Dear Editor,

Kumar et al. analyze risk factors and outcome among Covid-19 exposed and quarantined healthcare workers. They present their study on the status of existing practices of standard precautions. Hospital transmissions of the virus is happening since the beginning of the pandemic and similar reports from other geographies are being made too. In Table 1 of their study, the authors tabulate demographic and other characteristics with details of exposure of the subjects. However, in this table all the data present factors on the side of healthcare workers. What we observe is that data on the side of patients, their attendants and environment (indoor of hospital) is missing and we want to underscore this point.

As most of the exposure of the workers occurred while working in a non–Covid area, it's reasonable to surmise that their guards were down on behalf of both patients' as well as workers' side. In spread of communicable disease, it's necessary for both - patients with attendants as well as healthcare workers- to wear mask to make relative risk reduction of transmission in indoor settings. When relative risk of transmission is high, a significant ratio of patients of the virus are presenting in presymptomatic and asymptomatic stages, and spread during these stages is a real risk, Rapid Antigen Test is being recognized to provide an uncomfortably high ratio of false negative result; we can reduce overall risk of transmission by making all of them wear mask.

Also in table 1, the authors count the number of workers involved in aerosol generating procedures. However, now we are realizing that it is not during the procedure alone that aerosol is generated but otherwise too. Therefore, along with mask wearing, social distancing, usage of protection devices e.g. wearing goggles and face shields and hand sanitization; other mitigation measures related to building design are needed to reduce concentration of the virus indoors. To begin with, these measures are as simple as enhancing ventilation of the enclosed spaces. When we open windows of the wards, ensuing ventilation reduces concentration of all the particles in the ambient air, including virus. Morawska et al. write that using portable air-cleaning devices when practical, also increases protection from transmission in small rooms.

When air conditioners recirculate air in indoor environment, biological agents in it also get recirculated- potentially exposing all the persons inside to risk of infection. Therefore, as far as possible, air should not be recirculated and the system should operate on 100% outdoor air. If a system otherwise utilizes dual modes of both recirculation and outdoor air, recirculation mode should be turned off to avoid potential transfer of virus through air flows between people. Ultraviolet lamps and ultraviolet germicidal irradiation, when installed in upper part of the ward, may be effective. Upper rooms germicidal ultraviolet technology is to be considered when risk of transmission is high in indoor spaces. In-duct application of germicidal ultraviolet is useful within air conditioning systems and ventilation ducts for disinfecting contaminated extracts when air is recirculating through the system.

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Conflicts of interest
There are no conflicts of interest.

Harish Gupta, Medhavi Gautam, Ajay Kumar, Sudhir K. Verma
Department of Medicine, KG's Medical University, Lucknow, Uttar Pradesh, India

Address for correspondence: Dr. Harish Gupta, Associate Professor, Medicine, KG's Medical University, Lucknow - 226 003, Uttar Pradesh, India. E-mail: mdkgmc@gmail.com

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