DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Healthcare Infection Control Practices Advisory Committee

June 2, 2022

Atlanta, Georgia

Record of the Proceedings

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Attendees

HICPAC Members

Lisa Maragakis, MD, MPH, Co-Chair
Deverick Anderson, MD, MPH
Nicholas Daniels, MD, MPH
Mohamad Fakih, MD, MPH
Judy Guzman-Cottrill, DO
Michael Lin, MD, MPH
Michael Anne Preas, RN
JoAnne Reifsnyder, PHD, MBA, MSN
Sharon Wright, MD, MPH

Ex Officio Members

Brooke Decker, MD, National Institutes of Health (NIH)
Melissa Miller, MD, MS, Agency for Healthcare Research and Quality (AHRQ)
LCDR Scott Steffen, PhD, CQIA, CQI, Food and Drug Administration (FDA)
Judy Trawick, Health Resources and Service Administration (HRSA)

Liaison Representatives

Paul Conway, American Association of Kidney Patients (AAKP)
Patti Costello MT-CHEST, MT-CSCT, American Hospital Association (AHA)
Eve Cuny, MS, Organization for Safety, Asepsis and Prevention (OSAP)
Karen DeKay, MSN, RN, CNOR, CIC, Association of periOperative Registered Nurses (AORN)
Keith Kaye, MD, MPH, Society for Healthcare Epidemiology of America (SHEA)
Alan Kliger, MD, American Society of Nephrology (ASN)
Chris Lombardozzi, America's Essential Hospitals (AEH)
Lisa McGiffert, Patient Safety Action Network (PSAN)
Karen Ravin, MD, Pediatric Infectious Diseases Society (PIDS)
Mark Russi, MD, MPH, American College of Occupational and Environmental Medicine (ACOEM)
Robert Sawyer, MD, Surgical Site Infection Society (SIS)
Christa Schorr, DNP, MSN, Society for Critical Care Medicine (SCCM)
Benjamin Schwartz, MD, National Association of County and City Health Officials (NACCHO)
Sarah Smathers, MPH, CIC, FAPIC, Association of Professionals of Infection Control and Epidemiology (APIC)
Valerie Vaughn, MD, MS, FHM, FACP, Society of Hospital Medicine (SHM)

CDC Representatives

Nyawung Asonganyi
Michael Bell, MD
Darian Bishop
Kathy Bridson, BSN, MScPH, CIC
Sydnee Byrd, MPA
Denise Cardo, MD
Koo-Whang Chung, MPH
Kendra Cox, MA
Jonathan Dinkins
Mylaica Conner Henry, MPH
Maryellen Guinan
Jamesa Hogges, MPH
Heather Jones
Alex Kallen, MD, MPH
David Kuhar, MD
Denise Leaptrot, NHSN
Fernanda Lessa, MD, MPH
Melissa Lewis
Kerri Moran
Devon Okasako-Schmucker, MPH
Joseph Perz
Kiran Perkins, MD, MPH
Joseph Sacht
Melissa Schaefer, MD
Hanna Schurr
Martha Sharan
Matt Shaulis
Brajendra Singh
Henrietta Smith
Christine So, MPH
Erin Stone, MPH, MA
Nimalie Stone
Laura Wells, MA
Heidi Williams

Members of the Public

Iris Al
Charisse Arango
David Barron
Jordan Bastian, Clorox
Lynne Batshon, Society for Healthcare Epidemiology of America (SHEA)
Elaine Decker, RN
Elimi De LaRosa, MD, MPH, CPH
Linda Dickey, RN, MPH, CIC, FAPIC, Association for Professionals in Infection Control and Epidemiology (APIC)
Pamela Falk
Chris Freedman
Waldo Friesen
Chuck Gartner, Teleflex
Daniel Glucksman
Nancy Hailpern
Stephanie Henry, Cambridge Communications & Training Institute (CCTI)
Jessica Higginbotham, MPH, Hu-Friedy Manufacturing Company
Devin Jopp
Kevin Kavanagh, Health Watch USA
Sophia Kazakova
Gina Kerner
Janice Kim, California Department of Public Health (CDPH)
Stuart Kipper
Aaron Kofman, MD
Scott Mader
William Peacock
Ann Marie Pettis, Association of Professional of Infection Control and Epidemiology (APIC)
Sarah Rhea
Maria Rodriguez
Gary Roselle, MD, Department of Veterans Affairs (DVA)
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LaTasha Roswell
Jane Siegel, California Department of Public Health (CDPH)
Kara Jacobs Slifka, North Central States Regional Council of Carpenters (NCSRCC)
Francesca Toirriani
Lisa Thomlinson, Association for Professionals in Infection Control and Epidemiology (APIC)
Preeti Venkataraman, Food and Drug Administration (FDA)
Kristy Weinshel, MBA, Society for Healthcare Epidemiology of America (SHEA)

Executive Summary

The United States (US) Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) Division of Healthcare Quality Promotion (DHQP) convened a virtual meeting of the Healthcare Infection Control Practices Advisory Committee (HICPAC) on June 2, 2022, via Zoom for Government. The meeting was called to order at 12:00 PM Eastern Time (ET). The presence of a quorum of HICPAC voting members and *Ex Officio* members was confirmed, which was maintained throughout the meeting.

HICPAC bid farewell to Ms. Michael Anne Preas who is rotating off of the committee; welcomed Dr. Brooke Decker as the new NIH *Ex Officio* member; expressed gratitude to the members who have extended their terms while HICPAC awaits approval of new members; and invited ideas/nominations for new members to be submitted by September 17, 2022.

Dr. Michael Bell shared with HICPAC all of the great work that DHQP continues to do with COVID-19 and now with monkeypox. DHQP is taking a deliberative approach to moving forward with COVID-19 guidance as they navigate through the next steps. Given the link identified between monkeypox and men who have sex with men (MSM), he pointed out that the events taking place during Pride Month offer opportunities for outreach, intervention, and education. In addition, available vaccine doses and implementation as needed are being managed across CDC.

Dr. Sharon Wright presented an update on behalf of the Isolation Precautions Guideline Workgroup (WG) that included a discussion about that framework and how best to include the evidence and experience that has been gained, particularly during the COVID-19 pandemic response. This WG's next steps are to complete the review of the bibliography, determine priority questions for targeted evidence reviews, and consider how to synthesize evidence to rethink the transmission framework.

Dr. David Kuhar provided an update on the work of the Healthcare Personnel Guideline WG, noting that the Rabies section will go into final clearance and would be published now that the public comment period ended and no additional comments were provided. In progress are *S. aureus*, Measles, Mumps, Rubella, and Varicella. This larger group will go through clearance together. On deck are Scabies/Pediculosis, Hepatitis A, Hepatitis B, Hepatitis C, Bloodborne Pathogens (Hepatitis B, Hepatitis C, HIV), Herpes, and Tuberculosis (TB) as it relates to HCP. The WG will soon be restarting Cytomegalovirus, Parvovirus, and Conjunctivitis. There was discussion about how to integrate and align that guidance for HCP with the isolation guidance.

Dr. Cottrill presented an update on behalf of the Neonatal Intensive Care Unit (NICU) Guideline WG. This WG is in the process of completing the last section, which focuses on the prevention of respiratory infections in the NICU setting. The plan is for the WG to develop a narrative summary in the next couple of months, which will be presented during a future HICPAC meeting. Dr. Cottrill also presented an update on behalf of the Neonatal & Pediatric Surveillance WG, reporting that the Chapter 17 definitions have been completed. The WG also drafted a new definition for "early onset sepsis for neonates" that is intended to assist in evaluating newborns who are diagnosed with early onset sepsis while hospitalized to help determine whether it is truly a healthcare-associated infection (HAI) or a newborn infection related to maternal flora exposure. This WG anticipates presenting its first set of neonatal and pediatric definition suggestions during the August or November 2022 HICPAC meeting.

The presentations were followed by public comments, no federal entity comments were provided, and no votes were taken during this HICPAC meeting.

HICPAC stood adjourned at 1:04 PM ET.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
National Center for Emerging and Zoonotic Diseases
Division of Healthcare Quality Promotion

Healthcare Infection Control Practices Advisory Committee (HICPAC)

June 2, 2022
Atlanta, Georgia

Minutes of the Meeting

The United States (US) Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) Division of Healthcare Quality Promotion (DHQP) convened a remote meeting of the Healthcare Infection Control Practices Advisory Committee (HICPAC) on June 2, 2022.

Call to Order / Roll Call / Announcements

Sydnee Byrd, MPA, Program Analyst
Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

Lisa Maragakis, MD, MPH
HICPAC Chair

Michael Bell, MD
HICPAC Designated Federal Officer

Ms. Byrd called to order the June 2, 2022 HICPAC meeting at 12:00 PM Eastern Time (ET), thanked everyone for joining, and reviewed housekeeping items. She then called the roll, establishing that a quorum was present. Quorum was maintained throughout the meeting. HICPAC members disclosed the following conflicts of interest (COIs):

- Dr. Judy Guzman-Cottrill is a consultant for Oregon Health Authority's Healthcare-Associated Infections (HAI) Program.
- Dr. Michael Lin receives research support in the form of contributed products from OpGen, LLC and Sage Products, which is now a part of Stryker Corporation. He previously received an investigator-initiated grant from CareFusion Foundation, which is now part of BD.
- Dr. Lisa Maragakis receives research funding from the Clorox Company.

Ms. Byrd indicated that public comment was scheduled following the presentations. She explained public comments would be limited to 3 minutes each, and that commenters should state their names and organization for the record before speaking. She reminded everyone that the public comment period is not a question and answer (Q&A) session.

Dr. Maragakis welcomed and thanked everyone for attending and expressed gratitude for everyone's time and interest in the important work that HICPAC does to protect patients, healthcare personnel (HCP), and the community. As the COVID-19 pandemic goes and new threats emerge, including monkeypox, the committee's work is more important than ever.

Dr. Bell conveyed a painful farewell to HICPAC member Michael Anne Preas, who will be rotating off of the committee. HICPAC has had the benefit of Ms. Preas's expertise and thoughtfulness for quite a long time. She has been a member of HICPAC for 4 years, prior to which she was the ACIP liaison. She also has given HICPAC tremendous insight through her participation in the National Healthcare Safety Network (NHSN) Workgroup (WG), and ground truth in terms of definitions and data gathering. All of that has been so incredibly valuable. She has taken the position of Vice President for Quality for the University of Maryland Medical System, which is very lucky to have her. He congratulated Ms. Preas and invited her to reach back if they could ever be of service to her, as he was sure they would reach out to her as well. Ms. Preas responded that it has been a pleasure and an honor to serve on this committee, emphasizing that this is a fantastic group of humans who are doing amazing work. She expressed her gratitude for the opportunity. Dr. Bell also extended gratitude to those who were supposed to be retiring for whom extensions were requested so that HICPAC could continue to achieve quorum and meet while they await approval of new members through HHS, which has been somewhat delayed.

Dr. Maragakis noted that she is one of the members whose term has been extended and stressed that she is happy to stay amongst friends and serve as long as she can. She announced that HICPAC is soliciting nominations for membership. There is quite a process for these nominations to come to fruition and result in members attending the meetings being fully approved, so they must keep the pipeline going. Nominations for membership on the HICPAC is currently open and should be received no later than September 17, 2022. She invited HICPAC members to submit their ideas and/or nomination for individuals they believe would be valuable members on HICPAC by email to HICPAC@cdc.gov. HICPAC values all types of diversity in the nominations in order to have well-balanced representation on the committee in terms of expertise, healthcare settings, et cetera.

Dr. Maragakis noted that HICPAC is awaiting a replacement for an *Ex Officio* member from Centers for Medicare and Medicaid Services (CMS), which will be announced in the future. In addition, HICPAC is very pleased to welcome Dr. Brooke Decker as the new NIH *Ex Officio* member. Dr. Decker re-joined the NIH as Director of the Hospital Epidemiology service in August 2021. Dr. Decker is passionate about ensuring hospital-infrastructure systems are mitigated, so they do not present a potential source of infection, specifically focusing on waterborne pathogens of complex water works. Dr. Decker is a 2007 graduate of Case Western Reserve School of Medicine and completed Internal Medicine residency training at Case Medical Center in Cleveland. Starting in 2010, she joined the Critical Care Medicine Department at the NIH as a Clinical Fellow and started her Infectious Diseases Fellowship in National Institute of Allergy and Infectious Diseases (NIAID) in 2011. She completed her dual subspecialty training in 2013 and continued as a member of the NIH Hospital Epidemiology Service studying the transmission of resistant organisms, transmission of high consequence pathogens, and healthcare-associated waterborne infectious diseases. In November 2014, she joined the VA Pittsburgh Healthcare System as the Director of Infection Prevention, leading the Infection Prevention Department and the Antimicrobial Stewardship Program. During the COVID-19 pandemic, Dr. Decker worked tirelessly as a member of VA Healthcare-VISN 4 and VA Pittsburgh Incident Command Team, providing consultation and guidance on the

management of COVID-19 patients and establishing local protocols based on CDC guidance to keep staff, Veterans, and visitors safe.

Division of Healthcare Quality Promotion (DHQP) Update

Michael Bell, MD
HICPAC Designated Federal Officer
Deputy Director, Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

Dr. Bell reported that the back-and-forth and gradual evolution of guidance related to COVID-19 continues. This is one of those frustrating times in which the immediate reactive work has passed, and the challenging situation of trying to forecast where to go next is underway, with the recognition that health systems are struggling to implement change now more than ever. DHQP is taking a deliberative approach to this as they attempt to navigate through the next steps. In the midst of all of this, they are also engaged in the monkeypox outbreak. Though more cases are expected, the good news is the transmissibility of monkeypox is notably different from COVID-19 and requires quite close contact. Therefore, the likely upswing is not going to mirror that of something like COVID-19. Conversely, this is Pride Month, for which there are many events. It is known that there is a link to men who have sex with men (MSM) self-identifying individuals who have attended events in the recent past. These events offer opportunities for outreach, intervention, and education. Vaccine doses are also available for implementation as needed, which is being managed across CDC. As always, just when it seems that DHQP is doing a lot, there is more to be done. They are hopeful that the monkeypox outbreak can be contained effectively and will not drag on too long. Nevertheless, there remains great concern about the coming several weeks.

Isolation Precautions Guideline Update

Michael Lin, MD, MPH and Sharon Wright, MD, MPH
HICPAC Isolation Precautions Guideline WG Co-Chairs

Dr. Wright pointed out that the findings and conclusions presented during this session were in draft format, have not been formally disseminated by the CDC, and should not be construed to represent any agency determination or policy. As a reminder, the goal of the Isolation Precautions Guideline WG is to provide recommendations for revisions to the *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007).*[1] The intent of the update is to make the guideline more concise and suitable for mobile devices, provide an updated scientific foundation for how pathogens spread in the healthcare setting, recommend new categories of transmission-based precautions, and make it applicable to all healthcare settings—not just acute care. The WG has been diligently working to think about what new categories of transmission-based precautions could be considered in addition to the current precautions.

The WG has met 3 times since the last HICPAC meeting and has been largely reviewing what the framework could be, with a fair amount of time spent on the scoping evidence review to identify the breadth of citations the WG will be searching to answer questions. The focus is on

[1] https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

two main categories: organisms transmitted by air and those transmitted by contact. The section on transmission via air has been completed. The WG identified and analyzed 287 relevant systematic reviews, meta-analyses, and narrative reviews. Of those, 357 of the most cited references were culled from these sources to create the biography the WG is now reviewing. The section on transmission via contact is on track and should be finished before the next HICPAC meeting.

The WG's next steps are to complete the review of the bibliography, determine priority questions for targeted evidence reviews, and consider how to synthesize evidence to rethink the transmission framework.

Discussion Points

Dr. Maragakis thanked Drs. Lin and Wright for their leadership on this important work and opened the floor for questions on the foundational work being done by the WG on the framework for the guideline. She asked whether the WG has given any thought yet to what would be suitable key questions regarding airborne transmission to lay the foundation for the update.

Dr. Wright indicated that it would be difficult to comment yet, given that the evidence review began recently and the WG is just starting to delve into it. The WG is grappling with how to assemble what has been identified regarding the evidence review, the COVID-19 pandemic, the evolving science, and expert opinion to create something rational, operationalizable, and based on science to the extent possible.

Dr. Lin added that the WG has spent a lot of time intentionally question-storming to try to figure out the breadth of questions to ask. They are being intentional in not prioritizing the questions at this time, partly because the WG itself needs more time to consider the potential targeted priority questions. Much of the focus centers around how respiratory viruses spread, which is where the initial evidence from the scoping review is going.

Dr. Bell pointed out that as the evidence is assessed, there is likely going to be a need to designate levels of risk. Even if it is determined that respiratory protection with a respirator is important to prevent transmission, consideration must be given to whether this should be done for every sniffle or if what has traditionally been done would continue. Traditionally what has been done from the national public health response perspective has been to identify new emerging pathogens of severe acute respiratory syndrome (SARS), coronavirus disease (COVID), Middle East Respiratory Syndrome (MERS), and influenza and designate those as requiring a different approach. That was done in a reactive way, but he could envision robust discussions about how to do that in a proactive way—a very different conversation. That is likely to be one of the major challenges going forward.

Given that there is likely to be considerable new evidence in terms of the experience with the COVID-19 pandemic, PSAN was curious as to if/how all of the small research studies with few subjects or lack of relevant focus would be incorporated. From the layperson's point of view, there probably are things that were learned through the pandemic experience that nobody studied. It is important to ensure that what has been learned can be captured and used in the next iteration of these guidelines.

Ms. Stone replied that not knowing in advance the specific studies to which PSAN was referring, size is not usually a reason for inclusion/exclusion for these questions at this level. They likely

would qualitatively aggregate smaller studies because, in the pandemic, many of the outcomes are heterogeneous, so they cannot be combined quantitatively. For example, aggregation of smaller studies was done with the *Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017.*[2]

Dr. Bell added that data would never be disregarded or not included just because it is small. How it would be captured is the art behind the science in terms of how to do this in a legitimate and transparent way that represents the science but does not overstate, depending on the limitations of the studies, and captures that in a way that makes sense.

HICPAC underscored the importance of the feasibility of implementing any recommendations and thinking about them within the context of the environments where they are being implemented rather than in silos. Thought must be given to whether recommendations involve something that actually can be accomplished, as well as to whether there may be unintended consequences that may not yet be known. There is major respect for CDC recommendations, and people want to implement guidelines. The more thought given to the environments, the better the patient outcomes.

Dr. Bell emphasized that this is not a monolithic document by any means in terms of trying to encompass all of the implementations that are asked. They have had a wonderful track record of collaborating with SHEA on implementation documents that account for more of the ground realities. They want to start with something that is not entirely divorced from implementation realities but is not constrained by them either. This begins with a clear discussion of what is thought to happen, followed by deliberate consideration of what might be done about it. Some guidelines may be implementable in a well-resourced tertiary facility that may not be possible in an ambulatory setting, for which alternatives may need to be discussed. That discussion is another step away, but there is considerable experience and an ability to identify creative solutions.

Healthcare Personnel (HCP) Guideline Workgroup Update

David T. Kuhar, MD
Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

Dr. Kuhar provided an update on the *Guideline for Infection Control in Healthcare Personnel, 1998*. The findings and conclusions presented during this session were drafts, have not been formally disseminated by the CDC, and should not be construed to represent any agency determination or policy. As a reminder, the original guideline was published in 1998 and has been under revision for about a decade. The HCP WG's goal is to provide updated information on issues for Infection Control in Healthcare Personnel (HCP), Section 2. The infection control-related topics are focused primarily on occupational health clinics and their role in caring for HCP. The WG's charge is to focus on pathogen-specific issues for Infection Control in Healthcare Personnel. Where information is out of date, the WG is making updates using evidence-based methods where evidence is available.

[2] https://jamanetwork.com/journals/jamasurgery/fullarticle/2623725

In terms of the status report, **Section 1: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services** was published in October 2019.[3] Regarding **Section 2: Epidemiology and Control of Selected Infections Transmitted Among HCP and Patients,** Diphtheria, Group A *Streptococcus*, Meningococcal Disease, and Pertussis were published on the CDC website in November 2021.[4] HICPAC already approved the following sections: Measles (August 2018); Mumps, Rubella (May 2018); Varicella (August 2019); Parvo, Cytomegalovirus (November 2019); and Rabies (August 2021). The public comment period was completed for the Rabies section, with no comments received. In progress are *S. aureus*, Measles, Mumps, Rubella, and Varicella. The WG will soon be restarting Cytomegalovirus, Parvovirus, and Conjunctivitis. A draft has been developed for all of these sections to some degree that are being advanced. On deck are Scabies/Pediculosis, Hepatitis A, Hepatitis B, Hepatitis C, Bloodborne Pathogens (Hepatitis B, Hepatitis C, HIV), Herpes, and Tuberculosis (TB) as it relates to HCP.

Regarding next steps, the Rabies section will be submitted for final clearance and published now that the public comment period has ended. The planned *S. aureus* literature review is underway. The Conjunctivitis literature review has been completed, and the draft will be completed within the next couple of months. The plan going forward is that the Measles, Mumps, Rubella, Varicella, Cytomegalovirus, Parvovirus, and Conjunctivitis sections will be updated simultaneously and submitted to clearance as a group. Some sections were approved pre-pandemic, so updates may require additional HICPAC approval.

Discussion Points

Dr. Bell shared that the clearance issue is not only germane to the HCP document in which each different organism or group of organisms is addressed specifically, but also it is necessary to ensure that other parts of the agency that specialize in or focus on those organisms agree with what is being said or make adjustments if they wish. Work that has already been done by the WG will support that directly and should save some time. He asked Dr. Kuhar whether he had a sense of the remaining work. Dr. Kuhar thought that there were roughly 10 or fewer sections. However, a TB guideline was recently published on managing HCP personnel separately. The WG will simply refer to this, assuming that it is felt to be accurate. The same is true for Hepatitis B and Hepatitis C exposures. HIV post-exposure prophylaxis (PEP) is currently being updated separately. The ability to link to other guidelines will be beneficial in terms of the amount of time that will need to be spent on some of these final pathogens.

Dr. Cardo asked how the WG plans to align this guideline with the *Infection Control Guideline*. They are very connected, especially in terms of new science and evidence.

Dr. Bell pointed out that the actions to be taken are not changing. There has been no magical development of new devices, processes, room types, personal protective equipment (PPE), et cetera. All of those aspects remain the same. There is likely to be a subsection of infectious syndromes or diagnoses for which more or something slightly different will be done from the same toolkit. It will be necessary to circle back to update that, which can be done segmentally based on what occurs with the *Isolation Guideline*.

Dr. Maragakis emphasized that one of the advantages of having these discussions is for HICPAC to understand better how everything fits together.

[3] https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/infrastructure.html
[4] https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/selected-infections/index.html

Neonatal Intensive Care Unit (NICU) Guideline WG Update

Judith Guzman-Cottrill, DO
NICU Workgroup Chair

Dr. Guzman-Cottrill reported that the NICU *Guideline for Infection Prevention in NICU Patients* WG has one section to complete, which is the prevention of respiratory infections in the NICU setting. The Office of Guidelines and Evidence Review (OGER), led by Erin Stone, recently completed the updated evidence review related to respiratory infection prevention in this specific setting. That group took the time to re-review the literature to ensure that it is as current as possible, which was completed in May 2022, and identified a few new papers. After the WG reviews those papers, it will be possible to finalize this section. Preliminarily, it appears that this section will be a narrative summary, as was *Clostridium difficile* (*C. diff*) prevention in the NICU setting. The summary will focus on the WG's conclusions and the gaps for this topic in this specific setting. The WG hopes to have this wrapped up within the next couple of months.

Neonatal & Pediatric Surveillance Update

Judith Guzman-Cottrill, DO
NICU Workgroup Chair

Dr. Guzman-Cottrill noted that the Neonatal Pediatric Surveillance WG is separate from the NICU Guideline WG. The charge of the Neonatal Pediatric Surveillance WG is to focus on neonatal and pediatric NHSN definitions. This WG has completed its review of the NHSN manual Chapter 17 definitions, which took a couple of years. The WG also drafted a new definition for "early onset sepsis for neonates." This new definition will assist in evaluating newborns diagnosed with early onset sepsis while hospitalized and will help determine if it is truly an HAI or if it is a newborn infection related to maternal flora exposure. The WG has moved on from Chapter 17 and is currently reviewing urinary tract infection (UTI) definitions for neonates and children. The WG hopes to present its first set of neonatal and pediatric suggested definition changes during the August or November 2022 HICPAC meeting.

Federal Entity Comment

No federal entity comments were provided during the June 2, 2022 HICPAC meeting.

Public Comment

Scott Mader, Chief Executive Officer & Co-Founder
William (Frank) Peacock, MD, Chief Medical Officer & Co-Founder
AseptiScope, Inc.

Hi. Thank you very much. My name is Scott Mader. I represent an industry concern, so that is a conflict of interest I want to just disclose. My company's name is AceptiScope and we represent an innovation in infection control hygiene. We read the HICPAC publication as we were getting our clinical program underway. It was a publication in the *Annals of Internal Medicine* that outlined a stepwise process for product assessment, a recommendation for product assessment, and leads the reader through that recommendation. He noted that Dr. William (Frank) Peacock is the Chief Medical Officer and Co-Founder of AseptiScope, Inc. and has led

their clinical development program, and they have been closely following that outline that was published by the HICPAC team in 2020. We are wondering how to engage appropriately for a review of this data. My final comment is that really outside of the idea of innovation and how it is to enter the commercial plane, that is happening. A lot of our work really has to do with the demonstration and confirmation of the stethoscope as a very important vector. That is what I think Dr. Peacock was hoping to represent. We will pursue that. I see my time has ended and I thank you for your time. Dr. Peacock had technical difficulties and was unable to speak.

Stuart Kipper, MD
Practicing Internist
San Diego, California

This is Stuart Kipper. I am a practicing clinician in San Diego. I just wanted to make some comments about a product that Scott Mader just mentioned that I have been using for some time. I am a practicing internist here in San Diego and for a number of years, I felt it was difficult to spend the energy I needed to clean my own stethoscope to protect my patients from transferring bacteria or viral pathogens from patient-to-patient. It is certainly an issue that is more prominent in hospitals, ICUs, ambulances, nursing homes, et cetera. The AseptiScope® system was set up as a barrier system for my stethoscope—an invisible sticky barrier applied to the stethoscope within 2 to 3 seconds rather than me spending time cleaning my stethoscope between patients without alcohol. I have been using this system now for 2 to 3 years and it has finally been perfected by the company that is making it, and I just want to throw in my two cents that for practicing physicians out in the real world who are supposed to care about prevention of disease and certainly spreading it to our patients one-to-one, this system is working famously. You know, when we are seeing 20 to 25 people a day and we are spending a minute cleaning our stethoscope, which we are supposed to do, and quite frankly, I do not think I have ever seen any of my doctors do it, clean their stethoscopes that is—this kind of system is something that I would hope the committee considers in the future as a mechanism to save time, prevent infection, spread of infection that is, with what I consider to be probably the second most prominent vector of infection that we physicians carry around with us. Our hands being number one. So, that is my input. I just wanted to throw my two cents out there. It is a device that I think should be in every exam room in America and probably in every hospital ICU for sure. And that's about it. I didn't have much else to say other than that, but wanted to throw it out there.

Michael Bell, MD, HICPAC DFO
Deputy Director, Division of Healthcare Quality Promotion
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

Dr. Bell responded that even though this is not a Q&A as mentioned a couple of times, CDC does not routinely evaluate products for industry colleagues. That is an Environmental Protection Agency (EPA) and FDA type of regulatory function. If there is a recommendation that CDC thinks needs to be made about preventing an infection that might involve a product, they try to be very diligent in how a specific name brand product is assessed. They do not want to influence health systems to have to make purchases suddenly based on something that is not fairly ironclad. They take this very seriously and are very careful about it. Generally speaking, they try to avoid specific product recommendations whenever possible. Unless there is a need to make a recommendation about the AseptiScope, Inc. product or any other, those criteria probably would not come into play so much as the regulatory oversight functions of government. FDA would be the primary entity, with CMS being involved in the reimbursement/payment

aspect. Mr. Mader responded that he realized it was not a Q&A and thanked Dr. Bell for his comment.

Summary and Work Plan

Lisa Maragakis, MD, MPH
HICPAC Chair

In closing, Dr. Maragakis briefly summarized the meeting. The day began with the DHQP update from Dr. Bell in which he shared with HICPAC all of the great work that DHQP continues, in particular with COVID-19 and now monkeypox. Dr. Wright presented an update on behalf of the Isolation Precautions Guideline WG that included a discussion about that framework and how best to include the evidence and experience that has been gained, particularly during the COVID-19 pandemic response. Dr. Kuhar provided an update on the great work that the Healthcare Personnel Guideline WG is doing and the fact that there were no public comments about the rabies section, which will go into clearance. In progress are *S. aureus,* measles, mumps, rubella, and varicella which are entering the drafting stage and literature review. This larger group will go through clearance together and also will include cytomegalovirus (CMV), parvovirus, conjunctivitis, scabies, and others. There was discussion about how to integrate and align that guidance for HCP with the isolation guidance. Dr. Cottrill presented an update on the great work underway for the neonatal population and the NICU Guideline. It is amazing to be in the last section that is about control of respiratory infections in the NICU, and the WG is hoping to develop a narrative summary in the next couple of months. HICPAC looks forward to hearing more about that, as well as the pediatric surveillance definitions that are being finalized for early onset sepsis and reviewing some of the other important ones such as urinary tract infections (UTIs) in neonates. The presentations were followed by public comments, and no federal entity comments were provided during this meeting. The work plan is that the WGs will continue their tremendous work and HICPAC looks forward to future updates about how these guidance documents are progressing. No votes were taken during this HICPAC meeting. Dr. Maragakis reminded everyone to submit ideas and/or nominations for individuals who would be good additions to serve on HICPAC by September 17, 2022.

Adjournment

Michael Bell, MD
HICPAC Designated Federal Officer

Lisa Maragakis, MD, MPH
HICPAC Chair

Dr. Bell again expressed sincere thanks to Ms. Preas, as well as to each of the WGs and their members for continuing to make progress despite the COVID-19 pandemic and everything else that is going on currently. It is because of the continued WG efforts that HICPAC can actually move forward with many of these products and documents. Dr. Maragakis again added her gratitude to Ms. Preas, emphasizing that HICPAC would miss her.

With no additional business raised or comments/questions posed, HICPAC stood adjourned at 1:04 PM ET.

Certification

I hereby certify that, to the best of my knowledge and ability, the foregoing minutes of the June 2, 2022 meeting of the Healthcare Infection Control Practices Advisory Committee, CDC are accurate and complete.

_____
Date

_____
Lisa Maragakis, MD, MPH
Co-Chair, HICPAC / CDC

Attachment #1: Acronyms Used in this Document

Acronym	Expansion
AAKP	American Association of Kidney Patients
ACOEM	American College of Occupational and Environmental Medicine
AEH	America's Essential Hospitals
AHA	American Hospital Association
AHCA	American Health Care Association
AHRQ	Agency for Healthcare Research and Quality
ANA	American Nurses Association
AORN	Association of periOperative Registered Nurses
APIC	Association of Professionals of Infection Control and Epidemiology
ASN	American Society of Nephrology
CCTI	Cambridge Communications & Training Institute
CDC	Centers for Disease Control and Prevention
C. Diff	*Clostridium Difficile*
CDPH	California Department of Public Health
CMS	Centers for Medicare and Medicaid Services
CMV	Cytomegalovirus
COI	Conflicts of Interest
COVID	Coronavirus Disease
DFO	Designated Federal Official
DHQP	Division of Healthcare Quality Promotion
DVA	Department of Veterans Affairs
EPA	Environmental Protection Agency
ET	Eastern Time
FDA	(United States) Food and Drug Administration
HAI	Healthcare-Associated Infection
HCP	Healthcare Personnel
HHS	(United States Department of) Health and Human Services
HICPAC	Healthcare Infection Control Practices Advisory Committee
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
ICU	Intensive Care Unit
MERS	Middle East Respiratory Syndrome
MSM	Men Who Have Sex With Men
NACCHO	National Association of County and City Health Officials
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NHSN	National Healthcare Safety Network
NCSRCC	North Central States Regional Council of Carpenters
NIAID	National Institute of Allergy and Infectious Diseases
NICU	Neonatal Intensive Care Unit
NIH	National Institutes of Health
OGER	Office of Guidelines and Evidence Review
OSAP	Organization for Safety, Asepsis and Prevention
PEP	Post-Exposure Prophylaxis
PHAC	Public Health Agency of Canada
PIDS	Pediatric Infectious Disease Society
PPE	Personal Protective Equipment

Acronym	Expansion
PSAN	Patient Safety Action Network
RN	Registered Nurse
SARS	Severe Acute Respiratory Syndrome
S. Aureus	*Staphylococcus Aureus*
SCCM	Society for Critical Care Medicine
SHEA	Society for Healthcare Epidemiology of America
SHM	Society of Hospital Medicine
SIS	Surgical Site Infection Society
TB	Tuberculosis
URI	Upper Respiratory Infection
UTI	Urinary Tract Infection
US	United States
VA	(Department of) Veterans Affairs
WG	Workgroup

Attachment #2: Public Comment Submitted in Writing

Comment Regarding June 2, 2022, Healthcare Infection Control Practices Advisory Committee (HICPAC)

To whom it may concern:

I wanted to submit a short written comment regarding some of the committee member's statements and policy directions which they may elicit. There was a comment regarding not making recommendations too burdensome and that recommendations must be able to be implemented in our healthcare system. Health Watch USA is an international organization. Internationally, many depend upon the CDC and their recommendations. Unfortunately, our healthcare delivery system has fallen behind most of the world in the ability to deliver care. For the most part, it has become "cost driven".
The CDC will not be able to maintain its world leadership position if it tailors recommendations which are needed to stop the spread of disease to a healthcare system in desperate need of reform. Our system needs to rise to the occasion to meet the challenges of this pandemic.
The CDC is missing a very important voice, that of frontline healthcare workers. The advocacy organizations for these individuals include the Mass. Nurses Association and National Nurses United. Healthcare facilities may not want to spend some of their profits on providing the safest possible workplace but if they do not, frontline workers may not be willing to work in this setting. The United States already has a severe nursing shortage. Many nurses are unwilling to work in facilities. At the same time there are abundant nurses who have left the profession and are no longer working. The CDC needs to adopt the highest level of safety standards until these standards are proven no longer needed. We should not require the highest level of proof of need before safety standard adoption. If we do the latter, we are creating a workplace environment and providing care which has not proven to be safe. Finally, we do not have adequate vaccine or pharmacologic protection against Long COVID. In the United Kingdom, 2.1% of their entire population reports having symptoms of Long COVID(1) and the country's workforce has shrunk by 440,000(2) over the last year. One of the major driving forces for this decrease has been identified as Long COVID. Not having the highest quality safety policies will only exacerbate the shortage of frontline workers.

Thank you for this consideration,

Kevin Kavanagh, MD, MS
Health Watch USA

References:

1) Sakay YN. UK data sheds light on long COVID: Groups at risk, Omicron, and more. Medical News Today. Feb. 10, 2022. https://www.medicalnewstoday.com/articles/uk-data-sheds-light-on-long-covid-groups-at-risk-omicron-and-more

2) Werber C. Long covid is shrinking the British workforce. Quartz. May 19, 2022. https://qz.com/work/2167480/long-covid-is-shrinking-the-workforce/