



# Health Watch USA<sup>sm</sup>

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[www.healthwatchusa.org](http://www.healthwatchusa.org), [www.healthconference.org](http://www.healthconference.org)

Public Comment: Centers for Disease Control and Prevention, Healthcare Infection Control Practice Advisory Committee. March 4, 2021.

Health Watch USA has been active in Infectious Disease Policy for over a decade. In 2017, we warned that MRSA rates were not falling and more needed to be done, such as surveillance for carriers and isolation. In 2019, we warned that Nursing Home Infection Prevention standards were almost non-existent and CDC's new guidance did not provide adequate resident protections.

During the last year we encouraged policymakers to focus on what it takes to prevent disease spread and not the politics of what resources facilities and business owners have or are willing to provide. For example: If Enhanced Barrier Precautions stops the spread of dangerous pathogens, they should be used in all types of facilities, if they do not, they should be used in none including nursing homes. A different approach would be to determine a resident's microbiome and either modify their microbiome or reside the resident with others having microbiome compatibility.

Political pressure and the demand for absolute certainty has led to inaction, and distorted science. We have not adopted universal reporting and surveillance of carriers as a strategy to stop all endemic dangerous pathogens. And this culture set the stage for the United States' COVID-19 disaster. In Oct. of 2020, the same distorted decision-making processes appeared to have inhibited AHRQ from advocating for mask usage in COVID-19, concluding in a report that: "Given these limitations, the strength of evidence on mask use versus no use in healthcare settings for prevention of SARS-CoV-2 infection was assessed as insufficient."

There is no question that surveillance for MRSA should be performed in the NICU, research has demonstrated that maternal carriers can pass this dangerous pathogen to their neonate child. The same attention needs to be placed on visitors and healthcare workers who also can be carriers of this pathogen.

Healthcare worker acquisitions of other dangerous pathogens has gone largely unreported and unnoticed. Even for COVID-19 there is not mandatory reporting of worker acquisitions. Nor are their adequate frontline worker safeguards in place such as requiring N95 masks for all patient and patron contacts, regardless of COVID-19 status. The same standard should be true for bus drivers, grocery workers and other frontline personnel.

Protection from aerosols needs to be better incorporated into CDC advisements for the prevention of SARS-CoV-2 spread. There appears to be conflicting guidance on this topic and there is a lack of attention to complete air exchanges, air sanitization and use of N95 masks in retail establishments and schools. There is also an unacceptable continuation of emergency stop-gap guidance such as reesterilization of disposable masks.

We must protect patients, nursing home residents and all frontline workers with harmonized standards based on what is needed to stop spread, rather than what we have at hand or are willing to provide.

A handwritten signature in black ink, appearing to read 'Kevin T. Kavanagh'.

Kevin T. Kavanagh, MD, MS  
Health Watch USA