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STUDY OF FOOD HANDLERS AS POTENTIAL CARRIERS OF PATHOGENIC INTESTINAL BACTERIA

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Food handlers come in contact with the food from time of its preparation to serve. It is possible that food handlers can be a potential carrier of pathogenic intestinal

nal bacteria and can transmit the organisms to the immunocompetent as well as immunocompromised individuals of the hospitals. An outbreak of such incidences is a common sight. Proper handling of food and a good personal hygiene of the food handlers can help in decreasing the incidences of food poisoning which are transmitted through food handlers. The aim of the study was to identify the carrier rate of pathogenic intestinal bacteria among the food handlers in a tertiary care setting and to identify the antibiotic sensitivity patterns of the isolated organisms. A total of 50 stool sample from the food handlers were taken and subjected to routine conventional microbial technique and antibiotic sensitivity testing. For ETEC, modified Biken's test was performed and for Salmonella and Shigella species, Reverse Latex Agglutination was performed. Out of the total sample studied, 8 (16%) were found carriers for pathogenic bacteria. The organisms isolated included Salmonella typhi (4%), salmonella species (2%) and Enterotoxigenic E. coli (ETEC) (10%). The isolated organisms were found sensitive to the most of the conventionally used antibiotics. Food handlers who are carriers of pathogenic intestinal bacteria are at a risk of transmitting the organisms through the food to the healthy or immuno compromised individuals of the hospital. To minimize this risk, personal hygiene and sanitation should be improved. Food handlers should be advised for their routine health check up and any positive cases should be reported and treated.

In a country like India, where along with a fast life, food is also

Organization estimates 16 million new cases and 600,000 deaths of S. typhoid fever each year. The emergence of antimicrobial resistant including resistance to chloramphenicol is a major issue.[7] typhi

MATERIALS AND METHODS:

The study was carried out over a period of 1 year from January 2015 to December 2015 at Department of Microbiology, MGM College and hospital, Kamothe, Navi Mumbai. Stool samples were from food handlers working in food service establishments in and around tertiary care center at Kamothe, Navi Mumbai. A total of 50 stool samples were collected and studied. Inclusion Criteria was stool samples from food handlers working in food service. Exclusion Criteria was stool samples from food handlers who have taken a course of antimicrobial drugs within past 10 days. Freshly passed stool sample of the participants was collected in a sterile wide mouth container and was transported to the lab within 2 hours. The specimens were inoculated on MacConkey's agar, Xylose lysine deoxycholate agar (XLD) and Deoxycholate citrate agar (DCA) plates and incubated at 37°C for 24 hours. A well isolated colony of lactose fermenters and non fermenters from MacConkey's agar was processed further. Suitable colonies from XLD and DCA agar was also processed using biochemical test (Indole, Methyl red, Voges Proskauer, Citrate, Urease and Triple Sugar Iron) for the species identification. For identification of Salmonella organisms, Reverse Latex Agglutination test was performed and all the ETEC strains were identified by modified Biken's test. Antibiotic sensitivity testing was done by Kirby Bauer disc diffusion method according to CLSI guidelines.

RESULTS:

A total 50 candidates were included in this study, in which 47 were males and 3 were females. 28 candidates were professionally qualified chefs, 15 were canteen helper, 5 road side cooks having a small eatery and 2 were house cooks who worked as maids. 4 out of the 50 candidates were illiterate who never had any basic qualification, 18 had qualification up to matrix while 28 were above matrix pass. The results are represented in the following tables.

(n = able 1: Shows the carrier rate amongst the food handlers T 50):

Total number of carriers for bacteria	Total number of participants
8 (16%)	50

In a country like India, where along with a fast life, food is also becoming fast, health is taking a back seat. Majority of Indians depend on outside prepared food for their breakfast, lunch, snacks and dinner. At such a scenario, health of the common man depends largely on the personal hygiene of the people preparing, handling and distributing the food. Intestinal bacteria can easily be transported via contaminated food from the handlers to the feeding population. Food handlers come in contact with food from the time of preparation to the time of serving. They may be infected by a wide range of enteropathogens and have been implicated in the transmission of many infections to the public in the community and to patients in the hospital setting. Dangerous organisms present in or on the food handlers' body can multiply to an infectious dose given the right condition and come in contact with the food. One of the historically notorious examples is that of the American cook "Typhoid Mary" (Mary Malon) who was responsible for 7 epidemics of typhoid affecting more than 200 persons. [1] Since food handlers in a bigger eating establishment cater to a larger number of people, they are epidemiologically more important than domestic food handlers in spreading the diseases. Food handlers with poor personal hygiene could be potential sources of infections of many intestinal enteropathogenic bacteria. [2] The spread of disease via food handlers is a common and persistent problem worldwide. [3] In developing countries, biological contaminants are responsible for a wide range of diseases, including cholera, Campylobacteriosis, Shigellosis, typhoid and salmonellosis gastroenteritis, coli paratyphoid fevers, brucellosis, amoebiasis, and poliomyelitis. [4] Diarrhoeal diseases, mostly caused by food or water-borne microbial pathogens are leading causes of illness and deaths in developing countries, killing an estimated 1.9 million people annually at the global level. Even in developed countries, an estimated one-third of the population are affected by microbiological food-borne diseases each year. [5] Apart from this, Typhoid is also one of the most widespread of all bacterial diseases in India. An individual can asymptotically carry the typhoid germ for days to years without showing any of the symptoms of typhoid fever. In such carriers, the typhoid bacillus continues to multiply in the gall bladder. It reaches the intestine through the bile duct and can be released into the fecal matter of the person carrying them. The emergence of drug-resistant pathogens poses a major challenge to the treatment and prevention of typhoid. In particular, the concern is about the spread of these multi-drug resistant strains to rural India. [6] The World Health

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1 4 (80%)	(100%)	(100%)	Cefotaxime	2 (40%)	1 (100%)	2 (100%)	Chlorpromazine
				1 (20%)	1 (100%)	-	Ofloxacin
				2 (40%)	1 (100%)	2 (100%)	Ceftazidime
				1 (20%)	1 (100%)	2 (100%)	tetracycline
				-	1 (100%)	2 (100%)	Chloramphenicol

A total 16% of the food handlers were found to be carriers of pathogenic bacteria. Among the total candidates studied, maximum number of the carrier 33.4% were found to be females. Maximum number of the carrier 50% were between the ages of 20-30 years. Majority of the pathogens (64.2%) were isolated from canteen chefs.

DISCUSSION:

In the study conducted, 50 food handlers participated, out of which 8 (16%) were carrier for pathogenic bacteria. Other studies carried out by S. Khurana et.al in Chandigarh, showed the prevalence of the enteropathogens among the food handlers to be 6.75% in the year 2006.[8] Similar studies carried out by Mohan et.al in the same year reported 16% of enteropathogens in the health and educational institute in Amritsar.[9] Most of the studies conducted in countries like Brazil and Turkey showed figures like 29.3% and 17% respectively.[10] This is quite similar to our findings. 50% of the carriers were aged between 20-30 years. The figures correlate with the studies carried out by S Khurana et [8] in which the maximum carriers for enteropathogens belonged to the young group of 20-40 years. In other studies carried out in Brazil showed that carrier rate were maximum (63.5%) among the age group of 35-50 years.[10]The canteen of the hospital is well maintained and is segregated as per the requirements i.e cooking area, cutting area, freezing and thawing area, distributing area and area for waste disposal. The entire member wore a unique dress code and had a head cap. However few of the members did not follow any much of personal hygiene and had un kept nails and also the dustbin was close to the food distributing area. The food preparing area by road side eatery was worst. They did not have any proper infrastructure or segregation. Cooked food was never refrigerated. The food was left open and the place had rodents running inside it. The cooks always had a complaint of stomach pain and nausea, although the house cook had good level of personal hygiene. In the study, 50% of the participants who never washed their hands after toilet were found positive for bacteria. 64% of the participants were found positive for bacteria who did not wash their hands after touching dirty material like soiled clothes and utensils.80% of the positive candidates, did not wash their hand after touching body parts like hair nose and mouth. Among the candidates who never had any medical checkup done before, showed 50% of carrier rate. This data corelates with the other studies carried out by Abera et al [11] (47.34%, 58% and 73%) and Mohan et al [12] who showed the carrier rate to be 56%, 67% and 72% respectively. This data signifies the importance of hand washing and personal hygiene that should be followed among the food handlers. Among the enteropathogens, 10% of the sample was positive for ETEC and 4% showed the growth Salmonella typhi whereas 2% had growth of Salmonella species. S. Khurana [8] showed 0.3% with ETEC. Study by Abera et al [11] showed the prevalence of S. typhi to be 1.6% and by Mohan et al. [12] the rate was 0.41

Table 2: Shows hygienic practices of food handlers and its T relation to parasite (n=50):

Relative risk	Positive for intestinal bacteria	Frequency	V ariables
0.14	3 (10.71%)	28	Hand washing after toilet esY
	11 (50%)	22	No
0.31	5 (13.8%)	36	Hand washing after touching dirty material esY
	9 (64.28%)	14	No
0.43	6 (15%)	40	Touchin g body parts esY
	8 (80%)	10	No
0.1	2 (7.6%)	26	Medical check esY
	12 (50%)	24	No

Table 3: Shows the prevalence of T pathogenic intestinal bacteria (n=50):

Percentage	Frequency	Bacterial species
4%	2	Salmonella typhi
2%	1	Salmonella species
10%	5	Enterotoxogenic E. coli

Table 4: Shows the antibiotic sensitivity pattern of the T

ETEC Sensitive (%)	Salmonella species Sensitive (%)	S.typhi Sensitive (%)	Antibiotic
2 (40%)	-	2 (100%)	Amoxicillin

Salmonella species Sensitive (%)	S.typhi Sensitive (%)	Antibiotic	bacterial isolates:
3 (60%)	2 (100%)	Tobramycin	[8]et al.
-	2 (100%)	Ceftriazone	
1 (60%)	2 (100%)	Gentamycin	
1 (20%)	2 (100%)	Cefuroxime	
1 (60%)	2 (100%)	Amikacin	
3 (60%)	1 (100%)	Ciprofloxacin	[9]Mohan et al.

Salmonella	ETEC	Studies
Salmonella spp. 1%	0.3%	Sumeet khurana [8]et al.
S. typhi 0.3%		[11]Abera et al.
S. typhi 1.6%		-
S. typhi 0.4%		-

-	2%	[12]Zaglool et al.
Salmonella spp. 2% S. typhi 4%	10 %	Present study

Table 5: Pathogenic bacterial carrier in various studies:T

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Out of the total 50 candidate studied, 16% were found to be carriers of enteropathogens. In the study, 10% of cases showed the presence of ETEC while 2% of Salmonella species and 4% of Salmonella typhi was reported. Numbers of the carriers were high among those candidates who did not wash their hand after using the toilet (50%) or after touching soiled material (64.28%) or body parts (80%) also majority of the positive candidates (50%) never had any medical checkup done. This shows how important it is to educate food handlers regarding hand washing, personal hygiene and regular health check up. Candidates who were found to be positive for the bacteria were given antibiotic treatment and a follow up after 3 months was also advised. The study emphasizes the importance of regular health check up of the food handlers and the importance of sanitation and personal hygiene which plays an important role in controlling and transmitting the infection to healthy as well as immunocompromised patients in the hospitals.

ref_str

- , Murti P. Salmonella carriers in food handler in Bombay. **Parikh UN**.1
J PubHealth.1987;31:217-20
- , Naing NN. Sociodemographic characteristics of food **Zain MM**.2
handlers and their knowledge, attitude and practice towards food
sanitation: preliminary report Southeast Asian J Trop Med Public
Health. 2002;33:410-7.
- Abdussalam M. Food safety in the 21st century. Bull **Kaferstein F**,.3
World Health Organization.1999;77:347-351.
- and management procedures of food-handling **Health surveillance**.4
personnel. Geneva: World Health Organization.1989; pp. 7-36.
- . A manual on food borne illness in Australia. Canberra: **Kirk M**.5
Australian Government Department of Health and Ageing; 2005. p.
472010;43:70-3.
- , Hughes JM. Foodborne disease. In: Mandel GF, Bennett **Tauxe RV**.6
JE, Dohr R, eds. Principles and Practices of Infectious Diseases
5th ed. Churchill Livingstone: Brazil; 2000;1150.
- Ram M.K, Brooks WA, Mintz ED. Risk factors for **Abera Jalool**,.7
typhoid fever and parasites in a slum in Daka, Bangladesh. Epidemiol
infect 2007 by Baurer disc diffusion method, page
Apr. 135(3):458-651521997;175:876-882.
- , Ponka A, Hall WN, et al. An international **Mohan Jaiprakash**.8
outbreak of Salmonella infections among foodhandlers in Amritsar. J
Infect Dis.
- , Altekruze SF. Foodborne diseases in the global village: **Zaglool DL**.9
what's on the plate for the 21st century. In: Scheld WM, Craig WA,
Hughes JM, eds. Emerging Infections 2. Washington, DC: ASM Press;
1998:273-293
- and MacCartney. Practicle medical microbiology.14th **Mackie**.10
edition. Kir
- , Neelam Taneja, Rajni Thapar, Meera Sharma, **Sumeeta Khuranna**.11
Nancy Malla. Intestinal bacterial and parasitic infection among
foodhandlers in a tertiary care hospital of North India.2006.
- Bacteriological and parasitological assessment **Saeed HA, Hamid HH**.12
of food handlers in the Odurman area of Sudan. J Microbiol Immunol
Infect



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