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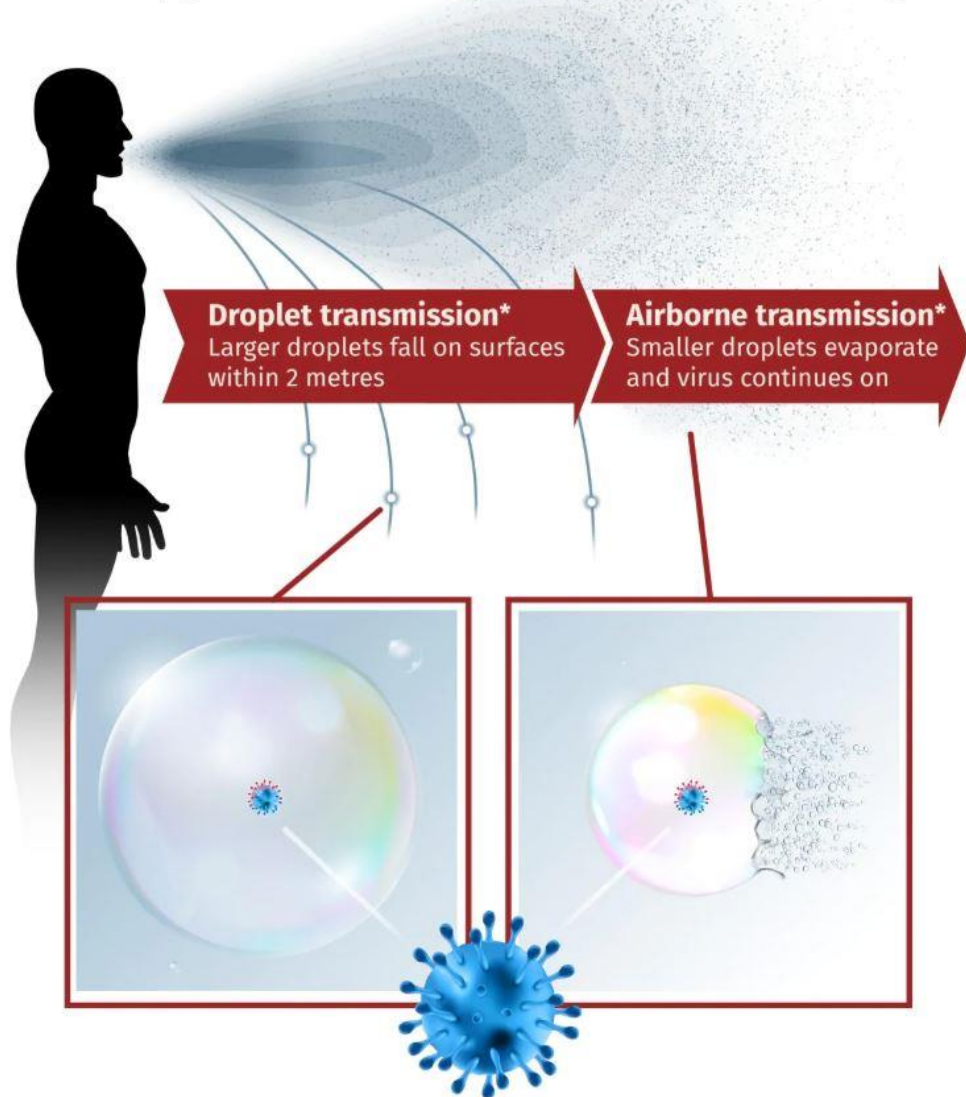
# SARS-CoV-2 Far Field (>2m) Transmission Risk and the Role of Ventilation

**Dr Chris Iddon**

**CIBSE Natural Ventilation Chair**

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## What happens at two metres when someone coughs?



Respiratory Activity	Relative aerosol emission <sup>1</sup>
Breathing	1
Talking	5
Singing	30

<sup>1</sup>Derived from Morawska, L. *et al.* (2009) 'Size distribution and sites of origin of droplets expelled from the human respiratory tract during expiratory activities', *Journal of Aerosol Science*, 40(3), pp. 256–269. doi: 10.1016/j.jaerosci.2008.11.002.

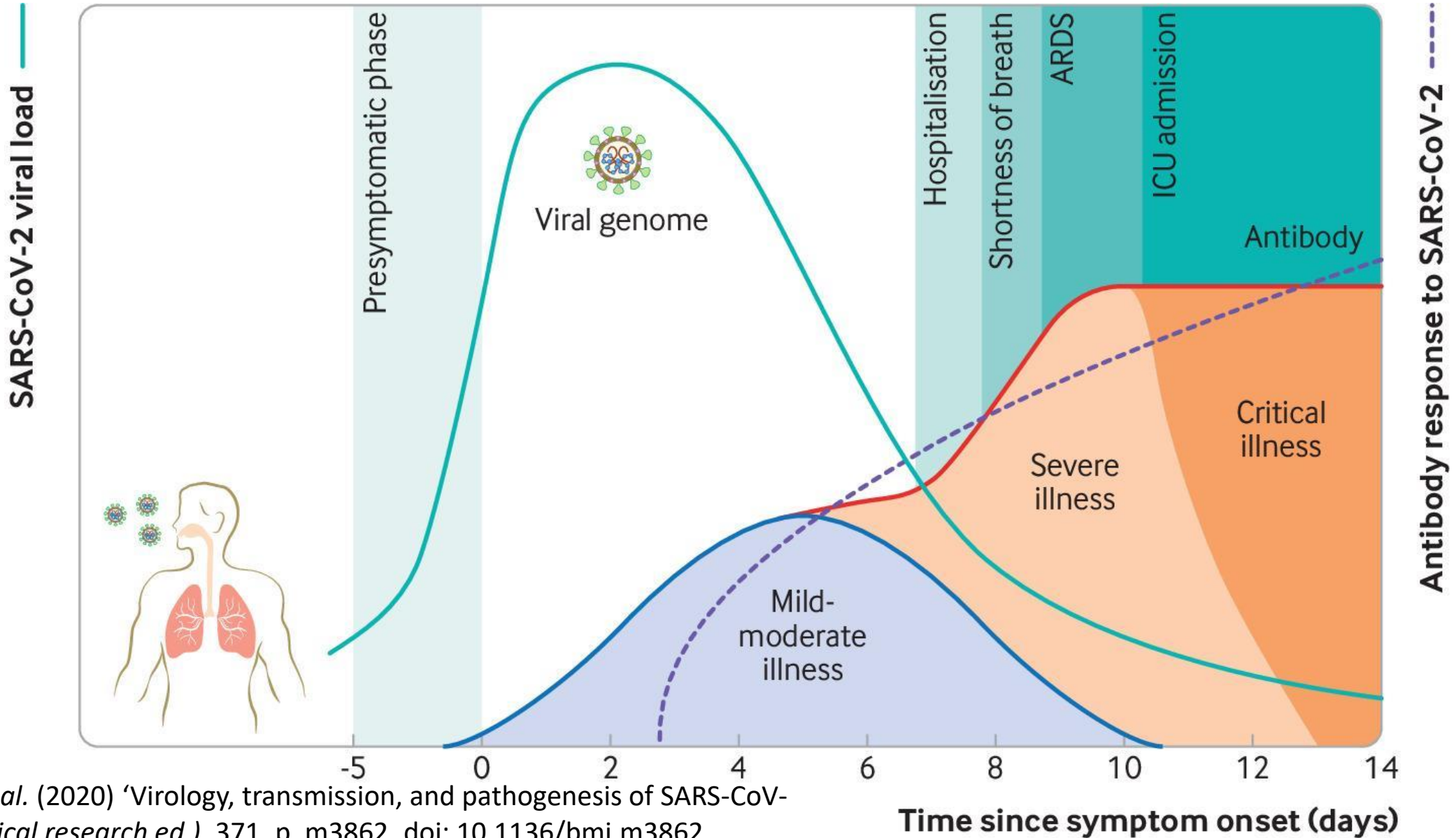
See Jones, B. *et al.* (2020) 'Modelling uncertainty in the relative risk of exposure to the SARS-CoV-2 virus by airborne aerosol transmission in Buildings', *Building and Environment*. 191:107617 doi:10.1016/j.buildenv.2021.107617



# Aerosols

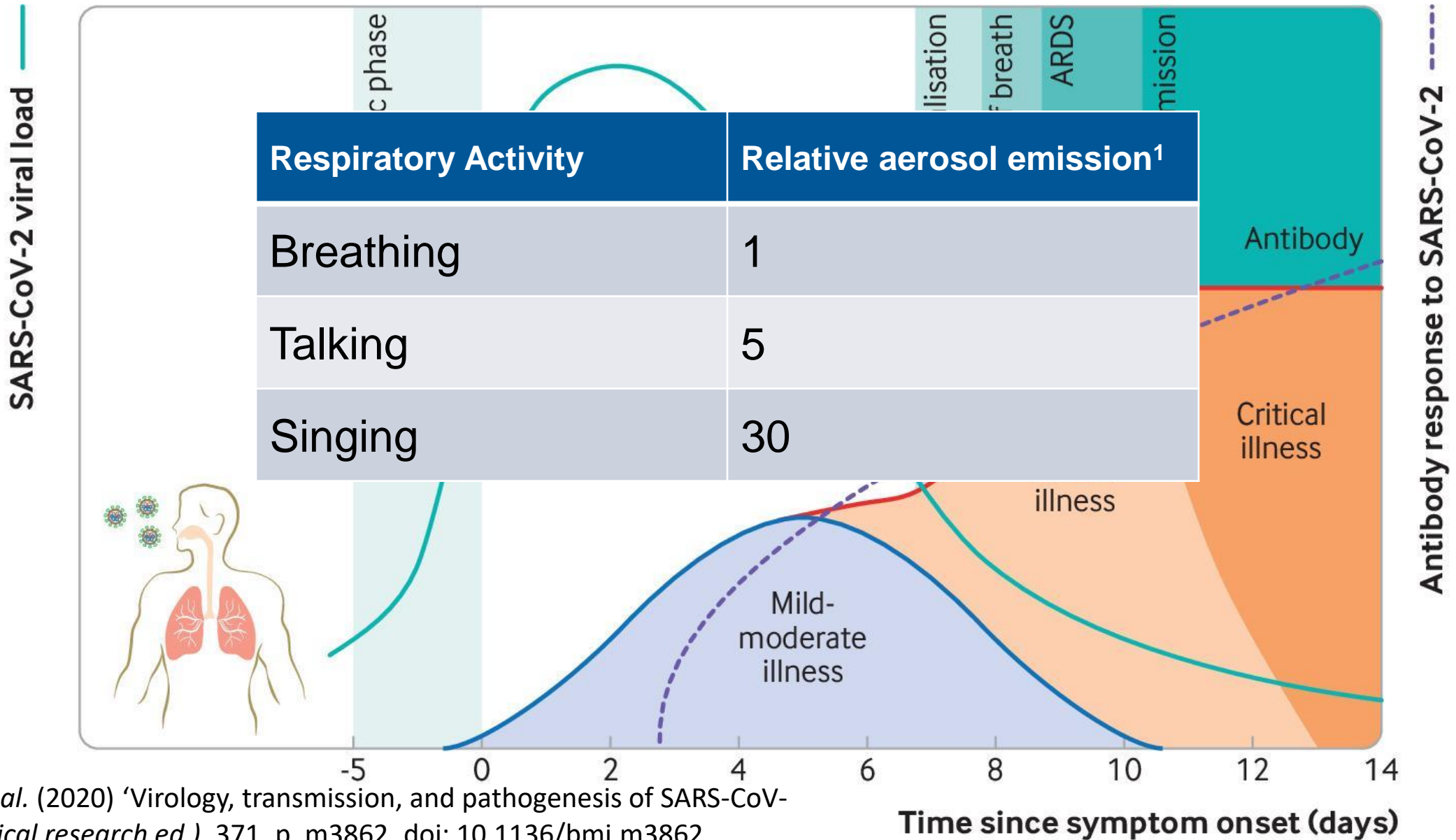


# Viral load



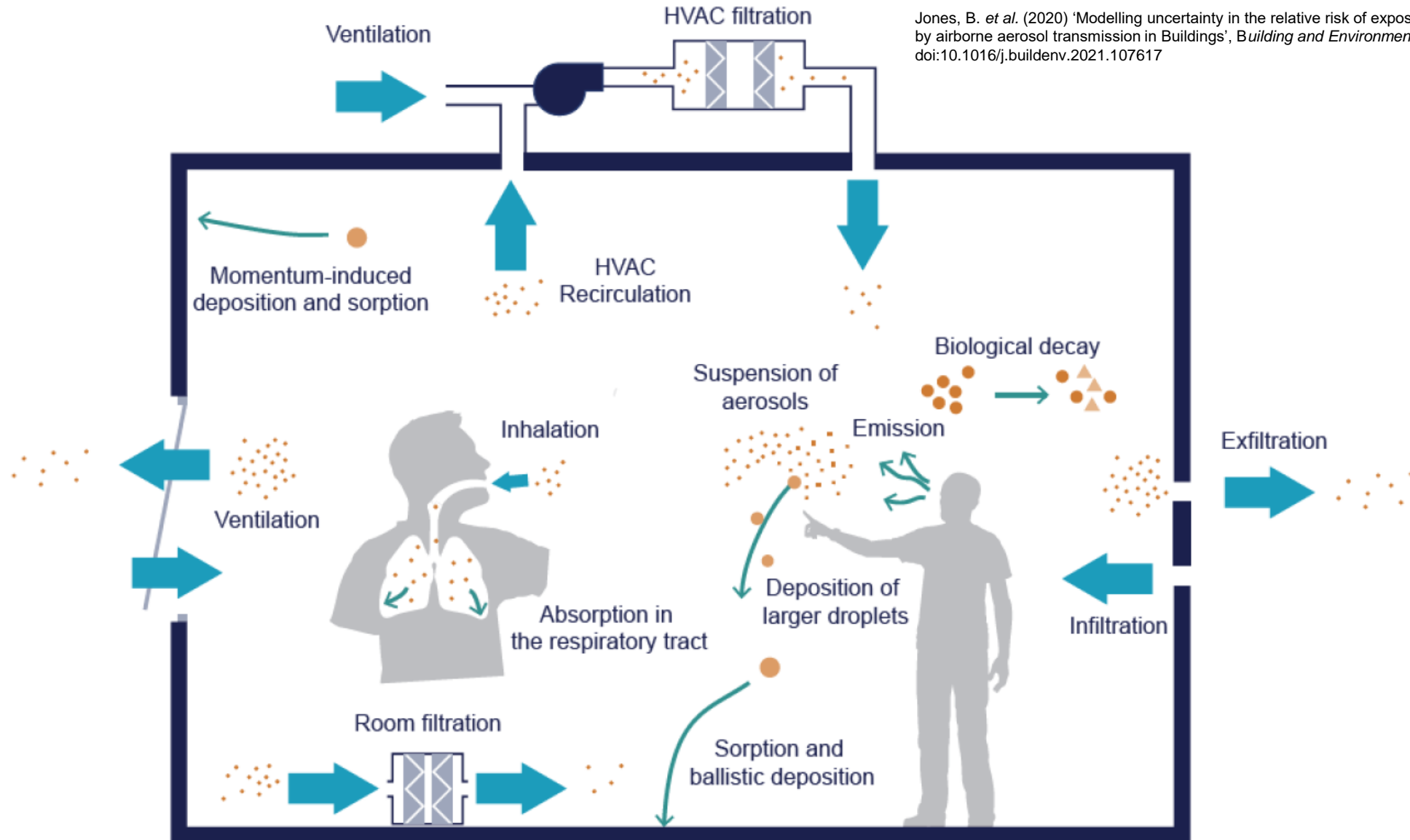
Cevik, M. *et al.* (2020) 'Virology, transmission, and pathogenesis of SARS-CoV-2', *BMJ (Clinical research ed.)*, 371, p. m3862. doi: 10.1136/bmj.m3862

# Mass balance



Cevik, M. *et al.* (2020) 'Virology, transmission, and pathogenesis of SARS-CoV-2', *BMJ (Clinical research ed.)*, 371, p. m3862. doi: 10.1136/bmj.m3862

# Processes for a general model



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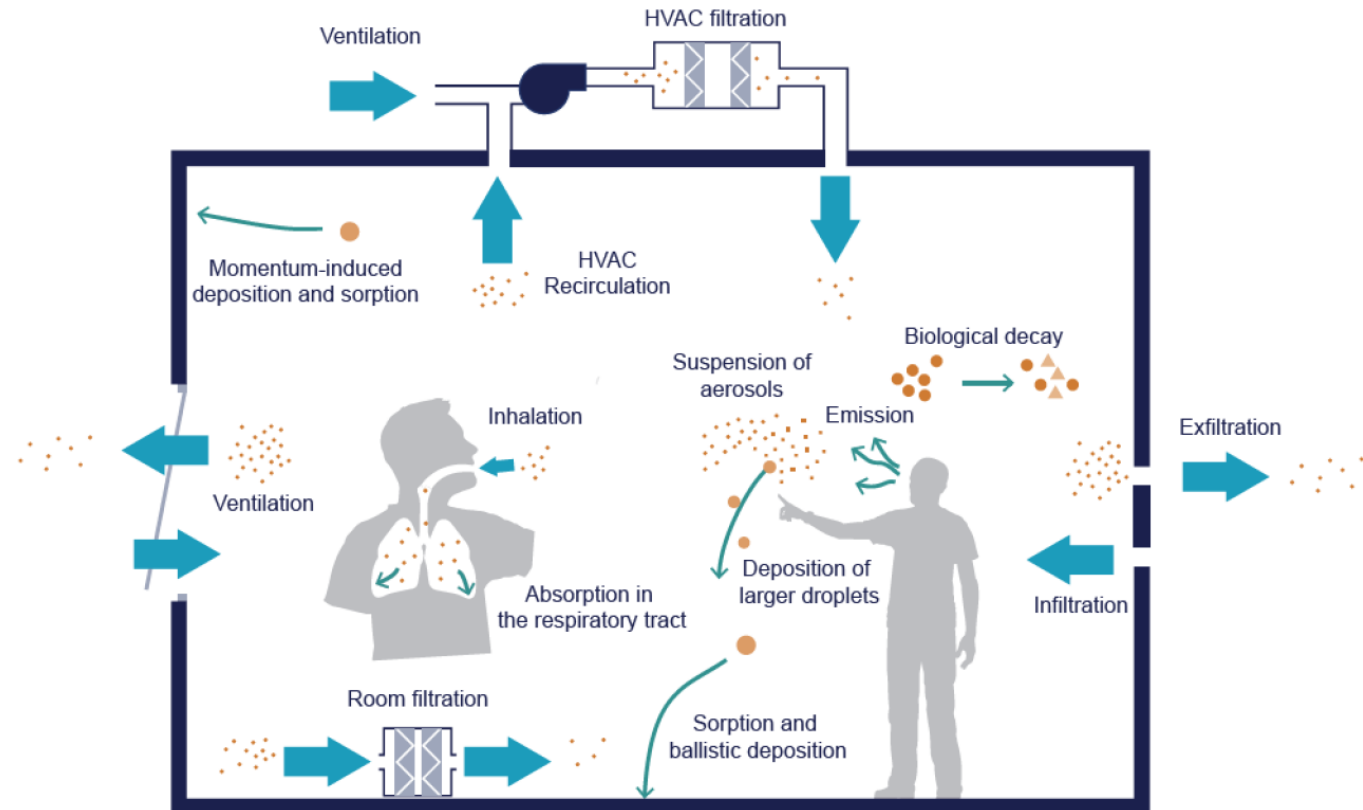
Image courtesy of Patrick Sharpe & Catherine O'Leary.

## 1. Gains

1. Emission from a person
2. Entry from outside via ventilation
3. Entry from outside via infiltration
4. Virus already present in the space

## 2. Losses

1. Dilution via ventilation
2. Surface deposition
3. Biological decay and UVC denaturing
4. Respiratory tract absorption
5. Filtration

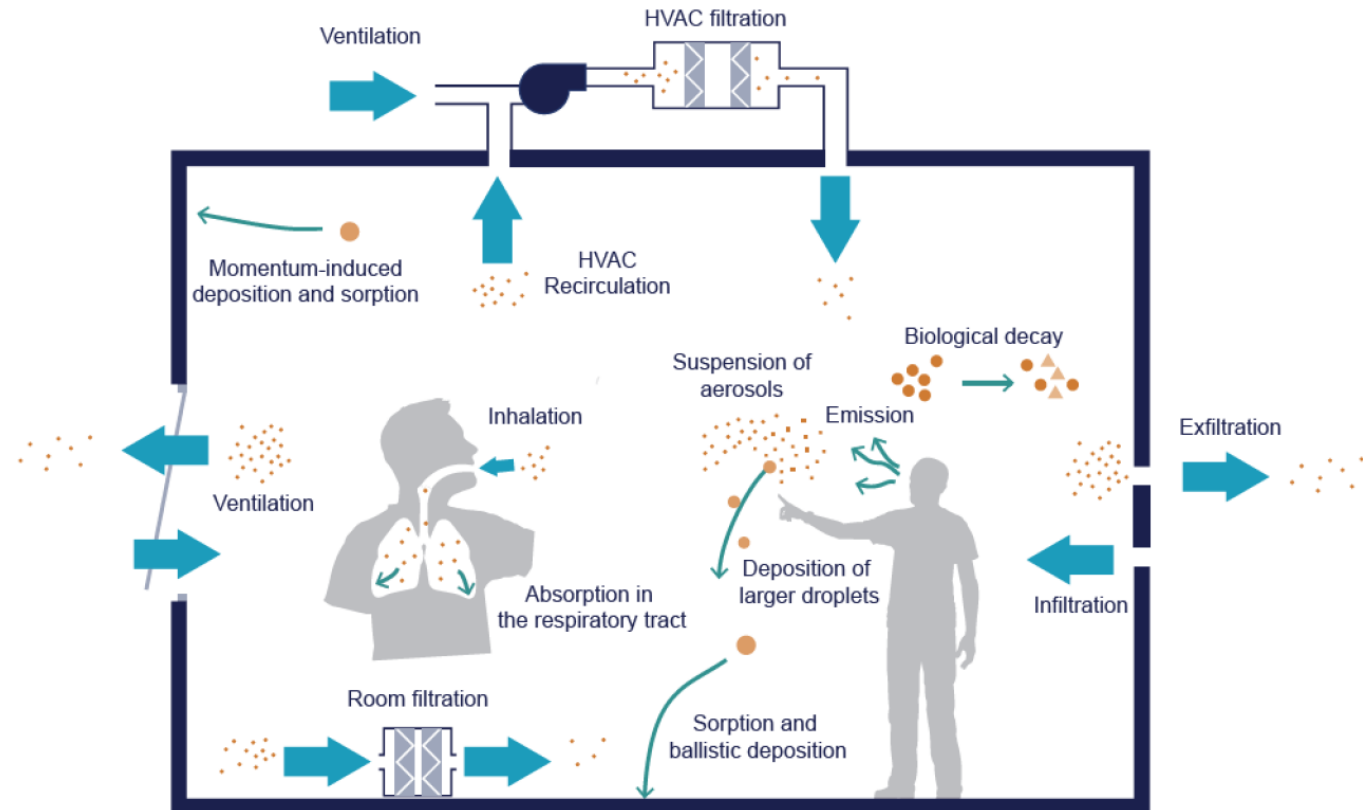


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5. Filtration





## 1. Gains

1. Emission from a person,  $G$  (#/s)
2. Entry from outside via ventilation [none]
3. Entry from outside via infiltration [none]
4. Virus already present in the space [none]

## 2. Losses

1. Dilution via ventilation,  $\psi$  ( $s^{-1}$ )
2. Surface deposition,  $Y$  ( $s^{-1}$ )
3. Biological decay and UVC denaturing,  $\lambda$  ( $s^{-1}$ )
4. Respiratory tract absorption,  $\zeta$  ( $s^{-1}$ )
5. Filtration,  $\omega$  ( $s^{-1}$ )

Here,  $\phi = \psi + Y + \lambda + \zeta + \omega$

The steady state number of viral genome copies in a space as a function of time is:

$$n_{ss} = \frac{G}{\phi}$$

## 1. Gains

1. Emission from a person,  $G$  (#/s)
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Here,  $\phi = \psi + Y + \lambda + \zeta + \omega$

The steady state number of viral genome copies in a space is:

$$n_{ss} = \frac{G}{\phi}$$

The concentration of viral genome copies is space dependent

$$n_{ss}/m^3$$

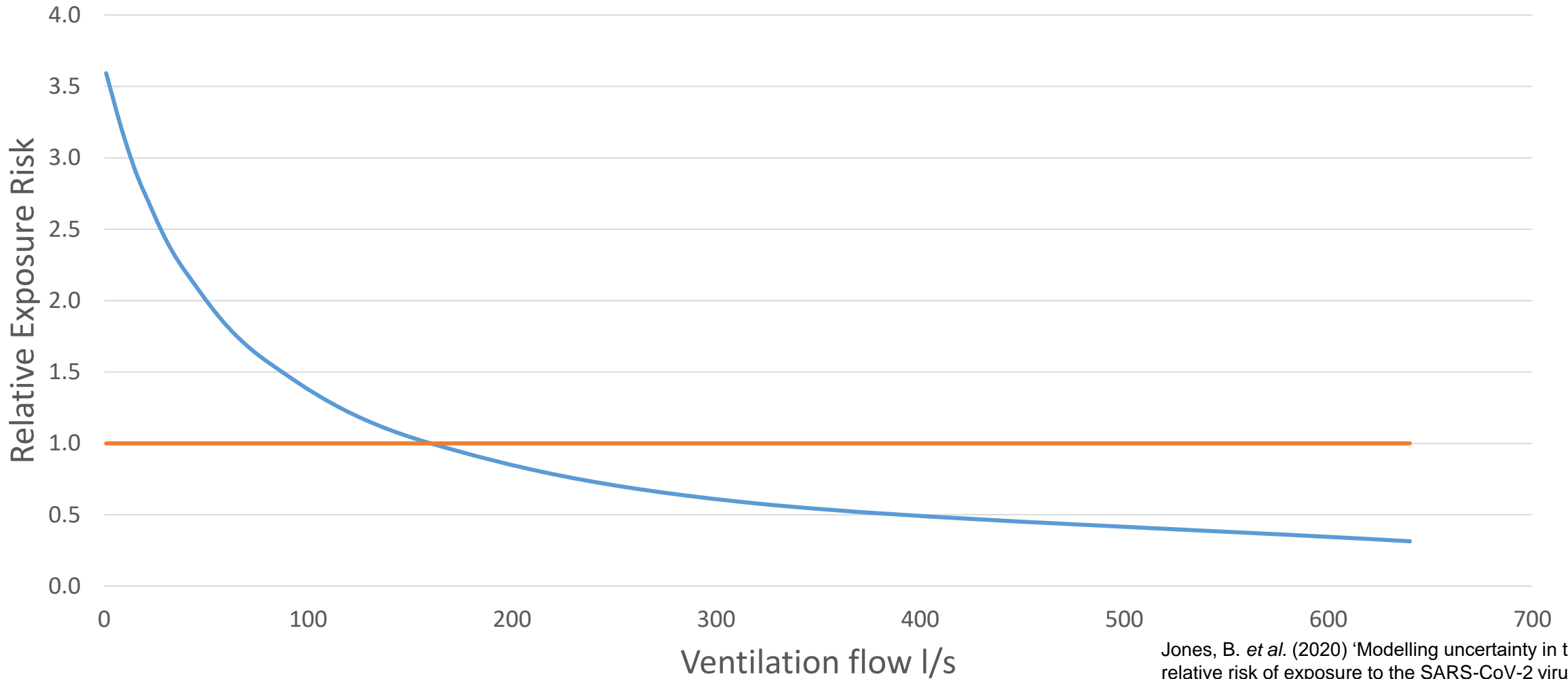
Susceptible adult male inhales approx.  $0.54m^3$  per hour at rest, a proportion of virus will deposit in respiratory tract

$$\textit{Relative Exposure Index} = \frac{\sum n_{\text{Scenario } x}}{\sum n_{\text{Defined scenario}}}$$

Input	Value
Room Volume	148.5m <sup>3</sup>
Number of Occupants	32
Breath rate	0.44m <sup>3</sup> /hr
Respiratory activity	75% breathing, 25% talking
Occupation time	7 hr
Air flow rate	160l/s (equivalent 5l/s/p)

UK Junior School Classroom

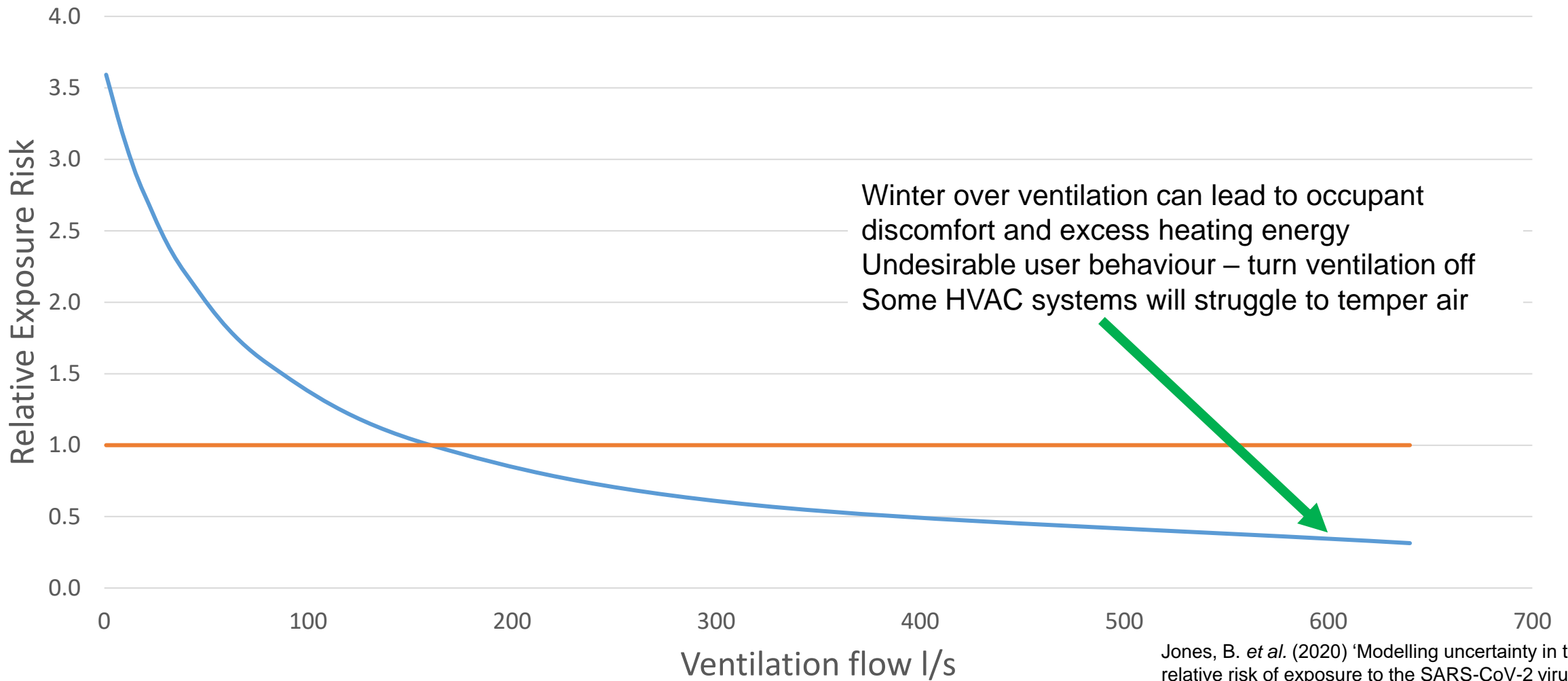
## Relative Risk Index



148m<sup>3</sup> junior classroom, 32 person, 7 hour, 25% talking, 75% breathing

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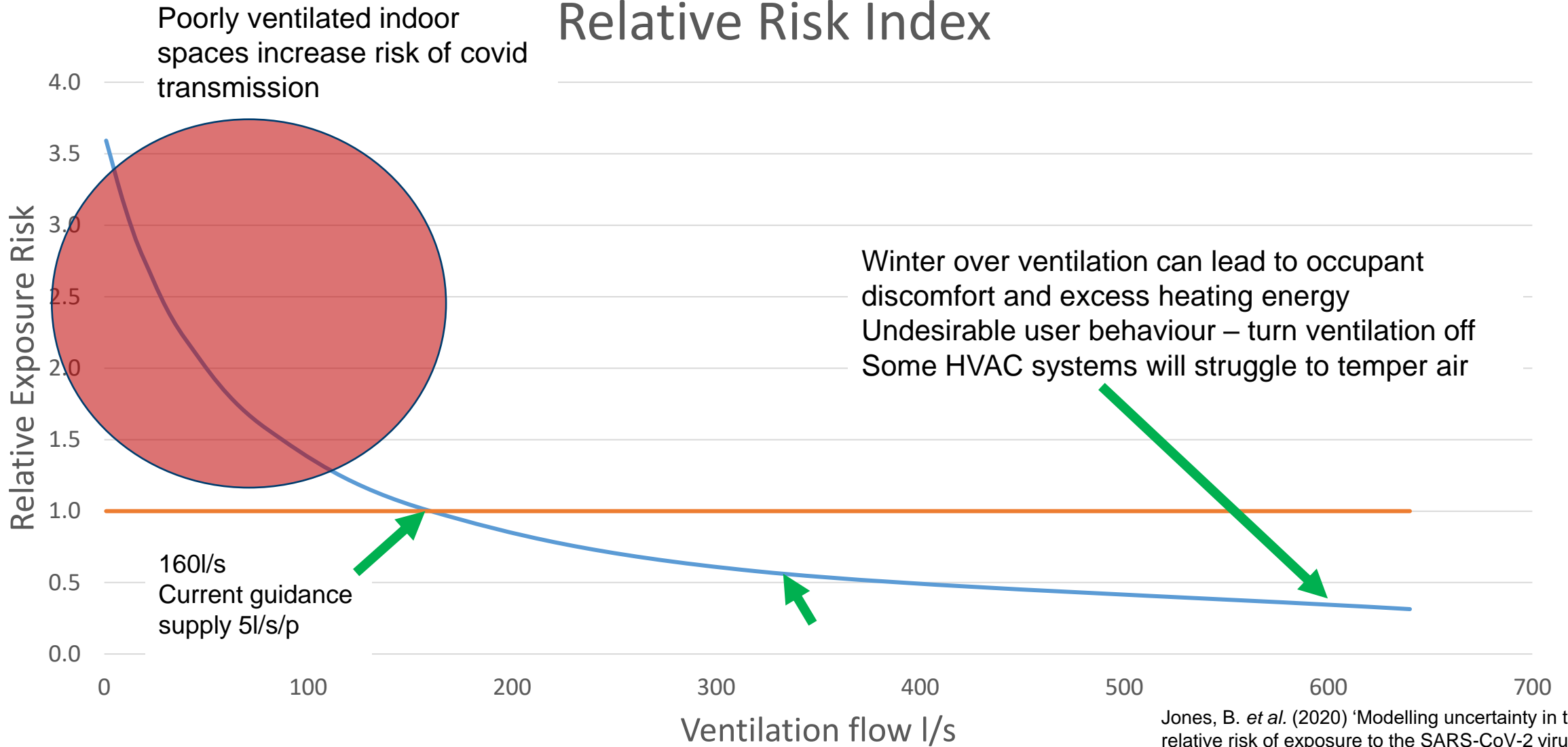
## Relative Risk Index



148m<sup>3</sup> junior classroom, 32 person, 7 hour, 25% talking, 75% breathing

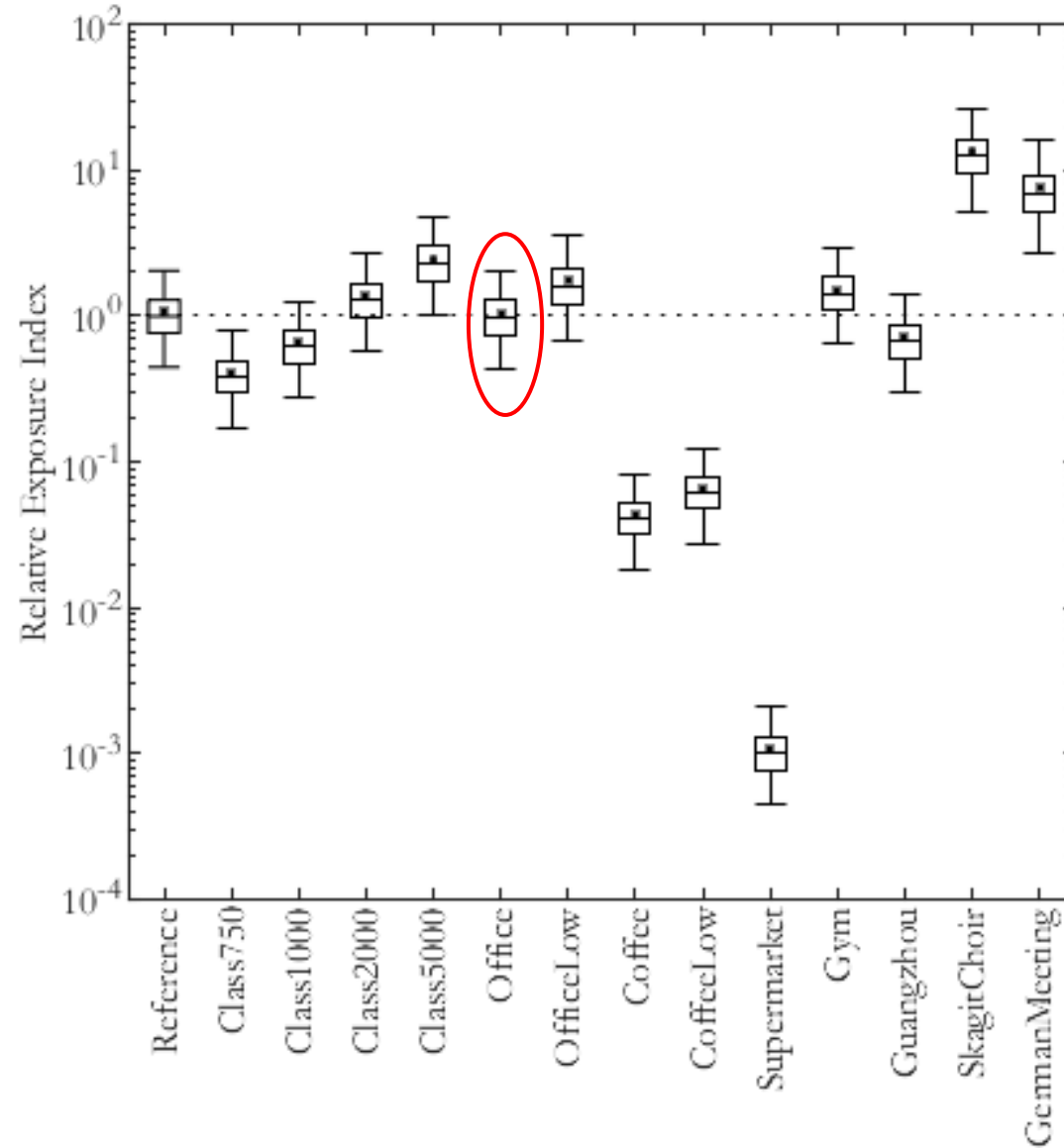
# Relative Exposure Risk – role of ventilation

## Relative Risk Index

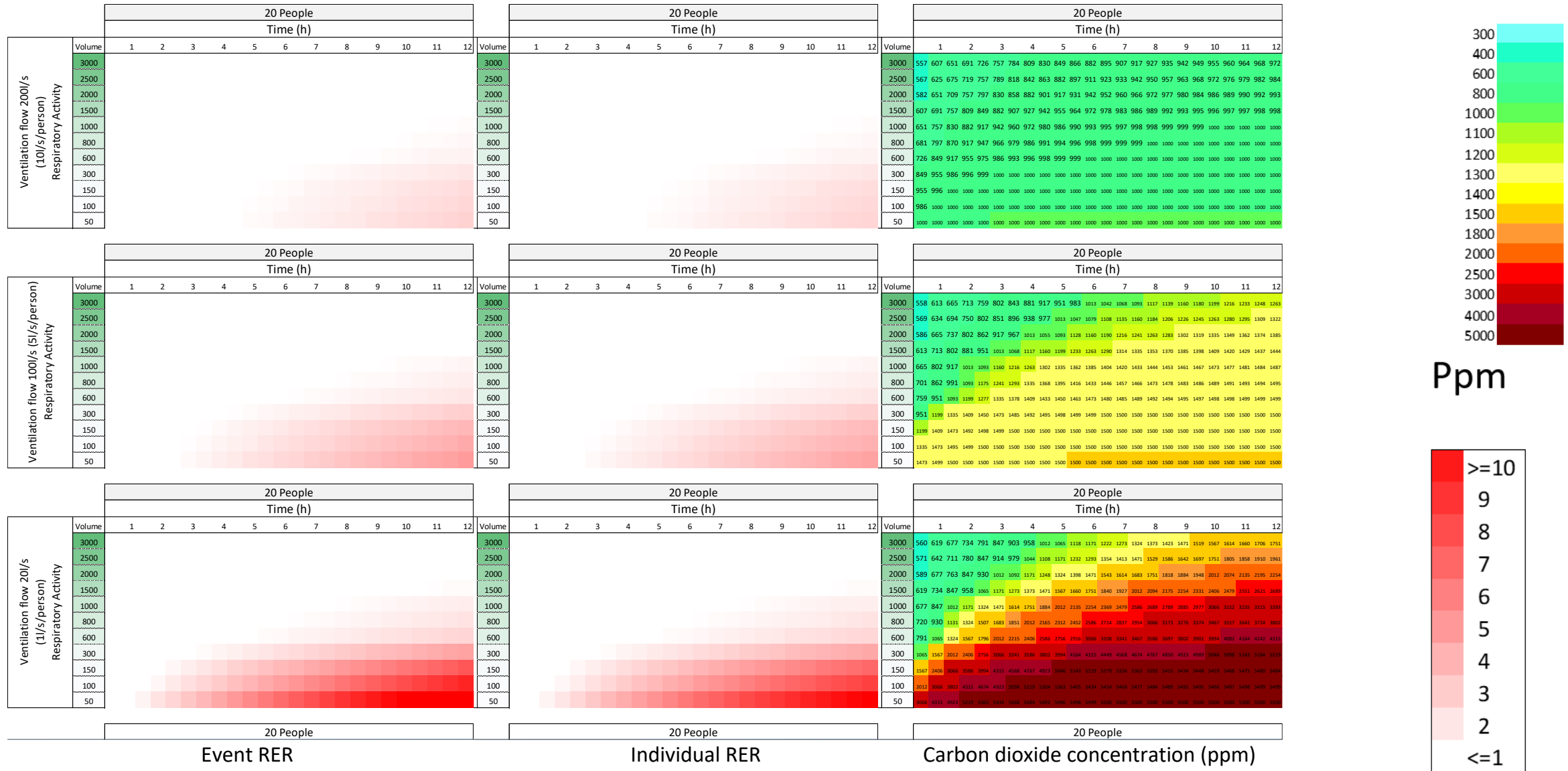


148m<sup>3</sup> junior classroom, 32 person, 7 hour, 25% talking, 75% breathing

# Relative Exposure Risk [all scenarios]



# Relative Exposure Risk – 20 Person space



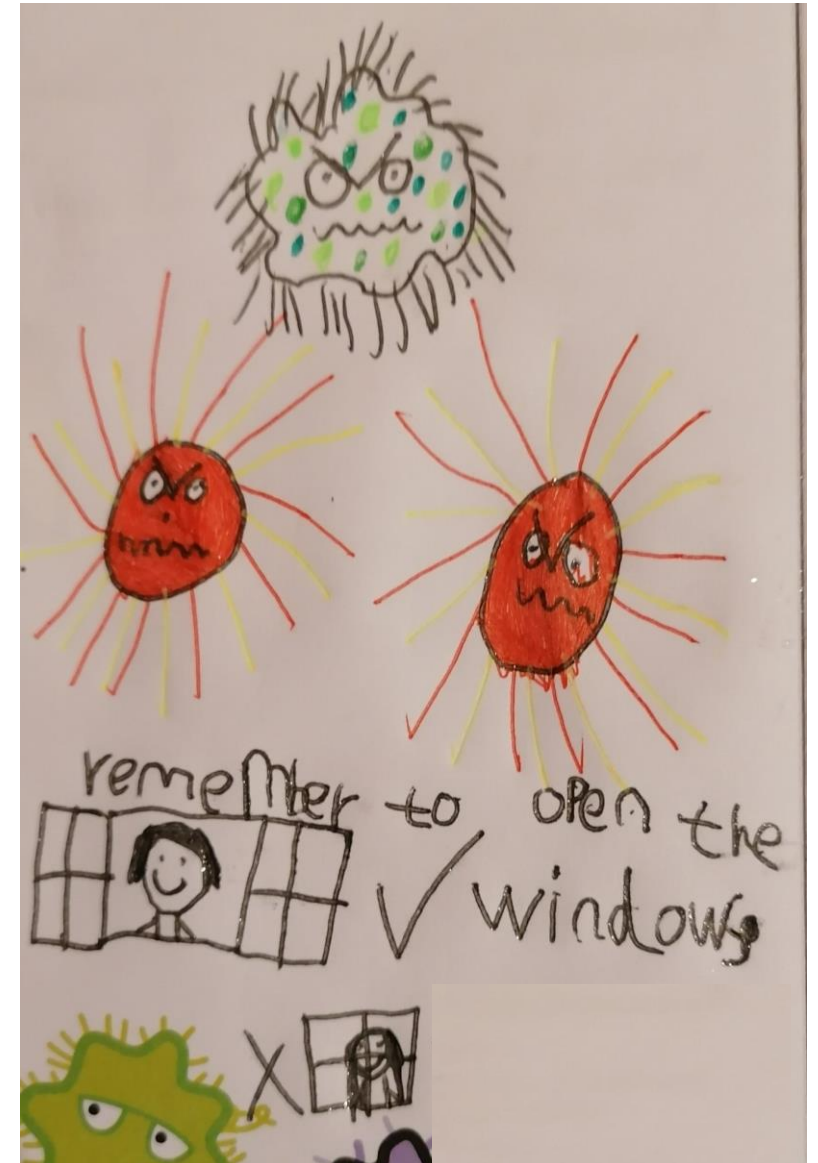
Individual RER assumes single infector present, event RER assumes probability of infector present.

Respiratory activity assumed to be 25% talking 75% breathing





- Increasing ventilation will decrease far field transmission risk
- Far field transmission events can still occur
- We would expect fewer far field secondary transmission events in better ventilated spaces
- Reduce exposure, face coverings, social distancing, hygiene





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# **Modelling uncertainty in the relative risk of exposure to the SARS-CoV-2 virus by airborne aerosol transmission in well mixed indoor air**

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