



Standard Practice for Evaluation of Effectiveness of Decontamination Procedures for Surfaces When Challenged with Droplets Containing Human Pathogenic Viruses¹

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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 and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 *ASTM Standards*:²

[E1052 Test Method to Assess the Activity of Microbicides against Viruses in Suspension](#)

[E2197 Quantitative Disk Carrier Test Method for Determining Bactericidal, Virucidal, Fungicidal, Mycobactericidal, and Sporocidal 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 Virology³

2.3 WHO Standards:

WHO Manual on Animal Influenza Diagnosis and Surveillance⁴

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 ($\geq 5 \mu\text{m}$) and settle out of the air over short distances.

3.1.5 *droplet transmission, n*—direct transfer of pathogen-containing droplets to conjunctival 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.

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.

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

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).

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}

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 log₁₀ TCID₅₀ 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 log₁₀ TCID₅₀.

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 CO₂ Incubator, capable of maintaining 35 to 37°C and 5 ± 0.5 % CO₂.

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.

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 mM 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 mM 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.

TABLE 1 Artificial Saliva^a

Reagent	Amount
MgCl ₂ · 7 H ₂ O	0.04 g
CaCl ₂ · H ₂ O	0.13 g
NaHCO ₃	0.42 g
0.2 M KH ₂ PO ₄	7.70 mL
0.2 M K ₂ HPO ₄	12.3 mL
NH ₄ Cl	0.11 g
KSCN	0.19 g
(NH ₂) ₂ CO	0.12 g
NaCl	0.88 g
KCl	1.04 g
Mucin	3.00 g
Distilled water	1000 mL
pH	7

10.2 *Perform Neutralizer Effectiveness Test*—The objective of this test is to determine whether toxic effects from the chemical or physical decontamination method have been neutralized by the extraction buffer prior to virus enumeration. Treat a test specimen not exposed to virus with the decontamination procedure following the experimental protocol. Following the completion of the decontamination procedure, place the test specimen in 10 mL of the extraction buffer and perform the extraction procedure following the experimental protocol. Remove and discard the test specimen, then split the sample into two equal volumes. Set aside sample A as it will be used to determine toxicity to the MDCK host cells. Add 10 µL of a virus suspension of known titer (for example, 10⁵ TCID₅₀ per mL) to sample B and incubate at room temperature (18 to 24°C) for a minimum of 1 h. Serially dilute sample B (1/10) into serum-free EMEM and determine titer using the TCID₅₀ assay. Compare the number of viable viruses recovered from the test specimen extraction buffer to the number recovered from the fresh buffer solution to determine toxicity. Inoculate sample A onto MDCK cells and incubate for 96 ± 4 h at 35 to 37°C in 5 % CO₂. The cells must remain healthy and viable to pass the test.

10.3 *Load Samples With the Droplets*—The desired loading should be high enough that no less than 3 log₁₀TCID₅₀/cm² is recovered from the test samples. This value is achieved by altering concentration of the virus in the nebulizer and by adjusting loading times. Appendix X1 reports these values for the specific test rig. If a different test rig is used, the values will have to be determined empirically. In general, loading is carried out by diluting the stock of viruses in artificial saliva buffer, which is subsequently added to the nebulizer. After priming, the test articles are exposed to the droplets for the required amount of time.

10.4 *Decontamination*—Remove samples from the droplet loader and expose a subset (at least three) to the decontamination method: either a physical or chemical method. Incubate the samples (treated and control replicates) for the specified amount of time at the required environmental conditions (temperature and humidity). A control set (at least three) is not treated with the decontamination method, but is incubated at the identical conditions (time, humidity, and temperature) as the decontaminated samples.

10.5 *Virus Extraction:*

10.5.1 *Coupon*—place the coupon in a 50-mL sterile centrifuge tube containing 10 mL of serum-free EMEM (Sample size may vary depending on the test article being used. An extraction buffer-to-sample ratio of 1.0 mL per cm² should be used). Extract the samples for 20 min using a vortex mixer.

10.5.1.1 *“Large Items”*—Cut representative samples (for example, 38-mm diameter circles) from the device and extract as described in 10.5.1. A minimum of 25 % of the test article should be sampled.

10.6 Determine the presence of viable virus by performing a TCID₅₀ assay on each sample.

11. Calculation or Interpretation of Results

11.1 *Virus Quantification*—The Spearman–Kärber formula⁹ is used to determine the virus titer of each sample.

$$L = \log_{10} \text{TCID}_{50} \text{ titer} = X_0 - \left(\frac{d}{2} \right) + d \times \sum \frac{r_i}{n_i} \quad (1)$$

where:

- X₀ = log₁₀ of the reciprocal of the lowest dilution at which all test inocula are positive,
- d = log₁₀ of the dilution factor (that is, the difference between the log dilution intervals),
- n_i = number of test inocula used at each individual dilution,
- r_i = number of positive test inocula (out of n_i), and
- Σ (r_i/n_i) = sum of the proportion of positive tests beginning at the lowest dilution showing 100 % positive result.

11.2 *Average Loading (TCID₅₀ per cm²)*—Determine the average amount of viable viruses recovered from each test article to ensure the loading specification meets the requirements.

For determining surface loading (L_a) in TCID₅₀/cm²

$$L_a = \bar{L}_u + \log(V \div A) \quad (2)$$

where:

- V = volume of extraction medium,
- A = surface area of samples, and
- \bar{L} = mean loading ((ΣL_i/n) of the untreated sample

11.3 *Data Quality Objectives*—Calculate standard deviation for the control and test populations.

For determining standard deviation:

$$\text{Standard deviation } (\sigma) = \left(\sqrt{\frac{\sum_{i=1}^N (L_i - \bar{L})^2}{N - 1}} \right) \quad (3)$$

where:

- \bar{L} = mean of (L_{1...N}), for the treated and untreated sample set, and
- n = number of samples.

11.4 *Decontamination Efficiency*—Efficacy of decontamination is determined by comparing the number of viable viruses recovered from treated test specimens and untreated test specimens. The results are reported as log reduction using the equation below.

For determining log reduction:

$$\Delta \bar{L}_{U-T} = \bar{L}_U - \bar{L}_T \quad (4)$$

where:

- \bar{L}_U = mean of the titers (L, log₁₀TCID₅₀) recovered from the untreated test specimens, and

⁹ Finney, D. J., *Statistical Methods in Biological Assays*. 2nd ed. New York: Hafner Publishing; 1964.

\bar{L}_T = mean of the titers (L , $\log_{10}\text{TCID}_{50}$) recovered from the decontaminated specimens.

11.5 *Statistical Analysis*—An unpaired two-tailed t -test at the 95 % confidence interval is performed to determine if the means of the test and control population are significantly different. p -values ≤ 0.05 indicate that there is a 95 % probability that the differences in the means were not simply due to chance.

12. Report

12.1 Statement that the test was conducted as directed in Practice E2721.

12.2 *Sample Identification*—Description of the material tested.

12.3 The microorganism used for conducting the testing.

12.4 Description of test device including the device used to generate the droplets.

12.5 Aerosolization buffer used to aerosolize the microorganism.

12.6 The exposed surface area for each test specimen.

12.7 The liquid flow rate in the droplet loader.

12.8 Composition of the neutralization buffer used to extract the virus.

12.9 The duration of the exposure to the aerosol.

12.10 The temperature and relative humidity in the chamber during the exposure.

12.11 *The Conditions of Decontamination*—decontaminating agent and concentration, plus any activating factors (for example, intensity, frequency and duration of illumination, voltage applied and time of application, and other applicable parameters).

12.12 Results of neutralization tests.

12.13 Coefficient of variation for the control and test samples.

12.14 The mean viable recoveries in $\log_{10}\text{TCID}_{50}/\text{cm}^2$ for the control and test samples.

12.15 Log reduction.

12.16 p -value comparing the control and test populations

NOTE 3—There are no specific pass/fail criteria for this practice. This practice as written is intended to quantify the effectiveness of biological decontamination methods, including antimicrobial technologies that have been incorporated directly into the materials.

13. Keywords

13.1 bioaerosol challenge; contagious droplet; decontamination; influenza; virus

APPENDIX

(Nonmandatory Information)

X1. EXAMPLE DEVICE: OPERATION OF THE DROPLET CHAMBER TESTING SYSTEM

X1.1 Diagram of the Droplet Loader (see below)

X1.2 Parameters of the Droplet Loader

X1.2.1 The system was designed to mimic respiratory droplet transmission of viruses onto any surface. Droplets are created by using an air atomizing nozzle that produces a droplet at the source that has a number median diameter of $\sim 15 \pm 5 \mu\text{m}$. Water evaporates from the droplets as they approach the test samples but they remain as liquid droplets when they impact the test samples. Adequate distribution of the droplets onto the test specimens is achieved by rotating the samples on a turntable at 3 r/min.

X1.2.2 The chamber is composed of a stainless steel shell that has a dimension of 60 by 60 by 70 cm (L by W by H). The chamber has six ports on the bottom and top of the chamber to allow for introduction and exit of the droplets and dilution air. The ports are 0.93-cm NPT threaded openings spaced 15 cm from the center of the chamber. The ports are spaced 15 cm apart in a circular pattern. The rear panel of the chamber also contains two 0.93-cm NPT threaded ports, which are used to install humidity and temperature probes. The chamber contains an access door (55 by 32.5 cm) located

12.5 cm from the bottom of the chamber. A fractional-horsepower DC gear motor is mounted on the bottom of the chamber that is attached to a 55-cm diameter circular turntable and perforated with 0.31-cm holes. The turntable is positioned 15 cm above the bottom of the chamber. The motor is wired to a DC speed controller that is used to set the speed of the turntable. An air atomizing nozzle (Passche, Chicago, IL; part number SA 2000), is mounted into a 0.93-cm diameter fitting using epoxy. The nozzle is fitted into the forwardmost port in the top of the chamber. The other ports on the top of the chamber are fitted with set screws. All six ports on the bottom of the chamber are fitted with high-efficiency particulate air (HEPA) filters. An external compressor and vacuum pump capable of moving 2 CFM of air are needed to operate the droplet loader. A bubbler or other humidifying device is required for operating at high humidity.

X1.3 Test Procedure

X1.3.1 Plumb HEPA-filtered air line to the top of the droplet loader and set flow to 2 CFM. Flush the chamber for at least 1 h prior to beginning test.

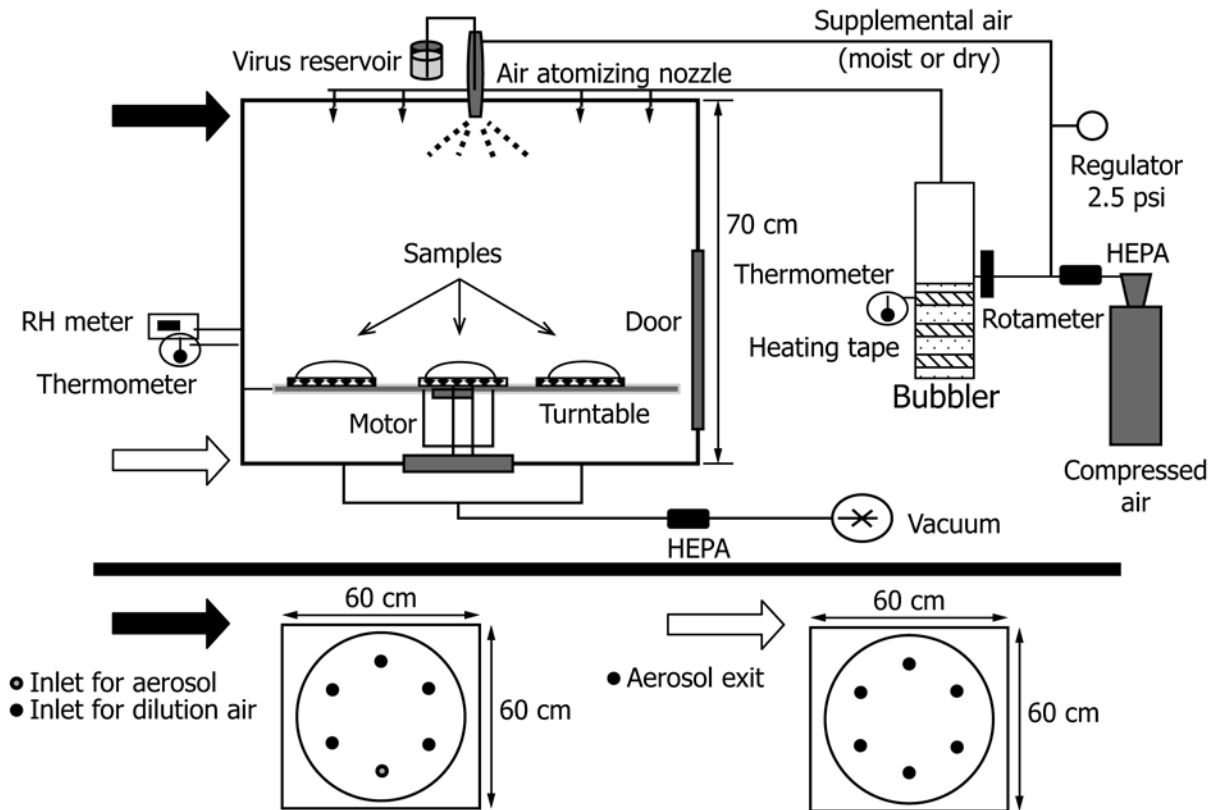


FIG. X1.1 Diagram of the Droplet Loader

X1.3.2 Place test articles into settling chamber so they are equally spaced relative to one another and so they are 1 in. from the outer edge of the turntable.

X1.3.3 Set the turntable to rotate at 3 r/min.

X1.3.4 Add 25 mL of the virus diluted to log 8 TCID₅₀ per mL in mucin buffer to the reservoir.

X1.3.5 Connect the virus reservoir to the air atomizing nozzle and apply 2.5 to 3.0 psig of pressure.

X1.3.6 Adjust the liquid flow rate into the air atomizing nozzle to ~2 mL per min. Expose the samples until the entire volume in the reservoir is consumed.

X1.3.7 Turn off the pressure to the air atomizing nozzle.

X1.3.8 Evacuate vagrant aerosols remaining in the chamber by drawing vacuum at the bottom chamber at a rate of ~1.5 ft³ per min for a minimum of 15 min.

X1.3.9 Remove the samples from the droplet loader and perform decontamination tests. Control and test sample should be spaced alternately.

X1.3.10 Flow dilution air into the chamber at >2 CFM for at least 4 h to dry the chamber.

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