## CORRESPONDENCE

## Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1

**TO THE EDITOR:** A novel human coronavirus that is now named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (formerly called HCoV-19) emerged in Wuhan, China, in late 2019 and is now causing a pandemic.<sup>1</sup> We analyzed the aerosol and surface stability of SARS-CoV-2 and compared it with SARS-CoV-1, the most closely related human coronavirus.<sup>2</sup>

We evaluated the stability of SARS-CoV-2 and SARS-CoV-1 in aerosols and on various surfaces and estimated their decay rates using a Bayesian regression model (see the Methods section in the Supplementary Appendix, available with the full text of this letter at NEJM.org). SARS-CoV-2 nCoV-WA1-2020 (MN985325.1) and SARS-CoV-1 Tor2 (AY274119.3) were the strains used. Aerosols (<5  $\mu$ m) containing SARS-CoV-2 (10<sup>5.25</sup> 50%) tissue-culture infectious dose [TCID<sub>50</sub>] per milliliter) or SARS-CoV-1 (10<sup>6.75-7.00</sup> TCID<sub>50</sub> per milliliter) were generated with the use of a three-jet Collison nebulizer and fed into a Goldberg drum to create an aerosolized environment. The inoculum resulted in cycle-threshold values between 20 and 22, similar to those observed in samples obtained from the upper and lower respiratory tract in humans.

Our data consisted of 10 experimental conditions involving two viruses (SARS-CoV-2 and SARS-CoV-1) in five environmental conditions (aerosols, plastic, stainless steel, copper, and cardboard). All experimental measurements are reported as means across three replicates.

SARS-CoV-2 remained viable in aerosols throughout the duration of our experiment (3 hours), with a reduction in infectious titer from  $10^{3.5}$  to  $10^{2.7}$  TCID<sub>50</sub> per liter of air. This reduction was similar to that observed with SARS-CoV-1, from  $10^{4.3}$  to  $10^{3.5}$  TCID<sub>50</sub> per milliliter (Fig. 1A).

SARS-CoV-2 was more stable on plastic and stainless steel than on copper and cardboard, and viable virus was detected up to 72 hours after application to these surfaces (Fig. 1A), although the virus titer was greatly reduced (from 10<sup>3.7</sup> to

 $10^{0.6}$  TCID<sub>50</sub> per milliliter of medium after 72 hours on plastic and from  $10^{3.7}$  to  $10^{0.6}$  TCID<sub>50</sub> per milliliter after 48 hours on stainless steel). The stability kinetics of SARS-CoV-1 were similar (from  $10^{3.4}$  to  $10^{0.7}$  TCID<sub>50</sub> per milliliter after 72 hours on plastic and from  $10^{3.6}$  to  $10^{0.6}$  TCID<sub>50</sub> per milliliter after 48 hours on stainless steel). On copper, no viable SARS-CoV-2 was measured after 4 hours and no viable SARS-CoV-1 was measured after 8 hours. On cardboard, no viable SARS-CoV-2 was measured after 24 hours and no viable SARS-CoV-1 was measured after 8 hours (Fig. 1A).

Both viruses had an exponential decay in virus titer across all experimental conditions, as indicated by a linear decrease in the log<sub>10</sub>TCID<sub>50</sub> per liter of air or milliliter of medium over time (Fig. 1B). The half-lives of SARS-CoV-2 and SARS-CoV-1 were similar in aerosols, with median estimates of approximately 1.1 to 1.2 hours and 95% credible intervals of 0.64 to 2.64 for SARS-CoV-2 and 0.78 to 2.43 for SARS-CoV-1 (Fig. 1C, and Table S1 in the Supplementary Appendix). The half-lives of the two viruses were also similar on copper. On cardboard, the halflife of SARS-CoV-2 was longer than that of SARS-CoV-1. The longest viability of both viruses was on stainless steel and plastic; the estimated median half-life of SARS-CoV-2 was approximately 5.6 hours on stainless steel and 6.8 hours on plastic (Fig. 1C). Estimated differences in the halflives of the two viruses were small except for those on cardboard (Fig. 1C). Individual replicate data were noticeably "noisier" (i.e., there was more variation in the experiment, resulting in a larger standard error) for cardboard than for other surfaces (Fig. S1 through S5), so we advise caution in interpreting this result.

We found that the stability of SARS-CoV-2 was similar to that of SARS-CoV-1 under the experimental circumstances tested. This indicates that differences in the epidemiologic characteristics of these viruses probably arise from other factors, including high viral loads in the upper

N ENGLJ MED NEJM.ORG

The New England Journal of Medicine

Downloaded from nejm.org on March 19, 2020. For personal use only. No other uses without permission.

Copyright © 2020 Massachusetts Medical Society. All rights reserved.



N ENGL J MED

NEJM.ORG

The New England Journal of Medicine Downloaded from nejm.org on March 19, 2020. For personal use only. No other uses without permission. Copyright © 2020 Massachusetts Medical Society. All rights reserved.





per liter of air for aerosols,  $10^{0.5}\ TCID_{50}$  per milliliter of medium for plastic, steel, and cardboard, and  $10^{1.5}$ the limit of detection, which was  $3.33 \times 10^{0.5}$  TCID<sub>50</sub> dian half-life of SARS-CoV-2. The dashed lines indicate lines indicate a 95% credible interval. Experimental ponential decay rates of the virus titer. The dots indithe half-life of viable virus based on the estimated exslope) and intercept (initial virus titer) to show the tion of the exponential decay rate (negative of the are random draws from the joint posterior distributions) along the time axis to avoid overplotting. Lines tude or timing of a waveform arising from fluctuaover time; the titer is plotted on a logarithmic scale. sion plots indicate the predicted decay of virus titer across three replicates. As shown in Panel B, regresper milliliter of collection medium. All samples were tained at 21 to 23°C and 40% relative humidity over copper, cardboard, stainless steel, and plastic maindose (TCID<sub>50</sub>) per liter of air. Viruses were applied to virus is expressed in 50% tissue-culture infectious SARS-CoV-2 in Aerosols and on Various Surfaces. TCID<sub>50</sub> per milliliter of medium for copper. conditions are ordered according to the posterior mecate the posterior median estimates, and the black Panel C, violin plots indicate posterior distribution for ing 50 lines from each plotted replicate. As shown in tal condition. There were 150 lines per panel, includrange of possible decay patterns for each experimen-(i.e., they show small rapid variations in the ampli-Points show measured titers and are slightly jittered Plots show the means and standard errors (I bars) quantified by end-point titration on Vero E6 cells. 7 days. The titer of viable virus is expressed as TCID<sub>50</sub> As shown in Panel A, the titer of aerosolized viable Figure 1 (facing page). Viability of SARS-CoV-1 and

tion for pandemic mitigation efforts. per-spreading events,5 and they provide informawere associated with nosocomial spread and su-SARS-CoV-1, in which these forms of transmission inoculum shed). These findings echo those with and on surfaces up to days (depending on the main viable and infectious in aerosols for hours SARS-CoV-2 is plausible, since the virus can redicate that aerosol and fomite transmission of the virus while asymptomatic.<sup>3,4</sup> Our results ininfected with SARS-CoV-2 to shed and transmit respiratory tract and the potential for persons

Trenton Bushmaker, B.Sc Neeltje van Doremalen, Ph.D

Hamilton, MT National Institute of Allergy and Infectious Diseases

Princeton University Princeton, NJ Dylan H. Morris, M.Phil

> Amandine Gamble, Ph.D Hamilton, MT National Institute of Allergy and Infectious Diseases Myndi G. Holbrook, B.Sc.

Los Angeles, CA University of California, Los Angeles

Brandi N. Williamson, M.P.H

Hamilton, MT National Institute of Allergy and Infectious Diseases

Centers for Disease Control and Prevention Susan I. Gerber, M.D Natalie J. Thornburg, Ph.D Jennifer L. Harcourt, Ph.D Azaibi Tamin, Ph.D.

James O. Lloyd-Smith, Ph.D Atlanta, GA

Bethesda, MD Los Angeles, CA University of California, Los Angeles

Emmie de Wit, Ph.D

National Institute of Allergy and Infectious Diseases Vincent J. Munster, Ph.D

vincent.munster@nih.gov Hamilton, MT

uted equally to this letter. Dr. van Doremalen, Mr. Bushmaker, and Mr. Morris contrib-

of specific vendors, manufacturers, or products are included for public health and informational purposes; inclusion does not imply endorsement of the vendors, manufacturers, or products by the CDC or the Department of Health and Human Services. the Centers for Disease Control and Prevention (CDC). Names authors and do not necessarily represent the official position of The findings and conclusions in this letter are those of the

Strategic Environmental Research and Development Program of the Department of Defense (SERDP, RC-2635, to Dr. Lloyd-Smith). the full text of this letter at NEJM.org. Foundation (DEB-1557022, to Dr. Lloyd-Smith), and from the to Drs. Lloyd-Smith and Gamble), from the National Science Research Projects Agency (DARPA PREEMPT No. D18AC00031 tional Institute of Allergy and Infectious Diseases, National In-stitutes of Health, and by contracts from the Defense Advanced Disclosure forms provided by the authors are available with Supported by the Intramural Research Program of the Na-

This letter was published on March 17, 2020, at NEJM.org.

va: :-China. Cell Host Microbe 2020;27:325-8. vergence of the novel coronavirus (2019-nCoV) originating in 2. Wu A, Peng Y, Huang B, et al. Genome composition and diemergencies/diseases/novel-coronavirus-2019/situation-reports/). Coronavirus disease (COVID-2019) situation reports. Gene-World Health Organization, 2020 (https://www.who.int/

of print). 3. Bai Y, Yao L, Wei T, et al. Presumed asymptomatic carrier transmission of COVID-19. JAMA 2020 February 21 (Epub ahead

4 per respiratory specimens of infected patients. N Engl J Med DOI: 10.1056/NEJMc2001737. Zou L, Ruan F, Huang M, et al. SARS-CoV-2 viral load in up-

gency room. Emerg Infect Dis 2004;10:782-8 Chen YC, Huang LM, Chan CC, et al. SARS in hospital emer-

Ś

DOI: 10.1056/NEJMc2004973

Correspondence Copyright © 2020 Massachusetts Medical Society

N ENGL J MED NEJM.ORG