



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

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

Dear Dr. Walensky:

On behalf of National Nurses United, the largest labor union and professional association for registered nurses in the United States, I am writing to urge you to maintain current guidance regarding isolation after a positive SARS-CoV-2 test for health care workers, other frontline workers, and the general public. Weakening Covid-19 guidance now, in the face of what could be the most devastating Covid-19 surge yet,¹ will only result in further transmission, illness, and deaths.

I am aware that U.S. employers are beginning a drumbeat urging the Centers for Disease Control and Prevention (CDC) to weaken Covid-19 guidance. Specifically, employers are calling for the CDC to reduce the timeframe for fully vaccinated workers to isolate if they test positive for SARS-CoV-2 from ten to five days.² Proposals vary, but the arguments solely focus on maintaining business operations, revenues, and profits, without regard for science or the health of employees and the public.

The Omicron variant of concern presents a renewed threat to public health in our country and around the world. While many questions remain incompletely answered, preliminary

¹ Bouchnita, A., S.J. Fox, et al., "COVID-19 Scenario Projections: The Emergence of Omicron in the US" Univ. of Texas at Austin, Dec. 16, 2021, https://covid-19.tacc.utexas.edu/media/filer_public/20/b0/20b055db-78da-41e6-a1e4-d3afaad6167b/omicron_emergence_-_us_scenarios_-_ut.pdf.

² Stracqualursi, V., "Fauci says reducing the recommended Covid isolation period for the fully vaccinated is being considered," CNN, Dec. 21, 2021, <https://www.cnn.com/2021/12/21/politics/fauci-covid-isolation-period-omicron-cnntv/index.html>.

Josephs, L., "Delta asks CDC to cut quarantine guidelines for breakthrough Covid, citing workforce impact," CNBC, Dec 21, 2021, Available at <https://www.cnbc.com/2021/12/21/delta-asks-cdc-to-cut-quarantine-guidelines-for-breakthrough-covid-citing-workforce-impact-.html>.

U.S. Senator Marcio Rubio, "Rubio Warns of Worsening Labor Shortages, Urges CDC to Update Isolation Guidance for Vaccinated," Dec. 17, 2021, <https://www.rubio.senate.gov/public/index.cfm/press-releases?ID=56A033E3-57EA-443C-B8A2-436EFFDFCB21>.

Wu, K.J., "Why Are We Still Isolating Vaccinated People for 10 Days?," The Atlantic, Dec. 7, 2021, <https://www.theatlantic.com/science/archive/2021/12/fully-vaccinated-covid-isolation-breakthrough-transmission/620919/>.

data indicates that Omicron is extremely transmissible,^{3,4,5} as virulent as Delta,⁶ and has enhanced immune escape.^{7,8} There is no conclusive evidence that shortening the isolation

³ In one week, the Omicron variant increased from 13 percent to 73 percent of sequenced cases in the United States, per CDC data and estimates. U.S. Centers for Disease Control and Prevention, “Variant Proportions,” Updated Dec. 21, 2021, <https://covid.cdc.gov/covid-data-tracker/#variant-proportions> (Accessed Dec. 22, 2021).

⁴ The World Health Organization reports, “There is consistent evidence that Omicron has a substantial growth advantage over Delta. It is spreading significantly faster than the Delta variant in countries with documented community transmission, with a doubling time between 1.5-3 days.” World Health Organization, “Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States,” Updated Dec. 17, 2021, [https://www.who.int/publications/m/item/enhancing-readiness-for-omicron-\(b.1.1.529\)-technical-brief-and-priority-actions-for-member-states](https://www.who.int/publications/m/item/enhancing-readiness-for-omicron-(b.1.1.529)-technical-brief-and-priority-actions-for-member-states) (Accessed Dec. 22, 2021).

⁵ A shorter incubation period was documented with the Omicron variant compared to the Delta and other previously circulating non-Delta variants in an outbreak investigation in Oslo, Norway (median 3 days vs. 4.3 and 5.0 days, respectively). Notably, the researchers reported, “Duration of symptoms cannot be estimated accurately since 62 (78%) of the 80 symptomatic cases were still experiencing symptoms at the time of the interviews.” Interviews occurred eight to ten days following the party where the outbreak occurred (party was on Nov. 26, 2021 and interviews occurred Dec. 4 and 6, 2021). The vast majority (98 percent) of those who became infected in this outbreak were fully vaccinated. Brandal, L.T., E. MacDonald, et al., “Outbreak caused by the SARS-CoV-2 Omicron variant in Norway, November to December 2021,” *Eurosurveillance*, 26(50): Dec. 16, 2021, <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.50.2101147>.

⁶ The Imperial College of London found “no evidence (for both risk of hospitalization attendance and symptom status) of Omicron having different severity from Delta, though data on hospitalisations are still very limited.” Imperial College London, MRC Center for Global Infectious Disease Analysis, “Report 49 - Growth, population distribution and immune escape of Omicron in England,” Dec. 16, 2021, <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-49-Omicron/>.

⁷ The Imperial College of London found that the Omicron variant was significantly associated with reinfection (5.41 times higher relative risk of reinfection compared with Delta). Imperial College London, MRC Center for Global Infectious Disease Analysis, “Report 49 - Growth, population distribution and immune escape of Omicron in England,” Dec. 16, 2021, <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-49-Omicron/>.

⁸ More than 20 reports have been posted (mostly as pre-prints) that provide preliminary data indicating that the Omicron variant has enhanced immune escape.

Aggarwal, A., A.O. Stella, et al., “SARS-CoV-2 Omicron: evasion of potent humoral responses and resistance to clinical immunotherapeutics relative to viral variants of concern,” *medRxiv*, Dec 15, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.14.21267772v1>.

Basile, K., R.J. Rockett, et al., “Improved neutralization of the SARS-CoV-2 Omicron variant after Pfizer-BioNTech BNT162b2 COVID-19 vaccine boosting,” *bioRxiv*, Dec 13, 2021, <https://www.biorxiv.org/content/10.1101/2021.12.12.472252v1>.

Cele, S., L. Jackson, et al., “SARS-CoV-2 Omicron has extensive but incomplete escape of Pfizer BNT162b2 elicited neutralization and requires ACE2 for infection,” *medRxiv*, Dec. 17, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.08.21267417v3>.

Dejnirattisai, W., R.H. Shaw, et al., “Reduced neutralisation of SARS-COV-2 Omicron-B.1.1.529 variant by post-immunisation serum,” *medRxiv*, Dec 11, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.10.21267534v1>.

Discovery Health, “South Africa’s largest private health insurance administrator, releases at-scale, real-world analysis of Omicron outbreak based on 211 000 COVID-19 test results in South Africa, including collaboration with the South Africa,” Dec. 14, 2021, <https://www.discovery.co.za/corporate/news-room> (Accessed Dec. 22, 2021).

Doria-Rose, N.A., X. Shen, et al., “Booster of mRNA-1273 Strengthens SARS-CoV-2 Omicron Neutralization,” *medRxiv*, Dec 15, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.15.21267805v2>.

time following a positive test will effectively prevent further transmission. Now is not the time to relax protections. We urge the CDC to maintain and enhance guidance to protect public health.

Garcia-Beltran, W.F., K.J. St. Denis, et al., “mRNA-based COVID-19 vaccine boosters induce neutralizing immunity against SARS-CoV-2 Omicron variant,” medRxiv, Dec 14, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.14.21267755v1>.

Gardner, B.J. and A.M. Kilpatrick, “Estimates of reduced vaccine effectiveness against hospitalization, infection, transmission and symptomatic disease of a new SARS-CoV-2 variant, Omicron (B.1.1.529), using neutralizing antibody titers,” medRxiv, Dec 12, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.10.21267594v2>.

Gruell, H., K. Vanshylla, et al., “mRNA booster immunization elicits potent neutralizing serum activity against the SARS-CoV-2 Omicron variant,” medRxiv, Dec 14, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.14.21267769v1?rss=1%22>.

Ikemura, N., A. Hoshino, et al., “SARS-CoV-2 Omicron variant escapes neutralization by vaccinated and convalescent sera and therapeutic monoclonal antibodies,” medRxiv Dec 14, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.13.21267761v1>.

Khoury, D.S., M. Steain, et al., “Analysis: A meta-analysis of Early Results to predict Vaccine efficacy against Omicron,” medRxiv, Dec 17, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.13.21267748v2>.

Kuhlmann, C., C.K. Mayer, et al., “Breakthrough Infections with SARS-CoV-2 Omicron Variant Despite Booster Dose of mRNA Vaccine,” SSRN (pre-print), Dec 10, 2021, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3981711.

Liu, L., S. Iketani, et al., “Striking Antibody Evasion Manifested by the Omicron Variant of SARS-CoV-2,” bioRxiv, Dec 21, 2021, <https://www.biorxiv.org/content/10.1101/2021.12.14.472719v3>.

Lu, L., B. W.-Y. Mok, et al., “Neutralization of SARS-CoV-2 Omicron variant by sera from BNT162b2 or Coronavac vaccine recipients,” Clinical Infectious Diseases, Dec 16, 2021, <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab1041/6463504>.

Nemet, I., L. Kliker, et al., “Third BNT162b2 vaccination neutralization of SARS-CoV-2 Omicron infection,” medRxiv, Dec 14, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.13.21267670v1>.

Planas, D., N. Saunders, et al., “Considerable escape of SARS-CoV-2 variant Omicron to antibody neutralization,” bioRxiv, Dec 15, 2021, <https://www.biorxiv.org/content/10.1101/2021.12.14.472630v1>.

Pulliam, J.R.C., C. van Schalkwyk, et al., “Increased risk of SARS-CoV-2 reinfection associated with emergence of the Omicron variant in South Africa,” medRxiv, Dec 2, 2021, <https://www.medrxiv.org/content/10.1101/2021.11.11.21266068v2>.

Rosler, A., L. Riepler, et al., “SARS-CoV-2 B.1.1.529 variant (Omicron) evades neutralization by sera from vaccinated and convalescent individuals,” medRxiv, Dec 11, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.08.21267491v1>.

Schubert, M., F. Bertoglio, et al., “Human serum from SARS-CoV-2 vaccinated and COVID-19 patients shows reduced binding to the RBD of SARS-CoV-2 Omicron variant in comparison to the original Wuhan strain and the Beta and Delta variants,” medRxiv, Dec 22, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.10.21267523v3>.

Varrelman, T.J., B. Rader, et al., “Syndromic Surveillance-Based Estimates of Vaccine Efficacy Against COVID-Like Illness from Emerging Omicron and COVID-19 Variants,” medRxiv, Dec 18, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.17.21267995v1>.

Wilhelm, A., M. Widera, et al., “Reduced Neutralization of SARS-CoV-2 Omicron Variant by Vaccine Sera and monoclonal antibodies,” medRxiv, Dec 13, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.07.21267432v4>.

Yu, X., D. Wei, et al., “Enhanced neutralization against SARS-CoV-2 by vaccine booster exhibits reduction of Omicron variant,” medRxiv, Dec 20, 2021, <https://www.medrxiv.org/content/10.1101/2021.12.17.21267961v2>.

Nurses and other health care workers have worked on the frontlines of this pandemic for nearly two years. We are exhausted. We have experienced incomparable loss — as of December 17, 2021, at least 4,686 health care workers have died from Covid-19, including at least 476 registered nurses.⁹ Too many of us have experienced deep moral distress and injury caused by the abandonment of our health and safety by our employers and governments during the pandemic.¹⁰ We continue to have to fight for the workplace protections we need to care for our patients safely.¹¹

Weakening guidance on isolation is not the solution to the staffing crisis in health care settings; improving protections is. The hospital industry manufactured the current staffing crisis by imposing unsafe working conditions on nurses. This began before the Covid-19 pandemic and has been exacerbated by the failure of hospitals to protect us and our patients during the pandemic.¹² More nurses would return to direct care if hospitals immediately improved working conditions.

As you consider the request from employers to shorten isolation guidance to enable business practices, I want to remind you what happened in March 2020, when the previous CDC Director appointed by President Trump acquiesced to industry pressure and weakened Covid-19 personal protective equipment (PPE) guidance for health care workers. Health care employers quickly refused to provide workers with respirators and other PPE, placing supplies under lock and key and restricting access. The guidance led to a national health and safety crisis in our hospitals, and by May 2020, the vast majority of nurses (87 percent) reported having to reuse single-use disposable respirator or mask with a Covid-19 patient.¹³ Health care employers continued to ration PPE access for nurses, even

⁹ For methodology, see National Nurses United, “Sins of Omission: How Government Failures to Track Covid-19 Data Have Led to More Than 3,200 Health Care Worker Deaths and Jeopardize Public Health,” Updated March 2021, Available at https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0321_Covid19_SinsOfOmission_Data_Report.pdf.

¹⁰ National Nurses United, “Deadly Shame: Redressing the Devaluation of Registered Nurse Labor Through Pandemic Equity,” Dec. 2020, Available at https://www.nationalnursesunited.org/sites/default/files/nnu/graphics/documents/1220_Covid19_DeadlyShame_PandemicEquity_WhitePaper_FINAL.pdf.

¹¹ National Nurses United, “Nurses condemn OSHA’s failure to adopt permanent Covid-19 and infectious disease protections for health care workers,” Dec. 21, 2021, <https://www.nationalnursesunited.org/press/nurses-condemn-oshas-failure-to-adopt-permanent-protections>.

¹² National Nurses United, “Protecting Our Front Line: Ending the Shortage of Good Nursing Jobs and the Industry-created Unsafe Staffing Crisis,” Dec. 2021, Available at https://www.nationalnursesunited.org/sites/default/files/nnu/documents/1121_StaffingCrisis_ProtectingOurFrontLine_Report_FINAL.pdf.

¹³ National Nurses United, “New survey of nurses provides frontline proof of widespread employer, government disregard for nurse and patient safety, mainly through lack of optimal PPE,” May 20, 2020, Available at <https://www.nationalnursesunited.org/press/new-survey-results>.

after there was a glut of N95 respirator supply.¹⁴ This weakened guidance led to more health care worker infections, illness, and deaths from Covid-19. If the CDC weakens isolation requirements instead of following the science on transmission and the precautionary principle in the face of Omicron, it will lead to increased transmission, illness, and deaths among nurses, and will worsen the staffing crisis we are experiencing right now. I urge you not to repeat this history in the face of the Omicron surge.

As always, the priority of registered nurses is to advocate for our patients' health. Maintaining strong guidance on isolation protocols for workers is critical to protecting our patient's health. We urge you to follow the science and the precautionary principle by maintaining Covid-19 isolation guidance and directing health care and other employers to improve workplace safety to protect staff and public health during the Omicron surge.

Sincerely,

A handwritten signature in black ink, appearing to read "Zenei Triunfo-Cortez". The signature is fluid and cursive, with a large initial "Z" and "T".

Zenei Triunfo-Cortez, RN
President, National Nurses United

¹⁴ Dearen, J., J. Linderman, and M. Mendoza, "Hospitals still ration medical N95 masks as stockpiles swell," Associated Press, Feb. 16, 2021, <https://apnews.com/article/hospitals-ration-n95-masks-coronavirus-b40b902991b75d8ae4000a20bccd6af4>.