Rapid Reviews COVID-19

Review 2: "Understanding of and Trust in the Centers for Disease Control and Prevention's Revised COVID-19 Isolation and Quarantine Guidance Among US Adults"

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RR:C19 Evidence Scale rating by reviewer:

- **Reliable.** The main study claims are generally justified by its methods and data. The results and conclusions are likely to be similar to the hypothetical ideal study. There are some minor caveats or limitations, but they would/do not change the major claims of the study. The study provides sufficient strength of evidence on its own that its main claims should be considered actionable, with some room for future revision.

Review:

This study reports on a timely topic as recent studies have demonstrated that low trust in the CDC has implications for health beliefs and behaviors related to COVID-19. Many of the CDC's recent changes have been criticized by prominent scientists, policy experts, and health care professionals. Less is known, however, about how Americans perceived changing guidance on how long individuals must isolate and quarantine following COVID-19 infection or exposure. To answer this research question, the authors used an online recruitment platform to sample 603 adults in January 2022. Importantly, the authors find that individuals most at risk of severe complications from COVID-19 also have the least knowledge about current guidelines. In addition, trust in the CDC was reduced for a substantial number of Americans after the most recent guidance regarding isolation and quarantine was issued. The authors conclude that the CDC has not effectively communicated the precise benefit that vaccines provide to individuals and that the most recent guidance has created confusion and limited trust among Americans. Study strengths include that data were collected soon after the CDC guidance changed. The findings are clearly important for public health communication related to COVID-19 and suggest that ineffective strategies may not only fail to improve health outcomes related to COVID-19, but may worsen trust in public health leadership and guidance. Although these findings suggest potential negative consequences of the most recent CDC guidance, the study used non-probability, convenience sampling procedures. The authors attempted to correct for this through enrolling participants at proportions consistent with U.S. demographics as reported in the Census. While this did create a sample that matched the U.S. population on key demographic characteristics, the participants themselves were not representative of the U.S. population but may share unique characteristics related to their enrollment in an online survey database, such as access to the internet or socioeconomic status. The authors acknowledge this limitation, but still refer to the

sample as being “representative.” Given that probability sampling requires considerable resources, including time, the authors are justified in using the chosen approach. However, the discussion and limitations sections should be revised to temper the conclusions and examine the possible sources of bias that exist with online recruitment services.