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## Reply to Burden et al

*To the Editor*—The letter by Burden et al<sup>1</sup> in response to the Society for Healthcare Epidemiology of America (SHEA) expert guidance article on healthcare personnel (HCP) attire in non-operating-room settings<sup>2</sup> raises an important question: should SHEA provide guidance in areas where available data are insufficient for evidence-based guidelines?

A core mission of SHEA is to advance the science of infection prevention, to help fill in evidence gaps in order to drive practice change and reduce infections. However, there are still far too many areas of uncertainty, and too little funding to address all of them quickly. In addition, given the multifactorial nature of healthcare-associated infection (HAI) risk, it is often very difficult to tease out the incremental risk associated with a single variable (eg, HCP attire). So the question arises, what should we do while awaiting better evidence?

I believe that the expertise of SHEA members is critical in helping to answer that question. A complete literature review and expert guidance (not guidelines) can assist infection prevention programs as they choose among options available to them (but without mandating approaches in the absence of sufficient evidence). The guidance on HCP attire does just that. The recommendations first reinforce the need for appropriately designed studies and emphasize the importance

of making evidence-based HAI prevention measures the priority. Regarding specific attire practices, the guidance clearly states that the various approaches are optional and “should be voluntary” if institutions wish to pursue them.

Thus, rather than equating this guidance with the “bare below the elbows” policy adopted in the United Kingdom, Burden and colleagues should consider that the guidance provides hospitals the freedom to shape attire policies in a way that is consistent with their own priorities and based on their own weighing of the limited available evidence.

Providing guidance in the face of limited evidence is bound to generate debate, which is welcome and can help stimulate further research to clarify these areas of uncertainty.

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## Reply to Burden et al

*To the Editor*—We read with interest the letter to the editor by Burden et al<sup>1</sup> regarding the Society for Healthcare Epidemiology of America (SHEA) expert guidance article titled “Healthcare Personnel Attire in Non-Operating-Room Settings.”<sup>2</sup> Burden and colleagues take issue with the expert guidance statement with regard to 3 items. First, they object to a “bare below the elbows” (BBE) policy; second, they reject any recommendation regarding the frequency of laundering