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Standard Practice for
Evaluation of Effectiveness of Decontamination Procedures for Surfaces When Challenged with Droplets Containing Human Pathogenic Viruses[1]

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INTRODUCTION

Many communicable diseases can often spread through droplets containing infectious agents. Such "contagious droplets" may expose susceptible individuals directly or contaminate environmental surfaces in the immediate vicinity and render them as fomites for further spread of the disease. The characteristics of the droplets (particle size and composition) will influence the viability of the microorganisms when exposed to environmental stresses but also shield them from physical and chemical decontaminants. The wide variations in the types and levels of such protective/shielding ingredients can impact on the effectiveness of surface decontaminants. This practice is designed to simulate surface deposition of contagious droplets from human respiratory secretions. It is primarily focused on influenza viruses but other respiratory viruses or surrogates could be used. Protocols for assessing the microbicidal activity of disinfectants are also described.

1. Scope

1.1 This practice is designed to evaluate decontamination methods (physical, chemical, self-decontaminating materials) when used on surfaces contaminated with virus-containing droplets.

1.2 This practice defines the conditions for simulating respiratory droplets produced by humans and depositing the droplets onto surfaces.

1.3 The practice is specific to influenza viruses but could be adapted for work with other types of respiratory viruses or surrogates.

1.4 This practice is suitable for working with a wide variety of environmental surfaces.

1.5 This practice does not address the performance of decontaminants against microbes expelled via blood splatter, vomit, or fecal contamination.

1.6 This practice should be performed only by those trained in bioaerosols, microbiology, or virology, or combinations thereof.

1.7 The values stated in SI units are to be regarded as standard. No other units of measurement are included in this standard.

1.8 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety, health, and environmental practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 *ASTM Standards:*[2]

E1052 Practice to Assess the Activity of Microbicides against Viruses in Suspension

E2197 Quantitative Disk Carrier Test Method for Determining Bactericidal, Virucidal, Fungicidal, Mycobactericidal, and Sporicidal Activities of Chemicals

E2720 Practice for Evaluation of Effectiveness of Decontamination Procedures for Air-Permeable Materials when

[1] This practice is under the jurisdiction of ASTM Committee E35 on Pesticides, Antimicrobials, and Alternative Control Agents and is the direct responsibility of Subcommittee E35.15 on Antimicrobial Agents.

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[2] For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

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2.2 *EPA Standards:*

EPA 600⁄4-84⁄013 (N16) USEPA Manual of Methods for Virology[3]

2.3 *WHO Standards:*

WHO Manual on Animal Influenza Diagnosis and Surveillance[4]

3. Terminology

3.1 *Definitions:*

3.1.1 *aerosol, n*—a suspension of solid or liquid particles in a gas medium.

3.1.2 *biological aerosol, n*—aerosol comprising particles of biological origin or activity which may affect living things through infectivity, allergenicity, toxicity, or pharmacological and other processes.

3.1.3 *contact transmission, n*—infections caused by direct skin-to-skin contact or indirect contact with objects contaminated with pathogens.

3.1.4 *contagious respiratory droplet, n*—respiratory secretions containing infectious microorganisms that form large droplets (≥5 µm) and settle out of the air over short distances.

3.1.5 *droplet transmission, n*—direct transfer of pathogen-containing droplets to conjuncitval or mucous membranes.

3.1.6 *influenza, n*—an infectious disease of birds and mammals caused by RNA viruses of the family *Orthomyxoviridae*.

3.1.7 *protective factor, n*—soluble or insoluble material co-deposited with microorganisms that directly protects the microorganism from environmental stresses or decontaminants.

3.1.8 *self-sanitizing material, n*—a substrate containing an antimicrobial agent that collectively acts as a germicide.

4. Summary of Practice

4.1 The practice describes the steps required to deposit droplets onto surfaces and quantitatively assess decontamination efficiency.

4.1.1 Using an aerosol device capable of meeting the data quality objectives set forth in this practice, influenza virus or surrogates are aerosolized to form droplets that are subsequently applied to surfaces.

4.1.2 The virus-contaminated carriers are subjected to disinfection protocols and incubated for the specified time and conditions. Control samples are incubated under identical conditions, but are not exposed to the disinfection protocols.

NOTE 1—Carriers with incorporated microbicides do not receive any additional disinfection treatment. An untreated control is needed to assess antimicrobial efficacy.

4.1.3 Virus particles are eluted from the test and control carriers and viability is assessed by 50 % tissue culture infectious dose assay ($\log_{10}TCID_{50}$).

NOTE 2—Non-viable techniques for viral enumeration such as polymerase chain reaction (PCR) or hemagglutination cannot be used.

4.1.4 The virucidal activity of the decontamination procedure is determined from the log difference in viability between treated and test carriers.

5. Significance and Use

5.1 The efficacy of disinfection technologies can be evaluated on finished products, as well as on developmental items.

5.2 This practice defines procedures for validation of the droplet generator, preparation of the test specimen, application of the challenge virus, enumeration of viable viruses, assessing data quality, and calculation of decontamination efficiency.

5.3 This practice provides defined procedures for creating droplets that approximate those produced by human respiratory secretions, with particular emphasis on droplet size distribution and aerosolization media.

5.4 Safety concerns associated with aerosolizing microbial agents are not addressed as part of this practice. Individual users should consult with their local safety authority, and a detailed biological aerosol safety plan and risk assessment should be conducted prior to using this practice. Users are encouraged to consult the manual *Biosafety in Microbiological and Biomedical Laboratories*[5] published by the U.S. Centers for Disease Control and Prevention (CDC).

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5.5 This practice differs from Test Methods E1052 and E2197 in the presentation of virus to the surface. The aforementioned test methods use a liquid inoculum to contaminate carrier surfaces, whereas this practice presents the virus in droplets that are representative of human respiratory secretions

5.6 This practice differs from Practice E2720, because (*1*) larger droplets are being formed, (*2*) the droplets will not be completely dried prior to application to surfaces, (*3*) the droplets can be applied to any surfaces, not just those that are air permeable, and (*4*) unique equipment is required to create droplets.

6. Apparatus

6.1 *Droplet Apparatus*—The apparatus used to load microorganisms onto a substrate is composed of several commercially available components and can be readily constructed.[6,7,8]

[3] Available from United States Environmental Protection Agency (EPA), Ariel Rios Bldg., 1200 Pennsylvania Ave., NW, Washington, DC 20460, http://www.epa.gov.

[4] Webster, R., Cox, N., Stohr, K. WHO Manual on Animal Influenza Diagnosis and Surveillance. World Health Organization, Department of Communicable Disease Surveillance and Response. WHO/CDS/CDR/2002.5 Rev. 1.

[5] CDC-NIH, *Biosafety in Microbiological and Biomedical Laboratories*, 5th Edition, U.S. Department of Health and Human Services, Washington, D.C., 2009.

[6] Vo, E., Rengasamy, S., Shaffer, R., "Development of a Test System to Evaluate Decontamination Procedures for Viral Droplets on Respirators." *Applied and Environmental Microbiology*, Vol 75, No. 23, 2009, pp. 7303–7309.

[7] Woo, M. H., Hsu, Y. M., Wu, C. Y., Heimbuch, B. K., Wander, J. D., "A Device for a Consistent and Controlled Delivery of Aerosolized Droplets Containing Viral Agents Onto Surfaces." *Journal of Aerosol Science*, Vol 41, 2010, pp. 941-952.

[8] *Heimbuch* B. K., Wallace, W. H., Kinney, K., Lumley, A. E., Wu, C-Y, Woo, M-H, Wander, J. D., "A Pandemic Influenza Preparedness Study: Use of Energetic Methods to Decontaminate Filtering Facepiece Respirators Contaminated with H1N1 Aerosols and Droplets," *American Journal of Infection Control*, 2010, DOI 10.1016/j.ajic.2010.07.004.

The overall design of the apparatus can take various forms and can be fashioned in different dimensions while meeting the validation requirements and data quality objectives listed below. Appendix X1 contains the description of a prototypical device that can be used to load droplets onto surfaces. However, it is the responsibility of the user of this standard to validate the performance of the device prior to use.

6.1.1 Validation requirements and baseline testing.

6.1.1.1 *Environmental Conditions*—Generator must be capable of delivering air with a relative humidity of 50 ± 10 %.

6.1.1.2 Loading uniformity across the diameter of the test specimen is required to ensure the even distribution of the droplets over the surface of the carrier. A standard deviation of ±0.5 $\log_{10}TCID_{50}$ is desired.

6.1.1.3 *Sample-to-Sample Variation Objective*—The variability of virus loading for multiple samples loaded for a single test must have a standard deviation of ±0.5 $\log_{10}$ $TCID_{50}$.

6.1.1.4 *Droplet Characteristics*—The droplets generated for this practice will have a number median diameter (CMD) of ~15 ± 5 µm. The virus will be aerosolized in a saliva substitute (Table 1) that will add the appropriate "protective factors." This practice would be suitable for simulating other fluids of interest; however, if a different fluid is used, the formulation and recipe listing the protective factors and droplet size must be reported.

6.2 *Other Equipment*—The list is specific for influenza virus. Other equipment may be needed if a different virus is used.

6.2.1 *Autoclave,* capable of maintaining 121 to 123°C and [15 to 17 lbs per in.^{2}-gauge (psig)].

6.2.2 *CO_2 Incubator,* capable of maintaining 35 to 37°C and 5 ± 0.5 % CO_2.

6.2.3 *Vortex Mixer.*

6.2.4 *Analytical Balance,* capable of weighing 0.001 g.

6.2.5 *Refrigerator,* capable of maintaining 2 to 8°C.

6.2.6 *Stopwatch or Electronic Timer.*

6.2.7 *Pipettor,* with a precision of 0.001 mL.

7. Reagents and Materials

7.1 *Reagents*—The list is specific for influenza use. Other reagents may be needed if a different virus is used.

7.1.1 *Influenza virus (H1N1; A/PR/8/34)—cell culture adapted*, ATCC VR-1469.

TABLE 1 Artificial Saliva[8]

Reagent	Amount
$MgCl_2 \cdot 7\,H_2O$	0.04 g
$CaCl_2 \cdot H_2O$	0.13 g
$NaHCO_3$	0.42 g
0.2 M KH_2PO_4	7.70 mL
0.2 M K_2HPO_4	12.3 mL
NH_4Cl	0.11 g
KSCN	0.19 g
$(NH_2)_2CO$	0.12 g
NaCl	0.88 g
KCl	1.04 g
Mucin	3.00 g
Distilled water	1000 mL
*p*H	7

7.1.1.1 The WHO Manual on Animal Influenza Diagnosis and Surveillance contains specific procedures for preparing influenza virus and titering samples. Other viruses may be used, but conditions for propagation and enumeration are not provided in this practice.

7.1.2 *Madin–Darby Canine Kidney (MDCK) Cell Line,* ATCC CCL-34.

7.1.3 *Artificial Saliva,* see Table 1 in section 6.1.1.4.

7.1.4 *Eagle's Minimal Essential Medium With Earle's Balanced Salts (EMEM).*

7.1.5 *Heat-Inactivated Fetal Bovine Serum (45 min at 56°C).*

7.1.6 *Penicillin/Streptomycin,* 10 000 units penicillin and 10 mg streptomycin per mL.

7.1.7 *L-Glutamine,* 200 m*M* in 0.85 % NaCl.

7.1.8 *Crystal Violet.*

7.1.9 *Glutaraldehyde.*

7.1.10 *TPCK–Trypsin.*

7.1.11 *Phosphate Buffered Saline (PBS).*

7.1.12 *Bovine Serum Albumin.*

7.1.13 *Trypsin–EDTA Solution*—0.05 % trypsin, 0.53 m*M* EDTA in Hank's balanced salts solution without sodium bicarbonate, calcium, and magnesium.

7.1.14 *Distilled Water and Purified Water.*

7.1.15 *Ethanol,* laboratory grade.

7.1.16 *Household Bleach.*

7.2 *Materials*—The list is specific for influenza use. Other reagents may be needed if a different virus is used.

7.2.1 *Tissue Culture Treated Flasks*—T-75, T-175, 12-well, and 96-well plates.

7.2.2 *Pipettes,* 1, 5, 10, and 25 mL.

7.2.3 *Test Tube Rack.*

7.2.4 *Micropipettes,* capable of delivering 0.001 mL accurately and consistently.

7.2.5 *1.7-mL Sterile Microcentrifuge Tubes.*

7.2.6 *15-mL Sterile Centrifuge Tubes.*

7.2.7 *50-mL Sterile Centrifuge Tubes.*

7.2.8 *Test Materials.*

8. Sampling, Test Specimens, and Test Units

8.1 Cut test specimens from finished products or from specimens that can be documented as representative of finished products. The configuration of the particular aerosol device dictates the size and type of each specimen. Place specimens into the droplet loader in the proper orientation. In some cases, the complete finished product may be used, which obviates the need for cutting "coupons."

9. Experimental Design

9.1 A minimum of three independent test and control samples must be evaluated so that fundamental statistical analysis of the data can be performed.

10. Test Procedure

10.1 *Apparatus Operation*—Appendix X1 describes a droplet loading device and details the standard protocols for operation of the device. General information that is independent of the droplet devices is listed below.

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