



Agenda - Final

Transportation, Infrastructure and Operations Committee

Quinton Lucas, Chair
Teresa Loar, Vice Chair
Eric Bunch, Vice Chair
Katheryn Shields
Melissa Robinson
Kevin O'Neill

Wednesday, August 18, 2021

6:00 PM

6885 NE Pleasant Valley Rd, Kansas
City, MO 64119

Meeting Link: <https://us02web.zoom.us/j/83012576328>

PUBLIC OBSERVANCE OF MEETINGS

Members of the City Council may attend this meeting via videoconference.

Any closed session may be held via teleconference.

The public can observe this meeting at the links provided below.

Applicants and citizens wishing to participate have the option of attending each meeting or they may do so through the videoconference platform ZOOM, using this link:

<https://us02web.zoom.us/j/83012576328>

210694 Rescinding Order 21-01; requiring face coverings or masks at indoor places of public accommodations with certain exceptions; appropriating \$1,000.00 from the Unappropriated Fund Balance of the Health Levy Fund; designating requisitioning authority; and recognizing this ordinance as having an accelerated effective date.

Attachments: [210694 Exhibit A-Masks](#)

[Public Testimony- 210694 David McKinsey](#)

[Public Testimony- 210694 Joel McKinsey](#)

[Public Testimony- 210694 Paul Brune](#)

[Public Testimony-210694 Lucas Vocelka, DO](#)

[Public Testimony-210694 Majorie Wongs](#)

[Public Testimony- 210694 Marci Wright](#)

[Public Testimony-210694 Cristal Fuller](#)

[Public Testimony-210694 Doni Edwards](#)

[Public Testimony-210694 Jessica Marie Clark](#)

[Public Testimony-210694 Kirby Karnes](#)

[Public Testimony-210694 Lucas Vocelka, DO](#)

[Public Testimony-210694 Natalie Scholl](#)

[Public Testimony-210694 Samantha Brining](#)

[Public Testimony-210694 Valarie Bratcher](#)

[FiscalNote 210694](#)

[Health Fund Admin Approp](#)

[Public Testimony-210694 Sheila and Ken R.](#)

[Public Testimony-210694 Sheri Hennen](#)

[Public Testimony-210694 Frank Thompson](#)

HELD IN COMMITTEE

ADDITIONAL BUSINESS

1. There may be a general discussion regarding current Transportation, Infrastructure and Operations Special Committee issues.

2. Closed Session

Any closed session may be held via teleconference.

- Pursuant to Section 610.021 subsection 1 of the Revised Statutes of Missouri to discuss legal matters, litigation, or privileged communications with attorneys;
- Pursuant to Section 610.021 subsection 2 of the Revised Statutes of Missouri to discuss real estate;
- Pursuant to Section 610.021 subsections 3 and 13 of the Revised Statutes of Missouri to discuss personnel matters;
- Pursuant to Section 610.021 subsection 9 of the Revised Statutes of Missouri to discuss employee labor negotiations;
- Pursuant to Section 610.021 subsection 11 of the Revised Statutes of Missouri to discuss specifications for competitive bidding;
- Pursuant to Section 610.021 subsection 12 of the Revised Statutes of Missouri to discuss sealed bids or proposals; or
- Pursuant to Section 610.021 subsection 17 of the Revised Statutes of Missouri to discuss confidential or privileged communications with auditors.

Adjournment



Legislation Text

File #: 210694, Version: 1

ORDINANCE NO. 210694

Rescinding Order 21-01; requiring face coverings or masks at indoor places of public accommodations with certain exceptions; appropriating \$1,000.00 from the Unappropriated Fund Balance of the Health Levy Fund; designating requisitioning authority; and recognizing this ordinance as having an accelerated effective date.

WHEREAS, on March 12, 2020, a proclamation of a state of emergency was issued to allow the City of Kansas City to take measures to reduce the possibility of exposure to COVID-19 and promote the health and safety of Kansas City residents; and

WHEREAS, the current proclamation, the Sixth Amended Proclamation Declaring a State of Emergency, remains in effect until August 31, 2021, running parallel with the state of emergency declared by the Governor of the State of Missouri, and authorizes the Mayor to, among other things, issue orders protecting Kansas Citizens from the contraction and spread of COVID-19; and

WHEREAS, COVID-19 spreads between people who are in contact with one another or present in shared spaces and a gathering of individuals without necessary mitigation for the spread of infection will pose a risk of the spread of infectious disease; and

WHEREAS, Missouri is experiencing another wave of new COVID-19 cases, fueled by low rates of full vaccination (under 50%), the spread of new strain of COVID-19 variant (the Delta variant), and COVID-19 hot spots now extending from southwest Missouri to Kansas City; and

WHEREAS, on August 10, 2021, the Kansas City Health Department confirmed 167,664 total cases of COVID-19 in Kansas City metro-wide and 2,391 deaths from COVID-19 in Kansas City metro-wide. In addition, the Centers for Disease Control (CDC) confirmed 204,000,000 total cases and 4,320,000 deaths world-wide; and

WHEREAS, on August 10, 2021, approximately 40.3% of all Kansas Citizens were fully vaccinated for COVID-19 and 48.5% have had at least one vaccine dose; and

WHEREAS, the number of COVID-19 cases and hospitalizations in Kansas City has increased steadily, the weekly average for new COVID-19 cases is the highest in almost six months, and local hospitals are at or near capacity; and

WHEREAS, on July 27, 2021, the CDC issued new guidance, recommending all vaccinated individuals (in addition to their previous recommendation for unvaccinated individuals) in “substantial” or “high” transmission areas, with either more than 50 cases per 100,000 people in the area over a seven-day period, or with a COVID-19 test positivity rate higher than 5%, wear masks indoors; and

WHEREAS, the four counties in which Kansas City is located (Cass, Clay, Jackson, and Platte) are currently classified as high transmission areas by the CDC; and

WHEREAS, Regional Health guidance from medical professionals in the Kansas City metropolitan area recommended a return to masks indoors in July 2021 based on the positivity rate for COVID-19 cases in Missouri and the increase in hospitalizations; and

WHEREAS, Kansas City Mayor Quinton Lucas signed Order 21-01 on July 30, 2021, requiring face coverings or masks at indoor places of public accommodations in Kansas City with certain exceptions, effective at 12:01 a.m. on Monday, August 2, 2021, and expiring Saturday, August 28, 2021, at 12:01 a.m. unless rescinded, extended, modified or amended pursuant to applicable law; and

WHEREAS, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted a report to City Council, attached hereto as Exhibit A, outlining and recommending a need for this ordinance; NOW, THEREFORE,

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. That Order 21-01, signed by Mayor Quinton Lucas on July 30, 2021, is hereby rescinded.

Section 2. Community Health Guidance

A. All persons are encouraged to limit exposure by obtaining a federally-approved vaccine and properly wearing a face covering or mask when applicable and maintaining social distancing when indoors at a place of public accommodation. The use of face coverings or masks is recommended in indoor private settings and crowded outdoor settings where there is close contact with other people who may not be fully vaccinated.

B. As used herein, the terms below shall have the following meanings:

1. A “face covering or mask” means a uniform piece of cloth, fabric, or other material that securely covers a person’s nose and mouth. It is properly worn when it remains affixed in place without the use of one’s hands.

2. A “place of public accommodation” means any place or business offering or holding out to the general public goods, services, privileges, facilities, advantages or accommodations for the peace, comfort, health, welfare, and safety of the general public. Public accommodation shall not include a private club or a place of public accommodation owned or operated on behalf of a religious corporation, association, or society.

3. “Social distancing” is maintaining at least six-feet of distance from others.

Section 3. Indoor Places of Public Accommodations

- A. An individual in an indoor place of public accommodation must properly wear a face covering or mask while performing an activity involving close contact or proximity to co-workers or the public where six feet of separation is not feasible. These spaces include, but are not limited to, grocery and retail stores, special events, and public transit, but do not include private dwellings or private transportation vehicles.
- B. Exceptions to the face covering or mask requirement include:
1. Minors below the age of 5; and
 2. 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; and
 3. Persons in a restaurant or tavern actively consuming food or drink; and
 4. Persons obtaining a service involving the nose or face when temporary removal of the face covering or mask is necessary to perform the service; and
 5. Persons who are alone in a separate room or office; and
 6. Any interaction or gathering, per CDC guidance, where parties have knowledge all persons present are fully vaccinated by federally-approved vaccine(s).

Section 4. Violation of any provision of this ordinance constitutes an imminent threat and immediate menace to public health. It shall be unlawful for any person to fail, neglect or refuse to comply with this ordinance, or for any person to otherwise violate or in any manner aid, assist, encourage, or support the commission or perpetration of a violation of this ordinance, and upon conviction thereof any such person shall be punished by a fine of not less than \$25.00 and not more than \$500.00, or by imprisonment in the municipal penal correctional institution for a period of time not less than one day and not more than six months. All remedies prescribed by this ordinance or otherwise available under applicable law shall be cumulative and the use of one or more remedies by the City shall not bar the use of any other remedy to enforce this ordinance.

Section 5. The Interim Director of Health, the Director of Regulated Industries, the Chief of the Kansas City Police Department, and the Chief of the Kansas City Fire Department, or their designees (“Directors”) are, under the Constitutions of the United States and Missouri, the Kansas City Charter and this ordinance, subject to applicable law, authorized to enter all property necessary to enforce laws relating to public health and to provide for the avoidance, suppression or mitigation of disease, and abatement of nuisances and other unhealthy conditions. Upon complaint, or whenever the Directors deem an action carried on or engaged in by any person in the City detrimental to the public health, the Directors shall notify that person to show cause to the City at a time and place to be specified in the notice, why the trade or profession should not be discontinued or removed. The notice shall be served before the time specified therein as provided by law.

Section 6. Violation of any provision of this ordinance may result in the suspension or revocation of the Certificate of Occupancy and/or any license or permit issued by the City in accordance with Sections 18-23 and 40-28 of the City’s Code of Ordinances.

Section 7. If any provision of this ordinance or the application thereof to any person, entity, or circumstance is determined to be invalid by a court of competent jurisdiction, such determination shall not affect or impair the validity of the other provisions of this ordinance or its application to other persons, entities, and circumstances.

Section 8. That the sum of \$1,000.00 is hereby appropriated from the Unappropriated Fund Balance

of the Health Levy Fund to the following account:

22-2330-502400-B	Communicable Disease Prevention	\$1,000.00
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Section 9. That the Interim Director of the Department of Health is designated as requisitioning authority for Account No. 22-2330-502400 and is hereby authorized to expend the sum of \$1,000.00 in funds heretofore appropriated to the account.

Section 10. That this ordinance, appropriating money, is recognized as an ordinance with an accelerated effective date as provided by Section 503(a)(3)(C) of the City Charter and shall take effect in accordance with Section 503 of the City Charter.

Section 11. That this ordinance shall expire on September 23, 2021, at 3:00 p.m. unless rescinded, extended, modified or amended pursuant to applicable law.

I hereby certify that there is a balance, otherwise unencumbered, to the credit of the appropriation to which the foregoing expenditure is to be charged, and a cash balance, otherwise unencumbered, in the treasury, to the credit of the fund from which payment is to be made, each sufficient to meet the obligation hereby incurred.

Tammy L. Queen
Director of Finance

Approved as to form and legality:

Eluard Alegre
Assistant City Attorney



Health Department

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Kansas City, Missouri 64108
Office (816) 513-6252 Fax (816) 513-6293

Director’s Office



Public Health

Date: July 30, 2021

To: Mayor Quinton Lucas

Cc: City Council Members

Brian Platt, City Manager

From: Frank E. Thompson, Deputy Director

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 decisions on ordering wearing of masks in places of public accommodation. By provide this report the Kansas City Health Department seeks to inform the Mayor and City Council of the impact a new mask order could have on reducing the spread of the COVID-19 Delta variant in our community.

- **How COVID Spreads And Why Masking Helps Decrease Spread**
 - a. 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 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*. [emphasis added]
 - “...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>

b. TRANSMISSION BY PERSONS WHO DON'T KNOW (OR DON'T ACCEPT) THAT THEY ARE INFECTED IS A FACTOR IN INCREASED CASES – The issue of asymptomatic spreaders has been of 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.”
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 has different symptoms than the original COVID virus and previous variants. This plus the fact that a vaccinated person who becomes infected with COVID can have very mild or no symptoms at all means the potential number of asymptomatic spreaders is larger than previous case spikes.

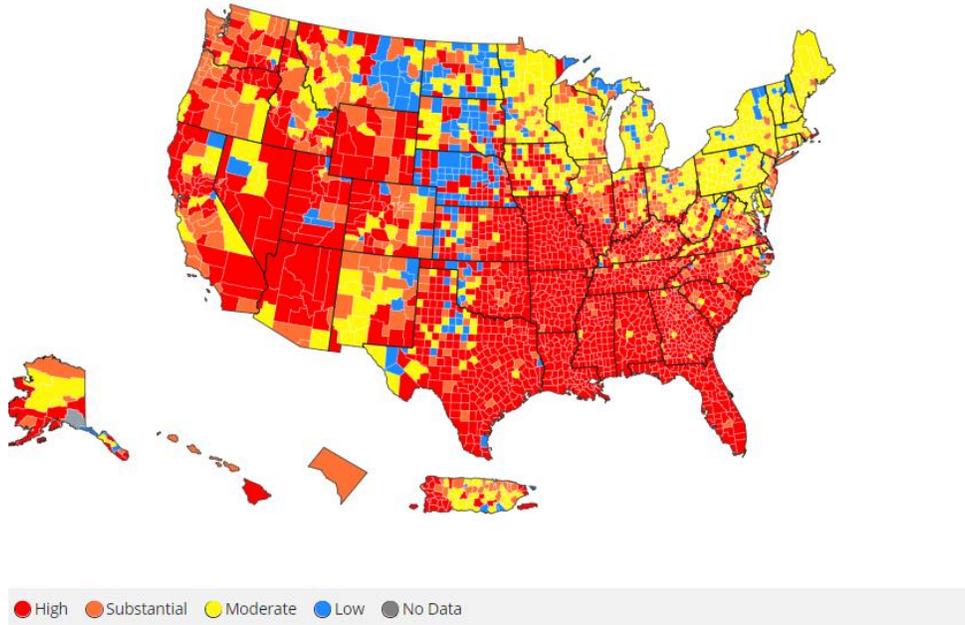
c. ADDITIONAL STUDIES ON EFFECTIVENESS AND PROPER WEARING OF MASKS

- 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
- **Current Conditions In Missouri**
 - a. VACCINATION RATES FOR MISSOURI AND SW MISSOURI - The Missouri statewide vaccination rate is 41.1% completed as of 7/29/2021. Areas in Missouri that are popular summer destinations have lower vaccination rates like Taney County (27.3% completed) and Benton County (34% completed). These are all below the 50% vaccination level need to begin providing community protection.

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/county.php> accurate through July 29, 2021
 - b. INCREASING RATES - Daily average cases have increased over 700% since the first week in June, from 239 to 1,696 at the end of July reaching numbers not seen since mid-January.
 - Data source: MODHSS, COVID-19 in Missouri Dashboard based on confirmed PCR cases on June 1, 2021 and July 26, 2021
<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/statewide.php>
 - c. SPREAD OF DELTA VARIANT – The estimated R^0 (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.
 - R^0 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

- d. LOCATION OF HOT SPOTS - Taney county (Branson) has a case rate of 347 per 100k, Howell County has a case rate of 551 per 100k, and Phelps county has a case rate of 473 per 100k. The CDC designates 99% of Missouri counties as experiencing “High” levels of community transmission (see map pulled 7/29/2021 at 4:30 PM)



- **Current KCMO Numbers**
 - a. TOTAL CASES AND DEATHS FOR KC REGION - on July 25, 2021, the Kansas City Health Department confirmed 171,327 total cases of COVID-19 in Kansas City metro-wide and 2,378 deaths from COVID-19 in Kansas City metro-wide.
 - b. INCREASED CASES IN KC REGION AND KCMO – In the KC Region, average weekly cases went from 67 new cases per week in early June to 344 cases per week in mid-July. Weekly new cases for KCMO have increased over **1,000%** since the first week in June, from 100 (6/5/21) to 1,068 (7/29/21) reaching numbers not seen since mid-January, KCMO is currently averaging over 140 new cases per day.
 - KC Region data source: MARC KC Region COVID-19 Data Hub <https://marc2.org/covidhub/>
 - KCMO Data source: MODHSS (epitrax) internal report of confirmed cases, data accurate through July 29, 2021
 - c. HOSPITAL CAPACITY IS BEING CHALLENGED - During a joint call on July 14th between local public health directors and chief medical officers (CMOs) for local hospitals, the CMOs shared that more hospitals were going on “high volume” than at any other time during the pandemic. High volume means that the 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. 10% of all hospital beds are currently taken by COVID patients and only 23% of hospital beds are available, lower than the peak of our hospitalizations last year
- **New CDC Guidance**
 - a. 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 people who are fully vaccinated, 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:
 - Wear a mask in public indoor settings if they are in an area of substantial or high transmission.
 - 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 ft 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
- b. DEFINITIONS – A high transmission area is a jurisdiction (city, county or state) with a COVID case rate higher than 100 per 100,000 population over the past seven days and a test positivity rate of greater than 10% over the over the past seven days. A substantial transmission area is a jurisdiction (city, county or state) with a COVID case rate between 50-99 per 100,000 population over the past seven days and a test positivity rate of between 8-9.99% over the past seven days.
- c. WHY KC MEETS THE DEFINITION OF HIGH AND/OR SUBSTANTIAL TRANSMISSION AREA – Kansas City’s two-week positivity rate from July 11th – July 24th is 29.3%, and our case rate is 216 per 100k over the past seven days

Source – MODHSS Confirmed Cases Database (accurate through July 29, 2021)

- **Kids And Masking:**

- a. KIDS ARE GETTING INFECTED - The case rate in those under 12 has increased by 5.5x between June and July, to 418 per 100,000. This rate is equivalent to the highest peak of COVID-19 for this age group so far, from December 2020 (424 per 100,000). So far in the month of July (through the 28th) 308 cases in those under 12 have been reported

Source – MODHSS Confirmed Cases Database (accurate through July 29, 2021)

- b. KIDS CAN SPREAD IT - 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.

Source - 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

- c. KIDS CAN GET SICK - The average hospitalization percentage for those under 12 in 2021 is 18% of reported cases in Kansas City.

Source – MODHSS Confirmed Cases Database (accurate through July 29, 2021)

- d. KIDS (UNDER 12) CANNOT GET VACCINATED AND ARE COMPLETELY EXCLUDED FROM THAT POSSIBLE PROTECTION – Although Emergency Use Authorization for 5-12-year-old children 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.

- **Regional Guidance On Masking And Vaccinations**

- a. REGIONAL NEWS RELEASE FOR PUBLIC HEALTH ADVISORY - Ten Kansas City area health departments (including Cass, Clay, Jackson and Platte Counties in Missouri) issued a Public Health Advisory through a Regional News Release on July 16, 2021 recommending mask wearing while indoors for all unvaccinated persons and vaccinated individuals with underlying health conditions. 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.”

(2)CDC. Science brief: COVID-19 vaccines and vaccination. Atlanta, GA: US Department of Health and Human Services, CDC; 2021.

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>

- b. CHILDREN’S MERCY GUIDANCE – On July 12th Children’s Mercy Hospital updated their document titled Guidance for Keeping Schools Safe for Students and Staff. This updated guidance from one of the preeminent children’s hospitals in the nation stated: “Schools may want to consider universal masking in cases where:
 - Vaccine status of staff or students is not able to be verified
 - In communities and/or schools where high vaccination rates have not been achieved (e.g. >70%)
 - Individuals at high-risk of COVID-19 complications work or attend school
 - Increasing, substantial, or high COVID-19 transmission in the school or community
 - Break-through infection is occurring in vaccinated persons”

The first and fourth conditions listed above would be true in all schools in Missouri. The first condition applies to all schools because state law now prohibits requiring proof of vaccination to receive public services (including attending school). The second condition would be true of most schools located in Kansas City, MO. As of July 22nd only two zip codes (64120 & 64152) have over 70% of adults vaccinated.

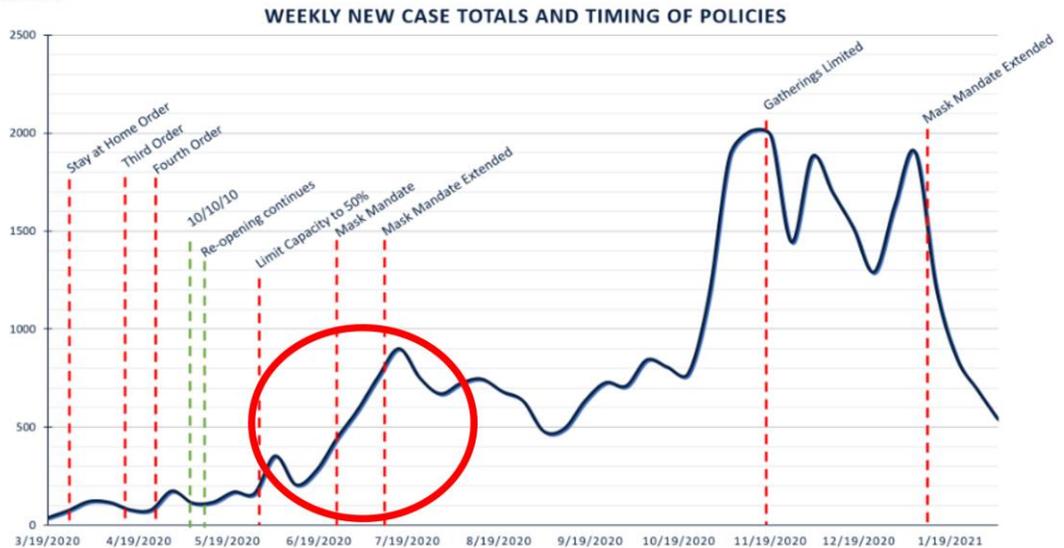
- **Masking Is Needed Because Vaccination Alone Is Not Working**

- a. **VACCINES ALONE CAN'T STOP COVID-19 IF ENOUGH PEOPLE DON'T RECEIVE THEM** - In November 2020, Molecular Diversity Preservation International (MDPI) a publisher of online scientific journals, published an article titled “Is a COVID-19 Vaccine Likely to Make Things Worse?”. In this article (written before the first COVID-19 vaccine was approved), the authors used mathematical modeling to predict what impact the introduction of a highly effective vaccine would have on COVID-19 infections. The authors concluded that “use of a vaccine in combination with these measures [*contact tracing, masks wearing, physical distancing, travel quarantine and isolation of infected persons*] will reduce the per-day risk of infection **so long as at least 50%** of people receive it, with significant benefits if more than 80% people do. However, **if there is too much vaccine defiance and a concomitant abandoning of other protection options, then we run the risk of a perverse outcome: the introduction of an excellent vaccine could nevertheless make the overall situation worse.**” In short, the mathematical models used by the authors predicted the exact situation Kansas City and other communities now find ourselves in – we removed the protective measures before enough people were vaccinated and so the virus had a resurgence. It is important to note that the version of COVID-19 the models factored in was not as contagious or as virulent as the Delta variant. This article closed with the following cautionary statement: **“unless these vaccines are given to a sizable majority of people, vaccination is unable to fully replace existing protection measures.** Until this goal is achieved, it is vital that public-health education about the importance of non-medical protection options remain in place.”
- b. **VACCINATION AVAILABILITY CANNOT BE A SUBSTITUTE FOR OTHER PROTECTIVE MEASURES SUCH AS MASKING** – COVID-19 vaccines are available to most Kansas City residents. In addition to community-based, COVID vaccination clinics offered each day by the Health Department, clinics under contract with the Health Department and other medical providers/community organizations in this community, there are vaccinations available at pharmacies, in hospital emergency rooms, COVID specific private clinics and urgent care centers.

Vaccine uptake is shifting from an availability problem to a desirability issue. Financial incentives being introduced by the state of Missouri may have some impact, but preliminary studies of the impact of financial incentives in other states show mixed results. One study that looked at the impact of \$10 and \$100 financial incentives found that “While having to pay a \$20 co-pay for the vaccine did deter individuals, the additional economic incentives had no positive effect although they did not discourage vaccination³². Consistent with past research further analysis shows that the negative effect of the \$20 co-pay was concentrated among low-income earners. Financial incentives failed to increase vaccination willingness across income levels.”

Source - Kreps, S., Dasgupta, N., Brownstein, J.S. et al. Public attitudes toward COVID-19 vaccination: The role of vaccine attributes, incentives, and misinformation. *npj Vaccines* 6, 73 (2021). <https://doi.org/10.1038/s41541-021-00335-2>

- c. WE HAVE SEEN MASK ORDERS AND OTHER MITIGATION APPROACHES WORK DURING EARLIER CASE SPIKES IN AND NEAR KANSAS CITY – The graphic below shows how previous orders by Mayor Lucas have impacted the trend line for local cases:



“The governor of Kansas issued an executive order requiring wearing masks in public spaces, effective July 3, 2020, which was subject to county authority to opt out. After July 3, COVID-19 incidence decreased in 24 counties with mask mandates but continued to increase in 81 counties without mask mandates.”

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

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e2.htm>

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e2-H.pdf>

- **Justification for Exclusions to be Included In Mask Order**

- a. 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 face masks.

- <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>

- b. 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.

The CDC does not recommend the use of face shields because they provide minimal protection from inhalation or exhalation of small droplets.

- c. PERSONS IN A RESTAURANT OR TAVERN ACTIVELY CONSUMING FOOD OR DRINK - 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>
- d. PERSONS OBTAINING A SERVICE INVOLVING THE NOSE OR FACE WHEN TEMPORARY REMOVAL OF THE FACE COVERING OR MASK IS NECESSARY TO PERFORM THE SERVICE- This exclusion is only for those who are receiving the service, person rendering service must still wear a face mask at all times.
- e. PERSONS WHO ARE ALONE IN A SEPARATE ROOM OR OFFICE – minimal risk for a fully enclosed office; no need for masking
- f. ANY INTERACTION OR GATHERING, PER CDC GUIDANCE, WHERE PARTIES HAVE KNOWLEDGE ALL PERSONS PRESENT ARE FULLY VACCINATED BY FEDERALLY-APPROVED VACCINE(S) – **Current CDC recommendations do not support this exclusion**

Based on the information included in this report, as Deputy Director (and designated Interim Director as of 8/1/2021), I strongly support the issuance of an Order from the Mayor and any authorizing action by the City Council requiring masks in all indoor, public accommodations within Kansas City, MO for at least the next 30 days. Such an order is needed to provide relief to local hospitals and to “turn the curve” of Kansas City’s latest COVID-19 surge.

Re: Public Testimony, Kansas City Missouri

16 August 2021

I write in support of Ordinance 210694. As an Infectious Diseases physician specialist practicing at several Kansas City, Missouri hospitals, I provide medical care for many patients with COVID-19. A more concerted response utilizing effective public health strategies is needed to bring this terrible pandemic to an end. Mask wearing in indoor settings has been conclusively shown to reduce COVID-19 disease transmission. Mask use is simple, safe, and lifesaving.

Please vote "yes" for Ordinance 210694.

If you need further information, please contact me at 816-444-7977.

Sincerely,

David McKinsey MD

David McKinsey, MD

Re: Public Testimony, Kansas City Missouri

16 August 2021

I am an Infectious Diseases physician in Kansas City, Missouri. I write in support of Ordinance 210694. I have provided medical care for hundreds of critically ill patients with COVID-19. The city needs a more unified and rigorous public health effort to end the suffering that COVID-19 is causing. Masking in indoor settings has been conclusively shown to reduce COVID-19 disease transmission. Mask use saves lives.

Please vote "yes" for Ordinance 210694.

Sincerely,



Joel P. McKinsey, MD

Re: Public Testimony, Kansas City Missouri

16 August 2021

I have been an Infectious Diseases physician in Kansas City, Missouri for 14 years. It is critical that we pass Ordinance 210694. Kansas Citians are needlessly dying from COVID-19. Kansas City needs to adhere to public health strategies that are known to be effective. Masking in indoor settings has been conclusively shown to reduce COVID-19 disease transmission. I urge you to vote "yes" for Ordinance 210694.

Sincerely,



Paul Brune, MD

Re: Public Testimony, Kansas City Missouri

16 August 2021

My name is Dr. Lucas Vocolka and I am an Infectious Diseases specialist practicing in Kansas City, Missouri. I implore you to vote "yes" for Ordinance 210694. It is with a heavy heart that I have witnessed many Kansas Citians with COVID 19 disease fighting for their lives. Sadly, many of these individuals have not survived. Wearing a mask is a simple and effective strategy that has been shown to effectively reduce COVID-19 disease transmission. Please vote "yes" for Ordinance 210694.

Sincerely,



Lucas Vocolka, DO

Re: Public Testimony, Kansas City Missouri

16 August 2021

As an Infectious Diseases physician practicing in Kansas City Missouri, I am writing to ask that you vote "yes" for Ordinance 210694. I have witnessed the needless suffering of many Kansas Citizens with COVID-19. Many of my patients have not survived COVID-19 and its complications. Wearing a mask indoors is a simple and effective strategy to reduce COVID-19 disease transmission. I urge you to vote "yes" for Ordinance 210694.

Sincerely,



Marjorie Wongs, MD

From: [Wright, Marci](#)
To: [Public Testimony](#)
Subject: Parent Choice
Date: Wednesday, August 4, 2021 10:10:47 PM
Attachments: [image001.png](#)

To Whom It May Concern,

I am a teacher and a parent and am asking you all to re-consider the mask mandate. Parent/student choice is the right thing to do...Freedom for personal choice. No mandate for our bodies is what our country stands for. I know it deeply effects student and teacher learning in the classroom on a daily basis and should be left up to personal choice.

Thank you for you time



“Treat Others As You Wish To Be Treated”

**8th Grade Titans Reading Teacher
Marci Wright**

From: [Cristal Fuller](#)
To: [Public Testimony](#)
Subject: Optional masking for our children
Date: Wednesday, August 4, 2021 12:40:15 PM
Attachments: [Screenshot_20210803-114309.png](#)
[Screenshot_20210728-102721.png](#)
[Screenshot_20210802-092808.png](#)
[Screenshot_20210803-220858~2.png](#)
[Screenshot_20210802-153417.png](#)
[Screenshot_20210723-150659.png](#)
[Screenshot_20210714-060648.png](#)
[Screenshot_20210801-200050~2.png](#)
[Screenshot_20210716-090847.png](#)
[Screenshot_20210726-143849.png](#)
[Screenshot_20210803-173028.png](#)
[Screenshot_20210804-091110.png](#)

Hello. I'm a concerned citizen in the Northland, who is asking that you remove the mask mandate from our children in schools and in their sporting events. We have learned a lot during Covid, we now know, that children rarely contract or transmit this virus. Truly, they pose virtually no calculable threat to adults. And the masking of our children is very dangerous to their physical health. We are at a 16 month low in deaths, and they are still being asked to breathe in their toxic waste, day after day, hour after hour, minute by minute. It's not right and it's no longer acceptable to say otherwise. Our children have their 1st amendment rights too, as citizens of this nation, to communicate without impediments. They have a right to breathe freely, breathe fresh air, just like the Missouri administrators did at their Lake meeting recently. Our children have civil rights to have unrestricted interaction with fellow students and teachers. Please, stop this, immediately. Our poor children are suicidal, depressed, sad, and they are falling behind (perhaps, never to regain their losses) in their learning and in their socialization. We need you to have mercy and compassion on our youngest citizens, who indeed, have the law on their side, as they are to be afforded civil and constitutional rights too. We, as parents, should make the decision, and have the option to decide what's best for our own children. Now that we're so far along this Covid journey and have learned so much, it only makes sense. Thank you for what you do, and for your heart felt consideration of this most serious of matters. Cristal A. Fuller

----- Forwarded message -----

From: **Cristal Fuller** <cristalfuller@gmail.com>
Date: Wed, Aug 4, 2021, 12:11 PM
Subject: Unmask our children
To: <publictestimony@kcmo.org>

Hello. I'm a concerned citizen in the Northland, who is asking that you remove the mask mandate from our children in schools and in their sporting events. We have learned a lot during Covid, we now know, that children rarely contract or transmit this virus. Truly, they pose virtually no calculable threat to adults. And the masking of our children is very dangerous to their physical health. They are being asked to breathe in their toxic waste, day after day, hour after hour, minute by minute. They have their 1st amendment right, as citizens of this nation, to breathe freely and communicate without restriction. They have civil rights to have unrestricted interaction with fellow students. Please, stop this, immediately. Our poor children are suicidal, depressed, sad, and they are falling behind (perhaps, never to regain their losses) in their learning and in their socialization. We need you to have mercy and compassion on our youngest citizens, who indeed, have civil and constitutional rights too. Thank you for what you do, and for your heart felt consideration of this most serious of matters. Cristal A. Fuller

From: [Doni Edwards](#)
To: [Public Testimony](#)
Subject: NO MASK MANDATES!!
Date: Tuesday, August 3, 2021 3:53:49 PM
Attachments: [Anderson \(1\).pdf](#)

I am writing to vocalize my support for allowing **each parent to choose** whether or not to mask their children at school.

All school administrators and faculty in my school district (Park Hill) have been given paid time off to take the vaccine, and all the evidence suggests that children are still not susceptible to serious complications if they do acquire Covid-19, nor are they major transmitters. ***It is not now, nor has it ever been, our children's burden to bear. IT IS CRUEL TO FORCE THESE ON CHILDREN 8 HOURS A DAY, WHEN THEY HAVE BEEN PROVEN TO NOT BE TRANSMITTERS OR SUFFER SEVERE SIDE EFFECTS.***

There are so many negative unintended consequences regarding all day mask wearing at school, including but not limited to:

- * Increased anxiety
- * Increased feelings of isolation
- * Lose of emotional connection with teachers and other students
- * Risk of infection from masks - masks can be breeding grounds for bacteria, mold & fungi which can weaken the immune system
- * Teachers' focus on enforcing mask use when they should be focusing on teaching
- * Clothes masks do NOT significantly reduce transmission of the airborne virus & provide a false sense of security

Please let each family make the best decision for their children - **DO NOT MANDATE MASKS , ESPECIALLY AT SCHOOL.**

Let them *breath fresh air & smile joyfully* at each and their teachers.

Please read the attached article, which I think makes some great points and references studies that are persuasive evidence as to why MASKING IS WRONG and we should STOP THE MANDATES NOW!

<https://claremontreviewofbooks.com/the-masking-of-america/>

Thanks for your dedication to the school district and for taking the time to hear concerned voices from the community.

Sincerely,

Doni Edwards

From: [Jessica Clark](#)
To: [Public Testimony](#)
Subject: Mask mandates (specifically in schools)
Date: Friday, August 6, 2021 1:57:18 PM

I am writing to share my objection to forced mask mandates within the KC metro area. First and foremost I would like to address the masks and their dangers to children, to which there is ample peer-reviewed evidence as well as statistics. For example, there is a statistic out that last year during the previous lockdown/mask mandates, there were 5x more suicides than deaths from covid in adolescents. Most teachers who want the vaccine have gotten it. There is such an abundance of data to support the harm and uselessness of masks that it cannot be ignored. I personally work in the school system and have seen the mental toll and stress it has caused children to wear these masks while trying to learn. I have witnessed children trying to read during group work and get so winded they cannot finish a sentence. **THAT IS CHILD ABUSE!** My own child has been berated and told by others they hope he dies from Covid because the mask fell beneath his nose! These things are abhorrent and disgusting and are only the tip of the iceberg as far as the trauma and negatives that happen when you mandate something like this, giving people unnecessary judgment and authority over others. Those that want to are still free to wear a mask when you don't impose unconstitutional mandates while still allowing everyone to make choices regarding their bodily autonomy. Additionally, I am being forced to pull my child from the public school system and homeschool because I cannot in good conscience as his mother allow him to endure these things when it's my duty to protect him. I know of several other patents who will do the same resulting in decreased funding for the school system. This isn't my preferred way but I have been given no other alternative. Please consider that we cannot keep putting children in harmful situations to simply makes adults "feel better". Look at the **FACTS** about covid specifically a 99.8% survival rate amongst people under the age of 65. It is our duty to protect and speak out for our children and others from gross government overreach and tyranny.

Thank you for your time.

--

Jessica Marie Clark
4930 Park Ridge Dr.
Blue Springs, 64015
(816)392-8811

From: [Kirby Karnes](#)
To: [Public Testimony](#)
Subject: No mandatory masks
Date: Tuesday, August 3, 2021 5:05:29 PM

Good evening,

Please respect our freedoms and don't mandate masks.

Re: Public Testimony, Kansas City Missouri

16 August 2021

My name is Dr. Lucas Vocolka and I am an Infectious Diseases specialist practicing in Kansas City, Missouri. I implore you to vote "yes" for Ordinance 210694. It is with a heavy heart that I have witnessed many Kansas Citizens with COVID 19 disease fighting for their lives. Sadly, many of these individuals have not survived. Wearing a mask is a simple and effective strategy that has been shown to effectively reduce COVID-19 disease transmission. Please vote "yes" for Ordinance 210694.

Sincerely,



Lucas Vocolka, DO

From: [Natalie Scholl](#)
To: [Public Testimony](#)
Subject: Mask choice!
Date: Thursday, August 5, 2021 3:51:25 PM

Our children are OURS! We decide whether to mask them or not. We will not allow government overreach any longer. Do what's right! Mask choice for Kansas City!!!



Natalie Scholl

Create your own [email signature](#)



From: [Samantha Brining](#)
To: [Public Testimony](#)
Subject: MASK CHOICE FOR OUR KIDS
Date: Friday, August 6, 2021 9:33:27 AM

To Whom It May Concern,

<https://www.ormanager.com/briefs/university-of-louisville-study-finds-mask-mandates-did-not-slow-spread-of-covid-19/>

<https://www.medrxiv.org/content/10.1101/2021.05.18.21257385v1.full.pdf>

I am writing to ask, no plead, to vote to allow parents the CHOICE of whether or not we want to mask our children. They have been through enough. And are finally feeling their lives come back to somewhat “normal” this summer with activities opening, parks & pools accessible, and getting to run and enjoy being a kid. Forcing us to cover their face again with a mask is not what most of them need right now. They are mentally suffering at the hands of their childhood being tarnished by something that has been shown to not stop the COVID virus. It even states it on the label of all the “cute” mask everyone is buying. It is time to stop letting the fear of what if’s and could be’s run us over our children’s true mental health. They are being taught to live in continuous fear over something that has killed less children than suicide and local homicide. It is no way for them to live. Having a mask forced over their face for HOURS while it gets soaked in saliva, food, sweat, dirt, bacteria, and who knows what else considering what messes I find around my house on any given day from their curious, exploring brains, is NOT okay. You are just as much responsible for our children’s mental health as their physical one. I have seen first hand from my child being exposed without a mask, and none of his peers getting it as well, just how resilient they are. It was also not brought home to any families, including mine that has a history of bad pneumonia and a pregnancy at the time. Let them breath. Let them run without tripping because they can’t see their feet. And let parents choose what is best for their child. If you don’t think, that as a mother, I don’t lose sleep over everything that involves my child, then you don’t understand a mother’s love. I have dug, researched, and analyzed every single detail pertaining to my child and mask and know the best thing for my child is to get to decide what is best for them individually. We are NOT asking you to ban mask, we are asking for the choice for our kids’ medical decision. Choices, medical decisions, and freedoms, that is what you are starting to overstep today with these decisions. Be careful how far over the line you are willing to go. I pray HARD that you pray and are guided to do the right thing. Our children are counting on you to allow them to not be robbed another year of their childhood. I’ve attached a study done by university of Louisville that showed how little the mask effected the number of Covid cases compared to areas that never mandated the mask. I attached the actual research along with an article that gives the general overview. States all across the US are already starting school, most without mask mandates for the children. Most of us were compliant for a year, and most of us will no longer be. We will go to battle for our children. They are worth it!

Praying hard as you read through these and have to weigh this decision.

Samantha Brining, Kansas City, MO resident

From: [Valerie Bratcher](#)
To: [Public Testimony](#)
Subject: Freedom of Choice re: Masks
Date: Thursday, August 5, 2021 7:23:55 AM

Good Morning-

I have previously called and emailed many of you. I have expressed my strong opinion that masks should be by freedom of choice and not forced. Our city appears to be in a surge right now but hospitals are not overwhelmed and people are not dying at the same rate compared to this past winter. It appears what we are going through is akin to a bad flu season.

The media would like us to believe hospitals, specifically Children's Mercy, is overrun with Covid patients. I spoke with a respiratory therapist employed there on Monday who stated at that time there were 3 covid patients in the PICU and 11 others hospitalized. She also stated that during the lockdown last spring over 500 CMH staff members were laid off and only half have been re-hired. So "capacity" might be due to decreased employment not brimming to the seams with patients.

I attended the Clay County Health department meeting on Monday evening. An OSHA certified plumber spoke and stated that current home code does not allow water in a washing machine to become hot enough to kill the COVID virus- therefore washing these cloth masks does NOTHING! If you are anything like me I wash everything on cold and then hang dry so the mask doesn't shrink to doll size.

I work as an occupational therapist in the NKC school district. Do you know the CDC recommends 60 mins of vigorous exercise per day for children? Why don't we mandate that standard? Kids would be much more healthy with physical activity included regularly in their day.

NKC students have many indoor recess days in August and September due to the high heat index. Elementary students may only get a 20 min mask break (lunch) during an entire school day if recess is held indoors due to a high heat index. Might be even less than 20 mins if the student eats fast as the adult in charge barks at them to put back on.

I implore you to think of the bigger picture and vote to overturn the Mayor's mandate. Our children deserve better.

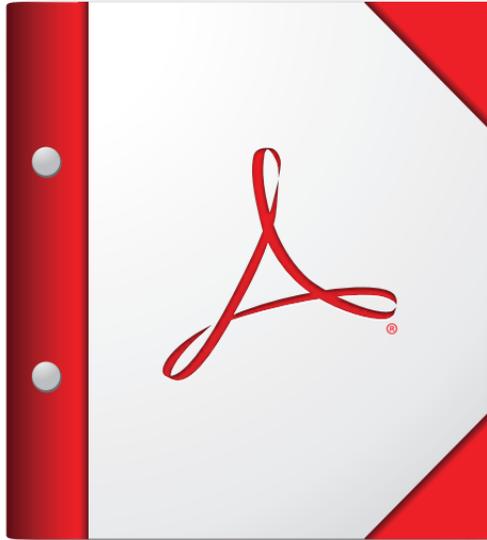
Sincerely,

Valerie Bratcher
Resident of District 1



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Acrobat X or Adobe Reader X, or later.**

Get Adobe Reader Now!



Health Department

2400 Troost Avenue, Suite 4000
Kansas City, Missouri 64108
Office (816) 513-6252 Fax (816) 513-6293

Director's Office



Date: August 18, 2021

To: Mayor Quinton Lucas

Cc: City Council Members

Brian Platt, City Manager

From: Frank E. Thompson, Interim Director

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 the wearing of masks in places of public accommodation. By providing this report, the Kansas City Health Department seeks to inform the Mayor and City Council of the impact a new mask order could have on reducing the spread of the COVID-19 Delta variant in our community.

Please note: Studies cited reflect the prevailing scientific research at the time of writing. Data cited is provisional and is subject to change (increase) as many indicators have a data-lag in reporting. In short, due to the exponential stressors placed upon the public health systems at this time, data is likely to show an increase as more reporting institutions are able to report.

For example, initial reports for the total deaths due to COVID-19 occurring the week ending July 24th established a count of 0 deaths for that week. As subsequent reports were confirmed, reported deaths increased to 6. This is standard and any death totals for recent weeks should be seen as provisional and subject to change. There are currently 28 deaths that have pending causes which may be attributed to COVID-19 in KCMO.

Also, as the predominate variant active in Kansas City is the Delta variant, studies that reference earlier variants, earlier time periods of the pandemic and/or the parent COVID-19 virus may not address the issues present with the Delta or future variants.

- **How COVID Spreads And Why Masking Helps Decrease Spread**
 - a. 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 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*. [emphasis added]

- “...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>

b. TRANSMISSION BY PERSONS WHO DON'T KNOW (OR DON'T ACCEPT) THAT THEY ARE INFECTED IS A FACTOR IN INCREASED CASES – The issue of asymptomatic spreaders has been of 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.”
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 has different symptoms than the original COVID virus and previous variants. This plus the fact that a vaccinated person who becomes infected with COVID can have very mild or no symptoms at all means the potential number of asymptomatic spreaders is larger than previous case spikes.

c. 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
- **Current Conditions In Missouri**
 - a. VACCINATION RATES FOR MISSOURI AND SW MISSOURI - The Missouri statewide vaccination rate is 43.1% completed as of 8/16/2021. Areas in Missouri that are popular summer destinations have lower vaccination rates like Taney County (29.5% completed) and Benton County (35.2% completed). These are all below the 50% vaccination level need to begin providing community protection.

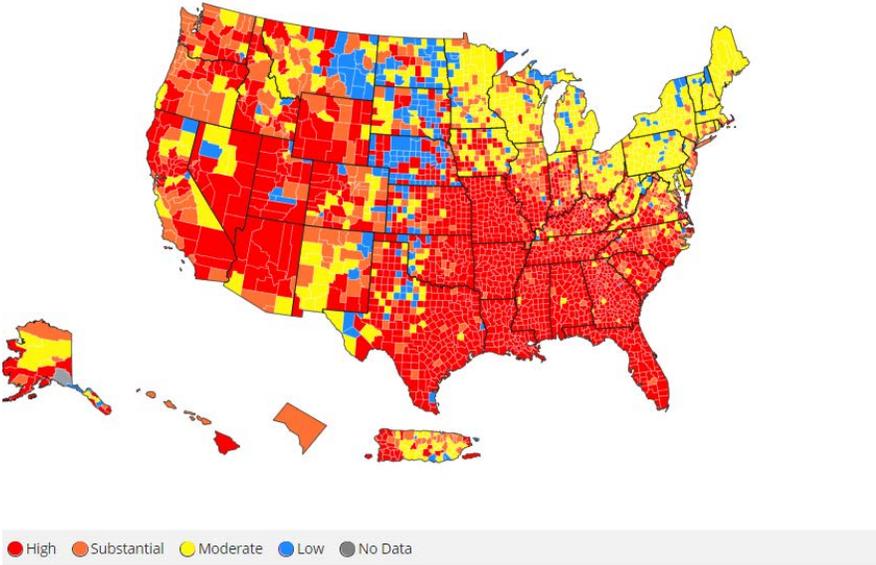
<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/county.php> accurate through August 16th, 2021
 - b. INCREASING RATES - Daily average cases have increased over 750% since the first week in June, from 239 to 1,834 as of August 14th, reaching numbers not seen since mid-January.
 - Data source: MODHSS, COVID-19 in Missouri Dashboard based on confirmed PCR cases on June 1, 2021 and August 14, 2021
<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/statewide.php>
 - c. SPREAD OF DELTA VARIANT – 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.

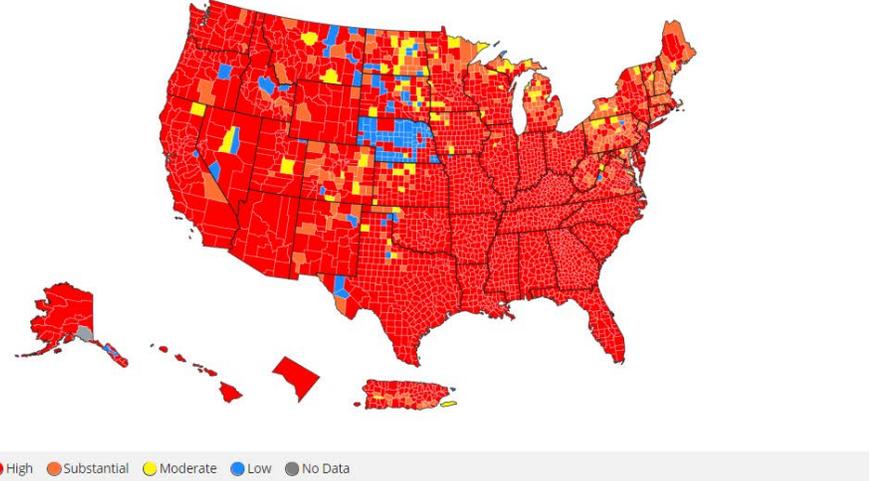
- R0 data source: <https://www.fil.ion.ucl.ac.uk/spm/covid-19/forecasting/>
- Sewershed data source: <https://storymaps.arcgis.com/stories/f7f5492486114da6b5d6fdc07f81aacf> accurate through July 27

d. LOCATION OF HOT SPOTS - Taney County (Branson) has a case rate of 347 per 100k, Howell County has a case rate of 551 per 100k, and Phelps County has a case rate of 473 per 100k. The CDC designates 99% of Missouri counties as experiencing “High” levels of community transmission (see map pulled 8/16/2021 at 11:00 AM)

Map as of 7/26/2021



Map as of 8/16/21



- **Current KCMO Numbers**

- a. TOTAL CASES AND DEATHS FOR KC REGION - on August 12, 2021, the Kansas City Health Department confirmed 187,168 total cases of COVID-19 in Kansas City metro-wide and 2,535 deaths from COVID-19 in Kansas City metro-wide.
- b. INCREASED CASES IN KC REGION AND KCMO – In the KC Region, average weekly cases went from 67 new cases per week in early June to 344 cases per week in mid-July. Weekly new cases for KCMO have increased **over 1,440% since the first week in June, from 99 (6/5/21) to 1,425 (8/14/21)** reaching numbers not seen since mid-January. KCMO is currently averaging about 203 new cases per day.
 - KC Region data source: MARC KC Region COVID-19 Data Hub <https://marc2.org/covidhub/>
 - KCMO Data source: MODHSS (epitrax) internal report of confirmed cases, data accurate through Aug 14, 2021

HOSPITAL CAPACITY IS BEING CHALLENGED - During a joint call on July 14th between local public health directors and chief medical officers (CMOs) for local hospitals, the CMOs shared that more hospitals were going on “high volume” than at any other time during the pandemic. High volume means that the 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. During a subsequent joint call on August 11, 2021, it was stated that the majority of the hospitals are not accepting transfers outside the Kansas City Region.

- On June 6 hospitalizations due to COVID-19 were at a pandemic low, averaging 7 per day. As of Sunday August 15, the average daily hospitalizations have increased by 570% to 40, resulting in 16% of all hospital beds being taken by COVID patients and only 30% of hospital beds being available, comparable to the peak of our hospitalizations last year.
- Hospitalizations reported by the Health Department on the KCMO Data dashboard represent those individuals that have been interviewed by Health Department staff or may have provided information to the department due to mandatory laboratory reporting by KCMO Reportable Disease Ordinances: Kansas City Ordinances (Article II, Sec. 34-51, 34-53, 34-54, 34-55, 34-56, 34-68, 34-72 or statute Diseases and Conditions Reportable In Missouri (19 CSR 20-20.020) or through the Missouri Department of Health and Senior Services reporting mechanism EpiTrax. The Mid-America Regional Council’s dashboard represents a 2-day lag in reporting from data obtained from HHS Protect data system which is the hospital reporting structure. Both dashboards combined provide insight to the scope and scale of the burden of COVID-19 cases on the hospital system.
- The Public Health Systems continue to experience challenges with staffing critical roles, such as investigators (including our contract for contact tracing), nurses and call center staff. This increases the need for masking as the mitigation

efforts of vaccinations, social distancing, and surveillance efforts stall and genomic testing is low.

- The mitigation efforts of contact tracing are severely compromised by affected individuals not cooperating with investigations leading to the need for a mask mandate. When individuals who are COVID positive will not talk to investigators, choose to go to work sick or not take appropriate measures in workplace environments, the rate of infection increases and places additional burdens on an already compromised health and public health system.

- The volume of cases is increasing. The department has prioritized investigating cases that are between the ages of 12 years old and 40 years old and those who are hospitalized. This decision was made as that is where there are the lowest vaccination rates and the bulk of new cases occur. There are 929 cases from August 1 forward that meet priority but remain unassigned to an investigator. This number increases every day. Masking will help slow the rate of new cases and help stop hyper-local outbreaks of COVID-19.

- **New CDC Guidance**
 - a. 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. (*Kansas City's COVID-19 case rate currently stands at **three times** the CDC threshold for designation as a high transmission area.*)
 - 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 people who are fully vaccinated, 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:
 - Wear a mask in public indoor settings if they are in an area of substantial or high transmission.
 - 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 ft 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

- b. DEFINITIONS – A high transmission area is a jurisdiction (city, county or state) with a COVID case rate higher than 100 per 100,000 population over the past seven days and a test positivity rate of greater than 10% over the over the past seven days. A substantial transmission area is a jurisdiction (city, county or state) with a COVID case rate between 50-99 per 100,000 population over the past seven days and a test positivity rate of between 8-9.99% over the past seven days.
- c. WHY KC MEETS THE DEFINITION OF HIGH AND/OR SUBSTANTIAL TRANSMISSION AREA – Kansas City’s two-week positivity rate from August 1 – August 14th is 34%, and our case rate is 288 per 100k from August 8th to the 14th

Source – MODHSS Confirmed Cases Database (accurate through August 17th, 2021)

- **Kids And Masking:**

- a. KIDS ARE GETTING INFECTED - The case rate in those under 12 has increased by 7x between June and July, to 507 per 100,000. This rate is higher than the previous peak of COVID-19 for this age group so far, from November 2020 (4,248 per 100,000). So far in the month of August (through the 15th), 308 cases in those under 12 have been reported.

Source – MODHSS Confirmed Cases Database (accurate through August 17th, 2021)

- b. KIDS CAN SPREAD IT - 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.

Source - 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

- c. KIDS CAN GET SICK - The average hospitalization percentage for those under 12 in 2021 is 17% of reported cases in Kansas City.
Source – MODHSS Confirmed Cases Database (accurate through July, 2021)
 - d. KIDS (UNDER 12) CANNOT GET VACCINATED AND ARE COMPLETELY EXCLUDED FROM THAT POSSIBLE PROTECTION – Although Emergency Use Authorization for 5-12-year-old children 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.
- **Regional Guidance On Masking And Vaccinations**
 - a. REGIONAL NEWS RELEASE FOR PUBLIC HEALTH ADVISORY - Ten Kansas City area health departments (including Cass, Clay, Jackson and Platte Counties in Missouri) issued a Public Health Advisory through a Regional News Release on July 16, 2021 recommending mask wearing while indoors for all unvaccinated persons and vaccinated individuals with underlying health conditions. 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.”
(2)CDC. Science brief: COVID-19 vaccines and vaccination. Atlanta, GA: US Department of Health and Human Services, CDC; 2021.
<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>
 - **Masking Is Needed Because Vaccination Alone Is Not Working**
 - a. VACCINES ALONE CAN’T STOP COVID-19 IF ENOUGH PEOPLE DON’T RECEIVE THEM - In November 2020, Molecular Diversity Preservation International (MDPI) a publisher of online scientific journals, published an article titled “Is a COVID-19 Vaccine Likely to Make Things Worse?”. In this article (written before the first COVID-19 vaccine was approved), the authors used mathematical modeling to predict what impact the introduction of a highly effective vaccine would have on COVID-19 infections. The authors concluded that “use of a vaccine in combination with these measures [*contact tracing, masks wearing, physical distancing, travel quarantine and*

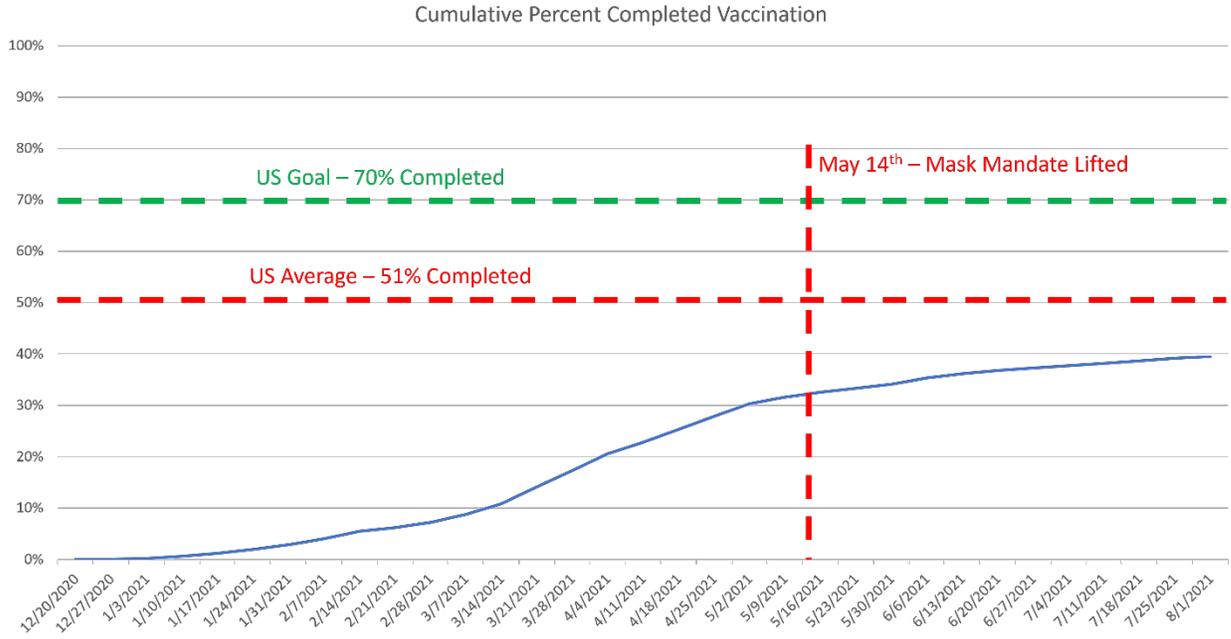
isolation of infected persons] will reduce the per-day risk of infection **so long as at least 50%** of people receive it, with significant benefits if more than 80% people do. However, **if there is too much vaccine defiance and a concomitant abandoning of other protection options, then we run the risk of a perverse outcome: the introduction of an excellent vaccine could nevertheless make the overall situation worse.**” In short, the mathematical models used by the authors predicted the exact situation Kansas City and other communities now find ourselves in – we removed the protective measures before enough people were vaccinated and so the virus had a resurgence. It is important to note that the version of COVID-19 the models factored in was not as contagious or as virulent as the Delta variant. This article closed with the following cautionary statement: **“unless these vaccines are given to a sizable majority of people, vaccination is unable to fully replace existing protection measures.** Until this goal is achieved, it is vital that public-health education about the importance of non-medical protection options remain in place.”

- b. **VACCINATION AVAILABILITY CANNOT BE A SUBSTITUTE FOR OTHER PROTECTIVE MEASURES SUCH AS MASKING** – COVID-19 vaccines are available to most Kansas City residents. In addition to community-based, COVID vaccination clinics offered each day by the Health Department, clinics under contract with the Health Department and other medical providers/community organizations in this community, there are vaccinations available at pharmacies, in hospital emergency rooms, COVID specific private clinics and urgent care centers.

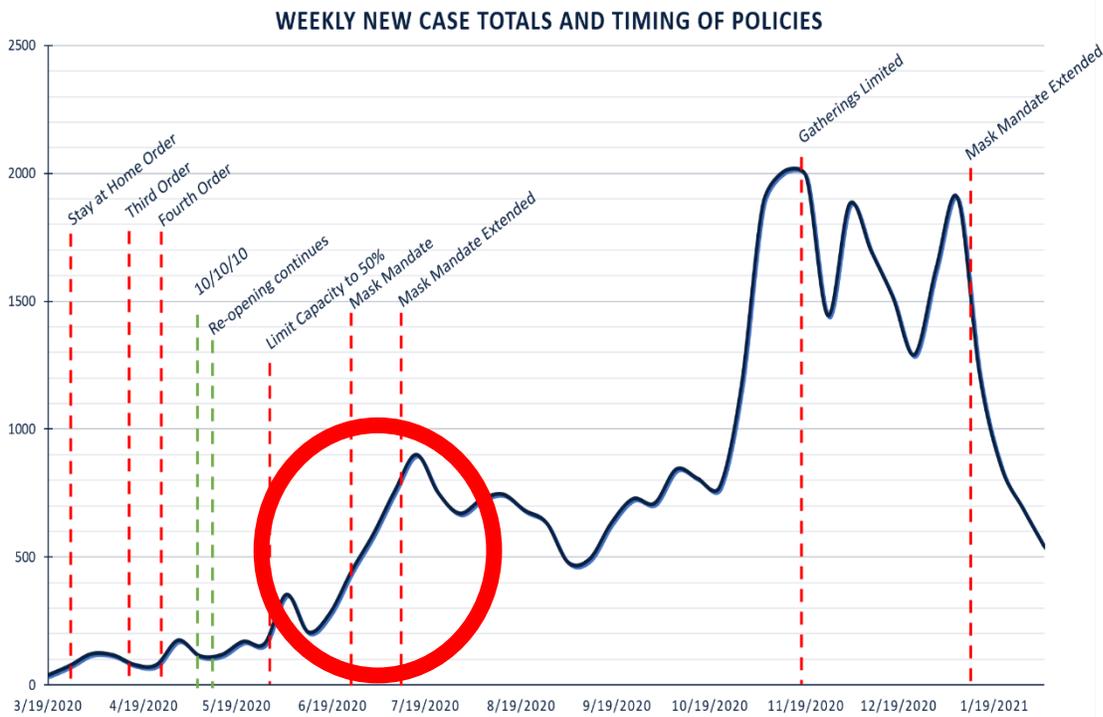
Vaccine uptake is shifting from an availability problem to a desirability issue. Financial incentives being introduced by the state of Missouri may have some impact, but preliminary studies of the impact of financial incentives in other states show mixed results. One study that looked at the impact of \$10 and \$100 financial incentives found that “While having to pay a \$20 co-pay for the vaccine did deter individuals, the additional economic incentives had no positive effect although they did not discourage vaccination. Consistent with past research further analysis shows that the negative effect of the \$20 co-pay was concentrated among low-income earners. Financial incentives failed to increase vaccination willingness across income levels.”

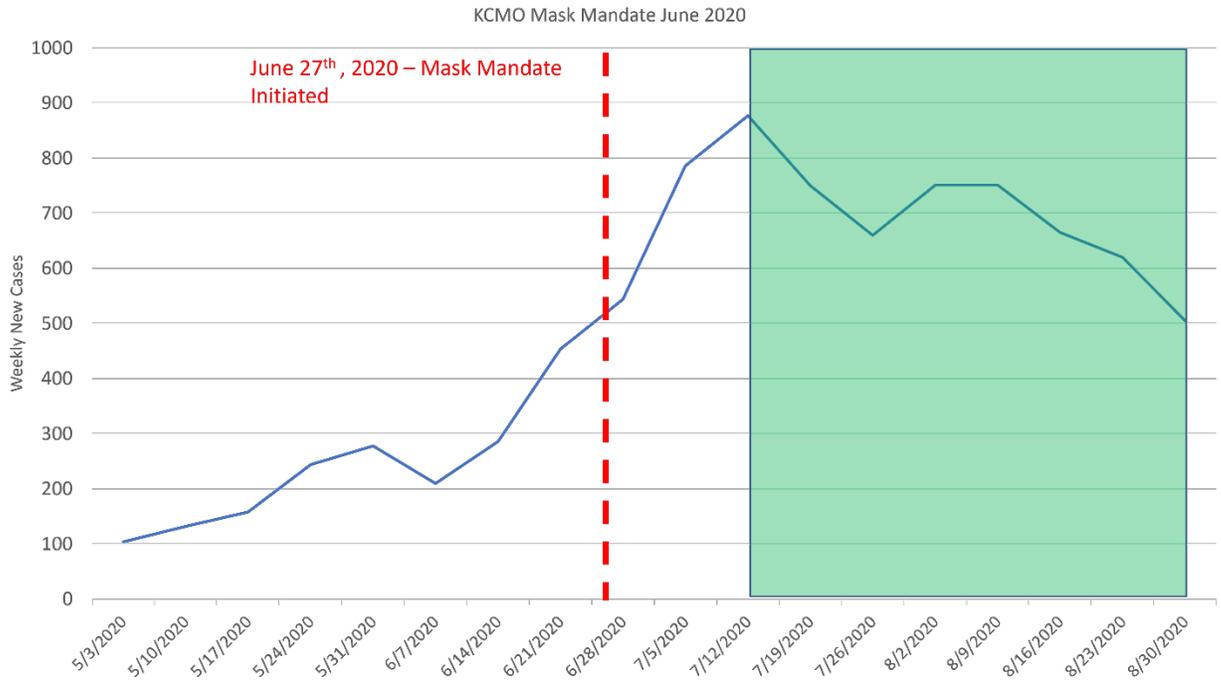
Source - Kreps, S., Dasgupta, N., Brownstein, J.S. et al. Public attitudes toward COVID-19 vaccination: The role of vaccine attributes, incentives, and misinformation. *npj Vaccines* 6, 73 (2021). <https://doi.org/10.1038/s41541-021-00335-2>

- c. In a similar fashion, CDC guidance was updated on May 14th to and dropping masking requirements for those fully vaccinated. With no way to enforce a mask mandate for only those unvaccinated, the city was left with no choice but to drop the mandate. This precipitated fastest increase in cases over the entire pandemic, with cases rising nearly 1,600% in a 9-week period. At that time the vaccination rate in the city was just over 32%. In addition, between April 9 (the date of full eligibility) and May 13 (the day before the mask mandate ended) the vaccination rate had been increasing at an average rate of 2.4% per week. Subsequently, the vaccination rate slowed to a rate of 0.6% increase per week.



- d. WE HAVE SEEN MASK ORDERS AND OTHER MITIGATION APPROACHES WORK DURING EARLIER CASE SPIKES IN AND NEAR KANSAS CITY – The graphic below shows how previous orders by Mayor Lucas have impacted the trend line for local cases:





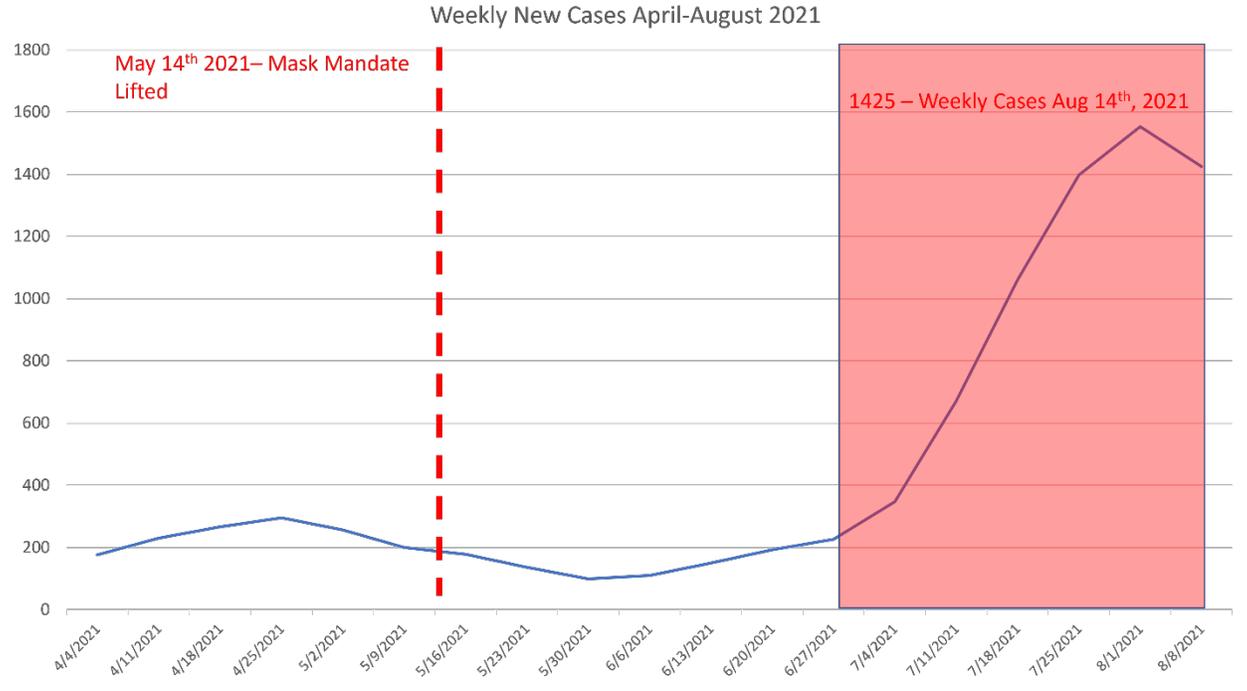
In addition, we have another example from Kansas:

“The governor of Kansas issued an executive order requiring wearing masks in public spaces, effective July 3, 2020, which was subject to county authority to opt out. After July 3, COVID-19 incidence decreased in 24 counties with mask mandates but continued to increase in 81 counties without mask mandates.”

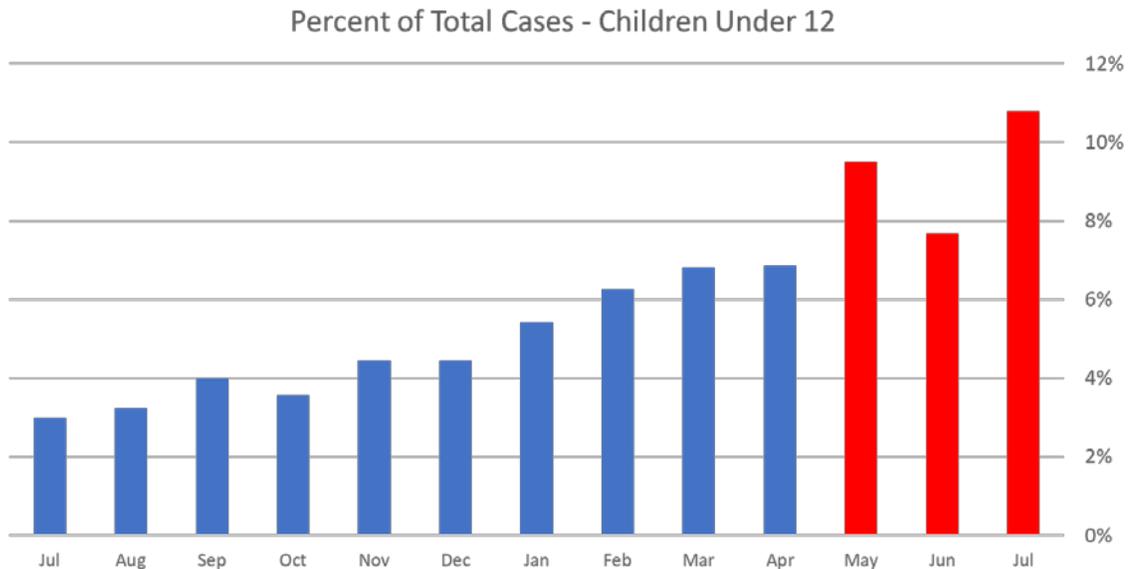
Van Dyke ME, Rogers TM, Pevzner E, et al. Trends in County-Level COVID-19 Incidence in Counties With and Without a Mask Mandate – Kansas, June 1-August 23, 2020. MMWR Morb Mortal Wkly Rep. Nov 27 2020;69(47):1777-1781. doi:10.15585/mmwr.mm6947e2

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e2.htm>

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e2-H.pdf>



Furthermore, the share of cases in those under 12 rose from just 4% of all cases in January 2021, to nearly 11% of all cases in July 2021. These children cannot be vaccinated. In the absence of higher vaccination rates, the only method left to protect the children of Kansas City is through mask mandates.



- **Justification for Exclusions to be Included In Mask Order**
 - a. 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 face masks.

- <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>

- b. 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.

The CDC does not recommend the use of face shields because they provide minimal protection from inhalation or exhalation of small droplets.

- c. PERSONS IN A RESTAURANT OR TAVERN ACTIVELY CONSUMING FOOD OR DRINK - While actively 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>
- d. PERSONS OBTAINING A SERVICE INVOLVING THE NOSE OR FACE WHEN TEMPORARY REMOVAL OF THE FACE COVERING OR MASK IS NECESSARY TO PERFORM THE SERVICE- This exclusion is only for those who are receiving the service, person rendering service must still wear a face mask at all times.
- e. PERSONS WHO ARE ALONE IN A SEPARATE ROOM OR OFFICE – minimal risk for a fully enclosed office; no need for masking
- f. ANY INTERACTION OR GATHERING, PER CDC GUIDANCE, WHERE PARTIES HAVE KNOWLEDGE ALL PERSONS PRESENT ARE FULLY VACCINATED BY FEDERALLY-APPROVED VACCINE(S) – Current CDC recommendations do not support this exclusion

Based on the information included in this report, as Interim Director of the Kansas City Health Department, I strongly support the issuance of an Order from the City Council requiring masks in all indoor, public accommodations within Kansas City, MO, for at least the next 30 days. Such an order is needed to provide relief to local hospitals, to “turn the curve” of Kansas City’s latest COVID-19 surge, and to protect the public health of Kansas Citizens.