

The Immunomodulatory, Antimicrobial and Bactericidal Efficacy of Commonly Used Commercial Household Disinfectants, Sterilizers and Antiseptics *in Vitro*: Laboratory Assessment of Anti-Inflammatory Infection Control Mechanisms and Comparative Biochemical Analysis of the Microbial Growth of Gram-Negative Bacteria

Niveen M. Masri, Lama B. Hanbali, John J. Haddad*

Cellular and Molecular Physiology and Immunology Signaling Research Group, Biomedical Laboratory and Clinical Sciences Division, Department of Medical Laboratory Sciences, Faculty of Health Sciences, Beirut Arab University, Beirut, Lebanon

*Corresponding author: john.haddad@yahoo.co.uk

Received January 01, 2015; Revised January 21, 2015; Accepted January 29, 2015

Abstract Background: Immunomodulatory/anti-inflammatory and microbial infection control strategies characterize the spiral evolution of public awareness of health safety issues. This is substantiated with burgeoning number of cases of microbial contamination and/or infection in myriad healthcare settings, at the hospital, and even at home. Previously, we have investigated and identified laboratory parameters in the assessment of the antimicrobial effects of a myriad of commercial disinfectants on the growth of pathogenic and saprophytic gram-positive bacteria. The present sequel study investigates the antimicrobial/bactericidal effects of commercially available disinfectants, sterilizers, antiseptics, and chlorhexidine-containing detergents on the growth of saprophytic and pathogenic gram-negative bacteria *in vitro*. It is an unprecedented wide canopy enveloping standardized comparative assessments of the antimicrobial efficiency of consumer-targeted household detergents, curbing and containing microbial infection, inflammation and contamination propensity. **Methods:** Given the medical significance and impact of public infection control, we have meticulously examined at least 22 different detergents categorized into four classes (each category comprises a variety of commercially available products commonly used by the public): i) Class A – *Daily Mouthwash*; ii) Class B – *Toilet Bowl Cleaners/Bleaches/Sanitizers*; iii) Class C – *Surface and Floor Mopping Cleaners/Detergents*; and iv) Class D – *Hand and Body Wash Gels*. Whilst the canonical menu of active ingredients varies among those aforementioned classes, antimicrobial components are well established. **Results:** Regarding Class A, the most effective against *Citrobacter koseri* is ‘Colgate Plax Mouthwash’; *Enterobacter cloacae* is ‘Colgate Plax Mouthwash’; *Escherichia coli* is ‘Colgate Plax Mouthwash’; *Escherichia coli* ESBL is ‘Colgate Plax Mouthwash’; *Klebsiella pneumoniae* is ‘Colgate Plax Mouthwash’; *Proteus vulgaris* is ‘Colgate Plax Mouthwash’; *Pseudomonas aeruginosa* is ‘Perio.Kin Chlorhexidina 0.20 %’; *Salmonella typhimurium* is ‘Colgate Plax Mouthwash’; and *Shigella sonnei* is ‘Colgate Plax Mouthwash’. Regarding Class B, the most effective against *C. koseri* is ‘Harpic Power Plus Disinfectant’; *E. cloacae* is ‘WC Net Bleach Gel’; *E. coli* is ‘WC Net Bleach Gel’; *E. coli* ESBL is ‘WC Net Bleach Gel’; *K. pneumoniae* are ‘WC Net Bleach Gel’ and ‘Harpic Power Plus Disinfectant’; *P. vulgaris* is ‘Spartan Max WC Lavender’; *P. aeruginosa* is ‘WC Net Bleach Gel’; *S. typhimurium* is ‘Clorox Bleach Rain Clean’; and *S. sonnei* is ‘Harpic Power Plus Disinfectant’. Regarding Class C, the most effective against *C. koseri* is ‘Dettol Antiseptic/Disinfectant’; *E. cloacae* is ‘Dettol Antiseptic/Disinfectant’; *E. coli* is ‘Vim Cream Multipurpose Fast Rinsing’; *E. coli* ESBL is ‘Dettol Antiseptic/Disinfectant’; *K. pneumoniae* is ‘Dettol Antiseptic/Disinfectant’; *P. vulgaris* is ‘Dettol Antiseptic/Disinfectant’; *P. aeruginosa* is ‘Dettol Antiseptic/Disinfectant’; *S. typhimurium* is ‘Dettol Antiseptic/Disinfectant’; and *S. sonnei* is ‘Dettol Antiseptic/Disinfectant’. Regarding Class D, the most effective against *C. koseri*, *E. cloacae*, *E. coli*, *E. coli* ESBL, *K. pneumoniae*, *P. vulgaris*, *P. aeruginosa*, *S. typhimurium*, and *S. sonnei* is unprecedentedly the ‘HiGee Hand and Body Wash Gel’. **Conclusions:** These laboratory results emphatically confirm and verify immunomodulatory infection control variations in the antimicrobial/anti-inflammatory effectiveness of household antiseptics and disinfectants that are purportedly identified in ameliorating the growth of saprophytic and pathogenic gram-negative bacteria in culture.

Keywords: antimicrobial, anti-inflammation, antiseptics, bactericidal, biomedical laboratory, bleaches, ceftazidime, contamination, disinfectants, disk diffusion, gram-negative bacteria, household detergents, immunomodulation, infection control, sterilizers

Cite This Article: Niveen M. Masri, Lama B. Hanbali, and John J. Haddad, "The Immunomodulatory, Antimicrobial and Bactericidal Efficacy of Commonly Used Commercial Household Disinfectants, Sterilizers and Antiseptics *in Vitro*: Laboratory Assessment of Anti-Inflammatory Infection Control Mechanisms and Comparative Biochemical Analysis of the Microbial Growth of Gram-Negative Bacteria." *American Journal of Medical and Biological Research*, vol. 3, no. 1 (2015): 1-32. doi: 10.12691/ajmbr-3-1-1.

1. Introduction

The behavioral obsession with infection control using commercially available disinfectants has inundated our way of living since the very dawn of modern society, as we know it [1,2]. Retrospectively, there has been a persistent accumulation of interest in the underlying causes of many house- and hospital-borne microbial-associated illnesses and disorders [3,4,5]. Subsequently, the market shelves have been spirally flooded with antimicrobial household products that have been incessantly introduced to have the ostensible ability of curbing bacterial infections and contaminations; that is certainly recognized an attempt to evaluate and measure the pervasiveness and effectiveness of the processes involved with infection control in public healthcare settings, points of care, households, and clinics [6-8]. According to the World Health Organization (WHO), Environmental Protection Agency (EPA), and Centers for Disease Control and Prevention (CDC), "antimicrobial" products are substances, or compounds, or herein mixtures of substances, that are "used to destroy or suppress the growth of harmful microorganisms on household surfaces [inanimate or otherwise]."

Previously, we have examined the immunomodulatory/antimicrobial effects of a myriad of household detergents and disinfectants on the growth of saprophytic and pathogenic gram-positive bacteria [1]. Many attempts have been undertaken to quantitate the antimicrobial activities of household detergents. To the best that the authors know of, none of the aforementioned investigations has offered a wide canopy of analytical measurements on the spectrum of saprophytic and pathogenic microorganisms, whilst covering the major household products of myriad brands available on the market to the extent of assessing many gram-positive and gram-negative bacteria, including: *Bacillus subtilis*, *Citrobacter koseri*, *Enterobacter cloacae*, *Enterococcus faecalis*, *Escherichia coli*, *E. coli* ESBL, *Klebsiella pneumoniae*, *Proteus vulgaris*, *Pseudomonas aeruginosa*, *Salmonella typhimurium*, *Shigella sonnei*, *Staphylococcus aureus*, *Streptococcus pyogenes* (Group A *Streptococcus*), and *Streptococcus agalactiae* (Group B *Streptococcus*), in addition to the highly pathogenic fungus, *Candida albicans* [1].

Considering the influence that the concept of infection control bears in our society today, this study is a pioneering attempt in determining the antimicrobial effect of virtually most of the commercially available disinfectants and antiseptics available in the market [9-15]. The study is meticulously designed to reflect upon not only the accuracy and validity of information inundating

consumers, but also the futuristic endeavors in terms of addressing public health concerns and adopting hygienic approaches to containing pathogenic microorganisms of medical importance in various household setups [1,2]. Safety of all house members, especially children, remains a concern in modern societies with burgeoning pollution and microbial contaminations. The work therein reported is meant to address those safety issues pertaining to hygiene and welfare of humans in the very safety of their homes, and presents to the eager and perhaps unknowing consumers calculated, precise and definitive scientifically based choices for safe and healthy disinfectant selections, substantiated and corroborated with verified and validated laboratory analytical assessment [16-24].

2. Materials and Methods

2.1. Analytical Chemicals and Reagents

Unless otherwise indicated, chemicals of the highest analytical purity and grade were purchased from Sigma-Aldrich Corporation, according to standards provided by the American Chemical Society (ACS) [1].

2.2. Preparatory Methods and Design

2.2.1. Bacterial Strains

All bacterial strains studied in this report were gram-negative and included: Gram-negative rods (bacilli) – *Citrobacter koseri* (*C. koseri* – facultative anaerobe); *Enterobacter cloacae* (*E. cloacae* – facultative anaerobe); *Escherichia coli* (*E. coli* – facultative anaerobe); *Escherichia coli* ESBL (*E. coli* ESBL – facultative anaerobe); *Klebsiella pneumoniae* (*K. pneumoniae* – facultative anaerobe); *Proteus vulgaris* (*P. vulgaris* – facultative anaerobe); *Salmonella typhimurium* (*S. typhimurium* – facultative anaerobe); and *Shigella sonnei* (*S. sonnei* – facultative anaerobe); and Gram-negative coccobacilli – *Pseudomonas aeruginosa* (*P. aeruginosa* – aerobic). All clinical bacterial specimens that were properly collected and stored were gratis of the Clinical Laboratory Medicine departments at Hammoud Hospital University Medical Center (HH-UMC; Saida, Lebanon), and Al-Makassed General Hospital University Medical Center (MGH-UMC; Beirut, Lebanon) [1].

2.2.2. Disk Diffusion Method

Prior to experimental use, all bacterial strains were cultured, grown and maintained on nutrient agar medium, as previously described [1]. The widely used Muller-Hinton plates were seeded with bacterial inoculums (5×10^8 CFU/ml) [1,2,3,4,5]. Sterile filter paper disks (Whatman n°1, 5 mm in diameter) were totally dipped in product

undiluted or with serial dilutions (2, 4, 8, 16, and 32 fold), using ice-cold, pre-equilibrated phosphate buffered saline (PBS) buffer. Petri dishes were pre-seeded with 0.5 ml of inoculums and product disks were then placed on the seeded agar plates. All types of commercial products were tested in triplicate. The plates were then kept at 4°C for 1 h for diffusion of product, thereafter incubated at 37°C for 24 h. prior to collecting experimental observations [6-12].

2.3. Statistical Analysis and Data Handling

Statistical analysis of the results was completed using Microsoft Office Excel 2013, as previously indicated [1]. Experimental results were expressed as mean ± SEM of at least three independent experiments. Statistical analysis was performed by one-way analysis of variance (ANOVA), followed by *post hoc* Tukey's test to determine significance of mean separation among treatments. Longitudinal optimal differentiation between data sets was also determined and confirmed by Student's *t*-test. The *a priori* level of significance at 95% confidence was considered valid at $P \leq 0.05$. Further statistical significance is also verified at $P \leq 0.01$ and $P \leq 0.001$, at 99% and 99.9% levels of confidence. Significant variations were indicated with single (*), double (**), or

triplet (***) stars for $P \leq 0.05$, $P \leq 0.01$, and $P \leq 0.001$, respectively.

3. Results

All experimental results therein reported are typical observations of at least three (3) different experiments. The various classes used (A, B, C, and D) are grouped according to intended usage as a household modality, and hence variations within any given class are clearly indicated [1].

3.1. The Zones of Inhibition of Gram-Negative Bacterium *Citrobacter koseri*

3.1.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Citrobacter koseri* is given in Table 1 – Table 5. It is noted that 'Colgate Plax Mouthwash' is most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 1. The inhibition zone diameter methodological analysis of the effect of daily mouthwash (class A) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class A – Daily Mouthwash[§]									
Sensodyne Pronamel Mouthwash (Disinfectant)									
Active ingredients – Sodium fluoride (0.05%).									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	–	–	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	–	–	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	2.67 ± 1.54	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	13.00 ± 0.33	7.67 ± 2.21	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
 * NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 2. The inhibition zone diameter methodological analysis of the effect of daily mouthwash (class A) on the growth of gram-negative bacteria.

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class A – Daily Mouthwash[§]									
Oral-B Pro-Expert Mouthwash (Disinfectant)									
Active ingredients – Alcohol, Propyl paraben, and Poloxamer 407.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	–	–	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	–	–	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
 * NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 3. The inhibition zone diameter methodological analysis of the effect of daily mouthwash (class A) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class A – Daily Mouthwash [§]									
Colgate Plax Mouthwash (Disinfectant)									
Active ingredients – Cetylpyridinium chloride (0.05%, w/w), and Ethanol (7.3%).									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	19.00 ± 0.33	17.00 ± 0.32	10.67 ± 1.01	2.33 ± 1.34	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	29.33 ± 3.56	20.67 ± 1.07	17.33 ± 1.68	8.00 ± 2.40	6.33 ± 1.84	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	29.33 ± 0.51	25.00 ± 0.33	21.33 ± 0.51	15.33 ± 0.51	6.67 ± 1.95	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	21.67 ± 0.19	18.33 ± 0.51	10.67 ± 0.52	9.00 ± 0.15	8.00 ± 0.12	2.32 ± 1.35	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	27.67 ± 0.19	21.33 ± 0.19	17.33 ± 0.69	13.67 ± 1.01	8.67 ± 0.19	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	25.33 ± 2.36	14.00 ± 1.20	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	31.00 ± 0.58	23.67 ± 2.17	17.33 ± 2.50	13.67 ± 1.07	5.00 ± 2.87	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	23.33 ± 0.51	19.67 ± 0.19	15.33 ± 0.51	9.68 ± 0.38	6.00 ± 1.73	5.33 ± 1.54	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 4. The inhibition zone diameter methodological analysis of the effect of daily mouthwash (class A) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class A – Daily Mouthwash [§]									
Fresh Burst Listerine Mouthwash (Disinfectant)									
Active ingredients – Thymol (0.064%), Eucalyptol (0.092%), Methyl salicylate (0.092%), and Menthol (0.042%).									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	–	–	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	5.33 ± 1.57	–	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

3.1.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Citrobacter koseri* is given in Table 6 – Table 14. It is noted that ‘Harpic Power Plus Disinfectant’ is most effective in category Class B. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.1.3. The Zones Of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Citrobacter koseri* is given in Table 15 – Table 19. It is noted that ‘Dettol Antiseptic/Disinfectant’ is most effective in category Class C. The inhibitory effect of the

commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.1.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Citrobacter koseri* is given in Table 20 – Table 22. It is noted that ‘HiGeen Hand and Body Wash Gel’ is most effective in category Class D. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.2. The Zones of Inhibition of Gram-Negative Bacterium *Enterobacter cloacae*

3.2.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Enterobacter cloacae* is given in Table 1 – Table 5. It is noted that ‘Colgate Plax Mouthwash’

is most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 5. The inhibition zone diameter methodological analysis of the effect of daily mouthwash (class A) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class A – Daily Mouthwash [§]									
Perio.Kin Chlorhexidina 0.20% (Disinfectant)									
Active ingredients – Chlorhexidine (0.20%).									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	8.65 ± 0.19	–	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	11.67 ± 0.52	12.33 ± 0.96	6.00 ± 1.73	2.33 ± 1.34	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	12.00 ± 0.33	10.33 ± 0.19	9.00 ± 0.12	9.00 ± 0.15	2.67 ± 1.53	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	8.32 ± 0.19	2.33 ± 1.34	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	8.00 ± 0.57	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	12.00 ± 0.08	10.33 ± 0.19	6.67 ± 1.92	5.33 ± 1.54	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

3.2.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Enterobacter cloacae* is given in Table 6 – Table 14. It is noted that ‘WC Net Bleach Gel’ is most effective in

category Class B. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 6. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers [§]									
WC Net Bleach Gel									
Active ingredients – Aqua, Sodium hypochlorite, Alkyl dimethylamine oxide, Sodium hydroxide, and Sodium laurate.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	18.00 ± 0.57	11.00 ± 0.33	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	15.67 ± 0.19	9.66 ± 0.33	4.67 ± 1.34	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	19.31 ± 0.19	13.00 ± 0.58	10.33 ± 0.19	9.00 ± 0.15	7.67 ± 0.19	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	17.00 ± 0.32	13.00 ± 0.33	9.00 ± 0.57	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	22.31 ± 2.50	15.32 ± 1.38	9.33 ± 0.19	9.00 ± 0.33	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	8.67 ± 2.83	9.33 ± 0.19	4.66 ± 1.35	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	12.00 ± 0.33	10.32 ± 0.18	8.67 ± 0.19	3.00 ± 1.73	3.00 ± 1.72	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 7. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers[§] Mr. Muscle Toilet Cleaner Duck									
Active ingredients – Aqua, Tetrasodium EDTA, Butoxydiglycol, C9-11 parath-6, Benzalkonium chloride, Sodium hydroxide, Parfum, Trisodium NTA, 3-(Trimethoxysilyl)-propyldimethyloctadecyl ammonium chloride, Benzyl salicylate, Alcohol, (3-Chloropropyl) trimethoxysilane, Methyl alcohol, Linalool, Lactic acid (2.02 g/100 g), Limonene, and Dimethyl stearamine.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00± 0.18
<i>Enterobacter cloacae</i>	NI	NI	–	–	–	–	–	–	19.00± 0.15
<i>Escherichia coli</i>	NI	NI	–	–	–	–	–	–	15.00± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	2.67± 1.53	–	–	–	–	–	25.00± 0.25
<i>Proteus vulgaris</i>	NI	NI	2.67± 1.53	–	–	–	–	–	25.00± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 8. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers[§] Germicidal Bowl Cleanse Spartan Flash									
Active ingredients – Quaternary ammonium chloride, Hydrogen chloride, Non-ionic surfactant, and Corrosion inhibitor.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	12.00 ± 0.67	4.33 ± 1.26	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	11.67 ± 0.18	9.65 ± 0.19	5.66 ± 1.64	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	10.00 ± 0.33	–	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	6.00 ± 1.73	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	11.67 ± 0.18	9.00 ± 0.33	8.33 ± 0.19	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	14.33 ± 1.34	12.00 ± 1.45	7.67 ± 0.19	5.67 ± 1.71	2.67 ± 1.54	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	10.67 ± 0.19	5.66 ± 1.71	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	9.67 ± 0.19	2.65 ± 1.51	2.67 ± 1.54	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

3.2.3. The Zones of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Enterobacter cloacae* is given in Table 15 – Table 19. It is noted that ‘Dettol Antiseptic/Disinfectant’ is most effective in category Class C. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.2.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Enterobacter cloacae* is

given in Table 20 – Table 22. It is noted that ‘HiGeen Hand and Body Wash Gel’ is most effective in category Class D. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.3. The Zones of Inhibition of Gram-Negative Bacterium *Escherichia coli*

3.3.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Escherichia coli* is given in Table 1 – Table 5. It is noted that ‘Colgate Plax Mouthwash’ is

most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 9. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers [§]									
Carrefour Nettoyant Disinfectant									
Active ingredients – Hypochlorite, Non-ionic surfactant (< 5%), and Chlorine benzalkonium.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	9.00 ± 0.33	5.33 ± 1.57	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	12.32 ± 0.83	6.00 ± 1.76	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	9.00 ± 0.57	5.00 ± 1.45	2.33 ± 1.34	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	2.33 ± 1.32	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	11.67 ± 0.38	9.67 ± 0.37	5.33 ± 1.53	4.67 ± 1.34	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	2.67 ± 1.53	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	3.00 ± 1.73	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	9.33 ± 0.19	–	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 10. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers [§]									
La Croix Sans Javel (Antibacterial)									
Active ingredients – Anionic surfactants (< 5%), Non-ionic surfactants (< 5%), Hypochlorite, Lactic acid (1.5%), Linalool, Citronellol, Coumarin, and Butylphenyl Methylpropional.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	–	–	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	–	–	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

3.3.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Escherichia coli* is given in Table 6 – Table 14. It is noted that ‘WC Net Bleach Gel’ is most effective in category Class B. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.3.3. The Zones of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Escherichia coli* is given in Table 15 – Table 19. It is noted that ‘Vim Cream Multipurpose Fast Rinsing’ is most effective in category Class C. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.3.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Escherichia coli* is given in Table 20 – Table 22. It is noted that ‘HiGeen Hand and

Body Wash Gel' is most effective in category Class D. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.4. The Zones of Inhibition of Gram-Negative Bacterium *Escherichia coli* ESBL

3.4.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Escherichia coli* ESBL is given in Table 1 – Table 5. It is noted that 'Colgate Plax Mouthwash' is most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 11. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers [§]									
Clorox Bleach Rain Clean									
Active ingredients – Water, Sodium hypochlorite, Sodium cocoate, C.I. pigment green 7 (74260), Fragrance, Lauramine oxide, Myristamine oxide, N-(3-Chloroallyl) hexaminium chloride, Potassium iodide, and Sodium hydroxide.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	2.33 ± 1.35	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	17.00 ± 0.58	11.33 ± 0.20	9.00 ± 0.15	3.00 ± 1.73	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	14.33 ± 1.02	7.67 ± 0.19	4.67 ± 1.35	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	9.67 ± 0.19	5.33 ± 1.54	2.33 ± 1.33	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	15.33 ± 0.51	9.68 ± 0.20	8.67 ± 0.19	5.32 ± 1.54	2.67 ± 1.53	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	14.00 ± 0.33	9.00 ± 0.32	4.67 ± 1.34	4.67 ± 1.35	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	13.33 ± 0.38	3.34 ± 1.92	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	9.67 ± 0.19	5.00 ± 1.45	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 12. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers [§]									
Harpic Power Plus Disinfectant									
Active ingredients – Non-ionic surfactants (< 5%), Cationic surfactants (< 5%), Disinfectant, Perfume, and Hydrochloric acid (9 g/100 g).									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	14.68 ± 0.38	11.00 ± 0.05	8.00 ± 0.33	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	15.32 ± 1.01	11.67 ± 0.51	2.67 ± 1.53	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	14.67 ± 0.96	10.00 ± 0.67	8.33 ± 0.19	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	9.00 ± 0.08	2.67 ± 1.54	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	17.00 ± 0.05	10.33 ± 0.19	7.33 ± 0.19	2.33 ± 1.34	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	11.67 ± 0.19	9.00 ± 0.05	3.33 ± 1.92	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	13.00 ± 0.33	9.33 ± 0.19	4.67 ± 1.34	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	10.33 ± 0.19	8.67 ± 0.19	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 13. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers[§]									
Spartan Max WC Lavender									
Active ingredients – Anionic surfactant, Amphoteric surfactant, Antioxidant surfactant, Opacifier, Lanolin, Preservative, Anti-bacteria reagent, Hydrogen chloride, Fragrance, and Color.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	14.33 ± 0.19	11.00 ± 0.33	9.33 ± 0.50	5.00 ± 1.42	2.00 ± 1.15	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	15.67 ± 0.69	6.00 ± 1.76	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	14.67 ± 0.19	9.00 ± 0.33	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	12.33 ± 0.19	2.67 ± 1.54	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	15.33 ± 1.26	5.67 ± 1.64	2.33 ± 1.34	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	13.67 ± 0.51	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	13.00 ± 0.08	4.00 ± 2.31	2.67 ± 1.54	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	13.00 ± 0.05	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	8.32 ± 0.18	–	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 14. The inhibition zone diameter methodological analysis of the effect of toilet bowl cleaners/bleaches/sanitizers (class B) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class B – Toilet Bowl Cleaners/Bleaches/Sanitizers[§]									
Smac Detergent Disinfectant									
Active ingredients – Aqua, Undecan-1-ol, ethoxylated, Methoxy-isopropanol, Butoxy-propanol, Ethanolamine, Benzalkonium chloride, Sodium etidronate, Perfume, Tetrasodium EDTA, Benzisothiazolinone, Dimethicone, Sodium sulfate, Sodium hydroxide, and Colorants.									
Gram Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	5.00 ± 1.45	2.00 ± 1.15	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	4.67 ± 1.35	–	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	10.33 ± 0.19	8.00 ± 0.05	7.00 ± 0.08	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	9.33 ± 0.50	5.00 ± 1.45	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	9.67 ± 0.52	9.00 ± 0.58	8.00 ± 0.33	2.33 ± 1.34	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	9.67 ± 0.38	9.33 ± 0.37	8.32 ± 0.18	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

3.4.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Escherichia coli* ESBL is given in Table 6 – Table 14. It is noted that ‘WC Net Bleach Gel’ is most effective in category Class B. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.4.3. The Zones of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Escherichia coli* ESBL is given in Table 15 – Table 19. It is noted that ‘Dettol Antiseptic/Disinfectant’ is most effective in category Class C. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set

as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 15. The inhibition zone diameter methodological analysis of the effect of surface and floor mopping cleaners/detergents (class C) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class C – Surface and Floor Mopping Cleaners/Detergents[§]									
Dettol (Antiseptic, Disinfectant)									
Active ingredients – Chloroxylenol (4.8%), Isopropyl alcohol, Pine oil, Caramel, and Castor oil soap.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	7.00 ± 0.33	2.00 ± 1.15	2.00 ± 0.05	2.00 ± 1.15	2.00 ± 1.15	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	14.33 ± 0.70	10.00 ± 0.05	5.33 ± 1.54	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	10.67 ± 0.51	8.00 ± 0.05	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	9.33 ± 0.19	5.67 ± 1.64	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	16.67 ± 0.77	10.00 ± 2.96	11.00 ± 1.20	7.00 ± 2.03	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	11.67 ± 0.50	5.66 ± 3.27	3.00 ± 1.73	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	2.15 ± 1.35	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	10.00 ± 0.05	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	10.00 ± 0.33	8.67 ± 0.19	8.00 ± 0.05	2.33 ± 1.34	2.32 ± 1.35	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 16. The inhibition zone diameter methodological analysis of the effect of surface and floor mopping cleaners/detergents (class C) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class C – Surface and Floor Mopping Cleaners/Detergents[§]									
Spartan Septol (Antiseptic, Disinfectant)									
Active ingredients – Parachloro metaxyleneol (< 4.8%), Chlorophenol (4.8%), Pine oil, Vegetable soap, Solvent, and Color.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	2.33± 1.35	–	–	–	–	–	19.00± 0.18
<i>Enterobacter cloacae</i>	NI	NI	10.00± 0.33	2.67± 1.54	–	–	–	–	19.00± 0.15
<i>Escherichia coli</i>	NI	NI	9.33± 0.83	–	–	–	–	–	15.00± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	6.67± 1.95	2.67± 1.54	–	–	–	–	25.00± 0.25
<i>Proteus vulgaris</i>	NI	NI	3.00± 1.50	3.00± 1.73	3.32± 1.92	–	–	–	25.00± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00± 0.18
<i>Shigella sonnei</i>	NI	NI	2.67± 1.54	–	–	–	–	–	0.00± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

3.4.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Escherichia coli* ESBL is given in Table 20 – Table 22. It is noted that ‘HiGee Hand and Body Wash Gel’ is most effective in category Class D. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.5. The Zones of Inhibition of Gram-Negative Bacterium *Klebsiella pneumoniae*

3.5.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Klebsiella pneumoniae* is given in Table 1 – Table 5. It is noted that ‘Colgate Plax Mouthwash’ is most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.5.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Klebsiella pneumoniae* is given in Table 6 – Table 14. It is noted that ‘WC Net Bleach Gel’ is comparably as effective as ‘Harpic Power Plus Disinfectant’ in category Class B. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is

set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 17. The inhibition zone diameter methodological analysis of the effect of surface and floor mopping cleaners/detergents (class C) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class C – Surface and Floor Mopping Cleaners/Detergents[§]									
Vim Cream Multipurpose Fast Rinsing									
Active ingredients – Aqua, Phosphates (< 5%), Anionic surfactants (< 5%), Calcium carbonate, Sodium dodecylbenzene sulfonate, C12-C13 parath-6, Butoxydiglycol, C11-C13 isoparaffin, Sodium cocoate, Parfum, Carbomer, Benzisothiazolinone, and CI 47005.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00± 0.18
<i>Enterobacter cloacae</i>	NI	NI	8.33± 2.54	–	–	–	–	–	19.00± 0.15
<i>Escherichia coli</i>	NI	NI	14.67± 0.19	9.00± 0.33	–	–	–	–	15.00± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00± 0.12
<i>Salmonella typhimurium</i>	NI	NI	5.33± 1.57	–	–	–	–	–	18.00± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00± 0.00
^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).									
* NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.									
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.									

Table 18. The inhibition zone diameter methodological analysis of the effect of surface and floor mopping cleaners/detergents (class C) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class C – Surface and Floor Mopping Cleaners/Detergents[§]									
Astonish Vac Maxx (Disinfectant)									
Active ingredients – Sodium silicate (5 – 15%), Non-ionic surfactants NTA (< 5%), β-Alanine, N-(2-Carboxyethyl)-, N-coco alkyl derivatives, Disodium salts, and 2-Benzyl-4-chlorophenol (Chlorophene ([0.045g/l]).									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	2.67± 1.53	2.00± 1.15	–	–	–	–	19.00± 0.18
<i>Enterobacter cloacae</i>	NI	NI	–	–	–	–	–	–	19.00± 0.15
<i>Escherichia coli</i>	NI	NI	7.68± 0.21	–	–	–	–	–	15.00± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00± 0.25
<i>Proteus vulgaris</i>	NI	NI	5.33± 1.53	–	–	–	–	–	25.00± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00± 0.00
^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).									
* NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.									
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.									

3.5.3. The Zones of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Klebsiella pneumoniae* is given in Table 15 – Table 19. It is noted that ‘Dettol Antiseptic/Disinfectant’ is most effective in category Class C. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.5.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Klebsiella pneumoniae* is given in Table 20 – Table 22. It is noted that ‘HiGeen Hand and Body Wash Gel’ is most effective in category Class D. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.6. The Zones of Inhibition of Gram-Negative Bacterium *Proteus vulgaris*

3.6.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Proteus vulgaris* is given in Table 1 – Table 5. It is noted that ‘Colgate Plax Mouthwash’ is most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.6.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Proteus vulgaris* is given in Table 6 – Table 14. It is noted that ‘Spartan Max WC Lavender’ is most effective in category Class B. The inhibitory effect of the commonly used

antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.6.3. The Zones of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Proteus vulgaris* is given in Table 15 – Table 19. It is noted that ‘Dettol Antiseptic/Disinfectant’ is most effective in category Class C. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.6.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Proteus vulgaris* is given in Table 20 – Table 22. It is noted that ‘HiGeen Hand and Body Wash Gel’ is most effective in category Class D. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.7. The Zones of Inhibition of Gram-Negative Bacterium *Pseudomonas aeruginosa*

3.7.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Pseudomonas aeruginosa* is given in Table 1 – Table 5. It is noted that ‘Perio.Kin Chlorhexidina 0.20%’ is most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.7.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Pseudomonas aeruginosa* is given in Table 6 – Table 14. It is noted that ‘WC Net Bleach Gel’ is most effective in category Class B. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 19. The inhibition zone diameter methodological analysis of the effect of surface and floor mopping cleaners/detergents (class C) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class C – Surface and Floor Mopping Cleaners/Detergents[§]									
Ajax Fete des Fleurs									
Active ingredients – Anionic surfactants (< 5%), Non-ionic surfactants, Perfume, Buthylphenyl methylpropional, Hexyl cinnamal, Citronellol, Linalool, Geraniol, Glutaral, Methylchloroisothiazolinone, Methylisothiazolinone, and Octylisothiazolinone.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI*	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	–	–	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	–	–	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

3.7.3. The Zones of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Pseudomonas aeruginosa* is given in Table 15 – Table 19. It is noted that ‘Dettol Antiseptic/Disinfectant’ is the only detergent that is minimally effective in category Class C. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.7.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Pseudomonas aeruginosa* is given in Table 20 – Table 22. It is noted that ‘HiGeen Hand and Body Wash Gel’ is most effective in category

Class D. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.8. The Zones of Inhibition of Gram-Negative Bacterium *Salmonella typhimurium*

3.8.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Salmonella typhimurium* is given in Table 1 – Table 5. It is noted that ‘Colgate Plax Mouthwash’ is most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.8.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Salmonella typhimurium* is given in Table 6 – Table 14. It is noted that ‘Clorox Bleach Rain Clean’ is most effective in category Class B, but as nearly as effective as ‘Harpic Power Plus Disinfectant’ and ‘Spartan Max WC Lavender’. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.8.3. The Zones of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Salmonella typhimurium* is given in Table 15 – Table 19. It is noted that ‘Dettol Antiseptic/Disinfectant’ is the only detergent that is minimally effective in category Class C. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 20. The inhibition zone diameter methodological analysis of the effect of hand and body wash gels (class D) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class D – Hand and Body Wash Gels [§]									
Lifebuoy Hand and Body Wash Gel (Antiseptic)									
Active ingredients – Glycerine, and Vitamin beads.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	–	–	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	–	–	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	–	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	3.33 ± 1.92	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	–	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

Table 21. The inhibition zone diameter methodological analysis of the effect of hand and body wash gels (class D) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class D – Hand and Body Wash Gels [§]									
HiGeen Hand and Body Wash Gel (Antiseptic)									
Active ingredients – Glycerine, and Vitamin beads.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	44.33 ± 3.27	36.00 ± 4.04	26.67 ± 0.19	19.00 ± 0.33	18.33 ± 0.77	14.32 ± 0.69	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	50.00 ± 0.50	35.33 ± 4.22	33.32 ± 4.91	34.67 ± 4.42	33.68 ± 4.71	30.65 ± 5.59	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	50.00 ± 0.50	42.33 ± 4.42	23.00 ± 0.88	21.67 ± 1.35	18.00 ± 0.33	18.32 ± 0.19	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	50.00 ± 0.50	42.66 ± 4.23	32.00 ± 5.20	22.00 ± 0.33	21.33 ± 0.50	16.33 ± 1.54	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	42.00 ± 4.62	34.00 ± 4.63	26.67 ± 2.04	24.33 ± 1.71	21.67 ± 0.51	29.67 ± 5.92	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	50.00 ± 0.65	41.67 ± 4.81	40.00 ± 5.77	40.00 ± 5.71	18.67 ± 2.16	16.00 ± 2.52	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	9.00 ± 0.32	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	50.00 ± 0.50	50.00 ± 0.55	42.00 ± 4.61	40.33 ± 5.58	41.67 ± 4.81	50.00 ± 1.58	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	26.00 ± 3.06	22.00 ± 3.71	16.67 ± 1.92	14.67 ± 2.03	9.00 ± 2.64	6.67 ± 1.92	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

3.8.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Salmonella typhimurium* is given in Table 20 – Table 22. It is noted that ‘HiGeen

Hand and Body Wash Gel’ is most effective in category Class D. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

Table 22. The inhibition zone diameter methodological analysis of the effect of hand and body wash gels (class D) on the growth of gram-negative bacteria

Microorganism	Inhibition Zone Diameter (mm) ^a								
	control ddH ₂ O	control Pure Methanol	undiluted Disinfectant Antiseptic	DF 1/2	DF 1/4	DF 1/8	DF 1/16	DF 1/32	Ceftazidime (30 µg)
class D – Hand and Body Wash Gels[§]									
HiGeen Hand Sanitizer Gel (Antibacterial)									
Active ingredients – Myristic acid, Lauric acid, Potassium hydroxide, Glycerine, and Thymol.									
Gram-Negative Bacteria									
<i>Citrobacter koseri</i>	NI *	NI	–	–	–	–	–	–	19.00 ± 0.18
<i>Enterobacter cloacae</i>	NI	NI	6.67 ± 1.92	3.33 ± 1.91	–	–	–	–	19.00 ± 0.15
<i>Escherichia coli</i>	NI	NI	5.67 ± 1.64	–	–	–	–	–	15.00 ± 0.15
<i>E. coli</i> ESBL	NI	NI	2.67 ± 1.53	–	–	–	–	–	0.00 ± 0.00
<i>Klebsiella pneumoniae</i>	NI	NI	4.00 ± 2.31	–	–	–	–	–	25.00 ± 0.25
<i>Proteus vulgaris</i>	NI	NI	–	–	–	–	–	–	25.00 ± 0.25
<i>Pseudomonas aeruginosa</i>	NI	NI	–	–	–	–	–	–	14.00 ± 0.12
<i>Salmonella typhimurium</i>	NI	NI	2.33 ± 1.34	–	–	–	–	–	18.00 ± 0.18
<i>Shigella sonnei</i>	NI	NI	–	–	–	–	–	–	0.00 ± 0.00

^a Mean value ± SEM, n = 3 (the zone of inhibition [mm] including disk of 5 mm in diameter).
^{*} NI = No Inhibition; TI = Total Inhibition (the zone of inhibition [mm] including disk of 5 mm in diameter is > 50 mm); DF = Dilution Factor.
[§] Commercial brands are disclosed in accordance with ethical and propriety issues.

ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.9. The Zones of Inhibition of Gram-Negative Bacterium *Shigella sonnei*

3.9.1. The Zones of Inhibition of Class A

The effect of daily mouthwash (category Class A) on the microbial growth of *Shigella sonnei* is given in Table 1 – Table 5. It is noted that ‘Colgate Plax Mouthwash’ is most effective in category Class A. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.9.2. The Zones of Inhibition of Class B

The effect of toilet bowl cleaners/bleaches/sanitizers (category Class B) on the microbial growth of *Shigella sonnei* is given in Table 6 – Table 14. It is noted that ‘WC Net Bleach Gel’ is most effective in category Class B. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.9.3. The Zones of Inhibition of Class C

The effect of surface and floor mopping cleaners/detergents (category Class C) on the microbial growth of *Shigella sonnei* is given in Table 15 – Table 19. It is noted that ‘Dettol Antiseptic/Disinfectant’ is the only detergent that is minimally effective in category Class C. The inhibitory effect of the commonly used antibiotic ceftazidime (30 µg) is set as a reference for comparison as a positive control, while absolute methanol is recognized as negative control.

3.9.4. The Zones of Inhibition of Class D

The effect of hand and body wash gels (category Class D) on the microbial growth of *Shigella sonnei* is given in Table 20 – Table 22. It is noted that ‘HiGeen Hand and Body Wash Gel’ is most effective in category Class D. The inhibitory effect of the commonly used antibiotic

3.10. The Comparative Analytical Assessment of Various Household Disinfectants

Comparative analytical assessment of the zones of inhibition of various classes (A – D) with reference to ceftazidime (30 µg) depicts the efficacious impact of those antiseptics and disinfectants against pathogenic bacteria. The zones of inhibition of classes A – D for *Citrobacter koseri* is shown in Figure 1. Similarly, the zones of inhibition of classes A – D for *Enterobacter cloacae* is shown in Figure 2. The zones of inhibition of classes A – D for *Escherichia coli* is shown in Figure 3. The zones of inhibition of classes A – D for *Escherichia coli* ESBL is shown in Figure 4. The zones of inhibition of classes A – D for *Klebsiella pneumoniae* is shown in Figure 5. The zones of inhibition of classes A – D for *Proteus vulgaris* is shown in Figure 6. The zones of inhibition of classes A – D for *Pseudomonas aeruginosa* is shown in Figure 7. The zones of inhibition of classes A – D for *Salmonella typhimurium* is shown in Figure 8. The zones of inhibition of classes A – D for *Shigella sonnei* is shown in Figure 9. These results have been calculated based on the method described in [1].

3.11. The Maximal Effective Ratios of Various Household Disinfectants

The putative immunomodulatory/anti-inflammatory, anti-microbial and bactericidal mechanisms are estimated by determining the probable effective ratios. The maximal effective ratio (E_R) of Classes A – D was calculated as the ratio of each bacterium with maximal zone of inhibition against the minimum zone of inhibition (set as 1) within the same category, such that $E_R = \text{Zone}_{\max} / \text{Zone}_{\min}$. This ratio determines the most effective treatment for each bacterium and its comparative effectiveness against rest of antiseptics and disinfectants. The E_R of Class A is shown in Figure 10. The E_R of Class B is shown in Figure 11. The E_R of Class C is shown in Figure 12. The E_R of Class

D is shown in Figure 13. These results have been calculated based on the method described in [1].

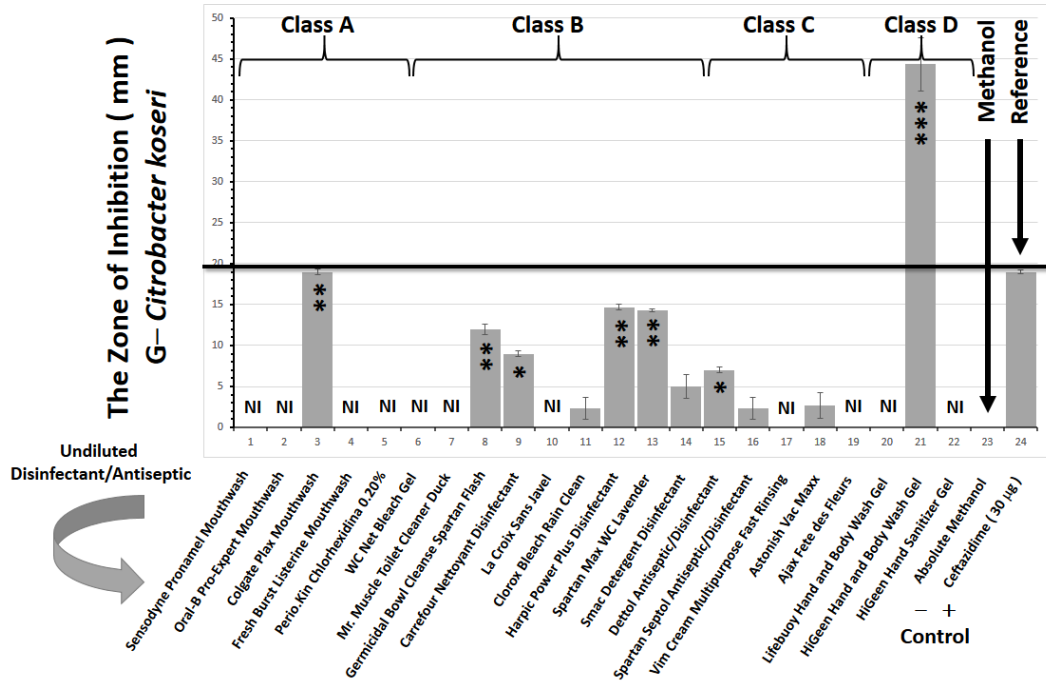


Figure 1. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Citrobacter koseri* bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

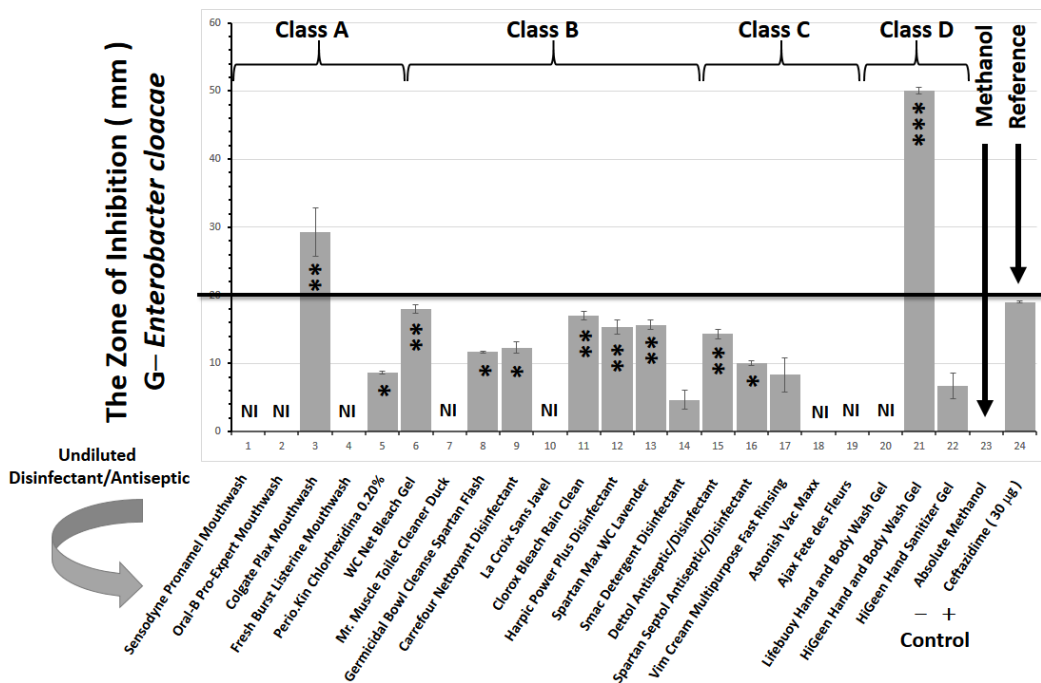


Figure 2. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Enterobacter cloacae* bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

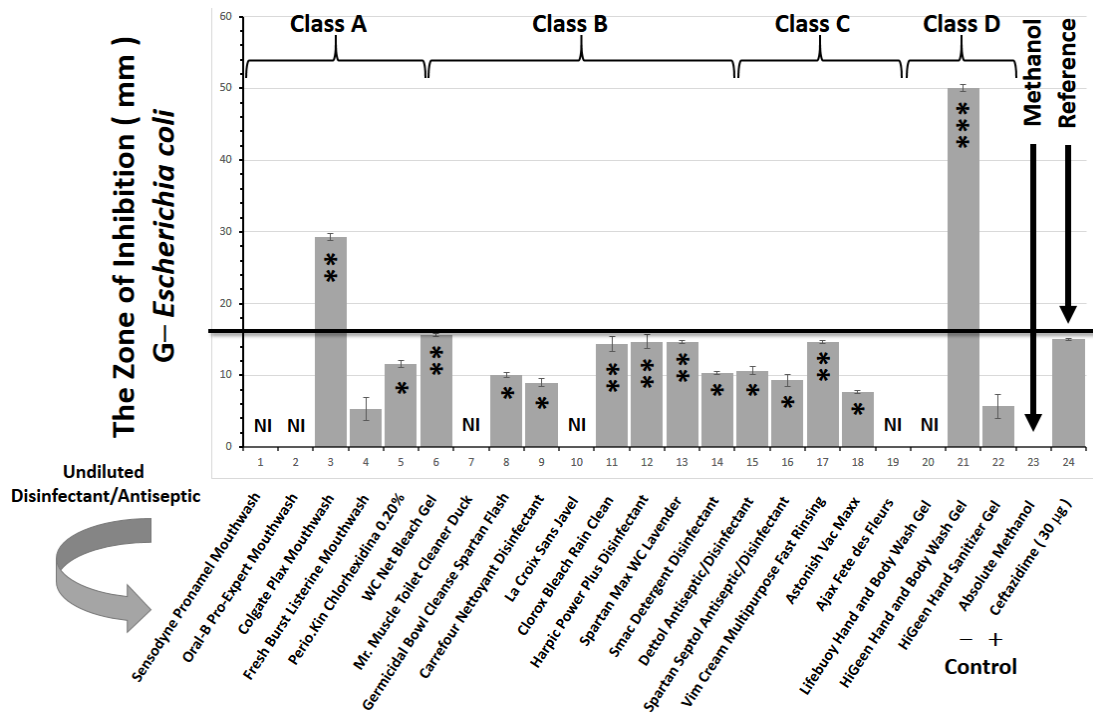


Figure 3. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Escherichia coli* bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * P < 0.05, ** P < 0.01, *** P < 0.001, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

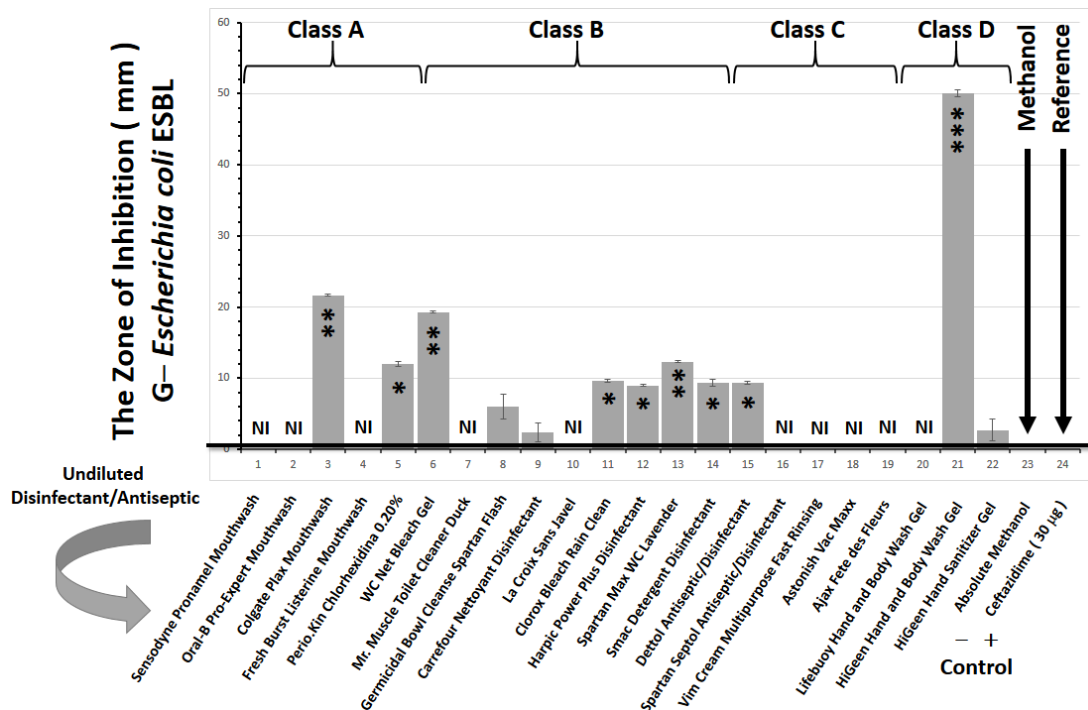


Figure 4. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Escherichia coli* ESBL bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * P < 0.05, ** P < 0.01, *** P < 0.001, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

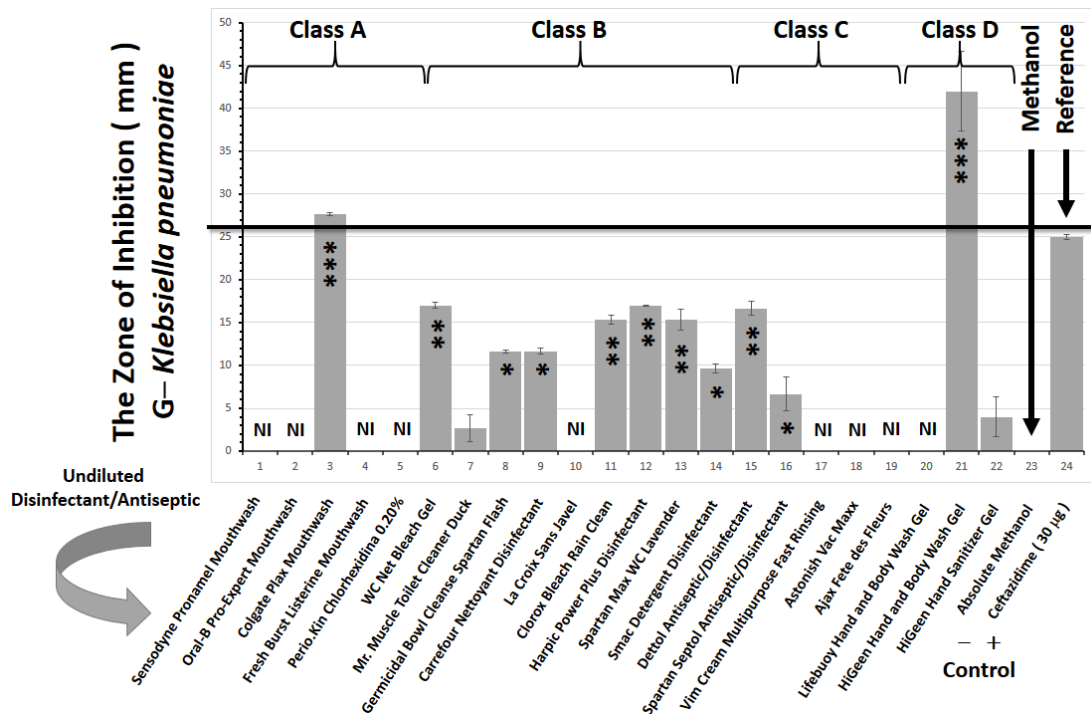


Figure 5. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Klebsiella pneumoniae* bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

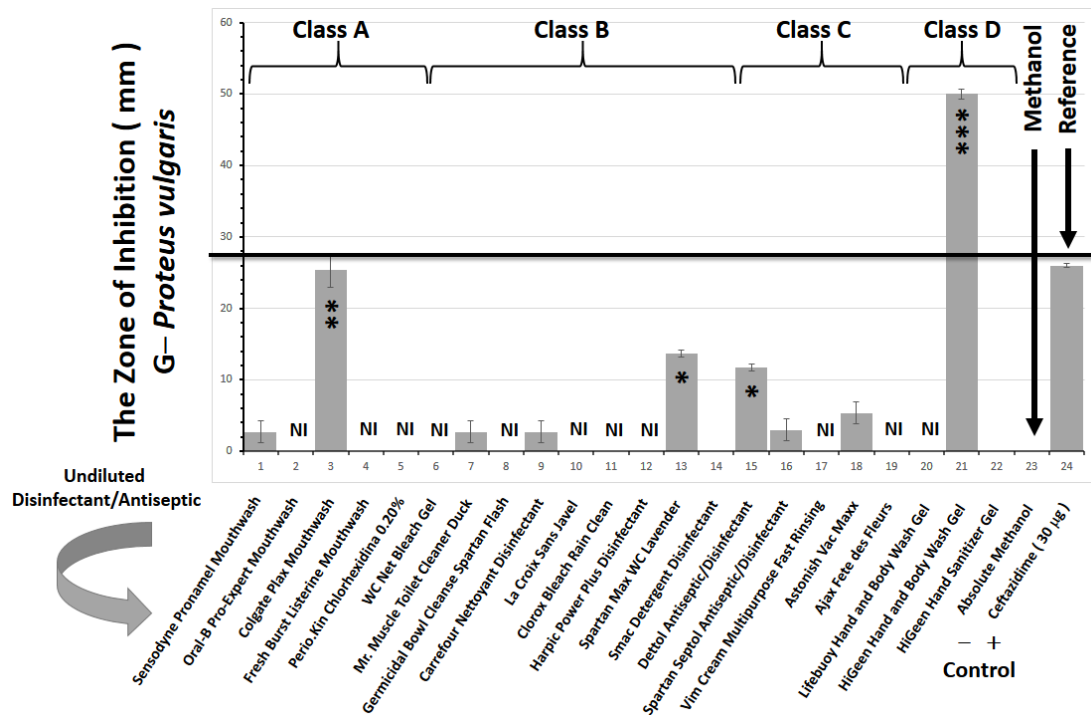


Figure 6. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Proteus vulgaris* bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

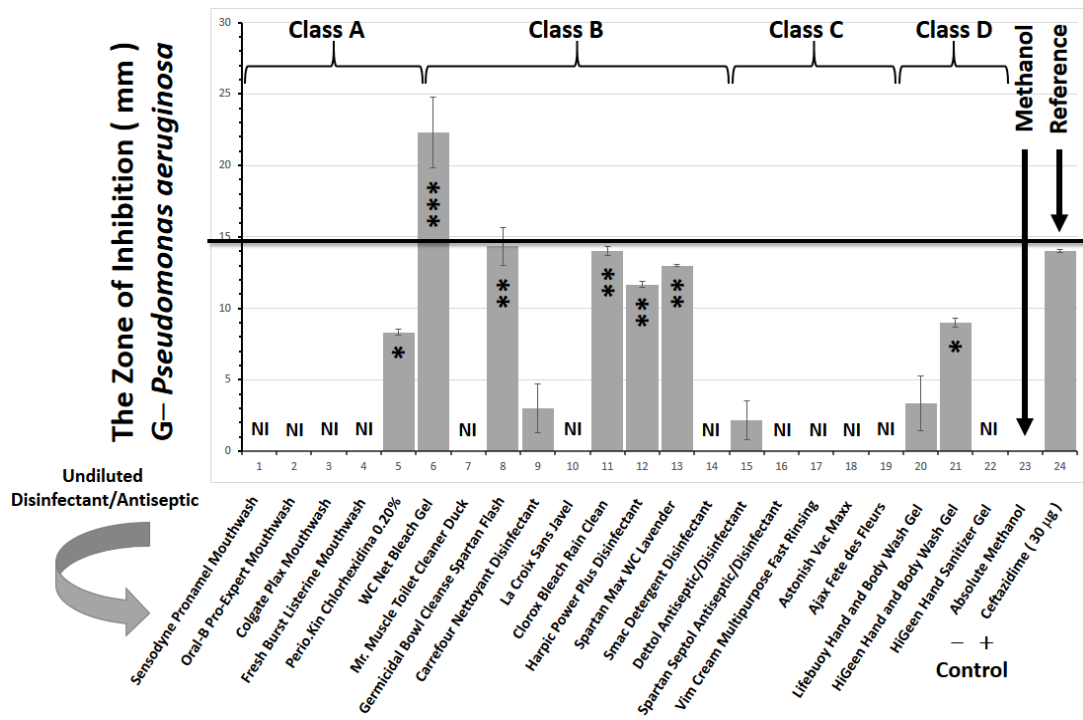


Figure 7. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Pseudomonas aeruginosa* bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * P < 0.05, ** P < 0.01, *** P < 0.001, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

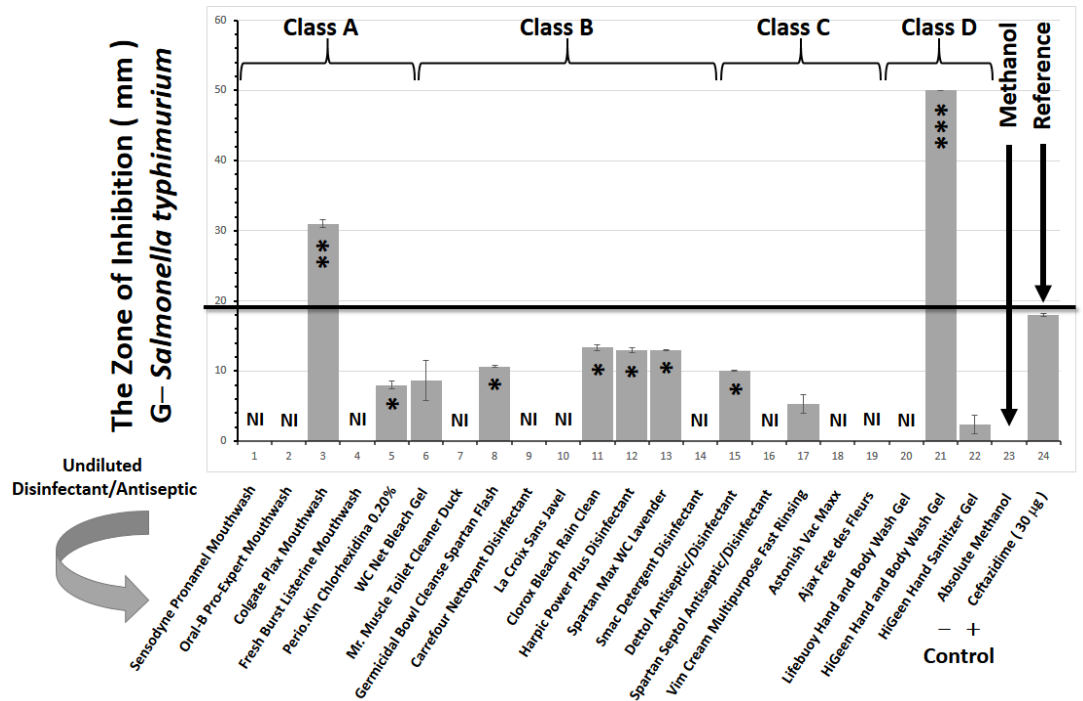


Figure 8. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Salmonella typhimurium* bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * P < 0.05, ** P < 0.01, *** P < 0.001, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

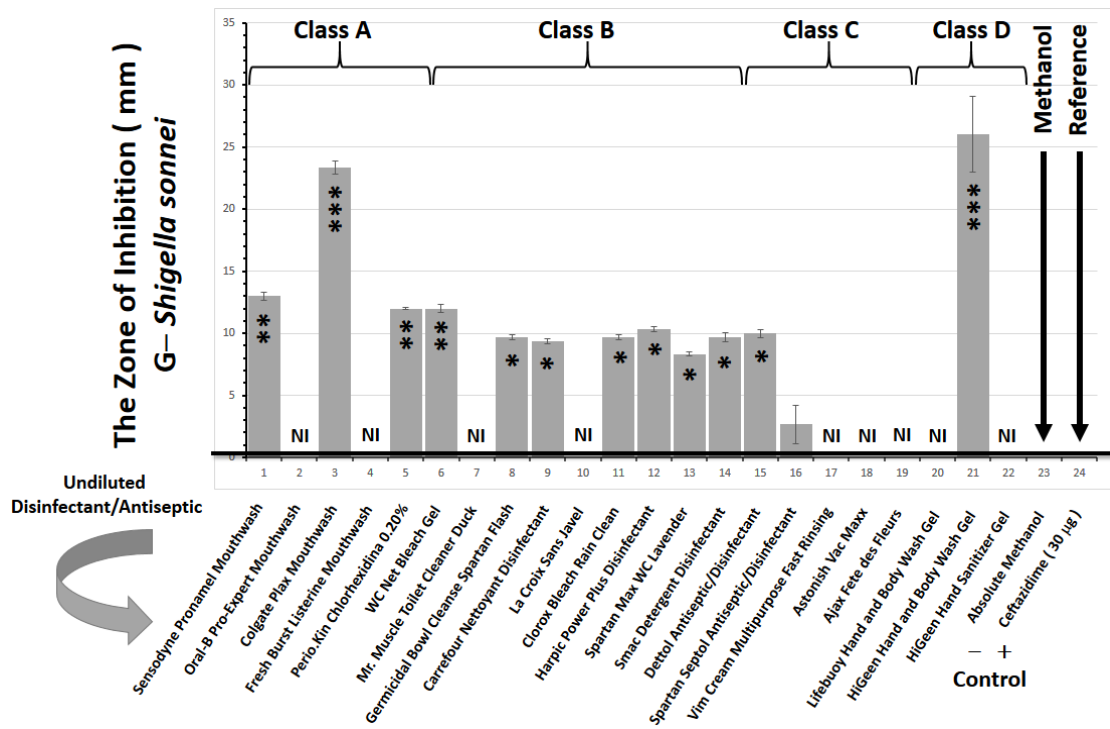


Figure 9. Depictive comparative assessment of the antimicrobial efficacy of various detergents against gram-negative *Shigella sonnei* bacteria, as compared with ceftazidime (30 µg). The zone of inhibition of ceftazidime was set as a reference (lane 24; horizontal straight line), and that for absolute methanol (MetOH) is shown in lane 23, and all values of the zones of inhibition at undiluted concentrations of disinfectant/sterilizer/antiseptic were compared against those references (Lanes 23 and 24). Lanes 1 – 5 represent Class A (Daily Mouthwash); Lanes 6 – 14 represent Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers); Lanes 15 – 19 represent Class C (Surface and Floor Mopping Cleaners/Detergents); and Lanes 20 – 22 represent Class D (Hand and Body Wash Gels). This comparative analysis allows descriptive visualization of the antimicrobial effectiveness relative to ceftazidime, on one hand, and various classes (A – D), on the other hand, thereby showing the most effective class and/or detergent within a given category against a specific type of bacteria. The number of experimental observations is n = 3, * P < 0.05, ** P < 0.01, *** P < 0.001, as compared with either ceftazidime or absolute MetOH. NI = No inhibition

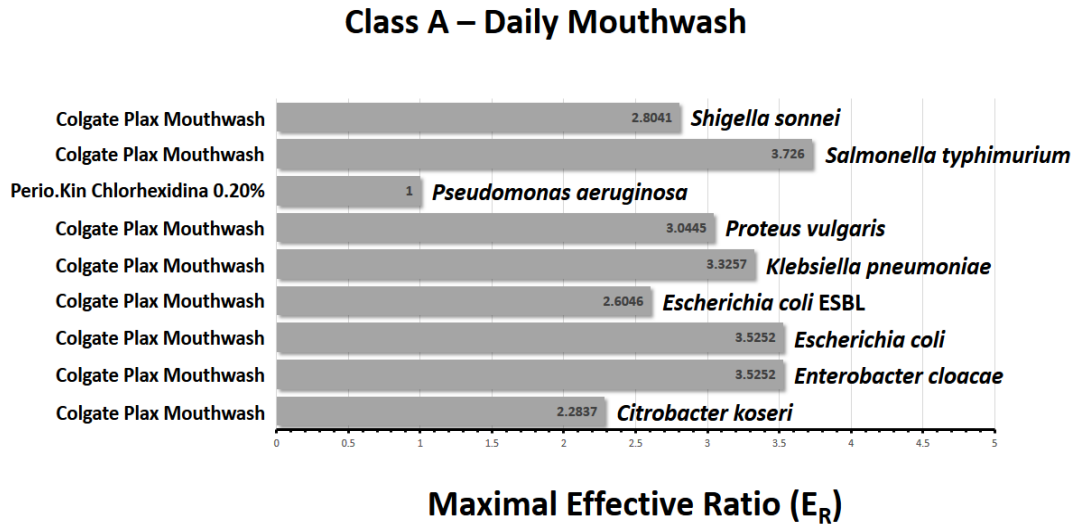


Figure 10. The putative immunomodulatory/anti-inflammatory, anti-microbial and bactericidal mechanisms are estimated by determining the probable effective ratios. The maximal effective ratio (E_R) of Class A (Daily Mouthwash) on gram-negative bacteria. E_R was calculated as the ratio of each bacterium with maximal zone of inhibition against the minimum zone of inhibition (set as 1) within the same category, such that $E_R = \text{Zone}_{\max} / \text{Zone}_{\min}$. This ratio determines the most effective treatment for each bacterium and its comparative effectiveness against rest of antiseptics and disinfectants. For instance, the highest most effective daily mouthwash against *E. coli* is ‘Colgate Plax Mouthwash.’ The number of experimental observations is n = 3

3.12. Typical Microbial Growth under the Influence of Selective Household Disinfectants

Typical microbial growth of gram-negative bacteria in the presence of commercially available disinfectants and antiseptics in culture is shown in Figure 14. The growth of

Citrobacter koseri in the presence of ‘HiGreen Hand and Body Wash Gel’ at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + negative control, methanol), noting zones of inhibition is shown in Figure 14A. The growth of *Enterobacter cloacae* in the presence of ‘WC Net Bleach Gel’ at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + positive control, ceftazidime (30

μg)), noting zones of inhibition is shown in Figure 14B. The growth of *Escherichia coli* in the presence of 'Colgate Plax Mouthwash' at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + positive control, ceftazidime (30 μg)), noting zones of inhibition is shown in Figure 14C. The growth of *Escherichia coli* ESBL in the presence of 'HiGeen Hand and Body Wash Gel' at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + negative control, methanol), noting zones of inhibition is shown in Figure 14D. The growth of *Klebsiella pneumoniae* in the presence of 'Clorox Bleach Rain Clean' at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + positive control, ceftazidime (30 μg)), noting zones of inhibition is shown in Figure 14E. The growth of *Proteus vulgaris* in the presence of 'Spartan Max WC Lavender' at various concentrations (undiluted,

1/2, 1/4, 1/8, 1/16, and 1/32 + negative control, methanol), noting zones of inhibition is shown in Figure 14F. The growth of *Pseudomonas aeruginosa* in the presence of 'WC Net Bleach Gel' at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + negative control, methanol), noting zones of inhibition is shown in Figure 14G. The growth of *Salmonella typhimurium* in the presence of 'HiGeen Hand and Body Wash Gel' at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + negative control, methanol), noting zones of inhibition is shown in Figure 14H. The growth of *Shigella sonnei* in the presence of 'Perio.Kin Chlorhexidina' at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + negative control, methanol), noting zones of inhibition is shown in Figure 14I.

Class B – Toilet Bowl Cleaners/Bleaches/Sanitizers

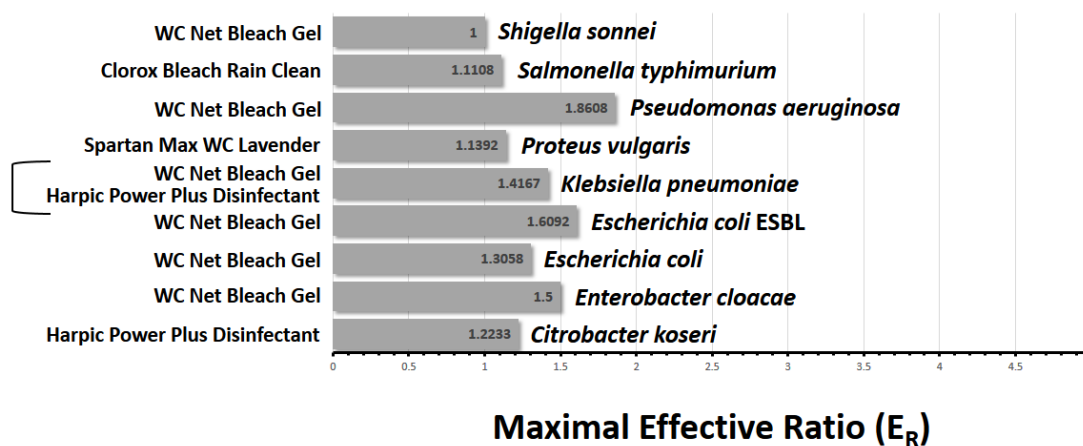


Figure 11. The putative immunomodulatory/anti-inflammatory, anti-microbial and bactericidal mechanisms are estimated by determining the probable effective ratios. The maximal effective ratio (E_R) of Class B (Toilet Bowl Cleaners/Bleaches/Sanitizers) on gram-negative bacteria. E_R was calculated as the ratio of each bacterium with maximal zone of inhibition against the minimum zone of inhibition (set as 1) within the same category, such that $E_R = \text{Zone}_{\max} / \text{Zone}_{\min}$. This ratio determines the most effective treatment for each bacterium and its comparative effectiveness against rest of antiseptics and disinfectants. For instance, the highest most effective Toilet Bowl Cleaners/Bleaches/Sanitizers against *E. coli* is 'WC Net Bleach Gel.' The number of experimental observations is $n = 3$

Class C – Surface and Floor Mopping Cleaners/Detergents

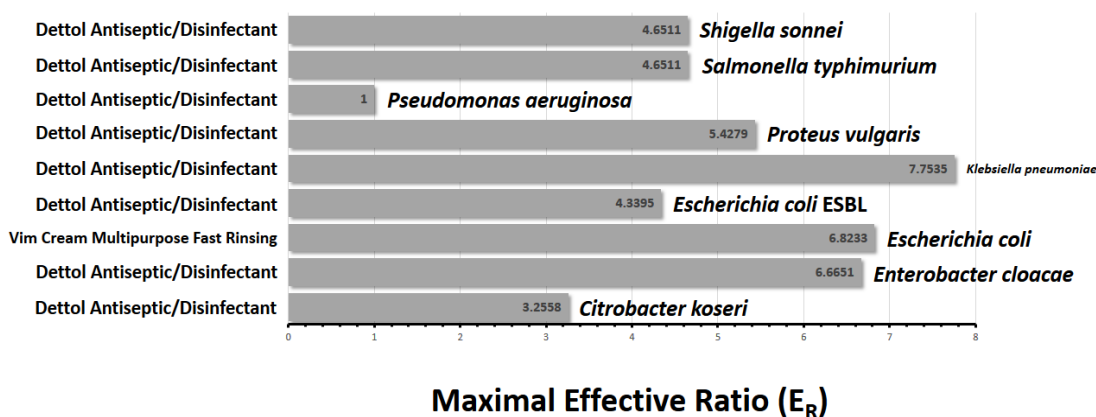


Figure 12. The putative immunomodulatory/anti-inflammatory, anti-microbial and bactericidal mechanisms are estimated by determining the probable effective ratios. The maximal effective ratio (E_R) of Class C (Surface and Floor Mopping Cleaners/Detergents) on gram-negative bacteria. E_R was calculated as the ratio of each bacterium with maximal zone of inhibition against the minimum zone of inhibition (set as 1) within the same category, such that $E_R = \text{Zone}_{\max} / \text{Zone}_{\min}$. This ratio determines the most effective treatment for each bacterium and its comparative effectiveness against rest of antiseptics and disinfectants. For instance, the highest most effective Surface and Floor Mopping Cleaners/Detergents against *E. coli* is 'Vim Cream Multipurpose Fast Rinsing.' The number of experimental observations is $n = 3$

Class D – Hand and Body Wash Gels

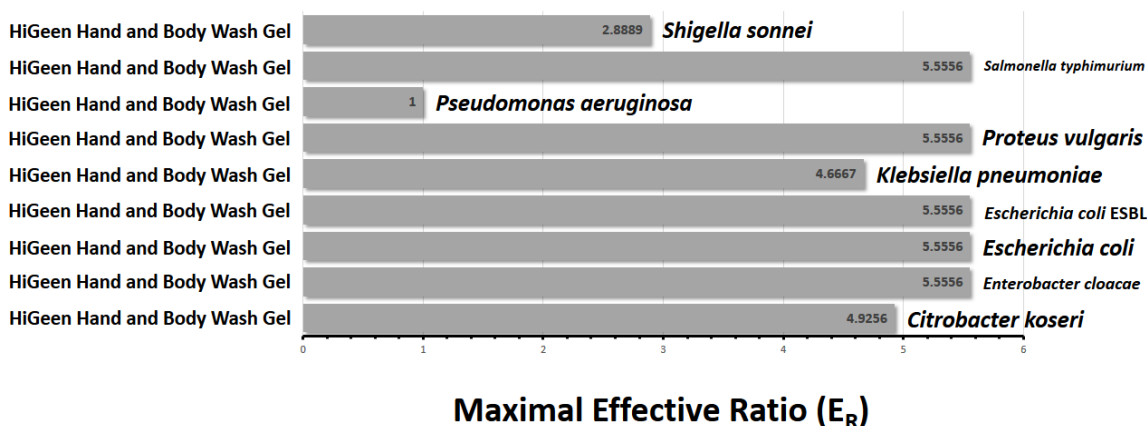


Figure 13. The putative immunomodulatory/anti-inflammatory, anti-microbial and bactericidal mechanisms are estimated by determining the probable effective ratios. The maximal effective ratio (E_R) of Class D (Hand and Body Wash Gels) on gram-negative bacteria. E_R was calculated as the ratio of each bacterium with maximal zone of inhibition against the minimum zone of inhibition (set as 1) within the same category, such that $E_R = \text{Zone}_{\max} / \text{Zone}_{\min}$. This ratio determines the most effective treatment for each bacterium and its comparative effectiveness against rest of antiseptics and disinfectants. For instance, the highest most effective Hand and Body Wash Gels against *E. coli* is 'HiGeen Hand and Body Wash Gel.' The number of experimental observations is $n = 3$

4. Discussion

4.1. Infection Control and Microbial Analysis

This study has investigated the laboratory patterns of microbial growth of saprophytic and pathogenic Gram-negative bacteria in response to disinfectants and various sterilants. The variations observed underscores the significance of using appropriate concentrations for specified periods of time, under controlled conditions, thus jibing with previously reported results pertaining to Gram-positive bacteria [1,2,5,8,13,15,21-29,33,48]. In this regard, the EPA has recently published a consortium on public health issues relating to disinfectants, sterilizers, and antiseptics that are commonly used by the public consumers [30-35]. According to the EPA, antimicrobials used in public healthcare settings are defined as 'substances that are used to destroy or suppress the growth of microorganisms [saprophytic or otherwise pathogenic], such as bacteria, viruses, or fungi that [may] pose a threat to humans [and their health welfare].' Consumer-targeted products are ostensibly effective in curbing the growth and/or spread of infectious microorganisms that are usually residing in or on non-living, inanimate surfaces, and on living tissues as well [36,37,38]. Of those commercially available products, sterilizers, disinfectants, and sanitizers are commonly known and widely used. Many of these products are anti-inflammatory in nature at sub-physiologic concentrations [1]; however, at supraphysiologic concentrations, they may exert inflammatory and/or irritant responses that may bear the imprints of allergic conditions [1-6].

4.2. Healthcare Products and Categorization

It is essentially pragmatic to consider what the differences among the various types of healthcare products actually are and how they are comparatively related to each other [39-50]. Firstly, *sterilizers* are

considered products that are primarily designed to destroy microbes of myriad types including, but not limiting to, fungi, viruses, and bacteria and their resilient spores. For instance, liquid sterilants are commonly used in medical settings essentially on selected delicate medical and surgical instruments, and equipment that cannot observably tolerate high temperature sterilization, where low temperature gas sterilization is usually not feasible [1,2,51,52,53,54,55].

Secondly, *disinfectants*, on the other hand, are healthcare products that are essentially used on inanimate surfaces and/or objects to control the growth of fungi, viruses, and bacteria; perhaps, spores are usually resistant to this kind of disinfectants as opposed to sterilizers [56-62]. The EPA has also categorized disinfectants a notch further, as follows: i) Hospital disinfectants (specific with a narrow activity spectrum); and ii) General use disinfectants (common household detergents with a broad activity spectrum). Moreover, there are four known types of commercially available disinfectants: 1) Chlorine-containing bleaches, a group of strong oxidizing agents comprising chlorine (e.g., *Perio.Kin Chlorhexidina*, *WC Net Bleach Gel*, *Carrefour Nettoyant Disinfectant*, *La Croix Sans Javel*, and *Clorox Bleach Rain Clean* used in this study); 2) Phenolic-containing compounds and detergents, derived from phenol, a caustic, poisonous, and white crystalline molecule (C_6H_5OH), commonly used in resins, disinfectants, plastics, and pharmaceuticals (e.g., *Spartan Septol Antiseptic/Disinfectant*, and *Astonish Vac Maxx* used in this study); 3) Pine oil-containing products, usually obtained by steam distillation processing of gum taken from pine trees, or chemically derived as a byproduct of paper pulp-making by a complicated sulfating process; and 4) Quaternary ammonium compounds (QACs) and detergents, essentially derived from ammonium cations (NH_4^+) to generate so often ammonium salts (e.g., *Mr. Muscle Toilet Cleaner Duck*, and *Germicidal Bowl Cleanse Spartan Flash* used in this study) [60-75].

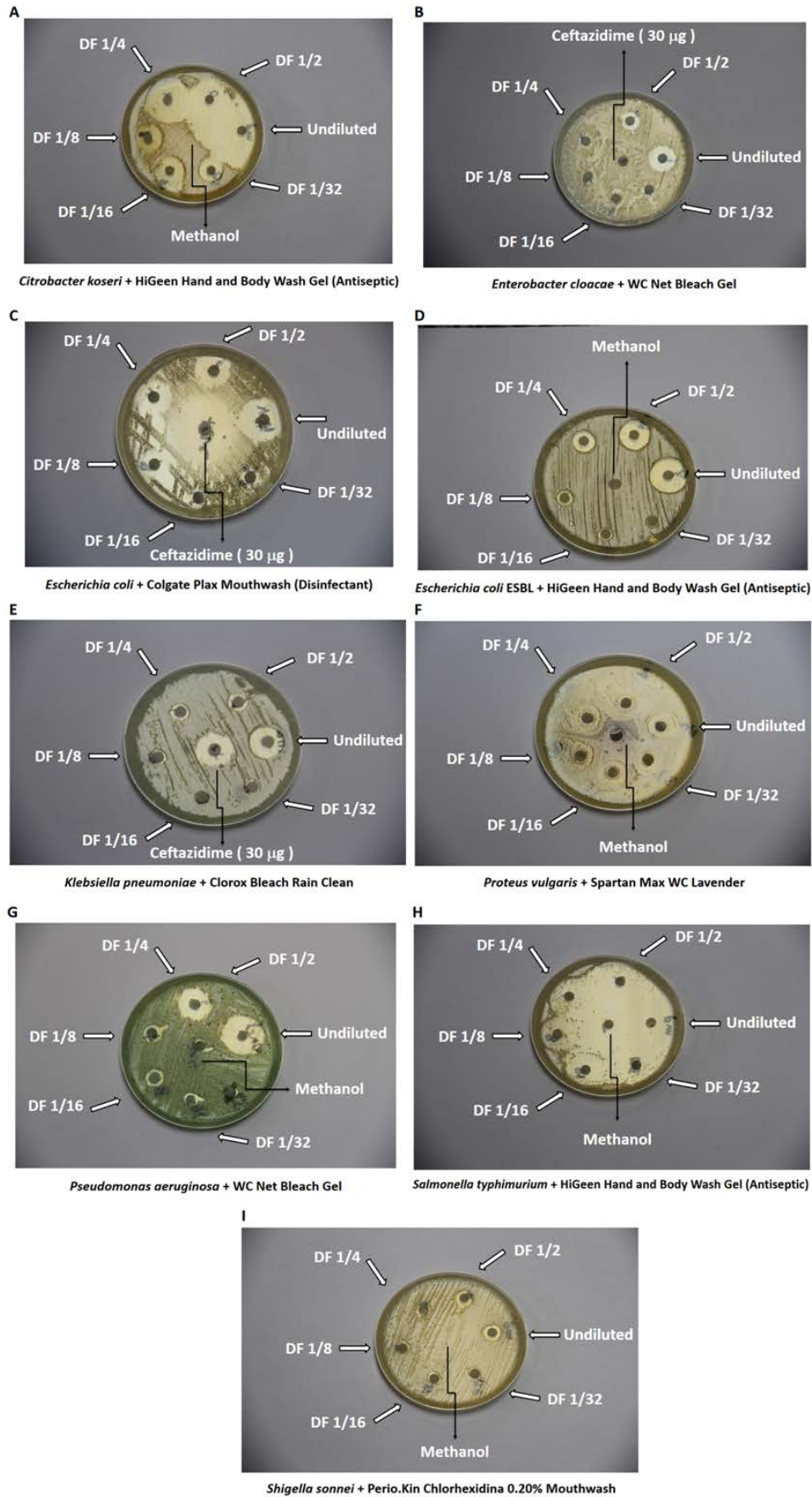


Figure 14. Typical microbial growth of gram-negative bacteria in the presence of commercially available disinfectants and antiseptics in culture. (A) *Citrobacter koseri* + 'HiGeen Hand and Body Wash Gel' at various concentrations (undiluted, 1/2, 1/4, 1/8, 1/16, and 1/32 + negative control, methanol; or positive control, ceftazidime (30 µg)), noting zones of inhibition. (B) *Enterobacter cloacae* + 'WC Net Bleach Gel'. (C) *Escherichia coli* + 'Colgate Plax Mouthwash'. (D) *Escherichia coli* ESBL + 'HiGeen Hand and Body Wash Gel'. (E) *Klebsiella pneumoniae* + 'Clorox Bleach Rain Clean'. (F) *Proteus vulgaris* + 'Spartan Max WC Lavender'. (G) *Pseudomonas aeruginosa* + 'WC Net Bleach Gel' (Note the typical greenish color of *P. aeruginosa*). (H) *Salmonella typhimurium* + HiGeen Hand and Body Wash Gel'. (I) *Shigella sonnei* + Perio.Kin Chlorhexidina 0.20% Mouthwash'. The number of experimental observations is n = 3. DF = Dilution factor

Thirdly, *sanitizers* are recognized as products that tend to reduce, but not necessarily eliminate, microorganisms commonly found on inanimate objects. For example, sanitizing rinses are used for surfaces such as dishes and cooking utensils, equipment and utensils used in food-processing plants, and food service establishments [76-90]. This categorization of commercially available disinfecting and sanitizing detergents is significantly harnessing attention in terms of safe and healthy choices available to consumers in the current momentum of containing and curbing microbial infection and contamination [1].

4.3. Infection Control and Microbial Epidemiology

In healthcare settings, routine hygienic practices are mandatory and this certainly has assisted healthcare professionals in following standardized procedures to ensure quality infection control [1,2,3]. Recently, the 'Association for Professionals in Infection Control and Epidemiology (APIC)' [15], in a manner consistent with policies of EPA, has introduced strict infection control guidelines that have been integrated into a system of norms, especially at hospitals, in an attempt to ameliorate microbial resistance and/or spreading in many common setups [91-115]. Although household disinfectants and antiseptics are likely used at hospitals, specific considerations for healthcare settings demand the use of clinically (and perhaps scientifically) proven effective disinfectants. The APIC has further published a series of definitions the authors recognize as 'necessary modules in curbing infection', and hence forward the reader's attention to commonly used definitions [1,2,3,4,5,116-125]:

A. "Sterilization is the complete elimination or destruction of all forms of microbial life. It is accomplished in the hospital by either physical or chemical processes. Steam under pressure, dry heat, ethylene oxide gas, and liquid chemicals are the principle sterilizing agents used in the hospital."

B. "Disinfection describes a process that eliminates many of all pathogenic microorganisms on inanimate objects with the exception of bacterial spores. This is generally accomplished by the use of liquid chemicals or wet pasteurization in health care settings. The efficacy of disinfection is affected by a number of factors; each of which may nullify or limit the efficacy of the process. Some of the factors that have been shown to affect disinfection efficacy are the prior cleaning of the object, the organic load on the object, the type and level of microbial contamination, the concentration of and exposure time to the germicide, the physical configuration of the object, and the temperature and pH of the disinfection process. The levels of disinfection are defined as sterilization, high-level disinfection, intermediate-level disinfection, and low-level disinfection. High-level disinfection can be expected to destroy all microorganisms with the exception of high numbers of bacterial spores. Intermediate-level disinfection inactivates *Mycobacterium tuberculosis*, vegetative bacteria, most viruses and most fungi, but, does not necessarily kill bacterial spores. Low-level disinfection can kill most bacteria, some viruses and some fungi, but, cannot be relied onto kill resistant microorganisms or bacterial spores."

C. "Cleaning is the removal of all foreign material (i.e., soil, organic material) from objects. It is normally accomplished with water, mechanical action, and detergents. Cleaning must precede disinfection and sterilization procedures."

D. "Germicide is an agent that destroys microorganisms, particularly pathogenic organisms (germs)."

E. "Chemical sterilants are chemicals used for the purpose of destroying all forms of microbial life, including fungal and bacterial spores."

F. "Disinfectant is a germicide that inactivates virtually all recognized pathogenic microorganisms, but, not necessarily all microbial forms on inanimate objects."

G. "Antiseptic is a chemical germicide formulated for use on skin or tissue and should not be used to decontaminate inanimate objects."

4.4. Biochemical Analysis of Detergents and Disinfectants

The active chemical compositions of commercially available disinfectants and antiseptics according to their category of classification, showing the main active component, recommended in-use concentration, supplier and trade name of the disinfectants used in this study are given in brevity [1,2]. The standardized methods of sterilization and disinfection, according to APIC guidelines for infection control practice are subsequently given [1,2].

This wide spectrum study has touched the very foundations of hygienic practice jibing with internationally standardized procedures [126-140]. It certainly forms a unique approach to understanding the degree of infection control using commercially available disinfectants, antiseptic, and sterilants. Unaware of the humongous work at hand, we have though undertaken a daunting task of identifying commonly used disinfectants and antiseptics in the endeavor of creating public awareness and prowess consistent with established norms [1,2,3,4,5,141-155]. Therefore, the significance of this study falls in two parts: i) Identifying the efficacy and durability of household disinfectants in terms of controlling microbial growth; and ii) Providing a comparative canopy of information relevant to consumer's hygiene and public health awareness. Although we have not tackled the individual biochemical constituencies of the aforementioned household disinfectants, the stark variations in controlling the growth of gram-negative (and gram-positive) bacteria is in and of itself a daring process for taking the notion of infection control at home and farther afield safely and healthily another notch [156-162].

Comparatively, various disinfectants contain chemicals that are powerfully anti-bacterial (the certified labels attest to that, at least in theory). For example, household disinfectants are well known to contain chemicals such as aldehydes (R-CHO; usually non-corrosive, and stainless), alcohols (highly effective when this disinfectant is used on instruments, surfaces, and skin), hydrogen peroxide (H₂O₂), potassium permanganate (KMnO₄) solution, and iodine [163-175]. Moreover, disinfectants found in soaps and hand washes/sanitizers commonly contain phenol compounds, and their derivatives, which are highly effective anti-bacterial agents that have been consistently included in commercially available mouthrinse products

as well, for example. On the other hand, antiseptics usually contain boric acid (H_3BO_3), alcohol, carbolic acid (C_6H_6O), iodine, H_2O_2 , sodium chloride ($NaCl$), calcium hypochlorite ($Ca(ClO)_2$), and chlorhexidine ($C_{22}H_{30}Cl_2N_{10}$). Interestingly, chlorine-containing products are as effective as bactericides, sporicides, and fungicides [175-183].

Furthermore, several factors might affect the degree of effectiveness of disinfectants and/or antiseptics. Those aspects that essentially determine antimicrobial efficacy are related to: i) Bacterial amount and concentration at the site being disinfected/sterilized; ii) The specific manner by which surfaces or objects or wounds are cleaned, especially if those sites are either flat or cracked; and iii) Dependency on variables such as blood stains, tissue or mucous, environmental temperature, exposure time, and chemical composition and stability, the latter being controlled by EPA [1,22,35,67,125,156,180-185]. In brevity, it is conspicuously understandable, therefore, that the effectiveness of disinfectants and/or antiseptics varies with cleanliness, exposure time, concentration, and temperature. Those not necessarily combined sequential modules are essentially crucial to determining the efficacy of commercially available household disinfectants, an issue that is significantly reflecting the pervasive nature of marketed antimicrobial products.

4.5. Antimicrobial Mechanisms of Detergents and Disinfectants

Analytically, this study has classified disinfectants and antiseptics into four main categories: i) Class A – *Daily mouthwash*; ii) Class B – *Toilet bowl cleaners/bleaches/sanitizers*; iii) Class C – *Surface and floor mopping cleaners/detergents*; and iv) Class D – *Hand and body wash gels*. Those classes are by no means reflecting any degree of effectiveness, rather are a mirror of handy arrangement for chronological research purposes. Thereafter, we will map out a comparative analytical approach in simulating the descending order of antimicrobial efficacy of each class of disinfectant/sterilizer/antiseptic used in this study against the individual gram-positive bacteria therein assessed [185-190]:

- i) *Citrobacter koseri* – Class D > Class A > Class B > Class C.
- ii) *Enterobacter cloacae* – Class D > Class A > Class B > Class C.
- iii) *Escherichia coli* – Class D > Class A > Class B > Class C.
- iv) *Escherichia coli ESBL* – Class D > Class A > Class B > Class C.
- v) *Klebsiella pneumoniae Escherichia coli* – Class D > Class A > Class B > Class C.
- vi) *Proteus vulgaris Escherichia coli* – Class D > Class A > Class B > Class C.
- vii) *Pseudomonas aeruginosa* – Class B > Class C > Class D > Class A.
- viii) *Salmonella typhimurium* – Class D > Class A > Class B > Class C.
- ix) *Shigella sonnei* – Class D > Class A > Class B > Class C.

Importantly, the first study that investigated the use of disinfectants at home was presented in 1978 [2]. Thereafter, an astronomical number of references, herein alluded to,

investigated the antimicrobial disinfectants frequently used in hospitals, dental surgeries (and other healthcare settings), industry, and households. These disinfectants, as indicated above, include active ingredients such as alcohol (such as ethanol or isopropanol), which is usually wiped over inanimate surfaces (benches), and skin, and allowed to evaporate quickly; aldehyde (such as formaldehyde or glutaraldehyde), which is highly effective against bacteria; ammonia, which is usually added with chloramine, a disinfectant; chlorine, which usually reduces and/or neutralizes waterborne infectious agents; sodium hypochlorite, which is a common household bleach, highly effective disinfectant; H_2O_2 , effectively antibacterial and antiviral disinfectant; ozone, a gaseous disinfectant and highly effective antibacterial and antifungal sanitary disinfectant; phenol, which is common in most household detergents and in some daily mouthwash products, and is highly effective antiseptic; and quaternary ammonium salts (quats) (such as benzalkonium chloride), which are effectively antibacterial and act as biocides [190-201].

The wide canopy of household products investigated in the present study contained all of the abovementioned active ingredients, albeit with varying compositions and concentrations, many of which are antimicrobial. Via mapping the localities of bacteria, moreover, and scanning the milieu of common bacterial species in human mouth we have revealed families of gram-negative bacteria such as *Escherichia coli*, *Pseudomonas aeruginosa*, and *Salmonella typhimurium*. According to recent reports, the most common household items that are likely to be infested with microbes are kitchen sponges and rags, dish towels, cutting boards, kitchen surfaces, sink drains, toilet, tub and shower, doorknobs and handles, cellphones, computer keyboards, television remotes, carpets, and toothbrushes. Furthermore, common bacteria in household floors, bowels, lavenders, appliances, and furniture are *Bacillus*, *Corynebacterium*, *Cryptosporidium*, *E. coli*, *Salmonella*, *Staphylococcus* spp., and *Streptococcus* spp.

4.6. Inflammatory and Anti-inflammatory Mechanisms of Detergents and Disinfectants

Antiseptics and disinfectants are used extensively in hospitals and other health care settings for a variety of topical and hard-surface applications. In particular, they are an essential part of infection control practices and aid in the prevention of nosocomial infections. Mounting concerns over the potential for microbial contamination and infection risks in the food chain and general consumer markets have also led to increased use of antiseptics and disinfectants by the general public [1,42]. A wide variety of active chemical agents (or “biocides”) are found in these products, many of which have been used for hundreds of years for antiseptics, disinfection, and preservation. Despite this, less is known about the mode of action of these active agents than about antibiotics. In general, biocides have a broader spectrum of activity than antibiotics, and, while antibiotics tend to have specific intracellular targets, biocides may have multiple targets. The widespread use of antiseptic and disinfectant products has prompted some speculation on the development of microbial resistance, in particular cross resistance to antibiotics [1,18,64,144].

Although the anti-microbial effects of commercially available detergents and disinfectants are now well established following the canopy of microorganisms investigated in this and other research studies, the inflammatory and/or anti-inflammatory mechanisms have yet to be unraveled [4,11,18,30,42,58,64,141,144,195,196]. Several hypotheses have been proposed as to deciphering the anti-microbial and inflammatory/anti-inflammatory effects of commercially available disinfectants and sterilizers, whose active ingredients in particular are essentially highly potent biocides. One of the scenarios indicated that the active ingredients of these detergents are irritants at certain concentrations and allergic reactions have been reported [42]. These inflammatory and allergic responses are ostensibly dependent on the frequency and time exposure, in addition to biochemical constituency and its variations. Furthermore, other scenarios implicated the occurrence of anti-inflammatory effects in curbing the spread of microbial contamination in various healthcare settings, as alluded to above [11,18,42,58,141,195]. These opposing effects highlight the importance of understanding the mechanisms pertaining to infection control using those products. Current studies at our laboratories are investigating the purported anti-inflammatory effects at various levels: i) Measuring the minimum inhibitory concentrations (MICs) of various detergents against gram-positive and gram-negative bacteria *in vitro*; ii) Investigating the inflammatory and allergic responses at various concentrations, particularly that of hives and contact dermatitis; iii) Assessing the anti-inflammatory role of detergents and disinfectants commonly used in the dental office against gingivitis and plaques; iv) Undertaking the *in vivo* analytical assessment of the effect of detergents and disinfectants on inflammatory responses mediated by an essential transcription factor known as nuclear factor- κ B (NF- κ B); and v) Measuring cellular responses in terms of the effect of detergents and disinfectants on the biosynthesis and secretion of inflammatory cytokines *in vitro*. These observations jibe

with the established efficacious role that detergents and disinfectants may exert both anti-microbial and anti-inflammatory effects *in vitro* and *in vivo* [1,42].

Considerable progress has been made in understanding the mechanisms of the antibacterial action of antiseptics and disinfectants. By contrast, studies on their modes of action against fungi, viruses, and protozoa have been rather sparse. Furthermore, little is known about the means whereby these agents inactivate prions [1]. Whatever the type of microbial cell (or entity), it is probable that there is a common sequence of events. This can be envisaged as interaction of the antiseptic or disinfectant with the cell surface followed by penetration into the cell and action at the target site(s). The nature and composition of the surface vary from one cell type (or entity) to another but can also alter as a result of changes in the environment. Interaction at the cell surface can produce a significant effect on viability (e.g. with glutaraldehyde), but most antimicrobial agents appear to be active intracellularly [1]. The outermost layers of microbial cells can thus have a significant effect on their susceptibility (or insusceptibility) to antiseptics and disinfectants; it is disappointing how little is known about the passage of these antimicrobial agents into different types of microorganisms.

A battery of techniques are currently available for studying the mechanisms of action of antiseptics and disinfectants on microorganisms, especially bacteria [1,42,55,65,112,145,196]. These include the examination of uptake, lysis and leakage of intracellular constituents, perturbation of cell homeostasis, effects on model membranes, inhibition of enzymes, electron transport, and oxidative phosphorylation, interaction with macromolecules, effects on macromolecular biosynthetic processes, and microscopic examination of biocide-exposed cells. Additional and useful information can be obtained by calculating concentration exponents (n values) and relating these to membrane activity. Many of these procedures are valuable for detecting and evaluating antiseptics or disinfectants used in combination [1].

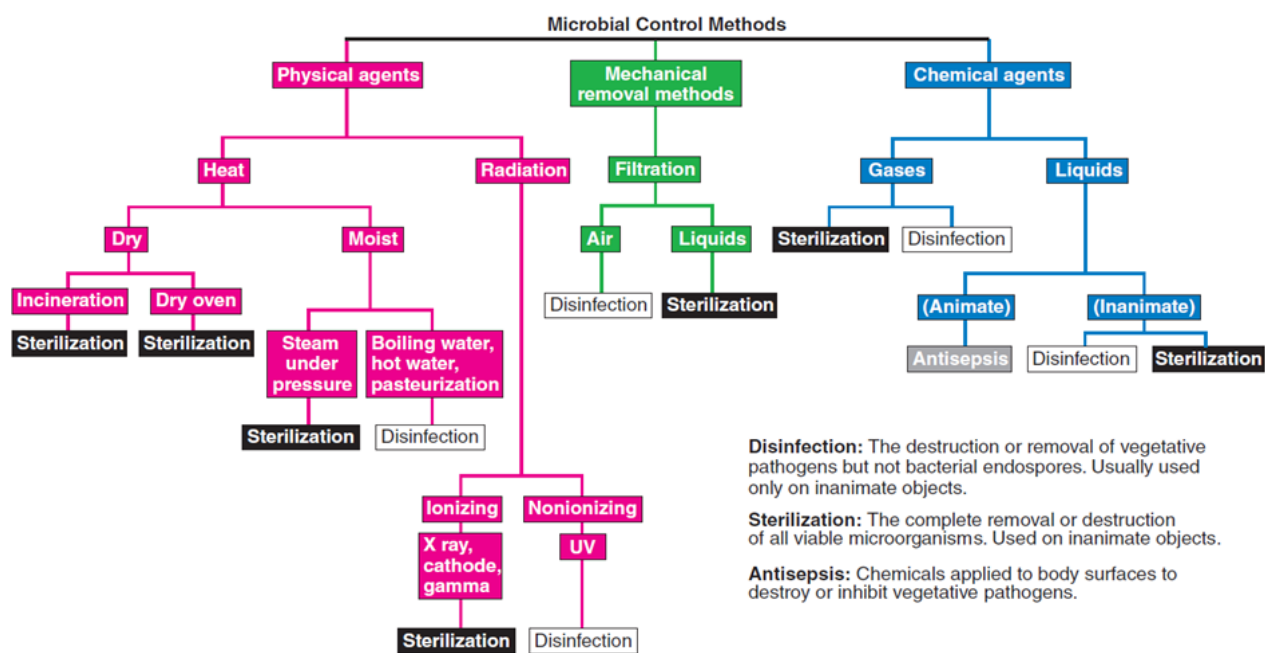


Figure 15. An overview schematic showing microbial infection control. (Adapted, courtesy of Talaro, Kathleen P., *Foundations in Microbiology*, 9th Edition, 2015. McGraw-Hill Education, USA.)

Interestingly, unless products are intended to be sterile, it is likely that some contamination may be present. This should be kept to a minimum and must not contain pathogenic organisms or inappropriate organisms (i.e., vegetative bacteria in a product marketed as bactericidal). An overview schematic showing microbial infection control is given in [Figure 15](#).

5. Conclusions and Prospects

The present wide spectrum study has meticulously examined the antimicrobial efficacies of various household antiseptics and disinfectants to a surprising revelation of four classes, dubbed A – D. Whilst these commercially available products show variations in antimicrobial effectiveness, this is the first broad investigation that determined authenticity of information commercially inundating the public in terms of hygiene and health awareness [1]. For the first time in recent history that a study of this magnitude has ever been attempted. That said, we have not only revealed putative antimicrobial variations with myriad household products, but also unraveled the effectiveness of these products as compared with commonly used antibiotic, novobiocin, albeit showing in many occasions more antimicrobial propensity than the antibiotic itself.

These laboratory verified results bolster the common observations that commercially available household products are in fact effective antimicrobials at various levels, but that professional advertising is less than accurate and consumer's attention should be revisited and redirected. The choice of any of those products as common commodities essentially remains that of the consumer [1-5,25-30,45-62,91-105,116-132,175-182,198-221]. This study, nevertheless, has mirrored an unprecedented household guide roadmap for well-informed, prowess, and aware public health decisions relevant to hygiene, disinfection, sanitization, and infection control.

Conflict of Interest

The authors confirm that this article content has no conflicts of interest.

Acknowledgments

At the technical and experimental levels, all authors have equally and squarely contributed to the research work therein reported, with Dr. John J. Haddad as lead and principle investigator. The authors would also like to thank the following undergraduate students (alphabetically arranged) in Medical Laboratory Technology for technical assistance: Ahlam H. Abbass, Esraa K. Al-Hadidi, Doaa M. Azzam, Rana M. Ghadieh, Hiba A. Hasan, and Yasmine K. Nakhal. This work is supported by intramural funds provided by the University at the Biomedical Laboratory of the Faculty of Health Sciences. Parts of this work are also supported by a CNRS grant to the principal investigator, Dr. John J. Haddad (#01-03-12; Beirut, Lebanon). There is no conflict of interest the authors can declare on the premise that this work is granted and

undertaken solely for educational purposes. The last author's work therein cited was, in part, supported by the Anonymous Trust (Scotland), the National Institute for Biological Standards and Control (England), the Tenovus Trust (Scotland), the UK Medical Research Council (MRC, London), the National Institutes of Health (NIH), and the Wellcome Trust (London). Dr. John J. Haddad held the distinguished Georges John Livanos fellowship at the University of Dundee, Scotland, UK, and the National Institutes of Health postdoctoral fellowship at the University of California, San Francisco, USA (NIH; UCSF).

Patient Consent

The authors confirm that there is no patient consent involved with the bearings of this work.

Footnote

The authors would want to mention that this work therein reported and any other ramifications of this research thereafter demonstrated is and are not to be construed as an attempt to undermine or damage the integrity of information and/or validity of biochemical efficacies provided and promoted by commercial tenders or trademarks. We are consumers reporting observations that have been validated in a recognized research laboratory, and hence we have no intention otherwise to disqualify or discredit any domestic or international brand or trademark. Therefore, the authors and or their institution thereby bear and hold no liability or any legal responsibility as we have reported original research work performed by students and their qualified instructors for educational purposes, and is not intended in any way, shape, or form to be viewed and/or construed for promotional or commercial endpoints.

Abbreviations

Aldehyde, R-CHO; American Chemical Society, ACS; Amine fluoride/stannous fluoride, AFSF; Association for Professionals in Infection Control and Epidemiology, APIC; Boric acid, H₃BO₃; Carbolic acid, C₆H₆O; Calcium hypochlorite, Ca(ClO)₂; Centers for Disease Control and Prevention, CDC; Cetyl pyridinium chloride, CPC; Chlorhexidine, C₂₂H₃₀Cl₂N₁₀ (CHX); Enterococcus Group D, EGD; Environmental Protection Agency, EPA; Essential oil, EO; Ethanol, EtOH; Group A *Streptococcus*, GAS; Group B *Streptococcus*, GBS; Hydrogen peroxide, H₂O₂; Minimum inhibitory concentration, MIC; Nuclear factor-κB, NF-κB; One-way analysis of variance, ANOVA; Phenol, C₆H₅OH; Phosphate buffered saline, PBS; Potassium permanganate, KMnO₄; Quaternary ammonium compounds, QACs; Sodium chloride, NaCl; World Health Organization, WHO.

References

- [1] Masri, M.N.; Hanbali, L.B.; Kamar, A.H.; Kanafani, L.M.S.; Hanbali, M.B.; Haddad, J.J. The immunomodulatory,

- antimicrobial and bactericidal efficacy of commonly used commercial household disinfectants, sterilizers and antiseptics *in vitro*: Putative anti-inflammatory infection control mechanisms and comparative biochemical analysis of the microbial growth of gram-positive bacteria. *Am. J. Med. Biol. Res.*, 2013, 1, 103-133.
- [2] Bloomfield, S.F. The use of disinfectants in the home. *J. Appl. Bacteriol.*, 1978, 45, 1-38.
- [3] Tirali, R.E.; Bodur, H.; Sipahi, B.; Sungurtekin, E. Evaluation of the antimicrobial activities of chlorhexidine gluconate, sodium hypochlorite and octenidine hydrochloride *in vitro*. *Aust. Endod. J.*, 2013, 39, 15-18.
- [4] Gomes, B.P.; Ferraz, C.C.; Vianna, M.E.; Berber, V.B.; Teixeira, F.B.; Souza-Filho, F.J. *In vitro* antimicrobial activity of several concentrations of sodium hypochlorite and chlorhexidine gluconate in the elimination of *Enterococcus faecalis*. *Int. Endod. J.*, 2001, 34, 424-428.
- [5] Lankford, M.G.; Collins, S.; Youngberg, L.; Rooney, D.M.; Warren, J.R.; Noskin, G.A. Assessment of materials commonly utilized in health care: Implications for bacterial survival and transmission. *Am. J. Infect. Control*, 2006, 34, 258-263.
- [6] Burke, J.P. Infection control a problem for patient safety. *N. Engl. J. Med.*, 2003, 348, 651-656.
- [7] Noskin, G.A.; Stosor, V.; Cooper, I.; Peterson, L.R. Recovery of vancomycin-resistant *Enterococci* on fingertips and environmental surfaces. *Infect. Control Hosp. Epidemiol.*, 1995, 16, 577-581.
- [8] Schulster, L.; Chinn, R.Y.W. Guidelines for environmental infection control in health-care facilities. Recommendations of CDC and the healthcare infection control practices advisory committee (HICPAC). *MMWR Morb. Mortal. Wkly. Rep.*, 2003, 52, 1-42.
- [9] Scott, E.; Bloomfield, S.F. The survival and transfer of microbial contamination via cloths, hands, and utensils. *J. Appl. Bacteriol.*, 1990, 68, 271-278.
- [10] Neely, A.N.; Maley, M.P. Survival of *Enterococci* and *Staphylococci* on hospital fabrics and plastics. *J. Clin. Microbiol.*, 2000, 38, 724-726.
- [11] Widmer, A.F.; Wenzel, R.P.; Trilla, A.; Bale, M.J.; Jones, R.N.; Doebbling, B.N. Outbreak of *Pseudomonas aeruginosa* infections in a surgical intensive care unit: Probable transmission via hands of healthcare worker. *Clin. Infect. Dis.*, 1993, 16, 372-376.
- [12] Saurina, G.; Landman, D.; Quale, J.M. Activity of disinfectants against vancomycin-resistant *Enterococcus faecium*. *Infect. Control Hosp. Epidemiol.*, 1997, 18, 345-347.
- [13] Rutala, W.A.; Barbee, S.L.; Aguiar, N.C.; Sobsey, M.D.; Weber, D.J. Antimicrobial activity of home disinfectants and natural products against potential human pathogens. *Infect. Control Hosp. Epidemiol.*, 2000, 21, 33-38.
- [14] Dharan, S.; Mourouga, P.; Copin, P.; Bessmer, G.; Tschanz, B.; Pittet, D. Routine disinfection of patients' environmental surfaces. Myth or reality? *J. Hosp. Infect.*, 1999, 42, 113-117.
- [15] Exner, M.; Vacata, V.; Hornei, B.; Dietlein, E.; Gebel, J. Household cleaning and surface disinfection: New insights and strategies. *J. Hosp. Infect.*, 2004, 56, S70-S75.
- [16] Rutala, W.A. APIC guideline for selection and use of disinfectants. *Am. J. Infect. Control*, 1996, 24, 313-342.
- [17] Lim, W.M.; Ting, D.H. Healthcare marketing: Contemporary salient issues and future research directions. *Int. J. Healthcare Manag.*, 2012, 5, 3-11.
- [18] Entoyen, A.; Tollen, L. Competition in healthcare: It takes systems to pursue quality and efficiency. *Health Aff.*, 2005, 24, 420-433.
- [19] Patters, M.R.; Nalbandian, J.; Nichols, F.C. Effects of octenidine mouthrinse on plaque formation and gingivitis in humans. *J. Periodontal. Res.*, 1986, 21, 154-162.
- [20] Mir, J.; Morato, J.; Ribas, F. Resistance to chlorine of freshwater bacterial strains. *J. Appl. Microbiol.*, 1997, 82, 7-18.
- [21] Earnshaw, A.M.; Lawrence, L.M. Sensitivity to commercial disinfectants, and the occurrence of plasmids within various *Listeria monocytogenes* genotypes isolated from poultry products and the poultry processing environment. *J. Appl. Microbiol.*, 1998, 84, 642-648.
- [22] Taylor, J.H.; Rogers, S.J.; Holah, J.T. A comparison of the bactericidal efficacy of 18 disinfectants used in the food industry against *Escherichia coli* O157:H7 and *Pseudomonas aeruginosa* at 10 and 20°C. *J. Appl. Microbiol.*, 1999, 87, 718-725.
- [23] Langsrud, S.; Møretro, T.; Sundheim, G. Characterization of *Serratia marcescens* surviving in disinfecting footbaths. *J. Appl. Microbiol.*, 2003, 95, 186-195.
- [24] Halfhide, D.E.; Gannon, B.W.; Hayes, C.M.; Roe, J.M. Wide variation in effectiveness of laboratory disinfectants against bacteriophages. *Lett. Appl. Microbiol.*, 2008, 47, 608-612.
- [25] Møretro, T.; Vestby, L.K.; Nesse, L.L.; Storheim, S.E.; Kotlarz, K.; Langsrud, S. Evaluation of efficacy of disinfectants against *Salmonella* from the feed industry. *J. Appl. Microbiol.*, 2009, 106, 1005-1012.
- [26] Pereira, R.P.; Lucas, M.G.; Spolidorio, D.M.P.; Filho, J.N.A. Antimicrobial activity of disinfectant agents incorporated into type IV dental stone. *Gerodontology*, 2012, 29, e267-e274.
- [27] Banwo, K.; Sanni, A.; Tan, H. Technological properties and probiotic potential of *Enterococcus faecium* strains isolated from cow milk. *J. Appl. Microbiol.*, 1997, 114, 229-241.
- [28] Langsrud, S.; Sundheim, G. Factors influencing a suspension test method for antimicrobial activity of disinfectants. *J. Appl. Microbiol.*, 1998, 85, 1006-1012.
- [29] Walton, J.T.; Hill, D.J.; Protheroe, R.G.; Nevill, A.; Gibson, H. Investigation into the effect of detergents on disinfectant susceptibility of attached *Escherichia coli* and *Listeria monocytogenes*. *J. Appl. Microbiol.*, 2008, 105, 309-315.
- [30] Kastbjerg, V.G.; Gram, L. Model systems allowing quantification of sensitivity to disinfectants and comparison of disinfectant susceptibility of persistent and presumed non-persistent *Listeria monocytogenes*. *J. Appl. Microbiol.*, 2009, 106, 1667-1681.
- [31] Eick, S.; Goltz, S.; Nietzsche, S.; Jentsch, H.; Pfister, W. Efficacy of chlorhexidine digluconate-containing formulations and other mouthrinses against periodontopathogenic microorganisms. *Quintessence Int.*, 2011, 42, 687-700.
- [32] Lin, S.; Levin, L.; Weiss, E.I.; Peled, M.; Fuss, Z. *In vitro* antibacterial efficacy of a new chlorhexidine slow-release device. *Quintessence Int.*, 2006, 37, 391-394.
- [33] Sampath, L.A.; Tambe, S.M.; Modak, S.M. *In vitro* and *in vivo* efficacy of catheters impregnated with antiseptics or antibiotics: Evaluation of the risk of bacterial resistance to the antimicrobials in the catheters. *Infect. Control Hosp. Epidemiol.*, 2001, 22, 640-646.
- [34] McDonnell, G.; Russell, A.D. Antiseptics and disinfectants: Activity, action, and resistance. *Clin. Microbiol. Rev.*, 1999, 12, 147-179.
- [35] Nicoletti, G.; Boghossian V.; Gurevitchm F.; Borlandm R.; Morgenrothm P. The antimicrobial activity *in vitro* of chlorhexidine, a mixture of isothiazolinones ('Kathon' CG) and cetyl trimethyl ammonium bromide (CTAB). *J. Hosp. Infect.*, 1993, 23, 87-111.
- [36] Russell, A.D. Chlorhexidine: Antibacterial action and bacterial resistance. *Infection*, 1986, 14, 212-215.
- [37] Ruggpolmuang, L.; Thanabodeethada, R.; Riansuwan, K. Comparison of the effectiveness in bacterial decontamination between chlorhexidine gluconate and povidone-iodine solution in foot and ankle: A pilot study. *J. Med. Assoc. Thai.*, 2012, 95, S95-S98.
- [38] Mohammadi, Z.; Shalavi, S.; Giardino, L.; Palazzi, F.; Mashouf, R.Y.; Soltanian, A. Antimicrobial effect of three new and two established root canal irrigation solutions. *Gen. Dent.*, 2012, 60, 534-537.
- [39] Pradeep, A.R.; Kumari, M.; Priyanka, N.; Naik, S.B. Efficacy of chlorhexidine, metronidazole and combination gel in the treatment of gingivitis - A randomized clinical trial. *J. Int. Acad. Periodontol.*, 2012, 14, 91-96.
- [40] Abuzaid, A.; Hamouda, A.; Amyes, S.G. Bactericidal activity of five antiseptics on *Klebsiella pneumoniae* and its relationship to the presence of efflux pump genes and influence of organic matter. *J. Chemother.*, 2012, 24, 297-299.
- [41] Bidar, M.; Hooshiar, S.; Naderinasab, M.; Moazzami, M.; Orafaee, H.; Naghavi, N.; Jafarzadeh, H. Comparative study of the antimicrobial effect of three irrigant solutions (chlorhexidine, sodium hypochlorite and chlorhexidinated MUMS). *J. Contemp. Dent. Pract.*, 2012, 13, 436-439.
- [42] Da Silva, N.B.; Alexandria, A.K.; De Lima, A.L.; Claudino, L.V.; De Oliveira Carneiro, T.F.; Da Costa, A.C.; Valença, A.M.; Cavalcanti, A.L. *In vitro* antimicrobial activity of mouth washes and herbal products against dental biofilm-forming bacteria. *Contemp. Clin. Dent.*, 2012, 3, 302-305.
- [43] Neely, A.L. Essential oil mouthwash (EOMW) may be equivalent to chlorhexidine (CHX) for long-term control of gingival inflammation but CHX appears to perform better than EOMW in plaque control. *J. Evid. Based Dent. Pract.*, 2012, 12, S69-S72.

- [44] Wikén Albertsson, K.; Persson, A.; van Dijken, J.W. Effect of essential oils containing and alcohol-free chlorhexidine mouthrinses on cariogenic micro-organisms in human saliva. *Acta Odontol. Scand.*, 2013, 71, 883-891.
- [45] Konidala, U.; Nuvvula, S.; Mohapatra, A.; Nirmala, S.V. Efficacy of various disinfectants on microbially contaminated toothbrushes due to brushing. *Contemp. Clin. Dent.*, 2011, 2, 302-307.
- [46] Zheng, C.Y.; Wang, Z.H. Effects of chlorhexidine, listerine and fluoride listerine mouthrinses on four putative root-caries pathogens in the biofilm. *Chin. J. Dent. Res.*, 2011, 14, 135-140.
- [47] Charles, C.A.; McGuire, J.A.; Sharma, N.C.; Qaish, J. Comparative efficacy of two daily use mouthrinses: Randomized clinical trial using an experimental gingivitis model. *Braz. Oral Res.*, 2011, 25, 338-344.
- [48] Agarwal, P.; Nagesh, L. Comparative evaluation of efficacy of 0.2% Chlorhexidine, Listerine and Tulsi extract mouth rinses on salivary *Streptococcus mutans* count of high school children – RCT. *Contemp. Clin. Trials*, 2011, 32, 802-808.
- [49] Ramage, G.; Jose, A.; Coco, B.; Rajendran, R.; Rautema, R.; Murray, C.; Lappin, D.F.; Bagg, J. Commercial mouthwashes are more effective than azole antifungals against *Candida albicans* biofilms *in vitro*. *Oral Surg. Oral Med. Oral Pathol. Oral Radiol. Endod.*, 2011, 111, 456-460.
- [50] Saad, S.; Greenman, J.; Shaw, H. Comparative effects of various commercially available mouthrinse formulations on oral malodor. *Oral Dis.*, 2011, 17, 180-186.
- [51] Fine, D.H. Listerine: Past, present and future – A test of thyme. *J. Dent.*, 2010, 38, S2-S5.
- [52] Fine, D.H.; Furgang, D.; McKiernan, M.; Tereski-Bischio, D.; Ricci-Nittel, D.; Zhang, P.; Araujo, M.W. An investigation of the effect of an essential oil mouthrinse on induced bacteraemia: A pilot study. *J. Clin. Periodontol.*, 2010, 37, 840-847.
- [53] Beneduce, C.; Baxter, K.A.; Bowman, J.; Haines, M.; Andriana, S. Germicidal activity of antimicrobials and VIOlight personal travel toothbrush sanitizer: An *in vitro* study. *J. Dent.*, 2010, 38, 621-625.
- [54] Haffajee, A.D.; Yaskell, T.; Socransky, S.S. Antimicrobial effectiveness of an herbal mouthrinse compared with an essential oil and a chlorhexidine mouthrinse. *J. Am. Dent. Assoc.*, 2008, 139, 606-611.
- [55] Edmonds, S.L.; McCormack, R.R.; Zhou, S.S.; Macinga, D.R.; Fricker, C.M. Hand hygiene regimens for the reduction of risk in food service environments. *J. Food Prot.*, 2012, 75, 1303-1309.
- [56] Wang, Z.; Shen, Y.; Ma, J.; Haapasalo, M. The effect of detergents on the antibacterial activity of disinfecting solutions in dentin. *J. Endod.*, 2012, 38, 948-953.
- [57] Almas, K.; Skaug, N.; Ahmad, I. An *in vitro* antimicrobial comparison of miswak extract with commercially available non-alcohol mouthrinses. *Int. J. Dent. Hyg.*, 2005, 3, 18-24.
- [58] Otten, M.P.; Busscher, H.J.; van der Mei, H.C.; van Hoogmoed, C.G.; Abbas, F. Acute and substantive action of antimicrobial toothpastes and mouthrinses on oral biofilm *in vitro*. *Eur. J. Oral Sci.*, 2011, 119, 151-155.
- [59] Lucas, V.S.; Gafan, G.; Dewhurst, S.; Roberts, G.J. Prevalence, intensity and nature of bacteraemia after toothbrushing. *J. Dent.*, 2008, 36, 481-487.
- [60] Sreenivasan, P.K.; Haraszthy, V.I.; Zambon, J.J. Antimicrobial efficacy of 0.05% cetylpyridinium chloride mouthrinses. *Let. Appl. Microbiol.*, 2013, 56, 14-20.
- [61] Thomas, E. Efficacy of two commonly available mouth rinses used as preprocedural rinses in children. *J. Indian Soc. Pedod. Prev. Dent.*, 2011, 29, 113-116.
- [62] Sullivan, R.; Santarpia, P.; Lavender, S.; Gittins, E.; Liu, Z.; Anderson, M.H.; He, J.; Shi, W.; Eckert, R. Clinical efficacy of a specifically targeted antimicrobial peptide mouth rinse: Targeted elimination of *Streptococcus mutans* and prevention of demineralization. *Caries Res.*, 2011, 45, 415-428.
- [63] Haraszthy, V.I.; Zambon, J.J.; Sreenivasan P.K. Evaluation of the antimicrobial activity of dentifrices on human oral bacteria. *J. Clin. Dent.*, 2010, 21, 96-100.
- [64] Schaeffer, L.M.; Szezewyck, G.; Nesta, J.; Vandeven, M.; Du-Thumm, L.; Williams, M.I.; Arvanitidou, E. *In vitro* antibacterial efficacy of cetylpyridinium chloride-containing mouthwashes. *J. Clin. Dent.*, 2011, 22, 183-186.
- [65] Samuels, N.; Grbic, J.T.; Saffer, A.J.; Wexler, I.D.; Williams, R.C. Effect of an herbal mouth rinse in preventing periodontal inflammation in an experimental gingivitis model: A pilot study. *Compend. Contin. Educ. Dent.*, 2012, 33, 204-206, 208-211.
- [66] Zheng, C.Y.; Wang, Z.H. Effects of chlorhexidine, listerine and fluoride listerine mouthrinses on four putative root-caries pathogens in the biofilm. *Chin. J. Dent. Res.*, 2011, 14, 135-140.
- [67] Oyanagi, T.; Tagami, J.; Matin, K. Potentials of mouthwashes in disinfecting cariogenic bacteria and biofilms leading to inhibition of caries. *Open Dent. J.*, 2012, 6, 23-30.
- [68] Chen, Y.; Wong, R.W.; Seneviratne, C.J.; Hägg, U.; McGrath, C.; Samaranyake, L.P. Comparison of the antimicrobial activity of Listerine and Corsodyl on orthodontic brackets *in vitro*. *Am. J. Orthod. Dentofacial Orthop.*, 2011, 140, 537-542.
- [69] Thaweboon, S.; Thaweboon, B. Effect of an essential oil-containing mouth rinse on VSC-producing bacteria on the tongue. *Southeast Asian J. Trop. Med. Public Health*, 2011, 42, 456-462.
- [70] Drake, D.; Villhauer, A.L. An *in vitro* comparative study determining bactericidal activity of stabilized chlorine dioxide and other oral rinses. *J. Clin. Dent.*, 2011, 22, 1-5.
- [71] Sliopen, I.; Van Essche, M.; Quirynen, M.; Teughels, W. Effect of mouthrinses on *Aggregatibacter actinomycetemcomitans* biofilms in a hydrodynamic model. *Clin. Oral Investig.*, 2010, 14, 241-250.
- [72] Abirami, C.P.; Venugopal, P.V. Antifungal activity of three mouth rinses – *in vitro* study. *Indian J. Pathol. Microbiol.*, 2005, 48, 43-44.
- [73] Jacups, S.P.; Ball, T.S.; Paton, C.J.; Johnson, P.H.; Ritchie, S.A. Operational use of household bleach to “crash and release” *Aedes aegypti* prior to Wolbachia-infected mosquito release. *J. Med. Entomol.*, 2013, 50, 344-351.
- [74] Goode, N. Effectiveness of five-day-old 10% bleach in a student microbiology laboratory setting. *Clin. Lab. Sci.*, 2012, 25, 219-223.
- [75] Grabsch, E.A.; Mahony, A.A.; Cameron, D.R.; Martin, R.D.; Heland, M.; Davey, P.; Petty, M.; Xie, S.; Grayson, M.L. Significant reduction in vancomycin-resistant *Enterococcus* colonization and bacteraemia after introduction of a bleach-based cleaning-disinfection programme. *J. Hosp. Infect.*, 2012, 82, 234-242.
- [76] Calfee, M.W.; Ryan, S.P.; Wood, J.P.; Mickelsen, L.; Kempter, C.; Miller, L.; Colby, M.; Touati, A.; Clayton, M.; Griffin-Gatchalian, N.; McDonald, S.; Delafield, R. Laboratory evaluation of large-scale decontamination approaches. *J. Appl. Microbiol.*, 2012, 112, 874-882.
- [77] Ballereau, F.; Merville, C.; Lafleur, M.T.; Schrive, I. Stability and antimicrobial effectiveness of Javel water in a tropical hospital environment. *Bull. Soc. Pathol. Exot.*, 1997, 90, 192-195.
- [78] Amoah, P.; Drechsel, P.; Abaidoo, R.C.; Klutse, A. Effectiveness of common and improved sanitary washing methods in selected cities of West Africa for the reduction of coliform bacteria and helminth eggs on vegetables. *Trop. Med. Int. Health*, 2007, 12, S40-S50.
- [79] Valera, M.C.; Maekawa, L.E.; Oliveira, L.D.; Jorge, A.O.; Shygei, E.; Carvalho, C.A. *In vitro* antimicrobial activity of auxiliary chemical substances and natural extracts on *Candida albicans* and *Enterococcus faecalis* in root canals. *J. Appl. Oral Sci.*, 2013, 21, 2.
- [80] Vaziri, S.; Kangarlou, A.; Shahbazi, R.; Nazari Nasab, A.; Naseri, M. Comparison of the bactericidal efficacy of photodynamic therapy, 2.5% sodium hypochlorite, and 2% chlorhexidine against *Enterococcus faecalis* in root canals – An *in vitro* study. *Dent. Res. J. (Isfahan)*, 2012, 9, 613-618.
- [81] Mohammadi, Z.; Giardino, L.; Palazzi, F.; Shahriari, S. Effect of initial irrigation with sodium hypochlorite on residual antibacterial activity of tetraclean. *N. Y. State Dent. J.*, 2013, 79, 32-36.
- [82] Feliciano, L.; Li, J.; Lee, J.; Pascall, M.A. Efficacies of sodium hypochlorite and quaternary ammonium sanitizers for reduction of norovirus and selected bacteria during ware-washing operations. *PLoS One*, 2012, 7, e50273.
- [83] Farhad, A.R.; Barekatin, B.; Allameh, M.; Narimani, T. Evaluation of the antibacterial effect of calcium hydroxide in combination with three different vehicles: An *in vitro* study. *Dent. Res. J. (Isfahan)*, 2012, 9, 167-172.
- [84] Altieri, K.T.; Sanità, P.V.; Machado, A.L.; Giampaolo, E.T.; Pavarina, A.C.; Vergani, C.E. Effectiveness of two disinfectant solutions and microwave irradiation in disinfecting complete dentures contaminated with methicillin-resistant *Staphylococcus aureus*. *J. Am. Dent. Assoc.*, 2012, 143, 270-277.
- [85] Zand, V.; Salem-Milani, A.; Shahi, S.; Akhi, M.T.; Vazifekah, S. Efficacy of different concentrations of sodium hypochlorite and chlorhexidine in disinfection of contaminated Resilon cones. *Med. Oral Patol. Oral Cir. Bucal.*, 2012, 17, e352-e355.

- [86] Madrid, I.M.; Mattei, A.S.; Santin, R.; dos Reis Gomes, A.; Cleff, M.B.; Meireles, M.C. Inhibitory effect of sodium hypochlorite and chlorhexidine digluconate in clinical isolates of *Sporothrix schenckii*. *Mycoses*, 2012, 55, 281-285.
- [87] Ogunshie, A.A.; Omotoso, O.A.; Akindede, T.M. Soaps and germicides as adjunct topical antimycotic agents on *Candida* species implicated in vulvovaginal candidiasis. *East. Afr. J. Public Health*, 2011, 8, 112-118.
- [88] Young, R.; Buckley, L.; McEwan, N.; Nuttall, T. Comparative *in vitro* efficacy of antimicrobial shampoos: A pilot study. *Vet. Dermatol.*, 2012, 23, 36-40, e8.
- [89] Ogbulie, J.N.; Adieze, I.E.; Nwankwo, N.C. Susceptibility pattern of some clinical bacterial isolates to selected antibiotics and disinfectants. *Pol. J. Microbiol.*, 2008, 57, 199-204.
- [90] Messenger, S.; Goddard, P.A.; Dettmar, P.W.; Maillard, J.Y. Comparison of two *in vivo* and two *ex vivo* tests to assess the antibacterial activity of several antiseptics. *J. Hosp. Infect.*, 2004, 58, 115-121.
- [91] Schäfer, E.; Bossmann, K. Antimicrobial efficacy of chloroxylenol and chlorhexidine in the treatment of infected root canals. *Am. J. Dent.*, 2001, 14, 233-237.
- [92] Wichelhaus, A.; Bader, F.; Sander, F.G.; Krieger, D.; Mertens, T. Effective disinfection of orthodontic pliers. *J. Orofac. Orthop.*, 2006, 67, 316-336.
- [93] Navarro-Escobar, E.; Baca, P.; González-Rodríguez, M.P.; Arias-Moliz, M.T.; Ruiz, M.; Ferrer-Luque, C.M. *Ex vivo* microbial leakage after using different final irrigation regimens with chlorhexidine. *J. Appl. Oral Sci.*, 2013, 21, 74-79.
- [94] Climo, M.W.; Yokoe, D.S.; Warren, D.K.; Perl, T.M.; Bolon, M.; Herwaldt, L.A.; Weinstein, R.A.; Sepkowitz, K.A.; Jernigan, J.A.; Sanogo, K.; Wong, E.S. Effect of daily chlorhexidine bathing on hospital-acquired infection. *N. Engl. J. Med.*, 2013, 368, 533-542.
- [95] Pradeep, A.R.; Kumari, M.; Priyanka, N.; Naik, S.B. Efficacy of chlorhexidine, metronidazole and combination gel in the treatment of gingivitis – A randomized clinical trial. *J. Int. Acad. Periodontol.*, 2012, 14, 91-96.
- [96] Salim, N.; Moore, C.; Silikas, N.; Satterthwaite, J.; Rautemaa, R. Chlorhexidine is a highly effective topical broad-spectrum agent against *Candida* spp. *Int. J. Antimicrob. Agents*, 2013, 41, 65-69.
- [97] Rupp, M.E.; Cavalieri, R.J.; Lyden, E.; Kucera, J.; Martin, M.; Fitzgerald, T.; Tynes, K.; Anderson, J.R.; VanSchooneveld, T.C. Effect of hospital-wide chlorhexidine patient bathing on healthcare-associated infections. *Infect. Control Hosp. Epidemiol.*, 2012, 33, 1094-1100.
- [98] Baradari, A.G.; Khezri, H.D.; Arabi, S. Comparison of antibacterial effects of oral rinses chlorhexidine and herbal mouth wash in patients admitted to intensive care unit. *Bratisl. Lek. Listy*, 2012, 113, 556-560.
- [99] Johnson, M.D.; Schlett, C.D.; Grandits, G.A.; Mende, K.; Whitman, T.J.; Tribble, D.R.; Hospenthal, D.R.; Murray, P.R. Chlorhexidine does not select for resistance in *Staphylococcus aureus* isolates in a community setting. *Infect. Control Hosp. Epidemiol.*, 2012, 33, 1061-1063.
- [100] Horner, C.; Mawer, D.; Wilcox, M. Reduced susceptibility to chlorhexidine in *Staphylococci*: Is it increasing and does it matter? *J. Antimicrob. Chemother.*, 2012, 67, 2547-2559.
- [101] Hannig, C.; Basche, S.; Burghardt, T.; Al-Ahmad, A.; Hannig, M. Influence of a mouthwash containing hydroxyapatite microclusters on bacterial adherence *in situ*. *Clin. Oral Investig.*, 2013, 17, 805-814.
- [102] Moeintaghavi, A.; Arab, H.; Khajekaramodini, M.; Hosseini, R.; Danesteh, H.; Niknami, H. *In vitro* antimicrobial comparison of chlorhexidine, persica mouthwash and miswak extract. *J. Contemp. Dent. Pract.*, 2012, 13, 147-152.
- [103] Baca, P.; Junco, P.; Arias-Moliz, M.T.; Castillo, F.; Rodríguez-Archilla, A.; Ferrer-Luque, C.M. Antimicrobial substantivity over time of chlorhexidine and cetrimide. *J. Endod.*, 2012, 38, 927-930.
- [104] Naparstek, L.; Carmeli, Y.; Chmelnitsky, I.; Banin, E.; Navon-Venezia, S. Reduced susceptibility to chlorhexidine among extremely-drug-resistant strains of *Klebsiella pneumoniae*. *J. Hosp. Infect.*, 2012, 81, 15-19.
- [105] Peros, K.; Mestrovic, S.; Anic-Milosevic, S.; Rosin-Grget, K.; Slaj, M. Antimicrobial effect of different brushing frequencies with fluoride toothpaste on *Streptococcus mutans* and *Lactobacillus* species in children with fixed orthodontic appliances. *Korean J. Orthod.*, 2012, 42, 263-269.
- [106] Malhotra, N.; Rao, S.P.; Acharya, S.; Vasudev, B. Comparative *in vitro* evaluation of efficacy of mouthrinses against *Streptococcus mutans*, *Lactobacilli* and *Candida albicans*. *Oral Health Prev. Dent.*, 2011, 9, 261-268.
- [107] Hitz Lindenmüller, I.; Lambrecht, J.T. Oral care. *Curr. Probl. Dermatol.*, 2011, 40, 107-115.
- [108] Lobo, P.L.; de Carvalho, C.B.; Fonseca, S.G.; de Castro, R.S.; Monteiro, A.J.; Fonteles, M.C.; Fonteles, C.S. Sodium fluoride and chlorhexidine effect in the inhibition of *Streptococci mutans* in children with dental caries: A randomized, double-blind clinical trial. *Oral Microbiol. Immunol.*, 2008, 23, 486-491.
- [109] Flisfisch, S.; Meyer, J.; Meurman, J.H.; Waltimo, T. Effects of fluorides on *Candida albicans*. *Oral Dis.*, 2008, 14, 296-301.
- [110] Rioboo, M.; García, V.; Serrano, J.; O'Connor, A.; Herrera, D.; Sanz, M. Clinical and microbiological efficacy of an antimicrobial mouth rinse containing 0.05% cetylpyridinium chloride in patients with gingivitis. *Int. J. Dent. Hyg.*, 2012, 10, 98-106.
- [111] Herrera, D.; Roldán, S.; Santacruz, I.; Santos, S.; Masdevall, M.; Sanz, M. Differences in antimicrobial activity of four commercial 0.12% chlorhexidine mouthrinse formulations: An *in vitro* contact test and salivary bacterial counts study. *J. Clin. Periodontol.*, 2003, 30, 307-314.
- [112] Bélanger-Giguère, K.; Giguère, S.; Bélanger, M. Disinfection of toothbrushes contaminated with *Streptococcus mutans*. *Am. J. Dent.*, 2011, 24, 155-158.
- [113] Otten, M.P.; Busscher, H.J.; van der Mei, H.C.; Abbas, F.; van Hoogmoed, C.G. Retention of antimicrobial activity in plaque and saliva following mouthrinse use *in vivo*. *Caries Res.*, 2010, 44, 459-464.
- [114] Pan, P.C.; Harper, S.; Ricci-Nittel, D.; Lux, R.; Shi, W. *In-vitro* evidence for efficacy of antimicrobial mouthrinses. *J. Dent.*, 2010, 38, S16-S20.
- [115] Feres, M.; Figueiredo, L.C.; Faveri, M.; Stewart, B.; de Vizio, W. The effectiveness of a preprocedural mouthrinse containing cetylpyridinium chloride in reducing bacteria in the dental office. *J. Am. Dent. Assoc.*, 2010, 141, 415-422.
- [116] Witt, J.; Ramji, N.; Gibb, R.; Dunavent, J.; Flood, J.; Barnes, J. Antibacterial and antiplaque effects of a novel, alcohol-free oral rinse with cetylpyridinium chloride. *J. Contemp. Dent. Pract.*, 2005, 6, 1-9.
- [117] Arias-Moliz, M.T.; Ferrer-Luque, C.M.; González-Rodríguez, M.P.; Navarro-Escobar, E.; de Freitas, M.F.; Baca, P. Antimicrobial activity and *Enterococcus faecalis* biofilm formation on chlorhexidine varnishes. *Med. Oral Patol. Oral Cir. Bucal.*, 2012, 17, e705-e709.
- [118] Karpanen, T.J.; Worthington, T.; Hendry, E.R.; Conway, B.R.; Lambert, P.A. Antimicrobial efficacy of chlorhexidine digluconate alone and in combination with eucalyptus oil, tea tree oil and thymol against planktonic and biofilm cultures of *Staphylococcus epidermidis*. *J. Antimicrob. Chemother.*, 2008, 62, 1031-1036.
- [119] Sykes, G. The sporicidal properties of chemical disinfectants. *J. Appl. Bacteriol.*, 1970, 33, 147-156.
- [120] Watanabe, E.; Tanomaru, J.M.; Nascimento, A.P.; Matoba-Júnior, F.; Tanomaru-Filho, M.; Yoko Ito, I. Determination of the maximum inhibitory dilution of cetylpyridinium chloride-based mouthwashes against *Staphylococcus aureus*: An *in vitro* study. *J. Appl. Oral Sci.*, 2008, 16, 275-279.
- [121] Hendry, E.R.; Worthington, T.; Conway, B.R.; Lambert, P.A. Antimicrobial efficacy of eucalyptus oil and 1,8-cineole alone and in combination with chlorhexidine digluconate against microorganisms grown in planktonic and biofilm cultures. *J. Antimicrob. Chemother.*, 2009, 64, 1219-1225.
- [122] Kato, T.; Iijima, H.; Ishihara, K.; Kaneko, T.; Hirai, K.; Naito, Y.; Okuda, K. Antibacterial effects of Listerine on oral bacteria. *Bull. Tokyo Dent. Coll.*, 1990, 31, 301-307.
- [123] Battino, M.; Ferreira, M.S.; Fattorini, D.; Bullon, P. *In vitro* antioxidant activities of mouthrinses and their components. *J. Clin. Periodontol.*, 2002, 29, 462-467.
- [124] Zimmermann, M.; Preac-Mursic, V. *In vitro* activity of taurolidine, chlorophenol-camphor-menthol and chlorhexidine against oral pathogenic microorganisms. *Arzneimittelforschung*, 1992, 42, 1157-1159.
- [125] Seet, A.N.; Zilm, P.S.; Gully, N.J.; Cathro, P.R. Qualitative comparison of sonic or laser energisation of 4% sodium hypochlorite on an *Enterococcus faecalis* biofilm grown *in vitro*. *Aust. Endod. J.*, 2012, 38, 100-106.
- [126] Miranda, R.G.; Santos, E.B.; Souto, R.M.; Gusman, H.; Colombo, A.P. *Ex vivo* antimicrobial efficacy of the EndoVac® system plus photodynamic therapy associated with calcium hydroxide against intracanal *Enterococcus faecalis*. *Int. Endod. J.*, 2013, 46, 499-505.

- [127] Collao, B.; Morales, E.H.; Gil, F.; Polanco, R.; Calderón, I.L.; Saavedra, C.P. Differential expression of the transcription factors MarA, Rob, and SoxS of *Salmonella Typhimurium* in response to sodium hypochlorite: Down-regulation of rob by MarA and SoxS. *Arch. Microbiol.*, 2012, 194, 933-942.
- [128] Ordinola-Zapata, R.; Bramante, C.M.; Brandão Garcia, R.; Bombarda de Andrade, F.; Bernardini, N.; Gomes de Moraes, I.; Duarte, M.A. The antimicrobial effect of new and conventional endodontic irrigants on intra-orally infected dentin. *Acta Odontol. Scand.*, 2013, 71, 424-431.
- [129] Suwa, M.; Oie, S.; Furukawa, H. Efficacy of disinfectants against naturally occurring and artificially cultivated bacteria. *Biol. Pharm. Bull.*, 2013, 36, 360-363.
- [130] Xu, Y.; He, Y.; Li, X.; Gao, C.; Zhou, L.; Sun, S.; Pang, G. Antifungal effect of ophthalmic preservatives phenylmercuric nitrate and benzalkonium chloride on ocular pathogenic filamentous fungi. *Diagn. Microbiol. Infect. Dis.*, 2013, 75, 64-67.
- [131] Jaramillo, D.E.; Arriola, A.; Safavi, K.; Chávez de Paz, L.E. Decreased bacterial adherence and biofilm growth on surfaces coated with a solution of benzalkonium chloride. *J. Endod.*, 2012, 38, 821-825.
- [132] Suzuki, T.; Kataoka, H.; Ida, T.; Kamachi, K.; Mikuniya, T. Bactericidal activity of topical antiseptics and their gargles against *Bordetella pertussis*. *J. Infect. Chemother.*, 2012, 18, 272-275.
- [133] Machado, I.; Lopes, S.P.; Sousa, A.M.; Pereira, M.O. Adaptive response of single and binary *Pseudomonas aeruginosa* and *Escherichia coli* biofilms to benzalkonium chloride. *J. Basic Microbiol.*, 2012, 52, 43-52.
- [134] Machado, I.; Graça, J.; Sousa, A.M.; Lopes, S.P.; Pereira, M.O. Effect of antimicrobial residues on early adhesion and biofilm formation by wild-type and benzalkonium chloride-adapted *Pseudomonas aeruginosa*. *Biofouling*, 2011, 27, 1151-1159.
- [135] Hirayama, M. The antimicrobial activity, hydrophobicity and toxicity of sulfonium compounds, and their relationship. *Biocontrol Sci.*, 2011, 16, 23-31.
- [136] McCay, P.H.; Ocampo-Sosa, A.A.; Fleming, G.T. Effect of subinhibitory concentrations of benzalkonium chloride on the competitiveness of *Pseudomonas aeruginosa* grown in continuous culture. *Microbiology*, 2010, 156, 30-38.
- [137] Torkelson, A.A.; da Silva, A.K.; Love, D.C.; Kim, J.Y.; Alper, J.P.; Coox, B.; Dahm, J.; Kozodoy, P.; Maboudian, R.; Nelson, K.L. Investigation of quaternary ammonium silane-coated sand filter for the removal of bacteria and viruses from drinking water. *J. Appl. Microbiol.*, 2012, 113, 1196-1207.
- [138] Mei, L.; Ren, Y.; Loontjens, T.J.; van der Mei, H.C.; Busscher, H.J. Contact-killing of adhering streptococci by a quaternary ammonium compound incorporated in an acrylic resin. *Int. J. Artif. Organs*, 2012, 35, 854-863.
- [139] Soumet, C.; Fourreau, E.; Legrandois, P.; Maris, P. Resistance to phenolic compounds following adaptation to quaternary ammonium compounds in *Escherichia coli*. *Vet. Microbiol.*, 2012, 158, 147-152.
- [140] Ma, S.; Izutani, N.; Imazato, S.; Chen, J.H.; Kiba, W.; Yoshikawa, R.; Takeda, K.; Kitagawa, H.; Ebisu, S. Assessment of bactericidal effects of quaternary ammonium-based antibacterial monomers in combination with colloidal platinum nanoparticles. *Dent. Mater. J.*, 2012, 31, 150-156.
- [141] Tischer, M.; Pradel, G.; Ohlsen, K.; Holzgrabe, U. Quaternary ammonium salts and their antimicrobial potential: Targets or nonspecific interactions? *ChemMedChem*, 2012, 7, 22-31.
- [142] Buffet-Bataillon, S.; Branger, B.; Cormier, M.; Bonnaure-Mallet, M.; Jolivet-Gougeon, A. Effect of higher minimum inhibitory concentrations of quaternary ammonium compounds in clinical *E. coli* isolates on antibiotic susceptibilities and clinical outcomes. *J. Hosp. Infect.*, 2011, 79, 141-146.
- [143] Shahid, M.A.; Abubakar, M.; Hameed, S.; Hassan, S. Avian influenza virus (H5N1): Effects of physico-chemical factors on its survival. *Virology*, 2009, 6, 38.
- [144] Chanawanno, K.; Chantrapromma, S.; Anantapong, T.; Kanjana-Opas, A.; Fun, H.K. Synthesis, structure and *in vitro* antibacterial activities of new hybrid disinfectants quaternary ammonium compounds: Pyridinium and quinolinium stilbene benzenesulfonates. *Eur. J. Med. Chem.*, 2010, 45, 4199-4208.
- [145] Gottardi, W.; Debabov, D.; Nagl, M. N-Chloramines, a promising class of well-tolerated topical anti-infectives. *Antimicrob. Agents Chemother.*, 2013, 57, 1107-1114.
- [146] Herczegh, A.; Ghidan, A.; Friedreich, D.; Gyurkovics, M.; Bendő, Z.; Lohinai, Z. Effectiveness of a high purity chlorine dioxide solution in eliminating intracanal *Enterococcus faecalis* biofilm. *Acta Microbiol. Immunol. Hung.*, 2013, 60, 63-75.
- [147] Li, X.Z.; Wei, X.; Zhang, C.J.; Jin, X.L.; Tang, J.J.; Fan, G.J.; Zhou, B. Hypohalous acid-mediated halogenation of resveratrol and its role in antioxidant and antimicrobial activities. *Food Chem.*, 2012, 135, 1239-1244.
- [148] Lakshmi, C.; Srinivas, C.R.; Anand, C.V.; Mathew, A.C. Irritancy ranking of 31 cleansers in the Indian market in a 24-h patch test. *Int. J. Cosmet. Sci.*, 2008, 30, 277-283.
- [149] Birnie, C.R.; Malamud, D.; Schnaare, R.L. Antimicrobial evaluation of N-alkyl betaines and N-alkyl-N, N-dimethylamine oxides with variations in chain length. *Antimicrob. Agents Chemother.*, 2000, 44, 2514-2517.
- [150] Birnie, C.R.; Malamud, D.; Thomulka, K.W.; Schwartz, J.B.; Schnaare, R.L. Antimicrobial and diffusional correlation of N-alkyl betaines and N-alkyl-N,N-dimethylamine oxides from semisolids. *J. Pharm. Sci.*, 2001, 90, 1386-1394.
- [151] Salem-Milani, A.; Balaee-Gajan, E.; Rahimi, S.; Moosavi, Z.; Abdollahi, A.; Zakeri-Milani, P.; Bolourian, M. Antibacterial effect of Diclofenac sodium on *Enterococcus faecalis*. *J. Dent. (Tehran)*, 2013, 10, 16-22.
- [152] Wada, A.; Kono, M.; Kawachi, S.; Takagi, Y.; Morikawa, T.; Funakoshi, K. Rapid discrimination of Gram-positive and Gram-negative bacteria in liquid samples by using NaOH-sodium dodecyl sulfate solution and flow cytometry. *PLoS One*, 2012, 7, e47093.
- [153] Pagani, G.; Borgna, P.; Piersimoni, C.; Nista, D.; Terreni, M.; Pregolato, M. *In vitro* anti-*Mycobacterium avium* activity of N-(2-hydroxyethyl)-1,2-benzisothiazol-3(2H)-one and -thione carbamic esters. *Arch. Pharm. (Weinheim)*, 1996, 329, 421-425.
- [154] Arseculeratne, S.N.; Atapattu, D.N.; Balasooriya, P.; Fernando, R. The effects of biocides (antiseptics and disinfectants) on the endospores of *Rhinosporidium seeberi*. *Indian J. Med. Microbiol.*, 2006, 24, 85-91.
- [155] Dellanno, C.; Vega, Q.; Boesenberg, D. The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus. *Am. J. Infect. Control*, 2009, 37, 649-652.
- [156] Mansouri, M.D.; Darouiche, R.O. *In-vitro* activity and *in-vivo* efficacy of catheters impregnated with chloroxylenol and thymol against uropathogens. *Clin. Microbiol. Infect.*, 2008, 14, 190-192.
- [157] Atiş, M.; Karıpcin, F.; Sarıboğa, B.; Taş, M.; Çelik, H. Structural, antimicrobial and computational characterization of 1-benzoyl-3-(5-chloro-2-hydroxyphenyl)thiourea. *Spectrochim. Acta A Mol. Biomol. Spectrosc.*, 2012, 98, 290-301.
- [158] Cui, Y.; Kang, M.S.; Woo, S.G.; Jin, L.; Kim, K.K.; Park, J.; Lee, M.; Lee, S.T. *Brevibacterium daeguense* sp. nov., a nitrate-reducing bacterium isolated from a 4-chlorophenol-enrichment culture. *Int. J. Syst. Evol. Microbiol.*, 2013, 63, 152-157.
- [159] Pacios, M.G.; Silva, C.; López, M.E.; Cecilia, M. Antibacterial action of calcium hydroxide vehicles and calcium hydroxide pastes. *J. Investig. Clin. Dent.*, 2012, 3, 264-270.
- [160] Zore, G.B.; Thakre, A.D.; Rathod, V.; Karuppaiyl, S.M. Evaluation of anti-*Candida* potential of geranium oil constituents against clinical isolates of *Candida albicans* differentially sensitive to fluconazole: Inhibition of growth, dimorphism and sensitization. *Mycoses*, 2011, 54, e99-e109.
- [161] Kotan, R.; Kordali, S.; Cakir, A. Screening of antibacterial activities of twenty-one oxygenated monoterpenes. *Z. Naturforsch. C*, 2007, 62, 507-513.
- [162] Bester, K.; Banzhaf, S.; Burkhardt, M.; Janzen, N.; Niederstrasser, B.; Scheytt, T. Activated soil filters for removal of biocides from contaminated run-off and waste-waters. *Chemosphere*, 2011, 85, 1233-1240.
- [163] Shenoy, V.P.; Ballal, M.; Shivananda, P.; Bairy, I. Honey as an antimicrobial agent against *Pseudomonas aeruginosa* isolated from infected wounds. *J. Glob. Infect. Dis.*, 2012, 4, 102-105.
- [164] Konidala, U.; Nuvvula, S.; Mohapatra, A.; Nirmala, S.V. Efficacy of various disinfectants on microbially contaminated toothbrushes due to brushing. *Contemp. Clin. Dent.*, 2011, 2, 302-307.
- [165] Verma, G.K.; Mahajan, V.K.; Shanker, V.; Tegta, G.R.; Jindal, N.; Minhas, S. Contact depigmentation following irritant contact dermatitis to chloroxylenol (Dettol). *Indian J. Dermatol. Venereol. Leprol.*, 2011, 77, 612-614.
- [166] Ogunshe, A.A.; Omotoso, O.A.; Akindele, T.M. Soaps and germicides as adjunct topical antimycotic agents on *candida* species implicated in vulvovaginal candidiasis. *East Afr. J. Public Health*, 2011, 8, 112-118.

- [167] Ogbulie, J.N.; Adieze, I.E.; Nwankwo, N.C. Susceptibility pattern of some clinical bacterial isolates to selected antibiotics and disinfectants. *Pol. J. Microbiol.*, 2008, 57, 199-204.
- [168] Digison, M.B. A review of anti-septic agents for pre-operative skin preparation. *Plast. Surg. Nurs.*, 2007, 27, 185-189.
- [169] Wilson, M.; Mowad, C. Chloroxylenol. *Dermatitis*, 2007, 18, 120-121.
- [170] Boutli, F.; Zioga, M.; Koussidou, T.; Ioannides, D.; Mourellou, O. Comparison of chloroxylenol 0.5% plus salicylic acid 2% cream and benzoyl peroxide 5% gel in the treatment of *Acne vulgaris*: A randomized double-blind study. *Drugs Exp. Clin. Res.*, 2003, 29, 101-105.
- [171] Lear, J.C.; Maillard, J.Y.; Dettmar, P.W.; Goddard, P.A.; Russell, A.D. Chloroxylenol- and triclosan-tolerant bacteria from industrial sources. *J. Ind. Microbiol. Biotechnol.*, 2002, 29, 238-242.
- [172] Haddad, J.J. On the cellular and molecular regulatory transcriptional mechanisms and responsive putative pathways to inflammatory oxidative stress revisited: Current immunological breakthroughs and views at a glance. *Antiinflamm. Antiallergy Agents Med. Chem.*, 2013, 12, 141-157.
- [173] Hanbali, L.B.; Ghadieh, R.M.; Hasan, H.A.; Nakhil, Y.K.; Haddad, J.J. Measurement of antioxidant activity and antioxidant compounds under versatile extractions conditions: I. The immuno-biochemical antioxidant properties of sweet cherry (*Prunus avium*) extracts. *Antiinflamm. Antiallergy Agents Med. Chem.*, 2013, 12, 173-187.
- [174] Haddad, J.J.; Ghadieh, R.M.; Hasan, H.A.; Nakhil, Y.K.; Hanbali, L.B. Measurement of antioxidant activity and antioxidant compounds under versatile extractions conditions: II. The immuno-biochemical antioxidant properties of black sour cherry (*Prunus cerasus*) extracts. *Antiinflamm. Antiallergy Agents Med. Chem.*, 2013, 12, 229-245.
- [175] Hanbali, L.B.; Amiry, J.G.; Ghadieh, R.M.; Hasan, H.A.; Koussan, S.S.; Nakhil, Y.K.; Tarraf, A.M.; Haddad, J.J. The antimicrobial activity of sweet cherry (*Prunus avium*) extracts: I. Measurement of sensitivity and attenuation of gram-positive and gram-negative bacteria and *C. albicans* in culture. *Curr. Nutr. Food Sci.*, 2012, 8, 275-291.
- [176] Hanbali, L.B.; Amiry, J.G.; Ghadieh, R.M.; Hasan, H.A.; Koussan, S.S.; Nakhil, Y.K.; Tarraf, A.M.; Haddad, J.J. The antimicrobial activity of sweet cherry (*Prunus avium*) extracts: II. Measurement of sensitivity and attenuation of gram-positive and gram-negative bacteria and *C. albicans* in culture. *Curr. Nutr. Food Sci.*, 2012, 8, 292-303.
- [177] Aranda-Garcia, A.R.; Guerreiro-Tanomaru, J.M.; Faria-Júnior, N.B.; Chavez-Andrade, G.M.; Leonardo, R.T.; Tanomaru-Filho, M.; Bonetti-Filho, I. Antibacterial effectiveness of several irrigating solutions and the Endox Plus system – An *ex vivo* study. *Int. Endod. J.*, 2012, 45, 1091-1096.
- [178] Barnett, M. Role of therapeutic antimicrobial mouthrinses in clinical practice. *J. Am. Dental Assoc.*, 2003, 134, 699-702.
- [179] Fine, D.H.; Furgang, D.; Barnett, M. Comparative antimicrobial activities of antiseptic mouthrinses against isogenic planktonic and biofilm forms of *Actinobacillus actinomycetemcomitans*. *J. Clin. Periodontol.*, 2001, 28, 697-700.
- [180] Mankodi, S.M.; Mostler, K.M.; Charles, C.H.; Bartels, L.L. Comparative antiplaque and antigingivitis effectiveness of a chlorhexidine and an essential oil mouthrinse: 6 month clinical trial. *J. Clin. Periodontol.*, 2004, 31, 878-884.
- [181] Aarnisalo, K.; Salo, S.; Miettinen, H.; Suihko, M.L.; Wirtanen, G.; Autio, T.; Lunden, J. Korkeala, H. Bactericidal efficiencies of commercial disinfectants against *Listeria monocytogenes* on surfaces. *J. Food Saf.*, 2000, 20, 237-250.
- [182] Arnold, J.W.; deLaubenfels, E.; Zambelli-Weiner, A. Quantitative assessment of hard surface disinfectant activity against the foodborne pathogen *Listeria monocytogenes*. *J. AOAC Int.*, 2006, 89, 1617-1621.
- [183] Chavant, P.; Gaillard-Martine, B.; Hebraud, M. Antimicrobial effects of sanitizers against planktonic and sessile *Listeria monocytogenes* cells according to the growth phase. *FEMS Microbiol. Lett.*, 2004, 236, 241-248.
- [184] Bonesvoll, P.; Gjermo, P. A comparison between chlorhexidine and some quaternary ammonium compounds with regard to retention, salivary concentration and plaque-inhibiting effect in the human mouth after mouth rinses. *Arch. Oral Biol.*, 1978, 23, 289-294.
- [185] Dilek, A.; Buzrul, M.; Alpas, H.; Akcelik, M. Hypochlorite inactivation kinetics of lactococcal bacteriophages. *LWT Food Sci. Technol.*, 2007, 40, 1369-1375.
- [186] Araj, G.F. Available laboratory tests to guide antimicrobial therapy. *J. Med. Lib.*, 2000, 48, 199-202.
- [187] Cole, E.C.; Addison, R.M.; Rubino, J. R.; Leese, K.E.; Dulaney, P.D.; Newell, M.S.; Wilkins, J.; Gaber, D.J.; Wineinger, T.; Criger, D.A. Investigation of antibiotic and antibacterial agent cross-resistance in target bacteria from homes of antibacterial product users and nonusers. *J. Appl. Microbiol.*, 2003, 95, 664-676.
- [188] Sturenburg, E.; Mack, D. Extended spectrum β -lactamases: Implications for the clinical microbiology laboratory, therapy, and infection control. *J. Infect.*, 2003, 47, 273-295.
- [189] Webber, M.; Piddock, L.J.V. Quinolone resistance in *Escherichia coli*. *Vet. Res.*, 2001, 32, 275-284.
- [190] Best, M.; Kennedy, M.E.; Coates, F. Efficacy of a variety of disinfectants against *Listeria* spp. *Appl. Env. Microbiol.*, 1990, 56, 377-380.
- [191] Bloomfield, S.F.; Arthur, M.; Begun, K.; Patel, H. Comparative testing of disinfectants using proposed European surface test methods. *Lett. Appl. Microbiol.*, 1993, 17, 119-125.
- [192] Jacquet, C.; Reynaud, A. Differences in the sensitivity to eight disinfectants of *Listeria monocytogenes* strains as related to their origin. *Int. J. Food Microbiol.*, 1994, 22, 79-83.
- [193] Mosteller, T.M.; Bishop, J.R. Sanitizer efficacy against attached bacteria in a milk biofilm. *J. Food Prot.*, 1993, 56, 34-41.
- [194] Thorn, R.M.; Robinson, G.M.; Reynolds, D.M. Comparative antimicrobial activities of aerosolized sodium hypochlorite, chlorine dioxide, and electrochemically activated solutions evaluated using a novel standardized assay. *Antimicrob. Agents Chemother.*, 2013, 57, 2216-2225.
- [195] Lucas, L.; Cicerale, S.; Keast, R. The anti-inflammatory and pharmacological actions of oleocanthal, a phenolic contained in extra virgin olive oil. *Antiinflamm. Antiallergy Agents Med. Chem.*, 2011, 10, 399-406.
- [196] Sultana, N.; Saify, Z.S. Naturally occurring and synthetic agents as potential anti-inflammatory and immunomodulators. *Antiinflamm. Antiallergy Agents Med. Chem.*, 2012, 11, 3-19.
- [197] Kontogiorgis, C.A.; Bompou, E.-M.; Ntella, M.; Vanden Berghe, W. Natural products from Mediterranean diet: From anti-inflammatory agents to dietary epigenetic modulators. *Antiinflamm. Antiallergy Agents Med. Chem.*, 2010, 9, 101-124.
- [198] Patel, J.I.; Deshpande, S.S. Anti-allergic and antioxidant activity of 5-hydroxy-3,6,7,3,4'-pentamethoxy flavone isolated from leaves of *Vitex negundo*. *Antiinflamm. Antiallergy Agents Med. Chem.*, 2011, 10, 442-451.
- [199] Stojicic, S.; Shen, Y.; Haapasalo, M. Effect of the source of biofilm bacteria, level of biofilm maturation, and type of disinfecting agent on the susceptibility of biofilm bacteria to antibacterial agents. *J. Endod.*, 2013, 39, 473-477.
- [200] Coulthard, C.E.; Skyes, G. Germicidal effect of alcohol. *Pharm. J.*, 1936, 137, 79-81.
- [201] Walters, T.H.; Furr, J.R.; Russell, A.D. Antifungal action of chlorhexidine. *Microbios*, 1983, 38, 195-204.
- [202] Springthorpe, V.S.; Grenier, J.L.; Lloyd-Evans, N.; Sattar, S.A. Chemical disinfection of human rotaviruses: Efficacy of commercially-available products in suspension tests. *J. Hyg.*, 1986, 97, 139-161.
- [203] McKenna, S.M.; Davies, K.J.A. The inhibition of bacterial growth by hypochlorous acid. *Biochem. J.*, 1988, 254, 685-692.
- [204] Stickler, D.J.; Dolman, J.; Rolfe, S.; Chawla, J. Activity of some antiseptics against urinary *Escherichia coli* growing as biofilms on silicone surfaces. *Eur. J. Clin. Microbiol. Infect. Dis.*, 1989, 8, 974-978.
- [205] Reverdy, M.-E.; Bes, M.; Nervi, C.; Martra, A.; Fleurette J. Activity of four antiseptics (acriflavine, benzalkonium chloride, chlorhexidine digluconate and hexamidine di-*isethionate*) and of ethidium bromide on 392 strains representing 26 *Staphylococcus* species. *Med. Microbiol. Lett.*, 1992, 1, 56-63.
- [206] Baillie, L.W.J.; Wade, J.J.; Casewell, M.W. Chlorhexidine sensitivity of *Enterococcus faecium* resistant to vancomycin, high levels of gentamicin, or both. *J. Hosp. Infect.*, 1992, 20, 127-128.
- [207] Denyer, S.P. Mechanisms of action of antibacterial biocides. *Int. Biodeterior. Biodegrad.*, 1995, 36, 227-245.
- [208] Russell, A.D.; Furr, J.R.; Maillard, J.-Y. Microbial susceptibility and resistance to biocides. *ASM News*, 1997, 63, 481-487.
- [209] Luddin, N.; Ahmed, H.M. The antibacterial activity of sodium hypochlorite and chlorhexidine against *Enterococcus faecalis*: A

- review on agar diffusion and direct contact methods. *J. Conserv. Dent.*, 2013, 16, 9-16.
- [210] McDanel, J.S.; Murphy, C.R.; Diekema, D.J.; Quan, V.; Kim, D.S.; Peterson, E.M.; Evans, K.D.; Tan, G.L.; Hayden, M.K.; Huang, S.S. Chlorhexidine and mupirocin susceptibilities of methicillin-resistant *Staphylococcus aureus* from colonized nursing home residents. *Antimicrob. Agents Chemother.*, 2013, 57, 552-558.
- [211] Zubko, E.I.; Zubko, M.K. Co-operative inhibitory effects of hydrogen peroxide and iodine against bacterial and yeast species. *BMC Res. Notes*, 2013, 6, 272.
- [212] Krause, R.; Ribitsch, W.; Schilcher, G. Daily chlorhexidine bathing and hospital-acquired infection. *N. Engl. J. Med.*, 2013, 368, 2331-2332.
- [213] Thrall, T.H. Complete cleaning: Improved cleaners, disinfectants, monitoring systems and training help close the loop on infection prevention. *Health Facil. Manage.*, 2013, 26, 43-46.
- [214] Bradford, B.D.; Seiberling, K.A.; Park, F.E.; Hiebert, J.C.; Chang, D.F. Disinfection of rigid nasal endoscopes following *in vitro* contamination with *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Pseudomonas aeruginosa*, and *Haemophilus influenzae*. *JAMA Otolaryngol. Head Neck Surg.*, 2013, 139, 574-578.
- [215] Alonso-Hernando, A.; Guevara-Franco, J.A.; Alonso-Calleja, C.; Capita, R. Effect of the temperature of the dipping solution on the antimicrobial effectiveness of various chemical decontaminants against pathogenic and spoilage bacteria on poultry. *J. Food Prot.*, 2013, 76, 833-842.
- [216] Seenama, C.; Tachasirinugune, P.; Jintanothaitavorn, D.; Kachintorn, K.; Thamlikitkul, V. Effectiveness of disinfectant wipes for decontamination of bacteria on patients' environmental and medical equipment surfaces at Siriraj Hospital. *J. Med. Assoc. Thai.*, 2013, 96, S111-S116.
- [217] Godoy, P.; Castilla, J.; Delgado-Rodríguez, M.; Martín, V.; Soldevila, N.; Alonso, J.; Astray, J.; Baricot, M.; Cantón, R.; Castro, A.; González-Candelas, F.; Mayoral, J.M.; Quintana, J.M.; Pumarola, T.; Tamames, S.; Domínguez, A.; CIBERESP Cases and Controls in Pandemic Influenza Working Group, Spain. Effectiveness of hand hygiene and provision of information in preventing influenza cases requiring hospitalization. *Prev. Med.*, 2012, 54, 434-439.
- [218] Larson, E.L.; Cohen, B.; Baxter, K.A. Analysis of alcohol-based hand sanitizer delivery systems: Efficacy of foam, gel, and wipes against influenza A (H1N1) virus on hands. *Am. J. Infect. Control*, 2012, 40, 806-809.
- [219] Evans, V.A.; Orris, P. The use of alcohol-based hand sanitizers by pregnant health care workers. *J. Occup. Environ. Med.*, 2012, 54, 3.
- [220] Jacups, S.P.; Ball, T.S.; Paton, C.J.; Johnson, P.H.; Ritchie, S.A. Operational use of household bleach to "crash and release" *Aedes aegypti* prior to *Wolbachia*-infected mosquito release. *J. Med. Entomol.*, 2013, 50, 344-351.
- [221] Weitz, N.A.; Lauren, C.T.; Weiser, J.A.; LeBoeuf, N.R.; Grossman, M.E.; Biagas, K.; Garzon, M.C.; Morel, K.D. Chlorhexidine gluconate-impregnated central access catheter dressings as a cause of erosive contact dermatitis: A report of 7 cases. *JAMA Dermatol.*, 2013, 149, 195-199.