

Microbiological analysis of 1000-Yen banknotes in a hospital environment

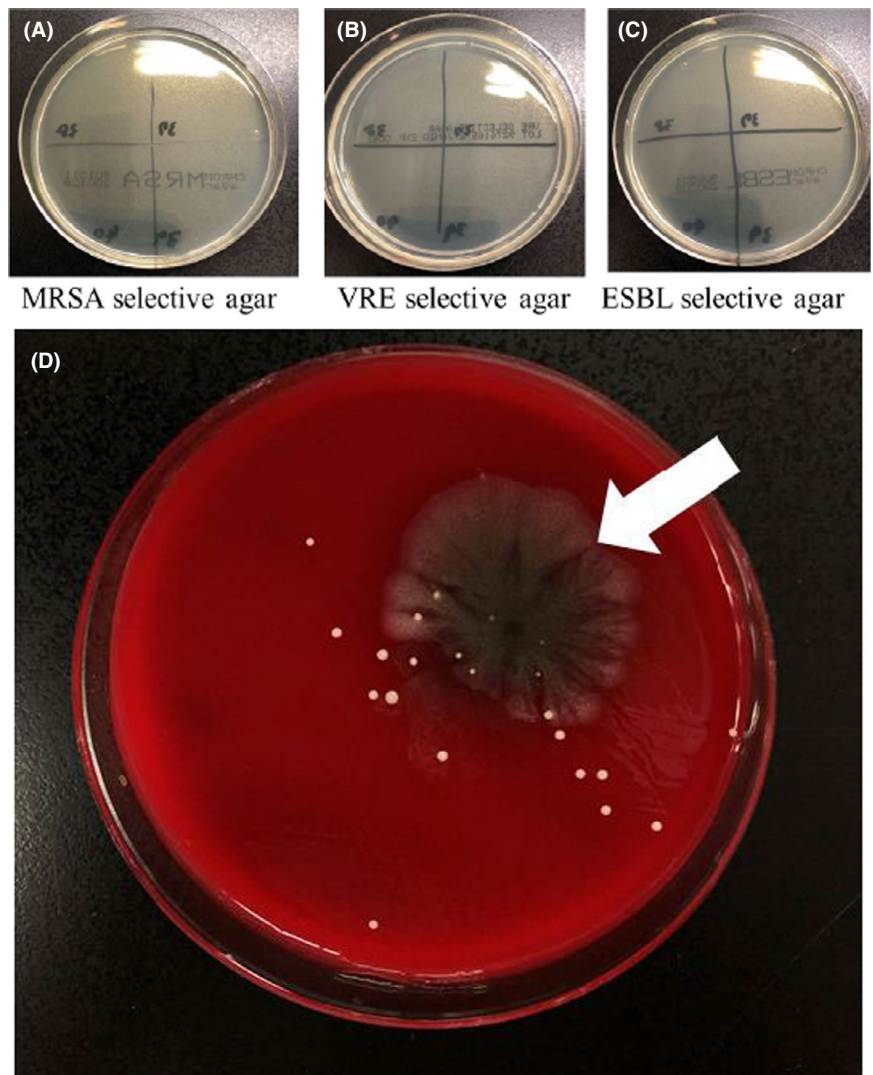
Dear Editor,

Money is one of the items most frequently passed from hand to hand; when contaminated, it may play a role in the transmission of microorganisms between people.¹ Although paper money has been reported as a possible transmitter of multidrug-resistant pathogens,¹ to the best of our knowledge, no information regarding

drug-resistant bacteria on the Japanese Yen is available; therefore, we investigated the contamination of 1000 Yen notes.

Forty 1000 Yen notes were collected from a convenience store in Hirosaki University Hospital and from healthcare workers of the hospital. The banknotes were placed on a sterilized sheet and were rubbed using a swab (Raspercheck, Becton, Dickinson, and Company, BD) 10

FIGURE 1 (A-C) Representative plates showing bacterial growth on each selective agar. There was no growth of multidrug-resistant bacteria. (D) Example of bacterial growth on sheep blood agar. Out of the 40 analyzed bills, 18 showed bacterial growth on sheep blood agar. Colonies of *Bacillus* (white arrow) and other bacteria (small white colonies) could be seen



This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2020 The Authors. *Journal of Cutaneous Immunology and Allergy* published by John Wiley & Sons Australia, Ltd on behalf of The Japanese Society for Cutaneous Immunology and Allergy

TABLE 1 Types of bacteria and number of colonies grown on sheep blood agar

Sample No.	Number of colonies	Bacteria
1	1	<i>Bacillus subtilis</i>
2	3	<i>Bacillus subtilis</i>
3	No growth	
4	1	<i>Staphylococcus capitis</i>
5	No growth	
6	No growth	
7	No growth	
8	1	<i>Staphylococcus epidermidis</i>
9	No growth	
10	No growth	
11	No growth	
12	No growth	
13	1	<i>Bacillus subtilis</i>
14	No growth	
15	No growth	
16	No growth	
17	1	<i>Bacillus sphaericus</i>
18	No growth	
19	No growth	
20	No growth	
21	No growth	
22	1	<i>Micrococcus luteus</i>
23	No growth	
24	No growth	
25	No growth	
26	7 (1, 5, 1)	<i>Micrococcus kristinae</i> , <i>Leuconostoc mesenteroides</i> , <i>Micrococcus luteus</i>
27	1	<i>Bacillus subtilis</i>
28	1	<i>Bacillus firmus</i>
29	No growth	
30	No growth	
31	No growth	
32	22 (1, 21)	<i>Bacillus subtilis</i> , <i>Rothia amarae</i>
33	23	<i>Bacillus subtilis</i>
34	11	<i>Koucuria kristinae</i> , <i>Enterobacter sakazaki</i>
35	2	<i>Micrococcus luteus</i>
36	No growth	
37	1	<i>Corynebacterium genitalium</i>
38	31	<i>Stomatococcus mucilaginosus</i>
39	1	<i>Bacillus subtilis</i>
40	2	<i>Acinetobacter lwoffii</i>

times vertically and horizontally and 5 times diagonally left and right following the manufacturer's instructions. After the swab was dissolved in the rinse solution and stirred, 100 μ L from each tube was spread onto methicillin-resistant *Staphylococcus aureus* (MRSA) selective agar (CHROMagar Microbiology), vancomycin-resistant Enterococcus (VRE) selective agar (CHROMagar), extended-spectrum β -lactamase (ESBL) selective agar (CHROMagar), and trypticase soy agar (BD) with 5% sheep blood. Then, these plates were incubated at 35°C for 24 hours. The microorganisms that grew on these plates were identified by time-of-flight mass spectrometry (TOF-MS, Microflex LT/SH System 269 944.01267, Siemens). Microorganisms that could not be identified by TOF-MS were further analyzed using a BBLCrystal GP identification systems (BD) in combination with gram staining.

We did not detect MRSA-, VRE-, or ESBL-producing bacterial growth (Figure 1A-C). Out of the 40 banknotes, 18 showed bacterial presence as evidenced by bacterial growth on sheep blood agar (Figure 1D). The bacteria were identified (Table 1). *Bacillus* species (*Bacillus subtilis/firmus/sphaericus*) were 22.5%, *Micrococcus* species (*Micrococcus luteus/kristinae*) were 10%, gram-positive cocci (*Staphylococcus capitis/epidermidis*, *Leuconostoc mesenteroides*, *Rothia amarae*, *Koucuria kristinae*, *Stomatococcus mucilaginosus*) were 15%, and gram-negative bacilli (*Enterobacter sakazaki*, *Acinetobacter lwoffii*) were 5%.

Paper currency may pose a public health risk when associated with the simultaneous handling of food and may lead to the spread of nosocomial infections.² Studies have shown that the rate of contamination increases from higher-value to lower-value notes, suggesting that lower-value notes circulate more and thus have a greater chance of contamination.³

The 1000 Yen note is the banknote with the lowest value currently issued by the Bank of Japan. While the kind of isolated bacteria identified in different studies might vary owing to the methods used, season, environmental conditions, type of money (coin or banknote), or local community flora, in general, gram-positive bacteria were generally the most predominant.^{1,4} There were more *Bacillus* and *Micrococcus* than *Staphylococcus*, which often caused the skin infectious disease. It was similar to the result of air normal bacteria detected in general environment of Japan.⁵

Bacillus subtilis/ sphaericus, *Micrococcus luteus*, and *Acinetobacter lwoffii* cause opportunistic infections. The present study suggested the risk of bacterial transmissions, although reliability is limited by its small sample size. We emphasize the importance of hand hygiene, especially handwashing, in order to protect you and people from infection.

ACKNOWLEDGMENTS

This work was supported in part by grants-in-aid from the Ministry of Education, Culture, Sports, Science and Technology (MEXT) of Japan (project 20k08684, to S. Minakawa), and by the 2020 Hiroaki University Research Support System.

DECLARATION

Approval of the research protocol: Yes

Informed Consent: Yes

Registry and the Registration No. of the study/trial: Committee of Medical Ethics of Hirosaki University Graduate School of Medicine(No. 2016-1061)


Animal Studies: None

CONFLICT OF INTERESTS


The authors declare no conflicts of interest.

Satoko Minakawa MD, PhD^{1,2} 

Hinano Terui MD, PhD²

Yasushi Matsuzaki MD, PhD¹ 

Norihiro Saito MD, PhD² 

Hiroyuki Kayaba MD, PhD² 

Daisuke Sawamura MD, PhD¹

¹Department of Dermatology, Hirosaki University Graduate School of Medicine, Hirosaki, Japan

²Department of Clinical Laboratory, Hirosaki University Hospital, Hirosaki, Japan

Correspondence

Daisuke Sawamura, Department of Dermatology, Hirosaki University Graduate School of Medicine, 5 Zaifu-cho, Hirosaki, Aomori 036-8562, Japan.
Email: smartdai@hirosaki-u.ac.jp

ORCID

Satoko Minakawa  <https://orcid.org/0000-0001-5933-3377>

Yasushi Matsuzaki  <https://orcid.org/0000-0001-6574-9328>

Norihiro Saito  <https://orcid.org/0000-0003-2239-6846>

Hiroyuki Kayaba  <https://orcid.org/0000-0002-1465-4182>

REFERENCES

1. Gedik H, Voss TA, Voss A. Money and transmission of bacteria. *Antimicrob Resist Infect Control*. 2013;2:22.
2. Angelakis E, Azhar EI, Bibi F, et al. Paper money and coins as potential vectors of transmissible disease. *Future Microbiol*. 2014;9(2):249–261.
3. Abia ALK, Ubomba-Jaswa E. Dirty money on holy ground: isolation of potentially pathogenic bacteria and fungi on money Collected from Church offerings. *Iran J Public Health*. 2019;48(5):849–57.
4. Kuria JKN, Wahome RG, Jobalamin M, et al. Profile of bacteria and fungi on money coins. *East Afr Med J*. 2009;86(4):151–5.
5. Matsuki M, Mano Y, Furuya N, et al. Distribution survey of floating bacteria in general environments by air sampler. *Jpn J Infect Prevent Control*. 2019;34(3):141–6.

How to cite this article: Minakawa S, Terui H, Matsuzaki Y, Saito N, Kayaba H, Sawamura D. Microbiological analysis of 1000-Yen banknotes in a hospital environment. *J Cutan Immunol Allergy*. 2021;4:19–21. <https://doi.org/10.1002/cia2.12144>