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RE: Public Comment to the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) March 24, 2022

To Whom It May Concern:

During the COVID-19 pandemic there has been inadequate safety precautions for front line workers and the public. Politico recently had a disturbing report of some hospitals removing patients' N95 masks and replacing them with surgical masks.[1] One of the facilities mentioned was the Massachusetts General Hospital, the CDC Director's prior facility. Patients should be allowed to keep their N95 masks or be given a new N95 mask. Surgical masks are unlikely to provide adequate protection for either Omicron or the BA.2 variant. N95 masks have superior filtration and facial fit. The CDC needs to require uniform use of N95 masks in healthcare settings for both patients and staff.

The new guidelines of community risk zones for COVID-19, may not be optimal for the promotion of patient safety. The current guidelines have a threshold of 200 cases per 100,000 population per 7 days[2] before there is an effect on community recommendations. Current risk zone determinations are largely based upon hospital capacity and not the risk of acquiring SARS-CoV-2. However, they are used to determine implementation of masking advisements and other public health strategies. These guidelines may be problematic.

- First, hospitalizations are a lagging indicator in a pandemic. By the time hospitalizations have increased, the virus is already firmly established in the community and weeks of continued elevations in hospitalizations and deaths will occur.
- Second, in the medium risk category, it is recommended to wear masks around someone at high risk for severe disease. This would include up to 50% of the U.S. adult population. But what are these citizens to do when they need to enter a government building or retail establishment where no one else is wearing a mask? With the BA.1 and BA.2 variants, others also need to wear masks to decrease transmission and viral load as much as possible.
- Third, there is also a disconnect between SARS-CoV-2 community levels and hospital capacity. In Kentucky, we have many counties, which have small critical access hospitals. In these counties, there may be high SARS-CoV-2 levels, but COVID-19 patients are often referred to regional medical centers. Conversely, a regional referral medical center may have many COVID-19 patients but low rates of SARS-CoV-2 infections in the surrounding community.
- Finally, focusing our metrics on hospital capacity, and all but ignoring mild and moderate disease, overlooks the grave risks of Long COVID which have been reported to occur in 10 to 30% of COVID-19 patients. Even in mild cases, Long COVID has been recently linked to both long-term heart disease[3] and frequently occurring cognitive deficits.[4]

In summary, when masking is required, I would like to encourage the CDC to require universal use of N95 masks. And in view of the common and disabling effects of long COVID, the CDC should revert to a community risk ranking strategy which is based upon the rate of SARS-CoV-2 infections and has as its goal to decrease the spread of disease.

Thank you for this consideration,

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References:

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2. COVID-19 Community Levels: A measure of the impact of COVID-19 illness on health and healthcare systems. CDC. Mar. 17, 2022. https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html#anchor_1646415596059

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