



# Transmission of Viruses in Droplets and Aerosols

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VIRGINIA TECH*

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# Topics

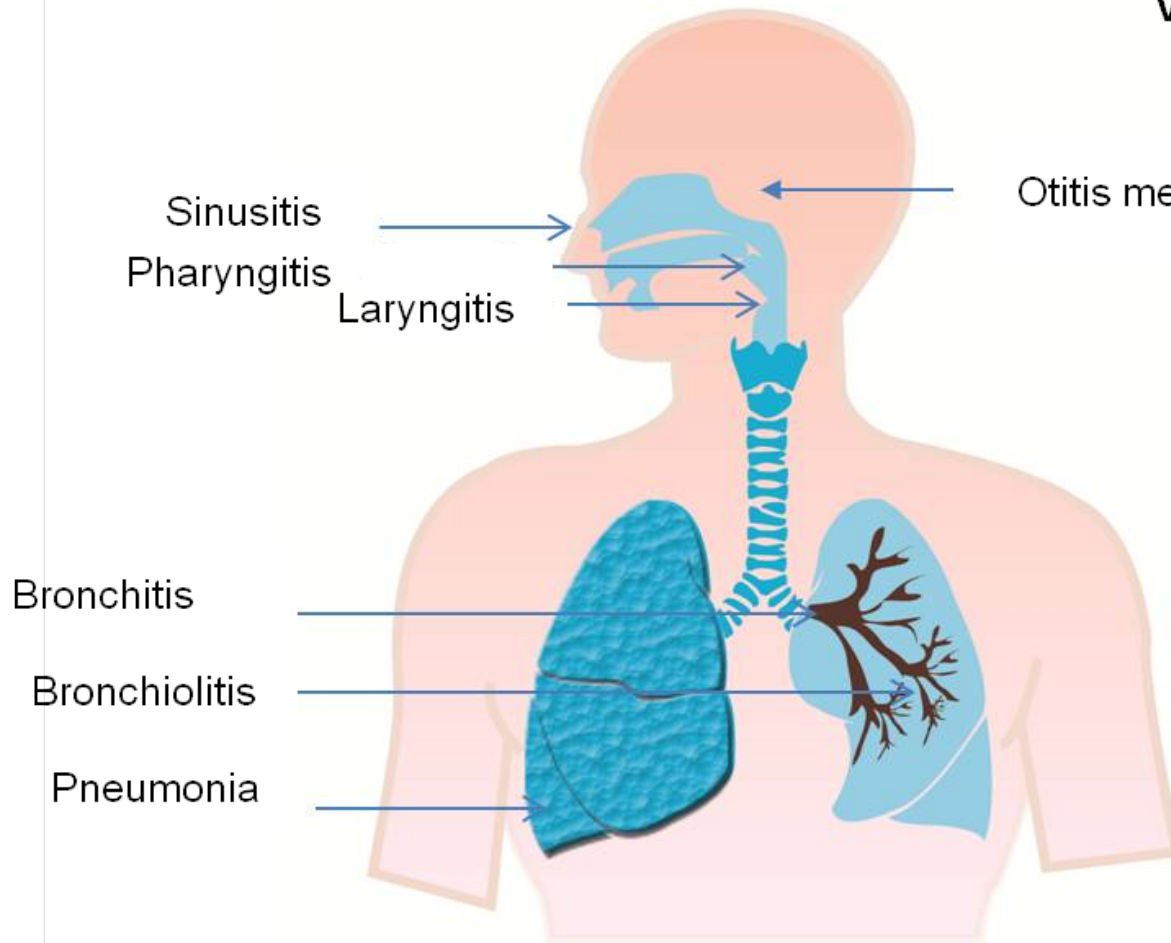
1. Respiratory viruses
2. Transmission modes
3. Size distributions and evaporation
4. Virus aerosol dynamics
5. Impact of humidity
6. SARS-CoV-2

## Viruses that infect the upper respiratory tract

Rhinovirus  
Coronavirus  
Influenza virus  
Parainfluenza virus  
Respiratory Syncytial virus  
Herpesvirus  
Adenovirus  
Bocavirus  
Coxsackivirus

## Viruses that infect the lower respiratory tract

Influenza virus  
Parainfluenza virus  
Respiratory Syncytial virus  
Adenovirus  
Bocavirus  
Metapneumovirus



# Virus Size

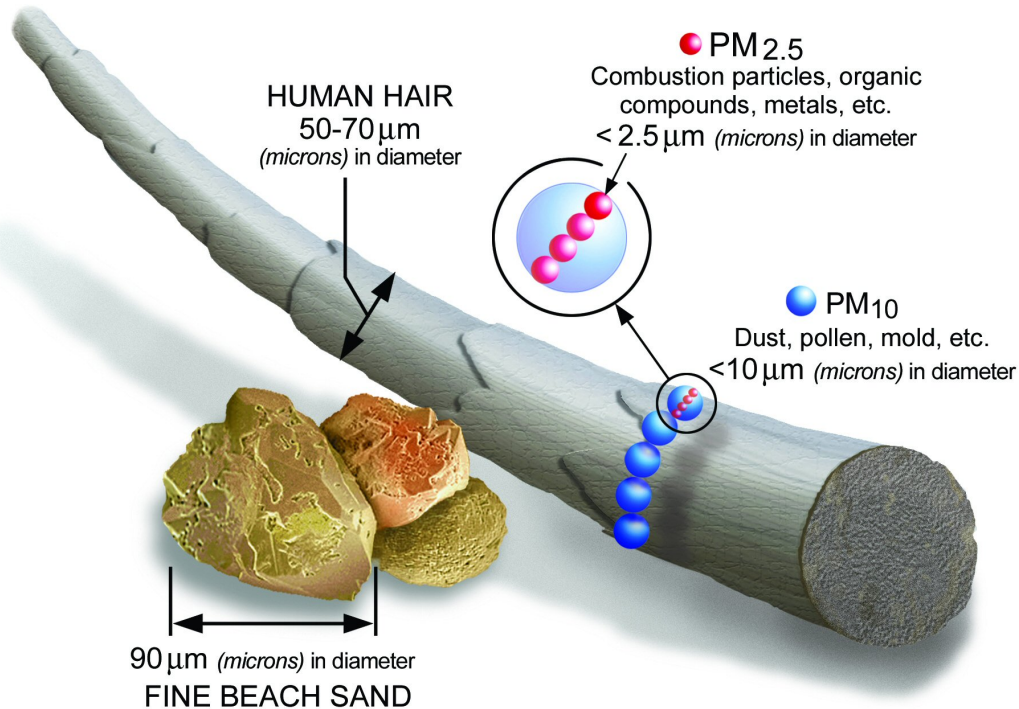
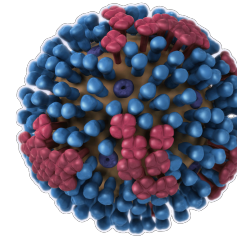
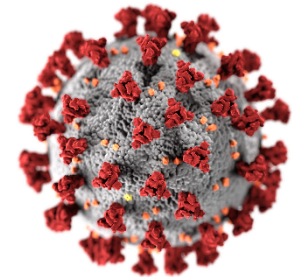


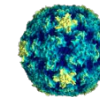
Image courtesy of the U.S. EPA



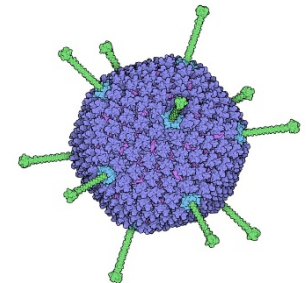
influenza  
0.1 μm



SARS-CoV-2  
0.12 μm



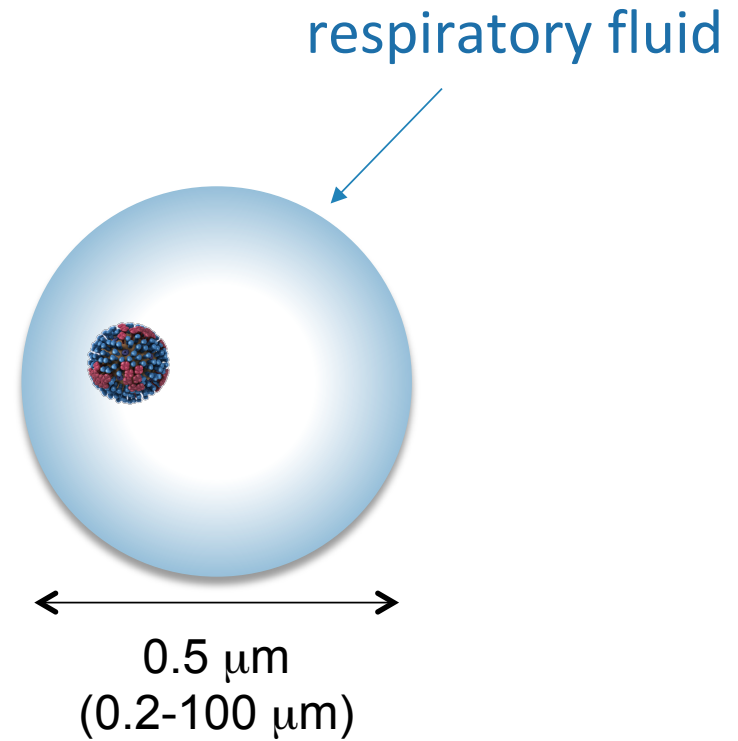
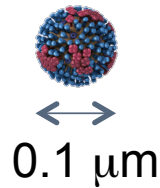
rhinovirus  
0.03 μm



adenovirus  
0.1 μm

# Size Matters

- Airborne virus is not naked!



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



# Modes of Transmission



direct contact



indirect contact



large droplets



aerosols

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

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

# Reality is More Complicated



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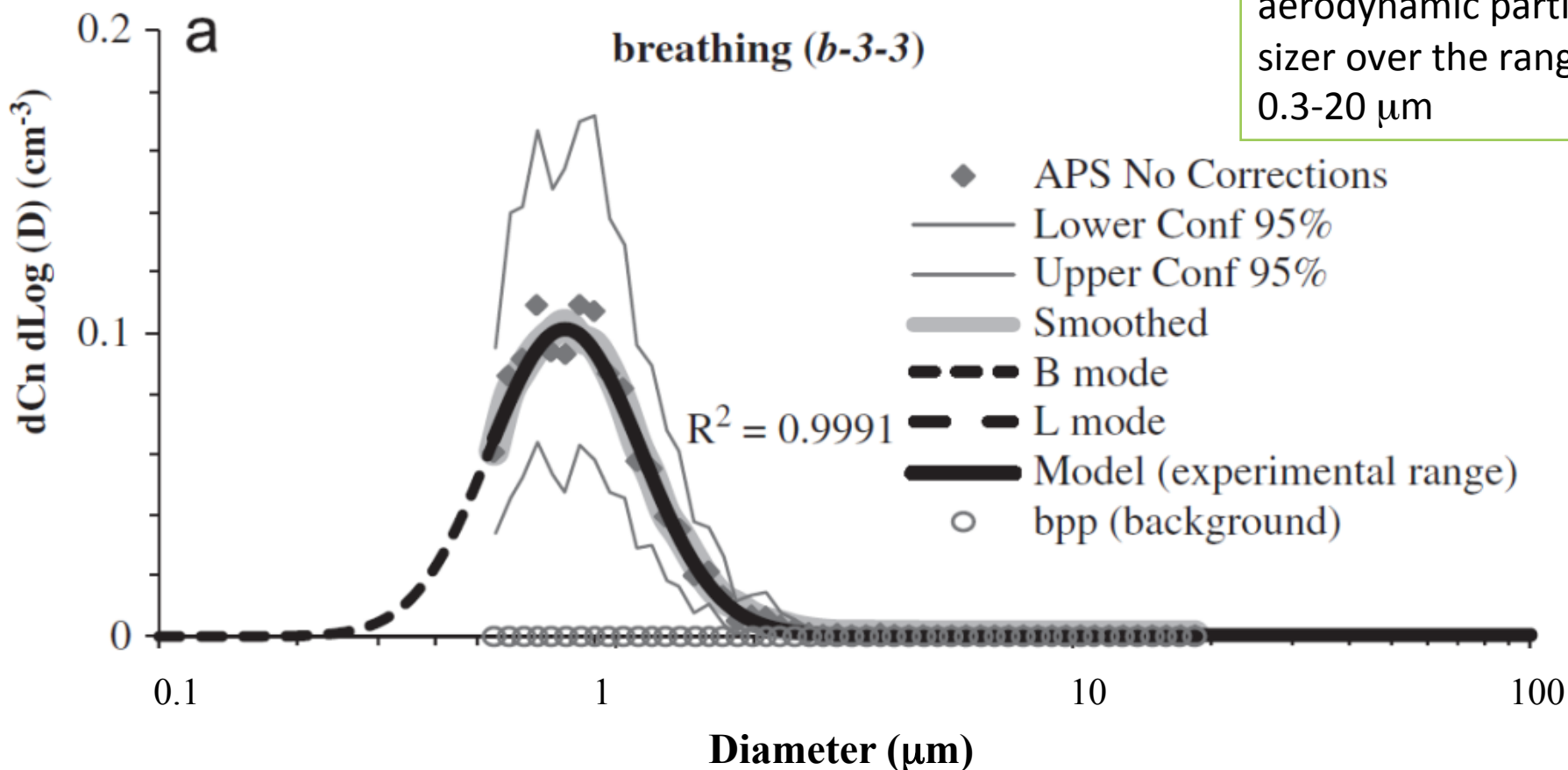
Droplets that are expelled into air can be inhaled, land on people's mucus membranes, or deposit onto surfaces, where someone can touch them or they can be resuspended into air.

What size are these droplets?



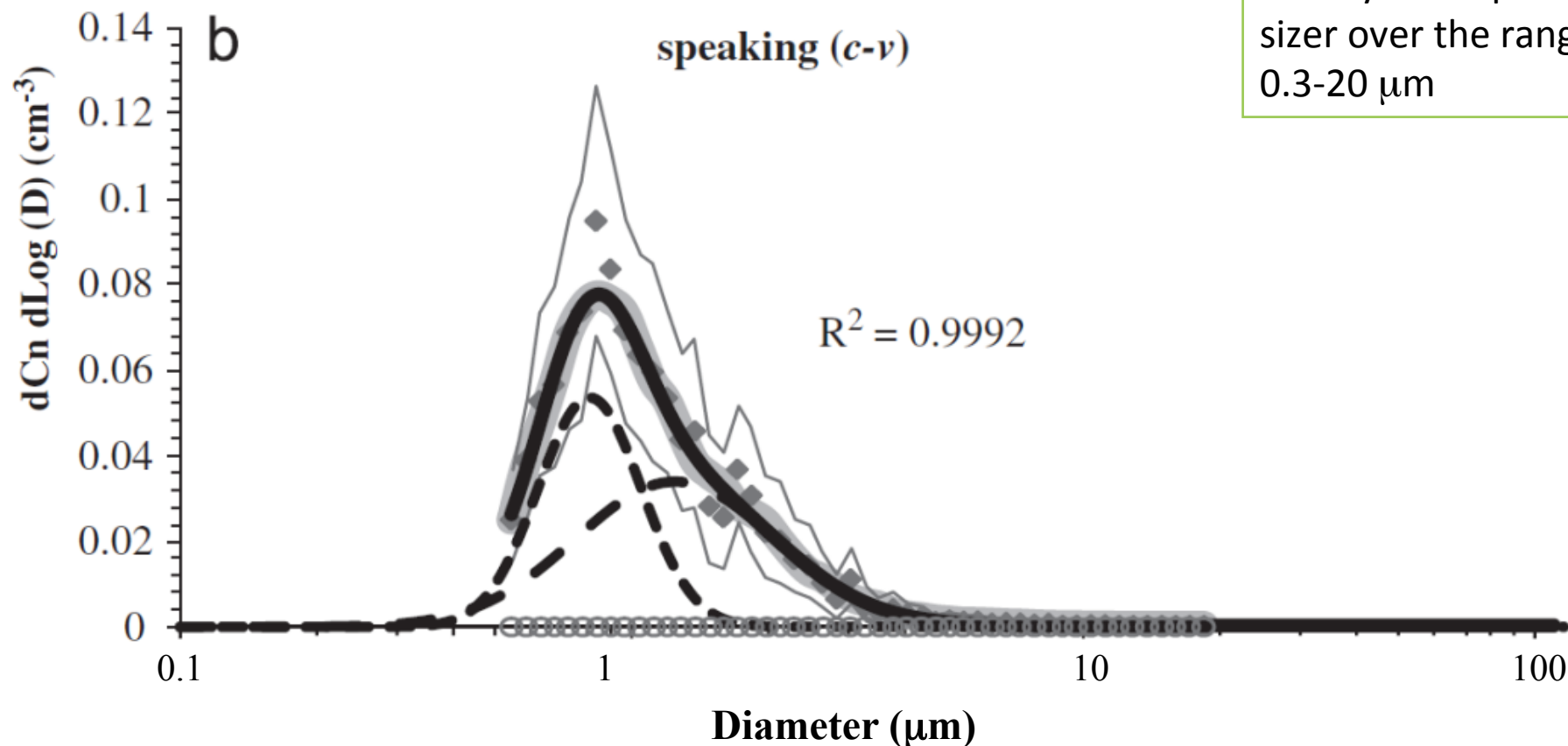
# Size Distributions: Breathing

Measured by  
aerodynamic particle  
sizer over the range  
0.3-20  $\mu\text{m}$



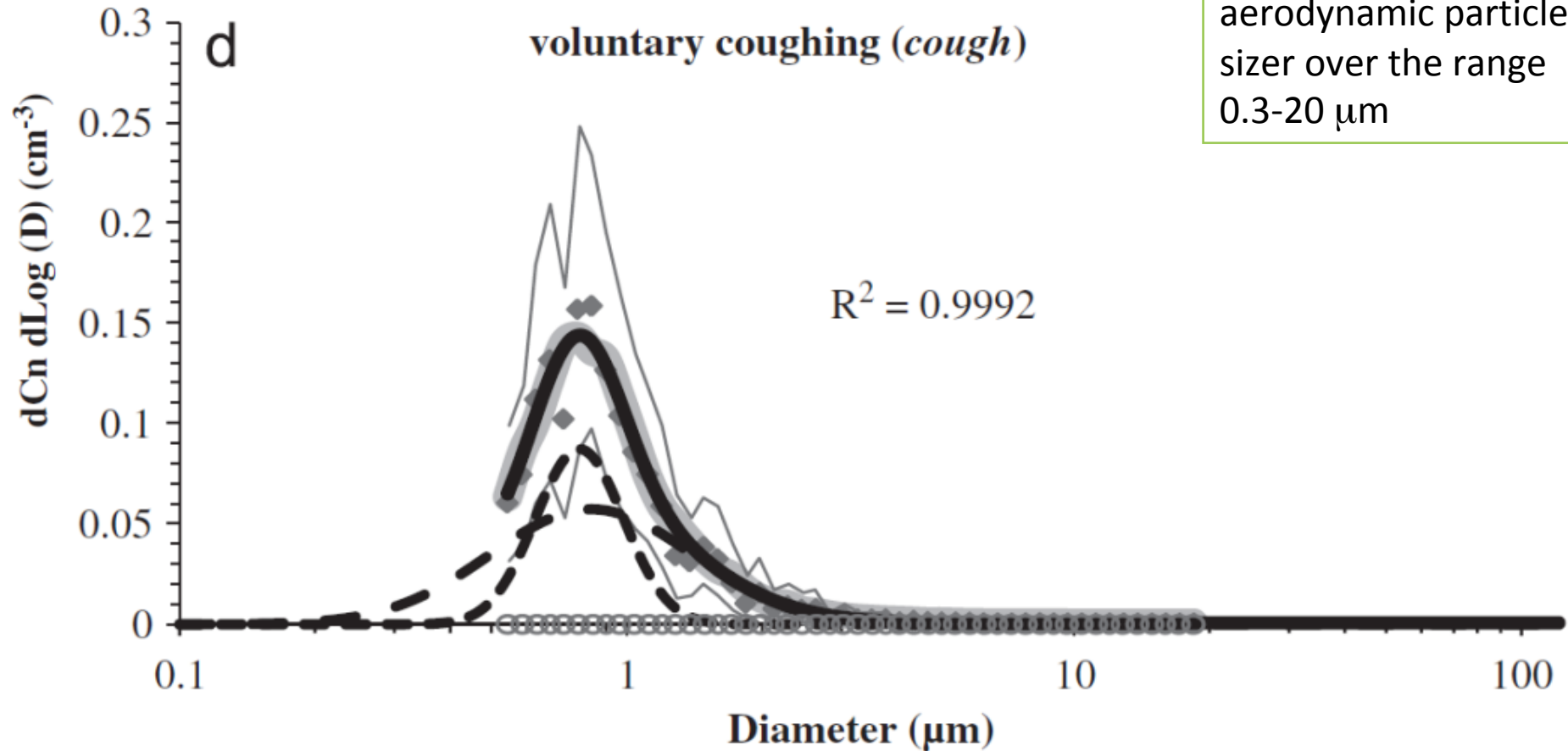
# Size Distributions: Speaking

Measured by  
aerodynamic particle  
sizer over the range  
0.3-20  $\mu\text{m}$



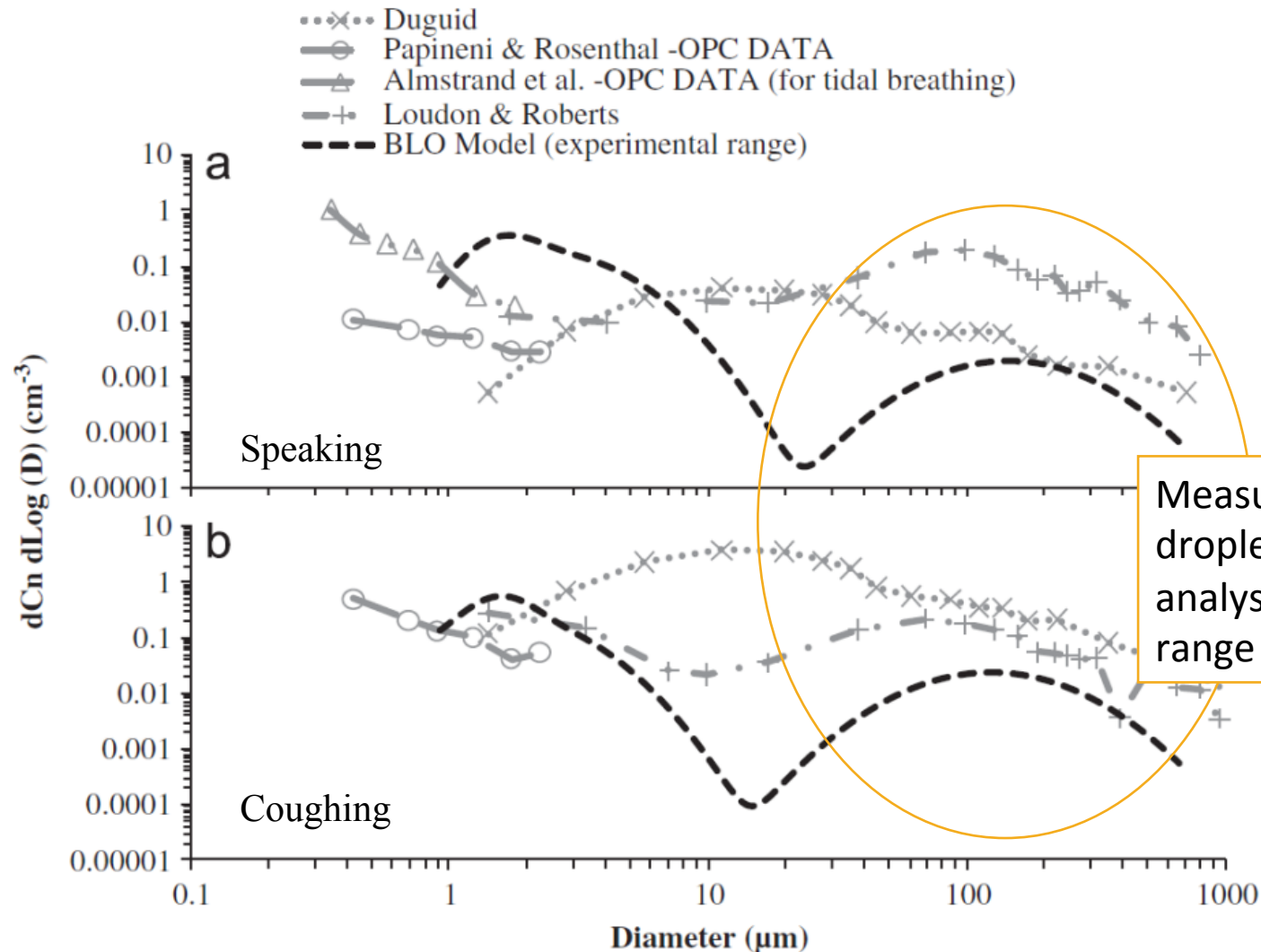
# Size Distributions: Coughing

Measured by  
aerodynamic particle  
sizer over the range  
0.3-20  $\mu\text{m}$



# Corrected Size Distributions

Inferred number concentration in upper respiratory tract



Breathing, talking, and coughing release droplets that range from submicron to millimeter in size.

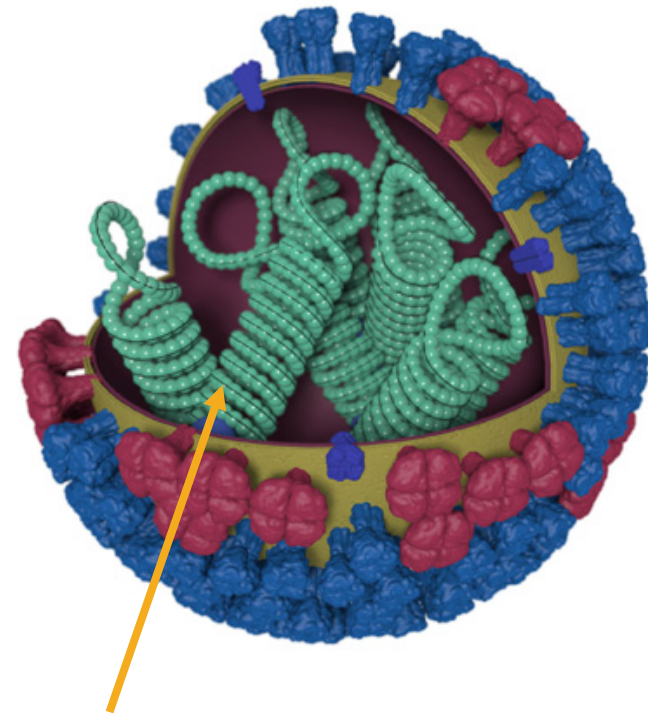
What size droplets carry viruses?

# Virus Detection Methods

## 1. Total virus

- Number of genome copies (GC) determined by molecular techniques (quantitative polymerase chain reaction, qPCR)
- Reflects number of viruses with intact DNA or RNA
- Does NOT indicate whether virus is infectious or not

### AN INFLUENZA VIRUS

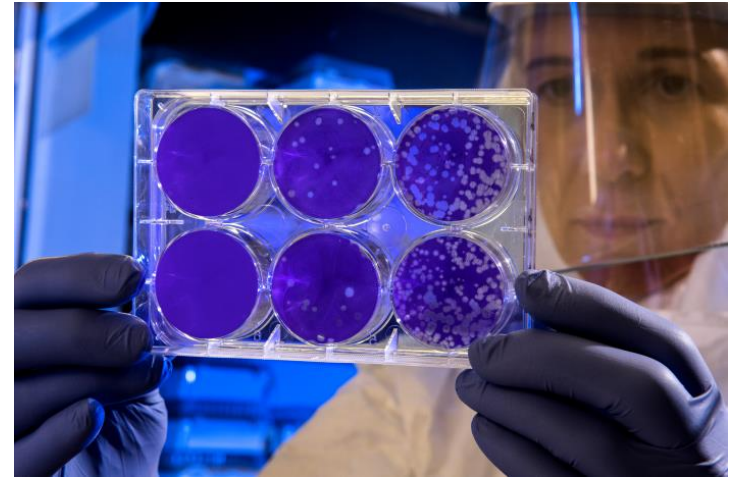


RNA is wrapped around  
the ribonucleoprotein

# Virus Detection Methods

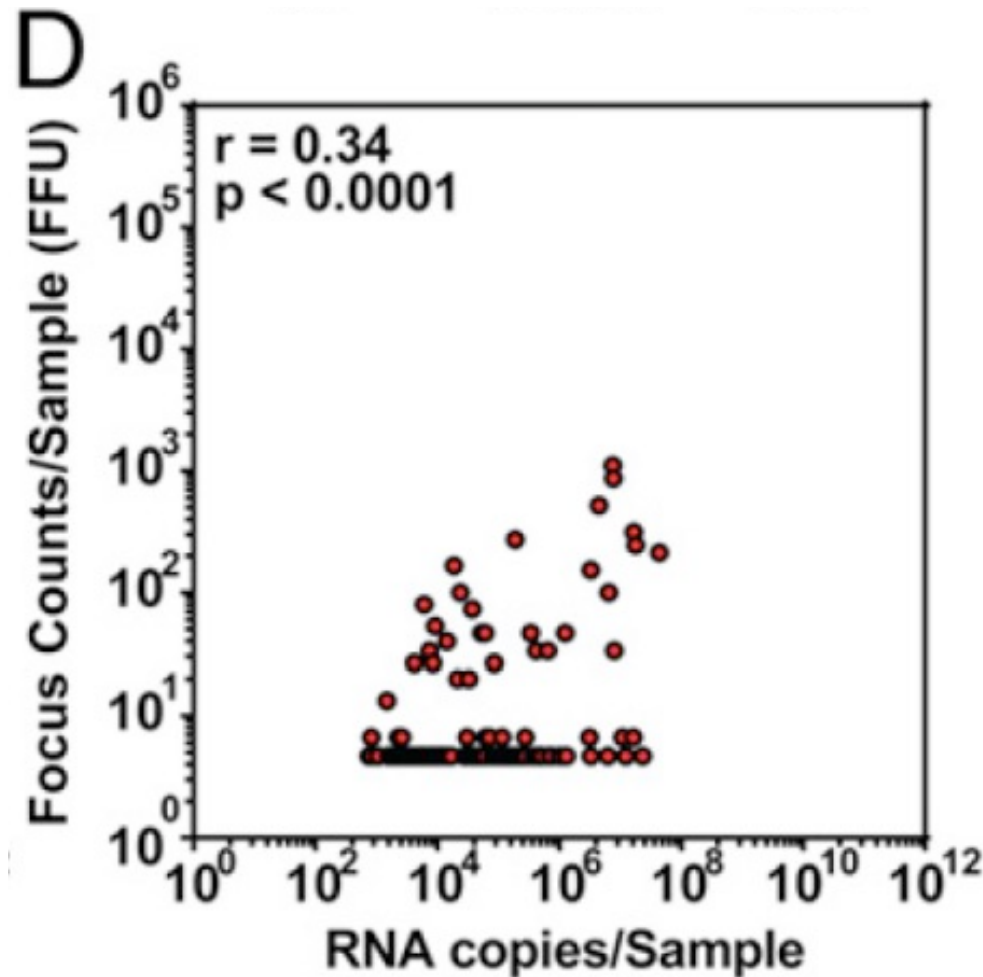
## 2. Infectious virus

- Number of viruses that are able to infect cells determined by culture (growing)
- PFU = plaque forming units, number of viruses capable of forming plaques on host cells, focus forming units (FFU) are related
- $TCID_{50}$  = median tissue culture infectious dose, concentration at which half of cells are infected after being exposed to the sample



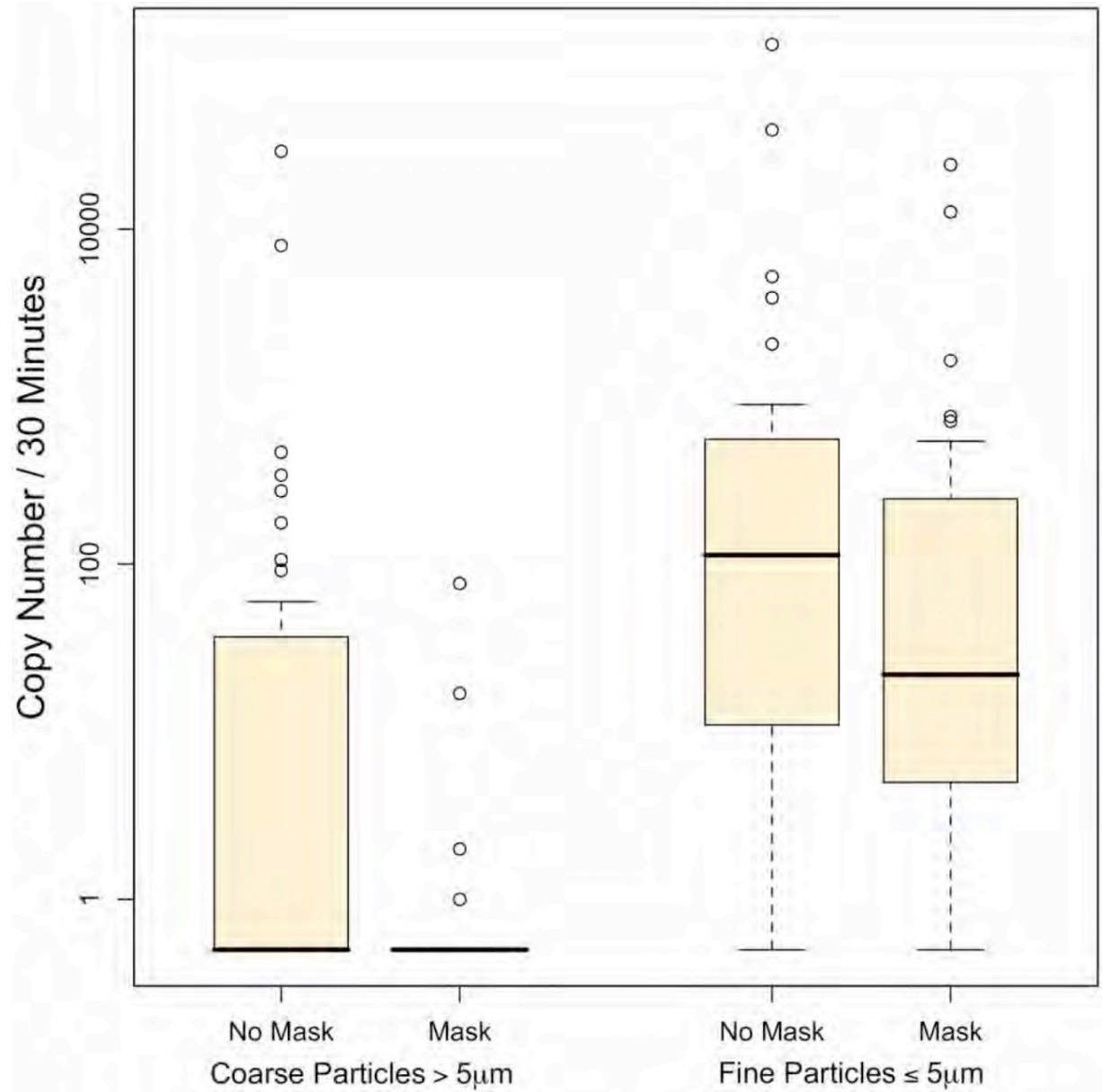


# Relationship Between the Two Methods for Flu Virus



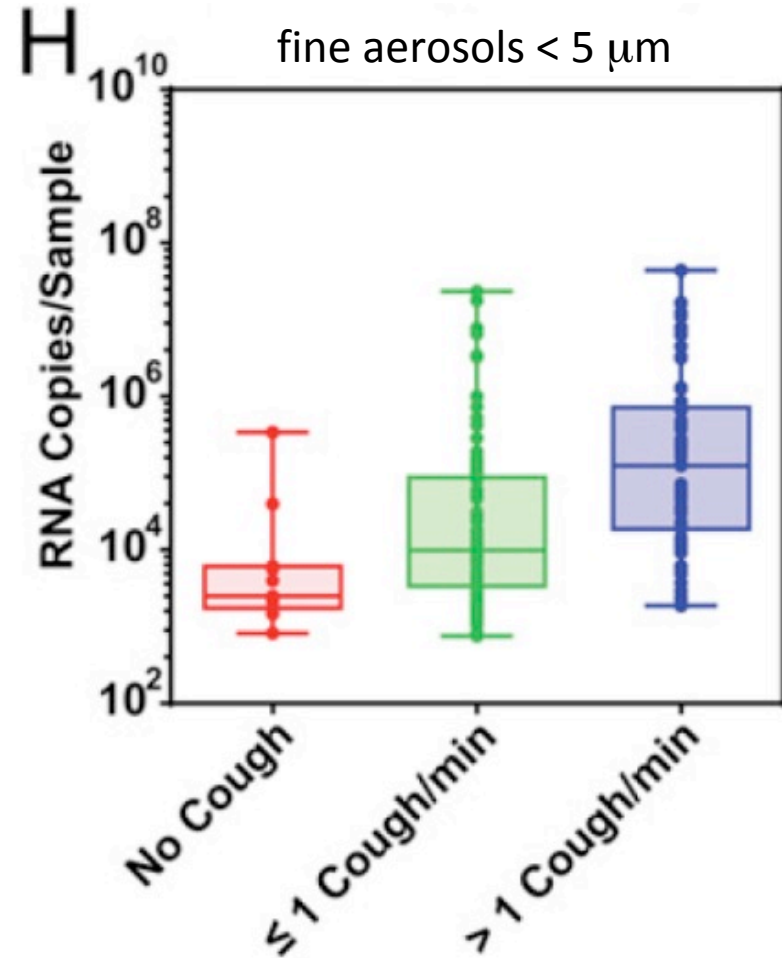
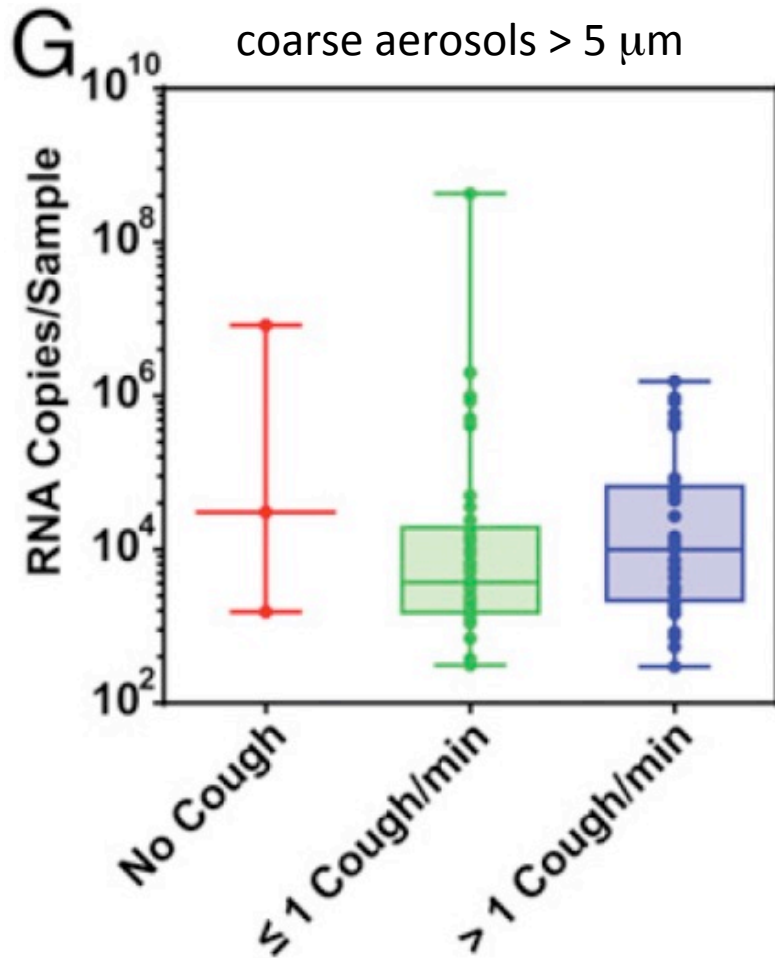
There is a weak, but significant, correlation between virus RNA copies and infectious virus.

# Amount of Flu Virus in Coarse vs. Fine Droplets (Particles) in Exhaled Breath



**Figure 1. Influenza virus copy number in aerosol particles exhaled by patients with and without wearing of an ear-loop surgical mask.** Counts below the limit of detection are represented as 0.5 on the log scale.  
doi:10.1371/journal.ppat.1003205.g001

# Flu Virus in Droplets (Aerosols)



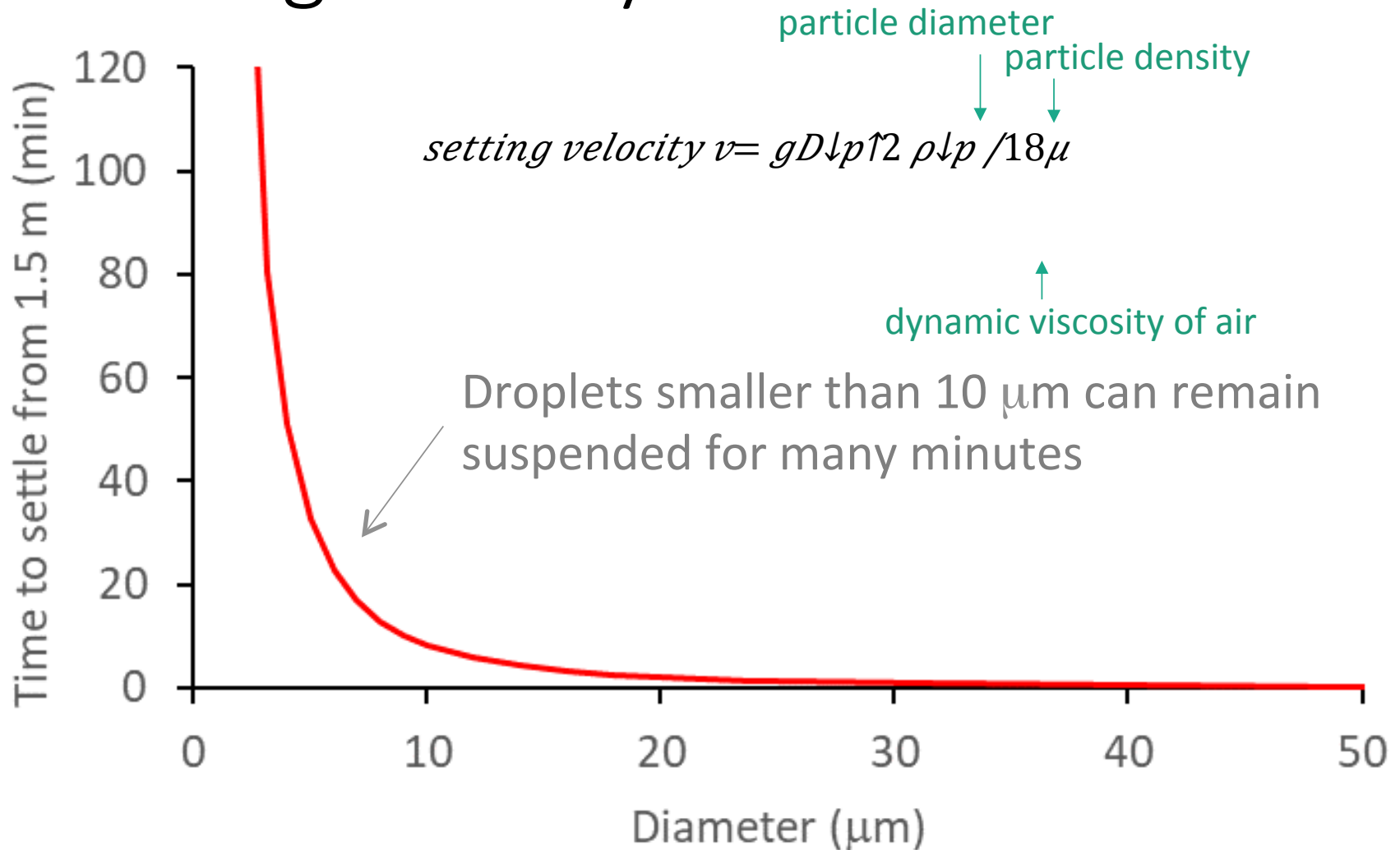
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30-min sample  
recite alphabet at 5, 15, 25 min

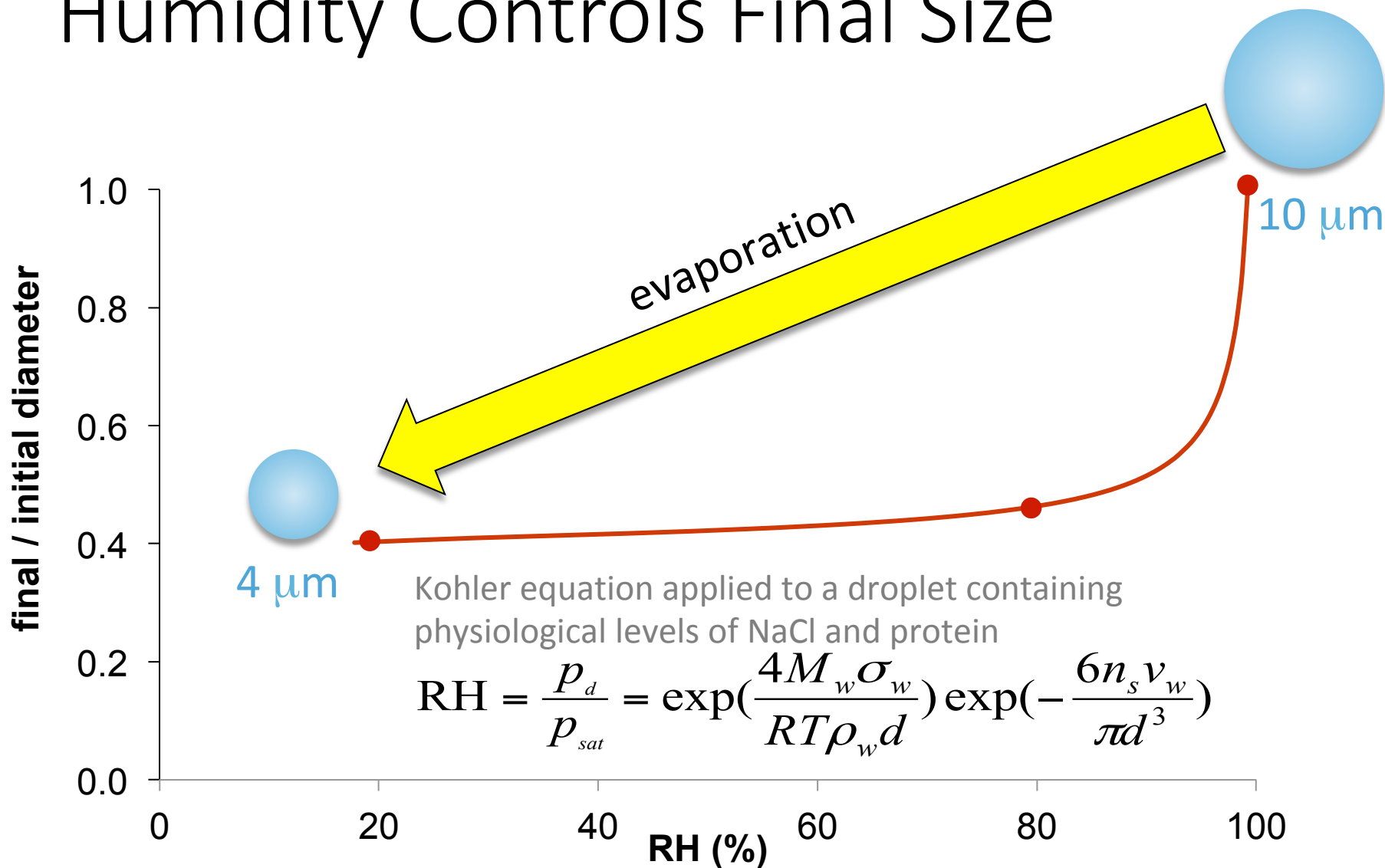
The majority of flu virus (RNA copies) is found in fine ( $<5\text{ }\mu\text{m}$ ), rather than coarse ( $>5\text{ }\mu\text{m}$ ), droplets/aerosols.

How do these droplets move around the indoor environment?

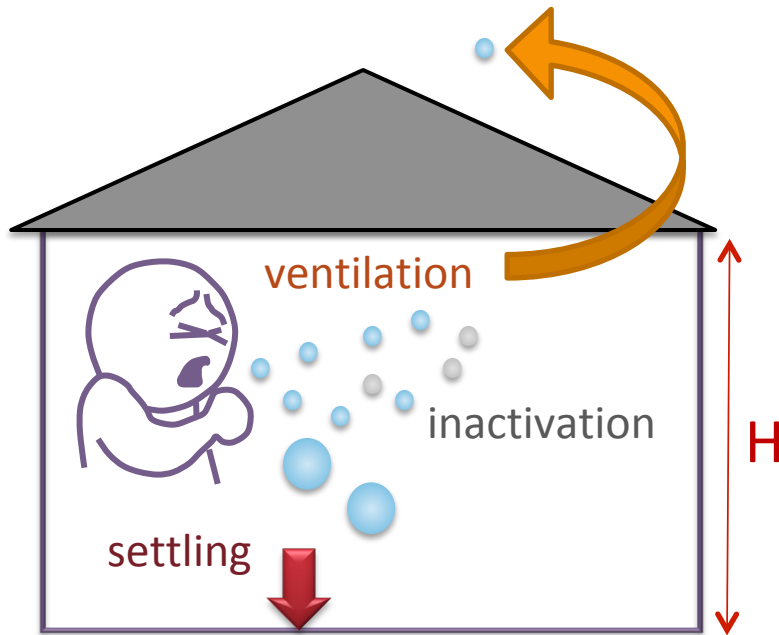
# Settling Velocity and Time



# 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  $d$

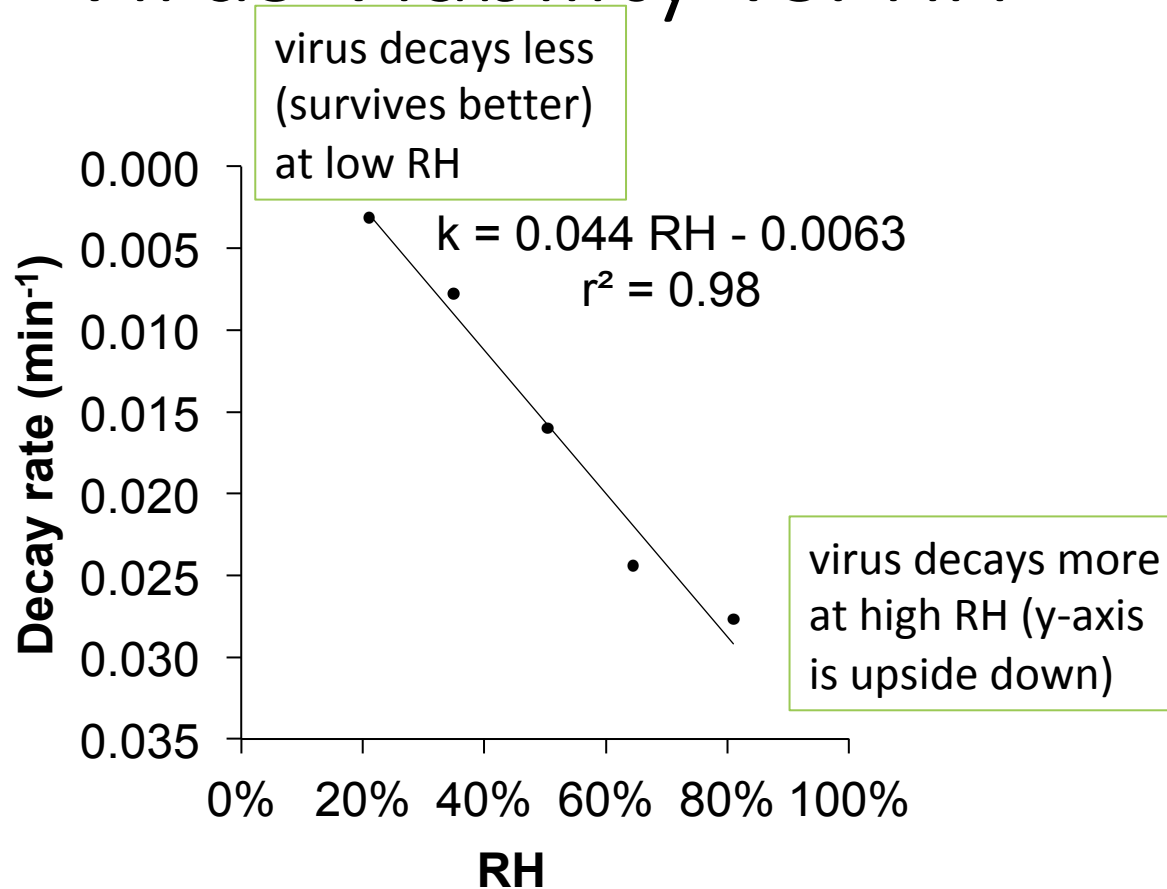
- Settling velocity  $v$  depends on diameter  $d$
- Diameter depends on RH
- Inactivation rate  $k$  depends on RH



relative humidity (RH)

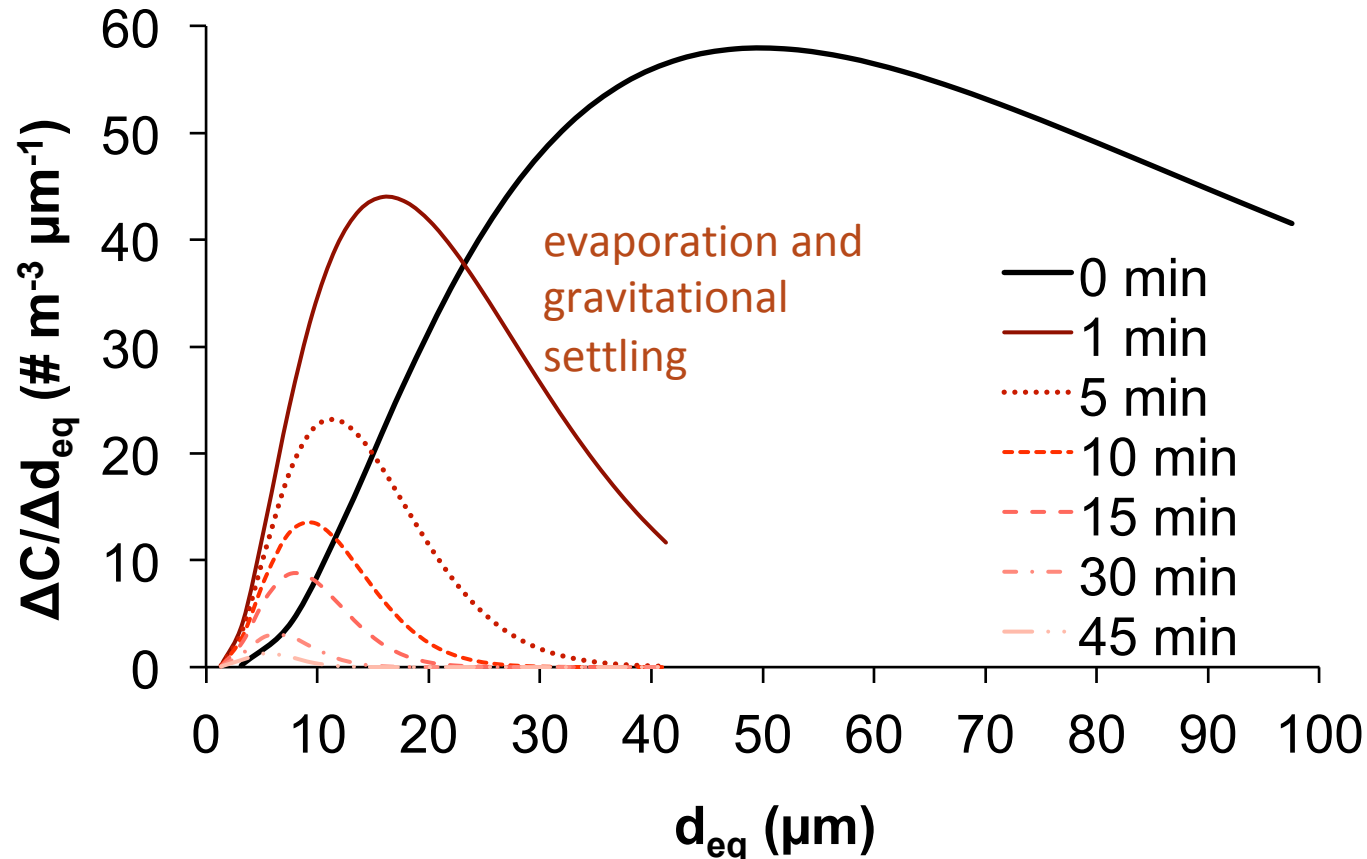


# Virus Viability vs. RH



# Virus-Aerosols From a Cough

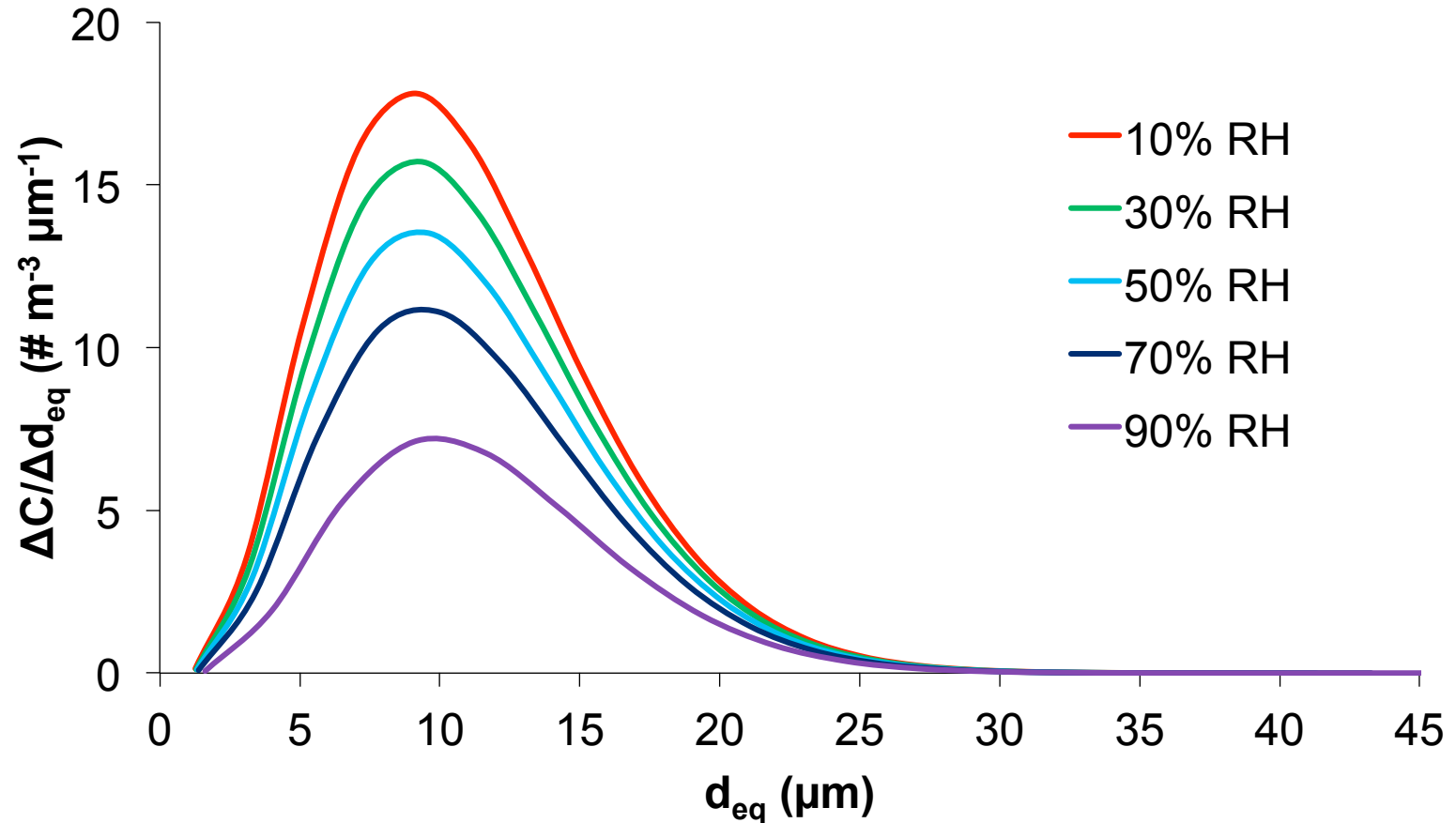
$\lambda = 1$  ACH at RH = 50%



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

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# Infectious Concentrations vs. RH



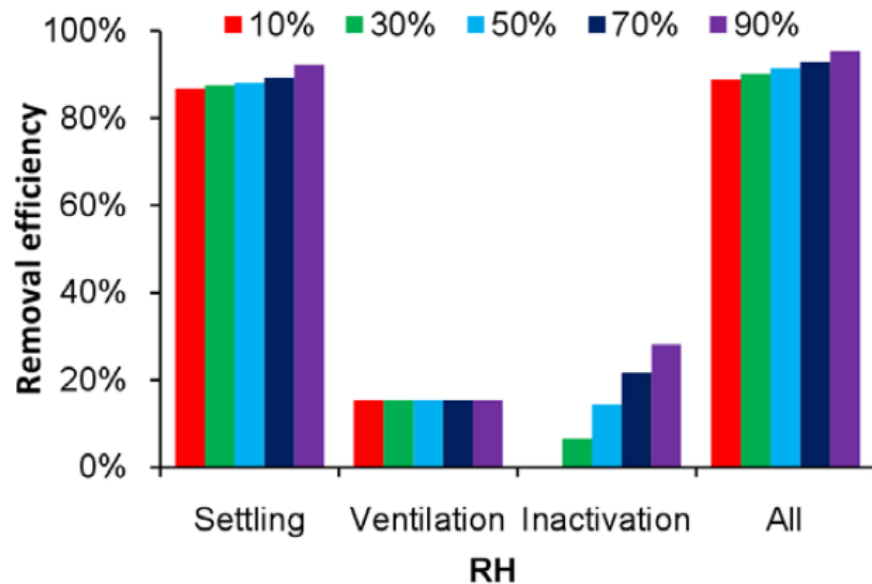
Concentrations are higher at lower RH mainly because lab-determined inactivation rate is lower.

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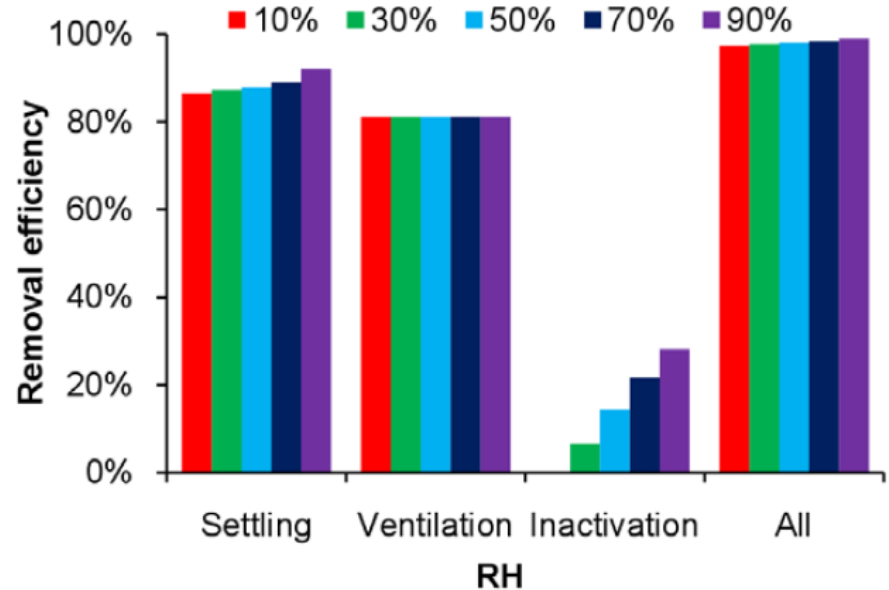
# RH and Removal Mechanisms

- 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

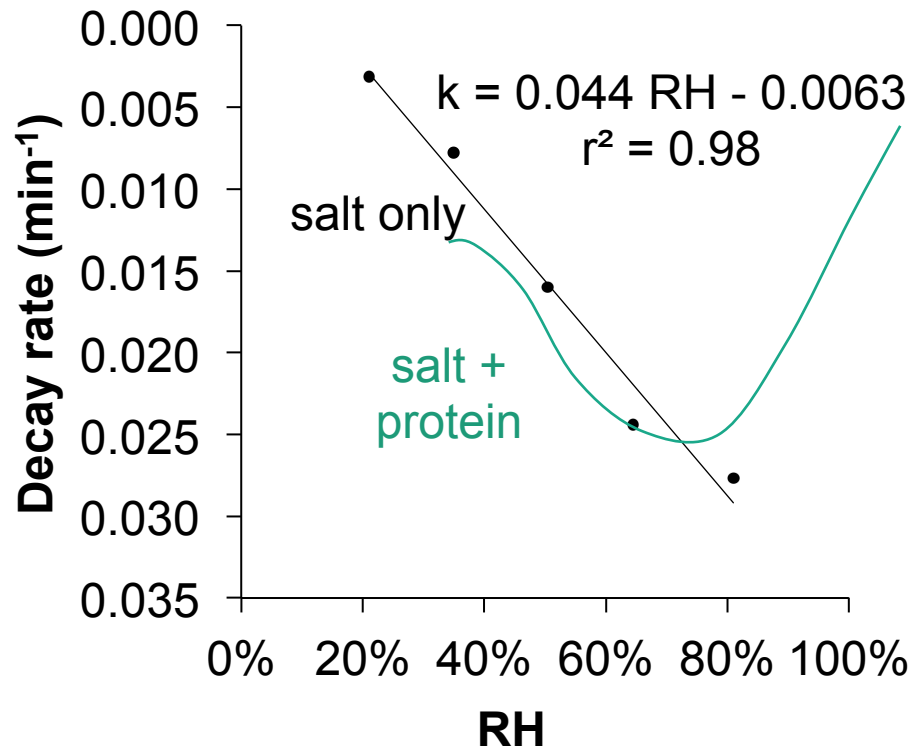
**A  $\lambda = 1$  ACH**



**B  $\lambda = 10$  ACH**



# Virus Viability vs. RH

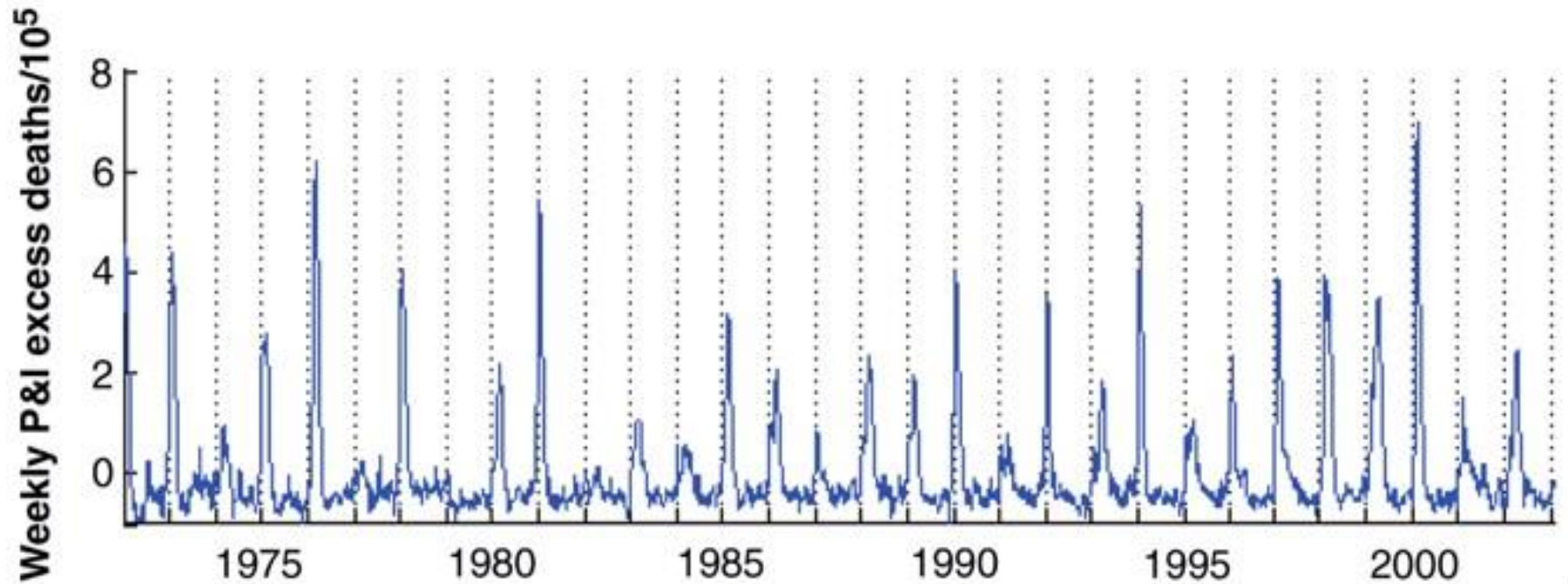


Conflicting results in the literature

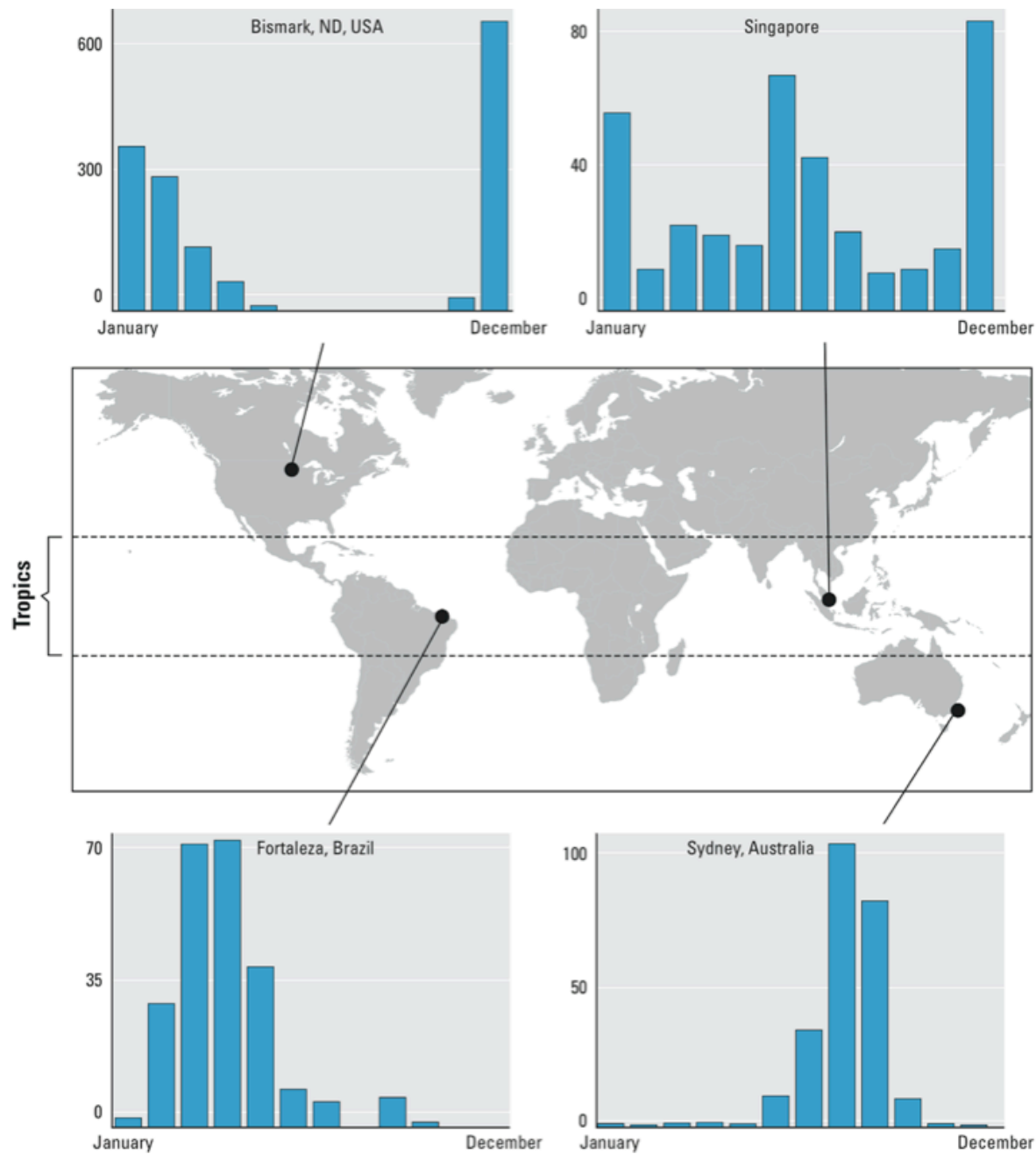
Viruses can be removed from indoor air by settling, ventilation, and inactivation; some of these processes are depend on humidity.

Might humidity factor into the seasonality of the flu?

# Seasonality of the Flu







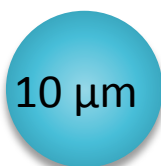
# How Might RH Affect Transmission?

Low RH

Medium RH

Very high RH

Physics



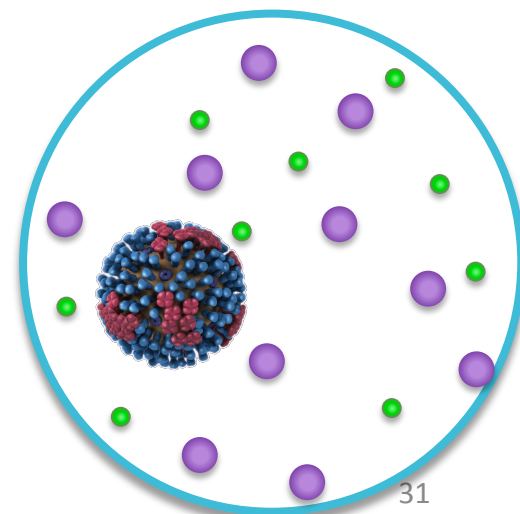
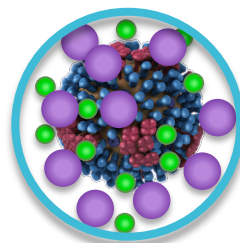
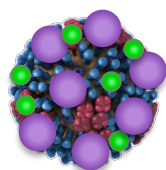
settles in  
8 min



settles in  
1 min



Chemistry



# Does RH Contribute to Seasonality?

## Low RH

Wintertime  
indoor air



Smaller aerosols  
and no  
inactivation  $\Rightarrow$   
FLU SEASON!

## Medium RH

Spring, summer,  
and fall



Small aerosols  
and highly  
concentrated  
solutes?

## Very high RH

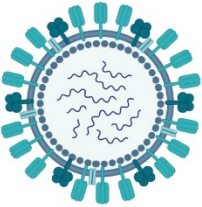
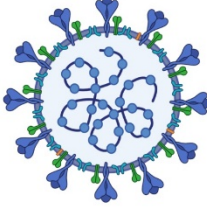
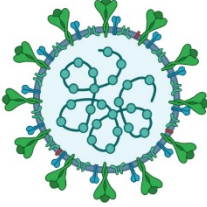
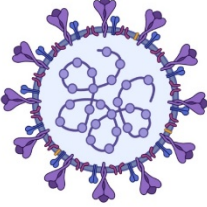
Rainy season in  
tropical regions



Contact  
transmission  
from large  
droplets that  
have settled?

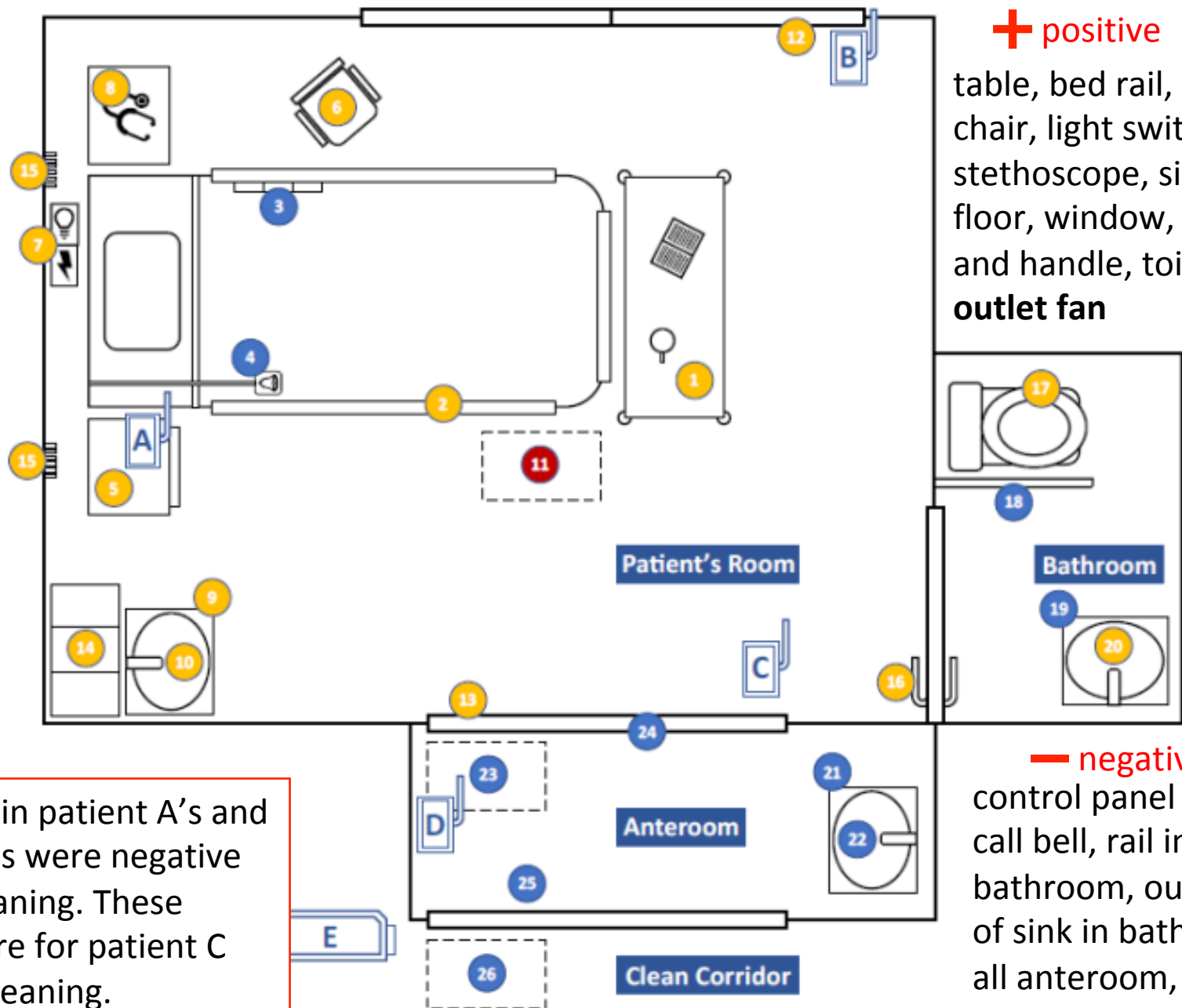
What do we know about SARS-CoV-2 in droplets/aerosols?

# Epidemiological Comparison of Respiratory Viral Infections

Disease	Flu	COVID-19	SARS	MERS
Disease Causing Pathogen	 Influenza virus	 SARS-CoV-2	 SARS-CoV	 MERS-CoV
$R_0$ Basic Reproductive Number	1.3	2.0 - 2.5 *	3	0.3 - 0.8
CFR Case Fatality Rate	0.05 - 0.1%	~3.4% *	9.6 - 11%	34.4%
Incubation Time	1 - 4 days	4 - 14 days *	2 - 7 days	6 days
Hospitalization Rate	2%	~19% *	Most cases	Most cases
Community Attack Rate	10 - 20%	30 - 40% *	10 - 60%	4 - 13%
Annual Infected (global)	~ 1 billion	N/A (ongoing)	8098 (in 2003)	420
Annual Infected (US)	10 - 45 million	N/A (ongoing)	8 (in 2003)	2 (in 2014)
Annual Deaths (US)	10,000 - 61,000	N/A (ongoing)	None (since 2003)	None (since 2014)

\* COVID-19 data as of March 2020.

Created in **BioRender.com** 



Samples in patient A's and B's rooms were negative after cleaning. These results are for patient C before cleaning.

# SARS-CoV-2 Size Distributions

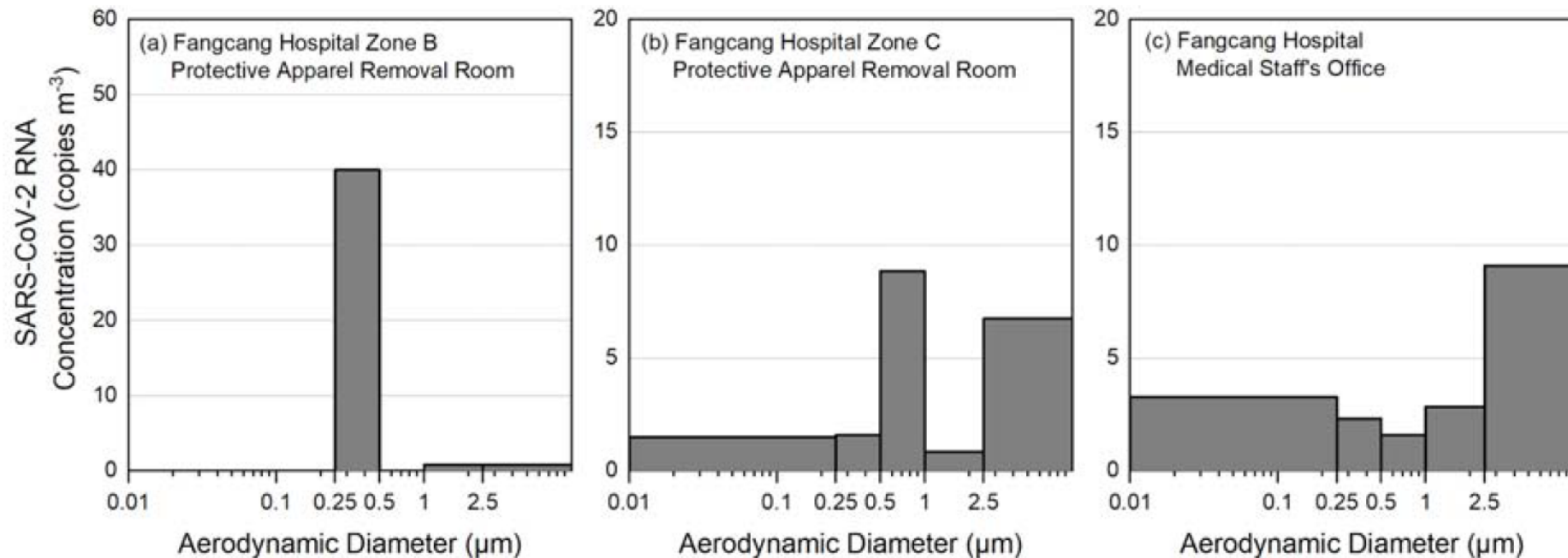
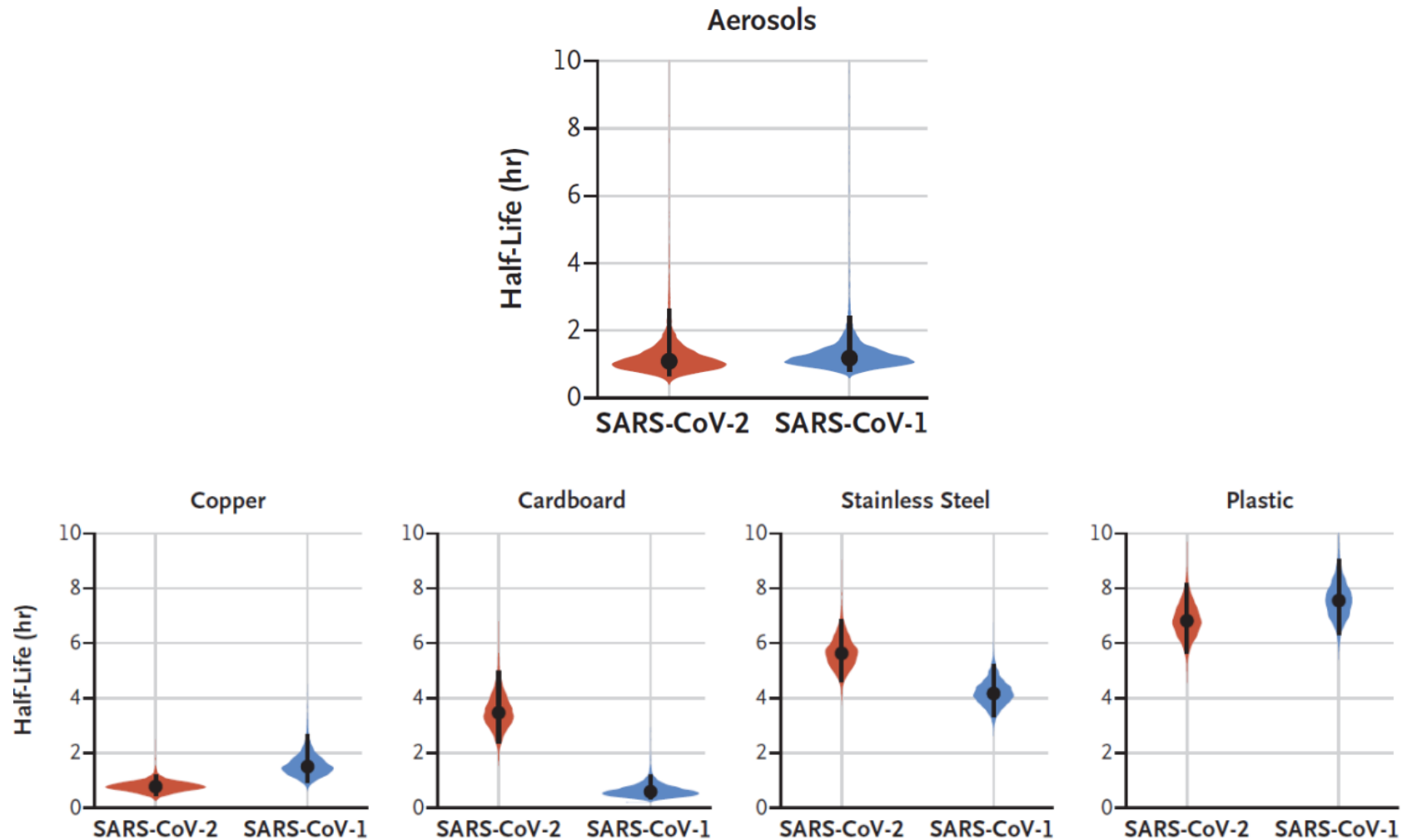


Figure 1 Concentration of airborne SARS-CoV-2 RNA in different aerosol size bins



# SARS-CoV-2 Survival in Aerosols

C Half-Life of Viable Virus



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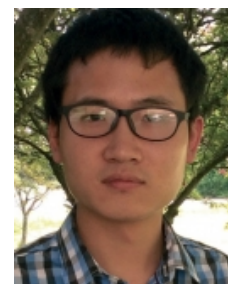
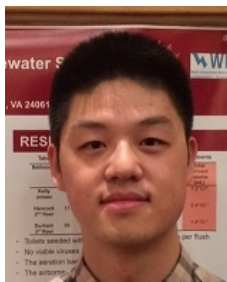
37

# Major Unknowns

- Which transmission route is dominant: direct contact, indirect contact with contaminated objects (fomites), inhalation of aerosols, deposition of droplets?
- How are viruses inactivated in air and on surfaces?
- 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?

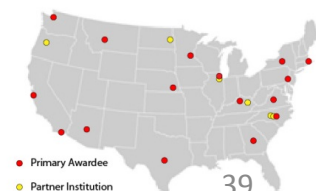
# Acknowledgments

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Haoran Wei  
Wan Yang



Center for the Environmental  
Implications of NanoTechnology

Linsey Marr, Virginia Tech, March 2020



● Primary Awardee  
● Partner Institution