



Final update from CATA to its constituent member bodies and individuals

13th APRIL 2026

It is six years since Covid-19 struck. Six years during which many of you have been trying to influence government on the nature of transmission and its mitigations. We came together in August 2020 when the Aerosol Generating Procedure Alliance (AGPA) was formed with myself as Chair. We then rebranded as the Covid Airborne Protection Alliance (CAPA) representing about 100,000 HCWs.

The AGPA had an early success with the setting up of the Independent High Risk AGP Panel after canvassing the support of the CMO and CNO England. Regrettably, this panel found no evidence to alter the guidance on AGPs or to reflect that normal respiratory activities generate more aerosols than AGPs. This was despite the Public Health videos released by the Cabinet Office in late 2020 indicating aerosol transmission.

At one point in June 2021, as a result of a joint letter to the then Prime Minister, the Alliance led a consortium representing over a million HCWs including the RCN, BMA, Royal Pharmaceutical Society and the Royal College of Midwives in a meeting with government.

For the UK Covid Inquiry, we became the Covid-19 Airborne Transmission Alliance (CATA) representing 65,000 HCWS, having lost several member bodies to the TUC (CSP, HCSA), and others who felt they could go no further (FreshAir NHS, Medical Supply Drive UK).

CATA was supported in the Inquiry by Saunders Law legal team, funded by the Inquiry. As promised, no member of CATA has incurred any costs whatsoever in this venture.

CATA applied for core participant status (CP) in Modules 1, 2, 3 and 5 but was only successful in becoming a CP in Module 3: *'The Impact of the Covid-19 pandemic on the healthcare systems of the United Kingdom'*. However, CATA was invited by Baroness Hallett, Chair of the Inquiry, to submit a witness statement for Module 1: *'Resilience and Preparedness'*. We set out the basic science of airborne transmission and the failure of the UK government to prepare for such an eventuality. This led to a clear statement in her Module 1 report that "Covid is airborne" and led to such matters being raised in Module 2: *'Government decision making'*. Again, expert witnesses were invited to opine and did so in favour of the airborne route.

This brings us to Module 3, the report of which was published Thursday 19th March 2026. As you know, CATA provided a lengthy witness statement for this Module and our legal team and other Core Participants have commented that this set the tone and direction for the whole of the Module 3 hearings in 2024 and, indeed, as a cross cutting issue for the rest of the Inquiry. Early in the proceedings, Prof Clive Beggs gave damning evidence against the droplet/fomite paradigm in favour of aerosol transmission and the need for mitigations including ventilation and RPE. He made it clear that all such mitigations stem from the knowledge that Covid-19 transmission is via the airborne route.

It was no coincidence that the Inquiry called CATA to the stand the very next day, 12th September 2024. Your Chair was grilled under oath by Nick Scott KC for almost 2 hours. The Inquiry had clearly taken our scientific evidence as important enough to structure the hearings accordingly. Subsequent expert witnesses corroborated the criticisms already made of those involved in IPC

guidance during the pandemic but government witnesses responded variably to the concept of airborne transmission being the main route.

CATA is pleased to note that the Module 3 report vindicates CATA's main objectives:

1. The airborne route is dominant via aerosols containing the SARS-CoV-2 virus and that the droplet paradigm was adhered to inappropriately along with fomite transmission.
2. The so-called AGP list must be discarded and risks assessed without being confined to certain procedures.
3. A cautious approach to possible routes of transmission and their mitigations should be taken in future pandemics although the precautionary principle is not mentioned.
4. The IPC Cell which directed IPC guidance during the pandemic was severely criticised for its composition, remit, decision making, output and governance. This reflects serious failures of professional and political leadership at the highest levels. It must be more broadly constituted with a wider range of skill-sets for future pandemics.
5. Current IPC guidelines (as in the National IPC Manuals) should be revised.
6. Deaths of HCWs should be properly recorded in future, RIDDOR having been suppressed by the HSE during the pandemic.

On the negative side, of greatest importance to the Alliance is the incorrect claim by Prof Susan Hopkins, then Chief Scientific Adviser to UKHSA and now Chief Executive, that FFP3 respirators are no more effective than surgical FRSM masks (which HSE agreed are not and never have been classified as PPE and do NOT protect against aerosols). Since IPC guidance during the pandemic and to this day in the National IPC Manuals still predicates use of RPE on a droplet paradigm except for so-called AGPs, it is still of vital importance that the claim by UKHSA is rebutted and currently available RPE is advocated. Innovative solutions to improve RPE comfort and efficacy for all users are urgently required.

Indeed, the Module 3 report repeatedly states not only that Covid-19 is airborne, but that mitigations are required that do not include FRSM for routine care, or FFP3 only for AGPs. In this regard, the report is somewhat confusing but, of the 10 recommendations in this report, the first 3 relate to IPC guidance, IPC in practice and fit testing of respirators. Furthermore, the Inquiry demands that in future, high risk of transmission is not confined solely to specific procedures (AGPs). These are considerable "wins" for CATA.

For the duration of CATA's existence, your chair and the 3 Executive members have striven to represent your members to the best of their abilities as volunteers. Many thousands of hours were required to fulfil this task. Others who have actively contributed are to be thanked including our individual members, many of whom still suffer from symptoms of Long Covid. Indeed, Dr Gillian Higgins is quoted in the "Voices" section of the Module 3 report, a truly moving account of the realities of front line medical experience during those dark days. Others were able to submit their own equally disturbing personal experiences to the Inquiry.

Going forward, your Executive team have alerted the Inquiry to failures by government to follow the recommendations of previous Module reports and have demanded urgent revision of current IPC guidance as found in the National IPC manuals of the 4 nations. This was refused prior to publication of the Module 3 report but is clearly mandated in the report now published.

CATA has also submitted several reports to the Inquiry detailing non-disclosure of evidence by key government side witnesses and evidence of manipulation of IPC Cell minutes in opposition to at least seven attempts to make them change course. These reports have been previously circulated to all CATA members.

When the then Prime Minister and his Secretary of State for Health & Social Care stated that they would "follow the science", that was a poisoned chalice in that the science they were fed was selective, out of date and plainly wrong. The failure to change course during the pandemic to

enable better protection of HCWs in all settings, and indeed the population as a whole, is a shameful reflection on those who guided us through the pandemic.

In conclusion, CATA has now fulfilled its mandate to represent its members through the Covid Inquiry and it can be proud of its achievements. Many have told us that without CATA's evidence and our previous efforts as the AGP Alliance and CAPA, the Inquiry would not have focussed so forensically on the airborne route and the consequences of that understanding. Whether the government will accept and implement the recommendations of Module 3 remains to be seen but we can do no more. CATA must now step down. **It would be helpful if you could please confirm receipt of this letter.** Should you have any comments or queries, I would be happy to respond.

As Chair, may I thank all those from professional organisations, unions and individuals who have supported the Alliance. My most profuse thanks must go to my fellow executive members, Kamini Gadhok MBE, Vice-Chair CATA, Prof Kevin Bampton, CEO BOHS, and the unstoppable David Osborn, Health and Safety expert, who have given so freely of their time for the last few years.

It has been my privilege to have served as your Chair.

Dr Barry Jones

Links to Inquiry Module 3 report: <https://covid19.public-inquiry.uk/documents/module-3-full-report/>

Summary of M3 report: <https://covid19.public-inquiry.uk/documents/module-3-in-brief-report/>

CATA's Closing Statement to the Inquiry: [Link](#)

CATA's Final Press Release: [Link](#)



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