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5 **Efficacy of UV and UV-LEDs irradiation models for microbial inactivation applicable to automated**
6 **sterile drug compounding**

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21 **Conflict of interest**

22 None to declare

23 **Abstract**

24 LEDs development has attracted attention over conventional mercury lamps for the tiny size, high efficiency,
25 long lifetime, low operating temperature. The antimicrobial effectiveness of traditional UV-lamps radiation
26 (wavelength of 254 nm) compared to UV-C LEDs (LED1 wavelength range 275-286 nm and LED2 range
27 260-270 nm) was carried out, for possible applications to automated sterile drug compounding. The UV lamp
28 and the tested UV-LED devices remarkably reduced microbial load, following a time-dose response, but the
29 best performance was evidenced by LED1, which guaranteed the complete inactivation of high concentrations
30 of bacteria, yeasts, and spores at doses between 200 and 2000 J/m².

31

32 **Keywords:** Microbial inactivation, Ultraviolet radiation, UV-LED, Aseptic compounding, Sanitization

33

34 INTRODUCTION

35 In hospital settings, a consistent portion of the prescribed medications is administered parenterally in a patient,
36 as individual or standard doses, to ensure bioavailability and rapid delivery of the maximally tolerated dose.

37 Generally, the aseptic preparation of the parenteral dosage forms takes place in a controlled environment under
38 the responsibility of the pharmacists. Aseptically compounded products must fulfill the well-established
39 pharmacopoeia standards in terms of content, sterility, purity, and bacterial endotoxins contamination ¹⁻³.

40 Concerning the relevant guidelines for the aseptic preparation of parenteral drugs in hospital pharmacies, the
41 direct working environment must meet the requirements set for cleanroom grade A zones ^{2,3}. In the last decade,
42 many pharmacy-based aseptic units implemented robotic systems to increase the preparation of parenteral
43 products, while reducing the risk of occurrence of human errors, exposure to hazardous drugs, and the risk of
44 musculoskeletal disorders due to repetitive motions. Several studies showed that the aseptic procedures during
45 automated preparation are well controlled, and the working areas of the robotic systems meet the requirements
46 set by the EU-cGMP guidelines ⁴. The sanitization through UV irradiation of the surfaces inside the robots
47 demonstrated to be highly effective in reducing the microbiological burden ^{4,5}. UV radiation is confirmed,
48 therefore, as promising strategy to minimize the microbiological contamination.

49 Conventionally, UV light is generated from low- or medium-pressure mercury lamps. Over the last decade
50 UV-light emitting diodes (UV-LEDs), an emerging semiconductor technology, have been developed as a new
51 source of UV disinfection ⁶. The fundamental structure of the LEDs is based on the junction of two-terminal
52 semiconductors, called the p-n junction that converts direct current into radiation. Due to the variation of the
53 available semiconductor material properties, LEDs can emit light at selected wavelengths or various
54 wavelengths simultaneously. This flexibility opens the possibility to combine different LEDs wavelengths
55 delivering a synergistic effect for bacterial inactivation ⁷. Overall, the performance of UV-LEDs reached
56 impressive efficiency regarding LED input power, LED life, and cost-effectiveness ⁸, making this system a
57 valid alternative to conventional UV lamps.

58 The use of LEDs offers a safe and efficient application of UV treatment for decontamination processes without
59 the risk of mercury contamination. UV-LEDs are widely used for disinfection due to their high germicidal
60 action ⁸ inducing DNA damage by pyrimidine dimer formation as well as by the production of reactive oxygen
61 species (ROS). Indeed, this technology has been successfully applied to liquid beverages and solid food

62 products for the reduction of foodborne pathogens load ⁹. However, while the use of UV-LED in hospital
63 settings was reported for room disinfection ^{10,11}, their application in sterile drug preparation units of hospital
64 pharmacies is not very common. The aim of our study is to evaluate the microbial inactivation of UV radiation
65 by comparing the effectiveness of UV radiation emitted by traditional UV lamps and two types of UV-C LEDs,
66 for possible applications to automated sterile drug compounding, such as APOTECA.

67

68 MATERIALS AND METHODS

69 Conventional UV low-pressure mercury vapor lamps (wavelength of 254 nm) (HNS S 9 W G23, OSRAM)
70 and UV light-emitting diodes (LEDs) were utilized. For LEDs, mid-range power output LEDs (45 mW, LST1-
71 01G07-UV01-01, Luminus) with a wavelength ranging between 275-286 nm (LED1) and high-power output
72 LEDs (70 mW, KL265-50V-SM-WD, Crystal IS) with a wavelength ranging between 260-270 nm (LED2)
73 were employed. The experiments were conducted in three test chambers (Chamber 1: UV lamp, Chamber 2:
74 LED1, Chamber 3: LED2) designed to simulate ideal conditions ensuring a uniform radiation distribution and
75 consisted of a polyethylene hollow cylinder (30 cm wide, 50 cm high) with an aluminium closing cap and an
76 aluminium base plate (**Fig. 1A**). The UV sources were embedded in the upper part of the chamber. Seven 45
77 mW UV LEDs (LED1) and four 70 mW UV LEDs (LED2) were used in Chamber 2 and Chamber 3,
78 respectively. Four plate housings and one irradiance probe housing, tailored using a 3D printer (ARGO 500,
79 Roboze), were embedded in the base plate. The irradiance probe (LP471 UVC, Delta OHM) was placed at the
80 centre of the base plate during each sampling cycle and irradiance was measured continuously with a
81 radiometer (HD2102.2, Portable Luxmeter Data Logger, DeltaOHM).

82 Four reference strains (American Type Culture Collection, ATCC, Rockville, Maryland, USA) were used in
83 this study: *Pseudomonas aeruginosa* ATCC 9027, *Staphylococcus aureus* ATCC 6538, *Bacillus subtilis* ATCC
84 6633 and *Candida albicans* ATCC 10231. Bacterial strains were routinely grown in Tryptic Soy Agar (TSA,
85 VWR, Milan, Italy) at 37 °C for 24 h, while *C. albicans* ATCC 10231 was grown on Sabouraud Dextrose agar
86 (SDA, VWR) at 37 °C for 48 h. All strains were stored at – 80 °C in Nutrient Broth no. 2 (VWR) supplemented
87 with 15% glycerol.

88 For all the experiments, one colony of each strain was inoculated in 5 mL of Tryptic Soy Broth (TSB, VWR)
89 and incubated overnight at 37 °C. Densities of microbial suspensions were spectrophotometrically adjusted to

90 obtain a final concentration (OD_{600nm} ca. 0.13–0.15) corresponding to ca. 1.5×10^8 cfu/mL for bacteria and
91 5×10^6 cfu/mL for *C. albicans*. *B. subtilis* sporulation was performed as described in Bruscolini et al. ⁵. A titer
92 of 5×10^8 cfu/mL is considered adequate to achieve the test inoculum. The spore suspension was stored at 4°C
93 in the dark, until use.

94 The irradiation assay was performed three times for each UV device (UV lamp, LED1, LED2). TSA plates
95 containing 0.1 mL of each microbial suspension dilution (10^6 cfu/mL for *S. aureus* and *P. aeruginosa*, 10^4
96 cfu/mL for *C. albicans*) were placed into the test chambers and exposed at pre-defined UV doses (**Table 1**).
97 In the case of *B. subtilis*, 1 mL of spore suspension (10^4 spore/mL) was distributed into a 35 mm sterile petri
98 dish (without agar) and then irradiated as described above. After irradiation, the content of each treated sample
99 was transferred into a 90 mm petri dish, covered with 20 mL of sterile poured Nutrient agar (NA), and left to
100 solidify for about 10 minutes. For each test cycle, controls were added keeping a plate of each microorganism
101 (at the same dilutions as the irradiated ones) in a non-exposed location for the whole irradiation time and then
102 incubated under the same conditions of the UV-irradiated plates. All plates were incubated at 36 ± 1 °C for
103 24–48 h and cfu/mL were enumerated. Microbial inactivation was expressed as absolute counts (log cfu/mL).
104 During each test cycle, the UV irradiance was measured continuously with a radiometer. The duration of each
105 test cycle ranged from 0.1 to 206.4 minutes depending on the dose to be delivered (**Fig. 1 B**). The exposure
106 dose (J/m^2) was given by the product of UV irradiance (W/m^2) and exposure time. Indeed, the UV irradiance
107 is the amount of energy received by microorganisms or a surface, defined as the power of incident
108 electromagnetic radiation on a surface.

109

110 **RESULTS AND DISCUSSION**

111 In sterile compounding performed in a Class-A environment, the GMP guidelines recommended the following
112 limits for microbial contamination: <1 cfu/4 hours in settle plates (diameter 90 mm) and <1 cfu/plate in contact
113 plates (diameter 55 mm) [11]. In our experiments, after exposure to UV-lamps at $50 J/m^2$ dose, the viable
114 counts of *S. aureus* and *P. aeruginosa* resulted to be 2.82 and 1.62 log cfu/mL (Logarithmic Reduction, LR
115 3.26 and 5.17 respectively), reaching 1.16 log cfu/mL (LR 4.92) for *S. aureus* and the complete growth
116 inhibition for *P. aeruginosa* (LR 6.79) at $200 J/m^2$. In the case of LED1, the reduction of bacterial growth was
117 evident in *S. aureus* from $50 J/m^2$ dose with 1.18 log cfu/mL (LR 4.9), reaching the complete inactivation (LR

118 5.43) at 200 J/m² dose. For *P. aeruginosa*, a LR 5.96 was obtained with a 50 J/m² dose, up to the complete
119 inactivation at 200 J/m² (LR 6.79). As regards to LED2, LRs of *S. aureus* and *P. aeruginosa* reached 2.78 and
120 1.88 log cfu/mL (LR 3.3 and 4.91, respectively) applying 50 J/m² dose, up to the complete inactivation of *P.*
121 *aeruginosa* at 200 J/m² dose (LR 6.79) (**Fig. 2 A-B**).

122 The tested LED1 device was equipped with a diode emitting in the range of 275-286 nm wavelength, the most
123 used for UV-LED treatment ³. In the literature, many studies reported that this range of longer LED
124 wavelengths was more efficient compared to the shorter wavelength LEDs, as also observed in our
125 experiments. The investigation of Murashita et al. ¹² on the potential of UVC-LEDs from 270 to 280 nm against
126 different types of microorganisms, revealed that UVC-LED at 152 J/m² dose led to a 4.45 log cfu/mL reduction
127 of *E. coli* ATCC 25922, while *Listeria monocytogenes* was completely inactivated at 400 J/m². Similarly,
128 Green et al. ¹³ confirmed that the nearer wavelength LED to 280 nm was the best choice for effective UV-LED
129 performance. The UVC inactivation mechanism is due to the absorption of UV photons from the genetic
130 material with the following production of dimers that can inhibit the transcription and replication of genes ⁸. It
131 must also be considered that some microorganisms can activate a mechanism of DNA repair, known as
132 photoreactivation, during exposure to visible/blue light (330 to 480 nm), which is one of the most significant
133 drawbacks of UV treatment. Noteworthy, the 280 nm wavelength or wavelengths close to 275 nm help in
134 repressing photoreactivation. In water treatment, the photoreactivation of *E. coli* was significantly repressed
135 after exposure to UVA/UVC-LEDs (310/275 nm) and UVC/UVC-LEDs (267/275 nm) wavelengths
136 combination compared to that of 267 nm UV-LED ^{14,15}. In this direction, the technological characteristics of
137 LED1 (275-286 nm wavelength), besides the highest germicidal activity, can avoid the possible
138 photoreactivation of the treated microorganisms.

139 In the case of *C. albicans*, the complete inactivation was reached with high UV doses, specifically starting
140 from UV-lamps 500 J/m² dose (LR 4.93), while the spores of *B. subtilis* resulted to be more resistant to the
141 tested UV radiations, showing a remarkable growth reduction at 4,000 J/m² dose (LR 4.20). Using LED1, *C.*
142 *albicans* was completely inactivated starting from 250 J/m² dose (LR 4.93), while for *B. subtilis* a dose of
143 4,000 J/m² was necessary to obtain the same result (LR 4.51). As regards to LED2, the complete inactivation
144 was reached with 500 J/m² dose for *C. albicans* (LR 4.93) as well as for the spores of *B. subtilis* (LR 4.21);
145 using 2,000 and 4,000 J/m² doses the highest LRs (4.93 and 4.51 for *C. albicans* and *B. subtilis*, respectively)

146 were observed (**Figure 2 C-D**). Indeed, *B. subtilis* possesses an arsenal of preventive and repair mechanisms
147 to counteract the mutagenic effects related to different chemical and physical insults ¹⁶. For this reason, *B.*
148 *subtilis* spores were 10 to 20 times more resistant to the killing effects of UV radiation than the related
149 vegetative cells, exhibiting two mechanisms for spore UV resistance. First, the chromosomal DNA of *B.*
150 *subtilis* spores acquires an A-type conformation with altered DNA photochemistry interacting with a group of
151 small-acid-soluble spore proteins (SASP). Thus, the UV-C radiation induces the formation of a special type of
152 pyridine dimers (PD), termed spore photoproduct (SP), between adjacent thymidine residues. Second, the
153 accumulated SP is processed during spore germination with two repair routes involving the SplB dimer, which
154 specifically recognizes and splits SP back into two thymidine residues, and incision and excision by the
155 nucleotide excision repair (NER) pathway ¹⁶. From our experiments, we can hypothesize that LED1 and LED2
156 at the applied doses induced DNA cell damage not repairable by the described systems, contrarily to the
157 irradiation with a conventional UV lamp that, also at the highest intensity, was unable to completely inactivate
158 *B. subtilis* spores.

159 Most of the UV-LED applications are in the state of R&D and the available protocols were developed and
160 approved for UV mercury lamps measurement, which is not suitable for UV-LEDs. Moreover, several factors,
161 such as the condition of the test suspension, the fluence calculation, and the differences in the LED construction
162 apparatus, might influence the results. Considering the wide application of UV-LEDs, a standard protocol
163 should be established to accurately control and monitor the output of UV-LEDs with a reliable and adaptable
164 method for different experiments and devices.

165 Our results evidenced the effectiveness of UV-LED irradiation for microbial inactivation and its potential use
166 inside APOTECA. Indeed, both LED1 and LED2 can be considered valid alternatives to UV for the best-
167 performing germicidal activity, including spore inactivation, quantifiable in less than 1 h of exposure time
168 rather than the longer time needed with UV lamp ⁴. The reduced exposure time has direct positive consequences
169 in terms of cost production and environmental impact and the longer the LED wavelengths, the more energy-
170 efficient they are in comparison to the shorter wavelength LEDs, with a related increased lifetime ¹⁷.

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174 **REFERENCES**

- 175 1. PIC/S PE 010-3 Guide to good practices for the preparation of medical products in healthcare
176 establishments, <http://www.picscheme.org>
- 177 2. Pharmaceutical Compounding—Sterile Preparations. USP-NF 2022.
- 178 3. Eudralex, Volume 4 EU Guidelines for Good Manufacturing Practice Medicinal Products for Human and
179 Veterinary Use. Annex 1 Manufacture of Sterile Medicinal Products, European Commission 2022,
180 https://health.ec.europa.eu/system/files/2022-08/20220825_gmp-an1_en_0.pdf
- 181 4. Sabatini L, Paolucci D, Marinelli F, Pianetti A, Sbafo M, Bufarini C, Sisti M. 2020. Microbiological
182 validation of a robot for the sterile compounding of injectable non-hazardous medications in a hospital
183 environment. *Eur J Hosp Pharm* 27(e1):e63-e68. <https://doi.org/10.1136/ejhpharm-2018-001757>
- 184 5. Bruscolini F, Paolucci D, Rosini V, Sabatini L, Andreozzi E, Pianetti A. 2015. Evaluation of ultraviolet
185 irradiation efficacy in an automated system for the aseptic compounding using challenge test. *Int J Quality in*
186 *Health Care* 27:412–417.
- 187 6. Kebbi Y, Muhammad AI, Sant'Ana AS, do Prado-Silva L, Liu D, Ding T. 2020. Recent advances on the
188 application of UV-LED technology for microbial inactivation: Progress and mechanism. *Comp Rev Food Sci*
189 *Food Safety* 19:3501-3527.
- 190 7. Song K, Taghipour F, Mohseni M. 2019. Microorganisms inactivation by wavelength combinations of
191 ultraviolet light-emitting diodes (UV-LEDs). *Sci Total Environ* 665:1103-1110.
- 192 8. Ibrahim MAS, Macadam J, Autin O, Jefferson B. 2014. Evaluating the impact of LED bulb development on
193 the economic viability of ultraviolet technology for disinfection. *Environmental Technology (United*
194 *Kingdom)* 35(4):400–406. <https://doi.org/10.1080/09593330.2013.829858>
- 195 9. Nyhan L, Przyjalowski M, Lewis L, Begley M, Callanan M. 2021. Investigating the use of Ultraviolet
196 Light Emitting Diodes (UV-LEDs) for the inactivation of bacteria in powdered food ingredients. *Foods*
197 10(4):797. <https://doi.org/10.3390/foods10040797>
- 198 10. Penno K, Jandarov RA, Sopirala MM. 2017. Effect of automated ultraviolet C-emitting device on
199 decontamination of hospital rooms with and without real-time observation of terminal room disinfection. *Am*
200 *J Infect Control* 45(11):1208-1213. <https://doi.org/10.1016/j.ajic.2017.06.015>

201 11. EudraLex. 2008. The rules governing medicinal products in the European Union. EU Guidelines to Good
202 Manufacturing Practice Medicinal Products for Human and Veterinary Use. 4:1–16.

203 12. Murashita S, Kawamura S, Koseki S. 2017. Inactivation of nonpathogenic *Escherichia coli*, *Escherichia*
204 *coli* O157: H7, *Salmonella enterica typhimurium*, and *Listeria monocytogenes* in ice using a UVC light-
205 emitting diode. J Food Prot. 80(7):1198–1203. <https://doi.org/10.4315/0362-028X.JFP-17-036>

206 13. Green A, Popovi V, Pierscianowski J, Biancaniello M, Warriner K, Koutchma T. 2018. Inactivation of
207 *Escherichia coli*, *Listeria* and *Salmonella* by single and multiple wavelength ultraviolet light emitting diodes.
208 Innov Food Sci Emerging Technol 47:353–361.

209 14. Nyangaresi PO, Qin Y, Chen G, Zhang B, Lu Y, Shen L. 2018. Effects of single and combined UV-LEDs
210 on inactivation and subsequent reactivation of *E. coli* in water disinfection. Water Res 147:331–341.
211 <https://doi.org/10.1016/j.watres.2018.10.014>

212 15. Li GQ, Wang W, Huo Z, Lu Y, Hu H. 2017. Comparison of UV-LED and low pressure UV for water
213 disinfection: Photoreactivation and dark repair of *Escherichia coli*. Water Res 126:134–143.

214 16. Ramírez-Guadiana FH, Barraza-Salas M, Ramírez-Ramírez N, Ortiz-Cortés M, Setlow P, Pedraza-Reyes
215 M. 2012. Alternative excision repair of ultraviolet B- and C-induced DNA damage in dormant and developing
216 spores of *Bacillus subtilis*. J Bacteriol 194(22):6096-104. <https://doi.org/10.1128/JB.01340-12>

217 17. Kheyrandish A, Mohseni M, Taghipour F. 2017. Development of a method for the characterization and
218 operation of UV-LED for water treatment. Water Res 122:570–579.

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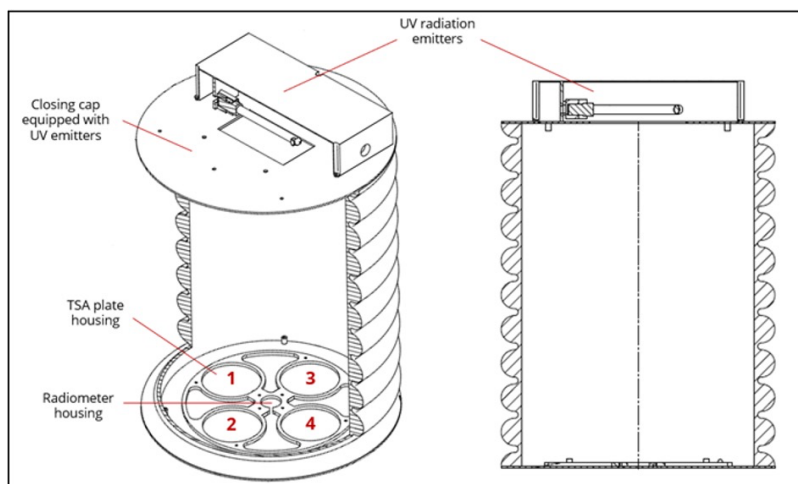
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231 **Figure Captions**

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233 **Figure 1** Test chamber with three different UV-radiation sources (UV lamps, LED1, LED2) (a). Related
234 doses of UV irradiation and the corresponding irradiation times (min) used in this study (b).



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Dose (J/m ²)	Irradiation time (min)		
	UV lamps	LED1	LED2
10	0.1	0.2	0.5
20	0.2	0.4	1.0
50	0.5	1.1	2.6
100	1.1	2.1	5.2
200	2.2	4.3	10.3
250	2.7	5.4	12.9
500	5.4	10.7	25.8
1000	10.9	21.5	51.6
2000	21.8	43.0	103.2
4000	43.6	85.9	206.4

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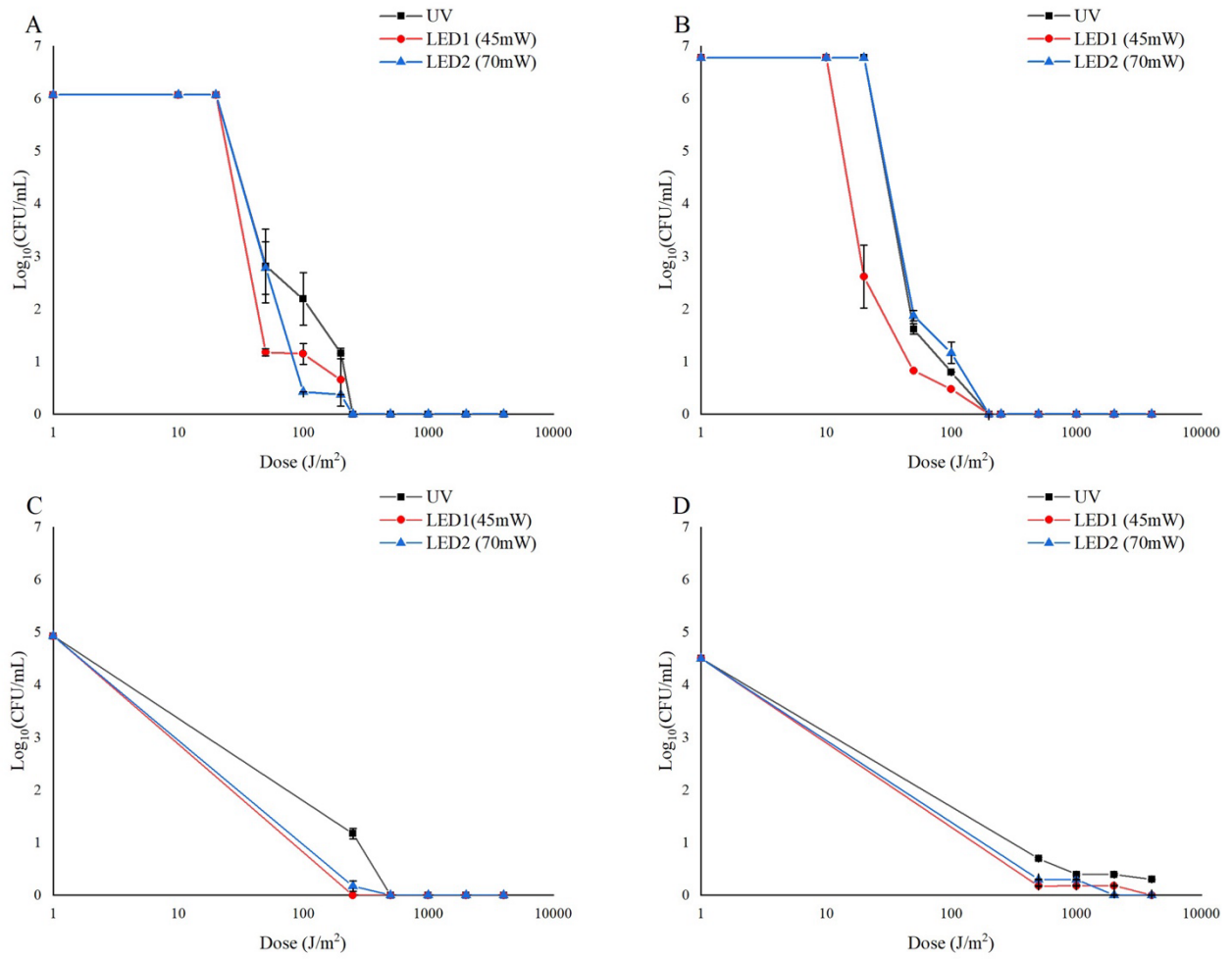
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246 **Figure 2** Microbial inactivation in *S. aureus* (a), *P. aeruginosa* (b), *C. albicans* (c) and *B. subtilis* (d) after
247 irradiation with each UV device (UV lamp, LED1, LED2).

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