

Public Transport and COVID-19: Preliminary findings of the PROTECT study (Theme 3)

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Theme 3 – Sector specific studies



- Mixed method studies (literature reviews, surveys, qualitative studies) of certain sectors
 - Public transport
 - Food processing
 - Construction
- Analyses of existing datasets
 - To improve understanding of the role of work and other activities on risk of infection, ill-health and mortality
 - ONS data (CIS, Public Health Data asset, mortality data)
 - Virus Watch
 - Biobank
 - Longitudinal Linkage Collaboration

Public Transport Sector



- Literature review on transmission in ground based public transport
- Evidence from studies on infection, disease and mortality in Transport workers
- Qualitative Deep dive (with experts, organisational leaders, workers and passengers)



Public Transport Lit Review



Identified 28 papers for inclusion in the review (up to May 2021)

- 11 modelling studies / 17 empirical studies
- 17 peer reviewed / 11 pre-prints, reports, conference publications
- 7 contamination studies / 10 transmission studies / 11 control studies
- 2 studies conducted in the UK

Research Questions:

- 1. What is the evidence for the presence of the COVID-19 virus in air and on surfaces in ground public transport?
- 2. What do empirical studies of COVID-19 virus transmission on public transport show?
- 3. What evidence is there for the effectiveness of control measures in public transport?
- 4. What does risk modelling for COVID-19 virus transmission rates on ground public transport show?

Public Transport Lit Review



- Published literature was **sparse**.
- Studies which measured surface and air contamination reported mixed findings.
- Empirical studies provided some evidence for the transmission of SARS-CoV-2 transmission, and highlighted some important factors that moderate transmission (e.g proximity and duration).
- Impact of RMMs:
 - effects of ventilation systems in a bus demonstrated that the benefits of ventilation are not uniform across the vehicle space and can be dependent of the location of the infected passenger.
 - Window configurations in private car ventilation appeared to influence driver to passenger transmission.
- Modelling studies suggested that transmission could be reduced by wearing face masks and by increasing ventilation.

Covid-19 Mortality in Transport Workers

- Public transport workers at increased risk of COVID-19 mortality (based on data from March – December 2020)
- Other transport workers similar risk of COVID-19 death as all working age men



C	Occupation	COVID- 19 deaths	Rate	All cause mortality	Rate
	arge goods ehicle drivers	118	39.7	1006	332.4
V	/an drivers	97	39.7	769	332.2
	Bus and coach Irivers	83	70.3	367	333.6
d	axi and cab Irivers and hauffeurs	209	101.4	739	357.1
	All men aged 20- 4 years	5,128	31.4	42,082	256.0

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/ bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbet ween9marchand28december2020#related-links

Covid-19 Mortality Transport – Linked census study



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	М	en	Wo	omen		
Occupation	Age-adjusted	Fully adjusted	Age-adjusted	Fully adjusted		
Essential workers	1.45 [1.34 - 1.56]	1.22 [1.13 - 1.32]	1.16 [1.05 - 1.28]	1.06 [0.96 - 1.17]		
Taxi and cab drivers and						
chauffeurs	3.08 [2.56 - 3.70]	1.39 [1.14 - 1.70]	3.94 [1.634 - 9.48]	2.45 [1.014 - 5.92]		
Support staff	2.39 [1.68 - 3.41]	1.74 [1.22 - 2.49]	0.95 [0.673 - 1.34]	0.78 [0.550 - 1.10]		
Bus and coach drivers	2.33 [1.81 - 3.00]	1.11 [0.85 - 1.45]	2.95 [1.226 - 7.12]	1.73 [0.716 - 4.18]		
Sanitary workers	1.84 [1.46 - 2.32]	1.18 [0.93 - 1.50]	1.78 [1.473 - 2.16]	1.09 [0.892 - 1.33]		
Social care	1.83 [1.51 - 2.20]	1.27 [1.04 - 1.53]	1.62 [1.390 - 1.89]	1.18 [1.010 - 1.39]		
Van drivers	1.81 [1.48 - 2.22]	1.26 [1.03 - 1.55]	1.59 [0.661 - 3.84]	1.27 [0.526 - 3.06]		
Health associate						
professionals	1.65 [1.26 - 2.16]	1.86 [1.41 - 2.46]	0.92 [0.746 - 1.15]	1.22 [0.969 - 1.54]		
Food retail &						
distribution	1.41 [1.22 - 1.63]	1.14 [0.98 - 1.32]	1.39 [1.187 - 1.63]	1.02 [0.867 - 1.20]		
Other transport workers	1.21 [1.02 - 1.43]	1.10 [0.93 - 1.30]	0.36 [0.115 - 1.11]	0.31 [0.098 - 0.95]		
Health professionals	1.21 [0.82 - 1.78]	1.45 [0.97 - 2.15]	0.25 [0.079 - 0.76]	0.45 [0.145 - 1.42]		
Food production	1.12 [0.86 - 1.45]	1.15 [0.89 - 1.50]	1.48 [0.968 - 2.26]	1.15 [0.750 - 1.77]		
Education	0.63 [0.47 - 0.84]	0.91 [0.68 - 1.23]	0.56 [0.446 - 0.70]	0.83 [0.653 - 1.05]		
Police & Protective						
Services	0.45 [0.31 - 0.67]	0.60 [0.40 - 0.88]	0.38 [0.123 - 1.19]	0.50 [0.160 - 1.54]		

Note: Fully adjusted Cox regression models include geographical factors (region, population density, urban/rural classification), ethnicity, socio-economic characteristics (Index of Multiple Deprivation decile group, household deprivation, educational attainment, social grade, household tenancy, type of accommodation, household size, multigenerational household, household with children), health (body mass index, chronic kidney disease (CKD), learning disability, cancer or immunosuppression, other conditions). See Supplementary Tables S1 for more details. Nafilyan et al (2021) Occupation and COVID-19 mortality in England: a national linked data study of 14.3 million adults.

https://doi.org/10.1101/2021.05.12.21257123

Transport workers

Infection, Covid19, mortality



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Relative effect of working in transport on Covid-19 infection				Relative effect of working in transport on Covid-19 mortality					mortality			
Data	Reference	Comparison			ES (95% CI)	Data	Reference	Comparison				ES (95% CI)
nfection Odds Ratio						Mortality Hazard Ratio						
PHE case control	Hiironen 2021	Unclear	-	•	1.18 (0.70, 1.93)	ONS (Taxi Men)	Nafilyan 2021	Non essential workers				1.39 (1.14, 1.70
/irus Watch	Beale 2021	Professional/associate		•	2.17 (1.12, 4.18)	ONS (Taxi Women)	Nafilyan 2021	Non essential workers		•		→ 2.45 (1.01, 5.92
W1 (Bus/Tram driver)	Magnusson 2021	Other working age			2.10 (1.70, 2.60)	ONS (Bus Men)	Nafilyan 2021	Non essential workers	-	•		1.11 (0.85, 1.45
W1 (Conductor)	Magnusson 2021	Other working age	-		0.50 (0.20, 2.30)	ONS (Bus Women)	Nafilyan 2021	Non essential workers	_	•		1.73 (0.72, 4.18
W1 (Steward)	Magnusson 2021	Other working age			0.90 (0.40, 2.20)	ONS (Van Men)	Nafilyan 2021	Non essential workers		•		1.26 (1.03, 1.55
W2 (Bus/tram driver)	Magnusson 2021	Other working age	-		1.10 (0.80, 1.60)	ONS (Van Women)	Nafilyan 2021	Non essential workers		•	_	1.27 (0.53, 3.06
W2 (Conductor)	Magnusson 2021	Other working age		•	1.90 (1.20, 2.90)	ONS (Other Men)	Nafilyan 2021	Non essential workers	-	•-		1.10 (0.93, 1.30
W2 (Steward)	Magnusson 2021	Other working age		_ •	1.60 (1.10, 2.20)	ONS (Other Women)	Nafilyan 2021	Non essential workers	•			0.31 (0.10, 0.95
Severe infection Relative	Risk					Mortality Relative Risk						
JK Biobank	Mutambudzi 2020	Non essential workers		.	2.20 (1.21, 4.00)	Sweden	Billingsley 2020	IT Technicians			•	→ 3.71 (0.46, 30.0
/2 = Norway wave 1/way	ve 2											
					1					1		1

- Suggestive of increased risk of infection, COVID-19 morbidity and mortality in Transport workers
- However, results vary between and within studies

Public Transport use



Risk factors for acquiring COVID-19 infection outside the household amongst adults during pandemic second wave

n=10,475 , 874 infections (defined by antibody, PCR and lat flow)

Activities	Weekly	Univariate OR	Multivariate OR (95% CI)		
	frequency	(95% Cl) p	р		
Leaving home for work or education	No	1.00	1.00		
	Yes	1.72 (1.49 – 1.98)	1.20 (1.02-1.42)		
		P<0.0001 (PAF=17%)	P=0.031 * (PAF=7%)		
Weekly frequency of using public	0	1.00	1.00		
transport	>0 -1	1.38 (1.15 – 1.66)	1.24 (1.03 – 1.49)		
	>1	2.35 (1.95 – 2.83)	1.82 (1.49 – 2.23)		
		P<0.0001 (PAF=15%)	P= <0.0001 (PAF=14%)		
Weekly frequency of any retail	0	1.00	1.00		
	>0 -1	1.59 (1.22 – 2.07)	1.45 (1.09 – 1.92)		
	>1	2.01 (1.57 – 2.56)	1.69 (1.29 – 2.21)		
		P<0.0001 (PAF=39%)	P= 0.0003 (PAF=34%)		
Weekly frequency of other activities	0	1.00	1.00		
(excluding retail, work, education, public transport and healthcare use)	0.5 – 1.5	1.23 (0.89 – 1.69)	0.99 (0.71 – 1.39)		
	2-3	1.31 (0.95 – 1.81)	0.88 (0.63 – 1.23)		
	3.5 – 5	1.58 (1.16 – 2.16)	0.97 (0.69 – 1.36)		
	> 5	1.53 (1.11 – 2.10)	0.87 (0.61 – 1.23)		
		P=0.0066 (PAF=23%)	p= 0.6188		

Activities	Weekly frequency	Univariate OR (95% Cl) p	Multivariate OR (95% CI) p
Ethnic group	White	1.00	1.00
	White Other	1.13 (0.85 – 1.52)	0.67 (0.49 – 0.92)
	Asian	1.67 (1.14 – 2.45)	0.97 (0.65 – 1.47)
	Black	1.12 (0.45 – 2.83)	0.65 (0.25 – 1.66)
	Mixed	1.27 (0.55 – 2.97)	0.69 (0.29 – 1.66)
	Other	0.99 (0.36 – 2.79)	0.56 (0.19 – 1.61)
		P= 0.230	P=0.1153
Deprivation score (IMD quintile) 1= most	1	1.27 (0.97 – 1.68)	0.93 (0.69 – 1.25)
deprived	2	1.52 (1.24 – 1.88)	1.14 (0.91 – 1.42)
	3	1.17 (0.95 – 1.43)	1.02 (0.83 – 1.26)
	4	1.10 (0.91 – 1.33)	1.02 (0.84 – 1.24)
	5	1.00	1.00
	3.45	P=0.0026	p=0.698

Virus Watch Help stop the spread

With permission from Prof Andrew Hayward

Qualitative Deep Dive



What do we know about the risk of SARS-CoV-2 transmission in this sector?

- Strategically important essential service.
- Early evidence suggested an increased risk of contracting COVID-19 for public transport workers.

Research questions

1. What are **the perceptions of risk** of transmission by the various stakeholders (experts (research / policy), organisational leaders, unions, middle management, employees, passengers)?

2. What are the **mitigations** being put in place and the **perceived effectiveness** of these risk mitigation strategies?

3. What are the **major knowledge gaps** that will need to be addressed in the short and longer term?

Deep Dive Methods:



- Significant informal engagement exercise with people working in and with the public transport sector Nov – Dec 2020.
- Lit review and engagement took place concurrently to **inform the design** of the study.
- Focus on rail (including light rail / tram), bus and taxi.
- Semi-structured interviews with
 - Experts (policy / research / regulators) & organisational leaders (including unions) between Jan – Mch 2021.
 - > Workers & passengers (April May 2021).
- Interview data analysed thematically using NViVo.



Qualitative study in Public Transport

February – May 2021

Type of respondent Number **Expert - Research** 5 **Expert - Government / policy** 7 5 **Expert - Industry / regulator** Org leader / union 13 5 Workers – rail / bus Passengers 12 Mix of current and lapsed users for all modes PT (rail, bus, taxi, tube, tram) **Total** 47

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Perception of risk of

viral transmission

Perceived risk

affected by :



rural vs

urban

settings

type of

vehicle

CO-

passengers

- Perceived risk of transmission was generally **low** but **risk not constant**
- Feelings of safety reliant on observations of compliance with mitigation measures by the transport operators, transport staff, and other passengers, alongside policing of these measures.
 - Including compliance with: cleaning, social distancing, face coverings
 - Contraventions of mitigation measures undermined perceptions of safety.
- Vaccination programme increased confidence in public transport for passengers but new variants of COVID-19 counterbalanced this view.
 - Experts raised concerns that **vaccines** may lead to over-confidence and reduced compliance with mitigation measures.

journey

duration

• Confidence to use public transport was seen as a **balance** between transmission rates, vaccines, mitigations, new variants, and compliance with behaviour.

where you

are travelling

to and from

time of day

Risk Mitigations and effectiveness



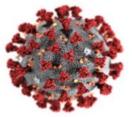
- Most perceived mitigations to be appropriate and effective
- Difficult to determine which mitigations were working introduced at pace at same time.
- Effectiveness perceived as dependent on the relative importance of **transmission routes**
- Effectiveness of behavioural mitigations was seen as being dependent on the compliance of individuals with these measures.
 - Responsibility at the individual level caused some issues
- Clear messaging about the effectiveness of the mitigations on public transport was seen to be essential for the return of many passengers



Knowledge gaps



- Initially, organisational leaders and experts found it difficult to source consistent and timely information to help facilitate their decision-making.
- Lack of clear scientific evidence / objective data for the public transport sector
- When outbreaks have occurred difficult to tell (in many cases) if it was work related, travel to and from work related or community related
- Calls for an evaluation of mitigation measures, to determine effectiveness and sustainability
- Understanding and predicting **passangers' behaviour** in varying circumstances
- Uncertainty over what the demand for public transport would look like in the future:
 - Public confidence in using public transport and how to encourage use of PT
 - Shifting travel patterns



Conclusions



- **Increased risk** for infection and mortality for employees (at least initially). This may have reduced over the course of the pandemic due to low passenger numbers.
- Drastic interventions resulted in reduced PT usage, which is still not recovered
- Suggestion that **use of PT** is also associated with increased risk of infection.
- Perception of risk generally low in the UK and generally satisfaction that risk mitigation measures were implemented rapidly
- However, context of low passenger numbers and relatively good adherence to guidance
 - Passenger numbers have increased, although still lower than expected
 - Adherence to mask wearing, social distancing etc seems to have collapsed in England.
 Different rules in place in devolved nations.
- Lacking objective data about the effectiveness of different mitigations, in isolation and together.
- Need further knowledge of behavioural issues and impact of messaging / communication.
- Link to wider agendas / longer term planning e.g. Green / carbon neutral, accessibility of PT, subsidies / funding models, future passenger demand prediction.

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Thank you

