

## **Original Investigation**

September 3, 2019

# N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel

## A Randomized Clinical Trial

Lewis J. Radonovich Jr, MD<sup>1</sup>; Michael S. Simberkoff, MD<sup>2,3</sup>; Mary T. Bessesen, MD<sup>4,5</sup>; et al.

» Author Affiliations

JAMA. 2019;322(9):824-833. doi:10.1001/jama.2019.11645



# **Key Points**

**Question** Is the use of N95 respirators or medical masks more effective in preventing influenza infection among outpatient health care personnel in close contact with patients with suspected respiratory illness?

**Findings** In this pragmatic, cluster randomized clinical trial involving 2862 health care personnel, there was no significant difference in the incidence of laboratory-confirmed influenza among health care personnel with the use of N95 respirators (8.2%) vs medical masks (7.2%).

**Meaning** As worn by health care personnel in this trial, use of N95 respirators, compared with medical masks, in the outpatient setting resulted in no significant difference in the rates of laboratory-confirmed influenza.

Our website uses cookies to enhance your experience. By continuing to use our site, or clicking "Continue," you are agreeing to our Cookie Policy | Continue

## **Abstract**

**Importance** Clinical studies have been inconclusive about the effectiveness of N95 respirators and medical masks in preventing health care personnel (HCP) from acquiring workplace viral respiratory infections.

**Objective** To compare the effect of N95 respirators vs medical masks for prevention of influenza and other viral respiratory infections among HCP.

**Design, Setting, and Participants** A cluster randomized pragmatic effectiveness study conducted at 137 outpatient study sites at 7 US medical centers between September 2011 and May 2015, with final follow-up in June 2016. Each year for 4 years, during the 12-week period of peak viral respiratory illness, pairs of outpatient sites (clusters) within each center were matched and randomly assigned to the N95 respirator or medical mask groups.

**Interventions** Overall, 1993 participants in 189 clusters were randomly assigned to wear N95 respirators (2512 HCP-seasons of observation) and 2058 in 191 clusters were randomly assigned to wear medical masks (2668 HCP-seasons) when near patients with respiratory illness.

**Main Outcomes and Measures** The primary outcome was the incidence of laboratory-confirmed influenza. Secondary outcomes included incidence of acute respiratory illness, laboratory-detected respiratory infections, laboratory-confirmed respiratory illness, and influenzalike illness. Adherence to interventions was assessed.

**Results** Among 2862 randomized participants (mean [SD] age, 43 [11.5] years; 2369 [82.8%]) women), 2371 completed the study and accounted for 5180 HCP-seasons. There were 207 laboratory-confirmed influenza infection events (8.2% of HCP-seasons) in the N95 respirator group and 193 (7.2% of HCP-seasons) in the medical mask group (difference, 1.0%, [95% CI, -0.5% to 2.5%]; *P* = .18) (adjusted odds ratio [OR], 1.18 [95% CI, 0.95-1.45]). There were 1556 acute respiratory illness events in the respirator group vs 1711 in the mask group (difference, -21.9 per 1000 HCP-seasons [95% CI, -48.2 to 4.4]; *P* = .10); 679 laboratory-detected respiratory infections in the respirator group vs 745 in the mask group (difference, -8.9 per 1000 HCP-seasons, [95% CI, -33.3 to 15.4]; *P* = .47); 371 laboratory-confirmed respiratory illness events in the respirator group vs 417 in the mask group (difference, -8.6 per 1000 HCP-seasons [95% CI, -28.2 to 10.9]; *P* = .39); and 128 influenzalike illness events in the respirator group vs 166 in the mask group (difference, -11.3 per 1000 HCP-seasons [95% CI, -23.8 to 1.3]; *P* = .08). In the respirator group, 89.4% of participants reported "always" StE, "Spreckings" Containing, their assigneed devices vs 30.2.2% in the mask group.

**Conclusions and Relevance** Among outpatient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.

Trial Registration Clinical Trials.gov Identifier: NCTO1249625

#### **Editorial**

Respiratory Protection of Health Care Personnel to Prevent Respiratory Viral Transmission



Advertisement

### **Read More About**

Infection Control

**Infectious Diseases** 

Influenza

Occupational Health

□ Browse and subscribe to JAMA Network podcasts!

## **Trending**

#### **Opinion**

Thyroid Function Test Abnormalities During Pregnancy August 20, 2019

#### News

Nasal Glucagon Approved for Severe Hypoglycemia September 3, 2019

#### News

Ventilator Recall

August 20, 2019

Our website uses cookies to enhance your experience. By continuing to use our site, or clicking "Continue," you are agreeing to our Cookie Policy | Continue

#### **Select Your Interests**

Advertisement

#### **JOB LISTINGS ON JAMA CAREER CENTER®**

**Academic Hospitalist** 

Hartford, Connecticut

Internal Medicine - Clinical & Education Leader

Newark, Delaware

Physician - Internal Medicine

Indiana

Further your Hospital Medicine career in Kansas City

Kansas City, Kansas

Physician - Cardiology Invasive-Interventional

Indiana

See more at JAMA Career Center

## Others Also Liked

Powered by **TREND MD** 

## **Trending**

**Thyroid Function Test Abnormalities During Pregnancy** 

JAMA | Opinion |

August 20, 2019

**Preexisting Antibodies** in Patients Treated With Anti-PD-1 for Advanced Non-Small Cell Lung Cancer

Efficacy of Technology-**Enhanced Community Health Nursing in Fe**males With PID

JAMA Network Open |

Research | August 7, 2019

JAMA Oncology | Our website uses cookies to enhance your experience. By continuing to use our site, or clicking "Continue," you are agreeing to our Cookie Policy | Continue

