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CBIC Certified Infection Control Exam Sample Questions (Q87-Q92):

NEW QUESTION # 87

Which humoral antibody indicates previous infection and assists in protecting tissue?

- A. IgA
- B. IgM

- C. IgD
- D. IgG

Answer: D

Explanation:

Humoral antibodies, or immunoglobulins, play distinct roles in the immune system and their presence or levels can provide insights into infection history and ongoing immune protection. The Certification Board of Infection Control and Epidemiology (CBIC) recognizes the importance of understanding immunological responses in the "Identification of Infectious Disease Processes" domain, which is critical for infection preventionists to interpret diagnostic data and guide patient care. The question focuses on identifying the antibody that indicates a previous infection and assists in protecting tissue, requiring an evaluation of the functions and kinetics of the five major immunoglobulin classes (IgA, IgD, IgG, IgM, IgE).

Option C, IgG, is the correct answer. IgG is the most abundant antibody in serum, accounting for approximately 75-80% of total immunoglobulins, and is the primary antibody involved in long-term immunity. It appears in significant levels after an initial infection, typically rising during the convalescent phase (weeks to months after exposure) and persisting for years, serving as a marker of previous infection.

IgG provides protection by neutralizing pathogens, opsonizing them for phagocytosis, and activating the complement system, which helps protect tissues from further damage. The Centers for Disease Control and Prevention (CDC) and clinical immunology references, such as the "Manual of Clinical Microbiology" (ASM Press), note that IgG seroconversion or elevated IgG titers are commonly used to diagnose past infections (e.g., measles, hepatitis) and indicate lasting immunity. Its ability to cross the placenta also aids in protecting fetal tissues, reinforcing its protective role.

Option A, IgA, is primarily found in mucosal secretions (e.g., saliva, tears, breast milk) and plays a key role in mucosal immunity, preventing pathogen adhesion to epithelial surfaces. While IgA can indicate previous mucosal infections and offers localized tissue protection, it is not the primary systemic marker of past infection or long-term tissue protection, making it less fitting. Option B, IgD, is present in low concentrations and is mainly involved in B-cell activation and maturation, with no significant role in indicating previous infection or protecting tissues. Option D, IgM, is the first antibody produced during an acute infection, appearing early in the immune response (within days) and indicating current or recent infection. However, its levels decline rapidly, and it does not persist to mark previous infection or provide long-term tissue protection, unlike IgG.

The CBIC Practice Analysis (2022) and CDC guidelines on serological testing emphasize IgG's role in assessing past immunity, supported by immunological literature (e.g., Janeway's Immunobiology, 9th Edition). Thus, IgG is the humoral antibody that best indicates previous infection and assists in protecting tissue, making Option C the correct choice.

References:

- * CBIC Practice Analysis, 2022.
- * Manual of Clinical Microbiology, ASM Press, 2019.
- * Janeway's Immunobiology, 9th Edition, 2016.
- * CDC Serologic Testing Guidelines, 2014.

NEW QUESTION # 88

The infection preventionist understands that the heating, ventilation and air conditioning (HVAC) systems in the facility can be a risk factor for healthcare-acquired infections. What is the MOST likely risk from the HVAC system for patients in a Pediatric Oncology unit?

- A. Methicillin-resistant *Staphylococcus aureus* (MRSA)
- B. Norovirus
- C. *Clostridiooides difficile*
- D. *Aspergillus* spp.

Answer: D

Explanation:

Patients in pediatric oncology units are highly immunocompromised, making them particularly susceptible to opportunistic fungal infections such as *Aspergillus* spp. HVAC systems, especially if improperly maintained or contaminated, can disseminate fungal spores into patient care areas.

* According to the APIC Text (Chapter 116 - HVAC Systems), fungal spores such as *Aspergillus* can be transmitted via HVAC systems. These infections have been linked to contaminated air ducts, faulty air filters, and construction-related air disturbances. Outbreaks of aspergillosis are frequently associated with construction near patient care areas and are particularly dangerous for immunocompromised patients, including pediatric oncology patients.

* Additional data from APIC Text (Chapter 45 - Infection Prevention in Oncology Patients) reinforces that *Aspergillus* spp. infections in oncology and immunocompromised patients are primarily airborne and are most often disseminated via HVAC systems.

* Incorrect answer rationale:

- * A. MRSA- Typically spread via direct contact, not HVAC.
- * B. Norovirus- Spread via fecal-oral route and contaminated surfaces, not airborne HVAC.
- * D. Clostridioides difficile- Spread via contact with spores on surfaces, not through the air.

References:

APIC Text, 4th Edition, Chapter 116 - Heating, Ventilation, and Air Conditioning APIC Text, 4th Edition, Chapter 45 - Infection Prevention in Oncology and Immunocompromised Patients

NEW QUESTION # 89

An infection preventionist is evaluating a new catheter that may decrease the rate of catheter-associated urinary tract infections. Which of the following provides the BEST information to support the selection of this catheter?

- A. Staff member preference and product availability
- B. Cost benefit analysis and safety considerations
- C. Value analysis and information provided by the manufacturer
- D. Product materials and vendor information

Answer: C

Explanation:

The correct answer is D, "Cost benefit analysis and safety considerations," as this provides the best information to support the selection of a new catheter aimed at decreasing the rate of catheter-associated urinary tract infections (CAUTIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, selecting medical devices like catheters for infection prevention involves a comprehensive evaluation that balances efficacy, safety, and economic impact. A cost-benefit analysis assesses the financial implications (e.g., reduced infection rates leading to lower treatment costs) against the cost of the new catheter, while safety considerations ensure the device minimizes patient risk, such as reducing biofilm formation or irritation that contributes to CAUTIs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This dual focus provides evidence-based data to justify the catheter's adoption, aligning with the goal of improving patient outcomes and reducing healthcare-associated infections (HAIs).

Option A (staff member preference and product availability) is subjective and logistical rather than evidence-based, making it insufficient for a decision that impacts infection rates. Option B (product materials and vendor information) offers technical details but lacks the broader context of efficacy and cost-effectiveness needed for a comprehensive evaluation. Option C (value analysis and information provided by the manufacturer) includes a structured assessment of value, but it may be biased toward the manufacturer's claims and lacks the independent safety and cost-benefit perspective critical for infection prevention decisions.

The emphasis on cost-benefit analysis and safety considerations reflects CBIC's priority on using data-driven and patient-centered approaches to select interventions that enhance infection control (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This approach ensures the catheter's selection is supported by robust evidence, optimizing both clinical and economic outcomes in the prevention of CAUTIs.

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies; Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment.

NEW QUESTION # 90

Which of the following intravenous solutions will MOST likely promote the growth of microorganisms?

- A. Synthetic amino acids
- B. 10% lipid emulsions
- C. 5% dextrose
- D. 50% hypertonic glucose

Answer: B

Explanation:

10% lipid emulsions are the most likely to promote microbial growth because they provide an ideal environment for bacterial and fungal proliferation, especially *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *Candida* species. Lipids support rapid bacterial multiplication due to their high nutrient content.

Why the Other Options Are Incorrect?

* A. 50% hypertonic glucose - High glucose concentrations inhibit bacterial growth due to osmotic pressure effects.

* B. 5% dextrose - While it can support some bacterial growth, it is less favorable than lipid emulsions.

* C. Synthetic amino acids - These solutions do not support microbial growth as well as lipid emulsions.

CBIC Infection Control Reference

APIC guidelines confirm that lipid-based solutions support rapid microbial growth and should be handled with strict aseptic technique.

NEW QUESTION # 91

Working with public health agencies to collect and analyze indicators that might signal an increase in community illness is an example of which type of surveillance?

- A. Passive
- B. Targeted
- C. **Syndromic**
- D. Active

Answer: C

Explanation:

Surveillance is a critical tool in infection prevention and control, used to monitor disease trends and guide public health responses. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Surveillance and Epidemiologic Investigation" domain, which aligns with the Centers for Disease Control and Prevention (CDC) "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012).

The question describes a process of collecting and analyzing indicators to signal an increase in community illness, requiring identification of the appropriate surveillance type among the options provided.

Option C, "Syndromic," is the correct answer. Syndromic surveillance involves monitoring non-specific health indicators or symptoms (e.g., fever, respiratory complaints, or gastrointestinal issues) that may precede a formal diagnosis, aiming to detect potential outbreaks or increases in community illness early. The CDC defines syndromic surveillance as the real-time or near-real-time collection, analysis, and interpretation of health-related data to provide actionable information, often in collaboration with public health agencies. This approach uses data from sources like emergency department visits, over-the-counter medication sales, or absenteeism reports to identify trends before laboratory confirmation, making it well-suited to the described scenario of signaling community illness increases.

Option A, "Passive," involves healthcare providers or laboratories reporting cases to public health authorities on a voluntary or mandatory basis without active prompting (e.g., routine notifiable disease reporting). While passive surveillance contributes to baseline data, it is less proactive and not specifically designed to signal early increases in illness, making it less fitting. Option B, "Active," entails public health officials actively seeking data from healthcare facilities or providers (e.g., calling to confirm cases during an outbreak). This is more resource-intensive and typically used for specific investigations rather than ongoing community trend monitoring, which aligns better with syndromic methods. Option D, "Targeted," refers to surveillance focused on a specific population, disease, or event (e.g., monitoring TB in a high-risk group). The scenario's broad focus on community illness indicators does not suggest a targeted approach.

The CBIC Practice Analysis (2022) and CDC guidelines highlight syndromic surveillance as a key strategy for early detection of community-wide health threats, often involving collaboration with public health agencies. Option C best matches the described activity of analyzing indicators to signal illness increases, making it the correct choice.

References:

* CBIC Practice Analysis, 2022.

* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

* CDC Syndromic Surveillance Systems, 2020.

NEW QUESTION # 92

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