

Swiss Policy Research.org - <https://swprs.org/face-masks-evidence/>

1. Studies on the effectiveness of face masks

So far, most studies found little to no evidence for the effectiveness of cloth face masks in the general population, neither as personal protective equipment nor as a source control.

1. A May 2020 meta-study on pandemic influenza published by the **US CDC** found that face masks had no effect, neither as personal protective equipment nor as a source control. ([Source](#))
2. A **Danish randomized controlled trial** with 6000 participants, published in the Annals of Internal Medicine in November 2020, found no statistically significant effect of high-quality medical face masks against SARS-CoV-2 infection in a community setting. ([Source](#))
3. A July 2020 review by the **Oxford Centre for Evidence-Based Medicine** found that there is no evidence for the effectiveness of cloth masks against virus infection or transmission. ([Source](#))
4. A May 2020 cross-country study by the **University of East Anglia** (preprint) found that a mask requirement was of no benefit and could even increase the risk of infection. ([Source](#))
5. An April 2020 review by two US professors in respiratory and infectious disease from the **University of Illinois** concluded that face masks have no effect in everyday life, neither as self-protection nor to protect third parties (so-called source control). ([Source](#))

6. An article in the **New England Journal of Medicine** from May 2020 came to the conclusion that cloth face masks offer little to no protection in everyday life. ([Source](#))
7. An April 2020 **Cochrane review** (preprint) found that face masks didn't reduce influenza-like illness (ILI) cases, neither in the general population nor in health care workers. ([Source](#))
8. An April 2020 review by the **Norwich School of Medicine** (preprint) found that “the evidence is not sufficiently strong to support widespread use of facemasks”, but supports the use of masks by “particularly vulnerable individuals when in transient higher risk situations.” ([Source](#))
9. A 2015 study in the British Medical Journal **BMJ Open** found that cloth masks were penetrated by 97% of particles and may increase infection risk by retaining moisture or repeated use. ([Source](#))
10. An August 2020 review by a **German professor** in virology, epidemiology and hygiene found that there is no evidence for the effectiveness of cloth face masks and that the improper daily use of masks by the public may in fact lead to an increase in infections. ([Source](#))

Additional aspects

1. There is [increasing evidence](#) that the SARS-2 coronavirus is transmitted, at least in indoor settings, not only by droplets but also by **smaller aerosols**. However, due to their large pore size and poor fit, cloth masks cannot filter out aerosols (see video analysis below): over

- 90% of aerosols [penetrate or bypass](#) the mask and fill a medium-sized room within minutes.
2. The **WHO** admitted to the BBC that its June 2020 [mask policy update](#) was due not to new evidence but [“political lobbying”](#): “We had been told by various sources WHO committee reviewing the evidence had not backed masks but they recommended them due to political lobbying. This point was put to WHO who did not deny.” (D. Cohen, BBC Medical Correspondent).
 3. To date, the only **randomized controlled trial (RCT)** on face masks against SARS-CoV-2 infection in a community setting found no statistically significant benefit (see above). However, three major journals [refused to publish](#) this study, delaying its publication by several months.
 4. An analysis by the **US CDC** found that [85% of people](#) infected with the new coronavirus reported wearing a mask “always” (70.6%) or “often” (14.4%). Compared to the control group of uninfected people, always wearing a mask did not reduce the risk of infection.
 5. Researchers from the University of Minnesota found that the **infectious dose of SARS-CoV-2** is just 300 virions (viral particles), whereas a single minute of normal speaking may generate [more than 750,000 virions](#), making cloth face masks unlikely to prevent an infection.
 6. **Japan**, despite its widespread use of face masks, experienced its [most recent influenza epidemic](#) with more than 5 million people falling ill just one year ago, in January and February 2019. However, unlike SARS-CoV-2, the influenza virus is easily transmitted by children, too.

7. Many states that introduced mandatory face masks on **public transport and in shops** in spring, such as Hawaii, California, Argentina, Spain, France, Japan and Israel, saw a [strong increase in infections](#) from July onwards, indicating a low effectiveness of mask policies. ([More examples](#))
8. **Austrian scientists** found that the introduction, retraction and re-introduction of a face mask mandate in Austria had [no influence](#) on the coronavirus infection rate.
9. In the **US state of Kansas**, the 90 counties without mask mandates had lower coronavirus infection rates than the 15 counties with mask mandates. To hide this fact, the Kansas health department [tried to manipulate](#) the official statistics and data presentation.
10. Contrary to common belief, studies **in hospitals** [found that](#) the wearing of a medical mask by surgeons during operations [didn't reduce](#) post-operative bacterial wound infections in patients.
11. During the notorious **1918 influenza pandemic**, the use of cloth face masks among the general population was widespread and in some places mandatory, but they [made no difference](#).
12. Asian countries with low covid infection and death rates benefited not from face masks but mainly from **early border closures**. This is confirmed by Scandinavian countries like Norway, Finland and Denmark, which didn't introduce mask mandates but [closed borders early](#) and saw very low covid infection and death rates, too.