

Is it really safe to end mask mandates in schools?

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As states loosen COVID-19 restrictions across the country, masking, particularly in schools, remains a controversial—and confusing—issue.

While it is true that COVID-19 case rates are dropping after the omicron surge, hospitalizations remain high in many parts of the country, and the Centers for Disease Control and Prevention (CDC) and Biden administration say it is premature to lift mask mandates in schools. (The CDC continues to recommend that everyone wear a high-quality, well-fitting mask in all indoor places.)

Those in favor of unmasking in schools, however, say transmission among [school children](#) has never been well-studied and point to the social and emotional burden of masking, particularly in [young children](#) who benefit from seeing their teachers' facial expressions.

Given these various points of view, it's no wonder that many parents are torn—and frustrated—as an increasing number of governors, including Connecticut's, have set a date to lift mask mandates in schools, leaving the decision up to local authorities.

If your child's [school](#) makes masks optional and you aren't ready for them to be removed, should you make your child continue to mask up? What do we know about how masks prevent COVID-19 transmission in schools?

"Local governments are saying one thing, and the CDC is saying another. How can both of these things be true?" asks Jaimie Meyer, MD, MS, a Yale Medicine infectious diseases expert. "It seems that we are arbitrarily saying, 'Hey, it's time to take off the mask.'"

We talked more with Dr. Meyer and a fellow Yale Medicine expert to help make sense of this latest stage of the pandemic—and how best to navigate it—as sanely and as safely as possible.

Why are mask mandates in schools an issue?

The move to unmask started in early February when several states announced plans to ease many pandemic restrictions as the omicron surge began to recede. It was a loosely coordinated effort that came on the heels of public health discussions and focus groups that began after the November election.

In Connecticut, the impending expiration of the governor's pandemic-related executive orders, including a mask mandate in schools, brought the topic to the forefront. The state legislature voted to extend the mask mandate in schools until Feb. 28, after which the decision will fall to individual schools, towns, and cities.

Dr. Meyer notes that there is nothing from a health metrics perspective that is "magical" about this date.

"Why now? Why this moment? That's pure politics. It is just executive orders expiring," she says. "But I also think people don't like mandates. They are tired of being told what to do. I think that really frustrates people."

Ending mask mandates: a science- or politics-based decision?

As Connecticut prepares to end its mask mandate, Dr. Meyer says she would prefer to see concrete metrics that prove it's time to end them.

"Sometimes, mandates are needed for public health and safety," she says. "So, it would be helpful to have a plan in place where we said that, for example, once the hospitalization rate is X and the vaccination coverage is Y—and when we're able to better ventilate our spaces and spend more time outside—it would be OK to take the mask off. But to arbitrarily pick a date makes absolutely no sense to me. This virus will

dictate what the right date is."

Similarly, when the mandates are removed and you're left only with personal choice, there should be metrics that allow us to say that certain measures are recommended or required for certain groups of people, she says.

Unfortunately, those markers are proving difficult to find. For example, it used to be—before vaccination was available—that schools relied on test positivity rates. "There were metrics, and it was dynamic. You're in a red zone, a yellow zone," says Dr. Meyer. "It may have been hard to follow, but at least you knew where you stood—and there was a reason for the increase in protection measures."

But we can't rely on those same metrics as easily now, Dr. Meyer explains. "Look at positivity rates, for example. Lots of people are home testing now, and they aren't required to report it to the Department of Public Health," she says. "There's also the increased transmission of omicron, and the fact that overall it was still relatively mild compared to earlier variants. We care more about hospitalization and vaccination rates now, not just the number of infections."

Eugene Shapiro, MD, a Yale Medicine pediatric infectious diseases specialist, says that mask mandates are a thorny topic.

"We are getting into politics when we talk about a mask mandate as opposed to recommending them. I will be wearing a mask for a long time—for as long as the virus is with us," he says. "It's not unreasonable to wear a mask, but a mandate is something different, with all the legalese involved."

Rather, Dr. Shapiro says he would separate the mandate from information about the benefits and downsides of wearing a mask. "To

me, it's not that onerous to wear one, and there's a reason we wear them when we go into rooms in the hospital where someone has a respiratory illness," he says. "What are the adverse side effects of masks? In that, you get into a lot of sociology and politics."

While it's clear that masks reduce both the risk of spreading and the likelihood of contracting COVID-19, the question remains of how much, Dr. Shapiro adds. "Right now, the incidence of disease is going down, but in a month and half, it might go back up," he says. "There could be a new variant. There is just so much uncertainty, and what is right this week might not be right next week."

Messaging on masking should be clearer

A persistent problem throughout the pandemic has been messaging, Dr. Meyer says.

"Communication needs to be clear and consistent if you want people to follow it. The White House shouldn't be doing something different from the CDC, which is different from the governor, who's doing something different from the school superintendent," she says. "This is why people don't trust the science."

Specifically, the messaging problem is the "all-or-nothing" approach to COVID-19 precautions, she says. "Masks are being pitched as a switch. We turn on the switch and we have mask mandates. Everyone masks all the time in public places and in schools," she says. "Then, the executive privileges end and we turn off the switch, and no one will be wearing masks. The CDC is basically saying, 'Hey, time out. No, we should still be wearing masks.'"

Instead of a switch, precautions should be thought of as more like a dial, Dr. Meyer adds. "Mandates are the extreme version of the dial. We had

to crank it up to 10 when we were in the midst of a surge, especially if we wanted our kids to be able to stay in school," she says. "Masks are effective in schools. They're the reason why outbreaks in schools that have mask mandates are so rare, especially when paired with vaccination for staff."

So, it's appropriate, as the omicron surge ends and more people become vaccinated, that the dial gets turned down, Dr. Meyer says.

"We give people back some autonomy and give them the right to wear a mask or not wear one. But we are turning the dial to a seven—not a zero," she says. "Plus, some people still need to mask up. If you have ongoing community transmission or if you have underlying health conditions that make you more at risk for severe disease, you're still going to need to wear a mask. It's not all or nothing."

Does masking in schools affect transmission?

Several CDC studies released in September 2021 highlight the importance of universal masking, layered with other prevention strategies, to stop the spread of COVID-19 transmission in schools. The studies show that school districts that did not have a universal masking policy were more likely to have COVID-19 outbreaks.

But it's important to note that masks were one of many mitigation measures, including vaccination and social distancing, which makes it difficult to assess effectiveness. "When you're trying to say whether or not an intervention of any kind is effective, you want to look at that intervention in isolation. And there's no way to do that," Dr. Meyer says. "Places that have mask mandates in place were also places that have higher [vaccination coverage](#). In Connecticut, we often have vaccination requirements for educators. It was a part of a 'package of intervention.' It's therefore hard to disentangle what works best."

Instead, it's a matter of association, not causation, Dr. Meyer explains. "We can at least see that in the places that had high masking participation or mask mandates in school, there were much lower infection rates among school-aged kids. There were fewer outbreaks," she says. "But whether it was the masks, the vaccinations, or the cleaning and the distancing, we just don't know. It was probably all those things."

On the other hand, Dr. Meyer says she hasn't seen any data saying that masks do not work in schools. "From just a purely public health, infectious disease mindset, removing masks makes absolutely no sense to me. It's a droplet-borne infection," she says. "If you prevent it from leaving someone's nose and mouth, and entering the nose and mouth of another person, then it will prevent infection. That's why we see such low rates of flu this year and last year, because everyone was masked."

What should parents do when mask mandates in schools end?

As states and schools iron out their masking policies in public places and in schools, it remains to be seen if the CDC updates any of its guidelines. In Connecticut, the Departments of Public Health and Education have the right until June 30 to put a mask mandate back in schools, if deemed necessary.

In the meantime, parents of children in schools where mask mandates are taken away face a personal decision.

"As if parenting through a pandemic wasn't hard enough, what's really stressful for parents is the whole individualized risk assessment," Dr. Meyer says. "There are some instances that are clear. If your child—or other people in your immediate household or family—has an underlying health condition that puts them at risk for severe disease—you're going

to have to take extra precautions."

But other factors should also be at play, including vaccination status. "Maybe if case rates and hospitalizations were low enough, vaccination would be sufficient," Dr. Meyer says. "Otherwise, I would err on the side of caution. I'm going to have my kids wear masks, for example."

Vaccination rates are low in the youngest group (ages five to 11) now eligible, with the CDC reporting that only about a quarter of this population is fully vaccinated.

But vaccination can also be enough of a protective factor for some families, she adds. "I think vaccinating yourself and your family is an empowering thing to make you feel ready to unmask," she says. "I also think that if your comfort level isn't there yet, it's okay for your kids to mask."

At the end of the day, now is not the time to completely ditch masks, Dr. Meyer says.

"As more and more people are vaccinated and immune, and as we head into warm weather, we can open windows and be outside," she says. "I think when all of this happens, those extra precaution measures with [masks](#) will become less and less important."

But if virus circulation increases again and hospitalization rates increase, then the dial needs to go back up, she cautions.

"That's the problem when it's considered a switch—people don't want to turn the switch back on," Dr. Meyer says. "But when there's a dial, we can be flexible. We have lived through a pandemic now. We have to be flexible enough to add measures back, when necessary."

It's important to remember that masking is just another protective layer, and one that families can still choose to use, Dr. Meyer explains. "My kids are going to be wearing a KN95 for a long time, until I'm ready for them to come off," she says.

Provided by Yale University

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