Dear Mr. Baquet,

Executive Editor, *The New York Times,*

I am writing on behalf of xx undersigned scientists from y countries across z continents.

We, scientists from around the world, appeal to the medical community and the relevant national and international bodies to recognize the significance of the airborne spread of SARS-CoV-2 (COVID-19) and advocate for preventive measures to mitigate this. We have spent many years studying patients affected by infectious diseases and understand the characteristics and mechanisms behind the transport of droplets expired by humans, and the airflow patterns in buildings carrying virus-laden droplets.

We normally express our professional views in peer reviewed publications or by interacting directly with relevant national and international bodies rather than through the media. However, in this instance, we feel that we have exhausted options for making our voice heard. This matter is of extreme significance and urgency to all nations around the globe that are affected by the pandemic and are undertaking steps to emerge from it.

Medical journals such as *Lancet* reject our papers on this topic without proper consideration.

A group of 36 of the undersigned scientists sent a petition to the World Health Organization (WHO) on 1 April 2020, explaining the significance of the airborne transmission of the virus:

“*The current advice from the WHO is to wash your hands and maintain a social distance of about 1.0 m. However, these measures do not adequately protect the population from the small virus-carrying particles exhaled by infected people, and inhaled by others who share the same not-well-ventilated environments. These particles can travel tens of meters and remain airborne for prolonged periods.*

*Health care workers are among those who best adhere to the recommendations and are well trained in using protective devices when conducting medical procedures. Yet the toll of infections and death is proportionally very high in this group now, as it was during the SARS-CoV-1 outbreak. The virus in the air, against which no measures are taken, is likely the reason.*

*Studies conducted by us and by other scientists have demonstrated beyond any doubt that droplets exhaled by humans stay in the air sufficiently long and travel sufficiently far to pose a real risk of transmitting infections. Airborne droplets have been shown to maintain their biological content and infectious potential. Several retrospective studies conducted after the SARS-CoV-1 epidemic demonstrated that airborne transport was the most likely mechanism explaining the spatial pattern of infections. Numerous studies conducted on the infectious spread of other viruses, including the common influenza virus and the Norwalk-like virus, show a similar pattern. There is every reason to expect that SARS-CoV-2 behaves similarly, and is transmitted via small airborne droplets*.”

We have also explained the recommendations that should be made, including sufficient and effective ventilation, possibly enhanced by particle filtration and air disinfection, and avoidance of air recirculation and overcrowding.

In most cases such measures can be easily implemented and are not costly, but will prevent many infections and save lives.

Unfortunately, the WHO responded (dated 11 April 2020) that while the Organization is open to further discussion and collaboration, the Organization will not consider amendments to its recommendations to include protection against the airborne route of transmission:

“*In conclusion, we recognize that this is a complex and evolving area. Supported by many independent international experts, we maintain our view expressed above that the role of airborne transmission for SARS-CoV-2 is predominantly opportunistic and mainly limited to aerosol generating procedures.*”

We fear that the lack of recognition of the risk of airborne transmission of COVID-19 and the lack of clear recommendations on the control measures against the virus have grave consequences: people think that they are fully protected if they adhere to the current recommendations, but they are not.

We are of the opinion that many infections can be prevented, and many lives can be saved, if the risk of airborne transmission of COVID-19 is communicated and measures are taken to mitigate it.

This is of particular significance now, when countries are preparing strategies to re-open from lockdowns and are bringing people back to workplaces and children back to schools. Control measures, as outlined above, must be added to the other precautions taken to further reduce the risk of the pandemic continuing.

We hope that you will publish our Open Letter and bring the message to the world that the airborne transmission of COVID-19 is a real risk and actions should be taken to prevent it.

On behalf of the Scientists,

Professor Lidia Morawska

International Laboratory for Air Quality and Heath, WHO Collaborating Centre

Queensland University of Technology, Brisbane, Australia

Email: l.morawska@qut.edu.au

Co-Signing Scientists: