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MEDIA RELEASE FACEMASKS UNNECESSARY WHEN OUTDOORS

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- **Victoria maintains facemask rules that are unsupported by the evidence;**
- **Facemasks should not be required in outdoor settings where physical distancing can be maintained;**
- **Surgical facemasks are primarily designed to reduce droplet spread by a surgeon or health worker directly into an open wound or onto a vulnerable patient in a confined space. They are not designed for regular or excessive use by untrained members of the public.**

The Victorian Government and its health advisors insist that a facemask be worn at all times in public areas, claiming all their actions are supported by the science, yet there is no scientific or general evidence that a facemask will reduce the risk of infection acquisition or spread in outdoor and open air settings.

Numerous peer-reviewed studies have failed to confirm a statistical reduction in the spread of viral infection when using a facemask in any setting (Balazy et al, Jacobs et al, Milton et al, Cowling et al, bin-Reza et al, Smith et al, Offeddu et al). There are other studies that demonstrate a mask may reduce the spread of respiratory viral infection in confined spaces (MacIntyre et al, Furuya et al, Eastwood et al, Tang et al, Zhang et al, Taylor et al), but none of these have considered outdoor settings. Researchers correctly assume open-air environments offer a significantly reduced infectious setting, where studies would be unlikely to record any data or evidence of transmission.

The largest randomized control trial specifically investigating SARS-CoV-2 (COVID-19) infection rates and mask use is currently underway in Denmark. Unfortunately, this extensive study will not resolve the issue of open-air vulnerability, as half the study subjects are not wearing a mask at any time or location, which is not being recommended.

The Centers for Disease Control (CDC) and the World Health Organisation (WHO) both recommend medical masks for the following groups:

- All health workers in clinical settings.
- Anyone who is feeling unwell, including people with mild symptoms, such as slight cough, sore throat or fatigue.
- People caring for suspected or confirmed cases of COVID-19 outside of health facilities when they cannot guarantee a distance of at least 1 metre from others.
- Medical masks are also recommended for the following groups, as they are at a higher risk of becoming seriously ill with COVID-19 and dying: People aged 60 or over, and people of any age with underlying health conditions, including: chronic respiratory disease, cardiovascular disease, hypertension, cancer, obesity, immuno-compromised patients and diabetes mellitus.

WHO recommends non-medical, fabric masks can be used by the general public **when physical distancing cannot be maintained**, but not at the expense of a comprehensive disease prevention approach, including social distancing, cleaning hands, covering sneezes and coughs.

There are a number of potentially harmful outcomes that arise from excessive enforcement of mask wearing, including masks giving a false sense of security, inappropriate touching of the mask surface where pathogens may be highly concentrated, inadequate replacement and disposal frequency, allergic facial skin reactions, reduced volume and quality of speech triggering closer contact between people reducing social distancing (especially outdoors), masks cause unnatural airflows that trigger increased hand touching on face and eyes, masks increase breathing difficulties which increase breathing rates and therefore probability of inhaling a pathogen, and facemasks accumulating pathogens may effectively increase the viral load on the naturally damp surface, that may actually increase the risk of infection when incorrectly handled.

Increased ventilation in hospital settings has been proven to significantly reduce infection rates, as droplets or aerosols containing a virus are rapidly diluted. Such dilution is a quantum larger in open-air spaces. Further, this virus is destroyed by sunshine through heat and light exposure. The science indicates that you don't need a facemask when going outdoors, providing the other guidelines are applied.

It is clearly safe **to not wear a mask** in areas of natural outdoor ventilation. The current general facemask edict appears to be another unsubstantiated and ill-conceived “captains call” by the Victorian Premier, that seems to be driven by a personal desire for blind public compliance, rather than application of actual scientific evidence, or sound public health policy.

What is disturbing are the number of instances when people that are not wearing a mask, either due to a valid exemption, or by choice, are verbally or even physically attacked by the zealots the Victorian Premier has now managed to create. This does not signal or encourage a harmonious, healthy or tolerant State.

However, like the CDC and WHO, on the weight of the current evidence, PCS does agree that in confined spaces (such as public transport, shops, shopping centres, restaurants, gyms or health care facilities), recommendations for the correct and cautious use of a facemask during periods of extensive active infection in the State are warranted, providing masks are regularly changed or washed. All facemasks should only be worn for a maximum of 4 to 5 hours before disposal or diligent washing.

PCS does not recommend the use of facemasks in any outdoor settings where **physical distancing can be maintained.**

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