

University of Huddersfield Repository

Humphreys, Paul, Finan, Peter, Rout, S., Hewitt, J, Thistlethwaite, P, Barnes, S and Pilling, S

A systematic evaluation of a peracetic-acid-based high performance disinfectant

Original Citation

Humphreys, Paul, Finan, Peter, Rout, S., Hewitt, J, Thistlethwaite, P, Barnes, S and Pilling, S (2013) A systematic evaluation of a peracetic-acid-based high performance disinfectant. Journal of Infection Prevention, 14 (4). pp. 126-131. ISSN 1757-1774

This version is available at https://eprints.hud.ac.uk/id/eprint/16775/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/

A Systematic Evaluation of a Peracetic Acid Based High Performance Disinfectant

P N Humphreys^{1*}, P Finan², S Rout¹, J Hewitt¹, P Thistlethwaite¹, S Barnes¹ and S Pilling¹.

- 1. Hygiene and Disinfection Centre, School of Applied Science, University of Huddersfield, Huddersfield, HD6 3SW, UK.
- 2. MTP Innovation Ltd, 675 Leeds Rd, Huddersfield, HD2 1YY, UK.
- *Corresponding Author. p.n.humphreys@hud.ac.uk.

Abstract

The importance of environmental contamination in the spread of HAI has generated a need for high performance disinfectants. Currently chlorine based disinfectants are the products of choice, a position reflected in UK guidance. The aim of this research was to evaluate a peracetic acid (PAA) generating disinfectant to determine if it provided a realistic alternative to commonly used chlorine based disinfectants. The European standards framework was employed in this study and enhanced where appropriate by reducing the contact times, increasing the organic and microbial challenge, and changing the organisms involved. When tested against bacteria and spores PAA provided similar or better performance than currently employed levels of chlorine. This was particularly the case in the presence of an organic challenge or dried surface contamination. The chlorine disinfectants only demonstrated superior performance in the case of fungal spores. These results suggest that PAA generating products provide an effective alternative to chlorine based products up to 10,000 ppm free available chlorine. These products have superior performance in situations with spore borne, surface contamination and high organic challenge. In cases where filamentous fungi are a concern, high levels of PAA (>5000 ppm) would be required to match the performance of chlorine based disinfectants.

Introduction

Environmental contamination has been implicated in the spread of healthcare associated infections (HAI)(Dancer and Carling, 2010, Wang et al., 2010, Weber et al., 2010, Carling and Bartley, 2010), consequently environmental cleaning can contribute significantly to the control of HAI(Dancer, 2009, Otter et al., 2011, Dancer et al., 2009). Of the microorganisms associated with HAI, Clostridium difficile (C. difficile)(Malamou-Ladas et al., 1983, Kim et al., 1981) represents the most significant disinfection challenge due to: the innate disinfection resistance of C. difficile (Tumah, 2009. Maillard. 2011). their environmental spores persistence(Kramer et al., 2006), the large numbers of spores excreted(Mulligan et al., 1979) and their low infective dose(Sambol et al., 2001). The requirement for disinfectants able to inactivate C. difficile spores, and the limited number of sporicides (Tumah, 2009, Lambert, 2004), has resulted in the domination of chlorine based products (Vohra and Poxton, 2011, Fraise, 2011). This dominance is reflected in UK guidance (DoH and HPA, 2009, Pratt et al., 2007) where products delivering 1,000ppm free available chlorine (FAC) are recommended for cleaning associated with patients with *C. difficile* infections (CDI), in the presence of blood 10,000 ppm FAC is recommended (DoH, 1998). Chlorine based products have disadvantages including: respiratory irritation (Fraise, 2011), reduced activity in the presence of organic matter (McDonnell and Russell, 1999, Maillard, 2011) and incompatibility with microfiber cloths (NPSA, 2009, Gant et al., 2010). There is also evidence that chlorine base disinfectants have limited efficacy against environmental *C. difficile* contamination (Ali et al., 2011, Goldenberg et al., 2012).

Peroxygen compounds potentially provide a viable alternative to chlorine, given their broad spectrum biocidal activity (McDonnell and Russell, 1999, Fraise et al., 2004). generally disinfectants employed Peroxygen based are in instrument decontamination (Hernández et al., 2003a, Hernández et al., 2003b, Vizcaino-Alcaide et al., 2003), and have received limited attention as environmental disinfectants (Carter and Barry, 2011, Speight et al., 2011) apart from their use in wipes(Carter and Barry, 2011). However, peroxygen compound such as peracetic acid (PAA) can be easily generated through the aqueous reaction of tetraacetylethylenediamine (TAED) and a peroxide generator (Pan et al., 1999, Davies and Deary, 1991).

The objective of this study was to evaluate the disinfection capabilities of a PAA generating powder blend delivered in a dissolving sachet. The evaluation was performed by comparison with commercial sodium dichloroisocyanurate (NaDCC) tablets generating the two recommended levels of FAC, (1000 ppm (DoH and HPA, 2009, Pratt et al., 2007) and 10,000 ppm(DoH, 1998)). NaDCC in contact with water generates free FAC via hypochlorous acid, with a reservoir of FAC being maintained by solution phase, chlorinated isocyanurates (Clasen and Edmondson, 2006). This reservoir of FAC generated by NaDCC contributes to its improved performance over and above hypochlorite based products (Fawley et al., 2007). A NaDCC based chlorine generating system was chosen for this investigation due to its proven advantages over hypochlorite (Fawley et al., 2007) and its common usage in the NHS, e.g. (Bailey, 2009, Bloomfield, 2011, Wirral, 2010). This comparison employed the European standard disinfection tests (BSI, 2006, Humphreys, 2011) modified to increase the disinfection demand posed.

Methods

Testing Strategy

The European standards framework(BSI, 2006) for the testing of disinfectants was used as a basis for this investigation. The tests employed are all commonly used to verify the effectiveness of disinfectants employed in healthcare settings. Two testing approaches were employed; firstly suspension tests to determine basic bactericidal,

(BS EN 1276(BSI, 1997)), fungicidal (BS EN 1650 (BSI, 2008)) and sporicidal (BS EN 13704 (BSI, 2002)) activity and secondly, surface tests (BS EN 13697(BSI, 2001)) to determine the surface bactericidal and sporicidal activity of the two disinfectants. In order to pass these standard tests a disinfectant has to generate the required log reduction in the specified contact time in the presence of the specified interfering substance (Table 1). The organisms specified by the standards (BSI, 2006) are chosen to be representative of a wide range of pathogenic organisms relevant to healthcare settings. In suspension tests, a suspension of organisms or spores is mixed with a sample of interfering substance (see below) and then with the disinfectant under test. The mixture is then incubated at 20°C for the specified contact time (Table 1), following incubation a sample of the test mixture is transferred to a neutralisation solution which stops the action of the disinfectant and preserves the contact time. Following neutralisation the number of surviving organisms or spores is determined employing the media and incubation conditions specified in the relevant standard. The tests include a range of validations including a neutralisation test which ensure the neutralisation solution is effective.

In the surface test BS EN 13697 (BSI, 2001) a suspension of bacteria or spores is mixed with a sample of interfering substance (see below) and then dried onto a stainless steel surface prior to the application of the disinfectant under test. Following the specified contact time the surviving organisms or spores are recovered by agitation on a bed of glass beads in the presence of a neutraliser. Following neutralisation the number of surviving organisms or spores is determined employing the media and incubation conditions specified in the relevant standard. The efficacy of the disinfectant is determined by comparison with a set of water controls treated in the same manner as the test surfaces. As with the suspension tests, a range of validations are performed including a neutralisation test which ensure the neutralisation solution is effective.

The challenge posed by the standard suspension and surface tests was increased by increasing the amount of interfering substance (see below), reducing the contact time, employing a higher initial inoculum and changing the organism involved. The standard conditions and the relevant modifications are outlined in Table 1. Testing procedures and validations were performed as outlined in the relevant standards (BSI, 2008, BSI, 2001, BSI, 2002, BSI, 1997). Emphasis has been placed on shorter contact times than those specified in the standards, this reflects the need for a rapid disinfection impact to prevent cross contamination and the environmental survival pothogenic microorganisms. Tests were carried out in triplicate, on separate days and were only considered valid if the relevant validations met the criteria specified in standards.

The tests employed are all commonly used to verify the effectiveness of disinfectants employed in healthcare settings. Two testing approaches were employed; firstly suspension tests to determine basic bactericidal, (BS EN 1276(BSI, 1997)), fungicidal (BS EN 1650 (BSI, 2008)) and sporicidal (BS EN 13704 (BSI, 2002)) activity and secondly, surface tests (BS EN 13697(BSI, 2001)) to determine the surface bactericidal and sporicidal activity of the two disinfectants. In order to pass these standard tests a disinfectant has to generate the required log reduction in the specified contact time in the presence of the specified interfering substance (Table 1). The organisms specified by the standards (BSI, 2006) are chosen to be representative of a wide range of pathogenic organisms relevant to healthcare settings. In suspension tests, a suspension of organisms or spores is mixed with a sample of interfering substance (see below) and then with the disinfectant under test. The mixture is then incubated at 20°C for the specified contact time (Table 1), following incubation a sample of the test mixture is transferred to a neutralisation solution which stops the action of the disinfectant and preserves the contact time. Following neutralisation the number of surviving organisms or spores is determined employing the media and incubation conditions specified in the relevant standard. The tests include a range of validations including a neutralisation test which ensure the neutralisation solution is effective.

In the surface test BS EN 13697 (BSI, 2001) a suspension of bacteria or spores is mixed with a sample of interfering substance (see below) and then dried onto a stainless steel surface prior to the application of the disinfectant under test. Following the specified contact time the surviving organisms or spores are recovered by agitation on a bed of glass beads in the presence of a neutraliser. Following neutralisation the number of surviving organisms or spores is determined employing the media and incubation conditions specified in the relevant standard. The efficacy of the disinfectant is determined by comparison with a set of water controls treated in the same manner as the test surfaces. As with the suspension tests, a range of validations are performed including a neutralisation test which ensure the neutralisation solution is effective.

No attempt was made to simulate wiping; the aim being to evaluate the products in a "spray and wipe" configuration where the disinfection impact can be assessed free of the influence of mechanical action.

Products

The PAA generating powder blend (PB) (MTP Innovations Ltd, UK) was used at a range of concentrations (20, 10, 5 and 2.5 g/l) in standard hardness water (BSI, 1997). Commercial NaDCC tablets were employed to generate solutions of 1000ppm and 10,000ppm FAC in standard hardness water (BSI, 1997) as per manufactures instructions, i.e. 1 tablet in 2.5 litres to generate 1000 ppm FAC and 4 tablets in 1.0 litre to generate 10,000 ppm FAC.

Interfering Substances

Organic matter such as blood, serum, pus and faecal material (Russell, 2004), is commonly associated with microbial contamination. The presence of organic material may interfere with the action of disinfectants through either a direct reaction or via providing a protective environment for the microbes concerned (Russell, 2004). Consequently many biocide tests include the presence of interfering organic substances to reflect this potential impact. In this study three levels of interfering substance have been employed to provide an increasing level of challenge to disinfectant performance. These level: simulated clean, dirty (BSI, 1997) (0.3 g/l and 3.0 g/l Bovine Serum albumin(BSA)) and enhanced dirty conditions(BSI, 2005) (3.0 g/l BSA with 3 ml/l sheep erythrocytes) are all used in the European disinfection standards. Enhanced dirty conditions are taken from testing standards aimed at mycobactericidal activity where the presence of blood provides an additional level of organic challenges which may interfere with disinfectant activity.

Determination of Peracetic Acid and Chlorine Concentrations

PAA and FAC concentrations were determined by iodometric titrations (Greenspan and MacKellar, 1948, Eaton et al., 2005).

Organisms

The organisms employed are those outlined in the relevant European standards. Bactericidal tests were carried out against *Escherichia coli* (NCIMB 8879), *Enterococcus hirae* (NCIMB 8191), *Pseudomonas aeruginosa* (NCIMB 10421) and *Staphylococcus aureus* (NCIMB 9518). Fungicidal test were carried out against *Aspergillus brasiliensis* (ATCC 16404) (previously known as *Aspergillus niger*) and *Candida albicans* (ATCC 10231). *Bacillus subtilis* (*B. subtilis*) (ATCC 6633) spores (10⁹ spores/ml) were obtained from Raven Labs Ltd, USA. Spores of *C. difficile* (NCTC 13366) were recovered from Fastidious Anaerobe Agar (FAA) (Lab M Ltd), supplemented with Cycloserine/Cefoxitin (Lab M Ltd). *C. difficile* cultures were incubated anaerobically, at 37°C for 7 days. Prior to use, *C. difficile* spore suspensions were alcohol shocked (HPA, 2012) to remove vegetative cells. Generally, *B. subtilis* spores were preferred as a surrogate to *C. difficile* spores due to their purity, safety, reduced incubation times, economy of media and ease of dispersion.

Results

PAA and FAC Determination

The full strength PB generated 2000 to 2500 ppm PAA ($\bar{x} \approx 2250$ ppm) at a pH of 7.5 to 8.5 after the 20 minute dwell time specified by the manufacturer. The effect of increased dilution on PAA generation was not a linear relationship (Figure 1) with a 50% reduction in powder loading generating an 18% reduction in PAA concentration. When prepared as per manufactures instructions the 1000 and 10,000 ppm FAC solutions were found to be on average 8% greater than specified by the

manufacturers. The NaDCC tablets generated FAC at full strength immediately following dissolution, there was no generation curve evident.

Suspension Tests

Fungicidal and Yeasticidal Activity

Under clean and dirty conditions the 2250 ppm PAA solution and the 1,000ppm FAC generated a >4 log reduction in *Candida albicans* in 15 minutes. When tested against *Aspergillus brasiliensis* under clean conditions the 2250 ppm PAA solution generated a much lower (<3.34±0.00) log reduction than 1000ppm FAC (4.34±0.04). At 10,000ppm FAC a >4 log reduction was seen in fungal spores under all conditions.

Bactericidal Activity

The 2250 ppm PAA solution and 1000ppm FAC demonstrated rapid bactericidal activity under enhanced dirty conditions generating a >5 log reduction for all strains within 30 seconds. The PAA powder blend matched the performance of 1000ppm FAC at 30 seconds down to 700ppm PAA (5g/l).

Sporicidal Activity

When challenged with a 7 log (spores/ml)(Table 1) *B. subtilis* spore load only the 2250 ppm PAA solution and 10,000ppm FAC demonstrated significant sporicidal activity (Figure 2). The influence of increased organic loading had a greater impact on the chlorine based disinfectants (Figure 2). For example under dirty and enhanced dirty conditions the PAA solution was able generate a complete log reduction within 5 minutes, whereas the 10,000 ppm FAC required 30 and 60 minutes respectively to generate the same impact. When challenged with this increased spore load 1000 ppm FAC was unable to generate any significant impact even under simulated clean conditions. When challenged with the standard spore load (5 log spores/ml) PAA solutions remained sporicidal (BSI, 2002) (Table 2) down to 450 ppm under enhanced dirty conditions. When *C. difficile* was substituted for *B. subtilis* in BS EN 13704 (BSI, 2002)(Figure 3) PAA had superior sporicidal activity under dirty conditions and comparable activity under enhanced dirty conditions to 10,000 ppm FAC.

Surface Tests

Bactericidal Activity

Across all test strains (Table 1), the full strength PB (2250 ppm PAA) produced a >6 log reduction under clean and dirty conditions. Under clean conditions 1000 ppm FAC produced a ≈3 log reduction for all bacterial strains, with no impact under dirty conditions. The performance of 10,000ppm FAC mirrored that of PAA under clean conditions, under dirty conditions the performance was 2-3 logs lower.

Sporicidal Activity

Across all organic loadings the full strength PB (2250 ppm PAA) generated >4 log reduction in *B. subtilis* spores within 3 minutes (Table 1), whereas 1000ppm FAC

was unable to generate any significant reduction up to 5 minutes contact time (Table 1). Similar performance was observed with 10,000ppm FAC suggesting that the drying of spores to the surface significantly reduced its sporicidal activity.

Discussion

Bactericidal activity of the PAA generating PB matched that of 1000 ppm FAC down to a loading generating 700 ppm PAA even under enhanced dirty conditions. Increasing the organic challenge had a limited impact on the performance of PAA when compared to 10,000 ppm FAC. The impact of organic soil was most pronounced during surface tests where the drying of soil, bacteria and spores onto surfaces significantly reduced the performance of 10,000 ppm FAC when compared to PAA (Table 1).

The only case where FAC was seen to be more effective than PAA was the treatment of filamentous fungi. There is evidence from the literature that levels of PAA in the region of 5000 ppm is required for the effective treatment of *Aspergillus niger* (Niknejad et al., 2011, Sisti et al., 2012) which is above that generated by the powder blend investigated. This data and the literature data (Niknejad et al., 2011, Sisti et al., 2012) suggests that *Aspergillus niger* spores are specifically resistant to PAA based disinfectants. This may be due to the hydrophobic nature of *Aspergillus niger* spores(Whitehead et al., 2011).

Overall the results suggest that PAA generating PBs provide a suitable substitute in situations where 1000 and 10,000 ppm of FAC are recommended(DoH and HPA, 2009, Pratt et al., 2007). In particular these disinfectants are suited to applications where there is significant organic soil and sporicidal activity is required, due to its relative insensitivity to organic soil. Where antifungal activity is a specific requirement, then chlorine generating products appear to be more effective with higher levels of PAA being needed to generate significant fungicidal activity.

References

Ali S, Moore G & Wilson APR (2011). Spread and persistence of *Clostridium difficile* spores during and after cleaning with sporicidal disinfectants. *Journal of Hospital Infection*; **79**: 97-98.

Bailey M (2009). *Infection Prevention and Control Policy Manual, Section 4 – Decontamination*. University Hospital of South Manchester, Manchester, UK.

Bloomfield J (2011). *Cleaning policy for infected ward areas*. Royal United Hospital Bath, UK.

BSI (1997). BSEN 1276:1997. Chemical disinfectants and antiseptics. Quantitative suspension test for the evaluation of bactericidal activity of chemical disinfectants

and antiseptics used in food, industrial, domestic and institutional areas. British Standards Institute, London, UK.

BSI (2001). BS EN 13697:2001. Chemical disinfectants and antiseptics. Quantitative non-porous surface test for the evaluation of bactericidal and/or fungicidal activity of chemical disinfectants used in food, industrial, domestic and institutional areas. British Standards Institute, London, UK.

BSI (2002). BSEN 13704:2002. Chemical disinfectants and antiseptics. Quantitative suspension test for the evaluation of sporicidal activity of chemical disinfectants and antiseptics used in food, industrial, domestic, and institutional areas. British Standards Institute, London, UK.

BSI (2005). BS EN 14348:2005. Quantitative suspension test for the evaluation of mycobactericidal activity of chemical disinfectants in the medical area including instrument disinfectants. British Standards Institute, London, UK.

BSI (2006). BS EN 14885:2006, Application of European Standards for chemical disinfectants and antiseptics. British Standards Institute, London, UK.

BSI (2008). BS EN 1650:2008. Chemical disinfectants and antiseptics. Quantitative suspension test for the evaluation of fungicidal activity of chemical disinfectants and antiseptics used in food, industrial, domestic and institutional areas. British Standards Institute, London, UK.

Carling PC & Bartley JM (2010). Evaluating hygienic cleaning in health care settings: What you do not know can harm your patients. *American Journal of Infection Control*; **38**: S41-S50.

Carter Y & Barry D (2011). Tackling *C difficile* with environmental cleaning. *Nurs Times*; **107**: 22-25.

Clasen T & Edmondson P (2006). Sodium dichloroisocyanurate (NaDCC) tablets as an alternative to sodium hypochlorite for the routine treatment of drinking water at the household level. *International Journal of Hygiene and Environmental Health*; **209**: 173-181.

Dancer SJ (2009). The role of environmental cleaning in the control of hospital-acquired infection. *Journal of Hospital Infection*; **73**: 378-385.

Dancer SJ & Carling PC (2010). All that glistens may be neither gold nor clean. *Journal of Hospital Infection*; **76**: 177-178.

Dancer SJ, White LF, Lamb J, Kirsty KE & Robertson C (2009). Measuring the effect of enhanced cleaning in a UK hospital: A prospective cross-over study. *BMC Medicine*; **7**.

Davies DM & Deary ME (1991). Kinetics of the hydrolysis and perhydrolysis of tetraacetylethylenediamine, a peroxide bleach activator. *Journal of the Chemical Society, Perkin Transactions 2*: 1549-1552.

DoH (1998). Guidance for Clinical Health Care Workers. Department of Health, Wetherby, UK.

DoH & HPA (2009). *Clostridium difficile infection: How to deal with the problem.*: DH Publications, London, UK.

Eaton AD, Clesceri LS, Rice EW & Greenberg AE (2005). Standard Methods for the Examination of Water and Wastewater. 21 ed.: APHA, USA.

Fawley W, Underwood S, Freeman J, Baines S, K Saxton B, Stephenson K, Owens R & Wilcox M (2007). Efficacy of Hospital Cleaning Agents and Germicides Against Epidemic *Clostridium difficile* Strains. *Infection Control and Hospital Epidemiology;* **28**: 920-925.

Fraise A (2011). Currently available sporicides for use in healthcare, and their limitations. *Journal of Hospital Infection*; **77**: 210-212.

Fraise AP, Lambert PA & Maillard J-Y (2004). *Russell, Hugo and Ayliffe's Principles and Practice of Disinfection Preservation and Sterilisation*. Blackwell Publishing, Oxford, UK.

Gant VA, Jeanes A & Hall TJ (2010). Response to: Griffith CJ, Dancer SJ. Hospital cleaning: problems with steam cleaning and microfibre. *Journal of Hospital Infection;* **74**: 82-84.

Goldenberg SD, Patel A, Tucker D & French GL (2012). Lack of enhanced effect of a chlorine dioxide-based cleaning regimen on environmental contamination with *Clostridium difficile* spores. *Journal of Hospital Infection;* **82**: 64-67.

Greenspan FP & MacKellar DG (1948). Analysis of aliphatic per acids. *Analytical Chemistry*; **20**: 1061-1063.

Hernández A, Martró E, Matas L & Ausina V (2003a). In-vitro evaluation of Perasafe® compared with 2% alkaline glutaraldehyde against Mycobacterium spp. *Journal of Hospital Infection*; **54**: 52-56.

Hernández A, Martró E, Puzo C, Matas L, Burgués C, Vázquez N, Castella J & Ausina V (2003b). In-use evaluation of Perasafe® compared with Cidex® in fibreoptic bronchoscope disinfection. *Journal of Hospital Infection;* **54**: 46-51.

HPA (2012). Processing of faeces for *Clostridium difficile*. *UK Standards for Microbiology Investigations*. Standards Unit, Microbiology Services Division, HPA, London, UK. .

Humphreys PN (2011). Testing standards for sporicides. *Journal of Hospital Infection*; **77**: 193-198.

Kim KH, Fekety R, Batts DH, Brown D, Cudmore M, Silva J & Waters D (1981). Isolation of *Clostridium difficile* from the environment and contacts of patients with antibiotic-associated colitis. *Journal of Infectious Diseases*; **143**: 42-50.

Kramer A, Schwebk I & Kampf G (2006). How long do nosocomial pathogens persist on inanimate surfaces? A systematic review. *BMC Infect Dis. 2006; 6: 130;* **6**: 130.

Lambert PA (2004). Resistance of bacterial spores to chemical agents. In: Fraise AP, Lambert PA & Maillard J-Y (eds.) *Russell, Hugo & Ayliffe's Principles and Practice of Disinfection, Preservation & Sterilization*. John Wiley and Sons.

Maillard J-Y (2011). Innate resistance to sporicides and potential failure to decontaminate. *Journal of Hospital Infection;* **77**: 204-209.

Malamou-Ladas H, O'Farrell S, Nash JQ & Tabaqchali S (1983). Isolation of *Clostridium difficile* from patients and the environment of hospital wards. *J Clin Pathol.*; **36**: 88–92.

McDonnell G & Russell AD (1999). Antiseptics and Disinfectants: Activity, Action, and Resistance. *Clin. Microbiol. Rev.*; **12**: 147-179.

Mulligan ME, Rolfe RD, Finegold SM & George WL (1979). Contamination of a hospital environment by *Clostridium difficile*. *Current Microbiology;* **3**: 173-175.

Niknejad F, Morady MS, Keshtkar AA, Joshaghani HR, Mardani A & M. Moazeni (2011). In vitro evaluation of antifungal activity of peroxy acetic acid component (Percidine) on a group of fungi. *Microbiology Journal*; **1**: 40-45.

NPSA (2009). The Revised Healthcare Cleaning Manual. National Patient Safety Agency, National Reporting and Learning Service, NHS, UK. .

Otter JA, Yezli S & French GL (2011). The Role Played by Contaminated Surfaces in the Transmission of Nosocomial Pathogens. *Infection Control and Hospital Epidemiology*; **32**: 687-699

Pan GX, Spencer L & Leary GJ (1999). Reactivity of Ferulic Acid and Its Derivatives toward Hydrogen Peroxide and Peracetic Acid. *Journal of Agricultural and Food Chemistry*; **47**: 3325-3331.

Pratt RJ, Pellowe CM, Wilson JA, Loveday HP, Harper PJ, Jones SR, McDougall C & Wilcox MH (2007). epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection*; **65**, **Supplement 1**: S1-S59.

Russell AD (2004). Factors influencing the efficacy of antimicrobial agents. In: Fraise AP, Lambert PA & Maillard J-Y (eds.) Russell, Hugo and Ayliffe's Principles and

Practice of Disinfection Preservation and Sterilisation, 4 ed.: Blackwell Publishing, Oxford, UK.

Sambol SP, Tang JK, Merrigan MM, Johnson S & Gerding DN (2001). Infection of hamsters with epidemiologically important strains of *Clostridium difficile*. *Journal of Infectious Diseases*; **183**: 1760-1766.

Sisti M, Brandi G, Santi MD, Rinaldi L & Schiavano GF (2012). Disinfection efficacy of chlorine and peracetic acid alone or in combination against *Aspergillus* spp. and *Candida albicans* in drinking water. *Journal of Water and Health*; **10**: 11-19.

Speight S, Moy A, Macken S, Chitnis R, Hoffman PN, Davies A, Bennett A & Walker JT (2011). Evaluation of the sporicidal activity of different chemical disinfectants used in hospitals against *Clostridium difficile*. *Journal of Hospital Infection*; **79**: 18-22.

Tumah HN (2009). Bacterial biocide resistance *Journal of Chemotherapy;* **21**: 5-15.

Vizcaino-Alcaide MJ, Herruzo-Cabrera R & Fernandez-Aceñero MJ (2003). Comparison of the disinfectant efficacy of Perasafe® and 2% glutaraldehyde in in vitro tests. *Journal of Hospital Infection*; **53**: 124-128.

Vohra P & Poxton IR (2011). Efficacy of decontaminants and disinfectants against *Clostridium difficile. Journal of Medical Microbiology*; **60**: 1218-1224.

Wang YL, Chen WC, Chen YY, Tseng SH, Chien LJ, Wu HS & Chiang CS (2010). Bacterial contamination on surfaces of public areas in hospitals. *Journal of Hospital Infection*; **74**: 195-196.

Weber DJ, Rutala WA, Miller MB, Huslage K & Sickbert-Bennett E (2010). Role of hospital surfaces in the transmission of emerging health care-associated pathogens: Norovirus, *Clostridium difficile*, and *Acinetobacter* species. *American Journal of Infection Control*: **38**: S25-S33.

Whitehead KA, Deisenroth T, Preuss A, Liauw CM & Verran J (2011). The effect of surface properties on the strength of attachment of fungal spores using AFM perpendicular force measurements. *Colloids and Surfaces B: Biointerfaces;* **82**: 483-489.

NHS Wirral (2010). Cleaning and disinfection policy. NHS Wirral, UK.

	1276		1650		13704		13697	
	Standard	Additional	Standard	Addition al	Standard	Additional	Standard	Additional
Organisms	E. coli E.hirae S. aureus P.aeruginosa	N/A	A. brasiliensis C. albicans	N/A	B. subtilis	C. difficile	E. coli E.hirae S. aureus P.aeruginosa	B. subtilis (Spores)
Interfering Substances	Clean & Dirty	Enhanced Dirty	Clean & Dirty	N/A	Clean & Dirty	Enhanced Dirty	Clean & Dirty	Enhanced Dirty
Contact Time	5 Min	30 Sec upwards	15 Min	N/A	60 Minutes	30 Sec upwards	5 Minutes	30 Sec upwards
Bacterial / Fungal/ Spore Challenge	10 ⁷ cfu/ml	N/A	10 ⁶ cfu/ml	N/A	10 ⁵ cfu/ml	10 ⁸ cfu/ml <i>B. subtilis</i>	10 ⁶ cfu/ surface	10 ⁵ cfu/ surface
Pass Criteria (Log Reduction)	5	N/A	4	N/A	3	N/A	4 (Bacteria) 3 (Fungi)	N/A

Table1. Modifications to Standard Tests

Product Loading (g/l)	Conditions	Pass/Fail	Time to Required to Generate a 3 Log Reduction* (Minutes)		
20	Enhanced Dirty	Pass	0.5		
10	Dirty	Pass	0.5		
	Enhanced Dirty	Pass	5		
5	Dirty	Pass	5		
	Enhanced Dirty	Pass	15		
2.5	Clean	Pass	30		
	Dirty	Pass	30		
	Enhanced Dirty	Fail	>60		
*A	3 Log reduction in spores is the pass criter	ria for the BS EN	13704 sporicidal standard test.		

Table 2. Sporicidal Activity at Reduced PAA Levels

	Log reduction in Bacillus subtilis spores ± standard deviation								
Time (min)	DIFFX			1,000ppm available chlorine			10,000ppm available chlorine		
	0.3gl ⁻¹ BSA	3gl ⁻¹ BSA	3gl ⁻¹ BSA 3% sheep erythrocytes	0.3gl ⁻¹ BSA	3gl ⁻¹ BSA	3gl ⁻¹ BSA 3% sheep erythrocytes	0.3gl ⁻¹ BSA	3gl⁻¹ BSA	3gl ⁻¹ BSA 3% sheep erythrocytes
0.5	0.34± 0.06	0.41± 0.08	1.35±0.23	0.01± 0.02	0.01± 0.04	*	0.19± 0.23	0.02± 0.05	0.22±0.11
1.5	1.79± 0.03	1.81± 0.04	1.63±0.42	0.07± 0.01	0.05± 0.06	*	0.31± 0.19	0.14± 0.09	0.35±0.11
3	4.73± 0.04	4.76± 0.03	4.20±0.09	0.18± 0.10	0.13± 0.04	*	0.37± 0.22	0.17± 0.06	0.51±0.12
5	4.73± 0.04	4.76± 0.03	4.20±0.09	0.20± 0.08	0.39± 0.31	*	0.52± 0.20	0.39± 0.04	0.78±0.13

Note: *, indicates no data due to poor performance at lower level of interference

Table 1. Sporicidal Surface Tests

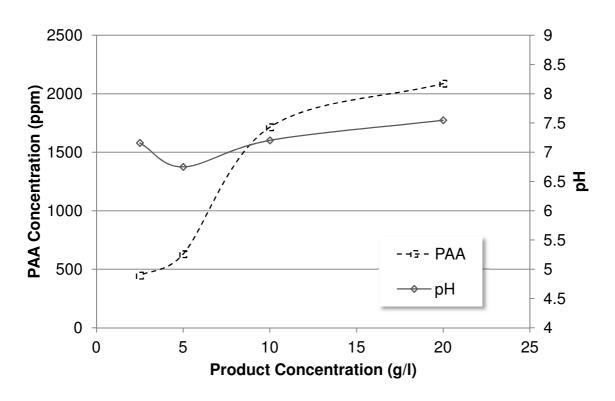


Figure 1. Impact of Product Loading on Peracetic Acid Generation

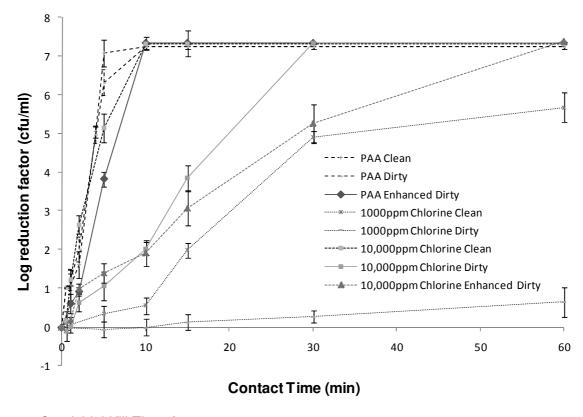


Figure 2. Sporicidal Kill Time Assay

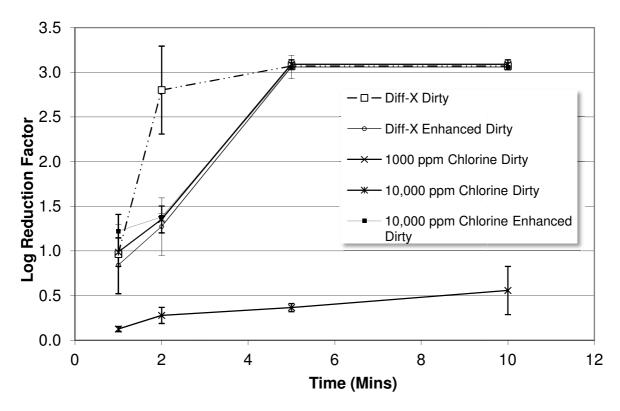


Figure 3. Sporicidal Activity Against C. difficile Spore