

## HICPAC Isolation Precautions Guideline Workgroup Call

February 24, 2022, 2:00 pm ET

### Participants

Workgroup: Sharon Wright, Mike Lin, Hilary Babcock, Elaine Dekker, Judith Guzman-Cottrill, Anu Malani, JoAnne Reifsnnyder, Mark Russi, Connie Steed, Julie Trivedi, Deborah Yokoe  
CDC: Sydney Byrd, Mike Bell, Abigail Carlson, Ryan Fagan, Alex Kallen, David Kuhar, Fernanda Lessa, Melissa Schaefer, Devon Schmucker, Erin Stone, Matt Stuckey, Laura Wells

### Agenda

- Welcome, Roll Call, and Introductions
- HICPAC Workgroup Overview
- Isolation Precautions Guideline
  - Mike Bell: Rationale, Description, and Framing
- Open Discussion and Q&A
- Next Steps

### Discussion Summary

#### HICPAC Workgroup Overview

Following roll call and introductions, Ms. Byrd gave an overview of HICPAC workgroups:

- An informal group charged by the committee to perform a specific task
  - HICPAC Workgroups are not subject to the same requirements as public HICPAC committee meetings.
  - HICPAC Workgroups do not provide advice directly to CDC or HHS. They must report to HICPAC at a public meeting. HICPAC then formalizes the Workgroup findings, product, or recommendations.
- Membership
  - At least two HICPAC members, one member must be designated as the lead
  - Workgroup membership is comprised of HICPAC members, volunteer experts from the field, professional organizations, etc. CDC technical consultants are also available for support.
- Activities
  - Information gathering
  - Participation in systematic evidence reviews
  - Drafting of position papers, guideline content, etc. for presentation to and deliberation by the committee in a public meeting
- Meetings are ongoing until their charge is fulfilled
- Workgroup members must complete:
  - Conflict of Interest & non-disclosure form
  - Financial Disclosure/Interest forms

#### Isolation Precautions Guideline

Dr. Bell presented the rationale, description, and framing for the Workgroup.

- Dr. Bell expanded upon the Workgroup overview and spoke about the importance of being transparent and clear about why and how recommendations are made.
- An overview of CDC support was provided (e.g., evidence review team, writer/editor, SMEs, international group, etc.).

- Guidelines and recommendations have been written in an academic textbook-like manner in the past.
  - The group will not be rewriting the old isolation precautions guideline in this manner.
  - Things have evolved with technology, and documents are now electronic and more easily digestible, searchable, and mobile.
- A lot has been learned about airborne vs droplet transmission over the past two years, which will be valuable for the timing of this update.
- There are two parts needed for this update.
  - Part 1 will be similar to a white paper.
    - It will involve synthesizing evidence and presenting a new description of how infection is transmitted in healthcare settings.
  - Part 2 will be an update of the Appendix A section of the old guideline.
- The goal is to work on Part 1 for the next 12 months and move to the Appendix A section in the second year of this process.
- Dr. Bell thanked Dr. Wright and Dr. Lin for stepping up to be co-chairs of the Workgroup.

#### Open Discussion and Q&A

- Dr. Wright opened the discussion by suggesting the group meet biweekly to accomplish the proposed timeline, and the group agreed.
- Questions and Answers:
  - Q: Will the old guideline exist in some way online as the update is occurring?
  - A: Yes, and sections can be sunsetted segmentally as they are updated.
  - Q: How many pages will the Part 1 “white paper” section be?
  - A: The goal is to keep it to around 10 pages.
    - It is also important to think about how it can be more concise, easily searchable, accessed on a mobile device, etc.
    - A lot of information in the original guideline has already been taken out and put into the Core Practices document.
  - Q: Is the first step creating an outline of what should stay and what can go?
  - A: Yes
  - Q: Is the outline we are discussing for just Part 1, or the whole update?
  - A: Just Part 1
    - Part 1 will be heavily influenced by the inhalation transmission question, but it will also include the rest of infection transmission.
  - Q: What is the process for coming out with recommendations when there is a lack of evidence?
  - A: A high level of expert opinion will be used to address this issue.
  - Q: Are there two or three sections? A white paper, part 1, then appendix A? or is the white paper part 1?
  - A: There are two sections. Part 1 is the white paper.
  - Q: To clarify, the update will not be exclusive to respiratory transmission? It will include contact and the whole breadth of transmission?
  - A: Yes
  - Q: If we will be using expert opinion and evidence-based data, are we going to identify the level of evidence?
  - A: How we capture that will need to be decided, but we are going to be transparent. We can use a similar format to the Infection Control in Healthcare Personnel Guideline, where expert opinion is considered standard of care. We need to be transparent in capturing all the factors

weighed in making each decision (e.g., member vote will be recorded and we will identify when there is not a unanimous vote).

- Q: Will this be similar to the HICPAC recommendation scheme? If so, could we share that with the group?
- A: Yes, it would be good for the group to look at that document for reference.
- Q: The 2007 document focuses on acute care hospitals, so what is the scope of this document as far as healthcare settings?
- A: This document will cover how infection is transmitted and how to prevent that transmission. This is step one and hopefully will provide a base to develop those setting-specific recommendations later.
- Q: How much work will be done on our own time vs during the Workgroup meetings?
- A: A large portion of work will be done during the meetings, then some “homework” may be assigned by the co-chairs (e.g., reading/finding articles, reviewing drafts). CDC people will do work in between as well.

#### Next Steps

- The group agreed to meet twice before the March 24<sup>th</sup> HICPAC meeting.
- A proposed timeline needs to be created and will be presented at HICPAC.
- Options for the draft outline of Part 1 will be created and presented as well.
- Links to the 2007 guideline, Core Practices, and the HICPAC recommendation scheme will be sent to the group for review before the next meeting.
- A doodle poll will be sent to schedule the next two meetings.

With no additional comments or questions, the call adjourned at 3:03 pm ET.  
The next Workgroup call is TBD.