

# **Aerosol Particle Size and Infectivity**

# FIND THE TERRORIST (No Profiling Allowed)

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- **Today's presentation will describe two important variables and how they interact to cause infections in primary aerosols**
- **Particle Size and Agent Concentration**
- **Much of the data to be presented are derived from the extensive studies of Dr. William C. Day, Experimental Aerobiology Division, Former U.S. Offensive BW Program.**
- **I had the privilege of working with Bill Day in that he requested my division, Product Development, to supply him with unique liquid and dry agents.**

- **Bill Day made an extensive survey of particle size in the scientific literature while he was receiving his many immunizations around 1953.**
- **He found that lots of information was available on particle size in many different environments...office buildings, hospital wards, operating rooms, dental offices and even sewage disposal plants.**
- **These extensive studies indicated that in ambient air, the average particle size that contained viable organisms was 12 to 13 microns, MMD.**

- **Only a small fraction of small particles, less than 5 microns, was found in the ambient air.**
  - **and those particles less than 5 microns contained only a few viable organisms.**
- **From these studies it could be inferred that MOTHER NATURE does not usually create small particle highly infectious aerosols.**
- **If she did, perhaps we would not have survived as a species.**

- **It is the artificial manipulation of agents to create small particle infectious aerosols that should cause real concern.**
- **Mother Nature simply does not effectively address those laboratory procedures and protocols found in the laboratory ...**

**Blending**

**Centrifugation**

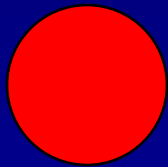
**Manipulation of small particle  
dried agent powders**

- **It is these types of laboratory operations that produce the majority of infections via the respiratory tract.**

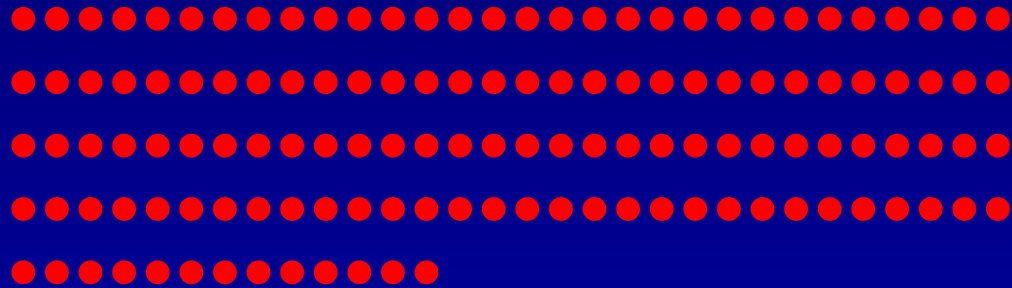
# Particle Size: Microns, Mass Median Diameter

5 $\mu$

1 $\mu$

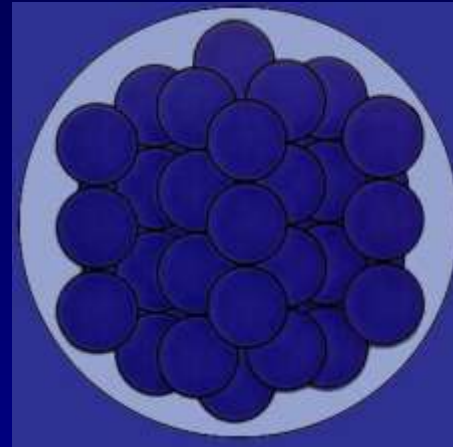


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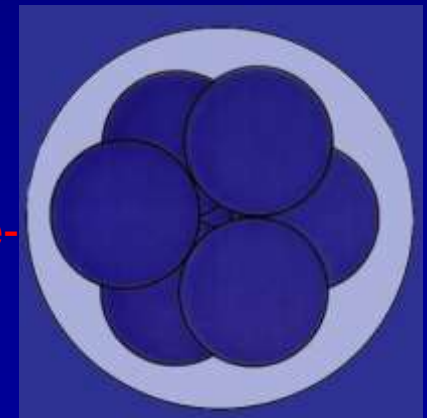


# Size *DOES* Matter

- For successful weaponization, agent that can be disseminated into small particle aerosol must be developed
  - More efficient to place 53 one-micron particles in a 5 micron aerosol particulate than 15 two-micron particles in the five micron particulate



53 one-micron spheres in a five-micron sphere



15 two-micron spheres in a five-micron sphere



## Influence of Particle Size on Respiratory Virulence of 5 Agents to Guinea Pigs (LD<sub>50</sub>)

Aerosol Particle Size (Microns)	<i>Bacillus anthracis</i>	<i>Francisella tularensis</i>	<i>Yersinia pestis</i>	Q Fever	VEE Virus
0.3 - 1.5	23,000	2.5	12,000	10 <sup>6</sup>	20
4.6 - 6.5	221,000	6,500	250,000	52x10 <sup>6</sup>	19,000
8.5 - 13	700,000	19,500	450,000	>2x10 <sup>6</sup>	280,000

# Particle Size and Infectivity

- **Information on how organisms behave during dissemination and as aerosol was sparse or fragmented in early years of U.S. Offensive Program**
- **Scientists at then Camp Detrick invented science of “aerobiology”**

# Particle Size and Infectivity

*(continued)*

- **Early aerosol studies frustrating**
  - **Exposure of animal models to infectious particles produced inconsistent results**
  - **Program did not advance until disseminators with sharp particle-size profiles selected**

# Three Disseminators

## Particle Size Distribution

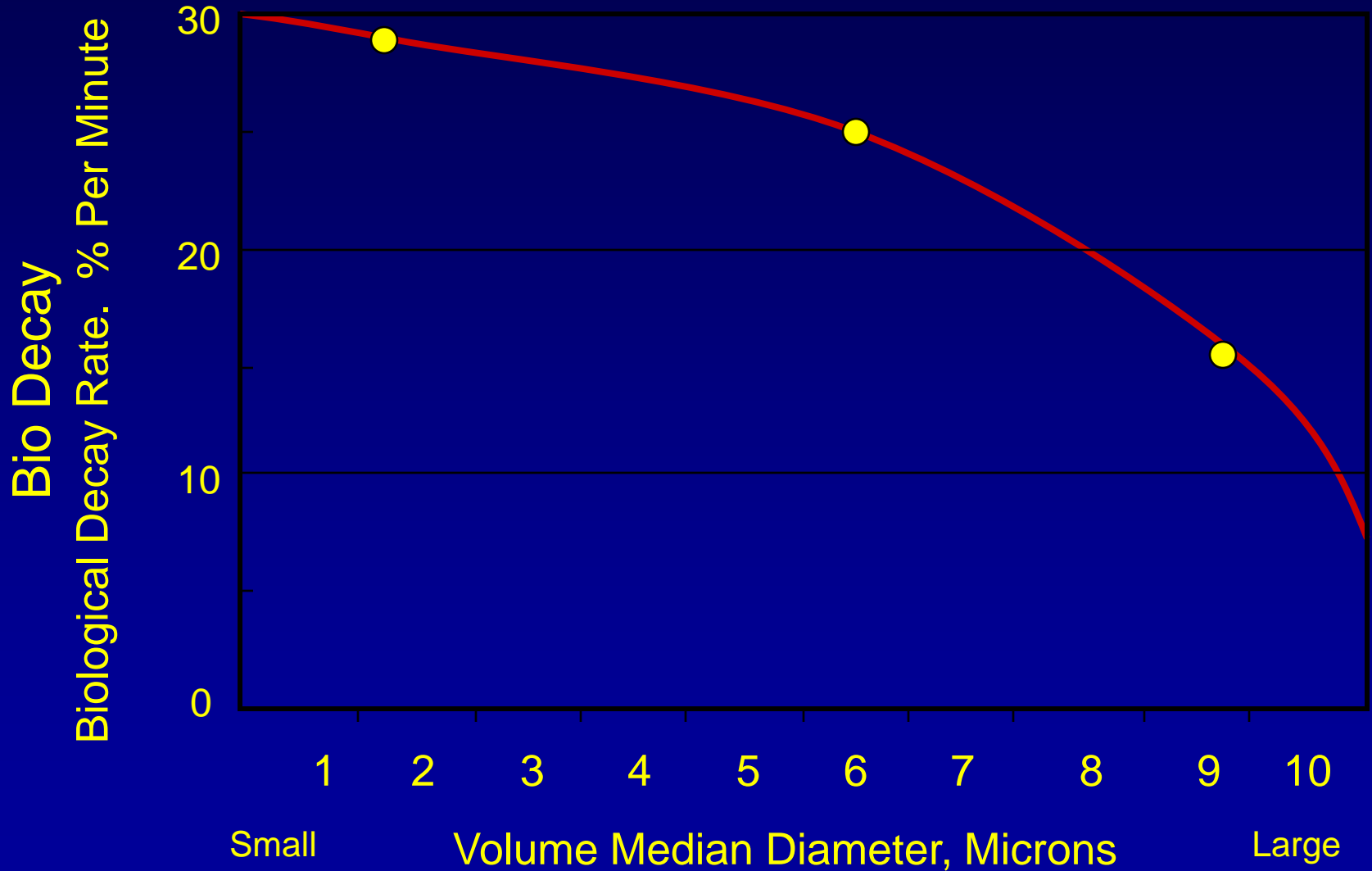
### Particle Range (Microns)

Disseminator	1-1.9	2.0-5.3	5.4-10	10.5-15.0
Vaponefrin Nebulizer	5842	516	0	0
Collison Atomizer	4145	1266	0180	6
Spinning Disc	0	0	3432	180

**Table 4: Relationship of Aerosol Particle Size Distribution to Respiratory LD<sub>50</sub> Values for Rhesus Monkeys Obtained with *P. tularensis***

Aerosol Particle Size (microns)	Aerosol Particle Diameters Defined in Microns											Monkey Respiratory LD <sub>50</sub> (cells)
	1.4	1.9	2.7	3.8	5.4	7.6	10.8	12.5	17.6	24.9	35.0	
1.0	<u>52.2*</u>	<u>24.9</u>	<u>13.3</u>	<u>6.4</u>	<u>1.4</u>	<u>0.4</u>	<u>0.2</u>	0.0	0.0	0.0	0.0	14
6.5	0.0	0.0	0.0	<u>0.3</u>	<u>4.8</u>	<u>85.4</u>	<u>9.5</u>	0.0	0.0	0.0	0.0	178
11.5	0.0	0.0	0.0	0.0	0.0	<u>0.5</u>	<u>7.8</u>	<u>83.8</u>	<u>7.0</u>	1.0	0.0	672
22.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<u>0.3</u>	<u>3.3</u>	<u>82.6</u>	<u>13.8</u>	3447

# Particle Stability



**High**

Number of Cells for Aerosol Infection

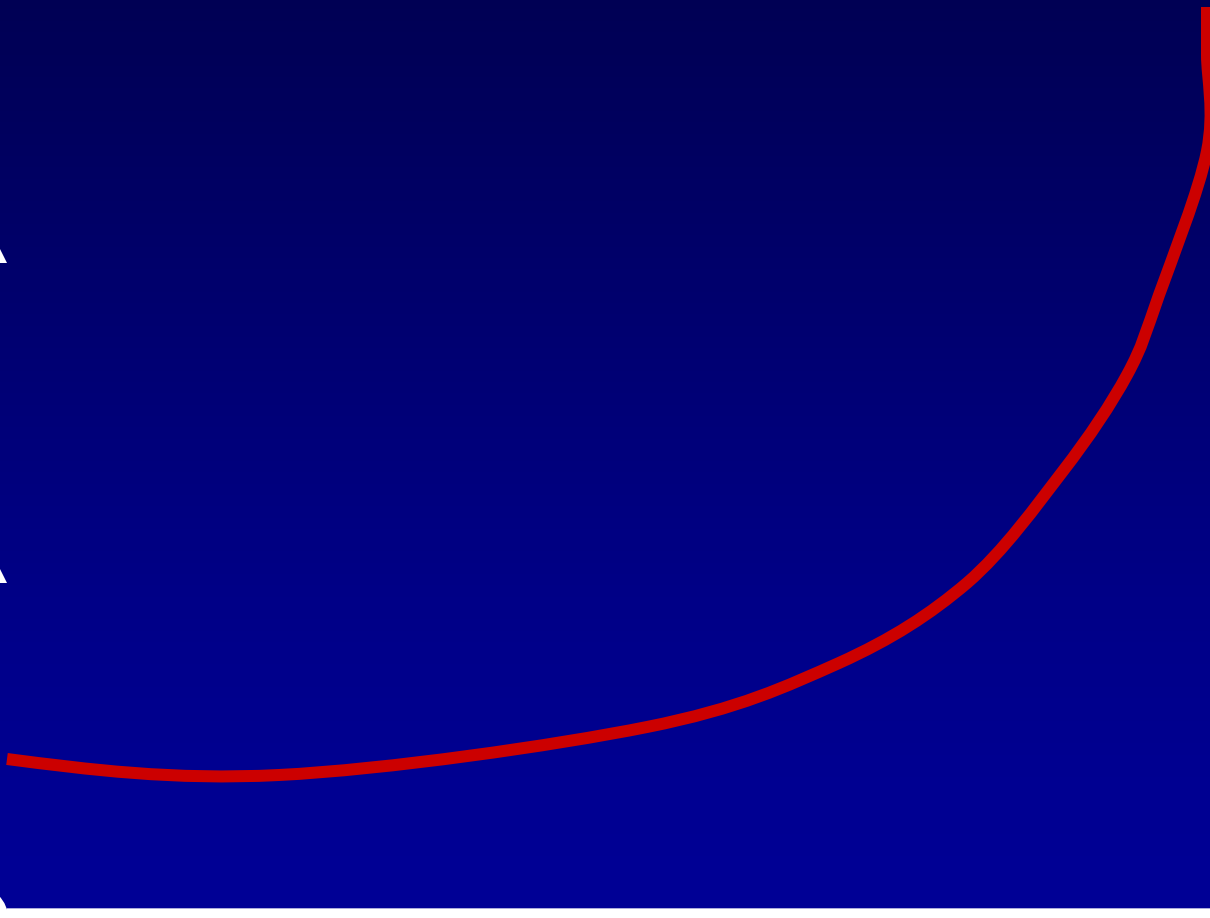
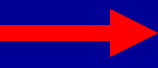
**Low**



**Small**

Agent Particle Size

**Big**



## Dry SM: Particle Size, Viable Cells per Particle, Viable Cells per 1000 Particles

<b>NMD μ</b>	<b>Cells per Particle</b>	<b>Viable Cells per Particle</b>	<b>Viable Cell Frequency/1000 Particles</b>
<b>0.8</b>	<b>1.8</b>	<b>0.001</b>	<b>0.5</b>
<b>1.3</b>	<b>4.2</b>	<b>0.01</b>	<b>2.6</b>
<b>3.0</b>	<b>18.0</b>	<b>0.2</b>	<b>15.6</b>
<b>6.5</b>	<b>73</b>	<b>2.5</b>	<b>38</b>
<b>11.5</b>	<b>195</b>	<b>7.7</b>	<b>14</b>
<b>16.0</b>	<b>350</b>	<b>11</b>	<b>6</b>
<b>23.0</b>	<b>670</b>	<b>16</b>	<b>3</b>



# Classical Experiment: Man – Monkey – Guinea Pig:

## Influence of Particle Size on Tularemia Infectivity

Aerosol Particle Diameter (microns)	<i>Number of Tularemia Cells for:</i>			
	Guinea Pig RLD <sub>50</sub>	Monkey RLD <sub>50</sub>	Man RID <sub>50</sub> Mean	Range
1	2.5	14	15	10 – 52
6.5	4,700	178	88	14 – 162
11.5	23,000	672	130*	—
18	125,000	3447	10,000*	—
22	230,000	>8500	No Data	

\* Data from Dr. Bill Sawyer

# Influence of Aerosol Particle Size on Severity of Illness in Monkeys

Aerosol Particle Size (microns)	Number of Cells	Mean Day of Illness (Post Exposure)	Severity of Illness	Fever (°F)	Death
1	14	4	5+	105+	Yes
6.5	178	6	5+	104-105	Yes
11.5	672	9	3+	103-105	Yes/No
18	3447	15	2+	102-103	Maybe
22	>8500	22	1+	101-102	No

## Volunteer Study with Tularemia: Severity of Infection

Number of Cells	Days Incubation (Post Exposure)	Fever (°F)	Percent Infected	Numerical Rating
26	4-5	103	86	4+
30	4-5	103	85	4+
38,000	3	105	100	5+
52,000	2	105	100	5+

# **Influence of Aerosol Particle Size on Development of Lung Lesions in Monkeys (Time Following Exposure)**

<b>Particle Size (microns)</b>	<b>Appearance of Lesions on Lungs (hours following exposure)</b>
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**1**

**24 hours**

**8**

**48 hours**

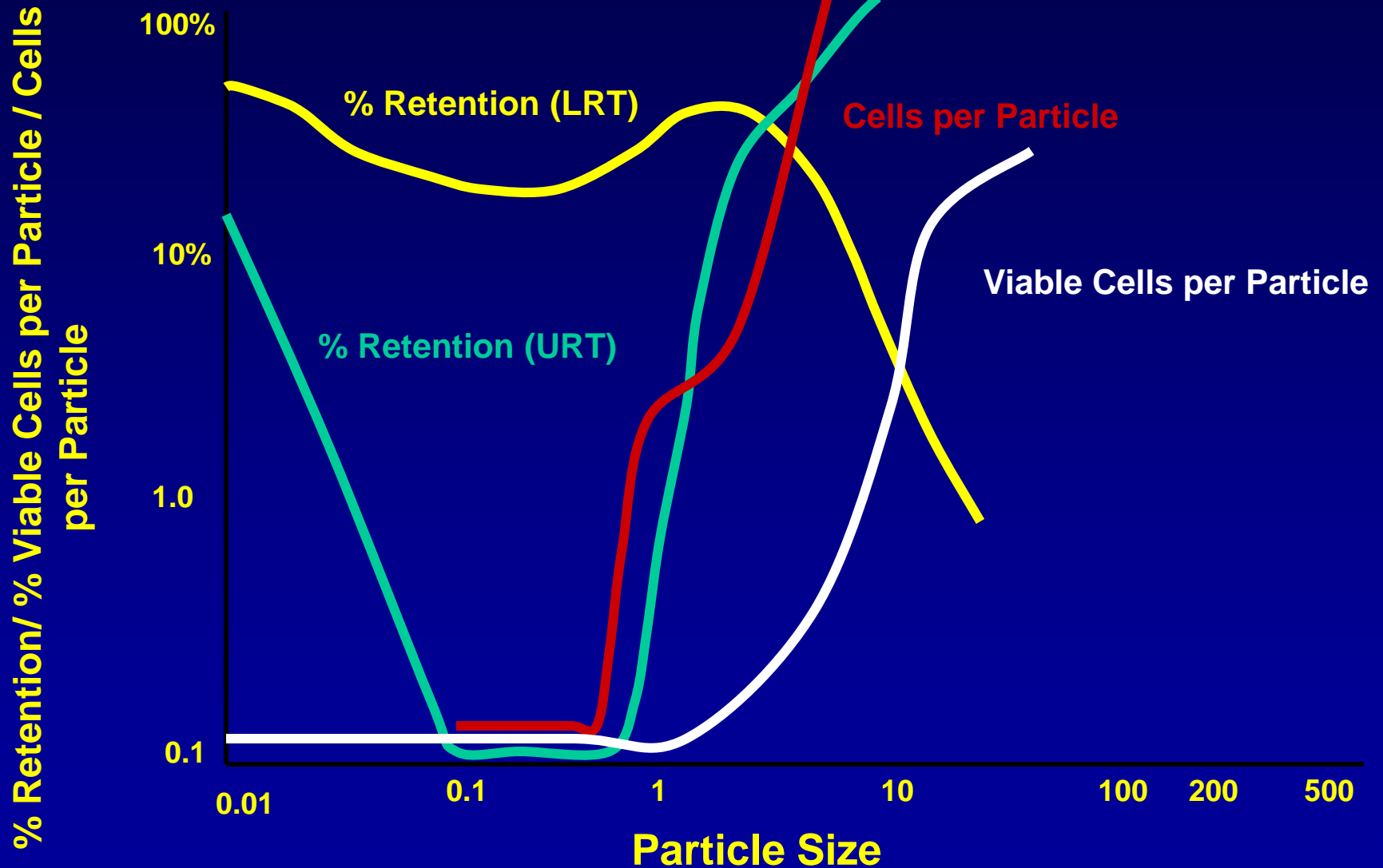
**11.5**

**96 hours**

# Particle Size, Spore Concentration, Lung Retention: Anthrax / Guinea Pig

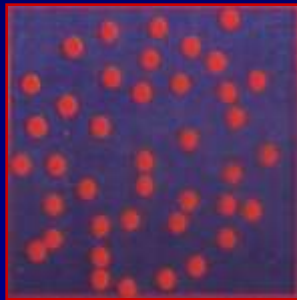
Aerosol Size (m)	Conc./ml x10 <sup>8</sup>	Calculated Inhaled Dose	Viable Spores Retained	Percent Retained
1	5	1 x 10 <sup>4</sup>	4 x 10 <sup>2</sup>	2.5
1	50	20 x 10 <sup>4</sup>	4 x 10 <sup>4</sup>	21
1	100	40 x 10 <sup>4</sup>	17 x 10 <sup>4</sup>	43
5	5	8 x 10 <sup>4</sup>	3 x 10 <sup>2</sup>	0.4
5	50	91 x 10 <sup>4</sup>	5 x 10 <sup>4</sup>	6
11	50	89 x 10 <sup>4</sup>	5 x 10 <sup>2</sup>	0.06
11	500	720 x 10 <sup>4</sup>	4 x 10 <sup>4</sup>	0.54

# Influence of Aerosol Particle Size on: % Retention in Lower and Upper Respiratory Tracts; % Viability of SM; SM Population Density



# Anthrax Spores vs. Tularemia Cells in Aerosol

## SPORES



## CELLS



**Mean Respiratory Dose for Volunteers as a  
Function of Aerosol Age  
(Liquid Tularemia Not Stabilized)**

**Post Dissemination**

**4 Min.**

**120 Min.**

**180 Min.**

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**15**

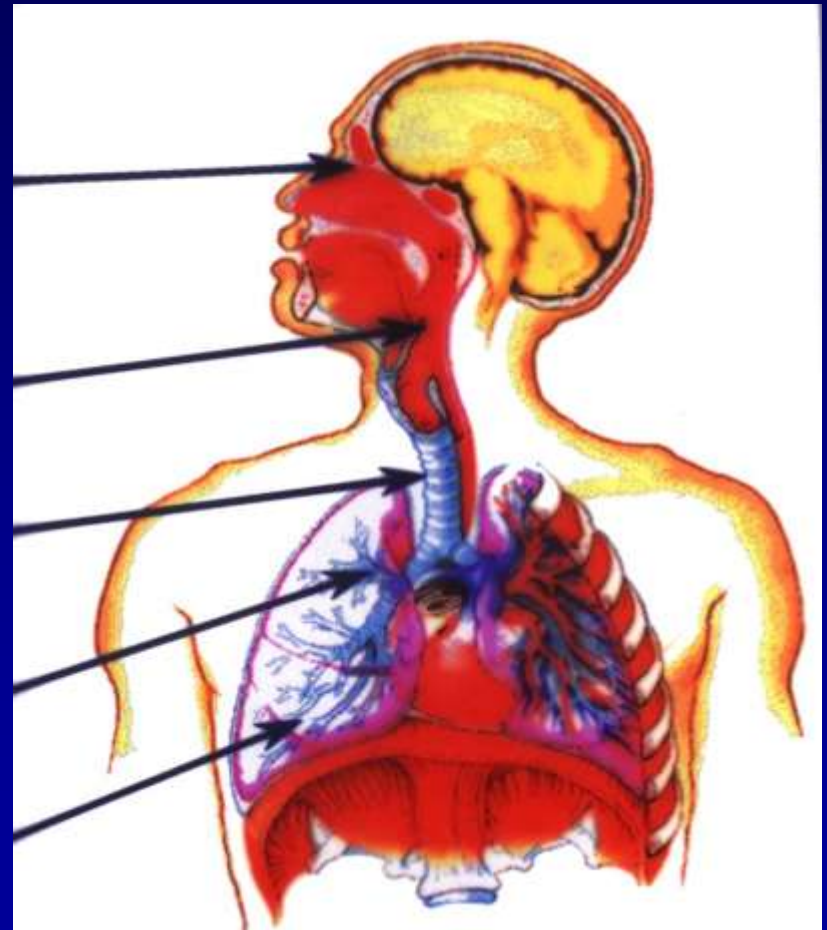
**250**

**3,000**



# Tularemia Aerosol, Particle Size and Type of Infection

	Particle Size (Micron, Mass Median Diameter)
18 - 20 micron particles fall out of aerosol, lodge in eye	<b>18 - 20</b>
15 - 18 micron particles lodge in pharynx	<b>15 - 18</b>
7 - 12 micron particles lodge in trachea	<b>7 - 12</b>
4 - 6 micron particles lodge in bronchiole	<b>4 - 6</b> Bronchioles
1 - 3 micron particles lodge in alveolus	<b>1 - 3</b> alveoli



# Vaccine Protection to Aerosol Challenge

- Killed vaccines do not protect animals or people to virulent aerosol challenge
- This is demonstrated by volunteers from the Seventh Day Adventist Church challenged with killed *Tularemia* vaccine (Forshay killed)

- Forshay killed vaccine provided volunteers some protection to intracutaneous challenge\*
- Forshay killed vaccine did NOT protect volunteers from aerosol challenge

Test	Respiratory dose (cells)	Vaccinated III/Challenged	Non-Vaccinated III/Challenged
1	15	-	2/2
2	17	1/2	2/2
3	22	1/4	1/2
4	27	3/4	2/2
5	48	3/4	6/8
<b>Means</b>	<b>26</b>	<b>8/14</b>	<b>13/16</b>

\*AD285-542: Eigelsback, et al.

- **The live attenuated Tularemia Vaccine (LVS) did protect volunteers to virulent aerosol challenge**

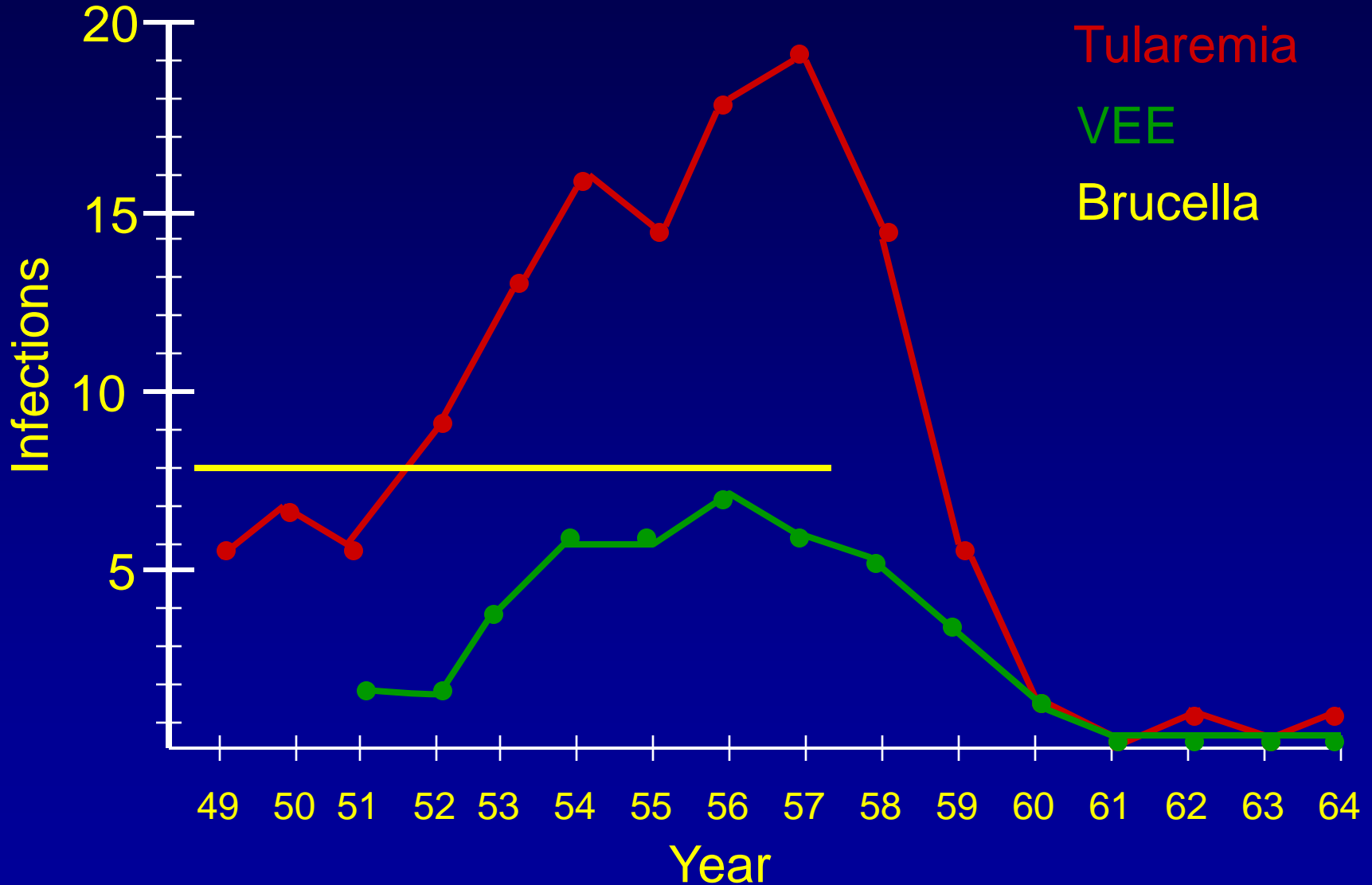
# Respiratory Challenge of Volunteers Given Live Attenuated Vaccine (LVS)\*

Test	Reparatory dose (cells)	Vaccinated III/Challenged	Non-Vaccinated III/Challenged
1	12	0/2	1/2
2	48	1/4	2/2
3	25	1/4	2/2
4	11	0/4	1/2
5	47	1/4	2/2
<b>Means</b>	<b>29</b>	<b>3/18</b>	<b>8/10</b>

\*AD285-542: Eigelsback, et al.

- **There was a significant drop in the infection rate among “at risk” workers when the old killed vaccine were replaced with live attenuated vaccine.**
- **The next slide shows the infection rate for Tularemia and VEE infection before and after live vaccines replaced killed vaccines.**

# Influence of Vaccine on Infections

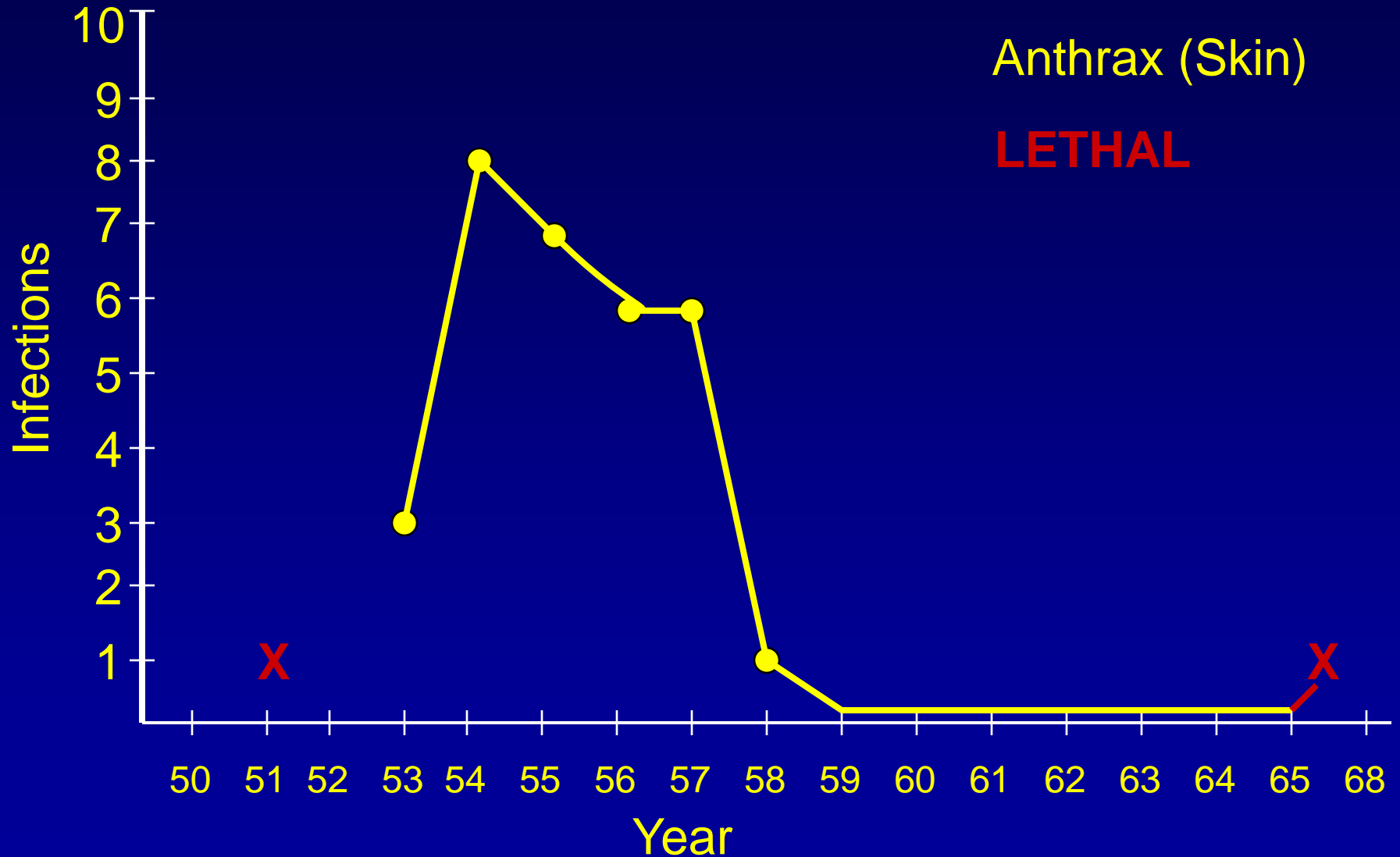


- **An effective vaccine was never developed for *Brucella suis***
- **The infection rate remained constant as long as this organism underwent R&D**
- **The data comparing infection rates for Tularemia and VEE, while dramatic, are not entirely clean**
- **The number of man hours devoted to the agent, safety protocols and the number of effective safety hood systems are a part of the information presented**



- **The anthrax skin infections follow the same pattern observed for the aerosol challenge of Tularemia and VEE**
- **Note, however, there are two respiratory anthrax infections that led to death**
- **The next slide shows the anthrax infections**

# Influence of Vaccine on Infections



- The significant impact of a good vaccine on aerosol protection is demonstrated in a large-scale field test of Tularemia.
- Non-immunized and LVS immunized Rhesus monkeys were stationed 5 kilometers downwind from the line of dissemination
- The Respiratory LD<sub>50</sub> was:

Non Immunized

34 Cells

LVS Immunized

14,600 Cells

± 429 fold difference

## ***Conclusions:***

- **The appropriate vaccine significantly alters the impact of a biological warfare or bioterrorist attack**
- **Live vaccines, while providing good immunity, have serious limitations, particularly in females of child-bearing age**
- **The current anthrax vaccine, not a killed or attenuated agent, provides good protection because it is a chemical vaccine...neither live nor killed**

## **Three equations can be used to calculate the success of an enclosed operation, i.e. building**

- **Equation 1: Calculate the total number of infectious units available.**
- **Equation 2: Calculate the number of liters of air available in the building.**
- **Equation 3: Divide total number of infectious doses by liters of building air. This provides the number of infectious doses per liter of building air.**

## Equation 1: Total Infectious Doses Available (TIDA)

$$\text{TIDA} = \frac{\left( \text{Product Conc per ml or gm} \right) \left( \text{Total Amount of Agent ml/gm} \right) \left( \text{\% Dissemination Efficiency of Device} \right)}{\text{Human Infectious Dose}} \times 40\%$$

### Example

- A. Product Conc. =  $1 \times 10^9$  C. 5% Dissemination Efficiency  
B. 2000 ml of Agent D. Human Dose is 8,000 Cells

$$\text{TIDA} = \left[ (1 \times 10^9/\text{ml}) (2000 \text{ ml}) (5\%) \div 8000 \text{ cells} \right] \times 40\%$$

$$\text{TIDA} = 1 \times 10^8$$

The information contained in this presentation  
is the property of William C. Patrick III