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significance.⁵ In June, 2020, WHO advised that governments encourage the public to wear masks under two conditions: when community transmission is apparent and when physical distancing is difficult, such as on public transport, in shops, or in other confined or crowded environments.⁶ When community transmission is widespread, we agree with recommending face masks in hospitals, in assisted living communities, and where at-risk populations are cared for. Conversely, existing data do not support universal, often improper, face mask use in the general population as a protective measure against COVID-19. Nevertheless, universal face mask policy (ie, in any indoor environment) is still adopted in certain countries. Public health mandates must be based on unequivocal and strong evidence and metered on the current local epidemiological condition.

We declare no competing interests.

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- 1 Chu DK, Akl EA, Duda S, et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet* 2020; **395**: 1973–87.
- 2 Lau JT, Lau M, Kim JH, Tsui HY, Tsang T, Wong TW. Probable secondary infections in households of SARS patients in Hong Kong. *Emerg Infect Dis* 2004; **10**: 235–43.
- 3 Wu J, Xu F, Zhou W, et al. Risk factors for SARS among persons without known contact with SARS patients, Beijing, China. *Emerg Infect Dis* 2004; **10**: 210–16.
- 4 Brainard J, Jones NR, Lake IR, Hooper L, Hunter PR. Community use of face masks and similar barriers to prevent respiratory illness such as COVID-19: a rapid scoping review. *Euro Surveill* 2020; **25**: 2000725.

- 5 Bundgaard H, Bundgaard JS, Raaschou-Pedersen DET, et al. Effectiveness of adding a mask recommendation to other public health measures to prevent SARS-CoV-2 infection in Danish mask wearers: a randomized controlled trial. *Ann Intern Med* 2021; **174**: 335–43.
- 6 WHO. WHO Director-General's opening remarks at the media briefing on COVID-19 - 5 June 2020. June 5, 2020. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---5-june-2020> (accessed Aug 6, 2021).

Derek Chu and colleagues¹ examined whether physical distancing, face masks, and eye protection could prevent transmission of SARS-CoV-2. We are concerned that some of the data from the included preprints were out of date, affecting the results of the meta-analysis.

The systematic review included literature up to May 3, 2020. Seven articles, including four preprints, described the comparison of the risk of SARS-CoV-2 transmission between far and short physical distancing. Further physical distancing was associated with a lower risk of SARS-CoV-2 transmission (relative risk [RR] 0.15 compared with shorter physical distancing, 95% CI 0.03–0.73, $I^2=59%$; appendix).

We followed up on the status of the four preprints and found that one of them² was published online on May 1, 2020,³ before the search cutoff date. The published version used a larger dataset ($n=227$ vs $n=83$ in the preprint), and the risk of SARS-CoV-2 transmission was almost equal between the physical distancing groups (RR 0.99 vs RR 0.55 in the preprint).

We updated the meta-analysis, replacing the results from the preprint by the corresponding published study.³ The association between physical transmission and the risk of SARS-CoV-2 transmission became less evident (RR 0.16, 95% CI 0.02–1.06, $I^2=70%$; appendix).

Non-peer-reviewed preprints might be based on preliminary data that are later updated. We recommend that systematic reviews should check

the latest situation of each included preprint, if necessary by contacting the authors, to ensure that the results are up to date.

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- 1 Chu DK, Akl EA, Duda S, et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet* 2020; **395**: 1973–87.
- 2 Cheng H, Jian S, Liu D, et al. High transmissibility of COVID-19 near symptom onset. *medRxiv* 2020; published online March 19. <https://doi.org/10.1101/2020.03.18.20034561> (preprint).
- 3 Cheng H, Jian S, Liu D, et al. Contact tracing assessment of COVID-19 transmission dynamics in Taiwan and risk at different exposure periods before and after symptom onset. *JAMA Intern Med* 2020; **180**: 1156–63.

We read with great interest the results of the systematic review¹ on the effect of personal protective equipment (PPE) to prevent SARS-CoV-2 infection, predominantly based on evidence from other betacoronaviruses. As this work raised many more questions than it answered, and because its implications are far-reaching, we highlight several salient concerns.

To evaluate the association of mask use with viral infection, the Derek Chu and colleagues completed a meta-analysis of adjusted odds ratios (aORs). However, Seto and colleagues² reported only unadjusted ORs, whereas three other investigator groups adjusted for different sets of covariates.^{3–5} Thus, the reported effect sizes are not comparable, and it might not be appropriate to combine them.⁶ Furthermore, Seto and colleagues² reported results for



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See Online for appendix