Masking or Not Masking (the ongoing discussion)

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It's now the end of 2022, and in addition to Covid-19, Influenza and RSV have been causing a significant strain on the public's health. It's like a never-ending story. We think we have a handle on one; the next one appears, and then the next one. The other never-ending story is about masking. Yes, or no?

At the beginning of the pandemic in 2020, when the science around SARS-CoV-2 transmission was beginning, the aspect of airborne transmission was not clear. Yes, we looked at droplet transmission, either directly from face to face or on surfaces, but the idea that the virus could travel for a longer time in the air and reach other places was not well understood. It is interesting to note that CDC, already in January/February of 2020, the beginning of the spread in the US, recommended surgical masks for patients and assessment should be done ideally in an airborne infection isolation room (Centers for Disease Control and Prevention 2020). Now, it took a while for general mask requests and requirements to become mainstream. If you are interested in the early timelines, read the LA Times article in 2021 (Los Angeles Times 2021). However, evidence that masks were working became more apparent by then (Brooks, 2020).

One of the early discussion aspects about masks and masking was which masks. In the beginning, the use of surgical masks by the public was frowned upon since there was a shortage of these masks in hospital settings. Then came the discussion about cloth masks, how many layers, and using actual respiratory protection devices like N95s. Another aspect of the discussion was about who needed protection (Lao 2021, Canada 2022). It took a while before there was a shared realization that a "mask" protected the wearer and others by trapping droplets being ejected through coughing and sneezing. A 3rd positive aspect was that wearing a mask reduced the touching of the mouth and nose, a behavioural barrier (Liebst et al. 2022).

Wearing A Mask Is Difficult

Now, we all realize that wearing a mask is difficult. They quickly become a nuisance, don't allow for the appreciation of facial expressions, and for those wearing eyeglasses, the constant fogging up is a pain! It is no wonder that opposition to masking had many origins and reasons, including making political statements, liberty rights, feelings, alternative "science" myths, and so on. Unfortunately, the lack of early public health support statements and outright instructions by public officials not to wear them did not help (Team 2021). However, by the end of 2021, we saw scenes in North America and many other countries that were once considered impossible. People in public were masking up all around, and what was a familiar picture in Asia for many years, even before the pandemic, became mainstream worldwide. What changed? Indeed, government and business requirements didn't leave too many options or alternatives, and if you wanted to fly, go grocery shopping, or attend an event, wearing a mask was required. In addition, most people also realized that it was one way of getting control over the pandemic and voluntary compliance was at an all-time high. In addition, science had evolved, airborne transmission was now considered to be a significant contributing factor in the

spread, and evidence of the benefits of masking was obvious (Public Health Ontario 2022).

A Material Impact On The Pandemic

Now, things changed quickly when it became apparent that the combination of vaccination, physical distancing, hand hygiene, masking, and working from home (to name a few) had a material impact on the pandemic. By early 2022, overall mask mandates were being removed, and more people were trying to return to a “pre-pandemic” normal. However, RSV came along, and we heard for the first time about the “immunity gap.” By protecting us against COVID-19, many preventive measures also protected us from other respiratory diseases. By stopping these preventive measures, viruses encountered less immunity and resistance (Christensen 2022). So, what is the solution?

On the one hand, we learned that a combination of preventive measures could successfully limit the consequences of certain diseases. On the other hand, if we protect ourselves too much and stay in the “protective bubble,” we also might risk an increasing gap in our individual resistance that can bite us back later. Right now, in early December, we see a significant resurgence of the flu virus. The national coverage of influenza vaccination is only at 40% in the US (Centers for Disease Control and Prevention 2022) and even lower in Canada (Passafiume 2022). Isn’t it amazing how little we sometimes learn? The same is true for masking. For example, the CDC and the health authorities in Canada are encouraging to mask up again. However, compliance is also at a very low point. At the end of the day, we need to find the balance allowing between the protective bubble and the total immunity gap. Masking is simple, easy, and helps and will be with us for a long time. Vaccination will help with our immunity gap. Let’s do our part. Have a mask handy and use it. Get your vaccinations, and during this Christmas and holiday season, protect those most vulnerable!

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