

HICPAC Isolation Precautions Guideline Workgroup Call

March 28, 2024, 2:00 pm ET

Participants

Workgroup: Mike Lin, Sharon Wright, Hilary Babcock, William Bennett, Lisa Brosseau, Elaine Dekker, Robert Harrison, Melissa McDiarmid, Erica Shenoy, Connie Steed, Julie Trivedi, Deborah Yokoe
CDC: Mike Bell, Sydney Byrd, Alex Kallen, David Kuhar, Kenneth Mead, Devon Okasako-Schmucker, Melissa Schaefer, Erin Stone, David Weissman, Laura Wells

Agenda

- Attendance and disclosure of conflicts of interest
- Recap of prior meeting
- Presentation: Air Transmission and the Role of Masks vs. Respirators in Minimizing Exposure to Aerosol Transmissible Pathogens
- Discussion
- Next Steps

Discussion Summary

- No new conflicts of interest were disclosed.

Presentation: Air Transmission and the Role of Masks vs. Respirators in Minimizing Exposure to Aerosol Transmissible Pathogens

- WG members gave a presentation on air transmission and the use of masks versus NIOSH-approved N95 respirators for pathogens that spread by air.
- The presentation will be sent to the group.

Discussion

- A WG member expressed that it is challenging to reconcile lab-driven data with epidemiological experiences working in the hospital and other healthcare facilities.
- A comment was made that the healthcare personnel (HCP) in their facility have been using surgical masks during flu season and they have not experienced transmission.
- The presenter discussed the particles people generate and said an isolation mask can reduce inhalation of particles by about 50%, so masks are somewhat effective but not completely effective, especially for someone caring for an infected person.
- The presenter expressed they would like to see data on transmission rates based on job categories and departments.
- Members agreed that type of data would be useful but were not aware of any studies looking at transmission based on job categories or departments within healthcare facilities.
- Another member agreed it's challenging to translate data from modeling studies to what is seen day to day working in healthcare facilities.
- WG members discussed how to account for data from modeling studies as well as epidemiological experience working in hospitals and other healthcare facilities.
 - WG members continued to discuss finding a balance between the two.
- A WG member expressed they trust measurement over observation and that the group should use that science.
- Another member commented that data around universal masking indicates that the rates of many diseases drop significantly and that universal masking may make sense at certain timeframes, like flu

season. They also said they think there is a place for respirators for certain jobs or certain tasks and that they are not anti-surgical masks in the context of universal masking. They prefer respirators but understand that may be an ask too far.

- Another member debated the earlier comment that surgical masks are not good at filtering and said it's true they are not as good as respirators, but they are effective. They continued that for large particles, there is better than 50% filtering, and epi studies showed no clear difference between procedure masks and respirators. They said their main point is that the medical masks are effective.
- WG members discussed if there is a role for surgical masks in tandem with respirators in healthcare.
- Additional comments from WG members:
 - Small particles are important over relatively "long" distances; N95s are better for these small particles than surgical masks. Do we need "real world" evidence that N95s are better (or should we rely on aerosol science and the "precautionary principle")?
 - If pathogens such as RSV and influenza can be spread via small particles (aerosol), are masks good enough for all workers? One option would be to advise respirators when there is an outbreak, major uptick in disease prevalence, pandemic, etc.
 - Respirators are an option for HCP who would like to use one, e.g., immunocompromised HCP or those who would like a higher level of protection because they have vulnerable family members at home.
 - One key question is whether the mask v respirator studies are definitive enough to conclude that masks are sufficient as PPE.
 - It was suggested that the WG revisit the definition of air transmission. Revising that may help make better decisions about respirators and masks.

Next Steps

- The presentation will be sent to the WG.

The call adjourned at 3:02 pm with no additional comments or questions.

The next Workgroup call is scheduled for April 11, 2024, at 2 pm ET.