



Editorial

Airborne precautions are needed against COVID-19



World Health Organization stated the outbreak to be a Public Health Emergency of International Concern on 30 January 2020. WHO recognized it as a pandemic on 11 March 2020. WHO declared that COVID-19 virus is transmitted between people through respiratory droplets and contact routes. Now, WHO added the new comment that respiratory infections can be transmitted through droplets with $<5 \mu\text{m}$ in diameter, they are referred to as droplet nuclei which is called airborne infection [1]. Based on the past lesson of SARS and MERS, WHO clearly stated and achieved that airborne precautions should be applied when performing aerosol-generating procedures [2]. WHO should have known the behavior of droplets such that fine droplets between 1–5 micrometers can remain airborne for several hours in still air [3]. In other words, WHO sent the wrong message to the world on protections against respiratory droplets infections.

With or without a mask, the aerosol study showed that exhaled mouth breathing produces more droplets than coughing [4]. The new study shows that the Sars-CoV-2 virus could survive in droplets for up to three hours after being coughed out into the air [5]. In other words, the smaller droplets, for the longer hours Sars-CoV-2 virus could survive. CDC clearly stated in “How is SARS spread?” that it is possible that SARS-CoV might be spread more broadly through the air (airborne spread) or by other ways that are not now known [6]. We need airborne precautions against COVID-19 [7].

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with informed consent. The author has read the manuscript and has approved this submission.

Conflict of interest

None.

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