

New CDC guidance drops indoor mask recommendation for Boston, much of the country

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The U.S. Centers for Disease Control and Prevention announced on Friday new criteria for the metrics that local jurisdictions use to ease pandemic mitigation measures. Credit: Matthew Modoono/Northeastern University

The U.S. Centers for Disease Control and Prevention announced on Friday new criteria for the metrics that local jurisdictions use to ease pandemic mitigation measures, such as masking and social distancing.

Under the [new guidelines](#), the metrics now indicate that less than a third of the U.S. population lives in a county where masks should be worn in indoor public spaces. Before the CDC updated their criteria, those metrics indicated that nearly every county in the country should keep mask requirements.

The CDC's new recommendations reflect a broader shift in the public health response to COVID-19 in two key ways: They focus more heavily on hospitalization rates than case counts as a way to measure the risk of the virus, and also emphasize a localized response.

"It's moving away from a one-size-fits-all approach to a much more tailored approach that not only is designed to respond to the needs at the local level but the capacity at the local level," says Neil Maniar, director of the master of public health program, associate chair of the department of health sciences, and professor of public health practice at Northeastern. "This is another important step in terms of preparing to emerge from the pandemic."

Previously, the CDC used COVID-19 case counts as a key metric. Now, the federal agency's updated "COVID-19 community level" metrics are based on three components: COVID-19 hospitalization rates, hospital capacity, and new COVID-19 cases.

Using these metrics, communities are classified as either low, medium, or high risk. They're classified based on the number of new COVID-19 cases and hospital admissions per 100,000 people, and the percent of hospital beds occupied by COVID-19 patients. If there are 200 or more new cases over a period of seven days, however, a community cannot be

considered in the "low" category.

That's the case for Massachusetts' Suffolk County. The county containing Boston would rank in the "low" category if not for the case rate, according to the CDC's rankings. New hospitalizations are at 7.5 per 100,000 people over the past seven days, and an average of 2.8% of staffed inpatient beds have been occupied by COVID-19 patients over the past seven days. But more than 203 new cases have been counted per 100,000 people in the past seven days, bumping the county up to a "medium" level.

Every county in Massachusetts is considered "low" or "medium" COVID-19 level under the new CDC guidelines. Both categories do not include mask mandates in the CDC's guidance. Local leaders may still decide to keep a mask mandate for certain spaces.

A focus on hospitalizations is closely tied to the more localized approach, Maniar says. That's because the health-care systems in different cities and regions can range greatly in their capacity. When met with, say, 100 severe cases of COVID-19, a city with thousands of hospital beds available would be much better equipped to deal with those cases than a town with just a few dozen open beds.

There are some settings, such as health-care facilities, assisted-living facilities, or anywhere else that has a more vulnerable population, where Maniar says these leaders will probably decide to keep masks on for much longer than in others.

"Local health leaders and other local leaders will really have the opportunity to figure out what is important for us at the local level," Maniar says. "And that's going to be a really important step forward."

One big reason this change is possible, Maniar says: vaccines. Although

breakthrough infections do occur, vaccinated or boosted people are significantly less likely to have a severe infection and end up in the hospital.

"One of the consistent themes in our approach to the pandemic has been to use the data to drive decisions," he says. "When we think about that approach right now, it's using a more comprehensive set of data to drive decision-making. So we're having a more tailored approach."

This shift toward a more localized approach, Maniar says, is "helping us to prepare to coexist with COVID, which we will have to for the foreseeable future." He adds, "That is part of ultimately moving to an endemic state from a pandemic state."

This is a "dynamic" situation, Maniar says. He advises to pay close attention to local rules, as they could vary and change depending on what happens next with the virus.

While some people will be relieved to have some of these mitigation measures eased, Maniar says, "It's also important to recognize that the changes in these guidelines are also going to cause a lot of stress for some individuals, because they are going to worry about unmasked people around them.

"These guidelines offer flexibility not only to local health departments and local leaders and local businesses," he says. "They also offer flexibility to individuals. It's OK to still wear a mask. The hope is that we will eventually move towards a point where it's really an individual choice and an individual expression of the level of comfort that people have with COVID—and other things, too, because we also know that masks protect them from the flu and stomach bugs and all of those other things."

Provided by Northeastern University

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