

Smart Protection





Non-migre

medicaltex™



BIOCIDAL ANTI-MICROBIAL BARRIER

- Antimicrobial Application
- Intelligent Protection
- Non-migration feature

Antimicrobial agents

- Capable of destroying or suppressing the growth of micro-organisms.
- Differ in their:
 - Chemical Nature
 - Mode of operation
 - Durability
 - Effectiveness
 - Safety
 - Cost
 - Verification
 - Registrations





Summary

• Patented platform technology that enables poly octadecyl aminodimethyltrihydroxysilylpropyl ammonium chloride to be incorporated into various materials producing permanent bacterial protection of the material.

• Applications include: TEXTILES, Plastics for Packaging, Thin Films, Foams, Activated Carbon, Consumer, Medical, Healthcare, Department of Defense, Homeland Defense and First Response, master batch resins for above applications in addition to building construction materials, industrial surfaces.

 The polymeric antimicrobial technology is a highly effective, permanently bound antimicrobial providing protection from gram positive and gram negative bacteria, fungus, mold, algae, spores and viruses.
 TURKISH MINISTRY LICENCE and PERMISSIONS 11-11-2010
 Listed and approved under European BPD

• EPAA label Approval June 1, 2010 FDA listed as a modifier to medical devices, 510(k)-able



Benefits of Antimicrobial medicaltex™

- Fully licensed and registered in Turkey and EEC
- Protected by Patent
- EPA Registered and listed by FDA as a modifier of medical devices under 501K procedure.
- Bound to the Product Controlling Microbes on Contact
- Non-leaching, permanent antimicrobial surface.
- Thermally stable
- Biocide has been proven to be nontoxic, to contain nocarcinogens, teratogens, mutagens or reproductive toxins
- Active kills instantly by disrupting the cell membrane, eliminating any possibility of mutation, adaptation or resistance
- Can be used in wide variety of materials
- Broad kill range.
- Chemically Active, allows covalent bonding
- Unique "Broad Spectrum"; Bacteria (gram positive), Bacteria (gram negative), Yeast , Algae, Fungi , Spores (B. Cereus) Viruses



3-5-2012

Microbial effects

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Microbial growth on textiles can result in:

- Objectionable Odours.
- Unsightly stains.
- Allergenic responses.
- Disease and Infection: Cross Contamination.
- Product deterioration.



Pseudomonas sp.



Fusarium sp.



What is Medicaltex?

- Antimicrobial sleeping products
- Medicaltex technology; it was designed depending on destroying microorganisms on the fabric by mechanical effect and making this effect permenant by means of non-migre feature.





Mode of Action



Conventional organic and inorganic active substances

No migration mechanical process for antimicrobial action





medical<mark>tex</mark>™

Migrating antimicrobials



- Diffuse from the substrate to come into contact with the microbe
 - Leach or migrate out of the substrate into the environment when in contact with water or humid conditions
 - Are consumed by micro-organisms
 - Chemically interrupt (poison) the cell
 - May cause adaptive micro-organisms



Migrating antimicrobials

medicaltex™



Zone of inhibition in Agar diffusion tests









Microbe adaptation

medicaltex™







Initial Zone

Adapting Cells in the Zone Fully Adapted Cells with Ghost Zone



Migrating antimicrobials





Examples of anti-microbially active substances that require migration for their action:

- Bis-chlorinated phenols (Triclosan)
- Organo-tin compounds (i.e.TBT)
- Heavy metal-organo complexes (Pb,Hg,As,...)
- Water Soluble Quaternary compounds
- Ag & Cu absorbed on carrier (zeolite, TiO₂, etc)
- Biguanide
- Chitin (Chitosan)



BAMB Antimicrobial





Are bonded to the substrate and require intimate surface contact with the microbe

- Are bonded to the product surface
- Are not consumed by micro-organisms
- Mechanically interrupts (stabs) the cell wall
- Remain functional for the life of the product
- Will not cause adaptive micro-organisms



Non migrating antimicrobials medicaltex[™]

Examples of anti-microbially active substances that do not migrate in order to be active are:

- Organo functional silanes
- N-halamines
- Grafting by irradiation



The skin/fabric environment

medicaltex™

Home, Social, or Workplace Environment





Why Medicaltex?

- Medicaltex is important in every environment where destruction of odors and protection of health are needed
- Its usage in child care and health sector has a vital importance
- It stops bacterial and fungal expansion
- It doesn't included any heavy metal or phenols with poli chlor
- It provides a healthy sleep

• If you are using a classical antibacterial sleeping product, this product protects the health at a certain time at a certain rate. If you are using a product protected by Medicaltex, it means that your product is being protected with most developed antimicrobial in the market today.







MEDICALTEX treated with BAMB A UNIQUE ANTIMICROBIAL

- Unlike conventional antibacterials that can leach toxic active ingredients into the surrounding environment, BAMB does not leach or dissipate, its active ingredient has the Europe Biocidal Product Directive and EPA's lowest toxicity rating (the same as distilled water) even safer than vitamin C. Once bonded to the surface, BAMB is there to stay.
- In addition, because BAMB has a benign mode of action and does not actively leach or poison microbes for its mode of action, there is no risk of adaptive microorganisms or "superbugs." In laboratory testing the BAMB antimicrobial has never been shown to allow or cause microbial adaption, resistance or mutation.













• Polymerises not only onto the surface of the fiber, but also to itself







The Technology



Bonding to the textile and cross-linking with itself





How a BAMB treated surface looks





How does BAMB work? The MICROBES ARE ATTRACTED TO THE SURFACE OF

medicaltex™

THE TEXTILE OR SUBSTRATE BY BAMBS POSITIVELY CHARGE NITROGEN ATOM



Yeasts & Bacteria typically 1 - 6 microns (1,000 - 6,000 nanometers). Viruses typically 100 times smaller but range between 10 - 300 nanometres.

The bacterium in the image should be 25 times larger than shown

When the cell of a microbe touches the surface it is punctured many times causing catastrophic collapse. This happens extremely quickly.

The Nitrogen ion towards the base of the molecule then electrocutes the cell blowing it apart.



How does the BAMB work?





Antimicrobial agent looks like millions of glass swords on the surface of the substrate there are approximately 10,000 of these "glass swords" per mm2.

1. The cell microbe/fungus/Yeast is attracted to the Antimicrobial sword on the surface of the substrate.

2. The cell is then impaled by the Antimicrobial sword by a "physical action"



3. The cell is punctured by a "physical action" like being stabbed with a knife. This in itself is enough to kill the cell/microbe/fungus/yeast/mold, etc.



4. The cell/microbe/fungus/yeast/mold, etc. is drawn further down the sword to a positive nitrogen atom so contact with the positively charged nitrogen atom will unbalance the electrical equilibrium within the porin channels and on the outer protein layers such that the cells can no longer function correctly and the microbes will die







Only the microorganism who are in contact with the substrate will be killed, not the needed microorganism living on







Polymer Network

medicaltex™ BAMB Non toxic and safe for the environment

The chemical bonding causes the surface of the substrate to become <u>antimicrobially active</u>

No migration on the skin No migration to the environment



Approval of Turkish Health Ministry



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3-5-2012

Non-woven vs. E.coli - 2 Hour Shake Test

<u>Sample</u>	Avg Surviving/mL	Avg Kill/mL	Log Kill	<u>% Kill</u>	Log Reduction	St Dev	St Dev(%)	N
Blank	9.47E+06	0.00E+00	0.00	0.00%	0.00	8.45E+05	8.93%	6
Control	5.77E+06	3.70E+06	6.57	39.08%	0.22	1.10E+06	19.05%	6
BAMB	0.00E+00	9.47E+06	6.98	99.99%	4.00	0.00E+00	0.00%	4



Non-woven vs. S. aureus – 2 Hour Shake Test

<u>Samples</u>	Avg Surviving/mL	<u>Avg Kill</u>	Log Kill	<u>% Kill</u>	Log Reduction	<u>St Dev</u>	St Dev (%)	N
Blank	5.21E+05	0.00E+00	0.00	0.00%	0.00	1.44E+05	27.68%	6
Control	8.40E+04	4.37E+05	5.64	83.87%	0.79	3.49E+04	41.51%	6
0.25% BAMB	0.00E+00	5.21E+05	5.72	99.99%	4.00	0.00E+00	0.00%	6



Barren a

Non-woven vs. P. aeruginosa – 2 Hour Shake Test

<u>Sample</u>	Avg Suviving/mL	Avg Kill/mL	Log Kill	<u>% Kill</u>	Log Reduction	<u>St Dev</u>	St Dev (%)	N
Blank	3.57E+05	N/A	N/A	N/A	N/A	1.27E+05	35.54%	6
Control	5.63E+04	3.00E+05	5.48	84.21%	0.80	9.33E+03	16.56%	6
0.25% BAMB	0.00E+00	3.57E+05	5.55	99.99%	4.00	0.00E+00	0.00%	6



	,
*t ₀ =3.80E5 P. aeruginosa CFU/mL	
*2 hour test @ 37C, 300rpm	



Textiles vs E. coli – 2 Hour Shake Test



Pathogen Testing on Face Masks



Shake flask assay of HIV-1 (SF162) - ASTM E2149-01

% reduction in viral load

Time post treatment (hr)

	0	10min	0.5	1	2
No treatment (PBS)	0	0	0	0	0
Face Mask		0	(-52)	(-27)	(-27)
Face Mask +BAMB		93	99	99.999*	99.999*



Health and Safety

- C.A.S. Number 27668-52-6
- Turkish Registration 2010 222
- Listed and approved by European BPD
- European Notification: NR 605
- Chemical Accepted on the Oeko Tex list of active chemicals
- BAMB GIDAYA BULAŞMAZLIK TESTİ (EGE University-ARGE-FAR R&D Laboratoriesà Report Number: AR 11006)
- BAMB DERMAL İRRİTASYON TESTİ (EGE University-ARGE-FAR R&D Laboratoriesà Report Number: BP 11035)
- BAMB TEKSTİLDE YAPILAN ETKİNLİK TESTİ (EKOTEKS Laboratories à Report number: 0960887)
- BAMB FARKLI YÜZEY NUMUNELERİ ÜZERİNDE YAPILAN ETKİNLİK TESTİ (Ege University Laboratories Report Number: B.30.2.EGE 0.11.00. 02/Biy. 1842)
- BAMB SERT YÜZEYLER ÜZERİNDE YAPILAN ETKİNLİK TESTİ (TUBİTAK Laboratories à Report number: B.02.1.TBT.5.12.181.02)
- BAMB MİKROBİYOLOJİK KARBON & KUARTZ TESTİ(EGE University-ARGE-FAR R&D Laboratoriesà Report Number: BP 11042)



•FDA (Biocompatibility)
•Cytotoxicity: Agar Diffusion Assay ISO 10993-5
•Intracutaneous Study: Extract ISO 10993-10
•Systemic Toxicity: Extract ISO 10993-11
•EPA (Acute Toxicity)
•Acuter Dermal Toxicity in Rabbits OPPTS No. 870.1200
•Acute Dermal Irritation in Rabbits OPPTS No. 870.2500
•Acute Eye Irritation in Rabbits OPPTS 870.240
•Acute Oral Toxicity Study (UDP) in Rats OPPTS 870.1100
•Acute Inhalation Toxicity Study in Rabbits OPPTS 870.130
•Skin Sensitation: Local Lymph Node Assay in Mice OPPTS 870.260



UNITED ST.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

OFFICE OF PESTICIDES AND TOXIC SUBSTANCES

MEMORANDUM SEP 29 1982

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TO: John Lee, PM #31 DB/Registration Division (TS-767)

- THRU: Review Section #1 Toxicology Branch/HED (TS-769) Review Section #1
- SUBJECT: 3 Trimethoxysilylpropyldimethyl ocatdecyl ammonium Dow Corning 5700 Antimicrobial Agent EPA Reg. No. 34292-1 Leaching study on 100% cotton CASWELL No. 892-B



Recommendations and Conclusions:

1. Toxicology Branch concludes that the data presented from the refined testing methods indicates that DC 5700 does not leach from 100% cotton at pH 4.0 under extreme conditons.

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2. Toxicology Branch has no objection to the application of DC 5700 as previously requested on 100% cotton or cotton containing articles with the exception of articles to be worn internally (FDA jurisdiction).



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After a 15 second exposure the cotton samples 6"x6" (3.2-3.4 g) were rinsed in tap water and dried at 135° C for 1/2 hr. in a hot air oven.

One gram samples were placed in 60 ml of synthetic sweat at pH 4 and shaken at 40-50 oscillations/min. for 24 hr. at 37° C.

A sweat sample of a control and from the treated cotton was then passed through a 1 micron membrane filter, and analyzed for quaternary ammonium. The remaining filtrate from the 1 micron filtering was further filtered with a 0.1 micron membrane, that final filtrate was also analyzed for quaternary ammonium.

Electron micrographs were made of the micron filter membranes to determine non filtered material.



Competition

- Triclosan (Microban)
 - Structurally similar to Dioxin and unstable when exposed to heat or UV light. Drug resistance identified by CDC
- Silver Ion (Agion)
 - Silver changes product color, not fast acting, environmental concerns over heavy metals, is very expensive

•MEDICALTEX treated with BAMB -Thermally stable, safe and non-toxic, superior efficacy, excellent color and clarity, competitively priced



Germ spectrum

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Bacteria

Micrococcus sp. Staphylococcus epidermidis Enterobacter agglomerans Acinetobacter calcoaceticus Staphylococcus aureus (pigmented) Staphylococcus aureus (non-pigmented) Klebsiella pneumoniae ATCC 4352 Pseudomonas aeruginosa Pseudomonas aeruginosa Pseudomonas aeruginosa PDR-10 Streptococcus faecalis Escherichia coli ATCC 23266 Escherichia coli Proteus mirabillis Proteus mirabillis Citrobacter diversus Salmonella typhosa Salmonella choleraesuis Corvnebacterium bovis Vancomycin Resistant Enterococcus Methicillin-resistant Staphylococcus aureus

Mycobacterium smegmatis *Mycobacterium tuberculosis* Brucella cania Brucella abortus Brucella suis Streptococcus mutans Bacillus subtilis Bacillus cereus Clostridium perfringens Haemophilus influenzae Haemophilus suis Lactobacillus casei Leuconostoc lactis Listeria monocytogenes Propionibacterium acnes Proteus vulgaris Pseudomonas cepacia Pseudomonas fluorescens Xanthomonas campestris Clostridium difficile

Aspergillus niger Aspergillus fumigatus Aspergillus versicolor Aspergillus flavus Aspergillus terreus Penicillium chrysogenum Penicillium albicans Penicillium citrinum Penicillium citrinum Penicillium funiculosum Penicillium funiculosum Penicillium numicola Penicillium notatum

Penicillium variabile

Yeast

Fungi

Saccharomyces cerevisiae

Candida albicans 1

Algae

Oscillatoria borneti LB143 Anabaena cylindrica B-1446-1C Selenastrum gracile B-325 Pleurococcus sp. LB11 Schenedesmus quadricauda Gonium sp. LB 9c Volvox sp. LB 9 Chlorella vulgarus

Mucor sp.

Tricophyton mentagrophytes Tricophyton interdigitalie Trichoderma flavus Chaetomium globusum Rhizopus nigricans Cladosporium herbarum Aerobasidium pullulans Fusarium nigrum Fusarium solani Gliocladium roseum Oospora lactis Stachybotrys atra

Medicine and Health medicaltex™

 According to the results obtained in different universities and independent laboratories, medicaltex technology has been matchless in microbial expansion and even in providing control in MRSA bacterium

• Table at the side shows that medicaltex provides 99% reduction in MRSA bacterium



(A %99 DECREASE WAS OBTAINED FROM THE SURFACE APPLIED



Wound healing: silk bandages



Treated silk for the treatment of atopic dermatitis

Dr. G. RICCI Department of Paediatrics University of Bologna





British Journal of Dermatology 2004; 150: 127-131.

medicaltex™

Therapeutics

Clinical effectiveness of a silk fabric in the treatment of atopic dermatitis

G.RICCI, A.PATRIZI,* B.BENDANDI, G.MENNA, E.VAROTTI* AND M.MASI Department of Paediatrics, University of Bologna, Via Massarenti 11, 40138 Bologna, Italy, and *Department of Clinical and Experimental Medicine, Division of Dermatology, University of Bologna, Via Massarenti 1, 40138 Bologna, Italy

Accepted for publication 22 June 2003

Summary Background In children with atopic dermatitis (AD), eczema is easily aggravated by contact with irritant factors (e.g. aggressive detergents, synthetic and woollen clothes, climatic factors). Objectives To evaluate the effectiveness of a special silk fabric (MICROAIR DermaSilk[®]) in the treatment of young children affected by AD with acute lesions at the time of examination. Methods Forty-six children (mean age 2 years) affected by AD in an acute phase were recruited: 31 received special silk clothes (group A) which they were instructed to wear for a week; the other 15 served as a control group (group B) and wore cotton clothing. Topical moisturizing creams or emulsions were the only topical treatment prescribed in both groups. The overall severity of the disease was evaluated using the SCORAD index. In addition, the local score of an area covered by



Wound healing: silk bandages

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Treated silk for the treatment of diabetic ulcer

Prof. Vinci Bonollo *Centro Antidiabetico Osp. Jesolo (Venice-Italy)*





Clinical effectiveness of Dermasilk in the treatment of diabetic ulcers

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Vinci C., Bonollo V. Centro Antidiabetico Osp. Civile Jesolo – USL 10 Veneto V. Levantina 104 Jesolo Lido (Ve) Correspendence can be sent to: Dott.ssa C. Vinci Centro Antidiabetico Osp. Civile Jesolo V. Levantina 104 Jesolo Lido (Ve) E-mail: Milena.Vinci@VirgiIio.it Tel. 0421-388553

INTRODUCTION

The diabetic foot is linked to the presence of chronic complications of diabetes (vasculopathy and neuropaty) at the level of the lower limbs, aggravated by increased susceptibility to infections present in the diabetic and by metabolic decompensation. The wound tends to become chronic and thus remain more exposed to the risk of infection. Treatment of the ulcer prevents this resulting in amputation (1).

The purpose of our study is that of evaluating the effectiveness of the medication effected with Dermasilk in the treatment of ulcers which are difficult to heal and ulcers which have not responded to other treatment. **METHODOLOGY**

Dermasilk (<u>www.alpretec.com</u>) is a material which for some years has been utilized for atopic dermatits in children (2). It is a natural silk polymerized with AEM5772/5 AEGIS (antibacterical aminoquaternary of wide spectrum), able to have in vitro a bactericidal capability of 92-95% within 1 hour.

We have utilized this material in 18 patient in our surgery affected by diabetic foot in the period from 12-2002 to 8-2003. Of this patient the type of ulcer varied : 3 venous, 4 arterial, 3 arterial-venous, 5 neuropathic, 2



Wound healing: silk bandages



18/12/2002



05/03/2003



25/08/2003





Wound healing: silk bandages



04/12/2002



21/02/2003





Wound healing: silk bandages 21/02/2003 07/03/2003

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29/08/2003









Wound healing: silk bandages



29/08/2003



10/09/2003



13/10/2003





Wound healing: silk bandages

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Treated underwear for gynaecologic infections

Prof. G. Marcellini Hercolani,

"La Sapienza" University of Roma

Kangaroo bag for premature babies *University of Roma*





How does DermaSilkIntimo Help?

The effectiveness of DermaSilkIntimo in recurrent thrush has been demonstrated in clinical trials. In one study the effect of DermaSilk underwear was assessed in the treatment of a group of patients who suffered from a particularly persistent and resistant form of recurrent vaginal thrush. All the patients recruited had been suffering from recurrent vulvovaginal thrush for an average of 2.4 years and had in the 6 months prior to the start of the study been treated with standard preventative antifungal therapy but despite this had continued to suffer relapses and vulvar irritation.

The 96 patients involved in the study were divided into two groups: Half wore DermaSilk underwear and the other half pure cotton underwear. **All continued the standard antifungal therapy for the entire observation period of 6 months.** Neither the patients nor the doctors knew which group they were in.

RESULTS:

At all stages of the study, the women in the DermaSilk group reported a much more marked and progressive improvement in terms of itching, burning, redness (erythema), vulvar irritation and swelling (oedema) than the women in the cotton group. The improvements in those who used DermaSilk continued for the entire duration of the study, whereas in some of the women who wore cotton underwear the symptoms returned after 3 months..

The study showed that the use of DermaSilk also helped to reduce the number of recurrences experienced during the 6 month study period.

Number of Recurrences	DermaSilk Group	Cotton Group
	11/00/00/0	1 /0 00/0





Number of Recurrences	DermaSilk Group	Cotton Group	
No Recurrences	11 (22.9%)	4 (8.3%)	
1 Recurrence	21 (43.8%)	15 (31.3%)	
2 Recurrences	14 (29.2%)	20 (41.7%)	
3 Recurrences	2 (4.2%)	9 (18.8%)	

32/48 (66.7%) of the DermaSilk patients had none or one recurrence during the 6 month study compared with only 17/48 (35.4%) of the patients wearing cotton.

Please note: The use of these briefs are recommended as an additional treatment option and are not intended to replace any medication prescribed by your Medical Practitioner.

"Use of Dermasilk Briefs in recurrent Vulvovaginal Candidosis" A. D'Antuono, S. Bellavista, N. Banzola, V. Gaspari, A. Patrizi, Dermatological Clinic - University of Bologna - (poster presented at the 86th SIGO Congress - 51st AOGOI Congress; Milan 2010).

Other studies have also reported the benefits of DermaSilk in other areas of feminine health.

"Alternative therapy of recurrent vulval pathologies"

P. Betto, To. Beard. Belloni Fortina ET Al. - Women Dermatologhe Italy - Poster introduced to 81° the National Conference SIDeMaST; Turin 2006.

"Clinical Study on the effectiveness of intimate underclothes made up of medicated silk DermaSilk® in some gynecological affections"

M.M. Anceschi, G. Marcellini Hercolani-Gaddi, Dip. of Gynecological Sciences, Perinatologia and Puericultura, University of the Studies of Rome "the Wisdom"



Over 6 months DermaSilk removed the symptoms of redness and itching in nearly all patients in the study.



Anche in patologie gravi DermaSilk® accelera i tempi di guarigione

medicaltex™

Lo studio ha sperimentato l'uso di DermaSilk® in patologie severe, come vulvovaginifi croniche, lesioni erpetiche vulvari e perineali, vestibuliti, esiti di enucleazione di cisti di Bartolini.

DermaSilk® è molto efficace nell'alleviare la sintomatologia a breve termine e produce un'alta percentuale di guarigioni più precoci rispetto a quelle verificatesi in chi ha indossato indumenti intimi di cotone (a parità di età e di gravità della malattia).

"Le pazienti hanno riferito un immediato senso di benessere nella fase iniziale dell'applicazione, già nelle prime 12 ore, (...) con una diminuzione del senso pruriginoso entro un'ora".

"Alcune pazienti, avendo ottenuto effetti benefici fino alla guarigione, hanno deciso spontaneamente di indossarlo nuovamente al sorgere dei primi sintomi di recidiva. Alcune pazienti lo usano di norma quando praticano attività sportiva come forma di prevenzione".



"Studio olinico sull'efficacia di indumenti intimi a base di seta medicata DermaSik® in alcune affezioni ginecologiche" M. M. Anceschi, G. Marcellini Hercolani-Gaddi, Dip. di Scienze Ginecologiche, Perinatologia e Puericultura, Università degli Studi di Roma "La Sapienza".



Wound healing: silk bandages

- Children with atopic dermatitis (AD)
- Proved effective in the treatment of childhood AD and was comparable to the efficacy of modern corticosteroid in combination with cotton cloth
- B. Fischer, L. Steinmann, R. Kurmann,
- B. Wüthrich, P. Schmid-Grendelmeier,
- T. Kündig, G. Senti
- University Hospital, Zurich, CH & Hospital Zollikerberg, CH





Dermatology

medicaltex™

Vol. 213, No. 3, 2006

Article (Fulltext) Article (PDF 319 KB)

Pharmacology and Treatment

Antimicrobial Silk Clothing in the Treatment of Atopic Dermatitis Proves Comparable to Topical Corticosteroid Treatment

G. Senti, L.S. Steinmann, B. Fischer, R. Kurmann, T. Storni, P. Johansen, P. Schmid-Grendelmeier, B. Wüthrich, T.M. Kündig

Unit for Experimental Immunotherapy, Department of Dermatology, University of Zurich, Zurich, Switzerland

Address of Corresponding Author



Building treatment

medicaltex™

Arthur G. James Cancer Hospital & Research Centre Ohio State University

Flooding of the 12 floors with 1,750,000 litres water caused by a major water pipe rupture at the roof level



AEROMICROBIAL CONTROL IN AN EXTENSIVELY DAMAGED HOSPITAL USING A LONG LASTING, SURFACE ACTIVE, SILANE ANTIMICROBIAL ⁽¹⁾

L. Ayers, MD; B. Fox, MD; C. Jacobson, RN*, C. Smith, PhD; R. Kemper and C. White

The Ohio State University, Columbus Ohio The Kemper Research Foundation, Cincinnati, Ohio

ABSTRACT

Just prior to the opening of a cancer hospital and research institute, a major water pipe froze and ruptured at the roof level of the building, flooding all twelve floors with an estimated 500,000 gallons of water. Ceilings, walls, carpeted floors and upholstered furniture were either directly wet or exposed to high humidity. Localized odors began to develop in the building and sampling of wet carpet showed heavy growth of water associated bacteria.

Aeromicrobial sampling produced >2800 CFUs of fungus per cubic meter of air on most floors despite traditional techniques of surface disinfection and high efficiency air filtration. The lower floors, which had greater water damage and a longer delay in moisture control, developed visible colonies of fungi on damaged surfaces.

Restoration of this building to its intended use as a cancer treatment center required the elimination of microbial reservoirs and the control of fungi on all exposed surfaces. A long-active silane modified organofunctional antimicrobial (ÆGISTM, 3-trimethoxysilyl propyldimethyloctadecyl ammonium chloride by ÆGIS Environmental Management, Milford, Ohio) was selected to treat all surfaces throughout reconstruction. This product is odorless, colorless, non-volatile and may be applied to all environmental surfaces. Antimicrobial activity continues for several years.

Re-evaluation of the facility at 7 months following restoration showed 45% of the facility environment to be free of airborne fungi; 36% with fewer than 5 CFUs per cubic meter of air, 8% with fewer than 10 CFUs, 5% with fewer than 15 CFUs and 6% with over 15 CFUs.

Presently the facility is free of odor and has the appearance of a new building. These data show that this surfaceactive antimicrobial can be used successfully for Aeromicrobial control of a water damaged building without harm to the building environment or furnishings or health risks to patients or personnel.



Building treatment







Conclusion



Feature and benefits

- Active antimicrobial protection: reduces bacterial and fungal contamination
- Permanent: durable throughout industrial laundry process
- Not a chemical poison: no arsenic, heavy metals, or polychlorinated phenols,
- Unmatched safety profile: not harmful for human or environment
- No Migration: won't leach into the environment or transfer to the skin
- Mechanical deactivation: does not induce microbial mutation or bio- accumulation
- Proven real live performance: through independent clinical trials
- Restricted licensed technology: strict quality control criteria and traceability
- Global registrations and worldwide available



Pathogens Killed and Inactivated by $\mathsf{BAMB}^{\mathsf{m}}$

•	Viruses	Reference
•	Adenovirus Type II & IV	17, 18, 21
•	Bovine Adenovirus Type I & IV	17, 18, 21
•	Feline pneumonitis	21
•	Herpes Simplex Type I	16, 17, 18
•	Herpes Simplex Type II	21
•	HIV-1 (AIDS)	21
•	Influenza A2 (Aichi)	17, 18, 21
•	Influenza A2 (Asian)	17, 18
•	Influenza B	17, 18
•	Mumps	17, 18
•	Parinfluenza (Sendai)	21
•	Rous Sarcoma	17, 18
•	Reovirus Type I	17, 18
•	Simian Virus 40	17, 18
•	Vaccinia	17, 18
•	MS2	9
•	PRD1	19



3-5-2012

•	Gram Positive Bacteria	Reference
•	Bacillus sp. (vegetative cell)	5, 6, 11
•	Corynebacterium diptheriae	1, 13
•	Micrococcus lutea	5, 6, 1
•	Micrococcus sp.	2, 5, 15
•	Mycobacterium tuberculosis	14
•	Mycobacterium smegmatis	14
•	Propionibacterium acnes	5
•	Staphylococcus aureus 15, 21	2, 3, 5, 6, 10, 11, 13, 24,
•	Staphylococcus epidermidis	2, 5, 6, 7, 11, 13, 14, 15
•	Streptococcus faecalis	2, 5, 6, 7, 11, 13, 14
•	Streptococcus mutans	5, 6, 7, 11
•	Streptococcus pneumonia	1
٠	Streptococcus pyogenes	5, 6, 7, 11



•	Gram Negative Bacteria	Reference
•	Serratia marcescens	5, 6, 7, 11
•	anthomonas campestris	5, 6, 7, 11
•	Acinetobacter calcoaceticus	2, 5, 6, 11, 14, 15
•	Aeromonas hydrophilia	5, 6, 11
•	Citrobacter deversus	5, 6, 11
•	Citrobacter freundi	5, 6, 11
•	Enterobacter aerogenes	5, 6, 7, 11
•	Enterobacter aglomerans	2, 5, 14, 15
•	Enterobacter cloacae	5, 6, 7, 11
•	Enterococcus	10
•	Escherichia coli 14	1, 2, 3, 5, 6, 7, 10, 11, 13,
•	Klebsiella oxytoca	5, 6, 11, 14



- Klebsiella pneumoniae
- Klebsiella terriena
- Legionella pneumophila
- Morganella morganii
- Proteus mirabilis
- Proteus vulgaris
- Pseudomonas aeruginosa
- Pseudomonas fluorscens
- Salmonella cholera suis
- Salmonella typhi
- Salmonella typhimurium
- Serratia liquifaciens

3, 5, 6, 7, 9, 10, 11, 13, 14 19 5, 6, 7, 11 5, 6, 7, 11 5, 6, 7, 11 2, 3, 5, 6, 7, 11, 13, 14 5, 6, 7, 10, 11 5, 6, 7, 11, 14 5, 6, 7, 11, 14 1, 5, 6, 7, 11 5, 6, 7, 11



•	Fungi, Algae, Mold, Yeast, Spores	Reference	medical <mark>tex</mark> ™
•	Alterania alternate	8,12	
•	Aphanizomenon sp.	22	
•	Aspergillus flavus	2, 5, 6, 7, 11	, 14
•	Aspergillus niger	2, 5, 6, 7, 8,	11, 12, 13, 14
•	Aspergillus sydowi	5, 6, 7, 11	
•	Aspergillus terreus	5, 6, 7, 11, 14	4
•	Aspergillus versicolor	2, 5, 6, 7, 11	
•	Aspergillus verrucaria	14	
•	Aureobasidium pullans	5, 6, 7, 8, 11,	12
•	Candida albicans	1, 2, 5, 6, 7,	14
•	Candida pseudotropocalis	5, 6, 7, 11	
•	Chaetomium globsum	1	
•	Cladosporium cladosporioides	8, 12	
•	Chlorella vulgaris	19	
•	Dreschslera australiensis	8, 12	
•	Epidermophyton sp.	9	
•	Gliomastix cerealis	8, 12	
•	Gloeophyllum trabeum	5, 6, 7, 11	



•	Microsporum sp.	9
•	Microsporum audouinii	21
•	Monilia grisea	8,
•	Oscillatoria	20
•	Penicillium chrysogenum	5,6
•	Pencillium commune	8, 1
•	Penicillium funiculosum	1, 2,
•	Penicillium pinophilium	5, 6
•	Penicillium variable	5,
•	Phoma fimeti	8,
•	Pithomyces chartarum	8,
•	Poria placenta	5,
•	Scenedesmus	20
•	Saccharonyces cerevisiae	5,6
•	Scolecobasidium humicola	8, 12
•	Selenastrum sp.	22
•	Trichoderma viride	5, 0
•	Trichophyton interdigitale	2, 1
•	Trichophyton maidson	14
•	Trichophyton mentogrophytes	5, 6,
•	Trichophyton sp.	5, 6





REFERENCES

- 1. Y. Hsiao, Chinese Pat. Appl., PCT/CN98/00207 (1998)
- 2. James Malek, John Speir, "Method of Reducing the Number of Microorganisms in a Method of Preservation"; U.S. Pat. 4,259,103 (1981)
- 3. Stewart Klein, "3-(trimethoxysilyl)propyldidecylmethyl Ammonium Salts and Method of Inhibiting growth of Microorganisms Therewith"; U.S. Pat. 4,394,378 (1983).
- 4. William Eudy, "Organosilicon Quaternary Ammonium Antimicrobial Compounds"; U.S. Pat. 4,406892 (1983).
- 5. Richard Gettings, William White, "Skin Treatment Method"; U.S. Pat. 4,908,355.(1990)
- 6. Lynne Blank, William White, "Antimicrobial Rinse Cycle Additive"; U.S. Pat. 5,145,596 (1992)
- 7. Richard Gettings, William White, "Opthalmic fluid Dispensing Method"; U.S. Pat. 5,013,459 (1991).
- 8. Richard Avery, Frederick Martin, Sean Dwyer, "Production of Stable Hydrolyzable Organosilane Solutions"; U.S. Pat. 5,411,585 (1995).
- 9. Lynne Blank, Richard Gettings, William White, "Method of Treating Tinea Pedis and Related
- Dermatophytic Infections"; U.S. Pat. 4,865,844 (1989).
- 10. David Battice, Michael Hale, "Antimicrobially Effective Organic Foams and Methods for their
- Preparation"; U.S. Pat. 4,631,297 (1986).
- 11. Bruce Higgs, William White, "Solid Antimicrobial"; U.S. Pat. 5,359,104 (1994). This patent also
- describes the method of antimicrobial activity.
- 12. Richard Avery, Frederick Martin, Sean Dwyer, Colin Brown, "Production of Stable Hydrolyzable
- Organosilane Solutions"; U.S. Pat. 5,411,585 (1995).
- 13. William White, Jerry Olderman, "Anitimicrobial Techniques for Medical Nonwovens: A Case
- Study"; Book of Papers, 1984, 12th Annual Nonwovens Tech. Symposium, pp. 13-46. No bacterial
- adaption (no increased bacterial resistance to Zoonocide) reported.
- 14. J. McGee, J. Malek, W. White, "New Antimicrobial Treatment for Carpet Applications", Am.
- Dyestuff Rep., 1983, (6), pp.56-59. Dow corning Technical Brochure; 22-994-83 (1983).
- 15. Richard Gettings, Benny Triplett, "A New Durable Antimicrobial Finish for Textiles"; Book of
- Papers, 1978, American Association of Textile Chemists and Colorists National Technical
- Conference, pp. 259-261. Dow Corning Technical Brochure; 24-095-85 (1985).



- 16. I-Fu Tsao, Henry Wang, Charles Shipman, "Interaction of Infectious Viral Particles with a
- Quaternary Ammonium Chloride Surface"; Biotechnol. Bioeng., 34, (5), pp. 639-46 (1989).
- 17. I-Fu Tsao, Henry Wang, "Removal and Inactivation of Viruses by a Surface Bonded Quaternary
- Ammonium Chloride", ACS Synp.Ser. (1990), Volume Date 1988, 419, pp. 250-67. Reaction with
- Lipidophilic Viruses.
- 18. M. Klein, A. DeForest, "Principles of Viral Inactivation", Disinfection, Sterilization and
- Preservation. 3rd Ed., S. Block, Ed., (Lea & Febiger, Philadelphia, PA) 1983, pp.422-434.
- 19. M. Abbaszadegan, et.al., "Evaluation of Proprietary Treated Zeolite in Point of Use Devices for
- Removalof Microorganisims", NSF Water Quality Center, Arizona State University, Tempe, AZ
- 85257; 12/03. W. Peterson & R. Berman, U.S. Pat.Pending, 60/472,429 (7/03).
- 20. P. Westerhoff, D. Bruce, "Biocide Coating Experiment", Arizona State University, Tempe, AZ
- 85257; 8/00.

