



Health Watch USAsm

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www.healthwatchusa.org, www.healthconference.org

Nov. 30, 2023

Public Meeting: National Defense Science Board

To Whom It May Concern:

I am writing this comment to request that the Board also prioritize the availability of non-pharmaceutical strategies to serve as a bridge until highly effective pharmaceuticals and vaccines can be developed and deployed. To this end we would like to make the Board aware of several proposed CDC updates to the 2007 Guidelines for Isolation Precautions (Preventing Transmission of Infectious Agents in Healthcare Settings) which we feel will have an adverse impact on the availability of N95 masks and negative pressure rooms.

DRAFT: Transmission-Based Precautions to Prevent Transmission by Air

Category	Facemask or Respiratory Protection	Eye Protection	Airborne Infection Isolation Room (AIIR)	Example Pathogens
Routine Air Precautions	Medical/Surgical Facemask	Per Standard Precautions	Not routinely recommended	Seasonal coronavirus, Seasonal influenza
Novel Air Precautions	N95 respirator	Yes	Not routinely recommended	MERS, SARS-CoV-1, Pandemic-phase respiratory viruses (e.g., influenza, SARS-CoV-2)
Extended Air Precautions	N95 respirator	Per Standard Precautions	Yes	Tuberculosis, measles, varicella

Standard Precautions applies to all situations regardless of Transmission-Based Precautions used

Disclaimer: The findings and conclusions herein are draft and have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.

https://www.healthwatchusa.org/HWUSA-Presentations-Community/PDF-Downloads/20230608-CDC-IP_Workgroup_HICPAC-FINAL.pdf

The proposals include not making required usage of N-95 masks when taking care of all transmittable airborne illnesses. Examples of pathogens include seasonal coronavirus and influenza. N95 masks are only recommended for “pandemic phase of influenza and SARS-CoV-2”. In addition,

negative pressure rooms are not being routinely recommended for MERS, SARS-CoV-1, Influenza and SARS-CoV-2.

We feel this is a major step backwards in preparedness. We should be building negative pressure rooms and building our N95 supply chain and not discouraging their usage. Not using N95 masks for all airborne pathogens not only places workers and patients at risk but also decreases supply chain demand which will inhibit and shrink our manufacturing capability. If this route is going to be taken by facilities, then having a 6-month supply of PPE equivalent to 6 months of pandemic usage should be required, in order to allow time for private sector manufacturing to gear up production.

It makes little sense to stockpile N95 masks and to discard those which are out of date and at the same time unnecessarily expose healthcare workers and patients to airborne pathogens with inadequate masking requirements.

Thank you for this consideration,

A handwritten signature in black ink, appearing to read "Kevin T. Kavanagh". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Kevin Kavanagh, MD, MS

Health Watch USA