07 Apr 20 - 09:51

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Strategy Covid 19\_ Does mask wearing in public places reduce transmission of Covid-19 and is the combination of mask wearing and social distancing effective?

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[15. Short-term Forecasts of the COVID-19 Epidemic in Guangdong and Zhejiang, China: February 13-23, 2020.](#f6ef9488-1ae9-fefe-90f4-00ab39c536dd-15)

[16. [Early containment strategies and core measures for prevention and control of novel coronavirus pneumonia in China].](#cc1e0476-ccd2-8748-65eb-a3214a134c29-16)

[17. A Case Study Evaluating the Risk of Infection from Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV) in a Hospital Setting Through Bioaerosols.](#068c24fe-54d0-09ae-39b9-8bbbb7b7fee2-17)

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[20. Acute febrile respiratory illness in the ICU: reducing disease transmission.](#db215a09-173b-dc01-793f-66cd8b99a28e-20)

[21. Severe febrile respiratory illnesses as a cause of mass critical care.](#3be7cac7-cd07-27a0-025e-58125e585c56-21)

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**1. Mass masking in the COVID-19 epidemic: people need guidance.**

**Author(s):** Leung CC; Lam TH; Cheng KK

**Source:** Lancet (London, England); ; vol. 395 (no. 10228); p. 945

**Publication Type(s):** Letter

**PubMedID:** 32142626

Available at [Lancet (London, England)](http://www.uhl-library.nhs.uk/directpages/lgh.html) - from Leicester General Hospital Library Local Print Collection [location] : Leicester General Library. [title\_notes] : Issues before 2000 held in Archive.

Available at [Lancet (London, England)](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Lancet (London, England)](http://www.uhl-library.nhs.uk/directpages/lri.html) - from LRI Library Local Full Text Collection [location] : LRI Library.

Available at [Lancet (London, England)](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [Lancet (London, England)](http://www.thelancet.com/article/S0140673620305201/pdf) - from Unpaywall

**Database:** PubMed

**2. Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak.**

**Author(s):** Wilder-Smith A; Freedman DO

**Source:** Journal of travel medicine; ; vol. 27 (no. 2)

**Publication Type(s):** Journal Article

**PubMedID:** 32052841

Available at [Journal of travel medicine](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Journal of travel medicine](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [Journal of travel medicine](https://academic.oup.com/jtm/article-pdf/27/2/taaa020/32902503/taaa020.pdf) - from Unpaywall

**Database:** PubMed

**3. Preventive Behavioral Responses to the 2015 Middle East Respiratory Syndrome Coronavirus Outbreak in Korea.**

**Author(s):** Jang WM; Cho S; Jang DH; Kim UN; Jung H; Lee JY; Eun SJ

**Source:** International journal of environmental research and public health; ; vol. 16 (no. 12)

**Publication Type(s):** Journal Article

**PubMedID:** 31216779

Available at [International journal of environmental research and public health](http://europepmc.org/search?query=(DOI:10.3390/ijerph16122161)) - from Europe PubMed Central - Open Access

Available at [International journal of environmental research and public health](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=31216779) - from EBSCO (MEDLINE Complete)

Available at [International journal of environmental research and public health](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=47856&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=1661-7827&volume=16&issue=12&spage=2161) - from ProQuest (Health Research Premium) - NHS Version

Available at [International journal of environmental research and public health](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [International journal of environmental research and public health](https://www.mdpi.com/1660-4601/16/12/2161/pdf) - from Unpaywall

**Abstract:**This study examined the public's preventive behavioral responses during the 2015 Middle East respiratory syndrome coronavirus (MERS-CoV) outbreak in Korea and the influencing factors. Two cross-sectional telephone surveys were conducted by Gallup Korea using random digit dialing in June 2015 (n = 2004). The main outcome variables were nonpharmaceutical preventive measures (survey (1): Measures for reducing transmission (handwashing, face masks); and survey (2): Measures for avoiding contact with others). Multiple logistic regression was used to identify the factors influencing preventive behaviors. In survey (1), 60.3% of respondents reported more frequent handwashing and 15.5% reported wearing face masks at least once due to the MERS-CoV epidemic. In survey (2), 41-56% of respondents reported practicing avoidance measures. The concerned group was more likely to practice reducing transmission measures (odds ratio (OR) 4.5; 95% confidence interval (CI) 3.3-6.1) and avoidance measures (OR = 9.6; 95% CI, 6.4-14.4). The respondents who had low trust in president or ruling party had a higher practice rate of reducing transmission measures (OR = 1.7; 95% CI, 1.2-2.6) and avoidance measures (OR = 2.1; 95% CI, 1.2-3.5). Cooperative prevention measures need appropriated public concern based on effective risk communication.

**Database:** PubMed

**4. Updated rapid risk assessment from ECDC on the novel coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK.**

**Author(s):** Eurosurveillance Editorial Team

**Source:** Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin; 2020; vol. 25 (no. 10)

**Publication Date:** 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32183937

Available at [Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin](http://europepmc.org/search?query=(DOI:10.2807/1560-7917.ES.2020.25.10.2003121)) - from Europe PubMed Central - Open Access

Available at [Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32183937) - from EBSCO (MEDLINE Complete)

Available at [Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin](https://doi.org/10.2807/1560-7917.es.2020.25.10.2003121) - from Unpaywall

**Database:** PubMed

**5. COVID-19 transmission through asymptomatic carriers is a challenge to containment.**

**Author(s):** Yu, Xingxia; Yang, Rongrong

**Source:** Influenza and other respiratory viruses; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Letter

**PubMedID:** 32246886

Available at [Influenza and Other Respiratory Viruses](http://europepmc.org/search?query=(DOI:10.1111/irv.12743)) - from Europe PubMed Central - Open Access

Available at [Influenza and Other Respiratory Viruses](https://onlinelibrary.wiley.com/doi/full/10.1111/irv.12743) - from Wiley Online Library Free Content - NHS

Available at [Influenza and Other Respiratory Viruses](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32246886) - from EBSCO (MEDLINE Complete)

Available at [Influenza and Other Respiratory Viruses](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract:**Since the first report on the outbreak of a novel coronavirus disease COVID-19 in Wuhan, Hubei, China, in December, 2019,1 there have been 78 064 cases have been confirmed and 2715 deaths as of February 25, 2020. For any infectious disease, there are three kinds of way to control the epidemic of infectious disease-that is, to control the source of infection, to cut off transmission routes, and to protect the susceptible population. As a new infectious disease, it is difficult to develop a safe and effective vaccine against COVID-19 in a short period of time. So, it is not possible to protect susceptible population at present. Social distancing is one of the main ways to cut off transmission routes - people cannot pass on infection if they do not come into contact with other people. Based on the understanding that COVID-19 spreads through respiratory droplets, there has been widespread use of face masks in Wuhan.

**Database:** Medline

**6. Internet hospitals help prevent and control the epidemic of COVID-19 in China: a multicenter user profiling study.**

**Author(s):** Gong K; Xu Z; Cai Z; Chen Y; Wang Z

**Source:** Journal of medical Internet research; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32250962

Available at [Journal of medical Internet research](http://europepmc.org/search?query=(DOI:10.2196/18908)) - from Europe PubMed Central - Open Access

Available at [Journal of medical Internet research](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32250962) - from EBSCO (MEDLINE Complete)

**Abstract:**BACKGROUND: Along with the spread of novel coronavirus disease (COVID-19), internet hospitals in China were engaged in the epidemic prevention and control, offering epidemic-related online services and medical supports to the public.OBJECTIVE: To explore the role of internet hospitals during the prevention and control of COVID-19 in China.METHODS: Online epidemic-related consultations from multicenter internet hospitals in China during the epidemic of COVID-19 were collected. The counselees were described and classified into seven type groups. Symptoms were recorded and compared with reported COVID-19 patients. Hypochondriacal suspicion and offline-visit motivation were detected within each counselees' group to evaluate the social panic of the epidemic along with the consequent medical seeking behaviors. The counselees' motivation and the doctors' recommendation for offline visit were compared. Risk factors affecting the counselees' tendency of hypochondriacal suspicion and offline-visit motivation were explored by logistic regression models. The epidemic prevention and control measures based on internet hospitals were listed and the corresponding effects were discussed.RESULTS: 4913 consultations were enrolled for analysis with the median age of the counselees 28 years (inter-quartile range: 22-33 years). There were 104(2.1%) healthy counselees, 147(3.0%) hypochondriacal counselees, 34(0.7%) exposed counselees, 853(17.4%) mildly suspicious counselees, 42(0.9%) moderately suspicious counselees, 3550(72.3%) highly suspicious counselees and 183(3.7%) severely suspicious counselees. 94.2% counselees had epidemic-related symptoms with a distribution similar to those of COVID-19. The hypochondriacal suspicion mode (44.1%) was common. The counselees' motivation and the doctors' recommendation for offline visit were inconsistent (P<0.001) with Cohen Kappa score 0.039, indicating improper medical-seeking behaviors. Adult counselees (OR=1.816, P<0.001) with epidemiological exposure (OR= 7.568, P<0.001), shortness of breath (OR=1.440, P=0.001), diarrhea (OR=1.272, P=0.04) and unrelated symptoms (OR=1.509, P<0.001) were more likely to have hypochondriacal suspicion. Counselees with severe illnesses (OR= 2.303, P<0.001), fever (OR= 1.660, P<0.001), epidemiological exposure history (OR=1.440, P=0.012) and hypochondriacal suspicion (OR= 4.826, P<0.001) were more likely to attempt for offline visit. Re-attendant counselees (OR=0.545, P=0.002) were less motivated to go to the offline clinic.CONCLUSIONS: Internet hospitals can serve different types of epidemic counselees, offer essential medical supports to the public during COVID-19, further release the social panic, promote social distancing, enhance the public's ability of self-protection, correct improper medical seeking behaviors, reduce the chance of nosocomial cross infection, facilitate epidemiological screening, thus play an important role on preventing and controlling COVID-19.CLINICALTRIAL:

**Database:** PubMed

**7. Utility of Substandard Face Mask Options for Health Care Workers During the COVID-19 Pandemic.**

**Author(s):** Abd-Elsayed A; Karri J

**Source:** Anesthesia and analgesia; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32243300

Available at [Anesthesia and analgesia](http://ovidsp.ovid.com/athens/ovidweb.cgi?T=JS&PAGE=fulltext&MODE=ovid&CSC=Y&NEWS=N&D=ovft&SEARCH=%2210.1213/ANE.0000000000004841%22.di) - from Ovid (Journals @ Ovid) - Remote Access

Available at [Anesthesia and analgesia](https://go.openathens.net/redirector/nhs?url=http%3A%2F%2Fovidsp.ovid.com%2Fovidweb.cgi%3FT%3DJS%26PAGE%3Dfulltext%26D%3Dovft%26CSC%3DY%26NEWS%3DN%26SEARCH%3D%2210.1213%2FANE.0000000000004841%22.di) - from Ovid (LWW High Impact Collection) - 2019

Available at [Anesthesia and analgesia](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Anesthesia and analgesia](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Database:** PubMed

**8. The effect of control strategies to reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan, China: a modelling study.**

**Author(s):** Prem K; Liu Y; Russell TW; Kucharski AJ; Eggo RM; Davies N; Centre for the Mathematical Modelling of Infectious Diseases COVID-19 Working Group; Jit M; Klepac P

**Source:** The Lancet. Public health; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32220655

Available at [The Lancet. Public health](http://www.thelancet.com/article/S2468266720300736/pdf) - from Unpaywall

**Abstract:**BACKGROUND: In December, 2019, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a novel coronavirus, emerged in Wuhan, China. Since then, the city of Wuhan has taken unprecedented measures in response to the outbreak, including extended school and workplace closures. We aimed to estimate the effects of physical distancing measures on the progression of the COVID-19 epidemic, hoping to provide some insights for the rest of the world.METHODS: To examine how changes in population mixing have affected outbreak progression in Wuhan, we used synthetic location-specific contact patterns in Wuhan and adapted these in the presence of school closures, extended workplace closures, and a reduction in mixing in the general community. Using these matrices and the latest estimates of the epidemiological parameters of the Wuhan outbreak, we simulated the ongoing trajectory of an outbreak in Wuhan using an age-structured susceptible-exposed-infected-removed (SEIR) model for several physical distancing measures. We fitted the latest estimates of epidemic parameters from a transmission model to data on local and internationally exported cases from Wuhan in an age-structured epidemic framework and investigated the age distribution of cases. We also simulated lifting of the control measures by allowing people to return to work in a phased-in way and looked at the effects of returning to work at different stages of the underlying outbreak (at the beginning of March or April).FINDINGS: Our projections show that physical distancing measures were most effective if the staggered return to work was at the beginning of April; this reduced the median number of infections by more than 92% (IQR 66-97) and 24% (13-90) in mid-2020 and end-2020, respectively. There are benefits to sustaining these measures until April in terms of delaying and reducing the height of the peak, median epidemic size at end-2020, and affording health-care systems more time to expand and respond. However, the modelled effects of physical distancing measures vary by the duration of infectiousness and the role school children have in the epidemic.INTERPRETATION: Restrictions on activities in Wuhan, if maintained until April, would probably help to delay the epidemic peak. Our projections suggest that premature and sudden lifting of interventions could lead to an earlier secondary peak, which could be flattened by relaxing the interventions gradually. However, there are limitations to our analysis, including large uncertainties around estimates of R0 and the duration of infectiousness.FUNDING: Bill & Melinda Gates Foundation, National Institute for Health Research, Wellcome Trust, and Health Data Research UK.

**Database:** PubMed

**9. Scientific and ethical basis for social-distancing interventions against COVID-19.**

**Author(s):** Lewnard JA; Lo NC

**Source:** The Lancet. Infectious diseases; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32213329

Available at [The Lancet. Infectious diseases](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [The Lancet. Infectious diseases](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [The Lancet. Infectious diseases](http://www.thelancet.com/article/S1473309920301900/pdf) - from Unpaywall

**Database:** PubMed

**10. Rational use of face masks in the COVID-19 pandemic.**

**Author(s):** Feng S; Shen C; Xia N; Song W; Fan M; Cowling BJ

**Source:** The Lancet. Respiratory medicine; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32203710

Available at [The Lancet. Respiratory medicine](http://www.thelancet.com/article/S221326002030134X/pdf) - from Unpaywall

**Database:** PubMed

**11. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis.**

**Author(s):** Long Y; Hu T; Liu L; Chen R; Guo Q; Yang L; Cheng Y; Huang J; Du L

**Source:** Journal of evidence-based medicine; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32167245

Available at [Journal of evidence-based medicine](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2Ffull%2F10.1111%2Fjebm.12381) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [Journal of evidence-based medicine](https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/jebm.12381) - from Unpaywall

**Abstract:**OBJECTIVE: Previous meta-analyses concluded that there was insufficient evidence to determine the effect of N95 respirators. We aimed to assess the effectiveness of N95 respirators versus surgical masks for prevention of influenza by collecting randomized controlled trials (RCTs).METHODS: We searched PubMed, EMbase and The Cochrane Library from the inception to January 27, 2020 to identify relevant systematic reviews. The RCTs included in systematic reviews were identified. Then we searched the latest published RCTs from the above three databases and searched ClinicalTrials.gov for unpublished RCTs. Two reviewers independently extracted the data and assessed risk of bias. Meta-analyses were conducted to calculate pooled estimates by using RevMan 5.3 software.RESULTS: A total of six RCTs involving 9 171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza (RR = 1.09, 95% CI 0.92-1.28, P > .05), laboratory-confirmed respiratory viral infections (RR = 0.89, 95% CI 0.70-1.11), laboratory-confirmed respiratory infection (RR = 0.74, 95% CI 0.42-1.29) and influenzalike illness (RR = 0.61, 95% CI 0.33-1.14) using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78).CONCLUSION: The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza. It suggests that N95 respirators should not be recommended for general public and nonhigh-risk medical staff those are not in close contact with influenza patients or suspected patients.

**Database:** PubMed

**12. COVID-19: Face masks and human-to-human transmission.**

**Author(s):** Liu X; Zhang S

**Source:** Influenza and other respiratory viruses; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Letter

**PubMedID:** 32223072

Available at [Influenza and other respiratory viruses](http://europepmc.org/search?query=(DOI:10.1111/irv.12740)) - from Europe PubMed Central - Open Access

Available at [Influenza and other respiratory viruses](https://onlinelibrary.wiley.com/doi/full/10.1111/irv.12740) - from Wiley Online Library Free Content - NHS

Available at [Influenza and other respiratory viruses](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32223072) - from EBSCO (MEDLINE Complete)

Available at [Influenza and other respiratory viruses](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [Influenza and other respiratory viruses](https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/irv.12740) - from Unpaywall

**Database:** PubMed

**13. Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review.**

**Author(s):** Adhikari SP; Meng S; Wu YJ; Mao YP; Ye RX; Wang QZ; Sun C; Sylvia S; Rozelle S; Raat H; Zhou H

**Source:** Infectious diseases of poverty; Mar 2020; vol. 9 (no. 1); p. 29

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article; Review

**PubMedID:** 32183901

Available at [Infectious diseases of poverty](https://idpjournal.biomedcentral.com/articles/10.1186/s40249-020-00646-x) - from BioMed Central

Available at [Infectious diseases of poverty](http://europepmc.org/search?query=(DOI:10.1186/s40249-020-00646-x)) - from Europe PubMed Central - Open Access

Available at [Infectious diseases of poverty](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=47856&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=2049-9957&volume=9&issue=1&spage=29) - from ProQuest (Health Research Premium) - NHS Version

Available at [Infectious diseases of poverty](https://idpjournal.biomedcentral.com/track/pdf/10.1186/s40249-020-00646-x) - from Unpaywall

**Abstract:**BACKGROUND: The coronavirus disease (COVID-19) has been identified as the cause of an outbreak of respiratory illness in Wuhan, Hubei Province, China beginning in December 2019. As of 31 January 2020, this epidemic had spread to 19 countries with 11 791 confirmed cases, including 213 deaths. The World Health Organization has declared it a Public Health Emergency of International Concern.METHODS: A scoping review was conducted following the methodological framework suggested by Arksey and O'Malley. In this scoping review, 65 research articles published before 31 January 2020 were analyzed and discussed to better understand the epidemiology, causes, clinical diagnosis, prevention and control of this virus. The research domains, dates of publication, journal language, authors' affiliations, and methodological characteristics were included in the analysis. All the findings and statements in this review regarding the outbreak are based on published information as listed in the references.RESULTS: Most of the publications were written using the English language (89.2%). The largest proportion of published articles were related to causes (38.5%) and a majority (67.7%) were published by Chinese scholars. Research articles initially focused on causes, but over time there was an increase of the articles related to prevention and control. Studies thus far have shown that the virus' origination is in connection to a seafood market in Wuhan, but specific animal associations have not been confirmed. Reported symptoms include fever, cough, fatigue, pneumonia, headache, diarrhea, hemoptysis, and dyspnea. Preventive measures such as masks, hand hygiene practices, avoidance of public contact, case detection, contact tracing, and quarantines have been discussed as ways to reduce transmission. To date, no specific antiviral treatment has proven effective; hence, infected people primarily rely on symptomatic treatment and supportive care.CONCLUSIONS: There has been a rapid surge in research in response to the outbreak of COVID-19. During this early period, published research primarily explored the epidemiology, causes, clinical manifestation and diagnosis, as well as prevention and control of the novel coronavirus. Although these studies are relevant to control the current public emergency, more high-quality research is needed to provide valid and reliable ways to manage this kind of public health emergency in both the short- and long-term.

**Database:** PubMed

**14. Estimating Risk for Death from 2019 Novel Coronavirus Disease, China, January-February 2020.**

**Author(s):** Mizumoto K; Chowell G

**Source:** Emerging infectious diseases; Mar 2020; vol. 26 (no. 6)

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32168464

Available at [Emerging infectious diseases](http://europepmc.org/search?query=(DOI:10.3201/eid2606.200233)) - from Europe PubMed Central - Open Access

Available at [Emerging infectious diseases](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32168464) - from EBSCO (MEDLINE Complete)

Available at [Emerging infectious diseases](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [Emerging infectious diseases](https://doi.org/10.3201/eid2606.200233) - from Unpaywall

**Abstract:**Since December 2019, when the first case of 2019 novel coronavirus disease (COVID-19) was identified in the city of Wuhan in the Hubei Province of China, the epidemic has generated tens of thousands of cases throughout China. As of February 28, 2020, the cumulative number of reported deaths in China was 2,858. We estimated the time-delay adjusted risk for death from COVID-19 in Wuhan, as well as for China excluding Wuhan, to assess the severity of the epidemic in the country. Our estimates of the risk for death in Wuhan reached values as high as 12% in the epicenter of the epidemic and ≈1% in other, more mildly affected areas. The elevated death risk estimates are probably associated with a breakdown of the healthcare system, indicating that enhanced public health interventions, including social distancing and movement restrictions, should be implemented to bring the COVID-19 epidemic under control.

**Database:** PubMed

**15. Short-term Forecasts of the COVID-19 Epidemic in Guangdong and Zhejiang, China: February 13-23, 2020.**

**Author(s):** Roosa K; Lee Y; Luo R; Kirpich A; Rothenberg R; Hyman JM; Yan P; Chowell G

**Source:** Journal of clinical medicine; Feb 2020; vol. 9 (no. 2)

**Publication Date:** Feb 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32098289

Available at [Journal of clinical medicine](http://europepmc.org/search?query=(DOI:10.3390/jcm9020596)) - from Europe PubMed Central - Open Access

Available at [Journal of clinical medicine](https://www.mdpi.com/2077-0383/9/2/596/pdf) - from Unpaywall

**Abstract:**The ongoing COVID-19 epidemic continues to spread within and outside of China, despite several social distancing measures implemented by the Chinese government. Limited epidemiological data are available, and recent changes in case definition and reporting further complicate our understanding of the impact of the epidemic, particularly in the epidemic's epicenter. Here we use previously validated phenomenological models to generate short-term forecasts of cumulative reported cases in Guangdong and Zhejiang, China. Using daily reported cumulative case data up until 13 February 2020 from the National Health Commission of China, we report 5- and 10-day ahead forecasts of cumulative case reports. Specifically, we generate forecasts using a generalized logistic growth model, the Richards growth model, and a sub-epidemic wave model, which have each been previously used to forecast outbreaks due to different infectious diseases. Forecasts from each of the models suggest the outbreaks may be nearing extinction in both Guangdong and Zhejiang; however, the sub-epidemic model predictions also include the potential for further sustained transmission, particularly in Zhejiang. Our 10-day forecasts across the three models predict an additional 65-81 cases (upper bounds: 169-507) in Guangdong and an additional 44-354 (upper bounds: 141-875) cases in Zhejiang by February 23, 2020. In the best-case scenario, current data suggest that transmission in both provinces is slowing down.

**Database:** PubMed

**16. [Early containment strategies and core measures for prevention and control of novel coronavirus pneumonia in China].**

**Author(s):** Chen W; Wang Q; Li YQ; Yu HL; Xia YY; Zhang ML; Qin Y; Zhang T; Peng ZB; Zhang RC; Yang XK; Yin WW; An ZJ; Wu D; Yin ZD; Li S; Chen QL; Feng LZ; Li ZJ; Feng ZJ

**Source:** Zhonghua yu fang yi xue za zhi [Chinese journal of preventive medicine]; Feb 2020; vol. 54 (no. 3); p. 1-6

**Publication Date:** Feb 2020

**Publication Type(s):** English Abstract; Journal Article

**PubMedID:** 32064856

Available at [Zhonghua yu fang yi xue za zhi [Chinese journal of preventive medicine]](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract:**In December 2019, novel coronavirus pneumonia epidemic occurred in Wuhan, Hubei Province, and spread rapidly across the country. In the early stages of the epidemic, China adopted the containment strategy and implemented a series of core measures around this strategic point, including social mobilization, strengthening case isolation and close contacts tracking management, blocking epidemic areas and traffic control to reduce personnel movements and increase social distance, environmental measures and personal protection, with a view to controlling the epidemic as soon as possible in limited areas such as Wuhan. This article summarizes the background, key points and core measures in the country and provinces. It sent prospects for future prevention and control strategies.

**Database:** PubMed

**17. A Case Study Evaluating the Risk of Infection from Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV) in a Hospital Setting Through Bioaerosols.**

**Author(s):** Adhikari U; Chabrelie A; Weir M; Boehnke K; McKenzie E; Ikner L; Wang M; Wang Q; Young K; Haas CN; Rose J; Mitchell J

**Source:** Risk analysis : an official publication of the Society for Risk Analysis; 2019; vol. 39 (no. 12); p. 2608-2624

**Publication Date:** 2019

**Publication Type(s):** Journal Article; Research Support, N.I.H., Extramural

**PubMedID:** 31524301

Available at [Risk analysis : an official publication of the Society for Risk Analysis](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Risk analysis : an official publication of the Society for Risk Analysis](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [Risk analysis : an official publication of the Society for Risk Analysis](https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/risa.13389) - from Unpaywall

**Abstract:**Middle Eastern respiratory syndrome, an emerging viral infection with a global case fatality rate of 35.5%, caused major outbreaks first in 2012 and 2015, though new cases are continuously reported around the world. Transmission is believed to mainly occur in healthcare settings through aerosolized particles. This study uses Quantitative Microbial Risk Assessment to develop a generalizable model that can assist with interpreting reported outbreak data or predict risk of infection with or without the recommended strategies. The exposure scenario includes a single index patient emitting virus-containing aerosols into the air by coughing, leading to short- and long-range airborne exposures for other patients in the same room, nurses, healthcare workers, and family visitors. Aerosol transport modeling was coupled with Monte Carlo simulation to evaluate the risk of MERS illness for the exposed population. Results from a typical scenario show the daily mean risk of infection to be the highest for the nurses and healthcare workers (8.49 × 10-4 and 7.91 × 10-4 , respectively), and the lowest for family visitors and patients staying in the same room (3.12 × 10-4 and 1.29 × 10-4 , respectively). Sensitivity analysis indicates that more than 90% of the uncertainty in the risk characterization is due to the viral concentration in saliva. Assessment of risk interventions showed that respiratory masks were found to have a greater effect in reducing the risks for all the groups evaluated (>90% risk reduction), while increasing the air exchange was effective for the other patients in the same room only (up to 58% risk reduction).

**Database:** PubMed

**18. A cluster-randomised controlled trial to test the efficacy of facemasks in preventing respiratory viral infection among Hajj pilgrims.**

**Author(s):** Wang M; Barasheed O; Rashid H; Booy R; El Bashir H; Haworth E; Ridda I; Holmes EC; Dwyer DE; Nguyen-Van-Tam J; Memish ZA; Heron L

**Source:** Journal of epidemiology and global health; Jun 2015; vol. 5 (no. 2); p. 181-189

**Publication Date:** Jun 2015

**Publication Type(s):** Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

**PubMedID:** 25922328

Available at [Journal of epidemiology and global health](https://doi.org/10.1016/j.jegh.2014.08.002) - from Unpaywall

**Abstract:**BACKGROUND: Cost-effective interventions are needed to control the transmission of viral respiratory tract infections (RTIs) in mass gatherings. Facemasks are a promising preventive measure, however, previous studies on the efficacy of facemasks have been inconclusive. This study proposes a large-scale facemask trial during the Hajj pilgrimage in Saudi Arabia and presents this protocol to illustrate its feasibility and to promote both collaboration with other research groups and additional relevant studies.METHODS/DESIGN: A cluster-randomised controlled trial is being conducted to test the efficacy of standard facemasks in preventing symptomatic and proven viral RTIs among pilgrims during the Hajj season in Mina, Mecca, Saudi Arabia. The trial will compare the 'supervised use of facemasks' versus 'standard measures' among pilgrims over several Hajj seasons. Cluster-randomisation will be done by accommodation tents with a 1:1 ratio. For the intervention tents, free facemasks will be provided to be worn consistently for 7days. Data on flu-like symptoms and mask use will be recorded in diaries. Nasal samples will be collected from symptomatic recruits and tested for nucleic acid of respiratory viruses. Data obtained from questionnaires, diaries and laboratory tests will be analysed to examine whether mask use significantly reduces the frequency of laboratory-confirmed respiratory viral infection and syndromic RTI as primary outcomes.CONCLUSIONS: This trial will provide valuable evidence on the efficacy of standard facemask use in preventing viral respiratory tract infections at mass gatherings. This study is registered at the Australian New Zealand Clinical Trials Registry (ANZCTR), ACTRN: ACTRN12613001018707 (http://www.anzctr.org.au).

**Database:** PubMed

**19. Debate on MERS-CoV respiratory precautions: surgical mask or N95 respirators?**

**Author(s):** Chung SJ; Ling ML; Seto WH; Ang BS; Tambyah PA

**Source:** Singapore medical journal; Jun 2014; vol. 55 (no. 6); p. 294-297

**Publication Date:** Jun 2014

**Publication Type(s):** Editorial

**PubMedID:** 25017402

Available at [Singapore medical journal](http://europepmc.org/search?query=(DOI:10.11622/smedj.2014076)) - from Europe PubMed Central - Open Access

Available at [Singapore medical journal](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=25017402) - from EBSCO (MEDLINE Complete)

Available at [Singapore medical journal](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

Available at [Singapore medical journal](http://smj.org.sg/sites/default/files/5506/5506co1.pdf) - from Unpaywall

**Abstract:**Since the emergence of Middle East respiratory syndrome coronavirus (MERS-CoV) in mid-2012, there has been controversy over the respiratory precaution recommendations in different guidelines from various international bodies. Our understanding of MERS-CoV is still evolving. Current recommendations on infection control practices are heavily influenced by the lessons learnt from severe acute respiratory syndrome. A debate on respiratory precautions for MERS-CoV was organised by Infection Control Association (Singapore) and the Society of Infectious Disease (Singapore). We herein discuss and present the evidence for surgical masks for the protection of healthcare workers from MERS-CoV.

**Database:** PubMed

**20. Acute febrile respiratory illness in the ICU: reducing disease transmission.**

**Author(s):** Sandrock C; Stollenwerk N

**Source:** Chest; May 2008; vol. 133 (no. 5); p. 1221-1231

**Publication Date:** May 2008

**Publication Type(s):** Journal Article; Review

**PubMedID:** 18460521

Available at [Chest](http://ovidsp.ovid.com/athens/ovidweb.cgi?T=JS&PAGE=fulltext&D=ovft&CSC=Y&NEWS=N&SEARCH=0012-3692.is+and+%22133%22.vo+and+%225%22.ip+and+%221221%22.pg+or+%2210.1378/chest.07-0778%22.di) - from Ovid (Journals @ Ovid) - Remote Access

Available at [Chest](http://www.uhl-library.nhs.uk/directpages/uhlarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Chest](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract:**Acute febrile respiratory illness (FRI) leading to respiratory failure is a common reason for admission to the ICU. Viral pneumonia constitutes a portion of these cases, and often the viral etiology goes undiagnosed. Emerging viral infectious diseases such as severe acute respiratory syndrome and avian influenza present with acute FRIs progressing to respiratory failure and ARDS. Therefore, early recognition of a viral cause of acute FRI leading to ARDS becomes important for protection of health-care workers (HCWs), lessening spread to other patients, and notification of public health officials. These patients often have longer courses of viral shedding and undergo higher-risk procedures that may potentially generate aerosols, such as intubation, bronchoscopy, bag-valve mask ventilation, noninvasive positive pressure ventilation, and medication nebulization, further illustrating the importance of early detection and isolation. A small number of viral agents lead to acute FRI, respiratory failure, and ARDS: seasonal influenza, avian influenza, coronavirus associated with severe ARDS, respiratory syncytial virus, adenovirus, varicella, human metapneumovirus, and hantavirus. A systematic approach to early isolation, testing for these agents, and public health involvement becomes important in dealing with acute FRI. Ultimately, this approach will lead to improved HCW protection, reduction of transmission to other patients, and prevention of transmission in the community.

**Database:** PubMed

**21. Severe febrile respiratory illnesses as a cause of mass critical care.**

**Author(s):** Sandrock CE

**Source:** Respiratory care; Jan 2008; vol. 53 (no. 1); p. 40

**Publication Date:** Jan 2008

**Publication Type(s):** Journal Article; Review

**PubMedID:** 18173859

Available at [Respiratory care](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract:**Febrile respiratory illnesses with respiratory failure are one of the most common reasons for admission to the intensive care unit. Most causes of febrile respiratory illness are bacterial and viral agents of community-acquired pneumonia. However, a small number of rare and highly contagious agents can initially present as febrile respiratory illnesses, which can lead to an epidemic that can greatly impact the health care system. This impact includes sustained mass critical care, with potential scarcity of critical resources (eg, positive-pressure ventilators), spread of disease to health care workers, sustained spread within the community, and extensive morbidity and mortality. The main agents of febrile respiratory illness that would lead to an epidemic include influenza, the coronavirus that causes severe acute respiratory syndrome, smallpox, viral hemorrhagic fever, plague, tularemia, and anthrax. Recognition of these agents occurs largely based on epidemiological clues, and management consists of antibiotics, antivirals, supportive care, and positive-pressure ventilation. Acute respiratory failure and acute respiratory distress syndrome occur with these agents, so a lung-protective (low tidal volume) ventilation strategy is indicated. Additional respiratory care measures, such as nebulized medications, bronchoscopy, humidified oxygen, and airway suctioning, potentiate aerosolization of the virus or bacteria and increase the risk of transmission to health care workers and patients. Thus, appropriate personal protective equipment, including an N95 mask or powered air-purifying respirator, is indicated. A basic understanding of the epidemiology, clinical findings, diagnosis, and treatment of these agents will provide a foundation for early isolation, evaluation, infection control, and public health involvement and response in cases of a febrile respiratory illness that causes respiratory failure.

**Database:** PubMed

**22. Early containment of severe acute respiratory syndrome (SARS); experience from Bamrasnaradura Institute, Thailand.**

**Author(s):** Chaovavanich A; Wongsawat J; Dowell SF; Inthong Y; Sangsajja C; Sanguanwongse N; Martin MT; Limpakarnjanarat K; Sirirat L; Waicharoen S; Chittaganpitch M; Thawatsupha P; Auwanit W; Sawanpanyalert P; Melgaard B

**Source:** Journal of the Medical Association of Thailand = Chotmaihet thangphaet; Oct 2004; vol. 87 (no. 10); p. 1182-1187

**Publication Date:** Oct 2004

**Publication Type(s):** Evaluation Study; Journal Article

**PubMedID:** 15560695

Available at [Journal of the Medical Association of Thailand = Chotmaihet thangphaet](http://www.uhl-library.nhs.uk/directpages/uhlblarticles.html) - from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract:**BACKGROUND: On March 11, 2003, a World Health Organization (WHO) physician was admitted to Bamrasnaradura Institute, after alerting the world to the dangers of severe acute respiratory syndrome (SARS) in Vietnam and developing a fever himself. Specimens from the first day of his admission were among the first to demonstrate the novel coronavirus, by culture, reverse transcription-polymerase chain reaction (RT-PCR), and rising of specific antibody, but proper protective measures remained unknown. The authors instituted airborne, droplet and contact precautions from the time of admission, and reviewed the efficacy of these measures.MATERIAL AND METHOD: A specific unit was set up to care for the physician, beginning by roping off an isolated room and using a window fan to create negative pressure, and later by constructing a glass-walled antechamber, designated changing and decontamination areas, and adding high-efficiency particulate air (HEPA) filters. The use of personal protective equipment (PPE) was consistently enforced by nurse managers for all the staff and visitors, including a minimum of N95 respirators, goggles or face shields, double gowns, double gloves, full head and shoe covering, and full Powered Air Purifying Respirator (PAPR) for intubation. To assess the adherence to PPE and the possibility of transmission to exposed staff a structured questionnaire was administered and serum samples tested for SARS coronavirus by enzyme-linked immunosorbent assay (ELISA). Exposure was defined as presence on the SARS ward or contact with laboratory specimens, and close contact was presence in the patient's room.RESULTS: The WHO physician died from respiratory failure on day 19. 112 of 129 exposed staff completed questionnaires, and the 70 who entered the patient's room reported a mean of 42 minutes of exposure (range 6 minutes-23.5 hours). 100% reported consistent handwashing after exposure, 95% consistently used a fit-tested N95 or greater respirator, and 80% were fully compliant with strict institutional PPE protocol. No staff developed an illness consistent with SARS. Serum samples from 35 close contacts obtained after day 28 had a negative result for SARS coronavirus antibody.CONCLUSIONS: Hospitalization of one of the earliest SARS patients with documented coronavirus shedding provided multiple opportunities for spread to the hospital staff, but strict enforcement of conservative infection control recommendations throughout the hospitalization was associated with no transmission.

**Database:** PubMed

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| **#** | **Database** | **Search term** | **Results** |
| 1 | PubMed | ("Covid-19" OR Coronavirus OR "Corona virus" OR "2019-nCov" OR "SARS-COV2 " OR Covid OR "novel Betacov" OR "novel betacoronavirus").ti,ab | 17853 |
| 2 | PubMed | (face\* protect\*).ti,ab | 12802 |
| 3 | PubMed | (mask\*).ti,ab | 87495 |
| 4 | PubMed | (face\* cover\*).ti,ab | 9269 |
| 6 | PubMed | (social\* distanc\*).ti,ab | 12380 |
| 7 | PubMed | (2 OR 3 OR 4 OR 6) | 119976 |
| 8 | PubMed | (community OR "general public" OR public OR "non-clinical" OR "human-to-human transmission\*").ti,ab | 1728959 |
| 9 | PubMed | (1 AND 7 AND 8) | 88 |
| 10 | Medline | ("Covid-19" OR Coronavirus OR "Corona virus" OR "2019-nCov" OR "SARS-COV2 " OR Covid OR "novel Betacov" OR "novel betacoronavirus").ti,ab | 12383 |
| 11 | Medline | (face\* protect\*).ti,ab | 10257 |
| 12 | Medline | (mask\*).ti,ab | 76219 |
| 13 | Medline | (face\* cover\*).ti,ab | 8288 |
| 14 | Medline | (social\* distanc\*).ti,ab | 6164 |
| 15 | Medline | (community OR "general public" OR public OR "non-clinical").ti,ab | 837003 |
| 16 | Medline | exp MASKS/ | 9240 |
| 17 | Medline | (population\*).ti,ab | 1673068 |
| 18 | Medline | exp POPULATION/ | 124259 |
| 19 | Medline | (11 OR 12 OR 13 OR 14 OR 16) | 102180 |
| 20 | Medline | (15 OR 17 OR 18) | 2411754 |
| 21 | Medline | (10 AND 19 AND 20) | 49 |