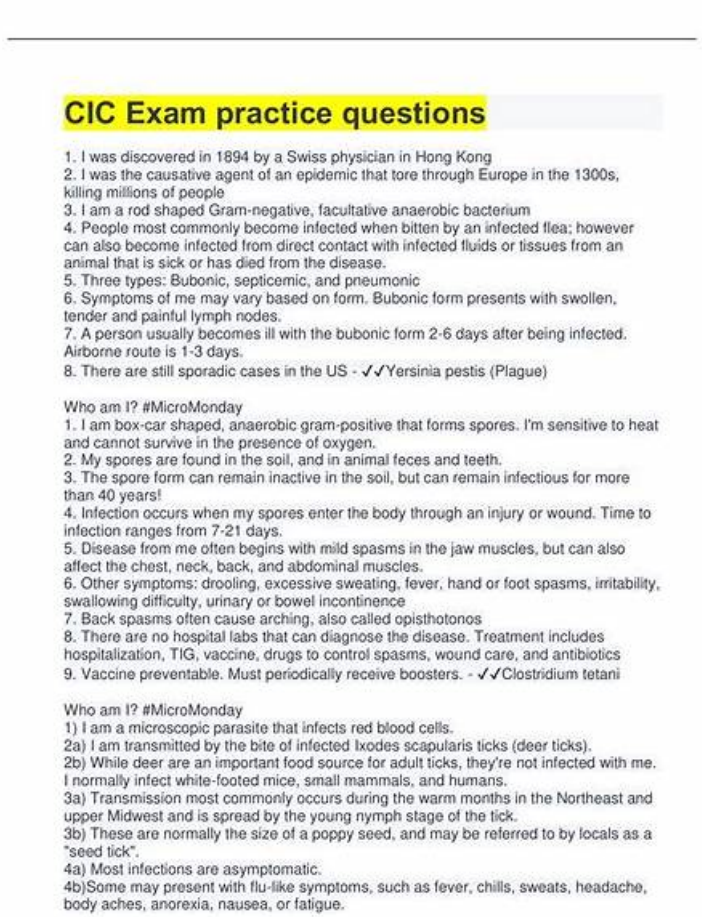
CIC過去問無料、CIC試験勉強書



CIC Exam practice questions

1. I was discovered in 1894 by a Swiss physician in Hong Kong
2. I was the causative agent of an epidemic that tore through Europe in the 1300s, killing millions of people
3. I am a rod shaped Gram-negative, facultative anaerobic bacterium
4. People most commonly become infected when bitten by an infected flea; however can also become infected from direct contact with infected fluids or tissues from an animal that is sick or has died from the disease.
5. Three types: Bubonic, septicemic, and pneumonic
6. Symptoms of me may vary based on form. Bubonic form presents with swollen, tender and painful lymph nodes.
7. A person usually becomes ill with the bubonic form 2-6 days after being infected. Airborne route is 1-3 days.
8. There are still sporadic cases in the US - ✓✓Yersinia pestis (Plague)

Who am I? #MicroMonday
1. I am box-car shaped, anaerobic gram-positive that forms spores. I'm sensitive to heat and cannot survive in the presence of oxygen.
2. My spores are found in the soil, and in animal feces and teeth.
3. The spore form can remain inactive in the soil, but can remain infectious for more than 40 years!
4. Infection occurs when my spores enter the body through an injury or wound. Time to infection ranges from 7-21 days.
5. Disease from me often begins with mild spasms in the jaw muscles, but can also affect the chest, neck, back, and abdominal muscles.
6. Other symptoms: drooling, excessive sweating, fever, hand or foot spasms, irritability, swallowing difficulty, urinary or bowel incontinence
7. Back spasms often cause arching, also called opisthotonos
8. There are no hospital labs that can diagnose the disease. Treatment includes hospitalization, TIG, vaccine, drugs to control spasms, wound care, and antibiotics
9. Vaccine preventable. Must periodically receive boosters. - ✓✓Clostridium tetani

Who am I? #MicroMonday
1) I am a microscopic parasite that infects red blood cells.
2a) I am transmitted by the bite of infected Ixodes scapularis ticks (deer ticks).
2b) While deer are an important food source for adult ticks, they're not infected with me. I normally infect white-footed mice, small mammals, and humans.
3a) Transmission most commonly occurs during the warm months in the Northeast and upper Midwest and is spread by the young nymph stage of the tick.
3b) These are normally the size of a poppy seed, and may be referred to by locals as a "seed tick".
4a) Most infections are asymptomatic.
4b)Some may present with flu-like symptoms, such as fever, chills, sweats, headache, body aches, anorexia, nausea, or fatigue.

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>> CIC過去問無料 <<

CIC試験勉強書 & CIC英語版

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CBIC Certified Infection Control Exam 認定 CIC 試験問題 (Q24-Q29):

質問 # 24
An immunocompetent patient is diagnosed with active tuberculosis (TB). Which of the following sites of the disease is MOST likely to result in transmission to healthcare personnel?

- A. Renal TB
- B. Miliary TB
- C. Laryngeal TB
- D. Tuberculous meningitis

正解：C

解説：
Laryngeal tuberculosis (TB) is highly contagious because it involves the upper respiratory tract, leading to direct aerosolized transmission of Mycobacterium tuberculosis through talking, coughing, or sneezing.
Why the Other Options Are Incorrect?
* A. Renal TB - Genitourinary TB is not typically transmissible via airborne droplets.
* B. Miliary TB - While systemic, it does not involve direct respiratory transmission.
* D. Tuberculous meningitis - TB in the central nervous system is not spread through respiratory secretions.
CBIC Infection Control Reference
APIC confirms that laryngeal TB is one of the most infectious forms and requires Airborne Precautions

質問 # 25
A patient with a non-crusted rash has boon diagnosed with Sarcoptes scabiei. The patient is treated with 5% permethrin and precautions are started. The precautions can be stopped

- A. 24 hours after effective treatment
- B. when the treatment cream is applied
- C. when the bed linen is changed
- D. 24 hours after the second treatment

正解：A

解説：
ForSarcoptes scabiei(scabies),Contact Precautionsshould remainin place until 24 hours after effective treatment has been completed. The first-line treatment is5% permethrin cream, which is applied to the entire body and left on for8-14 hoursbefore being washed off.
Why the Other Options Are Incorrect?
* A. When the treatment cream is applied- Themite is still presentand infectiousuntil treatment has fully taken effect.
* B. When the bed linen is changed-While changing linens is necessary, it doesnot indicate that the infestation has cleared.
* D. 24 hours after the second treatment- Mostcases require only one treatmentwith permethrin, though severe cases may need a second dose after a week.
CBIC Infection Control Reference
According toAPIC guidelines,Contact Precautions can be discontinued 24 hours after effective treatment has been administered.

質問 # 26
When evaluating environmental cleaning and disinfectant products as a part of the product evaluation committee, which of the following is responsible for providing information regarding clinical trials?

- A. Manufacturer representatives
- B. Clinical representatives
- C. Environmental Services
- D. Infection Preventionist

正解：A

解説：
The correct answer is D, "Manufacturer representatives," as they are responsible for providing information regarding clinical trials when evaluating environmental cleaning and disinfectant products as part of the product evaluation committee. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, manufacturers are the primary source of data on the efficacy, safety, and performance of their products, including clinical trial results that demonstrate the disinfectant's ability to reduce microbial load or prevent healthcare-associated infections (HAIs) (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
This information is critical for the committee to assess whether the product meets regulatory standards (e.g., EPA registration) and aligns with infection prevention goals, and it is typically supported by documentation such as peer-reviewed studies or trial data provided by the manufacturer.
Option A (Infection Preventionist) plays a key role in evaluating the product's fit within infection control practices and may contribute expertise or conduct internal assessments, but they are not responsible for providing clinical trial data, which originates from the manufacturer. Option B (Clinical representatives) can offer insights into clinical usage and outcomes but rely on manufacturer data for trial evidence rather than generating it. Option C (Environmental Services) focuses on the practical application and cleaning processes but lacks the authority or resources to conduct or provide clinical trial information.
The reliance on manufacturer representatives aligns with CBIC's emphasis on evidence-based decision- making in product selection, ensuring that the product evaluation committee bases its choices on robust, manufacturer-supplied clinical data (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies).
This approach supports the safe and effective implementation of environmental cleaning products in healthcare settings.
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 3.4 - Implement environmental cleaning and disinfection protocols.

質問 # 27
Which of the following stains is used to identify mycobacteria?

- A. Gram
- B. Methylene blue
- C. India ink
- D. Acid-fast

正解：D

解説：
Mycobacteria, including species such as Mycobacterium tuberculosis and Mycobacterium leprae, are a group of bacteria known for their unique cell wall composition, which contains a high amount of lipid-rich mycolic acids. This characteristic makes them resistant to conventional staining methods and necessitates the use of specialized techniques for identification. The acid-fast stain is the standard method for identifying mycobacteria in clinical and laboratory settings. This staining technique, developed by Ziehl-Neelsen, involves the use of carbol fuchsin, which penetrates the lipid-rich cell wall of mycobacteria. After staining, the sample is treated with acid-alcohol, which decolorizes non-acid-fast organisms, while mycobacteria retain the red color due to their resistance to decolorization-hence the term "acid-fast." This property allows infection preventionists and microbiologists to distinguish mycobacteria from other bacteria under a microscope.
Option B, the Gram stain, is a common differential staining technique used to classify most bacteria into Gram-positive or Gram-negative based on the structure of their cell walls. However, mycobacteria do not stain reliably with the Gram method due to their thick, waxy cell walls, rendering it ineffective for their identification. Option C, methylene blue, is a simple stain used to observe bacterial morphology or as a counterstain in other techniques (e.g., Gram staining), but it lacks the specificity to identify mycobacteria.
Option D, India ink, is used primarily to detect encapsulated organisms such as Cryptococcus neoformans by creating a negative staining effect around the capsule, and it is not suitable for mycobacteria.
The CBIC's "Identification of Infectious Disease Processes" domain underscores the importance of accurate diagnostic methods in infection control, including the use of appropriate staining techniques to identify pathogens like mycobacteria. The acid-fast stain is specifically recommended by the CDC and WHO for the initial detection of mycobacterial infections, such as tuberculosis, in clinical specimens (CDC, Laboratory Identification of Mycobacteria, 2008). This aligns with the CBIC Practice Analysis (2022), which emphasizes the role of laboratory diagnostics in supporting infection prevention strategies.
References:
* CBIC Practice Analysis, 2022.
* CDC Laboratory Identification of Mycobacteria, 2008.

* WHO Guidelines for the Laboratory Diagnosis of Tuberculosis, 2014.

質問 # 28
Following an outbreak of Hepatitis A, the water supply is sampled. A high count of which of the following isolates would indicate that the water was a potential source?

- A. Pseudomonads
- B. Coliforms
- C. Acinetobacter
- D. Legionella

正解：B

解説：
Coliform bacteria are indicators of fecal contamination in water, making them a critical measure of water safety. Hepatitis A is a virus primarily transmitted via the fecal-oral route, often through contaminated food or water.
Step-by-Step Justification:
* Fecal Contamination and Hepatitis A:
* Hepatitis A virus (HAV) spreads through ingestion of water contaminated with fecal matter. High coliform counts indicate fecal contamination and increase the risk of HAV outbreaks.
* Use of Coliforms as Indicators:
* Public health agencies use total coliforms and Escherichia coli (E. coli) as primary indicators of water safety because they signal fecal pollution.
* Waterborne Transmission of Hepatitis A:
* Hepatitis A outbreaks have been traced to contaminated drinking water, ice, and improperly treated wastewater. Coliform detection signals a need for immediate action.
Why Other Options Are Incorrect:
* B. Pseudomonads:
* Pseudomonads (e.g., Pseudomonas aeruginosa) are environmental bacteria but are not indicators of fecal contamination.
* C. Legionella:
* Legionella species cause Legionnaires' disease through inhalation of contaminated aerosols, not through fecal-oral transmission.
* D. Acinetobacter:
* Acinetobacter species are opportunistic pathogens in healthcare settings but are not indicators of waterborne fecal contamination.
CBIC Infection Control References:
* APIC Text, "Water Systems and Infection Control Measures".
* APIC Text, "Hepatitis A Transmission and Waterborne Outbreaks".

質問 # 29
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CBIC Certified Infection Control Exam試験勉強書

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