

SYNOPSIS

06/16/2020

Review of “Advice on the use of masks in the context of COVID-19: interim guidance -5 June 2020”

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One-minute summary

- This is an update of the guidance published on April 6, 2020 with new information on the following:
 - The World Health Organization (WHO) reaffirmed that COVID-19 is primarily spread through respiratory **droplets** (within 1 metre). Transmission may also occur through fomites. Aerosol generating procedures (AGPs) represent a specific circumstance that may also lead to COVID-19 transmission. There is also emerging evidence on the role of presymptomatic and asymptomatic transmission; however, current evidence suggests **most transmission of COVID-19 is occurring from symptomatic people**.
 - **WHO supports targeted continuous masking practice** by health care workers in clinical areas in regions with community transmission. This takes into consideration the strong preferences and values placed on preventing potential COVID-19 infections despite the absence of evidence on the effectiveness and potential adverse effects.
 - WHO advises that governments should apply a risk-based approach when **encouraging the general public to wear masks** in specific situations and settings **as part of a comprehensive approach** to curb COVID-19 transmission. Practical examples of situations where the general public should be encouraged to wear a mask are also provided. This recommendation is made on balancing the following:
 - The lack of high quality or direct scientific evidence of the effectiveness of mask use by healthy people in the community setting.
 - Available evidence on presymptomatic and asymptomatic transmission.
 - Values and preferences.
 - The difficulty of physical distancing in many contexts.
 - WHO offers guidance on the features and characteristics of non-medical masks that governments should consider, including: **type of materials** with a minimum filter quality factor “Q” of 3; having ideally **a minimum of three layers** (a hydrophilic innermost layer, a hydrophobic middle layer, and a hydrophobic outermost layer); shaped to **fit closely and comfortably** over the nose, cheeks and chin of the wearer; **tolerance of high temperature** or decontamination using 0.1% chlorine.

Additional information

- The guidance and recommendations are based on existing WHO guidelines and weekly review of current evidence. Expert consensus was made on data synthesized by expedited systematic reviews, taking into consideration potential resource implications, values and preferences, feasibility, equity, ethics and research gaps as much as possible.
- Masks can be used as **personal protective equipment** for healthy persons when in contact with an infected individual, or for **source control** to prevent onward transmission by an infected individual.
- When making decisions on the use of masks by the general public, governments should **consider the local context, culture, availability of masks, resources required and preferences of the population when applying a risk-based approach**, which focuses on:
 - **Purpose:** using masks for source control or as personal protective equipment.
 - **Risk of exposure:** capacity to implement other containment measures to curb community transmission, and occupations that put workers in close contact with the public.
 - **Vulnerability:** of the mask wearer and the population.
 - **Setting:** where physical distancing cannot be maintained.
 - **Feasibility:** access to masks and means to wash re-usable masks; tolerance for mask wearing
 - **Type:** medical versus non-medical masks. The use of medical masks by the general public may divert these masks from health care workers and those who need them the most. Where there is shortage in the supply of **medical masks**, they **should be reserved for health care workers and individuals at higher risk of exposure or severe outcome of infection**.
- Potential benefits and disadvantages are summarized as follows:
- **Benefits/advantages:** potential reduced exposure from infected persons who are presymptomatic/asymptomatic, reduced stigmatization of individuals wearing masks, individual sense of contribution to stopping virus spread, reminder to individuals to be compliant with other measures (e.g. hand hygiene), potential social and economic benefits (individual enterprise and community integration by creation of fabric masks)
 - **Harms/disadvantages:** potential increased risk of self-contamination due to manipulation of mask and touching mucous membranes and/or not changing mask appropriately when wet or soiled, potential for side effects (headache, breathing difficulties, irritant dermatitis, discomfort), difficulty communicating (in particular for individuals that rely on lip reading), lower adherence with other public health measures due to a false sense of security from mask, poor compliance (especially young children), waste management issues, may be difficult to wear for many populations (e.g. children, individuals with mental illness or cognitive impairment, those with underlying respiratory conditions, those living in hot humid environments)
- Regions that adopt public masking policies should:
 - Clearly communicate the purpose, including where, when, how and what type of mask should be worn.
 - Inform people on how to use masks safely.
 - Evaluate the effectiveness of their policies in preventing and controlling COVID-19 transmission given the potential benefits and harms of such policies.
- Compliance with hand hygiene, physical distancing and other infection prevention and control measures are critical to prevent spread of COVID-19, **whether or not masks are used**.

PHO reviewer’s comments

- None.

Citation

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