Enhanced topical delivery of non-complexed molecular iodine for Meticillin-resistant *Staphylococcus aureus* decolonization

Satoshi Uchiyama\textsuperscript{a}, Samira Dahesh\textsuperscript{a}, Victor Nizet\textsuperscript{b,*,} Jack Kessler\textsuperscript{a,\textcopyright}

\textsuperscript{a} Division of Host-Microbe Systems and Therapeutics, Department of Pediatrics, University of California, San Diego, La Jolla, CA 92093-0760, USA
\textsuperscript{b} Skaggs School of Pharmacy and Pharmaceutical Sciences, University of California, San Diego, La Jolla, CA 92093-0760, USA
\textsuperscript{*} Iogen, LLC, Carlsbad, CA 92008, USA

**A R T I C L E   I N F O**

**Keywords:**
- Iodine
- Biocide
- *Staphylococcus aureus*
- Nasal colonization
- Topical disinfectant
- Drug formulation

**A B S T R A C T**

*Staphylococcus aureus*, a leading cause of serious human infections in both healthcare and community settings, is increasingly difficult to control due to expanding resistance to multiple antibiotic classes. Meticillin-resistant *S. aureus* (MRSA) strains have disseminated on a global scale and are associated with adverse patient outcomes, increased hospital stays, and significant economic costs to the healthcare system. A proximal step in *S. aureus* infection is colonization of the nasal mucosa, and effective strategies to decolonize high risk patients to reduce the risk of invasive infection and nosocomial spread represent an important clinical priority. With rising resistance to mupirocin, the most common antibiotic utilized for nasal MRSA decontamination, we are examining the use of pure molecular iodine (I\textsubscript{2})-based formulations for this indication. Recently, an iodophor formulation of povidone-iodine (PVP-I) has shown significant promise for nasal MRSA decontamination by swabbing the anterior nares of patients in hospital settings, but the I\textsubscript{2} concentration in this treatment is less than 0.01\% of total iodine species present and like all providone-iodine formulations causes skin staining. Here we determine that a novel non-staining formulation of I\textsubscript{2} combined with the safe organic emollient glycerin delivers high local concentrations of the active antimicrobial entity (I\textsubscript{2}) with minimal evaporative loss, exhibits activity at \textasciitilde1 part per million against MRSA and other important Gram-positive and -negative human pathogens. This formulation for I\textsubscript{2} topical delivery produced similar reductions in mean bacterial burden and was associated with fewer treatment failures (< 2-logfold reduction) than PVP-I in a murine model of MRSA nasal decontamination. Formulations of I\textsubscript{2} in glycerin emollient merit further exploration as topical disinfectants for human medical indications.

1. Introduction

For decades we have witnessed increasingly high incidence of serious *Staphylococcus aureus* skin and soft tissue infections and bacteremia, occurring both in healthcare and community settings. Though no patient group is excluded, serious *S. aureus* infections disproportionately affect vulnerable populations including the elderly, juveniles, cancer patients (Big and Malani, 2010), diabetics (Smit et al., 2016) and those in intensive care units, where metastatic diseases such as endocarditis, deep organ abscess, and sepsis can develop (Holland et al., 2014). The case fatality rate of *S. aureus* bacteremia is alarmingly high, estimated between 20 and 30\% (Kern, 2010). Disease isolates resistant to front line antibiotics, notably methicillin-resistant (MRSA) strains, have become commonplace in the United States and numerous other countries, with a globally disseminated clone (USA300) of community-acquired MRSA contributing significantly to the increased incidence of severe disease and adverse clinical outcomes (Mediavilla et al., 2012).

The ability of *S. aureus* to establish colonization in its preferred niche, the human nasal mucosa, is a critical first step in the pathogenesis of disease (Krismer et al., 2017). Approximately 20\% of people are persistently colonized, and an additional 60\% intermittently colonized, with *S. aureus* in their nose (Kluymans et al., 1997); prior stay in a hospital or chronic care facility and prior antibiotic exposure represent important risk factors for acquisition (Hidron et al., 2005; Xue and Gyi, 2012). Children have higher rates of *S. aureus* colonization than adults (Armstrong-Esther, 1976), and more than two-thirds of normal babies have at least one positive culture for the organism (Peacock et al., 2003). In the setting of hospitalization or immune compromise, nasal carriers of *S. aureus* are at markedly increased risk of...
developing bloodstream infection, and genomic fingerprinting confirms the nasal strain of the individual is usually the agent of the systemic disease (von Eiff et al., 2001). Given this association, many healthcare facilities in the world screen at-risk hospitalized patients for MRSA nasal colonization and, when positive, attempt to decontaminate the patient with a topical antibiotic, typically mupirocin (Bactroban®) (Bode et al., 2010; Septimus and Schweizer, 2016). However, mupirocin is a bacteriostatic drug that requires repeated application over several days to achieve S. aureus eradication (Ammerlaan et al., 2009; Mehta et al., 2013), with resistance to this agent on the rise and approaching 30% in some clinical populations (Antonov et al., 2015; Poovelikunnel et al., 2015). Considering alternatives to mupirocin, iodine, an essential element, has a long history as a disinfectant and antibacterial sterilizing agent, especially in surgical skin preparation. In 2010 the 3M Company began marketing a skin and nasal antiseptic preparation (SNP) based on PVP-I as an alternative to topical mupirocin; clinical trials have demonstrated consistent benefits (Perl et al., 2002; Bebko et al., 2015). The use of an iodine-based disinfectant is attractive, as (a) it is well known that iodophors demonstrate rapid and broad-spectrum bactericidal activity (within 10–20 s) and (b) there is no evidence that bacteria can develop resistance to iodine (Houang et al., 1976; Lanker Klossner et al., 1997) since it reacts rapidly with several functional groups (double-bonds, amino groups and sulphydryl groups) which results in simultaneous action against multiple molecular targets to cause death. In pilot studies, intranasal application of SNP produced a significant (> 2 log) reduction of S. aureus colonization in healthy volunteers (Anderson et al., 2015) and was associated with a reduction in deep surgical site infections among patients undergoing arthroplasty or spine fusion procedures (Phillips et al., 2014).

Iodophors are highly acidic compositions that provide a small concentration of active biocide, i.e. unbound molecular iodine (I$_2$) (Wada et al., 2016), in equilibrium with large concentrations of iodide/tribiiodide and polymers that complex I$_2$ (Favero, 1982; Gottardi, 1999). Complexation of I$_2$ is necessary since I$_2$ is unstable in an aqueous environment (Gottardi, 1978, 1981). A paradoxical consequence of this formulation approach is an increase in active biocide upon dilution up to a 100-fold dilution (Ferguson et al., 2003; Gottardi, 1980, 1983). The labeled concentration of “iodine” in iodophors is determined by thiosulfate titration which measures both triiodide and I$_2$. Consequently, clinicians do not know the concentration of active biocide in the iodophors used in clinical procedures. The concentration of unbound I$_2$ in the most common iodine-based topical disinfectant formulation, 10% povidone-iodine (PVP-I, Betadine™), is less than 10 ppm or 0.01% of the total iodine atoms present (Gottardi, 1978). Iodophors manufactured with concentrations of I$_2$ below a critical threshold permit survival of certain bacteria including S. aureus (O’Rourke et al., 2003) and have been associated with transmission of nosocomial infections (Weber et al., 2007).

Systemic absorption of iodine across mucous membranes has been demonstrated (safran and Braverman, 1982) but diffusion of I$_2$ into and from the epidermis is less well understood. Notably, topical iodine compositions offer the potential to provide a prolonged (> 12 h duration) epidermal antibacterial activity due to a continuous flux or “back diffusion” of absorbed I$_2$ from treated skin (Gottardi, 1995; Mclure and Gordon, 1992). This flux of I$_2$ is proportional to exposure time and the concentration of I$_2$ applied to the skin; delivery of pure I$_2$ without triiodide has been shown to eliminate staining (Ressler, 2001). The low level of unbound I$_2$ in iodophors mitigates this potential feature of iodine-based skin prep. Also, the presence of several iodine species (e.g. iodide, tri-iodide, hypiodide, iodate, hypohypochlorous acid) that do not themselves provide antimicrobial activity increases the risk of systemic toxicity and skin irritation as I$_2$ per se possesses a benign acute toxicity profile (Duan et al., 1999).

In the present study, we explore basic characteristics of a novel non-staining formulation approach to provide non-staining stable I$_2$ which is the actual microbicide in PVP-I; the composition provides emolliency and free I$_2$ concentrations approximately 100-fold higher than that found in commercially available 10% PVP-I (Gottardi, 1978). Our analysis reveals that formulation with emollient organic carriers (glycerin and propylene glycol) markedly reduces the vapor pressure of I$_2$ and consequently its loss into the atmosphere by about 100-fold, a property not shared by commercially available iodophors including PVP-I. Minimum inhibitory concentration (MIC) testing against MRSA and additional selected contemporary multidrug-resistant (MDR) bacterial pathogens confirmed potent antimicrobial activity of the new I$_2$ formulation at or below 1 ppm. Finally, the effectiveness of this formulation in reducing MRSA bacterial burden was examined in a murine model of nasal decolonization.

2. Materials and methods

2.1. Viscosity measurements

Viscosity was measured using a Brookfield Model DVZT (Middleboro, MA) equipped with a Wells-Brookfield cone plate and spindle CPA522Z; thermal control was implemented with a Lauda Alpha RA-8 (Delran, NJ). Data from viscometric measurements were collected and analyzed using the RheocalcT software package. Viscosity versus shear rate was measured by varying spindle speed up and then down in defined increments at both 25 °C and 33 °C. Two data points were collected at each rpm value; once with spindle speed increasing and once with spindle speed decreasing. The viscosity for 3M SNP was calculated by determining the consistency index; the I2 glycerin formulation exhibited constant viscosity versus shear rate, i.e. Newtonian behavior.

2.2. Iodine vapor pressure study

Saturated solutions of molecular iodine (I$_2$, Alfa Aesar 14248 Lot 104Z003) were prepared in either: (a) 30 mM acetate buffer, pH 4.5; or (b) emollient organic carriers - glycerin and propylene glycol. The measured concentration of I$_2$ in each of these samples was 112 ppm (acetate buffer) 632 ppm (propylene glycol) and 1132 ppm (glycerin). One gram of a test article was placed in the bottom of a screw-top glass vial and a lid was tightly fitted to the vial. The inner surface of each lid was fitted with an iodine sensitive paper disc (Fluka #37215, Lot SZBF1310V) held in place against the inner surface of the lid by its threads. The indicator paper was therefore exposed to the atmosphere in the vial which allowed it to react with I$_2$ in the vapor phase of each vial. At 5 and 20 min and then 1, 6, 24 and 48 h the color of the indicator paper on the inside of the screw-top lids was examined and photographed.

2.3. Bacterial strains and culture conditions

MRSA strain USA300 TCH1516 (ATCC #BAA-1717), isolated from an adolescent patient with severe sepsis syndrome at Texas Children's Hospital in Houston, TX, and vancomycin-resistant Enterococcus faecalis (VRE) strain NJ-3 (ATCC #51299), isolated from human peritoneal fluid in St. Louis, MO, were obtained from the American Type Culture Collection (Manassas, VA). Group A Streptococcus (GAS) M1T1 serotype strain 5448 was original isolated from a patient with necrotizing fascitis and toxic shock syndrome (Chatellier et al., 2000). MDR Pseudomonas aeruginosa (PA) isolate was isolated from patient with necrotizing fascitis and toxic shock syndrome (Chatellier et al., 2000). MDR Pseudomonas aeruginosa (PA) isolate was isolated from patient with necrotizing fascitis and toxic shock syndrome (Chatellier et al., 2000). MDR Pseudo-


2.4. **Bacterial minimum inhibitory concentration (MIC) assay**

The I₂ formulation was serial diluted in H₂O in a 96-well flat bottom plate to provide a final concentration range from 0 ppm to 4 ppm. Then 1 x 10⁵ colony forming units (CFU) of each bacterial in a volume of 10 µl H₂O was added to each of the wells. After 5 min at room temperature, a 5 µl aliquot from each well was transferred into a new 96 well flat bottom plate and 200 µl of soft bacterial media agar (0.75% agar in the corresponding bacterial growth media specified above for each strain) was added to each well. Growth of bacterial colonies in the soft agar was analyzed after 12 h incubation at 37 ± 1 °C, and the lowest concentration in which no colonies were observed was defined as the MIC.

2.5. **Mice nasal bacterial clearance model**

All animal studies were performed under approval by the UC San Diego Institutional Animal Care and Use Committee (IACUC), protocol S00227M (“Mouse Models of Bacterial Infection and Immunity”). Healthy 10 to 12-week-old outbred CD1 mice were randomly assigned to one of three treatment regimens: (a) glycerin (negative control); (b) 3M™ Skin and Nasal disinfectant (positive control); and (c) 400 ppm I₂ in glycerin. All mice in a single cage were assigned to the same treatment regimen. Three experiments were repeated on three separate days as follows: Experiment 1, n = 5 per group, all females; Experiment 2, n = 10 per group, 5 males and 5 females; Experiment 3, n = 10 per group, 5 males and 5 females; Total n = 25/group. Mice were anesthetized with isoflurane and challenged intranasally with 20 µl PBS containing 2 x 10⁸ CFU of MRSA TCH1516. After 24 h, one of the three treatments (10 µl) was applied to the nares of each of the mice. Evaluation of colonized MRSA was performed as previously described (Kiser et al., 1999). After an additional 24 h, the mice were euthanized, and their nasal tissue was excised and dissected with sterile scissors. The nasal cavities were vortexed vigorously (10 s times 3) in phosphate-buffered saline (PBS), and serial dilutions made in PBS and plated in triplicate onto THA plates. Plates were incubated in 37 ± 1 °C for 12 h for CFU determination of the recovered MRSA.

3. **Results**

3.1. **Viscosity of 3M SNP versus I₂-glycerin composition**

The viscosity of 3M SNP varied with shear. The consistency index was determined on two separate days, and the apparent viscosity calculated as 5003 centipoise (cP) at 25 °C and 3676 cP at 33 °C (Fig. 1). Viscosity of the I₂-glycerin composition did not change with shear; this composition exhibited classical Newtonian behavior. The viscosities at 25 °C and 33 °C were 885 and 464 cP, respectively.

3.2. **Organic emollient formulation reduces I₂ vapor pressure and atmospheric loss**

Using an iodine-sensitive paper disk assay, the vapor pressure of I₂ in glycerin and propylene glycol was compared to its vapor pressure in acetate buffer. Indicator paper stain intensity was visually evaluated using the Munsell Neutral Value Scale. The relative rate of staining per ppm of I₂ in propylene glycol and glycerin as compared to acetate was approximately 270 and 480 times lower.

![Fig. 1. Stable viscosity of I₂-glycerin in response to shear. In contrast to the viscosity of 3M SNP, the viscosity of the I₂-glycerin composition did not change with shear. Rather, this composition exhibited classical Newtonian behavior. The calculated mean viscosities at 25 °C and 33 °C were 885 and 464 centipoise (cP), respectively.](image1)

![Fig. 2. Organic emollient formulation reduces I₂ vapor pressure and atmospheric loss. Using an iodine-sensitive paper disk assay, the relative vapor pressure of I₂ in glycerin and propylene glycol was compared to its vapor pressure in acetate buffer. Indicator paper stain intensity was visually evaluated using the Munsell Neutral Value Scale. The relative rate of staining per ppm of I₂ in propylene glycol and glycerin as compared to acetate was approximately 270 and 480 times lower.](image2)
8.18 + 0.108 for propylene glycol and 7.67 + 0.113 for glycerin (N = 8 for each) were assumed to be equivalent to the staining intensity observed at 20 min in the acetate buffer for comparison. The relative rate of staining per ppm of I₂ in propylene glycol and glycerin compared to acetate was reduced by approximately 200- and 400-fold, respectively.

3.3. Inhibitory activity of the I₂/glycerin formulation against MDR pathogens

The antibacterial potency of the I₂/glycerin formulation was assessed in a modified microbroth dilution assay with soft agar recovery (Fig. 3). The concentration (ppm) at the dilution of product in which no growth of bacteria was detected was defined to represent the minimal inhibitory concentration (MIC); three independent experiments were performed for each bacterial test species. The MIC of I₂ against a model USA300 strain of community-associated MRSA was calculated at between 0.25 and 1.0 ppm. Comparable potency (0.25 – 1.0 ppm) was observed against another leading invasive human Gram-positive bacterial pathogen, GAS, capable of producing deep-seated soft-tissue infections, sepsis and toxic shock syndrome (Walker et al., 2014) and VRE (0.5 – 2.0 ppm), a leading MDR Gram-positive opportunistic pathogen seen in catheter-associated bloodstream and urinary tract infections (Miller et al., 2016). The I₂ formulation showed similar potency against two dangerous MDR Gram-negative pathogens currently faced in the hospitals – P. aeruginosa (0.5 – 1.0 ppm), a cause of respiratory infections in cystic fibrosis sufferers and ventilated ICU patients, sepsis in neutropenic individuals, and burn infections (Juan et al., 2017), and A. baumannii (0.125 – 1.0 ppm), an emerging agent of nosocomial pneumonia, bacteremia and wound infections (Wong et al., 2017).

3.4. In vivo efficacy of the I₂/glycerin formulation in MRSA nasal decolonization

A murine model of nasal colonization with MRSA was used to compare the ability of the I₂/glycerin formulation to reduce bacterial burden in comparison to 3M™ SNP. After 24 h colonization and 24 h of treatment, the dissected nasal cavity was washed in PBS and plated on agar for CFU enumeration. Out of the 25 animals in the control (untreated) arm, six animals exhibited very low colonization levels (CFU per nasal cavity < 1500); however, the average CFU per nasal cavity in the remaining 19 animals was 11,051. Both the 3M™ SNP and the I₂/glycerin treatment significantly reduced MRSA in the nasal cavity; the mean MRSA reduction with 3M™ SNP was 2.15-logfold vs. 2.40-log fold with I₂-glycerin. Using a criterion for treatment success a minimum two-log reduction in CFU, the 3M™ SNP exhibited 9 failures in 25 mice, compared to only 3 failures with I₂-glycerin.

4. Discussion

Colonization of the nasal mucosa is a prerequisite for S. aureus infection, and new agents to decolonize high risk patients, reduce invasive disease, and check pathogen spread within the hospital are of
parameter importance. I$_2$-based formulations are gaining renewed interest given rising resistance to mupirocin, the most common topical antibiotic for this indication. We report a new non-staining formulation of I$_2$ combined with glycerin, a common benign pharmaceutical excipient, envisioned for topical delivery, with potent bactericidal activity in vitro (~1 ppm vs. MRSA) and therapeutic efficacy in a proof-of-principal murine model of MRSA nasal colonization.

An important concept illustrated in the present study is that the concentration of an iodophor does not correspond to the concentration of active (I$_2$); in this regard PVP-I is more accurately thought of as an excipient as opposed to an active agent. Indeed, PVP-I is simply one of many excipients that yields a complex equilibrium of chemicals that provides a relatively low concentration of an active biocide, i.e. I$_2$. Molecular I$_2$ can inactivate enteric viruses, enteric bacteria, bacterial viruses, protozoan cysts, fungi, mycobacteria and spores (Cheng et al., 2018; Gottardi, 1999; Hoehn, 1976); however, different amounts of I$_2$ and exposure times are required to inactivate these diverse classes of organisms. Iodophor compositions do not offer the ability to adjust the concentration of I$_2$ for any particular clinical indication and thus limit its utility in diverse healthcare settings. There are few published studies in which one can confidently conclude that the toxicity of I$_2$ per se was studied (Duan et al., 1999; Kessler, 2004a,b; Thrall and Bull, 1990; Thrall et al., 1992a; Thrall et al., 1992b). If clinicians knew the true concentration of I$_2$ in different drug formulations, the potential utility of this active for different therapeutic indications could be evaluated. Another point often misconstrued in the literature regards the inappropriate linkage of iodophor “toxicity” to I$_2$. Rather, dilution of PVP-I, i.e. increased I$_2$, is associated with reduced toxicity (York et al., 1988). Evaporation of both I$_2$ and water can reduce the concentration of unbound I$_2$ on skin; loss of water shifts the equilibrium binding of I$_2$ and lowers the concentration of unbound I$_2$. The glycerin-based I$_2$ formulation delivered high local concentrations of the active antimicrobial entity with minimal evaporative loss. The loss of I$_2$ in the glycerin-I$_2$ mixture is significantly reduced which should provide longer exposure of epithelial tissue to active biocide.

Our results from MIC testing are consistent with a previously published value of 0.2 ppm I$_2$ that demonstrated a 6-log kill of enteric bacteria (Chang, 1971). However, bacterial inactivation by I$_2$ has been shown to vary by bacterial species and growth conditions (Cargill et al., 1992; Pyle and McFeters, 1989). I$_2$ exposure required for inactivation of viruses, cysts, mycobacterium and spores varies widely (Hoehn, 1976). Neutralization of I$_2$ by organic matter in the nasal cavity or on epidermal surfaces could theoretically lower the effectiveness of the active agent as chemical interactions of excipients and the active biocide (Gottardi, 1991). I$_2$ exhibits the unique property of diffusion into human and then back-diffusing out of skin for at least 24 h. This back-diffusion is associated with a topical antibacterial activity (Gottardi, 1999).

The antimicrobial activity of a topical formulation is not solely a function of the active agent as chemical interactions of excipients and the physical properties of the carrier play a role. The dynamic viscosity of the 3MTM SNP varies as a function of shear force due to a high concentration of excipients. The thixotropic behavior of 3MTM SNP is due to the fact that this composition forms a film as it dries; film forming topical formulations are designed to maintain active on skin. This approach would be logical if the active in 3MTM SNP were an antibiotic; however, as indicated in the introduction (Ferguson et al., 2003; Gottardi, 1980, 1983) the concentration of active I$_2$ is reduced as the concentration of excipients is increased, i.e. as a film is formed. At full strength the 3MTM SNP contains less than 10 ppm of unbound iodine, 0.5% of thiosulfate titratable iodine, i.e. triiodide and I$_2$, in a composition that contains 5% total iodine; the comparable numbers for the glycerin-I$_2$ composition is 800 ppm I$_2$, 0.8% thiosulfate titratable iodine in a composition that contains 0.8% total iodine. The >80-fold higher concentration of I$_2$ in the glycerin composition should increase as the 3MTM SNP forms a film. The higher concentration of I$_2$ in the glycerin composition should lead to increased microbicidal capacity in those instances where the nasal cavity contains high levels of mucus which is known to neutralize I$_2$ via reaction with cysteine. The lower vapor pressure of I$_2$ in glycerin as compared to the 3MTM SNP composition reduces the potential for I$_2$ diffusion into lung tissue. Likewise, the higher I$_2$ concentration provides much higher levels of I$_2$ absorption into skin which confers a durable antimicrobial effect at the cutaneous surface.

A comparison of the formulation characteristics of the 3M product to the glycerin-I$_2$ composition demonstrates the disparity between the two formulation strategies. The 3M iodophor contains less than 10 ppm of unbound iodine, 0.5% of thiosulfate titratable iodine, i.e. triiodide and I$_2$, in a composition that contains 5% total iodine; the comparable numbers for the glycerin-I$_2$ composition is 800 ppm I$_2$, 0.8% thiosulfate titratable iodine in a composition that contains 0.8% total iodine. The >80-fold higher concentration of active in the glycerin composition should provide increased microbicidal capacity in those instances where the nasal cavity contains high levels of mucus which is known to neutralize I$_2$ via reaction with cysteine. The lower vapor pressure of I$_2$ in glycerin as compared to the 3M iodophor composition reduces the potential for I$_2$ diffusion into lung tissue. Likewise, the higher I$_2$ concentration provides much higher levels of I$_2$ absorption into skin which, as shown by (Gottardi, 1999), confers a durable antimicrobial effect.

5. Conclusion

A topical composition that contains greater functional concentrations of I$_2$ than found in 10% PVP-I should provide a more robust and effective topical agent for MRSA decolonization and other anti-infective indications. Our in vitro and in vivo proof-of-principle studies with a non-staining formulation of I$_2$ in a glycerin emollient reveal the potential for this novel topical formulation.

Acknowledgement

Research performed at UC San Diego was supported through a sponsored research agreement with Iogen, LLC and NIH/NIAID research grant U01-AI124316 (VN).

References


chlorhexidine against outbreak and noneoutbreak strains of Mycobacterium abscessus
using standard quantitative suspension and carrier testing. Antimicrob. Agents
Chemother. 62.
Fair, R.J., Hensler, M.E., Thienphrapa, W., Dam, Q.N., Nizet, V., Tor, Y., 2012. Selectively
R., Dhillion, B., 2003. Comparison of 5% povidone-iodine solution against 1% povi-
done-iodine solution in preoperative cataract surgery antisepsis: a prospective ran-
Gottardi, W., 1978. Aqueous iodine solutions as disinfectants: composition, stability,
comparison with chlorine and bromine solution (author’s trans). Zentralbl Bakteriol
Gottardi, W., 1980. Redoxpotential and perimicrobial action of aqueous halogen solution
Gottardi, W., 1981. The formation of iodate as a reason for the decrease of efficiency of
B 172, 498–507.
Gottardi, W., 1983. Potentiometric determination of equilibrium concentrations of free
and complex bound iodine in aqueous solutions of polyvinylpyrrolidone iodine (PVP
Gottardi, W., 1991. Iodine and iodine compounds. In: Block, S.S. (Ed.), Disinfection,
152–166.
Gottardi, W., 1995. The uptake and release of molecular iodine by the skin: chemical and
bactericidal evidence of residual effects caused by povidone-iodine preparations. J.
Hosp. Infect. 29, 9–18.
Gottardi, W., 1999. Iodine and disinfection: theoretical study on mode of action, effi-
ciency, stability, and analytical aspects in the aqueous system. Arch Pharm
(Weinheim) 332, 151–157.
Hidron, A.I., Kourbatova, E.V., Halvosa, J.S., Terrell, B.J., McDougal, L.K., Tenover, F.C.,
Blumberg, H.M., King, M.D., 2005. Risk factors for colonization with methicillin-
resistant Staphylococcus aureus (MRSA) in patients admitted to an urban hospital:
emergence of community-associated MRSA nasal carriage. Clin. Infect. Dis. 41,
159–166.
Hoehn, R.C., 1976. Comparative disinfection methods. J. Am. Water Works Assoc. 68,
302–308.
Holland, T.L., Arnold, C., Fowler Jr., V.G., 2014. Clinical management of
Staphylococcus aureus study team intranasal mupirocin to prevent postoperative
Phillips, M., Rosenberg, A., Shopsin, B., Cuff, G., Skeete, F., Foi, A., Kraemer, K., Inglima,
K., Press, R., Bosco, J., 2014. Preventing surgical site infections: a randomized, open-
label trial of nasal mupirocin ointment and nasal povidone-iodine solution. Infect.
Control Hosp. Epidemiol. 35, 826–832.
Poovelskeniel, T., Gethin, G., Humphreys, H., 2015. Mupirocin resistance: clinical im-
plications and potential alternatives for the eradication of MRSA. J. Antimicrob.
Chemother. 70, 2681–2692.
Safran, M., Braverman, L.E., 1982. Effect of chronic douching with polyvinylpyrrolidone-
Septimus, E.J., Schweizer, M.L., 2016. Decolonization in prevention of health care-asso-
Diabetes and risk of community-acquired Staphylococcus aureus bacteremia: a popu-
Thrall, K.D., Bull, R.J., 1990. Differences in the distribution of iodine and iodide in the
of the Sprague-Dawley rat differs with the chemical form administered. J. Toxicol.
Environ. Health 37, 445–449.
iodine administration in Sprague-Dawley rats. J. Toxicol. Environ. Health 37,
535–548.
Wada, H., Nojima, Y., Ogawa, S., Hayashi, N., Sugiyama, N., Kajita, T., Ueda, T.,
Morimoto, S., Yokota, K., 2016. Relationship between virucidal efficacy and free
iodine concentration of povidone-iodine in buffer solution. Biocorost Sci. 21,
21–27.
Walker, M.J., Barnett, T.C., McArthur, J.D., Cole, J.N., Gillen, C.M., Hemmings, A.,
Sripirakash, K.S., Sanderson-Smith, M.L., Nizet, V., 2014. Disease manifestations and
amiticed antiotics and disinfectants. Antimicrob. Agents Chemother. 51,
4217–4224.
Wong, D., Nielsen, T.B., Bonomo, R.A., Pantapalangkoor, P., Luna, B., Spellberg, B.,
aureus (MRSA) colonisation among adults in acute care settings: A Systematic
review. JBI Libr Syst Rev 10, 3487–3560.
York, K.K., Miller, S., Gaster, R.N., Burstein, N.L., 1988. Polyvinylpyrrolidone iodine:
cometoeiological and epithelial healing in a rabbit model. J Ocul Pharmacol 4,
351–358.
Zurawski, D.V., Thompson, M.G., McQueary, C.N., Matalka, M.N., Sahl, J.W., Craft, D.W.,
Rasko, D.A., 2012. Genome sequences of four divergent multidrug-resistant
Acinetobacter baumannii strains isolated from patients with sepsis or osteomyelitis. J.