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We wear the mask

If you feel confused about whether people should wear masks and why and what kind, you are not alone. COVID-19 is a new disease and we learn new things about it every day. However, much of the confusion over masks stems from conflicts between two very different functions of masks. Masks can be worn to protect the wearer from infection or masks can be worn to protect others from infection by the wearer. Protecting the wearer is difficult: It requires medical masks for respirators, proper fit and careful putting and takeoff. But masks can also be worn to prevent transmission to others, and this is their most important use for society. If we reduce the likelihood that one person will infect another, the impact is exponential, so that even a small decrease in these odds results in a large reduction in deaths. Fortunately, blocking the outward transmission at the source is much easier. This can be achieved with something as simple as a cloth mask. Read: Our pandemic summer The key route of COVID-19 transmission is via droplets flying out of our mouths - this includes when we speak, not just when we cough or sneeze. Part of these droplets quickly evaporate, becoming tiny particles whose inhalation by those nearby is difficult to prevent. This is especially important for doctors and nurses who work with sufferers all day. Medical workers are also at risk of procedures such as intubation, which create very tiny particles that can float around possibly for hours. That is why their equipment is called personal protective equipment or PPE and has strict requirements for fit to stop entry - a term for transferring these external particles to the user. Until now, most scientific research and discussion of masks has focused on protecting medical workers from fatigue. But there is also the opposite concern: egres, or the transfer of particles from carriers to the outside world. Historically, much less research has been conducted on egres, but controlling it - also known as source control - is key to stopping the spread of the disease from person to person. Obviously, controlling sources at society level becomes very important during a pandemic. Unfortunately, many lay articles – and even some in the scientific press – do not differ properly between evasion and progress, increasing confusion. Read: Everyone thinks they are right about masksGood is that preventing transmission to others through egres is relatively simple. It's like stopping the water gushing out of the hose right at the source, turning off the tap, compared to the difficulty of trying to catch all the water droplets after we point the hose upwards and they flew everywhere. Research shows that even a cotton mask dramatically reduces the number of virus particles emitted from our mouths – by as much 99%. This reduction provides two great advantages. Fewer virus particles mean that people have a better chance of avoiding infection, and if they are infected, a lower burden of exposure to viruses may give them a better chance of contracting only a mild disease. COVID-19 was difficult to control partly because people can infect others before showing any symptoms themselves - and even if they never develop any disease. Three recent studies show that nearly half of patients are infected with people who do not yet cough or sneeze. Many people do not feel sick, and many may never get overly ill. Read: Why We're Running Out of MasksSee about the coronavirus pandemic as a fire ravages our cities and towns spread by infected people who inhale invisible embers every time they talk, cough or sneeze. Sneezing is the most dangerous – it spread embers. These invisible sparks cause others to ignite and in turn exhale the embers until we truly catch fire —and get sick. Then we call the firefighters – our medical professionals. People who run into these raging fires to put them out need special heat-resistant suits and gloves, helmets and oxygen tanks so they can keep breathing in the fire - all this PPE, with proper fit too. If only we could stop them from sending us embers every time we talked or coughed, a lot fewer people would catch fire. The masks help us do that. And since we don't know for sure who's sick, the only solution is for everyone to wear masks. This eventually benefits the wearer because fewer fires means we are less likely to all be burned. My mask protects you; Your masks protect me. In addition, our firefighters would no longer be overwhelmed, and we could more easily return to work and the rest of our public life. Read: What you need to know about the coronavirus To better understand what level of mask wear we need in the population to get this pandemic under control, we have assembled a transdisciplinary team of 19 experts and looked at a series of mathematical models and other research to find out what would happen if most people wore a mask in public. We wrote and submitted an academic paper, as well as a summary of lay people. Each infected person infected person infected person infected person infected person. Pandemic influenza from 1918 had an R of 1.8 – so one infected person infected, on average, almost two more. The COVID-19 rate, in the absence of measures such as social distancing and masks, is at least 2.4. The disease goes away if R is below 1.0. The smaller the number, the faster it will die. The effectiveness of wearing masks depends on three things: the basic reproduction number, R0, viruses in the community; the effectiveness of masks in blocking transmission; and the percentage of people wearing masks. The blue area of the chart below indicates R0 below 1.0, the magic number needed to make the disease die out. Read: New statistics reveal why U.S. numbers for COVID-19 are flatModels show that if 80 percent of people wear masks that are 60 percent effective, easily achievable with a cloth, we can come up with an effective R0 of less than one. This is enough to stop the spread of the disease. Many countries already have more than 80 percent of their mask-wearing population in public, including Hong Kong, where most stores deny entry to unmasked customers, and more than 30 countries that legally require masks in public spaces, such as Israel, Singapore and the Czech Republic. The use of masks in combination with physical distancing is even more powerful. While cloth masks are enough to protect others, people who are immunocompromised, or those who have few left over from the fire or hobby season, may be considering wearing N95, to better protect themselves. One note of caution: Many non-medish N95s have exhaled valves (to make them less stuffy to carry) that release unfiltered air and so won't stop the user from infecting others - so they shouldn't be worn around other people unless the valve is covered with tape or cloth. Using masks to control sources in the community is a public good: something we all contribute ultimately benefits everyone - but only if almost everyone contributes, which can be a challenge to convince people to do. It's like emission filters in the exhaust and chimneys of our cars: They need to be installed in all cars, factories and houses to guarantee clean air for everyone. Typically, laws, regulations, mandates or strong cultural norms ensure maximum participation. And when that happens, the result can be amazing. Read: Face masks are inFor example, only four confirmed deaths due to COVID-19 have been reported in Hong Kong since the beginning of the pandemic, despite its high density, mass transport and proximity to Wuhan. Hong Kong health authorities credit the near-universal wearing of their citizens' masks as a key factor (research shows nearly 100 percent voluntary compliance). Similarly, Taiwan early increased the production of masks as a key factor (research shows nearly increased the production of masks and distributed masks to the population, requiring their use on public transport and recommending their use in other public places - a recommendation that is widely respected. The country continues to function fully and their schools have been open since late February, while their total death toll remains very low, with only six. In the Czech Republic, masks were not used during the initial epidemic, but after grassroots campaigning led to the government's mandate on March 18th, masks became ubiquitous in public. The results took some time to reflect on the Official statistics: The first five days of April still averaged 257 new cases and nine deaths a day, but the last five days the data shows an average of 120 new cases and five deaths a day, but the last five days the data shows an average of 120 new cases and nine deaths a day. Of course, we cannot know for sure the extent to which these success stories are due to masks, but we do know that in every region that has adopted widespread wearing of masks, the case and mortality rate have been reduced within a few weeks. We know that the vaccine can take years, and in the meantime we will have to find ways to make our societies function as safely as possible. Our governments can and should do a lot - make tests widely available, fund research, ensure medical workers have everything they need. But ordinary people are not helpless; In fact, we have more power than we think. In addition to keeping a distance whenever possible and maintaining good hygiene, all of us who wear only a cloth mask could help stop this pandemic in its tracks. I am incredibly discouraged by the rhetoric circulating in our city, state and country. Wearing masks has become a matter of politics, not kindness and human decency. While I understand that challenging authority is necessary for democracy, this is not a forced conformity, but an act of solidarity with those in your community who are more vulnerable than you. Some of our neighbors and our family members refuse to wear a mask in public at what could be the expense of my child and others like her. My daughter Lily was born extremely premature birth, she is immunocompromised, and her lungs are scarred and damaged from a respirator used to keep her alive. If she got the virus, she'd probably die. We had already gone to hell and back watching our child lying under a sedated hospital bed with inv, electrodes and the hum of life-saving machines. To go back to that place, to lie on an insulatette begging her to live, is unfathouthable. The argument that a vulnerable population should just stay at home is invalid. I have to dare from my home to collect my child's life support medication. We rely on fringe pickup from shops and restaurants to ate and maintain our home – these orders were fulfilled by members of our community who are exposed to countless others because their jobs are necessary. To suggest that medically fragile families can stay at home and wait puts our needs beneath the needs of everyone else around us, further amplifying our seclusive. I understand we have no choice but to continue the quarantine practice. I understand that the economy needs to reopen and that people need to get on with their lives. But I. Never understand the mentality that your civil liberties are more important than my child's. Life.

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