

## La disinfezione “no touch” per il contrasto delle ICA ed il rispetto della norma



**Prof. Gabriele Messina**  
Associato di Igiene Generale ed Applicata

**Disclosure:**

- *Co-fondatore di una Startup nel 2013*
- *Consulente scientifico di oltre 30 Aziende nazionali ed Internazionali*

Il problema delle ICA ed il ruolo dell'ambiente

Approccio alla disinfezione ambientale

Innovazione nella disinfezione ambientale

## Il problema delle ICA ed il ruolo dell'ambiente

Approccio alla disinfezione ambientale

Innovazione nella disinfezione ambientale

Report on the Burden of  
Endemic Health Care-Associated Infection  
Worldwide

Clean Care is Safer Care

**Prevalence**

**4,5% USA; 7,1% EU; 19% LMIC**



[https://apps.who.int/tris/bitstream/handle/10665/80135/9789241501507\\_eng.pdf;jsessionid=46C50807E8B86D682DDC469E76EB9B8?sequence=1](https://apps.who.int/tris/bitstream/handle/10665/80135/9789241501507_eng.pdf;jsessionid=46C50807E8B86D682DDC469E76EB9B8?sequence=1)





**Costs**

**US \$ 35 - 45**  
**EU € 7**  
**Billion/year**



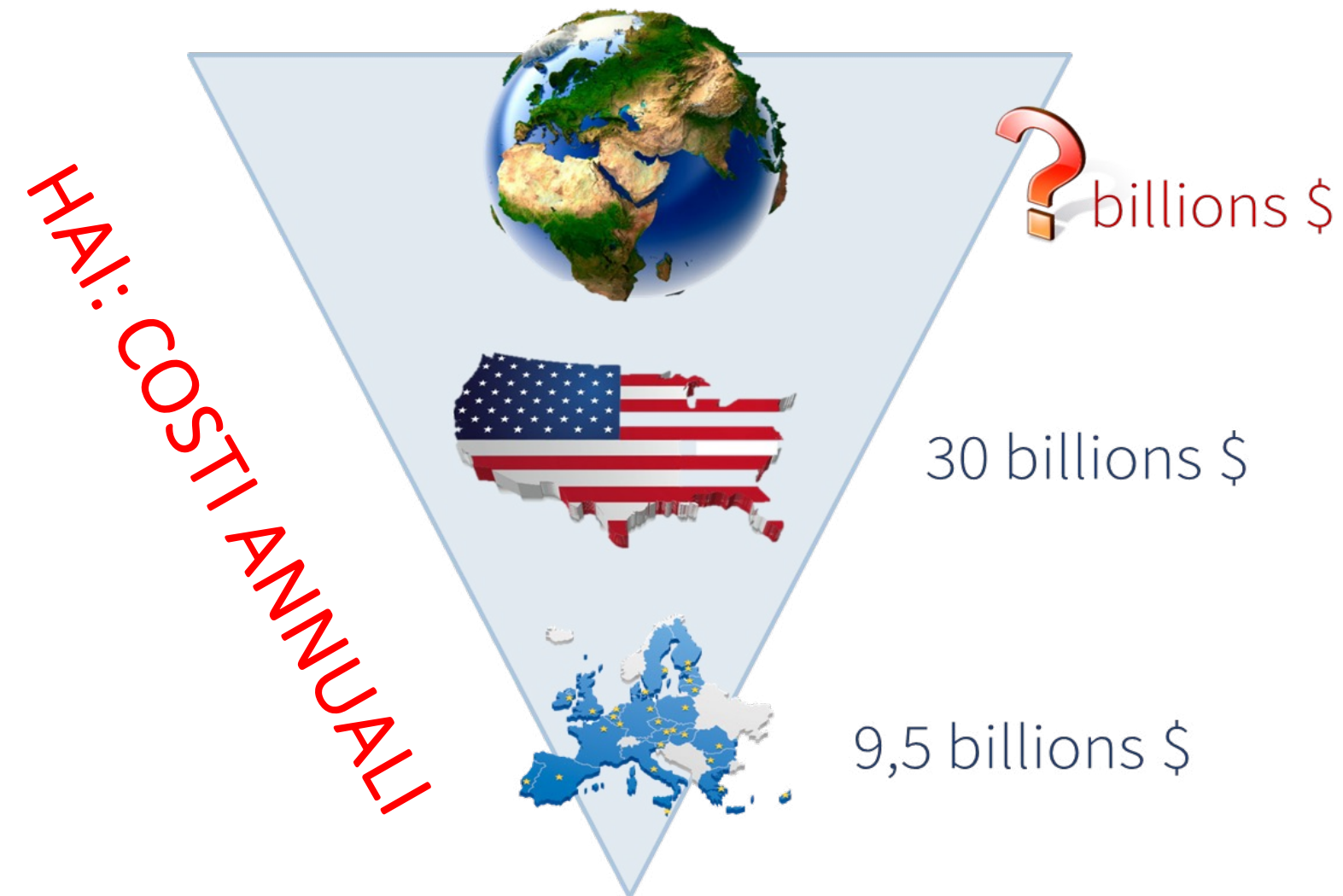
**Health Problems**

**EU 16 milioni**  
**Extra days/year**



**Death**

**140.000/year**  
*(USA+EU)*



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Peters et al.  
*Antimicrobial Resistance & Infection Control* (2022) 11:38  
<https://doi.org/10.1186/s13756-022-01075-1>

Antimicrobial Resistance  
and Infection Control

REVIEW

Open Access

## Impact of environmental hygiene interventions on healthcare-associated infections and patient colonization: a systematic review



Alexandra Peters<sup>1,2</sup>, Marie N. Schmid<sup>2</sup>, Pierre Parneix<sup>3</sup>, Dan Lebowitz<sup>1</sup>, Marlieke de Kraker<sup>1</sup>, Julien Sauser<sup>1</sup>, Walter Zingg<sup>4</sup> and Didier Pittet<sup>1\*</sup>

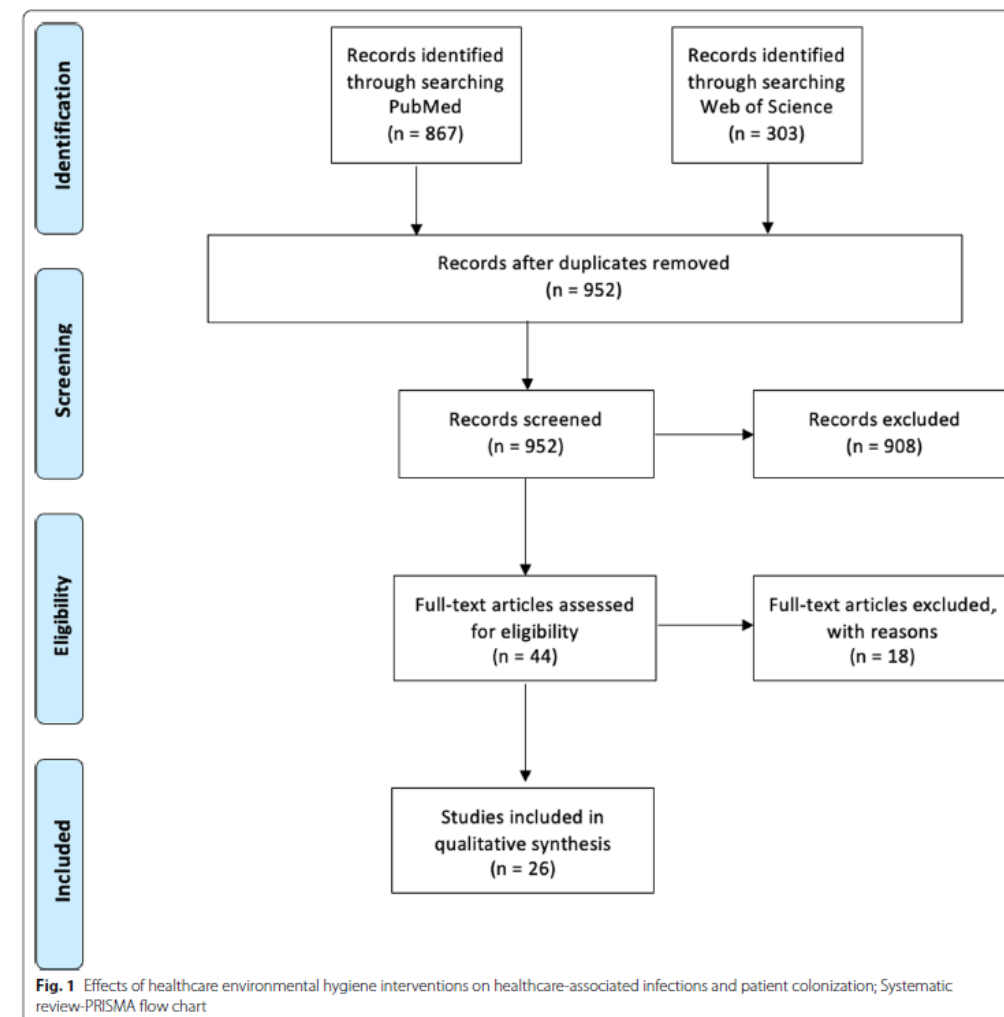
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## Risultati:

- **Gli interventi nell'igiene ambientale** sono spesso associati a **una riduzione** delle HAI.
- **>50%** studi **diminuzione significativa** della **colonizzazione o delle HAI** per **tutti** i microrganismi testati.
- Le **pratiche ottimali** di Interventi Igiene Ambientale sono:
  - parte integrante della **sicurezza del paziente**
  - un componente chiave per **prevenzione** e il ICA
- E' possibile **ridurre i tassi** di HAI migliorando le **interventi di Igiene Ambientale**

*This systematic review demonstrated that interventions in environmental hygiene were often associated with a reduction in HAI in a seemingly causal way. Over half of studies demonstrated a significant decrease in colonization or HAI for all of the microorganisms tested. These results are indicative of the importance of environmental hygiene in patient safety."*

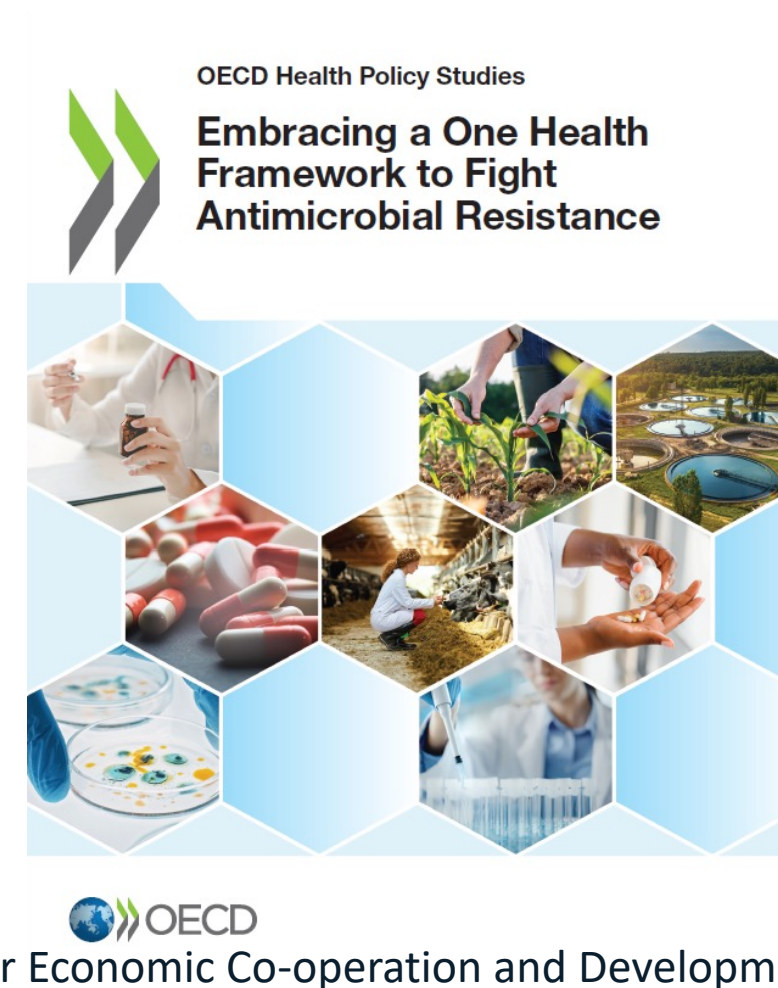
*Although more high quality studies are needed, this review demonstrates a strong relation between interventions to improve HEH and a reduction in both environmental bioburden and in patient colonization or HAI. Optimal HEH practices are an integral part of patient safety and a key component to improving infection prevention and control. Healthcare institutions may be able to lower their HAI rates by improving HEH practices. The domain of HEH deserves further and better-designed field research.*

## Risultati:

Questi risultati indicano l'importanza  
dell'igiene ambientale  
nella sicurezza del paziente.

*This systematic review demonstrated that interventions in environmental hygiene were often associated with a reduction in HAI in a seemingly causal way. Over half of studies demonstrated a significant decrease in colonization or HAI for all of the microorganisms tested. These results are indicative of the importance of environmental hygiene in patient safety."*

*Although more high quality studies are needed, this review demonstrates a strong relation between interventions to improve HEH and a reduction in both environmental bioburden and in patient colonization or HAI. Optimal HEH practices are an integral part of patient safety and a key component to improving infection prevention and control. Healthcare institutions may be able to lower their HAI rates by improving HEH practices. The domain of HEH deserves further and better-designed field research.*



**Antibiotico  
 resistenza**

The Organisation for Economic Co-operation and Development (OECD)

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Interventi per contrastare la resistenza agli antibiotici

	 Delayed prescription	 Mass media campaigns	 Stewardship programmes	 Enhanced hospital hygiene	 Improved hand washing	 Use of RDTs in GPs
Key aspects	<ul style="list-style-type: none"> <li>• Up to 3 days post-dated prescription</li> <li>• Education purposes while providing 'sense of safety'</li> <li>• Different approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Messages delivered by major mass media (TV, radio, journals, etc.)</li> <li>• Yearly waves centered on the winter season</li> </ul>	<ul style="list-style-type: none"> <li>• Educational/behavioural interventions for physicians;</li> <li>• Decision aid tools</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of advanced cleaning techniques (e.g. no touch)</li> <li>• Training support</li> </ul>	<ul style="list-style-type: none"> <li>• Culture-change program on the WHO-5 campaign</li> <li>• Cleaning facilities available at the point of care</li> <li>• Training for healthcare personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Early identification of viral/bacter. infections and of AMR</li> <li>• Reimbursement of test to GP, incentive to use, info for patients</li> </ul>
Effects in literature	63% ↓ filled-in prescriptions	6.5% ↓ antibiotic consumption	40% ↓ antibiotic prescription 24-68% ↓ AMR	26% - 49% ↓ hospital-acquired infections	48% ↓ hospital-acquired infections	22% ↓ antibiotic consumption

Cecchini M.



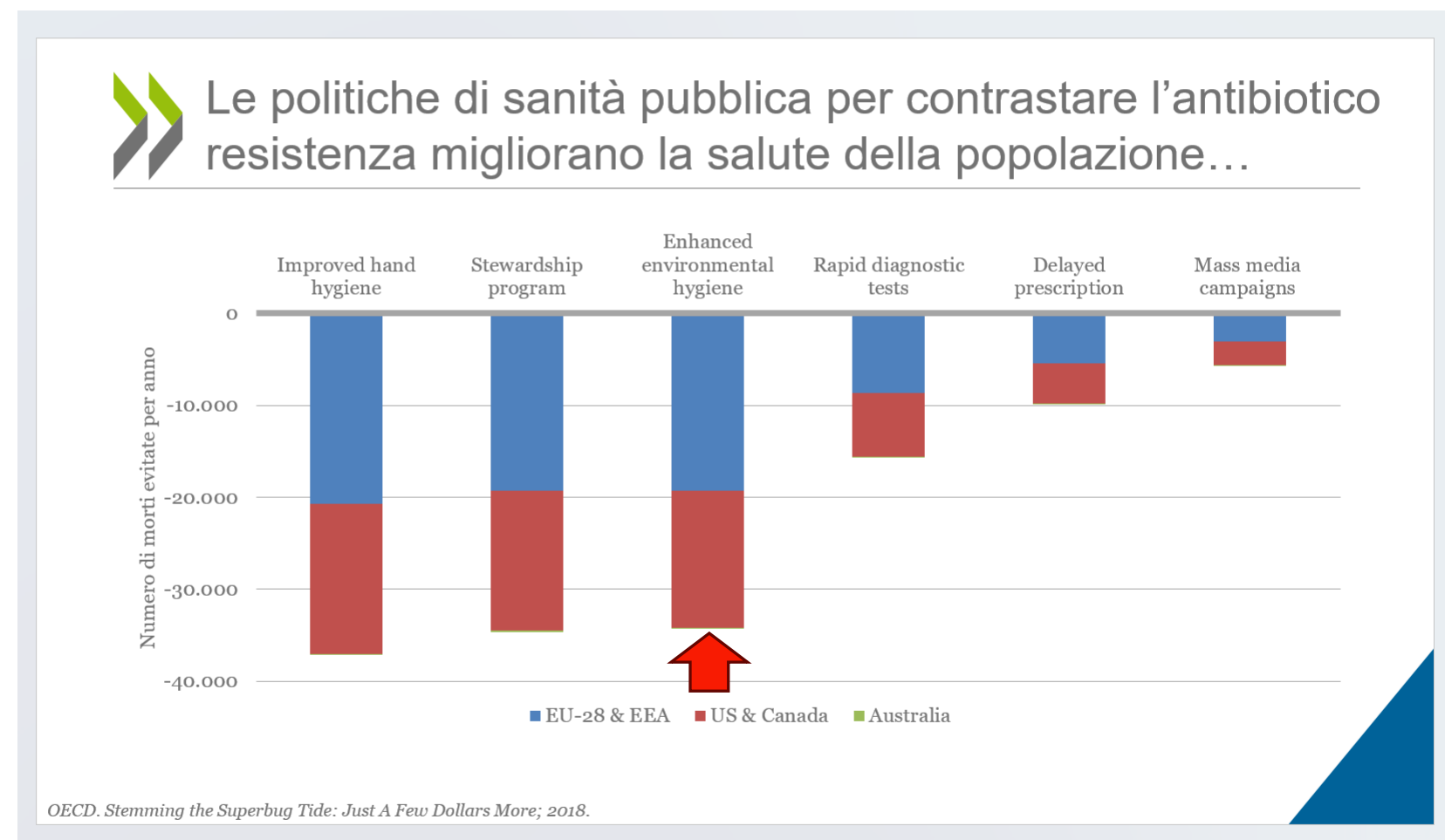
OECD. *Stemming the Superbug Tide: Just A Few Dollars More*; 2018.



	Policies to optimise the use of antibiotics in human health				Policies in human health to reduce the incidence of infections			Policies to promote AMR awareness and understanding		Policies outside of human health sector to reduce the incidence of infections	
	Strengthen ASPs	Delayed antimicrobial prescribing	Scale up RDTs	Financial incentives	Enhance hand hygiene	Enhance environmental hygiene	Improve vaccination coverage	Enhance health worker training	Scale up mass media campaigns	Improve farm hygiene	Improve food handling practices
Setting	Hospital	Community	Community	Community	Hospital	Hospital	Community	Community	Community	Farms	Food establishments
Target population	Health workers	Health workers	Health workers	Health workers	Health workers	Health workers	General population	Health workers	General population	Farm workers and professional visitors	Food service workers
Intervention effectiveness at the individual level	25% decline in antibiotic use	60% decline in antibiotic prescribing	32% reduction in immediate antibiotic prescribing in adults and 48% in children <18 years of age	8% decline in antibiotic prescribing	33% reduction in risk of infection among people who comply with enhanced hand hygiene practices compared to those who do not	26% reduction in risk of infection among people who are exposed to enhanced environmental hygiene practices compared to those who do not	64% decline in the incidence of all serotypes of invasive pneumococcal disease and pneumococcal pneumonia	39% reduction in antibiotic prescribing in comparison to usual care	7% decline in antibiotic prescription	12% reduction in risk of infection among people who use PPE compared to those who do not	28.6% reduction in microbial count
Intervention effectiveness over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time	Observed immediately and sustained over time



Cecchini M.



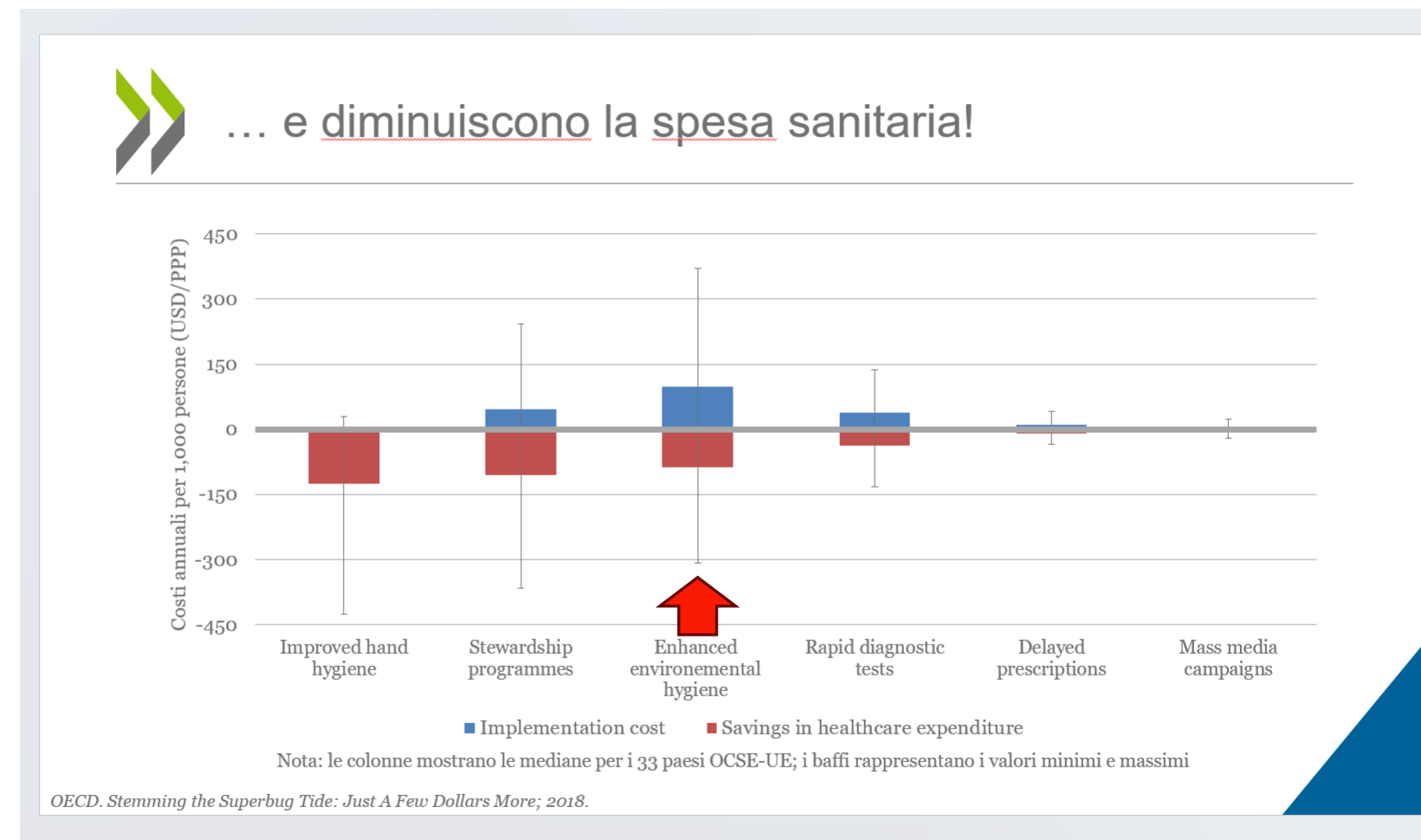
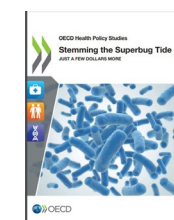
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# Quindi?



Il problema delle ICA ed il ruolo dell'ambiente

**Approccio alla disinfezione ambientale**

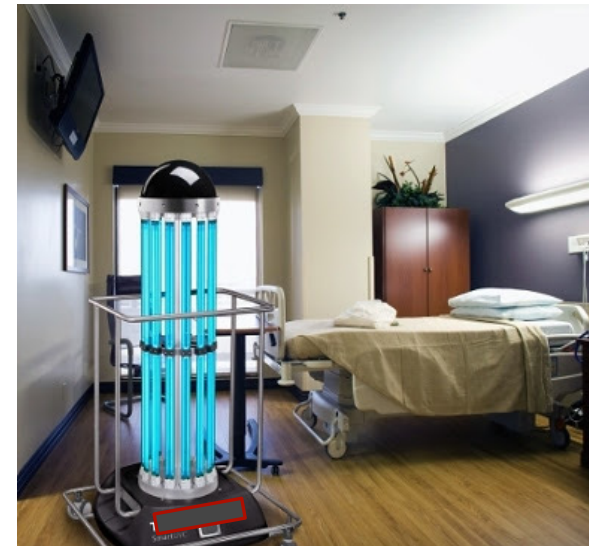
Innovazione nella disinfezione ambientale

## Sistemi di disinfezione ambientale

**Perossido di Idrogeno**



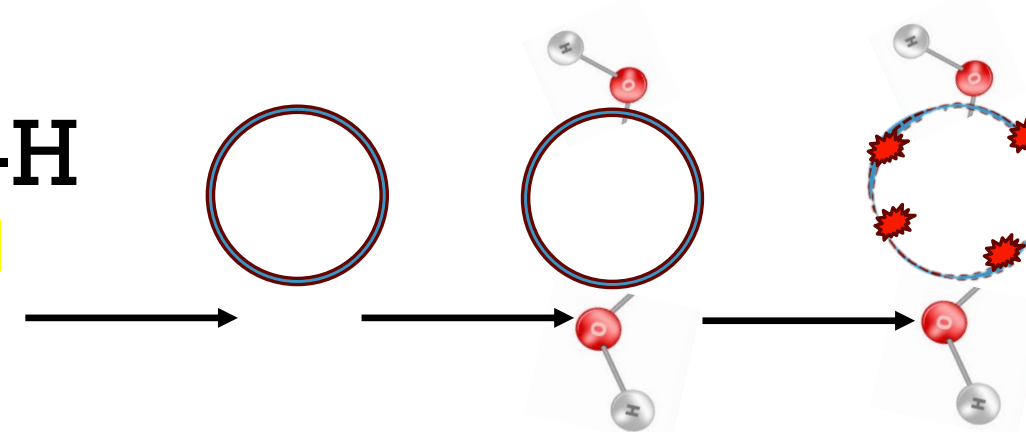
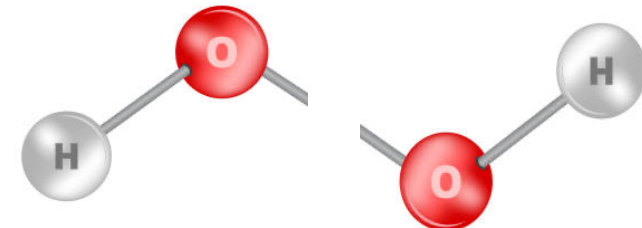
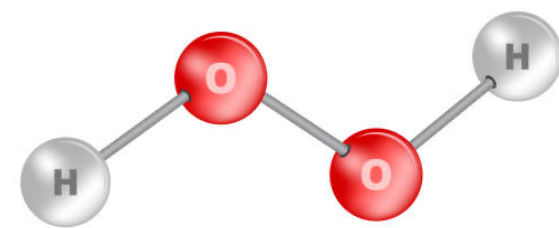
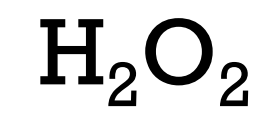
**Sistemi UV-C**



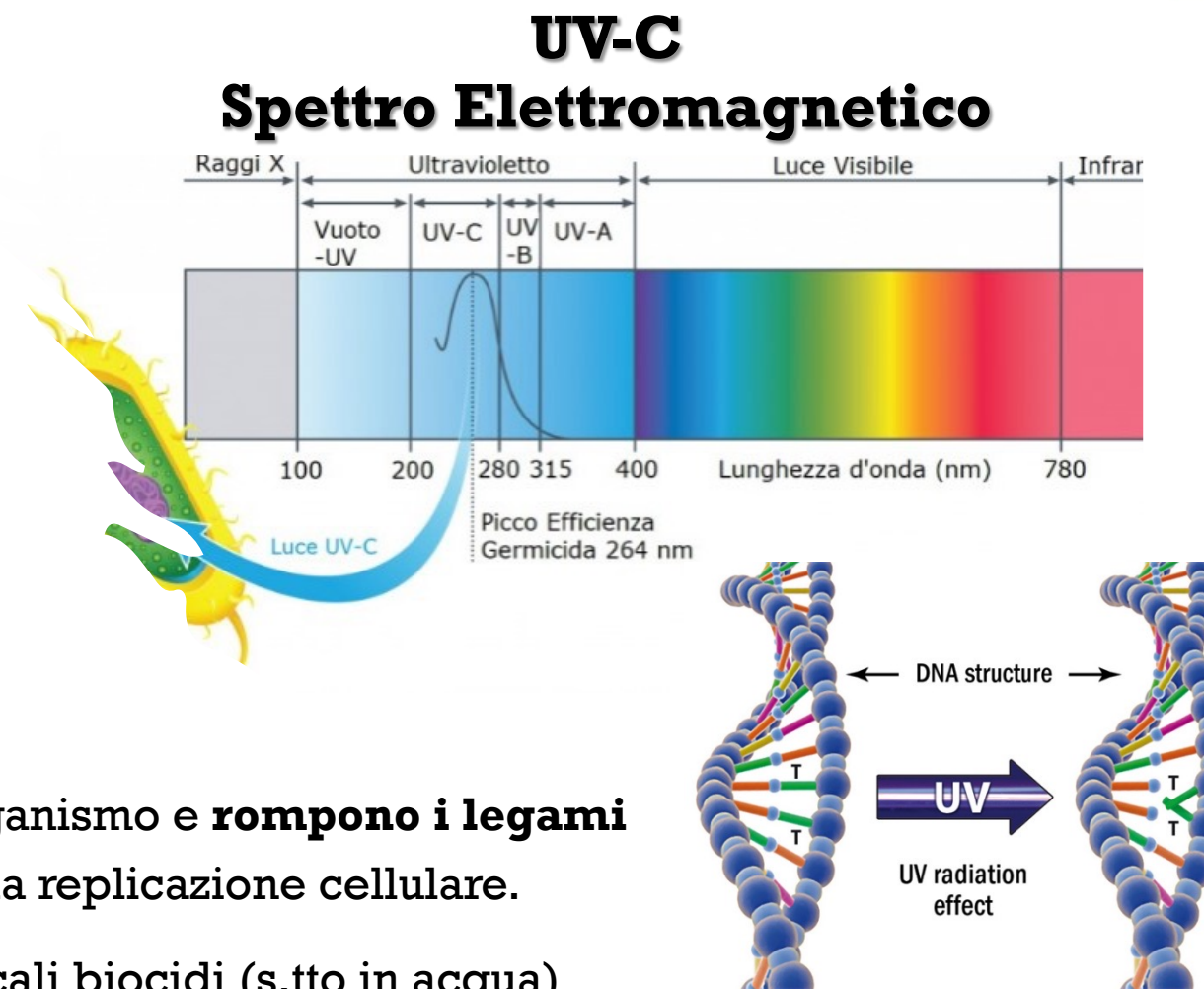
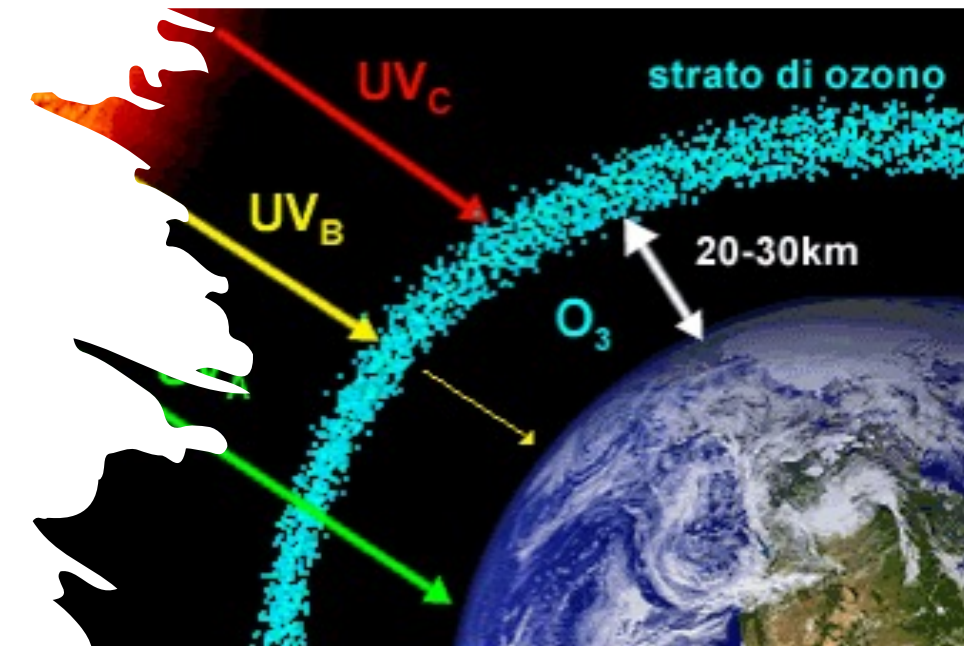
**Ozono**



**Perossido di Idrogeno**



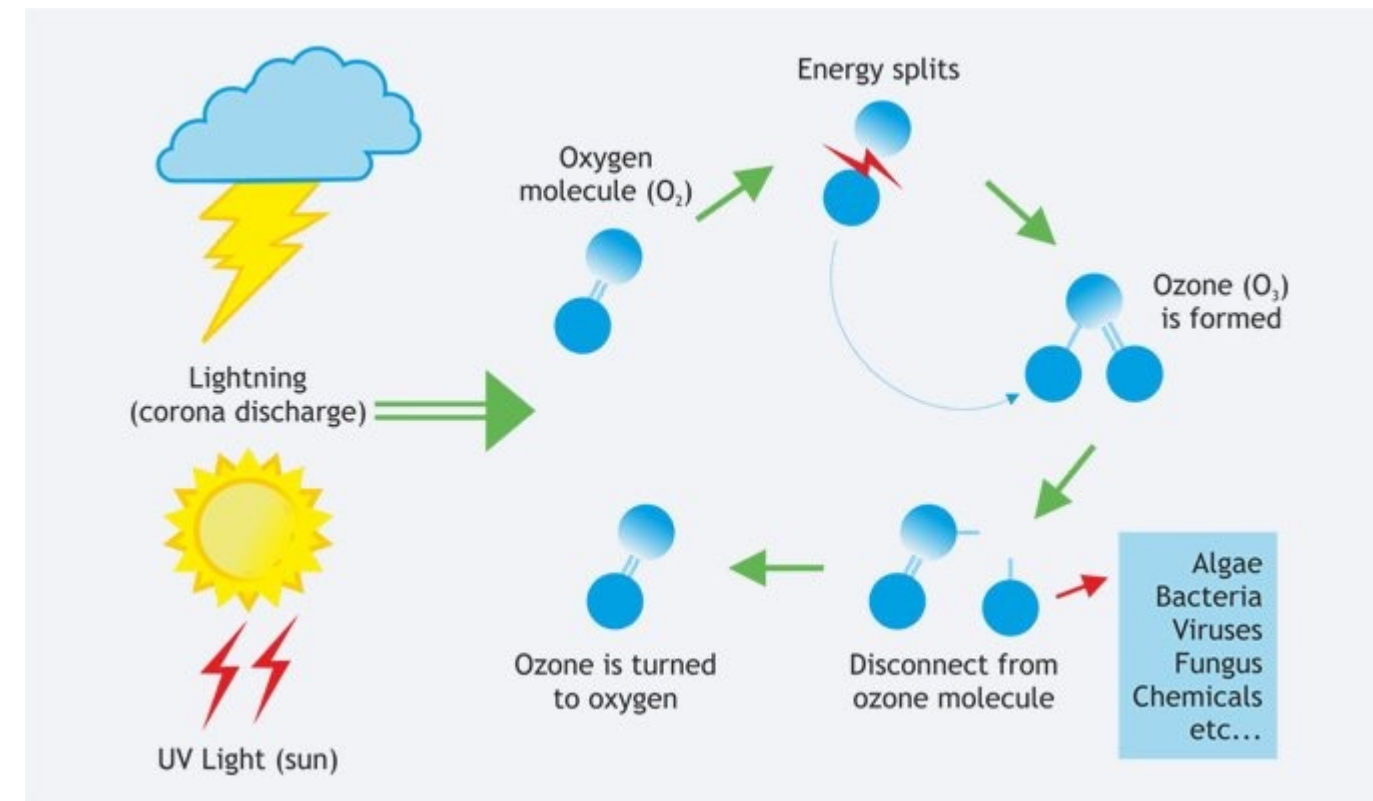
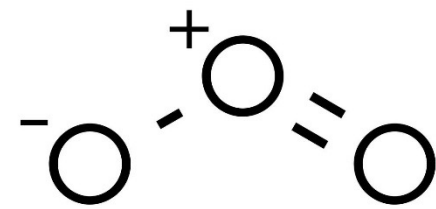




- **AZIONE DIRETTA:** penetrare nel microrganismo e **rompono i legami molecolari** di DNA o RNA , interrompere la replicazione cellulare.
- **AZIONE INDIRETTA:** formazione di radicali biocidi (s.tto in acqua)



**Ozono**



## Dimostrata riduzione HAI

### HPV: clinical impact

Study	Design	Outcome	Confounders
Qureshi 2019	Pre-post using device	Reduction of bacterial load on room surfaces	Nature of materials
McCord 2016	4 year before-after	CDI rate fell from 1.0 to 0.4 cases per 1,000 pt days; 60% reduction, P<0.001	No data on IPC compliance / abx use
Horn 2015	3 year before-after	CDI, VRE, ESBL and MRSA rate fell significantly	Cocurrent increase in hand hygiene compliance
Passaretti 2012	36 month cohort	Pts admitted to rooms decontaminated using HPV 64% less likely to acquire MDRO (IRR=0.36, CI=0.50-0.79, p<0.001)	Not randomised
Manian 2013	2 year before-after	CDI rate fell from 0.9 to 0.5 cases per 1,000 pt days; 39% reduction(IRR=0.63 , CI=0.50-0.79, p<0.001)	Bleach disinfection enhanced concurrently
Boyce 2008	2 year before-after	CDI rate fell 1.9 to 0.9 cases per 1,000 pt days on high-risk wards: 53% reduction, p=0.047)	Outbreak? No significant reduction hospital wide; changes in abx usage

## Dimostrata riduzione HAI

### UV-C: clinical impact

Study	Design	Outcome	Confounders
Navarathna 2023	Pre-post using device	Effective reduction in bioburden on surface	Coupling with manual disinfection The material used
Barakat 2023	Pre-post using device	Reduce bioburden on high-touch surfaces in endoscopy unit	single-center nature
Sottani 2022	Pre-post using device	The reduction of pathogens by using UV-C irradiation of the air in Low-risk areas and High-to medium-risk areas	Coupling with an ozone generator
Pavia 2018	2yr before-after	Significant reduction in viral infection in a paediatric long term care unit	No other concurrent interventions
Anderson 2016	Cluster RCT	Significant MDRO acquisition reduction on an individual and hospital level	Monitored potential confounders
Pegues 2016	2yr before-after	Significant reduction in C difficile compared with control wards	Monitored potential confounders
Vianna 2016	4yr before-after	Significant reduction of C. difficile (hospital-wide) and VRE (ICU)	No data on IPC compliance / abx use

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## Dimostrata riduzione HAI

UV-C: clinical impact

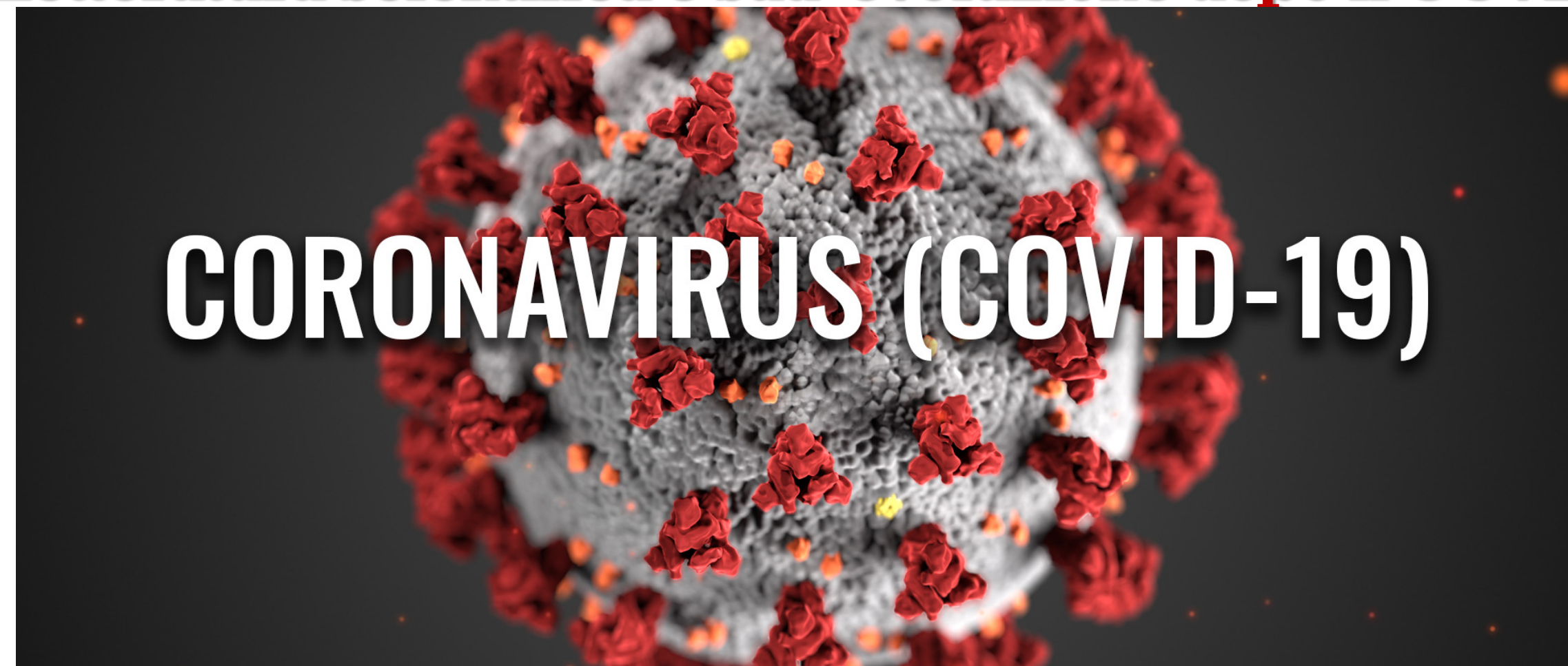
Study	Design	Outcome	Confounders
Catalanotti 2016	4yr before-after	Significant reduction in class I (clean) SSI	Dedicated housekeeper
Fornwalt 2016	2yr before-after	Significant reduction reduction in hip and knee SSIs	QIP programme including PX-UV
Napolitano 2015	3yr before-after	Significant reduction in the incidence of HAI	No data on IPC compliance/ abx use
Miller 2015	3yr before-after	Significant reduction in C. difficile	Outbreak? Patient management changes
Haas 2014	4yr before-after	Significant reduction in HAI	'Many simultaneous interventions'
Levin 2013	2yr before-after	Significant reduction C. difficile	ABX changes
Simmons 2013	3yr before-after	Significant reduction in MRSA	Bundled intervention



**UV-C vs HPV/Ozono**

CARATTERISTICHE	HPV/Ozono	UV-C systems
Tempo (per singolo ambiente)	>90 mins	15 mins to > 1hr

**Letteratura scientifica e sua evoluzione dopo il COVID**



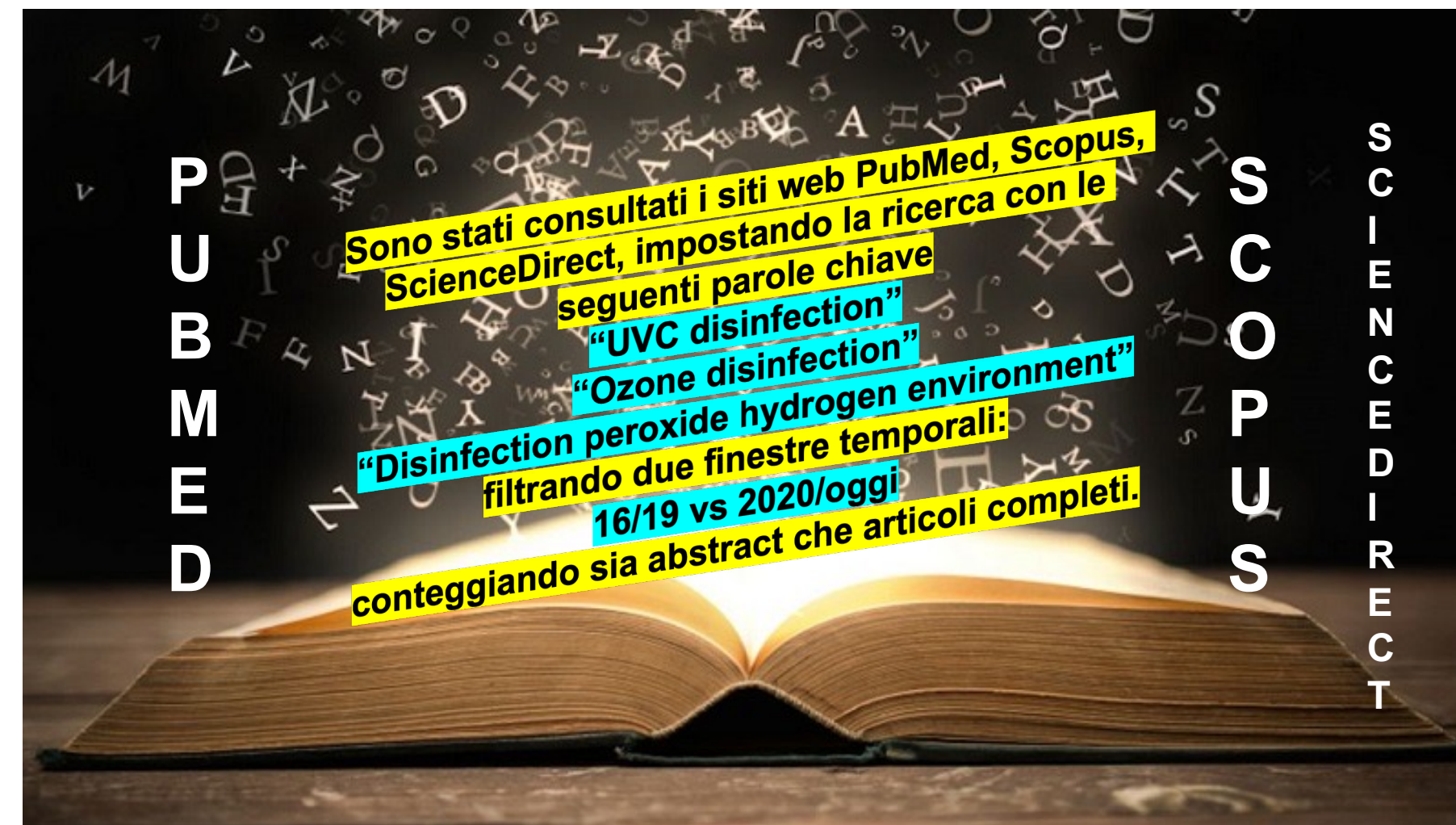
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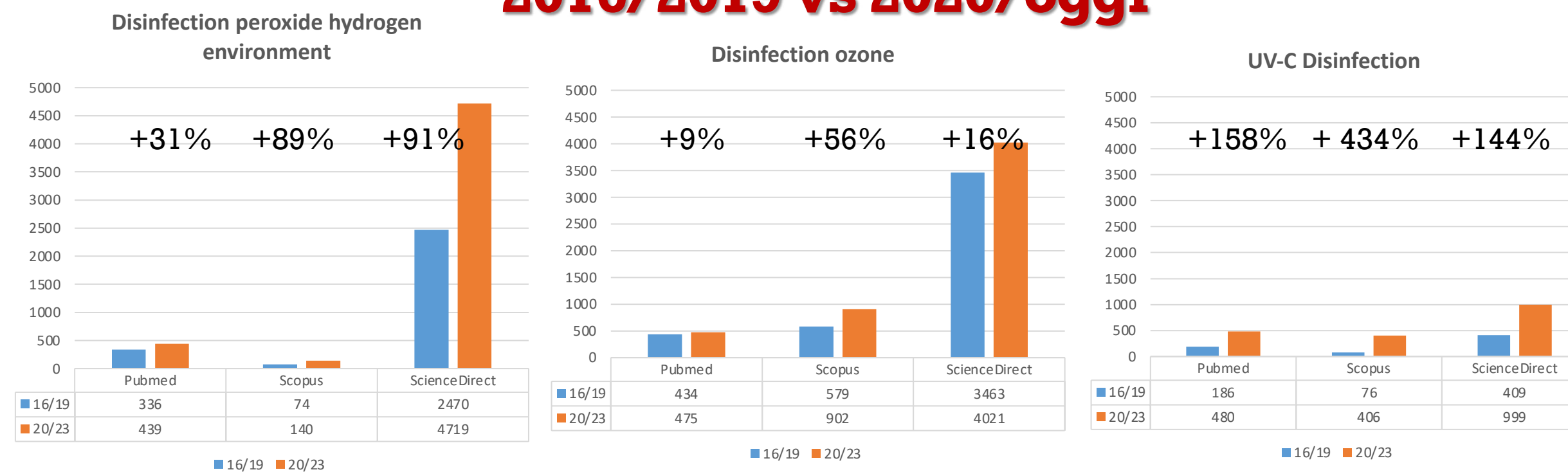
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**2016/2019 vs 2020/oggi**



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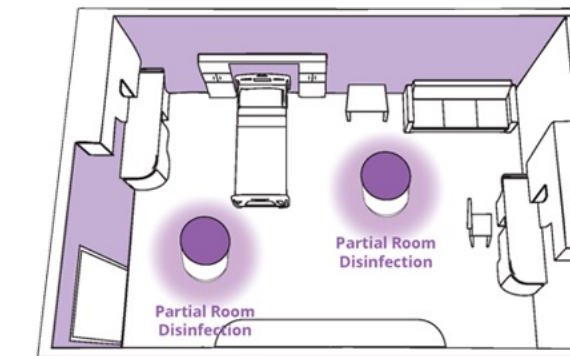


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## Lampade uv mobili – corretto posizionamento



I punti luce devono essere studiati sulla base dell'ambiente da trattare. Un singolo posizionamento può non essere adatto per trattare tutto l'ambiente. L'approccio corretto prevede almeno 2-3 punti.



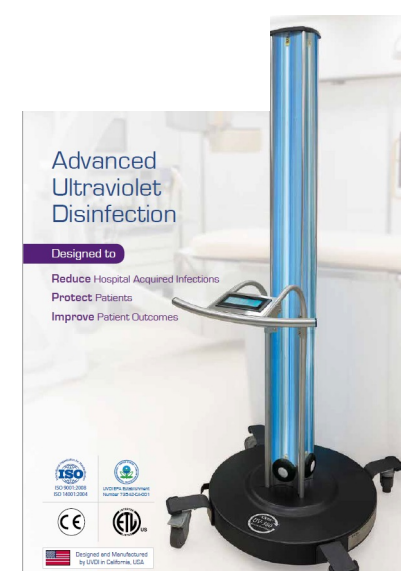
"Manual Cleaning plus UVC disinfection reduces the spread of Healthcare Associated Infections by 35%"



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

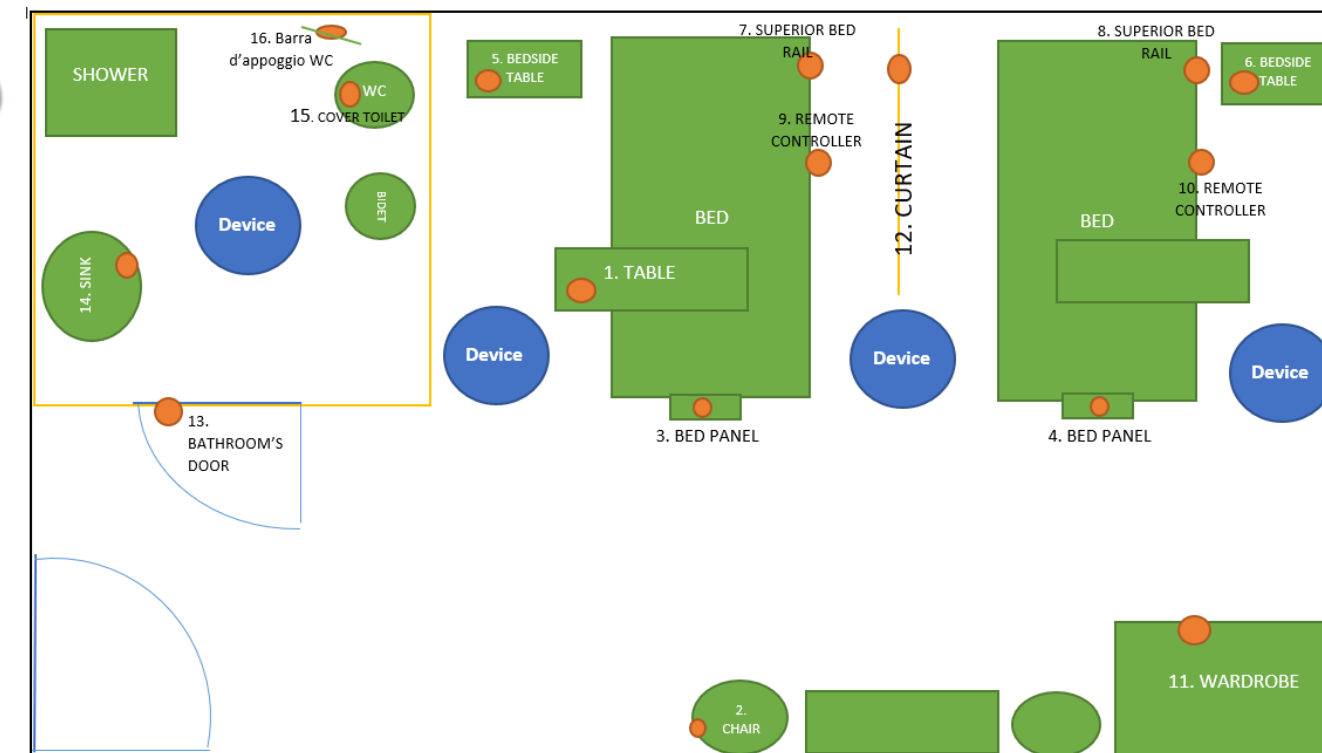


Abbiamo effettuato presso una clinica uno studio per evidenziare le aree maggiormente contaminate (dette high touch) e quanto la carica microbica diminuisse dopo l'esposizione ai raggi UVC.



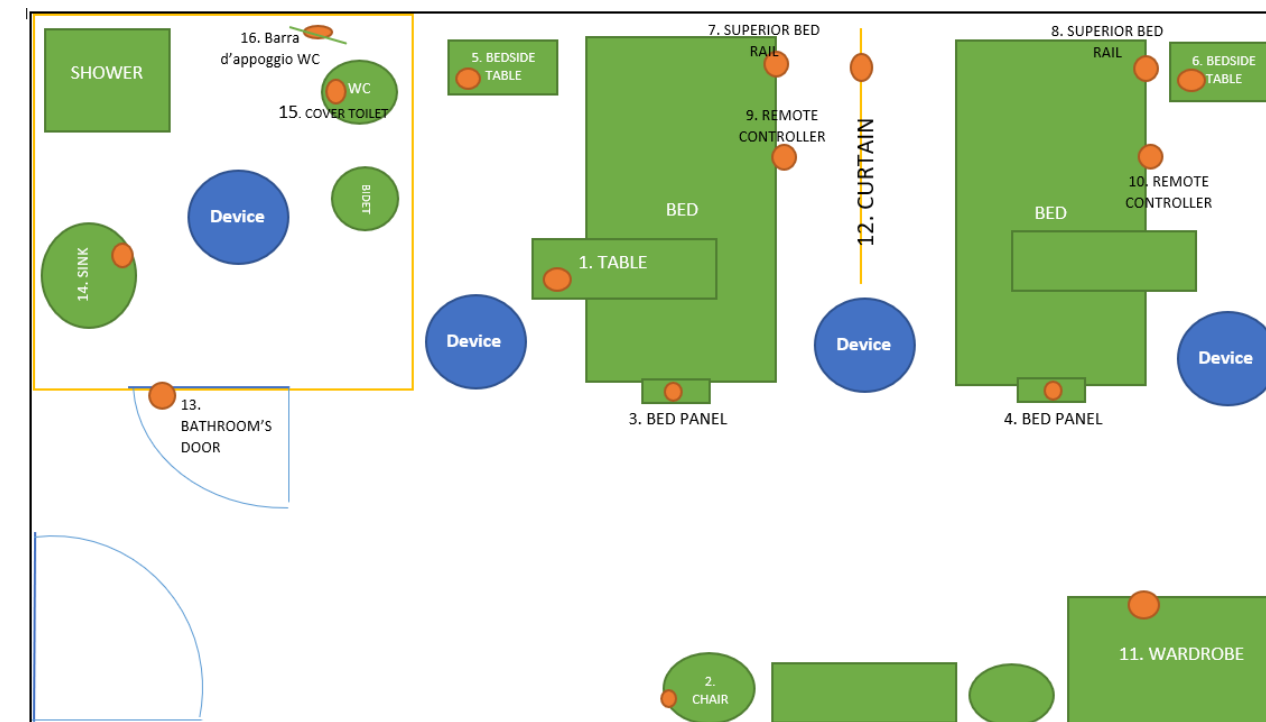


**Setting I  
(degenze riabilitative)**



- Abbiamo inizialmente condotto dei campionamenti preliminari con le piastre di Petri messe in coltura a 36 °C per 48h, per individuare i punti maggiormente contaminati **dopo la pulizia di fondo post-dimissione**;
- Attraverso l'analisi della probabilità abbiamo selezionato **6** punti su 12 per la stanza e **3** su 4 per il bagno;
- Abbiamo randomizzato le sequenze e campionato fino al raggiungimento di **400 piastre a contatto**.

## Risultati



- **Nelle stanze di degenza:**
  - Pre UVC-D media di 5.83 CFU/PD (CI 3.79-7.86) post UVC-D la media è 0.28 CFU/PD (CI 0.15-0.40).
  - Riduzione della contaminazione significativa ( $p < 0.001$ ).
  - L'83,3% dei siti contaminati aveva 0 CFU/PD dopo l'uso dell'UVC-D.

*Igiene e Sanità Pubblica*

fondata nel 1945 da Gaetano Del Vecchio  
già diretta da Gaetano e Vittorio Del Vecchio



Custodit vitam qui custodit sanitatem  
Sed prior est sanitas quam sit curatio morbi  
(Flas Medicinæ Scholæ Salerni)

In evidenza in questo numero  
Considerazioni post-pandemiche: Rinascita e/o  
Rifondazione della Sanità pubblica  
Trigger e risk management

Periodico bimestrale  
Volume LXXVI - N.4 - Luglio/ Agosto 2020  
IgSanPubbl - Ism 0019-1639  
www.igienesanita.com

Bosco R., Gambelli S., Urbano V., Cevenini G., Messina G.  
**Un approccio integrato per un miglior controllo della  
contaminazione in contesti ospedalieri**  
Igiene e Sanità Pubblica 2021, 77(1):29-38





**Improvement and standardization of disinfection in hospital theatre with ultraviolet-C technology**

R. Bosco<sup>a</sup>, G. Cevenini<sup>b</sup>, S. Gambelli<sup>c</sup>, N. Nante<sup>d</sup>, G. Messina<sup>d,\*</sup>

<sup>a</sup> Post Graduate School in Public Health, Department of Molecular and Developmental Medicine, University of Siena, Italy

<sup>b</sup> Department of Medical Biotechnologies, University of Siena, Italy

<sup>c</sup> Rugani Hospital Monteriggioni, Siena, Italy

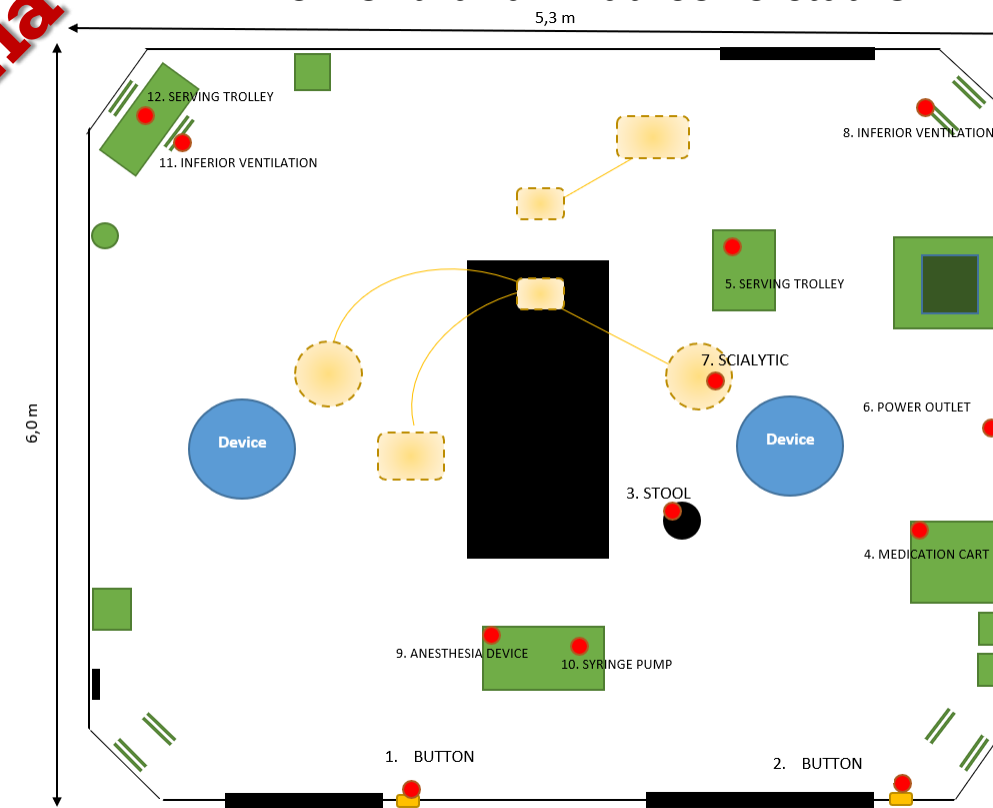
<sup>d</sup> Department of Molecular and Developmental Medicine, University of Siena, Italy

▪ Cosa simile abbiamo fatto per le sale operatorie, selezionando 6 punti.

▪ I momenti analizzati sono stati 3:

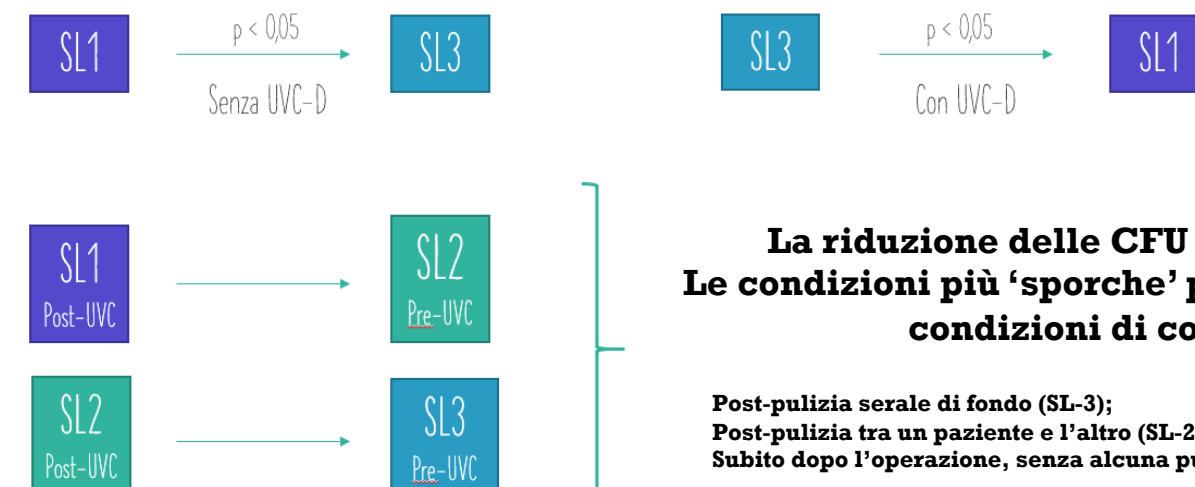
Post-pulizia serale di fondo (SL-3);  
 Post-pulizia tra un paziente e l'altro (SL-2);  
 Subito dopo l'operazione, senza pulizia (SL-1)

Setting  
 2  
 Sala operatoria



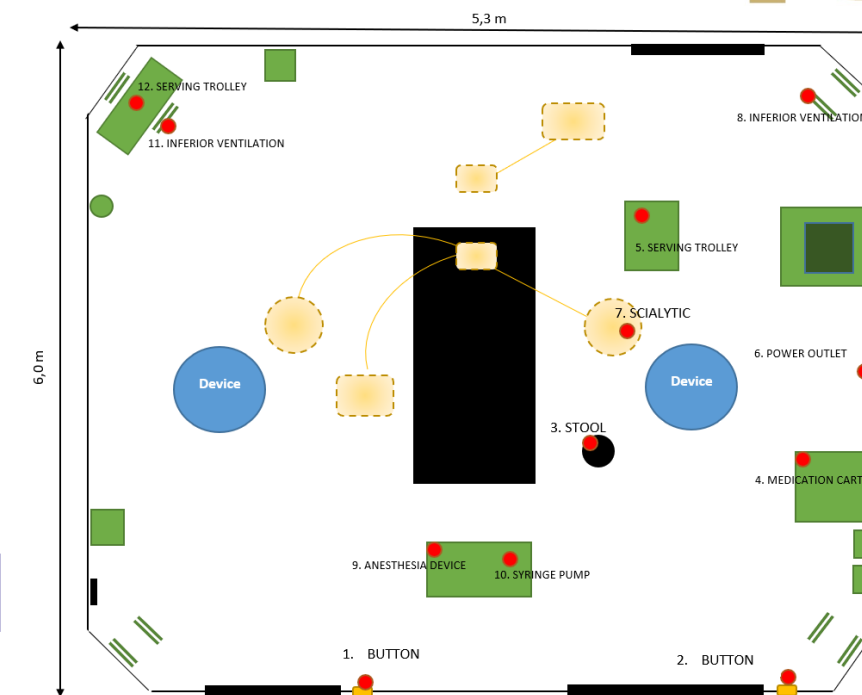
## Risultati

Riduzione significativa di tutte situazioni (SL1, SL2, SL3) tra pre vs post UVC-D ( $p < 0.001$ )



**La riduzione delle CFU è statisticamente significativa  $p < 0,05$ .  
Le condizioni più 'sporche' post-UVC hanno avuto meno CFU rispetto le  
condizioni di confronto più 'pulite' senza UVC.**

Post-pulizia serale di fondo (SL-3);  
Post-pulizia tra un paziente e l'altro (SL-2);  
Subito dopo l'operazione, senza alcuna pulizia (SL-1)





## Risultati

Table I

Log<sub>10</sub> and percentage reduction disinfection level (DL)-based colony-forming units in operating theatres of 46 Petri dishes

Reduction	DL	Mean	SE	95% CI
Log <sub>10</sub>	SL3	0.79	0.12	0.55–1.03
	SL2	0.75	0.11	0.53–0.97
	SL1	0.83	0.17	0.50–1.15
%	SL3	76.00	4.95	66.30–85.70
	SL2	72.22	5.03	62.37–82.07
	SL1	71.73	7.79	56.45–87.01

SE, standard error; CI, confidence interval.

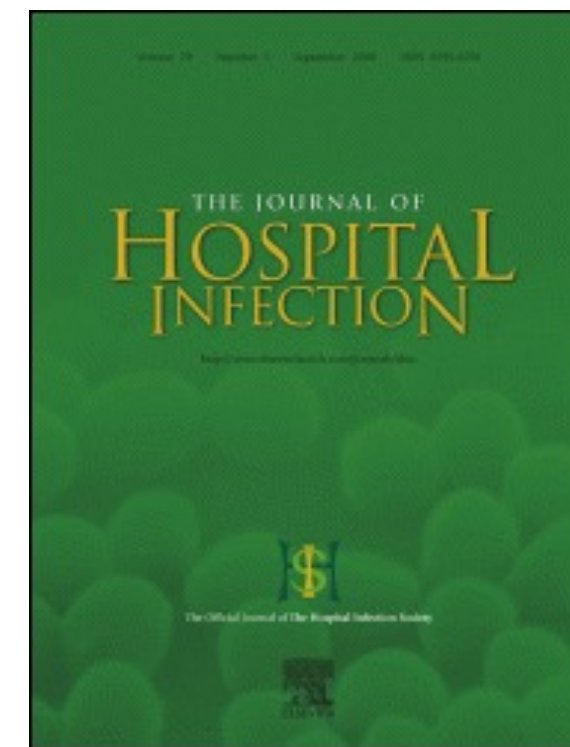
- (SL-3) Post-pulizia serale di fondo;**
- (SL-2) Post-pulizia tra un paziente e l'altro;**
- (SL-1) Subito dopo l'operazione, senza alcuna pulizia**

- I punti di irraggiamento vengono decisi in base alle dimensioni e alla conformazione della stanza:

*Ad esempio, in una sala operatoria come in figura la lampada viene posizionata ai lati del letto*

- Tipicamente si consiglia un'esposizione di 5-10 minuti per punto (varia a seconda della potenza delle lampade del sistema)
- Stiamo dimostrando che anche con 3 minuti per punto, alcuni sistemi raggiungono un ottimo livello di disinfezione ad una distanza (raggio) di 2,50m
- Bisogna fare attenzione alle zone d'ombra





Bosco R., Cevenini G., Gambelli N., Nante N., Messina G.  
**Improvement and standardization of disinfection in Hospital Theatre with UV-C technology**  
Journal of Hospital Infection, 2022, 128:19-25  
doi: org/10.1016/j.jhin.2022.07.006



Il problema delle ICA ed il ruolo dell'ambiente

Approccio alla disinfezione ambientale

**Innovazione nella disinfezione ambientale**

▪ Emettono UV alla **lunghezza d'onda da 230 a 400 nm (a step 5nm).**

- Efficaci ad ampio spettro su batteri, funghi e virus
- Non emettono ozono
- Sono prive di Mercurio
- Bassa emissione di calore
- Alimentabili a pile
- Lunghezza d'onda molto selettiva
- Accensione e spegnimento istantaneo (ON/OFF)
- Dimensioni molto contenute

**UV-LED**





- Lampade ad eccimeri basate su una miscela di gas di krypton-cloro (Kr-Cl) che emette principalmente a 222 nm. Le radiazioni UV a questa lunghezza d'onda inattivano i batteri in modo efficiente e sembra non siano citotossici o mutageni per le cellule di mammifero.
  - Efficaci ad ampio spettro sia su batteri che virus
  - Sono prive di Mercurio
  - Bassa emissione di calore
  - Lunghezza d'onda molto selettiva
  - Accensione e spegnimento istantaneo (ON/OFF)

**FAR UV-C: 222 nm**





## Ma sono sicuri?

- L'efficacia degli UVC nell'inattivazione di virus, funghi e batteri è ormai consolidata, ma l'esposizione alle radiazioni può avere effetto mutageno per la pelle e causare cataratta.
- Tuttavia ci sono evidenze che testimoniamo come alcune frequenze della luce possano avere effetto biocida ma essere meno dannose per l'uomo.
- Ad esempio luce a:
  - **Near UVA n(UVA), a 405 nm**
  - **FAR UV-C a 222 nm**





- La luce visibile blu scura alla lunghezza d'onda di 405 nm, da LED, viene assorbita dalle porfirine batteriche, producendo radicali dell'ossigeno e quindi morte cellulare.
  - Basso effetto germicida, utili per un irraggiamento continuo di superfici
  - Possibilità di utilizzo anche in stanze occupate
  - Efficaci sui fluidi non in movimento
  - Potenzialmente nocive per l'uomo, soprattutto a livello oculare



[www.nature.com/scientificreports](http://www.nature.com/scientificreports)

scientific reports

OPEN **Efficacy of violet–blue light to inactive microbial growth**

Davide Amodeo<sup>1</sup>, Valentina Lucarelli<sup>2</sup>, Isa De Palma<sup>1</sup>, Alessandro Puccio<sup>1</sup>, Nicola Nante<sup>2</sup>, Gabriele Cevenini<sup>1</sup> & Gabriele Messina<sup>2</sup>✉

The increase in health care-associated infections and antibiotic resistance has led to a growing interest in the search for innovative technologies to solve these problems. In recent years, the interest of the scientific community has focused on violet–blue light at 405 nm (VBL405). This study aimed to assess the VBL405 efficiency in reducing microbial growth on surfaces and air. This descriptive study run between July and October 2020. Petri dishes were contaminated with *P. aeruginosa*, *E. coli*, *S. aureus*, *S. typhimurium*, *K. pneumoniae* and were placed at 2 and 3 m from a LED light source having a wavelength peak at 405 nm and an irradiance respectively of 967 and 497  $\mu\text{W}/\text{cm}^2$ . Simultaneously, the air in the room was sampled for 5 days with two air samplers (SAS) before and after the exposition to the VBL405 source. The highest microbial reduction was reached 2 m directly under the light source: *S. typhimurium* (2.93  $\log_{10}$ ), *K. pneumoniae* (2.30  $\log_{10}$ ), *S. aureus* (3.98  $\log_{10}$ ), *E. coli* (3.83  $\log_{10}$ ), *P. aeruginosa* (3.86  $\log_{10}$ ). At a distance of 3 m from the light source, the greatest reduction was observed for *S. aureus* (3.49  $\log_{10}$ ), and *P. aeruginosa* (3.80  $\log_{10}$ ). An average percent microbial reduction of about 70% was found in the sampled air after 12 h of exposure to VBL405. VBL405 has proven to contrast microbial growth on the plates. Implementing this technology in the environment to provide continuous disinfection and to control microbial presence, even in the presence of people, may be an innovative solution.

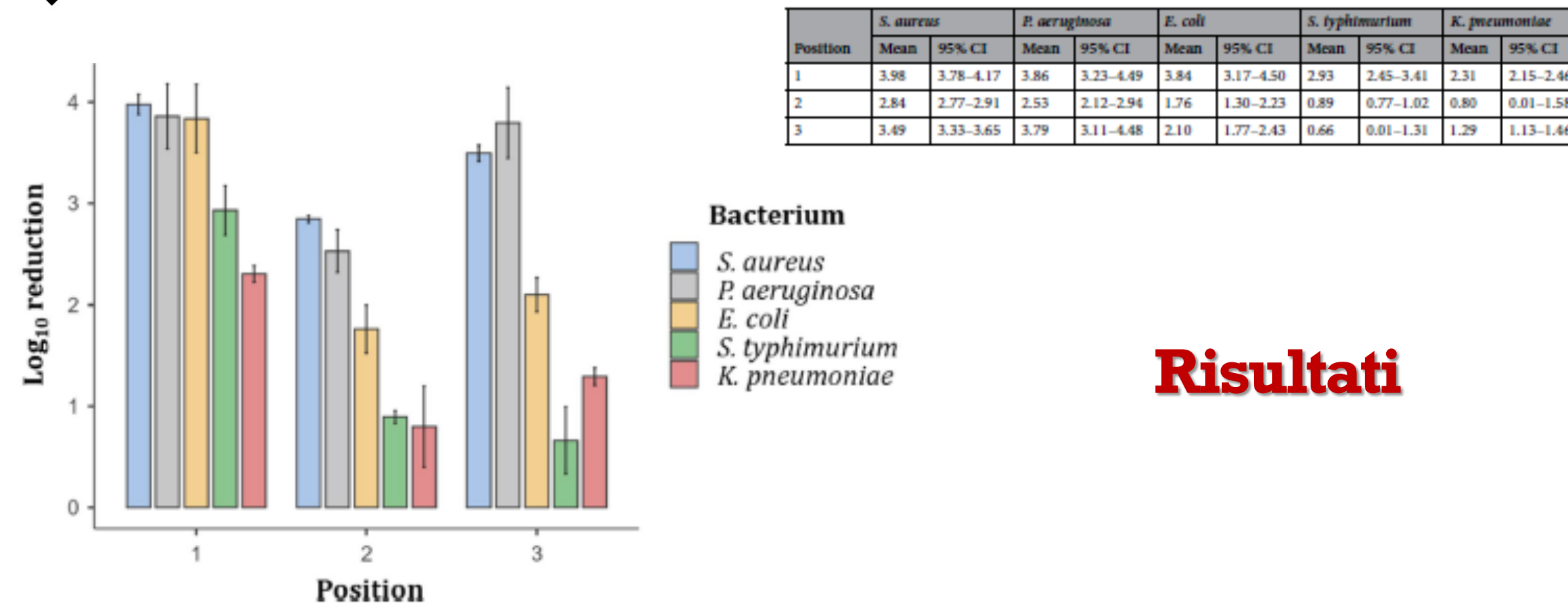
**Abbreviations**  
VBL405 Violet–blue light at 405 nm

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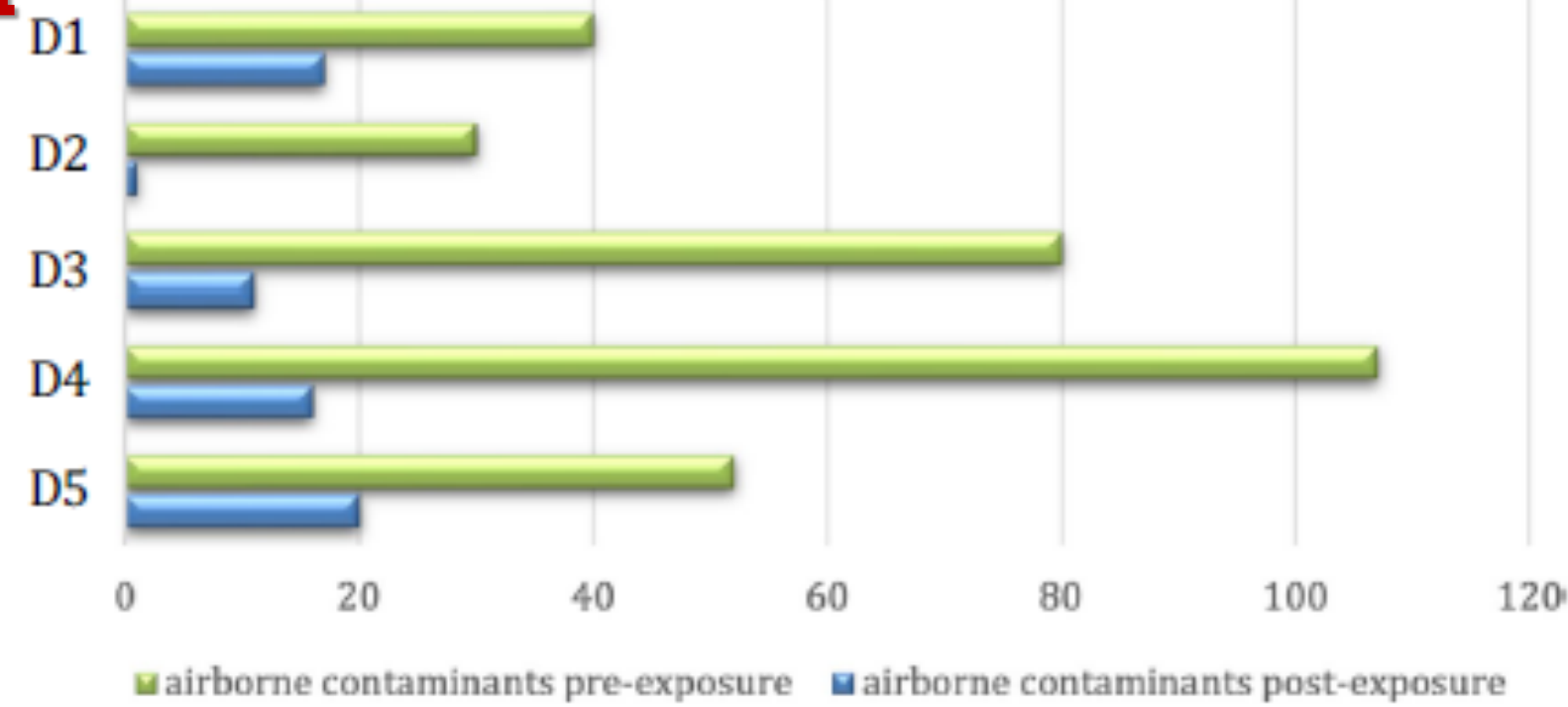


**Figure 4.** Bar plot of the mean  $\log_{10}$  reduction of the 5 microbes after 12 h of exposure to VBL405. The vertical intervals across the top of the bars represent  $\pm 1$  standard error of mean.

**Risultati**

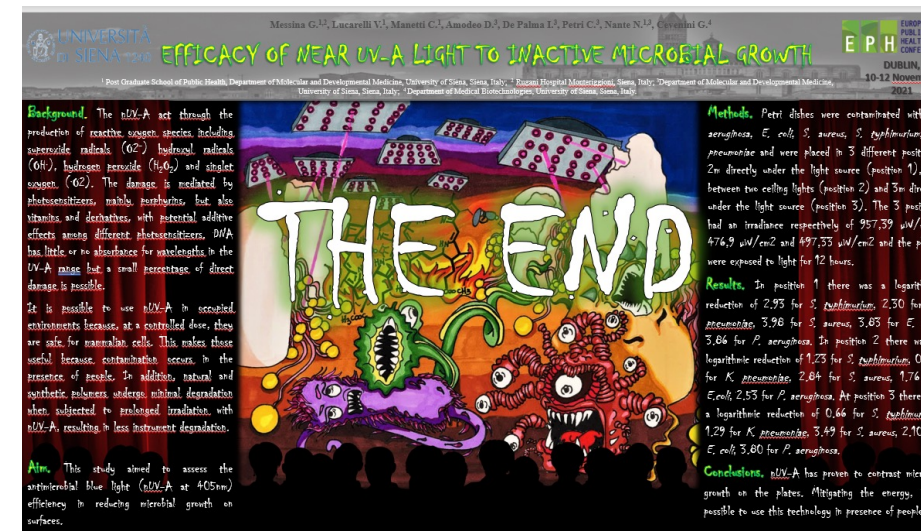
**Risultati**

Air test with SAS pre/post exposure  
 (CFU/m<sup>3</sup> counts)





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Amodeo D., Lucarelli V., De Palma Isa, Puccio A., Nante N., Cevenini G., Messina G.  
**Efficacy of violet-blue light to inactive microbial growth**  
Scientific Report 2022, 12:20179  
doi: org/10.1038/s41598-022-24563-1

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**Continuous Environmental Disinfection  
 Technology**



ON



OFF



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
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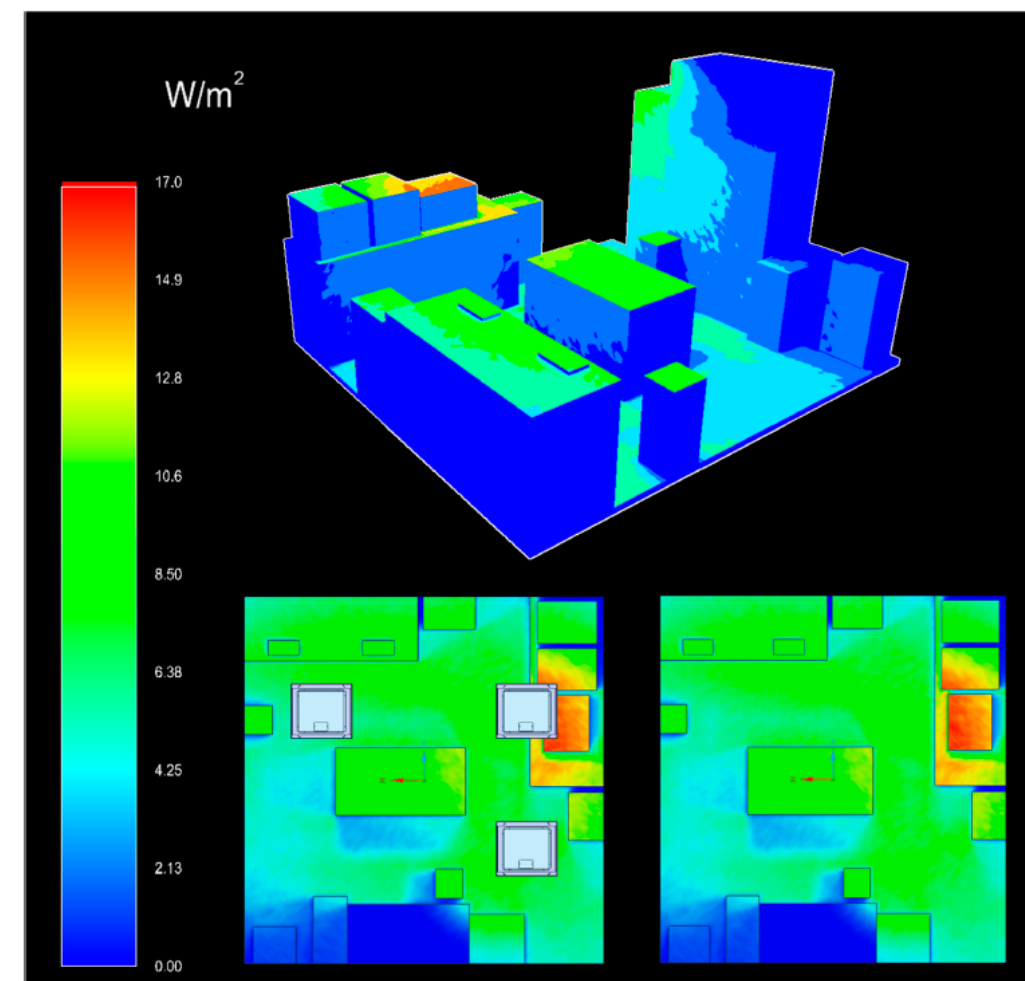


Article

**Efficacy of Violet-Blue (405 nm) LED Lamps for Disinfection of High-Environmental-Contact Surfaces in Healthcare Facilities: Leading to the Inactivation of Microorganisms and Reduction of MRSA Contamination**

Davide Amodeo <sup>1,\*</sup>, Pietro Manzi <sup>2</sup>, Isa De Palma <sup>1</sup>, Alessandro Puccio <sup>3</sup>, Nicola Nante <sup>3</sup>, Mariella Barcaccia <sup>4</sup>, Daniele Marini <sup>5</sup> and Donatella Pietrella <sup>5</sup>





**Figure 1.** Photoradiometric simulation of the violet-blue light distribution in the laboratory where the tests were carried out. Above is the three-dimensional plane of light distribution, representing intensity with a colorimetric scale associated with irradiance values (in W/m<sup>2</sup>);

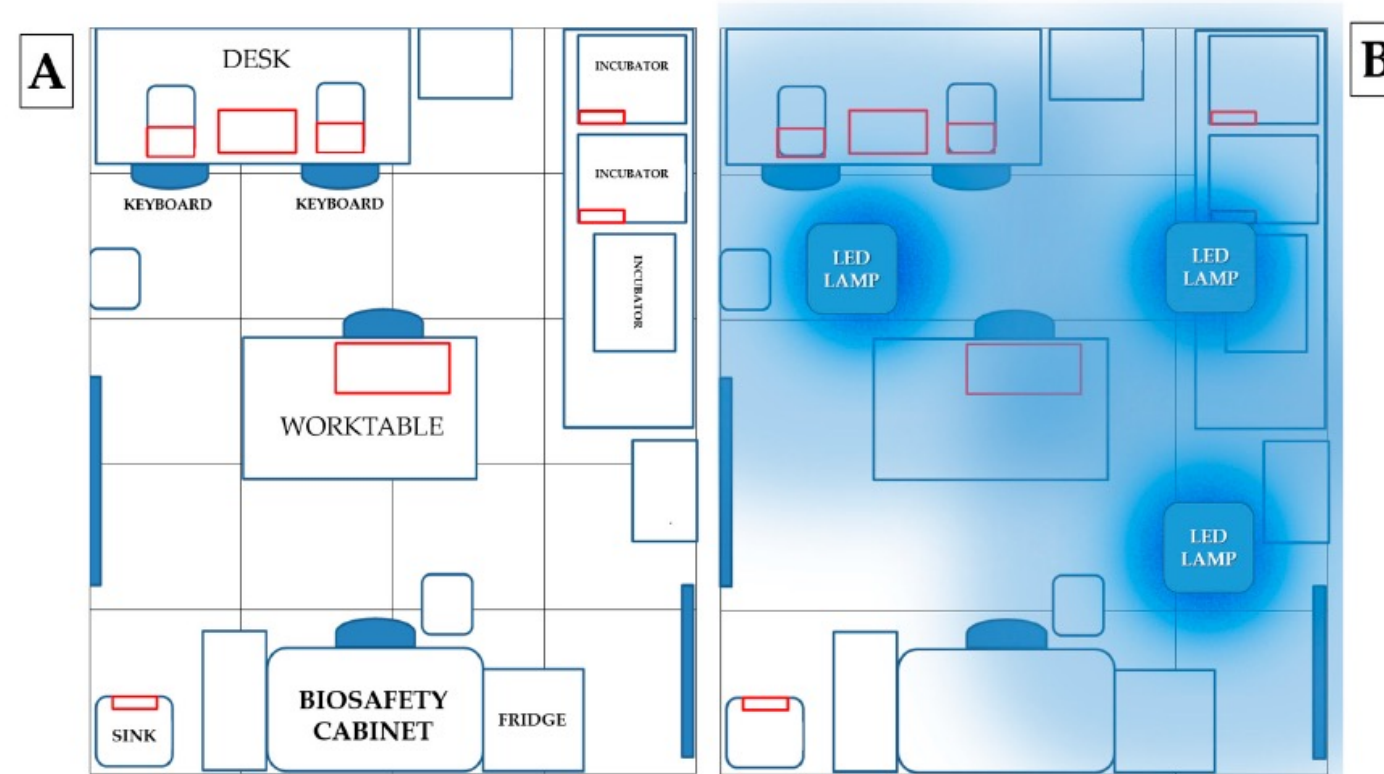


Figure 2. (A) Map of sampling points: areas sampled are outlined in red: (i) desk, (ii) keyboard, (iii) incubator handle, (iv) worktable and (v) sink. (B) Map of lamps positioned on the ceiling: the three lamps were positioned at the same distance from the perimeter walls of the room in order to illuminate all laboratory surfaces as equally as possible.

**Risultati**

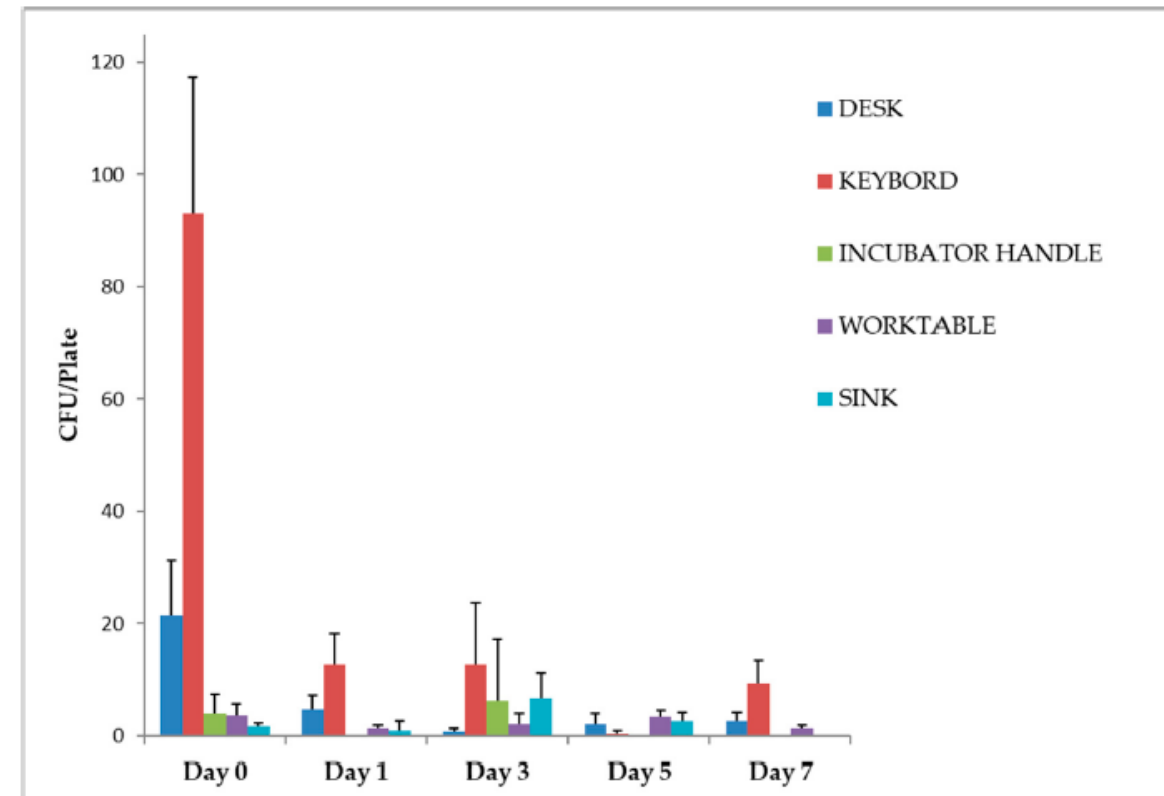


Figure 3. Work surfaces disinfection, irradiated with violet-blue light. Data are expressed as mean  $\pm$  SD (standard deviation) of three determinations carried out in adjacent areas at the same point. The number of CFU of bacteria, yeasts and moulds was evaluated as described in the Section 2. Statistical analysis of the raw data was performed by *t*-test.



**Risultati**

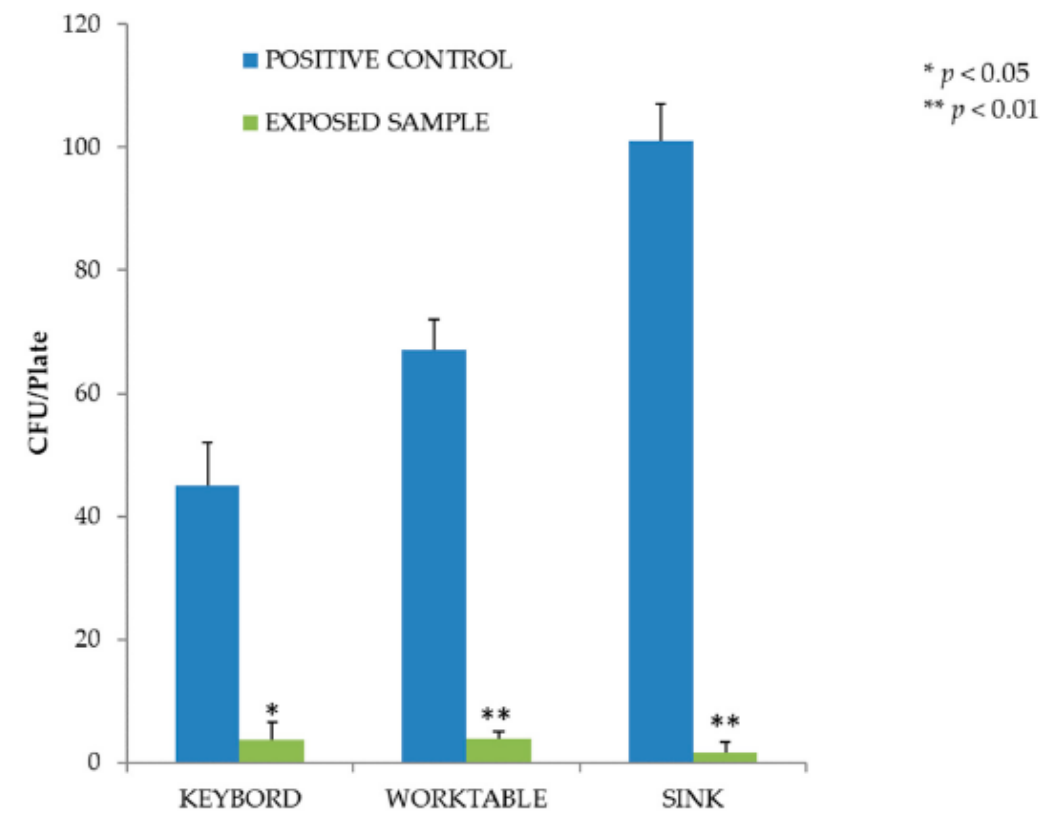


Figure 4. Inactivation of MRSA after exposure to the violet-blue lamp. Data are expressed as mean ± SD (n = 3). \*  $p < 0.05$  (CFU after irradiation, days 1-3-5-7, vs. CFU before irradiation, day 0).



Amodeo D., Manzi P., De Palma I., Puccio A., Nante N., Barcaccia M., Marini D., Pietrella D.  
**Efficacy of Violet-Blue (405 nm) LED Lamps for Disinfection of High-Environmental-Contact Surfaces in Healthcare Facilities: Leading to the Inactivation of Microorganisms and Reduction of MRSA Contamination**  
Pathogens 2023, 12:1338  
Doi: [org/10.3390/pathogens12111338](https://doi.org/10.3390/pathogens12111338)

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Journal of Environmental Health Science and Engineering  
<https://doi.org/10.1007/s40201-023-00850-5>

RESEARCH ARTICLE



### Safer school with near-UV technology: novel applications for environmental hygiene

G. Messina<sup>1,2</sup> · R. Bosco<sup>2</sup> · D. Amodeo<sup>3</sup> · N. Nante<sup>1,2</sup> · I. De Palma<sup>3</sup> · C. Petri<sup>3</sup> · G. Cevenini<sup>3</sup>

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**Continuous Environmental Disinfection  
Technology**  
Near UVA lamps (405 nm)

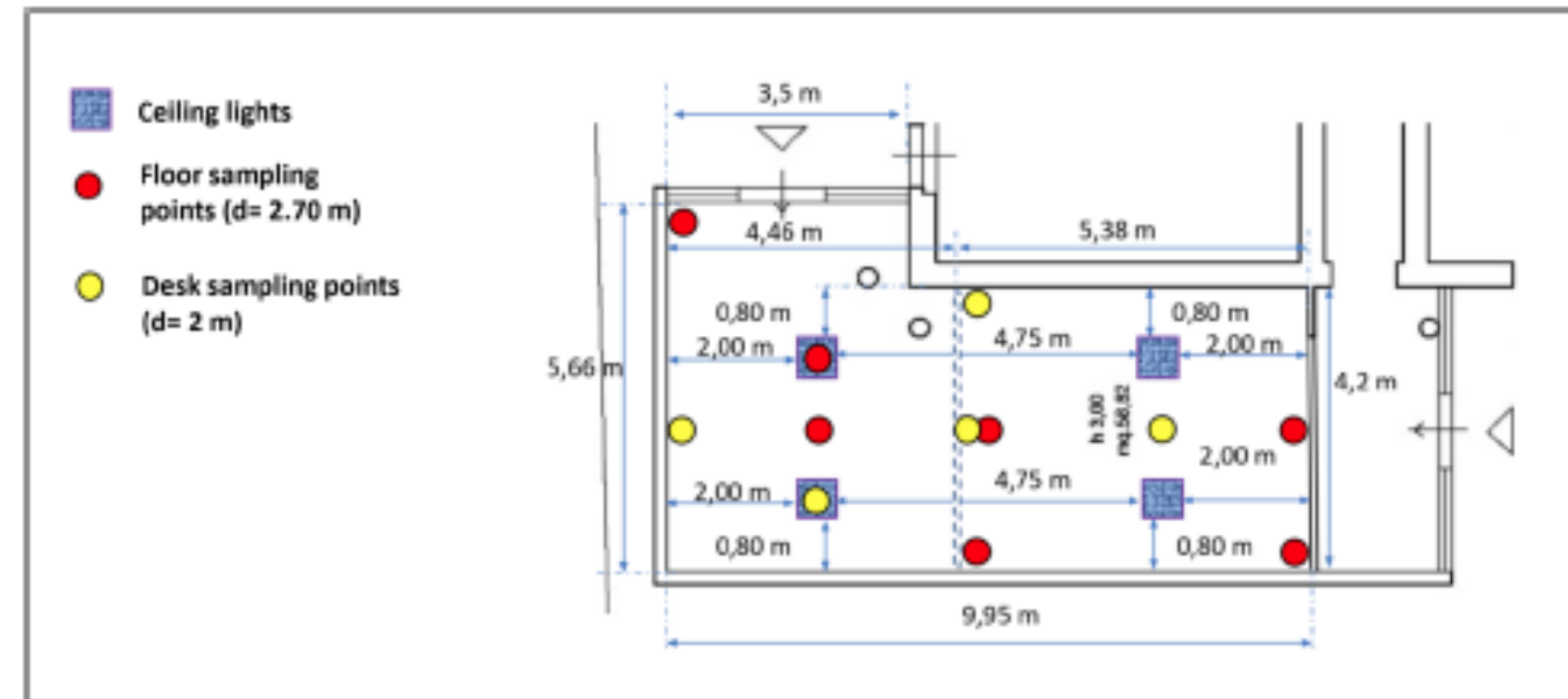


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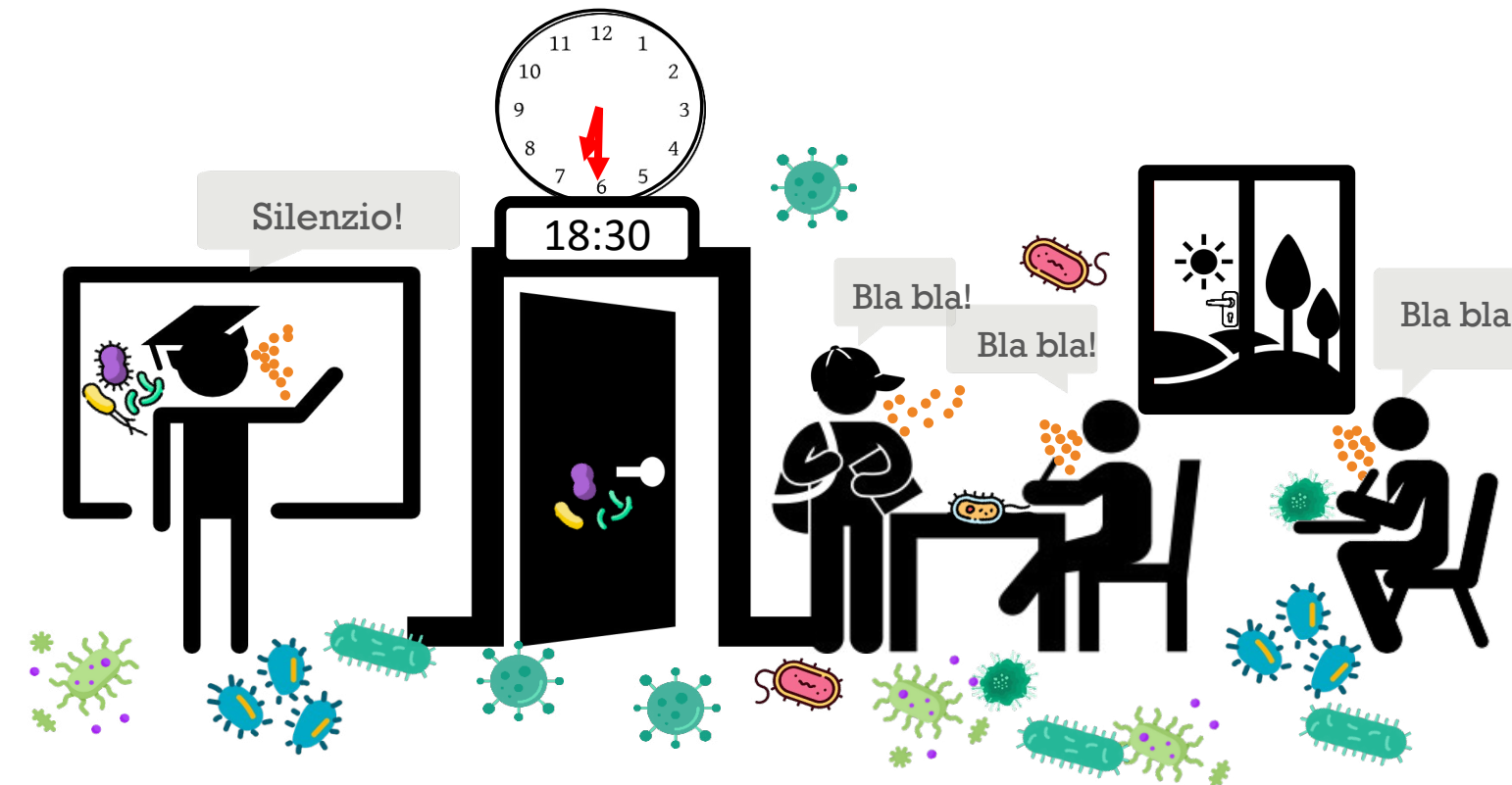


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Point	Irradiance (μW/cm <sup>2</sup> )
1	172.0
2	148.6
3	674.8
4	231.1
5	240.6
6	359.7
7	312
8	682.9
9	519.1
10	515.4
11	284.3
12	96.4

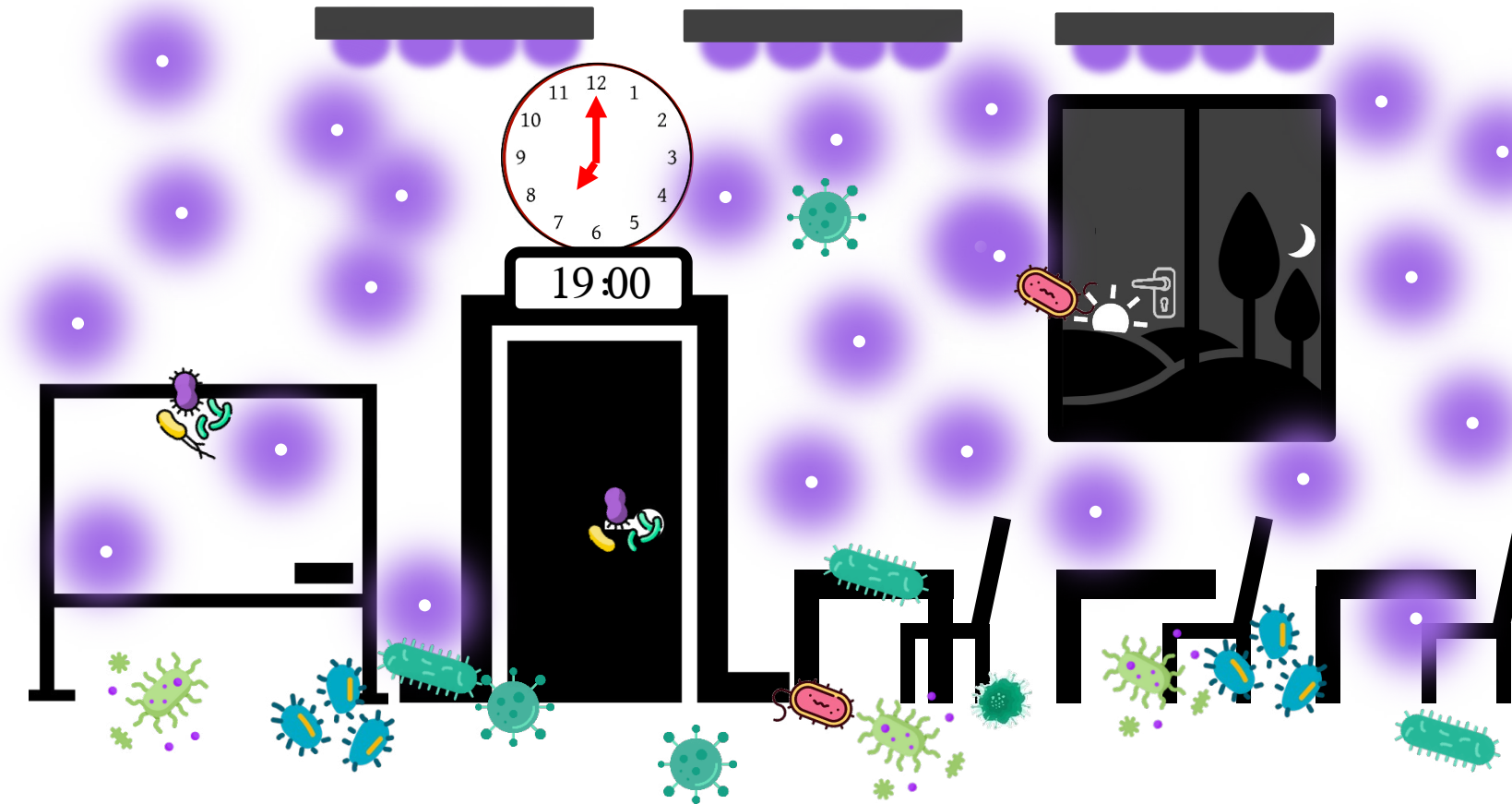
System OFF



In una situazione tipo: alla fine delle attività didattiche



System ON @ 100%

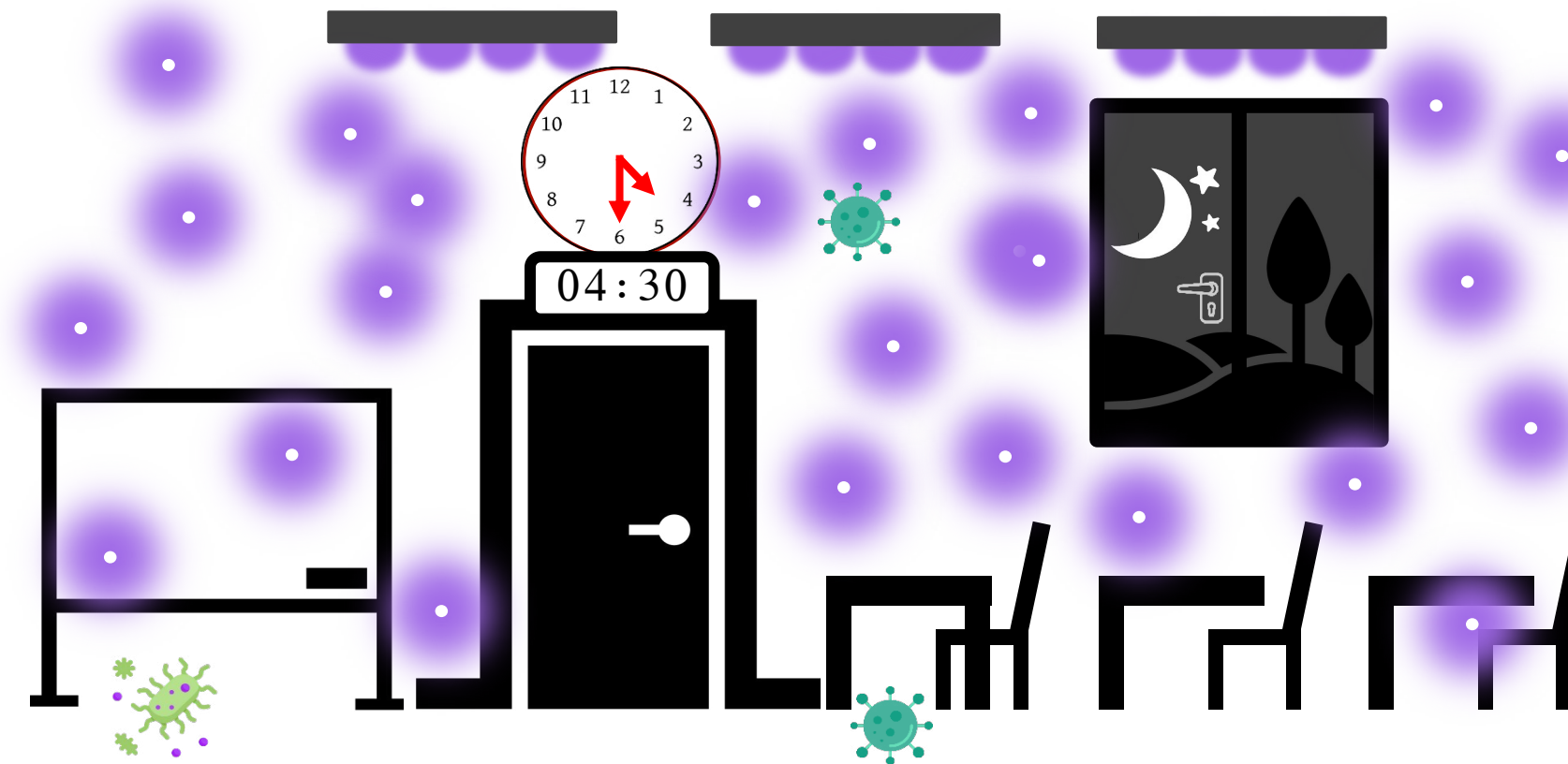


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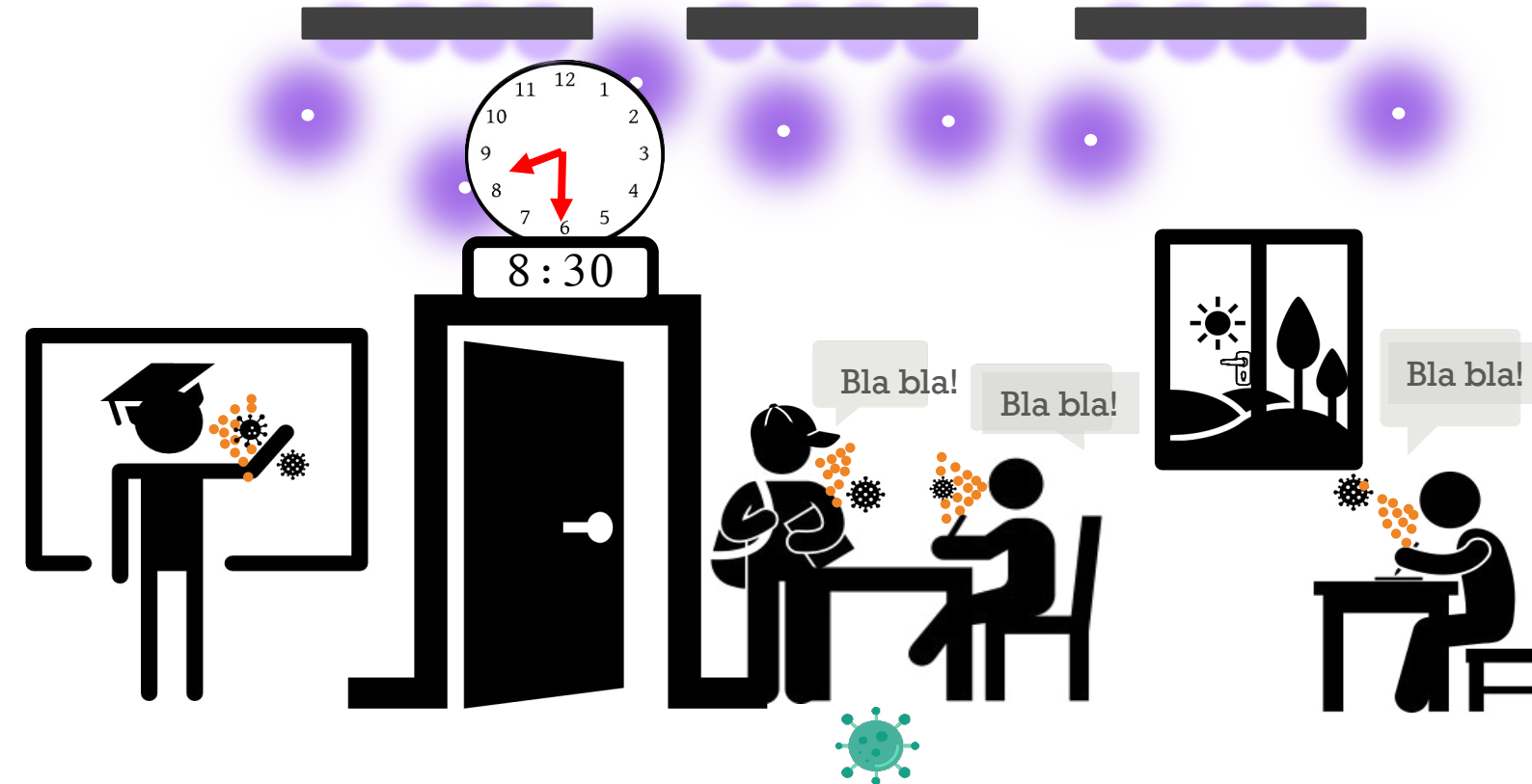


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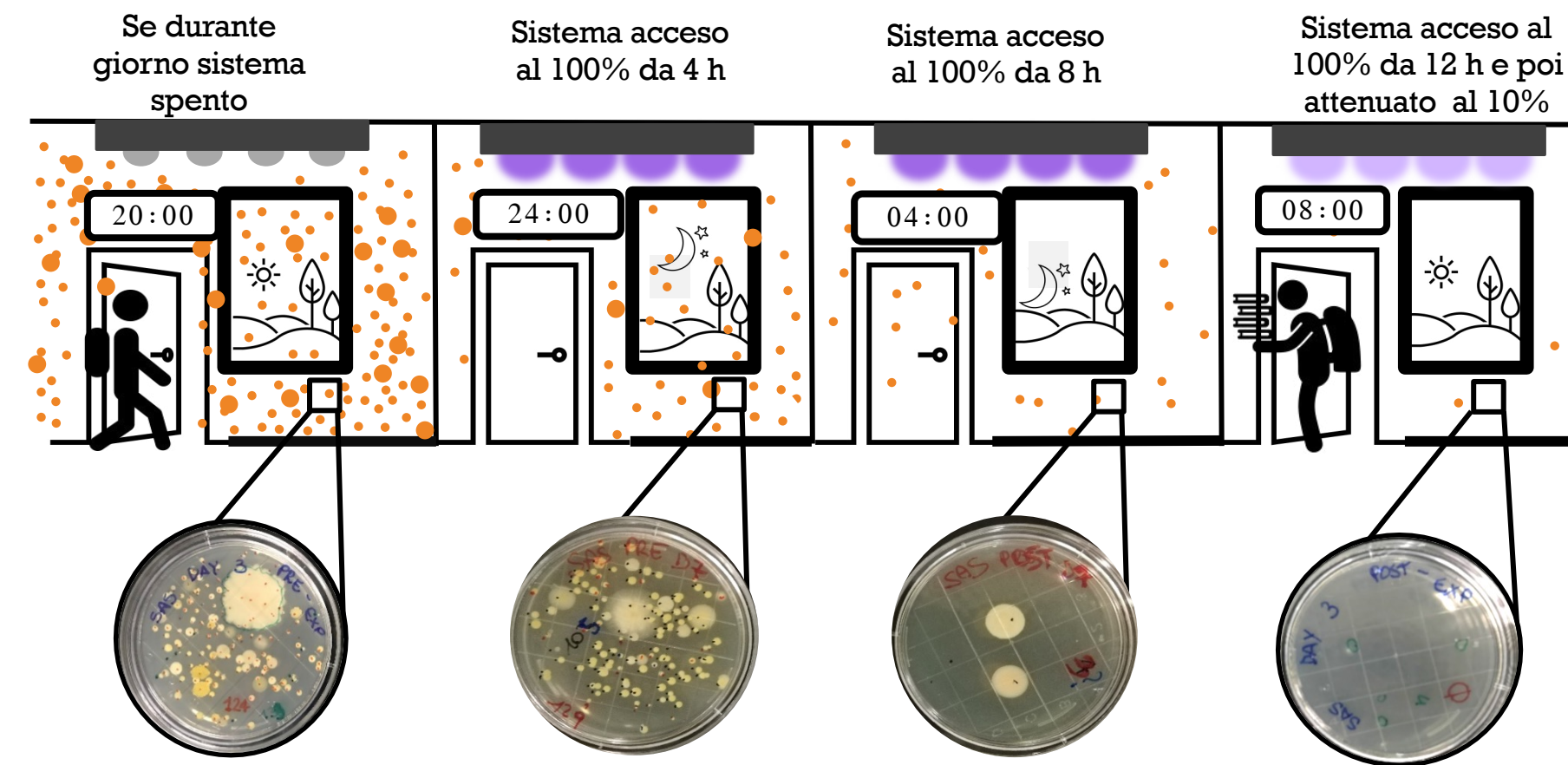


System ON @ 10%



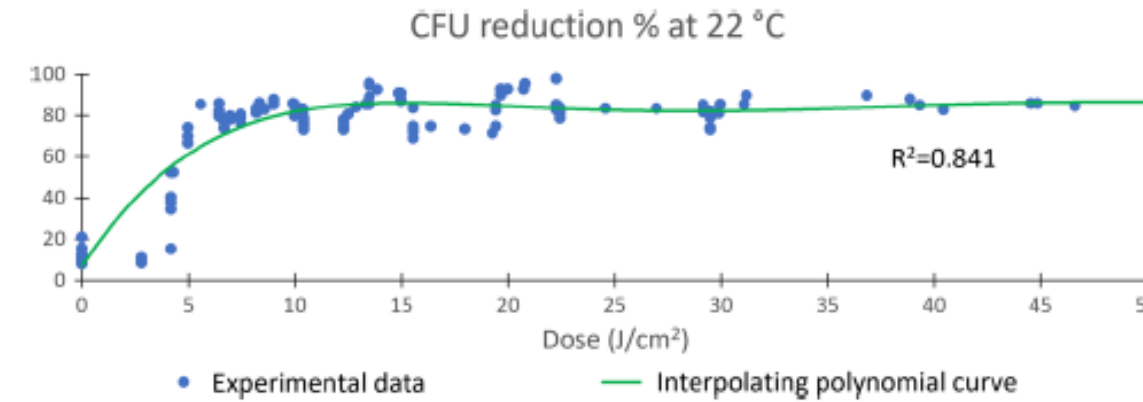
Il giorno dopo, all'inizio, con il sistema a luce ridotta

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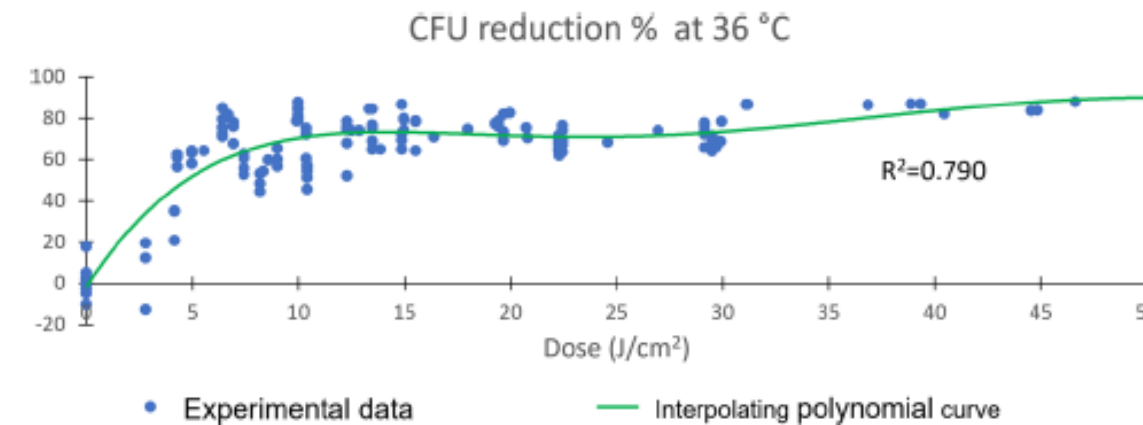


**Risultati**

**Fig. 3** Dose-dependent CFU percentage reduction after nUV exposure of the samples incubated at 22 °C. R<sup>2</sup> ranges from 0 to 1 and represents the fitting accuracy (0=null; 1=perfect) of the polynomial model (green line)



**Fig. 4** Dose-dependent CFU percentage reduction after nUV exposition of the samples incubated at 36 °C. R<sup>2</sup> ranges from 0 to 1 and represents the fitting accuracy (0=null; 1=perfect) of the polynomial model (green line)



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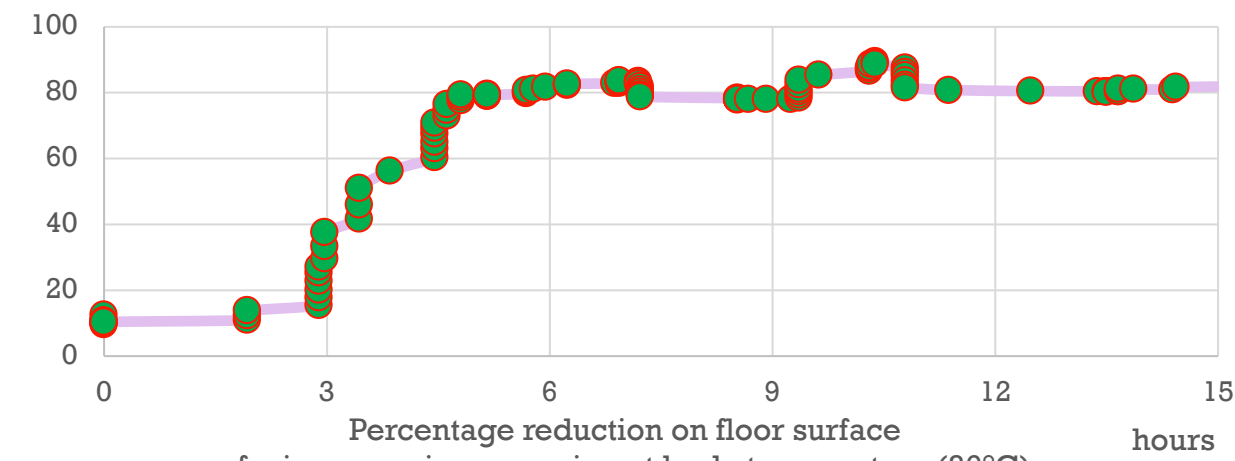


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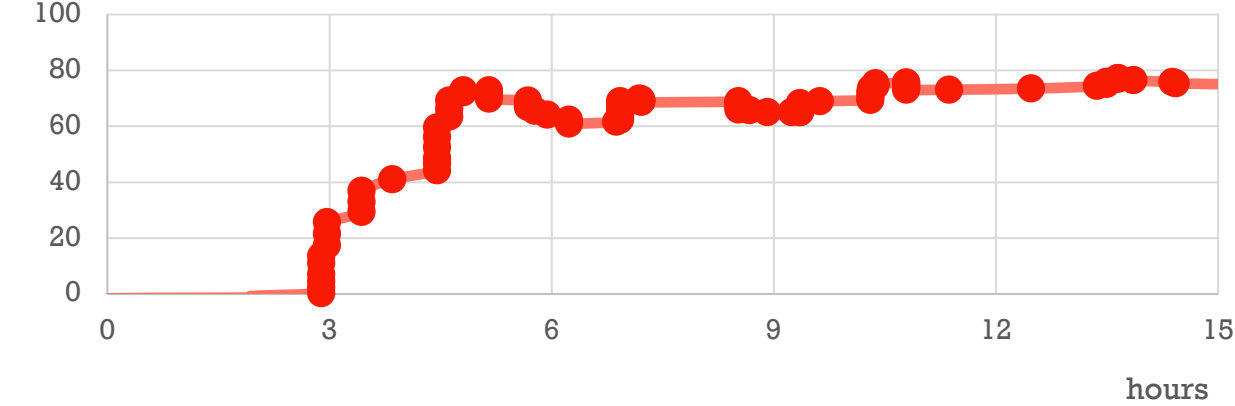




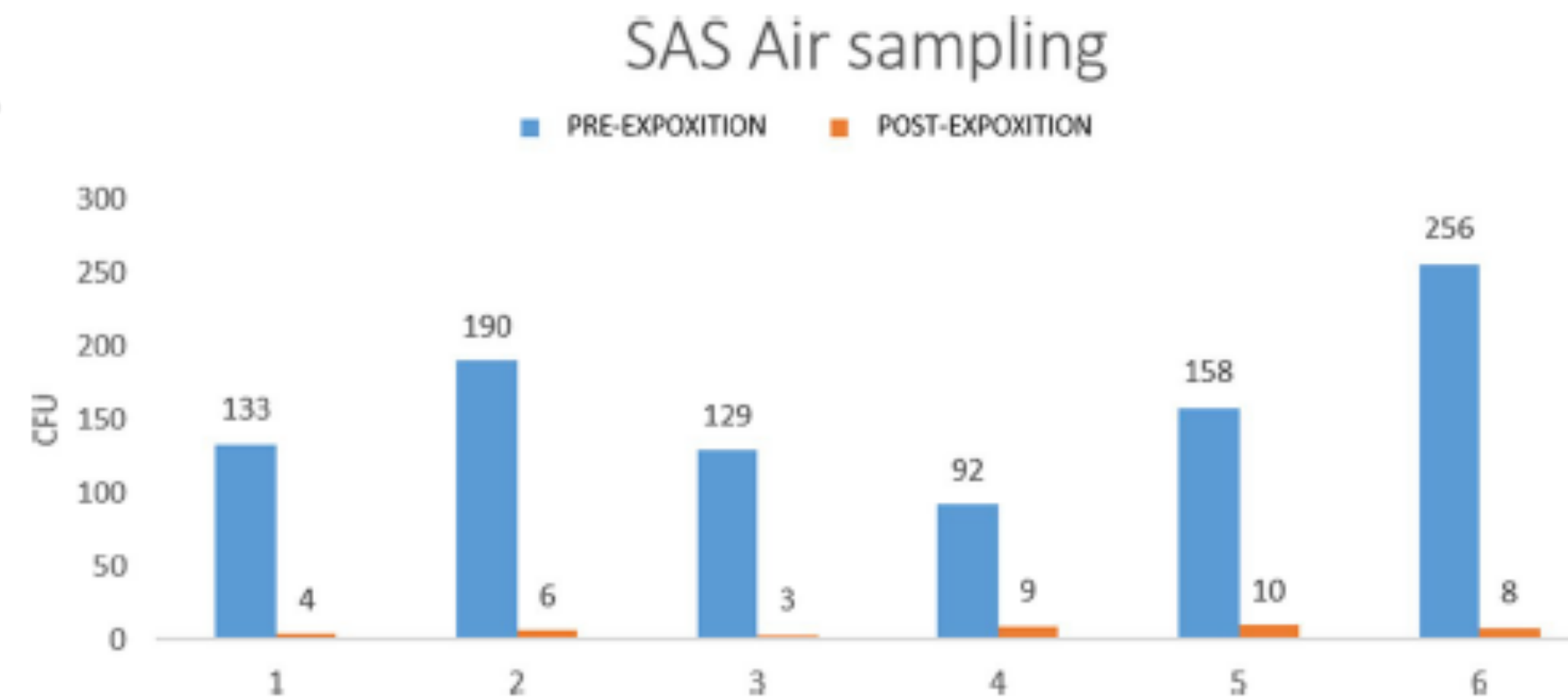
Percentage reduction on floor surface  
of microorganisms growing at room temperature (22°C)



Percentage reduction on floor surface  
of microorganisms growing at body temperature (36°C)



**Risultati**





Messina G., Bosco R., Amodeo D., Nante N., De Palma I., Petri C., Cevenini G.

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doi: 10.1007/s40201-023-00850-5



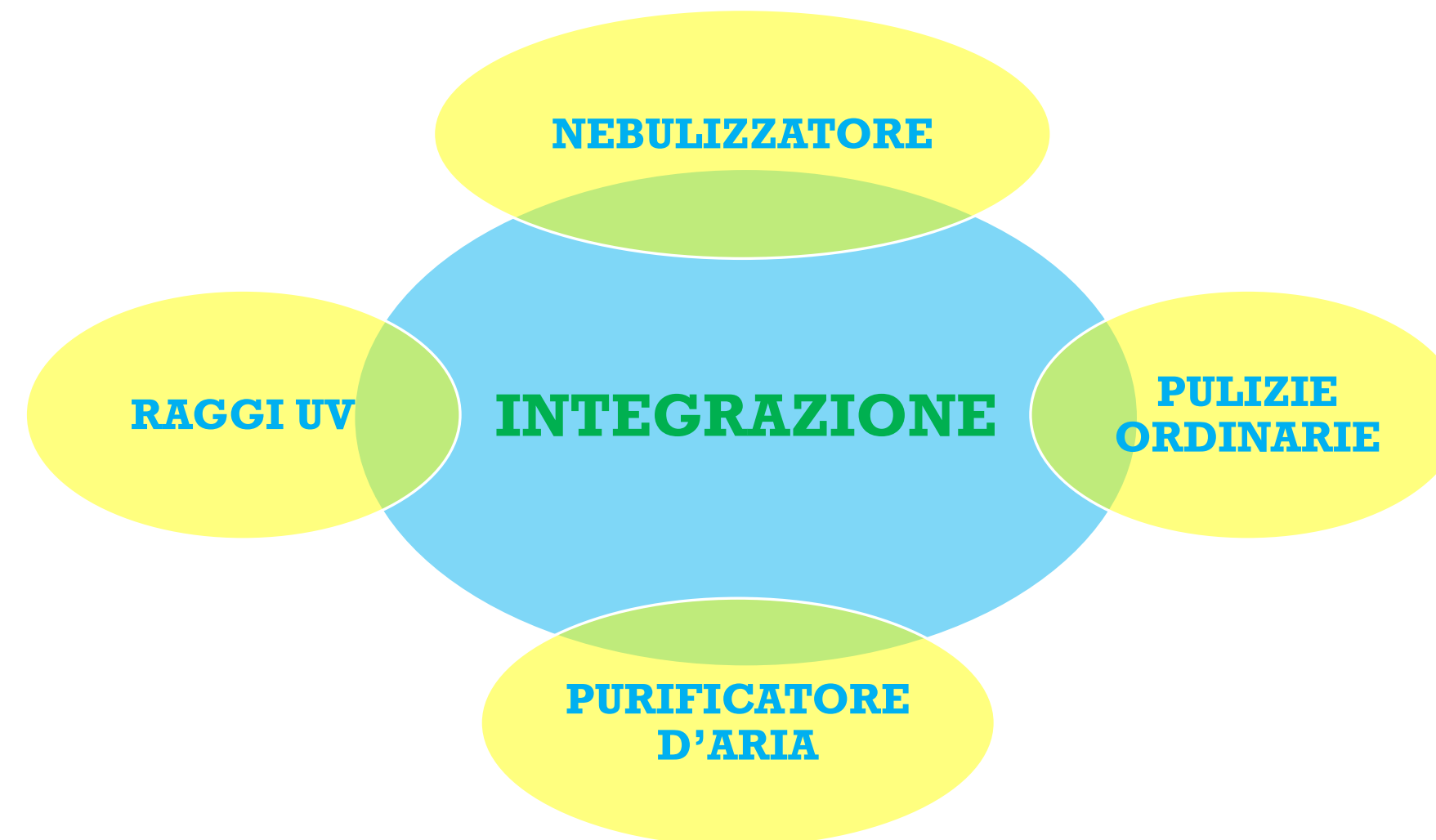
PERMANENT ENVIRONMENTAL DISINFECTION TECHNIQUES IN HOSPITAL SETTINGS WITH INFECTIOUS RISK

Igiene e Sanità Pubblica 2021; 77(1): 676-692

*Permanent environmental disinfection techniques in hospital settings with infectious risk*

*Tecniche di disinfezione ambientale permanente negli ambienti ospedalieri a rischio infettivo*

Manzi P.\* , Messina G. , Falcone V.\*\* , Cevenini G.\*\*\* , Bernardini I.\* , De Lio C.\* , Pieri L.\* , De Filippis G.\* , Violi S.<sup>§§</sup>



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Cautele vitam qui curatque sanitatem  
Sed prior est sanitas quam sit curatio morbi  
(Flav. Medicus Scholae Salerni)

In evidenza in questo numero  
Considerazioni post-pandemiche: Rinascita e/o  
Rifondazione della Sanità pubblica  
Trigger e risk management

Periodico bimestrale  
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Grazie per l'attenzione

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