

Testing the virucidal activity of test specimens equipped with a biocidal surface

Examination of test surfaces equipped with a virucidal active coating using a praxis-near carrier
test system following the RKI-Richtlinie (1995) as well as JIS Z 2801 (2010) against
Influenza A Virus (H1N1) - Test run S1 dated 20./21.01.2020

Short report: screening test S1

by

PD Dr. Olaf Thraenhart and Dr. Christian Jursch

Test period: in January 2020

Principal: Nano-Care Deutschland AG
Alfred Nobel-Straße 10
D-66793 Saarwellingen, Germany

Principal: Nano-Care UK (Signo-Nanocare UK Ltd)
PO Box 225, Oswestry, Shropshire, SY10 1DL, UK +44 1691 654 282

Products:

- Test surfaces: Leneta[®] foil with the dimensions of 1,6 cm x 6 cm
- 1. test item: test surfaces coated on one side with the active component(s) (test samples)
- 2. test item: test surfaces uncoated or coated w/o the active component(s) (control samples)

Test parameter:

- Test conditions: T = 21 °C and 60 % r.LF
- Protein load: no additional protein load; the virus material (cell culture supernatant) was spread onto the surface(s) w/o any further manipulation/alteration
- Volume to square ratio: 20 µL/cm²
- Virus suspension covered with foil (LDPE, 50 µm) with the dimensions 1,2 x 5 cm (6 cm²)
- Incubation: 1h, 8h and 24h in a climate chamber KBF 115 (Fa Binder)

Test system:

- Influenza A Virus; H1N1; strain: New Caledonia
(Origin: Chiron Behring, Marburg, Germany)
- MDCK-cells (kidney cells from African green monkey [Cercopithecus aethiops])
(Origin: Robert Koch-Institut, Berlin, Germany)

Test procedure:

- The test was performed following a. RKI-Richtlinie (1995) as well as b. JIS Z 2801 (2010)
- Test principle: quantitative virucidal carrier test at T = 21 °C and 60 % r.LF (climate chamber)
- the test was performed w/o (additional) protein load

Tab. 1: Product samples tested (as received at 13.01.2020)

No.	Product (s)	Storage conditions ¹
#1	Test item / coated with the virucidal active component(s) (test sample)	at RT
#2	Test item / uncoated or coated w/o the virucidal active component(s) (control sample)	at RT

¹ = access limited

Test results:

Observations:

- The test surfaces were largely wettable by the aqueous virus suspension; thus, a more or less uniform liquid film could be produced by using glass spatulas.
- After covering the virus with the LDPE foil, the virus material remained stable as a film over the entire observation period and did not dry out. However, a volume reduction was recorded.

Tab. 2.1: Virus control (Virus titration by limiting dilution)

Sample	VK-1a	VK-1b	VK-2a	VK-2b	VK-3a	VK-3b
	Virus control / 1 h		Virus control / 8 h		Virus control / 24 h	
Titer/Test vol. (lg ID ₅₀)	3,15	3,3	3,45	3,15	2,7	3,15
av. virus titer ± K (95%)¹	3,23 ± 0,36 / 100 µL		3,30 ± 0,33 / 100 µL		2,93 ± 0,34 / 100 µL	

¹ = Calculation of the virus titer and its 95% confidence interval according to EN14476

Tab. 2.2: Virus inactivation (Virus titration by limiting dilution)

Sample	In-1a	In-1b	In-2a	In-2b	In-3a	In-3b
	Inactivation / 1 h		Inactivation / 8 h		Inactivation / 24 h	
Titer/Test vol. (lg ID ₅₀)	3,45	3,15	2,4	2,4	1,2	1,2
av. virus titer ± K (95%) ¹	3,30 ± 0,32		2,40 ± 0,29		1,20 ± 0,33	
Reduction² (lg ID₅₀ ± K [95%])	-0,07 ± 0,48		0,90 ± 0,44		1,73 ± 0,47	

¹ = Calculation of the virus titer and its 95% confidence interval according to EN14476

² = Virus reduction: lg ID₅₀ of virus input (virus control) minus lg ID₅₀ of sample (at the given time point)

Virus inactivation: (cf. Tab. 2)

- When the virus material is distributed onto a surface a certain virus titer reduction could be observed with almost all viruses. This is driven by time and do also occur without any other influence. This is also true for the test virus used in the present testing. After presentation over 24 h on the test surface a titer reduction of 0,3 Log was evident (cf. tab. 2.1). It should be noted, however, that this reduction can be judged as very low when compared to 1). the general tenacity of influenza virus and b). other viruses (even non-enveloped viruses).
- In order to assess the virus inactivating capacity of the coating under test as a single factor an individual virus input control was analysed at each time point tested. With the amount of input virus at a given time point (cf. tab. 2.1) and with the correspondent amount of remaining test virus (cf. tab. 2.2) the virus reduction factor can be determined.
- After the incubation time was due and under the test conditions specified above the virus reduction factor associated with the coating containing the active component amounted to RF = -0,07 ± 0,48 after 1 h, to RF = 0,90 ± 0,44 after 8 h and to RF = 1,73 ± 0,47 after 24 h (cf. Tab. 2.2).

Conclusions:

- The virus film applied on the test items and covered with the LDPE-foil was stable over the entire observation period. This means that the virus film remained in the liquid state even at the end of the longest exposure time (24 h) and was not dried. Thus, a continuous contact between the virus material and the surface of the test carrier was ensured all over the observation period and a distribution of the virus material in the liquid phase driven by diffusion was given.
- The data obtained allow the conclusion that there is a virus reduction that can be attributed to the coating containing the active component(s).
- The virus reduction rate progresses rather slowly over the observation period. No virus inactivation was detectable after a contact time of 1 hour and after 8 hours the virus reduction was approximately 1 Log. After 24 hours virus reduction reached approximately 2 Log.
- The observed virus-inactivating effect of the coating (containing the active component[s]) was determined using the *influenza A virus* as the test virus. This virus is in general considered to be inactivated easily, even when compared with other enveloped virus. This means that the observed virus inactivation capacity of the tested coating, as obtained with *influenza A virus*, cannot be transferred necessarily to other viruses. This also applies to other enveloped viruses.

Luckenwalde, 29th of January 2020



Dr. Ch. Jursch
(GF und Laborleiter Eurovir)