Distanciamiento físico, mascarillas y protección ocular para prevenir la transmisión de SARS-CoV-2 y COVID-19 de persona a persona: una revisión sistemática y un metaanálisis

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

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Summary

Background Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes COVID-19 and is spread person-to-person through close contact. We aimed to investigate the effects of physical distance, face masks, and eye protection on virus transmission in health-care and non-health-care (eg, community) settings.

Methods We did a systematic review and meta-analysis to investigate the optimum distance for avoiding person-to-person virus transmission and to assess the use of face masks and eye protection to prevent transmission of viruses. We obtained data for SARS-CoV-2 and the betacoronaviruses that cause severe acute respiratory syndrome, and Middle East respiratory syndrome from 21 standard WHO-specific and COVID-19-specific sources. We searched these data sources from database inception to May 3, 2020, with no restriction by language, for comparative studies and for contextual factors of acceptability, feasibility, resource use, and equity. We screened records, extracted data, and assessed risk of bias in duplicate. We did frequentist and Bayesian meta-analyses and random-effects meta-regressions. We rated the certainty of evidence according to Cochrane methods and the GRADE approach. This study is registered with PROSPERO, CRD42020177047.

Findings Our search identified 172 observational studies across 16 countries and six continents, with no randomised controlled trials and 44 relevant comparative studies in health-care and non-health-care settings (n=25 697 patients). Transmission of viruses was lower with physical distancing of 1 m or more, compared with a distance of less than 1 m (n=10 736, pooled adjusted odds ratio [aOR] 0·18, 95% CI 0·09 to 0·38; risk difference [RD] −10·2%, 95% CI −11·5 to −7·5; moderate certainty); protection was increased as distance was lengthened (change in relative risk [RR] 2·02 per m; $p_{interaction}$=0·041; moderate certainty). Face mask use could result in a large reduction in risk of infection (n=2647; aOR 0·15, 95% CI 0·07 to 0·34, RD −14·3%, −15·9 to −10·7; low certainty), with stronger associations with N95 or similar respirators compared with disposable surgical masks or similar (eg, reusable 12–16-layer cotton masks; $p_{interaction}$=0·090; posterior probability >95%, low certainty). Eye protection also was associated with less infection (n=3713; aOR 0·22, 95% CI 0·12 to 0·39, RD −10·6%, 95% CI −12·5 to −7·7; low certainty). Unadjusted studies and subgroup and sensitivity analyses showed similar findings.

Interpretation The findings of this systematic review and meta-analysis support physical distancing of 1 m or more and provide quantitative estimates for models and contact tracing to inform policy. Optimum use of face masks, respirators, and eye protection in public and health-care settings should be informed by these findings and contextual factors. Robust randomised trials are needed to better inform the evidence for these interventions, but this systematic appraisal of currently best available evidence might inform interim guidance.

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El objetivo de este artículo era el de investigar los efectos de la distancia física, mascarillas y ojos protección contra la transmisión de virus en entornos de asistencia sanitaria y no asistencial (p. ej., comunidad). La **OMS** ha publicado un artículo en el que se ha llevado a cabo una revisión sistemática y un metaanálisis para investigar la distancia óptima para evitar la transmisión del virus de persona a persona y evaluar el uso de máscaras faciales y protección ocular para prevenir la transmisión de virus. Se han obtenido datos para el **SARS-CoV-2 y los betacoronavirus** que causan el síndrome respiratorio agudo severo, y Síndrome respiratorio del Medio Oriente de 21 fuentes estándar específicas de la OMS y específicas de COVID-19. Se han buscado estas fuentes de datos desde el inicio de la base de datos hasta el 3 de mayo de 2020, sin restricción por idioma, para estudios comparativos y para factores contextuales de aceptabilidad, factibilidad, uso de recursos y equidad.

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