环境营造与健康提升

## 室内环境控制呼吸道传染病进展及

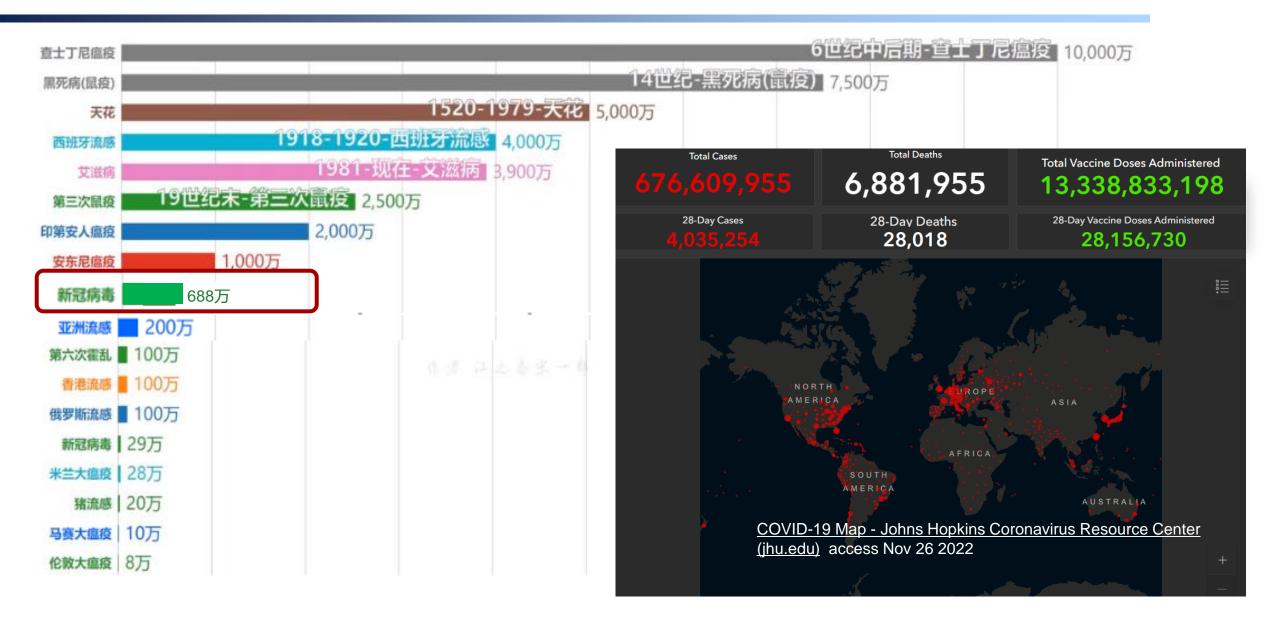
展望

钱华 东南大学



Indoor Environment & Thermal science Lab

## 呼吸道传染病的爆发给人类造成了巨大的灾难



#### 面临挑战

#### (1) 呼吸道传染病传播机制不清

生物气溶胶在非定常非均匀流场中相变、迁移和凋亡过程复杂,加上伦理要求等问题导致传播过程**无法实验复现**,从而传播途径确定困难,传播机制不清。

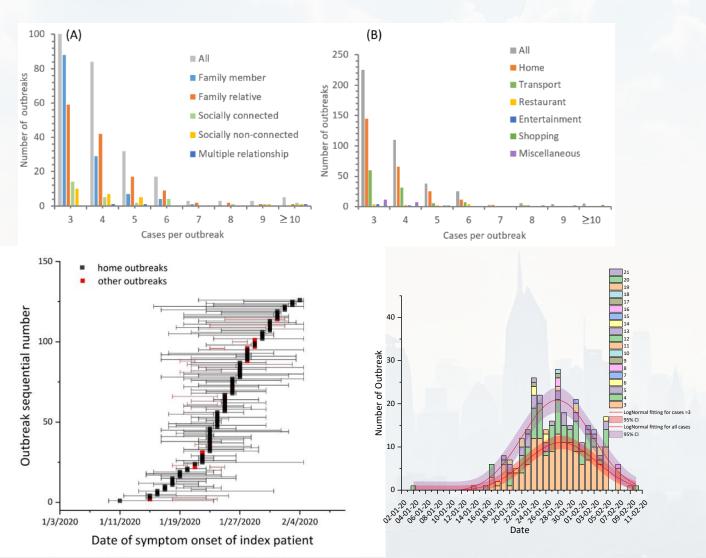


2020年3月WHO发文否定新冠病毒空气传播

2022年4月WHO研判认为病毒空气传播

呼吸道传染病是如何传播的?

### 室内新冠传播规律



通过网络抓取了2020年2月11日之前, 7324个非湖北数据传播数据,分析了其 中涉及3人以上的爆发318例,涉及到120 个城市1245起感染。

#### 发现:

**7324例里面仅1例** 发生在室外,室内环境占主导因素

家庭为主要因素

大的爆发都发生在通风不良的拥挤室内环境

Qian, Miao .. Li\* et al. . Indoor transmission of SARS-CoV-2 Indoor Air (2021)

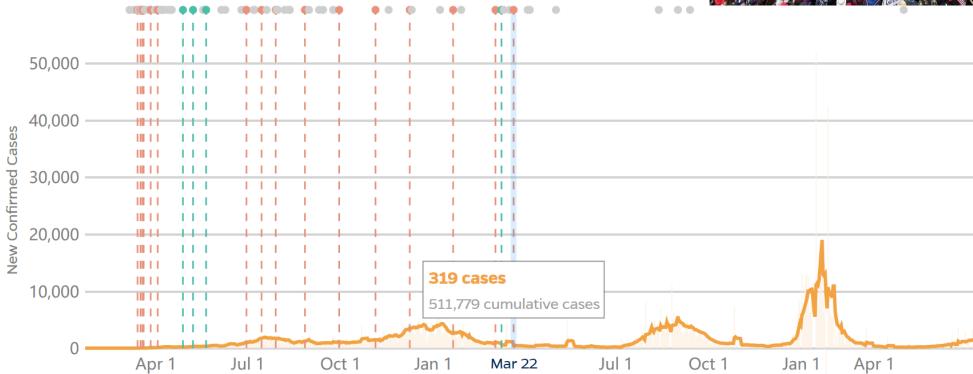
### 国际媒体报道











OSHA recognizes that outdoor transmission has been identified in a few specific incidents (e.g., 2 of 7,324 cases, Qian et al., October 27, 2020). However, general reviews of transmission studies that include large-scale and high-density outdoor gatherings indicate that indoor transmission overwhelmingly is responsible for SARS-CoV-2 transmission. Additionally, the lack of evidence tied to specific case studies illustrating outdoor transmission in comparison to the bevy of case studies on indoor transmission makes it difficult to support a conclusion that outdoor transmission rises to the level of a grave danger.

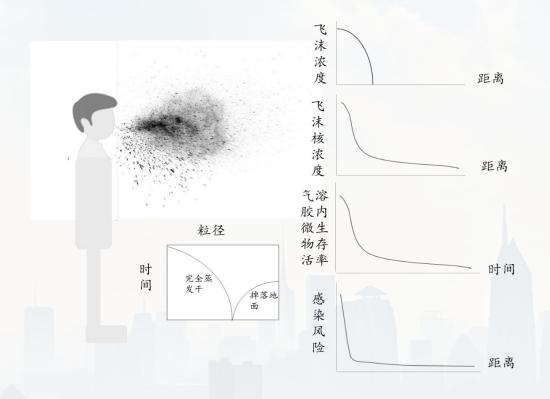


(R) Rule

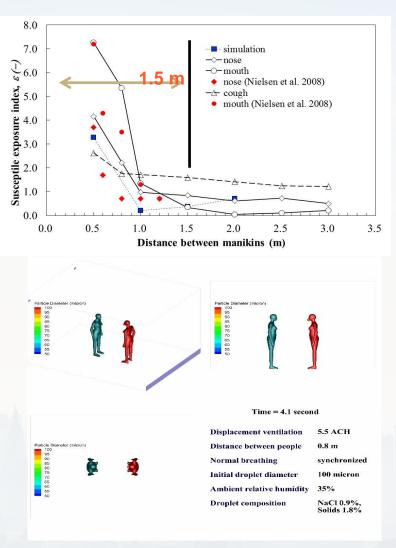
COVID-19 Vaccination and Testing; Emergency Temporary Standard

# •为什么室外爆发例子低?

### 风险和距离关系



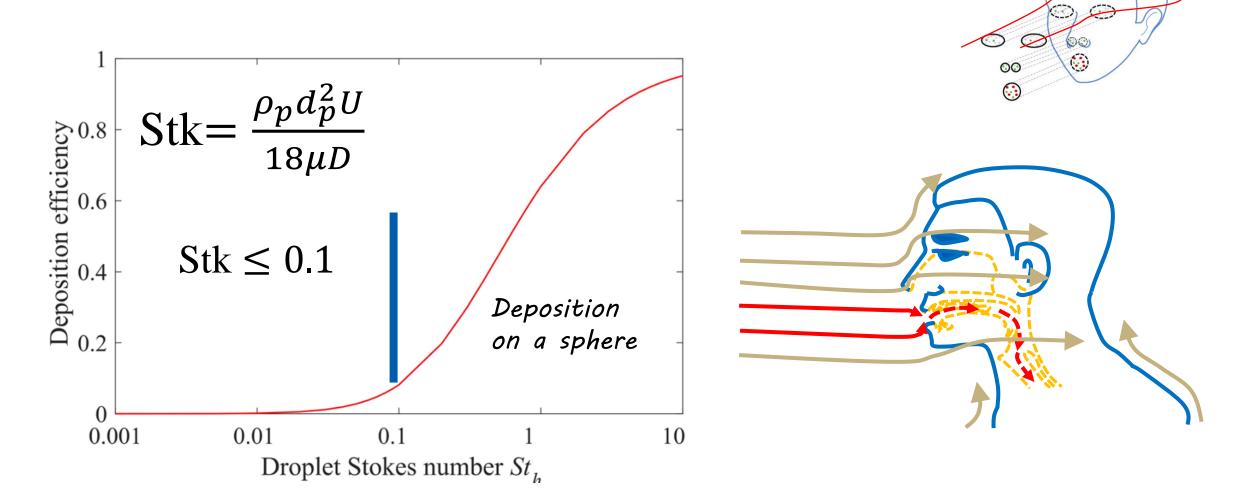
钱华等,科学通报 (2017)



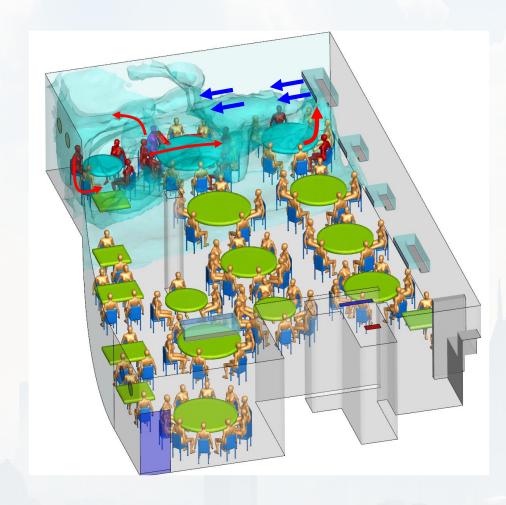
Liu L. et al (2017). Indoor air, 27:452-462.

飞沫暴露很小, 近距离吸入为主

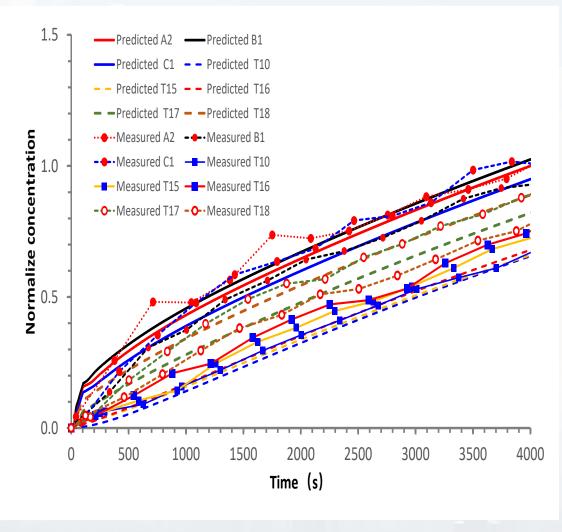
Only >50-100 microns can deposit on face (1m), and much less on noses, mouth and eyes. Small ones follow airflow.



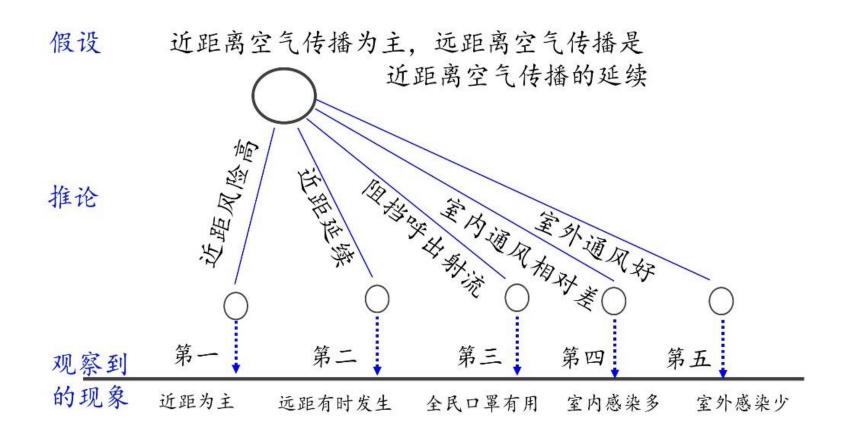
Chen, W., Zhang, N., Wei, J., Yen, H.L. and Li, Y., 2020. Short-range airborne route dominates exposure of respiratory infection during close contact. Building and Environment, 176, p.106859.



现场测量+CFD模拟揭示了新冠在通风不良环 境的传播途径



Y Li, H Qian, J Hang, X Chen, L Hong, P Liang, J Li... - Building and environment 2020



李玉国,程盼,钱华:新型冠状病毒的主要传播途径及其对室内环境设计的影响,科学通报 2021



Inhalation of air carrying very small fine droplets and aerosol particles that contain infectious virus. Risk of transmission is greatest within three to six feet of an infectious source where the concentration of these very fine droplets and particles is greatest.

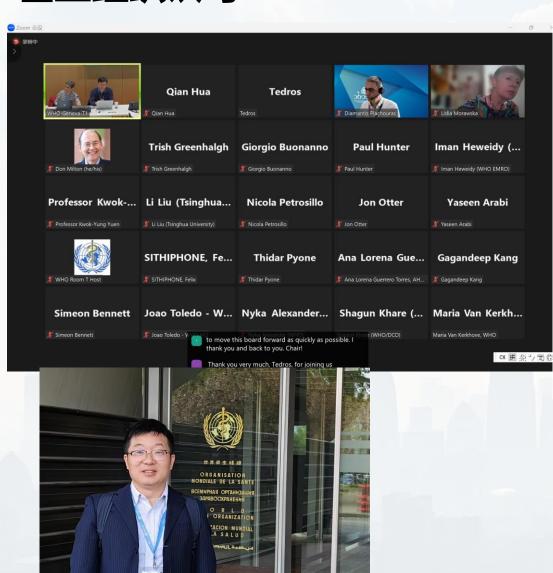
Deposition of virus carried in exhaled droplets and particles onto exposed mucous membranes (i.e., "splashes and sprays", such as being coughed on). Risk of transmission is likewise greatest close to an infectious source where the concentration of these exhaled droplets and particles is greatest.

Touching mucous membranes with hands soiled by exhaled respiratory fluids containing virus or from touching inanimate surfaces contaminated with virus

Scientific Brief: SARS-CoV-2 Transmission

USA CDC

### 世卫组织认可





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In reply please refer to: Professor Hua Qian School of Energy and Environment Southeast University 2 Sipailou, Nanjing, 210096 China

20 April 2023

Dear Professor Qian,

Technical consultation to "Descriptors and other terminology relating to the transmission of infectious respiratory pathogens through the air" 27 to 28 April 2021

World Health Organization, headsquares, Geneva, Switzerland

We have the pleasure of inviting you to attend the World Health Organization (WHO) technical consultation to "Descriptors and other terminology relating to the transmission of infections respiratory pathogens through the air", taking place in-person over two days from 27 to 28 April at WHO, headquarters, in Geneva, Switzerland.

Utilizing its global convening and coordinating role as a global Public Global Health agency, the World Health Organization (WHO) has brought together a wide range of multidisciplinary global experts with the key **objective** of reviewing this topic, sharing knowledge, using the available scientific evidence, openly discussing and seeking to achieve consensus, if possible, regarding terminology and descriptors that could be used to describe the transmission of infectious respiratory pathogens through the air.

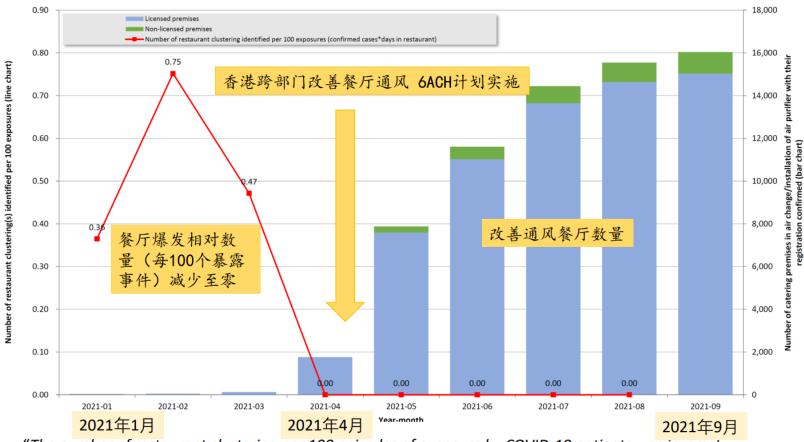
The aim of the consultation was to identify language that could be understood and accepted by all, even though this may result in not using the precise, discipline-specific terms currently used in individual fields. The agreed process was to develop a consensus document, with multi-disciplinary input, that would be endorsed by multiple key global agencies and entities, if possible.

The WHO DG, Dr Tedros, would lik e us to finalize this phase of the co nsultation and agree on the main o utcome/report and its content.

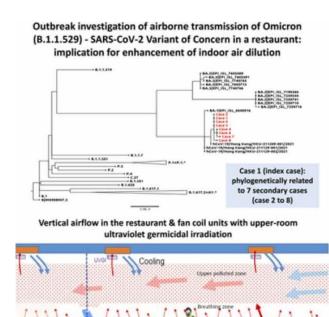
For this and upon request from the DG, we would like to invite you all for 2 days meeting on **April 27-28** to finalize the discussions and agre e on the last draft version of the d ocument with you, and get the fina I feedbacks and comments during the consultation.

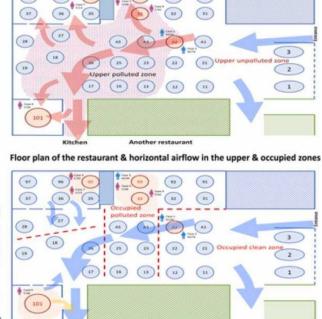
Dr Tedros would like to have as ma ny experts as possible to come to Geneva for the proposed above da te for an in-person meeting. Howe

## 通风和稀释非常重要



"The number of restaurant clustering per 100 episodes of exposure by COVID-19 patients was inversely related to the number of air purifiers being installed in the restaurants." Cheng VCC, et al, 2022





Another restaurant

Table 2

Comparison of secondary attack rate during COVID-19 outbreaks in two Chinese restaurants before and after enhancement of indoor air dilution.

	Outbreak R1	Outbreak R2	P value
Customers			
Number of exposed	76	207	
Number of secondary infected	22	7ª	
Secondary attack rate	28.9%	3.4%	P<0.001
Restaurant staff			
Number of exposed	19	22	
Number of secondary infected	10	0	
Secondary attack rate	52.6%	0%	P<0.001
Secondary attack rate (overall)	33.7%	2.6%	P<0.001

Note. Outbreak R1 occurred on 19th February 2021 (before enhancement of indoor air dilution). Outbreak R2 occurred on 27th December 2021 (after enhancement of indoor air dilution).

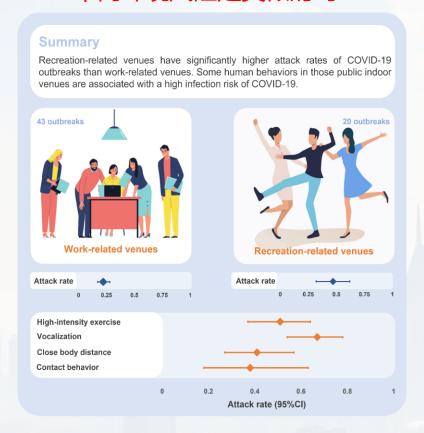
Chen et al (2022) JHM (430): 128504

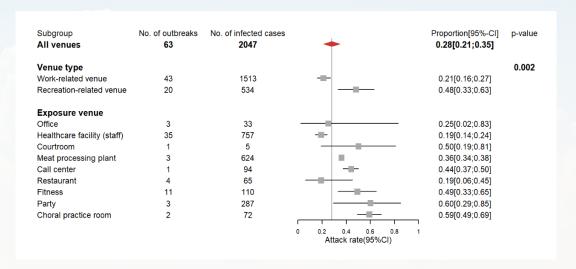
Excluding the index case (case 1), there were 7 secondary infected cases in this outbreak.

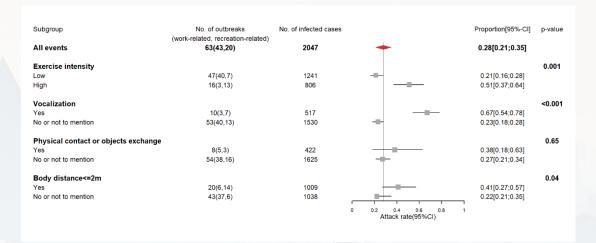


### 问题1:

#### 不同环境风险是类似的吗?

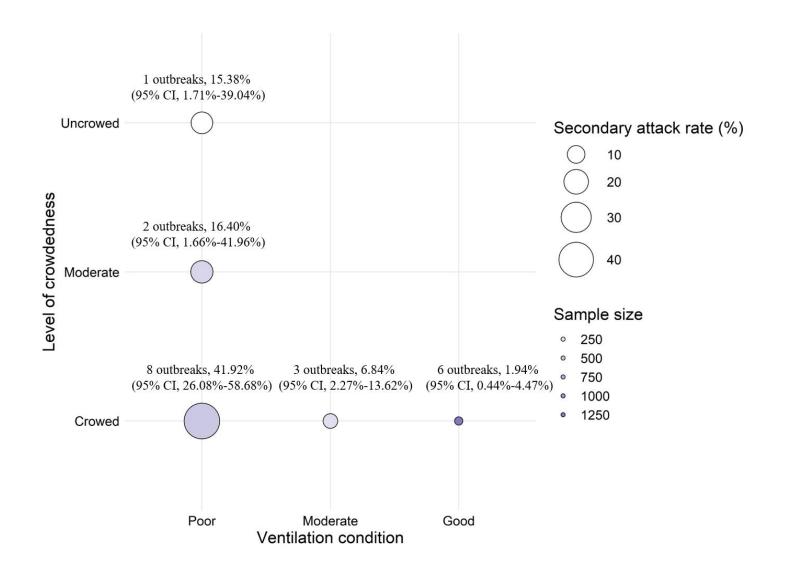






Huang, W.W..... Qian, H., Risk evaluation of venue types and human behaviors of COVID-19 outbreaks in public indoor environments: A systematic review and meta-analysis. Environmental Pollution, 2024. **341.** 

#### 拥挤和良好通风

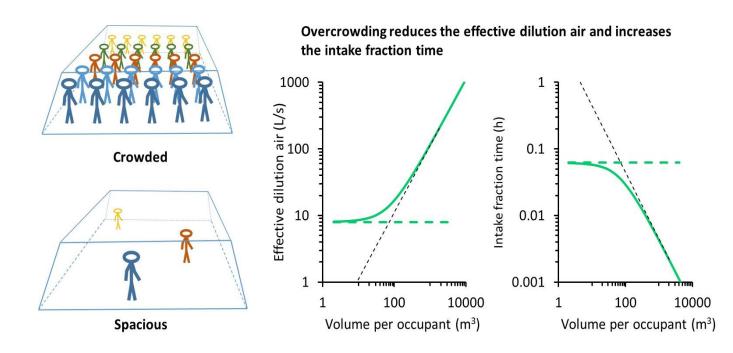




#### 为控制疫情, 我们需要的最小通风量是多少?

#### 感染风险为0? 还是R0<1

#### **Equivalence of volume and ventilation (dilution)**







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HOME > SCIENCE > VOL. 372, NO. 6543 > A PARADIGM SHIFT TO COMBAT INDOOR RESPIRATORY INFECTION

POLICY FORUM | INFECTIOUS DISEASE



#### A paradigm shift to combat indoor respiratory infection

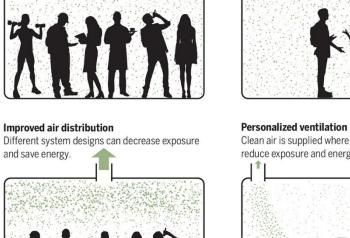
Building ventilation systems must get much better



#### Flexible ventilation systems, dependent on the building's purpose

Ventilation airflow rates must be controlled by the number of occupants in the space and their activity.

## **Design occupancy** Ventilation is set for maximum occupancy.





**Demand controlled** 

activities to save energy.

Ventilation is adjusted according to the number of occupants and their

Clean air is supplied where needed to further



### 公共建筑室内空气质量监测系统技术规程









2020.6 指南发布

2020.6.12 筹备工作会 确定大纲和编 写队伍 建立微信工作 丑子

2020.8.15 2020.9.17 指南结果公示 工作会议,集中 分工各单位完成 修改 各章节初稿 主编单位进行归拢

和你对

2020.10.28 集中考察南京、 常州现场 工作会议,集 中再次修改

2020.11.3 初审 成修改,

2021.5 征求意见稿完 项目示范

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#### Details

Science



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#### ARTICLE

Mandating indoor air quality for public buildings

#### View article page

Lidia Morawska, Joseph Allen, William Bahnfleth, Belinda Bennett, Philomena M. Bluys ... See all authors

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Pages 1418 - 1420 INSIGHTS

#### **POLICY FORUM**

**PUBLIC HEALTH** 

#### Mandating indoor air quality for public buildings

If some countries lead by example, standards may increasingly become normalized

By Lidia Morawska, Joseph Allen, William Bahnfleth, Belinda Bennett, Philomena M. Bluyssen, Atze Boerstra, Giorgio Buonanno, Junji Cao, Stephanie J. Dancer, Andres Floto, Francesco Franchimon, Trish Greenhalgh, Charles Haworth, Jaap Hogeling, Christina Isaxon, Jose L. Jimenez, Amanda Kennedy, Prashant Kumar, Jarek Kurnitski, Yuguo Li, Marcel Loomans, Guy Marks, Linsey C. Marr, Livio Mazzarella, Arsen Krikor Melikov, Shelly L. Miller, Donald K. Milton, Jason Monty, Peter V. Nielsen, Catherine Noakes, Jordan Peccia, Kimberly A. Prather, Xavier Querol, Tunga Salthammer, Chandra Sekhar, Olli Seppänen, Shin-ichi Tanabe, Julian W. Tang, Raymond Tellier, Kwok Wai Tham, Pawel Wargocki, Aneta Wierzbicka, Maosheng Yao

eople living in urban and industrialized societies, which are expanding globally, spend more than 90% of their time in the indoor environment, breathing indoor air (IA). Despite decades of research and advocacy, most countries do not have legislated indoor air quality (IAQ) performance standards for public spaces that address concentration levels of IA pollutants (1). Few building codes address operation, maintenance, and retrofitting, and most do not focus on airborne disease transmission. But the COVID-19 pandemic has made all levels of society, from community members to decision-makers, realize the importance of IAQ for human health, wellbeing, productivity, and learning. We propose that IAQ standards be mandatory for public spaces. Although enforcement of IAQ performance standards in homes is not possible, homes must be designed and equipped so that they could meet the standards.

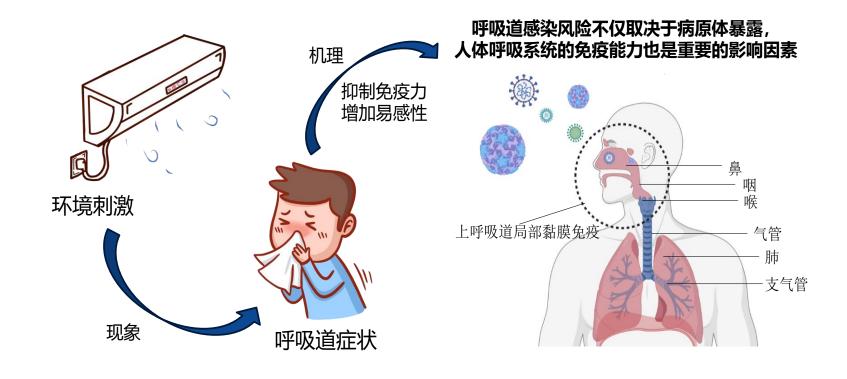
in the derivation procedure; the complex political, social, and legislative situation regarding IAQ; the lack of an open, systematic, and harmonized approach (4); and that establishing an IAQ standard is always the result of a compromise between scientific knowledge and political will (5). Because of the heterogenous landscape of approaches needed, such barriers remain intact despite the considerable IAQ research and evidence base developed over the past decades.

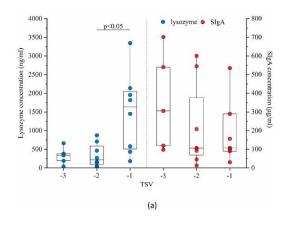
#### CHALLENGES

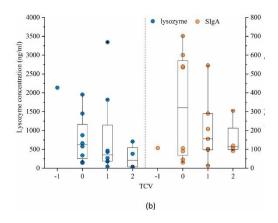
#### Source contributions

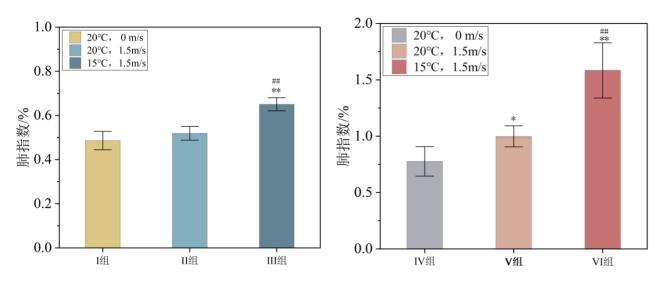
IA pollution originates from sources indoors (including humans) and outdoors and from chemical reactions between pollutants in IA (6). Compliance with IAQ standards (that refer to the concentrations of indoor pollutants) would require controlling indoor emission sources (such as combustion, building products, and cleaning products) and miniis different and is used differently, and we cannot use modeling to predict pollution concentration in one space by using the concentrations measured in other spaces. Compliance monitors are too costly and complex to deploy in all indoor spaces to monitor for all six pollutants included in the WHO AQG (3), However, there are environmental parameters that can already be monitored in each room of each building, such as temperature and relative humidity. The feasibility of monitoring IAQ parameters in buildings depends on the size, cost, robustness, and silent operation of the sensor or monitor; calibration; and ease of interpreting data. But routine, real-time monitoring of indoor pathogens is currently infeasible. In the absence of information on the concentration of pathogens in IA, the question is which proxy parameter or pollutant should be the basis for legislation that targets airborne infection transmission.



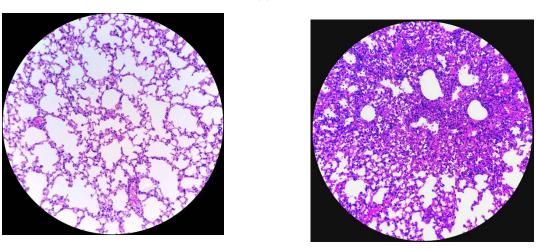








非感染组小鼠肺指数; (b)感染组小鼠肺指数 与病毒对照IV组比较,



对照组和染毒吹风组小鼠肺切片图



### 致谢

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• 课题组:郑晓红副教授、罗丹婷、王聖齐、周梓莹、程小雪、黄玮玮等同学



# 谢谢大家