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Medical intervention factors that affect risk of infection - ANSWER-indwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers

environmental intervention factors that affect risk of infection - ANSWER-disinfectant type used, contact with animals, hand hygiene

anatomical/phys factors that affect risk of infection - ANSWER-preexisting diseases, trauma, malignancies, age, gender, and nutritional status

DMAIC - ANSWER-D=define customers, project boundaries, and processes

M=measure performance

A=analyze data to identify causes of variation, gaps in performance, and prioritize actions

I=improve the process

C=control the process to prevent reverting

What should an effective surveillance program be able to provide? - ANSWER-Detection of infections and injuries, identify trends, identify risk factors associated with infections and other AEs detect outbreaks and clusters, assess the overall effectiveness of the infection control and prevention program and demonstrate changes in proactive and processes that lead to better outcomes

Define point prevalence - ANSWER-number of persons ill on the date divided by the population on that date.

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Clearer CIC Explanation | CIC Exam Bible

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CBIC Certified Infection Control Exam Sample Questions (Q143-Q148):

NEW QUESTION # 143

A 22-year-old male has a splenectomy secondary to trauma. Which of the following vaccines is MOST important for this patient?

- A. Hepatitis B
- B. Varicella
- C. Haemophilus influenzae type B
- D. **Pneumococcal**

Answer: D

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that patients who have undergone splenectomy are at significantly increased risk for overwhelming postsplenectomy infection (OPSI), a rapidly progressive and potentially fatal condition. The spleen plays a critical role in clearing encapsulated organisms, and its absence markedly increases susceptibility to infections caused by these pathogens.

Among encapsulated bacteria, *Streptococcus pneumoniae* is the most common and most deadly cause of OPSI, making pneumococcal vaccination the single most important immunization for asplenic patients.

Pneumococcal disease in individuals without a spleen can progress rapidly to sepsis, meningitis, or death, even in young and otherwise healthy adults. Therefore, ensuring pneumococcal vaccination-using the appropriate conjugate and polysaccharide vaccines according to age and immunization history-is a top priority.

While *Haemophilus influenzae* type B (Option A) and meningococcal vaccines are also recommended for asplenic patients, pneumococcal vaccination provides the greatest immediate protection against the most common cause of severe infection. Hepatitis B (Option C) and varicella (Option D) are important routine immunizations but are not specifically related to the increased infection risk associated with asplenia.

For the CIC exam, it is critical to recognize that loss of splenic function necessitates prioritization of vaccines targeting encapsulated organisms, with pneumococcal vaccination being the most important.

NEW QUESTION # 144

Which of the following patients with human immunodeficiency virus infection requires Airborne precautions?

- A. 28-year-old female with *Mycobacterium avium* in sputum
- B. 36-year-old male with cryptococcal meningitis
- C. **46-year-old female with a cavitary lesion in upper lobe**
- D. 24-year-old male newly diagnosed with a CD4 count of 70

Answer: C

Explanation:

HIV patients require Airborne Precautions if they have tuberculosis (TB). A cavitary lesion in the upper lobe is highly suggestive of active pulmonary TB, which requires Airborne Precautions due to aerosolized transmission.

Why the Other Options Are Incorrect?

* A. 24-year-old male newly diagnosed with a CD4 count of 70 - Low CD4 count alone does not warrant Airborne Precautions unless there is active TB or another airborne pathogen.

* B. 28-year-old female with *Mycobacterium avium* in sputum - *Mycobacterium avium* complex (MAC) is not airborne, and standard precautions are sufficient.

* C. 36-year-old male with cryptococcal meningitis - *Cryptococcus neoformans* is not transmitted via the airborne route, so Airborne Precautions are unnecessary.

CBIC Infection Control Reference

Patients with HIV and suspected TB require Airborne Precautions until TB is ruled out.

NEW QUESTION # 145

Endemic infection rate refers to

- A. Disease that overwhelms the usual healthcare system
- **B. The usual presence of a disease in a specific population or geographical area.**
- C. The occurrence of more cases of a disease than expected in a given area or among a specific group.
- D. An outbreak of disease much greater than expected in a specific population or group.

Answer: B

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) defines endemic infection rate as the constant or usual presence of a disease within a specific population, geographic area, or healthcare setting. An endemic level represents the baseline or expected frequency of disease occurrence over time, allowing infection preventionists to distinguish normal disease patterns from unusual increases that may signal outbreaks or epidemics.

Option B accurately reflects this definition by describing the expected and stable presence of a disease within a defined population or location. Endemic infections may persist at low or predictable levels and do not necessarily indicate a failure of infection prevention practices. Examples include seasonal influenza in the community or baseline rates of certain healthcare-associated infections within a facility.

Option A refers to a pandemic or healthcare system overload, not endemic disease. Options C and D describe outbreaks or epidemics, which involve a sudden increase in cases above the expected endemic level. These terms imply deviation from baseline and require investigation and intervention.

Understanding endemic rates is critical for infection prevention and surveillance because they provide the comparison point for identifying trends, clusters, and outbreaks. Surveillance data are interpreted against endemic baselines to determine whether changes reflect random variation or meaningful increases requiring action.

For the CIC exam, recognizing epidemiologic terminology is essential. Endemic infection rate specifically refers to the usual or expected presence of disease, making option B the correct answer.

NEW QUESTION # 146

A Quality Improvement Committee is trying to decrease catheter-associated urinary tract infections (CAUTIs) in the hospital. Which of the following would be an outcome measure that would help to show a reduction in CAUTIs?

- A. Percentage of staff trained to insert indwelling urinary catheters
- B. Rate of patients receiving daily indwelling urinary catheter care
- **C. Rate of CAUTI per 1000 indwelling urinary catheter days**
- D. Percentage of patients with indwelling urinary catheters

Answer: C

Explanation:

An outcome measure tracks the end result of healthcare processes. The CAUTI rate per 1,000 catheter days directly measures the frequency of infections, making it an ideal outcome metric.

* From the APIC Text:

"An incidence rate (i.e., the number of new cases during a time period, such as the rate of patients with urinary catheters who get a CAUTI) is a frequently used outcome performance measure."

* Other choices like care compliance or training are process measures, not outcomes.

References:

APIC Text, 4th Edition, Chapter 17 - Performance Measures

NEW QUESTION # 147

There are four cases of ventilator-associated pneumonia in a surgical intensive care unit with a total of 200 ventilator days and a census of 12 patients. Which of the following BEST expresses how this should be reported?

- A. More information is needed regarding ventilator days per patient
- B. Postoperative pneumonia rate of 6% in SICU patients
- C. Ventilator-associated pneumonia rate of 2%
- **D. 20 ventilator-associated pneumonia cases/1000 ventilator days**

Answer: D

Explanation:

The standard way to report ventilator-associated pneumonia (VAP) rates is:

Why the Other Options Are Incorrect?

- * A. Ventilator-associated pneumonia rate of 2% - This does not use the correct denominator (ventilator days).
- * C. Postoperative pneumonia rate of 6% in SICU patients - Not relevant, as the data focuses on VAP, not postoperative pneumonia.
- * D. More information is needed regarding ventilator days per patient - The total ventilator days are already provided, so no additional data is required.

CBIC Infection Control Reference

APIC and NHSN recommend reporting VAP rates as cases per 1,000 ventilator days.

NEW QUESTION # 148

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