

## **Making a Case for Infection Control at Public Places of Convenience in Accra, Ghana**

Authors: Donkor, Eric S, S. Anyen, Nana Esi, and Akumwena, Amos

Source: Environmental Health Insights, 14(1)

Published By: SAGE Publishing

URL: <https://doi.org/10.1177/1178630220938414>

---

BioOne Complete (complete.BioOne.org) is a full-text database of 200 subscribed and open-access titles in the biological, ecological, and environmental sciences published by nonprofit societies, associations, museums, institutions, and presses.

Your use of this PDF, the BioOne Complete website, and all posted and associated content indicates your acceptance of BioOne's Terms of Use, available at [www.bioone.org/terms-of-use](http://www.bioone.org/terms-of-use).

Usage of BioOne Complete content is strictly limited to personal, educational, and non - commercial use. Commercial inquiries or rights and permissions requests should be directed to the individual publisher as copyright holder.

---

BioOne sees sustainable scholarly publishing as an inherently collaborative enterprise connecting authors, nonprofit publishers, academic institutions, research libraries, and research funders in the common goal of maximizing access to critical research.

# Making a Case for Infection Control at Public Places of Convenience in Accra, Ghana

Eric S Donkor<sup>ID</sup>, Nana Esi S. Anyen and Amos Akumwena

Department of Medical Microbiology, University of Ghana Medical School, Accra, Ghana.

Environmental Health Insights  
Volume 14: 1–4  
© The Author(s) 2020  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/1178630220938414



**ABSTRACT:** In Ghana, environmental hygiene remains a major problem and infection control measures are hardly practised, particularly outside of the hospital. To provide evidence for infection control measures at public places of convenience in Accra (capital city of Ghana), this study was performed. The aim of the study was to evaluate microbial contamination of door handles at public places of convenience in Accra and assess the public health risk. A total of 183 swab specimens were collected aseptically from door handles of public places of convenience of shops, schools, hospitals, lorry stations, churches, and markets. The samples were cultured on bacteriological media, and the isolated organisms were identified. The most prevalent bacterial agent isolated was *Bacillus* spp. (55.7%), followed by *Staphylococcus aureus* (20.2%), coagulase-negative staphylococcus spp. (17.1%), *Citrobacter freundii* (6.0%), *Citrobacter koseri* (4.4%), and *Salmonella* Paratyphi A (3.8%). Although in low prevalence, a wide range of enteric bacteria were isolated from door handles, accounting for 12 of the 16 isolated organisms. In conclusion, door handles of places of convenience in Accra harbour several pathogenic microorganisms, especially enteric organisms. This study highlights the need for proper disinfection of door handles of places of convenience in Accra as well as handwashing after visiting such places.

**KEYWORDS:** *Staphylococcus aureus*, door handles, disinfection, public health

**RECEIVED:** April 6, 2020. **ACCEPTED:** June 2, 2020.

**TYPE:** Original Research

**FUNDING:** The author(s) received no financial support for the research, authorship, and/or publication of this article.

**DECLARATION OF CONFLICTING INTERESTS:** The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**CORRESPONDING AUTHOR:** Eric S Donkor, Department of Medical Microbiology, University of Ghana Medical School, Red Building Room 81, Korle Bu, P. O. Box 4236, Accra, Ghana. Email: esampane-donkor@ug.edu.gh; ericsdon@hotmail.com

## Introduction

Fomites are a major source of spread of infectious pathogens. This is partly because environmental surfaces of fomites act as a reservoir for a wide range of microbes some of which are pathogenic.<sup>1,2</sup> Some common pathogenic microbes occurring on fomites include *Staphylococcus aureus*, *Clostridium difficile*, and *Pseudomonas aeruginosa*.<sup>2–4</sup> The public health risk of microbial contamination of fomites is evident from the numerous fomite-associated outbreaks that have occurred in several countries.<sup>5</sup> Door handles are perhaps the most susceptible fomites to microbial contamination. This is because doors have large traffic users, who transfer their own microbial flora and other organisms they have picked elsewhere onto door handles. In Ghana, environmental hygiene remains a major problem and infection control measures are hardly practised, particularly outside of the hospital. So far, very little is known about the role fomites such as door handles play in the transmission of microbial pathogens at public places of convenience in Ghana. To provide evidence for infection control measures at such places, this study was performed. The aim of the study was to evaluate the microbial contamination of door handles at public places of convenience in Accra, Ghana, and assess the public health risk.

## Methods

### *Study site and specimen collection*

The study was performed in Accra, the capital city of Ghana from May to July 2017. The population of Ghana is about 30 million with 2.5 million living in Accra.<sup>6</sup> Bacterial diseases rank among the leading causes of morbidity in Accra and epidemics

of cholera are common reflecting the poor sanitation of the city.<sup>7,8</sup> This was a cross sectional study involving door handles of public places of convenience of 20 sites in Accra. These study sites were selected to represent the various types of public places including shops, schools, hospitals, lorry stations, churches and markets, and also to adequately cover Accra geographically.

A total of 183 swab specimens were collected aseptically from door handles of the public places of convenience that were sampled, and the distribution is shown in Table 1. Briefly, sterile cotton swabs were moistened in peptone water and the cotton part of the swab stick was then rotated firmly over the surface of the door handle. The cotton swab was immediately placed in a labelled bijou bottle containing sterile peptone water, shaken slightly and capped. The swab specimens were subsequently transported to the laboratory for analysis at the Department of Medical Microbiology, University of Ghana Medical School in Accra.

### *Laboratory analysis*

The bottles containing the swab specimens were incubated overnight, and the solutions were mixed thoroughly using a vortex. The mixture was streaked onto blood and MacConkey agar plates aseptically under a Bunsen burner and incubated at 37°C for 18 to 24 hours. Bacterial colonies were identified based on colonial morphology, Gram staining, and a battery of biochemical reactions, such as the triple sugar iron test, catalase test, urease test, indole test, and citrate utilization test.<sup>9,10</sup> Negative controls including a sterile broth and a sterile swab were cultured to ensure no contamination occurred.



Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (<https://creativecommons.org/licenses/by-nc/4.0/>) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).  
Downloaded From: <https://bioone.org/journals/Environmental-Health-Insights> on 18 Apr 2024  
Terms of Use: <https://bioone.org/terms-of-use>

**Table 1.** Sampling of door handles of study sites.

STUDY SITE TYPE	NO. OF SITES SAMPLED	NO. OF DOOR HANDLES SAMPLED
Shopping centre	4	53
School	2	21
Hospital	2	6
Lorry station	2	10
Religious centre	3	33
Open market	2	14
Hostel	3	40
Restaurant	2	6

Abbreviation: No., number.

### Data analysis

The data collected in the study were entered into MS Excel and analysed using STATA 12.0. Descriptive analysis was conducted on the various bacterial agents isolated from the door handles, including their frequencies and prevalence. Subsequently, the chi-square test was used to compare bacterial contamination of door handles at the various sites using a significance level of  $P < .05$ .

### Ethical approval

Approval for the conduction of this study was given by the Ethical and Protocol Review Committee of the School of Biomedical and Allied Health Sciences, College of Health Sciences, University of Ghana. Consent for collection of samples was also sought from the appropriate authorities at the various sampling sites.

## Results and Discussion

Of the 183 swab samples collected from door handles, 181 (98.9%) were culture positive and 16 different bacterial agents were isolated (Table 2); the 2 culture-negative samples were from the hospital. The most prevalent bacterial agent isolated was *Bacillus* spp. (46.8%), followed by *Staphylococcus aureus* (17%), coagulase-negative staphylococcus spp. (6%), *Citrobacter freundii* (5.1%), *Citrobacter koseri* (3.7%), and *Salmonella* Paratyphi A (3.2%). These organisms accounted for 82% of microbial contamination of the door handles. The distribution of organisms isolated from the different types of study sites is reported in Table 3. Although there was no significant difference among the various sites for any particular bacterial agent, the variety of bacteria isolated varied significantly. *Bacillus* spp. was the only organism that was isolated from all the 8 study site types. Shopping centres as well as religious centres harboured the most variety of organisms; 12 of the 16 organisms were isolated from each of the 2 sites. On the other hand, restaurants

**Table 2.** Bacteria isolated from door handles of places of convenience.

BACTERIA	N	%
<i>Bacillus</i> spp.	102	55.7
<i>Staphylococcus aureus</i>	37	20.2
<i>Citrobacter</i> spp.	15	8.2
Coagulase-negative staphylococcus species	13	7.1
<i>Citrobacter freundii</i>	11	6.0
<i>Citrobacter koseri</i>	8	4.4
<i>Salmonella</i> Paratyphi A	7	3.8
<i>Escherichia coli</i>	5	2.7
<i>Klebsiella</i> spp.	5	2.7
<i>Shigella sonnei</i>	3	1.6
<i>Enterobacter</i> spp.	3	1.6
<i>Salmonella</i> spp.	3	1.6
<i>Pseudomonas aeruginosa</i>	2	1.1
<i>Proteus mirabilis</i>	2	1.1
<i>Micrococcus</i> spp.	1	0.5
<i>Salmonella</i> Typhi	1	0.5

Abbreviations: N, number; spp., species.

harboured the least variety of organisms; 4 of the 16 organisms were isolated at this site.

The microbial flora of door handles in this study somewhat concurs with that of 5 other studies that were performed in different parts of the world.<sup>11-16</sup> *Bacillus* spp., the predominant organism in the current study was the second most common in a study in Bangladesh.<sup>14</sup> *Staphylococcus aureus*, which was the second most common organism in the current study, was the most predominant in 5 studies performed in Nigeria, Malawi, Saudi Arabia, and Lebanon. Like a study in Saudi Arabia,<sup>16</sup> coagulase-negative staphylococci were commonly isolated from door handles. Although in low prevalence, a wide range of enteric bacteria were isolated from door handles in our study, which concurs with the previous studies.<sup>11-16</sup> The overall prevalence of all enteric bacteria in this study was calculated to be 36%; *Citrobacter* spp. was the most common organism isolated, followed by *Salmonella* spp.

The types of bacteria isolated from the door handles reflect the sources and nature of contamination of the door handles. The occurrence of several different enteric organisms in this study suggests that faecal contamination played an important role in microbial contamination of the door handles.<sup>17,18</sup> In the context of this study, it is likely that people who used toilets for defecation did not wash their hands at all or did not wash properly and transferred enteric bacteria to the door handles.

**Table 3.** Distribution of bacteria isolated from door handles based on sampling sites.

BACTERIAL AGENT*	SAMPLING SITE							
	RESTAURANT	HOSPITAL	SCHOOL	HOSTEL	OPEN MARKET	LORRY STATION	SHOPPING CENTRE	RELIGIOUS CENTRE
<i>Bacillus</i> spp.	+	+	+	+	+	+	+	+
<i>Staphylococcus aureus</i>	+	+	+	+	–	–	+	+
<i>Citrobacter</i> spp.	+	–	+	–	+	–	+	+
Coagulase-negative staphylococcus species	–	+	+	+	+	–	+	+
<i>Citrobacter freundii</i>	–	+	+	–	+	+	+	+
<i>Citrobacter koseri</i>	+	–	–	–	+	–	+	+
<i>Salmonella</i> Paratyphi A	+	–	+	+	–	+	+	+
<i>Escherichia coli</i>	–	–	–	+	+	–	–	+
<i>Klebsiella</i> spp.	–	+	+	+	–	–	+	+
<i>Shigella sonnei</i>	–	–	–	+	–	–	+	–
<i>Enterobacter</i> spp.	–	+	–	+	–	–	–	+
<i>Salmonella</i> spp.	–	–	+	–	–	–	+	–
<i>Pseudomonas aeruginosa</i>	–	–	–	–	–	–	+	+
<i>Proteus mirabilis</i>	–	–	–	–	–	+	+	–
<i>Micrococcus</i> spp.	–	–	–	–	–	–	–	–
<i>Salmonella</i> Typhi	–	–	–	–	–	–	–	+

Abbreviation: spp., species.

'+' indicates presence of the bacterial agent.

'–' indicates absence of the bacterial agent.

\*Chi-square analysis did not show significant differences among the various sampling sites for any particular bacterial agent, but the variety of bacterial agents isolated varied significantly at  $P = .03$ .

Majority of *Bacillus* spp. are environmental organisms, and their predominance on door handles in this study indicates the environment played a major role in microbial contamination of the door handles.<sup>19,20</sup> Notably *Staphylococcus aureus* and coagulase-negative staphylococcus spp. are normal flora of the anterior nares and skin, and their occurrence on door handles could be traced to these sources.<sup>21–24</sup> It is common practice for people to pick their noses and carry staphylococci on their fingers, and thereby contaminate door handles.

Several pathogenic bacteria were isolated in this study, and it is important to discuss their clinical and public health significance. *Staphylococcus aureus* causes several invasive infections, including meningitis, septicaemia, urinary tract infection, and pneumonia.<sup>23</sup> It is also implicated in toxin-related infections including food poisoning, scalded skin syndrome, and toxic shock syndrome.<sup>23</sup> *Staphylococcus aureus* is mainly transmitted by direct contact, and therefore, fomites could play an important role in its transmission. In Ghana, there have been several

outbreaks of *Staphylococcus aureus* in the last few years, placing this organism high on the agenda of public health issues.<sup>24</sup> *Salmonella* Typhi, *Salmonella* Paratyphi, and *Shigella sonnei* are transmitted oro-faecally, and therefore, their occurrence on door handles in this study poses little public health risk unless connected with food. Transfer of these organisms and other food-borne pathogens from door handles and other fomites to food is highly probable in Accra, given the informal food vending system characterized by poor hygienic practices of the vendors. *Salmonella* Typhi and *Salmonella* Paratyphi cause typhoid fever, while *Shigella sonnei* causes shigellosis (bacillary dysentery), both of which are endemic in some parts of Ghana. A leading cause of premature death in Ghana is from gastrointestinal illnesses, and therefore, reducing the spread of these enteric pathogens on common surfaces has the potential to save lives. Occurrence of *Staphylococcus aureus* and *Citrobacter freundii* on door handles in hospitals in this study is of concern, given the association of these organisms with hospital-acquired or nosocomial infections.<sup>3</sup>

Both organisms are known to cause a variety of hospital-acquired infections of the respiratory tract, urinary tract, and the blood. A systematic review showed that several nosocomial pathogens, such as *Staphylococcus aureus* and *Clostridium difficile*, can survive for several months on fomites,<sup>3</sup> a feature that is partly due to biofilm formation.<sup>25</sup> Thus, strict disinfection control policies are needed in hospitals to prevent hospital-acquired infections. In this study, the practice of disinfection may explain the 2 culture-negative samples from the hospital.

There are a few limitations of the study. First, we may have missed some organisms on the door handles which are not culturable or do not grow under the conditions or on the media that were used in the study. Second, this study does not provide any information on viruses, which would be an area worth studying by the research community.

## Conclusions

In conclusion, door handles of places of convenience in Accra harbour several pathogenic microorganisms, which originate from three main sources, including the environment, faecal contamination, and human fingers. This study highlights the need for proper disinfection of door handles of places of convenience in Accra as well as handwashing after visiting such places. It is recommended that disinfection of door handles is emphasized in the duties of cleaners and custodial staff. Also in the future, new building doors should be designed to open automatically in high throughput areas.

## Author Contributions

ESD conceived and designed the study; NESA and AA collected and analysed the study samples; ESD and NESA undertook data analyses. ESD drafted the manuscript. All authors revised and approved the manuscript.

## ORCID iD

Eric S Donkor  <https://orcid.org/0000-0002-9368-0636>

## REFERENCES

1. Otter JA, Yezli S, Salkeld JAG, French GL. Evidence that contaminated surfaces contribute to the transmission of hospital pathogens and an overview of strategies to address contaminated surfaces in hospital settings. *Am J Infect Control*. 2013;41:6-11.
2. Lopez GU. Transfer of microorganisms from fomites to hands and risk assessment of contaminated and disinfected surfaces [PhD thesis]. Tucson, AZ: The University of Arizona; 2013.
3. Kramer A, Schwebke I, Kampf G. How long do nosocomial pathogens persist on inanimate surfaces? a systematic review. *BMC Infect Dis*. 2006;6:130.
4. Weber DJ, Rutala WA, Miller MB, Huslage K, Sickbert-Bennett E. Role of hospital surfaces in the transmission of emerging health care-associated pathogens: norovirus, *Clostridium difficile*, and *Acinetobacter* species. *Am J Infect Control*. 2010;38:S25-S33.
5. Jones EL, Kramer A, Gaither M, Gerba CP. Role of fomite contamination during an outbreak of norovirus on houseboats. *Int J Environ Health Res*. 2007;17:123-131.
6. Ghana Statistical Service. <http://www.stasghana.gov.gh>.
7. Labi A-K, Obeng-Nkrumah N, Addison NO, Donkor ES. *Salmonella* blood stream infections in a tertiary care setting in Ghana. *BMC Infect Dis*. 2014;14:3857.
8. Ohene SA, Klenyuie W, Sarphe M. Assessment of the response to cholera outbreaks in two districts in Ghana. *Infect Dis Poverty*. 2016;5:99.
9. Ryan KJ, Ray CG, eds. *Sherrie Medical Microbiology*. 4th ed. New York: McGraw Hill; 2004.
10. Baron JE, Peterson LR, Finegold SM. *Bailey and Scott Diagnostic Microbiology*. 9th ed. Maryland Heights, MO: C V Mosby Co; 1994.
11. Alonge OO, Auwal BM, Aboh MI. Bacterial contamination of toilet door handles on Baze University campus Abuja Nigeria. *Af J Clin Exper Microbiol*. 2018;20:35.
12. Nworie A, Ayeni JA, Eze UA, Azi SO. Bacterial contamination of door handles/knobs in selected public conveniences in Abuja metropolis, Nigeria: a public health threat. *Cont J Med Res*. 2012;6:7-11.
13. Ngonda F. Assessment of bacterial contamination of toilets and bathroom doors handle/knobs at Daeyang Luke hospital. *Pharm Biol Eval*. 2017;4:193-197.
14. Shawly S. Prevalence, antibiotic susceptibility and plasmid profile of bacteria isolated from door handles of washrooms of a hospital in Dhaka [BSc thesis]. Dhaka, Bangladesh: BRAC University; 2013.
15. Fakhoury S, Nawas T. Contamination of the internal handles/knobs of public restroom doors with potentially pathogenic bacteria. *Int J Curr Microbiol App Sci*. 2018;7:3434-3440.
16. Ahmed OB, Sirag B. Microbial contamination of door knobs in public toilets during Hajj. *Asian J Sci Tech*. 2016;7:3676-3679.
17. Harwood VJ, Staley C, Badgley BD, Borges K, Korajkic A. Microbial source tracking markers for detection of fecal contamination in environmental waters: relationships between pathogens and human health outcomes. *FEMS Microbiol Rev*. 2014;38:1-40.
18. Boehm AB. Occurrence of host-associated fecal markers on child hands, household soil, and drinking water in rural Bangladeshi households. *Environ Sci Technol Lett*. 2016;3:393-398.
19. Drobniowski FA. *Bacillus cereus* and related species. *Clin Microbiol Rev*. 1993;6:324-338.
20. Boix-Palop L, Nicolás C, Xercavins M, et al. *Bacillus* species pseudo-outbreak: construction works and collateral damage. *J Hosp Infect*. 2017;95:118-122.
21. Becker K, Heilmann C, Peters G. Coagulase-negative staphylococci. *Clin Microbiol Rev*. 2014;27:870-926.
22. Solliid JUE, Furberg AS, Hanssen AM, Johannessen M. *Staphylococcus aureus*: determinants of human carriage. *Infect Genet Evol*. 2014;21:531-541.
23. Tong SY, Davis JS, Eichenberger E, Holland TL, Fowler VG Jr. *Staphylococcus aureus* infections: epidemiology, pathophysiology, clinical manifestations, and management. *Clin Microbiol Rev*. 2015;28:603-661.
24. Donkor ES, Dayie NKTD, Tete EM. Methicillin resistant *Staphylococcus aureus* in Ghana: past, present and future. *Microbial Drug Resistance*. 2019;25:717-724.
25. Hammond EN, Donkor ES, Brown CA. Biofilm formation of *Clostridium difficile* and susceptibility to Manuka honey. *BMC Complement Altern Med*. 2014;14:329.