

III. How can we implement this new safety guideline?





- carbon dioxide monitoring for COVID safety
- COVID Indoor Safety App

Flow (2021), 1:0 1–18
doi:10.1017/fo.2021.1

FLOW CAMBRIDGE
UNIVERSITY PRESS

RESEARCH ARTICLE

Monitoring carbon dioxide to quantify the risk of indoor airborne transmission of COVID-19

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Recast safety guideline in terms of carbon dioxide concentration

— Rudnick & Milton (2003), Peng & Jimenez (2021)

Concentration of carbon dioxide $C_2(t)$ evolves as a passive scalar:

$$V \frac{dC_2}{dt} = P_2(t) - Q_a(t)C_2$$

where $P_2(t) = N(t)Q_b(t)C_{2,b}$ is the exhaled production rate,

CO_2 removed exclusively by air exchange at a rate $\lambda_a = Q_a(t)/V$

Excess CO_2 evolution: $\langle C_2 \rangle \approx \frac{\langle P_2 \rangle}{Q_a} - \left(\frac{1 - e^{-\lambda_a \tau}}{\lambda_a \tau} \right) \frac{P_2(\tau)}{Q_a}$

Relaxes to steady state:

$$C_{2,s} = \frac{P_2}{Q} = \frac{Q_b C_{2,b} N}{\lambda_a V}$$

for $\tau \gg \lambda_a^{-1}$

Recast safety guideline in terms of carbon dioxide concentration

$$\langle C_2 \rangle \tau = \int_0^\tau C_2 dt < \frac{\epsilon C_{2,b}}{\lambda_q s_r \bar{p}_m^2} \cdot \frac{\bar{\lambda}_c}{\lambda_a} \cdot \frac{N}{N_t}$$



where $\lambda_q = Q_b C_q$ is the infection quanta emission rate

Evolving susceptibility of population

N people with probability of being infected, immune or susceptible:

$$p_i, p_{im}, p_s = 1 - p_i - p_{im}$$

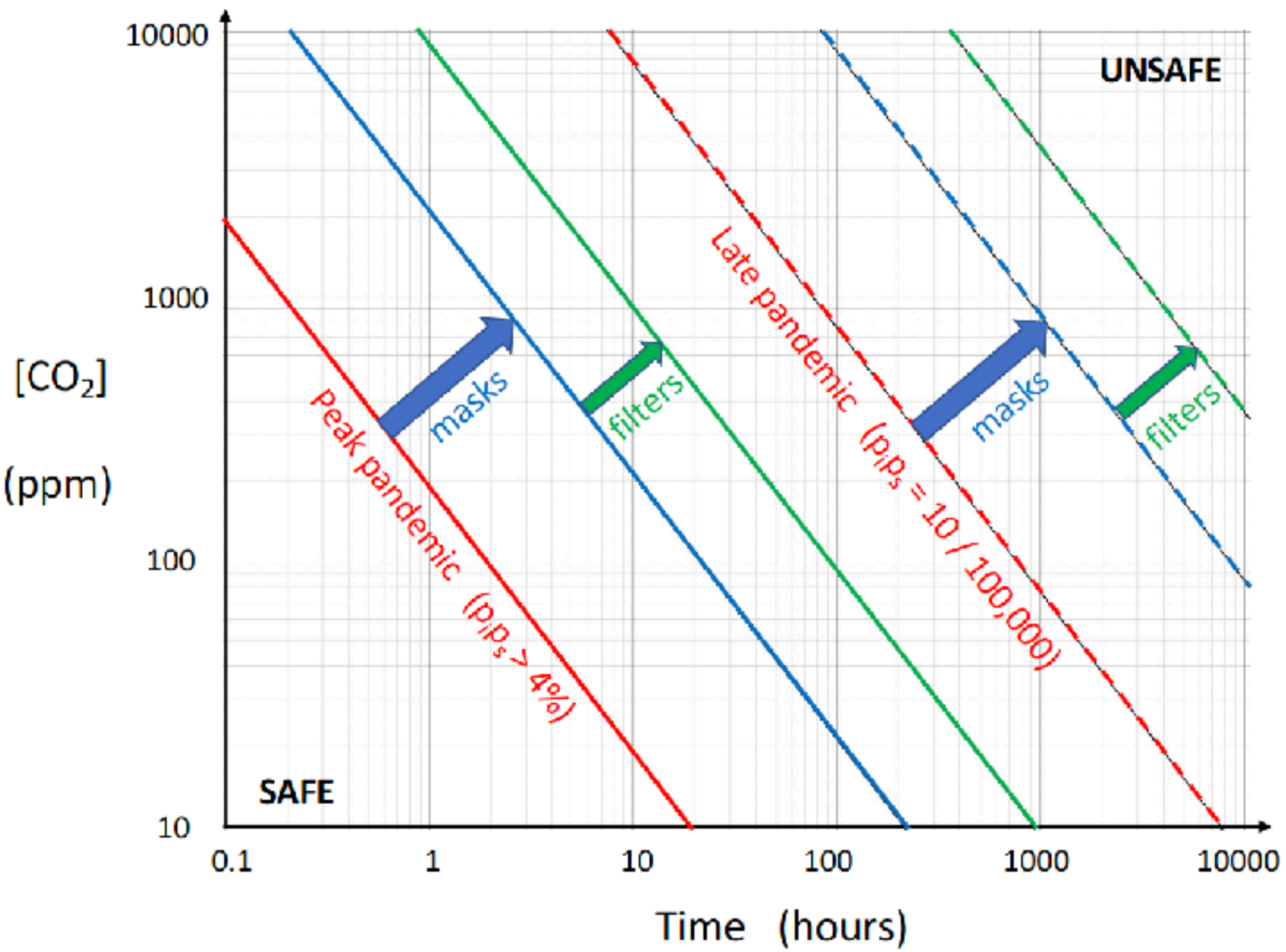
Expected number of infected-susceptible pairs: $N_t = N(N-1)p_i p_s$

Early pandemic: $N/N_t \approx 1$

Late pandemic: $p_i \rightarrow 0$, $p_{im} \rightarrow 1$, $N/N_t \rightarrow \infty$

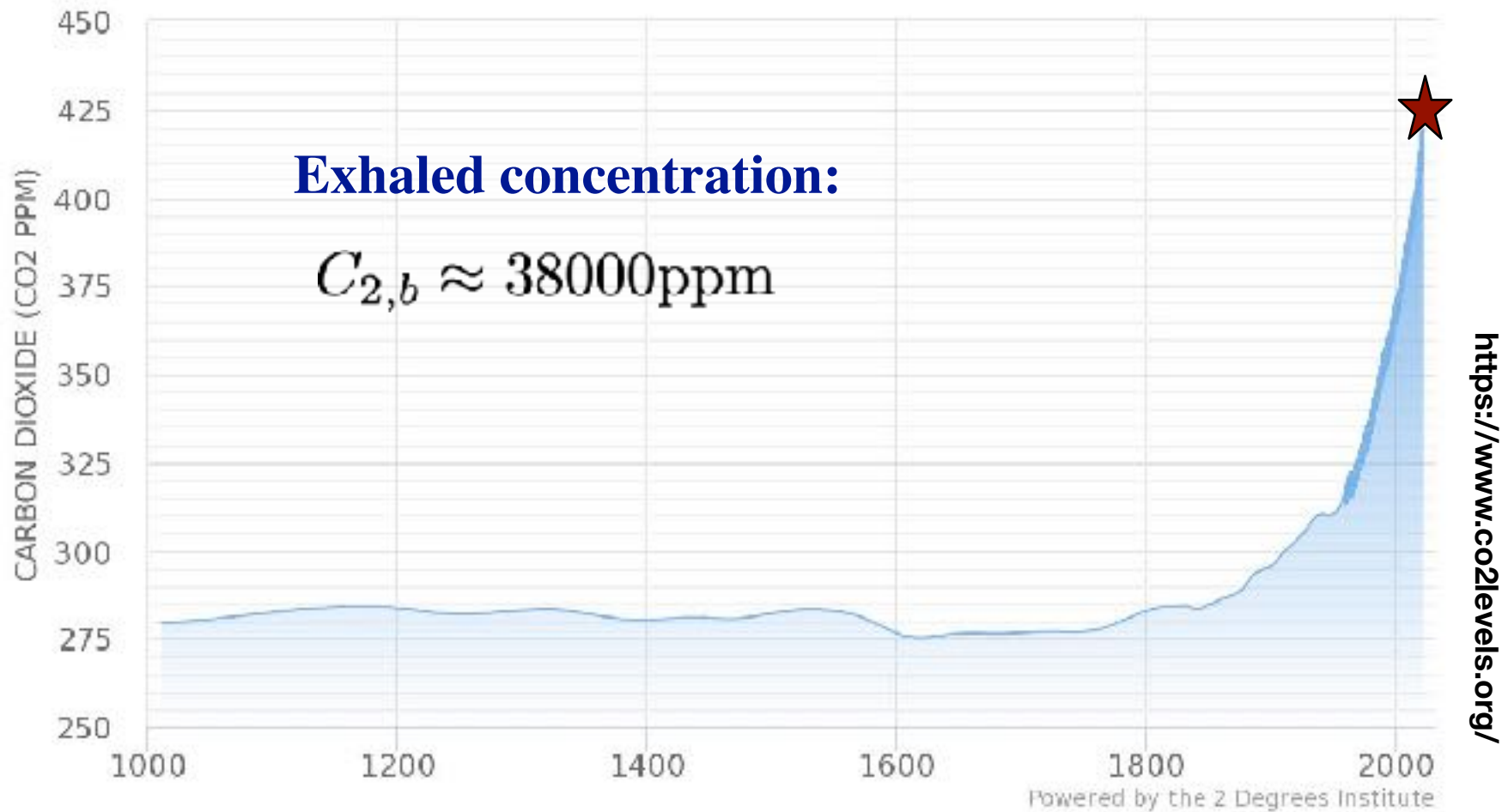


supplanted by CO_2 safety





Carbon dioxide levels on Planet Earth



- human occupancy indoors may create levels well above 1000ppm
- drowsiness, decreased decision-making reported at > 1000ppm

Measuring carbon dioxide



\$168



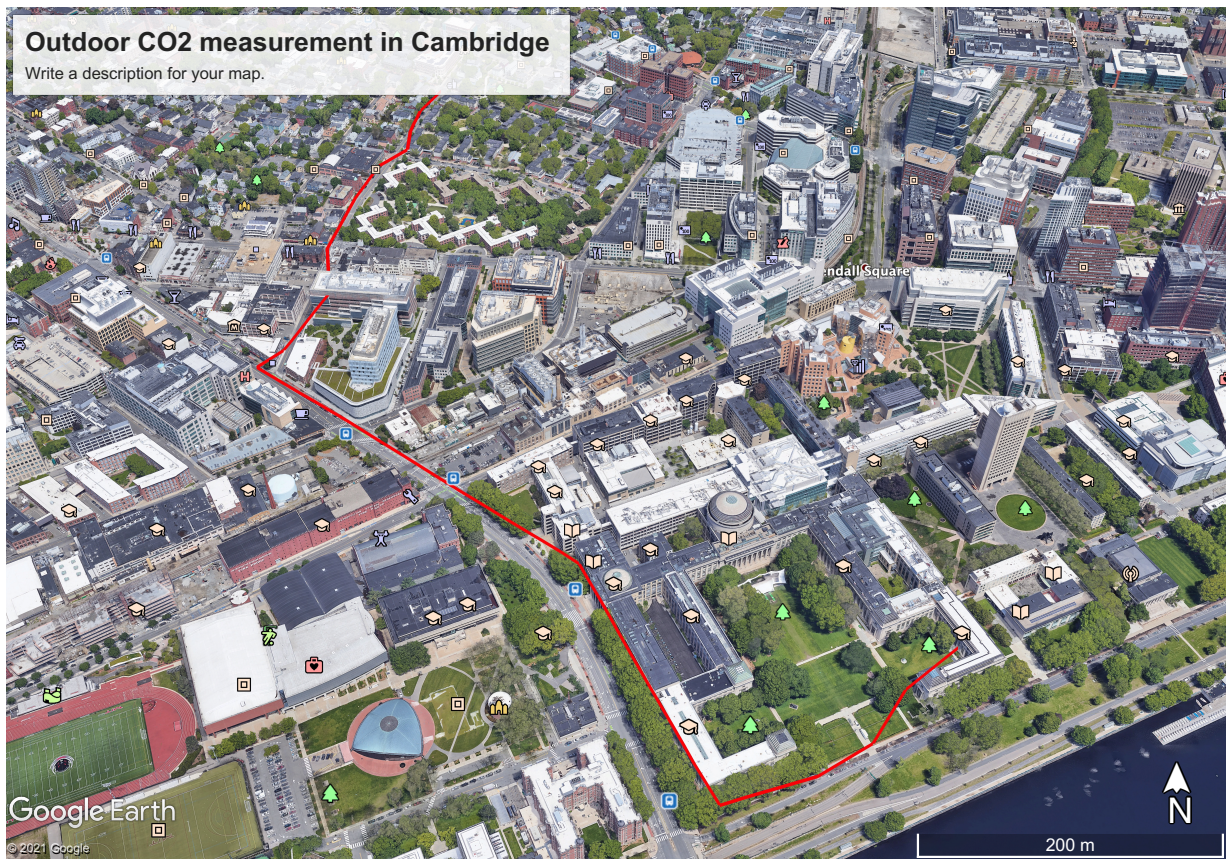
\$249



\$151

- various inexpensive, readily accessible, easy-to-use options
- widely used to assess indoor air quality in workplace, classroom

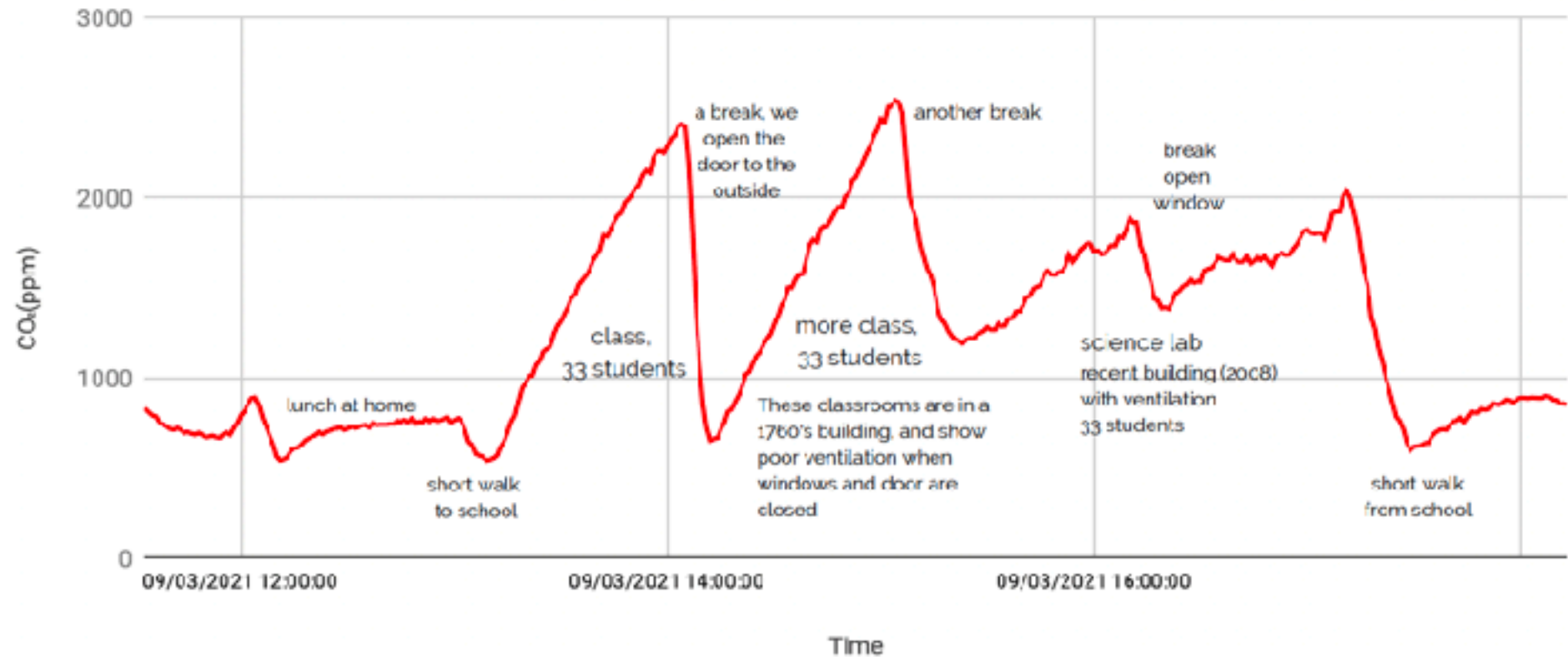
Outdoor carbon dioxide measurements at MIT



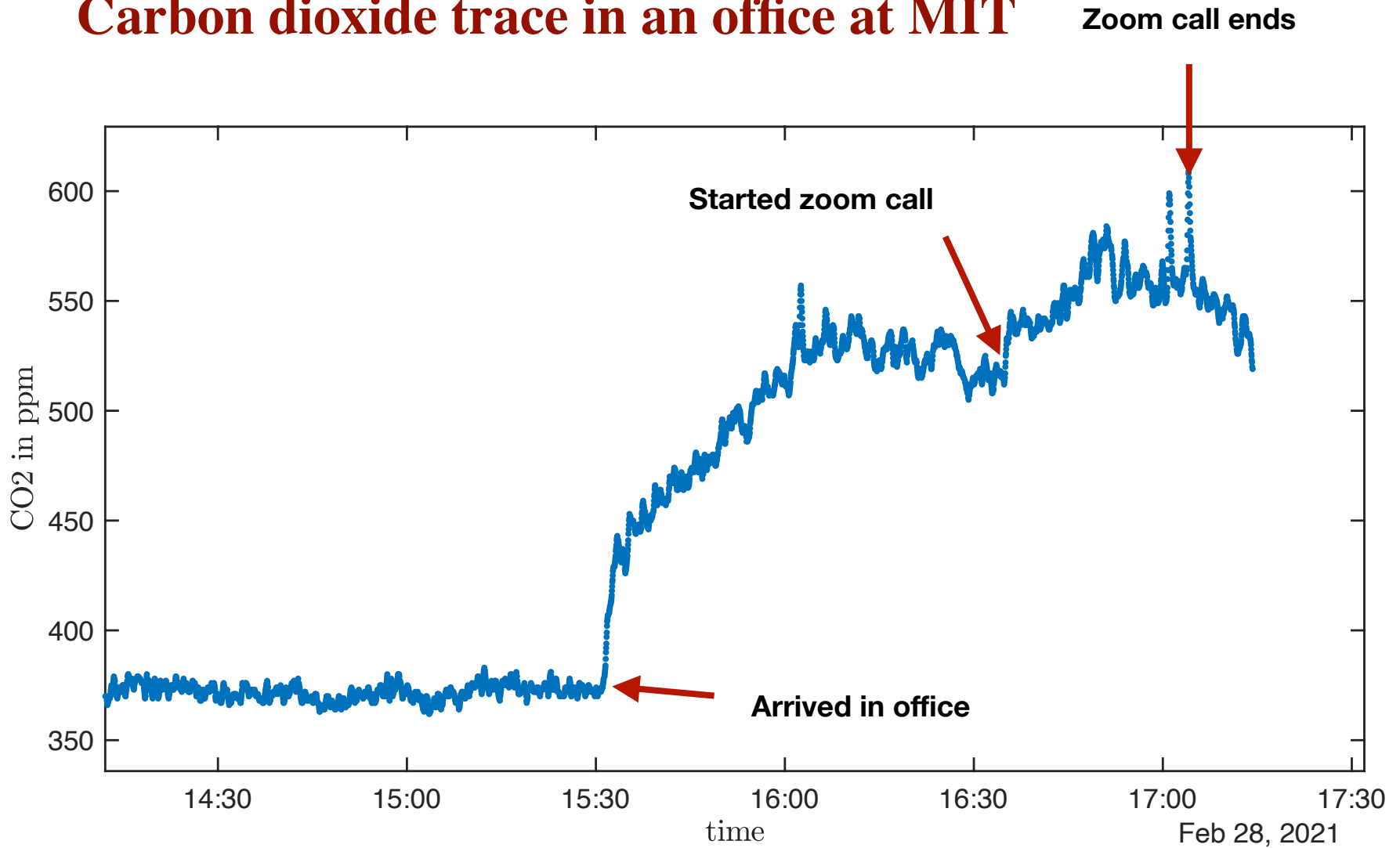
	CO ₂ (ppm)	Temperature(C)	Humidity(%)	Pressure(hPa)
count	13.000000	13.000000	13.000000	13.0
mean	444.846154	16.338462	15.307692	1024.0
std	8.464102	0.450071	2.897833	0.0
min	431.000000	15.400000	11.000000	1024.0

A daily trace of carbon dioxide concentration

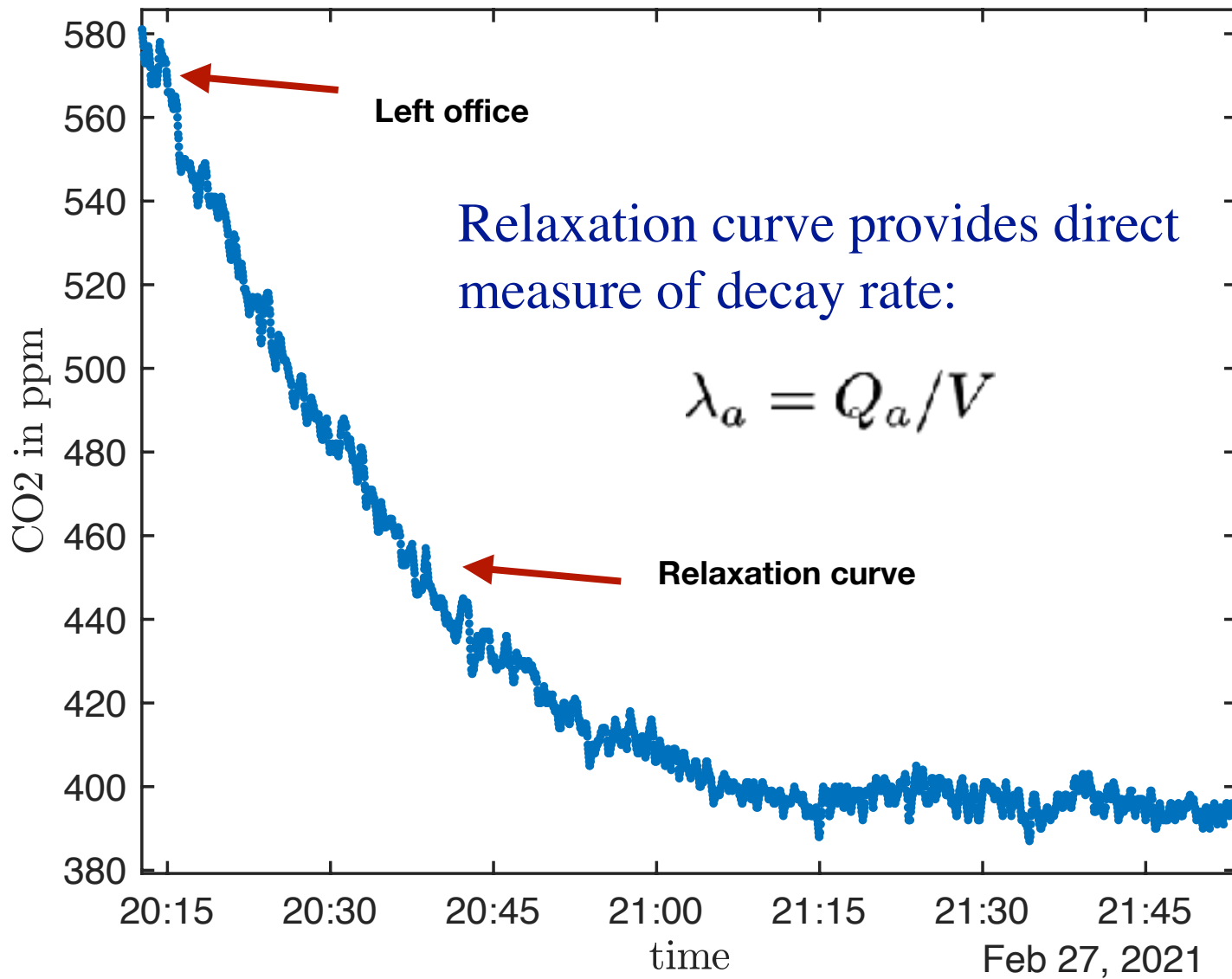
CO₂(ppm) en classe



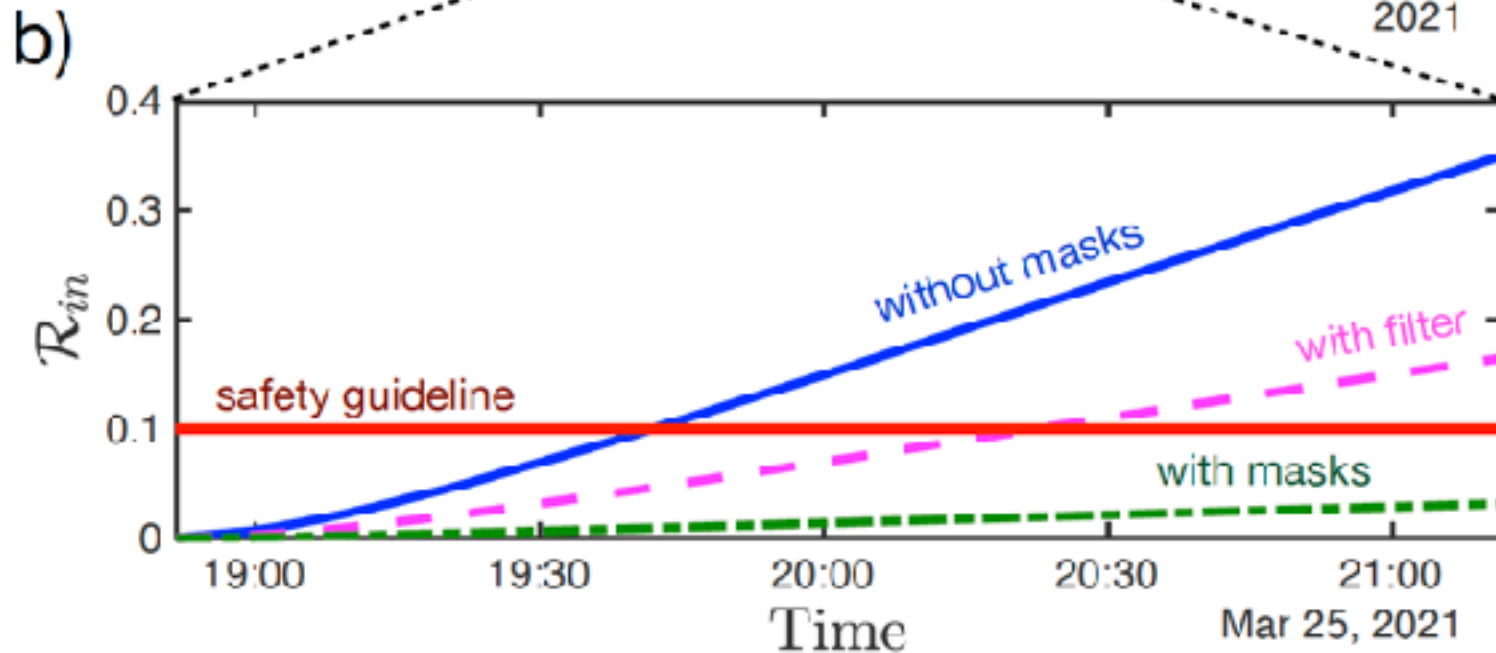
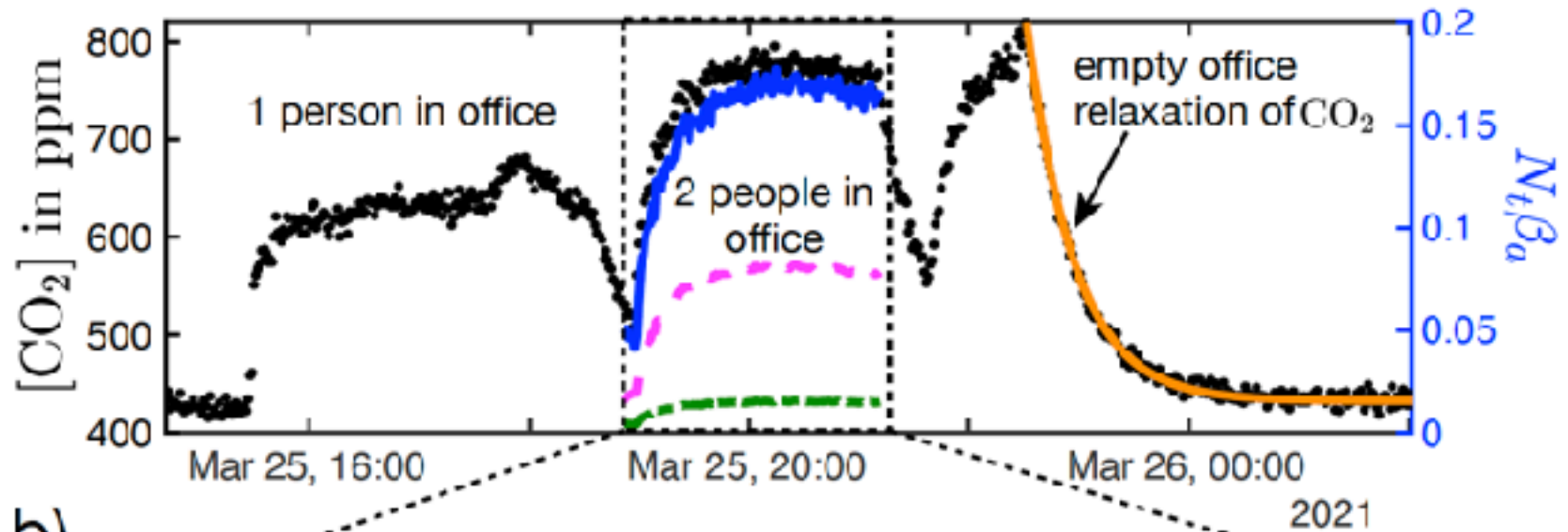
Carbon dioxide trace in an office at MIT



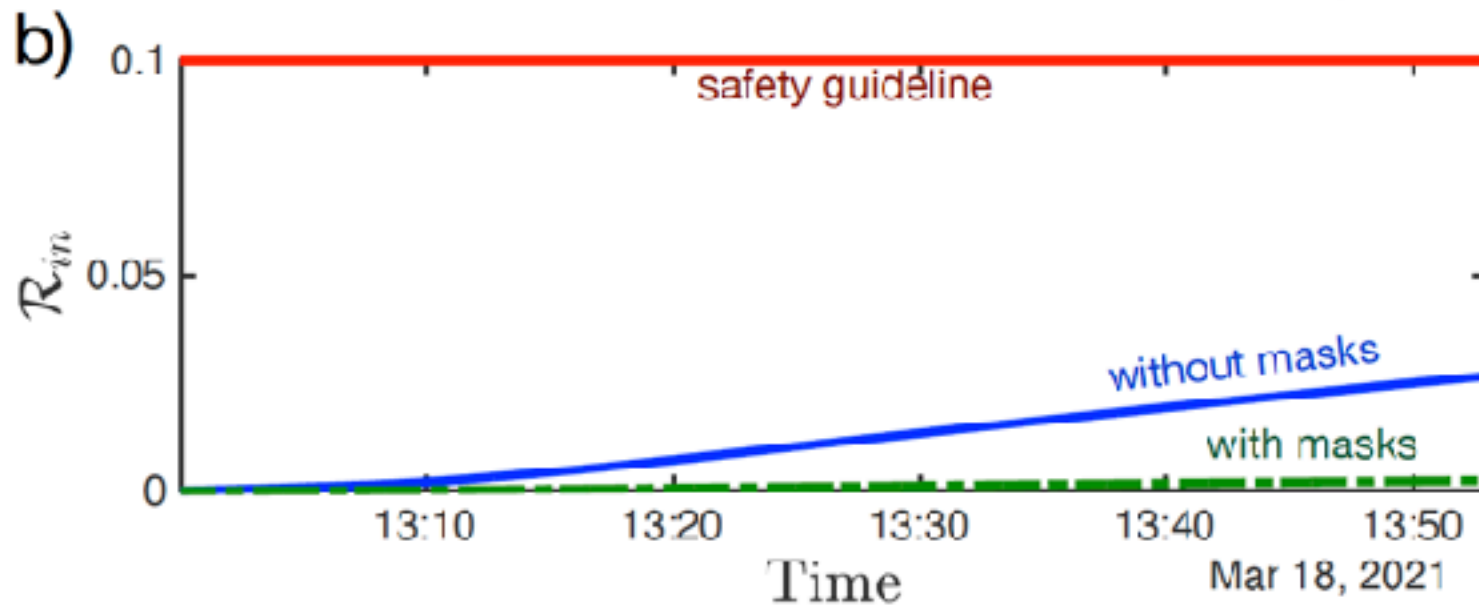
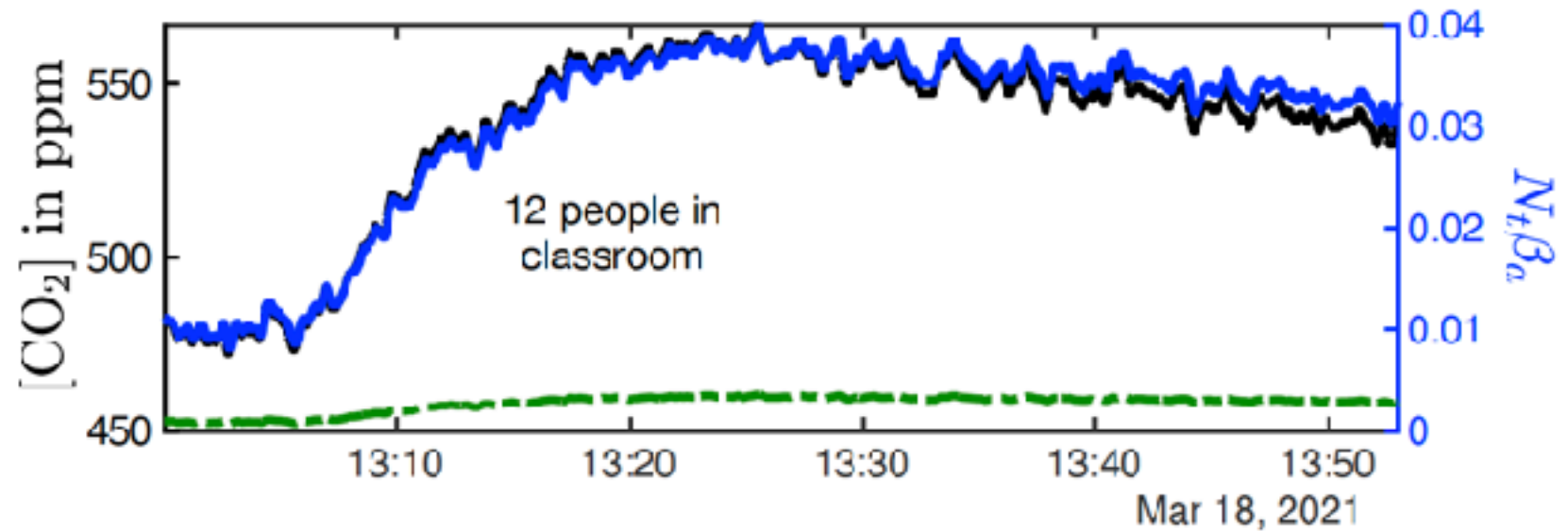
Carbon dioxide trace in an office



Carbon dioxide trace in an office with 2 people

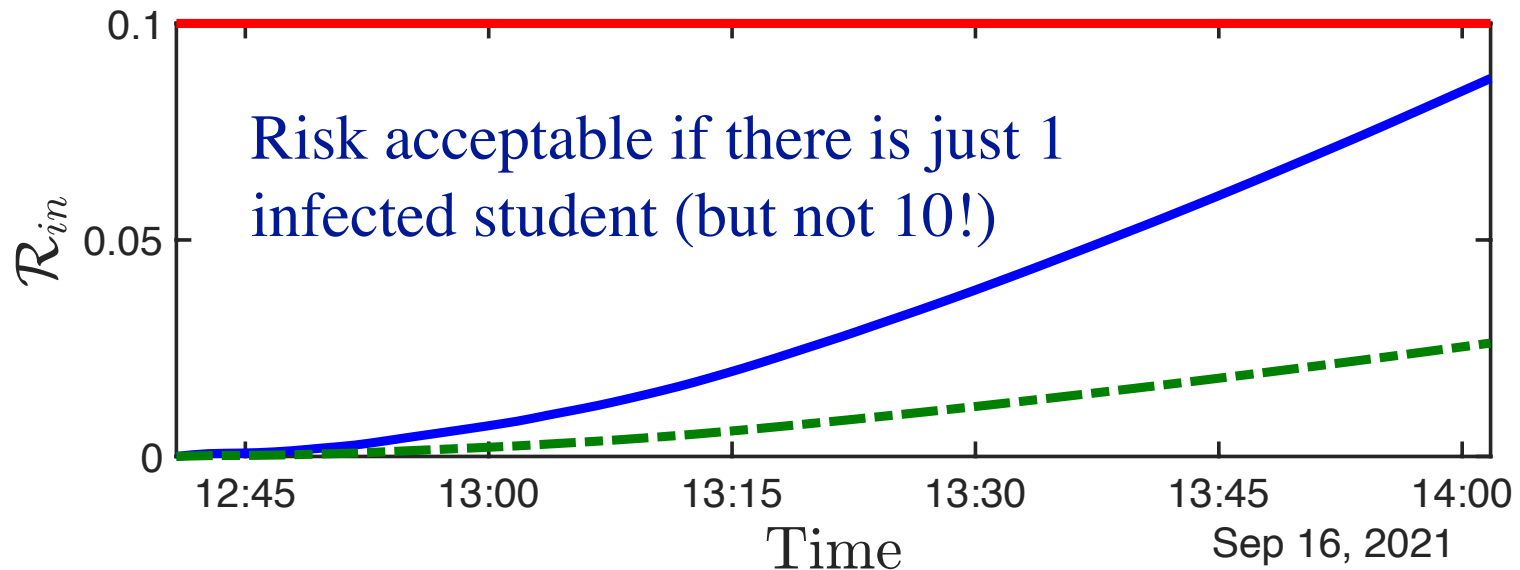
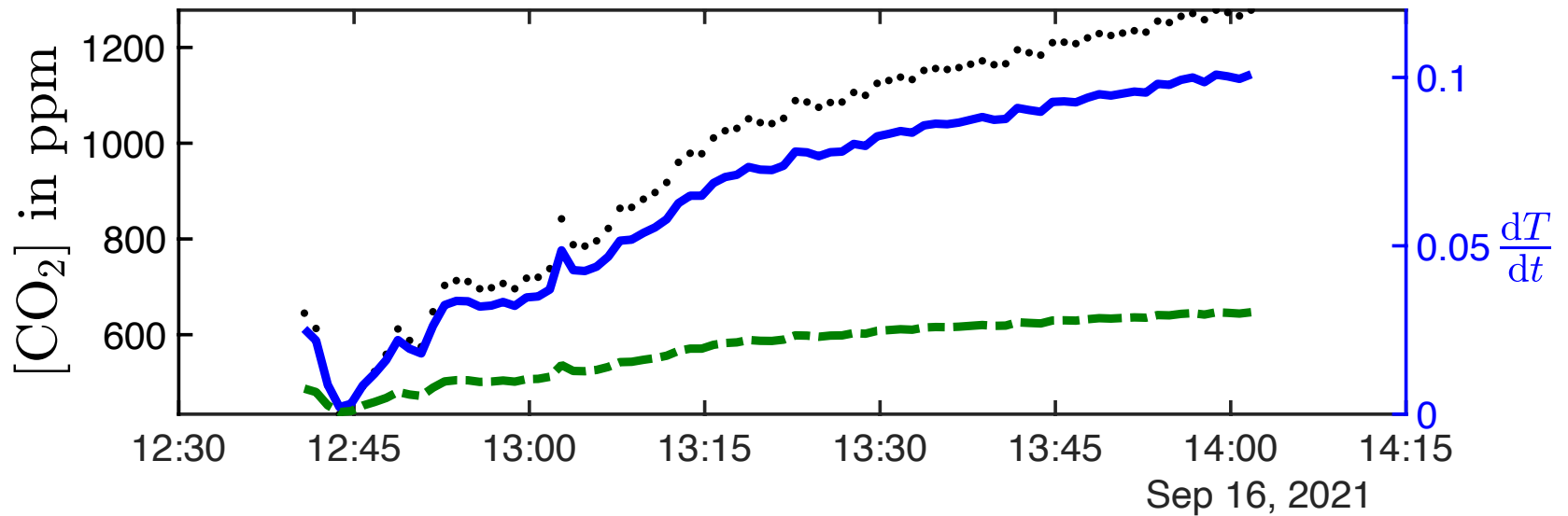


Carbon dioxide trace in a small classroom



The large classroom where I caught COVID

26-100
300 people



On-line app: developed with Kasim Khan, Martin Bazant

- allows for assessment of COVID risk in any indoor setting
- translated into 15 languages; over 1 million users

COVID-19 Indoor Safety Guideline

[Kasim Khan, John W. P. Bush, and Martin J. Bazant](#)

Bazant & Bush, A guideline to limit indoor airborne transmission of COVID-19, [PNAS \(2021\)](#), Beyond Six Feet, [medRxiv \(2020\)](#)

Monitoring carbon dioxide to quantify the risk of indoor airborne transmission of COVID-19 ([Bazant et al., 2021](#))

<http://web.mit.edu/bazant/www/COVID-19/>

<https://github.com/kawwasmekhan/covid-indoor>

Language:

English

Units:

Metric

Model:

Basic

About

Room
Specifications -
Details

Human Behavior -
Details

Frequently Asked
Questions

About

To mitigate the spread of COVID-19, official public health guidelines have recommended limits on: person-to-person distance (6 feet / 2 meters), occupancy time (15 minutes), maximum occupancy (25 people), or minimum ventilation (6 air changes per hour).

There is growing [scientific evidence](#) for airborne transmission of COVID-19, which occurs when infectious aerosol droplets are exchanged by breathing shared indoor air. While public health organizations are beginning to acknowledge airborne transmission, they have yet to provide a safety guideline that incorporates all the relevant variables.

Room Specifications:

Classroom

Human Behavior:

Masks, Speaking

Age Group:

Adults (15-64 years)

Viral Strain:

Delta (B.1.617.2 India)

To limit COVID-19 transmission* after an infected person enters this space, there should be no more

Conclusions

- gas-phase respiratory flows (jets, puffs) play a critical role in extending the range of pathogen-bearing droplets
- ambient room circulation may suspend aerosols indefinitely
- inferences from best reported super-spreader events implicate airborne transmission as the dominant mode
- relative importance of short- and long-range airborne transmission must be assessed in a case-by-case basis
- inference of infectivity of SARS-Cov2 suggests it is 10 times higher than that of its precursor, SARS-Cov1
- social-distancing guidelines should be augmented by bounds on time spent in indoor spaces
- using CO_2 as a proxy for airborne pathogen concentration allows for real-time assessment of COVID risk in indoor settings

Afterthoughts: When politics meets science

MEDICAL MISINFORMATION WARNING

YouTube doesn't allow content that spreads medical misinformation that contradicts local health authorities or the WHO about COVID-19 on:

- Prevention
- Transmission
- Social distancing guidelines

Note: YouTube's policies on COVID-19 are subject to change in response to changes to global or local health authorities' guidance.

Scientists “Spreading Medical Misinformation”

The coronavirus pandemic and aerosols: Does COVID-19 transmit via expiratory particles?

Aerosol Sci Tech, 4/3/2020

Sima Asadi, Nicole Bouvier, Anthony S. Wexler & William D. Ristenpart

**Airborne transmission of SARS-CoV-2:
The world should face the reality**

Environment International, 4/10/2020

Lidia Morawska^{a,*}, Junji Cao^b

**239 Experts With One Big Claim: The
Coronavirus Is Airborne**

The W.H.O. has resisted mounting evidence that viral particles floating indoors are infectious, some scientists say. The agency maintains the research is still inconclusive.

New York Times, 7/12/2020

CDC reverses itself and says guidelines it posted on coronavirus airborne transmission were wrong

Agency removes statement, claiming website error *Washington Post*, 9/21/2020

Can “local health authorities” themselves unwittingly spread medical misinformation?

Coronavirus can be transmitted through the air, CDC confirms *Washington Post*, 10/5/2020

The virus is an airborne threat, the C.D.C. acknowledges. *New York Times*, 5/7/2021

EDITORIAL | ONLINE FIRST

COVID-19 transmission—up in the air

The Lancet Respiratory Medicine

Published: October 29, 2020 • DOI: [https://doi.org/10.1016/S2213-2600\(20\)30514-2](https://doi.org/10.1016/S2213-2600(20)30514-2)

“Public health guidance now needs to advise people how to navigate risk in indoor settings” ...

- the truth (airborne transmission) was decried as medical misinformation

The origins of COVID-19



WHOEVER SAID ONE
PERSON CAN'T CHANGE
THE WORLD NEVER ATE
AN UNDERCOOKED BAT

The wrongly accused



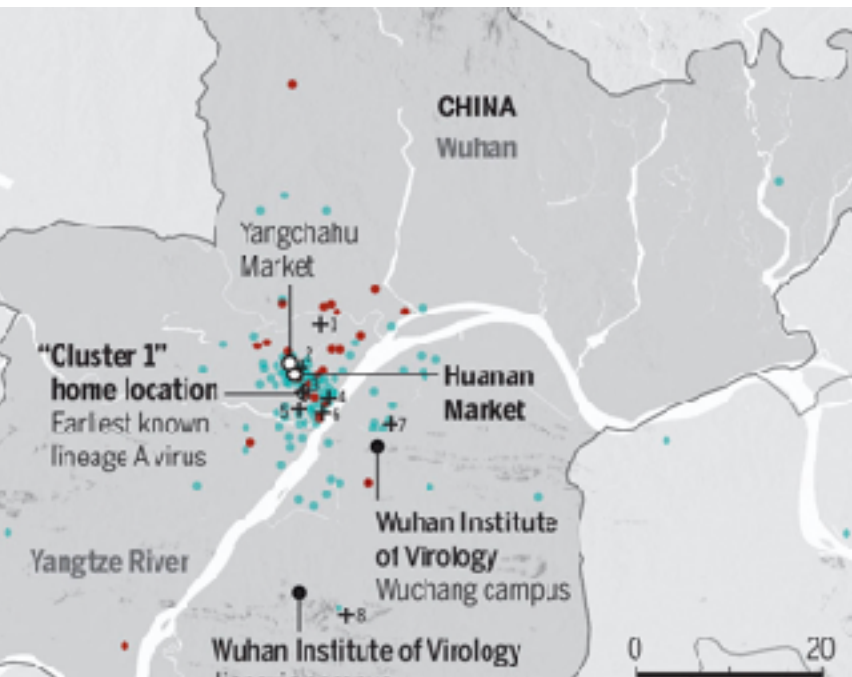
Pangolin

Raccoon dog



Why is everybody always picking on me?

The lab leak *'conspiracy'*






WSJ | OPINION

LOCKDOWNS DIDN'T STOP COVID

May 9, 2021

The  INDEPENDENT

CLOTH MASKS ARE USELESS IN FIGHT AGAINST OMICRON, EXPERT WARNS

December 22, 2021

 CNBC

MIT RESEARCHERS SAY TIME SPENT INDOORS INCREASES RISK OF COVID AT 6 FEET OR 60 FEET IN NEW STUDY CHALLENGING SOCIAL DISTANCING POLICIES

April 23, 2021



DRACONIAN COVID RESTRICTIONS RUINED LIVES

THE NEXT REVOLUTION w/ STEVE HILTON



Mini-conclusions

- science imposes a high bar for proof
 - like criminal rather than civil litigation
- scientists must combat intellectual inertia
- scientific credibility suffers when scientists deny things that seem obvious to the nonscientist, or support extravagant, nonsensical theories
- we live in a time when scientific credibility is under fire, so must get our house in order

Thanks for your attention!

For more information, please see my webpage...