

The Cochrane Review on Masks is Damning

Masks have no good data to support them| It is a religion, not a science



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I want to highlight what just came out: [the Cochrane review on masking](#). It shows that community mask recommendations have no firm data to support it. The authors write:

- “There is a need for large, well-designed RCTs addressing the effectiveness of many of these interventions in multiple settings and populations, as well as the impact of adherence on effectiveness, especially in those most at risk”

Now, who does that sound like?

Let me be clear: The science did not change. Public health experts started lying. We never had good data that mask mandates help, or that mask advice (a softer policy) improves outcomes. Yet it was widely pushed— most likely to distract from true federal failures.

After vaccination, not only do we not have evidence. It is irrational to mask. At best you marginally delay the inevitable, and unlike pre-vax, there is no milestone you are waiting for. Let's take a closer look.

Physical interventions to interrupt or reduce the spread of respiratory viruses (Review)

Jefferson T, Dooley L, Ferroni E, Al-Ansary LA, van Driel ML, Bawazeer GA, Jones MA, Hoffmann TC, Clark J, Beller EM, Glasziou PP, Conly JM

Here is the big summary finding. With 276,000 participants in RCTs or cluster RCTs, masking does nothing. No reduction in influenza like or Covid like illness and no reduction in confirmed flu or COVID. That's stone cold negative. See those effect sizes and confidence intervals.

Summary of findings 1. Medical/surgical masks compared to no masks for preventing the spread of viral respiratory illness

Randomised studies: medical/surgical masks compared to no masks for preventing the spread of viral respiratory illness

Patient or population: general population
Setting: community and hospitals
Intervention: medical/surgical masks
Comparison: no masks

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	Nº of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Risk with no masks	Risk with randomised studies: masks				
Viral respiratory illness - influenza/COVID-like illness	Study population		RR 0.95 (0.84 to 1.09)	276,917 (9 RCTs)	⊕⊕⊕⊖ Moderate ^a	
	160 per 1000	152 per 1000 (134 to 174)				
Viral respiratory illness - laboratory-confirmed influenza/SARS-CoV-2	Study population		RR 1.01 (0.72 to 1.42)	13,919 (6 RCTs)	⊕⊕⊕⊖ Moderate ^b	
	40 per 1000	40 per 1000 (29 to 57)				
Adverse events	-		-	(3 RCTs)	⊕⊖⊖⊖ Very low ^{a,c}	Adverse events were not reported consistently and could not be meta-analysed. Adverse events reported for masks included warmth, discomfort, respiratory difficulties, humidity, pain, and shortness of breath, in up to 45% of participants.

*The risk in the intervention group (and its 95% confidence interval) is based on the median observed risk in the comparison group of included studies and the **relative effect** of the intervention (and its 95% CI).
CI: confidence interval; **RCT:** randomised controlled trial; **RR:** risk ratio

GRADE Working Group grades of evidence

High certainty: we are very confident that the true effect lies close to that of the estimate of the effect.

Moderate certainty: we are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

Low certainty: our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.

This is why Fauci said what he said initially on 60 minutes. He wasn't lying. The best evidence showed no benefit. That was before we saw a concerted campaign to promote cloth masking— a bizarre way to treat anxiety. People routinely wore cloth masks outside— something that was less 21st century and more 3rd century, akin to animal sacrifice, and dancing to make the rains come.

The section on N95 masks was also devastating. Read this

N95/P2 respirators

Four studies were in healthcare workers, and one small study was in the community. Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people), or respiratory illness (3 studies; 7799 people). Unwanted effects were not well-reported; discomfort was mentioned.

Obviously, unlike the types of studies that the CDC likes— hairdresser anecdotes— randomized trials are the best way to separate an intervention from the habits of someone who embraces them. Comparing Pima and Maricopa counties is a pointless way to study masks—because the people are fundamentally different— apart from masking. They have different rates of vaccination and different levels of caution. But randomization balances outcome distributions and the effect (if a statistically persuasive one is seen) can only be due to the intervention.

Cochrane is run by smart people. I have met Tom Jefferson, and I know he understands evidence. He was the driving force behind the Tamiflu reanalysis for BMJ. These researchers know that not all evidence is the same. RCTs are imperative for recommendations that span years, or longer.

Who should we be angry with? Obviously there is a class of twitter expert that doesn't understand how to read evidence. Some of them have even been promoted to be deans for public health schools. So much for public health. But the real failure is NIAID and CDC. It is Tony Fauci.

Fauci controlled NIAID budget. He could have run 10 RCTs of masking— different masks, different ages, different settings. He chose to run zero. Instead he went on

TV, 1000 times and lied about effectiveness of cloth masks. The first time on 60 mins he told the truth, the rest were lies.

CDC & AAP are also steeped in failure. These agency forced 2 year olds to masks. Against the advice of the World Health Organization and UNICEF. The Cochrane review fails to identify any data that pertains to 2 year olds. The CDC should be ashamed of themselves. Tens of thousands of people working from home, and no one inside the organization with the ability to stop this policy.

Those are just some small highlights. But the [whole review is worth your time](#).



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Physical interventions to interrupt or reduce the spread of respiratory viruses

Tom Jefferson, Liz Dooley, Eliana Ferroni, Lubna A Al-Ansary, Mieke L van Driel, Ghada A Bawazeer, Mark A Jones, Tammy C Hoffmann, Justin Clark, Elaine M Beller, Paul P Glasziou, [✉ John M Conly](#) [Authors' declarations of interest](#)

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Abstract

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Background

Viral epidemics or pandemics of acute respiratory infections (ARIs) pose a global threat. Examples are influenza (H1N1) caused by the H1N1pdm09 virus in 2009, severe acute respiratory syndrome (SARS) in 2003, and coronavirus disease 2019 (COVID-19)

caused by SARS-CoV-2 in 2019. Antiviral drugs and vaccines may be insufficient to prevent their spread. This is an update of a [Cochrane Review](#) last published in 2020. We include results from studies from the current COVID-19 pandemic.

40 Comments



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