



UK Health
Security
Agency

Susan Hopkins
Chief Medical Advisor
UK Health Security Agency
17 Smith Square
Westminster
London
SW1P 3HX

17 June 2022

b.j.m.j@btinternet.com; Via Email

Dear Dr Jones,

RE: Inconsistencies between public messaging on airborne transmission of Covid-19 and IPC guidance across the UK. Response to your letter of 11 April 2022.

Thank you for your letter in response to my reply dated March 21st 2022. I also want to take the opportunity to sincerely apologise that we did not provide a response to the letter from yourself and Jude Diggins, dated 8 July 2021; this was due to an administration error.

In your letter you re-emphasise your concerns regarding airborne transmission of COVID-19, and the lack of mode of transmission in the four nation IPC guidance. The IPC guidance was a consensus guidance document for the pandemic. This guidance is issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, NHS National Services Scotland, UK Health Security Agency (UKHSA) and NHS England as official guidance.

The IPC cell was stood up as part of the UK wide pandemic response to COVID-19 and its responsibility includes the agreement of a four nations guidance document. The guidance is published on behalf of the cell by UKHSA; any changes to this guidance therefore need to be agreed by all these contributing bodies. While this guidance seeks to ensure a consistent and resilient UK wide approach, some differences in operational details and organisational responsibilities may apply in Northern Ireland, England, Wales and Scotland.

The latest winter 2021/2022 respiratory IPC guidance underwent an extensive round of consultation in September 2021. Descriptions on the modes of transmission were

removed in this guidance document, as published in November 2021, based on feedback provided during this consultation. The glossary of this guidance did not change however and gives definitions of what airborne transmission may look like in winter respiratory viruses.

The guidance allowed for provision within it for extended use of respiratory protective equipment (RPE) following local risk assessment, in recognition of the differences in local estates, ventilation and spacing capabilities in all hospitals across the UK. This is in line with the recommendations of other major national and international bodies,

- the [WHO IPC guidance](#) has not changed since October 2021 and recommends medical masks for those caring for patients with suspected or confirmed COVID, with a conditional recommendation for respirators being made available based on health care workers preferences about having the highest perceived protection possible.
- The [ECDC guidance has not been updated since February 2021](#) and states 'In areas with community transmission of COVID-19, frontline healthcare workers should strongly consider wearing medical face masks during all routine activities and in all communal areas'
- The [CDC guidance promotes](#) the use of N95 masks for AGP's, surgical procedures that might pose a higher risk and are permissive of N95 use where additional risk factors have been identified such as poor ventilation or inability to provide source control.

This guidance has now been replaced with the manuals for IPC from each country, led by the relevant organisation in each devolved administration. In England this is NHS England.

Yours sincerely



Susan Hopkins
Chief Medical Advisor, UKHSA