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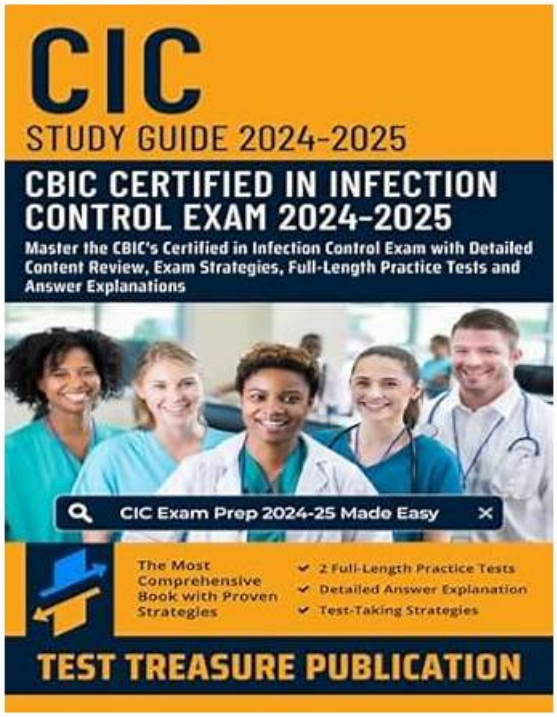

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最新的 Infection Control CIC 免費考試真題 (Q68-Q73):

問題 #68
The infection preventionist and Occupational Health discuss the 65% influenza vaccination rate for healthcare personnel. Which is MOST effective method to increase compliance?

- A. Offer the vaccine year round to increase compliance
- B. Educate staff about risks of not receiving vaccine
- C. Pre-schedule healthcare personnel for vaccine administration
- D. Require annual vaccine as a condition of employment

答案：D

解題說明：
Requiring influenza vaccination as acondition of employmenthas consistently been shown to be the most effective method to increase compliance among healthcare personnel.
* TheAPIC/JCR Workbookrecommends this as a gold standard:
"Some organizations have adopted policies requiring annual vaccination as a condition of employment unless medically contraindicated".
* CDC and APIC also support this method for maximizing coverage and protecting vulnerable populations.
References:
APIC/JCR Workbook, 4th Edition, Chapter 10 - Occupational Health Issues APIC Position Paper: Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel

問題 #69
Which of the following is the BEST strategy for reducing bloodstream infections associated with central venous catheters?

- A. Routine replacement of central lines every 7 days.
- B. Use of povidone-iodine instead of chlorhexidine for skin antisepsis.
- C. Daily blood cultures for patients with central lines.
- D. Use of chlorhexidine-impregnated dressings.

答案：D

解題說明：
* Chlorhexidine-impregnated dressings reduce central line-associated bloodstream infections (CLABSI) by preventing bacterial colonization.
* Routine catheter replacement (A) increases insertion risks without reducing infections.
* Daily blood cultures (C) are unnecessary and lead to false positives.
* Povidone-iodine (D) is less effective than chlorhexidine for skin antisepsis.
CBIC Infection Control References:
* APIC Text, "CLABSI Prevention Measures," Chapter 10.

問題 #70
A family, including an infant of 8 months, is going on a vacation to Europe. An infection preventionist would recommend:

- A. Exposure to rabies should be avoided.
- B. Family immunization records should be reviewed by their provider.
- C. Family members should be vaccinated for yellow fever.
- D. The infant should not travel until at least 12 months of age.

答案：B

解題說明：
When advising a family, including an 8-month-old infant, planning a vacation to Europe, an infection preventionist (IP) must consider travel-related health risks and vaccination recommendations tailored to the destination and age-specific guidelines. The Certification

Board of Infection Control and Epidemiology (CBIC) emphasizes the "Education and Training" domain, which includes providing evidence-based advice to prevent infections, aligning with the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) travel health recommendations.
Option D, "Family immunization records should be reviewed by their provider," is the most appropriate recommendation. Europe, as a region, includes countries with varying health risks, but it is generally considered a low-risk area for many vaccine-preventable diseases compared to tropical regions. The CDC's
"Travelers' Health" guidelines (2023) recommend that all travelers, including infants, have their immunization status reviewed by a healthcare provider prior to travel to ensure compliance with routine vaccinations (e.g., measles, mumps, rubella [MMR], diphtheria, tetanus, pertussis [DTaP], and polio) and to assess any destination-specific needs. For an 8-month-old, the review would confirm that the infant has received age-appropriate vaccines (e.g., the first doses of DTaP, Hib, PCV, and IPV, typically starting at 2 months) and is on schedule for the 6- and 12-month doses. This step ensures the family's overall protection and identifies any gaps, making it a proactive and universally applicable recommendation.
Option A, "Exposure to rabies should be avoided," is a general travel safety tip applicable to any destination where rabies is endemic (e.g., parts of Eastern Europe or rural areas with wildlife). However, rabies risk in most European countries is low, and pre-exposure vaccination is not routinely recommended for travelers unless specific high-risk activities (e.g., handling bats) are planned. The CDC advises avoiding animal bites rather than vaccinating unless indicated, making this less specific and urgent than a records review. Option B,
"Family members should be vaccinated for yellow fever," is incorrect. Yellow fever is not endemic in Europe, and vaccination is not required or recommended for travel to any European country. The WHO International Health Regulations (2005) and CDC list yellow fever vaccination as mandatory only for travelers from or to certain African and South American regions, rendering this irrelevant. Option C, "The infant should not travel until at least 12 months of age," lacks a clear evidence base. While some vaccines (e.g., MMR) are typically given at 12 months, the 8-month-old can travel safely if up-to-date on age-appropriate immunizations. The CDC allows travel for infants as young as 6 weeks with medical clearance, and delaying travel to 12 months is not a standard recommendation unless specific risks (e.g., disease outbreaks) are present, which are not indicated here.
The CBIC Practice Analysis (2022) and CDC Travelers' Health resources prioritize pre-travel health assessments, including immunization reviews, as the foundation for safe travel. Option D ensures a comprehensive approach tailored to the family's needs, making it the best recommendation for a trip to Europe.
References:
* CBIC Practice Analysis, 2022.
* CDC Travelers' Health, 2023.
* WHO International Health Regulations, 2005.
The correct answer is B, "Blood pressure cuff," as this item is appropriately cleaned with a disinfectant that is an approved hospital disinfectant with no tuberculocidal claim. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the selection of disinfectants for medical equipment depends on the item's classification and intended use. The Environmental Protection Agency (EPA) categorizes hospital disinfectants based on their efficacy against specific pathogens, with tuberculocidal claims indicating effectiveness against Mycobacterium tuberculosis, a highly resistant organism. A disinfectant without a tuberculocidal claim is suitable for non-critical items-those that contact intact skin but not mucous membranes or sterile tissues-such as blood pressure cuffs, which require only low-level disinfection to reduce bacterial and viral loads (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
This aligns with CDC guidelines, which designate low-level disinfectants as adequate for non-critical surfaces.
Option A (laryngoscope blades) is incorrect because laryngoscope blades are semi-critical items that contact mucous membranes (e.g., the oropharynx) and require high-level disinfection or sterilization, which necessitates a disinfectant with tuberculocidal activity to ensure efficacy against a broader spectrum of pathogens, including mycobacteria. Option C (respiratory therapy equipment) is also incorrect, as this equipment (e.g., ventilators or nebulizers) is semi-critical or critical depending on its use, requiring at least intermediate- to high-level disinfection, which exceeds the capability of a non-tuberculocidal disinfectant.
Option D (ultrasound probe) is inappropriate if used on intact skin (non-critical, allowing low-level disinfection), but many ultrasound probes contact mucous membranes or sterile sites, necessitating high-level disinfection with a tuberculocidal agent, making this option unreliable without context.
The selection of a blood pressure cuff aligns with CBIC's emphasis on using appropriate disinfectants based on the Spaulding classification to prevent healthcare-associated infections (HAIs) (CBIC Practice Analysis,
2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This is supported by EPA and CDC guidelines, which guide disinfectant use based on item risk levels (EPA Disinfectant Product List, 2023; CDC Disinfection Guidelines, 2019).
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.4 - Implement environmental cleaning and disinfection protocols, 3.5 - Evaluate the environment for infection risks. EPA Disinfectant Product List, 2023. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

問題 #71

An infection preventionist is preparing a report about an outbreak of scabies in a long-term care facility. How would this information be displayed in an epidemic curve?

- A. List case medical record numbers and the number of days in the facility to date of onset, showing data in a scatter plot.
- B. Prepare a bar graph with no patient identifiers showing the number of cases over a specific period of time.
- C. Prepare a scatter plot by patient location showing case prevalence over a specific period of time.
- D. List case names, room numbers, and date the infestation was identified using a logarithmic scale.

答案：B

解題說明：
An epidemic curve, commonly used in infection prevention and control to visualize the progression of an outbreak, is a graphical representation of the number of cases over time. According to the principles outlined by the Certification Board of Infection Control and Epidemiology (CBIC), an epidemic curve is most effectively displayed using a bar graph or histogram that tracks the number of new cases by date or time interval (e.g., daily, weekly) without revealing patient identifiers, ensuring compliance with privacy regulations such as HIPAA. Option C aligns with this standard practice, as it specifies preparing a bar graph with no patient identifiers, focusing solely on the number of cases over a specific period. This allows infection preventionists to identify patterns, such as the peak of the outbreak or potential sources of transmission, while maintaining confidentiality.
Option A is incorrect because listing case names and room numbers with a logarithmic scale violates patient privacy and is not a standard method for constructing an epidemic curve. Logarithmic scales are typically used for data with a wide range of values, but they are not the preferred format for epidemic curves, which prioritize clarity over time. Option B is also incorrect, as using medical record numbers and scatter plots to show days in the facility to onset does not align with the definition of an epidemic curve, which focuses on case counts over time rather than individual patient timelines or scatter plot formats. Option D is inappropriate because a scatter plot by patient location emphasizes spatial distribution rather than the temporal progression central to an epidemic curve. While location data can be useful in outbreak investigations, it is typically analyzed separately from the epidemic curve.
The CBIC emphasizes the importance of epidemic curves in the "Identification of Infectious Disease Processes" domain, where infection preventionists use such tools to monitor and control outbreaks (CBIC Practice Analysis, 2022). Specifically, the use of anonymized data in graphical formats is a best practice to protect patient information while providing actionable insights, as detailed in the CBIC Infection Prevention and Control (IPC) guidelines.
References:
* CBIC Practice Analysis, 2022.
* CBIC Infection Prevention and Control Guidelines (IPC), Section on Outbreak Investigation and Epidemic Curve Construction.

問題 #72
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. Laryngeal TB
- B. Renal TB
- C. Tuberculous meningitis
- D. Miliary TB

答案：A

解題說明：
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

問題 #73
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