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In my past work in emergency preparedness (NYC, New Orleans, and the Army) and in my current work in infectious disease epidemiology in a state health department, the issue about which there seems to be the most confusion is the true differences between the use and function of surgical masks vs. N95 respirators. The following are issues and myths that I hear over and over again from medical people as well as the lay public.

Surgical Mask filtering ability: I hear this statement over and over again (sometimes even from so-called experts), "Surgical masks do not filter as well as N95." As you know they do not filter at all. Air always takes the path of least resistance which is around the mask. Surgical masks block droplets.

Who should wear surgical masks: Most (including many doctors and nurses) think that the surgical mask is meant to protect the wearer. While it does provide some barrier to droplets getting to the nose and mouth if worn and disposed of properly, it is best designed to protect everyone else from the droplets produced by the wearer. After all, a surgeon wears a surgical mask during surgery not for self protection but to ensure that his droplets do not contaminate the wound of the patient.

N95 seal: Many do not understand that without a good seal, the N95 is not much better than a surgical mask. So good fit and proper wear are important. But respirators with a good seal are uncomfortable and people wearing them will often break the seal not realizing that they have greatly impared the effectiveness of the mask.

I know that I do not need to preach this to you but I wondered if you knew how widespread the lack of understanding was. If there is time, I think that this would be important information to emphasize in your presentations especially in a time of a pandemic.

Thanks, Ann

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