Twitter Thread by <u>Jonathan Mesiano-Crookston</u> @/#COVIDisAirborne



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@jmcrookston



[From a chat. Someone asked what the origin for most infection comes from close contact]

From the epi reports where you ask the person what they did for a week, etc, and then find that they were close to a positive at some point, so the conclusion is "aha, close contact"

You're never going to know if its because of the 2m with that person, or being in some small room with someone else, because nobody is looking for air spread. Conclusion is that it's the close contact.

Why? because EPI STUDIES ARE ALWAYS LOOKING FOR DROPLET

Every question, etc, asked, is from the point of view that nothing except certain specific viruses (measles, etc.) are airborne.

Because remember, to them, if air, R0 would = a billion.

https://t.co/cjJvGVY4Vr

Right now when people tell you there is no airborne spread remember THEY ARE NOT LOOKING FOR AIRBORNE SPREAD BECAUSE THEY DO NOT BELIEVE IN IT.

This is why elevator buttons get blamed instead of aerial transmission - they don't believe in aerial transmission.

— Jonathan Mesiano-Crookston @/#COVIDisAirborne (@jmcrookston) December 2, 2020

That's why if you read the CDC reports, it's rare for them to analyse beyond 2m. Usually its asian studies that do. And even then barely (the South Korean one, even still, used droplet language).

SK study:

https://t.co/QblvVRvIda

This is a very important paper. Transmission over more than 2m with only 5 min exposure - captured by CCTV. Contact tracers don't even look for these connections. Actual articlehttps://t.co/GyTJo5Y1Jb cc @jljcolorado @kprather88 @DrPieterPeach @DrKatrin_Rabiei @NjbBari3 https://t.co/onPWqvNzhJ Jonathan Mesiano-Crookston @/#COVIDisAirborne (@jmcrookston) December 2, 2020 This is why only 2 rows on planes are contact traced. A few studies trace outside, and find contacts outside 2 rows, but most don't. I've posted about articles saying 2 row not good enough https://t.co/u6mo07FEVy 4 We will focus on the last para about contact tracing in planes and the two row rule. pic.twitter.com/TKiPdu8KIJ — Jonathan Mesiano-Crookston @/#COVIDisAirborne (@jmcrookston) January 27, 2021 That short article (a terrible one, btw) cited TWO references that said 2 rows may not work. https://t.co/bcdFAObflu 10 Its main thrus is not that studies are biased by exposure risks before getting on the plane. It looked at a number of contact tracing studies. It concluded evidence not strong enough to justify 2 row rule.

- ** A majority of secondary cases was identified > 2 rows from index pic.twitter.com/ZFhzbGrGbt
- Jonathan Mesiano-Crookston @/#COVIDisAirborne (@jmcrookston) January 27, 2021

On top of that, there are others I haven't ever had time to post.

Hertzberg 2016. Says two 2 rows misses cases. See conclusion at bottom.

Mangili 2015, again noting hits found 7 rows distant.

This is just whatever snippet I quickly found.

Goldblatt 2013. Just whatever snippet I quickly found. I haven't even researched this issue. These are just the studies I had lying around. I can't turn around without bumping into info that refutes droplets. It's insane. And consider that US prison report (in CDC journal) that found transmission limit should be 15 minutes in 24 hours. They suggested that rule (on the basis of ONE person, by the way), BEFORE considering air spread. That's also insane. These rules do not work because it ain't about the droplets. https://t.co/qRt8bJLV0f But guess what? When we use the 2 row forward/back rule (droplet) in airplanes, it doesn't work. When we use droplet 2m rule (which comes from 14 babies in 1981), it doesn't work. SARS-CoV-2 infects whole rooms, which we are told means airborne, not droplet Yet still droplet

— Jonathan Mesiano-Crookston @/#COVIDisAirborne (@jmcrookston) December 12, 2020