Y Pwyllgor Deisebau

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Petitions Committee

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
Deisebau@senedd.cymru
senedd.cymru/SeneddDeisebau
0300 200 6565

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Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
Petitions@senedd.wales
senedd.wales/SeneddPetitions
0300 200 6565

Tom Giffard MS, Wales COVID-19 Inquiry Special Purpose Committee, Co-Chair

Joyce Watson MS, Wales COVID-19 Inquiry Special Purpose Committee, Co-Chair

18 February 2025

Dear Tom and Joyce,

Petition P-06-1450 Welsh Government to take action to protect people from airborne infections in health care settings

The Petitions Committee considered the above petition, submitted by Anna-Louise Marsh-Rees, at its 3 February meeting.

In discussing the petition, Members noted the work being done on these issues in the Senedd, including by your Committee. Members agreed that, because of the nature of what the petition and petitioner are asking for, that the Petitions Committee was not the best place to take the issues any further. Members therefore agreed to close the petition but to forward the petitioner's latest response to the Cabinet Secretary for Health and Social Care and the Special Purpose Committee, for awareness.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: P-06-1450 Welsh Government to take action to protect people from airborne infections in health care settings

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales.

Yours sincerely

Carolyn Thomas MS
Chair

Senedd Cymru
Welsh Parliament

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

https://petitions.senedd.wales/petitions/245982

Welsh Government to take action to protect people from airborne infections in health care settings

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25 Jan 2025

Dear Senedd Petitions Committee

The response from Covid-19 Bereaved Families for Justice Cymru to the Cabinet Secretary for Health & Social Care's letter to the Petition Committee dated 18 Dec 2024

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The Minister's assertion that "for most people, Covid-19 is like any other common respiratory illness" and that any intervention is futile is the fundamental issue.

He is rejecting the precautionary principle which must be applied to a novel virus. He is also clearly ignorant of the immune suppression caused by SARS-CoV-2, its affinity for vascular and other cell tissue and the risk of Long Covid.

He is unaware that immunity to infection induced by 'natural infection' wanes quite rapidly:
https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964(22)00584-9/fulltext

As does that provided by vaccination: “Doses offer time-limited protection, protection increases after each dose but then wanes over the following few months"
https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-

practitioners/covid-19-vaccination-programme-information-for-healthcare-practitioners

For all these reasons, hospital-acquired infection should be avoided.

The comparison of current Covid admission statistics with those from earlier in the pandemic is unscientific and deeply flawed due to the changed criteria for testing. The testing of everyone on admission for surveillance purposes was universal in the early years, but since April 2023 testing has only been undertaken on admission when deemed clinically necessary. So, the signal is not consistent across that change of policy.

Given that up to 50% of infectious people are asymptomatic he should double the currently published admissions figures for a more realistic number. This greatly tempers the Welsh Government's claim of decreasing levels of Covid admissions.

As Health Minister, he cannot be excused for not knowing the current level of nosocomial SARS-CoV-2 infection in NHS hospitals in Wales. The data used to be quite obscure, but it is now published in the PHW Weekly Influenza and ARI Report, which he must read regularly.
https://phw.nhs.wales/topics/immunisation-and-vaccines/fluvaccine/weekly-influenza-and-acute-respiratory-infection-report/

His response focuses solely on the risk to a healthcare worker (HCW) from an infectious patient, not the risk to the patient from an infectious HCW. His assumption that the cause of hospital-acquired Covid is patients with community acquired Covid is inaccurate. If that is the case, then the testing of patients on admittance and every 3 days then isolate would immediately address this. There must be recognition that

infectious healthcare workers are transmitting Covid to patients. These patients who are already unwell & vulnerable, they have no way to protect themselves from Covid whilst in hospital.

The Minister has a duty to provide upfront protection of the already vulnerable in hospitals. Providing a test & treatment only when symptomatic is not adhering to the precautionary principle. The Minister & Welsh Government must act now to mitigate airborne viruses in hospitals.

We have provided further questions and recommendations to each point in the letter:

1. Airborne vs. Droplet Transmission:
-There's an overemphasis on droplet transmission in the response. He states "Person-to-person transmission of Covid-19 primarily occurs through direct transmission (involving droplets which land on mucous membranes) or by airborne transmission" and focuses heavily on surgical masks for droplet protection.
- 'direct transmission' - is not a term not used to describe any form of transmission and has no scientific meaning
- See Professor Clive Beggs definitive and expert report to the UK Covid Inquiry on the physical sciences underpinning Covid-19 transmission and its implications for infection prevention and control in healthcare settings'
https://covid19.public-inquiry.uk/documents/inq000474276-expert-report-by-professor-clive-beggs-titled-an-expert-report-on-the-physical-sciences-underpinning-covid-19-transmission-and-its-implications-for-infection-prevention-and-control-in-h/
- Improvement needed: He must acknowledge that COVID-19 is predominantly airborne and adjust the protective measures accordingly:
  - Prioritize proper ventilation and air filtration
  - Emphasise the use of well-fitting respirators (FFP3 or to an equivalent standard approved by the HSE) as Cambridge did)

- Implement air quality monitoring more systematically eg Addenbrookes

2. Long-term Health Impacts:
- There's no acknowledgment of Long COVID or chronic health impacts of Covid from even a mild initial infection and especially repeated infection.
- Improvement needed:
  - Include risk assessment for long-term health impacts
  - Develop protocols specifically aimed at preventing chronic complications
  - Consider long COVID impact on healthcare workforce planning

3. Ventilation Monitoring:
- Current approach seems fragmented:
  - No centralized reporting of ventilation status
  - CO2 monitoring not included in testing requirements
  - Ad-hoc testing based on individual Ventilation Safety Group decisions
- Improvement needed:
  - Implement mandatory CO2 monitoring and data-logging
  - Create centralized reporting system for ventilation status
  - Set minimum ventilation standards that must be met

4. Testing Strategy:
- His position on reduced testing seems based primarily on population immunity. There is no immunity from Corona Viruses ever and a 'current' reduction in acute reactions but no change in long term chronic problems from a neurovascular chronic infection.
- Improvement needed:
  - Reintroduce and mandate regular testing of HCWs and patients
  - Stop HCWs working when infectious with Covid -both asymptomatic & pre-symptomatic

- Encourage HCW uptake of Covid vaccination as currently low in Wales
- Include asymptomatic Covid stats in nosocomial reporting
- Implement strategic surveillance testing
- Account for chronic virus persistence and to be proactive on new circulating variants
-Recommence the Wastewater in Wales -sampling weekly alerts. The award-winning programme was one of the best in the world, led by one of the currently most published scientists in Wales. It gave an indication of regional infection prevalence and variant dynamics across Wales, important both to inform NHS and Public Health policy in Wales, especially giving advanced warning of likely hospital admissions and feeding into global surveillance, as requested by WHO.

5. Air Purification:
- The response indicates no standardized approach: eg CADR
- No recognised industry standard for testing
- No systematic monitoring of infection rates in relation to air purifier use
- Improvement needed:
- Develop standardised testing protocols
- Conduct systematic studies on effectiveness
- Create clear guidelines for when, where and how much air purification is required for each level of risk.

6. Staff Protection:
- Focus seems to be on managing sickness absence rather than prevention. This is already a huge problem, from viral persistence and immune T-Cell exhaustion (aka Leonardi effect)
- Improvement needed:
- Implement proactive protection measures inc regular testing
- Provide high-quality respiratory protection i.e HSE requirements = FFP3 or equivalent, such as elastomeric reusable or Powered Air Purifying Respirators)

- Mandatory regular IPC training & not a reliance on manuals - they don't protect anyone.
- Regular risk assessments considering airborne transmission.

7. Nosocomial Covid Protection

- Over the past year 60% or more of NHS inpatients in Wales with Covid acquired it in hospital. These are just inpatients who have been tested because their symptoms are of clinical concern to the Consultant. There will be many more untested.
For example, 05 January 2025, there were 176 inpatients in Welsh NHS hospitals with confirmed Covid infection, 111 of which (63%) had acquired it nosocomially.
- The current IPC measures in place cannot therefore be described as effective when there are so many nosocomial cases of Covid, flu etc in hospitals in Wales
- Improvement needed:
  - implement all the above plus:
  - Introduce Welsh Government targets to reduce nosocomial infection

Regards

Anna-Louise Marsh-Rees
Group Lead
Covid-19 Bereaved Families for Justice Cymru