

Miller, Diane M. (CDC/NIOSH/EID)

From: Nancy Hailpern [nhailpern@apic.org]
Sent: Monday, February 07, 2011 4:14 PM
To: NIOSH Docket Office (CDC)
Cc: Graham; Lisa Tomlinson
Subject: Comments on 42 U.S.C. 300ff-131 Infectious Diseases
Attachments: Comments on Ryan White ERE Notification and ID list 2-7-11 FINAL.pdf

To NIOSH Docket Officer:

Please accept the attached comments of the Association for Professionals in Infection Control and Epidemiology (APIC) on Implementation of Section 2695 (42 U.S.C. 300ff-131) of Public Law 111-87: Infectious Diseases and Circumstances Relevant to Notification Requirements. We appreciate the opportunity to provide input to this General Notice.

Nancy Hailpern

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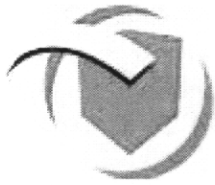
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February 7, 2010

Tanja Popovic, MD, PhD
Deputy Associate Director for Science
US Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, GA 30333

***Re: Implementation of Section 2695 (42 U.S. C. 300ff-131) of Public Law 111-87:
Infectious Diseases and Circumstances Relevant to Notification Requirements.***

Dear Dr. Popovic:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide input on the General Notice of Infectious Diseases and Circumstances Relevant to Notification Requirements. APIC is a nonprofit, multi-disciplinary, international organization representing over 13,500 infection preventionists (IPs), whose mission is to improve health and promote safety by reducing the risks of infection and adverse outcomes in patients and healthcare personnel. Our members are critical to efforts that protect emergency response employees (EREs) from potentially life-threatening infectious diseases and are integral to the notification process.

The **Definitions** section clearly outlines the various methods of disease transmission that are utilized in determining the risk of exposure to EREs. APIC agrees with these definitions and appreciates the thoroughness and clarity with which they are written. This will allow our members to implement the revised requirements with accuracy and consistency in an effort to protect and notify EREs accordingly.

Part I. List of Potentially Life-threatening Infectious Diseases to Which Emergency Response Employees May be Exposed.

APIC appreciates the thorough and comprehensive list of diseases noted in each of the categories below and agrees with the list of diseases noted in each of the categories. This helps provide guidance for which workers are potentially exposed based on their patient interactions and route of transmission of the organism. For example, there may be situations where an ambulance driver may or may not have been exposed depending on the route of transmission and/or the driver's interaction with the patient.

A. *Routinely Transmitted by Contact or Body Fluid Exposures*
APIC agrees with the disease entities as listed.

B. *Routinely Transmitted Through Aerosolized Airborne Means*



APIC agrees with the disease entities as listed.

C. *Routinely Transmitted Through Aerosolized Droplet Means*

APIC believes it is important to add pertussis (*Bordetella pertussis*) to this list. Clinical characteristics and complications in adults have been well described and can result in hospitalization in some cases.¹ More importantly, adults with pertussis pose an increased risk in the community if they have contact with young infants or children for whom morbidity and mortality from the disease are well documented.^{2,3} For example, an ERE may be exposed and incubating the infection, resulting in potential exposures of young infants or children to a life-threatening disease during the ERE's work or at home. An important aspect of pertussis and other droplet transmissible diseases, e.g. influenza, include the fact that these are preventable through receipt by EREs of recommended vaccines. Vaccine represents a primary preventive intervention that is very effective in mitigating occupational transmission to many infectious diseases the ERE might encounter during care delivery.⁴ Immunizations are outside the scope of this general notice but because it is a core prevention strategy we felt it worthwhile sharing in this response.

Consideration of newly emerging infectious diseases is essential, and APIC appreciates the incorporation of language in this document permitting amendments to the list in the future as warranted.

Part II. Guidelines Describing the Circumstances in Which Such Employees May Be Exposed to Such Diseases

A. *Exposure to Diseases Routinely Transmitted Through Contact or Body Fluid Exposures*
APIC has no additional comments.

B. *Exposure to Diseases Routinely Transmitted Through Aerosolized Airborne or Aerosolized Droplet Means*

APIC recommends sorting the mechanism of transmission into two separate sections as was done in Part I in order to gain clarity. The reader may also find it useful to have additional explanatory examples for both Aerosolized Airborne and Aerosolized Droplet sections as was done for contact and body fluid exposures in Part I.

Part III. Guidelines Describing the Manner in Which Medical Facilities Should Make Determinations for Purposes of Section 2695B(d) [42 U.S.C. 300ff-133(d)]

Healthcare facilities' comprehensive infection prevention and control programs include basic components addressing the follow-up of infectious disease exposures among staff, contract workers and ERE. These programs currently incorporate the notification processes involving multiple personnel, including IPs, employee health and other clinicians as described here. In addition to the guidance provided in this document, APIC members currently utilize relevant guidelines and literature in their existing practice to assist in determining the realistic extent of



exposure events in the healthcare continuum, including EREs. Specifically, IPs determine exposure risk to contagious diseases as part of their current job responsibilities. This information is utilized to notify necessary individuals regarding exposure events based on previously noted criteria. IPs actively notify ERE companies of transported patients with contagious illness thought to have exposed EREs. In addition, IPs are an existing conduit for providing ERE companies with necessary information upon their request when a patient is transported with a suspected contagious but yet unknown disease. The IPs currently assist in gathering the necessary medical patient information to determine if a contagious illness has been diagnosed and if that diagnosis has put the ERE at risk for exposure. In doing so, IPs utilize and adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules. APIC stresses the need for a statement directing ERE companies to provide appropriate requests to medical facilities while also adhering to HIPAA rules in the process.

The forms and documentation of the protocols and communication processes are necessarily facility-specific and include any additional state regulations if required. These documentation processes have been incorporated as standard program requirements by healthcare facilities and as the final, updated list becomes available, they will be revised and communicated as well.

Again we commend NIOSH on the thorough review and update of this list in order to better respond to today's needs. As key participants in this important process to protect EREs, we are pleased to share our views and appreciate your consideration of our suggestions.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell N. Olmsted".

Russell N. Olmsted, MPH, CIC
2011 APIC President

¹ Centers for Disease Control and Prevention (CDC). Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Healthcare Infection Control Practices Advisory Committee (HICPAC). *MMWR* 2006;55(RR17):1-33 (See Table 2).

² Centers for Disease Control and Prevention (CDC). Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Healthcare Infection Control Practices Advisory Committee (HICPAC). *MMWR* 2006;55(RR17):1-33 (See Table 3).

³ Cortese MM, Baughman AL, Ronping Z et al. Pertussis hospitalizations among infants in the United States, 1993 to 2004. *Pediatrics* 2008;121(3):484-92.

⁴ Weber DJ, Rutala WA, Schaffner W Lessons learned: protection of healthcare workers from infectious disease risks. *Crit Care Med.* 2010 Aug;38(8 Suppl):S306-14.