

Message

From: Catherine Noakes [Irrelevant & Sensitive]
Sent: 04/12/2021 7:15:52 AM
To: Andrew Curran [andrew.curran@hse.gov.uk]; Harry Rutter [Irrelevant & Sensitive] Vallance, Patrick (GO-Science) [p.vallance1@go-science.gov.uk]; Whitty, Chris [chris.whitty@dhsc.gov.uk]; WILCOX, Mark (LEEDS TEACHING HOSPITALS.NHS.TRUST) [mark.wilcox@nhs.net]; Susan Hopkins [susan.hopkins@phe.gov.uk]; Barclay, Wendy S [Irrelevant & Sensitive]; Monks, Paul (BEIS) [paul.monks@beis.gov.uk]
CC: Whitfield, Simon (GO-Science) [simon.whitfield@go-science.gov.uk]
Subject: Airborne contingency

Hi all

I have just seen this published on airborne spread of Omicron in a quarantine hotel in HK https://wwwnc.cdc.gov/eid/article/28/2/21-2422_article. There are also some worrying signs from very large clusters that are starting to be reported, including the 9 cases in Scotland at one event and the huge cluster in a restaurant in Norway where initial reports of 30-40 out of 120 people seem to be growing to more people (possibly over 80) several of whom were just in the restaurant rather than at the particular party. This may all be coincidence, reports are patchy and there is a lack of data, but to have such a high proportion of cases which point to long-range airborne spread so early in the detection of Omicron is worrying.

Perhaps I'm being overcautious, but I wonder if we need to think urgently about contingency planning for if Omicron does turn out to be substantially more likely to enable longer range airborne transmission, especially in hospitals and care homes? There may already be an emergency plan for hospitals to increase airborne controls (there used to be a SARS plan?), but it is not easy to do quickly to deal with large numbers of cases. FFP3 masks would help, but that only deals with risks to healthcare workers, and doesn't deal with patient to patient transmission. Quick fixes on ventilation are hard to do - can deploy air cleaners, but getting hold of lots of them quickly would be difficult as it is not a big market. May need to look at creating temporary negative pressure cohort spaces or similar. For community settings we already know that action on ventilation has been very patchy as we have said a lot but improving ventilation costs money, and there still are challenges in schools, residential care, hospitality and workplaces. There may be a case for stepping up recommendations on use of air cleaners and potentially recommending higher grade masks alongside keeping pushing the ventilation message.

I'm sure (I hope) people are already discussing this, but I wanted to flag now as I won't be at SAGE on Tuesday.

Best wishes

Cath

Professor Catherine Noakes OBE, FEng, CEng, FIMechE, FIHEEM (she/her)
Professor of Environmental Engineering for Buildings
Deputy Director Leeds Institute for Fluid Dynamics
School of Civil Engineering
University of Leeds
Leeds LS2 9JT
Mob: [I&S]
Email: [Irrelevant & Sensitive]

My working pattern means that I sometimes send emails in the evenings or at weekends. I don't expect a response outside your normal working hours.