

Precautionary principle

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Morawska and others pointed to several incidents that indicate airborne transmission of the virus, particularly in poorly ventilated and crowded indoor spaces. They said the WHO was making an artificial distinction between tiny aerosols and larger droplets, even though infected people produce both.

We've known since 1946 that coughing and talking generate aerosols,

said Linsey Marr, an expert in airborne transmission of viruses at Virginia Tech.

Scientists have not been able to grow the coronavirus from aerosols in the lab. But that doesn't mean aerosols are not infective, Marr said: Most of the samples in those experiments have come from hospital rooms with good air flow that would dilute viral levels.

In most buildings, she said, the air-exchange rate is usually much lower, allowing virus to accumulate in the air and pose a greater risk.

The WHO also is relying on a dated definition of airborne transmission, Marr said. The agency believes an airborne pathogen, like the measles virus, has to be highly infectious and to travel long distances.

People generally think and talk about airborne transmission profoundly stupidly,

said Bill Hanage, an epidemiologist at the Harvard T. H. Chan School of Public Health.

We have this notion that airborne transmission means droplets hanging in the air capable of infecting you many hours later, drifting down streets, through letter boxes and finding their way into homes everywhere,

Hanage said.

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