



# Activity of surface disinfectants against Multi-Drug-Resistant Organisms isolated in the University Hospital Hamburg-Eppendorf (UKE)

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## INTRODUCTION & AIM

The raising challenge of Multi-Drug-Resistant Organisms (MDRO) in the clinical field causes questions to what extend surface disinfectants present with reduced activity. Another scientific question is if the susceptibility of laboratory strains mentioned in the European Standards (EN) are representing clinically isolated strains.

## MATERIAL & METHODS

The study was performed based on a bactericidal suspension assay described in the EN 13727 with 4 commercially available surface disinfectants under the following conditions:

Product code	Active agent/s (product type)	Contact time	Soiling conditions
A1	High alcohol (ready to use RTU)	1 min	Clean
B5	Amine (concentrate)	5 min	Dirty
C1	Alcohol + ampholyte (RTU)	1 min	Dirty
D5	Quaternary ammonium compound QAC + amine (concentrate)	5 min	Dirty
D60	Quaternary ammonium compound QAC + amine (concentrate)	60 min	Dirty

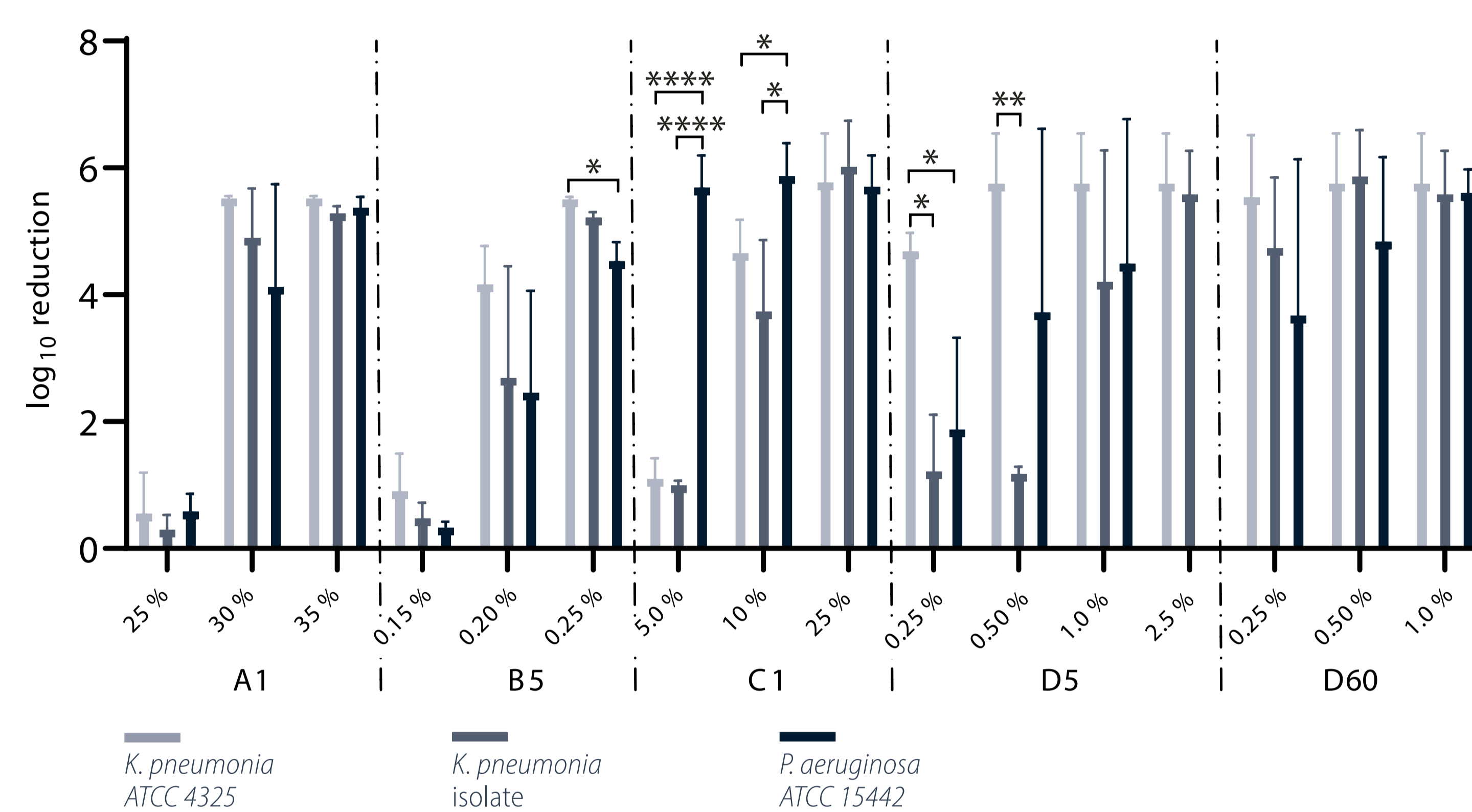
The tests were performed with the laboratory reference strains and clinical strains isolated by the UKE.

Laboratory strain	Clinical isolate	Resistances
<i>Pseudomonas aeruginosa</i> (ATCC 15442)	<i>P. aeruginosa</i>	Carpabenemase formers, qac positive*, Imipenem-Resistance
<i>Staphylococcus aureus</i> (ATCC 6538)	CA-MRSA 01	Methicillin-Resistance, CA (community acquired)
	CA-MRSA 02	Methicillin-Resistance, CA (community acquired)
<i>Enterococcus hirae</i> (ATCC 6057)	<i>E. faecium</i>	VRE (Vancomycin-resistant Enterococci) Linozolid-Resistance
<i>Enterococcus faecium</i> (ATCC 10541)		
<i>Acinetobacter baumannii</i> (ATCC 19606)	<i>A. baumannii</i>	Imipenem-Resistance
<i>Klebsiella pneumoniae</i> (ATCC 4352)	<i>K. pneumoniae</i>	Imipenem-Resistance

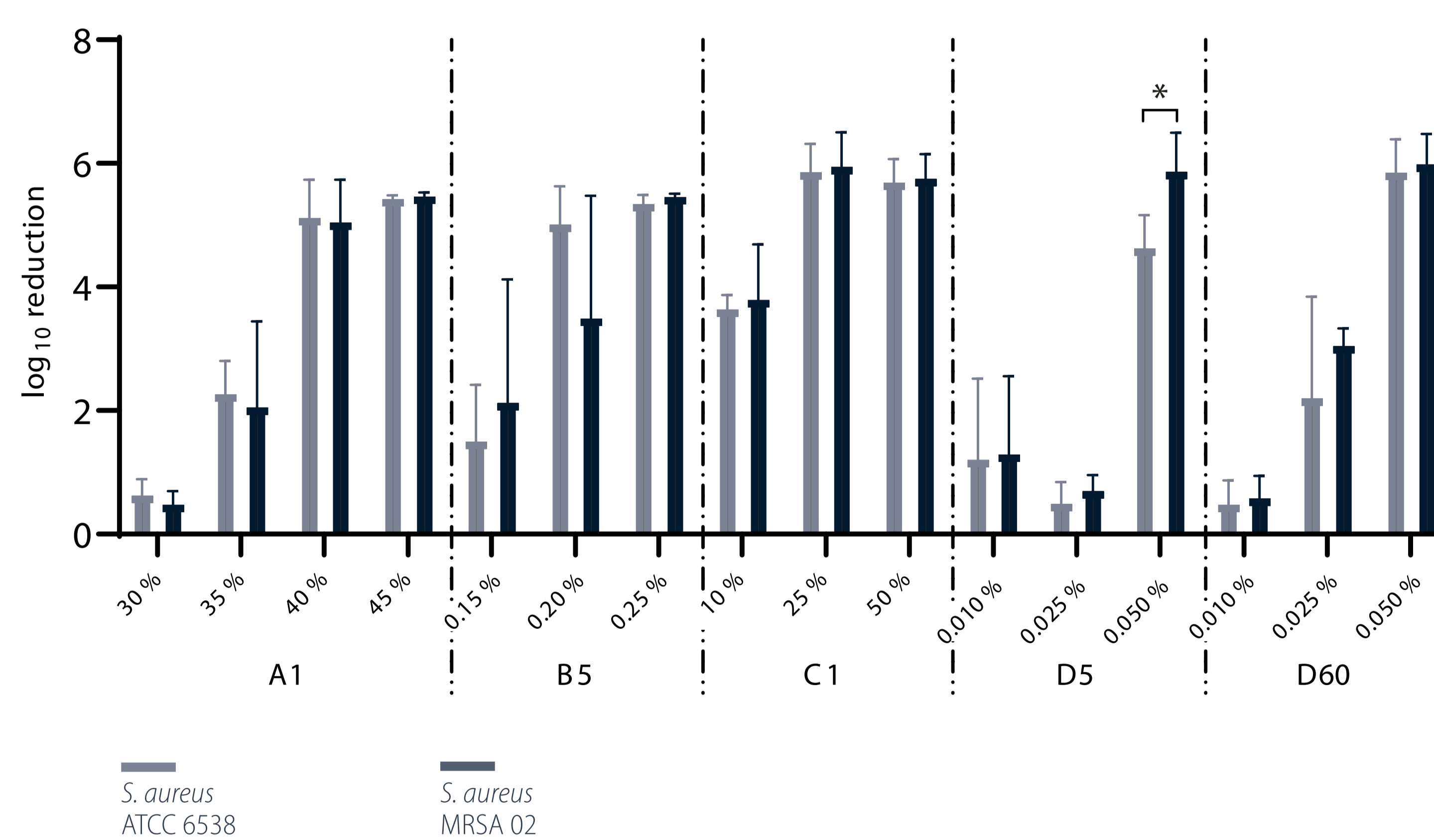
\*Quaternary ammonium compound-resistance protein

Statistical analyses were performed using unpaired t-tests and, for non-normal data, the Mann-Whitney test.

## RESULTS



*Pseudomonas aeruginosa* was less susceptible compared to one or both *Klebsiella*-strains for product C (10 %). In contrast, for the products B and D in some concentrations (0.25 % of B, 0.25 and 0.5 % in 5 min of D) one or both *Klebsiella* strains were less susceptible compared to *P. aeruginosa*.



Only in one concentration (product D at 5 min and 0.05 %) the clinical isolate CA-MRSA was more susceptible than the reference *Staphylococcus aureus* strain.

## CONCLUSIONS

There were no significant differences between the laboratory strains and the clinical isolates under use conditions, only in lower product concentrations. The data show that MDRO were not more resistant to surface disinfectants under use conditions than MDSO. Therefore, the standard reference strains from EN still represent a sufficient activity level *in-vitro*.