



May 2, 2022

For Immediate Release

Attn: Assignment Editor

## Health & legal experts call for reinstatement of masking protections as Omicron – one of the most infectious viruses known – tears through Ontario population

Their expertise is unassailable, their message clear: in a virtual press conference this morning hosted by the Ontario Health Coalition, health and legal experts called on the Ontario government, the Chief Medical Officer of Health and local Medical Officers of Health and their Public Health Boards of Directors to do their duty under public health legislation, and take definitive action to restore masking protections to stop the devastating spread of COVID-19. The following are their key messages:

***Dr. Dick Zoutman:*** *an Infectious Diseases specialist, and a Professor at Queen’s University, who, during the 2003 pandemic of SARS, chaired the Ontario SARS Scientific Advisory Committee responsible for advising the Ontario government on the management of the SARS pandemic. He was a member of the Expert Panel on SARS and Infectious Diseases Control in Ontario. Dr. Zoutman is the former Chief of Staff for two large Ontario hospital networks, former founding Co-Chair of the Ontario Provincial Infectious Diseases Advisory Committee (PIDAC); and a past Physician-Director of the Board of the Infection Prevention and Control Canada (IPAC Canada), having served in that role for 12 years.*

“During the last 2 years and 4 months of the COVID-19 pandemic much has been learned. Yet we are not applying what we have learned very well.”

“We now know that COVID-19 is dominantly an airborne spread disease, meaning that the virus travels from person to person in the air we breathe. The current variants of Omicron are incredibly infectious, making COVID-19 one of the most infectious of viruses known.”

“Since Ontario lifted its public health protections on March 21, 2022 we have seen:

- Increased COVID-19 transmission with enormous impacts to students, teachers and school staff due to record high absenteeism
- Continuous intense pressure on our hospitals and their beleaguered staff who are getting sick with COVID-19 in droves, making it very hard to provide the hospital services we all depend upon, causing increasing backlogs and waitlists for essential health services and surgeries
- Worrying increases in hospitalization of our elderly citizens and a huge number of children getting infected.”

“The simple act of wearing a mask is a cheap and extremely effective way to protect everyone from COVID-19. Indeed, if we all wore well fitting masks while in in-door public places we could stop COVID-19 in its tracks.”

***Dr. David Fisman:*** *Infectious Diseases specialist, Epidemiologist and Professor in the Dalla Lana School of Public Health at the University of Toronto, Dr. Fisman is an expert in infectious diseases modeling and served on the Ontario COVID-19 Science Table.*

“Masks are important for prevention of respiratory disease spread because they both filter infectious virus out of the exhaled breath of infected individuals and they reduce risk by filtering viruses out of inhaled air of a susceptible person (1, 2). Recent work by the US Centers for Disease Control and Prevention (CDC) demonstrates a remarkable reduction in risk of 83% for people who wear well-fitting N95 and KN95 masks (3).”

“This 83% risk reduction figure is likely an underestimate because it doesn’t account for the reduced risk when infectious individuals also wear masks. Masking in schools by both students and teachers also significantly reduces the incidence of COVID-19 in those students’ families (4, 5).”



Source: Andrejko et al. (3).

“This impressive protective effect of wearing masks is not surprising based on what we now know about how COVID-19 is spread and what the World Health Organization (WHO) now acknowledges, that COVID-19 is a dominantly airborne disease (6).”

“The 83% effectiveness of N95 masks would likely have averted Ontario’s most recent COVID-19 wave. Simple back-of-the-envelope math, based on the mask effectiveness estimates produced by the CDC, shows that maintaining masking in indoor public settings likely would have been the difference between epidemic growth and a further decline in COVID-19 cases. The resultant surge in hospitalizations and ICU admissions would have been prevented (1, 7). This is a lost opportunity for prevention that we can yet reclaim by taking decisive action.”

**Dr. Jacob Shelley:** Associate Professor of Law at Western University, Dr. Shelley is Director of the Health Ethics, Law & Policy (HELP) Lab at Western University. He has a doctorate in law (SJD) from the University of Toronto and is an expert in public health law and health law.

“Legislation in Ontario vests power in local, autonomous boards of health under the Health Protection and Promotion Act to protect the health and well-being of citizens. Boards of health have a duty to ensure the control of infectious disease and disease prevention. At present, none of our 34 boards of health in Ontario is acting to prevent the spread of COVID-19, and public health units and their boards have suggested this responsibility lies with the province of Ontario.

This is not so.”

“The Reopening Ontario Act granted the province new powers, but it did not take away any of the existing authority or responsibility that a public health board or medical officer of health has. The Health Promotion and Protection Act in Ontario grants decision-making authority to these boards and their medical officers.”

“We believe in the absence of action by the Ontario Government or the Chief Medical Officer of Health that local public health boards and their medical officers of health have the capacity and duty to reinstate masking protection for their communities.”

### **We are calling for:**

The Ontario Health Coalition is calling for the Government of Ontario, the Minister of Health, the Chief Medical Officer of Health or our 34 public Health Units and their Boards to reinstate mask protection across Ontario to crush the current and future surges of COVID-19 in the interests of the public’s health and safety.

### **References**

1. Fisman DN, Greer AL, Tuite AR. Bidirectional impact of imperfect mask use on reproduction number of COVID-19: A next generation matrix approach. *Infect Dis Model.* 2020;5:405-8.
2. Adenaiye OO, Lai J, de Mesquita PJB, Hong F, Youssefi S, German J, et al. Infectious SARS-CoV-2 in Exhaled Aerosols and Efficacy of Masks During Early Mild Infection. *Clin Infect Dis.* 2021.
3. Andrejko KL, Pry JM, Myers JF, Fukui N, DeGuzman JL, Openshaw J, et al. Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection - California, February-December 2021. *MMWR Morb Mortal Wkly Rep.* 2022;71(6):212-6.
4. Lessler J, Grabowski MK, Grantz KH, Badillo-Goicoechea E, Metcalf CJE, Lupton-Smith C, et al. Household COVID-19 risk and in-person schooling. *Science.* 2021;372(6546):1092-7.
5. Gettings J, Czarnik M, Morris E, Haller E, Thompson-Paul AM, Rasberry C, et al. Mask Use and Ventilation Improvements to Reduce COVID-19 Incidence in Elementary Schools - Georgia, November 16-December 11, 2020. *MMWR Morb Mortal Wkly Rep.* 2021;70(21):779-84.
6. Lewis D. Why the WHO took two years to say COVID is airborne. *Nature.* 2022;604(7904):26-31.
7. Ngonghala CN, Taboe HB, Gumel AB. Dynamics of the Delta and Omicron variants of SARS-CoV-2 in the United States: the battle of supremacy in the presence of vaccination, mask usage and antiviral treatment. *MedRxiv* February 24, 2022.