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SARS-CoV-2 inactivation testing: interim report

Report identifier	HCM/CoV2/004/v3
Report date	15 June 2020
Undertaken by High Containment Microbiology, NIS Laboratories, National Infection Service, Public Health England N.B. This is an interim report and may be updated as further results are obtained	

Product/treatment details	
Product/treatment	Cobas® PCR Media
Manufacturer	Roche
Product code	08042969001 (from Cobas® PCR Urine Sample Packet P/N 01570486190)
Composition of product, as supplied	≤ 40% (w/w) Guanidine hydrochloride Tris-HCl buffer
Manufacturer's recommended ratio of sample to product	Precise volumes of sample to be used not given (user instructed to add sample to tube containing 4.3ml product, until volume is between two markings on tube). Sample volume estimated at between 4.8ml to 6ml: equates to 1.1-1.4 volumes of sample to 1 volume of product

Sample details	
Sample type tested	Tissue culture fluid containing 5% (v/v) foetal calf serum
Virus strain tested	SARS-CoV-2 England 2
Ratio of spiked virus stock to sample matrix	Not applicable; tissue culture fluid used undiluted

Experimental conditions	
Ratio of sample to product tested	1 volume sample:1 volume product
Contact times	10 minutes 30 minutes 60 minutes
Temperature of incubation	Room temperature
Brief description of tests performed	Triplicate samples were treated with test buffer for indicated contact time/s or mock-treated in triplicate with an equivalent volume of PBS. All samples were then subjected to a purification step to remove cytotoxic buffer components. PBS-treated samples were subjected to the same purification procedure in parallel. **Test 1:** Purified samples were immediately titrated on Vero E6 cells to establish virus titre. This test is quantitative and reports the titre of virus in each treatment condition in TCID50 per ml. Reduction in virus titre following treatment is given as the difference between the mean $\log_{10}$ TCID50/ml for treated conditions and the PBS control. **Test 2:** In parallel, purified samples were seeded onto Vero E6 monolayers to amplify any remaining virus over the course of up to four serial passages. Virus amplification over each passage was detected by visual (microscopic) examination of monolayers for cytopathic effect, and confirmed by SARS-CoV-2-specific real-time PCR. This test is qualitative and reports either the presence or absence of virus amplification. This test may detect levels of virus that are below the detection limit of the titration assay (test 1) due to a greater sample plating volume and the opportunity for any virus present to amplify over serial passages.

Table of results			
Maximum detectable virus reduction in test (log_{10} TCID50/ml)			3.9
	Test 1: Virus titration post-treatment		**Test 2: Passage of samples in cell culture**
	Mean virus titre (log_{10} TCID50/ml)	Titre reduction (log_{10} TCID50/ml)	Virus detected/ Virus not detected
PBS-treated	4.6	-	Virus detected (all replicates)
Test buffer-treated (10 minute contact time)	0.8	3.8	Virus detected (2 replicates)
Test buffer-treated (30 minute contact time)	≤0.7	≥3.9	Virus detected (2 replicates)
Test buffer-treated (60 minute contact time)	≤0.7	≥3.9	Virus detected (all replicates)

Interpretation

Test 1: All contact times resulted in ≥3.8 log reduction in infectious virus titre, but low levels of virus could be detected in most sample replicates in test 1. The maximum detectable virus reduction in this test was 3.9 log_{10} TCID50/ml.

Test 2: Infectious virus was recoverable from at least two out of three replicates from each treatment condition.

Results from test 1 and test 2 indicate that virus inactivation was incomplete after the treatment times tested here. Demonstrating complete inactivation is dependent on the starting titre of virus used for testing, and it is possible that complete inactivation could be achieved if samples contained lower levels of infectious virus than those tested here.

These tests have been performed on tissue culture fluid containing 5% (v/v) foetal calf serum. The effectiveness of this treatment against SARS-CoV-2 may vary when used to inactivate clinical samples or other types of sample matrix. Any results of inactivation testing using other sample matrices will be released as they become available.
Inactivation reagents should not be assumed to be 100% effective against SARS-CoV-2.

Suitability of products and treatments for inactivation of other pathogens has not been evaluated in this study.

All COVID-19 laboratory testing workflows must be subjected to suitable and sufficient risk assessment, with consideration given to any inactivation step. Risk assessments should be reviewed regularly as new information on the inactivation of SARS-CoV-2 becomes available.

The impact of chosen inactivation method on the sensitivity of subsequent SARS-CoV-2 detection should also be assessed locally.

Summary of revisions

Version 1:	New document
Version 2:	Header and disclaimer edited; date issued to PHE's COVID Incident Virology Cell added; key guidance points added to interpretation; results and interpretation updated following completion of test 2
Version 3:	Reformatted for publication

Queries regarding this report or HCM inactivation testing should be directed to HCMgroup@phe.gov.uk

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