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Public Comment: CDC HICPAC Meeting June 9, 2023 – Enhanced Barrier Precautions

I would like to echo the concern of the Panel regarding enhanced barrier precautions (EBP). These precautions are NOT taken for what is called "low risk activities" and residents are allowed to roam around the facility. Back on Nov. 13, 2019, I voiced concern in a CDC public comment regarding their effectiveness. The predicate data which EBP is based on does not fully support their safety. For example, a low-risk activity of passing meds had an 8% chance of contaminating gowns with MRSA with each activity. However, this activity is so commonly performed that transmission will commonly occur.

Reference: Article by Mary-Claire Roghmann et.al., In Transmission of MRSA to Healthcare Personnel Gowns and Gloves during care in Nursing Homes. May 26, 2015, Infection Control and Hospital Epidemiology

EBP is advocated for use to mitigate the spread of CRE and C. Auris. These are highly dangerous organisms. A clinical trial is certainly indicated before planning for adoption in non-research settings. And I would be doing online training with extreme caution.

A better approach is screening to identify the microbiome of residents, decolonization and cohorting if decolonization is not successful. Admission and periodic surveillance is key to stopping MRSA in hospitals, in mitigating spread of SARS-CoV-2 and in keeping nursing home residents and working staff safe.

It is concerning that the CDC appears to be moving forward with EBP where there is little evidence supporting their effectiveness with dangerous pathogens and also appears to be considering abandoning N95 masking where there is decades of occupational research supporting their use.

Kevin Kavanagh, MD, MS

A handwritten signature in black ink, appearing to read 'Kevin Kavanagh', written in a cursive style.

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