ORIGINAL PAPER

ORYGINALNY ARTYKUŁ NAUKOWY

UTILIZING THE DOMINANCE INDEX TO EVALUATE MICROBIAL

CONTAMINATION ON PHARMACY ROOM DISPLAYS

WYKORZYSTANIE WSKAŹNIKA DOMINACJI DO OCENY

ZANIECZYSZCZENIA MIKROBIOLOGICZNEGO NA GABLOTACH

POMIESZCZEŃ APTECZNYCH

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Summary

Background. In many countries, including Ukraine, pharmacies are required to adhere to

rigorous safety and service quality standards.

Material and methods. The samples were obtained from 26 pharmacy premises, including

pharmacy showcases and separating partitions. The dominance index was calculated by

considering how frequently a particular microorganism species appeared within the sample

population.

Results. The results of the bacteriological analysis of 26 samples taken from pharmacy room

displays revealed 74 strains of microorganisms from 11 different genera of bacteria and

Candida fungi. Based on the dominance index, Micrococcus, Bacillus, and Staphylococcus are

considered constant, with an index exceeding 50.01%, while the remaining representatives of

both Gram-positive (Streptococcus spp.) and Gram-negative bacteria (Acinetobacter spp.,

Neisseria spp., Escherichia spp., Yersinia spp., Klebsiella spp., and Moraxella spp.) and fungi

Candida spp. microbiota should be classified as infrequent, ranging from 1.01% to 19.01%.

Conclusions. The study of samples revealed the presence of 12 genera of microorganisms that

contaminated the surfaces of pharmacy showcases. The identified microorganisms belong to

the permanent or temporary microbiota of human skin, respiratory tract, and air. With regard to

the results of bacteriological analysis; it is important to emphasize that the isolated species of

microorganisms are characteristic of such types of investigated objects.

Keywords: dominance index, microbial contamination, Gram-positive bacteria, Gram-

negative bacteria, pharmacy

Streszczenie

Wprowadzenie. W wielu krajach, w tym w Ukrainie, apteki są zobowiązane do przestrzegania

rygorystycznych standardów bezpieczeństwa i jakości usług.

Materiał i metody. Próbki pobrano z 26 pomieszczeń aptecznych, w tym z witryn aptecznych

i przegród oddzielających. Wskaźnik dominacji został obliczony z uwzględnieniem tego, jak

często dany gatunek mikroorganizmu występował w populacji próbki.

Wyniki. Wyniki analizy bakteriologicznej 26 próbek pobranych z gablot pomieszczeń

aptecznych ujawniły 74 szczepy mikroorganizmów z 11 różnych rodzajów bakterii i grzybów

Candida. Na podstawie wskaźnika dominacji, Micrococcus, Bacillus i Staphylococcus są

uważane za stałe, z wskaźnikiem przekraczającym 50,01%, podczas gdy pozostałych

przedstawicieli zarówno bakterii Gram-dodatnich (Streptococcus spp.), jak i Gram-ujemnych

(Acinetobacter spp., Neisseria spp., Escherichia spp., Yersinia spp., Klebsiella spp. I Moraxella

spp.) oraz grzybów Candida spp. należy sklasyfikować jako rzadkie, w zakresie od 1,01% do

19,01%.

Wnioski. Badania próbek wykazały obecność 12 rodzajów mikroorganizmów, które

zanieczyściły powierzchnie witryn aptecznych. Zidentyfikowane mikroorganizmy należą do

stałej lub tymczasowej mikroflory ludzkiej skóry, dróg oddechowych i powietrza. W

odniesieniu do wyników analizy bakteriologicznej należy podkreślić, że wyizolowane gatunki

mikroorganizmów są charakterystyczne dla tego typu badanych obiektów.

Słowa kluczowe: zanieczyszczenie mikrobiologiczne, apteka, mikroorganizmy

Gram-dodatnie, wskaźnik dominacji, mikroorganizmy Gram-ujemne

Introduction

Pharmacies are subject to strict standards of safety and quality of services in many

countries of the world, including Ukraine [1-3]. The pharmacy environment may well be a

significant reservoir of potential pathogens. Visitors to pharmacies can often be in the

incubation period of an infectious disease, or be a carrier of pathogenic and opportunistic

microorganisms in the upper respiratory tract which are transmitted by airborne droplets,

unwashed hands or direct contact with an inanimate object or equipment. This can potentially

increase the presence of these pathogens [4,5]. Visitors, especially those with compromised

immune systems or other medical conditions, may be at risk in indoor airspace because enclosed

spaces contain aerosols and allow them to multiply to infectious levels [6-8]. Therefore, it is

extremely important to evaluate/carry out microbial control in on-site pharmacies. Airborne

microorganisms and other sources of contamination in pharmacies must be minimized because

there are many people who pass through pharmacy premises.

Aim of the work

The purpose of the study was to determine the composition of microbial contamination

of pharmacy room displays using the dominance index.

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Material and methods

The samples were collected from 26 pharmacy establishments, including pharmacy showcases and barriers located between customers and pharmacists during communication. The samples were collected using sterile cotton swabs contained in disposable plastic tubes filled with 0.9% sodium chloride solution (NaCl) (YURIA-PHARM, Ukraine) (to maintain the balance between cells and the surrounding environment). These samples were transported to the laboratory within 2 hours at room temperature +18-+22 °C. Subsequently, cultures were performed on selective and differential nutrient media and incubated at the optimal temperature 37 °C for 24-48 hours. To cultivate cocci bacteria, mannitol-salt agar (Biolife Italiana S.r.I.) and blood agar (Biolife Italiana S.r.I.) were used. For the detection of Enterobacteriaceae Endo medium (Biolife Italiana S.r.I.) was used, and Sabouraud medium (FARMAKTIV LLC, Ukraine) was applied for fungal isolation. Microorganisms were Gram-stained and identified using standard biochemical tests, following the "Methods for the Identification of Bacteria" scheme [9] and with the Manual of clinical microbiology procedures, volumes 1-3, 4th edition, serving as a reference [10]. Quantitative counting was performed by determining colonyforming units (CFU). Data were collected and tabulated using MS Excel 2013, and qualitative data were presented as percentages and proportions. The dominance index was determined based on the number of occurrences of a particular microorganism species in the population of the tested samples. It was calculated using the formula: $C\% = n \times 100 / N$, where C% is the dominance index, n is the number of samples in which the investigated species was detected, and N is the total number of analyzed samples [10]. To interpret the results the following scale was applied: species with a constancy index exceeding 50% were considered dominant, those occurring frequently ranged from 20 to 50%, those encountered infrequently were between 1 and 19%, and those rarely encountered were less than 1%.

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Results

In the study of 26 washes, 74 strains of microorganisms were found. A total of 12 genera of microorganisms, *Micrococcus, Staphylococcus*, and *Bacillus* were recorded, accounting for 29.73%, 28.38%, and 18.92% of the total number of genera of microorganisms detected in the samples obtained from pharmacy showcases. The relative number of genera *Streptococcus, Neisseria, Escherichia, Moraxella* and fungi *Candida* ranged from 2.70% to 5.40% of the total number of detected microorganisms. Bacteria of the genera *Acinetobacter, Yersinia, Klebsiella*, and *Mobiluncus* in the studied samples accounted for 1.35% of the total number of bacteria.

The bacteriological analysis of the samples obtained from pharmacy showcases revealed the presence of both Gram-positive and Gram-negative microorganisms. Among the Gram-positive ones, which constitute 36.50% of the entire microbiota, representatives of the following genera were identified: *Micrococcus*, *Bacillus*, *Staphylococcus*, *Streptococcus*. Gram-negative microorganisms accounted for 54.40% of the obtained biodiversity, including *Acinetobacter* spp., *Neisseria* spp., *Escherichia* spp., *Yersinia* spp., *Klebsiella* spp., and *Moraxella* spp. Additionally, one sample yielded a representative of Gram-variable microorganisms – *Mobiluncus* spp., which corresponds to 9.10% of all identified genera of bacteria (a total of 11 genera of bacteria were identified) (Table 1).

Table 1. The isolates of microbiological contamination in the pharmacy room displays

Microorganisms	Numbers of isolates,	Relative abundance, %	CI, %	Range, CFU/ml		
Gram-positive bacteria						
Micrococcus spp.	22	29.73	7.62-21.64	10^{7} - 10^{8}		
Bacillus spp.	14	18.92	4.65-13.91	$10^4 - 10^5$		
Staphylococcus spp.	21	28.38	6.3-20.10	$10^6 - 10^7$		
Streptococcus spp.	4	5.40	0.09-5.21	$10^3 - 10^4$		
Gram-negative bacteria						

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Acinetobacter spp.	1	1.36	-	0-10 ¹		
Neisseria spp.	3	4.06	0.09-3.96	$\leq 10^{3}$		
Escherichia spp.	2	2.70	unv-3.15	$\leq 10^{2}$		
Yersinia spp.	1	1.35	unv-1.96	0-101		
Klebsiella spp.	1	1.35	-	0-101		
Moraxella spp.	2	2.70	unv-3.15	$\leq 10^2$		
Gram-variable bacteria						
Mobiluncus spp.	1	1.35	-	$0-10^{1}$		
Fungi						
Candida spp.	2	2.70	unv-3.15	$\leq 10^2$		
Total	74	100	-	-		

The results of a quantitative microbiological study of the surface of pharmacy showcases revealed bacteria of the genus Micrococcus in number (10^7 - 10^8 CFU/ml). Among bacteria of the genus Staphylococcus, the number of which in the washings was from 10^6 to 10^7 CFU/ml, the most pathogenic species is Staphylococcus aureus, which was found in three samples, which is 11.41%. However, its concentration in the tested samples is less than 10^5 CFU/ml, which does not pose a risk to pharmacy visitors. Other representatives of the Grampositive microbiota, Bacillus spp. and Streptococcus spp., were found 10^4 - 10^5 CFU/ml, 10^3 - 10^4 CFU/ml, respectively, in the studied washings. Representatives of Gram-negative and variable microbiota from 10^1 to 10^3 CFU/ml and fungi of the genus $Candida \le 10^2$ CFU/ml were also found on the surface of the showcases.

Based on the calculation of the dominance index, *Micrococcus* spp., *Bacillus* spp., and *Staphylococcus* spp. are considered constant, with a constancy index exceeding 50.01 % (Figure 1). The rest of the Gram-positive bacteria and *Candida* spp. microflora fungi should be categorized as infrequent (1.01-19.01%).

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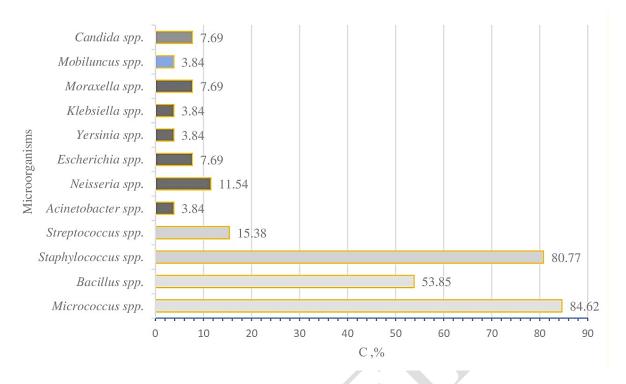


Figure 1. The dominance index for microorganisms isolated from pharmacy room displays

Among the Gram-negative microorganisms, the leading positions are held by representatives of the following genera: *Neisseria, Moraxella, Escherichia*. Additionally, *Acinetobacter, Yersinia*, and *Klebsiella* were found sporadically. The diagram indicates that their occurrence rates are one order of magnitude lower than those of the Gram-positive representatives. Upon further analysis of the obtained samples, all Gram-negative microorganisms are classified as those encountered infrequently (1.01-19.01%) based on the dominance index.

The highest dominance index is found in microorganisms typically present in the human respiratory tract: *Neisseria* spp. – 11.54% and *Moraxella* spp. – 7.69%. *Escherichia* spp., which are part of the human gastrointestinal tract, also show a dominance index of 7.69%. Similarly, with the same frequency, representatives of the *Escherichia* genus were found in the samples (7.69%). Additionally, isolated instances involved the identification of *Acinetobacter* spp., *Yersinia* spp., and *Klebsiella* spp.

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Discussion

The results of the analysis of samples from showcases regarding the presence of Gram-

positive microorganisms are consistent with published data [11]. Air serves as one of the

environments that promotes the spread of various types of microorganisms, and surrounding

objects act as potential objects of contamination. Therefore, it is reasonable to assume that

pharmacy visitors can be contaminated with various microorganisms both by direct airborne

droplets and indirect airborne dust, when microorganisms settle on the surface of various

objects, namely, storefronts in pharmacies [11]. Air is not a typical environment for

microorganisms, and it is mainly used as a medium for transmission. Most microorganisms are

associated with physical particles in the air and mainly consist of endospore-forming

microorganisms, such as *Bacillus* spp. [12].

One of the important factors in increasing or decreasing the number of microorganisms

in the air or on various surfaces is the influence of environmental factors. Many studies have

confirmed the impact of such factors as temperature, humidity, and solar radiation on the

composition of the bacterial community. In particular, the influence of air temperature on the

pathogens Escherichia spp. and Bacillus spp. has been studied, and it has been demonstrated

that the number of Gram-negative bacteria is reduced compared to Gram-positive ones [13],

which is confirmed in our study, in which the proportion of Bacillus spp. was 18.92%, and

Escherichia spp. was only 2.70% in the samples examined.

In addition, the dominant microorganisms in our research are bacteria from the genera

Micrococcus (29.73%) and Staphylococcus (28.38%), which is supported by studies conducted

both in Poland and Beijing [14,15]. When infecting a person with certain health complications

the identified microorganisms can lead to various pathological conditions. In particular,

representatives of the genus Micrococcus can cause purulent-inflammatory diseases of the skin

and upper respiratory tract. In people with a normally functioning immune system, *Micrococcus*

luteus, for example, is not usually considered harmful. And bacteria of the genus

Staphylococcus, which includes species that are considered opportunistic, including

Staphylococcus aureus, belong to the group of sanitary-indicative air microorganisms and are

a frequent cause of skin infections, food poisoning, and hospital-acquired infections. Other

species of Staphylococcus can sometimes cause infections in individuals with weakened

immune systems or chronic respiratory and cardiovascular diseases [16].

While representatives of the genus Streptococcus (5.40%) are also commonly found in

various environments and may be part of the human body's microbiota, they were much less

frequently isolated during the study. This can be explained by their lower resistance to the

environment [13,17].

Representatives of the genus Neisseria (4.06%) were found in our study and are usually

part of the normal microbiota in the nasopharynx and upper respiratory tract, and potentially

can be released into the air and subsequently settle on various surfaces in the pharmacy, which

is confirmed by the presence of these microorganisms in the air in the studies of Hewitt et al.

[18].

The percentage of Yersinia spp., Klebsiella spp., Mobiluncus spp., and Candida fungi in

the examined samples was 1.35-2.70%. The presence of bacteria from the Enterobacteriaceae

family on the surface of the pharmacy room displays is of concern, as these microorganisms are

indicative of sanitary conditions in the case of fecal contamination [19]. The study results

showed the presence of conditionally pathogenic microbiota on the surface of pharmacy room

displays. Therefore, it is important to analyze and control the contamination of pharmacy

premises as potential places of people gathering in the room, which may lead to the spread of

pathogenic microorganisms transmitted by airborne droplets and alimentary transmission.

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Conclusions

The conducted study of the samples demonstrated the presence of 12 genera of

microorganisms that contaminated the surfaces of pharmacy room displays. The detected

microorganisms belong to the permanent or transient microbiota of human skin, respiratory

tract and air. In particular, Bacillus spp. Micrococcus spp. and Staphylococcus spp. were

dominant representatives in samples of the studied material. Isolates from the genera

Mobiluncus, Acinetobacter, Yersinia and Klebsiella were found as single occurrences. The

results of bacteriological analysis show that it is important to emphasize that the isolated species

of microorganisms are characteristic of such types of investigated objects.

This study has several limitations that should be considered when interpreting the

results. Specifically, the sample size was relatively small and may not be representative of the

overall population. Additionally, the study only used a cultural method to analyze the

contamination of pharmacy window surfaces, which may not capture all bacterial taxa present

on indoor surfaces. To confirm these findings and identify other microbial associations, future

research with larger sample sizes and the use of more advanced research methods is needed.

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References:

- Babienko VV, Mokienko AV, Gruzevskyi OA. [Pharmaceutical hygiene: a study guide].
 Odesa: Press-courier; 2022 (in Ukrainian).
- Order of the Ministry of Health of Ukraine No. 275. [Instructions on the sanitary and anti-epidemic regime of pharmacies] [Internet]. Kyiv: Ministry of Health of Ukraine;
 May 15 [access 2006 Jun 11]. Available from: https://zakon.rada.gov.ua/laws/show/z0642-06#Text (in Ukrainian).
- 3. Groshovy TA, Trigubchak OV, Vronska LV, Krynytska GG, Pidhirnyi VV, Kucherenko LI, et al. [Pharmaceutical legislation (Regulatory acts on the organization of the work of pharmacy enterprises)]. Ternopil: TNMU "Ukrmedknyga"; 2013 (in Ukrainian).
- 4. Order of the Ministry of Health of Ukraine No. 812 [Rules for the production (manufacturing) and quality control of medicinal products in pharmacies] [Internet]. Kyiv: Ministry of Health of Ukraine; 2012 Oct 17 [access 2016 Dec 30]. Available from: https://zakon.rada.gov.ua/laws/show/z1846-12#Text (in Ukrainian).
- Kravets NY, Klumnyk SI, Romanyuk LB, Borak VP. Biofilm-forming properties of pathogenic micro-organisms in children with recurrent tonsillitis. World of Medicine and Biology. 2022; 80(2): 210-213. https://doi.org/10.26724/2079-8334-2022-2-80-210-213
- Dancer SJ. How do we assess hospital cleaning? A proposal for microbiological standards for surface hygiene in hospitals. J Hosp Infect. 2004; 56(1): 10-5. https://doi.org/10.1016/j.jhin.2003.09.017
- Troja E, Ceci R, Markaj A, Dhamo E, Troja R. Evaluation of dominant microbial air pollutants in hospital environments and nearby areas in Albania. Journal of Ecological Engineering. 2021; 22(5): 32-38. https://doi.org/10.12911/22998993/135866

eISSN: 2354-0265 ISSN: 2353-6942

 Grisoli P, Albertoni M, Rodolfi M. Application of airborne microorganism indexes in offices, gyms and libraries. Applied Sciences. 2019; 9: e1101. https://doi.org/10.3390/app9061101

- Petakh P, Kobyliak N, Kamyshnyi A. Gut microbiota in patients with COVID-19 and type 2 diabetes: a culture-based method. Front. Cell. Infect. Microbiol. 2023; 13: e1142578. https://doi.org/10.3389/fcimb.2023.1142578
- 10. Dunn JJ. Guidelines for biochemical identification of aerobic bacteria. In: Leber AL., editor. Clinical Microbiology Procedures Handbook. Washington, DC: American Society for Microbiology; 2016. p. 3.16.1-3.16.5. https://doi.org/10.1128/9781555818814.ch3.16
- 11. Veysi R, Heibati B, Jahangiri M, Kumar P, Latif MT, Karimi A. Indoor air quality-induced respiratory symptoms of a hospital staff in Iran. Environmental Monitoring and Assessment. 2019; 191: e50. https://doi.org/10.1007/s10661-018-7182-5.
- 12. Resnik M, Kerč J. [Microbiological quality of pharmaceutical products]. Farmacevtski vestnik. 2010; 61(1): 23-29 (in Slovene).
- 13. Fang Z, Guo W, Zhang J, Lou X. Influence of heat events on the composition of airborne bacterial communities in urban ecosystems. International Journal of Environmental Research and Public Health. 2018; 15(10): e2295. https://doi.org/10.3390/ijerph15102295
- 14. Brągoszewska E, Biedroń I. Indoor air quality and potential health risk impacts of exposure to antibiotic resistant bacteria in an office rooms in southern Poland. Int. J. Environ. Res. Public Health. 2018; 15: e2604. https://doi.org/10.3390/ijerph15112604
- 15. Romanyuk L, Malinovska L, Kravets N, Olyinyk N, Volch I. Analysis of antibiotic resistance of conditionally pathogenic ortopharyngeal microflora in children after viral respiratoty infections. Georgian Medical New. 2022; 328(7): 154-157.

eISSN: 2354-0265 ISSN: 2353-6942

16. Jankowiak E, Kubera Ł, Małecka-Adamowicz M, Dembowska E. Microbiological air

quality in pharmacies and an antibiotic resistance profile of staphylococci species.

Aerobiologia. 2020; 36: 551-563. https://doi.org/10.1007/s10453-020-09651-x

17. Brągoszewska E, Mainka A, Pastuszka JS, Lizończyk K, Desta YG. Assessment of bacterial aerosol in a preschool, primary school and high school in Poland. Atmosphere.

2018; 9(3): e87. https://doi.org/10.3390/atmos9030087

18. Hewitt KM, Gerba CP, Maxwell SL, Kelley ST. Office space bacterial abundance and diversity in three metropolitan areas. PLoS ONE. 2012; 7(5): e37849. https://doi.org/10.1371/journal.pone.0037849

19. Tršan M, Seme K, Src*ic* S. The environmental monitoring in hospital pharmacy cleanroom and microbiota catalogue preparation. Saudi Pharmaceutical Journal. 2019; 27(4): 455-462. https://doi.org/10.1016/j.jsps.2019.01.007.