

Refillable and Reusable Dispensers: Bacterial Contamination and Risk Assessment

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Professor

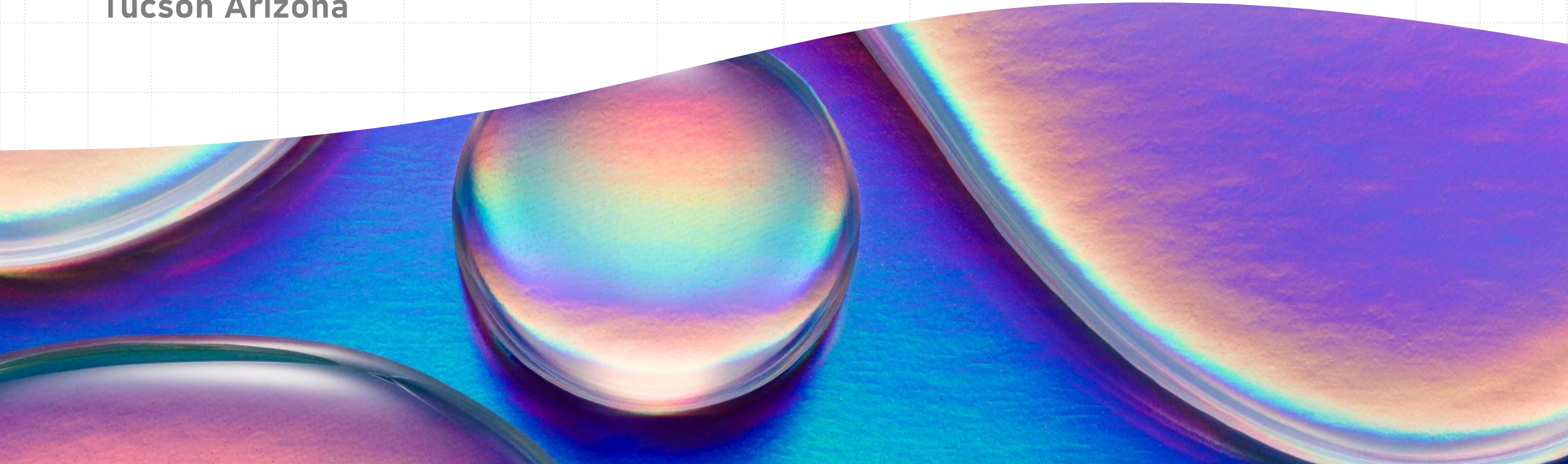
University of Arizona,

Tucson Arizona



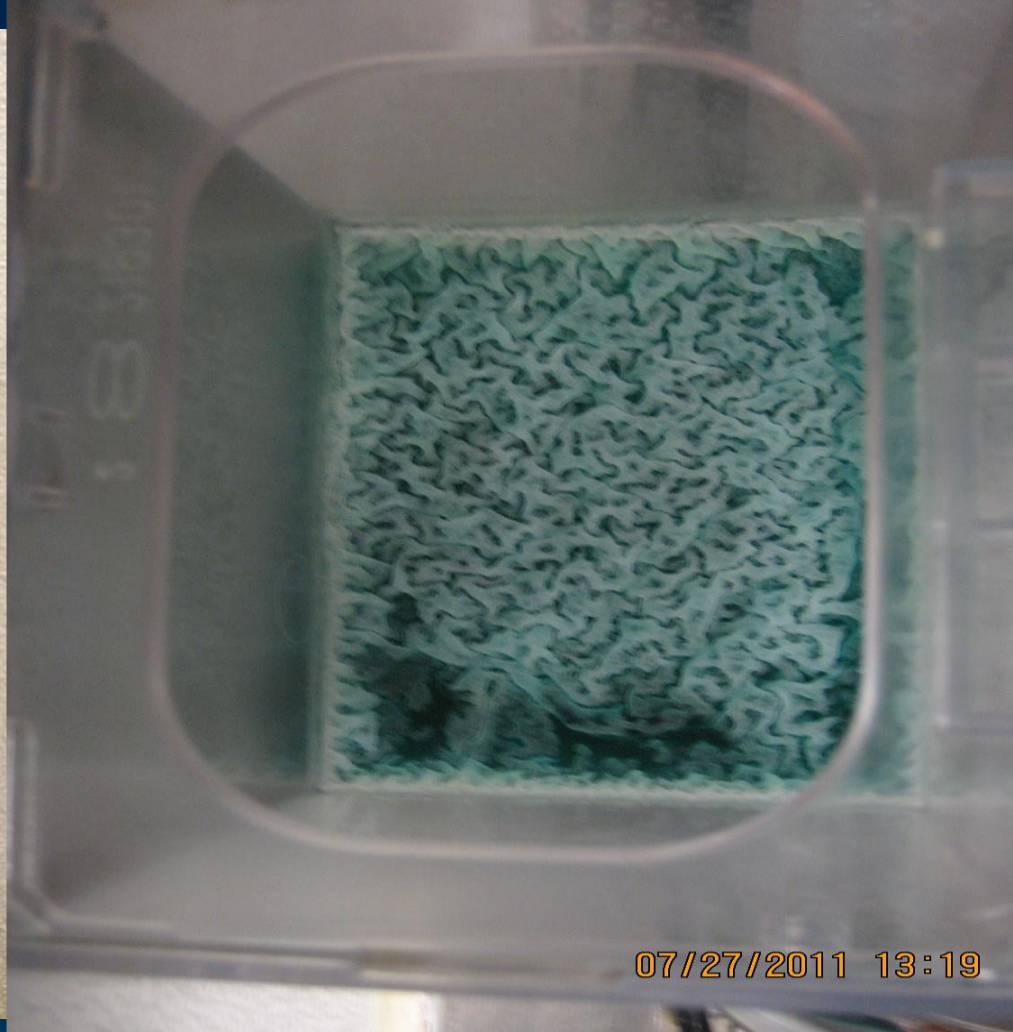
RESEARCH, DISCOVERY & INNOVATION

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Liquid Soap Dispensers



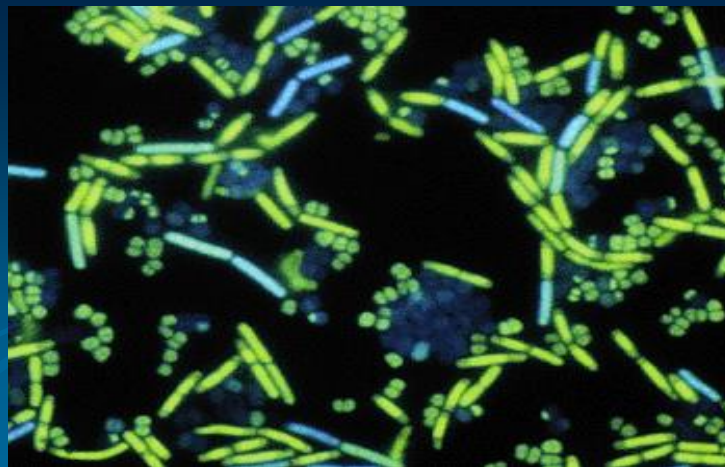


Soap dispensers you
would not want to use



Bacteria in Liquid Soap Dispensers – all are not the same

Total Number of Open Refillable Soap Samples	Number of Samples with Bacteria	Number of Samples with Coliforms (usually > 1,000,000/mL)
541	133 (25%)	87 (16%)



Frequency of Detection of Bacteria in Liquid Hand Soaps

Bacterial Species	Frequency of Detection
<i>Klebsiella oxytoca</i>	30
<i>Klebsiella pneumoniae</i>	29
<i>Enterobacter aerogenes</i>	13
<i>Serratia marcescens</i>	12
<i>Pseudomonas aeruginosa</i>	7
<i>Citrobacter koseri</i> / <i>farmeri</i>	3
<i>Enterobacter cloacae</i>	2
<i>Enterobacter gergoviae</i>	2
<i>Serratia odorifera</i>	1
<i>Serratia liquefaciens</i>	1
<i>Pantoea</i> spp.	1
<i>Klebsiella ornithinolytica</i>	1
<i>Enterobacter</i> spp.	1
<i>Citrobacter freundii</i>	1
<i>Enterobacter sakazakii</i>	1

Chattman et al 2011

Identification of bacteria isolated from bulk-soap-refillable soap dispensers (Zapka et al 2011)

*Citrobacter
frundii*

*Citrobacter
youngae*

*Providencia
rettgeri*

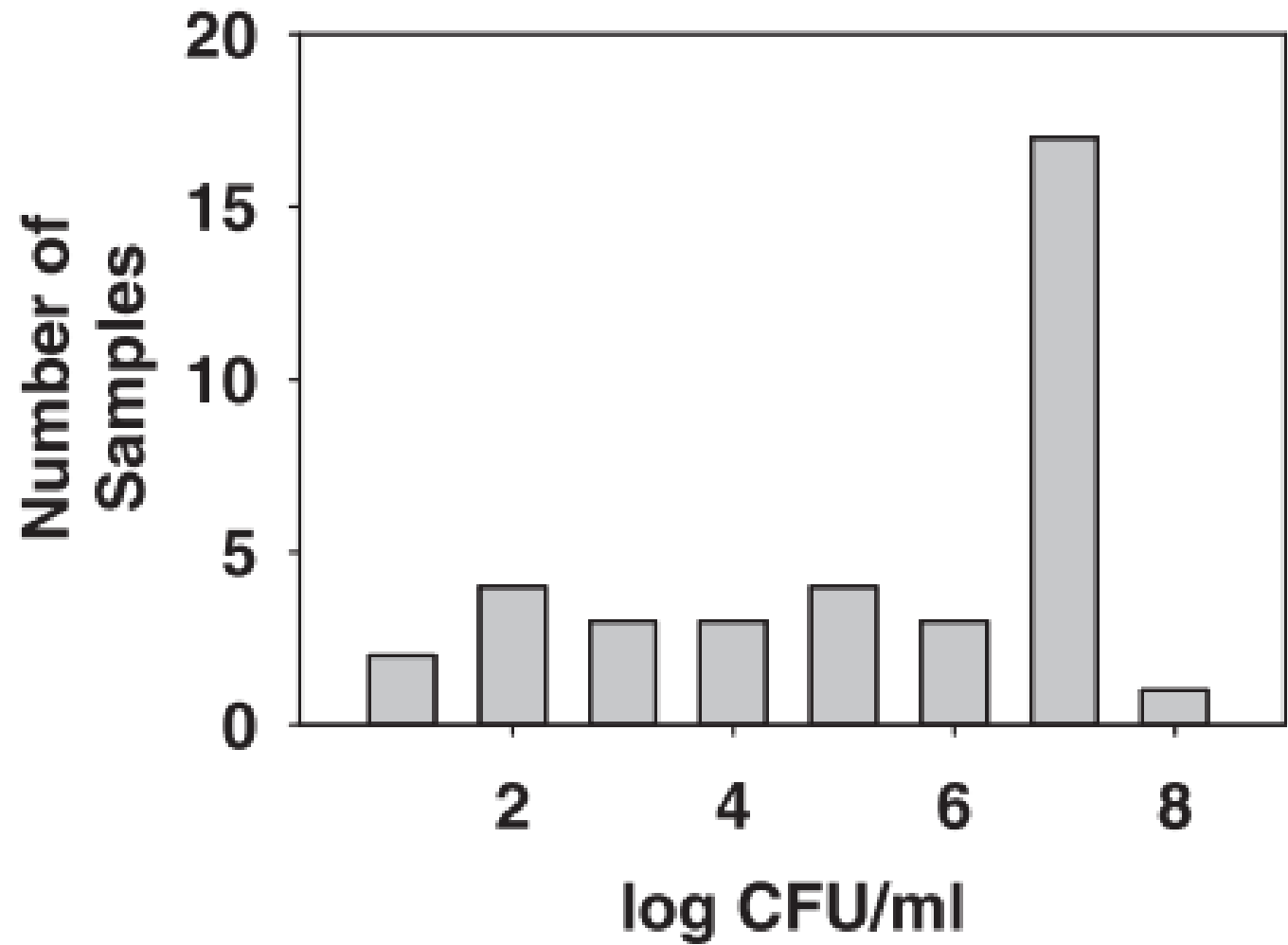
*Pseudomonas
aeruginosa*

*Pseudomonas
fluorescents*

*Serratia
rubidara*

The distribution of microbial counts in contaminated soap samples.

Schaffner et al 2018



Fraction of samples containing detectable bacteria by soap color

Color	No. sampled	No. of times bacteria detected	% detected
Green	11	5	45.5
Clear	24	7	29.2
Orange	37	8	21.6
Pink	120	12	10.0
White	41	3	7.3
Blue	42	3	7.1
Yellow	16	0	0.0
Unknown	6	0	0.0

Schaffer et al 2018

Relationship between water activity and bacterial contamination of hand soap dispensers

The greater the water activity the more likely to be contaminated with bacteria (Schaffer et al 2018)

Could be a reflection of dilution of product concentrate

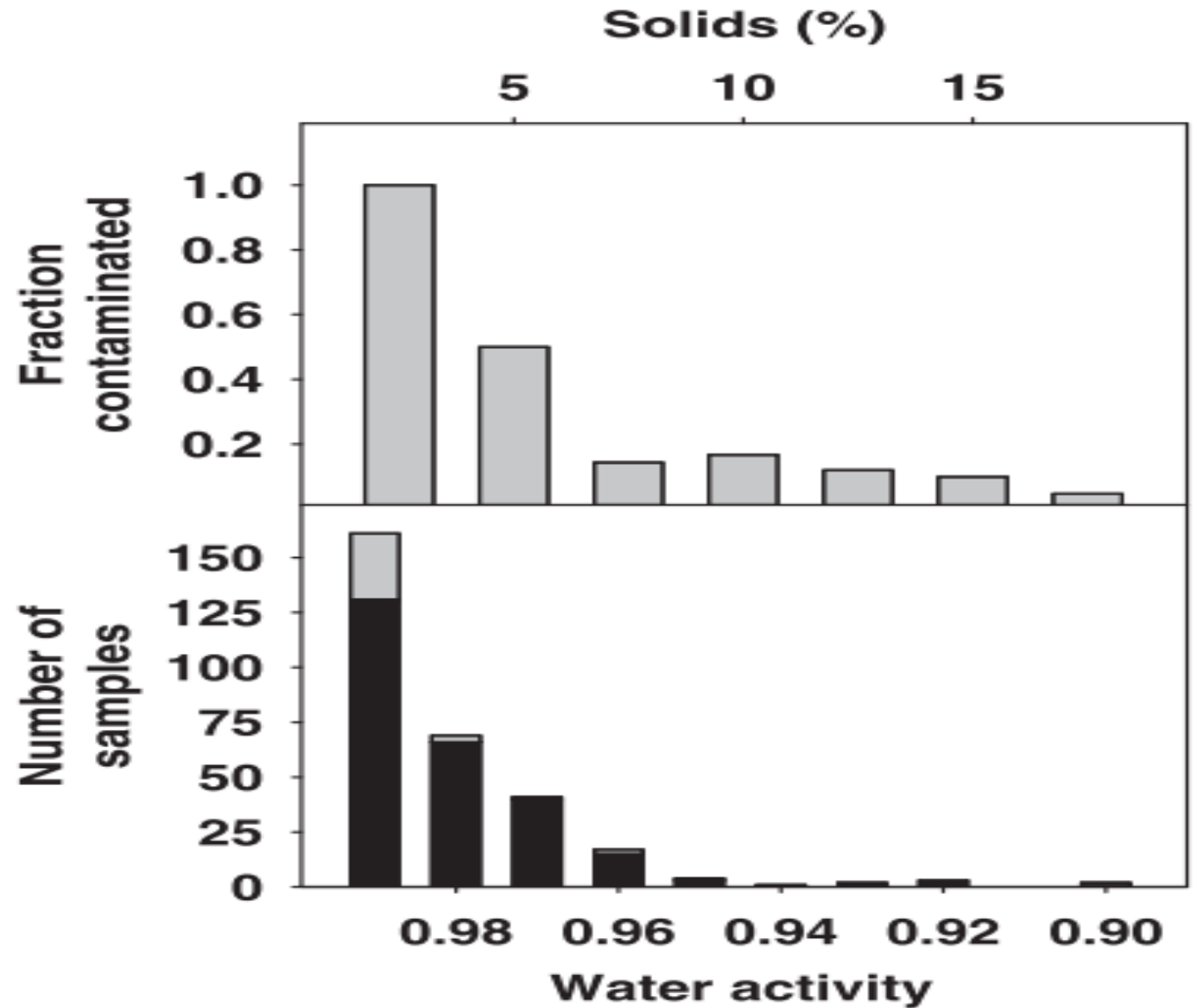
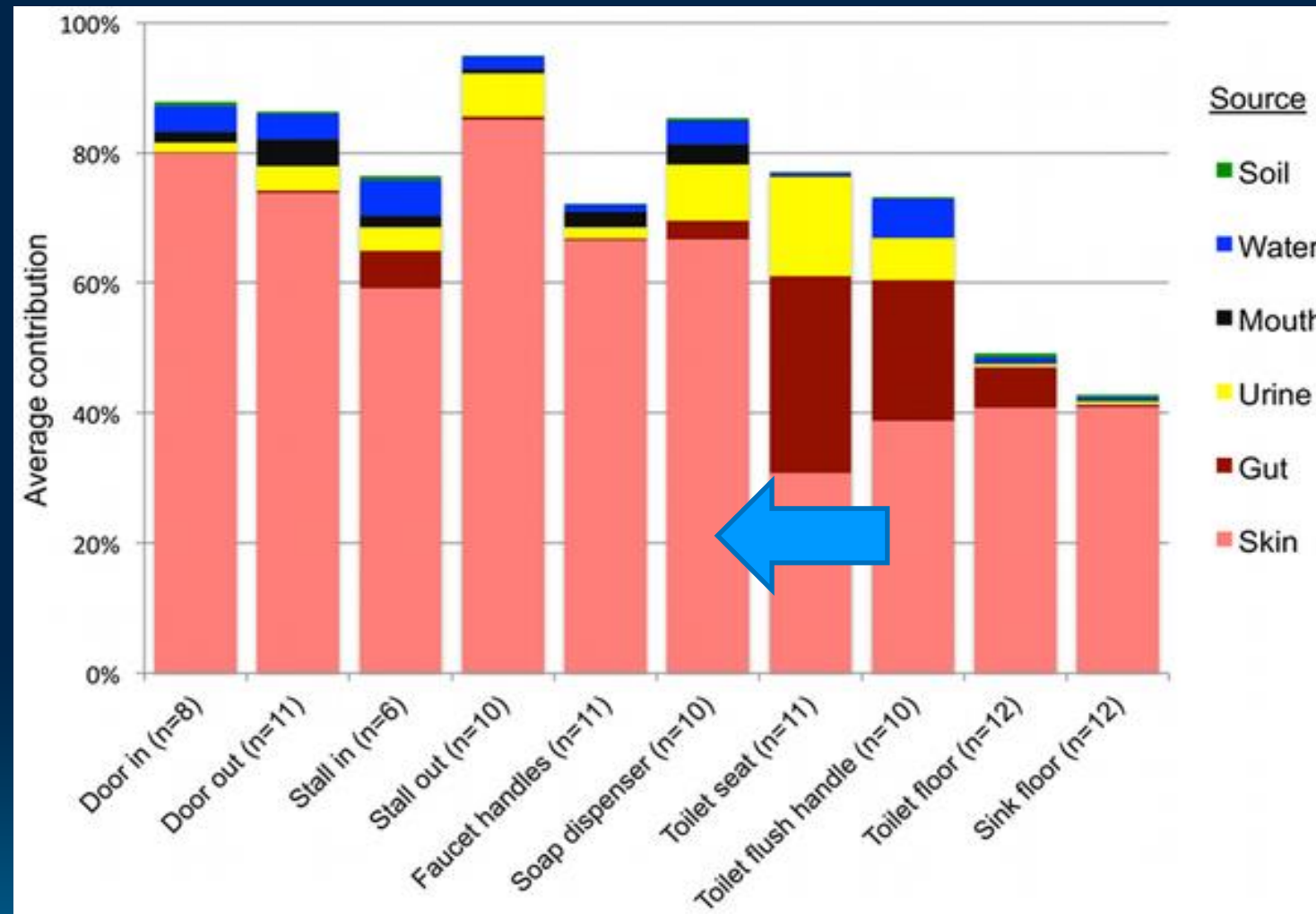


Figure 4. Results of SourceTracker analysis showing the average contributions of different sources to the surface-associated bacterial communities in twelve public restrooms.



Flores GE, Bates ST, Knights D, Lauber CL, et al. (2011) Microbial Biogeography of Public Restroom Surfaces. PLoS ONE 6(11): e28132. doi:10.1371/journal.pone.0028132
<http://www.plosone.org/article/info:doi/10.1371/journal.pone.0028132>

**No bacterial
contamination
was found in
soap dispensed
from sealed
systems**



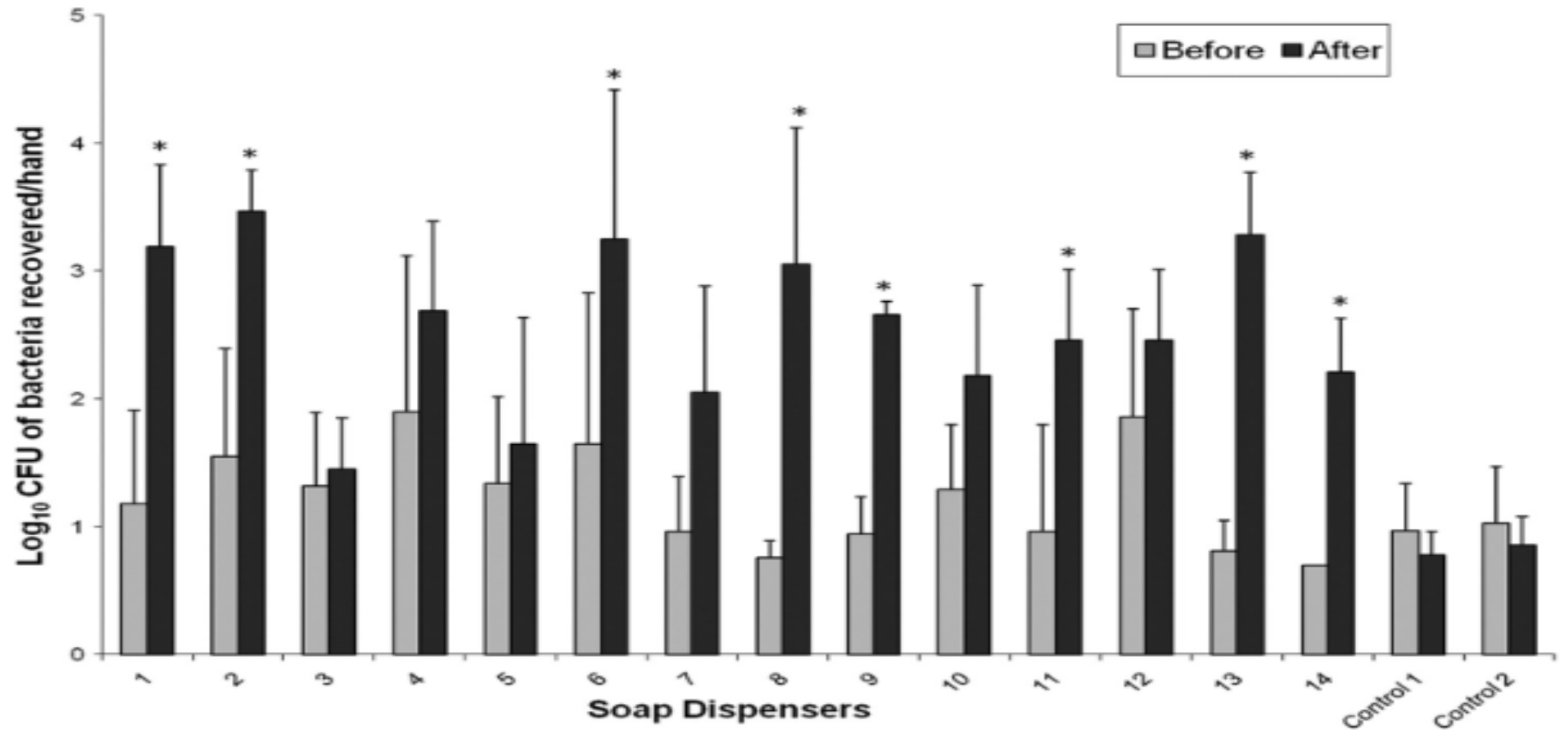
E. coli in Liquid Hand dispensers

- 25% of bacterial contaminated liquid soap dispensers contained *E. coli*
- Some of the bacteria remain on the hands after washing with contaminated soap



Red dots are
bacteria

Gram-negative bacteria from hands of school children and staff before after washing with contained bulk soap dispenser (Zapka et al 2011). More bacteria on hands after washing with contaminated soap



Occurrence of Bacteria in Liquid Hand Soap From Refillable Dispensers

Location	# of Liquid Soap Samples	# > 500 CFU/mL	# Containing Coliform Bacteria	% of Samples With HPC > 500 CFU/mL	% of Samples Containing Coliform Bacteria
Total	541	134	86	24.8	15.9
Sink area	428	83	56	19.4	13.1
Shower area	113	51	30	45.1	26.5

Chattman et al 2011

Antibiotic Resistant Bacteria in Soap Dispensers

- 23 samples contained vancomycin-resistant organisms.
 - Seven of these were also resistant to ampicillin, and two of those, in turn, were resistant to gentamicin.
 - One sample contained an organism resistant to vancomycin, ampicillin, gentamicin, and ciprofloxacin (antibiotic resistance data not
-
- (Schaffner et al 2018)

Does Handwashing Spread Microbes?

Sample Location	Automatic Faucet*	Manual Faucet*
Faucet	180,000	570
Countertop	103,000	57
Wall behind sink	58,000	330
Sink Bowl	20,800,000	71,600,000
Hand after washing	180,000	95,000

-Add $\sim 10^9$ MS-2 virus to hands before washing – males only

*Number of viruses as plaque forming units per 100 sq. cm



Shampoo, Conditioner and Body Wash Dispensers



Gram-Positive Bacteria Isolated from spout of Shampoo and Body Wash Dispensers

Shampoo Dispensers

- *Paenibacillus shunpengi* (spore former)
- *Staphylococcus* spp.
- *Bacillus* spp.
- *Micrococcus* spp.

Body Wash Dispensers

- *Staphylococcus* spp.
- *Bacillus subtilis*
- *Bacillus filamentosus*
- *Aerococcus* spp (cause urinary tract infections)
- *Bacillus firmus*
- *Micrococcus* spp.
- *Bacillus pumili*
- *Staphylococcus haemolyticus* (urinary, wound, and eye infections)

Gram-Positive Bacteria Isolated from spout of Shampoo and Body Wash Dispensers

- Range of Gram-positive bacteria when detected
- 3,333 to 66,700 per mL
- *Bacillus firmis* and *Staphylococcus spp.* detected resistant to the antibiotics Oxacillin and Erythromycin

Molecular Epidemiology of a *Pseudomonas aeruginosa* Hospital Outbreak Driven by a Contaminated Disinfectant-Soap Dispenser

Simone Lanini^{1*}, Silvia D'Arezzo¹, Vincenzo Puro¹, Lorena Martini¹, Francesco Imperi², Pierluca Piselli¹, Marco Montanaro³, Simonetta Paoletti³, Paolo Visca², Giuseppe Ippolito¹

¹ National Institute for Infectious Diseases "Lazzaro Spallanzani", I.R.C.C.S., Rome, Italy, ² Department of Biology, University "Roma Tre", Rome, Italy, ³ UOC Ematologia Azienda Unità Sanitaria Locale di Viterbo, Viterbo, Italy

Araştırma Makalesi/Original Article

Makale Dili "İngilizce"/Article Language "English"

Türk Hijyen ve Deneysel Biyoloji Dergisi

Analysis of nosocomial outbreak caused by contaminated liquid hand soaps: A single-center study



Journal of Hospital Infection

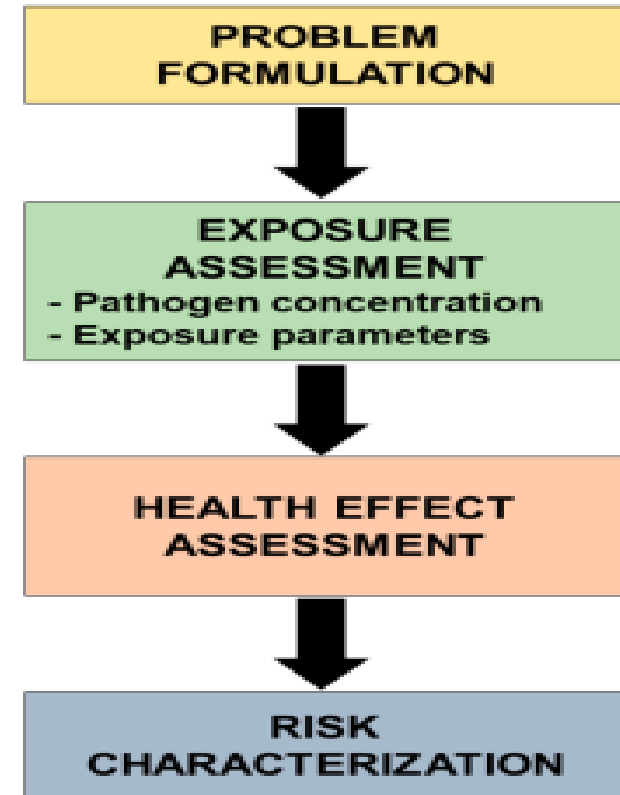
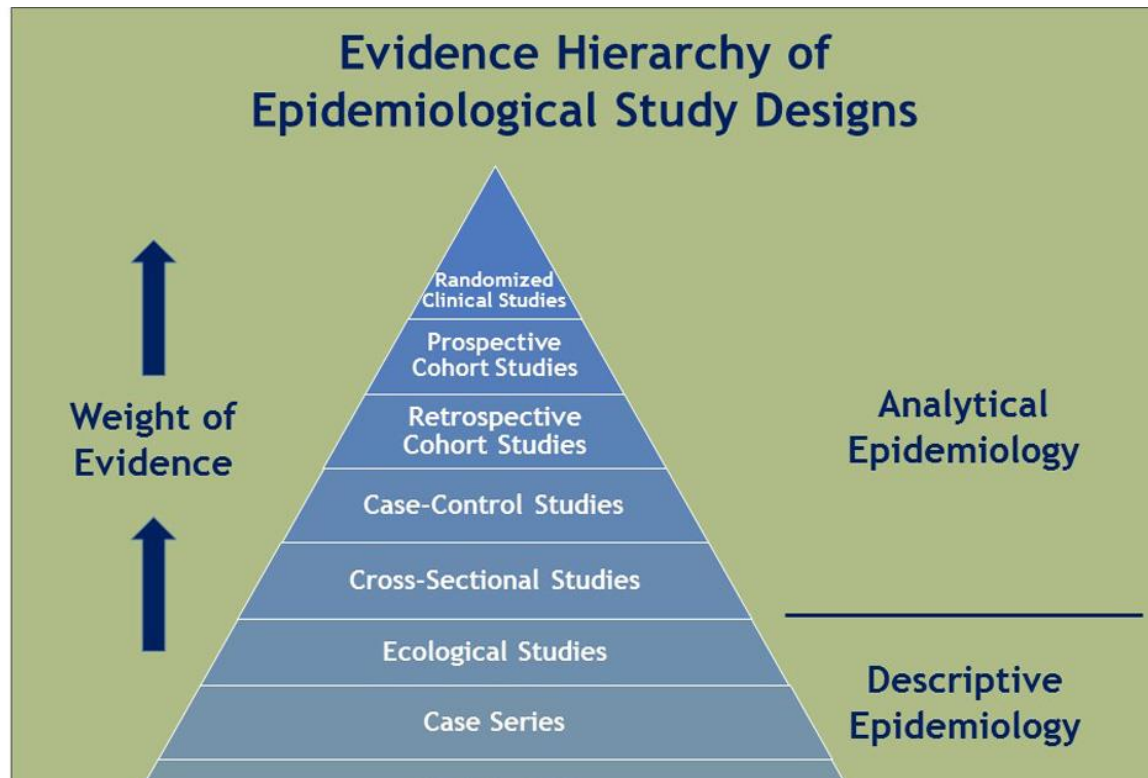
Volume 72, Issue 1, May 2009, Pages 17-22



Outbreak of *Serratia marcescens* in a neonatal intensive care unit: contaminated unmedicated liquid soap and risk factors

S. Buffet-Bataillon^a, V. Rabier^b, P. Bétrémieux^b, A. Beuchée^b, M. Bauer^a, P. Pladys^b, E. Le Gall^b, M. Cormier^{a, c}, A. Jolivet-Gougeon^c

So what are the Risks of infection from bacteria in soap/ shampoo or body wash dispensers



Intervention Studies

Epidemiology

- Difficult to isolate potentially a large number of confounding factors
- Lacks precision
- Requires a large number of individuals
- Long observation time
- Can not see more than a 30 to 50% reduction in illness
- Difficult to do for specific pathogens (clinical specimens required)
- Costly

Risk Assessment

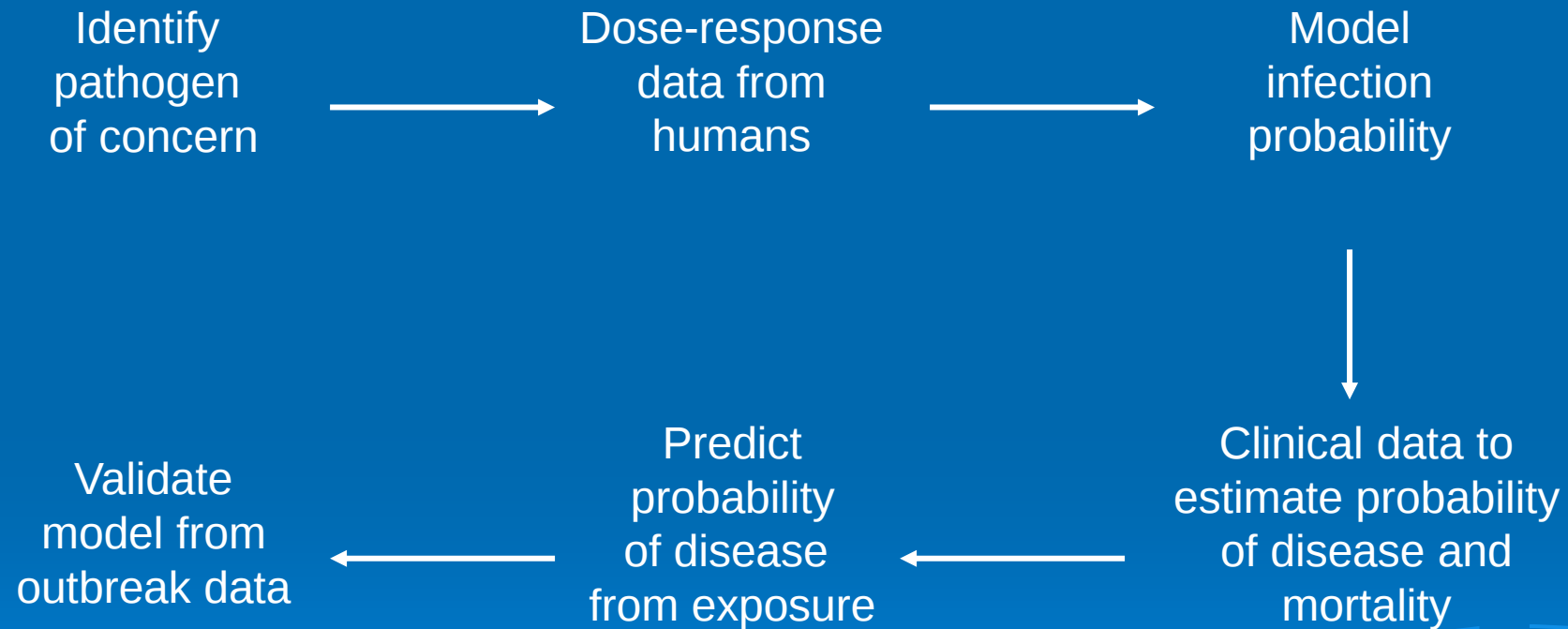
- Confounding factors can be controlled
- Good precision
- Small numbers of individuals needed (or none at all)
- Short observation time
- Can determine what is achievable in terms of reduction in risk of infection for a specific pathogen
- Can determine importance of specific exposure routes
- Far less costly

Quantitative Microbial Risk Assessment is an approach that allows the expression of risks in a quantitative fashion in terms of infection, illness, or mortality from microbial pathogens

First used by the U. S. Environmental Protection Agency to set guidelines for the treatment of drinking water

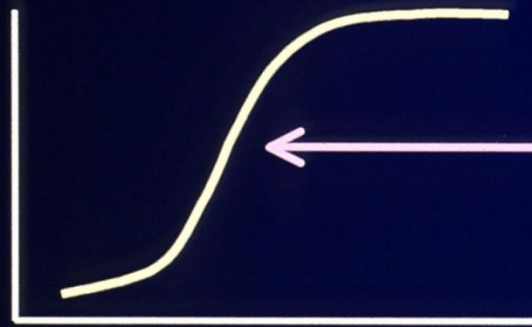
Goal is to reduce the risk of infection to 1:10,000 per year or 1,1,000,000 per day or event

Quantitative Microbial Risk Assessment

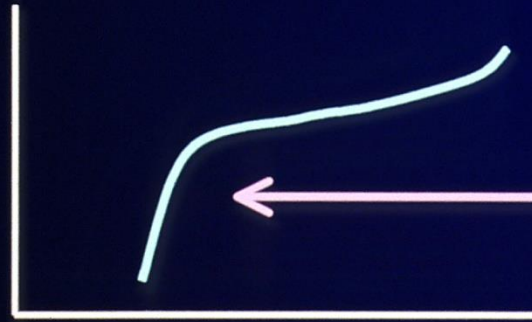


Four Basic Steps in Risk Assessment

- **Hazard Identification** - identifying the contaminate (i.e., *Pseudomonas*)
- **Dose-Response Assessment** - relationship between concentration of and the probability of infection
 - Data may come from human/animal feeding studies or outbreaks



**No Threshold
Response**



**Threshold
Response**



Dose Response Models for Microorganisms

Beta-Poisson
(Simple log-normal)

$$P = 1 - \left(1 + \frac{N}{\beta}\right)^{-\alpha}$$

Exponential

$$P = 1 - \exp(-rN)$$

P = Probability of infection from a single exposure

N = Number of organisms ingested

α and β = parameters characterizing the host-organism interaction

r = fraction of the ingested organisms that survive to initiate infections

EXPOSURE

ROUTE

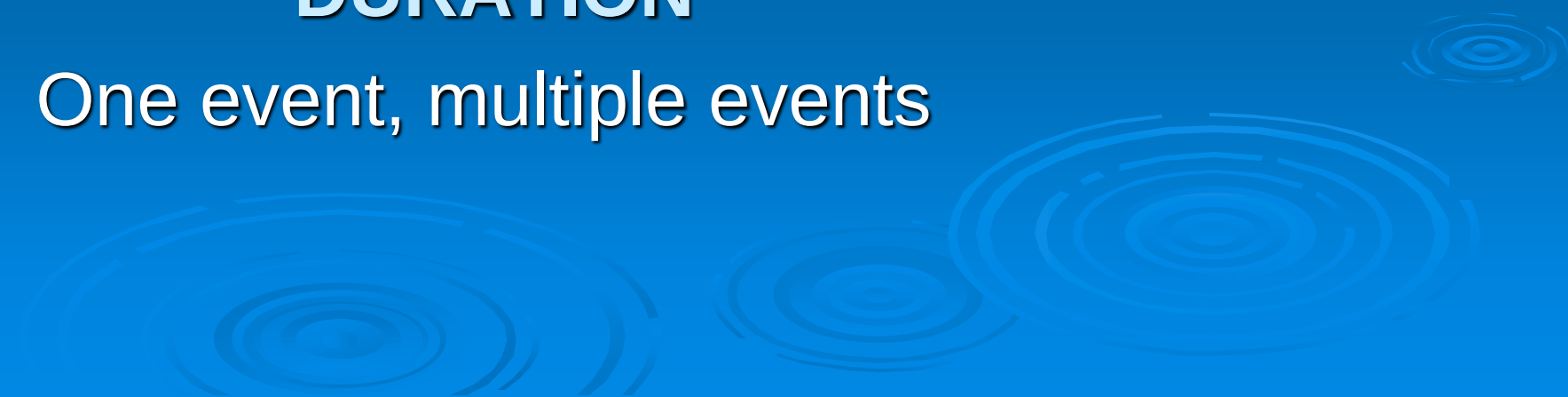
Inhalation, ingestion, dermal

CONCENTRATION OF PATHOGEN

Organisms per ml in the soap

DURATION

One event, multiple events

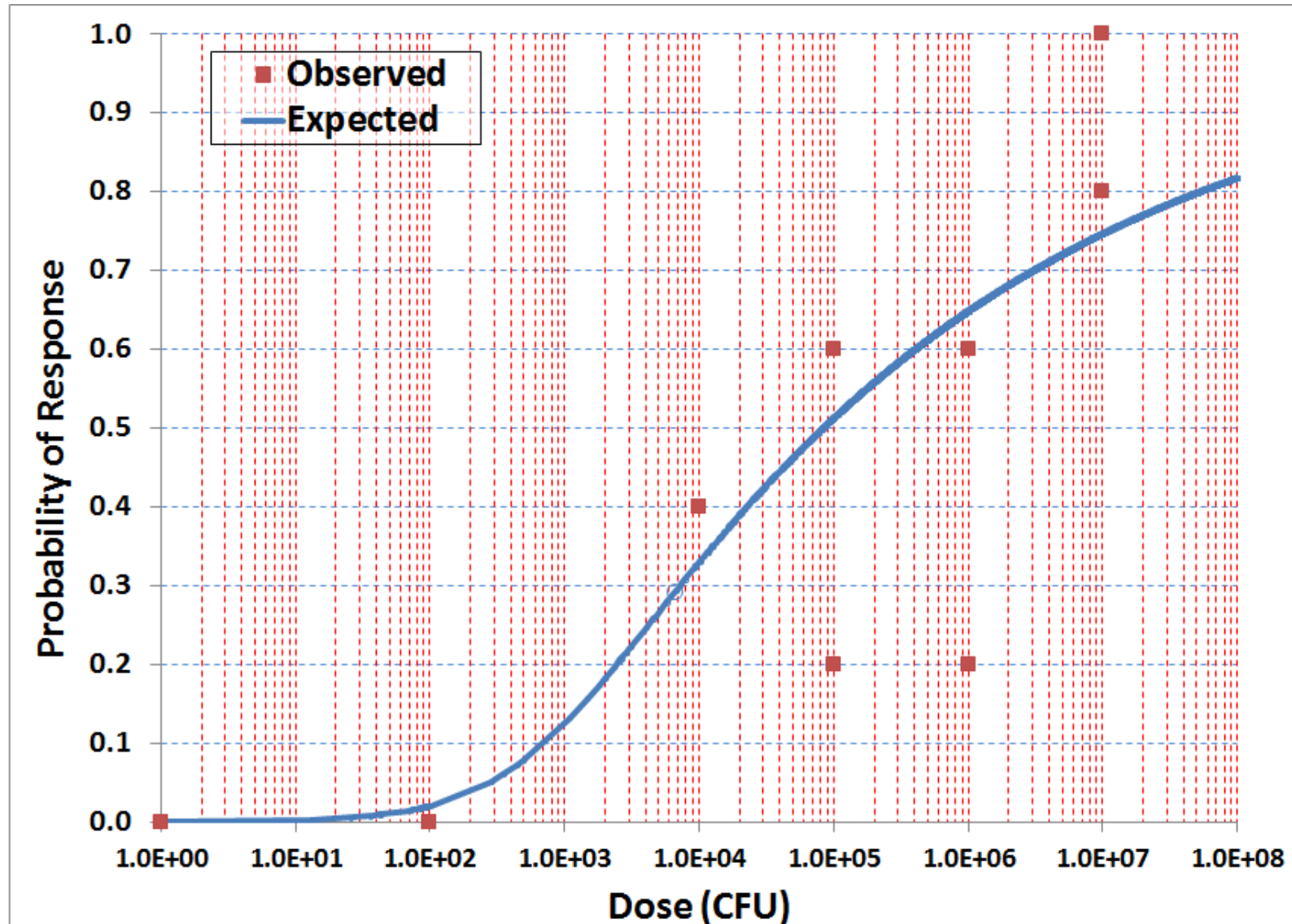
The background of the slide is a solid blue color. In the bottom right corner, there are several concentric white circles that resemble ripples on water, adding a decorative element to the slide.

Exposure Routes for Soaps

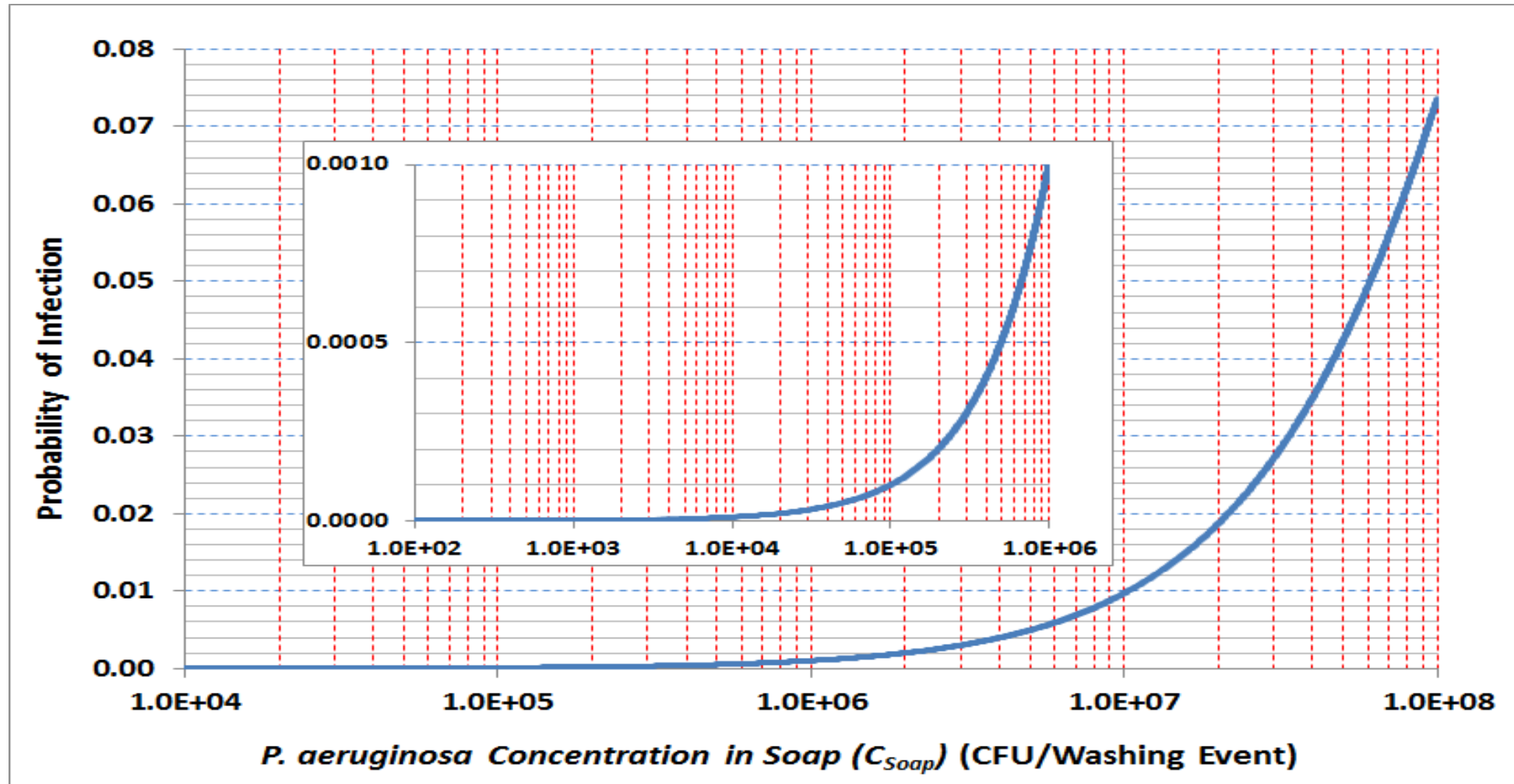
- Wounds (cuts, scratches)
- Eye contact
- Mucus membranes
- Inhalation



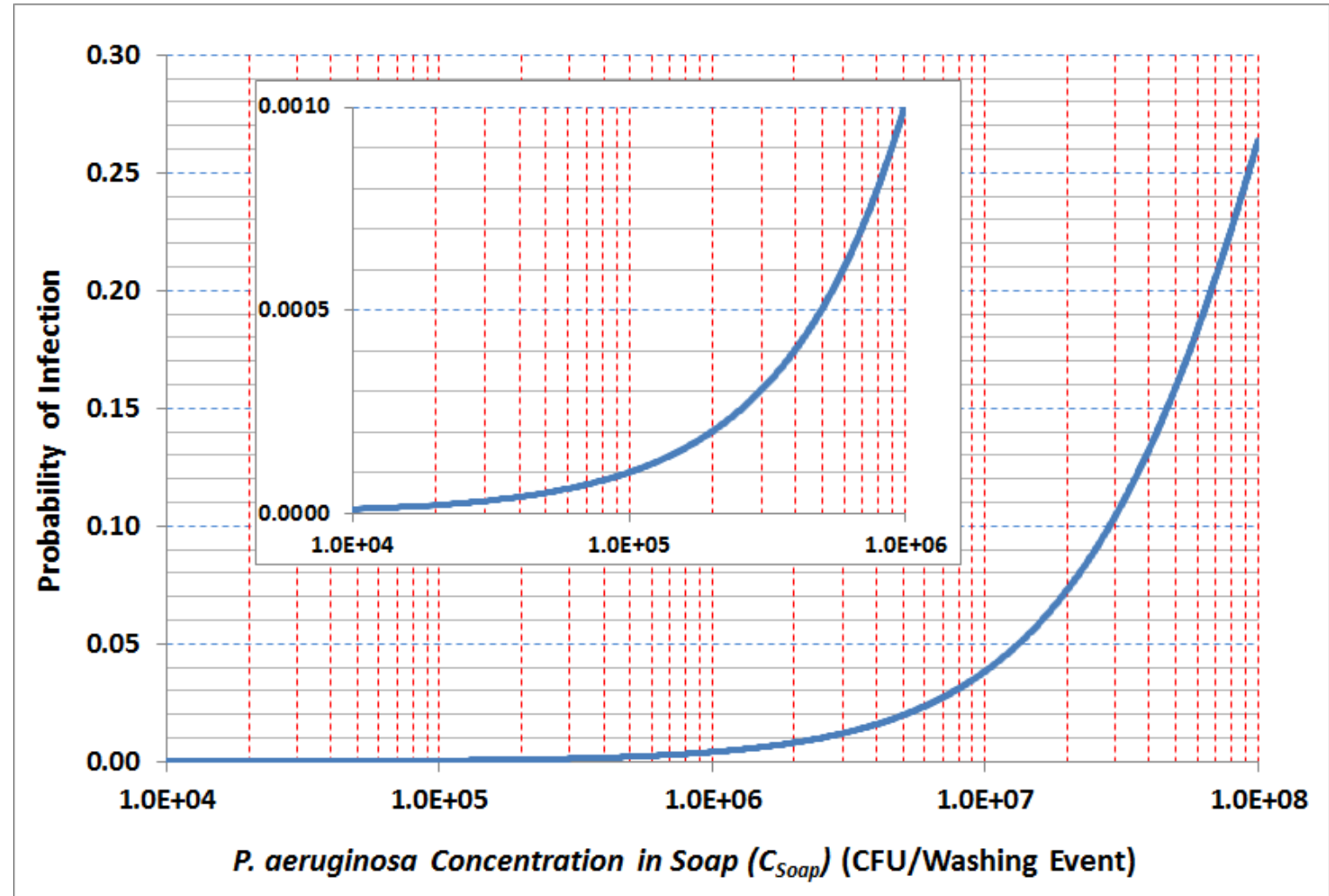
beta-Poisson dose-response curve that can be used to determine the probability of *P. aeruginosa* infection. (based on placement of contact lenses contaminated with *P. aeruginosa* – Lawin-Brussel et al 1993)



Probability of eye infection with different concentrations of *P. aeruginosa* on the hand resulting from one touch of eye



Probability of
eye
infection
with *P.*
aeruginosa
due to 4
touches of
eye



Take Homes

- Refillable dispensers present a risk of infection to susceptible individuals when high concentrations of bacteria are present
- High concentrations of bacteria occur in 13 to 26% of all soap dispensers used in public facilities
- Concentrated soap products should not be diluted beyond manufactures recommendation
- Non-refillable dispensers present little or no risk
- If possible, guidance should be developed for maintenance of refillable dispensers – but evidence is needed on effectiveness