We write to express our deep concern regarding a series of reporting by the CBC (including an April 9th article attributed to Adam Miller and Erin Collins;

https://www.cbc.ca/news/health/canada-doctor-world-health-organization-airborne-1.599488 9) on a University of Calgary sponsored webinar on the mechanisms of SARS-CoV-2 transmission. While 2 panelists provided evidence favoring it to be predominantly airborne, Dr. Conly supported multiple modes of transmission based on available evidence and longterm infection control principles of contact and droplet transmission, accepting that airborne transmission also can occur in specific situations. This is the position of the CDC, WHO and Public Health Agency of Canada. In coverage of the webinar and with additional CBC coverage which sought the views of others favoring predominantly long-range airborne transmission, Dr. Conly was attacked and painted as a villain who was responsible for WHO being hesitant in endorsing airborne transmission as the predominant mode of transmission. Facts were misconstrued, opinions misrepresented and a trusted Calgarian physician helping to lead the global fight against COVID-19 has been unjustly denigrated. Furthermore, the CBC coverage has brought forth a tidal wave of personal attacks and insults directed towards Dr Conly. It has spurred a cyber mob of trolls spewing hateful comments and propagating misinformation. This toxic discourse towards academics has been well documented in a recent Nature Medicine communication (https://doi.org/10.1038/s41591-021-01314-9).

At the heart of the matter is how SARS-CoV-2 is transmitted - the size of infectious particles and distance they can travel to cause an infection. SARS-CoV-2 transmission dynamics are very complex, situational and an area of intense scientific inquiry because of the public health implications. Many experts in infectious disease and epidemiology support the assertion that the predominant mode of SARS-CoV-2 transmission is by respiratory droplets and close contact (i.e. droplet/contact transmission) and that under circumstances of limited ventilation (i.e. indoor spaces), crowding, and high intensity activities transmission by aerosols (i.e. airborne transmission) can occur – but that it is not the main mechanism of transmission. This distinction matters as the resulting infection control precautions in Canadian hospitals – and most of the world – are based on this understanding (where healthcare workers wear surgical masks, gowns, gloves and eyewear to protect themselves- except when aerosol generating procedures occur and an N95 mask is used). On the assumption that SARS-CoV-2 is mainly transmitted by long- range aerosols, others have argued for the continuous use of N95 masks in all health care, and potentially other indoor and crowded outdoor settings.

In their article the CBC selectively cites two papers pertinent to the area. Further, they highlight a letter published in the Clinical Infectious Disease journal signed by 239 scientists calling for COVID-19 to be called an airborne infectious disease – a letter signed by 2 Canadian infectious disease physicians or medical microbiologists. However, the CBC does not comment on those that have pushed back against this assertion - including a letter published in the same journal signed by hundreds of leading scientists and clinicians from all over the world – including 168 Canadian infectious disease physicians and medical microbiologists (https://doi.org/10.1093/cid/ciaa1118). Nor does the CBC comment on the hundreds of papers which don't support this argument. We understand that Dr Conly also provided a follow-up interview providing further explanation on the complexities surrounding

the science of transmission and the settings in which N95s might optimally be used but these were not included for context.

The CBC article and its contributors (mostly aerosol biologists who are generally not physicians and do not treat patients) suggest without subtlety that Dr Conly is out of date. They use denigrating terms such as; "discredited", "can't admit he is wrong", "stuck in what we knew 20-30 years ago" and "hasn't updated". In fact, nothing could be further from the truth. Dr Conly is involved in dozens of COVID-19 related research projects with collaborators the world over, partakes in endless seminars and webinars to keep abreast of the latest developments. He has a commanding grasp of the literature on all aspects related to COVID-19. Further, they imply that in his role as an advisor to the World Health Organization (WHO) that he is singularly responsible for the WHO's guidelines for infection prevention in healthcare. Rather, Dr Conly is one of almost 40 experts from multiple disciplines that provide input into these guidelines.

The Dr Conly that we know has been a leader in infectious disease, infection control and antimicrobial stewardship in Canada for over three decades – work that has resulted in his receipt of the Order of Canada. Dr Conly is an accomplished academic with more than 300 peer-reviewed manuscripts. It is for his diverse knowledge base that he is sought out by other experts for his advice and guidance. As the former Head of the Department of Medicine in the Calgary Zone, Alberta Health Services, he oversaw a complete overhaul of the academic medicine program transforming it into a leading institution and led a concerted effort to diversify its workforce. He leads the Alberta Health Services Calgary Zone Infection Prevention and Control program. Dr Conly works tirelessly to prevent infection transmissions within hospital, and when they occur, to understand the factors leading to those events – in order to prevent them from occurring again. Finally, Dr Conly is held in the highest esteem by the most important group of individuals – the patients for whom he provides care. Dr Conly sets the bar that the rest of us strive to meet.

Infection control measures that are used in Canadian hospitals work to prevent the spread of COVID-19. In Alberta, with over 7000 COVID-19 hospitalizations to date, current infection control policies have been largely effective and protect our frontline healthcare workers. In those unfortunate events when hospital-associated transmission does occur, they can almost always be attributed to lapses in adherence to infection control practices. There will be differences of opinion in the interpretation of scientific evidence depending on expertise and background. The way through scientific disagreements (and to ultimately improve care) is through constructive, respectful and meaningful scientific dialogue. The best evidence comes from well-designed trials – something sorely lacking in this most important area. It is in this light we are looking forward to the successful completion of two key studies, a Swiss Study (NCT04296643) and a CIHR funded, multi-centered randomized controlled trial studying whether N95 or surgical masks differ in rates of COVID-19 transmission and adverse events amongst healthcare workers (NCT04296643). We are aware of similar unjustified criticism and vitriol that have been directed against what promises to be a hugely impactful Canadian led study.

We are dismayed that the CBC has dipped into a quality of journalism that has parallels with the Murdoch organization. In our view, these follow up stories represent character assassination and falls well short of CBC's purported journalistic standards of accuracy, fairness, impartiality and balance. The behavior of the CBC and its contributors serves to deter others within the medical community from speaking to the media – resulting in a smaller and smaller pool of "experts" – serving to dilute a balanced and fair dialogue.

We expect from the CBC a retraction, correction, apology – and a promise to do better.

Cc; Adam Miller, Senior Writer and Erin Collins, Senior Reporter

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Complete as of 17:00 hrs April 29