
Maintaining Masks in Healthcare Facilities Protects our Patients and Staff

In October 2022, the Nebraska Infectious Disease Society (NIDS) released a letter urging Nebraska healthcare facilities to maintain the universal wearing of facemasks in healthcare environments. As the risk of transmission in healthcare settings has not significantly reduced, we repeat this plea in February 2023. NIDS remains Nebraska's professional society for medical scientists and healthcare professionals specializing in infectious diseases with approximately 100 members. We continue to offer unbiased, apolitical, and science-based expert opinion to guide individuals and institutions in Nebraska in reducing the impact of the ongoing COVID-19 pandemic and other infectious diseases of concern.

It is true that public perception of COVID is low, and a concise and coherent picture of true community risk is difficult to find, even from authoritative sources. Nevertheless, the level of community transmission of COVID in Nebraska remains high and is no longer accurately reflected in official case counts that rely mostly on self-initiated PCR testing. Statewide, our test-positivity rate (including Douglas County) is close to 13%, equivalent to levels we experienced during the Delta variant wave in the fall of 2021. In addition, we consider these other facts in making our recommendation:

- Healthcare acquired COVID-19 infections are not uncommon. A number of studies have put the rate of nosocomial cases of hospitalized COVID-19 between 5-17%¹. The UK has an aggressive monitoring program for nosocomial COVID-19, and two studies there have indicated that 20- 40% of hospital-diagnosed cases were acquired in the hospital².
- Hospitals have a concentration of active COVID-19 cases and persons able to transmit virus that is above the average level in the community, and healthcare workers have an increased risk of COVID-19³.
- Patients and residents in hospitals and other healthcare facilities remain among the highest risk for COVID-19 complications, including fatality.
- Over 50% of Nebraskans 65 years of age or older have not received an updated bivalent COVID-19 vaccine booster⁴
- Widespread use of facemasks reduces transmission of SARS-CoV-2 in community and hospital settings.⁵ This is not just a new practice, as facemasks have been a routine method of source control in the OR, during influenza season for HCWs who do not get vaccinated, and when a patient is suspected of having an airborne disease such as measles, varicella, or TB.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7827479/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9206097/>

<https://www.gov.scot/publications/coronavirus-covid-19-nosocomial-review-group-20-may-2022/>

³ <https://oem.bmj.com/content/78/5/307>

⁴ https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-booster-percent-pop65

⁵ <https://www.science.org/doi/full/10.1126/science.abi9069>

<https://jamanetwork.com/journals/jama/fullarticle/2768533>

Reducing SARS-CoV-2 transmission in healthcare settings is an obligation of healthcare professionals and leaders. We hold a sacred trust with our patients and are charged with protecting their health while in our care. In addition, we continue to see a significant number of healthcare worker illness and absenteeism. Our healthcare workers remain our most vital resource in maintaining all healthcare services for our communities. Given current healthcare staffing challenges across the state, we cannot afford increased rates of healthcare worker absenteeism due to SARS-CoV-2 infection.

Many ask how long we are going to recommend masking in healthcare settings. Due to the unpredictable fluctuation of cases, underdiagnosis due to home testing, and continued emergence of new variants, there is still not enough data to inform future masking guidance and whether masks should become standard precautions and/or indefinitely recommended. Active discussion will need to continue around this issue at both the local and national public health levels. However, as of now, we have enough scientific evidence to recommend the use of universal face masking in all healthcare settings.

Healthcare environments remain a unique segment of the community, and we must continue to implement extra measures to reduce the spread of COVID-19 within healthcare facilities, especially in clinical areas where vulnerable patients are receiving care. Nosocomial and healthcare worker cases of COVID-19 are also costly and burdensome to communities, emphasizing the need for continued vigilance and prevention efforts. Universal facemask requirements are an easy, cheap, and effective way to reduce the spread of COVID-19 in healthcare settings. We strongly plead that our healthcare leaders in Nebraska remain faithful to their obligations and maintain policies of universal wearing of facemasks for patients, staff, and visitors within their facilities.

The Nebraska Infectious Disease Society

Maureen R Tierney, MD, MSc, President

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Angela Hewlett, MD Member

Anne O'Keefe, MD Member

On behalf of the members of the NIDS (close to 100 in total)

Please note the opinions included here are those of the Nebraska Infectious Disease Society members noted above and not their employers.

To reply: hello@idnebraska.org