



September 16, 2009

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

Dear Secretary Sebelius:

We are writing to reiterate that The Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA), and the Association for Professionals in Infection Control and Epidemiology (APIC) stand behind the position statement released this summer related to novel H1N1 influenza respiratory protection (attached) which states that surgical masks, not fit-tested respirators, should be worn by healthcare workers when caring for patients with suspected or confirmed H1N1 influenza, except in situations where aerosolizing procedures are being conducted.

To briefly review, on July 22, 2009, our societies joined together to write you and urge revision of CDC guidance regarding personal protective equipment for healthcare workers caring for patients with novel H1N1 influenza (attached). Shortly thereafter, the CDC's Healthcare Infection Control Practice Advisory Committee (HICPAC) completed an independent systematic review and formalized recommendations to the CDC that were congruent with our viewpoint. However, on September 3, the Institute of Medicine (IOM) released its report entitled "*Respiratory Protection for Healthcare Workers in the Workplace against Novel H1N1 Influenza A.*" The IOM report states that healthcare workers in all settings should employ fit-tested N95 respirators when caring for patients with known or suspected nH1N1 influenza. We strongly believe that the widespread use of N95 respirators is neither necessary nor practical. Notably, 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 guidance. We understand that CDC will offer final guidance on personal protective equipment by October 1.

Based on available data and the extensive clinical experience that has been accrued since the spring when novel H1N1 influenza first appeared, we continue to advocate that infection control practices, similar to those employed to prevent the transmission of seasonal influenza, should be used when caring for patients with known or suspected novel H1N1 influenza. Scientific evidence indicates that novel H1N1 Influenza A behaves similarly to seasonal influenza and that droplet isolation precautions – in particular the utilization of surgical masks – should be used in routine healthcare settings. N95 respirators should be used in clinical situations in which small

particle aerosols may be generated. In formulating these statements, our organizations considered current evidence *as well as practical constraints* in order to optimize healthcare worker safety and provide sustainable patient care. 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, widespread reports of limited supplies of N95 respirators raise concerns of respirator availability at times when they are actually needed (aerosol generating procedures).

Supporting our position on this issue, the President's Council of Advisors on Science and Technology (PCAST) released on August 7 its "Report to the President on US Preparations for 2009 H1N1 Influenza." This report recommends that HHS consult with professional societies to ensure that guidance for protection of healthcare workers from H1N1 is, "by the evidence, feasible to implement, and is harmonized among multiple sources." Also favoring our position is guidance from the World Health Organization.

Lastly, please note that our societies represent medical healthcare professionals concerned with the identification, prevention, and treatment of infectious diseases in communities and healthcare facilities throughout the United States. Our members are daily caring for patients with novel H1N1 influenza and other respiratory infections. Our primary goal in this controversy is to ensure effective delivery of patient care while protecting ourselves and our colleagues and coworkers.

We welcome further dialogue with you to clarify the evidence and practical issues that support a timely change in current policy recommendations. We hope that in light of the scientific and clinical evidence, the issues of feasibility and supply, and consideration for the optimum utilization of healthcare resources, the CDC's final decision will be to adopt the recommendations put forth by HICPAC, which are consistent with our position on this important issue.

Thank you for considering these perspectives.

Sincerely,



Mark E. Rupp, MD
SHEA President



Anne A. Gershon, MD, FIDSA
IDSA President



Christine Nutty, RN, MSN, CIC
APIC President

cc: Thomas Frieden, MD, MPH

About Our Organizations:

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.

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.

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.