

HICPAC Isolation Precautions Guideline Workgroup Call

April 25, 2024, 2:00 pm ET

Participants

Workgroup: Mike Lin, Sharon Wright, Hilary Babcock, William Bennett, Lisa Brosseau, Elaine Dekker, Judith Guzman-Cottrill, Robert Harrison, Morgan Katz, Anu Malani, Melissa McDiarmid, Erica Shenoy, Connie Steed, Julie Trivedi, Deborah Yokoe

CDC: Mike Bell, Sydney Byrd, Marie de Perio, Alex Kallen, David Kuhar, Kenneth Mead, Devon Okasako-Schmucker, Melissa Schaefer, Erin Stone, David Weissman, Laura Wells

Agenda

- Attendance and conflicts of interest disclosure
- Recap of prior meeting
- Review meeting rules and member concerns
- Question 1 discussion
 - Straw poll question results
 - Unresolved topics related to Question 1

Discussion Summary

- No new conflicts of interest were disclosed.

Review meeting rules and member concerns

- Dr. Lin reviewed ground rules for respectful conversation.
 - The team discussed a facilitation approach that would focus initially on the group's consensus on important considerations to the questions, rather than debating specific positions to the questions.

Question 1 discussion: Review of straw poll results

- A straw poll to gauge current thinking on Question 1, "Should there be a category of Transmission-based Precautions that includes masks (instead of NIOSH Approved® N95® [or higher-level] respirators) for pathogens that spread by the air? Should N95 respirators be recommended for all pathogens that spread by the air?" was sent to the workgroup (WG).
- Straw polls are conducted in workgroups to understand the current thinking on a topic and are not considered binding.
 - A straw poll is not a vote.
- The WG discussed the opposing answers given to Question 1 and explored comments and perspectives on the use of masks versus respirators for different pathogens, such as Rhinovirus, which causes the common cold, and *Neisseria meningitidis*, which causes bacterial meningitis.

Unresolved topics related to question 1

- The straw poll highlighted there is a lack of agreement on the answer to Question 1.
- The WG discussed topics to be resolved in order to move forward.
 - The role of masks in preventing transmission of infection (preventing particle inhalation versus preventing infection transmission).
 - The role of risk stratification for pathogen exposure – how do lower risk versus higher risk pathogens factor into decision-making about recommendations?
 - Revisiting the definition and concept of air transmission in Section A of the draft.

- The concept of risk stratification based on potential infection outcomes was discussed.
 - A comment was made that this is an important concept and that it could be incorporated into the definition of transmission by air.
- It was suggested that if a mask category is maintained, it needs to be acknowledged that masks are not considered respiratory protection.
- There was acknowledgment that while respirators provide better protection, procedural/surgical masks have been effective historically in protecting healthcare workers from infections despite not being classified as respiratory protection per OSHA standards.
- There was agreement among some WG members that the feasibility of implementing recommendations is an important factor and healthcare personnel (HCP) can choose a higher level of protection than what is recommended.
 - Education can be provided to HCP on the extra protection a respirator can provide.
 - Other feasibility issues were raised regarding HCP adherence to PPE recommendations in clinical settings.
- Concerns were expressed about the fit of surgical masks and equating surgical masks with respirators due to differences in fit and filtration performance.
- Other concerns were expressed about the difficulty of systematically assessing the risk level of different pathogens in order to construct recommendations.
- A comment was made that respirators and isolation masks are not equivalent, but isolation masks are effective, and the task is to assess if there is any situation where a mask might be effective.
- At the end of the meeting, the group was asked to brainstorm answers to a question in the chat and were reminded to focus on interests and not positions: “Regardless of the specifics of any solution we develop, it needs to be one that...”
- Summary of responses (some combined when similar topic):
 - Protects HCP and patients from infection.
 - Is feasible, implementable, and sustainable, meaning it can be understood, followed long-term, and enforced effectively.
 - Allows for flexibility and choice by HCP, letting providers exceed minimum standards if desired.
 - Balances potential benefits with harms or downsides.
 - Is appropriate to the level of risk and specific tasks being performed.
 - Shields healthcare personnel from inhaling infectious particles.
 - Complies with OSHA regulations.
 - Adapts protection measures based on individual or population impact.
 - Is guided by current literature and evidence-based practices, including laboratory research.
 - Utilizes various elements of personal protective equipment (PPE) in combinations to achieve goals effectively.
 - Can be clearly communicated to and understood by HCPs.

Next Steps

- The group planned to continue discussions in the next meeting with a focus on aligning interests and attempting to reach consensus.

The call adjourned at 3:01 pm with no additional comments or questions.

The next Workgroup call is scheduled for May 2, 2024, at 2 pm ET.