

September 8, 2021

Dear Commissioners

I write to support the recent BLDHD Health order for universal masking in schools. I do understand the viewpoint of some that the science is not completely settled regarding masking of children and spread of COVID19. However, the preponderance of data currently supports universal masking for the following reasons:

1. The prevalence of COVID19 is currently high in our area. Over the Labor Day weekend (Friday - Monday) there were 12 confirmed infections, and there were 5 on Tuesday September 7. This is much higher than in July. As not everyone tests, there could have been more.
2. We should do what we can as a community to allow our children to have a full in person school year. More infections means more children out sick or being quarantined, and risks ending in person instruction. This will affect those under the age of 12 the most, as they currently cannot be vaccinated. And these are the children who arguably most need to be in school. There are studies being done of masking; most have not been done in the era of the delta variant, known to be more transmissible than previous variants, and present in most cases in Michigan currently.
 - a. In Florida, where masking is not done in schools, it has been reported (https://news.yahoo.com/15-miami-dade-public-school-021517732.html?fr=sycsrp_catchall) that 15 Miami-Dade public school workers died in the recent 10 days.
 - b. In North Carolina, Union schools, which voted down universal masking, had 337 positive cases (1.1%) and 5200 (of 41,000, or 12.7%) students in quarantine, while a district that required masks had 97 test positive out of 31,000 or 0.3% (<https://abc11.com/nc-covid-19-in-schools-testing-wake-county/11008052/>).
 - c. There have been studies of masking and non-masking requirements and their effect on number of infections. While one modeling study of COVID19 case growth in mask mandated vs non mandated states did not find a difference, this has not been peer reviewed and is a modeling study, not actual clinical data. A different modeling study, still not peer reviewed, predicted that without masking AND TESTING, 75% of school children may become infected within 3 months. The authors concluded that: "Universal masking can reduce student infections by 26-78%, and biweekly testing along with masking reduces infections by another 50%." (Zhang et al., COVID-19 Projections for K12 Schools in Fall 2021: Significant Transmission without Interventions. <https://doi.org/10.1101/2021.08.10.21261726>). A popularly cited Danish study randomized people to wear or not wear masks at low COVID prevalence, but the subjects who were in the masked group did not comply (Bundgaard H, Bundgaard JS, Raaschou-Pedersen DET, von Buchwald C, Todsén T, Norsk JB, et al. Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial. *Ann Intern Med.* 2021;174(3):335-343). An outbreak on the USS Theodore Roosevelt (Payne DC, Smith-Jeffcoat SE, Nowak G, Chukwuma U, Geibe JR, Hawkins RJ, et al. SARS-CoV-2 . Infections and Serologic Responses from a Sample of U.S. Navy Service Members - USS Theodore Roosevelt, April 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(23):714-21) did find a lower infection rate in those who masked vs. those who didn't (56% vs 81%).

3. Up to 40% of COVID infections can occur without symptoms, but can be passed to others quickly, and those others may get very sick. Of note, there have been 54, 859 hospitalizations of individuals 0-17 years of age from Aug 2020 to Sept 2021 (cdc.gov); The current 7 day average of hospitalized children is 355. This is a low number unless its your child.
4. Masking is effective for source control – that is, the person masking will less likely pass the virus to others. Masking is somewhat effective at protecting the wearer from infection. What is less likely to work is that some wear masks and some don't – that allows those who may be infected to more easily spread the virus
5. Masking is safe. Studies have purported to state there may be an increase in carbon dioxide with mask use, but these studies concern much tighter masks, not the masks schoolchildren are being asked to wear.
6. If hospitals are full with COVID patients, there will be no room for others with the usual illnesses that require hospitalization (heart attacks, strokes, bacterial infections, planned surgeries, etc); This will cause delays in the Emergency Room, delays in planned procedures (such as but not limited to cancer surgery) and potential transfers to other hospitals in the area. Since EMS does the transporting, this also ties up EMS so they are not in their local area
7. If children need to be in intensive care for COVID19, they will need to be transported out of the area, as there is no local pediatric Intensive Care Unit in Traverse City
8. Public health, if done well, concerns what does not happen. Using a layered approach: vaccines for those who are eligible, distancing, masking and keeping hands and surfaces clean, in my opinion, give us the best chance of avoiding outbreaks when schools starts. If we can get our area into low transmission, we can get back to normal sooner.

I believe the BLDHD has done an excellent job during this pandemic, many of them working overtime consistently. I believe the BLDHD should be supported, and we as a community should allow them the resources to not only continue what they do, but to expand testing for COVID19.

DISCLAIMER: I am on the BLDHD board of health, as well as on the board for Northport Public Schools but this communication is from my personal viewpoint and experience as a physician, and does not necessarily reflect the views of the boards with which I am associated.

Sincerely

Barbara A. Conley MD

Northport, MI