

August 6, 2021

Dear Director Lopez:

This letter is in response to your letter dated August 5, 2021. I appreciate your service to our community and the common good. We share a common goal in serving the best interests of our students, employees and their families. As institutions of Faith, we also keep as our central mission the salvation of souls and the education of students in the Faith received from our Lord Jesus Christ.

As you know, Catholic schools in Lancaster County have worked closely with the Lincoln Lancaster County Health Department (LLCHD) since March of 2019. This relationship has been successful because of open and candid conversations. As you can understand, receipt of this information eleven days before the start of the 2021-2022 school year for Catholic schools in Lancaster County has created many questions.

Therefore, in order to better understand the effect of your letter, I respectfully request that you or your staff provide written answers to the following questions so that we can appropriately understand and evaluate the effect of your letter on Catholic schools in Lancaster County and communicate to our teachers, students, and families.

[LLCHD would encourage that the Lincoln Diocese review and apply U.S. Centers for Disease Control and Prevention's *Guidance for COVID-19 Prevention in K-12 Schools*.](#)

1. What exceptions to the masking requirement described in your letter exist with respect to lunchroom, physical education, and education instruction in which students are expected to present to teachers and/or peers?

A) **Lunchroom** – children may eat their lunch without their mask but are encouraged to put their mask back when they finish eating. LLCHD encourages physical distancing during lunch or the use of physical barriers, such as plexiglass dividers between children.

Physical Education

From CDC's guidance update on August 5, 2021: "Recess and Physical Education - In general, people do not need to wear masks when outdoors (e.g., participating in outdoor play, recess, and physical education activities). ... Universal masking is recommended during indoor physical education or recess." [Guidance for COVID-19 Prevention in K-12 Schools | CDC](#)

From the American Academy of Pediatrics (AAP) website (8/7/21): "Certain sports and activities in which face masks could pose a safety risk. Examples include gymnastics, cheer stunts and tumbling, and wrestling. In these sports, there is a chance face masks could get caught on equipment and create a choking hazard, or accidentally cover eyes and block vision." In addition, AAP recommends that "masks that become soaked with sweat should be changed right away." [Masks & Sports: Should Youth Athletes Wear Face Coverings During COVID-19? - HealthyChildren.org](#)

Educational Instruction/Presentations

Facial coverings should be worn during presentations unless physical distancing of 6 feet can be ensured.

2. What requirements, if any, exist with respect to extra-curricular activities occurring indoors? Do these requirements vary depending upon whether the students are aged 3-11 or aged 12-18?

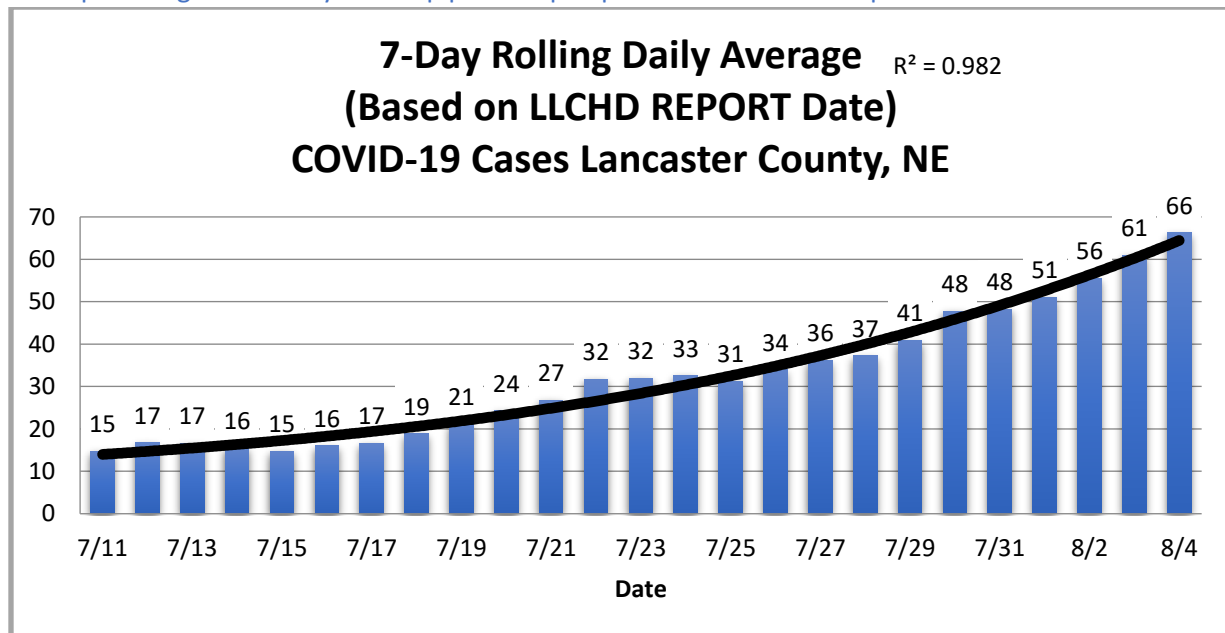
The same practice of using facial coverings for unvaccinated children and adults should be applied to indoor school extra-curricular activities. Thus, all students between ages 2 and 11 should wear a facial covering. Students between the ages of 12 and 18 who are fully vaccinated do not need to wear masks at this time. Note: People are considered fully vaccinated: **2 weeks after their second dose in a 2-dose** series, such as the Pfizer or Moderna vaccines, or; 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

3. Lincoln Public Schools Safe Return to School Plan released contemporaneously with your letter indicates masks are required for all grades Pre-K-6, but for students in grades 7-12 masking is strongly recommended but not required. Could similar exceptions be granted to Catholic schools?

For clarification, the intent was to require facial covering for children over the age of 2 and under the age of 12 and all unvaccinated persons who work with children over the age of 2 and under the age of 12. The Lincoln Public Schools Safe Return to School Plan (posted on August 5, 2021) states the following: "For students who are fully vaccinated, face coverings are **OPTIONAL**. For students who are not fully vaccinated, face coverings are **STRONGLY RECOMMENDED**." Thus, we did not grant an exception and LLCHD will support that same approach for the Catholic schools.

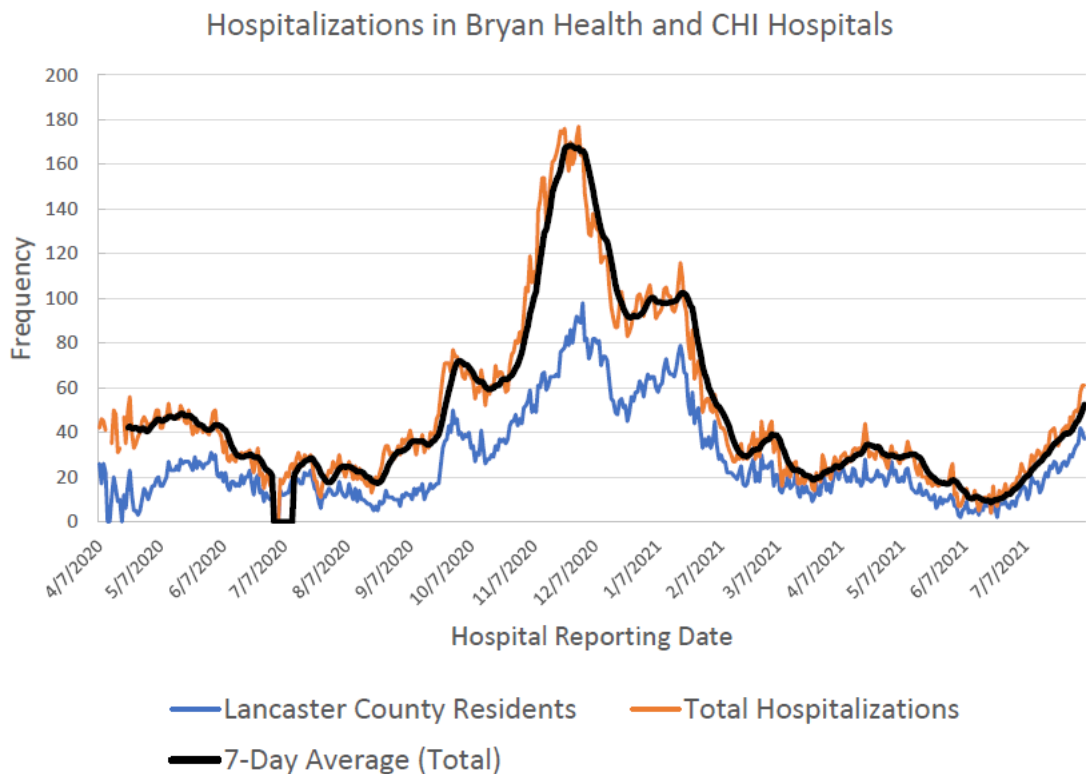
4. What local metric(s) changed in the past few weeks that led to the new position on masking in your letter?

As stated in the Health Director's letter of August 5, 2021, "Since the Delta Variant has become the predominant variant in Lancaster County the number of new cases of COVID-19 has been doubling every ten to twelve days. The current 7-day rolling average is over sixty new cases per day, the highest it has been since February 2021. Hospitalizations from COVID-19 infections have also been increasing, now averaging almost fifty patients per day. This demand is stressing the local hospital systems." Perhaps seeing this visually will help put into perspective what has transpired over the last three weeks:



In addition, the positivity rate of those pursuing testing through medical offices and pharmacies has increased from 2.6% at the end of June to over 10% this past week.

Based on evidence from outbreaks of the Delta variant in other nations, States and communities, LLCHD believes the most likely scenario is that cases will continue to increase for a period of time, perhaps two to four weeks. Increasing cases will result in increasing numbers of people being hospitalized. Our hospitals are already feeling the stress and more COVID-19 patients will only increase that stress on our health care system. As you can see in the chart below, the number of persons hospitalized is increasing rapidly. Persons hospitalized is more than double what it was last August when school opened.



This data is readily available to the Catholic schools and the public on the City’s website: [Lancaster County NE COVID-19 Dashboard \(arcgis.com\)](https://arcgis.com)

Based on this data and other metrics (case rate per 100,000 population; laboratory testing turnaround time, how quickly and completely contact tracing is being accomplished, and deaths), the LLCHD moved the COVID-19 Risk Dial from low-yellow to mid-yellow, indicating increasing moderate risk of spread and impact in the community. Information on our metrics is available here: [COVID19RiskDialMetricsDescription.pdf \(ne.gov\)](https://ne.gov)

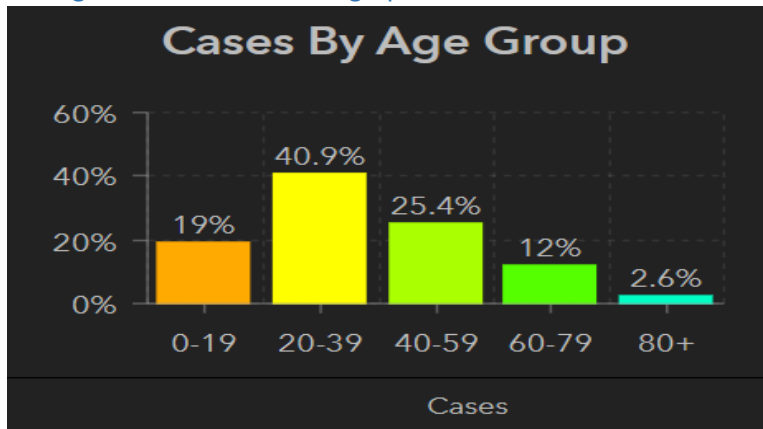
5. What local metric(s) would need to be realized in Lancaster County to terminate your requirement that children over the age of 2 and under the age of 12 must wear masks in all school indoor settings?

LLCHD will plan a reevaluation every 30 days. LLCHD will use a positivity rate below 5% in conjunction with a case rate of less than 7 per 100,000.

6. What is the age demographic breakdown of cases, tests, hospitalizations and deaths in Lancaster County?

The demographic breakdown of cases if available on the City's website:
[Lancaster County NE COVID-19 Dashboard \(arcgis.com\)](https://arcgis.com)

As of August 6, 32,764 people in Lancaster County have been identified through laboratory testing as having COVID-19. The demographics for all of these cases is shown below:

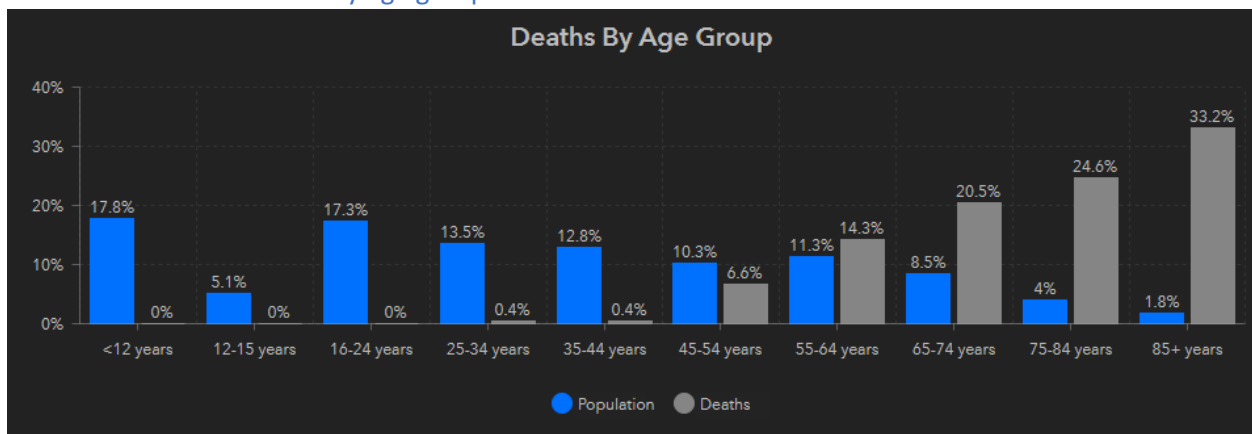


The demographics for testing mirror the cases by age group.

The percentages of cases by age group for the month of July 2021 are very similar, differing by only 1 or 2% by age group. However, in 2020, children under the age of 10 made up about 3.8% of all cases. In June and July 2021, 90 of the 985 people who had a positive laboratory test were children under the age of 10, thus accounting for about 9.1% of all cases.

LLCHD does not provide demographic data on hospitalizations by age group.

The chart below on deaths by age group is from LLCHD COVID-19 dashboard.



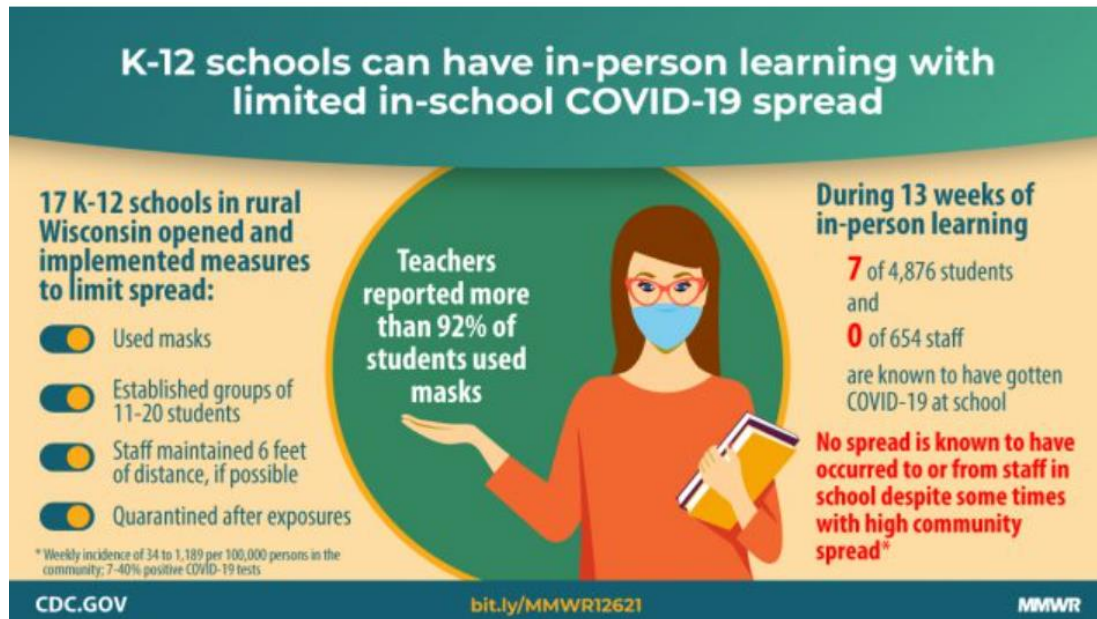
7. Data indicates Lancaster County has the highest vaccination rate of any county in Nebraska with 64% of residents aged 12 and older being vaccinated and 90% of residents aged 65 and older vaccinated. What vaccination rate within the county would allow for easing of the mask requirement expressed in your letter?

LLCHD has not linked the vaccination rate directly with the easing of mask requirement for schools. Recent data from the United Kingdom and Israel indicates that the Pfizer vaccine is approximately 60% effective in preventing illness against the Delta variant. The CDC recently published data that indicates that vaccinated individuals have similar virus loads in their nasopharynx as unvaccinated persons. CDC data and local outbreak data has revealed that vaccinated people who contract the Delta variant may transmit it to others. Thus, while we may have a high vaccination rate, the Delta variant has forced us to reconsider the risk posed to our community.

8. What research on the efficacy of student mask mandates in schools was reviewed in reaching the decision stated in your letter?

The efficacy of a student mask mandate was clearly demonstrated in Lancaster County last year. Every school had in-person education throughout the entire school year and not a single school had to close due to classroom transmission or an outbreak in the school. Many schools in Nebraska that began the year without masks had outbreaks and then instituted mask requirements. One example of this from last year occurred in Beatrice. Lincoln elementary school had to close due to an outbreak, and all students had to learn remotely for about a month. [Lincoln Elementary closing after COVID spike | Education | beatricedailysun.com](#) Following this outbreak, Beatrice required masks in other schools.

Based on LLCHD's experience with schools in Lancaster County, there were only a few cases of possible classroom transmission when children and teachers were masked. Lancaster County's experience was similar to other communities in Nebraska and across the nation. When compliance with distancing, masking and hygiene were high, very few cases of COVID-19 were identified from classrooms or school settings. CDC published a study of elementary schools in Georgia which identified the incidence of COVID-19 in children was reduced by 37% in schools that used masks. [MMWR \(cdc.gov\)](#) In another report from Wisconsin, CDC created this infographic:



9. Is there evidence that a mask mandate, as opposed to a policy recommending the use of masks by students, reduces the number of COVID-19 cases within schools?

Our local experience is clear – mask requirements result in reduced cases of COVID-19 and higher compliance than recommendations. Data from before our local mandate and after showed a significant drop in cases. A similar drop in cases was not experienced in surrounding health districts that did not have a mandate in place. Requiring masks resulted in higher compliance among the general public, but also in childcare centers, churches, summer camps, youth sports, and other community settings in which children are commonly present. After the local mask mandate was rescinded, despite strong recommendations and ongoing communication about the value of masks, LLCHD found that many childcare centers, churches, youth sports groups and summer camps chose not to follow LLCHD recommendations that persons that were not vaccinated should wear masks while indoors.

The value of mask mandates has also been studied and reported in scientific literature. Compelling data now demonstrate that community mask wearing is an effective intervention to reduce the spread of COVID-19 both from infected persons and as protection to reduce wearers' exposure to infection. <https://jamanetwork.com/journals/jama/fullarticle/2776536> Below is a table from that article:

For example, in one study of 401 regions in Germany to estimate the effect of mask mandates on SARS-CoV-2 transmission, it concluded that requiring people to wear face masks decreased COVID-19 cases by more than 40%. <https://pubmed.ncbi.nlm.nih.gov/33273115/> A similar analysis of data from Canada concluded that masks mandate resulted in a 25% to 40% reduction in COVID-19 cases. <https://voxeu.org/article/face-mask-mandates-slowed-spread-covid-19-canada>

A study that examined changes in growth rates for infections in 15 states and the District of Columbia before and after mask mandates showed that rates were growing before the

mandates were enacted and slowed significantly after, with greater benefit the longer the mandates had been in place. [Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US - PubMed \(nih.gov\)](#)

10. What research supports the position that masking children ages 3-11 will reduce hospitalizations related to COVID-19?

LLCHD's letter of August 5, 2021 did not state this position. However, evidence of spread among children resulting in cases in adults is incontrovertible. Children in childcare have repeatedly infected family members at home resulting in the spread of COVID-19 to parents, caregivers, grandparents, etc. Numerous local investigations have identified spread from school-age children to older siblings, parents, caregivers, extended family members and grandparents. In some cases, an ill child has been epidemiologically linked to spreading COVID-19 to adults that resulted in hospitalization and death. This pattern of spread has occurred amongst immediate family members. Cases of death and hospitalization have also been traced back to adults working in long term care environments who most likely contacted COVID-19 from a child and spread it in a long-term care environment to older adults.

11. Does the mask requirement described in your letter apply to in-home daycares, child care centers, and public businesses?

No. The requirement for facial coverings is currently limited to schools.

12. Are all vaccinated adults and children 12 and older required to wear masks in all school indoor settings if/when they interact with students ages 3-11? If so, please define the parameters of that interaction.

No.

13. Given that vaccinations are, by nature, medical. And given that individual, identifying medical information is, by law, private and confidential, how does the LLCHD recommend schools determine which adults and children over the age of 12 have been vaccinated?

In Nebraska, children can't attend classes in public or private school until the school has written proof of their immunization status (Neb. Rev. Stat. §§ 79-217 through 79-253). Thus, schools are already required by State statute to collect and manage such protected medical information confidentially. Each school or school district in Nebraska is required to keep the immunization history of the students enrolled on file. In addition, schools or school districts are required to report information on student's immunization status annually by November 15th to the Nebraska Immunization Program. For complete information, please refer to Title 173 of the Nebraska Administrative Code, Chapter 3: Rules and Regulations Relating to School Health, Communicable Disease Control, and Physical Examination and Immunization Standards. View Title 173.

When schools collect this data, vaccination for COVID-19 would be likely be included.

Numerous articles have been published on the ability to employers to ask employees if they have been vaccinated. In many workplaces, refusal to share such information simply means that person is required to wear a facial covering. LLCHD would encourage you to ask your legal counsel for guidance on this matter. Here is a good resource:

<https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

14. Is it reasonable to expect that the mask requirement for children ages 3-11 will remain in effect until these children are vaccinated?

No. Please see the response to question #5 above.

15. What COVID mitigation measures be adopted by schools in order to prevent children ages 3-11 from wearing masks at all times indoors? For example: (1) masking in common areas; (2) social distancing; and/or (3) increased sanitation.

LLCHD is requiring masks. Other mitigation measures are surely encouraged, but not as an option instead of masks. At the current time there is not exception to the requirement for facial coverings.

I respectfully request written responses to these answers by 5 p.m. on Monday, August 9, 2021. I understand this is short notice and you are very busy, but the issuance of your letter eleven days before the commencement of our school year has left our schools with little time to understand the effect of your letter and respond appropriately.

Our school administrators are hearing from parents that intend to withdraw their students if masking is required for all students, regardless of age. Our schools are operational only through the financial support of tuition dollars and donations. Not unlike businesses, a significant loss in revenue to our schools could be financially devastating.

As I understand, there are no current orders or directed health measures in effect with regarding the mask requirement detailed in your letter. If this incorrect, please provide a copy of any orders or directed health measures currently in effect with regards to schools in Lancaster County.

Thank you again for your service to our community. I look forward to hearing from you soon.

Sincerely,

Dr. Matthew Hecker
Chief Administrative Officer
Catholic Schools of the Lincoln Diocese