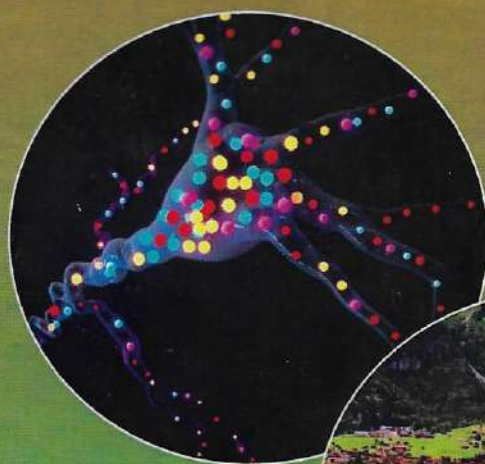


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## BIOFILM FORMING ABILITY AND THE PRESENCE OF *IcaD* GENE IN BACTERIA ISOLATED FROM BATHING TOWELS OF STUDENTS OF A PRIVATE TERTIARY INSTITUTION

By

Olisaka, F.N.<sup>a, b</sup>, Nkwocha, P. N.<sup>b</sup>, Eze, C.<sup>a</sup> and Okoli, C.<sup>b</sup>

<sup>a</sup>Faculty of Natural Sciences and Environmental Studies, Department of Biological Sciences. Godfrey Okoye University, P. M.B 01014, Thinkers Corner Enugu, Nigeria.  
[frances@gouni-edu.ng](mailto:frances@gouni-edu.ng)

<sup>b</sup>Faculty of Sciences, Department of Biological Sciences. Benson Idahosa University Cafeteria, Okha Campus, Benin City,

### Abstract:

#### Background:

A towel is an absorbent fabric or paper used for drying or cleaning a body or wiping surface. The skin itself provides a large area for microbial colonization and hence the skin ecosystem is not uniform.

#### Aim:

The aim of this study was to determine the presence and nature of biofilm forming bacteria and the presence of *icaD* genes found on bathing towels.

#### Methods:

A total of 20 bathroom towels samples were used following the standard microbiological techniques. Colony morphology, Gram's staining and biochemical tests were used for isolation and identification of bacteria. Antimicrobial susceptibility test was performed by Kirby-Bauer disc diffusion method and the Congo Red Agar was used for the screening of biofilm production. Finally, the detection of *icaD* gene was determined by PCR.

#### Results:

Nineteen(19) out 20 isolates were identified tentatively as *Staphylococcus* spp. and the other was identified as *E. coli*. All the isolates produced biofilm. In particular, isolates 3, 5, 12, and 13 produced the most biofilm (strong). On the other isolates 15, 16, 18, 19 were moderate biofilm formers. Isolates 1,2,4,6,7,8,9,10,11,14, 17,20 were weak producers of biofilm.

#### Conclusions:

The findings from this study indicated that there is a high level of bacterial contamination on bathroom towels. This is of tremendous clinical significance, because of its potential to cause epidemics in school hostels. Moreover, the antibiotic susceptibility of isolates showed resistance to at least three antibiotics. Furthermore, it indicated a similar scenario in other places.

**Keyword:** Towels, Bacteria, Biofilm, *icaD*, *Staphylococcus* spp.



## Article History

### 1. BACKGROUND

A towel is an absorbent fabric or paper used for drying or cleaning a body or wiping surface. It absorbs moisture through direct contact often either by using a rubbing or blotting motion.

Microbes thrive in warm and moist environment that is full of oxygen under optimum temperature of (25°C-37°C) and PH of (5-9) (Liam and Hudson 2004).

The skin itself provides a large area for microbial colonization and hence the skin ecosystem is not uniform. The most common microorganisms found on the skin as its normal flora include *staphylococcus epidermis* (which is found mostly in the regions of the upper body), *staphylococcus hominis* (found on the arms and legs) and *micrococci* yellow pigmented species, some others include gram positive Bacilli belonging to a group of bacteria known as *Coryneform* which include *Corynebacterium* and *Propionibacterium*. Most organisms have the ability to spread on towels and are then infectious. Some include; *Escherichia coli* (Arch chemical 2012), *Salmonella typhimurium*, *Staphylococcus aureus*, *Bacillus aureus* (Spicer 1959), *Campylobacter* (Liam and Hudson 2004).

A biofilm may be defined as a microbe-derived sessile community featured under organisms that are attached to a substratum, interface or each other embedded in matrix of extracellular polymeric substance and exhibit an altered phenotype with respect to growth, gene expression and protein production.

The biofilm infection life cycle generally follows the same steps of attachment (which has to do with the interaction between bacteria and the implant) accumulation (which involves interactions between bacterial cells) maturation (formation of viable 3D structure) and dispersion/detachment (release from the biofilm).

### 2. METHODS

#### 2.1 Collection of samples and Isolation of Bacteria

A total of 20 bathroom towels were swabbed to

extract bacteria from the towels with the use of sterile cotton swabs. Once the sample was obtained, the swab was placed in a sterile 15ml centrifuge tube and placed in a 4°C refrigerator until further analysis. After 24 hours, each sample was streaked onto Nutrient agar, MacConkey agar, Mannitol salt agar and Membrane faecal coliform agar plates. Four-quadrant streak plate technique was performed. All the plates were incubated for 24 hours at 37°C. After the overnight incubation, the plates were observed for colony characteristics. Isolated colonies were then sub-cultured onto fresh nutrient agar. Single isolated colonies from nutrient agar plates were subjected to Gram staining, and Standard Biochemical tests to identify the organism.

#### 2.2 Phenotypic Characterization of Biofilm Producers

Bacteria Isolates were incubated on a Congo red medium for 24-48 hours at 37°C. Indication of black colonies represented positive results. The weak producers indicated remains pink and then an intermediate result is indicated with the presence of occasional darkening at the center of the colonies present with absence of dry colonial crystalline morphology (Cappuccino & Sherman, 2005). Catalase test was done to determine the ability of the bacteria to degrade hydrogen peroxide by producing the enzyme catalase. An immediate bubble formation indicated a positive result and no bubble formation indicated catalase negative result (Cappuccino & Sherman, 2005).

#### 2.3 Antibiotic Susceptibility Testing

In this research work the antibiotic susceptibility testing of the organisms were performed by Kirby-Bauer disc diffusion method.

#### 2.4 Dna Extraction Using Zr

##### Fungal/Bacterial Dna Miniprep

(Manufactured By Zymo

Research Cat Number: D6005)

add 2mLs of bacterial cells broth to to a Zymo Lysing™ Lysis Tube. Add 750ul Lysing Solution) the tube. Secure in a bead fitted



with 2 ml tube-older assembly and process at maximum speed for >5 minutes. Centrifuge the ZR BashingBead™ lysis Tube in a microcentrifuge at > 10,000 x g for minute. Transfer up to 400 µl supernatant to a ymo-Spin™ IV Spin Filter (orange top) in a collection Tube and centrifuge at 7,000 x g for 1 minute. Add 1,200 µl of Fungal/Bacterial DNA Binding Buffer to the filtrate in the Collection tube from Step 4. Transfer 800 µl of the mixture in Step 5 to a Zymo-Spin™ HC Column in a Collection Tube and centrifuge at 10,000 x g for 1 minute. Discard the flow through from the Collection Tube and repeat Step 6. Add 200 µl NIA Pre-Wash Buffer to the Zymo-Spin™ HC

Column in new Collection Tube and centrifuge at 10,000 x g for 1 minute. Add 500 µl Fungal/Bacterial DNA Wash Buffer to the Zymo-Spin™ HC Column and centrifuge at 10,000 x g for 1 minute. Transfer the Zymo-Spin™ HC Column to a clean 1.5 ml microcentrifuge tube and add 100 µl (35 µl minimum) DNA Elution Buffer directly to the column matrix. Centrifuge at 10,000 x g for 30 seconds to elute the DNA.

## 2.5 Electrophoresis for DNA and PCR

Measure 1 g of agarose (for DNA); 2g of agarose for PCR. Mix agarose powder with 100 mL 1xTAE in a microwavable flask. Microwave for 1-3 min until the agarose is completely dissolved (but do not over boil the solution, as some of the buffer will evaporate and thus alter the final percentage of agarose in the gel. Let agarose solution cool down to about 50 °C (about when you can comfortably keep your hand on the flask), about 5 mins. Add 10 µL EZ vision DNA stain. EZ vision binds to the DNA and allows you to visualize the DNA under ultraviolet (UV) light. Pour the agarose into a gel tray with the well comb in place. Place newly poured gel at 4 °C for 10-15 mins OR let sit at room temperature for 20-30 mins, until it has completely solidified.

## 2.6 Loading Samples and Running an Agarose Gel

Add loading buffer to each of your DNA samples or PCR products. Once solidified, place the agarose gel into the gel box (electrophoresis unit). Fill gel box with 1xTAE (or TBE) until the gel is covered. Carefully load a molecular weight ladder into the first lane of the gel. Carefully load your samples into the additional wells of the gel. Run the gel at 80-150 V for about 1-1.5 hours. Turn OFF power, disconnect the electrodes from the power source, and then carefully remove the gel from the gel box.

Visualize DNA fragments or PCR product under UV transilluminator.

## 2.7 PCR Mix Components

The PCR mix is made up of 12.5 µL of Taq 2X Master Mix from New England Biolabs (M0270); 1 µL each of

1 0 µM forward and reverse primer; 2 µL of DNA template and then made up with 8.5 µL Nuclease free water. Initial denaturation at 94°C for 5mins, followed by 36 cycles of denaturation at 94°C for 30sec, annealing at 55°C for 30secs and elongation at 72°C for 45sec. Followed by a final elongation step at 72°C for 7 minutes and hold temperature at 10 °C forever.

## 3. RESULTS

Out of the 20 presumptive isolates, nineteen (100%) were identified tentatively as *Staphylococcus* spp. The isolates were all resistant to cefazidime (100%), cefuroxime (100%), gentamycin (20%), ceftriaxone (100%), erythromycin (90%), cloxacillin (100%), ofloxacin (10%) and augmentin (100%). A moderately high susceptible activity was observed against gentamicin (30%) and augmentin (35%). Moderate sensitivity activity was observed in gentamicin (50%), erythromycin (10%), while a high level of susceptibility was observed in ofloxacin (55%).

All the isolates (1-20) produced biofilm. In particular, isolates 3, 5, 12, and 13 produced the most biofilm (strong). On the other isolates



15, 16, 18, 19 were moderate biofilm formers. Isolates 1,2,4,6,7,8,9,10,11,14, 17, 20 were weak producers of biofilm. There is a significant difference between the three groups ( $p < 0.05$ ) as shown in appendix 11, The gDNA extracted from the isolates is presented in figure 1 while Figure 2 showed *icaD* genes in isolates. The figure suggests absence of these genes in 3 and 4.

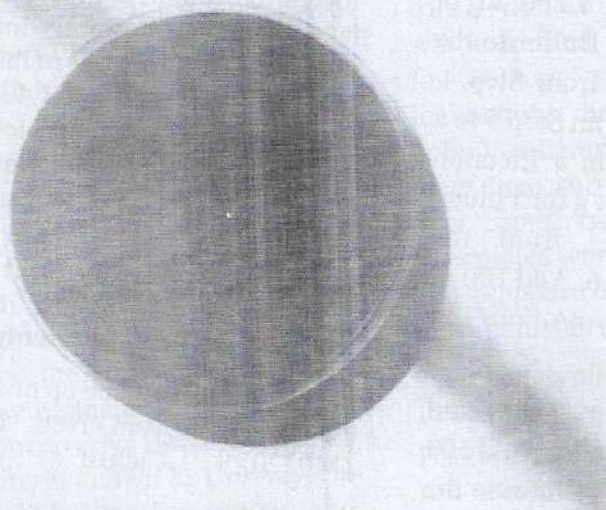


Fig 1: Biofilm production by *S. aureus*; Strong producer and on Congo Red Agar

**Table 1: Biofilm producer isolates on Congo red agar (CRA)**

Isolate	Biofilm formation		
	Strong biofilm	Moderate biofilm	Weak biofilm
1	—	—	+
2	—	—	+
3	+	—	—
4	—	—	+
5	+	—	—
6	—	—	+
7	—	—	+
8	—	—	+
9	—	—	+
10	—	—	+
11	—	—	+
12	+	—	—
13	+	—	—
14	—	—	+
15	—	+	—
16	—	+	—
17	—	—	+
18	—	+	—
19	—	+	—
20	—	—	+

KEY;

+ = Strong biofilm producers

- = Non biofilm produced

Biofilm forming ability and the presence of *icaD* Gene in Bacteria  
Isolated From Bathing Towels of Students of a Private Tertiary Institution

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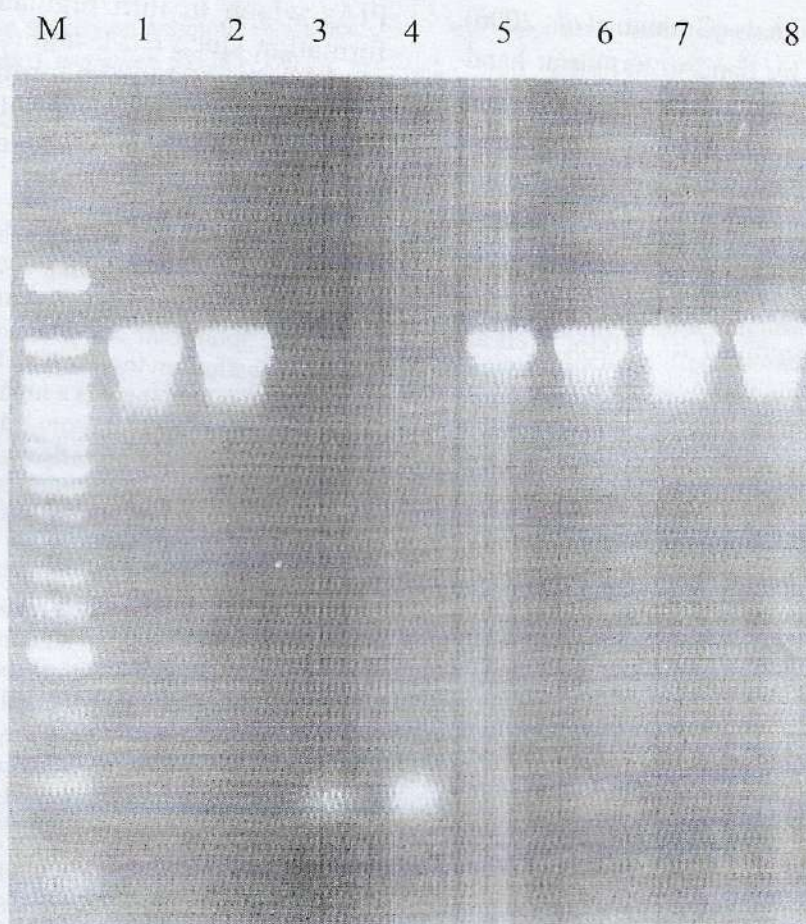


Figure 2: *icaD* genes in isolates, absent in 3 and 4

#### 4. DISCUSSION

The result obtained from this study was out of 20 samples after conducting the biochemical tests, 19 of the isolates were confirmed presumptively as *Staphylococcus* spp. and 1 was identified as *E. coli*. Therefore, in this study, among the isolates, the most predominant bacteria were *Staphylococcus* spp. This is anticipated as it is a major component of the normal flora of the human skin which the bathroom towel is used for. The findings of other researchers (Nworie *et al.*, 2012; Duce *et al.*, 2002; Brooks *et al.*, 2007), is in accordance with this finding.

The result of this study is also consistent with Jalalpoor *et al.*, (2009) who reported that *Staphylococcus species* (54.7%) was the most frequent bacteria isolated in bathroom towels and particularly bathroom environment. In contrast, the result of this study did not agree

with the work of Orji *et al.*, (2005) which showed that *Staphylococcus aureus* was the least isolated bacteria.

Gram-positive bacteria are found more in the bathroom towels than Gram negative one. This can become dangerous as Gram positive bacteria are causing more infections than ever before especially in surgical patients, who are increasingly aged, ill and debilitated (Barie, 1998).

Isolation of more Gram positive bacteria than Gram negative can be explained, as they are members of the body flora of both asymptomatic carriers and sick persons. These organisms can be spread by the hand, expelled from the respiratory tract or transmitted by animate or inanimate objects (Chikere *et al.*, 2008). Their main source(s) of colonization on the bathroom towel might likely be nasal



carriage by individuals (Graham *et al.*, 2006), likely facilitated by hand-to-mouth or hand-to-nose contact while using these fabrics (ASM, 2005). Isolation of *Staphylococcus aureus* from almost all the bathroom towels indicates their ubiquitous nature. Additionally, they can be sources of infection to humans as previously noted (Hartmann *et al.*, 2004; Inweregbu *et al.*, 2005; Ikeh and Isamade, 2011).

From the findings in this study, it was observed that most of the isolates obtained were resistant to most commonly used antibiotics. These antibiotics are ceftazidime (100%), cefuroxime (100%), gentamycin (20%), ceftriaxone (100%), erythromycin (90%), cloxacillin (100%), ofloxacin (10%) and augmentin (100%). The resistance to these antibiotics which is in accord with the research carried out by Adewoyin *et al.*, (2013), who reported that antibiotic resistant microorganism contaminates fabric surfaces such as bathroom towels. Moreover, reported that most of the isolates obtained in their study were resistant to commonly used antibiotics such as ceftazidime, gentamycin, augmentin and erythromycin.

The biofilm producing ability of the isolates was also studied using the CRA plate test method (Handke *et al.*, 2004; Oliveira *et al.*, 2006). All the isolates (1-20) produced biofilm. In particular, isolates 3, 5, 12, and 13 produced the most biofilm (strong). On the other isolates 15, 16, 18, 19 were moderate biofilm formers. Isolates 1, 2, 4, 6, 7, 8, 9, 10, 11, 14, 17, 20 were weak producers of biofilm. There is a significant difference between the three groups ( $p < 0.05$ ). This is consistent with the findings by Stewart and Costerton, (2001) and Ito *et al.*, (2009) who documented that the structure of biofilm in *Staphylococcus* spp including the robustness and its components show association with antibiotic resistance. Also, Arciola *et al.*, (2015) reported that intercellular adhesion (*ica*) genes encode

PIAs which in turn regulate the biofilm formation since *icaA* and *icaD* genes are associated with biofilm formation. Biofilm production was shown by isolates on Congo Red Agar and presence of *icaD* gene.

## CONCLUSION

Recently, infections from bathroom fabrics particularly towels are rising at an alarming rate. The causes of these infections can be connected to increased microbial load of bathroom fabric including bathroom towels. The findings from this study indicate that there is a high level of bacterial contamination on bathroom towels. This is of tremendous clinical significance, because of its potential to cause epidemics in school hostels. Moreover, the antibiotic susceptibility of isolates showed resistance to at least three antibiotics. Furthermore, it indicated a similar scenario in other places. The rise of antibiotic resistance in microbes, especially pathogenic organisms can lead to lethal outcomes. Therefore, it should be tackled with high importance. However, this problem is not limited to this area of study alone. Thus, this will require combined effort of governmental, private organizations and individuals to educate the population on personal and environmental hygiene.

## REFERENCES

- Alice, N. and Matthew, P. (2000). Survival of enterococci and *Staphylococci* on hospital fabrics and plastic. *Journal of Clinical Microbiology*: 38(2), 724-726.
- Aminu M., Usman S. H. and Usman M. A. (2014). Characterization and determination of antibiotic susceptibility pattern of bacteria isolated from some fomites in a teaching hospital in northern Nigeria. *Afri J Microbiol Research*. 8(8): 814-818.
- Barker, T. and Jones, M. (2005). Antibiotic-resistant Gram-positive cocci: implications for surgical practice. *Wld. J. Surg.* 22(2):118-126.
- Boone, S.A., Gerba, C.P. (2007). Significance of fomites in the spread of respiratory and enteric viral disease. *Applied and Environmental Microbiology*, 73: 1687-1696.
- Brunsim, N., J.M. Hutchinson, A.E. van den Bogaard, H. Giamarellou, J. Degener and E.E. Stobberingh. (2003). Influence of



population density on antibiotic resistance. *J Antimicrob. Chemother.* **51**:385–390.

Bures S, Fishbain JT, Uyehara CF, et al. (2000). Computer keyboards and faucet handles as reservoirs of nosocomial Pathogens in the Intensive Care Unit. *Am J Infect Cont.* **28**(6):465–471.

Campion, J., P. McNamara and M. Evans. (2005). Pharmacodynamic modeling of ciprofloxacin resistance in *Staphylococcus aureus*. *Antimicrob. Agents. Chemother.* **49**:209–219.

Chaidez, H. and Gerba, R. (2000). Sahly H, Podschun R. Clinical, bacteriological, and serological aspects of *Klebsiella* infections and their spondylarthropathic sequelae. *Clin Diagn Lab Immunol.* **4**(4):393–399.

Clauditz, A., Resch, A., Wieland, K.P. Peschel, A. and Gotz, F. (2006). Staphyloxanthin plays a role in the fitness of *Staphylococcus aureus* and its ability to cope with oxidative stress. *Infection and Immunity*, **74**(8): 4950 - 4953.

Cogan, T.A., Slader, J., Bloomfield, S.F. and Humphrey, T.J. (2009). Achieving hygiene in the domestic kitchen: The effectiveness of commonly used cleaning procedure. *J Applied Microbiol.* **92**:885–892

Conly, J. (2002). Antimicrobial resistance in Canada. 2002. *Can.Med. Assoc. J.* **167**:885–891.

Courvalin, P. (2004). Mini-review: Transfer of antibiotic resistance genes between gram-positive and gram-negative bacteria. *Antimicrob. Agents. Chemother.* **38**:1447–1451.

Crabtree, T.D., Pelletier, S.J. and Pruett, T.L. (2001). Surgical antisepsis, In Block SS (ed), *Disinfection, sterilization, and preservation, 5th ed.* Lippincott, Philadelphia, PA.: Williams & Wilkins.

Depardieu, F., I. Podglajen, R. Leclercq, E. Collatz and P. Courvalin. (2007). Modes and modulations of antibiotic resistance gene expression. *Clin. Micro. Rev.* **20**:79–114.

Dodrill, L., Schmidt, W.P., Cobb, E., Donachie, P., Curtis, V., De-Barra, M. (2011). The Effect of Hand washing with Water or Soap on Bacterial Contamination of Hands,

*International Journal Environmental Public Health Resource*, **8**(1): 97-104.

Edson, R.S., Bundrick, J.B. and Litin, S.C. (2011). Clinical pearls in infectious diseases. *Mayo Clin Proc* **86**:245–248

Enriquez, C. E., Enriques-Gordillo, R., Kennedy, D. I., and Gerba, C. P. (2016). Bacteriological survey of used cellulose sponges and cotton dishcloths from domestic kitchens. *Dairy Food Environ. Sanitat.*, **17**, 20-24.

Erasmus, V., Daha, T.J., Brug, H., Richardus, J.H., Behrendt, M.D., Vos, M.C. and van Beeck E.F. (2010). Systematic review of studies on compliance with hand hygiene guidelines in hospital care. *Infect Control Hosp Epidemiol* **31**: 283–294.

Fan, F., K. Yan, N.G. Wallis, S. Reed, T.D. Moore, S.F. Rittenhouse, W.E. DeWolf Jr., J. Huang, D. McDevitt, W.H. Miller, M.A. Seefeld, K.A. Newlander, D.R. Jakas, M.S. Head and D.J. Payne. (2002). Defining and combating the mechanisms of triclosan resistance in clinical isolates of *Staphylococcus aureus*. *Antimicrob. Agents. Chemother.* **46**:3343–3347.

Francesco Zinzaro (2010) <http://ezineartides.com/> Normal Microbial flora and Id=4121703, April 16, 2010.

Gerhardts, K., Graham P, Lin S, Larson EA (2012). US population based survey of *Staphylococcus aureus* colonization. *Ann. Internal Med.* **144**:318-325.

Gilbert, P. and A. McBain. (2003). Potential impact of increased use of biocides in consumer products on prevalence of antibiotic resistance. *Clin. Micro. Rev.* **16**:189–208.

Glaser, A. (2004). The ubiquitous triclosan, a common antibacterial agent exposed. *Pesticides and You* **24**:12–17.

Gorman, R., Bloomfield, S. and Adley, C.C. (2002). A study of cross-contamination of food-borne pathogens in the domestic kitchen in the Republic of Ireland. *Int J Food Microbiol.* **76**(1–2):143–150.



- Maori, L., Agbor, V. O., and Ahmed, W. A. (2013). Neckties as vectors for nosocomial infection. *Intensive care med* 26(2), 250.
- Martinez, J. and F. Baquero. (2002). Interactions among strategies associated with bacterial infection: pathogenicity, epidemicity, and antibiotic resistance. *Clin. Micro. Res* 15:647-679.
- McNeil, E. and Greenstein, M. (2011). Control of Transmission of bacteria by textile and clothing. In: proc. 47th - mid-year Meet. Chem. Spec. Mfg. Ass. pp134-141
- Moayad B., David K., Humayun A., Chih D. and Allan T. (2011). Distribution and prevalence of bacteria found on the door handles of olinhall, drake university. *Conference Poster*.
- Montville R., Chen Y., Schafler DW. (2001). Glove barriers to bacterial cross-contamination between hands to food. *J Food Prot* 64(6):845-849.
- Moore, JF., Heaney N., Millar BC, et al. (2002). Incidence of *Pseudomonas aeruginosa* in recreational and hydrotherapy pools. *Communicable Disease and Public Health* 5(1):23-26.
- Namias N., Wiedrich J., Martinez OV, et al. (2000). Pathogenic bacteria in personal papers. *Am J Infect Contr* 28(5):87-388.
- Narmeen S., Jaladet M. (2009). Isolation and identification of *Staphylococcus aureus* using classical and molecular methods. *The 2nd London Conference on Biological Sciences*. 12(1):10-16.
- Neely AN, Maley MP (2000). Survival of enterococci and staphylococci on hospital fabrics and plastic. *J. Clin. Microbiol* 38(2):724-726.
- Nworke, A., Ayeni, J. A., Eze U. A., and Azu S. O. (2012). Bacterial contamination of door handles/knobs in selected public conveniences in Abuja metropolis, Nigeria. *Continental J Res* 6(1):7-11.
- O'Boyle C, Henly S, Larson E. (2000). Understanding adherence to hand hygiene recommendations: the theory of planned behavior. *Am J Infect Control* 29:352-360.
- Ono, S., T. Muratani and T. Maisumoto. (2005). Mechanisms of resistance to imipenem and ampicillin in *Enterococcus faecalis*.
- Biofilm forming ability and the presence of icaD Gene in *Bacillus* isolated From Bathing Towels of Students of a Private Tertiary Institution.
- Haas, J. and Larson, E. (2007). Measurement of compliance with hand hygiene. *J Hosp Infect* 66:6-14.
- Harrison, W.A., Griffith, C.J., Ayers, T., Michaels, B., 2003). Bacterial transfer and cross-contamination potential associated with paper-towel dispensing. *Am J Infect Control* 31, 387-391.
- Irah, J. and Ben, A.E. (2004). Incidence of Enteric Bacteria and *Staphylococcus aureus* in day care centers in Akwalbom State, Nigeria. The Southern Asian Journal of Tropical Medicine and Public Health, 202 - 209.
- Kamiya A, Oie S, and Hosokawa I. (2002). Contamination of room door handles by methicillin-sensitive / methicillin-resistant *Staphylococcus aureus*. *JHos.infect* 51(2):140-3.
- Kampf, G. and A. Kramer. (2003). Epidemiologic background of hand hygiene and evaluation of the most important agents for scrubs and rubs. *Clin. Micro. Rev* 17:863-893.
- Kendall D, Vialon C, Kams S, et al. (2003). Modeling the effects of food handling practices on the incidence of foodborne illness. Washington, DC, USA.
- Kramer, A., Schwebke, I. and Kampf, G. (2006). How long do nosocomial pathogens persist on inanimate surfaces? A systematic review. *BMC Infect Dis* 6:130.
- Kusumamangrum, J.D., van Putten, M.M., Rombouts, F.M., et al. (2002). Effects of antibacterial dishwashing liquid on foodborne pathogens and competitive microorganisms in kitchen sponges. *J Food Prot* 65(1):61-65.
- Lee, S., Cho, J., S. and Cho, G. (2008). Antimicrobial and blood repellent finishes for cotton and nonwoven fabrics based on chitosan and fluoropolymers, *Textile Res. J* 69(2):104-113
- Lynn, M., Vivian, O. and Wasa, A. (2013). The prevalence of bacterial organisms on toilet door handles in secondary school in Bokkos L. G. A., Jos, Plateau State, Nigeria. *IOSR J Pharm Biological sci* 8(4): 85-91.



- A. (2013). Nosocomial, 250.
- Interactions in bacterial acidity, and *Micro. Rev.*
- Control of textile and mid-year 141
- inh, D. and prevalence handles of Conference
- ers to bacterial *J Food Prot.*
- of *Pseudomonas Communicable*
- ic bacteria on
- Staphylococcus 2nd Kurdistan
- Survival of on hospital *Microbiol.*
- id Azi. S. O. of door and public is, Nigeria: *Int J Med*
- E. (2001). and hygiene of planned 352-360.
- oto. (2005). *hipenem* and *fauca*
- Bacteria *ary Institution*
- Antimicrob. Agents Chemother.* **49**:2954-2958.
- Orskov, I., Orskov, F., Jam, B., and Jann, K. (2017). Serology, chemistry and genetics of O and K antigens of *Escherichia coli*. *Bacteriology Review*, **41**(3): 667-710.
- Peng JS, Tsai WC, Chou CC. Surface characteristics of *Bacillus cereus* and its adhesion to stainless steel. *Int J Food Micro.* 2001;**65**(1-2):105-111.
- Pittet D, Dharan S, Touveneau S, Sauvan V, Perneger TV. (2009). Bacterial contamination of the hands of hospital staff during routine patient care. *Arch Intern Med* **159**:821-826.
- Rusin, P., Maxwell, S., & Gerba, C. (2016). Comparative surface to hand and fingertip to mouth transfer efficiency of gram positive bacteria, gram negative bacteria and phage. *Journal of Applied Microbiology*; **25**, 75-81.
- Rutala W. A., Gergen M. F. and Weber D. J. (2006). Efficacy and functional impact of disinfectants. *Infect Control HospEpidemiol*; **27**(4):372-377.
- Sabra S. M. (2013). Bacterial public Health Hazard in the public Female Restrooms at Taif, KSA, *Middle-East JScientific Res*; **14**(1):63-68.
- Sattar, S. A., Springthorpe, S., Mani, S., Gallant, M., Nair, R. C., Scott, E. and Kain, J. (2001). Transfer of bacteria from fabrics to hands and other fabrics development and application of quantitative method using staphylococcus aureus as a model, *Journal of Applied Microbiology*, 962, Vol(90).
- Sickbert-Bennett, F.E., D.J. Weber, M.F. Gergen-Teague, M.D. Sobsey, G.P. Samsa and W.A. Rutala. (2005). Comparative efficacy of hand hygiene agents in the reduction of bacteria and viruses. *Am. J. Infec. Cntrl.* **33**:67-77.
- Scott, R, Scott, E., and Bloomfield, S. F. (2010). Investigations of the effectiveness of detergent washing, drying and chemical disinfection on contamination of cleaning cloths. *J. Appl. Bacteriol.*, **68**, 279-283.
- Teufel, L., Pipal, A., Schuster, K. C., Staudinger, T. and Redl, B. (2009). Material dependent growth of human skin bacteria on textiles investigated using challenge tests and DNA genotyping, *Journal of applied microbiology*, **108**, 450-461.
- Thomson, C. (2009). The global epidemiology of resistance to ciprofloxacin and the changing nature of antibiotic resistance: a 10 year perspective. *J. Antimicrob. Chemother.* **43**:31-40.
- Todd E, Greig J, Michaels B, Bartleson C, Smith D, Holah J. (2010). Outbreaks where food workers have been implicated in the spread of foodborne disease, part 11: use of antiseptics and sanitizers in community settings and issues of hand hygiene compliance in health care and food industries. *J Food Prot* **73**:2306-2320
- Treacle, A.M., Thom, K. A., Furuno, J.P., Strauss, S. M., Harris, A. D. and Perencevich, E. N. (2009). Bacterial contamination of health care workers white coats, *American journal of infection control*, **37**, 101-105. 21
- Tunc K, Olgun U. (2006). Microbiology of bathroom towels. *J Inf.* **53**(2):140-143.
- Wassmer, G., J. Kipe-Nolt, and C. Chayko. (2006). Why finish your antibiotics? *The American Biology Teacher* **68**:476-480.
- Watutantrige R. A., Premalatha P., Lum W. S. and Evelyn C. X. (2012). A Study on Hand Contamination and Hand Washing Practices among Medical Students. *ISRN public Health*; 2012 *Article ID* 251483;1- 5.
- Wong, D., Nye, K. and Hollis, P. (2011). Microbial flora on doctors white coats, *British medical journal*, **303**, 1602-1603.