

Publication

Wilson et al. 2021. Anaesthesia

The effect of respiratory activity, non-invasive respiratory support and facemasks on aerosol generation and its relevance to COVID-19.

Aim of the study

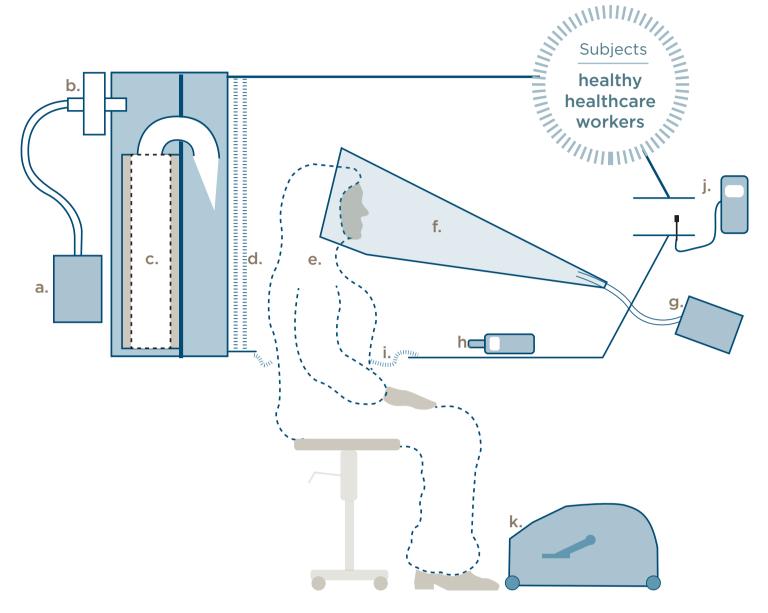
This study aimed to measure total human aerosol emissions during exertional respiratory activities and make comparisons with emissions during respiratory therapies.



"[Exertional]
respiratory activities...
generate substantially
more aerosols than
non-invasive
therapies..."

"Exertional respiratory activities are the primary modes of aerosol generation..."

Method



The sampling chamber consists of: a. Domestic air filter b. Respiratory filter c. Air pump d. 2-layered electret filter e. Non-woven overalls f. Sampling Cone g. Optical particle counter h. Hygrometer i. Non-porous skirt j. Hot-wire anemometer k. Portable exercise-cycle. n=10 subjects

This study was the first to explore near-complete exhaled respiratory emissions.

A novel chamber with an optical particle counter was used to sample at 100 L/min, capturing most of the total particles emitted over relevant size range of 0.5 to $25 \, \mu m$.

Exertional respiratory activities

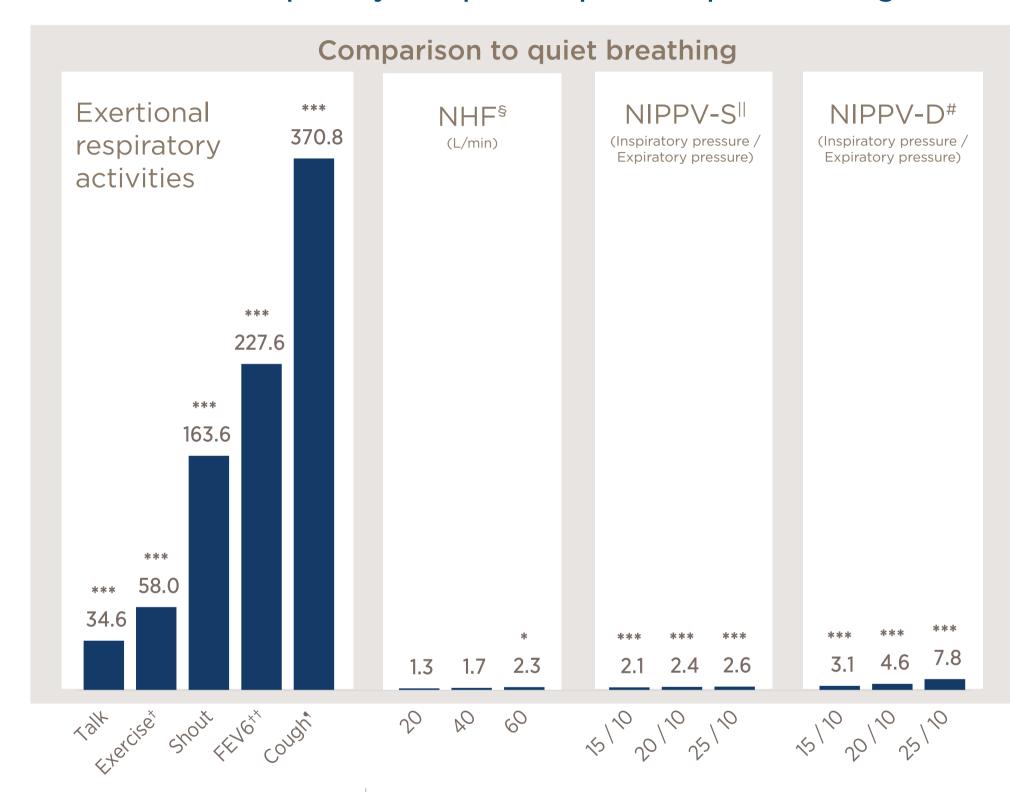
Talk
Exercise
Shout
FEV
Cough

Respiratory therapies

NHF NIPPV-S NIPPV-D



Fold changes of average total particle counts during exertional respiratory activities and respiratory therapies compared to quiet breathing alone.



The average particle counts
during exertional respiratory
activities increased between
35 - 371 folds compared to
quiet breathing
(p < 0.001)

The average particle counts during NHF at 60 L/min and NIPPV-S/D increased between 2 - 8 folds compared to quiet breathing

(p < 0.05 - 0.001)

*p <0.05, ***p<0.001, †exercise was used as a proxy for symptomatic breathing, ††six forced expiratory manoeuvres, ¶six coughs, §nasal high flow, ||noninvasive positive pressure ventilation - single limb, #noninvasive positive pressure ventilation - dual limb.





