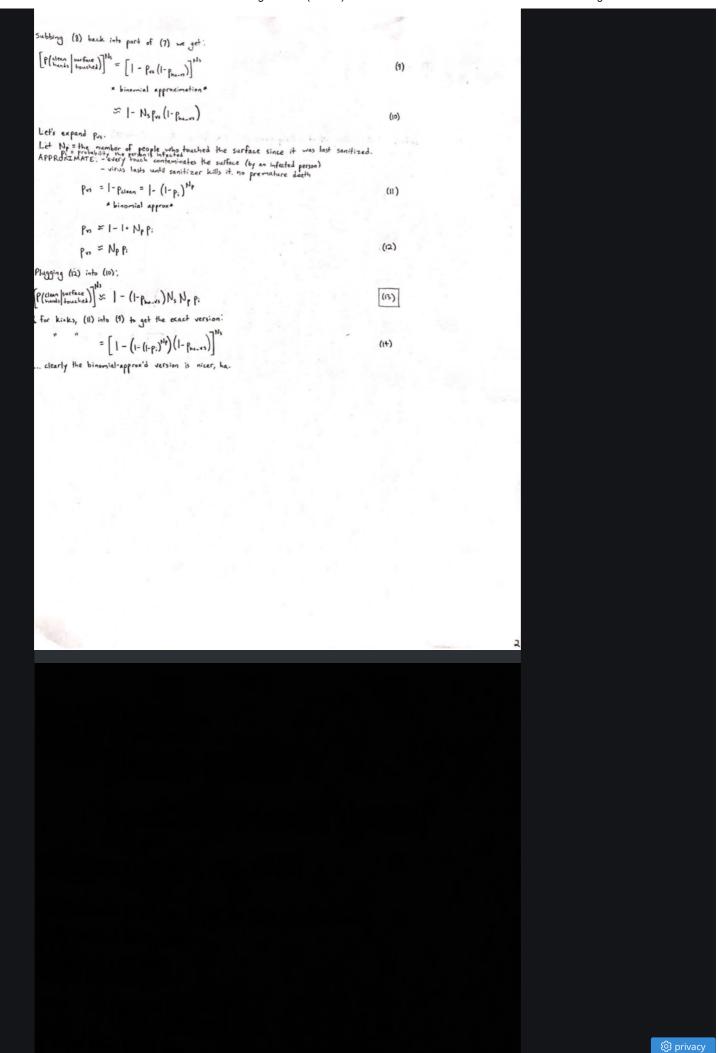
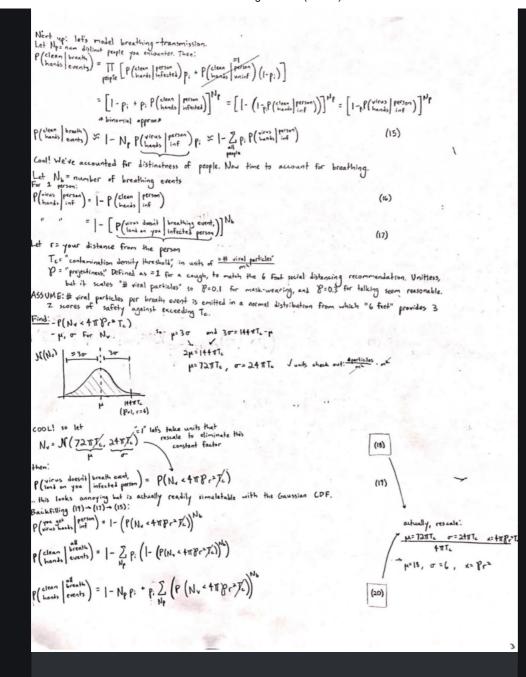


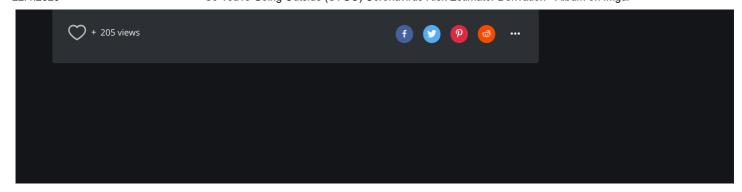
The two main changes:

- 1. Renaming the three components. I keep "surface-based" transmission the same name, but change "breathing-based" to "warm-body-based" and "inhalation-based" to "wildcard." Why? By "breathing-based" I had initially been modeling "cough --> your clothes --> your hand --> your face" as the main transmission vector, and I assumed that "inhalation based" (the virus flies directly into your nose) was rare enough to be the non-zero remaining fluke. But what I was /really/ getting at with the latter two categories was "scales with diffusion from nearby people" and "doesn't." My calculations don't care about infection mechanics: "virus lands on your clothes if it's close enough" vs. "you inhale it if it's close enough." They're just based on the existence of a transmission mode subject to diffusion effects where 6 feet is effective protection.
- 2. For this same reason, I de-emphasize "facetouches" as the vector, focusing only on the split between "surface-based," "warm-body (diffusion)-based," and wildcard transmission modes. Why? The mechanics of how the diffusion actually infects you are still unclear. But, the fact that diffusion modulates infection probability (via distance, masks, etc.) is well established.

ঞ্জি privacy







🔯 privacy