

Written Public Comment: Healthcare Infection Control Practices Advisory Committee (HICPAC). Nov. 14, 2024.

I would like to encourage the CDC to clearly state strategies which need to be implemented to confront airborne pathogens. This includes having specific recommendations for ventilation, use of N95 masks and source control. The compilation of evidence for these strategies needs to come from a variety of resources and types of research methodologies. Unless a study is double blinded it should not be considered a gold standard but instead supporting evidence. Randomized controlled trials which are not double blinded can contain a number of biases which can significantly degrade the reliability of the findings.

Currently, the EPA has outlined guidance for ventilation in schools and indoor settings. The guidance references ASHRAE Standard 241.¹ I would recommend the CDC recommend the ASHRAE Standard 241 or a similar standard which would afford even greater protection.

The CDC's statement regarding healthcare setting guidance and compliance with the Americans with Disability Act, is a good first step but this consideration needs to be clearly articulated in the agency's infectious disease recommendations.²

Notice

CDC offers separate, specific guidance for healthcare settings ([COVID-19](#), [flu](#), and [general infection prevention and control](#)). [Federal civil rights laws](#)  may require reasonable modifications or reasonable accommodations in various circumstances. Nothing in this guidance is intended to detract from or supersede those laws.

CDC Webpage Notice: <https://www.cdc.gov/respiratory-viruses/prevention/air-quality.html>

Answers to the four Generated Questions Regarding Preventing Transmission of Infectious Agents in Health Care Settings on the CDC's Safe Healthcare Blog³ are as follows:

1. Only masks which are designed and tested for the blockage of airborne pathogens should be used by the patients and healthcare staff. Specifically, NIOSH approved respirators, such as N95 masks, should be recommended for use.
2. All airborne pathogens, even a common cold, should fall under the criterion for use of airborne mitigation strategies. Those include the use of N95 masks and negative pressure rooms.
3. The current guideline language needs to specifically state that N95s can be voluntarily used by healthcare staff.
4. Source control is key in stopping infectious diseases and should become the primary strategy which is recommended. Horizontal approaches have not by themselves been able to stop the rising rates of MDROs and other organisms. And there are research integrity concerns regarding

chlorhexidine strategies⁴ along with mounting evidence for the use of source control regarding MRSA⁵ and even *Candida Auris*.⁶

Finally, recommendations for the use of source control based upon the rates of facility infections do not adequately protect patients or healthcare staff. For example, when a healthcare worker takes care of a patient with MRSA, the use of contact precautions and PPE to protect the worker should not be dependent upon how many individuals in the facility are infected with MRSA. But this is what a recent statement from SHEA/IDSA and APIC appears to recommend (see below for statement).⁷

I hope the CDC will consider the above points when formulating their recommendations for the prevention of pathogens in healthcare settings.



Kevin T. Kavanagh, MD, MS
Health Watch USAsm
Lexington, Kentucky

SHEA/IDSA and APIC Statement:

“Although contact precautions remain an essential practice, considerations have been provided for hospitals that have strong horizontal prevention measures and neither ongoing MRSA outbreaks nor high or increasing rates of MRSA infection or hospital-onset MRSA-positive cultures and that choose to modify the use of contact precautions for some or all MRSA colonized or MRSA-infected patients.”

References:

¹ Ventilation and Respiratory Viruses. EPA. Accessed on Nov. 10, 2024 from <https://www.epa.gov/indoor-air-quality-iaq/ventilation-and-respiratory-viruses#buildings>

² Taking Steps for Cleaner Air for Respiratory Virus Prevention. CDC. Accessed on Nov. 10, 20124 from <https://www.cdc.gov/respiratory-viruses/prevention/air-quality.html>

³ Daniel Jernigan, MD, MPH and John Howard, MD, MPH, CDC Update on the Part One Draft update to the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. January 23, 2024 <https://blogs.cdc.gov/safehealthcare/draft-2024-guideline-to-prevent-transmission-of-pathogens-in-healthcare-settings/>

⁴ Kavanagh KT, M Maiwald, LE Cormier. Viewpoint: The Impending Pandemic of Resistant Organisms – A Paradigm Shift Towards Source Control is Needed. Medicine. Aug. 2, 2024. https://journals.lww.com/md-journal/fulltext/2024/08020/viewpoint_the_impending_pandemic_of_resistant.46.aspx

⁵ Kavanagh KT, Cormier LE. Success and Failures in MRSA infection Control During the COVID-19 Pandemic. Antimicrobial Resistance and Infection Control. Sept. 24, 2022. <https://aricjournal.biomedcentral.com/articles/10.1186/s13756-022-01158-z>

⁶ Rowlands J, Dufort E, Chaturvedi S, et al. Candida auris admission screening pilot in select units of New York City health care facilities, 2017-2019. Am J Infect Control. 2023 Aug;51(8):866-870. doi: 10.1016/j.ajic.2023.01.012. Epub 2023 Feb 1. PMID: 36736380; PMCID: PMC10902794. <https://blogs.cdc.gov/safehealthcare/draft-2024-guideline-to-prevent-transmission-of-pathogens-in-healthcare-settings/>

⁷ Popovich KJ, Aureden K, Ham DC, et al. SHEA/IDSA/APIC practice recommendation: strategies to prevent methicillin-resistant staphylococcus aureus transmission and infection in acute-care hospitals: 2022 update. Infect Control Hosp Epidemiol. 2023;44:1039–67. <https://pubmed.ncbi.nlm.nih.gov/37381690/>