

Date: August 6, 2021

To: Jackson County Legislature

CC: County Executive Frank White

From: Jackson County Health Department

RE: Report Supporting Order for Mask Wearing in Public Places

This report is submitted to provide the data and research necessary to make an evidence-based decision on ordering wearing of masks in places of public accommodation. By providing this report, the Jackson County Health Department (JACOHD) seeks to inform the officials of Jackson County, Missouri of the impact a new mask order could have on reducing the spread of the COVID-19 Delta variant in our community.

Background

Note: Background is sourced directly from the Centers for Disease Control and Prevention.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> Accessed 8/5/2021.

COVID-19 is a dangerous disease caused by a virus discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world. COVID-19 most often causes respiratory symptoms that can feel much like a cold, a flu, or pneumonia, but COVID-19 can also harm other parts of the body.

- Most people who catch COVID-19 have mild symptoms, but some people become severely ill.
- Older adults and people who have certain underlying medical conditions are at increased risk of severe illness from COVID-19.
- Hundreds of thousands of people have died from COVID-19 in the United States.
- Vaccines against COVID-19 are safe and effective.

Symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting

- Diarrhea

This list is not all-inclusive. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Transmission

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

Anyone infected with COVID-19 can spread it, even if they do NOT have symptoms.

Variants

Virus constantly change through mutation, and new variants of a virus are expected to occur. While some variants emerge and disappear, others persist. Some variations allow the virus to spread more easily or make it resistant to treatments or vaccines. Currently there are four notable variants in the United States:

B.1.1.7 (Alpha): This variant was first detected in the United States in December 2020. It was initially detected in the United Kingdom.

B.1.351 (Beta): This variant was first detected in the United States at the end of January 2021. It was initially detected in South Africa in December 2020.

P.1 (Gamma): This variant was first detected in the United States in January 2021. P.1. was initially identified in travelers from Brazil, who were tested during routine screening at an airport in Japan, in early January.

B.1.617.2 (Delta): this variant was first detected in the United States in March 2021. It was initially identified in India in December 2020.

These variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on healthcare resources, lead to more hospitalizations, and potentially more deaths.

Protecting Yourself & Your Family

The Centers for Disease Control and Prevention (CDC) offers the following mitigation strategies to protect yourself and your family from COVID-19 infection.

Get Vaccinated

- Authorized COVID-19 vaccines can help protect you from COVID-19.
- You should get a COVID-19 vaccine as soon as it is available to you.

Wear a mask

- The CDC recommends that in areas of high and substantial community transmission, both vaccinated and unvaccinated individuals wear masks indoors.
- Per CDC ... "Wearing a mask over your nose and mouth is required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and while indoors at U.S. transportation hubs such as airports or stations.

Stay 6 feet away from others

- Inside your home: Avoid close contact with people who are sick.
- Outside your home: Put 6 feet of distance between yourself and people who don't live in your household.
 - Remember that some people without symptoms may be able to spread virus.
 - Stay at least 6 feet from other people.
 - Keeping distance from others is especially important for people who are at higher risk of getting very sick.

Avoid crowds and poorly ventilated spaces

- Being in crowds like in restaurants, bars, fitness centers, or movie theaters puts you at higher risk for COVID-19.
- Avoid indoor spaces that do not offer fresh air from the outdoors as much as possible.
- If indoors, bring in fresh air by opening windows and doors, if possible.

Wash your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

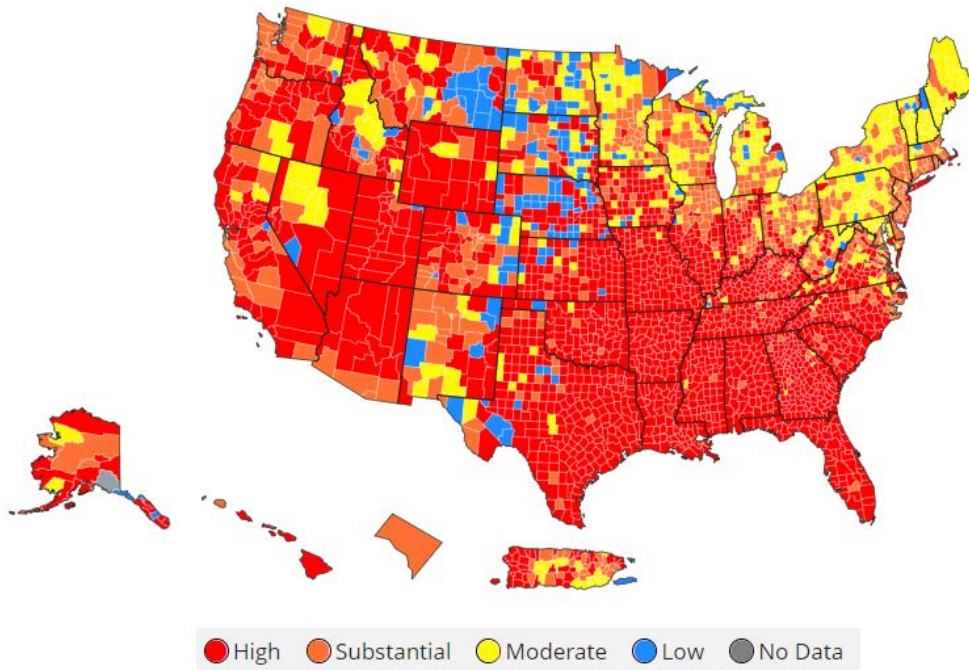
Cover coughs and sneezes

- If you are wearing a mask: You can cough or sneeze into your mask. Put on a new, clean mask as soon as possible and wash your hands.
- If you are not wearing a mask: Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
 - Immediately wash your hands.

Current Conditions in Missouri

COVID-19 Status

- Missouri is experiencing another wave of new COVID-19 cases, fueled by low rates of full vaccination, the spread of the Delta variant, and hot spots in southwest Missouri and northcentral Missouri, locations frequented by Jackson County residents.
- As of August 5, 2021, the 7 Day New Case Rate in Missouri was 238 per 100,000 people. This is a 5.4% increase from last week, resulting in Missouri ranking #45 out of 50 states. 50 represents the highest case rate per capita in the United States.
 - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/statewide.php>
- As of August 5, 2021, the 7 Day Positivity Rate for Missouri was 15.2%.
 - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/statewide.php>
- The 7-day average of daily new cases in Missouri increased from 391 on June 1, 2021 to 2,972 on August 4, 2021 – a 660% increase.
 - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/statewide.php>
- The Centers for Disease Control and Prevention (CDC) designates all but four Missouri counties as experiencing “High” levels of community transmission. High Transmission – the highest category is defined as having a “Total New Cases per 100,000 Population in the Last 7 Days” over 100 and a “Percentage of NAATs that are Positive in the Last 7 Days” over 10.0%. (map pulled 8/3/2021 at 3:57 PM).



Spread of the Delta Variant

- Viral load is roughly 1,000 times higher in people infected with the Delta variant than those infected with the original coronavirus strain. In addition, the Delta variant replicates much faster – being first detectable an average of four days after exposure, compared with an average of six days among people with the original strain.

- Baisheng, L., Aiping, D., Kuibiao, L., Yao, H., Zhencui, L., & al, e. (2021, July 23). Viral infection and transmission in a large, well-traced outbreak caused by the SARS-CoV-2 Delta variant. Retrieved from MEDRXIV: <https://www.medrxiv.org/content/10.1101/2021.07.07.21260122v2>
- The estimated R⁰ (average number of persons each new case will infect) for the delta variant of COVID-19 is between 4.8 and 6, meaning that each individual infected with COVID-19 Delta will transmit the disease to 4-6 others. Sewer shed data show that 100% of collection sites in Missouri now show Delta variant, with 95% showing Delta variant exclusively.
 - R⁰ data source: <https://www.fil.ion.ucl.ac.uk/spm/covid-19/forecasting/>
 - Sewershed data source: <https://storymaps.arcgis.com/stories/f7f5492486114da6b5d6fdc07f81aacf> accurate through July 12
- In HHS Region 7, which includes Missouri, Iowa, Nebraska, and Kansas, the CDC estimates that the Delta variants comprises 65.1% of all cases. Based on data from the state of Missouri, the Delta variant can comprise a higher percentage of community cases in select regions.
 - <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

Vaccination Rates for Missouri

- Vaccination rates vary wildly across the state of Missouri. The percentage of Missouri residents statewide who are considered fully vaccinated is 41.5%. Areas in Missouri that are popular summer destinations have lower vaccination rates like Branson, Missouri (Taney County – 27.7% completed), the Harry S. Truman Reservoir (Benton County – 34.3% completed), and the Lake of the Ozarks, (Camden and Miller Counties – 34.3% and 22.6% completed, respectively).
 - County Vaccination Data Source: <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/county.php> accurate through August 3, 2021

Current Conditions in the Kansas City Metro & Eastern Jackson County

COVID-19 Status for Kansas City Region & Eastern Jackson County

Note: City of Independence data is not reflected in Kansas City Region estimates.

- As of August 5, 2021, the Kansas City Region reported 179,575 total cases and 2,457 deaths from COVID-19.
- In the Kansas City Region, average weekly cases increased from 61 new cases per week in early June, 2021 to 447 cases per week in mid-July, 2021.
 - KC Region data source: MARC KC Region COVID-19 Data Hub <https://marc2.org/covidhub/>
 - NOTE: Kansas City Regional data does not include the City of Independence in key figures.
- As of August 5, 2021, Eastern Jackson County reported 31,892 total cases and 388 deaths from COVID-19.
- In Eastern Jackson County, daily case counts have increased from 29 per day on June 1, 2021 to 168 per day on August 5, 2021 – a 480% increase. The 14-day rate of new cases per 100,000

people increased from 90.23 per 100,000 on June 1, 2021 to 654.84 per 100,000 on August 5, 2021.

- JACOHD Data source: MODHSS (EpiTrax) internal report of confirmed and probable cases, data accurate through August 5, 2021
- Eastern Jackson County currently meets the definition of the Centers for Disease Control and Prevention’s (CDC) High Transmission designation. High Transmission – the highest category is defined as having a “Total New Cases per 100,000 Population in the Last 7 Days” over 100 and a “Percentage of NAATs that are Positive in the Last 7 Days” over 10.0%. For the week of July 25, 2021, the percent positive in Eastern Jackson County was 16.3% and the 7-day case rate was 303 per 100,000 people.
 - JACOHD Data source: MODHSS (EpiTrax) internal report of confirmed and probable cases, data accurate through August 5, 2021

Vaccination Rates in Eastern Jackson County

- Of the total population in Eastern Jackson County, 40.5% of residents have completed their series. At this time, emergency use authorization only allows vaccines for those 12 and older.
 - JACOHD Data source: KDHSS WebIZ and MODHSS ShowMeVax internal report of vaccination data, data accurate through August 5, 2021

Stress to the Health Care System

- The Daily Average of New Hospitalizations for the Mid-America Regional Council region increased from 44 on June 2, 2021 to 141 on August 4, 2021 – a 220% increase.
 - <https://marc2.org/covidhub/>
- “Data on usage of clinical care resources to manage patients with COVID-19 reflect underlying community disease incidence and can signal when urgent implementation of layered prevention strategies might be necessary to prevent overloading the health care system.”
 - <https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>
- During a joint call on July 14, 2021, between local public health directors and the regional chief medical officers (CMOs), the CMOs shared that more hospitals were being designated as “high volume” that at any other time during the pandemic. High volume indicates that a hospital doesn’t have enough staffed beds to admit patients from the Emergency Room (ER), so the ER must keep those patients until a bed opens up. This in turn impacts the ER’s ability to provide beds for new patients.
 - Hospitalizations are 8 times higher than the first week in June, 2021. Over 10% of all hospital beds are currently taken by COVID patients and only 23% of hospital beds are available, lower than the peak of hospitalization last year.
 - Hospital CMOs indicated a challenge with staffing, which is contributing to the inability of health care facilities to operationalize all available beds.
- During a joint call on August 6, 2021, chief medical officers (CMOs) from the regional hospitals strongly advocated for the use of universal masking to bend the curve of surging COVID-19 cases and hospitalizations. Hospital CMOs indicated that hospitals were experiencing dangerously high capacity limitations.

- “Vaccination is the long-term answer to getting out of this pandemic. Masking is the short term answer to keeping us all safe.” – Dr. Steven Stites – CMO, University of Kansas Medical Center
- “If we can’t get time critical diagnoses in because we are full of COVID patients, all of us lose from that. It’s not a question of vaccinated or unvaccinated, all of us are at risk.” - Dr. Steven Stites – CMO, University of Kansas Medical Center.
- “We want to be here for you, we want to be here for your children, the adults, for our parents, for our grandparents. But if we can’t take care of the patients because we have too many sick folks, then we aren’t going to be able to be here, and that’s a scary thought that none of us want to see.” – Dr. Steven Stites – CMO, University of Kansas Medical Center.

Masking to Decrease Spread

How COVID Spreads and Why Masking Helps Decrease Spread

- CDC Statement on Mask Wearing based on Available Research
 - “SARS-CoV-2 infection is transmitted predominately by inhalation of respiratory droplets generated when people cough, sneeze, sing, talk, or breathe. CDC recommends community use of [masks](#), specifically non-valved multi-layer cloth masks, to prevent transmission of SARS-CoV-2. Masks are primarily intended to reduce the emission of virus-laden droplets (“source control”), which is especially relevant for asymptomatic or presymptomatic infected wearers who feel well and may be unaware of their infectiousness to others, and who are estimated to account for more than 50% of transmissions. Masks also help reduce inhalation of these droplets by the wearer (“filtration for wearer protection”). The community benefit of masking for SARS-CoV-2 control is due to the combination of these effects; individual prevention benefit increases with increasing numbers of people using **proper masks consistently and correctly**. Adopting universal masking policies can help avert future lockdowns, especially if combined with other non-pharmaceutical interventions such as *social distancing, hand hygiene, and adequate ventilation*.”
 - “...wearing a face covering decreased the number of projected droplets by >1000-fold. We estimated that a person standing 2m from someone coughing without a mask is exposed to over 1000 times more respiratory droplets than from someone standing 5 cm away wearing a basic single layer mask. Our results indicate that face coverings show consistent efficacy at blocking respiratory droplets.”
 - Bandiera L., Pavar G., Pisetta G., et al. Face coverings and respiratory tract droplet dispersion. medRxiv. 2020;doi:10.1101/2020.08.11.20145086
 - <https://www.medrxiv.org/content/10.1101/2020.08.11.20145086v1.full.pdf>
 - “Compelling data now demonstrate that community mask wearing is an effective nonpharmacologic intervention to reduce the spread of this infection, especially as source control to prevent spread from infected persons, but also as protection to reduce wearers’ exposure to infection.”

- Brooks, J. T., & Butler, J. C. (2021). Effectiveness of Mask Wearing to Control Community Spread of SARS-CoV-2. *JAMA*, 325(10): 998-999.
 - Transmission by Persons Who Don't Know That They Are Infected is a Factor In Increased Cases
 - The issue of asymptomatic spreaders has been a concern for most of the pandemic:
 - “We found that the majority of incidences may be attributable to silent transmission from a combination of the presymptomatic stage and asymptomatic infections.”
 - As COVID-19 may be transmitted up to 2 days before symptom onset, implementation of masking policies based on symptoms alone would miss not only asymptomatic but also presymptomatic individuals.
 - Moghadas SM, Fitzpatrick MC, Sah P, et al. The implications of silent transmission for the control of COVID-19 outbreaks. *Proc Natl Acad Sci U S A*. Jul 28 2020;117(30):17513-17515. doi:10.1073/pnas.2008373117
 - <https://www.pnas.org/content/pnas/117/30/17513.full.pdf>
 - “...the identification and isolation of persons with symptomatic COVID-19 alone will not control the ongoing spread of SARS-CoV-2.”
 - Johansson MA, Quandelacy TM, Kada S, et al. SARS-CoV-2 Transmission From People Without COVID-19 Symptoms. *JAMA Netw Open*. Jan 4 2021;4(1):e2035057. doi:10.1001/jamanetworkopen.2020.35057
 - The Delta variant provides opportunities for larger numbers of asymptomatic spread due to unique symptoms and breakthrough infections. For this reason, it is extremely important that source control prevention is taken through effective universal mask wearing.

CDC Recommendations on Masking for Vaccinated and Unvaccinated Individuals

- On July 27, 2021, the CDC issued new guidance, recommending all vaccinated individuals (in addition to their previous recommendation for only unvaccinated individuals) in “substantial” or “high” transmission areas, with either more than 50 cases per 100,000 in the area over a seven-day period, or with a percent positivity higher than 5%, wear masks indoors.
- As of August 5, 2021, Jackson County, as well as every county adjacent to Jackson County in Missouri and Kansas, are classified as high transmission areas according to the CDC.

Additional Studies on Effectiveness and Proper Wearing of Masks

- Moghadas SM, Fitzpatrick MC, Sah P, et al. The implications of silent transmission for the control of COVID-19 outbreaks. *Proc Natl Acad Sci U S A*. Jul 28 2020;117(30):17513-17515. doi:10.1073/pnas.2008373117
- Lindsley WG, Blachere FM, Law BF, Beezhold DH, Noti JD. Efficacy of face masks, neck gaiters and face shields for reducing the expulsion of simulated cough-generated aerosols. *Aerosol Sci Technol*. 2020; in press
- Leung NHL, Chu DKW, Shiu EYC, et al. Respiratory virus shedding in exhaled breath and efficacy of face masks. *Nature medicine*. Apr 03 2020;26(5):676-680. doi:https://dx.doi.org/10.1038/s41591-020-0843-2

- Ueki H, Furusawa Y, Iwatsuki-Horimoto K, et al. Effectiveness of Face Masks in Preventing Airborne Transmission of SARS-CoV-2. *mSphere*. Oct 21 2020;5(5)doi:10.1128/mSphere.00637-20
- Brooks JT, Beezhold DH, Noti JD, et al. Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure. *MMWR Morb Mortal Wkly Rep*. 2021
- Hendrix MJ, Walde C, Findley K, Trotman R. Absence of Apparent Transmission of SARS-CoV-2 from Two Stylists After Exposure at a Hair Salon with a Universal Face Covering Policy – Springfield, Missouri, May 2020. *MMWR Morb Mortal Wkly Rep*. Jul 17 2020;69(28):930-932. doi:10.15585/mmwr.mm6928e2
- Van Dyke ME, Rogers TM, Pevzner E, et al. Trends in County-Level COVID-19 Incidence in Counties With and Without a Mask Mandate – Kansas, June 1-August 23, 2020. *MMWR Morb Mortal Wkly Rep*. Nov 27 2020;69(47):1777-1781. doi:10.15585/mmwr.mm6947e2

Regional Mitigation Communication

Regional News Release for Public Health Advisory

- Ten Kansas City area health departments (including Cass, Clay, Jackson and Platte Counties as well as Kansas City Health Department in Missouri) issued a Public Health Advisory through a Regional News Release on July 16, 2021. This recommended mask-wearing while indoors for all unvaccinated persons and vaccinated individuals with underlying health conditions, in line with the CDC guidance. This advisory was a result of discussions during a joint meeting with the Chief Medical Officers from several metropolitan area hospitals. The Chief Medical Officers found that due to the rapidly increasing COVID-19 cases and hospitalizations in the Kansas City Area due to emergence of the delta variant, unvaccinated residents of all ages who have resumed normal activities without adequate protection (masking and vaccinations) are most at risk, particularly immune-compromised individuals.
- This Advisory was prior to the CDC’s Morbidity and Mortality Weekly Report from July 27, 2021 that stated: “Based on emerging evidence on the Delta variant (2), CDC also recommends that fully vaccinated persons wear masks in public indoor settings in areas of substantial or high transmission.”

Updated CDC Guidance

Summary of Latest CDC Guidance

- Updated information for fully vaccinated people given new evidence on the B.1.617.2 (Delta) variant currently circulating in the United States.
- Added a recommendation for fully vaccinated people to wear a mask in public indoor settings in areas of [substantial or high transmission](#).
- Added information that fully vaccinated people might choose to wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at [increased risk for severe disease](#) from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated.

- Added a recommendation for fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 to be tested 3-5 days after exposure, and to wear a mask in public indoor settings for 14 days or until they receive a negative test result.
- CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.
- Infections happen in only a small proportion of fully vaccinated people, even with the Delta variant. However, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others, CDC recommends that fully vaccinated people:
 - Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at [increased risk for severe disease](#), or if someone in their household is unvaccinated. People who are at increased risk for severe disease include older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions.
 - Get tested if experiencing COVID-19 symptoms.
 - Get tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.
 - Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
 - General prevention of COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> (for anyone)
 - Wear a mask
 - Stay 6 feet away from others
 - Get vaccinated
 - Avoid crowds and poorly ventilated spaces
 - Wash your hands often
 - Cover coughs and sneezes
 - Clean and disinfect
 - Monitor your health daily

Children and Masking

Infection in Children

- The case rate in those under 12 has increased by 300% between June and July, 2021, to 539 cases per 100,000 population. This is the highest COVID-19 case rate for this age group since

January, 2021 (583 per 100,000 population). From July 1, 2021 – August 3, 2021, 272 cases have been reported in those under 12.

- JACOHD Data source: MODHSS (EpiTrax) internal report of confirmed and probable cases, data accurate through August 3, 2021
- In July, 2021, 12% (362) of all hospitalizations were in those younger than 18 years of age.
 - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/statewide.php>

Transmission in Children

- Studies that have systematically tested children and adolescents, irrespective of symptoms, for acute SARS-CoV-2 infection (using antigen or RT-PCR assays) or prior infection (through antibody testing) have found their rates of infection can be comparable, and in some settings higher, than in adults. Outbreaks among children attending camps and sports events have demonstrated that children can transmit SARS-CoV-2 to others. This includes previous and current outbreaks in youth camps and sporting events in the Kansas City region.
 - Szablewski CM, Chang KT, Brown MM, et al. SARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp – Georgia, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69(31):1023-1025. doi:10.15585/mmwr.mm6931e1
 - Atherstone C, Siegel M, Schmitt-Matzen E, et al. SARS-CoV-2 Transmission Associated with High School Wrestling Tournaments – Florida, December 2020-January 2021. *MMWR Morb Mortal Wkly Rep* 2021;70(4):141-143. doi:10.15585/mmwr.mm7004e4

Lack of Vaccine Eligibility in Children Under 12

- Children under 12 currently lack the ability to access a vaccine. Although Emergency Use Authorization for children 5-12 is expected within the coming months, the clinical trials for the Pfizer and Moderna vaccine may begin expanding the number of children in this age range who can participate.

Need for Mitigation Strategies in Schools

- The goal of the Jackson County Health Department, American Academy of Pediatrics, Centers for Disease Control and Prevention, and Children’s Mercy is for students to be in person for school during the 2021/2022 school year. In order to do so safely and to avoid disruptions to the learning environment, schools must employ a multi-layered approach of mitigation strategies including universal mask wearing for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. This is consistent with similar guidance offered by the American Academy of Pediatrics, Centers for Disease Control and Prevention, Children’s Mercy, and the Jackson County Health Department.
 - Centers for Disease Control and Prevention . (Accessed August 5). *Schools and Child Care Programs*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
 - Children's Mercy. (Accessed August 5). *Guidance for Keeping Schools Safe for Students and Staff*. Retrieved from Returning to School and the Community Safely:

<https://www.childrensmercy.org/siteassets/media/covid-19/guidance-for-school-re-opening-during-the-covid-19-pandemic.pdf>

- American Academy of Pediatrics. (Accessed August 5). *COVID-19 Guidance for Safe Schools*. Retrieved from American Academy of Pediatrics:
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Exclusions to the Order

Minors Below the Age of 5

- Current CDC recommendations state that face masks can be safely worn by all children 2 years of age and older, including most children with special health conditions, with rare exception. Children should not wear a mask if they are under 2 years old, however, because of suffocation risk. In addition, for children under age five in community settings the World Health Organization recommends against facemasks.
 - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html#stay6ft>
 - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>
 - <https://www.jwatch.org/fw116969/2020/08/24/who-recommends-against-face-masks-kids-community-settings>

Persons with Certain Disabilities

- Persons who have disabilities where face coverings or masks constitute a substantial impairment to their health and well-being based upon medical, behavioral, or legal direction: Employees who can't wear a face mask for medical reasons, should not work in close proximity with other coworkers or the public. For the public who can't wear face masks for medical reasons, they should utilize alternative services such as online shopping, and/or curbside pickup and delivery.

Persons in a Restaurant, Bar, or Similar Establishment

- While consuming food, exposure can be minimized by seating households and close contact groups together, maintaining proper social distance, and remaining seated while consuming food or drink. The CDC recommends that restaurant and bar settings consider spacing tables at least 6 feet apart to mitigate risk while customers are eating and drinking.
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/bars-restaurants.html>
 - Guy GP Jr., Lee FC, Sunshine G, et al. Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:350–354. DOI: <http://dx.doi.org/10.15585/mmwr.mm7010e3>
- Mask mandates and restricting any on-premises dining at restaurants can help limit community transmission of COVID-19 and reduce case and death growth rates. These findings can inform public policies to reduce community spread of COVID-19.
 - <https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm>

Persons Obtaining a Service Involving the Nose or Face

- This exclusion is only for those who are receiving the service. Person's rendering the services must still wear a facemask at all times.

Persons Alone in a Separate Room or Office

- In a completely enclosed separate room or office, it is permissible to forgo masking due to minimal risk.

Face Shields or Goggles as a Substitute for Masks

- The CDC does not recommend using face shields or goggles as a suitable substitute for masks. Goggles or other eye protection may be used in addition to a mask. Do NOT put a plastic face shield (or mask) on newborns or infants.
- Face shields and goggles are primarily used to protect the eyes of the person wearing it. Goggles do not cover the nose and mouth. Face shields are not as effective at protecting you or the people around you from respiratory droplets. Face shields have large gaps below and alongside the face, where your respiratory droplets may escape and reach others around you and will not protect you from respiratory droplets from others. However, wearing a mask may not be feasible in every situation for some people.
 - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

Based on the information included in this report, the Jackson County Health Department strongly support the issuance of an Order requiring masks in all indoor places within Eastern Jackson County until the County is no longer designated as a "High" or "Substantial" rate of community transmission. Such an order is necessary to provide relief to local hospitals and to alter the curve of the Kansas City Metropolitan's latest COVID-19 surge.