



## 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

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Wednesday, October 6, 2021

9:00 AM

26th Floor, Council Chamber

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#### 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/84530222968>

#### Aviation

**210897** Authorizing a \$1,783,575.00 contract with Gunter Construction Co. for the Rehabilitate Relief Wells (Phase III) at CBW Downtown Airport; and authorizing a maximum expenditure of \$1,961,933.00

**Attachments:** Request for Ordinance

[210897 Docket Memo](#)

[210897 Fiscal Note](#)

[210897 Fact Sheet](#)

**210899** Directing the City Manager to develop a plan outlining the necessary steps the City would take to transfer policing operations at the current and future Kansas City International Airport facilities to the Kansas City, Missouri Police Department and to report back within thirty days.

**Attachments:** [No Fact Sheet](#)

Mayor's Office

**210902** Rescinding Ordinance No. 210853; requiring face coverings or masks at schools and on school buses 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:** [210902 Exhibit A](#)  
[210902 Exhibit B](#)  
[210902 Exhibit D](#)  
[210902 Exhibit C](#)  
[210902 Exhibit F](#)  
[210902 Exhibit E](#)  
[No Fact Sheet](#)

**210903** Rescinding Ordinance No. 210853; requiring face coverings or masks at indoor places of public accommodation 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:** [210903 Exhibit A](#)  
[210903 Exhibit B](#)  
[210903 Exhibit D](#)  
[210903 Exhibit C](#)  
[210903 Exhibit F](#)  
[210903 Exhibit E](#)  
[No Fact Sheet](#)

HELD IN COMMITTEE

Public Works

**210752** Estimating revenue in the amount of \$170,000.00 in the Capital Improvements Fund; appropriating that amount to the Bus Stop Improvements account; authorizing the Director of Public Works to execute a \$170,000.00 cooperative agreement with Kansas City Area Transportation Authority ("KCATA") for the Bus Stop Improvement Project.

**Attachments:** [210752 Appropriation Admin](#)  
[210752 Fact Sheet-General](#)  
[210752 Fiscal Note](#)

City Manager's Office

- [210852](#) RESOLUTION - Directing the City Manager to implement a COVID-19 Mandatory Vaccination Policy for the City's workforce consistent with the requirements for federal employees.

**Attachments:** [No Fact Sheet](#)

Water Services

- [210874](#) Authorizing a \$1,946,312.00 construction contract with Hettinger Excavating, LLC, for the replacement of water mains in the area of Jefferson Street to Lydia Avenue, W. 99th Terrace to E. Red Bridge Road; and authorizing a maximum expenditure of \$2,140,891.00.

**Attachments:** [210874 Approved Goals](#)  
[210874 Fiscal Note](#)  
[210874 Fact Sheet](#)  
[Ordinance 210874- Docket Memo 9284](#)

ADDITIONAL BUSINESS

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

Adjournment



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**File #: 210897**

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ORDINANCE NO. 210897

Authorizing a \$1,783,575.00 contract with Gunter Construction Co. for the Rehabilitate Relief Wells (Phase III) at CBW Downtown Airport; and authorizing a maximum expenditure of \$1,961,933.00

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. That the Director of Aviation is hereby authorized to execute a contract with Gunter Construction Co. in the amount of \$1,783,575.00 for construction services for Project No. 62210543 – Rehabilitate Relief Wells (Phase III). A copy of the contract is on file in the Aviation Department.

Section 2. That the Director of Aviation is authorized a maximum expenditure of \$1,961,933.00 from Account No. 22-8300-627270-B-62210543 to satisfy the cost of this contract.

..end

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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.

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Tammy L. Queen  
Director of Finance

Approved as to form and legality:

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Nelson V. Munoz  
Deputy City Attorney

**Inter-Departmental Communication**

Date: September 15, 2021

To: Mayor Quinton Lucas Chair: Transportation, Infrastructure & Operations Committee

From: : Andrea Dorch, Director Human Relations Department

Subject: Docket Memo #: 62210543

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**CONTRACTOR:** Gunter Construction Company.  
Address: 520 Division Street,  
KCKS 66103  
Contract # 62210543  
Contract Amount: \$1,783,575.00  
MBE Goal 11%  
WBE Goal: 8%  
Total MBE Achieved: 3.4%  
Total WBE Achieved: 28%

**MBE SUBCONTRACTORS:**

Name: Erosion Specialists.  
Address: 2627 NW Platte Rd #9631,  
Riverside, MO 64150  
Scope of Work: Erosion Control and Seeding  
Dollar Amount: \$22,000.00  
Ownership: Christopher Roberts  
Structure: Native American code 4

**MBE SUBCONTRACTORS:**

Name: 3-Feathers Construction.  
Address: 10220 E 65<sup>th</sup> St,  
Raytown, MO 64133  
Scope of Work: Reinforcing Steel Work  
Dollar Amount: \$14,000.00  
Ownership: MIKE HUDSON  
Structure: Native American code 4

**MBE SUBCONTRACTORS:**

Name: RLS Trucking.  
Address: 8001 Prospect Ave,  
Kansas City, MO 64132  
Scope of Work: Hauling  
Dollar Amount: \$24,000.00  
Ownership: ROBERT SHAW  
Structure: African American code 1

**WBE SUBCONTRACTORS:**

Name: Gunter Construction Company.  
Address: 520 Division Street  
Kansas City, KS 66103  
Scope of Work: Grading, Earthwork and Construction Management  
Dollar Amount: \$499,000.00  
Ownership: Ms. Christina Gunter  
Structure: Caucasian female code

<b>LEGISLATIVE FISCAL NOTE</b>	LEGISLATION NUMBER:	210897
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**LEGISLATION IN BRIEF:**

Authorizing a \$1,783,575.00 contract with Gunter Construction Co. for the Rehabilitate Relief Wells (Phase III) project at CBW Downtown Airport; and authorizing a maximum expenditure of \$1,961,933.00.

**What is the purpose of this legislation?** OPERATIONAL

*For the purpose of authorizing expenditures new or planned to conduct municipal services*

**Does this legislation spend money?**  Yes/No  
*See Sections 01, 02 and 03 for sources of funding*

**Does this legislation estimate new Revenues?**  Yes/No  
 0

**Does this Legislation Increase Appropriations?**  Yes/No

**Are costs associated with this legislation ongoing (Yes)? Or one-time (No)**  Yes/No  
*See Section 00: " Notes" Below*

**Section 00: Notes:**

*This legislation authorizes the Director of Aviation to execute a construction contract with Gunter Construction Co. for the Rehabilitate Relief Wells (Phase III) at CBW Downtown Airport project. It also authorizes a maximum expenditure of \$1,961,933.00.*

Five years of operational costs for ongoing programs should be included in Section 04 below.

**FINANCIAL IMPACT OF LEGISLATION**

**Section 01: If applicable, where are funds appropriated in the current budget?**

FUND	DEPTID	ACCOUNT	PROJECT	FY 21-22 BUD	FY 22-23 EST
8300	627270	B	62210543	1,961,933.00	

**Section 02: If applicable, where will new revenues be estimated?**

FUND	DEPTID	ACCOUNT	PROJECT	FY 21-22 BUD	FY 22-23 EST

**Section 03: If applicable, where will appropriations be increased?**

FUND	DEPTID	ACCOUNT	PROJECT	FY 21-22 BUD	FY 22-23 EST

**NET IMPACT ON OPERATIONAL BUDGET**

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*RESERVE STATUS:*

**SECTION 04: FIVE-YEAR FISCAL IMPACT (Direct and indirect)**

FUND	FUND NAME	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	All Outyears
<b>TOTAL REV</b>		-	-	-	-	-	-	-

FUND	FUND NAME	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	All Outyears
8300	Aviation Fund	1,961,933						
<b>TOTAL EXP</b>		1,961,933	-	-	-	-	-	-

**NET Per-YEAR IMPACT** (1,961,933)    -    -    -    -    -    -

**NET IMPACT ( SIX YEARS)** **(1,961,933.00)**

REVIEWED BY Tanner Owens, OMB                      DATE 9/27/2021

LEGISLATIVE FACT SHEET		Legislation Number:																																																					
		Approval Deadline:																																																					
LEGISLATION IN BRIEF:																																																							
<p>What is the reason for this legislation?</p>	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="808 394 1466 434"><b>Fact Sheet Color Codes</b></th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="808 434 1466 474">User Entered Field</td> </tr> <tr> <td colspan="2" data-bbox="808 474 1466 514">User Select From Menu</td> </tr> <tr> <td colspan="2" data-bbox="808 514 1466 554">For OMB Use</td> </tr> <tr> <td colspan="2" data-bbox="808 554 1466 594">Sponsor(s)</td> </tr> <tr> <td colspan="2" data-bbox="808 594 1466 711"></td> </tr> <tr> <td colspan="2" data-bbox="808 711 1466 751">Programs, Departments, or Groups Affected</td> </tr> <tr> <td colspan="2" data-bbox="808 751 1466 833"></td> </tr> <tr> <td colspan="2" data-bbox="808 833 1466 873">Sub-Program in Budget (page #)</td> </tr> <tr> <td colspan="2" data-bbox="808 873 1466 913"></td> </tr> <tr> <td data-bbox="808 913 1073 1087" rowspan="2">Applicants/ Proponents</td> <td data-bbox="1073 913 1466 953">City Department</td> </tr> <tr> <td data-bbox="1073 953 1466 993">Other</td> </tr> <tr> <td data-bbox="808 1087 1073 1127">Staff Recommendation</td> <td data-bbox="1073 1087 1466 1127"></td> </tr> <tr> <td data-bbox="808 1127 1073 1209" rowspan="2">Board or Commission Recommendation</td> <td data-bbox="1073 1127 1466 1167"></td> </tr> <tr> <td data-bbox="1073 1167 1466 1209"></td> </tr> <tr> <td colspan="2" data-bbox="808 1209 1466 1249"><b>Future Impacts</b></td> </tr> <tr> <td colspan="2" data-bbox="808 1249 1466 1367"></td> </tr> <tr> <td data-bbox="808 1367 1073 1449">Cost of Legislation current Fiscal Year</td> <td data-bbox="1073 1367 1466 1449"></td> </tr> <tr> <td data-bbox="808 1449 1073 1530">Costs in Future Fiscal Years?</td> <td data-bbox="1073 1449 1466 1530"></td> </tr> <tr> <td data-bbox="808 1530 1073 1612">Annual Revenue Increase/Decrease</td> <td data-bbox="1073 1530 1466 1612"></td> </tr> <tr> <td data-bbox="808 1612 1073 1652"><b>Applicable Dates:</b></td> <td data-bbox="1073 1612 1466 1652"></td> </tr> <tr> <td data-bbox="808 1652 1073 1692"><b>Prepared by:</b></td> <td data-bbox="1073 1652 1466 1692"></td> </tr> <tr> <td data-bbox="808 1692 1073 1732"><b>Date Prepared:</b></td> <td data-bbox="1073 1692 1466 1732"></td> </tr> <tr> <td data-bbox="808 1732 1073 1772"><b>Reviewed by:</b></td> <td data-bbox="1073 1732 1466 1772"></td> </tr> <tr> <td data-bbox="808 1772 1073 1812"><b>Date Reviewed</b></td> <td data-bbox="1073 1772 1466 1812"></td> </tr> <tr> <td colspan="2" data-bbox="808 1812 1466 1852"><b>Reference Numbers</b></td> </tr> <tr> <td colspan="2" data-bbox="808 1852 1466 1898"></td> </tr> </tbody> </table>			<b>Fact Sheet Color Codes</b>		User Entered Field		User Select From Menu		For OMB Use		Sponsor(s)				Programs, Departments, or Groups Affected				Sub-Program in Budget (page #)				Applicants/ Proponents	City Department	Other	Staff Recommendation		Board or Commission Recommendation			<b>Future Impacts</b>				Cost of Legislation current Fiscal Year		Costs in Future Fiscal Years?		Annual Revenue Increase/Decrease		<b>Applicable Dates:</b>		<b>Prepared by:</b>		<b>Date Prepared:</b>		<b>Reviewed by:</b>		<b>Date Reviewed</b>		<b>Reference Numbers</b>			
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<b>Citywide Business Plan Objective</b>																																																							
<b>Citywide Business Plan Strategy</b>																																																							



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**File #: 210899**

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RESOLUTION NO. 210899

Directing the City Manager to develop a plan outlining the necessary steps the City would take to transfer policing operations at the current and future Kansas City International Airport facilities to the Kansas City, Missouri Police Department and to report back within thirty days.

BE IT RESOLVED BY THE COUNCIL OF KANSAS CITY:

Section 1. That the City Manager is directed to develop a plan outlining the necessary steps and key factors, including cost savings, responsiveness, and law enforcement workforce morale, and the City Manager will evaluate transfer policing operations at the current and future Kansas City International Airport facilities to the Kansas City, Missouri Police Department.

Section 2. That the City Manager shall report back to Council with a plan within thirty days from the effective date of this resolution.

..end

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**No Fact Sheet  
for  
Resolution  
No. 21899**



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**File #: 210902**

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ORDINANCE NO. 210902

Rescinding Ordinance No. 210853; requiring face coverings or masks at schools and on school buses 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, 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, the share of COVID-19 cases in Kansas City of those under 12 years old rose from just 4% of all cases in January 2021 to 15% in September 2021, and those 18 and under now comprise 25% of all new COVID-19 cases. Children under 12 years old cannot be vaccinated. In the absence of vaccines, the best method left to protect the children of Kansas City in public is by requiring the wearing of face coverings and masks; and

WHEREAS, FDA vaccination approval for those five to eleven years old is expected later this fall, providing protection for elementary and all middle school age children who are vaccinated; 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, on September 24, 2021, the Kansas City Health Department confirmed 53,170 total cases of COVID-19 in Kansas City, with over 2800 deaths from COVID-19 in Kansas City metro-wide. In addition, the Centers for Disease Control (CDC) confirmed 232,476,147 total cases and 4,759,355 deaths world-wide; and

WHEREAS, on September 27, 2021, approximately 46% of all Kansas Citians were fully vaccinated for COVID-19 and approximately 53% have had at least one vaccine dose; and

WHEREAS, the number of COVID-19 cases and hospitalizations in Kansas City decreased by approximately 1% for the week ending September 26, 2021; and

WHEREAS, on July 30, 2021, 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 Order 21-01; and

WHEREAS, on August 18, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit B, outlining and recommending a need for continued mask requirements; and

WHEREAS, on August 19, 2021, the Kansas City Council passed Committee Substitute for Ordinance 210694, attached hereto as Exhibit C, rescinding Order 21-01 and requiring masks in indoor locations in Kansas City with specific exceptions until September 23, 2021; and

WHEREAS, on September 16, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit D, outlining and recommending a need for continued mask requirements; and

WHEREAS, on September 23, 2021, the Kansas City Council passed Ordinance No. 210853, attached hereto as Exhibit E, requiring masks in indoor locations in Kansas City with specific exceptions until October 7, 2021; and

WHEREAS, on September 28, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo Section 67.265, submitted a COVID update report to City Council, attached hereto as Exhibit F, containing information supporting the need for continued mask requirements; NOW, THEREFORE,

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. That Ordinance No. 210853 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. “Social distancing” is maintaining at least six-feet of distance from others.

### Section 3. Schools

A. To ensure that schools may operate as safely as possible, public and private schools shall require face coverings or masks for all persons inside a school building where any students from kindergarten up to and including 12<sup>th</sup> grade are attending class, unless eating or drinking. All persons must wear a mask when riding on a school bus unless documentation has been submitted to and approved by the school for a medical mask exemption.

1. The following individuals are exempt from wearing face coverings or masks while inside school buildings:
  - a. Persons with a medical condition, mental health condition or disability that prevents wearing a face covering or mask that, other than in the case of an emergency, have provided documentation of such condition or disability that has been approved by appropriate school officials pursuant to school guidelines. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or otherwise unable to remove a face covering without assistance, as well as those who are unconscious or incapacitated;
  - b. Persons communicating with a person who is deaf or hard of hearing, where the ability to see the mouth is essential for communication; and
  - c. Persons who are alone in a separate room or office.

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 November 6, 2021, at 11:59 p.m. unless rescinded, extended, modified or amended pursuant to applicable law.

..end

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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.

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Tammy L. Queen  
Director of Finance

Approved as to form and legality:

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Eluard Alegre  
Assistant City Attorney



**Health Department**

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

**Director’s Office**



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

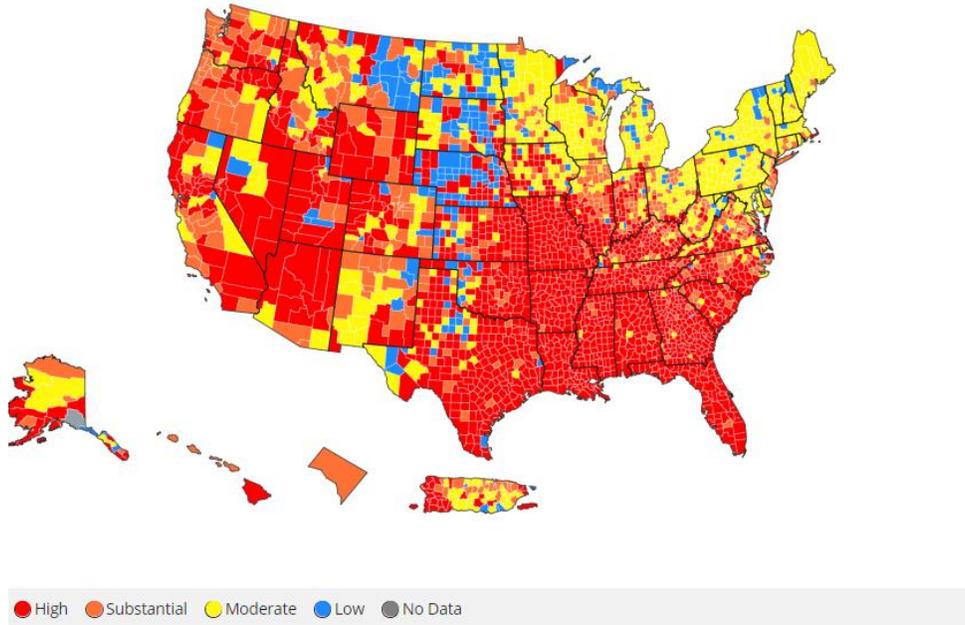
The Delta variant has different symptoms than the original COVID virus and previous variants. This plus the fact that a vaccinated person who becomes infected with COVID can have very mild or no symptoms at all means the potential number of asymptomatic spreaders is larger than previous case spikes.

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>
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- **Current Conditions In Missouri**
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- 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 14<sup>th</sup> 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
- 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 12<sup>th</sup> 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 22<sup>nd</sup> only two zip codes (64120 & 64152) have over 70% of adults vaccinated.

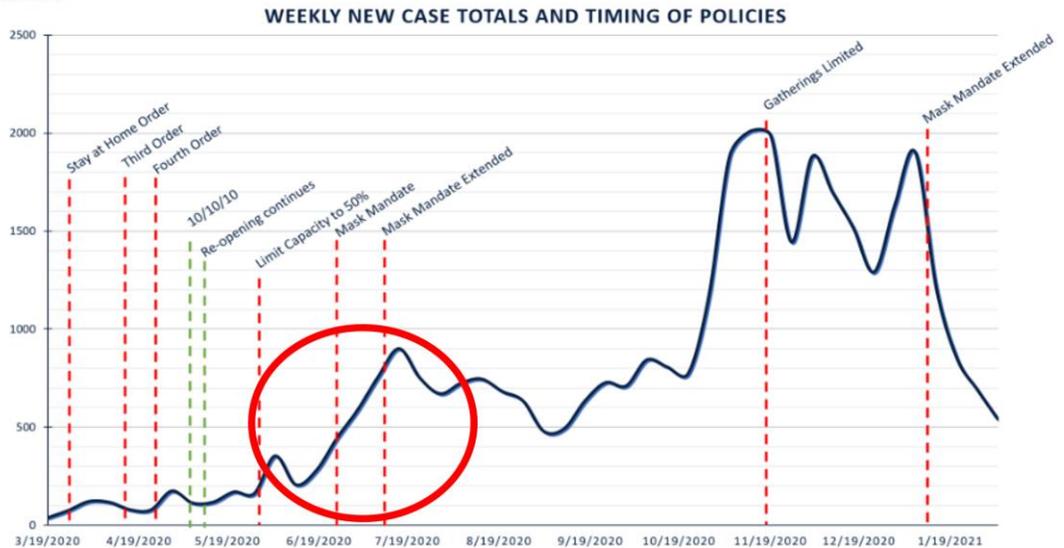
- **Masking Is Needed Because Vaccination Alone Is Not Working**

- 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 vaccination<sup>32</sup>. 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.



**Health Department**

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

**Director's Office**



**Public Health**

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 24<sup>th</sup> 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

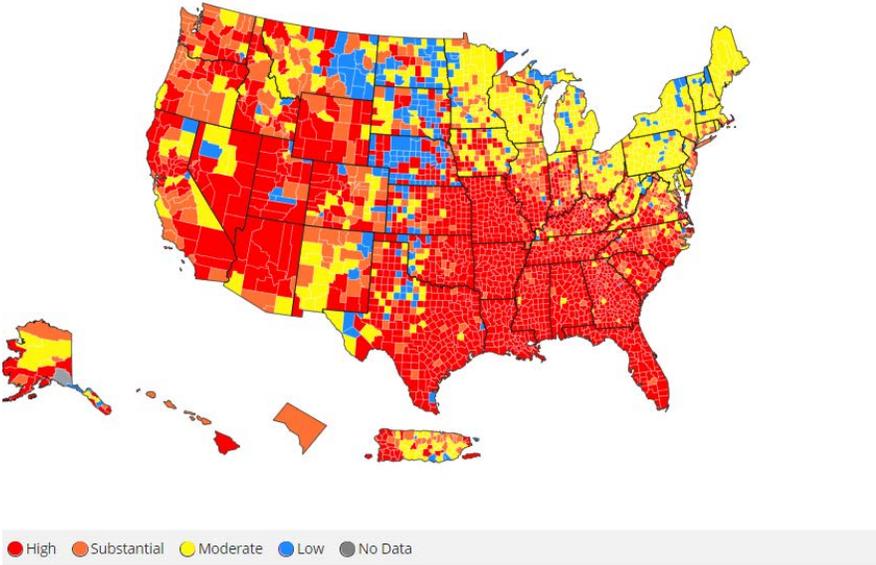
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  - b. INCREASING RATES - Daily average cases have increased over 750% since the first week in June, from 239 to 1,834 as of August 14<sup>th</sup>, reaching numbers not seen since mid-January.
    - Data source: MODHSS, COVID-19 in Missouri Dashboard 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.

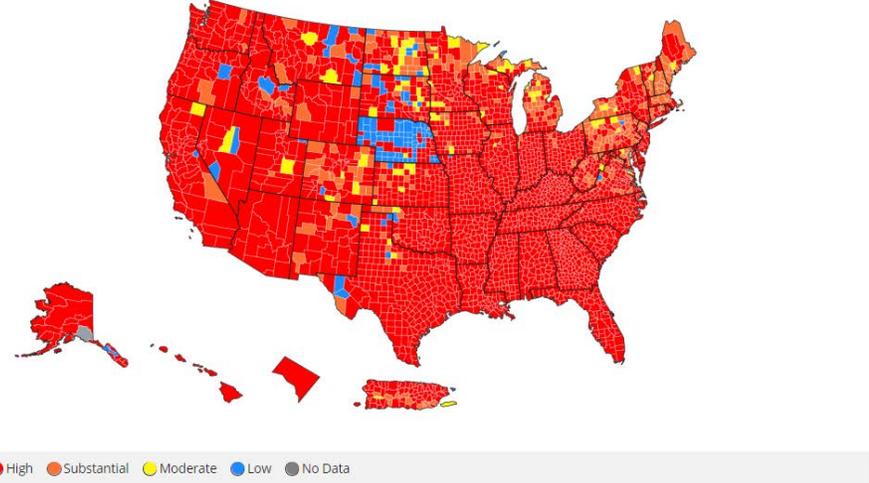
- R0 data source: <https://www.fil.ion.ucl.ac.uk/spm/covid-19/forecasting/>
- Sewershed data source: <https://storymaps.arcgis.com/stories/f7f5492486114da6b5d6fdc07f81aacf> accurate through July 27

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 14<sup>th</sup> 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 14<sup>th</sup> is 34%, and our case rate is 288 per 100k from August 8<sup>th</sup> to the 14<sup>th</sup>

Source – MODHSS Confirmed Cases Database (accurate through August 17<sup>th</sup>, 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 17<sup>th</sup>, 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*

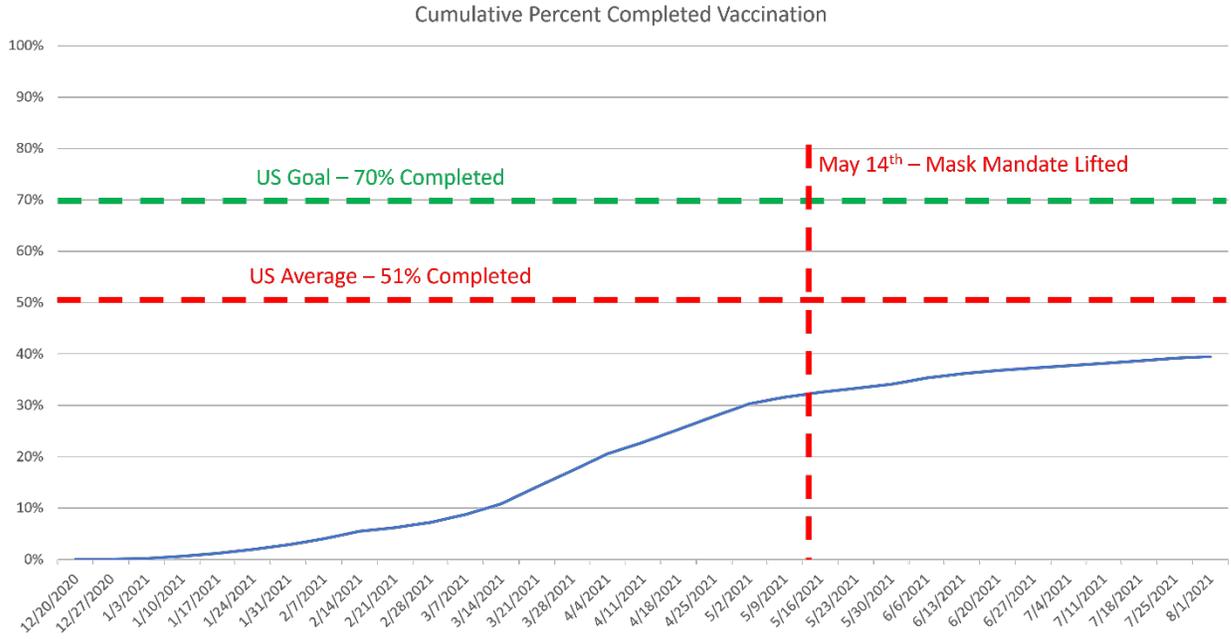
*isolation of infected persons]* will reduce the per-day risk of infection **so long as at least 50%** of people receive it, with significant benefits if more than 80% people do. However, **if there is too much vaccine defiance and a concomitant abandoning of other protection options, then we run the 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.

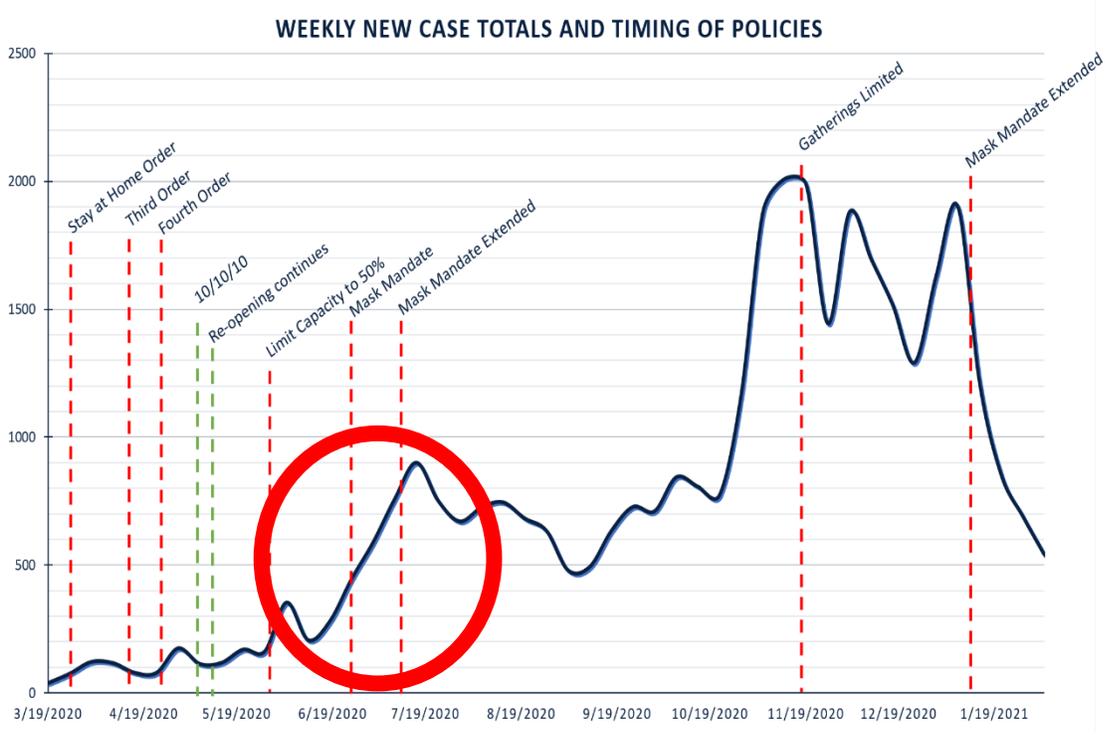
Vaccine uptake is shifting from an availability problem to a desirability issue. Financial incentives being introduced by the state of Missouri may have some impact, but preliminary studies of the impact of financial incentives in other states show mixed results. One study that looked at the impact of \$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.”

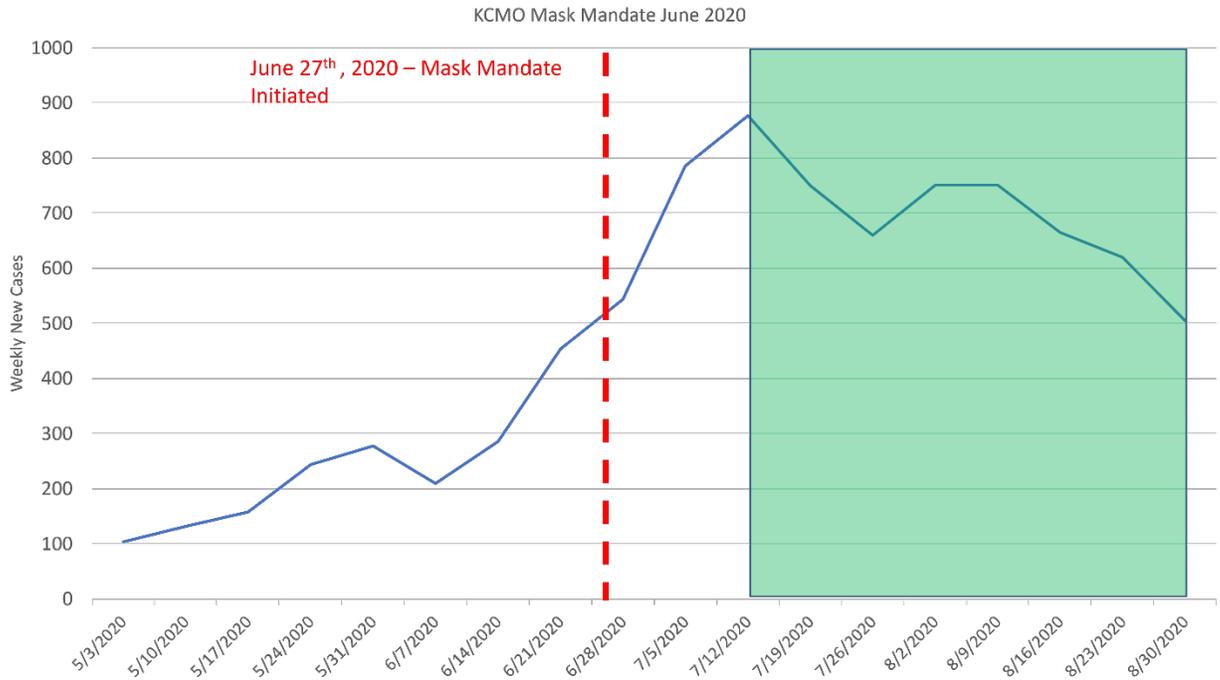
Source - Kreps, S., Dasgupta, N., Brownstein, J.S. et al. Public attitudes toward COVID-19 vaccination: The role of vaccine attributes, incentives, and misinformation. *npj Vaccines* 6, 73 (2021). <https://doi.org/10.1038/s41541-021-00335-2>

- c. In a similar fashion, CDC guidance was updated on May 14<sup>th</sup> 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:





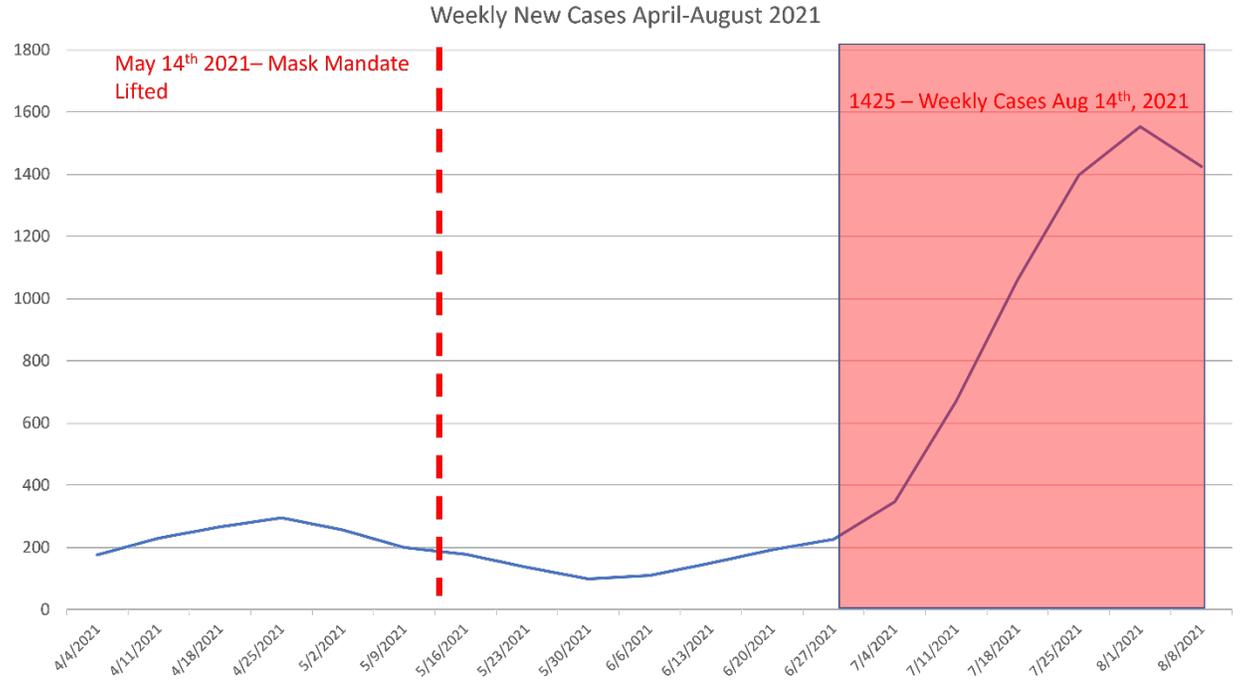
In addition, we have another example from Kansas:

“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.”

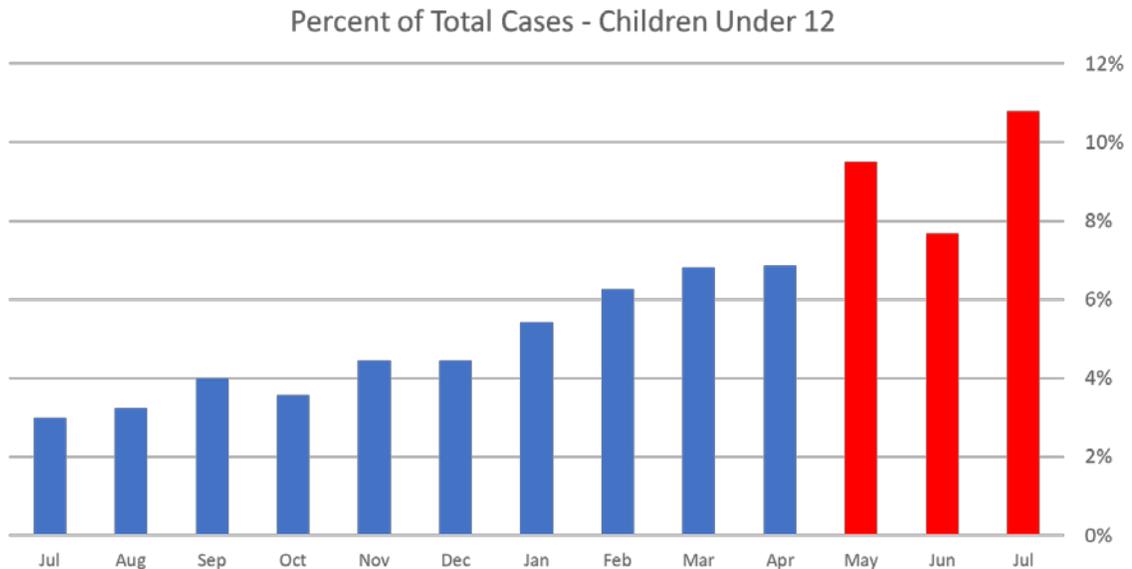
Van Dyke ME, Rogers TM, Pevzner E, et al. Trends in County-Level COVID-19 Incidence in Counties With and Without a Mask Mandate – Kansas, June 1-August 23, 2020. *MMWR Morb Mortal Wkly Rep.* Nov 27 2020;69(47):1777-1781. doi:10.15585/mmwr.mm6947e2

<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.



**Health Department**

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

**Director's Office**



Date: September 15, 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 extending the current 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 24<sup>th</sup> 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.

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>

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b. RANDOMIZED TRIALS SUPPORT MASKING EFFICACY TO REDUCE INFECTION:

- New large-scale research with more than adequate observations (N=806,547) has illustrated direct evidence that mask use can reduce transmission of COVID-19 specifically. Authors state that “adjusting for baseline covariates, the intervention reduced symptomatic seroprevalence by 9.3%” (Abaluck et al., 2021)

Abaluck, Jason; Kwong, Laura H.; Styczynski, Ashley; Haque, Ashraful; Kabir, Md. Alamgir; Bates-Jeffries, Ellen; Crawford, Emily; Benjamin-Chung, Jade; Benhachmi, Salim; Raihan, Shabib; Rahman, Shadman; Zaman, Neeti; Winch, Peter J.; Hossain, Md. Maqsood; Reza, Hasan Mahmud; Luby, Stephen P.; Mobarak, Ahmed Mushfiq; Ali Jaber, Abdulla; Gulshan Momen, Shawke; Laz Bani, Faika; Rahman, Aura; and Saiha Huq, Tahrima, "The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh" (2021). Discussion Papers. 1086.  
<https://elischolar.library.yale.edu/egcenter-discussion-paper-series/1086>

c. 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

Network 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 46.4% completed as of 9/13/2021. Areas in Missouri that are popular summer destinations have lower vaccination rates like Taney County (33.2% completed) and Benton County (38.7% 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 635% since the first week in June, from 239 to 1,519 as of September 14<sup>th</sup>, reaching numbers not seen since mid-January.

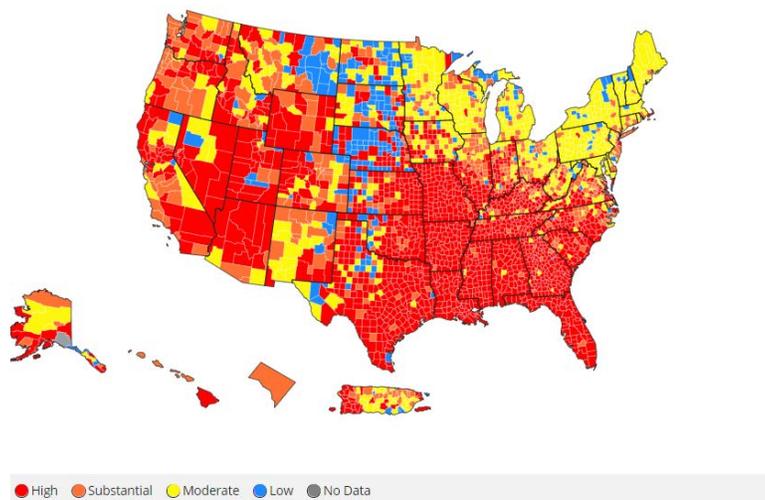
- Data source: MODHSS, COVID-19 in Missouri Dashboard based on confirmed PCR cases on June 1, 2021 and September 14, 2021  
<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/statewide.php>

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.

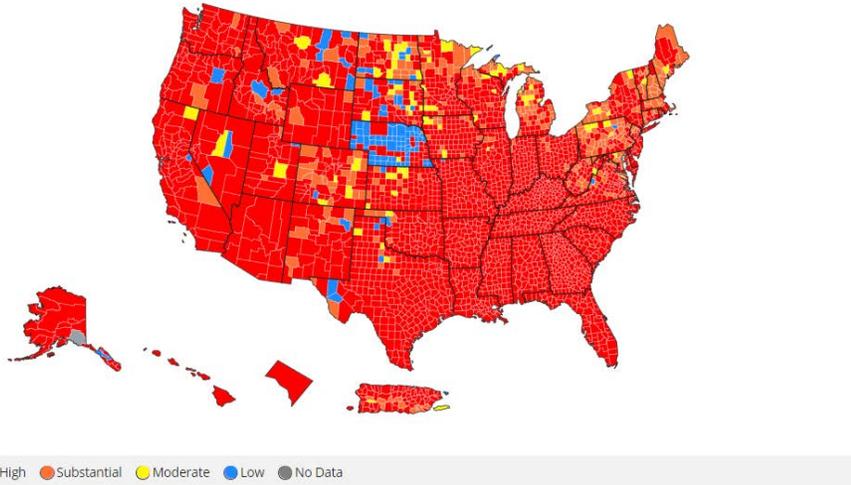
- R0 data source: <https://www.fil.ion.ucl.ac.uk/spm/covid-19/forecasting/>
- Sewershed data source: <https://storymaps.arcgis.com/stories/f7f5492486114da6b5d6fdc07f81aacf> accurate through July 27

d. LOCATION OF HOT SPOTS - The CDC designates 97% of Missouri counties as experiencing “High” levels of community transmission (see map pulled 9/14/2021 at 4:39 PM)

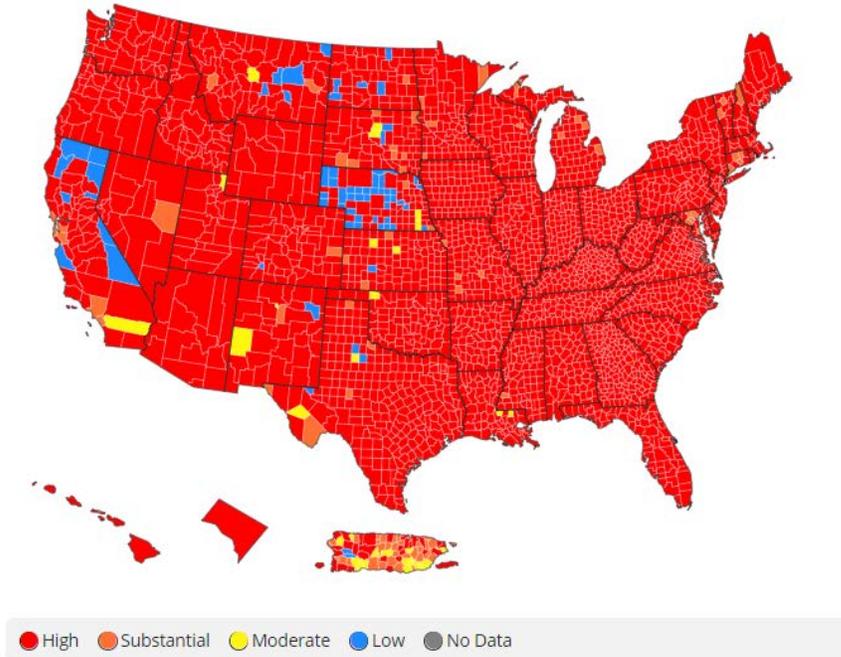
Map as of 7/26/2021



Map as of 8/16/21



Map as of 9/14/21



- **Current KCMO Numbers**
  - a. **TOTAL CASES AND DEATHS FOR KC REGION** - on September 14, 2021, the Kansas City Health Department confirmed 207,657 total cases of COVID-19 in Kansas City metro-wide and 2,800 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 61 new cases per day in early June to 709 cases per day in late August. Weekly new cases for KCMO have increased over **1,500%** since the first week in June, from 102 (6/5/21) to 1,531 (8/14/21) reaching numbers not seen since mid-January. This has since dropped slightly to about 1000 per week, but KCMO is currently averaging about 133 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 September 14, 2021
- On June 6 hospitalizations due to COVID-19 were at a pandemic low, averaging 7 per day. As of Sunday August 30, the average daily hospitalizations have decreased from 38 per day to 30 per day, resulting in 11% of all hospital beds being taken by COVID patients and only 32% of hospital beds being available, comparable to the peak of previous hospitalizations.
- Hospital update from September 13<sup>th</sup> regional call - The slight reduction in new cases has also been seen in the number of new hospitalizations. However, staffing remains a serious concern. Hospital capacity, the number of hospital and ICU beds in use, remains low. High volume continues in Emergency Rooms (ER) throughout the region. High volume suspension occurs when 12 or more hospitals in the region face high volume in their ER. This suspension has been in regular occurrence throughout August and September. FEMA ambulance strike teams to help with discharges and patient movement have been extended through October 5<sup>th</sup>
- 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 contract 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 medical care and public health system.
- Although the volume of cases is decreasing, the initial surge of delta variant cases exceeded the investigation capacity of the Health Department. As a result the department has prioritized investigating cases that are between the ages of 15 years old and 40 years old and those who are hospitalized. This decision was based on which ages have the lowest vaccination rates and where the bulk of new cases occur. Cases not in one of these groups remain unassigned. There were 769 unassigned cases from September 6<sup>th</sup> to 13<sup>th</sup>. 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 **two 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 29 – September 11<sup>th</sup> is 25.14%, and our case rate is 201 per 100k from September 5<sup>th</sup> to the 11<sup>th</sup>

Source – MODHSS Confirmed Cases Database (accurate through September 14, 2021)

- **Kids And Masking:**

- a. **KIDS ARE GETTING INFECTED** - The case rate in those under 12 increased by 12x between June and August 2021, to 863 per 100,000. This rate is higher than the previous peak of COVID-19 for this age group so far, from November 2020 (467 per 100,000). So far in the month of September (through the 14<sup>th</sup>), 263 cases in those under 12 have been confirmed, and 428 cases in those under 18 have been confirmed.

Source – MODHSS Confirmed Cases Database (accurate through September 14<sup>th</sup>, 2021)

**IN PERSON LEARNING** – Cases in children 18 and under have increased as a proportion of the total case count in a drastic fashion. Thus far in September children 18 and under represent over 25% of all new confirmed cases, by far the highest of the pandemic.

- b. **KIDS CAN SPREAD COVID** - 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** – From January to September 13, 2021 there have been 2,366 children in Kanas City hospitals due to COVID-19

Source – HHS Protect/TeleTracking

- 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.

- e. **MASKS HELP PREVENT COVID-19 FROM SPREADING IN SCHOOLS:** Research from within Missouri has clearly illustrated that “Schools implementing strategies including mask mandates, physical distancing, and increased ventilation had much lower SARS-CoV-2 transmission than in the community. K–12 schools should continue implementing these measures and following CDC isolation and quarantine guidance to minimize secondary transmission in schools” (Dawson et al., 2021)

Dawson P, Worrell MC, Malone S, et al. Pilot Investigation of SARS-CoV-2 Secondary Transmission in Kindergarten Through Grade 12 Schools Implementing Mitigation Strategies — St. Louis County and City of Springfield, Missouri, December 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:449–455. DOI: <http://dx.doi.org/10.15585/mmwr.mm7012e4>

- **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.”

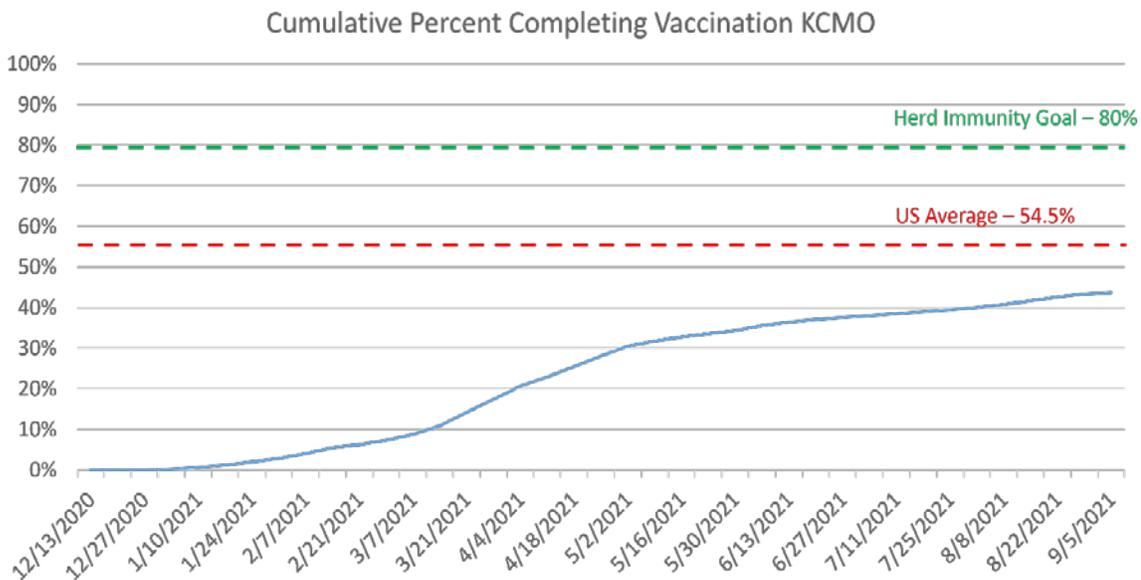
- b. **VACCINATION AVAILABILITY CANNOT BE A SUBSTITUTE FOR OTHER PROTECTIVE MEASURES SUCH AS MASKING** – COVID-19 vaccines are available to most Kansas City residents. In addition to community-based, COVID vaccination clinics offered each day by the Health Department, clinics under contract with the 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.”

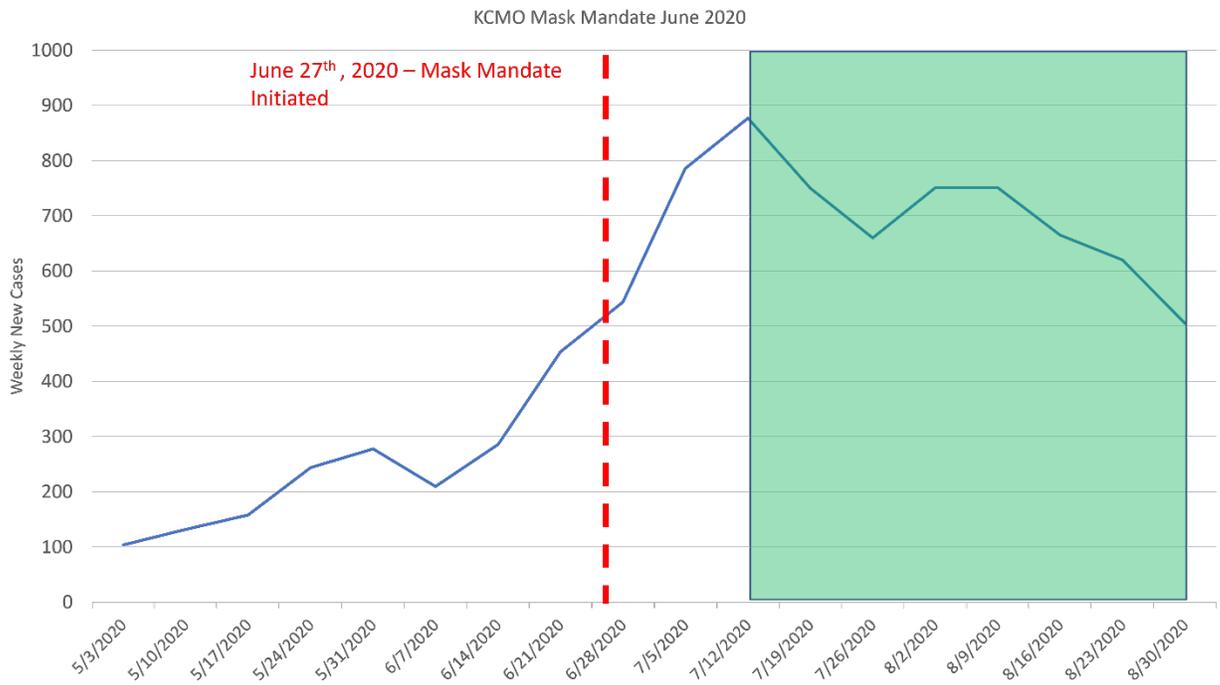
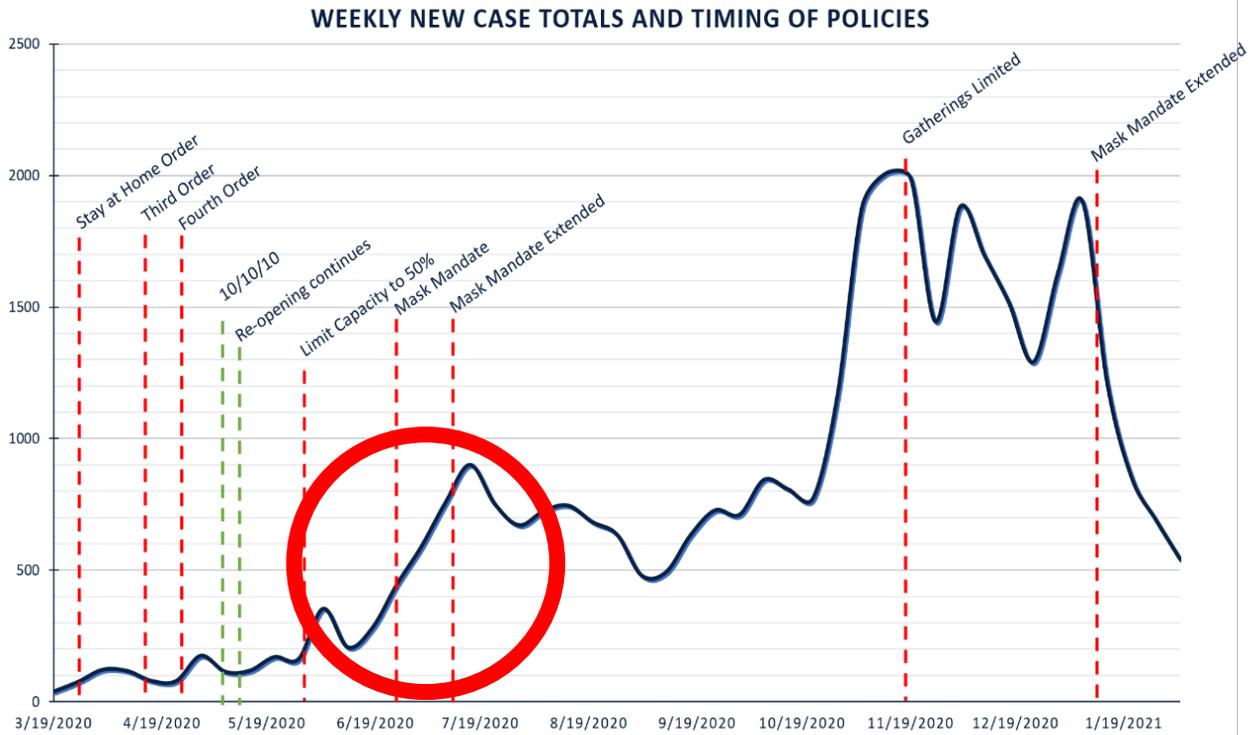
Source - Kreps, S., Dasgupta, N., Brownstein, J.S. et al. Public attitudes toward COVID-19 vaccination: The role of vaccine attributes, incentives, and misinformation. *npj Vaccines* 6, 73 (2021). <https://doi.org/10.1038/s41541-021-00335-2>

- c. In a similar fashion, CDC guidance was updated on May 14<sup>th</sup> dropping masking requirements for those fully vaccinated. With no way to enforce a mask order for only those unvaccinated, the city was left with no choice but to drop its mask order. The emergence of the delta variant 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. On July 27, 2021 the CDC issued updated guidance that added a recommendation for fully vaccinated people to also wear a mask in public indoor settings in areas of

substantial or high transmission. Kansas City continues to meet the definition as a high transmission area (case rate above 100 per 100,000 population).



- 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:



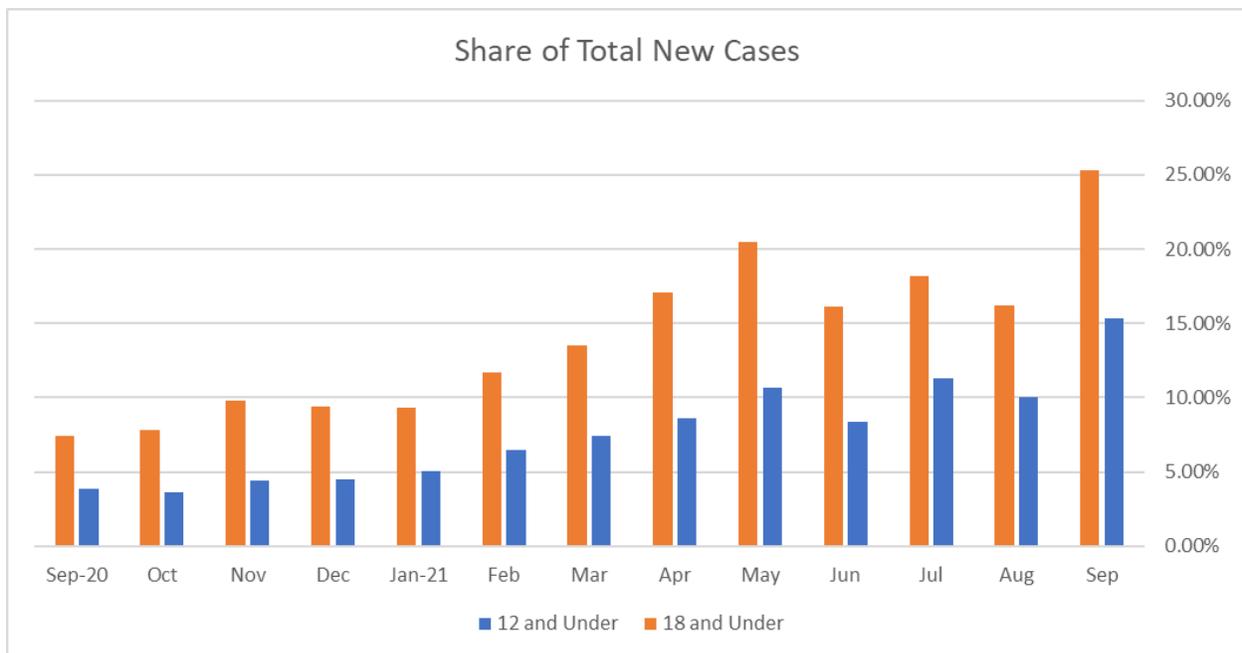
In addition, we have another example from Kansas:  
 “The governor of Kansas issued an executive order requiring wearing masks in public spaces, effective July 3, 2020, which was subject to county authority to opt out. After July 3,

COVID-19 incidence decreased in 24 counties with mask mandates but continued to increase in 81 counties without mask mandates.”

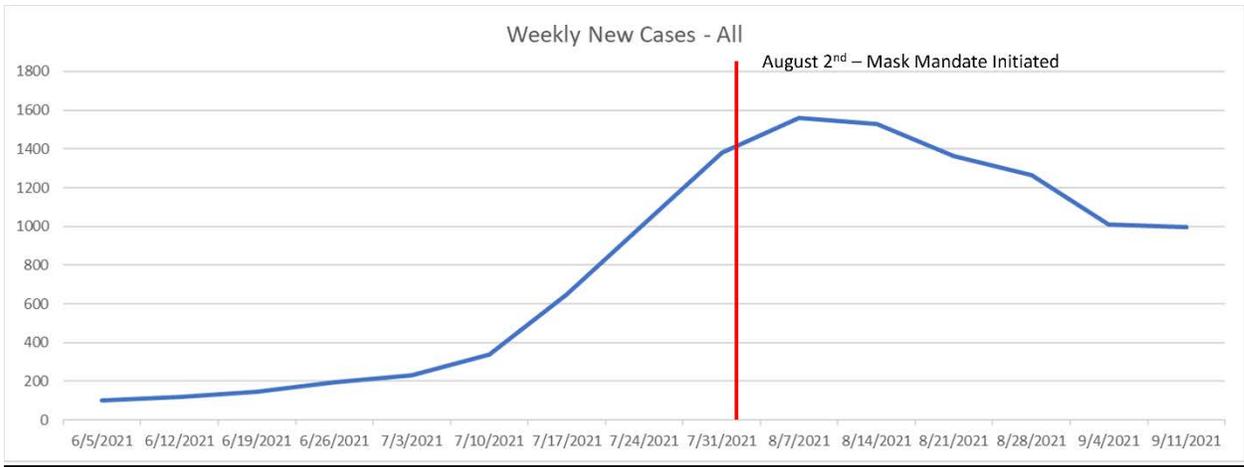
Van Dyke ME, Rogers TM, Pevzner E, et al. Trends in County-Level COVID-19 Incidence in Counties With and Without a Mask Mandate – Kansas, June 1-August 23, 2020. MMWR Morb Mortal Wkly Rep. Nov 27 2020;69(47):1777-1781. doi:10.15585/mmwr.mm6947e2

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e2.htm>  
[https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e2\\_H.pdf](https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e2_H.pdf)

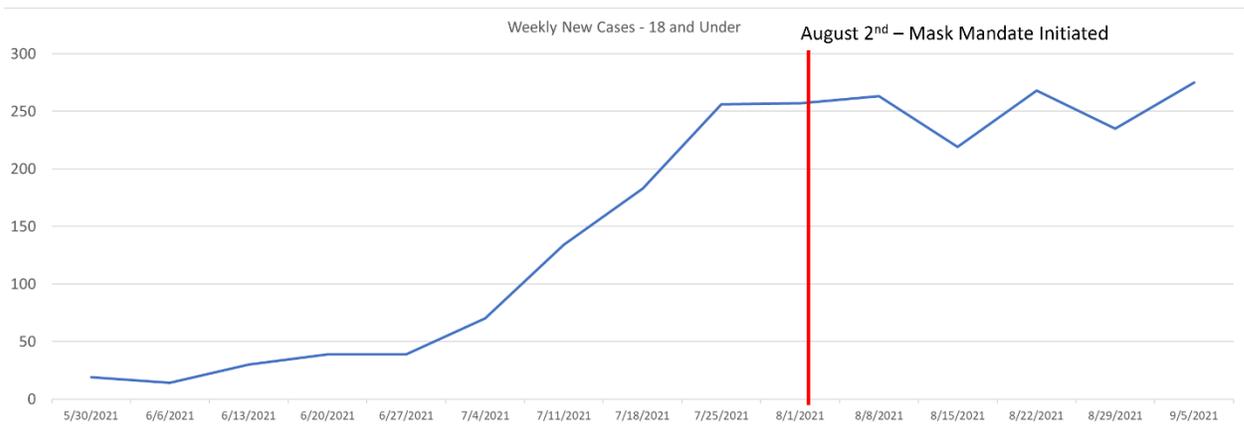
Furthermore, the share of cases in those under 12 rose from just 4% of all cases in January 2021, to over 15% of all cases so far in September 2021. These children cannot be vaccinated. In the absence of higher vaccination rates, the only method left to protect the children of Kansas City is through mask mandates. Those 18 and under now make up over 25% of all new cases – in the first two weeks of September 2020 we had 1170 new cases, and those under 18 made up just 7% of those cases. In the first two weeks of September 2021, we have nearly twice the number of total cases (2090) and those 18 and under make up 25.3% of those, clearly illustrating the gravity of the situation in our children.



**THE CURRENT MASK ORDER HAS FLATTENED THE CURVE:** Following a two-week delay, the mask mandate has flattened what was previously illustrated to be exponential growth in the number of new cases. The mask order preceded a drop in the overall case rate in the following month, illustrated below:



However, as shown by the next image, the decline is only taking place in those over 18, as cases in children are currently showing a plateau. In fact, the week of September 4 to September 11<sup>th</sup> was the highest single week on record for new cases in kids 18 and under (275 new cases). Removal of mask mandates in schools and in public would likely lead to a further increase in cases for this population, which cannot be fully vaccinated:



- **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 an extension of the order from the City Council requiring masks in all indoor, public accommodations within Kansas City, MO. Such an extension is needed to provide additional relief to local hospitals, to continue “turning the curve” of Kansas City’s latest COVID-19 surge, and to protect the public health of Kansas City’s children.



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**File #: 210694, Version: 1**

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COMMITTEE SUBSTITUTE FOR 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 Citians 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 Citians 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, on July 30, 2021, 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 Order 21-01; and

WHEREAS, on August 18, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit B, 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.

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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.

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Tammy L. Queen  
Director of Finance

Approved as to form and legality:

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Eluard Alegre  
Assistant City Attorney



KANSAS CITY  
MISSOURI

## Health Department

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

## Director's Office



**Public Health**

Good afternoon,

*This is the situational update from the week of September 17 – September 23. All information is provisional and correct as of the submission of this notification.*

## Top Messages to Council and Constituents

### 3<sup>rd</sup> Doses & Booster Shots:

- Per CDC approval, as of September 27, 2021, COVID booster shots are now available to the below eligible categories. Candidates must be 6 months past their second dose for eligibility to receive a booster dose.
  - *65 years and Older*
  - *18+ with underlying medical conditions*
  - *18+ who work in high-risk settings (first responders, healthcare worker, firefighters, police congregate care staff, correction workers, U.S. postal service worker, public transit workers, grocery workers, education staff, manufacturing workers & food and agriculture workers.)*
  - *18+ who live in high-risk settings*
  - *3<sup>rd</sup> Doses apply to those Immunocompromised individuals.*

More information can be found on the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

- As of September 23<sup>rd</sup>, during the week of 9/17 – 9/23: **48- 3<sup>rd</sup> dose & booster doses have been provided to residents.**
- Vaccination requests have slowly increased over the last couple of weeks; We expect additional increase as 3<sup>rd</sup> doses continue and boosters begin with the recent CDC & FDA Approval.

### Mask Usage:

- **Everyone should continue to wear a mask while in indoor public spaces.**
- ***On Thursday September 23, City Council voted to extend the current mask order, under Ordinance No. 210853, until October 7, 2021, at 11:59 pm.***
  - Health Department EHS enforcement staff continue to educate business owners/managers and leaders of local schools/organizations on how to comply with the order. *Enforcement action will be based on specifics of each confirmed violation.*

### ***Flu vaccine: will be available October 2021.***

- *KCHD is encouraging residents and employees to get the flu vaccine for the upcoming winter season.*

- KCMO Employee Flu Shot events will take place at various locations throughout the month of October.
  - Employees must provide their ID and Blue Cross Blue Shielded Insurance card to schedule appointment.

**Satellite Locations and Sites**

- KCHD has 2 of 4 satellite vaccination sites available.
  - 1- Northland – NNI 5340 NE Chouteau Trafficway, KCMO**
    - a. Wed., 9am – 2pm*
    - b. (Trial run conducted 9/22 & 9/24)*
  - 2- East KCMO – Knights of Columbus, 5101 Blue Ridge Cut-Off, KCMO 64133**
    - a. Mon, Tues., 10am – 2 pm*
  - 3- South KCMO—pending finalization**
    - a. TBD*
  - 4- KCHD Main Campus -- 2400 Troost, KCMO 64108**
    - a. Mon.-Fri., 9:30 am – 4:30 pm*
    - b. Extended Hours: Tue., Thur., 4:30 pm – 7 pm*

Daily COVID vaccination clinics hours: *appointment and walk-in availability*

**KCHD will be sponsoring and hosting the following COVID-19 Vaccination clinics below for the upcoming week:**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Mon, September 27<sup>th</sup> <b>**Weekly**</b><br/>10:00 am – 2:00pm<br/>Mattie Rhodes Clinic<br/>148 N Topping Ave, 64123- District: 4</li> <li>2. Mon, September 27<sup>th</sup> <b>**Weekly**</b><br/>10:00 am – 2:00 pm<br/>Knights of Columbus (East)<br/>5101 Blue Ridge Cut-Off, KCMO 64133</li> <li>3. Tues, September 28<sup>th</sup><br/>2:00 pm – 6:00 pm<br/>Knights of Columbus (East)<br/>5101 Blue Ridge Cut-Off, KCMO 64133</li> <li>4. Tues, Sept 28<sup>th</sup><br/>9:00 am – 3:00 pm<br/>St. John Bosco<br/>526 Campbell, KCMO 64106</li> <li>5. Wed., Sept 29<sup>th</sup><br/>9:00 am – 2:00 pm<br/>NNI Clinic<br/>5840 NE Chouteau Trfwy, KCMO 64119</li> <li>6. Thurs, September 30<sup>th</sup><br/>11:00 am – 3:00 pm</li> </ol> | <ol style="list-style-type: none"> <li>7. Thurs, September 30<sup>th</sup><br/>11:00 am- 4:00 pm<br/>Heavy Construction Laborers<br/>7820 Prospect Ave, KCMO 64132</li> <li>8. Fri, October 1st<br/>11:00 am – 3:00 pm<br/>HolidayMart KC- Convention Center<br/>301 W 13<sup>th</sup> S, KCMO 64105</li> <li>9. Fri, October 1st<br/>4:00 pm – 7:00 pm<br/>Halloween Haunt, Worlds of Fun<br/>Pfizer Only</li> <li>10. Sat, October 2<sup>nd</sup><br/>9:00 am – 1:00 pm<br/>2<sup>nd</sup> Annual Breast Cancer Walk<br/>4441 Kensington Ave, KCMO 64130</li> <li>11. Sat, October 2<sup>nd</sup><br/>11:00 am- 2:00 pm<br/>KC Mothers in Charge<br/>6009 Blue Hills Rd, KCMO 64110</li> </ol> |
|--|--|

# Covid-19 Cases, Vaccinations, and weekly averages

*\*Deaths fluctuate as each case is investigated to jurisdiction and cause of death. The total reflects cases still pending.*

<b>Current Week of</b> <b>Sept 17 -Sept 23</b> <i>*As of Sept 20, 2021</i>	<b>COVID 19: Case #'s</b>	<b>Previous Week of</b> <b>Sept. 10 – Sept. 16</b>
*Total Cases via PRC Testing	<b>52,739</b>	51,907
Confirmed Deaths	<b>771</b>	746
Investigations Complete <i>*Staff are focusing interviewing cases diagnosed within the last 6 days and within the age groups of 15-40, or hospitalized</i>	351	391

<b>Weekly Daily Average past 7-days</b>	<b>Daily Average for COVID cases</b> <b>Sept. 10 – Sept. 16</b>
September 9 <sup>th</sup>	134.7 (133.2* updated data as of Sept 20, 2021, from previous week 9/2 – 9/8)
September 16 <sup>th</sup>	155.7
<b>September 23<sup>rd</sup></b>	<b>127.8 (down from 155.7 previous week)</b>

*\*Numbers are comparable to what Kansas City saw in Mid-January 2021*

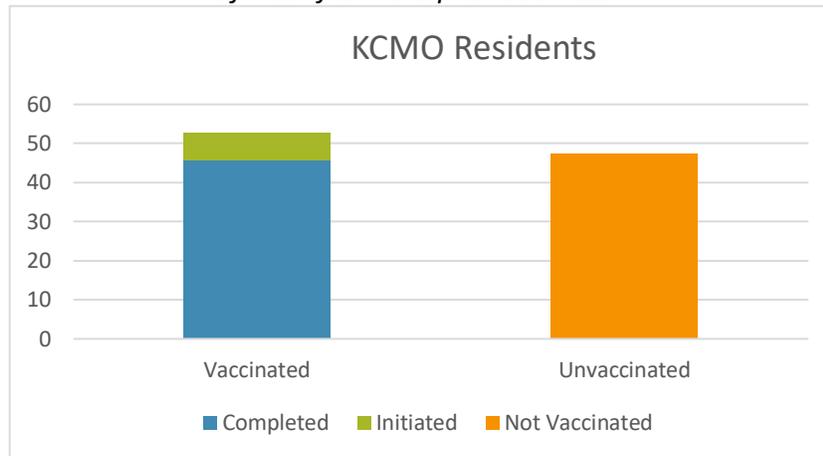
<b>COVID-19 Cases: 10-week average</b> <b>July 11, 2021- September 18, 2021</b>	<b>10- week average for COVID cases</b>
Cumulative COVID 19 Cases	<b>11,651</b>
Confirmed COVID 19 Deaths	<b>151</b>

<b>COVID-19: Vaccination Clinics</b> <b>Week of September 17 – September 23</b>	
COVID Clinics*	<b>17</b>
Number of COVID Vaccinations	<b>252</b>
<i>3<sup>rd</sup> Doses for immunocompromised</i>	<b>48</b>
YTD Vaccinations Given	<b>30,750</b>

<b>COVID-19: Vaccination Doses on Hand</b>	
Pfizer	<b>762</b>
Moderna	<b>8,560</b>
J&J	<b>100</b>
<b>Total</b>	<b>9,322</b>

As of **September 24, 2021**

- **52.7%** - Of Kansas City residents have received at least their first dose of the Pfizer or Moderna vaccine.
- **45.7%** - Of Kansas City residents have completed their COVID Vaccinations. *This is an increase of 1.0% from the previous week.*



\*\*\* Please note. The Vaccination numbers do not include residents who were vaccinated on the Kansas side of the metro as the two state systems currently do share information that can be obtained in a report.

## Hospitalizations, Outbreaks, and Investigations:

*\*As of September 23, 2021*

<b>Hospitalizations***</b>		
Week of Sept 17 – Sept 23	5.49 % <b>Decrease</b>	41 Daily Average (7/7 hospitals reporting)
Week of Sept. 10– Sept 16	11.4% <b>Increase</b>	45 Daily Average (7/7 hospitals reporting)

(This data is provisional as some hospitals experience delays in their reporting to [www.preparemetrokc.org](http://www.preparemetrokc.org) )

### Outbreaks: Call Center

**Average: 19 daily call volume; Total: 95** calls for the week

- Individuals are calling to report business and seeking educational information.
- **Citizens can contact the Health Department call center at 816-513-6152 to report a business or obtain information.**
- Call influx also due to return calls from outbreak investigations

### Investigations:

- **Staff** are focused on interviewing cases diagnosed within the previous 6 days priority age groups 15-40. This age range has the lowest level of initiated and completed vaccination

- **Challenges:** There have been challenges with unreturned investigation calls, resulting in partial interviews or patients declining to conduct an interview.
  - The combination of higher cases & lack of cooperation with investigators has had some affect in our ability to contain outbreaks efficiently.
  - Withholding of reporting and information regarding an individual’s diagnosis of COVID 19 has been occurring in work sites, schools, gyms and/or service businesses they utilize. Our team is working hard to investigate as thoroughly as possible.

## Environmental Health Enforcement Response

COVID-19: March 2020 – June 2021

August – September 2021

\*Cases marked as still open does not indicate they have not been reviewed. They are pending action.

<u>Week of:</u> <u>9/17/21 – 9/23/2021</u>	<u>311</u> <u>Complaints</u>	<u>Email</u> <u>Complaints</u>	<u>Totals</u>	<u>Total Ord.</u> <u>210694</u>	<u>Total to</u> <u>Date</u>
Received	43	4	4	599	5256
Field Investigations	57	7	64	559	2842
Phone call/Email Follow Up	0	2	2	7	1006
Not Requiring Investigation	0	1	1	1	1389
Cases still Open*	30	4	34	34	
Cease Operation			0	0	25

*\*\*\*Please note: Going forward daily average will reflect reporting of 7 area hospitals. The department spotted discrepancies in the data and informed MARC that one of the local area hospitals was not being reported. This data does not include patients that are being held in the ER waiting for an open bed.*



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**File #: 210853, Version: 1**

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### ORDINANCE NO. 210853

Requiring face coverings or masks at indoor places of public accommodation 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, 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, the share of COVID-19 cases in Kansas City of those under 12 years old rose from just 4% of all cases in January 2021 to 15% in September 2021, and those 18 and under now comprise 25% of all new COVID-19 cases. Children under 12 years old cannot be vaccinated. In the absence of vaccines, the best method left to protect the children of Kansas City in public is by requiring the wearing of face coverings and masks; 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, on September 15, 2021, the Kansas City Health Department confirmed 207,657 total cases of COVID-19 in Kansas City metro-wide and 2,800 deaths from COVID-19 in Kansas City metro-wide. In addition, the Centers for Disease Control (CDC) confirmed 219,000,000 total cases and 4,550,000 deaths world-wide; and

WHEREAS, on September 15, 2021, approximately 44% of all Kansas Citians were fully vaccinated for COVID-19 and 51.2% have had at least one vaccine dose; and

WHEREAS, the number of COVID-19 cases and hospitalizations in Kansas City decreased slightly in the last three weeks; however, the weekly average for new COVID-19 cases remains high 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 CDC recommends all individuals wear a mask in public indoor settings in areas with high or substantial transmission and Kansas City's case rate currently stands at two times the CDC threshold for designation as a high transmission area; and

WHEREAS, the four counties in which Kansas City is located (Cass, Clay, Jackson, and Platte) remain 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 those recommendations have not changed; and

WHEREAS, on July 30, 2021, 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 Order 21-01; and

WHEREAS, on August 18, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit B, outlining and recommending a need for continued mask requirements; and

WHEREAS, on August 19, 2021, the Kansas City Council passed Committee Substitute for Ordinance 210694, attached hereto as Exhibit C, rescinding Order 21-01 and requiring masks in indoor locations in Kansas City with specific exceptions until September 23, 2021; and

WHEREAS, on September 16, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit D, outlining and recommending a need for this ordinance; NOW, THEREFORE,

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. 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 2. 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 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 3. 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 4. 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 5. 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 6. 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 7. 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 8. 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.

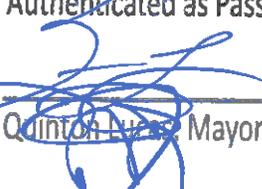
Section 9. That this ordinance, appropriating money, is recognized as an ordinance with an accelerated effective date as provided by Section 503(a)(3)(C) of the City Charter and shall take effect in accordance with Section 503 of the City Charter.

Section 10. That this ordinance shall expire on October 7, 2021, at 11:59 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.



Authenticated as Passed

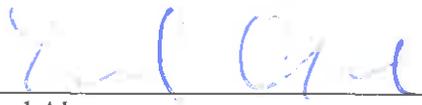
  
Quinton Lucas, Mayor

Marilyn Sanders, City Clerk

SEP 23 2021  
Date Passed

  
to Tammy L. Queen  
Director of Finance

Approved as to form and legality:

  
Eluard Alegre  
Assistant City Attorney

**No Fact Sheet  
for  
Ordinance  
No.  
210902**



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**File #: 210903**

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ORDINANCE NO. 210903

Rescinding Ordinance No. 210853; requiring face coverings or masks at indoor places of public accommodation 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, 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, the share of COVID-19 cases in Kansas City of those under 12 years old rose from just 4% of all cases in January 2021 to 15% in September 2021, and those 18 and under now comprise 25% of all new COVID-19 cases. Children under 12 years old cannot be vaccinated. In the absence of vaccines, the best method left to protect the children of Kansas City in public is by requiring the wearing of face coverings and masks; and

WHEREAS, FDA vaccination approval for those five to eleven years old is expected later this fall, providing protection for elementary and all middle school age children who are vaccinated; 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, on September 24, 2021, the Kansas City Health Department confirmed 53,170 total cases of COVID-19 in Kansas City, with over 2800 deaths from COVID-19 in Kansas City metro-wide. In addition, the Centers for Disease Control (CDC) confirmed 232,476,147 total cases and 4,759,355 deaths world-wide; and

WHEREAS, on September 27, 2021, approximately 46% of all Kansas Citians were fully vaccinated for COVID-19 and approximately 53% have had at least one vaccine dose; and

WHEREAS, the number of COVID-19 cases and hospitalizations in Kansas City decreased by approximately 1% for the week ending September 26, 2021; and

WHEREAS, on July 30, 2021, 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 Order 21-01; and

WHEREAS, on August 18, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit B, outlining and recommending a need for continued mask requirements; and

WHEREAS, on August 19, 2021, the Kansas City Council passed Committee Substitute for Ordinance 210694, attached hereto as Exhibit C, rescinding Order 21-01 and requiring masks in indoor locations in Kansas City with specific exceptions until September 23, 2021; and

WHEREAS, on September 16, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit D, outlining and recommending a need for continued mask requirements; and

WHEREAS, on September 23, 2021, the Kansas City Council passed Ordinance No. 210853, attached hereto as Exhibit E, requiring masks in indoor locations in Kansas City with specific exceptions until October 7, 2021; and

WHEREAS, on September 28, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted a COVID update report to City Council, attached hereto as Exhibit F, containing information supporting the need for continued mask requirements; NOW, THEREFORE,

**BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:**

Section 1. That Ordinance No. 210853 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. Individuals 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 others or in 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. Persons under the age of 5.
  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 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 November 6, 2021, at 12:59 p.m. unless rescinded, extended, modified or amended pursuant to applicable law.

..end

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.

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Tammy L. Queen  
Director of Finance

Approved as to form and legality:

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Eluard Alegre  
Assistant City Attorney



**Health Department**

2400 Troost Avenue, Suite 4000  
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 made 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

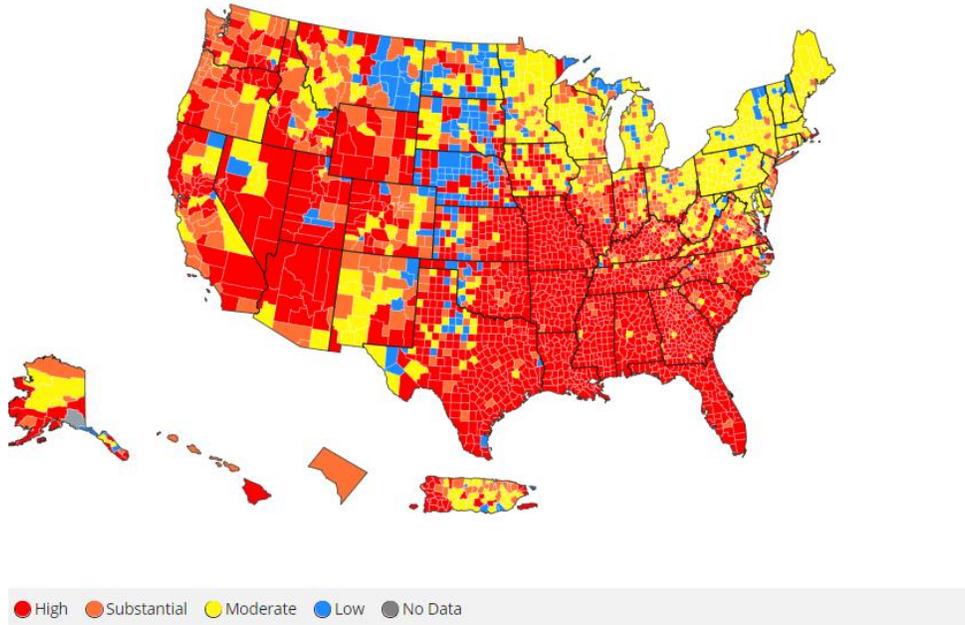
The Delta variant has different symptoms than the original COVID virus and previous variants. This plus the fact that a vaccinated person who becomes infected with COVID can have very mild or no symptoms at all means the potential number of asymptomatic spreaders is larger than previous case spikes.

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- **Current Conditions In Missouri**
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<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/county.php> accurate through July 29, 2021
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    - 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 14<sup>th</sup> 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
- 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 12<sup>th</sup> 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 22<sup>nd</sup> only two zip codes (64120 & 64152) have over 70% of adults vaccinated.

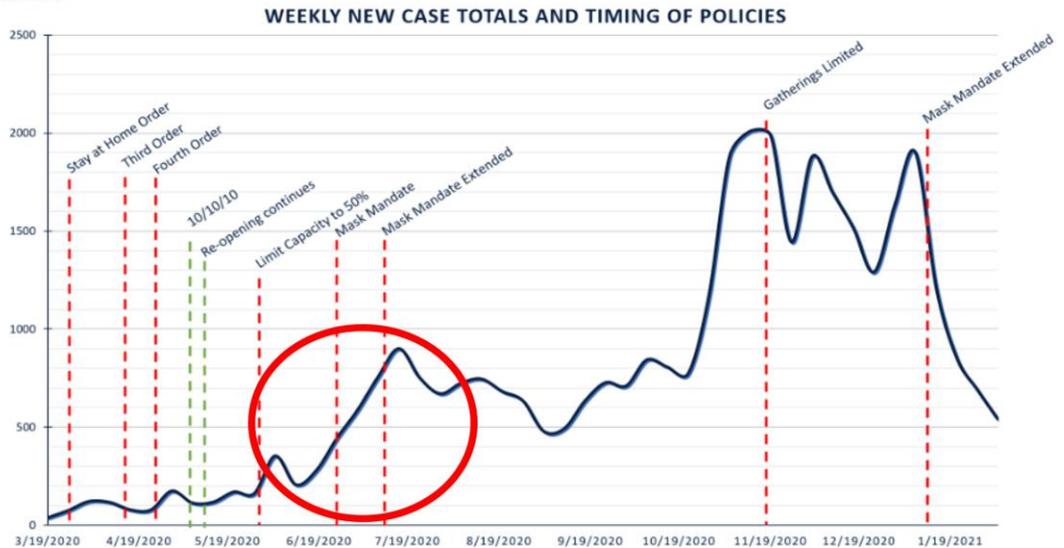
- **Masking Is Needed Because Vaccination Alone Is Not Working**

- 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 vaccination<sup>32</sup>. 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.



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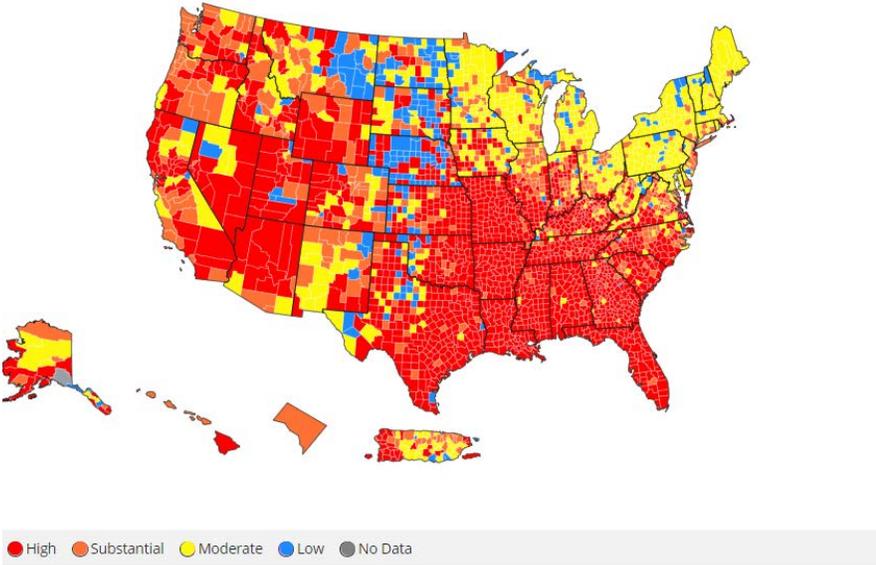
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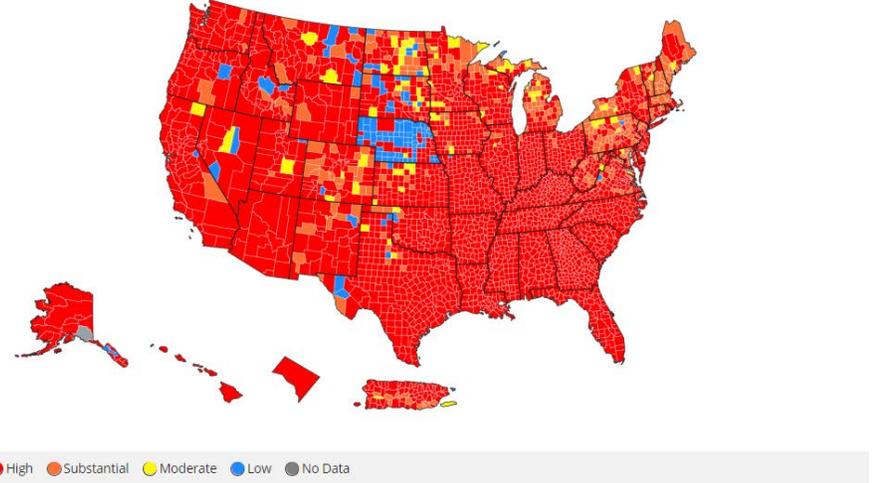
- R0 data source: <https://www.fil.ion.ucl.ac.uk/spm/covid-19/forecasting/>
- Sewershed data source: <https://storymaps.arcgis.com/stories/f7f5492486114da6b5d6fdc07f81aacf> accurate through July 27

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 14<sup>th</sup> 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 14<sup>th</sup> is 34%, and our case rate is 288 per 100k from August 8<sup>th</sup> to the 14<sup>th</sup>

Source – MODHSS Confirmed Cases Database (accurate through August 17<sup>th</sup>, 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 17<sup>th</sup>, 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*

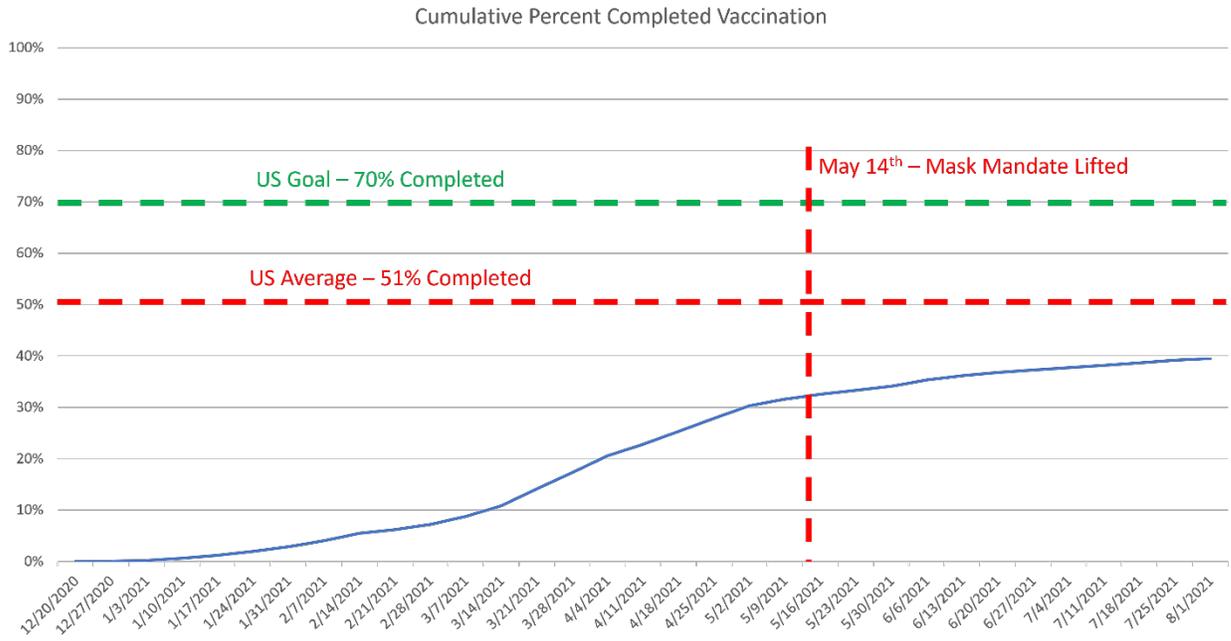
*isolation of infected persons]* will reduce the per-day risk of infection **so long as at least 50%** of people receive it, with significant benefits if more than 80% people do. However, **if there is too much vaccine defiance and a concomitant abandoning of other protection options, then we run the 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.

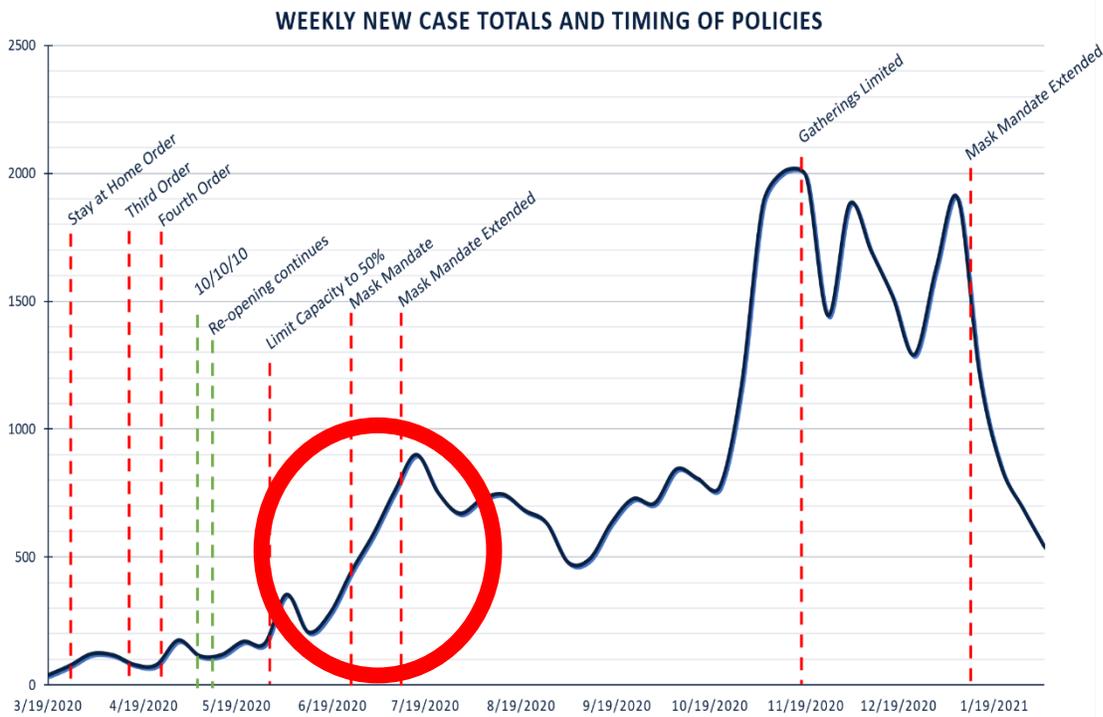
Vaccine uptake is shifting from an availability problem to a desirability issue. Financial incentives being introduced by the state of Missouri may have some impact, but preliminary studies of the impact of financial incentives in other states show mixed results. One study that looked at the impact of \$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.”

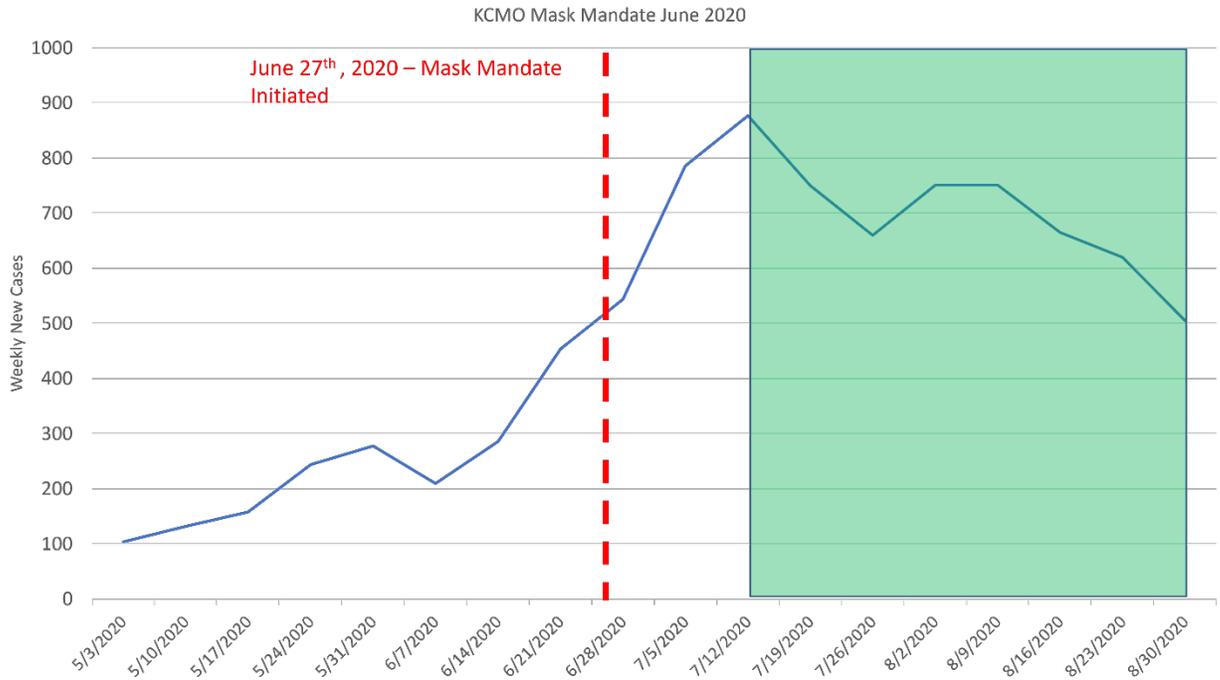
Source - Kreps, S., Dasgupta, N., Brownstein, J.S. et al. Public attitudes toward COVID-19 vaccination: The role of vaccine attributes, incentives, and misinformation. *npj Vaccines* 6, 73 (2021). <https://doi.org/10.1038/s41541-021-00335-2>

- c. In a similar fashion, CDC guidance was updated on May 14<sup>th</sup> 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:





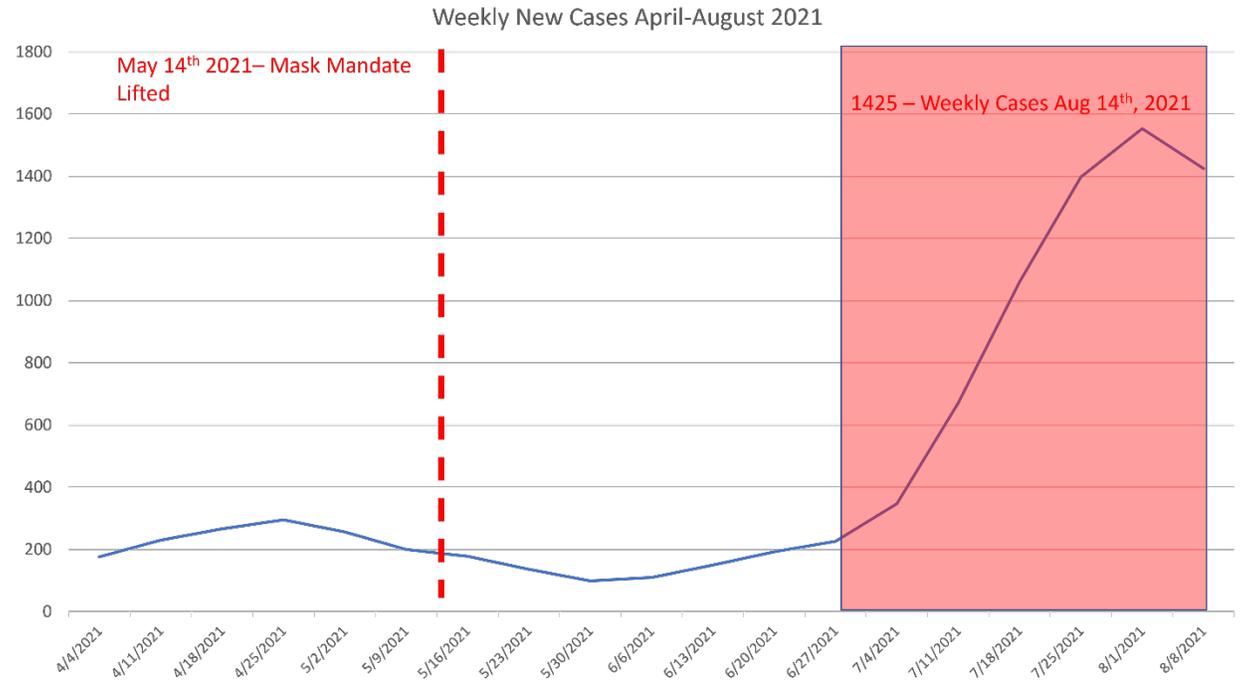
In addition, we have another example from Kansas:

“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.”

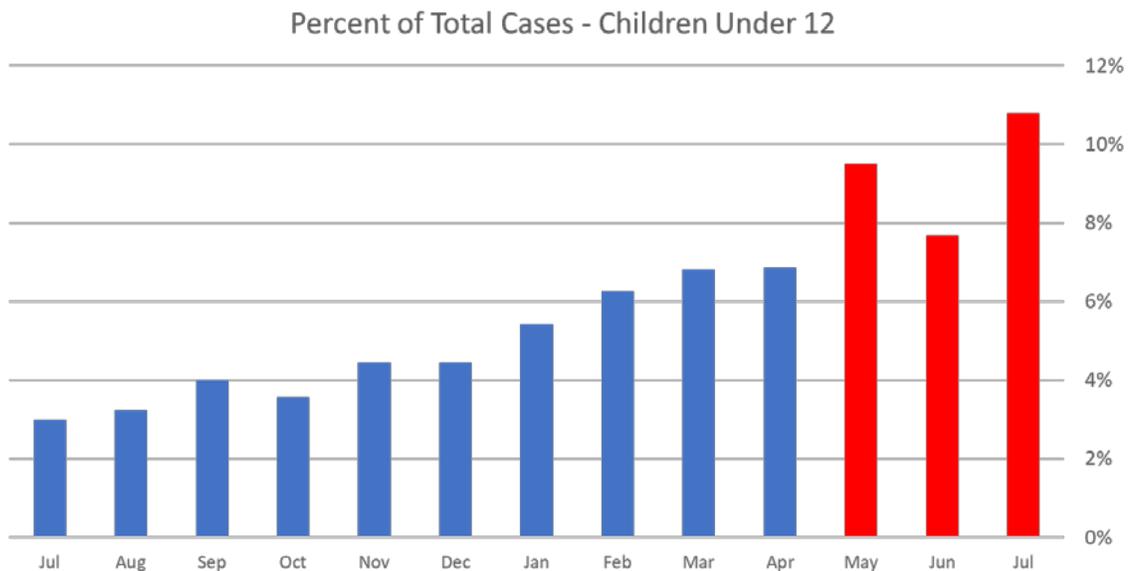
Van Dyke ME, Rogers TM, Pevzner E, et al. Trends in County-Level COVID-19 Incidence in Counties With and Without a Mask Mandate – Kansas, June 1-August 23, 2020. *MMWR Morb Mortal Wkly Rep.* Nov 27 2020;69(47):1777-1781. doi:10.15585/mmwr.mm6947e2

<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.



**Health Department**

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

**Director's Office**



**Public Health**

Date: September 15, 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 extending the current 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 24<sup>th</sup> 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.

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>

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b. RANDOMIZED TRIALS SUPPORT MASKING EFFICACY TO REDUCE INFECTION:

- New large-scale research with more than adequate observations (N=806,547) has illustrated direct evidence that mask use can reduce transmission of COVID-19 specifically. Authors state that “adjusting for baseline covariates, the intervention reduced symptomatic seroprevalence by 9.3%” (Abaluck et al., 2021)

Abaluck, Jason; Kwong, Laura H.; Styczynski, Ashley; Haque, Ashraful; Kabir, Md. Alamgir; Bates-Jeffries, Ellen; Crawford, Emily; Benjamin-Chung, Jade; Benhachmi, Salim; Raihan, Shabib; Rahman, Shadman; Zaman, Neeti; Winch, Peter J.; Hossain, Md. Maqsood; Reza, Hasan Mahmud; Luby, Stephen P.; Mobarak, Ahmed Mushfiq; Al Jaber, Abdulla; Gulshan Momen, Shawkee; Laz Bani, Faika; Rahman, Aura; and Saiha Huq, Tahrima, "The Impact of Community Masking on COVID-19: A Cluster-Randomized Trial in Bangladesh" (2021). Discussion Papers. 1086.  
<https://elischolar.library.yale.edu/egcenter-discussion-paper-series/1086>

c. 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

Network 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 46.4% completed as of 9/13/2021. Areas in Missouri that are popular summer destinations have lower vaccination rates like Taney County (33.2% completed) and Benton County (38.7% 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 635% since the first week in June, from 239 to 1,519 as of September 14<sup>th</sup>, reaching numbers not seen since mid-January.

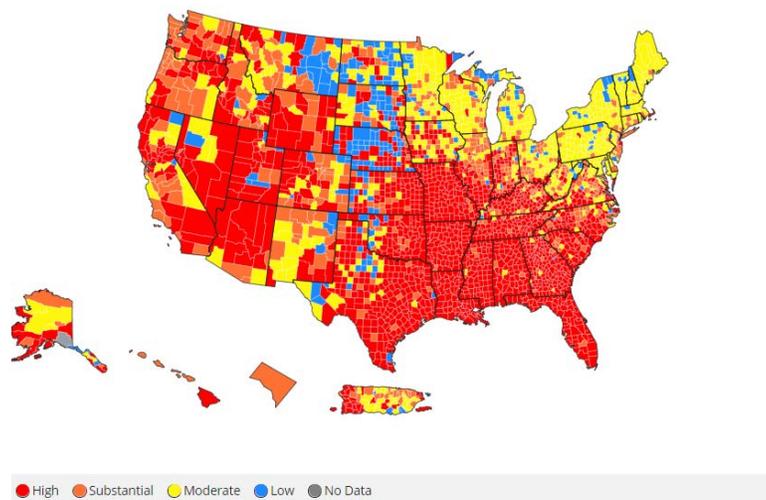
- Data source: MODHSS, COVID-19 in Missouri Dashboard based on confirmed PCR cases on June 1, 2021 and September 14, 2021  
<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/statewide.php>

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.

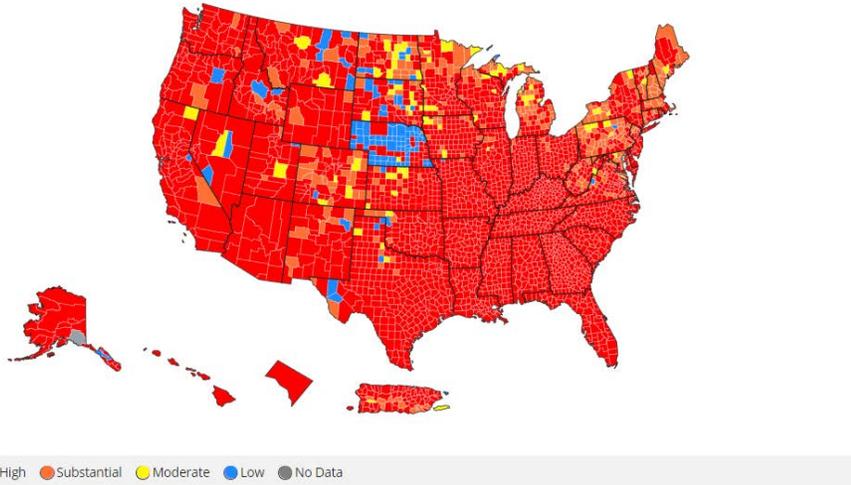
- R0 data source: <https://www.fil.ion.ucl.ac.uk/spm/covid-19/forecasting/>
- Sewershed data source: <https://storymaps.arcgis.com/stories/f7f5492486114da6b5d6fdc07f81aacf> accurate through July 27

d. LOCATION OF HOT SPOTS - The CDC designates 97% of Missouri counties as experiencing “High” levels of community transmission (see map pulled 9/14/2021 at 4:39 PM)

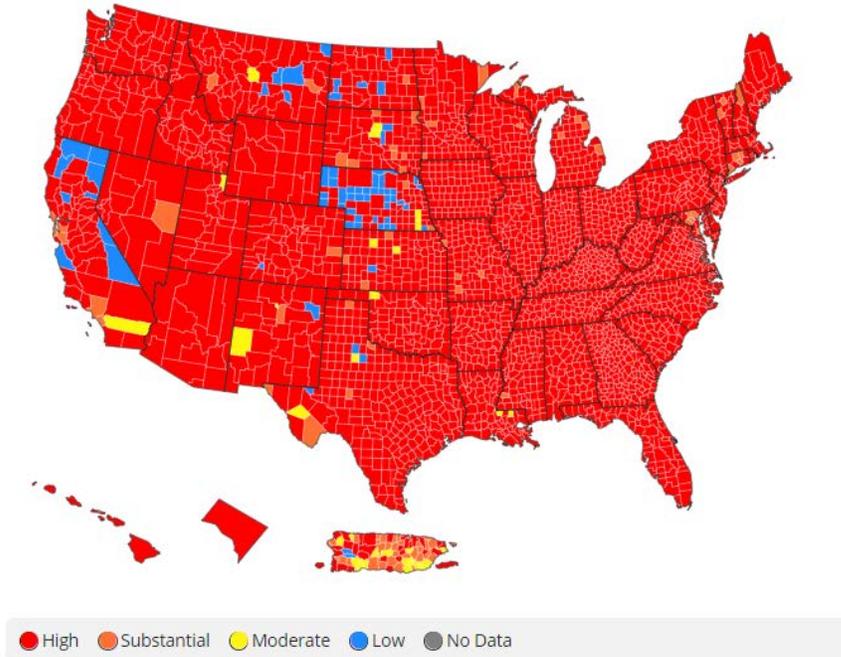
Map as of 7/26/2021



Map as of 8/16/21



Map as of 9/14/21



- **Current KCMO Numbers**
  - a. **TOTAL CASES AND DEATHS FOR KC REGION** - on September 14, 2021, the Kansas City Health Department confirmed 207,657 total cases of COVID-19 in Kansas City metro-wide and 2,800 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 61 new cases per day in early June to 709 cases per day in late August. Weekly new cases for KCMO have increased over **1,500%** since the first week in June, from 102 (6/5/21) to 1,531 (8/14/21) reaching numbers not seen since mid-January. This has since dropped slightly to about 1000 per week, but KCMO is currently averaging about 133 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 September 14, 2021
- On June 6 hospitalizations due to COVID-19 were at a pandemic low, averaging 7 per day. As of Sunday August 30, the average daily hospitalizations have decreased from 38 per day to 30 per day, resulting in 11% of all hospital beds being taken by COVID patients and only 32% of hospital beds being available, comparable to the peak of previous hospitalizations.
- Hospital update from September 13<sup>th</sup> regional call - The slight reduction in new cases has also been seen in the number of new hospitalizations. However, staffing remains a serious concern. Hospital capacity, the number of hospital and ICU beds in use, remains low. High volume continues in Emergency Rooms (ER) throughout the region. High volume suspension occurs when 12 or more hospitals in the region face high volume in their ER. This suspension has been in regular occurrence throughout August and September. FEMA ambulance strike teams to help with discharges and patient movement have been extended through October 5<sup>th</sup>
- 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 contract 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 medical care and public health system.
- Although the volume of cases is decreasing, the initial surge of delta variant cases exceeded the investigation capacity of the Health Department. As a result the department has prioritized investigating cases that are between the ages of 15 years old and 40 years old and those who are hospitalized. This decision was based on which ages have the lowest vaccination rates and where the bulk of new cases occur. Cases not in one of these groups remain unassigned. There were 769 unassigned cases from September 6<sup>th</sup> to 13<sup>th</sup>. 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 **two 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 29 – September 11<sup>th</sup> is 25.14%, and our case rate is 201 per 100k from September 5<sup>th</sup> to the 11<sup>th</sup>

Source – MODHSS Confirmed Cases Database (accurate through September 14, 2021)

- **Kids And Masking:**

- a. **KIDS ARE GETTING INFECTED** - The case rate in those under 12 increased by 12x between June and August 2021, to 863 per 100,000. This rate is higher than the previous peak of COVID-19 for this age group so far, from November 2020 (467 per 100,000). So far in the month of September (through the 14th), 263 cases in those under 12 have been confirmed, and 428 cases in those under 18 have been confirmed.

Source – MODHSS Confirmed Cases Database (accurate through September 14<sup>th</sup>, 2021)

**IN PERSON LEARNING** – Cases in children 18 and under have increased as a proportion of the total case count in a drastic fashion. Thus far in September children 18 and under represent over 25% of all new confirmed cases, by far the highest of the pandemic.

- b. **KIDS CAN SPREAD COVID** - 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** – From January to September 13, 2021 there have been 2,366 children in Kanas City hospitals due to COVID-19

Source – HHS Protect/TeleTracking

- 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.

- e. **MASKS HELP PREVENT COVID-19 FROM SPREADING IN SCHOOLS:** Research from within Missouri has clearly illustrated that “Schools implementing strategies including mask mandates, physical distancing, and increased ventilation had much lower SARS-CoV-2 transmission than in the community. K–12 schools should continue implementing these measures and following CDC isolation and quarantine guidance to minimize secondary transmission in schools” (Dawson et al., 2021)

Dawson P, Worrell MC, Malone S, et al. Pilot Investigation of SARS-CoV-2 Secondary Transmission in Kindergarten Through Grade 12 Schools Implementing Mitigation Strategies — St. Louis County and City of Springfield, Missouri, December 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:449–455. DOI: <http://dx.doi.org/10.15585/mmwr.mm7012e4>

- **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.”

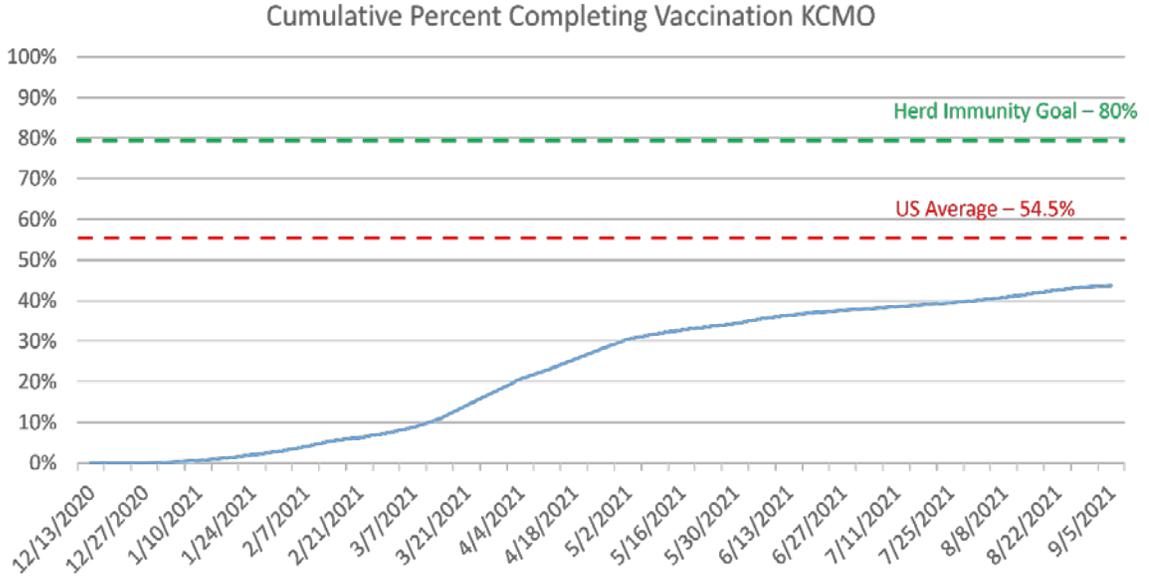
- b. **VACCINATION AVAILABILITY CANNOT BE A SUBSTITUTE FOR OTHER PROTECTIVE MEASURES SUCH AS MASKING** – COVID-19 vaccines are available to most Kansas City residents. In addition to community-based, COVID vaccination clinics offered each day by the Health Department, clinics under contract with the 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.”

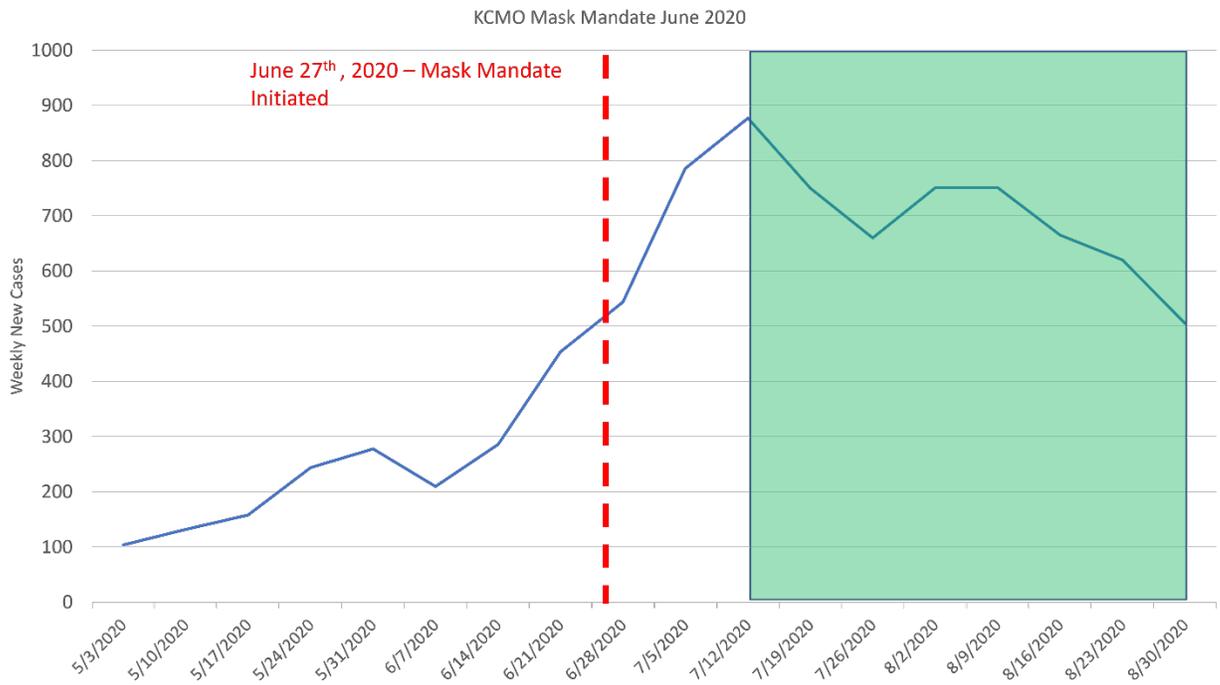
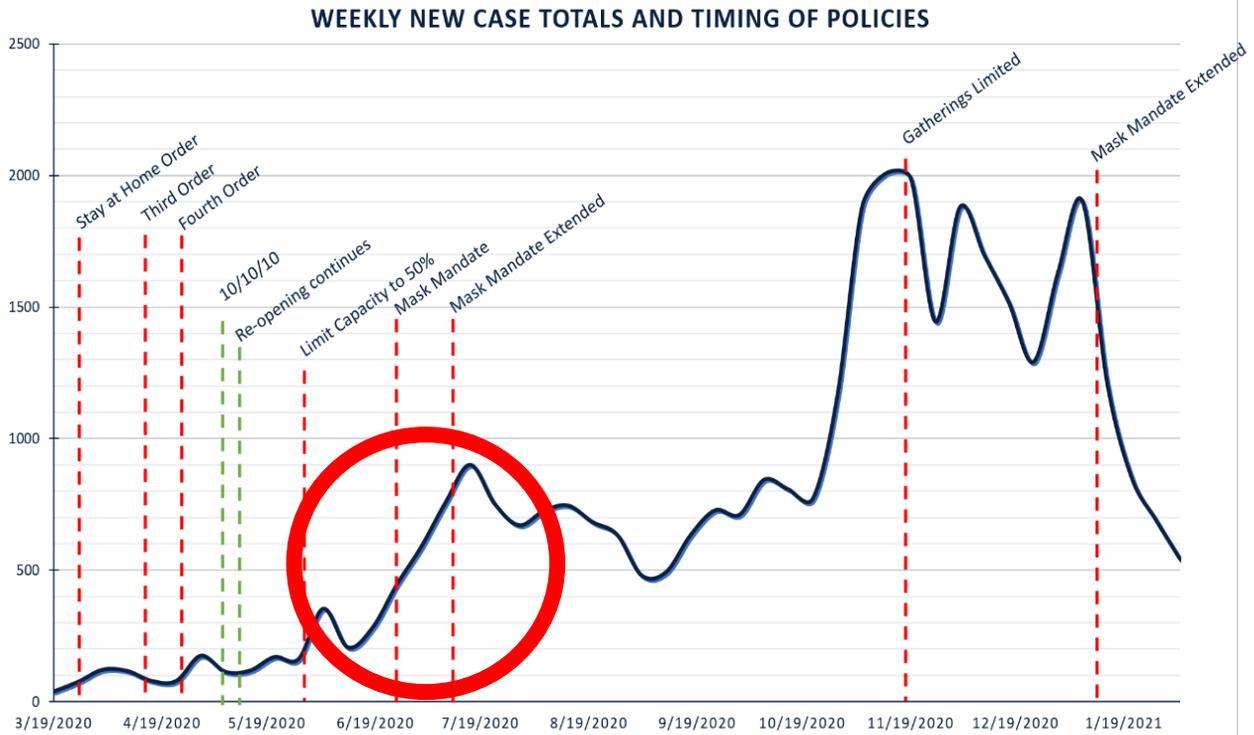
Source - Kreps, S., Dasgupta, N., Brownstein, J.S. et al. Public attitudes toward COVID-19 vaccination: The role of vaccine attributes, incentives, and misinformation. *npj Vaccines* 6, 73 (2021). <https://doi.org/10.1038/s41541-021-00335-2>

- c. In a similar fashion, CDC guidance was updated on May 14<sup>th</sup> dropping masking requirements for those fully vaccinated. With no way to enforce a mask order for only those unvaccinated, the city was left with no choice but to drop its mask order. The emergence of the delta variant 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. On July 27, 2021 the CDC issued updated guidance that added a recommendation for fully vaccinated people to also wear a mask in public indoor settings in areas of

substantial or high transmission. Kansas City continues to meet the definition as a high transmission area (case rate above 100 per 100,000 population).



- 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:



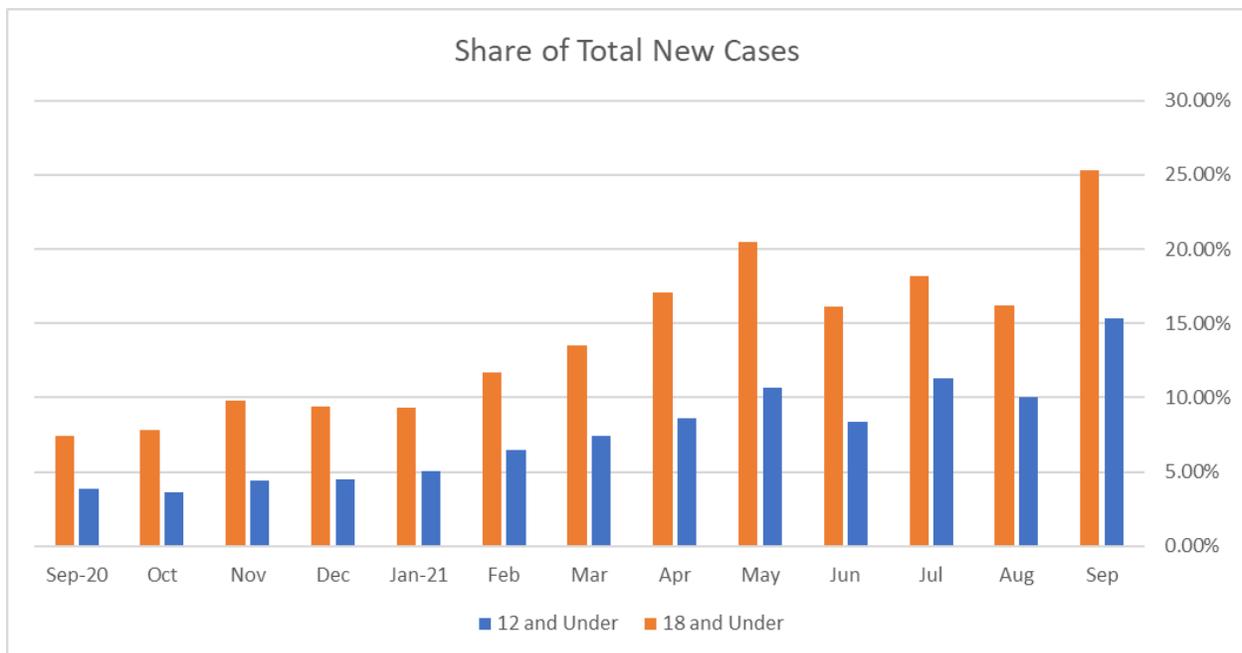
In addition, we have another example from Kansas:  
 “The governor of Kansas issued an executive order requiring wearing masks in public spaces, effective July 3, 2020, which was subject to county authority to opt out. After July 3,

COVID-19 incidence decreased in 24 counties with mask mandates but continued to increase in 81 counties without mask mandates.”

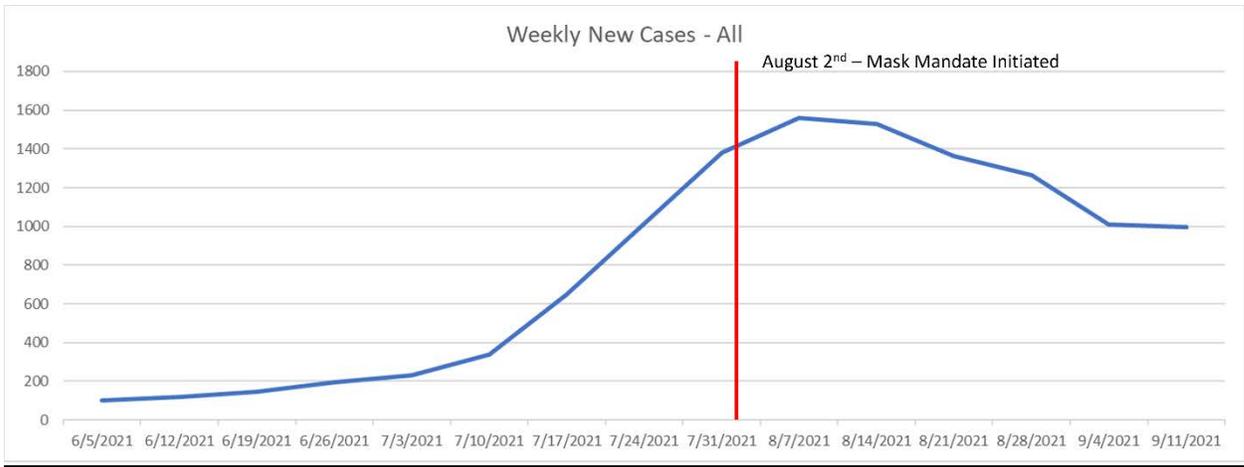
Van Dyke ME, Rogers TM, Pevzner E, et al. Trends in County-Level COVID-19 Incidence in Counties With and Without a Mask Mandate – Kansas, June 1-August 23, 2020. MMWR Morb Mortal Wkly Rep. Nov 27 2020;69(47):1777-1781. doi:10.15585/mmwr.mm6947e2

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e2.htm>  
[https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e2\\_H.pdf](https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6947e2_H.pdf)

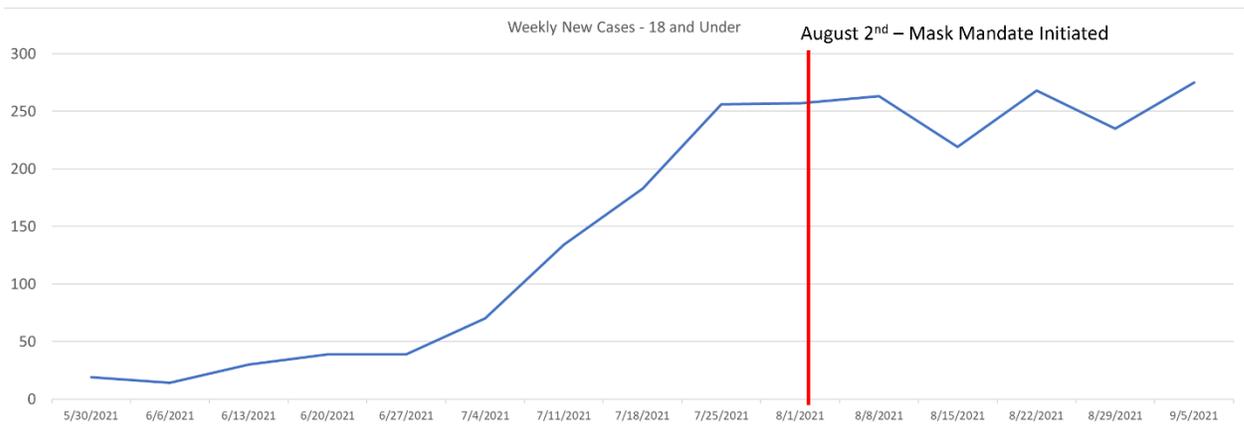
Furthermore, the share of cases in those under 12 rose from just 4% of all cases in January 2021, to over 15% of all cases so far in September 2021. These children cannot be vaccinated. In the absence of higher vaccination rates, the only method left to protect the children of Kansas City is through mask mandates. Those 18 and under now make up over 25% of all new cases – in the first two weeks of September 2020 we had 1170 new cases, and those under 18 made up just 7% of those cases. In the first two weeks of September 2021, we have nearly twice the number of total cases (2090) and those 18 and under make up 25.3% of those, clearly illustrating the gravity of the situation in our children.



**THE CURRENT MASK ORDER HAS FLATTENED THE CURVE:** Following a two-week delay, the mask mandate has flattened what was previously illustrated to be exponential growth in the number of new cases. The mask order preceded a drop in the overall case rate in the following month, illustrated below:



However, as shown by the next image, the decline is only taking place in those over 18, as cases in children are currently showing a plateau. In fact, the week of September 4 to September 11<sup>th</sup> was the highest single week on record for new cases in kids 18 and under (275 new cases). Removal of mask mandates in schools and in public would likely lead to a further increase in cases for this population, which cannot be fully vaccinated:



- **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>

- 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.

- 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>
- 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.
- PERSONS WHO ARE ALONE IN A SEPARATE ROOM OR OFFICE – minimal risk for a fully enclosed office; no need for masking
- 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 an extension of the order from the City Council requiring masks in all indoor, public accommodations within Kansas City, MO. Such an extension is needed to provide additional relief to local hospitals, to continue “turning the curve” of Kansas City’s latest COVID-19 surge, and to protect the public health of Kansas City’s children.



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**File #: 210694, Version: 1**

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COMMITTEE SUBSTITUTE FOR 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 Citians 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 Citians 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, on July 30, 2021, 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 Order 21-01; and

WHEREAS, on August 18, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit B, 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.

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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.

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Tammy L. Queen  
Director of Finance

Approved as to form and legality:

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Eluard Alegre  
Assistant City Attorney



KANSAS CITY  
MISSOURI

## Health Department

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

## Director's Office



**Public Health**

Good afternoon,

*This is the situational update from the week of September 17 – September 23. All information is provisional and correct as of the submission of this notification.*

## Top Messages to Council and Constituents

### 3<sup>rd</sup> Doses & Booster Shots:

- Per CDC approval, as of September 27, 2021, COVID booster shots are now available to the below eligible categories. Candidates must be 6 months past their second dose for eligibility to receive a booster dose.
  - *65 years and Older*
  - *18+ with underlying medical conditions*
  - *18+ who work in high-risk settings (first responders, healthcare worker, firefighters, police congregate care staff, correction workers, U.S. postal service worker, public transit workers, grocery workers, education staff, manufacturing workers & food and agriculture workers.)*
  - *18+ who live in high-risk settings*
  - *3<sup>rd</sup> Doses apply to those Immunocompromised individuals.*

More information can be found on the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

- As of September 23<sup>rd</sup>, during the week of 9/17 – 9/23: **48- 3<sup>rd</sup> dose & booster doses have been provided to residents.**
- Vaccination requests have slowly increased over the last couple of weeks; We expect additional increase as 3<sup>rd</sup> doses continue and boosters begin with the recent CDC & FDA Approval.

### Mask Usage:

- **Everyone should continue to wear a mask while in indoor public spaces.**
- ***On Thursday September 23, City Council voted to extend the current mask order, under Ordinance No. 210853, until October 7, 2021, at 11:59 pm.***
  - Health Department EHS enforcement staff continue to educate business owners/managers and leaders of local schools/organizations on how to comply with the order. *Enforcement action will be based on specifics of each confirmed violation.*

### ***Flu vaccine: will be available October 2021.***

- *KCHD is encouraging residents and employees to get the flu vaccine for the upcoming winter season.*

- KCMO Employee Flu Shot events will take place at various locations throughout the month of October.
  - Employees must provide their ID and Blue Cross Blue Shielded Insurance card to schedule appointment.

**Satellite Locations and Sites**

- KCHD has 2 of 4 satellite vaccination sites available.
  - 1- Northland – NNI 5340 NE Chouteau Trafficway, KCMO**
    - a. *Wed., 9am – 2pm*
    - b. *(Trial run conducted 9/22 & 9/24)*
  - 2- East KCMO – Knights of Columbus, 5101 Blue Ridge Cut-Off, KCMO 64133**
    - a. *Mon, Tues., 10am – 2 pm*
  - 3- South KCMO—pending finalization**
    - a. *TBD*
  - 4- KCHD Main Campus -- 2400 Troost, KCMO 64108**
    - a. *Mon.-Fri., 9:30 am – 4:30 pm*
    - b. *Extended Hours: Tue., Thur., 4:30 pm – 7 pm*

Daily COVID vaccination clinics hours: *appointment and walk-in availability*

***KCHD will be sponsoring and hosting the following COVID-19 Vaccination clinics below for the upcoming week:***

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Mon, September 27<sup>th</sup> <b>**Weekly**</b><br/>10:00 am – 2:00pm<br/>Mattie Rhodes Clinic<br/>148 N Topping Ave, 64123- District: 4</li> <li>2. Mon, September 27<sup>th</sup> <b>**Weekly**</b><br/>10:00 am – 2:00 pm<br/>Knights of Columbus (East)<br/>5101 Blue Ridge Cut-Off, KCMO 64133</li> <li>3. Tues, September 28<sup>th</sup><br/>2:00 pm – 6:00 pm<br/>Knights of Columbus (East)<br/>5101 Blue Ridge Cut-Off, KCMO 64133</li> <li>4. Tues, Sept 28<sup>th</sup><br/>9:00 am – 3:00 pm<br/>St. John Bosco<br/>526 Campbell, KCMO 64106</li> <li>5. Wed., Sept 29<sup>th</sup><br/>9:00 am – 2:00 pm<br/>NNI Clinic<br/>5840 NE Chouteau Trfwy, KCMO 64119</li> <li>6. Thurs, September 30<sup>th</sup><br/>11:00 am – 3:00 pm</li> </ol> | <ol style="list-style-type: none"> <li>7. Thurs, September 30<sup>th</sup><br/>11:00 am- 4:00 pm<br/>Heavy Construction Laborers<br/>7820 Prospect Ave, KCMO 64132</li> <li>8. Fri, October 1st<br/>11:00 am – 3:00 pm<br/>HolidayMart KC- Convention Center<br/>301 W 13<sup>th</sup> S, KCMO 64105</li> <li>9. Fri, October 1st<br/>4:00 pm – 7:00 pm<br/>Halloween Haunt, Worlds of Fun<br/>Pfizer Only</li> <li>10. Sat, October 2<sup>nd</sup><br/>9:00 am – 1:00 pm<br/>2<sup>nd</sup> Annual Breast Cancer Walk<br/>4441 Kensington Ave, KCMO 64130</li> <li>11. Sat, October 2<sup>nd</sup><br/>11:00 am- 2:00 pm<br/>KC Mothers in Charge<br/>6009 Blue Hills Rd, KCMO 64110</li> </ol> |
|--|--|

# Covid-19 Cases, Vaccinations, and weekly averages

*\*Deaths fluctuate as each case is investigated to jurisdiction and cause of death. The total reflects cases still pending.*

<b>Current Week of</b> <b>Sept 17 -Sept 23</b> <i>*As of Sept 20, 2021</i>	<b>COVID 19: Case #'s</b>	<b>Previous Week of</b> <b>Sept. 10 – Sept. 16</b>
*Total Cases via PRC Testing	<b>52,739</b>	51,907
Confirmed Deaths	<b>771</b>	746
Investigations Complete <i>*Staff are focusing interviewing cases diagnosed within the last 6 days and within the age groups of 15-40, or hospitalized</i>	351	391

<b>Weekly Daily Average past 7-days</b>	<b>Daily Average for COVID cases</b> <b>Sept. 10 – Sept. 16</b>
September 9 <sup>th</sup>	134.7 (133.2* updated data as of Sept 20, 2021, from previous week 9/2 – 9/8)
September 16 <sup>th</sup>	155.7
<b>September 23<sup>rd</sup></b>	<b>127.8 (down from 155.7 previous week)</b>

*\*Numbers are comparable to what Kansas City saw in Mid-January 2021*

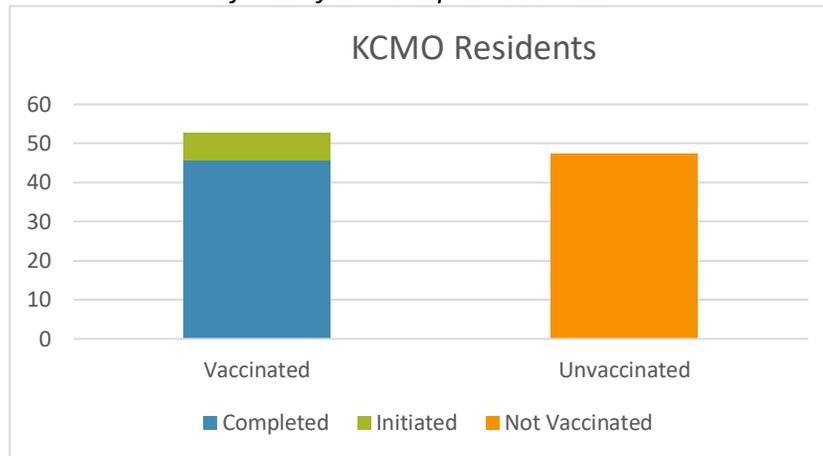
<b>COVID-19 Cases: 10-week average</b> <b>July 11, 2021- September 18, 2021</b>	<b>10- week average for COVID cases</b>
Cumulative COVID 19 Cases	<b>11,651</b>
Confirmed COVID 19 Deaths	<b>151</b>

<b>COVID-19: Vaccination Clinics</b> <b>Week of September 17 – September 23</b>	
COVID Clinics*	<b>17</b>
Number of COVID Vaccinations	<b>252</b>
<i>3<sup>rd</sup> Doses for immunocompromised</i>	<b>48</b>
YTD Vaccinations Given	<b>30,750</b>

<b>COVID-19: Vaccination Doses on Hand</b>	
Pfizer	<b>762</b>
Moderna	<b>8,560</b>
J&J	<b>100</b>
<b>Total</b>	<b>9,322</b>

As of **September 24, 2021**

- **52.7%** - Of Kansas City residents have received at least their first dose of the Pfizer or Moderna vaccine.
- **45.7%** - Of Kansas City residents have completed their COVID Vaccinations. *This is an increase of 1.0% from the previous week.*



\*\*\* Please note. The Vaccination numbers do not include residents who were vaccinated on the Kansas side of the metro as the two state systems currently do share information that can be obtained in a report.

## Hospitalizations, Outbreaks, and Investigations:

*\*As of September 23, 2021*

<b>Hospitalizations***</b>		
Week of Sept 17 – Sept 23	5.49 % <b>Decrease</b>	41 Daily Average (7/7 hospitals reporting)
Week of Sept. 10– Sept 16	11.4% <b>Increase</b>	45 Daily Average (7/7 hospitals reporting)

(This data is provisional as some hospitals experience delays in their reporting to [www.preparemetrokc.org](http://www.preparemetrokc.org) )

### Outbreaks: Call Center

**Average: 19 daily call volume; Total: 95** calls for the week

- Individuals are calling to report business and seeking educational information.
- **Citizens can contact the Health Department call center at 816-513-6152 to report a business or obtain information.**
- Call influx also due to return calls from outbreak investigations

### Investigations:

- **Staff** are focused on interviewing cases diagnosed within the previous 6 days priority age groups 15-40. This age range has the lowest level of initiated and completed vaccination

- **Challenges:** There have been challenges with unreturned investigation calls, resulting in partial interviews or patients declining to conduct an interview.
  - The combination of higher cases & lack of cooperation with investigators has had some affect in our ability to contain outbreaks efficiently.
  - Withholding of reporting and information regarding an individual’s diagnosis of COVID 19 has been occurring in work sites, schools, gyms and/or service businesses they utilize. Our team is working hard to investigate as thoroughly as possible.

## Environmental Health Enforcement Response

COVID-19: March 2020 – June 2021

August – September 2021

\*Cases marked as still open does not indicate they have not been reviewed. They are pending action.

<u>Week of:</u> <u>9/17/21 – 9/23/2021</u>	<u>311</u> <u>Complaints</u>	<u>Email</u> <u>Complaints</u>	<u>Totals</u>	<u>Total Ord.</u> <u>210694</u>	<u>Total to</u> <u>Date</u>
Received	43	4	4	599	5256
Field Investigations	57	7	64	559	2842
Phone call/Email Follow Up	0	2	2	7	1006
Not Requiring Investigation	0	1	1	1	1389
Cases still Open*	30	4	34	34	
Cease Operation			0	0	25

*\*\*\*Please note: Going forward daily average will reflect reporting of 7 area hospitals. The department spotted discrepancies in the data and informed MARC that one of the local area hospitals was not being reported. This data does not include patients that are being held in the ER waiting for an open bed.*



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**File #: 210853, Version: 1**

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### ORDINANCE NO. 210853

Requiring face coverings or masks at indoor places of public accommodation 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, 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, the share of COVID-19 cases in Kansas City of those under 12 years old rose from just 4% of all cases in January 2021 to 15% in September 2021, and those 18 and under now comprise 25% of all new COVID-19 cases. Children under 12 years old cannot be vaccinated. In the absence of vaccines, the best method left to protect the children of Kansas City in public is by requiring the wearing of face coverings and masks; 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, on September 15, 2021, the Kansas City Health Department confirmed 207,657 total cases of COVID-19 in Kansas City metro-wide and 2,800 deaths from COVID-19 in Kansas City metro-wide. In addition, the Centers for Disease Control (CDC) confirmed 219,000,000 total cases and 4,550,000 deaths world-wide; and

WHEREAS, on September 15, 2021, approximately 44% of all Kansas Citians were fully vaccinated for COVID-19 and 51.2% have had at least one vaccine dose; and

WHEREAS, the number of COVID-19 cases and hospitalizations in Kansas City decreased slightly in the last three weeks; however, the weekly average for new COVID-19 cases remains high 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 CDC recommends all individuals wear a mask in public indoor settings in areas with high or substantial transmission and Kansas City's case rate currently stands at two times the CDC threshold for designation as a high transmission area; and

WHEREAS, the four counties in which Kansas City is located (Cass, Clay, Jackson, and Platte) remain 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 those recommendations have not changed; and

WHEREAS, on July 30, 2021, 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 Order 21-01; and

WHEREAS, on August 18, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit B, outlining and recommending a need for continued mask requirements; and

WHEREAS, on August 19, 2021, the Kansas City Council passed Committee Substitute for Ordinance 210694, attached hereto as Exhibit C, rescinding Order 21-01 and requiring masks in indoor locations in Kansas City with specific exceptions until September 23, 2021; and

WHEREAS, on September 16, 2021, Kansas City Interim Director of Health Frank Thompson, pursuant to RSMo. Section 67.265, submitted an updated report to City Council, attached hereto as Exhibit D, outlining and recommending a need for this ordinance; NOW, THEREFORE,

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. 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 2. 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 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 3. 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 4. 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 5. 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 6. 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 7. 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 8. 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 9. 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 10. That this ordinance shall expire on October 7, 2021, at 11:59 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.



Authenticated as Passed

*[Signature]*  
Quinton Lucas, Mayor

Marilyn Sanders, City Clerk

SEP 23 2021  
Date Passed

*[Signature]*  
Tammy L. Queen  
Director of Finance

Approved as to form and legality:

*[Signature]*  
Eluard Alegre  
Assistant City Attorney

**No Fact Sheet  
for  
Ordinance  
No.  
210903**



**File #: 210752**

ORDINANCE NO. 210752

Estimating revenue in the amount of \$170,000.00 in the Capital Improvements Fund; appropriating that amount to the Bus Stop Improvements account; authorizing the Director of Public Works to execute a \$170,000.00 cooperative agreement with Kansas City Area Transportation Authority (“KCATA”) for the Bus Stop Improvement Project.

WHEREAS KCATA has agreed to contribute \$170,000.00 for the purpose of constructing ADA-compliant bus stops at approximately 17 locations in Kansas City, Missouri; NOW THEREFORE,

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. That the revenue in the following account is hereby estimated in the following amount:

22-3090-895912-485110-89023020	\$170,000.00
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Section 2. That the sum of \$170,000.00 is hereby appropriated from the Unappropriated Fund Balance of Fund No. 3090 to the following account:

22-3090-895912-B-89023020	Bus Stop Improvements	\$170,000.00
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Section 3. That the Director of Public Works is hereby designated as requisitioning authority for Account No. 22-3090-895912.

Section 4. That the Director of Public Works is hereby authorized to execute a \$170,000.00 cooperative agreement with KCATA for the Bus Stop Improvement Project. A copy of the cooperative agreement is on file in the Public Works Department.

..end

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.

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Tammy L. Queen  
Director of Finance

Approved as to form and legality:

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Nelson V. Munoz  
Assistant City Attorney







LEGISLATIVE FACT SHEET		Legislation Number:	
		Approval Deadline:	
LEGISLATION IN BRIEF:			
What is the reason for this legislation?	<b>Fact Sheet Color Codes</b> User Entered Field User Select From Menu For OMB Use		
	Sponsor(s)  Programs, Departments, or Groups Affected  Sub-Program in Budget (page #)		
Discussion (including relationship to other Council actions)	Applicants/ Proponents	City Department	
		Other	
Citywide Business Plan Goal	Staff Recommendation		
Citywide Business Plan Objective	Board or Commission Recommendation		
		<b>Future Impacts</b>  Cost of Legislation current Fiscal Year	
Citywide Business Plan Strategy	Costs in Future Fiscal Years?		
	Annual Revenue Increase/Decrease		
	Applicable Dates:		
	Prepared by:		
	Date Prepared:		
	Reviewed by:		
	Date Reviewed		
	Reference Numbers		

<b>LEGISLATIVE FISCAL NOTE</b>	LEGISLATION NUMBER:	210752
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LEGISLATION IN BRIEF:

Estimating revenue in the amount of \$170,000.00 in the Capital Improvements Fund; appropriating that amount to the bus stop improvement project.

**What is the purpose of this legislation?** CAPITAL

*For the purpose of funding for the construction of fixed capitalizable assets*

**Does this legislation spend money?**  YES Yes/No

*See Sections 01, 02 and 03 for sources of funding*

**Does this legislation estimate new Revenues?**  YES Yes/No

*See Section 02 for new revenue estimates*

**Does this Legislation Increase Appropriations?**  YES Yes/No

*See Section 03 for increases in appropriations*

**Does this legislation expand the scope of city services, or expand the city's infrastructure?**  NO Yes/No

*Maintenance of existing assets is included in the budget. For details see Section 00: " Notes" Below*

**Section 00: Notes:**

*Project is funded by KCATA*

Five years of operational and maintenance costs should be included in Section 04 below.

**FINANCIAL IMPACT OF LEGISLATION**

**Section 01: If applicable, where are funds appropriated in the current budget?**

FUND	DEPTID	ACCOUNT	PROJECT	FY 21-22 BUD	FY 22-23 EST
3090	895912	B	89023020	170,000.00	

**Section 02: If applicable, where will new revenues be estimated?**

FUND	DEPTID	ACCOUNT	PROJECT	FY 21-22 BUD	FY 22-23 EST
3090	895912	485110	89023020		

**Section 03: If applicable, where will appropriations be increased?**

FUND	DEPTID	ACCOUNT	PROJECT	FY 21-22 BUD	FY 22-23 EST

<b>NET IMPACT ON OPERATIONAL BUDGET</b>				-	-
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*RESERVE STATUS:*

**SECTION 04: FIVE-YEAR FISCAL IMPACT (Direct and indirect)**

FUND	FUND NAME	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	All Outyears
3090	Capital Improvements	170,000						
<b>TOTAL REV</b>		<b>170,000</b>	-	-	-	-	-	-

FUND	FUND NAME	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	All Outyears
3090	Capital Improvements	170,000						
<b>TOTAL EXP</b>		<b>170,000</b>	-	-	-	-	-	-

**NET Per-YEAR IMPACT** -   -   -   -   -   -

**NET IMPACT ( SIX YEARS)** -

REVIEWED BY Charles Leap DATE 8/18/2021



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**File #: 210852**

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RESOLUTION NO. 210852

RESOLUTION - Directing the City Manager to implement a COVID-19 Mandatory Vaccination Policy for the City's workforce consistent with the requirements for federal employees.

WHEREAS, the CDC has recommended vaccinations to maximize protection from COVID-19 and prevent possibly spreading it to others; and

WHEREAS, one COVID-19 vaccine has received approval from the U.S. Food and Drug Administration (FDA) and two others are currently authorized for emergency use; and

WHEREAS, Kansas City currently has a vaccination rate of less than fifty percent; and

WHEREAS, the City Council considers the health and safety of the City workforce and the public with which they interact a priority and believes all available actions should be taken to protect its workforce and the public; and

WHEREAS, on September 9, 2021, President Biden issued Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees; and

WHEREAS, Executive Order 14043 requires implementation of programs to require COVID-19 vaccinations for all Federal employees with exceptions only as required by law; and

WHEREAS, it has been announced that the United States Department of Labor's Occupational Safety and Health Administration (OSHA) is developing an emergency temporary standard (ETS) to apply to private-sector workforces; NOW, THEREFORE,

**BE IT RESOLVED BY THE COUNCIL OF KANSAS CITY:**

Section 1. That the City Manager is directed to implement a COVID-19 Mandatory Vaccination Policy for the City's workforce consistent with any vaccination requirement for Federal employees.

Section 2. That the City Manager is directed to report back to Council within 14 days with an implementation plan for the COVID-19 Mandatory Vaccination Policy.

Section 3. That the City Manager is directed to report back to Council on any ETS issued by OSHA as well as any other law, regulation or order at the Federal level related to the COVID-

19 pandemic and vaccines within 14 days of the issuance of such ETS or law, regulation or order, and to modify the City's Mandatory Vaccination Policy as necessary.

..end

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**No Fact Sheet  
for  
Resolution  
No. 210852**



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**File #: 210874**

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ORDINANCE NO. 210874

Authorizing a \$1,946,312.00 construction contract with Hettinger Excavating, LLC, for the replacement of water mains in the area of Jefferson Street to Lydia Avenue, W. 99th Terrace to E. Red Bridge Road; and authorizing a maximum expenditure of \$2,140,891.00.

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. That the Director of the Water Services Department is authorized to execute Contract No. 9284 in the amount of \$1,946,312.00 with Hettinger Excavating, LLC, for the replacement of water mains in the area of area of Jefferson Street to Lydia Avenue, W. 99th Terrace to E. Red Bridge Road, Project No. 80002038. A copy of the contract is on file in the office of Water Services.

Section 2. That the Director of the Water Services Department is authorized a maximum expenditure of \$2,140,891.00 from Account No. 22-8010-807705-B-80002038, Water Main Replacement Program, to satisfy the cost of this contract.

..end

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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.

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Tammy L. Queen  
Director of Finance

Approved as to form and legality:

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Mark P. Jones  
Assistant City Attorney



# MBE/WBE/DBE Contract Goals Request

Date: September 25, 2019  
 To: Phillip Yelder, Human Relations Department  
 From: Leona Walton, Water Services Department

<b>Project Number:</b> 80002038	<b>Project Name:</b> Water Main Replacement in the Area of Jefferson Street to Lydia Avenue, W. 99th Terrace to E. Red Bridge Road	
<b>Contract ID Number</b> 9284	<b>Estimated Cost: (cost breakdown attached)</b> \$ 1,522,438.00	<b>Solicitation Date:</b> 11/5/2019
<b>Estimated Project Duration: 180 Days</b>		

Note: Click the box to select

<b>→ FICB PREVALING WAGE:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Contract Category:	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Design-Build	<input type="checkbox"/> Non-Municipal Agency
	<input type="checkbox"/> Design Professional	<input type="checkbox"/> Other Goods & Services	<input type="checkbox"/> Lease
	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Facilities Maintenance/Repair	<input type="checkbox"/> Tenant (MBE/WBE)
	<input type="checkbox"/> Other (Enter Type):		<input type="checkbox"/> Concession
Type:	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Amendment No.	
Funding:	<input checked="" type="checkbox"/> City(MBE/WBE)	<input type="checkbox"/> Federal (DBE)	<input type="checkbox"/> State (DBE)
	<input type="checkbox"/> Other:	<input type="checkbox"/> Grant#	
Construction Workforce Goals: Are the estimated construction labor hours greater than 800 and the estimated cost greater than \$300,000? If yes, complete "Required Crafts" Worksheet and include total number of hours in Description of Work.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Estimated Cost Breakdown attached - Page 2			<input checked="" type="checkbox"/> List of Required Crafts attached - Page 3

**Description of work:**

This project includes the replacement of approximately 7950 linear feet (LF) of 6-inch, 8-inch, and 12-inch deteriorated and break-prone water mains along six (6) line segments in the Area of Jefferson Street to Lydia Avenue, W. 99th Terrace to E. Red Bridge Road Project, in Kansas City, Jackson County, Missouri.

cc: Davis McDonald, Project Manager

<b>FOR HUMAN RELATIONS DEPARTMENT USE ONLY:</b>	
<input type="checkbox"/> No Goals are set for this Project; OR	
<input checked="" type="checkbox"/> The following Goals are approved for this Project	109 % MBE 67 % WBE OR _____ % DBE
Human Relations Department	Mark Runge Date: 9/30/2019

<b>FOR FAIRNESS IN CONSTRUCTION BOARD USE ONLY<sup>2</sup></b>	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> N/A
Robert A. Jones on behalf of Christopher Malone	10.10.19 Date
<b>FOR GRANT AGENCY USE ONLY<sup>3</sup></b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> N/A
_____	_____ Date

<sup>1</sup> DBE Programs apply to specific federal or state grant requirements.  
<sup>2</sup> For Projects subject to prevailing wage requirements only.  
<sup>3</sup> Federal and state grant agreements may require granting agency approval of contract goals.

**ESTIMATED COST BREAKDOWN FOR**

PROJECT #: 80002038 PROJECT/CONTRACT NAME: Water Main Replacement in the Area of Jefferson Street to Lydia Avenue, W. 99th Terrace to E. Red Bridge Road

<b>Department Use</b>			
<b>Scopes of Work</b>	Dollar Amount	<input type="checkbox"/> DBE <input type="checkbox"/> MBE	WBE
Pre-Construction Photos	\$ 1,000.00	\$ -	\$ 1,000.00
Construction Staking	\$ 5,500.00	\$ -	\$ 5,500.00
Traffic Control	\$ 5,000.00	\$ -	\$ 5,000.00
Trucking	\$ 10,000.00	\$ -	\$ 10,000.00
Pipe Material & Appurtenances (25% for Supplier)	\$ 217,424.00	\$ -	\$ -
Pipe Installation	\$ 869,694.00	\$ -	\$ -
Pipe Testing	\$ 8,000.00	\$ -	\$ 8,000.00
Concrete (Pavement and Thrust/Straddle Blocks)	\$ 100,000.00	\$ -	\$ 50,000.00
Asphalt Pavement	\$ 296,820.00	\$ 148,410.00	\$ -
Seeding and Sodding	\$ 4,000.00	\$ -	\$ 4,000.00
Record Drawings	\$ 5,000.00	\$ -	\$ 5,000.00
<b>Department Recommendation Total</b>	<b>\$ 1,522,438.00</b>	<b>\$ 148,410.00</b>	<b>\$ 88,500.00</b>
<b>Department Recommended Goal</b>		<b>10%</b>	<b>6%</b>
<b>Human Relations Department Use Only:</b>			
<b>Scopes of Work</b>	Dollar Amount	<input type="checkbox"/> DBE <input type="checkbox"/> MBE	WBE
Pre-Construction Photos	\$ 1,000.00	availability	availability
Construction Staking	\$ 5,500.00	availability	availability
Traffic Control	\$ 5,000.00	availability	availability
Trucking	\$ 10,000.00	\$10,000.00	availability
Pipe Material & Appurtenances (60% for Supplier)	\$ 217,424.00	\$130,454.40	availability
Pipe Installation	\$ 869,694.00	availability	availability
Pipe Testing	\$ 8,000.00		
Concrete (Pavement and Thrust/Straddle Blocks)	\$ 100,000.00	availability	\$100,000.00
Asphalt Pavement	\$ 296,820.00	availability	availability
Seeding and Sodding	\$ 4,000.00	availability	availability
Record Drawings	\$ 5,000.00	availability	availability
<b>HRD Recommendation Total</b>	<b>\$ 1,522,438.00</b>	<b>\$ 140,454.40</b>	<b>\$ 100,000.00</b>
<b>HRD Recommended Goal</b>		<b>9%</b>	<b>7%</b>

NOTICE: The scopes of work and dollar amounts listed on this MBE/WBE/DBE Contract Goals Request are using internal estimates only for the purpose of analyzing the availability and capacity of M/W/DBEs to set appropriate target goals. Nothing contained within this form should be used to limit, restrict or mandate M/W/DBE participation in particular scopes of work for responding to formal solicitations, including, but not limited to, Invitations for Bids and Requests for Proposals.



# CONTRACT

210874

## Ordinance Fact Sheet

## Construction/Misc. Form

**Brief Title**  
 Authorizing a construction contract for the replacement  
 of water mains in the area of Jefferson Street to Lydia  
 Avenue, W. 99th Terrace to E. Red Bridge Road.

**Reason**  
 To authorize execution of a construction contract and expenditures.

**Details**

**Reason for Contract**  
 This construction project will be performed to replace aging, break-prone cast iron pipe (CIP) and polyvinyl chloride (PVC) water mains with ductile iron pipe (DIP).

**Discussion**

**Project Justification**  
 The Water Services Department is undertaking this construction project to improve distribution system reliability, increase hydraulic conveyance capacity, and support fire protection.

**Project Description**  
 This project includes the replacement of approximately 8,300 linear feet (LF) of break prone 6-inch, 8-inch, and 12-inch water mains in the area of Jefferson Street to Lydia Avenue, W. 99th Terrace to E. Red Bridge Road, all in Kansas City, Jackson County, Missouri. The project will replace the water mains in the following locations:

- Replace 6-inch CIP with 8-inch DIP along Lydia Avenue from E. 109th Terrace and Virginia Avenue to E. 109th Street and Virginia Avenue;
- Replace 6-inch CIP with 8-inch DIP along Forest Avenue from E. 109th Terrace and tie into an 8-inch CIP at 1110 E. 109th Street as well as tie into an 8-inch CUP to the east near 10900 Tracy Avenue;
- Replace 12-inch CIP with 12-inch DIP along E. 108th Street from Holmes Road to E. 108th Terrace;
- Replace 12-inch CIP with 12-inch DIP along E. 103rd Street from Locust Street to 35 LF west of School Service Line;
- Replace 8-inch CIP with 8-inch DIP along W. 104th Street from Wornall Road to I-435 right-of-way; and
- Replace 8-inch CIP with 8-inch DIP along Jefferson Street from Carondelet Drive to the tee on W. 107th Street.

This work will include the transfer of customers' water service connections from existing mains to new mains, as well as restoration of roads and properties. The amount of this contract is \$1,946,312.00.

**Roles and Responsibilities**

Sponsor	Water Services Department
Department or Programs Affected	Water Services Department
Recommended Awardee	Hettinger Excavating, LLC
Contract Compliance Certification Obtained?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Opponents	Groups or Individuals  None known  Reason for Opposition
Responsibilities	Design Engineering:  Olsson Associates  Inspections:  City staff  Construction or Project Management:  City staff  Service Monitoring:  City staff

**Details**

**Solicitation**  
 This Project was advertised in accordance with the City's Ordinance Fact Sheet; Contract Construction 012313

**Policy/Program Impact**

Policy or Program Emphasis Change	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Operational Impact Assessment	

(Continued on reverse side)

**Finances**

City's Estimate of Cost	\$ 2,141,356.00
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Contract Central



**Inter-Departmental Communication**

Date: August 6, 2021

To: Mayor Quinton Lucas Chair: Transportation, Infrastructure & Operations Committee

From: Andrea Dorch Director Human Relations Department

Subject: Docket Memo #: 210874

**CONTRACTOR:** Hettinger Excavating, LLC  
 Address: PO Box 273  
 Drexel, MO 64742  
 Contract # 9284 / 80002038 – Water Main Replacement in the area of Jefferson St. to Lydia Ave., W. 99<sup>th</sup> Terrace to E. Red Bridge Rd.  
 Contract Amount: \$1,946,312.00  
 MBE Goal 10%  
 WBE Goal: 6%  
 Total MBE Achieved: 10%  
 Total WBE Achieved: 6%

**MBE SUBCONTRACTORS:**  
 Name: Alexander Mechanical, Inc.  
 Address: 10801 N. Pomona Ave.  
 Kansas City, MO 64153  
 Scope of Work: Supplier- Pipe & Appurtenances  
 Dollar Amount: \$195,000 (\$325,000 X 60%)\*  
 Ownership: William Alexander  
 Structure: African-American Male Code 15

**WBE SUBCONTRACTORS:**  
 Name: Streetwise, Inc,  
 Address: 13501 Arrington Rd.  
 Grandview, MO 64030  
 Scope of Work: Traffic Control  
 Dollar Amount: \$29,500  
 Ownership: Shawna Hettinger  
 Structure Caucasian Female Code 13

Page 2: 9284 / 80002038 – Water Main Replacement in the area of Jefferson St. to Lydia Ave., W. 99<sup>th</sup> Terrace to E. Red Bridge Rd.

**WBE SUBCONTRACTORS:**

Name: Little Joes Asphalt, Inc.  
Address: 134 N. 130<sup>th</sup> St.  
Bonner Springs, KS 66012  
Scope of Work: Asphalt Repair  
Dollar Amount: \$87,278.72  
Ownership: Theresa Buehler  
Structure: Caucasian Female Code 27

**WBE SUBCONTRACTORS:**

Name: Tenoch Construction, Inc.  
Address: 912 Scott Ave.  
Kansas City, KS 66105  
Scope of Work: Concrete Repair  
Dollar Amount: \$1,000  
Ownership: Sonya Segura-Ulrich  
Structure: Hispanic-American Female Code 24

**Comments:**

\*Note: Suppliers are credited at 60% of materials' cost.