A Webber Training Teleclass with Dr. Didier Pittet June 24, 2003

Slide 1

# Alcohol Sanitizers and Their Effect on Viruses

Didier Pittet, MD, MS,

Professor of Medicine Chair, Infection Control Program University of Geneva Hospitals , Switzerland

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- Adherence with the recommendations for hand hygiene practices remains extremely low in most healthcare settings
- Some of the key parameters for noncompliance have been clearly identified and corrective actions proposed
- New guidelines for hand hygiene have been published

Boyce and Pittet, MMWR 2002; 51:1-44

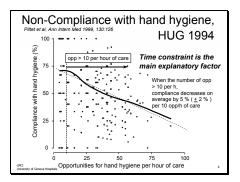
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### Slide 5

#### Today's objectives

- To review some of the implications of the new hand hygiene guidelines
- To discuss the importance of viruses as human and nosocomial pathogens
- To review whether hands play a role in the spread of viral infections
- To discuss whether alcohol sanitizers have an effect on viruses
- · Virucidal activity of antiseptics
- Selecting a hygiene agent

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#### Observed reasons for not washing hands Time and system constraints

- High demand for hand hygiene is associated with low compliance
- Full compliance with convential guidelines may be unrealistic

Voss and Widmer - Inf Control Hosp Epidemiol 1997; 18:205 Pittet et al, Annals Intern Med 1999; 130:126

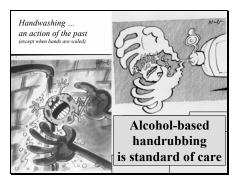
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# Advantages of alcohol-based hand antisepsis vs. handwashing

- Faster and of greater efficacy than soap & water handwashing
- · Improved accessibility
  - · No sinks (plumbing) required
  - · In rooms, corridors, nursing stations
  - · As a pocket container
- Effective against a wide array of organisms, including multi-drug resistant pathogens

URCI Pittet et al, Ann Intern Med 1999 - Pittet, ICHE 2000 - Boyce and Pittet, MMWR 2002



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Time constraint is currently a (the?) major obstacle for hand hygiene	
Solution:	
Handrubbing is standard of care  Implication:	
A system change is required	

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Implications of hand hygiene guidelines

A system change is required

• Provide easy access to hand hygiene materials

• Handrub solution

• at the patient's bedside

• eventually at the patient's room entrance

• in convenient locations

• in individual pocket-sized containers

• Dispenser

• conveneniently located

• working appropriately

Boyce & Pittet, MMWR 2002; 51:1-44

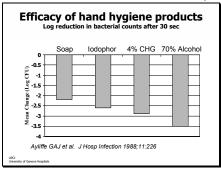
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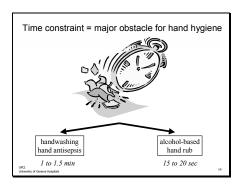
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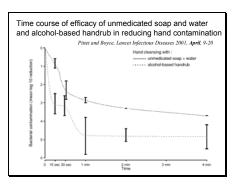
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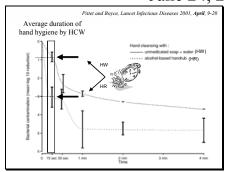
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### Slide 17

Implications of hand hygiene guidelines

#### **Handrubbing efficacious**

- Handrubbing is more efficacious than handwashing with soap and water
- Some agents are more efficacious than others
- Time spent handrubbing is critical
  - agent must be applied on dry hands and allow to dry
     education is critical
- The clinical effectiveness (i.e. impact on nosocomial transmission) of the use of different agents remains to be tested prospectively

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Pittet D et al, *Lancet* 2000; 356: 1307-1312 Boyce & Pittet, *MMWR* 2002; 51:1-44



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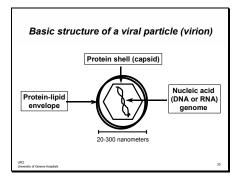
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#### Should we consider viruses?

- Viruses are important nosocomial pathogens, but mostly underecognized and undereported
- Some viruses are foodborne pathogens
- Hand transmission is significant in the spread of viruses
- Appropriate hand hygiene action can stop viral cross-transmission

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### Slide 21

		<i>(</i> <b>u</b> )
Non-envelop	ped	\a\
Adenovirus infections)	uses (conjunctivitis, diarrhea, respi )	ratory tract
Astrovirus	ses (diarrhea)	
Calicivirus	ses (diarrhea, outbreaks in geriatri	cs)
Enteroviru Hepatitis A	uses (fever, rash, diarrhea, enceph A	nalitis)
Papillomav	viruses (warts, cancers)	
Parvovirus	s (B19)	
Rhinovirus	ses (cold)	
Rotaviruse	es (diarrhea, outbreaks in pediatrio	cs)

Important human viruses

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Slide 22	Important human viruses (2)  Enveloped HIV Herpes Hepatitis B Hepatitis C RSV Influenza Vaccinia	
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Slide 23	Viral shedding and transmission     Human pathogenic viruses are not part of the normal microflora     Viruses are shed by infected host for varying	
	periods  • A large proportion of infected individuals/animals remains asymptomatic and discharges viruses into surroundings  • Hospitals, nursing homes, daycare centers  • The longer a virus can survive outside the body host, the higher its spreading potential	
	UPC Unwestly of Genera Negitids 23	
Slide 24	Vend de de la constant de la constan	
	Viral shedding and transmission (continued)	
	Hands can become contaminated by viruses either:     DIRECTLY, by contact with any virus-containing	
	body fluid from self or others  - INDIRECTLY, by touching or handling virus- contaminated surfaces or objects	

• Fingers (in particular pads and tips) are the most likely to come in contact with infected individuals/animals, their body substances or other contaminated materials

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Do viruses survive on hands ? If yes, how long can they survive ?

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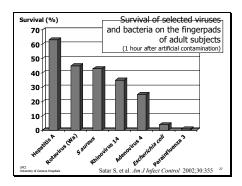
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# Virus acquisition, and survival on hands

- Many viruses survive long enough on both hands and inanimate surfaces to permit transfer and cross-transmission
- Viruses are particularly sensitive to drying, thus can survive better on skin than onto dry surfaces, dependent on ambient humidity
  - ex: all non-enveloped viruses survive as well as, if not better than *S aureus*
  - ex: enveloped viruses survive less longer, but somewhat similar to *E coli*

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Do hands play a role in the spread of viral infections?

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#### Rhinoviruses



- Responsible for most upper respiratory tract infections
- Can survive on hands for hours
- Hands clearly implicated in human crosstransmission

Reed SE. J Hyg 1975;75:249 Hendley JO, et al. Epidemiol Rev 1998;10:242

 Ability of hand hygiene to stop crosstransmission is shown

Gwaltney JM Jr. Virus infections in humans. 3<sup>rd</sup> ed. Yale University Press. 1997:815

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#### Adenoviruses



- Responsible for conjunctivitis, cystitis, pneumonia and gastroenteritis
- Outbreaks in hospitals and daycare centers
- Outbreaks of ketaroconjunctivitis in
- ophtalmology Montessori V et al. Am J Infect Control 1998;26:399

  Can survive on hands for many hours
  - Graham M.L. [Thesis] University of Ottawa. 1997
- Graham ML. [Thesis] University of Ottawa
   Hands clearly implicated in human cross-
- transmission and persistent carriage after handwashing with soap and water

Jernigan JA et al. J Infect Dis 1993;167:1307

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#### Caliciviruses

(SMRS, small round structured viruses)



- Norwalk outbreaks of gastroenteritis and diarrheal diseases in community and hospitals
   Norwalk of the Fide index Republication of the community and provided in the community and
  - Kapikian AZ et al. Fields virology. Raven Press. 1990:13:

Most common cause of foodborne disease in US

Dennen VC et al. J Infect Dis 2000;181 Suppl 2:281 Guzewich J et al. US Food and Drug Administration's Center for Food Safety and Applied Nutrition. 1999. Parashar UD et al. Epidemiol Infect 1998;121:615

· Can probably survive on hands for hours

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#### **Hepatitis A virus**



- Infection is common worldwide
- · Foodborne disease and outbreaks
- Endemic in developing countries (children)
- Frequently asymptomatic among young children, but transmission to older age groups is frequent
- Uncooked food and hand cross-transmission
- Can survive on hands for several hours
   Mbithi JN et al. Appl Environ Microbiol 1993;59:3463
- Hands clearly implicated in human crosstransmission: 10 sec contact is enough
   Sattar SA et al. Foodborne disease handbook: vol 2. Marcel Decker. 200
- Associated with high morbidity and societal costs 32

#### Slide 33

#### Rotaviruses



- Leading cause of gastroenteritis in infants worldwide
- Outbreaks in hospitals, daycare centers, schools

  ogers M a. & Am J Infect Control 2000;28:378 Brown DWG a. & Lancet 1989;2:737
- Asymptomatic infection is common, but clinical cases excrete large amounts of viruses in feces
- Can survive on hands for many hours (~S aureus)
- Hands clearly implicated in human crosstransmission; hands of care givers play an important role in virus spread singuist SA et al Disinfection, serilization, and antisses

UPCI University of Geneva Hospitals Sattar SA et al Disinfection, sterilization, and antisepsis: principals and practice in healthcare facilities. APCI, 2001;173

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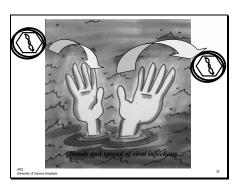
#### Respiratory syncytial virus (RSV)



- Most frequent cause of serious upper respiratory tract infection in children
- Outbreaks in hospitals and daycare centers
- · Can survive on hands
- · Hands clearly play a role in cross-transmission
  - More frequent handwashing by HCWs reduces transmission
  - Cohorting of RSV patients reduces spread

Hall CB. Clin Infect Dis 2000;31:590 Ruuskanen O. J Hosp Infect 1995;30 Suppl:494

### Slide 35



#### Slide 36

#### Hands and spread of viral infections



- · Hands could act as vehicles for many viruses • Proper hand hygiene action could reduce the
- spread of viruses
- The lack of direct evidence for the relation between improved hand hygiene and reduced viral spread is due to the difficulty in working with viruses, our inability to discriminate between simultaneous spread by hands and other vehicles in a given condition, and diagnosis difficulties for viral infections
- Hands clearly play a role in cross-transmission

Satar S et al, Am J Infect Control 2002;30:355

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Slide 37	Hands and spread of viral infections	
	THUS:	
	Proper hand hygiene action and optimal hand hygiene formulations	
	should include agents active against viruses at least in conditions where viruses of significance for humans	
	are expected  UPCI Upward of General Hospitals 32	
	Unwestly of Lanear Hoppidas	
Slide 38	Important questions	
	1- Does hand hygiene agents' activity	
	against bacteria equal activity against	
	viruses ?	
	2- Are there relevant methods to test  hand anticonsis against viruses 2	
	hand antisepsis agents against viruses ?  • 3- Is there a framework to allow label	
	claims against viruses ?	
	SPCI Urransity of Ceneva Hospitals 38	
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Slide 39	Important questions	
	• 1- Does hand hygiene agents' activity	
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against viruses?

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#### Differences between viruses and bacteria toward hand hygiene action

- viruses are much smaller than bacteria
- viruses are compact in nature
- viruses (like bacteria) have ability to survive on hands
- viruses can « hide » within skin surface
- · viruses are more difficult to dislodge by simple handwashing than bacteria

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#### Virucidal activity of antiseptic agents against viruses

- Enveloped viruses are easy to kill

  - HBV
  - RSV
  - Influenza
  - Vaccinia
    - Log reductions obtained in the range of 2.5 to 6 using ethanol/isopropanol (30 sec to 2 min testing)
    - Some activity of CHLX Benzalkonium / detergent

Boyce & Pittet, MMWR 2002: 51:1-44

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#### Virucidal activity of antiseptic agents against viruses

- Non-enveloped viruses are more difficult to kill
  - Alcohols, ethanol and isopropanol are more effective than medicated or nonmedicated soaps

    - rota adeno rhinoviruses : 60% ethanol (> 3 log R)
       coxsackie / ECHO
       + HAV and enteroviruses may require 70-80% alcohol
       polio : 70% ethanol

    - ethanol > isopropanol

  - Log reductions obtained in the range of 0.4 to 3 using ethanol/isopropanol (30 sec to 2 min testing)
     Efficacy is influenced by temperature, virus/antiseptic ratio, and protein load

Poor/no activity of other antiseptics
 Boyce & Pittet, MMWR 2002; 51:1-44


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#### Activity of antiseptics used for hand hygiene against non-enveloped viruses

- Active
  - Alcohol, 60 to 95 %
     (ethanol > isopropanol)
- Poorly active
  - Benzalkonium chloride
  - Chlorhexidine gluconate
  - Triclocarban
  - Triclosan
- PCMX

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#### **Important questions**

#### THUS,

hand hygiene agents' activity against bacteria does not mean activity against viruses

- 1) most antiseptics are inactive against nonenveloped viruses
- 2) alcohols (60 to 90%):
  - reduce bacteria  $\log_{10}$  counts by 4 to 6
  - reduce viruses  $\log_{10}$  counts by 0.4 to 3

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#### **Important questions**

- Does hand hygiene agents' activity against bacteria equal activity against viruses?
- 2- Are there relevant methods to test hand antisepsis agents against viruses ?
- Is there a framework to allow label claims against viruses ?

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Are there methods available to test hand antiseptics against viruses?

#### Slide 47

#### Types of tests against viruses

SUSPENSION TESTS CARRIER TESTS HUMAN SUBJECTS (WHOLE HANDS, FINGERTIPS, FINGERPADS) ANIMAL MODELS EX VIVO HUMAN TISSUE (SKIN, UMBILICAL CORD, CORNEA) ANIMAL TISSUE (RAT, GUINEA PIG) S.A. SATTAR, ANTISEPTICS & VIRUSES, TELE-LECTURE, MAY 2002

See also: Satar S et al, Am J Infect Control 2002;30:355

#### Slide 48

#### *In vivo* tests against viruses

THE FINGERPAD METHOD FOR VIRUCIDAL ACTIVITY IS AN ASTM STANDARD (E-1838) A SIMILAR METHOD HAS BEEN PROPOSED TO ASTM FOR WORKING WITH BACTERIA FUNGI A WHOLE-HAND METHOD ALSO IS NOW AN ASTM STANDARD (E-2011) **EUROPEAN METHODS** 

S.A. SATTAR, ANTISEPTICS & VIRUSES, TELE-LECTURE, MAY 2002

of Geneva Hospitals See also: Satar S et al., Am J Infect Control 2002;30:355

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Sattar et al., Infect Control Hosp Epidemiol 2000; 21: 516

#### Slide 50

#### **Important questions**

- Does hand hygiene agents' activity against bacteria equal activity against viruses?
- Are there relevant methods to test hand antisepsis agents against viruses?
- 3- Is there a framework to allow label claims against viruses ?

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# Is there a framework to allow label claims against viruses?

Satar S et al. Hygienic hand antiseptics: should they not have activity and label claims against virus. Am J Infect Control 2002;30:355

- The lack of recognized surrogates/standards for testing agents against viruses:
  - makes the development of products expensive and time consuming
  - results in the listing of easy-to-kill (enveloped) viruses on product labels conferring them an unjustified advantage
  - encourages label claims against viruses
- makes product comparisons difficult

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#### Is there a framework to allow label claims against viruses ? (2)

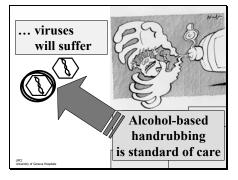
Satar S et al. Hygienic hand antiseptics: should they not have activity and label claims against virus. *Am J Infect Control* 2002;30:355

- Testing should be conducted with proper surrogates using rigorous test conditions
- in vitro, alcohol-based products reach a 2 to 3 log reduction in virus infectivity (in contrast to soap and water that hardly reach a 1 log reduction)
   possible surrogate for testing activity against viruses include: adeno-, rhino-, rota-, and enteroviruses, and Hepatitis A virus
   fingertip or fingerpad methods are more appropriate withings to the increase of the contraction of viral conservations.

- ultimate testing is the demonstration of viral cross-transmission and infection

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	June 24, 20	003
Slide 55	Alcohol-based hand rub solutions	
	Increasing acceptance - even in the USA     Formulations with ≥60% alcohol have broad spectrum activity, including activity against enveloped as well as most non-enveloped viruses     Hepatitis A virus, caliciviruses, and parvoviruses might be more resistant     There is a need for a regulatory framework for virus testing     Hand hygiene major concern remains compliance  Boyce & Pittet, MMWR 2002; 51:1-44     Satar S et al, Am J Infect Control 2002;30:355  35	
01:1.56		
Slide 56	Conclusions (1)	
	<ul> <li>Viruses are important nosocomial pathogens</li> <li>Hands play a key role in viral spread</li> <li>Virucidal activity is needed in formulations</li> <li>Alcohol-based products are the best choice</li> <li>There is a need for viral surrogates for testing agents</li> </ul>	
	Label claims against HIV, HBV, HCV, and influenza are useless Regulatory framework for label claims is needed Clinical effectiveness of hand hygiene products with virucidal activity should be demonstrated	
	UCI Start Topptals St. St.	
Slide 57	Selecting a hand hygiene agent	

- Handrubs contain 60-95% of alcohol
- Ethanol is the commonly used alcohol but propanol and mixtures are also available
- Handrubs are available as rinses (low viscosity), gels, and foams
- The higher the content in alcohol (max 90%), the higher the wider the spectrum of efficacy against viruses
- Agent selection is a difficult task

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Implications of hand hygiene guidelines	
36	electing a hand hygiene agent
1.	Form a multidisciplinary team to establish criteria for product selection; consider: - frangrance - user acceptance
	- skin tolerance - costs - antimicrobial properties - accompanying dispenser(s)
2.	Evaluate several products in clinical settings
3.	Project resources and costs
4.	Perform a pilot test with the selected product(s)
•	Major determinants of product selection are: user acceptance and antimicrobial profile
University of	of Geneva Hospitals 58
UPCI University o	user acceptance and antimicrobial profile

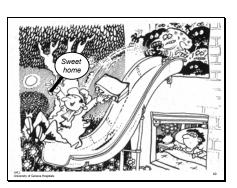
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# Implications of hand hygiene guidelines **CONCLUSIONS (2)**

- A system change must be adressed in most HCF
  - Introduce/promote handrubs hospital-wide
  - Promote/facilitate skin care

  - Monitor and feedback performance regularly Secure active participation at both individual and institutional level
  - Implement a product selection process
- HCW education and motivation is fundamental
- Multivariate promotion strategies
- Successful campaign will reduce infection rates and antimicrobial resistance spread, and enhance patient safety

Boyce & Pittet, MMWR 2002; 51:1-44



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