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Comment from Anonymous

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General Comment

You must continue to collect and expand COVID-19 surveillance in healthcare facilities.

The following proposals and changes should be implemented:

Hospitals must separately report total COVID, Flu, and RSV infections in healthcare settings on a DAILY basis as part of this proposal as part of routine reporting of “respiratory illnesses.” Financial support should be provided to healthcare systems to ensure robust reporting capability. I support the reporting of demographics including additional characteristics such as socioeconomics and disability data. These data should be reported separately by facility name and aggregated at the state level with public access through HealthData.gov.

NHSN must include COVID in its Hospital-Acquired Condition (HAC) HAC Reduction Program and/or its Value-Based Purchasing Program, to create financial incentives for COVID prevention in inpatient care. NHSN should require hospitals to report and decrease hospital-onset COVID, using layered protections, such as universal mask wearing, universal screening testing, and improved air quality with UV light, HEPA filters, and ASHRAE 241 standards to promote patient and staff safety and health equity.

Hospitals should be required to report all hospital-onset COVID cases to CMS and the CDC. These data should be made available through HealthData.gov. This will help hospitals be held accountable as well as know how to improve safety practices.

Hospital-onset COVID should be defined as infections diagnosed after 3+ 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. Since the average hospital

stay is 5.4 days, the current criteria of 14-day hospitalization miscount most people.

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). The UK has documented even higher rates, 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,6 and the CDC stopped requiring hospitals to report hospital-onset COVID in April 2023.

COVID remains a major cause of death in the US since 2020, and many of those deaths were likely due to hospital-acquired COVID, which has a 5-10% mortality rate. 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%, Surgical Site Infections for Abdominal Hysterectomy and Colon Procedures have a mortality rate of 3%, and Clostridium-difficile infection has a mortality rate of 7.9%. Thus, hospital-onset COVID requires more preventive effort.

Nearly half of all US residents are concerned about COVID outbreaks. Preventing COVID in the hospital is an equity issue. People of color continue to suffer high rates of COVID deaths. Amid huge health worker shortages, half of health workers go to work with COVID symptoms. NHSN 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. If your hospital roommate has COVID, you have a 4 in 10 chance of catching it from them. 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. 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. Hospitals should be protecting patients under their care from COVID. But since hospitals previously faced a financial crisis 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.