

Letters to the Editor

Disagreement over CDC Draft Guideline

To the Editor:

We have contacted hospitals from across the United States during the past 2 months inquiring what position they were taking regarding the Centers for Disease Control and Prevention (CDC) draft guidelines requiring high-efficiency particulate air filter respirators for acid-forming bacilli isolation. Having obtained information regarding more than 30 hospitals, we concur with your assessment that there is almost universal opposition among infection control experts to this proposal and to the the Occupational Safety and Health Administration decision to enforce this requirement.¹

We agree with the majority of the infection control community that it is unreasonable to implement mandatory requirements that inflate the cost of

healthcare in the absence of epidemiologic data showing that they will have additional protective efficacy. We feel that studies should be conducted regarding the additional protective efficacy of such respirators and of their cost-effectiveness before any decision is made regarding their requirement in negative pressure rooms.

In an address to the executive board of The American Public Health Association in 1935, Wade Hampton Frost, an important leader in American epidemiology, warned that authoritative public health pronouncements must reflect "substantially unanimous agreement based upon adequate evidence." The CDC draft guideline is based on neither unanimous agreement nor adequate evidence.

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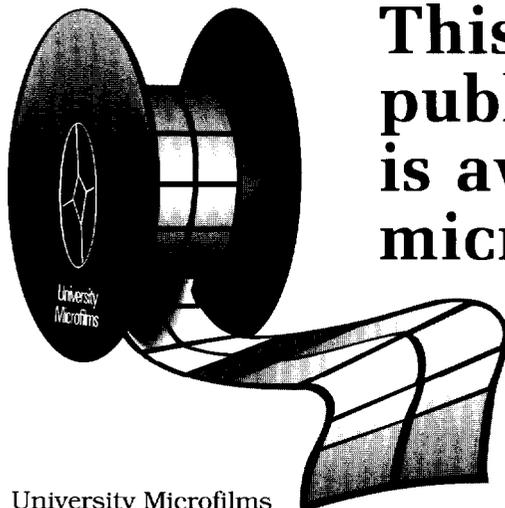
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REFERENCE

1. Decker MD. OSHA enforcement policy for occupational exposure to tuberculosis. *Infect Control Hosp Epidemiol* 1993;14:689-693.

Correction

During production, two errors were introduced into Table 3 of the article "Epidemic *Clostridium difficile*-Associated Diarrhea: Role of Second- and Third-Generation Cephalosporins" (1994;15:88-94). The information on first-generation cephalosporins was shifted one column to the left, and the footnotes were reversed.



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