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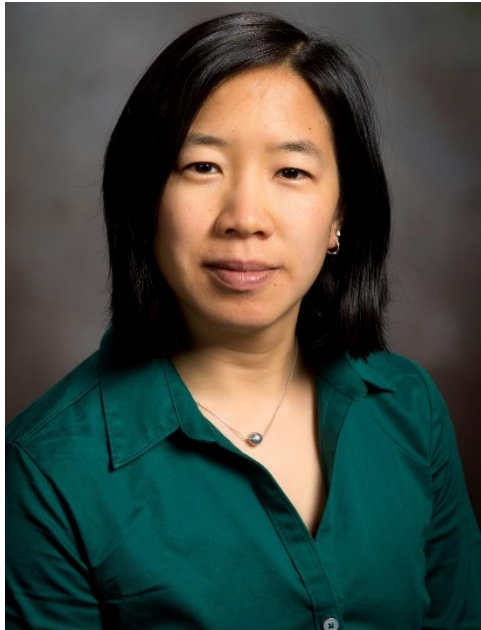
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TODAY'S WEBINAR:

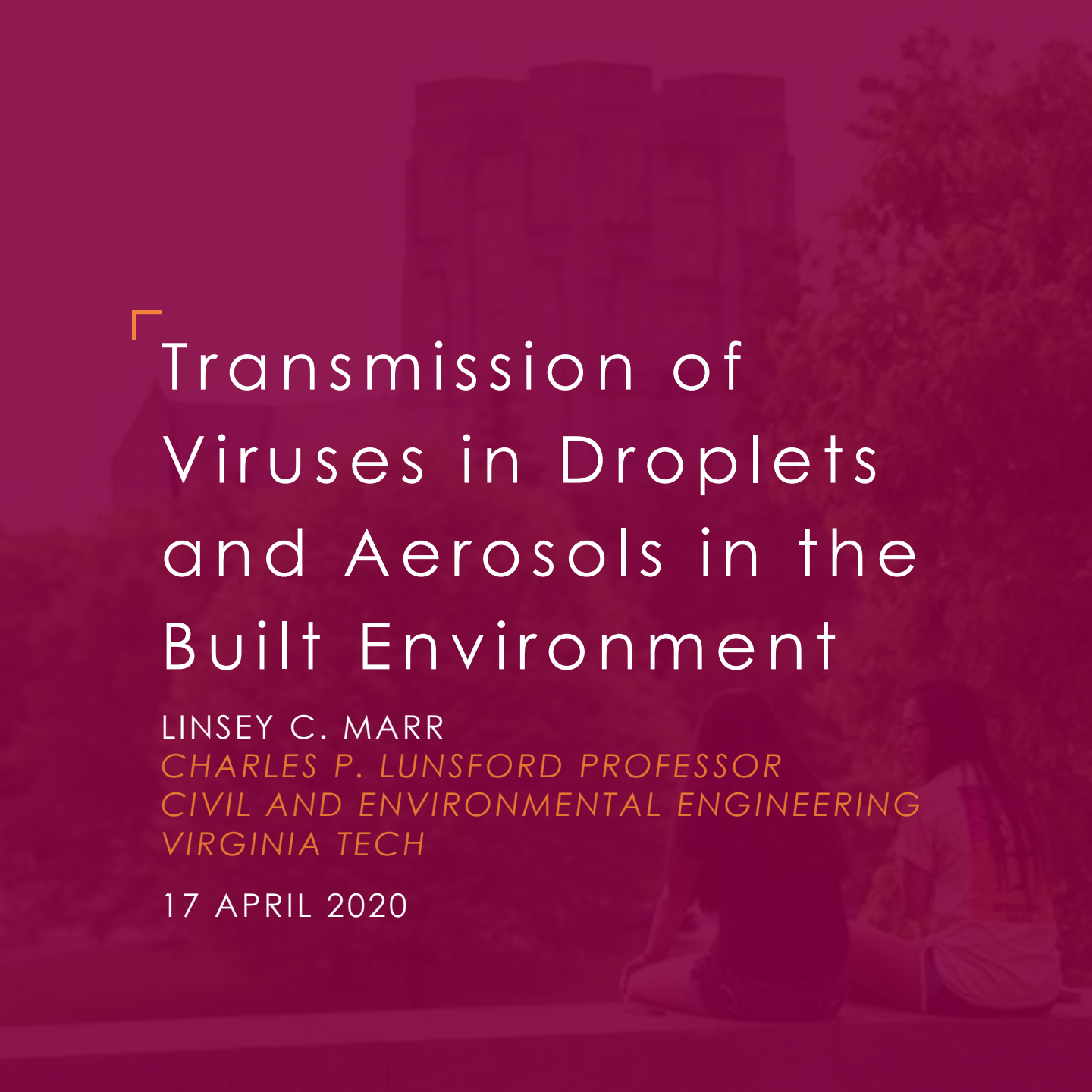
TRANSMISSION OF VIRUSES IN DROPLETS & AEROSOLS IN THE BUILT ENVIRONMENT



Presenter:
Linsey Marr, Ph.D.



Moderator: Kevin Brown,
EI, A.M.ASCE



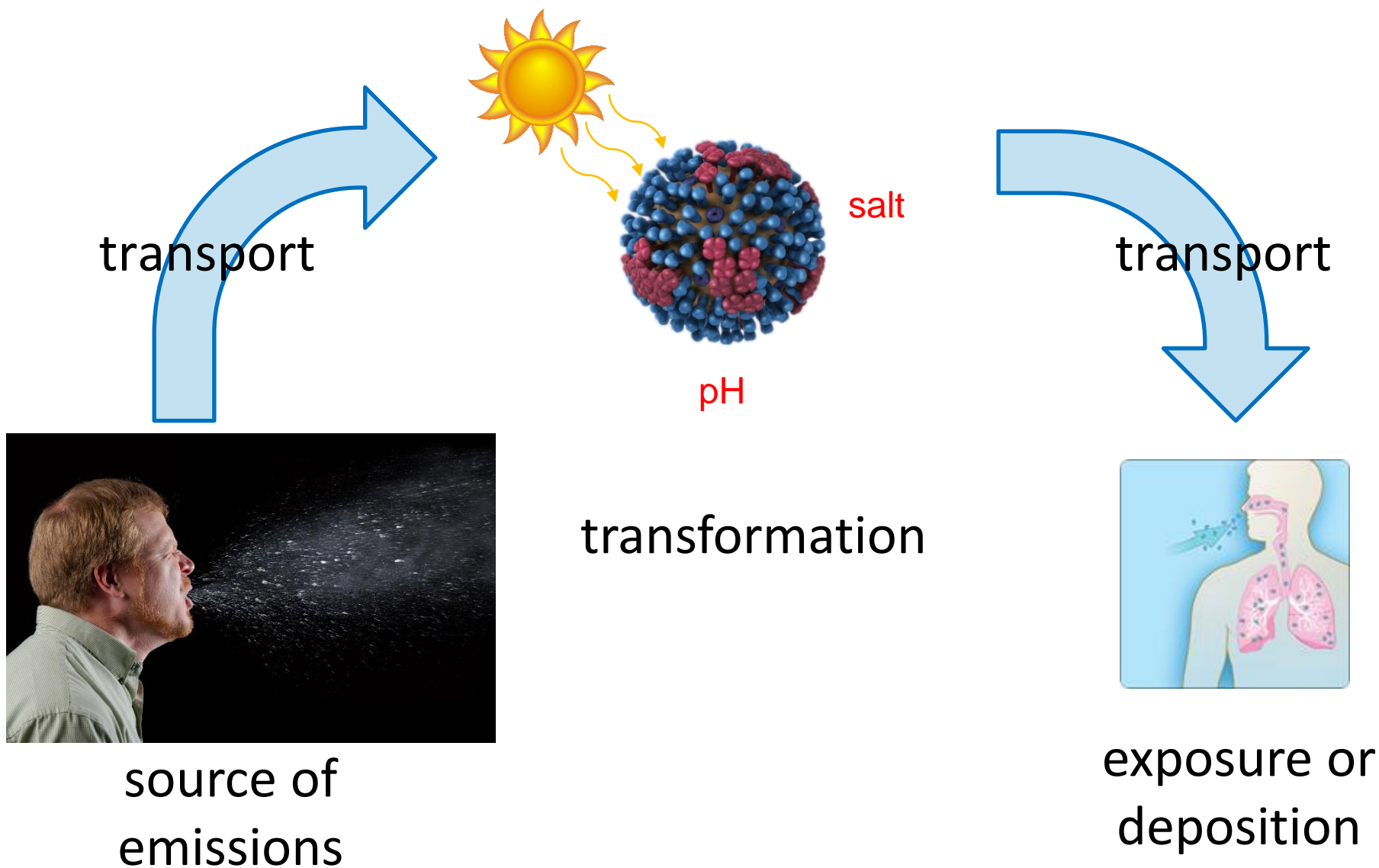
Transmission of Viruses in Droplets and Aerosols in the Built Environment

LINSEY C. MARR

*CHARLES P. LUNSFORD PROFESSOR
CIVIL AND ENVIRONMENTAL ENGINEERING
VIRGINIA TECH*

17 APRIL 2020

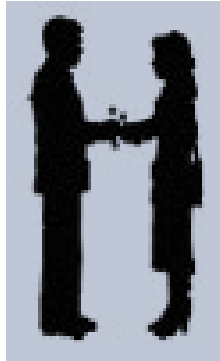




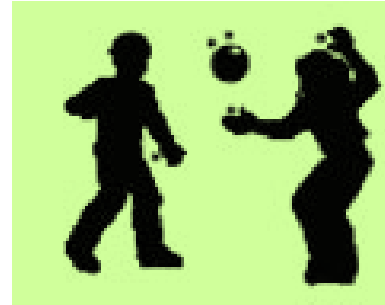
Topics

1. Transmission modes
2. Size distributions and evaporation
3. Virus aerosol dynamics
4. SARS-CoV-2

Modes of Transmission

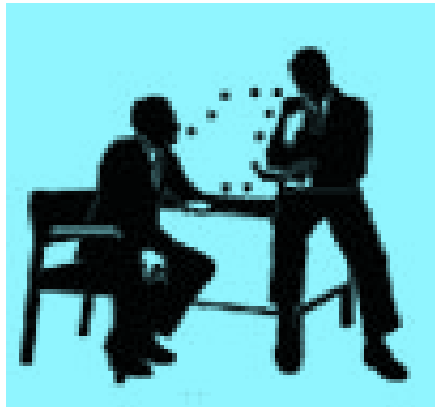


direct contact

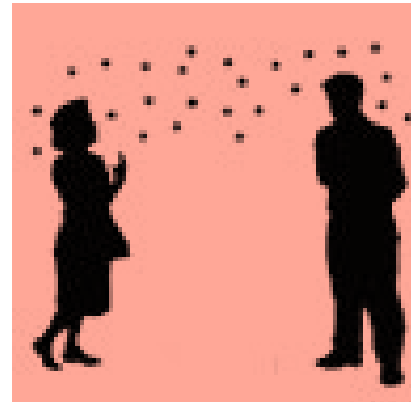


indirect contact

Defined as $>5\ \mu\text{m}$
and happening at
close-range only
($<2\ \text{m}$)



large droplets

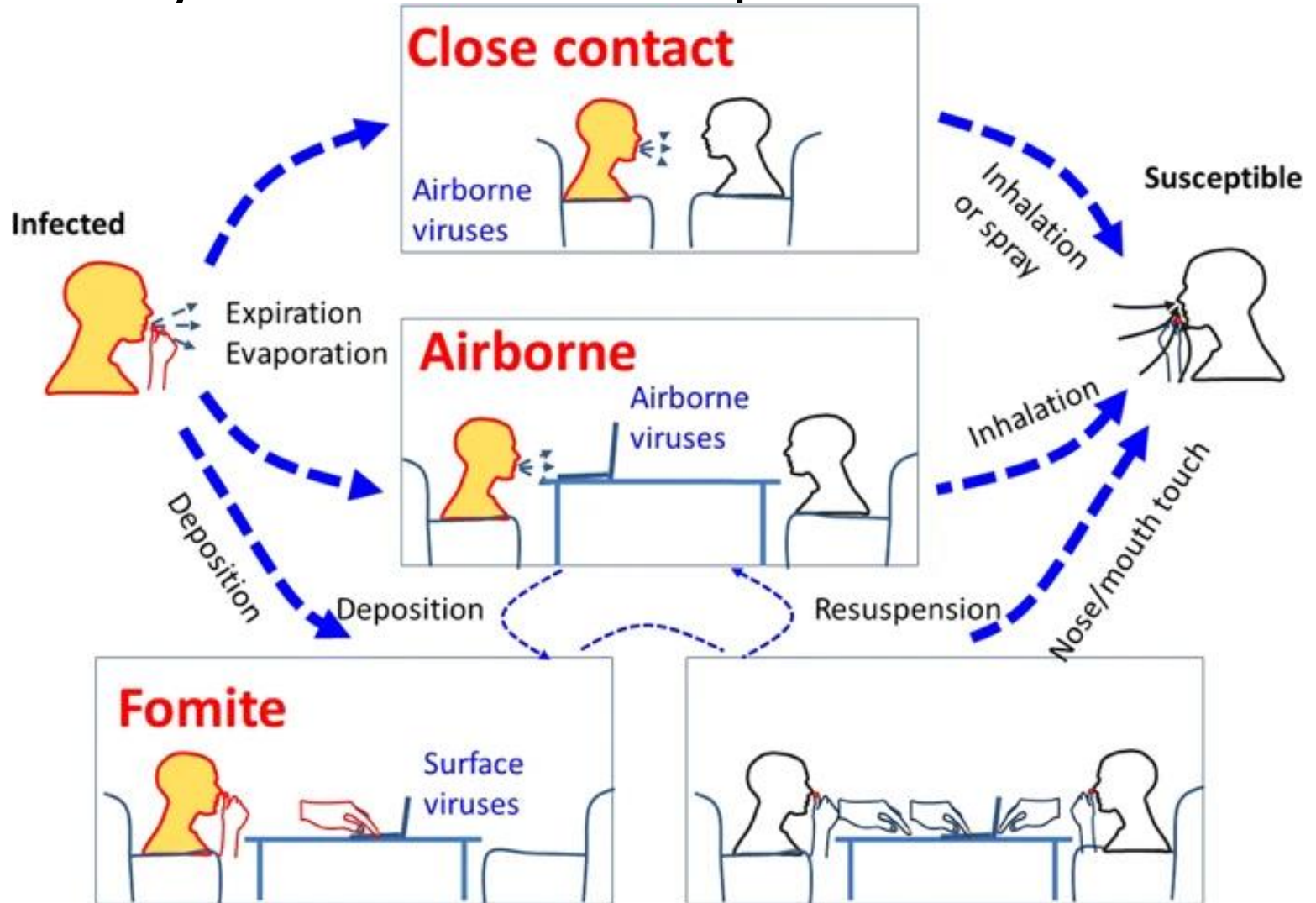


Defined as $<5\ \mu\text{m}$
and happening
mainly at long-
distance ($>2\ \text{m}$)

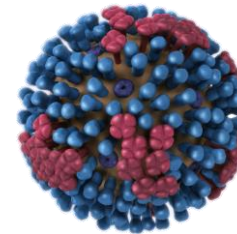
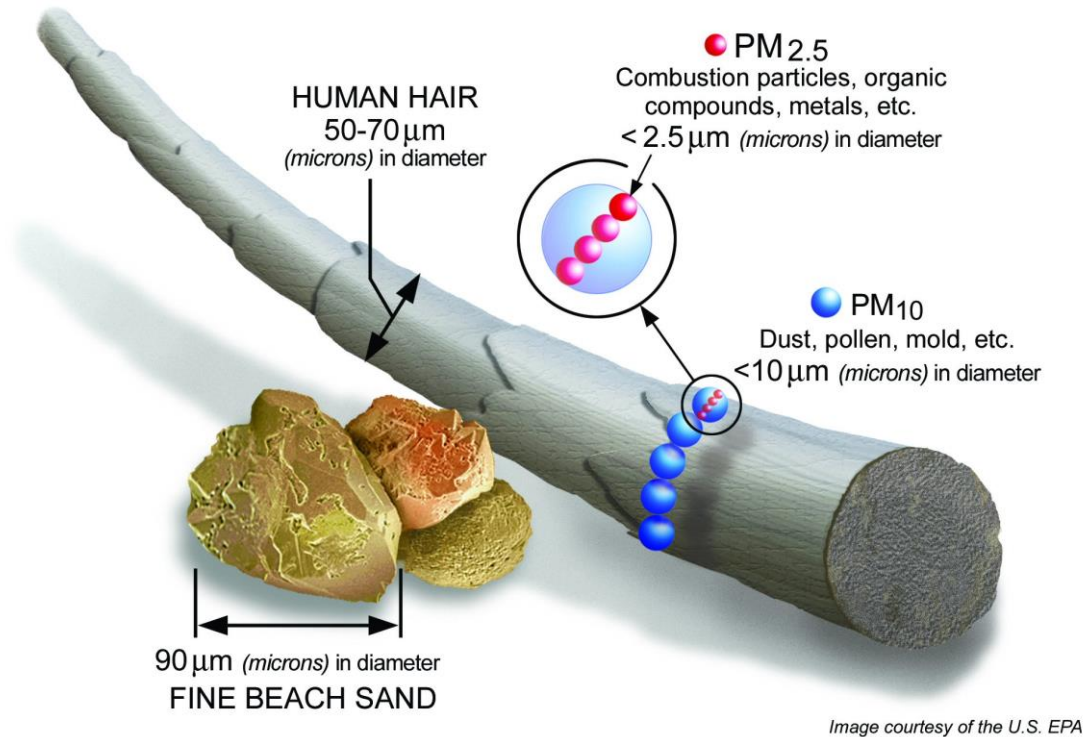
aerosols

The origin of the $5\text{-}\mu\text{m}$ cutoff is not known. This cutoff is not supported by modern aerosol science. This distinction has hampered our understanding of transmission.

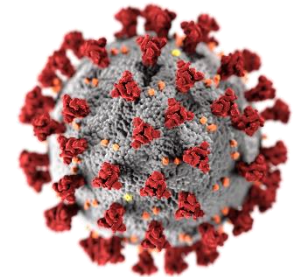
Reality is More Complicated



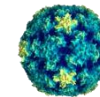
Virus Size



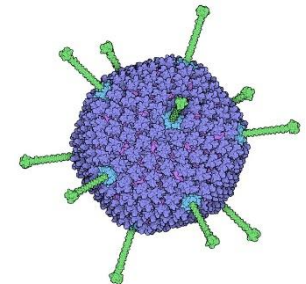
influenza
0.1 μm



SARS-CoV-2
0.12 μm



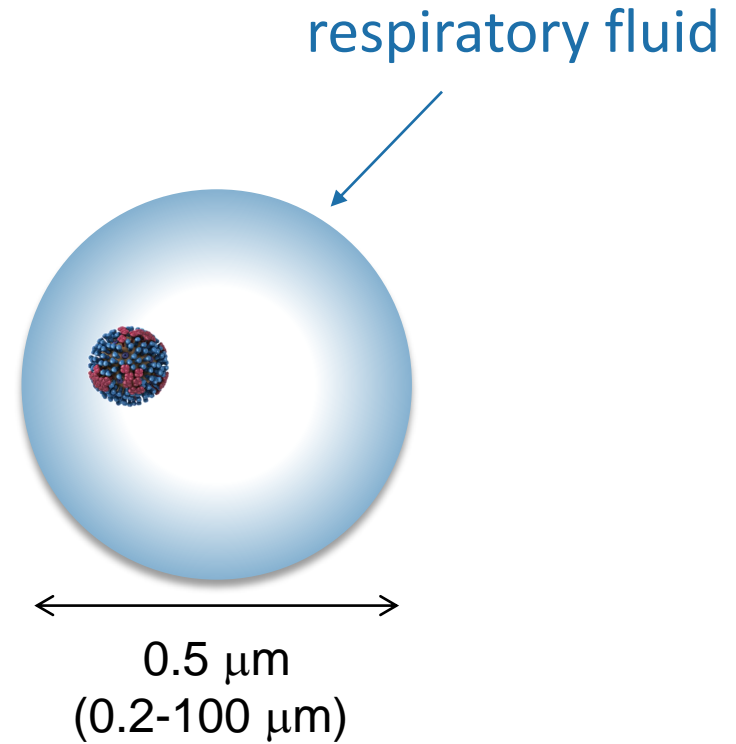
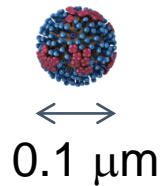
rhinovirus
0.03 μm



adenovirus
0.1 μm

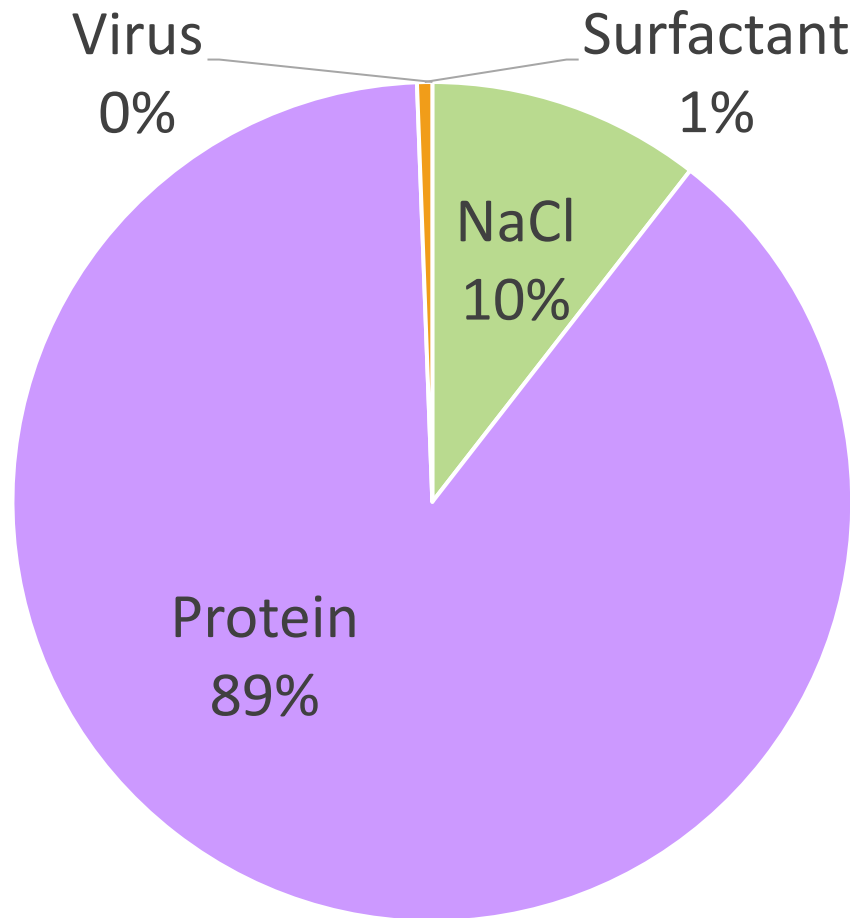
Size Matters

- Airborne virus is not naked!



- Size determines
 - Lifetime in the atmosphere
 - Where it deposits in the respiratory system

Droplet Composition by Mass

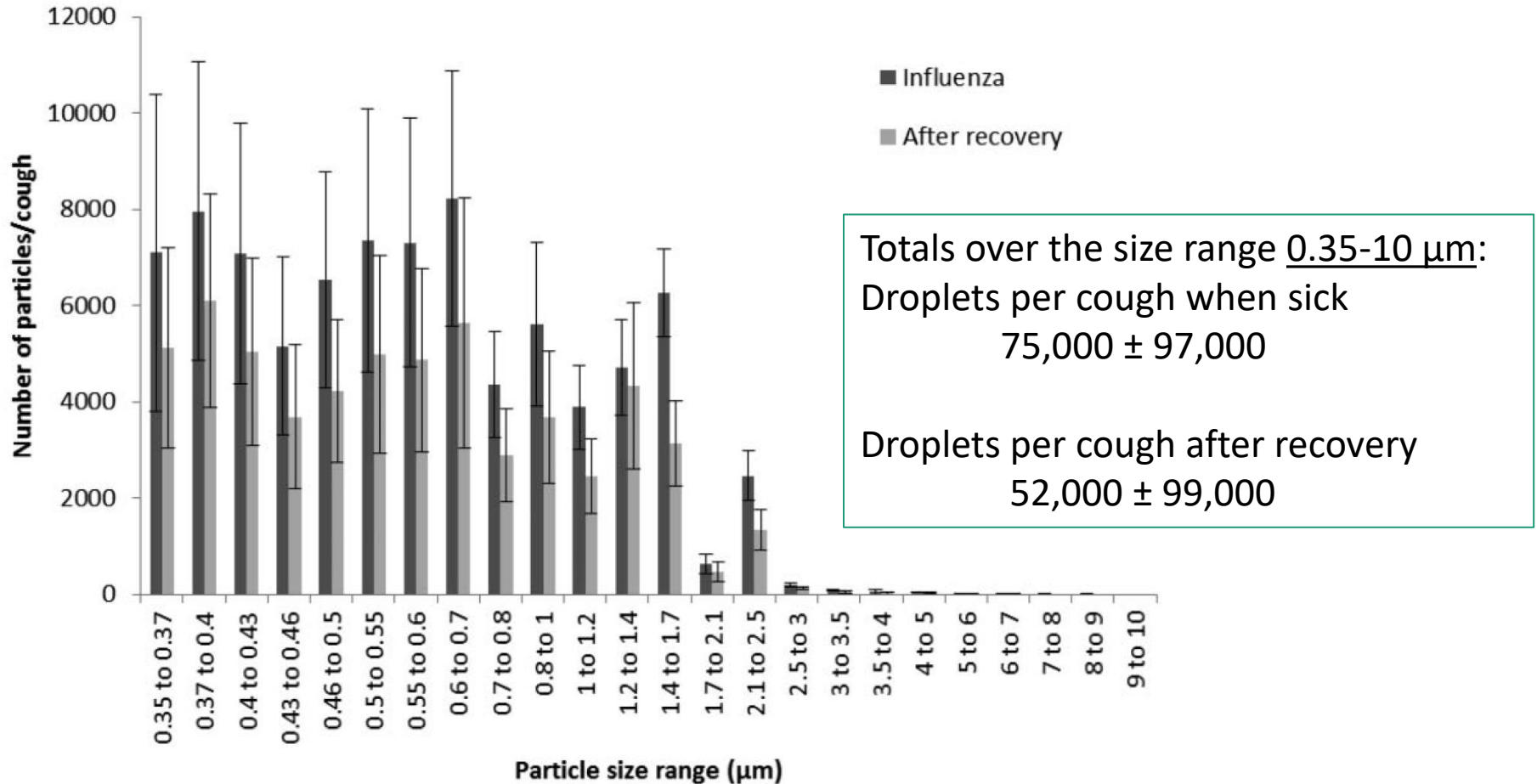


Non-volatiles are
~10% of initial
mass (before
evaporation)

Droplets that are expelled into air can be inhaled, land on people's mucus membranes, or deposit onto surfaces, where someone can touch them or they can be resuspended into air.

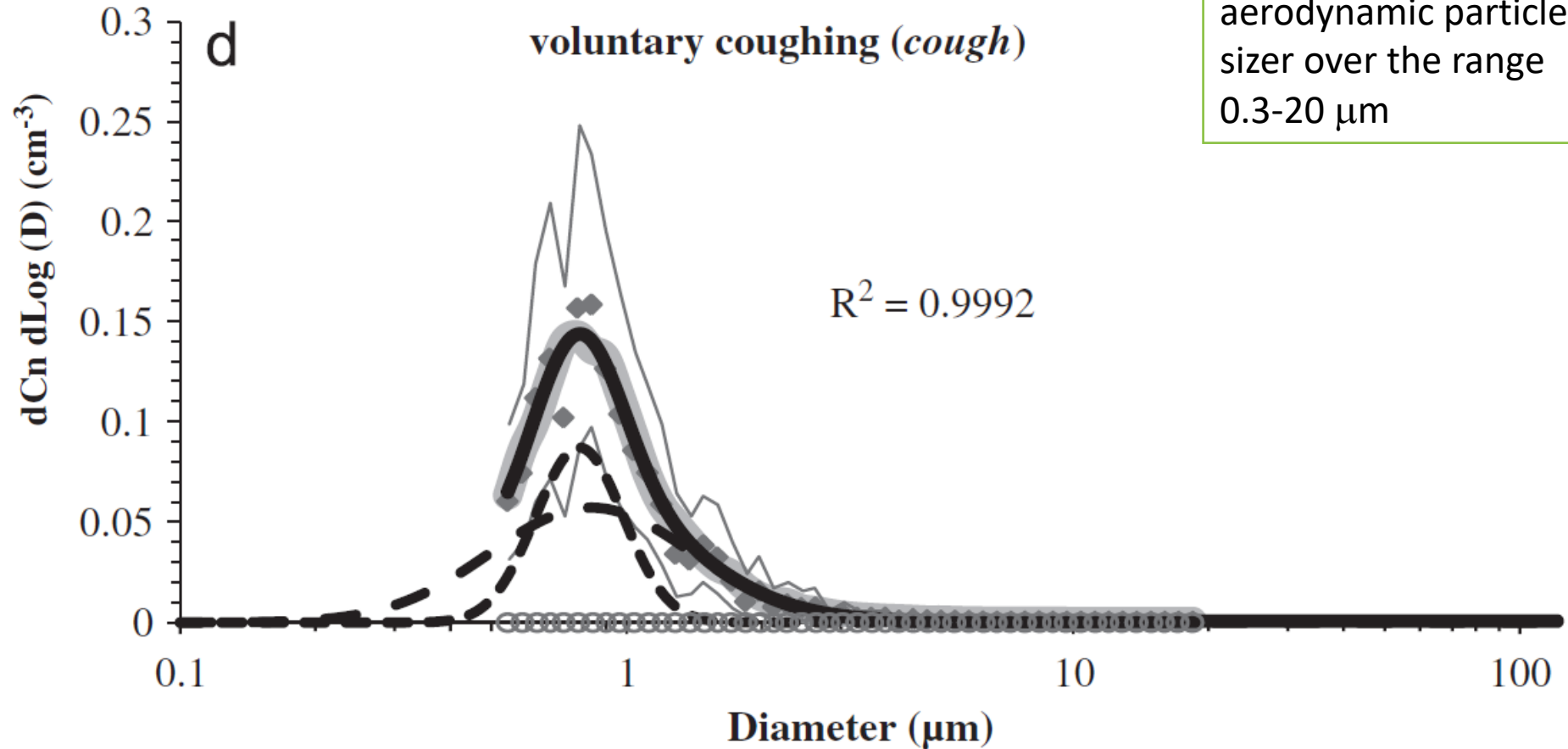
How many droplets are there, and how big or small are they?

Number of Droplets Emitted



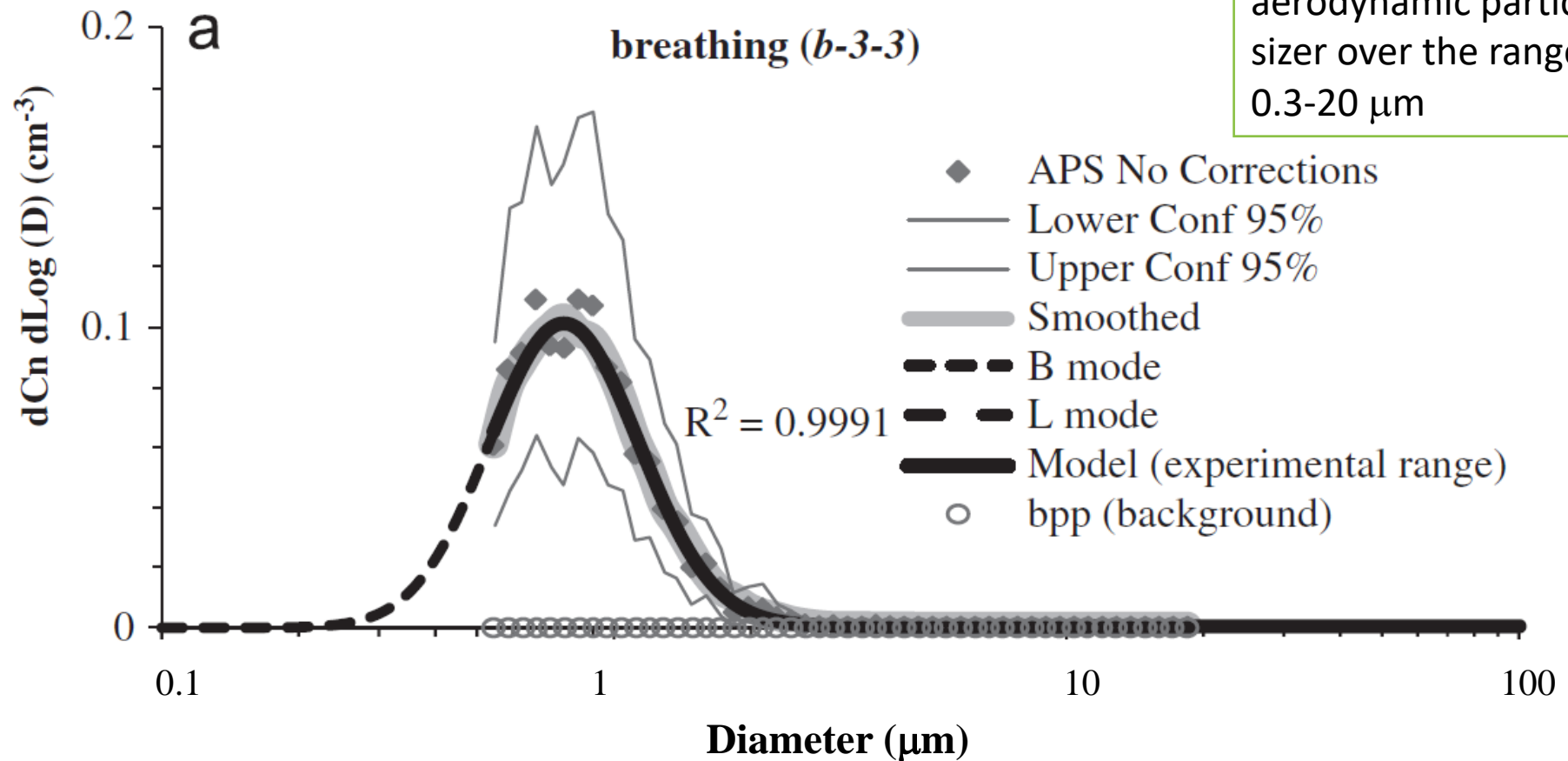
Size Distributions: Coughing

Measured by
aerodynamic particle
sizer over the range
0.3-20 μm



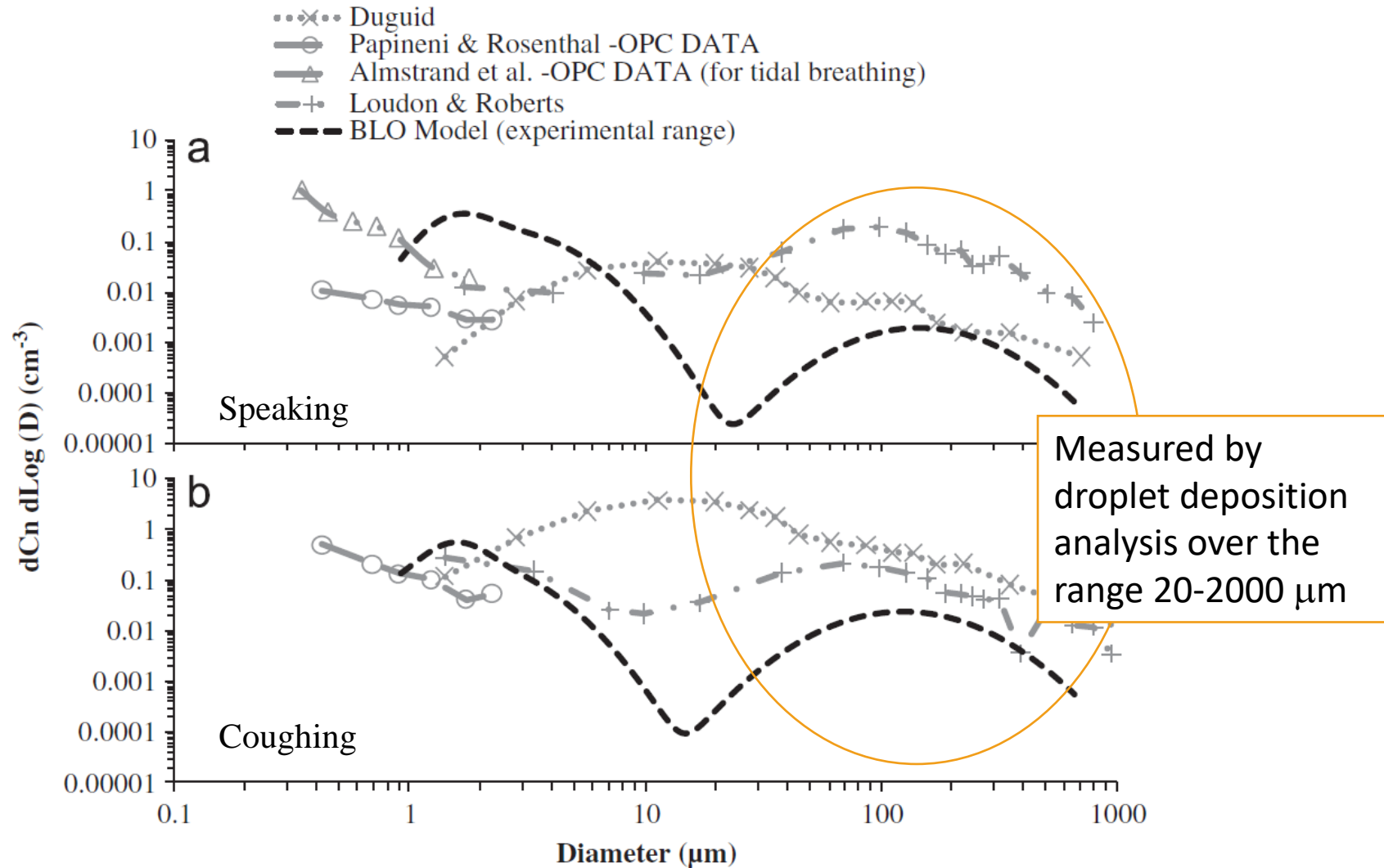
Size Distributions: Breathing

Measured by
aerodynamic particle
sizer over the range
0.3-20 μm

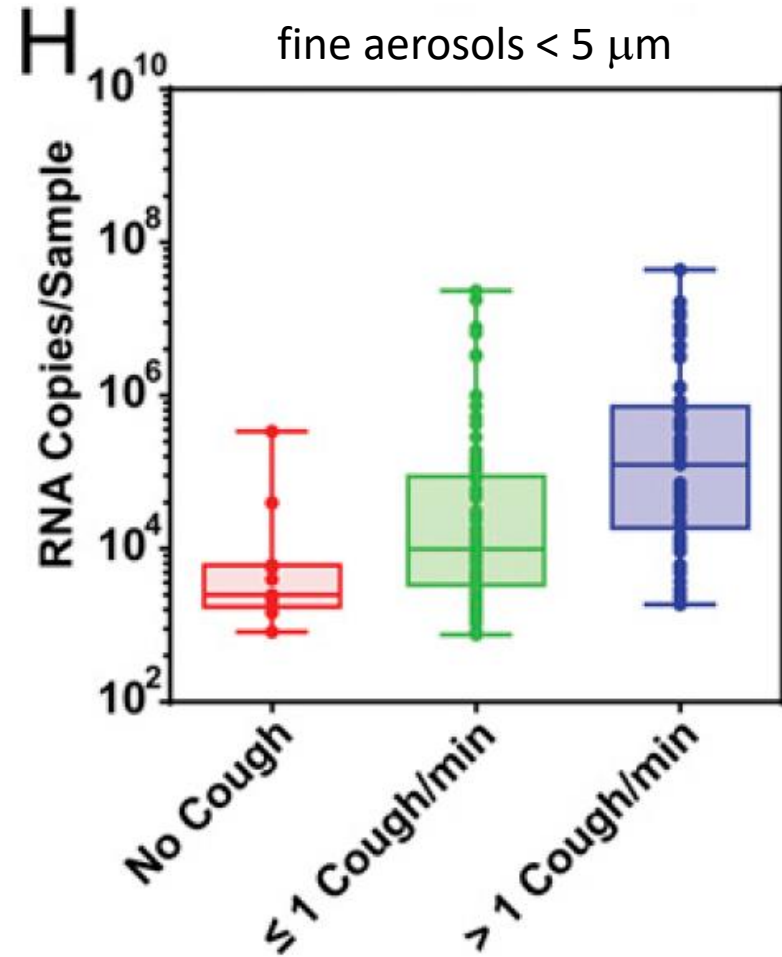
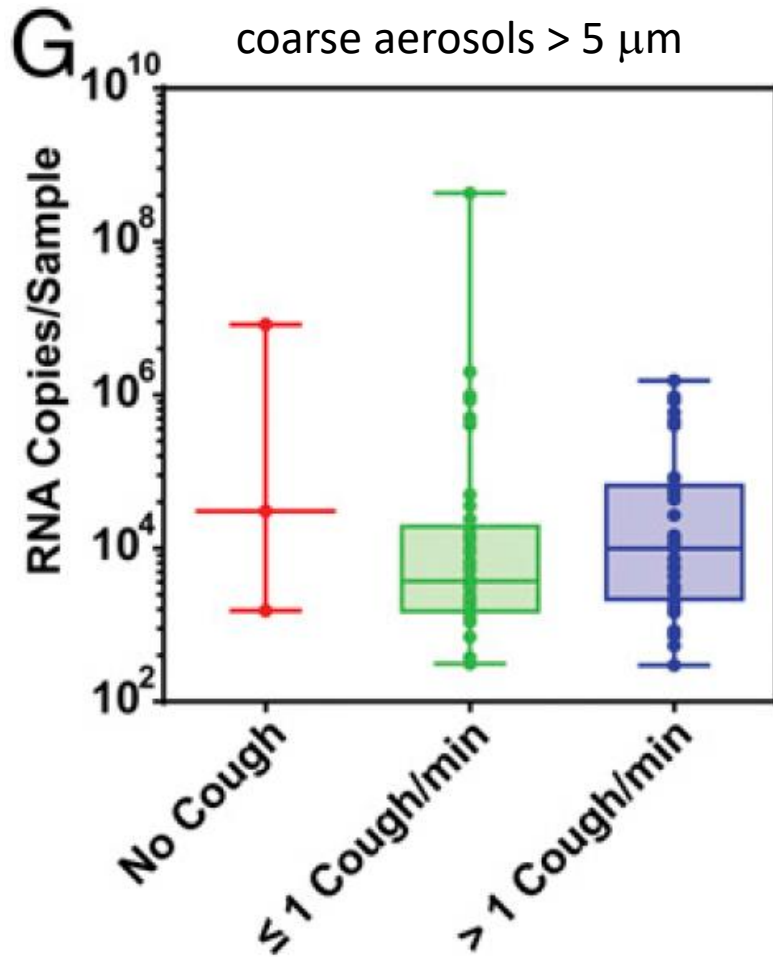


Corrected Size Distributions

Inferred number concentration in upper respiratory tract



Flu Virus in Droplets (Aerosols)

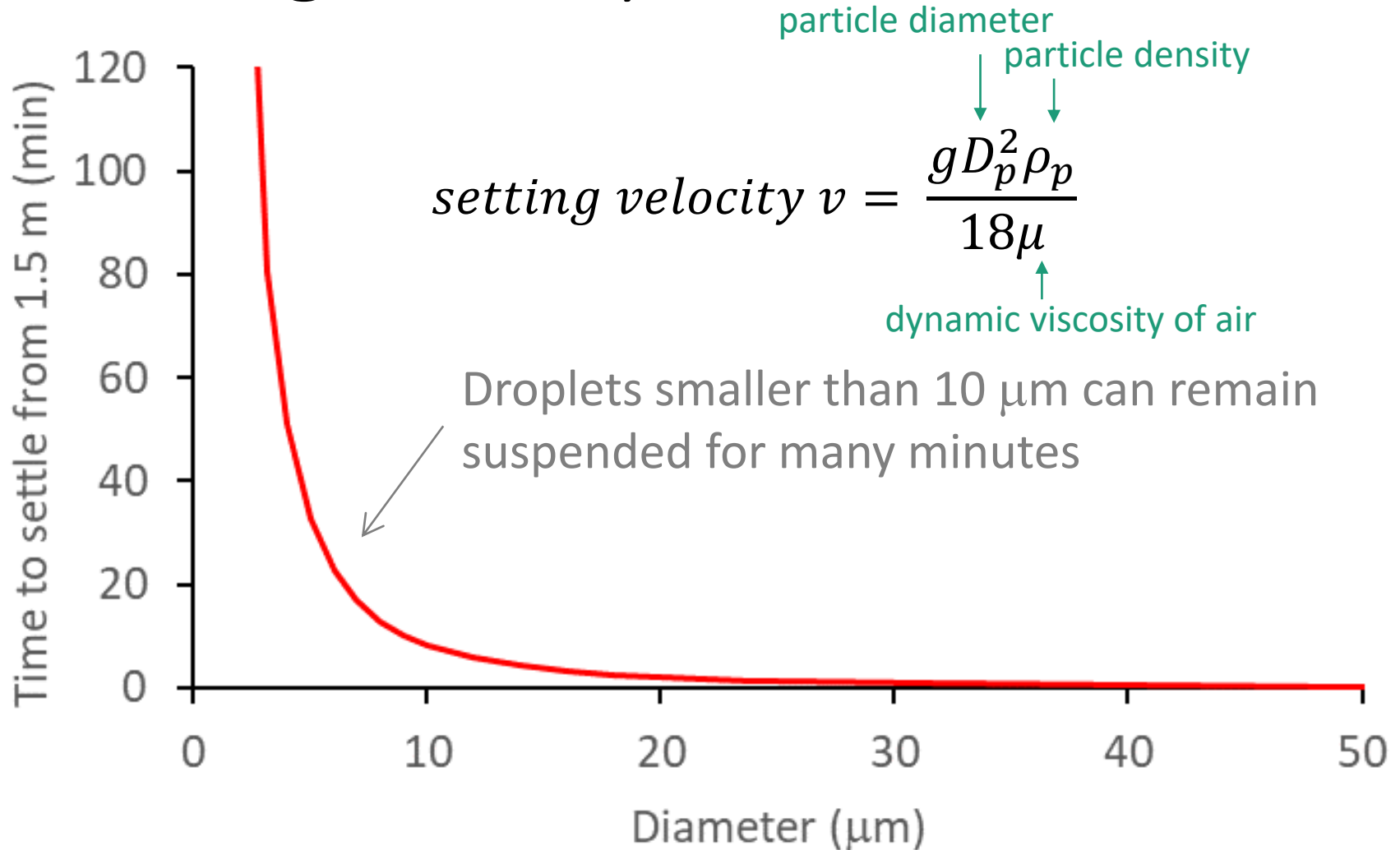


30-min sample
recite alphabet at 5, 15, 25 min

Breathing, talking, and coughing release droplets that range from submicron to millimeter in size. The majority of flu virus in airborne droplets resides in the fine fraction and can be released by breathing and talking, without coughing.

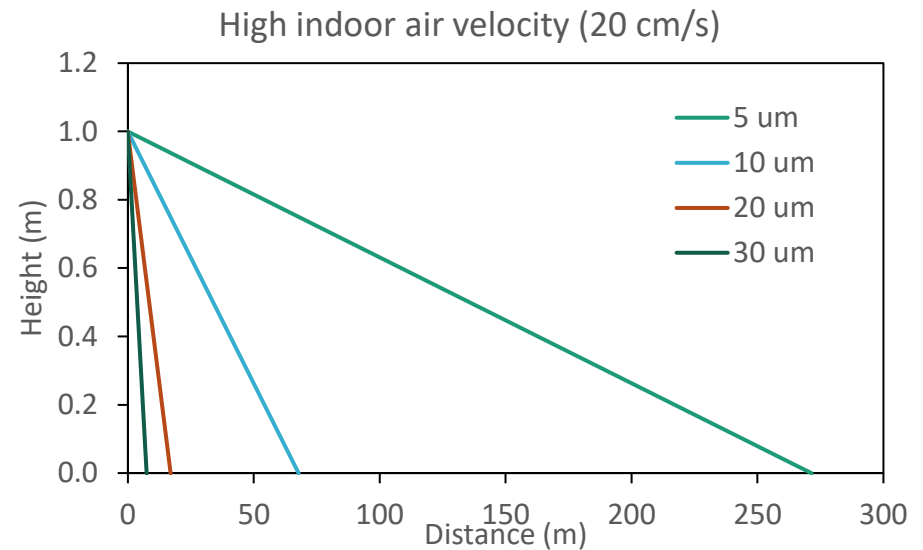
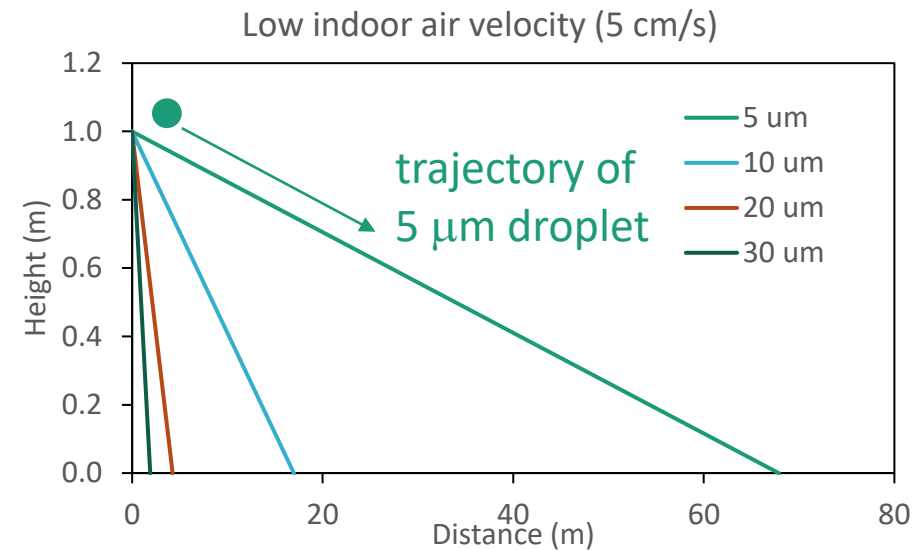
How do these droplets move around the indoor environment?

Settling Velocity and Time

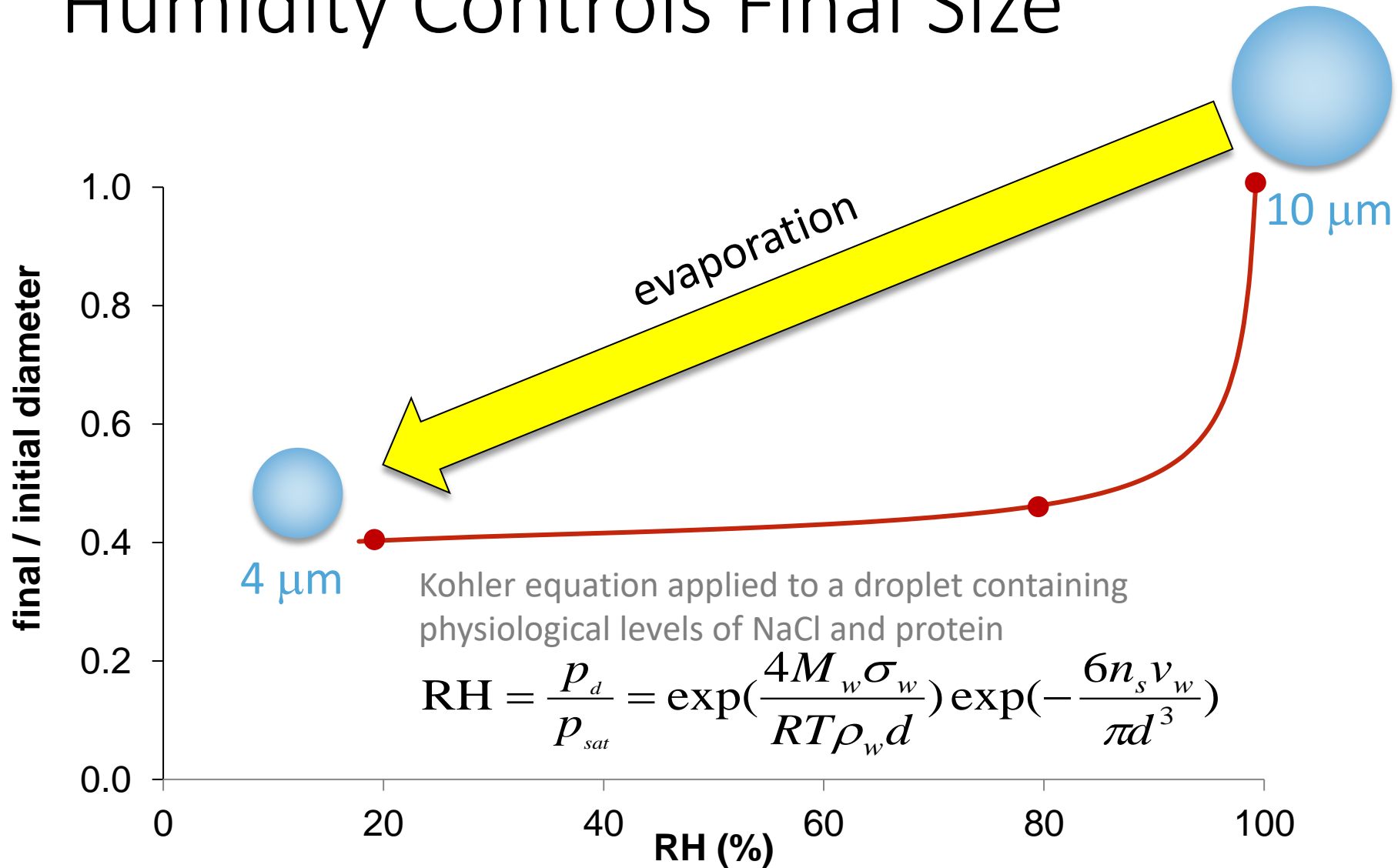


Droplets Can Travel More Than 2 m

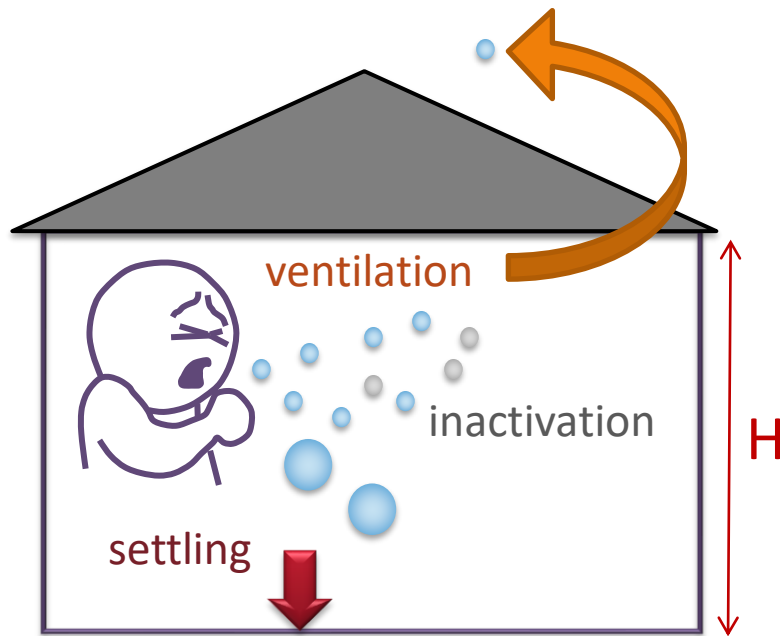
Position of droplets released from a height of 1 m



Humidity Controls Final Size



Virus Dynamics in Indoor Air



$$\frac{dC_d}{dt} = -\left(\frac{v}{H} + \lambda + k\right)C_d$$

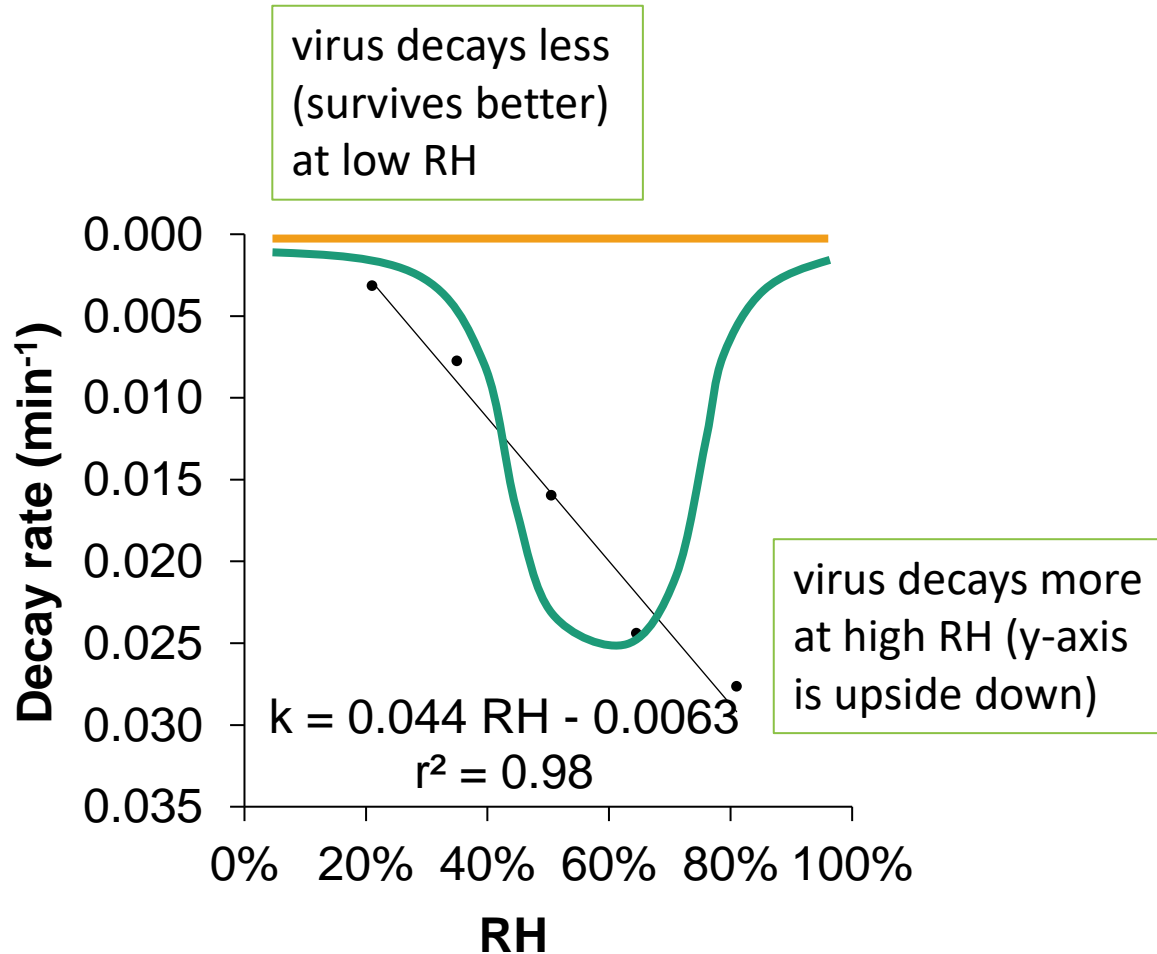
concentration of
infectious virus in
aerosols of diameter d

- Settling velocity v depends on diameter d
- Diameter depends on RH
- Inactivation rate k depends on RH



relative humidity (RH)

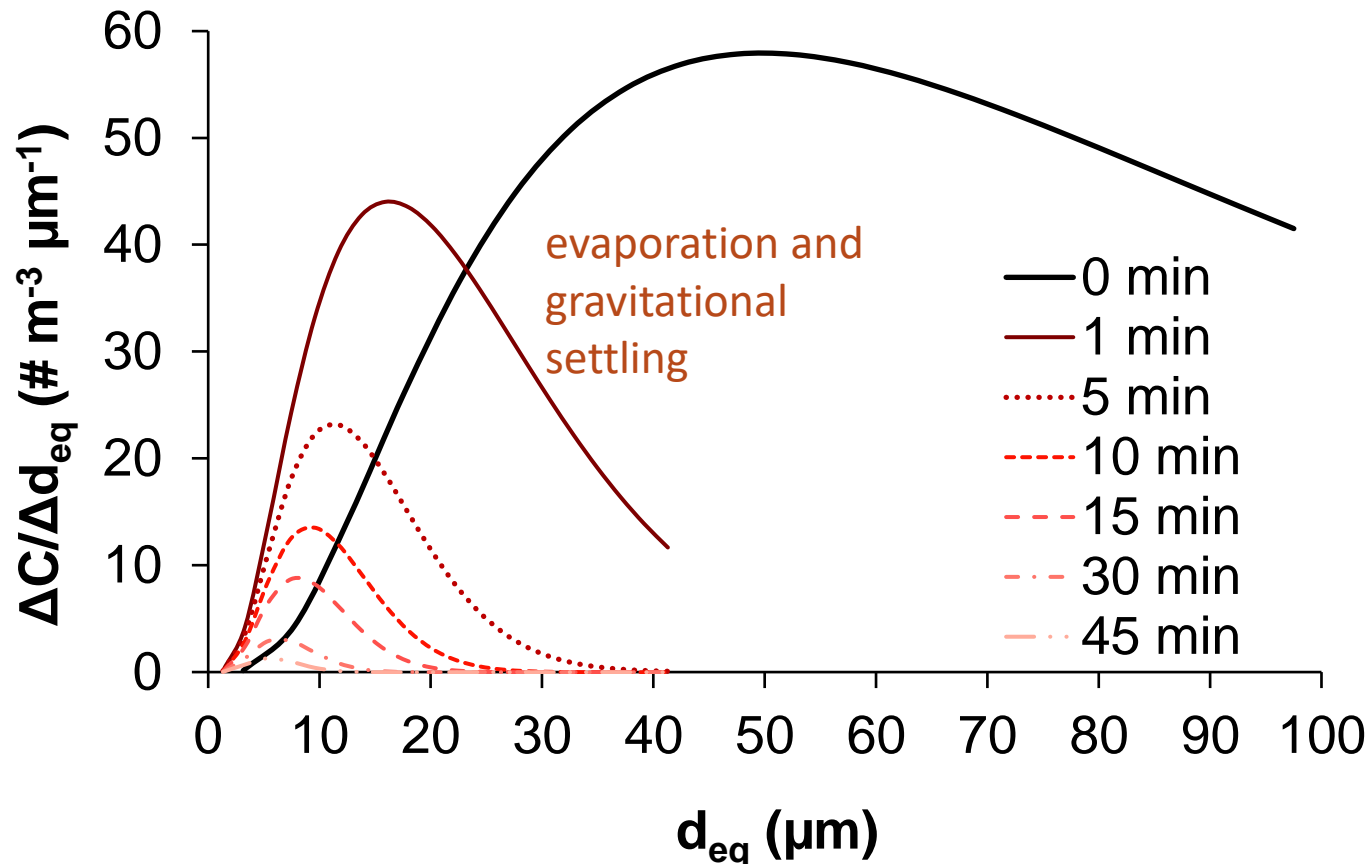
Aerosolized Flu Viability vs. RH



But this relationship is more **U-shaped**, with maximum decay at 40-70% RH, in fluid containing proteins, and there is **no decay** over 1 hr when supplemented with material from human bronchial cells.

Virus-Aerosols From a Cough

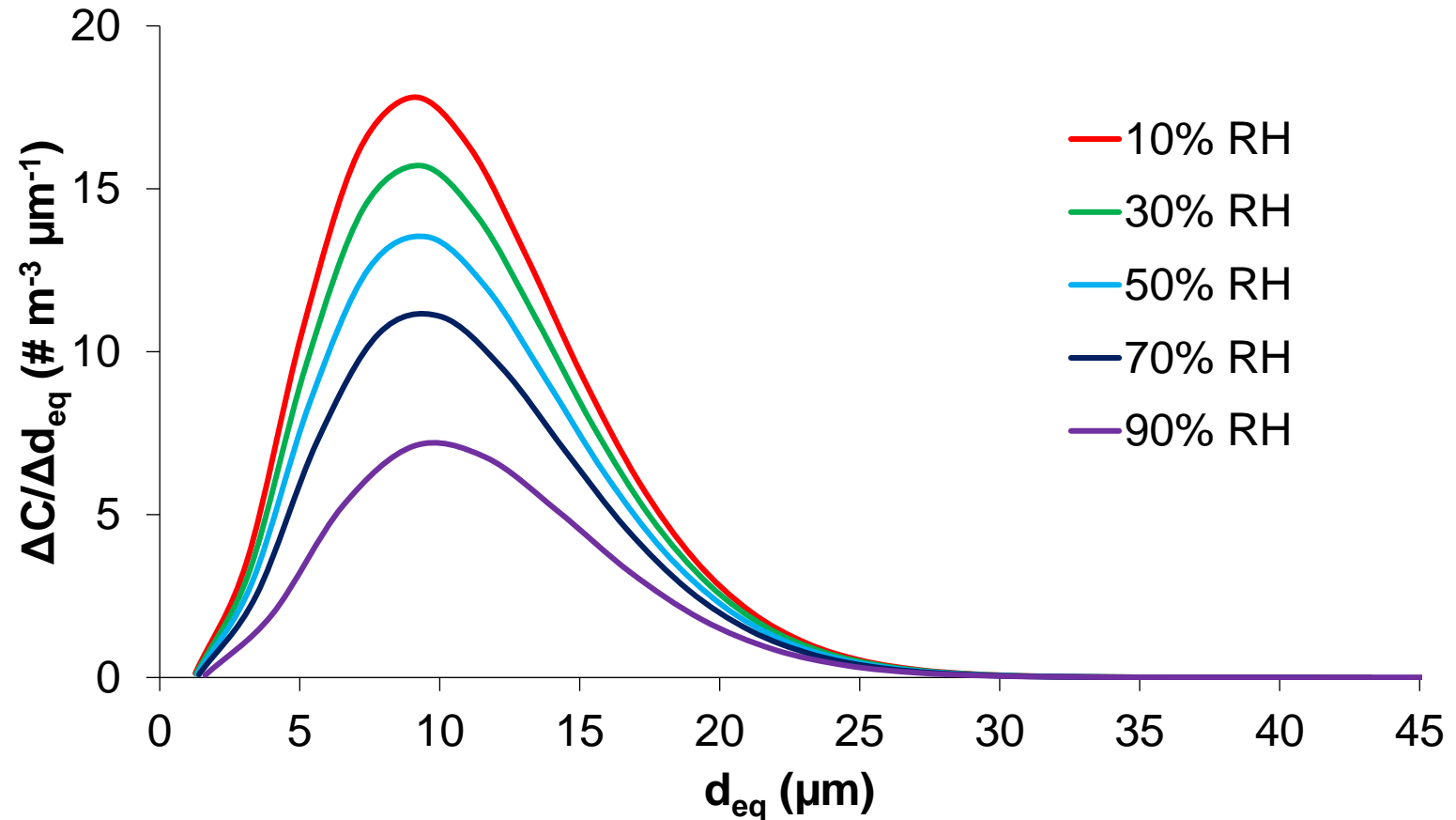
$\lambda = 1$ ACH at RH = 50%



There is a size shift due to loss of larger droplets by gravitational settling.

Linsey Marr, Virginia Tech, April 2020

Infectious Concentrations vs. RH

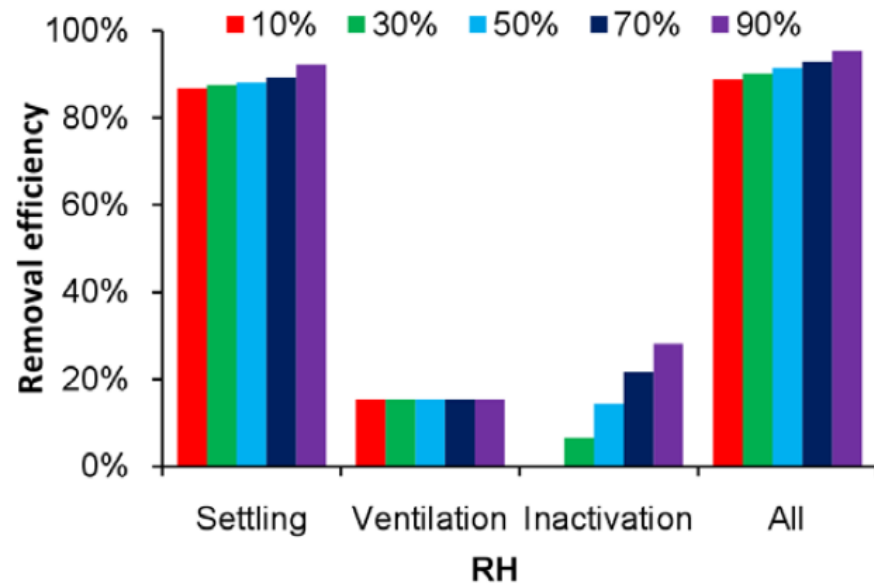


Concentrations are higher at lower RH mainly because lab-determined inactivation rate is lower.

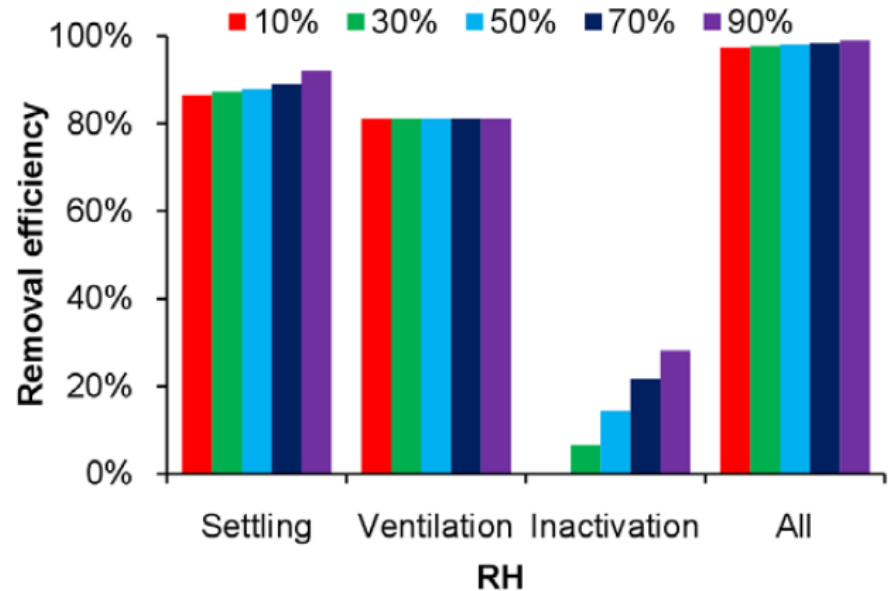
Removal Mechanisms

- Settling: main removal mechanism, efficient for large but not small droplets
- Ventilation: effective for all sizes, important in public places
- Inactivation: effective for all sizes, important for small droplets

A $\lambda = 1$ ACH

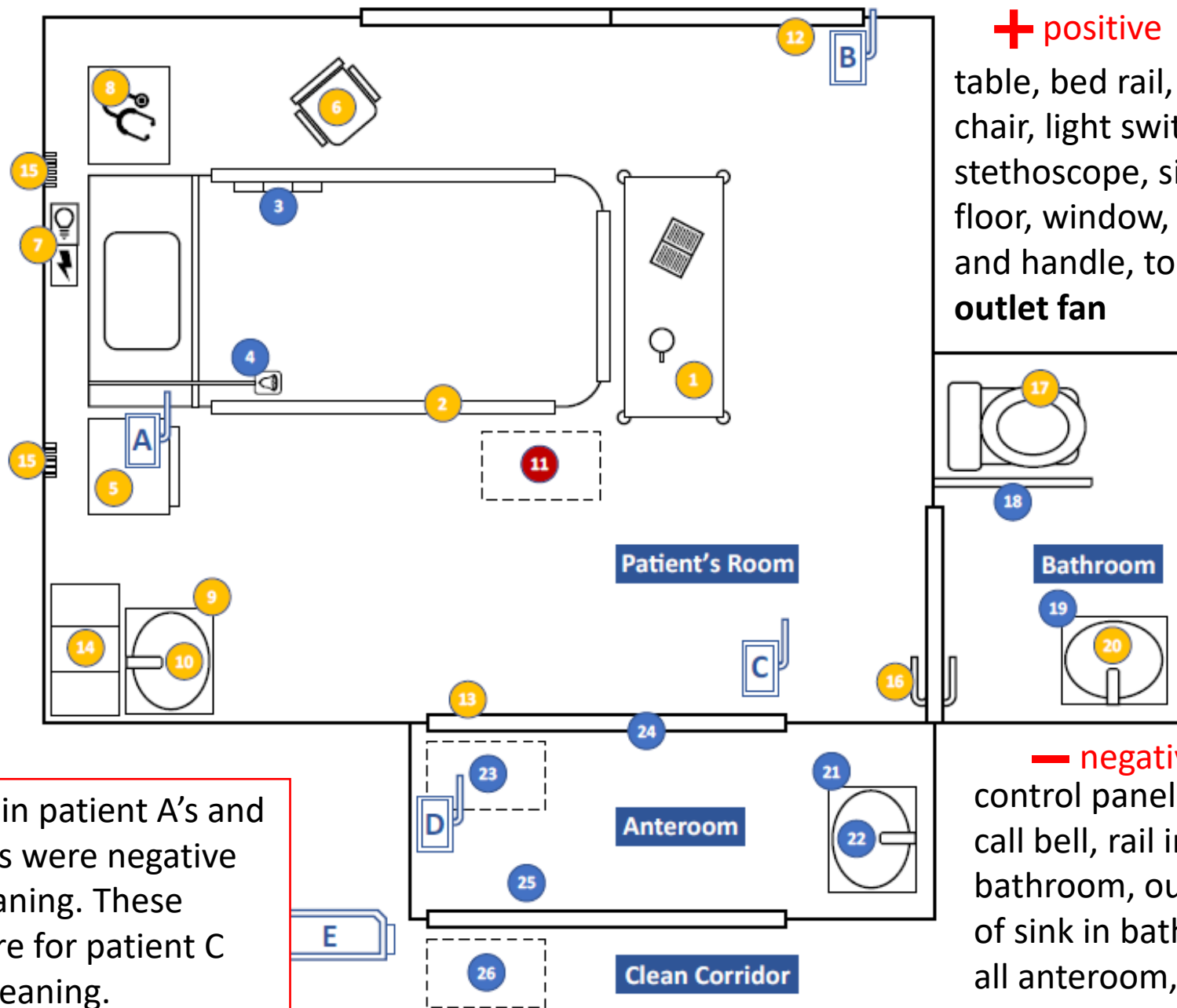


B $\lambda = 10$ ACH

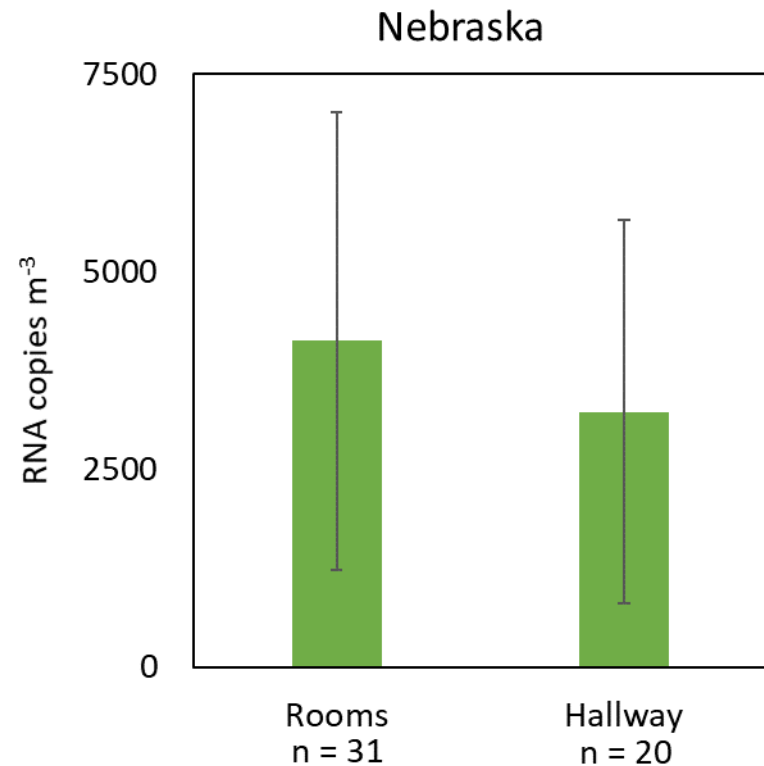
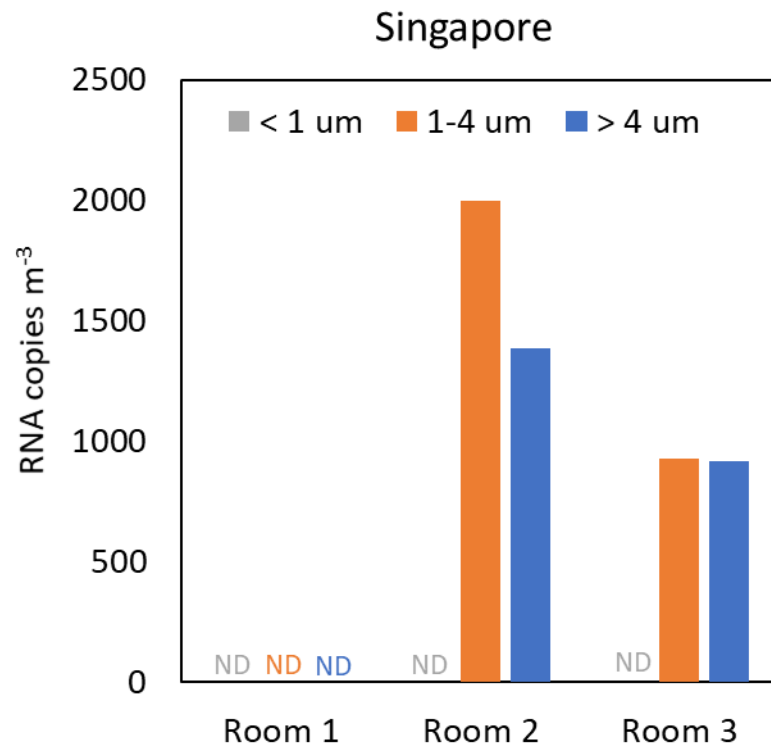


Viruses can be removed from indoor air by settling, ventilation, and inactivation; some of these processes depend on humidity.

What do we know about SARS-CoV-2 in droplets/aerosols?



Airborne Viral RNA in Hospitals

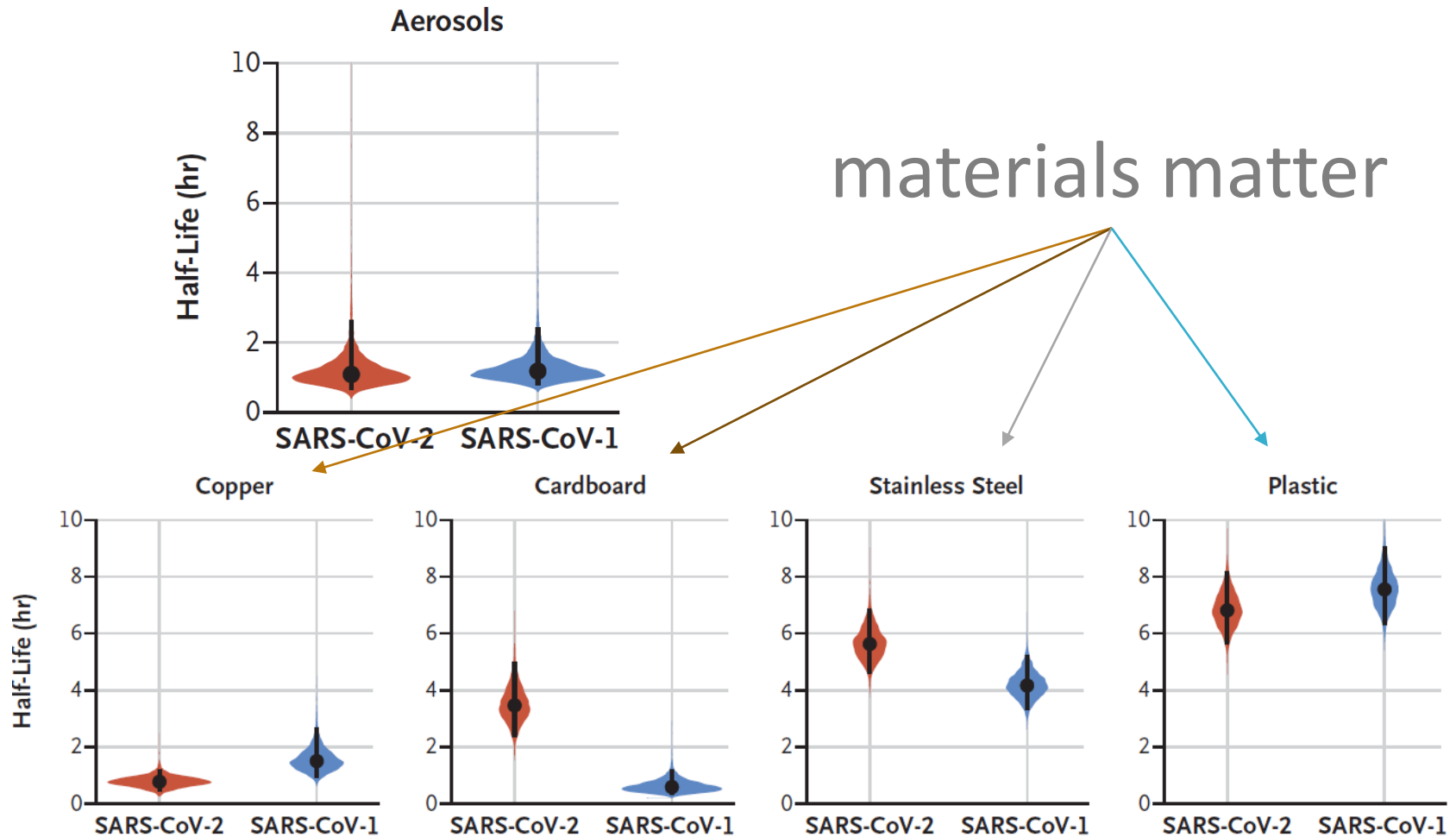


I estimate a viral RNA emission rate of 10,000 genome copies per minute in “small” droplets.

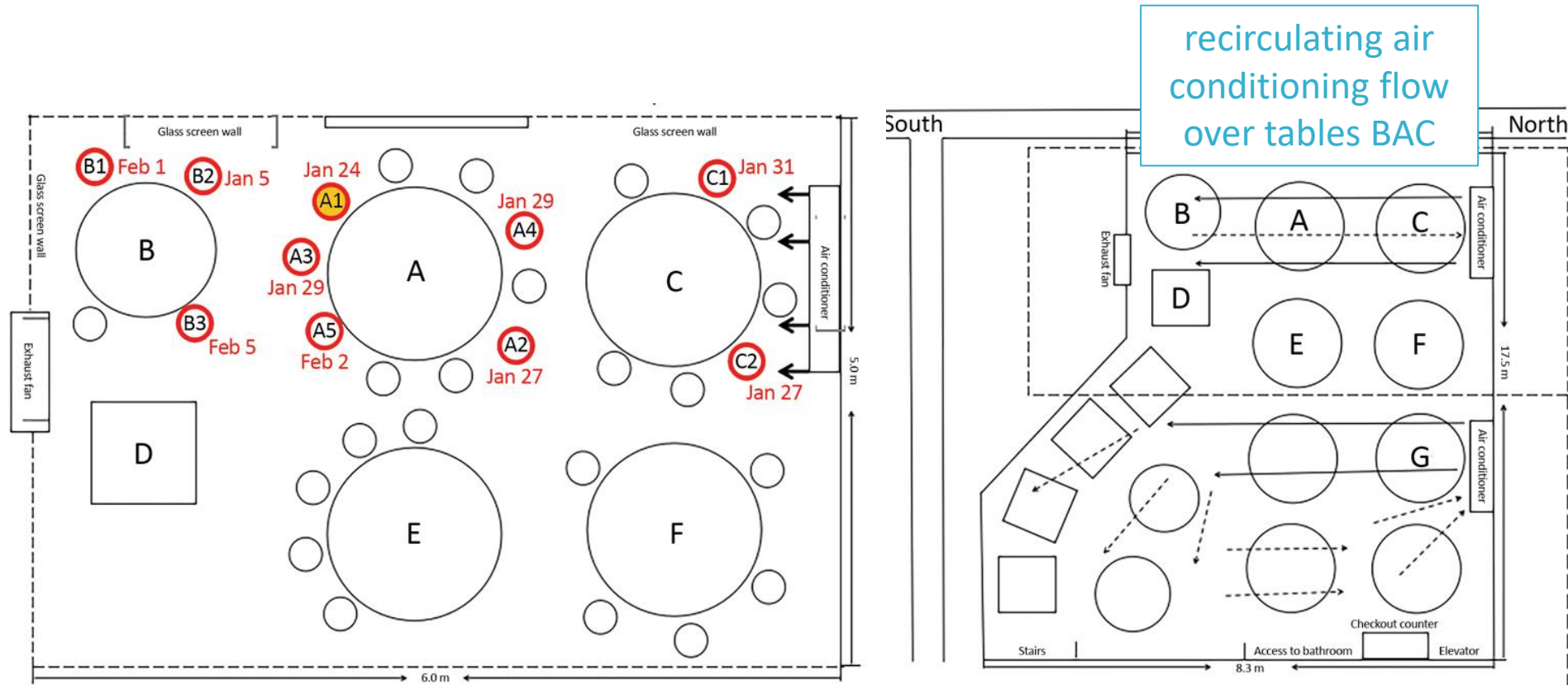
SARS-CoV-2 Survival

C Half-Life of Viable Virus

materials matter

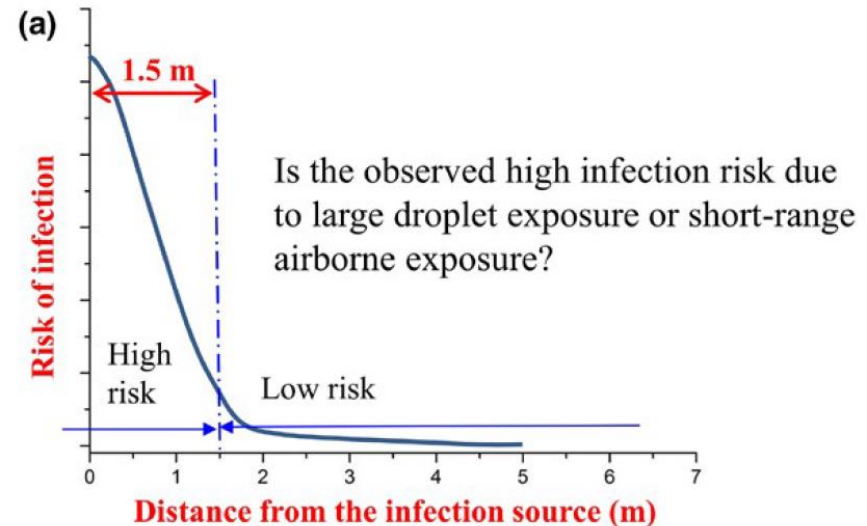


Restaurant Outbreak



Major Unknowns

- Which transmission route is dominant: direct contact, indirect contact with contaminated objects (fomites), inhalation of aerosols, deposition of droplets?
- How much virus is released in what size aerosols at different stages of infection?
- How well does SARS-CoV-2 survive in aerosols under real-world conditions?
- How does humidity affect transmission?

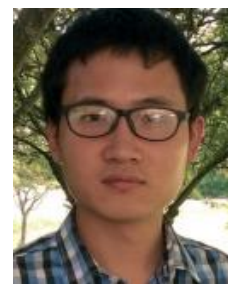


Opportunities for Civil Engineers

- Design buildings and transportation systems whose ventilation systems minimize the risk of airborne transmission.
- Integrate treatment technologies, such as germicidal UV and HEPA filtration, in confined spaces.
- Select materials that are less favorable for pathogen survival in high-touch areas.
- Apply environmental engineering fundamentals to understand fate and transport of pathogens in the built environment.

Acknowledgments

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Peter Vikesland
Haoran Wei
Wan Yang



Center for the Environmental
Implications of NanoTechnology

Linsey Marr, Virginia Tech, April 2020



Questions?

Linsey Marr, Ph.D.: lmarr@vt.edu

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ESSENTIAL BUILDINGS: US ARMY CORPS OF ENGINEERS ASSISTANCE WITH INCREASING HOSPITAL CAPACITY

Date:

Thursday, April 23, 2020 | 2:00 – 3:00 p.m. [Eastern]

Did you know that civil engineering issues and concepts are on the front lines of the current coronavirus/COVID-19 pandemic? Join these civil engineering experts as they explore the intersection of civil engineering and the pandemic that is challenging health systems and upending daily lives around the globe.

The focus of this webinar: One of the biggest challenges facing the country in the COVID-19 crisis is the anticipated shortage of hospital facilities to treat the critically ill. Enter the US Army Corps of Engineers who is assisting with increasing capacity in existing facilities and converting other buildings into temporary hospitals. Learn from a member of the Construction Branch about the Corps' mission, and how it took on this mission.

Presenter: **Kenny Simmons, AIA, LEED AP BD+C**, is an Architect in the Construction Branch at the U.S. Army Corps of Engineers, headquarters in Washington, DC.

Thank you for participating!

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