Back to the Basics: Diluted Bleach for COVID-19

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PII: S0190-9622(20)30609-5

DOI: https://doi.org/10.1016/j.jaad.2020.04.033

Reference: YMJD 14460

To appear in: Journal of the American Academy of Dermatology

Received Date: 20 March 2020

Revised Date: 1 April 2020

Accepted Date: 8 April 2020

Please cite this article as: Patel P, Sanghvi S, Malik K, Khachemoune A, Back to the Basics: Diluted Bleach for COVID-19, *Journal of the American Academy of Dermatology* (2020), doi: https://doi.org/10.1016/j.jaad.2020.04.033.

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1 2	Article Type: Letter		
 3 Title: Back to the Basics: Diluted Bleach for COVID-19 4 			
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23 24	Funding sources: None		
25 26	Conflicts of Interest: None declared.		
27	Manuscript: 471 words		
28	Figures: 0		
29	Tables: 0		
30	References: 7		
31			
32 33 34	Keywords: coronavirus; COVID-19; bleach; sodium hypochlorite; disinfectant; dermatology; wound care		

35	Since December 2019, a highly pathogenic novel human coronavirus SARS-COV-2 (COVID-
36	19) has emerged from China harboring high transmission rates from human-to-human and
37	persistence on inanimate surfaces. ¹ An analysis of 22 studies revealed that human coronaviruses
38	similar to COVID-19 [i.e. Severe Acute Respiratory Syndrome (SARS) coronavirus, Middle East
39	Respiratory Syndrome (MERS) coronavirus, and endemic human coronaviruses (HCoV)] can
40	persist on inanimate surfaces like metal, glass or plastic for up to nine days, but are efficiently
41	inactivated by 62-71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite within
42	one minute. ¹ A study evaluating the stability of COVID-19 and SARS-COV1 by van Doremalen
43	et al. ² suggests that COVID-19 may remain viable for hours to days on surfaces made from a
44	variety of materials. To help identify commercial disinfectants against COVID-19, the United
45	States Environmental Protection Agency (EPA) has created a list of adequate products by their
46	EPA registration number. ³ Unfortunately, with exponentially rising COVID-19 cases in the U.S.,
47	commercial disinfect supplies are in high demand and will unquestionably be limited in the near
48	future. We will have to get creative with available resources, all the while taking safe precautions
49	to ensure our efforts improve and not worsen the ongoing situation.

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Various dilutions of sodium hypochlorite, effectively Dakin's solution, have been tried and true in dermatology and wound care for many years. To achieve the formulation noted by Kampf et al.¹, ~0.1% sodium hypochlorite can be made by a roughly 1:50 dilution of household bleach (~5.25-6% sodium hypochlorite) in tap water.¹ While Kampf et al.'s¹ analysis is a combination of non-COVID-19 studies, we expect the proposed formulation to similarly also disinfect surfaces of the novel coronavirus. The Center for Disease Control and Prevention (CDC) also recommends a roughly 1:50 dilution to disinfect COVID-19, explicitly noting 5 tablespoons

58	$(1/3^{rd}$ cup) bleach per gallon of water or 4 teaspoons bleach per quart of water. ⁴ While different
59	dilutions of sodium hypochlorite can vary in their in-vivo fibroblast and keratinocyte
60	cytotoxicity, dilutions of ~0.1% sodium hypochlorite are clinically effective with minimal
61	irritation or sensitization. ⁵ One should be mindful that corrosive injury upon mucous
62	membrane/skin contact is possible with excess volumes or mishandling, so appropriate caution
63	and moderation is necessary. ⁶ This solution should ideally be used within one month of
64	preparation and stored in a closed, opaque container at room temperature. ⁷
65	
66	While the exact viral load on inanimate surfaces is unknown during an outbreak, it is critical to
66 67	While the exact viral load on inanimate surfaces is unknown during an outbreak, it is critical to disinfect frequently touched surfaces. ¹ With rapidly diminishing availability of commercial
67	disinfect frequently touched surfaces. ¹ With rapidly diminishing availability of commercial
67 68	disinfect frequently touched surfaces. ¹ With rapidly diminishing availability of commercial cleaning supplies, simple diluted bleach, which is readily available, can effectively disinfect our
67 68 69	disinfect frequently touched surfaces. ¹ With rapidly diminishing availability of commercial cleaning supplies, simple diluted bleach, which is readily available, can effectively disinfect our clinics, homes, and environment to prevent sustained transmission from inanimate objects. As

73 References

74	1.	Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate	
75		surfaces and their inactivation with biocidal agents. J Hosp Infect 2020; 104:246-51.	
76	2.	van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN,	
77		et al. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. N	
78		Engl J Med 2020.	
79	3.	List N: Disinfectants for Use Against SARS-CoV-2. 2020.] Available from	
80		https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.	
81	4.	Clean & Disinfect - Coronavirus Disease 2019. U.S. Department of Health & Human	
82		Services; 2020.] Available from https://www.cdc.gov/coronavirus/2019-	
83		ncov/prepare/cleaning-disinfection.html.	
84	5.	Ronco C, Mishkin GJ. Disinfection by sodium hypochlorite : dialysis applications. Basel	
85		; New York: Karger; 2007.	
86	6.	Slaughter RJ, Watts M, Vale JA, Grieve JR, Schep LJ. The clinical toxicology of sodium	
87		hypochlorite. Clin Toxicol (Phila) 2019; 57:303-11.	
88	7.	In: Normand J, Vlahov D, Moses LE, editors. Preventing HIV Transmission: The Role of	
89		Sterile Needles and Bleach. Washington (DC); 1995.	
90			
91	Abbre	viations: SARS, Severe Acute Respiratory Syndrome Coronavirus; MERS, Middle East	
92	Respiratory Syndrome Coronavirus; HCoV, Endemic Human Coronaviruses; EPA, United States		
93	Environmental Protection Agency; CDC, Center for Disease Control and Prevention		

rotection Agency; CDC, Center for Di