



Dear Health Care Providers for Children,

As schools re-open with mask mandates, many difficult conversations are taking place in many communities. Many questions and misperceptions persist around masking as an effective measure in preventing the spread of COVID-19 in the community and schools. The Centers for Disease Control and Prevention (CDC) issued new guidance for indoor masking regardless of vaccination status in areas with substantial or high risk of transmission, along with a universal indoor masking for schools regardless of vaccination status for the 2021-2022 school year. The American Academy of Pediatrics (AAP) likewise issued a universal masking recommendation stating:

“Face masks can be safely worn by all children 2 years of age and older, including the vast majority of children with underlying health conditions, with rare exception.”

The AAP based its recommendations on the following reasons:

- *A significant portion of the student population is not eligible for vaccination and systems are lacking to properly monitor the vaccination status of students, teachers, and staff.*
- *To protect unvaccinated students from COVID-19 and reduce transmission.*
- *Difficult to monitor or enforce masking based on vaccination status. In the absence of schools being able to conduct this monitoring, universal masking is the best and most effective strategy to create consistent messages, expectations, enforcement, and compliance without the added burden of needing to monitor vaccination status.*
- *Possible low vaccination rates in the surrounding school community.*
- *Concern for variants that are more easily spread among children, adolescents, and adults.*

Key points

- Children 2 and older have demonstrated the ability to wear masks.
- Children with asthma and other chronic respiratory conditions (e.g. cystic fibrosis) **should** wear a mask. It is more important for their health, as they are more susceptible to becoming infected.
- For those with anxiety or sensory issues, masks should be gradually introduced and modeled at home. If needed, they may benefit with a referral to a mental health professional or occupational therapist.
- Face masks should be worn by unvaccinated children playing indoor sports and outdoor sports with close contact (except for sports when mask-wearing may become a hazard).
- There is **no** evidence that use of face masks prevents or delays speech and language development. While a natural concern of parents and teachers, several strategies can be employed to optimize communicating with kids.
- Exemptions must be written by a physician (MD/DO) or an advanced practice provider (NP/PA) and should include their NPI along with a Diagnosis Code (ICD-10), reassessment of the condition, and specific accommodations.

Please review the [CDC](#), [IDPH](#) and [AAP](#) websites (particularly [HealthyChildren.org/COVID](https://www.HealthyChildren.org/COVID)) for updates.

Regardless of your personal or political beliefs, the science supports the use of face masks, and--as described above--there should be very few exemptions granted.

Thank you for caring for kids in our communities!