



OUR PATIENTS. OUR UNION. OUR VOICE.

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

June 2, 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 of registered nurses in the United States, I am writing to urge you to immediately strengthen the current infection control guidance on suspected or confirmed cases of monkeypox in hospitals and other health care settings. Nurses are concerned that recent Centers for Disease Control and Prevention (CDC) recommendations for the selection of appropriate personal protective equipment (PPE) and airborne isolation of patients are inadequate. Nurses and other health care workers need strong infection control guidance as the rapidly emerging monkeypox virus spreads beyond endemic areas. Moreover, this new viral threat is emerging while nurses and other frontline health care workers are facing yet another Covid-19 surge after more than two years of the pandemic.

The CDC's current monkeypox infection control guidance dangerously fails to recognize the precautionary principle and ignores available scientific evidence on aerosol transmission of the virus. Stating that monkeypox transmission in health care settings "has been rarely described"<sup>1</sup> speciously minimizes the risk to health care workers. This is especially alarming in the setting of a global pandemic where health care workers continue to fight for basic workplace protections

---

<sup>1</sup> U.S. Centers for Disease Control and Prevention, "Infection Prevention and Control of Monkeypox in Healthcare Settings," last updated May 22, 2022, [https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fpoxvirus%2Fmonkeypox%2Fclinicians%2Finfection-control-hospital.html](https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fpoxvirus%2Fmonkeypox%2Fclinicians%2Finfection-control-hospital.html)

which have been denied by employers under cover of ineffective CDC Covid-19 guidelines. The CDC, the nation's authority on infectious disease prevention and control, has a duty to issue guidance that protects not only the health and safety of health care workers but also patients and the public health.

According to the CDC, airborne infection isolation rooms are only required during aerosol generating procedures of monkeypox-infected patients, which does not reflect the current understanding of respiratory pathogen transmission by inhalation of human-generated aerosols. Reserving airborne infection isolation rooms only for aerosol generating procedures will only result in further transmission and illness.<sup>2</sup>

Human-to-human monkeypox transmission, including nosocomial and household transmission, has been well documented.<sup>3,4,5</sup> Studies have shown that animals and humans infected with monkeypox and other poxviruses such as smallpox<sup>6</sup> can generate respiratory aerosols.<sup>7,8,9</sup> For example, Adler et al. documented upper respiratory tract viral shedding from patients diagnosed with the monkeypox virus.<sup>10</sup> Studies have found that monkeypox-infected individuals are commonly infectious from the onset of initial lesions, usually found on the tongue and in

---

<sup>2</sup> Ibid.

<sup>3</sup> Learned et al., "Extended Interhuman Transmission of Monkeypox in a Hospital Community in the Republic of the Congo, 2003," *The American Journal of Tropical Medicine and Hygiene* Am J Trop Med Hyg 73.2 (2005): 428-434, <https://doi.org/10.4269/ajtmh.2005.73.428>

<sup>4</sup> Vaughan et al., "Two cases of monkeypox imported to the United Kingdom, September 2018," *Eurosurveillance*, September 20, 2018, <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.38.1800509>

<sup>5</sup> Jezek, Z et al. "Four generations of probable person-to-person transmission of human monkeypox." *American Journal of Epidemiology* vol. 123,6 (1986): 1004-12, <https://doi.org/10.1093/oxfordjournals.aje.a114328>

<sup>6</sup> Milton, Donald K. "What was the primary mode of smallpox transmission? Implications for biodefense," *Frontiers in Cellular and Infection Microbiology* vol. 2 150. 29 Nov. 2012, <https://doi.org/10.3389/fcimb.2012.00150>

<sup>7</sup> Goff et al., "A Novel Respiratory Model of Infection with Monkeypox Virus in *Cynomolgus* Macaques," *American Society for Microbiology*, April 21, 2011, <https://journals.asm.org/doi/10.1128/JVI.02525-10>

<sup>8</sup> Barnewall et al., "Inhalational monkeypox virus infection in cynomolgus macaques," *Frontiers in Cellular and Infection Microbiology*, September 17, 2012, <https://doi.org/10.3389/fcimb.2012.00117>

<sup>9</sup> Nolen, Leisha Diane et al. "Extended Human-to-Human Transmission during a Monkeypox Outbreak in the Democratic Republic of the Congo," *Emerging Infectious Diseases* vol. 22,6 (2016): 1014-21, <https://doi.org/10.3201%2F2206.150579>

<sup>10</sup> Adler et al., "Clinical features and management of human monkeypox: a retrospective observational study in the UK," *The Lancet Infectious Diseases*, May 24, 2022, [https://doi.org/10.1016/S1473-3099\(22\)00228-6](https://doi.org/10.1016/S1473-3099(22)00228-6)

the mouth.<sup>11,12</sup> While cough, cutaneous lesions, and rash are frequent clinical manifestations of monkeypox, transmission from viral shedding may also begin prior to the onset of rash.<sup>13</sup> A 2021 Morbidity and Mortality Weekly Report states that the signs and symptoms (e.g., diarrhea, vomiting, cough, fever, and fatigue) of the prodromal period indicate the onset of transmissibility of the monkeypox virus to others.<sup>14</sup> Importantly, this report not only documents the immediate isolation of the monkeypox-infected patient in an airborne infection isolation room but also recommends, at a minimum, not only droplet precautions, “but airborne precautions, whenever possible, out of an abundance of caution.”<sup>15</sup> While it’s unclear how common presymptomatic and asymptomatic monkeypox infections are, asymptomatic cases have been documented,<sup>16</sup> which rules out droplet transmission from coughing as the primary mode of transmission.

Monkeypox, a genus of smallpox,<sup>17</sup> is considered an airborne/aerosol transmissible disease by the UK Health Security Agency<sup>18</sup> and under the Cal/OSHA Aerosol Transmissible Disease standard.<sup>19</sup> As clearly stated in the CDC Yellow Book 2020, “monkeypox spread from person to person is principally respiratory; contact with infectious skin lesions or scabs is another, albeit

---

<sup>11</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection prevention and control (IPAC) recommendations for monkeypox in health care settings. Toronto, ON: Queen's Printer for Ontario; 2022.

<sup>12</sup> U.S. Centers for Disease Control and Prevention, “Clinical Recognition,” last updated May 23, 2022, <https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>

<sup>13</sup> Nolen, Leisha Diane et al. “Extended Human-to-Human Transmission during a Monkeypox Outbreak in the Democratic Republic of the Congo,” *Emerging Infectious Diseases* vol. 22,6 (2016): 1014-21, <https://doi.org/10.3201%2Fcid2206.150579>

<sup>14</sup> Rao AK, Schulte J, Chen T, et al. Monkeypox in a Traveler Returning from Nigeria — Dallas, Texas, July 2021. *MMWR Morb Mortal Wkly Rep* 2022;71:509–516. DOI: <http://dx.doi.org/10.15585/mmwr.mm7114a1>

<sup>15</sup> Ibid.

<sup>16</sup> Hammarlund, E., Lewis, M., Carter, S. *et al.* Multiple diagnostic techniques identify previously vaccinated individuals with protective immunity against monkeypox. *Nat Med* **11**, 1005–1011 (2005). <https://doi.org/10.1038/nm1273>

<sup>17</sup> Milton, Donald K. “What was the primary mode of smallpox transmission? Implications for biodefense,” *Frontiers in Cellular and Infection Microbiology* vol. 2 150. 29 Nov. 2012, <https://doi.org/10.3389%2Ffcimb.2012.00150>

<sup>18</sup> U.K. Health Security Agency, “Guidance and information about high consequence infectious diseases and their management in England, last updated May 21, 2021, <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

<sup>19</sup> State of California, Department of Industrial Relations, Division of Occupational Safety and Health, Publications Unit, “The California Workplace Guide to Aerosol Transmissible Diseases,” April 2020, [https://www.dir.ca.gov/dosh/dosh\\_publications/ATD-Guide.pdf](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf)

less common, means of person-to-person spread.”<sup>20</sup> The CDC’s guidance for veterinarians treating animals with suspected monkeypox also clearly states that “the possibility of airborne transmission cannot be excluded.”<sup>21</sup>

Further, the CDC explicitly states that resuspension of aerosol particles from monkeypox-infected skin lesions or dried exudates poses a high degree of exposure risk for health care workers who are not wearing respiratory and eye protection.<sup>22</sup> One study documented monkeypox transmission from a patient to a health care worker through contact with contaminated bedding without respiratory protection.<sup>23</sup> Monkeypox virus particles have also been found to retain infectivity in aerosols from 18 to 90 hours.<sup>24</sup>

Finally, the CDC inappropriately overemphasizes “intimate” or sexual contact<sup>25</sup> as the primary mode of transmission rather than the epidemiology and transmission dynamics of monkeypox. Overemphasis on sexual contact also unnecessarily and harmfully provides an opportunity for stigmatizing and othering of men who have sex with men (MSM) and other members of LGBTQ+ community. The Covid-19 pandemic has demonstrated the deadly consequences of failing to prepare for and respond to an emerging infectious disease. Nurses and other health care workers have worked on the frontlines of the Covid-19 pandemic for more than two years. We cannot afford another global outbreak that abandons our health and safety. As always, the priority of registered nurses is to advocate for our patients’ health, but we must be protected as well.

---

<sup>20</sup> CDC Yellow Book 2020: Health Information for International Travel. New York: Oxford University Press; 2017

<sup>21</sup> U.S. Centers for Disease Control and Prevention, “Examining Animals With Suspected Monkeypox,” last updated November 19, 2021, <https://www.cdc.gov/poxvirus/monkeypox/veterinarian/examination.html>

<sup>22</sup> U.S. Centers for Disease Control and Prevention, “Monitoring People Who Have Been Exposed,” last updated May 22, 2022, <https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>

<sup>23</sup> Vaughan, Aisling et al. “Human-to-Human Transmission of Monkeypox Virus, United Kingdom, October 2018,” *Emerging Infectious Diseases* vol. 26,4 (2020): 782-785. doi:10.3201/eid2604.191164

<sup>24</sup> Verreault, Daniel et al. “Susceptibility of monkeypox virus aerosol suspensions in a rotating chamber.” *Journal of virological methods* vol. 187,2 (2013): 333-7, <https://doi.org/10.1016%2Fj.jviromet.2012.10.009>

<sup>25</sup> U.S. Centers for Disease Control and Prevention, “Transmission,” last updated May 29, 2022, <https://www.cdc.gov/poxvirus/monkeypox/transmission.html>

In closing, NNU urges CDC to strengthen infection control guidance to ensure that health care workers are protected from all possible modes of transmission. The documented cases of human-to-human transmission combined with documented healthcare worker infection while using droplet precautions dictates a precautionary approach. Specifically, CDC guidance should require all of the following:

- Aerosol precautions must be in effect at all times, not just during so-called aerosol generating procedures;
- Patients must immediately be placed in an Airborne Infection Isolation Room (AIIR);
- Health care workers must be provided appropriate PPE, including a fit-tested NIOSH-approved N95 or higher-level respirator, gloves, eye protection, fluid resistant gowns, and shoe coverings for every encounter with the patient or the environment;
- Strict procedures for donning and doffing PPE upon entry to and exit from the patient's isolation room; and
- Tight control of patient transport and health care worker movement through the facility to prevent transmission/contamination.
- Track all occupational exposures to suspected or confirmed monkeypox-infected patients and provide testing to all exposed workers at the employer's expense.
- Appropriate quarantine and isolation protocols for health care workers exposed to a suspected or confirmed case of monkeypox that include receiving a negative test result prior to returning to work.

We urge you to follow the science and the precautionary principle by strengthening the infection control guidance for the rapidly emerging monkeypox virus beyond endemic areas to protect the health and safety of nurses and other health care workers and that of our patients.

Sincerely,

A handwritten signature in black ink that reads "Bonnie Castillo". The signature is written in a cursive, flowing style.

Bonnie Castillo, RN  
Executive Director, National Nurses United

cc:

The Honorable Xavier Becerra, Secretary, US Department of Health and Human Services

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

The Honorable Bobby Scott, Chairman, Committee on Education and Labor, U.S. House of Representatives

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

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