



Review Article

Microbial Contamination in Pharmaceutical Manufacturing

Deepika Gupta, Shubham Bhatt*, Pranki Shukla, Avnish Kumar

Maharishi School of Pharmaceutical Science, Maharishi University of Information Technology, Lucknow, Uttar Pradesh, India.

ARTICLE INFO

Article history:

Received: 25 January, 2024

Revised: 02 March, 2024

Accepted: 12 April, 2024

Published: 20 June, 2024

Keywords:

Microbial contamination, Product safety, Efficacy, Quality control, GMP, Contamination sources.

ABSTRACT

Microbial contamination is a significant concern in the pharmaceutical industry, as the presence of microorganisms such as bacteria, fungi, and viruses can compromise the safety and efficacy of pharmaceutical products. This paper provides an overview of the sources, risks, and mitigation strategies related to microbial contamination in pharmaceuticals. The introduction highlights the importance of preventing contamination and its implications for product safety and patient health. The sources of contamination, including air, water, raw materials, and personnel, are discussed in detail. Risk assessment and monitoring procedures are emphasized as essential practices for ensuring product quality. Various sterilization techniques, such as heat, radiation, filtration, and chemical sterilization, are examined for their efficacy in eliminating microorganisms. Aseptic processing techniques, involving stringent cleanliness and adherence to good manufacturing practices, are crucial for maintaining a sterile environment during pharmaceutical production. Personnel training and hygiene practices are highlighted as key components in contamination prevention. The paper concludes by underscoring the significance of microbial contamination control in pharmaceuticals for preserving patient safety, product efficacy, regulatory compliance, and public trust in healthcare.

INTRODUCTION TO MICROBIAL CONTAMINATION

Microbial contamination in pharmaceuticals refers to the unexpected presence of microorganisms such as bacteria, fungi, and viruses in pharmaceutical products, production processes, or the surrounding environment. These microorganisms can come from a variety of sources, including air, water, raw materials, equipment, and employees. Their presence poses a serious danger to the quality, safety, and efficacy of medicinal goods (Mugoyela and Mwambete, 2010).

Contamination can occur at any stage of the pharmaceutical manufacturing process, including formulation, filling, packaging, and storage. Even modest amounts of microbial

contamination can cause product deterioration, potency loss, or, in the worst-case scenario, pose health concerns to patients if administered.

Pharmaceutical products used for disease prevention, treatment, and diagnosis contain a wide variety of ingredients, often in complex physicochemical states. These products must not only meet current pharmaceutical good manufacturing practice (GMP) requirements for quality, safety, and efficacy but also be stable and appealing to patients. The pharmaceutical industry demands products that meet high microbiological specifications. It is crucial to prevent contamination to ensure product integrity and patient safety (Baird, 2004).

However, there are instances where a few products with unacceptable contamination may escape the quality

*Corresponding Author: Shubham Bhatt

Address: Maharishi School of Pharmaceutical Science, Maharishi University of Information Technology, Lucknow, Uttar Pradesh, India.

Email ✉: shubhatt521@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Copyright © 2024 Deepika Gupta *et al.* This is an open access article distributed under the terms of the Creative Commons Attribution- NonCommercial-ShareAlike 4.0 International License which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

assurance measures. Such contamination can have serious consequences, such as product spoilage, leading to financial losses for manufacturers. Moreover, the threat of litigation and recalls can result in damaging publicity and economic implications. Inadvertent use of contaminated products may pose health hazards to patients and contribute to the spread of diseases (Baird *et al.*, 2000).

To avoid and manage microbiological contamination, pharmaceutical businesses follow stringent laws and procedures such as GMP. They put in place strong measures to keep the environment sterile and regulated, use suitable sterilization procedures, monitor the environment on a regular basis, and train people in aseptic practices to reduce the risk of contamination.

In the pharmaceutical sector, controlling microbiological contamination is crucial to ensuring product quality and patient safety. Any lapse in contamination control can result in product recalls, impaired patient health, and reputational harm to a corporation. To generate safe and effective pharmaceutical products, careful contamination control is required (Baird, 1985).

The significance of preventing microbial contamination in pharmaceutical goods cannot be emphasized. It has a direct influence on product safety and efficacy, both of which are key variables in patient health and well-being. Uncontrolled microorganism presence in medications can have serious consequences:

Product Safety

Microbial contamination can introduce hazardous germs into medications, posing severe dangers to patients. Consumption of tainted drugs may result in infections, unpleasant reactions, or treatment failures, jeopardizing patient safety (Brannan, 1995).

Product Efficacy

Microorganisms can destroy the active chemicals in medications, leaving them useless. Contaminated medications may not provide the desired therapeutic advantages, resulting in treatment inefficacy and probable disease progression (Carstensen, 2000).

Patients Health

Immunocompromised persons or those with impaired immune systems are especially prone to infections from tainted medications. Controlling microbiological contamination is critical for protecting patients from avoidable health issues (Denyer, 1990).

Regulatory Compliance

Pharmaceutical producers are required by law to maintain microbiological control in their goods. Noncompliance can result in serious legal implications, product recalls, and reputational harm to the organization (Nester, 2002).

Public Trust

Trust in Healthcare Professionals and Patients: Effective microbiological contamination management develops trust among healthcare professionals and patients. It assures that pharmaceutical goods are consistent, trustworthy, and safe for ingestion, hence increasing trust in the healthcare system (Christenson *et al.*, 1999).

Fraise *et al.* (2004) have noted that deterioration of pharmaceutical preparations due to microbial activity is observed when there is high contamination of raw materials or incorrect storage conditions. Microbial contamination remains a significant problem for formulations containing moisture, and even solid dosage forms may be affected if natural polymers are used, as they can serve as fertile sources of microorganisms (Shukla *et al.*, 2004). Modern manufacturing practices follow "Quality Assurance" guidelines, implementing procedures to prevent microbial contamination in all formulations. A historical example of microbial contamination in pharmaceuticals dates back to the 1960s when an outbreak of salmonellosis in Sweden was linked to contaminated defatted thyroid powder from Hungary (Parker, 2000).

Sources of Microbial Contamination

Managing microbiological contamination, which can emerge from a variety of sources during the manufacturing process, is a key concern in the pharmaceutical sector

Table 1: Sources of contamination and its causes over pharmaceuticals (CLSI, 2006; Kirkpatrick *et al.*, 1998)

Sources	Causes	Examples
Air	Air-born microorganisms can settle on surfaces, equipment and products leading to contamination. Proper ventilation and air filtration are crucial.	Dust particles carrying bacteria Mold spores Yeasts
Water	Water used in pharmaceutical processes can carry microorganisms that may contaminate products. Purifications and testing are essential for water quality.	<i>Pseudomonas aeruginosa</i> (gram-negative bacterium) <i>Aspergillus</i> (fungal contamination) <i>Adenovirus</i> (viral contamination)
Raw Materials	Microbial contaminants can be present in raw materials, affecting the integrity of the final product. Rigorous testing and vendor qualification are crucial.	<i>Salmonella</i> (found in contaminated excipients) <i>E. coli</i> (from contaminated active ingredients) <i>Penicillium</i> (fungal contamination raw materials)
Personal	Human operators can inadvertently introduce microorganisms during manufacturing processes. Proper hygiene practices and training are essential.	<i>Staphylococcus aureus</i> (from unwanted hands) <i>Candida albicans</i> (improper growing) Influenza virus (coughing or sneezing)



(Figure 1-3). Pharmaceutical facilities are subject to bacterial, fungal, and viral penetration from raw materials to employees, air, water, and equipment (Table 1). Understanding and managing these sources of microbial contamination is critical to upholding the highest quality standards and protecting the health of patients. Pharmaceutical businesses can limit the hazards presented by microbiological contamination while maintaining the integrity of their medicines by using stringent control methods (Koneman *et al.*, 1992).

Microbial contamination of pharmaceutical products can have severe implications. Heavy contamination with opportunistic pathogens may lead to the spread of hospital-acquired infections in immunocompromised patients. Even low levels of contamination with pathogenic organisms like Salmonella can be dangerous due to the presence of toxic microbial metabolites (De La Rosa *et al.*, 1995).

Risk Assessment and Monitoring

Particularly when it comes to microbiological contamination, risk assessment and monitoring are essential parts of assuring the safety and quality of pharmaceutical goods (Figure 4, 5). The patient's health and the efficacy of the product are seriously at risk from microbial contamination, which can happen at several phases of the pharmaceutical production process. Pharmaceutical businesses employ thorough risk assessment and monitoring procedures to reduce these hazards (Minarini *et al.*, 2007).

Risk assessment is a methodical examination of possible risks linked to microbial contamination across the board in the pharmaceutical production process. The primary steps in the risk assessment procedure are as follows:

Monitoring is a continuous procedure that includes routine monitoring and measurement of crucial parameters to find and stop microbial contamination. The following are the main components of monitoring for microbial contamination in pharmaceuticals:

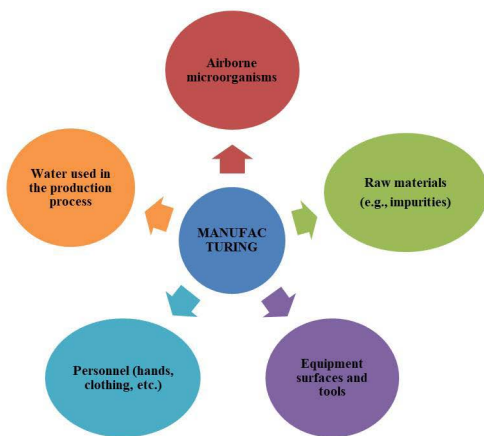


Figure 1: Representation of contamination caused during manufacturing process

For pharmaceutical companies to guarantee the security and caliber of medicinal items, environmental monitoring is crucial. Pharmaceuticals are in danger from microbial contamination because they can cause product deterioration, decreased effectiveness, and, most critically, possible patient injury. Pharmaceutical businesses use stringent environmental monitoring processes to protect against such threats (Guarner and Malagelada, 2003).

The systematic collection and analysis of information on the presence and concentrations of microorganisms in various locations of pharmaceutical manufacturing facilities constitutes environmental monitoring.

Sources of contamination

Businesses can locate potential sources of microbiological contamination by routinely inspecting the industrial environment. These sources may be people, things, raw resources, or even the facility itself.

Prevent product contamination

By quickly taking remedial action in response to early detection of microbial presence, businesses can stop contamination from spreading to medicinal goods.



Figure 2: Representation of contamination caused during packaging process

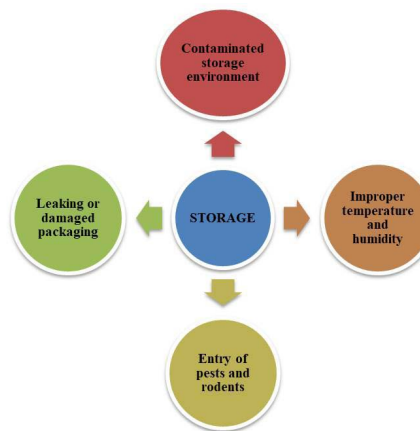


Figure 3: Representation of contamination caused during storage process

Comply with regulatory requirements

To maintain high standards and guarantee product safety, regulatory agencies such as the European Medicines Agency (EMA) and the US Food and Drug Administration (FDA) have tight criteria for pharmaceutical makers. In order to comply with these criteria, environmental monitoring is essential (The Medical News, 2010).

Sterilization Techniques

Pharmaceutical goods' efficacy and safety are seriously threatened by microbial contamination. Various sterilizing

techniques are used to manage and get rid of germs from pharmaceutical production processes and products (Figure 6). These techniques strive to successfully eliminate or eradicate bacteria while preserving the potency and purity of the medications. Heat, radiation, and filtration are some of the main sterilization techniques applied in the pharmaceutical sector to control microbiological contamination (Soriano *et al.*, 2000).

Heat Sterilizations

Heat sterilization, sometimes referred to as autoclaving or wet heat sterilization, is one of the most popular and extensively used techniques for destroying bacteria. It entails heating up the pharmaceutical supplies or machinery while having moisture present. For heat sterilization, 121°C for 15 minutes is the most typical temperature and duration combination. Nevertheless, depending on the particular product and requirements, other timing and temperatures may be used. Numerous microorganisms, such as bacteria, viruses, and fungi, are resistant to heat sterilization (Lane and Brooke, 2014).

Radiation Sterilizations

In order to destroy or inactivate germs, radiation sterilization uses ionizing radiation, such as gamma rays, X-rays, or electron beams. Due to its capacity to permeate packaging materials and reach the entire product, gamma irradiation is frequently utilized in the pharmaceutical sector. Microorganisms are rendered nonviable by the radiation's destruction of their DNA and other biological components. Pharmaceuticals that need to be protected against heat can be sterilized using radiation since it is a cool technique and does not considerably elevate product temperature (Leggett *et al.*, 2012).

Ionizing radiation, including gamma rays, X-rays, and electron beams, is used in radiation sterilization to get rid of microbes that are a problem. In order to stop bacteria from reproducing and causing harm, high-energy radiation damages their DNA and other biological components. Because of this harm, the bacteria lose the ability to live and spread illnesses through disruption of their essential cellular processes. Because it may pass through numerous barriers to achieve thorough sterilization, gamma irradiation is particularly useful for a variety of pharmaceutical items and packaging materials (Sutton, 2012).

Filtration Sterilizations

The pharmaceutical solution or product is sterilized by filtration by being run through a filter with predetermined pore diameters. By physically removing microorganisms from the product, this process ensures their exclusion from the final formulation. For heat-sensitive liquids, including vaccines, enzymes, and other biopharmaceuticals, where conventional heat sterilization may result in product deterioration, filtration sterilization is frequently utilized.



Figure 4: Classification of risk assessments for microbial contamination

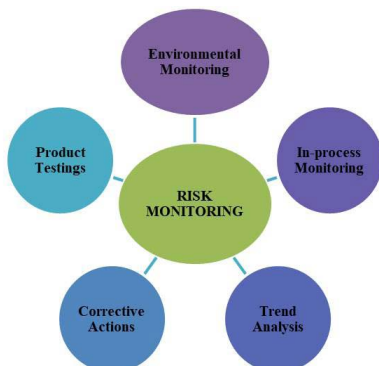


Figure 5: Classification of risk monitoring for microbial contamination

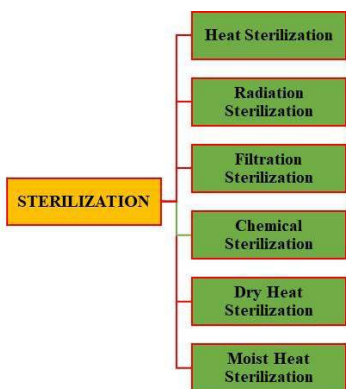


Figure 6: Classification of sterilization techniques and methods used in pharmaceuticals



The size of the microorganisms to be maintained and the properties of the finished product influence the choice of filter pore size (Sutton and Jimenez, 2012).

By physically filtering medicinal solutions or goods through a sterilizing-grade filter, filtration sterilization removes microbiological contamination from them. The filter has certain pore diameters that may trap bacteria and let sterile liquid flow through while doing so. Microorganisms are attracted to and kept on the surface of the filter when the medicinal solution passes through it. Filtration sterilization is a method that is excellent for heat-sensitive and delicate medicines because it successfully assures that the finished product is free of living bacteria (FDA, 2004).

Chemical Sterilizations

Chemical sterilization is the process of eliminating or inactivating germs by using sterilizing chemicals like hydrogen peroxide, ethylene oxide, or peracetic acid. Depending on the product and equipment that needs to be sterilized, these agents are either administered in a gaseous form or a liquid form. Items that cannot be sterilized by heat or radiation, such as delicate medical equipment or electronic components, benefit most from chemical sterilization (Hugo and Russell, 1992).

With the use of sterilizing chemicals like hydrogen peroxide, ethylene oxide, or peracetic acid, microbiological contaminants are eliminated during chemical sterilization. These substances enter microbial cells, interfere with key metabolic functions, and cause DNA and protein damage. Microorganisms die or become inactive after being exposed to these sterilizing chemicals. Chemical sterilization is advantageous for objects that cannot withstand heat or radiation, ensuring the sterilization of equipment and medications that are heat-sensitive (Obuekwe *et al.*, 2002).

Dry Heat Sterilizations

Pharmaceutical equipment or items are sterilized using dry heat by being heated to high temperatures without any moisture. For heat-stable goods that cannot tolerate the moisture present in autoclaving, this approach is utilized. Comparing dry heat sterilization to wet heat sterilization, greater temperatures and longer exposure durations are often needed. 160 to 180°C for one to two hours is the usual temperature range for dry heat sterilization (AOAC, 1999). By heating objects to high temperatures in the absence of moisture, dry heat sterilization gets rid of microorganisms. The proteins and cell membranes of the microorganisms are damaged by the heat, which causes them to die. For things that can endure greater temperatures but not moisture, dry heat sterilization is very effective. Although it would need to be exposed for longer periods of time than wet heat sterilization, it is nevertheless a dependable technique for heat-stable pharmaceutical items (Yoo, 2018).

Moist Heat Sterilizations

Moist heat sterilization sometimes referred to as autoclaving, is a popular technique for getting rid of bacteria in lab and pharmaceutical environments. It entails exposing objects to hot temperatures (generally 121°C) and steam for a predetermined amount of time (usually 15 minutes). Bacteria, viruses, and fungi are just a few of the many microorganisms that heat and wetness successfully destroy. For heat-resistant materials, moist heat sterilization is suitable since it guarantees the creation of safe and sterile goods (Sattar, 2004).

By denaturing the bacteria's necessary proteins and enzymes, heat sterilization techniques like autoclaving get rid of microbial contamination. The heat damages microbial cell structures, including cell membranes and nucleic acids, when pharmaceutical items or equipment are subjected to high temperatures (for example, 121°C). The microorganisms, such as bacteria, viruses, and fungi, are afterward irreparably destroyed, becoming nonviable and incapable of reproducing. Autoclaving is a trusted and commonly used technique in the pharmaceutical sector because the use of steam provides effective heat transmission and penetration into the objects being sterilized (ISP, 2018).

Aseptic Processing Techniques

Techniques for aseptic processing are essential for avoiding microbiological contamination in medicines. Through the process of medicine manufacture, handling, and packaging, these techniques maintain a sterile environment. The use of sterile tools, filtered air, and sterile materials are all guaranteed by strict adherence to good manufacturing practices (GMP). Operators adhere to stringent cleanliness rules and wear sterile gear. The goal is to ensure patient safety and product efficacy by preventing the entry of dangerous microorganisms into the medicinal product.³¹ In order to supply safe and effective pharmaceuticals to the general population, aseptic processing is a crucial component of pharmaceutical manufacture.

A series of procedures known as aseptic processing are used in the production of pharmaceuticals to guard against hazardous bacteria contaminating medications and other sterile items. The whole production process, from the handling of raw materials to the packing and distribution, must be conducted in a totally sanitary atmosphere. In order to guarantee the security, effectiveness, and quality of pharmaceutical goods, aseptic processing must be used.

- To get rid of any potential contamination, every piece of machinery, container, and component that touches a medicine product needs to be sterilized (Falagas *et al.*, 2011).
- Low quantities of airborne particles and bacteria are maintained in cleanrooms and other controlled settings to reduce the danger of contamination.
- All employees who operate in the aseptic processing

area are required to follow strict hygiene procedures, which include donning sterile gowns, gloves, masks, and hair coverings (Bragg *et al.*, 2014).

- For an extra degree of security during aseptic processing, sophisticated isolators or barrier systems may be utilized (Akers *et al.*, 1988).
- *Sterilization-grade filters are used to filter liquids and gases to get rid of any possible impurities.*
- *Microbial accumulation may be avoided by performing frequent, thorough cleaning and disinfection of surfaces and equipment (FDA, 1987).*
- *To make sure that they are in conformity with legal requirements and maintain the necessary sterility levels, aseptic processing facilities go through extensive validation and ongoing monitoring (Suvikas-Peltonen *et al.*, 2017).*

Personnel Training and Hygiene

Pharmaceuticals contamination by microbes may be avoided in large part by employee cleanliness and training. To maintain a sterile environment, pharmaceutical staff members must get thorough training in aseptic methods, appropriate gowning, and handwashing (Gorski, 2010). The highest levels of cleanliness are made sure in production facilities by strict adherence to GMP. Regular health checks and the elimination of ill employees reduce potential contamination. Pharmaceutical firms may protect patient safety and product integrity while also preserving the caliber and effectiveness of their drugs by promoting a culture of cleanliness and alertness (Isanhart *et al.*, 2008).

Maintaining a contaminant-free environment in medicines is essential to preventing microbial infection. Personnel who have received the appropriate training are prepared to manage delicate procedures, follow rigorous hygiene guidelines, and employ aseptic techniques successfully (Kerenyi *et al.*, 2011). They are aware of the dangers of contamination and implement the appropriate safety measures, which lowers the possibility of product spoiling and guarantees that clients will receive safe medications. Consistent training is essential for maintaining pharmaceutical integrity and protecting the public's health since it promotes best practices, increases process effectiveness, and strengthens overall quality control measures (Rangel-Fausto *et al.*, 210).

The hazards of microbiological contamination in pharmaceutical environments must be reduced with the help of good personal hygiene habits. Especially before handling medications, staff members should frequently wash their hands with soap and water. Debris of skin and hair may be avoided by wearing the proper, spotless clothing, hairnets, and gloves (Agalloco *et al.*, 2009). Reduced transmission of microorganisms is achieved by avoiding direct contact with the face, hair, and exposed skin. Keep your work area tidy, and clean everything

that gets a lot of use. Avoid coughing or sniffing in close proximity to medications. Staff members need to get regular physicals and vaccinations. To keep the highest standards of personal hygiene and guarantee the integrity and safety of pharmaceutical goods, strictly follow these instructions (Kuehn, 2012).

CONCLUSION

Microbial contamination management in pharmaceuticals is critical to ensuring product safety and efficacy. Key elements include keeping a sanitary atmosphere through frequent handwashing, wearing clean clothing, and utilizing gloves. Preventing contamination by avoiding direct touch with exposed skin and limiting sneezing/coughing near items. It is critical to keep surfaces clean and disinfected on a regular basis. Staff health exams and vaccines must be current. Strict adherence to these principles protects pharmaceutical purity by lowering the danger of microbiological contamination and assuring safe and effective goods for customers. Maintaining product quality and patient safety are critical in the pharmaceutical sector. High-quality drugs are essential for successful treatment and favorable health outcomes. Strict compliance with quality control procedures guarantees that pharmaceutical goods satisfy regulatory requirements and are free of contamination or faults. Patient safety is the ultimate objective, as any reduction in product quality might result in adverse reactions or treatment failures, putting lives at risk. By adopting strong quality assurance processes, the industry preserves its commitment to protecting public health, builds faith in healthcare practitioners, and offers patients safe and effective pharmaceuticals for their well-being.

ACKNOWLEDGEMENT

The authors want to thank the management and other faculty members for their encouragement and support, which gave the drive and inspiration needed to complete the review.

REFERENCES

- Agalloco, J., Akers, J., Baseman, H., *et al.* (2009). Risk management, cGMP, and the evolution of aseptic processing technology. *PDA Journal of Pharmaceutical Science and Technology*, 63(1), 8-10.
- Akers, J., *et al.* (1988). A review of current technology in parenteral manufacturing. *Journal of Parenteral Science and Technology*, 42(2), 53-56.
- AOAC International. (1999). *Official methods of analysis* (16th ed., 5th rev.). Baltimore, MD.
- Baird, R. M. (1985). Microbial contamination of pharmaceutical products made in a hospital pharmacy. *Pharmaceutical Journal*, 234, 54-55.
- Baird, R. M. (2004). Sterility assurance: Concepts, methods and problems. In R. M. Baird, N. A. Hodges, & S. P. Denyer (Eds.), *Principles and practice of disinfection, preservation and sterilization* (4th ed.). Oxford: Blackwell Scientific.
- Baird, R. M., Hodges, N. A., & Denyer, S. P. (2000). *Handbook of microbiological control (Pharmaceuticals and Medical Devices)*. London: Taylor and Francis.



- Berkelman, R. L., Holland, B. W., & Anderson, R. L. (1982). Increased bactericidal activity of dilute preparations of povidone-iodine solutions. *Journal of Clinical Microbiology*, 15(4), 635-639.
- Bragg, R., Jansen, A., Coetzee, M., van der Westhuizen, W., & Boucher, C. (2014). Bacterial resistance to quaternary ammonium compounds (QAC) disinfectants. *Advances in Experimental Medicine and Biology*, 808, 1-13.
- Brannan, D. K. (1995). Cosmetic preservation. *Journal of the Society of Cosmetic Chemists*, 46, 199-200.
- Carstensen, J. T., & Rhodes, C. T. (Eds.). (2000). *Drug stability: Principles and practices* (3rd ed.). New York, NY: Marcel Dekker.
- Christenson, J. C., Byington, C., Korgenski, E. K., *et al.* (1999). *Bacillus cereus* infections among oncology patients at a children's hospital. *American Journal of Infection Control*, 27(6), 543-546.
- Clinical Laboratories Standards Institute. (2006). *Performance standards for antimicrobial susceptibility testing; Sixteenth informational supplement*. Wayne, PA: Clinical Laboratories Standards Institute.
- De La Rosa, M. C., Medina, M. R., & Vivar, C. (1995). Microbiological quality of pharmaceutical raw materials. *Pharma Acta Helveticae*, 70(3), 227-232.
- Denyer, S., & Baird, R. (Eds.). (1990). *Guide to microbiological control in pharmaceuticals*. Chichester, UK: Ellis Horwood.
- European Pharmacopoeia. (2002). (4th ed.). Strasbourg: EP Secretariat.
- Falagas, M. E., Thomaidis, P. C., Kotsantis, I. K., Sgouros, K., Samonis, G., & Karageorgopoulos, D. E. (2011). Airborne hydrogen peroxide for disinfection of the hospital environment and infection control: A systematic review. *Journal of Hospital Infection*, 78(3), 171-177.
- FDA Guidance for Industry. (2004). *Sterile drug products produced by aseptic processing-current good manufacturing practice*. US Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research (CDER), Center for Biologics Evaluation and Research (CBER), Office of Regulatory Affairs (ORA), September 2004.
- FDA. (1987). *Guideline on sterile drug products produced by aseptic processing*.
- Gorski, L. A. (2010). Central venous access device associated infections: Recommendations for best practice in home infusion therapy. *Home Healthcare Nurse*, 28(4), 221-229. <https://doi.org/10.1097/NHH.0b013e3181d6c3ad>
- Guarner, F., & Malagelada, J. R. (2003). Gut flora in health and disease. *Lancet*, 361(9356), 512-519.
- Hugo, W. B., & Russell, A. D. (1992). *Pharmaceutical microbiology* (5th ed.). Boston: Blackwell Scientific Publications.
- International Specialty Products. (2006). *PVP-Iodine-Povidone Iodine antiseptic agent*. Retrieved from <https://web.archive.org/web/20060313193322/http://www.ispcorp.com/products/pharma/content/brochure/pvpiodine/pvpiodine.pdf> (Accessed April 15, 2018).
- Isanhart, C. M., McCall, K. L., Kretschmer, D., *et al.* (2008). Parenterals laboratory course to reduce microbial contamination rates in media fill test performed by pharmacy students. *American Journal of Pharmaceutical Education*, 72(27). <https://doi.org/10.5688/aj720227>
- Kerenyi, M., Borza, Z., Csontos, C., *et al.* (2011). Impact of medications on bacterial growth in syringes. *Journal of Hospital Infection*, 79(3), 265-266. <https://doi.org/10.1016/j.jhin.2011.07.002>
- Kirkpatrick, W. R., Turner, T. M., Fothergill, A. W., *et al.* (1998). Fluconazole disk diffusion susceptibility testing of *Candida* species. *Journal of Clinical Microbiology*, 36(11), 3429-3432.
- Koneman, E. W., Allen, S. D., Janda, W. M., Schreekenberger, P. C., & Winn, W. C. (1992). *Color atlas and textbook of diagnostic microbiology* (4th ed.). Philadelphia, PA: JB Lippincott Co.
- Kuehn, B. M. (2012). Unsafe injection practices plague US outpatient facilities, harm patients. *JAMA*, 308(24), 2551-2552.
- Lane, S., & Brooke, J. (2014). Investigating the viability of two *Stenotrophomonas maltophilia* isolates after air-drying. *DePaul Discoveries*, 3(1), 1-8.
- Leggett, H. C., Cornwallis, C. K., & West, S. A. (2012). Mechanisms of pathogenesis, infective dose and virulence in human parasites. *PLoS Pathogens*, 8(2), e1002512. <https://doi.org/10.1371/journal.ppat.1002512>
- Minarini, L. A., Gales, A. C., Palazzo, I. C., & Darini, A. L. (2007). Prevalence of community-occurring extended spectrum beta-lactamase-producing Enterobacteriaceae in Brazil. *Current Microbiology*, 54(5), 335-341.
- Mugoyela, V., & Mwambete, K. D. (2010). Microbial contamination of nonsterile pharmaceuticals in public hospital settings. *Therapeutics and Clinical Risk Management*, 6, 443-448. <https://doi.org/10.2147/TCRM.S12253>
- Nester, M. T., Anderson, D. G., Roberts, C. E. Jr., & Pearsall, N. N. (2002). *Microbiology – A human perspective*. Madrid, Spain: McGraw Hill.
- Obuekwe, I. F., Ogbimi, A. O., & Obuekwe, C. O. (2002). Microbial contamination of pharmaceutical products in a tropical environment. *Pakistan Journal of Scientific and Industrial Research*, 45, 341-344.
- Parker, M. S. (2000). Microbiological contamination and preservation of pharmaceutical preparations. In M. E. Aulton (Ed.), *Pharmaceutics: The science of dosage form design* (2nd ed.). Hong Kong, China: Churchill Livingstone.
- Praise, A., Lambert, P., & Millard, J. Y. (2004). *Principles and practice of disinfection, preservation and sterilization* (4th ed.). Oxford: Blackwell Science.
- Rangel-Fausto, M. S., Higuera-Ramirez, F., Martinez-Soto, J., *et al.* (2010). Should we use closed or open infusion containers for prevention of bloodstream infections? *Annals of Clinical Microbiology and Antimicrobials*, 9(6). <https://doi.org/10.1186/1476-0711-9-6>
- Sattar, S. A. (2004). Microbicides and the environmental control of nosocomial viral infections. *Journal of Hospital Infection*, 56(Suppl 2), S64-S69.
- Shukla, I., Tiwari, R., & Agrawal, M. (2004). Prevalence of extended spectrum beta-lactamase producing *Klebsiella pneumoniae* in a tertiary care hospital. *Indian Journal of Medical Microbiology*, 22(2), 87-91.
- Soriano, J. M., Rico, H., Molto, J. C., & Manes, J. (2000). Assessment of the microbiological quality and wash treatments of lettuce served in university restaurants. *International Journal of Food Microbiology*, 58(1-2), 123-128.
- Strand, C. L., Wajsbort, R. R., & Sturmman, K. (1993). Effect of iodophor vs iodine tincture skin preparation on blood culture contamination rate. *JAMA*, 269(8), 1004-1006.
- Sutton, S. (2012). Letter to the editor. *PDA Journal of Pharmaceutical Science and Technology*, 66(2), 91-95. <https://doi.org/10.5731/pdajpst.2012.863>
- Sutton, S., & Jimenez, L. (2012). Microbiology – A review of reported recalls involving microbiological control 2004–2011 with emphasis on FDA considerations of “objectionable organisms”. *American Pharmaceutical Review*, 15(1), 42.
- Suvikas-Peltonen, E., Hakoinen, S., Celikkayalar, E., Laaksonen, R., & Airaksinen, M. (2017). Incorrect aseptic techniques in medicine preparation and recommendations for safer practices: A systematic review. *European Journal of Hospital Pharmacy: Science and Practice*, 24(3), 175-181. <https://doi.org/10.1136/ejpharm-2016-001015>
- The Medical News. (2010). Contaminated cough syrup kills 22 in Panama. Retrieved from <http://www.news-medical.net/> (Accessed June 20, 2010).
- Yoo, J. H. (2018). Review of disinfection and sterilization - Back to the basics. *Infection & Chemotherapy*, 50(2), 101-109. <https://doi.org/10.3947/ic.2018.50.2.101>

HOW TO CITE THIS ARTICLE: Gupta, D., Bhatt, S., Shukla, P., Kumar, A. Microbial Contamination in Pharmaceutical Manufacturing. *J. of Drug Disc. and Health Sci.* 2024;1(1):21-27.