National Nurses United
The National Voice for Direct-Care RNs

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Dr. Mandy Cohen, MD, MPH
Director, Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30329

Dear Dr. Cohen:

National Nurses United, representing nearly 225,000 registered nurse (RN) members, is the largest labor union and professional association for RNs in the United States. As RNs, our members have extensive scientific training and are dedicated to applying scientific data to protect and care for our patients. Since well before the Covid-19 pandemic began, NNU's members have been advocating for strong, science-based infection prevention protections rooted in the precautionary principle. We are writing today to express ongoing concerns about work at the Centers for Disease Control and Prevention (CDC)'s Healthcare Infection Control Practices Advisory Committee (HICPAC) to update infection control guidance, especially in light of a new technical consultation report released by the World Health Organization (WHO).

On April 18, 2024, the WHO released a new global technical consultation report that proposes new terminology for pathogens that transmit through the air.[1] The WHO's new terminology represents significant progress in recognizing the science on aerosol transmission of infectious diseases and, importantly, finally leaves behind the faulty, disproven droplet-airborne dichotomy.

Specifically, the WHO report proposes a new descriptor, "through the air," to characterize an infectious disease where the main mode of transmission involves the pathogen traveling through or being suspended in the air—similar to the use of the terms waterborne and bloodborne to describe general transmission modes for infectious diseases. Under this new umbrella term, there are two descriptors:

- Airborne transmission/inhalation transmission occurs when infectious respiratory particles—which are generated by an infected individual when they breathe, speak, sing, cough, sneeze, etc.—enter the respiratory tract of another person and cause infection, regardless of the size of the particles or distance travelled.
- Direct deposition describes when infectious particles are deposited directly on the exposed facial mucosal surfaces (i.e., eyes, nose, mouth) of another person and then cause infection, again regardless of particle size.

[1] World Health Organization, "Global technical consultation report on proposed terminology for pathogens that transmit through the air," April 18, 2024, https://www.who.int/publications/m/item/global-technical-consultation-report-on-proposed-terminology-for-pathogens-that-transmit-through-the-air (Accessed April 25, 2024).

These terms explicitly move away from the previous size-based paradigm (droplet-airborne), which is an essential step forward in recognizing the most up-to-date scientific research on infectious disease transmission. Fully recognizing this science on how infectious diseases are transmitted is fundamental to crafting measures that effectively protect health care workers, patients, and the public. While the WHO report does not deal with how the new terminology should shape protective measures, such as what types of personal protective equipment (PPE) are used by health care workers caring for patients infected with pathogens that transmit through the air, the WHO report does better recognize the scientific research that has found that respiratory particles are emitted in a wide range of sizes and can remain suspended in and travel through the air for long times and distances. The WHO report also provides better recognition of the multitude of factors that can influence transmission through the air, such as temperature, humidity, time, dose/concentration, and ventilation or removal rate.

CDC and HICPAC should examine this report closely in the context of ongoing work to update infection control guidance for health care settings. In 2022, HICPAC initiated work to update core infection control guidance, last updated in 2007. In November 2023, HICPAC voted unanimously to send its proposed *2024 Guideline to Prevent Transmission of Pathogens in Healthcare Settings* to the CDC for review.[2] NNU has expressed serious concerns regarding both the process to develop the draft and the content of HICPAC's draft, which proposed to weaken current practice and ignored science on aerosol transmission and respiratory protection.[3] While HICPAC's draft proposes similar terminology to the WHO's report (namely use of the term "through the air"), HICPAC's description of transmission through the air and, in particular, its application to isolation precautions falls short. Specifically, HICPAC's draft remains focused on distance as the primary determinant of transmission and ignores the complex other factors that contribute to transmission, such as time, dose, ventilation, and environmental conditions. This must be remedied, especially as the WHO report notes CDC's agreement and "collective commitment to moving forward together [with WHO and other public health agencies] in implementing these statements."[4]

In January 2024, CDC returned the draft guidance to HICPAC for further work on a targeted set of questions and made a commitment to expand the scope of technical expertise on HICPAC and its workgroup formulating updated guidance (the Isolation Precautions

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[2] Centers for Disease Control and Prevention, Healthcare Infection Control Practices Advisory Committee, "2024 Guideline to Prevent Transmission of Pathogens in Healthcare Settings," November 2, 2023, https://www.cdc.gov/hicpac/pdf/DRAFT-2024-Guideline-to-Prevent-Transmission-of-Pathogens-2023-10-23-508.pdf (Accessed April 25, 2024).

[3] National Nurses United, "Updates on the CDC Advisory Committee's efforts to weaken infection control guidance for health care: Letters and statements," https://www.nationalnursesunited.org/cdc-and-hicpac (Accessed April 25, 2024).

[4] Page 5- World Health Organization, "Global technical consultation report on proposed terminology for pathogens that transmit through the air," April 18, 2024, https://www.who.int/publications/m/item/global-technical-consultation-report-on-proposed-terminology-for-pathogens-that-transmit-through-the-air (Accessed April 25, 2024).

workgroup).[5] Based on CDC's April 2024 responses to NNU's information requests, it is clear that the CDC has reconstituted the HICPAC Isolation Precautions workgroup.[6] While NNU commends the CDC for committing to expand the scope of technical expertise on both HICPAC and the workgroup, the CDC's efforts to date fall short. While the CDC has added a small number of individuals with expertise in aerosol science and respiratory protection to HICPAC's Isolation Precautions workgroup, the workgroup remains dominated by infection prevention and industry perspectives.[7] Further, the CDC has failed to include the perspectives of frontline health care workers, their unions, and patient advocates in the workgroup. HICPAC's full membership has not yet been expanded.[8]

Application of the new WHO terminology must be done in a transparent, science-based manner rooted in the precautionary principle by a wide range of experts, including frontline health care workers, unions, and patients. The WHO report is the result of a multi-year process engaging a wide range of experts from diverse disciplines who worked to reach consensus on the new terminology—a process that the CDC and HICPAC should emulate in application of the new terminology and development of updated infection control guidance for health care settings. Nurses play a significant and vital role in the implementation of infection prevention plans and their expertise is essential to crafting protective, implementable guidance. It is essential that the CDC and HICPAC fully engage the expertise of frontline nurses, other health care workers, and unions in developing updated infection control guidance.

Sincerely,

Jean Ross, RN
President, National Nurses United

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[5] Centers for Disease Control and Prevention, "A CDC Update on the Part One Draft update to the Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings," January 23, 2024, https://blogs.cdc.gov/safehealthcare/draft-2024-guideline-to-prevent-transmission-of-pathogens-in-healthcare-settings/ (Accessed April 25, 2024).

[6] National Nurses United, "Update: CDC work group proceeds to develop infection control guidance updates without frontline health care workers, unions, and patient advocates," https://www.nationalnursesunited.org/update-cdc-work-group-proceeds-without-frontline-health-care-workers-unions-and-patient-advocates (Accessed April 25, 2024).

[7] In February 2024, HICPAC reconstituted the Isolation Precautions Guideline Workgroup with six new members. Two of the new members have infection control expertise, similar to the 10 existing Workgroup members. Three of the new members are physicians with expertise in occupational medicine or aerosol research. One new member is a certified industrial hygienist with expertise in respiratory protection.

CDC's Response to NNU's FOIA Request for the Updated HICPAC IP Work Group Roster and Updated Meeting Summaries, April 1, 2024 https://www.nationalnursesunited.org/sites/default/files/nnu/documents/24-00772_Responsive_Records_West_04012024.pdf#page=144 (Accessed April 25, 2024).

[8] Centers for Disease Control and Prevention, "HICPAC Roster: 2024," Page last reviewed March 25, 2024, https://www.cdc.gov/hicpac/roster.html (Accessed April 25, 2024).