



## **World Health Network**

October 30, 2023

TO: Healthcare Infection Control Practices Advisory Committee (HICPAC)

We, the undersigned, an international group of concerned physicians, informed by the tragic inadequacies of the COVID-19 pandemic response, call for national standards for infection control in healthcare facilities, based on the well-established science of airborne transmission. We firmly refute the CDC's advisory committee's (HICPAC's) draft guidelines, which are wholly inadequate to control airborne transmission of COVID-19 and other respiratory pathogens, especially within healthcare facilities where high risk patients and staff have concentrated exposures. What HICPAC and CDC advise has global significance given that many countries take their lead from CDC policies and guidance in their pandemic response and infection control programs.

There is no debate: SARS-CoV-2 is an airborne virus, highly infectious, and is dangerous to all people, including health care workers, and most particularly clinically vulnerable patients. The burden of long-term pathologic effects of COVID-19 infection are significant, and numbers of affected HCWs and other citizens continue to grow cumulatively. Airborne infection control procedures, long established, and used in tuberculosis clinics, prevent the transmission of airborne aerosol diseases in healthcare settings. N-95-style respirator masks are demonstrably superior to surgical masks in prevention of aerosol infectious disease. HICPAC's drafted guidelines include misleading statements equating the efficacy of surgical masks and N-95 respirators. They wholly omit any reference to facility ventilation and air cleansing or air quality monitoring standards. These guidelines will fail to protect patients from airborne infections.

We are clear: it is negligent not to implement proven, known effective airborne infection control in hospitals and other healthcare settings.

It is negligent not to implement universal masking precautions within health facilities at times of respiratory illness surges that will save the lives of patients and drastically reduce staff illness, absences and shortages. This is especially important insofar as many infectious individuals are asymptomatic.

It is negligent to have inadequate guidance that exposes clinically vulnerable patients concentrated in healthcare facilities to infections when proven airborne infection control techniques exist.

It is negligent to continue to allow hospital workplace COVID-19 infections at a time of rampant HCW shortage, given its impact on staffing both from acute and chronic effects.

We, the undersigned, call on HICPAC to re-engage with and comprehensively study the evidence-based science around airborne infection control in drafting new guidelines. We call on HICPAC to include aerosol experts, patient advocates, ventilation engineers, NIOSH and OSHA in their process. We call on HICPAC to institute a more open and transparent process. We call on HICPAC to move infection control policy forward, not backward, at a time when lack of airborne infection control is harming and killing our patients and our HCW workforce during an ongoing pandemic.

What HICPAC and CDC advise has global significance given that many countries take their lead from CDC policies and guidance in their pandemic response and infection control programs.

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