

6 May 2020

BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Do Face Masks Matter? Why is wearing a mask in public suggested, and does it matter? A recent [preprint](#) addresses these aforementioned questions. The authors looked at all currently available evidence on this topic, including some recent small studies and address 4 main topics, considering (1) the transmission of COVID-19, (2) filtering characteristics of masks, (3) population impact, and (4) sociological considerations. The primary route of transmission for SARS-CoV-2 is via small droplets that are dispersed during sneezing, coughing, and speaking. When looking at the filtering capability of masks, the authors focused on source control and not health care worker PPE. Interestingly, the authors counter the criticism that simple or cloth masks do not effectively stop aerosolized shedding with the concept that when someone is speaking, breathing, or coughing, what initially comes out of one's mouth are droplets that subsequently become aerosolized. Wearing a cloth mask stops this process from occurring. Current laboratory evidence shows household masks have some filtration capacity and can help isolate droplets to the face mask without significant spread.

When analyzing face mask efficacy, the overall evidence in this study found favorable evidence that the use of hand washing **plus** face masks likely reduces spread of respiratory viruses. Some concerns regarding the routine use of face masks include compensation behavior that results in neglecting physical distancing due to a false sense of security; however, the authors compare this argument to historical debates that wearing a helmet on a motorcycle will result in more risky driving behavior. Of course, as they note, these arguments have been debunked.

The importance of offering a preventative tool along with accurate messaging will empower citizens to act responsibly, as well as reduce potential for stigma. If we make only those who are sick wear face masks, this will lead to fear of being "outed" with their illness. Assumptions of criminality among minorities may also be a potential and very important driver for reluctance to wear face masks. To help reduce these stigmas, universal face mask recommendations are preferred. Another reason for universal face mask recommendations is the visible signal it conveys of solidarity during the covid-19 pandemic.

This evidence review also provides numerous arguments in support of widespread face mask usage as a way to reduce community transmission. The authors suggest that adoption of this behavior with other aggressive public health measures could drive the basic reproduction number, R_0 , to below 1.0. If the government cannot recommend such requirements, the authors suggest that organizations and stores implement a "no mask, no service" policy, which must be accompanied by adequate supplies. "...if everyone is wearing masks to decrease the chance that they themselves are unknowingly infecting someone, everyone ends up being more protected."

Christopher Sampson, MD, FACEP @sampx

POLICY BRIEFING

Time to reconsider previously scheduled deregulation. In July of last year, the Center for Medicare and Medicaid Services (CMS) [proposed](#) a rule change for nursing homes. The comment period for the rule closed last September, and the public is still awaiting action on the rule. However, the current pandemic calls into question whether such a rule change would be prudent. The stated aim was to reduce the regulatory and administrative burden placed on nursing homes and long-term care facilities. Specifically, under the proposed change the requirement for an infection preventionist to be present “part-time” or have frequent contact with infection prevention staff at the facility would be replaced with the preventionist spending “sufficient time” to meet objectives, without further clarifying minimum requirements. Elsewhere, facility compliance officer and compliance liaison positions would be removed, and reviews would be extended from an annual to a biennial basis. Finally, there exists a requirement that no more than two residents may share a bedroom and that these spaces have a common sink and commode. The proposed change would make this requirement stand only for newly-constructed and repurposed buildings, not for existing facilities. Amidst an infectious disease crisis where close contact and lack of proper sanitization are leading causes in the spread of the coronavirus, it is probably not the best time for such changes. *The Center for Medicare and Medicaid Services.*

Joshua Lesko, MD

Stay at home orders in legal jeopardy. Two weeks ago, Brief19 [reported](#) on a lawsuit filed by Wisconsin lawmakers challenging the constitutionality of the state’s stay at home orders. Yesterday, oral arguments were [heard](#) in that case over video conference. The Court gave no information as to when it would render an opinion, but if the tenor of the questioning by the justices is any indication, it does not look good for the state’s orders. In times of crises, executive branches at the state and federal level often have leeway to take steps that would normally be impermissible. These powers are granted by the legislative branch. It is through these powers that state executive branches have issued stay at home orders. The reason for the delegation of power to the executive branch is that individuals within the executive branch can often work more nimbly in response to crises than the entirety of the legislature. However, the justices in yesterday’s oral arguments made inquiries as to whether the state health officer’s ability to prevent people from going to work amounted to tyranny, among other pointed questions. A decision from the Wisconsin Supreme Court is not binding on other states, but will certainly be regarded carefully and may embolden groups in other states to file similar challenges. Should whatever decision the Wisconsin Court hands down be appealed to the U.S. Supreme Court, we would face the possibility of an opinion on the subject that would be binding across the country. *Wisconsin State Journal.* -Kimi

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.