

PULMONOLOGY





CORRESPONDENCE

Indoor environmental quality-Take me where the air is clean



Dear Editor,

We read the editorial piece by Winck et al. who solicited a call for a Portuguese national strategy addressing indoor air quality.¹ The topic explored by the authors is an emerging area of interest worthy of further consideration. We found the proposed plans put forward in the Winck et al. article¹ of great interest. Among these, air recirculation is undoubtedly one of the more feasible and straightforward methods of ameliorating indoor air quality, as already pointed out by other authors.² The rapid and global spread of COVID-19 seems to be associated with indoor and outdoor air pollution. Studies show that in some parts of the world, where air pollution rates are high, COVID-19 is spreading faster.³ In this sense, depending on air quality, the diffusion trends for COVID-19 could be positively or negatively affected. It should be noted that indoor air pollution could also be generated by outdoor pollutants that are brought indoors in the processes of ventilation through the building envelope.⁴ Furthermore, people living in polluted air conditions are more prone to getting sick, and viral contamination becomes easier in such environments.⁵ These findings have been confirmed in a recent study, whose authors found an association between exposure to air pollution and the onset of respiratory symptoms and diseases such as allergic rhinitis, cough, asthma, and COPD.6

At the time of writing –April 2022– despite a reduction in new COVID-19 cases and the consequent easing of the restrictive measures, the infection risk persists in schools, hospitals, and other indoor contexts. Therefore, improving indoor air quality is crucial to overcoming the pandemic and alleviating the related health and economic consequences.

After reading the piece by Winck et al., it emerges that an increasing number of guidelines has been released in the last two years by international agencies to promote appropriate ventilation inside buildings.^{4,7–9} Such measures should be extended as much as possible within medical facilities, commercial buildings, and workplaces. As highlighted in the editorial by Winck et al.,¹ Recovery and Resilience Plan supported by the European Union, is an occasion to direct financial resources towards implementing safe and healthy indoor environments in the eurozone. The European Recovery Plan¹⁰ is a \in 2.018 trillion package created to respond to the COVID-19 pandemic; this unprecedented financial support should be used to facilitate local indoor air quality policies across countries. In this sense, rehabilitative pulmonary settings should be considered privileged as they would benefit from enhanced indoor air circulation. In fact, in such settings patients and professionals are greatly exposed to droplets and air contamination.²

We then applaud the analysis made by Winck et al.¹ because it contributed to expanding awareness of the importance of addressing indoor air quality during the COVID-19 pandemic and beyond. Furthermore, we hope that readers will be encouraged to be proactive —within the context of their institutions and workplaces— directed at enhancing indoor air quality.

As professionals, consumers, and citizens, we can all actively contribute to obtaining a better environment to live and work in.

Conflicts of interest

The authors have no conflicts of interest to declare.

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