

Masking in Acute Care and Outpatient Clinics

2023-2024 Respiratory Season Summary and Future Planning

Coordinated by the Northwest Healthcare Response Network

Posted: 06/27/2024

Introduction and Background

On April 3, 2023, the Washington state Secretary of Health Mask Order requiring universal masking in healthcare facilities was discontinued. Recognizing the ongoing importance of masking in these spaces to protect the health and well-being of patients and employees, the Acute Infectious Disease Masking Workgroup was formed. This workgroup consists of infectious disease and public health subject matter experts (SME) representing the major healthcare systems and jurisdictions in our regional coalition and whose goal was to establish an approach to universal masking in healthcare facilities by incorporating lessons learned from the COVID-19 pandemic. Their work has been predicated on the following principles:

1. The highest priority is the health and safety of patients and employees in healthcare settings
2. The recommended action is based on the best available, most recent scientific evidence.

The goal of these recommendations is to decrease transmission between patients and providers in healthcare settings where more vulnerable populations are concentrated. It is not the intent of these recommendations to decrease transmission or impact transmission rates within the broader community.

Since March 2023, the Workgroup has met regularly to discuss approaches, problem solve operational challenges, review recent data on respiratory viral infections and propose strategies to support masking in acute care facilities and outpatient clinics. This collaboration has led to the “Masking in Acute Care and Outpatient Clinics” Consensus Statements first published on [March 24, 2023](#) and then updated in [June 2023](#).

In the summer of 2023, the Workgroup proposed respiratory viral community burden metrics which would inform universal masking activation in healthcare facilities for the 2023-2024 respiratory illness season. These community burden metrics would include emergency department visits associated with influenza, respiratory syncytial virus (RSV), and COVID-19 diagnoses given their role as predominant drivers of respiratory disease burden in our communities. The timing of universal masking activation would be guided by pathogen-specific Transmission Alert Thresholds calculated using the Moving Epidemic Method, [an established mathematical approach](#). The details of the Moving Epidemic Method approach can be reviewed in the [September 26, 2023 consensus statement](#).

Overview 2023-2024 Respiratory Season

Based on the September consensus agreement, universal masking in patient care areas would be activated by the time:

- At least one pathogen (RSV, influenza, COVID-19) reaches or exceeds the transmission alert threshold for emergency department visits, OR
- [CDC COVID-19 Hospital Admission Levels](#) are “medium” or ≥ 10 new COVID-19 hospital admissions per 100,000 population (7-day total) by county.

By previous agreement, the definition of “patient care areas” was determined by each institution through appropriate stakeholder engagement given differences in facility types and layouts. Although these consensus statements were specific to patient care areas, it was strongly recommended that facilities consider masking for visitors and healthcare workers in non-patient areas as well during periods of higher respiratory viral transmission activity. Universal masking would continue until levels of all 3 pathogens were below their respective alert thresholds for at least 2 weeks.

To support the masking approach proposed by the Workgroup, [Snohomish County Health Department](#), [Public Health - Seattle & King County](#), and [Tacoma-Pierce County Health Department](#) developed and updated “respiratory dashboards” weekly showing county-specific ED visit data for influenza, RSV and COVID-19.

Time Period Above the Transmission Alert Thresholds

Between October 2023 – March 2024, thresholds were first surpassed when RSV activity increased in November on CDC week 42, CDC week 44 and CDC week 45 for Snohomish, King and Pierce County, respectively. Influenza activity surpassed the alert threshold soon after on CDC week 46 (Snohomish), 47 (King) and 48 (Pierce). During this period, Snohomish County was the only county to cross the COVID-19 ED visit alert threshold on CDC week 52 and stayed above the threshold until week 7 (2024-2025).

Time Period Below the Transmission Alert Thresholds

By CDC week 6, RSV activity had decreased below the transmission alert threshold in Pierce and King Counties. RSV activity in Snohomish County was below the threshold by CDC week 7. For COVID-19, activity levels surpassed alert thresholds in Snohomish County but remained below the calculated threshold throughout the winter 2023-2024 respiratory disease season in Pierce and King County. Influenza activity decreased below threshold on week #12 in Snohomish County and on week #13 for King and Pierce Counties.

Summary

Throughout the 2023-2024 winter respiratory disease season, the Acute Infectious Disease Masking Workgroup provided feedback, reviewed available data, shared best practices and discussed any challenges regarding masking policies in their healthcare systems. In general, universal masking policy adherence was reported to be highest in areas such as ICUs and oncology units where risk of severe disease is highest.

While different approaches were considered to inform universal masking implementation, there was appreciation voiced for using local community burden data to activate universal masking ahead of the respiratory disease season. The community burden dashboards provided a visual indication of increased community respiratory viral activity supporting facility implementation of universal masking to protect patients and healthcare workers. Furthermore, workgroup representatives highlighted how the masking approach through regional healthcare facility consensus and public health partnership provides a unified voice and creates alignment across healthcare systems.

All healthcare systems that were signatories of the consensus statement implemented universal masking as agreed upon when at least one pathogen (RSV, influenza, COVID-19) reached the transmission alert threshold for emergency department visits. However, maintaining universal masking until the agreed upon levels of all 3 pathogens below their respective alert thresholds for at least 2 weeks presented some difficulties with some systems reversing their masking policies before the agreed upon timeframe.

Review and Next Steps

The Workgroup will continue to meet regularly to evaluate the community burden metrics and the regional consensus around universal masking in healthcare settings during periods of high respiratory viral activity. COVID-19 generated a greater understanding and appreciation for the impact that respiratory viral infections have on the health and well-being of our patients. As a result, masking in healthcare spaces and patient care areas will continue to be important especially during periods of increased respiratory viral activity.

Our ability to track community respiratory viral activity has also changed over time as the epidemiology of these respiratory pathogens evolve and healthcare seeking behaviors change. ED visit data has provided a timely measure of respiratory viral activity in the community and will continue to guide our regional masking approach as other data sources are evaluated. Novel approaches and new metrics may be needed to enhance the timeliness of universal masking activation and will continue to be discussed through regular meetings with the Acute Infectious Disease Workgroup.

The Transmission Alert Thresholds take into account the recent epidemiology of respiratory viral infections and will be re-calculated on an annual basis based on the most current data. This will incorporate any changes to the local pathogen epidemiology, healthcare seeking behavior and other factors that may modify ED visit trends. New thresholds for COVID-19, influenza and RSV are anticipated in late August of 2024. It is the goal of this Workgroup to release revised Transmission Alert Thresholds and universal masking guidelines in early fall of 2024 in preparation for the 2024-2025 respiratory season.