



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

International Journal of Hygiene and Environmental Health

journal homepage: www.elsevier.com/locate/ijheh

Investigating hypothiocyanite against SARS-CoV-2

L. Cegolon^{a,b}^a Local Health Unit N.2 "Marca Trevigiana", Public Health Department, Treviso, Veneto Region, Italy^b Institute for Maternal & Child Health, IRCCS "Burlo Garofolo", Trieste, Italy

Sustained human-to-human transmission of the novel coronavirus SARS-CoV-2, the etiologic agent of COVID-19, has been documented across the world, with COVID-19 declared a global pandemic affecting 209 countries as of April 6, 2020 (World Health Organization, 2020a; Coronavirus, 2020).

The median incubation period of this novel coronavirus has been estimated to be 5–6 days (range: 0–14 days) (World Health Organization, 2020b). According to the World Health Organization (WHO) the respective base reproductive number (R_0) of SARS-CoV-2 is 1.95, although a recent meta-analysis estimated it to fall in the range of 2–3, with a mean of 3.28, a median of 2.79 and an interquartile range of 1.16. (Liu et al., 2020), close to SARS-CoV' ($R_0 = 2-5$), although much higher than MERS-CoV's ($R_0 = 0.5$) (Liu et al., 2020; Poletto et al., 2014; Kucharski and Althaus, 2015). A $R_0 > 1$ signifies self-sustaining outbreak unless control measures are taken to curb or stop the transmission of the infection (Imai et al., 2019).

With no antiviral drugs or vaccines available, prevention of COVID-19 should rely upon prompt detection and isolation of symptomatic cases, in addition to infection prevention and control (IPC) measures (Imai et al., 2019; Lu, 2020).

The main actions recommended to prevent and control the spread of COVID-19 are (World Health Organization, 2020c, 2020d; Fischer and Heymann, 2020):

- stay home and avoid crowded places;
- early detection and isolation of presumed and confirmed COVID-19 cases;
- quarantine for close contacts;
- identifying and containing any transmission from animal reservoirs;
- precautionary measures against risk of droplet infection, using surgical masks and maintaining interpersonal distance of at least 1–2 m;
- Frequent hand washing and disinfection of fomites with Alcohol Based Rub Hand (ABRH, containing at least 60% ethanol);
- precautionary measures against risk of airborne infection, particularly with the use of FFP2 and FFP3 filters.

These preventative measures should stop $>60\%$ viral transmission to be capable to effectively block the COVID-19 epidemic (Imai et al.,

2019; Lu, 2020).

As other common respiratory viruses like cold (which also belongs to the coronavirus family) and influenza, SARS-CoV-2 seems to spread from human-to-human by 3 recognized ways for transmission (Centre for Disease Prevention and Control, 2020; Tellier, 2007; Brankston et al., 2007; Lemieux et al., 2007; Aitken and Jefferies, 2001; Boone and Gerba, 2005; Heymann and Shindo, 2020):

- droplets (talking, sneezing, coughing);
- fomites (hand touching);
- airborne (breathing).

While the risk of droplet transmission can be contained by social distancing and the employment of simple respiratory barriers (surgical masks), hand washing is the primary preventive measure against fomites contagion (Fischer and Heymann, 2020; Heymann and Shindo, 2020). Nonetheless, airborne infection seems the most important channel to transmit respiratory viruses amongst humans (Herfst, 2012). Albeit recommended to reduce the aerosol risk of viruses, FFP2/FFP3 masks may not provide enough protection (Weber and Stilianakis, 2008), since they are often improperly fitted and donned, and sometimes may render breathing difficult (Cummings et al., 2007).

The hypothiocyanite ion (OSCN^-), product of the lactoperoxidase/ $\text{H}_2\text{O}_2/\text{SCN}^-$ (LPO/ $\text{H}_2\text{O}_2/\text{SCN}^-$) complex of central airways, is part of the human natural protective system against infectious agents (Cegolon et al., 2014). The lack of LPO/ $\text{H}_2\text{O}_2/\text{SCN}^-$ system in nasal and eye secretions of humans may explain the survival, proliferation and environmental shedding of some bacteria and viruses as influenza from mucosal secretions of the nose and the conjunctiva (Tenovuo et al., 1986; Marozzi et al., 2003; Mastrangelo et al., 2005, 2009; Schaffer et al., 1976; Couch, 1995).

At micromolar concentration, the reactive mixture LPO/ $\text{H}_2\text{O}_2/\text{OSCN}^-$ already proved effective cidal activity against a range of bacteria (Gram positive as well as Gram negative) (Moskwa et al., 2007; Conner et al., 2007; Carlsson et al., 1984; Thomas and Aune, 1978; Ihalin et al., 1998; Reiter et al., 1976), fungi (*Candida albicans* and *Candida krusei*) and viruses as HIV, herpes-simplex virus (HSV-1), adenovirus, echovirus, respiratory syncytial virus (RSV) and 12 different strains of influenza virus (Patel et al., 2018; Lenander-Lumikari, 1992; Mikola et al.,

E-mail address: l.cegolon@gmail.com.

<https://doi.org/10.1016/j.ijheh.2020.113520>

Received 26 February 2020; Received in revised form 26 March 2020; Accepted 27 March 2020

1438-4639/© 2020 Elsevier GmbH. All rights reserved.

1995; Pourtois et al., 1990),.

The cidal activity of hypothiocyanite has been mostly tested blending OSCN- with components of the catalytic reaction which enables its continuous production (Pruitt and Reiter, 1985; Shin et al., 2005). In order to reduce the risk of allergic reactions in humans, Alaxia (Lyon, France) licensed ALX-009, a compound combining enzyme-free OSCN- with lactoferrin, a multifunctional protein capable to inactivate/kill bacteria (Alaxia. ALX-009, 2020). A Phase 1 clinical trial is ongoing on healthy volunteers and patients affected by cystic fibrosis and bronchiectasis, challenging OSCN-, lactoferrin and combined OSCN-/lactoferrin separately (Alaxia. ALX-009, 2020).

A recent laboratory experiment challenged enzyme free OSCN- against A/H1N1 2009 pandemic influenza virus, showing a clear dose-dependent viricidal activity, fully devoid of any cytotoxic effect (Cegolon et al., 2014).

By oxidizing free thiol radicals of proteins and creating disulfide bonds (Alaxia. ALX-009, 2020), OSCN- seems capable to alter the surface proteins of respiratory viruses, contrasting their binding with the airways epithelium. It is also argued that OSCN- might interfere with the synthesis and assemblance of viral proteins and nucleic acids, thereby hampering the release of viruses from infected cells (Cegolon et al., 2014). Because OSCN- is effective against a vast range of viruses and micro-organisms, a general cidal effect seems implicated, not directed at specific proteins. This would suggest a wide potential application of OSCN-, possibly also against SARS-CoV-2, with low risk of resistance due to viral mutations (Cegolon et al., 2014). Moreover, the lack of toxicity in vitro of enzyme-free OSCN- is encouraging, considering also the human airways epithelium has an intensive turnover and is protected by a mucus layer (Cegolon et al., 2014).

Unlike SARS-CoV, SARS-CoV-2 seems able to replicate efficiently in the upper airways epithelium, with large amounts of viruses released by infected subjects during the incubation period, which as mentioned earlier can stretch up to 14 days (World Health Organization, 2020b; Heymann, 2020). This renders the spread of SARS-CoV-2 much easier than SARS-CoV's, which conversely exhibited contagion risk only when infected individuals were critically ill, but not during the prodromal stage (Peiris et al., 2003).

Front-line health care workers are at high risk of being infected from SARS-CoV-2 when managing confirmed or suspected COVID-19 cases, especially if IPC measures are not adopted (Heymann, 2020). These health care staff can then become disease carriers for other patients, their household contacts and the general population too (Heymann, 2020).

Latest evidence suggests that SARS-CoV-2 can remain infectious for up to 9 days on inanimate surfaces at indoor environmental temperatures (Kampf et al., 2020). Whilst recommended products as 62–71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite may be effective to disinfect fomites within 1 minute, they cannot be used for air sanitation due to their intrinsic toxicity, especially for short term airborne prophylaxis (Kampf et al., 2020).

In view of the above, considering the importance of asymptomatic individuals in the communicability of the infection, it seems interesting and worth testing OSCN- in vitro against SARS-CoV-2. If proven effective against SARS-CoV-2 in vitro, OSCN- could be tested in vivo with the aim of providing a potentially effective disinfectant for mucosae in the form of aerosol (for nose and upper airways) and eye drops (for the conjunctiva). Another useful application of hypothiocyanite could be as a spraying disinfectant for public places, transports, fomites.

In addition to new anti-virals drugs, an effective vaccine against SARS-CoV-2 and animal surveillance (Fischer et al., 2020; Daszak et al., 2020), research on disinfection of mucosae, public places and transports, using efficacious and well tolerated products should be pursued, with a view of providing short-term prevention against the spread of COVID-19 among humans.

Funding

None.

Declaration of competing interest

None to declare.

References

- Aitken, C., Jefferies, D.J., 2001. Nosocomial spread of viral disease. *Clin. Microbiol. Rev.* 14, 528–546.
- Alaxia. ALX-009, Available from: <https://www.alaxia-pharma.eu/alx-009/> last accessed on 26th March 2020.
- Boone, S.A., Gerba, C.P., 2005. The occurrence of influenza A virus on household and day care center fomites. *J. Infect.* 51, 103–109.
- Brankston, G., Gitterman, L., Hirji, Z., Lemieux, C., Gardam, M., 2007. Transmission of influenza A in human beings. *Lancet Infect. Dis.* 7, 257–265.
- Carlsson, J., Edlund, M.B.K., Hanstrom, L., 1984. Bactericidal and cytotoxic effects of hypothiocyanite-hydrogen peroxide mixtures. *Infect. Immun.* 44, 581–586.
- Cegolon, L., Salata, C., Piccoli, E., Juarez, V., Palu', G., Mastrangelo, G., Calistri, A., 2014. In vitro antiviral activity of hypothiocyanite against A/H1N1/2009 pandemic influenza virus. *Int. J. Hyg Environ. Health* 217, 17–22.
- Centre for Disease Prevention and Control, 2020. Morbidity and mortality weekly report (MMWR). Update: public health response to the coronavirus disease 2019 outbreak. Available from: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6908e1.htm> last accessed on 29th February 2020.
- Conner, G.E., Wijkstrom-Frei, C., Randell, S.H., Fernandez, V.E., Salathe, M., 2007. The lactoperoxidase system links anion transport to host defense in cystic fibrosis. *FEBS Lett.* 581, 271–278.
- Coronavirus, Worldometers. COVID-19 outbreak. Available from: <https://www.worldometers.info/coronavirus/> last accessed on 9th March 2020.
- Couch, R.B., 1995. Medical Microbiology. University of Texas Medical Branch, Galveston, pp. 1–22.
- Cummings, K.J., Cox-Ganser, J., Riggs, M.A., Edwards, N., Kreiss, K., 2007. Respirator donning in post-hurricane new orleans. *Emerg. Infect. Dis.* 13 (5), 700–707.
- Daszak, P., Olival, K.J., Li, H., 2020. A Strategy to Prevent Future Pandemics Similar to the 2019-nCoV Outbreak. *Biosafety and Health*.
- Fischer, D., Heymann, D.Q./A., 2020. The novel coronavirus causing COVID-19. *BMC Med.* 18, 57.
- Herfst, S., 2012. Airborne transmission of influenza A/H5N1 virus between ferrets. *Science* 336, 1534–1541.
- Heymann, D.L., 2020. Data sharing and outbreaks: best practice exemplified. *Lancet* S0140-6736 (20), 30184–30187.
- Heymann, D.L., Shindo, N., 2020. COVID-19: what is next for public health? *Lancet* 395 (10224), 542–545 S0140-6736(20)30374-3.
- Ihalin, R., Loimaranta, V., Lenander-Lumikari, M., Tenovu, J., 1998. The effects of different (pseudo) halide substrates on peroxidase-mediated killing of *Actinobacillus actinomycetemcomitans*. *J. Periodontol. Res.* 33, 421–427.
- Imai, N., Cori, A., Dorigatti, I., Baguelin, M., Donnelly, C.A., Riley, S., Ferguson, N.M. Report 3: transmissibility of 2019-nCoV. Available from: <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gda-fellowships/Imperial-2019-nCoV-transmissibility.pdf> last accessed 10 Feb 2020.
- Kampf, G., Todt, D., Pfander, S., Steinmann, E., 2020. Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. *Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. J. Hosp. Infect.*
- Kucharski, A.J., Althaus, C.L., 2015. The role of superspreading in Middle East respiratory syndrome coronavirus (MERS-CoV) transmission. *Euro Surveill.* 20 (25), pii = 21167.
- Lemieux, C., Brankston, G., Gitterman, L., Hirji, Z., Gardam, M., 2007. Questioning aerosol transmission of influenza. *Emerg. Infect. Dis.* 13, 173–175.
- Lenander-Lumikari, M., 1992. Inhibition of *Candida albicans* by the peroxidase/SCN/H2O2 system. *Oral Microbiol. Immunol.* 7, 315–320.
- Liu, Y., Gayle, A.G., Wilder-Smith, A., Rocklöv, J., 2020. The reproductive number of COVID-19 is higher compared to SARS coronavirus. *J. Trav. Med.* 1–4.
- Lu, H., 2020. Drug treatment options for the 2019-new coronavirus (2019-nCoV). *Biosci Trends.* <https://doi.org/10.5582/bst.2020.01020>.
- Marcozzi, G., Liberati, V., Madia, F., Pizzinga, A., de Feo, G., 2003. Effect of hormone replacement therapy on lacrimal fluid peroxidase activity in woman. *Maturitas* 45 (3), 225–229.
- Mastrangelo, G., Zanibellato, R., Fedeli, U., Fadda, E., Lange, J.H., 2005. Exposure to hydrogen peroxide at TLV level does not induce lung function changes: a longitudinal study. *Int. J. Environ. Health Res.* 15, 313–317.
- Mastrangelo, G., Zanibellato, R., Fadda, E., Lange, J.H., Scozzato, L., Rylander, R., 2009. Exposure to hydrogen peroxide and eye and nose symptoms among workers in a beverage processing plant. *Ann. Occup. Hyg.* 53, 161–165.
- Mikola, H., Waris, M., Tenovu, J., 1995. Inhibition of herpes simplex virus type 1, respiratory syncytial virus and echovirus type 11 by peroxidase-generated hypothiocyanite. *Antivir. Res.* 26, 161–171.
- Moskwa, P., Lorentzen, D., Excoffon, K.J., Zabner, J., McCray Jr., P.B., Nauseef, W.M., Dupuy, C., Banfi, B., 2007. A novel host defense system of airways is defective in cystic fibrosis. *Am. J. Respir. Crit. Care Med.* 175, 174–183.

- Patel, U., Gingerich, A., Widman, L., Demba, S., Tripp, R.A., Rada, B., 2018. Susceptibility of influenza viruses to hypothiocyanite and hypoiodite produced by lactoperoxidase in a cell-free system. *PLoS One* 13 (7). <https://doi.org/10.1371/journal.pone.0199167>. In this issue.
- Peiris, J.S., Yuen, K.Y., Osterhaus, A.D., Stohr, K., 2003. The severe acute respiratory syndrome. *N. Engl. J. Med.* 349, 2431–2441.
- Poletto, C., Pelat, C., Lévy-Bruhl, D., Yazdanpanah, Y., Boëlle, P.Y., Colizza, V., 2014. Assessment of the Middle East respiratory syndrome coronavirus (MERS-CoV) epidemic in the Middle East and risk of international spread using a novel maximum likelihood analysis approach. *Euro Surveill.* 19 (6), pii = 20699.
- Pourtois, M., Binet, C., Van Tieghem, N., Courtois, P., Vandenabeele, A., Thiry, L., 1990. Inhibition of HIV infectivity by lactoperoxidase-produced hypothiocyanite. *J. Biol. Buccale* 18, 251–253.
- Pruitt, K., Reiter, B., 1985. Biochemistry of peroxidase system: antimicrobial effects. In: Pruitt, K.M., Tenovuo, J.O. (Eds.), *The Lactoperoxidase System*. Marcel Dekker, Inc., New York, pp. 143–178.
- Reiter, B., Marshall, V.M.E., Bjorck, L., Rosen, C.-G., 1976. Nonspecific bactericidal activity of the lactoperoxidase-thiocyanatehydrogen peroxide system of milk against *Escherichia coli* and some gram-negative pathogens. *Infect. Immun.* 13, 800–807.
- Schaffer, F.L., Soergel, M.E., Straure, D.C., 1976. Survival of airborne influenza virus: effects of propagating host, relative humidity, and composition of spray fluids. *Arch. Virol.* 51, 263–273.
- Shin, K., Wakabayashi, H., Yamuchi, K., Teraguchi, S., Tamura, Y., Kurokawa, M., Shiraki, M., 2005. Effect of orally administered bovine lactoferrin and Lactoperoxidase on influenza virus infection in mice. *J. Med. Microbiol.* 54, 7174–7723.
- Tellier, R., 2007. Transmission of influenza A in human beings. *Lancet Infect. Dis.* 7, 759–760 2007.
- Tenovuo, J., Lehtonen, O.P., Aaltonen, A.S., Vilja, P., Tuohimaa, P., 1986. Antimicrobial factors in whole saliva of human infants. *Infect. Immun.* 51, 49–53.
- Thomas, E.L., Aune, T.M., 1978. Lactoperoxidase, peroxide, thiocyanate antimicrobial system: correlation of sulfhydryl oxidation with antimicrobial action. *Infect. Immun.* 20, 456–463.
- Weber, T.P., Stilianakis, N.I., 2008. Inactivation of influenza A viruses in the environment and modes of transmission: a critical review. *J. Infect.* 57, 361–373.
- World Health Organization, 12th March 2020a. WHO announces COVID-19 outbreak a pandemic. Available from: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic> last accessed on 26th March 2020.
- World Health Organization, 2020b. Coronavirus disease 2019 (COVID-19). Situation reports - 30. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200219-sitrep-30-covid-19.pdf?sfvrsn=3346b04f_2.
- World Health Organization, 2020c. Report of the WHO-China joint mission on coronavirus disease 2019 (COVID-19). Available from: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> last accessed on 25 March 2020.
- World Health Organization, 2020d. Coronavirus disease (COVID-19) technical guidance: infection prevention and control/WASH. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control> last accessed on 26th March 2020.