



Health Watch USAsm

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: Public Comment, CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) -- Aug. 22, 2023.

I would like to summarize some of the concerns we have regarding the proposed CDC recommendations for infection control.

I feel there is a lack of will to implement needed strategies. This must stop or countless American lives will be lost. The CDC should not muster its scientific and political might to discredit aerosol science and thereby give facilities a pass to justify their lack of implementation of needed protections.

The sole reliance on randomized controlled trials is ill-advised since their primary utility is in drug and therapeutic research. When this methodology is applied to public health, there are too many ethical concerns and biases created to rely on randomized control trials as the primary tool for guidance. This is the same tactic that science deniers and extremists have used to discredit masking.

The path forward is clear. The prevention of spread for all respiratory pathogens should require N95 masks or PAPRs. Surgical masks do not prevent the spread of aerosolized pathogens. Aerosolizing procedures aerosolize all pathogens and are not required to spread airborne diseases. An airborne pathogen can be spread by talking and breathing.

We must formulate healthcare strategies to protect the most vulnerable who seek care. This includes those who are immunosuppressed, have an autoimmune disease and those who have received transplants and seek care for unrelated illnesses. The CDC should make sure their recommendations protect these individuals and are in compliance with the ADA.

The CDC should require reporting of healthcare acquisitions of all major pathogens and should estimate hospital acquisitions of SARS-CoV-2 by determining all hospital presentations which occurred after admission and then adjusting this data with community rates of asymptomatic infections.

Finally, the CDC needs to focus on screening, decolonization, and knowing a patient's microbiome. In nursing home settings, Enhanced Barrier Precautions will not stop the spread of dangerous pathogens such as MRSA, CRE and *Candida auris*. EBP may even promote spread, by providing a false sense of security. A better strategy is screening and decolonization and if this fails, cohorting patients with compatible microbiomes.

According to the United States Department of Human Services, the cost of infectious disease is 10 million dollars per life lost. Too many are sacrificed to save facilities the cost and burden of purchasing a 1-dollar N95 mask.

Currently, many workers are safer and have better gear in an Appalachian welding shop than working in a local hospital. No one should have to take care of a patient with a respiratory pathogen without a well-fitted respirator or work in a poorly-ventilated building.

Thank you for this consideration,

A handwritten signature in black ink, appearing to read "Kevin Kavanagh". The signature is fluid and cursive, with a long, sweeping tail that extends to the right.

Kevin Kavanagh, MD, MS
Health Watch USA