
NNU COVID-19 TESTING STATEMENT

National Nurses United (NNU), the largest union of registered nurses in the United States, calls for drastic improvements to Covid-19 diagnostic testing and contact tracing nationwide. Failure to test and trace all SARS-CoV-2 infections has resulted in undetected transmission, delaying critical treatment and hastening the virus' spread. With nearly 200,000 reported deaths and nearly 6.8 million reported infections and unknown numbers suffering from long-term impacts, it is imperative that the nation act now to limit further spread of this virus.

The Trump administration and the U.S. federal government have utterly failed to provide the diagnostic testing fundamental to an effective response to this pandemic. From the Centers for Disease Control and Prevention's (CDC) problem-ridden rollout of diagnostic test kits to state public health labs and initial guidance strictly limiting who could be tested, critical time was lost and never made up. Instead, the Trump administration has called for less testing and directed the CDC to change guidance to limit who should be tested. In addition, the U.S. Food and Drug Administration (FDA) has failed to provide the oversight needed to ensure that available diagnostic tests are reliable.

Countries like Taiwan, South Korea, and New Zealand have shown that widespread diagnostic testing with real-time and accurate reporting and contact tracing enables effective public health measures that limit infections and save lives. Universally accessible, free, reliable diagnostic testing allows for timely identification of infections. Contact tracing should follow any positive diagnostic test result to identify contacts and disrupt the chain of transmission. Reliable diagnostic testing and contact tracing are necessary to prevent transmission within communities as well as within institutions including nursing homes, hospitals, schools, and other workplaces.

CDC GUIDANCE MUST BE BASED ON SCIENCE AND THE PRECAUTIONARY PRINCIPLE

Mounting scientific evidence about the significant role of asymptomatic infections in transmission was ignored in the August 24 updates to the CDC guidance on testing. Under these updates, the CDC recommended that individuals exposed to the virus for up to 15 minutes "do not necessarily need a test" if they are not experiencing symptoms, with exceptions for those who are especially vulnerable to severe infection or recommended for testing by a physician or local guidelines.

The CDC recently reported to the media that the recent change in testing guidelines for asymptomatic individuals was directed by the U.S. Department of Health and Human Services and the Trump administration. It is unconscionable

that a public health agency is being explicitly utilized as a political tool.

The CDC updated the guidance on testing again on September 18 to state clearly that individuals exposed for the virus who are asymptomatic should be tested. This is an important change because it is especially critical to identify individuals who are infected but not showing symptoms. A recent study from South Korea found similar viral shedding among asymptomatic and symptomatic patients infected with SARS-CoV-2. Researchers note that 36 percent of the patients remained asymptomatic for a prolonged period.[1] This is consistent with several studies which have documented the infectivity of both symptomatic and asymptomatic cases, and these



individuals can transmit the virus as efficiently as those with symptoms.

NNU calls on the CDC to strengthen other guidance that remains weak and endangers the public, patients, nurses, and other health care workers. The CDC has a long-standing pattern of weakening guidance that must be remedied. For example, the CDC walked back infection control guidance in mid-March to allow health care providers to substitute surgical masks for respirators. The CDC's guidance for potential exposures to health care workers was updated in mid-May to advise health care "facilities to

consider forgoing formal contact tracing and work restrictions for HCP with exposures in favor of universally applied symptom screening and source control strategies." An apolitical, science-based approach is necessary to effectively inform and respond to the Covid-19 pandemic. Nurses seek consistency and clarity throughout the CDC guidance. The CDC must use the available scientific evidence and the precautionary principle—which states that in cases of scientific uncertainty, we do not wait for proof of harm before taking action to protect people's health—to shape guidance.

FDA ALLOWS UNRELIABLE AND UNREGULATED DIAGNOSTIC TESTS

The FDA has nearly exclusively relied on Emergency Use Authorizations (EUAs) to allow unapproved medical devices and products to be marketed and sold during the Covid-19 pandemic. The FDA does not conduct a full scientific review and therefore does not assure the safety and efficacy of medical devices and products when it issues an EUA. In fact, for diagnostic tests for Covid-19, the FDA's EUAs state that "No descriptive printed matter, including advertising

or promotional materials, relating to the use of your product may represent or suggest that this test is safe or effective for the detection of SARS-CoV-2." Concerns and reports about unreliable diagnostic tests undermine the nation's ability to effectively respond to this pandemic. NNU calls on the FDA to provide more rigorous scientific oversight to ensure that the diagnostic tests being marketed and sold by manufacturers are reliable.

TESTING OF HEALTH CARE WORKERS IS CRITICAL TO WORKER SAFETY AND PUBLIC HEALTH

U.S. health care facilities continue to put nurses, other health care workers, and their patients at risk of exposure and infection by this virus. Nurses report inadequate screening of patients admitted to hospitals and other health care facilities, including that not all patients are tested before arrival and that in some cases procedures are performed while patients' test results are still pending. By not screening all patients, hospitals fail to ensure proper precautions are in place to prevent transmission within the facility.

Lack of testing for patients—in combination with continuing lack of PPE—leads to exposure and high rates of infections and deaths for nurses and other health care workers. Nurses continue to report being denied testing despite known or confirmed exposure to Covid-19 cases or symptoms of possible infection. Based on NNU's latest nationwide survey of more than 21,200 nurses, published in July, only 23% of nurse

respondents have been tested for Covid-19.

Many hospital patients are vulnerable to severe Covid-19 infection—immunocompromised, cancer patients, transplant patients, premature infants. It is unconscionable that one of the most basic of public health tools—diagnostic testing—is not effectively and appropriately utilized in U.S. health care facilities to protect nurses, other health care workers, and patients.

NNU has resolutely advocated for and demanded reliable and widespread testing of nurses and other health care workers since the beginning of the pandemic. Nurses know that successful containment of Covid-19 demands reliable and widespread testing and contact tracing, irrespective of symptoms. Failure to screen and test patients for Covid-19 puts patients, nurses and other health care workers in danger of becoming infected.

NNU demands the implementation of effective, reliable diagnostic testing and contact tracing to protect nurses, other health care workers, their patients, and our communities:

TESTING - Testing must be made readily available to nurses, regardless of symptoms and without cost. Testing must be made available to nurses if they are exposed in the course of work. Ongoing surveillance testing should be implemented in hospitals and other health care settings to identify and prevent facility outbreaks.

PATIENT SCREENING - All patients should be presumed potentially Covid-19 positive until confidently ruled out as non-Covid-19 patients or confirmed Covid-19 patients. All patients should be screened for Covid-19 before or immediately upon arrival at a health care facility. Patient screening must include testing, clinical manifestations, and exposure history. Hospitals and health care facilities should not rely solely on testing or symptom screening to identify Covid-19 patients as asymptomatic and presymptomatic cases pose a significant risk of transmission.

STAFF EXPOSURES - Health care facilities should proactively monitor and prevent all staff exposures to Covid-19. Exposure includes any time staff has contact with a patient and is not wearing full PPE (i.e., respirator, eye protection, coverall or gown, and medical-grade gloves). If a nurse or health care worker is exposed to SARS-CoV-2, they should be placed on paid precautionary leave for a minimum of 14 days and be tested at the end of the period. Staff should immediately be notified if they have been exposed.

REMOVAL OF PRECAUTIONS FOR PATIENTS

- Precautions should be removed only after a Covid-19 patient has been confirmed to be no longer actively shedding SARS-CoV-2 and no longer potentially infectious. Patients must therefore be tested to determine if they met such requirements.

RETURN-TO-WORK FOR POSITIVE STAFF -

If a nurse or health care worker tested positive for Covid-19, they should return to work only after their symptoms, if any, have resolved and after they received two negative tests at least 24 hours apart.

NNU demands effective health and safety protections for nurses and other health care workers who are on the front lines of this pandemic. This includes patient screening and isolation plans; establishing separate areas for Covid-positive, potentially infectious, and non-Covid-19 patients; ventilation and other engineering controls; staffing; optimal personal protective equipment (PPE); and other measures to prevent health care worker exposure to the virus that causes Covid-19.

For more info on important workplace protections:
https://act.nationalnursesunited.org/page/-/files/graphics/0820_Convention_HS_Covid19_StandardsHospitalSafety.pdf

1. Lee, S., et al., *Clinical Course and Molecular Viral Shedding Among Asymptomatic and Symptomatic Patients With SARS-CoV-2 Infection in a Community Treatment Center in the Republic of Korea*. *JAMA Internal Medicine*, 2020.