Health Watch USA℠

Member of the National Quality Forum and a designated "Community Leader" for Value-Driven Healthcare by the U.S. Dept. of Health and Human Services

www.healthwatchusa.org, www.healthconference.org

RE: CDC: Healthcare Infection Control Practices Advisory Committee (HICPAC), June 8-9, 2023

We would like to compliment the CDC on addressing aerosol spread of respiratory pathogens. However, we have some concerns regarding the proposed recommendations.

Aerosolized particles have a continuum of sizes and can be both solids and liquids. Smaller particles arise deeper in the respiratory tract and are more likely to contain culturable viral particles.(1) The National Academies of Sciences have found that aerosolization can occur with particle sizes up to 100 microns.(2)

The recent Cochrane Review(3) on masking focused attention on the quality of the randomized controlled trials regarding mask effectiveness. Trials comparing the effectiveness of masks were plagued with poor compliance and intermittent usage. Masking trials cannot ethically be optimally designed and should not be used to undermine decades of occupational research.

We have a number of concerns with the interim guidance for healthcare personnel safety during the COVID-19 pandemic.(4)

1. “Cloth masks” and “surgical masks” should not be advocated for the prevention of spread of respiratory pathogens. These are suboptimal for healthcare personnel and for use in the community.

2. Current recommendations regarding limiting the number of persons in waiting rooms are vague and not specific.

3. Visitors of patients with COVID-19 should not be allowed into other areas of the facility and need to wear full PPE plus N95 masks.

4. COVID-19 patients MUST have, NOT “Ideally” have a dedicated bathroom. They should also have a separately ventilated room which utilizes portable HEPA filters plus upper room UV-C lighting.

5. COVID-19 Nursing Home patients must be placed in single rooms or cohorted. They should not remain in “current location” if this exposes other residents.

6. Healthcare-associated SARS-CoV-2 is an unreliable metric to determine when to use respirators, since the definition of hospital onset is flawed and will rarely be met.

7. Facilities cannot use the levels of community transmission for guidance, since the data is no longer collected. We recommend expanding surveillance and leveraging EMR to identify cases.

Facility wide masking should be universally used in all hospitals and healthcare settings at all times. COVID-19 is endemic at an unacceptable level plus immunocompromised individuals frequent these settings. Even exposure of one susceptible individual is unacceptable.

N95 masks or comparable masks must be used by all. ASHRAE is proposing equivalent air exchanges of 60 liters per second per person in healthcare waiting areas and 90 in healthcare patient rooms.(5) The CDC needs to provide clear and specific recommendations for indoor ventilation, filtration and UV-C utilization.

Thank you for this consideration,

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