

# As hundreds of scientists warn WHO of potential airborne spread Global COVID-19 pandemic takes a new upward leap

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The coronavirus pandemic is taking a new, qualitative upward leap, after the period of temporary stabilization which followed the worldwide lockdown. For a time, the pandemic seemed to have stalled in its momentum, with daily new cases staying roughly at 80,000 a day throughout April and May.

In mid-May, when the capitalist bosses found it urgent to resume the extraction of surplus value from the working class, they declared the pandemic effectively over, demanded a return to work, and reopened those factories, warehouses and workplaces that had been closed. With the rapid implementation of this policy, the number of daily COVID-19 infections began to rise again, gaining momentum with each passing week.

Yesterday saw the number of COVID-19 cases worldwide pass 12 million. It took four months, from January until April, to accumulate the first million cases of COVID-19. In just five short days, the world has added another million cases. With over 550,000 deaths globally, the daily fatality rate has been hovering around 5,000, though regional variations indicate some countries, such as Mexico, are doing far worse than others. Two days running, the number of new COVID-19 cases worldwide has surpassed 200,000, with the US alone posting a new one-day high of 61,848 cases, and the daily fatality toll has jumped significantly to 5,500.

There has clearly been a qualitative shift that has impressed and terrified health agencies throughout the world. The World Health Organization's director-general warned that the pandemic is accelerating. Though it remains possible to stop the transmission of the infection, nations must employ a comprehensive

strategy to both contain the virus and prevent deaths. "We have not even reached the peak of the pandemic... the virus is both fast and deadly." Yet, his words and demeanor were more weighty than usual.

At the WHO press briefing this week, officials were asked about a letter sent to the health agency signed by 239 scientists from around the world calling for the WHO to acknowledge that the virus causing COVID-19 can be spread through airborne transmission.

It has readily been known that transmission of the viral particles released by an infected person when they cough, sneeze or speak is the primary mechanism by which others become infected. Contact with surfaces can also infect others if they touch their eyes, mouth, or nose. This becomes more problematic in closed spaces with poor ventilation where people are forced into proximity with each other. The World Health Organization had been consistent on the message that the primary route of transmission was through large respiratory droplets, which tend to fall quickly after a person produces them. This has been the essence for their guidance to keep one meter or three feet apart (The CDC recommends two meters or six feet.)

In the open letter, authored by Lidia Morawska, professor of the Queensland University of Technology, and Donald K. Milton, professor of Environmental Health at the University of Maryland, that will soon be published in a scientific journal, the 239 signatories make a plea to the medical community and the national and international health agencies to recognize that COVID-19 has the potential for airborne transmission. They wrote, "studies by the signatories and other scientists have demonstrated beyond any reasonable

doubt that viruses are released during exhalation, talking, and coughing in microdroplets small enough to remain aloft in the air and pose a risk of exposure at distances beyond 1 to 2 meters from infected individuals.”

These small viral particles that can be as little as five micrometers can travel tens of meters, more than the size of a standard room. The authors cite retrospective data from both SARS-CoV-1, SARS-CoV-2, respiratory syncytial virus, influenza and MERS that viable airborne particles have been detected when patients exhaled.

Empirical evidence from examination of patients becoming sick at restaurants when they had no direct or indirect contact with the index patient highlight these concerns raised in their letter. The authors write, “There is every reason to expect that SARS-CoV-2 behaves similarly and that transmission via airborne microdroplets, is an important pathway” for infecting others.

The WHO, including other public health agencies, has frequently stated that aerosolization of viral particles only occurs during procedures such as intubating a patient being placed on a ventilator. Though guidance up to now had been focused on hand hygiene and social distancing efforts, such measures are inadequate to prevent airborne transmission, especially in crowded indoor environments that are poorly ventilated.

The authors note that airborne transmission “appears to be the only plausible explanation for several superspreading events investigated which occurred under such conditions.” These include incidents at the seafood market in Wuhan, a church in South Korea, and the Trump political rally in Tulsa, Oklahoma, which were followed by surges of COVID-19 infections. Tulsa County reported 261 confirmed new cases Monday and another 206 on Tuesday, record-setting numbers for the region.

Though routes of transmission through respiratory droplets and fomites work in parallel with airborne transmission, prevention guidance at present has focused only on the former mechanisms. Regarding advice and recommendations to prevent airborne transmission, the authors write, “Provide sufficient and effective ventilation (supply clean outdoor air, minimize recirculating air) particularly in public

buildings, workplace environments, schools, hospitals, and aged care homes. Supplement general ventilation with airborne infection controls such as local exhaust, high-efficiency air filtration, and germicidal ultraviolet lights. Avoid overcrowding, particularly in public transport and public buildings.” The WHO has acknowledged the letter and preceding work and is preparing to establish new guidelines.

The likelihood of airborne transmissions has considerable implications for all countries whose governments are eager to force workers to go back to work, young people to go back to schools, and, in general, demand that the population resume “normal activities.” Airborne transmissions require much more serious infection controls and a concerted effort to ensure the working space is made safe for workers. Autoworkers currently back on shift work, meatpackers, and soon teachers and students put back into cramped and overcrowded classrooms are facing and will face risks to their health and will become potential new vectors of infection as they spread the virus back into their homes and families, and particularly to elderly relatives. It is undoubtedly the working class and the poorest who are and will continue to face the highest burden of the disease.

These new findings demand that workers stop non-essential work immediately and insist that comprehensive public health measures be initiated to mitigate a situation that is spinning out of control. Workers must reach out to independent health agencies and public health officials to enforce stringent airborne transmission precautions to ensure safety at work and at home. Health care must be protected as a vital service for those falling ill, provided free of charge to ensure rapid life-saving treatments are immediately initiated. This requires deliberate intervention by workers independent of the present leadership that includes all the capitalist parties (conservative, liberal and social-democratic) and the unions that act as the appendages of the corporations.



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