Antimicrobial Copper

Continuously Active Antimicrobial Copper Surfaces

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Q: why copper?

A: copper kills microbes

....including high threat pathogens and biothreat agents

A: copper has continuous and persistent activity



1983 – First formally reported clinical experiment

Doorknobs: a source of nosocomial infection?

This hospital study is a reminder of the often ignored fact that brass is bactericidal, while stainless steel is not.

PHYLLIS J. KUHN. PhD

Cleek and shining stainless steel vestigation of bacterial growth on doorknobs and push plates look reassuringly clean on a hospital door. By contrast, doorknobs and push plates of tarnished brass look dirty and contaminating. But even when tarnished, brass-an allov typically of 67% copper and 33% zinc-is bactericidal, while stainless steel-about 88% iron

metal, small strips of stainless steel, brass, aluminum, and copper were inoculated with broths of cause the metals are t Escherichia coli, Staphylococcus aureus, Streptococcus group D, and Pseudomonas species. The broths contained approximately 107 bacteria/ml, a very heavy inoculum. Then the strips were air-dried for 24

tion, brass and copper covered with seeded aga bated in culture for 24 pected a zone of inhibit the strips, but instead, i bacteria piled up by th the strips. Why? Accore Arndt-Shultz law, low le sons tend to stimulate b



Antimicrobial Copper is...



- more than 500 metals and alloys
- permitted to claim benefits to human health by US regulator EPA
- guided by the copper industry to ensure compliance





Laboratory studies around the world have confirmed rapid and broad spectrum efficacy

Year	Highlight	
1994	Legionella	
2000	E. coli	
2006	MRSA	
2007	C. difficile (including spores)	
2007	Influenza A (H1N1)	
2008	USA EPA registration of >300 alloys against 6 bacteria	
2009	Vancomycin-resistant Enterococci	
2011	Rapid dry kill – VRE	
2012	Prevention of horizontal gene transfer	
2013	Norovirus (murine)	
2014	Bacterial and viral biothreats	
2015	Coronavirus (human) & Norovirus (human)	
2016	Rapid dry kill - MRSA	

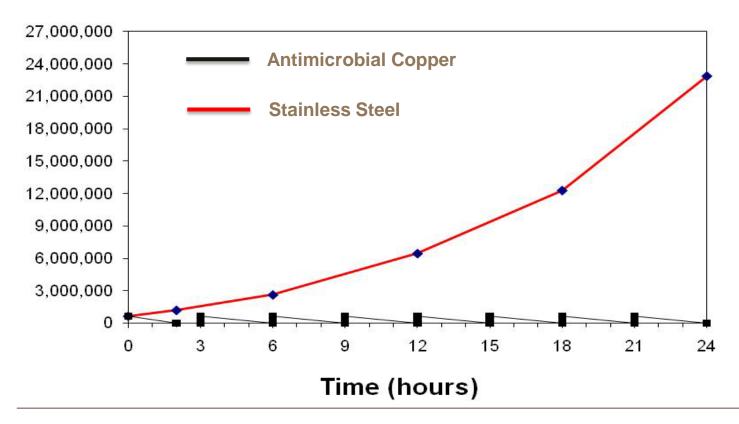
Organisms tested:

etobacter baumannii ovirus lida albicans oylobacter jejuni apenem-resistant Enterobacteriaceae ridium difficile (including spores) navirus (Human 229E) obacter aerogenes erichia coli 0157:H7 obacter pylori enza A (H1N1) siella pneumoniae nella pneumophila ria monocytogenes bacterium tuberculosis virus or Norwalk-like virus cilliium chrysogenum virus domonas aeruginosa ovirus /irus onella enterica hylococcus aureus MRSA/EMRSA/MSSA) rcle bacillus comycin-resistant enterococcus (VRE) o cholerae + many more

EPA Testing - re-inoculation trials

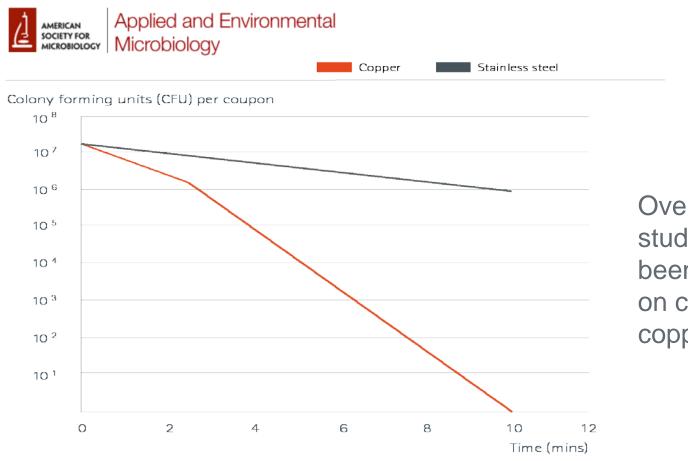
>99% kill on copper after 8 exposures over 24 hours with no cleaning in between

MRSA colony forming units



6 Michels, HT et al. From Laboratory Research to a Clinical Trial: Copper Alloy Surfaces Kill Bacteria and Reduce Hospital-Acquired Infections. HERD. 2015 Fall;9(1):64-79. Antimicrobial Copper Cu⁺

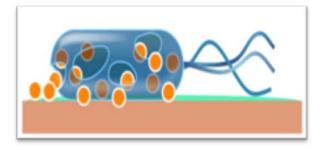
Dry contamination testing against bacteria have shown rapid kill times



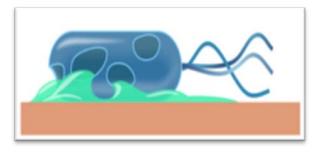
Over 200 studies have been published on copper and copper alloys

7 Warnes, SL et al. Mechanism of Copper Surface Toxicity in Vancomycin-Resistant Enterococci following Wet or Dry Surface Contact. Appl Environ Microbiol. 2011 Sep; 77(17): 6049–6059.

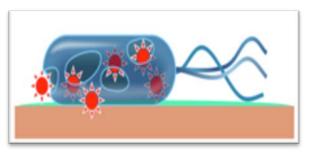
Copper's rapid 'contact kill' mechanism makes it unlikely bacteria will develop a resistance



1) Copper ions on the surface are recognized as an essential nutrient, and enter the cell



2) A lethal dose of copper ions interferes with normal cell functions and membrane integrity



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 Copper ions impede cell respiration/metabolism, sometimes causing DNA damage



Efficacy against biothreat pathogens or proxies

Recent work at *The Bundeswehr Institute of Microbiology* on biothreats, including *Burkholderia pseudomallei*, *Burkholderia mallei*, *Brucella melitensis*, *Yersinia pestis*, *Francisella tularensis*, and Orthopoxviruses (Vaccinia VACV and Monkeypox MPXV), confirms that:

- all were inactivated by at least 7 log units within 5 minutes
- MRSA and E. coli suffered irrecoverable membrane damage
- bacteria were killed, not just viable but non-culturable (VBNC)



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Clinical evidence



Independent clinical trials have been conducted at multiple locations around the world





US DoD funded 3 center, 3¹/₂ year trial



INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY MAY 2013, VOL. 34, NO. 5

ORIGINAL ARTICLE

Copper Surfaces Reduce the Rate of Healthcare-Acquired Infections in the Intensive Care Unit

Cassandra D. Salgado, MD;¹ Kent A. Sepkowitz, MD;² Joseph F. John, MD;³ J. Robert Cantey, MD;¹ Hubert H. Attaway, MS;⁴ Katherine D. Freeman, DrPH;⁵ Peter A. Sharpe, MBA;⁶ Harold T. Michels, PhD;⁷ Michael G. Schmidt, PhD⁴







Patients treated in ICU rooms with copper surfaces had significantly fewer HAIs:

Copper rooms:10 HAIs in 294 patientsControl rooms:26 HAIs in 320 patients

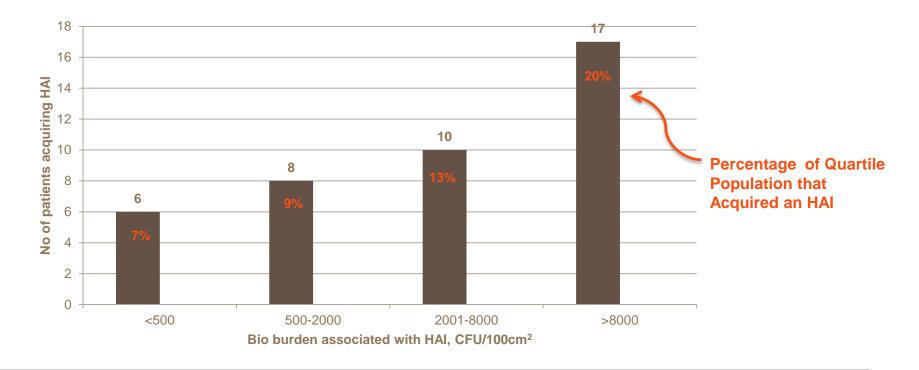
Normalized populations ⇒ 24 Infections in control rooms

14 Infections prevented in copper rooms or 58% reduction in HAI (N=614, p=0.013)



Largest clinical study so far

- Of the 4,450,545 bacteria recovered during the trial, only 17%, rather than an expected 50%, were isolated from rooms with copper objects
- Acquisition of HCAIs was linked to bioburden:



14 Salgado, C, et al. Copper surfaces reduce the rate of healthcare-acquired infections in the intensive care unit. Infect Control Hosp Epidemiol. 2013 May;34(5):479-86

Fighting infections needs a systemic approach



- Antimicrobial Copper needs to be seen as a supplement to, not a substitute for, standard infection control practices.
- One must continue to follow all current practices, including those related to cleaning and disinfection of environmental surfaces.
- Antimicrobial Copper is compatible with hospital cleaning agents.
- Antimicrobial Copper alloy surfaces must not be waxed, painted, lacquered, varnished, or otherwise coated. The alloys oxidize to varying degrees, which does not impair their antimicrobial efficacy.



Latest paper shows copper's persistent effect

ARTICLE IN PRESS

American Journal of Infection Control ■■ (2016) ■■-■■



Contents lists available at ScienceDirect

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journal homepage: www.ajicjournal.org

Major Article

Copper alloy surfaces sustain terminal cleaning levels in a rural hospital

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Infection Control



Cost / benefit analysis



Basic ROI calculation from US clinical trials

Low Cost Scenario (\$29K/HAI)

- 14 infections prevented X \$29,000/Infection = \$406,000 Savings
- \$406,000 ÷ 338 days = **\$1,201/day**
- \$52,000 (cost of copper products) ÷ \$1,201/day

= 43.3 day payback period

High Cost Scenario (\$43K/HAI)

- 14 infections prevented X \$43,000/Infection = \$602,000 Savings
- \$602,000 ÷ 338 days = \$1,781/day
- \$52,000 (cost of copper products) ÷ \$1,781/day

= 29.2 day payback period

*HAI cost projections based on AHRQ estimates *Estimated \$52,000 to "copperize" 8 ICU Rooms (prototype pricing)



Example: 20-bed ICU, new build, UK

factor	reference	example
HAI rate in ICUs	25%	15%
reduction in HAIs	58%	20%
pay back time		< 3 months
no of bed days saved per year		216
cost per bed day saved per year		€189.90

Download the model for free at www.antimicrobialcopper.org



USAID Ebola Challenge Winner – highlighted application







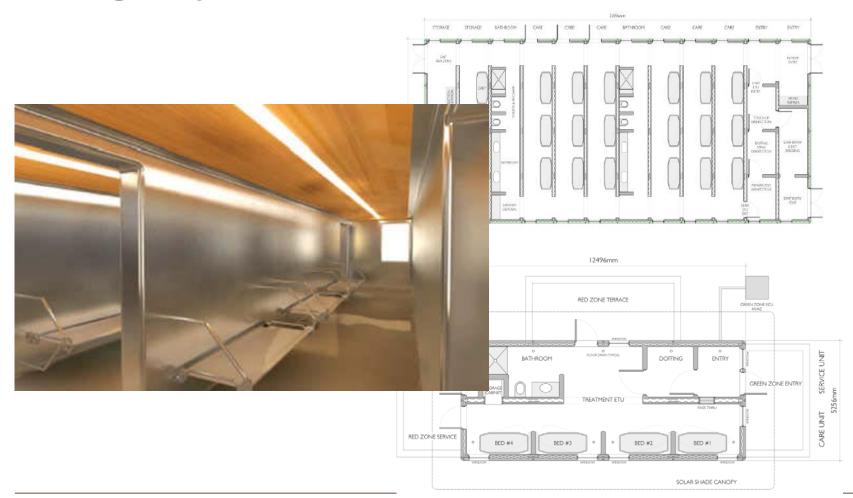








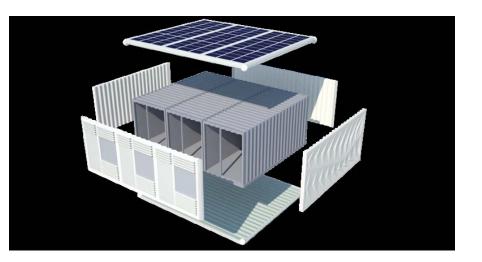
Highlighted application – award winning Ebola Emergency Treatment Unit





Zero net energy, autonomous and resilient 'off the grid' building

- Ultra-efficient building envelope
 - Snap-on R60+ thin super insulation envelope panels
 - One quarter the power for seven times the floor area
- Geothermal renewable energy
 - Surface groundsource heat exchange
 - Radiant heating and cooling
- 100% solar energy
 - Battery and genset failsafe
 - 'Off the grid' resilience
- Autonomous
 - The building is a microgrid
 - Low flow and natural ventilation
- Fast deployment
 - Snap together modules





Conclusions



5 Reasons to Consider Copper Alloys

- 1. unique, continuous and persistent efficacy
- 2. verified in the lab and field
- **3. supplement to best practice**(hand hygiene, cleaning and episodic disinfection)
- 4. increase productivity and improve mission effectiveness
- 5. protect staff and improve patient outcomes

Disclaimers

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Antimicrobial Copper

- see the poster!

Thank you

Any questions?

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www.antimicrobialcopper.org