



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

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"Community Leader" for Value-Driven Healthcare  
by the U.S. Dept. of Health and Human Services

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

Nov. 4, 2023

RE: Written Comment for the Healthcare Infection Control Practices Advisory Committee (HICPAC)

To whom it may concern,

This week's CDC decision regarding new infection control guidelines will be nothing short of life changing for those who work in or frequent a healthcare facility. Granted the guideline needs to be published in the Federal Register, but if the CDC does not change course after the deluge of common-sense criticisms, it is doubtful the CDC will after publication.

The current CDC draft guidance appears to be conflicting and in some places in error:

- The CDC is giving approval for the use of Surgical Masks to prevent the spread of Airborne Pathogens such as seasonal influenza and coronaviruses. Surgical masks are not designed to stop airborne infections.
- The CDC is not routinely recommending the use of negative pressure rooms for MERS, SARS-1 or, SARS-CoV-2.
- And with Enhanced Barrier Precautions the CDC is allowing those with Candida auris to wander around a facility and at the same time the CDC is warning of dangerous outbreaks of Candida auris.

There is also lack of provisions for air quality standards, such as [ASHRAE Standard 241](#) for the "Control of Infectious Aerosols," and a lack of provisions for screening of these pathogens.

The back peddling of standards has often been justified by the imposed "burden" preventive strategies would place on facilities. However, the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, considers an intervention cost effective, if the cost is less than [9.6 million dollars per life saved](#). The Office does not measure burden in relationship to C-Suite and CEO salaries, or investor profits, nor should the CDC.

The proposed standards will also place the safety of immunocompromised individuals in healthcare settings at grave risk. This concern was further underscored by the findings of the recent INFORM and EPOCH research initiatives. The EPOCH study concluded that "Immunocompromised populations appear to be at substantial risk of severe COVID-19 outcomes" and that "Effective prophylactic options are still needed for these high-risk populations."

For the immunocompromised the status quo is unacceptable, and weakening current regulations will result in a “direct threat to their safety and wellbeing and does not maintain accessible features for safe and adequate access to a facility as required by the Americans with Disabilities Act. The CDC must be “mindful of the [provisions of the ADA](#) and the impact their recommendations will have on vulnerable individuals and healthcare workers, along with patients who are experiencing reduced access to healthcare because of unsafe healthcare environments.

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 on the final letter.

Kevin Kavanagh, MD, MS  
Health Watch USA