DEPUTATION IN WRITING

REGIONAL COUNCIL
JULY 9, 2020

Subject: Making Face Coverings Mandatory

Spokesperson: Penny P.

Name of Group or person(s) being represented (if applicable):

Brief summary of issue or purpose of deputation:

Hello,

As we are unable to attend in person, I wanted to provide the following feedback, as I do not support making face coverings mandatory.

It should remain a personal choice and not mandated by a local governing body.

Non-medical or fabric masks do not prevent COVID-19 transmission, if they did they would be used in ORs. Facts, truth and science matter. We need evidence and risk based decision making. This is all too little, too late. Also let's not forget that a Town like Newmarket or Aurora is not comparable to the City of Toronto, or Markham or Wuhan for that matter.

When you have surgery the doctor does not wear a cloth mask. This is all for optics and ultimately to get people to get out and spend $ by giving them a false sense of security. There is no way to ensure the cloth masks people are wearing are clean, worn and made properly.

People need to know that wearing a mask alone will not prevent the spread of COVID-19. Homemade masks are not medical devices and are not regulated like medical masks. Sadly, I have seen politicians and the public compare masks (a medical device) to wearing pants or socks. This speaks to their lack of education and science knowledge.

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html

COVID-19: Non-medical masks and face coverings - Canada.ca

The best thing you can do to prevent spreading COVID-19 is to wash your hands frequently with warm water and soap for at least 20 seconds. If none is available, use hand sanitizer containing at least 60% alcohol. Public health officials will make recommendations based on a number of factors ...

www.canada.ca

There are currently no studies that have evaluated the effectiveness and potential adverse effects of universal or targeted continuous mask use by health workers in preventing transmission of SARS-CoV-2.

The following potential harms and risks should be carefully taken into account when adopting this approach of targeted continuous medical mask use, including: • self-contamination due to the manipulation of the mask by contaminated hands;(48, 49) • potential self-contamination that can occur if medical masks are not changed when wet, soiled or damaged; • possible development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours(43, 44, 50) • masks may be uncomfortable to wear;(41, 51) • false sense of security, leading to potentially less adherence to well recognized preventive measures such as physical distancing and hand hygiene; • risk of droplet transmission and of splashes to the eyes, if mask wearing is not combined with eye protection; • disadvantages for or difficulty wearing them by specific vulnerable populations such as those with mental health disorders, developmental disabilities, the deaf and hard of hearing community, and children; • difficulty wearing them in hot and humid environments.

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-mask-use-in-community-rapid-review.pdf

COVID-19 Scientific Advisory Group Rapid Response Report

Research Question • 2 . regarding unintended negative consequences with promotion of masks persists. • The only clinical study to examine cloth masks was in a healthcare setting, and had significant
www.albertahealthservices.ca

1. While there is some additional evidence, there is a need for further research into the optimal construction and fabric composition of home-made or non-medical masks and their efficacy in protection against transmission or acquisition of SARS-CoV-2. 2. Currently, we only have theoretical benefit demonstrated in laboratory studies of the filtration capabilities of cloth masks. Further studies assessing population benefits and harms of homemade (non-medical) masks are urgently required. These studies should include RCTs that assess clinical outcomes. 3. Studies evaluating the frequency and compliance of mask use by individuals in clinical and community settings, potentially using longitudinal surveys and/or contact tracing data would be of benefit while awaiting more rigorous trial results.
The only clinical study of cloth masks is a cluster randomized trial of cloth masks at all times vs medical masks at all times (2 masks/8h) vs a standard practice arm in hospitals in Vietnam (Macintyre et al, 2015). In this study, cloth mask users had higher rates of ILI compared with the control arm, RR=6.64, 95% CI 1.45 to 28.65 and more laboratory-confirmed virus, RR=1.72, 95% CI 1.01 to 2.94. Compared to medical masks, the RR for ILI was 13.25 in the cloth mask arm and 3.8 in the control (mixed) arm. A possible hypothesis for the worse outcome with cloth masks is that when they become wet, they are more likely to trap viral particles.

There are also several possible harms associated with widespread mask use. There is concern that moisture retention could increase the risk of infection which is one possible interpretation of the McIntyre study. Masks may also increase the frequency with which individuals touch their face. There is also concern regarding self-contamination of the hands or face with improper donning and doffing technique. In an observational study of ~10,000 pedestrians in Hong Kong in February 2020, 94% of individuals wore masks (84% of which were medical masks). However, 13% of individuals wore them incorrectly, with 5% wearing them inside out or upside-own and 5% wearing them too low

Will the local governments take responsibility for making masks mandatory should it lead to other adverse health effects in the population?

Also, can it be clarified how long face covering requirements would be expected to last?

I implore you to use science in making this decision and leave it up to the individual to decide what is right for them.

Thank you.