

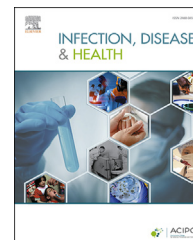


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Letter to the Editor

Re-purposing of domestic steam disinfectors within the Hospital-at-Home setting: Reconciliation of steam disinfector thermal performance against SARS-CoV-2 (COVID-19), norovirus and other viruses' thermal susceptibilities

KEYWORDS

Disinfection;
SARS CoV-2;
COVID-19;
Heat inactivation;
Thermal inactivation;
Norovirus

Highlights

- Description of time/temperature thermal performance of a domestic steam-disinfector device is presented.
- Thermal susceptibility of SARS-CoV-2 (COVID-19), norovirus and other viruses is presented.
- Knowing the thermal susceptibility of viruses and performance of device can help predict fate of viruses in such devices.

Dear Editor,

Recently, our group published a paper in *Infection, Disease & Health* describing the re-purposing of domestic steam disinfectors to eradicate bacterial pathogens within the Hospital-at-Home scenario [1]. The main value of this paper is the description of time/temperature combinations within the steam disinfector device, as determined by employment of calibrated thermocouple probes, as shown in [Table 1](#) (Thermal performance of steam disinfector using the AO Concept according to EN ISO 15883). This table shows the duration of time (sec) that the device remains at ≥ 70 °C, ≥ 80 °C, ≥ 90 °C and ≥ 93 °C. Whilst this manuscript was

solely focussed on the elimination of bacterial pathogens, subsequent interest has been expressed as to how these time/temperature data could be exploited to determine how the disinfector would eradicate non-bacterial targets, particularly respiratory and gastrointestinal viruses.

To address this, we now present an additional table ([Table 2](#)) of thermal lethality data against viral targets, compiled from previously published thermal inactivation reports.

We hope that a synthesis of both these tables will now allow the reader to predict the fate of these viruses within the steam disinfector device.

Table 1 Thermal performance of steam disinfecter using the A_0 Concept according to EN ISO 15883. Reprinted from [1] with permission from Elsevier.

Probe position	Maximum temperature reached (°C)	Time (sec) at (A_0 equivalent)			
		≥ 70 °C	≥ 80 °C	≥ 90 °C	≥ 93 °C
Upper Layer					
(i) No Fan; 90 mls fill volume, lower layer empty					
1	100.0	800 ($A_0 = 60$)	600 ($A_0 = 600$)	400 ($A_0 = 3000$)	340 ($A_0 = 6000$)
2	100.1	820 ($A_0 = 60$)	620 ($A_0 = 600$)	400 ($A_0 = 3000$)	320 ($A_0 = 6000$)
3	100.5	800 ($A_0 = 60$)	580 ($A_0 = 60$)	400 ($A_0 = 3000$)	320 ($A_0 = 6000$)
4	99.9	780 ($A_0 = 60$)	580 ($A_0 = 60$)	400 ($A_0 = 3000$)	340 ($A_0 = 6000$)
5	100.1	800 ($A_0 = 60$)	600 ($A_0 = 600$)	420 ($A_0 = 3000$)	340 ($A_0 = 6000$)
(ii) Fan [30mins]; 90 mls fill volume, lower layer empty					
1	98.0	516 ($A_0 = 6$)	400 ($A_0 = 60$)	280 ($A_0 = 600$)	200 ($A_0 = 3000$)
2	98.4	520 ($A_0 = 6$)	400 ($A_0 = 60$)	280 ($A_0 = 600$)	220 ($A_0 = 3000$)
3	99.0	500 ($A_0 = 6$)	400 ($A_0 = 60$)	280 ($A_0 = 600$)	240 ($A_0 = 3000$)
4	98.1	500 ($A_0 = 6$)	400 ($A_0 = 60$)	280 ($A_0 = 600$)	200 ($A_0 = 3000$)
5	98.5	520 ($A_0 = 6$)	420 ($A_0 = 60$)	300 ($A_0 = 600$)	220 ($A_0 = 3000$)
(iii) No Fan; 90 mls fill volume, lower layer filled with baby bottles					
1	95.7	510 ($A_0 = 6$)	300 ($A_0 = 60$)	120 ($A_0 = 600$)	60 ($A_0 = 600$)
2	96.7	510 ($A_0 = 6$)	330 ($A_0 = 60$)	120 ($A_0 = 600$)	60 ($A_0 = 600$)
3	96.7	510 ($A_0 = 6$)	330 ($A_0 = 60$)	150 ($A_0 = 600$)	90 ($A_0 = 600$)
4	95.3	480 ($A_0 = 6$)	270 ($A_0 = 60$)	90 ($A_0 = 600$)	30 ($A_0 = 600$)
5	96.7	510 ($A_0 = 6$)	300 ($A_0 = 60$)	120 ($A_0 = 600$)	60 ($A_0 = 600$)
Lower Layer					
(i) No Fan; 90 mls fill volume, lower layer empty					
6	89.9	460 ($A_0 = 6$)	320 ($A_0 = 60$)	0	0
7	88.8	360 ($A_0 = 6$)	200 ($A_0 = 60$)	0	0
8	86.1	360 ($A_0 = 6$)	180 ($A_0 = 60$)	0	0
9	93.0	480 ($A_0 = 6$)	400 ($A_0 = 60$)	160 ($A_0 = 600$)	1
10	89.6	480 ($A_0 = 6$)	240 ($A_0 = 60$)	0	0
(ii) Fan [30 mins]; 90 mls fill volume, lower layer empty					
6	89.3	180 ($A_0 = 6$)	60 ($A_0 = 60$)	0	0
7	88.0	260 ($A_0 = 6$)	160 ($A_0 = 60$)	0	0
8	83.5	320 ($A_0 = 6$)	180 ($A_0 = 60$)	0	0
9	90.0	260 ($A_0 = 6$)	140 ($A_0 = 60$)	0	0
10	89.0	380 ($A_0 = 6$)	260 ($A_0 = 60$)	0	0
(iii) No Fan; 90 mls fill volume, inside baby bottles					
6	95.2	560 ($A_0 = 6$)	380 ($A_0 = 60$)	220 ($A_0 = 600$)	100 ($A_0 = 600$)
7	96.5	660 ($A_0 = 60$)	480 ($A_0 = 60$)	220 ($A_0 = 600$)	160 ($A_0 = 600$)
8	95.0	640 ($A_0 = 60$)	400 ($A_0 = 60$)	161 ($A_0 = 600$)	79 ($A_0 = 600$)
9	95.3	620 ($A_0 = 60$)	421 ($A_0 = 60$)	200 ($A_0 = 600$)	141 ($A_0 = 600$)
10	97.1	719 ($A_0 = 60$)	559 ($A_0 = 60$)	320 ($A_0 = 3000$)	241 ($A_0 = 3000$)

Table 2 Thermal susceptibility of SARS CoV-2, norovirus and other viruses.

Virus	Sample	Treatment	Temp. (°C)	Time (min)	Viral Titre Before Heat	\log_{10} reduction (LRF)
SARS-CoV-2						
SARS-CoV-2 England [2]	Tissue culture fluid	Heat block	56	15	5.8 \log_{10} pfu/ml	2.7
			56	30	5.8 \log_{10} pfu/ml	4.9
			56	60	5.8 \log_{10} pfu/ml	2.1
			80	15	5.7 \log_{10} pfu/ml	3.5
			80	30	5.7 \log_{10} pfu/ml	4.4
			80	30	5.6 \log_{10} pfu/ml	4.1
			80	60	5.6 \log_{10} pfu/ml	≥ 5.1
			80	90	5.6 \log_{10} pfu/ml	≥ 5.1
			95	1	5.7 \log_{10} pfu/ml	≥ 5.2
			95	5	5.7 \log_{10} pfu/ml	≥ 5.2

(continued on next page)

Table 2 (continued)

Virus	Sample	Treatment	Temp. (°C)	Time (min)	Viral Titre Before Heat	Log ₁₀ reduction (LRF)
SKU:026V-03883 (Berlin, Germany) [3,4]	Cell culture supernatant	Heat block	56	30	3.3×10^6	>5
			60	60	3.3×10^6	>5
			92	15	3.3×10^6	>6
SKU:026V-03883 (Berlin, Germany) [4]	Nasopharyngeal swab	Heat block	60	60	3.5×10^5	>5
			56	30	3.5×10^5	>5
SKU:026V-03883 (Berlin, Germany) [4]	Blood sera	Heat block	56	30	3.5×10^5	>5
			60	60	3.5×10^5	>5
SARS-CoV-2/human/Liverpool/REMRQ0001/2020 [5]	NK	NK	80	60	1.1×10^7	None detected
NK [6]	N95 Respirators	Dry heat	70	60	7.8 log	None detected
SARS-CoV-2, strain USA_WA1/2020 [7]	Virus stock	Heating block	100	5	6.0 log	None detected
			56	45	6.0 log	None detected
SARS CoV-2 (France) [8]	Cell culture supernatant	Water Bath	56	15	6.6 log	3.37
			56	30	6.6 log	None detected
			65	15	6.6 log	None detected
	Nasopharyngeal sample	Water bath	65	5	6.57 log	1.74
			65	10	6.57 log	None detected
			95	0.5	6.57 log	0.34
			95	3	6.57 log	None detected
	Sera	Water bath	56	5	6.2 log	1.33
			56	10	6.2 log	3.63
			56	15	6.2 log	None detected
SARS-CoV-2 isolates (designated hCoV-19/Cambodia/1775/2020, 1775; hCoV-19/Cambodia/2018/2020, 2018; and, hCoV-19/Cambodia/2310/2020, 2310) [9]	Virus culture	Thermo-block	56	30	4-5 log	None detected
			56	60	4-5 log	None detected
			98	2	4-5 log	None detected
Norovirus						
Norovirus (GI & GII) [10]	Cow's milk		85	1	8 log ₁₀	6.6 ± 0.2 log ₁₀
			85	2	8 log ₁₀	8 log ₁₀
			90	90s	8 log ₁₀	8 log ₁₀
			95	60s	8 log ₁₀	8 log ₁₀
			100.5	40s	8 log ₁₀	8 log ₁₀
Human Norovirus surrogates						
Murine norovirus [11]	PBS	Water bath	56	10	10 ⁵ PFU/ml	None detected
Tulane virus [11]	PBS	Water bath	56	30	10 ⁵ PFU/ml	None detected
Aichi virus [11]	PBS	Water bath	56	10	10 ⁵ PFU/ml	None detected
Tulane virus [12]	PBS	Water bath	56	30	10 ⁵ PFU/ml	None detected
			63	10	10 ⁵ PFU/ml	None detected
			72	5	10 ⁵ PFU/ml	None detected
			85	1	6 × 10 ⁶ PFU/ml	None detected
Murine norovirus [13]	Modified Eagle's medium + PBS	Water bath	85	1	6 × 10 ⁶ PFU/ml	None detected
Tulane virus [14]	M199-Earle's medium	Heating block	56	30	4 × 10 ⁴ -6.4 × 10 ⁵ l	None detected
			63	5		None detected
Poliovirus Sabin 1 [15]	Viral culture in stool suspension	Water bath	73	3	>4 log	Complete inactivation
Adenovirus type 5 [15]						
Influenza A (H1N1) [15]						
Mouse norovirus (MNV1) [15]						
Human NoroGII.4 [15]						

Authorship statement

Beverley C. Millar: Conceptualization; Formal analysis; Investigation; Methodology; Visualization; Roles/Writing -

original draft; Writing - review & editing. **John E. Moore:** Conceptualization; Formal analysis; Investigation; Methodology; Visualization; Roles/Writing - original draft; Writing - review & editing.

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Ethics

This was entirely an in vitro study not involving patients, healthcare staff, any other humans nor animals and as such did not require ethical approval.

Conflict of interest

None of the authors have any conflicts to declare.

References

- [1] Millar BC, Stirling J, Maguire M, Moore RE, Murphy A, Moore JE. Re-purposing of domestic steam disinfectors within the hospital-at-home setting. *Infect Dis Health* 2020;15. S2468-0451(20)30068-7.
- [2] Anon. SARS-CoV-2 inactivation testing: interim report. Public Health England; 2020. Available at: <https://www.gov.uk/government/publications/covid-19-phe-laboratory-assessments-of-inactivation-methods>. [Accessed 8 January 2021].
- [3] Pastorino B, Touret F, Gilles M, Lamballerie XD, Charrel RN. Evaluation of heating and chemical protocols for inactivating SARS-CoV-2. *bioRxiv* 2020.04.11:36855.
- [4] Pastorino B, Touret F, Gilles M, de Lamballerie X, Charrel RN. Heat inactivation of different types of SARS-CoV-2 samples: what protocols for biosafety, molecular detection and serological diagnostics? *Viruses* 2020;12:735.
- [5] Patterson EI, Prince T, Anderson ER, Casas-Sanchez A, Smith SL, Cansado-Utrilla C, et al. Methods of inactivation of SARS-CoV-2 for downstream biological assays. *J Infect Dis* 2020;222:1462–7.
- [6] Daeschler SC, Manson N, Joachim K, Chin AWH, Chan K, Chen PZ, et al. Effect of moist heat reprocessing of N95 respirators on SARS-CoV-2 inactivation and respirator function. *CMAJ (Can Med Assoc J)* 2020;192:E1189–97.
- [7] Jureka AS, Silvas JA, Basler CF. Propagation, inactivation, and safety testing of SARS-CoV-2. *Viruses* 2020;12:622.
- [8] Batéjat C, Grassin Q, Manuguerra JC, Leclercq I. Heat inactivation of the severe acute respiratory syndrome coronavirus 2. *bioRxiv* 2020.05.01:067769.
- [9] Auerswald H, Yann S, Dul S, In S, Dussart P, Martin NJ, et al. Assessment of inactivation procedures for SARS-CoV-2. *J Gen Virol* 2021 Jan 8. <https://doi.org/10.1099/jgv.0.001539>. Epub ahead of print. PMID: 33416462.
- [10] El-Senousy WM, Shalaby M, Deeb AMM, Alhawary II. Thermal inactivation of hepatitis A virus, noroviruses, and simian rotavirus in cows' milk. *Food Environ Virol* 2020;12: 310–20.
- [11] Deng W, Almeida G, Gibson KE. Co-culture with *Enterobacter cloacae* does not enhance virus resistance to thermal and chemical treatments. *Food Environ Virol* 2019;11:238–46.
- [12] Arthur SE, Gibson KE. Physicochemical stability profile of Tulane virus: a human norovirus surrogate. *J Appl Microbiol* 2015;119:868–75.
- [13] Seo K, Lee JE, Lim MY, Ko G. Effect of temperature, pH, and NaCl on the inactivation kinetics of murine norovirus. *J Food Protect* 2012;75:533–40.
- [14] Tian P, Yang D, Quigley C, Chou M, Jiang X. Inactivation of the Tulane virus, a novel surrogate for the human norovirus. *J Food Protect* 2013;76:712–8.
- [15] Tuladhar E, Bouwknecht M, Zwietering MH, Koopmans M, Duizer E. Thermal stability of structurally different viruses with proven or potential relevance to food safety. *J Appl Microbiol* 2012;112:1050–7.

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