

Scientists Warn Ebola Transmission May Be Airborne; Urge Full Respirators for Frontline Health Workers

By Ethan A. Huff

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With so many questions still remaining as to how folks like Dr. Rick Sacra, who never even treated Ebola patients, somehow managed to contract the supposedly non-airborne disease, the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP) has issued new guidelines recommending that all front-line health workers be outfitted with full respirators, a recommendation which suggests that Ebola could very well have gone airborne.

In a recent commentary, Drs. Lisa M. Brosseau, Sc.D., and Rachael Jones, Ph.D., make the case for respirators, not just face masks, as necessary equipment in the fight against Ebola. Recommending the precautionary approach in such a serious matter, the duo says that, just because it hasn't been confirmed that Ebola can transfer through the air doesn't mean that it shouldn't be treated as such, especially when people's lives are on the line.

The fact of the matter is that Ebola has never been proven *not* to transmit through the air, which is reason enough to assume that it does for the safety of workers on the ground. The two doctors explain that, scientifically speaking, Ebola currently has "unclear modes of transmission," meaning nobody truly knows all the ways that infections can emerge.

"We believe there is scientific and epidemiologic evidence that Ebola virus has the potential to be transmitted via infectious aerosol particles both near and at a distance from infected patients, which means that healthcare workers should be wearing <u>respirators</u>, not facemasks," they wrote, citing an earlier paper Dr. Brosseau published in the *American Journal of Infection Control*.

1989 monkey incident suggests Ebola can turn airborne

Delving back 25 years into the scientific literature, it was already believed that Ebola had the potential to mutate into an airborne strain after quarantined monkeys spread the disease throughout an entire containment facility. Even though the infected monkeys had no direct contact with the other monkeys, the disease ravaged the entire place, resulting in it having to be "cooked" after all the monkeys were destroyed.

Since that time, the establishment has remained in denial about the airborne spread of <u>Ebola</u>, insisting that it can only transfer through virus-laden fluids, droplets and direct contact. There is no scientific basis for this, of course, but rather an unsubstantiated assumption that somehow became politically correct "fact."

Fluids themselves can take many forms, including micro-droplets that aren't necessarily seen but that can carry disease. Even if Ebola can't transmit through the air, there is still the possibility that it can transfer through vapor and other micronized forms of fluid that are capable of being passed without direct bodily contact.

"Virus-laden bodily fluids may be aerosolized and inhaled while a person is in proximity to an infectious person and... a wide range of particle sizes can be inhaled and deposited throughout the respiratory tract," explaied Drs. Brosseau and Jones.

Most aerosol transmission science is grossly outdated

Much of what today's health authorities rely on as scientific evidence of how aerosol transfer works is extremely outdated, some having been published as far back as the 1940s. Since that time, our understanding of bacterial and viral transfer through aerosols has changed, revealing that the types of aerosols emitted from the respiratory tract vary widely in size, and many are small enough to be directly inhaled.

"We are now persuaded by a review of experimental and epidemiologic data that [aerosol transmissibility] might be an important feature of disease transmission, particularly in healthcare settings," conclude the two doctors.

You can read their full report here: CIDRAP.UMN.edu.

Sources:

http://theextinctionprotocol.wordpress.com

http://www.cidrap.umn.edu

http://www.cdc.gov [PDF]

http://www.dailymail.co.uk

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