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From: (10)(2e) (10)(2e)
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[Shen 2020 - Airborne-transmission-of-COVID-19-epidemiologic-evidence-from-two-outbreak-investigations.pdf](#)

Hoi allen,

Bijgaand artikel heeft een COVID-19 uitbraak in een bus onderzocht. De onderzoekers concluderen dat mensen die in 'high risk zones' in de bus zaten (gedefinieerd als minder dan twee meter of 2-3 rijen van de indexpatient) niet significant meer besmet werden dan mensen die verder weg zaten in de bus. Mensen die bij een te openen raam of de deur zaten werden wel minder geïnfecteerd. Op basis hiervan lijkt het me dus prima en interessant om full mixing in een bus aan te nemen als scenario.

"We were able to identify seats for each passenger in the exposed bus (Figure 1). The bus had 15 rows of seats. Starting from the 3rd row, each row had three seats on one side of the aisle and two seats on the other side of the aisle. The index patient sat in the middle seat on the 3-seat side of the 8th row. Besides the passengers sitting close to the index patient, the seats of other cases were scattered in the bus. Passengers in the high-risk zones had moderately but non-significantly higher risk of getting COVID-19 than those in the low-risk zones using either classification 1 (RR, 1.6, 95% CI, 0.8–3.2) or classification 2 (RR, 1.8, 95% CI, 0.9–3.3) (Table 1). Of note, on the 3-seat side of the bus, except for the passenger sitting next to the index patient, none of the passengers sitting in seats close to the bus window were infected. In addition, the driver and passengers sitting close to the bus door were not infected either, and only one passenger sitting close to an openable window got infected.

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If COVID-19 transmission occurred solely through close contact or respiratory droplets during this outbreak, risk of COVID-19 would likely be related to distance from the index case and 'high-risk' zones on the bus would have more infected cases. Our findings suggesting airborne transmission of COVID-19 is in line with a past report of a SARS outbreak on a plane.¹⁸

Groet,

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