

Key Questions Related to Reusable Facemasks

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Threshold questions

- Transparency in communication is always critical in a crisis (or potential crisis). Before addressing reusability of masks, we must first know:
 - What is the evidence regarding the efficacy of various types of masks in providing protection in:
 - the health care setting (for providers or patients)?
 - the household setting (for patients or contacts)?
 - routine activities of daily living?

Threshold questions (2)

- What is the relative value of different kinds of masks in different settings?
 - N95 respirators
 - Surgical masks
 - Handkerchiefs and other cloth protection
- If we cannot provide sound data regarding these questions, asking about reusability seems premature.

Why can't we just buy more?

- If it is determined that masks would provide protection, then the public will want to know why we can't produce more masks, rather than risk reusing them.
 - Aren't new masks likely to be better than reused ones?
 - If it's a matter of production capacity, then why not ramp up mask production as we are doing for vaccines?

But what if there isn't enough time?

- Reusing masks may be necessary if we don't have the time to build a stockpile and increase production capacity. In the interest of transparency, we must be honest about this being a “second” choice.
- We must be honest about what level of protection reused masks provides. If we oversell an option and it does not work, the public will not believe us when we need them to adopt an intervention or protective measure that *does* work.

What about other interventions?

- How does mask protection compare to other forms of protection (especially outside the healthcare setting)?
 - The public needs to be informed about the relative value of different types of protection.
 - For example, are masks as important as hand washing and other forms of social distancing in routine daily activities?
 - If not, will an emphasis on masks provide a false sense of security that will result in less attention to more important interventions?

Assuring health care

- If there is an over-riding priority that the public is likely to be concerned about...it is that the health care delivery system will continue to function.
 - This requires keeping health care workers healthy and feeling that they are being fully protected (PPE and other measures such as early access to vaccines and antivirals) so they will be there to care for those of us who get sick.

Additional concerns

- Will use of masks be stigmatizing?
- If masks are in short supply, how will we target use?
 - If there is targeted use outside the health care setting, will this increase stigmatization?
 - What would a distribution system look like?
- Improvised approaches (such as handkerchiefs) should not be promoted unless there is evidence to support their use – and their relative value needs to be communicated.
- Reusing N95 respirators and/surgical masks by the public (but not health care workers) creates a double standard of protection that needs to be justified in terms of relative risk IF there is science to support it.
 - The mechanics of reuse (i.e., sterilization of some kind) need to be relatively simple.

Conclusion

- Policy should be based on science.
- We need to be honest with the public about the limits of our knowledge and the extent to which facemasks provide protection.
- We need to be honest with the public about difficult choices we may face if there is insufficient supply to support implementing the strategy that is most strongly supported by the science.
 - Any discussion about masks will affect the credibility of other messages related to pandemic preparedness and response.
- This dialogue must start now – not in the midst of a crisis.