



October 2, 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 Society for Healthcare Epidemiology of America (SHEA) has been an emphatic proponent of evidence-based and practical methods to prevent the transmission of H1N1 influenza in healthcare settings. In July, SHEA, together with the Infectious Diseases Society of America (IDSA) and the Association for Professionals in Infection Control and Epidemiology (APIC), published a position statement (attached) relating that surgical masks, rather than fit-tested respirators, should be worn by healthcare workers providing routine care for patients with suspected or confirmed H1N1 influenza.

We continue to stand by that position and note that the article and editorial published October 1 in the Journal of the American Medical Association (JAMA) supports our recommendations. Specifically, the study by Dr. Loeb and colleagues is the first well-designed clinical trial to assess the effectiveness of masks versus fit-tested respirators for protecting healthcare workers from occupational acquisition of influenza. The study showed no substantial difference between the two types of respiratory protection devices. In the editorial accompanying the article, Drs. Srinivasan and Perl mirror our organization's position that the best means to prevent influenza in patients and healthcare workers alike is influenza vaccination and infection control measures including, 1) early identification and triage of patients with flu-like illness; 2) respiratory etiquette and "cover-your-cough" programs in which source control is emphasized; 3) adherence to hand hygiene; and 4) restricting visitors and healthcare workers with flu-like illness. Unfortunately, the protracted debate about the effectiveness of masks versus respirators has seriously undermined a national focus on full implementation of all evidence-based infection control measures.

We strongly believe that the widespread use of N95 respirators is neither necessary nor practical. Evidence demonstrates that surgical masks provide equal protection for most patient encounters and they have the advantage of being more readily available, more practical to implement, and less costly. Whatever marginal, incremental, and theoretical benefits there may be in protecting against potential airborne transmission through use of fit-tested N95 respirators, 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.

This view has been upheld not only by our sister societies mentioned above, but also by the CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC), the President's Council of Advisors on Science and Technology (Report to the President on US Preparations for 2009 H1N1 Influenza) and The World Health Organization (WHO).

The Institute of Medicine made an important contribution to this debate with its September 3<sup>rd</sup> report entitled "*Respiratory Protection for Healthcare Workers in the Workplace against Novel H1N1 Influenza A.*" However, the IOM was specifically tasked with forming recommendations without consideration of practicalities such as supply, cost-benefit, efficiency, or compliance – issues that are absolutely crucial in formulating useful and implementable guidance.

On the eve of issuing revised guidance on personal protective equipment for healthcare workers, we urge you to consider the evolving science about respiratory protection and the issues of practical implementation that are challenging healthcare workers and administrators even now. Rigid policy mandates that are not based in science but rather in fear will have an unintended, negative impact on our ability to deliver safe and effective care to our patients and to protect the health of our vital workforce.

Thank you for considering these perspectives.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Rupp', is positioned above the typed name.

Mark E. Rupp, MD  
SHEA President

***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 1,700 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.