

20 Mar 2022

Members and Chair
Strategic Priorities and Policy Committee

re: temporary reintroduction of mask bylaw to limit the spread of COVID-19

Dear Colleagues,

In July 2020, before the Province of Ontario had introduced its own regulations regarding masking, Municipal Council directed Civic Administration to consult with the Medical Officer of Health and the County of Middlesex on legislative measures that the Medical Officer of Health recommends be enacted to reduce the spread of COVID-19 infections in our community. That same month, Municipal Council adopted a bylaw requiring face coverings in enclosed spaces that are accessible to the public. The bylaw expired at the end of 2020 while similar provincial rules ([O. Reg. 364/20](#)), were still in place. Those provincial requirements will be ending on 21 March 2022.

Back in 2020, we did not have the protective benefit of vaccines, which have reduced the risk of severe outcomes like hospitalization and death. We are very thankful for the hundreds of thousands of Londoners who have protected themselves and others in our community by getting vaccinated. And to those who have taken many other steps in addition to vaccination to limit the spread of this virus in our community and throughout the world.

However, the impact of COVID-19 and the highly transmissible Omicron variant continues to be significant. Even with severely restricted testing, which means new cases will be undercounted, new cases exceeded 2,000 per week in Middlesex-London during the most recent wave. Tragically, 95 people in Middlesex-London have died of COVID-19 since this year began.

There are encouraging signs. Hospitalizations and deaths have decreased from the record highs experienced earlier this year. Wastewater surveillance suggests that the incidence of COVID-19 in our community has declined from its peak in mid-January.

But the [projections released by the Ontario Science Advisory Table](#) last week are very concerning. The moderate scenario, a 40% increase in contacts with half of those contacts maskless, is projected to result in 300 people in ICUs at the start of May, more than double the scenario where public health measures are maintained rather than dropped.

We believe three aspects of the science table projections are particularly important (emphasis added).

First, from the key findings (page 2):

“Given the relaxation of public health measures and consequent increase in transmission, hospital and ICU occupancy will likely increase over the next few weeks, but less than in January 2022 and for a limited period of time **if changes in behaviour are only moderate.**”

“The extent of this increase, and of a person’s risk of contracting COVID-19, will depend on the number of close contacts (**especially indoors without masking**), vaccination status, and the spread of the more transmissible BA.2 subvariant.”

Second, they show that all waves of the pandemic, including the fifth wave that started in December, have been hardest on those who have the lowest income. The rate of deaths per capita for the lowest income quintile is **double** that of the highest income quintile (page 7).

The science table clearly makes the point that masking reduces the odds of infection, depending on the type of mask worn: cloth (56% lower), surgical masks (66% lower) and N95/KN95 (83% lower) (page 15). A recent review of research (17 studies) on the [association between mask mandates and population-level outcomes](#), from Public Health Ontario, that implementation of mask mandates is associated with statistically significant reductions in case growth (and, with smaller effect sizes, reduced rates of hospitalizations and deaths).

The recent increases in COVID-19 deaths in places like Denmark, Norway and Sweden, which dropped most public health measures in early February, is also very concerning. These are all countries with fairly high vaccination coverage (74% to 81% of the eligible population fully vaccinated).

We believe it is prudent and necessary to reintroduce, on a temporary basis, the mask bylaw passed by Municipal Council in 2020, revised to include children over the age of two. We are not out of the woods yet.

We have consulted with the Medical Officer of Health for Middlesex-London, Dr. Alex Summers, and he is supportive of organizations considering the tools available to them to increase the wearing of masks, given the current incidence of COVID-19 in our community.

We are therefore requesting a special meeting of Strategic Priorities and Policy Committee be called the afternoon of Tuesday, 22 March 2022, in advance of our regular council meeting, to consider reintroducing the mask bylaw from 2020, revised to include everyone over the age of two rather than the age of 12 as in the bylaw enacted in 2020. It is our hope that the Medical Officer of Health will be able to attend the meeting to answer any questions colleagues may have about the effectiveness of masking.

We believe any such bylaw should be temporary, so we are suggesting that it should be effective until midnight on 9 May 2022, one week after our first regular council meeting in May. Generally, we believe rules requiring masks to be worn indoors should only be lifted once the incidence of COVID-19 in our community, as measured by cases, hospitalizations and deaths, is at a much lower level. If the incidence of COVID-19 is the same or higher than it is now, we could consider extending the mask bylaw at the 3 May Council meeting.

We regret the short notice of this letter, but time is of the essence.

Sincerely,



Jesse Helmer
Councillor, Ward 4



Stephen Turner
Councillor, Ward 11



Maureen Cassidy
Councillor, Ward 5