Original Article

In vitro antimicrobial effects of green tea, microwaving, cold boiled water, and chlorhexidine on Streptococcus mutans and Candida albicans on silicone pacifiers

Maryam Hajiahmadi¹, Jamshid Faghri², Zahra Saliminabi³, Hadi Moshkelgosha⁴, Asal Shayankia⁵, Fariba Heidari⁶

¹Department of Pediatric Dentistry, Dental Research Center, Dental Research Institute, Isfahan University of Medical Sciences, ²Bacteriology and Virology of Medical School, Isfahan University of Medical Science, ³General Dentist, School of Dentistry, Isfahan University of Medical Science, ⁴Dental Research Center, Department of Oral and Maxillofacial Surgery, Dental Research Institute, Isfahan University of Medical Sciences, ⁵Department of Pediatric Dentistry, Isfahan University of Medical Science, ⁶Dental Research Center, Dental Research Institute, Isfahan University of Medical Sciences, Isfahan University of Medical Science, ⁶Dental Research Center, Dental Research Institute, Isfahan University of Medical Sciences, Isfahan, Iran

ABSTRACT

Background: This study aimed to compare the antimicrobial effects of green tea, microwaving, cold boiled water, and chlorhexidine (CHX) on *Streptococcus mutans* and *Candida albicans* on silicone pacifiers.

Materials and Methods: In this *in vitro* experimental study, 60 equal-size samples of silicone pacifiers were cut, ultraviolet sterilized, and randomly divided into two groups (n = 30) for immersion in 0.5 McFarland standard suspension of *S. mutans* and *C. albicans*. The samples in each group were then randomly divided into five subgroups (n = 6) for disinfection with 0.12% CHX, cold boiled water, green tea, microwaving for 7 min, and distilled water. The sample suspensions were cultured on blood agar (for *S. mutans*) and Sabouraud dextrose agar (for *C. albicans*) and incubated. The number of colonies was counted after 24 and 48 h. Data were analyzed using the Kruskal–Wallis and Mann–Whitney tests (P < 0.05).

Revised: 15-May-2021 Accepted: 30-May-2021 Published: 21-Mar-2022 Address for correspondence:

Received: 21-Nov-2020

Dr. Asal Shayankia, Department of Pediatric Dentistry, Isfahan University of Medical Science, Isfahan, Iran. E-mail: asal_shayan@yahoo. com **Results:** At 24 and 48 h, the S. *mutans* colony count was the lowest in CHX and green tea subgroups followed by microwave, cold boiled water, and distilled water subgroups (P < 0.05).

Conclusion: CHX and green tea can significantly decrease the S. *mutans* and C. *albicans* colony count on silicone pacifiers.

Key Words: Candida albicans, chlorhexidine, microwaves, pacifiers, Streptococcus mutans

INTRODUCTION

Pacifiers are extensively used in today's world due to their calming and relaxing effect, improving the sleep quality and decreasing the risk of sudden death syndrome in infants during their first 6 months of life.^[1-3] The pacifier tip is in constant contact with the oral normal flora and saliva, and can become



Website: www.drj.ir

www.drjjournal.net www.ncbi.nlm.nih.gov/pmc/journals/1480 contaminated and serve as a route of infection transmission to infants.^[4,5] In older children, bacteria can lead to biofilm formation and subsequent development of dental plaque, which can lead to dental caries.^[6] Children who use pacifiers for

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Hajiahmadi M, Faghri J, Saliminabi Z, Moshkelgosha H, Shayankia A, Heidari F. *In vitro* antimicrobial effects of green tea, microwaving, cold boiled water, and chlorhexidine on *Streptococcus mutans* and *Candida albicans* on silicone pacifiers. Dent Res J 2022;19:23.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

longer periods of time often have a higher risk of such conditions.^[6,7] Furthermore, the use of pacifier can be associated with middle ear infection in children,^[8] dental caries,^[9-11] fungal infections,^[12] viral infections,^[13] asthma,^[14] and autoimmune diseases.^[15]

Early childhood caries (ECC) is among the most common chronic diseases of childhood. Despite the worldwide reduction in the prevalence of dental caries, the rate of ECC is still high and it is one of the concerns of the World Health Organization.^[16]

Streptococcus mutans is the main culprit responsible for the development of ECCs,^[17] and evidence shows that it is dominantly present on silicone pacifiers.^[18]

Candida albicans is responsible for thrush in infants and children.^[12] A previous study reported 80% contamination of pacifiers with *C. albicans*.^[6] Another study on infants over 8 months of age showed that the use of pacifiers had a significant relationship with higher prevalence of oral fungal infections, and *C. albicans* was the most commonly isolated species.^[12]

Despite the extensive use of pacifiers, studies on ideal methods for disinfection of pacifiers are limited. In general, pacifiers are not disinfected after each time of use and are usually rinsed with water and dried.^[19,20]

Chlorhexidine (CHX) is the gold standard antibacterial mouthwash.[21] CHX mouthwash is capable of decreasing dental plaque and pathogenic microorganisms such as S. mutans.^[22,23] On the other hand, evidence shows that green tea^[24] and microwaving^[11] affect S. mutans and C. albicans. Green tea exerts its cariostatic effects by inhibiting proliferation. preventing bacterial bacterial adhesion to the enamel, and inhibiting the bacterial glycosyltransferase and amylase.^[25,26] On the other hand, evidence shows that microwave energy can enhance thermal^[27] and nonthermal^[28] structural changes in the cell wall of microorganisms. Considering the availability of green tea, boiled water, and microwave and gap of information regarding their disinfecting efficacy for silicone pacifiers, this in vitro study aimed to assess the antimicrobial effects of green tea, microwaving, cold boiled water, and CHX on S. mutans and C. albicans on silicone pacifiers.

MATERIALS AND METHODS

This study has been supported by a grant from Isfahan University of Medical Sciences, Isfahan, Iran NO: (398115). This *in vitro* experimental study was conducted on 60 equal-size samples of silicone pacifiers. Sample size was calculated to be 6 in each group considering alpha = 0.05, minimum difference of 1.6, and study power of 80%.

Standard strain *S. mutans* (ATCC 35668) and standard strain *C. albicans* (ATCC 10231) were obtained from the Pasteur Institute in lyophilized form, and 1 mL of them was incubated with Trypticase soy broth at 37°C for 5 h according to the instructions. Next, 100 μ L of the culture medium was transferred to blood agar and Sabouraud dextrose agar and cultured, followed by 24 h of incubation (VEVOR Lab Incubator, China) at 37°C.

Next, 3–4 colonies were transferred from the 24-h primary culture to a sterile falcon tube containing sterile saline using a swab to obtain a suspension with 0.5 McFarland standard concentration. This suspension approximately contained 1.5×10^8 colony-forming units per milliliter (CFUs/mL) of *S. mutans* and 1–5 × 10⁶ CFUs/mL of *C. albicans*.^[29]

Thirty silicone pacifiers (Camro, Iran) were unpacked under sterile conditions. The pacifiers were cut into equal-size ($15.5 \times 6.38 \times 12.44$ inches) samples under sterile conditions, and each side of each sample was ultraviolet sterilized (Aduro U-Clean, Germany) for 30 min. Next, the samples were randomly divided into two groups (n = 30). The samples in Group 1 were immersed in 0.5 McFarland standard suspension of *S. mutans* while the samples in Group 2 were immersed in 0.5 McFarland standard suspension of *C. albicans* in test tubes for 5 min. They were then immersed in sterile phosphate-buffered saline to eliminate unattached bacteria and fungi. Next, each group was randomly divided into five subgroups (n = 6) for disinfection as follows:

- Subgroup 1: In this subgroup, 0.12% CHX (Perio Aid, Iran) was sprayed on the samples four times and they were then separately placed in sterile containers at room temperature for 1 h in order for the CHX to exert its antimicrobial effect. They were then rinsed with sterile distilled water for 2 s to remove excess solution from the surface^[11,30,31]
- Subgroup 2: The samples were immersed in cold boiled water for 15 min and they were then rinsed with sterile distilled water for 2 s^[30]
- Subgroup 3: We immersed pacifiers in cold boiled water for 15 min^[11] and microwaved them for 7 min at 800 W power. The samples were microwaved (Vitek, Russia) at 800 W power for

7 min in sterile containers. They were placed vertically in the microwave distant from each other. They were then allowed to cool down and were rinsed with sterile distilled water for 2 $s^{[11]}$

- Subgroup 4: First, 25 g of green tea (Ahmad, Iran) was poured into 1 L of boiling water at 100°C. The container was then capped and allowed to reach room temperature. The tea solution was then sprayed on the samples four times. They were then rinsed with sterile distilled water for 2 s^[32]
- Subgroup 5 (control): Distilled water was sprayed on the samples four times and they were rinsed with sterile distilled water for 2 s.^[31]

After disinfection, the samples were separately placed in beakers containing 2 mL of 1% sterile phosphate-buffered saline and vortexed for 2 min to detach the bacteria and fungi. Next, 0.1, 0.01, and 0.001 dilutions of the first suspension were prepared, and 0.1 mL of each dilution was added to blood agar by a sampler to assess the proliferation of *S. mutans* and to Sabouraud dextrose agar to assess the proliferation of *C. albicans*. Three repetitions were performed for each sample. The plates were incubated at 37° C (and 5% CO₂ for *S. mutans*) for 48 h. The number of colonies was counted after 24 and 48 h using a colony counter.

All sides of the pacifiers were analyzed, and the sessile colonies/biofilms of mass spectrometry (MS) adhered to latex's surface (based on colony morphology) were counted by a blinded examiner under aseptic conditions, using a stereomicroscope (Nikon, Tokyo, Japan) with reflected light.

The number of colonies/biofilms of MS on the surface of latex after microbial culture was counted and expressed according to a 4-point scoring system: 0 for no MS colonies/biofilms or no bacterial growth, 1 for 1–20 colonies/biofilms of MS, 2 for 21–50 colonies/biofilms of MS, and 3 for >50 colonies/ biofilms of MS, which includes intense bacterial growth with confluent colonies, not allowing an accurate counting.

Data were analyzed using SPSS version 24 (SPSS Inc., IL, USA). The Kolmogorov–Smirnov test was used to assess the normal distribution of data. Since data were not normally distributed, comparisons were carried out using the nonparametric Kruskal–Wallis test. Pairwise comparisons were performed using the Mann–Whitney test. The level of significance was set at 0.05.

Table 1 presents the mean count of *S. mutans* colonies in the five subgroups at 24 h. According to the Kruskal–Wallis test, the *S. mutans* colony count was significantly different in the five subgroups at 24 h after culture (P < 0.001). The Mann–Whitney test was applied for pairwise comparisons of the subgroups [Table 2] which showed the following order in terms of *S. mutans* colony count at 24 h: CHX = green tea < microwave group = cold boiled water < distilled water (P < 0.05).

Table 1 also presents the mean count of *S. mutans* colonies in the five subgroups at 48 h. According to the Kruskal–Wallis test, the *S. mutans* colony count was significantly different in the five subgroups at 48 h after culture (P < 0.001). The Mann–Whitney test was applied for pairwise comparisons of the subgroups [Table 2] which showed the following order in terms of *S. mutans*

Table 1: Mean count of Streptococcus mutans colonies in the five subgroups at 24 and 48 h (CFUs/mL)

Time	Group	Mean (CFUs/mL)	SD	Median	Р
24 h	Green tea	5.4	2.8	0	<0.001
	Microwave	4.65	13.8	20	
	CHX	0.9	0.4	0	
	Cold boiled water	65.4	13.8	20	
	Distilled water	107.4	25.4	40	
48 h	Green tea	7.2	4.2	0	< 0.001
	Microwave	86.5	16.1	30	
	CHX	0.9	0.4	0	
	Cold boiled water	62.2	13.6	20	
	Distilled water	158.3	30.9	95	

CHX: Chlorhexidine; SD: Standard deviation; CFU: Colony-forming units

Table 2: Pairwise comparisons of the subgroupsin terms of Streptococcus mutans colony count at24 and 48 h after culture

Groups	P value at 24 h	P value at 48 h
Green tea and microwave	0.03	0.009
Green tea and CHX	0.59	0.56
Green tea and cold boiled water	0.03	0.01
Green tea and distilled water	<0.001	<0.001
Microwave and CHX	0.01	0.004
Microwave and cold boiled water	1	0.85
Microwave and distilled water	0.02	0.02
CHX and cold boiled water	0.01	0.01
CHX and distilled water	<0.001	<0.001
Cold boiled water and distilled water	0.02	0.01

CHX: Chlorhexidine

colony count at 48 h: CHX = green tea < cold boiled water = microwave < distilled water (P < 0.05).

Table 3 presents the mean count of *C. albicans* colonies in the five subgroups at 24 h. According to the Kruskal–Wallis test, the *C. albicans* colony count was significantly different in the five subgroups at 24 h after culture (P = 0.02). The Mann–Whitney test was applied for pairwise comparisons of the subgroups [Table 4] which showed the following order in terms of *C. albicans* colony count at 24 h: CHX < green tea < microwave = distilled water < cold boiled water (P < 0.05).

Table 3 also presents the mean count of *C. albicans* colonies in the five groups at 48 h. According to the Kruskal–Wallis test, the *C. albicans* colony count was significantly different in the five subgroups at 48 h after culture (P = 0.04). The Mann–Whitney test was applied for pairwise comparisons of the subgroups [Table 4] which showed the following order in terms of *C. albicans* colony count at 48 h:

Table 3: Mean count of Candida albicans colonies inthe five groups at 24 and 48 h (CFUs/mL)

Group	Mean (CFUs/mL)	SD	Median	Р
Green tea	7.6	4.3	0	0.02
Microwave	12.2	4.9	0	
CHX	0	0	0	
Cold boiled water	20	5.3	0	
Distilled water	14.4	4.9	0	
Green tea	9.4	5.3	0	0.04
Microwave	13.1	5.2	0	
CHX	0.4	0.2	0	
Cold boiled water	20	7.1	0	
Distilled water	17.4	5.9	0	
	Green tea Microwave CHX Cold boiled water Distilled water Green tea Microwave CHX Cold boiled water	Green tea7.6Microwave12.2CHX0Cold boiled water20Distilled water14.4Green tea9.4Microwave13.1CHX0.4Cold boiled water20	Green tea 7.6 4.3 Microwave 12.2 4.9 CHX 0 0 Cold boiled water 20 5.3 Distilled water 14.4 4.9 Green tea 9.4 5.3 Microwave 13.1 5.2 CHX 0.4 0.2 Cold boiled water 20 7.1	Green tea 7.6 4.3 0 Microwave 12.2 4.9 0 CHX 0 0 0 Cold boiled water 20 5.3 0 Distilled water 14.4 4.9 0 Green tea 9.4 5.3 0 Microwave 13.1 5.2 0 CHX 0.4 0.2 0 Cold boiled water 20 7.1 0

CHX: Chlorhexidine; SD: Standard deviation; CFU: Colony-forming units

Table 4: Pairwise comparisons of the subgroups interms of Candida albicans colony count at 24 and48 h after culture

Groups	P value at 24 h	P value at 48 h
Green tea and microwave	0.04	0.21
Green tea and CHX	0.03	0.03
Green tea and cold boiled water	0.02	0.008
Green tea and distilled water	0.005	0.01
Microwave and CHX	0.009	0.02
Microwave and cold boiled water	0.03	0.01
Microwave and distilled water	0.88	0.03
CHX and cold boiled water	0.004	0.002
CHX and distilled water	0.007	0.004
Cold boiled water and distilled water	0.04	0.46

CHX: Chlorhexidine

CHX < green tea = microwave < distilled water = cold boiled water (P < 0.05).

DISCUSSION

Considering the need for a safe technique for disinfection of pacifiers and the gap of knowledge regarding the antimicrobial efficacy of green tea for this purpose, this study compared the antimicrobial effects of green tea, microwaving, cold boiled water, and CHX on S. mutans and C. albicans on silicone pacifiers. The results showed that the S. mutans colony count at 24 and 48 h after culture was not significantly different in the CHX and green tea groups and the value in these two groups was lower than that in the microwave and cold boiled water groups (with no significant difference between the latter two). Thus, the parents may be advised to use green tea as their first choice to decrease S. mutans count on silicone pacifiers. Microwaving and use of cold boiled water are the next best choices.

Anand et al.[33] reported that the effects of neem, garlic, green tea, and 0.2% CHX on S. mutans on the surface of toothbrushes were the same and higher than that of CHX, which was in line with our findings. Sato et al.[34] assessed the effect of CHX and distilled water alone on S. mutans and reported results similar to ours. Komiyama et al.[35] and Nelson-Filho et al.^[36] assessed the effect of CHX on S. mutans on toothbrushes and reported results in line with ours. da Silva et al.^[18] evaluated the effect of immersion of pacifiers in boiled water and microwaving on S. mutans count on the surface of pacifiers and concluded that microwaving was more effective for disinfection of pacifiers, which was different from our findings. This difference between their results and ours may be due to different methodologies since they immersed the pacifiers in boiled water for 5-10 min and microwaved them for 5 min while we immersed them in cold boiled water for 15 min and microwaved them for 7 min at 800 W power.

Our results revealed that *C. albicans* colony count in the CHX and green tea groups was significantly lower than that in other groups at 24 and 48 h. At 48 h, the number of *C. albicans* colonies in the microwave group was higher than that in distilled water and similar to that in the green tea group. The *C. albicans* colony count in cold boiled water after 24 and 48 h was significantly higher than that in other groups. These findings may be due to the fact that *C. albicans* takes a longer time to proliferate in the culture medium and the results are stabilized if the colonies are counted 72 h after culture.

da Silva et al.[18] showed that microwaving for 5 min was more effective for disinfection of pacifiers than using boiling water for 5-10 min, which was in agreement with our results. Komiyama et al.[35] reported that CHX was the most effective for elimination of C. albicans on toothbrushes; their results were in accordance with our findings. Molepo and Molaudzi^[11] concluded that microwaving was more effective for elimination of C. albicans on pacifiers than CHX, which was different from our findings. This difference may be attributed to the different methodologies. Molepo and Molaudzi^[11] sprayed the pacifiers with CHX three times while we sprayed the pacifiers with CHX four times and we allowed it to remain there for 1 h. It was then rinsed with distilled water for 2 s. The current results showed that CHX and green tea significantly decreased the number of S. mutans and C. albicans colonies and were significantly more effective than microwaving and use of cold boiled water. Considering the availability of green tea, it can be used for disinfection of pacifiers.

This study had an *in vitro* design, which limits the generalization of results to the clinical setting. Future studies are required to assess the minimum inhibitory concentration of green tea. Furthermore, the antimicrobial efficacy of different materials should be evaluated at 72 h and 1 week after the culture of *C. albicans* to obtain more accurate results. Frequency of spraying of CHX and different disinfecting agents available in the market for this purpose should also be evaluated in future studies.

CONCLUSION

Within the limitations of this *in vitro* study, the results showed that CHX and green tea can significantly decrease the *S. mutans* and *C. albicans* colony count on silicone pacifiers.

Financial support and sponsorship Nil.

Conflicts of interest

The authors of this manuscript declare that they have no conflicts of interest, real or perceived, financial or nonfinancial in this article.

REFERENCES

- 1. Goldman RD. Pacifier use in the first month of life. Can Fam Physician 2013;59:499-500.
- Sexton S, Natale R. Risks and benefits of pacifiers. Am Fam Physician 2009;79:681-5.
- Wennergren G, Nordstrand K, Alm B, Möllborg P, Öhman A, Berlin A, *et al.* Updated Swedish advice on reducing the risk of sudden infant death syndrome. Acta Paediatr 2015;104:444-8.
- O'Connor NR, Tanabe KO, Siadaty MS, Hauck FR. Pacifiers and breastfeeding: A systematic review. Arch Pediatr Adolesc Med 2009;163:378-82.
- Lindau JF, Mastroeni S, Gaddini A, Di Lallo D, Fiori Nastro P, Patanè M, *et al.* Determinants of exclusive breastfeeding cessation: Identifying an "at risk population" for special support. Eur J Pediatr 2015;174:533-40.
- Comina E, Marion K, Renaud FN, Dore J, Bergeron E, Freney J. Pacifiers: A microbial reservoir. Nurs Health Sci 2006;8:216-23.
- Yonezu T, Yakushiji M. Longitudinal study on influence of prolonged non-nutritive sucking habits on dental caries in Japanese children from 1.5 to 3 years of age. Bull Tokyo Dent Coll 2008;49:59-63.
- Rovers MM, Numans ME, Langenbach E, Grobbee DE, Verheij TJ, Schilder AG. Is pacifier use a risk factor for acute otitis media? A dynamic cohort study. Fam Pract 2008;25:233-6.
- 9. Peressini S. Pacifier use and early childhood caries: An evidence-based study of the literature. J Can Dent Assoc 2003;69:16-9.
- 10. Molaudzi M, Molepo J. *In vitro* efficacy of different solutions in the disinfection of silicone pacifiers. S Afr Dent J 2017;72:158-61.
- 11. Molepo J, Molaudzi M. Contamination and disinfection of silicone pacifiers: An *in vitro* study. S Afr Dent J 2015;70:351-3.
- Mattos-Graner RO, de Moraes AB, Rontani RM, Birman EG. Relation of oral yeast infection in Brazilian infants and use of a pacifier. ASDC J Dent Child 2001;68:33-6, 10.
- Niemelä M, Uhari M, Möttönen M. A pacifier increases the risk of recurrent acute otitis media in children in day care centers. Pediatrics 1995;96:884-8.
- 14. Horner AA. Toll-like receptor ligands and atopy: A coin with at least two sides. J Allergy Clin Immunol 2006;117:1133-40.
- Liu AH. Something old, something new: Indoor endotoxin, allergens and asthma. Paediatr Respir Rev 2004;5 Suppl A:S65-71.
- Petersen PE. Continuous improvement of oral health in the 21st century: The approach of the WHO Global Oral Health Programme. Zhonghua Kou Qiang Yi Xue Za Zhi 2004;39:441-4.
- 17. Loesche WJ. Role of *Streptococcus mutans* in human dental decay. Microbiol Rev 1986;50:353-80.
- da Silva RC, Spolidorio DM, Zuanon ÂC, Godoi RH. Pacifier disinfection procedure: Superficial morphological aspects and microorganisms colonization. RSBO Rev Sul Bras Odontol 2008;5:30-3.
- Chamele J, Bhat C, Saraf T, Jadhav A, Beg A, Jagtap C, *et al.* Efficacy of microwaves and chlorhexidine for disinfection of pacifiers and toothbrushes: An *in vitro* study. J Contemp Dent Pract 2012;13:690-4.
- 20. Nelson-Filho P, Faria G, da Silva RA, Rossi MA, Ito IY.

Evaluation of the contamination and disinfection methods of toothbrushes used by 24- to 48-month-old children. J Dent Child (Chic) 2006;73:152-8.

- Moshrefi A. Chlorhexidine. J West Soc Periodontol Periodontal Abstr 2002;50:5-9.
- 22. Rosin M, Welk A, Bernhardt O, Ruhnau M, Pitten FA, Kocher T, *et al.* Effect of a polyhexamethylene biguanide mouthrinse on bacterial counts and plaque. J Clin Periodontol 2001;28:1121-6.
- Anderson GB, Bowden J, Morrison EC, Caffesse RG. Clinical effects of chlorhexidine mouthwashes on patients undergoing orthodontic treatment. Am J Orthod Dentofacial Orthop 1997;111:606-12.
- 24. Reygaert WC. The antimicrobial possibilities of green tea. Front Microbiol 2014;5:434.
- Sakanaka S, Aizawa M, Kim M, Yamamoto T. Inhibitory effects of green tea polyphenols on growth and cellular adherence of an oral bacterium, *Porphyromonas gingivalis*. Biosci Biotechnol Biochem 1996;60:745-9.
- Kawamura J, Takeo T. Antibacterial activity of tea catechin to *Streptococcus mutans*. Nippon Shokuhin Kogyo Gakkaishi 1989;36:463-7.
- Campanha NH, Pavarina AC, Brunetti IL, Vergani CE, Machado AL, Spolidorio DM. *Candida albicans* inactivation and cell membrane integrity damage by microwave irradiation. Mycoses 2007;50:140-7.
- Watanabe K, Kakita Y, Kashige N, Miake F, Tsukiji T. Effect of ionic strength on the inactivation of micro-organisms by microwave irradiation. Lett Appl Microbiol 2000;31:52-6.
- 29. Hindler JA, Gonzalez AH, Drake TA. Stability of viable-bacterium

counts in liquid media used for preparation of inocula and subsequent impact on antimicrobial susceptibility test results. J Clin Microbiol 1990;28:1271-5.

- Nelson-Filho P, Louvain MC, Macari S, Lucisano MP, Silva RA, Queiroz AM, *et al.* Microbial contamination and disinfection methods of pacifiers. J Appl Oral Sci 2015;23:523-8.
- Nelson-Filho P, da Silva LA, Ds Silva RA, da Silva LL, Ferreira PD, Ito IY. Efficacy of microwaves and chlorhexidine on the disinfection of pacifiers and toothbrushes: An *in vitro* study. Pediatr Dent 2011;33:10-3.
- Moghbel A, Farajzadeh SA, Aghel N, Raeisi N. Formulation and evaluation of green tea antibacterial mouthwash effect on the aerobic mouth bacterial load. Jundishapur Sci Med J 2010;9:317-30.
- 33. Anand PJ, Athira S, Chandramohan S, Ranjith K, Raj VV, Manjula VD. Comparison of efficacy of herbal disinfectants with chlorhexidine mouthwash on decontamination of toothbrushes: An experimental trial. J Int Soc Prev Community Dent 2016;6:22-7.
- Sato S, Pedrazzi V, Guimaraes Lara EH, Panzeri H, Ferreira de Albuquerque R Jr., Ito IY. Antimicrobial spray for toothbrush disinfection: An *in vivo* evaluation. Quintessence Int 2005;36:812-6.
- Komiyama EY, Back-Brito GN, Balducci I, Koga-Ito CY. Evaluation of alternative methods for the disinfection of toothbrushes. Braz Oral Res 2010;24:28-33.
- 36. Nelson-Filho P, Pereira MS, De Rossi A, da Silva RA, de Mesquita KS, de Queiroz AM, *et al.* Children's toothbrush contamination in day-care centers: How to solve this problem? Clin Oral Investig 2014;18:1969-74.