

STATEMENT

Maintaining Masks in Healthcare Facilities Protects our Patients and Staff

As the professional society for medical scientists and healthcare professionals specializing in infectious diseases in our state with approximately 100 members, the Nebraska Infectious Disease Society (NIDS) strives to provide 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. In this theme, NIDS continues to strongly recommend that hospitals and other healthcare facilities should maintain the practice of universal wearing of facemasks within these facilities.

We understand the strong desire among healthcare workers to “return to normal” after 30 months of pandemic response, and we acknowledge that commonly used risk assessments, such as the CDC’s COVID-19 Community Level, currently indicate a low level of community risk across most counties in Nebraska. While these risk assessment tools may or may not be helpful in guiding actions in certain sectors of our communities, we argue that healthcare settings are unique, representing degrees of risk and vulnerability well above what is encountered in the general community and demanding a higher standard for COVID transmission mitigation. We highlight a number of facts that drive our current recommendation:

- Risk of COVID transmission constitutes only a fraction CDC’s Community Level rating¹
- The risk of person-to-person transmission of COVID-19 depends on the number of infectious persons in the population, the proportion and degree of immune protection (from vaccination and prior infection), and the effectiveness of interventions to reduce transmission (such as facemasks, improved ventilation, etc).
- Well less than half of Nebraskans are up-to-date on COVID vaccination
- Prior infection does not produce long-lasting protection against COVID re-infection, and the rate of re-infection is rising with more recent SARS-CoV-2 variants.²
- Case ascertainment is much lower than at prior points in the pandemic, due to decreased levels of reported testing. Thus, reported case numbers dramatically underestimate true community transmission levels. Based upon current test positivity rates for NE that are over 10%, estimated true community transmission of COVID-19 is at levels similar to what we experienced in the Delta wave in the fall of 2021³.
- 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-19⁴.

¹ https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels

² <https://www.nejm.org/doi/full/10.1056/NEJMc2209306>
<https://www.medrxiv.org/content/10.1101/2022.07.11.22277448v1.article-info>

³ https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Nebraska&data-type=CommunityLevels

⁴ <https://oem.bmj.com/content/78/5/307>

- A high proportion of patients and residents in hospitals and other healthcare facilities are at high risk for COVID-19 complications, including fatality
- Widespread use of facemasks reduces transmission of SARS-CoV-2 in community and hospital settings.⁵

Reducing SARS-CoV-2 transmission in healthcare settings should remain a priority. As healthcare professionals, our first duty is to protect the patients for whom we are charged with caring. This means protecting high-risk patients from nosocomial SARS-CoV-2 infections from staff, patients, and visitors. *Primum non nocere* (first, do no harm), our oath to our patients, applies here. Moreover, healthcare workers are a critical resource for maintaining adequate healthcare system function – they are the lynchpin to provide high-quality care not only for COVID-19 but for strokes, heart attacks, trauma, diabetes, hypertension, and the myriad of conditions we see on a day-to-day basis. Given current healthcare staffing challenges across the state, we cannot afford increased rates of healthcare worker absenteeism due to SARS-CoV-2 infection.

Healthcare environments are a unique segment of the community, and additional interventions to reduce the spread of COVID-19 are warranted. Universal facemask requirements in healthcare settings are an easy, low-cost intervention that can significantly reduce the risk of harm to our patients and rates of healthcare worker absenteeism. We strongly encourage healthcare facility leadership in Nebraska to maintain policies of universal wearing of facemasks for patients, staff, and visitors within their facilities.

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The opinions expressed herein are those of the Nebraska Infectious Disease Society and not the primary employer of any of the above listed NIDS members.

To reply: hello@idnebraska.org

⁵ <https://www.science.org/doi/full/10.1126/science.abi9069>
<https://jamanetwork.com/journals/jama/fullarticle/2768533>