



Fact Sheet on COVID-19 in New York, Masking, and Policy Recommendations

COVID Advocacy NY

Updated: June 29, 2023

Key Facts

1. COVID-19 is not over.
2. COVID-19 cases are vastly undercounted.
3. Millions of people are at higher risk for severe COVID-19.
4. Majority of people have not gotten the bivalent booster.
5. COVID-19 is still a top cause of death in the US.
6. Long COVID is a serious health concern for everyone.
7. Research has shown COVID-19 infections increase your risk of dangerous health issues like cardiovascular problems, blood clots, diabetes, and more – for a year and potentially longer.
8. COVID-19 prevention is essential, including multiple layers of protection.
9. Polling and surveys show many people support masking and mask mandates.
10. Research shows many people will mask if they realize COVID transmission is high, but many think COVID rates are much lower than they actually are.
11. COVID-19 is airborne. Even removing your mask briefly can put you at risk.
12. One-way masking is not enough.
13. Mask mandates work.
14. **Policy Recommendation: Masks should be required on public transit.**
15. **Policy Recommendation: Masks should be required in healthcare settings.**
16. **Policy Recommendation: Free N95 and KN95 Masks Should be Provided to the Public.**
17. **Policy Recommendation: Everyone has a right to wear a mask. There should be no forced unmasking in businesses or anywhere.**
18. CDC guidance still recommends masking in many settings.
19. Historical Timeline for Mask Mandates in New York.

COVID-19 is not over.

The COVID-19 pandemic is not over. Many people are continuing to get COVID-19 and Long COVID daily. COVID-19 is still killing New Yorkers and causing serious health issues for many more.

We still need mask mandates in essential spaces such as public transit and healthcare settings, and to provide free N95 and KN95 masks to protect New Yorkers from COVID-19. In addition, no one should be required to remove their mask to enter a business and endanger their lives or health.

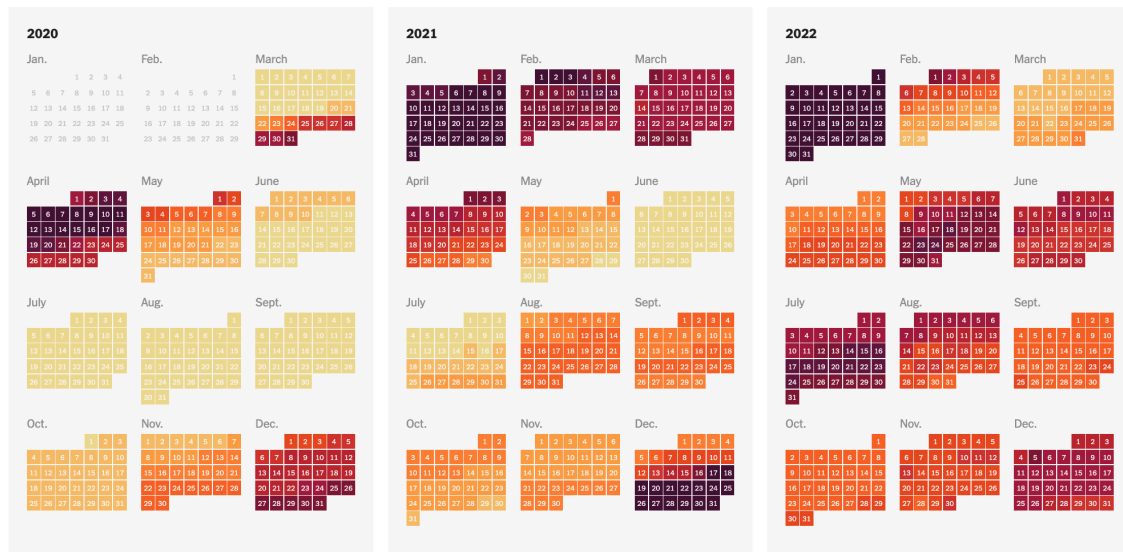
COVID-19 is not seasonal, it is present in many places at high levels for the majority of the year. **COVID-19 transmission was largely at high or substantial levels for New York City¹ and the majority of New York State's population² throughout 2022.**

One of the most transmissible COVID-19 variants called XBB.1.5 was likely generated in New York due to the unmitigated spread of COVID-19 in 2022.³⁴

Average cases per capita in New York City

Fewer More

This calendar shows data through 2022 and will no longer be updated in 2023. The Times will continue to report the data for other displays on this page.



¹ <https://www.nytimes.com/interactive/2021/us/new-york-city-new-york-covid-cases.html>

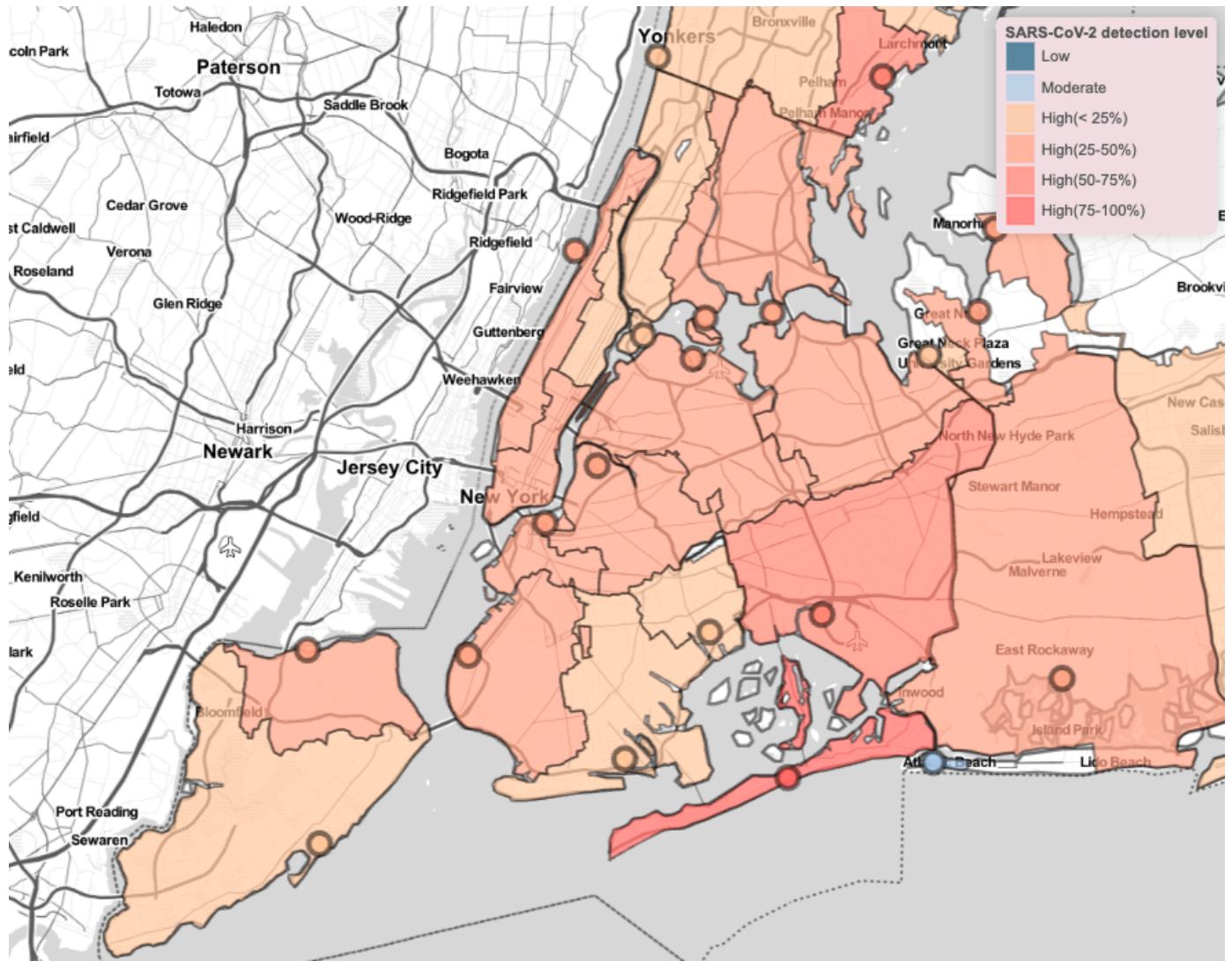
² <https://data.cdc.gov/Public-Health-Surveillance/Weekly-COVID-19-County-Level-of-Community-Transmis/jgk8-6dpn>

³ <https://www.nytimes.com/2023/01/07/science/covid-omicron-variants-xbb.html>;

https://erictopol.substack.com/p/a-new-variant-alert?utm_source=profile&utm_medium=reader2

⁴ <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

As of June 29, 2023, according to wastewater testing, COVID-19 levels are high in New York City.⁵



⁵ <https://mbcolli.shinyapps.io/SARS2EWSP/>

COVID-19 cases are vastly undercounted.

Estimates from the Institute for Health Metrics and Evaluation,⁶ as well as a study by New York researchers,⁷ suggested that COVID-19 cases were being undercounted by 20 to 25 times in 2022, largely due to uncouncted home tests.

The number of reported Covid cases is currently a quarter of what it was at its peak last winter. But Chris Murray, director of the Institute for Health Metrics and Evaluation, estimates that only 4% to 5% of infections are being reported, because so many are uncovered through at-home tests and aren't reported to public health departments, or they aren't being detected at all. He expects to see infections start to increase next month and continue to rise through the winter.

Between June 16–July 2, 1,805,033 SARS-CoV-2 cases were reported to CDC. Our estimate of 44 million adults with SARS-CoV-2 infection during the same period is significantly higher (24-fold) than the official CDC case count. Our percent positivity rate based on combined PCR and rapid antigen tests (33.9%) was also higher than CDC positivity rate (19.1%).

Wastewater data also indicates that COVID cases are likely undercounted.⁸

Due to the low rate of COVID-19 testing, and the end of CDC reporting of transmission data, public health policies should instead be based on wastewater data.⁹ COVID hospitalizations and deaths are lagging indicators and not sufficient to use for when to put in place COVID prevention policies.

⁶ <https://www.nbcnews.com/politics/covid-testing-providers-scale-back-worries-another-winter-surge-rcna47777>;
<https://www.healthdata.org/>;

⁷ <https://www.sciencedirect.com/science/article/pii/S0091743523000415>

⁸ <https://biobot.io/data/> ; <https://mbcolli.shinyapps.io/SARS2EWSP/>

⁹ <https://www.cdc.gov/mmwr/volumes/72/wr/mm7219e1.htm>

Millions of people are at higher risk for severe COVID-19.

Millions of people in the US population are at increased risk of severe illness from COVID-19. An estimated 176.1 million individuals representing 75.4% of U.S. adults had at least one increased-risk condition, 40.3% ≥ 2 , and 18.5% ≥ 3 conditions.¹⁰

Millions of people in the US have health conditions that put them at higher risk for severe COVID-19, according to the CDC.¹¹ Some of these include:

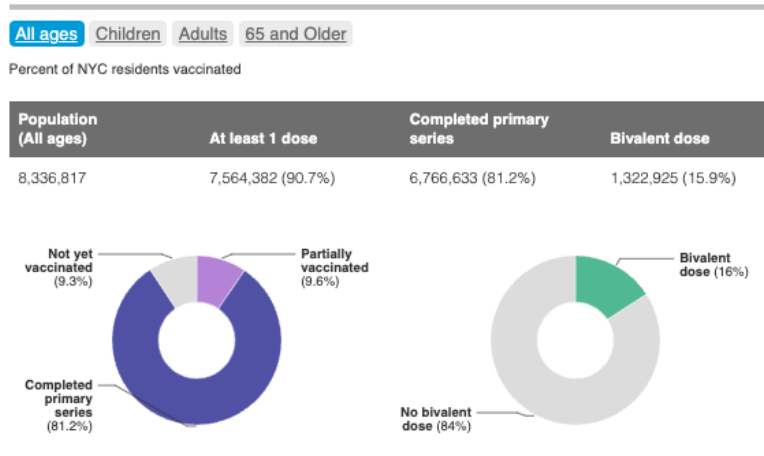
Cancer	HIV Infection	Sickle Cell Disease or Thalassemia
Chronic Kidney Disease	Immunocompromised Condition	Smoking (Current or Former)
Chronic Liver Disease	Mental Health Conditions	Solid Organ Or Blood Stem Cell Transplant
Chronic Lung Diseases (Asthma, COPD, and more)	Older Age	Some Disabilities
Cystic Fibrosis	Overweight and Obesity	Stroke or Cerebrovascular Disease
Dementia or Other Neurological Conditions	Physical Inactivity	Substance Use Disorders
Diabetes	Pregnancy	Tuberculosis
Heart Conditions		

Majority of people have not gotten the bivalent booster.

Only 16% of people in NYC have gotten the bivalent booster, as of June 29, 2023.¹²

Percent of Residents Vaccinated

These charts show the percent of NYC residents who are vaccinated for COVID-19. "Bivalent dose" refers to people who have received a bivalent dose of vaccine. This may include people who completed the primary series outside of NYC and received a bivalent dose in NYC.



¹⁰ <https://pubmed.ncbi.nlm.nih.gov/33615285/>

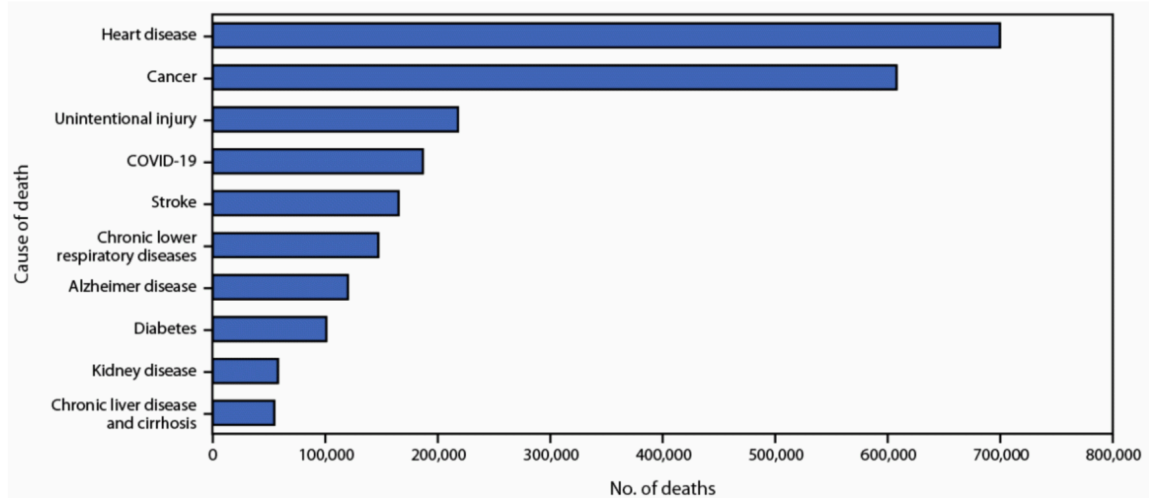
¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

¹² <https://www.nyc.gov/site/doh/covid/covid-19-data-vaccines.page>

COVID-19 is still a top cause of death in the US.

COVID-19 was the #4 cause of death in the US in 2022.¹³

FIGURE 2. Leading underlying causes of death*†— National Vital Statistics System, United States, 2022



* Data are provisional; National Vital Statistics System provisional data are incomplete, and data from December are less complete because of reporting lags. Deaths that occurred in the United States among residents of U.S. territories and foreign countries were excluded.

† Deaths are ranked by number of deaths per underlying cause of death.

COVID-19 was the #3 cause of death in the US in 2020, 2021, and 2022, as of September 2022.¹⁴

Total deaths in the United States from COVID-19 and other leading causes, 2020-2022

Category	Total deaths (Jan.-Sept. 2022)	Total deaths (2021)	Total deaths (2020)
1 Heart disease	572,336	767,937	764,512
2 Cancer	454,176	604,358	599,607
3 COVID-19	234,434	475,059	343,566
4 Accidents	170,166	226,987	203,033
5 Stroke	123,215	162,769	159,248
6 Chronic respiratory	107,559	141,906	152,051
7 Alzheimer	87,866	119,442	134,271
8 Diabetes	74,716	103,197	101,355
9 Other respiratory	50,635	66,381	66,053
10 Renal failure	42,596	53,057	51,221

Notes: For 2022, the total death sum for each category is for January 1 - September 30, 2022, except deaths from accidents and suicides are from January - September 2021. Chronic respiratory is chronic lower respiratory disease.

Source: KFF analysis of CDC mortality and KFF COVID-19 tracker data • [Get the data](#) • [PNG](#)

Peterson-KFF
Health System Tracker

¹³ <https://www.healthsystemtracker.org/brief/covid-19-leading-cause-of-death-ranking/>;
<https://www.cdc.gov/mmwr/volumes/72/wr/mm7218a3.htm>

¹⁴ <https://www.healthsystemtracker.org/brief/covid-19-leading-cause-of-death-ranking/>

Long COVID is a serious health concern for everyone.

Long COVID is an umbrella term for a wide range of health issues people may experience after COVID-19 infection lasting weeks, months, or years.¹⁵ Long COVID is typically considered after 4 or 12 weeks after infection. Over 200 symptoms have been reported with impacts on multiple organ systems and onset of multiple health issues such as organ damage, cardiovascular disease, blood clots, diabetes, ME/CFS, dysautonomia and POTS, and more.¹⁶ Millions of people in the United States are struggling with Long COVID.¹⁷

Everyone is at risk of health issues from COVID and Long COVID. Long COVID can develop in anyone, including young people and children¹⁸ and people who had mild, severe, or even asymptomatic initial COVID infections,¹⁹ as well as people who are unvaccinated or vaccinated.²⁰

Between 20-30% of New Yorkers who have had COVID-19 reported long-lasting health problems, according to a survey by the NYC Department of Health and Mental Hygiene.²¹

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>; <https://www.covid.gov/longcovid/definitions>; https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1

¹⁶ <https://www.nature.com/articles/s41579-022-00846-2>

¹⁷ <https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm>

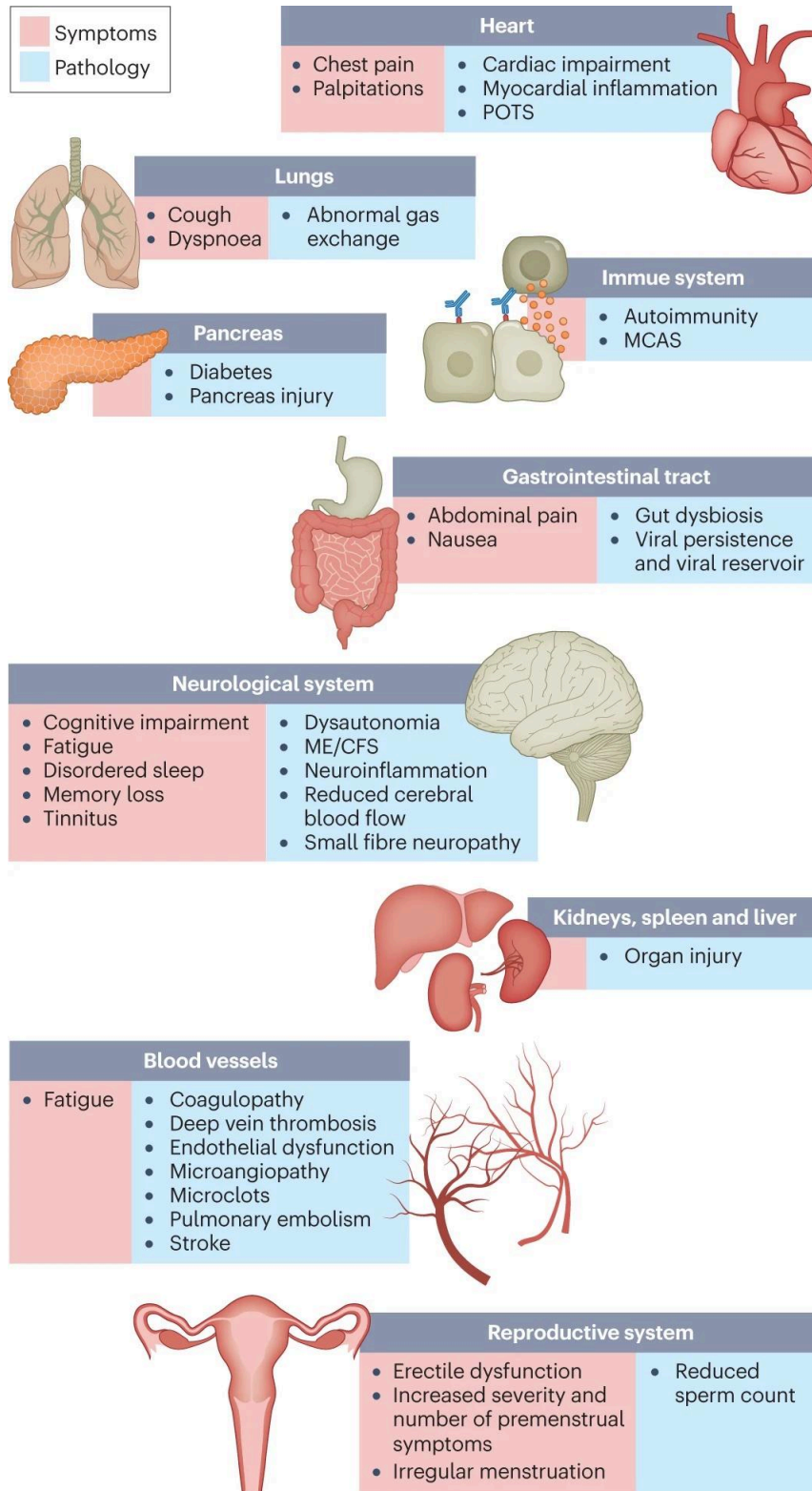
¹⁸ <https://www.longcovidkids.org/>

¹⁹ <https://www.yalemedicine.org/conditions/long-covid-post-acute-sequelae-of-sars-cov-2-infection-pasc>

²⁰ <https://www.nature.com/articles/d41586-022-01453-0>

²¹ <https://www.thecity.nyc/2023/1/10/23547602/help-resources-guide-long-covid-new-york>

“Long COVID symptoms and the impacts on numerous organs with differing pathology”²²

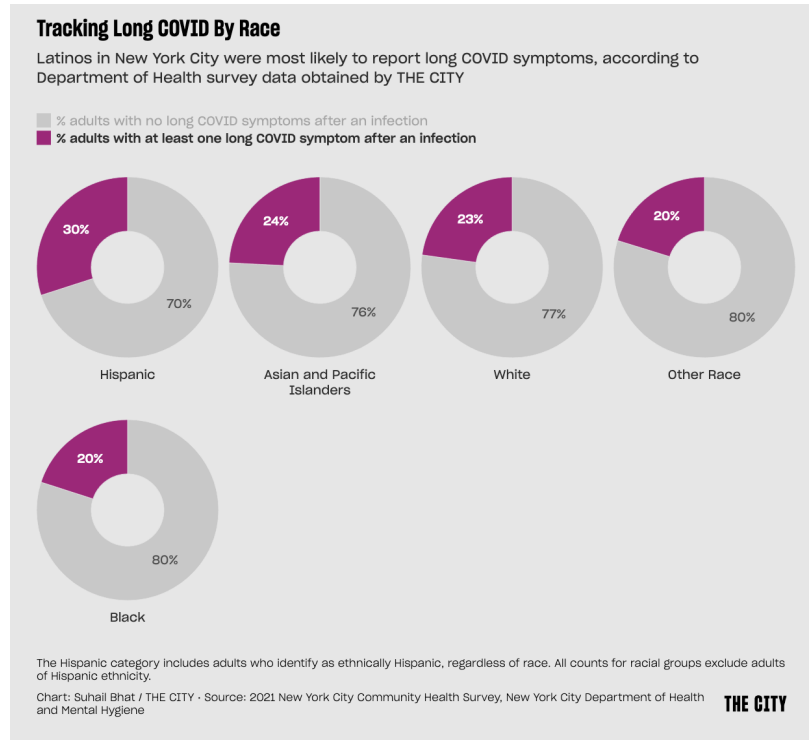


“The impacts of long COVID on numerous organs with a wide variety of pathology are shown. The presentation of pathologies is often overlapping, which can exacerbate management challenges. MCAS, mast cell activation syndrome; ME/CFS, myalgic encephalomyelitis/chronic fatigue syndrome; POTS, postural orthostatic tachycardia syndrome.”²³

²² <https://www.nature.com/articles/s41579-022-00846-2>

²³ <https://www.nature.com/articles/s41579-022-00846-2/figures/1>

Women, communities of color, and transgender and bisexual people are disproportionately impacted by Long COVID.²⁴ Of Latino adults in New York City, 30% who had COVID-19 reported at least one long COVID-19 symptom, compared to 23% of all white adults who had COVID-19.²⁵



Long COVID health issues can be deadly. Recent research shows that thousands have died from Long COVID related health issues.²⁶

Long COVID can impact people's ability to work. In the US, an estimated 2-4 million people are unable to work due to Long COVID.²⁷ A study in New York State found that 18% of workers with Long COVID could not return to work for more than one year.²⁸

²⁴ <https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm>

²⁵ <https://www.thecity.nyc/2022/11/28/23476064/long-covid-prevalent-latinos-the-bronx>

²⁶ <https://blogs.cdc.gov/nchs/2022/12/14/7209/>

²⁷ <https://www.brookings.edu/research/new-data-shows-long-covid-is-keeping-as-many-as-4-million-people-out-of-work/>

²⁸ https://www3.nysif.com/en/FooterPages/Column1/AboutNYSIF/NYSIF_News/2023/20230124LongCovid

Research has shown COVID-19 infections increase your risk of dangerous health issues like cardiovascular problems, blood clots, diabetes, and more – for a year and potentially longer.

Diabetes: “People who get COVID-19 have a greater risk of developing diabetes up to a year later, even after a mild SARS-CoV-2 infection, compared with those who never had the disease, a massive study of almost 200,000 people shows.”²⁹

Heart Problems: “Even a mild case of COVID-19 can increase a person’s risk of cardiovascular problems for at least a year after diagnosis, a new study shows. Researchers found that rates of many conditions, such as heart failure and stroke, were substantially higher in people who had recovered from COVID-19 than in similar people who hadn’t had the disease.”³⁰

Blood Clots: “People who got COVID-19 had a higher risk of dangerous blood clots for close to a year later, according to a large new study on the aftereffects of a SARS-CoV-2 infection during the period before vaccines became available.”³¹

²⁹ <https://www.nature.com/articles/d41586-022-00912-y>

³⁰ <https://www.nature.com/articles/d41586-022-00403-0>

³¹ <https://www.heart.org/en/news/2022/09/19/blood-clot-risk-remains-elevated-nearly-a-year-after-covid-19>

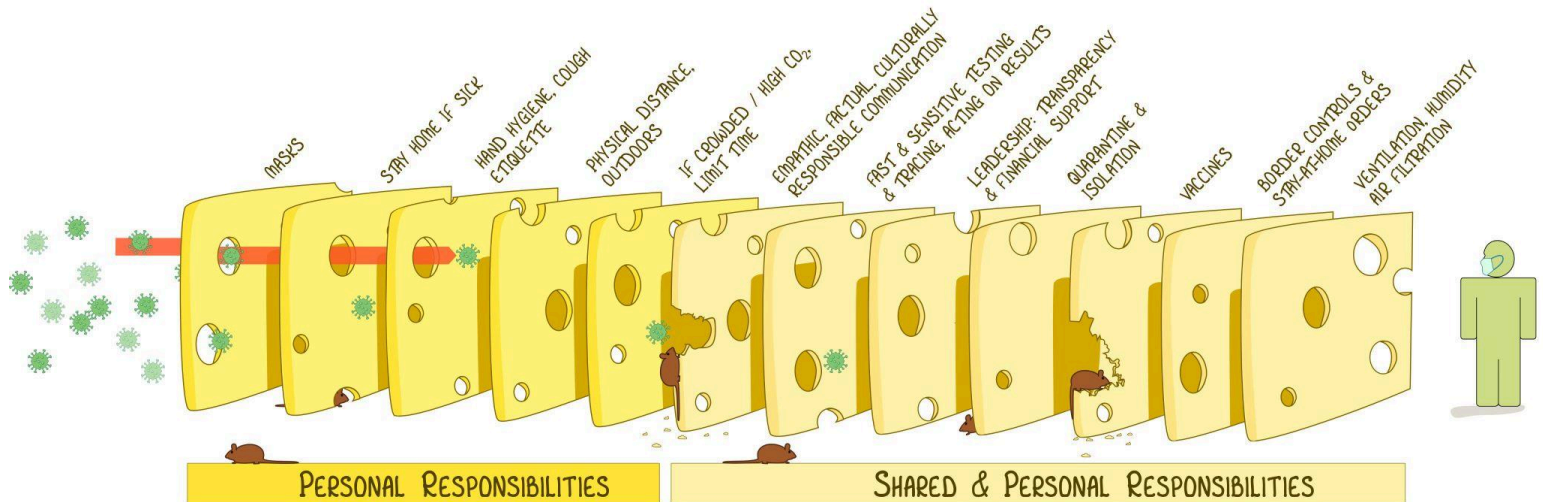
COVID-19 prevention is essential, including multiple layers of protection.

Multiple COVID-19 prevention efforts are needed. Vaccines are essential and help decrease COVID risks, but vaccinated people can still get and spread COVID-19. In addition, though vaccines reduce the risk, vaccinated people can still get Long COVID. Public health experts recommend a multi-pronged approach to COVID prevention, as represented in the Swiss Cheese model below.³²

One of the key interventions that can be used immediately are high-quality masks (N95, KN95, KF94, P100).

THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



EACH INTERVENTION (SLICE) HAS IMPERFECTIONS (HOLES) WHICH CHANGE IN SIZE, NUMBER AND POSITION DEPENDING ON HOW THE INTERVENTION IS ROLLED OUT.

MULTIPLE LAYERS IMPROVE SUCCESS.

MISINFORMATION MOUSE

IAN M MACKAY
VIOLOGYDOWNUNDER.COM
WITH THANKS TO JODY LANARD, KATHERINE ARDEN & THE UNI OF GLD
BASED ON THE SWISS CHEESE MODEL OF ACCIDENT CAUSATION, BY JAMES T REASON, 1990
VERSION 4.3
UPDATE: 04SEPT2021

³² <https://twitter.com/MackayIM/status/1434033705312415747?s=20>

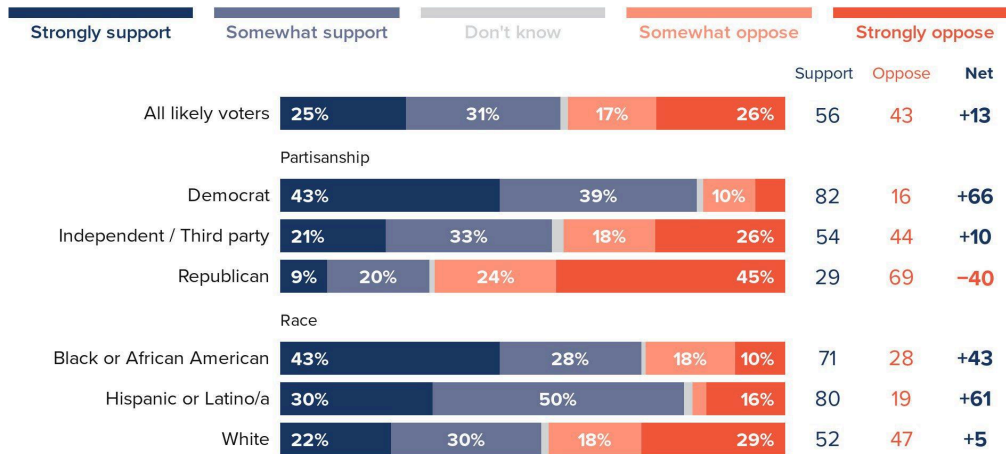
Polling and surveys show many people support masking and mask mandates.

Multiple polls and surveys show that many people in the US support masking and mask mandates, especially communities of color, Democrats, and people with lower incomes. Studies show that masks are most effective when everyone wears a high quality mask like an N95. Universal masking is far more effective than “one-way” masking.

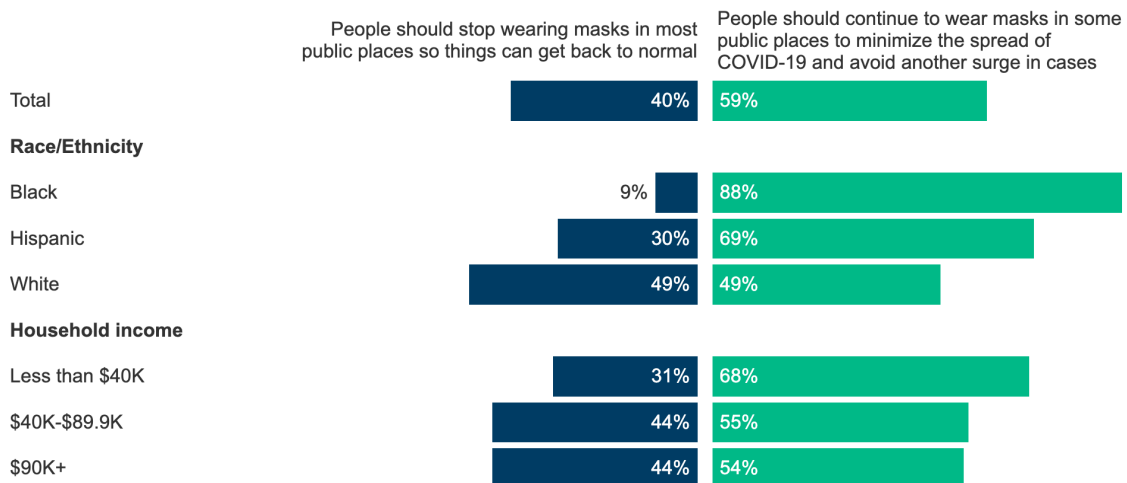
A Data for Progress poll from December 2022 shows a majority of voters (56%) support mask mandates, especially Democrat (82%), Black (71%) and Latinx (80%) voters.³³

Voters Support Masks in Indoor Public Spaces

Do you support or oppose requiring that all individuals wear masks in public indoor spaces, like in grocery stores, restaurants, and retail shops, in order to combat another surge of coronavirus infections?



A Kaiser Family Foundation poll in March 2022 showed majority support for mask mandates, especially people of color, and people with lower household incomes.³⁴



³³ <https://twitter.com/mattbc/status/1604954432944365569>

³⁴ boost

Research shows many people will mask if they realize COVID transmission is high, but many think COVID rates are much lower than they actually are.

A CDC study in 2022 showed that many people are willing to wear a mask when there's high COVID transmission; however, many people also think COVID transmission levels are much lower than they actually are.³⁵

What is added by this report?

One half of adults surveyed during June–July 2022 who had recently received a positive SARS-CoV-2 test result in metropolitan Detroit, Michigan and DuPage County, Illinois perceived local COVID-19 transmission when surveyed to be low or moderate, despite documented sustained high transmission. Higher perceived local COVID-19 transmission was associated with more use of preventive behaviors, overall and in response to high local COVID-19 transmission.

An Ipsos poll in December 2022 showed that most people were likely to wear a mask if COVID-19 cases were to increase again in their area.³⁶

194. If COVID-19 cases were to increase again in your area, how likely, if at all, are you to wear a mask outside of the home?

Wave:	<u>Very likely</u>	<u>Somewhat likely</u>	<u>Not very likely</u>	<u>Not at all likely</u>	<u>Skipped</u>	<u>Total very likely/somewhat likely</u>	<u>Total not very likely/not at all likely</u>
December 2-5	40	26	18	16	1	65	34
July 15-18	45	25	14	16	*	70	30
June 10-13	45	23	18	13	1	68	31
May 13-16	45	26	13	15	*	72	28
April 8-11	50	21	14	14	*	71	28
March 11-14, 2022	53	21	13	13	*	74	26

³⁵ https://www.cdc.gov/mmwr/volumes/71/wr/mm7146a2.htm?s_cid=mm7146a2_w

³⁶ https://www.ipsos.com/sites/default/files/ct/news/documents/2022-12/Topline_Axios_Ipsos%20W71_0.pdf

COVID-19 is airborne. Even removing your mask briefly can put you at risk.

COVID-19 is airborne. There have been multiple documented cases of COVID-19 transmission happening after being exposed for only seconds, underscoring the importance of wearing a high-quality mask continuously indoors.³⁷

It took just seconds for a person to be infected with COVID-19 as a stranger walked past them while shopping at Bondi Junction Westfield.

And it hasn't happened just once.

Australian health officials are warning it no longer takes up to 15 minutes to pass on the deadly virus.

It can be a "fleeting moment" of just five to 10 seconds.

One-way masking is not enough.

Studies show that masks are a critical tool to reduce COVID-19 transmission, and they are most effective when everyone wears one.³⁸

TIME REQUIRED TO REACH INFECTIOUS DOSE INHALED BY NON-INFECTED PERSON						
NON-INFECTED PERSON IS WEARING						
INFECTED PERSON IS WEARING		NOTHING	CLOTH	SM	SM, FIT	N95
	NOTHING	1.7 MIN	2.4 MIN	3.2 MIN	8 MIN	16.4 MIN
	CLOTH	2.8 MIN	4 MIN	5.2 MIN	13.6 MIN	27.2 MIN
	SM	3.2 MIN	4.8 MIN	6.4 MIN	16.4 MIN	32.4 MIN
	SM, FIT	8 MIN	11.6 MIN	16.4 MIN	40.8 MIN	81.6 MIN
	N95	16 MIN	23.2 MIN	32.4 MIN	81.6 MIN	27.2 HRS
	N95, FIT	2.2 HRS	4 HRS	5.6 HRS	32.6 HRS	267 HRS
BASED ON THE OMICRON STRAIN						
SM: Surgical Mask; SM,FIT: Surgical Mask with fit enhancing brace N95: N95 or similar respirator; N95,FIT: fit tested N95 respirator						

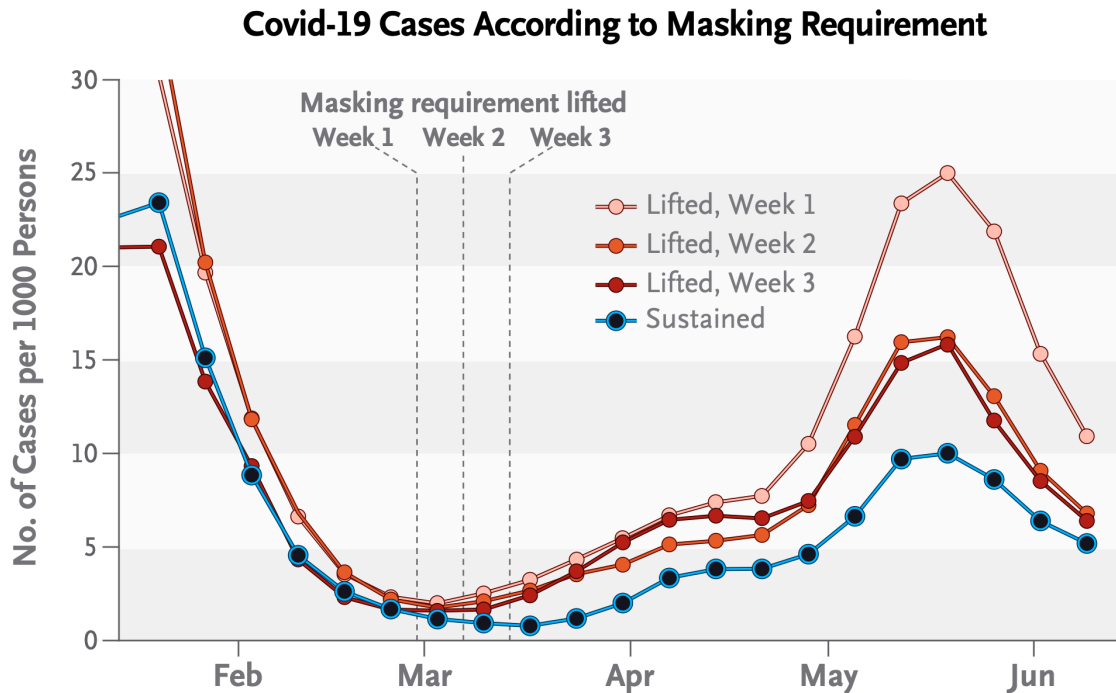
³⁷ <https://www.scmp.com/news/hong-kong/health-environment/article/3164143/9-seconds-apart-how-omicron-could-have-spread-2>;
<https://www.cnn.com/2021/12/30/health/new-zealand-covid-facility-transmission/index.html>;
<https://www.abc.net.au/news/2021-06-24/covid-delta-kappa-variant-spread-in-fleeting-moment-nsw-vic/100238680>;

³⁸ <https://www.cidrap.umn.edu/covid-19/commentary-what-can-masks-do-part-1-science-behind-covid-19-protection>;
<https://popnb.substack.com/p/you-need-better-masks>;
<https://slate.com/technology/2022/02/one-way-masking-coronavirus-protection-vulnerable.html>

Mask mandates work.

A number of studies show that spaces and areas with mask mandates experienced fewer cases of COVID-19.³⁹

A study published in the New England Journal of Medicine by former New York State Health Commissioner Dr. Mary Bassett and colleagues showed that 15 weeks after the statewide masking policy was rescinded, districts that no longer required masks had a higher incidence of COVID-19 than districts that kept masking requirements in place.⁴⁰



A randomized-trial of community-level mask promotion in rural Bangladesh showed that the intervention increased mask usage and reduced symptomatic SARS-CoV-2 infections.⁴¹

³⁹ <https://www.cdc.gov/media/releases/2021/p0924-school-masking.html>;

<https://www.npr.org/sections/health-shots/2020/11/23/937173060/mask-mandates-work-to-slow-spread-of-coronavirus-kansas-study-finds>

⁴⁰ <https://www.nejm.org/doi/full/10.1056/NEJMoa2211029>

⁴¹ <https://www.science.org/doi/10.1126/science.abi9069>

Policy Recommendation: Masks should be required on public transit.

Masks should be required in public transit. Millions of New Yorkers rely on public transportation, particularly the communities who have been the hardest hit by COVID-19, including poor people, people of color, and disabled and immunocompromised people. No one should have to risk getting COVID-19 in order to get to work, or to access essential services like healthcare or groceries.

According to risk assessment modeling,⁴² there is around an 80%+ chance of encountering someone who is contagious for COVID-19 in a full subway car when COVID-19 Community Transmission is at high or substantial levels.⁴³

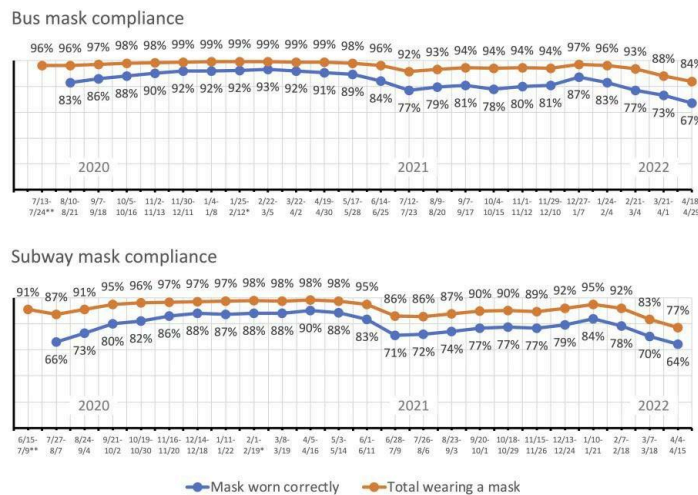
New Yorkers support mask mandates on public transit. A Quinnipiac poll in May 2022 showed nearly 7 in 10 NYC voters think riders on buses, subways, & commuter trains should be required to wear masks.⁴⁴

21. Do you think riders on buses, subways, and commuter trains should be required to wear masks, or not?

	REGISTERED VOTERS.....								
	Tot	Rep	Dem	Ind	Men	Wom	Wht	Blk	Hsp
Yes/Should	69%	35%	84%	56%	61%	75%	51%	86%	70%
No	29	63	14	42	37	22	47	11	28
DK/NA	2	2	2	2	2	2	2	4	2

	AREA.....				AGE IN YRS.....				
	Brnx	Bklyn	Man	Qns	StIsl	18-34	35-49	50-64	65+
Yes/Should	70%	65%	73%	76%	35%	63%	65%	74%	77%
No	26	35	23	22	63	36	34	24	18
DK/NA	3	-	4	3	3	2	1	2	5

Mask mandates have an impact. An MTA study showed that when a mask mandate was in place in 2020-2022, around 80 to 99% of riders wore masks.⁴⁵



⁴² <https://www.nature.com/articles/s41562-020-01000-9/>

⁴³ <https://covid19risk.biosci.gatech.edu/>

⁴⁴ <https://poll.qu.edu/poll-release?releaseid=3845>

⁴⁵ <https://new.mta.info/safety-and-security/nyc-mask-compliance>

Policy Recommendation: Masks should be required in healthcare settings.

Masks should be required in healthcare settings. New York State let the mask mandate for healthcare settings expire on February 12, 2023. This decision puts all New Yorkers at risk. Ending the mask mandate in healthcare settings abandons the state's responsibility for public health and endangers people's lives. Ending the mask mandate in medical settings will lead to more unsafe medical settings and more people postponing needed medical care, particularly people who are at higher risk such as those who are immunocompromised, disabled, or elderly. It is unacceptable to make medical care inaccessible, especially for the most vulnerable amongst us.

Almost 40% of patients that share a hospital room with someone with COVID-19 become infected.⁴⁶

Studies show that patients have a 30% increased risk of dying after acquiring COVID-19 in hospital. For immunocompromised patients, the risk of dying from hospital-acquired COVID-19 is double that of those admitted with community-acquired infection.⁴⁷

Results: 21 studies were included in the primary MA, describing 8,251 admissions across 8 countries during the first wave, comprising 1513 probable or definite nosocomial COVID-19, and 6738 community-acquired cases. Across all studies, the risk of mortality was 1.3 times greater in patients with nosocomial infection, compared to community-acquired (95% CI: 1.005 to 1.683). Rates of critical care admission were similar between groups (Relative Risk, RR=0.74, 95% CI: 0.50 to 1.08). Immunosuppressed patients diagnosed with nosocomial COVID-19 were twice as likely to die in hospital as those admitted with community-acquired infection (RR=2.14, 95% CI: 1.76 to 2.61).

Conclusions: Adults who acquire SARS-CoV-2 whilst already hospitalised are at greater risk of mortality compared to patients admitted following community-acquired infection; this finding is largely driven by a substantially increased risk of death in individuals with malignancy or who had undergone transplantation. These findings inform public health and infection control policy and argue for individualised clinical interventions to combat the threat of nosocomial COVID-19, particularly for immunosuppressed groups.

Systematic Review Registration: PROSPERO CRD42021249023

Research from both before and during the pandemic suggest that masking among health care workers can reduce hospital acquired respiratory viral infections by approximately 60%.⁴⁸

⁴⁶ <https://academic.oup.com/cid/article/74/6/1097/6305137?login=false>

⁴⁷ <https://www.frontiersin.org/articles/10.3389/fimmu.2021.744696/full>

⁴⁸ <https://www.nejm.org/doi/full/10.1056/NEJMp2306223>; <https://pubmed.ncbi.nlm.nih.gov/34929232/>; <https://pubmed.ncbi.nlm.nih.gov/27481873/>

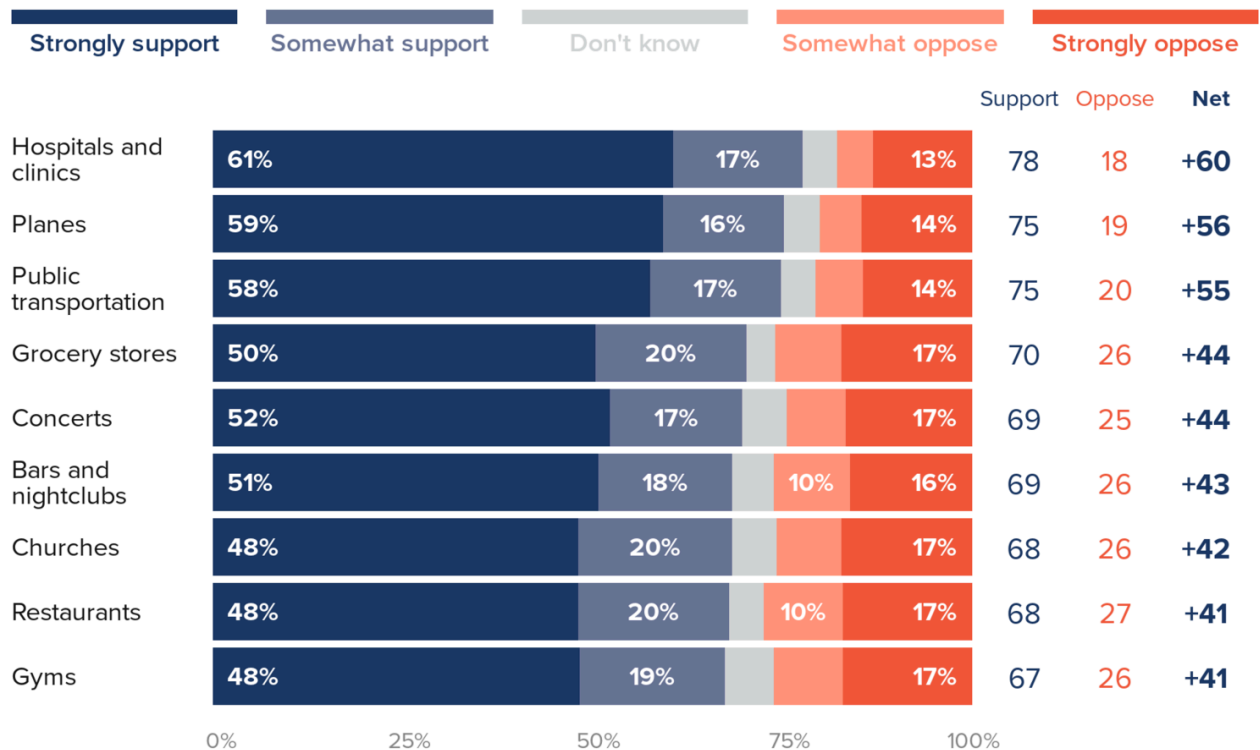
The CDC recommended masks at minimum for everyone in healthcare settings when COVID-19 Community Transmission is high.⁴⁹ However, New York State ended the mask mandate in medical settings when much of the state was still at high Community Transmission. CDC has now stopped tracking COVID-19 Community Transmission altogether.

Polls indicate that healthcare settings are the top place that the public supports requiring masks.⁵⁰

Voters Support a Mask Mandate for Various Public Spaces

In response to the recent increase in coronavirus cases, some cities have announced that they will require proof of vaccination or masks for entry into indoor public spaces like restaurants, bars, gyms, and concerts.

Do you support or oppose requiring **masks** in the following spaces?



August 11–13, 2021 survey of 1,199 likely voters

TRU6K

DATA FOR **PROGRESS**

⁴⁹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

⁵⁰ <https://www.dataforprogress.org/blog/2021/8/19/voters-overwhelmingly-support-vaccine-and-mask-mandates>

Policy Recommendation: Free N95 and KN95 Masks Should be Provided to the Public

Numerous studies show that the spread of COVID-19 can be reduced significantly by proper mask wearing. N95 and KN95 masks in particular are one of the most effective tools we have, especially if they're easily available and their use is promoted widely. The federal government ended their free N95 mask distribution program around a year ago. Everyone has a right to protect themselves from COVID infection.

New York City and New York State must provide free N95 and KN95 masks to everyone who needs them and make them accessible to the general public in known locations.

New York City provides free condoms and other health items, and should provide free masks as well.

In December 2022, COVID Advocacy NY/Mandate Masks NY sent a letter signed by 18 organizations to the NYC Mayor, NYC Health Commissioner, and other city leaders urging them to expand the city's free mask distribution program for the public.

Articles in *The City* in February 2023 highlighted that NYC actually had excess N95 and KN95 masks, however the city decided to sell them off for pennies on the dollar instead of providing them to the public.⁵¹

New York City and New York State briefly provided free masks to the public for a few days in June 2023 in response to the unhealthy air quality due to wildfire smoke. New York City and New York State should provide free masks to the public moving forward.

Free N95 and KN95 masks should be distributed at:

1. **Community locations that provide free rapid tests (libraries, cultural organizations, NYC Parks locations, NYCHA sites, and others).**
2. **Vaccine sites.**
3. **COVID testing sites.**
4. **Community-based organizations, faith-based organizations, and nonprofits (and make the list public).**
5. **Schools.**
6. **Public transit locations.**
7. **Businesses, medical settings, and other public spaces**

Free masks should also be distributed to people who need them through the mail.

⁵¹ <https://www.thecity.nyc/2023/2/21/23607913/covid-bridge-vent-ppe-auction>;
<https://www.thecity.nyc/2023/2/24/23612872/99m-covid-gear-dcas-destroyed>

Policy Recommendation: Everyone has a right to wear a mask. There should be no forced unmasking in businesses or anywhere.

Everyone has a right to wear a mask. In March 2023, NYC Mayor and NYPD Chief of Department requested that business owners force their customers to unmask. The statements by the Mayor and NYPD Chief of Department go against science and public health. There is no evidence that forced unmasking will reduce crime. But unmasking, even temporarily, is a public health risk because COVID-19 is airborne. You can catch COVID-19 even if you only remove your mask briefly indoors.

COVID-19 is airborne. There have been multiple documented cases of COVID-19 transmission happening after being exposed for only seconds, underscoring the importance of wearing a high-quality mask continuously indoors.⁵²

In addition, requiring people to remove their masks would likely violate the Americans with Disabilities Act.⁵³

Any rule that would force immunocompromised people to remove their face masks would violate the federal Americans with Disabilities Act and the New York State Human Rights Law, according to Matthew Cortland, a lawyer who specializes in areas of disability and healthcare as a senior resident fellow at Data for Progress.

⁵² <https://www.scmp.com/news/hong-kong/health-environment/article/3164143/9-seconds-apart-how-omicron-could-have-spread-2>;
<https://www.cnn.com/2021/12/30/health/new-zealand-covid-facility-transmission/index.html>;
<https://www.abc.net.au/news/2021-06-24/covid-delta-kappa-variant-spread-in-fleeting-moment-nsw-vic/100238680>;

⁵³ <https://www.npr.org/2023/03/07/1161623700/nyc-stores-masking-eric-adams-robberies-shoplifting-bodegas>

CDC guidance still recommends masking in many settings.

CDC previously based their guidance on masking on COVID-19 Community Transmission and Community Levels (which were based on both transmission and hospital capacity), however CDC is no longer publishing either as of May 2023.

COVID-19 Hospital Admissions is one metric that CDC still refers to, however it is important to note hospital admissions is a lagging indicator and insufficient for COVID precautions guidance. You should not wait until hospitals are at high capacity in your area to take precautions.

CDC recommends wearing a mask in indoor public transportation settings at all COVID-19 Hospital Admission Levels, and in all indoor public spaces when COVID-19 Hospital Admission Levels are high.⁵⁴

Know the COVID-19 hospital admission level where you live

[COVID-19 hospital admission levels](#) are a tool to help communities decide what prevention steps to take based on the latest data.



At All COVID-19 Hospital Admission Levels

- People may choose to mask at any time. Masks are recommended in indoor public transportation settings and may be required in other places by local or state authorities.



Medium or High

- If you are at [high risk for getting very sick](#), wear a high-quality mask or respirator.
- If you have household or social contact with someone at high risk getting very sick, consider self-testing to detect infection before contact and consider wearing a mask when indoors with them.



High

- Wear a high-quality mask or respirator.
- If you are [high risk for getting very sick](#), consider avoiding non-essential indoor activities in public where you could be exposed.

Previous CDC guidance recommended that masks be worn in all indoor public spaces when COVID-19 Community Transmission levels were substantial or high.⁵⁵ COVID-19 *Transmission* level is a better metric to base policy than the “Community” level because mask mandates should turn on as soon as COVID starts spreading substantially, not when hospitals are already full.⁵⁶

Previously, CDC recommended wearing a mask in healthcare settings when COVID-19 Community Transmission is high in the county.⁵⁷ However, now that CDC stopped

⁵⁴ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

⁵⁵ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>

⁵⁶ <https://www.theguardian.com/commentisfree/2022/apr/03/peoples-cdc-covid-guide/>

⁵⁷ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

tracking COVID-19 Community Transmission they leave it up to local officials to create guidance.⁵⁸

Implications for the Community Transmission Metric with the End of the Public Health Emergency

With the end of the federal COVID-19 Public Health Emergency (PHE) on May 11, 2023, CDC will no longer receive data needed to publish Community Transmission levels for SARS-CoV-2. This metric informed CDC's recommendations for broader use of source control in healthcare facilities to allow for earlier intervention, to avoid strain on a healthcare system, and to better protect individuals seeking care in these settings.

As described in [CDC's Core IPC Practices](#), source control remains an important intervention during periods of higher respiratory virus transmission. Without the Community Transmission metric, healthcare facilities should identify local metrics that could reflect increasing community respiratory viral activity to determine when broader use of source control in the facility might be warranted (See Appendix).

New York tracks COVID-19 levels in wastewater and calculates how they correlate with COVID-19 Community Transmission.⁵⁹ This makes wastewater an appropriate local metric to use for public health policy decisions. At the very least, New York should implement mask mandates in healthcare settings when COVID-19 wastewater levels are high.

⁵⁸ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

⁵⁹ <https://mbcolli.shinyapps.io/SARS2EWSP/>

Historical Timeline for Mask Mandates in New York.

- **April 17, 2020: Executive order by Governor Cuomo mandates masks throughout New York State.**⁶⁰ The order stated that face masks must be worn when out in public and in situations when social distancing is not possible, such as on public transportation.
- **May 28, 2020: Executive order by Governor Cuomo authorizes businesses to deny entry to those who do not wear masks or face-coverings.**⁶¹
- **May 19, 2021: Governor Cuomo adopts new CDC guidelines in New York State which ease mask-wearing guidance for fully vaccinated people.**⁶² The policy change allowed fully vaccinated people to stop wearing masks, and for businesses to choose to no longer require fully vaccinated people to wear masks. Unvaccinated individuals were still required to wear masks in all public settings. Masks were still required on public transit, in nursing homes, in homeless shelters, correctional facilities, pre-K to 12 schools and healthcare settings.

This policy change was an error because vaccinated people can still get and spread COVID-19.

- **December 13, 2021: Governor Hochul reinstates mask mandate in New York State for all indoor public places, unless businesses or venues implement a vaccine requirement.**⁶³ This was done “to be in alignment with the CDC's recommendations for communities with substantial and high transmission.”⁶⁴

This policy change was insufficient, as vaccinated people can still get and spread COVID-19.

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<https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-issues-executive-order-requiring-all-people-new-york-wear-face-masks>

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<https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-issues-executive-order-authorizing-businesses-to-deny-entry-to-unvaccinated-people>

62
<https://www.governor.ny.gov/news/governor-cuomo-announces-new-york-state-adopt-new-cdc-guidance-mask-use-and-social-distancing>

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<https://www.governor.ny.gov/news/governor-hochul-announces-major-action-address-winter-surge-and-prevent-business-disruption>

64
<https://www.governor.ny.gov/news/governor-hochul-announces-major-action-address-winter-surge-and-prevent-business-disruption>

- **February 10, 2022: Governor Hochul lifts New York’s statewide indoor business mask-or-vaccine requirement.**⁶⁵ Counties, cities, and businesses were able to opt into the mask-or-vaccine requirement if they so choose. All health care settings regulated by the Department of Health and other related state agencies continued to require masks. Masks were also required in nursing homes, adult care facilities, correctional facilities, detention centers, homeless shelters, and domestic violence shelters, public transit and transportation hubs, as well as trains, planes and airports in accordance with federal regulations.
- **March 2, 2022: Governor Hochul ends the state mask requirement in schools.**⁶⁶ Policy change left it up to local districts to decide their own masking rules.
- **March 7, 2022: NYC Mayor Adams ends the city mask requirement in public schools for grades K-12, except for children in early education and child care programs (who are not yet eligible for the vaccine).**⁶⁷ **Mayor Adams also issues a new color-coded COVID-19 alert system.** The system consists of four alert levels that outline precautions and recommended actions for individuals and government based on the Center for Disease Control and Prevention’s (CDC) Community Burden Indicator. Starting at Medium Levels, the recommended government actions include considering requiring face masks in additional high-risk settings where it is crowded and distance cannot be maintained, such as schools. Starting at High Levels, the recommended government actions include requiring face masks in all public indoor settings.⁶⁸
- **May to June 2022: NYC Mayor Adams ignores city’s own COVID-19 alert system, and chooses not to reintroduce mask and vaccine mandates.**⁶⁹

On May 19, 2022, according to the NY Times, “When the city reached the high risk level [on the NYC coronavirus alert system] in May, Mr. Adams chose not to reintroduce mask and vaccine mandates.”⁷⁰

On June 9, 2022, according to the NY Times, “The city’s alert level is also still orange, or high, but Mayor Adams has repeatedly said he will remove or implement mandates as he and his advisers see fit, rather than wait for his alert system to trigger actions.”⁷¹

⁶⁵

<https://www.governor.ny.gov/news/governor-hochul-announces-winter-toolkit-new-phase-covid-response-keep-new-york-safe-open-and-ext-phase-off/0>

⁶⁶ <https://www.governor.ny.gov/news/governor-hochul-announces-plan-end-state-mask-requirement-schools-starting-march-2>

⁶⁷

<https://www.nyc.gov/office-of-the-mayor/news/108-22/as-covid-cases-plummet-vaccination-rates-reach-new-heights-mayor-adams-n-ext-phase-off/0>

⁶⁸

<https://www.nyc.gov/office-of-the-mayor/news/108-22/as-covid-cases-plummet-vaccination-rates-reach-new-heights-mayor-adams-n-ext-phase-off/0>

⁶⁹ <https://www.nytimes.com/2022/05/19/nyregion/adams-mask-mandate-covid-new-york.html>;

<https://www.nytimes.com/2022/06/09/nyregion/nyc-masks-toddlers.html>

⁷⁰ <https://www.nytimes.com/2022/05/19/nyregion/adams-mask-mandate-covid-new-york.html>

⁷¹ <https://www.nytimes.com/2022/06/09/nyregion/nyc-masks-toddlers.html>

- **June 13, 2022: NYC Mayor Adams ends the mask requirement for children under 5 in early education and child care settings.**⁷²
- **June 30, 2022: NYC Mayor Adams and health officials quietly remove its color-coded coronavirus alert system right as NYC is in the midst of another COVID surge.**⁷³ According to the New York Times, “The city’s health commissioner, Dr. Ashwin Vasan, defended his decision to remove the alert system on Thursday and said that the city was ‘re-evaluating’ its approach, though he did not offer details about what the city might do instead.”⁷⁴
- **September 7, 2022: Governor Hochul ends New York State’s mask mandate on public transportation; in for-hire vehicles; and at airports, homeless shelters, correctional facilities, and detention centers.**⁷⁵ Masks continue to be required at adult care and health care facilities regulated by the state Department of Health, and in clinical settings regulated by the Office of Mental Health, Office of Addiction Services and Supports, and Office for People With Developmental Disabilities.
- **January 2023: During the winter surge, New York ignored CDC guidance, which recommends universal masking in much of the state.** Although throughout the pandemic, New York has largely based its mask mandates on CDC recommendations and even gone beyond them, New York ignored CDC guidance which recommends universal masking when COVID-19 Community Levels are high, and on public transport at all COVID-19 Community Levels.
- **February 12, 2023: New York State ended the mask mandate for healthcare settings on Sunday, February 12, 2023, even though most counties in New York State still have high Community Transmission Levels of COVID-19.**⁷⁶

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For more information, please visit COVIDAdvocacyNY.org.

⁷² <https://www.nytimes.com/2022/06/09/nyregion/nyc-masks-toddlers.html>

⁷³ <https://www.nytimes.com/2022/07/01/nyregion/nyc-covid-alert-risks.html>

⁷⁴ <https://www.nytimes.com/2022/07/01/nyregion/nyc-covid-alert-risks.html>

⁷⁵ <https://www.governor.ny.gov/news/governor-hochul-updates-new-yorkers-states-progress-combating-covid-19-337>

⁷⁶ https://www.health.ny.gov/professionals/hospital_administrator/letters/2023/docs/dal_23-02.pdf