

THE DEVELOPMENT OF ALTERNATIVE METHODS OF DISINFECTION

by

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DEDICATION

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ABSTRACT

Chlorine is the primary method for disinfection of drinking water in the United States; however, growing concerns about the potential hazards associated with carcinogenic chlorine disinfection by-products have resulted in increased efforts to develop alternative methods of water disinfection. In addition, it is sometimes difficult to maintain an adequate concentration of free chlorine throughout a drinking water distribution system due to intrusion events and the presence of biofilms.

Silver and copper are widely used as environmental biocides and as clinical antimicrobial agents. Copper has been extensively used as an algacide for many years, and is reported to be one of the most toxic metals to heterotrophic bacteria in aquatic environments. In this study, silver and copper, both individually and in combination, were able to significantly reduce the numbers of the bacterial pathogens *Salmonella typhimurium*, *Escherichia coli*, *Listeria monocytogenes*, and *Mycobacterium fortuitum* in aqueous solutions. Silver and copper together could potentially be used as a secondary disinfectant in water treatment because their residual effect is long lasting and no harmful byproducts are generated.

Besides water, produce can also be a source of microbial pathogens. Fruits and vegetables are the third leading source in microbial foodborne outbreaks, accounting for more than 10,000 cases of foodborne illness in the U.S. between 1990 and 2001. Alternative produce sanitizers in addition to chlorine were evaluated against foodborne

pathogens inoculated onto lettuce. Overall, Fit[®] (citric acid, grapefruit oil extract) and chlorine yielded the greatest reductions of the study organisms.

A large number of compounds are available for use as disinfectants; however, some are highly toxic, corrosive and produce harmful by-products. Natural antimicrobial products are another possible alternative. The efficacy of a natural peptide-based antimicrobial, Absolute Fx, was assessed against bacteria and viruses. Absolute Fx effectively inactivated the study organisms.

INTRODUCTION

Problem Definition:

Filtration and chlorination of drinking water have dramatically decreased waterborne disease risks in the United States, especially typhoid fever mortality. Nevertheless, outbreaks associated with contaminated drinking water still occur. In addition, a substantial portion of waterborne illnesses may not be reported. Between the years of 1920 and 2002, at least 1,870 outbreaks were associated with drinking water, an average of 23 per year. This translates into approximately 900,000 reported illnesses (Craun *et al.* 2006). Outbreaks were associated with inadequately treated water and the contamination of distribution systems. Bacterial growth, as well as the presence of microorganisms of health concern (e.g. *Legionella pneumophila*) have been reported in chlorinated distribution systems (Kuchta *et al.* 1983; LeChevallier *et al.* 1987). Furthermore, the residual disinfectant (generally 0.2 mg/L chlorine) is severely reduced to nearly non-detectable levels as a result of the reaction with organic matter, biofilms, and tubercles formed on the pipes (Al-Jasser 2007; Ndiongue *et al.* 2005). This results in a vulnerable distribution system that may be further contaminated with microbial pathogens through intrusion events during pipe repair, illegal cross-connections, and the loss of pressure in the system. Water supply systems, water storage systems, and swimming pools are also some of the most attractive and susceptible targets for bioterrorism. Therefore, there is an

urgent need to evaluate alternative disinfectants that can provide a long-lasting residual effect by significantly reducing the number of human pathogens in water.

Fruits and vegetables are the third leading cause associated with foodborne outbreaks, accounting for more than 10,000 cases of foodborne illness from 1990 to 2001 (CSPI 2001). Recently, an outbreak of enterohemorrhagic *Escherichia coli* O157:H7 affected more 200 people, of which 30% developed a life-threatening complication, hemolytic uremic syndrome (HUS), and three people died (Anonymous 2006). The outbreak was associated with bagged spinach. *Listeria monocytogenes* has been linked to infection following the consumption of contaminated prepackaged salads, cabbage, lettuce, celery, and tomatoes (Berrang *et al.* 1989). *L. monocytogenes* is a major public health concern due to its high mortality rate (~20%) and its ability to grow at refrigeration temperatures (Gandhi and Chikindas 2007; Mead *et al.* 1999). Another group of microorganisms of health concern are viruses, which have emerged as the leading cause of foodborne illness in the United States (Allwood *et al.* 2005). A proper sanitizer treatment is needed at the point of consumption to reduce the risk of contracting a foodborne illness.

Literature Review:

Foodborne pathogens

The food supply in the United States is considered one of the safest in the world (Johnston *et al.* 2006). In fact, the estimated incidence of foodborne diseases in the U.S., including those caused by *Escherichia coli* 0157:H7, *Campylobacter* and *Cryptosporidium*, declined between 1996 and 2001 (CDC 2003). Nevertheless, in the United States alone, it is estimated that 76 million people contract foodborne illness each year, with an associated 325,000 hospitalizations and 5000 deaths (Mead *et al.* 1999). This means that one in four Americans contracts a foodborne illness, and greater than 1 in 1000 is hospitalized each year (Tauxe 2002). The approximate annual cost of such foodborne illnesses is \$5 billion in direct medical expenses and lost productivity (Vij *et al.* 2006). Bacteria account for the highest number of deaths attributable to foodborne transmission (72%), followed by parasites (21%) and viruses (7%). *Salmonella* is responsible for highest number of deaths (31%), followed by *Listeria* (28%), *Toxoplasma* (21%), Noroviruses (7%), *Campylobacter* (5%), and *Escherichia coli* O157:H7 (3%) (Mead *et al.* 1999). Extrapolating the U.S. data to the rest of the world would mean that up to one-third of the population in developed countries are affected by microbiological foodborne disease each year, while the problem is likely to be even more widespread in developing countries (Schlundt 2002). Food safety is one of the top eleven priorities of the World Health Organization, which has called for systematic and more aggressive

steps to reduce the risk of foodborne diseases due to microbial contamination (WHO 2000).

The occurrence and epidemiology of foodborne disease in a population is the result of complex interactions among environmental, cultural and socioeconomic factors (Johnston *et al.* 2006). As new food sources become available as a result of the globalization of the market and changes in food consumption trends, new opportunities arise for the transmission of foodborne disease (Harris *et al.* 2001; Stine *et al.* 2005). Changes in human demographics and behavior, as well as the development of new virulence factors by microorganisms, may also contribute to the increase of the risk of foodborne illness (Beuchat 1998; Beuchat *et al.* 2001).

Fruits and vegetables have been associated with numerous foodborne outbreaks with an increasing number of outbreaks in recent years (Guan *et al.* 2005; Yaun *et al.* 2004). In the United States, the consumption of vegetables per capita per year was 153 kg in 1980, 193 kg in 2000, and 188 kg in 2001. Fresh vegetables accounted for 45% of the total vegetable consumption in 1980, 47% in 2000, and 48% in 2001. During 2001, the most commonly consumed fresh vegetables were lettuce, tomatoes, carrots, potatoes, and onions (Sturchler 2006). Fruits and vegetables are the third leading vehicle of microbial pathogens in foodborne outbreaks, accounting for more than 10,000 cases of foodborne illness from 1990 to 2001 (CSPI 2001). Cantaloupes, sprouts, melons, lettuce and berries were most frequently involved in the outbreaks (Matthews 2006).

The majority of pathogens implicated in produce-related outbreaks are transmitted via the fecal-oral route (Johnston *et al.* 2006). Microbial contamination of fruits and

vegetables can occur during plant growth, harvesting, transport, processing, distribution and marketing, or in the home (Beuchat 1998). Produce contaminated with pathogens cannot be completely disinfected by washing or rinsing the product in an aqueous solution (Rodgers and Ryser 2004; Shigenobu *et al.* 2003; Smith *et al.* 2003). The prevention of produce contamination with human pathogens is the only practical and effective means of ensuring safe produce for human consumption (Gorny 2006). There is therefore a need for effective sanitizer treatments to reduce the number of microbial pathogens on produce to safer levels.

Escherichia coli

Enterohemorrhagic *E. coli* (EHEC) was first recognized as a human pathogen in 1982 when it was identified as the cause of two outbreaks of hemorrhagic colitis associated with undercooked hamburgers served at fast food restaurants (Smith 2005). Since then, sporadic infections and outbreaks have been reported in many parts of the world, including North America, Australia, Canada, Western Europe, and Africa (Honish *et al.* 2007; Mannix *et al.* 2005; Raji *et al.* 2003; Rangel *et al.* 2005). *E. coli* O157:H7 is the EHEC serotype responsible for the greatest proportion of disease cases (Smith 2005). *E. coli* O157:H7 is the most common serotype found in North America (Torres *et al.* 2006). It is estimated that the O157:H7 serotype is responsible for more than 73,000 cases of illness and 61 deaths each year in the United States, whereas non-O157 EHEC cause approximately 36,000 cases and 30 deaths each year (Mead *et al.* 1999). *E. coli* O157:H7 infections lead to a mild non-bloody diarrhea or an acute grossly bloody diarrhea termed

hemorrhagic colitis. In about 8% of patients, primarily children and the elderly, *E. coli* O157:H7 infection can progress to hemolytic uremic syndrome (HUS), a severe post-diarrheal systemic complication. HUS is the leading cause of renal failure in children in the United States (Li *et al.* 2000). Undercooked ground beef has been implicated in most of the documented EHEC outbreaks; however, *E. coli* O157:H7 has been isolated from other products including fresh fruits and vegetables (Griffin and Tauxe 1991; Smith *et al.* 2003). Very few surveys have been conducted on the presence of the organism in raw produce (Harris *et al.* 2003). Produce related outbreaks are often associated with restaurants and other food establishments. Restaurants accounted for 40% of the *E. coli* O157:H7 outbreaks associated with produce, and approximately 47% were the result of cross-contamination during food preparation (Rangel *et al.* 2005).

Some studies have quantified the survival of *E. coli* O157:H7 on growing crops under both laboratory and greenhouse conditions (Cooley *et al.* 2006; Lang *et al.* 2004b; Solomon *et al.* 2003). Stine and coworkers (2005) found that *E. coli* O157:H7 survived on cantaloupe surfaces for more than two weeks under greenhouse conditions. They also found that the survival of the pathogen was enhanced under high humidity conditions. *E. coli* O157:H7 was found to survive for 12 days at 4°C on lettuce, swedes, bean sprouts and dry coleslaw (Francis and O'Beirne 2001). *E. coli* O157:H7 inoculated on lettuce increased significantly in number when it was kept at 12°C for 14 days. Packaging under modified atmosphere had little or no effect on the survival or growth of *E. coli* O157:H7 (Abdul-Raouf *et al.* 1993).

In Mexico *E. coli* O157:H7 was isolated on at least 20% of cabbage, cilantro, and coriander involved in one study (Zepeda-Lopez *et al.* 1995). Samadpour *et al.* (2006) isolated *E. coli* O157:H7 from 1.5% of sprout samples (Samadpour *et al.* 2006). On the other hand, several studies have reported the absence of *E. coli* O157:H7 on produce (FDA 2001; Johannessen *et al.* 2002; Johnston *et al.* 2006). It should be noted that in the studies in which *E. coli* O157:H7 was not detected, sample sizes ranged from 466 to over 1000 produce items. Nevertheless, outbreaks of *E. coli* O157:H7 have been associated with lettuce (Ackers *et al.* 1998; Hilborn *et al.* 1999), radish sprouts (Michino *et al.* 1999), apple cider (Cody *et al.* 1999; Hilborn *et al.* 2000), and alfalfa sprouts (Ferguson *et al.* 2005). One recent outbreak was linked to contaminated spinach in which 200 people were affected, more than half of which were hospitalized, and three died (Anonymous 2006). This was at least the 26th reported outbreak of *E. coli* O157:H7 infection that has been traced to contaminated leafy green vegetables since 1993 (Maki 2006). The world's largest reported *E. coli* O157:H7 outbreak occurred in Japan in 1996 and was linked to the consumption of white radish sprouts. Approximately 6,000 school children were infected and 17 died (Michino *et al.* 1999). In the following year, white radish sprouts were once again implicated in another *E. coli* O157:H7 outbreak in Japan, affecting 126 people and resulting in one death (Taormina *et al.* 1999).

Salmonella

Salmonella is the most common cause of bacterial foodborne disease outbreaks of known etiology in the United States (CDC 2000). Non-typhoidal *Salmonellae* are also the most

common cause of death from foodborne illness associated with parasites, viruses or bacteria in the U.S., causing more than 500 deaths each year (Mead *et al.* 1999). *Salmonella* infections generate a \$2.3 billion annual cost for medical care and loss of worker productivity (Mead *et al.* 1999). Typhoid fever and bacteremia are rare in the U.S.; however, they are still a significant cause of morbidity in Africa, Asia and South America (Andrews *et al.* 2005).

Mammals, amphibians, birds, and reptiles are natural reservoirs of *Salmonella* (Dobbin *et al.* 2005; Hidalgo-Vila *et al.* 2007). Poultry, other meat products, eggs, and dairy products are the most commonly implicated sources in salmonellosis outbreaks. Fresh fruits and vegetables are implicated less frequently, though outbreaks involving these commodities have been documented (Harris *et al.* 2003). Several surveys have reported the presence of various *Salmonella* serotypes on certain produce items. In 2001, the Food and Drug Administration conducted a survey of more than 1,000 imported produce from 21 countries of which *Salmonella* was detected in 35 samples (FDA 2001). The contaminated produce included celery, cilantro, lettuce, cantaloupe, scallions, parsley, and strawberries (FDA 2001). In an Italian study, *Salmonella* was found in 68.3% of lettuce and 71.9% of fennel samples (Ercolani 1976). In contrast, in another study that included U.S. and Mexican fresh produce, *Salmonella* was not isolated from broccoli, cabbage, cilantro, parsley, cantaloupe, collards, and kale with a total of 466 samples (Johnston *et al.* 2006). In the United States, several outbreaks of salmonellosis have been linked with produce, particularly cantaloupe. A large outbreak in 1990 involved cantaloupe served in salad bars that affected more than 200 people in 30 states (Ries *et*

al. 1990). In 1997, another *Salmonella* outbreak was reported in California due to the consumption of imported cantaloupe (Mohle-Boetani *et al.* 1999). Thereafter, three high profile multistate outbreaks with *Salmonella enterica* serovar Poona associated with eating cantaloupe imported from Mexico occurred during the spring of consecutive years between 2000 and 2002 (CDC 2002). Outbreaks of salmonellosis have also been linked to tomatoes (Anonymous 2005; Gupta *et al.* 2007), alfalfa sprouts (Proctor *et al.* 2001; Van Beneden *et al.* 1999), and bean sprouts (O'Mahony *et al.* 1990). In one study, *Salmonella* was able to survive for six days on tomato leaves under 100% relative humidity condition (Rathinasabapathi 2004). Das *et al.* (2006) demonstrated that *Salmonella enteritidis* can survive at 7°C for 10 days on inoculated cherry tomatoes (Das *et al.* 2006). Acidic foods such as orange juice which were once thought to be unlikely vehicles of *Salmonella* have recently been associated with outbreaks (Buxton *et al.* 1999; Krause *et al.* 2001).

Listeria monocytogenes

Listeria was originally isolated from laboratory rabbits in 1926 (Paoli *et al.* 2005). Although the organism has been used for decades as a model for the study of intracellular parasitism, *Listeria monocytogenes* was not considered a significant pathogen until the early 1980's, when it was recognized as a major foodborne human pathogen (Ramaswamy *et al.* 2007; Vazquez-Boland *et al.* 2001). *Listeria* was identified as an emergent pathogen after an outbreak of listeriosis in Nova Scotia, Canada in 1981 that was traced back to the consumption of contaminated coleslaw (Schlech *et al.* 1983).

Listeria is now a major public health concern because of its severe manifestations. In humans, this microorganism has the ability to cross the intestinal, placental and blood brain barriers, leading to gastroenteritis, maternofetal infections, and meningoenephalitis, respectively (Lecuit 2005; Nassif *et al.* 2002; Ramaswamy *et al.* 2007). *Listeria* is the leading cause of death among foodborne bacteria in the United States, with a very high mortality rate (~20%) (Mead *et al.* 1999). *Listeria* is widely distributed in the environment. It is found in soil and water, on decaying plant material growing as a saprophyte, and in the intestinal tract of animals and humans. Its presence on fruits and vegetables is therefore not surprising (Beuchat 1998; Budu-Amoako *et al.* 1992). *Listeria monocytogenes* was isolated from potatoes, radishes, cabbage, and cucumbers during a survey of 10 different types of produce that included 1000 samples at the retail level (Heisick *et al.* 1989). In another survey in Spain, *L. monocytogenes* was isolated from 7.8% of vegetables samples (De Simon *et al.* 1992). Harvey and Gilmour (1993) reported that 7 out of 66 sample salad vegetables and prepared salads in Northern Ireland were contaminated by this pathogen (Harvey and Gilmour 1993). In a study conducted in Malaysia, *L. monocytogenes* was detected in 22% of the leafy vegetable samples, 85% of the beans sprouts, and 80% of cucumbers (Arumugaswamy *et al.* 2005). In Taiwan, *L. monocytogenes* was detected in 12% of vegetables included in a study conducted by Wong and coworkers (1990).

In addition to being a deadly pathogen, *L. monocytogenes* is well known for its growth and survival in foods. The bacterium is able to survive and even grow at low temperatures (Gandhi Megha and Chikindas 2007; Le Marc *et al.* 2002), and is able to

tolerate high salt and bile concentrations (Pearson and Marth 1990) as well as a low pH (Davis *et al.* 1996). *L. monocytogenes* is able to reproduce on cauliflower, broccoli, and asparagus in storage at 4°C (Berrang *et al.* 1989). Growth of *L. monocytogenes* has also been observed on lettuce at 5°C (Koseki and Isobe 2005; Steinbrugge *et al.* 1988) and on whole tomatoes held at 21°C for 10 days, but not at 10°C (Beuchat and Brackett 1991). Survival of *L. monocytogenes* has been reported in frozen strawberries (Flessa *et al.* 2005) and peeled Hamlin oranges at 4°C (Pao *et al.* 1998). Interestingly, carrot juice has been reported to have an inhibitory effect on *L. monocytogenes* growth (Beuchat and Brackett 1990; Beuchat and Doyle 1995; Nguyen-The and Lund 1991).

Produce Sanitizers

Microorganisms can be present in raw or minimally processed fruits and vegetables at populations ranging from 10^3 to 10^9 CFU/g (Francis *et al.* 1999; Harris *et al.* 2001). Washing with tap water is a currently recommended means for reducing microbial contamination on produce; however, though washing fruits and vegetables in water may remove some soil and other debris, it cannot be relied upon to completely remove pathogenic microorganisms and can result in the cross-contamination of food preparation surfaces, utensils, and other foods items (Beuchat *et al.* 2001; Koseki and Isobe 2005). Fruits and vegetables may be exposed to soil, insects, animals, water, and/or humans during growing or harvesting and in the processing plants (Ukuku 2006). Additionally, crops may be fertilized with the manure from domestic animals (Ingham *et al.* 2005). Consequently, fruits and vegetables intended for raw consumption may be exposed to pathogenic bacteria, parasites, and viruses from animal excreta (birds, insects, rodents, and reptiles), from water (irrigation and rain), from infected workers, from manure, and from food processing facilities with poor sanitation (Guo *et al.* 2002). Therefore, methods that effectively and reliably reduce or eliminate pathogenic bacteria on fruits and vegetables are needed. Traditional methods of reducing microbial populations on produce involve chemical and physical treatments. The control of contamination requires that these treatments be applied to equipment and packinghouse facilities as well as to produce (Beuchat 1998).

Chlorine

Chlorine is the most commonly used sanitizing agent. It is used at a concentration 50 to 200 parts per million (ppm) with a contact time between 1 and 2 minutes (Adams *et al.* 1989; Behrsing *et al.* 2000; Beuchat 1998). Three forms have been approved for use: calcium hypochlorite (CaClO_2), sodium hypochlorite (NaOCl), and chlorine gas (Cl_2) (Stopforth *et al.* 2007). The antimicrobial activity of chlorine depends on the amount of free available chlorine in the solution, the temperature, the pH, and the amount of organic matter present (Landeem *et al.* 1989; Yahya *et al.* 1990). Low pH of internal produce tissue and high load of organic matter in the sanitizing solution significantly reduce the effectiveness of chlorine (Stopforth *et al.* 2007). Dipping produce in chlorine is broadly used because of its ease of implementation and low cost, but appears to have limited efficacy, resulting in only a 1 to 2 \log_{10} reduction in the microbial load (Koseki and Isobe 2005; Smith *et al.* 2003; Yuk *et al.* 2006). A standard procedure for washing leaves in tap water reduced populations of microflora by 92%; the addition of 100 ppm of chlorine at pH 9 reduced the microbial count by 97.8%, indicating that this concentration of chlorine was only slightly more effective than tap water alone (Adams *et al.* 1989). No significant difference in the inactivation of *Salmonella* inoculated on the surface of tomatoes was observed when the concentration of chlorine was increased from 100 ppm to 320 ppm (Zhuang *et al.* 1995). Treatment of produce with even higher concentrations of chlorine (> 800 ppm) have also been studied (Alvarado-Casillas *et al.* 2007). Beuchat *et al.* (1998) demonstrated that the maximum reduction in human pathogen population in lettuce, tomatoes and apples was 2.3- \log_{10} CFU/cm² after dipping in solutions of 2000 ppm

chlorine for 1 min (Beuchat 1998). Only a 90% reduction in *Salmonella* inoculated on fresh-cut cantaloupe was achieved after treatment with 2000 ppm of chlorine (Beuchat and Ryu 1997). Chlorine treatments may reduce the initial bacterial population; however, Li *et al.* (2001a) reported that after a few days, no significant difference was found in *E. coli* O157:H7 populations on chlorine washed and water washed lettuce (Li *et al.* 2001a). Similarly, the number of yeasts, molds, *Enterobacteriaceae*, and mesophilic aerobic microorganisms after treatment with 20 ppm at 50°C did not differ from the control over a storage period of 18 days (Li *et al.* 2001b). The addition of a surfactant may enhance the lethality of chlorine by increasing the surface contact of the sanitizer with the microbe (Weissinger and Beuchat 2000). The addition of 0.1% of the surfactant Tergitol to a dip solution of 100 ppm chlorine yielded a 2.73- \log_{10} reduction in CFU/g of *Yersinia enterocolitica* on the surface of shredded lettuce. Adding 0.5% lactic acid to the same solution resulted in more than a 6- \log_{10} CFU/g reduction (Escudero *et al.* 1999). Nevertheless, the use of surfactants or other agents in combination with chlorine can adversely affect the sensory qualities (e.g. taste, appearance) of the produce (Beuchat 1998). Because chlorine reacts with organic matter, components leaching from tissues of cut produce surfaces may neutralize some of the chlorine before it reaches microbial cells, thereby reducing its effectiveness. Crevices, cracks and small fissures in produce tissue, along with the hydrophobic nature of the waxy cuticle on the surfaces of many fruits and vegetables, may reduce the inactivation of microorganisms by chlorine and other disinfectants (Burnett *et al.* 2004; Lang *et al.* 2004a; Ukuku and Fett 2006).

Safety concerns about the formation of carcinogenic disinfection by-products due to the reaction of chlorine with organic matter and their impact on the environment have increased in recent years (Guzzella *et al.* 2005; Villanueva *et al.* 2007; Zwiener *et al.* 2007). For this reason, chlorine treatment of minimally processed vegetables is prohibited in several European countries, including Belgium, Germany, Switzerland, and The Netherlands (Gil and Selma 2006).

Chlorine dioxide (ClO₂)

Chlorine dioxide (ClO₂) is another produce sanitizing agent for produce washing that has been evaluated as a post-harvest treatment (Kreske *et al.* 2006; Sy *et al.* 2005). It has received attention due to new technologies that facilitate the shipment and development of simple, on-site generation equipment. Chlorine dioxide is more effective against many classes of microorganisms at lower concentrations than chlorine (Gil and Selma 2006). The major advantages of chlorine dioxide over chlorine include the following: there is a reduced reactivity with organic matter, it does not react with ammonia to form chloramines, and it maintains its efficacy over a wide pH range (Huang *et al.* 1997; Wondergem and Van Dijk-Looijaard 1991). It produces fewer disinfection by-products than chlorine (Hua and Reckhow 2007; Stevens 1988). The oxidizing power of chlorine dioxide has been reported to be 2.5 times greater than chlorine (Benarde *et al.* 1967). On the other hand, chlorine dioxide is a relatively unstable gas and can be explosive when concentrated. In addition, chlorine dioxide decomposes at temperatures greater than 30°C when exposed to light (Beuchat 1998). In the United States, chlorine dioxide is approved

for sanitation of fruit and vegetable processing equipment at a maximum concentration of 200 ppm (Beuchat 1998) and a maximum of 3 ppm for use on uncut produce. Only a 1 ppm maximum is permitted for peeled potatoes. A potable rinse, blanching, cooking, or canning must follow treatment with chlorine dioxide (FDA 1977c). Information on the effectiveness of chlorine dioxide on produce is limited. The concentration of the bacterium *Enterobacter sakazakii* after exposure to 10 ppm of chlorine dioxide for 1 min was reduced by 3.38- \log_{10} CFU on a whole apple (Kim *et al.* 2006). Treatment with 4 ppm chlorine dioxide of fresh-cut lettuce, cabbage, and carrots inoculated with *Salmonella*, *E. coli* O157:H7, and *L. monocytogenes* resulted in significantly higher log reductions in comparison to a wash using tap water (Sy *et al.* 2005). *E. coli* O157:H7 and *L. monocytogenes* inoculated onto strawberries at approximately 7- \log_{10} CFU/fruit were inactivated by exposure to 3 ppm chlorine dioxide for 10 min (Han *et al.* 2004). Costilow *et al.* (1984) reported that 2.5 ppm ClO_2 was effective against microorganisms in waters used to handle and wash cucumbers; however, a concentration up to 105 ppm did not reduce the microflora on the cucumbers (Costilow *et al.* 1984). Similar results were reported by Reina and coworkers (1995). Immersion of oranges inoculated with non-pathogenic *E. coli* in a solution with 100 ppm ClO_2 resulted in a 1- \log_{10} higher reduction compared to immersion in deionized water only (Pao and Davis 1999).

Ozone

Ozone is one of the newest sanitizers used in postharvest management systems (Kim *et al.* 1999; Kim *et al.* 2003a). In 2001, the FDA approved the use of ozone for the treatment, storage, and processing of foods in both the gas and aqueous phase in direct contact with foods, including raw and minimally processed fruits and vegetables (FDA 2001). As with ClO_2 , ozone has to be generated on site. Corona discharge is one of the most commonly used methods to produce ozone. In corona discharge, ozone is generated when an electrical discharge occurs between two conductors separated by a discharge gap (wire and cylinder) and fed with oxygen flowing between the electrodes (Chand *et al.* in Press; Yanallah *et al.* 2006). Ozone is highly unstable in water and decomposes to oxygen in a very short time. The half-life of ozone in distilled water at 20°C is generally considered to be 20 to 30 min (Khadre *et al.* 2001). Nevertheless, depending on the quality of the water, the half-life of ozone can range from seconds to hours (Von Gunten 2003). Water used in food processing or beverages generally contains readily oxidizable organic and inorganic substances. These substances may react rapidly with ozone, considerably decreasing its half-life (Kim *et al.* 2003b). Ozone is a very strong oxidizer; unfortunately this oxidizing power has the negative effect of causing deterioration and corrosion on metal and other types of surfaces (Glaze 1986). One of the major advantages of ozone is that it does not directly form trihalomethanes, potentially human carcinogenic substances, although it may indirectly form undesirable by-products if bromide is present in the washwater (Von Gunten *et al.* 2001). Ozone is not generally affected by pH within a range of 6-8, but its decomposition increases above pH 8. Disinfection, however, stills

occur at high pH, because the biocidal activity of the compound is relatively fast (Bryant *et al.* 1992). Levels of 0.5 to 4 mg/L are recommended for washwater and 1 ppm for flume water (Gil and Selma 2006). The use of ozone as an antimicrobial agent in the food processing industry has been reviewed by Kim *et al.* (1999) and Guzel-Seydim *et al.* (2004) (Guzel-Seydim *et al.* 2004; Kim *et al.* 1999). However, little has been reported about inactivation of pathogens on produce. Treatment with ozonated water can extend the shelf-life of grapes, pears, apples, oranges, raspberries, strawberries, and lettuce by reducing the microbial population and by oxidation of ethylene to retard ripening (Beltran *et al.* 2005; Beuchat 1998; Sarig *et al.* 1996). Fungal deterioration of blackberries and grapes was decreased by ozonation of the fruits (Beuchat 1992). Mold and bacterial counts were greatly decreased without any change in chemical composition and sensory quality in onions treated with ozone gas during storage (Song *et al.* 2000). Shredded lettuce that was submerged in water bubbled with ozone had decreased bacterial counts (Kim *et al.* 1999). Similar to chlorine, the degree of microbial control by ozone cannot be predicted based on antibacterial activity on water. Although bacteria spores are inactivated very quickly in ozonated water (Driedger *et al.* 2001; Facile *et al.* 2000), vegetative cells inoculated into wounds of fruits survived exposure to 1.5 ppm of ozone for 5 minutes (Smilanick *et al.* 1999). The use of ozone gas could be another alternative to reduce the microbial populations on produce prior cutting. Ozone gas showed reduction on fungal counts and increased shelf life of grapes and apples during storage (Gil and Selma 2006). Fungal growth during storage of blackberries was also inhibited by 0.1-0.3 ppm ozone (Barth *et al.* 1995). The shelf life of raspberries, grapes and

strawberries could be doubled when 2 to 3 ppm of ozone was applied continuously for a few hours per day (Richard *et al.* 2006). Garcia *et al.* (2003) reported the effects of ozone treatment in the microbiological and sensory quality of lettuce. A higher microbial inactivation and longer shelf life was observed with ozone treatment than with chlorine treatment.

Depending on the application, the efficacy of ozone varies considerably. Ozone at a concentration of 3 ppm was more effective than chlorine dioxide (3 to 5 ppm), chlorinated trisodium phosphate (100 to 200 ppm), and peroxyacetic acid (80 ppm) at reducing the microbial count of *E. coli* O175:H7 and *L. monocytogenes* in an aqueous model system. When lettuce, strawberries, apples, and cantaloupe were inoculated with the aforementioned pathogens and exposed to ozone and chlorine dioxide, a $> 5\text{-log}_{10}$ reduction was observed (Rodgers *et al.* 2004). However, it has been reported that ozonated water generally reduces only 3 log CFU/g of bacteria populations in produce (Cherry 1999; Khadre *et al.* 2001; Kim *et al.* 1999). Ozone was less effective than acidic electrolyzed water in reducing levels of coliforms and aerobic mesophiles in cucumbers (Koseki *et al.* 2004). A combination of sonication and high speed stirring has been reported to enhance the efficacy of ozone (Burlison *et al.* 1975; Kim *et al.* 1999).

Organic acids

Most fruits naturally possess significant concentration of organic acids such as acetic, sorbic, citric, malic, succinic, acetic and tartaric acid (Albertini *et al.* 2006; Silva *et al.* 2002). Organic acids such as lactic and acetic acids are effective antibacterial agents and

are classified by the FDA as generally recognized as safe (GRAS) (FDA 1977a; FDA 1977b). Lactic acid dips and sprays are used commercially to decontaminate animal carcasses containing *E. coli* O157:H7, *L. monocytogenes* and *Salmonella* (Castillo *et al.* 2001). Lactic acid might have a potential application for sanitation of fresh fruits and vegetables. Total and fecal coliform were reduced about 2 and 1 log/g, respectively, on mixed salad vegetables treated with 1% lactic acid (Torriani *et al.* 1997). In a separate study, shredded carrots were inoculated with *Aeromonas* and subject to treatment with 2% lactic acid. A 2.5- \log_{10} reduction of *Aeromonas* was achieved immediately after decontamination, and the growth of *Aeromonas* was controlled throughout the shelf life. Also, the psychrotrophic indigenous flora was significantly reduced in comparison to the control sample and remained at lower levels throughout the shelf life. Organoleptic properties of the acid-treated shredded carrots were satisfactory (Uyttendaele *et al.* 2004). A 5% acetic acid wash was able to reduce the population of *E. coli* O157:H7 on inoculated apples by approximately 3 logs (Wright *et al.* 2000). *Yesinia enterocolitica* inoculated onto parsley leaves were reduced by more than 7 logs after washing for 15 min in a solution of 2% acetic acid or 40% vinegar (Karapinar and Gonul 1992). Various combinations of lactic acid, acetic acid and chlorine were observed to reduce the population of *L. monocytogenes* on lettuce (Zhang and Farber 1996). A 2 min dip in 5% acetic acid at room temperature was the most effective treatment among several investigated for reducing *E. coli* O157:H7 inoculated onto apples surfaces (Wright *et al.* 2000).

Treatment with citric acid in the form of lemon juice has shown to reduce *Salmonella typhi* inoculated onto papaya and jicama cubes (Fernandez- Escartin *et al.* 1988). In another study, acidification of sweet corn (to pH 5), particularly with citric acid, slowed *L. monocytogenes* and *L. innocua* growth (Thomas *et al.* 1999). Organic acids, in particular vinegar and lemon juice, have potential as inexpensive, simple produce sanitizers at the household level; however, it is not clear whether or not these treatments would produce off flavors in treated produce.

Hydrogen peroxide (H₂O₂)

The bactericidal activity of hydrogen peroxide is well known (Juven and Pierson 1996; Szymanska 2006). Hydrogen peroxide decomposes rapidly in water and oxygen through the action of catalase, an enzyme commonly found in plants, leaving no residual toxicity (Vlasits *et al.* 2007). The FDA specifies approved uses of hydrogen peroxide such as treatment of milk used for cheese, preparation of modified whey, and production of thermophile-free starch (Ukuku and Sapers 2006). Nevertheless, it has not yet been approved by the FDA for washing fruits and vegetables (Gil and Selma 2006). Juven and Pierson (1996) reviewed the antimicrobial activity of hydrogen peroxide and its use in the food industry (Juven and Pierson 1996). The use of H₂O₂ on whole and fresh cut produce has been recently studied. The antimicrobial activity of H₂O₂ as a preservative for salads, berries, and fresh cut melons has been reported (Forney *et al.* 1991; Sapers and Simmons 1998). Ukuku (2004) reported a 3.0 log CFU/cm² reduction in *Salmonella spp.* inoculated on the surface of fresh-cut melon and a 3.0 log CFU/cm² reduction of the indigenous

microflora at the surface of whole melon after treatment with 5% hydrogen peroxide for 5 minutes (Ukuku 2004). Treatment of cantaloupes with 5% hydrogen peroxide at 70°C for 1 minute resulted in a 5- \log_{10} reduction of total mesophilic aerobes, a 3- \log_{10} reduction of yeast and molds, and a 3.8- \log_{10} reduction on inoculated *Salmonella* (Ukuku *et al.* 2004). Treatment of lettuce with 2% hydrogen peroxide at 50°C for 60 seconds was recommended as an effective means to reduce populations of *E. coli* O157:H7, *Salmonella enterica* and *L. monocytogenes*. The combination of lactic acid and hydrogen peroxide reduced the levels of the target pathogens by more than 3 logs; however, the sensory quality of the lettuce was negatively affected (Lin *et al.* 2002). Vapor treatments have been used to reduce postharvest decay in some fruits and vegetables. Microbial populations on prunes, whole cantaloupes, grapes, walnuts, raisins, and pistachios were significantly reduced upon treatment with H₂O₂ vapor (Forney *et al.* 1991; Sapers and Simmons 1998; Ukuku *et al.* 2001; Ukuku and Sapers 2001). However, hydrogen peroxide is phytotoxic to some commodities, causing browning in lettuce and mushrooms and anthocyanin bleaching in raspberries and strawberries (Sapers and Simmons 1998). It has also been reported that hydrogen peroxide causes browning of apple peels (Sapers *et al.* 1999). Further studies on the effectiveness of H₂O₂ in inactivating pathogens on a wide range of raw fruits and vegetables are needed.

Waterborne pathogens

Mycobacterium avium Complex.

The *Mycobacterium avium* complex (MAC) consists of genetically similar and slowly growing environmental bacteria that include *M. avium* subsp. *avium*, *M. avium* subsp. *paratuberculosis*, *M. avium* subsp. *silvaticum*, *M. avium* subsp. *hominis*, and *M. intracellulare* (St Amand *et al.* 2005). The cell wall of these bacteria are unusual in that they contain high levels of lipid (waxy material) (Rezwan *et al.* 2007). They are rod-shaped bacteria with dimensions ranging from 0.2 to 0.6 by 1.0 to 10 μm (Tortoli 2003). Older literature frequently includes *M. scrofulaceum* in the group, referring to it as MAIS (Fry *et al.* 1986). *Mycobacterium avium* complex (MAC) pathogens are included on the U.S. Environmental Protection Agency's Drinking Water Contaminant Candidate List (Gerba *et al.* 2003).

MAC organisms are opportunistic pathogens that have been isolated from many environmental sources including drinking water, soil, rivers, plants, dairy products, marine environments, animals, and bioaerosols (Covert *et al.* 1999; Falkinham 2003; Fischeder *et al.* 1991; Grange *et al.* 1990; Heifets 2004; Konuk *et al.* 2007). MAC usually causes several different types of disease in humans including pulmonary disease, disseminated MAC, and lymphadenitis in immunocompromised as well as immunocompetent hosts (Perez de Pedro *et al.* 2007; Rubin and Rahal 1994; Wolinsky 1979). Clinically, MAC pulmonary disease is more frequently seen in patients with underlying lung disease such as bronchiectasis, pneumoconiosis, and prior tuberculosis,

but approximately 24% to 59% occur in immunocompetent persons without evident predisposing factors (Huang *et al.* 1998; Prince *et al.* 1989). Transmission probably occurs primarily through fine particles of aerosolization and secondarily through ingestion (Damsker and Bottone 1985; Bermudez *et al.* 1997). Disseminated MAC may begin in the lungs and then spread to the gastrointestinal tract or colonize the gastrointestinal tract after ingestion of contaminated water and food (Bermudez *et al.* 1992; Miltner *et al.* 2005).

There is increasing evidence which suggests that tap water is the vehicle by which mycobacteria infect and colonize the human body (Bolan *et al.* 1985; Campagnaro *et al.* 1994). In a number of cases, mycobacterial species (*M. kansasii*, *M. fortuitum*, *M. chelonae*, *M. avium*, and *M. xenopi*) have been recovered from tap water for some time after they were recovered from patients (Vaerewijck *et al.* 2005; Wallace *et al.* 1998). Furthermore, mycobacteria are capable of biofilm formation (*M. fortuitum*, *M. chelonae*, and MAC) and thus, mycobacterial populations can persist in the water distribution system in spite of their slow growth (Hall-Stoodley and Lappin-Scott 1998; Yamazaki *et al.* 2006). Falkinham III *et al.* (2001) conducted a study to measure the number of *M. avium* and *M. intracellulare* in raw source waters before and after treatment and within the distribution system over a period of 18 months. They found that the numbers of mycobacteria ranged from 1×10^1 to 7×10^5 CFU/L. Mycobacterial numbers were substantially higher in the distribution system samples (average of 25,000-fold) than in those collected immediately downstream from the treatment facilities. It was concluded that mycobacteria grow in the distribution system. The number of *M. avium* in raw waters

was correlated with turbidity present in raw water sources (Falkinham *et al.* 2001). Carson *et al.* (1978) and George *et al.* (1980) have also reported the ability of *M. avium* complex organisms to grow in water (Carson *et al.* 1978; George *et al.* 1980).

Mycobacteria also have an extraordinary ability to survive under starvation conditions, persisting despite of a lack of nutrients in tap water (Smeulders *et al.* 1999; Nyka 1974). In one study, members of the *Mycobacterium avium* complex were able to survive in deionized water, losing less than 90% viability after 2 years (Archuleta *et al.* 2005). It has been reported that *M. avium* can infect *Acanthamoeba castellanii* (an environmental amoeba) and grow intracellularly at both 37°C and 30°C. In addition, it was found that amoeba-grown *M. avium* was capable of invading intestinal mucosal cells with significantly increased efficiency compared with that of *M. avium* grown on agar media (Cirillo *et al.* 1997). Therefore, *M. avium* may survive the process of drinking water disinfection by intracellular colonization inside free-living amoebae. Disinfection may also contribute, in part, to the persistence of *M. avium* and *M. intracellulare* in drinking water distribution systems (Falkinham *et al.* 2001). *M. avium* and *M. intracellulare* are many times more resistant to chlorine, chloramine, chlorine dioxide, and ozone than are other water-borne microorganisms (Carson *et al.* 1978; Le Dantec *et al.* 2002). As a result, disinfection of drinking water allows for the selection of mycobacteria. In the absence of competitors, even the slowly growing mycobacteria are able to grow in the distribution system (Vaerewijck *et al.* 2005). In addition, mycobacteria can tolerate extremes in temperature (Schulze-Robbeke and Buchholtz

1992), resulting in the contamination of ice machines (Falkinham 2002), hot tap water, and spas (Embil *et al.* 1997; Labombardi *et al.* 2002; Lumb *et al.* 2004).

Food can be a source of human exposure to mycobacteria. MAC has been isolated from beef, pork, chicken, turkey, oysters, and milk (Konuk *et al.* 2007; Embrey 2002). Mycobacteria were present in 25 of 121 food samples (20%) in one study, and certain isolates of *M. avium* showed genetic homology to clinical isolates (Yoder *et al.* 1999). *M. avium* may also tolerate an acidic environment. Bodmer *et al.* (2000) demonstrated that the microorganism was able to reach the stationary phase when it was exposed to a solution of pH 2.2 for 24 hours. They also demonstrated that *M. avium* incubated with acid in the presence of water was significantly more resistant to pH 2.2 than *M. avium* in the presence of a buffer. Finally, they concluded that pre-adaptation under conditions similar to the conditions where *M. avium* is found in the environment results in increased acid resistance (Bodmer *et al.* 2000).

Synergy between disinfectants

The use of disinfectants in water and food has significantly improved human welfare; nonetheless, today, the use of these disinfectants is facing new challenges: (a) emergent pathogens resistant to disinfection; (b) harmful disinfection by-products; (c) hazards associated with on-site storage of chemicals; (d) development of microbial disinfection resistance; (e) compliance of strict disinfection regulations; and (f) bacterial regrowth in water distribution systems. Therefore, there is a need for new disinfection approaches that target the aforementioned issues. Alternative disinfectants have been proposed, (e.g. ozone, silver, hydrogen peroxide) but none of them are ideal. As a result, researchers have started looking into other approaches, such as the combination of disinfectants. Several studies have reported a synergistic effect or an enhanced disinfection efficacy when two or more disinfectants are combined. A synergistic effect is observed when the combined disinfectants exhibit higher inactivation performance than the sum of the inactivation levels of the separate disinfectants (Pedahzur *et al.* 2000). Butkus *et al.* (2004) found a synergistic effect between silver ions and UV-C irradiation against the coliphage MS-2 in a phosphate buffer solution. In another study, the inactivation of *Legionella pneumophila* by a combination of copper and silver was shown to be relatively slow when compared to that of free chlorine. Nevertheless, when silver and copper were combined with low levels of free chlorine, the inactivation rates of bacterial indicator organisms were greater than those for free chlorine alone (Landeem *et al.* 1989; Yahya *et al.* 1990). Straub *et al.* (1995) reported that the inactivation of MS-2 and *E. coli*

in well water by the combined use of copper and chloramines was greatly enhanced compared to either disinfectant alone. Beer *et al.* (1999) found that electrolytically generated copper and silver ions used in swimming pool water along with lower levels of chlorine provided control of total coliform and heterotrophic bacteria equivalent to the control provided by high levels of chlorine. Yahya *et al.* (1991) reported an enhanced inactivation of coliphage MS-2 and poliovirus by the addition of 0.2 mg/L of free chlorine to water containing 400 µg/L of copper.

Escherichia coli, *Enterococcus faecalis*, *Salmonella enteritis* and coliphage MS-2 were exposed to a combination of peracetic acid (0.5-3 mg/L) and UV (8-38 mW*s/cm²) in a synthetic wastewater-like solution. The disinfection efficacy was well beyond that predicted by the additive effect of each individual disinfectant (Koivunen and Heinonen-Tanski 2005). In a separate study, Pyle *et al.* (1992) reported that copper (100 ppb) and silver (11 ppb) ions enhanced the antimicrobial activity of iodine against *Pseudomonas cepacia* in a phosphate-buffered water solution. When silver and copper ions were used with or without iodine, regrowth was prevented. Yahya *et al.* (1990) demonstrated that adding 400 ppb copper and 40 ppb silver to water systems containing contaminants similar to those in swimming pools allowed the concentration of free chlorine to be reduced at least three-fold (from 0.1 to 0.3 ppm). Enhanced inactivation rates for *E. coli*, *S. aureus*, *L. pneumophila*, *S. faecalis* (Landeem *et al.* 1989; Yahya *et al.* 1990) and *P. aeruginosa* (Landeem *et al.* 1989) were also obtained when water was treated with 400 ppb copper, 40 ppb silver and 0.2 ppm free chlorine. These studies suggest a synergistic

effect upon microorganisms subjected to copper or silver ions in the presence of low levels of chlorine.

Combinations of 1:1000 silver to hydrogen peroxide (w) exhibited a higher inactivation performance in comparison to each disinfectant alone against non-pathogenic *E. coli* in a phosphate buffer at pH 6.8 (Pedahzur *et al.* 2000).

Antimicrobial peptides

Antimicrobial peptides are host defense effector molecules that are produced by invertebrates, vertebrates, plants, and microorganisms (Bevins 1994). In the past half-century, many peptide antibiotics have been described. These may either be non-ribosomally synthesized peptides (e.g., gramicidins and polymyxins) or ribosomally synthesized (natural) peptides. The former are often drastically modified and are largely produced by bacteria, whereas the latter are produced by all species as a major component of the natural host defense system (Montesinos 2007). On the basis of their structure, antimicrobial peptides have been generally classified into three groups: linear peptides with a propensity for amphiphilic alpha-helical structures, peptides with beta or alpha-beta structures stabilized by different numbers of disulfide bridges, and peptides with an over-representation of certain amino acids or unusual structures (Sitaram 2006).

Several bacterial antimicrobial peptides (known as bacteriocins) have been identified and characterized (Cotter *et al.* 2005). Bacteriocins have been used successfully as food preservatives (Hakovirta *et al.* 2006). In addition to bacteria, fungi also produce antimicrobial peptides such as plectasin, the first fungus-derived defensin recently isolated from the saprophytic ascomycete, *Pseudoplectania nigrella* (Mygind *et al.* 2005).

In contrast to vertebrates, plants only employ an innate immune system that largely depends on the production of antimicrobial peptides. Several plant antimicrobial peptides appear to be particularly effective as antifungal agents (Thomma *et al.* 2003).

Such antimicrobial peptides produced by plants are also referred to as “plant defensins” because their chemical structure is similar to the defensins found in other types of organisms, including humans (Thomma *et al.* 2002). They are small peptides that have a characteristic three-dimensional folding pattern that is stabilized by eight disulfide-linked cysteines (Hill *et al.* 1991).

The activity of most antimicrobial peptides appears to correlate with membrane destabilization. The exposed surface of microbial membranes mainly consists of phospholipids with negatively charged head groups (Thomma *et al.* 2003). One of model describing the activity of antimicrobial peptides suggests that, after initial electrostatic binding of positively charged antimicrobial peptides to negatively charged microbial cell surface, these peptides insert into the plasma membrane and form multimeric ion-permeable channels in a voltage dependent manner allowing ions and larger molecules to cross the membrane (Thomma *et al.* 2003).

Dissertation format:

The appendices of this dissertation report the findings of 3 separate studies undertaken by the candidate: 1) Microbiological Evaluation of the Residual Disinfectant Efficacy of Copper and Silver in aqueous solution. 2) Efficacy of Produce Sanitizers against *Escherichia coli*, *Listeria monocytogenes* and MS-2 Coliphage on Lettuce. 3) A Natural Peptide-Based Antimicrobial with Broad-Spectrum Activity. A literature review related to the candidate's research is also appended. This dissertation format offers the advantage of including material ready for submission to peer-reviewed scientific journals (Appendices A, B and C), and material already submitted to a peer-reviewed journal (Appendix D).

The dissertation author was responsible for all the research presented in the manuscripts in appendices A, B and C; the author also actively participated in the writing process of the manuscript in appendix D.

PRESENT STUDY

The objective of the present study was to evaluate the efficacy of several alternative disinfectants/sanitizers against microbial pathogens. These included the evaluation of the residual efficacy of silver and copper, both individually and in combination, against bacterial and viral pathogens, the evaluation of alternative produce sanitizers against microorganisms inoculated on lettuce, and the assessment of a natural peptide-based product against bacteria and viruses.

The methods, results and conclusions of this study are presented in the manuscripts appended to this dissertation. The following is a summary of the most important findings.

The manuscript entitled, "Microbiological Evaluation of the Residual Disinfectant Efficacy of Copper and Silver in aqueous solution" is found in Appendix A. This study was conducted to evaluate copper and silver as alternative residual disinfectants in drinking water distribution systems. Different bacterial pathogens including *Salmonella*, *Listeria monocytogenes*, *Escherichia coli*, and *Mycobacterium fortuitum*, were exposed to these metals in a model system at both room temperature (25°C) and 4°C. All of the bacterial species tested were significantly reduced after a 1-hour exposure to silver (100 µg/L) at room temperature. A synergistic effect was observed in all the bacterial species after one hour of exposure to Ag/Cu (100/400 µg/L) at 25°C. Copper (400 µg/L) alone performed poorly, with no significant difference observed after 7 hours of exposure against *Salmonella* and *E. coli* at 25°C. The inactivation of the study microorganisms was

adversely affected by low temperature. Longer exposure times were needed at 4°C in order to achieve a significant reduction.

The manuscript, “Efficacy of Produce Sanitizers against *Escherichia coli*, *Listeria monocytogenes* and MS-2 Coliphage on Lettuce” is found in Appendix B. The aim of this study was to evaluate the antimicrobial activity of three alternative produce sanitizers, Microdyn™ (colloidal silver), Gadacin® (10% stabilized chlorine dioxide) and Fit® (citric acid, grapefruit oil extract), against the foodborne pathogens *Listeria monocytogenes* and *Escherichia coli*, as well as the coliphage MS-2. Treatment with chlorine and a control (dechlorinated tap water only) were also included. Microdyn™ and Gadacin® were not effective. Fit® removed 99.5% of *Escherichia coli*, 99.9% of *Listeria monocytogenes*, and 99.5% of MS-2 coliphage inoculated on lettuce after 10 minutes contact time. Chlorine (150 ppm) removed 97.6% of *Escherichia coli*, 99.7% of *Listeria monocytogenes*, and 96.4% of MS-2 coliphage. These results suggest that some alternative treatments could represent a viable option to further disinfect fresh fruits and vegetables in the household and thus reduce the risk of foodborne illness.

The manuscript, “A Natural Peptide-Based Antimicrobial with Broad-Spectrum Activity” is found in Appendix C. A quantitative suspension test was used to assess the efficacy of a new natural peptide-based antimicrobial, Absolute Fx, against bacteria and viruses. It was found that Absolute Fx significantly inactivated all of the bacteria and viruses tested.

The manuscript entitled, “Silver as a Disinfectant” may be found in Appendix D and is an extensive review of the various applications for silver as a disinfectant, its

mechanisms of antimicrobial action, its interaction with other disinfectants, and microbial resistance to silver.

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APPENDIX A:**MICROBIOLOGICAL EVALUATION OF THE RESIDUAL DISINFECTANT
EFFICACY OF COPPER AND SILVER IN AQUEOUS SOLUTION**

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Abstract

Chlorine is commonly used as a residual disinfectant in water distribution systems at a concentration of 0.2 mg/L; however, intrusion events (e.g., organic matter, microbial contamination) and the presence of biofilms can severely decrease the amount of free chlorine. Therefore, a longer lasting residual is needed. The efficacy of 100 µg/L silver and 400 µg/L copper, both individually and in combination, were evaluated against *Salmonella enterica* serovar Typhimurium, *Listeria monocytogenes*, *Escherichia coli*, and *Mycobacterium fortuitum* in an aqueous system at 24°C and 4°C. Silver caused a significant reduction in the Gram-negative species and also *L. monocytogenes* within one hour of exposure. There was a $>5.0\text{-log}_{10}$ reduction in *E. coli* and *L. monocytogenes* within three hours and *Salmonella* serovar Typhimurium within seven hours with silver. Longer exposure times were required at 4°C to achieve significant reductions. *M. fortuitum* was the most resistant species to silver, with a 1.20-log_{10} reduction within 24 hours. Copper performed poorly against *Salmonella* serovar Typhimurium and *E. coli* at 24°C; nevertheless, a 2.80-log_{10} and a 2.56-log_{10} reduction were observed in the Gram-positive species, *L. monocytogenes* and *M. fortuitum*, respectively. A synergistic effect was observed against all species after one hour of exposure when silver and copper were combined at 24°C. In addition, silver was not adversely affected by the presence of organic matter at a concentration that completely inhibited 0.2 mg/L chlorine. Our results suggest that silver and copper show promise as secondary residual disinfectants against a wide variety of bacteria in drinking water distribution systems.

Introduction

Chlorine is the principal drinking water disinfectant used in the United States (50). In addition to primary treatment with chlorine, a residual disinfectant is required because of the potential for bacterial regrowth and contamination of water can be expected once the water enters the drinking water distribution system (1, 8, 29). In the United States, the Environmental Protection Agency's Surface Water Treatment Rule requires the maintenance of at least a 0.2 mg/L residual of free chlorine (4, 14); however, it is sometimes difficult to maintain an adequate concentration of free chlorine throughout the distribution system (20). Factors affecting the concentration of chlorine include the interaction of the chemical with organic matter in the water, the presence of biofilms, and tubercle formation on the pipes (1, 33). In addition, the intrusion of contaminated material during pipe repair, through illegal cross-connections, or through the loss of pressure in the distribution system may further promote disinfectant decay (29, 34). Some microorganisms of health concern such as *Legionella pneumophila* are resistant to chlorine at the concentrations routinely found in water distribution systems (26) and corrosion of plumbing systems is a concern with the extreme levels of chlorine required for *L. pneumophila* inactivation (44).

In addition to the aforementioned problems with chlorine disinfection of water, concern over the potential human health effects of trihalomethanes, haloacetic acids, and other chlorine disinfection by-products (formed as the result of the reaction of the

halogenated element with organic matter) have resulted in increased efforts to develop alternative methods of water disinfection (16, 19, 57).

The antimicrobial activity of silver (Ag) has been known since ancient times. Over the past several decades, silver has been used in water treatment, in dietary supplements, in medical applications, and to create antimicrobial coatings and products (5, 10, 21, 38, 42, 43). Copper (Cu) has also been extensively used as an algacide for many years (9) and is reported to be one of the most toxic metals to heterotrophic bacteria in aquatic environments (56). Copper is known to have bactericidal and virucidal properties (50). Both copper and silver ions have been used in combination with low levels of chlorine to effectively control *L. pneumophila* in hospital water distribution systems (7).

It has been proposed that copper and silver inactivate bacteria by binding to the sulfhydryl (-SH) groups of enzymes, affecting important metabolic processes such as respiration (46, 51). These metals may also bind to nucleic acids, resulting in cross-linking, or they may catalyze the formation of radicals which cleave chemical bonds (13, 32).

The objective of the current study was to evaluate the residual disinfectant efficacy of silver and copper, both individually and in combination, for the inactivation of *Salmonella enterica* serovar Typhimurium, *Escherichia coli*, *Listeria monocytogenes* and *Mycobacterium fortuitum* in an aqueous model system. Although *L. monocytogenes* is not a waterborne pathogen, it was included to compare the disinfection efficacy against Gram-positive versus Gram-negative bacteria.

All experiments were conducted in demand-free 0.01 M phosphate buffer (3.8 mM Na₂HPO₄, 6.5 mM KH₂PO₄; pH 7.5) rather than tap water so that the test solutions could be standardized. This is a standard method for evaluating the efficacy of various water treatments [e.g., calculating concentration-time (Ct) values for disinfectants such as chlorine, chloramines, chlorine dioxide, ozone, etc.] against specific microorganisms (25, 52, 53). In addition, silver and copper have been shown to be highly effective against *Legionella pneumophila* in tap water in numerous studies over long periods of time (27, 37, 48).

Materials and methods

Glassware

All of the glassware were soaked overnight in a 10% nitric acid solution to reduce metal contamination and then rinsed with distilled water and autoclaved. Glassware used for the experiments involving chlorine were soaked for 24 hours in a 30% (v/v) chlorine solution then rinsed with distilled water and baked at 104°C for two hours to satisfy chlorine demand. Experiments were conducted in 250 ml sterile Erlenmeyer flasks.

Disinfectant preparation

Stock solutions of silver and copper were prepared in distilled water using AgNO₃ (J.T. Baker, Phillipsburg, NY) and CuCl₂* H₂O (J.T. Baker, Phillipsburg, NY) and then added to the test suspension at a final concentration of 100 µg/L silver and 400 µg/L copper. The silver and copper concentrations were confirmed at the beginning of each experiment by a colorimetric procedure using a Hach DR/2000 spectrophotometer (23).

Similarly, a chlorine stock solution was prepared in distilled water using 5.0% sodium hypochlorite (NaOCl; J.T. Baker, Phillipsburg, NJ) and then added to the test suspension at a final concentration of 0.2 mg/L free chlorine. The initial free chlorine concentration was determined by the *N, N*,-dimethyl-*p*-phenylenediamine method adapted from *Standard Methods for the Examination of Water and Wastewater* (2).

Humic acid (Aldrich Chemical Company, Inc., Milwaukee, WI) was used as a source of organic matter in order to achieve a concentration of 3 mg/L or 10 mg/L of total organic carbon (TOC). The final TOC concentrations were confirmed by combustion analysis using a TOC-VCSH instrument (Shimadzu, Columbia, MD).

Maintenance and preparation of bacterial isolates

All test bacteria in this study were obtained from the American Type Culture Collection (ATCC; Manassas, VA). Strains included *Escherichia coli* ATCC 25922, *Listeria monocytogenes* ATCC 19115, *Salmonella enterica* serovar Typhimurium ATCC 23564, and *Mycobacterium fortuitum* ATCC 6841. The bacteria were maintained on Tryptic Soy Agar (TSA; Difco, Sparks, MD). Erlenmeyer flasks containing 100 ml of Tryptic Soy

Broth (TSB; Difco, Sparks, MD) were inoculated and incubated on an orbital shaker (250 rpm) at 37°C overnight prior testing. After incubation, the bacteria were pelleted via centrifugation (15,300 × g, 10 min, 10°C, JA-14 rotor, Beckman J2-21 centrifuge; Beckman Coulter, Inc., Fullerton, CA). The pelleted cells were washed by resuspension in 100 ml of 0.01 M phosphate buffer (3.8 mM Na₂HPO₄, 6.5 mM KH₂PO₄; pH 7.5) followed by centrifugation as described previously. This step was repeated one additional time. The final pellet was resuspended in 20 ml of 0.01 M phosphate buffer. The test suspensions were then prepared by adding small volumes of the bacterial suspension to 10 ml of 0.01 M phosphate buffer, resulting in an optical turbidity (measured using a BIOLOG turbidimeter, Hayward, CA) equivalent to a McFarland number 0.5 optical density standard (1.5 × 10⁸ CFU/ml). This solution was then diluted further in 0.01 M phosphate buffer to achieve the desired final test concentration (approximately 1.0 × 10⁷ CFU/ml).

Experimental procedure

The disinfection treatments included the following: (i) 100 µg/L silver, (ii) 400 µg/L copper, (iii) 100 µg/L silver and 400 µg/L copper, (iv) 100 µg/L silver and 3 mg/L total organic carbon (TOC), (v) 100 µg/L silver and 10 mg/L TOC, (vi) 0.2 mg/L chlorine, (vii) 0.2 mg/L chlorine and 3 mg/L TOC, and (viii) 0.2 mg/L chlorine and 10 mg/L TOC. A control with bacteria but no added disinfectant and another with disinfectant but no bacteria were also included. Experiments were performed in triplicate at room

temperature (24°C) and at 4°C for the silver, the copper and the silver/copper treatments. Experiments conducted with added TOC and/or chlorine were performed at 24°C only.

Purified stocks of the bacteria were added separately to the disinfection systems and the flasks were placed on an orbital shaker (200 rpm) for the duration of the experiment. At predetermined time intervals, 1 ml samples were collected and neutralized with Dey Engley neutralizing broth (D/E; Difco, Sparks, MD) at a ratio of 1:1. Samples were assayed immediately.

Assay for bacteria

Bacterial samples were serially diluted in 0.01 M phosphate buffer and the surviving bacteria were enumerated in duplicate using the spread plate method on the following agar media: *E. coli*, mEndo (Difco, Sparks, MD); *L. monocytogenes*, *Listeria* selective agar (LSA; Oxford, Columbia, MD); *Salmonella* serovar Typhimurium, Hektoen (Difco, Sparks, MD); *M. fortuitum*, Tryptic Soy Agar (TSA; Difco, Sparks, MD). The plates were incubated at 37°C for 24 hours (*E. coli*, *Salmonella* serovar Typhimurium, and *L. monocytogenes*) or 72 hours (*M. fortuitum*).

Data analyses

Data were reported as logarithmic reduction $-\log_{10} N_t / N_0$ where N_t was the concentration of microorganisms at time t and N_0 was the concentration of microorganisms at time zero.

Synergy was evaluated by the following formula described by Koivunen and Heinonen-Tanski (24):

$$\text{Synergy value} = \log_{10} \text{reduction by a combination of treatments 1 and 2} - (\log_{10} \text{reduction by treatment 1} + \log_{10} \text{reduction by treatment 2})$$

If the value of the equation is positive, a synergistic effect is present, whereas a negative value represents an antagonistic effect. The value zero means that the efficiency of the combined treatments is the same as the sum of the two individual treatments.

A Student's t-test was used for the analysis of variance to determine if there were significant differences between the control and the disinfection treatments. Differences were considered significant if the resultant *P* value was ≤ 0.05 .

Results

The impact of the metals on bacterial reductions is shown in Tables 1 through 8. There was a significant reduction in *Salmonella* serovar Typhimurium within one hour of exposure with both the silver (100 µg/L) and the silver/copper (100/400 µg/L) treatments in the experiments conducted at room temperature (Table 1). The observed reductions were also significant for these treatments for every sampling time thereafter. After three hours of exposure to silver and silver/copper at room temperature, *Salmonella* serovar

Typhimurium was reduced by 3.72- \log_{10} and by 2.88- \log_{10} , respectively. After seven hours, a 5.51- \log_{10} reduction was observed with silver and a 3.51- \log_{10} reduction was observed with silver/copper. No significant reductions were found at any of the exposure times with the copper (400 $\mu\text{g/L}$) treatment.

Significant reductions of 2.44- \log_{10} and 3.11- \log_{10} of *E. coli* were achieved after one hour of exposure at room temperature to silver (100 $\mu\text{g/L}$) and silver/copper (100/400 $\mu\text{g/L}$), respectively (Table 3); after 3 hours of exposure and each subsequent sampling time, greater than a 5.51- \log_{10} reduction was observed with both the silver and the silver/copper treatments. As with the *Salmonella* serovar Typhimurium experiment, no significant reductions in *E. coli* were observed at any of the exposure times with the copper (400 $\mu\text{g/L}$) treatment.

M. fortuitum was the most resistant bacterial species to silver (Table 5) with only a 1.20- \log_{10} reduction observed after 24 hours of exposure. In contrast, a 2.56- \log_{10} and a 2.96- \log_{10} reduction were observed for the copper treatment after 7 hours and 24 hours of exposure, respectively. *M. fortuitum* was therefore much more sensitive to copper than were *Salmonella* serovar Typhimurium and *E. coli*. In addition, a 4.07- \log_{10} reduction was observed for the silver/copper treatment after 24 hours. Although the overall reductions observed for *M. fortuitum* were lower than those observed for the other bacterial species in this study, they were, nevertheless, still statistically significant in comparison to the control.

Similar reductions to those found for *E. coli* were achieved with both the silver and the silver/copper treatments for *L. monocytogenes* (Table 7). Within three hours of

exposure, reductions greater than 5.03- \log_{10} were observed for both the silver and the silver/copper treatments; within five hours, no bacteria were recovered with these treatments (>6.51- \log_{10} reduction). Unlike *E. coli*, however, *L. monocytogenes* was also found to be sensitive to the 400 $\mu\text{g/L}$ copper treatment, with a 2.43- \log_{10} reduction after five hours and a 2.80- \log_{10} reduction after seven hours of exposure.

A lower temperature adversely affected the inactivation of all the bacterial species tested. Longer exposure times were needed at 4°C in order to achieve significant reductions and these reductions were generally lower than those observed during the tests conducted at 24°C. A 0.14- \log_{10} and a 2.10- \log_{10} reduction were achieved for *M. fortuitum* after 24 hours of exposure to the copper and the silver/copper treatments at 4°C (Table 6). Likewise, only a 2.12- \log_{10} , a 0.71- \log_{10} , and a 1.37- \log_{10} reduction were achieved for *L. monocytogenes* after seven hours of exposure to the silver, the copper, and the silver/copper treatments at 4°C (Table 8). These were significantly lower than the reductions achieved for these organisms with these treatments at room temperature (Tables 5 and 7), particularly for the copper treatment.

Salmonella serovar Typhimurium was reduced by only 0.26- \log_{10} after seven hours of exposure to silver at 4°C (Table 2) in comparison to the 5.51- \log_{10} reduction achieved at room temperature with this treatment. As with the experiments conducted at room temperature, the copper treatment did not yield any significant reductions within seven hours. Interestingly though, a 2.39- \log_{10} reduction was observed after 7 hours of exposure to silver/copper (100/400 $\mu\text{g/L}$). This was only about 10-fold lower than the

reduction of 3.51- \log_{10} achieved at room temperature. Thus, the lower temperature did not seem to have as great an effect on the two metals when used in combination.

The reductions in *E. coli* observed in the tests conducted at 4°C did not appear to be as affected by the lower temperature as the reductions in the other bacterial species studied (Table 4). It took five hours to achieve greater than a 4- \log_{10} reduction and seven hours for greater than a 5- \log_{10} reduction in *E. coli* at 4°C (versus three hours at room temperature) with both the silver and the silver/copper treatments; nonetheless, significant reductions were observed within one hour. Copper was still ineffective against *E. coli* at this temperature.

A synergistic effect with both metals present was observed for all of the bacterial species after one hour of exposure at 24°C. Nevertheless, at later exposure times, there appeared to be a small antagonistic effect between the two metal ions. In other words, the combined effect of the two metals was less than what would be expected by the addition of the two individual effects of the metals.

A similar early synergy (within 1 to 2 hours of exposure) was found for *Salmonella* serovar Typhimurium and *L. monocytogenes*, but not for the other bacterial species tested at 4°C. In addition, although synergy was not observed between the metals in the latter sampling times with the *Salmonella* serovar Typhimurium experiment conducted at room temperature, a significant synergistic effect was found throughout the course of the experiment at all exposure times at 4°C with *Salmonella* serovar Typhimurium.

The effect of organic matter on the antimicrobial activities of both silver and chlorine are presented in Tables 9 and 10. *E. coli* was chosen as a representative bacterial species because it is known to be sensitive to the effects of both disinfectants. The inactivation of *E. coli* by 100 µg/L of silver was not affected by the presence of either 3 mg/L or 10 mg/L of total organic carbon (Table 9). In contrast, a chlorine concentration of 0.2 mg/L (the concentration generally used for chlorine residual in distribution systems) was almost completely neutralized by the addition of 3 mg/L and 10 mg/L TOC (Table 10). The chlorine alone resulted in greater than a 5.70- \log_{10} reduction within one hour of exposure; however with the addition of either 3 mg/L or 10 mg/L TOC to the chlorine, reductions of only 0.19- \log_{10} and 0.18- \log_{10} were achieved, respectively, after seven hours of exposure.

Discussion

Silver and copper ion concentrations (100 and 400 µg/L, respectively) remained constant in the controls with no added bacteria at both 24°C and 4°C throughout the course of all the experiments. Likewise, the copper concentrations remained unchanged in the treatment suspensions containing *E. coli* and *Salmonella* serovar Typhimurium throughout the experiments (seven hours) conducted at both 24°C and 4°C. In contrast, silver was not detected in any of the treatment supernatants after seven hours at 24°C and only 10 µg/L and 30 µg/L of silver were detected after seven hours at 4°C for *E. coli* and *Salmonella* serovar Typhimurium, respectively. This suggests that the silver was most

likely bound to cellular components (e.g. proteins), whereas copper was being prevented from entering or interacting with the microbial cells. Silver may gain access to the inside of the cell by an active uptake mechanism of a microbial transport system (45, 47). The temperature also affected the amount of unbound silver, with more detected at 4°C than at 24°C (10-30 µg/L versus none detected). At low temperatures, bacterial growth, and therefore their metabolism, is affected (18). Thus, low temperatures can adversely reduce the antimicrobial properties of copper and silver by limiting the numbers of ions that can be successfully transported inside the cell.

Unlike these Gram-negative species, *L. monocytogenes* was sensitive to both metals, although only moderately sensitive to copper. In the treatment suspensions containing *L. monocytogenes*, the silver levels dropped to 10 µg/L after seven hours at 24°C and to 40 µg/L at 4°C. The copper levels also dropped to 290 µg/L at 24°C and to 340 µg/L at 4°C. This suggests that both the silver and copper were interacting with the *L. monocytogenes* cells.

Copper and silver can react with the outer and inner bacterial cell components, disrupting normal bacterial metabolism. An early synergism was observed when copper and silver were used in combination against the bacterial species tested. The reasons for this enhanced effect are not known, but it could be due to different target sites for the two metals. The ability of the cell to recover is thus overwhelmed by the combined damage. Silver may also inactivate enzymes involved in the regulation of copper homeostasis.

Copper is considered safe to humans, as demonstrated by the widespread and prolonged use of copper intrauterine devices (9) and copper pipes/plumbing fixtures (3,

15). Both the Environmental Protection Agency (EPA) and the World Health Organization (WHO) also regard silver as safe for human consumption. In addition, silver has not been observed to have any detrimental effects on mammalian cells (6) at the low concentrations needed to inactivate bacteria.

Based on epidemiological and pharmacokinetic data, a lifetime limit of 10 grams of silver can be considered a No Observable Adverse Effect Level (NOAEL) for humans (54). In the United States, no primary standards exist for silver as a component in drinking water. The EPA recommends a secondary non-enforceable standard of 0.1 mg/L (100 µg/L) for silver and 1 mg/L (1000 µg/L) for copper (17). The World Health Organization has stated this amount of silver in water disinfection could easily be tolerated since the total absorbed dose would only be half of the NOAEL after 70 years (54).

There is considerable variation in the response of different microorganisms to antimicrobials. The underlying reasons are poorly understood, but the chemical composition of the outer cell layers is thought to be a key factor (31, 39). *L. monocytogenes* was used as a model for the inactivation of Gram-positive microorganisms by silver and copper. Treatment with Cu (400 µg/L) resulted in a 2.43- \log_{10} reduction of *L. monocytogenes* after 5 hours at 24°C. In contrast, the Gram-negative organisms, *E. coli* and *Salmonella* serovar Typhimurium, were not significantly affected by copper. Gram-positive microorganisms are able to bind up to 30 times more Cu^{+2} than *E. coli* (11). It has also been reported that the Gram-negative species *Pseudomonas* and

Ferrobacillus can tolerate up to 300 mg/L copper before an inhibitory effect is observed (41). This is 750 times the concentration used in this study.

Mycobacteria, although they are Gram-positive, have an unusual cell wall that contains high levels of lipids (waxy material), making these microorganisms naturally resistant to many disinfectants by reducing their uptake (31, 36). Furthermore, the ability of some strains of mycobacteria to clump together confers extra protection against chemical agents. Mycobacteria have been found to be resistant to chlorine in water supplies and swimming pools. Thus, the residual chlorine in distribution systems does not eradicate this pathogen (35).

The results of the present study show a significant reduction of *M. fortuitum* after treatment with Ag/Cu (100/400 µg/L) and Cu (400 µg/L). It is interesting to note that the results for copper were quite similar for *M. fortuitum* and the other Gram-positive bacterium, *L. monocytogenes* (2.56-log₁₀ and 2.80-log₁₀ reductions after seven hours, respectively), whereas *M. fortuitum* was much more resistant to silver (1.20-log₁₀ versus a > 6.51-log₁₀ reduction for *L. monocytogenes* after seven hours). *M. fortuitum* was included in this study as a model for *Mycobacterium avium* Complex (MAC) inactivation. The MAC bacteria are currently on the EPA's contaminant candidate list (CCL) for possible future regulation in drinking water (22).

Silver (100 µg/L) caused a significant reduction in the Gram-negative species, *Salmonella* serovar Typhimurium and *E. coli*, and the Gram-positive species, *L. monocytogenes*, within one hour of exposure. The silver treatment resulted in a >5.0-log₁₀ reduction in *E. coli* and *L. monocytogenes* within three hours of exposure and *Salmonella*

serovar Typhimurium within seven hours. *M. fortuitum* was far more resistant to silver than all of the other species tested, with only a 1.20- \log_{10} reduction observed within 24 hours.

An early synergistic effect was observed within the first few hours of exposure when silver (100 $\mu\text{g/L}$) and copper (400 $\mu\text{g/L}$) were used in combination against all of the species tested. Although there was no such synergy found in the latter sampling times, a combination of silver and copper could still be preferable to the use of either metal individually to provide a disinfectant residual in water distribution systems (that have diverse microbial populations that include resistant organisms such as the mycobacteria).

One of the objections to using copper and silver in water distribution systems has been that these metals will concentrate on surfaces and this will limit the availability of ions in the liquid phase. It is unclear as to whether these metals would then become unavailable and no longer provide an antimicrobial effect. It is possible that the concentration of these metals on water distribution surfaces could inhibit the formation of biofilms or create a disinfectant residual reservoir with long-term usage. Silver has been used extensively as an additive in point-of-use water filtration devices to prevent such biofilm formation on the carbon filters (40, 55).

The residual disinfectant (usually chlorine) in distribution systems can be severely affected by intrusions events (e.g., organic matter and microbial contamination) and by the presence of biofilms that might react with the chemical (29). As demonstrated by the results of this study, organic matter does not adversely affect the antimicrobial action of

silver. In comparison, the activity of 0.2 mg/L chlorine was completely inhibited by the same levels of TOC. Similarly, in an earlier study, Butkus *et al.* (12) found silver to be unaffected by the presence of organic matter.

There have also been numerous studies that suggest that silver and copper can be utilized along with low concentrations of chlorine to effectively treat water. In one study, the inactivation of *Legionella pneumophila* by a combination of copper and silver was shown to be relatively slow when compared to that of free chlorine; nevertheless, when silver and copper were combined with low levels of free chlorine, the inactivation rates of bacterial indicator organisms were greater than those for free chlorine alone (28, 55). Beer *et al.* (5) found that electrolytically generated copper and silver ions used in swimming pool water along with lower levels of chlorine provided control of total coliforms and heterotrophic bacteria equivalent to the control provided by high levels of chlorine. Yahya *et al.* (55) demonstrated that adding 400 µg/L copper and 40 µg/L silver to water systems containing contaminants similar to those in swimming pools allowed the concentration of free chlorine to be reduced at least three-fold (from 0.3 to 0.1 mg/L). Enhanced inactivation rates for *E. coli*, *L. pneumophila*, *Staphylococcus aureus*, *Streptococcus faecalis* (28, 55), and *Pseudomonas aeruginosa* (28) were also obtained when water was treated with 400 µg/L copper, 40 µg/L silver, and 0.2 mg/L free chlorine.

The combination of silver and copper with chlorine may also be useful in preventing the development of microbial resistance. As demonstrated in the current study, a combination of silver and copper is not adversely affected by the presence of

organic matter (at concentrations that would neutralize the chlorine levels usually found in drinking water) and is effective against diverse species of bacteria. In addition, silver and copper do not produce any harmful disinfectant by-products (30) or cause corrosion of pipes (49). Silver and copper therefore show promise as secondary residual disinfectants for drinking water distribution systems. They may be used together or also in conjunction with a low level of chlorine or another disinfectant to provide an additional, long-lasting residual disinfectant in water distribution systems.

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Table 1. Reduction^a of *Salmonella* serovar Typhimurium^b after exposure to silver (100 µg/L), copper (400 µg/L), and silver/copper (100/400 µg/L) at 24°C.

| Time (h) | Control | Ag | <i>P</i> ^c | Cu | <i>P</i> ^c | Ag/Cu | <i>P</i> ^c |
|----------|------------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
| 1 | 1.38 × 10 ⁷ | 7.24 × 10 ⁵ | < 0.001 | 7.50 × 10 ⁶ | 0.102 | 5.00 × 10 ⁴ | < 0.001 |
| | 1.48 × 10 ⁷ | 6.84 × 10 ⁵ | | 1.40 × 10 ⁷ | | 5.30 × 10 ⁴ | |
| | 1.43 × 10 ⁷ | 1.10 × 10 ⁶ | | 1.08 × 10 ⁷ | | 6.70 × 10 ⁴ | |
| 2 | 9.10 × 10 ⁶ | 1.40 × 10 ⁴ | 0.006 | 5.30 × 10 ⁶ | 0.160 | 1.80 × 10 ⁴ | 0.006 |
| | 1.36 × 10 ⁷ | 7.80 × 10 ⁴ | | 1.07 × 10 ⁷ | | 1.50 × 10 ⁴ | |
| | 1.15 × 10 ⁷ | 2.20 × 10 ⁴ | | 8.00 × 10 ⁶ | | 2.70 × 10 ⁴ | |
| 3 | 6.80 × 10 ⁶ | 1.01 × 10 ³ | 0.008 | 4.80 × 10 ⁶ | 0.061 | 3.50 × 10 ⁴ | 0.008 |
| | 1.08 × 10 ⁷ | 2.56 × 10 ³ | | 7.40 × 10 ⁶ | | 1.47 × 10 ⁴ | |
| | 8.80 × 10 ⁶ | 6.52 × 10 ³ | | 6.10 × 10 ⁶ | | 1.80 × 10 ⁴ | |
| 5 | 7.80 × 10 ⁶ | 7.10 × 10 ² | 0.013 | 3.90 × 10 ⁶ | 0.074 | 1.01 × 10 ⁴ | 0.013 |
| | 1.41 × 10 ⁷ | 7.40 × 10 ² | | 9.40 × 10 ⁶ | | 1.40 × 10 ⁴ | |
| | 1.10 × 10 ⁷ | 5.90 × 10 ² | | 6.60 × 10 ⁶ | | 2.20 × 10 ⁴ | |
| 7 | 2.30 × 10 ⁶ | 2.00 × 10 ¹ | 0.041 | 4.40 × 10 ⁶ | 0.314 | 5.20 × 10 ³ | 0.041 |
| | 7.50 × 10 ⁶ | 9.00 × 10 ¹ | | 7.30 × 10 ⁶ | | 5.10 × 10 ³ | |
| | 5.00 × 10 ⁶ | 9.00 × 10 ¹ | | 5.80 × 10 ⁶ | | 6.04 × 10 ³ | |

^a CFU/ml

^b Inoculum 1.77 × 10⁷ CFU/ml

^c Probability (comparison of treatment and control)

Table 2. Reduction^a of *Salmonella* serovar Typhimurium^b after exposure to silver (100 µg/L), copper (400 µg/L), and silver/copper (100/400 µg/L) at 4°C.

| Time (h) | Control | Ag | <i>P</i> ^c | Cu | <i>P</i> ^c | Ag/Cu | <i>P</i> ^c |
|----------|------------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
| 1 | 7.70 × 10 ⁶ | 3.80 × 10 ⁶ | 0.062 | 9.40 × 10 ⁶ | 0.413 | 6.60 × 10 ⁴ | 0.003 |
| | 5.90 × 10 ⁶ | 5.60 × 10 ⁶ | | 7.10 × 10 ⁶ | | 8.80 × 10 ⁴ | |
| | 7.60 × 10 ⁶ | 6.30 × 10 ⁶ | | 3.40 × 10 ⁶ | | 1.74 × 10 ⁴ | |
| 2 | 4.70 × 10 ⁶ | 4.10 × 10 ⁶ | 0.483 | 7.90 × 10 ⁶ | 0.351 | 2.70 × 10 ⁴ | 0.005 |
| | 4.50 × 10 ⁶ | 5.80 × 10 ⁶ | | 7.40 × 10 ⁶ | | 4.50 × 10 ⁴ | |
| | 6.10 × 10 ⁶ | 5.50 × 10 ⁶ | | 2.30 × 10 ⁶ | | 1.53 × 10 ⁵ | |
| 3 | 7.50 × 10 ⁶ | 6.30 × 10 ⁶ | 0.173 | 8.20 × 10 ⁶ | 0.306 | 4.90 × 10 ⁴ | 0.006 |
| | 5.20 × 10 ⁶ | 5.42 × 10 ⁶ | | 5.00 × 10 ⁶ | | 4.80 × 10 ⁴ | |
| | 6.00 × 10 ⁶ | 3.80 × 10 ⁶ | | 2.60 × 10 ⁶ | | 4.30 × 10 ⁴ | |
| 5 | 8.00 × 10 ⁶ | 7.20 × 10 ⁶ | 0.049 | 9.10 × 10 ⁶ | 0.176 | 3.20 × 10 ⁴ | 0.001 |
| | 7.10 × 10 ⁶ | 4.30 × 10 ⁶ | | 3.10 × 10 ⁶ | | 2.70 × 10 ⁴ | |
| | 7.30 × 10 ⁶ | 3.70 × 10 ⁶ | | 2.60 × 10 ⁶ | | 8.50 × 10 ⁴ | |
| 7 | 9.00 × 10 ⁶ | 5.80 × 10 ⁶ | 0.010 | 1.06 × 10 ⁷ | 0.118 | 4.30 × 10 ⁴ | 0.006 |
| | 1.16 × 10 ⁷ | 3.90 × 10 ⁶ | | 2.50 × 10 ⁶ | | 4.70 × 10 ⁴ | |
| | 8.00 × 10 ⁶ | 5.20 × 10 ⁶ | | 2.80 × 10 ⁶ | | 2.20 × 10 ⁴ | |

^a CFU/ml

^b Inoculum 9.11 × 10⁶ CFU/ml

^c Probability (comparison of treatment and control)

Table 3. Reduction^a of *Escherichia coli*^b after exposure to silver (100 µg/L), copper (400 µg/L), and silver/copper (100/400 µg/L) at 24°C.

| Time (h) | Control | Ag | <i>P</i> ^c | Cu | <i>P</i> ^c | Ag/Cu | <i>P</i> ^c |
|----------|--------------------|--------------------|-----------------------|--------------------|-----------------------|--------------------|-----------------------|
| 1 | 5.50×10^6 | 5.50×10^4 | 0.019 | 6.30×10^6 | 0.483 | 5.00×10^3 | 0.019 |
| | 1.01×10^7 | 3.20×10^4 | | 1.01×10^7 | | 7.00×10^3 | |
| | 1.14×10^7 | 1.80×10^4 | | 1.03×10^7 | | 1.00×10^4 | |
| 2 | 9.30×10^6 | 1.04×10^3 | < 0.001 | 7.80×10^6 | 0.221 | 1.50×10^2 | 0.019 |
| | 8.50×10^6 | 3.30×10^2 | | 1.07×10^7 | | 2.70×10^2 | |
| | 8.80×10^6 | 2.10×10^2 | | 1.06×10^7 | | 1.40×10^2 | |
| 3 | 4.20×10^6 | 2.00×10^1 | 0.014 | 9.40×10^6 | 0.153 | 1.00×10^1 | 0.014 |
| | 7.40×10^6 | <10 ^d | | 6.20×10^6 | | <10 ^d | |
| | 7.50×10^6 | <10 ^d | | 8.60×10^6 | | 5.00×10^1 | |
| 5 | 8.10×10^6 | <10 ^d | 0.005 | 6.60×10^6 | 0.300 | <10 ^d | 0.010 |
| | 6.40×10^6 | <10 ^d | | 6.30×10^6 | | <10 ^d | |
| | 5.80×10^6 | <10 ^d | | 6.10×10^6 | | <10 ^d | |
| 7 | 6.20×10^6 | <10 ^d | 0.016 | 5.50×10^6 | 0.087 | <10 ^d | 0.016 |
| | 7.90×10^6 | <10 ^d | | 5.40×10^6 | | <10 ^d | |
| | 1.15×10^6 | <10 ^d | | 6.70×10^6 | | <10 ^d | |

^a CFU/ml

^b Inoculum 9.62×10^6 CFU/ml

^c Probability (comparison of treatment and control)

^d Detection limit 10 CFU/ml

Table 4. Reduction^a of *Escherichia coli*^b after exposure to silver (100 µg/L), copper (400 µg/L), and silver/copper (100/400 µg/L) at 4°C.

| Time (h) | Control | Ag | <i>P</i> ^c | Cu | <i>P</i> ^c | Ag/Cu | <i>P</i> ^c |
|----------|------------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
| 1 | 2.30 × 10 ⁶ | 1.25 × 10 ⁵ | < 0.001 | 1.60 × 10 ⁶ | 0.048 | 1.82 × 10 ⁵ | < 0.001 |
| | 2.70 × 10 ⁶ | 5.10 × 10 ⁵ | | 1.60 × 10 ⁶ | | 2.46 × 10 ⁵ | |
| | 2.00 × 10 ⁶ | 3.06 × 10 ⁵ | | 2.10 × 10 ⁶ | | 2.70 × 10 ⁵ | |
| 2 | 5.90 × 10 ⁶ | 1.11 × 10 ⁵ | < 0.001 | 1.20 × 10 ⁶ | 0.440 | 4.00 × 10 ³ | 0.119 |
| | 1.00 × 10 ⁶ | 3.50 × 10 ⁴ | | 5.60 × 10 ⁶ | | 8.00 × 10 ³ | |
| | 1.20 × 10 ⁶ | 1.50 × 10 ⁴ | | 2.30 × 10 ⁶ | | 9.20 × 10 ⁴ | |
| 3 | 2.90 × 10 ⁶ | 1.30 × 10 ⁴ | 0.002 | 1.60 × 10 ⁶ | 0.009 | 1.60 × 10 ⁴ | 0.002 |
| | 3.50 × 10 ⁶ | 1.50 × 10 ⁴ | | 2.30 × 10 ⁶ | | 5.70 × 10 ⁴ | |
| | 3.00 × 10 ⁶ | 1.46 × 10 ⁴ | | 2.20 × 10 ⁶ | | 1.08 × 10 ⁵ | |
| 5 | 1.50 × 10 ⁶ | 5.80 × 10 ¹ | 0.013 | 4.00 × 10 ⁶ | 0.274 | 4.90 × 10 ² | 0.013 |
| | 2.40 × 10 ⁶ | 1.20 × 10 ² | | 3.00 × 10 ⁶ | | <10 ^d | |
| | 2.70 × 10 ⁶ | 1.20 × 10 ² | | 1.30 × 10 ⁶ | | 8.60 × 10 ² | |
| 7 | 5.90 × 10 ⁶ | 4.00 × 10 ⁰ | 0.024 | 2.70 × 10 ⁶ | 0.422 | <10 ^d | 0.024 |
| | 1.28 × 10 ⁶ | <10 ^d | | 4.00 × 10 ⁶ | | <10 ^d | |
| | 4.10 × 10 ⁶ | <10 ^d | | 2.20 × 10 ⁶ | | 1.80 × 10 ¹ | |

^a CFU/ml

^b Inoculum 2.05 × 10⁶ CFU/ml

^c Probability (comparison of treatment and control)

^d Detection limit 10 CFU/ml

Table 5. Reduction^a of *Mycobacterium fortuitum*^b after exposure to silver (100 µg/L), copper (400 µg/L), and silver/copper (100/400 µg/L) at 24°C.

| Time (h) | Control | Ag | <i>P</i> ^c | Cu | <i>P</i> ^c | Ag/Cu | <i>P</i> ^c |
|----------|--------------------|--------------------|-----------------------|--------------------|-----------------------|--------------------|-----------------------|
| 1 | 7.88×10^5 | 9.96×10^5 | 0.496 | 5.56×10^5 | 0.030 | 4.28×10^5 | 0.009 |
| | 1.11×10^6 | 9.08×10^5 | | 6.12×10^5 | | 4.62×10^5 | |
| | 9.49×10^5 | 9.40×10^5 | | 5.80×10^5 | | 4.42×10^5 | |
| 2 | 7.30×10^5 | 6.40×10^5 | 0.009 | 4.64×10^5 | 0.003 | 3.22×10^5 | 0.005 |
| | 8.16×10^5 | 5.38×10^5 | | 5.72×10^5 | | 3.31×10^5 | |
| | 9.02×10^5 | 5.90×10^5 | | 5.01×10^5 | | 3.19×10^5 | |
| 3 | 1.19×10^6 | 4.78×10^5 | 0.001 | 1.99×10^5 | < 0.001 | 2.96×10^5 | 0.005 |
| | 9.28×10^5 | 2.08×10^5 | | 3.66×10^5 | | 3.22×10^5 | |
| | 1.19×10^6 | 3.12×10^5 | | 2.12×10^5 | | 3.13×10^5 | |
| 5 | 1.02×10^6 | 1.51×10^5 | < 0.001 | 2.94×10^3 | 0.001 | 7.40×10^4 | 0.001 |
| | 9.60×10^5 | 1.57×10^5 | | 2.05×10^3 | | 1.03×10^5 | |
| | 1.08×10^6 | 1.53×10^5 | | 2.40×10^3 | | 9.00×10^4 | |
| 7 | 7.50×10^5 | 1.13×10^5 | 0.007 | 4.50×10^3 | 0.006 | 1.11×10^3 | 0.002 |
| | 9.20×10^5 | 4.30×10^4 | | 6.30×10^2 | | 1.26×10^3 | |
| | 1.09×10^6 | 7.80×10^4 | | 3.08×10^3 | | 1.18×10^5 | |
| 24 | 1.47×10^6 | 1.70×10^2 | 0.001 | 1.00×10^1 | < 0.001 | 1.30×10^2 | < 0.001 |
| | 1.44×10^6 | 2.40×10^2 | | 2.90×10^2 | | 4.00×10^1 | |
| | 1.40×10^6 | 1.92×10^5 | | 3.01×10^3 | | 8.50×10^1 | |

^a CFU/ml; ^b Inoculum 1.01×10^6 CFU/ml; ^c Probability (comparison of treatment and control)

Table 6. Reduction^a of *Mycobacterium fortuitum*^b after exposure to silver (100 µg/L), copper (400 µg/L), and silver/copper (100/400 µg/L) at 4°C.

| Time (h) | Control | Ag | <i>P</i> ^c | Cu | <i>P</i> ^c | Ag/Cu | <i>P</i> ^c |
|----------|------------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
| 1 | 3.06 × 10 ⁵ | 7.60 × 10 ⁴ | 0.001 | 2.88 × 10 ⁵ | 0.025 | 1.44 × 10 ⁵ | 0.001 |
| | 3.12 × 10 ⁵ | 5.50 × 10 ⁴ | | 2.74 × 10 ⁵ | | 1.30 × 10 ⁵ | |
| | 3.14 × 10 ⁵ | 8.10 × 10 ⁴ | | 2.60 × 10 ⁵ | | 1.12 × 10 ⁵ | |
| 2 | 3.60 × 10 ⁵ | 4.90 × 10 ⁴ | 0.008 | 2.84 × 10 ⁵ | 0.468 | 7.60 × 10 ⁴ | 0.002 |
| | 2.28 × 10 ⁵ | 3.30 × 10 ⁴ | | 2.76 × 10 ⁵ | | 9.40 × 10 ⁴ | |
| | 2.56 × 10 ⁵ | 6.30 × 10 ⁴ | | 3.48 × 10 ⁵ | | 1.21 × 10 ⁵ | |
| 3 | 3.34 × 10 ⁵ | 4.40 × 10 ⁴ | 0.002 | 2.54 × 10 ⁵ | 0.182 | 7.60 × 10 ⁴ | 0.009 |
| | 2.44 × 10 ⁵ | 4.90 × 10 ⁴ | | 2.54 × 10 ⁵ | | 8.60 × 10 ⁴ | |
| | 2.66 × 10 ⁵ | 1.60 × 10 ⁴ | | 2.40 × 10 ⁵ | | 7.80 × 10 ⁴ | |
| 5 | 3.66 × 10 ⁵ | 3.10 × 10 ⁴ | 0.003 | 3.46 × 10 ⁵ | 0.285 | 1.60 × 10 ⁴ | 0.003 |
| | 2.12 × 10 ⁵ | 3.40 × 10 ⁴ | | 3.36 × 10 ⁵ | | 1.70 × 10 ⁴ | |
| | 3.94 × 10 ⁵ | 2.20 × 10 ⁴ | | 3.20 × 10 ⁵ | | 3.80 × 10 ⁴ | |
| 7 | 3.08 × 10 ⁵ | 1.60 × 10 ⁴ | 0.002 | 2.48 × 10 ⁵ | 0.407 | 9.02 × 10 ³ | 0.002 |
| | 2.65 × 10 ⁵ | 4.00 × 10 ³ | | 2.52 × 10 ⁵ | | 9.20 × 10 ³ | |
| | 3.34 × 10 ⁵ | 6.32 × 10 ³ | | 4.66 × 10 ⁵ | | 8.06 × 10 ³ | |
| 24 | 2.56 × 10 ⁵ | 4.00 × 10 ³ | < 0.001 | 1.31 × 10 ⁵ | 0.013 | 2.18 × 10 ³ | < 0.001 |
| | 2.36 × 10 ⁵ | 2.56 × 10 ³ | | 1.56 × 10 ⁵ | | 2.92 × 10 ³ | |
| | 2.36 × 10 ⁵ | 4.10 × 10 ³ | | 1.95 × 10 ⁵ | | 3.90 × 10 ² | |

^a CFU/ml; ^b Inoculum 2.24 × 10⁵ CFU/ml; ^c Probability (comparison of treatment and control)

Table 7. Reduction^a of *Listeria monocytogenes*^b after exposure to silver (100 µg/L), copper (400 µg/L), and silver/copper (100/400 µg/L) at 24°C.

| Time (h) | Control | Ag | <i>P</i> ^c | Cu | <i>P</i> ^c | Ag/Cu | <i>P</i> ^c |
|----------|------------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
| 1 | 2.70 × 10 ⁷ | 1.15 × 10 ⁷ | | 2.66 × 10 ⁷ | | 5.30 × 10 ⁶ | |
| | 3.08 × 10 ⁷ | 8.60 × 10 ⁶ | < 0.001 | 3.20 × 10 ⁷ | 0.448 | 7.10 × 10 ⁶ | < 0.001 |
| | 2.88 × 10 ⁷ | 1.06 × 10 ⁷ | | 2.88 × 10 ⁷ | | 4.20 × 10 ⁶ | |
| 2 | 3.62 × 10 ⁷ | 1.13 × 10 ⁴ | | 4.24 × 10 ⁷ | | 1.44 × 10 ⁵ | |
| | 4.40 × 10 ⁷ | 1.08 × 10 ⁴ | 0.002 | 3.62 × 10 ⁷ | 0.295 | 1.80 × 10 ⁵ | 0.002 |
| | 3.98 × 10 ⁷ | 1.13 × 10 ⁴ | | 3.60 × 10 ⁷ | | 1.91 × 10 ⁵ | |
| 3 | 3.16 × 10 ⁷ | <10 ^d | | 1.58 × 10 ⁷ | | 4.00 × 10 ² | |
| | 2.92 × 10 ⁷ | <10 ^d | < 0.001 | 1.71 × 10 ⁷ | < 0.001 | 1.50 × 10 ² | < 0.001 |
| | 2.90 × 10 ⁷ | <10 ^d | | 1.55 × 10 ⁷ | | 3.70 × 10 ² | |
| 5 | 2.88 × 10 ⁷ | <10 ^d | | 1.35 × 10 ⁵ | | <10 ^d | |
| | 3.58 × 10 ⁷ | <10 ^d | 0.002 | 1.22 × 10 ⁵ | 0.002 | <10 ^d | 0.002 |
| | 3.32 × 10 ⁷ | <10 ^d | | 1.10 × 10 ⁵ | | <10 ^d | |
| 7 | 3.92 × 10 ⁷ | <10 ^d | | 3.70 × 10 ⁴ | | <10 ^d | |
| | 3.54 × 10 ⁷ | <10 ^d | 0.001 | 5.50 × 10 ⁴ | 0.001 | <10 ^d | 0.001 |
| | 3.58 × 10 ⁷ | <10 ^d | | 6.20 × 10 ⁴ | | <10 ^d | |

^a CFU/ml

^b Inoculum 3.27 × 10⁷ CFU/ml

^c Probability (comparison of treatment and control)

^d Detection limit 10 CFU/ml

Table 8. Reduction^a of *Listeria monocytogenes*^b after exposure to silver (100 µg/L), copper (400 µg/L), and silver/copper (100/400 µg/L) at 4°C.

| Time (h) | Control | Ag | <i>P</i> ^c | Cu | <i>P</i> ^c | Ag/Cu | <i>P</i> ^c |
|----------|------------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|
| 1 | 1.20 × 10 ⁷ | 1.41 × 10 ⁷ | 0.323 | 1.13 × 10 ⁷ | 0.255 | 4.60 × 10 ⁶ | 0.002 |
| | 1.21 × 10 ⁷ | 1.07 × 10 ⁷ | | 1.11 × 10 ⁷ | | 6.80 × 10 ⁶ | |
| | 1.22 × 10 ⁷ | 8.60 × 10 ⁶ | | 1.26 × 10 ⁷ | | 2.20 × 10 ⁶ | |
| 2 | 1.21 × 10 ⁷ | 8.50 × 10 ⁶ | 0.038 | 1.26 × 10 ⁷ | 0.431 | 4.90 × 10 ⁶ | < 0.001 |
| | 1.20 × 10 ⁷ | 5.90 × 10 ⁶ | | 1.12 × 10 ⁷ | | 6.00 × 10 ⁶ | |
| | 1.19 × 10 ⁷ | 9.80 × 10 ⁶ | | 1.19 × 10 ⁷ | | 4.10 × 10 ⁶ | |
| 3 | 1.20 × 10 ⁷ | 5.70 × 10 ⁶ | 0.009 | 1.32 × 10 ⁷ | 0.260 | 6.20 × 10 ⁶ | < 0.001 |
| | 1.21 × 10 ⁷ | 4.20 × 10 ⁶ | | 1.06 × 10 ⁷ | | 4.80 × 10 ⁶ | |
| | 1.18 × 10 ⁷ | 7.10 × 10 ⁶ | | 1.40 × 10 ⁷ | | 4.20 × 10 ⁶ | |
| 5 | 1.17 × 10 ⁷ | 7.10 × 10 ⁵ | < 0.001 | 9.60 × 10 ⁶ | 0.001 | 1.68 × 10 ⁶ | < 0.001 |
| | 1.20 × 10 ⁷ | 2.71 × 10 ⁵ | | 8.50 × 10 ⁶ | | 1.01 × 10 ⁶ | |
| | 1.19 × 10 ⁷ | 7.47 × 10 ⁵ | | 8.40 × 10 ⁶ | | 9.25 × 10 ⁵ | |
| 7 | 1.21 × 10 ⁷ | 9.60 × 10 ⁴ | < 0.001 | 8.00 × 10 ⁶ | 0.017 | 5.40 × 10 ⁵ | < 0.001 |
| | 1.22 × 10 ⁷ | 1.21 × 10 ⁵ | | 9.90 × 10 ⁶ | | 5.82 × 10 ⁵ | |
| | 1.16 × 10 ⁷ | 7.20 × 10 ⁴ | | 8.40 × 10 ⁶ | | 4.80 × 10 ⁵ | |

^a CFU/ml

^b Inoculum 1.24 × 10⁷ CFU/ml

^c Probability (comparison of treatment and control)

Table 9. Reduction^a of *Escherichia coli*^b after exposure to silver alone and in combination with organic matter^c at 24°C.

| Time (h) | Control | Ag 100 µg/L | Total organic carbon + Ag (100 µg/L) | |
|----------|---------|--------------------|--------------------------------------|--------------------|
| | | | 3 mg/L | 10 mg/L |
| 1 | 0.01 | 2.51 | 2.51 | 2.39 |
| 2 | 0.03 | 4.40 | 4.40 | 4.40 |
| 3 | 0.05 | 5.55 | 5.55 | 5.55 |
| 5 | 0.07 | >5.65 ^d | >5.65 ^d | >5.65 ^d |
| 7 | 0.09 | >5.65 ^d | >5.65 ^d | >5.65 ^d |

^a Average Log₁₀ reduction of triplicate tests

^b Inoculum 4.50×10^6 CFU/ml

^c Humic acid

^d Detection limit 10 CFU/ml

Table 10. Reduction^a of *Escherichia coli*^b after exposure to chlorine alone and in combination with organic matter^c at 24°C.

| Time (h) | Control | Cl 0.2 mg/L | Total organic carbon + Cl 0.2 mg/L | |
|----------|---------|--------------------|------------------------------------|---------|
| | | | 3 mg/L | 10 mg/L |
| 1 | 0.00 | >5.70 ^d | 0.13 | 0.14 |
| 2 | 0.01 | >5.70 ^d | 0.15 | 0.16 |
| 3 | 0.03 | >5.70 ^d | 0.15 | 0.17 |
| 5 | 0.05 | >5.70 ^d | 0.17 | 0.17 |
| 7 | 0.07 | >5.70 ^d | 0.19 | 0.18 |

^a Average Log₁₀ reduction of triplicate tests

^b Inoculum 5.00×10^6 CFU/ml

^c Humic acid

^d Detection limit 10 CFU/m

APPENDIX B:

**EFFICACY OF PRODUCE SANITIZERS AGAINST ESCHERICHIA COLI,
LISTERIA MONOCYTOGENES AND MS-2 ON LETTUCE**

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Abstract

The number of foodborne outbreaks associated with fresh produce has increased in the past decade. Microbial contamination of produce can occur at any of several points from the field through the time of consumption. Therefore, a proper sanitizer treatment is needed at the point of consumption to reduce the risk of foodborne disease. The objective of this study was to evaluate the antimicrobial activity of three produce sanitizers: Microdyn™ (colloidal silver), Gadicin® (10% stabilized chlorine dioxide) and Fit® (citric acid, grapefruit oil extract). Treatment with 150 ppm chlorine and a control (dechlorinated tap water only) were also included. The foodborne pathogens *Listeria monocytogenes*, *Escherichia coli*, and MS-2 coliphage (as a model for enteric viruses) were inoculated onto lettuce. The inoculated lettuce was exposed to the sanitizer treatment at concentrations recommended by the manufacturer. There was no significant difference between the Gadicin® and Microdyn™ treatments and the control. After 10 minutes of exposure to Fit®, *E. coli* was reduced by 2.36-log₁₀, *L. monocytogenes* by 3.09-log₁₀ and MS-2 by 2.28-log₁₀. After 60 min, an additional 0.8-1.0-log₁₀ reduction was observed. After 10 min of exposure, chlorine reduced *E. coli* by 1.82-log₁₀, *L. monocytogenes* by 2.55-log₁₀ and MS-2 by 1.44-log₁₀. After 60 minutes of exposure to chlorine, a 3.61-log₁₀ reduction in *L. monocytogenes* occurred, whereas there was only a 2.25-log₁₀ reduction in MS-2. Fit® and chlorine were the most effective. The use of produce sanitizers at a household level could help in reducing the probability of foodborne disease.

Introduction

Fruits and vegetables have been associated with an increasing number of foodborne outbreaks in recent years (Guan *et al.* 2005; Yaun *et al.* 2004). Fresh vegetables accounted for more than 45% of the total vegetable consumption between 1980 and 2001. During 2001, the most commonly consumed fresh vegetables were lettuce, tomatoes, carrots, potatoes, and onions (Sturchler 2006). Fruits and vegetables are the third leading vehicle in foodborne outbreaks, accounting for more than 10,000 cases of foodborne illness in the U.S. from 1990 to 2001 (CSPI 2001). Recently, an outbreak of *E. coli* O157:H7 affected more than 200 people, of which 30% developed a life-threatening complication, hemolytic uremic syndrome (HUS), and three people died. The outbreak was linked to the consumption of bagged spinach (Anonymous 2006). *Listeria monocytogenes* has been isolated from prepackaged salads, and epidemiological evidence has linked human listeriosis to the consumption of cabbage, lettuce, celery and tomatoes (Berrang *et al.* 1989). *L. monocytogenes* is a major public health concern due to its high mortality rate (~20%), and its ability to grow at refrigeration temperatures (Gandhi and Chikindas 2007; Mead *et al.* 1999).

The majority of pathogens implicated in produce-related outbreaks are transmitted via the fecal-oral route (Johnston *et al.* 2006). Microbial contamination of fruits and vegetables can occur during plant growth, harvesting, transport, processing, distribution and marketing, or in the home (Beuchat 1998). After harvesting, raw fruits and vegetables are treated with an aqueous chemical formulation to remove dirt, pesticides,

and microorganisms. Most fruits and vegetables are placed in flume tanks containing 150-200 ppm of free chlorine for a short period of time prior to packing (Yuk *et al.* 2006); however, this treatment results in less than 2- \log_{10} colony forming units per gram (CFU/g) reduction of the microbial load (Koseki *et al.* 2004; Rodgers *et al.* 2004). In addition, circumstances such as contaminated irrigation water, runoff from animal feedlots, or the presence of feral animals further increase the number of pathogens on the produce. Washing fruits and vegetables with tap water cannot be relied upon to remove microorganisms completely at the household level (Harris *et al.* 2001; Beuchat 1998). Therefore, there is a critical need to develop more effective produce sanitizers that help to reduce the risks of contracting a foodborne illness.

The present study was undertaken to investigate the efficacy of commercially available alternative produce sanitizers in the removal of *Escherichia coli*, *Listeria monocytogenes* and MS-2 coliphage inoculated on lettuce. MS-2 was included as surrogate for enteric viruses.

Materials and methods

Maintenance and preparation of bacterial isolates

Escherichia coli (ATCC 25922) and *Listeria monocytogenes* (ATCC 19115) used in this study were obtained from the American Type Culture Collection (ATCC; Manassas, VA). The bacteria were maintained on Tryptic Soy Agar (TSA; Difco, Sparks, MD). Erlenmeyer flasks containing 100 ml of Tryptic Soy Broth (TSB; Difco, Sparks, MD)

were inoculated and incubated on an orbital shaker (250 rpm) at 37°C overnight prior to testing. After incubation, the bacteria were pelleted via centrifugation (15,300 x g, for 10 min in a Beckman J2-21 centrifuge; Beckman Coulter, Inc., Fullerton, CA). The pelleted cells were washed by resuspension in 100 ml of 0.01M phosphate buffer (3.8 mM Na₂HPO₄, 6.5 mM KH₂PO₄; pH 7.5), followed by centrifugation as before. This step was repeated an additional time. The final pellet was resuspended in 20 ml of phosphate buffer. The inoculum suspensions were prepared by adding small volumes of the bacterial suspension to 10 ml of phosphate buffer, resulting in an optical turbidity (BIOLOG turbidimeter, Hayward, CA) equivalent to a McFarland number 5 optical density standard [1.5×10^9 colony forming units per milliliter (CFU/ml)]. This suspension was then diluted further in dechlorinated tap water to achieve the desired final inoculum concentration (approximately 1.5×10^8 CFU/ml).

Maintenance and preparation of MS-2 bacteriophage

F-specific coliphage MS-2 (ATCC 15597-B1) was obtained from the American Type Culture Collection (ATCC; Manassas, VA). MS-2 was propagated by the double-top agar layer plaque technique (Adams 1959). An 18-hour culture of *Escherichia coli* (ATCC 15597) grown in tryptic soy broth (TSB; Difco, Detroit, MI) was transferred to fresh TSB and grown for 3-5 h at 37°C with continuous shaking. Stock MS-2 was serially diluted in Tris-buffered saline (0.14 M NaCl, 5.03 mM KCl, 30 mM Trizma base, 0.4 mM Na₂HPO₄ in ultrapure water at pH 7.2) to an approximate concentration of 10^5 plaque-forming units per milliliter (PFU/ml). A 1 ml suspension of the *E. coli* host cells and 0.1

ml of the phage dilution were mixed in 3 ml of molten overlay agar and poured over presolidified tryptic soy agar (TSA, 1.5% agar; Difco, Detroit, MI) petri dishes. After 24 hours of incubation at 37°C, 6 ml of sterile 0.01 M phosphate buffer was added to petri dishes with confluent plaques and allowed to sit for 1 hour. The phage was harvested from the plates and centrifuged at 15,300 x g for 10 min in a Beckman J2-21 centrifuge (Beckman Coulter, Inc., Fullerton, CA) to remove bacterial debris. The liquid fraction was passed through a 0.22 µm pore size acrodisc syringe filter pretreated with 0.3% beef extract at pH 7 (Pall, Ann Arbor, MI). The filtrate was used as the MS-2 stock suspension for the latter experiments. Phage titer was determined in the same way as phage propagation. The phage was stored at 4°C until needed. This suspension was then diluted further in dechlorinated tap water to achieve the desired final inoculum concentration (approximately 1.5×10^8 PFU/ml).

Lettuce

Iceberg lettuce was purchased from a local supermarket. The outer three or four leaves were removed and discarded. In each experiment, intact leaves were cut into pieces (5 x 3 cm) with a sterile surgical knife.

Inoculation procedure

Approximately 10 g of cut lettuce leaves (5 x 3 cm) were submerged in 250 ml of inoculum suspension ($\sim 10^8$ CFU/ml) at room temperature (23 ± 2 °C) for 3 min with

continuous stirring. The lettuce was then drained using a commercial salad spinner (OXO, New York, NY) and left to dry for 2.5 hours under a safety cabinet.

Treatment with sanitizers

This study evaluated the antimicrobial activity of three commercially available alternative produce sanitizers: Microdyn™ (stabilized colloidal silver 0.35%, Mercancias Salubres S.A. de C.V.; Mexico, D.F.), Gadicin® (10% stabilized chlorine dioxide; Gadec S.A. de C.V.; Naucalpan, Estado de Mexico) and Fit® (citric acid, grapefruit oil extract, sodium lauryl sulfate, propylene glycol, sodium carbonate, magnesium carbonate; HealthPro Brands Inc., Cincinnati, OH). Treatment with dechlorinated tap water only was included as a control. The pH of each sanitizer solution was determined. All experiments were conducted in triplicate at room temperature ($23 \pm 2^\circ\text{C}$). Treatment of inoculated lettuce leaves was performed by immersing 10 g samples in 500 ml of sanitizer treatment at concentrations recommended by the manufacturer. At predetermined time intervals, the lettuce was drained using a commercial salad spinner (OXO, New York, NY), combined with 50 ml of 0.1% peptone water (Difco, Detroit, MI) in a polyethylene bag, and pummeled for 2 min at normal speed in a stomacher (Model 3500, Seward, London, UK). Samples were collected (3 ml each) and neutralized with Dey Engley neutralizing broth (D/E; Difco, Sparks, MD) containing 50 μl of 10% (wt/v) $\text{Na}_2\text{S}_2\text{O}_3$ (EMD chemicals, Gibbstown, NJ) at a ratio of 1:1. The samples were assayed the same day. The

concentration of silver in the Microdyn™ suspension was determined by coupled plasma mass spectrometry (Model Elan DCR-II, Perkin-Elmer, Shelton, CT).

Preparation of chlorinated water

A chlorine solution with a concentration 150 mg/L was prepared using commercial bleach (6.0% sodium hypochlorite). A Hach test kit (Model DR/2000, Hach Company, Loveland Co) was used to quantitate free chlorine.

Microbial assays

Bacterial samples were serially diluted in 0.1% peptone water (Difco, Detroit, MI) and the surviving bacteria were enumerated in duplicate using the spread plate method on the following selective media with incubation at 37°C for 24 h: *E. coli*, mEndo (Difco, Sparks, MD); *L. monocytogenes*, Listeria Selective Agar (Oxford, Columbia, MD).

MS-2 was assayed by dilution of samples in 0.1% peptone water (Difco, Detroit, MI) and the surviving virus enumerated in duplicate using the double-top agar layer plaque technique previously described.

Determination of bioburden

The presence of microorganisms other than *E. coli*, *L. monocytogenes*, and MS-2 coliphage on lettuce that formed colonies or plaques on the selective media was also determined.

Data analyses

Data were reported as logarithmic reduction $-\log_{10} N_t/N_0$ where N_t is the concentration of microorganisms at time t and N_0 is the concentration of microorganisms at time zero. A Student's t-test was used for analysis of variance to determine significant differences between disinfection treatments. Differences were considered significant if P value was ≤ 0.05 .

Results

No bacteria were isolated on mEndo and listeria selective agar from the uncontaminated lettuce. No MS-2 coliphage was found on the lettuce either. Microdyn™ sanitizer solution contained 1.40 mg/L of silver. The pH of the sanitizers were as follows: control pH 8.65, Fit® pH 2.2, Microdyn™ pH 8.36, Gadicin® pH 8.40, and chlorine pH 8.40. No significant difference was observed between the concentrations of chlorine at the beginning and at the end of each time interval.

Tables 1 through 6 show the results of the various sanitizer treatments on the test microorganisms. There was no significant difference ($P \leq 0.05$) between the reductions

observed with Microdyn™ or Gadacin® and the control (dechlorinated tap water) at all time intervals with all the microorganisms tested. Similarly, the microorganisms were not significantly inactivated when Gadacin® was evaluated in an aqueous model system (dechlorinated tap water) under the same experimental conditions (Tables 2, 4 and 5). Gadacin® was not evaluated against *L. monocytogenes* inoculated on lettuce since this sanitizer did not show any effect on the organism in aqueous solution.

After 10 minutes of exposure to Fit®, *E. coli* was reduced by 2.36-log₁₀, *L. monocytogenes* by 3.09-log₁₀ and MS-2 by 2.28-log₁₀. After 60 min, an additional 0.8 to 1.0-log₁₀ was achieved against all of the tested organisms.

After 10 min, chlorine reduced *E. coli* by 1.82-log₁₀, *L. monocytogenes* by 2.55-log₁₀ and MS-2 by 1.44-log₁₀. After 60 minutes exposure to chlorine, a 3.61-log₁₀ reduction in *L. monocytogenes* occurred, whereas there was only a 2.25-log₁₀ reduction in MS-2. Fit® and chlorine therefore yielded the best results.

Discussion

There are many factors influencing the efficacy of a produce sanitizer such as the presence of organic matter (e.g. vegetable tissue, fruit juices, soil particles), the produce surface (rough, smooth, hydrophilic, hydrophobic, injured tissue), and the type of disinfectant. Particularly with leafy vegetables, sanitizers are not as effective as they are with produce with smooth surfaces (e.g. tomatoes). Koseki *et al.* (2004) reported a 1.0-log₁₀ reduction in *E. coli* O157:H7 inoculated on lettuce after treatment with 200 ppm of

free chlorine (Koseki *et al.* 2004). Similarly, Pirovani *et al.* (2004) observed a 1.8- \log_{10} reduction in the total microbial count on lettuce after treatment with 150 ppm of chlorine (Pirovani *et al.* 2004). In contrast, a 4.0- \log_{10} reduction was observed with *S. typhimurium* inoculated on the surface of a tomato after treatment with 83 ppm of free chlorine (Sicairos-Ruelas unpublished data 2007).

Bacteria in produce adhere to surface irregularities such as roughness, crevices, and pits, thus reducing the ability of washing or sanitizing treatments to remove or inactivate attached cells (Ukuku and Sapers 2006). The penetration of the microorganisms into the lettuce cut edges was enhanced by the method of inoculation used in this study (dip inoculation), conferring extra protection from the sanitizer. The inaccessibility of *E. coli* O157:H7 on lettuce has been demonstrated on lettuce using confocal laser microscopy. Agar plate culturing and microscopic observation have indicated that *E. coli* O157:H7 preferentially attaches to cut edges, as opposed to the intact leaf surface. Inoculated lettuce subjected to a chlorine treatment (200 ppm), resulted in only a 1.0- \log_{10} reduction of the bacterium on the cut edges. Elongated cells were observed in stomata and within the tissues of the lettuce, indicating they were protected from contact with chlorine (Seo and Frank 1999; Takeuchi and Frank 2000). Even if the lettuce was washed with sanitizers and subject to physical manipulation similar to the stomacher method, microorganisms located within the interior of the lettuce would not be inactivated.

Researchers have shown that regardless of the size of the inoculated population of microorganisms on lettuce, pathogens still penetrated the interior of the lettuce tissue, and

treatment with 200 ppm chlorine did not completely inactivate them at low concentrations (10^0 to 10^2 CFU/g) (Beuchat 1999; Koseki *et al.* 2004). In addition, the hydrophobic waxy cuticle of the lettuce reduced the contact of the sanitizer with the organism. Bacteria arrangement on the surface of the produce could also confer some degree of protection. A stack arrangement was observed after strawberries and lettuce were treated with ozone, sodium hypochlorite and chlorine dioxide (Rodgers *et al.* 2004).

Organic matter can reduce the sanitizer efficacy by directly interacting with the chemical, or by indirectly binding to the microorganisms. Virto *et al.* (2005) found that the addition of organic matter to chlorinated water stabilized the cytoplasmic membrane of Gram-negative and Gram-positive bacteria against the permeabilization of external ions (Virto *et al.* 2005).

Microdyn™ wash solution contained 1.40 mg/L of silver as determined by atomic absorption. Silver is known for its antimicrobial properties at low concentrations in the range of $\mu\text{g/L}$ and effectively inactivates pathogens in water (Landeem *et al.* 1989; Yahya *et al.* 1990); however, despite its high concentration in the wash solution, silver did not significantly inactivate the microorganisms tested in the present study.

Chlorine is generally considered to be a highly destructive, non-selective oxidant that reacts avidly with all biomolecules. HOCl can react with membranes, changing their permeability, inhibiting transport, fragmenting proteins, and reacting with nucleotides. It inactivates enzymes, with iron-sulfur clusters appearing as privileged targets (McKenna and Davies 1988).

Fit[®] has a very low pH (2.2) in comparison with the other sanitizers (approximately pH 8). The low pH probably contributes to the inactivation of the study organisms by interacting with the high number of protons (H^+) on the bacteria cell surface, outer membrane or cell wall, inner membrane or cytoplasmic membrane, and periplasmic space. This can adversely affect the ionic bonds of the macromolecules and thus can interfere with their three-dimensional structure and some of their functions. These changes can affect bacterial nutrient transport and energy generation, leading to bacterial inactivation (Brul and Coote 1999; Brul *et al.* 2002). Viruses undergo conformational changes at low pH, affecting the molecules used to attach to the host cell receptor. The low pH present in the Fit[®] solution could result in a rearrangement of the surface molecules on the MS-2, affecting its attachment to the lettuce. Once in the solution, possibly due to the acidity, the virus was inactivated. Fit[®] contains sodium lauryl sulfate which is an anionic surfactant (Feis *et al.* 2007) that enhances the contact of the sanitizer with the microorganisms, resulting in detachment of the organisms from the surface.

Overall, Fit[®] and chlorine yielded the greatest reductions of the microorganisms tested on lettuce. The use of these produce sanitizers at the household level could help in reducing the incidence of foodborne disease.

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Table 1. Reduction^a of *Escherichia coli*^b inoculated on lettuce following exposure to various sanitizers

| Time (min) | Control | Fit® | <i>P</i> ^c | Mycrodyn™ | <i>P</i> ^c | Gadicin ® | <i>P</i> ^c | Chlorine ^d | <i>P</i> ^c |
|------------|---------|------|-----------------------|-----------|-----------------------|-----------|-----------------------|-----------------------|-----------------------|
| 10 | 0.42 | 2.79 | 0.006 | 0.44 | 0.090 | 0.41 | 0.218 | 1.77 | 0.006 |
| | 0.45 | 2.22 | | 0.50 | | 0.40 | | 2.12 | |
| | 0.35 | 2.08 | | 0.46 | | 0.58 | | 1.58 | |
| 30 | 0.75 | 3.01 | 0.001 | 0.80 | 0.062 | 0.79 | 0.074 | 3.16 | 0.006 |
| | 0.79 | 3.29 | | 0.83 | | 0.81 | | 2.51 | |
| | 0.76 | 3.15 | | 0.78 | | 0.78 | | 2.50 | |
| 60 | 0.84 | 3.71 | < 0.001 | 1.48 | 0.060 | 0.90 | 0.378 | 2.47 | 0.002 |
| | 1.39 | 3.08 | | 1.47 | | 1.55 | | 2.57 | |
| | 1.12 | 3.40 | | 1.37 | | 1.15 | | 3.12 | |

^a Log₁₀ reduction^b Inoculum 1.24 x 10⁶ CFU/g^c *P*. Probability (comparison treatment and control)^d 150 mg/L

Table 2. Reduction^a of *Escherichia coli*^b in dechlorinated tap water following exposure to various sanitizers

| Time (min) | Control | Fit® | <i>P</i> ^c | Mycrodyn™ | <i>P</i> ^c | Gadicin ® | <i>P</i> ^c | Chlorine ^d | <i>P</i> ^c |
|------------|---------|--------------------|-----------------------|-----------|-----------------------|-----------|-----------------------|-----------------------|-----------------------|
| 10 | 0.05 | >6.38 ^e | | 0.03 | | 0.06 | | >6.38 ^e | |
| | 0.03 | >6.38 ^e | < 0.001 | 0.10 | 0.162 | 0.06 | 0.072 | >6.38 ^e | < 0.001 |
| | 0.02 | >6.38 ^e | | 0.05 | | 0.04 | | >6.38 ^e | |
| 30 | 0.03 | >6.38 ^e | | 0.08 | | 0.04 | | >6.38 ^e | |
| | 0.03 | >6.38 ^e | < 0.001 | 0.11 | 0.059 | 0.05 | 0.187 | >6.38 ^e | < 0.001 |
| | 0.04 | >6.38 ^e | | 0.05 | | 0.03 | | >6.38 ^e | |
| 60 | 0.03 | >6.38 ^e | | 0.41 | | 0.04 | | >6.38 ^e | |
| | 0.04 | >6.38 ^e | < 0.001 | 0.36 | < 0.001 | 0.04 | 0.115 | >6.38 ^e | < 0.001 |
| | 0.04 | >6.38 ^e | | 0.38 | | 0.05 | | >6.38 ^e | |

^a Log₁₀ reduction^b Inoculum 2.40 x 10⁷ CFU/ml^c *P*. Probability (comparison treatment and control)^d 150 mg/L^e Detection limit 10 CFU/ml

Table 3. Reduction^a of *Listeria monocytogenes*^b inoculated on lettuce following exposure to various sanitizers

| Time (min) | Control | Fit® | <i>P</i> ^c | Mycrodyn™ | <i>P</i> ^c | Chlorine ^d | <i>P</i> ^c |
|------------|---------|------|-----------------------|-----------|-----------------------|-----------------------|-----------------------|
| 10 | 1.88 | 3.32 | 0.001 | 1.16 | 0.209 | 2.22 | 0.007 |
| | 1.30 | 3.18 | | 1.53 | | 2.66 | |
| | 1.50 | 2.78 | | 1.44 | | 2.77 | |
| 30 | 2.42 | 2.78 | 0.026 | 1.18 | 0.038 | 2.44 | 0.053 |
| | 1.71 | 3.44 | | 1.55 | | 2.62 | |
| | 2.18 | 2.69 | | 1.60 | | 3.22 | |
| 60 | 2.31 | 4.15 | 0.002 | 2.59 | 0.423 | 3.69 | 0.008 |
| | 2.40 | 3.53 | | 2.21 | | 3.14 | |
| | 2.00 | 3.93 | | 1.74 | | 4.00 | |

^a Log₁₀ reduction

^b Inoculum 6.38 x 10⁶ CFU/g

^c *P*. Probability (comparison treatment and control)

^d 150 mg/L

Table 4. Reduction^a of *Listeria monocytogenes*^b in dechlorinated tap water following exposure to various sanitizers^c

| Time (min) | Control | Fit® | <i>P</i> ^c | Mycrodyn™ | <i>P</i> ^c | Chlorine ^d | <i>P</i> ^c |
|------------|---------|--------------------|-----------------------|-----------|-----------------------|-----------------------|-----------------------|
| 10 | 0.03 | >6.48 ^e | < 0.001 | 0.39 | 0.032 | >6.48 ^e | < 0.001 |
| | 0.07 | >6.48 ^e | | 0.18 | | >6.48 ^e | |
| | 0.05 | >6.48 ^e | | 0.28 | | >6.48 ^e | |
| 30 | 0.08 | >6.48 ^e | < 0.001 | 0.46 | < 0.001 | >6.48 ^e | < 0.001 |
| | 0.03 | >6.48 ^e | | 0.46 | | >6.48 ^e | |
| | 0.06 | >6.48 ^e | | 0.48 | | >6.48 ^e | |
| 60 | 0.10 | >6.48 ^e | < 0.001 | 0.47 | 0.001 | >6.48 ^e | < 0.001 |
| | 0.08 | >6.48 ^e | | 0.54 | | >6.48 ^e | |
| | 0.09 | >6.48 ^e | | 0.51 | | >6.48 ^e | |

^a Log₁₀ reduction

^b Inoculum 3.00 x 10⁷ CFU/ml

^c *P*. Probability (comparison treatment and control)

^d 150 mg/L

^e Detection limit 10 CFU/ml

Table 5. Reduction^a of MS-2 coliphage^b inoculated on lettuce following exposure to various sanitizers

| Time (min) | Control | Fit® | <i>P</i> ^c | Mycrodyn™ | <i>P</i> ^c | Gadicin ® | <i>P</i> ^c | Chlorine ^d | <i>P</i> ^c |
|------------|---------|------|-----------------------|-----------|-----------------------|-----------|-----------------------|-----------------------|-----------------------|
| 10 | 0.76 | 2.42 | < 0.001 | 0.80 | 0.436 | 0.73 | 0.398 | 1.67 | 0.010 |
| | 0.80 | 2.32 | | 0.77 | | 0.75 | | 1.22 | |
| | 0.93 | 2.10 | | 0.96 | | 0.94 | | 1.55 | |
| 30 | 0.78 | 2.79 | 0.007 | 0.79 | 0.480 | 0.80 | 0.483 | 2.31 | 0.014 |
| | 0.80 | 2.50 | | 0.92 | | 0.95 | | 2.30 | |
| | 0.91 | 2.12 | | 0.77 | | 0.75 | | 1.67 | |
| 60 | 0.77 | 3.08 | 0.003 | 0.82 | 0.195 | 0.79 | 0.332 | 2.59 | 0.009 |
| | 0.84 | 3.67 | | 0.98 | | 0.91 | | 2.18 | |
| | 0.96 | 3.43 | | 1.00 | | 0.98 | | 1.99 | |

^a Log₁₀ reduction^b Inoculum 1.58 x 10⁶ CFU/g^c *P*. Probability (comparison treatment and control)^d 150 mg/L

Table 6. Reduction^a of MS-2 coliphage^b in dechlorinated tap water following exposure to various sanitizers

| Time (min) | Control | Fit® | <i>P</i> ^c | Mycrodyn™ | <i>P</i> ^c | Gadacin ® | <i>P</i> ^c | Chlorine ^d | <i>P</i> ^c |
|------------|---------|------|-----------------------|-----------|-----------------------|-----------|-----------------------|-----------------------|-----------------------|
| 10 | 0.12 | 3.04 | < 0.001 | 0.13 | 0.371 | 0.09 | 0.434 | 4.86 | < 0.001 |
| | 0.08 | 3.18 | | 0.10 | | 4.59 | | | |
| | 0.09 | 3.11 | | 0.08 | | 4.72 | | | |
| 30 | 0.10 | 4.80 | 0.004 | 0.09 | 0.386 | 0.11 | 0.339 | 5.10 | < 0.001 |
| | 0.08 | 3.59 | | 0.10 | | 5.25 | | | |
| | 0.11 | 4.31 | | 0.11 | | 5.22 | | | |
| 60 | 0.07 | 4.97 | 0.002 | 0.12 | 0.458 | 0.09 | 0.407 | 5.21 | < 0.001 |
| | 0.15 | 3.99 | | 0.14 | | 5.34 | | | |
| | 0.13 | 4.86 | | 0.08 | | 5.41 | | | |

^a Log₁₀ reduction^b Inoculum 9.97 x 10⁶ CFU/ml^c *P*. Probability (comparison treatment and control)^d 150 mg/L

APPENDIX C:**A NATURAL PEPTIDE-BASED ANTIMICROBIAL WITH BROAD-SPECTRUM
ACTIVITY**

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Running Title: Natural Peptide-Based Antimicrobial
Key Words: Antimicrobial, peptides, plant extract, broad-spectrum

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Abstract

A quantitative suspension test was used to assess the efficacy of a new natural peptide-based antimicrobial, Absolute Fx, against representative Gram-positive (*Staphylococcus aureus*, *Listeria monocytogenes*) and Gram-negative (*Escherichia coli*, *Salmonella typhimurium*, *Pseudomonas aeruginosa*) bacterial species. Greater than a 5- \log_{10} reduction was observed for *E. coli*, *S. typhimurium*, *P. aeruginosa* and *L. monocytogenes* after a 30 second exposure to a 1:400 dilution of Absolute Fx. Similar results were observed for a 1:800 dilution with the exception of *P. aeruginosa* (3.90- \log_{10} reduction). A 3.23- \log_{10} and a 2.71- \log_{10} reduction were observed for *S. aureus* after 30 seconds of exposure to 1:400 and 1:800 dilutions, respectively. After 5 minutes, greater than a 5- \log_{10} reduction was observed for both *P. aeruginosa* and *S. aureus*. Absolute Fx was also tested against human coronavirus strain 229E (enveloped) and feline calicivirus strain F-9 (non-enveloped). Greater than a 4- \log_{10} loss of human coronavirus 229E was observed within 30 seconds of exposure to a 1:200 and a 1:400 dilution. A one to 2- \log_{10} reduction was observed for feline calicivirus within 10 minutes to 1 hour of exposure. Absolute Fx shows promise as a natural antimicrobial against a broad spectrum of microorganisms including both bacteria and viruses. Further studies are needed to determine the potential use of this product in specific applications.

Introduction

A disinfectant is an agent that significantly reduces the numbers of specific species of infectious or otherwise undesirable microorganisms, but not necessarily bacterial spores, on inanimate surfaces [2]. A sanitizer is an agent that reduces the number of microorganisms to a level considered safe. This usually corresponds to a reduction of at least 99.9% (3-log_{10}) of the test bacteria within 5 minutes under specific conditions on inanimate and non-food contact surfaces [5]. The primary difference between a sanitizer and a disinfectant is that, at a specified dilution, the disinfectant must have a higher kill capability for pathogenic bacteria. A large number of compounds are available for use as disinfectants; however, some are highly toxic, corrosive and produce harmful by-products [6, 7, 13].

Natural antimicrobial products are a possible alternative. Numerous plant extracts and their components (e.g. cinnamaldehyde, thymol, carvacrol, eugenol) have significant antibacterial properties [4]. Absolute Fx is a proprietary peptide-based antimicrobial containing three plant extracts with the combined properties of thionins, amino acid-enriched peptides and a new class of cationic peptides (The Center for Lifestyle Disease, Surprise, AZ). There are also some enzymatic components that mimic the antimicrobial activities of diterpenes. The U.S. Environmental Protection Agency (EPA) classifies it as a non-toxic category IV compound (tests performed by DuPont HaskellSM Laboratory for Health and Environmental Sciences, Newark, DE). Cationic peptides are widely

distributed in animals and plants, but their mechanism of action has not been established. It has been proposed that cationic peptides interact with bacterial membranes, increasing their permeability, or that part of the peptide penetrates into the cell, exerting action on target molecules [9].

The objective of this study was to determine the antimicrobial efficacy of this new peptide-based antimicrobial, Absolute Fx (chemical formulation is shown on table. 3), against representative Gram-negative (*Escherichia coli*, *Salmonella typhimurium*, *Pseudomonas aeruginosa*) and Gram-positive (*Staphylococcus aureus*, *Listeria monocytogenes*) bacterial pathogens and non-enveloped (feline calicivirus strain F-9) and enveloped (human coronavirus strain 229E) viruses in aqueous solutions.

Materials and methods

Maintenance and preparation of bacterial isolates

All test bacteria in this study were obtained from the American Type Culture Collection (ATCC; Manassas, VA). Strains included *E. coli* ATCC 25922, *L. monocytogenes* ATCC 19115, *S. typhimurium* ATCC 23564, *P. aeruginosa* ATCC 27313 and *S. aureus* ATCC 25923. The bacteria were maintained on Tryptic Soy Agar (TSA; Difco, Sparks, MD). Erlenmeyer flasks containing 100 ml of Tryptic Soy Broth (TSB; Difco, Sparks, MD) were inoculated and incubated on an orbital shaker (250 rpm) at 37°C overnight prior testing.

After incubation, the bacteria were pelleted via centrifugation (15,300 x g, for 10 min in a Beckman J2-21 centrifuge; Beckman Coulter, Inc., Fullerton, CA). The pelleted cells were washed by resuspension in 100 ml of sterile physiological saline (0.85% NaCl; Difco, Sparks, MD) followed by centrifugation as before. This step was repeated an additional time. The final pellet was resuspended in 20 ml of phosphate buffer 0.01M (pH 7.5; 3.8 mM Na₂HPO₄, 6.5 mM KH₂PO₄). The test suspensions were prepared by adding small volumes of the bacterial suspension to 10 ml of sterile saline (0.85% NaCl; Difco, Sparks, MD), resulting in an optical turbidity (BIOLOG turbidimeter, Hayward, CA) equivalent to a McFarland number 0.5 optical density standard (1.5 x 10⁸ bacterial/ml). This solution was then diluted further in saline to achieve the desired final test concentration (approximately 1.0 x 10⁷ bacteria/ml).

Maintenance and preparation of viruses

Human coronavirus strain 229E (ATCC VR-740) and feline calicivirus strain F-9 (ATCC VR-782) were obtained from the American Type Culture Collection (ATCC, Manassas, VA) and were maintained on either MRC-5 (human coronavirus; fetal human lung fibroblasts, ATCC CCL-171) or CRFK (feline calicivirus; Crandell Rees feline kidney, ATCC CCL-94) cell line monolayers with Eagle's minimal essential medium (MEM; modified with Earle's salts, Irvine Scientific, Santa Ana,) containing 2% fetal bovine serum (FBS; Hyclone, Logan, UT) at an incubation temperature of 35°C with 5% CO₂.

The viruses were purified by centrifugation (756 × g) to remove cell debris followed by polyethylene glycol (9% w/v PEG, 0.5 M NaCl) precipitation. Viral

titrations were performed using a plaque-forming technique (feline calicivirus) described by Bidawid et al. [3] or the Reed-Muench method [11] to determine the tissue culture infectious dose that affected 50% of the cultures (TCID₅₀).

Bacterial experimental procedure

A 1:40 and a 1:80 stock solution of the Absolute Fx were made from a full strength solution (60.7% active) provided by The Center for Lifestyle Disease (Surprise, AZ). All experiments were conducted in triplicate at room temperature ($23 \pm 2^\circ\text{C}$).

The inactivation of bacterial strains was carried out in sterile tubes filled with 9 ml of sterile saline (0.85% NaCl; Difco, Sparks, MD). A final concentration of 1:400 or 1:800 of the Absolute Fx was achieved by adding 1 ml of the stock solution to this 9 ml bacterial test suspension. The pH of the 1:400 and the 1:800 reaction solutions were 3.83 and 4.10, respectively. Physiological saline (0.85% NaCl; Difco, Sparks, MD) with a pH of 3.0 was inoculated with the target organism and included as a control to determine if any reductions observed could be ascribed to the acidic pH alone. Bacteria in Lethen neutralizing broth (Difco, Sparks, MD) alone were included as a control to verify that the neutralizer had no antimicrobial action. In addition, the bacteria were added to Absolute Fx solutions that had previously been neutralized with Lethen neutralizing broth. The surviving bacteria were quantified to confirm that the amount of neutralizer used in the experiments was able to completely neutralize the 1:200, 1:400 and 1:800 dilutions of the Absolute Fx.

A 1 ml sample was removed after 30 seconds, 5 minutes and 10 minutes and placed in 9 ml of Lethen neutralizing broth to neutralize the Absolute Fx. Ten-fold serial dilutions were made and the surviving bacteria were enumerated in duplicate using the spread plate method on the following selective media with incubation at 37°C for 24 hours: *E. coli*, mEndo (Difco, Sparks, MD, USA); *S. aureus*, Mannitol Salt Agar (MSA; Difco, Sparks, MD), *L. monocytogenes*, RAPID'L.Mono agar (Bio-Rad, Hercules, CA) *S. typhimurium*, XLD (Difco, Sparks, MD), *P. aeruginosa*, Tryptic Soy Agar (TSA; Difco, Sparks, MD).

Virus experimental procedure

The virus experiments were performed following the same general protocol as the bacterial experiments; however, a final Absolute Fx dilution of 1:200 was utilized in place of the 1:800 dilution. The test concentration of each virus was approximately 1.0×10^6 plaque-forming units per ml (PFU) or TCID₅₀ per ml. A 1 ml sample was removed after 30 seconds of exposure to the Absolute Fx in the human coronavirus experiment and after 10 minutes and one hour in the feline calicivirus experiment and placed in 9 ml of Lethen neutralizing broth. Ten-fold serial dilutions were made in either Eagle's MEM (feline calicivirus) or phosphate buffer 0.01 M (human coronavirus) (pH 7.5; 3.8 mM Na₂HPO₄, 6.5 mM KH₂PO₄).

The remaining feline calicivirus were enumerated utilizing a plaque-forming assay [3] in 6-well tissue culture plates with CRFK monolayers and agar overlays

containing Eagle's minimal essential medium (MEM; modified with Earle's salts, Irvine Scientific, Santa Ana,) with 2% fetal bovine serum (FBS; Hyclone, Logan, UT). After incubation for 5 days at 35 °C with 5% CO₂, agar overlays were removed, the remaining monolayers were stained with crystal violet and plaque-forming units (PFU) were counted.

Human coronavirus was enumerated utilizing the Reed-Muench method [11] to determine the tissue culture infectious dose that affected 50% of the cultures (TCID₅₀) in 24-well tissue culture plates with MRC-5 monolayers with Eagle's MEM containing 2% FBS after incubation for 5 days at 35 °C with 5% CO₂. This method is based on the observation of monolayer cytopathic effects (CPE).

Results

The effect of Absolute Fx on the test bacteria is shown in Table 1. Greater than a 5- \log_{10} reduction was observed for all of the Gram-negative species and the Gram-positive *L. monocytogenes* after a 30 second exposure to both Absolute Fx concentrations, with the exception of *P. aeruginosa* (3.90- \log_{10} reduction). In contrast, *S. aureus* (Gram-positive) was reduced by 3.23- \log_{10} and 2.71- \log_{10} in 30 seconds exposure to 1:400 and the 1:800 dilutions. After 5 minutes, greater than a 5.0- \log_{10} reduction was observed for *P. aeruginosa* and *S. aureus* at both dilutions.

The effect of Absolute Fx on feline calicivirus F-9 and human coronavirus 229E are shown in Table 2. Coronavirus 229E was reduced by > 4- \log_{10} at both dilutions.

Feline calicivirus was more resistant, with only a 1 to 2- \log_{10} reduction within 10 to 60 minutes of exposure. No reductions occurred for any of the bacteria or virus in the low pH saline or the Lethen control solutions over the course of the experiments. The neutralizing effect of Lethen on all dilutions of Absolute Fx was also confirmed.

Discussion

There is considerable variation in the response of different microorganisms to antimicrobials. The underlying reasons are poorly understood, but the chemical composition of the outer cell layers is likely to be a key factor [10, 12]. The structure, chemical composition, and thickness of the bacterial cell wall differ greatly between Gram-positive and Gram-negative bacteria. Porin proteins in the Gram-negative outer membrane form channels to allow the entry of essential substances as well as many antimicrobial drugs [8]. Non-enveloped viruses are more stable in the environment than enveloped viruses [1]. Thus, enveloped viruses are often more sensitive to environmental insults and to many antimicrobials than are non-enveloped viruses [14].

Absolute Fx was found to be highly effective against both Gram-negative and Gram-positive bacteria with slight variability in resistance between species. Although it did effect a reduction in the number of the non-enveloped feline calicivirus, it was more effective against the lipid containing human coronavirus. Absolute Fx appears to exhibit antimicrobial activity against a wide variety of both bacteria and viruses.

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Table 1. Reduction^a of bacteria after exposure to Absolute Fx.

| Time (sec) | Gram-positive | | | | Gram-negative | | | | | |
|---------------|-------------------------|--------|--------------------------------|--------|-----------------------|--------|------------------------------|--------|-----------------------------|-------|
| | <u><i>S. aureus</i></u> | | <u><i>L. monocytogenes</i></u> | | <u><i>E. coli</i></u> | | <u><i>S. typhimurium</i></u> | | <u><i>P. aeruginosa</i></u> | |
| | 1:400 ^b | 1:800 | 1:400 | 1:800 | 1:400 | 1:800 | 1:400 | 1:800 | 1:400 | 1:800 |
| 30 | 3.23 | 2.71 | > 6.25 | > 6.25 | > 5.87 | > 5.87 | 5.03 | 5.47 | 5.16 | 3.90 |
| 300 | > 5.69 | 5.39 | > 6.25 | > 6.25 | > 5.87 | > 5.87 | 5.87 | 5.87 | 5.89 | 5.58 |
| 600 | > 5.69 | > 5.69 | > 6.25 | > 6.25 | > 5.87 | > 5.87 | > 5.87 | > 5.87 | 6.05 | 5.65 |

a - Average of Log₁₀ reduction of triplicate experiments. The initial bacterial concentration was 2.4x10⁷ cfu/ml for *S. aureus*, 8.9x10⁷ cfu/ml for *L. monocytogenes*, 3.7x10⁷ cfu/ml for *E. coli*, 3.7x10⁷ cfu/ml for *S. typhimurium*, and 8.3x10⁷ cfu/ml for *P. aeruginosa*.

b - Dilution of Absolute Fx.

Table 2. Reduction^a of Human Coronavirus 229E and Feline Calicivirus F-9 after exposure to Absolute Fx.

| Exposure time (min) | <u>Human Coronavirus</u> | | | | <u>Feline Calicivirus</u> | | | |
|---------------------------|--------------------------|--------------------------------|----------------------|--------------------------------|---------------------------|--------------------------------|----------------------|--------------------------------|
| | 1:200 ^b | | 1:400 | | 1:200 | | 1:400 | |
| | # virus ^c | Log ₁₀ reduction | # virus ^c | Log ₁₀ reduction | # virus ^d | Log ₁₀ reduction | # virus ^d | Log ₁₀ reduction |
| 1/2 | 1.9x10 ² | 4.05 | 3.2x10 | 4.83 | ND ^f | ND | ND | ND |
| 10 | < 3.7 ^e | > 5.76 | < 3.7 | > 5.76 | 2.7x10 ⁴ | 1.41 | 2.7x10 ⁴ | 1.41 |
| 60 | < 3.7 | > 5.76 | < 3.7 | > 5.76 | 2.5x10 ⁴ | 1.44 | 3.6x10 ³ | 2.28 |

a - Average of Log₁₀ reduction triplicate experiments.

b - Dilution of Absolute Fx.

c - TCID₅₀ counts/ml recovered. Initial virus titer was 2.14x10⁶ viruses/ml (TCID₅₀).

d - Plaque-forming units (PFU)/ml recovered. Initial virus titer was 6.85x10⁵ PFU/ml.

e - Detection limit.

f - Not determined

Table 3. Chemical composition of Absolute Fx

| Absolute Fx Liquid | Full Strength sample 33285 | |
|--|-------------------------------|-----------|
| Analyte | Result | Unit |
| O-benzyl-p-chlorophenol | 0.184 | % wt / wt |
| O-phenylphenol | 0.123 | % wt / wt |
| Tetradecyl-dimethylbenzyl ammonium chloride | 0.052 | % wt / wt |
| Dodecyl-dimethylbenzyl ammonium chloride | 0.390 | % wt / wt |
| Hexadecyl-dimethylbenzyl ammonium chloride | 0.016 | % wt / wt |
| Didecyl-dimethyl ammonium chloride | 0.085 | % wt / wt |
| Octyl-decyl-dimethyl ammonium chloride | 0.094 | % wt / wt |
| Diocetyl-dimethyl ammonium chloride | 0.077 | % wt / wt |
| 2, 4, 4'- trichloro-2'-hydroxydiphenyl ether | 0.644 | % wt / wt |
| Ascorbic acid | 2.452 | % wt / wt |
| Glycerin | 41.160 | % wt / wt |
| Water | 37.490 | % wt / wt |
| Ethyl alcohol | 16.390 | % wt / wt |
| Isopropyl alcohol | 1.106 | % wt / wt |
| Mass balance | 99.912 | % wt / wt |

APPENDIX D:**SILVER AS A DISINFECTANT**

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Introduction and History

The antimicrobial effects of silver (Ag) have been recognized for thousands of years. In ancient times, it was used in water containers (Grier 1983) and to prevent putrefaction of liquids and foods. In ancient times in Mexico, water and milk were kept in silver containers (Davis and Etris 1997). Silver was also mentioned in the Roman pharmacopoeia of 69 B.C. (Davis and Etris 1997).

In 1884, silver nitrate drops were introduced as a prophylactic treatment for the eyes of newborns. This became a common practice in many countries throughout the world (Wahlberg 1982) to prevent infections caused by *Neisseria gonorrhoeae* transmitted from infected mothers during childbirth (Klueh et al. 2000; Slawson et al. 1992). In 1928, the “Katadyn-Process”, based on the use of silver in water at low concentrations, was introduced (Krause 1928).

Silver ions have the highest level of antimicrobial activity of all the heavy metals. Gram-negative bacteria appear to be more sensitive than Gram-positive species (Feng et al. 2000; Kawahara et al. 2000; Klueh et al. 2000). Kawahara et al. (2000) posited that some silver binds to the negatively charged peptidoglycan of the bacterial cell wall. Since Gram-positive species have a thicker peptidoglycan layer than do Gram-negative species, perhaps more of the silver is prevented from entering the cell.

Generally speaking, the observed bactericidal efficacy of silver and its associated ions, is through the strong binding with disulfide (S-S) and sulfhydryl (-SH) groups found in the proteins of microbial cell walls. Through this binding event, normal metabolic processes are disrupted, leading to cell death. Silver (Ag), copper

(Cu) and zinc (Zn) have thus found their way into a number of applications.

Applications And Uses

Drinking water

Chlorine has been used as the principal disinfectant for drinking water since the early 1900's. In the 1970's, it was discovered that chlorination caused the formation of numerous chlorinated compounds in water including trihalomethanes and other disinfection by-products (DPB) that are known to be hazardous to human health (Moudgal et al. 2000; Von Gunten et al. 2001). There is therefore a need to assess alternative disinfectants (Yahya et al. 1992).

Silver electrochemistry experiments suggest that silver may have potential as a chlorine alternative in drinking water disinfection in applications in which chlorine may be considered too hazardous (Pedahzur et al. 2000). Silver has been used as an effective water disinfectant for many decades (Kim et al. 2004), primarily in Europe (Russell and Hugo 1994). It has also been used to treat recycled water aboard the MIR space station and aboard NASA space shuttles (Butkus 2004; Gupta et al. 1998).

Both the Environmental Protection Agency (EPA) and the World Health Organization (WHO) regard silver as safe for human consumption. Only argyria (irreversible skin discoloration) occurs with the ingestion of gram quantities of silver over several years or by the administration of high concentrations to ill individuals. There have been no reports of argyria or other toxic effects caused by silver in healthy persons (World Health Organization 1996). Based on epidemiological and

pharmacokinetic data, a lifetime limit of 10 grams of silver can be considered a NOAEL (No Observable Adverse Effect Level) for humans (World Health Organization 1996). In the United States, no primary standards exist for silver as a component in drinking water. The EPA recommends a secondary non-enforceable standard of 0.1 mg/L (100 ppb)(Environmental Protection Agency 2002). The World Health Organization (1996) has stated this amount of silver in water disinfection could easily be tolerated since the total absorbed dose would only be half of the NOAEL after 70 years.

Silver has been used as an integral part of EPA and National Sanitation Foundation (NSF) approved point-of-use (POU) water filters to prevent bacterial growth. Home water purification units (e.g. faucet-mounted devices and water pitchers) in the U.S. contain silverized activated carbon filters along with ion exchange resins (Gupta et al. 1998). Today, some 50 million consumers obtain drinking water from POU devices that utilize silver (Water Quality Association 2001). These products leach silver at low levels (1 to 50 ppb) with no known observable adverse health effects. Such filters have been shown to prevent the growth of *Pseudomonas fluorescens* and *Pseudomonas aeruginosa* in water supplies (Russell and Hugo 1994); however, several studies have raised questions about their efficacy (Bell 1991). Reasoner et al. (1987) established that bacterial colonization of such devices occurs within a matter of days and may result in a large number of bacteria in the product water.

Cooling Towers / Large Building Water Distribution Systems

Cooling towers provide cooling water for air compressors and industrial processes that generate heat (Broadbent 1993). They provide an ideal environment and a suitable balance of nutrients for microbial multiplication (Martinez et al. 2004). Chlorine is a popular method for controlling such bacterial growth, but there are difficulties in maintaining disinfection efficacy, particularly at a high temperature or pH (Kim et al. 2004). Chlorination can also cause corrosion of cooling tower facilities (Kim et al. 2004).

Ag/Cu ionization has been used in cooling towers to control bacterial growth (Lin et al. 2002). In a study by Martinez et al. (2004), an appreciably reduced chlorine concentration of 0.3 parts per million (ppm or mg/L) was combined with 200 ppb Ag and 1.2 ppm Cu. This had an appreciable impact on levels of coliform bacteria, iron-related bacteria, sulfate-reducing bacteria and slime-forming bacteria in a cooling tower (Martinez et al. 2004).

Large hot water distribution systems in hospitals and hotels have also often been attributed as a source of contaminating bacteria (Kim et al. 2002). Contaminated systems are usually treated by either superheating the water with flushing of the distal sites (heat-flush), hyperchlorination, or by installing Ag/Cu ionization units (Stout and Yu 1997). Greater bacterial reductions have been observed with Ag/Cu ionization than with the heat-flush method (Stout et al. 1998). Ag/Cu ionization is known to provide long-term control (Liu et al. 1994; Mietzner et al. 1997) and may be used in older buildings in which the pipes could be damaged by hyperchlorination (Stout and Yu 1997). Such systems are easy to install and maintain, are relatively inexpensive and do not produce toxic by-products (Liu et al. 1994).

One microorganism that has been commonly isolated from cooling towers is

Legionella pneumophila, the causative agent of Legionnaires' disease (Fliermans et al. 1981; Landeen et al. 1989). Many outbreaks have been linked to cooling towers (Bentham and Broadbent 1993; Brown et al. 1999; CDC 1994) and evaporative condensers (Breiman et al. 1990). *L. pneumophila* is also commonly isolated from the periphery of hot water systems in large buildings such as hospitals, hotels and apartment buildings where temperatures tend to be lower (Zacheus and Martikainen 1994). Ag/Cu systems have been in common use in hospitals to control *Legionella* for more than a decade (Stout and Yu 2003). Mietzner et al. (1997) reported that one such ionization system maintained effective control of *L. pneumophila* for at least 22 months. *Legionella* may develop a tolerance to silver after a period of years, requiring higher concentrations to achieve the same effect (Rohr et al. 1999).

Recreational Waters (Swimming Pools/Spas/Hot Tubs)

Bacteria, protozoa, and viruses may occur naturally in recreational waters or be introduced into swimming pools by bathers or through faulty connections between the filtration and sewer systems (Beer et al. 1999). Species carried by bathers include the intestinal *Streptococcus faecalis* and *Escherichia coli*, as well as skin, ear, nose and throat organisms such as *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Streptococcus salivarius*, *Pseudomonas aeruginosa* and *Mycobacterium marinum* (Singer 1990). Mild to serious illnesses caused by ingestion of or contact with contaminated water (Beer et al. 1999; Craun 1988) can be the result of improperly maintained pools, spas and hot tubs (Kebabjian 1995).

In recent years, there has been a rapid increase in the number of public, semi-

public and private pools built in Europe and America. Adequate disinfection of such waters is becoming an increasingly important health issue (Singer 1990). Traditionally, chlorine based products are used for disinfection of swimming pools (Borgmann 2003). Chlorine produces harmful by-products (DBP) caused by the halogenation of organic compounds (urine, mucus, skin particles, hair, etc.) released into the water by swimmers (Kim et al. 2002). Thus, there is also a need for alternative disinfectants for recreational waters (Yahya et al. 1992).

Silver (Ag_2SO_4) at a low concentration (10 ppb) has been shown to kill greater than 99.9% of heterotrophic bacteria in swimming pools within 30 min (Albright et al. 1972). Silver has been used commercially in pools, but it is too slow to be used as a primary disinfectant. Regulatory agencies in some countries have recommended its use only in combination with another disinfectant (Anonymous 2006). Electrolytic generation of Ag and Cu ions allows ppb concentrations to be maintained in a convenient and reproducible manner.

Food and Dietary Supplements

Silver has been used to treat vinegar, fruit juices, and effervescent drinks and wine (Foegeding and Busta 1991). It is also available in Mexico as colloidal silver in gelatin ('Microdyn') for use as a consumer fruit and vegetable wash and in the U.S. as an alternative health supplement or in silver citrate complexes as food additives (Silver 2003).

Medical Applications

Silver has been used in numerous medical applications (Hotta et al. 1998; Yoshida et al. 1999). In dentistry, silver nitrate is effective against a number of oral bacteria including Gram-negative periodontal pathogens and Gram-positive Streptococci that cause periodontitis (Spacciapoli et al. 2001). Dental amalgams contain approximately 35% Ag(0) and 50% Hg(0). It is unclear whether sufficient Ag(0) is released and oxidized to Ag(I) to produce an antimicrobial effect; however, the release of Hg(II) selects for metal-resistant bacteria (Silver 2003). New amalgams have therefore been introduced that contain silver alone (Silver 2003).

Silver salts have traditionally been administered to the eyes of newborn infants to prevent neonatal eye infections (Isenberg 1990). Silver ions are the most commonly used topical antimicrobial agents used in burn wound care in the western world (Poon and Burd 2004). Both silver nitrate and silver sulphadiazine have also been used as topical antiseptics for cutaneous wounds (Fox and Modak 1974; Gupta et al. 1998; Li et al. 1997; Rosenkranz and Carr 1972). A topical cream containing 1.0% silver sulphadiazine and 0.2% chlorhexidine digluconate has been marketed as SilvazineTM in the U.S. (Silver 2003).

Silver sulphadiazine has recently been incorporated directly into bandages used on burns and large open wounds (Furr et al. 1994; Innes et al. 2001; Silver 2003). Unlike silver nitrate, silver sulphadiazine does not react with sulfhydryl groups or proteins. Thus, its action is not diminished in the wound (Liau et al. 1997; Modak et al. 1988). Nevertheless, the silver is still the antimicrobial portion of the molecule. Two commercial silver coated dressings (ActicoatTM and Silverdin) prevented muscular invasion by *P. aeruginosa* in experimental burns in rats (Ulkur et al. 2005).

P. aeruginosa and *S. aureus* populations were similarly affected by Silverlon, an FDA-approved wound dressing (Hegggers et al. 2005).

Silver has also been used to coat vascular, urinary, and peritoneal catheters (Cicalini et al. 2004; Gentry and Cope 2005), prosthetic heart valve sewing rings (Auer et al. 2001; Ionescu et al. 2003), vascular grafts, sutures, and fracture fixation devices (Blaker et al. 2005; Darouiche 1999). Plastic indwelling catheters coated with silver compounds retard the formation of microbial biofilms (Silver 2003). Manal et al. (1996) determined that the adherence of four strains of *E. coli* was decreased by 50% to 99% in comparison to silicone and latex catheters. In two separate clinical studies, from 10-12% of patients with silver treated catheters developed bacteriuria (>100 microorganisms/ml) versus 34-37% of patients with standard Foley catheters after three days. The onset of bacteriuria was thus delayed in comparison to latex catheters (Liedberg et al. 1990; Lunderberg 1986). Gentry and Cope (2005) also found a 33.5% reduction in catheter-associated urinary tract infections following the introduction of silver coated catheters.

The complex of silver with antibiotics on the surfaces of polytetrafluoroethylene vascular grafts has been examined in a number of studies. Silver increased the elution and prolonged the duration of ciprofloxacin release in one such study (Darouiche 1999).

Antimicrobial Surfaces/Materials

Silver may be added to polymers (Brady et al. 2003) to confer antimicrobial activity. The result is consumer products such as washing machines, refrigerators and ice

machines that have incorporated silver (<http://www.agion-tech.com/CorporateOverview.pdf>, retrieved May 30, 2006; <http://www.samsung.com/silvercare/index.htm>, retrieved May 30, 2006). Silver has been added to plastics to produce items such as public telephones and public toilets (in Japan), toys and infant pacifiers (Silver 2003). Johnson Matthey Chemicals (UK) utilizes an inorganic composite with immobilized slow release silver as a preservative in their cosmetics (Silver 2003). Synthetic fabrics with silver are popular in areas such as in sports wear, sleeping bags, bed sheets and dishcloths (Silver 2003; Takai et al. 2002). These are believed to reduce the level of bacterial contamination and thus odors (Silver 2003).

Silver may also be added to inorganic ceramics (e.g. zirconium phosphate, zeolite)(Cowan et al. 2003; Galeano et al. 2003; Kim et al. 1998; Kim et al. 2004) that are able to trap metal ions and may then be added to other materials (e.g. paints, plastics, waxes, polyesters) to confer antimicrobial properties (Quintavalla and Vicini 2002; Takai et al. 2002). Zeolite ceramic (sodium aluminosilicate) has a porous three-dimensional crystalline structure in which ions are able to reside. It has a strong affinity for silver ions and can electrostatically bind up to 40% silver (wt/wt)(Kawahara et al. 2000; Uchida 1995). Zeolites act as ion exchangers, releasing silver into the environment in exchange for other cations (Hotta et al. 1998; Kawahara et al. 2000). The amount of silver released is dependent upon the concentration of cations in the environment (Kawahara et al. 2000). The bactericidal activity of Ag-zeolite appears to be due to both the effect of silver ions (Matsumura et al. 2003) and to the generation of reactive oxygen species (under aerated conditions) such as superoxide anions, hydroxyl radicals, hydrogen peroxide, and singlet oxygen (Inoue

et al. 2002).

Studies on stainless steel surfaces coated with zeolites containing 2.5% Ag and 14% Zn ions demonstrated significant reductions in *L. pneumophila* (Rusin et al. 2003), *S. aureus* (Bright et al. 2002), *Campylobacter jejuni*, *Salmonella typhimurium*, *Listeria monocytogenes* and *Escherichia coli* O157:H7 (Bright, K.R. and Gerba, C.P., unpublished data). Vegetative cells of *Bacillus subtilis*, *B. anthracis*, and *B. cereus* were also inactivated by at least three orders of magnitude within 24 hours by a Ag/Zn-zeolite whereas *Bacillus* spores were completely resistant under the same conditions (Galeano et al. 2003).

Antimicrobial Efficacy

The antimicrobial effect of silver has been demonstrated in numerous and varied applications against many different types of microorganisms including bacteria, viruses and protozoa. An overview of the available experimental data on silver disinfection is presented in Table 1.

Antimicrobial Mechanisms

Proposed mechanisms of the antibacterial and antiviral actions of silver are summarized in Table 2.

Antibacterial Action

The antibacterial effects of silver are not completely understood. Numerous mechanisms have been proposed. Several are generally accepted:

1. Extracellular binding or precipitation of silver to bacterial cell walls and membranes (Bellantone et al. 2002; Efrima and Bronk 1998; Goddard and Bull 1989; Slawson et al. 1992). Bacterial cell walls contain negatively charged peptidoglycans that will most likely electrostatically bind some Ag^+ on their own (Thurman and Gerba 1989).
2. Energy-dependent or independent accumulation of silver inside cells (Slawson et al. 1992). Possible active uptake of silver by a transport system for an essential metal with a similar charge or ionic size (Slawson et al. 1992; Solioz and Odermatt 1995).
3. Binding of silver to cellular proteins, including enzymes (Slawson et al. 1992). Silver is known to stain proteins (Slawson et al. 1992). It binds to sulfhydryl (-SH) groups on enzymes, leading to their inactivation (Feng et al. 2000; Liao et al. 1997; Slawson et al. 1992; Thurman and Gerba 1989) and eventually to the inactivation of the bacteria (Liao et al. 1997). Monovalent silver ions bind to these functional groups, resulting in a stable $-\text{S}-\text{Ag}$ group that inhibits hydrogen transfer, the source of energy transfer (Davis and Etris 1997). Silver also complexes with sulfhydryl groups in the cell membrane that are components of enzymes that participate in transmembrane energy generation and electrolyte transport (Klueh et al. 2000). This may cause the formation of R-S-S-R bonds that block respiration and electron transfer (Davis and Etris 1997; Heining 1993).
4. Binding of silver to deoxyribonucleic acid (DNA)(Thurman and Gerba 1989).

Silver displaces the hydrogen bonds between adjacent nitrogens of purine and pyrimidine bases (Klueh et al. 2000; Richards 1981). This may stabilize the DNA helix and prevent replication of the DNA and subsequent cell division (Modak and Fox 1973; Richards 1981; Thurman and Gerba 1989).

5. Binding of silver to electron donor groups (Thurman and Gerba 1989) containing nitrogen, oxygen, and sulfur such as amines, hydroxyls, phosphates, and thiols in cells (Grier 1983; Modak and Fox 1973).

Several observations support these proposed mechanisms. Compounds with thiol groups such as sodium thiosulfate, sodium thioglycollate and lysozyme are able to neutralize silver activity. Silver binds to the thiol groups on these compounds and is no longer able to bind to proteins (Liau et al. 1997; Richards 1981). In a study by Bellantone et al. (2002), silver was depleted from an aqueous solution over time in the presence of bacteria. This was assumed to be due to silver binding to the cell wall, or accumulation inside of cells. In a separate study, silver iodide inside a polymer was able to bind sulfhydryl groups on proteins on bacterial outer membranes. It was then transported intracellularly where it accumulated until it reached a toxicity threshold, leading to bacterial death (Brady et al. 2003). Silver accumulation has been observed in non-growing *E. coli* cells due to both binding at the surface and to intracellular uptake (Ghandour et al. 1988).

Feng et al. (2000) visualized the fate and action of silver in *E. coli* and *S. aureus* by transmission electron microscopy. In both species, the cytoplasmic membrane shrank and detached from the cell wall. An electron-light region appeared in the central region that contained large amounts of phosphorous, as determined by

x-ray microanalysis. It therefore likely contained highly condensed DNA molecules. Numerous electron-dense granules surrounded both the cell wall and deposited inside cells, surrounding, but not found within, the electron-light central region. The electron-dense granules contained significant amounts of both silver and sulfur, suggesting a combination of silver and proteins. It was proposed that the cells might produce proteins that aggregate around this nuclear region to protect DNA molecules (Feng et al. 2000). A similar mechanism has been found for heat shock proteins (Nover et al. 1983). Condensed DNA is unable to replicate. No cell growth or multiplication was observed during continuous cultivation with fresh liquid nutrient medium over the course of the experiment. Proteins were inactivated after the silver treatment and the cell wall was severely damaged in some cells. The effects were milder in *S. aureus* than in *E. coli*. The thicker cell wall of the Gram-positive *S. aureus* protects it to some degree from penetration of silver ions into the cytoplasm (Feng et al. 2000).

Several other potential antibacterial mechanisms have been proposed for silver in recent years. Silver collapses the proton motive force on the cell membrane (Dibrov et al. 2002; Williams et al. 1989). Dibrov et al. (2002) found that there was a total collapse of the respiration-generated transmembrane pH gradient in vesicles and also of the membrane electric potential (in the absence of added Na^+). Low concentrations of silver ions induced massive leakage of protons (H^+) through the membrane of *Vibrio cholerae*. This resulted in the complete deenergization of the cells and most likely cell death. This effect might have been the result of modified membrane proteins or a modified phospholipid bilayer (Dibrov et al. 2002). Toxicity may also cause leakage of cellular metabolites and intracellular ions such as potassium

(Slawson et al. 1992).

Silver blocks the respiratory chain of bacteria in the cytochrome oxidase and NADH-succinate-dehydrogenase region (Klueh et al. 2000). One of the primary targets of Ag^+ ions is the Na^+ -translocating NADH: ubiquinone oxidoreductase (NQR). Submicromolar Ag^+ ions inhibit energy-dependent Na^+ transport in membrane vesicles. This is one of the proposed mechanisms of inactivation at low Ag^+ concentrations (Dibrov et al. 2002).

Silver also inhibits the oxidation of glucose, glycerol, fumarate, succinate, D- and L-lactate and endogenous substrates of *E. coli* cells by the inhibition of the *b* cytochromes and cytochrome *d* at the site of substrate entry into the respiratory chain and also flavoproteins in the NADH and succinate dehydrogenase regions (Bragg and Rainnie 1973). Schreurs and Rosenberg (1982) described a mechanism specifically for silver nitrate in which it inhibits the uptake of inorganic phosphate and causes efflux of accumulated phosphate. This also induces leakage of mannitol, succinate, glutamine and proline, causing metabolite leakage (Slawson et al. 1990).

Adsorption of atomic oxygen on the surface of silver provides a reservoir of oxygen. As a result of the catalytic action of silver, oxygen is converted to active oxygen (such as hydroxyl radicals). Silver can thus catalyze the complete destructive oxidation of bacteria (Davis and Etris 1997; Yoshida et al. 1999).

Antiviral Action

To date, there have been no detailed studies describing the interaction between silver and viruses. Viruses that contain sulfhydryl termini may bind silver. This might affect

their replication cycle (Davis and Etris 1997). One theory is that there is a site-specific Fenton mechanism, where the metal binds to a biological molecule and is reduced by superoxide radicals or other reductants and then reoxidized by hydrogen peroxide. Continuous redox reactions in a cyclic manner result in damage, as radical formation occurs near the target site of the molecule (Samuni et al. 1984; Thurman and Gerba 1989; Yahya et al. 1992).

Tzagoloff and Pratt (1964) proposed that silver modifies the adsorption of viruses to cells. Thurman and Gerba (1989) suggested that the inactivation mechanism should be one that does not require a metabolic process, for example, the immobilization of the virus to a surface, the blocking or destruction of host-cell receptors, or the inactivation of the nucleic acid within the viral capsid.

Anti-protozoal Action

The mechanisms by which silver acts against protozoa are not presently understood; nevertheless, many of the mechanisms that have been reported for bacteria most likely play some role against protozoa as well. For instance, silver will most certainly be able to bind to proteins on the cell membrane and, if transported inside the cell, to DNA as well. Binding to DNA could prevent replication and binding to proteins could inhibit their function. If some of these proteins are transmembrane proteins, this might also inhibit transport and nutrient uptake.

It has been reported that silver and copper inactivate *Tetrahymena pyriformis* more easily than they do amoebas (Rohr et al. 2000). *Hartmannella* is inactivated by a concentration of 100 ppm Ag and 1000 ppm copper (Rohr et al. 2000). There are also

reports of the inactivation of *Naegleria fowleri* by the use of silver, copper and free chlorine when used in combination (Cassells et al. 1995).

Silver Resistance

Rusin and Gerba (2001) defined resistance as the ability of a bacterial population to grow in working concentrations of an active disinfectant. Tolerance was defined as the ability of an organism to survive short-term exposure to a disinfectant or to survive for a longer period of time than more sensitive bacterial strains. Many papers have been published describing silver resistance that would be considered as mere tolerance following these criteria. This makes a thorough discussion of silver resistance somewhat problematic. For the purpose of this review, the term “resistance” includes both true silver resistance as well as silver tolerance since the terms are not always discernable based on published descriptions of empirical data.

Some bacteria appear to have natural resistance to silver (Wood 1984). Silver-resistant bacteria are usually found in areas where bacteria are regularly exposed to silver such as in hospital burn wards, hospital water distribution systems and in contaminated soil near silver mines (Silver 2003). Two proposed mechanisms of this resistance are that silver ions are excluded from the cell or mobilized outside of the cell (Slawson et al. 1992). These processes are typically performed by membrane proteins that are energy-dependent and function as either ATPases or chemiosmotic cation/proton antiporters (Silver 2003). Bioaccumulation or sequestration of silver, although it does exist, is not common and its relationship to silver resistance is unclear (Silver 2003). Silver-resistant strains of *E. coli* do not accumulate intracellular

silver deposits whereas sensitive strains contain dense deposits (Starodub and Trevors 1990). The Gram-positive organism *Enterococcus hirae* (formerly *Streptococcus faecalis*) possesses a homeostatic mechanism to manage intracellular copper concentration via an ion pump. The *E. hirae* CopB ATPase in membrane vesicles was found to expel both Cu^+ and Ag^+ from the cytoplasm, causing an accumulation of Cu^+ and Ag^+ inside native inside-out membrane vesicles (Solioz and Odermatt 1995).

In Gram-negative bacteria, plasmid-mediated silver resistance is believed to be the most common and typically involves energy-dependent efflux of silver from the cell. Plasmid-mediated silver resistance in *Salmonella* involves a total of nine genes and is unusual in that it includes three separate types of resistance mechanisms: a periplasmic metal-binding protein (SilE) that binds silver at the cell surface, a chemiosmotic efflux pump and an ATPase efflux pump (SilCBA and SilP) (Silver 2003). This resistance system is somewhat homologous to the plasmid-mediated *pco* copper resistance system in *E. coli* (Silver 2003).

The *agr* gene cluster (containing genes formerly named *ybdE*, *ylcABCD* and *ybcZ*) encodes a silver resistance system in *E. coli* that is homologous to the central six genes (*silA* through *silS*) of the *sil* resistance system (Silver 2003).

Synergism With Other Disinfectants

Synergy between silver ions and other antimicrobials such as potassium permanganate, potassium peroxydisulfate (Bright, K.R. and Gerba, C.P., unpublished data), hydrogen peroxide (Armon et al. 2000; Rafter et al. 1999), biguanides (Bright, K.R. and Gerba, C.P., unpublished data), chlorine (Yahya et al.

1992), chlorite and chlorate (Rafter et al. 1999) and UV light (Butkus et al. 2004) has been observed by a number of investigators against a variety of microbiological species including bacteria, viruses and oocysts (see Table 3). Interestingly, metal ions in many instances enhance the effectiveness of the system well beyond that predicted by the individual components; that is, a synergistic effect is observed. It has been postulated that the oxidizer disrupts the cell wall and effects the rapid penetration of the metallic ions into the cell where irreversible precipitation of the DNA occurs (Armon et al. 2000; Straub et al. 1995; Yahya et al. 1992). Other mechanistic interpretations are, of course, possible. For instance, at higher levels of chlorine, silver is precipitated as AgCl_2^- that actually increases the sensitivity of silver-sensitive bacteria (Silver 2003).

Inactivation of *L. pneumophila* by combined copper and silver has been shown to be relatively slow when compared with that of free chlorine; nonetheless, when they were included in addition to low levels of free chlorine, the inactivation rates of bacterial indicator organisms were greater than those for free chlorine alone (Landeem et al. 1989; Yahya et al. 1990). Beer et al. (1999) found that electrolytically generated copper and silver ions used in swimming pool water along with lower levels of chlorine provided control of total coliform and heterotrophic bacteria equivalent to the control provided by high levels of chlorine. Yahya et al. (1990) demonstrated that adding 400 ppb of copper and 40 ppb of silver to water systems containing contaminants similar to those in swimming pools allowed the concentration of free chlorine to be reduced at least three-fold (from 0.1 to 0.3 ppm). Enhanced inactivation rates for *E. coli*, *S. aureus*, *L. pneumophila*, *S. faecalis* (Landeem et al. 1989; Yahya et al. 1990) and *P. aeruginosa* (Landeem et al. 1989) were also obtained when water was

treated with 400 ppb copper, 40 ppb silver and 0.2 ppm free chlorine. These studies suggest a synergistic effect upon microorganisms subjected to copper or silver ions in the presence of low levels of chlorine.

Silver has also been shown to have synergistic activity with other metal ions such as copper and zinc. In one study (Lin et al. 1998), both copper and silver ions were found to be effective in inactivating *L. pneumophila* and the combined effect was greater than the sum of the individual effects when each was administered alone.

In two studies, silver-resistant strains of *Acinetobacter baumannii* were found to accumulate high amounts of silver, most of which was surface bound. This resistance was reduced by the purging of a plasmid (Deshpande and Chopade 1994; Shakibaie et al. 1999). In one experiment, the plasmid was successfully transferred to *E. coli* by conjugation; however, the subsequent increased silver resistance conferred to *E. coli* was due to the efflux of silver ions from the cell rather than accumulation (Deshpande and Chopade 1994).

If the oxidizing effect of other disinfectants damages outer cellular structure, it may permit silver ions to rapidly penetrate into the cell. This may bypass the role of silver accumulation on the cell surface as a resistance mechanism.

Conclusions

Both the EPA and the WHO regard silver as safe for human consumption. It does not pose a risk to human health (World Health Organization 1996) and, unlike numerous other commonly utilized disinfectants, is not considered a hazardous substance (Ibarluzea et al. 1998; Kim et al. 2002; World Health Organization 1996). Silver

inactivates a wide variety of microorganisms such as bacteria, viruses, and protozoa, alone or in combination with other disinfectants (Cassells et al. 1995; Davis and Etris 1997; Inoue et al. 2002), although this is not instantaneous.

To date, the development of resistance to silver does not appear to be a concern in real world applications. Silver has successfully been utilized for centuries (Davis and Etris 1997; Grier 1983) and is still effective against a wide variety of microorganisms (Hotta et al. 1998; Kim et al. 2004; Rohr et al. 2000; Yahya et al. 1992). Resistance does exist in certain microorganisms (Silver 2003); however, this usually occurs in environments with high silver concentrations such as near silver mines (Silver 2003). Silver tolerance is more likely to develop under more typical circumstances and silver usages. For example, organisms found in hospital wards and hospital water distribution systems are probably only tolerant since silver has been shown to be effective in hospital water distribution systems for several years (Blanc et al. 2005; Liu et al. 1994; Rohr et al. 1999; Stout and Yu 2003).

Further research needs to be undertaken in order for silver to be accepted as a disinfectant in certain applications by regulatory agencies. This research should provide sufficient information to corroborate real world observations about the efficacy of silver as a disinfectant and any potential problems related to its use such as the development of microbial resistance.

Summary

Silver has been used as an antimicrobial for thousands of years. Over the past several decades, it has been introduced into numerous new venues such as in the treatment of

water, in dietary supplements, in medical applications, and to produce antimicrobial coatings and products. Silver is often used as an alternative disinfectant in applications in which the use of traditional disinfectants such as chlorine may result in the formation of toxic by-products or cause corrosion of surfaces. Silver has also been demonstrated to produce a synergistic effect in combination with several other disinfectants. Many mechanisms of the antibacterial effect of silver have been described, but its antiviral and anti-protozoal mechanisms are not well understood. Both microbial tolerance and resistance to silver have been reported; however, the effect of silver has been observed against a wide variety of microorganisms over a period of years. Further research is needed to determine the antimicrobial efficacy of silver in these new applications and the effects of its long-term usage

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Table 1. Microorganisms for which silver has been shown to be effective.

| Organism | Treatment | Reference |
|--|--|---|
| <i>Hartmannella vermiformis</i> <i>Tetrahymena pyriformis</i> | 100 ppb Ag + 1000 ppb Cu or 500 ppb Ag + 5000 ppb Cu | Rohr et al. 2000 |
| <i>Naegleria fowleri</i> | 400 ppb Cu + 40 ppb Ag or 800 ppb Cu + 80 ppb Ag, and combined with 1.0 ppm free chlorine | Cassells et al. 1995 |
| Mouse malaria | Silver sulphadiazine | Davis and Etris 1997 |
| SARS-Coronavirus | Ag/Al ₂ O ₃ wafers | Han et al. 2005 |
| Coronavirus 229E (human) Feline coronavirus Feline calicivirus | Ag/Cu zeolite | Bright KR, Gerba CP, unpublished data |
| HIV-1 (AIDS) | 1.0, 5.0, 10.0 and 20.0 ppm of Ag ₄ O ₄ | Antelman 1992 |
| HIV-1103 | Silver thiosulfate complex encapsulated in silica gel microspheres | Davis and Etris 1997 |
| Poliovirus (type 1 Mahoney) | 400 ppb Cu + 40 ppb Ag or in combination with free chlorine at 0.2 and 0.3 ppm | Yahya et al. 1992 |
| Poliovirus (type 1 Mahoney) | Sanosil Super 25 (contains | Kadar et al. 1993 |

| Organism | Treatment | Reference |
|--|--|---|
| Papovavirus SV-40, A 426 Adenovirus (prototype 6) Vaccinia (Elstree strain) Herpes simplex type 1 | silver and hydrogen peroxide) at a concentration of 0.025 % and 0.1% 0.05% Sanosil Super 25 | |
| Herpes vesicular stomatitis | Silver sulphadiazine | Davis and Etris 1997 |
| Bacteriophage MS-2 | 400 ppb Cu + 40 ppb Ag or in combination with free chlorine at 0.2 and 0.3 ppm | Yahya et al. 1992; Thurman and Gerba 1989 |
| <i>Saccharomyces cerevisiae</i> | Minimum inhibitory concentration of Ag ₄ O ₄ is 1.25 ppm | Antelman 1992 |
| <i>Candida albicans</i> | Minimal inhibitory concentration of Ag ₄ O ₄ is 2.5- 5.0 ppm | Antelman 1992 |
| <i>Escherichia coli</i> <i>Pseudomonas aeruginosa</i> <i>Staphylococcus aureus</i> | AgBC (bioactive glass doped with Ag ₂ O) at concentrations 0.05 to 0.20 mg/ml | Bellantone et al. 2002 |
| <i>Escherichia coli</i> <i>Staphylococcus aureus</i> | AgNO ₃ | Feng et al. 2000 |
| <i>Escherichia coli</i> | Ceramic balls coated with Ag | Kim et al. 2004 |

| Organism | Treatment | Reference |
|---|--|--|
| | and Cu at a concentration of 0.05 ppm Ag and 0.05 ppm Cu | |
| <i>Pseudomonas aeruginosa</i> <i>Micrococcus lutena</i> <i>Staphylococcus agalactiae</i> | Minimum inhibitory concentration of Ag ₄ O ₄ is 1.25-2.5 ppm | Antelman 1992 |
| <i>Escherichia coli</i> <i>Enterobacter cloacae</i> <i>Staphylococcus pyogenes</i> | Minimum inhibitory concentration of Ag ₄ O ₄ is 2.5 ppm | Antelman 1992 |
| <i>Bacillus subtilis</i> <i>Staphylococcus aureus</i> <i>Staphylococcus faecium</i> | Minimum inhibitory concentration of Ag ₄ O ₄ is 5.0 ppm | Antelman 1992 |
| <i>Staphylococcus epidermidis</i> | Minimum inhibitory concentration of Ag ₄ O ₄ is 0.625 ppm | Antelman 1992 |
| <i>Escherichia coli</i> | Ag-Zeolite | Inoue et al. 2002 |
| <i>Pseudomonas aeruginosa</i> <i>S. aureus</i> (MRSA) <i>S. aureus</i> (non-MRSA) <i>Listeria monocytogenes</i> <i>Escherichia coli</i> | Ag/Zn zeolite | Takai et al. 2002; Cowan et al. 2003; |

| Organism | Treatment | Reference |
|---|---|--|
| <i>Staphylococcus aureus</i> <i>Pseudomonas aeruginosa</i> <i>Bacillus anthracis</i> <i>Bacillus subtilis</i> <i>Bacillus cereus</i> | | Galeano et al. 2003 |
| <i>Staphylococcus aureus</i> <i>Legionella pneumophila</i> <i>Escherichia coli O157:H7</i> <i>Campylobacter jejuni</i> <i>Salmonella typhimurium</i> <i>Listeria monocytogenes</i> | 2.5% Ag / 14% Zn (wt/wt) zeolite | Bright et al. 2002; Rusin et al. 2003; Bright KR, Gerba CP, unpublished data |
| <i>Streptococcus mutans</i> <i>Streptococcus mitis</i> <i>Streptococcus salivarius</i> <i>Streptococcus sanguis</i> | Ag-Zn Zeolite and SiO ₂ at ratio concentrations of 5/55, 10/50, 20/40, and 30/30 wt% | Hotta et al. 1998 |
| <i>S. aureus</i> (non-MRSA) <i>S. aureus</i> (MRSA) | 0.1 ml of Silvazine™ (1% silver sulphadiazine + 2% chlorhexidine digluconate) | George et al. 1997 |
| <i>Vibrio cholerae</i> | 1.0 and 2.0 ppm of Ag ₄ O ₄ ; | Antelman 1992; |

| Organism | Treatment | Reference |
|--|--------------------------------------|-------------------------|
| | low concentration of Ag ⁺ | Dibrov et al. 2002 |
| <i>Neisseria gonorrhoeae</i> <i>Treponema pallida</i> <i>Trichomonas</i> | Treated with silver sulphadiazine | Davis and Etris 1997 |
| <i>Legionella pneumophila</i> | Treated with Ag + Cu | Davis and Etris 1997 |

Table 2. Summary of mechanisms of inactivation of bacteria and viruses using silver

| Scientific Observation | Reference | Type of Microbe |
|---|---|----------------------|
| Release of silver into the system | Slawson et. al 1990; Inoue et al. 2002 | Bacteria |
| Oxidative destruction catalyzed by silver | Modak and Fox 1973; Richards 1981 | Bacteria |
| Affinity for sulfhydryl groups | Davis and Etris 1997; Feng et al. 2000 | Bacteria and Viruses |
| Targeting of Na ⁺ -translocating NADH: ubiquinone oxidoreductase (NQR) at low concentration of Ag ⁺ | Dibrov et al. 2002 | Bacteria |
| Targeting of membrane proteins | Dibrov et al. 2002 | Bacteria |
| Inhibits oxidative metabolism required by the cells | Davis and Etris 1997; Heining 1993 | Bacteria |
| Inhibits uptake of nutrients | Slawson et al. 1990 | Bacteria |
| Causes metabolite leakage | Slawson et al. 1990 | Bacteria |
| Binds to DNA | Modak and Fox 1973; Richards 1981; Thurman and Gerba 1989 | Bacteria and Viruses |
| Site-specific Fenton mechanism | Thurman and Gerba 1989; | Viruses |

| Scientific Observation | Reference | Type of Microbe |
|--|---------------------------------------|------------------------|
| | Samuni et al. 1984; Yahya et al. 1992 | |
| Immobilization of the virus to a surface | Thurman and Gerba 1989 | Viruses |
| Blocks or destroys host-cell receptors | Thurman and Gerba 1989 | Viruses |
| Inactivation of the nucleic acid within the viral capsid | Thurman and Gerba 1989 | Viruses |

Table 3. Synergism with Other Disinfectants.

| Scientific Observation | Reference |
|---|----------------------|
| Copper and silver metals are capable of inactivating poliovirus and coliphages. This effect is greatly enhanced in the presence of oxidizers. | Yahya et al. 1992 |
| Silver significantly enhances the effectiveness of UV light against MS-2 virus. | Butkus et al. 2004 |
| Synergistic effect between silver, copper and free chlorine in the inactivation of <i>Naegleria fowleri</i> . | Cassells et al. 1995 |
| Silver shown to be synergistic with chlorite, chlorate and oxidizers (peroxymonosulfate and hydrogen peroxide). | Rafter et al. 1999 |
| Silver is effective in preventing biofilm formation in water. This effect is enhanced in the presence of hydrogen peroxide. | Armon et al. 2000 |
| | Bright KR, Gerba CP, |

| Scientific Observation | Reference |
|---|---------------------------------------|
| Silver exhibits synergistic effect with potassium monoperoxysulfate against <i>Acinetobacter baumannii</i> and <i>Bacillus globigii</i> spores. | unpublished data |
| Silver and copper ions shown to have synergistic effect against <i>Salmonella typhimurium</i> and <i>Escherichia coli</i> . | Bright KR, Gerba CP, unpublished data |