

Interim Public Health Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings during an Influenza Pandemic

This document describes interim guidance for the use of facemasks¹ and respirators² in certain public settings during an influenza pandemic. Very little information is available about the effectiveness of facemasks and respirators in controlling the spread of pandemic influenza in community settings. In the absence of scientific data, this document offers interim recommendations that are based on public health judgment and on the historical use of facemasks and respirators in other settings. In brief, these interim recommendations advise the following:

- *Whenever possible, rather than relying on the use of facemasks or respirators, close contact³ and crowded conditions should be avoided during an influenza pandemic.*
- *Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others. The time spent in crowded settings should be as short as possible.*
- *Respirators should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must take care of a sick person (e.g., family member with a respiratory infection) at home.*

Facemasks and respirators should be used in combination with other preventive measures, such as hand hygiene and social distancing, to help reduce the risk for influenza infection during a pandemic. This interim guidance will be updated as new information becomes available.

Introduction

In November 2005, the U.S. Department of Health and Human Services (HHS) published the [HHS Pandemic Influenza Plan](http://www.hhs.gov/pandemicflu/plan) (www.hhs.gov/pandemicflu/plan), which provides public health guidance to national, state, and local policymakers and

¹Unless otherwise specified, the term “facemasks” in this document refers to disposable masks cleared by the U.S. Food and Drug Administration (FDA) for use as medical devices. This includes facemasks labeled as surgical, dental, medical procedure, isolation, or laser masks. Such facemasks have several designs. One type is affixed to the head with two ties, conforms to the face with the aid of a flexible adjustment for the nose bridge, and may be flat/pleated or duck-billed in shape. Another type of facemask is pre-molded, adheres to the head with a single elastic band, and has a flexible adjustment for the nose bridge. A third type is flat/pleated and affixes to the head with ear loops. Facemasks cleared by FDA for use as medical devices have been determined to have specific levels of protection from penetration of blood and body fluids.

²Unless otherwise specified, “respirator” in this document refers to an N95 or higher filtering facepiece respirator certified by the U.S. National Institute for Occupational Safety and Health (NIOSH).

³Three feet has often been used by infection control professionals to define close contact and is based on studies of respiratory infections; however, for practical purposes, this distance may range up to 6 feet. The World Health Organization defines close contact as “approximately 1 meter”; the U.S. Occupational Safety and Health Administration uses “within 6 feet.” For consistency with these estimates, this document defines close contact as a distance of up to approximately 6 feet.

health departments for use during an influenza pandemic. Among the infection control measures described in the *Plan* is the use of facemasks and respirators in the healthcare and community settings (see Part 2, Infection Control [Supplement 4] and Community Disease Control and Prevention [Supplement 8]). Since publication of the *Plan*, HHS has received many comments and inquiries about the use of facemasks and respirators during a pandemic.

The U.S. Centers for Disease Control and Prevention (CDC) is unaware of any major new scientific information related to either the transmission of influenza viruses or the effectiveness of facemask or respirator use in preventing the transmission of these viruses since the drafting of the *Plan*. However, given the requests for additional public health guidance, CDC has prepared this document to assist in planning for decisions regarding the use of facemasks and respirators during a pandemic. As used in this guidance, “non-occupational community settings” refer to places and locations other than workplace and healthcare settings (e.g., mass transit, public gatherings, households); interim guidance for workplace and healthcare settings is provided in other documents (see below).

For advice on surgical mask and respirator use in healthcare settings, consult the document, [Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Healthcare Settings during an Influenza Pandemic](http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html) (www.pandemicflu.gov/plan/healthcare/maskguidancehc.html), which provides a framework to facilitate planning for those settings. Together, the interim guidance documents for the healthcare and community settings augment and supersede information contained in the *HHS Pandemic Influenza Plan*, and they will be updated and amended as new information becomes available. A separate document, [Guidance on Preparing Workplaces for an Influenza Pandemic](http://www.osha.gov/Publications/influenza_pandemic.html) (www.osha.gov/Publications/influenza_pandemic.html), prepared by the U.S. Department of Labor, provides guidance for facemask and respirator use in occupational settings (healthcare and non-healthcare) during an influenza pandemic. For more information about pandemic influenza, visit www.pandemicflu.gov.

Background

An influenza pandemic will likely cause illness in large numbers of people in almost every community worldwide. Influenza is thought to be transmitted from person to person by close contact (within 6 feet) with individuals who are infected with influenza virus (e.g., via exposure to respiratory secretions). It is unclear to what extent inhalation of small particles or direct exposure to larger droplets contributes to this close-range transmission of influenza viruses. Experience with influenza viruses transmitted from person to person in institutional settings indicates that most transmission occurs over short distances; long-distance transmission through the air (e.g., via ventilation systems) has not been demonstrated. For a more detailed discussion of influenza virus transmission, see [Appendix A](#) of [Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Healthcare Settings](#)

[during an Influenza Pandemic](http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html)
(www.pandemicflu.gov/plan/healthcare/maskguidancehc.html).

For many respiratory infections other than influenza, transmission occurs primarily during the later stages of illness when infected persons are likely to stay home or seek medical care. In contrast, influenza tends to be most infectious during the early stages of illness, especially just after the onset of coughing and sneezing. Therefore, much influenza transmission during a pandemic is likely to occur in non-healthcare settings, such as schools, public gatherings, and households. Although it is not possible to completely avoid all risk of becoming infected while continuing to interact with others in the community, individuals and households can use various strategies, including those described in this document and elsewhere (see below), to help limit the risk of exposure to themselves and their families.

Vaccination is generally considered the most effective way to prevent seasonal influenza. However, unlike the typical situation with seasonal influenza, an effective vaccine may not be available for all people early in a pandemic. Thus, current U.S. pandemic preparedness and planning efforts have included the coordinated use of nonpharmaceutical interventions to help reduce the spread of influenza. This approach is described in [Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States — Early, Targeted, Layered Use of Nonpharmaceutical Interventions](http://www.pandemicflu.gov/plan/community/commitigation.html) (www.pandemicflu.gov/plan/community/commitigation.html), which would be used in conjunction with this interim guidance for facemask and respirator use.

Community-based interventions include the following:

- isolation and treatment with influenza antiviral medications of persons with confirmed or probable pandemic influenza;
- voluntary home quarantine of members of households with confirmed or probable influenza cases;
- dismissal of students from schools and school-based activities, and closure of childcare programs coupled with protecting children through social distancing in the community; and
- social distancing of adults in the community and in the workplace.

One social distancing strategy is to avoid crowds, individuals with an influenza-like illness, and other situations that increase the risk of exposure to someone who may be infectious. If it is absolutely necessary to be in a crowded setting, the time spent in a crowd should be as short as possible. If used correctly (see below), facemasks and respirators may help to prevent some exposures while in a crowded setting; however, they should be used along with other prevention interventions, such as cough etiquette (see www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) and hand hygiene (see www.cdc.gov/flu/protect/stopgerms.htm).

There is very limited information on the use of facemasks or respirators for the control of pandemic influenza in community settings. Thus, it is difficult to assess

their potential effectiveness in controlling influenza in these settings. In the absence of definitive data, this interim guidance document draws from the principles of traditional infection control and industrial hygiene approaches used for enhancing protection of healthcare personnel in the healthcare setting during an influenza pandemic. (For background, see [*Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Healthcare Settings during an Influenza Pandemic*](#); www.pandemicflu.gov/plan/healthcare/maskguidancehc.html). However, there are fundamental differences between the healthcare and community settings, including the following:

- in the healthcare setting, exposure to an infectious source is frequently intense and prolonged, which would be less likely in the community;
- in the healthcare setting, the infectious source (e.g., an ill person or contaminated item) is more likely to be known to be infectious than it would be in community settings; and
- in the healthcare setting, the ability to provide direct training in the proper use of facemasks and respirators is much more readily available than it is in the community setting.

Because of these and other differences, recommendations for the community setting differ from those for healthcare settings.

This document emphasizes that the use of facemasks or respirators is only one part of a combination of approaches that can be used to help reduce the spread of virus from infectious to non-infected persons. Guidance on community preventive measures is provided in [*Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States — Early, Targeted, Layered Use of Nonpharmaceutical Interventions*](#) (www.pandemicflu.gov/plan/community/commmitigation.html).

Certain practices related to taking care of a person infected with influenza at home can create potentially infectious aerosols and require more stringent precautions (e.g., use of a respirator by a caregiver in the home). Examples include giving nebulizer treatments to children with asthma who have influenza and providing care (e.g., suctioning) for people with chronic respiratory conditions. Specific guidance for friends or family members who need to provide care for ill individuals at home is currently in preparation and will be available at www.pandemicflu.gov.

If new information becomes available about the effectiveness of current or future facemasks or respirators in controlling influenza in community settings, this interim guidance document will be revised accordingly.

Recommendations

The timing and severity of the next influenza pandemic cannot be predicted. Information about the prevalence and severity of influenza in a pandemic may affect how these and other public health recommendations are applied. Once a pandemic is

under way and more is known about the characteristics (e.g., virulence, transmissibility, clinical manifestation, drug susceptibility, and risk to different age groups and subpopulations) of a given pandemic strain, these recommendations may be modified. (Appendix 1 summarizes the interim guidance for facemask and respirator use during a pandemic, and Appendix 2 provides a sample public fact sheet that describes these recommendations in lay language).

1. **Avoid the Source**

During an influenza pandemic, people should avoid contact with ill individuals and with groups of people that might include infectious individuals. While close contact (within 6 feet) with an individual ill with influenza carries an increased risk of infection, more crowded conditions increase the probability of being exposed to infectious material (e.g., from coughs and sneezes). Crowded settings should be avoided to the greatest extent possible during a pandemic.

Some individuals, such as pregnant women and persons with certain underlying medical conditions (e.g., cardiopulmonary disease or immunodeficiency), are at increased risk for severe illness or complications from seasonal influenza infection, and they may likewise be at high risk during a pandemic as well. In addition to the usual risk groups, others may be at high risk for severe illness and complications during a pandemic (e.g., normally healthy children or young adults). It is especially important that all persons who are at high risk avoid crowded settings and adhere to recommended infection prevention practices.

2. **Contain the Source**

When individuals are ill with respiratory symptoms (e.g., coughing, sneezing) during an influenza pandemic, they should stay at home except when it is critically necessary to leave (e.g., to obtain medical care). Individuals with a respiratory illness should wear a facemask to contain respiratory secretions (e.g., to cover coughs and sneezes) if they are in the presence of others. For specific information about the use of facemasks by ill persons (“source control”), see [Interim Guidance for the Use of Masks to Control Influenza Transmission](http://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm) (www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm). For information about masks cleared by the FDA and legally marketed as medical devices in the United States, see [Masks and N-95 Respirators](http://www.fda.gov/cdrh/ppe/masksrespirators.html) (www.fda.gov/cdrh/ppe/masksrespirators.html). For information on cough etiquette and hand hygiene, see [Stopping the Spread of Germs at Home, Work & School](http://www.cdc.gov/flu/protect/stopgerms.htm) (www.cdc.gov/flu/protect/stopgerms.htm).

Since a facemask worn by a coughing person may reduce the amount of potentially infectious material released into the surrounding area, one strategy for reducing the spread of influenza would be to encourage everyone to wear a facemask while they are together if a group gathering is unavoidable. This might reduce the overall risk to the group by increasing the likelihood that all unanticipated coughs and sneezes would be covered and that respiratory secretions would not be widely spread while people are speaking or breathing.

Another strategy that could reduce this risk would be to screen individuals as they enter a gathering and to exclude anyone with a cough or fever, or anyone who has been exposed to an ill household member. No approach is foolproof and instituting such measures may be problematic, but each strategy may have additive benefits when a gathering is unavoidable.

3. **Prevent/Limit Exposures**

If a gathering is unavoidable, crowding should be minimized and every effort should be made to encourage cough etiquette (see www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) and hand hygiene (e.g., tissues, waste baskets, handwashing facilities, and alcohol-based hand sanitizers as an alternative to handwashing should be readily available; see www.cdc.gov/flu/protect/stopgerms.htm). In addition, individuals may consider wearing a facemask or respirator to help prevent exposure to respiratory secretions from symptomatic individuals. Different types of currently available facemasks and respirators are described in [Appendix B](#) of *Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Healthcare Settings during an Influenza Pandemic* (www.pandemicflu.gov/plan/healthcare/maskguidancehc.html).

Facemasks do not form a tight seal on the wearer's face and are not designed to filter out small particles that can be inhaled and that may have a role in influenza transmission. However, facemasks are useful in blocking large infectious droplets (created when a person coughs or sneezes nearby) from landing on the susceptible mucous membranes of the wearer's nose and mouth; this is thought to be an important mode of influenza transmission. Facemasks have the advantages of being relatively comfortable to wear and inexpensive to purchase. In addition, small facemasks are available that can be worn by children, but it may be problematic for children to wear them correctly and consistently. Moreover, no facemasks (or respirators) have been cleared by the FDA specifically for use by children. For these reasons, other prevention strategies (e.g., hand hygiene, social distancing) should be considered for this population (see *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States — Early, Targeted, Layered Use of Nonpharmaceutical Interventions*; www.pandemicflu.gov/plan/community/commitigation.html).

Washable fabric masks are used in many parts of Asia and elsewhere in the world when disposable facemasks are unavailable. However, no reusable fabric masks have been evaluated by the FDA for use in preventing transmission of infectious agents, and none are legally marketed in the United States for use in infection control.

NIOSH-certified N95 and higher filtering facepieces are made of dense material that is certified to filter out very small particles that can be inhaled. To be most effective, these types of respirators should form a tight seal against the wearer's face. They also will block both small splashes and large droplets. These respirators are most effective and safest when the wearer has been properly fitted

(i.e., fit-tested) and provided with a health assessment and training to use the device. In the non-work setting, this fit-testing, health assessment, and training may be difficult to obtain, since these activities are usually performed for workers as part of an occupational health program. Respirators are not designed to form a tight fit on people with very small faces (e.g., children) or who have facial hair. N95 and higher respirators are less comfortable to wear than facemasks because the density of the material makes it more difficult to breathe through. Reusable (e.g., elastomeric) respirators are also available. These respirators can be cleaned, repaired, and re-used, but special precautions should be followed when using them. For more information about respirators, see [NIOSH Safety and Health Topic: Respirators](http://www.cdc.gov/niosh/npptl/topics/respirators/) (www.cdc.gov/niosh/npptl/topics/respirators/).

Persons with pre-existing heart or lung disease or other health conditions may have difficulty breathing through some respirators and should consult with their personal physicians before using a respirator. For more information about respirators, refer to [Appendix B](http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html) of [*Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Healthcare Settings during an Influenza Pandemic*](http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html) (www.pandemicflu.gov/plan/healthcare/maskguidancehc.html).

Both facemasks and respirators may be beneficial in discouraging wearers from inadvertently touching their nose or mouth with unwashed hands, which could help prevent virus transmission and infection.

Length of time and risk of exposure

Several activity-related and personal issues should be considered before deciding whether to wear a facemask or respirator for personal protection in non-occupational settings during a pandemic. The primary consideration in selecting between a facemask and respirator is whether close contact **is expected** with someone who has symptomatic pandemic influenza. Other considerations may include the duration of the event and whether it will or will not be crowded. One should also consider personal issues, such as the ability to wear a respirator correctly for the period of time anticipated. As noted above, compared with a respirator, a facemask is more comfortable to wear and could likely be worn for longer periods, but is not intended to provide protection against smaller inhalable particles. In contrast, if used correctly, a respirator can provide protection against most smaller inhalable particles, but is less comfortable than a facemask and is more difficult to wear for longer periods of time.

If the activity in which interaction with other members of the community is unavoidable, but is unlikely to involve close contact with an ill individual, a facemask could be comfortably worn during this interval to prevent unexpected splashes from a sneeze or cough reaching the wearer's nose or mouth. (Examples include a brief trip to a grocery store to purchase food and supplies or attending essential religious services.)

If there is the expectation of close contact with a symptomatic individual, every effort should be made to limit the duration of exposure to the ill individual(s) to as short a period as possible. In such situations, proper use of a well-fitted N95 or higher respirator may be a reasonable choice. (Examples include treating an ill family member in the home or visiting an ill neighbor to deliver food or medications.)

Planning assumptions project that there will likely be shortages of respirators during a sustained pandemic. For example, quantities of N95 or higher respirators may have to be prioritized for use by certain healthcare workers whose occupational activities place them at increased risk for infection. If supplies of N95 or higher respirators are not available, facemasks can provide protection against large-droplet exposure and should be worn when close contact with ill persons is anticipated. If supplies of respirators and facemasks are unavailable, washable fabric masks might afford some protection against exposure to large droplets. However, no reusable fabric masks have been evaluated by the FDA for use in preventing transmission of infectious agents, and none are legally marketed in the United States for use in infection control.

Considerations for using facemasks and respirators

To offer optimal protection, both facemasks and respirators need to be worn correctly and consistently throughout the time they are used. Facemasks can be worn comfortably for longer periods, but they are not designed to prevent inhalation of small particles. Respirators, if worn and fitted correctly, will provide protection against most small particles, although they are not specifically designed to prevent transmission of infectious agents. There is limited evidence available to suggest that use of a respirator without fit-testing may still provide better protection than a facemask against inhalation of small particles.

Respirators should be inspected for damage (e.g., cracks) and structural integrity. For example, if the filter material is physically damaged or soiled, the respirator should be discarded. Users should familiarize themselves with the different types and limitations of facemasks and respirators and with the proper method for wearing them (see [Appendix B](#) of [Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Healthcare Settings during an Influenza Pandemic](#); www.pandemicflu.gov/plan/healthcare/maskguidancehc.html).

Wearing a facemask or respirator incorrectly or removing or disposing of it improperly can contaminate the wearer's hands or mucous membranes with virus, possibly resulting in exposure of the wearer or others to the virus. Proper facemask or respirator use and removal include the following:

- Prior to putting on a facemask or respirator, wash hands thoroughly with soap and water. Use an alcohol-based hand sanitizer if soap and water are not available.

- Avoid touching the outside of the facepiece during and after use to help prevent contamination of hands with infectious material that may have collected there.
- Once worn, the disposable facemask or respirator should be removed carefully using the elastic bands or ties at the back of the head (avoid touching the facepiece) and appropriately discarded in the regular trash. If disposable facemasks and respirators are unavailable and a reusable fabric mask is used, it should be removed in the same way and laundered with normal laundry detergent and tumble-dried in a hot dryer. As noted previously, no reusable fabric masks have been evaluated by the FDA for use in preventing transmission of infectious agents, and none are legally marketed in the United States for use in infection control.
- After the facemask or respirator has been removed and discarded, wash hands thoroughly with soap and water. Use an alcohol-based hand sanitizer if soap and water are not available.

Additional Considerations

The lack of clear scientific evidence regarding the effectiveness of facemasks and respirators in protecting against influenza poses a challenge to proposing interim guidance on the use of these devices during a pandemic. Similarly, important operational and policy questions regarding the manufacturing, supply, and distribution of facemasks and respirators, and public education about their use, remain unresolved. Additional studies of influenza virus transmission coupled with research and development of improved facemask/respirator technologies may yield new practical and effective approaches for helping to prevent influenza during a pandemic.

This interim guidance document will be revised as new information about the use of facemasks and respirators in the setting of pandemic influenza becomes available. For up-to-date information about pandemic influenza, visit www.pandemicflu.gov.

Appendix 1

Summary of Interim Recommendations for Facemask and Respirator Use in Certain Community Settings during an Influenza Pandemic

Information on the use of facemasks¹ and respirators² for the control of pandemic influenza in community settings is extremely limited. Thus, it is difficult to assess their potential effectiveness in controlling influenza in these settings. In the absence of clear scientific data, the interim recommendations below have been developed on the basis of public health judgment and the historical use of facemasks and respirators in other settings.

During an influenza pandemic, the risk for influenza can be reduced through a combination of simple actions. No single action will provide complete protection, but an approach combining the following steps may help decrease the likelihood of infection: handwashing, isolation and treatment with antiviral medications of persons with confirmed or probable influenza, voluntary home quarantine of members of households with confirmed or probable influenza cases, reduction of unnecessary social contacts, and avoidance whenever possible of crowded or congested social settings.

When it is absolutely necessary to enter a crowded setting or to have close contact³ with persons who might be infectious, the time spent in that setting should be as short as possible. If used correctly, facemasks and respirators may help prevent some exposures, but they should be used along with other preventive measures, such as social distancing and hand hygiene. When crowded settings or close contact with others cannot be avoided, the use of facemasks or respirators should be considered as follows:

- Whenever possible, rather than relying on the use of masks or respirators, close contact and crowded conditions should be avoided during an influenza pandemic.

¹Unless otherwise specified, the term “facemasks” refers to disposable masks cleared by the U.S. Food and Drug Administration (FDA) for use as medical devices. This includes facemasks labeled as surgical, dental, medical procedure, isolation, or laser masks. Such facemasks have several designs. One type is affixed to the head with two ties, conforms to the face with the aid of a flexible adjustment for the nose bridge, and may be flat/pleated or duck-billed in shape. Another type of facemask is pre-molded, adheres to the head with a single elastic band, and has a flexible adjustment for the nose bridge. A third type is flat/pleated and affixes to the head with ear loops. Facemasks cleared by the FDA for use as medical devices have been determined to have specific levels of protection from penetration of blood and body fluids.

²Unless otherwise specified, “respirator” refers to an N95 or higher filtering facepiece respirator certified by the U.S. National Institute for Occupational Safety and Health (NIOSH).

³Three feet has often been used by infection control professionals to define close contact and is based on studies of respiratory infections; however, for practical purposes, this distance may range up to 6 feet. The World Health Organization uses “approximately 1 meter”; the U.S. Occupational Safety and Health Administration uses “within 6 feet.” For consistency with these estimates, this document defines close contact as a distance of up to 6 feet.

- Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others; the time spent in crowded settings should be as short as possible.
- Respirators should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must care for a sick person (e.g., family member with a respiratory infection) at home.

These interim recommendations will be revised as new information about the use of facemasks and respirators in the setting of pandemic influenza becomes available. For up-to-date information about pandemic influenza, visit www.pandemicflu.gov.

Appendix 2

What You Should Know about Using Facemasks and Respirators during a Flu Pandemic

This fact sheet provides information about the use of facemasks and respirators in public places during an influenza (flu) pandemic. It does not address the use of facemasks and respirators in the workplace or in healthcare settings.

Taking Protective Actions during a Flu Pandemic

A flu pandemic is an outbreak caused by a new flu virus that spreads around the world. The virus will spread easily from person to person, mostly through coughing and sneezing. Because the virus is new to people, everyone will be at risk of getting it.

During a flu pandemic, you can use simple actions to help protect yourself and others from becoming sick with the flu. No single action protects completely. If used together, the steps below can help reduce the chances of becoming infected.

- Wash your hands often with soap and water. Use an alcohol-based hand cleaner if soap and water are not available.
- Cover your mouth and nose with a tissue or your arm when you cough and sneeze.
- Stay away from other people if you are ill.
- Avoid crowded places and large gatherings as much as possible.

There may be times during a pandemic when you must be in a crowded setting or in close contact (within 6 feet) with people who might be ill. During such times, the use of a facemask or a respirator might help prevent the spread of pandemic flu.

Wearing a Facemask or a Respirator

Very little is known about the benefits of wearing facemasks and respirators to help control the spread of pandemic flu. In the absence of clear science, the steps below offer a “best estimate” to help guide decisions. They will be revised as new information becomes available.

Consider wearing a facemask if

- You are sick with the flu and think you might have close contact with other people.
- You live with someone who has the flu (you therefore might be in the early stages of infection) and need to be in a crowded place. Limit the amount of time you spend in these crowded places and wear a facemask while you are there.
- You are well and do not expect to be in close contact with a sick person but need to be in a crowded place. Limit the amount of time you spend in these crowded places and wear a facemask while you are there.

Consider wearing a respirator if

- You are well and you expect to be in close contact with people who are known or thought to be sick with pandemic flu. Limit the amount of time you are in close contact with these people and wear a respirator during this time. These recommendations apply if you must take care of a sick person at home.

What is a facemask?

Facemasks are loose-fitting, disposable masks that cover the nose and mouth. These include products labeled as surgical, dental, medical procedure, isolation, and laser masks.

Facemasks help stop droplets from being spread by the person wearing them. They also keep splashes or sprays from reaching the mouth and nose of the person wearing the facemask. They are not designed to protect you against breathing in very small particles. Facemasks should be used once and then thrown away in the trash.

What is a respirator?

A respirator (for example, an N95 or higher filtering facepiece respirator) is designed to protect you from breathing in very small particles, which might contain viruses. These types of respirators fit tightly to the face so that most air is inhaled through the filter material. To work the best way, N95 respirators must be specially fitted for each person who wears one (this is called “fit-testing” and is usually done in a workplace where respirators are used). Most of the time, N95 respirators are used in construction and other jobs that involve dust and small particles. Some healthcare workers, such as nurses and doctors, use these types of respirators when taking care of patients with diseases that can be spread through the air.

If you have a heart or lung disease or other health condition, you may have trouble breathing through respirators and you should talk with your doctor before using a respirator.

Like surgical masks, N95 respirators should be worn only once and then thrown away in the trash.

Additional Information

Neither a facemask nor a respirator will give complete protection from the flu. That is why it is important to wash your hands often, cover your coughs and sneezes with a handkerchief or your arm, and avoid crowds and gatherings during a pandemic. To learn more about these and other issues relating to pandemic influenza, visit <http://www.pandemicflu.gov>.