Vermont Medical Society Resolution
Support for Universal Facial Coverings

As Adopted by VMS Council July 22, 2020

Whereas, on April 3, 2020, the White House Coronavirus Task Force and CDC announced a new recommendation to help slow the spread of coronavirus disease 2019 (COVID-19) by encouraging the use of a cloth face covering when out in public;[1] and

Whereas, on April 8, 2020, the Vermont Department of Health recommended that all Vermonters wear cloth face coverings when outside of the home to help slow the spread of COVID-19;[2] and

Whereas, studies show that both surgical masks and homemade cloth face coverings can reduce the aerosolization of virus into the air and onto surfaces[3] and data from previous epidemics[4] support the use of universal face coverings as a policy to reduce the spread of COVID-19, as does observational data for COVID-19 in an analysis comparing the per-capita coronavirus mortality and mask policies in 194 countries;[5] and

Whereas, a policy mandating the use of face coverings was documented to be a contributing factor in preventing transmission of COVID-19 during the close-contact interactions between stylists and clients in a mid-western salon;[6] and

Whereas, a recent event study that examines daily changes in county-level COVID-19 growth rates, finds that a state directive mandating public use of face masks is associated with a reduction in the COVID-19 daily growth rate;[7] therefore be it

Resolved, that based on scientific evidence, the Vermont Medical Society strongly urges the State of Vermont to take immediate action to promote universal facial covering use in all public settings for all individuals who can medically or developmentally[8] tolerate wearing a facial covering.

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[1] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html
[2] https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19-VDH-mask-guidance.pdf
[3] Konda A, Prakash A, Moss GA, Schmoldt M, Grant GD, Guha S. Aerosol filtration efficiency of common fabrics used in respiratory cloth masks. ACS Nano 2020;14:6339–47. CrossRefexternal icon PubMedexternal icon and MacIntyre CR, Seale H, Dung TC, et al. A cluster randomised trial of cloth masks compared with medical masks in healthcare workers. BMJ Open 2015;5:e006577. CrossRefexternal icon PubMedexternal icon
[4] Lau JT, Tsui H, Lau M, Yang X. SARS transmission, risk factors, and prevention in Hong Kong. Emerg Infect Dis 2004;10:587–92. CrossRefexternal icon PubMedexternal icon and Aiello AE, Perez V, Coulborn RM, Davis BM, Uddin M, Monto AS. Facemasks, hand hygiene, and influenza among young adults: a randomized intervention trial. PLoS One 2012;7:e29744. CrossRefexternal icon PubMedexternal icon
[5] MacIntyre CR, Chughtai AA. A rapid systematic review of the efficacy of face masks and respirators against coronaviruses and other respiratory transmissible viruses for the community, healthcare workers and sick patients. Int J Nurs Stud 2020;108:103629. CrossRefexternal icon PubMedexternal icon
[6] https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e2.htm?s_cid=mm6928e2_w
[7] Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US, Health Affairs, June 16, 2020, Wei Lyu and George L. Wehby, https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00818
[8] See State of Vermont Guidance for childcare programs https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Health-Guidance-Childcare-Summer-Programs.pdf (p. 3) and school settings https://education.vermont.gov/sites/aoe/files/documents/edu-vdh-guidance-strong-healthy-start-school-health-rev-20200617.pdf (p. 12)