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Keep your guard — and mask — up

Nov 19, 2020



Photo by Stephanie Leonard

Two months ago, alarms were raised over coronavirus infections in the Upper Midwest. Heading into September, Iowa led the U.S. for weeks in the rate of daily new COVID cases, holding stubbornly around 34 cases per 100,000 residents.



Those could be

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If you haven't followed the data, here's the Nov. 11 snapshot: Iowa's daily infection rate hit 137 cases per 100,000 residents, up 81% from the previous week, and third worst nationally, behind North and South Dakota (172 and 147 per 100,000, respectively). Wyoming, Wisconsin and Nebraska follow Iowa in infection rates.

U.S. infections now exceed 10.3 million, the last million new cases arising over 10 days. The rate of new U.S. infections is the highest it's been over the pandemic's course, now more than 100,000 daily — a rate that Anthony Fauci predicted to the U.S. Senate in June could occur by year's end if the country did not work harder to control transmission.

This milestone under-represents actual infections, as many asymptomatic cases are unreported.

More than 240,000 COVID fatalities have occurred, putting the country on a track to pass one-quarter-million dead by Thanksgiving.

Let that sink in: a quarter-million unnecessary U.S. deaths in 10 months.

Community spread

Iowa mourns over 1,900 unnecessary deaths. We are currently losing more than 100 of our relatives, neighbors and friends every week. More than 900 care facility residents from our communities are among those dead.

As of Nov. 11, there are 101 current outbreaks in Iowa long-term care facilities, affecting over 3,000 residents and staff.

Our hospitals, with limited capacity of staff and supplies to care for the surge in serious cases, are now postponing elective procedures and imploring the public to assist by heeding guidelines for widespread masking and distancing, testing, quarantining and isolating.

No pockets of the state remain untouched. This problem is local.



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Grave symbols for Midwesterners are graphs that show steep inclines in nearly all indicators. Already in November, Iowa has experienced consecutive days of record-breaking numbers in all things COVID: cases, hospitalizations, new admissions, ICU patients and test positivity.

These are clear indicators of widespread and ongoing community spread, layered over super spreader events where masks and distancing have been blatantly ignored.

Wide community spread and asymptomatic transmission exacerbate the challenge of keeping COVID out of group living facilities, schools and businesses where staff move in and out daily. We are seeing the results show up as outbreaks and fatalities in care facilities, correctional facilities and group homes, and new requests to move school instruction online.

The White House COVID Task Force's recent state report for Iowa (Nov. 1) notes that Iowa remains in the red zone based on infection rate and high test-positivity and warns that COVID in Iowa is now spreading through small gatherings in people's homes. Eighty-two counties had high community spread; 17 had moderate community spread.

The report includes recommendations to:

- issue clear messaging to “act now”; specifically, do not gather without a mask with individuals outside your household, always wear a mask in public places and stop gatherings beyond the immediate household until cases and positivity decline.
- target prevention messaging to rural communities.
- identify asymptomatic individuals unknowingly spreading the virus.
- test all students in university towns weekly.
- conduct weekly surveillance testing of health care workers, K-12 teachers, prison staff and first responders.

Back to basics

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So let's refocus on the facts:

Coronavirus spreads mainly through breathing in droplets and particles released when an infected person breathes, talks, coughs, sings or laughs. When people are physically close together, or in enclosed areas with others, risk of transmission is heightened.

Infected people can be contagious within a few days of exposure. The contagion period lasts approximately 10-14 days after symptom onset (or after a positive test in the absence of symptoms). This is significant because pre-symptomatic and asymptomatic individuals are estimated to account for more 50% of transmissions, underscoring the rationale for mask use.

Universal mask wearing puts barriers in the virus' path. Cloth masks covering the nose and mouth protect in two ways: blocking the release of droplets, aerosols and virus released from an infected person's nose and mouth (source control) and filtering incoming air, protecting the wearer.

A Nov. 10 CDC briefing cites studies showing transmission risk is reduced 70% with mask use, and an economic analysis concluded a 15% increase in universal masking could prevent the need for lockdowns and cut associated losses of up to \$1 trillion, or about 5% of gross domestic product.

How can we prevent what Dr. Fauci predicts could be a "lot of hurt" this winter if we don't change the current course?

We can do this by taking stock of what's informing daily choices and risk perception. Not having a personal experience with a serious COVID illness or death may make COVID easy to shrug off. Knowing of asymptomatic cases or those with mild symptoms could give the impression COVID is no big deal. This thinking is dodgy because it gives a false sense of security; it tricks you into letting your guard down.

We all observe and take cues from examples around us. Mixed messages from leaders have left some people unsure if masks matter or work. But in wearing a mask and keeping physical distance, we can help reduce the risk of transmission. We need to step up and do the same.

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We can prevent this by breaking transmission chains. That's staying away from others (quarantining and isolating) when exposed to a possible or known case or if you're sick or test positive. Failing to quarantine prolongs and perpetuates community spread.

Finally, we can do this by focusing long-range on the benefits and rewards of these smaller decisions we must make daily for the next critical months. A year, month or week from now, will it seem that burdensome or onerous to have worn your mask, maintained physical distance, or skipped a gathering if it can help protect your community's care facility staff, health workers, older folks, teachers, family and friends?

With this altered holiday and winter season ahead, reflect on the profound loss of a quarter million individuals as we plan to observe the coming holidays responsibly.

Will you choose to protect yourself and community with rose-colored glasses or a simple, powerful cloth mask?

Steph Leonard is an industrial hygienist at the University of Iowa. Contact her at stephanie-leonard@uiowa.edu.

