

4 February 2021

The Hon Greg Hunt MP Minister for Health and Aged Care Parliament of Australia

Via email: Minister.Hunt@health.gov.au

Dear Minister Hunt

Australia must take urgent coordinated national action on aerosol transmission of COVID-19.

Urgent upgrades of respiratory protection for healthcare workers are needed as well as improved ventilation in healthcare settings, other indoor public spaces and private homes.

In July of 2020, 239 international scientists brought the issue of airborne transmission of SARS-CoV-2 to the world stage. Since the publication of their letter, there has been increased recognition of this route of transmission from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), the European Centre for Disease Prevention and Control (ECDC), and other national disease control agencies. [2] [3] [4]

Despite overwhelming evidence to support airborne, or aerosol, transmission of SARS-CoV-2 [5] [6] [7] [8] [9] [10] [11] this has not translated into appropriate and consistent public health and infection prevention control measures across Australian jurisdictions. While other countries promote the "3 Cs" (avoiding closed spaces, crowded places and close-contact settings), Australian guidelines continue to stress droplet and contact transmission (guidelines from CDNA, ICEG, NSW CEC and others), which have led to a focus on measures of limited or insufficient effectiveness, such as deep-cleaning, handwashing, surface disinfection and 1.5-metre physical distancing.

It is imperative that people in all sectors understand the risk of airborne transmission, as well as the actions that can be taken to combat it.

This open letter has been sent to the prime minister, federal health minister, state and territory premiers and health ministers, chief medical officers of the federal, state and territory governments and the members of the AHPPC, the CDNA and ICEG.

To this end, specific strategies to reduce indoor aerosol transmission of COVID-19 are adeptly summarised in the Chief Science Advisor of Canada's COVID-19 Expert Panel's bioaerosol report, the Occupational Safety and Health Administration (OSHA) Alert, the Harvard TC Chan Risk Reduction Strategies for Reopening Schools Report, the CDC's "COVID-19 Ventilation in Buildings" guidance, the European CDC's "Heating, Ventilation and Air-Conditioning Systems in the Context of COVID-19: First Update", and the "ASHRAE Position Document on Infectious Aerosols".

The importance of airborne transmission has been highlighted by the German government, which has committed 500 million Euros to mitigating its effects in public buildings "Lüften", or airing, is now German policy and has been longstanding in South Korea, Vietnam, Taiwan and in other regions which embraced the principles of the 3 Cs early on in the pandemic. Indeed, China's very first announcement of this novel coronavirus on 31st December 2019 also made public recommendations for ventilation of enclosed spaces, avoiding crowded indoor places and wearing masks. [19] The initial clinical guidance on 24th January 2020 strongly recommended airborne PPE for clinicians. Italy, New Zealand and Japan have all accepted and now promote aerosol messaging.

With this evolving science, the importance of monitoring and improving ventilation has become increasingly clear and thus US, UK and Canadian government agencies have produced improved guidance. [21] [22] [23] [24] However, despite increasing global recognition and mitigation efforts, there continues to be a lack of attention to the importance of ventilation in Australia. The Australian Government has not produced any specific guidance or mandated relevant standards.

This lack of acknowledgement of aerosol transmission has had far-reaching effects. It has contributed to the healthcare outbreaks associated with over 3,500 healthcare worker infections in Victoria, healthcare facility closures across Melbourne and in Burnie, Tasmania. It seeded outbreaks into the community, resulting in further economic and social upheaval.

More recently, essential workers, such as paramedics and bus drivers transporting people in hotel quarantine, continue to use "droplet and contact precautions", wearing poorly-fitted surgical masks, which unlike airborne protections (fit-tested N95/P2 respirators, etc.), do not afford any satisfactory level of protection against airborne pathogens in high-risk environments. This has led to infections in these workers and spread into the wider community, resulting in outbreaks with major economic and social disruption.

To reflect the current scientific evidence, we call on the Australian authorities to:

• Take the most urgent measures to reduce the risk of workers at the international border and in hotel quarantine becoming infected. This must include the provision and wearing of airborne respiratory protection at all times for these workers, urgent vaccination with the highest efficacy vaccines, and urgent audits and upgrading of ventilation infrastructure. Delays in these simple measures will increase the risk of further outbreaks in Australia and potentially allow the establishment of highly

- transmissible variants in the community which cannot be controlled as 'easily' as we have controlled outbreaks to date.
- Update all COVID-19 guidance to emphasise the risk of aerosol transmission of COVID-19.
- Mandate and fund ventilation assessments and upgrades of essential public institutions, such as hospitals, schools, aged care facilities and prisons.
- Promote strategies to reduce transmission risk in private homes, businesses and
  other enclosed spaces through clear public health messaging and education. Avoid
  the "3 Cs" through indoor mask wearing when community transmission is present
  (even when physically distanced), routinely opening windows to refresh the air,
  regular HVAC maintenance and filter replacement or upgrade.
- Ensure that no high-risk health care worker or other essential worker, including those in hotel quarantine, is denied access to a fit-tested respirator (N95, elastomeric or equivalent) for suspected or confirmed COVID-19 positive patients.
- Risk assessment for health care workers should go beyond the presence of "aerosol generating procedures" and should take into consideration aerosol-generating exposures (e.g., shouting, singing, coughing, sneezing, heavy breathing), proximity to the patient, time spent with the patient, indoor air quality, and patient compliance with mask-wearing for source control.
- Fast track research and recommendations into indoor air quality. This includes the study of carbon dioxide (CO2) monitoring as a surrogate measure of indoor air quality and airborne pathogen risk  $^{[26]}$  with a putative threshold set at 600 PPM based on termination of a TB outbreak. $^{[27]}$
- Include recommendations on usage of air cleaners such as appropriately sized
  portable air filtration (HEPA) units or simple, practical and low-cost homemade
  devices using MERV-11/13 filters and box fans, as options for filtering out
  bioaerosols indoors when ventilation is suboptimal.
- Engage engineers and other ventilation specialists to develop clear ventilation standards for indoor environments and integrate these standards into the reopening guidelines for businesses with a higher risk of aerosol transmission (e.g., restaurants, bars and gyms).
- Convene a suitably diverse group of experts from aerosol science, engineering, HVAC, occupational hygiene, OH&S and organisational psychology to work alongside infection control experts, in accordance with the Australian Governance Principles.

Future respiratory viral pandemics are a certainty. [28]

Investing in ventilation, indoor air quality and appropriate personal protective equipment now will save lives and prevent economic hardship in the future. The public health "sanitary reformers" of the late 1800s led the way in overcoming water-borne diseases like cholera and typhoid fever through investments in sewer systems and water treatment plants [29]. We are certain that there were those who thought the task at hand was insurmountable.

We hope that Australia will consolidate the excellent work done so far in safeguarding our nation by rapidly translating the science on aerosols into action on the ground. Addressing the fundamentals of disease transmission is critical to mitigating disease transmission.

Acknowledging and taking action on airborne transmission must be a key priority.

It must be appropriately managed in all sectors to ensure an enduring recovery for Australia.

Yours faithfully,

**Dr David Berger**, BSc MBBS MRCP MRCGP FRACGP

Dr Zoë Hyde, MPH PhD, Epidemiologist

20ë Hyde

**David Metcalf**, BCom(IT/IS) GDipAppFin GAICD

A/Prof Michelle Ananda-rajah, MBBS FRACP

Ruander-hapel

Al f. W.

**Dr Andrew Miller**, MBBS LLB(Hons) FANZCA FACLM FAICD, AMA WA President

**Anna Davidson**, BA/LLB(Hons) GDipLP CertPSM GAICD

## **Authors (Signatories)**

**Dr David Berger**, BSc MBBS MRCP MRCGP FRACGP, GP Emergency Doctor, Remote Australia; **Dr Michelle Ananda-rajah**, MBBS FRACP PhD, Doctor; **Dr Andrew Miller**, MBBS LLB(Hons) FANZCA FACLM FAICD, AMA WA President, Anaesthetist, AMA WA; **Dr Zoë Hyde**, MPH PhD, Epidemiologist, The University of Western Australia; **Anna Davidson**, BA/LLB (Hons) GDipLP CertPSM GAICD, Director Port Stephens GP Super Clinic; **David Metcalf**, BCom(IT/IS) GDipAppFin GAICD, Enterprise Solutions Architect, Sessional Lecturer.

## **Reviewers (Signatories)**

Kate Cole, BSc, MEEM, MSc OHP, Churchill Fellow, Certified Occupational Hygienist (COH), member of DHHS Victoria Infection Mechanisms Subgroup, Member of National COVID-19 Clinical Evidence Taskforce ICEG/IPC Panel, President Elect, Australian Institute of Occupational Hygienists; Dr Benjamin Veness, BAcc MBBS MPH MP, Psychiatry Registrar; Dr Katharine McAlpine, BA/LLB MBBS M.Psychiatry, Doctor; Dr Noor Bari, MBBS B.Sc Infection (Hons), Emergency Medicine Advanced Trainee, Western Sydney Local Health District; Dr David Allen, MBBS(Hons) DPH FAFOEM, Occupational and Environmental Physician, Sydney Occupational Health.

## **Signatories**

Prof Chandini MacIntyre, MBBS (Hons 1), FRACP, FAFPHM, M App Epid, PhD, Professor; Prof Lidia Morawska, PhD, Professor, Queensland University of Technology; Prof Kim Prather, Aerosol and Atmospheric Chemist, Distinguished Professor, University of California; Prof Richard L. Corsi, PhD, PE, Past President of the Academy of Fellows of the International Society of Indoor Air Quality and Climate, Past Endowed Research Chair (Indoor Air Quality) at the University of Texas at Austin, Dean, Maseeh College of Engineering and Computer Science, Portland State University, Portland State University and University of Texas at Austin; Prof Jose-Luis Jimenez, Aerosol Expert, Professor, University of Colorado; Prof Linsey Marr, Ph.D., Expert in Airborne Transmission of Viruses, Professor, Virginia Tech; A/Prof Alex Huffman, PhD in Atmospheric/Aerosol Chemistry; Research emphasis for 13-years on bioaerosol, Associate Professor of Chemistry, University of Denver; Prof Trish Greenhalgh, BM BCh FRCP FRCGP FFPH FMEDSCI MBA, Professor of Primary Care Health Sciences, University of Oxford; Prof Euan Tovey, PhD, Senior Research Fellow, Woolcock Institute of Medical Research; Prof Charles N Haas, Environmental engineer specializing in microbial risk assessment, LD Betz Chair Professor of Environmental Engineering, Drexel University; Prof John Volckens, Director of the Center for Energy Development and Health, Colorado State University; Asit Kumar Mishra, PhD in HVAC, Postdoc; Prof Gonzalo Lozano, Epidemiologist, HSEQ - Epidemiologist; Prof Alex Arenas, Physicist, Professor, Universitat Rovira i Virgili; Dr Suzi Nou, MBBS BMedSci FANZCA MPH, Anaesthetist, Northern Health; Dr Nancy Baxter, MD PhD FRCSC FACS, Head of the School of Population and Global Health, University of Melbourne; Dr Pieter Peach, FANZCA MBBS BSc Hons MPH, Anaesthetist, Royal Children's Hospital Melbourne; Zoë Silverstone, BSc, MBChB, Deputy Medical Editor, Medical Journal of Australia; Dr John Johnston, MBBS MOH FACEM, Emergency Physician; Dr Robert Hackett, MBChB FANZCA, Senior Consultant Anaesthetist & Director of The PatientSafe Network, Royal Prince Alfred Hospital; Andrew Hewat, Grad Dip Medical Ultrasound/Applied Science Medical Radiations, Assistant Secretary, Victorian Allied Health Professionals Association; Geoff Hurst, FIEAust, Director, ENGENEOHS Pty Ltd; Jonathan Mesiano-Crookston, Lawyer, Biochem, Partner; Robert Bean, Retired Engineering Practitioner, Distinguished Lecturer, ASHRAE; Dr Dino Pisaniello, MPH PhD FRACI FAIOH FAIHS, Professor in Occupational and Environmental Hygiene, University of Adelaide; Prof Mark Stoove, PhD BAAppSci(Hons), Professor, Burnet Institute; Prof Elizabeth Elliott, MD FRACP FRCPCH FRCP, Professor Paediatrics & Child Health, University of Sydney; Dr Claire Bird, PhD in bioaerosol characterisation, Immediate Past President / Technical Group Liaison, Indoor Air Quality Association Australia; Kiran Chandrasekhar, Certified Air Quality Professional (CAQP), Senior Occupational Hygienist at Hibbs, CASANZ; Dr Diana Wong, PhD Disaster Health, Masters Clinical Practice (Nursing), RN/RM, Certified Emergency Nurse, Cert IV TAE, Grad Dip Emergency Health, Grad Dip Applied Science, Consultant; Prof Margaret McAllister, RN edD, Emeritus Professor, CQUniversity; Yujia Zeng, Bachelor of Dental Surgery, General Dentist; Dr Rachael Coutts, MBBS FACEM, Emergency Physician, Northern Health; Dr Shaun Fleming, MBBS(Hons) FRACP FRCPA, Haematologist; Linda Apthorpe, Certified Occupational Hygienist, MSc OHP, FAIOH, Lecturer, University of Wollongong; Dr Tristan McAlpine, B.Sci (Hons) MBBS FRACGP, GP; Dr Jennifer McDonald, MD, FRCPC, Physician; Dr Rebecca Taylor, FRACP, MBBS (Hons), BSc (Hons), Paediatrician; Kate Marsh, Bachelor of Nursing and Graduate Diploma in Anaesthetics, Anaesthetic Registered Nurse; Karen Cohn, MS, CIH, Public Health Consultant; Dr Elizabeth SIGSTON, MBBS FRACS PHD, Associate Professor / Consultant ORHNS Airway Surgeon, Monash Health / Monash University; Dr Jayant Banerji, MBBS MD DNBE FRACGP, Sr Lecturer, Monash University; Dr Gabriel Blecher, MBBS(Hons) PDM FACEM CCPU MSc, Deputy Director, Emergency Department, Monash Medical Centre; Prof Tina Brock, Pharmacist and Educator, Professor, Monash

University; Alison Ingram, PhD candidate, Student, Monash University; Dr Barry Chesson AM, PhD, BSc (Hons), MAppSc (Health Science), GradDipNatRes, COH, FAIOH, CChem, FRACI, Former Director and Principal Consultant, Occupational Hygiene Solutions Pty Ltd; Dr Minh Le Cong, MBBS, FACRRM, FRACGP, Rural Doctor, Outback Queensland; Dr Yu-Feng Judy Huang, BHB MBChB DIPOBGYN FRNZCGP FRACGP, GP, MediCentral Medical Center; Dr Anne Rasmussen, MBBS FANZCA, VMO Anaesthetist, PMBH; Dr Nidia Oliveira, PhD in Virology, Lab Manager, University College London; Dr Penelope Harvey, MD MBChB FRACP, Geriatrician, Northern Health; Dr Catherine Falconer, MBBS FRACGP dipRACGP, GP Urban Group Practice; Dr David Caldicott, BSc (Hons), FRCEM, Dip Med Tox, Emergency Consultant; Dr Kirsten Connan, FRANZCOG, Specialist, Tasmanian O&G specialists; Dr Michelle McRae, MBBS FACD BEng, Dermatologist, Private Practice; Dr Kirsten Walsh, MBBS MPH FRACP, Paediatrician, Epworth Healthcare; Dr Nancy Malek, MBBS FANZCA, Anaesthetist, Nepean Hospital; Kerry McDougall, Certified Occupational Hygienist, MAIOH, COH. BAppSci Physics, Manager, AIOH; Dr Reece Cordy, MBBS/ MMed (Perioperative), Anaesthetic Fellow, Alfred Health; Dr Alexandra Jaworski, PhD BOptom BSc (Hons) GCertUniTeach PGCOT, Senior Lecturer, Head of Clinical Skills (Optometry); Dr Katrina McLean, MBCHB RACGP, GP; Emma Dalton, RN Nurse Immuniser Cert IV (WHS) BNurs, Occupational Health Nurse; Sara Nannery, Podiatrist, Podiatrist, Community Health; Kerryn Rhodes, Registered Nurse, Emergency Clinical Nurse Specialist, Wimmera Health Care Group; Georgia Moo, Bachelor of Occupational Health and Safety Science, Master of Occupational Hygiene, Occupational Hygienist; Melissa Milo, Post Grad Cert Occupational Hygiene, Certified Occupational Hygienist; Dr Amanda Stephens, BA MBBS PhD, Registrar emergency medicine, Bankstown Hospital; Michelle Petterson, BDSc (MELB), Dentist; Charys Winter, Nurse Consultant, Nurse Consultant; Dr Anne Thomson, BMed (Hons), FRACGP, GP; Renee Widdison, Masters of Nursing, Nurse Practitioner, NP; Diana Cundall, BSci; Dr Rajna Ogrin, Bsc, BPod(Hons), PhD, Senior Research Fellow, Bolton Clarke; Michele Cassidy, BSc Marine Biology; Dr Jarrad Hall, BSc(Hons) MInfectDis PhD, Medical Student, University of Western Australia; Sally Davison, BAppSci, MBA, Consultant; Sally Connell, Registered Nurse and Lactation Consultant; Sally Fitzpatrick, MPH, HDR Student, UNSW Sydney; Nancy Delagrave, B.Sc. in Mathematical Physics, College Physics Teacher, Collège de Maisonneuve; Dianne Williams, CFO member of AI Group, CFO, MW ENGINEERS PTY LTD; Laureen Tracey, Medical Scientist, Retired; Jette Radley, BA (Comms) / BA (International Studies), Director; A/Prof Colette Boskovic, PhD (chemistry), Associate Professor, University of Melbourne; Dr Rebecca Szabo; Dr Delia Hernandez Deviez, Medical Doctor, PhD, Health Practicioner, Princess Alexandra Hospital; Chris Lancashire (Huan Yeng), RN RM BA Nursing; Dr Yoon Ooi, Anaesthetist, FANZCA, VMO, Port Macquarie Base Hospital; Dr Justin Game, MBBS, FRANZCO, Ophthalmologist, Port Macquarie Base Hospital; Dr Sarah Mollard, BMed MPHTM FRACGP, GP; Dr Russ Schedlich, MB BS (UNSW), MPH (USyd), FRACMA; Dr Claire Service, MBBS BscMed UNSW FANZCA, Anaesthetist, Prince of Wales Hospital; Dr Stephanie Ward, BMed FRACP MPH, Geriatrician, Prince of Wales Hospital; Dr Liz Brown, MBBS FRACP PHD, Respiratory Specialist, Prince of Wales Hospital; Dr David R. Tomlinson, BSc MD MRCP, Consultant Cardiologist and Electrophysiologist, #FreshAirNHS Leadership Team, University Hospitals Plymouth NHS Trust; Michelle Cimoli, B Speech Pathology, Speech pathologist; Dr Anne-Marie Cassano, MBBS (Hons) FRACP, Physician/Geriatriacian, Epworth/Brunswick; Rosalind Gooley, Registered Nurse, Retired; Dr Karen Magraith, BMBS FRACGP, GP; Molly Tebo, BSc (Hons), MLIS; Dr Emma McLaughlin, Doctor of Philosophy in Speech Pathology, Speech Pathologist; Dr Jonothan Logan, PhD, Visiting Scientist, Feinstein Institute for Medical Research; Dr Christine Peters, MBCHB, DTmH, BSc, FRCPATH, Consultant Microbiologist Clinical Lead, NHS; Lauren Chaitow, Bachelor of Applied Science Speech Pathology, Speech Pathologist and PhD Candidate, The University of Sydney; A/Prof Jane Munro, MBBS FRACP MPH MHSM, Paediatric Rheumatologist, Royal Children's Hospital; Dr Kate Jardine, BSc, MBBS, FRACP, Paediatric Cardiologist, Newcastle; Dr Carmen Brown, MD, FRANZCOG, Consultant, Djeriwarrah Health Services; Dr Julie Isaksson, B Med, FANZCA, Consultant anaesthetist, Mercy Health; Karyn Gellie, Registered Nurse, Team Coordinator; Dr Maya Panisset, MSPT, PhD, Research Fellow (Physiotherapist), University of Melbourne; Dr Philip Carter, MBBS BMedSc(Hon) DipRACOG, General Practitioner, Parkview Clinic; Helen Jowett, Bachelor of Science (Nursing), Trauma Manager, The Royal Childrens Hospital; Dr Shireen Lamande, PhD, Senior Scientist, Murdoch Childrens Research Institute; Dr Cameron Graydon, MBBS FANZCA, Anaesthetist; Dr Paavi Davidson, MBBS FRACGP, General Practitioner; Ibrahim Ech, MAIOH, Certified Occupational Hygienist, BSc Biology, MSc Environmental Toxicology, M OHS Management, Occ. Hygiene, Principal Consultant, SESA-Safety & Environmental Services Australia; Brad Prezant, Certified Occupational Hygienist, Chief Scientific Officer, VA Sciences; Dr Rebecca Goodman, MBBS BSc FRACGP, GP; Louise Payne, Bachelor of Applied Science (Nursing), Registered Nurse, Healius-General Practice Clinics; Dr Vasu Iyengar, MBBS, MRCOG, FRCOG, FRANZCOG, AFRACMA, MastersHA,, Consultant Gynaecologist & Obstetrician, Many in Vic & NSW; Dr Ehud Zamir, MD, FRANZCO, Specialist ophthalmologist, The Royal Victorian Eye and Ear Hospital; Dr Ben Rutten, MBBS, Registrar, Royal Women's Hospital; Dr Lorraine Baker, MBBS, DipRANZCOG, Grad.Dip. Wom.Hlth, GP, Belmore Road Medical Centre; Dr Natalie Bassat, MBBS (Hons), Medical Trial Doctor, Emeritus Research; Raghuram

Muguli, Masters in Environmental Science, Senior Occupational Hygienist, Coffey; Dr Jennifer Hines, PhD, Occupational Hygienist, EHS Solutions; Dr Nicole Sheridan, MBBS FANZCA MMed, Senior Medical Staff, Western Health; Mihaela Talcevski, Bachelor of Forensic Science in Applied Chemistry; Master in Occupational Hygiene and Toxicology (current), Occupational Hygienist, Operations Manager- Scientific Services, Clean Air Technologies; Dr Louise Manning, MD, Bsci(Hons), DRANZCOG, GP Obstetrics Registrar, Bendigo Health; Ash Gupta, Bachelor of Physiotherapy (Hons), Physiotherapist, Vitality Works; Dr Kathryn Browning Carmo, BMED FRACP PHD, Critical Care, CHW; Catherine Steel, Critical Care Nurse, Critical Care Nurse; Dr Anna Mysliborski, MBBS MN BSN BASc, Ed registrar, Bendigo; Karen Websdale, BA LLB (Hons), Mediator / Educator; Dr Michayla Nolan, MBBS (Hons), BMedSc (Hons), Resident Medical Officer; Dr Jayne Berryman, MBBS BSc, Anaesthetist, Private practice; Chelle Thompson, Hospital CEO; Paul Anthony King, Social worker; Deborah Walganski, B Nursing Grad Dip Mifwifery, Clinical Midwife Specialist; Carolyn Steele, BAppSc(Phys), Physiotherapist; Griffith Young, BSc; Dr Brendan Butler, MBBS, FANZCA, Specialist Anaesthetist, Albert St Anaesthetic Group; Andrea Smith, Registered Nurse; Dr Kim Pham, MD BBiomed CWH, O+G Registrar, Northern Health; Duncan Merrell, Paramedic (Retired) WHS officer. Union Delegate, Paramedic (Retired) WHS officer. Union Delegate, QAS Queensland Ambulance Service/ United Voice; Jane L Whitelaw, Certified Occupational Hygienist COH, Academic Program Director OHS, University of Wollongong; Ian Bell, Retired Actuary; Gretchen Young, B App Sc (Speech Pathology); M Sc (Strategic Foresight), Director, Young Futures; Dr Lisa Mitchell, MBBS FRACP, Physician, Regional Victoria; Susan Galambos Colmer, Psychologist, Director, GV Developmental Clinic; Michele Daly, BSc MSc, Senior Researcher, Sydney Uni; Dr Thomas de Vries, MBBS (Hons), Hospital HMO; Dr Pamela Davis, PhD Physiology, Retired; Dr Alan Corbett, MBBS, ACEM Advanced Trainee, Royal Children's Hospital Melbourne; Dr Marcia Smart, MBBS FRACGP, General Practitioner, Richmond Medical; Dr Alice Grey, MBBS, Doctor; Dr Patricia Woods, FRACP MB ChB MRCPCH BSc MRetM CCpU, Consultant Neonatologist, King Edward Memorial Hospital; Dr Andrew Rees, BMBS FRACGP, GP; Nina Morrison, Enrolled Nurse, Enrolled Nurse; Dr Charlie Ho, FANZCA FRCA FCAI, Consultant, Rockingham; Dr Richard White, GP, GP with Post Grad Public Health, Private; Dr Tim Leeuwenburg, FACRRM FRACGP Grad Dip AeroMed, Senior Specialist / Medical Retrieval Consultant, Central Australian Retrieval Service; Dr Diana Romanic, BA(Psyc) BEXSc MD, GP Registrar, Haan Health Medical Centre; Dr Mary Tapsall, MBBS, GP, The Doctors@Lavington, NSW; Christine Hughes, Physiotherapist; Joseph Fleming, Social Work, Mental Health Social Worker; Dr Ashley Hayes, MBBS, B. Med Sci, FRACGP, DRANZCOG, GP; Dr Karina Powers, MBBS MPH PGrad Dip Occ Hlth&Sfty FAFOEM, Occupational Physician; Emily Edmonds, Bachelor of Health Science Nursing, Clinical Nurse Consultant, Western Sydney LHD,; Julie Sullivan, CIH, BSc, Occ Hygiene; Robert Illidge, BE(Mech), Surf Lifesaver / Trainer / Assessor / Advanced First Aid, Consultant, SLSA; Dr Leslie Segal, MBBS FRACGP, GP, Wellness on Wellington; Dana Scot, RN, ED nurse; Patrick Gannon, MOccHy&Tox, GDip OSH, GDipEnnlvHth, Manager H&S; Elizabeth Allen, RN Grad cert ICU, CNS; David Eiler, RN; Dr Aleksandar Misev, BSc MChD FRACGP, GP; Dr Michael Demtschyna, MBBS FRACGP, Rural and Remote GP VMO, Rural WA and Rural QLD; Janine Wheeler, Bachelor of Midwifery, Midwife, University Hospital Geelong; Dr Kah Yep, MBBS BMedSci FANZCA, Anaesthetist; Dr Catherine Franconi, MBBS FRACP, Neurologist; Belinda Brucki, BSc major Psychology; Master of Public Health, Public Health; Dr H Parry, MBBS FRACGP MPH, Medical Practitioner; Dr Lisa Doyle, MBBS FRACGP, GP, Prahran Market Clinic; Dr Matthew Butler, MBBS BSc(Hons) MRCP(UK,Ger) PGCert(Health Res), Consultant Physician & Geriatrician, Addenbrookes Hospital, Cambridge University Hospitals NHS Foundation Trust, FreshAir NHS, www.covid19ppe.org Founder; Dr Linda Xu, MBBS Sc (Med), General Physician / Geriatrician; Dr Bob Vickers, FACRRM, DRANZCOG (Advanced), MBBS, Bachelor of Medical Science, GP; Dr Chris Reid, MBBS FANZCA, Anaesthetist; Jayne Power, Social Worker, Retired, Retired; Dr Colin McIver, MBBS MBA MIS BN FRANZCP, Psychiatrist, Private Practice; Dr Beate Harrison, MBBS FRANZCP MMED, Child and Adolescent Psychiatrist, Perth Children's Hospital; Dr Anna Robson, MBBS MPHTM FRACP, Paediatrician, DEPARTMENT OF HEALTH WA; Dr Sascha Saharov, MBBS FRACGP, Rural Generalist, Broome Hospital; Dr Alex Harris, MBBS FRACGP, District Medical Officer, Broome Hospital; Dr Melanie Little, MBBS, FRACGP, MPH&TM, GP ED/anaesthesia, Broome Hospital; Dr Pallas Mareyo, MBBS BSc FRACGP DRANZCOGAdv, District Medical Officer, Broome Hospital; Dr Trent Little, BSc. MBBS FRAGP, DMO, Broome; Dr Amanda Lim, FRACGP, GP; Dr. Lisa lannattone, MD, FRCPC, Physician; Gennady Simanovsky, Material specialist, CEO, Dolphin Vision; Dr Sophie Nightingale, MBChB, MS, FRACS, Surgeon, Peter McCallum Cancer Centre; A/Prof Patricio Rojas, Assistant Professor, Universidad San Francisco de Quito; Dr Sean Fernandez, MBBS, FRACGP, District Medical Officer, WACHS; Dr Stephanie Breen, MBBS, Rural Generalist, WACHS; Dr Wendy Sexton, MBBS (Hons), FRACGP, EADTMH, DRANZCOG (2010), EMC (2019), Rural Generalist, WACHS; Dr Alexander Linden Clarke, MBBS/BMedSc, Anaesthesia Fellow, The Royal Melbourne Hospital; Dr Janette Wright, MBBS FANZCA, Consultant Anaesthetist, The Royal Melbourne Hospital; Fiona O'Connor, Registered Nurse; Gregor Riese, Occupational Hygienist, Director, Giant Hygiene Services; Dr Brett Thomson, MBBS FRACGP FACRRM, GP, RFDS; Dr Preeti, MBBS FRACP, Consultant; Dr Luz Divina Cera, Family Physician,

Primary Care Physician, Institut Català de la Salut; Dr Laura Johnston, GP; Samantha Forster, Master of Science - Occupational Hygiene Practice, Principal Occupational Hygienist Mineral Mines and Quarries Qld, AIOH; Dr Seung Baek, MBBS, LLB, Doctor; Andrew Orfanos, B.Sc.Hons, Occupational Hygienist, Advanced Occupational Health and Hygiene Solutions; A/Prof Nestor Rojas, Ph.D., Associate Professor, Universidad Nacional de Colombia; Dr Deborah Harley, MBBS, GP; Dr Lucas Cresswell, MBBS FRACGP, GP, Surgery 82, Busselton; Pierre Lim-Fat, ADV DIP HVAC, MIZCO; Dr Cerys Latimer, MBBS FRACGP DRANZCOG DCH, GP, Eastbound Clinic; Dr Stephane Bilodeau, Engineer, MASc, PhD, Chief Technology Officer, Smart Phases Inc. Endcoronavirus.org; Dr Ron Sher, MBBS, FRANZCR, Radiologist; Dr Ashwin Sharma Umakantha Sarma, MBBS (Hons), HMO; Dr Genevieve Marchand, B.Sc. Microbiology; M.Sc. Biology; Ph.D. Microbiology, Microbiologist / Researcher, The Institut de recherche Robert-Sauvé en santé et en sécurité du travail; Dr Maria da Costa, MBBS, FRACGP, GP associate, Benchmark Medical; Carl Metcalf, BBioMedSc MMedImSc, CT Coordinator, Great Southern Radiology - Albany Health Campus; Dr David Lempert, MBBS, BA, Emergency Registrar; Karleen Llewellyn, BSc (Occupational Therapy), Occupational Therapist; Dr Nivanka De Silva, BMed/MD, Medical doctor; Dr Deborah McKinlay, BSc (Hons), BMBS, FRACGP, GP; Dr Emma McKeever, MBChB FRACGP, GP; Dr Judith Kermode, MBBS MD FANZCA, Specialist Anaesthetist, Private Practice; Melissa Webb, B. Physio, M. Hlth Sci, Grad Cert Burn & Trauma Rehab, Allied Health Team Leader - Trauma, The Alfred; Dr Emma O'Lone, PhD MBChB MRCP FRACP, Staff specilaist; Dr Nandhini Sivakumar, MBBS FRACGP, GP; Dr Jim Reeves, MBChB FACEM, Emergency Physician, Cairns Hospital; Dr Jennifer Hardman, FACEM MBBS BSC, ED Staff Specialist, Cairns Hospital; Dr Mark Little, MBBS FACEM MPHTM DTMH, Emergency Physician & Toxicologist, Cairns Hospital; Dr Sharann Johnson, PhD, COH, Director, Callander & Johnson Consultancy Service, Australian Institute of Occupational hygienists; Dr Carly Roxburgh, MBBS FRACGP DRANZCOGAdv DCH, Medical practitioner, Albany Health Campus; Dr Samir Hussein, MBChB, FRACGP, GP; Dr Julia Trayer, MBBS BSc(Med) FRACGP MPH, GP, Wellness on Wellington; Dr Lianne Poon, MBBS, Medical Practitioner, East Geelong Medical Centre; Riwka Hagen, BAppSc(Med Sci) FAICD, Director | Principal Consultant, Medical Business Services; Matt Gilchrist, Practice Management Consultant; Dr George Manoliadis, MBBS FRACGP, GP Principal, Nelson Plaza Clinic; Dr Alex Richardson, MB BCH FRACGP, Clinical Director, Nelson Plaza Clinic; Dr Kenneth J De Jong, MBBS (Hons), ED HMO; Belinda Cavanagh, Bachelor of Nursing, RN; Peta Terry, Acupuncturist; Jelena Milosevic, Nurse, Nurse, Parnassia groep; Dr Sao Khemar Wadi, MBBS FRACGP, GP; Dr Teresa Bridgart, MBBS, ED Registrar; Dr Marizabel Gonzalez-Castillo, MD, Cert EM (ACEM), SCHP, Senior Medical Officer, Capricorn Coast Hospital & Health Services; Dr Pippa Birkin, MBChB FRACP, Consultant General Paediatrician, Gosford Private Hospital; Carmen Naylor, Occupational Hygienist, Occupational Hygiene Leader, The Australian Nuclear Science and Technology Organisation; Dr Vanessa Bussau, PhD, Director; Frank Fleer, BEng(Chem) Hons, Director, Helix Environmental; Dr Glen Lo, MBBS BMedSc(Hons) FRANZCR, Consultant Radiologist; Trevor Williams, Sonographer, Locum Tenens; Isla Lucas, Bachelor of Medical Imaging, Sonographer, Great Southern Radiology; Kay Wakefield, Radiographer; Lucía Lara, Staff Engineer; Alicia John, Nurse; Caroline Dew, CCRN, ICU; Dr Richard Jackman, FACEM MBChB, ED SMO, Cairns; Dr Nora McCullagh, BA, MB, BCH, BAO, FACEM, Staff Specialist, Cairns Hospital; Dr Divya-Jyoti Sharma, MBBS FANZCA, Anaesthetist, Sir Charles Gairdner Hospity; Peter Kirby, BLS, Dip WHS, Dip Risk Management, Senior Risk Consultant; Dr Helen MacLean, BSc(Hons), PhD, Research scientist (retired), University of Melbourne; Dr Sandhya Ramanathan, BSc(Med), MBBS(Hons), DCH, FRACGP, FRNZCGP, GP, Surrey Medical Centre; Cailin Jordan, Psychologist, Genea; Dr Matthew Cardone, MBBS, GP, Tweed Health For Everyone; Jane Withers, Ba Nursing, PGC NICU Nursing, PGC PICU Nursing, PGD Midwifery, Masters Midwifery, Cert IV TAE, Immunisation Certificate, RN RM, SCHN and agency; Jayne McKenna, Registered Nurse, CNC, MHHS; Romana Vener, Bach Nursing. Midwifery, Reg Nurse/Midwife, RBWH Brisbane; Dr Ken Maclean, BSc(Med), MBBS, FRACP, Consultant Geneticist; Dr Debra Carnes, RN, BN, MNurs, PhD, Self-employed; Dr Onisha Patel, PhD, Scientist, WEHI; Sheena Burgess, Registered Dental Hygienist; Dr Gabrielle Hall, MB.BS; MTH; DCH, Senior Medical Officer, VAHS; Dr Franck Clarot, Medical Doctor, Senior Head, CVL Radiology Dept; Sarah Page, B Nursing, Occupational health and hygiene advisor, Tomago Aluminium; Belinda O'Connor, Bachelor of Midwifery, Clinical Midwife Specialist; Gabrielle Orezt, RN Onc Cert BAppSc MPH GAICD, National Clinical Systems Project Manager; Susan Cooper, Registered Nurse, Level 3, angiography, Gold Coast Private Hospital; Terry Turner, Bachelor of Nursing; Bachelor of Arts, Clinical Nurse, Queensland Health; Dr David de la Hunty, FRANZCO, Ophthalmologist, Rockingham Eye Clinic; Karen Allsopp, BSc (Hons) M.Nutr.Diet (Syd), Covid-ICU and Surgical Specialist Dietitian, NHS; Leanne Dean, EEN, EEN, Peninsula Vascular Group; Triecia Gibney, DPsych, Clinical Psychologist; Glenda McLean, Sonographer, Sonographer, Monash Health; Lindy Nield, MSc, BSc(Hons), Grad Dip Occ Hyg, MAIOH, OSH Inspector, Mines Safety, DMIRS; Lisa Francis, Speech Pathologist, Head of Department Speech Pathology, Hornsby Hospital; Amanda Maher, Pharmacist, Community Pharmacist; Tess Magor, Social Worker; Dr Wayne Laughton, BMBS, FRACGP, GP, BUPA; Dr Kat Ritchie, FRACGP, MBBS, BMedSc, Specialist General Practitioner; Louise Morosi, Nurse, General practice; Ruth Croall, Retired

Midwife; Dr Alice Maxwell, FRACGP, MBBS, BSc, GP; Dr Antje Theilhaber, FRACGP, Principal GP, Eleanor Clinic; Dr Eunice Sales, MD, FRACGP, GP, Eleanor Clinic; Dr Felicity Dent, MBBS, FRACGP, GP, Eleanor Clinic; Dr Gillian Rileyb, BSc BAsSt MBBS DRANZCOG (Adv) FRACGP, GP; Goran Pechanats, Dental Surgeon, Employed Dentist, Bupa Corporation; Dr Jenny Weekes, B Med, GP, University of Canberra; Jodi Blyde, RN, Masters Rural and Remote Nursing, Grad Dip Emergency Nursing, Registered Nurse, Muswellbrook District Hospital; Dr Susan Stark, BMBS, FRACGP, GP, Kingston Family Clinic; Dr Mark Raines, BMBS, FRACGP, BPharm, GP, Hoc; Dr Janus Senpre, MD MSc MPhil FRACP, Consultant Physician, RDH; Dr Susan Ridley, MB BS. FRACGP, GP, Crows Nest Medical Practice; Dr John Wong, MBBS, Doctor; Dr Julie Son, BSc(Med)MBBS FRACGP, GP; Dr Barbara Bloch, MBBS FRACGP, GP, Medical clinic; Dr Harriet Playle, MBBS FRACGP MPH, GP; Dr Susan Boucher, BMBS, GP, Cranbourne Road Medical Centre; Dr Olga Ward, MBBS FRACGP GDRGP FARGP FACRRM, Rural Generalist; Brett Montgomery, MBBS DCH FRACGP MMedSci, GP; Dr Sara Cargill, BEng PhD MBBS, GP; Dr Sarah Addleman, MDCM CCFP(EM), Emergency Physician, Ottawa; Dr Heather Connors, BMed FRACGP, GP; Susan Pettit, Bachelor of Midwifery, Midwife, Monash Health; Helen Truscott, RN MPH, Infection Control Nurse, James Cook University; Dr Duncan MacWalter, MBChB MRCGP FRACGP DRCOG DCH, GP, Deception Bay; Dr Rohan Rao, MBBS FRACGP, GP, Keperra Medical Centre; Dr Maria Dias, MBBS FRACGP, GP; Angela Walker, BA GRAD. DIP SECONDARY EDUCATION (ENGLISH HISTORY & SOSE), General Practice Manager and GP Practice co-owner, UQ; Teresa Evans, DipPhysio DipPracMgt FAAPM, General Practice Manager, Doctors of Tewantin; Dr Inga Atrens, MBBS, FRACGP, GP; Dr Jennifer Koch, MBBS, FRACGP, BSci(Imm & Biochem), GP, Private Practice: Mt Martha Village Clinic; Sarma Strungs, B. Health and Rehabilitation Science, General Practice Manager; Tracey Hockey, General Practice Manager; Amanda Eddy, Health Information Manager, Cancer Information Manager, Monash Health; Greg OConnell, BA (statistics, psychology), Data Analyst, Barwon Health; Georgios, Aged Care Worker; Trish Hann, Diagnostic Radiography BSc (Hons), Diagnostic Radiographer, Royal Prince Alfred Hospital; Dr Marie Manidis, PhD in Health Communication, Retired; Dr Catherine O'Grady, PhD Applied Linguistics, Clinical Communication Tutor, Health Education Australia Limited; Christine Sellings, B App Sci (MLS) with Distinction, Hair Testing Coordinator, ToxLogic Pty Ltd; Jesse Loren Walsh, Medical Student, Medical Student, Flinders University; Rachel Dawson, Nurse, Division One Registered Nurse; Dr Helen Branson, MBBS, MP, Psychiatry Registrar, Bendigo Health; Lauren Dircks, B.Physiotherapy, Physiotherapist, Private Aged Care; Sigrid Thomson, B Nursing, RN - ACAS, RMH; Sally Hopwood, Senior Manager; Dr Mya Cubitt, MBChB, FACEM; Alicia John, Bachelor of Nursing, Registered Nurse, PACU; Rita, Nurse, Quality manager, Community Care; Dr Mahu Anderson, MBChB, GP; Dr Judy Alford, MBBS, FACEM, Senior Staff Specialist, St Vincent's Hospital, Sydney; Dr Krista Makin, B. Med FRACP, Rheumatologist, Sir Charles Gairdner Hospital; Stefan Campbell, BNurs, GradCertNurs (Intensive Care Nursing) GradCertNurs Anaesthetics Recovery Nursing), Intensive Care Nurse, Princess Alexandra Hospital; Robin Dinh, Masters of Counselling, Private Practice; Katherine Marsh, Bachelor of Nursing. Graduate Certificate in Anaesthetics and Recovery Nursing., Anaesthetic Nurse, Agency; Mikele Prestia, Law Clerk, Aboriginal Legal Rights Movement; Dr Rachael Pery-Johnston, MBBS FACEM, Emergency SMO; Dr Michael Cameron, MBBS, FACEM, Senior Staff Specialist in Emergency Medicine, Redland Hospital, Queensland; Dr Jamie Knuckey, Specialist Anaesthetist; Dr Andrew Hunt, BMed, FANZCA, Specialist Anaesthetist; Dr Ravi Ramadas, MbChB, Anaesthetist; Dr Kirsty Burn, MBBS(Hons) FRANZP, Private Psychiatrist, Private Practice; Sharon Moran, CCRN, Registered Nurse ED; David Kong, Technical Assistant, PathWest; Anne Gorshenin, RN, Grad DIP health Science, Paed Nurse Specialist, Recently retired, NSW Health, HNELHD; Erin Metcalf, Consumer Advisory Committee Member, Marian Centre; Christine Egginton, RN Retired; Pat Lawrence & Belinda Lawrence, Occupational Hygiene Technician and Hygienist /Registered Nurse, Directors, MASKFIT Australia, Dr Cecily Strange, RN PhD Population Health, Researcher, UWA; Dr Merilyn Rees, MBBS FANZCA FRCA, Anaesthetist, Eastern Health, Dr Wine Hanekamp, GP, DMO

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