Masks: When, where and how to wear them

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Featured topic and speakers

In today’s COVID-19 Update, Meena Davuluri, MD, MPH, and Megan Srinivas, MD, MPH, discuss guidance on mask wearing, the difficulties presented by mixed messaging and misinterpretation, and the importance of local physicians as a trusted source of information for their patients.

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Speakers

- Meena Davuluri, MD, MPH, urologist/health outcomes fellow, Cornell NYP
- Megan Srinivas, MD, MPH, infectious disease physician/research fellow, UNC

Transcript

Unger: Hello. This is the American Medical Associations COVID-19 Update. Today, we’re talking about masks, the latest on when, where and how to wear them and how physicians should communicate this to patients. I'm joined here today by Dr. Meena Davuluri, a urologist and health outcomes fellow at Cornell NYP Medical Center in New York, Dr. Megan Srinivas, an infectious disease physician and translational health policy research fellow at UNC, delegate for the AMA RFS and the AMA RFS member on the AMA Council on Medical Service in Fort Dodge, Iowa. I'm Todd Unger, chief experience officer in Chicago.

Well, the last time the three of us spoke was in July with the launch of our Mask Up campaign. That point the message was pretty simple, was wear one, now it's kind of more like wear two, and it's become a lot more complicated with a vaccine rollout going on. In fact, the CDC just released guidance for fully vaccinated people, including revised guidance on masking. So let's talk about how
physicians can help patients understand when the advice gets more complicated? Why don't you start with Dr. Davuluri.

**Dr. Davuluri:** Right, Todd. And it is, I just have to say, tremendous though how far we've come even since the last time we've talked about this since July, and the degree of masking that we've seen has been phenomenal to see that uptakes that have happened through the fall and winter though, it's certainly been, it's had its challenges. So I think that being said, it's a constant conversation, right? And as we had alluded to previously, it's something that will evolve as our data evolves and as our vaccination rollout evolves. And I think that's the most important thing to keep in mind when we're talking to our patients is to just continually communicate with them.

As a urologist, a lot of my patients are elderly, and so it's a conversation that I have, how are you doing? Are you masking up? Are you doing okay with COVID? And as these changes happen, just trying to help them clarify any questions that they may have, and even if they don't have any questions, just reminding them that there is a light at the end of the tunnel, reassuring them that as long as we keep up on these public health measures as simple as wearing a mask, we will eventually reach that light.

**Unger:** I think that one thing that's been different about this pandemic is it's kind of been evolving in terms of a lot of this data. I don't think people are necessarily used to that and used to guidance changing kind of month-to-month. Are you finding people are confused by that including kind of the latest round of updates?

**Dr. Davuluri:** I think people are more tuned into the pandemic now than they were a year ago as this started. People have become more familiar with the fact that things are changing. Things do need to be reiterated, but I think in general, at least in my experience here in New York, people are a little bit more aware and have learned to kind of modify their changes. I mean, the amount of people that I see adhering to the two-mask mandate is quite incredible. And Dr. Srinivas, I'm curious to hear your thoughts on that?

**Dr. Srinivas:** Yeah, unfortunately, I wish we had the uptake that you guys did out in New York. I think it really, there's such a regional variance, unfortunately, and a lot of that is set by the political tone of each state, since we didn't really have a federalist strategy, we went by a state-by-state basis since the start of this. And so depending on who is the spokesperson in your state, I think it's changed a lot of the messaging and created confusion. So in a state like mine, where unfortunately we never really had a mask mandate, and even the little flimsy direction we did get was quickly repealed. It's been very confusing because people are hearing Dr. Fauci, they're hearing the CDC, and they're hearing the President Biden's task force saying all these things are contradictory to what they've been told at the local level.

But that's why it's so important that all physicians such as Dr. Davuluri, even though you're not an infectious disease, the fact that you are urologist and that you're a doctor, you see a whole different
subset of patients than I might see, and that another physician might see. And at such confusing moments, the local physician is who people turn to interest. And that's why your voice and so many others are so important in just reiterating even the simple message of yes, we need to wear a mask, yes, there is hope we have a vaccine coming. And down the line we can see is returning to more of a normal life, but it's so contingent on following those safety precautions right now.

Unger: Dr. Srinivas, can you talk about kind of what is different? What's the news in the guidance that's come out, especially in regard to those that are getting vaccines?

Dr. Srinivas: So one of the big things that did come out recently from the CDC just this week, which is good news, is that we can start having small indoor gatherings amongst people who are fully vaccinated without necessarily needing to have the same level of safety precautions we'd had before. But the worry that I have with this is how it was portrayed in the media, because a lot of the media doesn't necessarily interpret the guidelines as strictly as the CDC intended them to be, and so a lot of the headlines just read indoor gatherings now safe, which is not true at all.

Unger: It does cut off some of the important information in that guidance.

Dr. Srinivas: Exactly, exactly. So this is exactly what you were getting at Todd, and what you were getting at Dr. Davuluri about how there's mixed messaging and misinterpretation because the guidance is now getting so specific and detailed as to who can qualify for what. But even amongst that guidance, even when the CDC said that we can start having these small gatherings, they're not talking about getting together for spring break and having people all travel to a house and fly in, or trying to have those additional exposures. They're talking about the grandparents who live 20 minutes away who haven't been able to see their grandchildren because of risk of exposure and transmission, who now are fully vaccinated can come into that grandchild's house and be able to take care of them and help be a part of their life again. We're talking about still taking minimal risks, still taking a lot of precautions, but doing it to try to bolster some of those human connections and that mental health that unfortunately has been waning during the pandemic.

Unger: Well, Dr. Davuluri, there've been questions out there from people saying, "Well, if I have still have to keep wearing a mask, why do I need to get a vaccine?" Is there enough incentive for people to kind of move into getting vaccine especially those that are hesitant?

Dr. Davuluri: Yeah, that's a great question, Todd, and it's one that I actually have been asked as a physician in my office. And I think what Dr. Srinivas has said is exactly the point for that, is that we're starting to see that if we are vaccinated we can start to see ones that we love that we haven't seen for a long time. But we have to keep in mind that even though we're giving out two million vaccines a day, there is a lot of Americans that still need to get vaccinated. And until we can really effectively get an appropriate vaccine rollout, we have to continue with the simple measures of masking up.

And we can't let our guard down on something that we've spent so much time trying to develop
behaviors for and something that's so simple that we know can prevent the spread so easily. And so, yes, it is still a long, long tunnel, but to get us to that point of having a hopeful future, we need to continue to mask up. And so while it may it may seem counterintuitive of continuing to have to do it, we have to remember that it's just because we're trying to get vaccines out to as many people as possible before we can start to slow down on some of these measures that have been so protective.

**Unger:** Dr. Srinivas, anything to add from your perspective as an infectious disease specialist and a person who works with the vaccine hesitant and particularly in marginalized populations?

**Dr. Srinivas:** Yeah. There's so much going on especially with that last component of what you're saying with marginalized populations. But to touch on what Dr. Davuluri was saying, first, she's exactly right. And the two things that I often use to communicate to patients as to why it's important to continue to mask is that even though you're vaccinated, you could still potentially be a carrier of the virus and spread it to other people. So it's about stopping that spread, and that's why wearing that mask is so important. And then the other point is we do have these new variants emerging, the ones out of South Africa and Brazil are so far the most concerning that we have presented before us. And we know that these vaccines that we currently have are not as effective against them as they are against the strains that were developed for here in the United States.

So because of that, and the fact that there are unknowns, we still have to take some of these safety precautions until we get more information. But like Dr. Davuluri said before, it's been lightning speed the amount of scientific information that's been garnered in just the last six months to a year. And if we continue on this pace, which it really appears we are, those questions are going to be answered soon. So it's a matter of getting the vaccine, continue to mask to protect yourself, your community, your family, but also starting to take the guidelines as the CDC brings them out one step at a time to get closer to normal life, while still taking these precautions in hand.

**Unger:** Go ahead.

**Dr. Davuluri:** I was just going to say, I think along those lines, like a fun sports analogy I love to use when I'm talking to some of my patients, it's you are head in the first quarter, right? Or in the first half of the game, and you're at halftime and if you come back out thinking, "Oh, I've got this great lead, I don't need to do anything else, I can sort of play not my best, maybe put in a couple of players that haven't gotten a lot of time yet." And suddenly you lose that lead. And you are on that last minute of the game against the buzzer trying to get that lead back. And right now we're in the lead, we're doing really well with our masks, and this is not the time for us to drop those precautions.
Unger: Yes, I'm terrible at sports analogies, but I do understand, and we still have time on the clock here. Dr. Srinivas, we talked before about different states and different requirements. We've got 34 states now that still require people to wear masks, five states that had mask mandates that have lifted them, Iowa being one of those states. What advice do you have for physicians who are like you are living in states where the restrictions have been loosened at this point?

Dr. Srinivas: There's been so much mixed messaging out there that a lot of people don't know who they can turn to for advice, so they're often turning to their local physician, to the people that they had trusted before the pandemic, people that they've had relationships with both personally, as well as medically. And that's why the local doctor, whatever your specialty is, is so important, the local public health official, because you're the one who they're going to turn to and listen to you, you're their neighbor, you're their community member. So when there's mixed messaging coming from up top, from both the federal and the state side in states like mine, it's really the local level where we can make a difference. So just using your voice and sharing what you truly think, not letting to be marred by politics and just go straight based on the data, based on the science, based on the fact that you want to explain to your patients and your friends how they best can protect themselves and their families.

Unger: Dr. Davuluri, we started to see those kind of harder pictures of spring breakers just descending on Florida, are we seeing a change in mask wearing among younger people since we talked the last time?

Dr. Davuluri: Yeah. Todd, I think overall the mask uptake has certainly gone up since when we spoke in July of 2020, I think that is a fact. I think that there's still, again, just as we mentioned earlier, there's so many geographical variations that we do it. And these areas that tend to have lower mask mandates are just attracting people who may have mask fatigue. And catering to some of these younger populations is really important, catering our message into these younger populations is important. And we have seen an overall improvement, but there's still a lot of work that we can do because again, it's hard for young folks who are in college who may want to go to their first spring break, not be able to have those experiences. And, like I said, it's a little bit longer, a little bit more of a push from all of us as a whole, and we will get there. And it's just reminding them of that end goal messaging.

Unger: Well, last question really for both of you, it's interesting having talked to you kind of on both ends of this pandemic so far, you both have been really strong and vocal mask advocates. Why is this issue so important? You feel like you're making a difference? Anything that you've learned over the past year?

Dr. Srinivas: It's really about communication and how one simple intervention that is scientifically found really can't have an impact if the public doesn't understand why and the public doesn't hear from those that they trust why to do it. At a time when misinformation was at a high, partnering with
local community members, but also with journalists in the local media is so effective. And that's a partnership I hope that medicine continues to have, that interdisciplinary relationship because they are so critical in relaying the real messaging to the public, and the public trust them because they come into their home every day at 5:00 PM. And we can really help to make sure the right information is getting out there using them.

**Unger:** Dr. Davuluri?

**Dr. Davuluri:** It's been quite the experience kind of traversing the waters in the changing landscape over the last, it's crazy to say now, but it's been a year, right? Since we first had our lockdown happen a year ago right around this time. What I have personally found to be a huge tool and a huge asset is just as Dr. Srinivas has said over and over again on this call, is that direct relationship that we as physicians have with our patients. In my own personal experience, I do take that time to ask the patients about things whether it's related to how they're urinating or whether it's just related to how their mental health is throughout the entire COVID era.

And just giving them the opportunity to speak to a physician about it and opening up that dialogue, I often find allows them to ask questions that they may just not had the opportunity to ask, or they may get this mixed messaging from. And I had one experience where I remember one Friday, right as the vaccine roll-ups in December, I asked all my patients who were over the age of 65, if they were going to get the vaccine. And I had about four or five patients who were hesitant, who said no, and I spend some time, I talked to them about it, and all of them said, "Okay, I'm going to look into getting the vaccine." And my favorite thing about that was I tweeted that just to share it with the medical community and the amount of responses I got from other urologists around the country and other physicians that said, "Hey, I'm doing the same thing."

And I talked to my patients about X, Y and Z about their concerns with the vaccine. About the concerns for the COVID. And any concerns they may have about the side effects of the vaccine. Was so overwhelming positive. And to me, there's so many negative things we've heard that have happened from COVID, but there have been a tremendous amount of positive things that have happened. And I think the physicians have sort of come together and keeping that messaging unified, keeping our patients health and wellness as our main priority. As long as we focus on that, it's been a pleasure to see the community come together.

**Unger:** Well, people do trust their physicians, and so it's so important the work that you continue to do. Thank you so much, Dr. Davuluri. Thank you, Dr. Srinivas for being here today and sharing your perspectives. That's it for today's COVID-19 Update, we'll be back with another segment tomorrow. In the meantime, for more information on COVID-19 visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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