

This is a translation of the **Information Document 009/2020**

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Subject: **COVID-19: Mitigation Phase** – the use of Masks in the Community

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The use of masks as a complementary measure to limit the transmission of SARS-CoV-2. in the community, has been considered in different ways by the various countries and international organizations <sup>1,2,3,4</sup>

To reiterate - there are three types of masks:

1. **Filtering Face Piece (FFP)**, a personal protective equipment for health professionals in accordance with DGS Standard 007/2020;
2. **Surgical masks**, a device that prevents the transmission of infectious agents from the people who wear the mask to others.
3. **Non-surgical, community or social masks**, (system) devices of different materials, intended for the general population, not certified

In Europe, countries such as the United Kingdom, Belgium, Italy, and Sweden favour social distancing, respiratory and good hand hygiene etiquette, but not recommending the use of masks in the community. <sup>5,6,7,8,9</sup> On the other hand, countries such as Spain, (Catalonia), Germany and France have recently suggested the use of homemade masks or the use of masks in locations with a number of people. <sup>10,11,12</sup>. Countries such as Lithuania, Austria, the Czech Republic, Slovakia, and Bulgaria recommend the widespread use of masks in the community <sup>13,14,15,16,17</sup>

The Directorate-General for Health (DGS) has aligned itself with the European perspectives and the recommendations from the World Health Organization (WHO) in relation to the COVID-19 Pandemic. At this stage of the pandemic with active transmission in the community, and with the need to reduce the growth of cases, in order to maximise the quality of the health system's response, and deferring, with time, the arrival of new cases, DGS through Standard 007/2020<sup>18</sup> and Guidance 019/2020<sup>19</sup> recommended the **use of surgical masks to all health professionals**,

**people with respiratory symptoms and people entering and circulating in health institutions.**

This Guideline 019/2020<sup>19</sup> also states that **the most vulnerable people**, particularly the elderly (over 65 years of age), those with chronic diseases and the immune-suppressed, should **wear surgical masks whenever they leave the house**.

The same advice has broadened the recommendation for the use of surgical masks, and other personal protective equipment, to members of some professional groups, when carrying out certain functions, where it is not possible to maintain a safe distance between people. This covers those professionals in the security forces and military, firefighters, distributors of essential household goods, workers in social care charities, care homes and integrated continuing care network, funeral directors and staff, and professionals who provide attendance to the public, where social distancing is not guaranteed.

However, recent studies show that surgical masks can reduce the detection of RNA from coronavirus in airborne aerosol form, with a tendency to decrease in respiratory droplets, suggesting that surgical masks can prevent the transmission of coronavirus to the environment, from symptomatic, asymptomatic or pre-symptomatic people <sup>20</sup>.

And, we now know that an infected individual has been transmitting the virus for 2 days before the start of symptoms, with a high viral load in the early phase of the disease <sup>21,22</sup> and different studies estimate several and very disparate percentages of asymptomatic individuals with the ability to transmit the infection <sup>23,24</sup> In addition, no significant differences in viral load have been reported between asymptomatic cases and symptomatic cases.<sup>25</sup>

The effectiveness of widespread use of masks by the community in preventing infection remains unproven. But faced with the emergence of a new disease, the evidence evolves all the time and in a collaborative model of experiences, begins to gain more traction, before the emergence of better proven scientific evidence. <sup>26</sup>.

Thus, applying the “Precautionary Principle in Public Health”, **the use of masks by all persons who remain in enclosed spaces with multiple people, and as a measure of additional protection must** be considered in addition to **social distancing, hands hygiene and respiratory etiquette** <sup>9,27,28</sup>

It should be restated that the use of masks by the population implies the knowledge and “mastery” of placement, use and removal techniques, and that their use cannot, in anyway whatsoever, lead to the neglect of fundamental measures such as social distancing and hand hygiene <sup>9,27,28</sup>.

The use of masks by the population **is an act of altruism**, since those who use one are not more protected, but yes, they are contributing to the protection of others, when used as an additional protective measure.

It is also important to take into account the position of the WHO and ECDC who continue to alert us to the **fact that the use of masks by the population must not affect the sustainability of access to masks by patients and health professionals**, who are the priority groups for the use of surgical masks <sup>9,278</sup>

Thus, in line with the recommendations of the WHO<sup>9</sup> and ECDC<sup>28</sup>, DGS informs that:

1. In accordance with the Precautionary Principle in Public Health, and in view of the absence of any adverse effects associated with the use of a mask, **consideration should be given to the use of masks by anyone in enclosed interior spaces with lot of people** (supermarkets, pharmacies, shops or other outlets, public transport, etc.).

2. The use of masks in the community is an additional measure of protection, and therefore does **not exempt** adherence to the rules of **social distancing, respiratory etiquette, and good hand hygiene and the use of physical barriers**, once their proper use is assured.

3. According to the ECDC, there is no direct scientific evidence to enable the issue of a recommendation for or against the use of non-surgical or community masks, by the population. Thus, in order to ensure adequate prioritization of the use of surgical masks, **non-surgical masks (community or for social use) can be considered for community use in the situations herein identified.** <sup>29,30</sup>

4. DGS and INFARMED, together with ASAE, IPQ and CITEVE and various experts are yet to complete the technical specifications for non-surgical, community or “solidarity use” masks, and their certification mechanisms

