Public Health Researchers and Practitioners · **Follow**

Feb 9 · 7 min read

Open Letter: Public Health Researchers and Practitioners Urge Elected Officials To Reevaluate The End of School Mask Mandates

Calls to end indoor mask mandates in schools are uninformed:
We urge our elected leaders to follow the science

Over the past several weeks there have been sustained calls by a vocal minority to actively reduce COVID-19 mitigation measures in schools. Elected officials, pundits on cable news, and national media outlets have been pushing for mask "off-ramps." And as of this week, several states (Connecticut, Massachusetts, New Jersey, Rhode Island, among others) are planning an end to indoor mask mandates in schools by a specific date. These calls, however, are not guided by rigorous accumulated scientific evidence. Removing indoor mask mandates by a particular date — as opposed to tying them to a threshold of community transmission and hospitalizations — is unscientific. It would be detrimental to remove indoor mask mandates while community transmission is still so high, especially given that rates of vaccination uptake among children ages 5–11 years old are low, and before children under the age of 5 years have a vaccine approved for emergency use. The removal of indoor mask mandates in schools by an arbitrary date is premature and threatens to place children, their school communities, and their families at greater risk for illness, disability, and death. It could also exacerbate the deep inequities across race, socioeconomic status, and ability that have persisted during this pandemic.

As public health researchers and practitioners who study and/or work with children, we call on our elected officials to reevaluate these calls to end indoor masking in schools and, instead, follow the best available science to inform public health policy.

Unfortunately, COVID-19 remains a public health crisis among children across the country.

The American Academy of Pediatrics (AAP) reports that, as of this week, more than 12 million children in the U.S. have been infected with COVID-19. Two million of these cases were contracted in January 2022 alone. Strikingly, roughly 2.4 percent of all COVID-19 hospitalizations are among children. And more than 900 children in the U.S. have died from COVID-19 to date. COVID-19 is now the 6th leading cause of death among school-aged kids. And it has been estimated that anywhere from 14 to 30 percent of people, including children, who contract the virus have long COVID. Long COVID is a condition that arises after an initial COVID-19 infection and has been shown to include a number of side effects, many of which can be debilitating. In fact, recent studies have linked COVID-19 in unvaccinated children with an increased likelihood for the onset of Type 1 diabetes. And new research has identified long-term cardiovascular complications associated with COVID-19. As has also been well-documented, children with underlying health conditions (which includes a myriad of health issues impacting millions of kids) are at greater risk of experiencing all of these poor COVID-19 outcomes. And children of color are placed at disproportionate COVID-19 risk.

It is now well-documented that unvaccinated individuals are far more likely than vaccinated individuals to transmit COVID-19 to others. This means that even if some unvaccinated children end up being just fine, they can, and do, bring the virus home to their parents, grandparents, and potentially vulnerable family members. Thousands of children in the U.S. have lost a parent or caregiver due to COVID-19. And COVID-19 has impacted populations differentially, including there being severe racial disparities: Black and Latino children have been twice as likely and Indigenous children have been more than four times as likely to lose a caregiver to COVID-19 in comparison to white children.

Children, masks, and mental health

Approximately 1 in 3 adolescents and young adults have globally reported experiencing depression and anxiety symptoms during the pandemic. The burden of mental health problems in the U.S. marks an acceleration of a decade of worsening mental health

need for robust public health response. However, there is no evidence that wearing masks to protect against COVID-19 transmission is a cause of the mental health burden of U.S. adolescents; in fact, mask wearing is associated with <u>lower levels</u> of psychological distress, and adolescents are among <u>the most vocal proponents</u> of COVID-19 risk mitigation in schools and communities.

We recognize that the mental health toll of the pandemic is a serious concern in addition to its communicable disease toll. Reintegration into a better post-pandemic world, one without the need for mask mandates, is a primary goal of public health and policy leaders. However, the timing of lifting mask mandates needs careful consideration, informed by clear scientific metrics.

Indoor mask mandates are effective at reducing COVID-19 transmission
Indeed, there is <u>significant evidence</u> that <u>consistent indoor masking</u> is effective at reducing COVID-19 transmission among adults and children alike. Research has also confirmed that <u>masks are not harmful to children</u> and their development. <u>Recent work</u> has highlighted that the use of universal mask mandates has been associated with fewer childcare program closures, which has important implications for keeping schools open. The Centers for Disease Control and Prevention (CDC) <u>explicitly stated this week</u> that "now is not the moment to end mask mandates in schools." And the American Academy of Pediatrics (AAP) has been <u>unequivocal in their recommendation</u> during periods of high community COVID-19 transmission: "The AAP currently recommends universal masking in school, with an emphasis on indoor masking." Schools are not immune from transmission: unsurprisingly, COVID-19 does spread in schools, particularly in <u>schools without mask mandates</u>. The <u>evidence is also clear</u> that <u>universal masking</u> is far more effective than optional or "one-way" masking and offers protection for the wider community.

Widespread public support for mask mandates
The reasoning offered by those currently pushing for an end to masking is a perception that the public is tired of COVID-19 restrictions. This is not true. <u>Recent public polling data</u> indicate that 7 in 10 Americans support mask mandates to slow the spread of COVID-

normalization of preventable deaths should not guide our policy choices. The best way to address fatigue from the pandemic is to implement evidence-informed strategies we know reduce COVID-19 transmission.

When *should* indoor mask mandates in schools be lifted?

Calls to end universal indoor masking in schools should, at minimum, be grounded in good quality data and clear metrics: 1) high rates of vaccine uptake among all eligible children and adults within a school community; 2) low community COVID-19 prevalence; and 3) at least moderate hospital capacity. According to the most recent data available, only 22.6 percent of children ages 5–11 years old are fully vaccinated, which experts confirm is far too low to warrant lifting mandates. The available data on COVID-19 vaccination rates among children highlight that, here too, racial inequities persist. Recommendations by the CDC to remove public health safety strategies are based on specific metrics and policymakers should follow suit. Off-ramps to indoor mask mandates should be data-driven and employed at times when community transmission is low, which the CDC defines as a test positivity rate of 5 percent or no more than 10 cases per 100,000 people. Specific metrics should also be put in place for when mandates should be reimplemented. "Learning to live with the virus" means using data — not arbitrary dates — to accurately assess risk. Removing indoor mask mandates in schools right now, while test positivity rates across the U.S. are so high, while vaccination rates among children are so low, and while so many hospitals are still overwhelmed, will inevitably lead to a rise in COVID-19 cases.

Conclusions

It is the responsibility of our elected leaders and public officials to ensure the safety and well-being of all their constituents, including children, their school communities, and their families. Universal indoor mask mandates for schools are an effective and evidence-informed strategy to reduce rates of preventable illness, disability, and death among children across the country. It is also a strategy that is supported by a large majority of Americans. We, the undersigned, urge our elected leaders and public officials to reevaluate the end of indoor masking in schools now and, instead, follow the science to inform public health policy that reduces harm to all children

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Signatories last updated on February 25, 2022 at 11:30 PM EST

If you are a public health researcher, practitioner, physician, or educator, and would like to add your signature to this letter, please click here. Signatories have been vetted and verified to the best of our ability. We will continue to update this list daily until Monday, February 28, 2022.