Study	Setting	Participants and follow-up	Study design	Interventions evaluated	Main outcomes	Findings
Loeb et al. JAMA 2009	Eight tertiary-care hospitals, Ontario, 2008 to 2009	446 nurses	RCT	N95 respirators versus surgical masks	Seroconversion or RT– PCR-confirmed influenza infection	No significant difference between N95 and surgical masks
Jacobs et al. AJIC 09	Tertiary-care hospital in Tokyo, 2008	32 individuals followed for 77 days	RCT	Surgical masks, control	Self- reported colds	No significant difference between masks and control
Ng et al. ICHE 2009	Teaching hospital in Hong Kong, 2007	133 healthcare workers	Cross-sectional	Vaccination, use of personal protective equipment, hand hygiene	Self-reported influenza-like illness	Suboptimal use of standard precautions during high-risk procedures associated with higher risk of infection
Al-Asmary et al. IJID 2007	Two mission hospitals, Saudi Arabia, 2004	250 medical personnel	Cross-sectional	Vaccination, face masks, hand hygiene	Self-reported acute respiratory illness	No significant protective effect of face masks
Deris et al. J Travel Med. 2010	Three Haji Clinic, Saudi Arabia, 2007	387 Malaysian hajj pilgrims	Cross-sectional study	Vaccination, face masks, hand hygiene	Self-reported acute respiratory illness	Wearing facemasks was associated with more influenza-like cases with no statistical significance
Davies et al. Brit Dent J 1994	General practice and a teaching hospital, 1991–1992	50 dental surgeons	Cross-sectional	Masks and spectacles	Seropositivity	No significant differences by mask use
Hobday & Cason, AJPH 2009	Open air hospital, Boston, 1918	Patients and staff	Observational	Ventilation, use of personal protective equipment, hand washing	Mortality	Low case -fatality rate could be associated with use of natural ventilation and gauze face masks
Johnson, CID 2009	Emergency Department, Austin, Australia	Patients	RCT	N95 respirators versus surgical masks	RT-PCR-confirmed Influenza	No difference between N95 respirators versus surgical masks
Seto, Lancet 2003	Hospitals, Hong Kong	HCWs	Case control	Questionnaire on use of masks, gowns, and hand washing	SARS seroconversion	Both masks were effective in reducing the risk of infection
Loeb, Emerg Infect Dis 2004	Toronto	Critical care nurses	Retrospective cohort	Risk factors for SARS	SARS seroconversion	Risk was lower with N95 mask than with surgical mask with no statistical significance

Table II. Information about N95 respirator and surgical mask use in comparative trials in influenza and SARS infections