



**National  
Nurses  
United**

*The National Voice for Direct-Care RNs*

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Dr. Robert R. Redfield,  
Director Centers for Disease Control and Prevention  
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October 6, 2020

Dear Dr. Redfield:

We are more than seven months into the Covid-19 pandemic, and still nurses and other health care workers are being exposed, infected, and dying. Over 1,700 healthcare workers including over 200 nurses have died from Covid-19 in the United States.<sup>1</sup> National Nurses United, the largest labor union for registered nurses in the nation, urgently demands the U.S. Centers for Disease Control and Prevention (CDC) immediately strengthen their Covid-19 guidance to protect nurses, other health care workers, patients, and the public from Covid-19.

Nurses and other health care workers *still* do not have the personal protective equipment (PPE), testing, and basic safety precautions that they need to care for their patients safely. Frequently, health care employers use CDC guidance to defend dangerous practices that expose nurses, health care workers, and patients to the virus that causes Covid-19. The CDC was established to protect the public's health but has failed to do everything in its power to uphold that mission during this pandemic.<sup>2</sup> In particular, the CDC has failed to uphold the third tenet of their Pledge to the American People— "Base all public health decisions on the highest quality scientific data that is derived openly and objectively."<sup>3</sup>

The CDC, to uphold their mission, must immediately strengthen their guidance on testing of patients and health care workers and on personal protective equipment and other workplace safety measures for health care workers.

## Transmission

The CDC's most recent October 5 update to their guidance on how SARS-CoV-2 is transmitted is disingenuous.<sup>4</sup> On September 18, the CDC posted updated guidance recognizing for the first time the potential for airborne transmission of the SARS-CoV-2 virus. The CDC leadership quickly revoked the September 18 update, stating it had been

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<sup>1</sup> National Nurses United, "Sins of Omission: How Government Failures to Track Covid-19 Data Have Led to More than 1,700 Health Care Worker Deaths and Jeopardize Public Health," Sept 2020, [https://act.nationalnursesunited.org/page/-/files/graphics/0920\\_Covid19\\_SinsOfOmission\\_Data\\_Report.pdf](https://act.nationalnursesunited.org/page/-/files/graphics/0920_Covid19_SinsOfOmission_Data_Report.pdf).

<sup>2</sup> U.S. Centers for Disease Control and Prevention, "Mission, Role and Pledge," page last reviewed May 13, 2019, <https://www.cdc.gov/about/organization/mission.htm>.

<sup>3</sup> U.S. Centers for Disease Control and Prevention, "Pledge to the American People," page last reviewed April 6, 2018, <https://www.cdc.gov/about/organization/pledge.html>.

<sup>4</sup> U.S. Centers for Disease Control and Prevention, "How COVID-19 Spreads," updated Oct. 5, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>.

posted “in error.” Prior to that update, the CDC maintained that droplet transmission within six feet was the primary mode of transmission for SARS-CoV-2.

The October 5 update manipulates the available scientific evidence regarding airborne/aerosol transmission and maintains the CDC’s outdated categorical distinction between droplet and airborne transmission.<sup>5</sup> The CDC recognizes evidence of airborne/aerosol transmission in the October 5 update and then immediately downplays the evidence, stating that airborne/aerosol transmission only occurs in “special circumstances,” including in enclosed spaces, with prolonged exposure to infectious respiratory particles, and with inadequate ventilation and air handling.<sup>6</sup>

NNU calls upon the CDC to immediately and fully recognize that airborne/aerosol transmission is a significant mode of transmission for SARS-CoV-2 and to update their other guidance accordingly, including health care infection control guidance. It is well established in the scientific literature that SARS-CoV-2 is spread via respiratory aerosols and that respiratory protection is a necessary element of PPE for nurses and other health care workers providing care to confirmed and possible Covid-19 patients.<sup>7</sup>

## Personal Protective Equipment and Other Workplace Safety Measures

NNU has previously urged the CDC to strengthen their guidance on infection control and PPE for nurses and other health care workers in letters sent February 19,<sup>8</sup> March 4,<sup>9</sup> March 6,<sup>10</sup> and April 3.<sup>11</sup> The CDC’s guidance on PPE and infection control continue to endanger nurses, other health care workers, and their patients. NNU urges the CDC to address the following issues:

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<sup>5</sup> For more information see: NNU, “Droplet vs. Airborne: How is SARS-CoV-2 transmitted?” [https://act.nationalnursesunited.org/page/-/files/graphics/0720\\_COVID19\\_aerosolTransmission.pdf](https://act.nationalnursesunited.org/page/-/files/graphics/0720_COVID19_aerosolTransmission.pdf)

<sup>6</sup> U.S. Centers for Disease Control and Prevention, “Scientific Brief: SARS-CoV-2 and Potential Airborne Transmission,” Updated Oct 5, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html>.

<sup>7</sup> Bahl, P., et al., “Airborne or Droplet Precautions for Health Workers Treating Coronavirus Disease 2019?,” *The Journal of Infectious Diseases*, April 16, 2020, <https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiaa189/5820886>.

Lednicky, J.A., et al., “Viable SARS-CoV-2 in the air of a hospital room with COVID-19 patients,” *International Journal of Infectious Diseases*, Sept 15, 2020, [https://www.ijidonline.com/article/S1201-9712\(20\)30739-6/fulltext#fig0005](https://www.ijidonline.com/article/S1201-9712(20)30739-6/fulltext#fig0005).

<sup>8</sup> Castillo, Bonnie, “To Director Pallansch,” Feb 19, 2020, [https://act.nationalnursesunited.org/page/-/files/graphics/CDC\\_Letter\\_NNU.pdf](https://act.nationalnursesunited.org/page/-/files/graphics/CDC_Letter_NNU.pdf).

<sup>9</sup> Thomason, Jane, “To Incident Commander and Dr. Srinivasan,” March 4, 2020, [https://www.nationalnursesunited.org/sites/default/files/nnu/graphics/documents/0320\\_NNU\\_Letter\\_to\\_CDC%20March\\_5\\_2020.pdf](https://www.nationalnursesunited.org/sites/default/files/nnu/graphics/documents/0320_NNU_Letter_to_CDC%20March_5_2020.pdf).

<sup>10</sup> “To Incident Manager and Dr. Srinivasan,” March 6, 2020, <https://twitter.com/NNUBonnie/status/1236061919850557440>.

<sup>11</sup> Castillo, Bonnie, “To Dr. Redfield and Dr. Howard,” April 3, 2020, [https://act.nationalnursesunited.org/page/-/files/graphics/NNU\\_CDC\\_NIOSH\\_LETTER.pdf](https://act.nationalnursesunited.org/page/-/files/graphics/NNU_CDC_NIOSH_LETTER.pdf).

- Strike the equivalency between respirators and face masks that the CDC makes in the “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.”<sup>12</sup> Face masks are not a replacement for the respiratory protection provided by a NIOSH-certified respirator. As stated above, it is well established in the scientific literature that SARS-CoV-2 is spread via respiratory aerosols and that respiratory protection is a necessary element of PPE for nurses and other health care workers providing care to confirmed and possible Covid-19 patients.<sup>13</sup>
- Clarify recommendations on PPE for health care workers caring for Covid-19 patients in all guidance. The optimal PPE for Covid-19 includes a powered air-purifying respirator, coveralls that incorporate head and shoe coverings and meet standards for viral impermeability, and medical grade gloves. The absolute minimum level of PPE for Covid-19 includes a single-use N95 filtering facepiece respirator (“N95 respirator”), eye protection (face shield or goggles), a fluid-impermeable or resistant isolation gown, and medical grade gloves.
- Strike all recommendations for the reuse of single-use N95 respirators. Reuse of N95 respirators is a dangerous practice that results in increased exposure to nurses and other health care workers. Repeated donning and doffing of N95 respirators degrades the structure and fit of the devices.<sup>14</sup> N95 respirators also can become contaminated during use and donning of a contaminated respirator increases the potential for exposure to the wearer.
- Strike all recommendations that employers reserve N95 respirators for aerosol generating procedures or other situations. Some employers are using CDC guidance to ration N95 respirators for only aerosol generating procedures, even when they have a stock of N95 respirators. Patients infected with SARS-CoV-2 emit extremely high viral loads when breathing, speaking, coughing, and sneezing.<sup>15</sup> Respiratory protection is necessary to protect nurses and other health care workers whenever they are providing care to a patient with confirmed or suspected Covid-19.
- Reusable and more protective respirators—including PAPRs and elastomeric respirators—should be implemented if single-use N95 respirators are not available in sufficient numbers. This is an especially important consideration as the pandemic has no end in sight in the U.S. The CDC should make clear in their guidance that this is the best alternative if N95 respirators are not available in sufficient quantities.
- Strike the recommendation for health care facilities to reuse and “decontaminate” N95 respirators. Decontamination of N95 respirators is an unproven and potentially dangerous

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<sup>12</sup> U.S. Centers for Disease Control and Prevention, “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic,” Updated July 15, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

<sup>13</sup> See note 7.

<sup>14</sup> Degesys, N.F., R.C. Wang, and E. Kwan, “Correlation Between N95 Extended Use and Reuse and Fit Failure in an Emergency Department,” JAMA, June 4, 2020, <https://jamanetwork.com/journals/jama/fullarticle/2767023>.

<sup>15</sup> Wölfel, R., et al., “Virological assessment of hospitalized patients with COVID-2019,” Nature, April 1, 2020, <https://www.nature.com/articles/s41586-020-2196-x>.

practice. NNU evaluated the available scientific literature on decontamination methods and found that no method has been fully evaluated as safe and effective.<sup>16</sup> In fact, several methods appear to damage N95 respirators and/or present a chemical hazard to wearers of the “decontaminated” N95 respirators.

## TESTING

NNU members report continued issues with testing that endanger their and their patients’ safety. Nurses continue to report being denied tests, even when they have been exposed at work. Patients are not always tested or their results are not always available before nurses and other health care workers provide care, often without the necessary PPE and other workplace safety precautions. CDC guidance is used to support these dangerous practices and NNU calls upon CDC to immediately remedy the following issues in their guidance on testing:

*CDC Guidance Recommending Symptom-Based Patient Screening Misses Infections and Puts Nurses, Health Care Workers, and Other Patients at Risk*

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.

The CDC’s infection control guidance recommends patient and visitor screening solely based on symptoms.<sup>17</sup> The CDC acknowledges that this misses asymptomatic infections but does nothing to remedy this issue. Asymptomatic infections are clearly a significant part of transmission of SARS-CoV-2. Several studies have documented the infectivity of both symptomatic and asymptomatic cases and that these individuals can transmit the virus as efficiently as those with symptoms.<sup>18,19</sup> The CDC’s “current best estimate” of “transmission occurring prior to symptom onset” is 50% of infections.<sup>20</sup>

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<sup>16</sup> National Nurses United, “N95 Respirator Decontamination Methods Unproven and Unsafe: An Updated Review of the Scientific Literature,” August 2020, [https://act.nationalnursesunited.org/page/-/files/graphics/0720\\_COVID19\\_Decontamination\\_WhitePaper.pdf](https://act.nationalnursesunited.org/page/-/files/graphics/0720_COVID19_Decontamination_WhitePaper.pdf).

<sup>17</sup> U.S. Centers for Disease Control and Prevention, “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic,” Updated July 15, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

<sup>18</sup> He X, Eric HY, Wu P, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. *Nature Medicine*. April 15, 2020. <https://doi.org/10.1038/s41591-020-0869-5>

<sup>19</sup> Lee, Kim, & Lee, “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*, Aug 6, 2020, <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769235>.

<sup>20</sup> U.S. Centers for Disease Control and Prevention, “COVID-19 Pandemic Planning Scenarios,” Updated September 10, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>.

All patients should be presumed potentially infected with SARS-CoV-2 until confidently ruled out or confirmed. All patients should be screened for SARS-CoV-2 infection before or immediately upon arrival at a health care facility. Patient screening cannot be limited to symptoms and must include testing using a reliable diagnostic test, clinical manifestations, and exposure history.

The CDC also discourages the test-based strategy to remove precautions for Covid-19-positive patients, opting instead to use what appears to be an arbitrary timeframe of 10 or 20 days.<sup>21</sup> In their Decision Memo about this guidance, the CDC states that “At this time, we have limited information about reinfections with the virus that causes COVID-19.”<sup>22</sup> This is the exact situation where the precautionary principle should guide decisions about health protections. The CDC should not wait until there is proof that 10 days is too short; rather, while waiting for full scientific study of this question, the CDC should maintain the highest standard until it is proven it is safe to use a timeframe.

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.

#### *Testing of Health Care Workers is Critical to Worker Safety and Public Health*

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 nearly 23,000 nurses, published in July, only 23% of nurse respondents have been tested for Covid-19.<sup>23</sup> Nurses also report minimal to no contact tracing being performed by their employers in their workplaces.

Many hospital patients, including cancer and transplant patients, immunocompromised patients, and premature infants, are at high risk for severe Covid-19 infection. It is unconscionable that some of the most basic of public health tools—diagnostic testing and contact tracing—are 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 and effective contact tracing for nurses and other health care workers since the beginning of the pandemic. Nurses know that successful containment of Covid-19 necessitates reliable and widespread testing and contact tracing, irrespective of symptoms. Failure to screen

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<sup>21</sup> U.S. Centers for Disease Control and Prevention, “Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance),” Updated Aug 10, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

<sup>22</sup> U.S. Centers for Disease Control and Prevention, “Duration of Isolation and Precautions for Adults with COVID-19,” Updated Sept 10, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

<sup>23</sup> National Nurses United, “NNU COVID-19 Survey Results,” July 27, 2020, <https://www.nationalnursesunited.org/covid-19-survey>.

and test patients for Covid-19 puts patients, nurses, and other health care workers in danger of being exposed and 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. We call upon the CDC to:

- Strengthen CDC recommendations on contact tracing and exposure surveillance in health care facilities in “Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.”<sup>24</sup> Currently, the CDC’s guidance discourages health care facilities from conducting any workplace contact tracing if there is moderate to substantial community transmission. This is unconscionable. Any transmission within a hospital or other health care facility must be immediately traced and further transmission prevented.
- Strike the recommendation that allows health care employers to return exposed and infected health care workers to work if they are asymptomatic.<sup>25</sup> Again, even by the CDC’s own estimation asymptomatic and pre-symptomatic cases account for 50% of transmission.<sup>26</sup> The best way for health care employers to maintain safe staffing levels is to provide PPE and workplace safety measures to prevent nurses and other health care workers from being exposed in the first place.

Testing must be made readily available to nurses and other health care workers, regardless of symptoms and without cost, 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. Robust contact tracing and case isolation should be implemented in health care settings.

## CDC Guidance Must be Based on Science and the Precautionary Principle

The CDC has a long-standing pattern of weakening guidance based on political pressure, instead of science, 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. 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.” In August, the CDC changed their recommendations to state 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

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<sup>24</sup> U.S. Centers for Disease Control and Prevention, “Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19,” Updated June 18, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

<sup>25</sup> U.S. Centers for Disease Control and Prevention, “Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance),” Updated Aug 10, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.

<sup>26</sup> U.S. Centers for Disease Control and Prevention, “COVID-19 Pandemic Planning Scenarios,” Updated Sept 10, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>.

those who are especially vulnerable to severe infection or recommended for testing by a physician or local guidelines. The CDC reversed this change and 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.<sup>27</sup> It is unconscionable that a public health agency is being explicitly utilized as a political tool. An apolitical, science-based approach is necessary to effectively inform and respond to the Covid-19 pandemic. The CDC must base its guidance on 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.

## In Conclusion

NNU demands the CDC improve and strengthen their guidance to protect nurses and other health care workers who are on the frontlines of this pandemic. Their safety and the safety of their patients and our communities depend on it. We encourage the CDC to engage direct care nurses in developing their guidance on SARS-CoV-2 and Covid-19. If you have any questions about the contents of this letter, please contact Michelle Grisat at [michelle@nationalnursesunited.org](mailto:michelle@nationalnursesunited.org) or 510-541-6554.

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

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<sup>27</sup> Hellmann, Jessie, “CDC reverses guidance on COVID-19 testing for asymptomatic people,” The Hill, Sept 18, 2020, <https://thehill.com/policy/healthcare/517091-cdc-reverses-guidance-on-covid-19-testing-for-asymptomatic-people>.