

# ARE YOU SAFE?

## Bacterial Species That Populate the Heart of Med City

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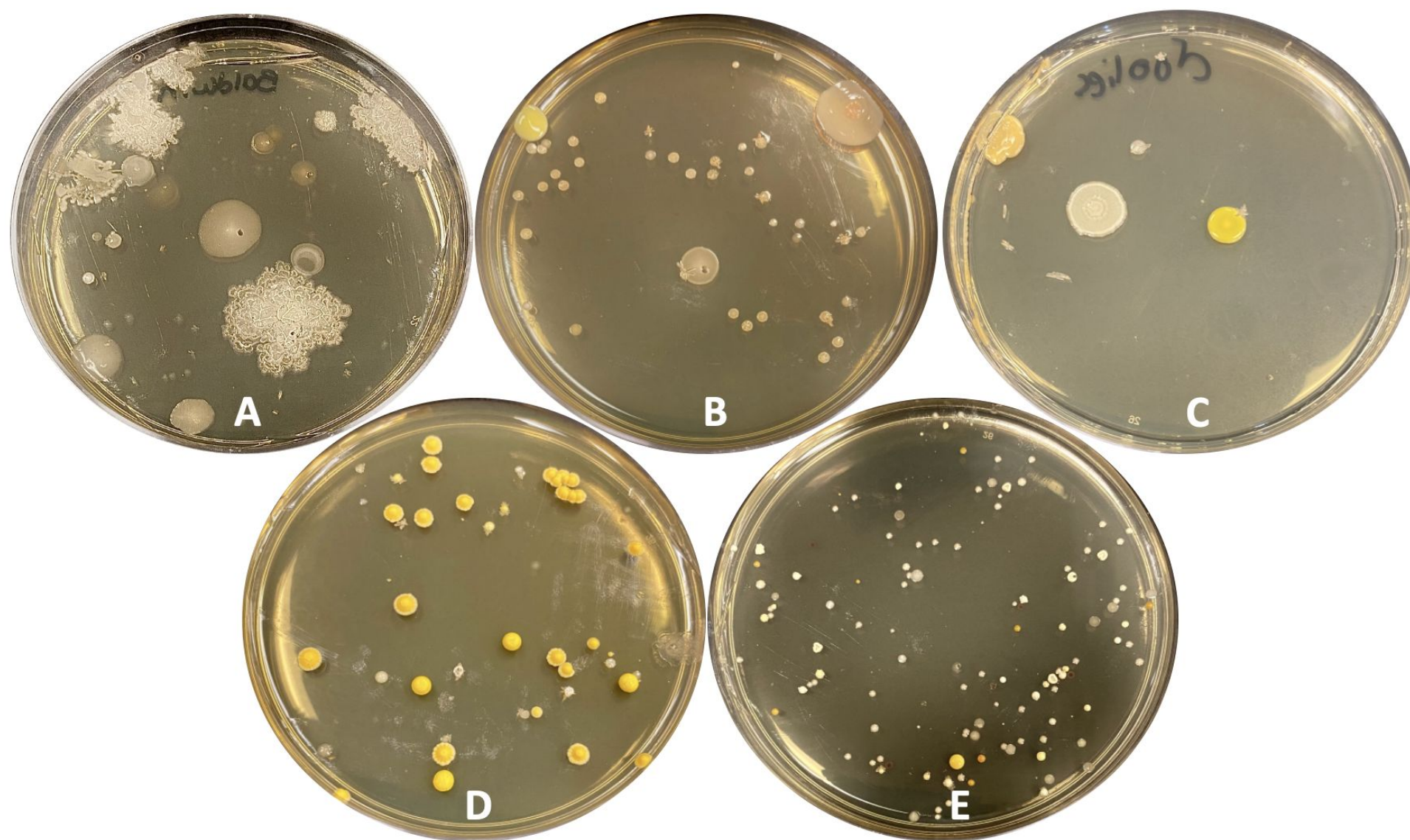
### Background

- Rochester, Minnesota is a medical industry hub.
- In Rochester it is not uncommon to see individuals with medical and scientific backgrounds entering public facilities while wearing medical coats and scrubs.
- These items are worn to prevent unwanted contamination and are known to harbor pathogens.

### Hypothesis:

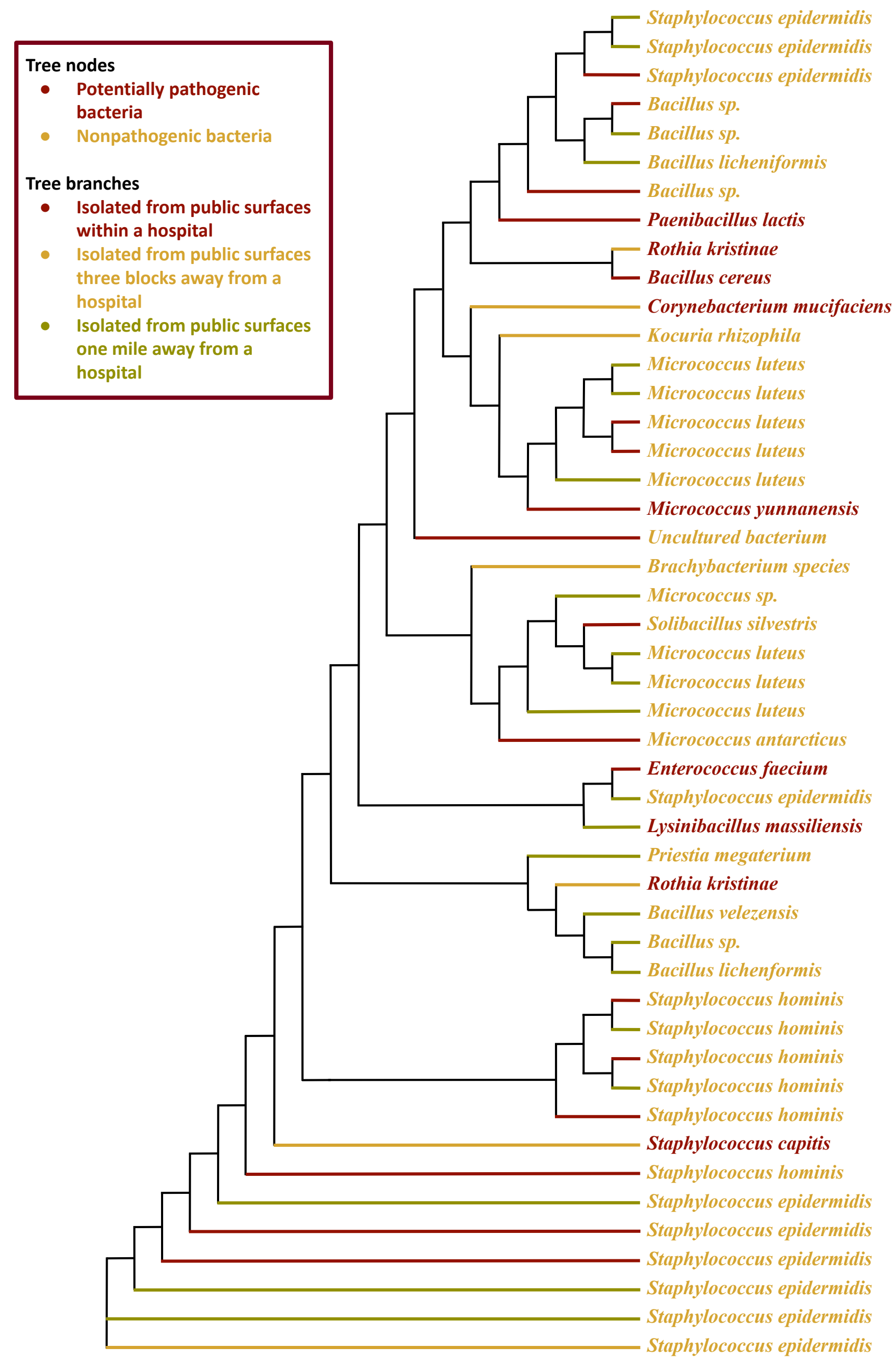
We hypothesize that pathogenic bacteria will be more commonly found on public surfaces in close proximity to a hospital.

### Bacterial Samples



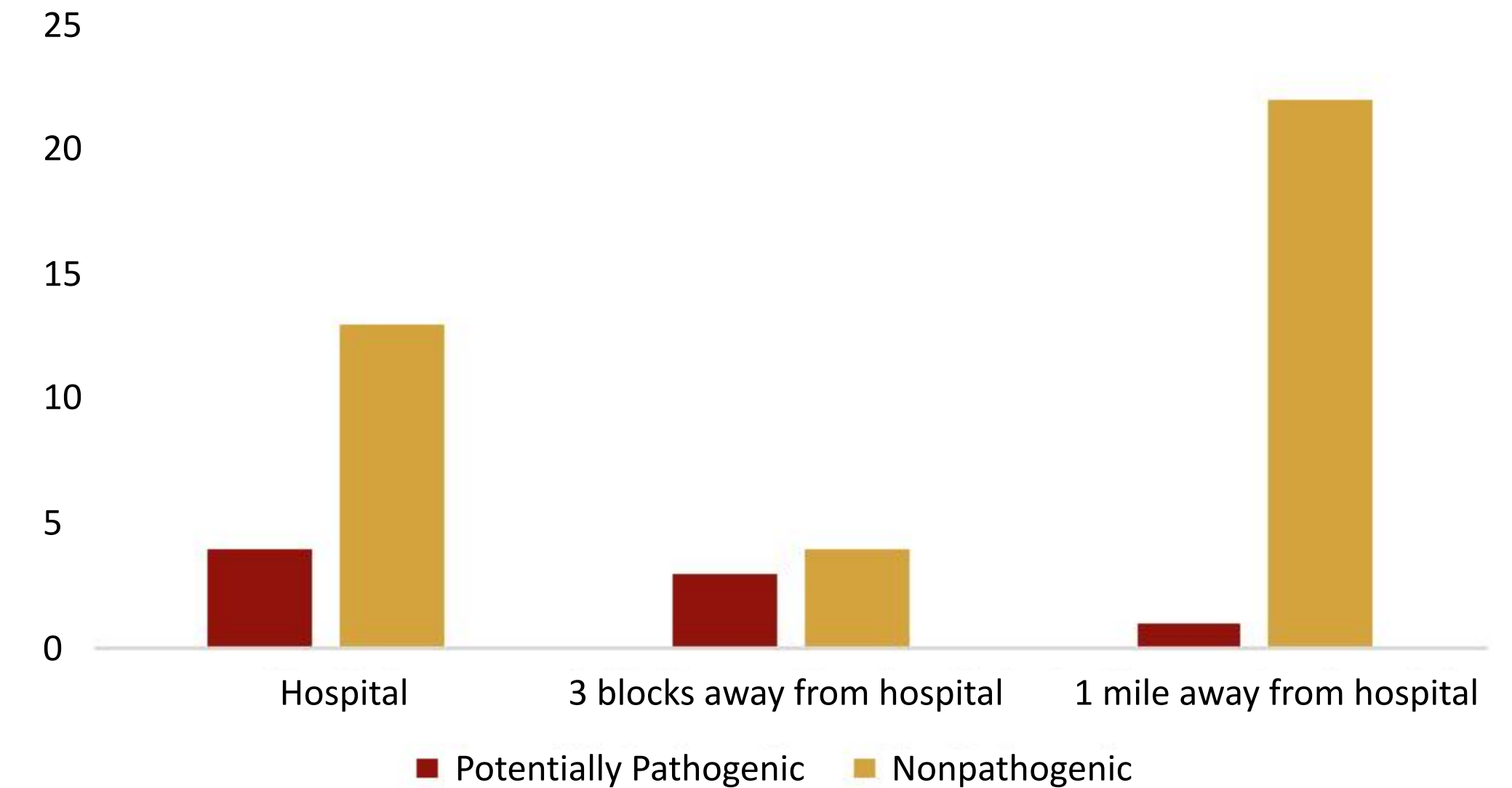
**Figure 1.** Samples taken from varying locations were streaked on trypticase soy agar (TSA) and incubated at 37°C. Plate A was collected within a hospital, plate C was collected three blocks away from a hospital, and plates B, D, E were collected at least one mile away from a hospital.

### Taxonomic Relationships of Isolates



**Figure 2.** Dendrogram of bacterial isolates collected from public surfaces. 16S sequences were visually inspected and automatically aligned using Molecular Evolutionary Genetic Analysis (MEGAX). Multiple Sequence Comparison by Log-Expectation (MUSCLE) using diagonal optimization with 2 iterations was used to create the dendrogram.

### Pathogenic Potential by Location



**Figure 3.** Bar Chart numerically depicting potentially pathogenic and non-pathogenic bacteria isolated from within a hospital as well as 3-blocks and 1-mile away from a hospital. Y-axis indicates number of bacterial species. The chi-square test statistic is 6.4335 and the p-value is 0.040086.

### Discussion

- We developed a successful 16S PCR amplification and sequencing protocol; DNA sequencing of this gene is routinely used for clinical and environmental bacterial identification.
- While meaningful results were obtained from most all bacterial samples selected from TSA plates, a potential limitation may include inadvertently excluding species that require alternative metabolic resources.
- Samples were collected temporally three times (Oct., Nov., Feb.) at three locations from each distance. Increasing sample size, in the future, will contribute to increased confidence in our results.

### Conclusion:

There exists a relationship between exposure to pathogenic bacteria on public surfaces and proximity to a hospital (Fig. 3).