Additional Research

https://academic.oup.com/jid/article/doi/10.1093/infdis/jiaa189/5820886	We found that the evidence base for current guidelines is sparse, and the available data do not support the 1- to 2-meter (≈3–6 feet) rule of spatial separation. Of 10 studies on horizontal droplet distance, 8 showed droplets travel more than 2 meters (≈6 feet), in some cases up to 8 meters (≈26 feet). **Several studies of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) support aerosol transmission, and 1 study documented virus at a distance of 4 meters (≈13 feet) from the patient**. Moreover, evidence suggests that infections cannot neatly be separated into the dichotomy of droplet versus airborne transmission routes. **Available studies also show that SARS-CoV-2 can be detected in the air, and remain viable 3 hours after aerosolization.**
https://www.folkhalsomyndigheten.se/contentassets/c1b78bffbfde4a7899eb0d8ffdb57b09/covid-19-school-aged-children.pdf?fbclid=IwAR0KhgdTP1WvVSqqJ2Q-BbDyLUst3ylzsvpFy7dduT400x6N8e1bttdngaM	**CONCLUSION:** Closure or not of schools had no measurable direct impact on the number of laboratory confirmed cases in school-aged children in Finland or Sweden. **The negative effects of closing schools must be weighed against the positive indirect effects it might have on the mitigation of the covid-19 pandemic**.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423	**Conclusion:** In summary, all the 455 contacts were excluded from SARS-CoV-2 infection and we conclude that the **infectivity of some asymptomatic SARS-CoV-2 carriers might be weak**.
https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article	This study led to 3 conclusions. First, SARS-CoV-2 was widely distributed in the air and on object surfaces in both the ICU and GW, implying a potentially high infection risk for medical staff and other close contacts. Second, the environmental contamination was greater in the ICU than in the GW; thus, stricter protective measures should be taken by medical staff working in the ICU**. Third, the SARS-CoV-2 aerosol distribution characteristics in the ICU indicate that the transmission distance of SARS-CoV-2 might be 4 m.**
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coro	These types of masks may not be effective in blocking virus particles that may be transmitted by coughing, sneezing or

navirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html	certain medical procedures. They do not provide complete protection from virus particles because of a potential loose fit and the materials used. Masks with exhalation valves are not recommended, because they don't protect others from COVID-19 and don't limit the spread of the virus.
https://www.ontario.ca/page/face-coverings-and-face-masks	Face coverings will not protect you from getting COVID-19.
https://bmcpulmmed.biomedcentral.com/articles/10.1186/1471-2466-12-11	**Conclusions:** We have developed a standard human cough aerosol model. We have quantitatively characterized the pattern, size, and number of droplets present in the most important mode of person-to-person transmission of IRD**: the cough bioaerosol**. Small size droplets (< 1 μm) predominated the total number of droplets expelled when coughing. **The cough aerosol is the single source of direct, indirect and/or airborne transmission of respiratory infections like the Influenza A H1N1 virus.**
http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/masks?fbclid=IwAR3u-8Kd53Ch9QgqQFwL5Be4IZPg-5rqB0zy2CcZBTEYp1njwtn4XI423hE	Facemasks can be worn to help protect those around you and **should be worn by people who are sick**. If you are healthy, wearing a non-medical or cloth mask or face covering is a matter of personal choice and it might help to protect others.