Canadian Journal of Public Health (2023) 114:1017–1018
https://doi.org/10.17269/s41997-023-00805-1

LETTER TO THE EDITOR

Do Canadians have favourable attitudes towards reintroducing mask mandates?

Frédérique Deslauriers[1,2] · Camille Léger[1,2] · Simon L. Bacon[2,3] · Kim L. Lavoie[1,2] · on behalf of the iCARE Study team

Received: 30 May 2023 / Accepted: 15 June 2023 / Published online: 11 August 2023

Dear Editor:

Like many countries, Canada faced a triple threat of respiratory illness (COVID-19, influenza, and respiratory syncytial virus) in the fall of 2022, after all COVID-19 measures had been lifted, placing significant pressure on the healthcare system (Tanne, 2022; Wright, 2022). Public health agencies were therefore urging the population to maintain preventive behaviours like masking indoors to help slow the spread of these viruses (Wright, 2022). Mask-wearing has been associated with a lower incidence of COVID-19 and has been shown to prevent the spread of respiratory viruses in general, including COVID-19 (Aravindakshan et al., 2022; Howard et al., 2021; Talic et al., 2021). Although governments recommended mask-wearing indoors, no mandates were reintroduced (Canadian Institute for Health Information, (n.d.); Wright, 2022). This may have been influenced by the perception that the population would reject the mandate, or worse, that it might trigger mass protests (Gaviola, 2022; Montpetit & MacFarlane, 2020). To optimize our COVID-19 responses and future pandemic preparedness, it would be important to determine the population's attitudes towards the reintroduction of mask mandates under conditions of heightened risk, and their socio-demographic predictors.

The International COVID-19 Awareness and Responses Evaluation (iCARE) Study is an ongoing multi-wave cross-sectional survey of population attitudes and behaviours surrounding COVID-19 (Bacon et al., 2021). Analyses of 3015 age-, sex- and province-weighted Canadian adults recruited via Leger's© online panel between September 5 and 12, 2022 show that the majority of Canadians (70%) would be in favour of reintroducing indoor mask mandates if the pandemic situation worsened. The strongest predictors of positive attitudes were being fully vaccinated or boosted. Being employed was associated with negative attitudes towards mask mandates, potentially due to concerns about needing to wear masks all day at work (Montpetit & MacFarlane, 2020). Those who had recovered from a previous COVID-19 infection were also less likely to be in favour of mask mandates, unlike those who were infected and still having symptoms. This suggests that recovery from infection may reduce risk perceptions and decrease motivation for wearing masks (Rosenstock, 1974). Though survey methods may be subject to some bias, respondents were well distributed across sociodemographic characteristics.

Findings have implications for government policy planning. Public health measures should be determined based on the pandemic situation and *evidence* of acceptability, not perceptions of these. This study provides evidence that the Canadian population would accept the reintroduction of indoor mask mandates if the pandemic situation worsened. Results indicating negative attitudes towards mask mandates among workers suggest a need to adapt indoor masking policies to increase acceptability, for example, only being required in high exposure and transmission risk workplaces (e.g., service sector, education). Further, risk assessment education may be needed for those who may be underestimating their risk of contracting COVID-19 after recovering from previous infections.

✉ Kim L. Lavoie
lavoie.kim@uqam.ca

[1] Department of Psychology, Université du Québec à Montréal (UQAM), Montréal, QC, Canada

[2] Montreal Behavioural Medicine Centre, Centre Intégré Universitaire de Santé et de Services Sociaux du Nord-de-l'Île-de-Montréal (CIUSSS-NIM), Montréal, QC, Canada

[3] Department of Health, Kinesiology and Applied Physiology, Concordia University, Montréal, QC, Canada

Author contributions All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Deslauriers, Léger, Bacon and Lavoie. The first draft of the manuscript was written by Deslauriers and Léger and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Availability of data and material The iCARE study data are available on request via the process identified here: https://mbmc-cmcm.ca/covid19/apl/2023.

Code availability All analysis was performed in SAS version 9.4. The codes are available on request by contacting the corresponding authors.

Declarations

Ethics approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee (Research Ethics Committee at the Centre Intégré Universitaire de Santé et de Services Sociaux du Nord-de-l'Île-de-Montréal (CIUSSS-NIM) [REB#: 2020–2099/03–25-2020]) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Consent to participate Subjects' consent was waived due to the non-identifiable nature of the data that were collected.

Conflict of interest Dr. Lavoie is a member of the Canadian COVID-19 Expert Advisory Panel (Health Canada). She has served on the advisory board or as a consultant for Schering-Plough, Takeda, AbbVie, Almirall, Janssen, GlaxoSmithKline (GSK), Novartis, Boehringer Ingelheim (BI), Respiplus, and Sojecci Inc., has received sponsorship for investigator-generated research grants from GSK and AbbVie, and speaker fees from GSK, Astra-Zeneca, Astellas, Novartis, Takeda, AbbVie, Merck, BI, Bayer, Pfizer, Xfacto, Respiplus, and Air Liquide, and has received support for educational materials from Merck, none of which are related to the current article. Dr. Bacon is a member of the Health Canada COVID Alert Application Working Group. He has served on the advisory board for Bayer and Sanofi, has received sponsorship for investigator-generated research grants from GSK, Moderna, and Abbvie, consultation fees from Schering-Plough, Merck, Astra Zeneca, Sygesa, Bayer, Sanofi, Lucilab, and Respiplus, and speaker fees from Novartis, Respiplus, and Janssen, none of which are related to the current article. The remaining authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

References

Aravindakshan, A., Boehnke, J., Gholami, E., & Nayak, A. (2022). The impact of mask-wearing in mitigating the spread of COVID-19 during the early phases of the pandemic. *PLOS Global Public Health, 2*(9), e0000954. https://doi.org/10.1371/journal.pgph.0000954

Bacon, S. L., Lavoie, K. L., Boyle, J., Stojanovic, J., Joyal-Desmarais, K., iCARE study team. (2021). International assessment of the link between COVID-19 related attitudes, concerns and behaviours in relation to public health policies: Optimising policy strategies to improve health, economic and quality of life outcomes (the iCARE Study). *BMJ Open, 11*(3), e046127. https://doi.org/10.1136/bmjopen-2020-046127

Canadian Institute for Health Information. (n.d.). *Canadian COVID-19 Intervention Timeline | CIHI*. https://www.cihi.ca/en/canadian-covid-19-intervention-timeline#resources. Accessed 26 Oct 2022.

Gaviola, A. (2022). Economic impacts of trucker convoy protests could be felt for months, experts warn. *Global News*. https://globalnews.ca/news/8602966/freedom-convoy-economic-impact/. Accessed 14 Apr 2023.

Howard, J., Huang, A., Li, Z., Tufekci, Z., Zdimal, V., van der Westhuizen, H.-M., von Delft, A., Price, A., Fridman, L., Tang, L.-H., Tang, V., Watson, G. L., Bax, C. E., Shaikh, R., Questier, F., Hernandez, D., Chu, L. F., Ramirez, C. M., & Rimoin, A. W. (2021). An evidence review of face masks against COVID-19. *Proceedings of the National Academy of Sciences, 118*(4), e2014564118. https://doi.org/10.1073/pnas.2014564118

Montpetit, J., & MacFarlane, J. (2020). Anti-mask protest in Montreal draws large crowd, propelled by U.S. conspiracy theories. *CBC News*. https://www.cbc.ca/news/canada/montreal/anti-mask-protest-montreal-1.5722033. Accessed 9 Dec 2022.

Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health Education Monographs, 2*(4), 354–386.

Talic, S., Shah, S., Wild, H., Gasevic, D., Maharaj, A., Ademi, Z., Li, X., Xu, W., Mesa-Eguiagaray, I., Rostron, J., Theodoratou, E., Zhang, X., Motee, A., Liew, D., & Ilic, D. (2021). Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: Systematic review and meta-analysis. *BMJ, 375*, e068302. https://doi.org/10.1136/bmj-2021-068302

Tanne, J. H. (2022). US faces triple epidemic of flu, RSV, and covid. *BMJ, 379*, o2681. https://doi.org/10.1136/bmj.o2681

Wright, T. (2022). How to get messaging right on masks, vaccines as 'triple threat' of viruses swirl. *Global News*. https://globalnews.ca/news/9290488/messaging-masks-vaccines-covid-flu-rsv/. Accessed 22 Nov 2022.