

Trace gases:  
 $\text{HNO}_3$   
 $\text{NH}_3$   
 $\text{CO}_2$



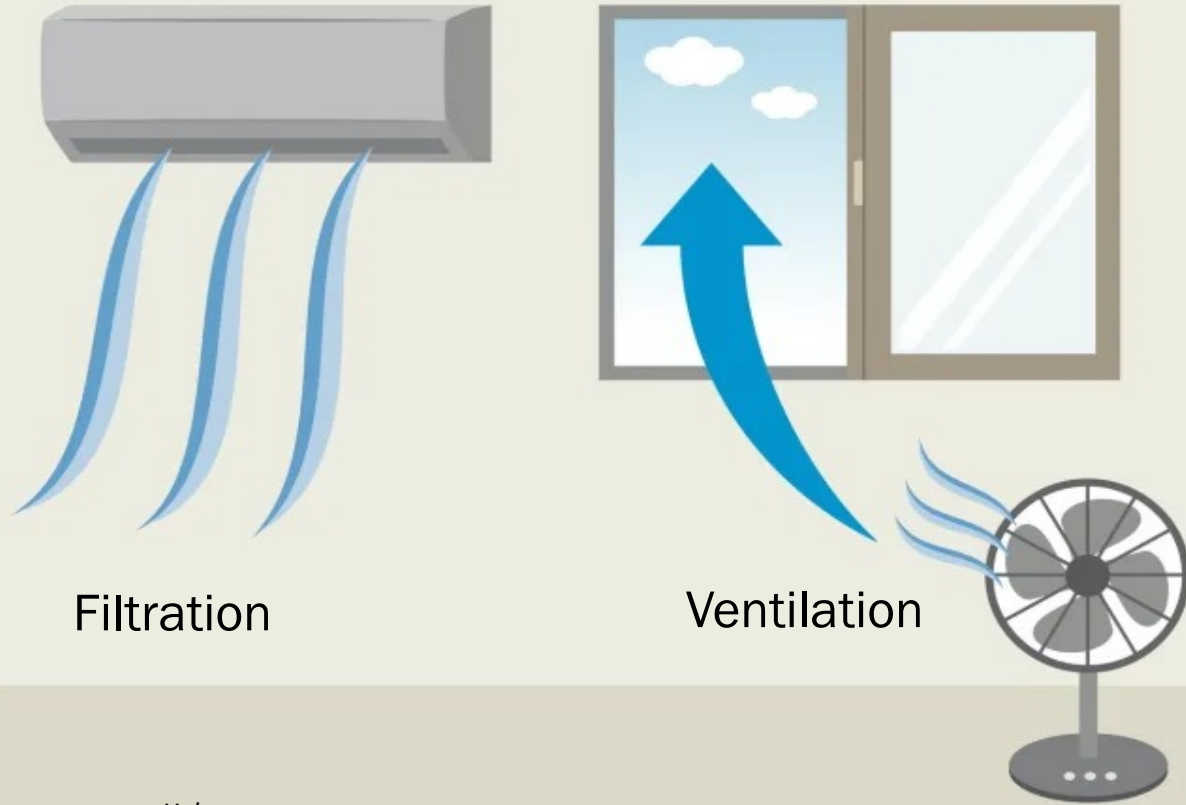
# Aerosol pH is an overlooked driver of airborne influenza and coronavirus inactivation



Tamar Kohn

EPFL

# Recommended methods to prevent airborne transmission



*Image source: Yahoo news*



Masking



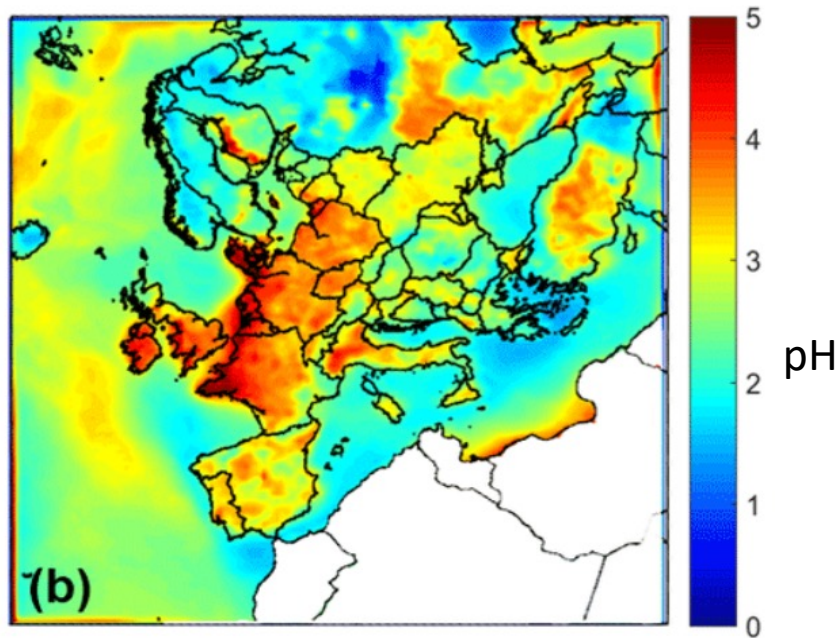
Physical barriers

Can we achieve better health protection by **inactivating** viruses while airborne? How?

# Some hints

## Atmospheric sciences

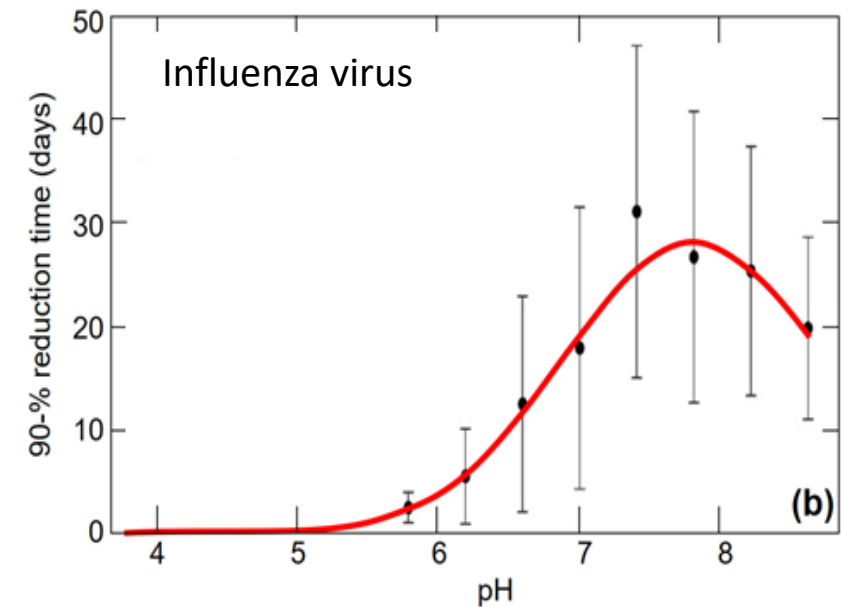
Ambient aerosol particles can be acidic



*Kakavas et al. (2021)*

## Virology

Some respiratory viruses are inactivated at acidic pH



*Brown et al. (2009)*

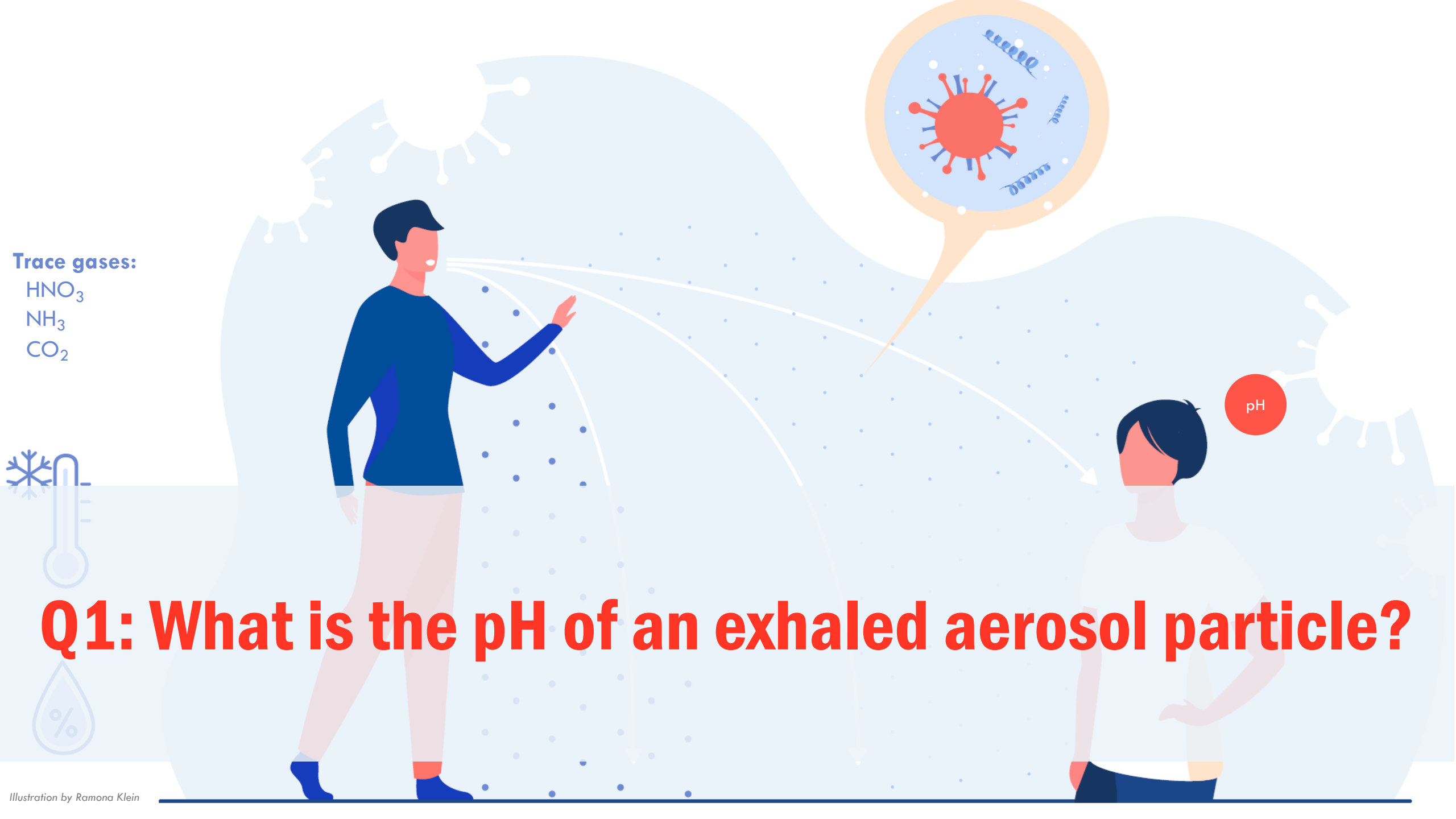


1. What is the pH of exhaled aerosol particles?
2. What are the inactivation kinetics of respiratory viruses?
3. Can the inactivation time be modified by modulating aerosol pH?

Is aerosol pH a driver of airborne virus inactivation?



aerosol pH?



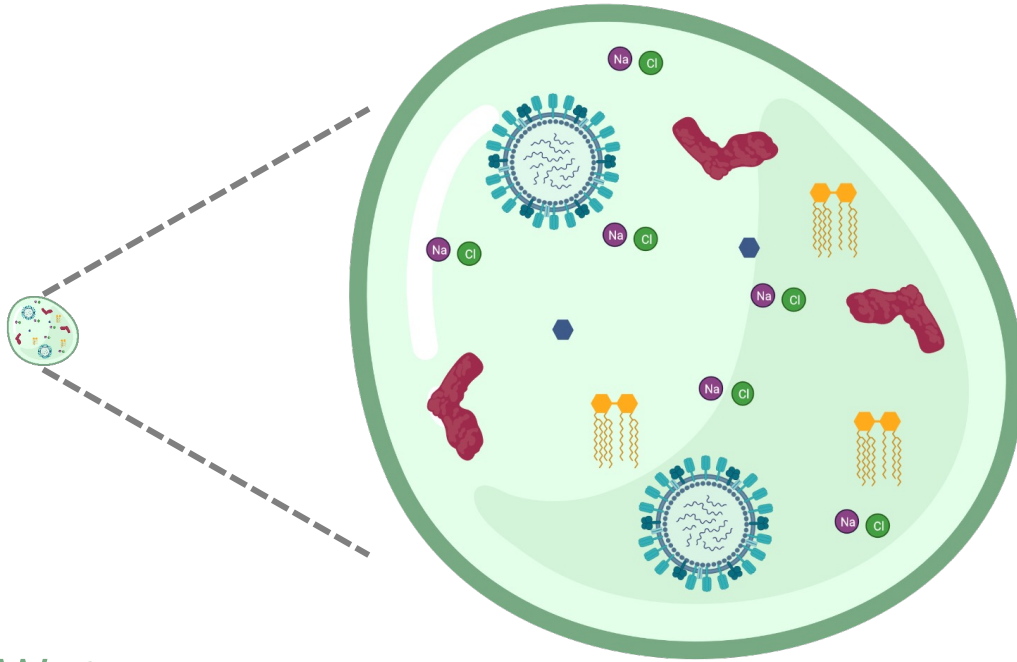
Trace gases:  
 $\text{HNO}_3$   
 $\text{NH}_3$   
 $\text{CO}_2$

# Q1: What is the pH of an exhaled aerosol particle?



# Expiratory aerosol particles are dynamic and complex

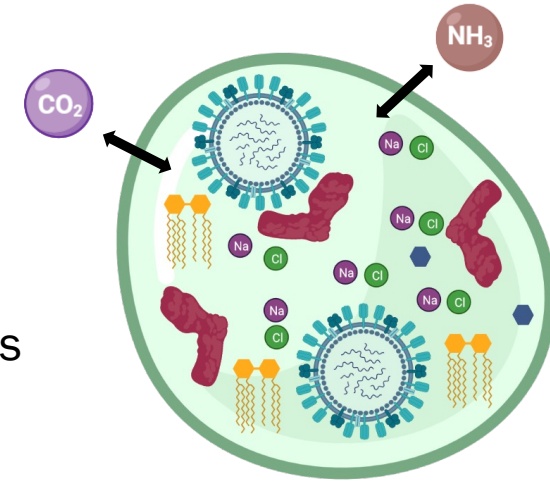
Relative humidity in the **body**:  
~100% (37 °C)



Water  
Salts  
Organics  
Infectious virus

Water evaporation  
→  
Concentration of solutes  
Gas exchange

Relative humidity in **indoor air**:  
~20-70% (20 °C)

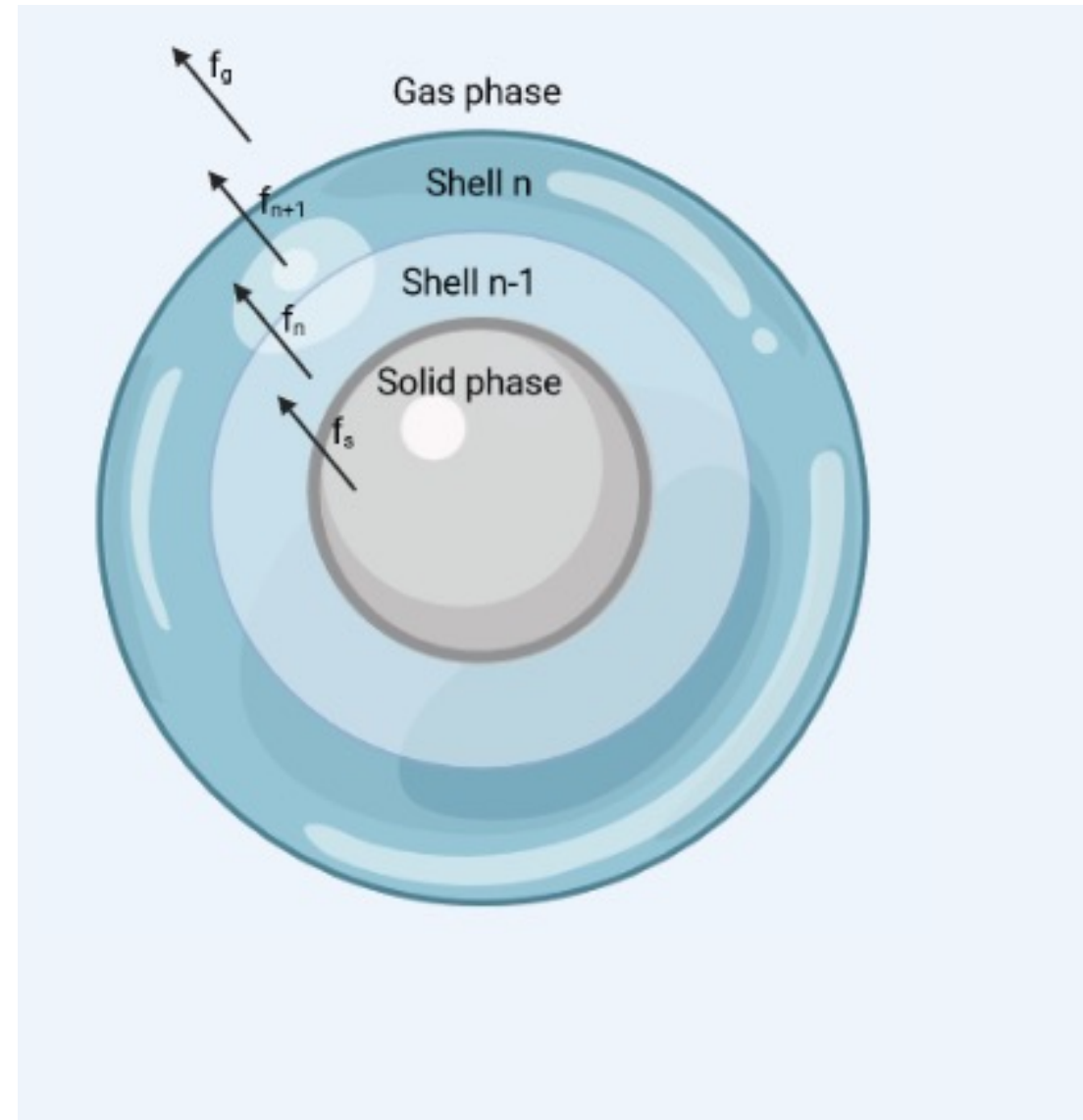


Properties depend on

- RH
- Matrix composition
- Time since exhalation
- Surrounding air composition
- ...

# Respiratory aerosol model

1. Mass transfer
2. Heat transfer



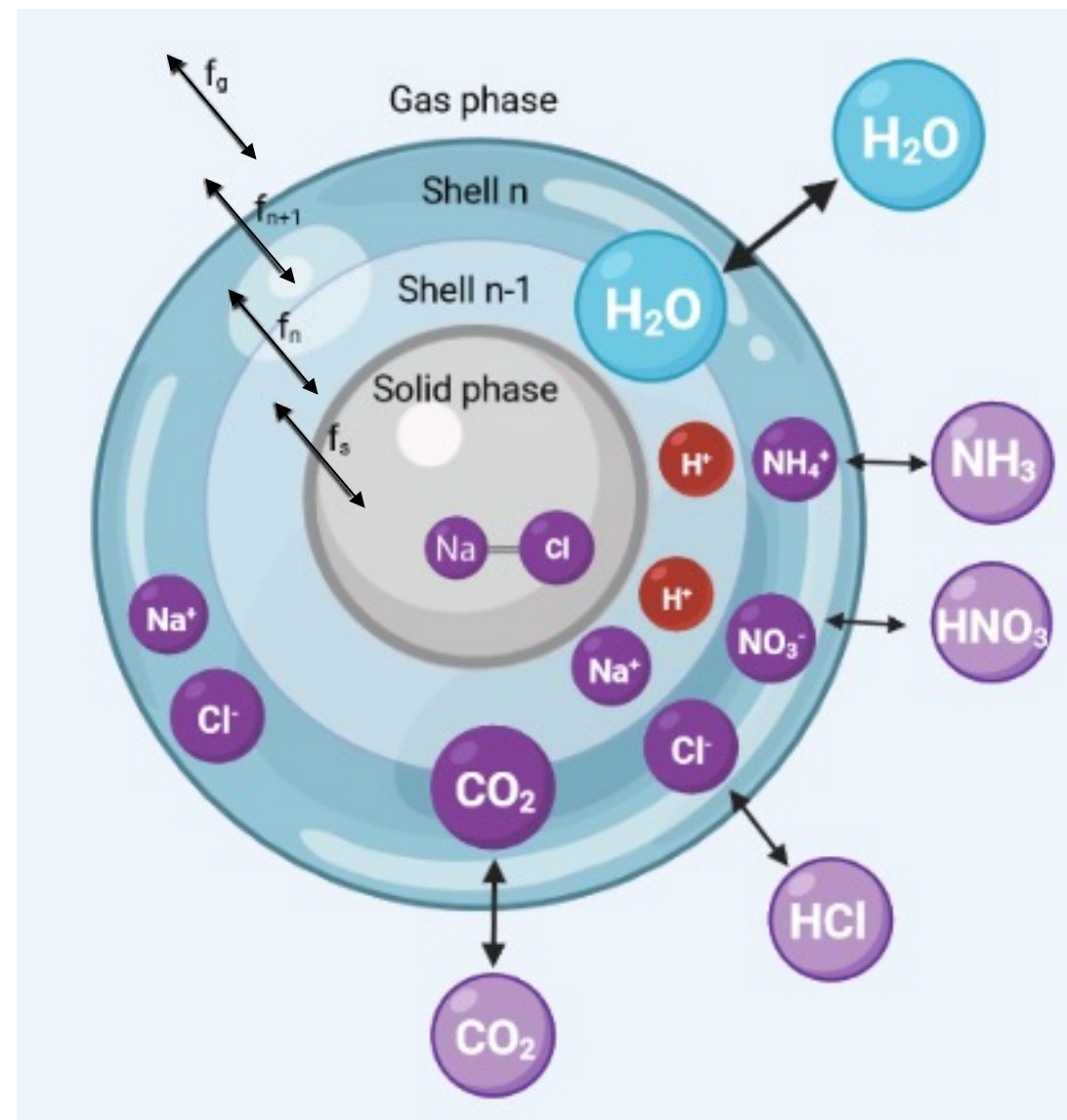
# Respiratory aerosol model

1. Mass transfer
2. Heat transfer
3. Chemistry
4. Kinetics (diffusion of  $\text{H}_2\text{O}$  and ions)
5. Deliquescence and efflorescence
6. Charge neutrality

Hassoun et. al (2018)



Synthetic Lung Fluid (SLF)



# Aerosol pH in typical indoor air

## Exhaled air:

RH = 91%

T = 313 K

$x_{\text{CO}_2} \approx 50,000$  ppm

$x_{\text{HNO}_3} = 0$  ppb

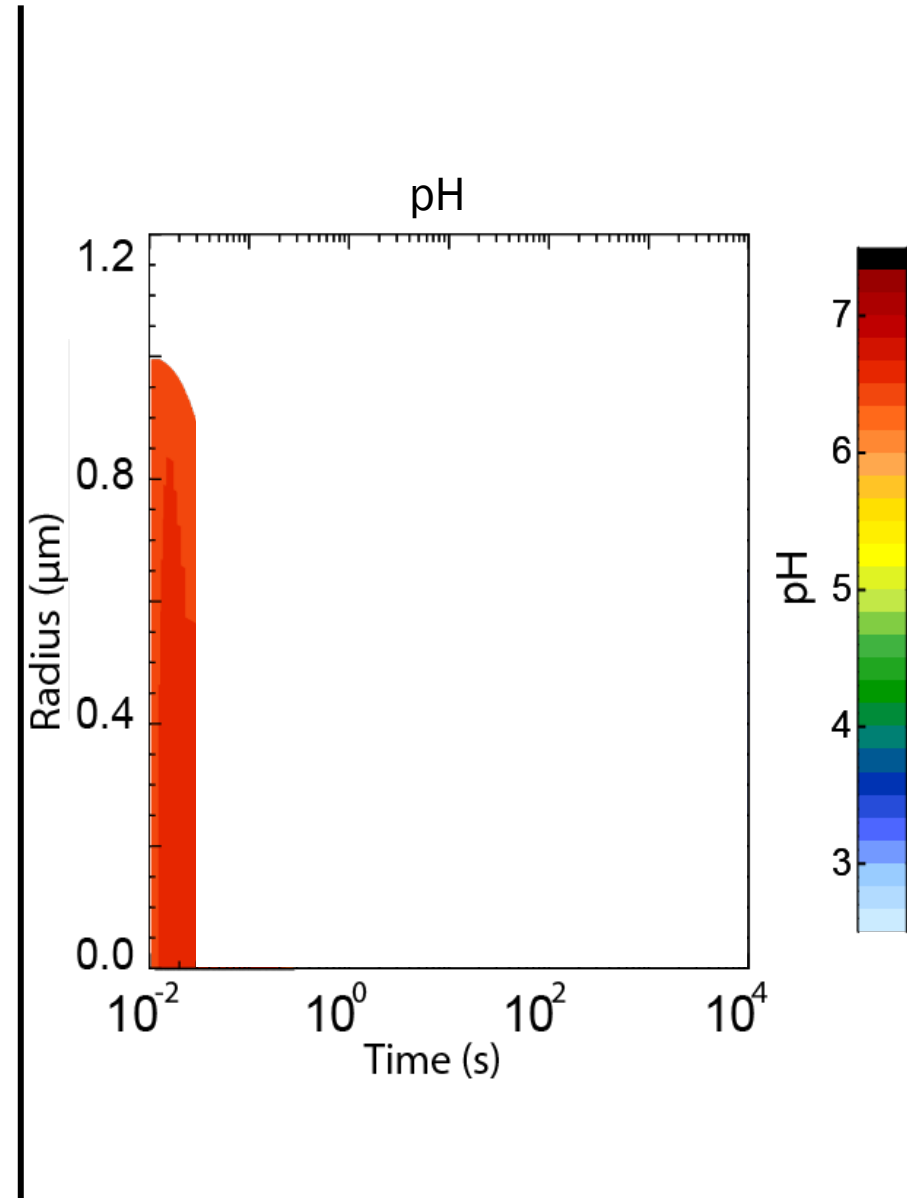
$x_{\text{NH}_3} \approx 200$  ppb



1  $\mu\text{m}$



Time



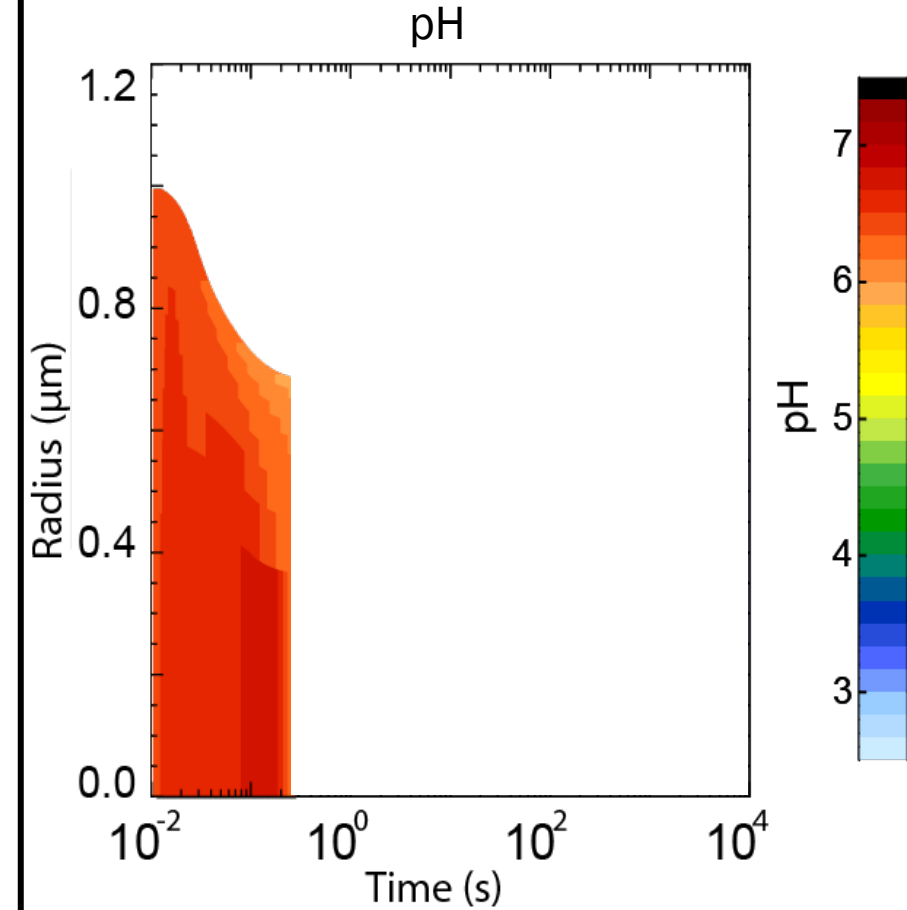
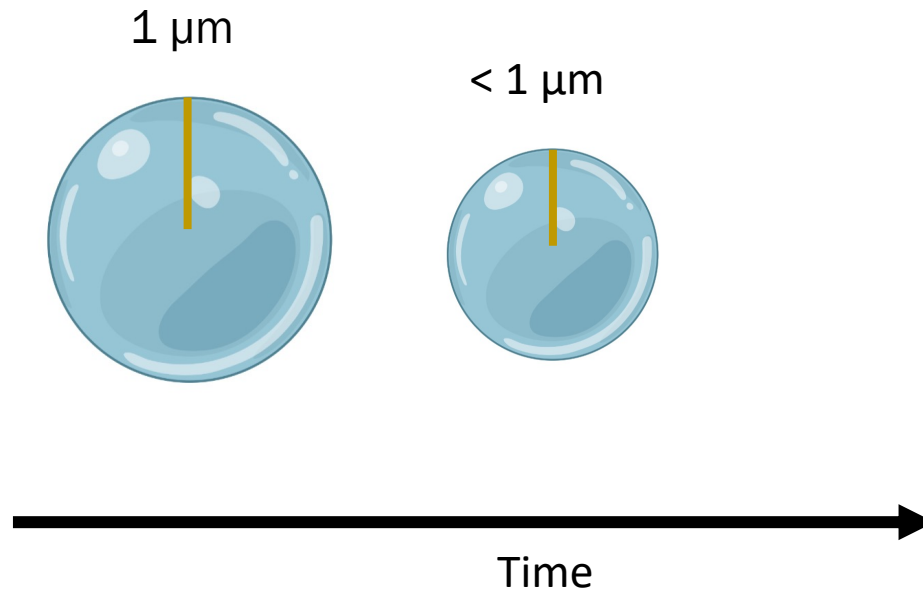
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## Indoor air:

RH = 50%  
T = 293 K  
 $x_{\text{CO}_2} = 600$  ppm  
 $x_{\text{HNO}_3} \approx 0.3$  ppb  
 $x_{\text{NH}_3} \approx 40$  ppb



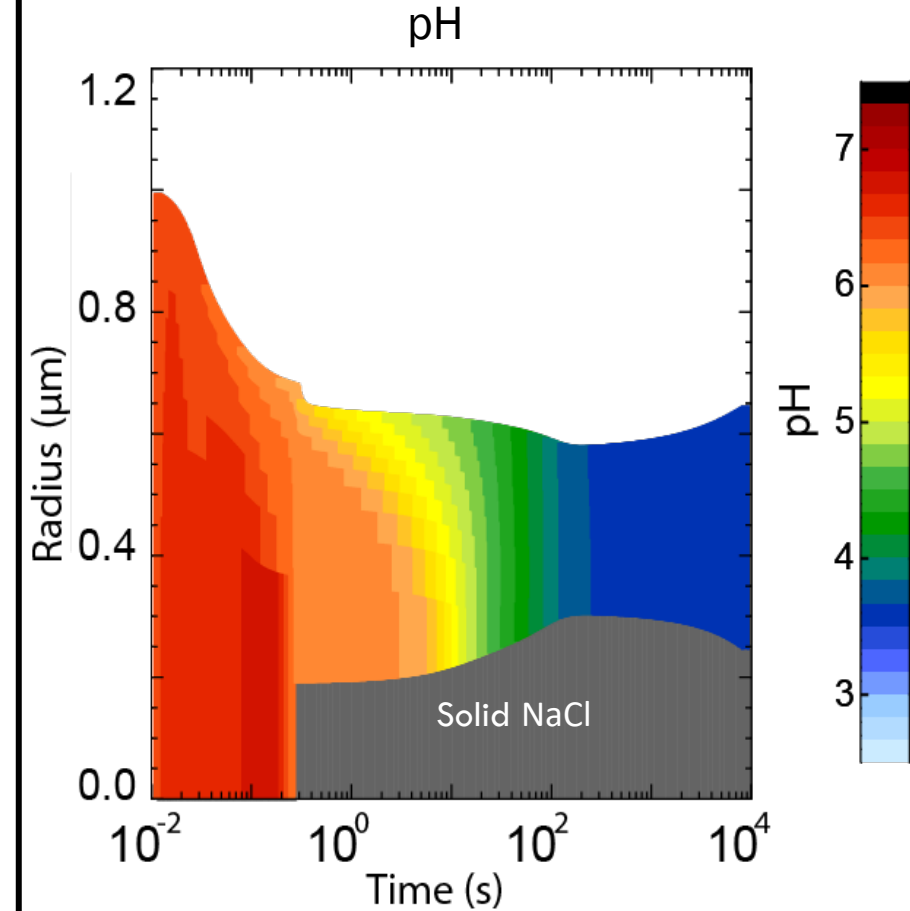
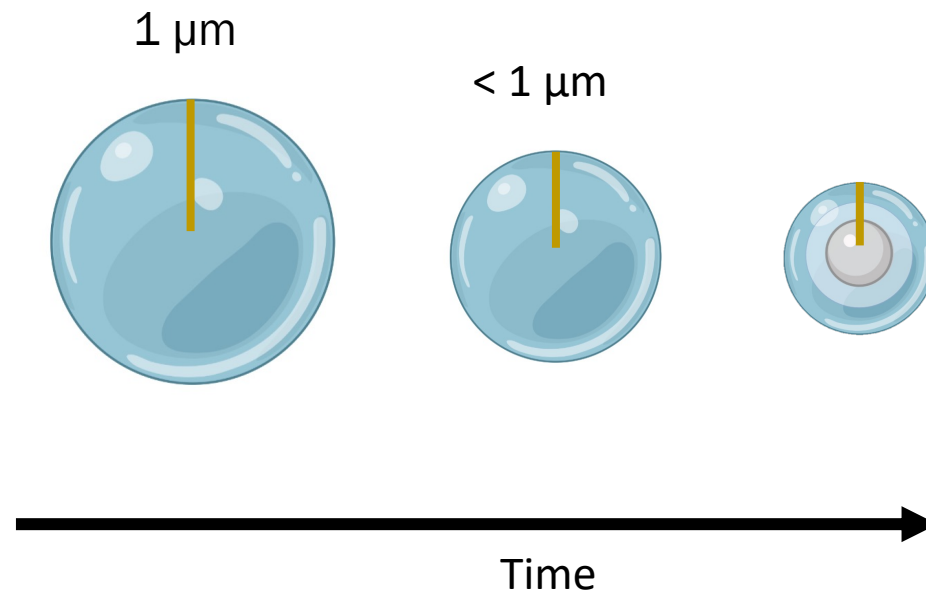
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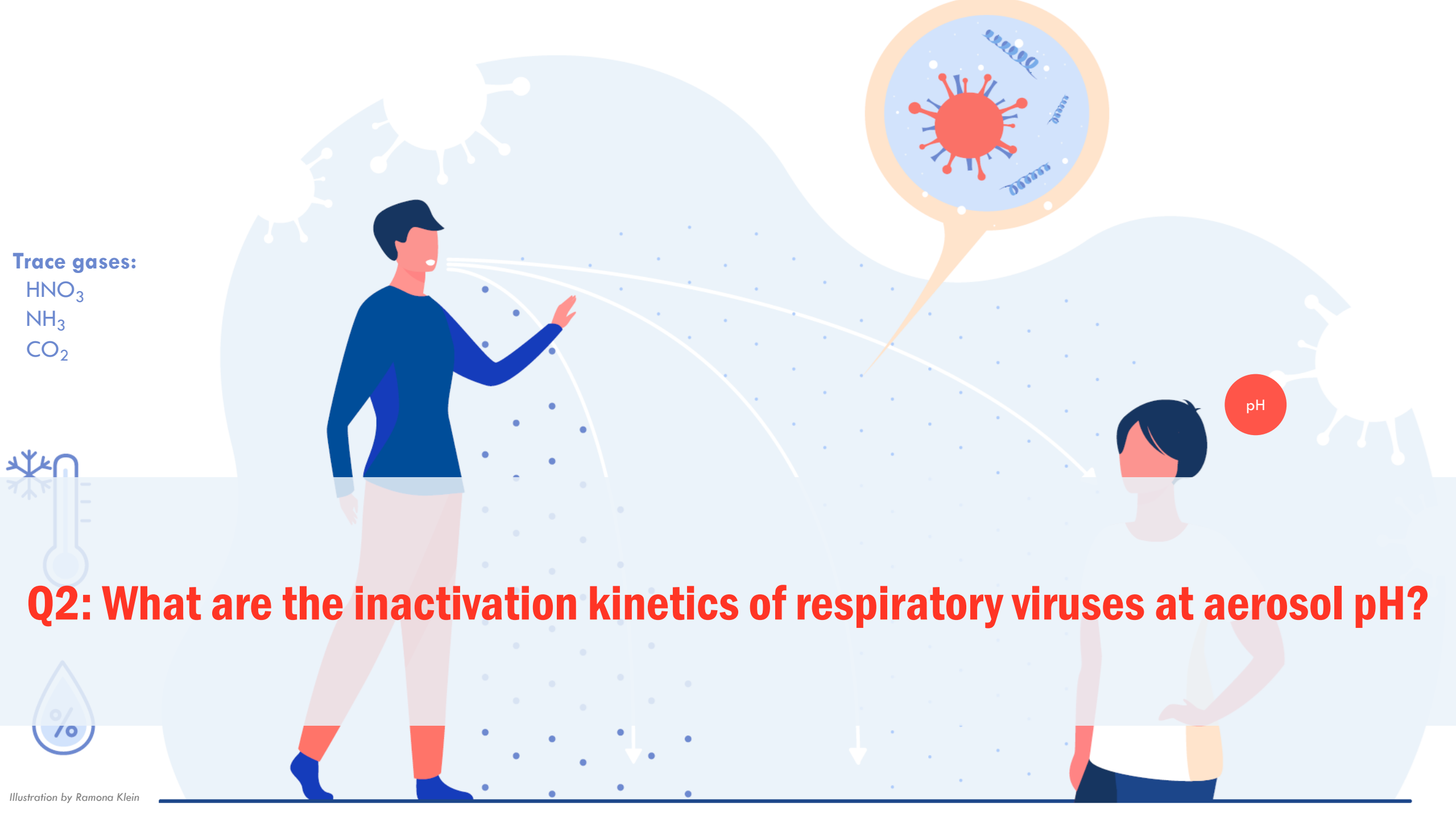
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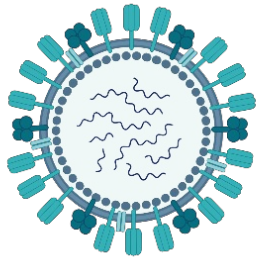
Trace gases:  
HNO<sub>3</sub>  
NH<sub>3</sub>  
CO<sub>2</sub>

pH

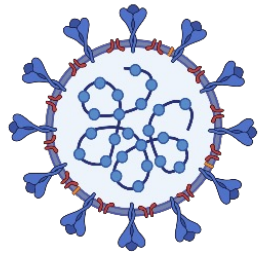
**Q2: What are the inactivation kinetics of respiratory viruses at aerosol pH?**



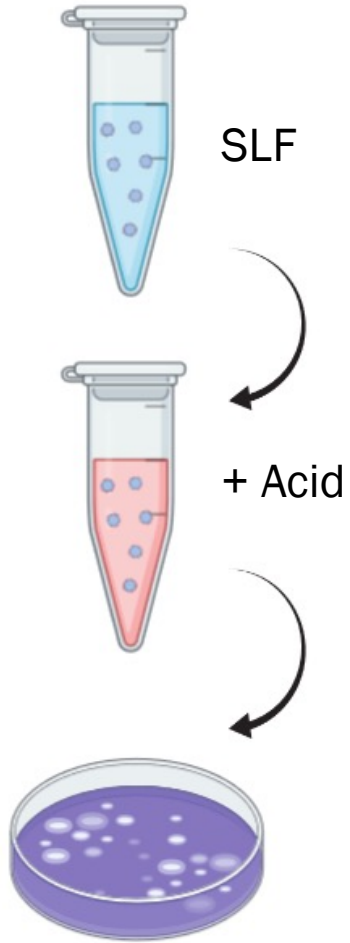
# Virus inactivation times in SLF from pH 2 to 7.5



Influenza A virus

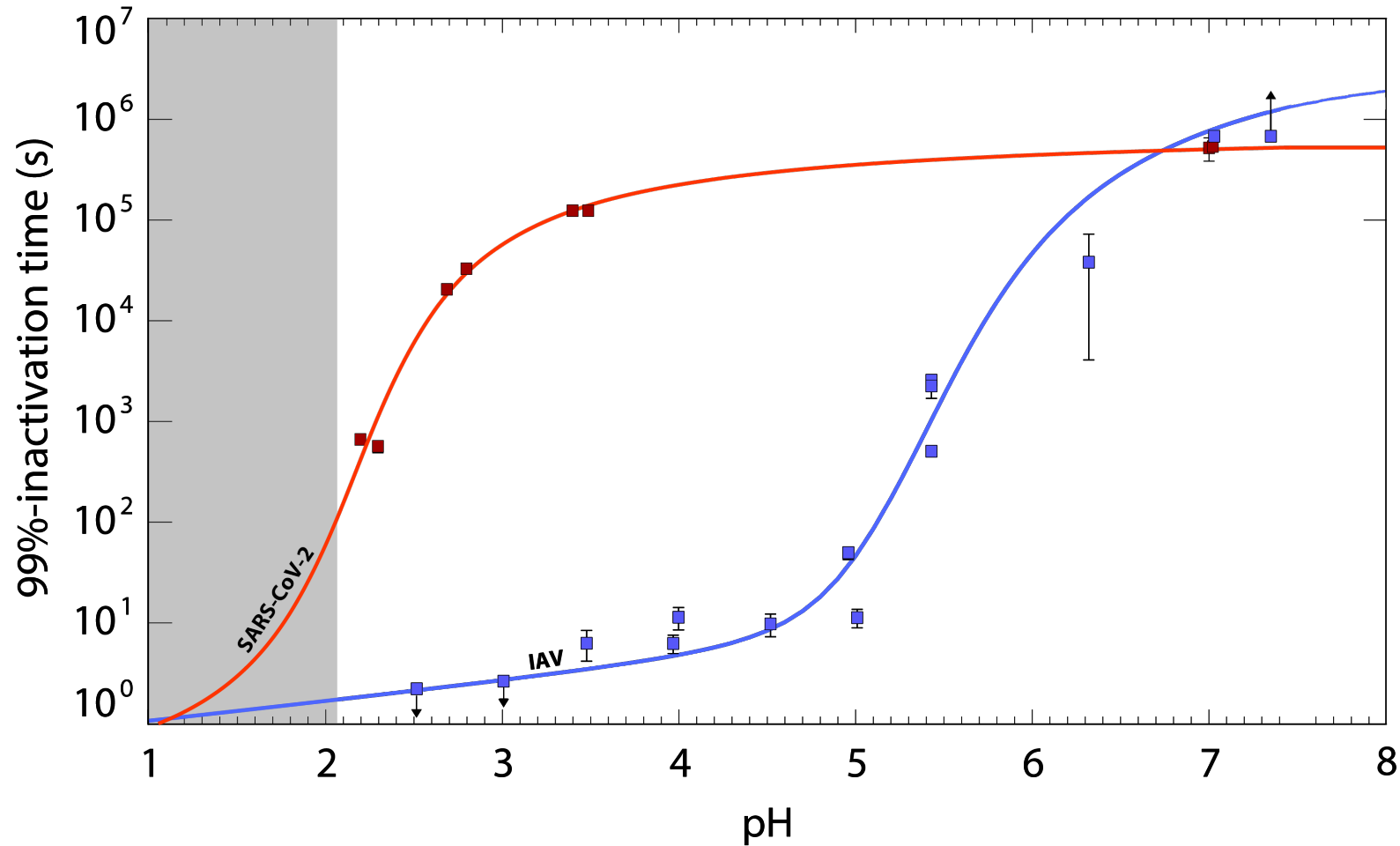
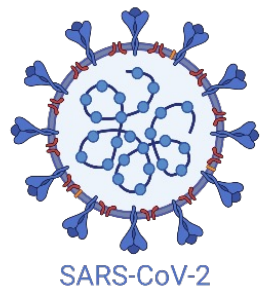
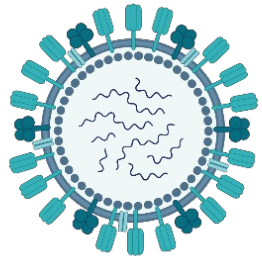


SARS-CoV-2



Infectivity test with plaque assay

# Virus inactivation times in SLF from pH 2 to 7.5



## Influenza virus

Faster inactivation at lower pH

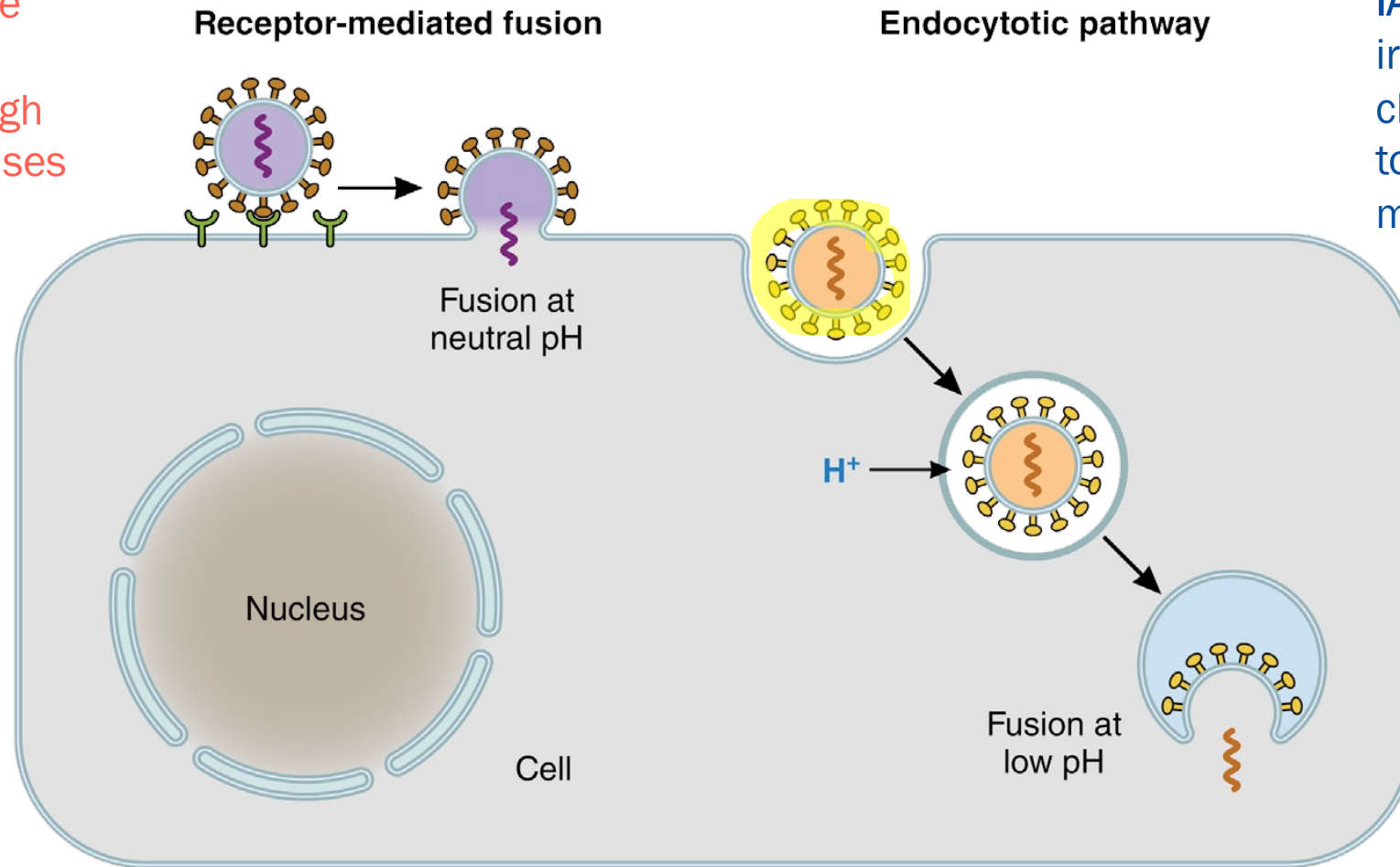
## SARS-CoV-2

Longer inactivation times than influenza virus

Requires more acidic pH

# Acid-sensitivity depends on virus entry mechanism

**Coronaviruses:** the spike glycoprotein becomes fusion competent through cleavage by host proteases

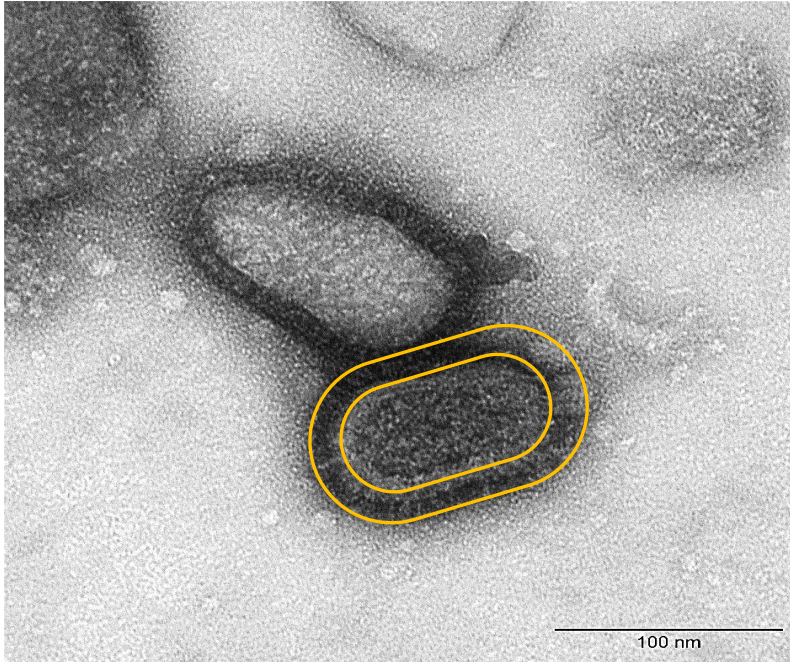


**IAV:** needs an acid-induced, irreversible conformational change of HA protein to fuse with endosomal membrane

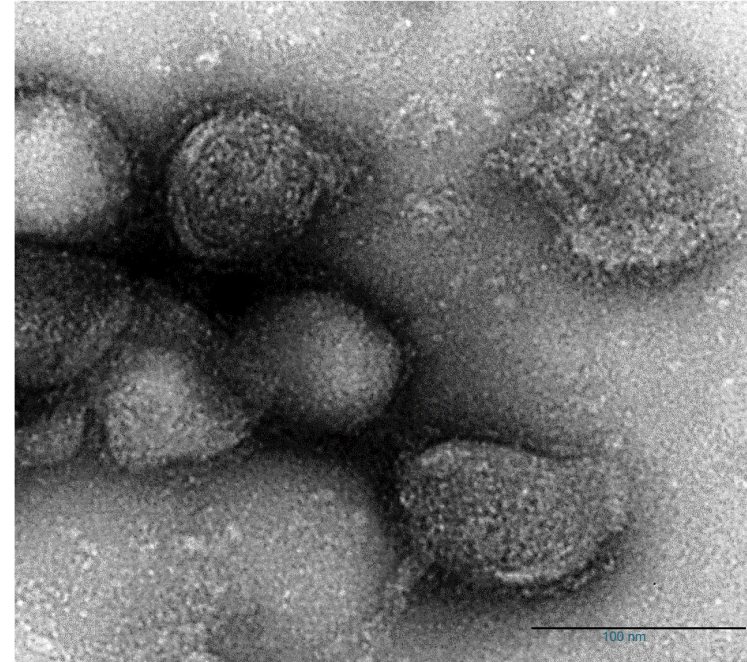
Figure from Cohen, (2016) *Biophysical journal*, 110(5), 1028-1032.

# Acid-induced changes in influenza virus prevent entry

pH 7



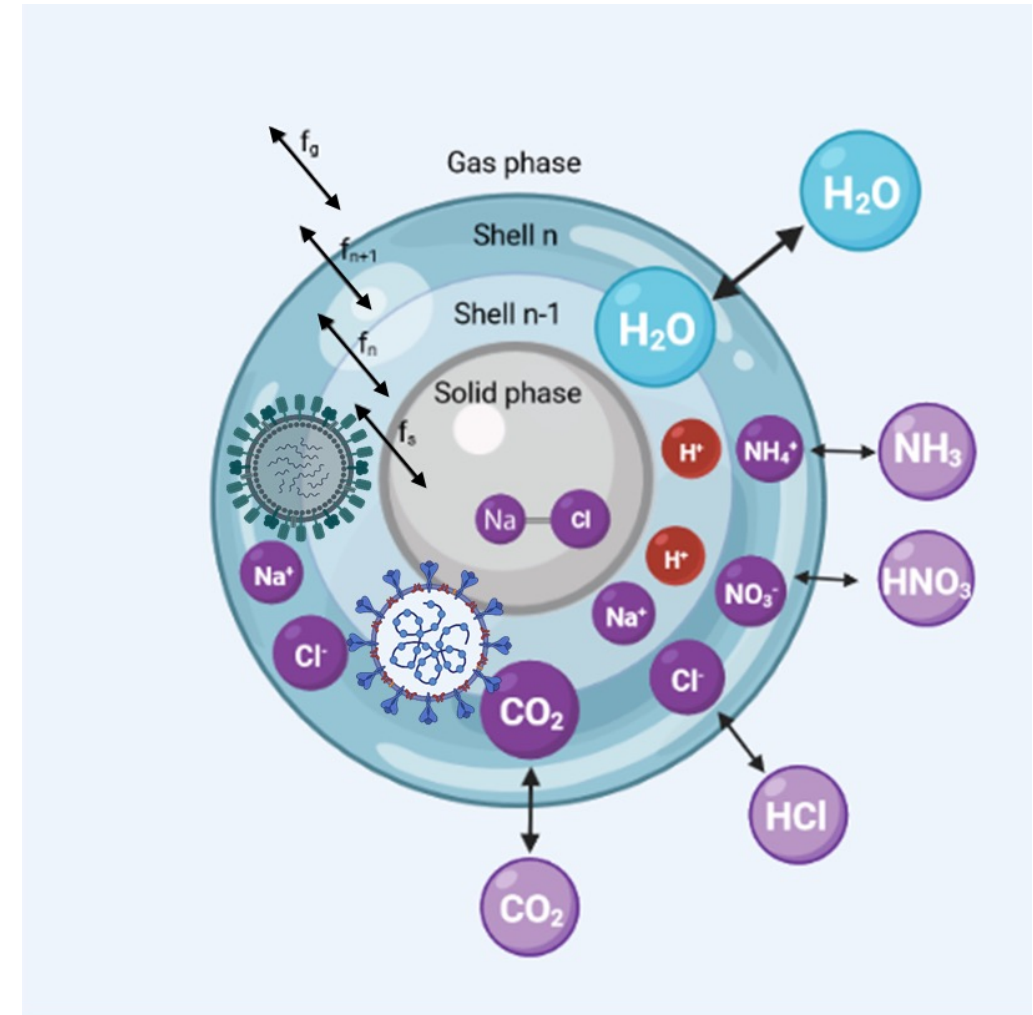
pH 4



- HA change occurs in acidic aerosol conditions within 10 s, outside the host
- Virus becomes unable to attach to host cell and cause infection

# Back to the respiratory aerosol model

1. Mass transfer
2. Heat transfer
3. Chemistry
4. Kinetics (diffusion of H<sub>2</sub>O and ions)
5. Deliquescence and efflorescence
6. Charge neutrality
7. **Virus inactivation kinetics**





# IAV is inactivated in expiratory aerosol...

## Exhaled air:

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T = 313 K

$x_{\text{CO}_2} \approx 50,000$  ppm

$x_{\text{HNO}_3} = 0$  ppb

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## Indoor air:

RH = 50%

T = 293 K

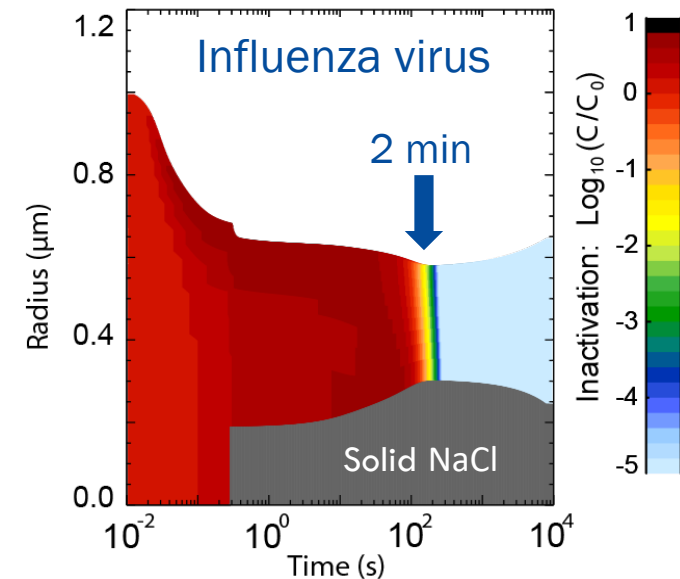
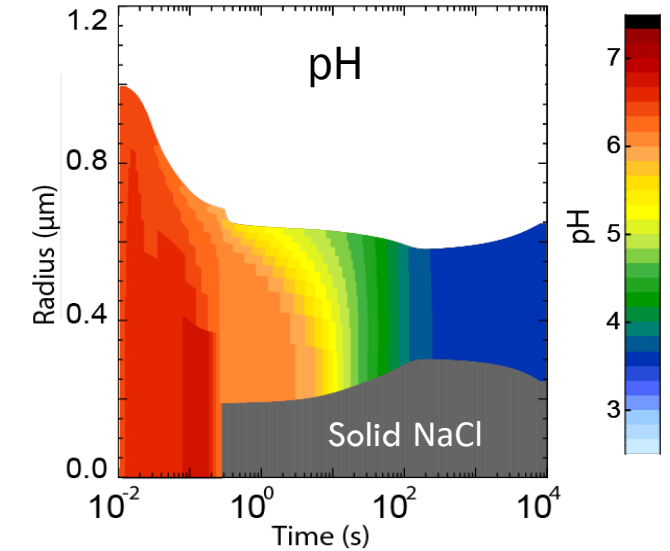
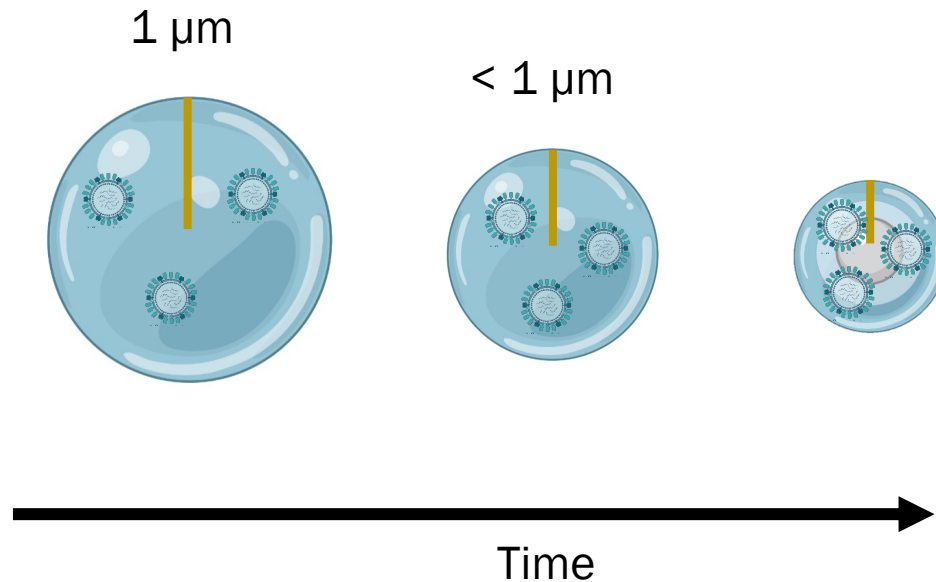
$x_{\text{CO}_2} = 600$  ppm

$x_{\text{HNO}_3} \approx 0.3$  ppb

$x_{\text{NH}_3} \approx 40$  ppb



↑  
Has the flu!



# ...but SARS-CoV-2 is not

## Exhaled air:

RH = 91%

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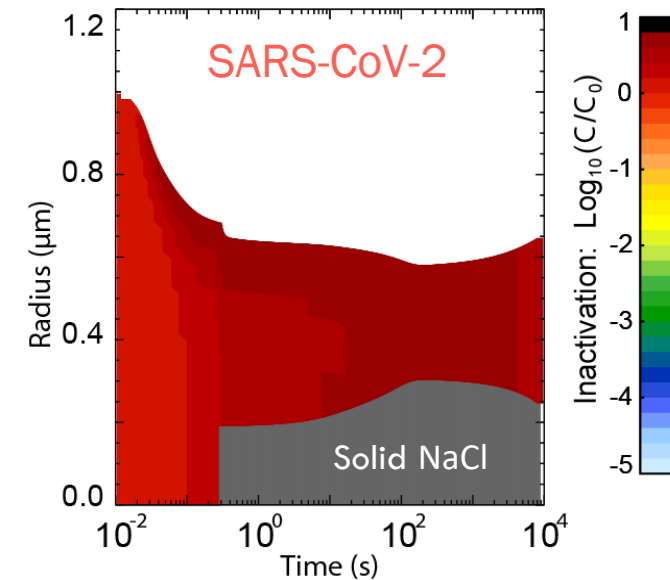
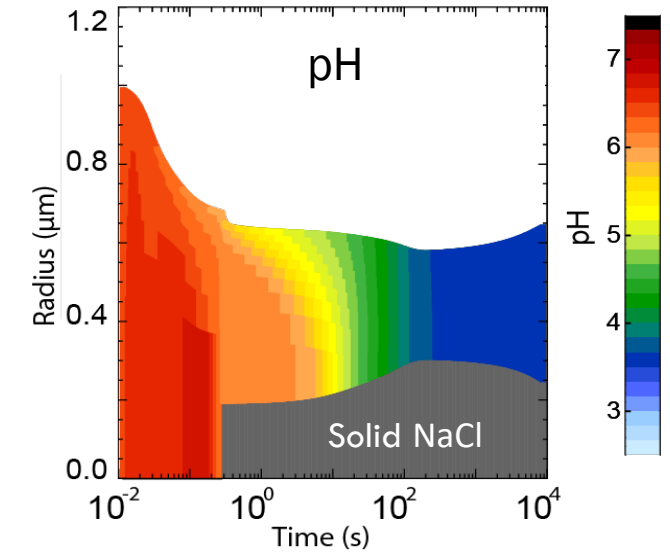
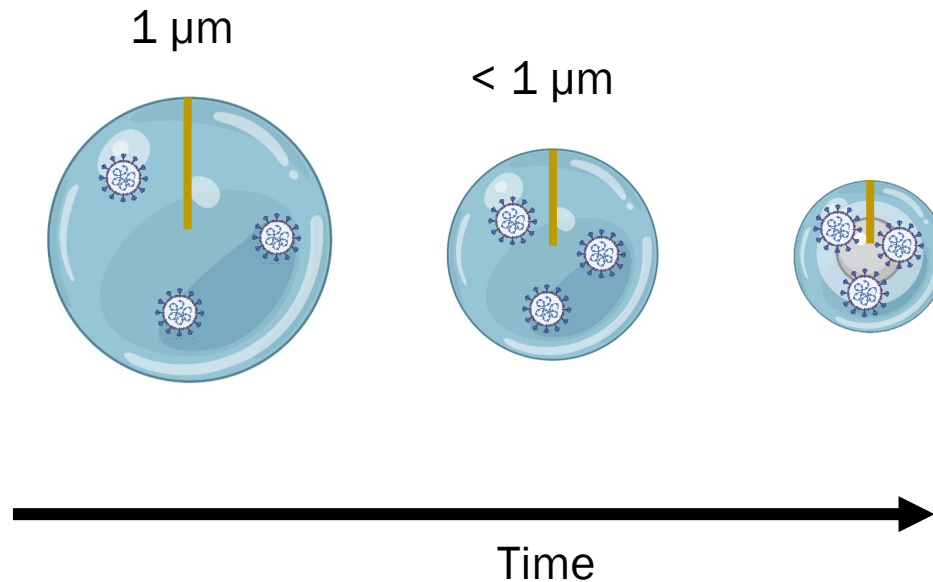
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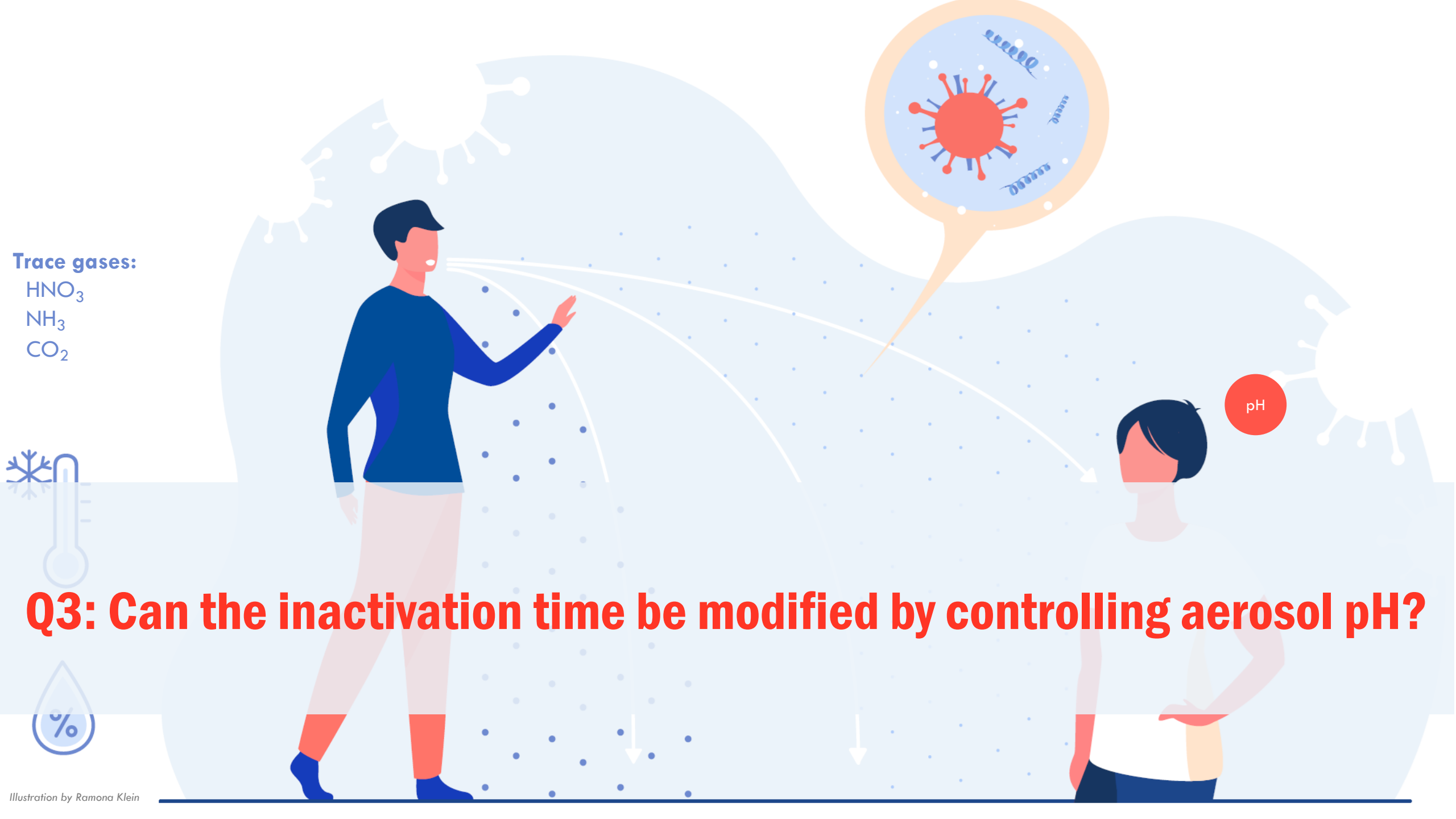
$x_{\text{NH}_3} \approx 40$  ppb



↑  
Has COVID!

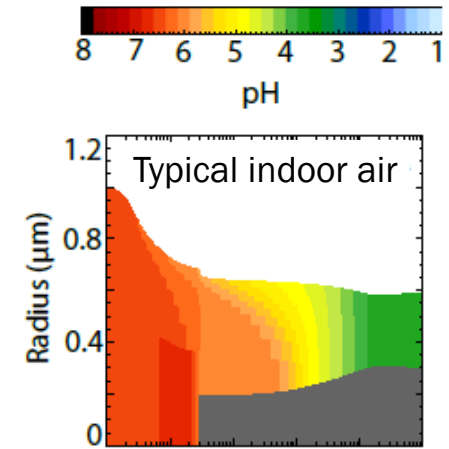
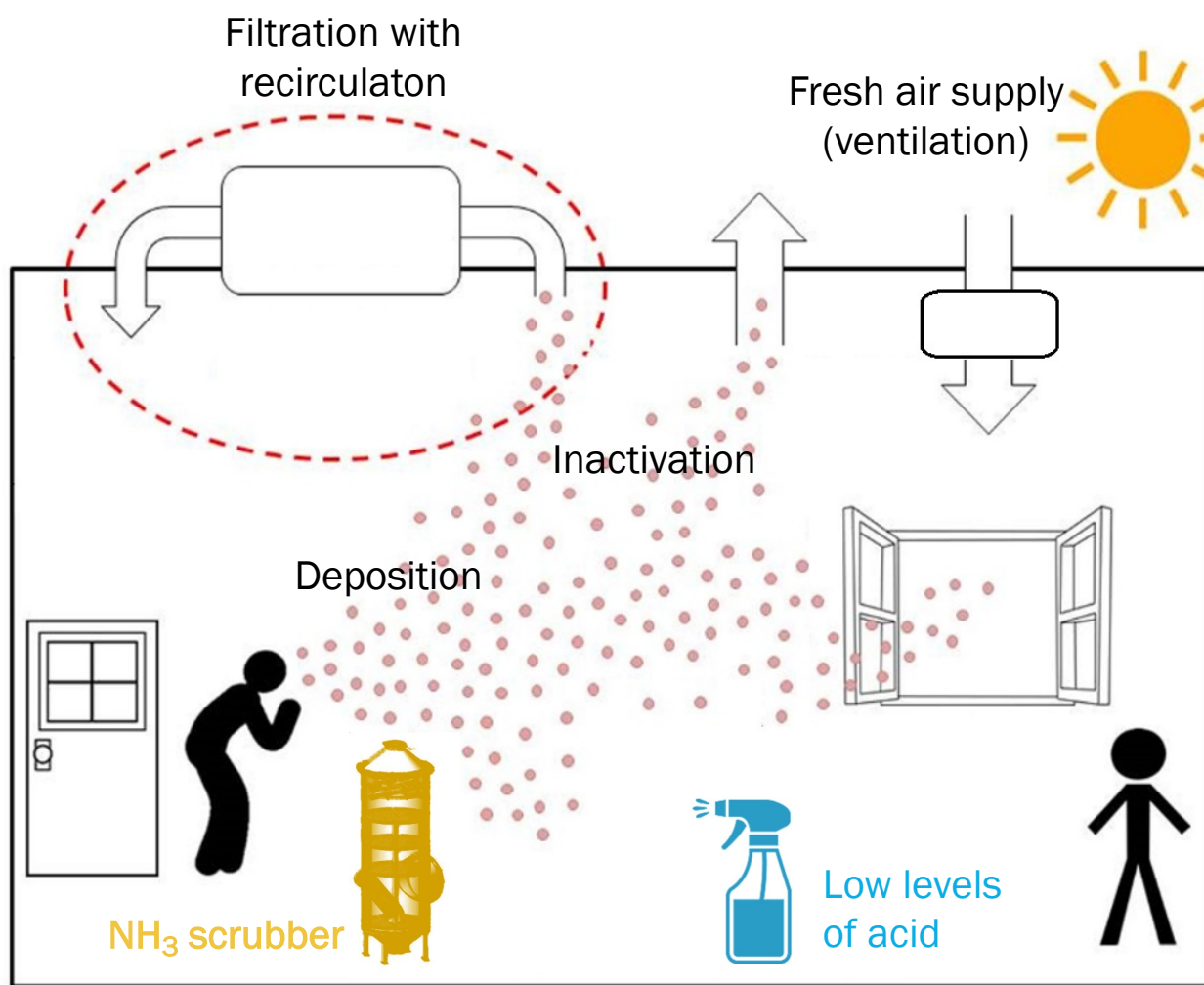






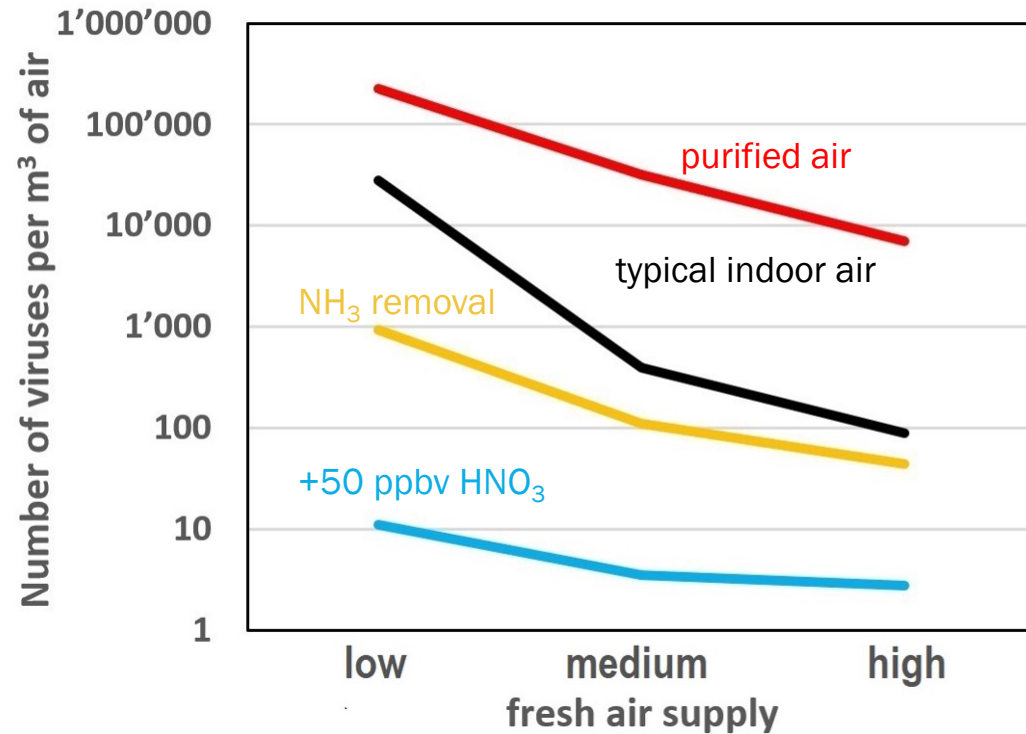
**Q3: Can the inactivation time be modified by controlling aerosol pH?**

# Options for aerosol pH control

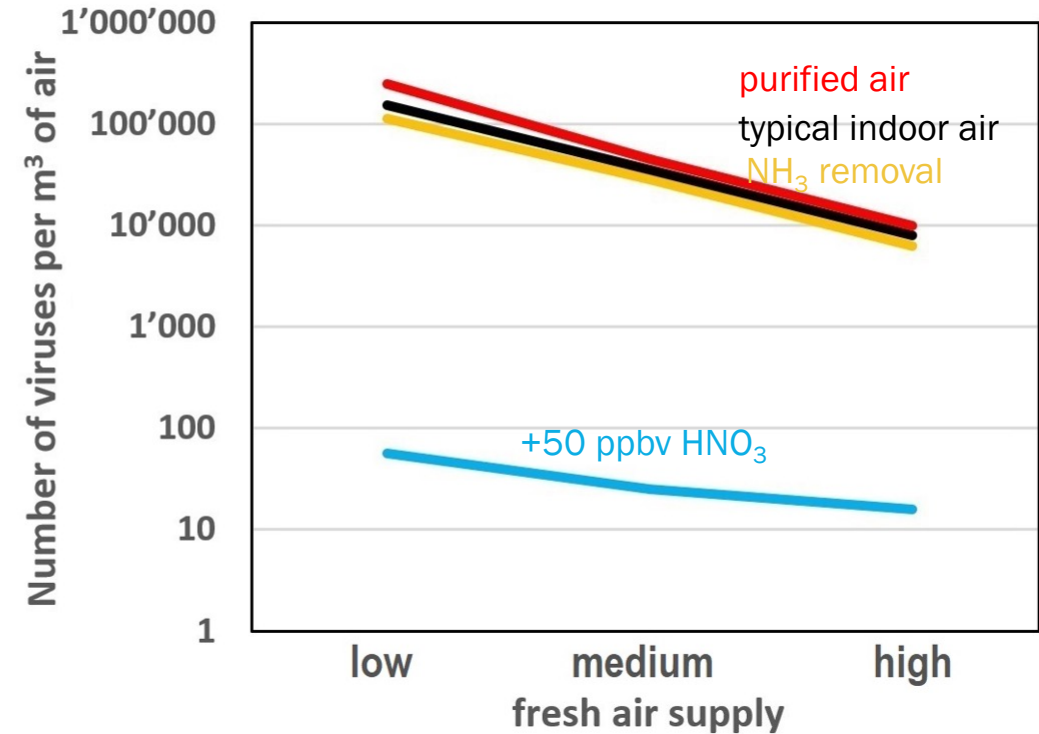


# Options for aerosol pH control

Influenza virus



SARS-CoV-2



Supply fresh air!  
Remove ammonia!  
Possibly enrich acids!  
Careful with filtration!

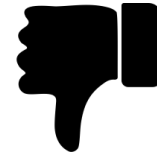
# Pros and cons of air treatment methods



Air Treatment Method



Pros



Cons



Research Needs

**Fresh air supply (ACH)**

Supplies acid from outdoors, removes  $\text{NH}_3$

Increased energy costs

Trade-off between energy use and air quality maintenance

**Filtration (e.g., HEPA filters) of fresh or recirculated air**

Removes allergens, PM and chemicals

Likely removes  $\text{HNO}_3$  and elevates aerosol pH

Effect of filters on volatile acids and bases and ultimately aerosol pH

**$\text{NH}_3$  scrubbing**

Remove volatile base, but also other air constituents

Not effective for pH-inactivation of coronaviruses

Currently mainly used at large-scale (farms), adaptation to smaller scale applications needed, e.g., for gyms, class rooms

**Acid addition**

Effective even against quite acid-resistant viruses (SARS-CoV-2)

Low acceptability? Effects on health and infrastructure are unknown

Identify innocuous, effective acids; dispensing and control system needed

# Conclusion

pH control can be an effective strategy to limit the transmission of a disease in indoor environments such as hospitals and schools; it is possibly more effective than ventilation (though you should do that, too!)



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pH control can be an effective strategy to limit the transmission of a disease in indoor environments such as hospitals and schools; it is possibly more effective than ventilation (though you should do that, too!)





# Thank you!

Beiping Luo

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Walter Hugentobler

Athanasios Nenes

Ulrich Krieger

Silke Stertz

Thomas Peter

*Many images created in  
Biorender*

