



**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

September 29, 2022

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 regarding updates to the U.S. Centers for Disease Control and Prevention's (CDC) "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," and the CDC's "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2," published on September 23, 2022.<sup>1,2</sup> While some changes move in a more protective direction, overall, these updates will result in decreased protections for health care workers and our patients, which will result in increased transmission, illness, and death. We reiterate our requests of the CDC to recommend optimal Covid-19 protections for nurses and other health care workers.

### **CDC's Covid-19 Health Care Infection Control Guidance Updates Will Result in Decreased Protection for Nurses, Other Health Care Workers, and Patients**

The following updates to the CDC's Covid-19 health care infection control guidance will result in decreased protections for nurses, other health care workers, and our patients:

- Updates to the "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic"<sup>3</sup> that will result in decreased protections for nurses, other health care workers, and patients:
  - The updated guidance now only recommends the use of source control (such as a facemask) in health care facilities in areas where they may encounter patients when Covid-19 Community Transmission Levels are high. The updated guidance also allows health care facilities located in counties where the Community Transmission Level is low, moderate, or substantial to "choose not to require universal source control."

---

<sup>1</sup> U.S. Centers for Disease Control and Prevention (CDC), "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," Updated Sept 23, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> (Accessed Sept 27, 2022).

<sup>2</sup> CDC, "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2," Updated Sept 23, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> (Accessed Sept 27, 2022).

<sup>3</sup> CDC, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," Updated Sept 23, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> (Accessed Sept 27, 2022).

- The updated guidance also specifies that health care workers may choose not to wear source control when they are in “well-defined areas that are restricted from patient access” if the Community Levels are not also high.
  - The updated guidance downgrades recommendations for visitation restrictions.
  - The section on universal PPE use for health care providers was updated from a clear recommendation (“HCP working in facilities located in counties with substantial or high transmission *should* also use PPE” [emphasis added] as described) to a suggestion (“facilities located in counties where Community Transmission is high *should also consider* having HCP use PPE” [emphasis added] as described). Additionally, the CDC has eliminated counties with substantial transmission from this recommendation.
  - The updated guidance now says that health care facilities can discontinue transmission-based precautions by excluding the diagnosis of SARS-CoV-2 if the patient has symptoms of Covid-19 and negative test results. If a patient is suspected to have SARS-CoV-2 but is never tested, transmission-based precautions can be removed based on time since symptom-onset.
  - The updated guidance states that asymptomatic patients with close contact with someone with SARS-CoV-2 infection do not require transmission-based precautions, just that they should wear source control and those who have not recovered from SARS-CoV-2 infection within the previous 30 days should be tested.
  - The updated guidance continues to suggest, not recommend, that facilities could open dedicated Covid-19 units with health care providers who only care for those patients on their shifts. It adds a note on feasibility, that “dedicated units and/or HCP might not be feasible due to staffing crises or a small number of patients with SARS-CoV-2 infection.”
- Updates to the CDC’s “Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2,”<sup>4</sup> that will result in decreased protections for nurses, other health care workers, and their patients:
    - The updated guidance removes explanatory details about the lack of data for the definition of close contact and the importance of considering exposures at distances of greater than six feet, particularly “over long periods of time in indoor areas with poor ventilation.”
    - The updated guidance removes details about the lack of data regarding the 15-minute definition of prolonged exposure.
    - The updated guidance states that work restriction is not necessary for most asymptomatic health care workers following a workplace exposure. There are specific considerations for when work restrictions might be considered (e.g., when the health care provider is moderately or severely immunocompromised or works on a unit with patients who are moderately or severely immunocompromised).

---

<sup>4</sup> CDC, “Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2,” Updated Sept 23, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> (Accessed Sept 27, 2022).

While the overall impact of the guidance will result in decreased protections for nurses, other health care workers, and our patients, there are several aspects of the updates to the CDC's Covid-19 health care infection control guidance that move in a more protective direction than previous guidance, including the following:

- Updates to the “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic”<sup>5</sup> that move in a more protective direction than previous guidance:
  - The updated guidance added language about offering resources and counseling to health care providers, patients, and visitors about the importance of getting a Covid-19 vaccine.
  - The updated guidance omitted the physical distancing section and added additional recommendations to the section on optimizing the use of engineering controls and indoor air quality, such as instituting measures to reduce crowding in communal spaces, “such as scheduling appointments to limit the number of patients in waiting rooms or treatment areas.”
  - The updated guidance follows the recommendation from the U.S. Food and Drug Administration on conducting three tests for asymptomatic patients.<sup>6</sup> The window for testing asymptomatic patients with a close contact exposure to someone with SARS-CoV-2 is decreased from 90 to 30 days.
  - The updated guidance states that, if a health care facility chooses to do screening testing to identify asymptomatic infections, that testing decisions should not be based on the vaccination status of the individual being screened.
  - The updated guidance adds a specific note about cohorting for Covid-19 patients that, “If cohorting, only patients with the same respiratory pathogen should be housed in the same room. MDRO colonization status and/or presence of other communicable diseases should also be taken into consideration during the cohorting process.”
  - Recommendations for personal protective equipment for health care workers providing care to patients with suspected or confirmed Covid-19 remain the same as previous guidance (N95 or higher level respirator, gown, gloves, and eye protection). The updated guidance adds a note that “respirators should be used in the context of a respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration’s (OSHA) Respiratory Protection standard (29 CFR 1910.134).”
  - The updated guidance adds consideration to duration of transmission-based precautions for rebound of Covid-19 symptoms and directs health care facilities to place patients experiencing symptom rebound back into isolation until they meet the criteria to discontinue transmission-based precautions again or until an alternative diagnosis is made.

---

<sup>5</sup> CDC, “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic,” Updated Sept 23, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> (Accessed Sept 27, 2022).

<sup>6</sup> U.S. Food and Drug Administration (FDA), “At-Home COVID-19 Antigen Tests-Take Steps to Reduce Your Risk of False Negative: FDA Safety Communication,” Aug 11, 2022, <https://www.fda.gov/medical-devices/safety-communications/home-covid-19-antigen-tests-take-steps-reduce-your-risk-false-negative-fda-safety-communication> (Accessed Sept 27, 2022).

- Updates to the CDC’s “Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2,”<sup>7</sup> that move in a more protective direction than previous guidance:
  - The updated guidance directs health care facilities to confirm an initial negative antigen test with a follow up test at least 48 hours later to determine if a health care provider with Covid-19 symptoms has an active SARS-CoV-2 infection.
  - The updated guidance adds consideration of rebound of Covid-19 symptoms and directs health care facilities to continue work restrictions for health care providers who experience Covid-19 symptom rebound until they meet the criteria to return to work or until an alternative diagnosis is made.
  - The updated guidance removes tiered protections based on vaccination status.
  - The updated guidance follows the recommendation from the U.S. Food and Drug Administration on conducting three tests for asymptomatic patients.<sup>8</sup> The window for testing asymptomatic patients with a close contact exposure to someone with SARS-CoV-2 is decreased from 90 to 30 days.

Now is not the time to remove protections from Covid-19. The United States continues to see a significant level of transmission, with over 88 percent of U.S. counties experiencing high or substantial transmission.<sup>9</sup> Over the past two months, more than five million new cases have been reported in the U.S.,<sup>10</sup> which the CDC estimates is likely only a quarter of the true infections that occurred.<sup>11</sup> More than 350 people continue to die each day from Covid-19. Covid-19 was the third leading cause of death in the United States between March 2020 and October 2021.<sup>12</sup> In 2021, Covid-19 became the first and second leading cause of death for adults aged 45-54 and 34-44.

New variants continue to emerge and spread. Omicron sub-variant BA.5 is still dominant, but the proportion of sequenced cases due to BA.4.6 has increased in recent weeks.<sup>13</sup> BA.4.6 may be even more immune evasive than BA.5.<sup>14</sup> Research has found rapid reinfections with different Omicron

---

<sup>7</sup> CDC, “Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2,” Updated Sept 23, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> (Accessed Sept 27, 2022).

<sup>8</sup> FDA, “At-Home COVID-19 Antigen Tests-Take Steps to Reduce Your Risk of False Negative: FDA Safety Communication,” Aug 11, 2022, <https://www.fda.gov/medical-devices/safety-communications/home-covid-19-antigen-tests-take-steps-reduce-your-risk-false-negative-fda-safety-communication> (Accessed Sept 27, 2022).

<sup>9</sup> CDC, “COVID Data Tracker: COVID-19 Integrated County View, Community Transmission Levels,” Updated Sept 27, 2022, [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=all\\_states&data-type=Risk](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&data-type=Risk) (Accessed Sept 27, 2022).

<sup>10</sup> Data from July 28 through Sept 26, 2022. CDC, “COVID Data Tracker: Trends in Number of COVID-19 Cases and Deaths in the US Reported to CDC, by State/Territory,” Updated Sept 27, 2022, [https://covid.cdc.gov/covid-data-tracker/#trends\\_dailycases\\_select\\_00](https://covid.cdc.gov/covid-data-tracker/#trends_dailycases_select_00) (Accessed Sept 27, 2022).

<sup>11</sup> CDC estimates that 1 in 4.0 Covid-19 infections are reported. CDC, “Estimated COVID-19 Burden,” Updated Aug 12, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html> (Accessed Sept 27, 2022).

<sup>12</sup> National Institutes for Health, “COVID-19 was third leading cause of death in the United States in both 2020 and 2021,” July 5, 2022, <https://www.nih.gov/news-events/news-releases/covid-19-was-third-leading-cause-death-united-states-both-2020-2021>.

<sup>13</sup> CDC, “COVID Data Tracker: Variant Proportions,” Updated Sept 23, 2022, <https://covid.cdc.gov/covid-data-tracker/#variant-proportions> (Accessed Sept 27, 2022).

<sup>14</sup> Jian, F., Y. Yu, et al., “Further humoral immunity evasion of emerging SARS-CoV-2 BA.4 and BA.5 subvariants,” bioRxiv, Aug 10, 2022, <https://doi.org/10.1101/2022.08.09.503384>.

subvariants.<sup>15</sup> It is unclear what the future trajectory of SARS-CoV-2 variants and the Covid-19 pandemic will be.

The risk of reinfection has increased substantially with the emergence of the Omicron variant, combined with waning immunity from vaccines, and the lack of public health measures and dissembling from leaders about the ongoing pandemic.<sup>16,17,18</sup> For example, data from the California Department of Public Health found that reinfections accounted for at least one in seven new Covid-19 cases in July 2022.<sup>19</sup> More Covid-19 infections and reinfections will mean more debilitating chronic conditions in the form of long Covid and societal disruptions due to school absences and missed workdays.<sup>20</sup> For example, Covid survivors have twice the risk for developing pulmonary embolism and respiratory conditions.<sup>21</sup> People who were infected with SARS-CoV-2, including those with initial mild disease, had a 42 percent increased risk of neurological sequelae at 12 months after initial infection, including stroke, cognition and memory disorders, migraines, seizures, peripheral nervous system disorders, mental health disorders, sensory disorders, and others.<sup>22</sup> As we have said from the beginning of the pandemic, we need a commitment to preventing Covid-19 infection with a multiple mitigation measures approach.

Nurses and other health care workers have been—and continue to be—on the frontlines of responding to the Covid-19 pandemic. Our employers have time and again failed to protect us, often quoting CDC guidance as the reason. As a result of our employers' failures, as of September 23, 2022, at least 5,401 health care workers, including at least 495 registered nurses, have died from Covid-19.<sup>23</sup> Once again, NNU urges the CDC to recommend optimal workplace protections for nurses and other health care workers so that we can care for our patients safely. As general public health measures are rolled back, it is of even more importance that our health care facilities remain safe places for healing, including for our most vulnerable patients.

---

<sup>15</sup> Nguyen, N.N., L. Houhamdi, et al., “Reinfections with Different SARS-CoV-2 Omicron Subvariants, France,” *Emerging Infectious Diseases*, Nov 2022, <https://doi.org/10.3201/eid2811.221109>.

<sup>16</sup> Seid, A.G., T. Yirko, et al., “Infection with SARS-CoV-2 Omicron Variant 24 Days after Non-Omicron Infection, Pennsylvania, USA,” *Emerging Infectious Diseases*, September 2022, <https://doi.org/10.3201/eid2809.220539>.

<sup>17</sup> Burkholz, S., M. Rubsamen, et al., “Increasing Cases of SARS-CoV-2 Omicron Reinfection Reveals Ineffective Post-COVID-19 Immunity in Denmark and Conveys the Need for Continued Next-Generation Sequencing,” *medRxiv*, September 14, 2022, <https://doi.org/10.1101/2022.09.13.22279912>.

<sup>18</sup> Andrews et al., “Covid-19 Vaccine Effectiveness against the Omicron (B.1.1.529) Variant,” *NEJM* April 21, 2022, DOI: 10.1056/NEJMoa2119451

<sup>19</sup> Rowan, H.B., “COVID: Reinfections account for 50,000 California cases this month. Here’s how that number is rising,” *The Mercury News*, July 31, 2022, <https://www.mercurynews.com/2022/07/31/covid-1-in-7-new-california-cases-this-month-are-reinfections/?clearUserState=true>.

<sup>20</sup> Al-Aly, Z., B. Bowe, and Y. Xie, “Outcomes of SARS-CoV-2 Reinfection,” pre-print, *Research Square*, June 17, 2022, <https://doi.org/10.21203/rs.3.rs-1749502/v1>.

<sup>21</sup> Bull-Otterson et al., “Post-COVID Conditions Among Adult COVID-19 Survivors Aged 18–64 and ≥65 Years — United States, March 2020–November 2021,” *MMWR Morb Mortal Wkly Rep*, May 27, 2022, <http://dx.doi.org/10.15585/mmwr.mm7121e1>

<sup>22</sup> Xu, E., Y. Xie, and Z. Al-Aly, “Long-term neurologic outcomes of COVID-19,” *nature medicine*, Sept 22, 2022, <https://doi.org/10.1038/s41591-022-02001-z>.

<sup>23</sup> NNU data, updated Sept 23, 2022, for methodology see, NNU, “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,” March 2021, [https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0321\\_Covid19\\_SinsOfOmission\\_Data\\_Report.pdf](https://www.nationalnursesunited.org/sites/default/files/nnu/documents/0321_Covid19_SinsOfOmission_Data_Report.pdf).

We remain ready to meet with you and your team to discuss our concerns with you at your earliest convenience.

Sincerely,

A handwritten signature in cursive script that reads "Jean Ross".

Jean Ross, RN  
President, National Nurses United

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

The Honorable Martin J. Walsh, Secretary of Labor  
U.S. Department of Labor

The Honorable Douglas L. Parker, Assistant Secretary for Occupational Safety and Health  
U.S. Department of Labor

Dr. Ashish Jha, Covid-19 Response Coordinator  
The White House

The Honorable Patty Murray, Chairwoman  
Health, Education, Labor and Pensions Committee  
U.S. Senate

The Honorable Bernie Sanders, Chairman  
Subcommittee on Primary Health and Retirement Security  
U.S. Senate

The Honorable John Hickenlooper, Chairman  
Subcommittee on Employment and Workplace Safety  
U.S. Senate

The Honorable Debbie Stabenow, Chairwoman  
Subcommittee on Health Care, Finance Committee  
U.S. Senate

The Honorable Lloyd Doggett, Chairman  
Subcommittee on Health, Ways and Means Committee  
U.S. House of Representatives

The Honorable Anna Eshoo, Chairwoman  
Subcommittee on Health, Committee on Energy & Commerce  
U.S. House of Representatives

The Honorable Bobby Scott, Chairman

Committee on Education and Labor  
U.S. House of Representatives

The Honorable Alma Adams, Chairwoman  
Workforce Protections Subcommittee, Committee on Education and Labor  
U.S. House of Representatives