

Infection Control in Healthcare Personnel Workgroup

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HICPAC August 22, 2024

Disclaimer

- The findings and conclusions herein are **draft** and have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.
- This document was modified on February 4, 2025 in accord to comply with Executive Order 14168 “Defending Women from Gender Ideology Extremism and Restoring Truth to the Federal Government”

Infection Control in Healthcare Personnel Workgroup: Goal & Charge

- **Update:** *Guideline for Infection Control in Healthcare Personnel, 1998*
- **Goal:** To provide updated information on Infection Control in Healthcare Personnel (HCP), Section 2
- **Workgroup Charge:** The workgroup will focus on pathogen-specific issues for Infection Control in Healthcare Personnel. Where information is out of date, the Workgroup will make updates using evidence-based methods where evidence is available.

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Status Report

- **Section 1: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services** published October 2019
 - <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-infrastructure-routine-practices/index.html>
- **Section 2: Epidemiology and Control of Selected Infections Transmitted Among HCP and Patients:**
 - Previously posted: Diphtheria, Group A *Streptococcus*, Meningococcal Disease, Pertussis, and Rabies
 - Measles, Mumps, Rubella, Varicella, and Pregnant Healthcare Personnel published April 2024
 - <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/index.html>

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Status Report: Section Progress

- The Cytomegalovirus (CMV) and Parvovirus B19 sections completed initial CDC clearance and the Federal Register 60-day public comment period and received no related comments.
- A source control definition that will be added to the terminology appendix of this guideline also completed initial CDC clearance and the 60-day public comment period as a part of the CMV and Parvovirus B19 package.
- The Conjunctivitis section was approved by HICPAC at the June 2023 public meeting and is due to enter initial CDC clearance pending an update of the literature review.
- *S. aureus* is on hold pending a literature review.
- The Viral Respiratory Infections section is in progress.
- The group has begun section scope determination for the Gastrointestinal infections section.
- “On Deck:” Scabies/Pediculosis, Hepatitis A, Herpes

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Cytomegalovirus (CMV)

- HICPAC voted at the June 2023 public meeting to approve for submission to CDC clearance.
- Completed initial CDC clearance and submitted to Regulations.gov for a 60-day public comment period.
 - received no related comments.
- No changes have been proposed or made since the Committee last voted on this draft guideline.
- A final vote will be held today. If approved, the section will be submitted for final CDC clearance and subsequent posting to the CDC Infection Control guideline website.

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Cytomegalovirus 1998 recommendations

- a. Do not restrict personnel from work who contract CMV-related illnesses.
- b. Ensure that pregnant healthcare personnel are aware of the risks associated with CMV infection and infection control procedures to prevent transmission when working with high-risk patient groups.
- c. Do not routinely use workplace reassignment as a method to reduce CMV exposures among seronegative pregnant healthcare personnel.

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Cytomegalovirus *DRAFT* updated recommendations

1. Work restrictions are not necessary for healthcare personnel who have an exposure to cytomegalovirus.
2. Work restrictions are not necessary for healthcare personnel with active cytomegalovirus infection.

For recommendations about healthcare personnel (HCP) who are pregnant or intending to become pregnant and exposure to cytomegalovirus, please see the **Pregnant HCP** section.

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Acknowledgments

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CDC Support:

Workgroup DFO: David T. Kuhar

Technical Support: Joi Brooks, Marie De Perio (NIOSH), Melody Dolmer, Aisha Hill, Madelon Morford, Devon Okasako-Schmucker, Erin Stone, David Thoms, Melissa Wedel plus pathogen-specific SMEs

DHQP/PRB Support: Sydnee Byrd, Laura Wells

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Discussion/Comments/Questions

Extra Slides



Special Populations: Pregnant Healthcare Personnel Recommendation

- Do not routinely exclude healthcare personnel only on the basis of their pregnancy or intent to be pregnant from the care of patients with infections that have potential to harm the fetus (e.g., Cytomegalovirus (CMV), Human Immunodeficiency Virus (HIV), viral hepatitis, herpes simplex, parvovirus, rubella, varicella)

Vote: Cytomegalovirus *DRAFT* recommendations

1. Work restrictions are not necessary for healthcare personnel who have an exposure to cytomegalovirus.
2. Work restrictions are not necessary for healthcare personnel with active cytomegalovirus infection.

For recommendations about healthcare personnel (HCP) who are pregnant or intending to become pregnant and exposure to cytomegalovirus, please see the **Pregnant HCP** section.

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