SICN Position Statement 28 July 2020

COVID-19 Transmission

The steering committee of the Statewide Infection Clinical Network (SICN) notes the concerns of Queensland clinicians as transmission of SARS-CoV2 increases in the southern states, along with media reports of infections in healthcare workers.

Of note, recent pre-prints in the *Clinical Infectious Diseases* and *Medical Journal of Australia* claimed that airborne transmission of SARS-CoV2 is of concern, and that current protection recommendations are inadequate.

The first describes a hypothetical risk of airborne transmission, and provides an example of a transmission event in a restaurant where ventilation exhaust had been blocked, and advocates for adequate ventilation systems for crowded indoor spaces. A response from the WHO confirmed that droplet plus contact precautions remain the mainstay of protection in the hospital setting.

A recent letter to the MJA advocates more specifically for the broader use of airborne precautions in the healthcare setting than is currently recommended by WHO, CDNA, AHPPC, ICEG. A counterpoint is well summarised in JAMA.

Although we are yet to see coordinated national public reporting of HCW infections in Australia, numerous overseas studies demonstrate that failures of recommended PPE are not a common cause HCW infections; rather that community-acquisition, lack of availability of PPE, lack of adequate training in the use of PPE, and transmission from unrecognised cases are commonly associated with COVID-19 Infections in HCW.

Furthermore, the recent Tasmanian North West Regional Hospital outbreak demonstrated most HCW infections were acquired from other HCW, and associated with unwell HCW attending work (or remaining at work during a shift after becoming unwell), and a lack of physical distancing during staff meetings e.g. handover meetings.

While there may be occasional instances of aerosol transmission in limited settings (eg the widely reported choir clusters), these events are rare. The presence of viral RNA in air vents indicates the presence of nucleic acid, not of infectious virions and does not imply clinically significant aerosol transmission.

WHO, AHPPC (and the Infection Control Expert Group advising them) all stand by the current recommendations that droplet precautions are safe and appropriate for routine clinical care of patients with or at risk of COVID-19.
SICN supports the WHO and AHPPC recommendation that airborne precautions be reserved for use in aerosol-generating procedures, and that Queensland infection control guidelines continue to reflect the national consensus guidelines. As new, peer-reviewed evidence comes to hand, recommendations may need to change, but that this should be in line with national guidelines.

The most important measure staff can take is diligent hand hygiene and attention to standard precautions, vigilance with maintaining physical distancing in the workplace, as well as getting COVID tested and remaining at (or going) home if unwell.

Please contact the Statewide Infection Clinical Network for further information or questions.

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