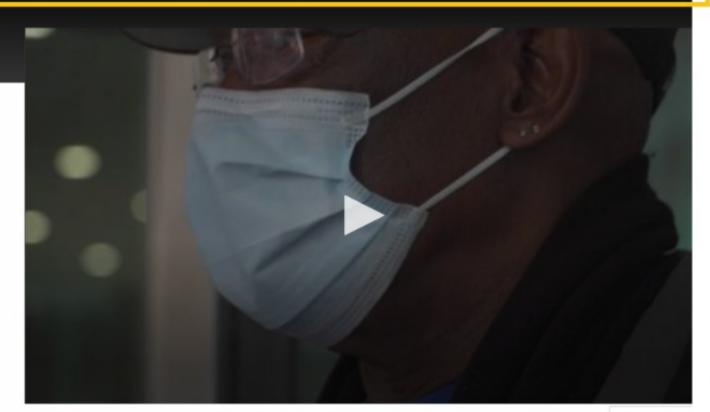
More hospitals are requiring masks as flu and COVID-19 cases surge



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More U.S. hospitals are requiring masks and limiting visitors as health officials face a post-holiday spike in flu and other illnesses. New York City last week instituted a mask mandate for

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BY MIKE STOBBE

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NEW YORK (AP) — More U.S. hospitals are requiring masks and limiting visitors as health officials face an expected but still nasty post-holiday spike in flu, COVID-19 and other illnesses.

While many experts say this season likely won't prove to be as deadly as some other recent winters, it still could mean hundreds of thousands of hospitalizations and many thousands of deaths across the country.

New York City last week instituted a mask mandate for the city's 11 public hospitals.

Similar measures were ordered last week at some hospitals in Los Angeles and

Massachusetts. Some hospitals reinstated masking rules for employees months ago, in anticipation of a seasonal rush of sick people.

Flu and COVID-19 infections have been increasing for weeks, with high levels of flu-like

released Friday, but health officials predict infections will grow in many states well into January.

"What we're seeing right now, in the first week of January, is really an acceleration — of

illness reported in 31 states just before Christmas. Updated national numbers are to be

flu cases, in particular," said Dr. Mandy Cohen, director of the Centers for Disease Control and Prevention.

There is some good news. Flu and COVID-19 cases may peak by the end of the month

and then drop, Cohen said. Though the flu has been skyrocketing, this year's cases are being caused by a strain that usually doesn't cause as many deaths and hospitalizations as some other versions. What's more, signs suggest current flu vaccines are well-matched to the strain.

"I don't think it's going to be overwhelming," said Dr. William Schaffner, Vanderbilt University infectious diseases expert. He deemed the current season "moderately severe."

The CDC is pointing the public to an agency <u>website</u> where people can look up their county, which can help them make decisions about whether to wear masks or take other precautions. Cohen urged people to get vaccinated and to seek treatment for flu and COVID-19.

Vaccinations are down this year, officials say. About 44% of U.S. adults had gotten flu shots by Dec. 23, according to the most recently available CDC vaccination survey data. Only about 19% of U.S. adults were reported to have received an updated COVID-19 shot as of early December.

COVID-19 cases are causing more severe disease than the flu but have been rising less dramatically. Health officials are keeping an eye on JN.1, a new version of the everevolving coronavirus. The omicron variant was first detected in the U.S. in September and just before Christmas accounted for an estimated 44% of COVID-19 cases.

The JN.1 variant may spread easier or be better at evading our immune systems, but there is no evidence that it causes more severe disease than other recent variants, health officials say. Current evidence indicates vaccines and antiviral medications work against it.

The CDC also has reported disappointing vaccination rates against another seasonal bug, respiratory syncytial virus, or RSV. That is a common cause of mild cold-like symptoms, but it can be dangerous for infants and older people. RSV cases rose in the fall but appear to have plateaued and are even going down in some places, according to the latest data.

At Hillsdale Hospital in southern Michigan, a 65% increase in respiratory illness activity in late December triggered a limitation to visitors in the birthing center. Only a spouse, a support person and grandparents can visit. They all must wear a mask and not show symptoms of sickness.

The restriction is common for the hospital around this time of year, said Dr. Nichole Ellis, a pediatrician who is the hospital's medical chief of staff. But it's more difficult this season, she added.

"In the past, we would have one ... disease that we were tracking or monitoring at one time," Ellis said. "But now, babies and children will have multiple diseases at the same time. It's not that they just have RSV ... but they're getting RSV and COVID at the same time, or influenza and RSV at the same time because all of the diseases are prevalent in our community."

Kenya Hunter in Atlanta contributed.

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Summary of Response

This article describes hospitals' reinstatement of masking policies and offers speculation from authorities, including CDC director Mandy Cohen, on the path of the early 2024 respiratory virus season. This article does not explain how these authorities reached their conclusions, which contradicts the need for increased protective measures when infections are expected to rise. Stricter hospital regulations show cause for concern about the virus season while authorities minimize it. The writer's mixed messaging leaves readers without clear guidance on whether or how to take protective steps. Check out the main issues highlighted here.

ISSUE #1: Unsubstantiated claims

Unsubstantiated claims often create misinformation that leaves the reader without clear guidance on actions to take to prevent illness. This includes whether there is a need to take action to prevent infection. Here, the writer shares authorities' speculation on the direction of the respiratory virus season without acknowledging the lack of supportive evidence, including any quantitative data (such as hospitalization and death rates). This makes the speculation seem like fact, even though it is uncertain.

Cohen told the reporter that cases "may peak by the end of the month."
The word "may" tells us that this statement is uncertain, but we aren't told what uncertainty exists or what evidence Cohen used as the basis of her statement. Without evidence, it is not an educated guess.

ISSUE #2: Mixed messaging

Mixed messaging results from multiple contradictory statements by the writer. The first sentence of the article emphasizes masking as a step against "nasty" spikes in virus cases, but much of the article minimizes the dangers of these viruses. For example, the article paraphrases experts' assessments that the season "won't prove to be as deadly," citing vaccinations as a key tool to work against the new COVID variant. However, it also discusses low vaccination rates for flu, COVID-19, and RSV, commenting that experts perceived the low RSV vaccine uptake as "disappointing." Depending on vaccines to prevent a severe outbreak when vaccination rates are low does not guarantee a mild virus season. It is challenging for a reader to interpret whether extra precautions are important to take amid these conflicting characterizations of both the season itself and the available mitigations.

The structure of this article sends mixed messages. This **headline** describes an increase in hospital-mandated masking as flu and COVID-19 cases rise. This suggests the policy change and increasing infections are the most important details for readers to know. Instead, the article emphasizes experts' optimistic opinions about the viral season and their recommendations about tools *other than masking*, such as vaccination and antiviral medication.

→In the context of the article, it isn't clear what "it" or "the current season" refers to. It's unclear if Dr. Schaffner is referring to flu, COVID-19, RSV, or all respiratory viruses. The article itself also mixes discussion of COVID-19, flu, and RSV, making the distinctions between them unclear and making it hard for readers to make good decisions about the need for precautions and the types to use.

Additionally, "moderately severe" contradicts the claim that the season is not "going to be overwhelming." It is unclear how and for whom Dr. Schaffner believes "overwhelming" does or does not apply and therefore what his assessment then means for the public.

ISSUE #3: Minimization

This article minimizes the harm respiratory diseases can cause by comparing current circulating variants of flu and COVID-19 to others from prior seasons. The focus on these comparisons distracts from the fact that viral infections, especially COVID-19, are important to avoid regardless of the current variant because of the harm they do cause.

→While the current flu variant has not caused "as many deaths and hospitalizations as some other versions," it still causes deaths and hospitalizations. If the flu "has been skyrocketing," that means many people are catching it. The focus on comparing strains minimizes or draws attention away from the fact that infection rates have risen rapidly with all the risks of harm associated with them.

The comparison of JN.1 to other COVID-19 variants minimizes the fact that any strain of COVID-19 is harmful and should be avoided. Saying that "there is no evidence that it causes more severe disease than other recent variants" is misleading. That statement can imply that COVID-19 doesn't cause "severe disease" **at all**. This idea is false as JN.1 still causes hospitalizations and deaths. Comparing it to other variants* diverts attention from the risks of getting sick. As for vaccines, these do not prevent people from getting or spreading COVID-19. Further, vaccines and antivirals are not available to everyone. Finally, as the article itself comments, only 19% of Americans had received updated COVID vaccines by early December.

* The article focuses on one very narrow definition of severity of disease. The article leaves out other important factors such as how easily the different variants spread and how vaccines or a person's prior infections affect each variant's ability to cause infection. The article also ignores long-term harms. These include the dangers of getting multiple infections, which can cause organ damage as well as immune dysregulation. Infection can also lead to Long COVID.

This article may contain additional reporting issues beyond the highlighted concerns.

Conclusion

Through unsubstantiated claims, mixed messaging, and minimization, this article promotes two misleading ideas — 1) that the current wave of respiratory illness is not severe and 2) that we have effectively implemented preventions that will end the wave. Preventions such as masking and vaccination are not effective enough in their limited use. The writer does not include any quantitative evidence that the current wave of illness is unconcerning or discuss the implications of bringing masking requirements back into hospitals. The writer also fails to acknowledge that tools to prevent COVID-19 are not always accessible or used. Together, these issues imply that COVID-19 and other circulating viruses are not a serious concern, but this is not the reality.



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