Dear Dr. Cohen:

National Nurses United (NNU), the largest labor union and professional association for registered nurses (RNs) in the United States, represents members who provide patient care in a variety of health care settings in every state, including hospitals, clinics, and public health settings. Through their practice, NNU’s members witness the impacts of public health policies on the health of their patients. Today, we are writing to strongly discourage you from weakening isolation guidance for Covid-19 and to urge you to follow the science to develop guidance that will best protect people’s health.

NNU is concerned by reports that the Centers for Disease Control and Prevention (CDC) may be planning to shorten isolation timeframes for Covid-19 to less than five days.\(^1\) Scientific research indicates that many people infected with SARS-CoV-2 remain positive and potentially infectious for five or more days.\(^2\) In fact, authors of a cohort study, which looked at duration of symptoms and test results among vaccinated and boosted individuals infected with an Omicron variant, concluded that “…a recommendation to end isolation based solely on the presence of improving symptoms risks releasing culture-positive, potentially infectious individuals prematurely.”\(^3\) Decreasing the timeframe recommended for Covid-positive individuals to isolate would endanger patients, health care workers, and public health. NNU urges the CDC to follow the science in crafting public health guidance and, where there are barriers that inhibit people’s ability to follow that guidance, to recommend and advocate for remedies to those barriers, such as paid sick leave and job protection while isolating.

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NNU agrees with the CDC that preventing severe illness is a priority and has assisted in promoting Covid-19 vaccines and boosters. However, the CDC’s near-exclusive focus on preventing severe illness from Covid-19 has come at the exclusion of other significant health impacts, namely post-acute sequelae of SARS-CoV-2/Covid-19 (PASC) or Long Covid. People who have been infected with SARS-CoV-2 can develop new, ongoing, or recurring symptoms after recovery from acute infection. Long Covid can develop even after initial mild or asymptomatic infections; in fact, a large multi-country study reported that 90 percent of people living with Long Covid had initial mild infection. These long-term impacts (Long Covid) can be debilitating. In fact, reports estimate that as many as four million Americans have been unable to work due to Long Covid.

NNU’s own research on Long Covid experienced by RNs underlines the significant impact that this condition can have and the ways that it contributes to the health care staffing crisis. NNU’s ninth Covid-19 survey, released in January 2024, found that a majority of RNs report having been diagnosed with Covid-19 at least once with 43.7 percent reporting two or more infections. After recovery from initial infection, a majority of RNs reported ongoing symptoms, including tiredness or fatigue, memory or concentration difficulties, joint or muscle pain, headaches or migraines, difficulty breathing or shortness of breath, heart palpitations, and chest pain. These symptoms lasted more than three months for a majority of RNs, with 28.1 percent reporting symptoms lasting over one year. A majority (58.4 percent) of RNs who had Covid-19 at least once required time off work to recover from Long Covid symptoms.

While the CDC recognizes that Long Covid is a condition, it has not adequately prioritized prevention of Long Covid in crafting public health and infection prevention guidance. Research indicates that, at best, vaccines and anti-viral medications offer only partial reduction in Long Covid risk and that re-infections with SARS-CoV-2 significantly increase

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the risk of developing Long Covid.\textsuperscript{7,8,9} This means that the only way to prevent Long Covid is to prevent infections.

Thus, NNU strongly encourages the CDC to base Covid-19 isolation guidance on scientific research and to craft guidance in a way that protects public health. NNU also strongly encourages the CDC to return to a multiple-measures approach to Covid-19 prevention and to ensure that updated guidance recommends use of multiple prevention measures that together more effectively reduce risk, including vaccines, quarantine and isolation, testing, masks, capacity reduction/physical distancing, and ventilation.

It is also important to note how these potential Covid-19 guidance updates overlap with updates to broader infection control guidance that are currently being developed by the CDC’s Healthcare Infection Control Practices Advisory Committee (HICPAC). NNU commends the CDC for requesting revisions to HICPAC’s draft before proceeding with the update process and for committing to expanding the scope of technical expertise on HICPAC and its Isolation Precautions Guideline Workgroup.\textsuperscript{10} We strongly urge you to add a representative from NNU to both HICPAC and its Isolation Precautions Guideline Workgroup—RN’s play a significant role in implementing infection prevention programs and have a unique and essential perspective that is important to the ability of the Committee and its Workgroup to develop implementable, protective, science-based guidance.

As the largest labor union and professional association for RN’s in the nation, NNU stands ready to assist the CDC in crafting science-based guidance that protects patient, health care worker, and public health. If you have questions or wish to meet on these or related matters, please reach out to Julia Santos at jsantos@nationalnursesunited.org.

Sincerely,

Jean Ross, RN
President, National Nurses United


