

Links To 15 Gold Standard Randomized Controlled Trials That Say Masks Don't Work

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I found 15 credible randomized controlled trials of face masks. Most say their effect was insignificant¹.

You can see this is so by clicking on the links below.

1. “little effect” Preliminary Findings of a Randomized Trial of Non-Pharmaceutical Interventions to Prevent Influenza Transmission in Households
2. “not statistically significant” 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
3. “Masks alone did not provide a benefit” Facemasks, Hand Hygiene, and Influenza among Young Adults: A Randomized Intervention Trial
4. “did not identify any trend in the results suggesting effectiveness of facemasks“ Surgical mask to prevent influenza transmission in households: a cluster randomized trial
5. Before reporting censored data in table 5, all 8 p-values reported in tables 3 and 4 were statistically insignificant ². The role of facemasks and hand hygiene in the prevention of influenza transmission in households: results from a cluster randomised trial; Berlin, Germany, 2009-2011
6. “Based on developing syndromic ILI (Influenza-like Illness), less contacts became symptomatic in the ‘mask’ tents compared to the ‘control’ tents (31% versus 53%, $p= 0.04$). However, laboratory results did not show any difference between the two groups.” A bigger version of this trial said masks were ineffective. It follows. Pilot Randomised Controlled Trial to Test Effectiveness of Facemasks in Preventing Influenza-like Illness Transmission among Australian Hajj Pilgrims in 2011
7. “facemask use did not seem to be effective“. Facemask against viral respiratory infections among Hajj pilgrims: A challenging cluster-randomized trial
8. “Surgical site infection rates did not increase when non-scrubbed operating room personnel did not wear a face mask” Use of face masks by non-scrubbed operating room staff: a randomized controlled trial
9. “Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds” Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial
10. Most of the statistical p-values reported in table 1b are statistically insignificant (8 of 12). Respiratory virus shedding in exhaled breath and efficacy of face masks
11. “we found no significant difference in the relative risk of respiratory illness in the mask groups compared to control group” The First Randomized, Controlled Clinical Trial of Mask Use in Households to Prevent Respiratory Virus Transmission
12. “did not find a significant benefit of medical masks” Cluster randomised controlled trial to examine medical mask use as source control for people with respiratory illness
13. “Neither face mask use and hand hygiene nor face mask use alone was associated with a significant reduction in the rate of ILI (Influenza-like Illness) cumulatively.” Mask use, hand hygiene, and seasonal influenza-like illness among young adults: a randomized intervention trial
14. “use of masks is [...] ineffective” Face Mask Use and Control of Respiratory Virus Transmission in Households (See high p values in table 4)
15. “not statistically significant” Postoperative wound infections and surgical face masks: A controlled study

¹Randomised controlled trials—the gold standard for effectiveness research

²These p-values estimate the probability that the difference between wearing and not wearing a mask was caused by something other than the mask. When these p-values are less than 5%, statisticians and scientists often say the effect of masks was “statistically significant”. If, on the other hand, the p-value is 5% or more, the effect of masks was probably insignificant. These randomized controlled trials of masks typically reported big and insignificant p-values, which means the effect of wearing masks was insignificant.