



Can Facial Masking Slow Down the Spread of SARS-CoV-2 by a Variolation-like Effect?

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Of course, there are promising results regarding the immune response. In a study, it was reported that seropositivity was detected in 1,107 (91.1%) of 1,215 people who had SARS-CoV-2 infection and recovered, and antiviral antibodies against SARS-CoV-2 did not decline within four months after diagnosis [14]. Although not enough time has passed to assess SARS-CoV-2 infections, SARS-specific antibodies were maintained for an average of two years in people who had recovered from the 2003 SARS epidemic [15]. It should not be forgotten that data have shown that the immune response is not just a humoral response and that cellular immunity plays an important role in SARS-CoV-2 infections [16,17].

1%

SIMILARITY INDEX

PRIMARY SOURCES

1 To Sing Fung, Ding Xiang Liu. "Similarities and Dissimilarities of COVID-19 and Other Coronavirus Diseases", Annual Review of Microbiology, 2021
13 words — 1%

2 "Coronavirus research updates: Test frequency matters more than test sensitivity for stopping outbreaks", Nature, 2020
8 words — < 1%

Referanslar hariç tutulmuştur - References are excluded



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Can Facial Masking Slow Down the Spread of SARS-CoV-2 by a Variolation-like Effect?

Numerous studies have been published providing evidence that the universal use of masks reduces the spread of SARS-CoV-2 infections indoors, in hospitals, and public places. Studies in experimental animal models for SARS-CoV-2 infections have shown that more severe lung abnormalities develop in animals infected with high doses of the virus. From this point of view, even if the use of a mask does not absolutely protect from infection transmission, it can contribute to the mild course of possible infections through low viral load exposure. However, in some published studies, it was revealed that antibodies against the virus decreased more rapidly in people who had the infection asymptotically. In addition, cases of re-infection with different variants of the virus as soon as several months after recovery from the first infection have recently been reported. Considering that coronaviruses generally cause infections with low protective immunity, until a protective vaccine is developed, continuing to use masks seems to be an effective measure that can reduce social spreading of the infection and give protection from serious infections at the individual level, especially in indoor and crowded environments where the transmission risk is high, including for people recovering from infection,

reactivity, and have the ability to produce a strong immune response maintained 30 years or longer [r]. At the same time, in SARS-CoV-2 infections, which are open to the risk of re-infection with variants with very small differences, a very strong immunity does not occur in humans and animals and is maintained only three months to two to three years (estimated) [r]. As a matter of fact, it has been announced that a vaccine that protects 50% of susceptible people or reduces disease severity in 50% of patients may be sufficient for a vaccine that is considered for approval by the US Food and Drug Administration (FDA) [r]. Thus, vaccine expectations have been lowered, but even such a vaccine can be very effective in stopping the pandemic. The same holds true for hepatitis C virus (HCV) vaccines, and it has been argued that even a vaccine to reduce chronicity could be beneficial even without a preventive vaccine [r]. For these reasons, instead of keeping the expectations about vaccines very high, the use of these vaccines should be decided by making possible benefits in epidemic management, reducing disease severity, and cost-effectiveness analyses.

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