



July 22, 2009

Secretary Kathleen Sebelius
Office of the Secretary
Health and Human Services Department
200 Independence Ave. S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

The Infectious Diseases Society of America (IDSA), Society for Healthcare Epidemiology of America (SHEA), and Association for Professionals in Infection Control and Epidemiology (APIC) represent medical healthcare professionals concerned with the identification, prevention, and treatment of infectious diseases in communities and healthcare facilities throughout the United States. Our organizations have been advising the Centers for Disease Control and Prevention (CDC) on the ongoing review of infection prevention and control measures for use in healthcare facilities during care of patients with suspected or confirmed novel H1N1 influenza infection. Our primary goal is to ensure effective delivery of patient care while protecting both healthcare workers and patients from acquiring influenza in healthcare settings.

Our recent statement addressed evidence-based guidance on personal protective equipment for healthcare workers when caring for patients with novel H1N1 influenza infection. This statement, which differs from current CDC guidance, reflects what is scientifically known about the transmission of this novel strain. We believe there is a short window of opportunity to resolve the continuing disparities between policy and scientific evidence. We urge your leadership in ensuring that such a dialogue occurs before the novel H1N1 influenza virus potentially resurges this autumn.

The following points reflect our perspectives on this issue.

- The current CDC guidance on novel H1N1 influenza infection prevention in the healthcare setting is not based on the most recent and emerging evidence. While appropriate in the initial stages of the outbreak, such guidance must naturally evolve as greater experience with the virus accrues.
- Experience accumulated since the beginning of the pandemic suggests that transmission of this novel strain is no different than transmission of conventional seasonal influenza viruses.

- Thus, the existing evidence-based guidelines regarding protection against transmission of seasonal influenza in healthcare facilities should be applied to patients with suspected or confirmed novel H1N1 influenza infection.
- Our organizations specifically endorse the following precautions for suspected or confirmed cases of novel H1N1 influenza:
 - o Early recognition and identification of suspected novel H1N1 influenza-infected patients upon presentation to a healthcare setting;
 - o Placing surgical masks on patients with suspected or confirmed novel H1N1 influenza infection at the point of entry into any healthcare setting;
 - o Using surgical masks to cover the healthcare worker's nose and mouth to prevent transmission of the influenza virus by droplets or hand contact during routine patient care activities;
 - o Placing such patients in a single room, if available, or cohorting them with other patients infected with influenza;
 - o Strict adherence to hand hygiene, respiratory hygiene and cough etiquette; and
 - o Restricting visitors and healthcare workers with febrile respiratory illnesses.

The present CDC guidance emphasizes the use of N-95 respirators rather than surgical masks. This does not align with existing evidence and emerging experience regarding novel H1N1 influenza virus. Whatever marginal incremental and theoretical benefits there may be in protecting against potential airborne transmission, they do not justify the additional cost, time and burden of widespread N-95 respirator use for an infection which is primarily transmitted in the community by non-airborne routes.

Further, reports of limited supplies of N-95 respirators during the early novel H1N1 influenza outbreak raise concerns of respirator availability at times when they are actually needed for patients with airborne-transmissible infections such as tuberculosis. This would put healthcare workers at risk if proper protective equipment were unavailable.

Finally, we feel it is crucial that guidance surrounding this issue keep pace with its science. Therefore, as the science changes, so, too, should the guidance.

Thank you for considering these perspectives. We welcome further dialogue with you to clarify the scientific evidence and practical issues that support a timely change in current policy recommendations.

Sincerely,



Mark E. Rupp, MD
SHEA President



Anne A. Gershon, MD, FIDSA
IDSA President



Christine Nutty, RN, MSN, CIC
APIC President

About Our Organizations:

Infectious Diseases Society of America (IDSA)

The Infectious Diseases Society of America (IDSA) represents more than 8,600 infectious diseases physicians and scientists devoted to patient care, education, research, and public health. Our members care for patients with serious infections, including antimicrobial resistant bacterial infections, meningitis, pneumonia, surgical infections, HIV/AIDS, tuberculosis, and influenza.

The Society for Healthcare Epidemiology of America (SHEA)

The Society for Healthcare Epidemiology of America (SHEA) was founded in 1980 to advance the application of the science of healthcare epidemiology. SHEA comprises 1,500 physicians, infection control practitioners, and other healthcare professionals who are dedicated to maintaining the utmost quality of patient care and healthcare worker safety in all healthcare settings. The Society continually strives toward better patient outcomes by applying epidemiologic principles and prevention strategies to healthcare-associated infections and a wide range of quality-of-care issues. SHEA achieves its mission through education, research, evidence-based guidance development, and public policy.

Association for Professionals in Infection Control and Epidemiology (APIC)

APIC's mission is to improve health and patient safety by reducing risks of infection and other adverse outcomes. The Association's more than 12,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities around the globe. APIC strives to promote a culture within healthcare where targeting zero healthcare-associated infections is fully embraced. The organization advances its mission through education, research, collaboration, practice guidance, public policy and credentialing.