



Biofilm communities, antimicrobials and antimicrobial resistance



Kim.Hardie@nottingham.ac.uk
@kim_hardie



AMHT
Advanced Materials &
Healthcare Technologies



National Biofilms
Innovation Centre



EMPIR  

The EMPIR initiative is co-funded by the European Union's Horizon 2020 research and innovation programme and the EMPIR Participating States



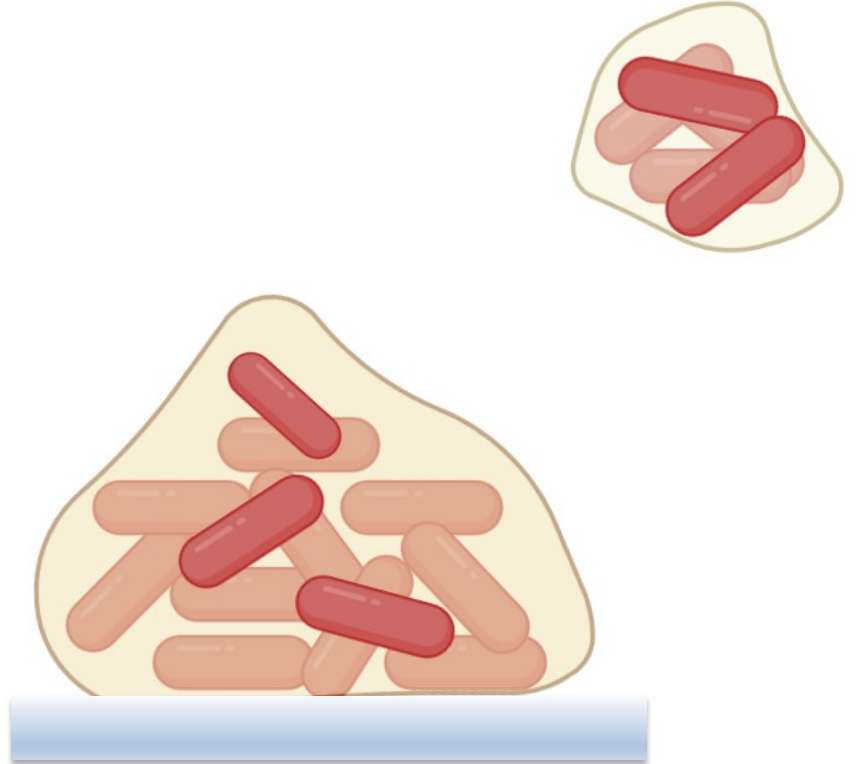
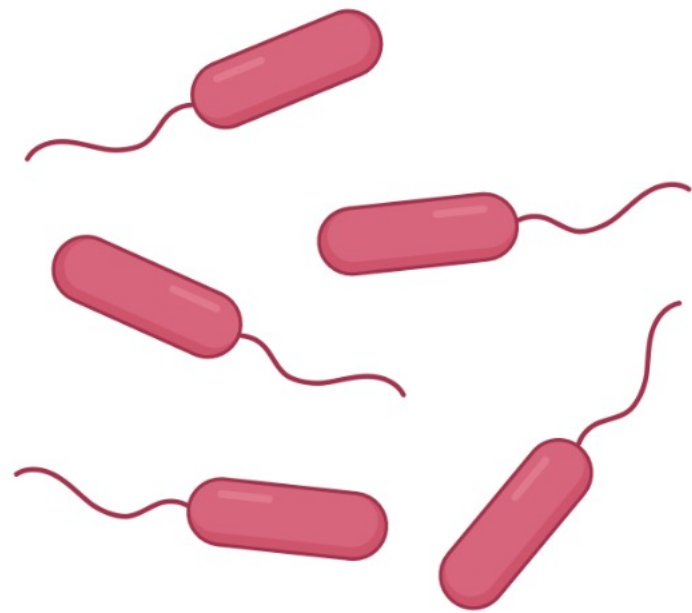
The University of
Nottingham

UNITED KINGDOM • CHINA • MALAYSIA

Bacteria switch between two lifestyles

Solitary

Community

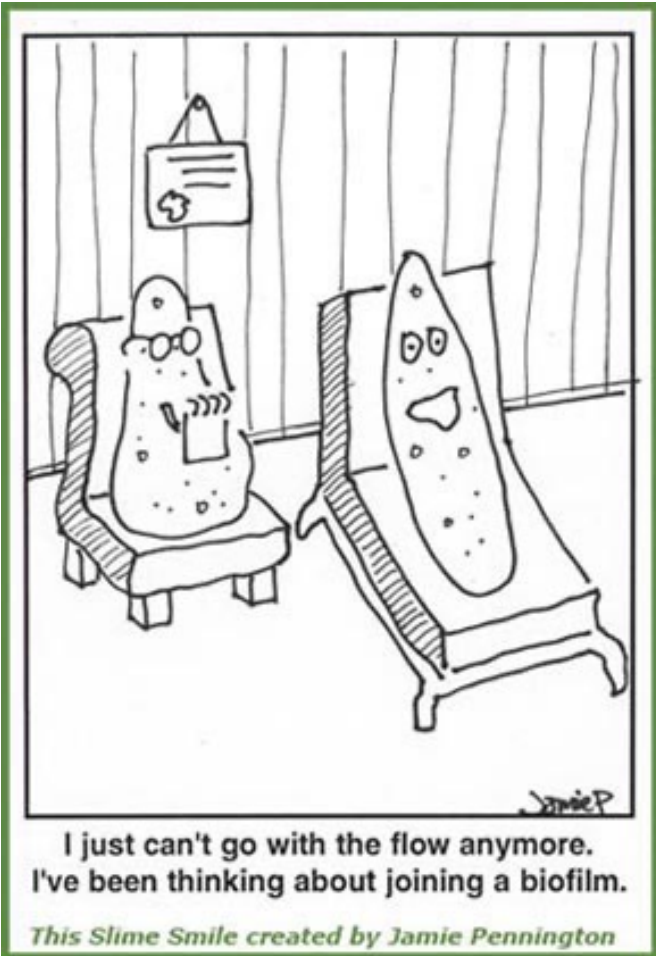


Planktonic

Biofilm

More bacteria are found in biofilm communities than as free-living cells

03



Shared resources

Interactions

Defense

Shared expertise

Easier communication

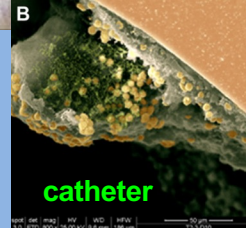


Better survival

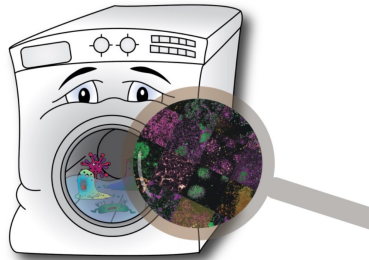
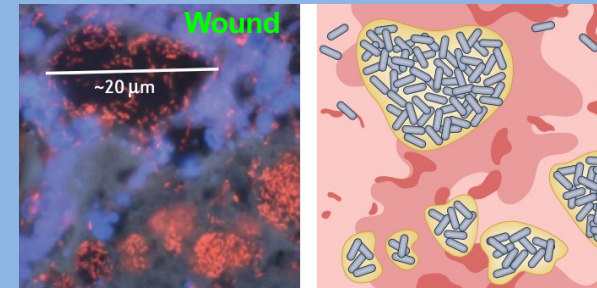
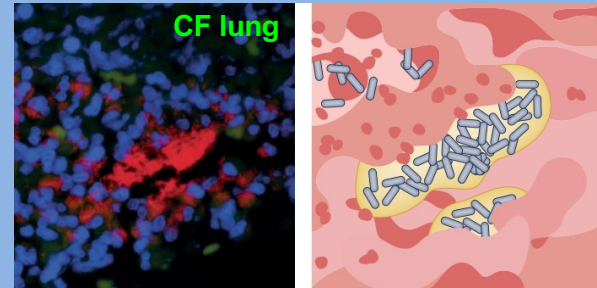
Biofilms are widespread

Biofilms: complex coordinated communities

on surfaces



Suspended aggregates



Human infections where biofilms are a particular problem

Cystic Fibrosis
(>70k people)



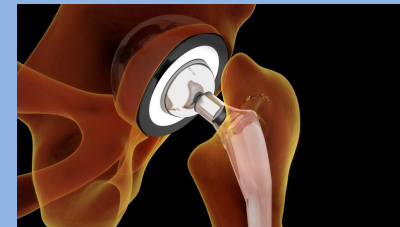
\$7.5bn, global

78% of Chronic wounds



\$281bn, global, 2017

Implants



\$7.8bn, global

Indwelling devices



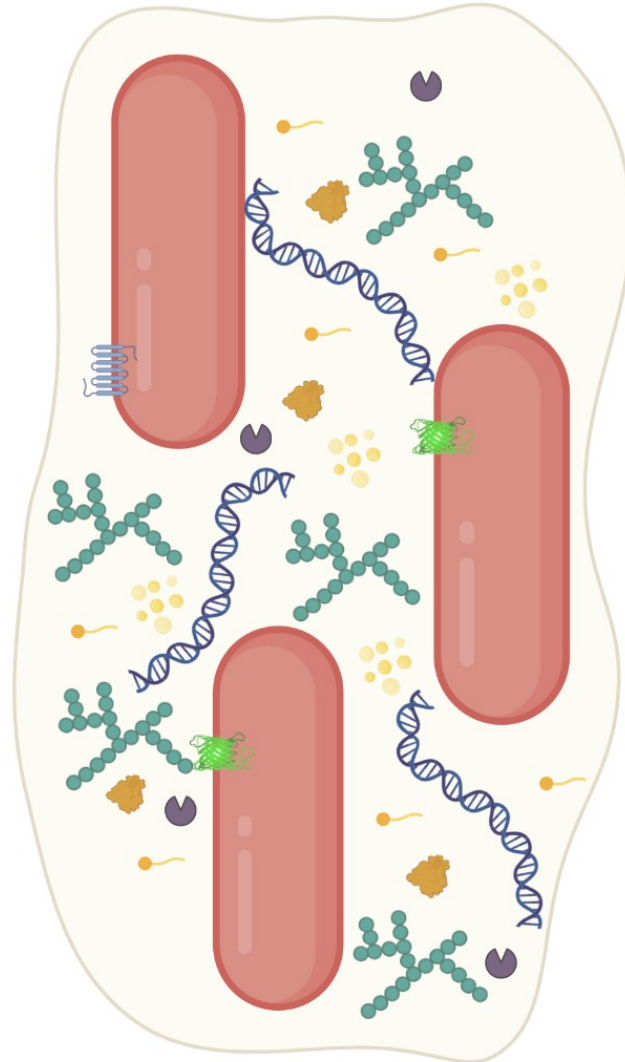
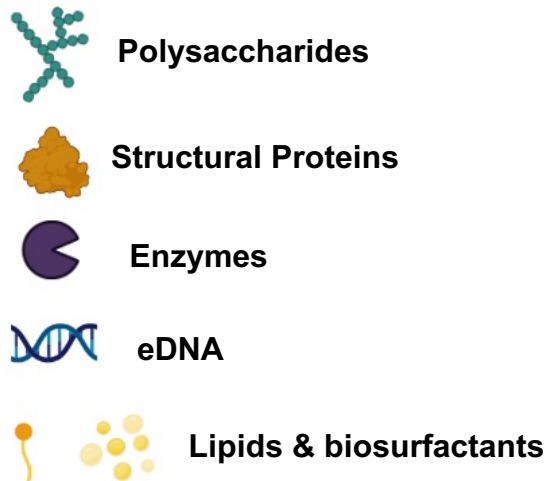
\$1bn, global

Add on non-healthcare:

\$3967bn, global

Composition of biofilms

06



Polysaccharides

- Structural cohesion
- Nutrient source
- Water retention
- Protective barrier
- Absorption of organic compounds and inorganic ions

Structural Proteins

- Structural cohesion
- Nutrient source
- Protective barrier
- Absorption of organic compounds and inorganic ions
- Electron donor/acceptor

Enzymes

- Catalytic conversions
- Nutrient source

eDNA

- Structural cohesion
- Nutrient source
- Exchange of genetic information

Lipids & biosurfactants

- Nutrient source

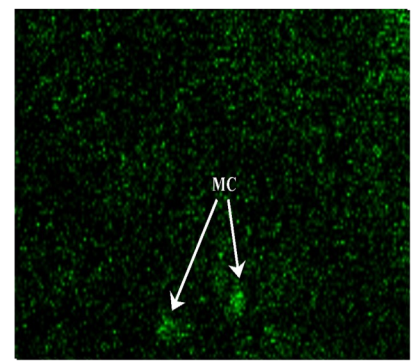
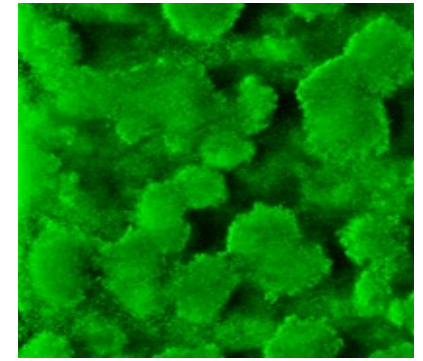
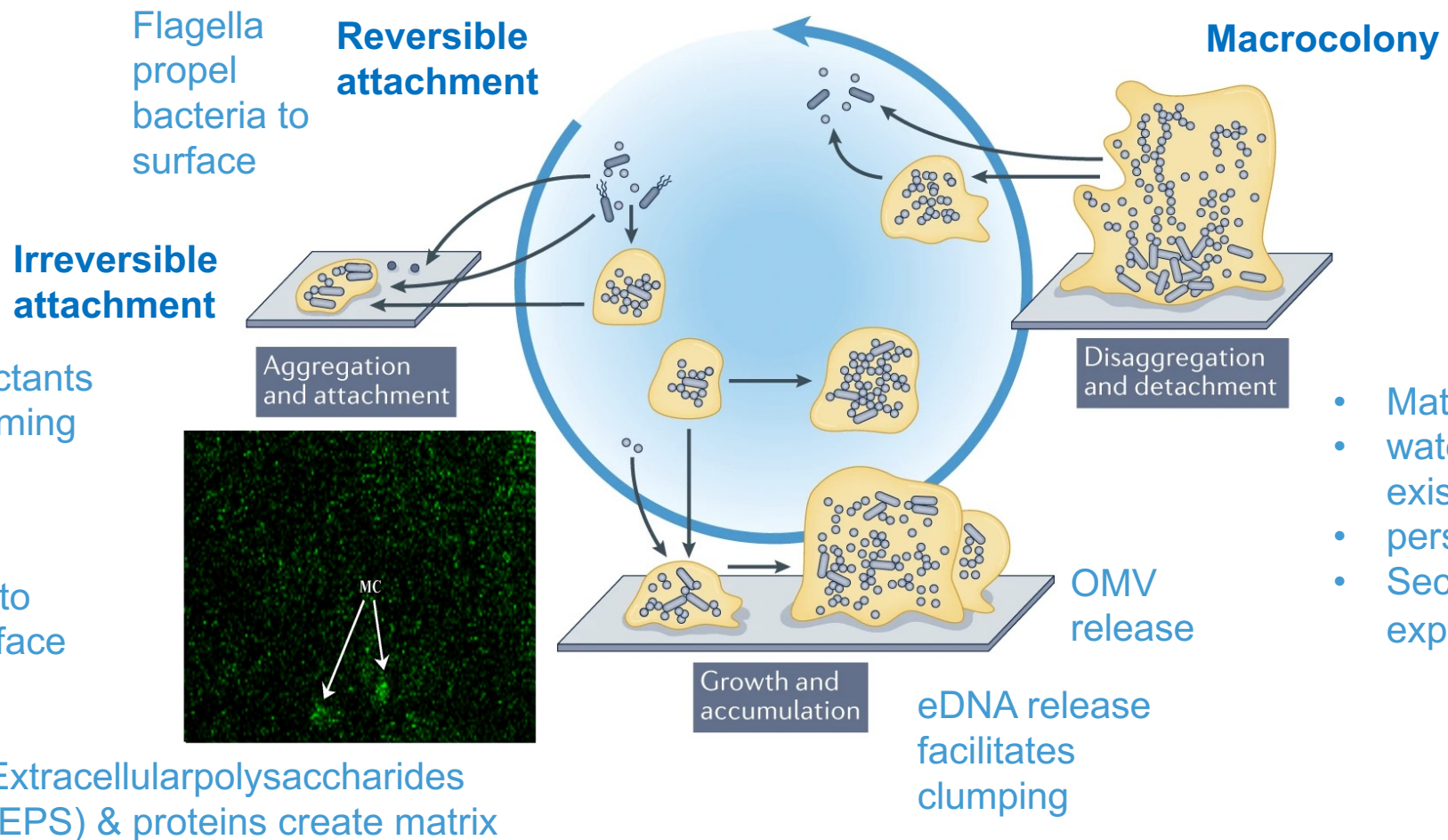
Pseudomonas aeruginosa is a well studied biofilm former

07



- Gram negative bacterium
- Opportunistic pathogen: Cystic Fibrosis, wounds, eyes
- Acute and chronic infections
- Ubiquitous: many reservoirs of infection
- Intrinsically resistant to many antibiotics
- Numerous virulence factors with complex regulatory controls

The complex biofilm structure is formed in co-ordinated way



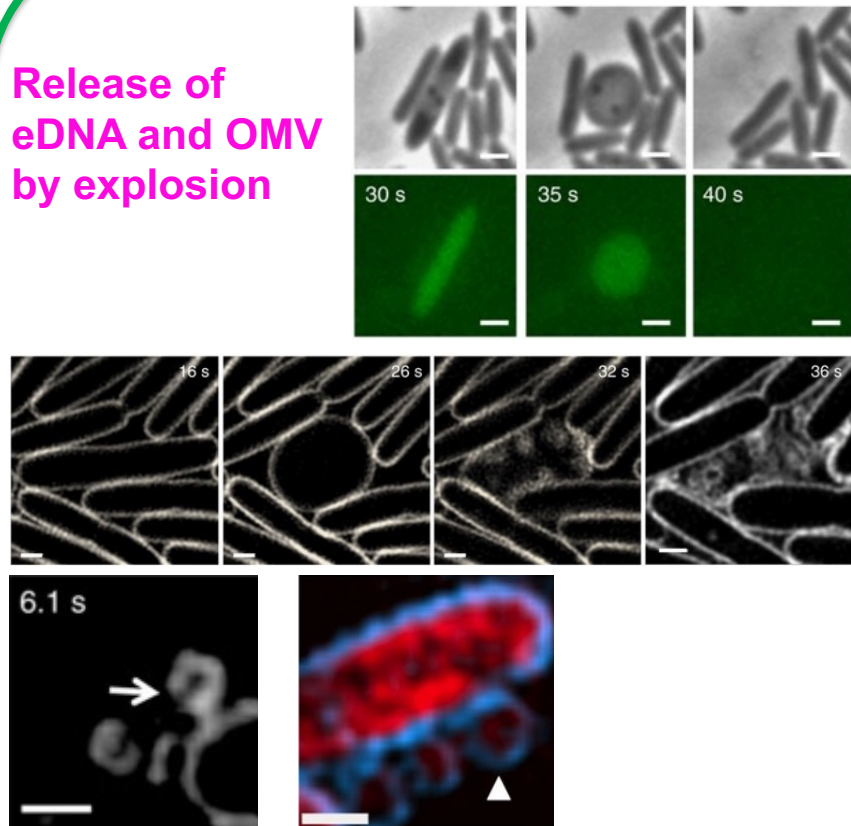
- Matrix composition alters, water channels/anoxic pockets exist
- persister cells emerge
- Secretion machinery & flagellum expression changes

P. aeruginosa

Example mechanisms underlying biofilm formation

09

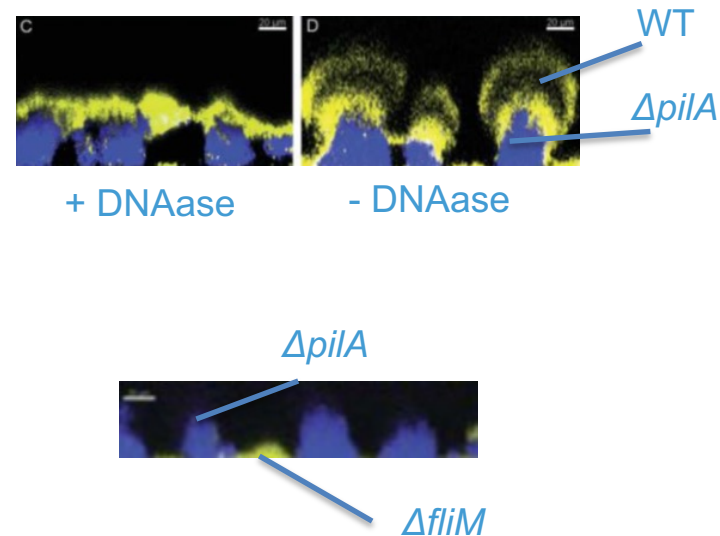
Release of eDNA and OMV by explosion



Turnbull *et al* Nat Commun 2016 14;7:11220
(Cynthia Whitchurch)

Structured assembly

Type IV pili, flagellum-mediated motility and quorum sensing-controlled DNA release are involved in the formation of mature *P. aeruginosa* multicellular structures

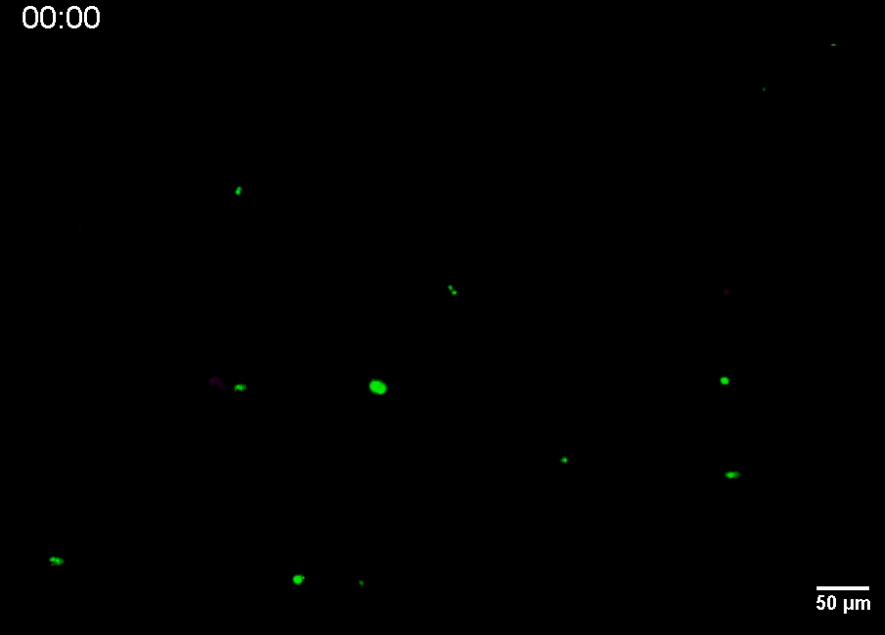
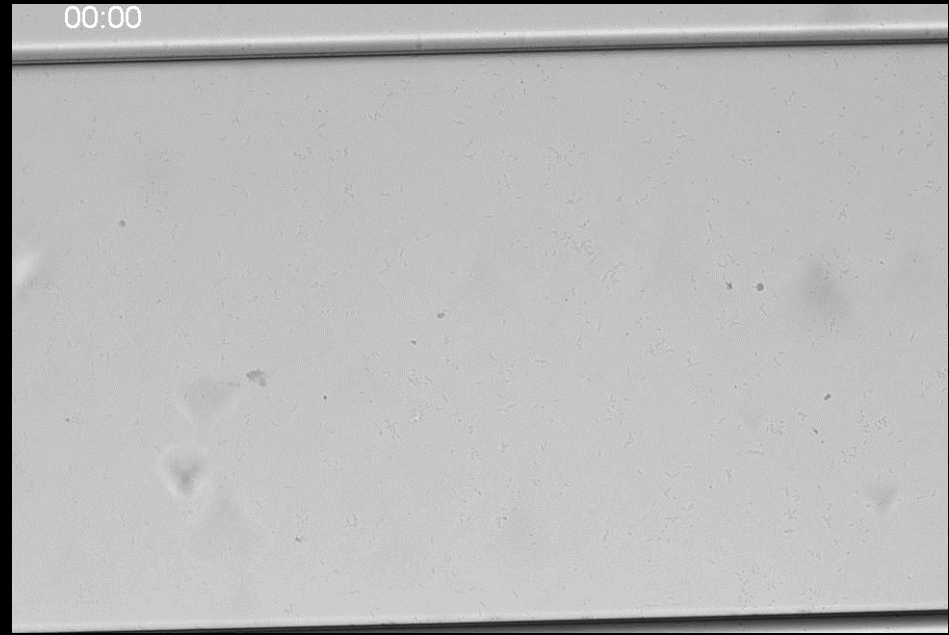
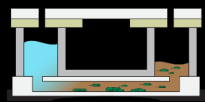


Barken *et al* Environ Micro 2008 10:2331
(Tim Tolker-Nielsen)

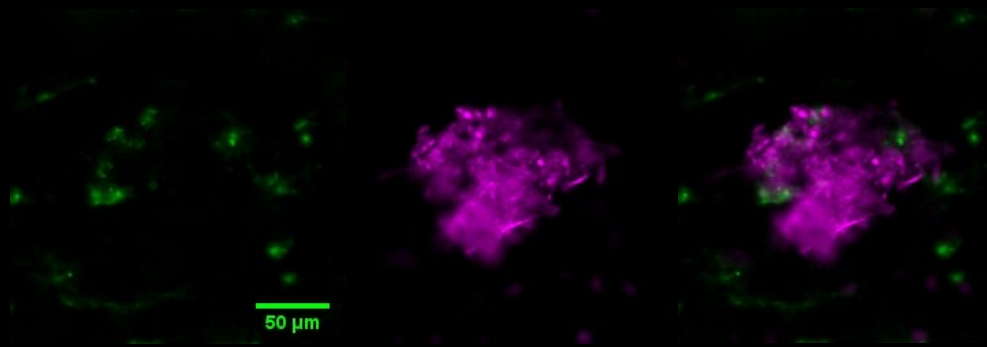
- **Polysaccharide release**
- **Stress responses**
- **Metabolic changes**
- **Co-ordinated communication**

P. aeruginosa

The polysaccharides and eDNA in the biofilm matrix are structured

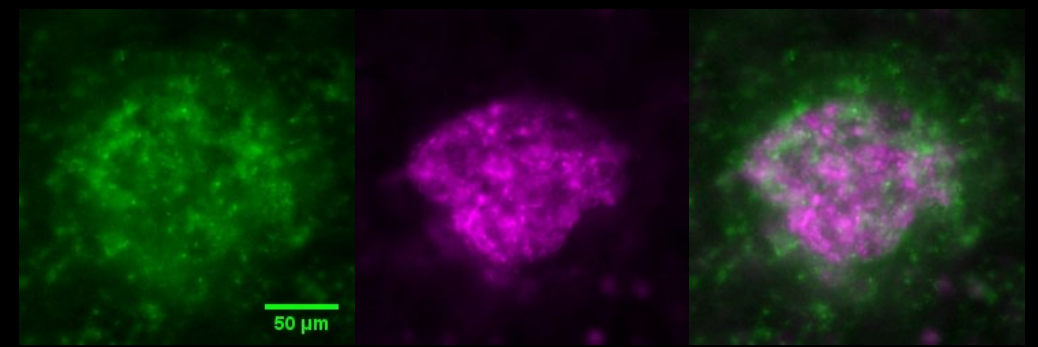


Overlay
YOYO-1 (eDNA)
ConA-TritC (EPS)



YOYO-1 (eDNA)

ConA (EPS)

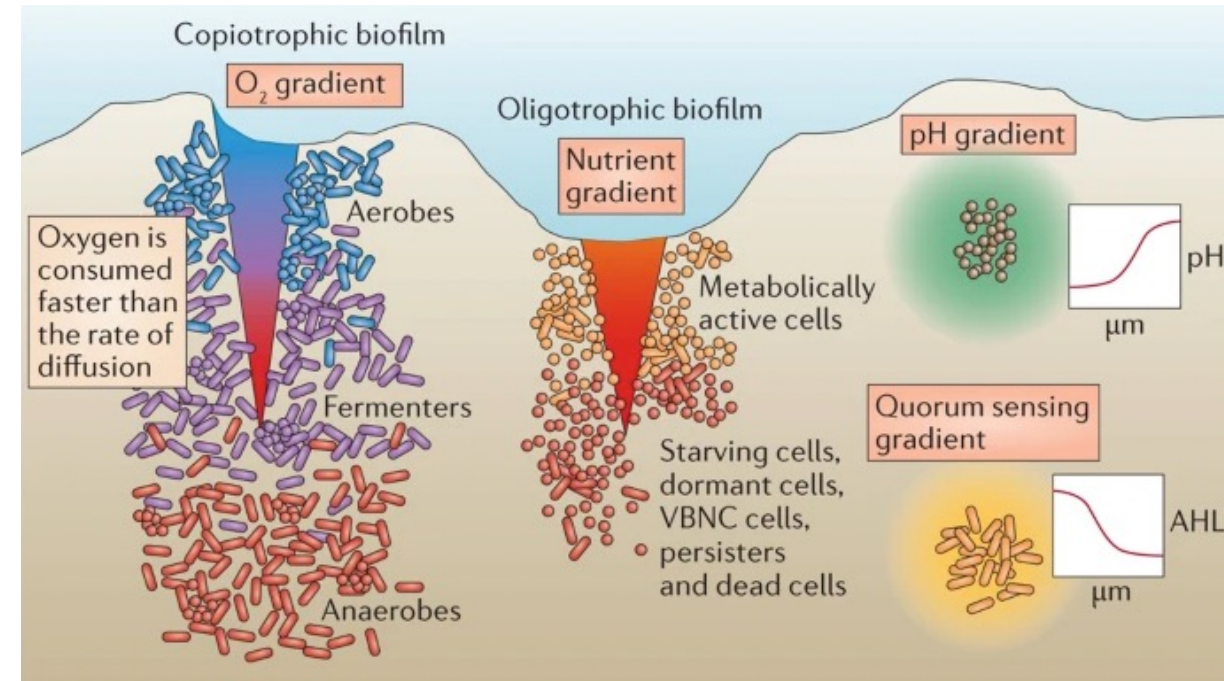
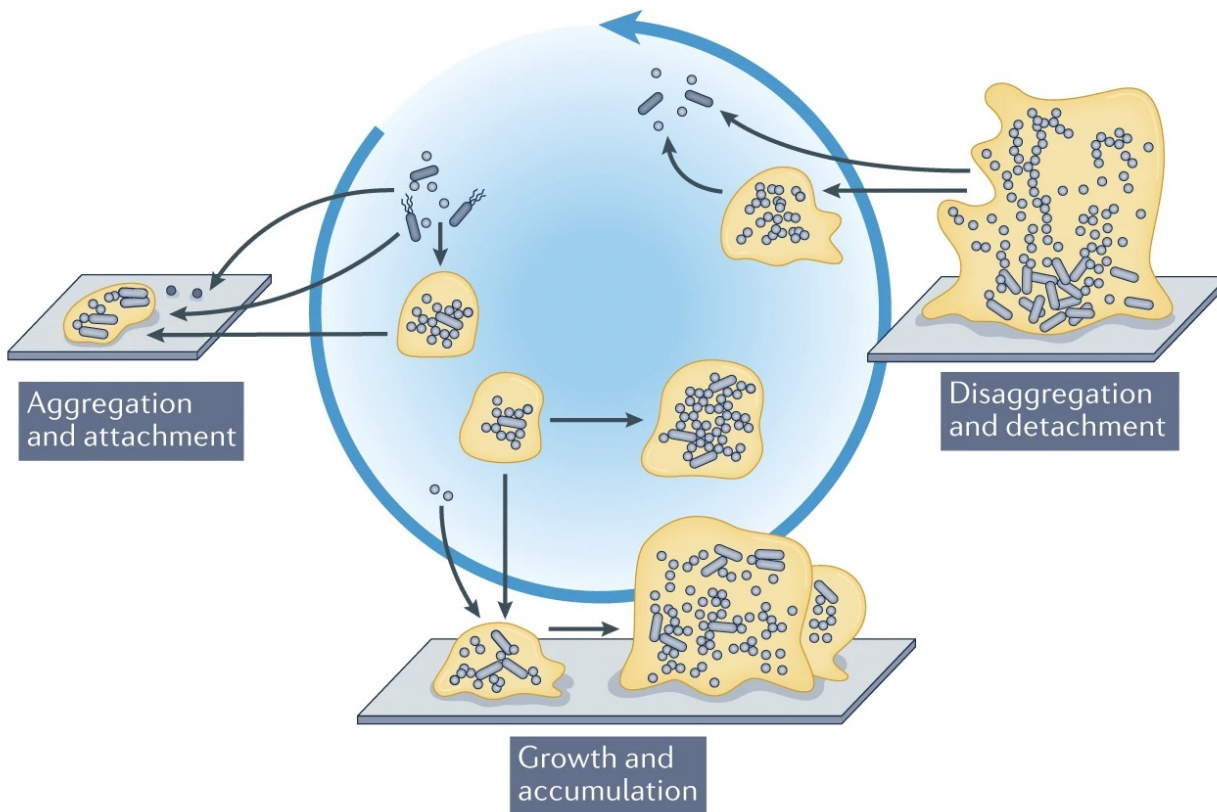


YOYO-1 (eDNA)

ConA (EPS)

Biofilm formation and microniches are inconsistent and dynamic

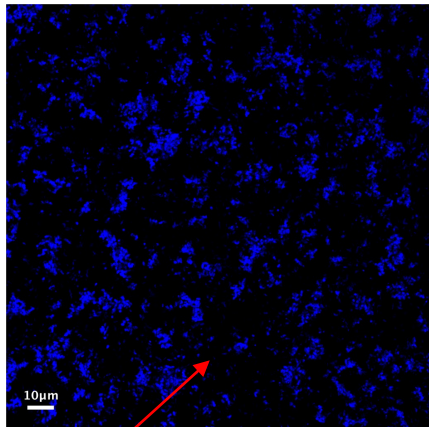
11



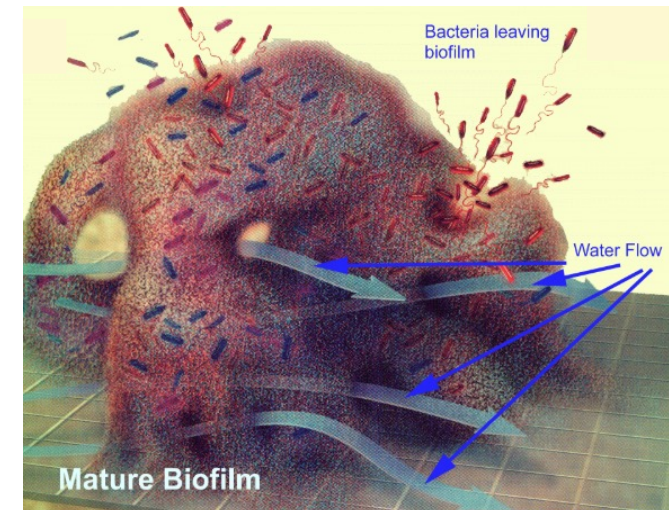
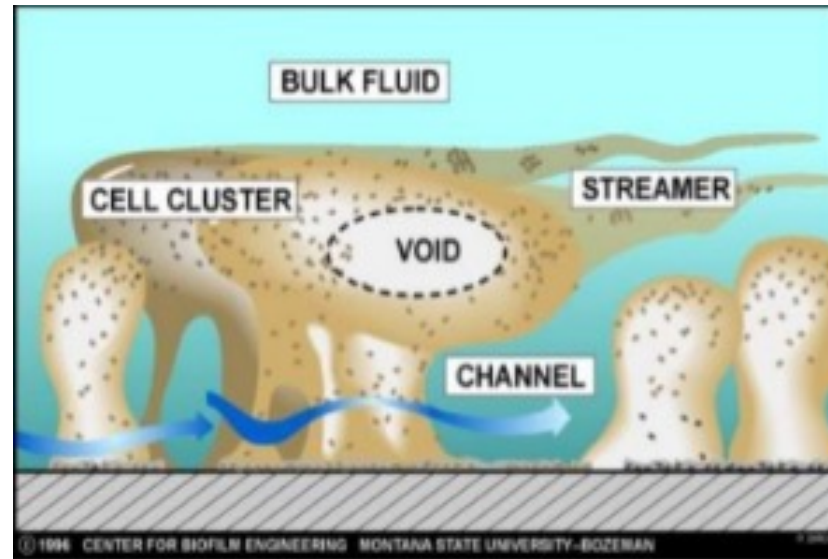
There are channels within biofilms

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Flow creates channels

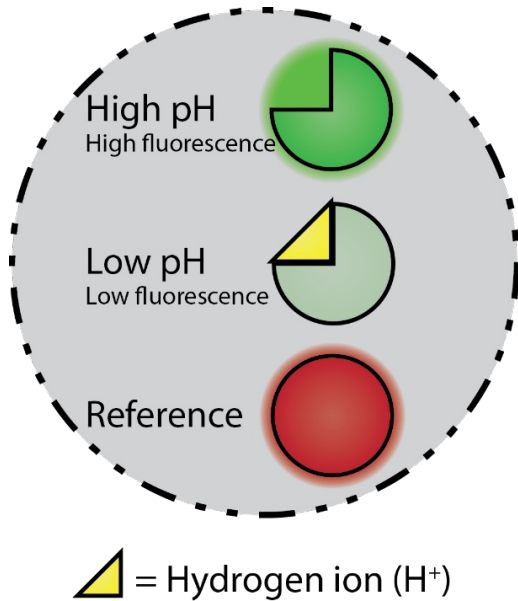


Gaps between microcolonies in static biofilms create channels



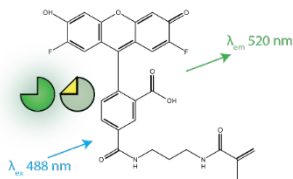
Optical nanosensors can probe biofilm architecture and geography in real time to inform antimicrobial delivery.

optical nanosensors

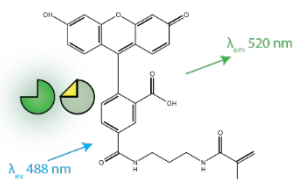


(Adapted from Chauhan *et al.* 2013, ASC NANO)

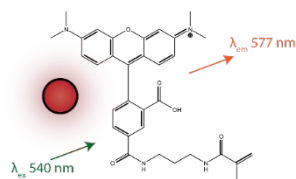
OG-APMA, pH 3.5-6.0



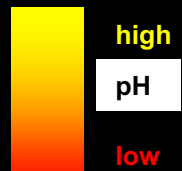
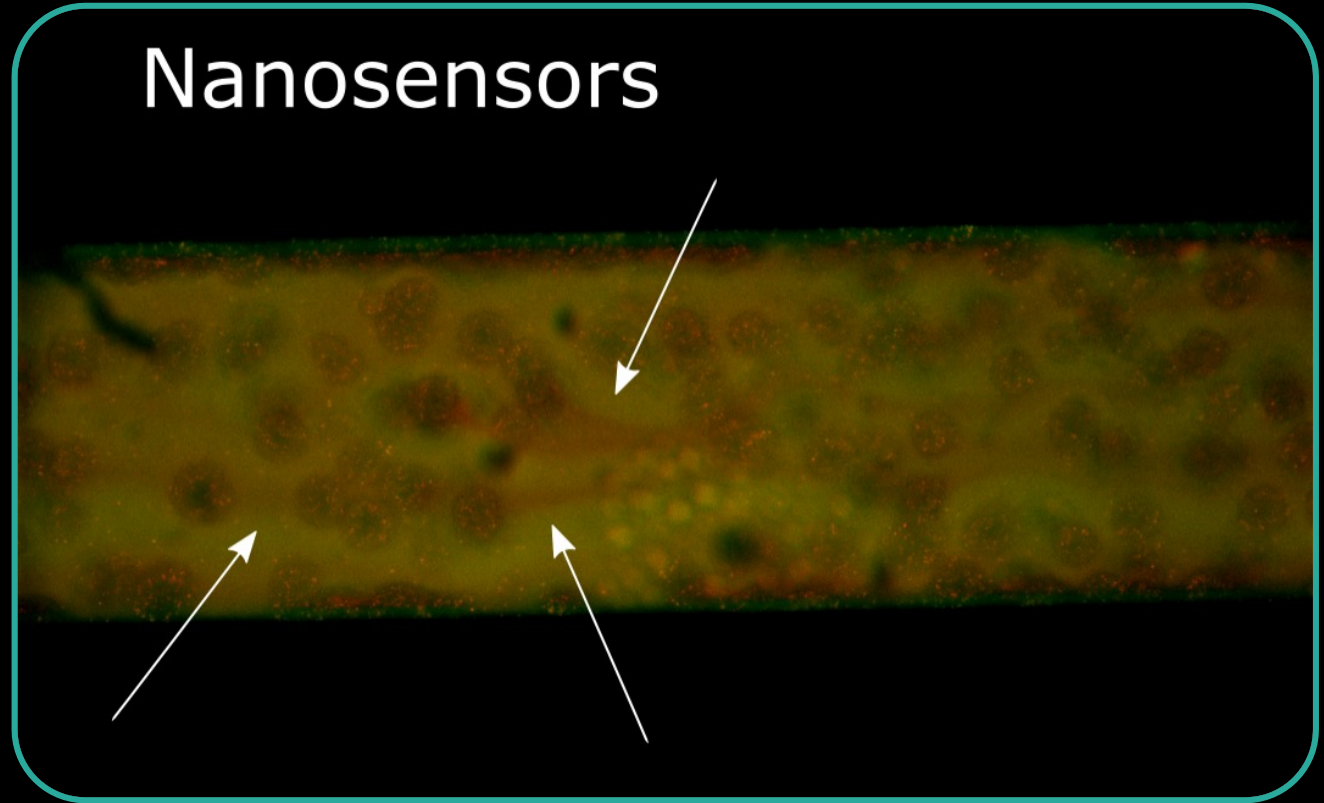
FAM-APMA, pH 5.0-7.5



TAMRA-APMA, pH-insensitive

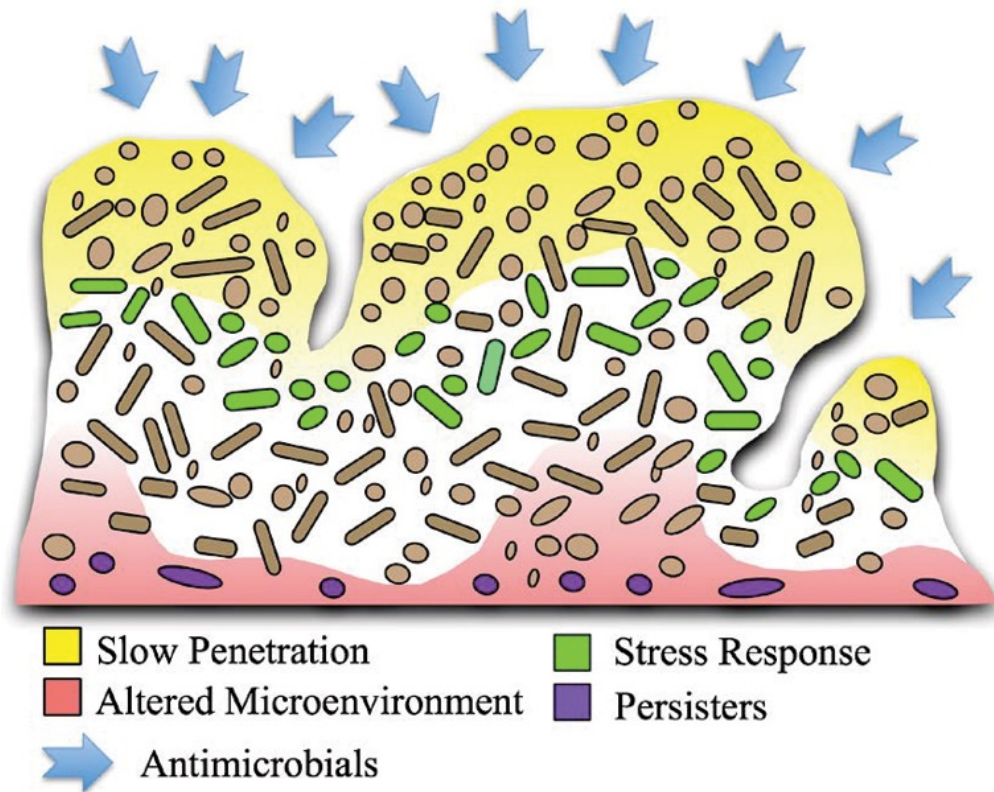


Nanosensors



Biofilm features impede antimicrobial effectiveness

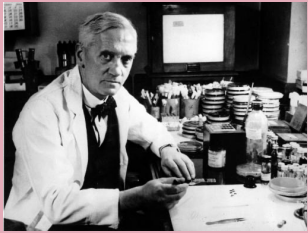
14



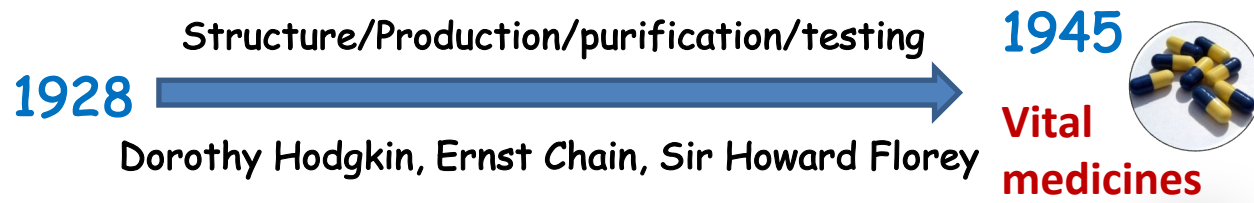
- barriers to antimicrobial penetration
- Not all bacteria actively growing/susceptible to antimicrobial
- conditions may inactivate the antimicrobial

Biofilms are difficult to eradicate

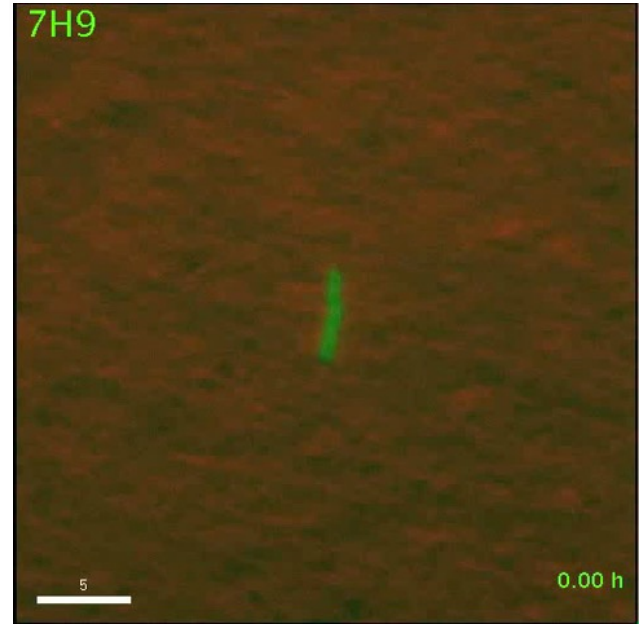
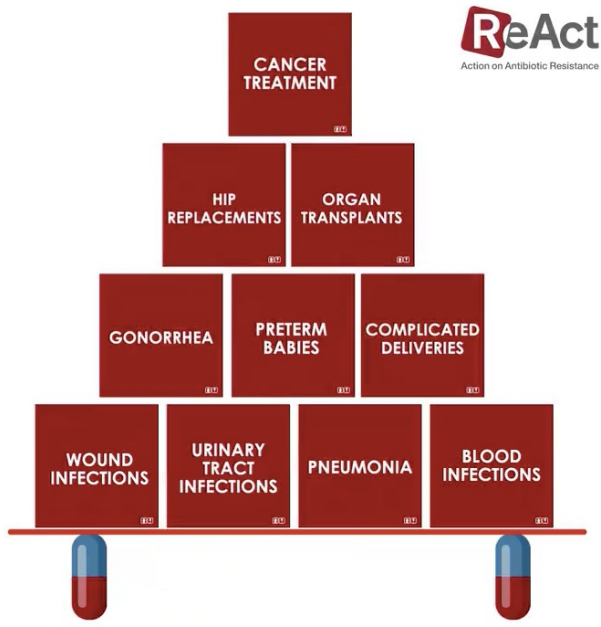
Antibiotics have transformed our lives



Alexander Fleming discovers antibiotic penicillin being made by fungus killing bacteria



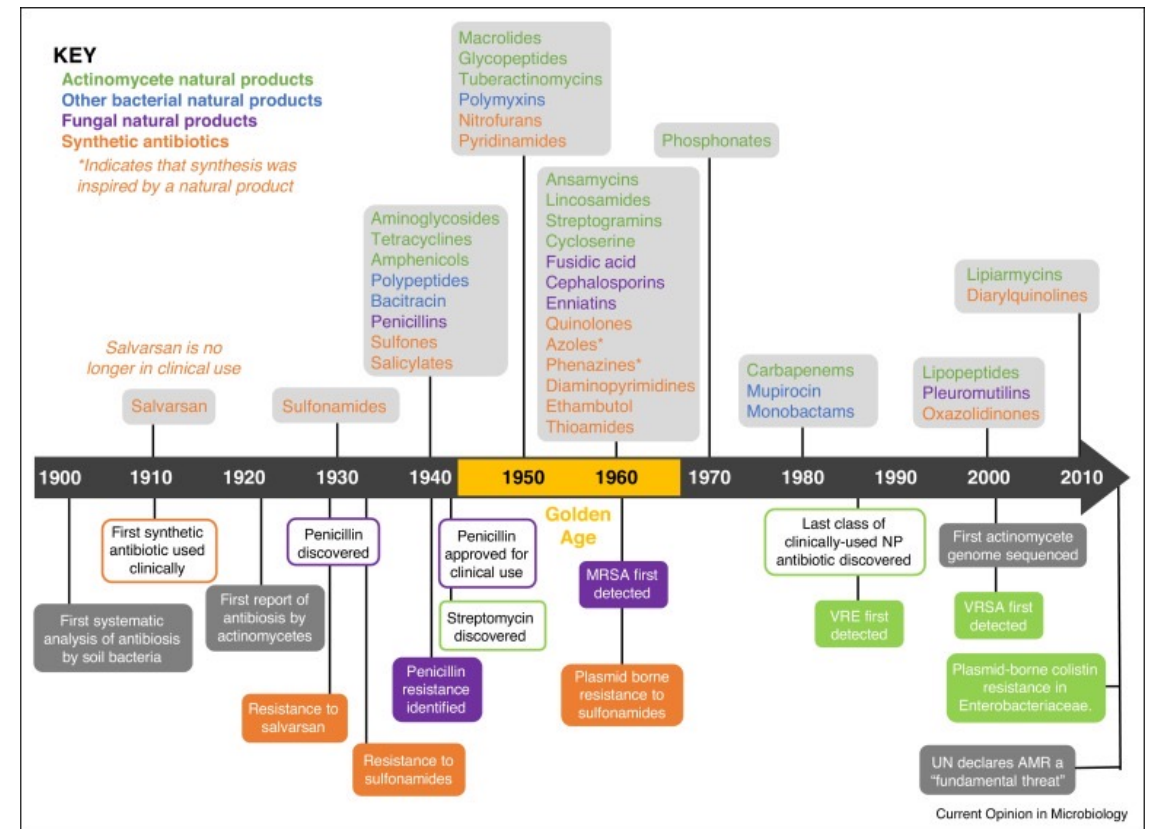
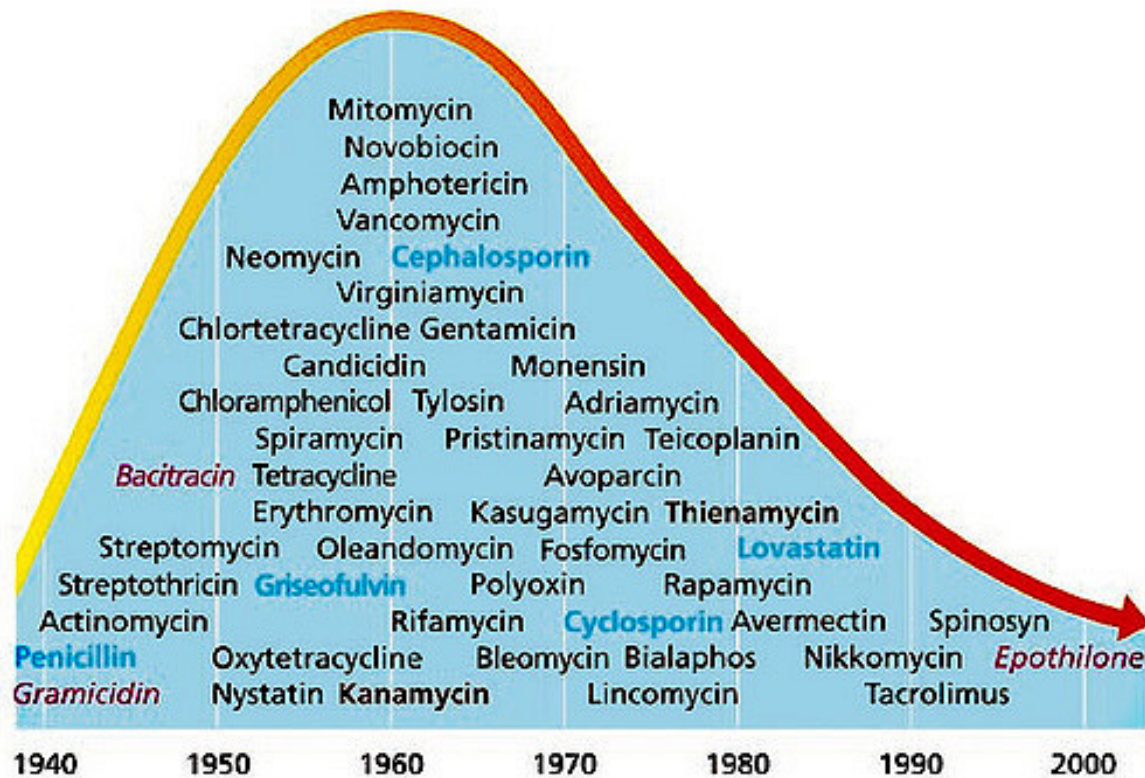
Bacteria dying in presence of antibiotic:
Lights turning out



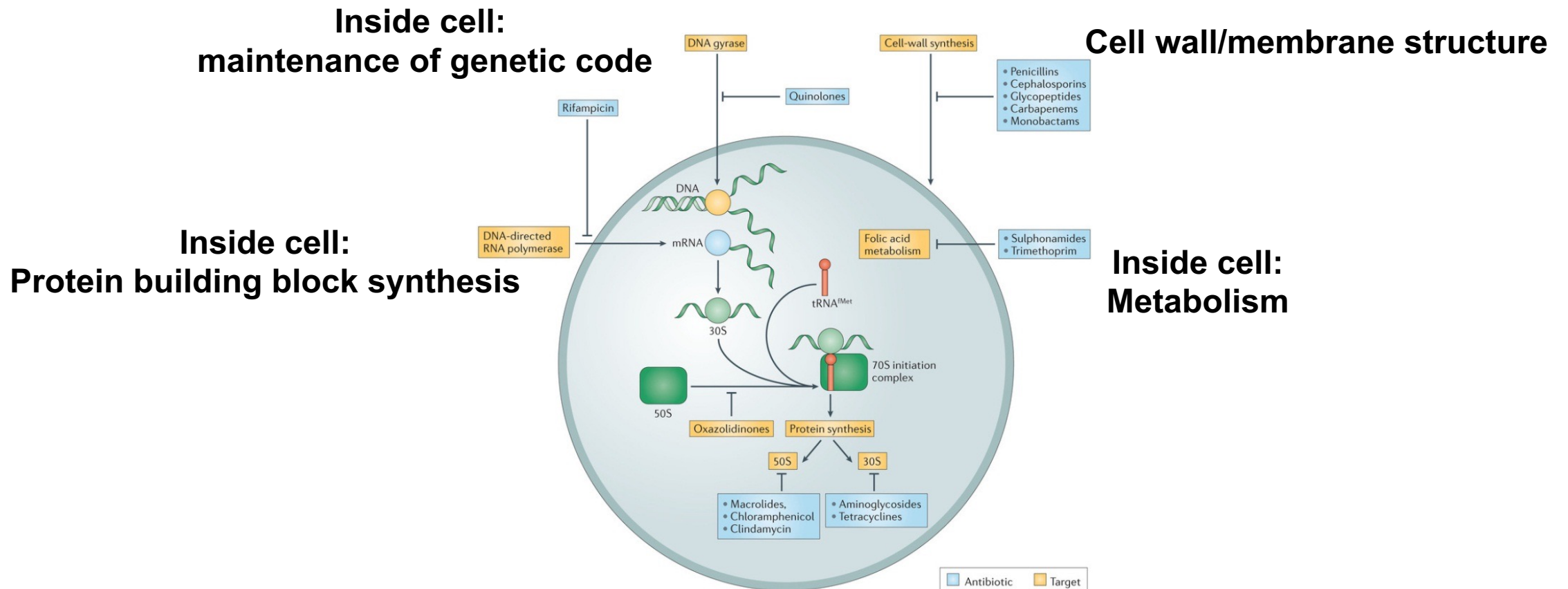
<https://twitter.com/i/status/1198681249105223680>

<http://www.youtube.com/watch?v=2Vq3B5ExMrE>

Many antibiotics with different chemistries discovered



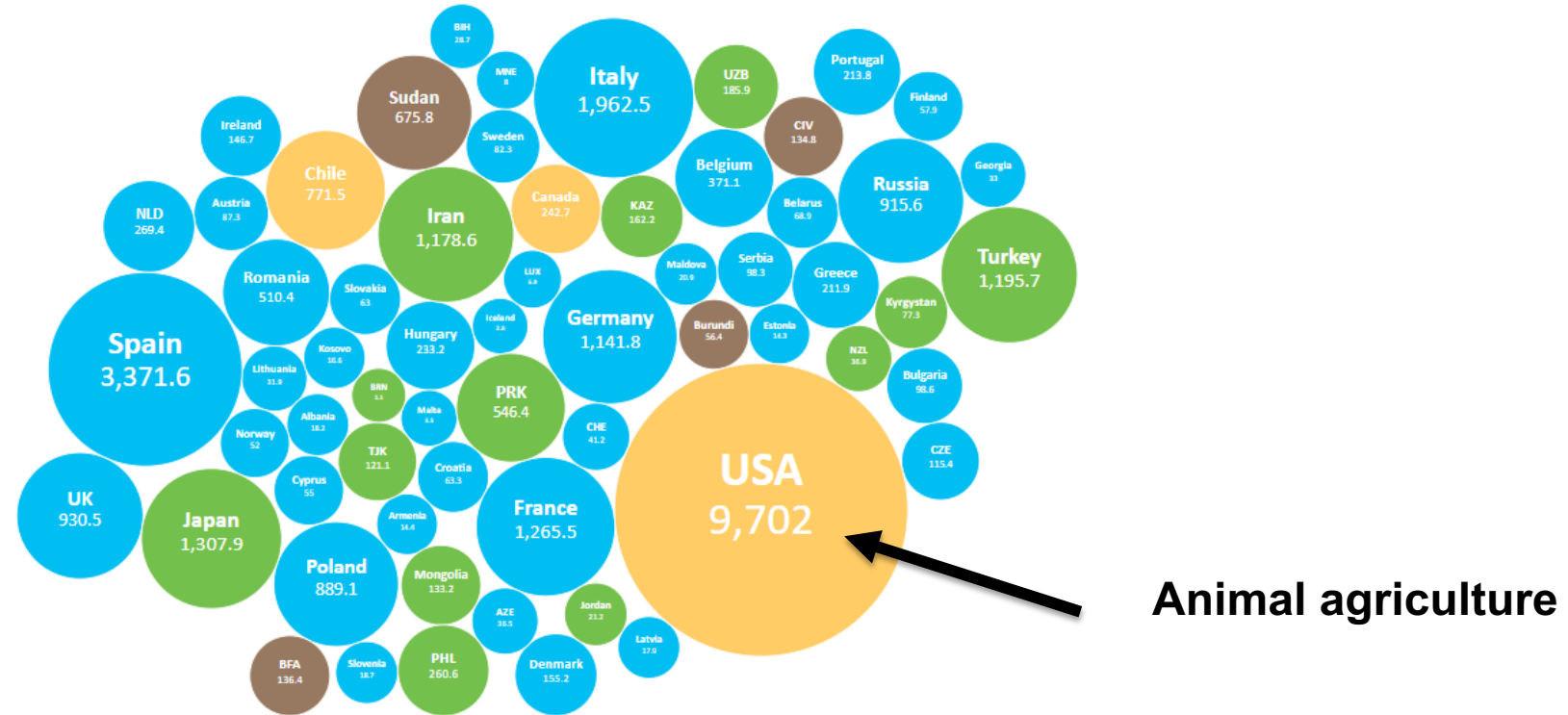
Antibiotics target different cell locations



Globally our antibiotic footprint is large

All sectors:

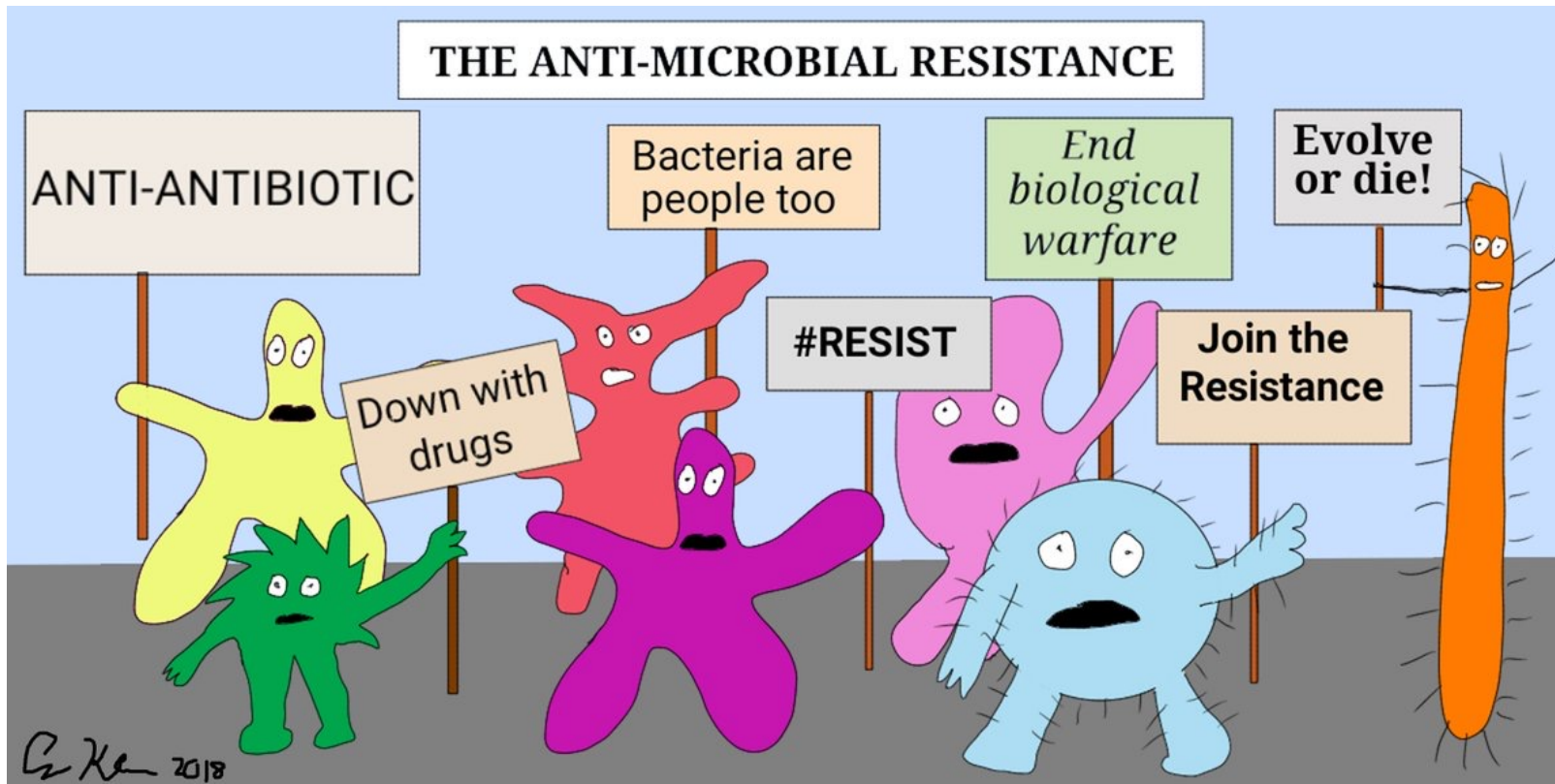
- Human consumption
- Community
- Hospital
- Animal agriculture



Metric Tonnes

Antibiotic usage selects AMR

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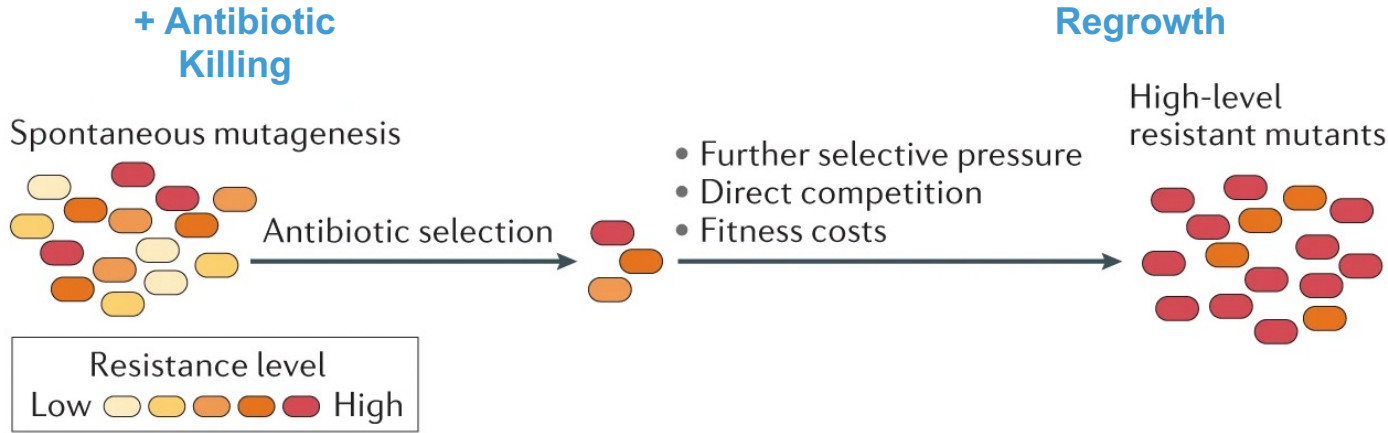


Antibiotics kill sensitive bacterium: large clear zone

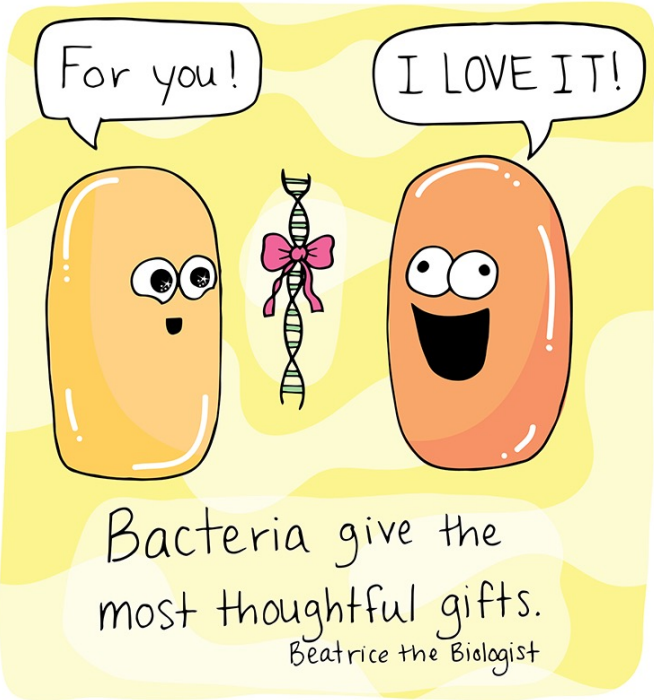


Less killing of AMR bacteria

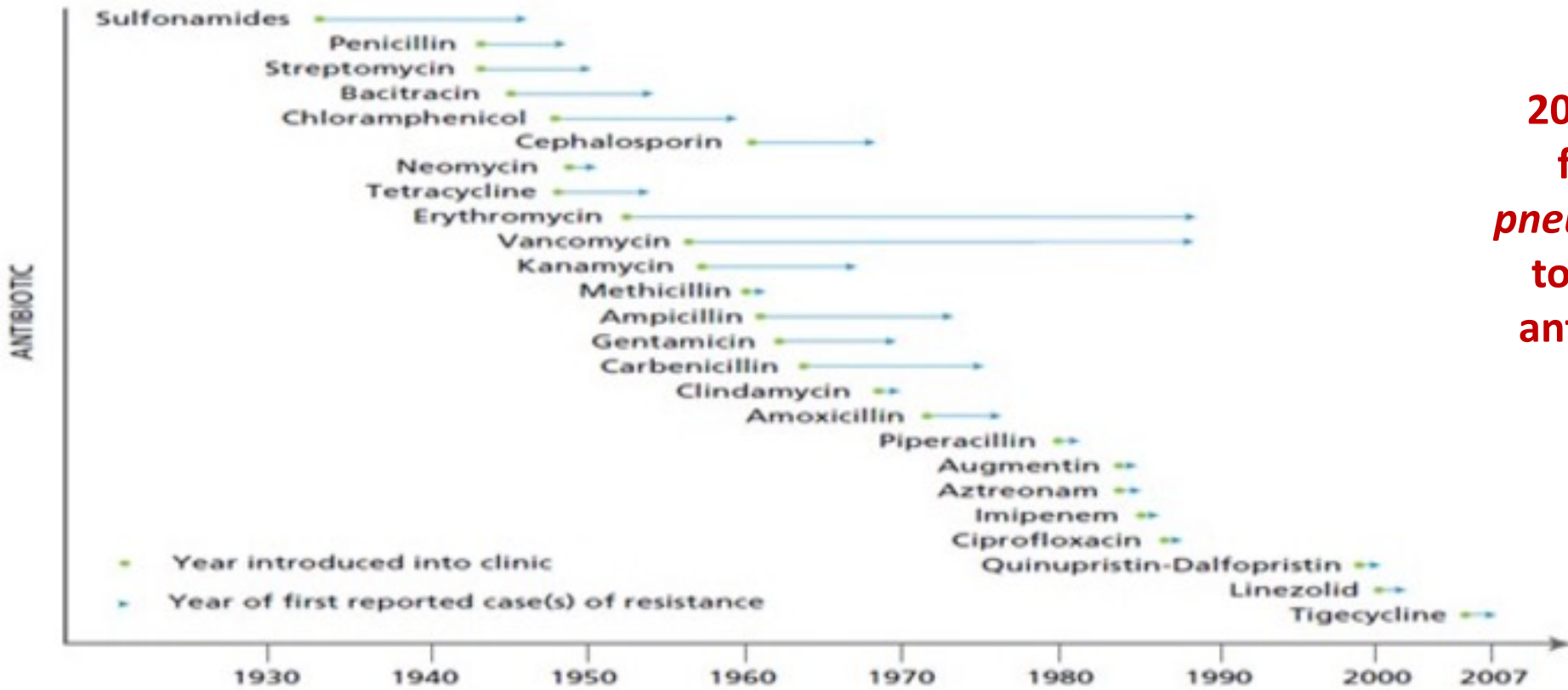
Natural selection of AMR



AMR occurs naturally e.g. in soil



In the clinic: Antibiotic resistance emergence threatens infection control



2017: Patient died from *Klebsiella pneumoniae* resistant to every available antibiotic in the US

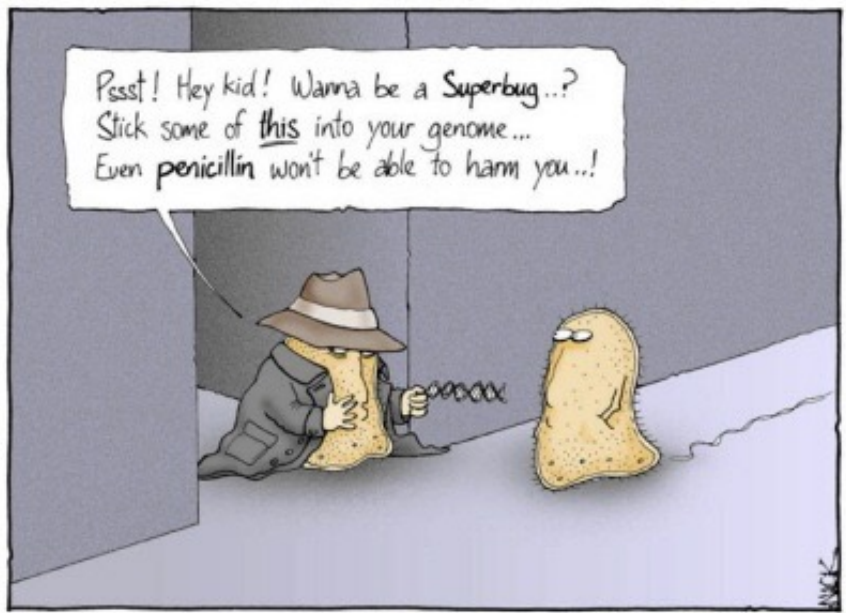
Note: Some of the dates are estimates only.

AMR spreads fast



New Delhi metallo-beta-lactamase 1 (NDM-1) spread to more than 80 countries in just a few years after its initial identification in the mid-2000s

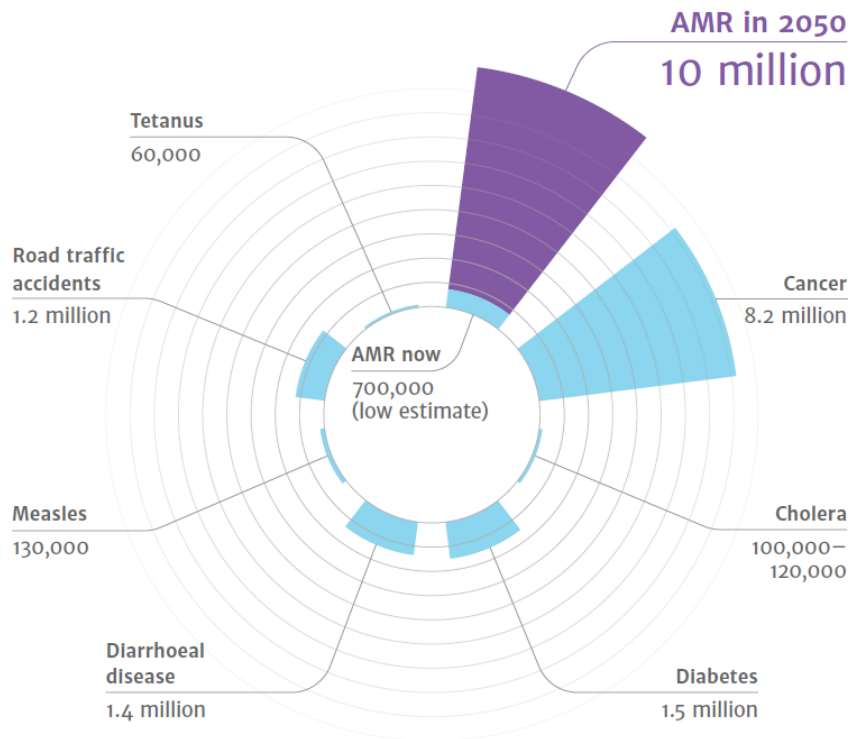
Enzyme that makes bacteria resistant to a broad range of beta-lactam antibiotics including the carbapenem family



It was on a short-cut through the hospital kitchens that Albert was first approached by a member of the Antibiotic Resistance.

AMR affects treatment

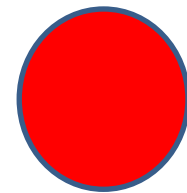
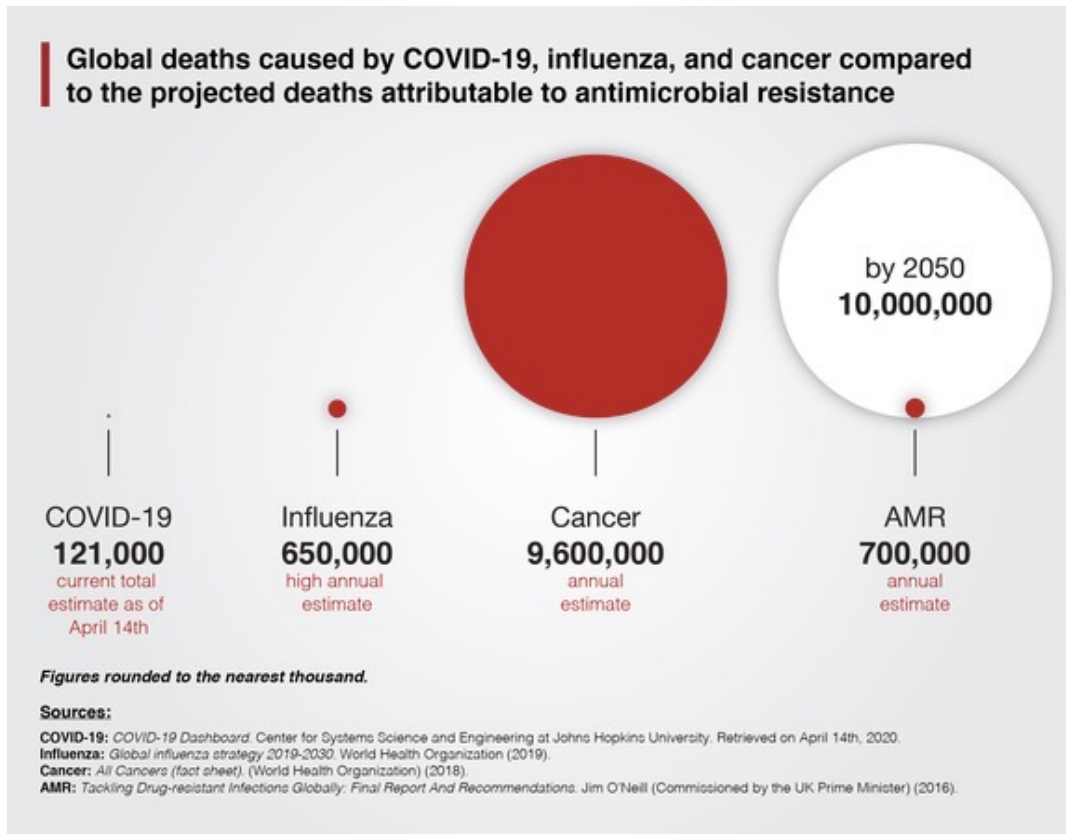
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AMR:

- reduces how effective antibiotics are in treating human and animal health
- is responsible for **>700,000 deaths per year** across the globe and **by 2050** it is predicted this figure will reach **10 million per year** (O'Neill report, **May 2016**, Tackling drug-resistant infections globally)

How these numbers compare to deaths due to the pandemic



COVID-19
6,540,000
September 27th
2022



Lori L. Burrows
Professor of Biochemistry and
Biomedical Sciences, McMaster
University

Antibiotic use/AMR during the pandemic

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Increased use of antimicrobials during the pandemic

- Number of people in intensive care & unknown cure
- Secondary bacterial infections
- Increase in telephone GP consultations



Interrupted antibiotic supply chain during pandemic

- China and India major suppliers

Resources directed away from AMR surveillance

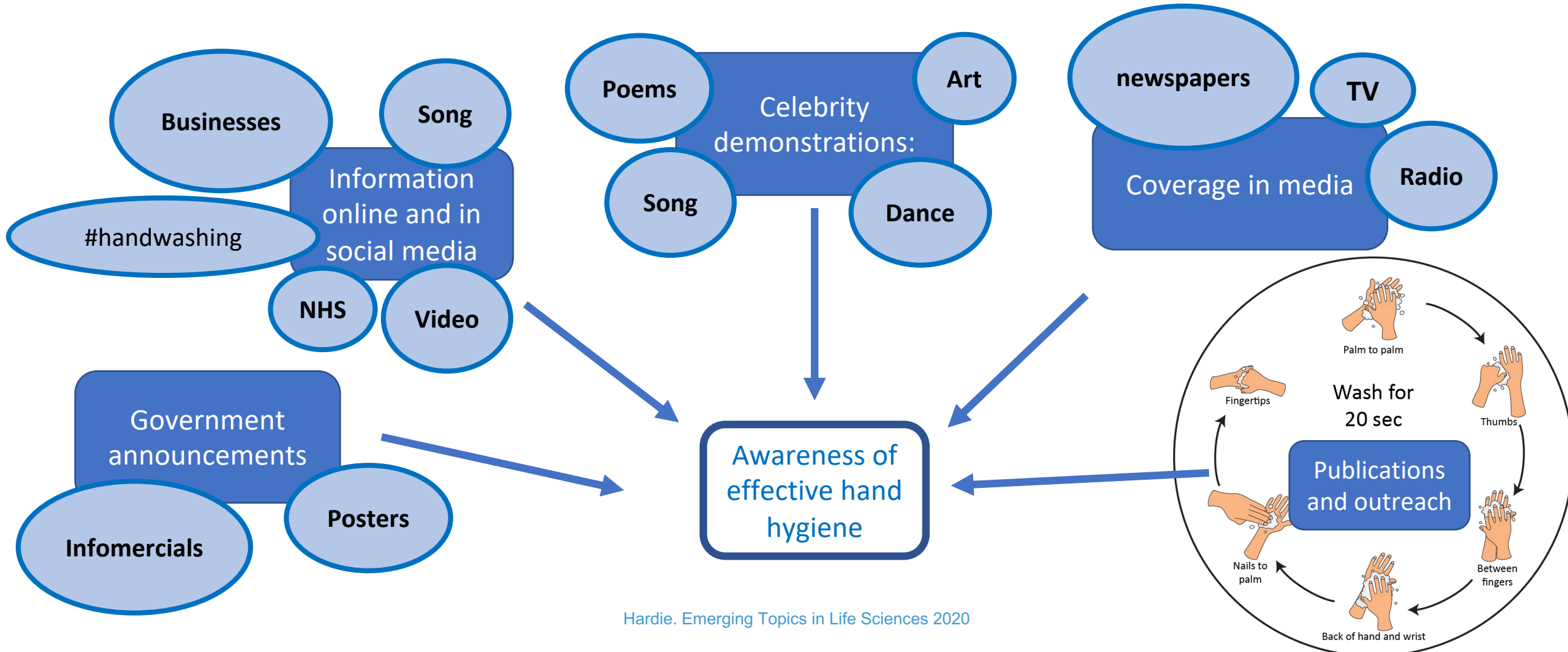
Delays in AMR legislation

USA withdrawal of support for WHO

Low public awareness of AMR

Crisis fatigue

Could pandemic-led public awareness of effective hygiene curb spread AMR?



Unclear if hand hygiene compliance altered pre- versus post- pandemic

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Pandemic initially increased healthcare worker HHC

New Medical students more aware of HHC

Initial analysis indicates pandemic did not generate sustained increase in healthcare worker HHC, and unstudied in community

- **Denmark (Sandbol et al., American J Inf Control July 2022)**
- **USA (Makhni et al., JAMA internal Medicine April 2022)**

AMR threat increased by pandemic

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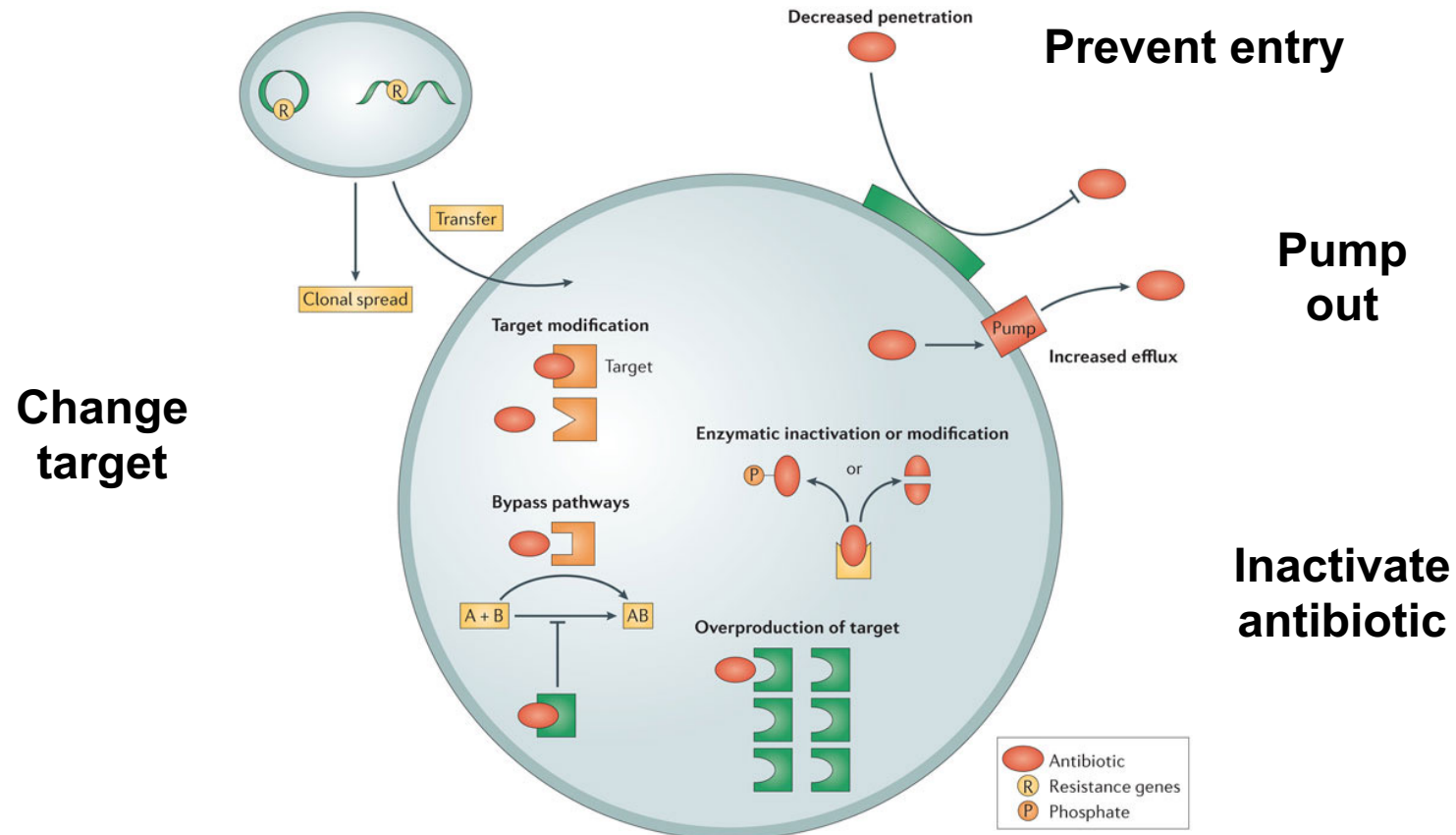
80% of COVID patients received at least 1 antibiotic (2020, CDC)

>15% increase (2019-20) nosocomial AMR infections (USA)

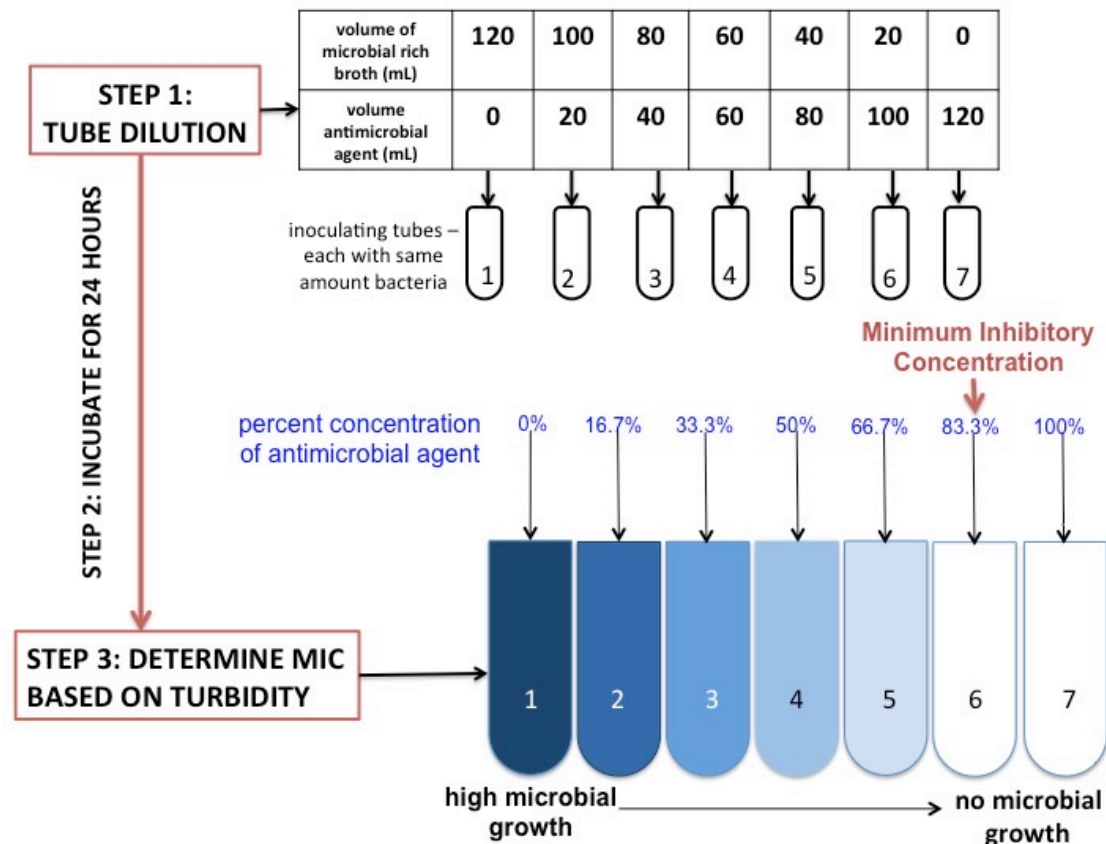
- Carbapenem-resistant *Actinetobacter* up by 78%
- Multi-drug resistant *Pseudomonas aeruginosa* up by 32%
- Multi-drug resistant *Candida auris* up by 60%

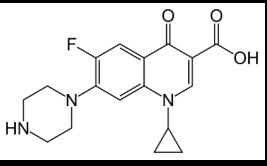
>15% increase (2019-20) AMR resultant deaths (USA)

Many AMR mechanisms known



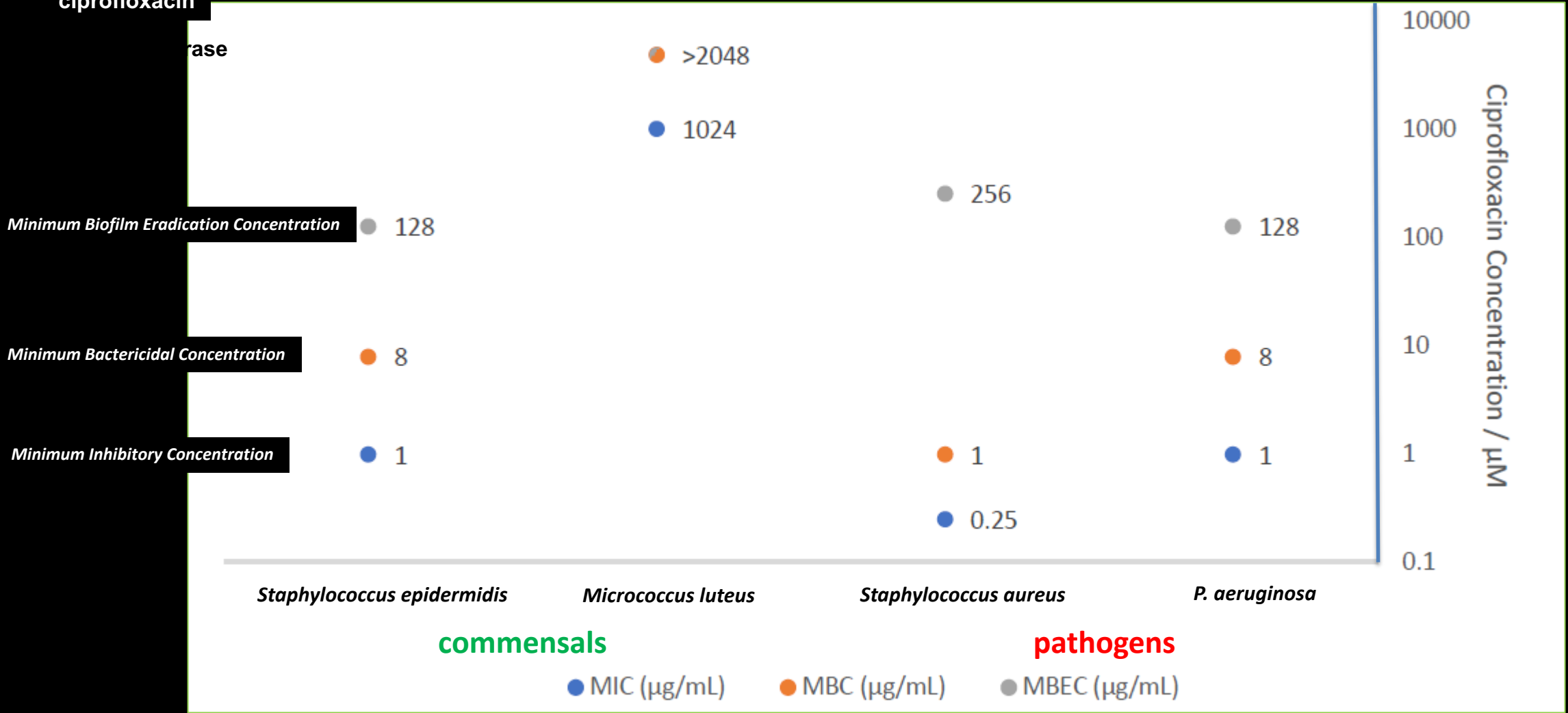
AMR assessed clinically using free-living microbes





Antibiotics kill bacteria in biofilms less well

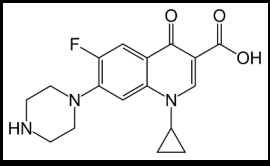
ciprofloxacin



commensals

pathogens

● MIC (μg/mL) ● MBC (μg/mL) ● MBEC (μg/mL)

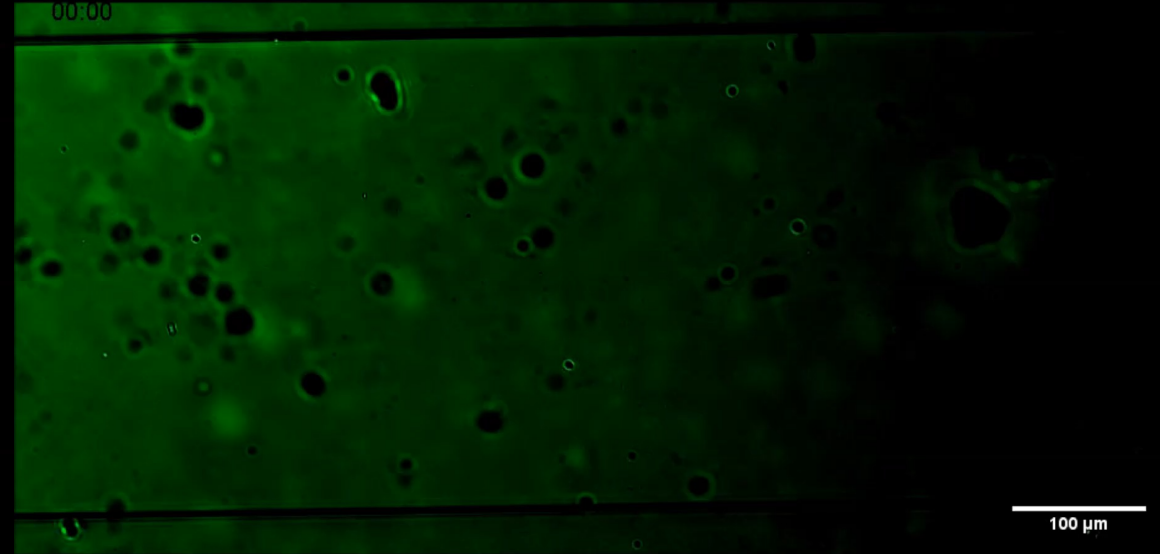
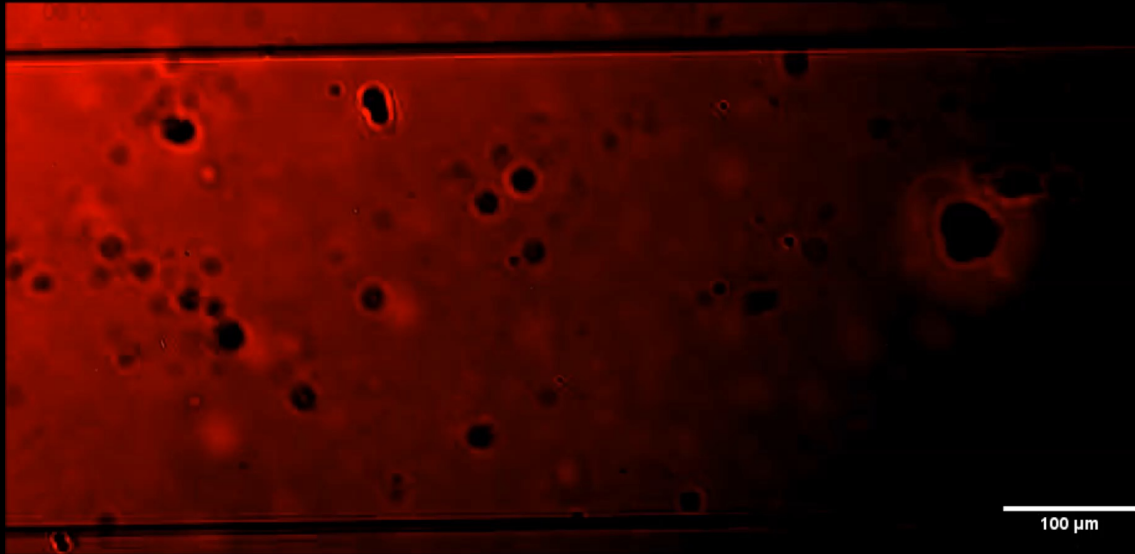


Ciprofloxacin killing of bacteria in biofilm

Inhibits DNA gyrase

ciprofloxacin

20 $\mu\text{g}\cdot\text{ml}^{-1}$ ciprofloxacin introduced after 16 hrs
Addition indicated by asterisk

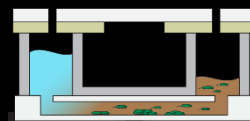


propidium iodide: dead

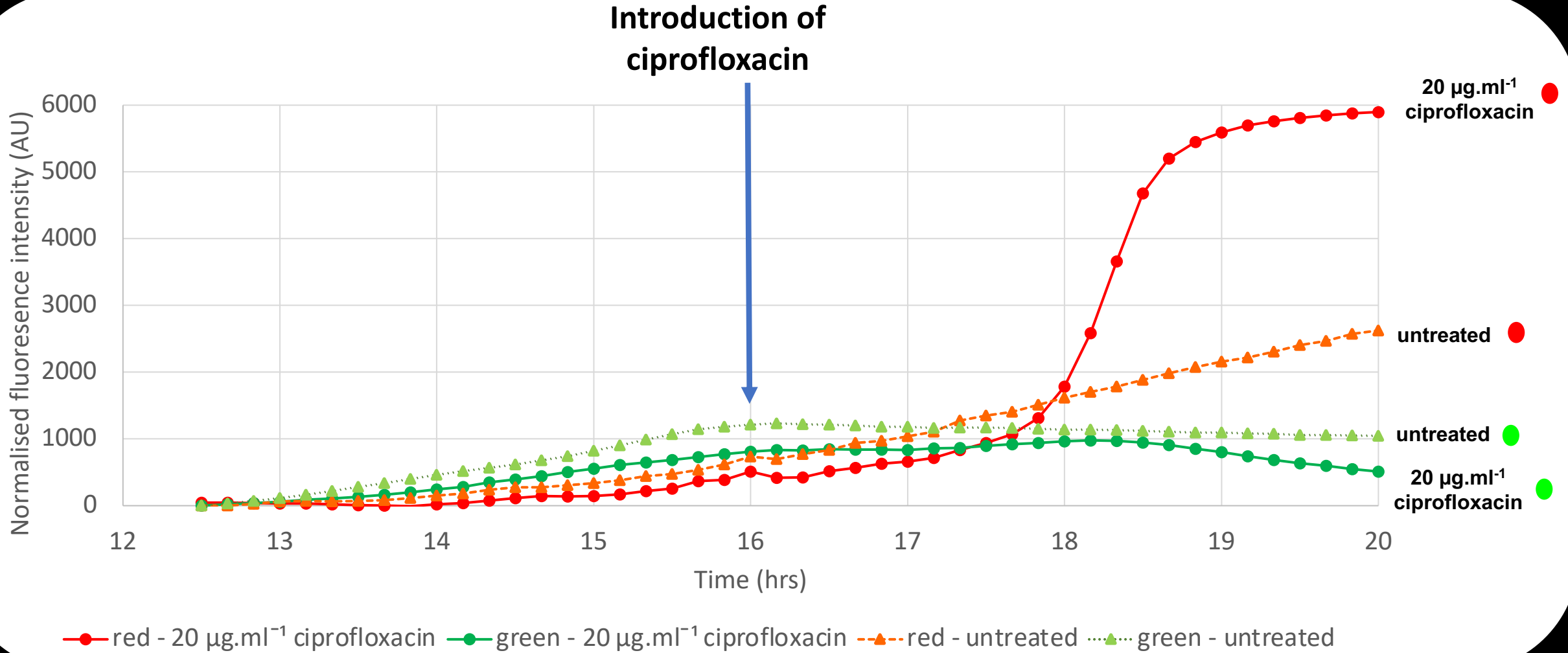


GFP: alive

James Brown, Paul Williams



Semi-quantification of antibiotic directed bacterial killing

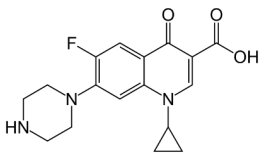


● propidium iodide: dead

● GFP: alive

P. aeruginosa

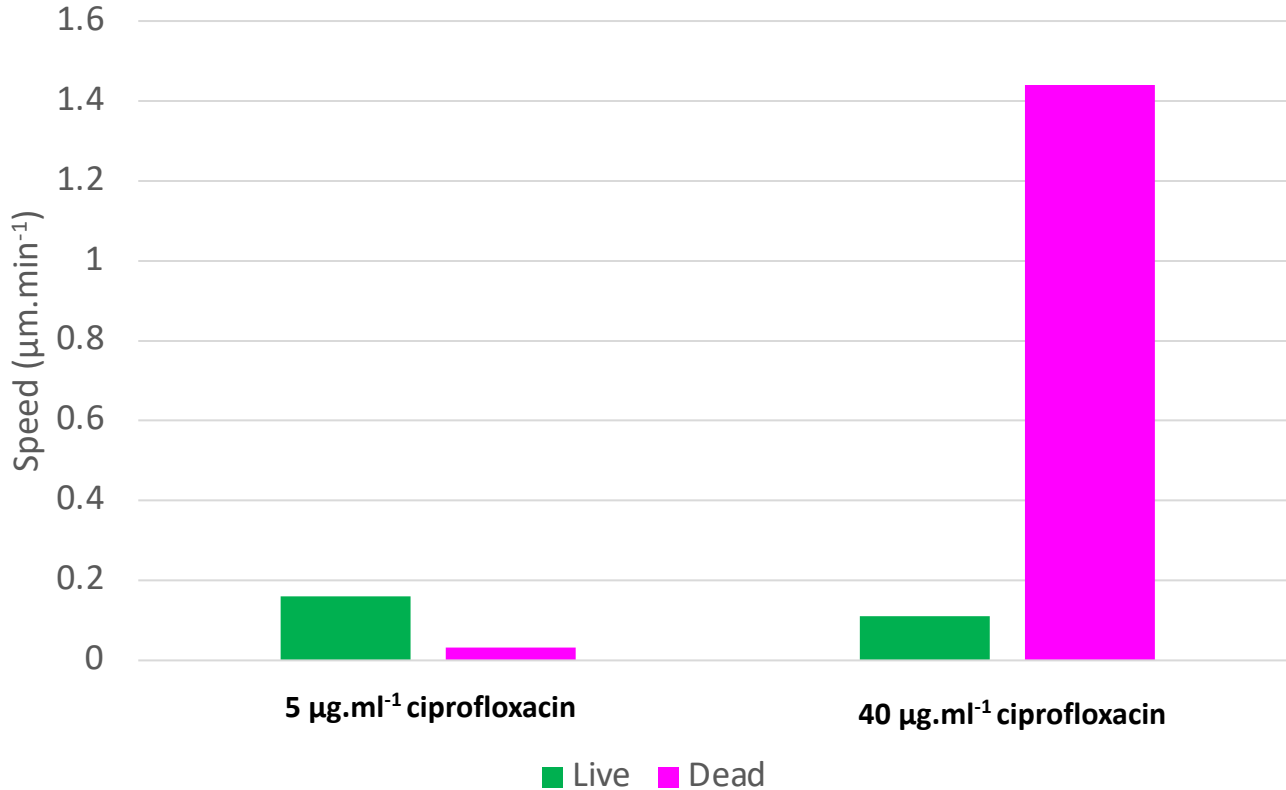
James Brown, Paul Williams



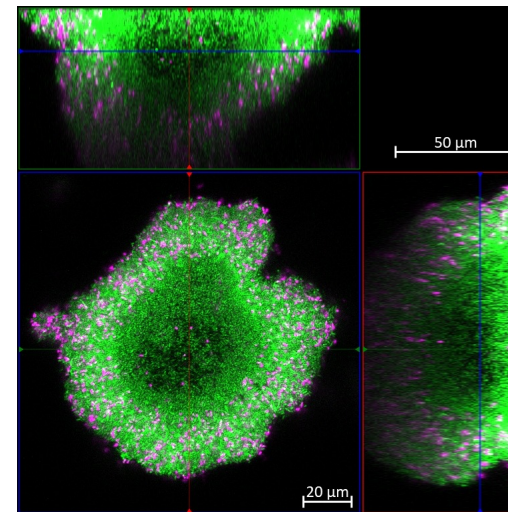
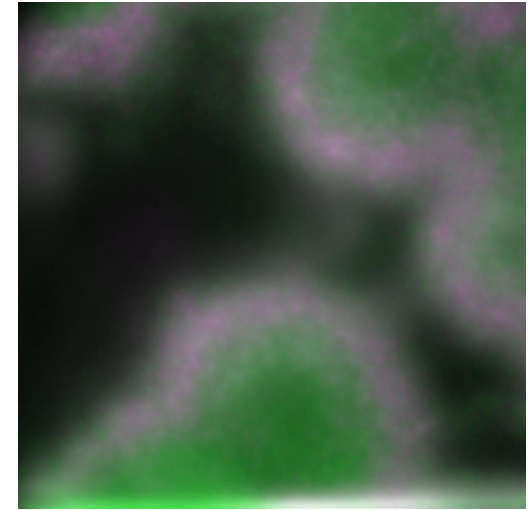
ciprofloxacin

Inhibits DNA gyrase

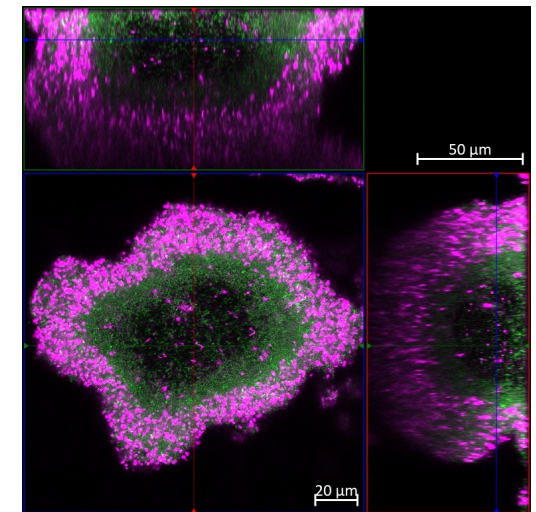
Antibiotics kill bacteria on outside of microcolonies first



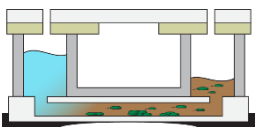
PAO1 expressing GFP (live cells; green) and stained with PI (dead cells; magenta) + 5 µg.ml⁻¹ ciprofloxacin



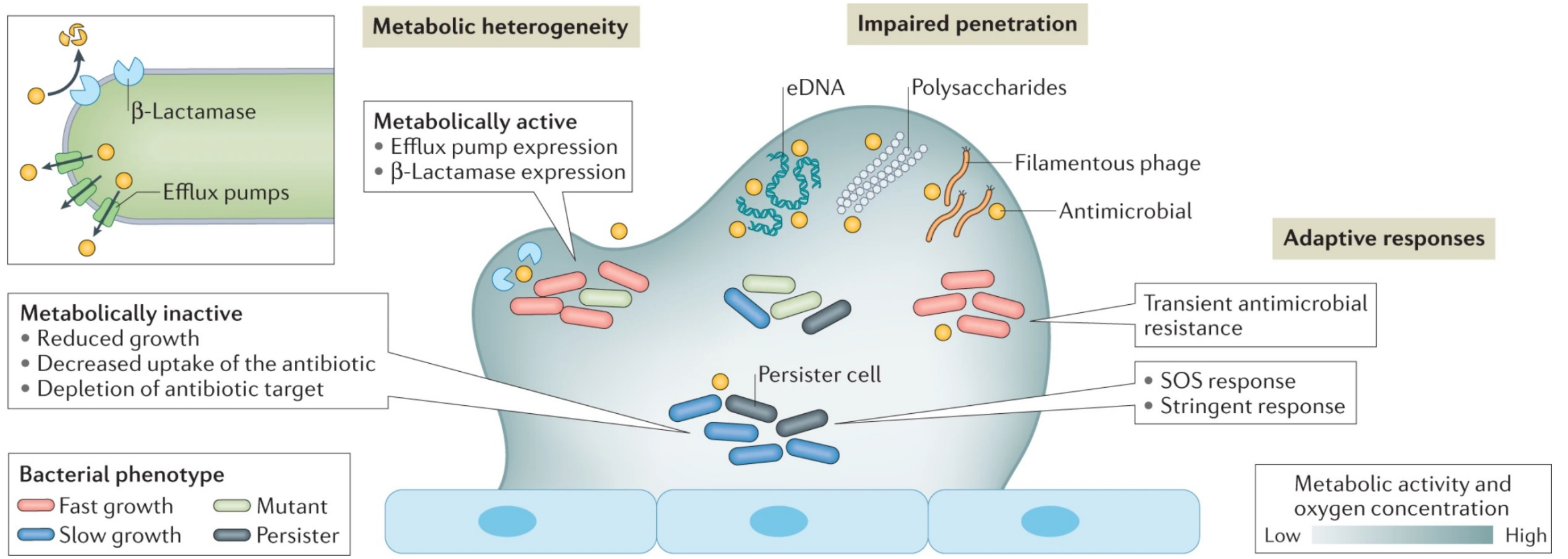
PAO1 expressing GFP (live) and stained with PI (dead)



PAO1 expressing GFP (live) and stained with PI (dead) + 1 µg.ml⁻¹ ciprofloxacin



Biofilms are 1000x more resistant to antimicrobials



Polymicrobial biofilms may create different barriers

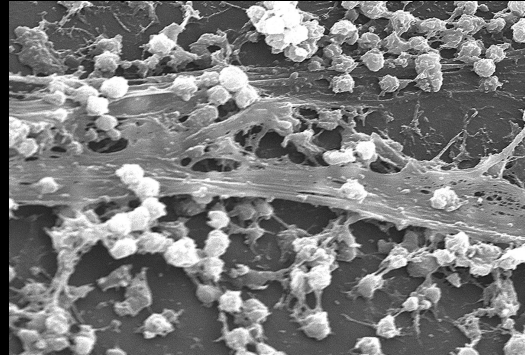


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Pathogen:

Staphylococcus aureus

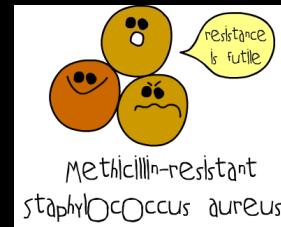


Gram positive

Staphylococcus aureus is both a human commensal and a human pathogen.

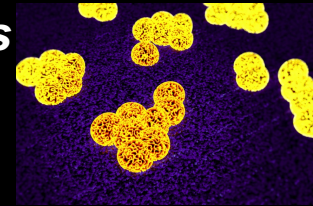
S. aureus can form biofilms, and these are commonly associated with nosocomial infections.

E.g. chronic wound infections, device-related infections, osteomyelitis and endocarditis.



Commensals:

- *Staphylococcus epidermidis*, Gram positive
- *Micrococcus luteus* Gram positive

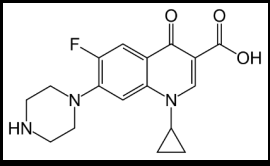


promote skin health

Perturbation of microbiota can initiate autoimmune disease

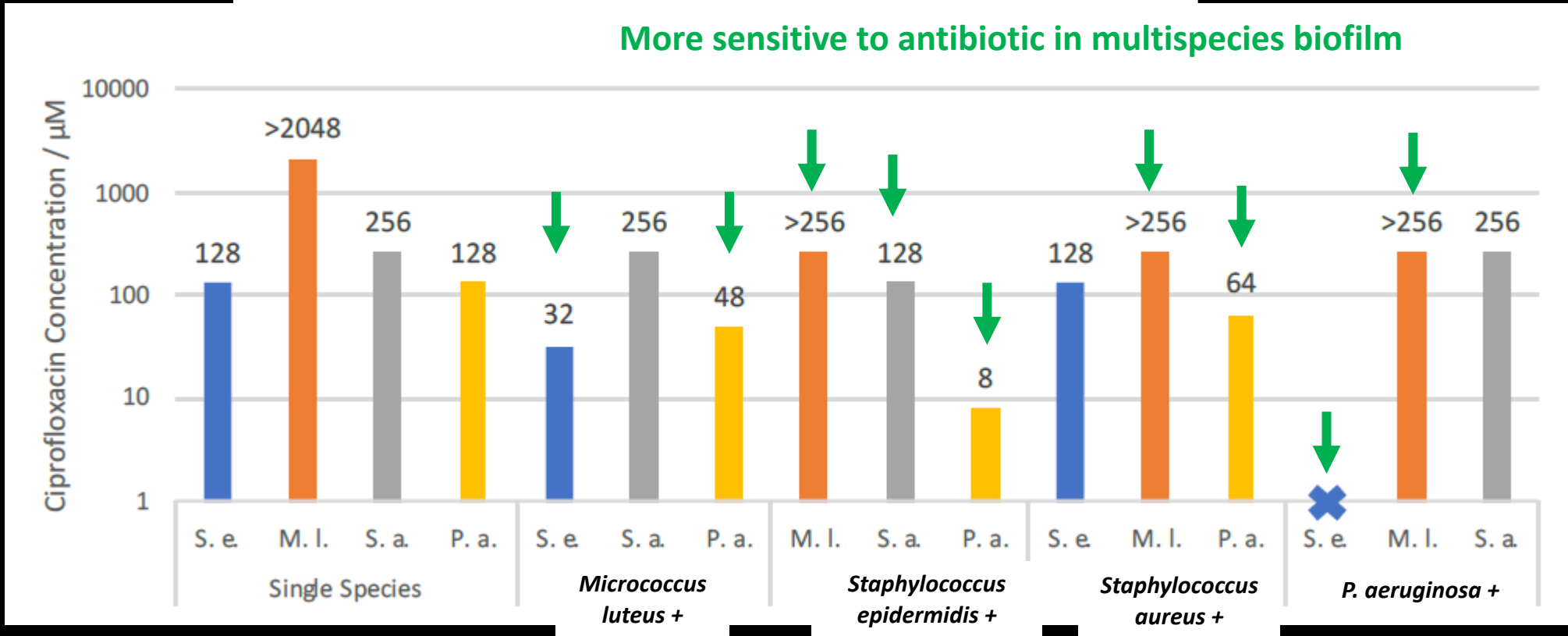
Pathogens e.g. *Staph aureus* and *P. aeruginosa* infect skin following damage e.g. by burn or trauma

Staph aureus and *P. aeruginosa* found co-infecting CF lungs and wounds



ciprofloxacin

If there is more than one species in the biofilm, killing by antimicrobial is altered



commensals

pathogens

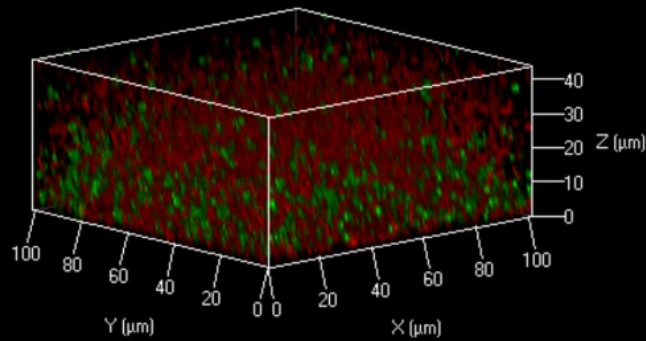


Commensals form a layer below pathogens

Keratinocyte monolayer below

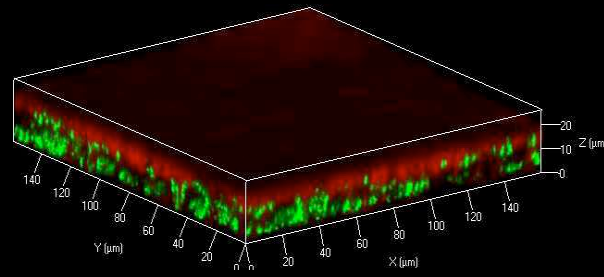
protective layer

2 Pathogens together



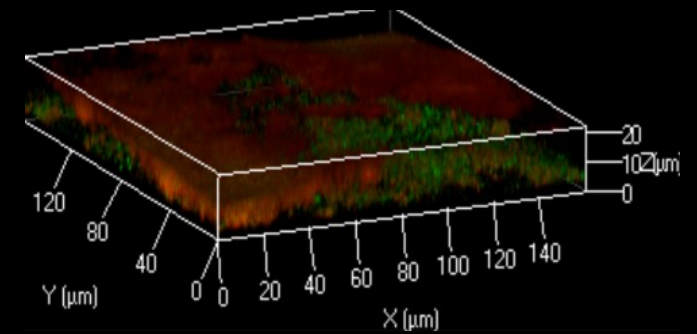
Pathogen (*P. aeruginosa*) mCherry
Pathogen (*Staph aureus*) GFP

Pathogen with commensal:



Pathogen (*P. aeruginosa*) mCherry
Commensal (*Staph epidermidis*) GFP

Pathogen >1 commensal:



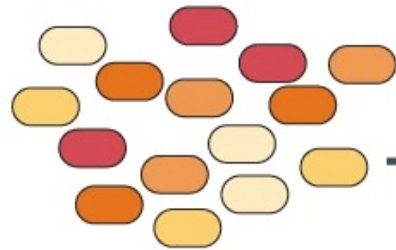
Pathogen (*P. aeruginosa*) mCherry
Commensal (*Staph epidermidis*) GFP
Commensal *Micrococcus luteus* (unlabelled) FISH

Could agents that boost the microflora biofilm alter pathogen attack ?

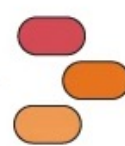
Traditionally, AMR studied using free-living microbes

a Planktonic population

Spontaneous mutagenesis

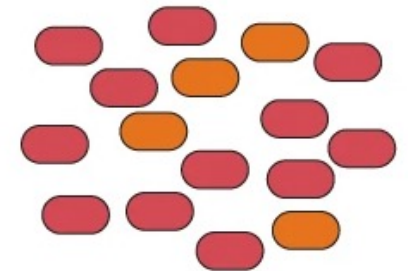


Antibiotic selection



- Further selective pressure
- Direct competition
- Fitness costs

High-level resistant mutants



Resistance level

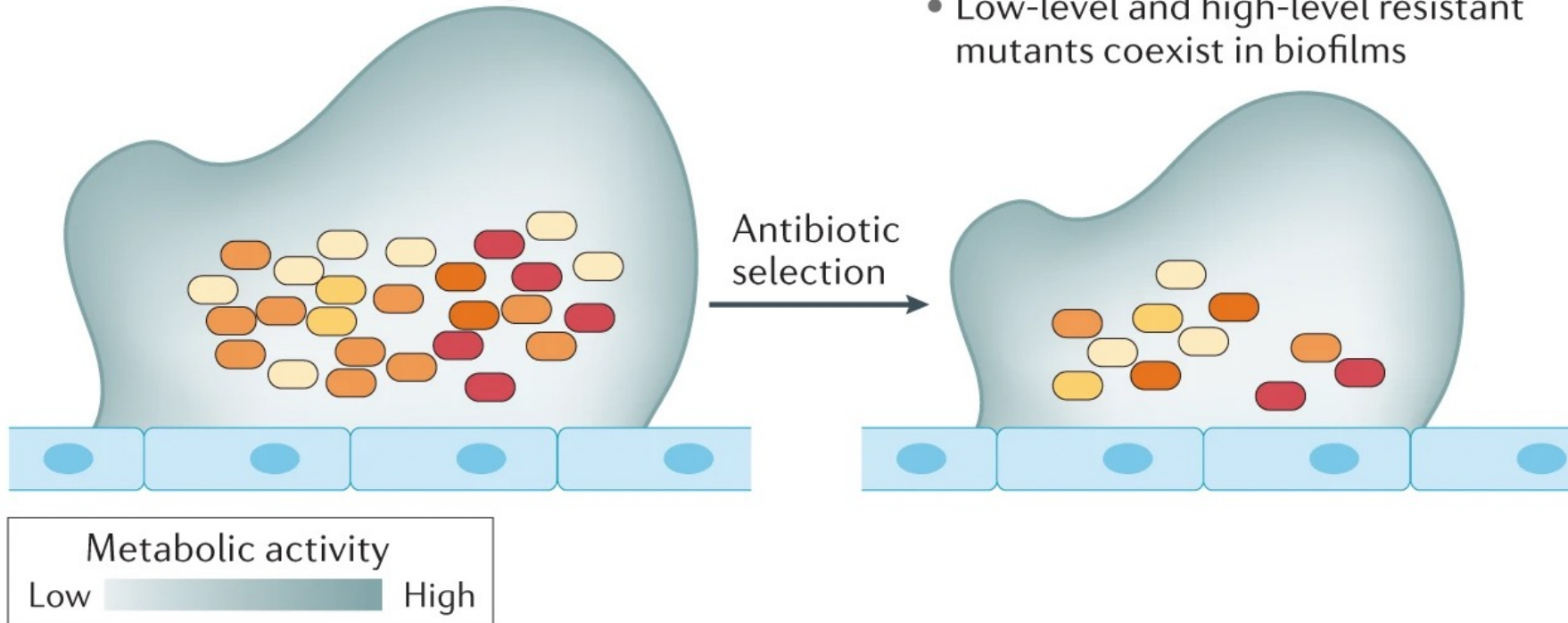
Low High

Selection pressures for AMR are different in a biofilm

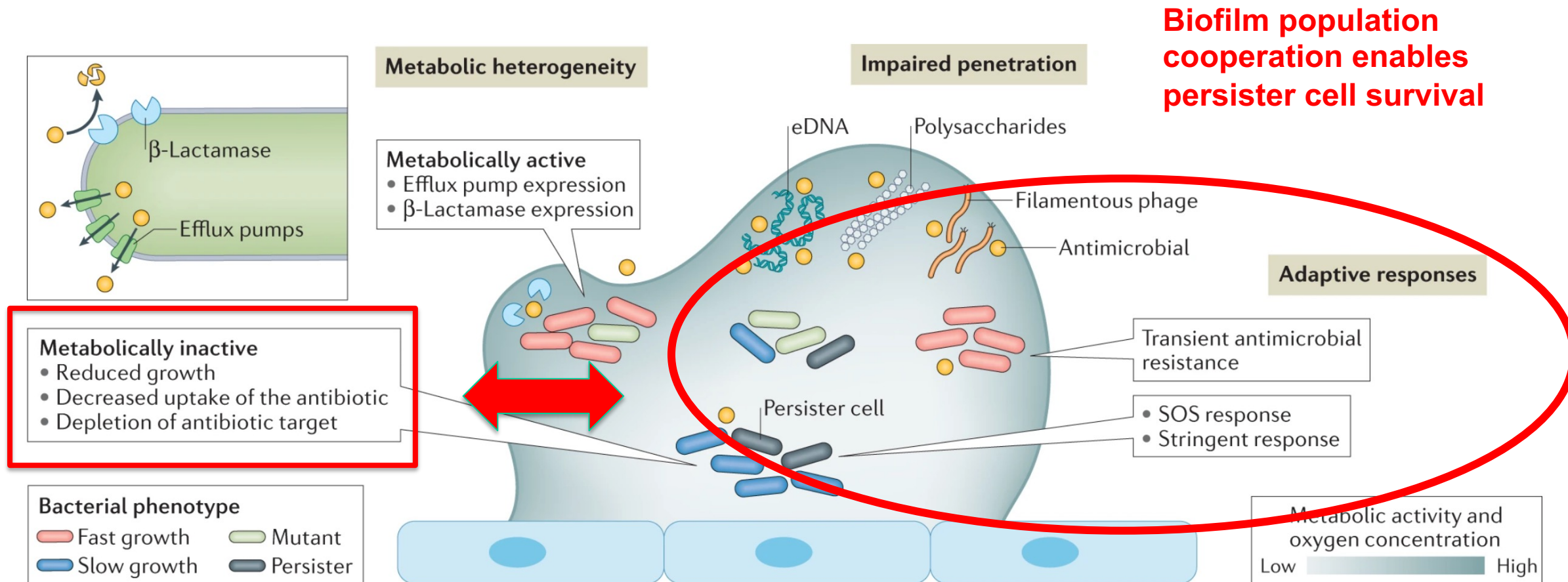
b Biofilm

- Spontaneous mutagenesis
- Stress-induced mutagenesis

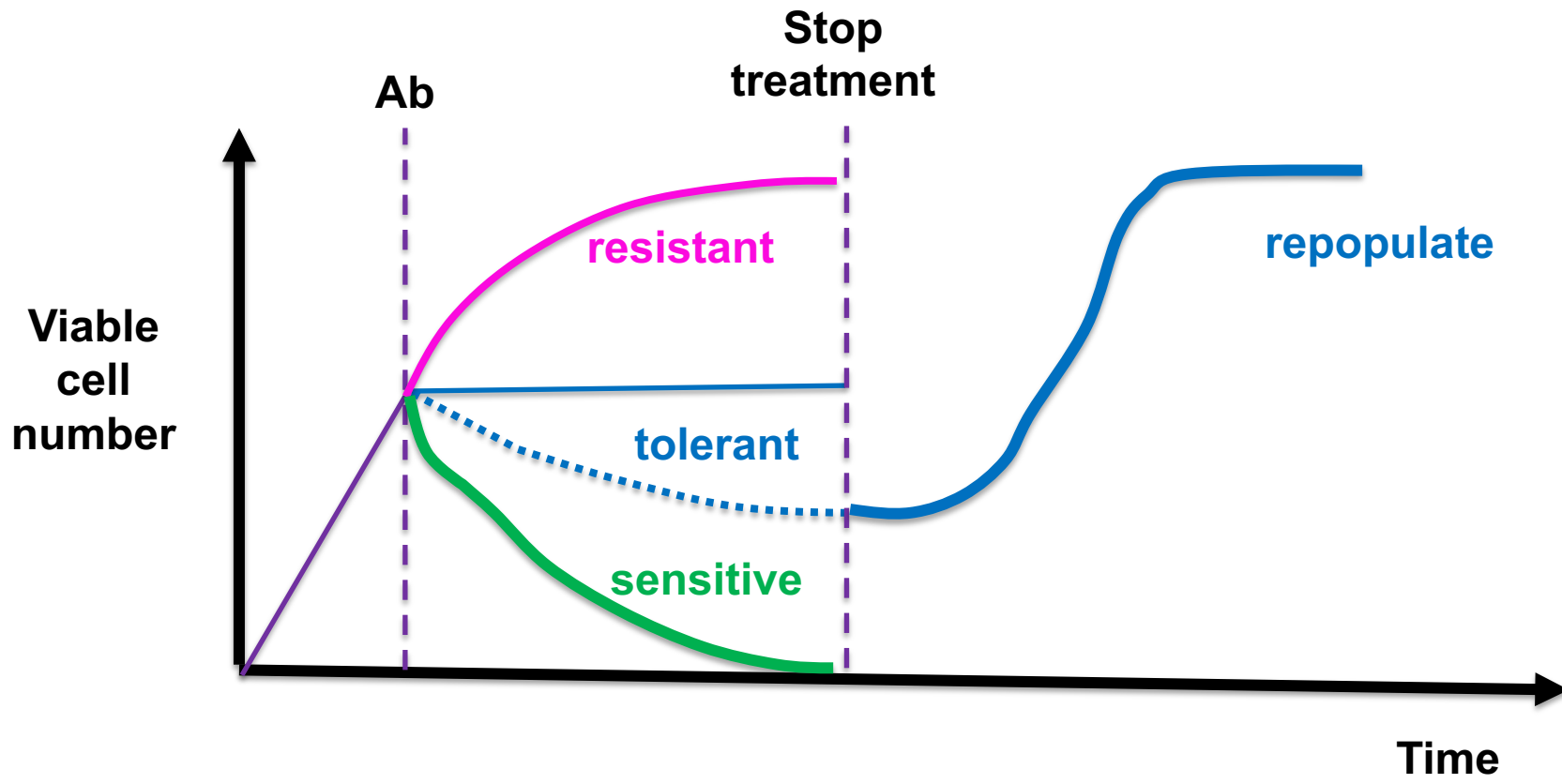
- Decreased direct competition owing to structured biofilm
- Low-level and high-level resistant mutants coexist in biofilms



Biofilms are stressful environments



Antimicrobial tolerance



Antibiotics target active cells



Inside cell:
maintenance of genetic code

(Cell wall/membrane structure)

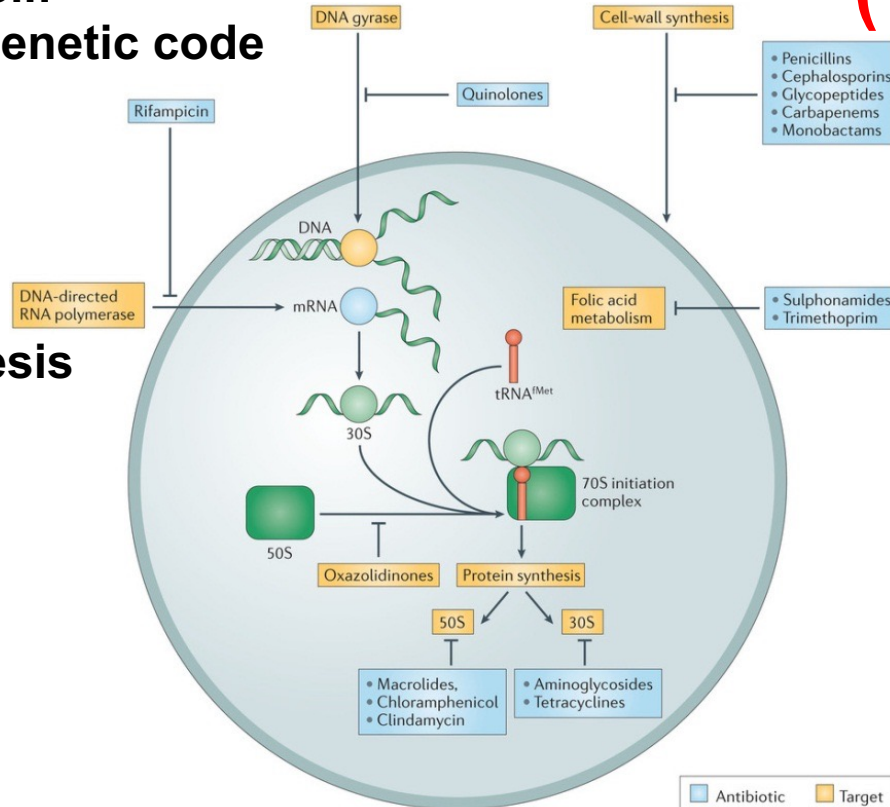
Inside cell:
Protein building synthesis



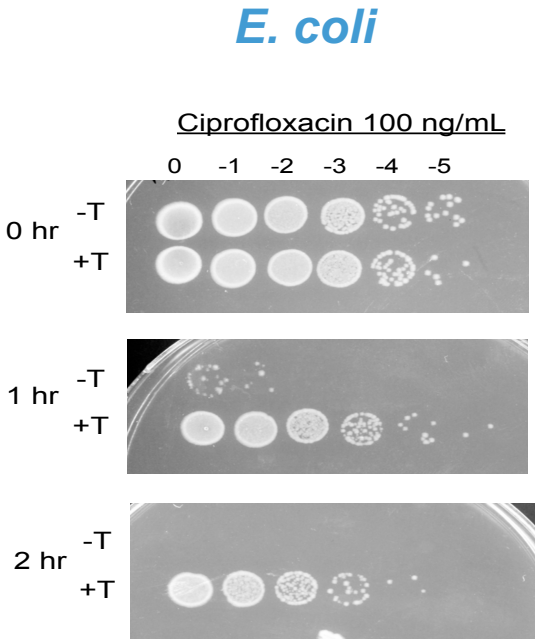
Inside cell:
Metabolism



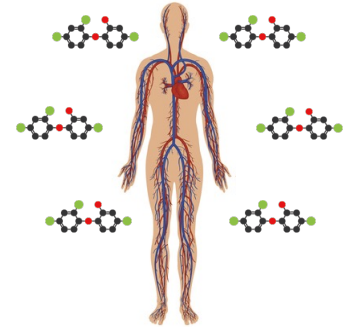
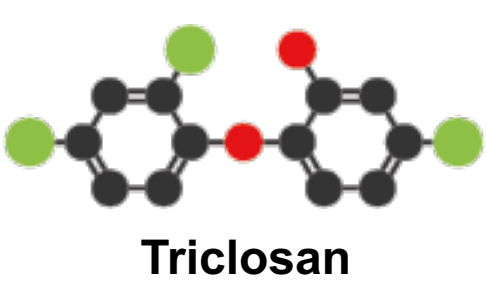
**persister
cell
tolerance**



Biocides can trigger antibiotic tolerance in free-living bacteria



Westfall et al. (2019)



- Triclosan: biocide widely used biocide in both domestic and healthcare products.
- Accumulates in environment and human body.
 - Low levels isolated in human urine, blood, nasal secretions.
- Triclosan is a fatty acid synthesis inhibitor.

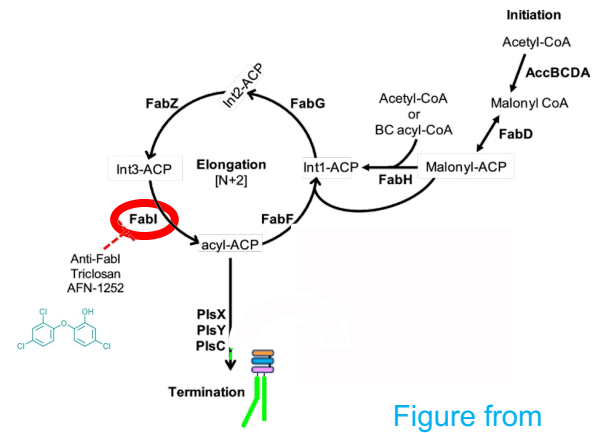
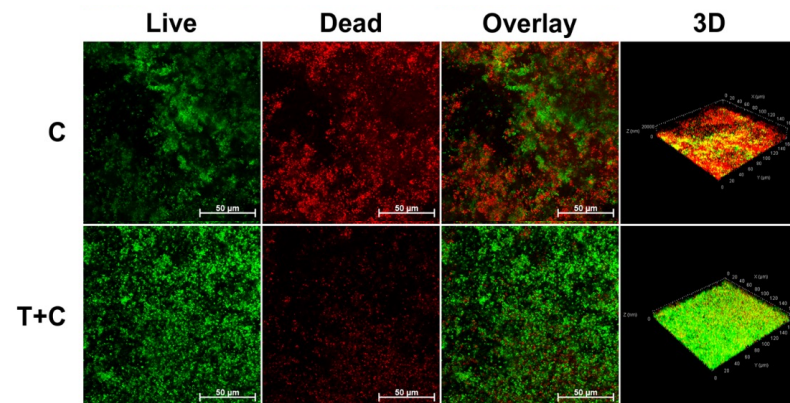


Figure from Morvan et al. (2017)

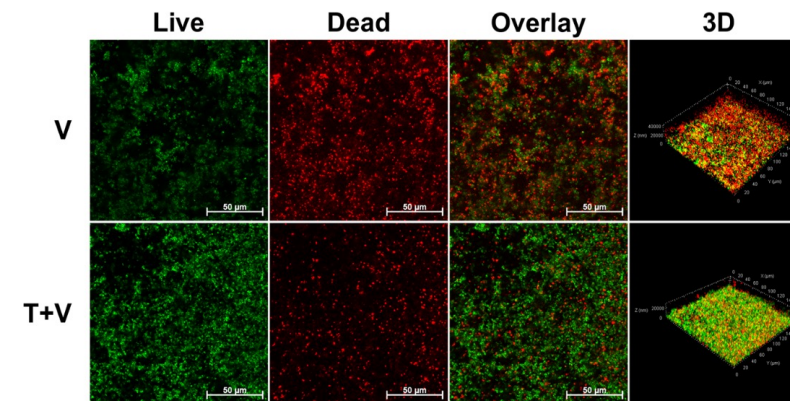
Biocides can induce antibiotic tolerance in biofilms

S. aureus

Ciprofloxacin

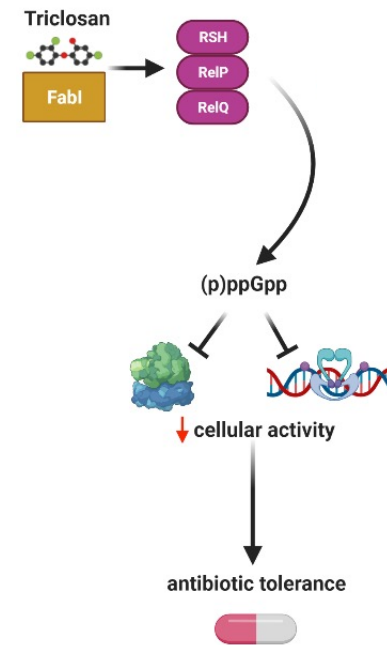
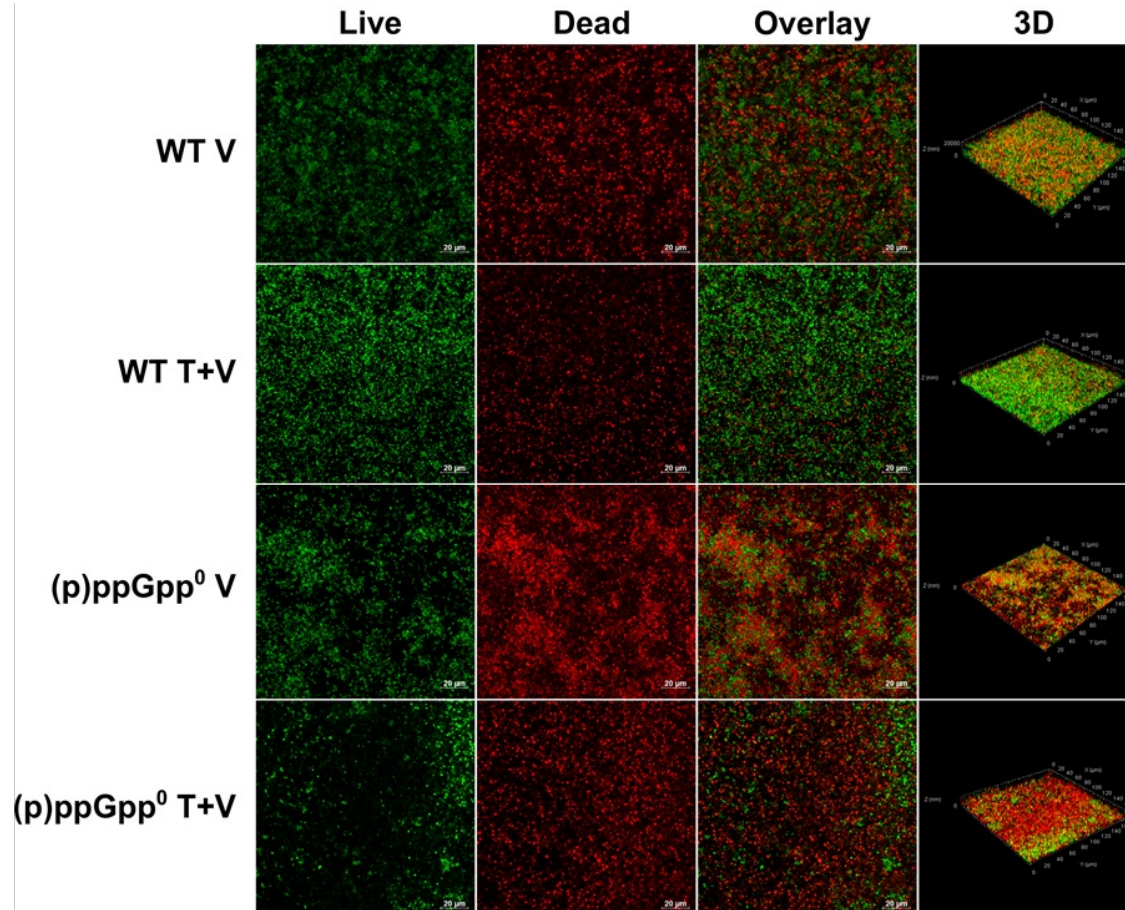


Vancomycin



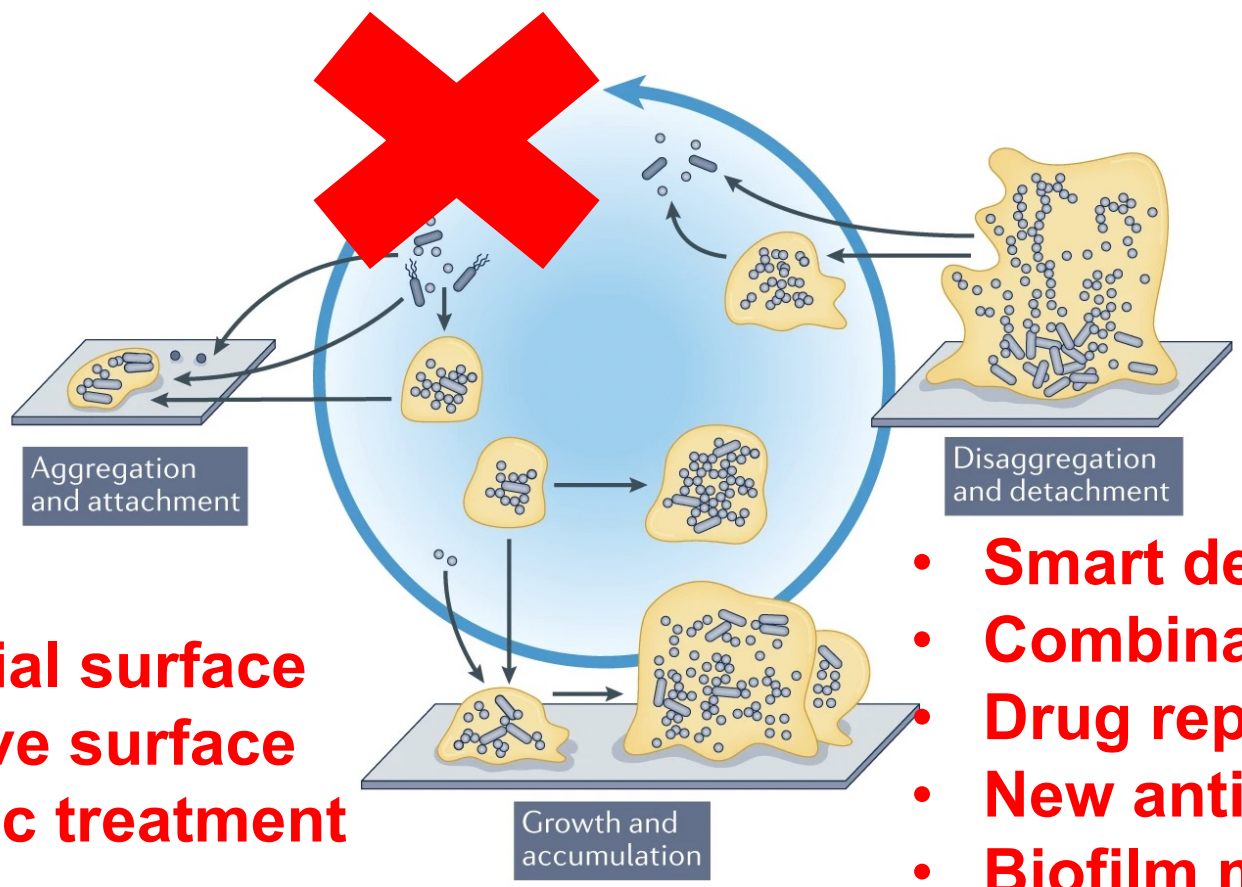
Functional stringent response linked to antibiotic tolerance in biofilms

S. aureus



(p)ppGpp⁰
mutant strain
(Δrsh_{syn} , $\Delta relP$,
 $\Delta relQ$).

Any ways to break the biofilm cycle?



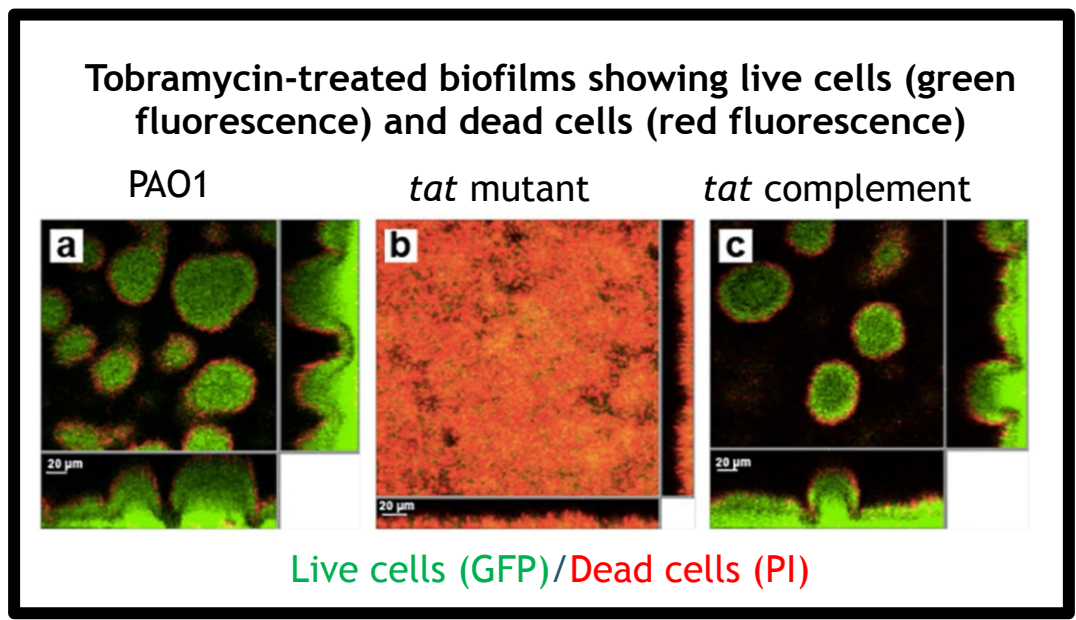
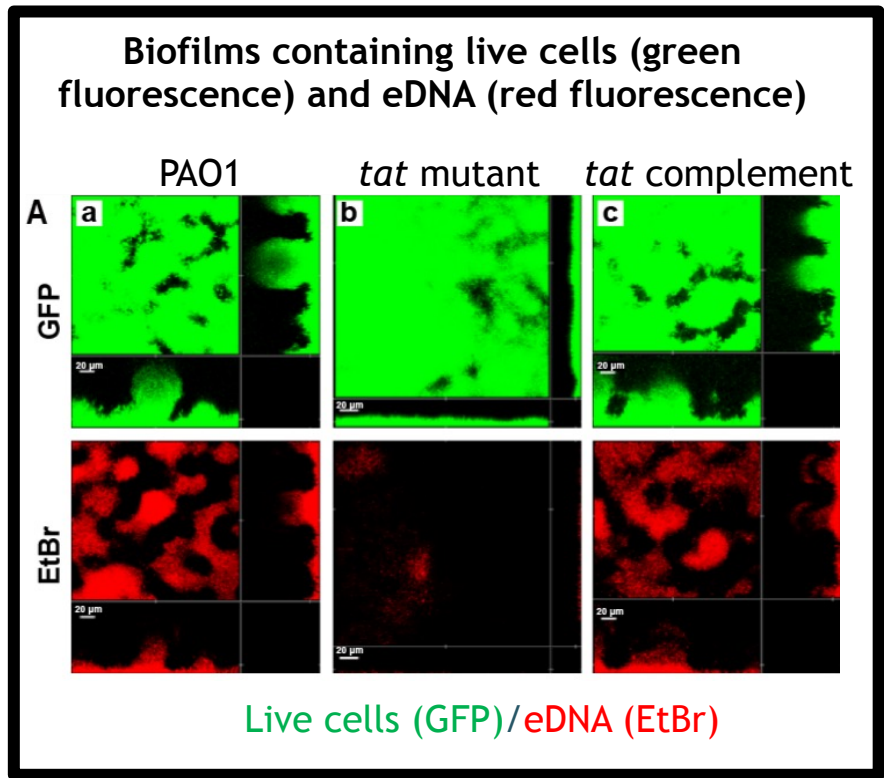
- Antimicrobial surface
- Antiadhesive surface
- Prophylactic treatment

- Smart delivery of current antibiotics
- Combination treatment
- Drug repurposing
- New antibiotics (vs persisters)
- Biofilm matrix targeting
- Stimulate immune clearance

Tat mutants create thin biofilms

P. aeruginosa mutants in the Tat pathway release less eDNA

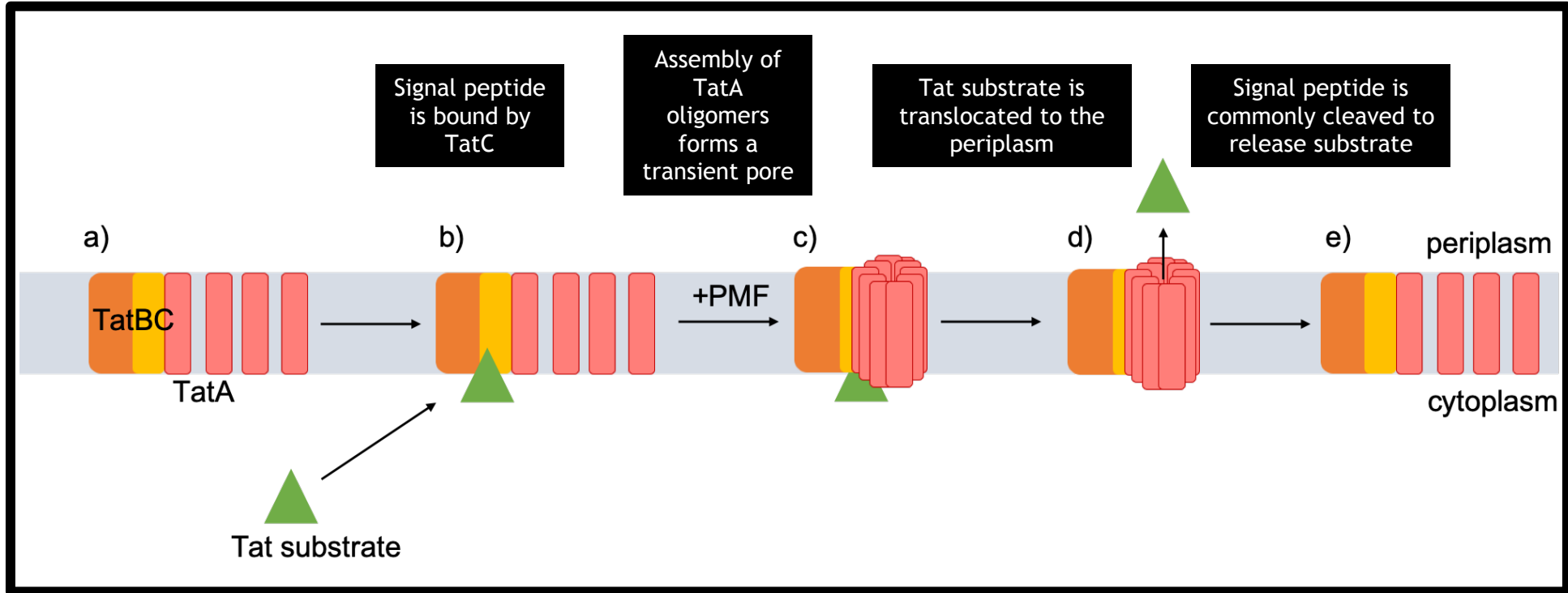
The thin, flat biofilms were more sensitive to tobramycin.



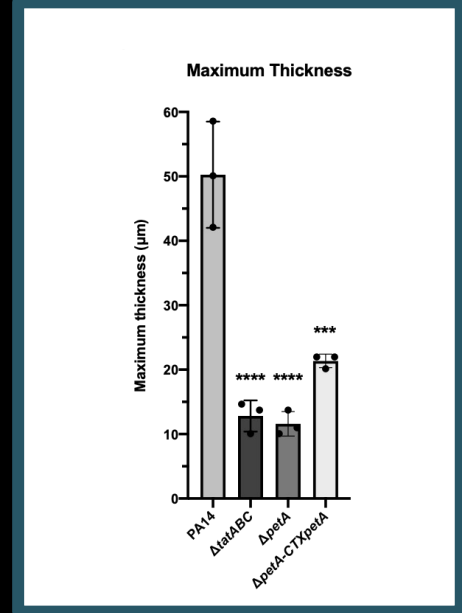
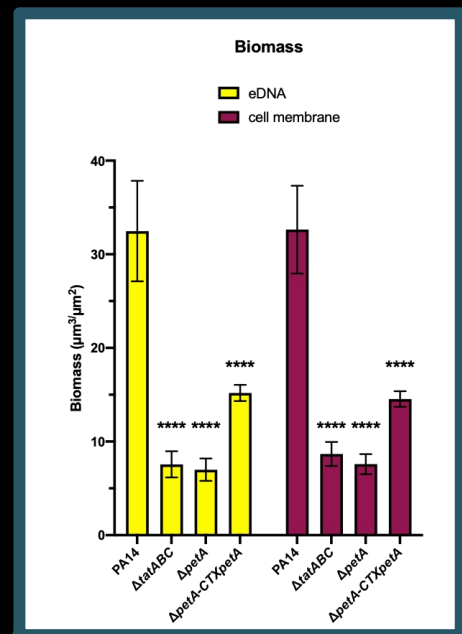
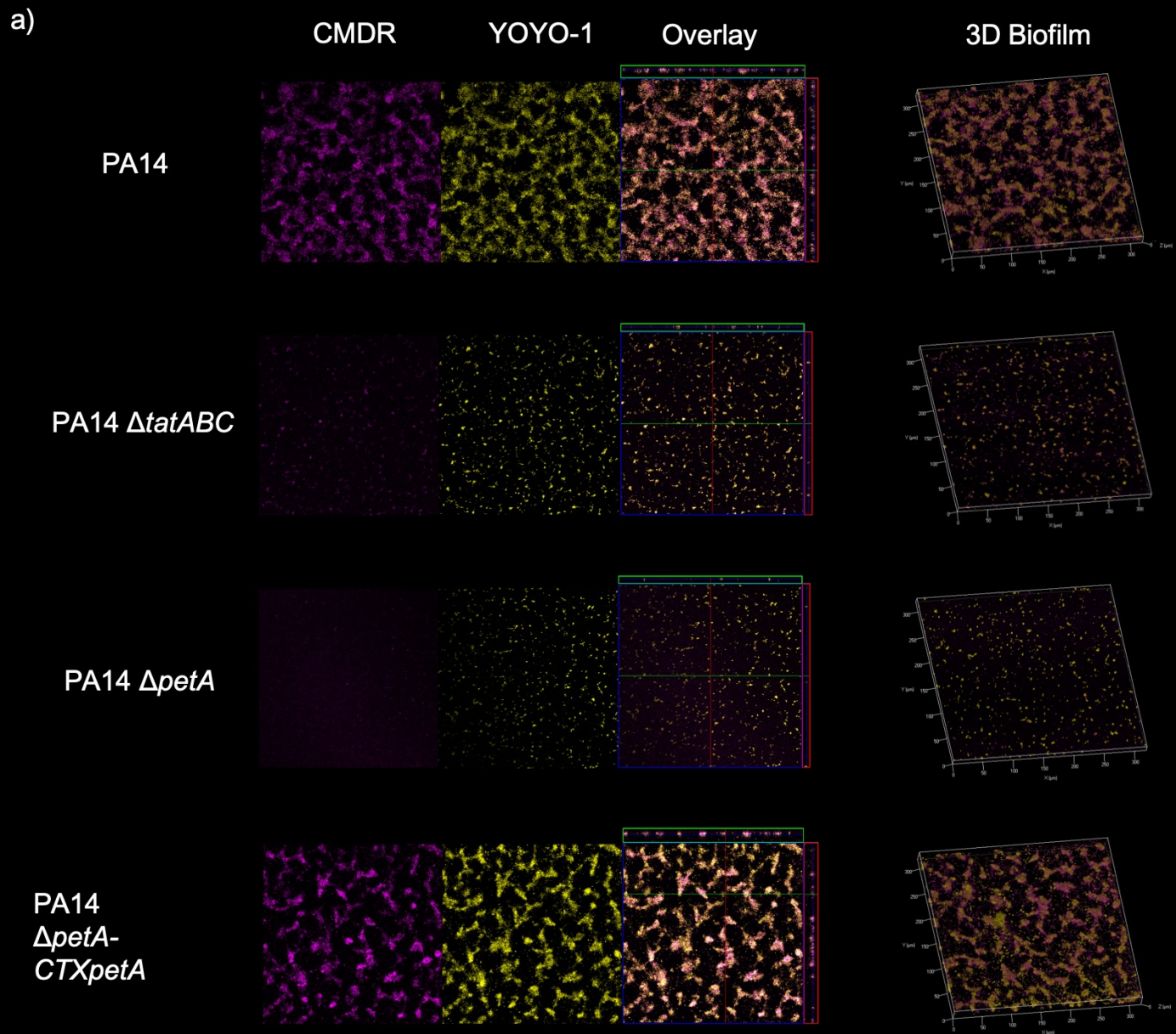
Frances Smith, Paul Williams, Tim Tolker Neilson

The Twin Arginine Translocation (Tat)

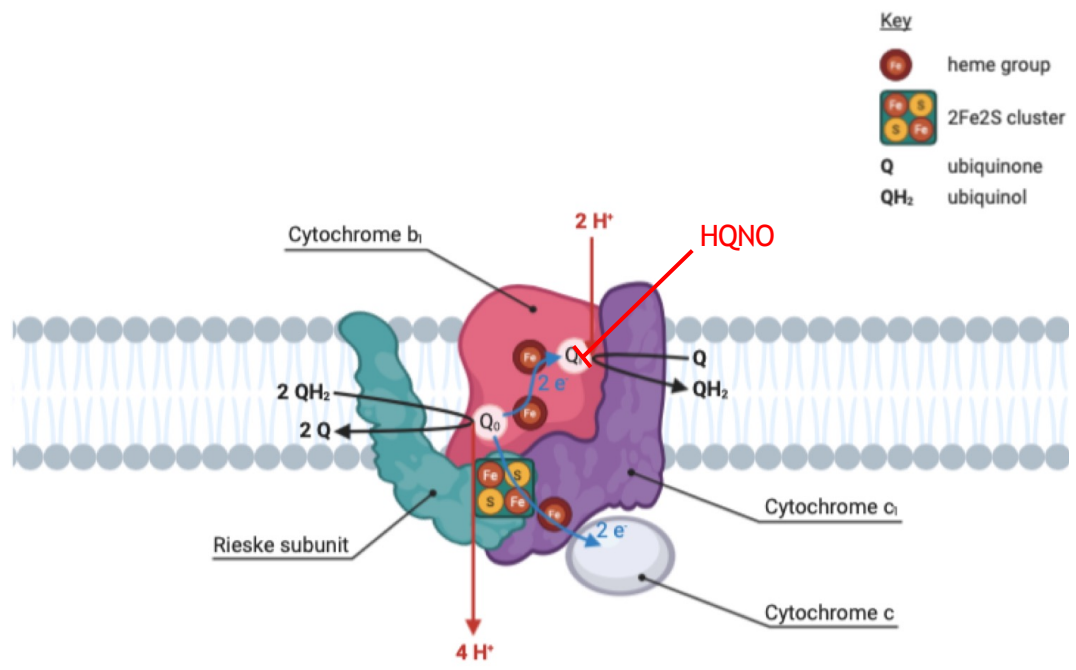
- localized to the inner membrane
- moves fully-folded proteins into the periplasm.
- 34 known substrates of the Tat system in *P. aeruginosa*
- Range of functions including phosphate acquisition (phospholipase C), iron acquisition (pyoverdinin maturation enzymes), anaerobic and aerobic respiration, motility and copper resistance.



The Tat substrate $\Delta petA$ mutation affects biofilm growth too



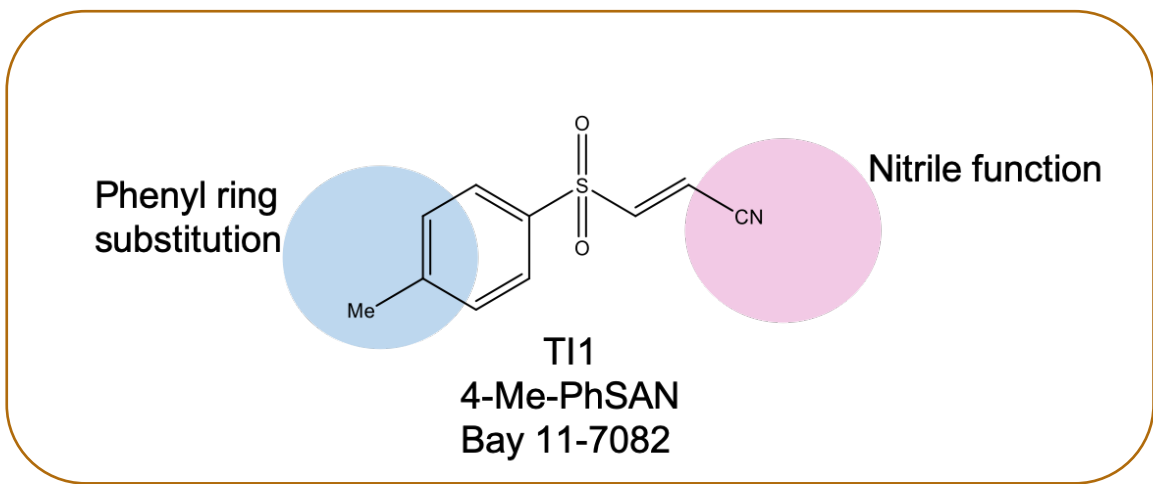
PetA is the Rieske subunit of cytochrome *bc*₁ complex



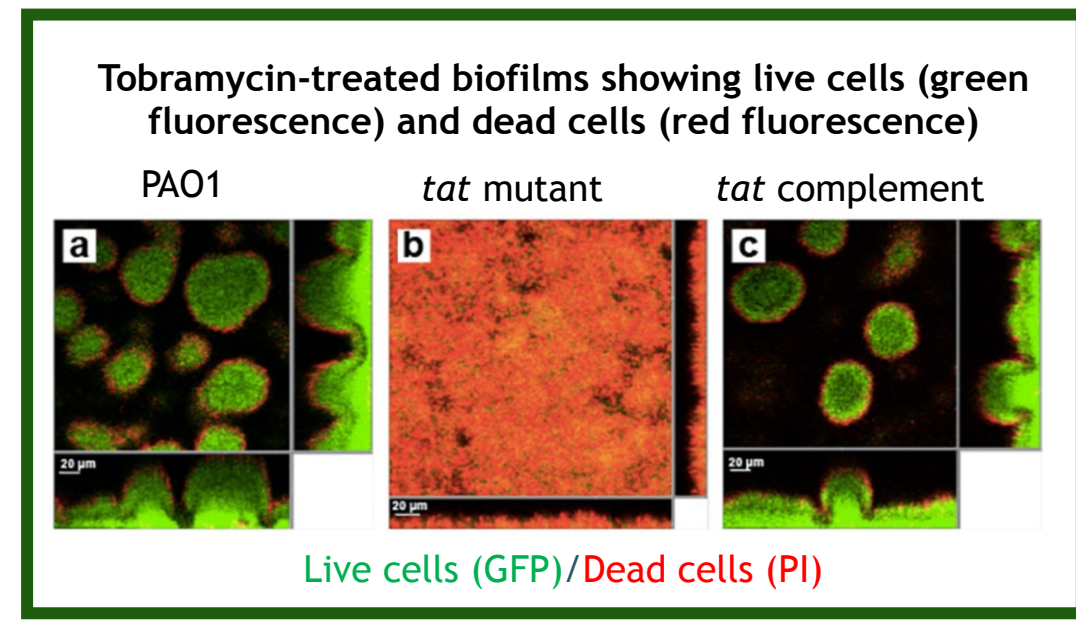
1. Rieske mutants are unable undergo HQNO autopoisoning at Qi site
 - Cannot undergo programmed cell death, which is required for eDNA release
2. The electron transport chain is disrupted
 - ATP within cell reduced in both $\Delta tatABC$ and $\Delta petA$ mutants
 - Cell may have increased aromatic ring catabolism and carbon utilisation to generate energy, and reduced energy-expensive processes such as secondary metabolite biosynthesis

Could Tat inhibitors augment antibiotic sensitivity?

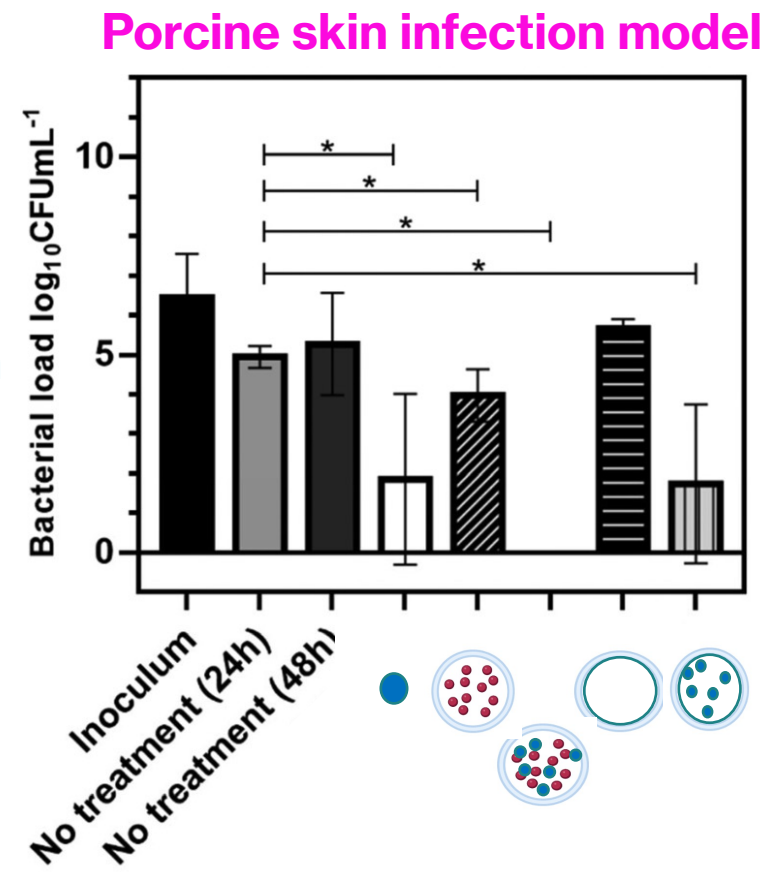
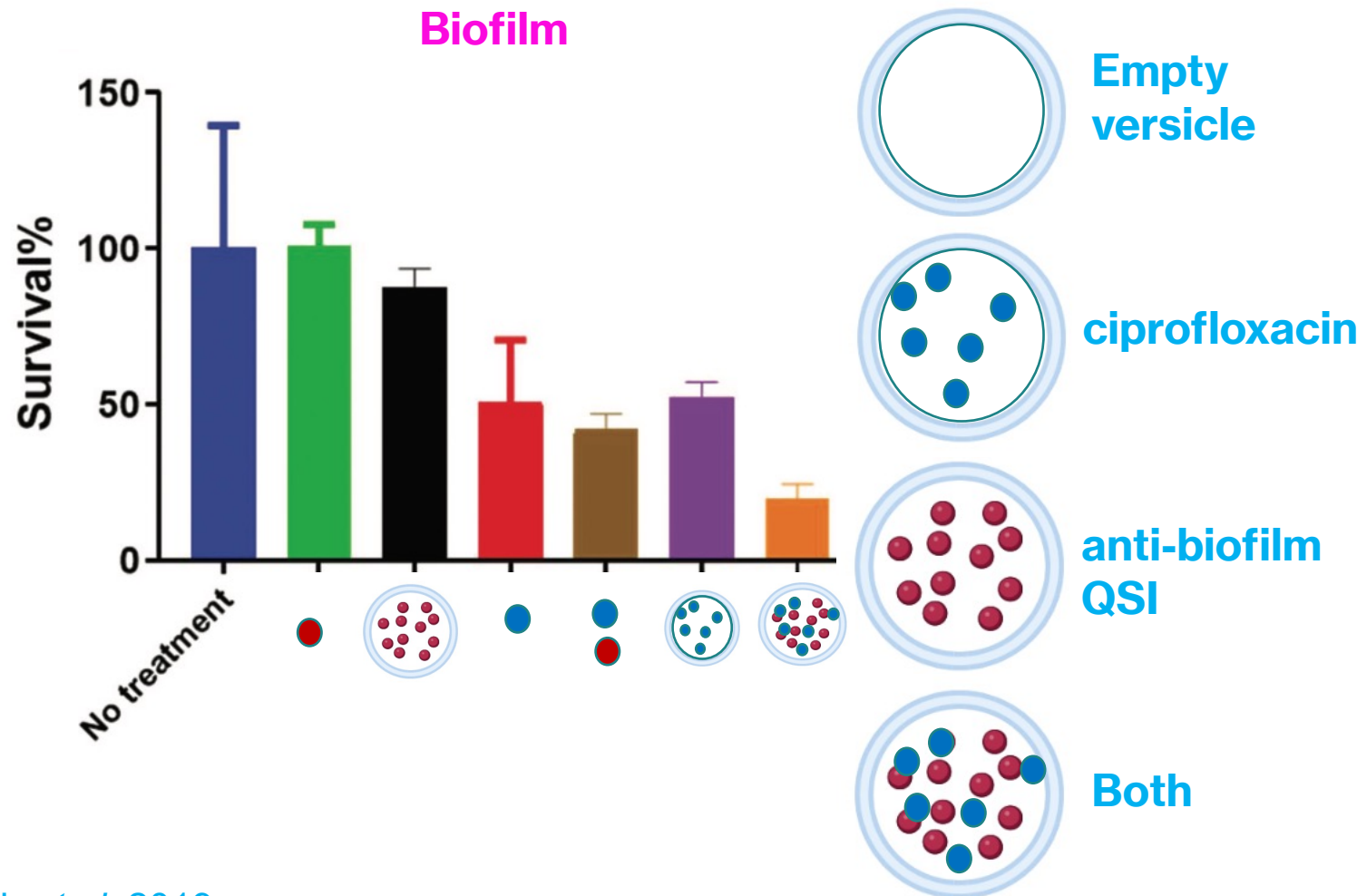
Tat inhibitor Bay 11-7082



Thin, flat biofilms of *tat* mutants are more sensitive to tobramycin.



Nanoparticle delivery of anti-biofilm and antibiotics combination is effective



Summary: finding and targeting Biofilm weak spots to improve antimicrobial options and curb rising AMR

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- **Biofilms are less sensitive to our current antimicrobials**
- **Rising AMR remains an issue**
- **The location of actively growing/metabolising bacteria in biofilms can be mapped to plot potential antimicrobial targets**
- **Antimicrobial penetration and killing can be tracked over time to identify the location of barriers including persisters**
- **Complex polymicrobial communities alter sensitivity to antimicrobials**
- **Mechanisms of antimicrobial tolerance in biofilms are emerging**
- **There is scope for novel antimicrobial targets that weaken biofilms**

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Kim.Hardie@nottingham.ac.uk


[@kim_hardie](https://twitter.com/kim_hardie)