

"Use of Masks"

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This lecture

- SARS-CoV-2 and Covid-19
 - SARS-CoV-2 vs SARS-CoV-1
 - Viability and susceptibility
 - Main transmission modes
- Aerosols and aerosol transmission
- Face masks – Main types

SARS-CoV-2 and Covid-19

- Definitions
 - **Covid-19** = Coronavirus Disease 2019
 - **SARS-CoV-2** = the causative agent of Covid-19
 - **SARS** = Severe Acute Respiratory Syndrome



SARS-CoV-2 and Covid-19

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- Coronavirus infections

- Coronavirus strains as a cause of common cold ("rhinitis" ...)
- More severe infections caused by
 - SARS-CoV(-1) – Outbreak in Asia, then worldwide (2002-2004)
 - MERS-CoV – Outbreak in Middle East (2012-...)
 - SARS-CoV-2 – Outbreak and pandemic (Dec. 2019-...)

SARS-CoV-2 vs SARS-CoV-1 – Similarities

79% of genetic similarity (RNA)





- Disease and epidemiology – Main similarities
 - Common origin (bats)
 - Responsible for respiratory diseases
 - Both likely to lead to severe acute respiratory syndrome (SARS), likely to require oxygen supply and/or artificial ventilation
 - Similar viability and resistance patterns
 - Same high risk groups (older people, poor health status...)

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SARS-CoV-2 vs SARS-CoV-1 – Main differences

- SARS-CoV-1
 - More severe disease, with higher mortality rates (10% vs 0.5 to 3%)
- SARS-CoV-2
 - Higher receptor affinity in human cells  More virulent
 - Some virus shedding *before* the onset of symptoms (up to 24 hours), possibly also in asymptomatic and very mild cases
 -  Hidden transmission, making prevention more difficult
 - Highest virus load in nose and throat immediately after the onset of symptoms (only later after the onset of symptoms in SARS-CoV-1)
 -  More easily transmissible
 - Wider variety of symptoms  Less easily recognisable

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SARS-CoV-2 vs SARS-CoV-1 – Main differences

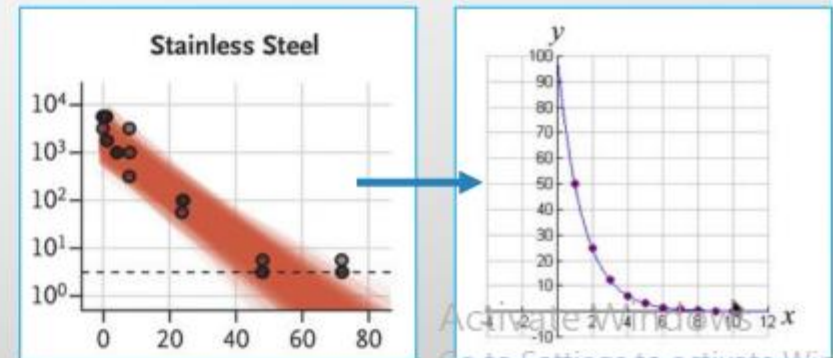
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Click and

Viability of SARS-CoV-2

- Apparently more or less similar to SARS-CoV-1
- Virus stays viable for
 - More than 3 hours in aerosols – Median half-time (MHT) 1.1-1.2 hours
 - 72 hours on stainless steel and plastic – MHT 5.6-6.8 hours
 - 24 hours on cardboard
 - 4 hours on copper
- Classical exponential viral decay
 - Steep decrease followed by a smoother curve and a final plateau

* NIAID, 2020 (<https://www.nejm.org/doi/10.1056/NEJMc2004973>)



Activate Windows
Go to Settings to activate Windows.

Susceptibility of SARS-CoV-2

- Rather classical susceptibility (still to be defined more precisely)
 - UV light
 - Heat
 - Desiccation
 - Alcohol (70% ethanol, hydroalcoholic solutions or gels...)
 - Bleach
 - Acetic acid
 - Hydrogen peroxide (H_2O_2)
 - Water and soap (hand washing!)
 - ...

Transmission of SARS-CoV-2

Transmission through airborne droplets (aerosols)



- Main transmission modes
 1. Direct or close contact
 2. Exposure to contaminated surfaces
 3. Remote (at a distance) exposure to aerosols

- ☞ Main prevention means
 1. Physical distance
 2. Cleaning and disinfection
 3. Wearing of masks

Part II – Aerosols and aerosol transmission



Aerosols

- Aerosols = liquid droplets or solid particles suspended in the air (or in a gas)

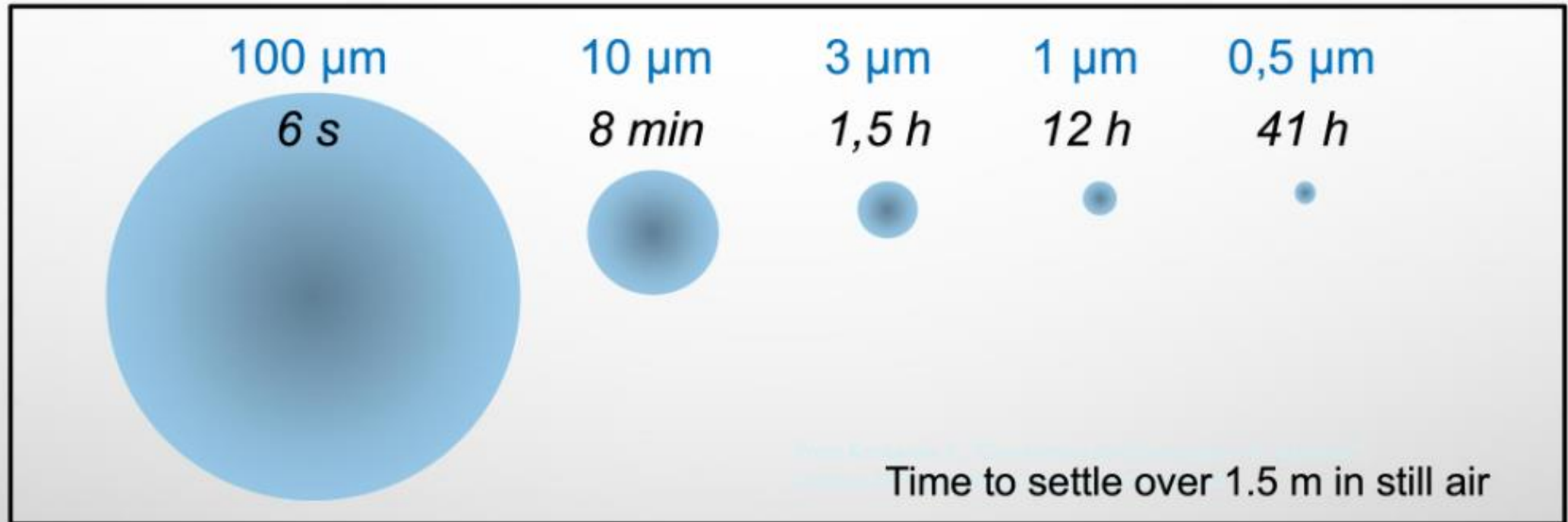


- Infectious aerosols
 - Suspended liquid droplets containing infectious agents
 - Possibly suspended biological agents (e.g. when droplets have evaporated)



Settling time of aerosols according to size

- Variety of particle sizes depending on the energy of the aerosol production



- Settling time related to particle sizes (longer for smaller particles)

Coughing and sneezing as sources of aerosols

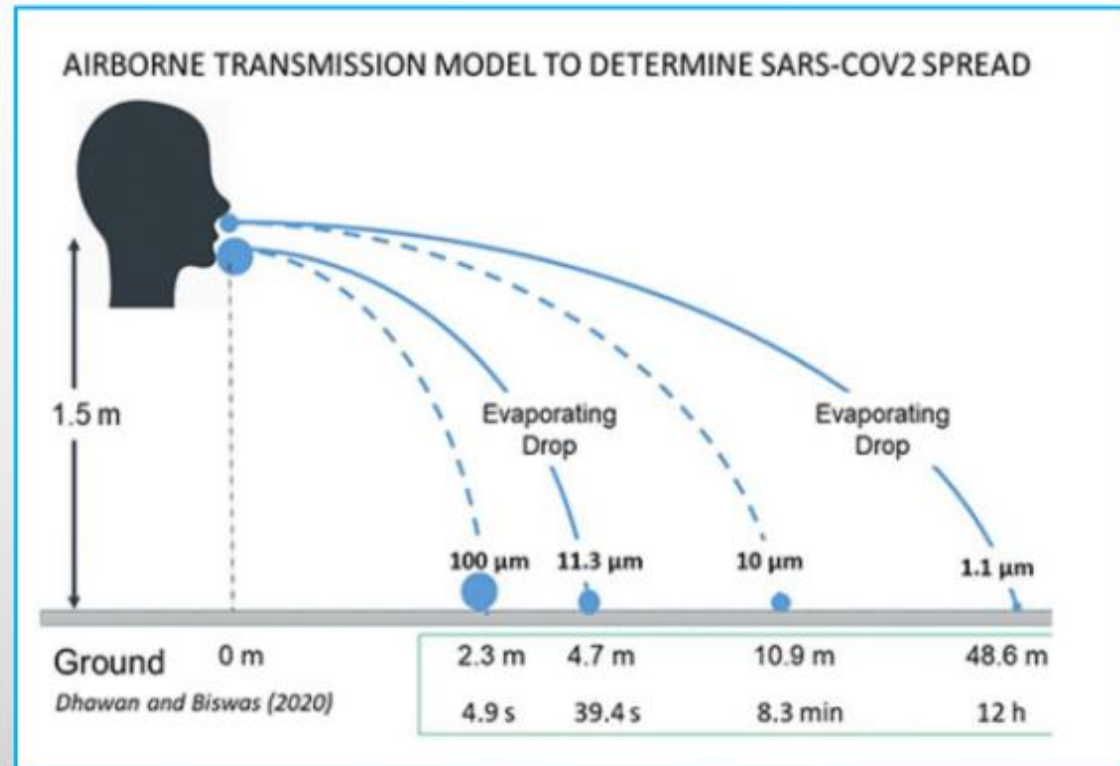


- Small droplets tend to stay suspended in the air and can possibly travel long distances (through air flows)

- Large droplets tend to settle quickly

- Coughing and sneezing
 - Highly energetic aerosol emission
 - Very effective mode of aerosol dissemination !
- Droplets also likely to be emitted while breathing (exhaling), talking... but in more limited number, and with much less energy

Aerosol dissemination and risk of infection




- Theoretically, time and distance for aerosol settling may be long (up of 12 hours and 48 meters)!
- In practice, dilution and viral decay occur with increasing time and distance
 - ☞ Virus load much lower
 - ☞ Risk of infection much lower

* Washington University, CASE, 2020

(<https://source.wustl.edu/2020/04/aerosol-researchers-at-mckelvey-school-of-engineering-tackle-novel-coronavirus/>)

Importance of aerosols and air flows

- Aerosols are a major source of dissemination and transmission of SARS-CoV-2 (and other biological agents)
 - In natural conditions
 - In healthcare or laboratory conditions (aerosol-generating procedures or accidental spills)
-  Controlling aerosols
 - Though personal protection
 - Personal Protective Equipment (PPE) – Different types of masks
 - Through containment
 - Biosafety cabinets (BSCs)
 - Negative pressure and HEPA filtration

Part III – Face masks



Main types of face masks and respirators

- Respiratory face masks (US: “respirators”):
 - N95, FFP2, FFP3, KN95...
 - R95, P95...
- Surgical masks
- Cloth masks – Do-it-yourself (DIY) or manufactured
- Other masks and respirators*

* Not covered in this course because expensive and generally not available in Pakistan

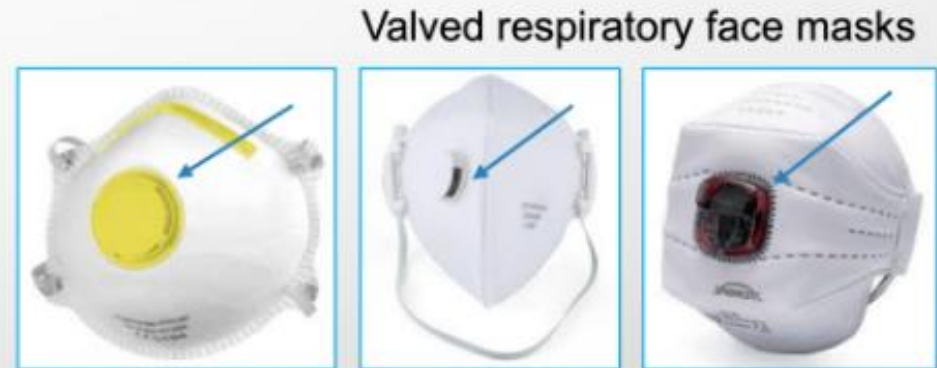
Respiratory face masks

Designed to protect the wearer from aerosol particles and droplets

- Different types: molded or not, with or without a valve...
- Numerous models (significant differences in design, composition...)



Respiratory face masks without a valve



- Performances fixed and tested according to various standards

Respiratory face masks – Standards and performances

- Equivalence of standards (based on minimum efficiency levels)

USA (NIOSH-42CFR84)	Europe (EN149 / EN143)	China (GB2626)	Australia - N. Zealand (AS/NZE1716)	Korea (KMOEL 2017-64)
N95* (>95%)	FFP2/P2 (>94%)	KN95 (>95%)	P2 (>94%)	1st Class (>94%)
N99 (>99%)	FFP3 (>99%)	KN99 (>99%)	P3 (>99%)	-
N100 (>99.97%)	P3 (>99.95%)	-	-	-

* R95 if also resistant to oil, P95 if oil-proof

- Not a total equivalence, since testing methods and parameters may vary

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N95 / FFP2 (or N99 / FFP3) are the protective masks generally recommended for high-risk situations in hospitals and medical laboratories

Respiratory face masks – Performances and fitting

- In actual conditions, suitable performances only achievable if masks are
 - Worn properly
 - Well-adjusted to the face (“fitting”)
- Importance of
 - Choice of a suitable model
 - Some training
 - Fit-testing

Fitting is suboptimal or poor in presence of facial hair (beard)

☞ An issue for males, esp. in Muslim countries

Respiratory face masks – With or without a valve?

- Purposes

- Facilitate exhaling (“exhaling valve”)
- Reduce moisture inside the mask
- 🖱️ Facilitate breathing and improve wearing comfort

- Drawback

- No filtration of the wearer’s exhaled air
- 🖱️ No protection of colleagues and patients if wearer infected



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🛠️ Only respiratory masks without a valve offer two-way protection !

🛑 Covid-19 context: valved masks not to be worn in healthcare settings !

Surgical masks

Designed to arrest bodily fluids from the wearer

- Characteristics

- Generally three-layered –
Filtering medium sandwiched between
two layers of non-woven fabrics
- No tight face fit
- Usually, no safety rating... and no claimed protection of the wearer



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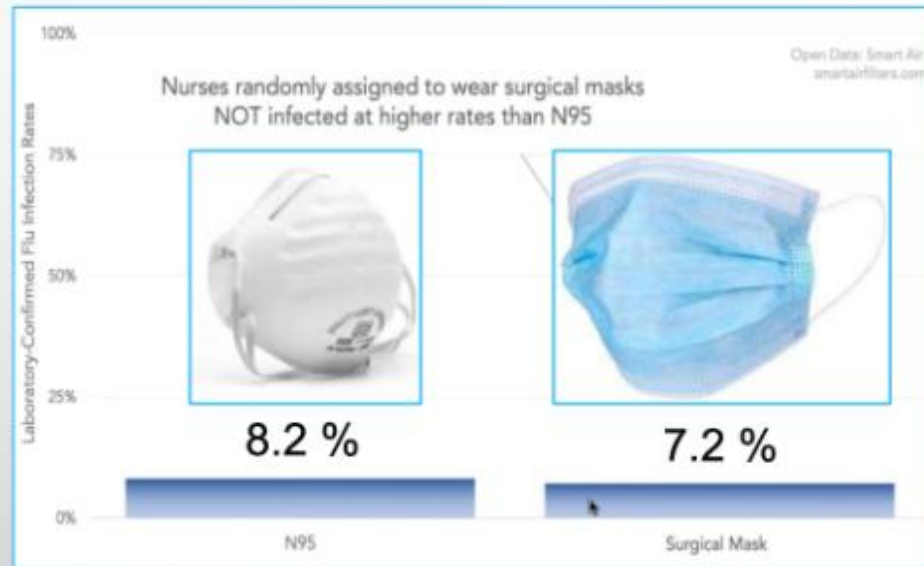


👉 Not considered personal protective equipment (PPE)

👉 Covid-19 context: mostly recommended for Covid patients !

Surgical masks – Theory vs practice !

- Results from recent field studies (incl. before the Covid-19 outbreak) show no significant difference between the protection from N95 and surgical masks



Example of study*

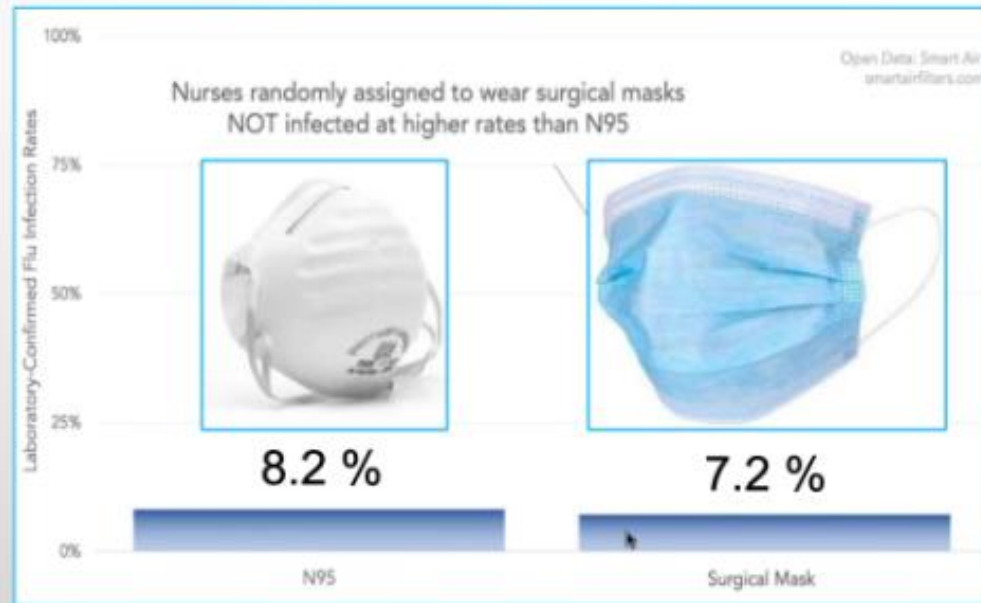
- 2862 nurses in 7 US medical centers
- 2 groups randomly assigned N95 or surgical masks
- 4-year study (2011-2015)
- Incidence of Influenza virus disease (size of virus similar to SARS-CoV-2)

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


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 Surgical masks may offer some significant personal protection !

Cloth masks

- Many different types
 - Home-made (“do-it-yourself”, or DIY) or manufactured
 - No specification or performance standard
 - No defined or demonstrated protection
 - Huge differences in design and materials
 - Probably significant differences in effective protection



Other types of masks and respirators

Half-face P3 respirator



Full-face P3 respirator



Half-face powered air purifying respirator (PAPR)



Full-face PAPR



Other types of masks and respirators

Half-face P3 respirator



Full-face P3 respirator



Half-face powered air purifying respirator (PAPR)



Full-face PAPR



- Usually not worn in front of patients or for laboratory activities
- Expensive and not readily available for labs and hospitals in Pakistan

Questions, comments,
suggestions... ?