



Module 3
Running Sheet of Amendments to published Witness Statements and Expert Reports
 [Version 1 - Published 19 September 2024]

This document sets out corrections to witness statements and expert reports which the authors have noticed since finalising their statement/report and which have been published on the Inquiry website. This document will be updated and re-published on a rolling basis, as witnesses identify and inform the Inquiry of any corrections to their statements or reports.

	Document description	DocID and page	Paragraph number	Amendment(s) [Additions are shown in blue text; deletions are in red/struck through text]
1.	Expert Report by Professor Clive Beggs titled An expert report on the physical sciences underpinning Covid-19 transmission and its implications for infection prevention and control in healthcare settings, dated 07/08/2024	INQ000474276_0009	18	The role of exhaled respiratory particles in the transmission of SARS-CoV-2 remains a contentious issue with many IPC professionals still (August 2024) believing that it is the deposition of so-called 'droplets' on the mucosa of the nose, mouth and eyes that is the principal route by which Covid-19 is spread, whereas the overwhelming physical science evidence strongly indicates that the inhalation of infectious aerosol particles is the dominant route. The latter opinion was influential in changing the position of the WHO, who early in the Covid-19 pandemic stated categorically that the disease was not airborne (Lewis 2022; Morawska et al. 2023), but now (August 2024) acknowledges that the inhalation of infectious airborne particles (i.e., aerosols) is likely the dominant an important route by which SARS-CoV-2 transmission occurs and other respiratory virus infections can be transmitted (WHO 2024a; WHO 2024b, Kupferschmidt K. 2022). Government bodies in the UK still have varied and ambiguous positions about this, with Appendix 6+ 11a (https://www.england.nhs.uk/wp-content/uploads/2022/09/n

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				ipcm-appendix-11a-v2.7.pdf) in the <i>National infection prevention and control manual</i> (NIPCM) for England describing the transmission route for SARS-CoV-2 as " droplet/aerosol airborne" (NHS-England 2022). (NB. A full discussion of this subject is provided in Part 2.)
2.	Witness Statement provided by Dr Barry Jones on behalf of the Covid-19 Airborne Transmission Alliance, dated 31/10/2023	INQ000273913_0084	259	The primary significance of the airborne route of SARS-CoV-2 transmissions are part of the unequivocal findings of the UK's national core study on Covid-19, the WHO's change of viewpoint and the Cabinet Office's confirmation of airborne transmission in January 2022 as early as 2020...
INQ000273913_0087		271	Ultimately, in early-2022 2020, the Cabinet Office changed its position on airborne transmission and PPE the importance of ventilation. However, other public authorities, such as the Scottish Government, did not. Neither did the IPC guidance change.	
INQ000273913_0102		311	The level of scientific evidence included in the deliberations of the IHR AGP panel was such that only high-level evidence could be included. This was admitted by one of the scientists involved in gathering evidence for the IHRAGP panel and IPC Cell when Dr Barry Jones, Chair of AGPA/CAPA/CATA and Kamini Gadhok MBE, Former CEO of RGS LT Rose Gallagher MBE (RCN), attended a meeting of the NHSE IPC Improvement Programme at the end of 2022 on 18 January 2023. Thus, there was an inappropriately high threshold for evidence being used to direct guidance and policy to the exclusion of conflicting	

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				expert opinion from multiple professional bodies				
		INQ000273913_0126	384	As discussed, earlier on in this statement, earlier in March 2021, in response to a letter from AGPA, the RCN, and Professor Trish Greenhalgh to the national CMOs, CNOs and CAHPF CAHPO, Chris Whitty agreed to have a meeting...				
		INQ000273913_0177	184	<table border="1" data-bbox="1263 638 2029 906"> <tr> <td data-bbox="1263 638 1451 906">05/11/2021</td> <td data-bbox="1451 638 1644 906">Stop Covid-19 hanging around.</td> <td data-bbox="1644 638 1836 906">Westminster Council published a video of aerosols from mouths.</td> <td data-bbox="1836 638 2029 906">[BJ/57- INQ000273883]</td> </tr> </table> <p data-bbox="1263 941 2029 1005">[Please note: This whole row in Annex 1 to the statement is deleted.]</p>	05/11/2021	Stop Covid-19 hanging around.	Westminster Council published a video of aerosols from mouths.	[BJ/57- INQ000273883]
05/11/2021	Stop Covid-19 hanging around.	Westminster Council published a video of aerosols from mouths.	[BJ/57- INQ000273883]					
		INQ000273913_0207	N/A	During the time whilst PHE was vehemently denying that airborne transmission existed, the Cabinet Office was putting out a public information videos [BJ/56 - INQ000273881] graphically depicting airborne transmission. These videos [BJ/57- INQ000273883] This video caused HCWs to wonder how the virus could be airborne in domestic and other indoor premises, but not airborne when they were caring for known infectious patients...				

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3.	Witness Statement provided by Charlotte McArdle, Linda Kelly, and Maria McIlgorm on behalf of the Office of the Chief Nursing Officer for Northern Ireland, dated 01/05/2024.	INQ000474226 _67	246	<p>“The Department issued a statement on 12 March 2020 (INQ000103659) alerting the public that HSC services were under growing pressure due to the increase in cases of coronavirus. It set out the expectation that normal business would not be possible as the HSC moved into the next phase of the pandemic. In terms of restrictions to visiting, as CNO I issued the first iteration of visiting guidance for healthcare care home settings in Northern Ireland was issued on 17 March 2020 as part of overall guidance for nursing and residential care homes around the response to Covid-19 (INQ000120717). I had commissioned the Northern Ireland Practice Education Council (NIPEC) to prepare draft visiting guidance, and this work was completed at pace, due to the emerging evidence and public protection concerns. When issued on 26 March 2020, the guidance was recommended to equally apply in hospitals, hospices, nursing and residential care homes, and other community settings”.</p>