



August 27, 2024

Mandy Cohen, MD, MPH
Director, Centers for Disease Control & Prevention
1600 Clifton Road NE
Atlanta, Georgia 30329

Dear Dr. Cohen:

We are writing to you today on behalf of our nearly 2,000 mission-driven nursing home providers to ask for reconsideration of the duration of isolation as outlined in [infection control recommendations for respiratory viruses in healthcare settings](#). Specifically, we are asking the Centers for Disease Control & Prevention (CDC) to review available evidence to revise isolation guidelines for residents living in nursing homes to more closely align with recommendations followed by the general public.

About LeadingAge: We represent more than 5,400 nonprofit aging services providers and other mission-driven organizations that touch millions of lives every day. Alongside our members and 36 state partners in 41 states, we use applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the continuum of services for people as they age, including those with disabilities. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home. For more information, visit [leadingage.org](https://www.leadingage.org).

Classified by CDC as healthcare settings, nursing homes are subject to CDC recommendations for healthcare settings, enforced by the Centers for Medicare & Medicaid Services (CMS) as accepted national standards under requirements at 42 CFR §483.80 Infection Control. This means that nursing homes are required to implement CDC recommendations for healthcare settings within their communities, despite important differences between nursing homes and other healthcare settings such as acute care hospitals.

For example, patients who are admitted to acute care hospitals have been admitted to the healthcare setting for a time-limited stay to address an acute illness or condition. The focus of the hospital is on providing efficient care and treatment for acute conditions before discharging patients back to their homes. Meals are taken in the patient's room. Few if any recreational activities are provided and though patients may leave their rooms for some treatments, the general expectation of both the patient and the provider is that the patients will remain in their rooms throughout the duration of their limited stay.

In contrast, residents in nursing homes are *living* in the healthcare setting. The focus in nursing homes, unlike acute care hospitals and other healthcare settings, is on maintaining a homelike environment where residents can live comfortably while receiving care for and management of chronic conditions. Meals are taken in communal dining rooms among other residents and staff. Activities and other programming are scheduled throughout the day and residents can often be observed relaxing in common areas or visiting with friends and family. Residents are guaranteed the right to choose the

schedules and activities that most align with their goals for wellbeing. Being isolated to their rooms all day is not the general expectation and is acutely felt.

Despite these differences, nursing home residents are subject to the same isolation restrictions as patients in acute care hospitals and other healthcare settings. Nursing home residents who test positive for COVID are isolated to their rooms for a minimum of 10 days. All meals are taken within their rooms, visits with family are restricted to the room, and residents must be denied their right to participate in community activities, regardless of how quickly the resident recovers from illness. Even if recovered residents test negative, they must remain in their rooms until 10 days have passed since their first positive tests or symptom onset.

As you know, this isolation has devastating impacts on older adults. Multiple studies have documented emotional, cognitive, and physical declines related to social isolation in older adults; isolation and quarantine associated with the COVID pandemic exacerbated this issue. Our members report that isolated residents become sad, lonely, and frustrated. They may withdraw, be less receptive to care, become more easily confused, and in some cases become agitated. While LeadingAge understands the importance of preventing transmission of COVID and other respiratory viruses, we question if there may be a way to balance these two opposing threats to nursing home residents' health and wellbeing.

For this reason, we encourage CDC to evaluate existing evidence in consideration of changing [recommendations for duration of isolation](#) for nursing home residents who are confirmed positive for COVID and other respiratory viruses to align with [public health recommendations for respiratory viruses](#). That is, evaluate recommendations for healthcare settings for a revision to state that nursing home residents can be permitted to end isolation when they are at least 24-hours fever free without the use of fever-reducing medications and are showing symptom improvement.

We ask CDC to please note that this request specifically relates to the duration of isolation for nursing home residents. We support continued use of additional mitigation measures such as source control and viral testing once isolation has ended in order to provide continued protection for the nursing home community as long as evidence supports these interventions. Thank you for your consideration of these matters. Please feel free to reach out to me (jevigor@leadingage.org) with any questions or follow up.

Sincerely,



Jodi Eyigor
Director, Nursing Home Quality & Policy

CC: Dan Jernigan, Director, National Center for Emerging and Zoonotic Infectious Diseases
Healthcare Infection Control Practices Advisory Committee