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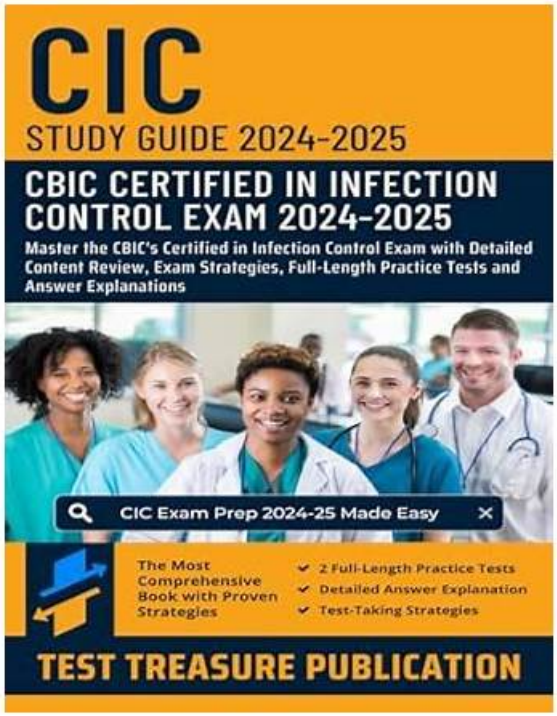

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CBIC Certified Infection Control Exam Sample Questions (Q118-Q123):

NEW QUESTION # 118
Therapeutic antimicrobial agents should be used when

- A. Following identification of the pathogen and sensitives.
- B. the patient symptoms suggest likely pathogens.
- C. the infecting agent is unknown
- D. the patient's illness warrants treatment prior to culture results

Answer: A

Explanation:
Therapeutic antimicrobial agents should ideally be pathogen-directed to minimize resistance, side effects, and treatment failure. Once the causative pathogen and its antimicrobial susceptibilities are known, the most narrow-spectrum, effective agent should be used.
Why the Other Options Are Incorrect?
* A. The infecting agent is unknown - Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.
* B. The patient's illness warrants treatment prior to culture results - This applies to empiric therapy, but not to definitive antimicrobial selection.
* C. The patient's symptoms suggest likely pathogens - Clinical presentation guides empiric treatment, but definitive therapy should follow culture and susceptibility testing.
CBIC Infection Control Reference
APIC emphasizes the importance of selecting antimicrobials based on pathogen identification and susceptibility testing to prevent antimicrobial resistance.

NEW QUESTION # 119
An adult with an incomplete vaccination history presents with an uncontrollable, rapid and violent cough, fever, and runny nose. Healthcare personnel should suspect

- A. Rhinovirus.
- B. Bronchitis.
- C. Pertussis.
- D. Adenovirus.

Answer: C

Explanation:
The correct answer is A, "Pertussis," as healthcare personnel should suspect this condition based on the presented symptoms and the patient's incomplete vaccination history. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, pertussis, caused by the bacterium Bordetella pertussis, is characterized by an initial phase of mild respiratory symptoms (e.g., runny nose, low-grade fever) followed by a distinctive uncontrollable, rapid, and violent cough, often described as a "whooping" cough.
This presentation is particularly concerning in adults with incomplete vaccination histories, as the pertussis vaccine's immunity (e.g., DTaP or Tdap) wanes over time, increasing susceptibility (CBIC Practice Analysis,
2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes). Pertussis is highly contagious and poses a significant risk in healthcare settings, necessitating prompt suspicion and isolation to prevent transmission.
Option B (rhinovirus) typically causes the common cold with symptoms like runny nose, sore throat, and mild cough, but it lacks the violent, paroxysmal cough characteristic of pertussis. Option C (bronchitis) may involve cough and fever, often due to viral or bacterial infection, but it is not typically associated with the rapid and violent cough pattern or linked to vaccination status in the same way as pertussis. Option D (adenovirus) can cause respiratory symptoms, including cough and fever, but it is more commonly associated with conjunctivitis or pharyngitis and does not feature the hallmark violent cough of pertussis.
The suspicion of pertussis aligns with CBIC's emphasis on recognizing infectious disease patterns to initiate timely infection control measures, such as droplet precautions and prophylaxis for exposed individuals (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). Early identification is critical, especially in healthcare settings, to protect vulnerable patients and staff, and the incomplete vaccination history supports this differential diagnosis given pertussis's vaccine-preventable nature (CDC Pink Book: Pertussis, 2021).
References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes; Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent

transmission of infectious agents. CDC Pink Book:
Pertussis, 2021.

NEW QUESTION # 120
What rate is expressed by the number of patients who acquire infections over a specified time period divided by the population at risk of acquiring an infection during that time period?

- A. Point prevalence
- B. Period prevalence
- C. Disease specific
- D. Incidence rate

Answer: D

Explanation:
The incidence rate measures new cases of infection in a population over a defined time period using the formula:
Why the Other Options Are Incorrect?
* B. Disease specific - Refers to infections caused by a particular pathogen, not the general rate of new infections.
* C. Point prevalence - Measures existing cases at a specific point in time, not new cases.
* D. Period prevalence - Includes both old and new cases over a set period, unlike incidence, which only considers new cases.
CBIC Infection Control Reference
APIC defines incidence rate as the number of new infections in a population over a given period.

NEW QUESTION # 121
In order to ensure accurate calculation of central line days, which of the following is TRUE?

- A. Peripheral lines should be included in ICU data.
- B. Tunneled catheters and ports should be excluded.
- C. A catheter should be in place for longer than 24 hours to be counted.
- D. A patient with more than one device is counted as 1 device day.

Answer: D

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) follows the standardized surveillance methodology used for calculating central line days, which is essential for accurate reporting of central line- associated bloodstream infection (CLABSI) rates. A central line day is counted for each patient who has one or more central lines in place at the time of the daily count, regardless of the number of central lines present.
Therefore, if a patient has more than one central line, the patient is still counted as one central line day, making option C the correct statement. This approach ensures consistency and comparability of CLABSI rates across units and facilities.
Option A is incorrect because tunneled central venous catheters and implanted ports are included in central line counts if they meet the definition of a central line. Option B is incorrect because a central line is counted on any day it is present, even if it has been in place for less than 24 hours. Option D is incorrect because peripheral intravenous lines are not central lines and must never be included in central line day counts.
Accurate calculation of device days is a foundational surveillance competency for infection preventionists.
Understanding these definitions is critical for valid CLABSI rate calculation, benchmarking, and performance improvement and is a frequently tested concept on the CIC exam.

NEW QUESTION # 122
Which of the following is the primary advantage of conducting prospective surveillance?

- A. It provides access to complete laboratory data.
- B. It utilizes resources in a cost-effective manner.
- C. It identifies clusters of infection in a timely manner.
- D. It is an efficient use of surveillance time.

Answer: C

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) describes prospective surveillance as an active, real-time approach to infection surveillance in which patients are monitored as care is being delivered. The primary advantage of this method is its ability to identify infections, trends, and clusters promptly, allowing for early intervention and rapid implementation of control measures.
Because prospective surveillance occurs concurrently with patient care, infection preventionists can detect emerging patterns-such as an increase in device-associated infections or unusual organisms-before they become widespread outbreaks. This timely recognition supports immediate corrective actions, such as reinforcing isolation precautions, modifying clinical practices, or initiating focused investigations, thereby reducing transmission and patient harm.
The other options describe characteristics that are more consistent with retrospective surveillance. Option A and C are incorrect because prospective surveillance is typically more resource- and labor-intensive, not necessarily efficient or cost-effective. Option B is also incorrect because complete laboratory data may not yet be available in real time, whereas retrospective surveillance benefits from finalized records.
For the CIC exam, it is important to understand that although prospective surveillance requires more resources, its key strength lies in early detection and timely response. The ability to quickly identify clusters of infection and intervene promptly is the defining advantage of prospective surveillance and the reason it is preferred for high-risk settings and priority infections.

NEW QUESTION # 123
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