

Abstract

Current methods of sterilizing environments are insufficient, as has been brought to public attention by the emergence of the coronavirus pandemic that began earlier this year. As of right now, there is not a safe way to consistently and thoroughly eliminate viruses from high traffic areas during the many hours that people (possible carriers) are passing through them. A far-UVC light disinfection device would address this issue by constantly deactivating viruses while people are present, significantly reducing the opportunity for their spread in a simple and time-effective manner. Ideal device characteristics include a large coverage area, 99.9% sterilization efficacy, cost and manufacturing efficiency, and proven safety for non-target organisms, specifically humans.

Problem Statement and Motivation

Germicidal ultraviolet light (254 nm), referred to as GUVC light, has been proven as an efficient source of killing pathogens with 99.9% effectiveness. Unfortunately, due to the nature of this longer wavelength, GUVC light can only be utilized in settings where no humans are present, as prolonged exposure to this light can cause temporary or permanent eye and skin damage. As an alternative, Far-UVC light (~220 nm) has been proposed to have little to no health risks due to less penetration into human skin from its shorter wavelength, while still maintaining the same effectiveness rate as GUVC light [1]. Our goal is to perform a meta-analysis to further investigate the effectiveness of Far UVC light in preventing coronavirus strains HCoV-229E, HCov-OC43, and SARS-CoV-2 from existing on surfaces and in the air. By using published research, probability equations and models (Beer-Lambert Law), we will design a product and theoretically prove the product's 99.9% efficacy in a 3.72m² clinical patient bathroom.

Background Research

- UVC and far-UVC kill cells by damaging DNA which disrupts cell division[2]
- Far-UVC (222 nm) smaller wavelength is unable to penetrate living human cells but penetrate viruses and bacteria due to size[1]
- Far-UVC light has similar inactivation efficacy to GUVC against pathogens due to physical and genomic size[1]
- Most existing far-UVC devices are Kr-Cl excimer lamps

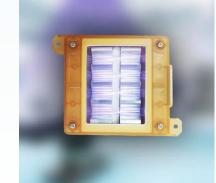


Figure 1: Care222 Filtered Far-UVC Excimer Lamp

Design Criteria

- Disinfect with 99.9% efficacy of airborne and surface adherent viral particles: HCoV-229E, HCoV-OC43, and SARS-CoV-2
- Product must fit in the context of a patient bathroom: \approx 10.20 m^3 (3.72 m² floor)
- Adhere to current International Commission of Non-Ionizing Radiation Protection (ICNIRP) safety standards for exposure to 222 nm light by the public
 - $\sim 3 \text{ mJ}/\text{cm}^2/\text{hour with a maximum of } 23 \text{ mJ}/\text{cm}^2$ per 8-hour exposure [3]
- Shelf-life of 50,000 hours
- No specific cost criteria given

Testing

• Min Dosage for 99.9% Coefficient 1/M*m Effectiveness \circ HCoV-229E \rightarrow 1.68 mJ/cm^2 $CO_2(g)$ 10^{-3} \circ HCoV-OC43 \rightarrow 1.17 mJ/cm^2 Excimer Lamp \circ SARS-CoV-2 \rightarrow $1.17-1.68 \text{ mJ/cm}^2$ Ushio Lamp • Beer-Lambert's Law $(5\mu W/cm^2 at 2m)$ • Penetration depth Sailon Lamp 5µW/cm² at 100 cm through N, N2, O, and Larson Lamp O2 = 110 km [4](80 µW/cm² at 3.9878 cm • Absorbance is Ushio Lamp .2W/cm² from the source) negligible • ICNIRP Safety Excimer Lamp Standards \circ 0.05 mJ/cm²/min for 1 Ushio Lamp hour max (5µW/cm² at 2m) \circ 0.047 mJ/cm²/min for Sailon Lamp (35µW/cm2 at 100 cm) 8 hours max Larson Lamp • Most effective (80 µW/cm² at 3.9878 cm Far-UVC Light Ushio Lamp 2W/cm² from the source • 0.2 W/cm2 Ushio Lamp Number of Duration Required ○ 135.4 - 194.8 minutes for HCoV-OC43 Lamps - Ushio Lamp $(.2W/cm^2)$ <u>at a</u> rate of 0.05 at 0.047 mJ/cm²/min mJ/cm²/min ○ 136.7 - 196.2 minutes (min) 136.7 at 0.05 mJ/cm²/min 80 \circ 10 lamps \rightarrow durations 61.1 from the two different 10 standards on the two 29.06 20 different strains were under an hour. \circ 20 lamps \rightarrow disinfection time under 30 minutes for HCoV-OC43 at 0.05

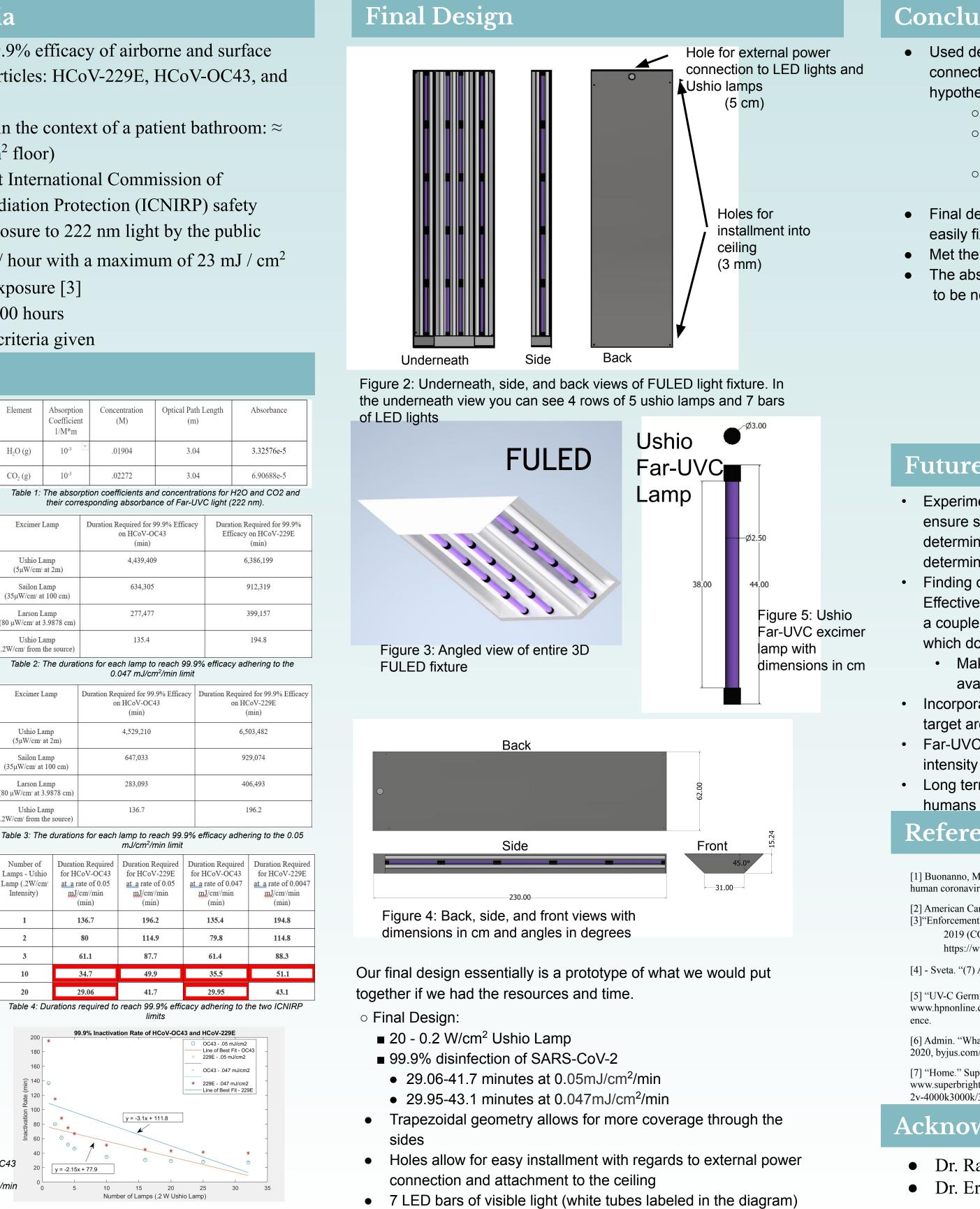
> Graph 1: Inactivation Rate vs Number of Lamps for HCoV-OC43 and HCoV-229E at 0.05 mJ/cm²/min and 0.047 mJ/cm²/min

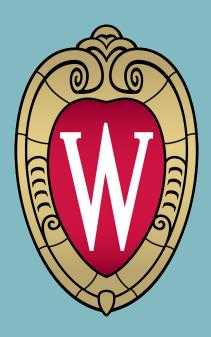
y = -2.15x + 77.9

mJ/cm²/min

Far-UVC in Healthcare

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Conclusion and Discussion

• Used deactivation dosages for 2 strains of coronavirus to make connections with SARS-CoV-2 and determined the following using hypothetical prototypes:

- Most effective type of lamp (.2 W Ushio Lamp)
- Optimal amount of lamps to use (20 bulbs)
- Graph 1 shows 99.9% inactivation rate for # lamps
- Required exposure time to reach 99.9% inactivation (27-40 min for our design)
- Final design also has visible lighting, is in an optimal shape, can be easily fixed to the ceilings and has high efficacy
- Met the ICNIRP safety standards
- The absorbance was found
 - to be negligible

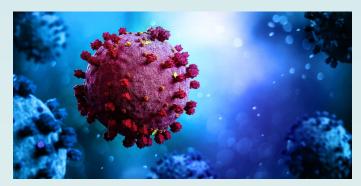
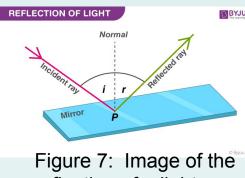


Figure 6: Depiction of SARS-CoV-2 under UV lighting. [5]

Future Work

Experimental testing to prove efficacy and ensure safety (work on virus samples to determine efficacy and skin cells to determine safety)

- Finding optimal ratio of Intensity :
 - Effectiveness : Cost (currently cost is about a couple thousand dollars per small lamp which does not provide much coverage)
- Make Far UVC light marketable and available to install in public spaces Incorporate reflective materials to better hit target areas
- Far-UVC LED implementation to improve intensity and be more energy efficient • Long term effects of far-UVC light on



reflection of a light ray on a surface [6]



References

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