Good morning team,

Lately, the COVID-19-related story receiving more attention than anything else, is whether to make face coverings mandatory. This morning, we want to share the evidence around wearing face coverings to explain our current position on this issue, and to help inform you further around this debate.

Back in the spring, the message from most public health expert organizations was that face coverings worn in the community are not helpful. This reflected the best evidence at the time. Specifically, in high quality randomized controlled trials done with influenza and influenza like illness (ILI), there was no significant benefit to a person from wearing a mask; and no such good quality studies looking at whether others are protected from a mask-wearer.

When we looked at lower quality studies around influenza and ILI—observational and ecological studies which are uncontrolled—there was only slightly better news. Several studies showed that if someone wore a mask and did frequent hand washing, they were protected from infection. If a study did not include hand washing though, it generally did not show benefit from wearing a mask. As for protecting others by the mask wearer, these lower quality studies had inconsistent results—sometimes they showed protection, but other times they did not.

Expert bodies therefore concluded that mask-wearing wasn’t likely to be effective, and that hand washing was more important. This conclusion was embraced strongly in light of theoretical harms from wearing masks: contaminating hands by touching masks; a false sense of security, resulting in no longer keeping physical distance; stigmatization of those who can’t wear masks (e.g. medical reasons), etc.

In the last few months, new research has emerged that is specific to COVID-19 that has shifted the conversation. While there are no high quality randomized studies yet, several new low quality observational and ecological studies show that wearing face coverings protects others from COVID-19. It’s hard to know if other factors could be affecting the results (similar to how hand washing did with the influenza/ILI studies). As well, it is not clear what types of masks are effective from those studies, nor if the study countries are similar enough to our Canadian context that the results would hold here. Nonetheless, the results are consistent and large. As well, a new research paper (a systematic review and meta-analysis) did look at 3 higher quality studies (cluster randomized trials) on SARS (which has some similarities to COVID-19), and found a benefit to masks work by the community when pooling results of those three studies, albeit this benefit had only “low certainty”.

Acknowledging a precautionary approach of not waiting for perfect information before making decisions, most public health expert bodies now recommend face coverings when people can’t keep physical distance given the importance of preventing COVID-19.
However, recognizing the weakness of the evidence, these bodies aren’t recommending policies that require wearing face coverings. The Chief Public Health Officer of Canada and all provincial/territorial chief medical officers of health agree. In Niagara, we also concur with these expert bodies. However, like these, while we’re not calling for requirements to wear face coverings (given the lack of strength in the research), we are also not opposed to them (given the research does support use of face coverings) if they are adopted based on other considerations.

There are some local medical officers of health, almost all in Ontario, who have decided to support mandatory face coverings. They argue that given the dynamics of their local regions, that they need to do more to prevent a resurgence of COVID-19, particularly as we reopen businesses and resume public life.

There are valid arguments on both sides of this debate. Ultimately, this boils down to a value judgement: how much do we as a society want to hedge against the risk of COVID-19 that we are willing to deny a small amount of personal freedom and risk potential harms, relying only on relatively weak research to justify this. Our position is that these sorts of value judgements are best made by society as a whole through its elected leaders. It is clear that the public is currently split with passionate advocates on both sides of the debate—all the more reason that elected leaders should publicly debate and decide this.
Of course, we’ve seen the research evolve over the last few months, and we are going to continue to monitor emerging research and adjust our position as the evidence demands—whether that means changing our recommendations, issuing orders, or taking other action. In the meantime, the ongoing discussion around this topic, where both sides speak to the importance of face coverings, will hopefully encourage more people to wear face coverings voluntarily, and perhaps even foster a new social norm.

To explore the research on this topic more, we recommend the WHO’s Advice, Public Health Ontario’s summary of the research, and a rapid review by Alberta Health Services.

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