

CORRESPONDENCE

Universal Masking in the Covid-19 Era

We understand that some people are citing our Perspective article (published on April 1 at NEJM.org)¹ as support for discrediting widespread masking. In truth, the intent of our article was to push for more masking, not less. It is apparent that many people with SARS-CoV-2 infection are asymptomatic or presymptomatic yet highly contagious and that these people account for a substantial fraction of all transmissions.^{2,3} Universal masking helps to prevent such people from spreading virus-laden secretions, whether they recognize that they are infected or not.⁴

We did state in the article that “wearing a mask outside health care facilities offers little, if any, protection from infection,” but as the rest of the paragraph makes clear, we intended this statement to apply to passing encounters in public spaces, not sustained interactions within closed environments. A growing body of research shows that the risk of SARS-CoV-2 transmission is strongly correlated with the duration and intensity of contact: the risk of transmission among household members can be as high as 40%, whereas the risk of transmission from less intense and less sustained encounters is below 5%.⁵⁻⁷ This finding is also borne out by recent research associating mask wearing with less transmission of SARS-CoV-2, particularly in closed settings.⁸ We therefore strongly support the calls of public health agencies for all people to wear masks when circumstances compel them to be within 6 ft of others for sustained periods.

Michael Klompas, M.D., M.P.H.

Harvard Medical School
Boston, MA

Charles A. Morris, M.D., M.P.H.

Brigham and Women's Hospital
Boston, MA

Erica S. Shenoy, M.D., Ph.D.

Massachusetts General Hospital
Boston, MA

This letter was published on June 3, 2020, at NEJM.org.

1. Klompas M, Morris CA, Sinclair J, Pearson M, Shenoy ES. Universal masking in hospitals in the Covid-19 era. *N Engl J Med* 2020;382(21):e63.

2. He X, Lau EHY, Wu P, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. *Nat Med* 2020;26:672-5.

3. Ferretti L, Wymant C, Kendall M, et al. Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing. *Science* 2020;368(6491):eabb6936.

4. Leung NHL, Chu DKW, Shiu EYC, et al. Respiratory virus shedding in exhaled breath and efficacy of face masks. *Nat Med* 2020;26:676-80.

5. Rosenberg ES, Dufort EM, Blog DS, et al. COVID-19 testing, epidemic features, hospital outcomes, and household prevalence, New York State — March 2020. *Clin Infect Dis* 2020 May 8 (Epub ahead of print).

6. Bi Q, Wu Y, Mei S, et al. Epidemiology and transmission of COVID-19 in 391 cases and 1286 of their close contacts in Shenzhen, China: a retrospective cohort study. *Lancet Infect Dis* 2020 April 27 (Epub ahead of print).

7. Cheng H-Y, Jian S-W, Liu D-P, et al. Contact tracing assessment of COVID-19 transmission dynamics in Taiwan and risk at different exposure periods before and after symptom onset. *JAMA Intern Med* 2020 May 1 (Epub ahead of print).

8. Wang Y, Tian H, Zhang L, et al. Reduction of secondary transmission of SARS-CoV-2 in households by face mask use, disinfection and social distancing: a cohort study in Beijing, China. *BMJ Glob Health* 2020;5(5):e002794.

DOI: 10.1056/NEJMc2020836

Correspondence Copyright © 2020 Massachusetts Medical Society.