OPEN LETTER

CATA

Covid Airborne
Transmission Alliance

BY EMAIL ONLY TO: 03modulesolicitors@covid19.public-inquiry.uk

For the personal attention of the Rt Hon. Baroness Hallett DBE
Chair, UK COVID-19 Inquiry

28/11/2025

Dear Baroness Hallett

Given CATA's involvement and interest in Module 1, we have been tracking the implementation of recommendations made in your first interim report as well as reviewing the recommendations made in your Module 2 report. As a result, we have identified a number of issues which we think we should bring to your attention.

Planning for future pandemics

In your Module 1 report your third recommendation is "to develop a new approach to risk assessment that moves away from reliance on reasonable worst-case scenarios towards an approach which assesses a wider range of scenarios".

We are therefore alarmed to read the following two statements in NHS England's strategy for managing future pandemics[1], which appear to disregard (and disrespect) your ladyship's recommendation:

- "Experts believe the most likely cause of a future pandemic will be a respiratory virus"
- "…plan for diseases easily transmitted by the respiratory route'. These reflect a reasonable worst-case scenario regarding impact to healthcare and wider service and the following generic assumptions should continue to aid planning:
  - It will not be possible to halt the spread of a new pandemic virus, and it would be a waste of public health resources and capacity to attempt to do so."

In addition, despite the response made to the Module 1 recommendations, DHSC's Pandemic Preparedness Strategy is overdue for publication. Neither is there further progress towards a DHSC UK-wide Pandemic Respiratory Disease Response Plan. The Government has explained that this delay is pending the outcome of this Summer's pandemic planning exercise, Exercise Pegasus. The exercise, which took place during a peak holiday period and largely involved senior leaders, fails to meet the recommendations of the Centre for Long-Term Resilience review.

Not all the key stakeholders (including Inquiry-appointed IPC experts) were invited to participate or observe. This is an area where the country needs openness and transparency, which was in such short supply when it was needed during the height of the pandemic.

[1] Framework for managing the response to pandemic diseases, NHS England (15 Jul 24), appendix 5, page 20: Link

Continuing failure to recognise airborne transmission

In your Module 1 report, you clearly stated that Covid-19 is an airborne disease. In your Module 2 report you include a statement by the Deputy Chief Medical Officer (CMO) England in which he says "***If we knew then what we know now, there may well have been less emphasis on contact transmission and more emphasis on airborne transmission and ventilation***". This was an interesting juxtaposition from the evidence of the former Secretary of State that "***it became clear through the early summer of 2020 that in fact aerosol, airborne transmission was more important***" (as advised to him by the same Deputy CMO.[2] You go on to say that "policy makers paid insufficient attention to one possible route, namely airborne transmission".

This has been amply reinforced by your expert witnesses, including Prof Beggs, Prof Noakes, Drs Warne & Shin, and by CATA in its evidence in Modules 1 and 3.

While we await your Module 3 report in 2026, we anticipate that your follow up strategy of ensuring compliance with your findings will need to have reference to statements made by government bodies since the oral hearings of Module 3. These will inform an initial understanding of how well such bodies have taken on board your findings and conclusions to date.

To this end, we wish to assist you by providing correspondence[3] which sheds a light on the current and continued adherence by some (but not all) government bodies to the concept that Covid-19 is predominantly transmitted via the droplet and contact routes. Some government departments have taken on board the importance of ventilation for example in schools but not in healthcare (see attached letter from Rt Hon Josh MacAllister MP). As you have been advised by your expert witnesses, ventilation only affects aerosol transmission, not droplets. This implies that some government departments agree with the evidence given by your expert witnesses in Module 3 but clearly, those involved with the safety of healthcare workers do not. However, it is important to recognise that ventilation does not protect healthcare workers against close range aerosol exposure.

You will recall that Prof Clive Beggs gave clear evidence of the physics of aerosols and droplets and that the threshold for distinguishing between the two is 100 microns and not 5 microns, as used in IPC guidance during the pandemic and in the National Infection Prevention Control Manuals (NIPCMs) since. As I stated in my oral evidence in Module 3, this means that all pronouncements on the role of droplets in IPC guidance are null and void since all the so-called droplets referred to are in fact aerosols. To date, IPC guidance remains at best confusing on this point since the Scottish and Welsh NIPCMs still adhere to a 5 micron definition and the English version refers vaguely to "respirable" particles which equate to a 5 micron threshold as per HSE guidance. Ministers are therefore being given advice from their officials which is based on a false and highly flawed premise. You yourself observed in Module 3 that the IPC world seems wedded to a droplet route of transmission despite scientific evidence to the contrary. Not only do the NIPCMs remain predicated on a 5 micron definition, they still mandate fluid resistant surgical masks for routine care when dealing with patients who have Covid-19.

The correspondence which we have had from the UK's 4 Chief Nursing Officers and with the Ministers Andrew Gwynne MP and Ashley Dalton MP suggests that no lessons have been learned to date with regard to the protection of healthcare workers. In particular, they have failed to recognise that airborne transmission is most likely, and most dangerous, within 1-2m

[2] Transcript: Evidence of Rt Hon Matt Hancock MP, 1 Dec 2023: page 95 Line 22 (Link) (pdf p.24)
[3] The correspondence is summarised at annexes 1 and 2.

of an infected person since ventilation does not mitigate such exposure. This goes as far as being unlawful with regard to Health and Safety legislation and the COSHH regulations. This aspect is covered in detail in the recent publication of guidance issued by the British Occupational Hygiene Society (BOHS) and supported by Prof Andrew Curran CBE, Chief Scientific Advisor to HSE[4].

CATA accepts your decision that no interim recommendation to amend the IPC guidance prior to publication of the Module 3 interim report will be advised. However, we hope that this evidence can be used to observe how the findings of the Inquiry to date are being implemented following your modules 1 & 2 reports and that your Module 3 report will take these observations into account. It is to be hoped that your Module 3 report will advise that IPC guidance should change to reflect the scientific evidence and legal obligations around protection of healthcare workers and their patients from airborne pathogens such as Covid-19. This should especially apply to near field (close range) as well as far field exposure. A comparison of the current guidance and supporting statements from CNOs and Health Ministers may help to inform you of any changes brought into practice following the Module 3 report.

The issues we have raised in this letter raise serious doubts about State bodies' commitment to complying with your ladyship's recommendation in a timely manner. We fear this does not bode well for any recommendations you might make in your Module 3 report.

As always, CATA hopes to inform and assist the Inquiry in the hope that protections for the public and healthcare workers can be improved without further delay.

Yours Sincerely

[redacted]
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Dr Barry Jones BSc MBBS MD FRCP
Chair

On behalf of the CATA Executive Team:
Ms Kamini Gadhok MBE, Vice Chair
Professor Kevin Bampton
David Osborn

[4] Guidance for Healthcare Employers and Workers on the use of FRSMS and respirators (FFP3 etc) to comply with the COSHH Regulations : BOHS 31 July 2025 : Link

Annex 1 : Summary of Correspondence with Ministers

16 Jan 2025	Letter from Health Minister, Andrew Gwynne MP to Tim Farron MP stating that the Government's position is that COVID-19 is not predominantly transmitted through the airborne route. (extracted from X {aka twitter})	Link
22 Jan 2025	Letter from CATA to Andrew Gwynne MP Expresses concern that he has been wrongly advised about the scientific evidence on the transmission of Covid-19. References Baroness Hallett's unequivocal statement that the 'primary routes of transmission for pandemic influenza and coronaviruses are airborne and respiratory' Also references the several experts who have given evidence to the Covid Inquiry bringing together the latest scientific evidence.	Link
11 Mar 2025	Letter from Ashley Dalton MP to Tim Farron MP Minister states that Covid-19 spreads through respiratory droplets and fomites.	Link
14 Mar 2025	Letter from Ashley Dalton MP to Tim Farron MP Minister reaffirms that the UK Government's position is that Covid-19 is NOT predominantly transmitted through the airborne route.	Link
18 Mar 2025	Letter from CATA to Ashley Dalton MP CATA provides evidence to the Minister explaining that several of her assertions were incorrect and the information provided by her advisers was inconsistent. Referred her to Baroness Hallett's Interim Report for Module 1.	Link
1 May 2025	Letter from CATA to Ashley Dalton MP References her letter to Andrew George MP (8 April 2025). Confirmed to the Minister that this letter was based on out-of-date information and pointed out certain areas where the advice provided by her officials in DHSC were wrong.	Link
27 Jun 2025	email from CATA to Ashley Dalton MP Reminding the Minister that no reply had been received to previous letters. Made reference to Professor Andrew Curran HSE's Chief Scientific Adviser and other CSA's transmission update meeting on 22 March 2022 where all Government Scientific Advisers were told that 'droplet precautions' (namely surgical masks) were insufficient to protect against the aerosol component of COVID-19 transmission. Explained the importance of COSHH Regulations in respect of exposure to hazardous biological substances in the workplace and that the scientific position adopted by the Minister and her predecessors is likely to induce NHS employers to act in breach of Health and Safety Law.	Link
27 Jun 2025	Letter from Ashley Dalton to CATA Letter from Health Minister reaffirming the Government's position	Link
9 Jul 2025	Letter from CATA to Ashley Dalton CATA respectfully explain to the Minister that her response fails to demonstrate that she is taking account of relevant considerations (the current state of scientific knowledge, workplace health policy and applicable law). CATA requests a scientifically and legally informed response.	Link
17 Sep 2025	Letter from Ashley Dalton to CATA - terminating correspondence The Minister regrets that she has nothing further to add to her previous reply and is sorry that she cannot be more directly helpful.	Link
30 Oct 2025	Letter from Josh MacAllister MP (Minister for Children and Families) to Ian Murray MP confirming that "**COVID-19, flu and strep A are all airborne respiratory illnesses**"	Link

Annex 2 : Summary of Correspondence with Chief Nursing Officers

12 Sep 24	Dr Evonne Curran letter to CNOs. Followed confirmation by the appointed expert to the Covid Inquiry (Prof Clive Beggs) that the disease was airborne and that the IPC guidance was in error. Dr Curran had been warning you about this since January 2021.	Link
27 Sep 24	Letter from 3 Chief Nursing Officers dismissing Dr Curran's concerns and deferring any action until Baroness Hallett publishes module 3 report.	Link

22 Oct 24	Letter from CATA to CNOs expressing concerns that:
	• no change to IPC guidance will be made until module 3 report published
	• IPC guidance is not following the science
	• Failures in governance and transparency / not adopting a precautionary principle
	• IPC guidance is in breach of health and safety law
	• Fallacies expressed by state witnesses at the Covid Inquiry that:
	  ○ HCWs cannot wear RPE
	  ○ Respiratory Protective Equipment (RPE) is not effective
	• The absurdities of:
	  ○ the AGP list, which has never been fit for purpose (*unless the purpose is to deny the majority of HCWs access to RPE*)
	  ○ The notion that "local risk assessment" can determine whether RPE should or not be worn when delivering close-quarter care to infectious patients
	  ○ The inconsistencies in IPC guidance regarding the modes of transmission
		Link

28 Feb 25	After a delay of 4 months, CNOs reply with standard Government responses which the Alliance has received to letters throughout the pandemic: • "The safety of patients and health and social care staff is a priority" • IPC manuals are regularly updated by IPC experts, scientists and HC Professionals • The Inquiry's findings will be considered in due course • Fluid resistant surgical masks are PPE (!) • IPC Manuals are "transparent, evidence-based and responsive to emerging needs"	Link
4 Mar 25	CATA letter to CNOs explaining that CNO letter is wrong - in fact and in law: • We compare and contrast the requirements of the Health and Social Care Act 2008 and the Health and Safety at Work etc Act 1974 • We explain that the continuing reference in your NIPCMs (etc) to Fluid Resistant Surgical Masks as Personal Protective Equipment perpetuates a dangerous and illegal activity • We explain, in detail, the legal status of FRSMs and RPE • We point out the inconsistency whereby RPE is mandated for other airborne diseases such as TB, but not for COVID-19 We point out numerous inaccuracies and explain the differences between FFP3 respirators and FRSM masks	Link
10 Sep 25	CNOs send short letter terminating correspondence: "***We do not consider further exchanges … to be of additional value at this time and therefore do not anticipate further correspondence…***"	Link

Annex 3 : Other Files

31 Jul 2025	British Occupational Hygiene Society in collaboration with HSE CSA COSHH and Healthcare Respiratory Protection Explains the differences between FRSMs Explains the duties on healthcare employers under the Health and Safety at Work etc Act and the Health and Social Care Act.	Link