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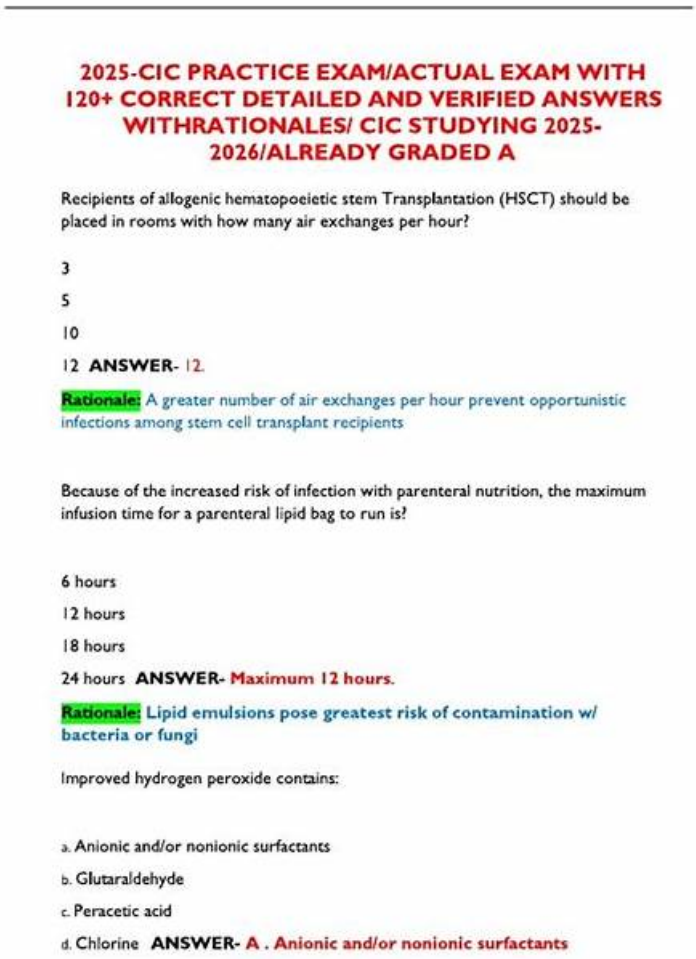

2025-CIC PRACTICE EXAM/ACTUAL EXAM WITH 120+ CORRECT DETAILED AND VERIFIED ANSWERS WITHRATIONALES/ CIC STUDYING 2025-2026/ALREADY GRADED A

Recipients of allogenic hematopoeietic stem Transplantation (HSCT) should be placed in rooms with how many air exchanges per hour?

3

5

10

12 **ANSWER-** 12.

Rationale: A greater number of air exchanges per hour prevent opportunistic infections among stem cell transplant recipients

Because of the increased risk of infection with parenteral nutrition, the maximum infusion time for a parenteral lipid bag to run is?

6 hours

12 hours

18 hours

24 hours **ANSWER-** **Maximum 12 hours.**

Rationale: **Lipid emulsions pose greatest risk of contamination w/ bacteria or fungi**

Improved hydrogen peroxide contains:

a. Anionic and/or nonionic surfactants

b. Glutaraldehyde

c. Peracetic acid

d. Chlorine **ANSWER-** **A . Anionic and/or nonionic surfactants**

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CBIC Certified Infection Control Exam Sample Questions (Q131-Q136):

NEW QUESTION # 131
A patient has a draining sinus at the site of a left total hip arthroplasty. A culture from the sinus tract reveals four organisms. Which of the following specimens is optimal for identifying the eliologic agent?

- A. Wound drainage
- B. Blood
- C. Sinus tract tissue
- D. Joint aspirate

Answer: D

Explanation:
The optimal specimen for identifying the etiologic agent in a prosthetic joint infection (PJI) is a joint aspirate (synovial fluid). This is because:
* It provides direct access to the infected site without contamination from external sources.
* It allows for accurate microbiologic culture, Gram stain, and leukocyte count analysis.
Why the Other Options Are Incorrect?
* A. Blood - Blood cultures may help detect hematogenous spread but are not the best sample for identifying localized prosthetic joint infections.
* B. Wound drainage - Wound cultures often contain contaminants from surrounding skin flora and do not accurately reflect joint space infection.
* D. Sinus tract tissue - Cultures from sinus tracts often represent colonization rather than the primary infecting organism.
CBIC Infection Control Reference
APIC guidelines confirm that joint aspirate is the most reliable specimen for diagnosing prosthetic joint infections.

NEW QUESTION # 132
After defining and identifying cases in a possible cluster of infections, an infection preventionist should NEXT establish:

- A. A hypothesis that will explain the majority of cases.
- B. The route of transmission.
- C. Whether observed incidence exceeds expected incidence.
- D. An appropriate control group.

Answer: A

Explanation:
When investigating a possible cluster of infections, an infection preventionist (IP) follows a structured epidemiological approach to identify the cause and implement control measures. The Certification Board of Infection Control and Epidemiology (CBIC) outlines this process within the "Surveillance and Epidemiologic Investigation" domain, which aligns with the Centers for Disease Control and Prevention (CDC) guidelines for outbreak investigation. The steps typically include defining and identifying cases, formulating a hypothesis, testing the hypothesis, and implementing control measures. The question specifies the next step after defining and identifying cases, requiring an evaluation of the logical sequence.
Option C, "A hypothesis that will explain the majority of cases," is the next critical step. After confirming a cluster through case definition and identification (e.g., by time, place, and person), the IP should develop a working hypothesis to explain the observed pattern. This hypothesis might propose a common source (e.g., contaminated equipment), a mode of transmission (e.g., airborne), or a specific population at risk. The CDC's
"Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012) emphasizes that formulating a hypothesis is essential to guide further investigation, such as identifying risk factors or environmental sources.
This step allows the IP to focus resources on testing the most plausible explanation before proceeding to detailed analysis or interventions.
Option A, "The route of transmission," is an important element of the investigation but typically follows hypothesis formulation. Determining the route (e.g., contact, droplet, or common vehicle) requires data collection and analysis to test the hypothesis, making it a subsequent step rather than the immediate next action. Option B, "An appropriate control group," is relevant for analytical studies (e.g., case-control studies) to compare exposed versus unexposed individuals, but this is part of hypothesis testing, which occurs after the hypothesis is established. Selecting a control group prematurely, without a hypothesis, lacks direction and efficiency. Option D, "Whether observed incidence exceeds expected incidence," is a preliminary step to define a cluster, often done during case identification using baseline data or statistical thresholds (e.g., exceeding the mean plus two standard deviations). Since the question assumes cases are already defined and identified, this step is complete, and the focus shifts to hypothesis development.

The CBIC Practice Analysis (2022) and CDC guidelines prioritize hypothesis formulation as the logical next step after case identification, enabling a targeted investigation. This approach ensures that the IP can efficiently address the cluster's cause, making Option C the correct answer.
References:
* CBIC Practice Analysis, 2022.
* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

NEW QUESTION # 133
A patient has an oral temperature of 101° F (38.33 C). Erythema and tenderness arc noted at the central line site. Blood samples are submitted for culture and intravenous vancomycin is ordered. This is an example of which of the following forms of antibiotic treatment?

- A. Prophylactic
- B. Broad spectrum
- C. Experimental
- D. Empiric

Answer: D

Explanation:
Empiric antibiotic therapy is the immediate initiation of antibiotics based on clinical judgment before laboratory confirmation of an infection. In this case, the presence of fever, erythema, and tenderness at the central line site suggests a possible bloodstream infection, prompting empiric treatment with vancomycin.
Step-by-Step Justification:
* Initiation Before Lab Confirmation:
* Empiric therapy starts treatment based on symptoms while awaiting culture results.
* Prevents Complications:
* Delayed treatment in central line-associated bloodstream infections (CLABSI) can lead to sepsis.
* Common in High-Risk Situations:
* Empiric treatment is used in cases where waiting for lab results could worsen the patient's condition.
Why Other Options Are Incorrect:
* B. Prophylactic:
* Prophylactic antibiotics are given to prevent infection, not to treat an existing one.
* C. Experimental:
* Experimental treatment refers to clinical trials or unproven therapies, which does not apply here.
* D. Broad spectrum:
* Broad-spectrum antibiotics cover multiple bacteria, but empiric therapy may be narrow- spectrum based on suspected pathogens.
CBIC Infection Control References:
* APIC Text, Chapter on Antimicrobial Stewardship and Empiric Therapy.

NEW QUESTION # 134
Which of the following stains is used to identify mycobacteria?

- A. Methylene blue
- B. Gram
- C. India ink
- D. Acid-fast

Answer: D

Explanation:
Mycobacteria, including species such as Mycobacterium tuberculosis and Mycobacterium leprae, are a group of bacteria known for their unique cell wall composition, which contains a high amount of lipid-rich mycolic acids. This characteristic makes them resistant to conventional staining methods and necessitates the use of specialized techniques for identification. The acid-fast stain is the standard method for identifying mycobacteria in clinical and laboratory settings. This staining technique, developed by Ziehl-Neelsen, involves the use of carbol fuchsin, which penetrates the lipid-rich cell wall of mycobacteria. After staining, the sample is treated with acid-alcohol, which decolorizes non-acid-fast organisms, while mycobacteria retain the red color due to their resistance to decolorization-hence the term "acid-fast." This property allows infection preventionists and microbiologists to distinguish mycobacteria from other bacteria under a microscope.

Option B, the Gram stain, is a common differential staining technique used to classify most bacteria into Gram-positive or Gram-negative based on the structure of their cell walls. However, mycobacteria do not stain reliably with the Gram method due to their thick, waxy cell walls, rendering it ineffective for their identification. Option C, methylene blue, is a simple stain used to observe bacterial morphology or as a counterstain in other techniques (e.g., Gram staining), but it lacks the specificity to identify mycobacteria.
Option D, India ink, is used primarily to detect encapsulated organisms such as Cryptococcus neoformans by creating a negative staining effect around the capsule, and it is not suitable for mycobacteria.
The CBIC's "Identification of Infectious Disease Processes" domain underscores the importance of accurate diagnostic methods in infection control, including the use of appropriate staining techniques to identify pathogens like mycobacteria. The acid-fast stain is specifically recommended by the CDC and WHO for the initial detection of mycobacterial infections, such as tuberculosis, in clinical specimens (CDC, Laboratory Identification of Mycobacteria, 2008). This aligns with the CBIC Practice Analysis (2022), which emphasizes the role of laboratory diagnostics in supporting infection prevention strategies.
References:
* CBIC Practice Analysis, 2022.
* CDC Laboratory Identification of Mycobacteria, 2008.
* WHO Guidelines for the Laboratory Diagnosis of Tuberculosis, 2014.

NEW QUESTION # 135
An HBsAb-negative employee has a percutaneous exposure to blood from a Hepatitis B surface antigen (HBsAg) positive patient. Which of the following regimens is recommended for this employee?

- A. Hepatitis B immune globulin (HBIG) and hepatitis B vaccine
- B. Hepatitis B vaccine alone
- C. Hepatitis B immune globulin (HBIG) alone
- D. Immune serum globulin and hepatitis B vaccine

Answer: A

Explanation:
The correct answer is D, "Hepatitis B immune globulin (HBIG) and hepatitis B vaccine," as this is the recommended regimen for an HBsAb-negative employee with a percutaneous exposure to blood from an HBsAg-positive patient. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, which align with recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), post-exposure prophylaxis (PEP) for hepatitis B virus (HBV) exposure depends on the employee's vaccination status and the source's HBsAg status. For an unvaccinated or known HBsAb-negative individual (indicating no immunity) exposed to HBsAg-positive blood, the standard PEP includes both HBIG and the hepatitis B vaccine. HBIG provides immediate passive immunity by delivering pre-formed antibodies, while the vaccine initiates active immunity to prevent future infections (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). The HBIG should be administered within 24 hours of exposure (preferably within 7 days), and the first dose of the vaccine should be given concurrently, followed by the complete vaccine series.
Option A (immune serum globulin and hepatitis B vaccine) is incorrect because immune serum globulin (ISG) is a general immunoglobulin preparation and not specific for HBV; HBIG, which contains high titers of anti-HBs, is the appropriate specific immunoglobulin for HBV exposure. Option B (hepatitis B immune globulin [HBIG] alone) is insufficient, as it provides only temporary passive immunity without initiating long- term active immunity through vaccination, which is critical for an unvaccinated individual. Option C (hepatitis B vaccine alone) is inadequate for immediate post-exposure protection, as it takes weeks to develop immunity, leaving the employee vulnerable in the interim.
The recommendation for HBIG and hepatitis B vaccine aligns with CBIC's emphasis on evidence-based post- exposure management to prevent HBV transmission in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders).
This dual approach is supported by CDC guidelines, which prioritize rapid intervention to reduce the risk of seroconversion following percutaneous exposure (CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, 2013).
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.1 - Collaborate with organizational leaders, 3.2 - Implement measures to prevent transmission of infectious agents. CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV, 2013.

NEW QUESTION # 136
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