

*To CMS - thank you in advance for reading all of this. I know it's a lot.*

*I am concerned about hospital acquired Covid because I lost my aunt Mary to exactly that.*

*And because LongCovid messes you up. Vaccination reduces LongCovid by 50%, but does not prevent it.*

*As we get older, our immune systems get weaker. If I were you, I'd personally look at implementing this as doing it for the future me. We all are getting older - you, too.*

*Each new variant is ever more immunoevasive.*

*N95s are immune system, age, and variant agnostic.*

And this is what I am requesting.

To reduce the spread of COVID inside healthcare settings, CMS must

1. Require universal N95s for HCWs, admin stuff, and patients.
2. Mandate hospitals report COVID infections and 2) include healthcare-acquired COVID infections as part of CMS-1808-P.
3. Data should be reported separately by facility name and aggregated at the state level with public access through HealthData.gov.
4. CMS must include COVID in its Hospital-Acquired Condition (HAC) HAC Reduction Program and/or its Value-Based Purchasing Program,
5. To create financial incentives for COVID prevention in inpatient care. CMS should require hospitals to report and decrease hospital-onset COVID,
6. Hospital-onset COVID should be defined as infections diagnosed after 5+ days of admission. The CDC currently defines hospital-onset COVID as only those cases diagnosed in people who are still in the hospital after 14 days of hospitalization. This vastly **underestimates** hospital-acquired COVID, as current variants of COVID **only take 2-3 days from exposure to developing symptoms**.<sup>1,2</sup> Since the average hospital stay is **5.4 days**,<sup>3</sup> the current criteria of 14-day hospitalization miscount most people.
7. One of the goals should be to have zero nosocomial infections such as demonstrated by the N100 elastomeric respirators at the TCID, in Texas.

<https://www.kens5.com/article/news/health/san-antonio-hospital-could-have-an-answer-to-the-ppe-crisis-elastomeric-masks/273-882e7ea3-e377-4776-906c-33ce89e193cc>

You probably recognize this next bit - it's copied and pasted. But, I vouch for the data. I actually went and read it ALL.

I am a big nerd like that.

### **Additional Information and References for the Comment Letter:**

During the first three months of 2023, US hospitals reported an average of 1231 patients per week that had caught COVID during their stay, with a high of 2287 patients with hospital-acquired COVID in the first week of January 2023 (using the current CDC 14-day definition).<sup>4</sup> The UK has documented even higher rates,<sup>5</sup> but the UK defines hospital-onset COVID as cases diagnosed after 7 days of hospitalization. The Biden administration never released data showing how prevalent COVID spread has been inside individual hospitals,<sup>6</sup> and the CDC stopped requiring hospitals to report hospital-onset COVID in April 2023.<sup>7</sup>

COVID remains a major cause of death in the US since 2020,<sup>8,9</sup> and many of those deaths were likely due to hospital-acquired COVID, which has a 5-10% mortality rate. <sup>10,11</sup> This is significantly higher than several of the other infections CMS includes in its HAC Reduction Program. Catheter-Associated Urinary Tract Infection has a mortality rate of 2.3%,<sup>12</sup> Surgical Site Infections for Abdominal Hysterectomy and Colon Procedures have a mortality rate of 3%,<sup>13</sup> and Clostridium-difficile infection has a mortality rate of 7.9%.<sup>14</sup> Thus, hospital-onset COVID requires more preventive effort.

Nearly half of all US residents are concerned about COVID outbreaks.<sup>15</sup> Preventing COVID in the hospital is an equity issue. People of color continue to suffer high rates of COVID deaths.<sup>16</sup> Amid huge health worker shortages, half of health workers go to work with COVID symptoms.<sup>17</sup> CMS needs to protect both patients and health workers.

Even when community transmission is low, healthcare settings are the most likely place where people receiving COVID care could encounter vulnerable patients who could be harmed by COVID. COVID outbreaks are already happening in hospitals that stopped requiring masks.<sup>18</sup> If your hospital roommate has COVID, you have a 4 in 10 chance of catching it from them.<sup>19</sup> No one should be endangered for going to the hospital for a heart attack, elective surgery, or delivering a baby.

In spite of these facts, hospital administrators lobbied public health departments to end COVID protections in healthcare.<sup>20</sup> Vulnerable patients can still become severely ill or die from COVID. Anyone can get Long COVID with up to 18% of all US adults have experienced this condition and nearly 4 million people in the US are unable to work after being disabled from this

condition.<sup>21,22</sup> Hospitals should be protecting patients under their care from COVID. But since hospitals previously faced a financial crisis<sup>23</sup> and positive COVID cases mean loss of income from elective procedures, we are concerned that hospitals are placing priority over profits over patient safety.

Please protect vulnerable patients, prevent health worker shortages, and promote health equity by requiring hospitals to report COVID infections and protect patients from hospital-acquired COVID.

**References:**

1. Lumley SF, Constantinides B, Sanderson N, et al. Epidemiological data and genome sequencing reveals that nosocomial transmission of SARS-CoV-2 is underestimated and mostly mediated by a small number of highly infectious individuals. *J Infect.* 2021;83(4):473-482. doi:10.1016/j.jinf.2021.07.034
2. Wu Y, Kang L, Guo Z, Liu J, Liu M, Liang W. Incubation Period of COVID-19 Caused by Unique SARS-CoV-2 Strains: A Systematic Review and Meta-analysis. *JAMA Netw Open.* 2022;5(8):e2228008. doi:10.1001/jamanetworkopen.2022.28008
3. National Center for Health Statistics. Hospital admission, average length of stay, outpatient visits, and outpatient surgery, by type of ownership and size of hospital: United States, selected years 1980–2019. Published online 2021. <https://www.cdc.gov/nchs/hs/data-finder.htm>
4. U.S. Department of Health and Human Services. COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries (RAW). HealthData.gov. <https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-syeh>
5. Campbell D, Barr C. 40,600 people likely caught Covid while hospital inpatients in England. *The Guardian.* <https://www.theguardian.com/society/2021/mar/26/40600-people-likely-caught-covid-while-hospital-inpatients-in-england>. Published March 26, 2021. Accessed June 3, 2023.
6. Biden officials to keep private the names of hospitals where patients contracted Covid. *POLITICO.* Published June 25, 2022. Accessed April 18, 2023. <https://www.politico.com/news/2022/06/25/biden-officials-to-keep-private-the-names-of-hospitals-where-patients-contracted-covid-00042378>
7. American Hospital Association. CDC to Streamline Hospital COVID-19 Data Reporting Requirements. Published April 27, 2023. Accessed June 2, 2023. <https://www.aha.org/special-bulletin/2023-04-27-cdc-streamline-hospital-covid-19-data-reporting-requirements>

8. COVID-19 was third leading cause of death in the United States in both 2020 and 2021. National Institutes of Health (NIH). Published July 5, 2022. Accessed October 13, 2022. <https://www.nih.gov/news-events/news-releases/covid-19-was-third-leading-cause-death-united-states-both-2020-2021>
9. McPhillips D. Covid-19 was the fourth leading cause of death in 2022, CDC data shows. CNN. <https://www.cnn.com/2023/05/04/health/covid-fourth-leading-cause-of-death/index.html>. Published May 4, 2023.
10. Otter JA, Newsholme W, Snell LB, et al. Evaluation of clinical harm associated with Omicron hospital-onset COVID-19 infection. *J Infect*. 2023;86(1):66-117. doi:10.1016/j.jinf.2022.10.029
11. Cook AD Henrietta. Hundreds die of COVID after catching virus while in hospital. *The Age*. <https://12ft.io/proxy?q=https%3A%2F%2Fwww.theage.com.au%2Fnational%2Fvictoria%2Fhundreds-die-of-covid-after-catching-virus-while-in-hospital-20230330-p5cwjx.html>. Published March 30, 2023.
12. Centers for Disease Control and Prevention. Guideline for Prevention of Catheter-Associated Urinary Tract Infections (2009). *Infection Control*. Published March 28, 2019. <https://www.cdc.gov/infectioncontrol/guidelines/cauti/background.html>
13. Lantana Consulting Group, Centers for Disease Control and Prevention. American College of Surgeons–Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure Technical Report. Centers for Disease Control and Prevention; 2021. [https://qualitynet.cms.gov/files/627bad867c89c50016b44266?filename=2021\\_SSI\\_MeasTechRpt\\_v1.0.pdf](https://qualitynet.cms.gov/files/627bad867c89c50016b44266?filename=2021_SSI_MeasTechRpt_v1.0.pdf)
14. Yu H, Alfred T, Nguyen JL, Zhou J, Olsen MA. Incidence, Attributable Mortality, and Healthcare and Out-of-Pocket Costs of *Clostridioides difficile* Infection in US Medicare Advantage Enrollees. *Clin Infect Dis Off Publ Infect Dis Soc Am*. 2023;76(3):e1476-e1483. doi:10.1093/cid/ciac467
15. Civiqs. Coronavirus: Outbreak concern. [https://civiqs.com/results/coronavirus\\_concern?uncertainty=true&annotations=true&zoomIn=true](https://civiqs.com/results/coronavirus_concern?uncertainty=true&annotations=true&zoomIn=true)
16. Lundberg DJ, Wrigley-Field E, Cho A, et al. COVID-19 Mortality by Race and Ethnicity in US Metropolitan and Nonmetropolitan Areas, March 2020 to February 2022. *JAMA Netw Open*. 2023;6(5):e2311098. doi:10.1001/jamanetworkopen.2023.11098
17. Linsenmeyer K, Mohr D, Gupta K, Doshi S, Gifford AL, Charness ME. Sickness presenteeism in healthcare workers during the coronavirus disease 2019 (COVID-19)

pandemic: An observational cohort study. *Infect Control Hosp Epidemiol*. Published online 2023:1-4. doi:10.1017/ice.2023.47

18. Espinoza, Martin. COVID-19 outbreak reported at Kaiser Santa Rosa hospital as community infections low. *Santa Rosa Press Democrat*.

<https://www.pressdemocrat.com/article/news/covid-19-outbreak-reported-at-kaiser-santa-rosa-hospital-local-health-offi/>. Published April 20, 2023.

19. Karan A, Klompas M, Tucker R, Baker M, Vaidya V, Rhee C. The Risk of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Transmission from Patients With Undiagnosed Coronavirus Disease 2019 (COVID-19) to Roommates in a Large Academic Medical Center. *Clin Infect Dis*. 2022;74(6):1097-1100. doi:10.1093/cid/ciab564

20. Lazar K. Health groups call on Mass. to keep mask mandates in health care settings - *The Boston Globe*. *The Boston Globe*.

<https://www.bostonglobe.com/2023/04/05/metro/health-groups-call-mass-keep-mask-mandates-health-care-settings/>. Published April 5, 2023.

21. Centers for Disease Control and Prevention. Long COVID - Household Pulse Survey. Published February 21, 2023. <https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm>

22. Bach K. New Data Shows Long Covid is Keeping as Many as 4 Million People Out of Work. *Brookings*. Published August 24, 2022.

<https://www.brookings.edu/research/new-data-shows-long-covid-is-keeping-as-many-as-4-million-people-out-of-work/>

23. Thomas N. Congress can take action to help healthcare deal with “crushing” financial challenges, AHA urges. Published online October 25, 2022.

<https://www.beckershospitalreview.com/finance/congress-can-take-action-to-help-healthcare-deal-with-crushing-financial-challenges-aha-urges.html>