



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Letter to the Editor

Inactivation of coronaviruses by heat



Sir

The global spread of COVID-19 has resulted in a huge demand for personal protective equipment including face masks [1]. Even some hospitals face a substantial shortage of suitable face masks (e.g. FFP masks or N95 masks) resulting in an evaluation of various procedures to reprocess them for a limited re-use. Although they are classified as single use products the question was raised if a thermal disinfection may be effective to reduce coronaviruses. That is why published data were reviewed to find out which temperature and exposure time is necessary for inactivation of coronaviruses.

A Medline search has been done on 20th March 2020. The following terms were used, always in combination with "coronavirus": heat inactivation (17 hits), heat disinfection (5 hits), heat inactivate (5 hits), heat kill (1 hit), thermal inactivation (6 hits), thermal disinfection (2 hits), thermal inactivate (3 hits) and thermal kill (0 hits). Publications were included and results were extracted given they provided original data on human (Severe Acute Respiratory Syndrome [SARS] coronavirus and Middle East Respiratory Syndrome [MERS] coronavirus) or zoonotic coronaviruses (Transmissible Gastroenteritis Virus [TGEV], Mouse Hepatitis Virus [MHV] and Porcine Epidemic Diarrhoea Virus [PEDV]) and their inactivation by various temperatures used for thermal disinfection. Reviews were not included but screened for any information within the scope of this review.

A total of 10 studies with original data were found. Overall a thermal disinfection at 60°C for 30 min, 65°C for 15 min and 80°C for 1 min was effective to strongly reduce coronavirus infectivity by at least 4 log₁₀ (Table 1).

The effect of heat is explained by thermal aggregation of the SARS-CoV membrane protein [2]. It was shown that the nucleocapsid protein of SARS-CoV is completely denatured in 10 min at 55°C [3]. Health care providers may now have an idea what parameter for thermal disinfection may be effective in case of a lack of supply of appropriate face masks. One limitation is that all data described here were obtained with coronaviruses in suspension. That is why it may be possible that the results on dry surfaces may be different but this appears to be unlikely. Our data do not allow to evaluate if the function of a face mask remains unchanged after heat treatment. If thermal disinfection is used for the re-use of masks all institutions should evaluate the effect on their own masks in use, as different brands of masks and different specifications (e.g. with or without cellulose) will react

individually towards a combination of time and heat. Easy tests to do are "fitting" and "water-resistance". In addition, the numbers of re-uses should be traced (mark at the side of mask per cycle) and its effects examined.

Conflict of interest statement

None declared.

References

- [1] Mahase E. Novel coronavirus: Australian GPs raise concerns about shortage of face masks. *BMJ (Clinical Research Ed)* 2020;368:m477.
- [2] Lee YN, Chen LK, Ma HC, Yang HH, Li HP, Lo SY. Thermal aggregation of SARS-CoV membrane protein. *Journal of Virological Methods* 2005;129:152–61.
- [3] Wang Y, Wu X, Wang Y, Li B, Zhou H, Yuan G, et al. Low stability of nucleocapsid protein in SARS virus. *Biochemistry* 2004;43:11103–8.
- [4] Rabenau HF, Cinatl J, Morgenstern B, Bauer G, Preiser W, Doerr HW. Stability and inactivation of SARS coronavirus. *Med Microbiol Immunol* 2005;194:1–6.
- [5] Quist-Rybachuk GV, Nauwynck HJ, Kalmar ID. Sensitivity of porcine epidemic diarrhea virus (PEDV) to pH and heat treatment in the presence or absence of porcine plasma. *Vet Microbiol* 2015;181:283–8.
- [6] Leclercq I, Batejat C, Burguiere AM, Manuguerra JC. Heat inactivation of the Middle East respiratory syndrome coronavirus. *Influenza and Other Respiratory Viruses* 2014;8:585–6.
- [7] Laude H. Thermal inactivation studies of a coronavirus, transmissible gastroenteritis virus. *The Journal of General Virology* 1981;56:235–40.
- [8] Saknimit M, Inatsuki I, Sugiyama Y, Yagami K. Virucidal efficacy of physico-chemical treatments against coronaviruses and parvoviruses of laboratory animals. *Jikken Dobutsu Experimental Animals* 1988;37:341–5.
- [9] Hulst MM, Heres L, Hakze-van der Honing RW, Pelsier M, Fox M, van der Poel WHM. Study on inactivation of porcine epidemic diarrhoea virus, porcine sapelovirus 1 and adenovirus in the production and storage of laboratory spray-dried porcine plasma. *J Appl Microbiol* 2019;126:1931–43.
- [10] Kariwa H, Fujii N, Takashima I. Inactivation of SARS coronavirus by means of povidone-iodine, physical conditions, and chemical reagents. *The Japanese Journal of Veterinary Research* 2004;52:105–12.
- [11] Darnell ME, Taylor DR. Evaluation of inactivation methods for severe acute respiratory syndrome coronavirus in noncellular blood products. *Transfusion* 2006;46:1770–7.
- [12] Yunoki M, Urayama T, Yamamoto I, Abe S, Ikuta K. Heat sensitivity of a SARS-associated coronavirus introduced into plasma products. *Vox Sanguinis* 2004;87:302–3.
- [13] Lelie PN, Reesink HW, Lucas CJ. Inactivation of 12 viruses by heating steps applied during manufacture of a hepatitis B vaccine. *Journal of Medical Virology* 1987;23:297–301.

Table I

Heat inactivation of coronaviruses in test tube suspensions

Temperature	Virus	Strain/isolate	Exposure time	Reduction of viral infectivity (\log_{10})	Reference
4°C	SARS-CoV	Strain FFM-1	30 min	0.0	[4]
4°C	PEDV	Strain CV777	2 h	0.0	[5]
25°C	MERS-CoV	Strain Hu/France—FRA2_130569/2013 (FRA2)	2 h	0.0	[6]
31°C	TGEV	Strain D ₅₂	80 min	0.7	[7]
35°C	TGEV	Strain D ₅₂	80 min	1.2	[7]
39°C	TGEV	Strain D ₅₂	80 min	3.0	[7]
40°C	MHV	Strains MHV-2 and MHV-N	30 min	0.3	[8]
40°C	PEDV	Strain CV777	2 h	1.0	[5]
			75 min#	4.7	
43°C	TGEV	Strain D ₅₂	50 min	3.8	[7]
44°C	PEDV	Strain CV777	2 h	1.5	[5]
			45 min#	4.7	
44°C	PEDV	Strain CV777	10 min	0.3	[9]
47°C	TGEV	Strain D ₅₂	20 min	4.2	[7]
48°C	PEDV	Strain CV777	2 h	4.7	[5]
			15 min#	4.7	
48°C	PEDV	Strain CV777	10 min	1.0–1.7	[9]
51°C	TGEV	Strain D ₅₂	5 min	4.4	[7]
55°C	TGEV	Strain D ₅₂	2 min	4.6	[7]
56°C	MERS-CoV	Strain Hu/France—FRA2_130569/2013 (FRA2)	30 s	0.1–0.9	[6]
			15 min	≥ 4.6	
			30 min	≥ 4.3	
56°C	SARS-CoV	Strain Hanoi	5 min	5.8	[10]
			10 min	6.4	
			30 min	> 6.4	
56°C	SARS-CoV	Strain FFM-1	30 min	1.9–5.0	[4]
56°C	SARS-CoV	Strain Urbani	20 min	≥ 4.3	[11]
60°C	MHV	Strains MHV-2 and MHV-N	1 min	2.6–2.9	[8]
			5 min	3.6–3.9	
			15 min	> 3.9	
			30 min	> 3.9	
60°C	SARS-CoV	Strain FFM-1	30 min	≥ 5.0	[4]
60°C	SARS-CoV	Strain FFM-1	30 min	≥ 4.0*	[12]
			60 min	≥ 4.0	
65°C	SARS-CoV	Strain Urbani	15 min	≥ 4.3**	[11]
65°C	MERS-CoV	Strain Hu/France—FRA2_130569/2013 (FRA2)	30 s	0.9–3.6	[6]
			15 min	≥ 4.9	
			30 min	≥ 4.9	
65°C	SARS-CoV	Strain Urbani	10 min	≥ 4.3	[11]
65°C	MHV	Not described	15 min	≥ 6.0	[13]
80°C	MHV	Strains MHV-2 and MHV-N	1 min	> 3.9	[8]

* Not with anti-thrombin III as organic load;

** One outlier at 25 min with 3.6 \log_{10} explained by the authors with an experimental error;

In porcine plasma.

G. Kampf^{a,*}A. Voss^bS. Scheithauer^c

^cInstitute of Infection Control and Infectious Diseases,
University Medical Center, Georg August University,
Göttingen, Germany

^aUniversity Medicine Greifswald, Institute for Hygiene and Environmental Medicine, Ferdinand-Sauerbruch-Strasse, 17475, Greifswald, Germany

^bRadboudumc and Canisius-Wilhelmina Hospital, Department of Medical Microbiology and Infectious Diseases, Nijmegen, The Netherlands

* Corresponding author. University Medicine Greifswald, Institute for Hygiene and Environmental Medicine, Ferdinand-Sauerbruch-Strasse, 17475 Greifswald, Germany:
E-mail address: guenter.kampf@uni-greifswald.de (G. Kampf)