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Quiz CBIC - Newest CIC - Vce CBIC Certified Infection Control Exam Torrent

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CBIC Certified Infection Control Exam Sample Questions (Q234-Q239):

NEW QUESTION # 234
Which of the following infectious diseases is associated with environmental fungi?

- A. Hantavirus
- B. Campylobacter
- C. Mucormycosis
- D. Listeriosis

Answer: C

Explanation:
The correct answer is C, "Mucormycosis," as it is the infectious disease associated with environmental fungi.
According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, mucormycosis is caused by fungi belonging to the order Mucorales, which are commonly found in the environment, including soil, decaying organic matter, and contaminated water. These fungi can become opportunistic pathogens, particularly in immunocompromised individuals, leading to

severe infections such as rhinocerebral, pulmonary, or cutaneous mucormycosis (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes).
Environmental exposure, such as inhalation of fungal spores or contact with contaminated materials, is a primary mode of transmission, making it directly linked to environmental fungi.
Option A (Listeriosis) is caused by the bacterium Listeria monocytogenes, typically associated with contaminated food products (e.g., unpasteurized dairy or deli meats) rather than environmental fungi. Option B (Hantavirus) is a viral infection transmitted through contact with rodent excreta, not fungi, and is linked to environmental reservoirs like rodent-infested areas. Option D (Campylobacter) is a bacterial infection caused by Campylobacter species, often associated with undercooked poultry or contaminated water, and is not related to fungi.
The association of mucormycosis with environmental fungi underscores the importance of infection prevention strategies, such as controlling environmental contamination and protecting vulnerable patients, which aligns with CBIC's focus on identifying and mitigating risks from infectious agents in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). This knowledge is critical for infection preventionists to guide environmental cleaning and patient care protocols.
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.

NEW QUESTION # 235
A 15-year-old is diagnosed with invasive meningococcal disease. Which of the following should receive chemoprophylaxis?

- A. Basketball teammates
- B. Household members
- C. A school classmate who has shared school supplies
- D. A healthcare personnel who was exposed to urine and feces

Answer: B

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) clearly outlines recommendations for postexposure chemoprophylaxis following invasive meningococcal disease, which is caused by Neisseria meningitidis. This organism is transmitted through direct contact with respiratory secretions or saliva, such as through kissing, sharing eating utensils, or prolonged close household contact.
Household members are considered high-risk close contacts because they have sustained, close exposure to the patient's respiratory droplets and oral secretions. As a result, they should receive chemoprophylaxis as soon as possible, ideally within 24 hours of identification of the index case, to prevent secondary cases. This recommendation applies regardless of vaccination status.
The other options do not meet criteria for prophylaxis. Healthcare personnel exposed only to urine or feces (Option B) are not at risk, as N. meningitidis is not transmitted via these routes. Casual school contact or sharing supplies (Option C) does not constitute close exposure to respiratory secretions. Athletic teammates (Option D) generally do not require prophylaxis unless there was direct exposure to saliva (e.g., sharing water bottles or mouthguards).
For CIC exam preparation, it is essential to recognize that chemoprophylaxis is limited to close contacts with direct exposure to respiratory secretions, with household members being the most consistent and clearly defined group requiring prophylaxis.

NEW QUESTION # 236
A 21-ycnr-old college student was admitted with a high fever. The Emergency Department physician be gan immediate treatment with intravenous vancomycin and ceftriaxone while awaiting blood, urine, and cerebrospinal fluid cultures. The following day. the cultures of both the blood and the cerebrospinal fluid were reported to be growing meningococci. The patient was placed on precautions on admission. Which of the following is correct?

- A. Droplet precautions may be discontinued after 24 hours of therapy.
- B. Airborne precautions must continue.
- C. Airborne precautions may be discontinued after 24 hours of therapy.
- D. Droplet precautions must continue

Answer: A

Explanation:
Meningococcal infections, such as Neisseria meningitidis, are transmitted via respiratory droplets. According to APIC and CDC guidelines, patients with meningococcal disease should be placed on Droplet Precautions upon admission. These precautions can be

discontinued after 24 hours of effective antibiotic therapy.
Why the Other Options Are Incorrect?
* B. Droplet precautions must continue - Droplet Precautions are not needed beyond 24 hours of appropriate therapy because treatment rapidly reduces infectiousness.
* C. Airborne precautions may be discontinued after 24 hours of therapy - Meningococcal infection is not airborne, so Airborne Precautions are never required.
* D. Airborne precautions must continue - Incorrect because meningococci do not transmit via airborne particles.
CBIC Infection Control Reference
According to APIC guidelines, Droplet Precautions should be maintained for at least 24 hours after effective antibiotic therapy initiation.

NEW QUESTION # 237
Which of the following measures has NOT been demonstrated to reduce the risk of surgical site infections?

- A. Assuring adequate patient nutrition
- B. Using antimicrobial preoperative scrub by members of the surgical team
- C. Limiting the duration of preoperative hospital stay
- D. Designating a specific surgical suite tor infected cases

Answer: D

Explanation:
There is no strong evidence that isolating infected cases in a separate surgical suite reduces SSI risk.
Step-by-Step Justification:
* SSI Prevention Strategies Supported by Evidence:
* Preoperative hospital stay limitation reduces exposure to hospital-acquired pathogens.
* Antimicrobial preoperative scrubs lower bacterial load on the skin.
* Adequate nutrition improves immune function and wound healing.
* Why Designating a Separate Surgical Suite Is Not Effective:
* Operating room environmental controls (e.g., laminar airflow, sterilization protocols) are more important than suite designation.
* No significant reduction in SSIs has been observed by segregating infected cases into specific OR suites.
Why Other Options Are Correct:
* A. Limiting preoperative hospital stay: Reduces nosocomial bacterial exposure.
* B. Antimicrobial preoperative scrub: Decreases skin flora contamination.
* C. Assuring adequate patient nutrition: Enhances immune defense against infections.
CBIC Infection Control References:
* APIC Text, "Surgical Site Infection Prevention Strategies".

NEW QUESTION # 238
A healthcare facility has installed a decorative water fountain in their lobby for the enjoyment of patients and visitors. What is an important issue for the infection preventionist to consider?

- A. Cryptosporidium growth in the fountain
- B. Aerosolization of Legionella pneumophila
- C. Growth of Acinetobacter baumannii
- D. Children getting Salmonella enteritidis

Answer: B

Explanation:
The installation of a decorative water fountain in a healthcare facility lobby introduces a potential environmental hazard that an infection preventionist must evaluate, guided by the Certification Board of Infection Control and Epidemiology (CBIC) principles and infection control best practices. Water features can serve as reservoirs for microbial growth and dissemination, particularly in settings with vulnerable populations such as patients. The key is to identify the most significant infection risk associated with such a water source. Let's analyze each option:
* A. Children getting Salmonella enteritidis: Salmonella enteritidis is a foodborne pathogen typically associated with contaminated food or water sources like poultry, eggs, or untreated drinking water.
While children playing near a fountain might theoretically ingest water, Salmonella is not a primary concern for decorative fountains unless they are specifically contaminated with fecal matter, which is uncommon in a controlled healthcare environment. This risk is

less relevant compared to other waterborne pathogens.
* B. Cryptosporidium growth in the fountain: Cryptosporidium is a parasitic protozoan that causes gastrointestinal illness, often transmitted through contaminated drinking water or recreational water (e.
g., swimming pools). While decorative fountains could theoretically harbor Cryptosporidium if contaminated, this organism requires specific conditions (e.g., fecal contamination) and is more associated with untreated or poorly maintained water systems. In a healthcare setting with regular maintenance, this is a lower priority risk compared to bacterial pathogens spread via aerosols.
* C. Aerosolization of Legionella pneumophila: Legionella pneumophila is a gram-negative bacterium that thrives in warm, stagnant water environments, such as cooling towers, hot water systems, and decorative fountains. It causes Legionnaires' disease, a severe form of pneumonia, and Pontiac fever, both transmitted through inhalation of contaminated aerosols. In healthcare facilities, where immunocompromised patients are present, aerosolization from a water fountain poses a significant risk, especially if the fountain is not regularly cleaned, disinfected, or monitored. The CBIC and CDC highlight Legionella as a critical concern in water management programs, making this the most important issue for an infection preventionist to consider.
* D. Growth of Acinetobacter baumannii: Acinetobacter baumannii is an opportunistic pathogen commonly associated with healthcare-associated infections (e.g., ventilator-associated pneumonia, wound infections), often found on medical equipment or skin. While it can survive in moist environments, its growth in a decorative fountain is less likely compared to Legionella, which is specifically adapted to water systems. The risk of Acinetobacter transmission via a fountain is minimal unless it becomes a direct contamination source, which is not a primary concern for this scenario.
The most important issue is C, aerosolization of Legionella pneumophila, due to its potential to cause severe respiratory infections, its association with water features, and the heightened vulnerability of healthcare facility populations. The infection preventionist should ensure the fountain is included in the facility's water management plan, with regular testing, maintenance, and disinfection to prevent Legionella growth and aerosol spread, as recommended by CBIC and CDC guidelines.
CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV:
Environment of Care, which addresses waterborne pathogens like Legionella in healthcare settings.
CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes managing environmental risks such as water fountains.
CDC Toolkit for Controlling Legionella in Common Sources of Exposure (2021), which identifies decorative fountains as a potential source of Legionella aerosolization.

NEW QUESTION # 239
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