Twitter Thread by Jonathan Mesiano-Crookston @/#COVIDisAirborne



Jonathan Mesiano-Crookston @/#COVIDisAirborne
@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/TKiPdu8KlJ
>
> — 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.

ORIGINAL RESEARCH

On the 2-Row Rule for Infectious Disease Transmission on Aircraft

Vicki Stover Hertzberg, PhD, Howard Weiss, PhD
Atlanta, Georgia

Abstract

BACKGROUND With over two billion airline passengers annually, in-flight transmission of infectious diseases is an important global health concern. Many instances of in-flight transmission have been documented, but the relative influence of the many factors (see below) affecting in-flight transmission has not been quantified. Long-standing guidance by public health agencies is that the primary transmission risk associated with air travel for most respiratory infectious diseases is associated with sitting within two rows of an infectious passenger. The effect of proximity may be one of these factors.

OBJECTIVE The aim of this study was to determine the risk of infection within and beyond the 2-row rule given by public health guidance.

METHODS We searched the literature for reports of in-flight transmission of infection which included seat maps indicating where the infectious and infected passengers were seated.

FINDINGS There is a ~ 6% risk to passengers seated within the 2-rows of infected individual(s) and there is ~ 2% risk to passengers seated beyond 2-rows from the infectious individual.

DISCUSSION Contact tracing limited to passengers within 2-rows of the infectious individual(s) could fail to detect other cases of infections. This has important consequences for assessing the spread of infectious diseases.

Mangili 2015, again noting hits found 7 rows distant.

This is just whatever snippet I quickly found.

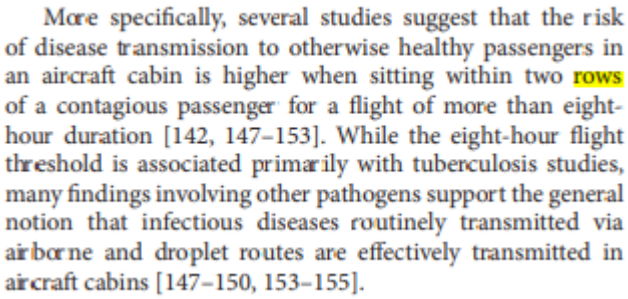
upon the proximity of the fellow passenger to the index passenger, seating within two rows of the index passenger and the duration of the exposure, exemplified by studies of transmission of *Mycobacterium tuberculosis* on board an air flight which is limited to close contacts and a flight time of >8 h. This protocol is based upon experiences with previous tuberculosis (TB) exposures/outbreaks aboard commercial flights and has become conventional wisdom for investigating most aircraft-related infectious disease incidents. However, it is fundamentally flawed since it does not consider ventilation —a key component of infection control, particularly for diseases with airborne transmission—and variation has been reported. For example, the largest in-flight SARS outbreak (Air China flight 112) involved passengers seated as far as seven rows from the index passenger, and the flight was only 3 h long. Multiple mathematical

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.



More specifically, several studies suggest that the risk of disease transmission to otherwise healthy passengers in an aircraft cabin is higher when sitting within two rows of a contagious passenger for a flight of more than eight-hour duration [142, 147–153]. While the eight-hour flight threshold is associated primarily with tuberculosis studies, many findings involving other pathogens support the general notion that infectious diseases routinely transmitted via airborne and droplet routes are effectively transmitted in aircraft cabins [147–150, 153–155].

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