

1 **Do atmospheric plastics act as fomites for novel viruses?#**

2 Renjith VishnuRadhan^{1*}, Divya David T², Eldho T I¹, Jacky Bhagat³

3
4 ¹Department of Civil Engineering, Indian Institute of Technology Bombay, Powai, Mumbai,
5 Maharashtra, India, 400076

6 ²Arctic Ocean Atmospheric Studies, ESSO-National Centre for Polar and Ocean Research,
7 Ministry of Earth Sciences, Vasco-Da-Gama, Goa, India, 403804

8 ³Graduate School of Regional Innovation Studies, Mie University, Tsu, Mie 514-8507, Japan

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11 **Abstract**

12
13 Plastic particles are ubiquitous in various environmental compartments, the atmosphere being the
14 least explored compartment in terms of plastic pollution. The way that atmospheric plastics
15 affect the biological systems has not yet been explored when compared to aquatic ecosystems.
16 There are many speculated human health impacts, one definite and direct impact of atmospheric
17 plastics would be towards the respiratory system as these are previously found extensively in
18 human lungs. We identify the ability of suspended atmospheric plastics to act as a potential
19 fomite for microbes, both pathogenic and non-pathogenic. We discuss the relevance of such
20 fomites in the wake of the current global pandemic involving a novel respiratory virus, the
21 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Virus laden bioaerosols can
22 adhere to the plastic particles and can be directly transported to the airway and lungs, besides
23 enabling its long-distance travel. Currently, it is not known whether these pathways are more
24 efficient than the bioaerosols itself in driving the spread of viral infections. Once sufficient data
25 regarding the global spatial dynamics of the current virus transmission is available, it will be
26 interesting to examine the dynamics of the disease in heavily urbanized regions where there is a
27 substantial amount of prevailing atmospheric plastic particles. Thus, we hope that this
28 communication will serve as a call for astute investigations in this less explored realm
29 concerning human health impacts of suspended atmospheric plastics, and its role in the
30 transmission and transport of novel respiratory viruses.

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35 **Keywords:** microplastics; atmosphere; bioaerosols; SARS-CoV-2

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41 *Corresponding author: Renjith VishnuRadhan, Department of Civil Engineering, Indian
42 Institute of Technology Bombay, Powai, Mumbai, Maharashtra, India, 400076
43 Telephone: +91 9011978574, Email: renjithvr@iitb.ac.in, renjitvishnu@gmail.com

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47 **1. Introduction**

48

49 The presence of plastic particles in the environment is receiving garnished attention worldwide
50 from the scientific community, media, and the general public in recent years. This is primarily
51 due to the multi-facet problems (Galloway and Lewis 2016) associated with their prevalence
52 across a wide range of biological systems (Ribeiro et al. 2019) and geographical locations from
53 the Arctic to the Antarctic (Shahul Hamid et al. 2018). The scale of microplastic abundance in
54 environmental matrices are currently posing various emerging long-standing scientific questions
55 of great societal significance, and have all the makings of placing the earth system in dire straits.
56 Despite its widespread distribution, microplastics and its smaller variants (nanoplastics) are not
57 so conspicuous (in the environmental matrices) compared to its macro-sized contemporaries.
58 Various techniques (for example, raman spectroscopy, fourier-transform infrared spectroscopy,
59 scanning electron microscopy, atomic force microscopy, stimulated Raman scattering
60 microscopy, transmission electron microscopy, and coherent anti-Stokes Raman scattering
61 microscopy) have been developed recently to detect and identify microplastics and its smaller
62 variants in environmental matrices. There is wide speculation that the entire planet may be under
63 pressure due to the plastic problem, but a whole picture regarding the level of environmental
64 contamination remains mostly unknown (Oliveira and Almeida 2019). Most of the available
65 research regarding microplastics deals with the aquatic environment that too in the marine waters
66 (Li et al. 2018; Blettler et al. 2018; Weis 2019), probably because plastic pollution was first
67 detected (Carpenter and Smith 1972) in the marine realm.

68 Recent studies show that there is a substantial amount of microplastic particles in the
69 atmosphere as well (Allen et al. 2019; Wright et al. 2020), but the atmosphere hardly gets the
70 required priority in the rapidly growing research activity and discussion on the microplastic
71 related topic and (Liss et al. 2020). Atmospheric Plastics (APs) were identified as a significant
72 contributor of microplastic input into aquatic and soil compartments through wet and dry
73 deposition (Dris et al. 2015; Zhou et al. 2017). APs have been found in remote as well as urban
74 or industrial locations, having diversity in shapes (spheres, beads, pellets, foam, fibers,
75 fragments, films, and flake); fibers, and fragments being the dominant ones (Zhang et al. 2020).
76 Synthetic textile is a vital source for airborne microplastics (Huang et al. 2020), which are
77 mostly fibers and is found higher at more urbanized sites (Dris et al. 2015). Substantial advances
78 have been made lately in understanding the impacts of microplastic on the health of aquatic

79 fauna (Wang et al. 2019). Microbial association within the plastisphere community have been
80 well established in aquatic system (Jiang et al. 2018). But, there is a considerable research gap
81 regarding the effects of microplastics on terrestrial fauna, let alone the impacts of APs on them.
82 Recent review works (Chen et al. 2019; Huang et al. 2020; Prata et al. 2020; Zhang et al. 2020)
83 have widely speculated various human health effects of APs. Though most of these ideas remain
84 untested as of now, it provides valuable research directions regarding this less explored realm of
85 planetary plastic pollution. In this communication, we propose a yet another potential human
86 health impact of APs in the wake of the ongoing global pandemic (WHO 2020) imposed by a
87 new respiratory virus designated as severe acute respiratory syndrome coronavirus 2 (SARS-
88 CoV-2) (Gorbalenya et al. 2020).

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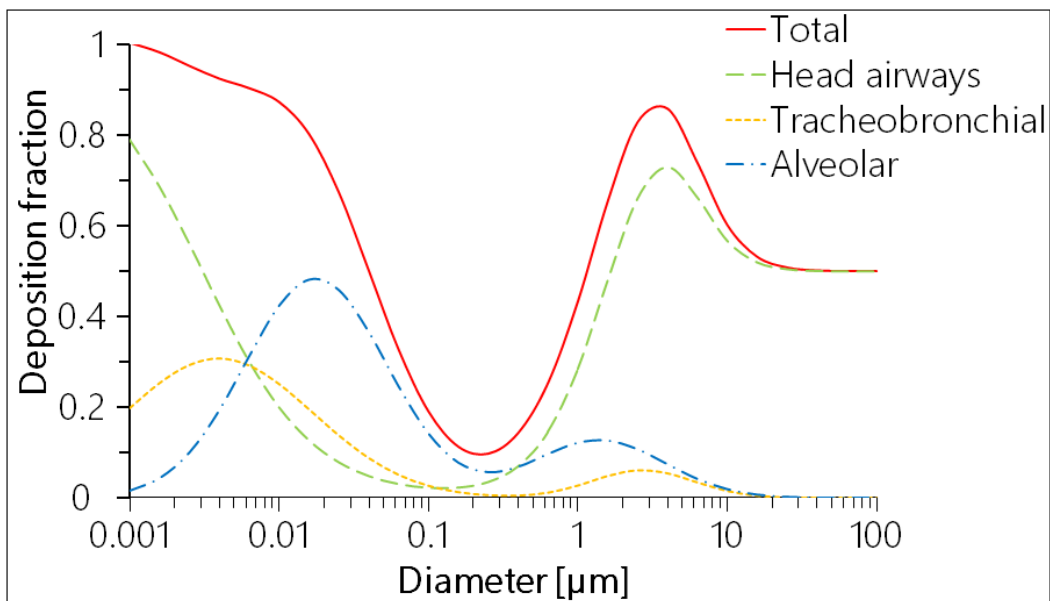
90 **2. APs and pulmonary health: status quo**

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92 Air pollution is long known to cause serious pulmonary health problems (Carnow and Meier
93 1973). It is currently one of the major environmental risk factors for the global burden of
94 diseases (Babatola 2019). There are compelling pieces of evidence showing that air pollutants
95 are positively associated with mortality (respiratory mortality and coronary heart disease
96 mortality) and morbidity rates of other diseases such as cancer, ischemic heart diseases,
97 cerebrovascular diseases, kidney diseases, and diabetes (Chen and Bloom 2019). Air pollution is
98 found to be a fifth-ranking mortality risk factor and caused 4.2 million deaths in 2015 (Cohen et
99 al. 2017). APs is a new addendum to the known suite of air pollutants and is evolving as a rival,
100 due to its current glocalization in spatial distribution, to the criteria air pollutants {particulate
101 matter, nitrogen oxides, carbon monoxide, photochemical oxidants, lead, and sulfur oxide}. The
102 primary route of air pollutants including microplastics, into the human system, is through the
103 bronchopulmonary tract. But the pulmonary system is endowed with natural mechanisms to fight
104 against intrusive agents, biotic as well as abiotic. The major constituents of lung defenses are the
105 airways and their mucosa, the epithelial cells lining the luminal surface of the airways, the blood-
106 derived cells of the mucosa, and the immune response in the alveolar space (Nicod 2005).
107 Particle size plays an essential role in the evasion of defense mechanisms intended for the
108 clearance of foreign particles from the airway. Foreign particles entering the respiratory system
109 can generally be classified as inspirable (entering the respiratory system during breathing, <100

110 μm), thoracic (entering the lower respiratory tract including the trachea, bronchi, and the gas
111 exchange regions of the lungs $< 25 \mu\text{m}$), tracheobronchial ($5 - 25 \mu\text{m}$) and respirable (capable of
112 reaching the alveolar regions of lungs $< 5 \mu\text{m}$). Particles $< 10 \mu\text{m}$ have the potential of being
113 biologically active (Heyder 2004), and particles $< 3 \mu\text{m}$ have a higher chance of reaching the
114 lower airways with 50–60% being deposited in the alveoli. Figure 1 represents the deposition
115 fractions of inhaled particles in the respiratory system of a healthy adult generated Multiple-Path
116 Particle Dosimetry Model (MPPD, version 2.11, Chemical Industry Institute of Toxicology,
117 Research Triangle Park, NC) (ARA 2014).

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121 Figure 1: Respiratory tract deposition fractions of inhaled particles in a healthy adult depending
122 on the particle size (personal communication: Jakob Löndahl, Lund University, Sweden).

123

124 All the known health impacts rendered by atmospheric particles can be attributed to APs
125 also. Considering the significant sources of microplastics in the atmosphere, two factors can be a
126 reliable proxy for the amount of suspended plastic particles: the global population and global
127 plastic production. The global population has increased from 5.9 billion in 1998 to 7.7 billion in
128 2019 (UNDESA 2001; UNDESA 2019), while worldwide plastic production has increased from
129 188 million tonnes in 1998 to 359 million tonnes in 2018 (Geyer et al. 2017; PlasticsEurope,
130 2019). The quantum leap in these two factors over the years must have subjected respiratory

131 health towards irrefutable damages. Still, this fact is currently devoid of observational evidence
132 due to the research gap in these directions. Microplastics are present in a spectrum of inhalable
133 particle sizes, and the aerodynamic characteristics aid it to successfully fathom the respiratory
134 tract, including lower bronchial and alveolar regions. Once inside the body, the plastic particles
135 avoid clearance and persist in the lungs for a longer duration due to its high durability. There is
136 officially no lower limit to the size of microplastic, and particles smaller than a few micrometers
137 are called as nanoplastics (Mitrano 2019). Nanoplastics (< 100 nm) have been observed in the
138 indoor and outdoor air as atmospheric particulate matter (PM) and can induce toxicological
139 effects on alveolar epithelial cells (Xu et al., 2019). Human exposure occurs mainly in the
140 indoors than outdoors due to substantial indoor sources (upholstery fibers and synthetic clothes),
141 and exposure to these could cause a range of health issues, including autoimmunity diseases and
142 upper respiratory illnesses (Bradney et al. 2019). Fibers and fragments are the most abundant
143 components of APs, and these are quite hazardous to the respiratory system (Chen et al., 2019;
144 Zhang et al. 2020; Enyoh et al. 2019; Vianello et al. 2019). Even though nasal mucus and small
145 hairs act like filters to remove dust and particles $> 5 \mu\text{m}$ (Kaya et al., 2018), fibers tend to align
146 with the airflow and penetrate deeper into the lungs where they are deposited (Bezemer 2009). A
147 1998 study found biopersistent fibers $> 250 \mu\text{m}$ in length and some of which were very wide (\sim
148 $50 \mu\text{m}$), in human lungs (Pauly et al. 1998). The aerodynamic properties of fibers can be the
149 reason for their presence in deep lung regions.

150 Fibers can be transformed further into fine suspended particles by photo-oxidative
151 degradation, abrasion, or wind shear (Gasperi et al. 2018), which are more hazardous to the
152 respiratory system than the fibers themselves. When macroplastic particles fragment into finer
153 ones, there is a substantial augmentation in the surface/volume ratio (de Souza Machado, et al.,
154 2018). A recent study regarding the city of London has found the presence of smaller
155 microplastics in the thoracic as well as potentially respirable size ranges (fluorescent non-fibrous
156 particles $< 20 \mu\text{m}$) in the air (Wright et al., 2020). Currently, the abundance of smaller
157 microplastics and nanoplastics (in APs) has not been documented well due to the limitations of
158 analytical methods (Zhang et al., 2020). The inhalation of plastic particles can invoke the release
159 of messengers and cytotoxic factors, which leads to lung inflammation, potentially leading to
160 secondary genotoxicity following the excessive and continuous formation of reactive oxygen
161 species (Gasperi et al. 2018). This prolonged inflammation can cause fibrosis and in certain

162 circumstances, it also causes lung cancer. Fibers of longer sizes are not easily phagocytosed and
163 lead to higher inflammation and as a result are more toxic than their smaller counterparts (Greim
164 et al., 2001). Airway and interstitial lung diseases such as spontaneous pneumothorax, asthma,
165 chronic bronchitis with bronchiectasis, chronic pneumonia, and extrinsic allergic alveolitis were
166 observed due to occupational exposure of airborne microplastics (Pimentel et al. 1975;
167 Eschenbacher et al. 1999; Atis et al. 2005). The prevalence of APs is dependent on factors such
168 as consumption habits, socioeconomic status, traffic, and urbanization (Kaya et al. 2018), and
169 these factors are on the higher side in urban areas, which render urban population much prone to
170 ill effects of APs. For example, higher abundance was observed in Shanghai compared to Paris,
171 possibly due to more anthropogenic activities, population density, and industrialization levels
172 (Zhang et al. 2020). Having said that, rural areas or less urbanized regions are no exception as
173 APs can traverse long distances depending on the prevailing air circulation and transport
174 dynamics, implying that the respiratory health of humans anywhere in the globe (even in pristine
175 environments) are equally susceptible to this emerging menace.

176

177 **3. APs as fomites and its synergy with bioaerosols**

178

179 Fomites are any inanimate object, which can become contaminated with pathogenic
180 microorganisms that can serve as a means of transferring disease-causing agents to a new host
181 (Stephens et al. 2019). APs are a plausible candidate due to its ability to traverse distance and
182 stay suspended for a longer time in the air in addition to its ability to act as adhesives for
183 surrounding particles for example, bioaerosols. Bioaerosols consist of a diverse group of airborne
184 particles with biological origins which include bacterial cells and spores, viruses, pollen, fungi,
185 algae, detritus, allergens, cell fragments and secondary particles in the atmosphere. The airborne
186 particles that are formed from the condensation of gaseous molecules released by biological
187 organisms (Löndahl et al., 2014), display a wide range of sizes, from ~ 10 nm for some viruses to
188 > 100 µm for some pollen grains (Delort et al. 2017). In an approximate term, bioaerosols can be
189 viewed as thermodynamically unstable suspensions of complex colloidal particles entrained in a
190 gas (Lighthart and Mohr 2012). They are known for transmission of infections especially
191 respiratory and enteric infections (Yuan et al. 2018; Tellier et al. 2019), other health impacts
192 being acute toxic effects, allergies, and cancer (Srikanth et al. 2008). The interaction of

193 infectious bioaerosols and large fomites (objects in hospital settings, faucet handles, doorknobs,
194 switches, elevator buttons, handles, countertops, and any objects which are frequently touched) is
195 well documented (e.g., Boone and Gerba 2007; Kanamori et al. 2017). In the triad of infectious
196 disease transmission (aetiological agents, susceptible hosts, and the environment), role of the
197 environment is the most ambiguous (Pirtle and Beran 1991). The interaction between fomites
198 and bioaerosols and their associated dynamics are an integral component of the environmental
199 factor. The transfer of infectious virus can occur between two separate fomites, or fomite to
200 animate objects, or vice versa (Goldmann 2000). The relevance of this component in infectious
201 disease transmission will be exacerbated when a long-range transport of the fomite-bioaerosol
202 aggregate is involved.

203 Recent studies (Malcolm et al. 2017; Stephens et al. 2019) have qualified smaller
204 particles such as dust as fomites, but APs are not considered as any class of fomite till now. We
205 propose that APs can be included in the fomite class of objects due to its supportive
206 characteristics in disease transmission. Microplastic particles have a large surface/volume ratio,
207 which facilitates more room for bioaerosol adhesion on the plastic surface. Adhesion of APs and
208 bioaerosols can be mediated by interplay of forces and various intrinsic APs-bioaerosol
209 characteristics. This includes forces involved in the adhesion of small particles (for example APs
210 and bioaerosols) such as London-van der Waals and electrostatic forces, and factors such as
211 relative humidity, the contact area between the particles, shape, size, and nature of the particle,
212 and surface material and surface roughness (Corn 1961). In addition to the physical size, other
213 characteristics that are significant for bioaerosol movement include density ($\sim 1.0 - 1.5 \text{ g cm}^{-3}$),
214 shape (spherical to elongated), and electrical charge (close to the “neutral” Boltzmann charge
215 distribution) (Löndahl et al. 2014). Many bioaerosols (as airborne microorganisms) naturally
216 carry electrical charges in their outer shell (Lee et al. 2004), which can play an essential role in
217 its adhesion to the APs as APs can accumulate charges due to frictional effects in the air, for
218 example, triboelectric effect. Polymers (plastic) are inherently insulative, and plastic components
219 can quickly accumulate charge on their surfaces (Bell and Blackmore 2014). The most abundant
220 APs (for example, polystyrene, polyester particles, and fibers) (Cai et al. 2017; Steve Allen et al.
221 2019; Vianello et al. 2019) can quickly accumulate static charges due to inter-particle as well as
222 frictional air effects. A recent study (Toth III et al. 2020) indicated that electric fields keep dust
223 particles suspended and also enrich the concentration of larger particles at higher elevations. The

224 resulting electrostatic forces on charged particles help in the transport of large particles which
225 implies that large APs can also be suspended and transported for a longer time period in the
226 atmosphere. It is important to know about the charge on a particle as the electric forces between
227 particles affect their dynamics and interaction, and in many instances, there is no understanding
228 of the prevailing charge distribution (Hammond et al. 2019). There is a substantial research gap
229 in these directions regarding the charge distribution of suspended biotic and abiotic particles in
230 the atmosphere.

231 APs from various sources (such as synthetic textiles, household furniture and upholstery,
232 rubber tire erosion, road dust, building and construction materials, landfills, vehicular emissions,
233 waste incineration, industrial discharge, and horticulture fields) can be transferred to other
234 environmental compartments by winds (Zhang et al. 2020). A recent air mass trajectory analysis
235 (Allen et al. 2019) shows microplastic transport through the atmosphere over a distance of up to
236 95 km and its deposition in a remote, pristine mountain catchment (French Pyrenees). Sahara
237 dust ($\leq 450 \mu\text{m}$) can be transported from the Sahara to the north Atlantic over distances of 3500
238 km by mechanisms such as rapid horizontal transport, turbulence, uplift in convective systems,
239 and electrical levitation of particles (Bergmann et al. 2019), this applies to airborne plastic
240 particles too. Once airborne, APs could remain suspended for days or weeks before being d
241 (Wright et al. 2020) from the air by various physical or chemical mechanisms. The light-weight,
242 durability, and other intrinsic features also contribute to the transportation of APs to remote areas
243 and deposited through dry or wet deposition (Zhang et al. 2020). The wind is responsible for
244 lofting of most atmospheric microbes (bioaerosols in our case), and those particles reaching the
245 upper troposphere or the stratosphere (12 - 45 kilometers above MSL) can stay suspended for a
246 longer time and travel significantly greater distances around the globe (Smith et al. 2011). The
247 same mechanism is applicable for APs laced with bioaerosols too. If suspended APs with
248 bioaerosols adhered to it can traverse vast distances, it can bring unforeseen challenges to the
249 prevailing global health care systems.

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251 **4. Emerging respiratory viruses and APs: de novo**

252

253 According to the current knowledge, viruses are the dominant biological entities on our planet.
254 They encompass a large pool of rapidly evolving genes that appears to continuously contribute to

255 the emergence of new genes in cellular life-forms (Koonin et al. 2020). Viruses are also
256 causative agents of major human infections worldwide, and the most common infective agents
257 are enteric and respiratory viruses (Vasickova et al. 2010). Respiratory viral infections need
258 special mention as these infections have the potential to hoist major public health problems
259 around the world with its ease of spread in the community inducing considerable morbidity and
260 mortality. The new millennium witnessed the emergence of three novel, highly virulent human
261 respiratory infections: Severe Acute Respiratory Syndrome (SARS) in 2003 caused by SARS-
262 coronavirus (SARS-CoV) (Ksiazek et al. 2003), Middle East Respiratory Syndrome (MERS) in
263 2012 caused by MERS-coronavirus (MERS-CoV) (Zumla et al. 2015) and the ongoing (2019-
264 20) coronavirus disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome
265 Coronavirus 2 (SARS-CoV-2) (WHO 2020). Coronaviruses are lipid-enveloped, single-stranded
266 positive-sense RNA viruses, belong to the genus Coronavirus and include relatively benign,
267 seasonal viruses (Tellier et al. 2019), such as HCov-229E, HCov-OC43, HCov-NL63 and HCov-
268 HKU1 (Li et al. 2020) which causes mild symptoms of the common cold in humans.
269 Coronaviruses are known to affect a wide range of birds and mammals, including household
270 animals such as the cat and dog to large animals such as beluga whales. These viruses undergo
271 mutations that enable the transmission of infections between animals to humans rendering it a
272 zoonotic pathogen of concern. Altogether, six species of human coronaviruses are known to date,
273 SARS-CoV and SARS-CoV-2 are two strains of the same species. The current outbreak of the
274 highly contagious SARS-CoV-2, which was first detected in the city of Wuhan has infected more
275 than 1.53 million people worldwide as of April 10, 2020 (Dong et al. 2020) and the governments
276 across the globe are struggling to contain the spread of the virus.

277 A general consensus is that respiratory viruses are transmitted by aerosol transmission
278 due to sneezing or coughing (Goldmann 2000). This results in the generation of virus-containing
279 particles in a size continuum from 1 to 500 μm . Viruses such as coronaviruses can survive for
280 long periods in aerosols (Otter et al. 2016). Some studies showed that coughing produces
281 droplets having sizes between 8 and 32 μm , and sneezing generates relatively smaller droplets
282 (Duguid 1946). The viral transmission occurs through respiratory droplets which include larger
283 droplets that fall rapidly near the source as well as coarse aerosols with aerodynamic diameter $>$
284 5 μm and fine-particle aerosols having droplets and droplet nuclei with aerodynamic diameter \leq
285 5 μm . There is conclusive evidence for aerosol transmission as a potential mode of transmission

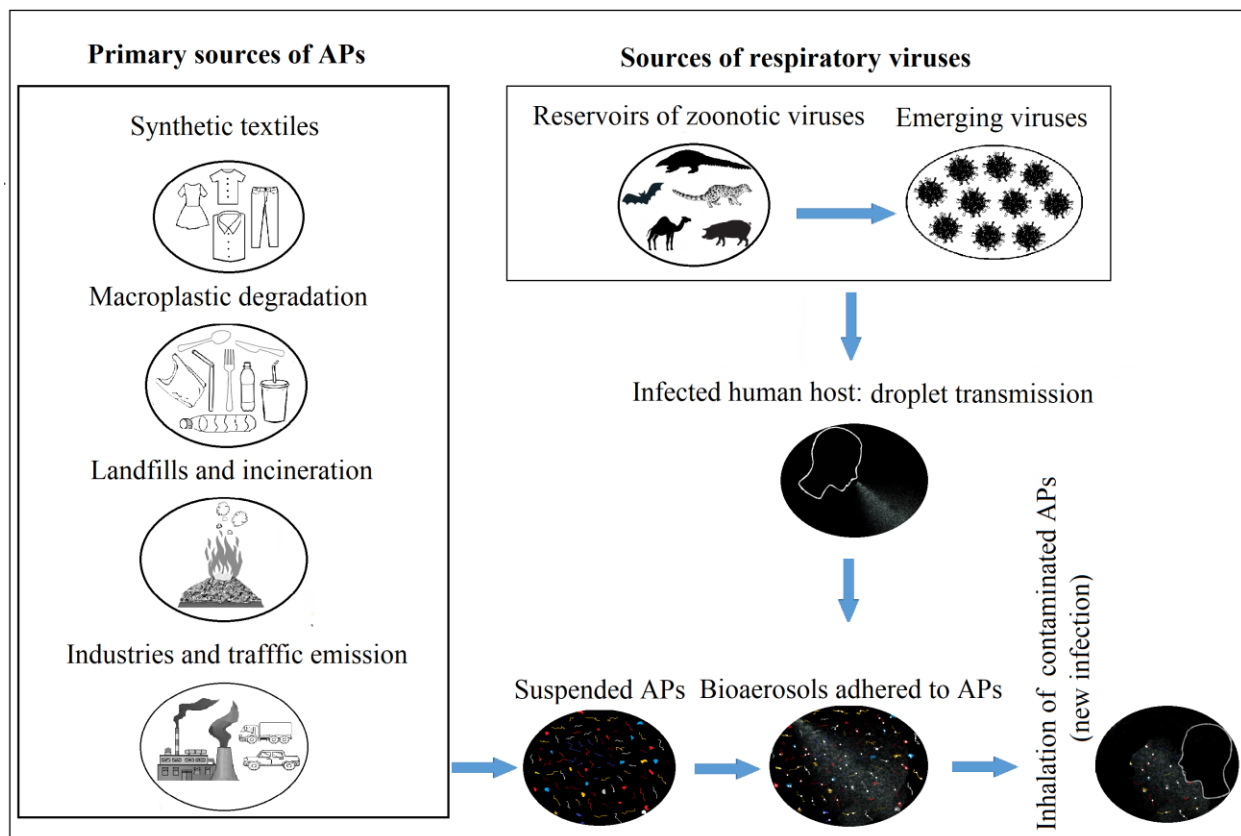
286 for respiratory viruses such as coronaviruses, influenza viruses and rhinoviruses (Leung et al.
287 2020). In addition to this, Aerosol-generating medical procedures (AGMPs) such as dentistry,
288 bronchoscopy, cardiopulmonary resuscitation, noninvasive ventilation, tracheal intubation,
289 manual ventilation, sputum induction, nebulizer treatment and suctioning can potentially create
290 aerosols of various sizes, many of these procedures are known for possible association with
291 aerosol transmission of viruses such as SARS-CoV (Judson and Munster 2019). The dimensions
292 of aerosolized virus particles vary widely (ranging from nanometer to micrometer and once
293 airborne, small particles containing viruses can remain airborne for long periods, efficiently
294 transporting it to other locations while remaining adrift in the air for longer periods primarily due
295 to their low settling velocity (Pan et al., 2019). Once produced (either naturally or through
296 medical procedures), these bioaerosols are virulent, and it aids the transmission of infection
297 directly through respiration or by a fomite to a human host. Contaminated fomites play an
298 essential role in the transmission of viral infections, and flu viruses and other respiratory viruses
299 are mainly spread through fomites (Vasickova et al. 2010).

300 Further narrowing down to the recent outbreak of novel SARS-CoV-2 (diameter ~ 100
301 nm), the peak concentration of SARS-CoV-2 aerosols appears in two distinct size ranges, one in
302 the submicron region (aerodynamic diameter 0.25 - 1.0 μm) and the other in the supermicron
303 region (diameter > 2.5 μm , the aerosol generation mechanisms are hypothesized as due to the
304 resuspension of virus-laden aerosol from staff apparel (for submicron aerosol) and the
305 resuspension of dust particles (for super-micron aerosols) from the floors or other hard surfaces
306 (Liu et al., 2020). It is controversial whether SARS-CoV-2 is transmitted via aerosols (Elias and
307 Bar-Yam 2020). Recent pieces of evidence show that viable virus particles can travel long
308 distances from patients (Bourouiba 2020). However, a recent study examining the effect of
309 simulated sunlight on the transmission of SARS-CoV-2 found out that survival of viruses over
310 long distances would be dubious whereas short-range aerosol transmission may be possible
311 (Schuit et al. 2020). Significant environmental contamination by patients with SARS-CoV-2
312 through respiratory droplets and fecal shedding indicates the environment as a potential medium
313 of transmission (Ong et al., 2020). Several studies have highlighted the potential for aerosol
314 transmission for other related coronaviruses, SARS-CoV, and MERS-CoV (for example, Li et al.
315 2005; Tellier et al. 2019). The bioaerosols having viable viral particles produced by these
316 mechanisms can transmit the infection as respiratory viruses are known to be spread by the

317 airborne route, and contaminated surfaces or fomites addition to person-to-person contact.
318 Suspended plastic particles are found to be abundant in indoor environments compared to
319 outdoor settings (Prata 2018; Zhang et al. 2020), and hospital settings and care centers for
320 COVID-19 patients can be hotspots of these particles emanating from sources such as clothes,
321 upholsteries, and medical devices. The bioaerosols can contaminate these plastic particles by
322 adhering to it by electrostatic force as one possible mechanism. Electrostatic interactions
323 between viruses and charged surfaces are believed to govern adsorption characteristics resulting
324 in fast and extensive adsorption. Currently, it is controversial whether virus surface charges are
325 determined by the ionizable amino-acids in the virus capsids or by the negatively charged nucleic
326 acid core inside the capsid (Armanious et al. 2016). Other virus properties such as
327 hydrophobicity, size, and shape were also known to affect virus adsorption (Dang and Tarabara
328 2019), besides the roughness, the charge and electrostatic properties of the target surface and the
329 magnitude of the electrostatic interactions between virus and surface (Dika et al. 2013). It is
330 known that hydrophobic particles are attracted to the neutral areas on a microplastic surface, and
331 hydrophilic or charged substances are attracted to the negative areas on the microplastic surface
332 with electrostatic interactions, the media characteristics being most important (Tourinho et al.
333 2019). These mechanisms are more than enough to facilitate the bioaerosol adhesion to
334 suspended plastic particles in the air. Figure 2 shows a schematic diagram depicting the
335 mechanism of viral transmission involving suspended plastic particles in the air.

336 The persistence of viruses on inanimate surfaces, APs in our case, for long periods is an
337 important epidemiologic factor determining the spread of viral infections and avian respiratory
338 viruses are known to persist longer on nonporous surfaces than on porous ones (Tiwari et al.
339 2005), plastic being a non-porous one. Most viruses from the respiratory tract such as corona-,
340 coxsackie-, influenza virus, SARS, or rhinovirus can persist on inanimate surfaces for a few days
341 (Kramer et al. 2006; Boone and Gerba 2007). Respiratory viruses such as influenza A and B
342 viruses survived for 24-48 hr on plastic but persisted for < 8-12 hr on cloth, paper, and tissues
343 (Bean et al. 1982). A subtype of influenza virus (pH1N1) has also been detected in aerosol
344 samples which increases the risk of its transmission through the release of airborne particles
345 containing the virus (Zhao et al. 2019). Human coronaviruses such as SARS-CoV, MERS-CoV,
346 or endemic human coronaviruses (HCoV) can persist on plastic for up to 9 days (Kampf 2020).

347 A recent study found that SARS-CoV-2 was more stable on plastic than on copper and cardboard
 348 with the viable virus detected up to 72 hr after application to these surfaces. The results
 349



350
 351 Figure 2: Schematic diagram showing the mechanism of virus transmission by suspended
 352 microplastics in the air.
 353

354 indicate that aerosol and fomite transmission of SARS-CoV-2 is plausible as the virus can
 355 remain viable and infectious in aerosols for hours and on surfaces up to days (van Doremalen et
 356 al. 2020). Though it is currently believed that the primary transmission mode of COVID-19 is
 357 through large respiratory droplets and close contact, there is limited data that indicates that it
 358 may also spread through indirect contact with contaminated environments and aerosols which is
 359 evident from SARS-CoV-2 RNA contaminated environmental surfaces across the hospital (Ye et
 360 al. 2020). Besides this, swabs taken from the air exhaust outlets during the current SARS-CoV-2
 361 outbreak, tested positive for viable particles, suggesting that small virus-laden droplets can be
 362 transported in the airflows and deposited on equipment such as vents (Ong et al. 2020), which is
 363 an indication of airborne nature of SARS-CoV-2. Once the aerosolized viral particles adhere to

364 suspended plastic materials, plastics' aerodynamic properties and its ability to be buoyant in the
365 air can facilitate the suspension of bioaerosols for a long time in the air and transport to farther
366 areas, which may not be possible with deposition of the aerosols as in normal cases of respiratory
367 viral particles. Also, respirable APs laden with bioaerosols can make it easy for the virus to
368 attack the host as the respirable particles itself creates inflammation in the respiratory system.
369 This emerging pathway in which APs acting as biological rafts (Brooks et al. 2004) can bring
370 forth myriad of challenges to humanity in the era of emerging novel viruses, as new viruses
371 continue to emerge and existing ones continuously mutate.

372

373 **4. Conclusions and way forward**

374

375 A general hallmark of emerging viruses is their exhibition of heretofore unobserved behavior and
376 chaotic transmission dynamics. Air pollution is known to exacerbate the ill effects of respiratory
377 viral infections, and it is speculated that outdoor air pollution concentrations will have a negative
378 impact on COVID-19 infections (Han et al. 2020). APs are a class of emerging air pollutants
379 with a good deal of speculated detrimental effects on human health, particularly to the
380 respiratory system. The ability of APs to act as a potential adherent for bioaerosols qualifies it as
381 a fomite, and the flitting APs loaded with virus-laden aerosols are capable of traveling long
382 distances through the atmosphere. The plastic particles can also act as shields for viruses in
383 hostile environmental conditions. It is currently not clear whether viral aggregates produce
384 biofilms as an adhesion mechanism while airborne, understanding of which can be very relevant
385 in elucidating the less known airborne viral dynamics and biological rafts. Also, the mechanisms
386 of viral particles regaining their composure from the attached suspended inanimate objects after
387 it enters into a host system (as inhalable respiratory particles) are currently unknown. Research
388 towards these directions can be beneficial for the prevailing health care systems. It should also be
389 noted that the airborne route for a particular viral pathogen is more of an opportunistic pathway,
390 rather than the norm (Tellier et al. 2019). Every past viral epidemic is an arcing narrative of
391 struggle and survival of humanity against all the odds created by viruses. Recent investigations
392 are providing previously unappreciated insights regarding the relevance of environmental factors
393 in terms of airborne transmission of viral pandemics. Still, significant knowledge gaps remain

394 about the airborne transmission and the role of ecological factors in sustaining the viability of
395 bioaerosols.

396 The failure to protect the environment or to modify it beneficially can induce the failure
397 to break the chains of virus transmission (Pirtle and Beran 1991). The global influx of a vast
398 amount of micro and nano-sized plastic pollutants in various environmental compartments can be
399 a potential emerging medium for transmission of viral infections. After all, the earth is a cosmos
400 of viruses for billions of years (Diehl et al. 2016) whose count outnumber (by 5-10 million
401 times) the estimated number of stars thought to exist in the observable universe (Breedlove 2020)
402 and our planet can be rightly called as a planet of viruses (Zimmer 2015). The vigorous
403 anthropogenic activities in the past 50 years synonymous with the surging global population
404 have initiated the dawn of a plastic era on the planet. Currently, plastic pollutants have
405 encroached into the entire environmental compartments, making it surplus on Earth, qualifying it
406 as a plastic planet (Hamilton et al. 2019).

407 We have depicted the plausibility of interaction between these two currently excess
408 environmental entities on the Earth, which may break the conventions of the current
409 understanding of the transmission of viral respiratory infections. Presently, there is limited data
410 regarding the transmission dynamics of COVID-19 in urban agglomerations wherever it is
411 reported. Also, the mounting pieces of evidence point towards the presence of a substantial
412 amount of the suspended APs in heavily urbanized regions. Once sufficient data regarding the
413 global spatial dynamics of the current virus transmission is available to the scientific community,
414 it may be possible to look into the infection trends in urban areas where the air is heavily
415 polluted, considering air pollution as a proxy for suspended APs in general terms. This can
416 potentially reveal the prevailing dynamics and relationships between bioaerosols and APs. It is
417 also not known whether the APs pathway is more efficient than the bioaerosols itself in driving
418 the spread of novel viral infections. Once the global spatial trend of the virus is clear, it will also
419 be interesting to examine the atmospheric dynamics and air circulation of regions with dense
420 infection clusters. However, most tantalizing questions remain to be investigated concerning the
421 mechanisms involved in the interactions between APs and viral particles, and their contribution
422 to escalating the health problems caused by the viruses and other existing respiratory diseases.
423 We hope that this communication shall trigger detailed multi-disciplinary research works
424 investigating the potential of APs in biological rafting and viral disease transmission, and can

425 pave ways for a comprehensive, fundamental understanding of disease transmission pathways of
426 emerging respiratory viruses such as SARS-CoV-2.

427

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435

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