

# E3 Final Seminar Tackling Pandemics

p3  
venti

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*TNO Buildings & Energy Systems*

# Content

- Introduction P3Venti
- Main results up to now
- Conclusions / takeaways



# Knowledge gaps

1. The contribution of airborne transmission to the total transmission of the SARS-CoV-2 virus
2. The dose-response relationship in the air, i.e., how many virus particles are needed during airborne transmission to cause an infection?
3. What is the contribution of ventilation and the use of air purifiers, etc., to preventing Covid-19?
4. Prioritization. In which societal sectors is (investing in) ventilation as a preventive measure most necessary and effective?
5. Proportionality and cost/benefit analysis of applying ventilation
6. The influence of indoor environmental conditions, such as humidity and temperature



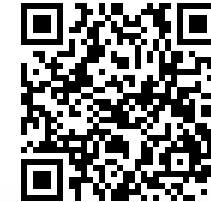
## Goal of the program

To build applicable and **actionable** knowledge about the role of airborne transmission (aerogenic route, including human exposure to infectious virus particles in a space) for viruses and other pathogens, **contributing** to the knowledge gaps



# Factsheet P3Venti

[www.P3Venti.nl](http://www.P3Venti.nl)



- Duration mid 2022 - mid 2025
- Budget 8 million EURO
- 10 research partners



Universiteit  
Leiden

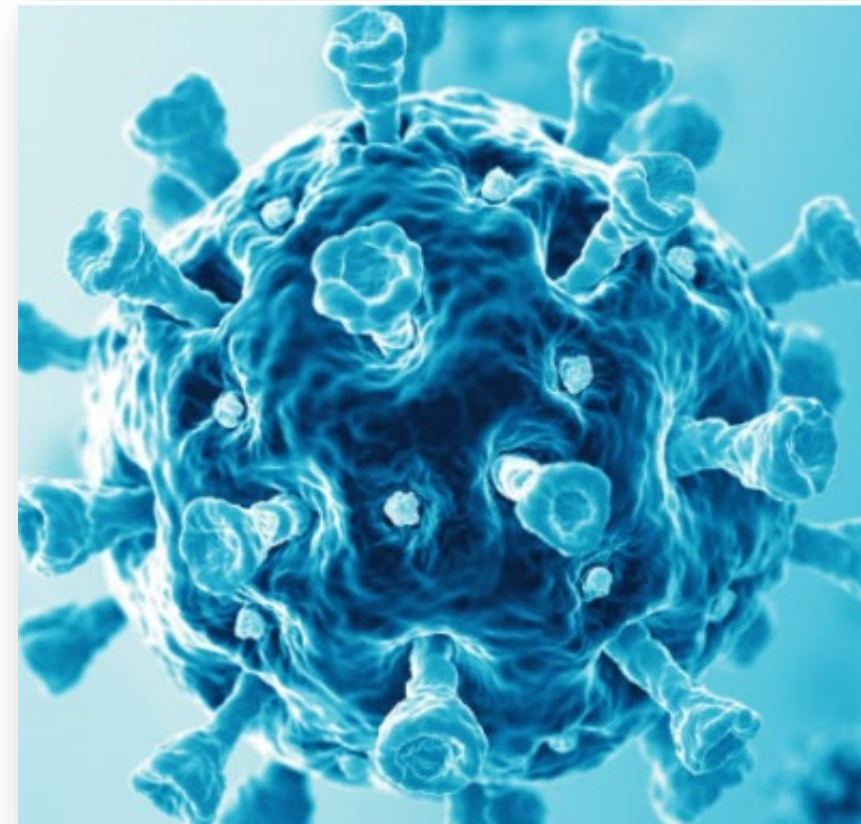


Universiteit  
Utrecht



Rijksinstituut voor Volksgezondheid  
en Milieu  
Ministerie van Volksgezondheid,  
Welzijn en Sport

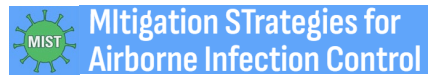
Erasmus MC  
Universitair Medisch Centrum Rotterdam



# Relation with other Dutch programs



[www.claireproject.nl](http://www.claireproject.nl)



[www.mist-project.nl](http://www.mist-project.nl)



[www.convergence.nl/nl/pandemic-disaster-preparedness-center](http://www.convergence.nl/nl/pandemic-disaster-preparedness-center)

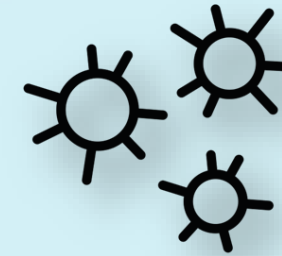




# Research tracks

## Technical

- Interactions between people
- Spreading of aerosols
- Typologies and performance of ventilation systems



## Biomedical

- Viability and infectivity of virus-bearing particles



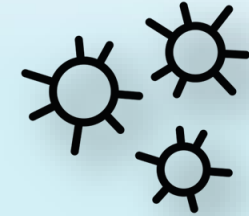
## Implementation and policy-making

- Decision-making frameworks
- Social cost-benefit analysis



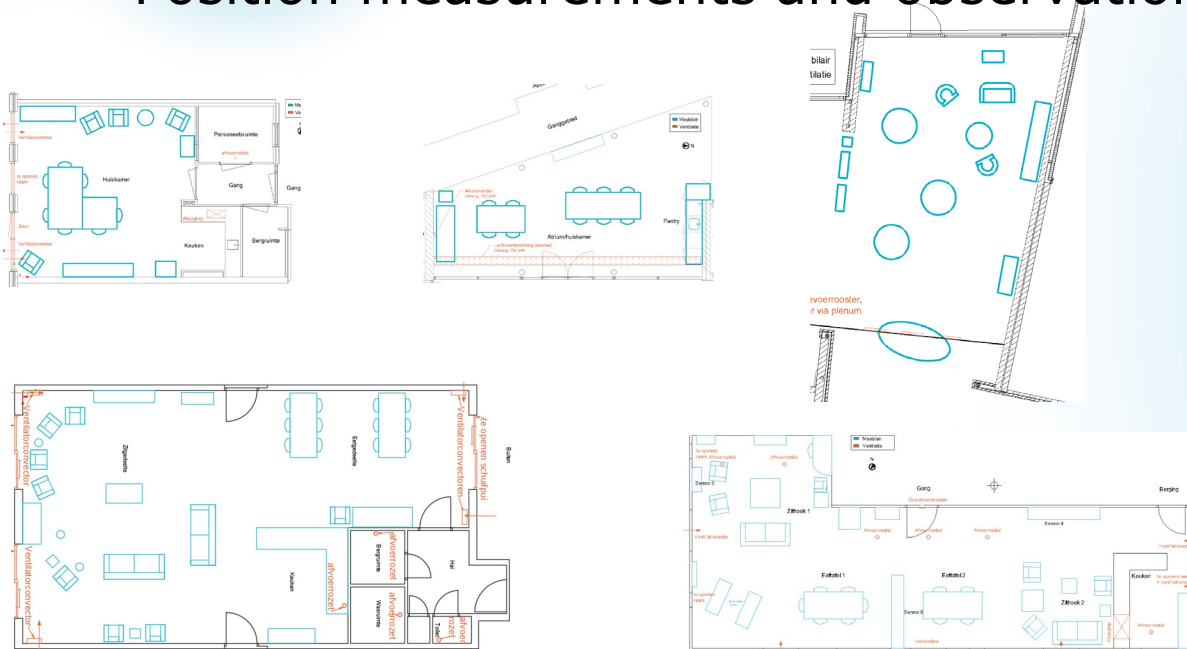


# Interactions between people

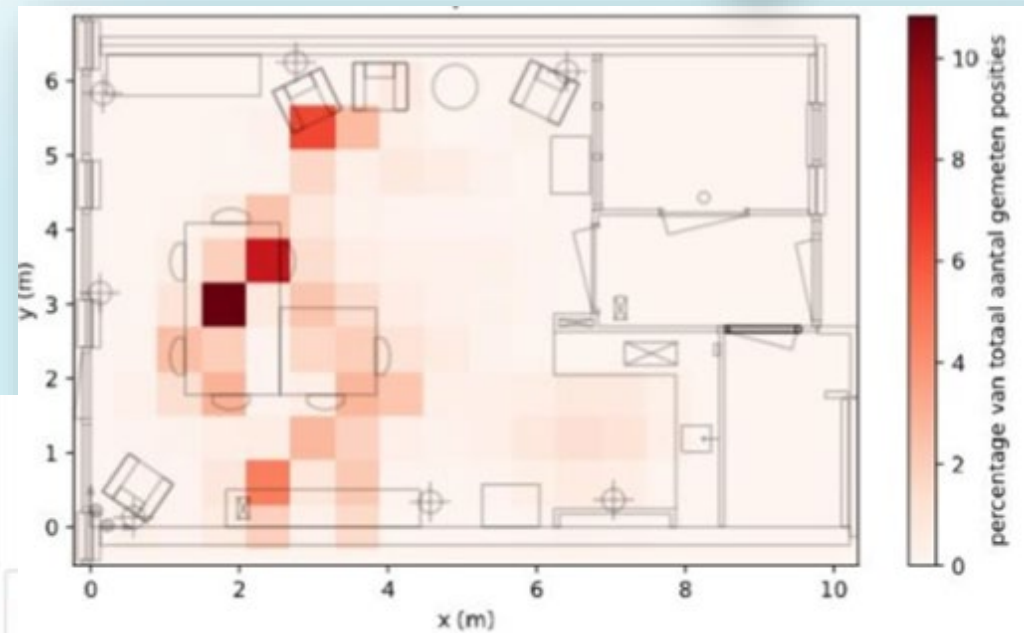
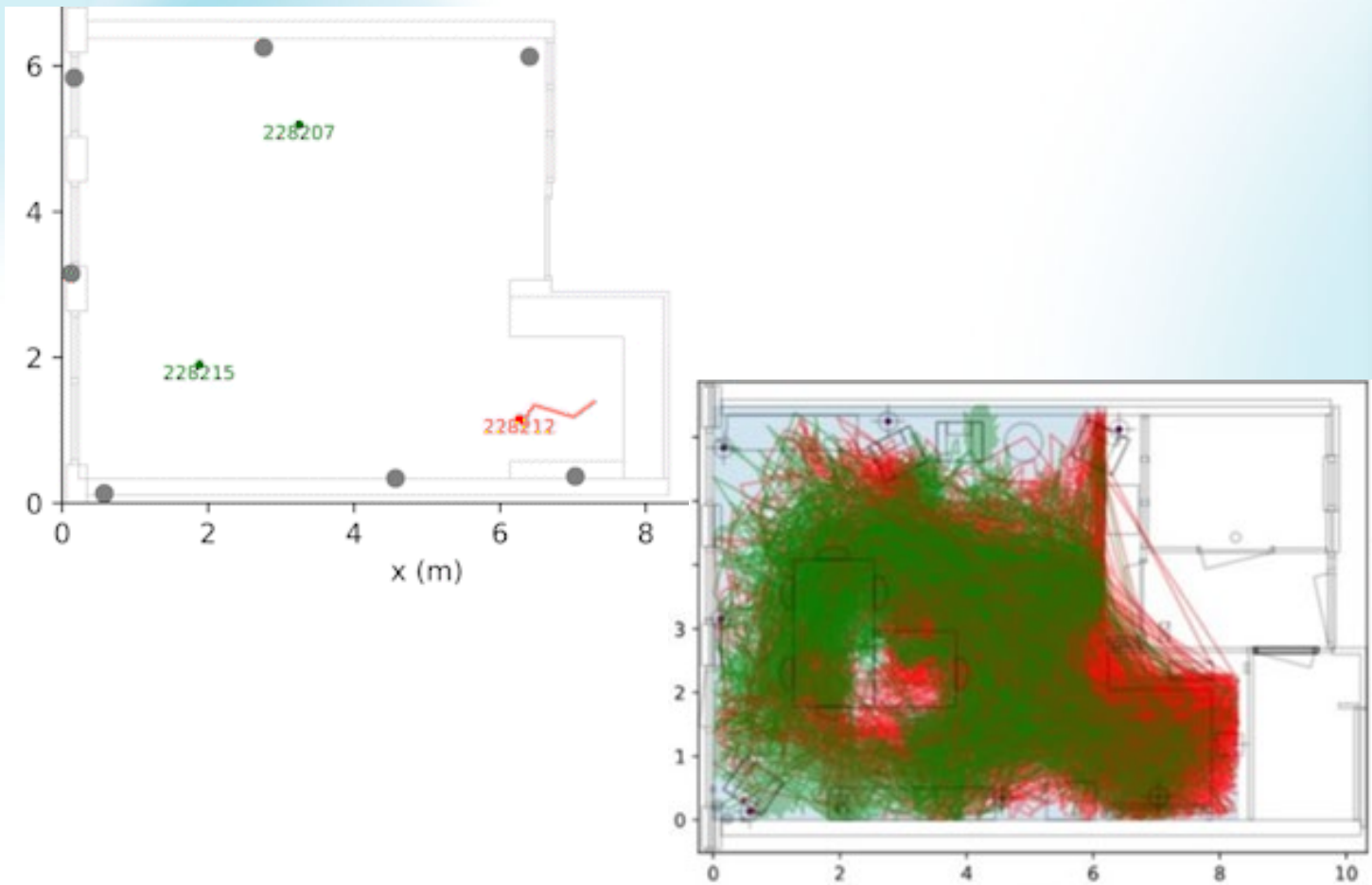
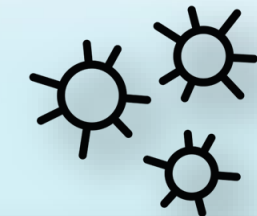


## Methodology

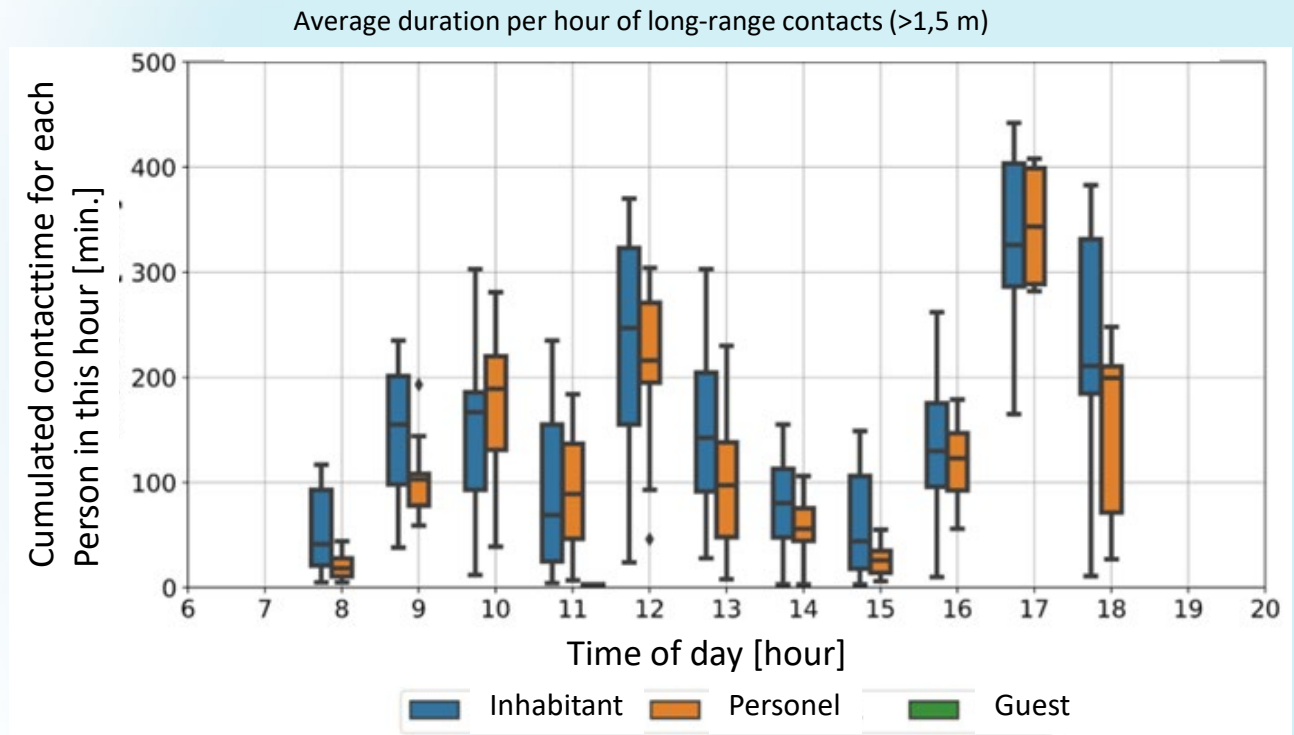
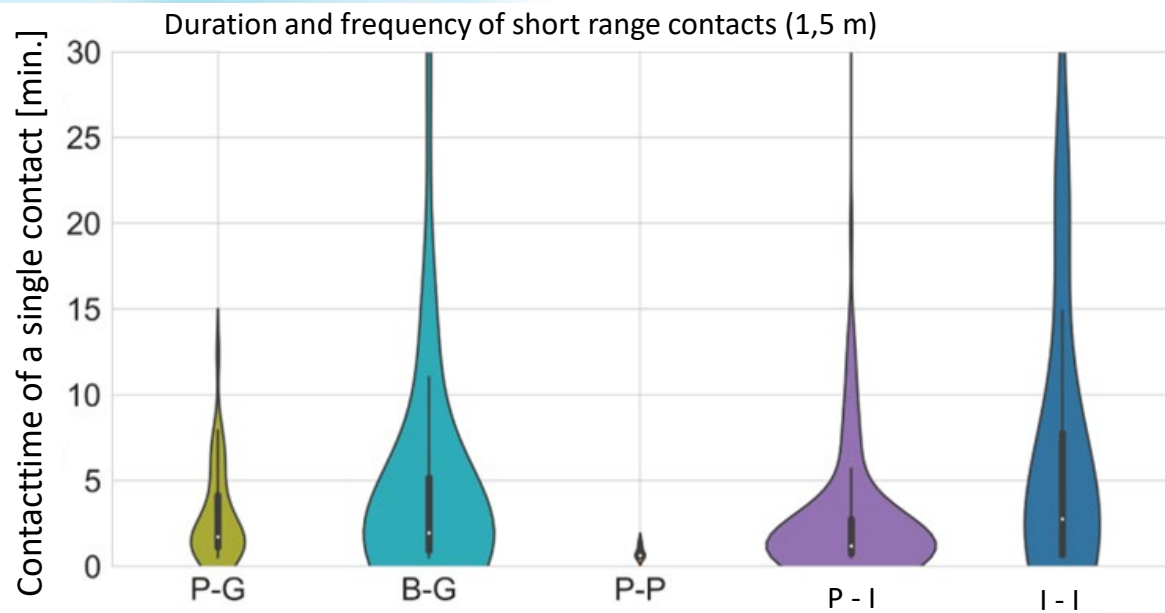
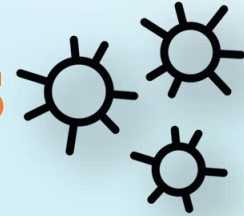
- Interviews
- Technical inspection
- Position measurements and observations



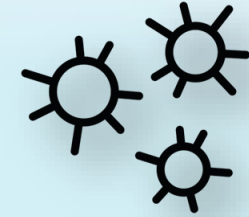
# Position of people



# Frequency and duration of contacts



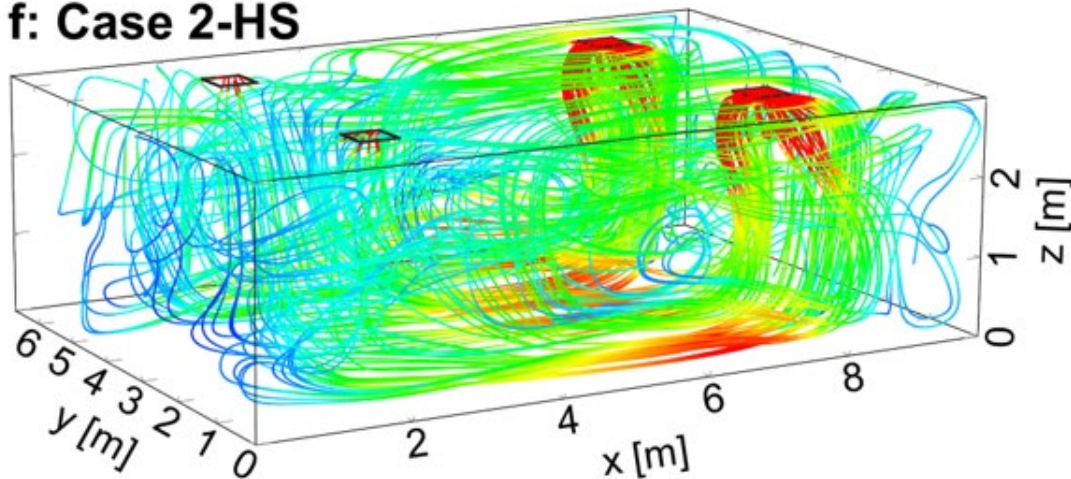
# Particle distribution



Developed approach:

- Many source locations investigated (source no momentum)
- Average for a representative plane
- Outcome identifies potential problematic locations (higher infection risk)

f: Case 2-HS



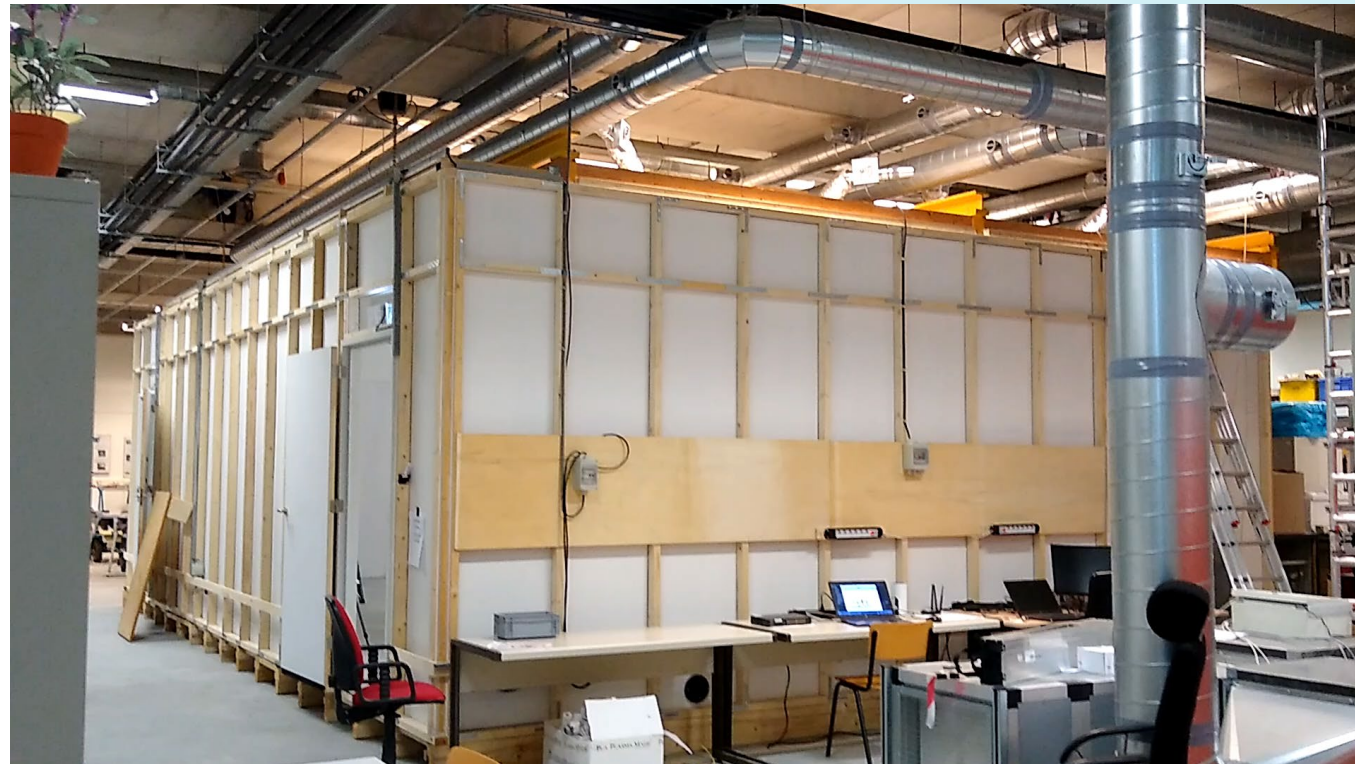
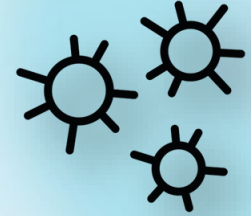
f: Case 2-HS

11	3.0	3.0	3.0	2.9	2.9	2.9	2.7	2.8	2.8	2.6	2.7	
10	2.7	2.9	2.8	2.7	2.6	2.5	2.6	2.6	2.3	2.3	2.5	
9	2.9	2.4	1.2	2.3	2.4	2.4	2.5	2.5	2.1	2.1	2.4	
8	3.0	2.1	0.6	1.4	2.3	2.4	2.4	2.5	2.0	2.2	2.4	
7	3.0	2.3	1.3	1.6	2.3	2.4	2.4	2.5	2.1	2.1	2.4	
6	3.1	2.8	1.9	1.9	2.3	2.4	2.5	2.4	2.6	2.6	2.6	
5	3.4	2.7	1.3	1.5	2.3	2.5	2.6	2.6	2.2	2.2	2.6	
4	3.1	2.6	0.5	1.4	2.4	2.5	2.6	2.6	2.2	2.2	2.5	
3	3.3	2.6	1.0	2.4	2.5	2.5	2.6	2.6	2.3	2.2	2.5	
2	2.8	2.9	2.8	2.8	2.7	2.6	2.7	2.7	2.4	2.4	2.6	
1	3.2	3.3	3.2	3.1	3.1	3.0	3.0	2.9	2.8	2.6	2.9	
		1	2	3	4	5	6	7	8	9	10	11

# column [-]

Surface-averaged concentration fraction at  $z=1.2\text{m}$  (air change rate =  $3\text{ h}^{-1}$ )

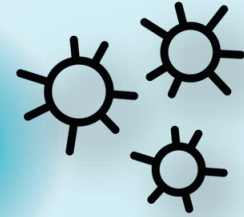
# Mock-up experiments



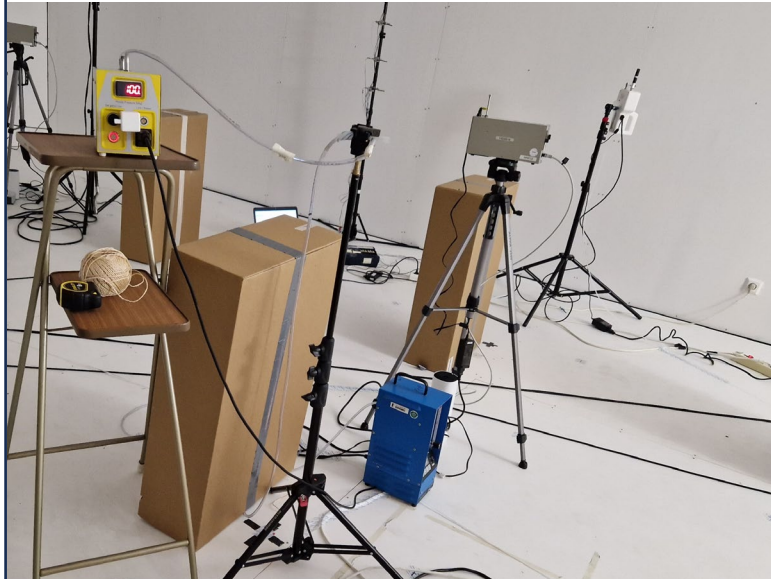
Large room test facility at TU/e

# Spreading of airborne particles

Measurements in longterm healthcare center  
and in mock-up



Generating aerosols 0.3-10  $\mu\text{m}$   
(mainly  $<3\mu\text{m}$ )



6 or more particle counters

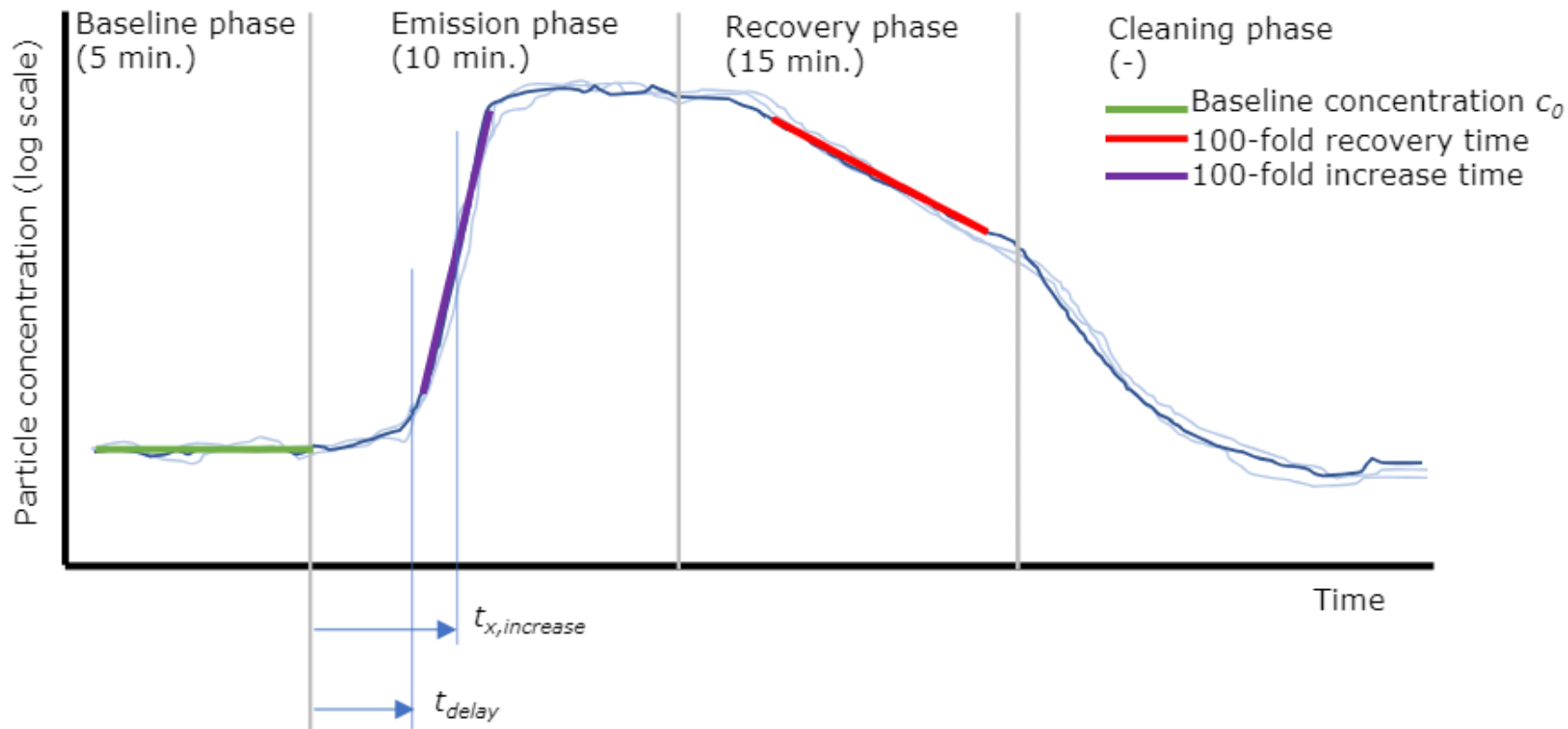
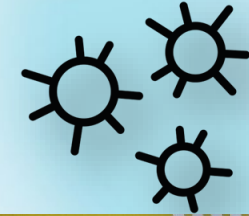


Heat sources

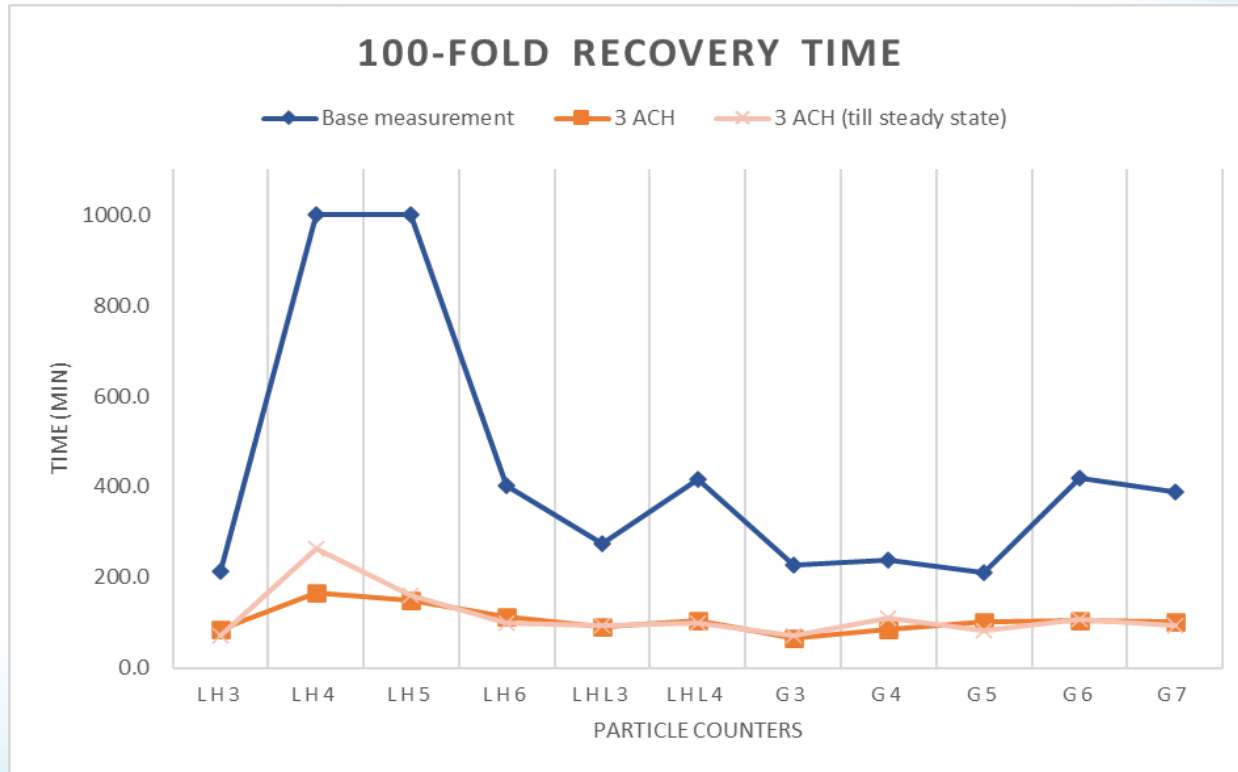
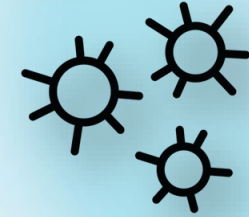


# Measurements

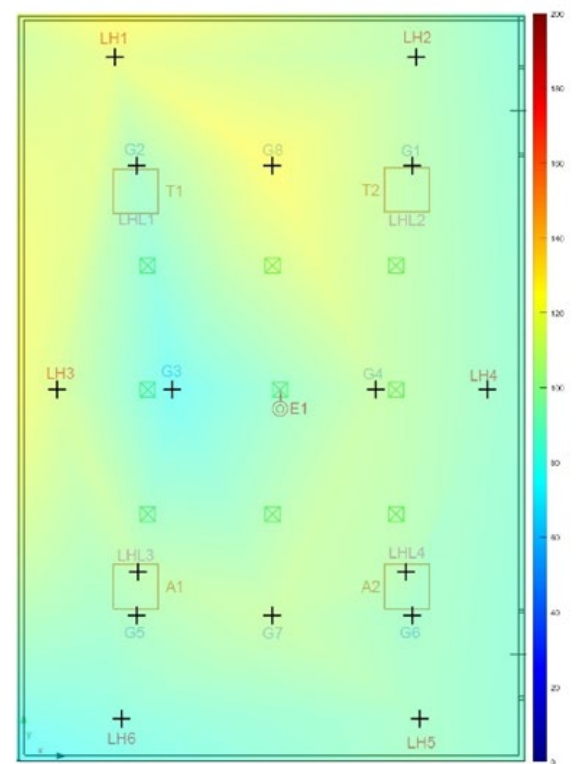
Particle count & air flow measurement:  
in-situ/mock-up



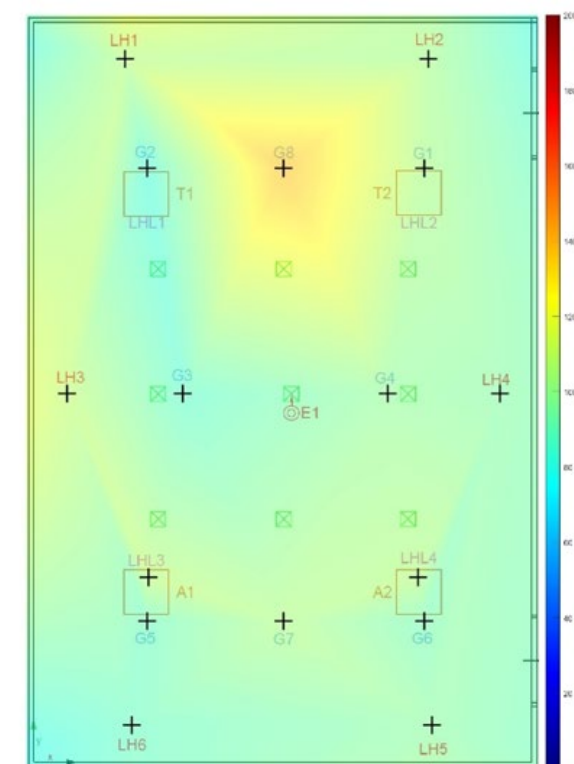
# Effect of ventilation on spreading airborne particles



Baseline, 1 ACH



3 ACH

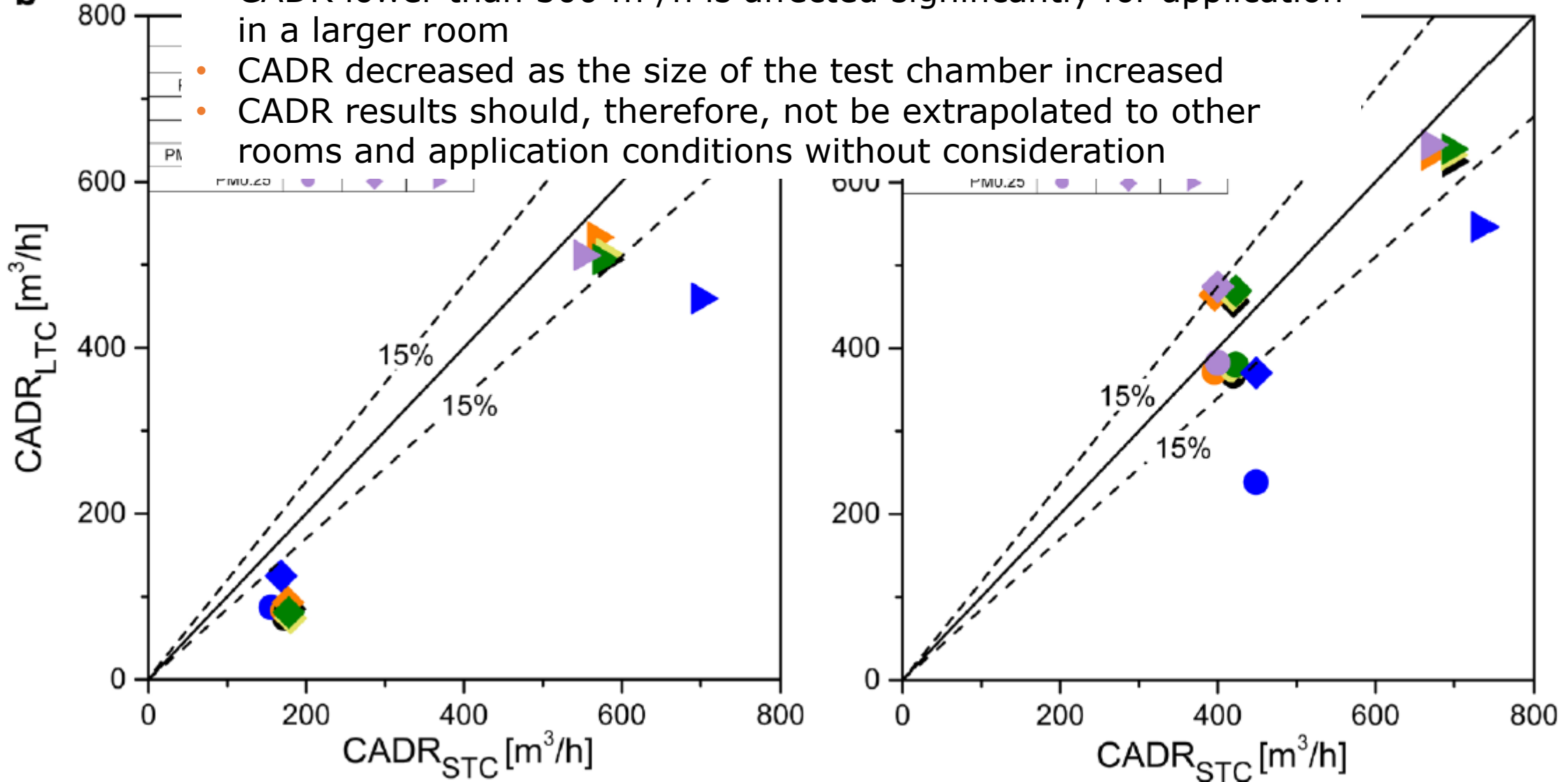




# Aircleaners

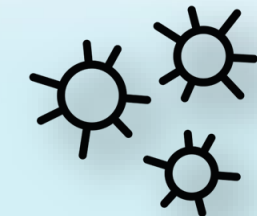
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- CADR lower than 300 m<sup>3</sup>/h is affected significantly for application in a larger room
- CADR decreased as the size of the test chamber increased
- CADR results should, therefore, not be extrapolated to other rooms and application conditions without consideration

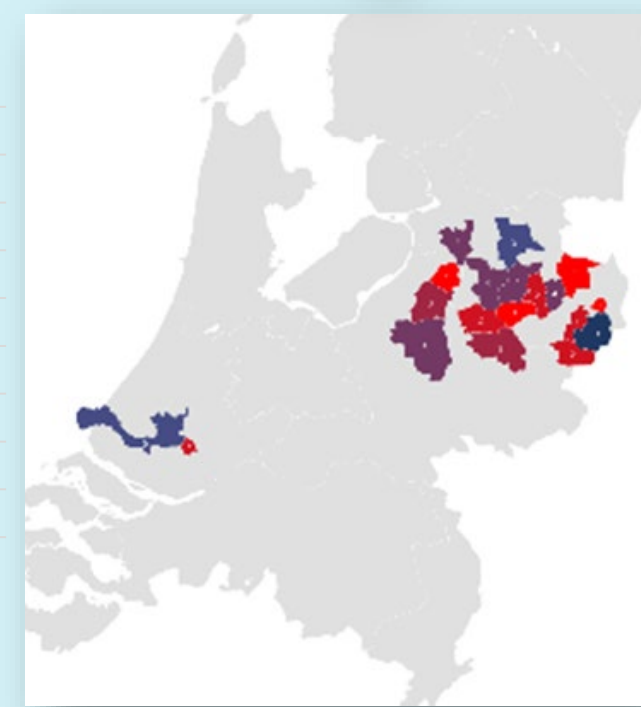
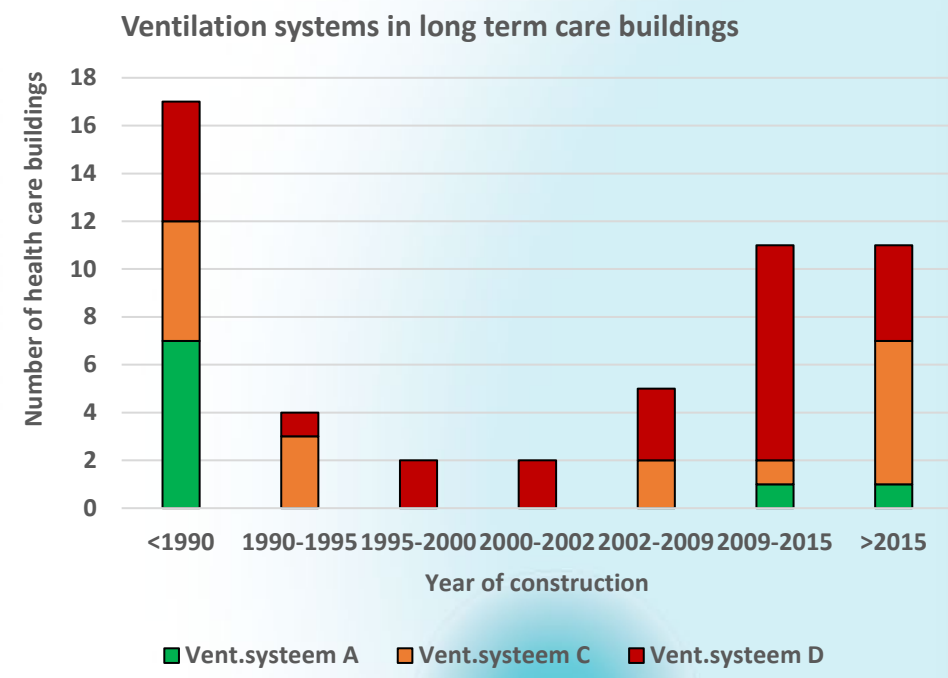
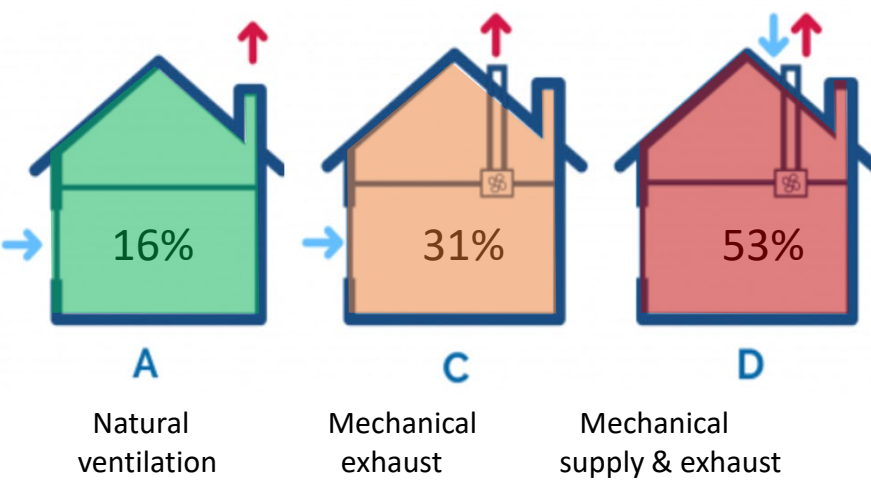


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Room Air

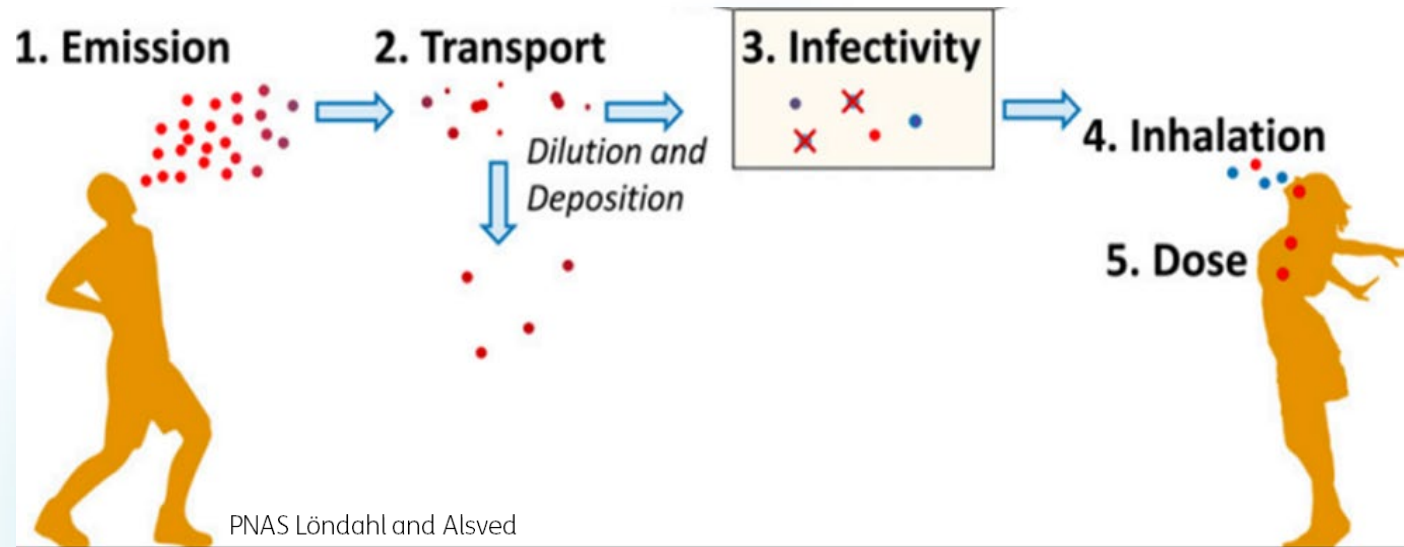


# Used ventilation systems



# Biomedical research-Experiments

Mimic human characteristics  
Controlled conditions

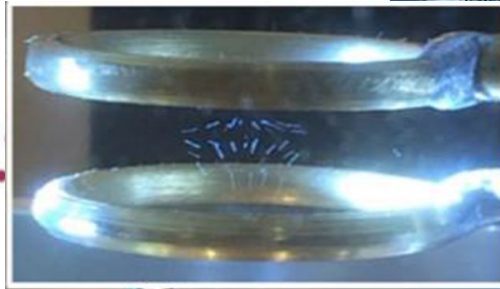


# Experiments

Mimic human characteristics  
Controlled conditions

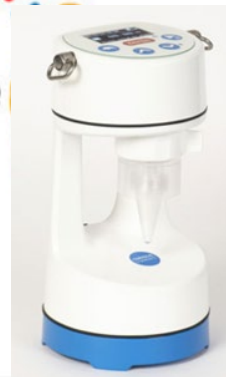


1. Emission



4. Inhalation

5. Dose



# Sampling surrogate virus $\Phi$ X174



Infectious viruses per liter of collected air (N/N0)

Aerosol Size $\mu$ m	Coriolis	Biospot	Impinger	Niosh f	Niosh 1ml	Niosh 15ml
<1	1,00	0,81	0,75	0,05	0,05	0,01
1<4	0,62	1,00	NA			
>4	0,70	1,00	0,21			
<b>survival %</b>	<b>95</b>	<b>89</b>	<b>46</b>	<b>21</b>	<b>13</b>	<b>16</b>

SARS-CoV-2 is known as very fragile:

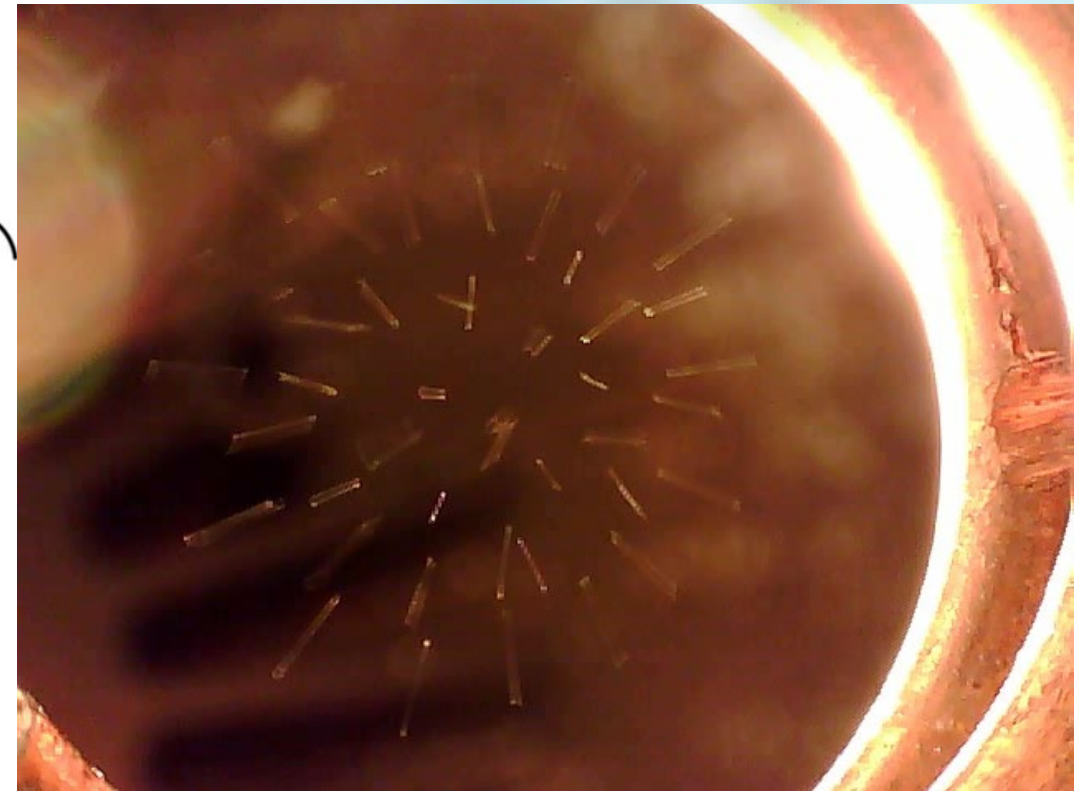
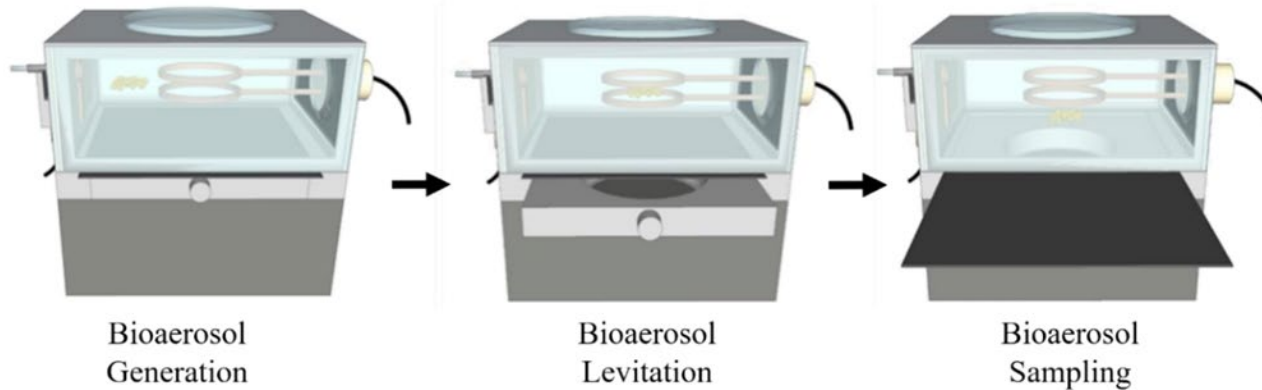
- Mild collection methods are of importance

# Experiment: air transport

Construction of a levitator  
Levitation of aerosols



1.25 X PBS (< 10 μm)



## Work in progress:

- Using bacteriophage in aerosols (with mucus) levitation for 15, 30 and 60 minutes
- Testing the stability of influenza and SARS-CoV-2 in aerosols using the levitator and tube system

# Decision support

**Policy makers government**



**Management long term healthcare facilities and  
sport facilities with social urgent activities**

# RISKS/WEAKNESSES IN VENTILATION



## Challenges:

- Complexity of Human Behavior
- Lack of Quantifiability
- Ethical Considerations
- Uncertainty and incomplete information
- Time Constrains etc.

## Importance:

- Understanding behavior
- Assessing socioeconomic impact
- Mitigating public effects
- Promoting health equity
- Evaluating policy effectiveness etc



# Decision making



Decisionmaking approach and -model			
Decision-making approach and model depends on the context.		Epoch	
		Pandemic urgency	Pandemic preparedness
Scientific evidence on the effectiveness of ventilation technology in preventing the spread of the virus	Unproven effectiveness	<b>Scenario 1</b> Logic of suitability	<b>Scenario 3</b> Logic of suitability
	Proven effectiveness	<b>Scenario 2</b>	<b>Scenario 4</b>

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	Proven effectiveness	<b>Scenario 2</b> Logic of consequences	<b>Scenario 4</b> Logic of consequences

• Pandemic Preparedness

<ul style="list-style-type: none"> <li>• Co-regulation or selfregulation</li> <li>• Supporting policy instruments</li> </ul>	
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**Scientific evidence on the effectiveness of ventilation technology in preventing the spread of the virus**

- Effectiveness unproven
- Proven effectiveness

Decision

Barriers related to implementation monitoring and evaluation of decisions

Implementation, monitoring and evaluation on decision

# Key takeaways

## **Social distancing**

- The contact time between people in a space is much higher at a distance of more than 1.5 meters than within 1.5 meters

## **Ventilation as a means of mitigation**

- The amount of ventilation in long term health care facilities is relatively low (<1 ACH), and especially with natural ventilation unpredictable
- At these low ventilation rates, there is no complete mixing and the air volume is dominant compared to the position of the supply and exhaust vents.

## **Scientific network**

- Different scientific disciplines (technology and doctors) have come closer together

## **Knowledge gaps**

- We are learning a little more about transmission routes, and are gaining more knowledge about aerosol behaviour but there is still a lot we don't know



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**Thank you for your attention**  
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