OUR PATIENTS. OUR UNION. OUR VOICE.

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March 1, 2022

Dr. Rochelle P. Walensky, MD, MPH, Director
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30329

RE: New Covid-19 Community Levels Metric.

Dear Dr. Walensky:

On behalf of National Nurses United (NNU), the largest labor union and professional association for registered nurses in the United States, I am writing to urge the Centers for Disease Control and Prevention (CDC) to reverse its new Covid-19 community levels metric that guides decision making for prevention measures for workers, schools, and the public and to restore the previous four-tiered Covid-19 community transmission metric.[1] The new metric inappropriately renders community transmission negligible as a public health indicator and will lead to further public confusion and erosion of the public trust in our public health systems. Importantly, instead of adhering to the precautionary principle, the new metric places Covid-19 policy in a reactive position with a significant lag time for the CDC and public health officials to respond to current and future surges in Covid-19 infections. Unless the CDC acts proactively to protect our communities and prevent transmission of Covid-19, we are likely to see more variants emerge that evade vaccine protection. Now is not the time to move the goalposts.

By significantly increasing the case thresholds and by using lagging indicators, such as severe disease and hospitalization, the new metric inappropriately shifts the current understanding of Covid-19 risk. The new metric also worryingly narrows the critical window during which the CDC and public health agencies can respond to and prevent further transmission, infections, hospitalizations, and death from Covid-19. Unlike the previous metric of community transmission that was based on new Covid-19 cases and positivity rates over the last seven days, the new Covid-19 community levels metric now relies largely on Covid-19 admissions and hospital capacity as well as a tremendously higher case threshold.[2] According to the previous metric, fewer than 10 new cases per 100,000 population were considered "low" levels of community transmission. But under the new metric, anything up to 200 new cases per 100,000 could still be considered "low" so long as Covid-19 admissions and hospital capacity are low enough. A determination of "low" community level using the new metric has the potential to be twenty times higher than the previous "low" community level indicator. Moreover, reliance on lagging indicators will miss critical windows to act as severe disease and hospitalizations rise weeks after Covid-19 infections.

[1] U.S. Centers for Disease Control and Prevention, "COVID Data Tracker," Feb. 28, 2022. https://covid.cdc.gov/covid-data-tracker/#county-view.

[2] U.S. Centers for Disease Control and Prevention, "COVID-19 Community Levels," February 28, 2022. https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html.

The CDC's new Covid-19 metric also inappropriately places increased burdens on individuals—particularly individuals at higher risk for severe disease from Covid-19 infection—to determine appropriate public health precautions and to navigate a new set of confusing public health recommendations. For example, the CDC's new recommendation on masking for those at increased risk who are living in a community at a "medium" level of transmission should also not be contingent upon a health care provider's prescriptive authority. Basing CDC recommendations on individual access to health care is troubling because access to a primary care provider continues to be a problem for many in the United States. Currently, nearly 87 million U.S. residents live in a primary care shortage area.[3] Additionally, a growing percentage of U.S. adults (at least 25 percent) report that they do not have any source of primary care[4] and at least 28 million in the U.S. remain uninsured[5] with an additional 44 million underinsured.[6] Moreover, the new CDC metrics are not intuitive and create variations in recommended prevention strategies based on vaccination status, geography, and individual risk level. The new CDC metrics, rather than protecting the most vulnerable communities, ultimately places the public health burden on communities that are at increased risk for severe Covid-19 illness, including people with disabilities, and communities that already experience inequitable access to health care. Wearing high-quality masks is a simple and effective tool, especially when used in combination with other measures to reduce the risk of Covid-19. NNU strongly urges the CDC to reinstate universal masking, regardless of vaccination status, especially in schools and other indoor settings. NNU also strongly urges the CDC to increase Covid-19 disease surveillance through increased testing and timely reporting of data to better monitor and limit the spread of the virus across the country.

As NNU has called for from the start of the pandemic, a multiple measures approach to infection control is necessary to prevent the spread of Covid-19 and future variants of concern. Nurses know that a multi-layered approach to infection control is needed – ventilation, universal masking, testing, contact tracing, isolation, and vaccines – to protect the health and safety of workers and the public. Covid-19 vaccines are a critical part of a public health program but are not enough by themselves to combat the pandemic.

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[3] Bureau of Health Workforce, Health Resources and Services Administration, "Designated HPSA Quarterly Summary as of Dec. 31, 2021," U.S. Department of Health and Human Services, Dec. 2021, https://data.hrsa.gov/topics/health-workforce/shortage-areas.

[4] Levine et al., "Characteristics of Americans With Primary Care and Changes Over Time, 2002-2015," *JAMA*, Dec. 2019, https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2757495.

[5] Keisler-Starkey and Bunch, "Health Insurance Coverage in the United States, Current Population Reports," U.S. Census Bureau, Sept. 2021. https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-274.pdf.

[6] Collins, Bhupal, and Doty, "Health Insurance Coverage Eight Years After the ACA," Commonwealth Fund, Feb. 7, 2019, available at https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverageeight-years-after-aca. Other studies estimate that up to 85 million people in the United States are underinsured based on different criteria. Pollin et al., "Economic Analysis of Medicare for All," Political Economy Research Institute (PERI), Nov. 2018, available at https://www.peri.umass.edu/publication/item/1127-economic-analysis-of-medicare-for-all.

In addition to waning immunity,[7,8] Covid vaccinations in the United States lag behind other high-income countries.[9] According to the CDC, less than two-thirds or 64.9 percent of the U.S. population have been fully vaccinated and only 43.6 percent have received a booster dose.[10] Recent data from the New York State Department of Health found that the Pfizer Covid-19 vaccine offered significantly less protection against infection among school-aged children 5-11 years of age[11] and children 4 years and younger are not yet eligible for a Covid vaccine. Immunocompromised individuals are also less likely or unable to mount a sufficient immune response, leaving a significant proportion of the population constantly at great risk for contracting Covid-19 and experiencing severe illness, hospitalization, or death.

The Covid-19 pandemic is far from over. "Widespread population immunity" is based on the flawed assumptions that future SARS-CoV-2 variants of concern will inevitably become less severe or harmless, that the U.S. population has equal immune response, and that this immunity will not wane over time. These assumptions are not based on science and dangerously minimize the impact of the Covid-19 pandemic. In fact, a recent study found that Omicron-induced immunity may be insufficient to prevent infection from future, more pathogenic SARS-CoV-2 variants.[12]

Fundamental to the work of nurses is that public health is about protecting the health of the public, irrespective of health or vaccination status. Covid-19 guidelines and policies must be rooted in science, based on the precautionary principle, and implemented through a broad public health approach. Rather than shifting the burden of Covid-19 precautions onto the most vulnerable in our communities through an individualistic approach, the CDC should reverse its new Covid-19 community levels metrics and restore previous metrics to ensure that public health policy protects everyone.

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[7] Ferdinands et al., "Waning 2-Dose and 3-Dose Effectiveness of mRNA Vaccines Against COVID-19–Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance — VISION Network, 10 States, August 2021–January 2022," MMWR Early Release, Feb. 11, 2022, https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e2.htm.

[8] U.K. Health Security Agency, "COVID-19 vaccine surveillance report Week 6," Feb. 10, 2022, https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports.

[9] The New York Times, "U.S. Has Far Higher Covid Death Rate Than Other Wealthy Countries," Feb. 1, 2022, https://www.nytimes.com/interactive/2022/02/01/science/covid-deaths-united-states.html.

[10] U.S. Centers for Disease Control and Prevention, "COVID Data Tracker," February 28, 2022. Available at https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total.

[11] Dorabawila et al., "Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant," medRxiv, Feb. 28, 2022, https://doi.org/10.1101/2022.02.25.22271454.

[12] Servellita et al., "Neutralizing immunity in vaccine breakthrough infections from the SARS-CoV-2 Omicron and Delta variants," medRxiv, Jan. 26, 2022, https://www.medrxiv.org/content/10.1101/2022.01.25.22269794v1.

Sincerely,

Bonnie Castillo, RN
Executive Director
National Nurses United

cc: The Honorable Xavier Becerra, Secretary
U.S. Department of Health and Human Services