

1 in 3 Americans now live in areas where indoor masks are advised, CDC says

May 19 2022



Masks may not be required, but Americans should consider wearing one

anyway if they live in an area where COVID-19 case numbers are high, federal health officials said Wednesday.

That advice currently applies to about one-third of Americans, all of whom now live in areas with high levels of community transmission, according to the U.S. Centers for Disease Control and Prevention. Most of those areas are in the Northeast.

In those regions, "we urge local leaders to encourage the use of prevention strategies like [masking](#) in public indoor settings, and increasing access to testing and treatment for individuals," said CDC director Dr. Rochelle Walensky, *The New York Times* reported. She spoke at the first pandemic-focused White House COVID briefing in six weeks.

Even in areas with medium levels of transmission, which includes counties in nearly every state, people should consider masking if they're indoors in [public places](#), Walensky urged. They should also avoid crowds and take a COVID-19 test if they plan to be gathering indoors with others.

U.S. hospital admissions from COVID-19 rose about 20% over the past week, according to federal data. While about 3,000 people per day have been admitted to hospitals with COVID, [death rates](#) remain low, the CDC said.

It's not clear whether that number is simply lagging and will be followed by a rise in deaths and hospitalizations.

Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, told the *Times*, "We could be entering a period where we have an increased number of cases but a substantially decreased severity of illness, so that we see fewer

hospitalizations and many fewer deaths. But as absolutely uncomfortable and unsatisfactory as this is, we just don't know what this virus is going to throw at us in the next 90 days."

At the briefing Dr. Ashish Jha, the White House COVID Response Coordinator, said [severe disease](#) would be more deadly now without the pill known as [Paxlovid](#). Created by Pfizer, Paxlovid prevents severe illness if taken soon after symptoms begin.

Jha estimated that doctors are prescribing Paxlovid to about 20,000 patients each day. Its use may be the reason that hospitalizations and intensive care uptake is lower than expected, given the number of infections.

"Paxlovid is making a very big difference," Jha said.

He expressed concern over funding to continue to fight the disease, however. If Congress does not approve the administration's request for \$22 billion in new COVID funding, the [federal government](#) will not have enough vaccines and treatments for an expected fall surge, Jha said.

Having to face the virus without enough doses of vaccines and treatments would be "terrible," he said at the briefing.

"I think we would see a lot of unnecessary loss of life," Jha said.

Another concern is that Americans aren't getting the [vaccine boosters](#) they're eligible to receive, leaving themselves vulnerable. According to Walensky, about 62% of people aged 50 to 64 have not gotten a booster in the past six months, and that's also true for about 57% of those 65 and older.

Two [health experts](#) from outside the government told the *Times* that

[public health](#) messaging about the virus must improve.

"I think it would be important for us to get more direction from Dr. Walensky and Dr. Fauci as to what we should be doing right now," said Dr. Janis M. Orlowski, the chief health care officer at the Association of American Medical Colleges.

"They need to step up their game," added Dr. Ezekiel Emanuel, an oncologist, medical ethicist and University of Pennsylvania professor who led an effort to draft a new pandemic strategy called "The Next Normal."

A deadline for lifting the [public health emergency](#) passed quietly on Monday—implicit recognition that the pandemic isn't over. Keeping emergency status in place means the government can offer free COVID vaccines, tests and treatments, bars states from canceling Medicaid coverage, expand access to telehealth appointments and allows hospitals to be paid more for treating Medicare patients who have COVID-19.

More information: The U.S. Centers for Disease Control and Prevention has more on [COVID-19](#).

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Citation: 1 in 3 Americans now live in areas where indoor masks are advised, CDC says (2022, May 19) retrieved 4 July 2023 from <https://medicalxpress.com/news/2022-05-americans-areas-indoor-masks-cdc.html>

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