Transmission of COVID-19 and the role of face masks in health settings

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The World Health Organization reports that based on available evidence, the SARS-CoV-2 virus is transmitted via droplets and fomites through close contact, not by airborne transmission.1

Droplet transmission occurs when respiratory droplets travel from the respiratory tract of the infectious individual to the susceptible mucosal surfaces of the recipient, generally over short distances (1-2 metres). Droplets are >5 µm in size, and are generated when an infected person coughs, sneezes or talks. Respiratory droplets fall to the ground, under the effect of gravity, soon after being expelled and so only those people in close contact with the infected individual are at risk of exposure. Examples of other viruses transmitted by droplet spread diseases include influenza and rhinovirus.2

Airborne transmission occurs when airborne droplet nuclei containing infectious agents remain infective over time and distance. Droplet nuclei are ≤5 µm in size and can remain suspended in the air for longer periods of time. They can be dispersed over long distances via air currents, meaning susceptible individuals who have not been in close contact with the infected individual can be at risk of exposure. Examples of diseases spread by airborne transmission include measles and varicella.

There is evidence that some viruses which are generally spread by droplet transmission (such as influenza and rhinovirus) can be transmitted via small-particle aerosols within a defined space (e.g., patient room) when specific procedures such as endotracheal intubation, non-invasive ventilation, tracheostomy, bronchoscopy, manual ventilation, sputum induction, high flow nasal oxygen, cardiopulmonary resuscitation are undertaken.

Because SARS-CoV2 is spread mainly through droplet transmission, medical/surgical masks are recommended for use in primary care in the care of patients. This includes taking nasopharyngeal and throat swabs, as these are not considered aerosol generating procedures.

Patients with severe illness requiring hospital admission should be sent there for swabbing and further management. Patients with illness that does not require admission can be swabbed in the community (general practice, Community-Based Assessment Centres, or Community-Based Testing Centres) with contact and droplet PPE.

Because they are managing more severe cases, some District Health Board staff may use N95 masks more often, particularly by staff who will be having frequent direct care (close contact) of the patients early in the admission or when undertaking aerosol generating procedures. These recommendations are in line with those of Australia as well as the WHO.

References

