RECOMMENDATION #8

RECOMMENDATION FROM the TETON DISTRICT HEALTH OFFICER

FACE COVERING RECOMMENDATION FOR ALL PEOPLE WITHIN TETON COUNTY, WYOMING

WHEREAS, Recommendation #7 regarding personal face masks was issued on April 6, 2020. Since that time more research has been forthcoming as to the benefits of face coverings in slowing the spread of COVID-19, and more clarity has been coming forth as to when and where to wear a face covering. In order to assist the community, Recommendation #7 is rescinded and is replaced with Recommendation #8 that gives more details as to the reasons why a face covering should be worn and more clarity as to when and where to wear a face covering; and

WHEREAS, Dr. Travis Riddell, MD, MPH serves as the Teton District Health Officer pursuant to Wyoming Statute § 35-1-306(a); and

WHEREAS, Teton County and the City of Jackson have formed the Teton Health District which encompasses all of Teton County, Wyoming, including the City of Jackson, a Wyoming Municipality; and

WHEREAS, COVID-19 was first detected in Wuhan, China in 2019, and since then has spread to over 216 countries including the United States (1). There are 665 confirmed cases of COVID-19 in Wyoming as of May 28, 2020, and 69 confirmed cases of COVID-19 in Teton County as of May 28, 2020, as well as the presence of community spread in Wyoming and Teton County(2). It is expected that more cases will be diagnosed; and

WHEREAS, the World Health Organization declared COVID-19 a worldwide pandemic as of March 11, 2020(1); and

WHEREAS, on March 13, 2020, the President of the United States declared a national emergency concerning the coronavirus, specifically stating that, in "December 2019 a novel (new) coronavirus known as SARS-Co V-2 was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease (COVID-19) that has now spread globally [...] The spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems [...] Additional measures [...] are needed to successfully contain and combat the virus in the United States" (3); and

WHEREAS, on March 13, 2020, Wyoming Governor Mark Gordon declared a State of Emergency and Public Health Emergency in the State of Wyoming, stating that on March 11, 2020, an individual within the State of Wyoming tested presumptive positive for COVID-19 (4); and

WHEREAS, Governor Gordon's Declaration of a State of Emergency and Public Health Emergency directs the Wyoming Department of Health to take all appropriate and necessary actions, and that in the judgment of the Director of the Wyoming Department of Health, any actions necessary should be taken to provide aid to those locations where there is a threat or danger to public health, safety and welfare (4); and

WHEREAS, a significant number of Wyoming citizens are at risk of serious health complications, including death, from COVID-19. Although most individuals who contract COVID-19 do not become seriously ill, people with mild symptoms, and even asymptomatic persons with COVID-19, place other vulnerable members of the public at significant risk (5); and

WHEREAS, a large number of persons with serious infections can compromise the ability of the healthcare system in Teton County to deliver the necessary healthcare to the public; and

WHEREAS, Teton County, Wyoming is a tourist destination and other mountain resort communities in the Rocky Mountain region have been nuclei of infection in their respective states (Vail, CO [6]; Park City, UT [7] and Sun Valley/Ketchum, ID [8]); and

WHEREAS, as previous public health orders expire or are replaced with less restrictive orders, Teton County will see increasing numbers of visitors from outside county who can potentially transmit COVID-19 and at the same time will be more likely to interact with each other and with local residents as businesses, tourist destinations such as National Parks, and other services reopen; and

WHEREAS, Teton County Hospital District routinely serves patients not only from within Teton County but also many tourists and residents from Lincoln County, WY, Sublette County, WY, Fremont County, WY, and parts of Eastern Idaho who will further stress its capacity, making it critical that Teton County take steps to slow the spread of COVID-19 infection so as not to overwhelm the local healthcare system in such a way that would result in many preventable deaths; and

WHEREAS, COVID-19 is a respiratory illness, transmitted through person-to-person contact or by contact with surfaces contaminated with the virus. Persons infected with COVID-19 may become symptomatic two to fourteen days after exposure (5); and

WHEREAS, asymptomatic (including presymptomatic) infected individuals are infectious and without mitigation, the current estimate is that 40%-80% of infections occur from individuals without symptoms (9,10,11,12). In a study carried out in an isolated village of approximately 3000 people in northern Italy, it was shown that 50–75% of people with positive pharyngeal molecular tests were totally asymptomatic (13). This finding was confirmed by a more recent evaluation carried out in China, where to avoid a new outbreak of new coronavirus disease 2019 (COVID-19), all the people arriving from overseas were rigorously tested (14). It was found that among patients with newly identified infections, 78% were asymptomatic. Universal screening of asymptomatic SARS-COV2 in women admitted for delivery in New York City shows that 13.7% were infected, and that asymptomatic women accounted for 88% of infected individuals in the study (15). Of individuals who do become symptomatic, viral loads are the highest in the presymptomatic and early symptomatic phase, decreasing thereafter (16,17,18,19,20,21,22); and

WHEREAS, respiratory droplets from infected individuals are a major mode of SARS-CoV-2 transmission (23). This understanding is the basis of the recommendations for physical distancing, and of the PPE guidance for healthcare workers (24). Droplets do not only come from coughing or sneezing: in a-/pre-symptomatic individuals, droplets are generated via talking and breathing (25); and

WHEREAS, SARS-CoV-2, the virus that causes novel coronavirus disease (COVID-19), may be broadcast in respiratory droplets "from normal breathing," according to a letter by a committee of the National Academies of Sciences, Engineering, and Medicine (26). The letter, sent to the White House Office of Science and Technology Policy on April 1, cites numerous studies indicating the presence of coronavirus in aerosols. In one, air samples collected more than 6 feet from two patients in COVID-19 isolation rooms tested positive for SARS-CoV-2 RNA (27). Until some weeks ago, it was thought that the virus could be transmitted mainly by droplets that are coughed or sneezed out or by previously contaminated objects, with differences according to the initial load and surface characteristics (28). However, the results of some submitted but not yet peer-reviewed studies seem to indicate the opposite, i.e., the virus can be present in exhaled air produced by talking and breathing (29); and

WHEREAS, face coverings reduce droplet dispersal. Cloth-based coverings reduce emission of particles by variable amounts, for example one study showed that they are almost completely eliminated. Patients with seasonal coronaviruses (other than SARS-CoV-2) were randomized to exhale breath with or without surgical face masks on. Viral RNA was detected in 40% of aerosols and 30% of respiratory droplets collected from participants without a face mask — but in none collected from those wearing a mask (30). A second study showed that cloth coverings filtered viral particles during coughing at about 50 to 100% of the filtration efficiency of surgical masks, depending on fabric, with absolute filtration efficiencies of 50-70% (31). A third study showed 50% filtering efficiency for airborne particles (32); and

WHEREAS, evidence indicates that face covering wearing reduces the transmissibility per contact by reducing transmission of infected droplets in both laboratory and clinical contexts (33). Public face covering wearing is most effective at stopping spread of the virus when compliance is high (34). This evidence supports the conclusion that more widespread face covering adoption can help to control the Covid-19 epidemic by reducing the shedding of droplets into the environment from asymptomatic individuals. This is also consistent with the experiences of other countries that have adopted this strategy (33). One ecological analysis found that, "*In countries with cultural norms or government policies* supporting public mask-wearing, per-capita coronavirus mortality increased on average by just 5.4% each week, as compared with 48% each week countries that did not wear masks. (35)"; and

WHEREAS, guidelines published by the U.S. Centers for Disease Control (CDC) on April 3, 2020, recommend that all people wear cloth face coverings in public settings where other physical distancing measures may be difficult to maintain. CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. (36); and

WHEREAS, orders requiring face coverings in total or in part; are already in place state-wide in 37 U.S. states and in many local areas in other U.S. states (37); and

WHEREAS, decreased transmissibility due to face covering use could substantially reduce the death toll and economic impact while the cost of the intervention is low (30); and

NOW, THEREFORE, IT IS HEREBY RECOMMENDED, that persons within Teton County, Wyoming, including the City of Jackson, Wyoming, are strongly encouraged to wear Face Coverings in certain public settings as further described below.

1. "Face Covering," as used in this Recommendation, means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers the nose and mouth and surrounding areas of the lower face. A Face Covering may be factory-made or may be handmade and improvised from ordinary household materials. The Face Covering should fit snugly but comfortably against the side of the face, include multiple layers of fabric, allow for breathing without restriction, and be able to be laundered and machine-dried without damage or change to shape. Face Coverings need to cover the nose and mouth at all times. If a worker's Face Covering moves during work, it should be replaced with one that does not need to be frequently adjusted to reduce touching of the face. Face Coverings should be replaced when it becomes dirty, wet, and/or difficult to breathe through.

   Note that any mask that incorporates a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling is not a Face Covering to be used to follow this recommendation. Valves of that type permit droplet release from the mask, putting others nearby at risk.

   A video showing how to make a face covering and additional information about how to wear and clean Face Coverings may be found at the website of Centers for Disease Control and Prevention, at https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html.

2. Except as specifically exempted below, all members of the public, including children three (3) years of age or older, should wear a Face Covering outside their home or other place they reside in the following situations:
   a. When they are inside, or in line to enter, any retail or commercial business; or
   b. When they are inside, or in line to enter, any government location or facility to seek or receive services; or
   c. When they are obtaining services at healthcare operations, including, but not limited to, hospitals, clinics, and walk-in health facilities, dentists, pharmacies, blood banks, other healthcare facilities, behavioral health providers, and facilities providing veterinary and similar healthcare services for animals – unless directed otherwise by an employee or worker at the healthcare operation; or
   d. When they are waiting for or riding on public transportation or paratransit, or while they are riding in a taxi, private car service, shuttle, tour or ride-sharing vehicle.

3. Drivers or operators of any public transportation, paratransit vehicle, taxi, private car service, shuttle, tour, ride-sharing vehicle, or any other vehicle for hire should wear a Face Covering while driving or operating such vehicle, regardless of whether a member of the public is in the vehicle, to reduce the spread of respiratory droplets in the vehicle at all times. This recommendation does not recommend for any person to wear a Face Covering while driving alone, or exclusively with other members of the same family or household, in a motor vehicle.

4. All retail and commercial businesses, as well as entities and organizations with workers performing government functions, should:
    a. encourage their employees, contractors, owners, and volunteers to wear a Face Covering at the workplace and when performing work off-site any time the employee, contractor, owner, or volunteer is:
        1. interacting in person with any member of the public; or
        2. working in any space visited by members of the public, such as by way of example and without limitation, reception areas, grocery store or pharmacy aisles, service counters, public restrooms, cashier and checkout areas, waiting rooms, service areas, and other spaces used to interact with the public, regardless of whether anyone from the public is present at the time; or
        3. working in any space where food is prepared or packaged for sale or distribution to others; or
        4. working in or walking through common areas such as hallways, stairways, elevators, and parking facilities; or
        5. in any room or enclosed area when other people (except for members of the person's own household or residence) are present.
    b. Take reasonable measures, such as posting signs, to remind their customers and the public that they are encouraged to wear a Face Covering while inside of or waiting in line to enter the business, facility, or location.
5. A Face Covering is not recommended under the following circumstances:
    a. When a person is in a personal office (a single room) where others outside of that person's household are not present as long as the public does not regularly visit the room, but that individual is encouraged to put on a Face Covering when coworkers are working within six feet, when being visited by a client/customer, and anywhere members of the public or other coworkers are regularly present; or
    b. Any child under the age of three should not wear a Face Covering because of the risk of suffocation; or
    c. When a person is seated at a table of a restaurant or other food service venue, the person is separated by at least six (6) feet from other patrons at other tables and no more than six (6) people in total are seated at the table. The person is encouraged to wear a mask while entering, exiting, or otherwise moving about the establishment; or
    d. Childcare facilities should follow the following guidance for the use of Face Coverings on children:
        1. Children under the age of 3 within the child care should not wear Face Coverings.
        2. Face Coverings for children over 3 who are not napping are recommended.
        3. No child should wear a face covering while napping.
        4. Children between the age of 3 and 5 should be supervised if they are wearing a Face Covering. If the mask is creating discomfort or resulting in the child touching their face frequently, reconsider whether a mask is appropriate for that child.
        5. Parents dropping off and picking up children should be asked to wear Face Coverings while they are at the facility.
        6. Face Coverings are encouraged for staff caring for children and interacting with parents; or

e. When a person is (1) inside or obtaining services at a business, government function, or healthcare operation, any of which are engaged primarily in providing congregate care, residential health care, or congregate shelter, and (2) the individual is engaged in activities not conducive to wearing a Face Covering, such as eating or sleeping, or the individual is in an area of the facility that is not designed for community gathering, such as a sleeping area; or
f. When wearing a Face Covering would inhibit the individual's health.

DATED THIS 29 DAY OF May, 2020.

Travis Riddell, MD, MPH
Teton District Health Officer

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