



1275 K Street, NW, Suite 1000
Washington, DC 20005-4006
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
www.apic.org

July 20, 2010

Tanja Popovic, MD, PhD
Deputy Associate Director for Science
Centers for Disease Control and Prevention
U. S. Department of Health and Human Services
Attn: Prevention Strategies for Seasonal Influenza in Healthcare Settings
1600 Clifton Road, NE MSA – 20
Atlanta, GA 30333

Dear Dr. Popovic,

The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) is pleased to respond to the Centers for Disease Control and Prevention's (CDC) request for comments on the Updated Guidance: Prevention Strategies for Seasonal Influenza in Healthcare Settings.

APIC applauds the CDC for an excellent document; however, we would like to make the following recommendations:

Personal protective equipment

APIC fully supports the CDC recommendation that facemasks be utilized by healthcare personnel to protect against the transmission of influenza for non-aerosol generating procedures. In addition to providing appropriate protection for all routine patient encounters, facemasks have several advantages over respirators because they are more readily available, more practical, more comfortable, more likely to be worn, and less costly. APIC believes this recommendation provides healthcare personnel with optimum protection, while maintaining personal comfort and allowing for clear communication between provider and patient. At the same time, this approach would increase availability of supplies during a pandemic when there will likely be a shortage of the less available respirators. Further, it increases the likelihood that facilities will have adequate supplies of respirators for those procedures where they are absolutely necessary. ⁽¹⁻³⁾

Consolidated guidance for influenza

APIC fully supports consolidating evidence-based strategies utilized during the recent H1N1 pandemic experience and existing guidance for annual seasonal influenza into a comprehensive and easily accessible document.

Prevention options

APIC suggests that CDC include an expansion of prevention options to be considered for implementation, especially during seasons in which vaccine accessibility or performance is compromised.

Isolation/droplet precautions

APIC notes that the CDC's minimum 7-day isolation and droplet precaution recommendation for patients differs from the 5-day duration of precautions in the 2007 HICPAC isolation guideline.

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We recommend that this more conservative recommendation should be accompanied by a rationale.

Laboratory issues

APIC suggests that the CDC document include information on currently available laboratory testing methods for influenza. While there is a link to laboratory information, it is not comprehensive and we believe there is great value in including more in-depth information in this document to enhance its value in being a single information source on influenza. This site could be updated as new testing methods become available.

Engineering controls for aerosol-producing procedures

APIC has reviewed the section on transmission, particularly the comments on airborne transmission and the lack of evidence demonstrating transmission of influenza from one patient room to another. It appears CDC wishes to continue its cautionary approach in recommending use of airborne infection isolation rooms (AIIRs) when feasible for the seven listed aerosol-producing procedures. We suggest that the feasibility is greatest for planned procedures (sputum induction, bronchoscopy, autopsy), noting that bronchoscopies and autopsies are carried out in rooms already designed as negative pressure rooms. However in situations in which unplanned procedures such as CPR are needed, the situation is unlikely to permit transfers to an AIIR or provide an opportunity to rapidly modify single rooms with appropriate equipment to effectively function as AIIRs. We therefore recommend the addition of explicit statements which acknowledge that moving a patient to an AIIR may not be feasible in many situations such as CPR, when sputum induction needs to be performed frequently, such as during endotracheal intubation and extubation and where closed suctioning protocols of airways have not been established. To further maintain important emphasis on effective engineering controls such as single rooms and other feasible barriers listed in the recommendations, APIC suggests that AIIR design and operation details be incorporated into the appendix along with resources providing information on the effective use of portable HEPA filtration units.^(4,5) Both topics require more technical information than needed in the overall guideline.

Again, APIC appreciates the opportunity to respond on this important issue. If you have any questions or comments, please contact Denise Graham at 202-454-2617 or dgraham@apic.org.

Sincerely,

A handwritten signature in black ink that reads "Cathryn Murphy". The signature is fluid and cursive.

Cathryn Murphy, RN, PhD, CIC
APIC 2010 President

A handwritten signature in black ink that reads "Denise Graham". The signature is fluid and cursive.

Denise Graham
APIC Executive Vice President



References

1. Loeb M, Defoe N, Mahony J, John M, Sarabia A, Glavin V, et al. Surgical mask vs N95 respirator for preventing influenza among health care workers: a randomized trial. *JAMA* 2009 Nov 4; 302 (17): 1865-71.
2. Johnson DF, Druce JD, Birch C, Grayson ML. A quantitative assessment for the efficacy of surgical and N95 masks to filter influenza virus in patients with acute influenza infection. *Clin Infect Dis* 2009 Jul 15; 49(2): 275-7.
3. Ang B, Poh BF, Win MK, Chow A. Surgical masks for protection of health care personnel against pandemic novel swine-origin influenza A (H1N1)-2009: results from an observational study. *Clin Infect Dis* 2010 Apr 1; 50(7): 1011-4.
4. Olmsted R. Pilot study of directional airflow and containment of airborne particles in the size of *Mycobacterium tuberculosis* in an operating room. *Am J Infect Control* 2008;36:260-7.
5. Anderson J, Geeslin A, Streifel A. Infectious Disease Management Methods for Temporary Negative Pressure Isolation Minnesota Department of Health, Office of Emergency Preparedness Healthcare Systems Preparedness Program Last accessed July 8, 2010 Available at: <http://www.health.state.mn.us/oep/training/bhpp/airbornenegative.pdf>