



August 1, 2025

Susan Monarez, PhD
Director, Centers for Disease Control & Prevention
1600 Clifton Road NE
Atlanta, Georgia 30329

Dear Director Monarez:

Congratulations on your confirmation as Director of the Centers for Disease Control and Prevention (CDC). As you may know from your time as Acting Director, our organization, whose members are nonprofit and mission-driven providers of aging services including nursing homes, works very closely with the CDC to ensure the safety of older adults and the individuals who serve them. Our current partnership began in the early days of the COVID-19 pandemic and has evolved to address a range of infectious disease topics, particularly as they relate to healthcare settings and providers of healthcare to older adults living in community settings. We look forward to continuing this work together.

As you begin your work in the official capacity as Director, we would like to highlight a few pressing issues that we hope you will prioritize. You will recall that during the COVID-19 pandemic, CDC issued and made multiple updates to infection control guidance for healthcare settings. Guidance was provided on topics such as screening and testing protocols for suspected COVID infection, isolation of residents with suspected or confirmed illness, work restrictions for infected healthcare personnel, strategies for containing outbreaks, and other mitigation recommendations. As COVID evolved, so did CDC guidance, expanding recommendations to apply to respiratory viruses in general rather than specifically to COVID. However, recommendations for healthcare settings remained more conservative and restrictive than public health recommendations due to the relative fragility of populations served in healthcare settings.

The last update to respiratory virus guidance for healthcare settings was in May 2023, coinciding with the end of the public health emergency. Guidance on the management of healthcare personnel infected with or exposed to COVID has not been updated since September 2022. Recognizing the need for timely guidelines that reflect the most current understanding of infectious diseases and best practices for infection prevention and control, HICPAC was reviewing the *2007 Guideline for Isolation Precautions* and the *Guideline for Infection Control in Healthcare Personnel, 1998*. In November 2024, HICPAC approved a draft revision related to the duration of work exclusion for healthcare personnel with SARS-CoV-2 infection.

Respiratory virus season is quickly approaching. Without revised guidance, healthcare settings, including our nation's 15,000 nursing homes, will be required to follow outdated practices that endanger the health and wellbeing of older adults. According to current guidance, enforced as infection control requirements by the Centers for Medicare & Medicaid Services (CMS), nursing home residents who are infected with SARS-CoV-2 will be isolated in their rooms for up to 20 days, permitted to leave only for necessary medical appointments. They will be forced to eat meals alone in their rooms and prohibited from engaging in community activities or even visiting with resident-friends. As noted in our [August 2024 letter](#), we know that this kind of social isolation has negative impacts on mood, cognition, and

psychosocial wellbeing, not to mention the physical deconditioning that results from restricted movement when they can no longer ambulate freely throughout the nursing home.

Additionally, healthcare personnel who are infected with SARS-CoV-2 will be restricted from work for at least seven days, even if symptoms have long since improved or they were asymptomatic throughout the course of their illness. These healthcare personnel, many of whom are hourly workers, may lose income and the nursing home must find replacements for these staff. This places further burden on an already strained workforce infrastructure by requiring other staff to pick up additional shifts, or bringing in temporary staff, who may not be familiar with the nursing home or its residents, to perform resident care, dining services, housekeeping, or maintenance.

It is our understanding that one of your priorities in your new capacity as Director will be reviewing the work left by HICPAC and determining next steps. LeadingAge entreats CDC to resume this work immediately, either through agency staff or through a newly-appointed HICPAC. We ask that guidelines are revised to reflect the most current understanding and best practices. The urgency of this matter cannot be understated and we hope the Director will give it prompt attention. We look forward to working with you on these and other matters to ensure the safety and wellbeing of our nation's older adults.

Sincerely,

A handwritten signature in black ink, reading "Katie Smith Sloan". The signature is fluid and cursive, with the first name "Katie" being the most prominent.

Katie Smith Sloan
President and CEO

CC: Dan Jernigan, Director, National Center for Emerging and Zoonotic Infectious Diseases

About LeadingAge: LeadingAge represents more than 5,400 nonprofit and mission-driven aging services providers and other organizations that touch millions of lives every day. Alongside our members and 36 partners in 41 states, we use advocacy, education, applied research, and community-building to make America a better place to grow old. Our membership encompasses the entire continuum of aging services, including skilled nursing, assisted living, memory care, affordable housing, retirement communities, adult day programs, community-based services, hospice, home-based care, and other organizations serving older adults, people with disabilities, and their families.