

Airborne transmission of SARS-CoV-2 calls for updated practices to prevent transmission

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There is a growing body of evidence supporting airborne transmission of SARS-CoV-2, the virus that causes COVID-19. Despite updates from the World Health Organization, the U.S. Centers for Disease Control and

Prevention (CDC) and the Public Health Agency of Canada that the virus can be transmitted by short- and long-range aerosols, Canada's public health guidance has not been adequately updated to address this mode of transmission, argue authors of a commentary published in *CMAJ (Canadian Medical Association Journal)*.

Canadian public health guidance and practices should be updated to include more emphasis on the following airborne mitigation measures: Ventilation, filtration and better masks.

"Ventilation is a key element in the fight against airborne transmission. We need clear guidelines and funding for the assessment and improvement of ventilation in our indoor spaces, particularly our schools," says Dr. Sarah Addleman, emergency physician, The Ottawa Hospital, Ottawa, Ontario. Along with ventilation, it is time to revisit Canadian personal protective equipment (PPE) recommendations in [health care](#) and other essential settings.

"People who work in [close proximity](#) to others (in both health care and other settings) are at higher risk of infection from short-range aerosol inhalation, and better masks (such as N95s) are needed to prevent infection," says coauthor Dr. Victor Leung, infectious disease physician, University of British Columbia, Vancouver, British Columbia.

"It took decades for the medical community to accept that tuberculosis and measles were airborne diseases. The science on airborne transmission of SARS-CoV-2 has, in contrast, moved fast. It is time for Canadian guidance and policies to follow swiftly too," the authors conclude.

More information: Sarah Addleman et al, Mitigating airborne transmission of SARS-CoV-2, *Canadian Medical Association Journal* (2021). [DOI: 10.1503/cmaj.210830](https://doi.org/10.1503/cmaj.210830)

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