Hi █████

See our █████'s review from a scientific perspective below on the 2 facemask points. She has looked at the main guidance document and pulled out the definitions which may help.

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From: █████@nhs.scot>
Sent: Friday, December 22, 2023 12:21 PM
To: █████@nhs.scot>
Cc: █████@nhs.scot>
Subject: Evaluation of WHO IPC Covid-19 guidance - 21 December 2023

Dear █████

I hope the below information helps, please let me know if there is anything else I can do.

As we discussed, the only recommendations regarding mask use in health and care settings were published on **09 October 2023**.

1. **Continuous mask use** in clinical areas is advised for all healthcare workers and care givers in situations <mark>with minimum to moderate impact of COVID-19 on the health system.</mark>
   - A definition for minimum to moderate impact is provided in the main guidance document.
   - It does not outline whether this refers to other staff e.g. domestic, reception staff also (although the wording of recommendation 2 would suggest that it does not include other staff)
   - it is a conditional recommendation with very low certainty of evidence

2. **Universal mask use** - all health and care workers and other staff, caregivers, visitors, outpatients and service providers wearing a mask in all areas of the healthcare facility <mark>where there is a significant impact of COVID-19 on the health system.</mark>
   - A definition for significant impact is provided in the main guidance document.
   - It is a strong recommendation with very low certainty of evidence

In the main guidance document the two recommendations are found within the section entitled: 'Mask use for source control'.

Definitions of minimum, moderate and significant impact are provided:
Continuous mask use:
- "Situational Level 1 is a situation with <mark>minimal</mark> transmission, morbidity, and health system impact of SARS-CoV-2, with only basic ongoing PHSMs needed."
- "Situational Level 2 represents a situation where there is <mark>moderate impact</mark> of COVID-19, although there may be higher impact in specific sub-populations. Additional measures may be required to reduce transmission; however, disruptions to social and economic activities can still be limited, particularly if PHSMs can be targeted strategically to more affected settings."

Universal mask use
- "Situational Level 3 is a situation with <mark>significant impact</mark> on the health system and a risk of health services becoming overwhelmed, or resulting in unacceptably high morbidity and mortality, even in cases where the health system capacity is sufficient. In these situations, a larger combination of PHSMs may need to be put in place to limit transmission, manage morbidity and avoid overwhelming the health system."
- "Situational Level 4 corresponds to an uncontrolled epidemic with very high morbidity/mortality and limited or no additional health system response capacity available, thus requiring extensive PHSMs to avoid overwhelming health services and to limit substantial excess morbidity and mortality." <mark>(presume this would also come under significant)</mark>

"Situational Level 0 corresponds to a situation with no known transmission of SARS-CoV-2 in the preceding 28 days. The health system and public health authorities are ready to respond, but there are no restrictions needed on daily activities, and only core PHSMs (e.g. respiratory etiquette) are needed." **– Will this ever be the case again if SARS-CoV-2 is endemic?**

In the main guidance document, evidence to decision information is provided for each recommendation →

For <mark>recommendation 1</mark> on continuous mask use WHO state that:

Evidence –

- "No studies have been conducted of targeted continuous mask use vs other strategies, or universal mask use in settings experiencing low or moderate COVID-19 impact (see universal masking PICO question for with summary of evidence on universal masking in high COVID-19 impact settings.) The universal use of masks probably decreases the risk of SARS-CoV-2 infection slightly"
- "Although studies suggest benefits of universal masking, they were all conducted in settings experiencing significant impact of COVID-19" **"The evidence is indirect and based on evidence on universal masking in settings experiencing high impact of SARS-CoV-2**; therefore, the certainty of the evidence is rated as very low." "The GDG judged that, in settings experiencing mild or moderate COVID-19 impact, the benefits of universal masking were unclear, but likely smaller than in settings experiencing significant COVID-19 impact."

Other considerations –

- "Given the protective effects of mask use, health and care workers, including community health and care workers and caregivers, would likely favour targeted continuous masking in health facilities. The qualitative review suggests health and care workers value the protection PPE provides to them and to their patients. Furthermore, health and care workers were reported to be anxious about the level of risk associated with COVID-19; the review noted that PPE associated with **higher levels of protection relieved anxiety and insecurities, in particular when health and care workers were providing patient care"**
- They noted that **supply chains have improved** therefore "continuous masking is likely to have a low-to-moderate impact on resources".
- "Targeted, **continuous masking is less burdensome than universal masking** and was judged by the GDG to be generally acceptable."

Balance of harm/benefit –

- "Given the potential discomfort and other harms of universal masking, such as impact on communication and resource costs, the GDG judged that evidence was insufficient to support universal masking in this setting. However, the GDG felt that targeted, continuous mask based on the degree of exposure to SARS-CoV-2 was warranted to reduce the risk of infection."

For <mark>recommendation 2</mark> on universal mask use WHO state that:

Evidence –

- 4 before/after studies. All studies used before-after design and had serious methodological limitations*. There were too few who experienced the SARS-CoV-2 infection to determine whether universal masking made a difference.

Other considerations –

- Effects on communication with patients.
- "health and care workers often feel that masks and other PPE provide them with **peace of mind** and thereby create a climate of safety"
- **"In many settings with low impact of COVID-19, in contrast, PPE has been shown to make health and care workers feel uncomfortable and to add to their feelings of stress and discomfort, especially if worn for prolonged periods"**
- **headaches, feelings of being hot or overheating, and excessive sweat**
- "As **supply chains have improved** in the current context of COVID-19, the GDG has judged that implementing universal masking is likely to have a low-to-moderate impact on resources, assuming facilities use medical masks. This does not take into consideration the availability of respirators, when indicated, and resources required for fit testing."
- universal use of masks in health-care facilities as an intervention was widely implemented in many high-resource settings throughout the COVID-19 pandemic, indicating that **it is feasible** in those settings

Balance of harm/benefit –

- Despite the limitations in the evidence, the GDG judged that the available evidence suggests that the benefits of implementing universal mask use in health-care facilities outweigh the potential harm in settings experiencing a significant impact of COVID-19.

*"The studies were conducted in the United States, used a before-after design and had other methodological limitations, including failure to control for other factors (e.g. other PPE use or infection-control measures or exposures) that could result in changes in SARS-CoV-2 infection, and failure to measure mask use or adherence. Studies found a decline in health-care-acquired SARS-CoV-2 infections during and after the intervention. Hospitals continued to see a decrease in SARS-CoV-2 infections within the hospital when there was an increased rate of infection within the community. While universal masking was the main intervention, hospitals also implemented other IPC measures such as physical distancing, increased access to hand-hygiene stations and strict adherence to a quarantine regime for those health and care workers who were exposed. All of the studies were conducted in settings experiencing significant SARS-CoV-2 impact."