**Risk of SARS-CoV-2 transmission in different settings**

*considering only asymptomatic individuals*

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| --- |
| **Wearing face coverings, contact for a short time** |
|  | Low occupancy |  | High occupancy |
| Outdoors, well ventilated | Indoors, well ventilated | Poorly ventilated | Outdoors, well ventilated | Indoors, well ventilated | Poorly ventilated |
| Silent |  |  |  |  |  |  |
| Speaking |  |  |  |  |  |  |
| Shouting, singing  |  |  |  |  |  |  |

|  |
| --- |
| **Wearing face coverings, contact for a prolonged time** |
|  | Low occupancy |  | High occupancy |
| Outdoors, well ventilated | Indoors, well ventilated | Poorly ventilated | Outdoors, well ventilated | Indoors, well ventilated | Poorly ventilated |
| Silent  |  |  |  |  |  |  |
| Speaking |  |  |  |  |  |  |
| Shouting, singing  |  |  |  |  |  |  |

|  |
| --- |
| **No face coverings, contact for a short time** |
|  | Low occupancy |  | High occupancy |
| Outdoors, well ventilated | Indoors, well ventilated | Poorly ventilated | Outdoors, well ventilated | Indoors, well ventilated | Poorly ventilated |
| Silent  |  |  |  |  |  |  |
| Speaking |  |  |  |  |  |  |
| Shouting, singing  |  |  |  |  |  |  |

|  |
| --- |
| **No face coverings, contact for a prolonged time** |
|  | Low occupancy |  | High occupancy |
| Outdoors, well ventilated | Indoors, well ventilated | Poorly ventilated | Outdoors, well ventilated | Indoors, well ventilated | Poorly ventilated |
| Silent  |  |  |  |  |  |  |
| Speaking |  |  |  |  |  |  |
| Shouting, singing  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk of transmission | low |  | medium |  | high |  |  |  |

*From Jones N et al BMJ 2020;370:m3223*

*These grades are indicative of qualitative risk and do not represent a quantitative measure. Note that the largest uncertainties reside in two aspects: 1) the cut-off duration of exposure (here noted as short vs prolonged) that leads to higher risk of infection is currently still unknown and so requires caution in use and substantial additional research; 2) detailed (rather than just average) flow patterns may be critical to consider with respect to the infected source/individual in an indoor space, thus caution is needed when extrapolating from average ventilation to risk of infection in indoor environments. Other factors not presented in these tables may also need to be taken into account when considering transmission risk, including the viral load of an infected individual and the susceptibility to infection of another individual, e.g., based on comorbid disease, as well as viral infectiousness persistence in the environment. Symptoms, such as coughing or induced sneezing, even if these are due to irritation or allergies while asymptomatic, would exacerbate risk of exposure across an indoor space, regardless of ventilation. Note that here, we refer to face covering for the general population, and not to high grade well sealed and fitted respirators, such as N95 or P100. \* Indicate a borderline case that is highly dependent on the specifics on the quantitative definitions of distancing, number of individuals, and time of exposure.*

*Whole paper*

Jones N., Qureshi Z., Temple R., Larwood J., Greenhalgh T., Bourouiba L. et al. Two metres or one: what is the evidence for physical distancing in covid-19? BMJ 2020; 370 :m3223

<https://www.bmj.com/content/370/bmj.m3223>