

Original Research Articles

Novel Bacteriophage KG853 Exhibits Potent Lytic Activity and Biofilm Inhibition Against *Pseudomonas aeruginosa*

Truong Thi Bich Van^{1a}, Nguyen Thi Loan Anh¹, Tran Thi Lieu¹, Vo Van Thanh¹, Le Hoang Bao Ngoc^{1,2}, Le Viet Dung³

¹ Institute of Food and Biotechnology, Can Tho University, Can Tho city, Viet Nam, ² Department of Biotechnology, An Giang University, An Giang 880000, Viet Nam National University, Ho Chi Minh City 700000, Vietnam, ³ College of Agriculture, Can Tho University, Can Tho city, Viet Nam

Keywords: Bacteriophage KG853, *Pseudomonas aeruginosa*, *Pseudomonas* phage, biofilm inhibition, phage therapy, drug-resistant

<https://doi.org/10.46989/001c.124059>

Israeli Journal of Aquaculture - Bamidgheh

Vol. 76, Issue 4, 2024

This study reports the isolation and characterization of a novel bacteriophage, KG853, specifically targeting *Pseudomonas aeruginosa* ATCC 27853. Morphological analysis using transmission electron microscopy revealed that bacteriophage KG853 belongs to the *Bruynoghevirus* genus. The phage demonstrated favorable characteristics for potential therapeutic applications, including a short latent period of 30 minutes and a large burst size of 136 plaque-forming units (PFU) per cell. KG853 exhibited stability across various temperatures and pH values, indicating its robustness under various environmental conditions. Genomic analysis showed that KG853 possesses a circular DNA genome of 45,390 base pairs with a GC content of 52.2%. No lysogenic or virulence genes were detected among the 84 open reading frames annotated in the genome, suggesting its safety for potential therapeutic use. Phylogenetic analysis revealed that phage KG853 is closely related to phage PaP3. Notably, KG853 demonstrated the ability to inhibit the formation of 4-hour biofilms by *P. aeruginosa*, a critical virulence factor in many infections. Host range analysis showed that KG853 is specific to *P. aeruginosa*, an important characteristic for targeted therapy. These findings suggest that bacteriophage KG853 represents a promising candidate for combating drug-resistant *P. aeruginosa* infections. Its specific host range, robust physical characteristics, lack of harmful genes, and anti-biofilm activity make it a potential alternative to conventional antibiotics. Further research is warranted to explore its efficacy in *in vivo* models and potential clinical applications.

INTRODUCTION

Pseudomonas aeruginosa is a dangerous Gram-negative opportunistic pathogen that can lead to severe acute and chronic infections, often resulting in high morbidity and mortality rates of up to 40%.^{1,2} *P. aeruginosa* is a versatile bacterium that combines various organic compounds to acquire nutrients. It is commonly found in diverse environments like soil, water, vegetation, human skin, and oral mucosa.^{3,4} *P. aeruginosa* is a significant concern for immunocompromised individuals, as it is a common cause of sepsis in neutropenic cancer patients, pneumonia, and respiratory failure.⁵⁻⁷ 2017, the World Health Organization identified *P. aeruginosa* as a critical priority pathogen for new antibiotic research and development.^{8,9} This designation stems from its genetic background and antibiotic resistance profile. *P. aeruginosa* has intrinsic resistance to many antibacterial drugs and can rapidly develop antibiotic resistance through chromosomal mutations or horizontal gene

acquisition.¹⁰⁻¹³ Recent studies estimate that antibiotic-resistant *P. aeruginosa* caused 1.27 million deaths in 2019, highlighting its global health impact.¹⁴

P. aeruginosa develops resistance and can acquire antibiotic tolerance through forming biofilms, which are complex bacterial clusters that adhere to surfaces and are embedded in a self-produced matrix.¹⁵ Biofilms are complex bacterial communities surrounded by extracellular polymeric substances (EPS), protecting against environmental stresses and enhancing antibiotic resistance.¹⁵⁻¹⁹ Bacteria trapped in biofilms can withstand up to 1000 times more antibiotics than free-living bacteria, making it challenging to treat antibiotic-resistant infections.²⁰⁻²² The rise of multidrug-resistant *P. aeruginosa* strains poses a global public health threat. These strains limit treatment options, leading to increased morbidity and mortality.¹² As a result, alternative antimicrobial strategies are needed to combat *P. aeruginosa* infections effectively. Recently, several therapeutic approaches have been developed to control *P. aeruginosa* in-

a Corresponding author. Truong Thi Bich Van, +84 944353588, e-mail: ttbvan@ctu.edu.vn

fections. These include antibiotic treatment,²³ enhancing drug penetration into bacterial cell membranes,²⁴ and inhibiting biofilm formation using plant extracts.²⁵⁻³⁰ In addition, other methods to control *P. aeruginosa* infections involve using host-specific phages and infection modes that depend on the interaction between viral proteins and the host bacterial surface. Many studies have reported the significant control of bacteriophages against antibiotic-resistant bacterial strains such as *E. coli*, *P. atrosepticum*, *A. baumannii*, *S. aureus*, *S. typhimurium*, and *K. pneumoniae*.³¹⁻³⁸

Given the limitations of conventional antibiotics in treating biofilm-mediated and drug-resistant infections, alternative approaches are urgently needed. Bacteriophage therapy has emerged as a promising option.³⁹⁻⁴³ Phages offer several advantages over antibiotics, including specificity for target bacteria, the ability to evolve alongside bacterial resistance, and self-replication within the host.⁴⁴⁻⁴⁸ Moreover, some phages have demonstrated the ability to inhibit biofilm formation. For example, Nordstrom et al.⁴⁹ suggested that phage therapy could be a promising alternative for eliminating biofilms formed by various clinical strains of *P. aeruginosa* isolated from cystic fibrosis patients. Phages LUZ19 and LUZ24 were effective in controlling *P. aeruginosa* infections.⁴⁹⁻⁵¹

In this study, we isolated and characterized a novel *P. aeruginosa* bacteriophage, KG853. We investigated its morphology, growth kinetics, stability, host range, and genome characteristics. Additionally, we assessed its effectiveness in biofilm inhibition. This comprehensive characterization aims to evaluate KG853's potential as a therapeutic agent against *P. aeruginosa* infections and contribute to the growing knowledge of phage-based control strategies for food-borne pathogens.

MATERIALS AND METHODS

BACTERIAL CULTURES AND PREPARATIONS

Pseudomonas aeruginosa ATCC 27853 and other reference strains from ATCC (American Type Culture Collection) and NCTC (National Collection of Type Cultures) were used in this study. These included *V. parahaemolyticus* NCTC 10884, *V. parahaemolyticus* NCTC 10885, *V. parahaemolyticus* ATCC 17802, *V. vulnificus* NCTC 11218, *V. vulnificus* ATCC 29307, *Salmonella enterica* subsp. *enterica* serovar *Typhimurium* ATCC 14028, *S. enterica* subsp. *enterica* serovar *Enteritidis* ATCC 13076, *S. enterica* subsp. *enterica* serovar *Enteritidis* ATCC 49223, and *Escherichia coli* ATCC 25922. All strains were cultured in Tryptic Soy Broth (TSB) and on Tryptic Soy Agar (TSA) at 37°C with shaking at 120 rpm for 24 hours.

ISOLATION AND PURIFICATION OF PHAGE

Bacteriophages were isolated from prawn pond water samples collected in Kien Giang province, Vietnam, using *P. aeruginosa* ATCC 27853 as the host bacterium. Water samples were enriched in TSB medium for one hour, followed by centrifugation at 12,000 rpm for 10 minutes at 4°C. The supernatant (1 mL) was added to 5 mL of *P. aeruginosa* ATCC

27853 bacterial suspension and incubated overnight. Chloroform (1%) was added, and the mixture was centrifuged at 12,000 rpm for 10 minutes at 4°C. The supernatant was collected as crude phage preparation.

DETERMINATION OF HOST RANGE

The host range of isolated phages was determined using the spot test method on double-layer agar plates.⁵² Bacterial strains were cultured in a TSB liquid medium. An aliquot (100 µL) of each bacterial culture was added to 5 mL of semi-solid medium (56°C) and poured onto TSA plates. Phage suspension (2 µL) was spotted on the bacterial lawn. The experiment was performed in triplicate. Plates were observed for the formation of clear zones (plaques), and results were recorded as positive (+) or negative (-) for plaque formation.

BIOFILM INHIBITION ASSAY

Biofilm reduction assays were conducted in 96-well plates.⁵³ Bacterial strains were cultured overnight in a TSB medium with shaking at 120 rpm. Bacterial suspension (100 µL) was added to each well of a 96-well plate and incubated for 24 hours at 32°C. After incubation, the wells were washed three times with 0.9% NaCl. Phage suspension (100 µL) was added to each well and incubated at 32°C for 4 hours. The wells were then washed twice with 200 µL of 0.9% NaCl. Crystal violet (0.1%, 200 µL) was added to each well and incubated for 20 minutes at room temperature. After removing the crystal violet solution, the wells were washed thrice with 200 µL of 0.9% NaCl. Acetic acid (30%, 200 µL) was added to each well to dissolve the crystal violet. Biofilm formation was quantified by measuring the absorbance at 590 nm (OD₅₉₀).⁵⁴ The experiment was repeated three times to ensure reliable results.

TRANSMISSION ELECTRON MICROSCOPY (TEM)

Phage morphology was examined using transmission electron microscopy (TEM) following the method described by Taha et al.⁵⁵ Briefly, 10 µL of phage suspension (10⁹ PFU/mL) was placed on a carbon-coated copper grid and stained with 2.5% uranyl acetate for 10 minutes. The sample was examined using a JEOL 1230 transmission electron microscope (Tokyo, Japan) at various magnifications.

PHAGE ADSORPTION ASSAY

To determine the time required for phage attachment to bacteria, a mixture of bacteria and phage was prepared and incubated at 32°C. At various time points (0, 1, 2, 5, 10, 15, 20, and 30 minutes), 100 µL aliquots were removed and centrifuged at 12,000 rpm for 5 minutes. The supernatant was analyzed using the double-layer agar method to determine the number of free bacteriophages.⁵⁶ The experiment was repeated three times to ensure reliable results.

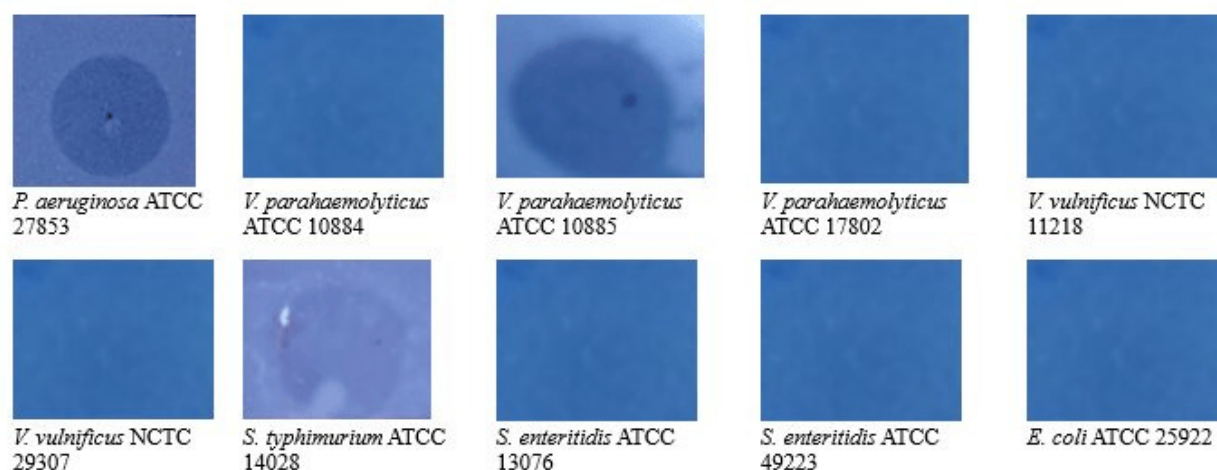


Figure 1. Plaque morphology of bacteriophage KG853 on 10 bacterial strains.

ONE-STEP GROWTH CURVE

A one-step growth curve was generated using a previously described method with minor modifications.⁵⁷ *P. aeruginosa* (5 mL) was cultured at 37°C with shaking (120 rpm). An aliquot (1 mL) of the culture was transferred to a falcon tube containing 4 mL of TSB medium and incubated with shaking (120 rpm) until the bacterial count reached $OD_{600}=0.4$ (approximately 3 hours). Bacteriophage (2 μ L) was added to the bacterial culture, and samples were taken every 10 minutes. The phage titer was determined using the double-layer agar technique. The burst size was calculated as the ratio of the final count of liberated phage particles to the initial count of infected bacterial cells during the latent period. The experiment was conducted in triplicate to ensure the reliability of the results.

PH AND TEMPERATURE STABILITY

For thermal stability testing, 10 μ L of phage suspension was incubated at different temperatures (-20°C, 4°C, 37°C, 50°C, 60°C, and 70°C) for one hour. After incubation, the titer of each phage sample was determined using the double-agar layer method.⁵¹ To investigate the effect of pH on phage stability, the phage was mixed with buffers of different pH values (pH 2, 3, 4, 5, 6, 7, 8, 9, and 10) and incubated for one hour. After incubation, the titer of each phage sample was determined using the double-agar layer method.⁵¹ The experiment was repeated three times to ensure reliable results.

PHAGE GENOME SEQUENCING AND BIOINFORMATICS ANALYSIS

Phage DNA was extracted and sequenced using the Illumina HiSeq platform at the KTEST laboratory in Ho Chi Minh City, Vietnam. Open reading frames (ORFs) were predicted using BLAST v2.13.0 against the NCBI nt virus GenBank database. Genome organization was visualized using

Geneious software, and comparative genomic analysis was performed using Mauve.

STATISTICAL ANALYSIS

Data were processed and analyzed using Microsoft Excel 2019 and Minitab 18 software. Experimental results were analyzed by one-way ANOVA. Differences were considered significant at $p<0.05$.

RESULTS

HOST SPECIFICITY

The host range assessment of phage KG853 against several pathogenic bacterial strains ([Figure 1](#)) revealed that KG853, in addition to lysing its primary host *P. aeruginosa* ATCC 27853, also infected *V. parahaemolyticus* NCTC 10885 and *S. typhimurium* ATCC 14028, as evidenced by plaque formation. These results demonstrate that phage KG853 has a broad host range, indicating its potential for phage therapy applications.

BIOFILM INHIBITION ASSAY

Biofilm staining results showed that phage KG853 significantly reduced biofilm formation compared to the control ($p<0.05$) after a 4-hour incubation period ([Figure 2](#)). When 24-hour biofilms of *P. aeruginosa* ATCC 27853 were treated with bacteriophages, the OD_{590} decreased from 3.86 to 0.82, representing a 78.7% reduction ([Figure 3](#)). This demonstrates that the biofilm was effectively eliminated by phage treatment.

TRANSMISSION ELECTRON MICROSCOPY (TEM)

The plaque morphology of KG853 on *P. aeruginosa* ATCC 27853 was characterized by small, transparent plaques (0.5 mm in diameter) surrounded by opaque outer borders ([Figure 4A](#)). TEM images of KG853 revealed a phage with a

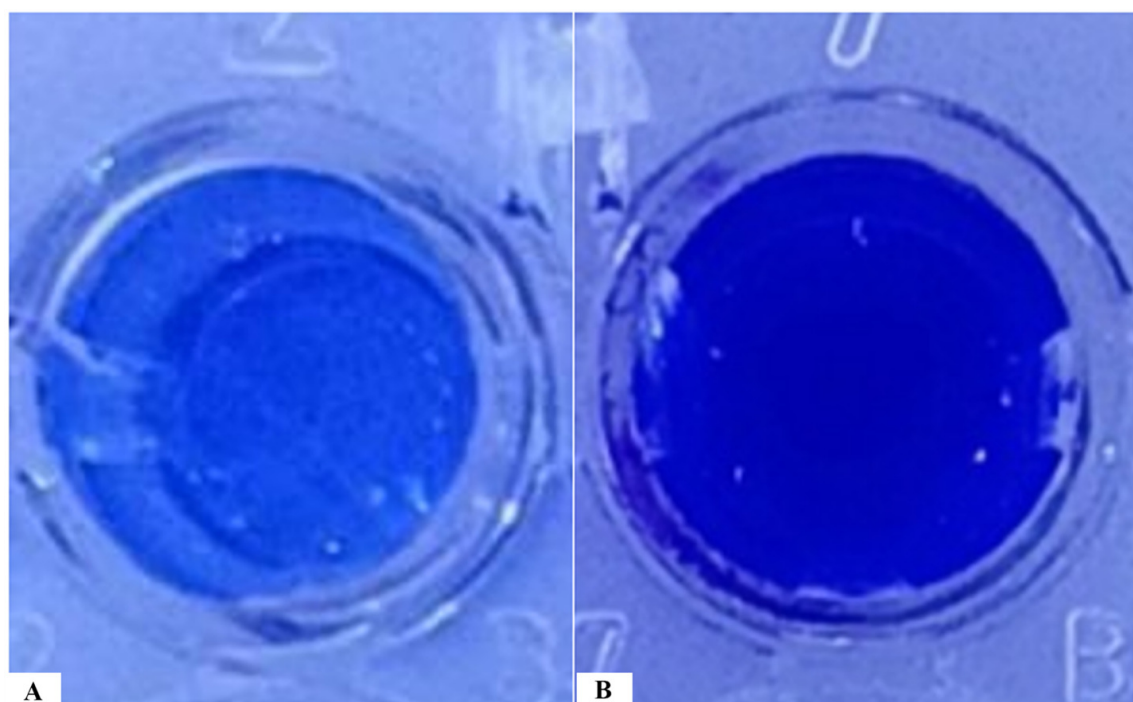


Figure 2. Results of biofilm staining on a 96-well plate

A: ATCC 27853 + phage KG853; B: Control ATCC 27853 Transmission.

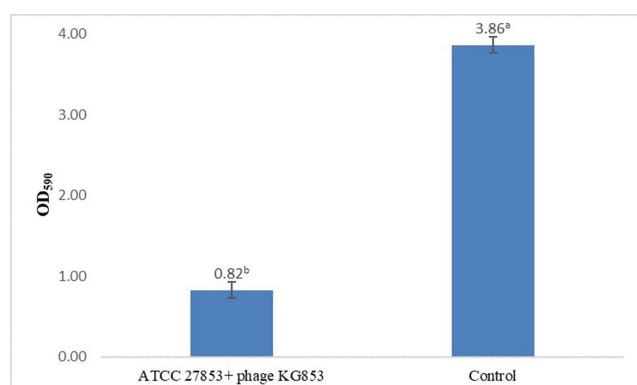


Figure 3. Graph showing the ability of KG853 phage to reduce the biofilm of *P. aeruginosa* ATCC 27853.

head and tail structure, with the head diameter measuring 60.99 nm (Figure 4B). Based on its icosahedral shape and the presence of a head and tail structure, the phage is classified within the *Bruynoghevirus* genus. The virions also feature short, non-contractile tails measuring about 20×8 nm in size, aligning KG853 with the Steigviridae family according to the International Committee on Taxonomy of Viruses (ICTV) guidelines.⁵⁸

PHAGE ADSORPTION ASSAY

The adsorption assay results indicated that most bacteriophages rapidly attached to host cells, with over 50% attaching within one minute and over 90% attaching within 15 minutes (Figure 5).

ONE-STEP GROWTH CURVE

The one-step growth curve analysis revealed that the replication cycle of KG853 in host cells lasts approximately 50 minutes (Figure 6). The initial 30 minutes represent the latent phase of KG853 replication, during which phages complete adsorption and genome injection. The active replication phase occurs between 30 and 50 minutes, during which new phages are assembled and released from host cells. The highest number of phages was observed 50 minutes post-infection, with a burst size of 136 virions per infected cell.

THERMAL AND PH STABILITY

pH stability tests demonstrated that KG853 remained stable at pH values ranging from 4 to 10, while it was utterly inactivated at pH 2 and 3 (Figure 7A). Thermal stability assays showed that the phage maintained a titer of approximately 10⁹ PFU/mL after one hour of incubation at temperatures ranging from -20°C to 50°C. The phage titer was slightly reduced to 10⁸ PFU/mL at 60°C, and the phage was inactivated at 70°C (Figure 7B).

GENOME FEATURES AND ANNOTATION OF PHAGE KG853

Genome sequencing and analysis identified 84 genes as coding sequences (CDS) in the KG853 genome (Figure 8). Of these, 60 CDSs (71.4%) were of unknown function (hypothetical proteins). No genes associated with KG853 toxicity were found. The remaining 24 genes were identified based on homology to known genes and encode proteins involved in phage structure, packaging, lysis, and DNA replication,

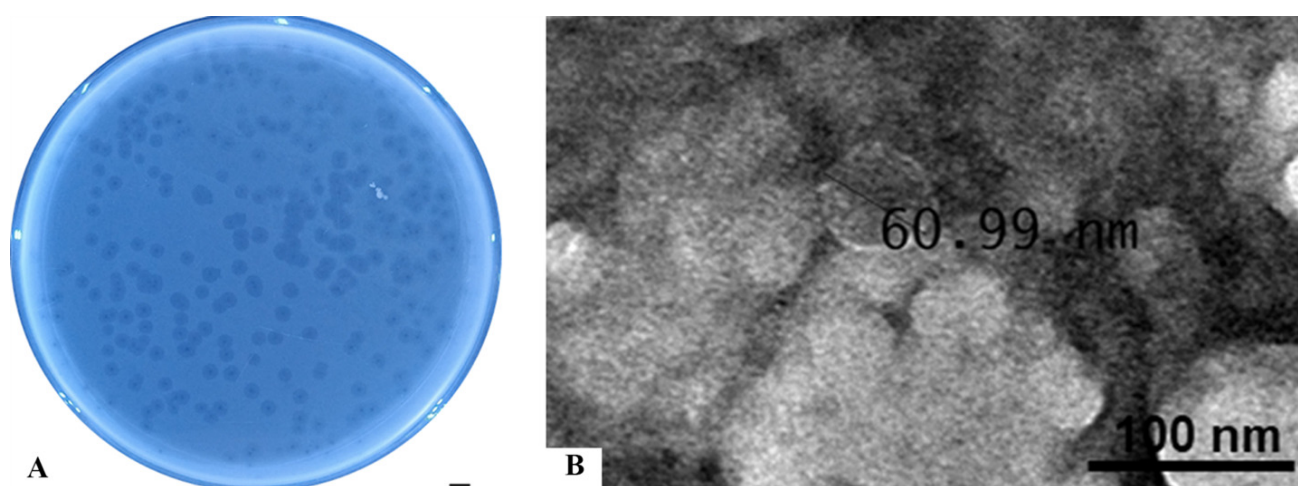


Figure 4. Plaque morphology (A) and transmission electron microscopy image (B) of phage KG853.

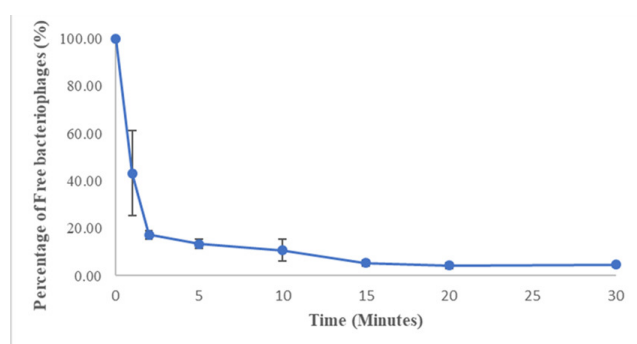


Figure 5. Adsorption of KG853 to *P. aeruginosa* ATCC 27853.

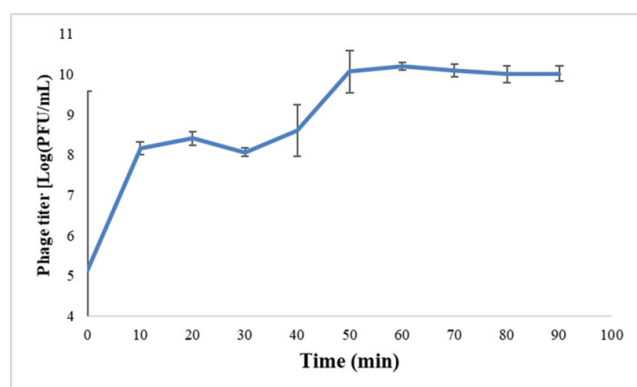


Figure 6. One-step Growth curve of phage KG853.

such as primase/helicase, DNA polymerase, endolysin, and terminase small subunit.

KG853 possesses two distinct DNA polymerase genes: DNA polymerase and DNA polymerase exonuclease. The DNA polymerase exonuclease gene follows the primase/helicase gene and has overlapping segments. The primase/helicase and DNA polymerase genes are located nearby, consistent with their functional relationship in the DNA replication f.^{59,60}

Two endolysin-encoding genes were identified in the KG853 genome. One is near the gene encoding the small terminase subunit, while the other is near the DNA polymerase gene. These endolysins likely play a role in bacterial cell lysis during phage infection and virion release.⁶¹

The small terminase subunit of KG853 is located in the 9,500-10,000 bp region, preceding the endolysin gene and partially overlapping. The terminase complex, comprising small and large subunits, is crucial for dsDNA packaging in the tailed phages.^{62,63}

Three tRNA genes were identified, all clustered in the genome's 9,000-9,500 bp region. The specific function of these tRNA genes in KG853 remains to be determined.

COMPARATIVE GENOMIC AND PHYLOGENETIC ANALYSIS

Comparative genome analysis using the NCBI blast (megablast) program revealed that phage KG853 shares high sequence similarity with several other *Pseudomonas* phages (Figure 9). The overall sequence identity was 99% with *Pseudomonas* phage PaP3 (NC_004466.2), 99% with phage Epa1 (MT108723.1), 96% with phage vB_PaeP_p2-10_Or1 (NC_019813.1), 99% with phage HZ2201 (OQ427617.1), and 99% with phage ZCPS1 (ON156559.1).

DISCUSSION

Bacteriophages have emerged as a promising alternative to traditional antibiotics in treating bacterial infections, particularly considering the growing threat of antibiotic-resistant bacteria in aquaculture, agriculture, and healthcare. The ease of isolation, low development costs, and effectiveness against drug-resistant bacteria make bacteriophages an attractive option for combating infections.⁶⁴ However, before phages can be considered for clinical application, thorough characterization, and genomic analysis are essential to ensure their safety and efficacy.

In this study, we isolated and characterized phage KG853, demonstrating potent lytic activity against *P. aeruginosa*, a notorious pathogen known for its multidrug resis-

Figure 7. pH (A) and thermal (B) stability of phage KG853.

Figure 8. Genome features of phage KG853. The outermost circle represents feature ORF of genome, with different colors representing different functions. The next circle represents GC content, and the innermost circle represents GC Skew (green: GCskew+; purple: GCskew-).

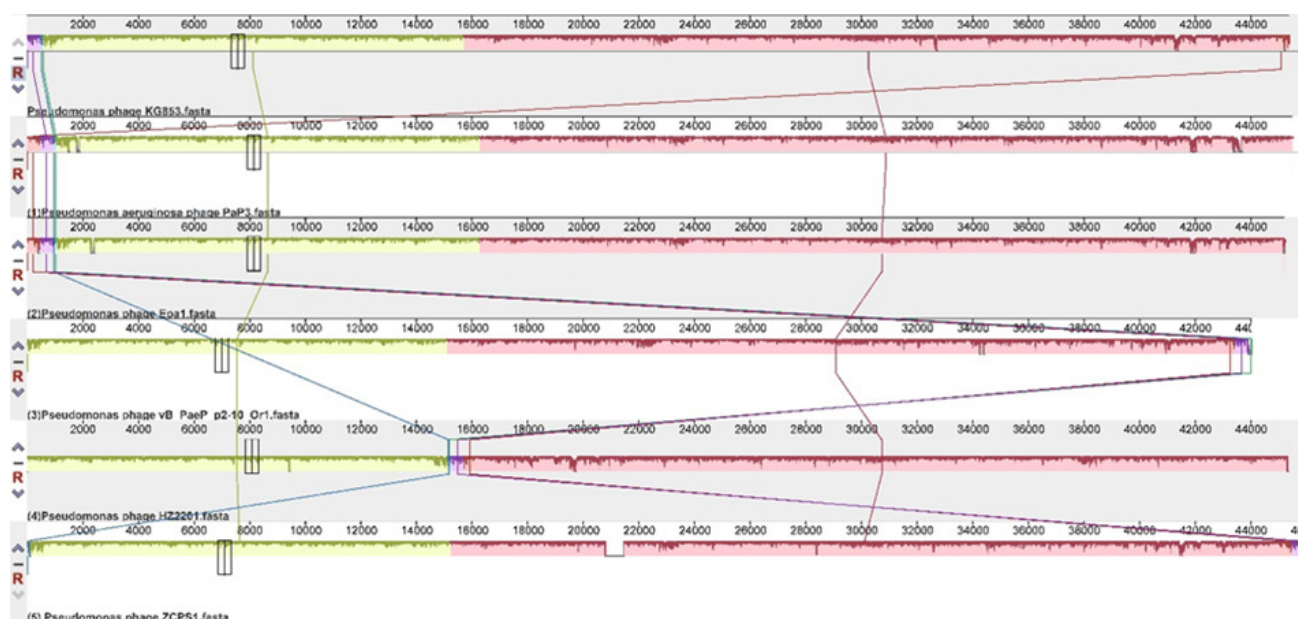


Figure 9. Comparative genome analyses among phage KG853, phage PaP3, phage Epa1, phage vB_PaeP_p2-10_Or1, phage HZ2201, and phage ZCPS1 were conducted using Mauve. Each genome is laid out in a horizontal track. The region of sequence covered by a colored block is entirely collinear and homologous among the genomes.

Genomic analysis of KG853 revealed 84 coding sequences, with 24 genes identified as having known functions related to phage structure, DNA replication, packaging, and host cell lysis. The absence of lysogenic or virulence genes in the KG853 genome is a positive indicator for its potential use in phage therapy, as it suggests a lower risk of unintended consequences such as horizontal gene transfer of virulence factors.⁶⁵

The presence of multiple DNA polymerase genes and endolysin-encoding genes in the KG853 genome may contribute to its efficient replication and lytic activity. While their specific function remains unclear, identifying tRNA genes could enhance the phage's ability to adapt to different host environments.⁶⁶

Comparative genomic analysis revealed high sequence similarity between KG853 and several other *Pseudomonas* phages, including PaP3, Epa1, vB_PaeP_p2-10_Or1, HZ2201, and ZCPS1. This similarity suggests that KG853 is part of a well-established group of *Pseudomonas*-infecting phages, which could provide additional insights into its behavior and potential applications through comparative studies.

While our results are promising, it is essential to acknowledge the limitations of this study. *In vitro* experiments, while informative, may only partially predict the behavior of KG853 in complex biological systems. Further research, including *in vivo* studies in animal models, will be crucial to evaluate the safety and efficacy of KG853 as a potential therapeutic agent.

In conclusion, bacteriophage KG853 demonstrates several characteristics that make it a promising candidate for phage therapy against *P. aeruginosa* infections. Its broad host range, rapid adsorption, high burst size, stability under various conditions, and ability to reduce biofilms all

contribute to its potential as an antimicrobial agent. The genomic analysis further supports its therapeutic potential while offering insights into its biology and evolution. Future studies should focus on *in vivo* efficacy, safety assessments, and the development of delivery strategies to fully realize the potential of KG853 in combating multidrug-resistant *P. aeruginosa* infections.

ACKNOWLEDGMENTS

The authors thank the Department of Research Affairs, the Institute of Food and Biotechnology, and Can Tho University for their valuable support. This study is fully funded by the Vietnam National Foundation for Science and Technology Development (NAFOSTED) under grant number 106.05-2019.335.

AUTHORS' CONTRIBUTION

Conceptualization: Truong Thi Bich Van (Lead). Methodology: Truong Thi Bich Van (Equal), Tran Thi Lieu (Equal). Writing – review & editing: Truong Thi Bich Van (Equal), Le Hoang Bao Ngoc (Equal). Funding acquisition: Truong Thi Bich Van (Lead). Resources: Truong Thi Bich Van (Lead). Supervision: Truong Thi Bich Van (Lead). Formal Analysis: Nguyen Thi Loan Anh (Equal), Tran Thi Lieu (Equal), Le Viet Dung (Equal). Investigation: Nguyen Thi Loan Anh (Equal), Tran Thi Lieu (Equal), Le Viet Dung (Equal). Writing – original draft: Nguyen Thi Loan Anh (Equal), Vo Van Thanh (Equal).

COMPETING OF INTEREST

No competing interests were disclosed.

INFORMED CONSENT STATEMENT

All authors and institutions have confirmed this manuscript for publication.

DATA AVAILABILITY STATEMENT

All are available upon reasonable request.

Submitted: August 08, 2024 CST. Accepted: September 18, 2024 CST. Published: October 23, 2024 CST.



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-4.0). View this license's legal deed at <http://creativecommons.org/licenses/by/4.0> and legal code at <http://creativecommons.org/licenses/by/4.0/legalcode> for more information.

REFERENCES

1. Ammazalorso A, Granese A, De Filippis B. Recent trends and challenges to overcome *Pseudomonas aeruginosa* infections. *Expert Opinion on Therapeutic Patents*. 2024;34(6):493-509. doi:[10.1080/13543776.2024.2348602](https://doi.org/10.1080/13543776.2024.2348602)
2. Wood SJ, Kuzel TM, Shafikhani SH. *Pseudomonas aeruginosa*: Infections, Animal Modeling, and Therapeutics. *Cells*. 2023;12(1). doi:[10.3390/cells12010199](https://doi.org/10.3390/cells12010199)
3. Cogen AL, Nizet V, Gallo RL. Skin microbiota: A source of disease or defence? *British Journal of Dermatology*. 2008;158(3):442-455. doi:[10.1111/j.1365-2133.2008.08437.x](https://doi.org/10.1111/j.1365-2133.2008.08437.x)
4. Crone S, Vives-Flórez M, Kvich L, et al. The environmental occurrence of *Pseudomonas aeruginosa*. *APMIS*. 2020;128(3):220-231. doi:[10.1111/apm.13010](https://doi.org/10.1111/apm.13010)
5. Gomila A, Carratalà J, Badia JM, et al. Preoperative oral antibiotic prophylaxis reduces *Pseudomonas aeruginosa* surgical site infections after elective colorectal surgery: A multicenter prospective cohort study. *BMC Infectious Diseases*. 2018;18(1):507. doi:[10.1186/s12879-018-3413-1](https://doi.org/10.1186/s12879-018-3413-1)
6. Klockgether J, Tümmler B. Recent advances in understanding *Pseudomonas aeruginosa* as a pathogen. *F1000Research*. 2017;6:1261. doi:[10.12688/f1000research.10506.1](https://doi.org/10.12688/f1000research.10506.1)
7. Lyczak JB, Cannon CL, Pier GB. Lung Infections Associated with Cystic Fibrosis. *Clinical Microbiology Reviews*. 2002;15(2):194-222. doi:[10.1128/cmr.15.2.194-222.2002](https://doi.org/10.1128/cmr.15.2.194-222.2002)
8. Tacconelli E. Global Priority List of Antibiotic-Resistant Bacteria to Guide Research, Discovery, and Development. 2017. <https://policycommons.net/artifacts/1818147/global-priority-list-of-antibiotic-resistant-bacteria-to-guide-research-discovery-and-development/2555608/>
9. Tacconelli E, Carrara E, Savoldi A, et al. Discovery, research, and development of new antibiotics: The WHO priority list of antibiotic-resistant bacteria and tuberculosis. *The Lancet Infectious Diseases*. 2018;18(3):318-327. doi:[10.1016/S1473-3099\(17\)30753-3](https://doi.org/10.1016/S1473-3099(17)30753-3)
10. Oliver A, Mulet X, López-Causapé C, Juan C. The increasing threat of *Pseudomonas aeruginosa* high-risk clones. *Drug Resistance Updates*. 2015;21-22:41-59. doi:[10.1016/j.drug.2015.08.002](https://doi.org/10.1016/j.drug.2015.08.002)
11. Potron A, Poirel L, Nordmann P. Emerging broad-spectrum resistance in *Pseudomonas aeruginosa* and *Acinetobacter baumannii*: Mechanisms and epidemiology. *International Journal of Antimicrobial Agents*. 2015;45(6):568-585. doi:[10.1016/j.ijantimicag.2015.03.001](https://doi.org/10.1016/j.ijantimicag.2015.03.001)
12. Reynolds D, Kollef M. The Epidemiology and Pathogenesis and Treatment of *Pseudomonas aeruginosa* Infections: An Update. *Drugs*. 2021;81(18):2117-2131. doi:[10.1007/s40265-021-01635-6](https://doi.org/10.1007/s40265-021-01635-6)
13. Sanya DRA, Onésime D, Vizzarro G, Jacquier N. Recent advances in therapeutic targets identification and development of treatment strategies towards *Pseudomonas aeruginosa* infections. *BMC Microbiology*. 2023;23(1):86. doi:[10.1186/s12866-023-02832-x](https://doi.org/10.1186/s12866-023-02832-x)
14. Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: A systematic analysis. *Lancet (London, England)*. 2022;399(10325):629-655. doi:[10.1016/S0140-6736\(21\)00272-4](https://doi.org/10.1016/S0140-6736(21)00272-4)
15. Crespo A, Blanco-Cabra N, Torrents E. Aerobic vitamin B12 biosynthesis is essential for *Pseudomonas aeruginosa* class II ribonucleotide reductase activity during planktonic and biofilm growth. *Frontiers in Microbiology*. 2018;9. doi:[10.3389/fmicb.2018.00986](https://doi.org/10.3389/fmicb.2018.00986)
16. Ghafoor A, Hay ID, Rehm BHA. Role of exopolysaccharides in *Pseudomonas aeruginosa* biofilm formation and architecture. *Applied and Environmental Microbiology*. 2011;77(15):5238-5246. doi:[10.1128/AEM.00637-11](https://doi.org/10.1128/AEM.00637-11)
17. Li X, Gu N, Huang TY, Zhong F, Peng G. *Pseudomonas aeruginosa*: A typical biofilm forming pathogen and an emerging but underestimated pathogen in food processing. *Frontiers in Microbiology*. 2023;13. doi:[10.3389/fmicb.2022.1114199](https://doi.org/10.3389/fmicb.2022.1114199)
18. Moradali MF, Ghods S, Rehm BHA. *Pseudomonas aeruginosa* lifestyle: A paradigm for adaptation, survival, and persistence. *Frontiers in Cellular and Infection Microbiology*. 2017;7. doi:[10.3389/fcimb.2017.00039](https://doi.org/10.3389/fcimb.2017.00039)

19. Rollet C, Gal L, Guzzo J. Biofilm-detached cells, a transition from a sessile to a planktonic phenotype: A comparative study of adhesion and physiological characteristics in *Pseudomonas aeruginosa*. *FEMS Microbiology Letters*. 2009;290(2):135-142. doi:[10.1111/j.1574-6968.2008.01415.x](https://doi.org/10.1111/j.1574-6968.2008.01415.x)
20. Hall CW, Mah TF. Molecular mechanisms of biofilm-based antibiotic resistance and tolerance in pathogenic bacteria. *FEMS Microbiology Reviews*. 2017;41(3):276-301. doi:[10.1093/femsre/fux010](https://doi.org/10.1093/femsre/fux010)
21. Lewis K. Riddle of Biofilm Resistance. *Antimicrobial Agents and Chemotherapy*. 2001;45(4):999-1007. doi:[10.1128/aac.45.4.999-1007.2001](https://doi.org/10.1128/aac.45.4.999-1007.2001)
22. Xu Z, Liu Z, Soteyome T, et al. Impact of *pmrA* on *Cronobacter sakazakii* planktonic and biofilm cells: A comprehensive transcriptomic study. *Food Microbiology*. 2021;98:103785. doi:[10.1016/j.fm.2021.103785](https://doi.org/10.1016/j.fm.2021.103785)
23. Mogyoródi B, Cséko AB, Hermann C, Gál J, Iványi ZD. Ceftolozane/tazobactam versus colistin in the treatment of ventilator-associated pneumonia due to extensively drug-resistant *Pseudomonas aeruginosa*. *Scientific Reports*. 2022;12(1):4455. doi:[10.1038/s41598-022-08307-9](https://doi.org/10.1038/s41598-022-08307-9)
24. Leus IV, Weeks JW, Bonifay V, et al. Property space mapping of *Pseudomonas aeruginosa* permeability to small molecules. *Scientific Reports*. 2022;12(1):8220. doi:[10.1038/s41598-022-12376-1](https://doi.org/10.1038/s41598-022-12376-1)
25. Chadha J, Ravi, Singh J, Chhibber S, Harjai K. Gentamicin Augments the Quorum Quenching Potential of Cinnamaldehyde In Vitro and Protects *Caenorhabditis elegans* From *Pseudomonas aeruginosa* Infection. *Frontiers in Cellular and Infection Microbiology*. 2022;12. doi:[10.3389/fcimb.2022.899566](https://doi.org/10.3389/fcimb.2022.899566)
26. Elekhaw E, Negm WA, El-Aasr M, et al. Histological assessment, anti-quorum sensing, and anti-biofilm activities of *Dioon spinulosum* extract: In vitro and in vivo approach. *Scientific Reports*. 2022;12(1):180. doi:[10.1038/s41598-021-03953-x](https://doi.org/10.1038/s41598-021-03953-x)
27. Lim AMT, Oyong GG, Tan MCS, Shen CC, Ragasa CY, Cabrera EC. Quorum quenching activity of *Andrographis paniculata* (Burm f.) Nees andrographolide compounds on metallo- β -lactamase-producing clinical isolates of *Pseudomonas aeruginosa* PA22 and PA247 and their effect on *lasR* gene expression. *Heliyon*. 2021;7(5). doi:[10.1016/j.heliyon.2021.e07002](https://doi.org/10.1016/j.heliyon.2021.e07002)
28. Lou Y, Wang C, Tang Q, et al. Paeonol Inhibits IL-1 β -Induced Inflammation via PI3K/Akt/NF- κ B Pathways: In Vivo and Vitro Studies. *Inflammation*. 2017;40(5):1698-1706. doi:[10.1007/s10753-017-0611-8](https://doi.org/10.1007/s10753-017-0611-8)
29. Qian W, Li X, Yang M, Mao G. Antibacterial and anti-biofilm activities of paeonol against *Klebsiella pneumoniae* and *Enterobacter cloacae*. *Biofouling*. 2021;37(6):666-679. doi:[10.1080/08927014.2021.1955249](https://doi.org/10.1080/08927014.2021.1955249)
30. Zeng Q, Fu Y, Yang M, et al. Effect of paeonol against bacterial growth, biofilm formation and dispersal of *Staphylococcus aureus* and *Listeria monocytogenes* in vitro. *Biofouling*. 2022;38(2):173-185. doi:[10.1080/08927014.2022.2045014](https://doi.org/10.1080/08927014.2022.2045014)
31. Amini M, Ownagh A, Tukmechi A, Allymehr M. Identification of a lytic bacteriophage against clinical isolates of *Salmonella typhimurium* in turkey poults. *Veterinary Research Forum*. 2024;15(6):309-316. doi:[10.30466/vrf.2023.2000885.3864](https://doi.org/10.30466/vrf.2023.2000885.3864)
32. Choi YJ, Kim S, Shin M, Kim J. Isolation and Characterization of Novel Bacteriophages to Target Carbapenem-Resistant *Acinetobacter baumannii*. *Antibiotics*. 2024;13(7). doi:[10.3390/antibiotics13070610](https://doi.org/10.3390/antibiotics13070610)
33. Duarte J, Máximo C, Costa P, et al. Potential of an Isolated Bacteriophage to Inactivate *Klebsiella pneumoniae*: Preliminary Studies to Control Urinary Tract Infections. *Antibiotics*. 2024;13(2). doi:[10.3390/antibiotics13020195](https://doi.org/10.3390/antibiotics13020195)
34. Fikadu A, Amankwah S, Alemu B, et al. Isolation and Phenotypic Characterization of Virulent Bacteriophages Against Multidrug-Resistant *Escherichia coli* and Its Phage-Resistant Variant from Sewage Sources. *Infection and Drug Resistance*. 2024;17:293-303. doi:[10.2147/IDR.S441085](https://doi.org/10.2147/IDR.S441085)
35. Lersittikul V, Apiratwarrasakul S, Atitthep T, et al. Isolation and characterisation of a novel *Silviavirus* bacteriophage promising antimicrobial agent against methicillin-resistant *Staphylococcus aureus* infections. *Scientific Reports*. 2024;14(1):9251. doi:[10.1038/s41598-024-59903-w](https://doi.org/10.1038/s41598-024-59903-w)
36. Sada TS, Tessema TS. Isolation and characterization of lytic bacteriophages from various sources in Addis Ababa against antimicrobial-resistant diarrheagenic *Escherichia coli* strains and evaluation of their therapeutic potential. *BMC Infectious Diseases*. 2024;24(1):310. doi:[10.1186/s12879-024-09152-z](https://doi.org/10.1186/s12879-024-09152-z)

37. Souza ALF de, Stefani L de CM. Isolation of lytic bacteriophages of *Escherichia coli* from swine. *Brazilian Journal of Veterinary Research and Animal Science*. 2024;61:e222458-e222458. doi:[10.11606/issn.1678-4456.bjvras.2024.222458](https://doi.org/10.11606/issn.1678-4456.bjvras.2024.222458)
38. Wu J, Liu J, Liu S, et al. Isolation and characterization of lytic bacteriophages infecting *Pectobacterium atrosepticum*. *European Journal of Plant Pathology*. 2024;169(1):121-130. doi:[10.1007/s10658-024-02814-3](https://doi.org/10.1007/s10658-024-02814-3)
39. Caflisch KM, Suh GA, Patel R. Biological challenges of phage therapy and proposed solutions: A literature review. *Expert Review of Anti-Infective Therapy*. 2019;17(12):1011-1041. doi:[10.1080/14787210.2019.1694905](https://doi.org/10.1080/14787210.2019.1694905)
40. Gordillo Altamirano FL, Barr JJ. Phage Therapy in the Postantibiotic Era. *Clinical Microbiology Reviews*. 2019;32(2):e00066-18. doi:[10.1128/CMR.00066-18](https://doi.org/10.1128/CMR.00066-18)
41. Kortright KE, Chan BK, Koff JL, Turner PE. Phage Therapy: A Renewed Approach to Combat Antibiotic-Resistant Bacteria. *Cell Host & Microbe*. 2019;25(2):219-232. doi:[10.1016/j.chom.2019.01.014](https://doi.org/10.1016/j.chom.2019.01.014)
42. Matsuzaki S, Rashel M, Uchiyama J, et al. Bacteriophage therapy: A revitalized therapy against bacterial infectious diseases. *Journal of Infection and Chemotherapy*. 2005;11(5):211-219. doi:[10.1007/s10156-005-0408-9](https://doi.org/10.1007/s10156-005-0408-9)
43. Wang X, Tang J, Dang W, et al. Isolation and Characterization of Three *Pseudomonas aeruginosa* Viruses with Therapeutic Potential. *Microbiology Spectrum*. 2023;11(3):e04636-22. doi:[10.1128/spectrum.04636-22](https://doi.org/10.1128/spectrum.04636-22)
44. Clavijo V, Baquero D, Hernandez S, et al. Phage cocktail SalmoFREE® reduces Salmonella on a commercial broiler farm. *Poultry Science*. 2019;98(10):5054-5063. doi:[10.3382/ps/pez251](https://doi.org/10.3382/ps/pez251)
45. Kamyab H, Torkashvand N, Shahverdi AR, Khoshayand MR, Sharifzadeh M, Sepehrizadeh Z. Isolation, characterization, and genomic analysis of vB_PaeS_TUMS_P81, a lytic bacteriophage against *Pseudomonas aeruginosa*. *Virus Genes*. 2023;59(1):132-141. doi:[10.1007/s11262-022-01954-0](https://doi.org/10.1007/s11262-022-01954-0)
46. Martínez-Gallardo MJ, Villicaña C, Yocupicio-Monroy M, Alcaraz-Estrada SL, León-Félix J. Current knowledge in the use of bacteriophages to combat infections caused by *Pseudomonas aeruginosa* in cystic fibrosis. *Folia Microbiologica*. 2023;68(1):1-16. doi:[10.1007/s12223-022-00990-5](https://doi.org/10.1007/s12223-022-00990-5)
47. Rai P, Shetty SS, Prabell S, et al. Characterisation of broad-spectrum phiKZ like jumbo phage and its utilisation in controlling multidrug-resistant *Pseudomonas aeruginosa* isolates. *Microbial Pathogenesis*. 2022;172:105767. doi:[10.1016/j.micpath.2022.105767](https://doi.org/10.1016/j.micpath.2022.105767)
48. Xuan G, Lin H, Kong J, Wang J. Phage Resistance Evolution Induces the Sensitivity of Specific Antibiotics in *Pseudomonas aeruginosa* PAO1. *Microbiology Spectrum*. 2022;10(5):e0135622. doi:[10.1128/spectrum.01356-22](https://doi.org/10.1128/spectrum.01356-22)
49. Nordstrom HR, Evans DR, Finney AG, et al. Genomic characterization of lytic bacteriophages targeting genetically diverse *Pseudomonas aeruginosa* clinical isolates. *iScience*. 2022;25(6). doi:[10.1016/j.isci.2022.104372](https://doi.org/10.1016/j.isci.2022.104372)
50. Hendrix H, Zimmermann-Kogadeeva M, Zimmermann M, et al. Metabolic reprogramming of *Pseudomonas aeruginosa* by phage-based quorum sensing modulation. *Cell Reports*. 2022;38(7). doi:[10.1016/j.celrep.2022.110372](https://doi.org/10.1016/j.celrep.2022.110372)
51. Wannasrichan W, Htoo HH, Suwansaeng R, Pogliano J, Nonejuie P, Chaikeeratisak V. Phage-resistant *Pseudomonas aeruginosa* against a novel lytic phage JJ01 exhibits hypersensitivity to colistin and reduces biofilm production. *Frontiers in Microbiology*. 2022;13. doi:[10.3389/fmicb.2022.1004733](https://doi.org/10.3389/fmicb.2022.1004733)
52. Kropinski AM, Mazzocco A, Waddell TE, Lingohr E, Johnson RP. Enumeration of Bacteriophages by Double Agar Overlay Plaque Assay. In: Clokie MRJ, Kropinski AM, eds. *Bacteriophages: Methods and Protocols, Volume 1: Isolation, Characterization, and Interactions*. Humana Press; 2009:69-76. doi:[10.1007/978-1-60327-164-6_7](https://doi.org/10.1007/978-1-60327-164-6_7)
53. Danis-Włodarczyk K, Olszak T, Arabski M, et al. Characterization of the Newly Isolated Lytic Bacteriophages KTN6 and KT28 and Their Efficacy against *Pseudomonas aeruginosa* Biofilm. *PLOS ONE*. 2015;10(5):e0127603. doi:[10.1371/journal.pone.0127603](https://doi.org/10.1371/journal.pone.0127603)
54. Coffey BM, Anderson GG. Biofilm formation in the 96-well microtiter plate. *Methods in Molecular Biology (Clifton, NJ)*. 2014;1149:631-641. doi:[10.1007/978-1-4939-0473-0_48](https://doi.org/10.1007/978-1-4939-0473-0_48)
55. Taha OA, Connerton PL, Connerton IF, El-Shibiny A. Bacteriophage ZCKP1: A Potential Treatment for *Klebsiella pneumoniae* Isolated From Diabetic Foot Patients. *Frontiers in Microbiology*. 2018;9. doi:[10.3389/fmicb.2018.02127](https://doi.org/10.3389/fmicb.2018.02127)

56. Thammatinna K, Egan ME, Htoo HH, et al. A novel vibriophage exhibits inhibitory activity against host protein synthesis machinery. *Scientific Reports*. 2020;10(1):2347. doi:[10.1038/s41598-020-59396-3](https://doi.org/10.1038/s41598-020-59396-3)
57. Yin Y, Ni P, Liu D, et al. Bacteriophage potential against *Vibrio parahaemolyticus* biofilms. *Food Control*. 2019;98:156-163. doi:[10.1016/j.foodcont.2018.11.034](https://doi.org/10.1016/j.foodcont.2018.11.034)
58. Turner D, Shkoporov AN, Lood C, et al. Abolishment of morphology-based taxa and change to binomial species names: 2022 taxonomy update of the ICTV bacterial viruses subcommittee. *Archives of Virology*. 2023;168(2):1-9. doi:[10.1007/s00705-022-05694-2](https://doi.org/10.1007/s00705-022-05694-2)
59. Lee K, Bernstein JA, Cohen SN. RNase G complementation of rne null mutation identifies functional interrelationships with RNase E in *Escherichia coli*. *Molecular Microbiology*. 2002;43(6):1445-1456. doi:[10.1046/j.1365-2958.2002.02848.x](https://doi.org/10.1046/j.1365-2958.2002.02848.x)
60. VanLoock MS, Chen YJ, Yu X, Patel SS, Egelman EH. The primase active site is on the outside of the hexameric bacteriophage T7 gene 4 helicase-primase ring1. *Journal of Molecular Biology*. 2001;311(5):951-956. doi:[10.1006/jmbi.2001.4932](https://doi.org/10.1006/jmbi.2001.4932)
61. Rossmann MG, Mesyanzhinov VV, Arisaka F, Leiman PG. The bacteriophage T4 DNA injection machine. *Current Opinion in Structural Biology*. 2004;14(2):171-180. doi:[10.1016/j.sbi.2004.02.001](https://doi.org/10.1016/j.sbi.2004.02.001)
62. Catalano CE. The terminase enzyme from bacteriophage lambda: A DNA-packaging machine. *Cellular and molecular life sciences: CMLS*. 2000;57:128-148. doi:[10.1007/s000180050503](https://doi.org/10.1007/s000180050503)
63. Cue D, Feiss M. Bacteriophage lambda DNA packaging: DNA site requirements for termination and processivity. *Journal of Molecular Biology*. 2001;311(2):233-240. doi:[10.1006/jmbi.2001.4840](https://doi.org/10.1006/jmbi.2001.4840)
64. Nagel T, Musila L, Muthoni M, Nikolich M, Nakavuma JL, Clokie MR. Phage banks as potential tools to rapidly and cost-effectively manage antimicrobial resistance in the developing world. *Current Opinion in Virology*. 2022;53:101208. doi:[10.1016/j.coviro.2022.101208](https://doi.org/10.1016/j.coviro.2022.101208)
65. Ackermann HW. Phage Classification and Characterization. In: Clokie MRJ, Kropinski AM, eds. *Bacteriophages: Methods and Protocols, Volume 1: Isolation, Characterization, and Interactions*. Humana Press; 2009:127-140. doi:[10.1007/978-1-60327-164-6_13](https://doi.org/10.1007/978-1-60327-164-6_13)
66. Ali Y, Inusa I, Sanghvi G, Mandaliya VB, Bishoyi AK. The current status of phage therapy and its advancement towards establishing standard antimicrobials for combating multi drug-resistant bacterial pathogens. *Microbial Pathogenesis*. 2023;181:106199. doi:[10.1016/j.micpath.2023.106199](https://doi.org/10.1016/j.micpath.2023.106199)