- Noti et al CID 2012: Detection of infectious influenza virus in cough aerosols generated in a simulated patient examination room.
    - A mask documented to be loosely fitting by a PortaCount fit tester, to simulate how masks are worn by healthcare workers, blocked entry of 68.5% of total virus and 56.6% of infectious virus (n = 2). These results support a role for aerosol transmission and represent the first reported laboratory study of the efficacy of masks and respirators in blocking inhalation of influenza in aerosols. The results indicate that a poorly fitted respirator performs no better than a loosely fitting mask.
- Raina MacIntyre et al EID 2009: Face Mask Use and Control of Respiratory Virus Transmission in Households
    - We found that adherence to mask use significantly reduced the risk for ILI-associated infection, but <50% of participants wore masks most of the time. We concluded that household use of face masks is associated with low adherence and is ineffective for controlling seasonal respiratory disease. If adherence were greater, mask use might reduce transmission during a severe influenza pandemic.
- Ragida guideline 2011:
    - During the flight, if a passenger is suspected of having SARS – as with any other respiratory infection – the potentially infectious passenger should, if possible, be isolated and provided with a surgical face mask. The flight attendant should follow the IATA guidelines for infection control. Contacts should provide to the health authorities their identification and valid contact addresses for 14 days after the flight (locator cards) in order to facilitate contact tracing, if needed. Captains should radio ahead to the airport of destination informing it of a suspected SARS case on board (International Health Regulation 2005, Article 28).
- Leitmeyer and Adlhoch Epidemiol 2016: Review Article: Influenza Transmission on Aircraft
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- Zhang et al EID 2013: Protection by face masks against influenza A(H1N1)pdm09 virus on trans-Pacific passenger aircraft, 2009.

- Notulen 55th meeting ECDC preventieve zonder-farmaceutische maatregelen voor pandemic flu
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    - Hand hygiene: Evidence supports the use of this measure during epidemics and pandemics as it reduces the risk of infectious diseases in general, although evidence on effectiveness of this measure against laboratory-confirmed and pandemic influenza is variable and sometimes contradicting. Effectiveness is dependent on frequency of hand washing. Effectiveness will increase when used in combination with other measures (e.g. facemasks). Compliance may increase during a pandemic, increasing effectiveness.
    - Use of surgical facemakss: There is lack of evidence for the use of surgical facemasks in the community and against laboratory-confirmed influenza. The majority of evidence originates from studies in health care settings. It has been shown to be beneficial when used by infected people, or people in close contact with patients or at high-risk situations (e.g. in health care settings). There is evidence that effectiveness will increase when used in combination with other measures (e.g. hand hygiene). Compliance may increase during a pandemic, increasing effectiveness.
    - Use of respirators: Current evidence does not support the wide use of respirators instead of surgical masks, although respirators are considered beneficial in health care settings for aerosol generating procedures.

- WHO 2019: Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza. There have been a number of high-quality randomized controlled trials (RCTs) demonstrating that personal protective measures such as hand hygiene and face masks have, at best, a small effect on influenza transmission,