



**National
Nurses
United**

The National Voice for Direct-Care RNs

WASHINGTON DC
8455 Colesville Road
Suite 1100
Silver Spring MD 20910
phone: 800-287-5021
fax: 240-235-2019

OAKLAND
155 Grand Avenue
Suite 100
Oakland CA 94612
phone: 800-504-7859
fax: 510-663-1625

August 23, 2022

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

Dear Dr. Walensky:

On behalf of National Nurses United (NNU), the largest labor union and professional association for registered nurses in the United States with more than 175,000 members nationwide, I am writing to follow up on issues regarding the U.S. Centers for Disease Control and Prevention's (CDC) response to the monkeypox (MPV) outbreak, including recommendations for protections for health care workers.

As cases of MPV infections continue to rise rapidly in the U.S. and around the world, with increases over 20 percent last week,¹ it is an important moment to reiterate and expand on the importance of protections for health care workers. The current MPV outbreak poses a public health challenge—a new variant of a known virus is spreading, epidemiologic data differs from previous outbreaks, and transmission modes are not fully characterized.^{2,3,4,5} It is in this type of situation that the **precautionary principle should govern selection of protective measures for health care workers**—that we do not wait for scientific certainty of the potential for harm before taking action to protect people's health. Registered nurses and other health care workers stand ready to care for our patients who have MPV infections, just as we have with other infectious disease events, but we need

¹ U.S. confirmed monkeypox/orthopoxvirus (MPV) cases: 13,517 on Aug 18, 2022, an increase of 2,749 cases since Aug 11, 2022.

Global confirmed MPV cases: 39,434 on Aug 18, 2022, an increase of 7,635 since Aug 11, 2022. U.S. Centers for Disease Control and Prevention (CDC), "Monkeypox," Data updated Aug 18, 2022, <https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html> (Accessed Aug 11 and Aug 18, 2022).

² Isidro, J., V. Borges, et al., "Phylogenomic characterization and signs of microevolution in the 2022 multi-country outbreak of monkeypox virus," *Nature Medicine*, June 24, 2022, <https://doi.org/10.1038/s41591-022-01907-y>.

³ Luna, N., A.L. Ramirez, et al., "Phylogenomic analysis of the monkeypox virus (MPXV) 2022 outbreak: Emergence of a novel viral lineage?," *Travel Medicine and Infectious Disease*, 49, Sept-Oct 2022, 102402, <https://doi.org/10.1016/j.tmaid.2022.102402>.

⁴ Bragazzi, N.L., J.D. Kong, et al., "Epidemiological trends and clinical features of the ongoing monkeypox epidemic: A preliminary pooled data analysis and literature review," *J Medical Virology*, June 12, 2022, <https://doi.org/10.1002/jmv.27931>.

⁵ The CDC states that "Scientists are Still Researching: if the virus can be spread when someone has no symptoms; how often monkeypox is spread through respiratory secretions or when a person with monkeypox symptoms might be more likely to spread the virus through respiratory secretions; whether monkeypox can be spread through semen, vaginal fluids, urine, or feces." U.S. CDC, "Monkeypox: How It Spreads," Updated July 29, 2022, Available at <https://www.cdc.gov/poxvirus/monkeypox/transmission.html> (Accessed Aug 19, 2022).

optimal workplace protections in order to do so without risk to our health and the health of our coworkers and families.

At this point in time, the modes of transmission of MPV are not fully characterized. To summarize the state of the evidence:⁶

- It is clear that contact transmission is a major driver of transmission—from contact with lesions of an infected individual as well as contact from contaminated objects.^{7,8,9,10,11}
- Airborne/aerosol transmission is possible, both through the aerosolization of contamination from objects such as linens as well as from virus aerosolized through respiratory events (e.g., breathing, speaking, coughing, sneezing, etc.) from infected individuals, though it is not yet clear how often it may happen.^{12,13,14,15,16,17}
- MPV virus has been found in bodily fluids, such as blood, saliva, semen, or vaginal fluid, but it is unclear if transmission can occur from these fluids. It is unclear if sexual transmission can occur.^{18,19}

⁶ National Nurses United, “Monkeypox Virus Transmission: Review of the Scientific Evidence,” Updated Aug 22, 2022, Available at <https://www.nationalnursesunited.org/sites/default/files/nnu/documents/NNU-Monkeypox-Transmission-Modes-sci-literature-08232022.pdf>.

⁷ Nörz, D., S. Pfeifferle, et al., “Evidence of surface contamination in hospital rooms occupied by patients infected with monkeypox, Germany, June 2022,” *Eurosurveillance*, 27(36), June 2022, <https://doi.org/10.2807/1560-7917.ES.2022.27.26.2200477>.

⁸ Tarín-Vicente, E.J., A. Alemany, et al., “Clinical presentation and virological assessment of confirmed human monkeypox virus cases in Spain: a prospective observational cohort study,” *The Lancet*, Aug 8, 2022, [https://doi.org/10.1016/S0140-6736\(22\)01436-2](https://doi.org/10.1016/S0140-6736(22)01436-2).

⁹ Pfeiffer, J.A., A. Collingwood, et al., “High-Contact Object and Surface Contamination in a Household of Persons with Monkeypox Virus Infection — Utah, June 2022,” *MMWR Early Release*, August 2022, <http://dx.doi.org/10.15585/mmwr.mm7134e1>.

¹⁰ Atkinson, B., C. Burton, et al., “Infection-competent monkeypox virus contamination identified in domestic settings following an imported case of monkeypox into the UK,” *Environmental Microbiology*, July 2022, <https://doi.org/10.1111/1462-2920.16129>.

¹¹ Reynolds, M.G., W.B. Davidson, et al., “Spectrum of Infection and Risk Factors for Human Monkeypox, United States, 2003,” *Emerging Infectious Diseases*, September 2007, <https://doi.org/10.3201/eid1309.070175>.

¹² Gould, S., B. Atkinson, et al., “Air and surface sampling for monkeypox virus in UK hospitals,” medRxiv, July 2022, <https://doi.org/10.1101/2022.07.21.22277864>.

¹³ Hutson, C.L., N. Gallardo-Romero, et al., “Transmissibility of the Monkeypox Virus Clades via Respiratory Transmission: Investigation Using the Prairie Dog-Monkeypox Virus Challenge System,” *PLOS ONE*, Feb 7, 2013, <https://doi.org/10.1371/journal.pone.0055488>.

¹⁴ Croft, D. R., Sotir, et al. (2007). Occupational risks during a monkeypox outbreak, Wisconsin, 2003. *Emerging infectious diseases*, 13(8), 1150–1157. <https://doi.org/10.3201/eid1308.061365>.

¹⁵ Adler, H., S. Gould, et al., “Clinical features and management of human monkeypox: a retrospective observational study in the UK,” *The Lancet Infectious Diseases*, August 2022, [https://doi.org/10.1016/S1473-3099\(22\)00228-6](https://doi.org/10.1016/S1473-3099(22)00228-6)

¹⁶ Thornhill, J.P., S. Barkati, et al., “Monkeypox Virus Infection in Humans across 16 Countries — April–June 2022,” *New England Journal of Medicine*, July 2022, DOI: 10.1056/NEJMoa2207323.

¹⁷ Vaughan, A., E. Aarons, et al., “Human-to-Human Transmission of Monkeypox Virus, United Kingdom, October 2018,” *Emerging Infectious Diseases*, February 2020, <https://doi.org/10.3201/eid2604.191164>.

¹⁸ Peiró-Mestres, A., I. Fuertes, et al., “Frequent detection of monkeypox virus DNA in saliva, semen, and other clinical samples from 12 patients, Barcelona, Spain, May to June 2022,” *Eurosurveillance*, July 2022, <https://doi.org/10.2807/1560-7917.ES.2022.27.28.2200503>.

¹⁹ Lapa, D., F. Carletti, et al., “Monkeypox virus isolation from a semen sample collected in the early phase of infection in a patient with prolonged seminal viral shedding,” *The Lancet Infectious Diseases*, August 2022, [https://doi.org/10.1016/S1473-3099\(22\)00513-8](https://doi.org/10.1016/S1473-3099(22)00513-8).

Therefore, contact and airborne precautions are required to protect health care workers when caring for patients with suspected or confirmed MPV infections. The lack of clarity about asymptomatic transmission and the potential for transmission before and/or after symptoms occur underline the importance of following the precautionary principle when determining protections for health care workers.^{20,21} **We support the CDC’s current guidance on PPE for health care workers caring for a patient with suspected or confirmed MPV—including a fit-tested N95 or more protective respirator, eye protection, an isolation gown, and gloves—and urge the CDC to return to its initial recommendation to isolate patients with MPV in negative pressure rooms.**

Importantly, we caution the CDC to avoid making the same mistakes that the agency made early in the Covid-19 pandemic. The current moment in the MPV outbreak response is reminiscent of the point in March 2020 during the Covid-19 pandemic when the CDC began a process of lowering protections for health care workers.²² The downgrading of health care worker protections was driven neither by scientific evidence nor by the precautionary principle, and it resulted in a significant burden of moral distress, infection, illness, mortality, and long-term health impacts on health care workers and their families.²³ Now, in the MPV outbreak response, the CDC has the opportunity to prioritize health care worker protections. **We urge the CDC to avoid repeating mistakes made during the Covid-19 pandemic response and maintain recommendations for contact and airborne precautions to protect health care workers during the MPV outbreak.**

Relatedly, the CDC’s messaging on transmission modes of MPV has raised concerns. Messaging has been heavily focused on transmission through sexual contact and has explicitly downplayed the potential role of airborne/aerosol transmission. While the virus was introduced into communities of men who have sex with men and is seriously impacting LGBTQ people, the virus is not a health risk limited to those communities. The CDC’s messaging has unfortunately contributed to stigmatization related to MPV and has also led many individuals to believe that MPV is sexually transmitted only among men who have sex with men and that they are not at risk for infection. While the CDC’s messaging has recently improved in terms of recognizing the broader role of close contact, not just limited

²⁰ De Baetselier, I., C. Van Dijck, et al., “Asymptomatic monkeypox virus infections among male sexual health clinic attendees in Belgium,” medRxiv, July 2022, <https://doi.org/10.1101/2022.07.04.22277226>.

²¹ Ferré, V.M., A. Bachelard, et al., “Detection of Monkeypox Virus in Anorectal Swabs From Asymptomatic Men Who Have Sex With Men in a Sexually Transmitted Infection Screening Program in Paris, France,” *Annals of Internal Medicine*, August 2022, <https://doi.org/10.7326/M22-2183>.

²² Jha A, “We Need the Real CDC Back, and We Need It Now,” STAT, Apr 29, 2020, www.statnews.com/2020/04/29/we-needthe-real-cdc-back-and-we-need-it-now.

Luthra S, C. Jewett, “Widely Used Surgical Masks Are Putting Health Care Workers at Serious Risk,” *Kaiser Health News*, Apr 20, 2020, <https://khn.org/news/widely-used-surgical-masks-are-putting-health-careworkers-at-serious-risk>.

Rollin P., “Why is the CDC ‘Sitting on the Sidelines’ in the Covid-19 fight?,” STAT, Mar 26, 2020, <https://www.statnews.com/2020/03/26/cdc-veteran-asks-why-is-cdc-sitting-on-the-sidelines-covid-19-fight>.

²³ NNU, *Deadly Shame: Redressing the Devaluation of Registered Nurse Labor Through Pandemic Equity*, Dec 2020, Available at deadlyshame.org.

to sexual contact,²⁴ it still does not acknowledge the risks of airborne/aerosol transmission—both from respiratory aerosols emitted by infected individuals as well as from aerosolized particles from contaminated objects.²⁵ **We encourage the CDC to continue to improve its messaging regarding the transmission modes of MPV, including by being transparent about what data is and is not available and by not downplaying the potential role of transmission modes that cannot yet be ruled out scientifically.**

Thorough and transparent data is essential to an effective public health response. But, currently, data on the MPV outbreak is lacking. The CDC just this week has posted limited data on its outbreak dashboard data on age, gender, and race/ethnicity for MPV cases.²⁶ Detailed data regarding other demographic data is missing, however, including sexual orientation and occupation, including health care worker occupation. The CDC states that age and sex/gender data is available for 69.2 percent of cases and race/ethnicity for 47.5 percent of cases. Other reporting, such as in the CDC's *Morbidity and Mortality Weekly Report*, indicates that the CDC has detailed data on sexual orientation and other demographics for just 41 percent of cases, indicating that the CDC has drawn conclusions about transmission based on epidemiologic data for less than half of all confirmed cases reported.²⁷

Additionally, reports of racial disparities in who is being most impacted by the MPV outbreak are concerning and underline why up-to-date data is needed to guide response activities. Data on who has received the vaccine, including sex, gender, sexual orientation, race/ethnicity, age, and occupation is needed to evaluate the vaccine program. **We urge the CDC to publicly post on its outbreak dashboard transparent and up-to-date data on sex, gender, sexual orientation, race/ethnicity, age, and occupation, including health care worker occupation, for all reported MPV cases as well as for MPV vaccine administration.**

Finally, we encourage the CDC to implement a comprehensive response to the MPV outbreak that includes multiple measures to prevent transmission, including case isolation and contact tracing in addition to vaccination and expansive public education about the virus. While increasing access among individuals who are at highest risk of MPV is essential to controlling the outbreak, it is instructive to examine the role case detection and isolation played in eradicating smallpox and could play in controlling the MPV outbreak.²⁸ As with

²⁴ For example, see CDC's Aug 17, 2022, Tweet: <https://twitter.com/CDCgov/status/1559935585170513920>.

²⁵ Mandavilli, A., "Monkeypox Can Be Airborne, Too," *The New York Times*, June 7, 2022, <https://www.nytimes.com/2022/06/07/health/monkeypox-masks-cdc.html>.

²⁶ CDC, "Monkeypox Cases by Age and Gender, Race/Ethnicity, and Symptoms," Updated Aug 21, 2022, Available at <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html> (Accessed Aug 22, 2022).

²⁷ Philpott, D., C.M. Hughes, et al., "Epidemiologic and Clinical Characteristics of Monkeypox Cases — United States, May 17–July 22, 2022," *MMWR*, Aug 12, 2022, <http://dx.doi.org/10.15585/mmwr.mm7132e3>.

²⁸ Eichner, M., "Case Isolation and Contact Tracing Can Prevent the Spread of Smallpox," *American Journal of Epidemiology*, 2003, <https://doi.org/10.1093/aje/kwg104>.

any infectious disease, an approach that incorporates multiple preventive measures will be more effective than an approach that relies on just one single measure.

We appreciate the opportunity for ongoing dialogue and invite the opportunity for regular engagement with CDC staff on MPV in addition to other issues within the CDC's purview that impact health care workers.

Sincerely,

A handwritten signature in cursive script that reads "Jean H. Ross". The signature is written in black ink and is positioned above the typed name.

Jean Ross, President
National Nurses United