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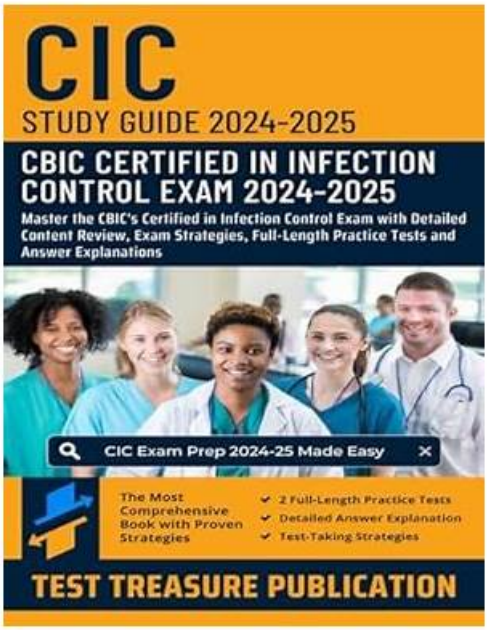

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CBIC Certified Infection Control Exam Sample Questions (Q106-Q111):

NEW QUESTION # 106
An infection preventionist is informed that there is a possible cluster of streptococcal meningitis in the neonatal intensive care unit. Which of the following streptococcal serogroops is MOST commonly associated with meningitis in neonates beyond one week of age?

- A. Group B
- B. Group D
- C. Group C
- D. Group A

Answer: A

Explanation:
Group B Streptococcus (Streptococcus agalactiae) is the most common cause of neonatal bacterial meningitis beyond one week of age.
Step-by-Step Justification:
* Group B Streptococcus (GBS) and Neonatal Infections:
* GBS is a leading cause of late-onset neonatal meningitis (occurring after 7 days of age).
* Infection typically occurs through vertical transmission from the mother or postnatal exposure.
* Neonatal Risk Factors:
* Premature birth, prolonged rupture of membranes, and maternal GBS colonization increase risk.
Why Other Options Are Incorrect:
* A. Group A: Rare in neonates and more commonly associated with pharyngitis and skin infections.
* C. Group C: Typically associated with animal infections and rarely affects humans.
* D. Group D: Includes Enterococcus, which can cause neonatal infections but is not the most common cause of meningitis.
CBIC Infection Control References:
* APIC Text, "Group B Streptococcus and Neonatal Meningitis".

NEW QUESTION # 107
A family, including an infant of 8 months, is going on a vacation to Europe. An infection preventionist would recommend:

- A. Exposure to rabies should be avoided.
- B. Family immunization records should be reviewed by their provider.
- C. The infant should not travel until at least 12 months of age.
- D. Family members should be vaccinated for yellow fever.

Answer: B

Explanation:
When advising a family, including an 8-month-old infant, planning a vacation to Europe, an infection preventionist (IP) must consider travel-related health risks and vaccination recommendations tailored to the destination and age-specific guidelines. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Education and Training" domain, which includes providing evidence-based advice to prevent infections, aligning with the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) travel health recommendations.
Option D, "Family immunization records should be reviewed by their provider," is the most appropriate recommendation. Europe, as a region, includes countries with varying health risks, but it is generally considered a low-risk area for many vaccine-preventable diseases compared to tropical regions. The CDC's
"Travelers' Health" guidelines (2023) recommend that all travelers, including infants, have their immunization status reviewed by a healthcare provider prior to travel to ensure compliance with routine vaccinations (e.g., measles, mumps, rubella [MMR], diphtheria, tetanus, pertussis [DTaP], and polio) and to assess any destination-specific needs. For an 8-month-old, the review would confirm that the infant has received age-appropriate vaccines (e.g., the first doses of DTaP, Hib, PCV, and IPV, typically starting at 2 months) and is on schedule for the 6- and 12-month doses. This step ensures the family's overall protection and identifies any gaps, making it a proactive and universally applicable recommendation.
Option A, "Exposure to rabies should be avoided," is a general travel safety tip applicable to any destination where rabies is endemic (e.g., parts of Eastern Europe or rural areas with wildlife). However, rabies risk in most European countries is low, and pre-

exposure vaccination is not routinely recommended for travelers unless specific high-risk activities (e.g., handling bats) are planned. The CDC advises avoiding animal bites rather than vaccinating unless indicated, making this less specific and urgent than a records review. Option B,
"Family members should be vaccinated for yellow fever," is incorrect. Yellow fever is not endemic in Europe, and vaccination is not required or recommended for travel to any European country. The WHO International Health Regulations (2005) and CDC list yellow fever vaccination as mandatory only for travelers from or to certain African and South American regions, rendering this irrelevant. Option C, "The infant should not travel until at least 12 months of age," lacks a clear evidence base. While some vaccines (e.g., MMR) are typically given at 12 months, the 8-month-old can travel safely if up-to-date on age-appropriate immunizations. The CDC allows travel for infants as young as 6 weeks with medical clearance, and delaying travel to 12 months is not a standard recommendation unless specific risks (e.g., disease outbreaks) are present, which are not indicated here.
The CBIC Practice Analysis (2022) and CDC Travelers' Health resources prioritize pre-travel health assessments, including immunization reviews, as the foundation for safe travel. Option D ensures a comprehensive approach tailored to the family's needs, making it the best recommendation for a trip to Europe.
References:
* CBIC Practice Analysis, 2022.
* CDC Travelers' Health, 2023.
* WHO International Health Regulations, 2005.
The correct answer is B, "Blood pressure cuff," as this item is appropriately cleaned with a disinfectant that is an approved hospital disinfectant with no tuberculocidal claim. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the selection of disinfectants for medical equipment depends on the item's classification and intended use. The Environmental Protection Agency (EPA) categorizes hospital disinfectants based on their efficacy against specific pathogens, with tuberculocidal claims indicating effectiveness against Mycobacterium tuberculosis, a highly resistant organism. A disinfectant without a tuberculocidal claim is suitable for non-critical items-those that contact intact skin but not mucous membranes or sterile tissues-such as blood pressure cuffs, which require only low-level disinfection to reduce bacterial and viral loads (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
This aligns with CDC guidelines, which designate low-level disinfectants as adequate for non-critical surfaces.
Option A (laryngoscope blades) is incorrect because laryngoscope blades are semi-critical items that contact mucous membranes (e.g., the oropharynx) and require high-level disinfection or sterilization, which necessitates a disinfectant with tuberculocidal activity to ensure efficacy against a broader spectrum of pathogens, including mycobacteria. Option C (respiratory therapy equipment) is also incorrect, as this equipment (e.g., ventilators or nebulizers) is semi-critical or critical depending on its use, requiring at least intermediate- to high-level disinfection, which exceeds the capability of a non-tuberculocidal disinfectant.
Option D (ultrasound probe) is inappropriate if used on intact skin (non-critical, allowing low-level disinfection), but many ultrasound probes contact mucous membranes or sterile sites, necessitating high-level disinfection with a tuberculocidal agent, making this option unreliable without context.
The selection of a blood pressure cuff aligns with CBIC's emphasis on using appropriate disinfectants based on the Spaulding classification to prevent healthcare-associated infections (HAIs) (CBIC Practice Analysis,
2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This is supported by EPA and CDC guidelines, which guide disinfectant use based on item risk levels (EPA Disinfectant Product List, 2023; CDC Disinfection Guidelines, 2019).
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.4 - Implement environmental cleaning and disinfection protocols, 3.5 - Evaluate the environment for infection risks. EPA Disinfectant Product List, 2023. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

NEW QUESTION # 108
Which of the following is the correct collection technique to obtain a laboratory specimen for suspected pertussis?

- A. Nasopharyngeal culture
- B. Sputum culture
- C. Cough plate
- D. Nares culture

Answer: A

NEW QUESTION # 109
The primary source of organisms that cause surgical silo infections is the

- A. healthcare personnel's hands.

- B. operating room environment.
- C. patient's endogenous flora
- D. operating room personnel.

Answer: C

Explanation:
The primary source of organisms causing surgical site infections (SSIs) is the patient's own endogenous flora. Bacteria from the skin, mucous membranes, or gastrointestinal tract contaminate the surgical site, leading to infection. Common pathogens include Staphylococcus aureus, coagulase-negative staphylococci, and Enterobacteriaceae.
Why the Other Options Are Incorrect?
* A. Operating room environment - While environmental contamination can contribute, it is not the primary source.
* B. Operating room personnel - Infection control measures (hand hygiene, gloves, masks) reduce transmission from personnel.
* D. Healthcare personnel's hands - Although hand contamination is a risk, it is secondary to the patient's endogenous flora.
CBIC Infection Control Reference
According to APIC guidelines, the patient's own flora is the primary source of SSIs.

NEW QUESTION # 110
Some pathogens live in the body and can be cultured, but do NOT elicit any response from the body's defense mechanisms. This state is called:

- A. Latency
- B. Contamination
- C. Infection
- D. Colonization

Answer: D

Explanation:
The interaction between pathogens and the human body can take various forms, each with distinct immunological and clinical implications. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes understanding these states within the "Identification of Infectious Disease Processes" domain to guide infection prevention strategies. The question describes a scenario where pathogens are present, can be cultured (indicating viable organisms), but do not trigger a response from the body's defense mechanisms, such as inflammation or immune activation. This requires identifying the appropriate microbiological state.
Option A, "Colonization," is the correct answer. Colonization occurs when microorganisms are present on or in the body (e.g., skin, mucous membranes, or gut) without causing harm or eliciting an immune response.
These pathogens can be cultured, as they are alive and replicating, but they exist in a commensal or symbiotic relationship with the host, not provoking symptoms or defense mechanisms. Examples include normal flora like Staphylococcus epidermidis on the skin or Streptococcus salivarius in the oral cavity. The Centers for Disease Control and Prevention (CDC) defines colonization as the presence of microbes without tissue invasion or damage, distinguishing it from infection (CDC, "Principles of Epidemiology in Public Health Practice," 3rd Edition, 2012).
Option B, "Infection," is incorrect because it involves the invasion and multiplication of pathogens in body tissues, leading to an immune response, such as inflammation, fever, or antibody production. This contrasts with the question's description of no defense mechanism response. Option C, "Latency," refers to a state where a pathogen (e.g., herpes simplex virus or Mycobacterium tuberculosis) remains dormant in the body after initial infection, capable of reactivation but not eliciting an active immune response during dormancy.
However, latency implies a prior infection with a latent phase, whereas the question suggests a current, non- responsive state without prior infection context. Option D, "Contamination," describes the unintended presence of pathogens on inanimate objects or surfaces (e.g., medical equipment), not within the body, and does not align with the scenario of living, culturable pathogens in a host.
The CBIC Practice Analysis (2022) and CDC guidelines highlight colonization as a key concept in infection control, particularly in settings like hospitals where colonized patients can serve as reservoirs for potential infections. The absence of an immune response, as specified, aligns with the definition of colonization, making Option A the most accurate answer.
References:
* CBIC Practice Analysis, 2022.
* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

NEW QUESTION # 111
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