

**26th ETH Nanoparticles
Conference 2023
(NPC-23)**

Focus Event:
Indoor air filtration of biogenic
and combustion nanoparticles



The airborne transmission of respiratory pathogens: the importance of ventilation and air distribution in the infection risk

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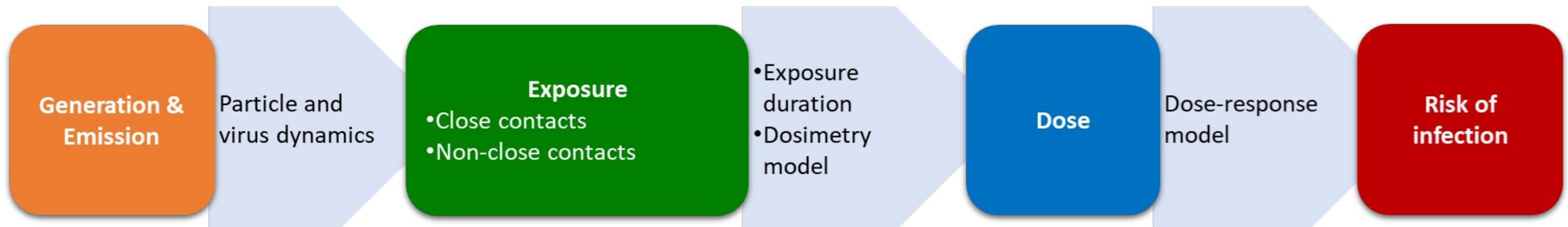
The physics of airborne transmission

Inhaling and exhaling air — breathing — is one of the basic physiological functions of the human being.

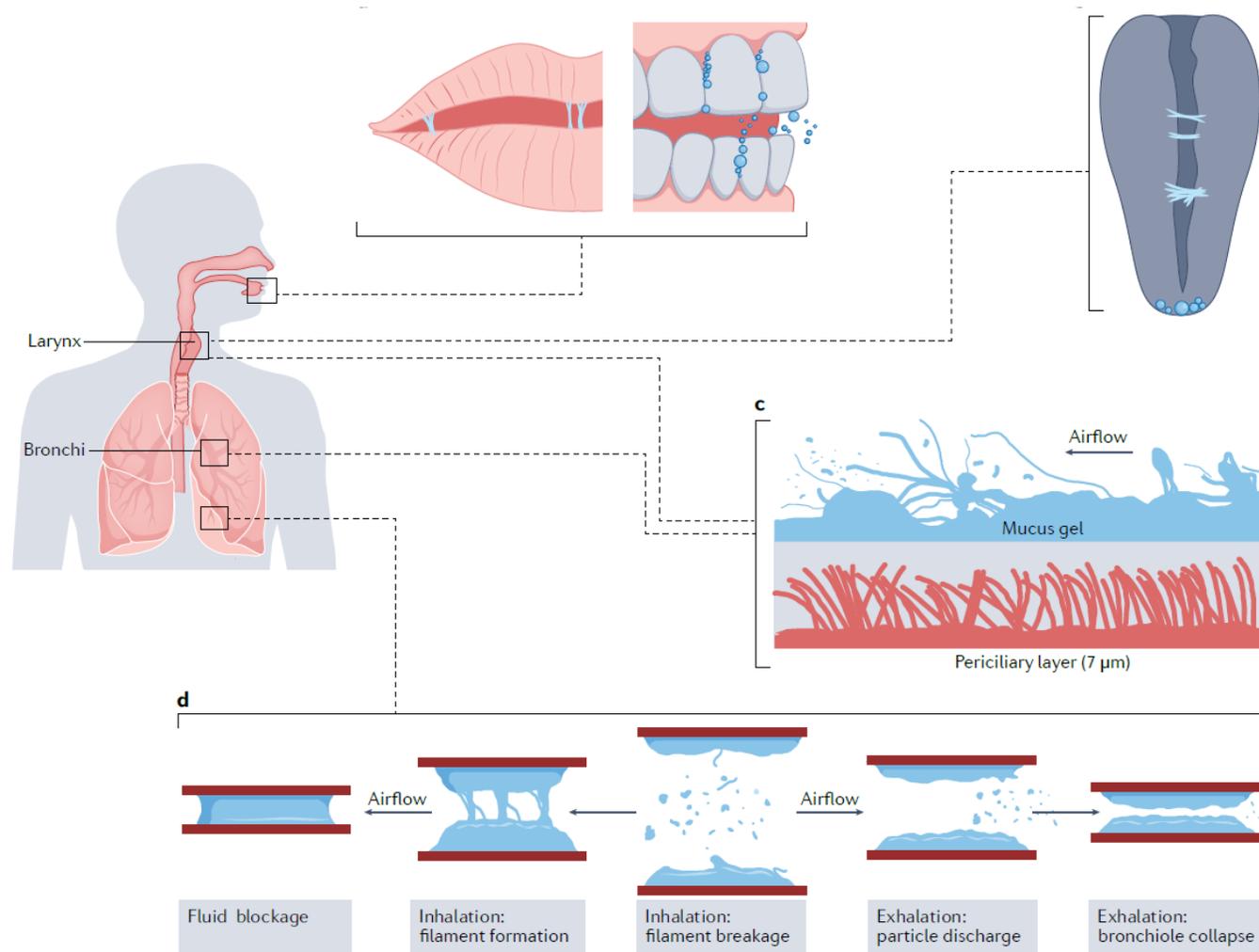
Physics, and more specifically fluid dynamics, is a critical element of the process.

The airborne transmission, from a fluid dynamics point of view is constituted of 4 steps:

1. Generation of respiratory particles
2. Emission of respiratory particles
3. Fate in the air
4. Inhalation & deposition



Respiratory particle generation



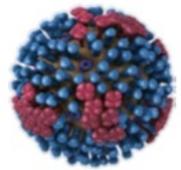
There are two known physical mechanisms to generate the particles emitted from the human respiratory tract:

1. **turbulent aerosolization** (larynx and mouth), and the
2. **breakage or burst of a fluid film, filament or bubble** (bronchioles)

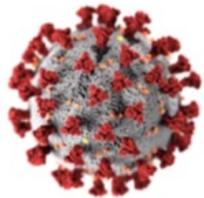
Morawska, L., Buonanno, G., Mikszewski, A. et al. The physics of respiratory particle generation, fate in the air, and inhalation. *Nature Rev Phys* 4, 723–734 (2022). <https://doi.org/10.1038/s42254-022-00506-7>

Respiratory particles

Respiratory particles contain non-volatile material including mucins, non-mucin proteins, salts and cellular debris, saliva, nasal secretions, serum and blood from oral lesions, and even food debris, as well as bacteria, viruses and fungi from an infected subject



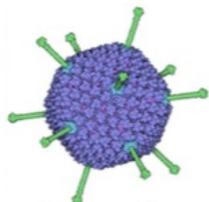
influenza
0.1 μm



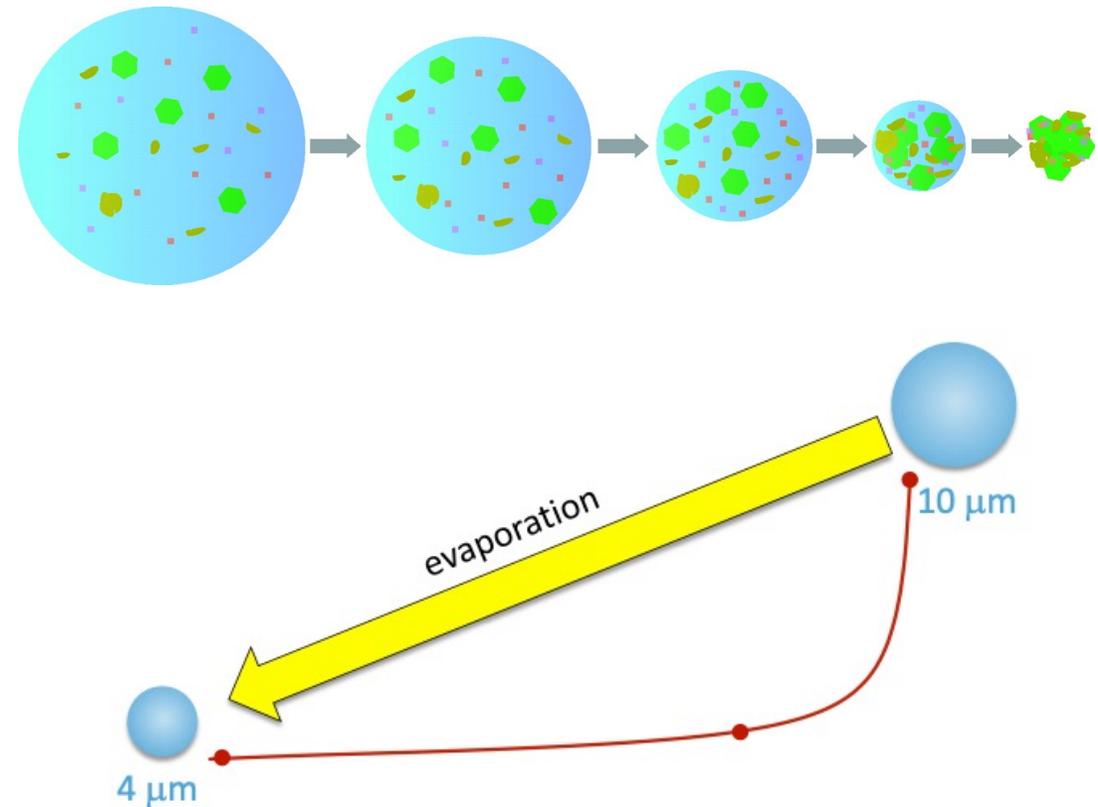
SARS-CoV-2
0.12 μm



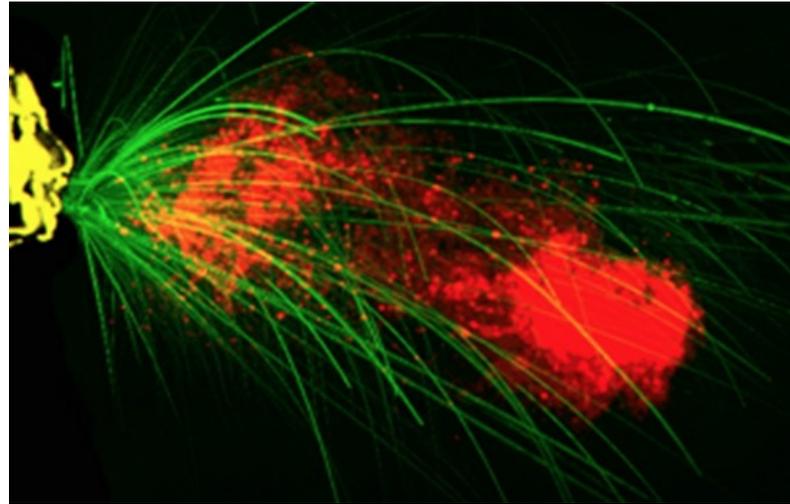
rhinovirus
0.03 μm



adenovirus
0.1 μm

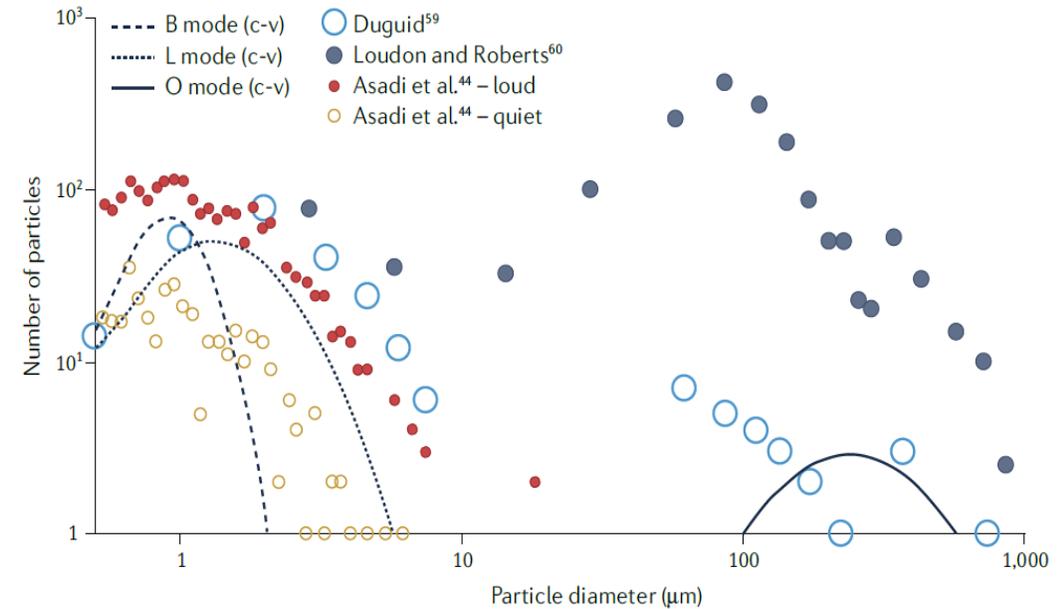
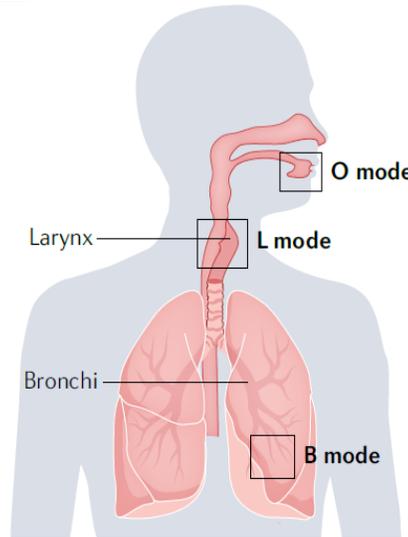


Emission of respiratory particles - The respiratory Big Bang

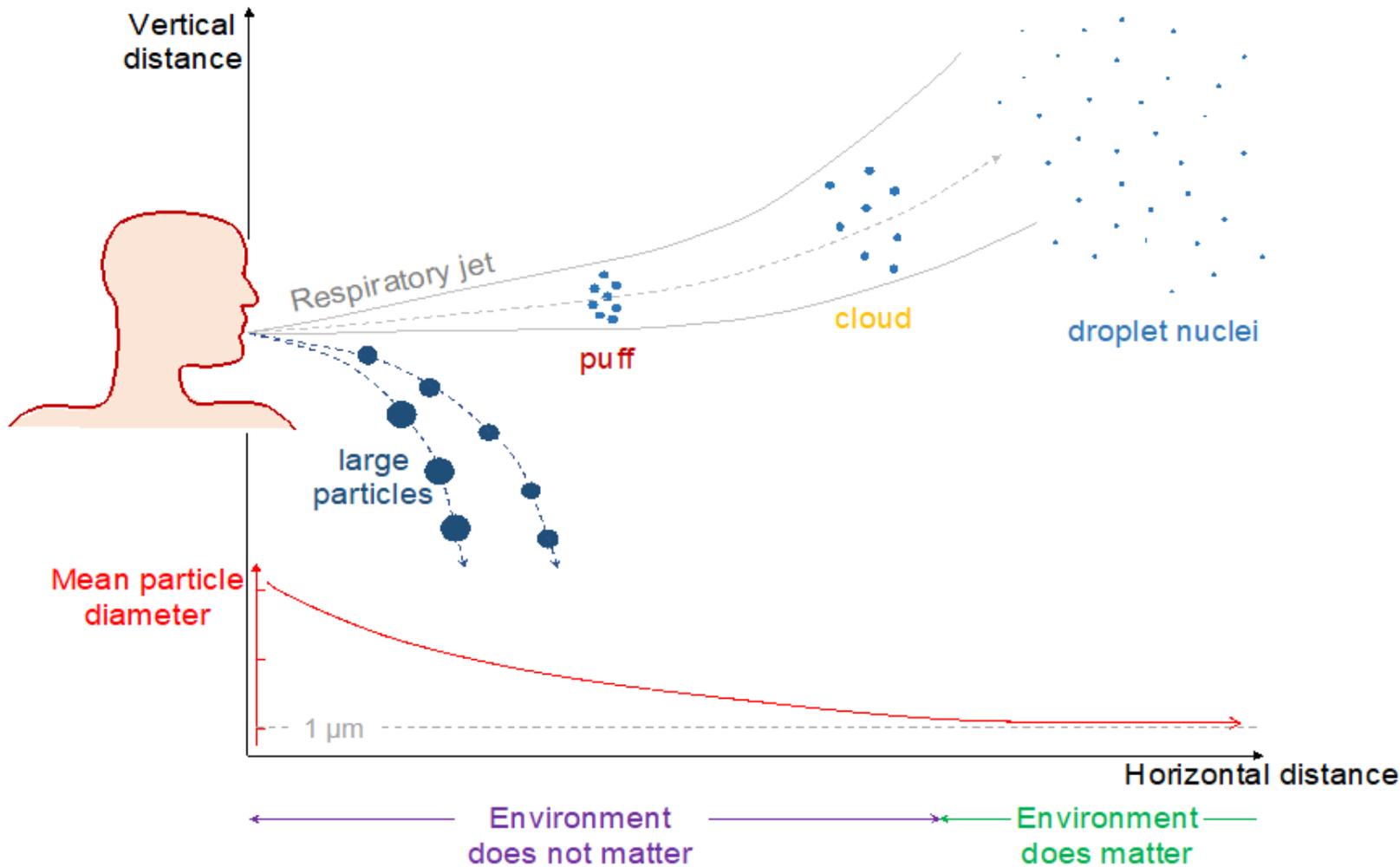


Balachandar et al., 2020. Host-to-host airborne transmission as a multiphase flow problem for science-based social distance guidelines, International Journal of Multiphase Flow 132, 103439

- the B mode from particles generated in small airway bronchioles during breathing,
- the L mode from particles generated in the larynx,
- the O mode from particles generated in the mouth.



From multiphase jets to isolated particle model representing the benchmark for public health agency guidelines



The approach based on isolated particles represents the benchmark for public health agency guidelines.

However, it does not consider the role of the warm and moist air of the turbulent gas puff within which the particle is exhaled and which remains coherent for a short time

Ways of transmission of respiratory pathogens

Inhalation transmission occurs when IPs travel through the air and enter the respiratory tract at any point along it. This type of transmission can occur with IPs of any size but, in general, the smaller the IP, the higher the probability of its deposition in the deeper parts of the human respiratory tract. Inhalation transmission can occur when IPs have travelled either a short (“conversational”) or a longer distance after emission from an infected person, i.e. inhalation transmission can occur at both a short-range and long-range between the infected and susceptible persons. This term can be used synonymously with the term ‘airborne transmission’.

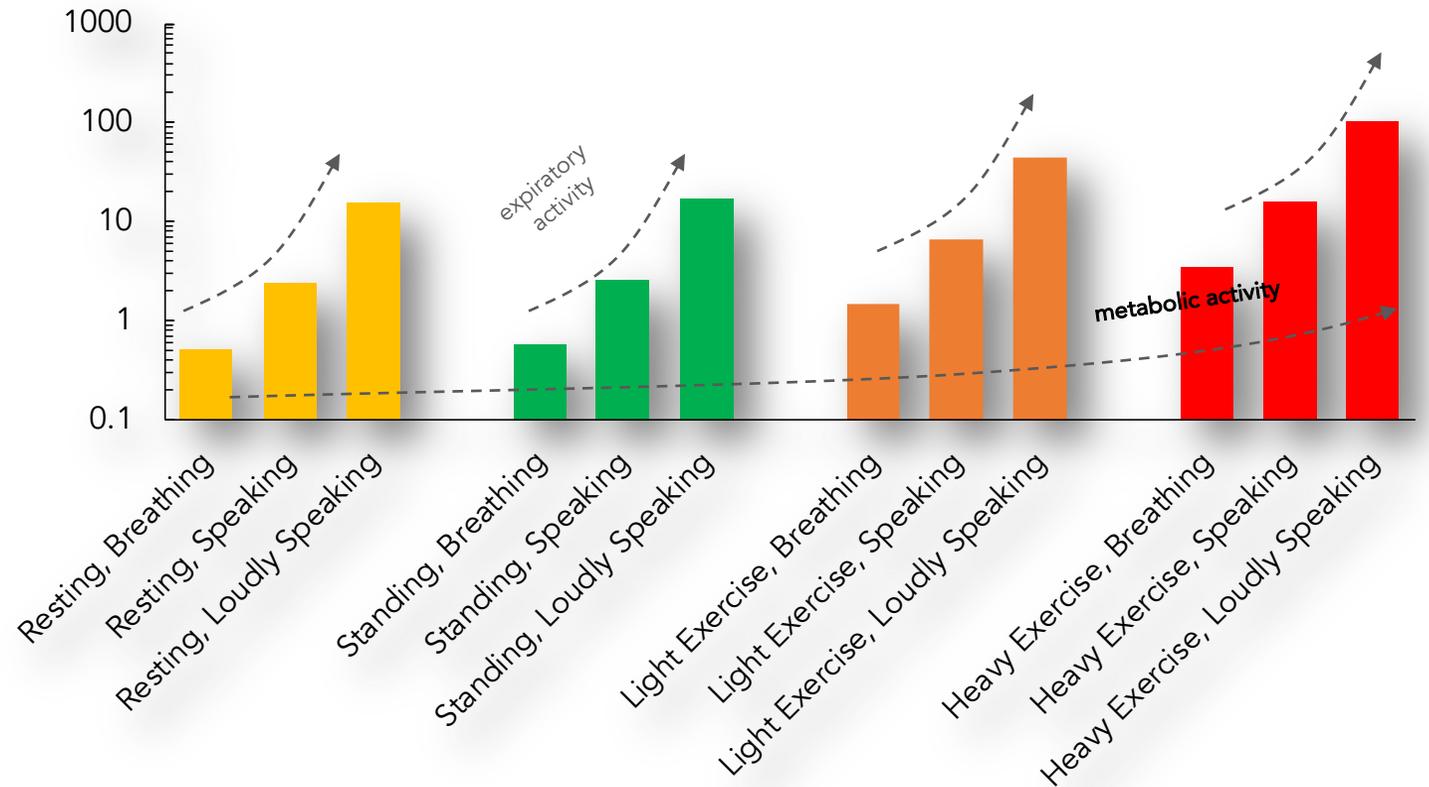
Deposition/Spray transmission could be considered a sub-type of inhalation transmission, but specifically refers to the receipt of infectious particles, IPs (usually of a larger size) by a person, having followed a short range trajectory from the infected person, and which are deposited directly onto the external mucosa of the mouth, nose or eyes.

Touch transmission (excluding direct person-to-person transfer if IPs have not travelled through the air) occurs when IPs are emitted via either inhalation or spray routes as described above, travel through the air, settle on a surface and are then transferred directly to another person when that person touches the contaminated surface and then their own mouth, nose or eyes.

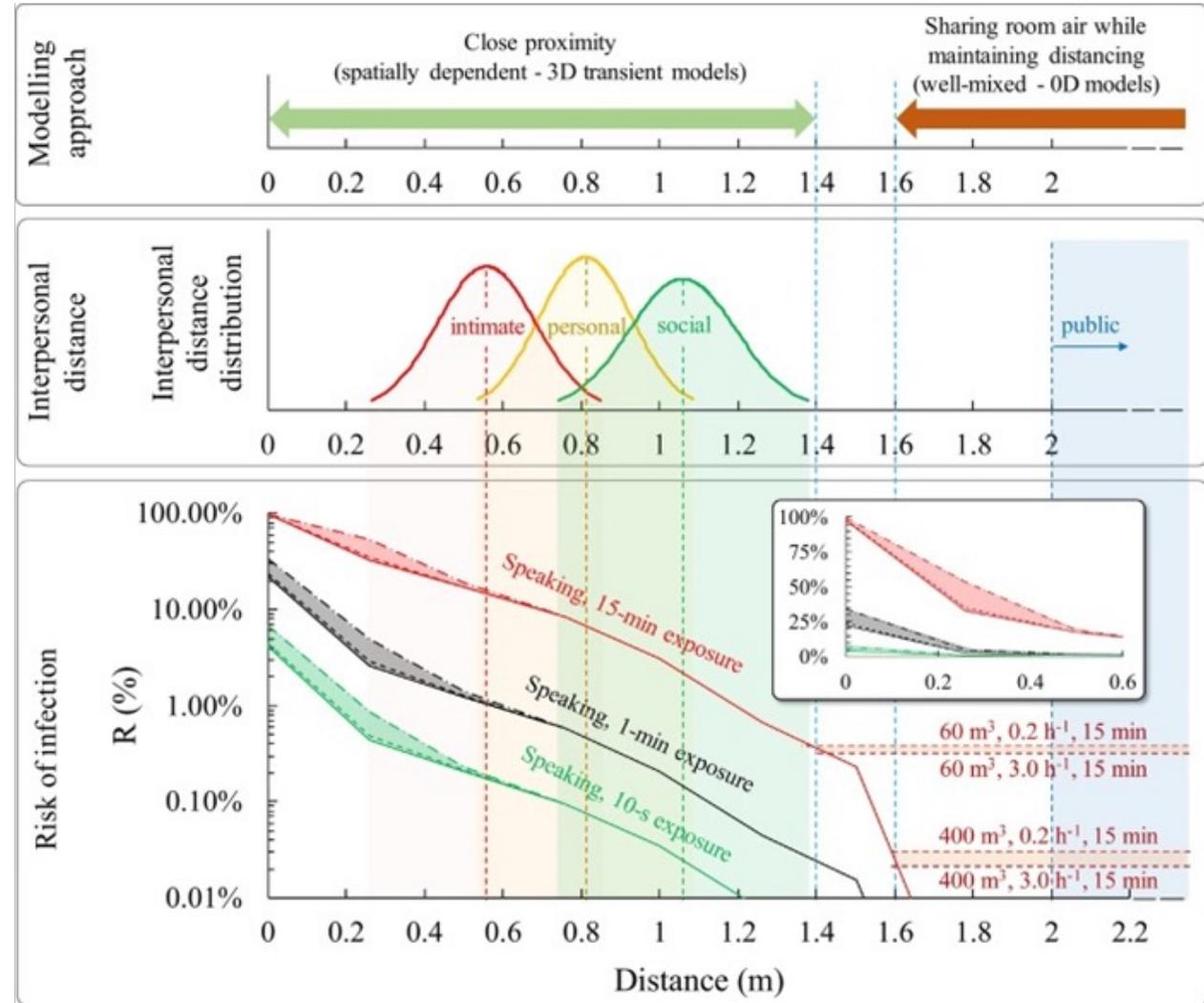
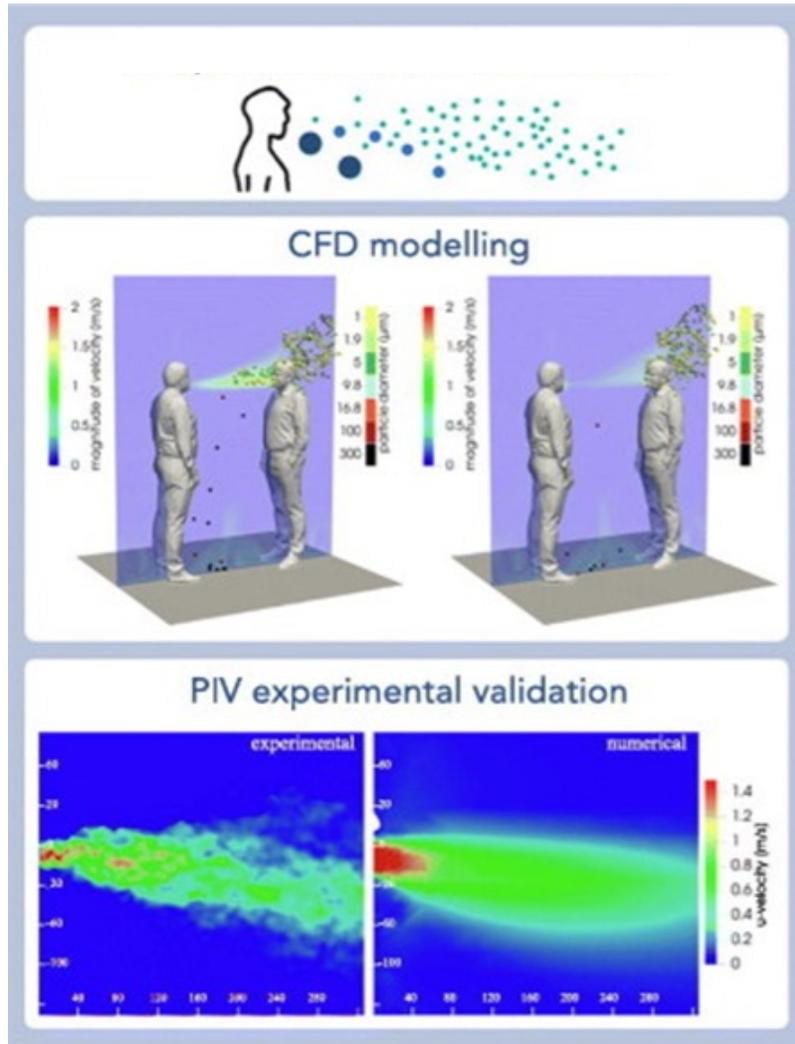
A predictive approach of the infectious respiratory particles emitted

$$ER_q = c_v \cdot c_i \cdot IR \cdot V_d = c_v \cdot \frac{1}{C_{RNA} \cdot C_{PFU}} \cdot IR \cdot V_d$$

- Droplet volume emission (respiratory activity)
- Expiration flow rate (metabolic activity)
- Viral load & Minimum infectious dose



Airborne transmission at close proximity



Cortellessa, G., Stabile, L., Arpino, F., Faleiros, D.E., van den Bos, W., Morawska, L., Buonanno, G., 2021. Close proximity risk assessment for SARS-CoV-2 infection. Science of the Total Environment, 794, 148749

Airborne transmission at long range - Airborne Infection Risk Calculator (AIRC)

Airborne Infection Risk Calculator v3.0
Transitional Exposure Conditions

AIRC

Mikszewski, Buonanno, Stabile, Pacitto, Morawska Tech support: alexander.mikszewski@hdr.qut.edu.au

60	1. Input Value	1.4	3. Model Calculates Value
Resting	2. Select Value		

1. MODEL INPUT PARAMETERS

Room Area	A	50	m ²
Ceiling Height	h	3	m
Room Volume	V	150	m ³
Air Exchange Rate	AER	0.2	hr ⁻¹
Particle Deposition Rate	k	0.24	hr ⁻¹
Viral Inactivation Rate	λ	0.63	hr ⁻¹
Total Viral Removal Rate	IVRR	1.1	hr ⁻¹
Initial Quanta Concentration	n ₀	0.0E+0	quanta/m ³
Total Time of Occupancy	t	300	minutes

4. INFECTIOUS OCCUPANTS AT TIME ZERO

Infectious Occupants	1	persons
Time of Exit	60	minutes
Standing, Loudly Speaking		← Select

7. MODEL RESULTS

Susceptible Occupant A

Modeled Exposure Time (minutes)	=	300
Probability of Infection (P _I %)	=	30.9%
Exposure Time for 0.1% P _I (minutes)	=	3
Exposure Time for 1.0% P _I (minutes)	=	13
Maximum Occupancy for R _{event} < 1	=	3

Continuous Occupant

Modeled Exposure Time (minutes)	=	300
Probability of Infection (P _I %)	=	30.9%
Exposure Time for 0.1% P _I (minutes)	=	3
Exposure Time for 1.0% P _I (minutes)	=	13
Maximum Occupancy for R _{event} < 1	=	3

2. SUSCEPTIBLE OCCUPANT ACTIVITY LEVELS

Susceptible Occupant A	Standing	← Select
Continuous Occupant	Standing	← Select

5. INFECTIOUS OCCUPANT A

Include in Model? No ← Select

6. SUSCEPTIBLE OCCUPANT A

Time of Entry	0	minutes
Time of Exit	300	minutes

3. MODELED PATHOGEN

SARS-CoV-2 ← Select

Notes:

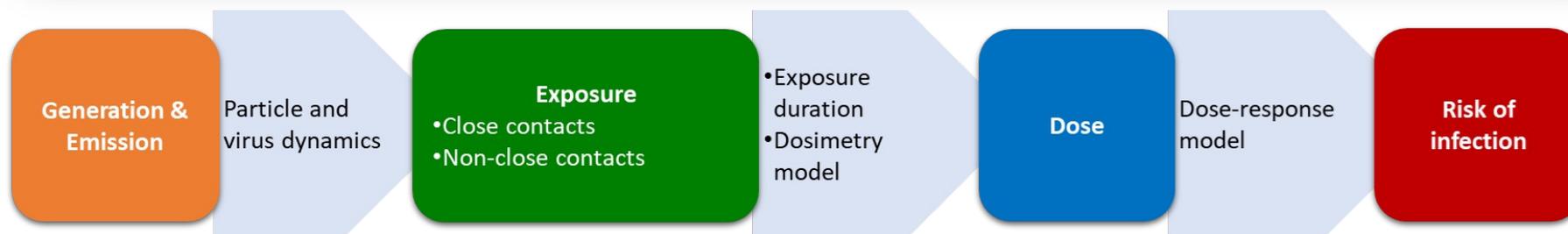
- Please see User's Manual for a detailed explanation of input parameters and guidance for their selection.
- AIRC is a decision support tool that approximates complex and probabilistic processes occurring in reality.
- Probability of infection estimates are presented as a percentage, the number of decimal places is adjustable by the user.

$$n(t) = n_0 e^{-IVRR \cdot t} + \frac{ER_q \cdot I}{IVRR \cdot V} (1 - e^{-IVRR \cdot t})$$

$$D_q = IR \int_0^T n(t) dt$$

$$P_I(ER_q) = 1 - e^{-D_q}$$

$$R = \int_{ER_q} (P_I(ER_q) \cdot P_{ER_q}) dER_q$$



$$\text{Max Occupants for } R_{event}(t) < 1 = \frac{1}{R(t)}$$

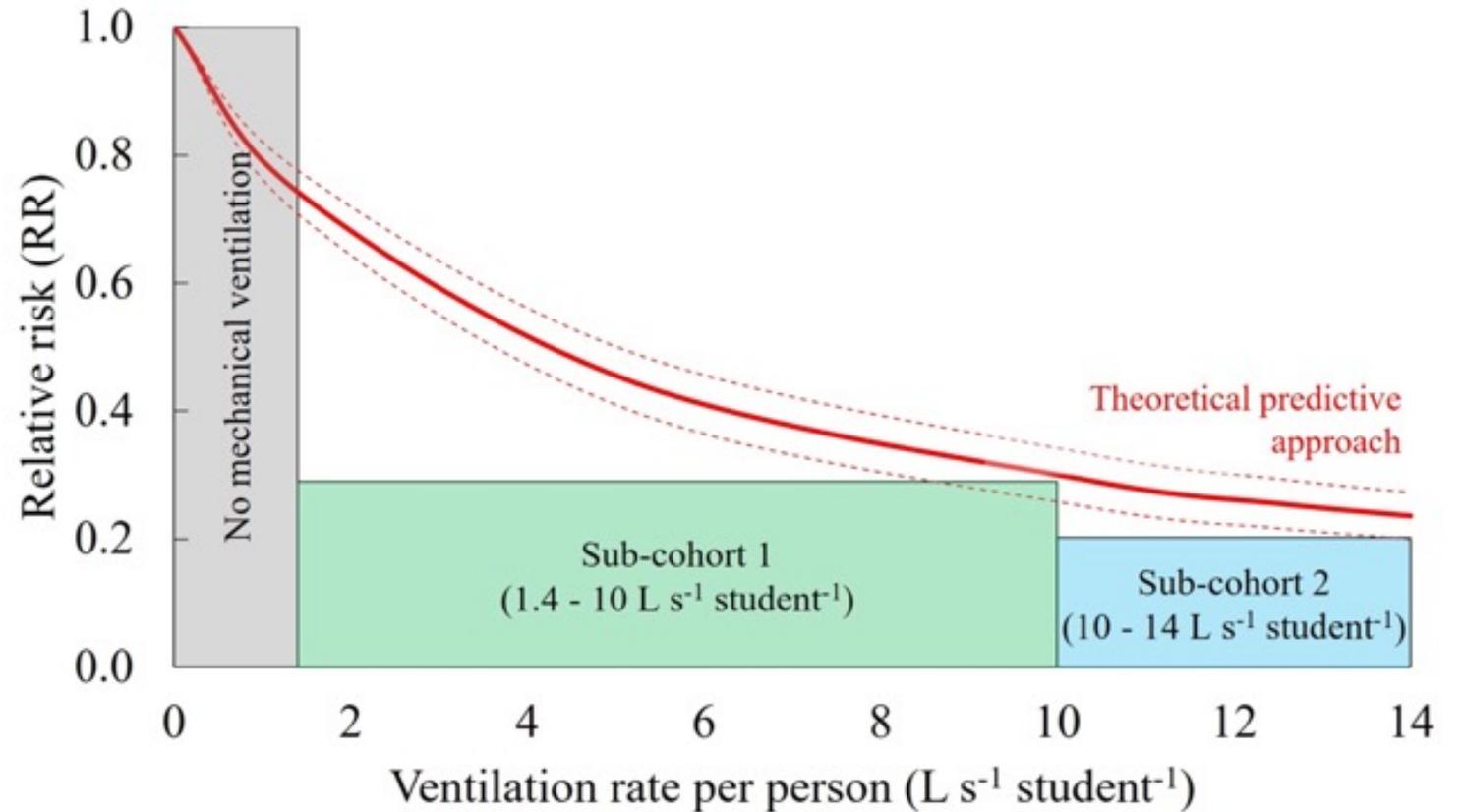
The airborne transmission in classrooms: the importance of the ventilation

The government of the central Italy's Marche region funded the installation of MVs in classrooms.

316 classrooms were equipped with MVs between 1.4 and $14 \text{ L s}^{-1} \text{ student}^{-1}$.

Halley's comet type event:

1. investment in varying levels of ventilation
2. testing for infections
3. infection waves from Delta/Omicron.

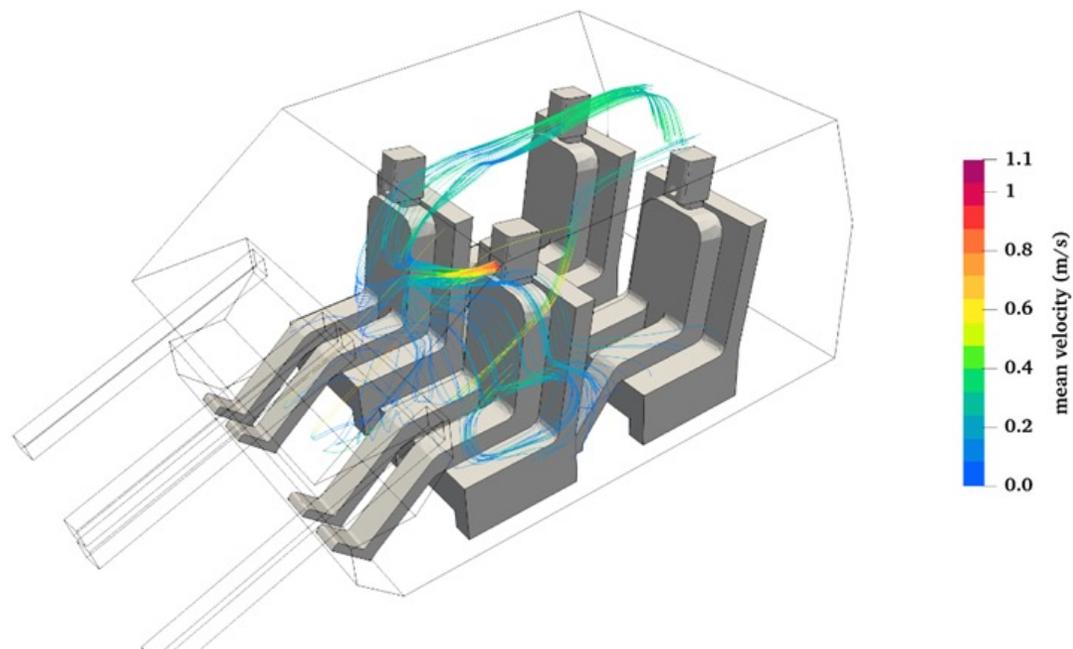


Airborne transmission in car cabin

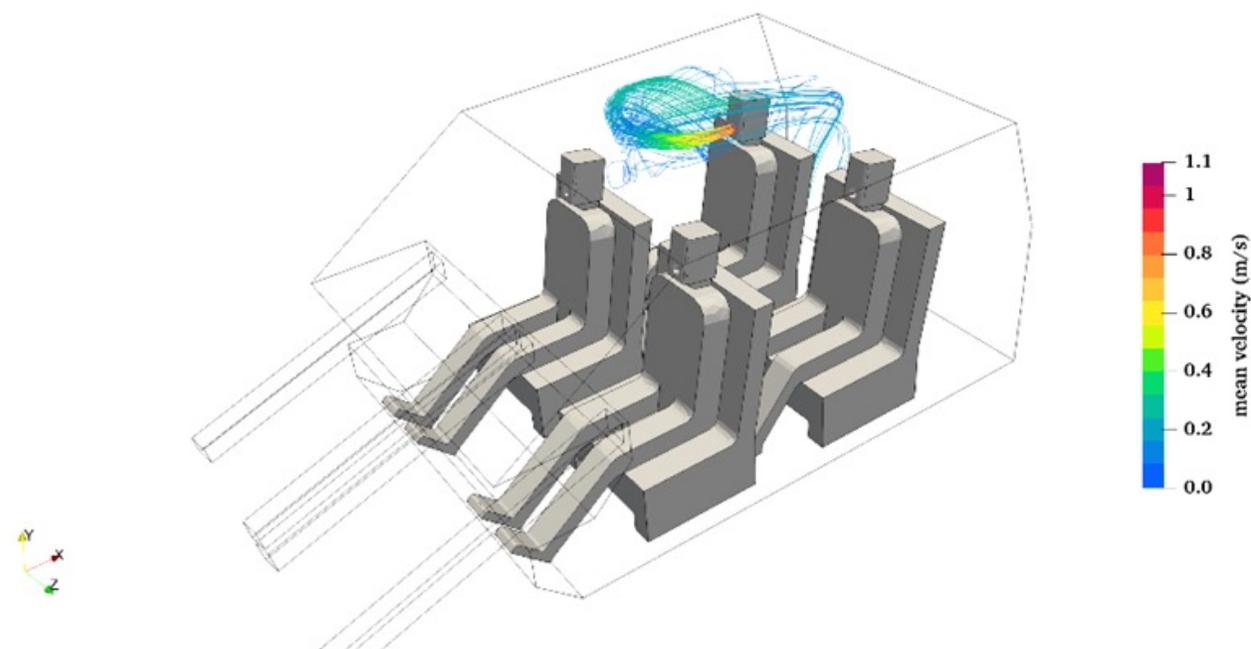
Scenarios investigated (30 min journey)	position of the infected subject	HVAC system flow rate	HVAC ventilation mode	expiratory activity of the infected subject
influence of the position of the infected subject	driver, passenger sitting on the right rear seat (passenger 3)	$Q_{50\%}$	mixed	speaking
influence of the HVAC system flow rate	driver	$Q_{10\%}, Q_{25\%}, Q_{50\%}, Q_{75\%}, Q_{100\%}$	mixed	speaking
influence of the HVAC ventilation mode	driver	$Q_{50\%}$	mixed, front, windshield defrosting	speaking

Arpino, F., Grossi, G., Cortellessa, G., Mikszewski, A., Morawska, L., Buonanno, G., Stabile, L. Risk of SARS-CoV-2 in a car cabin assessed through 3D CFD simulations (2022) Indoor Air, 32 (3), art. no. e13012

Influence of the position of the infected subject



Streamlines of the airflows (coloured by velocity) exiting the mouth of the infected driver in case of mixed ventilation mode at 50%



Streamlines of the airflows (coloured by velocity) exiting the mouth of the infected passenger #3 in case of mixed ventilation mode at 50%

Driver infected		Individual infection risk (%)	
Susceptible subject	Inhaled volume (mL)	CFD	Well-mixed
Driver	emitter		
Passenger #1	1.89×10^{-9}	9.2%	42%
Passenger #2	8.68×10^{-9}	26%	42%
Passenger #3	4.49×10^{-9}	18%	

Passenger #3 infected		Individual infection risk (%)	
Susceptible subject	Inhaled volume (mL)	CFD	Well-mixed
Driver	5.17×10^{-11}	0.30%	
Passenger #1	1.42×10^{-9}	7.2%	42%
Passenger #2	1.59×10^{-11}	0.09%	
Passenger #3	emitter		

A solution for the short and long range

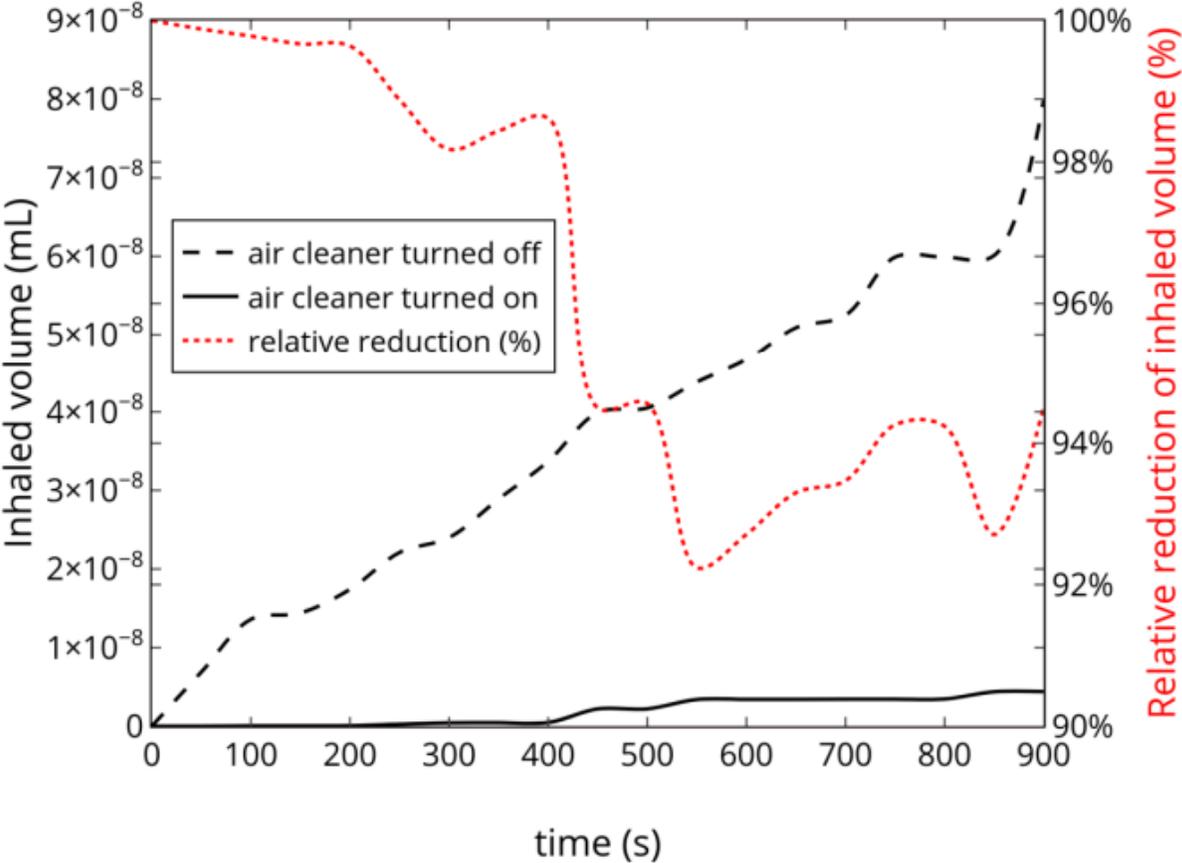
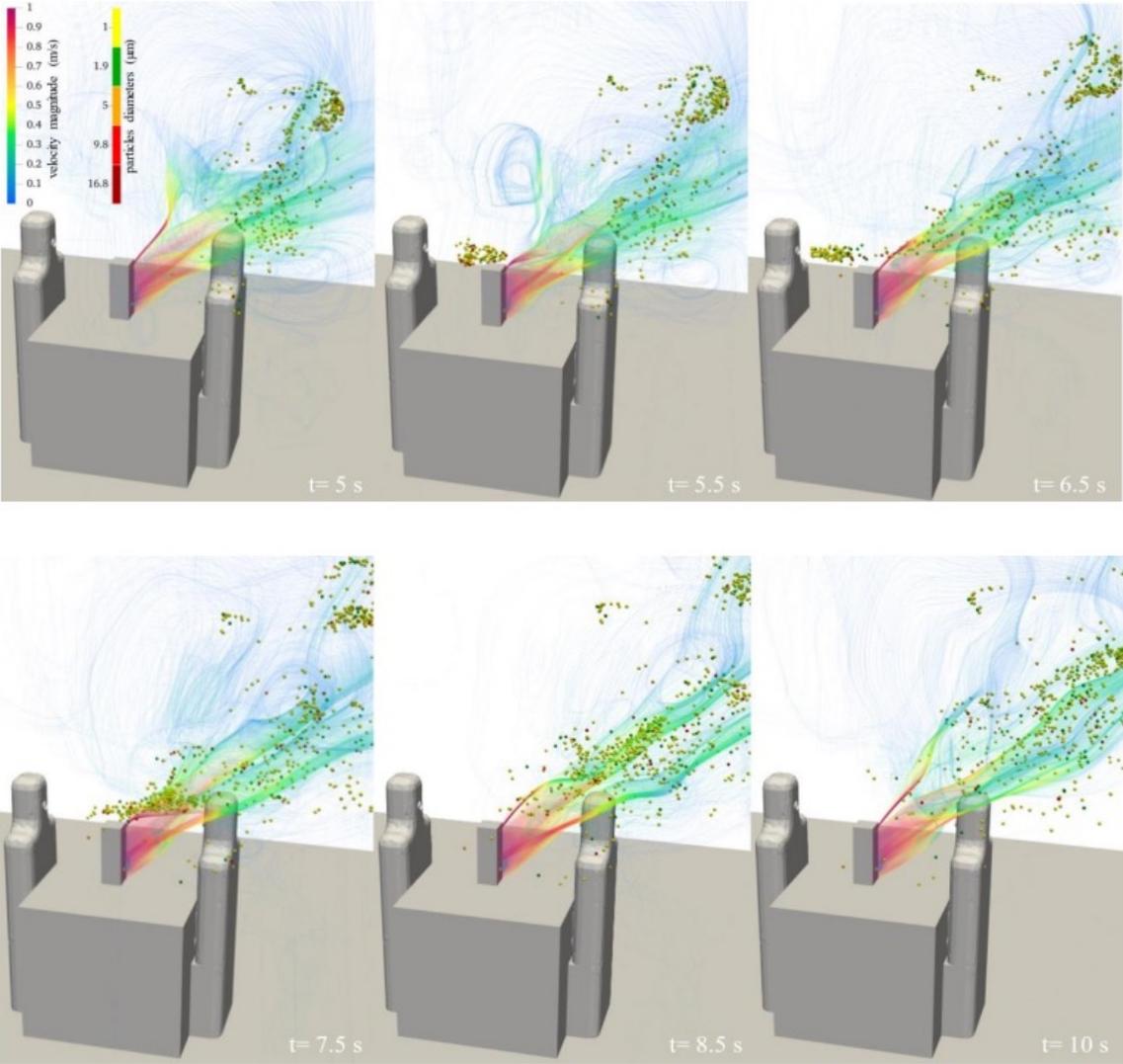


Unprotected from short range airborne transmission



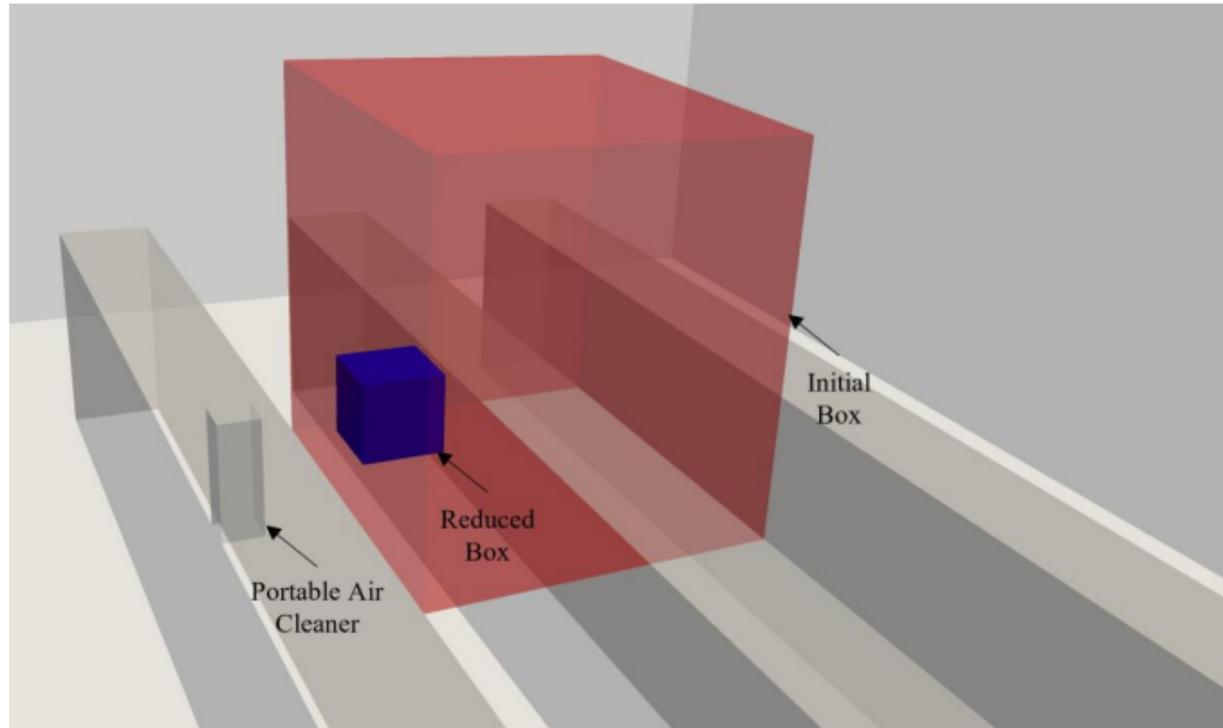
Protected from short range airborne transmission

Reducing the close proximity risk – patented device



Cortellessa, G., Canale, C., Stabile, L., Grossi, G., Buonanno, G., Arpino, F. Effectiveness of a portable personal air cleaner in reducing the airborne transmission of respiratory pathogens (2023) Building and Environment, 235, art. no. 110222

Reducing the long range – patented device



Box	Volume concentration of infectious respiratory particles (mL m^{-3})		Relative reduction of volume concentration
	without device	with device	
Initial box ($1.00 \times 1.00 \times 0.88$ m)	4.07×10^{-7}	2.08×10^{-7}	49.1%
Reduced box ($0.20 \times 0.20 \times 0.20$ m)	1.25×10^{-6}	5.95×10^{-9}	99.5%

We can assess short and long range airborne transmission of respiratory pathogens

We can manage short and long range infectious risk through engineering controls as ventilation and air distribution

FACT CHECK: COVID-19 is NOT airborne

The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or speaks. **These droplets are too heavy to hang in the air. They quickly fall on floors or surfaces.**

You can be infected by breathing in the virus if you are within 1 metre of a person who has COVID-19, or by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands.

To protect yourself, keep at least 1 metre distance from others and disinfect surfaces that are touched frequently. Regularly clean your hands thoroughly and avoid touching your eyes, mouth, and nose.

World Health Organization
March 28 2020
#Coronavirus #COVID19

COVID -19 IS CONFIRMED AS AIRBORNE AND REMAIN 8 HRS IN AIR SO PLEASE YOU IS REQUIRED TO WEAR MASK EVERYWHERE!!

This message spreading on social media is incorrect. Help stop misinformation. Verify the facts before sharing.

The New York Times | <https://www.nytimes.com/2021/05/07/opinion/coronavirus-airborne-transmission.html>

GUEST ESSAY

Why Did It Take So Long to Accept the Facts About Covid?

May 7, 2021



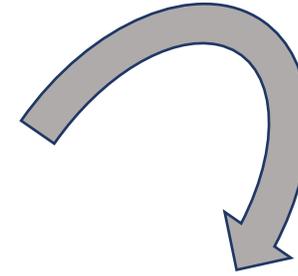
By Zeynep Tufekci

Dr. Tufekci is a contributing Opinion writer who has extensively examined the Covid-19 pandemic.

Paradigm shift to combat indoor respiratory infections

All indoor environments represent the natural habitat for humans and require control of:

1. thermal comfort,
2. odours,
3. air quality,
4. energy consumption but also
5. respiratory infections



POLICY FORUM

INFECTIOUS DISEASE

Science

A paradigm shift to combat indoor respiratory infection

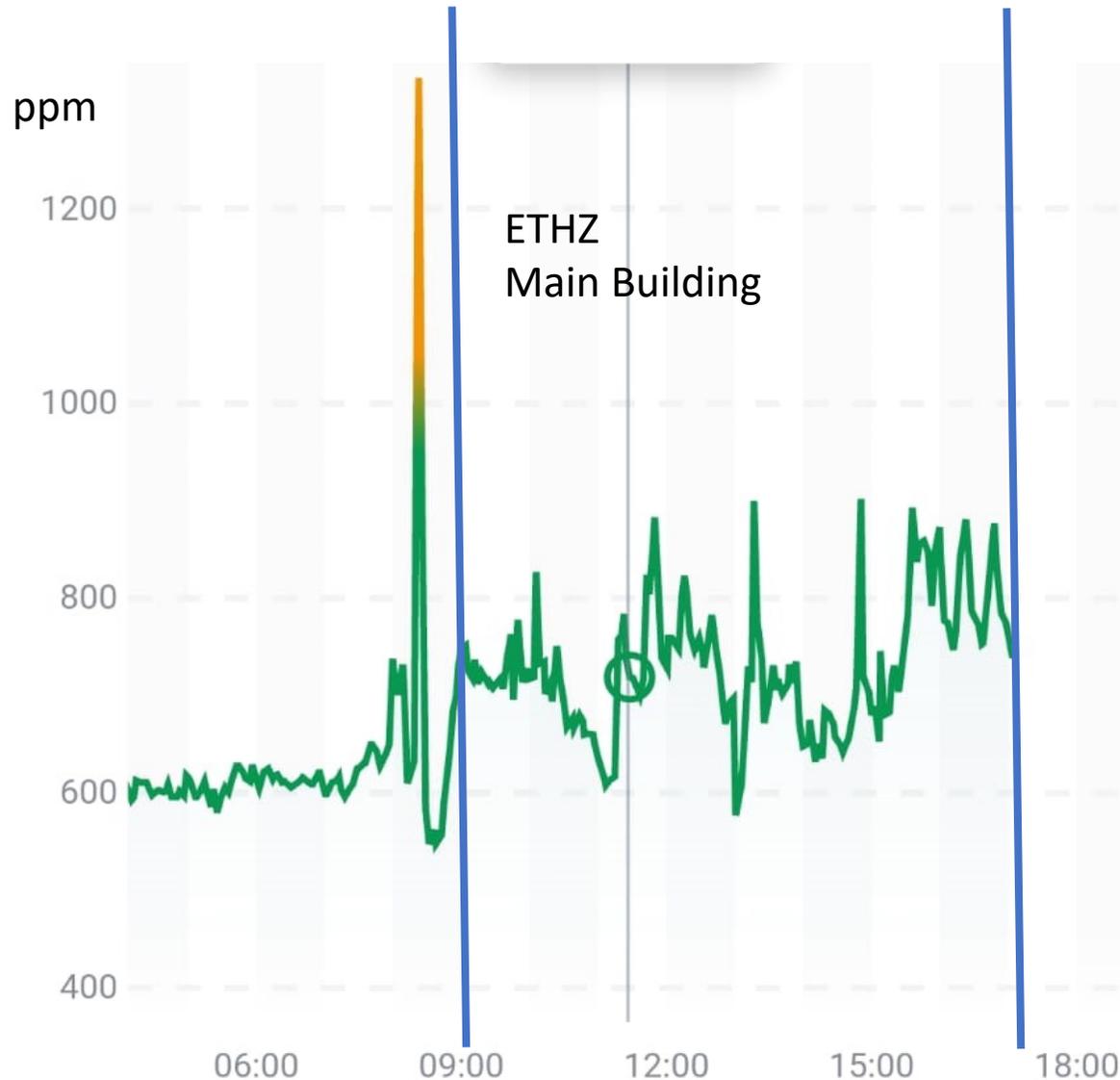
Building ventilation systems must get much better

By Lidia Morawska, Joseph Allen, William Bahnfleth, Philomena M. Bluyssen, Atze Boerstra, Giorgio Buonanno, Junji Cao, Stephanie J. Dancer, Andres Floto, Francesco Franchimon, Trisha

Science, 372 (6543), • DOI: 10.1126/science.abg2025



Many thanks for your attention



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