

Higher Incidence of COVID-19 Found Among Consistent Mask-Wearers: Study

Some mask wearers were found to have up to 40 percent higher incidence of infection, contradicting earlier studies and opposing the narrative of mask mandates.



A discarded mask

lay on a sidewalk in Orange, Calif., on June 19, 2020. (John Fredricks/The Epoch Times)



By [Naveen Athrappully](#) 11/27/2023

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People who wore protective masks were found to be more likely to contract COVID-19 infections than those who didn't, according to a recent Norwegian study.

The peer-reviewed [study](#), published in the journal *Epidemiology and Infection* on Nov. 13, analyzed mask use among 3,209 individuals from Norway. Researchers followed them for 17 days, and then asked the participants about their use of masks. The team found that there was a higher incidence of testing positive for COVID-19 among people who used masks more frequently.

Among individuals who “never or almost never” wore masks, 8.6 percent tested positive. That rose to 15 percent among participants who “sometimes” used masks, and to 15.1 percent among those who “almost always or always” wore them.

Adjusting for factors such as vaccination status, the study determined that individuals who sometimes or often wore masks had a 33 percent higher incidence of COVID-19, compared to those who never or almost never wore masks. This jumped to 40 percent among people who almost always or always wore them.

However, adjusting for “differences in baseline risk over time,” the risk of wearing masks turned out to be “less pronounced,” with only a 4 percent higher incidence of infection among mask-wearers.

“The results contradict earlier randomized and non-randomized studies of the effectiveness of mask-wearing on the risk of infection,” the researchers wrote.

“Most of these studies reported that wearing a face mask reduces the risk of COVID-19 infection. Some observational studies have reported manyfold reductions while one community-based randomized trial failed to demonstrate a statistically significant reduction in infection risk and one cluster randomized community trial found only a modest reduction.”

The researchers pointed out a major limitation of their study: Individuals who used masks may have done so to protect others from their own infection. This could explain the “positive association between risk of infection and mask usage.”

Behavioral differences and the fact that the survey was based on self-reporting could also contribute to bias, it stated.

There's also a possibility that mask wearers felt safe while wearing masks and thus didn't follow other regulations such as social distancing, which raised their risk of contracting COVID-19, the study said.

“Our findings suggest that wearing a face mask may be associated with an increased risk of infection. However, it is important to note that this association may be due to unobservable and non-adjustable differences between those wearing and not wearing a mask,” the researchers stated.

“Therefore, caution is imperative when interpreting the results from this and other observational studies on the relationship between mask-wearing and infection risk. Recommendations to wear face masks in the community are largely informed by low certainty evidence from observational studies.”

Researchers called for more trials and studies to gain a better understanding of the effectiveness of wearing masks against transmission of respiratory pathogens.

The study was fully funded by the Norwegian Institute of Public Health. It reported no conflicts of interest.

Masking Mandates

The new study comes at a time when some regions in North America are reinstating mask mandates amid a reported increase in COVID-19 cases.

At the beginning of November, many regions in the Bay [Area](#) issued masking rules in health care settings ahead of the respiratory disease season, when infections such as COVID-19, the flu, and respiratory syncytial virus are expected to spread.

In the state of California, San Francisco, Alameda, Santa Clara, San Mateo, Marin, Contra Costa, Napa, Sonoma, and Solano issued masking mandates, with the rules remaining in effect until next March or April.

While in some places only staff and workers of a health care facility are required to wear masks, others require patients and visitors to wear masks as well.

Rosemary Hills School in Maryland [announced](#) in September that it distributed KN95 masks to students and teachers while mandating masking for at least 10 days after three students from a classroom tested positive for COVID-19.

A month earlier, school officials with the Kinterbish Junior High School in Cuba, Alabama, asked students, employees, and visitors to wear masks “due to the slow rise of COVID cases in the area.”

Seven hospitals in Canada [reinstated](#) mask mandates last month to “help prevent transmission of COVID-19.”

In British Columbia, Provincial Health Officer Bonnie Henry [announced](#) that health care workers, volunteers, and visitors would be required to wear “medical” masks in all public health care facilities starting on Oct. 3.

The Centers for Disease Control and Prevention recommends wearing masks to counter COVID-19. “Masking is a critical public health tool and it is important to remember that any mask is better than no mask,” it [said](#) in an August 2021 update. Certain states have already made it clear that mask [mandates](#) wouldn't be allowed. In August, Texas Gov. Greg Abbott said in an X post that there would be “NO mask mandates in Texas.”

Florida Surgeon General Joseph Ladapo highlighted the issue of the ineffectiveness of masking policies.

“What do you call re-imposing mask policies that have been proven ineffective or restarting lockdowns that are known to cause harm? You don't call it sanity,” he said in a post on X. “These terrible policies only work with your cooperation. How about refusing to participate.”

Several studies have questioned the use of masks to prevent viral transmission.

A [review](#) published in late January at the Cochrane Library that analyzed 78 randomized controlled trials found that they didn't show “a clear reduction in respiratory viral infection with the use of medical/surgical masks.”

In an interview with the Brownstone Institute in February, Tom Jefferson, a senior associate tutor at the University of Oxford and lead author of the study, pointed out that there hasn't been a “proper trial” of masks whereby a huge, randomized study was done to check their effectiveness. Instead, some experts overnight began to perpetuate a “fear-demic.”