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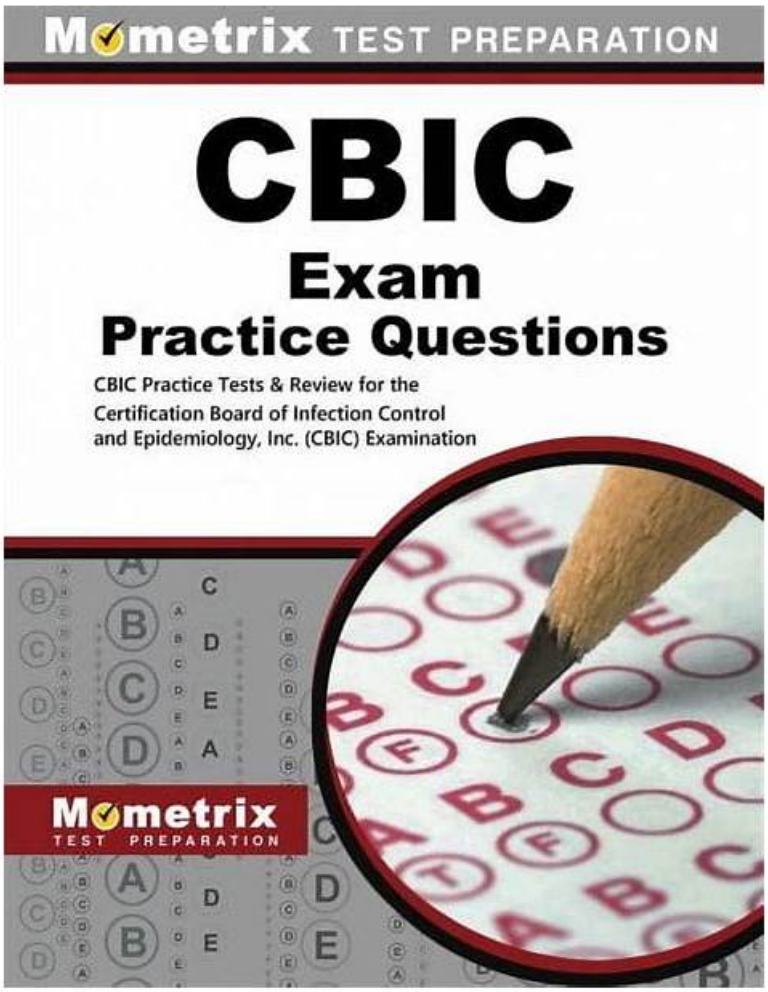

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CBIC Certified Infection Control Exam Sample Questions (Q134-Q139):

NEW QUESTION # 134
An infection preventionist is reviewing employee health immunization policies. What is the recommendation for tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) for a 55-year-old nurse who received all childhood vaccinations?

- A. Two doses of Tdap vaccine at least 28 days apart
- B. Two doses of Tdap vaccine at least 14 days apart
- C. One dose of Tdap vaccine
- D. No additional vaccination is recommended

Answer: C

Explanation:
The correct answer is A, "One dose of Tdap vaccine," as this is the recommended immunization for a 55-year- old nurse who received all childhood vaccinations. 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), adults who have completed a primary series of childhood vaccinations (typically 5 doses of DTaP or DTP) should receive a single booster dose of Tdap if they have not previously received it. This is especially critical for healthcare personnel, such as a 55-year-old nurse, due to their increased risk of exposure to pertussis and the need to protect vulnerable patients (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). The Tdap vaccine, which protects against tetanus, diphtheria, and pertussis, is recommended once between ages 11-64, with a preference for administration in early adulthood (e.g., 19-26 years) or as soon as feasible for older adults, including this 55-year-old nurse, to ensure immunity against pertussis, which wanes over time. For individuals aged 65 and older, Tdap is still recommended if not previously received, though Tdap is preferred over Td (tetanus and diphtheria only) for healthcare workers to address pertussis risk.
Option B (two doses of Tdap vaccine at least 14 days apart) and Option C (two doses of Tdap vaccine at least 28 days apart) are not standard recommendations for adults with a complete childhood vaccination history.
Multiple doses are typically reserved for individuals with incomplete primary series or specific high-risk conditions, not for this scenario. Option D (no additional vaccination is recommended) is incorrect because, even with a complete childhood series, a Tdap booster is advised for healthcare workers to maintain protection, especially given the nurse's occupational exposure risks (CDC Immunization Schedules, 2024).
After receiving the Tdap booster, a Td booster every 10 years is recommended to maintain tetanus and diphtheria immunity, but the initial Tdap dose is the priority for this nurse.
The recommendation for one Tdap dose aligns with CBIC's emphasis on evidence-based immunization policies to prevent transmission of vaccine-preventable diseases in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). This ensures the nurse is protected and contributes to herd immunity, reducing the risk of pertussis outbreaks in the healthcare environment.
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 Immunization Schedules, 2024. ACIP Recommendations for Tdap, 2011 (updated 2023).

NEW QUESTION # 135
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. Aerosolization of Legionella pneumophila
- B. Growth of Acinetobacter baumannii
- C. Cryptosporidium growth in the fountain
- D. Children getting Salmonella enteritidis

Answer: A

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.
References:
* 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 # 136
An adult with an incomplete vaccination history presents with an uncontrollable, rapid and violent cough, fever, and runny nose. Healthcare personnel should suspect

- A. Adenovirus.
- B. Bronchitis.
- C. Rhinovirus.
- D. Pertussis.

Answer: D

Explanation:
The correct answer is A, "Pertussis," as healthcare personnel should suspect this condition based on the presented symptoms and the patient's incomplete vaccination history. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, pertussis, caused by the bacterium Bordetella pertussis, is characterized by an initial phase of mild respiratory symptoms (e.g., runny nose, low-grade fever) followed by a distinctive uncontrollable, rapid, and violent cough, often described as a "whooping" cough.
This presentation is particularly concerning in adults with incomplete vaccination histories, as the pertussis vaccine's immunity (e.g., DTaP or Tdap) wanes over time, increasing susceptibility (CBIC Practice Analysis,
2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes). Pertussis is highly contagious and poses a significant risk in healthcare settings, necessitating prompt suspicion and isolation to prevent transmission.
Option B (rhinovirus) typically causes the common cold with symptoms like runny nose, sore throat, and mild cough, but it lacks the violent, paroxysmal cough characteristic of pertussis. Option C (bronchitis) may involve cough and fever, often due to viral or

bacterial infection, but it is not typically associated with the rapid and violent cough pattern or linked to vaccination status in the same way as pertussis. Option D (adenovirus) can cause respiratory symptoms, including cough and fever, but it is more commonly associated with conjunctivitis or pharyngitis and does not feature the hallmark violent cough of pertussis.
The suspicion of pertussis aligns with CBIC's emphasis on recognizing infectious disease patterns to initiate timely infection control measures, such as droplet precautions and prophylaxis for exposed individuals (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). Early identification is critical, especially in healthcare settings, to protect vulnerable patients and staff, and the incomplete vaccination history supports this differential diagnosis given pertussis's vaccine-preventable nature (CDC Pink Book: Pertussis, 2021).
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. CDC Pink Book:
Pertussis, 2021.

NEW QUESTION # 137
An infection preventionist is evaluating a new catheter that may decrease the rate of catheter-associated urinary tract infections. Which of the following provides the BEST information to support the selection of this catheter?

- A. Staff member preference and product availability
- B. Value analysis and information provided by the manufacturer
- C. Cost benefit analysis and safety considerations
- D. Product materials and vendor information

Answer: C

Explanation:
The correct answer is D, "Cost benefit analysis and safety considerations," as this provides the best information to support the selection of a new catheter aimed at decreasing the rate of catheter-associated urinary tract infections (CAUTIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, selecting medical devices like catheters for infection prevention involves a comprehensive evaluation that balances efficacy, safety, and economic impact. A cost-benefit analysis assesses the financial implications (e.g., reduced infection rates leading to lower treatment costs) against the cost of the new catheter, while safety considerations ensure the device minimizes patient risk, such as reducing biofilm formation or irritation that contributes to CAUTIs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This dual focus provides evidence-based data to justify the catheter's adoption, aligning with the goal of improving patient outcomes and reducing healthcare-associated infections (HAIs).
Option A (staff member preference and product availability) is subjective and logistical rather than evidence- based, making it insufficient for a decision that impacts infection rates. Option B (product materials and vendor information) offers technical details but lacks the broader context of efficacy and cost-effectiveness needed for a comprehensive evaluation. Option C (value analysis and information provided by the manufacturer) includes a structured assessment of value, but it may be biased toward the manufacturer's claims and lacks the independent safety and cost-benefit perspective critical for infection prevention decisions.
The emphasis on cost-benefit analysis and safety considerations reflects CBIC's priority on using data-driven and patient-centered approaches to select interventions that enhance infection control (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This approach ensures the catheter's selection is supported by robust evidence, optimizing both clinical and economic outcomes in the prevention of CAUTIs.
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies; Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment.

NEW QUESTION # 138
An outbreak of carbapenem-resistant Klebsiella pneumoniae is linked to duodenoscopes. What is the infection preventionist's PRIORITY intervention?

- A. Conduct whole-genome sequencing of outbreak isolates.
- B. Perform targeted patient screening for Klebsiella pneumoniae.
- C. Implement immediate enhanced reprocessing procedures and audit compliance.
- D. Discontinue the use of duodenoscopes until further notice.

Answer: C

Explanation:
* The CDC and FDA have identified duodenoscopes as high-risk devices due to inadequate reprocessing, leading to MDRO transmission.
* The first priority is enhancing reprocessing protocols and ensuring strict compliance with manufacturer instructions.
CBIC Infection Control References:
* APIC Text, "Endoscope Reprocessing and Infection Risk," Chapter 10.

NEW QUESTION # 139
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