

HICPAC Isolation Precautions Guideline Workgroup Call

June 23, 2022, 2:00 pm ET

Participants

Workgroup: Sharon Wright, Mike Lin, Anu Malani, JoAnne Reifsnyder, Mark Russi, Connie Steed, Julie Trivedi, Deborah Yokoe

CDC: Darian Bishop, Sydney Byrd, Mylaica Conner, Marie de Perio, Ryan Fagan, Jamesa Hogges, Melissa Schaefer, Christine So, Erin Stone, Laura Wells

Agenda

- Brief recap of prior meeting
- Continue discussion of the notional draft, including review of submitted workgroup comments
- Homework/next steps

Discussion Summary

Discussion of the notional draft and review of submitted workgroup comments

After giving a recap of the last meeting, Dr. Lin led a discussion on the notional draft comments submitted by the group.

- The notional draft will fit into Part 1, section A of the outline: Review of Scientific Data Regarding Transmission of Infectious Agents in Healthcare Settings (this could change)
- A member asked how the scoping review will inform the notional draft.
 - The scoping review provided a picture of the landscape of evidence that exists on how things transmit through the air.
 - As the outline is being drafted, the group will develop more specific questions for more targeted literature reviews.
 - The writing will contain a mix of evidence and expert opinion where there is a lack of evidence.
- A member commented that Transmission-Based and Standard Precautions do not capture source control and wearing of masks in healthcare environments. There may need to be a literature review for these two topics.
- Members discussed that Section B is more about the fundamentals, and C is about how to apply them.
 - Masking could be under respiratory protection in B and the application of it in C
 - B is “these are the tools you have,” and C is “here’s how you deploy the tools.”
 - May need to preview this in section A
 - Most crucial question may be when we need to mask, what the triggers are, and how that gets operationalized.
 - Will keep a placeholder for this in section C.
- It was asked if masking becomes part of universal precautions, how does that get implemented?
 - Does that happen in this document?
 - Part 1 of this document will be the rationale behind why the recommendations are changing, and the recommendations will go in the next part (the update to the old appendix A)
- The most common comments on the notional draft were about the two paragraphs labeled long distance and close proximity. Instead, several suggested having one section on transmission by air and another on transmission by contact or touching.
 - Explaining long vs. short distance or the concept of a continuum would occur within those sections.

- The air section would include what we used to call droplet and aerosol and explain the continuum of respiratory transmission.
- Contact would be things that spread through touch (e.g., *S. aureus*)
- Need to acknowledge there is overlap with some infections, so might say things that spread “primarily by air” and things that spread “primarily by touch,” with a continuum within both.
- Droplet and airborne would be integrated into a transmission spectrum and not so dichotomous.
 - How a virus transmits is not clear cut and is affected by many factors, such as the environment, the patient, etc.
 - Can be transparent and discuss a continuum in the first part, but will need to give a rationale for how things will be categorized based on this continuum and how it will be applied regarding recommendations.
- The OGER team can examine the scoping review to see if there are systematic literature reviews that answer the question of how to apply the concept of a continuum of transmission to categorizing pathogens.
 - Is there evidence to support categorizing or dichotomizing particles spread through the air?
 - This work will stay at the systematic review level until more specific questions are asked.
- There are patterns of infection we can key in on: are people getting infected, and what is the pattern for distance, proximity, etc.
- It was suggested that the group could develop a grid that shows what factors were used when making recommendations for each pathogen and be transparent about the fact that there is a continuum.

Homework and Next Steps

Dr. Lin and Dr. Wright reviewed the homework to be completed before the next meeting.

- The co-chairs will work on finalizing the first draft of section A.
- The sub-sections of Part 1.B will be divided between the remaining 9 group members.
 - There are eight slots, but there could be two people on hand hygiene.
 - Each member will outline and bullet point what should be covered in each section.
 - Also, think about what can be offloaded to other guidelines.
 - A sign-up will be sent to the group for members to pick which section they would like to work on.
 - CDC technical advisors can also sign up for sections as a resource.
 - Citations can be included, but the outline is more conceptual at this point.
 - It should be informed by the 2007 guideline and other guidelines that have come out in the interim.
 - The next two meetings will be spent reviewing each other’s outlines.
 - Hopefully, some targeted questions will be generated.
 - This input will help outline the first draft, which CDC will write.

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

The next Workgroup call is scheduled for June 14, 2022, at 2:00 pm ET.