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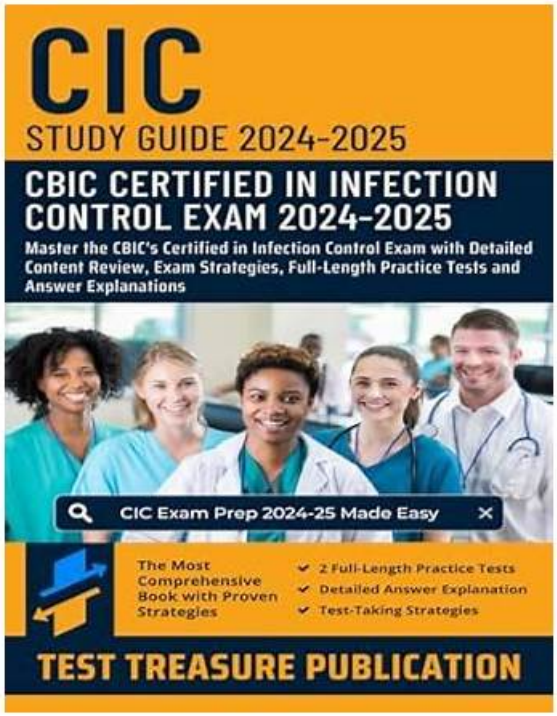

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CBIC Certified Infection Control Exam Sample Questions (Q12-Q17):

NEW QUESTION # 12
What is the most effective early detection strategy for emerging public health threats?

- A. Attend educational and professional webinars on global outbreaks.
- B. Rely on information provided by the facility laboratory.
- C. Visit local, state, and federal public health websites on a regular schedule.
- D. Subscribe to public health alerts at the local, state, and/or federal level.

Answer: D

Explanation:
Early detection of emerging public health threats depends on receiving timely, actionable information that can trigger rapid assessment and response within the facility. The Certification Study Guide emphasizes preparedness for biologic threats and emerging infectious diseases as part of core infection prevention practice (e.g., planning for an influx of patients with communicable diseases and responding to emerging infections).
Subscribing to public health alerts is the most effective option because alerts are designed to push critical updates (case definitions, exposure risks, recommended control measures, and reporting expectations) as soon as they are identified by public health authorities-minimizing delay compared with periodically checking websites.
Why the other options are incorrect:
* A is reactive and can miss urgent updates between scheduled checks.
* C supports ongoing education but is not a real-time early warning system.
* D is important for facility-level detection, but emerging threats are often identified first through public health surveillance and communications beyond a single facility's lab.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 5, p. 100.

NEW QUESTION # 13
The effectiveness of disinfection is NOT dependent upon the:

- A. Virulence of the organism
- B. Amount of organic material present
- C. Spore-forming ability of the organism
- D. Length of exposure to the chemical agent

Answer: A

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) explains that the effectiveness of disinfection depends on multiple physical, chemical, and biologic factors, but virulence of the organism is not one of them. Virulence refers to an organism's ability to cause disease in a host, which is a clinical characteristic, not a determinant of susceptibility to disinfectants.
Disinfection efficacy is influenced by factors such as the type and number of microorganisms, particularly their intrinsic resistance (for example, spores are more resistant than vegetative bacteria), making option C a true determinant. The amount of organic material present (option B) is also critical, as organic matter can inactivate disinfectants or shield microorganisms from exposure. Likewise, the length of exposure (contact time) to the chemical agent (option D) is essential to achieving the desired level of microbial kill and is specified in manufacturer instructions for use.
Virulence does not affect how easily an organism is destroyed by a disinfectant. For example, a highly virulent organism may be easily killed by a low-level disinfectant, while a less virulent organism such as a bacterial spore may be highly resistant. Therefore, virulence plays no role in determining disinfection effectiveness.
For CIC exam preparation, it is important to distinguish between clinical severity and microbial resistance.
Disinfection effectiveness is based on resistance characteristics and process variables-not on how dangerous the organism is to humans.

NEW QUESTION # 14
What is the MOST effective way an infection preventionist can assess readiness of emergency preparedness plans for an influx of patients with an emerging viral hemorrhagic fever?

- A. Conduct regular rounding in the Emergency Department providing education and reviewing policies and procedures with frontline staff
- B. Meet frequently with emergency management professionals in the hospital and local public health authority.
- C. Coordinate with hospital-based emergency management professionals and other incident command stakeholders to conduct a tabletop exercise or full-scale drill.
- D. Collaborate with hospital stakeholders to assess the current availability of backup supplies of both staff and personal protective equipment

Answer: C

Explanation:
The most effective way to assess emergency preparedness for an influx of patients with viral hemorrhagic fever (VHF) is through tabletop exercises or full-scale drills. These exercises simulate real-life scenarios, allowing hospitals to test protocols, identify weaknesses, and improve response efforts.
Why the Other Options Are Incorrect?
* A. Meet frequently with emergency management professionals - While important, meetings alone do not provide hands-on testing of preparedness.
* B. Conduct regular rounding in the Emergency Department - Rounding helps with policy compliance, but does not test the entire emergency response plan.
* D. Collaborate to assess the availability of supplies and PPE - This is one component of preparedness but does not evaluate the facility's response in real-time.
CBIC Infection Control Reference
APIC recommends full-scale emergency drills as the gold standard for assessing preparedness for emerging infectious diseases.

NEW QUESTION # 15
Working with public health agencies to collect and analyze indicators that might signal an increase in community illness is an example of which type of surveillance?

- A. Active
- B. Passive
- C. Syndromic
- D. Targeted

Answer: C

Explanation:
Surveillance is a critical tool in infection prevention and control, used to monitor disease trends and guide public health responses. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Surveillance and Epidemiologic Investigation" domain, which aligns withthe Centers for Disease Control and Prevention (CDC) "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012). The question describes a process of collecting and analyzing indicators to signal an increase in community illness, requiring identification of the appropriate surveillance type among the options provided.
Option C, "Syndromic," is the correct answer. Syndromic surveillance involves monitoring non-specific health indicators or symptoms (e.g., fever, respiratory complaints, or gastrointestinal issues) that may precede a formal diagnosis, aiming to detect potential outbreaks or increases in community illness early. The CDC defines syndromic surveillance as the real-time or near-real-time collection, analysis, and interpretation of health-related data to provide actionable information, often in collaboration with public health agencies. This approach uses data from sources like emergency department visits, over-the-counter medication sales, or absenteeism reports to identify trends before laboratory confirmation, making it well-suited to the described scenario of signaling community illness increases.
Option A, "Passive," involves healthcare providers or laboratories reporting cases to public health authorities on a voluntary or mandatory basis without active prompting (e.g., routine notifiable disease reporting). While passive surveillance contributes to baseline data, it is less proactive and not specifically designed to signal early increases in illness, making it less fitting. Option B, "Active," entails public health officials actively seeking data from healthcare facilities or providers (e.g., calling to confirm cases during an outbreak). This is more resource-intensive and typically used for specific investigations rather than ongoing community trend monitoring, which aligns better with syndromic methods. Option D, "Targeted," refers to surveillance focused on a specific population, disease, or event (e.g., monitoring TB in a high-risk group). The scenario's broad focus on community illness indicators does not suggest a targeted approach.
The CBIC Practice Analysis (2022) and CDC guidelines highlight syndromic surveillance as a key strategy for early detection of community-wide health threats, often involving collaboration with public health agencies. Option C best matches the described activity of analyzing indicators to signal illness increases, making it the correct choice.
References:

CBIC Practice Analysis, 2022.
CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.
CDC Syndromic Surveillance Systems, 2020.

NEW QUESTION # 16
An infection preventionist has decided to perform surveillance for central line-associated bloodstream infections (CLABSIs) in the facility's ICU. Which of the following is the MOST appropriate denominator to calculate risk-adjusted rates?

- A. Total number of patients with central lines
- B. Total number of ICU patients
- C. Number of days patients have central lines in place
- D. Number of patients with infections who have central lines

Answer: C

Explanation:
The Certification Study Guide (6th edition) emphasizes that device-associated infection rates must be calculated using time-at-risk denominators to accurately reflect patient exposure. For CLABSI surveillance, the most appropriate denominator is central line days, defined as the total number of days patients have one or more central lines in place during the surveillance period.
Using central line days accounts for both the presence and duration of exposure, which is critical for risk adjustment. The longer a central line remains in place, the greater the opportunity for microbial entry and bloodstream infection. This denominator allows for valid trend analysis over time and meaningful benchmarking with national surveillance systems that use standardized definitions and denominators.
The other options are incorrect because they fail to measure exposure accurately. Total ICU patients and total patients with central lines do not account for how long the device was present. Counting only patients who developed infections incorrectly places outcomes in the denominator, which invalidates rate calculations.
The study guide reinforces that numerators represent infection events, while denominators represent populations or time at risk. For CLABSI, the standard rate is expressed as infections per 1,000 central line days, a core concept frequently tested on the CIC exam.
Accurate denominator selection ensures valid surveillance, supports quality improvement efforts, and enables comparison with national benchmarks-making central line days the correct and most appropriate choice.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 4: Surveillance and Epidemiologic Investigation.

NEW QUESTION # 17
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