March 24, 2021

Mr. Kevin Hedges Kevinhedges.kh@gmail.com

Dear Mr. Hedges:

I am writing in response to your correspondence of January 4, 2021, addressed to the Prime Minister of Canada, concerning COVID aerosol transmission. Your correspondence was forwarded to the Honourable Patty Hajdu, Minister of Health, who has asked me to reply on her behalf.

The Public Health Agency of Canada has been actively working on addressing the impacts of aerosol transmission through the development of guidance for indoor ventilation, as one of the preventive measures that Canadians can implement to reduce their risk in indoor settings. On January 11th, PHAC released the "COVID-19: Guidance on indoor ventilation during the pandemic", which provides Canadians with practical tips on how to improve indoor air, ventilation and filtration to help reduce the spread of COVID-19.

In the coming weeks, the Government of Canada will also be releasing two additional guidelines aimed at specific settings: "Using ventilation and filtration to reduce aerosol transmission of COVID-19 in long-term care homes" and "At home: using ventilation and filtration to reduce the risk of aerosol transmission of COVID-19". These will be available to the public on Coronavirus disease guidance documents webpage.

The Government of Canada has provided funding for ventilation investments through the following initiatives: Improving Ventilation in Public Buildings, Investing in Canada <a href="Investing in Canada Infrastructure Program: COVID-19 Resilience stream, The Safe Restart Agreement <a href="Investing-Investin

The Public Health Agency of Canada has recently updated its Infection Prevention and Control for COVID-19 guidance documents. The guidance acknowledges that transmission of SARS-CoV-2 occurs primarily at close range and that this may occur via large respiratory droplets and through inhalation of aerosols.

The guidance recommends that a minimum of Droplet and Contact Precautions be implemented for patients, residents or clients considered exposed to, or suspected, or confirmed to have COVID-19, and that substitution of an N95 or equivalent respirator in place of a medical mask may occur based on a healthcare staff point-of-care risk assessment. This includes use of an N95 or equivalent respirator during planned or anticipated exposure to aerosol-generating medical procedures, and consideration in

other circumstances under which risk of exposure to aerosolized virus may occur. The guidance states that aerosols are generated during other activities such as coughing, sneezing, or shouting. N95 or equivalent respirator fit-testing is recommended for staff in acute, long-term, outpatient and ambulatory care settings, as well as for home care staff.

The guidance also acknowledges that effective ventilation is important to mitigate the spread of SARS-CoV-2, and recommends that heating, ventilation and air conditioning systems be properly installed, regularly inspected, and maintained.

These documents can be found at: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html, <a href="https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-interim-guidance-home-care-settings.html and https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html

Thank you for writing.

Sincerely,

Howard Njoo MD, MHSc, FRCPC

Howard Mjoo

Deputy Chief Public Health Officer and

Interim Vice-President

Infectious Disease Prevention and Control Branch

Public Health Agency of Canada