## Where Have We Come With Face-Masks?



## Hierarchy of Epidemiologic Study Design

**Laboratory Experiments** 

**Generate Hypotheses** 

Case reports

Case series

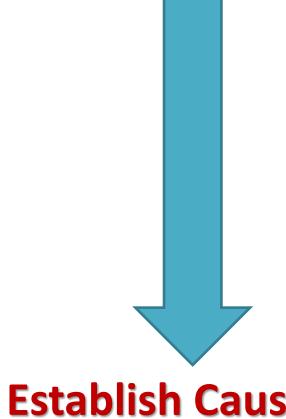
**Ecologic studies** 

**Cross-sectional studies** 

Case-control studies

**Cohort studies** 

Randomized controlled trials



**Establish Causality** 

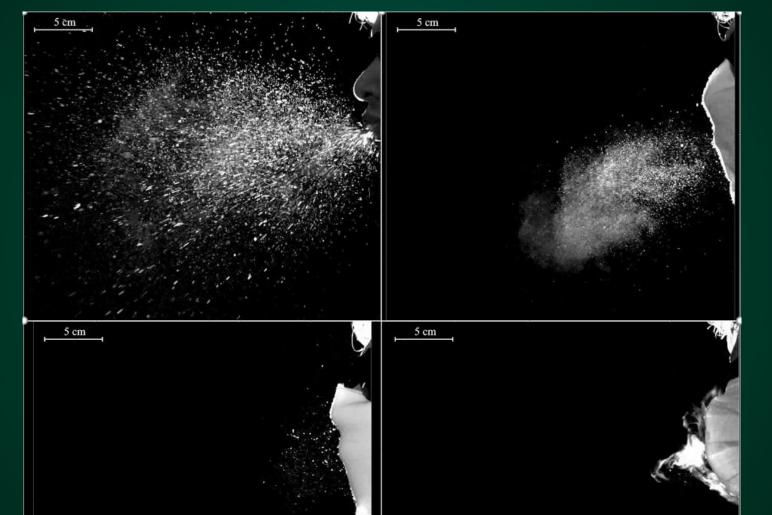
Table. Studies of the Effect of Mask Wearing on SARS-CoV-2 Infection Risk<sup>a</sup>

| Source  | Location                               | Population studied  | Intervention   | Outcome  |  |
|---|--|---|--|--|--|
| Hendrix et al   | Hair salon in<br>Springfield, Missouri | 139 Patrons at a salon with 2 infected and symptomatic stylists | Universal mask wearing in salon (by local ordinance and company policy)                          | No COVID-19 infections among 67 patrons who were available for follow-up   |  |
| Payne et al   | USS Theodore<br>Roosevelt, Guam        | 382 US Navy service members                                     | Self-reported mask wearing   | Mask wearing reduced risk of infection by 70% (unadjusted odds ratio, 0.30 [95% CI, 0.17-0.52])  |  |
| Wang Y et al  | Households in Beijing,<br>China        | 124 Households of diagnosed cases comprising 335 people         | Self-reported mask wearing by index cases or ≥1 household member prior to index case's diagnosis | Mask wearing reduced risk of secondary infection by 79% (adjusted odds ratio, 0.21 [95% CI, 0.06-0.79])                                  |  |
| Doung-ngern et al                                       | Bangkok, Thailand                      | 839 Close contacts of 211 index cases                           | Self-reported mask wearing by contact at time of high-risk exposure to case                      | Always having used a mask reduced infection risk by 77% (adjusted odds ratio, 0.23 [95% CI, 0.09-0.60])                                  |  |
| Gallaway et al  | Arizona                                | State population  | Mandatory mask wearing in public   | Temporal association between institution of mask wearing policy and subsequent decline in new diagnoses                                  |  |
| Rader et al   | US                                     | 374 021 Persons who completed web-based surveys                 | Self-reported mask wearing in grocery stores and in the homes of family or friends               | A 10% increase in mask wearing tripled the likelihood of stopping community transmission (adjusted odds ratio, 3.53 [95% CI, 2.03-6.43]) |  |
| Wang X et al  | Boston, Massachusetts                  | 9850 Health care workers (HCWs)                                 | Universal masking of HCWs and patients in the Mass General Brigham health care system            | Estimated weekly decline in new diagnoses among HCWs of 3.4% after full implementation of the mask wearing policy                        |  |
| Mitze et al   | Jena (Thuringia),<br>Germany           | City population aged ≥15 y                                      | Mandatory mask wearing in public spaces (eg, public transport, shops)                            | Estimated daily decline in new diagnoses of 1.32% after implementation of the mask mandate   |  |
| Van Dyke et al  | Kansas                                 | State population  | Mandatory mask wearing in public spaces  | Estimated case rate per 100 000 persons decreased by 0.08 in counties with mask mandates but increased by 0.11 in those without          |  |
| Lyu and Wehby   | 15 US states and Washington, DC        | State populations   | Mandatory mask wearing in public   | Estimated overall initial daily decline in new diagnoses of 0.9% grew to 2.0% at 21 days following mandates                              |  |
| Karaivanov et al  | Canada                                 | Country population  | Mandatory mask wearing indoors   | Estimated weekly 25%-40% decline in new diagnoses following mask mandates  |  |
| <sup>a</sup> See the Supplement for the complete table. |  |   |  |  |  |

<sup>&</sup>lt;sup>a</sup> See the Supplement for the complete table.

# Effect of Varying Masks on Emission of Respiratory Droplets During Sneeze

No Mask



Single Layer Cloth

Double Layer Cloth Surgical Mask



## **Compelling Case Report #1**





- Flew from Wuhan to Guangzhou, then 15 hr flight to Toronto
- Early symptoms and coughing the entire flight



- Wife developed cough next day after landing.
   Both tested +
- 350 passengers
  - 25 within 6'
- NO TRANSMISSIONS
- Masked the entire flight

### Compelling Case Report #2 - MO Hairdressers



- 2 hairdressers worked after starting to have symptoms for 5-8 days. Tested (+)
- Exposed 139 clients, all followed, 67 tested
- All were masked throughout encounters per city ordinance
- NO TRANSMISSIONS

MMWR. ePub: 14 July 2020

## % Positivity in HCWs After Universal Masking

Figure. Temporal Trend in Percentage Positivity of SARS-CoV-2 Testing Among HCWs

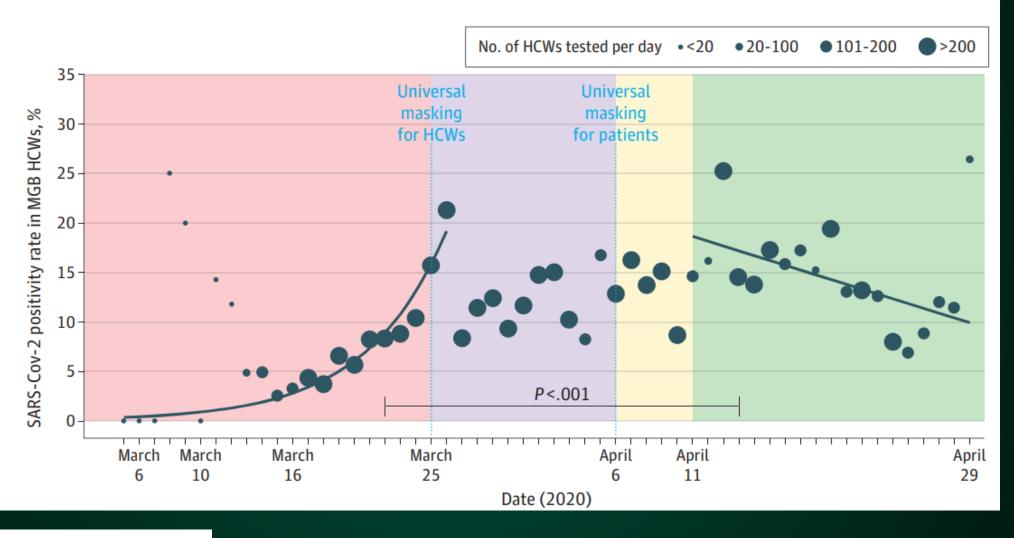
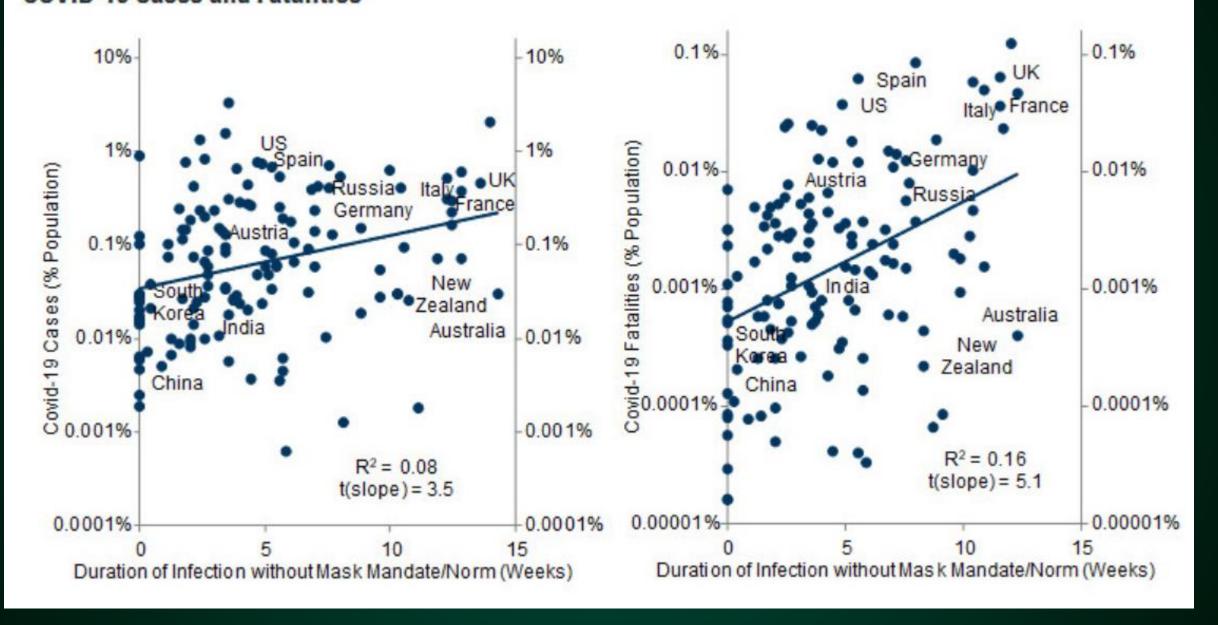
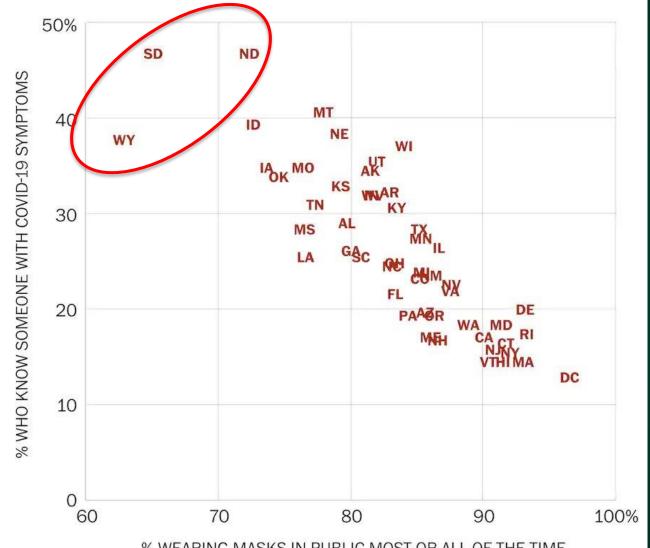


Exhibit 6: Countries Which Took Longer to Reach Widespread Mask Usage Experienced More COVID-19 Cases and Fatalities



#### Masking up

Fewer covid-19 symptoms reported in states with higher rates of mask use (data as of October 19, 2020)

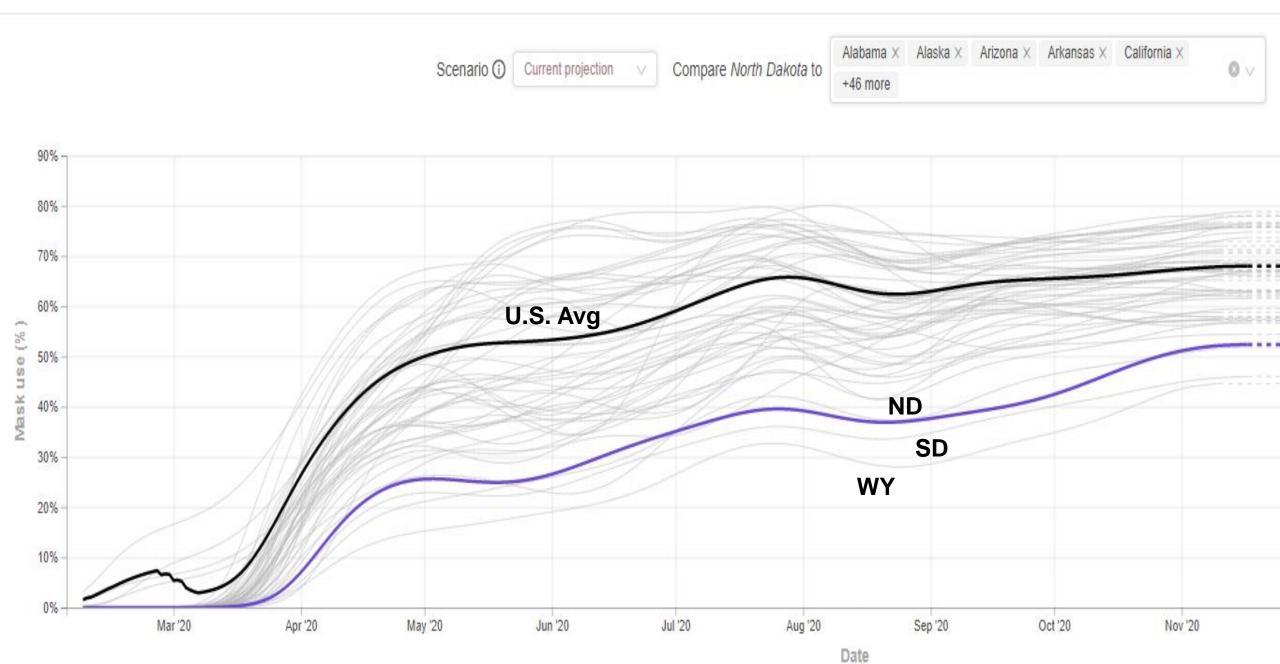


% WEARING MASKS IN PUBLIC MOST OR ALL OF THE TIME

Source: Delphi COVIDCast, Carnegie Mellon University

THE WASHINGTON POST

#### **Mask Use**



# Outbreak on the USS Theodore Roosevelt: Evidence of Protecting the Wearer



- Overall, 28% of 4779 crew became infected
- Medical dept staff had lower attack rate (16.7%)
  despite more frequent contact (regular use of PPE)
- Later assessment of subset of 382 at Guam base found 60% were antibody positive
  - 70% lower likelihood if self-reported regular mask use

# Retrospective Cohort Study of Risk Factors for Secondary Household Transmission

≥ 1 member masked before sx onset in index
 - (no benefit if after sxs)

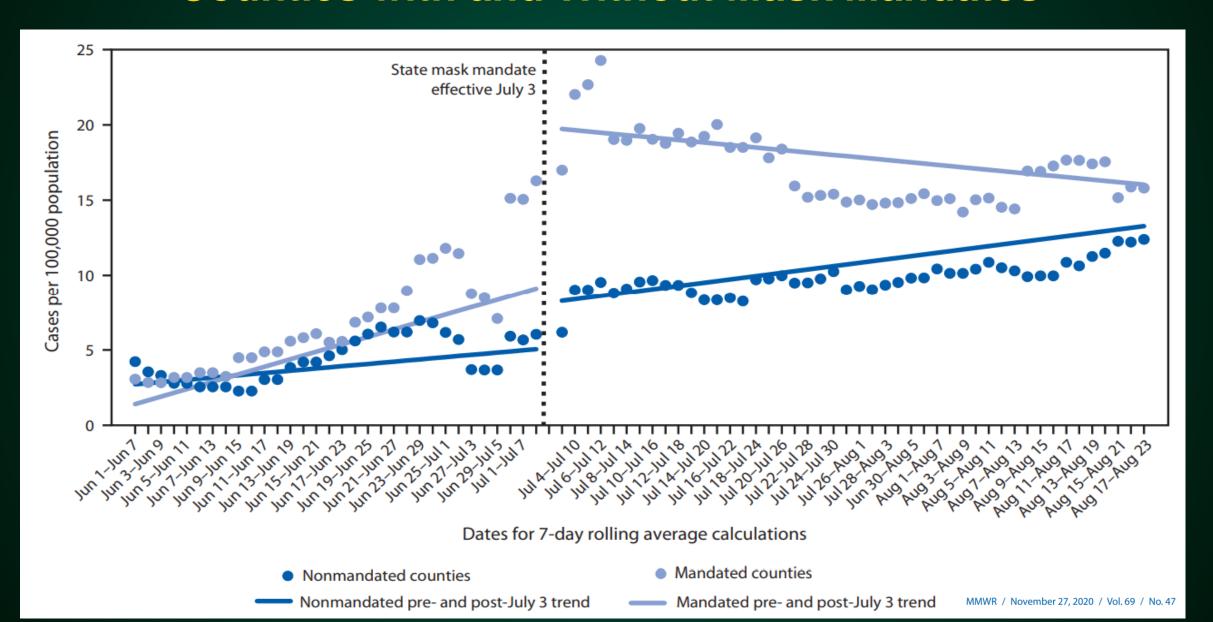
**79% 1** 

41 households with 20 transmission 83 households with no 20 transmisson

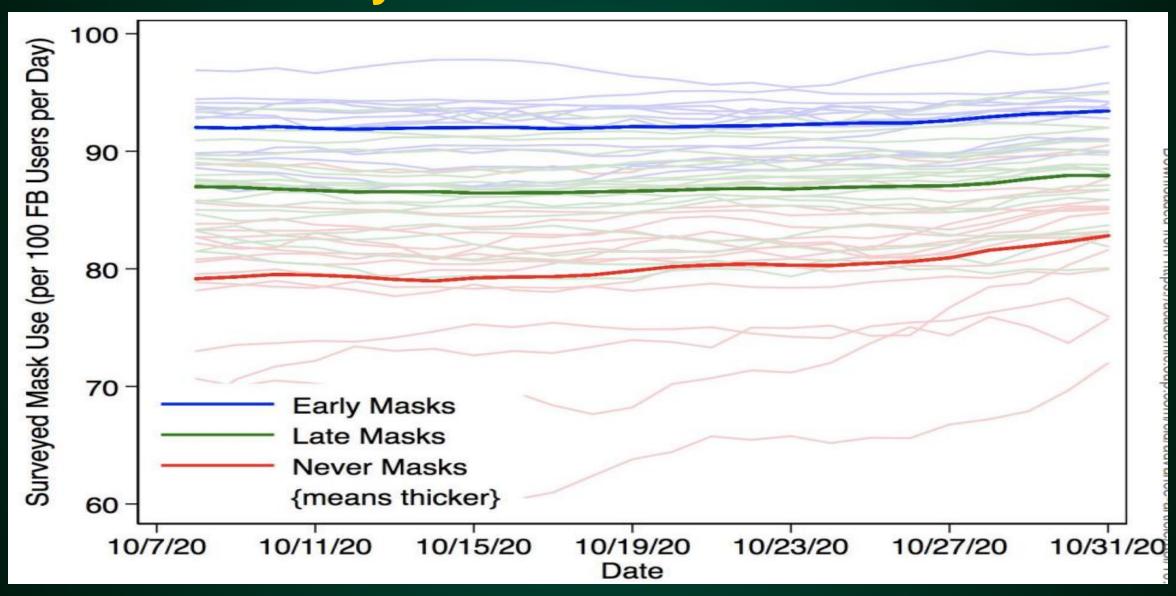


# What About Mandates?

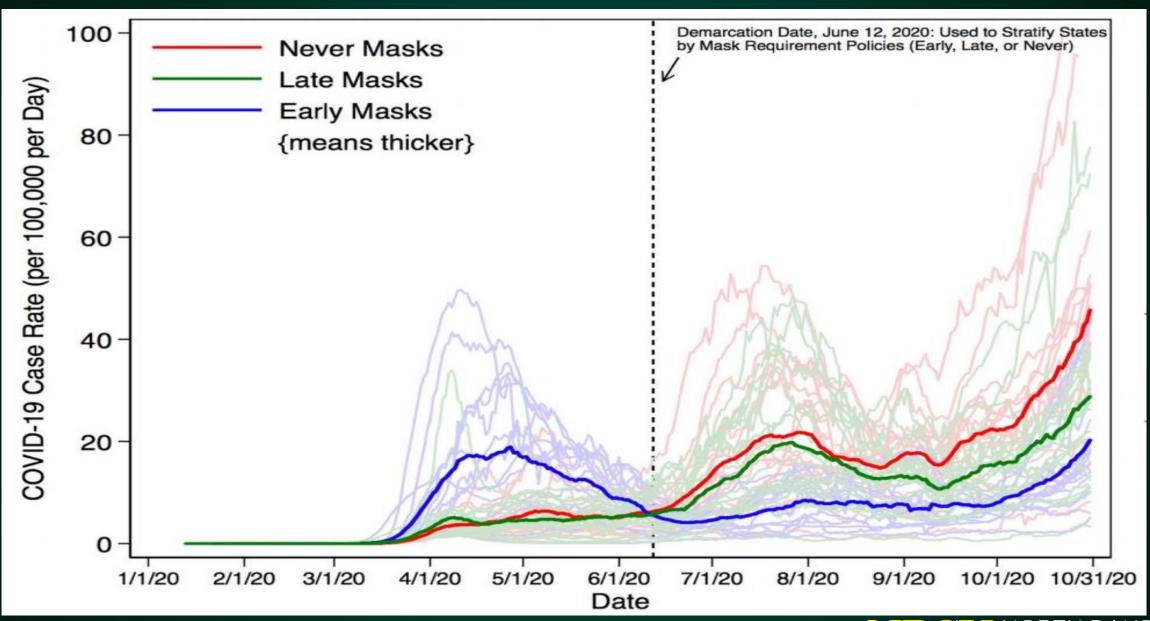
# **Incidence of New Cases in Kansas Counties with and Without Mask Mandates**



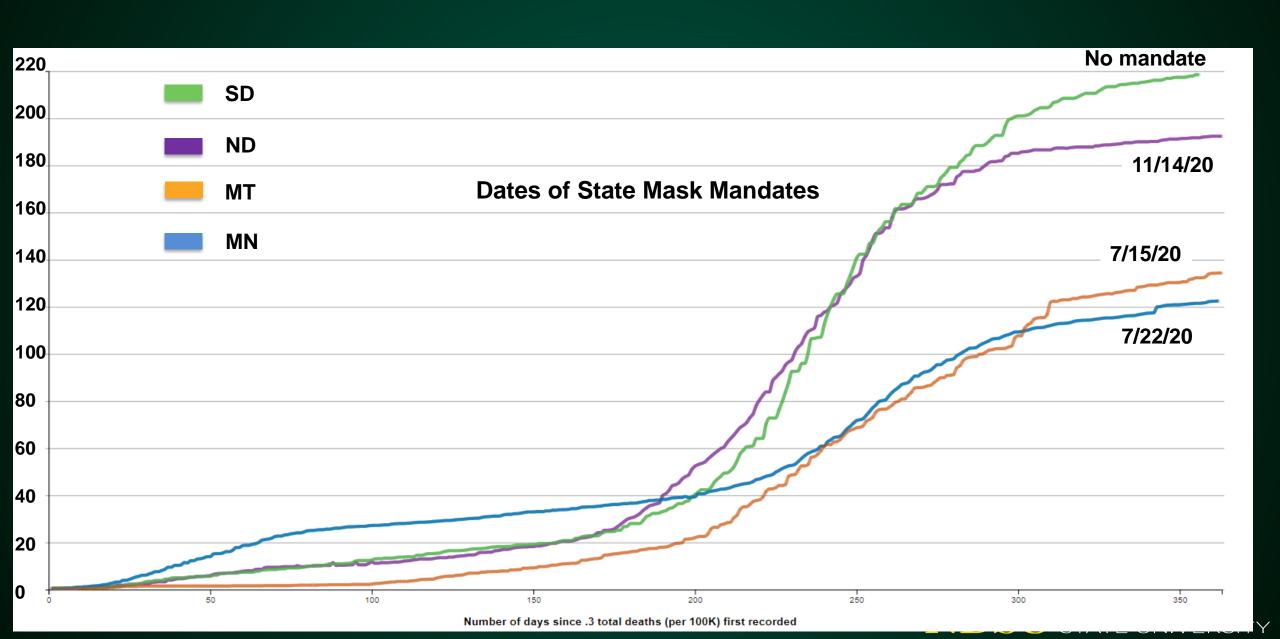
# Higher Mask Usage Associated with Early State Mask Mandates



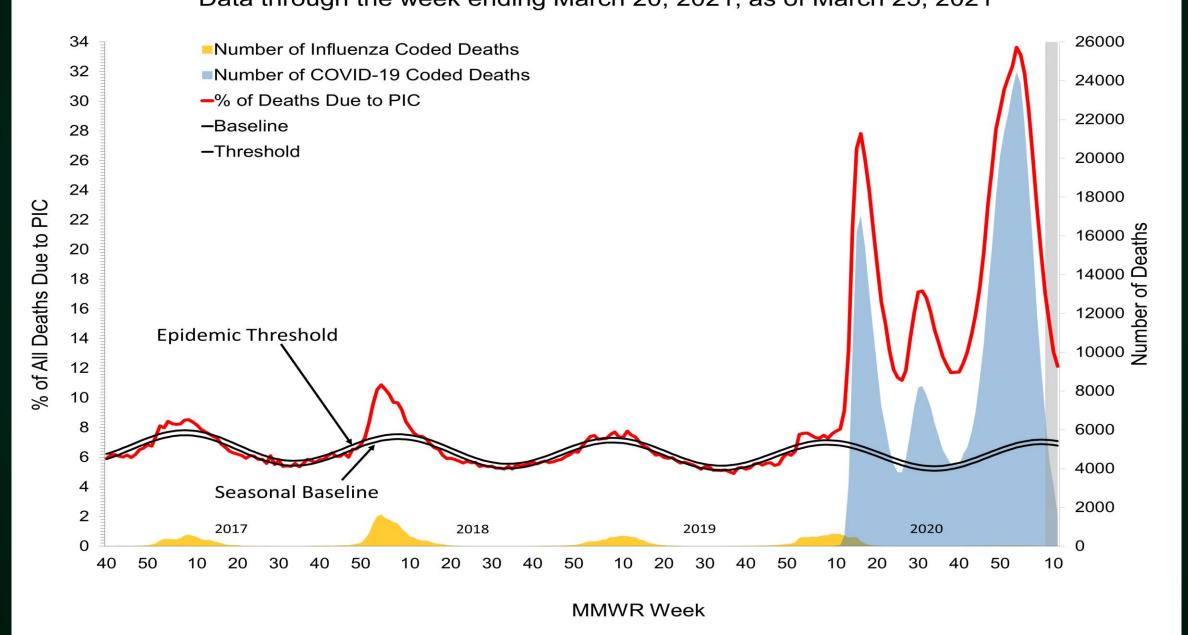
### States With Early Mask Adoption Associated with Lower Case Rates



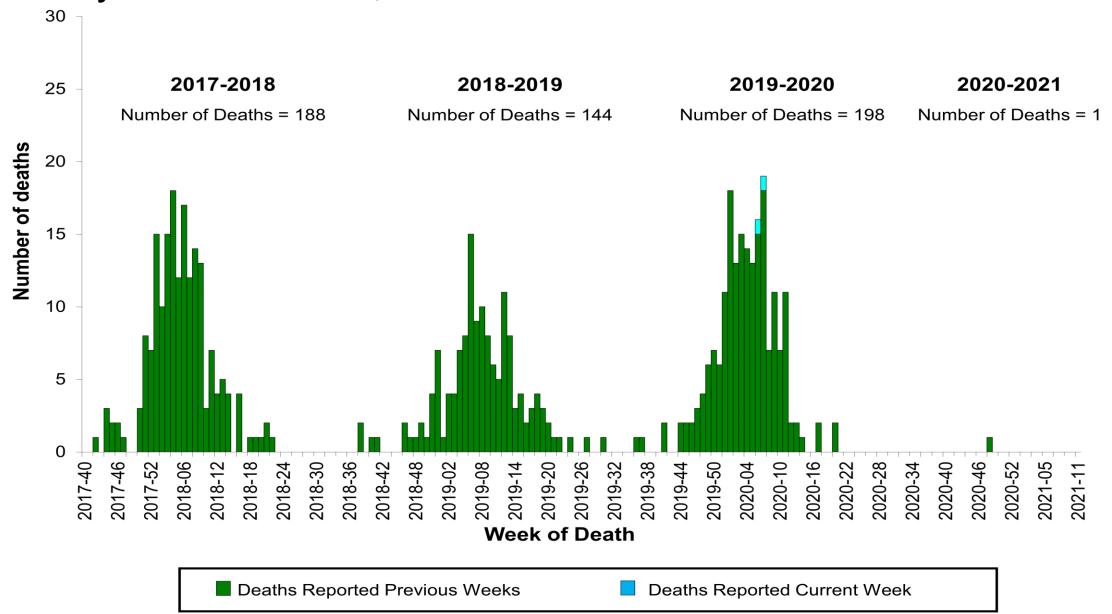
### Cumulative Death Rates/100k in ND, SD, MT, MN



#### Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System Data through the week ending March 20, 2021, as of March 25, 2021



# Influenza-Associated Pediatric Deaths by Week of Death, 2017-2018 season to 2020-2021 season



# Is Wearing a Mask an Excessive Burden or Potentially Bad for You?







# A doctor runs 22 miles in a face mask to prove that they are safe



By Amanda Jackson, CNN

① Updated 1:32 PM ET, Sun August 9, 2020





Dr. Tom Lawton wore a three-layered cloth mask during two runs, totaling 22 miles.

# Masking Effects on CO<sub>2</sub> or O<sub>2</sub> Levels



- 15 healthy residents and 15 veterans with severe COPD
- Oxygen and Carbon dioxide levels at baseline, 5 min after mask, 30 min after a mask, and 6 min after walk test
- No significant change in either group

## Inability to **Ever Issue a Mask Mandate?**

| Pathogen               | Case-Fatality Rate |  |
|------------------------|--------------------|--|
| COVID-19               | 0.7 - 2.3%         |  |
| SARS                   | 12%                |  |
| MERS                   | 35%                |  |
| Ebola                  | 57%                |  |
| Avian Influenza (H5N1) | 60%                |  |