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Background

- SARS-CoV-2 is transmitted by infectious aerosols.
- Face masks reduce viral exhaled breath aerosols (EBA) released by infected persons (source control), reducing risk of transmission.
- Study objectives: Compare the efficacy of face masks (cloth) and surgical) and respirators (KN95 and N95) as source control for SARS-CoV-2.

Methods

- Study Population:
- Volunteers with SARS-CoV-2 infections from the University of Maryland College Park campus and community
- Providing paired masked-unmasked sameday samples with at least one sample having detectable SARS-CoV-2 RNA ► June 2020 through May 2022
- Sample Collection & Laboratory Analyses ➤ 30-minute G-II EBA samples With a mask on first and then without Viral RNA: real-time RT-PCRs TaqPath **COVID-19 Multiplex Assay** Limit of detection: 75 copies/sample ➤Two aerosol size fractions: fine ($\leq 5 \mu m$) and coarse (>5 μm) \succ Total EBA = fine EBA + coarse EBA
- Statistical Analyses (R and RStudio): Crude comparison: Wilcoxon signed rank tests
- Source-control factor: Percentage reduction in viral RNA load when wearing a mask
- ➢Geometric means and mask comparison: Linear mixed-effect models with censored responses (R package 'lmec')









Cloth Mask

Surgical Mask

KN95

Cloth Mask -

Surgical Mask -

KN95

N95

Cloth Mask

Surgical Mask -

KN95

N95

Figure 1. Gesundheit-II (G-II) exhaled bioaerosol collector

Figur

N95 Respirators Provide Superior Source Control for SARS-CoV-2



Figure 2. EBA viral RNA load in the masked and unmasked samples

Mask Comparison

Table 1. Mask comparisons on source-control factors controlling for cough

ine EBA	Mask/No mask	95% Cl 0.076. 0.33			Improvement (%) ^a	Р
	0.10	0.070, 0.00		N95 vs. Cloth	88	2.0x10 ⁻⁵
⊢ →−-	0.27	0.18, 0.4	-	N95 vs. Surgical	93	3.6x10 ⁻¹²
⊢1	0.3	0.19, 0.49	-	N95 vs. KN95	94	9.8x10 ⁻¹²
	0.019	0.01, 0.037	Fine EBA -	KN95 vs. Cloth	-92	0.14
0.01 0.1 1	1		-	KN95 vs. Surgical	-13	0.69
oarse EBA	Mask/No mask	95% CI	-	Cloth vs. Surgical	41	0.21
	0.084	0.019, 0.37		N95 vs. Cloth	91	2.9x10 ⁻²
	0.29	0.14, 0.6		N95 vs. Surgical	97	2.5x10 ⁻⁵
	0.14	0.064, 0.32	Coarse EBA	N95 vs. KN95	94	1.0x10 ⁻³
				KN95 vs. Cloth	-70	0.53
0.01 0.1	0.0079	0.0017, 0.037		KN95 vs. Surgical	51	0.19
				Cloth vs. Surgical	71	0.13
otal EBA	Mask/No mask 0.13	95% Cl 0.078, 0.23		N95 vs. Cloth	87	2.1 x10 ⁻⁸
	0.00	0.2, 0.35		N95 vs. Surgical	93	<0.001
	0.26			N95 vs. KN95	94	<0.001
┝╺╾┥	0.3	0.21, 0.43	IOTAI EBA -	KN95 vs. Cloth	-130	0.012
	0.017	0.011, 0.028		KN95 vs. Surgical	-15	0.53
0.01 0.1 Fraction of viral RNA remaining in EBA				Cloth vs. Surgical	49	0.028
e 4. Ratio of viral RNA in EB	A with to witho	ut mask	a. Improven	nent in source-contro	l factor	

controlling for cough

Figure 3. Geometric means of EBA viral RNA load by sample types

- Forty-four volunteers >Mild symptomatic
- detectable SARS-CoV-2 RNA and 13 N95 respirators
- Mask comparison: copies in the aerosol samples
 - (Contrast analysis: p<0.05)
- 97% to 99%)

- control for SARS-CoV-2.
- untrained study participants.
- respiratory infections are high.

Acknowledgement

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Results

>3 Alpha, 2 Delta, 21 Omicron, 18 Others \succ Mean age of 30 years (range: 17 to 66)

 Sixty same-day paired EBA samples with ▶ 8 cloth masks, 26 surgical masks, 13 KN95,

>All mask types significantly reduced viral RNA >N95 respirators reduced more viral RNAs than the other three types of masks >N95 respirators reduced total aerosol viral RNA by 98% (source-control factor, 95% CI:

The source-control factors (total EBA) for cloth masks were superior to those for both surgical masks and KN95 respirators

Discussion

• Face masks and respirators work as source • Face masks and respirators are appropriate for general community use to reduce transmission. N95 respirators are more efficacious than all other types of masks even when used by N95 respirators should become the standard in nursing homes and healthcare settings, if applicable, when community rates of

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