- Susceptibility testing
- Drug resistance
- ADME (absorption, distribution, metabolism, and excretion)
- Dosing
- Drug interactions
- Toxicity
- Outpatient parenteral antimicrobial therapy

### Viral Diseases

<table>
<thead>
<tr>
<th>DNA viruses</th>
<th>7% of Exam</th>
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<tbody>
<tr>
<td>Herpesviruses</td>
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<tr>
<td>Adenovirus</td>
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<tr>
<td>Papillomavirus</td>
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<tr>
<td>Polyomavirus</td>
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<td>Poxviruses</td>
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<tr>
<td>Hepadnaviridae</td>
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<tr>
<td>Parvovirus</td>
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<table>
<thead>
<tr>
<th>RNA viruses</th>
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<tbody>
<tr>
<td>Reoviridae (e.g., rotavirus)</td>
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<tr>
<td>Togaviridae (e.g., chikungunya)</td>
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<tr>
<td>Flaviviridae</td>
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<tr>
<td>Coronaviridae</td>
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<tr>
<td>Paramyxoviridae</td>
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<tr>
<td>Rhabdoviridae</td>
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<tr>
<td>Filoviridae (hemorrhagic fever viruses)</td>
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<tr>
<td>Orthomyxoviridae (influenza)</td>
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<tr>
<td>Bunyaviridae (e.g., Rift Valley fever, Crimean-Congo hemorrhagic fever, Sin Nombre virus)</td>
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<tr>
<td>Arenaviridae (e.g., lymphocytic choriomeningitis virus)</td>
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<tr>
<td>Non-HIV retroviridae</td>
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<tr>
<td>Picornaviridae</td>
<td></td>
</tr>
<tr>
<td>Caliciviridae</td>
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<tr>
<td>Hepatitis E</td>
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**Prions**
Protozoal intestinal infections
  Balantidium coli
  Blastocystis hominis
  Cryptosporidium parvum and C. hominis
  Cyclospora cayetanensis
  Cystoisospora (Isospora) belli
  Dientamoeba fragilis
  Entamoeba histolytica (amebiasis)
  Giardiasis
  Microsporidiosis

Protozoal extraintestinal infections
  Amebic meningoencephalitis
  Babesiosis
  Leishmaniasis
  Malaria
  Toxoplasmosis
  Trichomonas vaginalis
  Trypanosomiasis (general)

Nematode intestinal infections
  Anisakiasis
  Ascaris lumbricoides (ascariasis)
  Capillaria philippinensis (capillariasis)
  Enterobius vermicularis (pinworm)
  Hookworm
  Strongyloides stercoralis
  Trichuris trichiura (whipworm)

Nematode extraintestinal infections
  Angiostrongylus cantonensis
  Bayliascariasis (raccoon roundworm)
  Cutaneous larva migrans (dog and cat hookworm)
  Dracunculus medinensis (Guinea worm)
  Filariasis
  Gnathostoma spinigerum
  Toxocariasis
  Trichinella spiralis (trichinellosis)

Cestode infections
  Diphyllobothrium latum (fish tapeworm)
  Hymenolepis (dwarf tapeworm)
  Echinococcus granulosus (hydatid disease)
Echinococcus multilocularis (alveolar disease)
Taenia saginata (beef tapeworm)
Taenia solium (pork tapeworm; intestinal)

Trematode infections (flukes)
Clonorchis sinensis (Chinese liver fluke)
Fasciola buski (intestinal fluke)
Fasciola hepatica and gigantica (sheep liver fluke)
Paragonimus westermani (lung fluke)
Schistosomiasis (general)

Ectoparasitic infections
Myiasis (human botfly or tumbu fly)
Pediculus humanus (body, head, and pubic lice)
Tick bites—identification and tick paralysis
Tungiasis (Tunga penetrans)
Bed bugs

General principles of travel medicine
Pretravel preparation
Post-travel illness
Immigrants, refugees, and adoptees
Travelers with specific needs

<table>
<thead>
<tr>
<th>Fungi</th>
<th>5% of Exam</th>
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</thead>
<tbody>
<tr>
<td>Yeasts</td>
<td></td>
</tr>
<tr>
<td>Candida</td>
<td></td>
</tr>
<tr>
<td>Cryptococcus</td>
<td></td>
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<tr>
<td>Other yeasts (including Trichosporon and Saccharomyces)</td>
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</tbody>
</table>

Endemic mycoses
Histoplasma
Blastomyces dermatitidis
Coccidioides immitis (C. posadasii)
Sporothrix schenckii
Paracoccidioides brasiliensis
Talaromyces (Penicillium) marneffei

Molds
Aspergillus
Hyaline molds
Agents of zygomycosis (mucormycosis)
Dematiaceous molds (Bipolaris, Exophila, and others)

Superficial and subcutaneous mycoses
Mycetoma
Chromoblastomycosis
Malassezia
Dermatophytes

Pneumocystis jirovecii pneumonia (PJP)

Therapy
Pharmacokinetics
Drug interactions
Spectrum
Toxicity
Prophylaxis
Susceptibility testing
Drug resistance

Diagnostic testing
Histopathology
Culture
Nonculture methods

Syndromes
Mucosal
Skin
Pulmonary
Central nervous system and eyes
Cardiac
Disseminated

Immunocompromised Host (Non-HIV Infection)  5% of Exam

Primary immunodeficiency
Anatomic lesions
Lymphocyte defects
Combined immunodeficiency syndromes (including severe combined immunodeficiency [SCID])
Phagocytes
Complement deficiencies
NK cell deficiencies

Hematologic malignancies and stem cell transplantation
Infections associated with chemotherapy-induced neutropenia
Stem cell transplant
Syndromes
Noninfectious conditions

Solid-organ transplantation
Donor-derived infections
Surgical site infections
Hospital-acquired infection
Opportunistic infections
Noninfectious conditions

Complications of immunosuppression in non-transplant population
(disease-modifying agents, including tumor necrosis factor [TNF] blockers, corticosteroids)

- Bacteria
- Fungi
- Viruses
- Parasites and protozoa

Infection prevention in the immunosuppressed host

- Immunizations
- Antimicrobials
- Environmental control

Vaccinations 4% of Exam

**Active immunizations (vaccines)**
- Pneumococcal
- Influenza
- Tetanus, diphtheria, and acellular pertussis
- *Haemophilus influenzae*
- Hepatitis B
- Hepatitis A
- Measles, mumps, and rubella
- Polio
- Meningococcal
- Smallpox
- Rabies
- Varicella
- Herpes zoster
- Human papillomavirus (HPV)
- Anthrax

**Passive immunizations**
- Varicella-zoster virus
- Rabies
- Hepatitis B
- Tetanus
- Immune globulin
- Other (including cytomegalovirus immune globulin)
Infection Prevention and Control

**Applied epidemiology and biostatistics**
- Outbreak investigation
- Healthcare quality improvement

**Healthcare-associated infections (HAIs) of organ systems**
- HAIs related to intravascular devices,
  short-term and long-term (including contaminated infusions)
- HA urinary tract infections and pneumonia infections
- HA surgical site infections
- HAIs of other organ systems (including gastrointestinal
  tract infections, and central nervous system infections)

**Epidemiology and prevention of HAIs caused by specific pathogens**
- Bacterial infections
- Mycobacterial and fungal infections
- Viral infections

**Epidemiology and prevention of HAIs in special patient populations**
- HAIs in obstetrics
- HAIs in neoplastic diseases
- HAIs in organ transplant and hematopoietic stem cell transplant

**Epidemiology and prevention of HAIs in therapeutic procedures**
- Infection risks of endoscopy
- HAIs associated with hemodialysis and peritoneal dialysis
- HAIs related to other procedures (including cardiology and
  respiratory therapy)
- HAIs following transfusion of blood and blood products
- Fecal transplantation

**Prevention of HAIs related to hospital support services**
- Environmental services
- Disinfection and sterilization

**Epidemiology and prevention of HAIs in healthcare workers**
- Prevention of occupationally acquired viral hepatitis in
  healthcare workers
- Prevention of occupationally acquired HIV infection in
  healthcare workers
- Vaccination of healthcare workers
- Prevention of occupationally acquired diseases of healthcare
  workers spread by contact, droplet, or airborne precautions
  (other than TB, and including diagnostic laboratories)

**Organization and implementation of infection control programs**
- Surveillance of HAIs
- Isolation precautions
Hand antisepsis
Epidemiology and prevention of infections in residents of long-term care facilities
Infection control in countries with limited resources

### General Internal Medicine (i.e., infectious disease “mimics”), Critical Care, and Surgery 18% of Exam

**General internal medicine**
- Malignancies
- Hemophagocytic lymphohistiocytosis (Hemophagocytic syndrome)
- Noninfectious inflammatory disorders (e.g., vasculitis, lupus, inflammatory bowel disease)
- Dermatologic disorders
- Hematologic disorders
- Noninfectious central nervous system disease
- Bites, stings, and toxins
- Drug fever
- Ethical and legal decision making

**Surgical infections**
- Orthopedic
- Neurosurgery
- Ear, nose, and throat
- General surgery and intra-abdominal
- Thoracic and cardiothoracic
- Urologic
- Obstetric and gynecologic
- Plastic and reconstructive
- Vascular

**Critical care medicine**
- Systemic inflammatory response syndrome (SIRS) and sepsis
- Ventilator-associated pneumonias
- Noninfectious pneumonias (eosinophilic and acute respiratory distress syndrome [ARDS])
- Bacterial pneumonias
- Viral pneumonias
- Hyperthermia and hypothermia
- Near-drowning and *Scedosporium* and *Pseudallescheria* infection

January 2021