Infection Prevention & Control – Dr. Karen Jones, MD CDC

Choosing a Mask or Respirator for Different Situations

There were many attendees who requested information about the use of KN95s and CDC's recommendation. The following is what I am able to provide and this information is also available at the provided link: Masks and Respirators (cdc.gov) as well as Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC (under section Implement Source Control Measures)

Masks and respirators (i.e., specialized filtering masks such as "N95s") can provide different levels of protection depending on the type of mask and how they are used. Loosely woven cloth products provide the least protection, layered finely woven products offer more protection, well-fitting disposable surgical masks and KN95s offer even more protection, and well-fitting NIOSH-approved respirators (including N95s) offer the highest level of protection.

Some respirators are designed and tested to meet international standards. The most widely available respirators that meet an international standard are KN95 respirators. Other examples include 1st, DL2, DL3, DS2, DS3, FFP2, FFP3, KN100, KP95, KP100, P2, P3, PFF2, PFF3, R95, and Special.

The following is information about poor quality KN95 respirators. About 60% of KN95 respirators NIOSH evaluated during the COVID-19 pandemic in 2020 and 2021 did not meet the requirements that they intended to meet. Using a poor-quality product may not provide the level of protection indicated.

It is important when choosing any level of masking that the mask chosen is a well-fitting mask and that some masks offer better protection than others, as noted above. The use of KN95s is at the discretion of the facility as well as state and local jurisdictions and I did recommend the inquirers to follow up with their state or local jurisdiction for clarification of recommendations that may exceed the recommendations of CDC.

It should also be noted that masks other than N95s for source control may be used unless the healthcare provider is taking care of someone with suspected or confirmed SARS-CoV-2 or are in a room where an aerosolized procedure is being performed, or the facility is using contingency or crisis standards for supplies (which is becoming more rare).

I am also including a link to a recent MMWR that could also help in understanding the effectiveness of face masks or respirators, including KN95s:

Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection — California, February–December 2021 | MMWR (cdc.gov)

Routine COVID Testing Cadence

The second question was related to twice-weekly testing of healthcare personnel who are not considered "up-to-date" for vaccination (which is anyone who has completed the two-dose primary series of Pfizer or Moderna or the one-dose primary series of Janssen and have also received, when eligible, the recommended booster).

The guidance related to the CMS required routine testing cadence has been in place for a period of time but has recently been updated to apply to individuals who are not up-to-date with all recommended COVID-19 vaccinations (previously this testing applied to individuals who were not "fully vaccinated" which is anyone who has completed their primary series but is not yet eligible for a booster). As healthcare personnel now become eligible for a booster but have not received it yet, that person would be considered "fully vaccinated" but not "up-to-date" for purposes of required routine testing, and would now be required to participate in the expanded routine testing.

The twice weekly testing requirement is in place for nursing homes located in counties with substantial to high community transmission. Any healthcare personnel not considered "up–to-date" would be expected to be included in the routine weekly testing, however after receiving the COVID-19 booster, that individual would be considered to be up-to-date and would be exempt from further routine testing.

The cadence for routine testing as required by CMS is outlined in QSO 20-38-NH on page 6. To check your community transmission levels and determine your specific cadence utilize the CMS COVID database located at https://covid.cdc.gov/covid-data-tracker/#county-view.