



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **Maine CDC Recommends Masking and Vaccination in Health Care Facilities During Periods of Increased Community Respiratory Virus Activity**
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Maine CDC Recommends Masking and Vaccination in Health Care Facilities During Periods of Increased Respiratory Virus Activity

Summary

Respiratory virus transmission in the United States has increased in recent weeks and is expected to peak in coming weeks, leading to more infections, serious illness, hospitalizations, and deaths as well as more health care workers out of work due to illness. When there is higher respiratory virus transmission, health care facilities should implement policies requiring staff to wear appropriate masks or respirators for source control and infection control either during patient interactions or at all times inside facilities. Health care facilities should also consider requiring COVID-19 vaccine for patient-facing staff alongside the existing state requirements for influenza vaccine.

Comprehensive infection prevention and control policies, including masking and vaccination, protect staff, patients, residents, and visitors. Health care facilities should consider these demonstrated risk-reduction measures as they adapt to the shifting community situation. Masking protects the wearer and others around them against respiratory virus infections. Vaccines provide the best protection against severe illness. The Maine CDC remains dedicated to preventing severe disease and death from respiratory viral illnesses, particularly for populations at higher risk, and continues to work to reduce their impacts.

Background

- Respiratory viral illnesses have increased nationally and in Maine. Hospitalizations and deaths are the best indicators of severe respiratory virus disease in the population. Wastewater surveillance and syndromic surveillance are the best indicators of rising and falling community transmission.
 - For the week ending January 12, 2024, there were 37 U.S. jurisdictions with high or very high [respiratory illness activity](#) and 7 with moderate activity. Maine's respiratory illness activity level was moderate. Nationally, [hospitalizations for viral respiratory illnesses](#) remain elevated across the country. [ED visits for viral respiratory illnesses](#) for the week ending December 30, 2023, were higher than any other time since November 2022.
 - **Hospital Occupancy:** [Nationally](#), inpatient and ICU bed occupancy levels are high and fluctuating among patients hospitalized for any reason, and for patients with COVID-19 or influenza. Some jurisdictions are reporting strain on hospitals driven, in part, by recent increases in respiratory illness. In [Maine](#), bed occupancy levels appear similar to national data, and may not adequately capture the strain reported more informally in recent weeks.
 - **COVID-19:** [Nationally](#), there were 35,801 COVID-19 hospitalizations reported in the week ending January 6, 2024. In that same week, 4.0% of deaths and 2.9% of ED visits were attributed to COVID-19. COVID-19 hospitalizations and deaths (severity indicators), as well as test positivity and ED visits (early indicators) have been rising. The [JN.1 variant](#) is now the [most common variant](#). Available vaccines, tests, and treatments work against JN.1. In [Maine](#), COVID-19 hospitalizations and ED visits are rising and deaths are falling. COVID-19 wastewater levels are high and decreasing in [Maine](#) and in the [northeast](#).
 - **Influenza:** [Nationally](#), seasonal activity is elevated in most areas and 18,526 patients with influenza were admitted to hospitals in the past week. The most common viral strain is [A\(H1N1\)pdm09](#), which is covered by this year's [influenza vaccine](#). [Hospitalization](#) rates for influenza are elevated. In Maine, there were 28 hospitalizations and 0 deaths from influenza in the week ending January 13, 2024. Wastewater levels of influenza are elevated and decreasing [nationally](#) and in the [northeast](#).
 - **Respiratory Syncytial Virus (RSV):** [Nationally](#), RSV [hospitalization](#) rates remain elevated. In Maine, RSV [PCR tests and positivity](#) are rising. Wastewater levels for RSV are elevated and decreasing [nationally](#) and in the [northeast](#).
- Vaccines and treatments are crucial to reducing the impacts of respiratory viral illnesses. Rates of COVID-19, influenza, and RSV vaccination are low nationally and in Maine, leaving large gaps in population protection against these diseases, particularly among the most vulnerable.
 - **COVID-19:** As of December 30, 2023, at least 25.8% of Maine [adults age 18 years and older](#) are up to date for COVID-19 vaccine (19.4% nationally). As of January 1, 2024, 39% of Maine [nursing home residents](#) are up to date for COVID-19 vaccine (37% nationally). As of December 31, 2023, 8% of Maine [nursing home workers](#) are up to date for COVID-19 vaccine (8% nationally).
 - **Influenza:** As of December 30, 2023, at least 48.6% of [Maine adults age 18 years and older](#) are vaccinated with the 2023–2024 influenza vaccine (44.9% nationally).
 - **RSV:** As of December 30, 2023, at least 18.1% of [Maine adults age 60 years and older](#) are vaccinated against RSV (17.7% nationally).
- Source control remains an important intervention during periods of higher respiratory virus transmission. Source control refers to the use of respirators or well-fitting facemasks to cover a person's mouth and nose to prevent the spread of respiratory secretions when breathing, talking, sneezing, or coughing. Masks and respirators also offer varying levels of protection to wearer.

Recommendations for Health Care Facilities

- **Maine CDC strongly recommends that health care facilities promptly enact policies and processes for the broader use of source control during times of increased respiratory viral activity to prevent strain on the state’s health care resources. These might include the use of source control during patient encounters or at all times inside a health care facility, facility-wide or unit-specific based on disease metrics in the community and your facility.**
 - Further guidance details can be found on the [U.S. CDC Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings](#).
 - For additional details on implementing broader use of masking, refer to [U.S. CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) (under *Appendix: Considerations for Implementing Broader Use of Masking in Healthcare Settings*).
- Health care facilities should follow disease-specific guidance for use of transmission-based precautions, including use of personal protective equipment (PPE), and for the management of patients and residents with suspected or confirmed infections. These policies should incorporate guidance for the broader use of universal PPE (e.g., masks or respirators, eye protection) for patient and resident encounters during periods of increased community transmission of one or more respiratory virus or during periods of facility transmission of one or more respiratory virus.
- **Consider policies that encourage staff to stay up to date by getting the 2023–2024 COVID-19 vaccine in addition to the annual influenza vaccine.**
 - COVID-19 vaccine is recommended even for people who have recently had COVID-19.
 - There is no waiting period required between COVID-19 infection and getting a vaccine.
- Preparing for and responding to respiratory viruses requires a comprehensive approach including infection prevention and control, testing, vaccination, and treatment to reduce transmission of COVID-19, influenza, and RSV and protect patients, residents, staff, and visitors. Health care facilities should identify or develop metrics that could reflect increasing community respiratory viral activity, have processes to monitor respiratory virus activity at the community level and facility level, and develop policies for when to enact broader use of source control and other actions. Various data can inform decisions, such as [COVID-19 deaths, hospitalizations, and ED visits](#), [respiratory illness activity and visits](#), [bed occupancy](#), and [COVID-19 wastewater trends](#).

Additional Information

- [COVID-19 Healthcare Infection Prevention and Control Guidance](#)
- [U.S. CDC: Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
- [U.S. CDC: Prevention Strategies for Seasonal Influenza in Healthcare Settings](#)
- [U.S. CDC: Respiratory Virus Data Channel Weekly Snapshot](#)
- [U.S. CDC: COVID Data Tracker](#)
- [U.S. CDC: Weekly U.S. Influenza Surveillance Reports](#)
- [Maine CDC: COVID-19: Maine Data](#)
- [WastewaterSCAN Dashboard](#) (state-level wastewater surveillance data for COVID-19, influenza, RSV)
- [Biobot.io Dashboard](#) (regional-level wastewater surveillance data for COVID-19, influenza, and RSV)