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## Use of mask in COVID-19 era: absence of evidence is not evidence of absence

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World Health Organization (WHO) in its interim guidance of 6 April 2020 advises policy makers on the use of masks for healthy people in community settings. The rationale for mask use by healthy person is prevention from COVID-19, when there is risk of exposure, like working in close contact with public, people with comorbidities, where physical distancing cannot be maintained such as travelling in buses, staying in slum areas. Furthermore, WHO says the purpose and reason for mask use should be clear— whether it is to be used for source control (used by infected persons) or prevention of COVID-19 (used by healthy persons).<sup>1</sup> Centers for Disease Control (CDC) United States of America (USA) updated its advisory on 4 Apr 2020, and recommended everyone (except some) should wear at least a cloth face covering when they have to go out in public. It will protect other people in case you are infected.<sup>2,3</sup> This advisory of no strict demand on use of face masks could be possibly due to unavailability of disposable masks.

Previous studies reveal that cloth masks were least effective in preventing flu like illness in healthcare staff.<sup>3-5</sup> Studies are not in favor of wearing cloth mask arguing limited evidence of its effectiveness, improper and inconsistent use, and false sense of safety among public that may disregard other essential public health interventions, like hand washing and social distancing.<sup>4</sup>

As per current evidence COVID-19 infection is transmitted from pre-symptomatic, symptomatic and asymptomatic patients. There are two main routes of transmission i.e. respiratory droplets and contact. The respiratory droplets (particle >5-10 µm in diameter) are usually produced when infected person coughs or sneezes or talks. Persons within one meter of infected person are at high risk of contracting virus (through droplet). Also, infection can occur in person if s/he touches surfaces/articles contaminated by infected person and then touches her/his eyes, nose, or mouth (through contact).<sup>6,7</sup> Hence, it is advised not to touch face (especially eyes, nose or mouth) or outer surface of without washing hands with soap water (for at least 20 seconds), alcohol-based hand sanitizer. The COVID-19 infection is contagious, the virus remains viable for some time in the air and on surface for several hours to days.<sup>8,9</sup>

The experience and observation from China shows mask is essential in curbing the spread of COVID-19. The Chinese government recommends people at moderate risk to wear surgical masks or disposable mask for medical use, people at low risk to wear disposable masks for medical use and people at very low risk to wear non-medical mask such as cloth masks.<sup>10</sup> In many countries, community prevalence is high and there is chance of rapid increase in other countries.<sup>11</sup> Israel, Austria, the Czech Republic, Hong Kong, and Mongolia are among the countries that already have implemented or recommended mask wearing in the community.<sup>3</sup> And now most countries have been increasingly following this practice.

It is said that “Absence of evidence is not evidence of absence”. There are considerable reasons to wear the mask in this early era of COVID-19 when no effective vaccine for prevention and no efficacious drugs for prophylaxis and treatment are available. If wearing masks help curb community transmission, people should wear it.

If wearing masks bring small decline in community transmission, we believe it will make a visible difference in burden of infection and decrease the load on healthcare system.

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### Conflict of Interest

None

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### Author contribution

All authors contributed equally and approved the final draft.

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