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Microbial Load, Prevalence and Antibiotic Resistance of Microflora Isolated from the Ghanaian Paper Currency Note: A Potential Health Threat

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Aims: This study examined the microbial flora contamination of the Ghanaian paper currency notes and its antibiotic-resistance in Ejura Municipal, Ashanti Region, Ghana.

Study Design: This is a descriptive cross-sectional study designed to assess the profile of microflora contamination of the Ghanaian paper currency notes and its antibiotic-resistance in the Ejura Municipality.

Place and Duration of Study: The research was conducted in Ejura, a town in the Ejura Sekyedumase Municipal District of the Ashanti region of Ghana, from January to May 2019

Methodology: A total of 70 GH¢ notes, 15 each of GH ¢1, GH ¢2, and GH ¢5, 10 each of GH ¢10 and GH ¢20, and 5 of GH ¢50, were randomly sampled from people in various shops, canteens, and commercial drivers. The surfaces of each GH¢ note were gently swabbed, and tenfold serial dilution was inoculated on plate count agar (PCA), MacConkey agar, mannitol salt agar, and deoxycholate citrate agar. PCA, MCA, DCA, and MSA were the media used for the total viable count, Gram-

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negative rods, Gram-negative enteric bacilli, and *Staphylococcus* isolation in that order. For bacterial identification, the study used appropriate laboratory and biochemical tests. The data was analyzed using SPSS-IBM version 20.0.

Results: It was found that 95.2 % of the 70 GH¢ notes tested positive for one or more bacterial isolates. On each GH¢ note, mean counts on PCA ranged from 3.0 cfu/ml $\times 10^5$ to 4.8 cfu/ml $\times 10^5$. Of 124 bacteria isolated. 36 (29.03 %), 32 (25.81%), 16 (12.90 %), 20 (16.13%), 13 (10.48 %), and 7 (5.66 %) were from GH¢1, GH¢2, GH¢10, GH¢5, GH¢20, and GH¢50, respectively. Bacterial isolates were *Escherichia coli* (25.81%), *Staphylococcus aureus* (18.55%), *coagulase-negative Staphylococcus* (15.32%), *Klebsiella species* (12.10%), *Salmonella species* (9.68%), *Shigella species* (8.06%), *Pseudomonas aeruginosa* (7.26%), and *Proteus species* (3.23%). Meat shops, commercial drivers, canteens, grocery stores, and vegetable shops contributed 25.81 %, 20.16 %, 19.35 %, 17.74 %, and 16.94 % of GH¢ notes respectively. There was 100% resistance of the isolates to Erythromycin (ERY), and Cotrimoxazole (COT). Amikacin (AMK) was the most effective among the antibiotics as 75% of the isolates were susceptible to it.

Conclusion: This study has demonstrated that the GH¢ notes are heavily contaminated with potentially pathogenic bacteria that are highly resistant to the most widely used antibiotics and are a threat to public health.

Keywords: Microbial load; antibiotic resistance; microflora; *Staphylococcus aureus*.

1. INTRODUCTION

“Paper currency notes are widely exchanged for goods and services in countries all over the world. People frequently contaminate these notes with various microflora such as viruses, fungi, protozoa, and, most notably, bacteria due to unsanitary conditions and habits”[1]. Coughing and sneezing on hands before exchanging money, improper washing of hands after using the urinal or toilet and eating, inserting one's hand into one's nasal cavity then touching paper notes, applying saliva on hands while counting paper notes, and placing or storing paper notes on dirty surfaces are some of these practices [2].

“Even during the 'Black Death or the bubonic and pneumonic plague pandemics in England, historical accounts demonstrate that money was thought to contain lethal illnesses” [3].

Infections caused by these microflorae are primarily caused by bacteria and are always treated with antibiotics; however, the majority of these bacteria have recently developed drug resistance. [4]. Despite the best efforts made to alleviate the situation, this has turned into a canker that has killed millions of lives and consumed a large portion of the government's budget [5]. “such a situation has become a major source of concern for the international community, and it is necessary to investigate the risk of disease transmission. Antibiotic resistance is becoming a serious problem” [6].

“According to data from the World Health Organization (WHO), antibiotic resistance has become a severe public health problem in about 114 countries, including Ghana. Drug-resistant *Campylobacter*, extended-spectrum *Enterobacteriaceae* (ESBL), drug-resistant *Streptococcus pneumoniae*, drug-resistant *Tuberculosis*, vancomycin-resistant *Staphylococcus aureus*, Erythromycin-Resistant group A *Streptococcus*, Clindamycin-Resistant group B *Streptococcus*, drug-resistant *Salmonella serotype Typhi*, multidrug-resistant strains” [7]. Antibiotics failed to treat about 63 per cent of infectious diseases, and according to reference [7], there have been no new antibiotic classes discovered since 1984.

According to reference [8] there is high risk of pathogenic cross contamination of food due to unhygienic handling of money and serving food with bare hands. The contaminated currency notes go into circulation and contaminate the hands of others transmitting pathogenic organisms in the process [9]. Currency notes are used in Ghana to purchase ready-to-eat food, uncooked meat and vegetables from the market, charcoal, and milk from a local store, drugs, and other goods [10]. Although Ghanaian currency was first put into circulation in July 2007[11], it has since become filthy and even mutilated [12]. These could be a source of Enteropathogens, which cause food poisoning [13]. Food vendors in Ghana serve food with their hands while also handling money notes as they sell [14], posing a considerable concern.

Since issues of antibiotic resistance is becoming very alarming as it leads to financial burden to the government and the individual, and also delaying in the recovery of patients from bacterial infections [15], our research aimed at investigating the microbial flora contamination of the Ghanaian paper currency notes and its antibiotic-resistance in the Ejura Municipal of Ashanti Region in Ghana. Here, we first looked at some bacteria isolates from the Ghanaian paper currency notes in circulation and then proceeded to perform antimicrobial sensitivity test of the isolates to investigate their susceptibility or resistance to commonly used antibiotics.

2. MATERIALS AND METHODS

2.1 Study Area

The research was conducted in Ejura, a town in the Ejura Sekyedumase Municipal District of Ashanti of Ghana. "Ejura is a town and the capital of Ejura/Sekyedumase, a district in the Ashanti Region of Ghana. Ejura is the twenty-fourth most populous settlement in Ghana, in terms of population, with a population of 70,807 people. Ejura is the largest maize producing district in the Ashanti Region of Ghana" [16]. "It is in the far north of the region, near the Afram River. Ejura is connected by highways with the towns of Mampong, Yeji and Techiman. Ejura has a latitude of 7°23'4.99"N and a longitude of 1°21'32.33"W or 7.38472 and -1.358981 respectively" [17]. The district covers an area of 1782.2qkm which is about 7.3% of the total land area of the Ashanti region. "The Municipal capital, Ejura is about 105km from the Regional Capital, Kumasi. Agriculture is the main economic activity within the municipality and employs about 69.5 per cent of the entire labour force" [17].

2.2 Study Design

This is a descriptive cross-sectional study designed to assess the profile of microflora contamination of the Ghanaian paper currency notes and its antibiotic-resistance in the Ejura Municipality from January to May 2019.

2.3 Sample Size and Sampling

The study includes all the Ghanaian denomination paper notes which include the; GH¢1 note, GH¢2 note, GH¢5 note, GH¢10 note, GH¢20 note and GH¢50 note. A total of 70

Ghanaian currency notes made up of 15 one Ghana cedi notes, 15 two Ghana cedi notes, 15 five Ghana cedi notes, 10 ten Ghana cedi notes, 10 twenty Ghana cedi notes and 5 fifty Ghana cedi were randomly collected from different sources in Ejura Municipal.

2.3.1 Sample collection procedures

Ghanaian cedi notes were aseptically collected randomly from grocery shops, canteens, taxi drivers, meat shops and vegetable shops within a week by either giving them new currency notes and taking theirs or through buying to obtain all the denominations and placed back in plastic envelope bags, sealed and sent to the laboratory for their surface to be swabbed for immediate analysis. The study samples were collected based on the level of usage by a simple random sampling method as follows; 15, 15, 15, 10, 10, and 5 pieces of 1, 2, 5, 10, 20 and 50 Ghana cedi respectively. Only the Ghanaian paper currency introduced by the Bank of Ghana in 2007 was collected otherwise rejected.

2.4 Laboratory Methods and Analysis

2.4.1 Media used for culture

The media used were the products of Oxoid Limited, Basingstoke Hampshire, and England. The study adopted the Oxoid standard protocol for media preparation except for selenite F broth. The media included plate count agar (PCA), MacConkey agar (MCA), mannitol salt agar (MSA) and deoxycholate citrate agar (DCA), Simmons citrate agar, triple sugar iron agar (TSI), selenite broth, and peptone water. Reagents were Kovacs and Remel BactiDrop Oxidase. PCA, MCA, DCA, and MSA were the media used for the total viable count, Gram-negative bacteria, *Salmonella-Shigella*, and *Staphylococcus* isolation in that order. Mueller–Hinton agar (MHA) was the medium used for the antimicrobial susceptibility test.

2.4.2 Sample processing

Each GH¢ note was given a distinct identifier. Both surfaces of the note were gently swabbed with sterile cotton moistened with sterile buffered peptone water (BPW). The swabs in their respective tubes with 1 ml sterile BPW were then vortexed to get a uniform suspension. The study made tenfold serial dilutions of each suspension for the cultivation and identification of microbial contaminants. The GH¢ notes swabbed for the

study were later cleaned with MAK SWAB (alcohol swab).

2.4.3 Cultivation and enumeration

The study used 0.1 ml of each dilution in the study, and each dilution was inoculated into the appropriate media and incubated at 37°C for 12–48 hours. The culture plates were then examined using standard microbiological methods for growth and morphologic characteristics. Discrete colonies were grown on Nutrient Agar for biochemical analysis and Gram's staining. The total viable colonies were then counted using an electronic colony counter, and the average counts were expressed in cfu/ml.

2.4.4 Identification of isolates

The study presumably identified bacterial isolates based on the phenotype “using standard microbiological methods. Gram staining, colony morphology, and suitable biochemical tests were the methods used to identify bacterial isolates. For Gram-positive cocci bacteria with purple round shapes, catalase and coagulase tests differentiated *staphylococci* (catalase-positive) from streptococci (catalase-negative). Isolates of Gram-negative rods on MCA were further grouped into lactose and non-lactose fermenters. These isolates were then inoculated into TSI, and indole test, citrate test, etc., were performed to aid identification” [18].

(1) “*Salmonella* and *Shigella* species. Colonies from samples pre-enriched in Selenite F Broth (Difco™) plated onto DCA with pale or colourless colonies with or without a black spot in the middle were suggestive of *Salmonella*, while colonies with a pink zone indicate *Shigella*” [18] [Fig.1a].

(2) “*Staphylococcus* species. Colonies on MSA plates with yellow colonies with halo zone and colonies with pink with reddish-purple zones indicated *Staphylococcus aureus* and *Staphylococcus epidermidis* [Fig. 1b]. Coagulase test differentiates between *Staphylococcus aureus* (coagulase-positive) and *Staphylococcus epidermidis* (coagulase-negative *Staphylococcus* (CNS))” [18].

(3) “Other Gram-negative isolates. All Gram-negative bacteria from MCA were subsequently inoculated in TSI [Fig. 1c] and were incubated. Growth with acidic butt, acidic slant, and gas production without hydrogen sulphide (H₂S) indicated either *E. coli* or *Klebsiella* species. The two isolates were further identified by indole and citrate tests [Fig. 1d]. Red ring formation on the surface of indole indicates *E. coli*. The blue colour change of citrate after incubation confirms *Klebsiella* species. An acidic butt, acidic slant, and gas production with H₂S indicate *Proteus* spp. Alkaline butt, alkaline slant, no gas, and H₂S production indicate *Pseudomonas aeruginosa*” [18].



Fig. 1a. Colonies of *Salmonella* and *Shigella*



Fig. 1b. Colonies of *Staphylococcus* spp



Fig. 1c. Triple Sugar Iron (TSI) Test

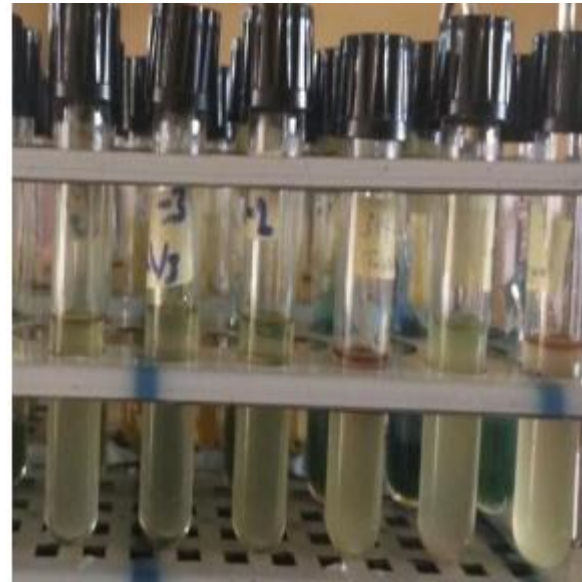


Fig. 1d. Indole test

Fig. 1. Bacteria isolate culture and presumptive tests

2.5 Antibiotic Susceptibility Testing (AST)

“Agar diffusion technique on Mueller–Hinton agar (Kirby–Bauer modified disc diffusion technique) according to CLSI guidelines was used to determine the antibiotic susceptibility. The inhibition zone standards for antimicrobial susceptibility were from tables of interpretative zone diameters of the Clinical and Laboratory Standards Institute. The study tested 10 antibiotic discs of the most commonly used drugs to treat human and animal infections caused by bacteria. These include erythromycin (ERY) (5 µg), ciprofloxacin (CIP) (5 µg), gentamicin (GEN) (10 µg), ampicillin (AMP) (10 µg), amoxicillin (AMX) (5 µg), vancomycin (VAN) (30 µg), tetracycline (TET) (30 µg), chloramphenicol (CHL) (30 µg), amikacin (AMK) (30 µg), and cotrimoxazole (COT) (25 µg)”[19].

2.6 Statistical Analysis

The raw data obtained from the microbial analysis was analyzed using Microsoft Excel 2007 spreadsheet. The acquired counts are then changed into log₁₀ to make them normally distributed. The data obtained from this study were analyzed descriptively with SPSS version 20.0 software. The sources of the currencies were compared using a one-way analysis of variance (ANOVA) at a significance of 95%

confidence interval ($p \leq 0.05$) and where ($p \geq 0.05$) is not significant. Comparison of means was done using Post hoc analysis with Tukey-Kramer (Tukey’s W) multiple comparison analysis.

3. RESULTS AND DISCUSSION

3.1 Results

The results of this study revealed that out of the 70 Ghanaian paper currency notes studied, 95.2% were contaminated with bacteria. The various bacteria isolated from the currency notes in this research include *Escherichia coli* (25.81%), *Staphylococcus aureus* (18.55%), CNS (15.32%), *Klebsiella* species (12.10%), *Salmonella* species (9.68%), *Shigella* species (8.03%), *Pseudomonas aeruginosa* (7.26%), and *Proteus* species (3.23%). This finding is almost in agreement with the research conducted in Saudi Arabia reference [20] and the United States reference [21].

Table 1, shows the average CFU/ml and log count of bacteria on each culture media. The tables, however, show that the highest count was on PCA and the least on DCA as illustrated in Fig. 1. The more average count of bacteria came from GH¢1 followed by 10GH¢ and the least came from 20GH¢ and 50GH¢ as illustrated in Fig. 1.

Table 1. Average count on culture media

Currency		GH¢1	GH¢2	GH¢5	GH¢10	GH¢20	GH¢50
MCA (cfu/ml)	Mean	1.7 x 10 ⁵	1.2 x 10 ⁵	1.0 x 10 ⁵	8.9 x 10 ⁴	7.8 x 10 ⁴	4.5 x 10 ⁴
	Log	5.23	5.08	5.00	4.95	4.89	4.65
MSA (cfu/ml)	Mean	1.9 x 10 ⁵	1.4 x 10 ⁵	1.2 x 10 ⁵	1.5 x 10 ⁵	8.0 x 10 ⁴	5.8 x 10 ⁴
	Log	5.27	5.14	5.08	5.18	4.9	4.76
PCA (cfu/ml)	Mean	4.8 x 10 ⁵	4.4 x 10 ⁵	3.6 x 10 ⁵	4.0 x 10 ⁵	3.8 x 10 ⁵	3.0 x 10 ⁵
	Log	5.68	5.64	5.56	5.6	5.57	5.48
DCA (cfu/ml)	Mean	8.0 x 10 ⁴	6.5 x 10 ⁴	2.8 x 10 ⁴	4.0 x 10 ⁴	1.5 x 10 ⁴	1.3 x 10 ⁴
	Log	4.9	4.81	4.45	4.64	4.18	4.11

Meaning of Abbreviations: PCA, Plate Count Agar; DCA, Desoxycholate Citrate Agar; MSA, Mannitol Salt Agar; MCA, MacConkey Agar.

Fig. 2 depicts the distribution of bacterial isolates according to sources of currencies. The numbers of isolates according to the sources of paper currency notes are in the order of meat shops (25.81%), drivers (20.16%), canteens (19.35%), grocery shops (17.74%) and vegetable shops (16.94%).

denominations. Out of a total of 124 isolates on the paper currency notes, the contamination level of the different denominations is as follows; GH¢ 1 (26.61%), GH¢ 2 (25%), GH¢ 10 (17.74%), GH¢ 5 (13.71%), GH¢ 20 (10.48%) and GH¢ 50 (6.45%). Statistically, there was a significant difference between the denominations and the total plate count at $p=0.05$. It was observed that smaller denominations were more contaminated than the bigger ones.

Fig. 3 depicts the distribution of bacterial isolates on paper currency notes of different

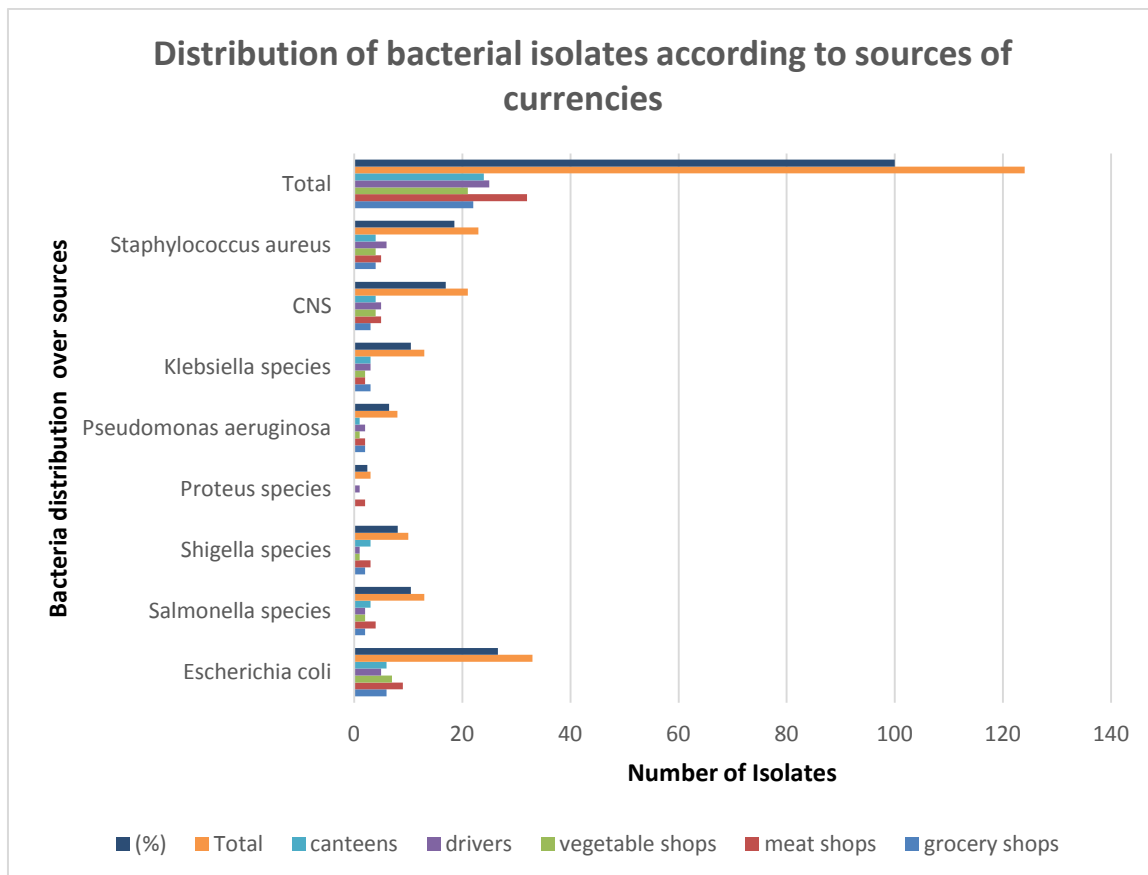


Fig. 2. Distribution of bacterial isolates according to sources of currencies

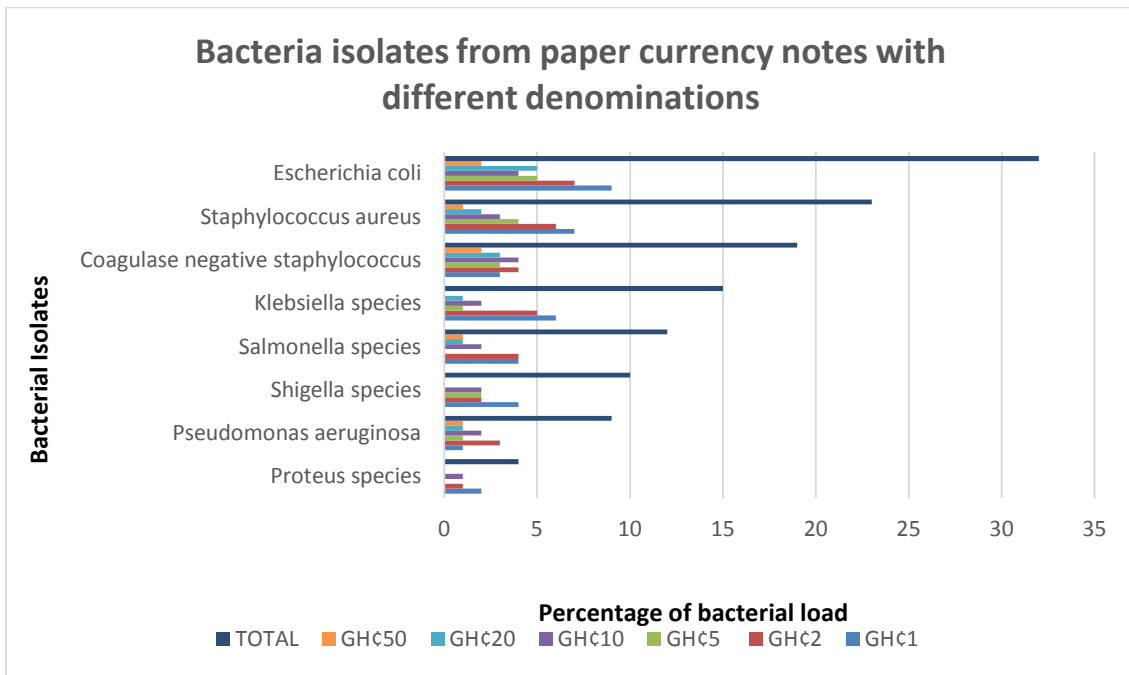


Fig. 3. Bacteria isolates from paper currency notes with different denominations

Fig. 4 shows the antimicrobial susceptibility testing of the bacterial isolates. The figure shows that all 8 isolated bacterial species showed 67.5% resistance and 50.00% susceptibility to Ciprofloxacin, Gentamicin, Amoxicillin and Chloramphenicol, 100% resistance to

Erythromycin and Vancomycin, 85% resistance to Tetracycline and 75% resistance to Ampicillin. Amikacin was effective with just resistance of 12.50% by the isolates, 12.50% intermediate and 75% susceptible.

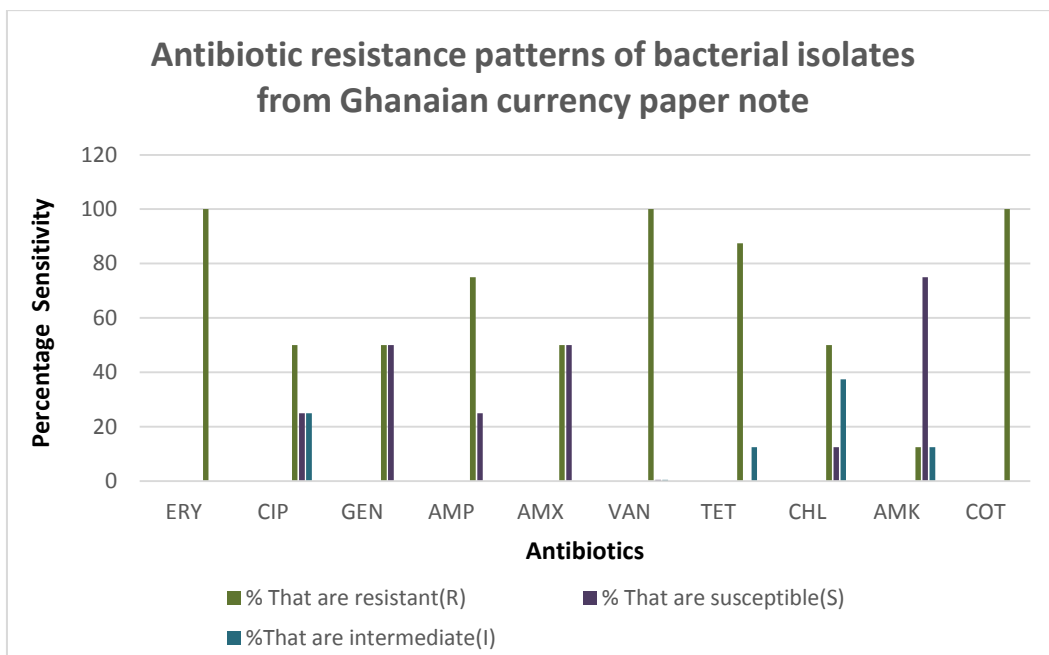


Fig. 4. Antibiotic resistance patterns of bacterial isolates from Ghanaian currency paper note
 Abbreviations: ERY, erythromycin; CIP, ciprofloxacin; GEN, gentamicin; AMP, ampicillin; AMX, amoxicillin; VAN, vancomycin; TET, tetracycline; CHL, chloramphenicol; AMK, amikacin; COT, cotrimoxazole

3.2 Discussion

Money is one of the commonest substances that circulate readily among the general public. This implies that once money is contaminated with pathogens, it can spread these disease-causing organisms from one person to another [22]. The paper currency may serve as a vehicle to spread pathogenic infections which could be resistant to antibiotics. The findings from this study reveal that the Ghanaian paper currency notes were 95.2% of which the smaller denominations (GH¢1, GH¢2, GH¢5 and GH¢10) were more contaminated than the larger notes (GH¢20 and GH¢50) $p=0.05$. This implies that the smaller denominations (GH¢ 1 and GH¢ 2) are more contaminated because they are often handled. Meanwhile from the study, GH¢ 10 although a bigger denomination was noticed to be more contaminated than GH¢ 5. This could be that GH¢10 is in circulation and handled more than the GH¢5 or probably because there are two different kinds of the GH¢5 paper note accepted and used in Ghana at the same time. This could also be that people saved the highest denominations in the bank and rather transact with the smaller denominations more often [23].

Similar findings of bacterial contamination on the Iraqi currency were 96% [24], 100% contamination on Ghanaian Cedi note [25], 96.25% contamination of Palestine note [26] 96% contamination of South African banknote [27], 75% contamination of Nepal banknote [28] and 95% contamination of Nigerian banknote [29]. *Escherichia coli* was shown to be the most prevalent contamination of money in circulation [30]. This observation agrees with research conducted by reference [31]. This signals the contamination of the Ghanaian paper currency by faeces [31,33]. The presence of *Klebsiella* spp, *Staphylococcus aureus*, *Pseudomonas* spp and *Proteus* spp is a clear indication of unhygienic practices and also a serious health problem [34,35].

Our study differs from other research which found Coagulase Negative *Staphylococcus* as the most common contaminant of the circulation currency paper [36,37]. This stems from the fact that hygiene practices vary from people to person, town to town, country to country etc. it was also found that there wasn't any significant difference between the type of denomination and source of currencies in terms of microbial contamination (P -value of 0.138 and 0.945) for the type of denomination and source of currency

respectively, which means almost all the denominations have similar log cfu/ml. This is in agreement with research conducted in Cameroon on money [38]. our research revealed that bacterial contamination was highest in meat shops and least in the vegetable source. This is most likely due to the presence of blood and animal parts on their benches, which provides an ideal habitat for germs to thrive [39,40].

The health implications are that many multidrug strains of different isolates were prevalent on the Ghanaian currency emphasising the public health significance of the notes and vividly indicating a massive resistance to the commonly used antibiotics in Ghana [32,41]. Because the isolates offered 100% resistance to Erythromycin and Vancomycin, 50% resistance to Ciprofloxacin, Amoxicillin, Gentamicin and Chloramphenicol [42], 75% resistance to Ampicillin and 87.50% resistance to Tetracycline, give an awareness of the prevalence of antibiotic-resistant bacteria on the Ghanaian currency note [43]. 12.50% resistance to Amikacin means it is very effective against a wide range of bacteria [44]. This result is consistent with that of the reference [45], which states that the presence of antibiotic-resistant bacteria poses a significant public health risk. Studies conducted by other research reveal that the increasing nature of antibiotic resistance is due to the excessive usage of antibiotics without prescriptions from a pharmacist [46-49].

In a nutshell, although the characterization of isolates was done with media and simple biochemical tests, this study found valuable data to be used for immediate intervention rather than only using it for studies.

4. CONCLUSION

"This study has demonstrated that the GH¢ notes are heavily contaminated with potentially pathogenic bacteria that are highly resistant to the most widely used antibiotics and are a threat to public health. We suggest the introduction of plastic currency notes which can be washed easily as in Australia can serve as an alternate" [50]. The use of E-commerce and online payment systems are commendable to use for goods and services to minimize the abuse and deterioration of the GH¢ notes.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our

area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Alemu, Agersew. Microbial contamination of currency notes and coins in circulation: a potential public health hazard. *Biomedicine and Biotechnology*. 2014;2.3:46-53.
2. Agarwal, Gaurav, et al. Assessment of microbial contamination of Indian currency notes in Mathura City, India: A cross-sectional study. *Journal of Advanced Oral Research*. 2015;6.3:43-48.
3. Tolba, Ola, et al. Survival of epidemic strains of nosocomial-and community-acquired methicillin-resistant *Staphylococcus aureus* on coins. *American Journal of Infection Control*. 2007;35.5:342-346.
4. Ayandele AA, Adeniyi SA. Prevalence and antimicrobial resistance pattern of microorganisms isolated from Naira notes in Ogbomoso North, Nigeria. *Journal of research in Biology*. 2011;8:587-593.
5. Ventola C. Lee. The antibiotic resistance crisis: Part 1: Causes and threats. *Pharmacy and Therapeutics*. 2015;40.4:277.
6. WHO, Information about COVID-19-World Health Organization-WHO, WHO, Geneva, Switzerland; 2020.
7. Solomon, Steven L., Kristen B. Oliver. Antibiotic resistance threats in the United States: stepping back from the brink. *American family physician* 2014;89.12:938-941.
8. Amankwah Kuffour, Richard, Bismark Dwumfour-Asare, and Collins Kuffour. Currency Notes as Pathogenic Risk Sources for Street Foods in Ghana: A Study at a Suburb of Kumasi City.
9. Mensah, Patience, et al. Street foods in Accra, Ghana: how safe are they? *Bulletin of the World Health Organization*. 2002;80:546-554.
10. Sadawarte, Kalpana, Hemant Mahobe, Gaurav Saxena. Microbial contamination of Indian currency notes in Bhopal. *Journal of Evolution of Medical and Dental Sciences*. 2014;3.6:1379-1385.
11. Dzokoto, Vivian Afi Abui, Edwin Clifford Mensah. Making sense of a new currency: An exploration of Ghanaian adaptation to the new Ghana Cedi. *Journal of Applied Business & Economics*. 2010;10.5.
12. Luure P, et al. Microbial contamination of Ghanaian cedi notes from traders of the tamale central market, Ghana. *British Microbiology Research Journal*. 2015;5.2:139.
13. Dietrich, Richard, et al. The food poisoning toxins of *Bacillus cereus*. *Toxins*. 2021;13.2:98.
14. Addo-Tham, Raymond, et al. Knowledge on food safety and food-handling practices of street food vendors in Ejisu-Juaben Municipality of Ghana. *Advances in Public Health*; 2020.
15. Jasovský, Dušan, et al. Antimicrobial resistance—a threat to the world's sustainable development. *Upsala Journal of Medical Sciences*. 2016;121.3:159-164.
16. Ansah, Isaac Gershon Kodwo, Hayford Oduro, Awuah Lartey Osa. A comparative analysis of profit efficiency in maize and cowpea production in the ejura sekyedumase district of the ashanti region, Ghana. *Research in Applied Economics*. 2014;6.4:106.
17. Ghana. Statistical Service. 2010 Population & Housing Census Report: Urbanisation in Ghana. Ghana Statistical Service; 2014.
18. Walker N, Gupta R, Cheesbrough J. Blood pressure cuffs: friend or foe?. *Journal of Hospital Infection*. 2006;63.2:167-169.
19. Hall, J. *Antibodies: A Laboratory Manual*. Immunology Today 10(11). Hamad, B. (2010). The antibiotics market, Nature Publishing Group; 1989.
20. Ahmed, Mohammed Muqtader, et al. Bacterial contamination of Saudi Arabian paper currency: A report from Al-Kharj. *Advancements in Life Sciences*. 2017;4.2:27-32.
21. Pope, Theodore W. Capt, et al. Bacterial contamination of paper currency. *Southern Medical Journal*. 2002;95.12:1408-1411.
22. Vriesekoop, Frank, et al. Dirty money: an investigation into the hygiene status of

- some of the world's currencies as obtained from food outlets. *Foodborne Pathogens and Disease*. 2010;7.12:1497-1502.
23. Assenmacher, Katrin, Franz Seitz, Jörn Tenhofen. The use of large denomination banknotes in Switzerland; 2017.
 24. Jafer, Siham Noori, Halima Hassan Mohammed, Zari Esa Saleh. Bacterial contaminations of Iraqi Currencies collected from Duhok city, Iraq. *Int J Res Med Sci*. 2015;3.7:1712-1716.
 25. Tagoe, Daniel, et al. A study of bacterial contamination of Ghanaian currency notes in circulation. *The Internet Journal of Microbiology*. 2010;8.2:1-5.
 26. Khazir, Mahbooba, et al. *International Journal of Scientific Research*.
 27. Barro, Nicolas, et al. Hygienic status assessment of dishwashing waters, utensils, hands and pieces of money from street food processing sites in Ouagadougou (Burkina Faso). *African Journal of Biotechnology*. 2006;5. 11.
 28. Barolia, Sushil Kumar, Sheetal Verma, Bhoopendra Kumar Verma. Coliform contamination on different paper currency in Ajmer, Rajasthan, India. *Universal Journal of Environmental Research and Technology*. 2011;1.4:552-556.
 29. Onuoha, Stanley Chukwudozie, Kayode Fatokun. Bacterial contamination and public health risk associated with the use of Banks' Automated Teller Machines (ATMs) in Ebonyi State, Nigeria. *American Journal of Public Health Research*. 2014;2.2:46-50.
 30. Ahmed, Md Shakir Uddin, et al. Evaluation of the microbial contamination of Bangladesh paper currency notes (Taka) in circulation. *Advances in Biological Research*. 2010;4.5:266-271.
 31. Anuranjani CDA, Reema K. Bacterial contamination of Indian paper currency and coins. *World Journal of Pharmaceutical Research*. 2017;6.14:859-863.
 32. Feglo, Patrick, Michael Nkansah. Bacterial load on Ghanaian currency notes. *African Journal of Microbiology Research*. 2010;4.22:2375-2380.
 33. Girma, Gosa. Health risk associated with handling of contaminated paper currencies in circulation: A review. *American Academic Scientific Research Journal for Engineering, Technology, and Sciences*. 2014;10.1:40-53.
 34. Chuku, Aleruchi, et al. Bacteriological quality of fresh raw beef and chevon retailed in lafia metropolis, Nigeria. *Journal of Microbiology Research*. 2016;6.2:29-34.
 35. Gufe, Claudious, et al. Antimicrobial profiling of bacteria isolated from fish sold at informal market in Mufakose, Zimbabwe. *International Journal of Microbiology*; 2019.
 36. Firoozeh, Farzaneh, et al. Bacterial contamination of Iranian paper currency and their antibiotic resistance patterns. *Int J Enteric Pathog*. 2017;5.4:106-110.
 37. Ejaz, Hasan, Azra Javeed, Muhammad Zubair. Bacterial contamination of Pakistani currency notes from hospital and community sources. *Pakistan Journal of Medical Sciences*. 2018;34.5:1225.
 38. Abia, Akebe Luther King, Eunice Ubomba-Jaswa. Dirty money on holy ground: Isolation of potentially pathogenic bacteria and fungi on money Collected from Church offerings. *Iranian Journal of Public Health*. 2019;48.5:849.
 39. Raghunath, D. Emerging antibiotic resistance in bacteria with special reference to India. *Journal of Biosciences*. 2008;33.4:593-603.
 40. Allan, Muhumuza, et al. Bacterial contamination of Ugandan paper currency notes possessed by food vendors around Mulago Hospital complex, Uganda. *Pan African Medical Journal*. 2018;31. 1.
 41. Neel, R. Multidrug resistance of isolates of methicillin resistant *Staphylococcus aureus* (MRSA) in paper currency notes from meat sellers in Tanga, Tanzania. *Int J LifeSc Bt & Pharm Res*. 2012;1.4:9-13.
 42. Pai Vidya, Venkatakrishna I. Rao, Sunil P. Rao. Prevalence and antimicrobial susceptibility pattern of methicillin-resistant *Staphylococcus aureus* [MRSA] isolates at a tertiary care hospital in Mangalore, South India. *Journal of Laboratory Physicians*. 2010;2.02:082-084.
 43. Yar, Denis Dekugmen. Bacterial contaminants and antibiogram of Ghana paper currency notes in circulation and their associated health risks in Asante-Mampong, Ghana. *International Journal of Microbiology*; 2020.
 44. Asafo-Adjei, Karikari, et al. Urinary tract infections among bladder outlet obstruction patients in Accra, Ghana: aetiology,

- antibiotic resistance, and risk factors. Diseases. 2018;6.3:65.
45. Oluduro AO, et al. Antibiotic resistance and public health perspective of bacterial contamination of Nigerian currency. Advances in Life Science and Technology. 2014;24:4-9.
 46. Waseem, Hassan, et al. Assessment of knowledge and attitude trends towards antimicrobial resistance (AMR) among the community members, pharmacists/pharmacy owners and physicians in district Sialkot, Pakistan. Antimicrobial Resistance & Infection Control. 2019;8.1:1-7.
 47. Roque, Fátima, et al. Educational interventions to improve prescription and dispensing of antibiotics: a systematic review. BMC Public Health. 2014;14.1:1-20.
 48. Horumpende, Pius G., et al. Prescription and non-prescription antibiotic dispensing practices in part I and part II pharmacies in Moshi Municipality, Kilimanjaro Region in Tanzania: A simulated clients approach. PloS One. 2018;13.11:e0207465.
 49. Kapil, Arti. The challenge of antibiotic resistance: Need to contemplate. Indian Journal of Medical Research. 2005;121.2:83.
 50. Prime, Emma L, David H. Solomon. Australia's plastic banknotes: fighting counterfeit currency. Angewandte Chemie International Edition. 2010;49.22:3726-3736.

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