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>> Test CIC Duration <<

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## CBIC Certified Infection Control Exam Sample Questions (Q69-Q74):

### NEW QUESTION # 69

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

**Answer: A**

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 # 70

Which of the following represents the most effective strategy for preventing *Clostridioides difficile* transmission in a healthcare facility?

- A. Routine use of alcohol-based hand rub for hand hygiene after patient contact.
- B. Daily environmental cleaning with quaternary ammonium compounds.
- C. Universal *C. difficile* screening on admission for high-risk patients.
- **D. Strict antimicrobial stewardship to limit unnecessary antibiotic use.**

**Answer: D**

Explanation:

\* Antimicrobial stewardship is the most effective strategy to reduce *C. difficile* infections (CDI) by limiting the use of broad-spectrum antibiotics.

\* Quaternary ammonium disinfectants (A) are ineffective against *C. difficile* spores; bleach-based disinfectants are preferred.

\* Routine screening (C) is not cost-effective for prevention.

\* Alcohol-based hand rubs (D) do not kill *C. difficile* spores; soap and water should be used.

CBIC Infection Control References:

\* APIC Text, "C. difficile Prevention Strategies," Chapter 9.

#### NEW QUESTION # 71

An infection preventionist is asked to recommend a product for disinfection of bronchoscopes. Which of the following agents would be appropriate?

- A. Iodophor
- **B. Peracetic acid**
- C. Phenolic
- D. Alcohol

**Answer: B**

Explanation:

The correct answer is B, "Peracetic acid," as this agent is appropriate for the disinfection of bronchoscopes.

According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, bronchoscopes are semi-critical

devices that require high-level disinfection (HLD) to eliminate all microorganisms except high levels of bacterial spores, as they come into contact with mucous membranes but not sterile tissues. Peracetic acid is recognized by the Centers for Disease Control and Prevention (CDC) and the Association for the Advancement of Medical Instrumentation (AAMI) as an effective high-level disinfectant for endoscopes, including bronchoscopes, due to its broad-spectrum antimicrobial activity, rapid action, and compatibility with the delicate materials (e.g., optics and channels) of these devices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). It is commonly used in automated endoscope reprocessors, ensuring thorough disinfection when combined with proper cleaning and rinsing protocols. Option A (iodophor) is typically used for intermediate-level disinfection and skin antisepsis, but it is not sufficient for high-level disinfection of bronchoscopes unless specifically formulated and validated for this purpose, which is uncommon. Option B (alcohol) is effective against some pathogens but evaporates quickly, fails to penetrate organic material, and is not recommended for HLD of endoscopes due to potential damage to internal components and inadequate sporicidal activity. Option C (phenolic) is suitable for surface disinfection but lacks the efficacy required for high-level disinfection of semi-critical devices like bronchoscopes, as it does not reliably eliminate all microbial threats, including mycobacteria.

The selection of peracetic acid aligns with CBIC's emphasis on evidence-based reprocessing practices to prevent healthcare-associated infections (HAIs) associated with endoscope use (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This choice ensures patient safety by adhering to manufacturer and regulatory guidelines, such as those in AAMI ST91 (AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.4 - Implement environmental cleaning and disinfection protocols. AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

#### NEW QUESTION # 72

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 etiologic agent?

- A. Wound drainage
- B. Sinus tract tissue
- C. Blood
- **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 # 73

A suspected measles case has been identified in an outpatient clinic without an airborne infection isolation room (AIIR). Which of the following is the BEST course of action?

- A. Patient should be sent home
- B. Staff should don a respirator, gown, and face shield.
- C. Patient should be offered the Measles, Mumps, Rubella (MMR) vaccine
- **D. Patient should be masked and placed in a private room with door closed.**

**Answer: D**

Explanation:

Measles is a highly contagious airborne disease, and the best immediate action in an outpatient clinic without an Airborne Infection Isolation Room (AIIR) is to mask the patient and isolate them in a private room with the door closed.

Why the Other Options Are Incorrect?

\* A. Patient should be sent home - While home isolation may be necessary, sending the patient home without proper precautions increases exposure risk.

\* B. Staff should don a respirator, gown, and face shield - While N95 respirators are necessary for staff, this does not address patient containment.

\* C. Patient should be offered the MMR vaccine - The vaccine does not treat active measles infection and should be given only as post-exposure prophylaxis to susceptible contacts.

CBIC Infection Control Reference

Measles cases in outpatient settings require immediate airborne precautions to prevent transmission.

## NEW QUESTION # 74

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