

Face Mask Use and Control of Respiratory Virus Transmission in Households

C. Raina MacIntyre, Simon Cauchemez, Dominic E. Dwyer, Holly Seale, Pamela Cheung, Gary Browne, Michael Fasher, James Wood, Zhanhai Gao, Robert Booy, and Neil Ferguson

CME ACTIVITY

Medscape, LLC is pleased to provide online continuing medical education (CME) for this journal article, allowing clinicians the opportunity to earn CME credit. Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians. Medscape, LLC designates this educational activity for a maximum of 0.75 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. All other clinicians completing this activity will be issued a certificate of participation. To participate in this journal CME activity: (1) review the learning objectives and author disclosures; (2) study the education content; (3) take the post-test and/or complete the evaluation at <http://www.medscape.com/cme/eid>; (4) view/print certificate.

Learning Objectives

Upon completion of this activity, participants will be able to:

- Describe the type of study used to compare the use of face masks with no face masks for respiratory infection control.
- Identify the most frequent viral cause of influenza-like infection in children.
- Describe adherence to face mask use by adult household contacts of children with viral respiratory infection.
- Describe the efficacy of face mask use for preventing spread of influenza-like infection.

Editor

Beverly Merritt, Technical Writer-Editor, Emerging Infectious Diseases. *Disclosure: Beverly Merritt has disclosed no relevant financial relationships.*

CME Author

Désirée Lie, MD, MEd, Clinical Professor, Family Medicine, University of California, Orange; Director, Division of Faculty Development, UCI Medical Center, Orange, California. *Disclosure: Désirée Lie, MD, MEd, has disclosed no relevant financial relationships.*

Authors

Disclosure: Simon Cauchemez, PhD; Dominic E. Dwyer, BSc(Med), MBBS, FRACP, FRCPA, MD; Holly Seale, BSc, PhD; Pamela Cheung, RN; Gary Browne, MBBS; James Wood, BSc, PhD; and Zhanhai Gao, BSc, MSc, PhD, have disclosed no relevant financial relationships. C. Raina MacIntyre, MBBS, FRACP, FAFPHM, M App Epid, PhD, has disclosed that she has received grants for clinical research from 3M. Michael Fasher, MBBS, PhD, has disclosed that he has received grants for educational activities from and has served as an advisor or consultant to GlaxoSmithKline. Robert Booy, MBBS, FRACP, FRCPCH, MSc, MD, has disclosed that he has received grants for clinical research and educational activities from, and has served as an advisor or consultant to, CSL, Roche, Sanofi, GlaxoSmithKline, and Wyeth. All funding received is directed to a research account at The Children's Hospital at Westmead, Sydney, Australia, and is not personally accepted by Dr. Booy. Neil Ferguson, FmedSci, DPhi, has disclosed that he has served as an advisor or consultant to Crucell Inc.

Many countries are stockpiling face masks for use as a nonpharmaceutical intervention to control virus transmission during an influenza pandemic. We conducted a prospective cluster-randomized trial comparing surgical masks, non- α -tested P2 masks, and no masks in prevention of influenza-like illness (ILI) in households. Mask use adherence was

Author affiliations: University of New South Wales School of Public Health and Community Medicine, Sydney, New South Wales, Australia (C.R. MacIntyre, H. Seale, J. Wood, Z. Gao); Children's Hospital at Westmead, The University of Sydney, Sydney (C.R. MacIntyre, P. Cheung, R. Booy, G. Browne); Imperial College London, London, UK (S. Cauchemez, N. Ferguson); Westmead Hospital, Sydney (D.E. Dwyer); and The Wentworth Division of General Practice, Sydney (M. Fasher)

DOI: 10.3201/eid1502.081167

self-reported. During the 2006 and 2007 winter seasons, 286 exposed adults from 143 households who had been exposed to a child with clinical respiratory illness were recruited. We found that adherence to mask use significantly reduced the risk for ILI-associated infection, but <50% of participants wore masks most of the time. We concluded that household use of face masks is associated with low adherence and is ineffective for controlling seasonal respiratory disease. However, during a severe pandemic when use of face masks might be greater, pandemic transmission in households could be reduced.

Highly pathogenic avian influenza virus A (H5N1) continues to spread globally, posing a serious human pandemic threat. In the event of an influenza pandemic or other emerging respiratory disease such as severe acute respira-

Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 15, No. 2, February 2009

233

Earning CME Credit

To obtain credit, you should first read the journal article. After reading the article, you should be able to answer the following, related, multiple-choice questions. To complete the questions and earn continuing medical education (CME) credit, please go to <http://www.medscape.com/cme/eid>. Credit cannot be obtained for tests completed on paper, although you may use the worksheet below to keep a record of your answers. You must be a registered user on Medscape.com. If you are not registered on Medscape.com, please click on the New Users: Free Registration link on the left hand side of the website to register. Only one answer is correct for each question. Once you successfully answer all post-test questions you will be able to view and/or print your certificate. For questions regarding the content of this activity, contact the accredited provider, CME@medscape.net. For technical assistance, contact CME@webmd.net. American Medical Association's Physician's Recognition Award (AMA PRA) credits are accepted in the US as evidence of participation in CME activities. For further information on this award, please refer to <http://www.ama-assn.org/ama/pub/category/2922.html>. The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for *AMA PRA Category 1 Credits*[™]. Through agreements that the AMA has made with agencies in some countries, AMA PRA credit is acceptable as evidence of participation in CME activities. If you are not licensed in the US and want to obtain an AMA PRA CME credit, please complete the questions online, print the certificate and present it to your national medical association.

Article Title

Face Mask Use and Control of Respiratory Virus Transmission in Households

CME Questions

1. Which of the following is least likely to be a nonpharmaceutical strategy examined and reported for the prevention of influenza-like infection (ILI) during an influenza pandemic?
A. School closure
B. Use of face masks
C. Handwashing
D. Quarantine at home
2. Which of the following best describes the type of study used to examine the efficacy of face masks in respiratory infection control at home?
A. Retrospective case-control study
B. Prospective cluster-randomized study
C. Prospective case-control study
D. Observational case series
3. Which of the following is the most common single viral respiratory pathogen to be isolated from 141 children with respiratory viral illness in the study reported?
A. Influenza B
B. Influenza A
C. Adenovirus
D. Respiratory syncytial virus
4. Which of the following best describes the adherence rate for P2 face masks on day 5, after beginning the use of face masks by household adult contacts for household infection control?
A. 25%
B. 31%
C. 36%
D. 46%
5. Which of the following best describes the hazard ratio for risk for transmission of ILI if adherence to face mask use was 100%?
A. 1.00
B. 0.85
C. 0.47
D. 0.26

Activity Evaluation

1. The activity supported the learning objectives.	Strongly Disagree				Strongly Agree
	1	2	3	4	5
2. The material was organized clearly for learning to occur.	Strongly Disagree				Strongly Agree
	1	2	3	4	5
3. The content learned from this activity will impact my practice.	Strongly Disagree				Strongly Agree
	1	2	3	4	5
4. The activity was presented objectively and free of commercial bias.	Strongly Disagree				Strongly Agree
	1	2	3	4	5