

# CDC Recommends Wearing Masks Six Months a Year

HEALTH CARE



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May 10 2023

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Members of the medical staff listen as Montefiore Medical Center nurses call for N95 masks and other critical PPE to handle the coronavirus (COVID-19) pandemic in New York on April 1, 2020. (Bryan Smith/AFP via Getty Images)

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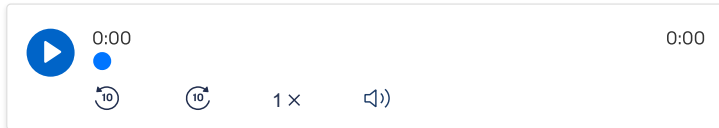
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No fu\_king science there!  
Just Marxist control!

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I SAID AGAIN AND AGAIN THESE CONGRESS HEARINGS AND SELECTIONS ARE ALL USELESS, LOOK ON YOUTUB ALL THIS HEARINGS AND THE USLESS ANSWERS AND THE BLATANT DIREGARDS OF THE OFFICIALS IN DOING THEIR WORK AND THE WOW DEMOCRATS RESPNS IN PROTECTING THESE OFFICIALS IS HAIR-RAISING, AND THE REPUBLICANS DO NOTHING



The U.S. Centers for Disease Control and Prevention (CDC) has updated its stance on masks and is now recommending wearing masks for up to six months a year in health care settings.

“CDC is in the early stages of developing metrics that could be used to guide when to implement select infection prevention and control practices for multiple respiratory viruses,” the CDC said in a May 8 update to its recommendations for health care personnel during COVID-19.

“Some facilities might consider recommending masking during the typical respiratory virus season (approximately October-April),” the agency said. The recommendation for six months of masking is applicable only in settings where health care is delivered, including nursing homes and home health. It is not intended for non-health care settings like restaurants.

For COVID-19, the CDC “continues to recommend that healthcare facilities institute facility-wide masking when masks are recommended in the

10%

20%

community.”

Phil Kerpen, president of the public policy advocacy group American Commitment, criticized the CDC’s recommendation for half-year masking.

“This is psychopathic. They are going to pretend masks stop flu—despite overwhelming evidence to the contrary over decades—just to avoid admitting error. Recall the whole pitch for COV2 masking was that it’s supposedly not transmitted like flu!” he said in a May 8 [tweet](#).

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According to the CDC, the data on COVID-19 hospital admissions will be used “to help the public decide when masking in the community should be considered.” However, the CDC acknowledges that based on data from late 2022 and 2023, “these levels might be less useful to inform masking recommendations in healthcare facilities.”

## Ill Effects of Continued Masking

Wearing masks during the COVID-19 pandemic has been identified as causing several health complications. A systematic review of 2,168 studies that looked into the issue found that mask-wearing during the pandemic led to headaches, itchiness, and oxygen restriction, among others.

“We found significant effects in both medical surgical and N95 masks, with a greater impact of the second,” states the [review](#), published in the “Frontiers in Public Health” on April 5.

A meta-analysis of multiple studies found that headache was the “most frequent symptom” among mask wearers, with a prevalence of 62 percent for general mask use and up to 70 percent when using N95 masks. Shortness of breath was observed at 33 percent for general mask use and 37 percent among N95 users.

“Masks interfered with O2-uptake and CO2-release and compromised respiratory compensation,” the review states. “Though evaluated wearing durations are shorter than daily/prolonged use, outcomes independently validate mask-induced exhaustion-syndrome (MIES) and down-stream physio-metabolic disfunctions. MIES can have long-term clinical consequences, especially for vulnerable groups.”

A [study](#) of mask use among health care professionals during COVID-19 discovered that prolonged use of N95 and surgical masks by health care professionals during COVID-19 resulted in adverse events like acne, skin breakdown, headaches, and impaired cognition among “the majority of those surveyed.”

## Masking Criteria

Presently, the CDC’s “COVID-19 Community Levels” are used to determine whether communities should take preventive action against the infection, including masking recommendations. Data on hospitalizations and infections are collected, which is then used to classify communities as low, medium, or high risk.