

I am a pediatrician licensed in the state of CT, and I strongly endorse the continuation of the mask mandate in our schools. Masking has been demonstrated to be effective (studies from CDC's Morbidity and Mortality Weekly Report linked below) in both limiting the transmission of Covid (and many other respiratory pathogens) in the classroom, and in minimizing the loss of time in the classroom. This actually goes down to the preschool level, where a study recently reported by Yale demonstrated that preschool programs with mask requirements were protected from outbreaks and closings.

You will no doubt hear from some, including my own state senator (Sampson), that mask mandates impose upon the personal freedoms to which our citizens are entitled. As legislators, you probably already know that there is precedent for limiting those freedoms when the health of the public is endangered. I hope you will also realize that many people who argue against masks cite data and studies that either a) do not actually say what they think they say; b) have been disproven; c) have actually been retracted. Or they rely on news articles that twist information. In my opinion, some of this is sincerely spread as misinformation, some purposely spread as disinformation.

The main point is that we cannot successfully protect our children from an imposing public health threat unless we are using accurate information interpreted by people with the experiential and educational backgrounds to support the process. When masking occurred under executive order, only one person, our governor, had the responsibility to take a crash course in public health in order to understand what his experts were telling him. By relegating this to school boards around the state, we now require many multiples of people to do the same, without the same kind of access to expertise and expert opinion. And, for some, possibly without the ability to absorb it.

Per our DPH website, as of February 3, only 34.4% of our 5-11 year olds are fully vaccinated, as are 71.3% of our 12-15 year olds. This is not enough to provide protection for our children in school. As you are probably aware, the Omicron variant of Sars-CoV2 has spread through the pediatric population in a way that its predecessors did not. That has resulted in rising hospitalizations in our children's hospitals around the country, both from acute Covid and from post-Covid MIS-C (Multisystem Inflammatory Syndrome after Covid). There are growing reports (but no good studies) of children suffering Long Covid as well, and two alarming reports of a growing number of Type 1 Diabetes cases (also not yet studied).

In total, what this all means is that our children remain at considerable risk, at least until our vaccination rates are substantially higher. That leaves us to use other mitigation efforts, such as masking and good ventilation. Ventilation is something that will need to be addressed for all of our schools, for a variety of reasons, but it will also take time. Masking is quick and highly effective.

How long should the mandate be continued? It's difficult to say. The population in question (our school children) needs to have sufficient vaccine coverage. How much is enough? That actually depends on how contagious each variant is. As we are now seeing Omicron BA.2 begin to approach measles-level transmission, we may well need measles-level vaccine coverage (at least 95%). Given the current climate of dissent, it's unlikely we'll get there. Many believe Covid will become a seasonal illness that can be minimized with vaccines---and masks---and its infectious processes mitigated with early treatments, and they may be right. But I would caution that we still have much to learn about, and from, this illness, and especially its long-term effects. Best to avoid it altogether.

Thank you for your attention to this critical issue.

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https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e3.htm?s_cid=mm7039e3_w&fbclid=IwAR1rM3CNVcRVpj9-TJez8WwBluGe8_r_3GcVuKuO51sJXEIM2o1stdDyUO0

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