



**For Immediate Release:**

Contact: Sharon Reis, [sreis@gymr.com](mailto:sreis@gymr.com)  
202 745 5103

**Scientific Community Urges Thoughtful Application of New CDC Guidelines Regarding H1N1 Prevention and Protection Procedures**

***Infectious Disease Experts Express Concern over N95 Recommendations; Support CDC's Call for Multi-Pronged Approach***

WASHINGTON, DC (October 14, 2009) – Today's announcement by the Centers for Disease Control and Prevention (CDC) that it is modifying its guidance regarding measures that should be taken by healthcare workers who are in contact with either confirmed or suspected cases of H1N1 was met with concern by the scientific community that had submitted its recommendations to CDC.

CDC emphasizes a multipronged approach to protecting healthcare workers from H1N1, including priority use of N95 fit-tested respirators. The Society for Healthcare Epidemiology of America (SHEA) had urged CDC, based on clinical experience and scientific evidence, to remove the use of N95 respirators from its recommendations for routine care in favor of the first-line use of surgical masks, as one component of a cadre of prevention measures. Instead, N95 respirators should be reserved for procedures associated with a higher risk of aerosolization of the virus.

"Our position was and continues to be that N95s are neither necessary nor practical in protecting healthcare workers and patients against H1N1," said Mark Rupp, MD of the University of Nebraska Medical Center and President of SHEA. "The best science available leaves no doubt that the best way to protect people is by vaccinating them."

The scientific community acknowledged that the CDC came under intense pressure from labor unions to recommend the use of N95 fit-tested respirators despite the fact that respirators do not provide any added protection in clinical situations against droplet transmissible diseases such as H1N1. SHEA, whose membership is made up of doctors and nurses on the front lines caring for patients with flu, emphasizes the concern that continuing to recommend that respirators be used in routine care has major implications for both patient care and healthcare worker safety. "We could be actually putting healthcare workers at greater risk by further reducing an already short supply of a device that is needed for high-risk procedures such as bronchoscopy by using it for routine care," said Rupp.

As acknowledged by the CDC guidance, "It is important to remember that protecting against the spread of H1N1, or any type of flu, requires a multi-level approach, and the

most effective measure for protection is vaccination,” said Rupp, adding that “unfortunately this debate on respirators versus masks has distracted hospitals and clinics from investing in efforts that we know will pay off such as rigorous and consistent application of basic infection control and personal hygiene practices including adherence to cough etiquette and hand hygiene, rapid identification and separation of patients with the virus, and excluding sick workers and visitors from the hospital.”

“Along with scientists around the world, we will continue to research H1N1 and its transmissibility,” said Rupp. “We understand the role of the CDC in providing reassurance during a period of evolving evidence, and we urge the CDC to continue to revisit its recommendations as new data becomes available.”

*SHEA, comprised of 1,700 physicians, infection control practitioners, and other healthcare professionals, is dedicated to maintaining the utmost quality of patient care and healthcare worker safety in all healthcare settings. It upholds its high success rate in infection control and prevention, while applying epidemiologic principles and prevention strategies to a wide range of quality-of-care issues. For more information, visit SHEA's website, [www.shea-online.org](http://www.shea-online.org).*

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