

Protecting and improving the nation's health

SARS-CoV-2 inactivation testing: interim report

Report identifier	HCM/CoV2/005/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	Tween® 20 (synonym: polysorbate 20)	
Concentration	0.1% (v/v) 0.5% (v/v)	

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				
Contact time	30 minutes			
Temperature of incubation	Room temperature			
	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.			
Brief description of tests performed	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)			5.2		
	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	5.9	-	Virus detected (all replicates)		
0.1% Tween® 20-treated	6.0	None detected	Virus detected (all replicates)		
0.5% Tween® 20-treated	5.9	None detected	Virus detected (all replicates)		

Interpretation

Test 1: No reduction in virus titre was detected with either treatment condition.

Test 2: Infectious virus was recoverable from all sample treatment conditions.

These data do not support use of 0.1% or 0.5% Tween® 20 for SARS-CoV-2 inactivation for treatment times of 30 minutes or less.

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.

Disclaimer

PHE's evaluations of commercial products and treatments for inactivating SARS-CoV-2 have been carried out primarily for PHE's own internal use and the reports of such evaluations are shared solely for readers information; PHE does not in any way recommend any particular product for virus inactivation; and PHE shall not be responsible for the choice of product or treatment for virus inactivation, and it is the responsibility of the testing laboratory to ensure that any such product or treatment implemented has undergone the necessary verification and validation; and PHE shall not be liable, to the greatest extent possible under any applicable law, for any claim, loss or damage arising out of or connected with use of this and related reports and choice of virus inactivation products or treatments.

PHE is an Executive Agency of the Department of Health and Social Care. Unauthorised use of the PHE name and/or logo is prohibited.

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

Version 3: Reformatted for publication

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

PHE publications gateway number: GW-1373