

COVID-19 Inquiry Report Leaves UK Unprepared for Future Airborne Threats, Experts Warn

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Media:

Experts say the COVID-19 Inquiry leaves us none the wiser in addressing future pandemics and shows that UK healthcare would struggle with any form of airborne biological threat, whether of natural origin or malicious biological attack.



Leading experts in science and healthcare are asking whether the Module 3 report leaves healthcare any better prepared for a future pandemic, or a hostile biological attack on the UK.

The COVID-19 Airborne Transmission Alliance, which, at its peak, led over a million experts and healthcare workers in a challenge to government over its handling of the covid pandemic, concludes that the report is of little practical use, despite confirming that public bodies ignored, obfuscated and misunderstood known scientific principles.

Related Sectors:

Coronavirus (COVID-19) :: Government :: Health ::

Related Keywords:

COVID-19 Inquiry :: Module 3 Report :: Airborne Transmission :: Pandemic Preparedness UK :: Healthcare Worker Protection :: RPE :: ffp3 Masks NHS ::

"CATA welcomes the Inquiry's recognition of what the American and European health authorities (CDC, ECDC) and the World Health Organisation have long-since determined - that COVID-19 is airborne and that it posed a mortal threat to healthcare workers in close proximity to infected patients. It welcomes the findings which indicate that scientific and expert evidence was ignored by those responsible for the guidance on protections for healthcare workers and patients.

CATA has been vindicated by the recognition of the failures and unaccountability of the shadowy IPC cell, which was responsible for the failure of NHS employers to give adequate protection to healthcare workers. However, every single term that may relate to the proper governance of healthcare and compliance with the Rule of Law has been expurgated from the Inquiry report. Combined with the millions of pounds spent by the government on redactions, suppressed evidence and coaching of witnesses, the Inquiry is as vacuous as it is lacking in substance," comments Dr Barry Jones, Chair of CATA.

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CATA was amongst the predominance of organisations and individuals asserting that COVID-19 is an airborne disease and therefore needs to be controlled by effective airborne mitigation strategies.

"Airborne pathogens need to be countered by tackling respiratory vulnerability," says Dr Barry Jones. "With other means of protecting healthcare workers including vaccines being largely ineffective at preventing HCWs becoming infected or infectious with the Covid virus (SARS-CoV-2 virus), that means that the immediate environment of HCWs requires specific measures in the form of improved ventilation and respiratory protective equipment (RPE).

At the height of the pandemic, healthcare workers were denied effective environmental and personal protection and that denial continues to this day. The Module 3 report depicts a chaotic, confused, leaderless and avoidably disastrous situation. Regrettably it also lacks the robust criticism of state bodies that we have seen in previous modules. We would have expected a more hard-hitting report, given the evidence of avoidable deaths and long-term health impacts associated with the IPC failures.

Despite clear expert evidence showing that respirators, such as FFP3s and PAPR hoods, are an essential protection measure beyond the aerosol-generating procedures list, the Inquiry's call for 'more research' denies healthcare workers the legal right to adequate protection.

It is indefensible, especially when FFP3 masks are already standard for other airborne pathogens in the NHS and other industries. This recommendation appears to have been heavily influenced by the testimony of Professor Susan Hopkins. However, at no point during the hearings was any credible evidence produced to show that the level of protection afforded by flimsy surgical masks was equivalent to the more robust than tight-fitting FFP3 respirators.

Legal experts representing individuals who were harmed by this misinformation strongly suspect that the hand of Government lawyers has guided the pen of the Inquiry on this point, with the intention of undermining their position in the forthcoming civil litigation. The findings of an Inquiry must not prejudice litigation but, in this respect, the Inquiry has done just that. CATA points to evidence that this is not a problem from half a decade ago. Long Covid continues to be a result of ongoing infections and is now the leading childhood healthcare crisis in the UK and USA. Repeat COVID-19 infections increase the risk of lasting disability, which should be an alarm bell that we are still thinking of COVID-19 as a variant of seasonal flu."

CATA fully endorses Lady Hallett's opening comments **"Healthcare systems were overwhelmed and came close to collapse ... and only coped thanks to the almost superhuman efforts of healthcare workers and all the staff who support them."**

"Her Ladyship's comments should be a wake-up call to Government" says David Osborn, CATA's health and safety advisor. "They raise a crucial question which has not been considered within the Inquiry's report. If, as is entirely foreseeable, the next pandemic occurs within the living memory of healthcare workers who served at the COVID front line, can the Government and indeed the country as a whole, rely on the same selfless commitment and dedication which normally goes with their vocation, as shown during the COVID-19 emergency?"

They will remember the deceptions about the true nature of the virus and the risks they faced while caring for infectious patients and the lies that the masks they were given were effective, only to learn that this false reassurance left them exposed.

They will remember the friends and colleagues who died — often in the very hospitals where they served — and those left seriously ill or disabled with Long Covid, then cast aside by an NHS unwilling to acknowledge workplace exposure.

They will remember how their health, safety and welfare were abandoned by the Health and Safety Executive, which left them at the mercy of individuals lacking the expertise to protect worker health and seemingly more concerned with defending their own reputations than safeguarding over a million staff.

The trust which has been lost needs to be regained. That will not happen if the current healthcare leadership remains in control and lawyers have an eye on forthcoming litigation."

In order to rebuild trust, CATA advocates for a change of senior leadership at a national level across the UK, including the DHSC, IPC, ARHAI, UKHSA and HSE. Whilst acknowledging that individuals were working under intense and unenviable pressures, this does not excuse some of the wrongdoings that were done and there does need to be some level of 'holding to account'. Questions are already being asked as to whether the use of the honours system has been appropriately applied in the context of people who led the healthcare system into the spiral to disaster as the pandemic struck.

CATA, which has campaigned under various names for the protection of healthcare workers from COVID-19 infection, will soon be standing down after 6 years of commitment to its member organisations.

"CATA can take small comfort from the Inquiry findings to read that everything we have tried to get public bodies to accept about the mode of transmission and the failures of IPC decision making was right. But we, and most of the rest of the world, knew that in any case. The Government has ignored the Module 1 report." says Kamini Gadhok MBE, Vice Chair of CATA, who led the Royal College of Speech and Language Therapists through the height of the pandemic.

"The report adds to confusion and mistrust over how personal protective equipment in the NHS should be provided to staff. The next pandemic will gain nothing by the efforts of the Inquiry team with this report. In 2024 the NHS England strategy stated that it would be a 'waste of resources' to try and stop another airborne respiratory pandemic spreading. I am not sure that the COVID-19 Inquiry report provides direction for healthcare, or even hope. This is immediately apparent in the DHSC 'Pandemic Preparedness Strategy', published 25 March 2026 from which it is clear that the lessons from the COVID-19 pandemic have not been learned. There is no recognition that, when providing close-quarter care to patients who are infected with an airborne transmissible pathogen, RPE is not the 'last resort' — it is the ONLY option".

Professor Kevin Bampton, CEO of the British Occupational Hygiene Society (BOHS), Chair of the Council of Work and Health and an expert on security matters comments, "What the Inquiry exposes is the extraordinary vulnerability of our healthcare infrastructure, but without properly identifying its systematic failings. CATA pointed out in our Module 1 evidence that if we had followed procedures for dealing with Chemical, Biological and Radiological threats, healthcare and the population would have been better protected. However, we were either incapable or unwilling to do so.

When CATA submitted that witness statement 3 years ago, these threats were academic. The use of contaminants and pathogens which can't be warded off with handwashing is now entirely within the capability of those involved in warfare in Europe and the Middle East. With the world at war, the Inquiry report shows our national vulnerability, but neither the Inquiry report, nor the slow Government response, shows a credible capability to respond to a national crisis of this kind. We need leadership, organisation, realism and planning for the worst case scenario. The pandemic taught us the tragic cost of not doing

so."

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