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9. Performing Organization Name and Address ¹ Boeing Technology Innovation - Australia, Brisbane, Australia ² Centre for Air Travel Research, National Research Council Canada, Ottawa, Canada ³ National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Cincinnati, USA ⁴ National Center for Emerging and Zoonotic Infectious Diseases, CDC, Atlanta, USA ⁵ University of Greenwich & GHD, London, UK ⁶ Civil Aerospace Medical Institute, Federal Aviation Administration, Oklahoma City, USA		10. Work Unit No. (TRAIS)
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15. Supplementary Notes This abstract is associated with a presentation to the Indoor Air 2026 conference by Ozge Ozcakir. DOI: https://doi.org/10.21949/1529731 DISCLAIMER The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Federal Aviation Administration, or U.S. Government. In addition, citations to websites external to CDC do not constitute CDC endorsement of the sponsoring organizations or their programs or products. Furthermore, CDC is not responsible for the content of these websites. All Web addresses referenced in this document were accessible as of the publication date. Not subject to Australian Defence Trade Controls Act 2012.		
16. Abstract 1 INTRODUCTION The COVID-19 pandemic exposed how vulnerable air travel is to infectious diseases and prompted stronger federal coordination and integrated research (Sun et al., 2022; GAO 2024). Boeing, the Federal Aviation Administration, Centers for Disease Control and Prevention, and National Research Council Canada formed a multidisciplinary team to tackle communicable disease challenges in aviation and enable rapid public health responses. This collaboration produced the Travel Risk In Pandemics (TRIP-X) framework to assess risk controls and evaluate mitigation strategies for different aviation and travel settings. We present the computational model architecture and methods used in TRIP-X to simulate airborne and fomite transmission in a gate-to-gate air travel scenario.		

2 METHODS

TRIP-X is a modular multi-model simulation platform that can simulate infectious disease transmission across varied environments and consists of independent modules.

Geometry & Mesh Generation module auto-generates geometries for aviation environment. Computational mesh resolves the main flow features and near-wall gradients with local refinement regions. Agent-Based Model module describes discrete-event, stochastic agents (passengers, crew, staff) with assigned activities (e.g. boarding, queuing. Behavioral parameters are sampled from empirical distributions derived from NRC & GHD observational studies (e.g., boarding times). Computational Fluid Dynamics module uses steady-state RANS simulations to model the indoor airflow with realizable k- ϵ turbulence model. Thermal buoyancy effects were included via the Boussinesq approximation.

In Pathogen Dispersion module a modified transport equation is used to model pathogen dispersion for a passive scalar where airborne pathogen concentration satisfies the advection-diffusion-reaction equation with a source term from agent emissions, and a linear term that accounts for removal (deposition + filtration + inactivation). Fomite state variables track deposited viable pathogen load per surface element with decay kinetics and touch transfer events linked to ABM. Epidemiological/Exposure module integrates inhalation doses and fomite contact transfer rates to compute cumulative exposure per agent. Uses dose-response models suitable for novel influenza virus (exponential or beta-Poisson) to estimate infection probability. Produces summary statistics and uncertainty via Monte Carlo repetitions.

Finally, Screening & Scenario Controller module applies pre/post testing, vaccination coverage, mask behaviors, and safety risk management mitigation measures (e.g., modified boarding, enhanced ventilation) to generate alternative scenario inputs.

3 RESULTS and DISCUSSION

Model outputs include time-resolved 3D aerosol concentration plumes that identify spatial and temporal hotspots in a given geometry; surface deposition heatmaps showing accumulated viable pathogen load on high-touch surfaces (armrests, seatbacks, etc.); individual agent exposure time series inhalation and direct contact; and comparative scenario outcomes quantifying the effects of mitigation measures (masking levels, boarding strategies, ventilation changes, surface cleaning, etc.), to be presented in the conference. These outputs collectively demonstrate TRIP-X's ability to resolve both airborne and fomite transmission pathways and to quantify how operational and engineering controls change exposure metrics. It aims to address the lack of a formal national aviation-preparedness plan by providing a structured modeling tool aligned with the International Civil Aviation Organization's SMS framework (ICAO 2018).

4 CONCLUSIONS

By coupling airflow physics, movement behavior, and multi-pathway exposure modeling, TRIP-X reveals how ventilation, occupant dynamics, and surface interactions jointly shape infection risk distributions in transportation environments. The framework provides an uncertainty-aware basis for comparing mitigation strategies and demonstrates the importance of integrated modeling to capture exposure heterogeneity not resolved in single-domain approaches.

5 REFERENCES

International Civil Aviation Organization. Safety Management Manual. 4th ed. Montréal (QC): ICAO; 2018. (Doc 9859)

Sun X, Wandelt S, Zhang A. (2022). In: Transportation Research Interdisciplinary Perspectives, 16(100718).

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Public Health Services/Policy; Infectious Disease Modelling; Risk Analysis; Visualization

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2