Supplementary Material*

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* This supplementary material was provided by the authors to give readers further details on their article. The material was reviewed but not copyedited.

Supplement Table 1. Literature search strategies KQ 1

RCTS

PubMed MEDLINE

((("Respiratory Protective Devices"[Mesh]) OR ("Masks"[Mesh])) OR ((((("N95"[Title/Abstract] OR "N 95"[Title/Abstract] OR mask[Title/Abstract] OR masks[Title/Abstract]) OR ("N95"[Other Term] OR "N 95"[Other Term] OR mask[Other Term] OR masks[Other Term])) OR (facemask OR facemasks OR FFP)) OR (((airborne OR droplet* OR respirator OR respirators) AND (protect OR protection OR protective OR precaution)) NOT (mechanical[Title/Abstract])))) AND (prevent OR prevents OR prevention OR transmit OR transmission OR infect OR infection OR infected) Filters: Randomized Controlled Trial

Elsevier Embase

('respiratory protection'/exp OR 'air-purifying respirator'/exp OR 'face mask'/exp OR n95:ti,ab,kw OR mask:ti,ab,kw OR masks:ti,ab,kw OR facemask:ti,ab,kw OR facemasks:ti,ab,kw OR ffp:ti,ab,kw) AND (prevent OR prevents OR prevention OR transmit OR transmission OR infect OR infection OR infected) AND 'randomized controlled trial'/de AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)

Observational studies

(((("Respiratory Protective Devices"[Mesh]) OR ("Masks"[Mesh])) OR (((("N95"[Title/Abstract] OR mask[Title/Abstract] OR mask[Title/Abstract]) OR ("N95"[Other Term] OR mask[Title/Abstract]) OR ("N95"[Other Term] OR "N 95"[Other Term] OR mask[Other Term] OR masks[Other Term])) OR (facemask OR facemasks OR FFP)) OR (((airborne OR droplet* OR respirator OR respirators) AND (protect OR protection OR protective OR precaution)) NOT (mechanical[Title/Abstract]))) AND (prevent OR prevents OR prevention OR transmit OR transmission OR infect OR infection OR infected)) AND (((("COVID-19" [Supplementary Concept]) OR ("SARS Virus"[Mesh])) OR ("Severe Acute Respiratory Syndrome"[Mesh])) OR ("Middle East Respiratory Syndrome Coronavirus"[Mesh])) OR ((coronavirus[Title/Abstract] OR SARS[Title/Abstract] OR "severe acute respiratory syndrome*"[Title/Abstract] OR SARS[Title/Abstract] OR (coronavirus[Other Term] OR COVID[Other Term] OR "severe acute respiratory syndrome*"[Other Term] OR "severe acute respiratory syndrome"[Other Term] OR MERS[Other Term] OR "middle eastern respiratory syndrome"[Other Term] OR "middle eastern respiratory syndrome"[Other Term] OR "severe acute respiratory syndrome*"[Other Term] OR "middle eastern respiratory syndrome"[Other Term] OR "middle eastern respiratory syndrome"[Other Term] OR "middle eastern respiratory syndrome"] OR "severe acute respiratory syndrome"[Other Term] OR "middle eastern respiratory syndrome"] OR "middle eastern respiratory syndrome"[Other Term] OR "middle eastern respiratory syndrome"] OR "middle eastern respiratory syndrom

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('respiratory protection'/exp OR 'air-purifying respirator'/exp OR 'face mask'/exp OR n95:ti,ab,kw OR mask:ti,ab,kw OR mask:ti,ab,kw OR facemask:ti,ab,kw OR facemask:ti,ab,kw OR ffp:ti,ab,kw) AND (prevent OR prevents OR prevention OR transmit OR transmission OR infect OR infection OR infected) AND ('severe acute respiratory syndrome' OR 'sars-related coronavirus' OR 'middle east respiratory syndrome' OR 'sars' OR 'mers' OR 'covid') AND ('case control study'/de OR 'cohort analysis'/de OR 'comparative study'/de OR 'controlled study'/de OR 'cross sectional study'/de OR 'crossover procedure'/de OR 'observational study'/de OR 'prospective study'/de OR 'retrospective study'/de) AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)

KQ 2

PubMed MEDLINE

((("Respiratory Protective Devices"[Mesh]) OR ("Masks"[Mesh])) OR (((("N95"[Title/Abstract] OR "N 95"[Title/Abstract] OR mask[Title/Abstract] OR masks[Title/Abstract]) OR ("N95"[Other Term] OR "N 95"[Other Term] OR mask[Other Term] OR masks[Other Term])) OR (facemask OR facemasks OR FFP)) OR (((airborne OR droplet* OR respirator OR respirators) AND (protect OR protection OR protective OR precaution)) NOT (mechanical[Title/Abstract])))) AND (reuse OR "re use" OR "extended use" OR "multiuse" OR "multi use" OR "multiple use")

Elsevier Embase

('respiratory protection'/exp OR 'air-purifying respirator'/exp OR 'face mask'/exp OR n95:ti,ab,kw OR mask:ti,ab,kw OR masks:ti,ab,kw OR facemask:ti,ab,kw OR facemasks:ti,ab,kw OR ffp:ti,ab,kw) AND (prevent OR prevents OR prevention OR transmit OR transmission OR infect OR infection OR infected) AND ('reuse' OR 're use' OR 'extended use' OR 'multiuse' OR 'multi use' OR 'multiple use') AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)

Supplement Table 2. <u>Inclusion criteria</u>

	Include	Exclude
Population	Healthcare workers or community members at risk of contracting COVID-19 or other viral respiratory illnesses due to workplace or community-based exposure	Bacterial or other non-viral infection; non-respiratory infection
Intervention/exposure	N95 respirators or equivalent, surgical/medical masks, and cloth masks.	Powered air-purifying respirators (PAPR), reusable N95 elastomeric respirators, other types of personal protective equipment
Comparator	One type of mask versus another type of mask; mask use versus nonuse; mask single use versus re-use	Other personal protective equipment
Outcomes	Infection with SARS-CoV-2, SARS-CoV-1, or MERS-CoV Influenza-like illness, lab-confirmed viral infection, lab-confirmed influenza, and clinical respiratory illness Harms of mask usage	
Setting/context	Community or healthcare settings; mask use by healthcare workers (HCWs) or non-HCWs; all geographic areas; findings considered within social distancing and PPE/handwashing context	Masks for prevention of other epidemic viruses (e.g., Ebola) and bacterial infections (e.g., tuberculosis)
Study design	Randomized controlled trials, cohort studies, case-control studies	Systematic reviews (used to identify primary studies)

	Ŭ				Ago			
Author, year			Interventions and other infection	Duration of	Age (mean.	Female		Other population
Country	Inclusion criteria	Sample size	prevention and control measures	intervention	years)	(%)	Smoker	characteristics
Community se	ettings				, <u>,</u> ,			1
Aiello A et al,	Students ≥18 years	Residence	A: Surgical mask and hand sanitizer	6 weeks	A: 18.6	A: 49	Current	A vs. B vs. C
2010 (19)	of age, living in the	house	(n=367): Received basic hand hygiene		B: 18.7	B: 61	A: 2	Recent influenza
	residence halls,	clusters: 7	education and materials on how to		C: 18.4	C: 82	B: 2	vaccination: 14% vs.
USA	willing to wear a	Total	appropriately use hand sanitizer and				C: 3	14% vs. 15%
	face mask and use	participants:	face masks. Asked to wear masks as					Washes hands more
	alcohol-based hand	1297	much as possible during intervention					than 5x per day for at
	sanitizer		period. Given hand sanitizer and					least 20 seconds:
			enough masks for daily use and					18% vs. 25% vs. 32%
			resealable storage bags for masks					Owns hand sanitizer:
			when not in use. Hand sanitizer: 62%					50% vs. 60% vs. 54%
			ethyl alcohol in a gel base. Mask:					
			Clork					
			B: Surgical mask (n=278): Pacoived					
			basic hand hygiene and materials on					
			proper mask use Model: TECNOL					
			procedure masks: Kimberly-Clark					
			C: No mask or hand sanitizer (n=552):					
			Received basic hand hygiene					
			education only.					
			Other measures: Not reported, other					
			than as part of interventions					
Aiello A et al,	Students ≥18 years,	Residence	A: Surgical mask and hand sanitizer	6 weeks	A: 19.0	A: 52	Current	A vs. B vs. C
2012 (20)	living in the	house	(n=349): Received basic hand hygiene		B: 19.0	B: 58	A: 2	Flu vaccine ever: 45%
	residence houses,	clusters: 37	education and materials on how to		C: 18.9	C: 56	B: 4	vs. 49% vs. 50%
USA	willing to wear a	Total	appropriately use hand sanitizer and				C: 2	Received recent flu
	face mask and use	participants:	face masks. Asked to wear masks as					vaccine: 16% vs. 16%
	alconol-based hand	1,178	much as possible during intervention					VS. 18%
	sanitizer		period. Given hand sanitizer and					Optimal hand
			recordeble storage bags for masks					24% vo 26%
			when not in use Hand sanitizer: 62%					24 /0 VS. 20 /0 Owns hand sanitizer:
			ethyl alcohol in a gel base Mask					56% vs 50% ve 51%
			TECNOL procedure masks: Kimberly-					0070 v3. 0070 v3. 0170
			Clark					
			B: Surgical mask (n=392): Received					
			basic hand hygiene and materials on					
			proper mask use. Model: TECNOL					

Supplement Table 3. Study characteristics of randomized controlled trials of mask use

Author, year Country	Inclusion criteria	Sample size	Interventions and other infection prevention and control measures	Duration of intervention	Age (mean, years)	Female (%)	Smoker	Other population characteristics
			procedure masks; Kimberly-Clark. C: No mask or hand sanitizer (n=370): Received basic hand hygiene education only. Other measures: Not reported, other than as part of interventions					
Alfelali M et al, 2019 (21)	≥18 years in assigned tent on first day of Hajj	Tent clusters: 318 Total number of participants: 7,687	A: Surgical mask: Provided with surgical facemasks and materials on how to appropriately use the masks; time worn during day not specified (n=3,199). Model: 3M [™] Standard Tie- On surgical mask, Cat No. 1816. B: No mask (n=3,139): Provided no mask or educational material, but could use own masks if they brought them. Other measures: Not reported	5 days	A: 36.9 B: 37.2	A: 51 B: 57	A: 10 B: 9	A vs. B Influenza vaccine uptake: 50% vs. 49% Use of facemask before recruitment: 28% vs. 25%
Barasheed O et al, 2014 (23) Saudi Arabia	Australian Hajj pilgrims ≥15 years of age years with symptoms of ILI and contacts in tent	Tent clusters: 22 Participants (total): 164 Index cases: 75 Contacts in tent: 89	A: Surgical mask (n=75): Masks provided to index cases and contacts. Given advice on mask use 3 times per day, received materials on mask use, when to change them, and proper disposal. Model: 3M Standard Tie-On Surgical Mask, Cat No. 1816. B: No mask (n=89): General information on hygiene. Other measures: Not reported	5 days	Median A: 48.0 B: 41.6	A: 50 B: 43	A: 16% B. 8%	Not reported
Canini L et al, 2010 (24) France	Households with 3 to 8 people, one member over the age of 5 positive for influenza A, temperature over 37.8 C, and a cough. Index patient did not receive treatment	Household clusters: 105 Index cases: 105 Household contacts: 306	A: Surgical mask (n=52 index cases, 148 household contacts): Index patient in household required to wear mask if another family member was in the same room. Changed mask every three hours or if damaged. Model: for ≥10 years, AEROKYNH, LCH medical products, Paris, France; for <10 years: Face Mask KC47127, Kimberly-Clark, Dallas, TX, USA. B: No mask (n=53 index cases, 158	7 days	Index cases A: 25 B: 28 Household contacts A: 29 B: 25	Index cases A: 50 B: 45.3 Household contacts A: 50.7 B: 50.0	Index cases A: 29 B: 4 Household contacts A: 16 B: 13	A vs. B Index cases Age <15 years: 37% vs. 30% Vaccinated: 0% vs. 4% Household contacts A vs. B Household contacts Age <15 years: 28% vs. 39%

Author, year Country	Inclusion criteria	Sample size	Interventions and other infection prevention and control measures	Duration of intervention	Age (mean, years)	Female (%)	Smoker	Other population characteristics
	for asthma, COPD, or hospitalization.		household contacts): No materials provided.					Vaccinated: 9% vs. 4%
			Other measures: Index patient encouraged to sleep alone					
Cowling B et al, 2008 (29)	Index cases (≥2 years) with ≥2 ILI symptoms	Household clusters: 128	A: Surgical mask + lifestyle intervention (n=22 index cases, 65 contacts): Education on masks in	9 days	Index cases, 2- 15 v	Index cases A: 45	NR	A vs. B vs. C Index cases Symptom opset to
China (Hong Kong)	household with ≥2 other members, none reporting ILI symptoms in last 14 days	Household contacts: 370	illness prevention, cases and household contacts instructed to wear masks at home as often as possible (except when eating or sleeping), and if index patient outside home with household member. Lifestyle intervention as below. 50 masks provided for each adult (model: Kimberly-Clark Tecnol-The Lite One) and 75 pediatric masks for each child age 3-7 years of age. B: Hand hygiene + lifestyle intervention (n=32 index cases, 92 contacts): Education on proper handwashing; provided liquid soap, alcohol hand sanitizer, alcohol hand gel, and instructions for use. Lifestyle intervention as below. C: Lifestyle intervention (n=74 index cases, 213 contacts): Education on healthy lifestyle, illness prevention (contacts) and symptom alleviation		A: 41% B: 38% C: 45% Index cases, 16+ A: 59% B: 62% C: 55% Household contacts, ≤15 y A:17% B: 15% C: 15% Household , 16+ A: 83% B: 85% C: 85%	A: 45 B: 62 C: 57 Household contacts A: 60 B: 60 C: 61		randomization interval 0-24 hours: 64% vs. 69% vs. 65% Household contacts Received influenza vaccination in prior 12 months: 1% vs. 6% vs. 14%
Cowling B et	Index cases (no	Household	(index). A: Surgical mask (n=83 index cases,	7 days	Median	Index	NR	A vs. B vs. C
al, 2009 (28)	age restriction) with ≥2 respiratory	clusters: 259 Index cases:	258 contacts): Education on masks in illness prevention, cases and		(IQR) Index	cases A: 60		Index cases Symptom onset to
China (Hong Kong)	illness criteria (fever, cough, headache, sore throat, or myalgia); symptom onset ≤48 hours; household with ≥2 other	259 Household contacts: 794	household contacts instructed to wear mask at home as often as possible (except when eating or sleeping) and when index case outside home with household contact. 50 masks provided for each adult (model: Kimberly-Clark - The Lite One) and 75 pediatric masks		cases A: 10 (6- 20) B: 11 (8- 28) C: 9 (6-12) Household	B: 52 C: 52 Household contacts A: 62 B: 60 C: 62		randomization interval 12-24 hrs: 46% vs. 52% vs. 59% Randomization to intervention interval 0- 12 hrs: 89% vs. 76% vs. 81%

					Age			
Author, year	Inclusion criteria	Sample size	Interventions and other infection	Duration of	(mean, vears)	Female (%)	Smoker	Other population characteristics
county	members, none reporting acute respiratory illness in last 14 days	Sample Size	for each child age 3 to 7 years of age. B: Hand hygiene (n=85 index cases, 257 contacts): Education on proper handwashing; provided liquid soap, alcohol rub and instructions for use. C: Lifestyle education (n=91 index cases, 279 contacts): Education on healthy lifestyle, illness prevention (contacts) and symptom alleviation (index).		contacts A: 38 (27- 48) B: 40 (28- 49) C: 38 (26- 45)	(70)	Sinokei	Received antiviral oseltamivir: 28% vs. 22% vs. 24% Household contacts Received influenza vaccination in prior 12 months: 17% vs. 12% vs. 11%
Larson E et	Households with ≥3	Households:	A: Surgical mask + hand sanitizer	19 months,	0-5 y:	A: 52.2	NR	A vs. B vs. C
al, 2010 (30)	people, with ≥1 of preschool or	509 analyzed (617	(n=938 people / 166 households): Masks to be worn by caretaker in	with home visits every 2	29.2% 6-17 v:	B: 49.9 C: 53.3		Hispanic: 96.4% vs. 94.2% vs. 98.1%
USA	elementary school age; English or Spanish-speaking; have telephone; willing to have bimonthly home visits; not routine use of alcohol- based hand sanitizer	randomized) Individuals: 2,788	household (within 3 feet of ill person for 7 days, changing mask between interactions) and ill person (within 3 feet of households members if possible) when ILI occurred in any household member, plus hand sanitizer and education interventions. Model: Procedure Face Masks, Kimberly-Clark. B: Hand sanitizer (n=946 people / 169 households): Large and small hand sanitizer (Purell) containers, to be carried to work or school, plus education intervention C: Education (n=904 people / 174 households): written educational materials on influenza and upper respiratory infection prevention Other measures: Not reported, other than as part of interventions	months, plus f/u on days 1, 3, 6 for mask wearers upon symptom onset	18.1% ≥18 y: 52.7%			(p<0.005) Education (adults), <hs: 39.8%="" vs.<br="">44.7% vs. 54.6%, p<0.005 Pre-existing respiratory diseases: 8.3% vs. 9.9% vs. 10.6%</hs:>
MacIntyre C	Households with ≥2	Family	A: P2 mask (n=92 in 46 households):	Follow-up 1	NR	NR	Smoker in	A vs. B vs. C
et al, ∠009 (37)	≥16 years with	Index children	to be worn at all times when in same	WEEK			A. 9%	43% vs. 56%
	known exposure to	cases: 141	room as index child, infection control				B. 26%	Index child fully

Author, year Country	Inclusion criteria	Sample size	Interventions and other infection prevention and control measures	Duration of intervention	Age (mean, vears)	Female (%)	Smoker	Other population characteristics
Australia	child with fever and respiratory symptoms; index child not admitted to hospital	Adult contacts: 286 (290 randomized)	pamphlets, fitting instructions. Model: 3M flat-fold P2 9320. B: Surgical mask (n=94 in 47 households): Masks for 2 adult household contacts to be worn at all times when in same room as index child, infection control pamphlets, fitting instructions. Model: 3M 1820 C: Control (n=100 adults in 50 households): Infection control pamphlets Other measures: Instruction on the importance of hand hygiene prior to and after the removal of medical masks and respirators.				C. 24%; p=0.046	immunized: 85% vs. 96% vs. 90% Index child influenza vaccinated: 0% vs. 2% vs. 2% 1 adult influenza vaccinated: 0% vs. 4% vs. 4%
MacIntyre C et al, 2016 (41) China	Index cases ≥18 years and met ILI criteria (fever plus one respiratory symptom)	Household clusters: 245 Index cases: 245 Household contacts: 597 (2.4 per index case)	A: Surgical mask (n=123 index cases): Worn by index case at home whenever in same room as a household member or a visitor to the household; instructed to wash hands when donning and doffing the mask. Mask removal allowed for meals and while asleep. 3 masks provided per day for 7 days. Model: 3M 1817. B: No mask (n=122 index cases) Other measures: Not reported, other than as part of interventions	7 days	Index cases A: 40.2 B: 39.7 Household contacts A: 38.3 B: 36.4	Index cases A: 54.5 B: 63.1 Household contacts A: 50.7 B: 43.1	Index cases Current or ex-smoker A: 23.6 B: 21.3	Index cases (A vs. B) Pre-existing illness: 17% vs. 13% Influenza vaccination: 4.1% vs. 4.1% Hand washing (most/all times): 80% vs. 89% Average hours of home stay/day: 17 vs. 17 Household members (A vs. B) Influenza vaccination: 7.4% vs. 10.5%
Simmerman J et al 2011 (48) Thailand	Household member of child (age 1 month to 15 years) with positive influenza test. Households were required to have at least two other members age \geq 1 month who planned	Household clusters: 442 Index cases: 442 Household contacts: 1,147	 A. Paper (surgical) face mask + hand washing training (n=395 contacts in 145 households): Mask provision, education on the benefits of face mask wearing and instruction on the appropriate technique of wearing face masks by household contacts + hand wash training. Model: Med-Con (Thailand) 14IN-20AMB-30IN. B. Hand washing training (n=367) 	21 days	Index A. 11% age 0-1; 21% age 2-3; 17% age 4-5; 35% age 6-10; 16% age 11-15 B. 10%	Index case A. 42.7% B. 49.6% C. 42.0% Family member A. 59.1% B. 59.9% C. 58.3%	Not reported	Index case (A vs. B vs. C) Household size: 3: 29% vs. 39% vs. 35%; 4: 37% vs. 32% vs. 37%; 5: 12% vs. 16% vs. 15%; ≥6: 22% vs. 14% vs. 13% vs. 16% Sleeping

Author, year			Interventions and other infection	Duration of	Age (mean,	Female		Other population
Country	Inclusion criteria	Sample size	prevention and control measures	intervention	years)	(%)	Smoker	characteristics
Author, year Country	Inclusion criteria to sleep inside the house for at least 21 days	Sample size	contacts in 147 households): In-home intensive, interactive hand-washing education and hand-washing-kit C. Control (n=385 members in 150 households): Nutritional, physical activity and smoking cessation education. Other measures: Not reported, other than as part of interventions	Duration of intervention	(mean, years) age 0-1; 22% age 2-3; 16% age 4-5; 39% age 6-10; 13% age 11-15 C. 21% age 0-1; 14% age 2-3; 13% age 4-5; 40% age 6-10; 12% age 11-15 Family member A. 19% age 0-15; 20% age 16-30; 50% age 31-50; 11% age \geq 51 B. 16% age 0-15; 21% age 16-30; 50% age 31-50; 13% age \geq 51 C.15% age 0-15; 23% age 16-30; 50% age 31-50; 13% age 251 C.15%		Smoker	Other population characteristicsarrangement: own room: 5% vs. 4% vs. 4%; shared room with other children: 5% vs. 2% vs. 4%; shared room with parent: 99% vs. 92% vs. 90%Family member (A vs. B vs. C) Relationship to index case: parent: 60% vs. 63% vs. 60%; sibling: 17% vs. 16% vs. 14%; grandparent: 11% vs. 11% vs. 16%
					≥51			

				_	Age			
Author, year	Inclusion criteria	Sample size	Interventions and other infection prevention and control measures	Duration of intervention	(mean, vears)	Female (%)	Smoker	Other population characteristics
Suess T et al, 2012 (49) Germany	Household contacts of index patients presenting within 2 days of symptom onset with positive rapid test and subsequent PCR for influenza	Household clusters: 84 Index cases: 84 Household members: 218	 A. Surgical mask + hand sanitizer (n=82 in 30 households): Provision of alcohol-based hand rub to be used after any direct contact with index patient, contact with items used by the index patient, coughing or sneezing, before/during meals and when returning home; child- and adult-sized surgical facemasks to be worn at all times by index case and household contact when the index patient and/or any other household member with respiratory symptoms were together. Model: Kimberly-Clark Child's Face Mask (for children) and LCH Medical Products Aérokyn Masques (for adults). B. Surgical mask (n=69 in 26 households): Worn at all times by index case and household contact when the index patient and/or any other household member with respiratory symptoms were together. Model: Kimberly-Clark Child's Face Mask (for children) and LCH Medical Products Aérokyn Masques (for adults). B. Surgical mask (n=69 in 26 households): Worn at all times by index case and household contact when the index patient and/or any other household member with respiratory symptoms were together. Model: Kimberly-Clark Child's Face Mask (for children) and LCH Medical Products Aérokyn Masques (for adults). C. Control (n=67 in 28 households): No hand rub or face masks Other measures: Mask groups were asked to wear masks at all times when the index patient and/or any other household member with respiratory symptoms were together in one room with healthy household members. Facemasks were to be changed regularly during the day and not to be worn during the night or outside the household. 	8 days	2009-2010 Index casess A. 7 B. 7 C. 8 Household contacts A. 34 B. 37 C. 35 2010-2011 A. 7 B. 8 C. 8 Household contacts A. 35 B. 35 C. 35	2009-2010 Index cases A. 41% B. 55% C. 61% Household contacts A. 56% B. 51% C. 50% 2010-2011 A. 36% B. 33% C. 23% Household contacts A. 43% B. 50% C. 54%	Not reported	A vs. B vs. C 2009-2010 enrollment Index cases Household size: 2.2 vs. 3.8 vs. 3.8 Vaccination at least 14 days prior to symptom onset: 0% vs. 0% vs. 0% Household contacts Vaccination at least 14 days prior to index case symptom onset: 3% vs. 3% vs. 0% 2010-2011 enrollment Index cases Household size: 3.7 vs. 3.5 vs. 3.9 Vaccination at least 14 days prior to symptom onset: 0% vs. 13% vs. 12% Household contacts Vaccination at least 14 days prior to index case symptom onset: 4% vs. 18% vs. 13%

Author, year Country	Inclusion criteria	Sample size	Interventions and other infection prevention and control measures	Duration of intervention	Age (mean, years)	Female (%)	Smoker	Other population characteristics
Healthcare set	tings							
Chughtai A, et al 2016 (27) Vietnam	HCWs from 14 hospitals in Hanoi	1,149	 A: Medical mask (n=580 HCWs): Recommended to wear during entire work shift except while in the toilet or during tea or lunch breaks. Model: Not reported. B: Cloth mask (n=569 HCWs): Recommended to be worn during entire work shift except while in the toilet or during tea or lunch breaks. Model: Not reported. Other measures: Both groups were expected to follow hospital guidelines on hand washing. During aerosol- generating procedures and high risk situations, HCWs used other personal protective equipment recommended by the hospitals such as gloves, gowns and goggles. 	4 weeks	40 years in text, 35.9 years in table	79%	Current smoker 13.7%	Not reported by intervention group Influenza vaccination in the last year: 4% Asthma: 2.63% Nurses: 70.3% Doctor: 29.7% Contact with febrile patient: 51% Participated in aerosol generating procedure: 67%
Loeb M et al, 2009 (34) Canada MacIntyre C	HCWs (nurses) with current fit-test certification working full time (>37 hr/wk) in study units during 2008-2009 influenza season	422 Hospital	A: N95 respirators (n=210 HCWs): Fit tested; wear when providing care or within 1 meter of patient with febrile respiratory illness. Model: Not specified (brand in use at hospital). B: Surgical mask (n=212 HCWs): Wear when providing care or within 1 meter of patient with febrile respiratory illness. Model: Not specified (brand in use at hospital). Other measures: Gloves and gown when entering room of a patient with febrile respiratory illness; assigned respiratory device for aerosol- generating procedures unless tuberculosis suspected A N95 mask fit tested (n=461	Mean 97 days	A: 35.8 B: 36.5	A: 94.1 B: 94.2	NR	A vs. B Influenza vaccination: 28.1% vs. 30.2% ≥1 co-existing condition: 11.8% vs. 9.8% Asthma: 5.4% vs. 4.4% Medical unit: 23.5% vs. 24.4% Pediatric unit: 28.1% vs. 26.2% Emergency unit: 48.4% vs. 49.8%
et al, 2011 (39)	years of age working in hospital	clusters: 15 HCWs: 1,441	A. INSO MASK, III TESTED (N=461 HCWs): Worn for all work shifts, stored in paper bag for toilet breaks, tea/lunch breaks, and at end of shift.	4 WEEKS	A: 35.5 B: 33.0 C: 32.7	A: 90% B: 92% C: 88%	smoker A: 2.8%	A vs. B vs. C Influenza vaccination in 2008 (year of study): 9.5% vs.

Author, year Country	Inclusion criteria	Sample size	Interventions and other infection prevention and control measures	Duration of intervention	Age (mean, years)	Female (%)	Smoker	Other population characteristics
China	emergency or respiratory wards		Model: 3M flat-fold N95 respirator 9132, fit tested using 3M FT-30 Bitrex Fit Test kit. B. N95 mask, not fit tested (n=488 HCWs): Worn for all work shifts, stored in paper bag for toilet breaks, tea/lunch breaks, and at end of shift. Model: 3M flat-fold N95 respirator 9132. C. Surgical mask (n=492 HCWs): Worn for all work shifts, stored in paper bag for toilet breaks, tea/lunch breaks, and at end of shift. Model: 3M 1820. Other measures: Instruction on the importance of hand hygiene prior to and after the removal of medical masks and respirators.				B: 3.5% C: 3.7%	21.5% vs. 22.2%; p<0.01 Influenza vaccination in 2007 (year prior to study): 14.8% vs. 21.5% vs. 22.2%; p<0.01 Doctor: 36.0% vs. 29.5% vs. 31.1%; other HCW roles not reported Previous mask wearing: -At work: 93.5% vs. 97.3% vs. 95.3% -At home: 1.3% vs. 0.8% vs. 0.6% -On public transportation: 4.1% vs. 2.3% vs. 1.4%; p=0.01 Handwashing after touching a patient: 83.0% vs. 87.8% vs. 88.6%; p=0.01 Participated in a high- risk procedure: 23% vs. 35% vs. 41%; p<0.01
MacIntyre C et al, 2013 (40) China	Full-time doctor or nurse ≥18 years of age working in hospital emergency or respiratory wards	Hospital clusters: 19 HCWs: 1,669	A. N95 mask (n=581 HCWs): Fit tested and worn at all times during shift, supplied with 2 masks daily. Model: 3M Health Care N95 Particulate Respirator 1860. B. N95 mask (n=516 HCWs): Fit tested and worn intermittently during high-risk procedures or barrier situations, supplied with 2 masks daily.	4 weeks	A. 33.6 B. 31.3 C. 34.2	A. 85.7% B. 86.8% C. 83.9%	A. 4.1% B. 3.1% C. 4.0%	A vs. B vs. C Seasonal influenza vaccination in 2009- 2010 (year of study): 14.6% vs. 9.9% vs. 15.4%; p=0.017 A(H1N1)pdm09 vaccination in 2009- 2010: 29.4% vs.

Author, year Country	Inclusion criteria	Sample size	Interventions and other infection prevention and control measures	Duration of intervention	Age (mean, years)	Female (%)	Smoker	Other population characteristics
			Model: 3M Health Care N95 Particulate Respirator 1860. C. Surgical mask (n=572 HCWs): Worn at all times during shift, supplied with 3 masks daily. Model: 3M Standard Tie-On Surgical Mask 1817. Other measures: Not reported					25.2% vs. 19.1% Doctor: 36.8% vs. 31.4% vs. 41.1%; p=0.004 Handwashing after patient contact at all times: 77.1% vs. 60.7% vs. 72.9%; p=0.0001 Current smoker: 4.1% vs. 3.1% vs. 4.0% Undertook high-risk procedure: 72% vs. 77% vs. 72%; p=0.06
MacIntyre C et al, 2015 (38) Vietnam	HCWs ≥18 years in hospital wards	Hospital ward clusters: 74 HCWs: 1868	A: Surgical mask (n=580 HCWs): Worn at all times on work shift. Model: Locally manufactured, 3 layer, made of non-woven material. B: Cloth mask (n=569 HCWs): Worn at all times on work shift. Model: Locally manufactured, 2 layer, cotton. C: Standard practice (n=458 HCWs): 37% used surgical masks, 8% cloth masks, 53% both; 1% used N95 respirator or no mask. Other measures: HCWs in the cloth mask group asked to wash masks with soap and water every day	4 weeks	A: 36 B: 35 C: 36	A: 80.7 B: 76.6 C: 75.5	Current or ex-smoker A: 13.4 B: 13.9 C: 14.4	A vs. B vs. C Influenza vaccination: 3.6% vs. 3.7% vs. 3.3% Physician: 30.3% vs. 29.0% vs 29.3% Number of hand washings per day (mean): 14 vs. 11 vs. 12 Number of patient contacts/day: 21 (range 0 to 540) vs. 21 (range 0 to 661) vs. 18 (range 3 to 199)
Radonovich L et al, 2019 (46) USA	HCWs ≥18 years in outpatient settings with routine patient contact within 6 feet	Outpatient setting/seaso n clusters: 380 HCWs: 2,862	A: N95 respirator (n=2512 HCW- seasons): Worn whenever within 6 feet of patient with suspected or confirmed respiratory illness, during 12 weeks predicted for highest incidence of viral respiratory illness and infections. Model: 3M 1860, 1860S, or 1870 and Kimberly Clark Technol Fluidshield PFR95-270, PFFR95-274. B: Surgical mask (n=2668 HCW- seasons): Mask worn as above.	12 weeks	A: 43 B: 43	A: 85.0 B: 84.3	A: 8.4 B: 8.8	A vs. B Nurse: 41.8% vs. 40.7% Clinical care support staff: 22.9% vs. 23.5% Administrative/clerical : 13.2% vs. 12.6% Other occupation: 8.5% vs. 8.4% Physician/advanced

					Age			
Author, year			Interventions and other infection	Duration of	(mean,	Female		Other population
Country	Inclusion criteria	Sample size	prevention and control measures	intervention	years)	(%)	Smoker	characteristics
			Model: Precept 15320 and Kimberly					practitioner/physician
			Clark Technol Fluidshield 47107.					trainee: 8.2% vs.
								9.0%
			Other measures: Hand hygiene was					Social worker/pastoral
			recommended to all participants.					care: 1.4% vs. 1.1%
			Unspecified infection prevention					Environmental
			policies were followed at each study					services/housekeepin
			site.					g: 0.3% vs. 0.7%
								Adult patient
								population: 56.1% vs.
								55.7%
								regiatric patient
								20.9%
								Adult and pediatric. 21 1% vg 23 4%
								Primary care: 69.0%
								vs 70.5%
								Emergent/urgent
								care: 26.5% vs.
								26.2%
								Emergency transport:
								1.7% vs. 1.2%
								Specialty care: 1.6%
								vs. 1.1%
								dental/dialysis: 1.2%
								vs. 0.9%
								Asthma: 10.2% vs.
								10.6%
								Other systemic
								disease: 4.1% vs.
								4.4%
								Utner respiratory
								uisease: 2.0% VS.
								1.4% Cardiac diseases:
								1 6% vg 1 3%
								COPD: 0.2% vs. 0.2%
								Influenza vaccination
								79.3% vs. 76.8%

Abbreviations: HCW=healthcare worker

Author, year						Proportion of	
Study			Age (mean.	Female	Definition of	HCWs with	
design	Inclusion criteria	Sample size	years)	(%)	infection	infections	Study limitations
Community se	ettings	· · ·	••••				
Tuan P et al, 2007 (51)	Household and close community contacts of laboratory-confirmed	212 (contacts of 45 cases)	Median age 33 years	52%	SARS-1	4.2% (9/212) ELISA-positive for SARS-CoV-1 (all	Potential recall bias
Vietnam Cohort	SARS-1 cases					PCR-negative); 2 cases were not clinically	
						recognized as SARS-1	
Lau J et al,	Cases: SARS cases	131 cases and	Mean not	53%	SARS-1	Not applicable	Potential recall bias
2004 (31)	Health with secondary	2,139 controls	age 18-30				
China (Hong	infection of household		years				
(Kong)	Controls: SARS cases with						
Case-control	no secondary infection of household member						
Wu J et al,	Cases: Probable or	94 cases and	31	50%	SARS-1	Not applicable	Low participation rate;
2004 (54)	suspected SARS-1	281 controls					potential recall bias
China	Ministry of Health's						
	definitions						
Case-control	Controls: Age and sex-						
	SARS-1						
Healthcare set	ttings						
Alradaddi B et al, 2016 (22)	HCWs in 1 hospital with MERS outbreak	283	40 (cases)	64%	MERS-CoV seropositivity	7.0% (20/283)	Potential recall bias
Saudi Arabia							
Cohort							
Caputo K et	HCWs who performed	33	Not reported	Not	SARS-CoV-1	4.7% (9/193)	Potential recall bias;
al, 2006 (25)	tracheal intubations in SARS-1 patients			reported	seropositivity		no control tor confounding: few
Canada							cases

Supplement Table 4.	Study	characteristics of	observational	studies of mask use
11	•			

Author, year Country Study design	Inclusion criteria	Sample size	Age (mean, years)	Female (%)	Definition of infection	Proportion of HCWs with infections	Study limitations
Cohort Heinzerling A et al, 2020 (56) United States Cohort	HCWs with potential exposure to hospitalized index patient	37	39	84%	COVID-19 diagnosis	5.4% (2/37)	Potential recall bias; no control for confounding; few cases and imprecise estimates; 6 tested HCWs were not interviewed and excluded from analysis
Loeb M et al, 2004 (35) Canada Cohort	Nurses in a critical care unit that cared for SARS patients	43	41	100%	SARS-1	18.6% (8/50)	Potential recall bias; no control for confounding
Nishiyama A et al, 2008 (43) Vietnam Cohort	HCWs in contact with SARS patients	85	Not reported	Not reported	SARS-CoV-1 seropositivity or SARS-1	Unclear; 29% of 146 HCWs potentially exposed diagnosed with SARS-1 and 40% seropositive for SARS-CoV-1, but analysis evaluated a subgroup of 85 HCWs	Potential recall bias; potential selection bias; estimate for sometimes vs. always use imprecise
Raboud J et al, 2010 (45) Canada Cohort	HCWs who provided care to intubated SARS-1 patients	624	38	75%	SARS-CoV-1 seropositivity	4.2% (26/624)	Potential recall bias; SARS-1 diagnosis did not require laboratory confirmation; collinearity in model not addressed
Scales D et al, 2003 (57) Canada Cohort	HCWs who entered room of patient with unrecognized SARS-1	31	Not reported	Not reported	SARS-1	19.4% (6/31)	Potential recall bias; no control for confounding; imprecise estimates

Author, year Country						Proportion of	
Study design	Inclusion criteria	Sample size	Age (mean, vears)	Female (%)	Definition of infection	HCWs with infections	Study limitations
Wang X et al, 2020 (52) China Cohort	HCWs in low- and high-risk hospital departments during COVID-19 outbreak	493	32	87%	COVID-19 diagnosis	2.0% (10/493)	Mask use based on department practice, not individual participant use; HCWs in departments with mask use also washed hands frequently (infrequent in other departments); estimate very imprecise
Wilder-Smith A et al, 2005 (53) Singapore Cohort	HCWs exposed in SARS prior to infection control implementation	98	28	91%	SARS-CoV-1 seropositivity	45.9% (45/98)	Potential recall bias, no control for confounding; analyses appear to exclude 2 patients with subclinical SARS-1
Chen W et al, 2009 (26) China Case-control	HCW cases with SARS- CoV-1 seropositivity	91 cases and 657 controls	Mean age not reported; 34.9% <26 years of age, 54.2% 26-40, 10.8% >50	76%	SARS-CoV-1 seropositivity	Not applicable	Potential recall bias; methods for selecting controls unclear; collinearity in model not addressed
Lau J et al, 2004 (32) China (Hong Kong) Case-control	HCW cases with SARS- CoV-1 seropositivity	72 cases and 143 controls	Not reported	Not reported	SARS-CoV-1 seropositivity	Not applicable	Potential recall bias; collinearity in model not addressed
Liu W et al, 2009 (33) China Case-control	HCW cases with SARS- CoV-1 seropositivity	51 cases and 426 controls	30	69%	SARS-CoV-1 seropositivity	Not applicable	Potential recall bias; controls not matched, other than meeting WHO criteria for close contact with SARS patient

Author, year Country Study design	Inclusion criteria	Sample size	Age (mean, years)	Female (%)	Definition of infection	Proportion of HCWs with infections	Study limitations
Ma H et al, 2004 (36) China Case-control	HCW cases with SARS- CoV-1 seropositivity	47 cases and 426 controls	29	70%	SARS-1	Not applicable	Potential recall bias; controls were exposed to SARS-1 patients but otherwise not matched; collinearity in model not addressed
Nishiura H et al, 2005 (42) Vietnam Case-control	HCW cases with SARS- CoV-1 seropositivity	29 cases and 98 controls	Mean age not reported; 57% 29 to 39 years of age; 33% 30 to 39 years of age; 43% 40 to 50 years of age	60%	SARS-1	Not applicable	Potential recall bias; no control for confounding; controls not matched; 42% of controls were non- HCW relatives of patients
Pei L et al, 2006 (44) China Case-control	HCW cases with SARS- CoV-1 seropositivity	147 cases and 296 controls	32	82%	SARS-1	Not applicable	Potential recall bias; controls were exposed to SARS-1 patients but otherwise not matched; collinearity in model not addressed
Seto W et al, 2003 (47) China (Hong Kong) Casecontrol	HCW cases with SARS- CoV-1 seropositivity	13 cases and 241 controls	Not reported	69%	SARS infection, defined as fever of 38C or higher, radiological infiltrates compatible with pneumonia, and two of: chills, new cough, malaise, and	Not applicable	Potential recall bias; controls not matched other than exposure to patients with SARS; laboratory confirmation of cases not reported

Author, year Country Study design	Inclusion criteria	Sample size	Age (mean, years)	Female (%)	Definition of infection	Proportion of HCWs with infections	Study limitations
					signs of consolidation.		
Teleman M et al, 2004 (50) Singapore Case-control	HCW cases with SARS infection	36 cases and 50 controls	Mean not reported; 64% age <30 years	89%	SARS-1	Not applicable	Potential recall bias; controls not matched other than exposure to patients with probable SARS; collinearity in model not addressed
Yin W et al, 2004 (55) China Case-control	HCW with SARS infection	77 cases and 180 controls	Mean not reported; • 54% age 18-29 years; 38% age 30-39 years	77%	SARS-1	Not applicable	Potential recall bias; controls were exposed to SARS-1 patients but otherwise not matched; collinearity in model not addressed

			Baseline	Blinding of	Blinding of	Attrition and	Intention-		Cluster trials:	
Author, vear	Random- ization	Allocation concealment	groups	study	outcomes	data	to-treat analysis	Analysis for adherence	for	Quality rating
Aiello A et al, 2010 (19)	Yes	Yes	No	No	Unclear	Yes	Yes	Yes	Yes	Good
Aiello A et al, 2012 (20)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Good
Alfelali M et al, 2019 (21)	Yes	Unclear	Yes	No	Yes	Yes	Yes	Yes	Yes	Good
Barasheed O et al, 2014 (23)	Yes	Unclear	No	No	No	Yes	Yes	Yes	No	Fair
Canini L et al, 2010 (24)	Yes	Yes	Yes	No	Partially	Yes	Yes	Yes	Yes	Good
Chughtai A et al, 2016 (27)	Yes	Unclear	Unclear	No	No	Yes	No	Yes	Yes	Fair
Cowling B et al, 2008 (29)	Yes	Yes	No	No	Yes for laboratory outcomes; no for clinical outcomes	Yes	Yes	Yes	Yes	
Cowling B et al, 2009 (28)	Yes	Yes	No	No	Yes for laboratory outcomes; no for clinical outcomes	Yes	Yes	Yes	Yes	Fair
Larson E et al, 2010 (30)	Yes	Unclear	No	Unclear	Unclear	Yes	Unclear	Yes	NA	Fair
Loeb M et al, 2009 (34)	Yes	No	Yes	No	Yes for laboratory outcomes; no for clinical outcomes	Yes	Yes	Yes	NA	Good
MacIntyre C et al, 2009 (37)	Yes	No	Yes	No	Yes for laboratory outcomes; no for clinical outcomes	Yes	Yes	Yes	Yes	Good

Supplement Table 5. Quality assessment of randomized controlled trials of mask use

						Attrition and			Cluster trials:	
	Random-	Allocation	Baseline	Blinding of	Blinding of	missing	Intention-	Analysis for	Adjustment	Quality
Author, year	ization	concealment	comparable	participants	assessment	reported	analysis	adherence	clustering	rating
MacIntyre C et al, 2011 (39)	Yes	Unclear	No	No	Unclear	Yes	Yes	Yes	Yes	Fair
MacIntyre C et al, 2013 (40)	Unclear	Unclear	No	No	Unclear	Yes	Yes	Yes	Yes	Fair
MacIntyre C et al, 2015 (38)	Yes	Unclear	Yes	No	Yes for laboratory outcomes; no for clinical outcomes	Yes	Yes	Yes	Yes	Good
MacIntyre C et al, 2016 (41)	Yes	Unclear	Yes	No	Yes for laboratory outcomes; no for clinical outcomes	Yes	Yes	Yes	Yes	Good
Radonovich L et al, 2019 (46)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Good
Simmerman J et al, 2011 (48)	Yes	Unclear	Yes	No	Unclear	Yes	No	Yes	Yes	Good
Suess T, et al 2012 (49)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Good

				Multiple Mask
Author, Year		Comparison of		Layers Versus
(Reference)	Mask Use Versus Nonuse	Mask Types	Consistency of Mask Use	Single Layer
SARS-CoV-2				
No studies	-	-	-	-
SARS-CoV-1				
Lau J et al, 2004 (31)	Unadjusted OR (95% CI) for secondary	-	-	-
	infection of household member,			
	reference: no visit of index case			
	Case and household member			
	wearing mask: 1.87 (0.88-3.96)			
	• Case or household member wearing			
	Mask: 1.78 (95% CI 0.80-3.96)			
	• Neither case not household member			
	weating mask. 4.16 (95% CI 2.37-7.30)			
	Adjusted OR (95% CI)			
	Case and household member			
	wearing mask: 1.77 (0.79-3.97)			
	Case or household member wearing			
	mask: 1.62 (0.70-3.76)			
	Neither case nor household member			
	wearing mask: 3.12 (1.65-5.91)			
Tuan P et al, 2007 (51)	Unadjusted OR (95% CI) for secondary	-	-	-
	SARS-1			
	Mask worn most/sometime vs. no mask			
	(0.15.27) (note: 0.00000 coourred in 0			
	(0-15.57) (Hole. 0 cases occurred in 9 contacts who wore mask compared with			
	7 of 154 contacts who didn't wear mask			
	calculated OR with continuity correction			
	1.04 [0.05-19.52])			
	Mask use not included in multivariate			
	model			
Wu J et al, 2004 (54)	-	-	Unadjusted OR (95% CI) for SARS-1	-
			• Sometimes wore a mask when going out vs.	
			never work a mask: OR 0.5 (0.2-0.9)	
			• Always wore a mask when going out vs.	
			never work a mask: OK 0.3 (0.2-0.6)	
			Adjusted OR (95% CI) for SARS-1	

Supplement Table 6. Mask Use and Risk for Infection With SARS-CoV-2, SARS-CoV-1, or MERS-CoV in community settings

Author, Year (Reference)	Mask Use Versus Nonuse	Comparison of Mask Types	Consistency of Mask Use	Multiple Mask Layers Versus Single Layer
			 Sometimes wore a mask when going out vs. never work a mask: OR 0.4 (0.2-0.9) Always wore a mask when going out vs. never work a mask: OR 0.3 (0.1-0.6) Not included in multivariate model: Handwashing 	
MERS-CoV				
No studies	-	-	-	-

Abbreviations: OR = odds ratio

Study, year	Risk setting	Involvement with intubation or bronchoscopy	Direct or close contact	Use of personal protective equipment
SARS-CoV-2				
Heinzerling et al, 2020 (56)	High risk (hospital with unrecognized SARS-CoV-2 patient and inadequate PPE)	Intubation: 8.1% (3/37) Bronchoscopy: 8.1% (3/37)	Direct contact: 21.6% (8/37) Close contact (<6 feet): 89% (33/37)	Full PPE: 0% (0/37) Gloves: 64.8% (24/37) during non-AGP procedures; 67% (12/18) during AGP procedures
Wang et al, 2020 (52)	Varied (mix of high and moderate risk hospital units)	NR	NR	N95: 56.4% (278/493) Protective clothing: 42.1% (208/493)
SARS-CoV-1	• •			· · · · ·
Caputo et al, 2006 (25)	High risk (HCWs who performed tracheal intubation on SARS-1 patients)	Intubation: 100% (36/36)	NR	At least gloves, goggles, mask, face shield: 100% (39/39)
Chen et al, 2009 (26)	Moderate risk ("frontline" HCWs caring for SARS-1 patients in hospital wards and departments)	Intubation: 4.4% (33/748)	NR	Gloves: 100% (748/748) Mask: 100% (748/748) Gown: 100% (748/748) Goggles "always" or "often": 9.6% (72/748)
Lau J. et al, 2004 (32)	Moderate risk (hospital wards with SARS-1 inpatients)	High risk procedures (including intubation, suctioning, CPR): Cases 16.7% (12/72), controls 13.5% (18/143)	Cases 62.5% (45/72), controls 73.4% (105/143)	All PPE used consistently with direct contact with SARS patients: Cases 62.5% (45/72), controls 90.2% (129/143)
Liu et al, 2009 (33)	Moderate risk (HCWs who had exposure to SARS-1 patients in hospital)	Intubation: 0.5% (12/477)	71.9% (341/474)	At least one layer of mask (12-16 cotton mask, N95, or disposable mask): 65.0% (308/477) Goggles: 46.3% (221/477) Gloves: 96.8% (364/376)

Sun	nlement	Tahl	e 7	Exposure settings	studies on	mask use and	nrevention of	fcoronavirus	infection	s in healthcar	re workers
Sup	picificiti	1 an	UC /.	Exposure settings,	studies off	mask use anu	prevention of	i coronavii us	meenon	s in nearmear	

Study, year	Risk setting	Involvement with intubation or bronchoscopy	Direct or close contact	Use of personal protective equipment
Loeb et al, 2004 (35)	High risk (intensive care unit, HCWs often unaware of SARS- 1 status of infected patients)	Intubation: 12.5% (4/32) Bronchoscopy: 6.2% (2/32)	Entered room: 100% (32/32)	Consistent gown: 62.5% (20/32) Consistent gloves: 68.8% (22/32) Consistent N95 or surgical mask: 71.9% (23/32)
Ma et al, 2004 (36)	Moderate risk (contacted or treated SARS-1 patients)	NR	NR	NR
Nishiura et al, 2005 (42)	Moderate risk (contact with SARS-1 cases)	NR	NR	All measures (handwashing before and after, masks, gloves, gowns): Cases 8.0% (2/25), controls 48.9% (44/90) Masks: Cases 32.0% (8/25), controls 38.9% (35/90) Gloves: Cases 32.0% (8/25), controls 33.3% (30/90) Gowns: Cases 8.0% (2/25), controls 27.8% (25/90)
Nishiyama et al, 2008 (43)	Moderate risk (hospitals with SARS-1 cases, HCWs with contact with SARS-1 cases)	NR	Direct contact: 85.9% (73/85)	Masks "always": 58.9% (50/85)
Pei et al, 2006 (44)	Moderate risk (hospitals with SARS-1 cases, unclear if all HCWs were in wards/departments of SARS-1 cases)	Intubation: Cases 23.3% (28/120), controls 3.2% (9/281)	Not keeping a certain distance: Cases 77.3% (99/128), controls 60.8% (169/278)	Mask (general cotton or double 12 layer cotton): Cases 64.7% (86/133), controls 86.1% (242/281) Gown: Cases 70.5% (91/129), controls 93.3% (263/282) Gloves: Cases 73.6% (95/129), controls 96.8% (270/279) Face screens or goggles: Cases 19.5% (24/123), controls 35.0% (96/274)

Study, year	Risk setting	Involvement with intubation or bronchoscopy	Direct or close contact	Use of personal protective equipment
Raboud et al, 2010 (45)	High risk (provided care to intubated SARS-1 patients during treatment or transportation; or entered room from 24 hours prior to intubation to 4 hours following intubation)	Involvement in intubation: 23.1% (144/624) Bronchoscopy: 3.3% (26/786) (HCW shifts)	NR	Always wore goggles in patient room: 74.4% (464/624) Always wore gloves in patient room: 92.6% (578/624) Always wore gown in patient room: 89.9% (561/624)
Scales et al, 2003 (57)	High risk (ICU with patient with initially unrecognized SARS-1)	Performed or assisted intubation: 16.1% (5/31)	Direct contact: 61.2% (19/31) Entered room: 100% (31/31)	Always gloves: 48.4% (15/31) Always mask (N95 or surgical): 41.9% (13/31) Always gloves, gown, and mask: 38.8% (12/31)
Seto et al, 2003 (47)	Moderate risk (within 0.91 m of SARS-1 case)	NR	Within 0.91 m: Cases 100% (13/13) and controls 100% (241/241)	Surgical mask or N95: Cases 0% (0/13) and controls 59.3% (143/241) Gloves: Cases 31% (4/13) and controls 48.5% (117/241) Gown: Cases 0% (0/13) and controls 34% (83/241) All measures (mask, gloves, gown, hand-washing): 0% (0/13) and 29% (69/241)
Teleman et al, (50)	Moderate risk (central referral hospital for SARS-1, HCWs on SARS-1 wards)	Performed/assisted in intubation: Cases 5.6% (2/36) and controls 8.0% (4/50)	Direct contact: Cases 80.6% (29/39) and controls 80.0% (40/50) <1 m: Cases 88.9% (32/36) and controls 90.0% (45/50)	N95: Cases 8.3% (3/36) and controls 46.0% (23/50) Gloves: Cases 27.8% (10/36) and controls 44.0% (22/50) Gown: Cases 13.9% (5/36) and controls 26.0% (13/50)
Wilder-Smith et al, 2005 (53)	High risk (hospitals with SARS- 1 cases, initally no infection control measures in place)	NR	≤3 feet: 92.6% (88/95)	Mask: 28.1% (27/96) Gloves: 36.8% (35/95)

Study, year Yin et al, 2004 (55)	Risk setting Moderate risk (isolation units, direct care for SARS-1 patients)	Involvement with intubation or bronchoscopy NR	Direct or close contact NR	Use of personal protective equipment 12-layer mask: Cases 60% (46/77) and controls 87% (156/180) Disposable mask: Cases 29% (22/77) and controls 12% (22/180) Gown: Cases 35% (27/77) and controls 71% (128/180) Gloves: 48% (37/77) and controls 76% (136/180)
MERS-CoV				
Alradaddi et al, 2016 (22)	Moderate risk (MERS units, HCWs with contact with MERS cases)	Intubation: 8.5% (19/224) Bronchoscopy: 8.5% (19/224)	NR	Gloves always: 8.3% (18/218) Gown always: 8.3% (18/218) Eye protection always: 8.3% (18/218) Medical mask always: 8.5% (18/211) N95 respirator always: 8.3% (18/217)

Author, Year		Comparison of Mask		Multiple Mask Layers Versus
(Reference)	Mask Use Versus Nonuse	Types	Consistency of Mask Use	Single Layer
SARS-CoV-2				
Heinzerling A et al, 2020 (56)			Non-N95 facemask during aerosol generating procedures, always vs. sometimes or never: 0.77 (0.03-20.02) Non-N95 facemask during non- aerosol generating procedures, always vs. sometimes or never: 1.29 (0.05-30.38)	
Wang X et al, 2020 (52)	In department with N95 mask use (yes vs. no): OR, 0.04 (95% Cl, 0.002–0.61); adjusted OR, 0.002 (95% Cl, 0–0.21) (note: reversed from no vs. yes as reported in study, for which the 95% Cl, was 97.73– ∞)	_	_	_
SARS-CoV-1	í			
Caputo K et al, 2006 (25)	_	N95 or N95 equivalent vs. surgical mask: OR, 0.12 (95% Cl, 0.01–1.92)*	-	-
Chen W et al, 2009 (26)	_	_	_	Double-layer vs. single-layer cotton masks: OR, 0.40 (95% Cl, 0.25–0.64)*
Lau J et al, 2004 (32)		_	 Consistent N95 or surgical mask use vs. inconsistent use: All HCWs: Matched OR, 0.27 (95% CI, 0.08–0.95)* Direct contact with SARS-1 patient: Matched OR, 0.50 (95% CI, 0–20) (note: reversed from inconsistent vs. consistent as reported in study, 95% CI, 0.05–∞) Direct patient contact in general: Matched OR, 0.25 (95% CI, 0.004–4.76) 	

Supplement Table 8. Mask Use and Risk for Infection With SARS-CoV-2, SARS-CoV-1, or MERS-CoV in HCWs

Author, Year		Comparison of Mask		Multiple Mask Layers Versus
(Reference)	Mask Use Versus Nonuse	Types	Consistency of Mask Use	Single Layer
Liu W et al, 2009 (33)	 12-layer cotton surgical mask (yes vs. no): OR, 0.50 (95% Cl, 0.23-1.10); adjusted 0.22 (95% Cl, 0.08-0.62)* 16-layer cotton surgical mask (yes vs. no): OR, 0.27 (95% Cl, 0.14-0.51); adjusted OR, 0.17 (95% Cl, 0.07-0.41)* N95 mask (yes vs. no): 0.52 (95% Cl, 0.12-2.24); adjusted OR, 0.52 (95% Cl, 0.12-2.24); adjusted OR, 0.52 (95% Cl, 0.12-2.24) Disposable mask (yes vs. no): 0.52 (95% Cl, 0.12-2.24) Disposable mask (yes vs. no): OR, 1.12 (95% Cl, 0.55-2.27) Not in model: disposable mask, glasses, gloves, goggles 	 N95 vs. 12- or 16-layer cotton surgical mask: OR, 1.05 (95% Cl, 0.24–4.66) N95 vs. disposable mask: OR, 0.49 (95% Cl, 0.10–2.35) Disposable vs. 12- or 16-layer cotton surgical mask: OR, 2.13 (95% Cl, 1.00–4.54) 	 No patient contact: Matched OR, 0.41 (0.06–2.44)* Consistent N95 mask use vs. inconsistent† All HCWs: Matched OR, 0.48 (95% Cl, 0.25–0.93)* Direct contact with SARS-1 patient: Matched OR, 0.35 (95% Cl, 0.07–1.43)* Direct patient contact in general: Matched OR, 0.78 (95% Cl, 0.10–6.25)* No patient contact: Matched OR, 0.55 (95% Cl, 0.21– 1.39)* 	Multiple layers of masks (yes vs. no): adjusted OR, 0.41 (95% Cl, 0.17–0.97)*

Author, Year		Comparison of Mask		Multiple Mask Layers Versus
(Reference)	Mask Use Versus Nonuse	Types	Consistency of Mask Use	Single Layer
Loeb M et al, 2004 (35)	Surgical mask vs. no mask: RR, 0.45 (95% Cl, 0.07– 2.71)	N95 vs. surgical mask: RR, 0.50 (95% Cl, 0.06–4.23)	 Consistent N95 or surgical mask vs. inconsistent mask: RR, 0.23 (95% CI, 0.07– 0.78) Consistent N95 vs. inconsistent mask: RR, 0.22 (95% CI, 0.05–0.93) 	_
Ma H et al, 2004 (36)	Mask use vs. no mask: OR, 0.24 (95% Cl, 0.009–0.64)	 Disposable vs. ≤12 layer: OR, 0.13 (95% Cl, 0.05–0.34) >16 layer vs. ≤12 layer : OR, 0.06 (95% Cl, 0.03–0.15) N95 and respirator vs. ≤12 layer: OR, 0.00 (95% Cl, 0.00–0.33) ≤12 layer vs. others: adjusted OR, 76.68 (95% Cl, 16.74– 351.31) 	_	_
Nishiura H et al, 2005 (42)	Surgical mask use vs. no mask: Period 1 (26 February–4 March 2003): OR, 0.3 (95% CI, 0.1–0.7) Period 2 (5–10 March 2003): OR, 0.1 (95% CI, 0.0–0.3)	_	_	_
Nishiyama A et al, 2008 (43)	Mask use, always vs. no: adjusted OR, 0.38 (95% Cl, 0.01–0.50)	-	Sometimes vs. always: adjusted OR, 0.34 (95% Cl, 0.09–1.37)*	-
Pei L et al, 2006 (44)	General cotton mask vs. no mask: OR, 0.48 (95% Cl, 0.25-0.95) Double 12-layer cotton mask vs. no mask: OR, 0.13 (95% Cl, 0.05–0.30)	-	-	-

Author, Year		Comparison of Mask		Multiple Mask Lavers Versus
(Reference)	Mask Use Versus Nonuse	Types	Consistency of Mask Use	Single Layer
Raboud J et al, 2010Surgical mask use versus Nonuse(45)Surgical mask in patient room vs. no mask (reference): OR, 3.27 (95% Cl, 0.72–14.79)N95 or equivalent: OR, 0.59 (95% Cl, 0.17–2.08)Higher protection than N95: OR 0.25 (95% Cl, 0.01		N95 or N95 equal vs. surgical mask: OR, 0.18 (95% Cl, 0.06–0.53)*	Consistency of Mask Use	Single Layer
	4.98)			
Scales D et al, 2003 (57)	Surgical or N95 vs. no mask: OR, 1.50 (95% Cl, 0.25- 8.98)	Gown, gloves and N95 vs. gown, gloves and surgical mask: OR, 0.40 (95% Cl, 0.03-6.18)		
Seto W et al, 2003 (47)	Mask use vs. nonuse: Adjusted OR, 0.08 (95% CI, 0.02–0.33) • Paper mask use vs. nonuse: OR, 0.50 (95% CI, 0.10–2.42) • Surgical mask use vs. nonuse: OR, 0.06 (95% CI, 0.004–1.06) • N95 mask use vs. nonuse: OR, 0.003 (95% CI, 0.002–0.59)	Number of cases by mask type: Paper mask: 7.1% (2/28) Surgical mask: 0% (0/51) N95: 0% (0/92)	_	_
Teleman M et al, 2004 (50)	Wearing N95 mask vs. not wearing: OR, 0.1 (95% Cl, 0.03–0.4); adjusted OR, 0.1 (95% Cl, 0.02–0.9)	_	-	-
Wilder-Smith A et al, 2005 (53)	Mask use vs. no mask: OR, 0.25 (95% Cl, 0.09–0.69)	-	-	-

Author, Year		Comparison of Mask		Multiple Mask Layers Versus
(Reference)	Mask Use Versus Nonuse	Types	Consistency of Mask Use	Single Layer
Yin W et al, 2004 (55)	Mask vs. no mask: OR, 0.08 (95% Cl, 0.01–0.43) • Disposable mask vs. no mask: OR, 0.22 (95% Cl, 0.02–1.29) • ≥12-layer mask vs. no mask: OR, 0.07 (95% Cl, 0.01–0.34); adjusted OR, 0.78 (95% Cl, 0.60– 0.99)	Disposable mask vs. ≥12 layer mask: OR, 3.39 (95% Cl, 1.72–6.67)	-	-
MERS-CoV			1	
Alradaddi B et al, 2016 (22)	_	_	 Medical mask or N95 respirator, direct contact (use always vs. sometimes/never): RR, 0.69 (95% CI, 0.28–1.69) Medical mask: RR, 2.06 (95% CI, 0.86–4.95) N95: RR, 0.44 (95% CI, 0.17–1.12) Medical mask or N95 respirator, aerosol-generating procedure (use always vs. sometimes/ never): RR, 0.32 (95% CI, 0.12– 0.86) Medical mask: RR, 0.59 (95% CI, 0.20–1.71) N95: RR, 0.45 (95% CI, 0.16– 1.29); adjusted RR, 0.44 (95% CI, 0.15–1.24) (medical mask almost always worn in sometimes or never group) 	

CoV=coronavirus; HCW=health care worker; OR=odds ratio; RR=relative risk; MERS=Middle East respiratory syndrome; SARS=severe acute respiratory syndrome. *Comparison was reversed

Country Interventions Adherence Harms	
Community settings	
Aiello A et al, A: Surgical mask A vs. B vs. C Not reported	
2010 (19) + hand sanitizer Mask wearing (mean, hours per day): 2.99 vs. 3.92 vs. NA	
(n=367) Hand washing (mean, number of times per day): 6.11 vs. 8.18	
USA B: Surgical mask vs. 8.75	
(n=378): Duration of hand washing (mean, seconds): 20.65 Vs. 23.15 Vs.	
C. NU Mask OI 22.35 hand sanitizer Alcohol-based hand sanitizer use (mean, number of times per	
(n=552) day): 5.20 vs. 2.31 vs. 2.02	
Aiello A et al. A: Surgical mask A vs. B vs. C Not reported	
2012 (20) + hand sanitizer Mask wearing (hours/day): 5.08 (SD 2.23) vs. 5.04 (SD 2.20) vs.	
(n=349) NA	
USA B: Surgical mask Daily average hand sanitizer use (number of times): 4.49 (SD	
(n=392) 4.10) vs. 1.29 (SD 1.77) vs. 1.51 (SD 2.25)	
C: No mask or A vs. C	
hand sanitizer Daily average handwashing use (log transformed): 1.72 vs. 1.76	
(n=3/0) VS. 1.78	ion groups)
Allelali M et A: Surgical mask A VS. B Overall (both intervent $250/(054/2.964)$) VS 149/(545/2.922) Difficulty broothing: 26	ion groups)
ai, 2019 (21) (11=3, 199). Daily use of face mask use: (18%, 25% (954), 364) vs. 14% (545/5, 625) Difficulty breathing, 20	070
(n-3, 139) (1, 333/3, 823) Eeeling hot: 3%	
No use of face mask: 21% (808/3.864) vs. 44% (1.672/3.823)	
Handwashing: 84% vs. 82%	
Barasheed O A: Surgical mask A vs. B Not reported	
et al, 2014 (n=75) Mask use ≥5 hours/day: 76% (56/75) vs. 12% (11/89)	
(23) B: No mask	
(n=89)	
Saudi Arabia	
Canini L et al, A: Surgical mask Index cases 75% of the surgical mask	ask group reported discomfort
2010 (24) (n=52 index Number of masks used daily: 2.5 (SD 1.3) with mask use	
cases, 148 Number of hours mask worn: 3.7 (SD 2.7)	
France household Total masks worn during intervention: 11 (SD 7.2) 3 children and 1 adult	reported pain from wearing
Contacts) I otal time masks worn, days: 4.0 (SD 1.6) the mask	
D: NO Mask (n=52 index	

Supplement Table 9. Adherence and harms in randomized controlled trials of mask use

Author, year			
Country	Interventions	Adherence	Harms
	household		
	contacts)		
Cowling B et	A: Surgical mask	A vs. B vs. C	States no adverse events reported
al, 2008 (29)	+ lifestyle	Index cases	
	intervention	Reported mask worn often or always: 45% vs. 28% vs. 30%	
China (Hong	(n=22 index	Reported good hand hygiene often or always: 63% vs. 63% vs.	
Kong)	cases, 65	31%	
	P: Hand bygiono		
		Poperted mask were often at always: 21% va. 1%	
	+ mestyle	Reported good band bygiene often or always: 47% vs. 1%	
	(n=32 index		
	(11-52 Index cases 92	2170	
	contacts)		
	C: Lifestyle		
	intervention		
	(n=74 index		
	cases, 213		
	contacts)		
Cowling B et	A: Surgical mask	A vs. B vs. C	Not reported
al, 2009 (28)	(n=83 index	Index cases, reporting often or always	
	cases, 258	Washing hands with liquid soap: 77% vs. 68% vs. 70%	
China (Hong	contacts)	Using alcohol hand rub: 33% vs. 36% vs. 7%	
Kong)	B: Hand hygiene	Wore surgical mask: 49% vs. 31% vs. 15%	
	(n=85 index	Practiced good hand hygiene: 61% vs. 62% vs. 44%	
	cases, 257	line and all another the manufacture and after the structure	
	contacts)	Household contacts, reported often or always	
	C. LifeStyle	Using alcohol band rub: 24% vs. 28% vs. 6%	
	index cases 270	Wore surgical mask: 26% vs. 5% vs. 7%	
	contacts)	Practiced good hand hydiene: 56% vs. 54% vs. 46%	
Larson F et	A: Surgical mask	A vs B vs C	Not reported
al. 2010 (30)	+ hand sanitizer	Compliance with reporting of symptoms ($\geq 75\%$ of required time):	Notropolica
, _0.0 (00)	(n=938 [166	80.7% vs. 75.7% vs. 65.5% p=0.005	
USA	households])	Mask use within 48 hours of symptom, mask arm: 50%	
	B: Hand sanitizer	Hand sanitizer use (ounces/month): 11.6 vs. 12.1 vs. not	
	(n=946 [169	reported	
	households])		
	C: Education		
	(n=904 [174		
	households])		

Author, year			
Country	Interventions	Adherence	Harms
MacIntyre C et al, 2009 (37) Australia	A: P2 mask (n=92 [46 households]) B: Surgical mask (n=94 [47 households]) C: Control	A vs. B Wearing mask most or all of the time, Day 1: 46% vs. 38% Wearing mask most or all of the time, Day 5: 25% vs. 31%	A vs. B (mask arms) No reported problem: 46% vs. 49% Uncomfortable: 15% vs. 17% Forgot to wear: 9% vs. 9% Child did not like it: 9% vs. 6% Other (mask did not fit well, impractical to wear during meals or while sleeping): 22% vs. 19%
	(n=100 [50 households])		
MacIntyre C et al, 2016 (41) China	A: Surgical mask (n=123) B: No mask (n=122)	Index cases Wore mask at least 1 hour/day A: 94.3% (116/123) B: 35.2% (43/122) Mask hours/day A: 4.4 B: 1.4 Household contacts: Not reported Contact with household members (hours/day) A: 10.4 B: 11.1	Not reported
Simmerman J et al 2011 (48) Thailand	A. Paper (surgical) face mask + hand washing training (n=395 [145 households]) B. Hand washing training (n=367 [147 households]) C. Control (n=385 [150 households])	A. Masks used: 12 per person/week; mean 211 [IQR 17 to 317] minutes/day (parents: mean 153 [40 to 411] minutes/day; other relations: 59 [IQR 9 to 266] minutes/day); Soap used: 58.1 ml per person/week; Hand washing episodes: 4.9 (95% CI 4.5 to 5.3) per day B. Soap used: 54 ml per person/week; Hand washing episodes: 4.7 (95% CI 4.3 to 5.0) per day C. Hand washing episodes: 3.9 (95% CI not reported)	Not reported
Suess T et al, $2012(49)$	A. Surgical mask	2009-2010 enrollment, household contacts	Not reported
Germany	(n=82 [30 households]) B. Surgical mask (n=69 [26 households])	A. 45% (17/38) B. 55% (17/31) Wore face mask when in the same room as index case A. 68% (26/38) B. 74% (23/31) Wore face mask when in close contact with index case	

Author, year			
Country	Interventions	Adherence	Harms
County	C. Control (n=67 [28 households])	A. 71% (27/38) B. 77% (24/31) 2010-2011 enrollment, household contacts "Mostly" or "always" wore face mask A. 46% (13/28) B. 46% (18/39) Wore face mask when in the same room as index case A. 86% (24/28) B. 87% (32/37) Wore face mask when in close contact with index case A. 75% (21/28) B. 90% (34/38)	
Healthcare set	ttings		
Chughtai A, et al 2016 (27) Vietnam	A. Medical mask (n=580) B. Cloth mask (n=569)	A vs. B Mask worn ≥70% of working time A: 56.6% B: 56.8% RR 1.00 (95% CI 0.91 to 1.11) Adjusted RR 1.02 (95% 0.97 to 1.08)	Overall (both intervention groups) Headache: 7.1% (80/1130) Skin rash: 2.7% (31/1130) Breathing problem: 18.3% (207/1130) Allergy: 1.8% (20/1130) General discomfort: 35.1% (397/1130) Other: 2.3% (26/1130)
Loeb M et al, 2009 (34) Canada	A: N95 respirators (n=210) B: Surgical mask (n=212)	A vs. B Wearing assigned mask during 2-week audit (n=18): 85.7% vs. 100% Reported spouse / roommate with ILI: 22.4% vs. 25.9% Reported child with ILI: 22.6% vs. 20.5%	States no adverse events reported

Author, year			
Country	Interventions	Adherence	Harms
MacIntyre C et al, 2011 (39) China	A. N95 mask, fit tested (n=461) B. N95 mask, not fit tested (n=488) C. Surgical mask (n=492)	Mask worn ≥80% of working hours (95% Cl) A: 74% (70% to 78%) B: 68% (64% to 73%) C: 76% (72% to 79%) Hours of mask wearing per day (95% Cl) A: 5.2 (5.1 to 5.4) B: 4.9 (4.8 to 5.1) C: 5 (4.9 to 5.2) Participates in high-risk procedures: 23.4% vs. 35.0% vs. 40.9%; p<0.01	A vs. B vs. C Influenza vaccination in 2008 (year of study): 9.5% vs. 21.5% vs. 22.2%; p<0.01 Influenza vaccination in 2007 (year prior to study): 14.8% vs. 21.5% vs. 22.2%; p<0.01 Doctor: 36.0% vs. 29.5% vs. 31.1%; other HCW roles not reported Previous mask wearing: -At work: 93.5% vs. 97.3% vs. 95.3% -At home: 1.3% vs. 0.8% vs. 0.6% -On public transportation: 4.1% vs. 2.3% vs. 1.4%; p=0.01 Handwashing after touching a patient: 83.0% vs. 87.8% vs. 88.6%; p=0.01 Participated in a high-risk procedure: 23% vs. 35% vs. 41%; p<0.01
MacIntyre C et al, 2013 (40)	A. N95 mask (n=581) B. N95 mask (n=516) C. Surgical mask (n=572)	Mask worn ≥70% of working hours A. 57% (333/581) B. 82% (422/516) C. 66% (380/572) A vs. C: p=0.002; B vs. C: p=0.00001 High-risk procedure: 71.8% vs. 77.1% vs. 71.5% III household contact during trial: 1.7% vs. 1.6% vs. 1.8%	A vs. B vs. C Seasonal influenza vaccination in 2009-2010 (year of study): 14.6% vs. 9.9% vs. 15.4%; p=0.017 A(H1N1)pdm09 vaccination in 2009-2010: 29.4% vs. 25.2% vs. 19.1% Doctor: 36.8% vs. 31.4% vs. 41.1%; p=0.004 Handwashing after patient contact at all times: 77.1% vs. 60.7% vs. 72.9%; p=0.0001 Current smoker: 4.1% vs. 3.1% vs. 4.0% Undertook high-risk procedure: 72% vs. 77% vs. 72%; p=0.06
MacIntyre C et al, 2015 (38)	A: Surgical mask (n=580) B: Cloth mask (n=569) C: Standard practice (n=458)	Mask worn >70% of working hours A: 56.6% B: 56.8% C: 23.6% Average number of patients in contact with (median) A: 21 B: 21 C: 18	A vs. B vs. C Influenza vaccination: 3.6% vs. 3.7% vs. 3.3% Physician: 30.3% vs. 29.0% vs vs. 29.3% Number of hand washings per day (mean): 14 vs. 11 vs. 12 Number of patient contacts/day: 21 (range 0 to 540) vs. 21 (range 0 to 661) vs. 18 (range 3 to 199)
Radonovich L et al, 2019	A: N95 respirator (n=2512 HCW	A vs. B "Always" adherent: 65.2% vs. 65.1%	No serious adverse events

Author, year			
Country	Interventions	Adherence	Harms
(46)	seasons)	"Sometimes" adherent: 24.2% vs. 25.1%	19 participants in the N95 arms reported skin
	B: Surgical mask	"Never" adherent: 10.2% vs. 9.5%	irritation or worsening acne at one study site
USA	(n=2668 HCW	Daily workplace exposure: 22.5% vs. 21.6%	
	seasons)	Weekly household exposure: 3.6% vs. 3.4%	
		Occupational risk high: 59.4% vs. 59.7%	
		Occupational risk medium: 11.7% vs. 11.9%	
		Occupational risk low: 28.8% vs. 28.3%	

Supplement Table 10. Summary of Evidence

Setting	Comparison	Outcome	Number and Type of Studies	Number of	Directness	Precision	Study	Consistency	Findings	Strength of Evidence
Community	Mask vs. no mask	SARS-1 infection	3 observational studies (1 cohort (51) and 2 case-control (31, 54))	Cohort: n=212 Case-control: n=225 cases, 2,420 controls	Direct	Precise	Moderate	Consistent	Mask associated with decreased risk	Low
Community	N95 equivalent vs. surgical mask	Influenzalike illness, laboratory- confirmed viral respiratory illness	1 RCT (37)	n=290	Direct	Imprecise	Low	Unable to assess	No difference	Low
Community	N95 equivalent vs. no mask	Influenzalike illness, laboratory- confirmed viral respiratory illness	1 RCT (37)	n=290	Direct	Imprecise	Low	Unable to assess	No difference	Low
Community	Surgical mask vs. no mask	Clinical respiratory illness, influenzalike illness, laboratory- confirmed viral respiratory illness, or laboratory- confirmed influenza	12 RCTs (19- 21, 23, 24, 28- 30, 37, 41, 48, 49)	n=16,761	Direct	Precise	Moderate	Inconsistent	No differences overall	Moderate
Healthcare	N95 vs. no mask	SARS-CoV-2 infection	1 observational study (52)	n=493	Direct	Imprecise	High	Unable to assess	Unable to determine	Insufficient
Healthcare	Consistent mask use vs. inconsistent use	SARS-CoV-2 infection	1 observational study (56)	n=37	Direct	Imprecise	Moderate	Unable to assess	Unable to determine	Insufficient
Healthcare	N95 vs. surgical mask	SARS-CoV-1 infection	5 observational studies (4 cohort (25, 35, 45, 57) and 1 case- control(33))	Cohort: n=731 Case-control: n=51 cases, 426 controls	Direct	Imprecise	Moderate	Consistent	N95 associated with decreased risk	Low

Setting	Comparison	Outcome	Number and Type of Studies	Number of Subjects	Directness	Precision	Study Limitations	Consistency	Findings	Strength of Evidence
Healthcare	N95 or surgical vs. cloth masks	SARS-CoV-1 infection	3 case-control (33, 36, 55)	n=175 cases, 1,032 controls	Direct	Imprecise	Moderate	Inconsistent	Unable to determine	Insufficient
Healthcare	N95 or surgical vs no mask	SARS-CoV-1 infection	1 cohort (57)	n=31	Direct	Imprecise	Moderate	Unable to assess	Unable to determine	Insufficient
Healthcare	N95 vs. no mask	SARS-CoV-1 infection	4 observational studies (1 cohort (45), 3 case-control (33, 47, 50)	Cohort: n=624 Case-control: n=100 cases, 717 controls	Direct	Imprecise	Moderate	Consistent	N95 associated with decreased risk	Low
Healthcare	Surgical vs. no mask	SARS-CoV-1 infection	6 observational studies (2 cohort (35, 45) 4 case-control (33, 42, 47, 55))	Cohort: n=667 Case-control: n=170 cases, 945 controls	Direct	Imprecise	Moderate	Inconsistent	Unable to determine	Insufficient
Healthcare	Cloth vs. no mask	SARS-CoV-1 infection	3 case-control studies (33, 44, 55)	n=275 cases, 902 controls	Indirect	Precise	Moderate	Consistent	Unable to determine	Insufficient
Healthcare	Mask (type not specified) vs. no mask	SARS-CoV-1 infection	5 observational studies (2 cohort (43, 53), 3 case-control) (36, 44, 55)	Cohort: n=183 Case-control: n=271 cases, 902 controls	Direct	Precise	Moderate	Consistent	Mask use associated with decreased risk	Low
Healthcare	Consistent mask use vs. inconsistent use	SARS-CoV-1 infection	4 observational studies (3 cohort (22, 35, 43), 1 case- control (32)	Cohort: n=411 Case-control: n=72 cases, 143 controls	Direct	Imprecise	Moderate	Consistent	Consistent mask use associated with decreased risk	Low

			Number and							Strength
			Type of	Number of			Study			of
Setting	Comparison	Outcome	Studies	Subjects	Directness	Precision	Limitations	Consistency	Findings	Evidence
Healthcare	N95 vs. surgical mask, higher risk settings	Clinical respiratory illness, influenzalike illness, laboratory- confirmed viral respiratory illness or laboratory- confirmed influenza	3 RCTs (34, 39, 40)	n=3,532	Direct	Imprecise (for influenzalike illness, laboratory- confirmed viral respiratory illness or laboratory- confirmed influenza)	Low	Inconsistent (for clinical respiratory illness)	No differences in risk for influenzalike illness, laboratory- confirmed viral respiratory illness or laboratory- confirmed influenza; inconsistent results for clinical respiratory illness	Moderate
Healthcare	N95 vs. surgical mask, lower risk settings	Clinical respiratory illness, influenzalike illness, laboratory- confirmed viral respiratory illness or laboratory- confirmed influenza	1 RCT (46)	n=2,862	Direct	Precise	Low	Unable to assess	No difference in risk	Moderate
Healthcare	Surgical vs. cloth mask, higher risk setting	Clinical respiratory illness, influenzalike illness, laboratory- confirmed viral respiratory illness	1 RCT (38)	n=1,868	Direct	Imprecise	Low	Unable to assess	Surgical mask associated with decreased risk	Low