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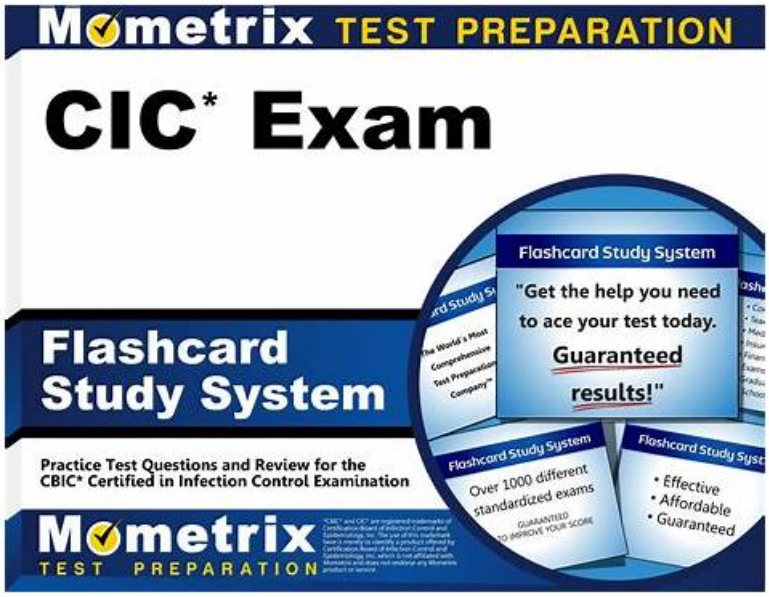

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CBIC Certified Infection Control Exam Sample Questions (Q159-Q164):

NEW QUESTION # 159
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. Joint aspirate
- B. Sinus tract tissue
- C. Wound drainage
- D. Blood

Answer: A

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 # 160
The infection preventionist understands that the heating, ventilation and air conditioning (HVAC) systems in the facility can be a risk factor for healthcare-acquired infections. What is the MOST likely risk from the HVAC system for patients in a Pediatric Oncology unit?

- A. Norovirus
- B. Methicillin-resistant Staphylococcus aureus (MRSA)
- C. Clostridioides difficile
- D. Aspergillus spp.

Answer: D

Explanation:
Patients in pediatric oncology units are highly immunocompromised, making them particularly susceptible to opportunistic fungal infections such asAspergillusspp. HVAC systems, especially if improperly maintained or contaminated, can disseminate fungal spores into patient care areas.
* According to theAPIC Text (Chapter 116 - HVAC Systems), fungal spores such asAspergilluscan be transmitted via HVAC systems. These infections have been linked to contaminated air ducts, faulty air filters, and construction-related air disturbances. Outbreaks of aspergillosis are frequently associated with construction near patient care areas and are particularly dangerous for immunocompromised patients, including pediatric oncology patients.
* Additional data fromAPIC Text (Chapter 45 - Infection Prevention in Oncology Patients)reinforces thatAspergillusspp. infections in oncology and immunocompromised patients are primarily airborne and are most often disseminated via HVAC systems.
* Incorrect answer rationale:
* A. MRSA- Typically spread via direct contact, not HVAC.
* B. Norovirus- Spread via fecal-oral route and contaminated surfaces, not airborne HVAC.
* D.Clostridioides difficile- Spread via contact with spores on surfaces, not through the air.
References:
APIC Text, 4th Edition, Chapter 116 - Heating, Ventilation, and Air Conditioning APIC Text, 4th Edition, Chapter 45 - Infection Prevention in Oncology and Immunocompromised Patients

NEW QUESTION # 161
When assessing a patient's infection prevention and control educational needs, it is necessary to FIRST determine the patient's

- A. baseline knowledge of the subject.
- B. duration of hospitalization.
- C. educational background.
- D. severity of illness.

Answer: A

Explanation:
The correct answer is D, "baseline knowledge of the subject," as this is the necessary first step when assessing a patient's infection prevention and control educational needs. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective patient education in infection prevention and control requires a tailored approach that begins with understanding the patient's existing knowledge and comprehension of the topic. Determining baseline knowledge allows the infection preventionist

(IP) to identify gaps, customize educational content to the patient's level of understanding, and ensure the information is relevant and actionable (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). This step ensures that education is neither too basic nor overly complex, maximizing its effectiveness in promoting behaviors such as hand hygiene, wound care, or adherence to isolation protocols.
Option A (severity of illness) is an important clinical consideration that may influence the timing or method of education delivery, but it is not the first step in assessing educational needs. The severity might affect the patient's ability to learn, but it does not directly inform the content or starting point of the education. Option B (educational background) provides context about the patient's general learning capacity (e.g., literacy level or language preference), but it is secondary to assessing specific knowledge about infection prevention, as background alone does not reveal current understanding. Option C (duration of hospitalization) may impact the opportunity for education but is not a primary factor in determining what the patient needs to learn; it is more relevant to scheduling or prioritizing educational interventions.
The focus on baseline knowledge aligns with adult learning principles endorsed by CBIC, which emphasize assessing learners' prior knowledge to build effective educational strategies (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs).
This approach ensures patient-centered care and supports infection control by empowering patients with the knowledge to participate in their own prevention efforts.
References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs.

NEW QUESTION # 162
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 vaccine alone
- B. Hepatitis B immune globulin (HBIG) alone
- C. Immune serum globulin and hepatitis B vaccine
- D. Hepatitis B immune globulin (HBIG) and hepatitis B vaccine

Answer: D

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 # 163
The BEST roommate selection for a patient with active shingles would be a patient who has had

- A. varicella zoster immunoglobulin
- B. varicella vaccine.
- C. a history of herpes simplex.
- D. treatment with acyclovir

Answer: B

Explanation:
A patient with active shingles (herpes zoster) is contagious to individuals who have never had varicella (chickenpox) or the varicella vaccine. The best roommate selection is someone who has received the varicella vaccine, as they are considered immune and not at risk for contracting the virus.
Why the Other Options Are Incorrect?
* B. Treatment with acyclovir - Acyclovir treats herpes zoster but does not prevent transmission to others.
* C. A history of herpes simplex - Prior herpes simplex virus (HSV) infection does not confer immunity to varicella-zoster virus (VZV).
* D. Varicella zoster immunoglobulin (VZIG) - VZIG provides temporary immunity but does not offer long-term protection like the vaccine.
CBIC Infection Control Reference
APIC guidelines recommend placing patients with active shingles in a room with individuals immune to varicella, such as those vaccinated.

NEW QUESTION # 164
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