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SARS-CoV-2USA-CA1/2020

CLIENT: The PYURE Company Inc

PROJECT: OH MYSPACE™ Bioaerosol Test

PRODUCT: OH AIR® MYSPACE™

CAP LIC NO: 886029801

CLIA LIC NO: O5D0955926

STATE ID: CLF 00324630

CHALLENGE VIRUS: SARS-CoV-2 USA_CA1/2020

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ABSTRACT: EFFICACY OF THE PYURE MYSPACE™ DEVICE AGAINST AEROSOLIZED SARS-CoV-2

Background: This in vitro study was designed to determine the efficacy of the MYSPACE™ unit. The product is a commercially available mobile disinfection device manufactured by The PYURE Company (PYURE) out of Boynton Beach, Florida. The MYSPACE™ unit is designed to be placed free standing in a room and decrease the concentration of pathogens in the air and on surfaces when it is operating, to sanitize enclosed spaces and their contents. For this challenge, the SARS-CoV-2USA_CA1/2020 pathogen was used. Coronavirus can be spread through the air and by touching contaminated surfaces. There is a demand for disinfectant devices that have a proven ability to reduce infectious pathogens in the air thereby reducing the risk of human infection and transmission. PYURE supplied a pre-packaged MYSPACE™ free standing unit for testing purposes. For the testing, power was supplied through a power regulated 120v outlet with surge protector and backup battery system. Test procedures were followed using internal SOPs for aerosolized viral pathogen challenges and subsequent decontamination. All internal SOPs and processes follow GCLP guidelines and recommendations.

EQUIPMENT PROVIDED:

MANUFACTURER: The PYURE Company

MODEL: MYSPACE™

SERIAL #: 20MYS01TC02008027740

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MYSPACE™ EQUIPMENT:

The equipment arrived at the laboratory pre-packaged from the manufacturer and was inspected for damage upon arrival. The device was powered on to check for normal operations. Prior to starting the challenge, the PYURE MYSPACE™ unit was operated for over 2 hours of dry runs in a sealed bioaerosol chamber to confirm correct operation of the unit. The chamber was the same BSL3 chamber used for the viral challenge testing.

VIRAL CHALLENGE TESTING CHAMBER:

The testing chamber was a large, sealed air volume testing chamber consisting of metal walls and epoxy floor which complied with BSL3 standards. The chamber was designed to be completely sealed from the outside environment to prevent any potential release of testing media into the atmosphere. The testing chamber was equipped with 4 sealed viewing windows and a lockable chamber door for entry and exit. The overall dimensions of the test chamber were approximately 8'x8'x20' with a displacement volume of 1280 cubic feet. Based on cubic foot volume the chamber had 36,245.56 liters of air.

The testing chamber had HEPA filtered inlets and exhaust, coupled with an active UV-C system in all ducting lines. Humidity and temperature were monitored inside the chamber using a calibrated wireless device. For air sample testing, the chamber was equipped with 4 probes that were along the centerline of the room and protruded down from the ceiling 24". Each probe tube was connected to a Gilian 10i programmable system with sampling cassettes from lot # 18248 made by Sensidine. A single bioaerosol nebulizing port was in the center of the 20' wall opposite of the entry doors. The dissemination port protruded from the wall 24" and was connected to a programmable compressor nebulizer system.

Prior to testing, the chamber was pressure tested for leaks and visual inspections were made using a colored smoking device. All seals for the chamber were confirmed and all equipment used had a function test to confirm working conditions. For calibrated equipment, calibration records were checked to confirm operational status.

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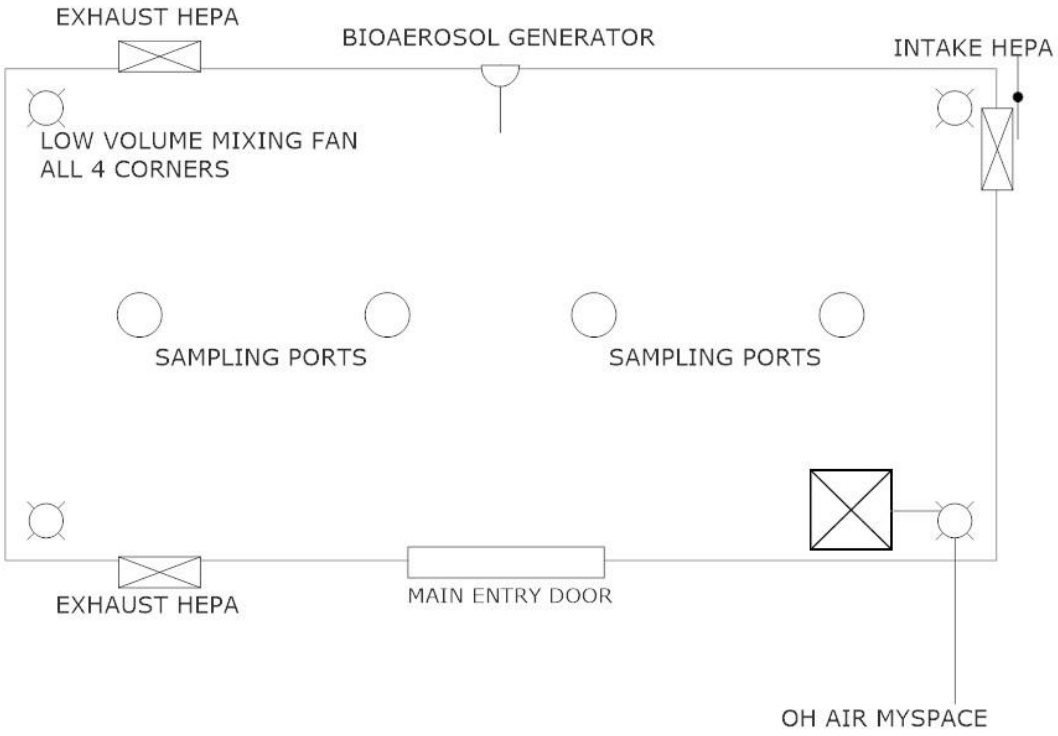
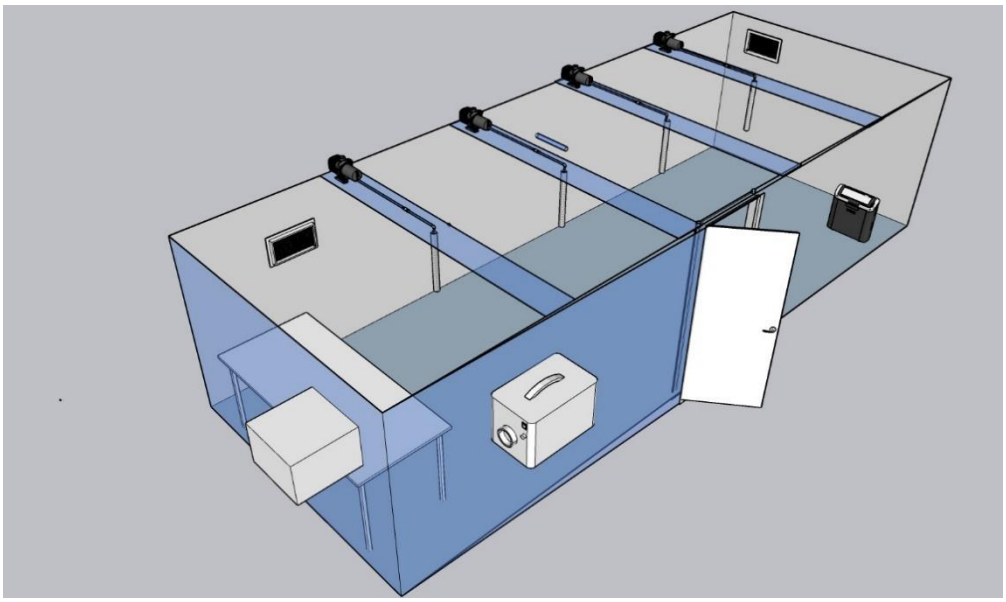
CHAMBER LAYOUT OVERHEAD:



DESIGN LAYOUT 3D:



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EXPERIMENTAL SUMMARY:

- Prior to the initial control test and following the trial run the testing area was decontaminated and prepped per internal procedures.
- Temperature during all test runs was approximately 71F +/- 2F with a relative humidity of 49%.
- Relative humidity and temperature were taken in two sections of the chamber during all tests to confirm there was no more than a 3% deviation from each side.
- Air samplers were calibrated by the manufacturer on September 3, 2020 and set at a standard flow of 5.02L/min. Calibration records indicate a 0.20% tolerance.
- All sample collection volumes were set to 5-minute draws per time point.
- Low volume mixing fans were turned on prior to nebulization to confirm homogenous concentrations in the test chamber.
- Mixing fans remained on and positioned at a 45-degree angle to encourage bioaerosol suspension and reduce natural particle descent rates.
- Nebulization for control and viral test challenges were performed in the same manner.
- Sample cassettes were manually removed from the collection system and stored after each time point and replaced with new cassettes.
- Upon cassette removal at each time point, cassette sets were taken to an adjacent bio safety cabinet and pooled.
- Six total sample times were collected per bioaerosol challenge.
- 1 control was completed, and 1 viral challenge were completed using the same methodology.

BIOAEROSOL GENERATION:

For the control and the viral challenges, the nebulizer was filled with the same amount of viral stock (4.02 x 10^7 TCID50 per ml) and nebulized at a flow rate of 1ml/min. Nebulizer was driven by untreated local atmospheric air. The nebulizer's remaining viral stock volume was weighed after completion to confirm the same amount of viral stock that was nebulized was consistent with the control.

BIOAEROSOL SAMPLING:

For air sampling, 4 different Gillian 10i programmable vacuum devices were used. Air samplers were calibrated by the manufacturer in September 2020 and certificates were inspected prior to use. Air sample volume collections were confirmed prior to use with a Gilian Gilibrator 2 SN- 200700-12 and a high flow bubble generator SN-2009012-H. Air samplers were operated in conjunction with removable sealed cassettes, which were manually removed after each sampling time point. Cassettes had a delicate internal filtration disc to collect viral samples.

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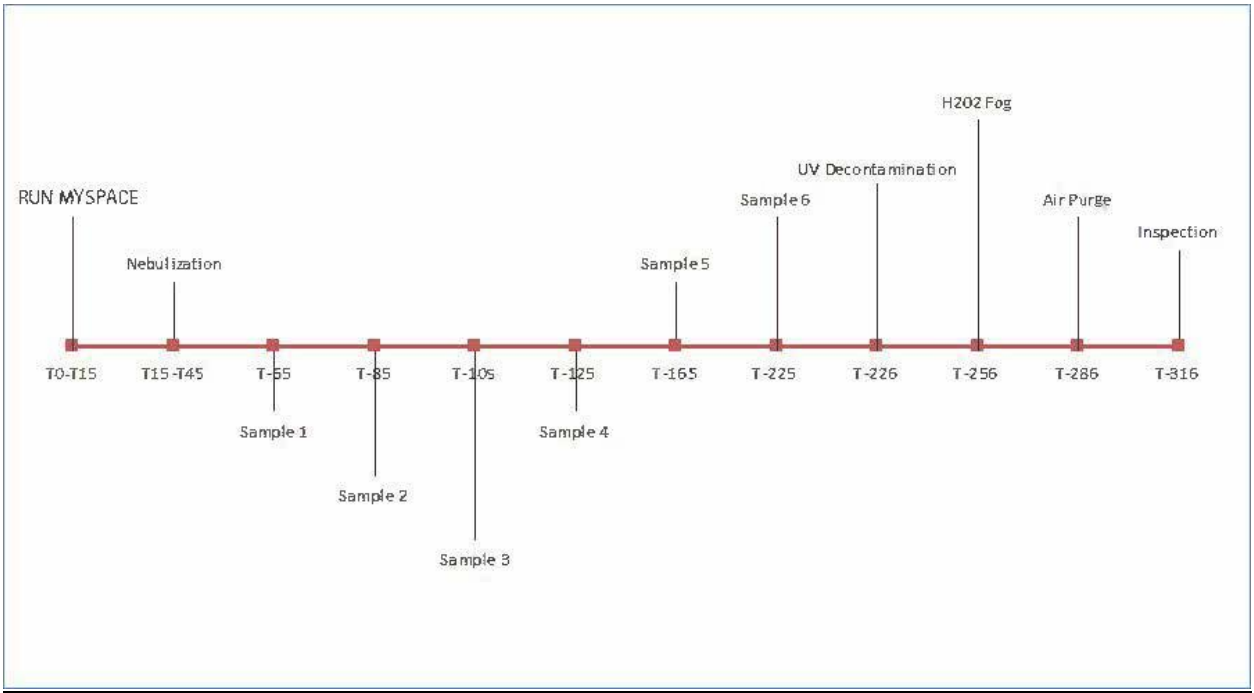
SAMPLE INOCULATION:

Surface inoculation consisted of applying exactly 1 ml of viral media to each coupon with a calibrated Eppendorf pipette utilizing filtered pipette tips. Coupons were standard sterile 25mm x 75mm slides. Once applied, the media was spread thin using a disposable spatula and allowed to dry for 10 minutes. The starting concentration of virus that was applied was 4.02X10^7 TCID50/mL. After several tests for recovery, it was determined that the most efficient method of recovering viable virus would be a 2 mL rinse in viral media followed by a swab of the inoculated area. The maximum recovery achieved was 95.3% or 3.83X10^7 TCID50/mL. This value was used as the "0 Minute" starting concentration for all surface testing to account for the recovery.

SAMPLING POINT TIMELINE:



VIRUS STRAIN BACKGROUND:

The following reagent was deposited by the Centers for Disease Control and Prevention and obtained through the BEI Resources, BIAID, NIH SARS-Related Coronavirus 2, Isolate USA_CA1/2020, NR-52382. This was the chosen pathogen strain because it was taken from a 38-year-old subject with severe acute respiratory syndrome in California as was part of the A lineage. This was a non-fatal case which represents most of the cases in the United States. The age group the patient belonged to was not elderly or juvenile, which was determined to be a good medium average.

POST DECONTAMINATION:

At the conclusion of the viral challenge test the UV system inside the testing chamber was activated for 30 minutes. After 30 minutes of UV exposure the chamber was fogged with a Hydrogen Peroxide gas mixture followed by a 30-minute air purge. All test equipment was cleaned at the end of each day with a 70% alcohol solution. Collection lines were soaked in a bleach bath mixture for 30 minutes then rinsed repeatedly with DI water. Nebulizer and Vacuum collection pumps were decontaminated with Hydrogen Peroxide mixtures.

TCID50 PROCEDURE:

Materials and Equipment:

- Certified Biological Safety Cabinet
- Micropipette and sterile disposable aerosol resistant tips – 20uL, 200uL, 1000uL.
- Inverted Microscope
- Tubes for dilution
- Hemocytometer with cover slip
- Cell Media for infection
- Growth Media appropriate for cell line
- 0.4 % Trypan Blue Solution
- Lint Free Wipes saturated with 70% isopropyl alcohol.
- CO_2 Incubator set at 37°C or 34°C or other temperature indicated.

Procedure:

1. One day prior to infection, prepare 96 well dishes by seeding each well with Vero E6 cells in DMEM plus 7.5 % fetal bovine serum, 4mM Glutamine, and antibiotics.
2. On the day of infection, make dilutions of virus sample in PBS.
3. Make a series of dilutions at 1:10 of the original virus sample. First tube with 2.0 mL PBS and subsequent tubes with 1.8mL
4. Vortex Viral samples, transfer 20 uL of virus to first tube, vortex, discard tip.
5. With new tip, serial dilute subsequent tips transferring 200 uL.

Additions of virus dilutions to cells

1. Label lid of 96 well dish by drawing grid lines to delineate quadruplicates and number each grid to correspond to the virus sample and label the rows of the plate for the dilution which will be plated.
2. Include 4 Negative wells on each plate which will not be infected.
3. Remove all but 0.1 mL of media from each well by vacuum aspiration.
4. Starting from the most dilute sample, add 0.1 mL of virus dilution to each of the quadruplicate wells for that dilution

5. Infect 4 wells per dilution, working backward.
6. Allow the virus to absorb to cells at 37°C for 2 hours.
7. After absorption, remove virus inoculum. Start with the most dilute and work backwards.
8. Add 0.5 mL infection medium to each well being careful to not touch the wells with the pipette.
9. Place plates at 37°C and monitor CPE using the inverted microscope over a period of 1 to 4 weeks.
10. Record the number of positive and negative wells.

CONTROL:

One Control test was conducted without the PYURE MYSPACE™ unit in the testing chamber. Control samples were taken at each of the corresponding sample times used for the challenge trial (see sampling timeline above). Nebulization of viral media and collection methods were the same for the control as the viral challenge. Control testing was used for the comparative baseline to assess the viral reduction when the PYURE MYSPACE™ device was operated in the challenge trials, to enable net reduction calculations to be made. During the control test, four low volume fans were operated in each corner of the testing chamber to ensure homogenous mixing of the air. An emergency O3 alarm was outfitted to the room and calibrated to 1ppm. During the control test no O3 alarms were observed. During the control temperature and relative humidity were monitored. Prior to running the viral challenges temperature and humidity were confirmed to be in relative range to the control +/- 5%.

VIRAL CHALLENGE:

The challenge pathogen, SARS-CoV-2USA_CA1/2020, was used for testing the efficacy of the PYURE MYSPACE™ device. During the challenge tests the pressure in the challenge chamber was monitored to confirm no portion of the chamber was leaking. The bioaerosol efficacy challenge was completed in single distinct trial with the live pathogen to create a baseline of data. Prior to nebulizing the viral pathogen, the PYURE MYSPACE™ device was turned on and allowed to run for 15 minutes to simulate a real-world environment and allow the device to reach standard operating conditions. Four low volume mixing fans were used throughout the entire control test and viral pathogen test. Sample times were as follows with T equal to minutes, T-0, T-20, T-40, T-60, T-80, T-120, T-180. Sampling occurred using 4 automatic air volume samplers that operated simultaneously for each collection. Samplers were pre-set to automatically shut off after 5 minutes of collection. Collections were made via the equipment utilizing viral media coated filters for maximum pathogen trapping and stability. Collection samples were provided to lab staff for pooling after each collection time point.

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VIRAL STOCK: SARS-CoV-2 USA-CA1/2020 (BEI NR-52382)

TEST	**SPECIFICATIONS**	**RESULTS**
Identification by Infectivity in Vero 6 cells	Cell Rounding and Detachment	Cell Rounding and Detachment
Next Generation Sequencing (NGS) of complete genome using Illumina® iSeq™ 100 Platform (Approx. 940 Nucleotides)	≥ 98% identity with SARS-CoV 2, isolate USA-CA1/2020 GenBank: MN994467.1 ≥ 98% identity with SARS-CoV 2, strain FDAARGOS_983 isolate USA-CA1/2020 GenBank: MT246667.1	99.9% identity with SARS-CoV 2, isolate USA-CA1/2020 GenBank: MN994467.1 100% identity with SARS-CoV 2, strain FDAARGOS_983 isolate USA-CA1/2020 GenBank: MT246667.1
Titer by TCID50 in Vero E6 Cells by Cytopathic effect	Report Results	2.8 X 10^5 TCID50 per mL in 5 days at 37°C and 5% CO2
Sterility (21-Day Incubation) Harpos HTYE Broth, aerobic Trypticase Soy Broth, aerobic Sabourad Broth, aerobic Sheep Blood Agar, aerobic Sheep Blood Agar, anaerobic Thioglycollate Broth, anaerobic DMEM with 10% FBS	 No Growth No Growth No Growth No Growth No Growth No Growth No Growth	 No Growth No Growth No Growth No Growth No Growth No Growth No Growth
Mycoplasma Contamination Agar and Broth Culture DNA Detection by PCR of extracted Test Article nucleic acid.	 None Detected None Detected	 None Detected None Detected

Inoculation of Surface Samples

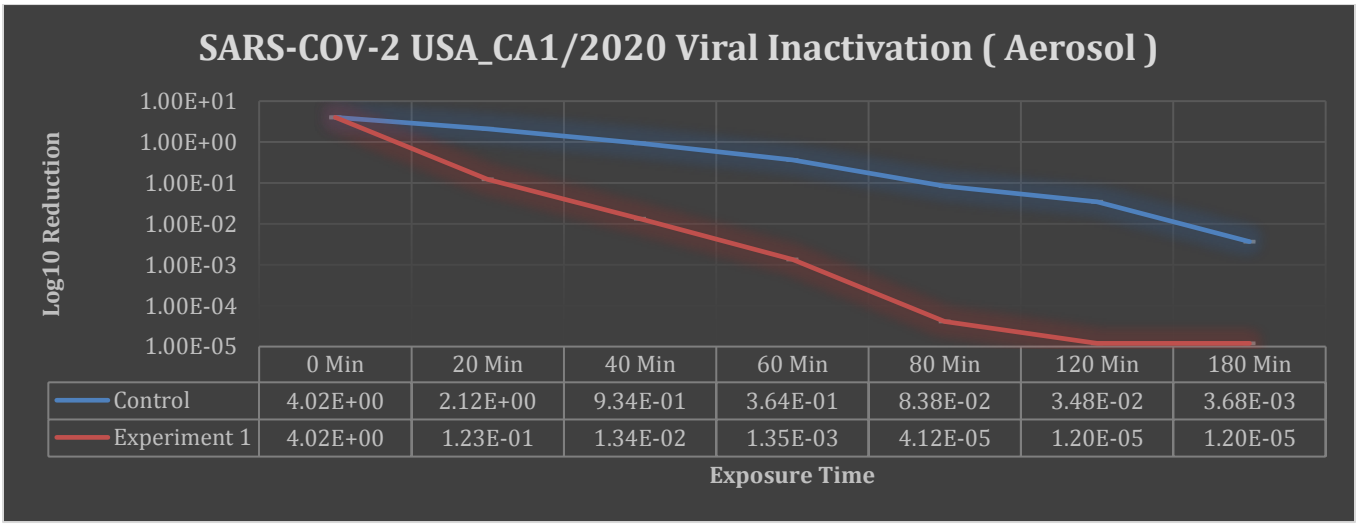
Surface inoculation consisted of applying exactly 1 ml of viral media to each coupon with a calibrated Eppendorf pipette utilizing filtered pipette tips. Coupons were standard sterile 25mm x 75mm slides. Once applied, the media was spread thin using a disposable spatula and allowed to dry for 10 minutes. The starting concentration of virus that was applied was 4.02 X 10^7 TCID50/mL. After several tests for recovery, it was determined that the most efficient method of recovering viable virus would be a 2 mL rinse in viral media followed by a swab of the inoculated area. The maximum recovery achieved was 95.3% or 3.83 X 10^7

TCID50/mL. This value was used as the "0 Minute" starting concentration for all surface testing to account for the recovery.

Test Results: Aerosolized Virus

Collection at each time point was done via the Gillian 10i air samplers. Samples were collected by a technician at specified time points inside the container and stored in a sealed refrigerated container until testing and recovery were complete. Technicians were wearing full hazmat coveralls and had no direct exposure to the pathogen at any time. The graph below represents the data for the experiment and the control, as it pertains to aerosolized virus.

When tested against SARS-CoV-2-CA1/2020 virus, the PYURE MYSPACE™ unit showed a progressive reduction during the time it was operated resulting in significant destruction of the virus. The reduction of aerosolized virus versus controls was 94.81% at the 20-minute sampling point and a steady, further reduction to greater than 99.95% at the 80-minute sampling point. At the 120-minute time point the virus was no longer detectable due to the limit of quantification.



	0 Min	20 Min	40 Min	60 Min	80 Min	120 Min	180 Min
Control	4.02E+00	2.12E+00	9.34E-01	3.64E-01	8.38E-02	3.48E-02	3.68E-03
Experiment 1	4.02E+00	1.23E-01	1.34E-02	1.35E-03	4.12E-05	1.20E-05	1.20E-05

Data Table for Aerosol Testing - Control Trial

Time Point	TCID50/mL	Percent Reduction
0 MINUTES	4.02 X 10^7	N/A
20 MINUTES	2.37 X 10^7	41.04
40 MINUTES	9.34 X 10^6	76.77
60 MINUTES	3.64 X 10^6	90.95
80 MINUTES	8.38 X 10^5	97.92
120 MINUTES	3.48 X 10^5	99.13
180 MINUTES	3.68 X 10^4	99.91

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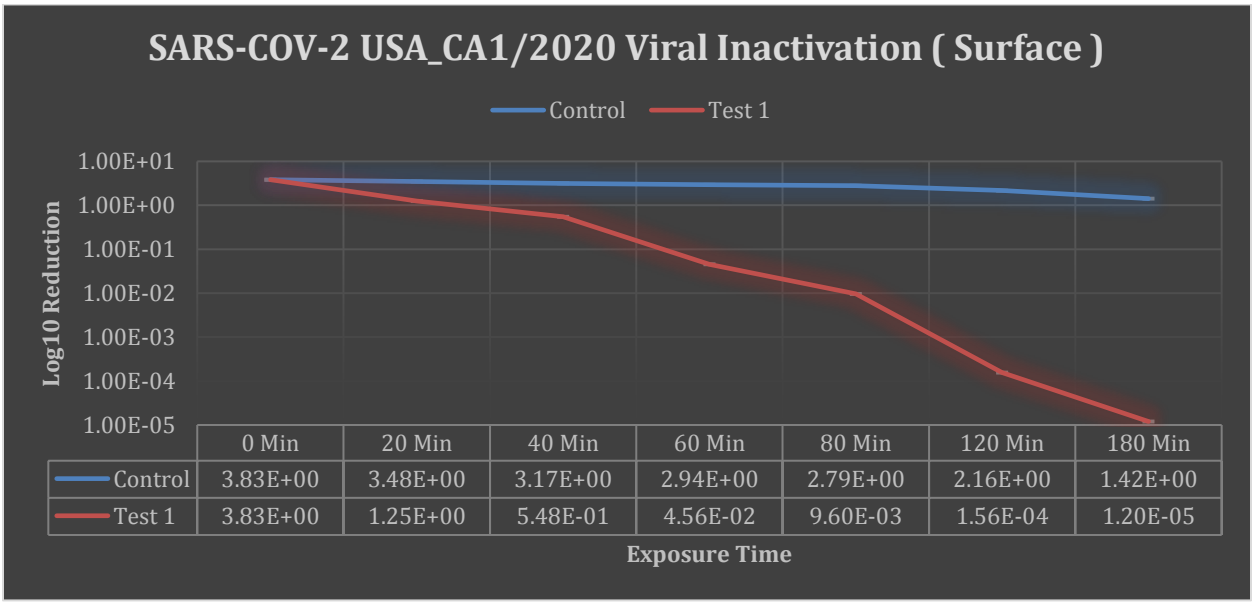
Data Table for Aerosol Testing. Challenge Trial

TIME POINT	TCID50/mL	Percent Reduction
0 MINUTES	4.02 X 10^7	N/A
20 MINUTES	1.23 X 10^6	96.94
40 MINUTES	1.34 X 10^5	99.66
60 MINUTES	1.35 X 10^4	99.966
80 MINUTES	4.10 X 10^2	99.999
120 MINUTES	< 1.2 X 10^2	>99.999
180 MINUTES	< 1.2 X 10^2	>99.999

Test Results: Surface Inoculation

Performed in the same manner as the control testing, the following deactivation rates were observed for direct surface inoculation in the challenge trial. Collection at each time point was done by swab and rinse of the coupon. Samples were collected by a technician at specified time points inside the container and stored in viral media until testing and recovery were complete. Technicians were wearing full hazmat coveralls and had no direct exposure to the pathogen at any time. The graph below represents the data for the surface inoculation experiment and the control.

The reduction of inoculated surface samples versus controls was 98.44% at the 60-minute sampling point and steady, further reduction to greater than 99.993% at the 120-minute sampling point. At the 180-minute time point, the virus was no longer detectable due to the limit of quantification.



	0 Min	20 Min	40 Min	60 Min	80 Min	120 Min	180 Min
Control	3.83E+00	3.48E+00	3.17E+00	2.94E+00	2.79E+00	2.16E+00	1.42E+00
Test 1	3.83E+00	1.25E+00	5.48E-01	4.56E-02	9.60E-03	1.56E-04	1.20E-05

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Data Table for Surface Testing - Control Trial

Time Point	TCID50/mL	Percent Reduction
0 MINUTES	3.83 X 10^7	4.72
20 MINUTES	3.48 X 10^7	9.14
40 MINUTES	3.17 X 10^7	17.23
60 MINUTES	2.94 X 10^7	23.23
80 MINUTES	2.79 X 10^7	27.15
120 MINUTES	2.16 X 10^7	43.60
180 MINUTES	1.42 X 10^7	62.92

Data Table for Surface Testing – Averages of Three Challenge Trials

Time Point	TCID50/mL	Percent Reduction
0 Min	3.83 X 10^7	4.72
20 Min	1.25 X 10^7	67.36
40 Min	5.48 X 10^6	85.69
60 Min	4.56 X 10^5	98.81
80 Min	9.60 X 10^4	99.75
120 Min	1.56 X 10^3	>99.995
180 Min	< 1.20 X 10^2	>99.999

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CONCLUSIONS:

The PYURE MYSPACE™ device performed to manufacturer specifications and demonstrated a progressive and dramatic reduction of active virus after 120 minutes of exposure in aerosol form and 180 minutes of exposure in surface testing. The live SARS-CoV-2 virus was not detectable after these timepoints, (levels were below the 120 TCID50 / ml limit of quantification).

Every effort was made to simulate a real-life environment in the chamber while taking into consideration the special precautions needed when working with a Biosafety Level 3 Pathogen. Taking into consideration the starting concentration of active SARS-CoV-2 virus, the volume aerosolized, and the volume inoculated, one could assume that the likelihood of entering an environment with this quantity of pathogen in a real-life circumstance to be unlikely.

When aerosolizing pathogens and collecting said pathogens, there are variables that cannot be fully accounted for, namely, placement of pathogen, collection volume, collection points, drop rate, surface saturation, viral destruction on collection, viral destruction on nebulization and possibly others. Every effort was made to address these constraints with the design and execution of the trials. And these efforts are reflected in the meaningful recovery of virus in the control test.

Taking these variables into account, there was a large amount of sterilization achieved by the MYSPACE™ device in the first 60 minutes. The reduction in air and on surfaces was significant and consistent with the manufacturer's claims that the organic oxidants produced by the MYSPACE™ device diffuse into a treated space and destroy the virus in air and on surfaces. Overall, the MYSPACE™ device showed substantial efficacy in the destruction of SARS-CoV-2USA_CA1/2020 in air and on surfaces.

DISCLAIMER:

The Innovative Bioanalysis, LLC. ("Innovative Bioanalysis") laboratory is not certified or licensed by the United States Environmental Protection Agency and makes no equipment emissions claims pertaining to ozone, hydrogen peroxide gas, reactive oxygen species, volatile organic compounds, or byproduct of any MYSPACE™ device. Innovative Bioanalysis makes no claims to the overall efficacy of any MYSPACE™. The experiment results are solely applicable to the device used in the trial, serial number: 20MYS01TC02008027740. The results are only representative of the experiment design described in this report. Innovative Bioanalysis makes no claims as to the reproducibility of the experiment results given the possible variation of experiment results even with an identical test environment, viral strain, collection method, inoculation, nebulization, viral media, cell type, and culture procedure. Innovative Bioanalysis makes no claims to third parties and takes no responsibility for any consequences arising out of the use of, or reliance on, the experiment results by third parties.

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