

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2004

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Notice of availability and request for public comment.

SUMMARY: This notice is a request for review of and comment on the *Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2004*, available on the CDC Web site at www.cdc.gov/ncidod/hip/isoguide.htm. This document is for use by infection control staff, healthcare epidemiologists, healthcare administrators, and other persons responsible for developing, implementing, and evaluating infection control programs for healthcare settings across the continuum of care. The guideline updates and expands the 1996 *Guideline for Isolation Precautions in Hospitals*.

DATES: Comments on the *Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2004* must be received in writing on or before August 13, 2004.

FOR FURTHER INFORMATION CONTACT: Requests for copies of the *Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2004* should be submitted to the Resource Center, Attention: ISOGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E-68, 1600 Clifton Rd., NE., Atlanta, Georgia 30333; fax 404 498-1244; e-mail: isorequests@cdc.gov; or Internet: www.cdc.gov/ncidod/hip/isoguide.htm.

ADDRESSES: Comments on the *Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2004* should be submitted to the Resource Center, Attention: ISOGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E-68, 1600 Clifton Road, NE., Atlanta, Georgia 30333; fax 404 498-1244; e-mail: isocomments@cdc.gov; or Internet: www.cdc.gov/ncidod/hip/isoguide.htm.

SUPPLEMENTARY INFORMATION: The *Draft Guideline for Isolation Precautions: Preventing Transmission of Infectious*

Agents in Healthcare Settings 2004 addresses new concerns about transmission of infection to patients and healthcare workers in hospitals and in long-term care, outpatient, home care, and other healthcare settings in the United States. The primary objective of the 5-part guideline is to improve the safety of the nation's healthcare delivery system. Part I reviews the scientific data regarding the transmission of infectious agents in healthcare settings and discusses emerging pathogens of special concern, including multidrug-resistant organisms and agents of bioterrorism. Part II discusses the fundamental infection control elements needed to prevent transmission of these agents. Part III reviews the two tiers of transmission precautions (*i.e.*, Standard Precautions and Expanded Precautions) developed by the Healthcare Infection Control Practices Advisory Committee (HICPAC). New issues addressed in the guideline include Respiratory Hygiene/Cough Etiquette, which is intended to prevent transmission of respiratory pathogens at the first point of contact within a healthcare setting; Protective Environment, which is designed to protect allogeneic hematopoietic stem cell transplant patients; and strategies for control of multidrug-resistant organisms. Part IV contains the consensus recommendations of HICPAC for preventing the transmission of infectious agents in healthcare settings. Part V provides suggested performance measures to assist healthcare facility staff in monitoring success in implementation of key recommendations in the guideline.

HICPAC was established in 1991 to provide advice and guidance to the Secretary and the Assistant Secretary for Health, DHHS; the Director, CDC; and the Director, National Center for Infectious Diseases, regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections in U.S. healthcare facilities. The committee advises CDC on guidelines and other policy statements regarding prevention of healthcare-associated infections and related adverse events.

Dated: June 3, 2004.

James D. Seligman,

*Associate Director for Program Services,
Centers for Disease Control and Prevention.*
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004N-0017]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Adverse Event Pilot Program for Medical Devices

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by July 14, 2004.

ADDRESSES: OMB is still experiencing significant delays in the regular mail, including first class and express mail, and messenger deliveries are not being accepted. To ensure that comments on the information collection are received, OMB recommends that comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: Fumie Yokota, Desk Officer for FDA, FAX: 202-395-6974.

FOR FURTHER INFORMATION CONTACT: Peggy Robbins, Office of Management Programs (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1223.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Adverse Event Pilot Program for Medical Devices—(OMB Control Number 0910-0471—Extension)

FDA is requesting approval from OMB for clearance to continue to conduct a pilot project to evaluate aspects of a national reporting system mandated by the Food and Drug Modernization Act (FDAMA) of 1997. Under section 519(b) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360i(b)), FDA is authorized to require manufacturers to report medical device related deaths, serious injuries, and malfunctions; user facilities (hospitals, nursing homes, ambulatory surgical facilities and outpatient diagnostic and treatment facilities) to report device-related deaths directly to FDA and to manufacturers, and to report serious injuries to the

manufacturer. Section 213 of FDAMA amended section 519(b) of the act. This amendment legislated the replacement of a universal user facility reporting by a system that is limited to a “* * * subset of user facilities that constitutes a representative profile of user reports” for device related deaths and serious injuries. This amendment is reflected in section 519(b)(5)(A) of the act.

FDA is the regulatory agency responsible for the safety and effectiveness of medical products including medical devices and radiological products. Important questions about medical devices, such as those concerning user experience, durability, and rare effects may not be answered until after the device has been marketed. To protect the public health, FDA must be able to rapidly collect information pertaining to adverse events associated with medical devices after they have been marketed. This system is called the Medical Product Surveillance Network (MedSun). The current universal reporting system remains in place during the pilot stages of the new program, and until FDA implements the new national system by regulation. This legislation provides FDA with the

opportunity to design and implement a national surveillance network, composed of well-trained clinical facilities, to provide high quality data on medical devices in clinical use.

Before writing a regulation to implement the large-scale national MedSun reporting system, FDA has been conducting a pilot project to ensure all aspects of the new system address the needs of both the reporting facilities and FDA. This pilot project began with a small sample (approximately 25) and was planned to increase to a larger sample of approximately 250 facilities over a period of approximately 3 years. Data collection began in February 2002 and has been increasing since that time. FDA has achieved its recruitment goals each year, reaching 180 sites at the end of fiscal year (FY) 2003. FDA will reach a total of 240 for FY 2004 and will reach the final goal of 250 by FY 2005. The program has proven to be very popular with sites as FDA has gained a national reputation, with hospitals waiting in line to join.

However, FDA's current resources will not permit FDA to expand beyond 250 sites at this time.

The pilot originally had the following three parts to the data collection: (1) Collecting demographic profile information about the participation facilities, (2) implementing an electronic version of the portions of the MedWatch form (FDA Form No. 3500A, OMB control number 0910-0291) used to report adverse events occurring with medical devices, and (3) adding additional voluntary questions to the data collection. To date, these three features remain unchanged. However, there has been an addition to the data collection that was approved by OMB in the spring of 2004. Therefore, the fourth part of the collection system is the Medical Device Engineering Network (M-DEN)—a place on the MedSun software for the reporters to share information with each other.

In the **Federal Register** of January 27, 2004 (69 FR 3922), FDA published a 60-day notice requesting public comment on the information collection provisions. No comments were received.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN¹

Data Type	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
MedSun ²	250	8	2,000	.75	1,500
M-DEN ³	83	10	830	.50	415
Total					1,915

¹ There are no capital costs or operating and maintenance costs associated with this collection.

² MedSun means Medical Product Surveillance Network.

³ M-DEN means Medical Device Engineering Network.

Currently, FDA has 180 sites participating in MedSun pilot program, but expects to have 250 sites over the next 2 years. The frequency of response reflects what FDA has actually been receiving as the average number of submissions in the MedSun Program. While six is the actual average for submissions, FDA hopes to increase this number to eight once their educational materials reach potential respondents. The time estimated to respond is based on feedback FDA has received from current MedSun reporters.

At this time, FDA estimates that one-third of the total number of respondents will access M-DEN aspect of the MedSun software, or approximately 83 persons per year. Each respondent is expected to post 5 problems and respond to 5 problems posted by other MedSun participants for a total of 10

responses per year. It is expected that each visit to the bulletin will not take longer than 30 minutes.

Dated: June 4, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004N-0034]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Medical Devices; Current Good Manufacturing Practice Quality System Regulation

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget