

University of Huddersfield Repository

Shoukat, Kamran

Biofilm formation and biocide resistance of acinetobacter baumannii

Original Citation

Shoukat, Kamran (2014) Biofilm formation and biocide resistance of acinetobacter baumannii. Doctoral thesis, University of Huddersfield.

This version is available at http://eprints.hud.ac.uk/id/eprint/23485/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/

Biofilm Formation and Biocide Resistance of *Acinetobacter baumannii*

Kamran Shoukat, M.Phil



A thesis submitted to the University of Huddersfield in the partial fulfilment of the requirements for the degree of Doctor of Philosophy

The University of Huddersfield January 2014 Dedicated to my sweet mom, Dad and my uncle Abid Hussain (Late) Thanks you for your moral and financial support through out of my life, off course you have made me where i am today, i just hope i have done you proud in return.

Love you.

Acknowledgements

Firstly I would like to thank to my respected supervisor Dr Paul Humphreys for his help, assistance and guidance throughout my project. Indeed, I do not have any words to say thanks to him for his help and moral support throughout my PhD. I would like to extend a great deal of thanks to Professor Dr Andrew Laws my co-supervisor and his research group for their assistance in chemistry lab work. I am also thankful to University of Huddersfield for providing the PhD studentship and financial support. I would like to thank Dr. Neil McLay for running the liquid NMR experiments and David Apperley, Manager Solid-state NMR Service, Department of Chemistry, Durham University for running the solid state NMR experiments. I would also like a special thanks to all of my Microbiology research laboratory fellows specially Mohannad Al Hudhud, Simon Rout, Peter, James, Jess, Hanna Williamson, Daliya and Sirwan Akbar for their continued help during my research project. I would like to thank Dr Shaun Leivers and Dr Marcus Chadha for their constant help and knowledgeable advice on numerous occasions. I would also like to thanks all the biology technicians especially Felix Owwusu-Kwarteng for their continuous support throughout my research project. Special thanks to Mr Naveed afsar for his moral and financial support throughout of my Ph.D. I would also like to thank all of my family members specially Waqas Khan my lovely aunt Kalsoom Akhtar and colleagues for the continual support they have shown during my studies. Finally I would like to thank my family – Mum, Dad, sister, brother-in-law, lovely wife and sweet daughter, I simply wouldn't be where I am today without their constant support prayers and encouragement.

Copyright Statement

- The author of this thesis (including any appendices and/or schedules to this thesis) owns any copyright in it (the "Copyright") and he has given the University of Huddersfield the right to use such Copyright for any administrative, promotional, educational and/or teaching purposes.
- 2. Copies of this thesis, either in full or in extracts, may be made only in accordance with the regulations of the University of Huddersfield Library. Details of these may be obtained from the Librarian. This page must from part of any such copies made.
- **3.** The ownership of any patents, designs, trademarks and any and all other intellectual property rights except for the Copyright (the "Intellectual Property Rights") and any reproductions of copyright works, for example graphs and tables ("Reproductions"), which may be owed by third parties. Such Intellectual Property Rights and Reproductions cannot and must not be made available for use without the prior written permission of the owner(s) of the relevant Property Rights and/or Reproductions.

Publications

Shoukat. K., Humphreys, P., and Laws. A.P. (2012). Growing, analysing, Isolation and characterization of *Acinetobacter* Biofilm (Poster), in SGM Autumn conference March 26-29th 2012, conventional centre Dublin Ireland (conference proceedings).

Shoukat. K., Humphreys, P., and Laws. A.P. (2010). The impact of disinfectants on biofilm formation of *Acinetobacter sp* (Poster), in S**f**AM summer conference, 5th-8th July 2010 the Grand hotel Brighton(conference proceedings).

Abstract

Multi drug resistant (MDR) strains of *Acinetobacter baumannii* have emerged as a major cause of nosocomial infections associated with significant morbidity and mortality. Over the last 20 years a worldwide expansion in *Acinetobacter* infections has been observed associated with intensive care units (ICUs), long term care facilities and wounded armed forces personnel. The developing resistance patterns seen in *Acinetobacter sp* suggest that the number of effective antibiotics may shortly be exhausted. The ability of *Acinetobacter sp* to form biofilms, resist desiccation and persist on hospital surfaces has played a critical role in the emergence of this bacterium as a human pathogen. The ability of clinical strains of *A. baumannii* to form strong adherent biofilms has also been recognised as a key virulence factor for this pathogen.

This thesis has investigated the ability of a range of *A. baumannii* strains to form biofilms and resist the impact of common biocides. In order to facilitate this research a carbohydrate free minimal media employing glucose or alcohols as sole carbon sources was developed. Considerable variations in the sensitivity of strains to ethanol or IPA was observed with the Type strain being more sensitive and less able to use alcohols to support growth than many of the clinical strains investigated. Alcohols as sole carbon sources had an impact on bacterial adherence, with 71% of strains being highly adherent when fed on alcohol as the sole carbon source. Scanning electron microscopy and fluorescent microscopy indicated that highly adherent strains were able to establish biofilms on both hydrophobic (plastic) and hydrophilic (glass) surfaces, forming carbohydrate based extracellular polymeric substances (EPS) during biofilm formation. EPS generation occurred alongside the transient generation of lactate, the latter being degraded during the stationary phase. Biofilm forming strains generated high MW EPS when grown on mineral media with ethanol as a sole carbon source, extracted EPS was shown to contain repeating units of both galactose and rhamnose sugars.

The Bioscreen system was used to determine the MICs of a range of quaternary ammonium compounds (QACs) and PHMB against the highly adherent strains. MIC values were below 35 mg/l for all biocides tested and MBC for planktonic cells were from 6 to 100 x greater than the MIC values. MBC values for biofilms were orders of magnitude greater than MBC values for planktonic cells with little variation between biocides or carbon source. Planktonic cells were able to form biofilms at concentration considerably greater than the 24 hour MBC for planktonic cells, demonstrating that biofilm formation provided additional protection against the biocides investigated.

A range of antimicrobial wound dressings (NSCD, ISCD, Honey and PHMB) were evaluated for their impact on commonly occurring wound pathogens i.e. *A. baumannii*, *P. aeruginosa* and *S. aureus* (MRSA). Dressings were evaluated against both planktonic cells and cells immobilised in a collagen matrix. In all cases there were significant differences (p<0.05) between strains of the same species when treated with the same dressing, indicating that significant variations in the susceptibility of wound pathogens to antimicrobial dressings were present at the sub species level. The diffusion barrier provided by the collagen matrix generated lower reduction values than the planktonic approach with a few exceptions. Broadly speaking the NSDC dressing was the most effective, PHMB least effective and the Honey dressing was most affected by the diffusion barrier provided by the collagen matrix.

Contents

1 Introduction1				
1.1. Ai	1.1. Aims and Objectives1			
2 Liter	ature Review2			
2.1	Acinetobacter			
2.1.1	The Genus Acinetobacter			
2.1.2	2 Acinetobacter Species			
2.1.3	B Distribution of <i>Acinetobacter</i> sp			
2.2	Acinetobacter Infections			
2.2.1	Outbreaks/clone involved6			
2.2.2	2 Military experience			
2.2.3	3 UK Acinetobacter spp. bacteraemia statistics			
2.2.4	Antimicrobial Resistance10			
2.2.5	5 Mechanisms of resistance			
2.2.6	6 Additional Virulence Factors			
2.3	Healthcare Associated Infections (HAI)18			
2.3.1	Contamination of Surfaces in Healthcare Environments19			
2.3.2	2 Biofilms			
2.3.3	Acinetobacter Biofilms23			
2.3.4	EPS characterisation26			
2.4	Cleaning and disinfection29			
2.5	Biocides and disinfectants			
2.5.1	Alcohol			
2.5.2	2 Quaternary ammonium compounds (QACs)32			
2.5.3	Bi-guanides			
2.5.4	Chlorine releasing agents			
2.5.5	Aldehydes including glutaraldehyde35			
2.5.6	5 Hydrogen peroxide35			
2.5.7	Peracetic acid			
2.5.8	3 Iodophors			
2.5.9	9 Phenolics			
2.5.1	Biocidal Surfaces and Coatings			
2.6	Microbial Responses to Biocides			

	2.6	.1	Biocide resistance in clinical settings	39
	2.6.2		Biofilms and Biocide Resistance	41
	2.7	Eva	luation of biocides	41
	2.7	.1	Bioscreen C technology system	42
	2.7	.2	MBEC system	43
	2.8	Wo	und dressing	44
	2.8	.1	Wound dressings	45
3	ME	METHODOLOGY		49
3.1 Materials			erials	49
	3.1	.1	Chemicals	49
	3.1	.2	Microbiological media	49
	3.2	Star	ndard microbiology techniques	50
	3.3	Mic	robial Cultures	50
	3.4	Che	mical Analysis	51
	3.4	.1	Ethanol and IPA analysis	51
	3.4	.2	Glucose and lactate analysis	52
	3.4	.3	Total carbohydrate analysis	52
	3.4	.4	Exopolysaccharide (EPS) extraction	52
	3.4	.5	Structural characterisation of Exopolysaccharides	55
	3.5	Exp	erimental procedures	57
	3.5 con	.1 ntainir	Determination of the Minimum Bactericidal Concentration (MBC) of alcohols and ng hand gels	57
	3.5	.2	Alternative media for the EPS production	58
	3.5	.3	Assessment of ethanol and IPA as sole carbon sources	58
	3.5	.4	Determination of MICs using the Bioscreen automated growth instrumentation	58
	3.5	.5	Hydrophobicity of planktonic cells	60
	3.5	.6	ATP dependent test for hydrophobicity confirmation	61
	3.5	.7	Quantitative estimation of Biofilm	61
	3.5	.8	Drip flow reactor (DFR) for the continuous growth of biofilm	62
	3.5	.9	MBEC Biofilm cultivation	62
	3.5	.10	. Evaluation of antimicrobial wound dressings	65
	3.6	Data	a processing and statistical analysis	66
4	Res	sults a	nd discussions	67
	4.1	The	impact of alcohol on the growth, survival and EPS generation of A. baumannii	67

4.1.1 Effect of alcohols and alcohol containing hand gels on bacterial growth		67	
4	4.1.2	Alternative media for Acinetobacter sp growth	69
4	4.1.3	Impact of ethanol and IPA as sole carbon sources	70
4	4.1.4	Determination of the MIC of alcohols	72
4	4.1.5	Discussion	75
4	4.1.6	Key Findings	76
4.2	2 A Bi	ofilm formation	77
4	4.2.1	Quantitative determination of biofilm formation	77
4	4.2.2	Formation of biofilms on MBEC surfaces	77
4	4.2.3	Assessment of hydrophobicity	81
4	4.2.4	Total carbohydrate estimation	84
4	4.2.5	Scanning electron microgram (SEM) of A. baumannii strains	87
4	4.2.6	Drip flow reactor (DFR) and fluorescent microscopy	88
4	4.2.7	Discussion	92
4	4.2.8	Key findings	97
4.3	B EPS	Characterisation	98
4	4.3.1	Poly-β-(1-6)-N-Acetylglucoseamine (PNAG) method	98
	4.3.2	EDTA method	99
4	4.3.3	Trichloroacetic acid (TCA) method	104
	4.3.4	Discussion	109
	4.3.5	Key findings	110
4.4	l Imp	act of QAC and PHB	111
4	4.4.1	Determination of MIC and MBC concentration of QAC and PHMB	111
4	4.4.2	Determination of MBC of QACs and PHMB using MBEC systems	112
4	4.4.3	Determination of the impact of QACs and PHMB on biofilm formation	114
4	4.4.4	Discussion	119
4	4.4.5	Key findings	122
4.5	5 Eval	uation of antimicrobial wound dressing	123
	4.5.1	Planktonic cells	123
	4.5.2	Collagen immobilised cells	124
	4.5.3	Comparison between the two methods	125
	4.5.4	Discussion	125
	4.5.5	Key findings	128

5	G	General Discussion			129
6	Major Findings			142	
	The major findings of this study are outlined below:			142	
7	References			125	
8	A	Appendix			
	8.1		Stati	stical analysis of ethanol growth data	
8.2 Statistical analysis of low alcohol growth data		stical analysis of low alcohol growth data	178		
8.3 Comparison of wound models			125		
	8	.3.1		Planktonic wound model	125
	8	.3.2		Collagen wound model comparison	
	8	.3.3		Comparison between wound models (planktonic vs collagen)	141

1 Introduction

Historically the clinical isolation of *Acinetobacter sp* was frequently ignored, being considered a low grade pathogen (Bergogne-Berezin *et al.* 1996). However, in recent years, multi drug resistant (MDR) strains of *A. baumannii* have emerged as a major cause of nosocomial infections associated with significant morbidity and mortality (McConnell *et al.* 2012). Over the last 20 years a worldwide expansion in *Acinetobacter* infections has been observed associated with intensive care units (ICUs), long term care facilities and wounded personnel (Sebeny et al., 2008, Sengstock *et al.* 2010). The developing resistance patterns seen in *Acinetobacter* sp suggest that the number of effective antibiotics may shortly be exhausted (Hanlon, 2005). The ability of *Acinetobacter sp* to resist desiccation and persist on hospital surfaces, materials and medical devices has played a critical role in the emergence of this bacterium as a human pathogen (Villegas and Hartstein, 2003).

1.1. Aims and Objectives

The overall aim of this research is to determine the impact of common biocides on the biofilm formation of clinical strains of *A. baumannii*.

The related objective being:

- 1. To determine the ability of *A. baumannii* strains to form biofilms when utilising a range of carbon sources including alcohols;
- 2. To extract and characterize the EPS generated by biofilm forming strains of *A. baumannii;*
- 3. To determine the Minimum Inhibitory Concentrations (MIC) of a range of biocides against clinical strains of *A. baumannii*;
- 4. To determine the Minimum Biocidal Concentrations (MBC) of a range of biocides against planktonic cells and biofilms of clinical strains of *A. baumannii*;
- 5. To determine whether or not *A. baumannii* strains are able to form biofilms in the presence of biocides;
- 6. To evaluate the antimicrobial efficacy of range of wound dressings against a variety of Gram-positive and Gram-negative wound pathogens.

2 Literature Review

2.1 Acinetobacter

2.1.1 The Genus Acinetobacter

In 1911 Beijerinck a Dutch Microbiologist, first isolated Acinetobacter sp from soil using a minimal media enriched with calcium acetate. Originally described as Micrococcus calcoaceticus, the genus Acinetobacter (from Greek word "akinetos", means non-motile) was proposed some 43 years later by Brisou and Prevot (Brisou and Prevot, 1954) to differentiate it from the motile organisms within the Genus Achromobacter. By 1968 the genus Acinetobacter was widely accepted after Baumann et al (Howard et al. 2012) published a comprehensive study of *Mirococcuscalco-aceticus*, *Alcaligenes hemolysans*, *Mima polymorpha*, Moraxella lwoffi, Herellea vaginicola and Bacterium anitratum, which concluded that they belonged to single genus and could not be further sub-classified (Howard et al., 2012, Lessel, 1971). Later, in 1971 the sub-committee on the taxonomy of Moraxella and Allied Bacteria officially acknowledged the genus Acinetobacter based on the results of Baumann's 1968 publication (Lessel, 1971). *Acinetobacter* may be easily identified presumptively to the genus level (Table 1) (Peleg et al. 2008) however; the organisms are often difficult to de-stain and, as such, are often incorrectly identified as Gram-positive (Howard et al. 2012). There is also a lack of a definitive metabolic test to distinguish Acinetobacter from other non-fermentating Gram-negative bacteria (Peleg et al., 2008). A widely used method to identify to the genus level relies on the ability of the mutant *A. baylyi* strain BD413 trpE27 to be transformed by the crude DNA of any Acinetobacter sp to a wild type phenotype (the transformation assay of Juni;) (Juni,1972).

2.1.2 Acinetobacter Species

For species level identification, the 28 available phenotype tests have proven to be 95.6% effective in identifying human skin-derived *Acinetobacter* (Seifert *et al.* 1997). However, phenotypic tests alone have proven to be ineffective in identifying more recently discovered genomic strains of *Acinetobacter* (Peleg *et al.* 2008). More advanced molecular diagnostic methods have been developed for the identification to the species level, these include: amplified 16S rRNA gene restriction analysis, high resolution fingerprints analysis by the amplified fragment length polymorphism, ribotyping, tRNA spacer fingerprinting, restriction analysis of the 16S-23S rRNA intergenic spacer sequences, sequence analysis of 16S-23S rRNA gene and its

flanking spacers (Howard *et al.* 2012). DNA/DNA hybridisation studies have revealed that the genus now consists of 27 species and nine generic sub species (Di Nocera *et al.* 2011). The four species of *Acinetobacter (A. baumannii, A. calcoaceticus A.* genomic species 3 and *Acinetobacter* genomic species 13TU) are difficult to distinguish phenotypically and therefore are often referred to as the *A. calcoaceticus* complex (Howard *et al.* 2012). This nomenclature can be misleading as the environmental species *A. calcoaceticus* has not been implicated in disease, while the other three species in the complex have being implicated in both communities acquired and nosocomial infections (Peleg *et al.* 2008).

Characteristic	
Gram reaction	-ve
Metabolism	Strictly aerobic
Fermentation	None
Motile	No
Pigmented	No
Oxidase	-ve
Catalase	+ve
Fastidious	No
DNA G+C content	39-47%
Morphology	coccobacilli
Growth pattern	Diploid/chains

Table 1. Characteristics of the Genus Acinetobacter (Peleg et al. 2008).

2.1.3 Distribution of Acinetobacter sp.

Acinetobacter baumannii has been recovered from soil, water, animals and humans (Paterson, 2006). On the basis of ecology, epidemiology and antibiotic phenotype of different isolates, Towner proposed three major *Acinetobacter* populations (Towner, 2009, Howard *et al.* 2012).

The first one consisting of *A. baumannii* and closely related members of the *A. baumannii* complex is represented by the strains isolated from hospitalised patients, medical environments, associated equipment's and medical personnel. Many of these isolates are resistant to multiple antibiotics; although strains such as the clinical isolate ATCC 19606^T and ATCC 17978 remain sensitive. The second population include strains found on human and animal skin flora and those associated with food spoilage, members of this group include *A. johnsonii, A. lwoffii,* and *A. radio-resistens.* The last group consists of antibiotic-sensitive isolates obtained from environmental sources such as soil and wastewater and include *A. calcoaceticus* and *A. johnsonii.* Although most members of the last two groups are antibiotics sensitive, some isolates of *A. radio-resistens, A. calcoaceticus and A. johnsonii* have been found to be resistant to carbapenemase (Figueiredo *et al.* 2011).

2.2 Acinetobacter Infections

A. baumannii has become an increasingly important human pathogen, associated with infections acquired in hospitals, long term care facilities, in the community and in wounded military personnel (Sebeny et al. 2008, Anstey et al. 2002, Leung et al. 2006b, Scott et al. 2007, Sengstock et al., 2010, McConnell et al. 2012). In health care settings, it has become more difficult to treat Acinetobacter infections, because of their resistance to major groups of antimicrobial agents (Carling and Bartley, 2010, Kramer et al. 2006, Wagenvoort et al. 2011). *A. baumannii* infections are found across a wide range of anatomical regions and with varying severity and patient outcomes (Gordon and Wareham, 2010). There have been differences in opinion relating to the actual clinical impact of infection and associated impacts on patient mortality. Whilst most studies suggest that Acinetobacter infections results in detrimental effect on patient outcome, other studies have implied little or no impact (Grupper et al.2007, Wu et al., 2007, Sunenshine et al. 2007, Jang et al. 2009, Scott et al. 2007). One reason for this confusion is that the Acinetobacter isolates have only been identified to genus level, with many referring to infection with A. calcoaceticus-baumannii complex which could conceivably indicate colonization with the environmental species A. calcoaceticus coupled with a polymicrobial infection, rather than a mono-microbial infection with a virulent *Acinetobacter* species such as MDR Acinetobacter (Scott et al. 2007).

The most common types of infection caused by *A. baumannii* includes, but are not limited to pneumonia (both hospital and community-acquired), bacteraemia, skin and soft tissue infection, endocarditis, meningitis and urinary tract infections. Most of the cases are thought

to be acquired following exposure to *A. baumannii* that persists on contaminated hospital equipment or by contact with healthcare personnel that have been exposed through contact with colonized patients (Rodríguez-Baño *et al.* 2009, Maragakis *et al.* 2004, Crnich *et al.* 2005, Dijkshoorn *et al.* 2007, Asensio *et al.* 2008).

Hospital acquired pneumonia represents the most common clinical *A. baumannii* infection, generally associated with mechanical ventilation in the intensive care settings. It is thought that ventilators-associated pneumonia caused by *A. baumannii* results from the colonization of the airway via environmental exposure, followed by development of pneumonia (Dijkshoorn *et al.* 2007). It has been reported that 40% to 70% mortality rate is related to the ventilators-associated *Acinetobacter* pneumonia (Garnacho *et al.* 2003), however the mortality directly attributable to *A. baumannii* has been the subject of controversy (Falagas and Rafailidis, 2007, Abbo *et al.* 2007, Falagas *et al.* 2006, Lee *et al.* 2007). Community-acquired *A. baumannii* pneumonia is a less frequent infection with a 40% to 60% mortality rate (Leung *et al.* 2006a, Chen *et al.* 2001) often associated with underlying host factors such as alcohol abuse or chronic obstructive pulmonary disease (McConnell *et al.* 2012).

A. baumannii is also a common cause of bloodstream infections in the intensive care settings (Wisplinghoff et al. 2004) associated with the lower respiratory tract infections and intravascular devices (Jang et al. 2009, Jung et al. 2010). Risk factors associated with A. *baumannii* bloodstream infections included; immunosuppression, previous antibiotic therapy, ventilator use associated with respiratory failure, colonization with A. baumannii and invasive procedures (Jang et al. 2009, Jung et al. 2010). Crude mortality rates for A. baumannii bloodstream infections have been reported to be between 28% and 43% (Seifert et al. 1995). The emergence of drug resistance has contributed significantly to the burden presented by A. baumannii blood stream infection. A UK retrospective study (1998-2006) identified an increase in carbapenem resistance from 0% in 1998 to 55% in 2006 in A. baumannii isolates causing bacteraemia (Wareham et al. 2008). A. baumannii bacteraemia also has an associated economic burden, for example bacteraemia caused by MDR A. baumannii strains generated \$3758 additional medical cost and 13.4 additional days of hospitalization per patient compared with none MDR strains in a tertiary care hospital in Taiwan (Lee et al. 2007). A. *baumannii* is an important cause of burn infections, although it can be difficult to differentiate between colonization of burn sites and infection. Because of the poor penetration of some antibiotics into burns and the high rates of multi drug resistance, these infections can be

extremely challenging for clinicians (Chim *et al.* 2007, Keen Iii *et al.* 2010, Keen *et al.* 2010, Albrecht *et al.* 2006).

A. baumannii is also responsible for meningitis, with the majority of cases occurring in patients recovering from neurosurgical procedures (Katragkou *et al.* 2006, Ng *et al.* 2006, Ho *et al.* 2007, Huttova *et al.* 2007, Metan *et al.* 2007, Paramythiotou *et al.* 2007, Sasar *et al.* 2007, Guardado *et al.* 2008, Krol *et al.* 2009, Cascio *et al.* 2010), however rare cases of community-acquired *A. baumannii* meningitis have been reported (Chang *et al.* 2000, Taziarova *et al.* 2007, Lowman *et al.* 2008, Ozaki *et al.* 2009). The clinical features of *A. baumannii* meningitis are similar to other bacterial meningitis, i.e. fever, altered consciousness, headache, and seizure (Rodri 2008). The mortality rates associated with *A. baumannii* meningitis are difficult to estimate due to the limited number of studies available and the lack of adequately sized study populations, however one retrospective study identified 51 cases of postsurgical *A. baumannii* meningitis in two tertiary care hospitals between 1990 and 2000 (Guardado *et al.* 2008). These cases represented 10.9% of all meningitis cases at these intuitions and had a crude mortality of 33%, other authors have reported much higher (71%) crude mortality (Metan *et al.* 2007) after evaluating the postsurgical *A. baumannii* meningitis in 28 patients.

2.2.1 **Outbreaks/clone involved**

A. baumannii has been associated with a number of global outbreaks with the emergence of a number of epidemic strains. Three major epidemic European clones Clone I, Clone II and Clone III been recognised. Clone I and Clone II were responsible for the outbreaks in hospitals of countries of North Western Europe. Clone I has also been isolated from Italy, Poland, Czech republic, South Africa and Spain, whereas Clone II was isolated from France, Greece, Turkey, South Africa, Spain and Portugal. Clone III was isolated from Italy, Spain, France and Netherlands. The latter data suggest that these clones are being virulent and MDR, responsible for outbreaks that are difficult to control and therefore becoming endemic in hospitals (Van Dessel *et al.* 2004).

2.2.2 Military experience

A. baumannii is also a major cause of burn infections in military personnel, and in some cases it has been identified as the most common cause of burn site infection (22%), with 53% of isolates being MDR (Keen *et al.* 2010, Keen Iii *et al.* 2010). Since the onset of conflict in Iraq and Afghanistan, a high of infection associated with MDR *A. baumannii-calcoaceticus* complex has also been reported amongst non-US military casualties evacuated to tertiary medical

centres (O'Shea, 2012). In UK MDR A. baumannii infections amongst British personnel returning from operational combat theatres was first reported following the survey of 30 hospitals that had received patients directly from Iraq between March and October 2003 (Jones et al. 2006). While 11 (37%) of the receiving hospitals reported the presence of MDR A. baumannii infections, their origins pre-dated the admission of military patients. However, several other strains of *A. baumannii* both outbreak and sporadic, had been isolated from patients evacuated from Iraq and were proving a persistent problem. From the onset of the conflict in Iraq in April 2003 and over the following 18 months, A. baumannii was isolated from 27 casualties evacuated from Gulf region and admitted to the military medical facility in Birmingham. Out of these 27 patients, 23 were military personnel and the rest of them were civilians (Jones et al. 2006). A. baumannii isolated from personnel associated with Iraq were PFGE typed and identified as a prominent strain, the T strain, first isolated in May 2003, which was different to the major circulating UK clones [South east (SE) clone, OXA-23 clone I and OXA-23 clone II]. The T strain isolated was MDR, susceptible to amikacin and tobramycin, but generally resistant to ampicillian, amoxicillin/clavulanic acid, gentamycin, ceftazidime, chloramphenicol, ciprofloxacin, cefotaxime, nitrofurantoin and trimethoprim.

Whilst the original T strain isolates were carbapenem-susceptible, they possessed the gene for an OXA-51 like carbapenemase and since April 2005 some members of the T strain clone have been found to be carbapenem-resistant due to activation of the *bla*_{0XA-51}.gene by ISA*ba*1 (Turton et al. 2006b). In a further analysis, a comparison of PFGE profiling of A. baumannii isolates from US and British Iraq causalities revealed that 25 British isolates includes representatives of the T strain, the OXA-23 clone II, and comparatively minor outbreak strain (Turton et al. 2006a). The 15 representative isolates of A. baumannii, isolated from inpatients at WRAMC, LRMC and US army field hospital in Baghdad included representatives of the T strain, OXA-23 clone II and the minor outbreak strain. The lack of the integrase gene in the rest of the nine US isolates indicated their sporadic origin. Both US and UK isolates were distinct from the most prevalent strains of A. baumannii, in hospitals in UK, namely representatives of the SE clone and OXA-23 clone I (Turton et al. 2004). Moreover, US personnel coming back from the Iraq war have shown the presence of multi-drug resistance A. baumannii. A. baumannii is also responsible for the multi-facility outbreaks described in France and USA, probably as a result of the transfer of colonised and infected patients from one facility to another (O'Shea, 2012).

A retrospective study investigated Canadian forces soldiers critically injured in Afghanistan requiring mechanical ventilation and repatriation to Canadian hospitals (Tien *et al.* 2007). Between January 2006 and September 2007, six Canadian soldiers were admitted to field hospital in Kandahar after significant combat-related traumatic injuries requiring mechanical ventilation; these soldiers were evacuated from Afghanistan through LRMC to five different Canadian hospitals, four of them developed MDR *A. baumannii* VAP *A. baumannii* isolated from Canadian hospitals and from LRMC were found identical antibiotic susceptibility after typed by PFGE (Tien *et al.* 2007). Furthermore, a variety of environmental samples collected from in and around the field hospital in Kandahar, including soil samples and those from critical care areas (ICUs and operation room) in late 2005 were analysed. *A. baumannii* was not isolated from any of the environmental samples except from a ventilator air intake filter sample; the isolate was identical to the MDR *A. baumannii* isolated from all four patients in LRMC and Canada.

2.2.3 UK Acinetobacter spp. bacteraemia statistics

In the years between 2008-12, the incidence of *Acinetobacter* spp. bacteraemia fell by 33% from 1.8-1.2 per 100,000 populations (Figure 2.1). Total number of bacteraemia reported in the UK increased by 1% and Acinetobacter sp accounted 0.6% of mono-microbial blood stream infection in 2011 making it the 20th most commonly reported mono-microbial blood stream infection causing organism (HPA, 2013). However, in 2012 the Acinetobacter spp. bacteraemia cases reduced from 1026 to 710 reports, which is the lowest number of reports in one year over a decade. In fact this is the first year that less than 25% of *Acinetobacter* spp. bacteraemia were identified as A. calcoaceticus/baumannii, having decreased each year since 2008. However the Acinetobacter sp reported as A. lwoffii have increased each year since (27-37% in 2008-12). The incidence of *Acinetobacter* spp. bacteraemia was higher in males than females across all the age groups, and the 75 and over were the most vulnerable, closely followed by the infections in children <1 year of age (Figure 2.2). The overall rate of infection in England, Wales and Northern Ireland was 1.2 per 100,000 populations in 2012, with Northern Ireland having the highest reported incidence with 1.5 per 100,000 populations, followed by England (1.3) and Wales (0.3). Within England there were wide variations in reports from 0.8/100,000 in the North East region to 2.1/100,000 in the London region (Figure 2.3) (HPA, 2013).



Figure 2.1. *Acinetobacter sp* bacteraemia rates per 100,000 populations (England, Wales and Northern Ireland 2008-2012).



Figure2.2.*Acinetobacter sp* bacteraemia age and sex rates per 100,000 populations (England, Wales and Northern Ireland 2008-2012)(HPA, 2013).



Figure 2.3. Geographic distribution of *Acinetobacter sp* bacteraemia rates per 100,000 populations (England, Wales and Northern Ireland 2008-2012).

2.2.4 Antimicrobial Resistance

The emergence of multi-antibiotic resistant *A. baumannii* strains has been attributed not only to its ability to rapidly develop resistance mechanisms but also to the fact that it is well suited to genetic exchange.

Therefore *Acinetobacter* belongs to a unique group of Gram negative bacteria characterised as "naturally transformable" (Perez *et al.* 2007). *Acinetobacter* have been reported to be resistant to β -lactams (Corvec et al., 2003, Fournier et al., 2006, Iacono et al., 2008, Perez *et al.* 2007, Ruzin *et al.* 2007), aminoglycosides, quinolones (Vila *et al.* 1995; Vila *et al.* 1997; Robicsek *et al.* 2005), tetracyclines (Perez et al., 2007, Ruzin et al., 2007), and polymyxins (Corvec et al., 2003, Fournier et al., 2006, Iacono et al., 2007), and polymyxins (Corvec et al., 2003, Fournier et al., 2006, Iacono et al., 2008, Perez et al., 2007, Giamarellou, 2007). Despite the environmental distribution of *Acinetobacter spp* in nature, MDR resistant *Acinetobacter* has no habitat other than hospital environment (Espinal *et al.* 2011).

MDR *A. baumannii* has been reported from different hospitals in Europe, USA, Japan, China, Hong Kong and Korea (McConnell *et al.* 2012). The surveillance data obtained by British Society for Antimicrobial Chemotherapy (BSAC) revealed the increasing resistance trends since 2002 in *A. baumannii*, with >30% of bacteraemic isolates in 2005 being resistant to piperacillin/tazobactam, gentamicin and with non-bacteraemic isolates being even more resistant (British Society for Antimicrobial Chemotherapy, 2007). MDR clones of *A. baumannii* have been isolated from 24 hospitals in the UK (Mostly in London area), which are resistant to piperacillin/tazobactam, gentamicin, ampicillin, piperacillin, ceftazidime, cefotaxime and ciprofloxacin, with most isolates also resistant to carbapenem (Turton *et al.* 2006b). The resistance of 226 strains found in the MYSTIC (Meropenem Yearly Susceptibility Test Information) collection when tested against carbapenems and comparators revealed that meropenem was the most active compound (76.1% susceptibility), followed by imipenem (74.7%) > gentamicin (51.9%) > ciprofloxacin (40.5%) >piperacillin/tazobactam (39.8%) > ceftazidime (38.1%) (Turton *et al.* 2006a).

A variety of risk factors have been associated with MRD *A. baumannii* infections (Falagas and Kopterides, 2006, Carbonne *et al.* 2005). According to a multivariate analysis of a 20 casecontrol study by Falagas and Kopterides (2006), antibiotics use was the most common risk factor identified in >50% of cases. Third generation cephalosporins and carbapenems were the most commonly implicated antibiotics, followed by fluroquinolones, amino-glycoscides and metronidazole. However, Landman *et al* (Landman et al., 2002), found that the use of cephalosporins plus aztreonam, but no other antibiotics, was associate with the presence of MRD *A. baumannii*. Other risk factors include stays in ICU, length of ICU and hospital stay, gender, severity of illness and therapeutic interventions such as hydrotherapy, tracheostomy, transfusions, and placement of arterial and central venous catheters, Foley catheters, etc (D'Agata et al., 2000, Navon-Venezia et al., 2005, Falagas et al., 2006).

The ability of *A. baumannii* to acquire antibiotic resistance mechanism helps this organism to grow and persist in the hospital environment which resulted in the emergence of global MDR strains especially the alarming reports describes infections caused by pan drug-resistant strains with resistance to all clinically used antibiotics (Taccone et al., 2006, Valencia et al. 2009). These MDR strains proved to be challenge for the clinicians treating these infections and necessitate the development of novel strategies for preventing and treating infections caused by these strains. There are number of reviews which provide the comprehensive information on antibiotics resistance mechanism and clinical aspects of A. baumannii (Chopra et al., 2008, Peleg et al. 2008, Vila and Pachón, 2008, Gordon and Wareham, 2010, Fishbain and Peleg, 2010). The major reported resistance mechanism are summarise in Table. 2.2. A. baumannii have shown the remarkable capacity of acquire and rearrange genetic determinants that play a critical in pathobiology, the first that kind of report explaining the acquisition of genetic characteristics is the acquisition of the 86-kb AbaR1 resistance island, the acquisition of this island, which includes 45 resistance genes as well genetic traits coding for DNA mobilization functions could be explained by horizontal gene transfer from unrelated sources (Fournier et al. 2006). Another A. baumannii strains i.e. European Clone II strain ACICU harbour the AbaR2 resistance island (Iacono et al. 2008). More recently, a comparative study on genome wide analysis of ACICU and three strains belonging to A, B and C types determined by pulse field gel electrophoresis isolated during an outbreak at the National Institute of Health Clinical Centre. Snitkin et al (Snitkin et al. 2011), reported that the AbaR1 resistance island responsible for the antimicrobial resistance. This report also revealed that A. baumannii has the ability to adapt to hospital environments not only by horizontal acquiring genetic traits responsible for the evolution of non-MRD ancestors into MRD outbreaks strains, but also by rearranging pre-existing genes. A. baumannii strains has the ability to shuffle, add and or delete genes which are responsible for the coding for important virulence factors, specially cell surface proteins and O-antigens and the expression of the functions needed to acquire essential nutrients such as iron (Snitkin et al. 2011).

Drug Class	Resistance mechanism	Examples
B-lactams	Inactivating enzymes	β-Lactamases (AmpC, TEM, VEB, PER,CTX-M, SHV)
		Carbapenemases (OXA-23, -40, -51, -143-like, VIM,
		IMP, NDM-1, -2).
	Decreased outer	CarO, 33-36kDa protein, OprD-like protein
	membrane protein	
	expression	
		PBP2
	Altered penicillin-binding	
	protein expression	
		AdeABC
	Efflux pumps	
Fluoroquinolones	Target modification	Mutations in gyrA and parC
	Efflux pumps	AdeABC, AdeM
Aminoglycosides	Aminoglycoside modifying	AAC, ANT, APH
	enzymes	
	Efflux pumps	AdeABC, AdeM
	Ribosomal methylation	ArmA
Tetracyclines	Efflux pumps	AdeABC, TetA, TetB
	Ribosomal protection	TetM
Glycylcylines	Efflux pumps	AdeABC
Polymyxins	Target modification	Mutation in the PmrA/B two components system
(Colistin)		(LPS modification), mutation in LPS biosynthesis
		genes.



These finding suggest that non-MDR strains may serve as a source of antigenic variants that could play a critical role in the diversification and emergence of MDR *A. baumannii* clinical isolates, Imperi and his colleagues (Imperi *et al.* 2011), findings supported that report, they found that *A. baumannii* has relatively small sized core genome and a rather large accessory genome that hosts numerous antibiotic resistance and virulence determinants and is possible could be acquired by horizontal gene transfer process. A. *baumannii* also possess an intrinsic class D oxacillinase belonging to the OXA-51-like group of enzymes responsible for over 40 sequence variants (Alsultan *et al.* 2009), that gene helps the bacteria to hydrolyse penicillin's (ampicillin, ticarcillin, benzylpencillin and peperacillin) and carbapenems (imipenem and meropenm), but do so only weakly (Peleg *et al.* 2008). A significant contribution to lactam resistance by OXA-51 like enzymes therefore requires the presence of an insertion element ISAbal upstream of the gene, which act as a strong transcriptional promoter (Turton *et al.* 2006a). The most common enzymatic mode of carbapenem resistance is the production of oxacillinases encoded by genes of the blaOXA-23, blaOXA-40 and blaOXA-58 like lineage.

In Europe the spread of MDR *A. baumannii* not restricted to hospitals in cities but also occurs on a national scale, mostly through inter-hospital patient transfer's e.g the spread of Southeast

clone and the OXA-23 Clones I and II in southeast England (Coelho et al. 2006). International transfer of colonised patients has led to the introduction and subsequent epidemic spread of MRD A. baumannii strains from southern into northern European countries such as Belgium and Germany (Schulte et al. 2005). In a surveillance data (MYSTIC), from48 European hospitals from 2002-04, just 69.8% A. baumannii were susceptible to imipenem 73.1% susceptible to meropenem, however susceptibility to other antibiotics was very low i.e ceftazidime (32.4%), ciprofloxacin (34%) and gentamicin (47.6%) (Unal and Garcia-Rodriguez, 2005). There is also a long history of *A. baumannii* outbreaks in USA, outbreaks of carbapenem resistant A. baumannii were observed in New York city in 1991 and 1992 (Go et al. 1994). In recent years, the industry supported surveillance data includes isolates of A. *baumannii* collected between 2004-05 from 76 centres throughout the USA revealed that only 60.2% were susceptible to imipenem (Halstead et al. 2007). The outbreaks of A. baumannii also reported in Asia and Middle Eastern hospitals, rates of non-susceptibility (Anti-microbial surveillance program 2001-04) increased 25% for impienem and meropenem, 40% for cefepime and ceftazidime, 40% for ampicillin sulbactam, 35% for amikacin and 45% for ciprofloxacin(Gales et al. 2006).

2.2.5 Mechanisms of resistance

Acinetobacter sp show a wide range of antibiotic resistance mechanisms including:

- β -lactamase activity;
- alterations in outer membrane proteins (OMPs) (porins);
- alteration of penicillin-binding proteins (PBPs);
- increased activity of efflux pumps. (Corvec *et al*. 2003, Fournier *et al*. 2006, Iacono et al., 2008, Perez *et al*. 2007, Ruzin *et al*. 2007).

2.2.5.1 β-lactamase activity

I. Class A β-lactamases

Although TEM-1 β-lactamase is known to occur in *A. baumannii*, class A extended spectrum βlactamases (ESBLs) have been reported recently (Vila et al., 1993, Poirel et al., 2005), *A. baumannii* strains having PER-1, an ESBL demonstrate high level resistance to penicillins and extended spectrum cephalosporins and been reported in the organism responsible for outbreaks in France, Belgium and Bolivia hospitals (Celenza *et al.* 2006, Naas *et al.* 2006, Poirel *et al.* 2005) it has also been reported in USA (Hujer *et al.* 2006). *A. baumannii*, CTX-M-2 an ESBL characterised by enhanced hydrolysis of cefotaxime and ceftriaxone.

II. Class B β-lactamases

The increase in the number of metallo-beta-lactamases (MBLs) in *A. baumannii* results in the global emergence of resistance to β -lactams (Walsh, 2005, Walsh *et al.* 2005). These are Class B β -lactamases has the ability to hydrolyse carbapenems as well as every other beta-lactam antibiotic with the exception of aztreonam. They differ from Class A and D carbapenemases by having a metal ion in the active site, usually zinc which helps in catalysis (Walsh *et al.* 2005).

III. Class C β-lactamases

Acinetobacter sp, like other Gram negative organisms have a chromosomally encoded class C beta-lactamase. According to recent phylogenetic analysis chromosomal *ampC* genes in *Acinetobacter spp*, likely descend from a common β -lactamases gene ancestor and are more closely related to each other than to *ampC* genes present in other species of bacteria, it is proposed that these represent a distinct family of β -lactamases, the *Acinetobacter-derived cephalosporinases* (ADCs) (Hujer *et al.* 2005). The *bla* genes code for class C cephalosporinases that hydrolyse penicillins and narrow and extended spectrum cephalosporins, but not cefepime or carbapenems. Thus many clinical isolates of *A. baumannii* are resistant to ceftazidime (Hujer *et al.* 2005).

IV. Class $D\beta$ -lactamases

Class D β -lactamases are usually contains penicillinase (oxacillinases). Some OXAs (OXA ESBLs), are also able to hydrolyse extended spectrum cephalosporinases (Aubert *et al.* 2001, Walther-Rasmussen and Høiby, 2006).

2.2.5.2 Changes in outer membrane proteins (OMPs) and penicillin-binding proteins (PBPs)

The contribution of porins or outer membrane proteins (OMPs) and penicillin-binding proteins PBPs to antibiotics resistance in *A. baumannii* is not fully understood, laboratory studies however revealed the variability in the number of observed OMPs and PBPs (Cuenca *et al.* 2003, Fernández-Cuenca *et al.* 2003). The epidemic MDR *A. baumannii* from New York city revealed the presence of carbapenem resistant isolates with reduced expression of 37-, 44-, and 47kDa OMPs results in the increased expression of class C cephalosporinases (Quale *et al.* 2003), relatively similar results have been reported from Madrid, where there was the loss of 22-kDa and 33-kDa OMPs combined with the production of OXA-24 resulted in the resistance to carbapenems (Bou *et al.* 2000). The resistance of *A. baumannii* to carbapenemsis also explained by reduced expression of PBP-2 as described for isolates from Seville, Spain (Cuenca *et al.* 2003, Fernández-Cuenca *et al.* 2003).

2.2.5.3 Efflux pumps

Efflux pumps are a unique phenomenon in drug resistance, which is a single mechanism resulting in resistance against range of different classes of antibiotics (Perez et al., 2007). These efflux pumps mediate the efflux of compounds toxic to the bacterial cell, including antibiotics, i.e. coupled exchange with protons. Distinct families of efflux pumps found in different *spp* of bacteria namely the major facilitator superfamily, the resistance-nodulationcell division family the multidrug and toxic compounds extrusion superfamily and the small multidrug resistance superfamily. In A. baumannii, the Ade/ABC efflux pump which is a member of resistance-nodulation-cell division family and has been well characterised, aminoglycosides, Ade/ABC efflux tetracyclines, chloramphenicol, pump, pumps fluoroquinolones, cefotaxime, erythromycin and trimethoprim (Magnet et al., 2001). The over expression of Ade/ABC efflux pump results in high level of resistance to carbapenem in conjunction with carbapenem-hydrolysing oxacillinases (Marqué et al., 2005).

2.2.6 Additional Virulence Factors

When compared with other Gram-negative bacteria, relatively few virulence factors have been identified for A. baumannii. The best characterised virulence factor of A. baumannii is OmpA. Evidence that A. baumannii OmpA contributes to virulence was obtained in a random transposon mutagenesis screen where deficient strains were unable to induce apoptosis in a human laryngeal epithelial cell line (Choi et al., 2005). A purified OmpA localised to the mitochondria and induced apoptosis through the release of the proapoptotic molecules cytrochrome C and apoptosis-inducing factor suggesting that this may be one possible pathway by which A. baumannii induces damage to human airways cells during infection. The role of OmpA in adherence and invasion of epithelial cells may also contribute to the spread of A. baumannii during infection, as the bacterial load in the blood of experimental induced A. *baumannii* pneumonia were significantly higher in mice infected with wild type strain than in mice infected with an equal amount of an isogenic OmpA mutant (Choi et al., 2008). The OmpA protein also helps *A. baumannii* persist and grow in human serum as it has been shown that OmpA interacts with soluble inhibitors of the alternative complement pathway and allow the bacteria to avoid complement-mediated killing (Kim et al., 2009). However, OmpA is unlikely to be the one factor that contributes to serum resistance since other A .baumannii strains all with putative OmpA genes, have significantly different capacities for growth and survival in human serum (Antunes et al., 2011b).

A. baumannii have also been shown to secrete OmpA in response to alcohols found in sanitation products (Smith et al., 2004, Edwards et al., 2007a) this may be associated with the emulsifying activity of OmpA, which could be useful in scavenging carbon for growth and survival under low nutrient conditions (Walzer et al., 2006). These bio-emulsifying proteins may also be helpful in bacterial adhesion, quorum sensing and the development of biofilms (Ron and Rosenberg, 2001). Exposure to ethanol also serves as an environmental signal that controls the salt tolerance and increased pathogenicity when tested in *Caenorhaditis elegans* (Smith et al., 2004). The genomic and mutagenic analysis of the strain ATCC 17978 proved that enhanced ethanol mediated virulence response in *Caenorhaditis elegans* worms and *Dictyostelium didcoideum* amoebae are due to the presence of genes located in pathogenicity islands, some of which code for novel gene products (Smith et al., 2007). The latter findings suggest that ethanol could play a global regulatory function; a hypothesis supported by the findings obtained using global RNA-sequencing (Camarena et al., 2010). This study revealed the identification of 49 ethanol-induced genes coding for metabolic functions, stress responses and virulence functions, suggests that ethanol affects the pathobiology of A. baumannii. These findings correlates with the findings of another study which states the presence of ethanol in the clinical settings may have an impact on pathobiology of A. baumannii (Edwards et al., 2007a). According to Leung et al (Leung et al., 2006a), the highly clonal hospital-acquired, multi drug resistant strains of *A. baumannii* existing in the UK appear to be less virulent than drug-sensitive community strains. Therefore, any enhanced effect on virulence due to alcohols used in health care setting may have major clinical implications.

Another virulence factor is lipopolysaccharide (LPS), *A. baumannii* LPS contains a lipid A moiety, the carbohydrate core, and the receptor O-antigen. Recently the role of *A. baumannii* LPS was investigated by Luke *et al* (Luke et al., 2010), who used mutants lacking the LpsB glycotransferase that results in a highly truncated LPS glycoform containing only two carbohydrate residues bound to lipid A. This mutant showed decreased resistance to human serum and decreased survival in a rat model of soft tissue infection compared with the isogenic parent strain, indicating the role for the surface carbohydrate residues of LPS in pathogenesis.

In addition to the LPS, the capsular polysaccharide has also been identified as a virulence factor in *A. baumannii*. The structure of capsular polysaccharide isolated from two clinical isolates revealed that a linear amino polysaccharide consisting of three carbohydrate residues

in one strain and a branched pentasaccharide in the other (Fregolino et al., 2011). Mutants that were deficient for growth in human ascites (peritoneal cavity) fluid because of transposon insertion in the *ptk* or *eps* A gene failed to produce a capsular-positive phenotype and showed decreased growth in both human serum and ascites compared with the wild type counterpart. Additionally, mutant strain (without capsule) cleared after 24 h post-infection in a rat soft tissue infection, whereas the isogenic parental strain persisted with > 10^7 cfu/ml of exudative fluid (Russo et al., 2010); demonstrating that the capsular polysaccharide appears to play an important role in protecting bacteria from the host innate immune response.

Lypolytic enzymes have also been implicated in *A. baumannii* pathogenicity. Lipolytic enzymes e.g phospholipases catalyse the cleavage of phospholipids, these enzymes are thought to contribute the pathogenesis of Gram-negative bacteria by helping in the lysis of host cells via cleavage of phospholipids present in the host cell membrane and by degrading phospholipids present at mucosal barriers to facilitate bacterial invasion. Removal of the two phospholipase D genes present in *A. baumannii* genome results in survival in serum and a reduced capacity for invading epithelial cells (Jacobs et al., 2010).

Iron is abundant in biological systems however; the availability of ferric iron is relatively poor due to its poor solubility under aerobic conditions and its chelation by low molecular weight compounds e.g. heme, and by high iron-binding proteins such as lactoferrin and transferrin. In iron limitation conditions, most of the aerobic bacteria express high affinity iron acquisition system which assist the production, export and uptake of Fe³⁺chelators known as siderophores (McConnell et al., 2012). Some bacteria have the ability to utilize heme or haemoglobin as an iron source and some are able to remove iron from transferrin or lactoferrin (Crosa et al., 2004, Wandersman and Delepelaire, 2004). A. baumannii does not bind transferrin and does not carry genetic determinants coding for the proteins involved in the acquisition of iron from transferrin or lactoferrin (Smith et al., 2007). However, ATCC 19606^T uses heme as an iron source (Zimbler et al., 2009). In strain ATCC 17978 a chromosomal cluster annotated as AIS_1608-AIS_1614, is a polycistronic operon involved in the transport of heme from the periplasm into the cytoplasm (Smith et al., 2007). In a more recent genetic analysis (Antunes et al., 2011b, Eijkelkamp et al., 2011), different A. baumannii strains can use this compound as an iron source suggesting the presence of a heme uptake and utilization system. These observations indicate that the A. baumannii, genome contains genes coding for products devoted to the capture and utilizing of heme, a host product that

could be available at sites where there is an extensive cell and tissue damage (Brachelente et al., 2007, Charnot-Katsikas et al., 2009, Corradino et al., 2010), or in severely injured patients (Peleg et al., 2008).

A. baumannii may also require ferrous iron, available under low-oxygen conditions, because fully sequenced and annotated genomes show the presence of genes coding for Fe (II) transport systems (Antunes et al., 2011a), the functions of which remains to be tested. A. baumannii also have the ability to form siderophores, the best characterised system is that mediated by the siderophores acinetobactin, initially described in the ATCC 19606^T strain and has a highly related molecular structure to anguibactin, which is a high affinity iron chelator produced by Vibrio anguillarum 775 (Fish pathogen) (Yamamoto et al., 1994, Yamamoto et al., 1999, Dorsey et al., 2004, Mihara et al., 2004). The only difference in these two siderophores is that anguibactin has a thiazoline group derived from cysteine, while acinetobactin contains oxazoline ring derived from threonine. In spite of this difference, the siderophores which are produced by these two different bacterial pathogens found in environments are also functionally related (Dorsey et al., 2004). The recent genomic analysis revealed that A. baumannii could contain more than one locus involved in siderophores biosynthesis (Eijkelkamp et al., 2011, Antunes et al., 2011a). In short, the available experimental and in *silico* observation indicate that *A. baumannii* can acquire iron either by using heme as an iron source or by capturing the metal with acinetobactin and/or more additional siderophoresmediated systems.

However, many of the environmental and physiological factors affecting the virulence phenotype of *A. baumannii* are unidentified and uncharacterized. Some *Acinetobacter* mutants harbour mutations impairing the expression of ABC transporters, an uncharacterised urease activity, and transcriptional regulators. Recently, it was reported that *A. baumannii* also sense and respond to the light an unexpected observation considering that of *A. baumannii* is non-photosynthetic microorganism (Mussi et al., 2010). In addition, these observations lead to the hypothesis that the outcome of certain infections, such as surface exposed wound infections could depend on the exposure of bacteria to the light and temperature lower than 37°C.

2.3 Healthcare Associated Infections (HAI)

Generally speaking the pathogens that cause Healthcare associated infections (HAI) have two specific properties i.e. not only do they cause disease but they also persist in hospital environments for long periods (Dancer, 1999, Kramer et al., 2006), e.g. methicillin-resistant

Staphylococcus aureus (MRSA), *Acinetobacter* and vancomycin-resistant *enterococci* (Carling and Bartley, 2010, Kramer et al., 2006, Wagenvoort et al., 2011). Viruses such as novovirus and influenza, and fungi such as *Candida albicans*, also persist in hospitals for several weeks (Kramer et al., 2006). Gram-negative coliforms, e.g. *E.coli* and *Klebsiella sp*, are less robust but survive on dry, as well as wet surfaces, although this tend to be for shorter periods of time than *Acinetobacter* (Kramer et al., 2006).

Despite the ubiquity of *Acinetobacter* spp in nature, multidrug resistant *Acinetobacter* has no particular habitat other than hospital environment. Acinetobacter has the ability to survive on dry, inanimate surfaces, acquire resistance genes and tolerate biocides and antibiotics, A. *baumannii* is capable of spreading within health care facilities and its impact in combat zones and natural disaster areas throughout the world is increasingly evident. Since A. baumannii has the ability to grow on fingertips and inanimate objects such as glass, and plastic surfaces, even after exposure to dry conditions, during extended period of time and its ability to form biofilm it shows much resistance to antimicrobial stressors, antibiotics or cleaning Products (Espinal et al., 2011). The emergence of pathogenic Acinetobacter infections in military personnel sustaining injuries during Iraq and Afghanistan conflicts have provided an important contribution to the epidemiology of infections with Acinetobacter spp (O'Shea, 2012). Pseudomonas aeruginosa is one of the most of important nosocomial pathogens, especially in intensive care units (ICUs) (Henrichfreise et al., 2007). Pseudomonas aeruginosa is one of the most difficult organisms to treat because of intrinsic and acquired antibiotic resistance. In Europe, *P. aeruginosa* was found to be the third most common isolate from nosocomial infections in (ICUs) (Henrichfreise et al., 2007).

2.3.1 **Contamination of Surfaces in Healthcare Environments**

Environmental screening has demonstrated that pathogens can survive on a variety of hospital surfaces (Getchell-White et al., 1989, Bhalla et al., 2004, Lemmen et al., 2004, Dancer et al., 2008, Kaatz et al., 1988, Wu et al., 2005, Kerr and Snelling, 2009). They can attached to droplets, skin scales or dust partials which may be intermittently dispersed through the atmosphere, ultimately settling on floors and other surfaces (Kramer et al., 2006). These include general surfaces such as shelves, and ledges, curtain, linen and cloths, telephone, computers, furniture and all items of clinical equipment, but some pathogens such as *Pseudomonas spp*, persist in damp places such as showers, baths and sinks, others e.g *C. difficile* and VRE, contaminate toilet areas or commodes (Lemmen et al., 2004, Kerr and

Snelling, 2009, Alfa et al., 2008, Noble et al., 1998). Dust associated microbes such as *Acinetobacter* spp. and MRSA settle on rarely cleaned or inaccessible surfaces, such as shelves, highly place equipment and computer keyboards, while coliforms such as *Klebsiella* and *Serratia sp.* are spread through air currents especially in hot dry summers (Dancer, 1999). Some items, e.g. lockers, sheets, beds and patient tables tend to host pathogens more frequently than others (Dancer et al., 2008, Malnick et al., 2008). This may be due to patients shedding from colonised sites, proper cleaning and/or frequent handling, but that will increase the risk of the infection for all the patients, especially patients with weak immune system, or those receiving antibiotics, in dwelling devices and/or surgery. The greatest infection risk for patients comes from surfaces beside or on beds (Bhalla et al., 2004, Dancer et al., 2008, Dancer et al., 2009, Wilcox et al., 2003). Furthermore, there are a number of studies that have an increased risk of acquiring a specific pathogen if a patient is admitted into a room previously occupied by a patient colonised or infected with the same organism (Carling and Bartley, 2010, Huang et al., 2006, Shaughnessy et al., 2011, Wilks et al., 2006).

The ability of *A. baumannii* to resist desiccation and persist on hospital surfaces, materials and medical devices has played a critical role in the emergence of this bacteria as a HAI (Villegas and Hartstein, 2003). *A. baumannii* has the ability to survive several days on dry surfaces and inanimate objects in hospitals, attached to the body parts of patients and can also survive on dust particles in dry conditions (Bergogne-Berezin and Towner, 1996, Davis et al., 2005). *Acinetobacter* has also be found on ventilators, mattresses, pillows, suctioning equipment, humidifiers, bed rails, bedsides, container of distilled water, nutrition equipment's, urine collection jugs, intravenous, portable water, reusable arterial pressure transducers, the nodes of electrocardiographs, wash basins, sinks, infusion pumps, hygroscopic bandages, showers, stainless-steel trolleys, resuscitation equipment and tables, portable radiology devices, bed linen, soap dispensers, spirometers, temperature probes and soap dispensers (Paterson, 2006).

2.3.2 Biofilms

It is difficult to describe biofilms briefly, as they have many characteristics and mechanisms, ecologies, physiological and genetic heterogeneities, resistance to disinfectants, sanitizers and antimicrobials (Bales et al., 2013). Biofilms are defined as highly self-organized, three-dimensional structure D community enclosed in a polymeric matrix or exopolymeric substances (EPS), constituting a protective mechanism to survive in harsh environments and

during host infection (Espinal et al., 2011, Jahid and Ha, 2012). Biofilms are composed of microorganisms attached to either each other, to living or non-biotic surfaces and may be embedded within a complex matrix of polysaccharides, proteins, nucleic acids and glycoproteins (Donlan and Costerton, 2002).

For the effective eradication of microorganisms within a biofilm, higher concentrations of antimicrobial agent are often required when compared to their planktonic or free floating non- biofilm counterparts (Thomas et al., 2011), and often the antimicrobial concentrations required for the removal can be 100-fold of that required for removal microorganisms in the planktonic state (Rasmussen and Givskov, 2006). In the context of human health 80% of infections are suggested to be biofilm related (Davies, 2003, Blackwell, 2005). For example in chronic wounds, e.g. diabetic foot ulcers, pressure ulcers and venous leg ulcers biofilms are a central part of the evolution of the infection (James et al., 2007). The effective and efficient use of medical devices such as catheters, artificial valves etc. are often compromised by the formation of biofilms (Strelkova et al., 2012).

2.3.2.1 Biofilm Formation

Biofilm formation is not a single step process, it is a stepwise, dynamic process and different physical, chemical, genetic and biological processes are involved in the maturation of biofilm. Although it is not clear but more or less five to six steps are involved in biofilms formation (Jahid and Ha, 2012). These steps are:

- reversible attachment to a produce surface;
- irreversible attachment through producing quorum sensing ;
- EPS production;
- micro-colony formation;
- colonization or maturation step;
- dispersal.

2.3.2.2 Attachment

There are few genetic mechanisms known to be involved in the attachment steps to produce biofilm however, several studies have suggested that the bacterial cellular surface charge, surface hydrophobicity, produce hydrophobicity, van der Waals forces and electrostatic forces, simultaneously interact and adhere to the surface (Palmer et al., 2007, Ukuku and Fett, 2006). However, different environmental conditions triggers diverse pathways to which help the bacterial colonization. In general, force-generating movements might be required to form attachments to produce (Jahid and Ha, 2012). The attachment also depends on the pathogenic and nutritional conditions of the host, hydrophobicity, cell surface charge and even bacteria to bacteria interactions (Ukuku and Fett, 2002).

2.3.2.3 Quorum-sensing (QS) signal

Bacteria initiating biofilm formation express a range of molecules which allow cell to cell communicate and coordination, a process known as Quorum-Sensing (QS) (Sperandio et al., 2003). There are four identified QS system. Of these, Gram negative bacteria have autoinducer-1 (AI-1) that secretes *N-acylhomoserine* lactones (AHLs) (Miller and Bassler, 2001) , and autoinducer-3 (AI-3) (Sperandio et al., 2003), while Gram positive bacteria have auto-inducer peptide (AIP) signalling pathways for intra-species communication. Both Gram positive and negative microorganisms express autoinducer-2 (AI-2), QS molecules furanosylborate-diester to facilitate inter-species communication (Miller and Bassler, 2001).

2.3.2.4 EPS formation

The exopolymeric substances (EPS) present in biofilms may include polysaccharides, proteins, glycoproteins, glycolipids, extra cellular DNA, metal ions, divalent cations and other surface active components (Morris et al., 1997, Yadav et al., 2012). When microorganisms secrete a critical concentration of auto-inducer molecules, they form EPS at the surface of bacterial aggregates (Abee et al., 2011). Bacterial aggregates generate EPS to provide protection against environmental stresses e.g., antibiotics, disinfectants and irradiation (Van Houdt and Michiels, 2010). The generation of EPS facilitates adherence to biotic or abiotic surfaces, micro-colony formation, and the 3-dimensional surface of a mature biofilm (Danese et al., 2000, Van Houdt and Michiels, 2010).

2.3.2.5 Micro-colony formation

Following attachment bacteria begin to multiply and initiate communication by the formation of quorum-sensing molecules. At a certain level of quorum-sensing molecules, environmental cues stimulate the formation of EPS and bacteria continue to multiply within the EPS. Analysis of biofilms has revealed that once EPS production has been initiated, bacteria focus on the maturation of the biofilm and produce pili, flagella and fimbriae (Davey and O'Toole, 2000).

2.3.2.6 Colonization or maturation steps

The final stage of biofilm formation is maturation; here biofilms develop into a self-organised complex structure containing a range of microenvironment. The final arrangement is in monolayers, a three dimensional structure consisting of bacteria surrounded by EPS, which has channels for nutrients and water flow (de Beer et al., 1994).

2.3.2.7 Dispersal

Dispersal or detachment of biofilms are due to various reasons, such as presence of QS molecules, nutrient accessibility, surface character changes, as well as physical forces from the surface (Kaplan, 2010). Another studied revealed that bacterial growth, different enzymes produced by bacteria, external environmental influences, nutrient deprivation, bacterial autocidal activity and human interactions are some of the factors results in dispersal or detachments of cells from biofilms.

2.3.3 Acinetobacter Biofilms

A. baumannii is able to form strong adherent biofilms that help the bacteria to survive for several weeks on abiotic surfaces resulting in contamination of hospital and medical instruments, e.g. incubator tubes, water lines, cleaning instruments, pillows and linen (Harrison et al., 2008, Donlan, 2008, Villegas and Hartstein, 2003, McConnell et al., 2012). Wroblewska *et al* (Wroblewska et al., 2008) reported that clinical strains of *A. baumannii* have the ability to form biofilms which act as a virulence factor. They used 34 clinical strains of *A. baumannii* isolated from patients hospitalized in two tertiary care hospitals for their studies. The isolates demonstrated a wide range of biofilm forming ability, with 12% high, 41% medium and 47% demonstrating a low level of biofilm production.

Pirog *et al* (Pirog et al., 2002), reported that *Acinetobacter* spp.12S has the ability to grow and synthesize EPS on different carbohydrate substrates like mono and disaccharides, molasses and starch. They reported that the *Acinetobacter* spp. was grown on carbohydrate media containing no pantothenic acid (Vitamin B3), which is required for growth on C_2 substrates. They used mixture of carbohydrate sources (0.01, 0.1, 0.5 and 1% v/v ethanol and 1% w/v glucose) and found that bacterial growth and EPS generation was higher when 0.01% ethanol with 1% glucose used. The EPS production was intensified as the content of the C2 substrate in the medium increased. He also reported that addition of low concentration (0.02% v/v) of acetate to the glucose-containing medium also stimulated the EPS synthesis. The biofilm

formation and attachment is variable among clinical isolates of A. baumannii; for example strains like ECII are more adherent than ECI to human bronchial tissue (Lee et al., 2006). Generally, A. baumannii adheres to biotic and abiotic surfaces via the same steps described for general biofilm formation. The associated EPS being composed of carbohydrates, proteins, nucleic acids and other macromolecules (McConnell et al., 2012). Donlan & Costerton (Donlan and Costerton, 2002, Gaddy and Actis, 2009), hypothesized that A. baumannii persistence in medical environments, resistance to antimicrobials, and disease generation is closely associated with its ability to form biofilm on solid surface. Some of the A. baumannii clinical isolates also form complex biofilm structures on the surface of liquid media know as pellicles (McQueary and Actis, 2011, Marti et al., 2011), the pellicles and biofilm formation on abiotic surfaces are variable among A. baumannii clinical strains and there is a clear correlation established between the nature of substrate and bacterial surface properties (McQueary and Actis, 2011, Marti et al., 2011). Furthermore, there are significant variations in the amount of biofilm formation and type of cell arrangements formed on the abiotic surfaces. Some cell arrangements are highly organised, multi-layered and complex structures encased within a biofilm or EPS matrix, while some others are simple monolayers of bacteria attached in an organized or random manner (McQueary and Actis, 2011).

A number of gene products have been proven to play a role in attachment and biofilm formation on abiotic surfaces e.g. pilus production mediated by the CsuA /BABCDE usherchaperone assembly system is required for the attachment and biofilm formation on the abiotic surfaces by the *A. baumannii* ATCC 19606^T strain. This operon seems to be wide spread among clinical isolates and an indication that it is a common factor among different clinical isolates (Tomaras et al., 2003). The *A. baumannii* ATCC 19606^T strain also has ability to produce alternative pili that may help in the interaction of this pathogen with bronchial epithelial cells (De Breij et al., 2010). Loehfelm *et al* (Loehfelm et al., 2008) reported that biofilm-associated protein (Bap), conserved in the clinical isolates and appears to be associated with the cell-cell interactions that support the development and maturation of the biofilm.

In addition to (Bap), the *A. baumannii* clinical isolates also produce poly- β -1-6-N-acetylglucosamine (PNAG) for the development and maturation of the biofilm on glass surfaces by the cells cultured (Bentancor et al., 2012, Choi et al., 2009b). A two component regulatory system also reported in *A. baumannii* ATCC 19606^T strain comprised of: a sensor

kinase encoded by bfmS, and a response regulator encoded by bfmR involved in bacteriasurface interaction (Tomaras et al., 2008). The insertional inactivation of *bfm*R results in the loss of expression of *cusA/BABCDE* operon resulted in the lack of pili production and biofilm formation on plastic surfaces when they are grown in rich medium; however the inactivation of *bfm*S sensor kinase gene resulted in diminishment but not abolishment of biofilm formation (Tomaras et al., 2008). In the absence of BfmRS system the composition of culture media still influence the interaction of cells with abiotic surfaces, these finding indicates that the BfmRS system cross talks with other sensing components and suggests instead of one, there are multiple and different stimuli which could control the biofilm formation via BfmRS regulatory pathway (Tomaras et al., 2008). When compared to adherence to abiotic surfaces, much less is known about the factors that influence adherence and biofilm formation on biotic surfaces. Gaddy et al (Gaddy et al., 2009), reported that A. baumannii attaches to the human epithelial cells and *C. albicans* filaments, in a process that involve at least one OmpA, although OmpA play a vital role in biofilm development on plastic surfaces, this outer membrane also critical for the interaction of A. baumannii with human and Candida cells when the Candida are in its filamentous form. Candida, A. baumannii (ATCC 19606^T) strain interactions are independent of pili assembled by the *csu* usher-chaperone system and lead to apoptotic death of the fungus filaments (Gaddy et al., 2009). These studies suggest that there is no direct correlation between biofilm formation on abiotic and biotic surfaces, and a wide variation exists in the cell-surface and cell-cell interactions that result in the adherence and biofilm formation by different A. baumannii clinical isolates. In addition, to that the role of pili in bacterial virulence and the pathogenesis of A. baumannii infections remains to be confirmed using appropriate derivatives and experimental infection models.

Adherence and biofilm formation also responds to a wide range of environmental and cellular factor (Stanley and Lazazzera, 2004), e.g. it depends upon the presence and expression of antibiotics resistant traits, such as the *bla*_{PER-1} gene and a positive correlation exist between the presence and the expression of this gene and the amount of biofilm formed on the plastic surface and the adhesiveness of the bacteria to human epithelial cells (Lee et al., 2008), however another study revealed that only two out of 11 isolates carrying the *bla*_{PER-1} gene formed strong biofilms when compared with isolates lacking the genetic determinant (Rao et al., 2008). Other environmental factors, such as temperature and extracellular free iron concentration, which are relevant for the interaction of *A. baumannii* with the host, also effect biofilm formation on abiotic surfaces (McConnell et al., 2012).

Another mechanism controlling bacterial adherence and biofilm formation is cell population density. Accordingly, environmental and clinical isolates produce quorum sensing signalling molecules (Gonzalez et al., 2001, Gonzalez et al., 2009), these studies proved that a large number of isolates produce quorum sensing and signalling molecules which seem to belong to three types of molecules. Although none of these sensors belongs to a particular species, however the Rf1-type sensor is more frequently found in isolates belonging to the *A. calcoaceticus-baumannii* complex. Niu et al (Niu et al., 2008) proved that the *A. baumannii* M2 clinical isolates produce an *N*-acyl-homoserine lactone [*N*-3-hydroxydodecanoyl-homoserinem lactone], the product of the *aba*I auto-inducer synthase gene, which is vital for the fully developed biofilm on abiotic surfaces, *aba*I auto-inducer also helps this isolate to move in semisolid media.

Another factor which influences biofilm formation on abiotic surfaces is light, although unexpected since *A. baumannii* is a chemotroph not know to conduct photosynthesis (Mussi et al., 2010). This response is mediated by BlsA photoreceptor protein, which contains a BLUF domain and uses flavin adenine dinucleotide (FAD) to sense light, however the mechanism by which BlsA transduces the light signal and controls gene expression are not well known (Mussi et al., 2010). The *A. baumannii* response to light seems to have a global effect on the physiology of *A. baumannii*, affecting not only biofilm formation, but also motility and virulence. In addition, the differential response to light is mediated by changes in temperature, which result in differential transcription of blsA at 28 and 37^oC and hence differentially affect light controlled phenotypes (Mussi et al., 2010). *A. baumannii* biofilm formation and adherence depends on range of bacterial factors and multiple signals or cues. However, the medical relevance of the data obtained using *in vitro* models is not clear, considering the lack of correlation between the biofilm phenotype of different clinical isolates and their outbreak, epidemic and antibiotic resistance nature (de Breij et al., 2009).

2.3.4 EPS characterisation

The polysaccharides present in EPS can be present as hetero-polysaccharides or homopolysaccharides. Hetero-polysaccharides are made up of a variety of monosaccharide's arranged in repeating units, a number of these structures have been characterised in recent years (Leroy and De Vuyst, 2004, Laws and Marshall, 2001). Furthermore, the variations in heteropolysaccharides is increased by the monomeric units being present in either α or β configuration, in the pyranose (*P*) or furanose (*f*) forms or in either D-or L-absolute
configuration (De Vuyst et al., 2001). The repeating structure is the simplest form of polysaccharide and the first was isolated from *St. thermophilus* and characterised by Doco *et al.*, (Doco et al., 1990) as: \rightarrow 3)- β -D-Gal*p*-(1 \rightarrow 3)-[α -D-Gal*p*-(1 \rightarrow 6)]- β -D-Glc*p*-(1 \rightarrow 3)- α -D-Gal*p*NAc-(1 \rightarrow .

2.3.4.1 High performance anion exchange chromatography (HPAEC)

In order to identify the primary structure of the EPS repeat unit it is firstly necessary to identify the monomer composition. In recent years, a number of methods have been used for monosaccharide analysis including High performance anion exchange chromatography (HPAEC), which has been widely used as an alternative to GC analysis due to a number of advantages over the GC method. This technique was first highlighted by Rocklin and Pohl (Rocklin and Pohl, 1983) for the carbohydrate analysis, since than the application and effectiveness of that technique have been reviewed by number of scientist (Lee, 1990, Cataldi et al., 2000). The main advantage of that method is that it allows the determination of intact monosaccharide's (initial depolymerisation by acid hydrolysis is required) without pre or post column derivatisation, which greatly reduces analysis times whilst eliminating the decrease in recovery often observed due to incomplete derivatisation (Currie and Perry, 2006).

2.3.4.2 NMR analysis

NMR spectroscopy is used to determine the overall secondary structure of EPS by providing information on the basis on ring size (pyranose/furanose) and anomeric configuration (α/β) of the individual monomers and also determining the relative orientations of the monomeric units to each other. The NMR spectroscopy as a tool for the determination of carbohydrates structures is underlined by number of reviews published in recent years (Lee flang et al., 2000, Bush et al., 1999). A key issue with NMR analysis is the removal of interfering substances. These can be classified as monomeric media components such as glucose and EPS equivalent substances that are often present in common media compositions such as yeast extract. Interference by these materials underlines the need for effective dialysis, the use of none interfering carbon sources and the use of media that are optimised for NMR analysis.



Figure. 2.4.¹H NMR spectra of EPS from *Lactobacillus helvetics Rosviski* (Laws *et al.* 2009).

2.3.4.2.1 ¹*H* NMR analysis

When analysing ¹H NMR the spectra should be split and viewed as having structural reporter signals (up filed and down field) and a bulk region (Vliegenthart et al., 1983). This approach breaks down the spectra enabling the similar identification of individual sugars along with their structural features and linkage compositions. The up field, reports region contains resonances from structural motifs which include ring substituents such as acyl, alkyl and acetyl, ring substitutions such as N-acetyl amino groups and H6 signals of 6-dexoy sugars. The anomeric proton resonances are located in the down field, reporter region of the spectra between 4.4-5.5 ppm (Figure 2.4). Integration of the anomeric resonances can be used to estimate the number of different monosaccharide units present in the repeat unit structure. The remaining shift protons are situated in the bulk region located between 4.3-3ppm (Vliegenthart et al., 1983).

2.3.4.2.2 *¹³C NMR* analysis

¹³C NMR provides information on the carbon atoms that are connected to hydrogen atoms in the molecule (attached protons). The –CH₃ and –CH groups both generates positive signals in the spectra whilst –CH₂ groups display a negative signal. As with ¹H NMR spectra, specific regions of interest relating to carbohydrate can also be identified in the ¹³C NMR emanating the ring carbons (C₂-C₅) are located between 65-85 ppm, while carbons substituted with either an amino or methyl group are shifted up filed. The anomeric carbons (C₁) are shifted down field between 95-105 ppm due to glycosylation. The signals for the C₆ atoms appear as – CH₂ and are therefore represented as negative signals between 60-70 ppm.

2.3.4.3 Weight-average Molecular Weight Determination (MALLS analysis)

EPS of the bacterial species usually possess molecular mass ranges from 4 x 10⁴ to 10⁶ g mol⁻¹ (Vuyst and Degeest, 1999). The molecular mass is commonly recognised as one of the factors contributing in EPS functionally (Vuyst and Degeest, 1999). In general, the size of a polysaccharide is expressed by the number of monosaccharide units it contains, which is termed as the degree of polymerisation (DP). Previously, gel permeation chromatography (GPC) has been used to indicate a range of MW by comparison with controlled standard of a particular MW; however, this method needs large sample sizes and relies on the comparisons with standards. The current method used to determine *MW* and sizes of polysaccharides is high performance size exclusion chromatography with multi-angle laser light scattering (HP-SEC-MALLS) (Wyatt, 1993). HP-SEC-MALLS works with the same principle of weight and size separation with GPC but instead of preparative columns the sample is run through smaller analytic scale columns. The sample then pass through an online ultraviolet (UV), light detector which provides information on the presence of any residual proteins and nucleic acids which may be present in the sample. The system is then coupled with both a MALLS and differential refractive index (RI) detectors which allow for the determination of the accurate molecular mass of the EPS without the requirement reference materials (Badel et al., 2011).

2.3.4.4 Fourier transform infrared spectrocopic (FTIR)

Fourier transform infrared (FTIR) spectroscopy is a rapid nondestructive method that has been applied to many biological systems (Schmitt and Flemming, 1998, Gómez-Zavaglia and Fausto, 2003). The techique is based on the principle that atoms in the molecules are not held rigidly apart and when subjected to infrared radiation (between 500 and 4000 cm⁻¹), the molecule will absorb energy and the bond will subject to a number of vibrations. Hence the absorbtion spectrum contains information regarding the molecular structure of the sample. The region between 4000 and 500cm⁻¹ holds the characteristic bands and is sutiable for the characterisation of microorganisms (Dittrich and Sibler, 2005, Schmitt and Flemming, 1998).The wide and intensive carbohydrate or EPS bands are foundat wave number 950-1200cm⁻¹ which can be attributed to –C-O-C- group vibrations in the cyclic structure (Gómez-Zavaglia and Fausto, 2003, Dittrich and Sibler, 2005, Lin et al., 2005).

2.4 **Cleaning and disinfection**

Cleaning is a process that removes foreign material e.g. soil, organic material, microorganism from an object, while disinfection is a process that reduces the number of pathogenic microorganism but not necessary bacterial spores from inanimate objects or skin to a level, which is not harmful to health. Detergents are surfactants or a mixture of surfactants with cleaning properties in dilute solutions and they are composed of both hydrophobic and lipophilic parts, while disinfectant are substances that are applied to non-living objects to destroy microorganism that are living on the objects. Due to the environmental persistence of pathogens it is necessary to remove them through cleaning and/or disinfection (Dancer, 1999), since they may contaminate hands or be transported by air currents to be deposited on patient or surfaces (Casewell and Phillips, 1977, Bhalla et al., 2004). There are numerous guidelines emphasizing the importance of cleaning but these generally offer little practical advice on how to achieve effective cleaning, or how often sites should be cleaned (Dancer, 1999, Malik et al., 2003). There remains debate over cleaning in hospitals, because the link between cleaning and infection is hard to prove unequivocally. One reason being that there are other risk factors within the hospital environment e.g. hand hygiene, isolation facilities and antimicrobial prescribing (Dettenkofer et al., 2004). These factors mean that it is impossible to study cleaning in an independent scientific study and consequently determine the importance of cleaning towards overall infection rates (Dancer, 1999). The visual inspection of hospitals is not a reliable assessment of the infection risk for the patients (Malik et al., 2003, Dancer, 2004), as microbial contamination and visual dirt are not necessarily connected. In addition, cleanliness is often confused with cluttered cramped facilities and old and poorly maintained facilities (Dancer, 1999). There is still however a consensus that environmental cleaning is an essential component of infection controls (Carling and Bartley, 2010) and there are some studies that support the importance of cleaning in the reduction of HAIs (Carling and Bartley, 2010). Enhanced cleaning is generally included in any infection control strategy in response to an outbreak. Cleaning has been identified as a major control component for outbreaks of MRSA, drug resistant Acinetobacter, VRE and C. difficile (Wu et al., 2005, Morter et al., 2011, Wilks et al., 2006, Denton et al., 2004).

Since contaminated hand touch sites are considered to constitute an infection risk for patients, cleaning schedules generally focus on these sites (Dancer, 2004). However it is known that staff, patients and relatives release MRSA into the hospital environment, despite significant efforts for its removal (Hardy et al., 2007). One study that targeted hand touch sites on two surgical wards for a year with high frequency detergent based approach reduced the number of acute MRSA infections by 50% (Dancer et al., 2009, Wilson et al., 2011). Dry or detergent based cleaning can remove microbes, but will not kill them. Consequently, the risk of cleaning transporting microorganisms is high. There are numerous examples of

contaminated cleaning cloths and equipment's spreading contamination rather than removing it (Moore and Griffith, 2006, Barker et al., 2004, Scott and Bloomfield, 1990, Dharan et al., 1999, Bergen et al., 2009).

Disinfectants on the other hand can kill microbes but they are often expensive and may have environmental impacts (Dettenkofer et al., 2004, Kammerer, 2003). However, where there is a high risk to patients there is no alternative but to instigate disinfection rather than simple cleaning. This has led to the introduction of disinfectants into cleaning regimes in healthcare environments. One study that introduced a copper-based disinfectant and microfiber regimen for cleaning of high-risk sites in intensive care units. A further study in an Irish intensive care unit focused on the frequency that MRSA was recovered from locations around non-infected and infected patients. Level 2 cleaning (detergent followed by 1% hypochlorite) was effective against MRSA initially, but sites soon become re-contaminated (Wilson et al., 2011, Aldeyab et al., 2009). Disinfectant based cleaning is routinely performed for healthcare environments containing *C. difficile* positive patients, as both part of the management of sporadic cases or as outbreak control (Wilcox et al., 2003, McMullen et al., 2007).

There are now a wide range of disinfectants and disinfection technologies available to the healthcare sector however it is recognized that these are not alternative to traditional cleaning (Page et al., 2009), since no single process will remove all the relevant microbes from a healthcare environment. As new approaches have been utilized in healthcare settings concerns have been raised over the efficiency of methods such as, ozone, steam cleaning, microfibre, hydrogen peroxide and high-intensity light irradiation (Hardy et al., 2007, Nerandzic et al., 2010, Moore and Griffith, 2006, Berrington and Pedler, 1998, Falagas et al., 2011, Davies et al., 2011, Griffith and Dancer, 2009, Diab-Elschahawi et al., 2010, Memarzadeh et al., 2010, Sweeney and Dancer, 2009). There are also significant doubts over the activity of disinfectants in the field, since laboratory testing does not necessary predict in situ use (Sattar, 2010). There are always toxicity and cost issues which require consideration and issues regarding cross-resistance between biocides and antimicrobial agents (Russell, 2004a, Kammerer, 2003).

2.5 **Biocides and disinfectants**

Biocides are chemical agents having a broad spectrum of antimicrobial activity, commonly used as environmental disinfectants or antiseptics for skin decontamination (Cozad and Jones, 2003, Sopwith et al., 2002). There is a wide range of biocides commonly used in healthcare

settings, with many being combined to form commercial products. Some of the important biocides are discussed below.

2.5.1 **Alcohol**

Alcohol is commonly used as ethyl or isopropyl alcohol. Both of these are rapidly bactericidal against vegetative organism as well as being tuberculocidal, viricidal and fungicidal but have no activity against spores (Fraise et al., 2012). They are most active when used at a concentration of 60-90% (Morton, 1950, Boyce and Pittet, 2002). The activity of alcohol is probably due to its ability to denature proteins. The disadvantage of alcohols is their flammability and need to be used with care and stored appropriately. Alcohols are most commonly used in hands sanitizers and as a surface disinfectant.

2.5.2 Quaternary ammonium compounds (QACs)

The first commercially available QACs having antimicrobial property were benzalkonium chlorides. However, due to its inactivation by organic material and hard water and lower virucidal and tuberculocidal activity it lost favour as a disinfectant. It is believed that that their activity is due to inactivation of cell metabolic pathways and denaturation of proteins. More recently developed QACs have better tolerance of hard water and are bactericidal and virucidal against lipophilic viruses. QACs are used extensively in general disinfectant products for surfaces and for hand sanitation.

QAC are cationic surface active detergents widely used for the control of microorganism in clinical and industrial environments and used in the disinfection of hard surfaces (Labuschagne and Albertyn, 2007). They are amphoteric surfactants and contains one quaternary nitrogen that is associated with at least one major hydrophobic substituent such as alkyl groups or substituted alkyl groups, represented with R, and an anion such as CI or Br, represented with X (Fig 2.5) (Gilbert and Moore, 2005).



Figure 2.5.The general structure of QACs.

Jacobs and co-workers (Jacobs et al., 1916), published a paper describing the antimicrobial activity of quaternary ammonium compounds and later in 1935 it was shown that aliphatic groups with 8 – 18 carbons possesses antibacterial activity (Hegstad et al., 2010). The primary target of QACs seems to be the cytoplasmic (inner) membrane of bacteria (Hegstad et al., 2010). QACs are thought to adsorb to the relatively anonic bacterial cell walls, diffuse through the cell wall and binds to the cytoplasmic membrane (Hegstad et al., 2010, Sandt et al., 2007, Ioannou et al., 2007). Here they cause the disorganisation of cytoplasmic membrane which is thought to result in the leakage of intracellular material and ultimately causing cell death (Ioannou et al., 2007). The positively charged nitrogen group interacts with the phospholipids followed by the hydrophobic tail that integrates into the hydrophobic membrane core (Ioannou et al., 2007, Hegstad et al., 2010). Here they cause the disorganisation of the cytoplasmic membrane resulting in the release of intracellular molecules such as potassium ions and other intracellular low molecular weight material. QACs cause leakage of the cellular material purely because they adsorb to the cell membrane in large amounts causing damage (Ioannou et al., 2007). Bacterial cells surface carries a negative charge which are stabilized by cations such as Mg²⁺ and Ca²⁺ and many of the QACs also have the cationic property which helps them to exploit the interactions of Ca²⁺ and phospholipids with the cell membrane (Gilbert and Moore, 2005), they proposed a model for the adsorption of the QACs to bacterial cell membrane. The positively charged quaternary ammonium chloride with the head groups of acidic phospholipids and subsequently the hydrophobic tail integrates into the hydrophilic membrane core (Figure. 2.6).



Figure.2.6. Mechanism of action of quaternary ammonium chloride disinfectants (Gilbert and Moore, 2005).

2.5.3 Bi-guanides

The antiseptic agent polyhexamethylene biguanide also known as polihexanide or PHMB has been used for over 60 years with no evidence of the development of resistance (Moore and Gray, 2007). There are no commercially available PHMB antiseptic/antimicrobial solutions or gel available on the UK Drug Tariff. However, in Europe Sterasept (Serag-Wiesner KG), is the only solution available as an approved finished drug product with antiseptic/antimicrobial effects. The common recommendation for infections with Gram negative pathogens is to use the higher concentration (0.1% v/v) (Dissemond et al., 2010). PHMB has little toxicity and has been found safe and effective in applications as treatment of eye infections and sanitising swimming pools (Motta et al., 2004, Motta and Trigilia, 2005). Studies in 1998 and in 2005 (total of 3,529 patients), revealed that skin sanitising to PHMB is low ($\sim 0.5\%$), even though the tested drug concentrations (2.5-5%) were five to ten times the concentration normally used in wound applications (Schnuch et al., 2007). In short, PHMB has good clinical safety (Disch et al., 2007, Mulder et al., 2007, Bruckner et al., 2008), targeted action on bacterial cell (Sørensen et al., 2003, Ousey and McIntosh, 2009), biocompatibility index >1 (Müller and Kramer, 2008), no know risks of resorption (Kaehn, 2010), low risk of contact sensitisation (Schnuch et al., 2007) and sustainability of the active pharmaceutical ingredient (Lee et al., 2004a). It is a fast acting biguanide sharing smilarities with antimicrobial peptides AMPs produced by many cells within wound, such as keratinocytes and inflammatory neutrophils, where they are thought to help the cells against infection (Sørensen et al., 2003, O'Hanlon and Enright, 2009, Ousey and McIntosh, 2009). However, PHMB does not interfere with the protein that makes up the animal cell membranes therefore; it has some specific antimicrobial action that does not affect the animal cell integrity. It is thought PHMB when adhered to the target cell membrane causes them to leak potassium ions and other dissolved ions from the cytoplasm causes cell death (Yasuda et al., 2003, Gilbert, 2006). PHMB has the effect on both the planktonic and biofilm bacteria (Seipp et al., 2005, Pietsch and Kraft, 2006, Harbs and Siebert, 2007) and its action on the bacterial cell membrane also means that the efflux pump is unable to remove that so intracellular bactericidal concentrations are maintained (Kingsley et al., 2009). Once PHMB inside the cell, it has been proved that PHMB binds to DNA and other nucleic acids, suggesting it may also damage or inactive bacterial DNA (Allen et al., 2004).

2.5.4 Chlorine releasing agents

Commonly used chlorine releasing agents include hypochlorites and sodium dichloroisicyanourate (NaDCC). They are rapidly bactericidal, virucidal, tuberculocidal and sporicidal (Rutala and Weber, 1997, Griffiths et al., 1999). Chlorine releasing demonstrate poor activity at low concentrations under dirty conditions because they are relatively easily inactivated by organic matter, it is therefore important that they are used on clean surfaces. The use of chlorine based disinfectants is specified in UK guidance (DoH and HPA, 2009, Pratt et al., 2007) where products delivering 1,000ppm free available chlorine are specified for cleaning associated with patients with *C. difficile* infections, in the presence of blood 10,000 ppm FAC is recommended (Boyce and Pittet, 2002).

2.5.5 Aldehydes including glutaraldehyde.

Aldehydes are used in healthcare settings predominantly as formaldehyde or glutaraldehyde. Formaldehyde has excellent antimicrobial activity including cidal activity against vegetative bacteria, mycobacteria. Viruses, fungi and bacterial spores. However, due to its toxicity it is no longer used except for fumigation of high-risk areas such as category 3 rooms. Glutaraldehyde is widely used in healthcare settings as an endoscope disinfectant. It is bactericidal and virucidal but only slowly sporicidal requiring three hours to produce a greater reduction. Concerns' regarding its toxicity and potential carcinogenicity has reduced its use in healthcare environments (Boyce and Pittet, 2002).

2.5.6 **Hydrogen peroxide**

Hydrogen peroxide acts by the production of free hydroxyl radicals which denatures cell walls and essential bacterial enzymes resulting in bactericidal activity. It is bactericidal including sporicidal, virucidal, fungicidal and tuberculocidal. Hydrogen peroxide is an irritant chemical and has been implicated in corneal damage therefore, it is not used widely (Fraise et al., 2012).

2.5.7 Peracetic acid

Peracetic acid is a strong oxidizing agent and has rapid bactericidal activity against range of vegetative organisms and spores. It is also veridical, fungicidal and tuberculocidal. Peracetic acid can be used as a liquid or generated in situ through aqueous reaction of tetraacetylethylenediamine (TAED) and a peroxide generator (Pan et al., 1999, Davies and Deary, 1991). Its mode of action is same as other peoxidases and oxidizing agents. Its

disinfectant property based on the release of active oxygen, the sensitive sulfhydryl and sulphur bonds in proteins, enzymes and other metabolities are oxidised and the double bonds are reacted results in the rupture of the cell wall, so it is effective against outer membrane lipoproteins, and facilitating its action against Gram-negative bacteria (Kitis, 2004).

2.5.8 **Iodophors**

These agents are complexes of iodine and a carrier resulting in a product, which allows sustained release of iodine. It is the free iodine, which mediates this agent's antimicrobial activity by disrupting protein and nucleic acid synthesis. The mostly used iodophor is povidone iodine and it is free iodine, which gives this product its antibacterial activity. Iodophors are bactericidal, virucidal and mycobactericidal but have poor sporicidal activity and variable anti-fungal activity (Fraise et al., 2012).

2.5.9 Phenolics

Carbolic acid (Phenol) was used by Lister as an antiseptic and its antibacterial activity are well known. Halogenated derivatives of carbolic acid are known as phenolics and tend to have improved antibacterial properties compared with the parent compound. Phenolic disinfectants are bactericidal, fungicidal and tuberculocidal although different compounds vary in their activity. However, the poor activity against blood borne viruses has limited the use of these disinfectants (Fraise et al., 2012).

2.5.10 Biocidal Surfaces and Coatings

Since high frequency touch sites are rapidly re-contaminated, surfaces or coating with prolonged biocidal activity might be useful in preventing recontamination (Aldeyab et al., 2009, Page et al., 2009, Brady et al., 2003). The problem with coating constituents is that it can wear off over time, degrade or simply fail due to the accumulation of organic soil, which might also encourage unforeseen long-term health problems in exposed persons or additional toxic effects on the environment (Page et al., 2009). There are also antimicrobial coatings for textiles (clothes, sheets and curtains), furniture, equipment (computers and catheters), hand touch sites (handles, pens etc.) and surfaces (floors and doors) (Page et al., 2009, De Muynck et al., 2010). There has also been interest in the use of metal-based surfaces e.g. copper, zinc, silver or titanium (Nanda and Saravanan, 2009, Weaver et al., 2008, Taylor et al., 2009, O'Hanlon and Enright, 2009, Casey et al., 2010, D'Arcy, 2001).

There are also electrostatic and inhibitory surfaces that repel microbial adhesion and even products marked as self-cleaning coatings (Shepherd et al., 2010, Page et al., 2009, Parkin and Palgrave, 2005). Further examples include coatings composed of nano-silver particles combined with titanium dioxide to form highly reactive TiO₂ Ag particles (Page et al., 2009), these particles can be applied on range of surfaces under low temperatures, which means that virtually all environmental surfaces in a hospital could be treated (Su et al., 2009). It is also possible to incorporate organic biocides into surfaces to provide some antimicrobial activity. By far the commonest organic based treatment is the use of Triclosan, a variety of Triclosan impregnated materials has been available in the supermarkets since 1997 (Page et al., 2009). One concern that has been raised regarding the use of these surfaces in healthcare settings is that they may provide false assurance if not tested properly and may lead to staff reducing their normal cleaning regimes (Dancer, 2010).

2.6 Microbial Responses to Biocides

Despite the increase in the usage and variety of biocidal products available, there has not been a significant increase in understanding of how bacteria respond to biocides. In particular, the bacterial response to the post use residues that persist at concentrations below recommended level in healthcare environments remain largely unknown. Another issues is the fact that the preferred mode of living for most microorganisms is as surface-adherent communities or biofilms (Leung et al., 2012), which are known to be more resistant to biocides (Potera, 1999). This contrast with the fact that most biocide testing is carried out against planktonic microorganism (Leung et al., 2012).

Bacteria have a variety of mechanisms at their disposal to reduce the cytoplasmic concentration of biocides (Maillard, 2007). However, it has been difficult to producing stable bacterial resistance to high biocide concentrations (Suller and Russell, 1999, Fitzgerald et al., 1992). The use of step wise biocide concentration increases have resulted in bacteria with increased minimum inhibitory concentrations (MIC), but rarely at in-use concentrations (Thomas et al., 2005, Suller and Russell, 1999, Lear et al., 2006, Walsh et al., 2003b). Alternative approaches which more closely mirror the way biocides are employed i.e. the exposure of high inoculums to high biocidal concentrations have produced some adaption but not as effectively as stepwise training (Walsh et al., 2003b, Thomas et al., 2000).

Although it is not easy to develop resistant mutants to high biocide concentrations, exposure to low concentrations may induce low-level resistance in bacteria. The induction of bacterial

resistance to almost all biocides has been documented, but particularly none-oxidizing ones such as phenolics, bis-biguanides and quaternary ammonium compounds (Russell, 2004a, Moken et al., 1997, McMurry et al., 1998). Although, the induction of *oxyR* and *soxRS* regulons following exposure to oxidising agents has been described (Chapman, 2003).

In a range of studies the biochemical basis of tolerance has been identified e.g. benzalkonium chloride induced the expression of *qacA* and *qacB* genes (Paulsen et al., 1998), Aase *et al* (2000) observed that repeated benzalkonium chloride exposures resulted in the expression of pmf-driven efflux pumps, which allowed the bacteria to reduce the cytoplasmic concentration of the biocide (Aase et al., 2000). There have also been a number of studies demonstrating bacterial resistance to bisphenol, triclosan and chlorhexidine (McMurry et al., 1998, Russell, 2004b, Sanchez et al., 2005). Chuanchuen *et al* (Chuanchuen et al., 2001), reported the induction and expression of an efflux pump in *P. aeruginosa* following triclosan exposure, resulting in high-level resistance to both triclosan and ciprofloxacin. However, such induced bacterial strains have not been observed in practice (Russell, 2003). The induction of efflux pump mechanisms following low concentration, biocide exposures appears to be the primary mechanism of biocide resistance (Lear et al., 2002, Poole, 2005). A point emphasized by Paulsen et al (Paulsen et al., 1998), who suggested that the emergence of the *qacA* gene resulted from the use of chlorhexidine.

The expression of a range of *E. coli* genes was modified by exposure to low concentration of polyhexamethylenebiguanides (PHMB) (Allen et al., 2006). Firstly, at the ultra-structure level (outer membrane, periplasm and cytoplasmic membrane), which is not surprising due to the action mechanism of PHMB. Secondly, exposed bacteria lost their ability to produce repair pili and flagella, presumably due to increased exposure to the biocide. Thirdly, bacteria expressed the heat shock response, DNA damage (SOS) response and other DNA metabolism associated genes, presumably to repair significant DNA damage.

However, the most frequent mechanism for the biocide resistance is the use of efflux pumps which reduce intracellular concentrations to sub-toxic levels (Borges-Walmsley and Walmsley, 2001, Hegstad et al., 2010). Gilbert and Moore ((Gilbert and Moore, 2005), reported that efflux pumps are capable of removing QACs from the membrane core and effectively reducing the effectiveness of the QACs. These pumps operated by ATP driven transporters and proton pump antiporters.

The proton pump antiporters contains one of the three classes of antiporters, the resistance nodulation division family (RND), small multidrug resistance family (SMR) and the major facilitator superfamily (MF), while ATP driven antiporters contains the ATP binding cassette (ABC) (Putman et al., 2000, Borges-Walmsley and Walmsley, 2001, Kumar and Schweizer, 2005). Efflux pumps found in both the Gram positive and Gram negative bacteria but the efflux mediated resistance is more complex in Gram negative bacteria because of the complex nature of the cell wall (Sidhu et al., 2002, Kumar and Schweizer, 2005). The ABC transporters are rare in bacteria and are involved in uptake as well as efflux systems where energy is provided by hydrolysis of ATP (Putman et al., 2000, Borges-Walmsley and Walmsley, 2001, Kumar and Schweizer, 2005). The proton pump antiporters function by transporting biocides out of the cells by the help of transmembrane electrochemical gradient of protons or sodium ions, proton motive force and only differ in size (Putman et al., 2000). The MF transporters found in both Gram positive and Gram negative bacteria and composed of about 400 amino acids that are arranged into 12-14 membrane spanning helices (Putman et al., 2000, Borges-Walmsley and Walmsley, 2001, Kumar and Schweizer, 2005) and the Staphylococcus QacA and *Q*acB proteins are part of this family proteins (Kumar and Schweizer, 2005, Gaze et al., 2005). The RND transporters are composed of around 1000 amino acids and have similar helix structures as the MF (Kumar and Schweizer, 2005), they operate with periplasmic membrane fusion proteins and an outer membrane protein, allowing the transport of toxic compounds out through both inner and the outer membrane of Gram negative bacteria(Putman et al., 2000). QACs resistant genes in the Staphylococcus genus are also widely spread amongst the clinical isolates (Bjorland et al., 2005). The small multidrug resistant family (SMF) includes, *qacH, qacG, qacJ* and *smr* and is found on non-conjugated and large conjugated (Bjorland et al., 2001, Bjorland et al., 2003), and this protein consist of 4 predicted transmembrane segments (Fig. 1.7). The multidrug transport pumps do not have specificity for a specific product which could potentially mediate the cross-resistance to a number of antimicrobial agents (Bowler et al., 2001). Putman et al (Putman et al., 2000), reported that several multidrug transporters can be present within the same bacterium and the availability of these different transporters may contribute to bacterial resistance against wide range of biocides.

2.6.1 **Biocide resistance in clinical settings**

The emergence of bacterial resistance to biocides is not a new phenomenon and has been investigated since the introduction of biocides in clinical settings. Clinical isolates demonstrating biocide resistance have been associated with triclosan baths and hand washes, the use of chlorhexidine and QACs, and silver and silver sulfadiazine (Webster et al., 1994). There have also been a number of reports highlighting the failure of disinfectants used for clinical application (Anderson, 1989, Russell, 2004a, O'Rourke et al., 2003) although it is not clear if these are associated with resistance or poor application.

The resistance characteristic of environmental isolates (Lear et al., 2002)collected from biocide manufacturing sites demonstrated that apart from intrinsically resistant *Pseudomonas*, few genera showed resistance to triclosan or para-chloro-meta-xylenol. Although increased MIC was observed, the bacterial isolates remained susceptible to practical concentration (Lear et al., 2002).

Griffiths et al (Griffiths et al., 1997), demonstrated that Mycobacterium chelonae isolated from endoscope washer disinfector had developed resistance to the in-use (2% v/v) concentration of glutaraldehyde, but remained susceptible to other aldehydes (Fraud et al., 2001). Glutaraldehyde resistance was associated with minor modifications to the outer cell walls of these strains (Walsh et al., 1999, Fraud et al., 2001). Further in-vitro studies indicated that changes in the cell wall arabinogalactan/arabinomannan content of M. chelonae was responsible for the glutaraldehyde resistance observed in these strains (Manzoor et al., 1999). There have also been a number of studies demonstrating bacterial resistance to bisphenol, triclosan and chlorhexidine (McMurry et al., 1998, Russell, 2004b, Sanchez et al., 2005). Chuanchuen et al. (Chuanchuen et al., 2001), reported the induction and expression of an efflux pump in *P. aeruginosa* following triclosan exposure, resulting in high-level resistance to both triclosan and ciprofloxacin. However, such induced bacterial strains have not been observed in practice (Russell, 2003). The induction of efflux pump mechanisms following low concentration, biocide exposures appears to be the primary mechanism of biocide resistance (Lear et al., 2002, Poole, 2005). A point emphasized by Paulsen et al (Paulsen et al., 1998), who suggested that the emergence of the *qacA* gene resulted from the use of chlorhexidine. There have also been a number of studies demonstrating bacterial resistance to bisphenol, triclosan and chlorhexidine (McMurry et al., 1998, Russell, 2004b, Sanchez et al., 2005). Chuanchuen et al. (Chuanchuen et al., 2001), reported the induction and expression of an efflux pump in *P. aeruginosa* following triclosan exposure, resulting in high-level resistance to both triclosan and ciprofloxacin. However, such induced bacterial strains have not been observed in practice (Russell, 2003). The induction of efflux pump mechanisms following low

concentration, biocide exposures appears to be the primary mechanism of biocide resistance (Lear et al., 2002, Poole, 2005). A point emphasized by Paulsen et al (Paulsen et al., 1998), who suggested that the emergence of the *qacA* gene resulted from the use of chlorhexidine.

2.6.2 Biofilms and Biocide Resistance

Bacterial growth as a biofilm often contributes to the failure of biocides and disinfection (Espinal et al., 2011). The highly organized structure and polymeric matrix of a biofilm provides a protective mechanism allowing bacteria to survive the harsh environments created by biocides and biofilm formation represents an important virulence factor (Espinal et al., 2011). Effective disinfection in the presence of a biofilm often requires higher concentrations of antimicrobial agents when compared to planktonic bacteria (Thomas et al., 2011). The antimicrobial concentrations required for biofilm inactivation can be 100 times that required for inactivation of removal planktonic cells (Rasmussen and Givskov, 2006).

These impacts may be species specific for example the efficacy of ortho-pthalaldehyde was reduced against Mycobacterial biofilms but not against *P. aeruginosa* ones (Berkelman et al., 1984). Survival of bacteria in biofilms has been identified as contributing to a number of outbreaks, e.g. *P. aeruginosa* resistance to iodophores, *Serratia marcescens* resistance to benzylkonium chloride and chlorhexidine. Recently a major outbreak of *Pseudomonas* infections in a neonatal unit in Northern Ireland was associated with biofilms in water distribution system(RQIA, 2012).

However many hospital associated infections are caused by bacteria associated in biofilms and yet most laboratories are not using biofilm test to assess the efficacy of biocides (Cookson, 2005), and there are currently no European standards for the testing of disinfectants against biofilm for healthcare applications.

2.7 **Evaluation of biocides**

The testing of biocides has received considerable attention for many years with a range of formal standard published world wide (Fraise et al., 2012). However, many of these techniques are designed for rapid determination of basic bactericidal activity and as such are not particularly useful for the generation of research data. However, more sophisticated approaches for evaluating the impact of biocides on both both planktonic cells and biofilm forming cells are available, specifically the Bioscreen C technology system (by Growth Curves Ab Ltd) and the MBEC systems (Innovotech Inc, Canada).

2.7.1 Bioscreen C technology system

The Bioscreen system monitors the live growth of microorganism by measuring turbidity of the liquid growth medium in the 100 honey comb wells at specific temperature and with or without shaking. These meaurments are done by realtime recording of the optical density of the cultures under investigation. The mesurment interval can be set from minute to hours. The reader consist of three inter-related systems i.e. mechanical transport, incubator and optical system (Figure 2.7). The incubator tray assembly holds the honeycomb plates in the correct position. The assembly shuttles left from the plate loading section into the measurment compartment, where light is passed through each well of the plate and the detector makes the OD readings. Incubator maintains the plates at the chosen temperature by circulating the heating-cooling liquid continously through the incubator. A halogen lamp produces light which then passes through the chopper wheel. The light path is turned 90 degrees by a mirror, than pass through the filter wheel. The correct filter is chosen by making the appropriate entry during the experiments set up (Wide band filter 480-520nm used for the turbidity meaurment). Filtered light moves through an optical fibre to the lens assembly in the measurement compartment, below the honeycomb plates. Light passes through the bottom of each well and results are collected by the detector and trasfered to PC attached with the system (Figure 2.7).

The Bioscreen technology generates large amounts of data which requires processing. A number of modelling approaches have been developed to transform Bioscreen data into key characteristics such as minimum inhibitory concentrations (MIC) (Lambert and Lambert, 2003, Lambert and Pearson, 2000b) and minimum biocidal concentrations (MBC). The MIC being the minimum concentration of a biocide required to prevent microbial growth, whilst the MBC is the the minimum concentration of a biocide required to kill microbial cells.



Figure 2.7. The Bioscreen system.

2.7.2 MBEC system

Biofilm forming bacteria are phenotypically distinct from suspended planktonic cells of the same genotype. Biofilm growth reactors are engineered to produce biofilms with specific characteristics, however by altering the engineered system or operating conditions characteristic of biofilm can be changed. Microscopically a biofilm is a sheet like structure with some architectural details and the purpose of MBEC system is to grow consistent, representative biofilms amenable to testing and evaluation (Harrison et al., 2010). The MBEC system consists of a polystyrene lid, with 96 downward-protruding pegs (Figure 2.8), that exactly fit into the wells of a 96-well plate and was originally designed for the rapid and reproducible assay for evaluating of biofilm susceptibility to antibiotic (Ceri et al., 1999a, Smith et al., 2012) and have been integrated into the testing of biocides particularly for Pseudomonas sp. The biofilm is established on pegs under batch conditions (no flow of nutrients in and out of the individual well) with gentle mixing. The established biofilm is then transferred into a new receiver plate for disinfectant efficiency testing. Additional efficiency is added by including the neutralizer controls within the assay device, and due to small volume of samples used (200µl) for testing of expensive biocides it is more economical and efficient than other approaches.



Figure.2.8. The MBEC biofilm growth system (Innovotech Inc, Canada).

2.8 Wound dressing

Chronic wounds (e.g. diabetic lower limb and pressure ulcers) are generally heavily colonised with pathogenic bacteria. The healing of these wounds depends on adjusting the equilibrium between the host-immune system and the pathogens present in the wound environment (Stephen-Haynes, 2004). Within wound microorganisms exist in either a free floating/planktonic state or as part of a biofilm associated with the wound bed (Thomas et al., 2011).

Many multi drug resistant organisms (MDROs) are also often associated with chronic and acute wounds. Topical antimicrobials are often the first approach applied to bio burden control, in wounds where there are clear signs of a progressive infection however; systematic antibiotics are generally applied (Bowler et al., 2012). Several factors determine the efficiency of systematic antibiotics such as: the extent of blood flow to the wound, the extent of antibiotic-resistance, the bacterial species present, the presence of biofilms (Zubair et al., 2011). Where MDROs have colonised the wound, the efficacy of systematic antibiotics treatment is uncertain. In this case the topical application of antiseptics and disinfectants may present a viable alternative due to their broader spectrum of activity and lack of bacterial resistance. By combining antiseptic and disinfectant agents with wound dressings it is possible to achieve a managed delivery of antimicrobial agents into the infected wound bed (Ovington, 2007).

There is large range of antimicrobial dressings available with varying claims of antimicrobial efficacy. Current approaches for the evaluation of antimicrobial wound dressings vary significantly in terms of media used, inoculum and sample size (Tkachenko and Karas, 2012), which may make direct comparison between dressing difficult (Chopra, 2007). In addition the presence of biofilms within wounds complicate the testing of these dressings, particularly when of our current knowledge of bacterial biofilm is based on *in vitro* observations of bacterial adherence to solid surfaces. This is a marked contrast to the situation in a chronic

wound where bacteria reside within a wound beds rather than attached to well defined solid surface (Werthan et al., 2010).

2.8.1 Wound dressings

There are lot of different dressing available for treatment of wounds, the use of wound dressing depend upon the characteristics of wound and the mode of dressing itself, below are some example of different wound dressing.

a) Semi-permeable film dressings

These dressing consist of a thin polyurethane type film, which is coated with adhesive layer, which help the dressing to adhere with the skin. These dressing are semi permeable which allow transmitting of moisture but do not adsorb the exudates, these film dressing provide a protective environment which is impermeable to bacteria and liquids and can stay in place for up to 7 days (Abdelrahman and Newton, 2011).

b). Non-adherent contact layer dressings

Non-adherent dressings applied directly onto the wounds to provide an interface with the secondary dressing or pad. They are usually made up of fine woven mesh, which allow exudates to pass through. Some of the non-adherent dressing contains paraffin or silicone to improve the non-adherence (Abdelrahman and Newton, 2011). Due to increasing concerns of non-adherent dressing about pain on dressing removal and risk of sensitivities the use of non-adherent dressing are less in modern day wound management (Lewis et al., 2001).

c). Hydrocolloid dressings

These are described as interactive as they use wound fluid to form a moist gel at the wound interface, these dressing consist of gelatins, pectins and carboxymethylcellulose which form the hydrocolloid base, which is then secured onto a backing of polyurethane film or foam, hydrocolloids, have a low moisture transmission rate of less than $300 \text{mg/m}^2/24$ hours (Seaman, 2002). Depending upon the level of exudates these dressing can stay up to 6 days.

e). Hydrofibre dressings

These dressing consist of insoluble polymers with high water contents making them ideal dressings to facilitate autolytic debridement of necrosis and slough. These are better for dry necrotic wound that require hydrating and debridement, whilst hydrocolloids debride tissues in sloughy, exuding wounds. A new sliver coating hydrofibre dressing Aquacel Ag and Acticoat is widely used now days due to the broad-spectrum antimicrobial activity of ionic silver to the proven exudate handling technology of hydrofibre (Harding et al., 2001).

f). Foam dressings

Foam dressing is made up of polyurethane or silicone, which helps them to handle large volumes of wound fluid. There properties vary from adhesive to non-adhesive formulation with varied thickness (Abdelrahman and Newton, 2011). Some modern foam dressing proved to be effective as cavity filters, when applied on wounds foam has the ability to adsorb exudates, preventing pooling and skin leakage, and maintain the low adherence to facilitate easy painless removal (Flores and Kingsley, 2007).

2.8.1.1 Antimicrobial dressings

The **s**pread of infection in the individual has a serious implications for patient wellbeing and act as a pathogenic reservoir results in increasing the risk of cross contamination. Accurate differentail diagnosis and treatment with appropiate systemic antibiotics is essential (EWMA, 2006, WUWHS, 2007), bacteria resistant to topical antibiotics should be avoided (WUWHS, 2008), adjuvant topical antimicrobial dressings may be used to help reduce the wound bioburden (EWMA, 2006, WUWHS, 2007). However, critical colonisation and localised, subclinical infection remain an issue and are significant contributors for wound healing (Edwards and Harding, 2004, Warriner and Burrell, 2005). In recent years, dressing that contains andrelaese the antimicrobial agents at the wound surface has been in use (White and McDermott, 2001, Cooper, 2004), these dressing has the ability to provide continues relaese of the antimicrobial agents at the wound surface to provide a long lasting antimicrobial action in combination with maintenance of physiologically mosist enviornment for healing (Ovington, 2007). Table 2.3 explain the range of antimicrobial wound dressing available in the market.

Dressing Name	Antimicrobial ingredient	Dressing Format	Manufacturer
Acticoat absorbent	Ionic silver	Calcium alginate	Smith & Nephew, Inc, Largo, FL, USA
Actisorb Silver 220	Ionic silver and	Silver impregnated	Johnson and Johnson Wound Management,
	activated charcoal	activated charcoal cloth	Somerville, NJ, USA
Arglaes	Ionic silver	Transparent film or powder	Medline Industries, Inc, Mundelein, IL, USA
Aquacel AG	Ionic silver	Hydrofiber	Convatec, Skillman, NJ, USA
Contreet H	Ionic silver	Hydrocolloid	Coloplast Corp, Marietta, GA, USA
Contreet F	Ionic silver	Foam	Coloplast Corp, Marietta, GA, USA
Iodosorb	Molecular iodine	Gel or paste	HealthPoint Ltd, Ft. Worth, TX, USA
Silvasorb Antimicrobial	Ionic silver	Hydrogel sheet or	Medline Industries, Inc, Mundelein, IL, USA
Silver Dressing		amorphous gel	
Kerlix AMD Gauze	PHMB	Gauze	Tyco Healthcare/Kendall, Mansfield, MA, USA

PHMB indicates polyhexamethyl biguanide.

Table.2.3 Examples of antimicrobial dressings (Ovington, 2007).

2.8.1.1.1 Iodine dressings

Iodine has been used as antimicrobial agent for a long time, iodine mixed with polymeric cadexomer starch vehicle has been used as a topical gel or paste, the cadexomer moiety provides exudate adsoption from the wound which results in the slow release of free iodine (Ovington, 2007). Like all the other antiseptics, iodine effects multiple sites in microbial cells, resulting in cell distruption and cell death (WUWHS, 2007). However, its antimicrobial efficiancy, chemical stability, toxicity to host tissues and the ensuing effect on patient comfort has been debated (Wilson et al., 2005). It has been reported that povidone-iodine is not as effective as some other biocides against *Staphylococcous epidermis* within *in vitro* bioflims (Presterl et al., 2007). Iodine mixed with polymeric cadexomer proved to be a biofilm supression without significant damage to the host (Akiyama et al., 2004, Rhoads et al., 2008), but pain has been reported as a side effect of its use (Hansson, 1998).

2.8.1.1.2 Silver dressings

Silver (Aquacel Ag) based dressing are widley used in wound care (Klasen, 2000b, Klasen, 2000a, Demling and Desanti, 2001, Ip et al., 2006), the only side effects reported is skin discolouration and irritation (White and Cooper, 2005). A new sliver coating hydrofibre dressings Aquacel Ag and Acticoat is widely used due to the broad-spectrum antimicrobial activity of ionic silver to the proven exudate handling technology of hydrofibre (Harding et al., 2001). Questions have been concerns for the long use of silver on wounds especially in infants (Denyer, 2009), but to date no pathological consequences of silver used dressing has been reported, except some reports about the systemic uptake and deposition of silvers in organs (Denyer, 2009, Wang et al., 2009).

2.8.1.1.3 Honey dressings

Manuka honey dressing also used for the treatment of wound care. These dressing has been successfully used for the treatment of recalcitrant wounds within the maxillofacial unit and proved resistant to antibiotics. These honey coated dressing has been used directly on the wound and can be used for 2-3 days without changing (Visavadia et al., 2008). The exact mode of action of honey dressings not fully understood, however it is hyperosmolar and thus restricts the availability of environmental water to bacteria and other organisms (Molan, 2001), which results to cell disruption and death. Another property of honey is the release of hydrogen peroxide as the honey is diluted by exudates (Molan, 2004). However some honeys varieties particularly the Manuka and *Leptospermum* has the ability to retain their

antimicrobial property even without the release of hydrogen peroxide (Cooper et al., 2002b, Cooper et al., 2002a), which is thought to be phytochemical component (Molan, 2002).

2.8.1.1.4 PHMB dressings

Recently polyhexamethylenebiguanide (PHMB) has been introduced which has effect on the microbial cell metabolism. PHMB is a fast acting biguanide compounds composed of synthetic mixture of polymers, having structural similarities to the antimicrobial peptides AMPs produced by many cells within the wounds, such as keratinocytes and inflammatory neutrophils, where they are thought to help the cells against infection (Sørensen et al., 2003, Ousey and McIntosh, 2009). AMP has a broad spectrum of activity against bacteria, viruses and fungi including cell death by disrupting cell membrane integrity (Moore and Gray, 2007). They are proved to be effective against *Pseudomonas aeruginosa* and *Staphylococcus aureus* which are common in many chronic wounds (Abdelrahman and Newton, 2011). PHMB product ranges includes TelfTM AMD drain, Kendall AMD antimicrobial foam having higher percentage of PHMB impregnated 0.5%, Biocellulose PHMB-donating dressings e.g Suprasorb X+PHMB, which contains 0.3% PHMB. In vitro and in vivo studies have proved that dressing or products containing PHMB reduces wound pain rapidly and effectively (Daeschlein et al., 2007, Galitz et al., 2009), reduces wound malodour (Daeschlein et al., 2007), reduces MMPinduced pre-wound breakdown (Cazzaniga et al., 2007, Werner et al., 2004), reduces slough within wound (Mueller and Krebsbach, 2008), increases keratinocyte and fibroblast activity (Wiegand et al., 2007), increases formation of granulation tissue (Mueller and Krebsbach, 2008), and helps remove non-viable tissue (Kaehn, 2009).

2.8.1.1.5 Evaluation of antimicrobial dressings

Current approaches for the evaluation of antimicrobial wound dressings vary significantly in terms of media used, inoculum and sample size (Tkachenko and Karas, 2012), which may make direct comparison between dressing difficult (Chopra, 2007). In addition the presence of biofilms within wounds complicate the testing of these dressings, particularly when our current knowledge of bacterial biofilm is based on *in vitro* observations of bacterial adherence to solid surfaces. This is a marked contrast to the situation in a chronic wound where bacteria reside within a wound beds rather than attached to well defined solid surface (Werthan et al., 2010).

3 METHODOLOGY

3.1 Materials

3.1.1 Chemicals

Unless otherwise stated all chemical used in this study were sourced from either Fisher Scientific Ltd or Sigma-Aldrich Ltd. Biological grade chemicals were used whenever possible.

3.1.1.1 Biocides

A range of biocides and biocidal products were employed in this investigation and are outlined below:

- Ethanol (CH₃CH₂OH)(Absolute alcohol 99%, Fisher Scientific Ltd);
- Iso-propylalcohol (IPA, propan-2-ol, CH₃CHOHCH₃, 99.8%, Fisher Scientific Ltd);
- Methanol (CH₃OH, 99.8+%, Fisher Scientific Ltd);
- Benzethonium Chloride (≥98%, Sigma-Aldrich Ltd);
- Benzalkonium Chloride (>95%, Sigma-Aldrich Ltd);
- Barquat MB-50 (Alkyl (C14 50%, C16 10%, C12 40%) Dimethyl Benzyl Ammonium Chloride, 80% w/v, Lonza Ltd);
- Bardap 26 (N,N-Didecyl-N-methyl-poly(oxyethyl) ammonium propionate, 80% w/v, Lonza Ltd);
- PHMB (Polyhexamethylenebiguanide, 50% w/v, Arch Chemicals Ltd).

3.1.2 Microbiological media

The following microbiological media were used throughout this study:

- Tryptone Soy Agar (TSA, LabM Ltd) Prepared by dispersing 37g in one litre of distilled water prior to autoclaving.
- Tryptone Soy Broth (TSB, LabM Ltd) Prepared by dispersing 30g in one litre of distilled water prior to autoclaving.
- Maximum Recovery Diluent (MRD, LabM Ltd) Prepared by dispersing 9.5g in one litre.
- DE neutraliser broth (DE, LabM Ltd) Prepared by dispersing 39g in one litre.

Unless otherwise stated all media and solutions were prepared in double distilled water.

3.1.2.1 Mineral media

To enable successful EPS characterisation a carbohydrate free mineral media was developed (Table 3.1).

Components	K ₂ HPO ₄	(NH ₄) ₂ SO ₄	MgSO ₄ .7H ₂ O	NaCl	CaCl ₂	FeCl ₃	Casein hydrolysate
g/L	4.5	1	0.2	0.1	0.1	0.02	0.05
Final pH of the media adjusted to pH 7.0.							

Table: 3.1 Mineral media supplemented with Casein.

3.2 Standard microbiology techniques

Unless otherwise stated all microbiology investigations were carried out via a set of standard microbiological techniques. Growth and enumeration of bacteria was carried out employing Maximum Recovery Diluent (MRD, LabM Ltd) in conjunction with Tryptone Soya Broth (TSB, LabM Ltd) or Tryptone Soya Agar (TSA, LabM Ltd). All cultures were incubated at 37°C for 24 hours under aerobic conditions. Cultures were plated out via either pour, spread or spiral plating (Wasp II Spiral Plater, Don Whitley Scientific Ltd). All culture media, diluents and heat stable components were sterilised via autoclaving at 121°C for 15 minutes, heat labile components were sterilised via filtration through sterile 0.45µm filters (Sartorius Ltd).

3.3 Microbial Cultures

A wide range of microbial cultures, both type strains and isolated strains were employed in this investigation. These cultures are outlined in Table 3.2, cultures were preserved at -80°C on Microbank beads (Prolab Diagnostics Ltd). These beads were revived on TSA under standard conditions.

Species	Culture Collection	Short Identifier	Source			
	NCIMB 19606	Туре	Oxoid Ltd			
	ACCB 63608	UK-HS	Strain provided by Dr M. Wren UCLH, London.			
	CIP 105742	742				
Acinetobacter	CIP 106882	882	Pasteur Institute, Paris, France.			
baumannii	CIP 107292	292				
	OXA-23 Clone 1	Clone 1	Strains provided by Dr J. Turton,			
	OXA-23 Clone 2	Clone 2	LHCAI, HPA Colindale, London.			
Staphylococcus aureus (MSSA)	ATCC 6538	6538	Oxoid Ltd			
	ATCC 4300	4300	Oxoid Ltd			
S. aureus (MRSA)	NCTC 13142	13142	HPA, London, UK.			
	NT / A	7F/C7	Isolated from mobile phones (White et al 2013).			
	N/A	9B/F6				
	ATCC 15442	15442	Oxoid Ltd.			
		Ι				
Pseudomonas		II	Laslated from dragging normound			
aeruginosa	N/A	III	from infected wounds			
		IV				
		V				

Table 3.2 Bacterial strains used in this investigation

3.4 Chemical Analysis

3.4.1 Ethanol and IPA analysis

The quantitative determination of ethanol and IPA was performed via a QuantiChrom Ethanol Assay Kit (Universal Biologicals (Cambridge) Ltd). Sample ethanol and IPA concentrations were determined by comparison with a standard curve (Figure 3.1).



Figure 3.1. Ethanol Assay Standard curve.

3.4.2 Glucose and lactate analysis

The glucose and lactate concentration in samples was determined using a PicoTrace analyser (Trace Analytics GmbH).

3.4.3 Total carbohydrate analysis

The phenol/sulphuric acid procedure employed for total carbohydrate analysis was based on that described by (Dubois et al., 1956). The carbohydrate content of a sample is determined by comparison with a glucose standard curve. In order to carry out the analysis 1 ml of phenol solution (5% w/v) was added to 1ml of the test solution (unknown or standard). Immediately after the addition of phenol, 5ml of concentrated sulphuric acid is added rapidly (~15-30sec) and mixed. The reaction mixture is incubated at 70°C for 20 minutes, mixed then and placed in a 10°C water bath for a further 10 minutes. Finally the absorbance of the solution at 490nm is measured and compared against a glucose standard curve (25-300ppm) to determine the carbohydrate content of the unknown sample (Figure 3.2).



Figure 3.2. Carbohydrate Assay Standard curve.

3.4.4 Exopolysaccharide (EPS) extraction

Three methods for the extraction and characterization of *A. baumannii* EPS were employed during this study:

- **1.** Poly-β-(1-6)-*N*-Acetylglucoseamine (PNAG) method(O'Toole and Kolter, 1998);
- 2. EDTA method (Sheng et al., 2005);
- 3. Trichloroacetic acid method (Marshall et al., 2001).

3.4.4.1 Poly- β -(1-6)-N-Acetylglucoseamine method

To determine if *A. baumannii* has the ability to produce PNAG, the bacteria strains were grown on plates containing Congo red agar composed of brain heart infusion agar (Oxoid, UK) supplemented with 5% sucrose and 0.8 mg/ml of Congo red (Sigma Chemical ltd. UK) as described by (Handke et al., 2004). On these plates PNAG synthesizing cells produced red colonies, whereas PNAG deficient cells produced white colonies. After screening, PNAG producing strains were grown in a 6-litre culture of mineral media supplemented with 1% v/v ethanol and incubated at 37°C for 72 hours with continuous shaking at ~90-110rpm. Bacterial cells were collected by centrifugation at 9000g for 15 minutes and resuspended in 100ml of 20mM EDTA buffer (pH 8.0) containing lysozyme (500mg), and incubated at room temperature for 30min. DNAase I (25mg) and RNAase A(100mg) were then added, and the suspension incubated at room temperature for 1hour and then 37°C for 2 hours. The cells were then removed by centrifugation and the EPS precipitated with 3 volumes of ethanol at 4°C for 24-48 hours. The precipitate was recovered by centrifugation at 9000g for 15 minutes and then suspended in ultrapure water and dialysed using 2000 MWCO dialysis tubes (Sigma Aldrich Ltd) against ultrapure water for 72 hours at 4°C, with three changes of water per day to remove the small natural sugars. The extracted material was freeze dried and stored for further analyse by ¹H NMR.

3.4.4.2 EDTA method

EPS can be classified by its proximity to the cell surface. Capsular or cell bound-EPS tightly linked via a covalent or non-covalent association with cells and free EPS which is not directly attached to the cell surfaces (Wingender et al., 1999). Bacteria were grown and harvested as described for the PNAG method. In this case however, the cell pellets were used for the extraction of the bound EPS and the supernatant was used for the extraction of free EPS. Cells were harvested from the culture media by centrifugation at 5000rpm for 15min at 4°C. Bound EPS was extracted from the cell pellet using EDTA method as described by Sheng *et al* (2005) with some modification, which reduced the release of nucleic acids by preventing cell lysis. Cells were resuspended in 1:1 volume of solution 0.9% w/v NaCl and 2% w/v EDTA and incubated for 60min at 4°C. The supernatant used for the extraction of bond EPS was centrifuged at 10,000xg for 60min at 4°C and then filtered through a nitrocellulose membrane. To determine the free EPS the supernatant was recentrifuged at 10,000*g* for 30min at 4°C to remove residual cells and then the EPS was precipitated by mixing the supernatant 3 volumes of ethanol at -20°C for 18h. Precipitated EPS was recovered by centrifugation at 10,000*g* for 15min at 4°C. The extract was resuspended in ultrapure water and dialysed against ultrapure water to removed ethanol using 2000 MWCO dialysis tubes (Sigma Aldrich Ltd). The extracted material was freeze dried and stored for further analysis e.g. ¹H NMR, FTIR and MALLS analysis.

3.4.4.3 Trichloroacetic acid method

The isolation of exopolysaccharide (EPS) was carried out by the method described by (Marshall et al., 2001), with some modifications. The procedure involves a series of ethanol precipitations, centrifugation and dialysis. Samples of overnight bacterial culture (5 litres) in mineral media were heated at 80°C for 20-30min and then left to cool at room temperature. Following cooling trichloroacetic acid (TCA, Sigma Aldrich, UK) was added until the TCA concentration of the sample reached 14% (w/v) and the sample was then left at 4°C overnight. The samples were then centrifuged at 25,000g (Avanti J-26 XPI centrifuge, Coulter ltd UK, High Wycombe, UK) for 35 minutes at 4°C to remove cells and proteins. An equal volume of chilled absolute ethanol was then added to the supernatant which was then left for 48 hours at 4°C to allow the precipitation of the crude EPS. After precipitation the sample was centrifuged, as above, and the pellet retained. To remove the traces of DNA, RNA and other nucleic acids remnants from the pellets, the pellet was re-dissolved in 10 ml of phosphate buffer saline (PBS) containing 10mM MgCl₂, 1mM CaCl₂, 100µg/ml of RNAase (Sigma Aldrich, UK), and 100µg/ml of DNAase (Sigma Aldrich, UK), incubated at 37°C for 2-3 hours. To remove protein contamination 100ml of protease (20µg/ml) (Sigma Aldrich, UK), was added and again incubated at 37°C for 2-3 hours. The solution was then heated to 80°C for 30mins to inactivate the enzymes and finally centrifuge at 25,000g, 4°C for 30min. The resulting supernatant was then subjected to ethanol precipitation. After 24 hours of precipitation at 4°C the sample was centrifuged, as above, and the pellet retained. The pellet was then dissolved in ultra-pure water and dialysed against ultra-pure water for 72 hours at 4°C, with three changes of water per day to remove the small natural sugars. The extracted EPS was then characterized by solid state NMR, FTIR, MALLS analysis and further characterised by HPEAC.

3.4.4.3.1 Preparation of dialysis tubing

Dialysis tubing was prepared by boiling in deionised water (500ml) containing EDTA (0.186g) (Sigma Aldrich, UK), and sodium carbonate (10g) for 10 minutes. The tubing was then rinsed before boiling again with deionised water and store at 4°C in deionised water.

3.4.5 Structural characterisation of Exopolysaccharides

A range of analytical techniques were employed to characterise the EPS recovered from the bacteria under investigation.

3.4.5.1 NMR analysis

All the ¹H NMR spectra of extracted EPS were generated on either a Bruker Avance DPX4000 400.13 or a Bruker Avance DPX500 500.13MHz by Dr. Neil Mclay. All the samples of EPS were prepared either in deuterium dioxide (D₂O) or DMSO (GOSS Scientific Instruments Ltd, Nantwich, UK) and the spectra were acquired using Bruker pulse sequences at a temperature of 70°C unless otherwise stated. Chemical shifts were expressed in ppm relative to an internal standard of acetone.

The solid state ¹³C NMR were performed by Department of chemistry, University of Durham, UK using a Varian VNMRS spectrometer operating at 100.56 MHz for ¹³C. The peaks between 170 and 180 ppm are typical of carboxylic acid or ester carbons. Those between 50 and 70 ppm are in the region for ether or alcohol. Signals in the range 60 to 110 ppm are typically polysaccharide or EPS. Cellulose for example would have a C1 signal around 105 ppm, C4 80-90 ppm (crystalline ~88, amorphous ~84 ppm and broad), C2, C3 and C5 around 75 ppm and C6 around 63 ppm. The 130-140 ppm band is probably C=C (possibly, =CH at 130, CH2= at 135 ppm).

3.4.5.2 Molecular Weight Determination (MALLS analysis)

The weight average molecular weight (Mw) and polydispersity (Mw/Mn) of the pullulan standard and extracted EPS were determined by HP-SEC-MALLS analysis. It should be noted that dn / dc values for control samples have previously been determined at University of Huddersfield. Solutions of 1mg/ml were prepared in deionised water. Upon complete dissolution samples were filtered through 0.2µm PTFE Puradisc syringe filters (Whatman UK Ltd). Filtered samples (200µm) were injected (using a 7125i injection port, Rheodyne LLC, California, USA) onto an analytic size exclusion column (Polymer Labs Aquacel-OH-Mixed-H 8µm particle size, 300 x 7.5mm Polymer Laboratories, UK). Ultrapure water delivered by

HPLC pump (Prominence LC-20 AD, Shimadzu, Milton Keynes, UK) at 1mL/min, neutral analytes were eluted and passed through by series of detectors. The samples first pass through a UV detector (Prominence SPD-20A, Shimadzu) with a wavelength set to 260nm; this identifies the presence of any residual DNA present in the sample. The concentration of sample was then detected by a refractive index (RI) detector (Optilab Rex, Wyatt technology, Santa Barbara, USA) and finally the weight-average molecular weight is measured using multi-angle laser light scattering (MALLS) photometer with the laser set to 690nm (Dawn OES, Wyatt Technology, Santa Barbara, USA). The chromatographic conditions are outlined below:

- Pump -Prominence LC-20AD;
- Flow rate -1mL/min;
- Mobile Phase -Ultrapure water;
- Injection Volume-200µL;
- Column-Plaquagel-OH-Mixed-H 8μm, 300x 7.5mm;
- Detector Calibration Constant-2.0x10⁻⁵ (V⁻¹);
- Detectors -UV, RI and MALLS;
- Run Time-45mins.

3.4.5.3 FTIR spectra of EPS

Fourier transform infrared spectroscopic (FTIR) method has been used for EPS characterisation (Nicolet 380 FTIR). For this purpose 1mg of the sample was used at room temperature. Trasmission spectra was recorded using at least 32 scans with 4cm⁻¹ rsolution in the spectral range 4000-5004cm⁻¹. (FTIR) spectroscopy is a rapid nondestructive method that has been to many biological systems (Schmitt and Flemming, 1998, Gómez-Zavaglia and Fausto, 2003). The techique is based on the principle that atoms in the molecules are not held rigidly apart and when subjected to infrared radiation (between 500 and 4000 cm⁻¹), the molecule will absorb energy and the bond will be subject to number of vibrations. Hence the absorbtion spectrum contains information regarding the molecular structure of the sample. All the absorption spectra of the extracted samples were recorded between 4000 and 500cm⁻¹ with a FTIR spectrometer (Magna-IR 750, Nicolet Instrument, USA). The region between 4000 and 500cm⁻¹ holds the characteristic bands and is sutiable for the characterisation of microorganisms (Dittrich and Sibler, 2005, Lin et al., 2005). The wide and intense carbohydrate or EPS bands are found at wave number 950-1200cm⁻¹ which can be attributed

to –COC- group vibrations in the cyclic structure (Gómez-Zavaglia and Fausto, 2003, Dittrich and Sibler, 2005, Schmitt and Flemming, 1998).

3.4.5.4 Monomer analysis

Monomer analysis was carried out using High Performance Anion Exchange Chromatography with a Pulsed Amperometric Detector (HPAEC-PAD, Dionex now Thermo Fisher Scientific Inc). Isolated EPS (3 mg) was suspended in 2 mL of 4M trifluoroacetic acid (TFA) (Sigma Aldrich, UK) in a pressure tube and heated at 120°C for 2 hours. After 2 hours the samples were cooled to room temperature and evaporated to dryness under a constant stream of nitrogen at (60°C). The dried sample was reconstituted with ultra-pure water 1-1.5ml and was used directly for HPAEC-PAD.

Reconstituted, hydrolysed EPS samples were the injected (AS50 Autosampler, Dionex Co.) into the HPAEC. Sodium hydroxide (8mM, Isocratic) delivered by a gradient pump (GS50 Gradient pump, Dionex Co.) at 0.5ml/min was used to elute the monosaccharide's through the PAD detector (ED50 Electrochemical detector, Dionex Co.). The monosaccharide standards used to obtain the linear calibration data were prepared to the specific concentrations in deionised water and were run using the chromatographic conditions listed below:

- Pump -GS50 Gradient pump;
- Flow rate-0.5mL/min;
- Mobile Phase 8mM Sodium Hydroxide;
- Injection Volume 200µL;
- Column-CarboPac PA203 x 150mm;
- Detector PAD;
- Run Time-20mins.

3.5 Experimental procedures

3.5.1 Determination of the Minimum Bactericidal Concentration (MBC) of alcohols and containing hand gels

Initially the MBC of ethanol and IPA was determined in 96 well plates, each well containing 200 μ l μ l of TSB, 50 μ l of a 2x10³ cfu/ml *A. baumannii* culture and 50 μ l of alcohol solution to generate a concentration gradient 80-40% v/v. Following a 5min contact time the wells were sub-cultured under standard culturing conditions. The MBC being identified as the lowest concentration from which no viable cells could be cultured. Further investigations utilised

lower concentration of alcohols and also included had gels. In this case 10ml of MRD containing 0.1-5% v/v of ethanol, ethanol based hand rub (Salvo gel), IPA, or IPA based hand rub (Purell) and 50μ l of $2x10^3$ cfu/ml *A. baumannii* were incubated under standard conditions (n = 4). After 24 hours incubation the number of bacteria present were enumerated.

3.5.2 Alternative media for the EPS production

In the search for carbohydrate free media for the growth and production of EPS from *A. baumannii* mineral media (Table 3.2) was supplemented with (0.01- 0.5% w/v) Lactalbumin (Oxoid Ltd), casein (Oxoid Ltd) or casein + lactalbumin. These milk derived complex nitrogen sources were chosen because the EPS isolation and characterisation methodologies employed in this work have already been applied to bacteria grown in milk based media (Laws et al., 2008). Media was inoculated with 50μ l of $2x10^3$ cfu/ml. *A. baumannii* and incubated under standard conditions After 24 hours incubation the number of bacteria present were enumerated (n = 4).

3.5.3 Assessment of ethanol and IPA as sole carbon sources

The impact of ethanol and IPA on the growth of *A. baumannii* was investigated using mineral media supplemented with 0.001, 0.01, 0.03 and 0.05% (v/v) ethanol or IPA. Controls were also run with 1% w/v glucose. Media was inoculated with 50μ l of $2x10^3$ cfu/ml *A. baumannii* and incubated under standard conditions. After 24 hours incubation the number of bacteria present were enumerated. To confirm that alcohol was being metabolised, the batch growth experiments described above were repeated with either 1% (v/v) ethanol or IPA under standard conditions. After 24 hours incubation of alcohol remaining was determined (n = 4).

3.5.4 Determination of MICs using the Bioscreen automated growth instrumentation

The Bioscreen technology (Oy Growth Curves Ab Ltd) is a computer-controlled incubator/reader/ shaker able to monitor bacterial growth via increases in optical density (OD) in real time. It employs a 100 well micro-plate format, with two plates being utilised per run, allowing up to "200 tests being run simultaneously". In this investigation the Bioscreen instrument was employed to determine the MIC or alcohols and other biocides.

To determine the MIC of a particular biocide a dilution series was created down the plate using the biocide prepared in mineral media, a typical concentration series would be 10% - 0.625% (v/v). Once prepared 50µl of a 10^3 cfu/ml suspension of the desired bacteria were

added in all of the wells and shaken at 37°C for 24 hours with reading taken at 1 hour intervals. In order to determine the minimum biocidal concentration at the end of the Bioscreen run 100µl was transferred from each well to another Bioscreen plate containing DE neutralising broth (LabM Ltd). The DE plate was then incubated under standard conditions for 24 hours after which each well was plated out onto TSA to determine the presence of absence of live organisms.

In order to generate MIC values from the Bioscreen output the approach described by Lambert and Pearson (2000) was employed. Firstly the area under the OD time curve (Figure 3.3.) is determined using the trapezoidal rule performed in Microsoft Excel. Comparison of the test curve with that of the positive and negative control allows the calculation of a fraction area (fa) (Equation 3.1). Once a range of fractional areas have been calculated they can be plotted against the log of the biocide concentration (Figure 3.4) to allow analysis via a modification of the Gompertz function (Equation 3.2). This function was fitted to the data using the solver function in Excel; this allowed the MIC to be calculated from the constants M and B (Equation 3.3).



Figure 3.3. A typical Bioscreen OD vs. time curve

$$fa = \left(\frac{Area_T - Area_{NC}}{Area_{PC} - Area_{NC}}\right)$$
Eqn 3.1

Where: $Area_T$ = Area under the test curve, $Area_{NC}$ = Area under the negative control and $Area_{PC}$ = Area under the positive control.



Figure 3.4. A typical fa vs. Log concentration curve

$$y = A + Ce^{-e^{B(x-M)}}$$
Eqn 3.2

Where: A = Lower asymptote of y, C is Distance between upper and lower asymptote (Approx. 1), B = Slope parameter X = Biocides concentration and M = Log Concentration of the inflexion point.

$$MIC = 10^{(M+\frac{1}{B})}$$
 Eqn 3.3

Where: B = slope function, M = is the log concentration at the inflexion point.

3.5.5 Hydrophobicity of planktonic cells

Evaluation of hydrophobicity of planktonic cells was carried out using the microbial adhesion to n-hexadecane (MATH) test (Mattos-Guaraldi et al., 1999). In short, overnight cultures grown at 37°C in mineral media were centrifuged in a bench micro centrifuge to generate a pellet. The pellet was dispersed in MRD to an OD at 550nm of 0.8. Five millilitre of this bacterial suspension was overlaid with 100ml of Tween 80 (5mg/ml, Sigma Aldrich Ltd). After 1-2 min of agitation by vortexing, the phases were allowed to separate for 15minutes at room temperature. The absorbance of the aqueous phase was then measured at 550nm. The hydrophobicity test was performed directly on planktonic cells or after three washing in MRD in order to remove EPS (Campanac et al., 2002). Results were expressed as the percentage of cells excluded from the aqueous phase determined by the equation (Equation 3.4):

% Hydrophobicity =
$$\frac{(A_0 - A)}{A_0} - 100$$
 Eqn 3.4

Where A_0 and A are, respectively, the initial and final ODs of the aqueous phase.

Strains were considered as: strongly hydrophobic when the values obtained were >50%, moderate hydrophobic for values ranging between 20% and 50% and hydrophilic when values were <20%.

3.5.6 ATP dependent test for hydrophobicity confirmation

An alternative approach to the MATH test was developed employing ATP content by using the ATP dependent biomass detection kit (3M-clean trace, 3M health care, Germany). The test was performed as described for the MATH test except that the ATP content of the aqueous phase was used instead of the absorbance at 550 nm.

3.5.7 Quantitative estimation of Biofilm

The method of O'Toole (O'Toole et al., 2000), was employed for the quantitative estimation of biofilms, this method uses crystal violet to stain biofilms attached to a surface, with the extent of the biofilm being proportional to the amount of crystal violet retained. A single colony of A. baumannii was removed from a stock plate and grown on in 20ml of TSB under standard conditions to a level of 10⁷ cfu/ml. 50µl of this overnight culture was placed in the wells of a 96 well plate along with 50µl of mineral media and incubated under standard conditions. Following incubation the wells were washed four times with sterile distilled water and allowed to air dry for 5-10 minutes. Following drying 100µl of crystal violet was added in each well and the plate was left at room temperature for 30min. The plate was again washed four times with sterile distilled water and air dried for 5-10min. following drying 200µl of ethanol was added to each well to extract the retained crystal violet, 125µl of this ethanol was then transferred to a clean 96 well plate. The amount of crystal violet extracted was then determined by absorbance at 540nm on a plate reader (Multiskan EX, Thermo Labsystems). All the strains were classified into the following categories: non-adherent (0), weakly adherent (+), moderate adherence (++) and strongly adherent (+++) based on the absorbance (Ab) of the bacterial film using the approach outlined by Stepanovi et al (Stepanovi et al., 2000). The classification process is outlined below:

$Ab_{test} \le Ab_{control}$	Non-adherent
$Ab_{control} \le Ab_{test} \le 2 xAb_{control}$	weakly adherent
$2 \text{ xAb}_{\text{control}} \leq Ab_{\text{test}} \leq 4 \text{ x Ab}_{\text{control}}$	Moderately adherent
4 x Ab _{control} ≤ Ab _{test}	Strongly adherent

3.5.8 Drip flow reactor (DFR) for the continuous growth of biofilm

A drip-flow biofilm reactor (DFR) (BioSurface Technologies Corporation) was used to grow *A. baumannii* biofilms under low shear conditions close to the air-liquid interface using the approach described by Stewart et al (Stewart et al., 2001, Werner et al., 2004). This system was used to grow biofilms on glass slides using minimal media enriched with both ethanol and glucose. These biofilms were established by operating the reactors in batch mode for 6h at room temperature, these were allowed to mature for an additional 48h with a continuous flow of minimal medium over inclined glass coupons set at a 10° angle as described by Werner et al., 2004 (Werner et al., 2004).

After 48 hours the glass coupons were removed, drained to remove any planktonic cells and fixed with 2.5% v/v formalin and stained with ethidium bromide (500mg/ml) (Sigma Aldrich, UK) for 15min. Slides then washed with d.H₂O and stained with fluorescent brighter 28 or calcoflour white (0.1% w/v) (Sigma Aldrich, UK) and observed under a fluorescent microscope. Fluorescent brighter 28 or calcoflour white stain (Sigma Aldrich, UK), reacts with the carbohydrates in EPS to give a blue colour whilst the bacterial cells are stained red by the ethidium bromide.



Figure 3.5. Drip flow biofilm reactor (Goeres et al., 2009)

3.5.9 MBEC Biofilm cultivation

The MBEC systems (InnovotechInc, Canada) as originally described by (Ceri et al., 1999b) was used to test biofilms against biocides. The MBEC system consists of a polystyrene lid, with 96 downward-protruding pegs, that exactly fit into the wells of a 96-well plate (Figure 3.6). In order to grow *A. baumannii* biofilms on the MBEC system an inoculum was prepared by suspending bacteria from overnight TSB broth cultures in 0.9% w/v NaCl to match a 1McFarland standard. The standard inoculum was then diluted 3 folds in growth media to
achieve an initial viable count of approximately 1×10^7 cfu/ml, 150μ l of this inoculum was then transferred into each well of a 96 well plate. The inoculated plate was then incubated overnight at 37°C on a shaker at 5 rpm. Following this initial incubation, biofilms were rinsed with 0.9% w/v NaCl to remove the loosely attached planktonic cells. Biofilm formation was evaluated by breaking 2-3 pegs from the MBEC system and recovering the associated biofilm into 200 μ l of 0.9% w/v NaCl via 5 minutes of ultra-sonication. The number of recovered bacteria was determined by plating out under standard conditions.



Figure 3.6. The MBEC biofilm growth system (Innovotech Inc, Canada).

The method of (Harrison et al., 2008) (Figure 3.7), was followed to determine the MBC_b, using *A. baumannii* biofilms prepared as described above. Serial dilutions of the biocides of interest were prepared in 200µl mineral media using 96-well microtiter plate. After rinsing the biofilm plate was placed into the biocide wells and incubated overnight at 37°C on a shaker with speed of 5 rpm. After incubation the biofilm plate was transferred into a 96-well recovery plate containing DE neutraliser broth (LabM Ltd) for 20 minutes. Biofilms were then recovered by sonication into MRD and then serially diluted and plated out on TSA and incubated under standard conditions.

3.5.9.1 Biofilm formation in the presence of biocides

Serial dilutions of the biocides of interest were prepared in 200 µl mineral media using 96well micro titer plate, 50µl of a 10³ cfu/ml *A. baumannii* suspension was added to each well and a sterile MBEC plate attached, the completed plate was the incubated overnight at 37°C on a shaker with speed of 5 rpm. After incubation the MBEC plate was rinsed and then transferred to a 96-well recovery plate containing DE neutraliser broth (LabM Ltd) for 20 minutes neutralisation. After neutralisation the whole MBEC plate was sonicated for 5mins. Minimum bactericidal concentrations (MBCb) for the biofilms were then determined by reading the optical density at 650nm of the recovery plates, using Thermomax micotitre plate reader with Softmax pro data analysis software or via ATP determination.



Figure. 3.7. Determination of minimum bactericidal concentrations for biofilms (Harrison et al, 2008). High-throughput screening may be used to identify synergistic antimicrobial interactions that kill microbial biofilms. Starting from cryogenic stocks, the desired bacterial strain was streaked out twice on TSA (a), and colonies from the second subcultures were suspended ingrowth medium to match a 1.0 McFarland optical standard (b). This standardized suspension, diluted 30-fold in TSB, served as the inoculum for the CBDs. The inoculated devices were assembled and incubated on a gyrorotary shaker (c), which facilitated the formation of 96 statistically equivalent biofilms on the peg surfaces (data not shown). Biofilms were rinsed with 0.9% NaCl (d), and surface-adherent growth was verified by viable cell counting (e). Antimicrobials were set up in "checkerboard" arrangements in microtiter plates (f), and the rinsed biofilms were inserted into these challenge plates for the desired exposure time (g). Following antimicrobial exposure, biofilms were rinsed and inserted into recovery plates. Biofilm cells were disrupted into the recovery medium by sonication (h), and the recovery plates were incubated for 24 h before the OD650 values of recovered cultures were read in a microtiter plate reader (i). This allowed the FBC index to be calculated, and this was used to identify "candidate" synergistic interactions (j). Candidates were validated by repeating the testing process (as outlined in steps a-h), but instead of qualitative measurements, biofilm cell survival was quantified by viable cell counting on agar plates (k).

3.5.10. Evaluation of antimicrobial wound dressings

3.5.10.1 Bacterial strains

All strains of *S. aureus and P. aeruginosa* identified in Table 3.2, along with six strains of *A. baumannii* (Type, UK-HS, Clone I and Clone II, 882 and 292) were used to evaluate the effectiveness of the antimicrobial wound dressings.

3.5.10.2 Culture conditions

Stock suspensions were prepared by taking cultures from TSA stock plates and dispersing these in sterile conical flask containing 10 ml of MRD and 5 g of glass beads by gentle shaking on an orbital shaker. The OD of the suspension was adjusted to be equivalent to a 0.5 McFarland standard at 600 nm in a spectrophotometer. This OD approximated to a 1-1.5x10⁸cfu/ml suspension. A working suspension of 1-1.5x10⁵cfu/ml was then prepared in a simulated wound fluid (SWF) composed of a 50:50 suspension of MRD and foetal calf serum (Sigma-Aldrich Ltd).

3.5.10.3 Antimicrobial dressings

Four commercially available dressings were selected for evaluation:

- A Manuka honey based dressing (Actilite, Advancis medical, UK);
- A PHMB based dressing (Suprasorb, Lohmann and Rauscher, Germany);
- A nanocrystalline silver coated dressing (NSCD) (Acticoat, Smith & Nephew Medical ltd, UK);
- Anionic silver coated dressing (ISCD) (Aquacel Ag, Convatec, UK).

3.5.10.4 Antimicrobial activity against planktonic cells

This approach is based on the international standard for the evaluation of antimicrobial plastics (BS ISO22196:2007). A 16cm² (4x4 cm) portion of dressing was placed on a sterile plastic sheet in the base of a sterile Petri dish. The dressing was then inoculated with 400 µl of test suspension before being covered with another layer of sterile plastic sheet. The inoculated dressings were then incubated for 24 hours at 37°C at 90 % humidity. After 24 hours, the number of surviving bacteria was determined by stomaching the inoculated dressings in 10 ml of a validated neutraliser and plating out the neutraliser on TSA under standard conditions. In addition, the dressing, base layer and top layer of plastic sheet were overlaid with TSA to determine the number of surviving bacteria remaining on these surfaces.

The fraction of surviving bacteria was then determined by means of comparison with controls as described in BS ISO22196:2007.

3.5.11.5 Antimicrobial activity against immobilised cells

An *in vitro* collagen wound model (CWM) mimicking conditions in chronic wounds and soft tissue infections (Brackman et al., 2011) were employed. Matrices of polymerized rat-tail collagen type I (BD Biosciences UK) were prepared in 15-ml tubes following the manufacturer's protocol for eukaryotic cell culturing. For 10 ml of collagen matrix solution (3.8mg/ml), 1ml of phosphate buffer saline (PBS) was mixed with 0.019 ml of NaOH (1M) and 0.7 ml of bacterial suspension (1-1.5x10⁵ cfu/ml) in SWF and kept on ice until required. Finally 8.27 ml of collagen from cold collagen stock (4mg/ml) was added and, after mixing, 1ml aliquots of collagen matrix were transferred to the wells of a 24 well polystyrene plate (Fisher Scientific, UK). To polymerise the collagen, the microtiter plate was placed in an incubator at 37 °C for 1 hour.

To test the antimicrobial activity of the test dressings, dressing were cut aseptically to fit the well diameter and placed on top of polymerized collagen gel. The plates were then incubated for 24 hours at 37°C at 90 % humidity. Following incubation the dressings were removed and the number of surviving bacteria was determined by dissolving the collagen matrices by adding 1ml of collagenase solution (1mg/ml in PBS from *Clostridium histolyticum* (Sigma Aldrich, UK) to the collagen gel followed by incubation at 37°C for 30-60min. The suspension was then mixed thoroughly and re-incubated for 60-80min, until complete digestion. The solution from each well was then transferred to 10 ml of a validated neutraliser and the fraction of surviving bacteria determined by plating out the neutraliser on TSA under standard conditions. In addition, the dressings were overlaid with TSA to determine the number of surviving bacteria remaining on these surfaces. The fraction of surviving bacteria was then determined by means of comparison with controls as described in BS IS022196:2007.

3.6 Data processing and statistical analysis

All general data processing was carried out employing Microsoft Excel. Statistical analysis was carried out via SPSS V.20 (IBM Corporation, USA). Due to the large number of comparisons, which increases the risk of Type I error, and the difference in variance, the Games-Howell *post hoc* test was used to identify significant differences between variables (Field, 2013).

4 Results and discussions

4.1 The impact of alcohol on the growth, survival and EPS generation of A. baumannii

A range of alcohols e.g. ethanol and isopropanol (IPA) are employed in healthcare settings as antiseptics, disinfectants and components of biocidal blends. The presence of these compounds in healthcare settings potentially represents a carbon source for the growth of *Acinetobacter sp* if present at sub-lethal concentrations. There is a considerable body of data indicating that *Acinetobacter sp* have a range of metabolic responses to alcohols (See section 2.2.6). Consequently the growth response of *Acinetobacter sp* to alcohols provides an insight into the survival of these pathogens in healthcare environments. Initial investigations focussed on the Type strain (ATCC 19606) and the UK Hospital Strain (UK-HS) using a range of media and alcohol concentrations.

4.1.1 Effect of alcohols and alcohol containing hand gels on bacterial growth

Initial investigations focussed on the impact of alcohols and alcohol containing hand gels on the growth of Type and UK-HS strains. Concentration profiles of ethanol and IPA from 80-40% were prepared in 96 well plates containing TSB and a bacterial inoculum of 10µl of a 2x10³ cfu/ml culture. Following a 5 minute contact time the wells were sub-cultured under standard conditions for 24 hours, the minimum biocidal concentration (MBC) being identified as the lowest concentration from which no viable cells could be cultured (Table 4.1). In the case of the Type strain the MBC was 50% for both ethanol and IPA, however in the case of the UK-HS the MBC for IPA was higher at 55%.

Bacterial	Ethanol	IPA			
Strain	Concentration (v/v)				
Туре	50%	50%			
UK-HS	50%	55%			

Table . 4.2. MBC for Ethanol and IPA.

Further investigation of the ability of *A. baumannii* strains to grow and survive in the presence of alcohols were carried out in Maximum recovery diluent (MRD), since this provided a lower organic load than the Trypton soya agar (TSB) employed previously. The impact of alcohol, alcohol based hand rub (Salvo gel), isopropanol alcohol (IPA) and isopropanol alcohol based hand rub (Purell gel) on both the Type strain and UK Hospital Strain (UK-HS) was investigated by growing them in MRD supplemented with the alcohols and gels at 0.1%-5% v/v under standard conditions. The amount of hand gel employed was adjusted to provide the required alcohol concentration. Both strains exhibited a decrease in growth as the concentration of both ethanol and IPA increased (Figure 4.1). This impact on growth was most pronounced in the case of the Type strain with inhibitory impacts becoming obvious at 1% v/v, in the case of UK-HS growth was not obviously impacted until the concentration reached 3% v/v (Table 4.2). Both strains failed to grow when the concentration of either ethanol or IPA was increased above 5%. The impact of the alcohol based hand gels was less consistent (Figure 4.2), particularly the case with UK-HS where the impact of Purell gel was significantly lower than that seen with the equivalent concentration of ethanol. These differences are likely to be due to the additional components present in alcohol gels e.g. glycerol.



Figure: 4.1. Effect of alcohols on *Acinetobacter* growth.

*Cfu/ml= Colony forming units/ml, Standard deviation, n=4.



Figure: 4.2. Effect of different alcohol gels on *Acinetobacter* **growth.** *Cfu/ml= Colony forming units/ml, Standard deviation, n=4.

Treatment	Significance at 95% CL				
i i cutilicite	UK-HS	Туре			
Ethanol	Cont>0.1%>1%=3%>5%	Cont>0.1%>1%=3%>5%			
IPA	Cont=0.1%=1%=3%>5%	Cont>0.1%>1%>3%=5%			
Salvo	Cont>0.1%>1%>3%>5%	Cont>0.1%>1%=3%>5%			
Purell	Cont>0.1%>1%>3%<5%	Cont>0.1%>1%>3%>5%			

Table 4.2. Significance differences in alcohol growth data.

4.1.2 Alternative media for Acinetobacter sp growth

The growth of *Acinetobacter sp* in TSB and MRD allowed preliminary investigations of the impact of alcohols on their growth. However in order to study the response of these bacteria to biocides and their generation of EPS a defined media which supported the growth of *Acinetobacter sp* without interfering with biocidal impacts or the analysis of EPS was required. Initially a basic mineral media with 1% glucose (See section.3.1.2.1) was chosen. In order to provide nitrogen source casein, lactalbumin or casein + lactalbumin were evaluated. These

milk derived complex nitrogen sources were chosen because the EPS isolation and characterisation methodologies employed in this work have already been applied to bacteria grown in milk based media (Laws et al., 2008). These initial tests were carried out on the Type strain and UK-HS. When casein and/or lactalbumin were employed at concentrations ranging from 0.01% to 0.5% w/w all strains were able to grow to between log 7.5 to 8.25cfu/ml in overnight cultures which equates to between a 4.1 to 5.2 cfu/ml increase over and above the mineral media control (Figure 4.3). This indicates that although, a complex nitrogen source is required for growth, 0.01 % w/w of either lactalbumin or casein was sufficient to stimulate extensive growth in the presence of a suitable carbon source.



Figure: 4.3. Impact of complex nitrogen sources on bacterial growth. *Cfu/ml= Colony forming units/ml, Standard deviation, n=4, Control = Mineral media, Cas = Casein, Lac = lactalbumin.

4.1.3 Impact of ethanol and IPA as sole carbon sources

The impact of ethanol and IPA on the growth of the Type strain and UK-HS was investigated using mineral media supplemented with 0.001, 0.01, 0.03 and 0.05% (v/v) ethanol or IPA. Controls were also run with 1% w/w glucose. Under these conditions both bacteria were able to grow using both alcohols as a sole carbon source. However, as the alcohol concentrations increased the growth of the Type strain decreased significantly indicating inhibition (Figure 4.4, Table 4.3), whilst the UK-HS was able to maintain growth across the range of alcohol concentrations tested, with some significant changes evident across the alcohol concentrations (Figure 4.5, Table 4.3).



Figure: 4.4. Effect of carbon source on the Type strain. *Cfu/ml= Colony forming units/ml, Standard deviation, n=4.



Figure: 4.5. Effect of carbon source on UK-HS.	.*Cfu/ml=Color	ny forming units/ml,	Standard deviation, n=4,
------------------------------------------------	----------------	----------------------	--------------------------

Treatment	Significance at 95% CL				
i i cutilicite	Туре	UK-HS			
Ethanol	Cont>0.001%=0.01%>0.03%>0.05%	Cont>0.001%=0.01%=0.03%=0.05%			
IPA	Cont>0.001%=0.01%>0.03%>0.05%	Cont>0.001%=0.01%=0.03%>0.05%			

Table 4.3 Significance differences in growth at low alcohol concentrations.

To establish a broader understanding of the consumption of alcohol across all *Acinetobacter* strains available and to confirm that alcohol was being metabolised, batch growth

experiments with mineral media supplemented with either 1% v/v ethanol or IPA were run and monitored from alcohol removal (Figure 4.6). These experiments confirmed the inability of the Type strain to utilise alcohols at these concentrations. All other strains were able to remove over 90% of both ethanol and IPA in 24 hours with the exception of the UK-HS which only consumed approximately 40% of either alcohol during this period.



Figure: 4.6. Percentage removal of 1% v/v ethanol and IPA during batch growth (Bioassay Kit). Standard deviation, n=4,

4.1.4 **Determination of the MIC of alcohols**

In order to provide a more sophisticated understanding of the impact of alcohols on the growth of *A. baumannii* the Bioscreen technology was employed to determine the relevant MICs (See section 3.5.4). All seven *A. baumannii* strains were employed using mineral media supplemented with methanol, ethanol, IPA or glucose at a range of concentrations (0.63-10% v/v). The concentration range was selected to sit between the MBC (Table 4.1) and the concentrations able to support independent growth (Figures 4.4 to 4.6). Methanol was included to determine if the number of carbons in an alcohol had an impact on its biocidal efficiency and glucose was included as a positive control. MIC values were calculated from Bioscreen outputs using the approach described by (Lambert, 2001). Typical Bioscreen outputs can be found in Figure 4.7 along with the associated fractional area relationships (Figure 4.8), the remaining outputs can be found in the appendix. In all but one case (Clone 1) methanol generated the highest MIC of the three alcohols investigated. The response to the two alcohols in general use within Healthcare environments varied across the range of strains

tested, with Clone 2 being most sensitive to both alcohols and 882 being the least sensitive (Table 4.4).



Figure.4.7. Bioscreen output for UK-HS grown on ethanol.



Figure 4.8. Fractional area and concentration plot for UK-HS.



Figure 4.9. MIC data for all *Acinetobacter* strains. Standard deviation, n=3.

Ethanol			IPA				
М	in	М	ax	М	in	М	ax
Strain	Conc (% v/v)	Strain	Conc (% v/v)	Strain	Conc (% v/v)	Strain	Conc (% v/v)
Clone 2	3.2	882	9.0	Clone 2	3.1	882	8.3

 Table 4.4. Minimum and maximum MIC data for Ethanol and IPA. Standard deviation, n=3.

4.1.5 **Discussion**

The MBC's determined here are below the in use concentrations recommended for alcohols (60-70%) (Fraise et al., 2012) but are at the concentration below which antimicrobial activity is known to decrease (McDonnell and Russell, 1999). The impact of ethanol in the presence of other carbon sources has been investigated by a number of authors (Pirog et al., 2002, Smith et al., 2004), a situation that mirrors the experiments reported above employing TSB and MRD. Pirog *et al* (Pirog et al., 2002) reported on *Acinetobacter* strains that were unable to grow solely on alcohols without supplementation with pantothenic acid (Vitamin B3), a situation not reflected in the growth of *Acinetobacter* strains investigated here where most of those investigated were able to grow on either ethanol or IPA as the sole carbon source. However, the Type strain grew poorly when provided with significant amounts of alcohol as a sole carbon source (Figure 4.7) suggesting in this case supplementation may be necessary. The growth of *Acinetobacter* strains on minimal media with ethanol as a sole carbon source without supplementation is well established (Navon-Venezia et al., 1995, Walzer et al., 2006) a situation reflected in the growth of the clinical strains investigated here.

Enhanced pathogenicity due to the presence of alcohol has been reported for *Acinetobacter* spp (Smith et al., 2004) again in the presence of other carbon sources. The positive impact of ethanol was reduced as the concentration was raised to 5% and became negative above 5% (Smith et al., 2004), a trend that is reflected in the data collected here (Figures 4.1 and 4.2). Enhanced growth of *Acinetobacter* strains at alcohol concentrations at or around 1% has been reported by a number of authors (Smith et al., 2004, Edwards et al., 2007a). Edwards et al (Edwards et al., 2007b), reported the enhancement of growth and virulence in the presence of ethanol and found the significant increase in growth when the minimal media is supplemented with $\leq 1\%$ of four commercially available hand rubs i.e Purell, Spirogel, Softalind and Skinman. They reported that the unknown factor which enhanced pathogenicity and virulence to *A. baumannii* was secretion of proteins in response to alcohols. One of these proteins was identified as OmpA, which was recognized as having emulsifying activity, which could be useful in scavenging carbon for growth from complex energy sources such as hydrocarbons. The secretion of OmpA by A. baumannii following exposure to 0.5% v/v ethanol in minimal media has also been described by Walzer et al (Walzer et al., 2006), suggesting that it may be the important response to growth and survival under low nutrient conditions. These bioemulsifiers protein may also be helpful in bacterial adhesion, quorum sensing and the development of biofilms (Ron and Rosenberg, 2001).

The MIC determined for ethanol and IPA for the clinical strains investigated are towards the upper end of published values for alcohol MICs on bacteria in general that range from 1 to 5% (Oh and Marshall, 1993, Mazzola et al., 2009, Wadhwani et al., 2008). One published value for *A. calcoaceticus*of4.4% (Mazzola *et al.*, 2009) is broadly similar to the values generated during this study with the exception of 882 which had an MIC of approximately double this value (Table 4.4). Interestingly these authors indicated that the presence of glycerine, a common component of alcohol hand gels increased the MIC by \approx 50%, an observation that aligns with the reduced impact of Purell gel observed here.

4.1.6 Key Findings

- A carbohydrate free minimal media employing alcohols as sole carbon sources has been developed.
- The MBC of ethanol and IPA for all strains ranged from 50 to 55% v/v.
- The MIC of ethanol and IPA for all clinical strains ranged from 3.1 to 9.0% v/v.
- The Type strain was significantly more sensitive to alcohols and less able to use ethanol or IPA as their sole carbon source.
- Strain 882 was the most resistant strain when exposed to ethanol and IPA.

4.2 A Biofilm formation

4.2.1 Quantitative determination of biofilm formation

The ability of all available strains of *A. baumannii* to form biofilms was assessed via the crystal violet/ethanol method (See section. 3.5.7). All strains were grown in mineral media supplemented with either 1% v/v of glucose, ethanol or IPA. For the purpose of comparative analysis of test results, the classification of (Stepanovi et al., 2000) was followed. The crystal violet/ethanol method was supplemented by direct enumeration of adhered bacteria. Of the strains investigated the Type strain proved to be none adherent, followed by the UK-HS which was uniform weakly adherent (Table 4.5). All other strains were strongly adherent when grown on ethanol and IPA but Clone 1, 2 and strain 742 had reduced adherence when grown on glucose (Table 4.5). Adherence and biomass content were positively correlated (Figure 4.10) with highly adherent strains having two orders of magnitude greater biomass than weakly adherent strains.



Figure 4.10. Biofilm formation and associated levels of biomass of seven strains of *A. baumannii* on different carbon sources i.e. 1% v/v Ethanol, IPA and Glucose in mineral media. *Cfu/ml = Colony forming units/ml, No adherence (0), Weak adherence (+), Moderate adherence (++), Strong adherence (+++).

4.2.2 Formation of biofilms on MBEC surfaces

The ability of the MBEC plastic surfaces to support *Acinetobacter* biofilms and the ease with which cells can be recovered from these surfaces was assessed using UK-HS, Clone 1, Clone 2 and 882 strains grown in mineral media supplemented with either 1% v/v ethanol, methanol and glucose. The biofilms formed by these bacteria were removed from the MBEC pegs via sonication (5, 10 and 30minutes) (Figure 4. 11 a-d). All strains investigated generated

significant biofilms on pegs (>log 5 cfu/ml) irrespective of the carbon source. The only exception being the UK-HS which generated an order of magnitude lower recoverable bacteria. Across all the strains investigated 5 minutes sonication being sufficient to recover adhered cells.

Bacterial strains	Carbon source	CV test	Log ₁₀ (cfu/ml)	
Туре		0	2.06	
UK-HS		+	4.10	
882		+++	7.08	
Clone 1	Ethanol	+++	6.75	
Clone 2		+++	6.92	
742		+++	6.50	
292		+++	6.45	
Туре		0	2.03	
UK-HS		+	4.06	
882	IPA	+++	6.06	
Clone 1		+++	6.63	
Clone 2		+++	6.65	
742		+++	6.83	
292		+++	6.05	
Туре		0	2.08	
UK-HS		+	3.88	
882		+++	6.88	
Clone 1	Glucose	++	5.83	
Clone 2		++	5.83	
742		+	4.11	
292		+++	6.66	
No adherence (0), Weak adherence (+), Moderate adherence (++), Strong adherence (+++).				

Table.4.5. Effect of different carbon sources i.e. 1% v/v Ethanol, IPA and Glucose in mineral media on biofilm forming capacity of seven strains of *A. baumannii* using the crystal violet/ethanol method. (See section. 3.5.7). *Cfu/ml = Colony forming units/ml, Standard deviation, n=3.



(a). UK-HS, ACCB 63608



(b). OXA-23 Clone 1



(c). OXA-23 Clone II



(d). CIP 106882

Figure: 4.11. Biofilm growth on MBEC surfaces and effect of different sonication time or biofilm removal from MBEC surfaces of different *A. baumannii* **strains.** *TVC = Total viable counts.

4.2.3 Assessment of hydrophobicity

Hydrophobicity has been associated with the ability of bacteria to adhere to surfaces and form biofilms. An evaluation of the hydrophobicity of *A. baumannii* was carried out using the microbial adhesion to n-hexadecane (*MATH*) test (Mattos-Guaraldi et al., 1999). All strains were cultured in mineral media with ethanol, IPA or glucose as carbon sources. Two different methods were employed to evaluate the *MATH* of all the strain; a qualitative method (spectroscopic method OD 550 nm) and quantitative methods (Total viable counts (TVC) and ATP determination). These tests demonstrated that all the strains were hydrophobic with the exception of the Type strain (Figure 4.11). Of the strains tested Clone 1 and 882 were strongly hydrophobic (> 50%), UK-HS and Clone 2 were moderately hydrophobic (>20%<50%) and Type stains being hydrophilic (<20%) (Figure 4.11). However, when grown on glucose all the strains became moderately hydrophobic (>20%<50%) while Type strain remained hydrophilic (<20%) (Figure 4.12).

Hydrophobicity determinations were also performed, to determine the impact of media composition on culture hydrophobicity. Three different media were investigated i.e. mineral media with ethanol, trypton soya broth (TSB) and a simulated wound fluid (SWF) containing foetal calf serum (FCS). In this case, the TVC method was replaced with an ATP determination. Both of the tests proved that Clone 1 and 882 were strongly hydrophobic (>50%), UK-HS and Clone 2 were moderately hydrophobic (>20%<50%) and the Type strain was hydrophilic (<20%) (Figure. 4.13) when grown on mineral media with ethanol as a carbon source. However when grown on TSB and SWF Clone 1, 882,UK-HS and Clone 2 become moderately hydrophobic (>20%<50%) whilst the Type strain remained hydrophilic (<20%).



Figure. 4.12. Hydrophobicity determination of different *A. baumannii* strains on different carbon sources i.e. 1% v/v Ethanol, IPA and Glucose in mineral media using *Microbial adhesion to hydrocarbon* (n-hexadecane) test (*MATH*). (a). Spectroscopic method OD 550nm. (b). Standard deviation, n=3.



Figure. 4.13. Comparisons of hydrophobicity of different *A. baumannii* strains on different media i.e. Mineral media with 1% v/v Ethanol, TSB and SWF using *Microbial adhesion to hydrocarbon* (n-hexadecane) test (*MATH*). (a). Spectroscopic method OD 550nm. (b). ATP dependent test. Standard deviation, n=3.

4.2.4 **Total carbohydrate estimation**

Batch growth experiments were performed to determine if biofilm forming strains were generating EPS with a total carbohydrate estimation being used as a measure of this generation. A range of carbon sources (glucose, ethanol and IPA) were used along with the two strong biofilm forming strains 882 and Clone 1 identified in Section 4.2. The procedure used for total carbohydrate contents was based on that described by (Dubois et al., 1956). Alongside EPS generation the consumption of the carbon sources, biomass production and lactate production were also monitored. When glucose was employed as the carbon source glucose concentration was deducted from the total carbohydrate measurements to determine the free EPS concentration. Both strains demonstrated a classic batch growth curve on all three carbon sources with a limited lag phase. The incubation period was not long enough for a death or decline phase to occur.

In all cases (882 and Clone 1) EPS generation was associated with the exponential phase of biomass growth and although EPS generation stopped once biomass generation had ceased, there was no evidence that this carbohydrate was utilised as a carbon source during the stationary phase (Figures 4.14 and 4.15). This contrasts with the primary carbon sources, which reduced to zero during the exponential growth phase or the lactate evolution which increased during exponential growth and then was metabolised back to zero during the stationary phase (Figures 4.14 and 4.15).

The amount of EPS produced across all carbon sources and strain was broadly similar (0.35 to 0.4 mg/l) as was the amount of biomass produced (Log 9 to 9.5 cfu/ml). On a weight-by-weight basis EPS generation accounted for \approx 0.004% of the carbon source consumed regardless of the nature of the carbon source. The only major difference in the batch growth profiles was in the lactate profiles with 882 producing approximately four times as much as that produced by 882 on glucose or that produced by Clone 1 on any of the carbon sources (\approx 0.4-0.45 mg/l c.f. 0.1-0.15 mg/l). (Figures. 4.14)



(a). 882 ethanol



(b). 882 IPA



(c). 882 Glucose

Figure. 4.14. Total carbohydrate estimation, ethanol removal and biomass production by 882 on carbon source (a). 1% v/v Ethanol. (b). 1% v/v IPA. (c). 1% v/v Glucose.). *Cfu/ml = Colony forming units/ml, Standard deviation, n=3.







(b). Clone 1 IPA.



(c). Clone 1 Glucose.

Figure.4.15. Total carbohydrate estimation, ethanol removal and biomass production by Clone 1 on carbon source (a). 1% v/v Ethanol. (b). 1% v/v IPA. (c). 1% v/v Glucose.). Cfu/ml = Colony forming units/ml, Standard deviation, n=3.

4.2.5 Scanning electron microgram (SEM) of *A. baumannii* strains

In order to directly visualise *A. baumannii* biofilms the high biofilm forming strains i.e.882 and Clone 1 were grown on plastic surfaces using mineral media enriched with either glucose, IPA or ethanol as a carbon source, with the Type strain being used as a control. SEM revealed that both 882 and Clone 1 formed biofilms on the plastic surfaces on all the carbon sources. However the Type strain did not form any obvious biofilm (Figure 4.16), an observation which supports the results of the crystal violet/ethanol method for biofilm formation.



ETHANOL IPA GLUCOSE

Figure. 4.16: Scanning Electronic Microgram of biofilm forming strains of *A. baumannii* grown in mineral media supplemented with 1 % v/v ethanol, IPA and glucose.

4.2.6 Drip flow reactor (DFR) and fluorescent microscopy

A. baumannii biofilms (Type strain, 882 and Clone 1) were grown on glass slides using the drip-flow reactor fed on minimal medium with ethanol, IPA or glucose as a carbon and energy source. Glass coupons were after either 24 or 48hours, drained and fixed for fluorescent microscopy. Consistent with the SEM observations both the strains were able to form biofilm on all the carbon sources. i.e. ethanol, IPA and glucose. In this case the generation of EPS could be directly visualised by the blue/white fluorescence of the calcofluor white carbohydrate stain. The formation of the biofilm and associated EPS is seen as a blue colour around the red bacterial cells. The biofilm starts forming after 24 hours; however biofilm was more obvious after 48 hours of continuous growth in the drip flow reactor. Type strain did not form any biofilm however; both the biofilm forming strains i.e. 882 and Clone 1developed stronger biofilms with more obvious EPS when the carbon source was ethanol and IPA as compared to the glucose (Figures 4.17 - 4.19). Biofilms with a more compact structure were seen with 882 than Clone 1 on all the carbon sources (Figure 4.17 - 4.19).



(A)



(C)



(E)

Figure. 4.17. Fluorescent microscopy (x 1000) of *A. baumanii* **Type strain grown in mineral media supplemented with 1 % v/v ethanol, IPA and glucose.** (A). Ethanol 24hours. (B). Ethanol 48hours. (C). IPA 24hours. (D). IPA 48hours. (E). Glucose 24hours. (F). Glucose 48hours. **EPS or biofilm visualised by the blue/white colour around the red** *A. baumannii* strain.



(B)



(D)



(F)



(A)



(C)



(E)

Figure. 4.18. Fluorescent microscopy (x 1000) of *A. baumannii* CIP 106882 strain grown in mineral media supplemented with 1 % v/v ethanol, IPA and glucose. (A). Ethanol 24hours. (B). Ethanol 48hours. (C). IPA 24hours. (D). IPA 48hours. (E). Glucose 24hours. (F). Glucose 48hours. EPS or biofilm visualised by the blue/white colour around the red *A. baumannii* strain.



(B)



(D)



(F)



(A)



(B)



(C)

Figure. 4.19. Fluorescent microscopy (x 1000) of *A. baumannii* OXA-24 Clone I strain grown in mineral media supplemented with 1 % v/v ethanol, IPA and glucose. (A). Ethanol 24hours. (B). Ethanol 48hours.(C). IPA 24hours. (D). IPA 48hours. (E). Glucose 24hours. (F). Glucose 48hours. EPS or biofilm visualised by the blue/white colour around the red *A. baumannii* strain.



(D)



(E)



(F)

4.2.7 Discussion

A. baumannii is known to form strong adherent biofilms that allow the bacteria to survive for several weeks on abiotic surfaces in healthcare settings (Harrison et al., 2008, Donlan, 2008, Villegas and Hartstein, 2003, McConnell et al., 2012). Biofilm formation amongst clinical strains has been identified as a virulence factor (Wroblewska et al., 2008). However, as observed here, biofilm formation amongst A. baumannii strains is not consistent; Wroblewska et al (Wroblewska et al., 2008) investigated 34 clinical strains from patients hospitalized in two tertiary care hospitals. The isolates demonstrated a wide range of biofilm forming ability, with 12% high, 41% medium and 47% demonstrating a low level of biofilm production. A similar variation in adherence was observed when the adherence of clinical isolates to human bronchial tissue was investigated (Lee et al., 2006). In the case of the strains investigated here (Table 3.1) a greater number demonstrated a high level of adherence with the strength of adherence being dependent on the carbon source. Wroblewska et al (2008) did not consider the impact of carbon source on biofilm formation, but the data collected by current study clearly shows that alcohol based carbon sources increase adherence, with 71% of strains being highly adherent when fed on alcohol as the sole carbon source with only the Type strain and UK-HS remaining poorly adherent regardless of carbon source. Lee et al (2006) observed lower levels of adherence for Clone 1 than Clone 2 onto epithelial cells, when tested here for adherence to plastic surfaces no differences between Clones 1 and 2 was seen. Other authors (McQueary and Actis, 2011) have shown the Type strain to be comparable in its ability to form biofilms but in this case TSB was employed as a growth media, emphasising the importance of the carbon source on biofilm formation.

The variations between strains and the impact of carbon source on biofilm formation was mirrored in the hydrophobicity data, where there were clear differences between strains (Figures. 4.12) and the use of alcohol as a sole carbon sources generated greater hydrophobicity than glucose, SWF or TSB (Figure. 4.13). This correlation between biofilm formation and hydrophobicity is to be expected since plastic surfaces are hydrophobic in nature (McQueary and Actis, 2011). Authors such as McQueary and Actic (2011) found no correlation between hydrophobicity and biofilm formation on plastic commenting that this was at variance with observations on *Listeria* and *Neisseria*

spp. Pompilio *et al* (Pompilio et al., 2008), tested 40 clinical isolates of *Stenotrophomonas maltophilia* strains to investigate the correlation between the adherence and the biofilm formation on polystyrene and cell surface hydrophobicity and motility, they found that most of the strains were able to adhere and form biofilm and there is a positive correlation was observed between the hydrophobicity and levels of both adhesion and biofilm formation. Out of eleven (27.5%), of the strains proved to be hydrophobic, with hydrophobicity greatly increased as *S. maltophilia* attached to the substratum.

The MATH test has also been used to monitor the cell surface hydrophobicity of nosocomial pathogen Pseudomonas aeruginosa as it grew in the presence of benzalkonium chloride (Machado et al., 2011). They reported that the strain 0014 increased in hydrophobicity as the cells grew in resistance to the disinfectant. Bos et al (Bos et al., 1999) used the MATH test on dental colonisers such as Streptococcus and Actinomyces and found that the presence of divalent calcium cations increased the adhesion to hexadecane and chloroform. Costa, et al (Guimaraes et al., 2006) and Di Bonaventura, et al (Di Bonaventura et al., 2008), reported that hydrophobicity of the bacterial surface is an important factor for adherence and colonization of bacteria to both living (epithelial mucous tissues) and non-living surfaces (medical devices). Umamaheshwari and Jain, (Umamaheshwari and Jain, 2004), reported that the hydrophobic cell surface components may serve as a binding target for antibacterial lipobeads. Rosenberg (Rosenberg, 2006), reported that hydrophobic surface property of the bacteria play a vital role in growth on hydrophobic materials, initial biofilm formation, adhesion to host cells, aggregation and flocculation and it is the one of many parameters which determines the ability of a cell to adhere, invade and cause damage. However, McQueary and Actic (2011) employed TSB as a growth media which as can be seen here does not favour biofilm formation in some A. baumannii strains. When the Type strain and more hydrophobic strains such as 882 and clone 1 were grown on plastic surfaces and visualised via SEM, the less hydrophobic Type strain was unable to maintain a significant biofilm suggesting that when grown on a more minimal media the Type strain was unable to maintain a biofilm on a hydrophobic surface, indicating a direct correlation between hydrophobicity and biofilm formation.

A number of gene products have been proven to play a role in attachment and biofilm formation on abiotic surfaces e.g. pilus production mediated by the CsuA/BABCDE usher-chaperone assembly system is required for the attachment and biofilm formation on the abiotic surfaces by the *A. baumannii* Type strain. This operon seems to be wide spread among clinical isolates and an indication that it is a common factor among different clinical isolates (Tomaras et al., 2003). However McQueary and Actic (2011) demonstrated that even in the presence of this gene significant strain to strain variations in biofilm formation were evident. The Type strain also has ability to produce alternative pili that may help in the interaction of this pathogen with bronchial epithelial cells (De Breij et al., 2010). Loehfelm et al (Loehfelm et al., 2008) reported that biofilm-associated protein (Bap), conserved in the clinical isolates and appears to be associated with the cell-cell interactions that support the development and maturation of the biofilm. In addition to (Bap), the A. baumannii clinical isolates also produce poly-β-1-6-N-acetylglucosamine (PNAG) for the development and maturation of the biofilm on glass surfaces by the cells cultured (Bentancor et al., 2012, Choi et al., 2009b). A two component regulatory system also reported in *A. baumannii* Type strain comprised of: a sensor kinase encoded by *bfmS*, and a response regulator encoded by *bfm*R involved in bacteria-surface interaction (Tomaras et al., 2008). The insertional inactivation of *bfm*R results in the loss of expression of *cusA/BABCDE* operon resulted in the lack of pili production and biofilm formation on plastic surfaces when grown in rich medium (LB broth), however the inactivation of *bfm*S sensor kinase gene resulted in diminishment but not abolishment of biofilm formation (Tomaras et al., 2008). In the absence of BfmRS system the composition of culture media still influence the interaction of cells with abiotic surfaces, these finding indicates that the BfmRS system cross talks with other sensing components and suggests instead of one, there are multiple and different stimuli which could control the biofilm formation via BfmRS regulatory pathway (Tomaras et al., 2008). However, all Tomaras et als (2008) work was carried out using the Type strain with glucose as a carbon source, consequently the differences seen here with ethanol and other strains was not investigated.

Another mechanism controlling bacterial adherence and biofilm formation is cell population density. Accordingly, environmental and clinical isolates produce quorum sensing signalling molecules (Gonzalez et al., 2001, Gonzalez et al., 2009), these studies proved that a large number of isolates produce quorum sensing and signalling molecules which seem to belong to three types of molecules. Although none of these sensors belongs to a particular species, however the Rf1-type sensor is more frequently found in isolates belonging to the *A. calcoaceticus-baumannii* complex. Niu et al (Niu et al., 2008) proved that the *A. baumannii* M2 clinical isolates produce an *N*-acylhomoserine lactone [*N*-3-hydroxydodecanoyl-homoserinem lactone], the product of the *aba*I auto inducer synthase gene, which is vital for the fully developed biofilm on abiotic surfaces, *aba*I auto inducer also helps this isolate to move in semisolid media.

Glass represents a hydrophilic rather than a hydrophobic surface for biofilm production and has been used by some authors (McQueary and Actis, 2011) as a contrast to polystyrene in biofilm studies. In this investigation glass slides in a drip flow reactor were employed to investigate biofilm formation by the high biofilm forming strains 882 and Clone 1 and the low biofilm forming Type strain. The drip flow system is a more representative approach for assessing biofilm formation on glass since the bacteria have to adhere to the substrate in order to stay in the system. In contrast to McQueary and Actic's (2011) these hydrophobic strains were able to form and maintain significant biofilms on glass under low shear conditions with no obvious difference between glucose or alcohol as a carbon source (Figures. 4.17, 4.18). The hydrophilic Type strain was also able to form biofilms on glass, these were less extensive when fed alcohols, particularly IPA than the two hydrophobic strains. Significant variations in the amount of biofilm formed and the cell arrangements present on abiotic surfaces have been reported for A. baumannii (McQueary and Actis, 2011). Some cell arrangements are highly organised, multi-layered and complex structures encased within a biofilm or EPS matrix, while some others are simple monolayers of bacteria attached in an organized or random manner (McQueary and Actis, 2011). In the case of the strains investigated here only monolayers were formed under either static (Figures. 4.17, 4.18) or low shear environments.

Edwards *et al* (Edwards and Harding, 2004) reported that *A. baumannii* is able to readily metabolized low concentrations of ethyl alcohol and secreted a range of proteins including OmpA, which is recognized as having emulsifying activity. The secretion of OmpA by *A. baumannii* following exposure to 0.5% ethanol in minimal media has also been described by Walzer *et al* (Walzer et al., 2006), suggesting that it may be the

important response to growth and survival under low nutrient conditions. These bioemulsifying proteins also assist in bacterial adhesion, quorum sensing and the development of biofilms (Ron and Rosenberg, 2001). Generally, A. baumannii adheres to biotic and abiotic surfaces via the same steps described for general biofilm formation. The associated EPS being composed of carbohydrates, proteins, nucleic acids and other macromolecules (McConnell et al., 2012). Pirog et al (Pirog et al., 2002), reported that Acinetobacter spp.12S has the ability to grow and synthesize EPS on different carbohydrate substrates like mono and disaccharides, molasses and starch. He reported that the Acinetobacter spp. were grown on carbohydrate media containing no pantothenic acid (Vitamin B3), which is required for growth on C₂-substrates. He used mixture of carbohydrate sources (0.01, 0.1, 0.5 and 1% ethanol and 1% glucose) and found that bacterial growth and EPS generation was higher when 0.01% ethanol with 1% glucose used. The EPS production was intensified as the content of the C2 substrate in the medium increased. The author also reported that the addition of low concentration (0.02%) of acetate to the glucose-containing medium also stimulated the EPS synthesis. The growth of the *Acinetobacter* strains at the expense of alcohol as the sole carbon source without any complex media supplements has already been identified as a characteristic of hydrophilic, strongly adherent strains such as 882 and Clone 1 (Section 4.1.3).

The formation of polysaccharide based EPS by these strains at the expense of alcohols as well as glucose is evident from the drip flow biofilms where the EPS is stained by the carbohydrate selective stain calcofluorwhite (Figures. 4.18- 4.19), indicating that these strains are able to synthesise complex carbohydrates from C2 and C3 alcohols in minimal media. Interestingly the Type strain did not generate any obvious EPS suggesting that the hydrophobic biofilm forming strains adhere to glass through the generation of EPS, whilst the hydrophilic Type strain employs an alternative approach such as the use of pili as outlined by McQueary and Actic (2011). The formation of biofilm was observed as a blue colour around the red bacterial cells that starts forming after 24 hours, however biofilm was more obvious after 48 hours of continuous growth in a drip flow reactor. Both the strains developed strong biofilms when the carbon source was ethanol or IPA as compared to the glucose and can be seen easily by the fluorescent microscopy. In addition *A. baumannii* strains 882 developed more compact biofilm as compared to Clone 1 on all the carbon sources (Figures 4.17 - 4.19). The generation of EPS is associated with cell growth as can be seen from the batch growth of these strains, the resulting EPS is not utilised as a carbon source after formation and is produced during growth along with lactate. The formation of acid from glucose is a common observation for *A. calcoaceticus-baumannii* complex as is the consumption of lactate as a sole carbon source (Nemec et al., 2011), in this case acid is also produced from C2 and C3 alcohols.

4.2.8 Key findings

- There is significant variation in biofilm forming capacity amongst the strains investigated;
- Growth on alcohols as sole carbon increased the biofilm forming capacity of some strains over media containing glucose as a sole source of carbon;
- Strong biofilm formers (882 and clone 1) were also strongly hydrophobic and able to establish biofilms on both plastic and glass surfaces;
- Carbohydrate based EPS was generated during biofilm formation and growth on alcohols;
- The EPS generated during growth was produced alongside lactate during the growth phase but was not degraded during the stationary phase.

4.3 EPS Characterisation

4.3.1 Poly-β-(1-6)-N-Acetylglucoseamine (PNAG) method

Growth on Congo red plates was used as an indication of the generation of PNAG by *A. baumannii.* All the available strains (Table. 3.2) were screened with only Clone 1 and 882 generating red colonies indicating the ability to produced PNAG. This is consistent with the identification of these strains as strong biofilm formers (See Table. 3.2). These two strains were then taken forward for a more detailed isolation and characterization of PNAG (See section 3.4.4.1) by the ¹H NMR. However, ¹H NMR spectra did not contain any evidence for the presence of PNAG (Figure 4.20, a & b) suggesting that these strains produced PNAG at a levels below that extractable by the approach (please see Figure 4.21 for comparison).



Figure: 4.20: ¹**H NMR spectrum of PNAG or EPS from (a). 882 (b). Clone 1.** ¹H NMR spectra on either a Bruker Avance DPX4000 400.13 or a Bruker Avance DPX500 500.13MHz. Spectra was acquired using Bruker pulse sequences at a temperature of 70°C.


Figure: 4.21: ¹H NMR spectrum of PNAG (Choi et al., 2009a).

4.3.2 EDTA method

EPS can be classified by its proximity to the cell surface. Capsular or cell bound-EPS is tightly linked via a covalent or non-covalent association whereas free EPS is not directly attached to the cell surfaces (Fig. 4.22) (Wingender et al., 1999). Clone 1 and 882 grown in 6-litre culture of mineral media supplemented 1% ethanol and incubated at 37°C for 48-72 hours with continuous shaking at ~90-110 rpm. EPS was separated using the method of Sheng *et al* (Sheng et al., 2005) with some modification (See section. 3.4.4.2). The resulting EPS was characterised via ¹H NMR along with weight average molecular

and

Extracellular Polymeric Substances from E. coli



Outer membrane

Figure. 4.22. Distribution of Bond and free EPS surrounding bacteria.

Weight-Average molecular Weight Determination (MALLS) 4.3.2.1

A standard material (pullulan) of known molecular weight and low polydispersity was chosen to ensure the accuracy of the instrumentation. Pullulan is a linear homopolysaccharide consisting solely of glucose units. The M_w of the pullulan standard is 800,000g mol⁻¹(Brittain, 1997) with a polydispersity (M_w/M_n) of 1.23 and a dn/dcvalue of 0.148ml/g (Figure 4.23). Both the strains i.e. Clone I and 882 revealed the high molecular weight compounds. In case of CIP 106882 MALLS analysis (Figure 4.24a) indicated a Mw of 62,333Da and a polydispersity (the size of a polysaccharide is expressed by the number of monosaccharide units it contains, which is termed as the degree of polymerisation (DP) (M_w/M_n) of 1.632. In the case of Clone 1 (Figure 4.24b) the *Mw* was 96,500Da while the polydispersity (M_w/M_n) was recorded as 2.24.



Figure. 4.23. A chromatogram of the Pullulan standard ($800,000 M_w$).



(B)



4.3.2.2 FTIR spectra of EPS

The region between 4000 and 500cm⁻¹ holds the characteristic bands for carbohydrates and is suitable for the characterisation of microorganisms (Schmitt and Flemming 1998). The wide and intensive carbohydrate or EPS bands were found at wave length 950-1200cm⁻¹ which were attributed to –COC- group vibrations in the cyclic structure(Gómez-Zavaglia and Fausto, 2003). FTIR spectra for free and bound EPS from Clone 1 and 882 have signals in the region of 950-1200cm⁻¹ which is attributed to the vibrations of C-0-P and C-O-C stretching of a diverse polysaccharide groups, and the bands at 1260cm⁻¹ and 1080cm⁻¹ exhibit the strecthing of P=O of phophoryl and phosphodiester groups from phosphorylated proeins, plyphosphate products and nucleic acids. There are also several bands in the region of 1450-1700 cm⁻¹ which reffers to the amide groups of the proteins (Figure 4.25. a-d).



(c). Free EPS from Clone I.

(d). Bound EPS from Clone I.

Figure. 4.25 (a-d): FTIR spectra of free and bound EPS from 882 and Clone 1. Fourier transform infrared spectrocopic (FTIR) . Trasmission spectra was recorded using at least 32 scans with 4cm⁻¹ rsolution in the spectral range 4000-5004cm⁻¹. Carbohydrate or EPS bands are found at wave number 950-1200cm⁻¹.

4.3.2.3 The ¹H NMR

Signals that can be attributed to EPS lie between the regions of 4-5.5ppm. Spectra of the free EPS from both the strains does not show any signals for EPS or carbohydrate, however the bound EPS results revealed that bacterial strain 882 generate weak EPS signals in the designated region, there were five anomeric protons (arbitrarily designated A-E from left to right) and one ring proton (B2). The B and C overlapping each other while D and E next to each other and B2 peak is next to the D20 peak. Similarly in case of Clone 1, ¹H NMR revealed weak EPS signals in the designated region, there were five anomeric protons (arbitrarily designated A-E from left to right) and one revealed weak EPS signals in the designated region, there were five anomeric protons (arbitrarily designated A-E from left to right) and one

ring proton (B2). The A and B were clear and C+D AND E+B2 next to each other (Figure 4.24. a, b). The ¹H NMR results are consistence with the MALLS analysis (4.3.2.1) that the EPS extracted from both species by this approach were not of high molecular weight consequently they generated weak NMR signals(Figure 4.26. a, b).



(B)

Figure: 4.26: ¹**H NMR spectrum of Bound EPS from (a). 882 (b).Clone 1.** ¹H NMR spectra on either a Bruker Avance DPX4000 400.13 or a Bruker Avance DPX500 500.13MHz. Spectra was acquired using Bruker pulse sequences at a temperature of 70°C.

4.3.3 Trichloroacetic acid (TCA) method

The isolation of exopolysaccharide (EPS) was carried out by the method described by (Marshall et al., 2001), with some modifications. The additional steps include the use of RNAase, DNAase and protease to minimize impurities in the EPS which interfere with NMR spectra and lead to the false positive results. The method is referred to as the ethanol method and it involves a series of ethanol precipitations, centrifugation, dialysis and freeze drying.

4.3.3.1 Weight-Average molecular Weight Determination (MALLS)

Both Clone 1 and 882 generated high molecular weight compounds and there were two distinct peaks other than the standard (Figure 4.25. a,b). In the case of Clone 1 MALLS (Figure 4.27b) analysis produced a Mw of 2,620,000Da while the polydispersity (M_w/M_n) was recorded as 2.62, whilst in the case of 882 (Figure 4.27 a) the Mw was 1,270,000 Da while the polydispersity (M_w/M_n) was recorded as 1.87. The MALLS analysis indicates that TCA method extracts high molecular weight materials than the EDTA method by both of the strains i.e. Clone 1 and 882 using TCA method as compared to EDTA method. In case of Clone 1, the TCA method produced products with molecular weight of 2,620,000Da rather 96,500 Da by EDTA and 882 produced products with molecular weight of 2,620,000 Da rather than 96,500 Da by the EDTA method.

4.3.3.2 FTIR spectra of EPS

The region between 4000 and 500cm⁻¹ holds the characteristic bands and is sutiable for the characterisation of microorganisms (Schmitt and Flemming, 1998). Intensive carbohydrate or EPS bands were found at wave number of 950-1200cm⁻¹ which were attributed to –COC- group vibrations in the cyclic structure (Gómez-Zavaglia and Fausto, 2003). In EPS extracted from both Clone 1 and 882 strong signals were generated in the region of 950-1200cm⁻¹ (Figure 4.28) which is attributed to the vibrations of -C-0-Pand --C-O-C- stretching of a diverse polysaccharide groups, which revealed that there are carbohydrate present in the both of EPS samples.

4.3.3.3 The ¹H NMR and ¹³C NMR

Signals in the regions (4-5.5ppm) associated with the presence of EPS were present in the ¹H NMR spectra of both strains investigated. In both the cases A and B were clear and C+D AND E+B2 next to each other (Figure 4.29 a, b). In both the strains i .e. 882 and Clone 1, ¹³C NMR spectra also revealed signals in the polysaccharide region i.e. 60 to 110 ppm. Starting from left of the spectra, we have first signal at 105 ppm for C1, than at 87ppm for C4, 75ppm for C2, C3 and C5 carbons and C6 has signal in the range of 63ppm (Figure 4.30 a, b). The results of our ¹H NMR consistence with our previous results MALLS and FTIR (See sections. 4.3.3.1 and 4.3.3.2) that EPS were of high molecular weight resulting in better signals with ¹H NMR.



Figure. 4.27. MALLS chromatogram of EPS produced by (a). 882 (b).Clone 1.



Figure. 4.28. FTIR spectra of EPS from (a). 882 (b). Clone 1. Fourier transform infrared spectrocopic (FTIR). Trasmission spectra was recorded using at least 32 scans with 4cm⁻¹ rsolution in the spectral range 4000-5004cm⁻¹. Carbohydrate or EPS bands are found at wave number 950-1200cm⁻¹.



Figure: 4.29. ¹**H NMR spectrum of EPS from (a). 882 (b). Clone 1.** ¹H NMR spectra on either a Bruker Avance DPX4000 400.13 or a Bruker Avance DPX500 500.13MHz. Spectra was acquired using Bruker pulse sequences at a temperature of 70°C.



(b)

Figure: 4.30. ¹³**C NMR spectrum of EPS from (a). 882 (b). Clone 1.** ¹³C NMR were performed using a Varian VNMRS spectrometer operating at 100.56 MHz for ¹³C. Signals in the range 60 to 110 ppm are typically polysaccharide or EPS. C1 signal around 105 ppm, C4 80-90 ppm, C2, C3 and C5 around 75 ppm and C6 around 63 ppm.

4.3.3.4 Monomer analysis using HPAEC-PAD

After the confirmation from MALLS, FTIR and NMR (Section 4.3.3.1-3) of the presence of EPS, HPAEC was employed to provide an insight into the composition of the polysaccharide. Monomer analyst using HPAEC-PAD is frequently utilised as a alternative option to the GC-MS method of detection. HPAEC-PAD is often used as it involves a simple, quick and efficient one step acid hydrolysis procedure. As the monomer gives different responses upon their interaction with the PAD in the HPEAC system (dependent of the pKa of the sugars), so the three different sugars standard i.e galactose, mannose and rhamnose were run to compare the test results. The similarities of the peaks observed in the HPAEC-PAD chromatogram (Fig. 4.31 a, b) were determined by comparing of the sample with standard compounds. Peaks from both the strains i.e. 882 and Clone 1 were identified as rhamnose and galactose.



(a)



(b)

Figure. 4.31. HPAEC- chromatogram of EPS. (a). 882 (b). Clone 1. EPS samples were injected (AS50 Autosampler, Dionex Co.) into the HPAEC. Sodium hydroxide (8mM, Isocratic) delivered

by a gradient pump (GS50 Gradient pump, Dionex Co.) at 0.5ml/min was used to elute the monosaccharides through the PAD detector (ED50 Electrochemical detector, Dionex Co.).

4.3.4 Discussion

The formation of EPS is a key step in the ability of *A. baumannii* to adhere to biotic and abiotic surfaces, and is implicated in increased virulence, antibiotic resistance, reduced phogocytosis, disinfection tolerance and extended environmental persistence. For the isolation and characterization of EPS from two strains of *A. baumannii* known to be strong biofilm formers (See section 4.1) three different extraction techniques were employed. In order to prevent interference from the growth media a carbohydrate free mineral media with an alternative carbon source (ethanol) known to support the biofilm formation of these strains was employed.

A. baumannii strains able to produce PNAG have been identified (Choi et al., 2009b), along with a cluster of four genes, *pga A, B, C,* and *D*. The authors were able to transfer the *pga* locus from *A. baumannii* to a PNAG negative *E. coli* strain which results in the synthesis of PNAG in the transformed strain. The presence of PNAG like molecules has also been reported in some *E. coli* and *S. epidermidis* (Wang, X. *et al.*, 2004, Maira-Latran.T. *et al.*, 2002). Analysis of Clone 1 and 882 for PNAG was inconclusive, whilst its presence was indicated by growth on Congo red attempts to isolate PNAG was unsuccessful due to either its absence or the generation of low concentrations. These results indicate that if Clone 1 and 882 do generate PNAG they do so at a level that suggests it is not a major component of the EPS they generate. Loehfelm *et al.* (Loehfelm *et al.* 2008) reported that the *A. baumannii* clinical isolates also produced poly- β -1-6-N-acetylglucosamine (PNAG) for the development and maturation of the biofilm on glass surfaces (Bentancor *et al.* 2012, Choi *et al.* 2009b). Given the importance of PNAG in biofilm maturation it is likely that Clone 1 and 882 are able to produce PNAG but at concentrations below that detectable by this analysis.

Both the EDTA and TCA methods for EPS extraction were able to generate high MW material with Clone 1 producing the higher MW material in both cases. The TCA method isolated much higher MW material than the EDTA method suggesting that the EDTA method may be degrading the EPS resulting in smaller molecules, which may in turn result in the loss of material during dialysis which will contribute to the small amount of material available for NMR analysis.

The TCA method has been successfully applied to EPS characterisation of Lactobacilli and *Bifidobacteria* (Salazar *et al.* 2009, Laws *et al.* 2008). These EPS recovered from the *A. baumannii* are within the range of MWs recorded for *Bifidobacterium* sp using the same approach (Leivers *et al.* 2011). The MALLS and FTIR data indicate the presence of high molecular weight compounds in the extracted EPS from the two strains under investigation. The ¹H NMR and ¹³C NMR and HPAEC analysis indicates that this EPS is carbohydrate based and contains both galactose and rhamnose. These results correlate with the finding of (Yadav *et al.* 2012), who reported FTIR analysis of *A. baumannii* sugar and sugar derivative peaks falls in the region of 1000-1100cm⁻¹. They also reported that the EPS produced by biofilm forming strains of *A. junii* (BB1) were primarily composed of neutral sugars (73.21%), amino acids (.23%), α -amino acids (11-13%), uronic acid (10%) and aromatic amino acids (1.23%) with three main sugars residues being present i.e. galactose, mannose and arabinose. The presence of galactose being consistent with the results reported here for Clone 1 and 882.

4.3.5 Key findings

- PNAG could not be extracted from EPS material generated by the two strong biofilm forming strain of *A. baumannii* i.e. Clone 1 and 882;
- Clone 1 and 882 are able to generate high MW EPS when grown on mineral media with ethanol as a sole carbon source;
- Of the EPS extraction methods employed the TCA method was most successful from the perspective of the amount of material recovered and it's MW;
- In all cases analysis, in particular NMR, was hampered by the low solubility of the extracted material with the use of solid state NMR partially overcoming these problems;
- In both cases the EPS extracted contained both galactose and rhamnose sugars.

4.4 Impact of QAC and PHB

4.4.1 Determination of MIC and MBC concentration of QAC and PHMB

The Bioscreen system was used to determine the MICs of a range of quaternary ammonium compounds (QACs) and PHMB against the strong biofilm forming strains Clone 1 and 882. These strains were grown in mineral media supplemented with either ethanol or glucose. MIC values were calculated from Bioscreen outputs using the approach described by Lambert and Pearson (2002) (See Appendix). When grown on glucose both strains (Clone 1 and 882) were least sensitive to PHMB (Figure 4.30) and most sensitive to Barquat. In the case of ethanol as sole carbon source the differences between biocides was less pronounced (Figure 4.32), in the case of Clone 1 Benzathonium chloride was the most effective, in the case of 882 there were no major differences between the biocides.





By plating out the wells at the end of the Bioscreen it was possible to generate data on the Minimum Biocidal Concentration (MBC) as well as the MIC. MBC were again determined using the approach of Lambert and Pearson (2002) but in this case (log TVC test / LogTVC_{Control}) was plotted against the Log of the biocide concentration to generate the required inhibition profile (e.g. Figure 4.33). The resulting MBC (Figure 4.34) were consistently >80% greater than the associated MIC (Figure 4.32), indicating that these two strains of *Acinetobacter* are able to survive for significant lengths of time exposed to inhibitory concentrations of biocides. The greatest difference (\approx 100x greater) was seen with Clone 1 grown on glucose and exposed to Benzethonium chloride and the smallest difference was (\approx 6x greater) seen when 882 was grown on ethanol and exposed to Benzethonium chloride. In the case of the QATs ethanol grown cultures had lower MBC than glucose grown cultures (Figure 4.34).



Figure. 4.33. MBC inhibition profile for PHMB.



Figure. 4.34. MBC data for QACs and PHMB.

4.4.2 **Determination of MBC of QACs and PHMB using MBEC systems**

The MBEC system was used to determine the response to pre-grown biofilms to the biocides under investigation. These biofilms were exposed to biocides for 15 minutes prior to neutralisations and the enumeration of the numbers of bacteria surviving on the pegs. As previously describes a MBC was determined by the Lambert and Pearson (2002) approach with (log TVC_{test} / Log $TVC_{Control}$) being plotted against the Log of the biocide concentration to generate the required inhibition profile. The resulting MBC's were significantly greater than those calculated for planktonic cells grown in the Bioscreen (Figure 4.35). It should be noted that in these 24 hour MIC experiments no growth was detected above the MIC values (Figure 4.36) from time zero, demonstrating that the biocides were having an immediate effect on the replication of these bacteria.



Figure. 4.35. Biofilm MBC data for QACs and PHMB.



Figure 4.36. Bioscreen output for Clone 1 grown on ethanol.

4.4.3 **Determination of the impact of QACs and PHMB on biofilm formation**

The MBEC system was used to determine the impact of QACs and PHMB on the ability of Clone 1 and 882 to form biofilms, which is an approximation of a MIC for a biofilm. This was carried out by placing the MBEC biofilm plates into 96 well plates that contained different levels of biocide along with the bacteria and growth media. Biofilm formation was assessed by the number of bacteria recoverable from rinsed pegs after 24 hour incubation. Two approaches were used to determine biomass concentration firstly a semi quantitative method based on optical density and secondly a quantitative method using ATP content (See section.2.5.6).

Both approaches generated a similar biofilm formation vs concentration relationship indicating that ATP and OD measurements were both acceptable indications of biofilm formation (Figure 4.37-4.40). In all cases (both bacteria and both carbon sources) no biofilm formation occurred above a concentration of 5% for all biocides under investigation. This sharp cut off meant that the application of the Lambert and Pearson (2002) approach was not appropriate since all the MIC's calculated were at or around 5% (data not shown). Between 5% and 0.0078% there was a linear reduction in biofilm formation when plotted against the log of the biocide concentration (Figure 4.41 to 4.44).



Figure. 4.37. Biofilm formation: Clone 1 on Glucose a). ATP, b). OD.



Figure. 4.38. Biofilm formation: Clone 1 on Ethanol a). ATP, b). OD.



Figure. 4.39. Biofilm formation:882 on Glucose a). ATP, b). OD.



Figure. 4.40. Biofilm formation: 882 on Ethanol a). ATP, b). OD.



Figure. 4.41. Concentrations vs biofilm formation: Clone 1 on Glucose a) ATP, b). OD.



Figure. 4.42. Concentrations vs biofilm formation: Clone 1 on Ethanol a) ATP, b). OD.



Figure. 4.43. Concentrations vs biofilm formation: 882on Glucose a). ATP. b). OD.



Figure. 4.44. Concentrations vs biofilm formation: 882 on Ethanol a) ATP. b). OD.

4.4.4 **Discussion**

The MIC and MBC of a range of quaternary ammonium compounds (QACs) and PHMB has been determined for the two strong biofilm forming strains i.e. Clone 1 and 882 on different carbon sources i.e. ethanol, glucose using the Bioscreen technology. In the case of glucose both strains (Clone 1 and 882) were least sensitive to PHMB and most sensitive to Barquat, however in the case of ethanol there were no major differences observed between biocides in 882 and in case of Clone 1 Benzethonium chloride was the most effective as compared to other biocides.

The MBC determined for both strains demonstrated that they have the ability to survive concentrations 80% greater than the MIC. The greatest difference (\approx 100x greater) was seen with Clone 1 grown on glucose and exposed to Benzethonium chloride and the smallest difference was (\approx 6x greater) seen when 882 was grown on ethanol and exposed to Benzethonium chloride. In the case of the QACs ethanol grown cultures had lower MBC than glucose grown cultures, which may be due to the solubilisation of QACs in alcohols may facilitate the entry of these biocides into the bacterial cells.

MBC for biofilms were also determined using pre-grown biofilms on MBEC pegs. MBC for biofilms were an order of magnitude greater (10^4 mg/l) than those calculated for planktonic cells (10^2 to 10^3 mg/l) indicating that the formation of biofilms increased the ability of Acinetobacter spp to survive treatment with QAT's and PHMB. Given that biofilm formation provided such a significant improvement in survival, the ability of *Acinetobacter spp.* to form biofilms in the presence of these biocides becomes important. In all cases (both bacteria and both carbon sources) no biofilm formation occurred above a concentration of 5% ($5x10^4$ mg/l) for all biocides under investigation and between 4% and 0.0078% there was a linear reduction in biofilm formation when plotted against the log of the biocide concentration (Figure 4.4139 to 4.44). This indicates that planktonic *A. baumannii* cells can form biofilms at concentrations above the MBC for planktonic cells and close to or equal to the MBC for pre-grown biofilms. These results correlate with the findings of Kuwamura-Sato et al (Kawamura-Sato et al. 2008) who determined the MICs and MBCs values of different biocides i.e. chlorhexidinegluconate, benzethonium chloride bezalkonium chloride and alkyl diaminoethylglycine hydrochloride (ADH) against a range of clinical isolates of Acinetobacter. MIC_{90s} obtained by the broth micro-dilution method for benzethonium chloride and bezalkonium chloride were $\leq 25 \text{ mg/L}$ which is consistent with the results obtained with glucose grown isolates and are generally lower than the ethanol grown cultures. However, maximum MIC for specific strains were 50 mg/l for bezalkonium chloride and 100 mg/l for benzethonium chloride values greater than any recorded in this study. They also determined the MBC values of the four disinfectant and found that the MBC for the majority of strains were <64 mg/l, although the presence of organic material (3% BSA) generated higher MBC values (512 mg/L) which were closer to the values generated here. Although the methods employed to determine MIC and MBC values are different to those employed here the major difference is that in this study there is a greater difference between the MBC and the MIC values. Other authors have assessed the susceptibility of Acinetobacter sp to disinfectants (Martro et al. 2003, Wisplinghoff et al. 2007), however, they did not consider the disinfectants considered here. In both cases they did not find any correlation between antibiotic resistance and biocide susceptibility. One study that did consider Benzalkonium and Benzethonium chloride (Kawamura-Sato et al. 2010) found some correlation between antibiotic resistance and a reduced susceptibility to these biocides amongst a small number of clinical isolates.

The impact of these biocides on other bacteria has been more extensively investigated. Joynson et al (Joynson et al., 2002), reported that the MICs of Benzalkonium chloride against *Pseudomonas aeruginosa* NCIMB 10421 was 25.4mg/L. Penna and his collegues (Penna *et al.* 2001), worked with 10% w/v Benzalkonium chloride and monoquaternary mixture of alkyldimethylbenzylammonium chlorides and found that MICs of 156mg/L against *Bacillus stearothermophilus* ATCC 7953, 59mg/L against *E.coli* ATCC 25922, 78mg/L against *Enterobacter cloacae* IAL 1976 and 59mg/L against *Serratia* and *Staphylococcus aureus* ATCC 25923. Walsh et al (Walsh et al., 2003a), checked the MICs of Didecyldimethylammonium chloride (DDDMAC or DDAC) and reported a MIC of 5mg/L against *Staphylococcus aureus* ATCC 15442. Ioannou et al (McBain et al., 2004) used Didecyldimethylammonium chloride (DDDMAC or DDAC) and found the MICs against *Staphylococcus aureus* ATCC 6538 was 0.4mg/L. They also determined the MICs of N-alkyldimethylbenzylammonium chloride against *Staphylococcus aureus* ATCC

6538 and found a MIC of 0.7mg/L. Lambert and Pearson (Lambert and Pearson, 2000a) worked on the MICs of N-alkyltrimethylammonium bromide (C₈, C₁₀, C₁₂, C₁₄, C₁₆, C₁₈) against Staphylococcus aureus ATCC 6538 and P. aeruginosa ATCC 2730 and reported that MICs of Staphylococcus aureus ATCC 6538 against C₈ was 594mg/l, C₁₀ was 79.4mg/L, C₁₂ was 7.9 mg/L, C₁₄ was 1.22 mg/L, C₁₆ was 0.51 mg/L and C₁₈ was 1.02 mg/L. However, in case of *P. aeruginosa* ATCC 2730 the MICs values were higher as compared to Staphylococcus aureus ATCC 6538 against all the of Nalkyltrimethylammonium bromide i.e C_8 (4844 mg/L), C_{10} (1462 mg/L), C_{12} 346 (mg/L), C₁₄ (83.7mg/L) and more than 1000 mg/L against both the C₁₆ and C₁₈. McBain *et al* (McBain et al., 2004), determined the MICs of Bardac against different bacteria and reported that MICs against *Pseudomonas* sp strain MBRG 4.7 was 15.6mg/L, Enterococcus saccharolytics strain MBRG 20.9 was 31.2mg/L, Aeromonas hydrophila MBRG 4.3 was 15.6, Citrobacter sp. strain MBRG 20.9 was 7.8mg/L and against *Sphingobacterium multivorum* MBRG 30.1 was 3.9mg/L. (Espinal et al., 2011).

The prolonged survival of clinical isolates of Acinetobacter spp. at the MIC has been reported by other authors (Kawamura-Sato et al., 2008, Kawamura-Sato et al. 2010), this agrees with the observations in this study that A. boumannii strains can survive inhibitory concentrations of biocides for prolonged periods prior to the formation of biofilms. Thomas et al (Thomas et al. 2011) reported that effective disinfection in the presence of a biofilm often requires higher concentrations of antimicrobial agents when compared to planktonic bacteria. The antimicrobial concentrations required for biofilm inactivation can be 100 times that required for inactivation of removal planktonic cells (Rasmussen and Givskov, 2006). A similar observation was made here where the increase in MBC was between 10 and 100x the MBC concentration for planktonic cells. These impacts may be species specific for example the efficacy of ortho-pthalaldehyde was reduced against *Mycobacterial* biofilms but not against *P. aeruginosa* ones. Survival of bacteria in biofilms has been identified as contributing to a number of outbreaks, e.g. *P. aeruginosa* resistance to iodophores, *Serratia marcescens* resistance to benzylkonium chloride and chlorhexidine. Recently a major outbreak of *Pseudomonas* infections in a neonatal unit in Northern Ireland was associated with biofilms in water distribution system (RQIA, 2012).

4.4.5 Key findings

- MIC values for both strains were below 35 mg/l for all biocides tested;
- There was a greater variability in MIC values apparent for the glucose grown bacteria rather than the ethanol grown bacteria;
- MBC for planktonic cells were from 6 to 100 x greater than the MIC values;
- MBC were lower for ethanol grown bacteria rather than glucose grown bacteria;
- MBC values for biofilms were orders of magnitude greater than MBC values for planktonic cells with little variation between biocides or carbon source;
- Planktonic cells were able to form biofilms at concentrations up to a concentration of 4% for all biocides, a concentration above the 24 hour MIC and MBC for planktonic cells.

4.5 Evaluation of antimicrobial wound dressing

A range of common antimicrobial wound dressings (NSCD, ISCD, Honey and PHMB) were evaluated for their ability to prevent the growth of a range of commonly occurring wound pathogens i.e. *A. baumannii*, *P. aeruginosa* and *S. aureus*. Two approaches were used to evaluate these dressings the first employing planktonic cells and the second cells immobilised in a collagen matrix.

4.5.1 Planktonic cells

In the majority of cases there were significant differences (p<0.05) between strains of the same species when treated with the same dressing. The only exception being *S. aureus* treated with the Honey dressing where ANOVA suggested that there were no significant difference at 95% confidence limits between species (See Appendix). This meant that it was not possible to combine the data on a species by species basis. It also indicated that significant variations in the susceptibility of wound pathogens to antimicrobial dressings were present at the sub species level (Table 4.6) in a number of cases the difference between minimum and maximum impacts were many orders of magnitude.

Dressin		Mean L	MaximumDifferenc				
g	А.	boumannii	P. aeruginosa		S. aureus		ρ
	Min	Max	Min	Max	Min	Max	
NSCD	7.2	9.9	6.8	8.4	6.6	7.4	2.7
ISCD	6.0	8.5	5.3	8.3	2.5	7.2	4.7
Honey	2.8	9.4	5.3	8.3	6.3	6.9	6.6
PHMB	2.7	4.9	3.3	9.1	5.3	7.0	5.8

Table 4.6 Variations in response to antimicrobial wound dressings-planktonic cells. The NSCD dressing demonstrated a high level of antimicrobial activity generating kills close to the maximum possible across all strains investigated (Figure 4.45 a). Total kills i.e. no recoverable bacteria are indicated by the diagonal hatching on the histogram bars. After NSCD the Honey dressing performed best with maximum kills for a number of *A. baumannii* and *P. aeruginosa* strains (Figure 4.45 c) and a consistent level of kill for *S. aureus* with no significant differences (ANOVA, P>0.05) between the impacts on all strains tested. However, the Honey dressing did have some significant dips in performance particularly against *A. baumannii* 882 and 292 and the Type strain of *P. aeruginosa.* In all these three cases the log reduction achieved was significantly lower (P<0.05) than that achieved with the majority of the other strains.

The ISCD dressing had a relatively consistent performance across the A. baumannii and *P. aeruginosa* strains tested (Figure 4.45 b) but failed to generate a complete kill in all but two occasions. It was significantly poorer (P<0.05) in performance when compared to NSCD for 4 out of the 5 *A. baumannii* strains, however with the exception of the Type strain there was no significant difference (P>0.05) between ISCD and NSCD for the other *P. aeruginosa* strains. In the case of *S. aureus* ISCD was again significantly (p<0.05) poorer in performance than NSCD for the majority of strains. A similar picture emerges when ISCD is compared with the Honey dressing with the latter being generally more effective. The only exception being *A. baumannii* strain 882 where the Honey dressing has a significantly poorer performance (p<0.05). The PHMB dressing had the poorest overall performance of the four dressings failing to generate a complete kill for any of the bacterial strains tested. It was particularly poor against *A. baumannii* where is had significantly poorer performance (P<0.05) than any of the other dressings against any of the strains with the exception of 882 and the Honey dressing. PHMB performed better against the strains of *P. aeruginosa* and *S. aureus* tested, performing as well as the other dressings in the majority of cases although it did have particularly poor performance against the *P. aeruginosa* type strain.

4.5.2 Collagen immobilised cells

As was the case with the planktonic cells there were significant differences (ANOVA, p<0.05) between strains of the same species when treated with the same dressing, consequently it was not possible to collate data on a species level (See Appendix). It also indicated that collagen wound model reflected the significant sub-species levels variations in the susceptibility to antimicrobial dressings seen in the planktonic model (Table 4.7) in a number of cases the difference between minimum and maximum impacts were many orders of magnitude. Unlike the planktonic model the NSCD and ISCD produced broadly similar results (Figure 4.46 a & b) with the major differences being seen with the *P. aeruginosa* strains where NSCD generated greater log reductions than ISCD in 4 out of the 6 strains tested (p<0.05, See Appendix). There were no differences between the two dressings when tested against *S. aureus*.

Dressing								
	Acinetobacter		Pseudomonas		S. at	ureus	Maxımum Difference	
	Min	Max	Min	Max	Min	Max	Dijjerenee	
NSCD	6.6	8.9	6.3	8.3	4.8	8.6	3.8	
ISCD	6.2	8.9	4.8	8.3	5.1	8.6	3.5	
Honey	2.0	6.2	1.8	4.9	4.9	5.6	4.2	
РНМВ	2.6	6.4	3.6	8.3	3.6	4.2	3.8	

Table 4.7 Variations in re	sponse to antimicrobial wound	l dressings-immobilised cells.
----------------------------	-------------------------------	--------------------------------

The NSCD performed significantly better than the Honey dressing for all strains with the exception of *S. aureus* 4330 and significantly better than the PHMB dressing for all strains with the exception of the *P. aeruginosa* Type strain and Type 5. The ISCD performed significantly better than the Honey dressing for all strains with the exception of *S. aureus* 4330 and *P. aeruginosa* Type 2 and significantly better than PHMB with the exception of three *P. aeruginosa* strains (Type, Type 3 and 5) (See Appendix). Comparison between the Honey and the PHMB dressing was variable with Honey being generally better against *S. aureus*, whilst PHMB was generally better against *P. aeruginosa*, with a broadly similar picture against *A. baumannii* (See Appendix).

4.5.3 **Comparison between the two methods**

The use of collagen potentially provided a diffusion barrier to the antimicrobials present in the dressing. Consequently, you might expect that reduction measured through the collagen approach to be less than that seen for the planktonic approach where there is no barrier between the dressing and the bacteria. This is generally the case across all the dressing with more strains showing no difference between the two approaches or the collagen approach generating a lower reduction in viable counts than the planktonic approach (Table 4.8, See appendix). However, in the case of the ISCD, Honey and PHMB dressings there are exceptions to this expectation suggesting that the collagen did not generate a consistent barrier to the diffusion of the active ingredients.

	NSCD				ISCD	ISCD Ho			Honey		РНМВ		
	C > P	C=P	C <p< td=""><td>C>P</td><td>C=P</td><td>C<p< td=""><td>C>P</td><td>C=P</td><td>C<p< td=""><td>C>P</td><td>C=P</td><td>C<p< td=""></p<></td></p<></td></p<></td></p<>	C>P	C=P	C <p< td=""><td>C>P</td><td>C=P</td><td>C<p< td=""><td>C>P</td><td>C=P</td><td>C<p< td=""></p<></td></p<></td></p<>	C>P	C=P	C <p< td=""><td>C>P</td><td>C=P</td><td>C<p< td=""></p<></td></p<>	C>P	C=P	C <p< td=""></p<>	
A. baumannii		All			882, 292	All others	882	292	All others	882, 292		All others	
P. aeruginosa		Type, T4	All others	Туре	T4	All others			All	Туре	T3,4 & 5	T1,2	
S. aureus		6538, 9B/F6	All others	6538 4300	9B/F6	7F/C7 13142		6538 9B/F6	All others			All	
C>P: Collagen reduction greater than planktonic reduction, C=P: No difference between methods, C <p: (see="" 95%="" appendix).<="" at="" cls="" collagen="" differences="" less="" planktonic="" reduction="" reduction.="" td="" than=""></p:>													

 Table 4.8 Comparison of the two assessment methods



Figure 4.45. Biocidal impact of antimicrobial wound dressings against planktonic cells (a) NSCD (b) ISCD(c) Honey (d) PHMB.



Figure 4.46. Biocidal impact of antimicrobial wound dressings against immobilised cells (a) NSCD (b) ISCD(c) Honey (d) PHMB.

4.5.4 **Discussion**

A range of antimicrobial wound dressings (NSCD, ISCD, Honey and PHMB) were evaluated for their ability to prevent the growth of a range of commonly occurring wound pathogens i.e. *A. baumannii, P. aeruginosa* and *S. aureus.* Two approaches were used to evaluate these dressings i.e. planktonic cells and the second cells immobilised in a collagen matrix. In both approaches there were significant differences (p<0.05) between strains of the same species when treated with the same dressing indicating that significant variations in the susceptibility of wound pathogens to antimicrobial dressings were present at the sub species level (Table 4.6). The diffusion barrier provided by the collagen matrix generated lower reduction values than the planktonic approach with a few exceptions. Generally speaking the Honey dressing was most impacted by the use of a collagen matrix than the other dressings.

The pathogens investigated included both Gram positive and Gram negative organisms known to colonise and infect a variety of dermal wounds (Bowler et al., 2012). In a recent study conducted by (Lipova et al., 2010), it was reported that, out of a total 777 bacterial strains isolated from burn patients, 65% of these strains were identified as Gram-Positive and 35% as Gram-negative. The most commonly isolated Gram-Positive opportunistic pathogens were coagulase-negative Staphyloccous and Bacillus sp and most common among the Gram-negative opportunistic pathogens includes E. coli, A. *baumannii* and *P. aeruginosa* (Lipova et al., 2010).Since bacteria are capable of forming biofilm on living tissues e.g. a wound bed, which enhances their tolerance to antimicrobial agents (Zubair et al., 2011) and the host immune cells, it was important to evaluate the susceptibility of these pathogens to the variety of dressing in both of their free living and immobilised forms. The results of NSCD and ISCD dressings correlate with the finding of other studies that showed greater antimicrobial activity of NSCD than ISCD dressings (Tkachenko and Karas, 2012, Bradshaw, 2011, Thomas et al. 2011). Silver has been used medically for thousands of years (Thomas *et al.* 2011). Dressings containing silver has recently been strongly marketed and has increased in usage by \sim 200% since 1996 and now used extensively in the care of chronic wounds (Bradshaw, 2011). The antimicrobial properties of Silver are due to its ability to form ionic salts (Ag+) in the presence of acids. Positively charged silver ions are attracted by the negatively charged structures of cell membrane which allows the silver to bind and

enter into the bacterial cell (Michaels et al., 2009). The interaction of (Ag+) with the bacterial thiol (-SH) group leads to inactivation, blocking the key pathways such as cellular respiration structural changes in the bacterial membrane and blocking of enzyme and transport systems (Asavavisithchai et al. 2010). They may also act by denaturing bacterial RNA or DNA which may lead to the inhibition of transcription and replication (Fong and Wood, 2006). Unlike antibiotics, which are generally biochemically specific, metals are toxic to multiple components of the bacterial cells. This multi-system affect means it is less likely that bacteria will develop the resistance to silver, as multiple random mutations required. However, it might be possible that exposure of low level of silver may aid the development of resistance (Leaper, 2006). The different forms of silver has been tested and it has been proved that the elemental silver (Ag) has little or no antibacterial activity; however in its ionic cation form (Ag+), it is highly active, in the presence of wound exudates, silver readily ionizes. Different variation in the form of silver between dressings may therefore affect the ability to release ions (Lansdown, 2004). Silver is effective against some antibiotic resistance bacteria, including MRSA and Vancomycin-resistant Enterococci (Jones et al., 2004). In addition, MRSA isolated from wound for known silver resistant genes were tested and were found to be susceptible to the silver dressing used (Loh et al. 2009). Silver based dressing are widley used in wound care (Klasen, 2000b, Klasen, 2000a, Demling and Desanti, 2001, Ip et al. 2006), the only side effects reported is skin discolouration and irritation (White and Cooper, 2005). Qquestions have been raised regarding the long term use of silver on wounds especially in infants (Denyer, 2009), but to date no pathological consequences of silver used dressing has been reported, except some reports about the systemic uptake and deposition of silvers in organs (Denyer, 2009, Wang et al. 2009).

The results with Manuka honey dressing correlates with the findings of other studies that showed antimicrobial activity of honey (Bradshaw, 2011, Stephen-Haynes, 2004). These dressings have been successfully used for the treatment of recalcitrant wounds containing pathogens resistant to antibiotics; the dressings can be applied directly to the wound and can be used for 2-3 days without changing (Visavadia *et al.* 2008). However a large scale randomized trial showed no significant advantage for the use of

honey dressings over standard wound care in the treatment of chronic wounds (Du Toit and Page, 2009).

The exact mode of action of honey dressings is not fully understood, however it is hyperosmolar and thus restricts the availability of environmental water to bacteria and other organisms (Molan, 2001), which results in cell disruption and death. Another property of honey is the release of hydrogen peroxide as the honey is diluted by exudates (Molan, 2004). The production of hydrogen peroxide being associated with glucose oxidase activity (French et al. 2005). Although honey has a general broadspectrum antimicrobial action, different honey e.g. Manuka (New Zeland), Heather (UK) and Khadikraft (India) vary substantially in their activity (Mullai and Menon, 2007). Some honeys varieties particularly the Manuka and Leptospermum honeys have the ability to retain their antimicrobial property even without the release of hydrogen peroxide (Cooper et al., 2002b, Cooper et al. 2002a), which is thought to be associated with a phytochemical component (Molan, 2002). These phytochemical factors (nonperoxidase factors) exert a high antimicrobial effect in some honeys (e.g. Manuka honey) that do not degrade even when treated with heat or light and remain effective following dilution (Olaitan *et al.* 2007). Consequently the antibacterial effect of honey has been attributed to a range of properties including pH, osmosis, hydrogen peroxide and phytochemical content (Stephen-Haynes, 2004).

Recently polyhexamethylenebiguanide (PHMB) has been introduced as a component of wound dressings. PHMB is a fast acting biguanide compound composed of synthetic mixture of polymers, having structural similarities to the antimicrobial peptides AMPs produced by many cells within the wounds, such as keratinocytes and inflammatory neutrophils, where they are thought to help the cells against infection (Sørensen et al., 2003, Ousey and McIntosh, 2009). AMP have a broad spectrum of activity against bacteria, viruses and fungi including cell death by disrupting cell membrane integrity (Moore and Gray, 2007) and are proven to be effective against *P. aeruginosa* and *S. aureus* which are common in many chronic wounds (Abdelrahman and Newton, 2011). PHMB products include TelfTM AMD drain, Kendall AMD antimicrobial foam (0.5 % PHMB), Biocellulose based PHMB-donating dressings e.g Suprasorb X+PHMB, which

contains 0.3% PHMB. In vitro and in vivo studies have proved that dressing or products containing PHMB reduces wound pain rapidly and effectively (Daeschlein et al., 2007, Galitz et al., 2009), reduces wound malodour (Daeschlein et al., 2007), reduces MMP-induced periwound breakdown (Cazzaniga et al., 2007, Werner et al., 2004), reduces slough within wound (Mueller and Krebsbach, 2008), increases keratinocyte and fibroblast activity (Wiegand *et al.* 2007), increases formation of granulation tissue (Mueller and Krebsbach, 2008), and helps remove non-viable tissue (Kaehn, 2009). Alblas et al. (Alblas et al., 2011, Wild *et al.* 2012) reported the antimicrobial activity of PHMB against treatment or prophylaxis of local infections in burns and trauma wounds.

In wound care, PHMB has demonstrated the ability to block *P. aeruginosa* induced infections (Cazzaniga et al., 2007), and can also kill a range of bacteria and fungi (Lee *et al.* 2004b, Werthen *et al.* 2004). A number of German studies have shown that PHMB demonstrated a positive effect on bacterial biofilms (Harbs and Siebert, 2007, Butcher, 2012). A prospective, randomised study was conducted to directly compare the efficiency of two PHMB products on the eradication of MRSA infections proved that 6 out of 15 patients were MRSA free after one week of therapy, and 10 out of 15 were MRSA free by the end of week two. In Suprasorb X+PHMB dressing group 13 out of 15 were MRSA negative at the end of week one (p<0.05), and were all negative by the end of the week two (p<0.05) (Gray et al., 2010).

4.5.5 Key findings

- Broadly speaking the NSDC dressings was the most effective wound dressing overall, with the PHMB dressing being the least effective;
- The biocidal impact of the Honey dressing was the most effected by immobilising bacteria in a collagen matrix;
- There were significant differences in susceptibility to all dressings between strains of the same species.

5 General Discussion

Historically the clinical isolation of *Acinetobacter sp* was frequently ignored, since it was often considered a low grade pathogen (Bergogne-Berezin et al., 1996). However, in recent years, multi-drug resistant (MDR) strains of A. baumannii have emerged as a major cause of nosocomial infections associated with significant morbidity and mortality (McConnell et al. 2012). Over the last 20 years a worldwide expansion in Acinetobacter infections has been observed associated with intensive care units (ICUs), long term care facilities and wounded personnel (Sebeny et al., 2008, Sengstock et al. 2010). The developing resistance patterns seen in Acinetobacter sp suggest that the number of effective antibiotics may shortly be exhausted (Hanlon, 2005). The ability of Acinetobacter sp to resist desiccation and persist on hospital surfaces, materials and medical devices has played a critical role in the emergence of this bacterium as a human pathogen (Villegas and Hartstein, 2003). A. baumannii is able to form strong adherent biofilms that help the bacteria to survive for several weeks on abiotic surfaces resulting in contamination of hospital and medical instruments, e.g. incubator tubes, water lines, cleaning instruments, pillows and linen (Harrison et al., 2008, Donlan, 2008, Villegas and Hartstein, 2003, McConnell et al. 2012). The ability of clinical strains of A. *baumannii* to form strong adherent biofilms has now been recognised as a key virulence factor for this pathogen (Wroblewska et al. 2008).

In this study the MICs and MBCs of alcohols and alcohol containing products against clinical strains of *A. baumannii* were determined. It was observed that the MBC of ethanol and IPA for all strains ranged from 50 to 55% v/v and the MIC of ethanol and IPA for all clinical strains ranged from 3.1 to 9.0% v/v. A carbohydrate free minimal media employing alcohols as sole carbon sources has been developed and our results revealed that all *Acinetobacter* strains under investigation have the ability to grow on minimal media supplemented with either ethanol or IPA as a sole carbon source. However, the Type strain was significantly more sensitive to alcohols and had a reduced ability to utilise ethanol or IPA as its sole carbon source. The MBC's determined here are below the in use concentrations recommended for alcohols (60-70%) (Fraise *et al.* 2012). The impact of ethanol in the presence of other carbon sources has been investigated by a number of authors (Pirog *et al.* 2002, Smith *et al.* 2004), a situation

that mirrors the experiments reported here employing TSB and MRD. The growth of Acinetobacter strains on minimal media with ethanol as a sole carbon source without supplementation is well established (Navon-Venezia et al. 1995, Walzer et al. 2006) a situation reflected in the growth of the clinical strains observed here. Enhanced pathogenicity due to the presence of alcohol has been reported for Acinetobacter sp (Smith *et al.* 2004) again in the presence of other carbon sources. The positive impact of ethanol was reduced as the concentration was raised to 5% v/v and became negative above 5% v/v (Smith et al. 2004), a trend that is reflected in the data collected here (Figures 4.1 and 4.2). Enhanced growth of *Acinetobacter* strains at alcohol concentrations at or around 1% v/v has been reported by a number of authors (Smith et al. 2004, Edwards et al. 2007a). Edwards et al (Edwards et al. 2007b), reported the enhancement of growth and virulence in the presence of ethanol and found the significant increase in growth when the minimal media is supplemented with $\leq 1\% v/v$ of four commercially available hand rubs i.e Purell, Spirogel, Softalind and Skinman. They reported that the unknown factor which enhanced pathogenicity and virulence to *A. baumannii* was secretion of proteins in response to alcohols. One of these proteins was identified as OmpA, which was recognized as having emulsifying activity, which could be useful in scavenging carbon for growth from complex energy sources such as hydrocarbons. The secretion of OmpA by A. baumannii following exposure to 0.5% v/v ethanol in minimal media has also been described by Walzer et al (Walzer et al. 2006), suggesting that it may be the important response to growth and survival under low nutrient conditions. These bioemulsifiers protein may also be helpful in bacterial adhesion, quorum sensing and the development of biofilms (Ron and Rosenberg, 2001). The MIC determined for ethanol and IPA for the clinical strains investigated are towards the upper end of published values for alcohol MICs on bacteria in general that range from 1 to 5% v/v (Oh and Marshall, 1993, Mazzola et al. 2009, Wadhwani et al. 2008). One published value for A. calcoaceticus of 4.4% v/v (Mazzola et al. 2009) is broadly similar to the values generated during this study with the exception of 882 which had an MIC of approximately double this value (Table 4.4). Interestingly these authors indicated that the presence of glycerine, a common component of alcohol hand gels
increased the MIC by \approx 50%, an observation that aligns with the reduced impact of Purell gel observed here (Fig. 4.2).

Biofilms are defined as highly self-organized, three-dimensional structures where the microbial community is enclosed in a polymeric matrix of exopolymeric substances (EPS), constituting a survival mechanism for harsh environments (Espinal et al. 2011, Jahid and Ha, 2012). Biofilms are composed of microorganisms attached to either each other, to living or non-biotic surfaces and may be embedded within a complex matrix of polysaccharides, proteins, nucleic acids and glycoproteins (Donlan and Costerton, 2002). For the effective eradication of microorganisms within a biofilm, higher concentrations of antimicrobial agent are often required when compared to their planktonic or free floating non- biofilm counterparts (Thomas et al. 2011). The antimicrobial concentrations required for biofilm removal can be 100-fold of that required for removal microorganisms in the planktonic state (Rasmussen and Givskov, 2006). In the context of human health 80% of infections are suggested to be biofilm related (Davies, 2003, Blackwell, 2005), for example in chronic wounds, e.g. diabetic foot ulcers, pressure ulcers and venous leg ulcers biofilms are a central part of the evolution of the infection (James et al. 2007). The effective and efficient use of medical devices such as catheters, artificial valves etc. are often compromised by the formation of biofilms (Strelkova *et al.* 2012). A. *baumannii* is known to form strong adherent biofilms that allow the bacteria to survive for several weeks on abiotic surfaces in healthcare settings (Harrison et al. 2008, Donlan, 2008, Villegas and Hartstein, 2003, McConnell et al. 2012). However as observed here, biofilm formation amongst A. baumannii strains is not consistent (Fig. 4.9), Wroblewska et al (Wroblewska et al. 2008) investigated 34 clinical strains from patients hospitalized in two tertiary care hospitals. The isolates demonstrated a wide range of biofilm forming ability, with 12% high, 41% medium and 47% demonstrating a low level of biofilm production. A similar variation in adherence was observed when the adherence of clinical isolates to human bronchial tissue was investigated (Lee et al. 2006). In the current study a greater number of strains demonstrated a high level of adherence (Table 4.5) with the strength of adherence being dependent on the carbon source. Wroblewska et al (2008) did not consider the impact of carbon source on biofilm formation, but the data here clearly reveals that

alcohol based carbon sources increase adherence, with 71% of strains being highly adherent when fed on alcohol as the sole carbon source with only the Type strain and UK-HS remaining poorly adherent regardless of carbon source. Lee *et al* (2006) observed lower levels of adherence for Clone 1 than Clone 2 onto epithelial cells, when tested here for adherence to plastic surfaces no differences between Clones 1 and 2 was seen. Other authors (McQueary and Actis, 2011) have shown the Type strain to be comparable in its ability to form biofilms but in this case TSB was employed as a growth media, emphasising the importance of the carbon source on biofilm formation. The variations between strains and the impact of carbon source on biofilm formation was revealed in the hydrophobicity data, where there were clear differences observed between strains (Figures. 4.11) and the use of alcohol as a sole carbon sources generated greater hydrophobicity than glucose, SWF or TSB (Figure. 4.12). This correlation between biofilm formation and hydrophobicity is to be expected since plastic surfaces are hydrophobic in nature.

The MATH test has also been used to monitoring the cell surface hydrophobicity of nosocomial pathogen Pseudomonas aeruginosa as it grew in the presence of benzalkonium chloride (Machado et al. 2011). They reported that the strain 0014 increased in hydrophobicity as the cells grew in resistance to the disinfectant. Bos *et al* (Bos et al. 1999) used the MATH test on dental colonisers such as Streptococcus and Actinomyces and found that the presence of divalent calcium cations increased the adhesion to hexadecane and chloroform. Costa, et al (Guimaraes et al. 2006) and Di Bonaventura, et al (Di Bonaventura et al. 2008), reported that hydrophobicity of the bacterial surface is an important factor for adherence and colonization of bacteria to both living (epithelial mucous tissues) and non-living surfaces (medical devices). Umamaheshwari and Jain, (Umamaheshwari and Jain, 2004), reported that the hydrophobic cell surface components may serve as a binding target for antibacterial lipobeads. Rosenberg (Rosenberg, 2006), reported that hydrophobic surface property of the bacteria play a vital role in growth on hydrophobic materials, initial biofilm formation, adhesion to host cells, aggregation and flocculation and it is the one of many parameters which determines the ability of a cell to adhere, invade and cause damage.

However, McQueary and Actic (2011) employed TSB as a growth media which as can be seen here does not favour biofilm formation in some *A. baumannii* strains. When the Type strain and more hydrophobic strains such as 882 and Clone 1 were grown on plastic surfaces and visualised via SEM, the less hydrophobic Type strain was unable to maintain a significant biofilm suggesting that when grown on a more minimal media the Type strain was unable to maintain a biofilm on a hydrophobic surface, indicating a direct correlation between hydrophobicity and biofilm formation. The Type strain was however able to form biofilms on hydrophilic surfaces (glass) under low sheer conditions, however, under these conditions the hydrophobic strains were also able to form biofilms through the generation of EPS.

A number of gene products have been proven to play a role in attachment and biofilm formation on abiotic surfaces e.g. pilus production mediated by the CsuA/BABCDE usher-chaperone assembly system is required for the attachment and biofilm formation on the abiotic surfaces by the *A. baumannii* Type strain. This operon seems to be wide spread among clinical isolates and an indication that it is a common factor among different clinical isolates (Tomaras et al., 2003). However McQueary and Actic (2011) demonstrated that even in the presence of this gene significant strain to strain variations in biofilm formation were evident. The Type strain also has the ability to produce alternative pili that may help in the interaction of this pathogen with bronchial epithelial cells (De Breij et al., 2010). Loehfelm et al (Loehfelm et al. 2008) reported that biofilm-associated protein (Bap), conserved in the clinical isolates and appears to be associated with the cell-cell interactions that support the development and maturation of the biofilm. In addition to (Bap), the A. baumannii clinical isolates also produce poly- β -1-6-N-acetylglucosamine (PNAG) for the development and maturation of the biofilm on glass surfaces by the cells cultured (Bentancor et al. 2012, Choi et al., 2009b). The strong biofilm forming strains was evaluated for the PNAG production both the strains (882 and Clone I) produced PNAG on Congo red plates, however no PNAG was detectable via ¹H NMR suggesting that either Congo red plates is not a definitive screen for PNAG or the concentrations generated were too low to be detected following extraction.

A two component regulatory system has also been reported in the *A. baumannii* Type strain (ATCC 19606^T) which comprises of: a sensor kinase encoded by *bfm*S, and a response regulator encoded by *bfm*R involved in bacteria-surface interaction (Tomaras et al., 2008). The insertional inactivation of *bfm*R results in the loss of expression of *cusA/BABCDE* operon resulted in the lack of pili production and biofilm formation on plastic surfaces when grown in rich medium (LB broth), however the inactivation of *bfm*S sensor kinase gene resulted in diminishment but not abolishment of biofilm formation (Tomaras *et al.* 2008). In the absence of BfmRS system the composition of culture media still influence the interaction of cells with abiotic surfaces, these finding indicates that the BfmRS system cross talks with other sensing components and suggests instead of one, there are multiple and different stimuli which could control the biofilm formation via BfmRS regulatory pathway (Tomaras *et al.* 2008). However, all Tomaras *et al's* (2008) work was carried out using the Type strain with glucose as a carbon source, consequently the differences seen here with ethanol and other strains was not investigated.

Another mechanism controlling bacterial adherence and biofilm formation is cell population density. Accordingly, environmental and clinical isolates produce quorum sensing signalling molecules (Gonzalez et al., 2001, Gonzalez et al., 2009), these studies proved that a large number of isolates produce quorum sensing and signalling molecules which seem to belong to three types of molecules. Although none of these sensors belongs to a particular species, however the Rf1-type sensor is more frequently found in isolates belonging to the *A. calcoaceticus-baumannii* complex. Niu et al (Niu *et al.* 2008) proved that the *A. baumannii* M2 clinical isolates produce an *N*-acylhomoserine lactone [*N*-3-hydroxydodecanoyl-homoserinem lactone], the product of the *abal* auto inducer synthase gene, which is vital for the fully developed biofilm on abiotic surfaces, *abal* auto inducer also helps this isolate to move in semisolid media.

Generally, *A. baumannii* adheres to biotic and abiotic surfaces via the same steps described for general biofilm formation. The associated EPS being composed of carbohydrates, proteins, nucleic acids and other macromolecules (McConnell *et al.* 2012). Pirog *et al* (Pirog *et al.* 2002), reported that *Acinetobacter* spp.12S has the ability

to grow and synthesize EPS on different carbohydrate substrates like mono and disaccharides, molasses and starch. He reported that the *Acinetobacter* spp. were grown on carbohydrate media containing no pantothenic acid (Vitamin B3), which is required for growth on C₂-substrates. He used a mixture of carbohydrate sources (0.01, 0.1, 0.5 and 1% v/v ethanol and 1% w/v glucose) and found that bacterial growth and EPS generation was higher when 0.01% v/v ethanol with 1% w/v glucose used. The EPS production was intensified as the content of the C2 substrate in the medium increased.

The growth of the *Acinetobacter* strains at the expense of alcohol as the sole carbon source without any complex media supplements has already been identified as a characteristic of hydrophilic, strongly adherent strains such as 882 and Clone 1 (Section 4.1.3). The formation of polysaccharide based EPS by these strains at the expense of alcohols as well as glucose is evident from the drip flow biofilms where the EPS is stained by the carbohydrate selective stain calcofluor white (Figures. 4.18-4.19), indicating that these strains are able to synthesise complex carbohydrates from C2 and C3 alcohols in minimal media. The formation of biofilms was observed as a blue colour around the red bacterial cells which starts forming after 24 hours, however biofilms were more obvious after 48 hours of continues growth in a drip flow reactor. Both the strains developed strong biofilm when the carbon sources were ethanol and IPA as compared to the glucose and can be seen easily by the fluorescent microscopy in addition *A. baumannii* strains 882 developed more compact biofilm as compared to Clone 1 on all the carbon sources (Figures. 4.18-19).

The generation of EPS is associated with cell growth as can be seen from the batch growth of these strains (Figures 4.14 & 4.15), the resulting EPS is not utilised as a carbon source after formation and is produced during growth along with lactate, however the Type strain does not produce any biofilm or EPS when grown on similar carbon sources. The formation of acid from glucose is a common observation for *A. calcoaceticus-baumannii* complex as is the consumption of lactate as a sole carbon source (Nemec *et al.* 2011), in this case acid is also produced from C2 and C3 alcohols. Both the strong biofilm forming strain of *A. baumannii* i.e. Clone I and 882 are able to generate high MW EPS when grown on mineral media with ethanol as a sole carbon

source. Of the EPS extraction methods employed the TCA method was most successful from the perspective of the amount of material recovered and it's MW. In all cases analysis, in particular NMR, was hampered by the low solubility of the extracted material with the use of solid state NMR partially overcoming these problems. In both cases the EPS extracted contained both galactose and rhamnose sugars.

Both the EDTA and TCA methods for EPS extraction were able to generate high MW material with Clone 1 producing the higher MW material in both cases. The TCA method isolated much higher MW material than the EDTA method suggesting that the EDTA method may be degrading the EPS resulting in smaller molecules, which may in turn result in the loss of material during dialysis which will contribute to the small amount of material available for NMR analysis. The TCA method has been successfully applied to EPS characterisation of Lactobacilli and Bifidobacteria (Salazar et al. 2009, Laws et al. 2008) with the EPS recovered from the A. baumannii are within the range of MWs recorded for *Bifidobacterium sp* using the same approach (Leivers et al., 2011). The MALLS and FTIR data indicate the presence of high molecular weight compounds in the extracted EPS from the two strains under investigation. The ¹H NMR and ¹³C NMR and HPAEC analysis indicates that this EPS is carbohydrate based and contains both galactose and rhamnose (Fig. 4. 29). These results correlate with the finding of (Yadav et al. 2012), who reported FTIR analysis of A. baumannii sugar and sugar derivative peaks falls in the region of 1000-1100cm⁻¹. They also reported that the EPS produced by biofilm forming strains of A. junii (BB1) were primarily composed of neutral sugars (73.21%), amino acids (23%), α -amino acids (11-13%), uronic acid (10) and aromatic amino acids (1.23%) with three main sugars residues being present i.e. galactose, mannose and arabinose. The presence of galactose being consistent with the results reported here for Clone 1 and 882.

The MIC and MBC concentrations of a range of quaternary ammonium compounds (QACs) and PHMB has been determined for the strong biofilm forming strains i.e. Clone 1 and 882. In the case of glucose both strains (Clone 1 and 882) were least sensitive to PHMB and most sensitive to Barquat and Benzekonium chloride respectively, however in case of ethanol there were no appreciable difference observed between biocides in

the case of 882, in the case of Clone 1 Benzekonium chloride was the most effective as compared to other biocides. In the case of the MBC, both strains have the ability to survive for longer period of time and in case of QATs ethanol grown cultures proved to have lower MBC as compared to glucose.

Pre-grown biofilms were used to determine MBC for biofilms and to compare responses of planktonic cells and biofilm cells. MBC values for biofilms were orders of magnitude greater than those calculated for planktonic cells. The MBEC system was also used to determine the impact of QACs and PHMB on the ability of Clone 1 and 882 to form biofilms. In all cases (both bacteria and both carbon sources) no biofilm formation occurred at a concentration of 5% for all biocides under investigation and between 4% and 0.0078% there was a linear reduction in biofilm formation when plotted against the log of the biocide concentration (Figure 4.18 to 4.21).

Bacteria have a variety of mechanisms at their disposal to reduce the cytoplasmic concentration of biocides (Maillard, 2007). However, it has been difficult to producing stable bacterial resistance to high biocide concentrations (Suller and Russell, 1999, Fitzgerald et al., 1992). The use of step wise biocide concentration increases have resulted in bacteria with increased minimum inhibitory concentrations (MIC), but rarely at in-use concentrations (Thomas et al. 2005, Suller and Russell, 1999, Lear et al. 2006, Walsh *et al.* 2003b). Alternative approaches which more closely mirror the way biocides are employed i.e. the exposure of high inoculums to high biocidal concentrations have produced some adaption but not as effectively as stepwise training (Walsh et al. 2003b, Thomas et al. 2000). Although it is not easy to develop resistant mutants to high biocide concentrations, exposure to low concentrations may induce low-level resistance in bacteria. The induction of bacterial resistance to almost all biocides has been documented, but particularly none oxidizing ones such as phenolics, bis-biguanides and quaternary ammonium compounds (Russell, 2004a, Moken et al. 1997, McMurry et al. 1998). Although, the induction of oxy R and sox RS regulons following exposure to oxidising agents has been described (Chapman, 2003). These results correlate with the findings of Kuwamura-Sato et al (Kawamura-Sato et al. 2008) who determined the MICs and MBCs values of different biocides i.e.

chlorhexidinegluconate, benzethonium chloride bezalkonium chloride and alkyl diaminoethylglycine hydrochloride (ADH) against a range of clinical isolates of *Acinetobacter*. MIC_{90s} obtained by the broth micro-dilution method for benzethonium chloride and bezalkonium chloride were ≤ 25 mg/L which is consistent with the results obtained with glucose grown isolates and are generally lower than the ethanol grown cultures. However, the maximum MIC for specific strains were 50 mg/l for bezalkonium chloride and 100 mg/l for benzethonium chloride values greater than any recorded in this study. They also determined the MBC values of the four disinfectant and found that the MBC for the majority of strains were <64 mg/l, although the presence of organic material (3% w/v BSA) generated higher MBC values (512 mg/L) which were closer to the values generated here. Although the methods employed to determine MIC and MBC values are different to those employed here the major difference is that in this study there is a greater difference between the MBC and the MIC values.

Other authors have assessed the susceptibility of *Acinetobacter sp* to disinfectants (Martro *et al.* 2003, Wisplinghoff *et al.* 2007), however, they did not consider the disinfectants considered here. In both cases they did not find any correlation between antibiotic resistance and biocide susceptibility. One study that did consider Benzalkonium and Benzethonium chloride (Kawamura-Sato *et al.* 2010) found some correlation between antibiotic resistance and a reduced susceptibility to these biocides amongst a small number of clinical isolates.

The prolonged survival of clinical isolates of *Acinetobacter sp* at the MIC has been reported by other authors (Kawamura-Sato *et al.* 2008, Kawamura-Sato *et al.* 2010), this agrees with the observations in the this study that *A. baumannii* strains can survive inhibitory concentrations of biocides for prolonged periods prior to the formation of biofilms.

Thomas *et al* (Thomas *et al.* 2011) reported that effective disinfection in the presence of a biofilm often requires higher concentrations of antimicrobial agents when compared to planktonic bacteria. The antimicrobial concentrations required for biofilm inactivation can be 100 times that required for inactivation of removal planktonic cells (Rasmussen and Givskov, 2006). A similar observation was made here where the increase in MBC was between 10 and 100x the MBC concentration for planktonic cells.

These impacts may be species specific for example the efficacy of ortho-pthalaldehyde was reduced against Mycobacterial biofilms but not against *P. aeruginosa* ones. Survival of bacteria in biofilms has been identified as contributing to a number of outbreaks, e.g. *P. aeruginosa* resistance to iodophores, *Serratia marcescens* resistance to benzylkonium chloride and chlorhexidine. Recently a major outbreak of *Pseudomonas* infections in a neonatal unit in Northern Ireland was associated with biofilms in water distribution system (RQIA, 2012).

Chronic wounds (e.g. diabetic lower limb and pressure ulcers) are generally heavily colonised with pathogenic bacteria. The healing of these wounds depends on adjusting the equilibrium between the hosts-immune system and the pathogens present in the wound environment (Stephen-Haynes, 2004). Within wound microorganisms exist in either a free floating/planktonic state or as part of a biofilm associated with the wound bed (Thomas *et al.* 2011). Many MDROs are also often associated with chronic and acute wounds. Topical antimicrobials are often the first approach applied to bio burden control, in wounds where there are clear signs of a progressive infection however; systematic antibiotics are generally applied (Bowler et al. 2012). Several factors determine the efficiency of systematic antibiotics such as: the extent of blood flow to the wound, the extent of antibiotic-resistance, the bacterial species present, the presence of biofilms (Zubair et al. 2011). Where MDROs have colonised the wound, the efficacy of systematic antibiotics treatment is uncertain. In this case the topical application of antiseptics and disinfectants may present a viable alternative due to their broader spectrum of activity and lack of bacterial resistance. By combining antiseptic and disinfectant agents with wound dressings it is possible to achieve a managed deliver of antimicrobial agents into the infected wound bed (Ovington, 2007). There is a large range of antimicrobial dressings available with varying claims of antimicrobial efficacy. Current approaches for the evaluation of antimicrobial wound dressings vary significantly in terms of media used, inoculum and sample size (Tkachenko and Karas, 2012), which may make direct comparison between dressing difficult (Chopra, 2007). In

addition the presence of biofilms within wounds complicate the testing of these dressings, particularly when of our current knowledge of bacterial biofilm is based on *in vitro* observations of bacterial adherence to solid surfaces. This is a marked contrast to the situation in a chronic wound where bacteria reside within a wound beds rather than attached to well defined solid surface (Werthan *et al.* 2010).

The antimicrobial wound dressings (NSCD, ISCD, Honey and PHMB) were evaluated for their ability to prevent the growth of a range of commonly occurring wound pathogens i.e. A. baumannii, P. aeruginosa and S. aureus. Two approaches were used to evaluate these dressings i.e. planktonic cells and the second cells immobilised in a collagen matrix. In case of planktonic cells, majority of cases there were significant differences (p<0.05) between strains of the same species when treated with the same dressing. The NSCD dressing proved to have a high level of antimicrobial activity (Figure 4.45 a), after NSCD the Honey dressing performed best with maximum kills for a number of A. baumannii and P. aeruginosa strains (Figure 4.45 c) and a consistent level of kill for S. aureus with no significant differences (ANOVA, P>0.05) between the impacts on all strains tested. The ISCD dressing had a relatively consistent performance across the A. baumannii and P. aeruginosa strains tested (Figure 4.45 b) but failed to generate a complete kill in all but two occasions. It was significantly poorer (P<0.05) in performance when compared to NSCD for 4 out of the 5 A. baumannii strains, however with the exception of the Type strain there was no significant difference (P>0.05) between ISCD and NSCD for the other *P. aeruginosa* strains. In the case of *S. aureus* ISCD was again significantly (p<0.05) poorer in performance than NSCD for the majority of strains. The PHMB dressing had the poorest overall performance of the four dressings failing to generate a complete kill for any of the bacterial strains tested. It was particularly poor against *A. baumannii* where it had significantly poorer performance (P<0.05) than any of the other dressings against any of the strains with the exception of 882 and the Honey dressing. PHMB performed better against the strains of P. aeruginosa and S. aureus tested, performing as well as the other dressings in the majority of cases although it did have particularly poor performance against the P. *aeruginosa* type strain.

In the case of collagen immobilised bacteria, as was the case with the planktonic cells, there were significant differences (ANOVA, p<0.05) between strains of the same species when treated with the same dressing, consequently it was not possible to collate data on a species level. It also indicated that collagen wound model reflected the significant subspecies levels variations in the susceptibility to antimicrobial dressings seen in the planktonic model (Table 4.7) in a number of cases the difference between minimum and maximum impacts were many orders of magnitude. Unlike the planktonic model the NSCD and ISCD produced broadly similar results (Figure 4.46) with the major differences being seen with the *P. aeruginosa* strains where NSCD generated greater log reductions than ISCD in 4 out of the 6 strains tested (p<0.05, See Appendix). However, there were no differences between the two dressings when tested against *S. aureus*. The NSCD performed significantly better than the Honey dressing for all strains with the exception of S. aureus 4330 and significantly better than the PHMB dressing for all strains with the exception of the *P. aeruginosa* Type strain and Type 5. The ISCD performed significantly better than the Honey dressing for all strains with the exception of *S. aureus* 4330 and *P. aeruginosa* Type 2 and significantly better than PHMB with the exception of three *P. aeruginosa* strains (Type, Type 3 and 5) (See Appendix). Comparison between the Honey and the PHMB dressing was variable with Honey being generally better against S. aureus, whilst PHMB was generally better against P. *aeruginosa*, with a broadly similar picture against *A. baumannii* (See Appendix). The use of collagen potentially provided a diffusion barrier to the antimicrobials present in the dressing. Consequently, you might expect that reduction measured through the collagen approach to be less than that seen for the planktonic approach where there is no barrier between the dressing and the bacteria. This is generally the case across all the dressing with more strains showing no difference between the two approaches or the collagen approach generating a lower reduction in viable counts than the planktonic approach (Table 4.8). However, in the case of the ISCD, Honey and PHMB dressings there are exceptions to this expectation suggesting that the collagen did not generate a consistent barrier to the diffusion of the active ingredients.

The multi-drug resistant organisms (MDROs) investigated in this study includes both Gram positive and Gram negative groups that are well known to colonise and potentially infect the variety of dermal wounds (Bowler *et al.* 2012). In a recent study conducted by (Lipova *et al.* 2010) it was reported that, out of a total 777 bacterial strains isolated from burn patients, 65% of these strains were identified as Gram-Positive and 35% as Gram-negative. The most commonly isolated Gram-Positive opportunistic pathogens were coagulase-negative *Staphylococcus* and *Bacillus sp* and most common among the Gram-negative opportunistic pathogens includes *E. coli, A. baumannii* and *P. aeruginosa* (Lipova *et al.* 2010).Since bacteria are capable of forming biofilm on living tissues e.g. a wound bed which enhances their tolerance to antimicrobial agents (Zubair *et al.* 2011) and the host immune cells, it was important to evaluate the susceptibility of these MDROs to the variety of dressing includes silver coated dressings etc., in both of their living forms i.e. most natural tolerant form and less natural free living form.

6 Major Findings

The major findings of this study are outlined below:

- The ability of *A. baumannii* to utilise alcohols as sole carbon sources varies between strains with a number of clinical isolates being better suited to the utilisation of these compounds than the Type strain;
- The ability of *A. baumannii* strains to form biofilms on plastic surfaces varied between strains and between carbon sources;
- Strong biofilm forming strains were able to form biofilms on both hydrophobic (plastic) and hydrophilic (glass) surfaces through the generation of carbohydrate based EPS;
- Strong biofilm forming strains were able to generate high MW EPS containing galactose and rhamnose sugars;
- When challenged with a range of biocides biofilm forming strains were able to form biofilms at concentrations above the MBC of planktonic cells;
- The formation of biofilms provided enhanced protection when exposed to a range of biocides with biofilm MBC being orders of magnitude greater than the MBC for planktonic cells.

7 References

AASE, B., SUNDHEIM, G., LANGSRUD, S. & RÃ, RVIK, L. M. 2000. Occurrence of and a possible mechanism for resistance to a quaternary ammonium compound in Listeria monocytogenes. *International journal of food microbiology*, 62, 57-63.

ABBO, A., CARMELI, Y., NAVON-VENEZIA, S., SIEGMAN-IGRA, Y. & SCHWABER, M. J. 2007. Impact of multi-drug-resistant Acinetobacter baumannii on clinical outcomes. *European Journal of Clinical Microbiology & Infectious Diseases*, 26, 793-800.

ABDELRAHMAN, T. & NEWTON, H. 2011. Wound dressings: principles and practice. *Surgery (Oxford),* 29, 491-495.

ABEE, T., KOVaiCS, A. T., KUIPERS, O. P. & VAN DER VEEN, S. 2011. Biofilm formation and dispersal in Gram-positive bacteria. *Current opinion in biotechnology*, 22, 172-179.

AKIYAMA, H., OONO, T., SAITO, M. & IWATSUKI, K. 2004. Assessment of cadexomer iodine against Staphylococcus aureus biofilm in vivo and in vitro using confocal laser scanning microscopy. *Journal of dermatology*, 31, 529-534.

ALBLAS, J. G., ANDRIESSEN, A., KLICKS, R. J., WIERSEMA, A. M., VAN DOORN, J., ELZINGA, G., SPITS, H., POST, A. & VAN GENT, M. 2011. Clinical evaluation of a PHMB-impregnated biocellulose dressing on paediatric lacerations. *Journal of wound care*, 20, 280-284.

ALBRECHT, M. A., GRIFFITH, M. E., MURRAY, C. K., CHUNG, K. K., HORVATH, E. E., WARD, J. A., HOSPENTHAL, D. R., HOLCOMB, J. B. & WOLF, S. E. 2006. Impact of Acinetobacter Infection on the Mortality of Burn Patients. *Journal of the American College of Surgeons*, 203, 546-550.

ALDEYAB, M. A., MCELNAY, J. C., ELSHIBLY, S. M., HUGHES, C. M., MCDOWELL, D. A., SCOTT, M. G., KEARNEY, M. P. & MB BCH BAO, F. 2009. Evaluation of the Efficacy of a Conventional Cleaning Regimen in Removing Methicillin• Resistant Staphylococcus aureus From Contaminated Surfaces in an Intensive Care Unit. *Evaluation*, 30, 304-306.

ALFA, M. J., DUECK, C., OLSON, N., DEGAGNE, P., PAPETTI, S., WALD, A., LO, E. & HARDING, G. 2008. UV-visible marker confirms that environmental persistence of Clostridium difficile spores in toilets of patients with C. difficile-associated diarrhea is associated with lack of compliance with cleaning protocol. *BMC infectious diseases*, 8, 64. ALLEN, M. J., MORBY, A. P. & WHITE, G. F. 2004. Cooperativity in the binding of the cationic biocide polyhexamethylene biguanide to nucleic acids. *Biochemical and biophysical research communications*, 318, 397-404.

ALLEN, M. J., WHITE, G. F. & MORBY, A. P. 2006. The response of Escherichia coli to exposure to the biocide polyhexamethylene biguanide. *Microbiology*, 152, 989-1000.

ALSULTAN, A., HAMOUDA, A., EVANS, B. & AMYES, S. 2009. Acinetobacter baumannii: emergence of four strains with novel bla OXA-51-like genes in patients with diabetes mellitus. *Journal of Chemotherapy*, 21, 290-295.

ANDERSON, R. L. 1989. Iodophor antiseptics: intrinsic microbial contamination with resistant bacteria. *Infection control and hospital epidemiology*, 10, 443-446.

ANSTEY, N. M., CURRIE, B. J., HASSELL, M., PALMER, D., DWYER, B. & SEIFERT, H. 2002. Community-acquired bacteremic Acinetobacter pneumonia in tropical Australia is caused by diverse strains of Acinetobacter baumannii, with carriage in the throat in atrisk groups. *Journal of clinical microbiology*, 40, 685-686.

ANTUNES, L., IMPERI, F., TOWNER, K. J. & VISCA, P. 2011a. Genome-assisted identification of putative iron-utilization genes in< i> Acinetobacter baumannii</i> and their distribution among a genotypically diverse collection of clinical isolates. *Research in microbiology*, 162, 279-284.

ANTUNES, L. C. S., IMPERI, F., CARATTOLI, A. & VISCA, P. 2011b. Deciphering the multifactorial nature of Acinetobacter baumannii pathogenicity. *PLoS One,* 6, e22674.

ASAVAVISITHCHAI, S., OONPRADERM, A. & RUKTANONCHAI, U. R. 2010. The antimicrobial effect of open-cell silver foams. *Journal of Materials Science: Materials in Medicine*, 21, 1329-1334.

ASENSIO, A., CANTÃ³N, R., VAQUé, J., CALBO-TORRECILLAS, F., HERRUZO, R., ARRIBAS, J. L. & SÃ_iENZ, M. C. 2008. Prevalence of infection by carbapenem-resistant Acinetobacter baumannii in Spain (1999-2005). *Enfermedades infecciosas microbiologia clinica*, 26, 199. AUBERT, D., POIREL, L., CHEVALIER, J., LEOTARD, S., PAGES, J.-M. & NORDMANN, P. 2001. Oxacillinase-mediated resistance to cefepime and susceptibility to ceftazidime in Pseudomonas aeruginosa. *Antimicrobial agents and chemotherapy*, 45, 1615-1620.

BADEL, S., BERNARDI, T. & MICHAUD, P. 2011. New perspectives for Lactobacilli exopolysaccharides. *Biotechnology advances*, 29, 54-66.

BALES, P. M., RENKE, E. M., MAY, S. L., SHEN, Y. & NELSON, D. C. 2013. Purification and Characterization of Biofilm-Associated EPS Exopolysaccharides from ESKAPE Organisms and Other Pathogens. *PLoS One,* 8, e67950.

BARKER, J., VIPOND, I. B. & BLOOMFIELD, S. F. 2004. Effects of cleaning and disinfection in reducing the spread of Norovirus contamination via environmental surfaces. *Journal of Hospital Infection*, 58, 42-49.

BENTANCOR, L. V., O'MALLEY, J. M., BOZKURT-GUZEL, C., PIER, G. B. & MAIRA-LITRAIN, T. 2012. Poly-N-acetyl-I²-(1-6)-glucosamine is a target for protective immunity against Acinetobacter baumannii infections. *Infection and immunity*, 80, 651-656.

BERGEN, L. K., MEYER, M., H.A,G, M., RUBENHAGEN, B. & ANDERSEN, L. P. 2009. Spread of bacteria on surfaces when cleaning with microfibre cloths. *Journal of Hospital Infection*, 71, 132-137.

BERGOGNE-BEREZIN, E. & TOWNER, K. 1996. Acinetobacter spp. as nosocomial pathogens: microbiological, clinical, and epidemiological features. *Clinical Microbiology Reviews*, 9, 148-165.

BERKELMAN, R. L., ANDERSON, R. L., DAVIS, B. J., HIGHSMITH, A. K., PETERSEN, N. J., BOND, W. W., COOK, E. H., MACKEL, D. C., FAVERO, M. S. & MARTONE, W. J. 1984. Intrinsic bacterial contamination of a commercial iodophor solution: investigation of the implicated manufacturing plant. *Applied and environmental microbiology*, 47, 752-756.

BERRINGTON, A. W. & PEDLER, S. J. 1998. Investigation of gaseous ozone for MRSA decontamination of hospital side-rooms. *Journal of Hospital Infection,* 40, 61-65.

BHALLA, A., PULTZ, N. J., GRIES, D. M., RAY, A. J., ECKSTEIN, E. C., ARON, D. C. & DONSKEY, C. J. 2004. Acquisition of nosocomial pathogens on hands after contact with

environmental surfaces near hospitalized patients. *Infection control and hospital epidemiology*, 25, 164-167.

BJORLAND, J., STEINUM, T., KVITLE, B., WAAGE, S., SUNDE, M. & HEIR, E. 2005. Widespread distribution of disinfectant resistance genes among staphylococci of bovine and caprine origin in Norway. *Journal of clinical microbiology*, 43, 4363-4368.

BJORLAND, J., STEINUM, T., SUNDE, M., WAAGE, S. & HEIR, E. 2003. Novel plasmidborne gene qacJ mediates resistance to quaternary ammonium compounds in equine Staphylococcus aureus, Staphylococcus simulans, and Staphylococcus intermedius. *Antimicrobial agents and chemotherapy*, 47, 3046-3052.

BJORLAND, J., SUNDE, M. & WAAGE, S. 2001. Plasmid-Borne smr Gene Causes Resistance to Quaternary Ammonium Compounds in BovineStaphylococcus aureus. *Journal of clinical microbiology*, 39, 3999-4004.

BLACKWELL, H. E. 2005. Bacterial crowd control with iron. *Chemistry & Biology*, 12, 721-723.

BORGES-WALMSLEY, M. I. & WALMSLEY, A. R. 2001. The structure and function of drug pumps. *Trends in microbiology*, 9, 71-79.

BOS, R., MEI, H. C. & BUSSCHER, H. J. 1999. Physico-chemistry of initial microbial adhesive interactions–its mechanisms and methods for study. *FEMS Microbiology Reviews*, 23, 179-230.

BOU, G., CERVERO, G., DOMINGUEZ, M. A., QUEREDA, C. & MARTINEZ-BELTRAN, J. 2000. Characterization of a Nosocomial Outbreak Caused by a Multiresistant Acinetobacter baumannii Strain with a Carbapenem-Hydrolyzing Enzyme: High-Level Carbapenem Resistance inA. baumannii Is Not Due Solely to the Presence of β-Lactamases. *Journal of clinical microbiology*, 38, 3299-3305.

BOWLER, P. G., DUERDEN, B. I. & ARMSTRONG, D. G. 2001. Wound microbiology and associated approaches to wound management. *Clinical microbiology reviews*, 14, 244-269.

BOWLER, P. G., WELSBY, S., TOWERS, V., BOOTH, R., HOGARTH, A., ROWLANDS, V., JOSEPH, A. & JONES, S. A. 2012. Multidrug• resistant organisms, wounds and topical antimicrobial protection. *International Wound Journal*.

BOYCE, J. M. & PITTET, D. 2002. Guideline for hand hygiene in health-care settings: recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. *Infection control and hospital epidemiology*, 23, S3-S40.

BRACHELENTE, C., WIENER, D., MALIK, Y. & HUESSY, D. 2007. A case of necrotizing fasciitis with septic shock in a cat caused by Acinetobacter baumannii. *Veterinary dermatology*, 18, 432-438.

BRACKMAN, G., COS, P., MAES, L., NELIS, H. J. & COENYE, T. 2011. Quorum sensing inhibitors increase the susceptibility of bacterial biofilms to antibiotics in vitro and in vivo. *Antimicrobial agents and chemotherapy*, 55, 2655-2661.

BRADSHAW, C. E. 2011. An in vitro comparison of the antimicrobial activity of honey, iodine and silver wound dressings. *Bioscience Horizons*, 4, 61-70.

BRADY, M. J., LISAY, C. M., YURKOVETSKIY, A. V. & SAWAN, S. P. 2003. Persistent silver disinfectant for the environmental control of pathogenic bacteria. *American journal of infection control*, 31, 208-214.

BRISOU, J. & PREVOT, A. R. Studies on bacterial taxonomy. X. The revision of species under Acromobacter group. Annales de l'Institut Pasteur, 1954. 722.

BRITTAIN, H. G. 1997. Chromatographic characterization of polymers: Advances in Chemistry Series 247, edited by Theodore Provder, Howard G. Barth and Marek W. Urban, American Chemical Society, 1995, 294 pp., 124.95, ISBN 0-8412-3132X. Elsevier.

BRUCKNER, M., SCHWARZ, C., OTTO, F., HEILLINGER, J. & WILD, T. 2008. Evaluation of cellulose and polyhexamethylene biguanide (Suprasorb® X+ PHMB) in therapy of infected wounds. *Exudate management, pain reduction, cost effectiveness–successful treatment of chronic wounds*, 30.

BUSH, C. A., MARTIN-PASTOR, M. & IMBERY, A. 1999. Structure and conformation of complex carbohydrates of glycoproteins, glycolipids, and bacterial polysaccharides. *Annual review of biophysics and biomolecular structure*, 28, 269-293.

BUTCHER, M. 2012. PHMB: an effective antimicrobial in wound bioburden management. *British journal of nursing*, 21, S16-S21.

CAMARENA, L., BRUNO, V., EUSKIRCHEN, G., POGGIO, S. & SNYDER, M. 2010. Molecular mechanisms of ethanol-induced pathogenesis revealed by RNA-sequencing. *PLoS Pathogens*, 6, e1000834.

CAMPANAC, C., PINEAU, L., PAYARD, A., BAZIARD-MOUYSSET, G. & ROQUES, C. 2002. Interactions between biocide cationic agents and bacterial biofilms. *Antimicrobial agents and chemotherapy*, 46, 1469-1474.

CARBONNE, A., NAAS, T., BLANCKAERT, K., COUZIGOU, C., CATTOEN, C., CHAGNON, J. L., NORDMANN, P. & ASTAGNEAU, P. 2005. Investigation of a nosocomial outbreak of extended-spectrum -lactamase VEB-1-producing isolates of Acinetobacter baumannii in a hospital setting. *Journal of Hospital Infection*, 60, 14-18.

CARLING, P. C. & BARTLEY, J. M. 2010. Evaluating hygienic cleaning in health care settings: What you do not know can harm your patients. *American journal of infection control*, 38, S41-S50.

CASCIO, A., CONTI, A., SINARDI, L., IARIA, C., ANGILERI, F. F., STASSI, G., DAVID, T., VERSACI, A., IARIA, M. & DAVID, A. 2010. Post-neurosurgical multidrug-resistanT Acinetobacter baumannii meningitis successfully treated with intrathecal colistin. A new case and a systematic review of the literature. *International Journal of Infectious Diseases*, 14, e572-e579.

CASEWELL, M. & PHILLIPS, I. 1977. Hands as route of transmission for Klebsiella species. *British medical journal,* 2, 1315.

CASEY, A. L., ADAMS, D., KARPANEN, T. J., LAMBERT, P. A., COOKSON, B. D., NIGHTINGALE, P., MIRUSZENKO, L., SHILLAM, R., CHRISTIAN, P. & ELLIOTT, T. S. J. 2010. Role of copper in reducing hospital environment contamination. *Journal of Hospital Infection*, 74, 72-77. CATALDI, T. R., CAMPA, C. & DE BENEDETTO, G. E. 2000. Carbohydrate analysis by highperformance anion-exchange chromatography with pulsed amperometric detection: The potential is still growing. *Fresenius' journal of analytical chemistry*, 368, 739-758.

CAZZANIGA, A., SERRALTA, V., DAVIS, S., ORR, R., EAGLSTEIN, W. & MERTZ, P. 2007. The effect of an antimicrobial gauze dressing impregnated with 0.2% polyhexamethylene biguanide as a barrier to prevent Pseudomonas aeruginosa wound invasion.

CELENZA, G., PELLEGRINI, C., CACCAMO, M., SEGATORE, B., AMICOSANTE, G. & PERILLI, M. 2006. Spread of blaCTX-M-type and blaPER-2 β-lactamase genes in clinical isolates from Bolivian hospitals. *Journal of Antimicrobial Chemotherapy*, 57, 975-978.

CERI, H., OLSON, M., STREMICK, C., READ, R., MORCK, D. & BURET, A. 1999a. The Calgary Biofilm Device: new technology for rapid determination of antibiotic susceptibilities of bacterial biofilms. *Journal of clinical microbiology*, 37, 1771-1776.

CERI, H., OLSON, M. E., STREMICK, C., READ, R. R., MORCK, D. & BURET, A. 1999b. The Calgary Biofilm Device: new technology for rapid determination of antibiotic susceptibilities of bacterial biofilms. *Journal of clinical microbiology*, 37, 1771-1776.

CHANG, W. N., LU, C. H., HUANG, C. R. & CHUANG, Y. C. 2000. Community-acquired Acinetobacter meningitis in adults. *Infection*, 28, 395-397.

CHAPMAN, J. S. 2003. Biocide resistance mechanisms. *International biodeterioration & biodegradation*, 51, 133-138.

CHARNOT-KATSIKAS, A., DORAFSHAR, A. H., AYCOCK, J. K., DAVID, M. Z., WEBER, S. G. & FRANK, K. M. 2009. Two cases of necrotizing fasciitis due to Acinetobacter baumannii. *Journal of clinical microbiology*, 47, 258-263.

CHEN, M. Z., HSUEH, P. R., LEE, L. N., YU, C. J., YANG, P. C. & LUH, K. T. 2001. Severe community-acquired pneumonia due to Acinetobacter baumannii. *CHEST Journal*, 120, 1072-1077.

CHIM, H., TAN, B. H. & SONG, C. 2007. Five-year review of infections in a burn intensive care unit: High incidence of Acinetobacter baumannii in a tropical climate. *Burns*, 33, 1008-1014.

CHOI, A. H., SLAMTI, L., AVCI, F. Y., PIER, G. B. & MAIRA-LITRÁN, T. 2009a. The pgaABCD locus of Acinetobacter baumannii encodes the production of poly-β-1-6-N-acetylglucosamine, which is critical for biofilm formation. *Journal of bacteriology*, 191, 5953-5963.

CHOI, A. H. K., SLAMTI, L., AVCI, F. Y., PIER, G. B. & MAIRA-LITRÃ_iN, T. 2009b. The pgaABCD locus of Acinetobacter baumannii encodes the production of poly-I²-1-6-N-acetylglucosamine, which is critical for biofilm formation. *Journal of bacteriology*, 191, 5953-5963.

CHOI, C. H., LEE, E. Y., LEE, Y. C., PARK, T. I., KIM, H. J., HYUN, S. H., KIM, S., LEE, S. K. & LEE, J. C. 2005. Outer membrane protein 38 of Acinetobacter baumannii localizes to the mitochondria and induces apoptosis of epithelial cells. *Cellular Microbiology*, *7*, 1127-1138.

CHOI, C. H., LEE, J. S., LEE, Y. C., PARK, T. I. & LEE, J. C. 2008. Acinetobacter baumannii invades epithelial cells and outer membrane protein A mediates interactions with epithelial cells. *BMC microbiology*, 8, 216.

CHOPRA, I. 2007. The increasing use of silver-based products as antimicrobial agents: a useful development or a cause for concern? *Journal of Antimicrobial Chemotherapy*, 59, 587-590.

CHOPRA, I., SCHOFIELD, C., EVERETT, M., O'NEILL, A., MILLER, K., WILCOX, M., FRÈRE, J.-M., DAWSON, M., CZAPLEWSKI, L. & URLEB, U. 2008. Treatment of health-careassociated infections caused by Gram-negative bacteria: a consensus statement. *The Lancet infectious diseases*, 8, 133-139.

CHUANCHUEN, R., BEINLICH, K., HOANG, T. T., BECHER, A., KARKHOFF-SCHWEIZER, R. R. & SCHWEIZER, H. P. 2001. Cross-Resistance between Triclosan and Antibiotics inPseudomonas aeruginosa Is Mediated by Multidrug Efflux Pumps: Exposure of a Susceptible Mutant Strain to Triclosan Selects nfxB Mutants Overexpressing MexCD-OprJ. *Antimicrobial agents and chemotherapy*, 45, 428-432.

COELHO, J. M., TURTON, J. F., KAUFMANN, M. E., GLOVER, J., WOODFORD, N., WARNER, M., PALEPOU, M.-F., PIKE, R., PITT, T. L. & PATEL, B. C. 2006. Occurrence of carbapenem-

resistant Acinetobacter baumannii clones at multiple hospitals in London and Southeast England. *Journal of clinical microbiology*, 44, 3623-3627.

COOKSON, B. 2005. Clinical significance of emergence of bacterial antimicrobial resistance in the hospital environment. *Journal of applied microbiology*, 99, 989-996.

COOPER, R. 2004. A review of the evidence for the use of topical antimicrobial agents in wound care. *World wide wounds*, 1-11.

COOPER, R., HALAS, E. & MOLAN, P. 2002a. The efficacy of honey in inhibiting strains of Pseudomonas aeruginosa from infected burns. *Journal of burn care & research*, 23, 366-370.

COOPER, R., MOLAN, P. & HARDING, K. 2002b. The sensitivity to honey of Gram-positive cocci of clinical significance isolated from wounds. *Journal of applied microbiology*, 93, 857-863.

CORRADINO, B., TOIA, F., DI LORENZO, S., CORDOVA, A. & MOSCHELLA, F. 2010. A difficult case of necrotizing fasciitis caused by Acinetobacter baumannii. *The International Journal of Lower Extremity Wounds*, 9, 152-154.

CORVEC, S., CAROFF, N., ESPAZE, E., GIRAUDEAU, C., DRUGEON, H. & REYNAUD, A. 2003. AmpC cephalosporinase hyperproduction in Acinetobacter baumannii clinical strains. *Journal of Antimicrobial Chemotherapy*, 52, 629.

COZAD, A. & JONES, R. D. 2003. Disinfection and the prevention of infectious disease. *Am. J. Infect. Control*, 31, 243-254.

CRNICH, J., SAFDAR, N. & MAKI, D. G. 2005. The role of the intensive care unit environment in the pathogenesis and prevention of ventilator-associated pneumonia. *Respiratory care*, 50, 813-838.

CROSA, J. H., MEY, A. R. & PAYNE, S. M. 2004. RON TRANSPORT BACTERIA.

CUENCA, F. F., PASCUAL, A., MARTINEZ, L. M., CONEJO, M. C. & PEREA, E. J. 2003. Evaluation of SDS-polyacrylamide gel systems for the study of outer membrane protein profiles of clinical strains of Acinetobacter baumannii. *Journal of basic microbiology*, 43, 194-201. CURRIE, H. A. & PERRY, C. C. 2006. Resolution of complex monosaccharide mixtures from plant cell wall isolates by high pH anion exchange chromatography. *Journal of Chromatography A*, 1128, 90-96.

D'AGATA, E., THAYER, V. & SCHAFFNER, W. 2000. An outbreak of Acinetobacter baumannii: the importance of cross-transmission. *Infection Control and Hospital Epidemiology*, 21, 588-591.

D'ARCY, N. 2001. Antimicrobials in plastics: a global review. *Plastics, Additives and Compounding,* 3, 12-15.

DAESCHLEIN, G., ASSADIAN, O., BRUCK, J., MEINL, C., KRAMER, A. & KOCH, S. 2007. Feasibility and clinical applicability of polihexanide for treatment of second-degree burn wounds. *Skin pharmacology and physiology*, 20, 292-296.

DANCER, S. J. 1999. Mopping up hospital infection. *Journal of Hospital Infection*, 43, 85-100.

DANCER, S. J. 2004. How do we assess hospital cleaning. A proposal for microbiological standards for surface hygiene in hospitals. *Journal of Hospital Infection*, 56, 10-15.

DANCER, S. J. 2010. Control of transmission of infection in hospitals requires more than clean hands. *Infection control and hospital epidemiology*, 31, 958-960.

DANCER, S. J., WHITE, L. & ROBERTSON, C. 2008. Monitoring environmental cleanliness on two surgical wards. *International journal of environmental health research*, 18, 357-364.

DANCER, S. J., WHITE, L. F., LAMB, J., GIRVAN, E. K. & ROBERTSON, C. 2009. Measuring the effect of enhanced cleaning in a UK hospital: a prospective cross-over study. *BMC medicine*, 7, 28.

DANESE, P. N., PRATT, L. A. & KOLTER, R. 2000. Exopolysaccharide production is required for development of Escherichia coli K-12 biofilm architecture. *Journal of bacteriology*, 182, 3593-3596.

DAVEY, M. E. & O'TOOLE, G. A. 2000. Microbial biofilms: from ecology to molecular genetics. *Microbiology and molecular biology reviews*, 64, 847-867.

DAVIES, A., POTTAGE, T., BENNETT, A. & WALKER, J. 2011. Gaseous and air decontamination technologies for Clostridium difficile in the healthcare environment. *Journal of Hospital Infection*, 77, 199-203.

DAVIES, D. 2003. Understanding biofilm resistance to antibacterial agents. *Nature Reviews Drug Discovery*, 2, 114-122.

DAVIS, K. A., MORAN, K. A., MCALLISTER, C. K. & GRAY, P. J. 2005. Multidrug-resistant Acinetobacter extremity infections in soldiers. *Emerging infectious diseases*, 11, 1218.

DE BEER, D., STOODLEY, P. & LEWANDOWSKI, Z. 1994. Liquid flow in heterogeneous biofilms. *Biotechnology and bioengineering*, 44, 636-641.

DE BREIJ, A., DIJKSHOORN, L., LAGENDIJK, E., VAN DER MEER, J., KOSTER, A., BLOEMBERG, G., WOLTERBEEK, R., VAN DEN BROEK, P. & NIBBERING, P. 2010. Do biofilm formation and interactions with human cells explain the clinical success of Acinetobacter baumannii? *PLoS One*, 5, e10732.

DE BREIJ, A., GADDY, J., VAN DER MEER, J., KONING, R., KOSTER, A., VAN DEN BROEK, P., ACTIS, L., NIBBERING, P. & DIJKSHOORN, L. 2009. CsuA/BABCDE-dependent pili are not involved in the adherence of Acinetobacter baumannii ATCC19606 to human airway epithelial cells and their inflammatory response. *Research in microbiology*, 160, 213-218.

DE MUYNCK, W., DE BELIE, N. & VERSTRAETE, W. 2010. Antimicrobial mortar surfaces for the improvement of hygienic conditions. *Journal of applied microbiology*, 108, 62-72.

DE VUYST, L., DE VIN, F., VANINGELGEM, F. & DEGEEST, B. 2001. Recent developments in the biosynthesis and applications of heteropolysaccharides from lactic acid bacteria. *International Dairy Journal*, 11, 687-707.

DEMLING, R. H. & DESANTI, L. 2001. Effects of silver on wound management. *Wounds,* 13, 4-15.

DENTON, M., WILCOX, M. H., PARNELL, P., GREEN, D., KEER, V., HAWKEY, P. M., EVANS, I. & MURPHY, P. 2004. Role of environmental cleaning in controlling an outbreak of

Acinetobacter baumannii on a neurosurgical intensive care unit. *The Journal of hospital infection,* 56, 106.

DENYER, J. Epidermolysis bullosa and silver absorption in paediatrics. Free paper. Wounds UK Conference, Harrogate, 2009.

DETTENKOFER, M., WENZLER, S., AMTHOR, S., ANTES, G., MOTSCHALL, E. & DASCHNER, F. D. 2004. Does disinfection of environmental surfaces influence nosocomial infection rates. A systematic review. *American journal of infection control,* 32, 84-89.

DHARAN, S., MOUROUGA, P., COPIN, P., BESSMER, G., TSCHANZ, B. & PITTET, D. 1999. Routine disinfection of patients environmental surfaces. Myth or reality. *Journal of Hospital Infection*, 42, 113-117.

DI BONAVENTURA, G., PICCOLOMINI, R., PALUDI, D., D'ORIO, V., VERGARA, A., CONTER, M. & IANIERI, A. 2008. Influence of temperature on biofilm formation by Listeria monocytogenes on various food-contact surfaces: relationship with motility and cell surface hydrophobicity. *Journal of applied microbiology*, 104, 1552-1561.

DI NOCERA, P. P., ROCCO, F., GIANNOULI, M., TRIASSI, M. & ZARRILLI, R. 2011. Genome organization of epidemic Acinetobacter baumannii strains. *BMC microbiology*, 11, 224.

DIAB-ELSCHAHAWI, M., ASSADIAN, O., BLACKY, A., STADLER, M., PERNICKA, E., BERGER, J., RESCH, H. & KOLLER, W. 2010. Evaluation of the decontamination efficacy of new and reprocessed microfiber cleaning cloth compared with other commonly used cleaning cloths in the hospital. *American journal of infection control,* 38, 289-292.

DIJKSHOORN, L., NEMEC, A. & SEIFERT, H. 2007. An increasing threat in hospitals: multidrug-resistant Acinetobacter baumannii. *Nature Reviews Microbiology*, 5, 939-951.

DISCH, A. C., MATZIOLIS, G. & PERKA, C. 2007. Two-stage operative strategy without local antibiotic treatment for infected hip arthroplasty: clinical and radiological outcome. *Archives of orthopaedic and trauma surgery*, 127, 691-697.

DISSEMOND, J., GERBER, V., KRAMER, A., RIEPE, G., STROHAL, R., VASEL-BIERGANS, A. & EBERLEIN, T. 2010. A practice-oriented recommendation for treatment of critically

colonised and locally infected wounds using polihexanide. *Journal of Tissue Viability*, 19, 106-115.

DITTRICH, M. & SIBLER, S. 2005. Cell surface groups of two picocyanobacteria strains studied by zeta potential investigations, potentiometric titration, and infrared spectroscopy. *Journal of Colloid and Interface Science*, 286, 487-495.

DOCO, T., WIERUSZESKI, J.-M., FOURNET, B., CARCANO, D., RAMOS, P. & LOONES, A. 1990. Structure of an exocellular polysaccharide produced by Streptococcus thermophilus. *Carbohydrate Research*, 198, 313-321.

DONLAN, R. M. 2008. Biofilms on central venous catheters: is eradication possible. *Bacterial Biofilms*, 133-161.

DONLAN, R. M. & COSTERTON, J. W. 2002. Biofilms: survival mechanisms of clinically relevant microorganisms. *Clinical microbiology reviews*, 15, 167-193.

DORSEY, C. W., TOMARAS, A. P., CONNERLY, P. L., TOLMASKY, M. E., CROSA, J. H. & ACTIS, L. A. 2004. The siderophore-mediated iron acquisition systems of *Acinetobacter baumannii* ATCC 19606 and Vibrio anguillarum 775 are structurally and functionally related. *Microbiology*, 150, 3657-3667.

DU TOIT, D. F. & PAGE, B. J. 2009. An in vitro evaluation of the cell toxicity of honey and silver dressings. *Journal of wound care,* 18, 383-389.

DUBOIS, M., GILLES, K. A., HAMILTON, J. K., REBERS, P. A. & F, S. 1956. Colorimetric method for determination of sugars and related substances. *Anal. Chem*, 28, 350-356.

EDWARDS, J., PATEL, G. & WAREHAM, D. W. 2007a. Low concentrations of commercial alcohol hand rubs facilitate growth of and secretion of extracellular proteins by multidrug-resistant strains of Acinetobacter baumannii. *Journal of medical microbiology*, 56, 1595.

EDWARDS, J., PATEL, G. & WAREHAM, D. W. 2007b. Low concentrations of commercial alcohol hand rubs facilitate growth of and secretion of extracellular proteins by multidrug-resistant strains of Acinetobacter baumannii. *Journal of medical microbiology*, 56, 1595-1599. EDWARDS, R. & HARDING, K. G. 2004. Bacteria and wound healing. *Current opinion in infectious diseases*, 17, 91-96.

EIJKELKAMP, B. A., HASSAN, K. A., PAULSEN, I. T. & BROWN, M. H. 2011. Investigation of the human pathogen Acinetobacter baumannii under iron limiting conditions. *BMC genomics*, 12, 126.

ESPINAL, P., MARTA-, S. & VILA, J. 2011. Effect of biofilm formation on the survival of Acinetobacter baumannii on dry surfaces. *Journal of Hospital Infection*.

EWMA 2006. Position Document: Management of wound infection. European Wound Management Association.

FALAGAS, M. & KOPTERIDES, P. 2006. Risk factors for the isolation of multi-drugresistant Acinetobacter baumannii and Pseudomonas aeruginosa: a systematic review of the literature. *Journal of Hospital Infection*, 64, 7-15.

FALAGAS, M. E., KOPTERIDES, P. & SIEMPOS, I. I. 2006. Attributable mortality of Acinetobacter baumannii infection among critically ill patients. *Clinical Infectious Diseases*, 43, 389-389.

FALAGAS, M. E. & RAFAILIDIS, P. I. 2007. Attributable mortality of Acinetobacter baumannii: no longer a controversial issue. *Crit Care*, 11, 134.

FALAGAS, M. E., THOMAIDIS, P. C., KOTSANTIS, I. K., SGOUROS, K., SAMONIS, G. & KARAGEORGOPOULOS, D. E. 2011. Airborne hydrogen peroxide for disinfection of the hospital environment and infection control: a systematic review. *Journal of Hospital Infection*, 78, 171-177.

FERNANDEZ-CUENCA, F., MARTINEZ-MARTINEZ, L., CONEJO, M. C., AYALA, J. A., PEREA, E. J. & PASCUAL, A. 2003. Relationship between β-lactamase production, outer membrane protein and penicillin-binding protein profiles on the activity of carbapenems against clinical isolates of Acinetobacter baumannii. *Journal of Antimicrobial Chemotherapy*, 51, 565-574.

FIELD, A. 2013. Discovering Statistics Using IBM SPSS Statistics, Sage London. .

FIGUEIREDO, S., BONNIN, R. A., POIREL, L., DURANTEAU, J. & NORDMANN, P. 2011. Identification of the naturally occurring genes encoding carbapenem― hydrolysing oxacillinases from Acinetobacter haemolyticus, Acinetobacter johnsonii, and Acinetobacter calcoaceticus. *Clinical microbiology and infection*.

FISHBAIN, J. & PELEG, A. Y. 2010. Treatment of Acinetobacter infections. *Clinical Infectious Diseases*, 51, 79-84.

FITZGERALD, K. A., DAVIES, A. & RUSSELL, A. D. 1992. Sensitivity and resistance of Escherichia coli and Staphylococcus aureus to chlorhexidine. *Letters in applied microbiology*, 14, 33-36.

FLORES, A. & KINGSLEY, A. 2007. Topical antimicrobial dressings: an overview. *Wound Essentials*, 2, 182-185.

FONG, J. & WOOD, F. 2006. Nanocrystalline silver dressings in wound management: a review. *international Journal of Nanomedicine*, 1, 441.

FOURNIER, P., RICHET, H. & WEINSTEIN, R. 2006. The epidemiology and control of Acinetobacter baumannii in health care facilities. *Clinical infectious diseases*, 42, 692-699.

FRAISE, A., MAILLARD, J.-Y. & SATTAR, S. 2012. *Russell, Hugo and Ayliffe's Principles and Practice of Disinfection, Preservation and Sterilization*, Wiley-Blackwell.

FRAUD, S., MAILLARD, J. Y. & RUSSELL, A. D. 2001. Comparison of the mycobactericidal activity of ortho-phthalaldehyde, glutaraldehyde and other dialdehydes by a quantitative suspension test. *The Journal of hospital infection*, 48, 214-221.

FREGOLINO, E., GARGIULO, V., LANZETTA, R., PARRILLI, M., HOLST, O. & CASTRO, C. D. 2011. Identification and structural determination of the capsular polysaccharides from two Acinetobacter baumannii clinical isolates, MG1 and SMAL. *Carbohydrate Research,* 346, 973-977.

FRENCH, V. M., COOPER, R. A. & MOLAN, P. C. 2005. The antibacterial activity of honey against coagulase-negative staphylococci. *Journal of Antimicrobial Chemotherapy*, 56, 228-231.

GADDY, J. A. & ACTIS, L. A. 2009. Regulation of Acinetobacter baumannii biofilm formation. *Future Microbiology*, *4*, 273-278.

GADDY, J. A., TOMARAS, A. P. & ACTIS, L. A. 2009. The Acinetobacter baumannii 19606 OmpA protein plays a role in biofilm formation on abiotic surfaces and in the interaction of this pathogen with eukaryotic cells. *Infection and immunity*, 77, 3150-3160.

GALES, A., JONES, R. & SADER, H. 2006. Global assessment of the antimicrobial activity of polymyxin B against 54 731 clinical isolates of Gram-negative bacilli: report from the SENTRY antimicrobial surveillance programme (2001–2004). *Clinical microbiology and infection*, 12, 315-321.

GALITZ, C., HAMMERLE, G., SIGNER, M., TRABER, J., EBERLEIN, T., ABEL, M., STROHAL, R. & GRUBER-MOSENBACHER, U. Polyhexanide versus silver wound dressings—first interim results of a controlled, randomized, prospective, multicentric study. Poster presentation. European Wound Management Association Conference, Helsinki, 2009.

GARNACHO, J., SOLE-VIOLAN, J., SA-BORGES, M., DIAZ, E. & RELLO, J. 2003. Clinical impact of pneumonia caused by Acinetobacter baumannii in intubated patients: A matched cohort study*. *Critical care medicine*, 31, 2478-2482.

GAZE, W., ABDOUSLAM, N., HAWKEY, P. & WELLINGTON, E. 2005. Incidence of class 1 integrons in a quaternary ammonium compound-polluted environment. *Antimicrobial agents and chemotherapy*, 49, 1802-1807.

GETCHELL-WHITE, S. I., DONOWITZ, L. G. & GRöSCHEL, D. H. M. 1989. The inanimate environment of an intensive care unit as a potential source of nosocomial bacteria: evidence for long survival of Acinetobacter calcoaceticus. *Infection control and hospital epidemiology*, 402-407.

GIAMARELLOU, H. 2007. Colistin: the loss of the last frontier. APUA Newslett, 25, 5.

GILBERT, P. 2006. Avoiding the resistance pitfall in infection control. Does the use of antiseptic products contribute to the spread of antibiotic resistance. *Ostomy wound management*, 52, 1S.

GILBERT, P. & MOORE, L. 2005. Cationic antiseptics: diversity of action under a common epithet. *Journal of applied microbiology*, 99, 703-715.

GO, E., URBAN, C., BURNS, J., MARIANO, N., MOSINKA-SNIPAS, K., RAHAL, J., KREISWIRTH, B. & EISNER, W. 1994. Clinical and molecular epidemiology of Acinetobacter infections sensitive only to polymyxin B and sulbactam. *The Lancet*, 344, 1329-1332.

GOERES, D. M., HAMILTON, M. A., BECK, N. A., BUCKINGHAM-MEYER, K., HILYARD, J. D., LOETTERLE, L. R., LORENZ, L. A., WALKER, D. K. & STEWART, P. S. 2009. A method for growing a biofilm under low shear at the air-liquid interface using the drip flow biofilm reactor. *Nat. Protocols*, *4*, 783-788.

GOMEZ-ZAVAGLIA, A. & FAUSTO, R. 2003. Low-temperature solid-state FTIR study of glycine, sarcosine and N, N-dimethylglycine: observation of neutral forms of simple α -amino acids in the solid state. *Physical Chemistry Chemical Physics*, 5, 3154-3161.

GONZALEZ, R. H., DIJKSHOORN, L., VAN DEN BARSELAAR, M. & NUDEL, C. 2009. Quorum sensing signal profile of Acinetobacter strains from nosocomial and environmental sources. *Rev Argent Microbiol*, 41, 73-8.

GONZALEZ, R. H., NUSBLAT, A. & NUDEL, B. 2001. Detection and characterization of quorum sensing signal molecules in Acinetobacter strains. *Microbiological research*, 155, 271-277.

GORDON, N. C. & WAREHAM, D. W. 2010. Multidrug-resistant Acinetobacter baumannii: mechanisms of virulence and resistance. *International Journal of Antimicrobial Agents*, 35, 219-226.

GRAY, D., BARRETT, S., BATTACHARYYA, M., BUTCHER, M., ENOCH, S., FUMEROLA, S., STEPHEN-HAYNES, J., EDWARDS-JONES, V., LEAPER, D. & STROHAL, R. 2010. PHMB and its potential contribution to wound management. *Wounds UK2010*, 6, 40-46.

GRIFFITH, C. J. & DANCER, S. J. 2009. Hospital cleaning: problems with steam cleaning and microfibre. *Journal of Hospital Infection*, 72, 360-361.

GRIFFITHS, P. A., BABB, J. R., BRADLEY, C. R. & FRAISE, A. P. 1997. Glutaraldehyde• resistant Mycobacterium chelonae from endoscope washer disinfectors. *Journal of applied microbiology*, 82, 519-526.

GRIFFITHS, P. A., BABB, J. R. & FRAISE, A. P. 1999. Mycobactericidal activity of selected disinfectants using a quantitative suspension test. *Journal of Hospital Infection*, 41, 111-121.

GRUPPER, M., SPRECHER, H., MASHIACH, T. & FINKELSTEIN, R. 2007. Attributable mortality of nosocomial Acinetobacter bacteremia. *Infection control and hospital epidemiology*, 28, 293-298.

GUARDADO, A. R., BLANCO, A., ASENSI, V., PAREZ, F., RIAL, J. C., PINTADO, V., BUSTILLO, E., LANTERO, M., TENZA, E. & ALVAREZ, M. 2008. Multidrug-resistant Acinetobacter meningitis in neurosurgical patients with intraventricular catheters: assessment of different treatments. *Journal of Antimicrobial Chemotherapy*, 61, 908-913.

GUIMARAES, M., HEBLING, J., SANTOS, L., VITA, T. & COSTA, C. 2006. Extravasation mucocele involving the ventral surface of the tongue (glands of Blandin–Nuhn). *International Journal of Paediatric Dentistry*, 16, 435-439.

HALSTEAD, D. C., ABID, J. & DOWZICKY, M. J. 2007. Antimicrobial susceptibility among Acinetobacter calcoaceticus-baumannii complex and Enterobacteriaceae collected as part of the Tigecycline Evaluation and Surveillance Trial. *Journal of Infection*, 55, 49-57.

HANDKE, L., CONLON, K., SLATER, S., ELBARUNI, S., FITZPATRICK, F., HUMPHREYS, H., GILES, W., RUPP, M., FEY, P. & O'GARA, J. 2004. Genetic and phenotypic analysis of biofilm phenotypic variation in multiple Staphylococcus epidermidis isolates. *Journal of medical microbiology*, 53, 367-374.

HANLON, G. 2005. The emergence of multidrug resistant Acinetobacter species: a major concern in the hospital setting. *Letters in applied microbiology*, 41, 375-378.

HANSSON, M. 1998. The effects of cadexomer iodine paste in the treatment of venous leg ulcers compared with hydrocolloid dressing and paraffin gauze dressing. *International journal of dermatology*, 37, 390-396.

HARBS, N. & SIEBERT, J. 2007. In vitro efficacy of octenidine and polihexanide against biofilms composed of Pseudomonas aeruginosa. *GMS Krankenhaushyg Interdiszpl,* 2.

HARDING, K. G., PRICE, P. E., ROBINSON, B., THOMAS, S. & HOFMAN, D. 2001. Cost and dressing evaluation of hydrofiber and alginate dressings in the mManagement of community-based patients with chronic leg ulceration. *Wounds*, 13, 229-236.

HARDY, K. J., GOSSAIN, S., HENDERSON, N., DRUGAN, C., OPPENHEIM, B. A., GAO, F. & HAWKEY, P. M. 2007. Rapid recontamination with MRSA of the environment of an intensive care unit after decontamination with hydrogen peroxide vapour. *Journal of Hospital Infection*, 66, 360-368.

HARRISON, J. J., STREMICK, C. A., TURNER, R. J., ALLAN, N. D., OLSON, M. E. & CERI, H. 2010. Microtiter susceptibility testing of microbes growing on peg lids: a miniaturized biofilm model for high-throughput screening. *Nat. Protocols*, *5*, 1236-1254.

HARRISON, J. J., TURNER, R. J., JOO, D. A., STAN, M. A., CHAN, C. S., ALLAN, N. D., VRIONIS, H. A., OLSON, M. E. & CERI, H. 2008. Copper and Quaternary Ammonium Cations Exert Synergistic Bactericidal and Antibiofilm Activity against Pseudomonas aeruginosa. Am Soc Microbiol.

HEGSTAD, K., LANGSRUD, S., LUNESTAD, B. T., SCHEIE, A. A., SUNDE, M. & YAZDANKHAH, S. P. 2010. Does the wide use of quaternary ammonium compounds enhance the selection and spread of antimicrobial resistance and thus threaten our health? *Microbial Drug Resistance*, 16, 91-104.

HENRICHFREISE, B., WIEGAND, I., PFISTER, W. & WIEDEMANN, B. 2007. Resistance mechanisms of multiresistant Pseudomonas aeruginosa strains from Germany and correlation with hypermutation. *Antimicrobial agents and chemotherapy*, 51, 4062-4070.

HO, Y. H., WANG, L. S., CHAO, H. J., CHANG, K. C. & SU, C. F. 2007. Successful treatment of meningitis caused by multidrug-resistant Acinetobacter baumannii with intravenous and intrathecal colistin. *Journal of microbiology, immunology, and infection= Wei mian yu gan ran za zhi,* 40, 537.

HOWARD, A., O.A. DONOGHUE, M., FEENEY, A. & SLEATOR, R. D. 2012. Acinetobacter baumannii: An emerging opportunistic pathogen. *Virulence*, 3, 0-1.

HPA 2013. Surveillance of polymicrobial bacteraemia and fungaemia in England, Wales and Northern Ireland: 2011. *Health Protection Report,* 7.

HUANG, S. S., DATTA, R. & PLATT, R. 2006. Risk of acquiring antibiotic-resistant bacteria from prior room occupants. *Archives of internal medicine*, 166, 1945.

HUJER, K. M., HAMZA, N. S., HUJER, A. M., PEREZ, F., HELFAND, M. S., BETHEL, C. R., THOMSON, J. M., ANDERSON, V. E., BARLOW, M. & RICE, L. B. 2005. Identification of a new allelic variant of the Acinetobacter baumannii cephalosporinase, ADC-7 βlactamase: defining a unique family of class C enzymes. *Antimicrobial agents and chemotherapy*, 49, 2941-2948.

HUJER, K. M., HUJER, A. M., HULTEN, E. A., BAJAKSOUZIAN, S., ADAMS, J. M., DONSKEY, C. J., ECKER, D. J., MASSIRE, C., ESHOO, M. W. & SAMPATH, R. 2006. Analysis of antibiotic resistance genes in multidrug-resistant Acinetobacter sp. isolates from military and civilian patients treated at the Walter Reed Army Medical Center. *Antimicrobial agents and chemotherapy*, 50, 4114-4123.

HUTTOVA, M., FREYBERGH, P. F., RUDINSKY, B., SRAMKA, M., KISAC, P., BAUER, F. & ONDRUSOVA, A. 2007. Postsurgical meningitis caused by Acinetobacter baumannii associated with high mortality. *Neuro endocrinology letters*, 28, 15.

IACONO, M., VILLA, L., FORTINI, D., BORDONI, R., IMPERI, F., BONNAL, R. J. P., SICHERITZ-PONTEN, T., DE BELLIS, G., VISCA, P. & CASSONE, A. 2008. Whole-genome pyrosequencing of an epidemic multidrug-resistant Acinetobacter baumannii strain belonging to the European clone II group. *Antimicrobial agents and chemotherapy*, 52, 2616-2625.

IMPERI, F., ANTUNES, L., BLOM, J., VILLA, L., IACONO, M., VISCA, P. & CARATTOLI, A. 2011. The genomics of Acinetobacter baumannii: insights into genome plasticity, antimicrobial resistance and pathogenicity. *IUBMB life*, 63, 1068-1074.

IOANNOU, C. J., HANLON, G. W. & DENYER, S. P. 2007. Action of disinfectant quaternary ammonium compounds against Staphylococcus aureus. *Antimicrobial agents and chemotherapy*, 51, 296-306.

IP, M., LUI, S. L., POON, V. K., LUNG, I. & BURD, A. 2006. Antimicrobial activities of silver dressings: an in vitro comparison. *Journal of medical microbiology*, 55, 59-63.

JACOBS, A. C., HOOD, I., BOYD, K. L., OLSON, P. D., MORRISON, J. M., CARSON, S., SAYOOD, K., IWEN, P. C., SKAAR, E. P. & DUNMAN, P. M. 2010. Inactivation of phospholipase D diminishes Acinetobacter baumannii pathogenesis. *Infection and immunity*, 78, 1952-1962.

JACOBS, W. A., HEIDELBERGER, M. & BULL, C. G. 1916. The bactericidal properties of the quaternary salts of hexamethylenetetramine. III, The relation between constitution and bactericidal action in the quaternary salts obtained from halogenacetyl compounds. *The Journal of Experimental Medicine*, 23, 577-599.

JAHID, I. K. & HA, S. D. 2012. A review of microbial biofilms of produce: Future challenge to food safety. *Food Science and Biotechnology*, 21, 299-316.

JAMES, G. A., SWOGGER, E., WOLCOTT, R., SECOR, P., SESTRICH, J., COSTERTON, J. W. & STEWART, P. S. 2007. Biofilms in chronic wounds. *Wound repair and regeneration*, 16, 37-44.

JANG, T. N., LEE, S. H., HUANG, C. H., LEE, C. L. & CHEN, W. Y. 2009. Risk factors and impact of nosocomial. *Journal of Hospital Infection*, 73, 143e150.

JONES, A., MORGAN, D., WALSH, A., TURTON, J., LIVERMORE, D., PITT, T., GREEN, A., GILL, M. & MORTIBOY, D. 2006. Importation of multidrug-resistant Acinetobacter spp infections with casualties from Iraq. *The Lancet infectious diseases*, 6, 317-318.

JONES, S. A., BOWLER, P. G., WALKER, M. & PARSONS, D. 2004. Controlling wound bioburden with a novel silver• containing HydrofiberA® dressing. *Wound repair and regeneration*, 12, 288-294.

JOYNSON, J., FORBES, B. & LAMBERT, R. 2002. Adaptive resistance to benzalkonium chloride, amikacin and tobramycin: the effect on susceptibility to other antimicrobials. *Journal of applied microbiology*, 93, 96-107.

JUNG, J. Y., PARK, M. S., KIM, S. E., PARK, B. H., SON, J. Y., KIM, E. Y., LIM, J. E., LEE, S. K., LEE, S. H. & LEE, K. J. 2010. Risk factors for multi-drug resistant Acinetobacter baumannii bacteremia in patients with colonization in the intensive care unit. *BMC infectious diseases*, 10, 228.

JUNI, E. 1972. Interspecies transformation of Acinetobacter: genetic evidence for a ubiquitous genus. *Journal of bacteriology*, 112, 917-931.

KAATZ, G. W., GITLIN, S. D., SCHABERG, D. R., WILSON, K. H., KAUFFMAN, C. A., SEO, S. M. & FEKETY, R. 1988. Acquisition of Clostridium difficile from the hospital environment. *American journal of epidemiology*, 127, 1289-1294.

KAEHN, K. 2009. An in-vitro model for comparing the efficiency of wound-rinsing solutions. *Journal of wound care,* 18, 229-236.

KAEHN, K. 2010. Polihexanide: a safe and highly effective biocide. *Skin pharmacology and physiology*, 23, 7-16.

KAMMERER, K. 2003. Significance of antibiotics in the environment. *Journal of Antimicrobial Chemotherapy*, 52, 5-7.

KAPLAN, J. B. 2010. Biofilm dispersal: mechanisms, clinical implications, and potential therapeutic uses. *Journal of dental research*, 89, 205-218.

KATRAGKOU, A., KOTSIOU, M., ANTACHOPOULOS, C., BENOS, A., SOFIANOU, D., TAMIOLAKI, M. & ROILIDES, E. 2006. Acquisition of imipenem-resistant Acinetobacter baumannii in a pediatric intensive care unit: a case-control study. *Intensive care medicine*, 32, 1384-1391.

KAWAMURA-SATO, K., WACHINO, J.-I., KONDO, T., ITO, H. & ARAKAWA, Y. 2008. Reduction of disinfectant bactericidal activities in clinically isolated Acinetobacter species in the presence of organic material. *Journal of Antimicrobial Chemotherapy*, 61, 568-576. KAWAMURA-SATO, K., WACHINO, J.-I., KONDO, T., ITO, H. & ARAKAWA, Y. 2010. Correlation between reduced susceptibility to disinfectants and multidrug resistance among clinical isolates of Acinetobacter species. *Journal of Antimicrobial Chemotherapy*, 65, 1975-1983.

KEEN, E. F., ROBINSON, B. J., HOSPENTHAL, D. R., ALDOUS, W. K., WOLF, S. E., CHUNG, K. K. & MURRAY, C. K. 2010. Incidence and bacteriology of burn infections at a military burn center. *Burns,* 36, 461-468.

KEEN III, E. F., ROBINSON, B. J., HOSPENTHAL, D. R., ALDOUS, W. K., WOLF, S. E., CHUNG, K. K. & MURRAY, C. K. 2010. Prevalence of multidrug-resistant organisms recovered at a military burn center. *Burns*, 36, 819-825.

KERR, K. G. & SNELLING, A. M. 2009. Pseudomonas aeruginosa: a formidable and everpresent adversary. *Journal of Hospital Infection*, 73, 338-344.

KIM, S. W., CHOI, C. H., MOON, D. C., JIN, J. S., LEE, J. H., SHIN, J. H., KIM, J. M., LEE, Y. C., SEOL, S. Y. & CHO, D. T. 2009. Serum resistance of Acinetobacter baumannii through the binding of factor H to outer membrane proteins. *FEMS microbiology letters*, 301, 224-231.

KINGSLEY, A., TADEJ, M., COLBOURN, A., KERR, A. & BREE-ASLAN, C. 2009. Suprasorb X+ PHMB antimicrobial and HydroBalance action in a new wound dressing. *Wounds uK*, 5, 72-7.

KITIS, M. 2004. Disinfection of wastewater with peracetic acid: a review. *Environment International*, 30, 47-55.

KLASEN, H. 2000a. Historical review of the use of silver in the treatment of burns. I. Early uses. *Burns*, 26, 117-130.

KLASEN, H. 2000b. A historical review of the use of silver in the treatment of burns. II. Renewed interest for silver. *Burns*, 26, 131-138.

KRAMER, A., SCHWEBKE, I. & KAMPF, G. N. 2006. How long do nosocomial pathogens persist on inanimate surfaces? A systematic review. *BMC infectious diseases,* 6, 130.
KROL, V., HAMID, N. S. & CUNHA, B. A. 2009. Neurosurgically related nosocomial Acinetobacter baumannii meningitis: report of two cases and literature review. *Journal of Hospital Infection*, 71, 176-180.

KUMAR, A. & SCHWEIZER, H. P. 2005. Bacterial resistance to antibiotics: active efflux and reduced uptake. *Advanced drug delivery reviews*, 57, 1486-1513.

LABUSCHAGNE, M. & ALBERTYN, J. 2007. Cloning of an epoxide hydrolase-encoding gene from Rhodotorula mucilaginosa and functional expression in Yarrowia lipolytica. *Yeast*, 24, 69-78.

LAMBERT, R. 2001. Advances in disinfection testing and modelling. *Journal of applied microbiology*, 91, 351-363.

LAMBERT, R. & PEARSON, J. 2000a. Susceptibility testing: accurate and reproducible minimum inhibitory concentration (MIC) and non-inhibitory concentration (NIC) values. *Journal of applied microbiology*, 88, 784-790.

LAMBERT, R. J. W. & LAMBERT, R. 2003. A model for the efficacy of combined inhibitors. *Journal of Applied Microbiology*, 95, 734-743.

LAMBERT, R. J. W. & PEARSON, J. 2000b. Susceptibility testing: accurate and reproducible minimum inhibitory concentration (MIC) and non-inhibitory concentration (NIC) values. *Journal of applied microbiology*, 88, 784-790.

LANDMAN, D., QUALE, J., MAYORGA, D., ADEDEJI, A., VANGALA, K., RAVISHANKAR, J., FLORES, C. & BROOKS, S. 2002. Citywide clonal outbreak of multiresistant Acinetobacter baumannii and Pseudomonas aeruginosa in Brooklyn, NY: the preantibiotic era has returned. *Archives of Internal Medicine*, 162, 1515.

LANSDOWN, A. B. G. 2004. A review of the use of silver in wound care: facts and fallacies. *British journal of nursing*, 13, S6-S19.

LAWS, A. P., CHADHA, M. J., CHACON-ROMERO, M., MARSHALL, V. M. & MAQSOOD, M. 2008. Determination of the structure and molecular weights of the exopolysaccharide produced by Lactobacillus acidophilus 5e2 when grown on different carbon feeds. *Carbohydrate Research*, 343, 301-307.

LAWS, A. P., LEIVERS, S., CHACON-ROMERO, M. & CHADHA, M. J. 2009. Variation in the molecular mass of exopolysaccharides during the time course of extended fermentations of skimmed milk by lactic acid bacteria. *International Dairy Journal*, 19, 768-771.

LAWS, A. P. & MARSHALL, V. M. 2001. The relevance of exopolysaccharides to the rheological properties in milk fermented with ropy strains of lactic acid bacteria. *International Dairy Journal*, 11, 709-721.

LEAPER, D. J. 2006. Silver dressings: their role in wound management. *International Wound Journal*, 3, 282-294.

LEAR, J. C., MAILLARD, J. Y., DETTMAR, P. W., GODDARD, P. A. & RUSSELL, A. D. 2002. Chloroxylenol-and triclosan-tolerant bacteria from industrial sources. *Journal of Industrial Microbiology and Biotechnology*, 29, 238-242.

LEAR, J. C., MAILLARD, J. Y., DETTMAR, P. W., GODDARD, P. A. & RUSSELL, A. D. 2006. Chloroxylenol-and triclosan-tolerant bacteria from industrial sources susceptibility to antibiotics and other biocides. *International biodeterioration & biodegradation*, 57, 51-56.

LEE, H. W., KOH, Y. M., KIM, J., LEE, J. C., LEE, Y. C., SEOL, S. Y. & CHO, D. T. 2008. Capacity of multidrug― resistant clinical isolates of Acinetobacter baumannii to form biofilm and adhere to epithelial cell surfaces. *Clinical microbiology and infection*, 14, 49-54.

LEE, J. C., KOERTEN, H., VAN DEN BROEK, P., BEEKHUIZEN, H., WOLTERBEEK, R., VAN DEN BARSELAAR, M., VAN DER REIJDEN, T., VAN DER MEER, J., VAN DE GEVEL, J. & DIJKSHOORN, L. 2006. Adherence of Acinetobacter baumannii strains to human bronchial epithelial cells. *Research in microbiology*, 157, 360-366.

LEE, N. Y., LEE, H. C., KO, N. Y., CHANG, C. M., HSINSA• I SHIH, M. D., WU, C. J. & KO, W. C. 2007. Clinical and economic impact of multidrug resistance in nosocomial Acinetobacter baumannii bacteremia. *Infection control and hospital epidemiology*, 28, 713-719.

LEE, W. R., TOBIAS, K. M., BEMIS, D. A. & ROHRBACH, B. W. 2004a. In Vitro Efficacy of a Polyhexamethylene Biguanide-Impregnated Gauze Dressing Against Bacteria Found in Veterinary Patients. *Veterinary Surgery*, 33, 404-411. LEE, W. R., TOBIAS, K. M., BEMIS, D. A. & ROHRBACH, B. W. 2004b. In Vitro Efficacy of a Polyhexamethylene Biguanide― Impregnated Gauze Dressing Against Bacteria Found in Veterinary Patients. *Veterinary Surgery*, 33, 404-411.

LEE, Y. C. 1990. High-performance anion-exchange chromatography for carbohydrate analysis. *Analytical biochemistry*, 189, 151-162.

LEEFLANG, B., FABER, E., ERBEL, P. A. & VLIEGENTHART, J. 2000. Structure elucidation of glycoprotein glycans and of polysaccharides by NMR spectroscopy. *Journal of biotechnology*, 77, 115-122.

LEIVERS, S., HIDALGO-CANTABRANA, C., ROBINSON, G., MARGOLLES, A., RUAS-MADIEDO, P. & LAWS, A. P. 2011. Structure of the high molecular weight exopolysaccharide produced by Bifidobacterium animalis subsp. lactis IPLA-R1 and sequence analysis of its putative eps cluster. *Carbohydrate Research*, 346, 2710-2717.

LEMMEN, S. W., HAFNER, H., ZOLLDANN, D., STANZEL, S. & LATTICKEN, R. 2004. Distribution of multi-resistant Gram-negative versus Gram-positive bacteria in the hospital inanimate environment. *Journal of Hospital Infection*, 56, 191-197.

LEROY, F. & DE VUYST, L. 2004. Lactic acid bacteria as functional starter cultures for the food fermentation industry. *Trends in Food Science & Technology*, 15, 67-78.

LESSEL, E. F. 1971. International Committee on Nomenclature of Bacteria Subcommittee on the Taxonomy of Moraxella and Allied Bacteria: Minutes of the Meeting, 11 August 1970. Room Constitution C, Maria-Isabel Hotel, Mexico City, Mexico. *International Journal of Systematic Bacteriology*, 21, 213-214.

LEUNG, C. Y., CHAN, Y. C., SAMARANAYAKE, L. P. & SENEVIRATNE, C. J. 2012. Biocide resistance of Candida and Escherichia coli biofilms is associated with higher antioxidative capacities. *Journal of Hospital Infection*.

LEUNG, W. S., CHU, C. M., TSANG, K. Y., LO, F. H., LO, K. F. & HO, P. L. 2006a. Fulminant community-acquired Acinetobacter baumannii pneumonia as a distinct clinical syndrome. *CHEST Journal*, 129, 102-109.

LEUNG, W. S., CHU, C. M., TSANG, K. Y., LO, F. H., LO, K. F. & HO, P. L. 2006b. Fulminant Community-Acquired Acinetobacter baumannii Pneumonia as a Distinct Clinical Syndrome*. Am Coll Chest Phys.

LEWIS, R., WHITING, P., TER RIET, G., O'MEARA, S. & GLANVILLE, J. 2001. A rapid and systematic review of the clinical effectiveness and cost-effectiveness of debriding agents in treating surgical wounds healing by secondary intention, Core Research.

LIN, M., AL-HOLY, M., CHANG, S.-S., HUANG, Y., CAVINATO, A. G., KANG, D.-H. & RASCO, B. A. 2005. Rapid discrimination of< i> Alicyclobacillus strains in apple juice by Fourier transform infrared spectroscopy. *International journal of food microbiology*, 105, 369-376.

LIPOVA, B., RIHOVA, H., HANSLIANOVA, M., BURGETOVA, D., KALOUDOVA, Y., SUCHANEK, I. & BRYCHTA, P. 2010. Changes in the bacterial spectrum in severe burn wounds. *Epidemiologie, mikrobiologie, imunologie: casopis Spolecnosti pro epidemiologii a mikrobiologii CeskA Lã karskA spolecnosti JE Purkyne,* 59, 34.

LOEHFELM, T. W., LUKE, N. R. & CAMPAGNARI, A. A. 2008. Identification and characterization of an Acinetobacter baumannii biofilm-associated protein. *Journal of bacteriology*, 190, 1036-1044.

LOH, J. V., PERCIVAL, S. L., WOODS, E. J., WILLIAMS, N. J. & COCHRANE, C. A. 2009. Silver resistance in MRSA isolated from wound and nasal sources in humans and animals. *International Wound Journal*, 6, 32-38.

LOWMAN, W., KALK, T., MENEZES, C. N., JOHN, M. A. & GROBUSCH, M. P. 2008. A case of community-acquired Acinetobacter baumannii meningitis–has the threat moved beyond the hospital? *Journal of medical microbiology*, 57, 676-678.

LUKE, N. R., SAUBERAN, S. L., RUSSO, T. A., BEANAN, J. M., OLSON, R., LOEHFELM, T. W., COX, A. D., ST MICHAEL, F., VINOGRADOV, E. V. & CAMPAGNARI, A. A. 2010. Identification and characterization of a glycosyltransferase involved in Acinetobacter baumannii lipopolysaccharide core biosynthesis. *Infection and immunity*, 78, 2017-2023. MACHADO, I., GRAÇA, J., SOUSA, A. M., LOPES, S. P. & PEREIRA, M. O. 2011. Effect of antimicrobial residues on early adhesion and biofilm formation by wild-type and benzalkonium chloride-adapted Pseudomonas aeruginosa. *Biofouling*, 27, 1151-1159.

MAGNET, S., COURVALIN, P. & LAMBERT, T. 2001. Resistance-nodulation-cell divisiontype efflux pump involved in aminoglycoside resistance in Acinetobacter baumannii strain BM4454. *Antimicrobial agents and chemotherapy*, 45, 3375-3380.

MAILLARD, J. Y. 2007. Bacterial resistance to biocides in the healthcare environment: should it be of genuine concern? *Journal of Hospital Infection*, 65, 60-72.

MALIK, R. E., COOPER, R. A. & GRIFFITH, C. J. 2003. Use of audit tools to evaluate the efficacy of cleaning systems in hospitals. *American journal of infection control,* 31, 181-187.

MALNICK, S., BARDENSTEIN, R., HUSZAR, M., GABBAY, J. & BORKOW, G. 2008. Pyjamas and sheets as a potential source of nosocomial pathogens. *The Journal of hospital infection*, 70, 89.

MANZOOR, S. E., LAMBERT, P. A., GRIFFITHS, P. A., GILL, M. J. & FRAISE, A. P. 1999. Reduced glutaraldehyde susceptibility in Mycobacterium chelonae associated with altered cell wall polysaccharides. *Journal of Antimicrobial Chemotherapy*, 43, 759-765.

MARAGAKIS, L., COSGROVE, S., SONG, X., KIM, D., ROSENBAUM, P., CIESLA, N., SRINIVASAN, A., ROSS, T., CARROLL, K. & PERL, T. 2004. An outbreak of multidrugresistant Acinetobacter baumannii associated with pulsatile lavage wound treatment. *JAMA*, 292, 3006.

MARQUÉ, S., POIREL, L., HÉRITIER, C., BRISSE, S., BLASCO, M. D., FILIP, R., COMAN, G., NAAS, T. & NORDMANN, P. 2005. Regional occurrence of plasmid-mediated carbapenem-hydrolyzing oxacillinase OXA-58 in Acinetobacter spp. in Europe. *Journal of clinical microbiology*, 43, 4885-4888.

MARSHALL, V. M., DUNN, H., ELVIN, M., MCLAY, N., GU, Y. & LAWS, A. P. 2001. Structural characterisation of the exopolysaccharide produced by Streptococcus thermophilus EU20. *Carbohydrate Research*, 331, 413-422.

MARTI, S., RODREGUEZ-BANO, J., CATEL-FERREIRA, M., JOUENNE, T., VILA, J., SEIFERT, H. & DE, E. 2011. Biofilm formation at the solid-liquid and air-liquid interfaces by Acinetobacter species. *BMC research notes*, 4, 5.

MARTRO, E., HERNANDEZ, A., ARIZA, J., DOMINGUEZ, M. A., MATAS, L., ARGERICH, M. J., MARTIN, R. & AUSINA, V. 2003. Assessment of Acinetobacter baumannii susceptibility to antiseptics and disinfectants. *Journal of Hospital Infection*, 55, 39-46.

MATTOS-GUARALDI, A. L., FORMIGA, L. C. D. & ANDRADE, A. F. B. 1999. Cell surface hydrophobicity of sucrose fermenting and nonfermenting Corynebacterium diphtheriae strains evaluated by different methods. *Current microbiology*, 38, 37-42.

MAZZOLA, P. G., JOZALA, A. F., NOVAES, L. C. D. L., MORIEL, P. & PENNA, T. C. V. 2009. Minimal inhibitory concentration (MIC) determination of disinfectant and/or sterilizing agents. *Brazilian Journal of Pharmaceutical Sciences*, 45, 241-248.

MCBAIN, A. J., LEDDER, R. G., MOORE, L. E., CATRENICH, C. E. & GILBERT, P. 2004. Effects of quaternary-ammonium-based formulations on bacterial community dynamics and antimicrobial susceptibility. *Applied and environmental microbiology*, 70, 3449-3456.

MCCONNELL, M. J., ACTIS, L. & PACHAN, J. 2012. Acinetobacter baumannii: human infections, factors contributing to pathogenesis and animal models. *FEMS Microbiology Reviews*.

MCDONNELL, G. & RUSSELL, A. D. 1999. Antiseptics and Disinfectants: Activity, Action, and Resistance. *Clinical microbiology reviews*, 12, 147-179.

MCMULLEN, K. M., JEANNE ZACK, B. S. N., COOPERSMITH, C. M., KOLLEF, M., DUBBERKE, E. & WARREN, D. K. 2007. Use of hypochlorite solution to decrease rates of Clostridium difficile associated diarrhea. *Infection control and hospital epidemiology*, 28, 205-207.

MCMURRY, L. M., OETHINGER, M. & LEVY, S. B. 1998. Overexpression of marA, soxS, or acrAB produces resistance to triclosan in laboratory and clinical strains of Escherichia coli. *FEMS microbiology letters*, 166, 305-309.

MCQUEARY, C. N. & ACTIS, L. A. 2011. Acinetobacter baumannii biofilms: variations among strains and correlations with other cell properties. *The Journal of Microbiology*, 49, 243-250.

MEMARZADEH, F., OLMSTED, R. N. & BARTLEY, J. M. 2010. Applications of ultraviolet germicidal irradiation disinfection in health care facilities: effective adjunct, but not stand-alone technology. *American journal of infection control,* 38, S13-S24.

METAN, G., ALP, E., AYGEN, B. & SUMERKAN, B. 2007. Acinetobacter baumannii meningitis in post-neurosurgical patients: clinical outcome and impact of carbapenem resistance. *Journal of Antimicrobial Chemotherapy*, 60, 197-199.

MICHAELS, J. A., CAMPBELL, W. B., KING, B. M., MACINTYRE, J., PALFREYMAN, S. J., SHACKLEY, P. & STEVENSON, M. D. 2009. *A prospective randomised controlled trial and economic modelling of antimicrobial silver dressings versus non-adherent control dressings for venous leg ulcers: the VULCAN trial*, Prepress Projects Limited.

MIHARA, K., TANABE, T., YAMAKAWA, Y., FUNAHASHI, T., NAKAO, H., NARIMATSU, S. & YAMAMOTO, S. 2004. Identification and transcriptional organization of a gene cluster involved in biosynthesis and transport of acinetobactin, a siderophore produced by Acinetobacter baumannii ATCC 19606T. *Microbiology*, 150, 2587-2597.

MILLER, M. B. & BASSLER, B. L. 2001. Quorum sensing in bacteria. *Annual Reviews in Microbiology*, 55, 165-199.

MOKEN, M. C., MCMURRY, L. M. & LEVY, S. B. 1997. Selection of multiple-antibioticresistant (mar) mutants of Escherichia coli by using the disinfectant pine oil: roles of the mar and acrAB loci. *Antimicrobial agents and chemotherapy*, 41, 2770-2772.

MOLAN, P. C. 2001. Honey as a topical antibacterial agent for treatment of infected wounds. *World wide wounds*, 1-13.

MOLAN, P. C. 2002. Re-introducing honey in the management of wounds and ulcerstheory and practice.

MOLAN, P. C. 2004. Clinical usage of honey as a wound dressing: an update.

MOORE, G. & GRIFFITH, C. 2006. A laboratory evaluation of the decontamination properties of microfibre cloths. *Journal of Hospital Infection*, 64, 379-385.

MOORE, K. & GRAY, D. 2007. Using PHMB antimicrobial to prevent wound infection. *Wounds uK*, 3, 96.

MORRIS, C. E., MONIER, J. & JACQUES, M. 1997. Methods for observing microbial biofilms directly on leaf surfaces and recovering them for isolation of culturable microorganisms. *Applied and environmental microbiology*, 63, 1570-1576.

MORTER, S., BENNET, G., FISH, J., RICHARDS, J., ALLEN, D. J., NAWAZ, S., ITURRIZA-GAMARA, M., BROLLY, S. & GRAY, J. 2011. Norovirus in the hospital setting: virus introduction and spread within the hospital environment. *Journal of Hospital Infection*, 77, 106-112.

MORTON, H. E. 1950. The relationship of concentration and germicidal efficiency of ethyl alcohol. *Annals of the New York Academy of Sciences*, 53, 191-196.

MOTTA, G. J., MILNE, C. T. & CORBETT, L. Q. 2004. Impact of antimicrobial gauze on bacterial colonies in wounds that require packing. *Ostomy/wound management,* 50, 48.

MOTTA, G. J. & TRIGILIA, D. 2005. The effect of an antimicrobial drain sponge dressing on specific bacterial isolates at tracheostomy sites. *Ostomy/wound management*, 51, 60.

MUELLER, S. W. & KREBSBACH, L. E. 2008. Impact of an antimicrobial-impregnated gauze dressing on surgical site infections including methicillin-resistant Staphylococcus aureus infections. *American journal of infection control*, 36, 651-655.

MULDER, G. D., CAVORSI, J. P. & LEE, D. K. 2007. Polyhexamethylene biguanide (PHMB): an addendum to current topical antimicrobials. *Wounds*, 19, 173.

MULLAI, V. & MENON, T. 2007. Bactericidal activity of different types of honey against clinical and environmental isolates of Pseudomonas aeruginosa. *The Journal of Alternative and Complementary Medicine*, 13, 439-442.

MULLER, G. & KRAMER, A. 2008. Biocompatibility index of antiseptic agents by parallel assessment of antimicrobial activity and cellular cytotoxicity. *Journal of Antimicrobial Chemotherapy*, 61, 1281-1287.

MUSSI, M. A., GADDY, J. A., CABRUJA, M., ARIVETT, B. A., VIALE, A. M., RASIA, R. & ACTIS, L. A. 2010. The opportunistic human pathogen Acinetobacter baumannii senses and responds to light. *Journal of bacteriology*, 192, 6336-6345.

NAAS, T., BOGAERTS, P., BAURAING, C., DEGHELDRE, Y., GLUPCZYNSKI, Y. & NORDMANN, P. 2006. Emergence of PER and VEB extended-spectrum β-lactamases in Acinetobacter baumannii in Belgium. *Journal of Antimicrobial Chemotherapy*, 58, 178-182.

NANDA, A. & SARAVANAN, M. 2009. Biosynthesis of silver nanoparticles from Staphylococcus aureus and its antimicrobial activity against MRSA and MRSE. *Nanomedicine: Nanotechnology, Biology and Medicine*, *5*, 452-456.

NAVON-VENEZIA, S., BEN-AMI, R. & CARMELI, Y. 2005. Update on Pseudomonas aeruginosa and Acinetobacter baumannii infections in the healthcare setting. *Current Opinion in Infectious Diseases*, 18, 306.

NAVON-VENEZIA, S., ZOSIM, Z., GOTTLIEB, A., LEGMANN, R., CARMELI, S., RON, E. Z. & ROSENBERG, E. 1995. Alasan, a new bioemulsifier from Acinetobacter radioresistens. *Applied and environmental microbiology*, 61, 3240-4.

NEMEC, A., KRIZOVA, L., MAIXNEROVA, M., VAN DER REIJDEN, T. J. K., DESCHAGHT, P., PASSET, V., VANEECHOUTTE, M., BRISSE, S. & DIJKSHOORN, L. 2011. Genotypic and phenotypic characterization of the Acinetobacter calcoaceticus–Acinetobacter baumannii complex with the proposal of Acinetobacter pittii sp. nov. (formerly Acinetobacter genomic species 3) and Acinetobacter nosocomialis sp. nov. (formerly Acinetobacter genomic species 13TU). *Research in microbiology*, 162, 393-404.

NERANDZIC, M. M., CADNUM, J. L., PULTZ, M. J. & DONSKEY, C. J. 2010. Evaluation of an automated ultraviolet radiation device for decontamination of Clostridium difficile and other healthcare-associated pathogens in hospital rooms. *BMC infectious diseases*, 10, 197.

NG, J., GOSBELL, I. B., KELLY, J. A., BOYLE, M. J. & FERGUSON, J. K. 2006. Cure of multiresistant Acinetobacter baumannii central nervous system infections with

intraventricular or intrathecal colistin: case series and literature review. *Journal of Antimicrobial Chemotherapy*, 58, 1078-1081.

NIU, C., CLEMMER, K. M., BONOMO, R. A. & RATHER, P. N. 2008. Isolation and characterization of an autoinducer synthase from Acinetobacter baumannii. *Journal of bacteriology*, 190, 3386-3392.

NOBLE, M. A., ISAAC-RENTON, J. L., BRYCE, E. A., ROSCOE, D. L., ROBERTS, F. J., WALKER, M., SCHARF, S., WALSH, A., ALTAMIRANO-DIMAS, M. & GRIBBLE, M. 1998. The toilet as a transmission vector of vancomycin-resistant enterococci. *Journal of Hospital Infection*, 40, 237-241.

O'HANLON, S. J. & ENRIGHT, M. C. 2009. A novel bactericidal fabric coating with potent in vitro activity against meticillin-resistant *Staphylococcus aureus* (MRSA). *International Journal of Antimicrobial Agents*, 33, 427-431.

O'ROURKE, E., RUNYAN, D., O'LEARY, J. & STERN, J. 2003. Contaminated iodophor in the operating room. *American journal of infection control*, 31, 255.

O'SHEA, M. K. 2012. Acinetobacter in modern warfare. *International Journal of Antimicrobial Agents*.

O'TOOLE, G., KAPLAN, H. B. & KOLTER, R. 2000. B IOFILM F ORMATION AS M ICROBIAL D EVELOPMENT. *Annual Reviews in Microbiology*, 54, 49-79.

O'TOOLE, G. A. & KOLTER, R. 1998. Flagellar and twitching motility are necessary for Pseudomonas aeruginosa biofilm development. *Molecular Microbiology*, 30, 295-304.

OH, D.-H. & MARSHALL, D. L. 1993. Antimicrobial activity of ethanol, glycerol monolaurate or lactic acid against Listeria monocytogenes. *International journal of food microbiology*, 20, 239-246.

OLAITAN, P. B., ADELEKE, O. E. & IYABO, O. O. 2007. Honey: a reservoir for microorganisms and an inhibitory agent for microbes. *African health sciences*, 7.

OUSEY, K. & MCINTOSH, C. 2009. Topical antimicrobial agents for the treatment of chronic wounds. *British journal of community nursing*, 14, S6-S15.

OVINGTON, L. G. 2007. Advances in wound dressings. Clinics in dermatology, 25, 33-38.

OZAKI, T., NISHIMURA, N., ARAKAWA, Y., SUZUKI, M., NARITA, A., YAMAMOTO, Y., KOYAMA, N., NAKANE, K., YASUDA, N. & FUNAHASHI, K. 2009. Community-acquired Acinetobacter baumannii meningitis in a previously healthy 14-month-old boy. *Journal of infection and chemotherapy*, 15, 322-324.

PAGE, K., WILSON, M. & PARKIN, I. P. 2009. Antimicrobial surfaces and their potential in reducing the role of the inanimate environment in the incidence of hospital-acquired infections. *Journal of Materials Chemistry*, 19, 3819-3831.

PALMER, J., FLINT, S. & BROOKS, J. 2007. Bacterial cell attachment, the beginning of a biofilm. *Journal of industrial microbiology & biotechnology*, 34, 577-588.

PARAMYTHIOTOU, E., KARAKITSOS, D., AGGELOPOULOU, H., SIOUTOS, P., SAMONIS, G. & KARABINIS, A. 2007. Post-surgical meningitis due to multiresistant Acinetobacter baumannii. Effective treatment with intravenous and/or intraventricular colistin and therapeutic dilemmas. *MAdecine et maladies infectieuses*, 37, 124-125.

PARKIN, I. P. & PALGRAVE, R. G. 2005. Self-cleaning coatings. *Journal of Materials Chemistry*, 15, 1689-1695.

PATERSON, D. 2006. The epidemiological profile of infections with multidrug-resistant Pseudomonas aeruginosa and Acinetobacter species. *Clinical infectious diseases*, 43, 43-48.

PAULSEN, I. T., BROWN, M. H. & SKURRAY, R. A. 1998. Characterization of the Earliest KnownStaphylococcus aureus Plasmid Encoding a Multidrug Efflux System. *Journal of bacteriology*, 180, 3477-3479.

PELEG, A. Y., SEIFERT, H. & PATERSON, D. L. 2008. Acinetobacter baumannii: emergence of a successful pathogen. *Clinical microbiology reviews*, 21, 538-582.

PENNA, T. C., MAZZOLA, P. G. & MARTINS, A. M. S. 2001. The efficacy of chemical agents in cleaning and disinfection programs. *BMC infectious diseases*, 1, 16.

PEREZ, F., HUJER, A., HUJER, K., DECKER, B., RATHER, P. & BONOMO, R. 2007. Global challenge of multidrug-resistant Acinetobacter baumannii. *Antimicrobial Agents and Chemotherapy*, 51, 3471.

PIETSCH, T. & KRAFT, R. 2006. Antimikrobielle Wirksamkeit ausgewahlter Substanzen für die Wasserdesinfektion in Dentaleinheiten mit Biofilmen. *Aseptica*, 12, 3-4.

PIROG, T. P., KOVALENKO, M. A. & KUZ'MINSKAYA, Y. V. 2002. Exopolysaccharide Production and Peculiarities of C 6-Metabolism in *Acinetobacter* sp. *Microbiology*, 71, 215–221.

POIREL, L., CABANNE, L., VAHABOGLU, H. & NORDMANN, P. 2005. Genetic environment and expression of the extended-spectrum β-lactamase blaPER-1 gene in gram-negative bacteria. *Antimicrobial agents and chemotherapy*, 49, 1708-1713.

POMPILIO, A., PICCOLOMINI, R., PICCIANI, C., D'ANTONIO, D., SAVINI, V. & DI BONAVENTURA, G. 2008. Factors associated with adherence to and biofilm formation on polystyrene by Stenotrophomonas maltophilia: the role of cell surface hydrophobicity and motility. *FEMS microbiology letters*, 287, 41-47.

POOLE, K. 2005. Efflux-mediated antimicrobial resistance. *Journal of Antimicrobial Chemotherapy*, 56, 20-51.

POTERA, C. 1999. Forging a link between biofilms and disease. *Science*, 283, 1837-1839.

PRESTERL, E., SUCHOMEL, M., EDER, M., REICHMANN, S., LASSNIGG, A., GRANINGER, W. & ROTTER, M. 2007. Effects of alcohols, povidone-iodine and hydrogen peroxide on biofilms of Staphylococcus epidermidis. *Journal of Antimicrobial Chemotherapy*, 60, 417-420.

PUTMAN, M., VAN VEEN, H. W. & KONINGS, W. N. 2000. Molecular properties of bacterial multidrug transporters. *Microbiology and molecular biology reviews*, 64, 672-693.

QUALE, J., BRATU, S., LANDMAN, D. & HEDDURSHETTI, R. 2003. Molecular epidemiology and mechanisms of carbapenem resistance in Acinetobacter baumannii endemic in New York City. *Clinical Infectious Diseases*, 37, 214-220.

RAO, R. S., KARTHIKA, R. U., SINGH, S. P., SHASHIKALA, P., KANUNGO, R., JAYACHANDRAN, S. & PRASHANTH, K. 2008. Correlation between biofilm production and multiple drug resistance in imipenem resistant clinical isolates of Acinetobacter baumannii. Medknow.

RASMUSSEN, T. B. & GIVSKOV, M. 2006. Quorum-sensing inhibitors as anti-pathogenic drugs. *International journal of medical microbiology: IJMM*, 296, 149.

RHOADS, D., WOLCOTT, R. & PERCIVAL, S. 2008. Biofilms in wounds: management strategies. *Journal of wound care,* 17, 502-508.

ROCKLIN, R. D. & POHL, C. A. 1983. Determination of carbohydrates by anion exchange chromatography with pulsed amperometric detection. *Journal of Liquid Chromatography*, 6, 1577-1590.

RODRIGUEZ-BANO, J., GARCÍA, L., RAMIREZ, E., MARTINEZ-MARTINEZ, L., MUNIAIN, M. A., FERNANDEZ-CUENCA, F., BELTRAN, M., GALVEZ, J., RODRIGUEZ, J. M., VELASCO, C., MORILLO, C., PEREZ, F., ENDIMIANI, A., BONOMO, R. A. & PASCUAL, A. 2009. Long-term control of hospital-wide, endemic multidrug-resistant *Acinetobacter baumannii* through a comprehensive 'bundle' approach. *American journal of infection control*, 37, 715-722.

RON, E. Z. & ROSENBERG, E. 2001. Natural roles of biosurfactants: Minireview. *Environmental Microbiology*, 3, 229-236.

ROSENBERG, M. 2006. Microbial adhesion to hydrocarbons: twenty-five years of doing MATH. *FEMS microbiology letters*, 262, 129-134.

RQIA 2012. Independent Review of Incidents of Pseudomonas aeruginosa Infection in Neonatal Units in Northern Ireland. Regulation and Quality Improvement Authority, Northern Ireland, UK. .

RUSSELL, A. D. 2003. Biocide use and antibiotic resistance: the relevance of laboratory findings to clinical and environmental situations. *The Lancet infectious diseases*, 3, 794-803.

RUSSELL, A. D. 2004a. Bacterial adaptation and resistance to antiseptics, disinfectants and preservatives is not a new phenomenon. *The Journal of hospital infection*, 57, 97.

RUSSELL, A. D. 2004b. Whither triclosan. *Journal of Antimicrobial Chemotherapy*, 53, 693-695.

RUSSO, T. A., LUKE, N. R., BEANAN, J. M., OLSON, R., SAUBERAN, S. L., MACDONALD, U., SCHULTZ, L. W., UMLAND, T. C. & CAMPAGNARI, A. A. 2010. The K1 capsular polysaccharide of Acinetobacter baumannii strain 307-0294 is a major virulence factor. *Infection and immunity*, 78, 3993-4000.

RUTALA, W. A. & WEBER, D. J. 1997. Uses of inorganic hypochlorite (bleach) in healthcare facilities. *Clinical microbiology reviews*, 10, 597-610.

RUZIN, A., KEENEY, D. & BRADFORD, P. 2007. AdeABC multidrug efflux pump is associated with decreased susceptibility to tigecycline in Acinetobacter calcoaceticus-Acinetobacter baumannii complex. *Journal of Antimicrobial Chemotherapy*.

SAAR, S., TURGUT, H., CENGER, D. H., COSKUN, E., ASAN, A. & KALELI, I. 2007. Successful treatment of multidrug resistant Acinetobacter baumannii meningitis. *The Journal of Infection in Developing Countries*, 1, 342-344.

SALAZAR, N., PRIETO, A., LEAL, J., MAYO, B., BADA-GANCEDO, J., DE LOS REYES-GAVILAN, C. & RUAS-MADIEDO, P. 2009. Production of exopolysaccharides by Lactobacillus and Bifidobacterium strains of human origin, and metabolic activity of the producing bacteria in milk. *Journal of dairy science*, 92, 4158-4168.

SANCHEZ, P., MORENO, E. & MARTINEZ, J. L. 2005. The biocide triclosan selects Stenotrophomonas maltophilia mutants that overproduce the SmeDEF multidrug efflux pump. *Antimicrobial agents and chemotherapy*, 49, 781-782.

SANDT, C., BARBEAU, J., GAGNON, M.-A. & LAFLEUR, M. 2007. Role of the ammonium group in the diffusion of quaternary ammonium compounds in Streptococcus mutans biofilms. *Journal of Antimicrobial Chemotherapy*, 60, 1281-1287.

SATTAR, S. A. 2010. Promises and pitfalls of recent advances in chemical means of preventing the spread of nosocomial infections by environmental surfaces. *American journal of infection control*, 38, S34-S40.

SCHMITT, J. & FLEMMING, H.-C. 1998. FTIR-spectroscopy in microbial and material analysis. *International biodeterioration & biodegradation*, 41, 1-11.

SCHNUCH, A., GEIER, J., UTER, W., BASKETTER, D. A. & JOWSEY, I. R. 2007. The biocide polyhexamethylene biguanide remains an uncommon contact allergen. *Contact Dermatitis*, 56, 235-239.

SCHULTE, B., GOERKE, C., WEYRICH, P., GROBNER, S., BAHRS, C., WOLZ, C., AUTENRIETH, I. & BORGMANN, S. 2005. Clonal spread of meropenem-resistant Acinetobacter baumanniI strains in hospitals in the Mediterranean region and transmission to South–west Germany. *Journal of Hospital Infection*, 61, 356-357.

SCOTT, E. & BLOOMFIELD, S. F. 1990. The survival and transfer of microbial contamination via cloths, hands and utensils. *Journal of applied microbiology*, 68, 271-278.

SCOTT, P., DEYE, G., SRINIVASAN, A., MURRAY, C., MORAN, K., HULTEN, E., FISHBAIN, J., CRAFT, D., RIDDELL, S. & LINDLER, L. 2007. An outbreak of multidrug-resistant Acinetobacter baumannii-calcoaceticus complex infection in the US military health care system associated with military operations in Iraq. *Clinical Infectious Diseases*, 44, 1577-1584.

SEAMAN, S. 2002. Dressing selection in chronic wound management. *Journal of the American Podiatric Medical Association*, 92, 24-33.

SEBENY, P. J., RIDDLE, M. S. & PETERSEN, K. 2008. Acinetobacter baumannii skin and soft-tissue infection associated with war trauma. *Clinical Infectious Diseases*, 47, 444-449.

SEIFERT, H., DIJKSHOORN, L., GERNER-SMIDT, P., PELZER, N., TJERNBERG, I. & VANEECHOUTTE, M. 1997. Distribution of Acinetobacter species on human skin: comparison of phenotypic and genotypic identification methods. *Journal of clinical microbiology*, 35, 2819-2825.

SEIFERT, H., STRATE, A. & PULVERER, G. 1995. Nosocomial bacteremia due to Acinetobacter baumannii. Clinical features, epidemiology, and predictors of mortality. *Medicine*, 74, 340.

SEIPP, H., HOFMANN, S., HACK, A., SKOWRONSKY, A. & HAURI, A. 2005. Wirksamkeit verschiedener Wundspüllösungen gegenüber Biofilmen. *ZfW*, 10, 160-164.

SENGSTOCK, D. M., THYAGARAJAN, R., APALARA, J., MIRA, A., CHOPRA, T. & KAYE, K. S. 2010. Multidrug-resistant Acinetobacter baumannii: an emerging pathogen among older adults in community hospitals and nursing homes. *Clinical Infectious Diseases*, 50, 1611-1616.

SHAUGHNESSY, M. K., MICIELLI, R. L., DEPESTEL, D. D., ARNDT, J., STRACHAN, C. L., WELCH, K. B. & CHENOWETH, C. E. 2011. Evaluation of hospital room assignment and acquisition of *Clostridium difficile* infection. *Evaluation*, 32, 201-206.

SHENG, G. P., YU, H. Q. & YU, Z. 2005. Extraction of extracellular polymeric substances from the photosynthetic bacterium Rhodopseudomonas acidophila. *Applied microbiology and biotechnology*, 67, 125-130.

SHEPHERD, S. J., BEGGS, C. B., SMITH, C. F., KERR, K. G., NOAKES, C. J. & SLEIGH, P. A. 2010. Effect of negative air ions on the potential for bacterial contamination of plastic medical equipment. *BMC infectious diseases*, 10, 92.

SIDHU, M. S., SØRUM, H. & HOLCK, A. 2002. Resistance to quaternary ammonium compounds in food-related bacteria. *Microbial Drug Resistance*, 8, 393-399.

SMITH, K., MARTIN, L., RINALDI, A., RAJENDRAN, R., RAMAGE, G. & WALKER, D. 2012. Activity of pyocin S2 against Pseudomonas aeruginosa biofilms. *Antimicrob. Agents Chemother*, 56, 1599–1601.

SMITH, M. G., DES ETAGES, S. G. & SNYDER, M. 2004. Microbial synergy via an ethanoltriggered pathway. *Molecular and cellular biology*, 24, 3874-3884.

SMITH, M. G., GIANOULIS, T. A., PUKATZKI, S., MEKALANOS, J. J., ORNSTON, L. N., GERSTEIN, M. & SNYDER, M. 2007. New insights into Acinetobacter baumannii pathogenesis revealed by high-density pyrosequencing and transposon mutagenesis. *Genes & development*, 21, 601-614.

SNITKIN, E. S., ZELAZNY, A. M., MONTERO, C. I., STOCK, F., MIJARES, L., MURRAY, P. R., SEGRE, J. A., MULLIKIN, J., BLAKESLEY, R. & YOUNG, A. 2011. Genome-wide recombination drives diversification of epidemic strains of Acinetobacter baumannii. *Proceedings of the National Academy of Sciences*, 108, 13758-13763. SOPWITH, W., HART, T. & GARNER, P. 2002. Preventing infection from reusable medical equipment: a systematic review. *BMC infectious diseases*, 2, 4.

SORENSEN, O. E., COWLAND, J. B., THEILGAARD-MÖNCH, K., LIU, L., GANZ, T. & BORREGAARD, N. 2003. Wound healing and expression of antimicrobial peptides/polypeptides in human keratinocytes, a consequence of common growth factors. *The Journal of Immunology*, 170, 5583-5589.

SPERANDIO, V., TORRES, A. G., JARVIS, B., NATARO, J. P. & KAPER, J. B. 2003. Bacteria host communication: the language of hormones. *Proceedings of the National Academy of Sciences*, 100, 8951-8956.

STANLEY, N. R. & LAZAZZERA, B. A. 2004. Environmental signals and regulatory pathways that influence biofilm formation. *Molecular microbiology*, 52, 917-924.

STEPANOVI, S., VUKOVI, D., DAKI, I., SAVI, B. & ŠVABI -VLAHOVI, M. 2000. A modified microtiter-plate test for quantification of staphylococcal biofilm formation. *Journal of microbiological methods*, 40, 175-179.

STEPHEN-HAYNES, J. 2004. Evaluation of a honey-impregnated tulle dressing in primary care. *British journal of community nursing*, 9, S21-S27.

STEWART, P. S., RAYNER, J., ROE, F. & REES, W. M. 2001. Biofilm penetration and disinfection efficacy of alkaline hypochlorite and chlorosulfamates. *Journal of applied microbiology*, 91, 525-532.

STRELKOVA, E. A., ZHURINA, M. V., PLAKUNOV, V. K. & BELYAEV, S. S. 2012. Stimulation of biofilm formation by antibiotics. *Microbiology*, 81, 259-262.

SU, W., WEI, S. S., HU, S. Q. & TANG, J. X. 2009. Preparation of TiO Ag colloids with ultraviolet resistance and antibacterial property using short chain polyethylene glycol. *Journal of hazardous materials,* 172, 716-720.

SULLER, M. T. E. & RUSSELL, A. D. 1999. Antibiotic and biocide resistance in methicillinresistant staphylococcus aureus and vancomycin-resistant enterococcus. *Journal of Hospital Infection,* 43, 281-291. SUNENSHINE, R. H., WRIGHT, M. O., MARAGAKIS, L. L., HARRIS, A. D., SONG, X., HEBDEN, J., COSGROVE, S. E., ANDERSON, A., CARNELL, J. & JERNIGAN, D. B. 2007. Multidrugresistant Acinetobacter infection mortality rate and length of hospitalization. *Emerging infectious diseases*, 13, 97.

SWEENEY, C. P. & DANCER, S. J. 2009. Can hospital computers be disinfected using a hand-held UV light source? *The Journal of hospital infection*, 72, 92-94.

TACCONE, F., RODRIGUEZ-VILLALOBOS, H., DE BACKER, D., DE MOOR, V., DEVIÈRE, J., VINCENT, J.-L. & JACOBS, F. 2006. Successful treatment of septic shock due to panresistant Acinetobacter baumannii using combined antimicrobial therapy including tigecycline. *European Journal of Clinical Microbiology and Infectious Diseases*, 25, 257-260.

TAYLOR, L., PHILLIPS, P. & HASTINGS, R. 2009. Reduction of bacterial contamination in a healthcare environment by silver antimicrobial technology. *Journal of infection prevention*, 10, 6-12.

TAZIAROVA, M., HOLECKOVA, K., LESNAKOVA, A., SLADECKOVA, V., BARTKOVJAK, M., SECKOVA, S., BUKOVINOVA, P., HVIZDAK, F., SVABOVA, V. & FINDOVA, L. 2007. Gramnegative bacillary community acquired meningitis is not a rare entity in last two decades. *Neuroendocrinology Letters*, 28, 18-19.

THOMAS, J. G., SLONE, W., LINTON, S., CORUM, L. & PERCIVAL, S. L. 2011. A comparison of the antimicrobial efficacy of two silver-containing wound dressings on burn wound isolates. *Journal of wound care*, 20, 580-586.

THOMAS, L., MAILLARD, J. Y., LAMBERT, R. J. W. & RUSSELL, A. D. 2000. Development of resistance to chlorhexidine diacetate in Pseudomonas aeruginosa and the effect of a'residual'concentration. *Journal of Hospital Infection*, 46, 297-303.

THOMAS, L., RUSSELL, A. D. & MAILLARD, J. Y. 2005. Antimicrobial activity of chlorhexidine diacetate and benzalkonium chloride against Pseudomonas aeruginosa and its response to biocide residues. *Journal of applied microbiology*, 98, 533-543.

TIEN, H. C., BATTAD, A., BRYCE, E. A., FULLER, J., MULVEY, M., BERNARD, K., BRISEBOIS, R., DOUCET, J. J., RIZOLI, S. B. & FOWLER, R. 2007. Multi-drug resistant Acinetobacter infections in critically injured Canadian forces soldiers. *BMC infectious diseases*, 7, 95.

TKACHENKO, O. & KARAS, J. A. 2012. Standardizing an in vitro procedure for the evaluation of the antimicrobial activity of wound dressings and the assessment of three wound dressings. *Journal of Antimicrobial Chemotherapy*, 67, 1697-1700.

TOMARAS, A. P., DORSEY, C. W., EDELMANN, R. E. & ACTIS, L. A. 2003. Attachment to and biofilm formation on abiotic surfaces by Acinetobacter baumannii: involvement of a novel chaperone-usher pili assembly system. Soc General Microbiol.

TOMARAS, A. P., FLAGLER, M. J., DORSEY, C. W., GADDY, J. A. & ACTIS, L. A. 2008. Characterization of a two-component regulatory system from Acinetobacter baumannii that controls biofilm formation and cellular morphology. *Microbiology*, 154, 3398-3409.

TOWNER, K. J. 2009. Acinetobacter: an old friend, but a new enemy. *Journal of Hospital Infection*, 73, 355-363.

TURTON, J. F., KAUFMANN, M. E., GILL, M. J., PIKE, R., SCOTT, P. T., FISHBAIN, J., CRAFT, D., DEYE, G., RIDDELL, S. & LINDLER, L. E. 2006a. Comparison of Acinetobacter baumannii isolates from the United Kingdom and the United States that were associated with repatriated casualties of the Iraq conflict. *Journal of clinical microbiology*, 44, 2630-2634.

TURTON, J. F., KAUFMANN, M. E., WARNER, M., COELHO, J., DIJKSHOORN, L., VAN DER REIJDEN, T. & PITT, T. L. 2004. A prevalent, multiresistant clone of Acinetobacter baumannii in Southeast England. *The Journal of hospital infection*, 58, 170.

TURTON, J. F., WARD, M. E., WOODFORD, N., KAUFMANN, M. E., PIKE, R., LIVERMORE, D. M. & PITT, T. L. 2006b. The role of ISAba1 in expression of OXA carbapenemase genes in Acinetobacter baumannii. *FEMS microbiology letters*, 258, 72-77.

UKUKU, D. O. & FETT, W. F. 2002. Relationship of cell surface charge and hydrophobicity to strength of attachment of bacteria to cantaloupe rind. *Journal of Food Protection*, 65, 1093-1099.

UKUKU, D. O. & FETT, W. F. 2006. Effects of cell surface charge and hydrophobicity on attachment of 16 Salmonella serovars to cantaloupe rind and decontamination with sanitizers. *Journal of Food Protection*, 69, 1835-1843.

UMAMAHESHWARI, R. & JAIN, N. 2004. Receptor-mediated targeting of lipobeads bearing acetohydroxamic acid for eradication of Helicobacter pylori. *Journal of controlled release*, 99, 27-40.

UNAL, S. & GARCIA-RODRIGUEZ, J. A. 2005. Activity of meropenem and comparators against Pseudomonas aeruginosa and Acinetobacter spp. isolated in the MYSTIC Program, 2002–2004. *Diagnostic Microbiology and infectious disease*, 53, 265-271.

VALENCIA, R., ARROYO, L. A., CONDE, M., ALDANA, J. M., TORRES, M. J., GARNACHO-MONTERO, J., CISNEROS, J. M., ORTÍZ, C., PACHÓN, J. & AZNAR, J. 2009. Nosocomial Outbreak of Infection With Pan–Drug-Resistant Acinetobacter baumannii in a Tertiary Care University Hospital. *Infection control and hospital epidemiology*, 30, 257-263.

VAN DESSEL, H., DIJKSHOORN, L., VAN DER REIJDEN, T., BAKKER, N., PAAUW, A., VAN DEN BROEK, P., VERHOEF, J. & BRISSE, S. 2004. Identification of a new geographically widespread multiresistant Acinetobacter baumannii clone from European hospitals. *Research in Microbiology*, 155, 105-112.

VAN HOUDT, R. & MICHIELS, C. W. 2010. Biofilm formation and the food industry, a focus on the bacterial outer surface. *Journal of applied microbiology*, 109, 1117-1131.

VILA, J., MARCOS, A., MARCO, F., ABDALLA, S., VERGARA, Y., REIG, R., GOMEZ-LUS, R. & DE ANTA, T. J. 1993. In vitro antimicrobial production of beta-lactamases, aminoglycoside-modifying enzymes, and chloramphenicol acetyltransferase by and susceptibility of clinical isolates of Acinetobacter baumannii. *Antimicrobial agents and chemotherapy*, 37, 138-141.

VILA, J. & PACHOPN, J. 2008. Therapeutic options for Acinetobacter baumannii infections.

VILLEGAS, M. V. & HARTSTEIN, A. I. 2003. Acinetobacter Outbreaks, 1977-2000. Infection control and hospital epidemiology, 24, 284-295. VISAVADIA, B. G., HONEYSETT, J. & DANFORD, M. H. 2008. Manuka honey dressing: An effective treatment for chronic wound infections. *British Journal of Oral and Maxillofacial Surgery*, 46, 55-56.

VLIEGENTHART, J. F., DORLAND, L. & HALBEEK, H. V. 1983. High-Resolution, H-Nuclear Magnetic Resonance Spectroscopy as a Tool in the Structural Analysis of Carbohydrates Related to Glycoproteins. *Advances in Carbohydrate Chemistry and Biochemistry*, 41, 209-374.

VUYST, L. & DEGEEST, B. 1999. Heteropolysaccharides from lactic acid bacteria. *FEMS Microbiology Reviews*, 23, 153-177.

WADHWANI, T., DESAI, K., PATEL, D., LAWANI, D., BAHALEY, P., JOSHI, P. & KOTHARI, V. 2008. Effect of various solvents on bacterial growth in context of determining MIC of various antimicrobials. *The Internet Journal of Microbiology*, 7.

WAGENVOORT, J. H., DE BRAUWER, E. I., PENDERS, R. J., WILLEMS, R. J., TOP, J. & BONTEN, M. J. 2011. Environmental survival of vancomycin-resistant Enterococcus faecium. *The Journal of hospital infection*, 77, 282.

WALSH, S. E., MAILLARD, J.-Y., RUSSELL, A., CATRENICH, C., CHARBONNEAU, D. & BARTOLO, R. 2003a. Development of bacterial resistance to several biocides and effects on antibiotic susceptibility. *Journal of Hospital Infection*, 55, 98-107.

WALSH, S. E., MAILLARD, J. Y., RUSSELL, A. D., CATRENICH, C. E., CHARBONNEAU, D. L. & BARTOLO, R. G. 2003b. Development of bacterial resistance to several biocides and effects on antibiotic susceptibility. *Journal of Hospital Infection*, 55, 98-107.

WALSH, S. E., MAILLARD, J. Y., SIMONS, C. & RUSSELL, A. D. 1999. Studies on the mechanisms of the antibacterial action of orthoa• phthalaldehyde. *Journal of applied microbiology*, 87, 702-710.

WALSH, T. 2005. The emergence and implications of metallo-beta-lactamases in Gramnegative bacteria. *Clin. Microbiol. Infect,* 11, 2-9.

WALSH, T. R., TOLEMAN, M. A., POIREL, L. & NORDMANN, P. 2005. Metallo-βlactamases: the quiet before the storm. *Clinical microbiology reviews*, 18, 306-325. WALTHER-RASMUSSEN, J. & HOIBY, N. 2006. OXA-type carbapenemases. *Journal of Antimicrobial Chemotherapy*, 57, 373-383.

WALZER, G., ROSENBERG, E. & RON, E. Z. 2006. The Acinetobacter outer membrane protein A (OmpA) is a secreted emulsifier. *Environmental microbiology*, 8, 1026-1032.

WANDERSMAN, C. & DELEPELAIRE, P. 2004. Bacterial iron sources: from siderophores to hemophores. *Annu. Rev. Microbiol.*, 58, 611-647.

WANG, X.Q., KEMPF, M., MOTT, J., CHANG, H.-E., FRANCIS, R., LIU, P.-Y., CUTTLE, L., OLSZOWY, H., KRAVCHUK, O. & MILL, J. 2009. Silver Absorption on Burns After the Application of Acticoat (TM): Data From Pediatric Patients and a Porcine Burn Model. *Journal of burn care & research*, 30, 341-348.

WAREHAM, D. W., BEAN, D. C., KHANNA, P., HENNESSY, E. M., KRAHE, D., ELY, A. & MILLAR, M. 2008. Bloodstream infection due to Acinetobacter spp: epidemiology, risk factors and impact of multi-drug resistance. *European Journal of Clinical Microbiology & Infectious Diseases*, 27, 607-612.

WARRINER, R. & BURRELL, R. 2005. Infection and the chronic wound: a focus on silver. *Advances in skin & wound care,* 18, 2-12.

WEAVER, L., MICHELS, H. T. & KEEVIL, C. W. 2008. Survival of < i> Clostridium difficile on copper and steel: futuristic options for hospital hygiene. *Journal of Hospital Infection*, 68, 145-151.

WEBSTER, J., FAOAGALI, J. L. & CARTWRIGHT, D. 1994. Elimination of methicillin― resistant Staphylococcus aureus from a neonatal intensive care unit after hand washing with triclosan. *Journal of paediatrics and child health*, 30, 59-64.

WERNER, E., ROE, F., BUGNICOURT, A., FRANKLIN, M. J., HEYDORN, A., MOLIN, S. R., PITTS, B. & STEWART, P. S. 2004. Stratified growth in Pseudomonas aeruginosa biofilms. *Applied and environmental microbiology*, 70, 6188-6196.

WERTHAN, M., HENRIKSSON, L., JENSEN, P. A., STERNBERG, C., GIVSKOV, M. & BJARNSHOLT, T. 2010. An in vitro model of bacterial infections in wounds and other soft tissues. *Apmis*, 118, 156-164.

WERTHEN, M., DAVOUDI, M., SONESSON, A., NITSCHE, D. P., MöRGELIN, M., BLOM, K. & SCHMIDTCHEN, A. 2004. Pseudomonas aeruginosa-induced infection and degradation of human wound fluid and skin proteins ex vivo are eradicated by a synthetic cationic polymer. *Journal of Antimicrobial Chemotherapy*, 54, 772-779.

WHITE, D. G. & MCDERMOTT, P. F. 2001. Biocides, drug resistance and microbial evolution. *Current opinion in microbiology*, *4*, 313-317.

WHITE, R. & COOPER, R. 2005. Silver sulphadiazine: a review of the evidence. *Wounds uK*, 1, 51.

WIEGAND, C., ABEL, M., KRAMER, A., MÜLLER, G., RUTH, P., ELSNER, P. & HIPLER, U. Viability and proliferation of fibroblasts, keratinocytes and HaCaT-cells influenced by polihexanide. Poster 17th Conference of the European Wound Management Association (EWMA) Glasgow/UK, 2007. 2-4.

WILCOX, M. H., FAWLEY, W. N., WIGGLESWORTH, N., PARNELL, P., VERITY, P. & FREEMAN, J. 2003. Comparison of the effect of detergent versus hypochlorite cleaning on environmental contamination and incidence of Clostridium difficile infection. *The Journal of hospital infection*, 54, 109.

WILD, T., BRUCKNER, M., PAYRICH, M., SCHWARZ, C., EBERLEIN, T. & ANDRIESSEN, A. 2012. Eradication of methicillin-resistant Staphylococcus aureus in pressure ulcers comparing a polyhexanide-containing cellulose dressing with polyhexanide swabs in a prospective randomized study. *Advances in skin & wound care*, 25, 17.

WILKS, M., WILSON, A., WARWICK, S., PRICE, E., KENNEDY, D., ANDREW ELY, R. G. N. & MILLAR, M. R. 2006. Control of an outbreak of multidrug• resistant Acinetobacter baumannii• calcoaceticus colonization and infection in an intensive care unit (ICU) without closing the ICU or placing patients in isolation. *Infection control and hospital epidemiology*, 27, 654-658.

WILSON, A. P. R., SMYTH, D., MOORE, G., SINGLETON, J., JACKSON, R., GANT, V., JEANES, A., SHAW, S., JAMES, E. & COOPER, B. 2011. The impact of enhanced cleaning within the intensive care unit on contamination of the near-patient environment with hospital

pathogens: A randomized crossover study in critical care units in two hospitals*. *Critical care medicine*, 39, 651-658.

WILSON, J. R., MILLS, J. G., PRATHER, I. D. & DIMITRIJEVICH, S. D. 2005. A toxicity index of skin and wound cleansers used on in vitro fibroblasts and keratinocytes. *Advances in skin & wound care*, 18, 373-378.

WINGENDER, J., NEU, T. R. & FLEMMING, H.-C. 1999. What are bacterial extracellular polymeric substances?, Springer.

WISPLINGHOFF, H., BISCHOFF, T., TALLENT, S. M., SEIFERT, H., WENZEL, R. P. & EDMOND, M. B. 2004. Nosocomial bloodstream infections in US hospitals: analysis of 24,179 cases from a prospective nationwide surveillance study. *Clinical Infectious Diseases*, 39, 309-317.

WISPLINGHOFF, H., SCHMITT, R., WöHRMANN, A., STEFANIK, D. & SEIFERT, H. 2007. Resistance to disinfectants in epidemiologically defined clinical isolates of Acinetobacter baumannii. *Journal of Hospital Infection*, 66, 174-181.

WROBLEWSKA, M. M., SAWICKA-GRZELAK, A., MARCHEL, H., LUCZAK, M. & SIVAN, A. 2008. Biofilm production by clinical strains of Acinetobacter baumannii isolated from patients hospitalized in two tertiary care hospitals. Blackwell Publishing Ltd.

WU, C. J., WU, J. J., YAN, J. J., LEE, H. C., LEE, N. Y., CHANG, C. M., SHIH, H. I., WU, H. M., WANG, L. R. & KO, W. C. 2007. Clinical significance and distribution of putative virulence markers of 116 consecutive clinical Aeromonas</i>

WU, H. M., FORNEK, M., SCHWAB, K. J., CHAPIN, A. R., GIBSON, K., SCHWAB, E., SPENCER, C. & HENNING, K. 2005. A norovirus outbreak at a long-term-care facility: the role of environmental surface contamination. *Infection control and hospital epidemiology*, 26, 802-810.

WUWHS 2007. Principles of best practice: Wound exudate and the role of dressings. A consensus document. World Union of Wound Healing Societies.

WYATT, P. J. 1993. Light scattering and the absolute characterization of macromolecules. *Analytica chimica acta*, 272, 1-40.

YADAV, K. K., MANDAL, A. K., SEN, I. K., CHAKRABORTI, S., ISLAM, S. S. & CHAKRABORTY, R. 2012. Flocculating property of extracellular polymeric substances produced by a biofilm-forming bacterium Acinetobacter junii BB1A. *Applied biochemistry and biotechnology*, 168, 1621-1634.

YAMAMOTO, S., OKUJO, N., KATAOKA, H. & NARIMATSU, S. 1999. Siderophore-mediated utilization of transferrin-and lactoferrin-bound iron by Acinetobacter baumannii. *Journal of Health Science*, 45, 297-302.

YAMAMOTO, S., OKUJO, N. & SAKAKIBARA, Y. 1994. Isolation and structure elucidation of acinetobactin., a novel siderophore from Acinetobacter baumannii. *Archives of microbiology*, 162, 249-254.

YASUDA, K., OHMIZO, C. & KATSU, T. 2003. Potassium and tetraphenylphosphonium ion-selective electrodes for monitoring changes in the permeability of bacterial outer and cytoplasmic membranes. *Journal of microbiological methods*, 54, 111-115.

ZIMBLER, D. L., PENWELL, W. F., GADDY, J. A., MENKE, S. M., TOMARAS, A. P., CONNERLY, P. L. & ACTIS, L. A. 2009. Iron acquisition functions expressed by the human pathogen Acinetobacter baumannii. *Biometals*, 22, 23-32.

ZUBAIR, M., MALIK, A., AHMAD, J., RIZVI, M., FAROOQUI, K. J. & RIZVI, M. W. 2011. A study of biofilm production by gram-negative organisms isolated from diabetic foot ulcer patients. *Biol Med*, 3, 147-157.

8 Appendix

8.1 Statistical analysis of ethanol growth data

Descriptives											
		N	Mean	Std.	Std. Error	95% Confiden	ce Interval for	Min	Max		
				Deviation		Me	ean				
	T					Lower Bound	Upper Bound				
	Control	4	8.9570	.03302	.01651	8.9045	9.0096	8.92	9.00		
	0.1%	4	8.5282	.00928	.00464	8.5134	8.5430	8.51	8.54		
UK-IIS	1%	4	8.0106	.01393	.00697	7.9884	8.0327	8.00	8.03		
Ethanoi	3%	4	8.0946	.08403	.04202	7.9609	8.2283	7.97	8.16		
	5%	4	4.4950	.13492	.06746	4.2803	4.7097	4.39	4.69		
	Total	20	7.6171	1.64002	.36672	6.8495	8.3846	4.39	9.00		
	Control	4	8.9570	.03302	.01651	8.9045	9.0096	8.92	9.00		
	0.1%	4	8.0620	.61545	.30772	7.0826	9.0413	7.42	8.74		
	1%	4	8.1718	.69169	.34584	7.0712	9.2725	7.15	8.60		
UK-HS IPA	3%	4	7.0987	.23922	.11961	6.7180	7.4793	6.74	7.25		
	5%	4	4.9088	.02911	.01455	4.8625	4.9551	4.88	4.94		
	Total	20	7.4397	1.48213	.33141	6.7460	8.1333	4.88	9.00		
	Control	4	8.9570	.03302	.01651	8.9045	9.0096	8.92	9.00		
-	0.1%	4	8.0106	.01393	.00697	7.9884	8.0327	8.00	8.03		
UK-HS Salvo	1%	4	6.5774	.19034	.09517	6.2745	6.8803	6.30	6.71		
	3%	4	5.6211	.34763	.17381	5.0680	6.1743	5.15	5.97		
	5%	4	3.4950	.13492	.06746	3.2803	3.7097	3.39	3.69		
	Total	20	6.5322	1.96037	.43835	5.6147	7.4497	3.39	9.00		
	Control	4	8.9570	.03302	.01651	8.9045	9.0096	8.92	9.00		
	0.1%	4	8.5282	.00928	.00464	8.5134	8.5430	8.51	8.54		
	1%	4	7.7042	.05612	.02806	7.6149	7.7935	7.64	7.77		
UK-HS Purell	3%	4	6.8591	.25844	.12922	6.4479	7.2703	6.52	7.15		
	5%	4	7.9088	.02911	.01455	7.8625	7.9551	7.88	7.94		
	Total	20	7.9915	.74635	.16689	7.6422	8.3408	6.52	9.00		
	Control	4	8.9570	.03302	.01651	8.9045	9.0096	8.92	9.00		
	0.1%	4	7.9189	.06776	.03388	7.8111	8.0267	7.82	7.98		
Type Ethanol	1%	4	6.6184	.16649	.08325	6.3535	6.8834	6.38	6.76		
	3%	4	6.7290	.03333	.01666	6.6760	6.7821	6.68	6.75		
	5%	4	3.8617	.08375	.04188	3.7284	3.9950	3.74	3.94		
5% Total		20	6.8170	1.75355	.39211	5.9963	7.6377	3.74	9.00		
Type IPA	Control	4	8.9570	.03302	.01651	8.9045	9.0096	8.92	9.00		

	0.1%	4	7.6078	.09334	.04667	7.4593	7.7563	7.53	7.72
	1%	4	7.1611	.16175	.08088	6.9037	7.4185	7.01	7.30
	3%	4	5.6211	.34763	.17381	5.0680	6.1743	5.15	5.97
	5%	4	4.8121	.03099	.01549	4.7628	4.8614	4.77	4.84
	Total	20	6.8318	1.51417	.33858	6.1232	7.5405	4.77	9.00
	Control	4	8.9570	.03302	.01651	8.9045	9.0096	8.92	9.00
	0.1%	4	7.9189	.06776	.03388	7.8111	8.0267	7.82	7.98
	1%	4	7.0104	.14475	.07237	6.7801	7.2408	6.87	7.15
Type Salvo	3%	4	6.7290	.03333	.01666	6.6760	6.7821	6.68	6.75
	5%	4	5.5282	.00928	.00464	5.5134	5.5430	5.51	5.54
	Total	20	7.2287	1.18529	.26504	6.6740	7.7835	5.51	9.00
	Control	4	8.9570	.03302	.01651	8.9045	9.0096	8.92	9.00
	0.1%	4	8.0805	.10501	.05250	7.9134	8.2476	7.93	8.15
	1%	4	7.6769	.04996	.02498	7.5974	7.7564	7.60	7.71
TypePurell -	3%	4	6.4888	.23350	.11675	6.1173	6.8604	6.15	6.64
	5%	4	5.0341	.08098	.04049	4.9053	5.1630	4.99	5.16
	Total	20	7.2475	1.40166	.31342	6.5915	7.9035	4.99	9.00

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
	Between Groups	51.024	4	12.756	2394.466	.000
UK-HS	Within Groups	.080	15	.005		
Ethanol	Total	51.104	19			
	Between Groups	38.988	4	9.747	53.183	.000
UK-HS IPA	Within Groups	2.749	15	.183		
	Total	41.737	19			
	Between Groups	72.488	4	18.122	513.187	.000
UK-HS Salvo	Within Groups	.530	15	.035		
	Total	73.018	19			
	Between Groups	10.368	4	2.592	180.087	.000
UK-HS Purell	Within Groups	.216	15	.014		
	Total	10.584	19			
Turne	Between Groups	58.299	4	14.575	1754.941	.000
Type	Within Groups	.125	15	.008		
Ethanoi	Total	58.424	19			
	Between Groups	43.088	4	10.772	341.380	.000
Type IPA	Within Groups	.473	15	.032		
	Total	43.562	19			
	Between Groups	26.610	4	6.652	1195.221	.000
Type Salvo	Within Groups	.083	15	.006		
	Total	26.693	19			

Between G	roups	37.1	.01 4	4	9.275	612.717	.000
Type Purell Within Gro	ups	.2	27 15	5	.015		
Total		37.3	29 19	Ð			
		Multi	ole Comparison	\$			
		G	ames-Howell	•			
			Mean			95% Confide	ence Interval
Dependent Variable	(1)	(L)	Difference (I-	Std. Error	Sig.	Lower	
	VAR00001	VAR00001	J)		0.8.	Bound	Upper Bound
		0.1%	.42882	.01715	.000	.3462	.5114
	Control	1%	.94646*	.01792	.000	.8672	1.0258
	Control	3%	.86242*	.04514	.000	.6592	1.0657
		5%	4.46204 [*]	.06945	.000	4.1206	4.8034
		Control	42882 [*]	.01715	.000	5114	3462
	0.1%	1%	.51764 [*]	.00837	.000	.4846	.5506
	0.176	3%	.43360 [*]	.04227	.007	.2132	.6540
		5%	4.03322 [*]	.06762	.000	3.6769	4.3895
		Control	94646	.01792	.000	-1.0258	8672
LIK-HS Ethanol	1%	0.1%	51764 [*]	.00837	.000	5506	4846
	170	3%	08404	.04259	.433	3017	.1336
		5%	3.51557	.06782	.000	3.1612	3.8700
		Control	86242	.04514	.000	-1.0657	6592
	3%	0.1%	43360 [*]	.04227	.007	6540	2132
	570	1%	.08404	.04259	.433	1336	.3017
		5%	3.59962	.07948	.000	3.2814	3.9178
		Control	-4.46204	.06945	.000	-4.8034	-4.1206
	5%	0.1%	-4.03322*	.06762	.000	-4.3895	-3.6769
	576	1%	-3.51557 [*]	.06782	.000	-3.8700	-3.1612
		3%	-3.59962	.07948	.000	-3.9178	-3.2814
	Control	0.1%	.89507	.30817	.215	7329	2.5230
		1%	.78519	.34624	.349	-1.0454	2.6158
	control	3%	1.85834	.12074	.002	1.2345	2.4822
		5%	4.04819	.02201	.000	3.9652	4.1312
		Control	89507	.30817	.215	-2.5230	.7329
	0.1%	1%	10988	.46293	.999	-1.8542	1.6344
	0.170	3%	.96327	.33015	.178	5270	2.4535
		5%	3.15313	.30807	.008	1.5242	4.7820
		Control	78519	.34624	.349	-2.6158	1.0454
ΠΚ-ΗΖΙΡΑ	1%	0.1%	.10988	.46293	.999	-1.6344	1.8542
	270	3%	1.07315	.36594	.182	6221	2.7684
		5%	3.26301	.34615	.010	1.4315	5.0945
		Control	-1.85834	.12074	.002	-2.4822	-1.2345
	3%	0.1%	96327	.33015	.178	-2.4535	.5270
	0,0	1%	-1.07315	.36594	.182	-2.7684	.6221
		5%	2.18985	.12049	.001	1.5638	2.8159
		Control	-4.04819	.02201	.000	-4.1312	-3.9652
	5%	0.1%	-3.15313	.30807	.008	-4.7820	-1.5242
		1%	-3.26301	.34615	.010	-5.0945	-1.4315
		3%	-2.18985	.12049	.001	-2.8159	-1.5638
		0.1%	.94646	.01792	.000	.8672	1.0258
	Control	1%	2.37960	.09659	.000	1.8876	2.8716
		3%	3.33590	.17460	.001	2.4215	4.2503
UK- HSSalvo		5%	5.46204	.06945	.000	5.1206	5.8034
		Control	94646	.01792	.000	-1.0258	8672
	0.1%	1%	1.43314	.09543	.002	.9308	1.9355
		3%	2.38943	.17395	.003	1.4688	3.3100

		5%	$4.51557^{^{*}}$.06782	.000	4.1612	4.8700
		Control	-2.37960 [*]	.09659	.000	-2.8716	-1.8876
	10/	0.1%	-1.43314 [*]	.09543	.002	-1.9355	9308
	1%	3%	.95630 [*]	.19816	.028	.1366	1.7760
		5%	3.08244*	.11666	.000	2.6285	3.5364
		Control	-3.33590 [*]	.17460	.001	-4.2503	-2.4215
	224	0.1%	-2.38943	.17395	.003	-3.3100	-1.4688
	3%	1%	95630*	.19816	.028	-1.7760	1366
		5%	2.12614	.18645	.002	1.2843	2.9680
		Control	-5.46204	.06945	.000	-5.8034	-5.1206
		0.1%	-4.51557*	.06782	.000	-4.8700	-4.1612
	5%	1%	-3.08244	.11666	.000	-3.5364	-2.6285
		3%	-2.12614	.18645	.002	-2.9680	-1.2843
		0.1%	.42882	.01715	.000	.3462	.5114
		1%	1.25282*	.03256	.000	1.1206	1.3850
	Control	3%	2.09791	.13027	.002	1.4224	2.7734
		5%	1 04819	02201	000	9652	1 1312
		Control	42882*	.01715	.000	5114	3462
		1%	82400*	02844	000	6786	9694
	0.1%	3%	1 66909	12930	004	9845	2 3537
		5%	61937	01527	000	5474	6913
		Control	_1 25282 [*]	03256	.000	-1 3850	-1 1206
		0.1%	- 82/100*	02844	.000	- 969/	- 6786
UK-HSPurell	1%	3%	.02400 8/1510 [*]	12222	.000	1855	1 5047
		570 E0/	.84310	.13223	.024	.1033	1.3047
		Control	2.00701*	12027	.010	3372	1 4224
		0.1%	-2.09791	.13027	.002	-2.7754	-1.4224
	3%	0.1%	-1.00909	.12930	.004	-2.3537	9845
		1%	84510 1.04072*	.13223	.024	-1.5047	1855
		5%	-1.04972	.13004	.014	-1.7274	3721
		Control	-1.04819	.02201	.000	-1.1312	9652
	5%	0.1%	61937	.01527	.000	6913	5474
		1%	.20462	.03161	.010	.0720	.3372
		3%	1.04972	.13004	.014	.3721	1.7274
		0.1%	1.03811	.03769	.000	.8774	1.1988
	Control	1%	2.33859	.08487	.000	1.9113	2.7659
		3%	2.22798	.02346	.000	2.1400	2.3160
		5%	5.09532	.04501	.000	4.8928	5.2978
		Control	-1.03811	.03769	.000	-1.1988	8774
	0.1%	1%	1.30048	.08987	.001	.8992	1.7018
		3%	1.18987	.03775	.000	1.0292	1.3505
		5%	4.05/21	.05386	.000	3.8522	4.2622
		Control	-2.33859	.08487	.000	-2.7659	-1.9113
Type Ethanol	1%	0.1%	-1.30048	.08987	.001	-1.7018	8992
/1		3%	11061	.08490	.709	5377	.3165
		5%	2.75673	.09318	.000	2.3626	3.1508
		Control	-2.22798	.02346	.000	-2.3160	-2.1400
	3%	0.1%	-1.18987	.03775	.000	-1.3505	-1.0292
		1%	.11061	.08490	.709	3165	.5377
	ļ	5%	2.86734	.04507	.000	2.6650	3.0697
		Control	-5.09532 *	.04501	.000	-5.2978	-4.8928
	5%	0.1%	-4.05721	.05386	.000	-4.2622	-3.8522
	570	1%	-2.75673	.09318	.000	-3.1508	-2.3626
		3%	-2.86734	.04507	.000	-3.0697	-2.6650
		0.1%	1.34923	.04951	.000	1.1210	1.5775
Type IDA	Control	1%	1.79595*	.08254	.001	1.3815	2.2104
rypeirA	Control	3%	3.33590 [*]	.17460	.001	2.4215	4.2503
		5%	4.14493 [*]	.02264	.000	4.0599	4.2300

		Control	-1.34923*	.04951	.000	-1.5775	-1.1210
		1%	.44672	.09338	.027	.0657	.8278
	0.1%	3%	1 98667	17997	004	1 1137	2 8596
		5%	2 79570*	04918	000	2 5660	3 0254
		Control	_1 79595 [*]	08254	001	-2 2104	-1 3815
		0.1%	- 11672*	00234	027	- 8278	- 0657
	1%	3%	1 53995	19171	005	7124	2 3675
		5%	2 3/808	08232	.005	1 9330	2.3075
		Control	_2.34898	17460	.000	-4 2503	-2 / 215
		0.1%	1 09667	17007	.001	2 9506	1 1127
	3%	1%	-1.58007	10171	.004	-2.8390	-1.1137
		170 5%	-1.33333	17450	.005	1062	1 72/12
		Control	.80903	02264	.003	1005	1.7245
		0.1%	2 70570*	0/019	.000	2 0254	-4.0333
	5%	1%	2.79570	.04910	.000	2 7640	-2.3000
		20/	-2.34696	17450	.000	1 7242	-1.9550
		0.1%	80903 1.02911 [*]	.17430	.009	-1.7243	1 1003
		1%	1.03011	.05709	.000	.0774	2 21/7
	Control	2%	2 2 2 2 0 2 8	.07425	.000	2 1400	2.3147
		5%	2.22738	.02340	.000	2.1400	2.5100
		Control	-1 03811*	.01713	.000	-1 1088	- 8774
		1%	-1.03811	.03709	.000	-1.1988	1 2520
	0.1%	2%	.50847 1 18987 [*]	.07991	.001	1 0202	1.2329
		5%	2 20071	.03773	.000	2 2140	2 5675
		5%	2.59071	.05419	.000	2.2140	2.3073
		0.1%	-1.94056	.07425	.000	-2.5147	-1.5764
Type Salvo	1%	0.1%	90647	.07991	.001	-1.2529	5041
		3%	.28140	.07427	.105	0805	.0493
		5% Control	1.48224	.07252	.001	1.0998	1.8047
		0.1%	-2.22/90	.02340	.000	-2.3100	-2.1400
	3%	0.1%	-1.18987	.03775	.000	-1.3505	-1.0292
		1%	28140	.07427	.105	0493	1 2842
		5% Control	1.20084	.01730	.000	1.11/4	1.2843
			-3.42882	.01/15	.000	-3.5114	-3.3402
	5%	0.1%	-2.39071	.03419	.000	-2.5075	-2.2140
		1%	-1.40224 1.20094 [*]	.07252	.001	-1.0047	-1.0996
		5% 0.1%	-1.20064 97655 [*]	.01750	.000	-1.2045	-1.1174
		1%	1 29012	02004	.001	1 1610	1.1304
	Control	20/	2.46910*	.02994	.000	1.1019	2.0766
		5%	2.40819	.11/91	.001	2 7770	3.0700
		Control	97655*	05504	.000	1 1264	4.1180
		1%	87055	0591/	.001	-1.1304	0107
	0.1%	2%	1 50165	12801	.008	1 03/2	2 1/01
		5%	3.04636*	06630	.001	2 7022	2.1491
		Control	-1.28012^{*}	02001	.000	_1 308/	-1 1610
		0.1%	-1.28012	0581/	.000	- 6531	-1.1019
Type Purell	1%	2%	1 18808	11020	006	5016	1 7846
		5%	2 64270*	04757	.000	2 4510	2 9227
		Control	-2 /6810*	11701	.000	-3 0766	-1 8508
		0.1%	1 50165*	12001	.001	-3.0700	1.0242
	3%	1%	-1.18808	11020	.001	-1 78/6	- 5016
		170 5%	1 45472*	12257	.000	-1.7840	2 0268
		Control	_2 07201 [*]	0/1277	.002	.0020	2.0200
		0.1%	-3.95531	04372	.000	-4.1100	-3.7270
	5%	10/	-3.04030	04757	.000	-3.3003	-2.7922
		1 %	-2.042/9	104/3/	.000	-2.0331	-2.4319
	* Tha~	5% Dean difference	-1.404/2	12337	.002 avel	-2.0208	0020
	. men		c is signinudint a	it the 0.05 l	LVCI.		

8.2 Statistical analysis of low alcohol growth data

					Descriptiv	es			
		Ν	Mean	Std. Dev	Std. Error	95% Confi	dence Interval	Minimum	Maximum
						foi	r Mean		
						Lower	Upper Bound		
	1					Bound			
	Cont	4	8.2000	.00000	.00000	8.2000	8.2000	8.20	8.20
	0.001%	4	5.2858	.30034	.15017	4.8078	5.7637	5.03	5.60
UK-HS	0.01%	4	5.2996	.51239	.25620	4.4843	6.1150	4.82	5.74
Ethanol	0.03%	4	4.6362	.60691	.30346	3.6705	5.6019	4.06	5.49
	0.05%	4	4.0190	.01200	.00600	3.9999	4.0381	4.01	4.03
	Total	20	5.4881	1.51177	.33804	4.7806	6.1956	4.01	8.20
	Cont	4	8.2000	.00000	.00000	8.2000	8.2000	8.20	8.20
	0.001%	4	5.3543	.08394	.04197	5.2208	5.4879	5.31	5.48
	0.01%	4	5.2192	.44944	.22472	4.5040	5.9344	4.76	5.78
UK-HS IPA	0.03%	4	5.0811	.06343	.03171	4.9802	5.1820	5.02	5.15
	0.05%	4	4.8767	.03332	.01666	4.8237	4.9297	4.85	4.91
	Total	20	5.7463	1.28238	.28675	5.1461	6.3464	4.76	8.20
	Cont	4	8.4000	.00000	.00000	8.4000	8.4000	8.40	8.40
	0.001%	4	6.3971	.09997	.04998	6.2380	6.5562	6.31	6.49
Туре	0.01%	4	6.2996	.51239	.25620	5.4843	7.1150	5.82	6.74
Ethanol	0.03%	4	4.0444	.03340	.01670	3.9912	4.0975	4.00	4.08
	0.05%	4	3.2365	.15200	.07600	2.9946	3.4783	3.01	3.32
	Total	20	5.6755	1.90098	.42507	4.7858	6.5652	3.01	8.40
	Cont	4	8.4000	.00000	.00000	8.4000	8.4000	8.40	8.40
	0.001%	4	5.3971	.09997	.04998	5.2380	5.5562	5.31	5.49
	0.01%	4	5.0822	.19044	.09522	4.7791	5.3852	4.97	5.37
Type IPA	0.03%	4	4.1967	.07337	.03668	4.0800	4.3135	4.12	4.28
	0.05%	4	3.1648	.16866	.08433	2.8964	3.4332	3.01	3.32
	Total	20	5.2482	1.80582	.40379	4.4030	6.0933	3.01	8.40

		A	NOVA			
		Sum of Squares	df	Mean Square	F	Sig.
	Between Groups	41.260	4	10.315	71.508	.000
UK-HS	Within Groups	2.164	15	.144		
Ethanol	Total	43.423	19			
	Between Groups	30.603	4	7.651	178.612	.000
UK-HS IPA	Within Groups	.643	15	.043		
	Total	31.246	19			
	Between Groups	67.771	4	16.943	285.464	.000
Туре	Within Groups	.890	15	.059		
Ethanol	Total	68.661	19			
	Between Groups	61.718	4	15.430	963.225	.000
Type IPA	Within Groups	.240	15	.016		
	Total	61.959	19			

Multiple Comparisons												
Games-Howell	-											
Dependent	(I) VAR00001	(L)	Mean	Std. Error	Sig.	95% Conf	fidence					
Variable		VAR00001	Difference (I-			Inter	val					
			J)			Lower	Upper					
						Bound	Bound					
		0.001%	2.91425 [*]	.15017	.001	2.1177	3.7108					
		0.01%	2.90035*	.25620	.006	1.5414	4.2593					
	Control	0.03%	3.56381 [*]	.30346	.005	1.9541	5.1735					
		0.05%	4.18101*	.00600	.000	4.1492	4.2128					
		Control	-2.91425*	.15017	.001	-3.7108	-2.1177					
		0.01%	01390	.29696	1.000	-1.2209	1.1931					
UK-HS	0.001%	0.03%	.64956	.33858	.422	7886	2.0877					
Ethanol		0.05%	1.26676 [*]	.15029	.014	.4714	2.0621					
		Control	-2.90035*	.25620	.006	-4.2593	-1.5414					
		0.001%	.01390	.29696	1.000	-1.1931	1.2209					
	0.01%	0.03%	.66345	.39714	.512	8403	2.1672					
		0.05%	1.28066	.25627	.058	0776	2.6389					
		Control	-3.56381*	.30346	.005	-5.1735	-1.9541					
	0.03%	0.001%	64956	.33858	.422	-2.0877	.7886					
		0.01%	66345	.39714	.512	-2.1672	.8403					

		0.05%	.61720	.30352	.418	9919	2.2263
		Control	-4.18101*	.00600	.000	-4.2128	-4.1492
	0.070/	0.001%	-1.26676*	.15029	.014	-2.0621	4714
	0.05%	0.01%	-1.28066	.25627	.058	-2.6389	.0776
		0.03%	61720	.30352	.418	-2.2263	.9919
		0.001%	2.84568*	.04197	.000	2.6231	3.0683
		0.01%	2.98079 [*]	.22472	.004	1.7888	4.1728
	Control	0.03%	3.11889 [*]	.03171	.000	2.9507	3.2871
		0.05%	3.32330 [*]	.01666	.000	3.2349	3.4117
		Control	-2.84568 [*]	.04197	.000	-3.0683	-2.6231
		0.01%	.13512	.22860	.968	-1.0222	1.2925
	0.001%	0.03%	.27321 [*]	.05260	.014	.0709	.4755
		0.05%	.47762*	.04516	.002	.2748	.6804
		Control	-2.98079*	.22472	.004	-4.1728	-1.7888
אטו און או		0.001%	13512	.22860	.968	-1.2925	1.0222
	0.01%	0.03%	.13810	.22695	.964	-1.0331	1.3093
		0.05%	.34250	.22534	.613	8435	1.5285
		Control	-3.11889*	.03171	.000	-3.2871	-2.9507
		0.001%	27321 [*]	.05260	.014	4755	0709
	0.03%	0.01%	13810	.22695	.964	-1.3093	1.0331
		0.05%	.20441*	.03582	.016	.0546	.3542
		Control	-3.32330*	.01666	.000	-3.4117	-3.2349
	0.070/	0.001%	47762 [*]	.04516	.002	6804	2748
	0.05%	0.01%	34250	.22534	.613	-1.5285	.8435
		0.03%	20441*	.03582	.016	3542	0546
		0.001%	2.00288*	.04998	.000	1.7377	2.2680
		0.01%	2.10035*	.25620	.015	.7414	3.4593
	Control	0.03%	4.35563*	.01670	.000	4.2670	4.4442
		0.05%	5.16353*	.07600	.000	4.7604	5.5667
		Control	-2.00288*	.04998	.000	-2.2680	-1.7377
		0.01%	.09747	.26103	.994	-1.2188	1.4138
Type Ethanol	0.001%	0.03%	2.35275*	.05270	.000	2.1069	2.5986
		0.05%	3.16064*	.09096	.000	2.8010	3.5203
		Control	-2.10035*	.25620	.015	-3.4593	7414
	0.0101	0.001%	09747	.26103	.994	-1.4138	1.2188
	0.01%	0.03%	2.25528*	.25674	.012	.9016	3.6089
		0.05%	3.06318*	.26723	.003	1.7880	4.3383
		Control	-4.35563*	.01670	.000	-4.4442	-4.2670
	0.03%	0.001%	-2.35275*	.05270	.000	-2.5986	-2.1069

	1						
		0.01%	-2.25528 [*]	.25674	.012	-3.6089	9016
		0.05%	.80790 [*]	.07781	.005	.4203	1.1955
		Control	-5.16353*	.07600	.000	-5.5667	-4.7604
	0.070/	0.001%	-3.16064*	.09096	.000	-3.5203	-2.8010
	0.05%	0.01%	-3.06318 [*]	.26723	.003	-4.3383	-1.7880
		0.03%	80790 [*]	.07781	.005	-1.1955	4203
		0.001%	3.00288 [*]	.04998	.000	2.7377	3.2680
		0.01%	3.31785 [*]	.09522	.000	2.8127	3.8230
	Control	0.03%	4.20325 [*]	.03668	.000	4.0087	4.3978
		0.05%	5.23517 [*]	.08433	.000	4.7878	5.6825
		Control	-3.00288*	.04998	.000	-3.2680	-2.7377
		0.01%	.31496	.10754	.157	1348	.7647
	0.001%	0.03%	1.20037 [*]	.06200	.000	.9607	1.4400
		0.05%	2.23229 [*]	.09803	.000	1.8350	2.6296
		Control	-3.31785*	.09522	.000	-3.8230	-2.8127
Туре		0.001%	31496	.10754	.157	7647	.1348
IPA	0.01%	0.03%	.88540 [*]	.10204	.005	.4238	1.3470
		0.05%	1.91733 [*]	.12720	.000	1.4379	2.3968
		Control	-4.20325*	.03668	.000	-4.3978	-4.0087
		0.001%	-1.20037*	.06200	.000	-1.4400	9607
	0.03%	0.01%	88540 [*]	.10204	.005	-1.3470	4238
		0.05%	1.03192 [*]	.09197	.002	.6280	1.4358
		Control	-5.23517 [*]	.08433	.000	-5.6825	-4.7878
		0.001%	-2.23229*	.09803	.000	-2.6296	-1.8350
	0.05%	0.01%	-1.91733 [*]	.12720	.000	-2.3968	-1.4379
		0.03%	-1.03192*	.09197	.002	-1.4358	6280
*. The mean d	ifference is sign	nificant at the C).05 level.				
	-						

8.3 **Comparison of wound models**

8.3.1 Planktonic wound model

Descriptive												
	N Mean Std. Dev Std. Error 95% Confidence Interval for Me Lower Bound Upper Bound						e Interval for Mean	Min	Max			
	•					Lower Bound	Upper Bound					
	NSCD	5	9.5420	.00000	.00000	9.5420	9.5420	9.54	9.54			
	ISCD	5	7.2400	.12298	.05500	7.0873	7.3927	7.02	7.30			
clone1	Honey	5	8.8550	.00000	.00000	8.8550	8.8550	8.86	8.86			
	РНМВ	5	3.9270	.06918	.03094	3.8411	4.0129	3.83	4.02			
	Total	20	7.3910	2.22475	.49747	6.3498	8.4322	3.83	9.54			
	NSCD	5	9.4790	.00000	.00000	9.4790	9.4790	9.48	9.48			
	ISCD	5	6.5166	.48625	.21746	5.9128	7.1204	5.94	6.96			
clone2	Honey	5	9.4330	.00000	.00000	9.4330	9.4330	9.43	9.43			
	PHMB	5	4.5754	.56477	.25257	3.8741	5.2767	3.91	5.30			
	Total	20	7.5010	2.15319	.48147	6.4933	8.5087	3.91	9.48			
	NSCD	5	9.2960	.00000	.00000	9.2960	9.2960	9.30	9.30			
	ISCD	5	6.1802	.34764	.15547	5.7485	6.6119	5.90	6.78			
ukhs	Honey	5	8.6490	.00000	.00000	8.6490	8.6490	8.65	8.65			
	PHMB	5	4.1078	.36149	.16166	3.6589	4.5567	3.82	4.56			
	Total	20	7.0582	2.12846	.47594	6.0621	8.0544	3.82	9.30			
	NSCD	5	9.9010	.00000	.00000	9.9010	9.9010	9.90	9.90			
	ISCD	5	6.7566	.37294	.16678	6.2935	7.2197	6.26	7.09			
Act_Ty	Honey	5	8.7240	.00000	.00000	8.7240	8.7240	8.72	8.72			
ре	PHMB	5	4.4258	.12898	.05768	4.2657	4.5859	4.28	4.63			
	Total	20	7.4519	2.13872	.47823	6.4509	8.4528	4.28	9.90			
	NSCD	5	7.2280	.69143	.30922	6.3695	8.0865	6.48	8.29			
	ISCD	5	5.9800	.17564	.07855	5.7619	6.1981	5.73	6.20			
A882	Honey	5	2.8020	.14220	.06359	2.6254	2.9786	2.62	3.00			
	PHMB	5	2.7300	.20396	.09121	2.4767	2.9833	2.51	3.01			
	Total	20	4.6850	2.04992	.45837	3.7256	5.6444	2.51	8.29			
	NSCD	5	8.5400	.00000	.00000	8.5400	8.5400	8.54	8.54			
	ISCD	5	8.5400	.00000	.00000	8.5400	8.5400	8.54	8.54			
A292	Honey	5	5.9220	.15928	.07123	5.7242	6.1198	5.76	6.18			
	PHMB	5	4.9140	.26359	.11788	4.5867	5.2413	4.59	5.25			
	Total	20	6.9790	1.64883	.36869	6.2073	7.7507	4.59	8.54			
	NSCD	5	8.3810	.00000	.00000	8.3810	8.3810	8.38	8.38			
D C	ISCD	5	5.2588	.18911	.08457	5.0240	5.4936	5.01	5.50			
Ps_Typ	Honey	5	5.2822	.30779	.13765	4.9000	5.6644	4.96	5.80			
е	РНМВ	5	3.3086	.44059	.19704	2.7615	3.8557	2.85	3.73			
	Total	20	5.5577	1.88166	.42075	4.6770	6.4383	2.85	8.38			

	NSCD	5	7.9268	.09123	.04080	7.8135	8.0401	7.89	8.09
Р1	ISCD	5	7.9268	.09123	.04080	7.8135	8.0401	7.89	8.09
	Honey	5	8.0900	.00000	.00000	8.0900	8.0900	8.09	8.09
	РНМВ	5	9.0560	.57799	.25848	8.3383	9.7737	8.39	9.91
	Total	20	8.2499	.55363	.12380	7.9908	8.5090	7.89	9.91
Р2	NSCD	5	7.8658	.13461	.06020	7.6987	8.0329	7.63	7.93
	ISCD	5	7.6508	.42901	.19186	7.1181	8.1835	6.95	7.93
	Honey	5	7.6698	.38626	.17274	7.1902	8.1494	7.00	7.93
	PHMB	5	6.3682	1.05817	.47323	5.0543	7.6821	5.62	8.00
	Total	20	7.3887	.82616	.18473	7.0020	7.7753	5.62	8.00
Р3	NSCD	5	7.5326	.21332	.09540	7.2677	7.7975	7.15	7.63
	ISCD	5	6.7566	.74230	.33197	5.8349	7.6783	5.78	7.63
	Honey	5	7.6280	.00000	.00000	7.6280	7.6280	7.63	7.63
	РНМВ	5	6.2278	1.02345	.45770	4.9570	7.4986	5.70	8.06
	Total	20	7.0363	.83406	.18650	6.6459	7.4266	5.70	8.06
Р4	NSCD	5	6.7868	.86229	.38563	5.7161	7.8575	5.87	7.85
	ISCD	5	7.0330	.67744	.30296	6.1919	7.8741	6.38	7.85
	Honey	5	6.8266	.88591	.39619	5.7266	7.9266	5.83	7.85
	РНМВ	5	7.1236	1.06871	.47794	5.7966	8.4506	5.98	8.26
	Total	20	6.9425	.82434	.18433	6.5567	7.3283	5.83	8.26
Р5	NSCD	5	8.1816	.26922	.12040	7.8473	8.5159	7.70	8.30
	ISCD	5	8.3020	.00000	.00000	8.3020	8.3020	8.30	8.30
	Honey	5	8.3020	.00000	.00000	8.3020	8.3020	8.30	8.30
	PHMB	5	6.1198	.27887	.12471	5.7735	6.4661	5.79	6.47
	Total	20	7.7263	.96943	.21677	7.2726	8.1801	5.79	8.30
St6538	NSCD	5	7.0210	.00000	.00000	7.0210	7.0210	7.02	7.02
	ISCD	5	4.9442	.14727	.06586	4.7613	5.1271	4.74	5.11
	Honey	5	6.3454	.57441	.25689	5.6322	7.0586	5.89	7.32
	PHMB	5	5.7550	.18020	.08059	5.5312	5.9788	5.54	5.94
	Total	20	6.0164	.83393	.18647	5.6261	6.4067	4.74	7.32
St4300	NSCD	5	7.3960	.00000	.00000	7.3960	7.3960	7.40	7.40
	ISCD	5	7.2404	.15093	.06750	7.0530	7.4278	7.10	7.40
	Honey	5	6.4506	.20853	.09326	6.1917	6.7095	6.17	6.66
	РНМВ	5	6.9596	.61217	.27377	6.1995	7.7197	6.12	7.40
	Total	20	7.0116	.47858	.10701	6.7877	7.2356	6.12	7.40
St_7f_C 7	NSCD	5	6.6444	.19924	.08910	6.3970	6.8918	6.44	6.84
	ISCD	5	2.5272	1.21978	.54550	1.0126	4.0418	.36	3.24
	Honey	5	6.8036	.07916	.03540	6.7053	6.9019	6.66	6.84
	PHMB	5	5.6288	.05329	.02383	5.5626	5.6950	5.56	5.68
	Total	20	5.4010	1.85340	.41443	4.5336	6.2684	.36	6.84
-------------	-------	----	--------	---------	--------	--------	--------	------	------
	NSCD	5	6.9438	.09123	.04080	6.8305	7.0571	6.90	7.11
	ISCD	5	6.9438	.09123	.04080	6.8305	7.0571	6.90	7.11
St1314	Honey	5	6.9438	.09123	.04080	6.8305	7.0571	6.90	7.11
2	РНМВ	5	6.9438	.09123	.04080	6.8305	7.0571	6.90	7.11
	Total	20	6.9438	.08372	.01872	6.9046	6.9830	6.90	7.11
	NSCD	5	6.8296	.60463	.27040	6.0788	7.5804	5.75	7.10
	ISCD	5	6.1060	.92685	.41450	4.9552	7.2568	5.25	7.10
St9B_F 6	Honey	5	6.3418	.78577	.35141	5.3661	7.3175	5.36	7.10
	РНМВ	5	5.3272	.60912	.27241	4.5709	6.0835	4.40	5.74
	Total	20	6.1511	.88080	.19695	5.7389	6.5634	4.40	7.10

Multiple Comparisons											
Games-Ho	owell										
Bacteria	(I) VAR00001	(J) VAR00001	Mean	Std. Error	Sig.	95% Confide	ence Interval				
			Difference			Lower Bound	Upper Bound				
			(I-J)								
		ISCD	2.30200*	.05500	.000	2.0781	2.5259				
	NSCD	Honey	.68700	.00000		.6870	.6870				
		PHMB	5.61500*	.03094	.000	5.4891	5.7409				
		NSCD	-2.30200*	.05500	.000	-2.5259	-2.0781				
clone1	ISCD	Honey	-1.61500*	.05500	.000	-1.8389	-1.3911				
		PHMB	3.31300*	.06310	.000	3.0978	3.5282				
		NSCD	68700	.00000		6870	6870				
	Honey	ISCD	1.61500*	.05500	.000	1.3911	1.8389				
		PHMB	4.92800*	.03094	.000	4.8021	5.0539				
	РНМВ	NSCD	-5.61500*	.03094	.000	-5.7409	-5.4891				
		ISCD	-3.31300*	.06310	.000	-3.5282	-3.0978				
		Honey	-4.92800*	.03094	.000	-5.0539	-4.8021				
		ISCD	2.96240*	.21746	.001	2.0772	3.8476				
	NSCD	Honey	.04600	.00000		.0460	.0460				
		PHMB	4.90360*	.25257	.000	3.8754	5.9318				
		NSCD	-2.96240*	.21746	.001	-3.8476	-2.0772				
clone2	ISCD	Honey	-2.91640*	.21746	.001	-3.8016	-2.0312				
		PHMB	1.94120*	.33329	.002	.8684	3.0140				
		NSCD	04600	.00000		0460	0460				
	Honey	ISCD	2.91640*	.21746	.001	2.0312	3.8016				
		PHMB	4.85760*	.25257	.000	3.8294	5.8858				

		NSCD	-4.90360*	.25257	.000	-5.9318	-3.8754
	PHMB	ISCD	-1.94120*	.33329	.002	-3.0140	8684
		Honey	-4.85760*	.25257	.000	-5.8858	-3.8294
		ISCD	3.11580*	.15547	.000	2.4829	3.7487
	NSCD	Honey	.64700	.00000	-	.6470	.6470
		РНМВ	5.18820*	.16166	.000	4.5301	5.8463
		NSCD	-3.11580*	.15547	.000	-3.7487	-2.4829
	ISCD	Honey	-2.46880*	.15547	.000	-3.1017	-1.8359
		РНМВ	2.07240*	.22429	.000	1.3539	2.7909
ukhs		NSCD	64700	.00000		6470	6470
	Honey	ISCD	2.46880*	.15547	.000	1.8359	3.1017
		РНМВ	4.54120*	.16166	.000	3.8831	5.1993
-		NSCD	-5.18820*	.16166	.000	-5.8463	-4.5301
	PHMB	ISCD	-2.07240*	.22429	.000	-2.7909	-1.3539
		Honey	-4.54120*	.16166	.000	-5.1993	-3.8831
		ISCD	3.14440*	.16678	.000	2.4654	3.8234
	NSCD	Honey	1.17700	.00000		1.1770	1.1770
		РНМВ	5.47520*	.05768	.000	5.2404	5.7100
		NSCD	-3.14440*	.16678	.000	-3.8234	-2.4654
	ISCD	Honey	-1.96740*	.16678	.001	-2.6464	-1.2884
		РНМВ	2.33080*	.17648	.000	1.6767	2.9849
Act_Type	Honey	NSCD	-1.17700	.00000		-1.1770	-1.1770
		ISCD	1.96740*	.16678	.001	1.2884	2.6464
		РНМВ	4.29820*	.05768	.000	4.0634	4.5330
		NSCD	-5.47520*	.05768	.000	-5.7100	-5.2404
	PHMB	ISCD	-2.33080*	.17648	.000	-2.9849	-1.6767
		Honey	-4.29820*	.05768	.000	-4.5330	-4.0634
		ISCD	1.24800*	.31904	.047	.0204	2.4756
	NSCD	Honey	4.42600*	.31569	.000	3.1895	5.6625
		PHMB	4.49800*	.32239	.000	3.2776	5.7184
		NSCD	-1.24800*	.31904	.047	-2.4756	0204
	ISCD	Honey	3.17800*	.10106	.000	2.8511	3.5049
1000		PHMB	3.25000*	.12037	.000	2.8626	3.6374
A882		NSCD	-4.42600*	.31569	.000	-5.6625	-3.1895
	Honey	ISCD	-3.17800*	.10106	.000	-3.5049	-2.8511
		РНМВ	.07200	.11119	.913	2941	.4381
		NSCD	-4.49800*	.32239	.000	-5.7184	-3.2776
	РНМВ	ISCD	-3.25000*	.12037	.000	-3.6374	-2.8626
	РНМВ	Honey	07200	.11119	.913	4381	.2941

		ISCD	.00000	.00000		.0000	.0000
	NSCD	Honey	2.61800*	.07123	.000	2.3280	2.9080
		РНМВ	3.62600*	.11788	.000	3.1461	4.1059
		NSCD	.00000	.00000		.0000	.0000
	ISCD	Honey	2.61800*	.07123	.000	2.3280	2.9080
1000		РНМВ	3.62600*	.11788	.000	3.1461	4.1059
A292		NSCD	-2.61800*	.07123	.000	-2.9080	-2.3280
	Honey	ISCD	-2.61800*	.07123	.000	-2.9080	-2.3280
		РНМВ	1.00800*	.13773	.001	.5442	1.4718
		NSCD	-3.62600*	.11788	.000	-4.1059	-3.1461
	PHMB	ISCD	-3.62600*	.11788	.000	-4.1059	-3.1461
		Honey	-1.00800*	.13773	.001	-1.4718	5442
		ISCD	3.12220*	.08457	.000	2.7779	3.4665
	NSCD	Honey	3.09880*	.13765	.000	2.5385	3.6591
		РНМВ	5.07240*	.19704	.000	4.2703	5.8745
		NSCD	-3.12220*	.08457	.000	-3.4665	-2.7779
	ISCD	Honey	02340	.16155	.999	5659	.5191
		РНМВ	1.95020*	.21442	.001	1.1826	2.7178
Ps_Type		NSCD	-3.09880*	.13765	.000	-3.6591	-2.5385
	Honey	ISCD	.02340	.16155	.999	5191	.5659
		РНМВ	1.97360*	.24035	.000	1.1825	2.7647
	РНМВ	NSCD	-5.07240*	.19704	.000	-5.8745	-4.2703
		ISCD	-1.95020*	.21442	.001	-2.7178	-1.1826
		Honey	-1.97360*	.24035	.000	-2.7647	-1.1825
		ISCD	.00000	.05770	1.000	1848	.1848
	NSCD	Honey	16320	.04080	.053	3293	.0029
		РНМВ	-1.12920*	.26168	.038	-2.1697	0887
		NSCD	.00000	.05770	1.000	1848	.1848
	ISCD	Honey	16320	.04080	.053	3293	.0029
		РНМВ	-1.12920*	.26168	.038	-2.1697	0887
P1		NSCD	.16320	.04080	.053	0029	.3293
	Honey	ISCD	.16320	.04080	.053	0029	.3293
		РНМВ	96600	.25848	.065	-2.0183	.0863
		NSCD	1.12920*	.26168	.038	.0887	2.1697
	РНМВ	ISCD	1.12920*	.26168	.038	.0887	2.1697
		Honey	.96600	.25848	.065	0863	2.0183
		ISCD	.21500	.20108	.722	5404	.9704
P2	NSCD	Honey	.19600	.18293	.720	4812	.8732
rZ	NSCD	РНМВ	1.49760	.47704	.106	4143	3.4095

		NSCD	21500	.20108	.722	9704	.5404
	ISCD	Honey	01900	.25817	1.000	8478	.8098
		РНМВ	1.28260	.51064	.167	5634	3.1286
		NSCD	19600	.18293	.720	8732	.4812
	Honey	ISCD	.01900	.25817	1.000	8098	.8478
		РНМВ	1.30160	.50377	.158	5505	3.1537
		NSCD	-1.49760	.47704	.106	-3.4095	.4143
	PHMB	ISCD	-1.28260	.51064	.167	-3.1286	.5634
		Honey	-1.30160	.50377	.158	-3.1537	.5505
		ISCD	.77600	.34540	.237	5356	2.0876
	NSCD	Honey	09540	.09540	.759	4838	.2930
		PHMB	1.30480	.46754	.142	5247	3.1343
		NSCD	77600	.34540	.237	-2.0876	.5356
	ISCD	Honey	87140	.33197	.176	-2.2228	.4800
50		PHMB	.52880	.56541	.788	-1.3227	2.3803
РЗ		NSCD	.09540	.09540	.759	2930	.4838
	Honey	ISCD	.87140	.33197	.176	4800	2.2228
		РНМВ	1.40020	.45770	.118	4630	3.2634
		NSCD	-1.30480	.46754	.142	-3.1343	.5247
	PHMB	ISCD	52880	.56541	.788	-2.3803	1.3227
		Honey	-1.40020	.45770	.118	-3.2634	.4630
		ISCD	24620	.49040	.956	-1.8371	1.3447
	NSCD	Honey	03980	.55288	1.000	-1.8106	1.7310
		РНМВ	33680	.61411	.944	-2.3238	1.6502
		NSCD	.24620	.49040	.956	-1.3447	1.8371
	ISCD	Honey	.20640	.49875	.974	-1.4163	1.8291
DA		РНМВ	09060	.56587	.998	-1.9810	1.7998
P4		NSCD	.03980	.55288	1.000	-1.7310	1.8106
	Honey	ISCD	20640	.49875	.974	-1.8291	1.4163
		РНМВ	29700	.62080	.962	-2.3009	1.7069
		NSCD	.33680	.61411	.944	-1.6502	2.3238
	PHMB	ISCD	.09060	.56587	.998	-1.7998	1.9810
		Honey	.29700	.62080	.962	-1.7069	2.3009
		ISCD	12040	.12040	.759	6105	.3697
	NSCD	Honey	12040	.12040	.759	6105	.3697
		РНМВ	2.06180*	.17335	.000	1.5065	2.6171
P5		NSCD	.12040	.12040	.759	3697	.6105
	ISCD	Honey	.00000	.00000		.0000	.0000
	ISCD	РНМВ	2.18220*	.12471	.000	1.6745	2.6899

		NSCD	.12040	.12040	.759	3697	.6105
	Honey	ISCD	.00000	.00000		.0000	.0000
		РНМВ	2.18220*	.12471	.000	1.6745	2.6899
		NSCD	-2.06180*	.17335	.000	-2.6171	-1.5065
	PHMB	ISCD	-2.18220*	.12471	.000	-2.6899	-1.6745
		Honey	-2.18220*	.12471	.000	-2.6899	-1.6745
		ISCD	2.07680*	.06586	.000	1.8087	2.3449
	NSCD	Honey	.67560	.25689	.176	3701	1.7213
		PHMB	1.26600*	.08059	.000	.9379	1.5941
		NSCD	-2.07680*	.06586	.000	-2.3449	-1.8087
	ISCD	Honey	-1.40120*	.26519	.015	-2.4207	3817
0.6500		PHMB	81080*	.10408	.000	-1.1472	4744
St6538		NSCD	67560	.25689	.176	-1.7213	.3701
	Honey	ISCD	1.40120*	.26519	.015	.3817	2.4207
		PHMB	.59040	.26923	.248	4210	1.6018
	РНМВ	NSCD	-1.26600*	.08059	.000	-1.5941	9379
		ISCD	.81080*	.10408	.000	.4744	1.1472
		Honey	59040	.26923	.248	-1.6018	.4210
		ISCD	.15560	.06750	.240	1192	.4304
	NSCD	Honey	.94540*	.09326	.002	.5658	1.3250
		РНМВ	.43640	.27377	.472	6781	1.5509
	ISCD	NSCD	15560	.06750	.240	4304	.1192
		Honey	.78980*	.11512	.001	.4127	1.1669
0.4000		PHMB	.28080	.28197	.760	8073	1.3689
St4300		NSCD	94540*	.09326	.002	-1.3250	5658
	Honey	ISCD	78980*	.11512	.001	-1.1669	4127
		PHMB	50900	.28922	.388	-1.5833	.5653
		NSCD	43640	.27377	.472	-1.5509	.6781
	PHMB	ISCD	28080	.28197	.760	-1.3689	.8073
		Honey	.50900	.28922	.388	5653	1.5833
		ISCD	4.11720*	.55273	.005	1.9230	6.3114
	NSCD	Honey	15920	.09588	.425	5070	.1886
		PHMB	1.01560*	.09224	.001	.6625	1.3687
		NSCD	-4.11720*	.55273	.005	-6.3114	-1.9230
St_7f_C7	ISCD	Honey	-4.27640*	.54665	.005	-6.4925	-2.0603
		РНМВ	-3.10160*	.54602	.016	-5.3202	8830
		NSCD	.15920	.09588	.425	1886	.5070
	Honey	ISCD	4.27640*	.54665	.005	2.0603	6.4925
	Honey	РНМВ	1.17480*	.04267	.000	1.0336	1.3160

		NSCD	-1.01560*	.09224	.001	-1.3687	6625
	PHMB	ISCD	3.10160*	.54602	.016	.8830	5.3202
		Honey	-1.17480*	.04267	.000	-1.3160	-1.0336
		ISCD	.00000	.05770	1.000	1848	.1848
	NSCD	Honey	.00000	.05770	1.000	1848	.1848
		PHMB	.00000	.05770	1.000	1848	.1848
		NSCD	.00000	.05770	1.000	1848	.1848
	ISCD	Honey	.00000	.05770	1.000	1848	.1848
0.40440		PHMB	.00000	.05770	1.000	1848	.1848
St13142		NSCD	.00000	.05770	1.000	1848	.1848
	Honey	ISCD	.00000	.05770	1.000	1848	.1848
		PHMB	.00000	.05770	1.000	1848	.1848
	РНМВ	NSCD	.00000	.05770	1.000	1848	.1848
		ISCD	.00000	.05770	1.000	1848	.1848
		Honey	.00000	.05770	1.000	1848	.1848
		ISCD	.72360	.49490	.505	9221	2.3693
	NSCD	Honey	.48780	.44340	.700	9538	1.9294
		PHMB	1.50240*	.38383	.019	.2732	2.7316
		NSCD	72360	.49490	.505	-2.3693	.9221
	ISCD	Honey	23580	.54341	.971	-1.9868	1.5152
		PHMB	.77880	.49600	.451	8686	2.4262
St9B_F6		NSCD	48780	.44340	.700	-1.9294	.9538
	Honey	ISCD	.23580	.54341	.971	-1.5152	1.9868
		PHMB	1.01460	.44463	.186	4298	2.4590
	DUNCE	NSCD	-1.50240*	.38383	.019	-2.7316	2732
	PHMB NSCD	ISCD	77880	.49600	.451	-2.4262	.8686
		Honey	-1.01460	.44463	.186	-2.4590	.4298

 $\ensuremath{^*}.$ The mean difference is significant at the 0.05 level.

8.3.2 **Collagen wound model comparison**

Descriptives												
		Ν	Mean	Std. Dev	Std.	95% Confidence	Interval for Mean	Min	Max			
	<u>.</u>				Err	Lower Bound	Upper Bound					
	NSCD	5	8.6300	.00000	.00000	8.6300	8.6300	8.63	8.63			
	ISCD	5	8.6300	.00000	.00000	8.6300	8.6300	8.63	8.63			
clone1	Honey	5	2.2156	.18713	.08369	1.9833	2.4479	1.94	2.43			
	РНМВ	5	2.8694	.36170	.16176	2.4203	3.3185	2.22	3.05			
	Total	20	5.5863	3.13738	.70154	4.1179	7.0546	1.94	8.63			
	NSCD	5	8.4670	.00000	.00000	8.4670	8.4670	8.47	8.47			
	ISCD	5	8.4670	.00000	.00000	8.4670	8.4670	8.47	8.47			
clone2	Honey	5	2.0320	.32237	.14417	1.6317	2.4323	1.49	2.32			
	РНМВ	5	2.6350	.29647	.13258	2.2669	3.0031	2.20	2.99			
	Total	20	5.4003	3.16041	.70669	3.9211	6.8794	1.49	8.47			
	NSCD	5	8.9030	.00000	.00000	8.9030	8.9030	8.90	8.90			
	ISCD	5	8.9030	.00000	.00000	8.9030	8.9030	8.90	8.90			
ukhs	Honey	5	2.4891	.18698	.08362	2.2569	2.7212	2.21	2.71			
	РНМВ	5	2.8346	.31209	.13957	2.4471	3.2221	2.60	3.36			
	Total	20	5.7824	3.20846	.71743	4.2808	7.2840	2.21	8.90			
	NSCD	5	8.7025	.00000	.00000	8.7025	8.7025	8.70	8.70			
	ISCD	5	8.7025	.00000	.00000	8.7025	8.7025	8.70	8.70			
Act_Type	Honey	5	4.5008	.08525	.03813	4.3950	4.6067	4.43	4.65			
	РНМВ	5	2.9699	.20385	.09116	2.7168	3.2230	2.75	3.25			
	Total	20	6.2189	2.60988	.58359	4.9975	7.4404	2.75	8.70			
	NSCD	5	6.5900	.13565	.06066	6.4216	6.7584	6.46	6.81			
	ISCD	5	6.1900	.20248	.09055	5.9386	6.4414	5.89	6.43			
A882	Honey	5	4.2420	.22443	.10037	3.9633	4.5207	3.87	4.47			
	РНМВ	5	3.3542	.15893	.07108	3.1569	3.5516	3.23	3.63			
	Total	20	5.0941	1.38601	.30992	4.4454	5.7427	3.23	6.81			
	NSCD	5	8.8172	.00000	.00000	8.8172	8.8172	8.82	8.82			
	ISCD	5	8.8172	.00000	.00000	8.8172	8.8172	8.82	8.82			
A292	Honey	5	6.1889	.24969	.11166	5.8789	6.4990	5.87	6.47			
	РНМВ	5	6.3517	.15893	.07108	6.1544	6.5491	6.23	6.63			
	Total	20	7.5437	1.31487	.29401	6.9284	8.1591	5.87	8.82			
	NSCD	5	8.3180	.00000	.00000	8.3180	8.3180	8.32	8.32			
D - 77	ISCD	5	8.3180	.00000	.00000	8.3180	8.3180	8.32	8.32			
Ps_Type	Honey	5	2.6574	.14049	.06283	2.4830	2.8318	2.48	2.85			
	рнмв	5	8 3180	0000	00000	8 3 1 8 0	8 3180	8 32	8 32			

	Total	20	6.9028	2.51561	.56251	5.7255	8.0802	2.48	8.32
	NSCD	5	6.4490	.12670	.05666	6.2917	6.6063	6.29	6.55
	ISCD	5	5.5046	.20808	.09306	5.2462	5.7630	5.26	5.79
P1	Honey	5	4.8686	.24635	.11017	4.5627	5.1745	4.62	5.23
	PHMB	5	3.6640	.13244	.05923	3.4996	3.8284	3.52	3.78
	Total	20	5.1216	1.05223	.23529	4.6291	5.6140	3.52	6.55
	NSCD	5	6.5230	.13843	.06191	6.3511	6.6949	6.32	6.68
	ISCD	5	4.8846	.32899	.14713	4.4761	5.2931	4.39	5.17
P2	Honey	5	4.6484	.20595	.09210	4.3927	4.9041	4.36	4.90
	PHMB	5	3.5564	.20387	.09117	3.3033	3.8095	3.34	3.84
	Total	20	4.9031	1.10882	.24794	4.3842	5.4220	3.34	6.68
	NSCD	5	6.4492	.16816	.07520	6.2404	6.6580	6.36	6.75
	ISCD	5	4.8048	.15562	.06959	4.6116	4.9980	4.68	5.02
Р3	Honey	5	3.8344	.27864	.12461	3.4884	4.1804	3.52	4.13
	РНМВ	5	4.7966	.28965	.12953	4.4370	5.1562	4.34	5.13
	Total	20	4.9712	.98758	.22083	4.5090	5.4335	3.52	6.75
	NSCD	5	6.7714	.16073	.07188	6.5718	6.9710	6.51	6.91
	ISCD	5	6.2560	.23027	.10298	5.9701	6.5419	5.85	6.40
P4	Honey	5	1.7500	.36216	.16196	1.3003	2.1997	1.51	2.37
	PHMB	5	5.8038	.03410	.01525	5.7615	5.8461	5.77	5.86
	Total	20	5.1453	2.05250	.45895	4.1847	6.1059	1.51	6.91
	NSCD	5	6.3242	.18671	.08350	6.0924	6.5560	6.19	6.63
	ISCD	5	6.4552	.31122	.13918	6.0688	6.8416	6.11	6.71
P5	Honey	5	2.4582	.32410	.14494	2.0558	2.8606	2.21	2.82
	PHMB	5	6.2410	.03417	.01528	6.1986	6.2834	6.21	6.30
	Total	20	5.3697	1.74082	.38926	4.5549	6.1844	2.21	6.71
	NSCD	5	8.6300	.00000	.00000	8.6300	8.6300	8.63	8.63
	ISCD	5	8.6902	.13461	.06020	8.5231	8.8573	8.63	8.93
St6538	Honey	5	5.2700	.24321	.10876	4.9680	5.5720	4.97	5.58
	PHMB	5	3.0858	.14657	.06555	2.9038	3.2678	2.88	3.26
	Total	20	6.4190	2.43636	.54479	5.2787	7.5593	2.88	8.93
	NSCD	5	4.7926	.17496	.07824	4.5754	5.0098	4.60	4.99
	ISCD	5	5.0766	.14231	.06364	4.8999	5.2533	4.93	5.31
St4300	Honey	5	4.8544	.18075	.08084	4.6300	5.0788	4.58	5.09
	PHMB	5	4.0042	.36675	.16402	3.5488	4.4596	3.58	4.46
	Total	20	4.6820	.46778	.10460	4.4630	4.9009	3.58	5.31
	NSCD	5	6.1322	.17982	.08042	5.9089	6.3555	5.92	6.34
St_7f_C7	ISCD	5	6.0104	.10662	.04768	5.8780	6.1428	5.90	6.14
	Honey	5	5.6480	.08818	.03944	5.5385	5.7575	5.57	5.74

	РНМВ	5	4.2356	.08095	.03620	4.1351	4.3361	4.13	4.35
	Total	20	5.5066	.78255	.17498	5.1403	5.8728	4.13	6.34
	NSCD	5	5.5592	.17982	.08042	5.3359	5.7825	5.34	5.77
	ISCD	5	5.6002	.20708	.09261	5.3431	5.8573	5.40	5.93
St13142	Honey	5	4.8542	.26564	.11880	4.5244	5.1840	4.53	5.17
	РНМВ	5	3.5860	.04684	.02095	3.5278	3.6442	3.56	3.67
	Total	20	4.8999	.85408	.19098	4.5002	5.2996	3.56	5.93
	NSCD	5	5.8806	.20964	.09376	5.6203	6.1409	5.66	6.22
	ISCD	5	5.7426	.20808	.09306	5.4842	6.0010	5.50	6.03
St9B_F6	Honey	5	4.8294	.26555	.11876	4.4997	5.1591	4.50	5.15
	РНМВ	5	3.6202	.08728	.03903	3.5118	3.7286	3.54	3.74
	Total	20	5.0182	.94463	.21123	4.5761	5.4603	3.54	6.22

Multiple Comparisons										
Games-How	ell									
Dependent	(I)	(J) VAR00001	Mean Difference	Std. Error	Sig.	95% Confider	nce Interval			
Variable	VAR00001		(I-J)			Lower Bound	Upper Bound			
		ISCD	.00000	.00000		.0000	.0000			
	NSCD	Honey	6.41440*	.08369	.000	6.0737	6.7551			
		РНМВ	5.76060*	.16176	.000	5.1021	6.4191			
		NSCD	.00000	.00000		.0000	.0000			
clone1	ISCD	Honey	6.41440*	.08369	.000	6.0737	6.7551			
		РНМВ	5.76060*	.16176	.000	5.1021	6.4191			
	Honey	NSCD	-6.41440*	.08369	.000	-6.7551	-6.0737			
		ISCD	-6.41440*	.08369	.000	-6.7551	-6.0737			
		РНМВ	65380*	.18212	.043	-1.2843	0233			
	РНМВ	NSCD	-5.76060*	.16176	.000	-6.4191	-5.1021			
		ISCD	-5.76060*	.16176	.000	-6.4191	-5.1021			
		Honey	.65380*	.18212	.043	.0233	1.2843			
		ISCD	.00000	.00000		.0000	.0000			
	NSCD	Honey	6.43500*	.14417	.000	5.8481	7.0219			
		РНМВ	5.83200*	.13258	.000	5.2923	6.3717			
		NSCD	.00000	.00000		.0000	.0000			
clone2	ISCD	Honey	6.43500*	.14417	.000	5.8481	7.0219			
		РНМВ	5.83200*	.13258	.000	5.2923	6.3717			
		NSCD	-6.43500*	.14417	.000	-7.0219	-5.8481			
	Honey	ISCD	-6.43500*	.14417	.000	-7.0219	-5.8481			
	Honey	РНМВ	60300	.19586	.060	-1.2312	.0252			

		NSCD	-5.83200*	.13258	.000	-6.3717	-5.2923
	РНМВ	ISCD	-5.83200*	.13258	.000	-6.3717	-5.2923
		Honey	.60300	.19586	.060	0252	1.2312
		ISCD	.00000	.00000		.0000	.0000
	NSCD	Honey	6.41394*	.08362	.000	6.0735	6.7544
		РНМВ	6.06844*	.13957	.000	5.5003	6.6366
		NSCD	.00000	.00000		.0000	.0000
	ISCD	Honey	6.41394*	.08362	.000	6.0735	6.7544
		РНМВ	6.06844*	.13957	.000	5.5003	6.6366
ukns		NSCD	-6.41394*	.08362	.000	-6.7544	-6.0735
	Honey	ISCD	-6.41394*	.08362	.000	-6.7544	-6.0735
		РНМВ	34550	.16270	.240	8942	.2032
		NSCD	-6.06844*	.13957	.000	-6.6366	-5.5003
	PHMB	ISCD	-6.06844*	.13957	.000	-6.6366	-5.5003
		Honey	.34550	.16270	.240	2032	.8942
		ISCD	.00000	.00000		.0000	.0000
	NSCD	Honey	4.20166*	.03813	.000	4.0465	4.3569
		PHMB	5.73264*	.09116	.000	5.3615	6.1038
		NSCD	.00000	.00000		.0000	.0000
	ISCD	Honey	4.20166*	.03813	.000	4.0465	4.3569
A		РНМВ	5.73264*	.09116	.000	5.3615	6.1038
Act_Type	Honey	NSCD	-4.20166*	.03813	.000	-4.3569	-4.0465
		ISCD	-4.20166*	.03813	.000	-4.3569	-4.0465
		РНМВ	1.53098*	.09881	.000	1.1756	1.8863
		NSCD	-5.73264*	.09116	.000	-6.1038	-5.3615
	PHMB	ISCD	-5.73264*	.09116	.000	-6.1038	-5.3615
		Honey	-1.53098*	.09881	.000	-1.8863	-1.1756
		ISCD	.40000*	.10900	.032	.0390	.7610
	NSCD	Honey	2.34800*	.11728	.000	1.9531	2.7429
		РНМВ	3.23575*	.09344	.000	2.9348	3.5367
		NSCD	40000*	.10900	.032	7610	0390
	ISCD	Honey	1.94800*	.13518	.000	1.5141	2.3819
4000		РНМВ	2.83575*	.11512	.000	2.4623	3.2092
A882		NSCD	-2.34800*	.11728	.000	-2.7429	-1.9531
	Honey	ISCD	-1.94800*	.13518	.000	-2.3819	-1.5141
		РНМВ	.88775*	.12299	.001	.4837	1.2918
		NSCD	-3.23575*	.09344	.000	-3.5367	-2.9348
	РНМВ	ISCD	-2.83575*	.11512	.000	-3.2092	-2.4623
	РНМВ	Honey	88775*	.12299	.001	-1.2918	4837

		ISCD	.00000	.00000		.0000	.0000
	NSCD	Honey	2.62824*	.11166	.000	2.1737	3.0828
		РНМВ	2.46546*	.07108	.000	2.1761	2.7548
		NSCD	.00000	.00000		.0000	.0000
	ISCD	Honey	2.62824*	.11166	.000	2.1737	3.0828
4000		РНМВ	2.46546*	.07108	.000	2.1761	2.7548
A292		NSCD	-2.62824*	.11166	.000	-3.0828	-2.1737
	Honey	ISCD	-2.62824*	.11166	.000	-3.0828	-2.1737
		PHMB	16278	.13237	.630	6047	.2791
		NSCD	-2.46546*	.07108	.000	-2.7548	-2.1761
	PHMB	ISCD	-2.46546*	.07108	.000	-2.7548	-2.1761
		Honey	.16278	.13237	.630	2791	.6047
		ISCD	.00000	.00000	•	.0000	.0000
	NSCD	Honey	5.66060*	.06283	.000	5.4048	5.9164
		РНМВ	.00000	.00000		.0000	.0000
	ISCD	NSCD	.00000	.00000		.0000	.0000
		Honey	5.66060*	.06283	.000	5.4048	5.9164
		РНМВ	.00000	.00000		.0000	.0000
Ps_Type		NSCD	-5.66060*	.06283	.000	-5.9164	-5.4048
	Honey	ISCD	-5.66060*	.06283	.000	-5.9164	-5.4048
		РНМВ	-5.66060*	.06283	.000	-5.9164	-5.4048
	РНМВ	NSCD	.00000	.00000		.0000	.0000
		ISCD	.00000	.00000	•	.0000	.0000
		Honey	5.66060*	.06283	.000	5.4048	5.9164
	NSCD	ISCD	.94440*	.10895	.000	.5780	1.3108
		Honey	1.58040*	.12389	.000	1.1510	2.0098
		PHMB	2.78500*	.08197	.000	2.5224	3.0476
		NSCD	94440*	.10895	.000	-1.3108	5780
	ISCD	Honey	.63600*	.14421	.010	.1712	1.1008
		РНМВ	1.84060*	.11031	.000	1.4723	2.2089
P1		NSCD	-1.58040*	.12389	.000	-2.0098	-1.1510
	Honey	ISCD	63600*	.14421	.010	-1.1008	1712
		РНМВ	1.20460*	.12508	.000	.7746	1.6346
		NSCD	-2.78500*	.08197	.000	-3.0476	-2.5224
	PHMB	ISCD	-1.84060*	.11031	.000	-2.2089	-1.4723
		Honey	-1.20460*	.12508	.000	-1.6346	7746
		ISCD	1.63840*	.15962	.000	1.0650	2.2118
P2	NSCD	Honey	1.87460*	.11097	.000	1.5073	2.2419
_		РНМВ	2.96660*	.11020	.000	2.6024	3.3308

	-	NSCD	-1.63840*	.15962	.000	-2.2118	-1.0650
	ISCD	Honey	.23620	.17358	.559	3449	.8173
		РНМВ	1.32820*	.17309	.001	.7478	1.9086
		NSCD	-1.87460*	.11097	.000	-2.2419	-1.5073
	Honey	ISCD	23620	.17358	.559	8173	.3449
		PHMB	1.09200*	.12960	.000	.6770	1.5070
		NSCD	-2.96660*	.11020	.000	-3.3308	-2.6024
	РНМВ	ISCD	-1.32820*	.17309	.001	-1.9086	7478
		Honey	-1.09200*	.12960	.000	-1.5070	6770
		ISCD	1.64440*	.10246	.000	1.3158	1.9730
	NSCD	Honey	2.61480*	.14554	.000	2.1246	3.1050
		PHMB	1.65260*	.14978	.000	1.1447	2.1605
		NSCD	-1.64440*	.10246	.000	-1.9730	-1.3158
	ISCD	Honey	.97040*	.14273	.002	.4831	1.4577
20		РНМВ	.00820	.14705	1.000	4974	-2.2118-1.06503449.817374781.9086-2.2419-1.50738173.344967701.5070-3.3308-2.6024-1.90867478-1.507067701.31581.97302.12463.10501.14472.1605-1.9730-1.3158.48311.45774974.5138-3.1050-2.1246-1.45774831-1.53803864-2.1605-1.1447.5138.4974.38641.5380.1020.92884.39075.6521.68041.2548.928810203.86525.1468.0372.8672-5.1468-3.8652-4.7103-3.3973-1.25486804.867203723.39734.7103-2518.41623.29804.4340-2518.4182.4162.67823.35334.6407
P3	Honey	NSCD	-2.61480*	.14554	.000	-3.1050	-2.1246
		ISCD	97040*	.14273	.002	-1.4577	4831
		РНМВ	96220*	.17974	.003	-1.5380	3864
		NSCD	-1.65260*	.14978	.000	-2.1605	-1.1447
	РНМВ	ISCD	00820	.14705	1.000	5138	.4974
		Honey	.96220*	.17974	.003	.3864	1.5380
	NSCD	ISCD	.51540*	.12558	.018	.1020	.9288
		Honey	5.02140*	.17720	.000	4.3907	5.6521
		РНМВ	.96760*	.07348	.000	.6804	1.2548
	ISCD	NSCD	51540*	.12558	.018	9288	1020
		Honey	4.50600*	.19193	.000	3.8652	5.1468
D4		РНМВ	.45220*	.10410	.038	.0372	.8672
P4		NSCD	-5.02140*	.17720	.000	-5.6521	-4.3907
	Honey	ISCD	-4.50600*	.19193	.000	-5.1468	-3.8652
		PHMB	-4.05380*	.16268	.000	-4.7103	-3.3973
		NSCD	96760*	.07348	.000	-1.2548	6804
	PHMB	ISCD	45220*	.10410	.038	8672	0372
		Honey	4.05380*	.16268	.000	3.3973	4.7103
		ISCD	13100	.16231	.849	6782	.4162
	NSCD	Honey	3.86600*	.16727	.000	3.2980	4.4340
		РНМВ	.08320	.08488	.768	2518	.4182
P5		NSCD	.13100	.16231	.849	4162	.6782
	ISCD	Honey	3.99700*	.20095	.000	3.3533	4.6407
		РНМВ	.21420	.14002	.498	3492	.7776

		NSCD	-3.86600*	.16727	.000	-4.4340	-3.2980
	Honey	ISCD	-3.99700*	.20095	.000	-4.6407	-3.3533
		РНМВ	-3.78280*	.14574	.000	-4.3697	-3.1959
		NSCD	08320	.08488	.768	4182	.2518
	PHMB	ISCD	21420	.14002	.498	7776	.3492
		Honey	3.78280*	.14574	.000	3.1959	4.3697
		ISCD	06020	.06020	.759	3053	.1849
	NSCD	Honey	3.36000*	.10876	.000	2.9172	3.8028
		РНМВ	5.54420*	.06555	.000	5.2774	5.8110
		NSCD	.06020	.06020	.759	1849	.3053
	ISCD	Honey	3.42020*	.12431	.000	2.9951	3.8453
0.6500		РНМВ	5.60440*	.08900	.000	5.3189	5.8899
St6538		NSCD	-3.36000*	.10876	.000	-3.8028	-2.9172
	Honey	ISCD	-3.42020*	.12431	.000	-3.8453	-2.9951
		РНМВ	2.18420^{*}	.12699	.000	1.7564	4.4340 -3.2980 4.6407 -3.3533 4.3697 -3.1959 4182 .2518 .7776 .3492 3.1959 4.3697 3053 .1849 2.9172 3.8028 5.2774 5.8110 1849 .3053 2.9951 3.8453 5.3189 5.8899 3.8028 -2.9172 3.8453 -2.9951 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9172 3.8453 -2.9286 .14269 .4222 .5559 .1115 <
	РНМВ	NSCD	-5.54420*	.06555	.000	-5.8110	-5.2774
		ISCD	-5.60440*	.08900	.000	-5.8899	-5.3189
		Honey	-2.18420*	.12699	.000	-2.6120	-1.7564
		ISCD	28400	.10086	.089	6101	.0421
	NSCD	Honey	06180	.11250	.944	4222	.2986
		РНМВ	.78840*	.18172	.021	.1499	1.4269
	ISCD	NSCD	.28400	.10086	.089	0421	.6101
		Honey	.22220	.10288	.218	1115	.5559
6:4200		РНМВ	1.07240*	.17593	.006	.4318	1.7130
St4300	Honey	NSCD	.06180	.11250	.944	2986	.4222
		ISCD	22220	.10288	.218	5559	.1115
		РНМВ	.85020*	.18286	.015	.2115	1.4889
		NSCD	78840*	.18172	.021	-1.4269	1499
	PHMB	ISCD	-1.07240*	.17593	.006	-1.7130	4318
		Honey	85020*	.18286	.015	-1.4889	2115
		ISCD	.12180	.09349	.591	1941	.4377
	NSCD	Honey	.48420*	.08957	.007	.1711	.7973
		РНМВ	1.89660*	.08819	.000	1.5835	2.2097
		NSCD	12180	.09349	.591	4377	.1941
St_7f_C7	ISCD	Honey	.36240*	.06188	.002	.1626	.5622
		PHMB	1.77480^{*}	.05987	.000	1.5799	1.9697
		NSCD	48420*	.08957	.007	7973	1711
	Honey	ISCD	36240*	.06188	.002	5622	1626
		РНМВ	1.41240*	.05353	.000	1.2407	1.5841

		NSCD	-1.89660*	.08819	.000	-2.2097	-1.5835
	PHMB	ISCD	-1.77480*	.05987	.000	-1.9697	-1.5799
		Honey	-1.41240*	.05353	.000	-1.5841	-1.2407
		ISCD	04100	.12265	.986	4356	.3536
	NSCD	Honey	.70500*	.14346	.007	.2307	1.1793
		PHMB	1.97320*	.08310	.000	1.6542	2.2922
		NSCD	.04100	.12265	.986	3536	.4356
	ISCD	Honey	.74600*	.15063	.006	.2569	1.2351
0:40440		PHMB	2.01420*	.09495	.000	1.6450	2.3834
St13142		NSCD	70500*	.14346	.007	-1.1793	2307
	Honey	ISCD	74600*	.15063	.006	-1.2351	2097 -1.5835 9697 -1.5799 5841 -1.2407 4356 .3536 2307 1.1793 6542 2.2922 3536 .4356 2569 1.2351 6450 2.3834 1793 2307 2351 2569 7912 1.7452 2922 -1.6542 3834 -1.6450 7452 7912 2850 .5610 5606 1.5418 8949 2.6259 5610 .2850 4236 1.4028 7597 2.4851 .5418 5606 4028 4236 7425 1.6759 .6259 -1.8949 .4851 -1.7597 .6259 -1.8949
		PHMB	1.26820*	.12063	.001	.7912	1.7452
	РНМВ	NSCD	-1.97320*	.08310	.000	-2.2922	-1.6542
		ISCD	-2.01420*	.09495	.000	-2.3834	-1.6450
		Honey	-1.26820*	.12063	.001	-1.7452	7912
	NSCD	ISCD	.13800	.13210	.730	2850	.5610
		Honey	1.05120*	.15130	.001	.5606	1.5418
		PHMB	2.26040*	.10156	.000	1.8949	2.6259
		NSCD	13800	.13210	.730	5610	.2850
	ISCD	Honey	.91320*	.15087	.002	.4236	1.4028
		РНМВ	2.12240*	.10091	.000	1.7597	2.4851
St9B_F6		NSCD	-1.05120*	.15130	.001	-1.5418	5606
	Honey	ISCD	91320*	.15087	.002	-1.4028	4236
		РНМВ	1.20920*	.12501	.001	.7425	1.6759
		NSCD	-2.26040*	.10156	.000	-2.6259	-1.8949
	РНМВ	ISCD	-2.12240*	.10091	.000	-2.4851	-1.7597
		Honey	-1.20920*	.12501	.001	-1.6759	7425
*. The mean	difference is si	gnificant at the 0.0	5 level.				

*. The mean difference is significant at the 0.05 level.

Multiple Comparisons									
Games-Howell									
			Mean			95% Confidence Interval			
Acinetobactersp	(I) VAR00001	(J) VAR00001	Difference (I-	Std. Error	Sig.	Lower	Upper		
			J)			Bound	Bound		
	NSCD-P	NSCD-C	.91200	.00000		.9120	.9120		
Clone 1	ISCD-P	ISCD-C	-1.39000*	.05500	.000	-1.6757	-1.1043		
cione 1	Honey-P	Honey-C	6.63940*	.08369	.000	6.2047	7.0741		
	PHMB-P	PHMB-C	1.05760*	.16469	.020	.2336	1.8816		
	NSCD-P	NSCD-C	1.01200	.00000		1.0120	1.0120		
	ISCD-P	ISCD-C	-1.95040*	.21746	.007	-3.0801	8207		
Clone 2	Honey-P	Honey-C	7.40100*	.14417	.000	6.6521	8.1499		
	PHMB-P	РНМВ-С	1.94040*	.28526	.006	.7091	3.1717		
	NSCD-P	NSCD-C	.39300	.00000		.3930	.3930		
	ISCD-P	ISCD-C	-2.72280*	.15547	.001	-3.5304	-1.9152		
UK-HS	Honey-P	Honey-C	6.15994*	.08362	.000	5.7255	6.5943		
	PHMB-P	PHMB-C	1.27324*	.21358	.005	.4233	2.1232		
	NSCD-P	NSCD-C	1.19850	.00000		1.1985	1.1985		
-	ISCD-P	ISCD-C	-1.94590*	.16678	.003	-2.8123	-1.0795		
Туре	Honey-P	Honey-C	4.22316*	.03813	.000	4.0251	4.4212		
	PHMB-P	PHMB-C	1.45594*	.10788	.000	1.0075	1.9044		
	NSCD-P	NSCD-C	.63800	.31511	.550	9357	2.2117		
	ISCD-P	ISCD-C	21000	.11987	.662	6869	.2669		
882	Honey-P	Honey-C	-1.44000*	.11882	.000	-1.9338	9462		
	PHMB-P	РНМВ-С	62425*	.11564	.010	-1.0892	1593		
	NSCD-P	NSCD-C	27717	.00000		2772	2772		
	ISCD-P	ISCD-C	27717	.00000		2772	2772		
292	Honey-P	Honey-C	26693	.13245	.531	8167	.2828		
	PHMB-P	PHMB-C	-1.43771*	.13765	.000	-2.0153	8601		
* The mean difference is significant at the 0.05 level									

Comparison between wound models (planktonic vs collagen) 8.3.3

*. The mean difference is significant at the 0.05 level.

Multiple Comparisons									
Games-Howell									
						95% Confide	nce Interval		
Pseudomonas sp	(I) VAR00001	(J) VAR00001	Mean Difference (I-J)	Std. Err	Sig.	Lower	Upper		
						Bound	Bound		
	NSCD-P	NSCD-C	.06300	.00000		.0630	.0630		
D 0 m	ISCD-P	ISCD-C	-3.05920*	.08457	.000	-3.4985	-2.6199		
PS Type	Honey-P	Honey-C	2.62480^{*}	.15131	.000	1.9525	3.2971		
	PHMB-P	PHMB-C	-5.00940*	.19704	.000	-6.0330	-3.9858		
	NSCD-P	NSCD-C	1.47780^{*}	.06982	.000	1.1939	1.7617		
	ISCD-P	ISCD-C	2.42220*	.10161	.000	1.9671	2.8773		
Ps Type 1	Honey-P	Honey-C	3.22140^{*}	.11017	.000	2.6491	3.7937		
	PHMB-P	PHMB-C	5.39200*	.26518	.000	4.0846	6.6994		
	NSCD-P	NSCD-C	1.34280^{*}	.08635	.000	1.0010	1.6846		
	ISCD-P	ISCD-C	2.76620*	.24178	.000	1.7920	3.7404		
Ps Type 2	Honey-P	Honey-C	3.02140*	.19576	.000	2.1791	3.8637		
	PHMB-P	PHMB-C	2.81180*	.48193	.029	.4018	5.2218		
	NSCD-P	NSCD-C	1.08340*	.12148	.000	.5956	1.5712		
	ISCD-P	ISCD-C	1.95180*	.33918	.029	.2665	3.6371		
Ps Type 3	Honey-P	Honey-C	3.79360*	.12461	.000	3.1463	4.4409		
	PHMB-P	PHMB-C	1.43120	.47568	.231	8600	3.7224		
	NSCD-P	NSCD-C	.01540	.39227	1.000	-1.9507	1.9815		
	ISCD-P	ISCD-C	.77700	.31998	.383	7240	2.2780		
Ps Type 4	Honey-P	Honey-C	5.07660*	.42802	.001	3.1331	7.0201		
	PHMB-P	PHMB-C	1.31980	.47818	.308	-1.1615	3.8011		
	NSCD-P	NSCD-C	1.85740*	.14652	.000	1.2581	2.4567		
	ISCD-P	ISCD-C	1.84680^{*}	.13918	.002	1.1238	2.5698		
Ps Type 5	Honey-P	Honey-C	5.84380*	.14494	.000	5.0909	6.5967		
	PHMB-P	PHMB-C	12120	.12565	.959	7635	.5211		
*. The mean difference is significant at the 0.05 level.									

Multiple Comparisons										
Games-Howell										
S. aureus	(I) VAR00001	(J) VAR00001	Mean Difference (I-J)	Std. Error	Sig.	95% Con Inte Lower	nfidence rval Upper			
	NCCD D					Bound	Bound			
	NSCD-P	NSCD-C	-1.60900	.00000	•	-1.6090	-1.6090			
6538	ISCD-P	ISCD-C	-3.74600*	.08923	.000	-4.0999	-3.3921			
0330	Honey-P	Honey-C	1.07540	.27896	.092	1827	2.3335			
	PHMB-P	PNMB-C	2.66920*	.10388	.000	2.2535	3.0849			
	NSCD-P	NSCD-C	2.60340*	.07824	.000	2.1969	3.0099			
42200	ISCD-P	ISCD-C	2.16380*	.09277	.000	1.7964	2.5312			
43300	Honey-P	Honey-C	1.59620*	.12342	.000	1.1052	2.0872			
	PHMB-P	PNMB-C	2.95540*	.31914	.001	1.6146	4.2962			
	NSCD-P	NSCD-C	.51220*	.12003	.034	.0359	.9885			
075/07	ISCD-P	ISCD-C	-3.48320*	.54758	.024	-6.3042	6622			
8/F/C/	Honey-P	Honey-C	1.15560*	.05299	.000	.9452	1.3660			
	PHMB-P	PNMB-C	1.39320*	.04334	.000	1.2143	1.5721			
	NSCD-P	NSCD-C	1.38460*	.09018	.000	.9926	1.7766			
10140	ISCD-P	ISCD-C	1.34360*	.10120	.000	.8908	1.7964			
13142	Honey-P	Honey-C	2.08960*	.12561	.000	1.5014	2.6778			
	PHMB-P	PNMB-C	3.35780*	.04586	.000	3.1589	3.5567			
	NSCD-P	NSCD-C	.94900	.28619	.167	3892	2.2872			
0D /E6	ISCD-P	ISCD-C	.36340	.42482	.978	-1.7351	2.4619			
98/10	Honey-P	Honey-C	1.51240	.37093	.084	2292	3.2540			
	PHMB-P	PNMB-C	1.70700*	.27519	.025	.3082	3.1058			
*. The mean difference is significant at the 0.05 level.										