Understanding the Bacterial Biofilm Resistance to Antibiotics and Immune Evasion



Surekha Challa, G. Mohana Sheela, and Nageswara Rao Reddy Neelapu

Abstract Biofilm is a multicellular lifestyle for bacteria to survive in adverse environmental conditions. Biofilms withstand antibiotics, immune defenses, disinfectants, nutritional changes and high temperatures. The present chapter reviews information of biofilm and also provide insights on how biofilms are able to tolerate antibiotics and evade immune system.

Keywords Biofilm · Antibiotic resistance · Immune evasion

Introduction

Microorganisms thrive in nature by existing either as free living individuals (planktonic mode) or as community known as biofilm. It was assumed that the standard mode of growth for some bacterial species is formation of biofilms whereas the planktonic growth is an in vitro work of art [1]. The term biofilm was coined by William J. Costerton in 1978 to describe the 'surface-attached microbial agglomerations' [2]. The alternative description available according to Donlan and Costerton [3] is" communities of microorganisms attached to a surface, producing extracellular polymeric substances (EPS) and exhibiting an alternate phenotype when compared with corresponding planktonic cells....". Biofilm is made up of water, bacterial cells, dead cells, and EPS [4]. EPS (referred as matrix) is 90% of the biofilm and EPS matrix consists of exopolysaccharides, DNA, proteins and other macromolecules [5]. The composition of the bacteria is different in the biofilm's. Bacteria form a biofilm either by recruiting the same bacterial species or by recruiting other bacterial species. If the bacterium recruits the same bacterial species then the biofilm formed is known as monospecies biofilm. Whereas, if the bacterium

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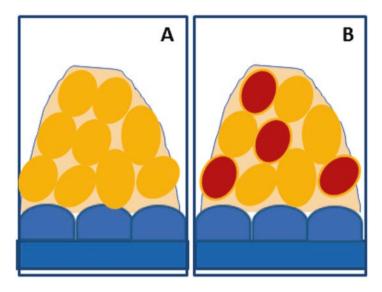


Fig. 1 Bacterial biofilm formed by the (a) same bacterial species (monospecies biofilm), (b) other bacterial species polymicrobial biofilm)

recruits the other bacterial species then the biofilm formed is known as polymicrobial biofilms (Fig. 1). Some available examples for polymicrobial biofilms are *Pseudomonas aeruginosa* mixed with *Staphylococcus aureus* [6]; *Prevotella* mixed with *S. aureus* [7]; and *Escherichia coli* mixed with *Bacteroides fragilis* [8]. Polymicrobial biofilms increase the rate of infection and survival of bacteria and thereby becomes recalcitrant [9]. *P. aeruginosa* and *S. aureus* biofilms [6]; and *Prevotella* and *S. aureus* biofilms [7] increased the infection rates of pathogens in a rat and mouse models respectively. *E. coli* with *B. fragilis* increased abscess formation in a mouse model [8].

Stoodley et al. [10] proposed a model to demonstrate how a bacterium like P. *aeruginosa* forms biofilm. The development of a biofilm (Fig. 2) includes the following five steps –

- The first step includes initial or reversible adherence of bacterial cell to a surface in the host. This initial adherence of the bacterium to the surface is influenced by the factors like specific bacterial surface molecules (secreted adhesins and extracellular adhesive appendages), motility and chemotaxis. The forces acting or involved between bacterial cells and the surface of attachment are hydrophobic or electrostatic interactions.
- 2. The second step includes multiplication of the bacteria forming microcolonies. The microcolonies in the biofilm grow up both horizontally and vertically in size. The bacterial cells generate EPS on all sides of the microcolonies resulting in irreversible adhesion.
- 3. The third step includes development leading to formation of an early structure like matrix for biofilm.
- 4. The fourth step includes maturation of matrix leading to formation of biofilm. The mature biofilm is a either a "thick and mushroom-like or tower-like

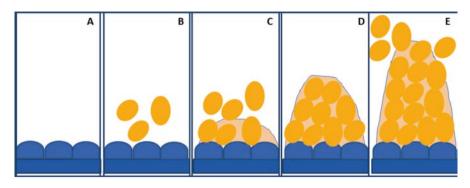


Fig. 2 The sequence of events involved in formation of a biofilm (a) surface/substrate for the formation of a biofilm, (b) bacterial cells adhering to the surface, (c) bacterial cells generating EPS resulting in irreversible adhesion, (d) development leading to formation of an early structure like matrix for biofilm, (e) maturation of matrix leading to formation of biofilm and dispersal of cells from the matrix of biofilm

Table 1	Biofilms related to)
devices		

S. No	Devices	Reference
1	Orthopedic alloplastic devices	[11, 12]
2	Indwelling urinary catheters or urethral stents	[13, 14]
3	Intravenous catheters	[15]
4	Vascular prostheses	[16]
5	Cardiac pacemakers and prosthetic heart valves	[13, 17, 18]
6	Endotracheal tubes	[19]
7	Cerebrospinal fluid shunts	[20]
8	Peritoneal dialysis catheters	[21]
9	Biliary tract stents	[22]
10	Intrauterine devices	[23, 24]
11	Contact lenses	[25]
12	Tissue fillers	[26, 27]
13	Dentures	[28]

structures". The 3-dimensional structures filled with cells in groups as the number of bacteria increase. These structures form ducts between the groups allowing transport of water and nutrients; and removal of waste.

5. The fifth step includes dispersal of cells from the matrix of biofilm. Thereby biofilms display crucial disbanding mechanisms and release cells which are circulated to further sites. Fluctuation in oxygen, nutrient availability, other stress-generating situations, and toxic products are the factors persuading dispersal of biofilm.

Generally, biofilm is formed on medical devices; or in the tissue of the host; or on fresh fruits and vegetables; or on agricultural products used for food consumption (Tables 1, 2, and 3). Biofilm generally provides a strong platform for interaction

S. No	Disease	Pathogen	Tissue	Reference
1	Cystic fibrosis	P. aeruginosa	Lungs	[29]
2	Chronic obstructive pulmonary diseases	P. aeruginosa	Lungs	[30]
3	Tuberculosis	Mycobacterium tuberculosis	Lungs	[31]
4	Chronic wound infections	Invasive infectious agents like Staphylococcus aureus	Tissue with wounds	[32]
5	Chronic otitis media	S. pneumoniae, Haemophilus influenzae, Moraxella catarrhalis, and S. aureus	Ear	[33]
6	Chronic sinusitis	Viral or bacterial infection	Nasal passages (sinuses)	[34]

Table 2 Biofilms related to tissues

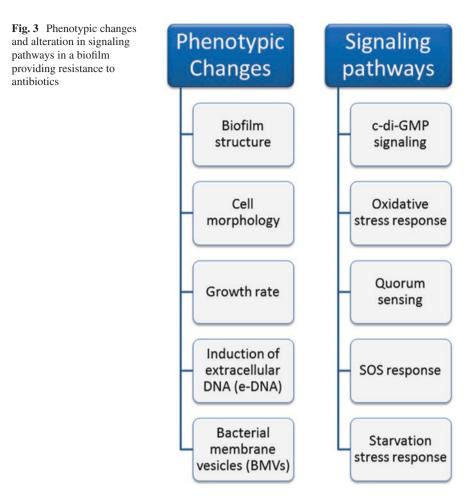
Table 3 Biofilms on fresh fruits, vegetables or agricultural products used for food consumption

S. No	Pathogen	Fruit/vegetable	Reference
1	S. enterica serovar Saphra	Cantaloupe melons	[35, 36]
2	E. coli	Apples	[37–39]
3	<i>E. coli</i> O157:H7	Lettuce and spinach	[40]
4	Shigella sonnei	Fresh parsley	[40]
5	Shigella boydii	Bean salad	[41]
6	Shigella	Parsley plants	[40]

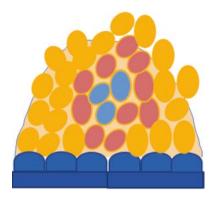
and communication among the individuals present in the colony and also withstand antibiotics, immune defenses, disinfectants, nutritional changes, high temperatures etc., In this section, a detailed discussion on how biofilms tolerate antibiotics and evade immune system are given below.

Antibiotics Resistance

Though modification of the antibiotic molecule, reducing drug permeability, and modification of target binding sites are the known mechanisms for antibiotic resistance; formation of biofilm is another mechanism for antibiotic resistance. Biofilms when exposed to antibiotics show several phenotypic changes and alteration in signaling pathways. Changes in biofilm structure, cell morphology, growth rate, induction of extracellular DNA (e-DNA) and bacterial membrane vesicles (BMVs) are the phenotypic changes reported when exposed to antibiotic. The signaling mechanisms like Cyclic dimeric guanosine monophosphate (c-di-GMP) signaling, oxidative stress response, quorum sensing, SOS response and starvation stress response involved in the biofilm. These signaling mechanisms are altered when exposed to antibiotics (Fig. 3).



Alterations in bacterial cell morphology were reported in *Klebsiella pneumonia*, *E. coli*, and *Streptococcus mutans* when exposed to sub-lethal concentration of antibiotics and other compounds. *K. pneumonia* when exposed to carbapenem, imipenem, meropenem and doripenem; morphological alterations of *K. pneumonia* cell was observed. Round cells of *K. pneumonia* when exposed to carbapenem modified there size and shape through RpoS-dependent regulation [42]. When *K. pneumonia* was exposed to imipenem for 24 h significant cell shortening was observed, whereas significant cell lengthening was observed when *K. pneumonia* was exposed to meropenem and doripenem. *E. coli* when exposed to piperacillin or a combination of piperacillin and tazobactam, changed its morphology to filamentous form [43, 44]. *S. mutans* when exposed to xanthorrhizol (extract of *Curcuma* xanthorrhiza), changed its surface and contour of cell wall and membrane [45]. Thus, bacterial cells when exposed to antibiotics alter the shape with a possible connection to antibiotic response. Fig. 4 Surface layer cells, middle layer cells and deepest layer cells of the biofilm



The change in the growth rate of cells in a biofilm when exposed to antibiotic is another notable feature. Cells in the biofilm can typically be classified as surface layer cells, middle layer cells and deepest layer cells (Fig. 4). Cells present at the surface, middle, and deepest of the biofilm are metabolically active, non-growing but alive, and dormant respectively. Cell surface cells of the biofilm are sensitive to antimicrobials, whereas middle layer cells acquire tolerance to some agents, and inner layer cells are tolerant to antimicrobial agents. The lowered metabolic activities of the middle layer cells; and zero metabolic activities in the inner cell layers of the biofilm are responsible for the resistance to antibiotics. Thus, biofilms when exposed to antibiotics exhibit reduced growth leading to antibiotics resistance.

eDNA is known for formation, sustaining and maintenance of biofilm [46–48]. The sources of eDNA can be external to the biofilm or can be one of the cells lysed in the polymicrobial species biofilm. This eDNA via horizontal gene transfer is absorbed by other competent cells of the biofilm leading to antibiotic resistance [49]. Further, eDNA binds to antibiotics [50, 51], or activates genes concerned with resistance leading to antibiotic resistance. Thus, role of eDNA in antibiotic resistance by various mechanisms is a fact.

BMVs have multiple roles like guarding the microbial cells from antibiotic stress, promoting biofilm formation; facilitating adherence; material delivery; retaining integrity of the cell membrane; and competing for growth factors. BMVs provide resistance to antibiotics such as polymyxin B, colistin, and melittin [52, 53]. In an experiment with P. aeruginosa biofilm, drug-binding proteins were identified in the BMVs; and this signifys a likely drug-sequestering consequence by content in BMVs [54, 55]. In another study, BMVs of S. aureus carrying protein lactamase showed resistance to ampicillin [56]. The other possible role of BMVs is acting as an interspecies communication system to transfer DNA, proteins, RNA, and toxins [57]. Another role of BMVs is to promote biofilm formation, where addition of Helicobacter planktonic culture initiated BMV to the formation of Helicobacter biofilm. Thus, vesicles allow microbial cells in the biofilms to thrive against antibiotics in addition to other roles.

Starvation of the middle and inner layer cells of the biofilm is known and biofilm induces response to this starvation. These starvation responses are known to protect

bacterial biofilm when exposed to antibiotics [58, 59]. Nguyen et al. [60] reported antibiotic resistance when nutrients are limited to biofilms and bacteria. The plausible explanation is that starvation response signal like RelA-SpoT mediates decrease in prooxidants and increase in antioxidants to protect biofilm from antibiotic. Thus, starvation responses have the ability to defend the biofilm from antibiotics.

SOS responses generated by bacterial cells in the biofilm were known to provide tolerance to antibiotics. DNA damaging agents or antibiotics increase the mutation rate leading to a "hypermutator phenotype". Hypermutators have an advantage in colonizing the host as well as in exhibiting virulence [61]. Hypermutator phenotypes also hinder recombination and generate SOS response. SOS response activates DNA repair and facilitates recombination, and as a result DNA repair mutants can acquire antibiotic resistance genes [62]. In *P. aeruginosa* MMR deficient mutators were to able adjust as a biofilm community, whereas planktonic cells were not able to adjust. Fluoroquinolones and ciprofloxacin induced SOS response in pathogens resulting in bacterial persistence [63, 64]. Though, the clear connection between SOS response and antibiotic resistance is not established; the above evidences are in favor of SOS response and antibiotic resistance.

Oxidative stress responses generated by bacterial cells in the biofilm were known to provide tolerance to antibiotics. Oxidative stress induces double-strand breaks in bacterial DNA and as consequence bacteria activates the DNA repair mechanism. The DNA repair mechanism facilitates recombination allowing the mutants to acquire antibiotic resistance genes [62]. Boles and Singh [65] revealed that oxidative stress induce mutations in the bacteria cells of biofilm leading to variants. And identified that activation of DNA repair have a tendency to increase antibiotic resistance in biofilms against gentamicin [65, 66]. Thus, oxidative stress responses generated by bacterial cells in the biofilm provide antibiotic resistance.

c-di-GMP signaling by bacterial cells in the biofilm bestows tolerance to antibiotics. c-di-GMP is the secondary messenger involved in regulating the formation of biofilm and persister cell [67]. Hoffman et al. [68] proved that signaling of c-di-GMP in *E. coli* and *P. aeruginosa* improved biofilm mass in the presence of antibiotic tobramycin. Thus, c-di-GMP signaling improves tolerance to antibiotics.

Quorum sensing (QS) facilitates antibiotics resistance to the bacterial cells in the biofilm [69]. QS signaling provided resistance in *P. aeruginosa* for antibiotics ceftazidime and colistin. LasR mutants of *P. aeruginosa* acquired beta-lactamase activity and showed resistance to ceftazidime. QS in *P. aeruginosa* is regulated and colistin-tolerant cells migrate to the upper layer of the biofilm using "type IV pilidependent motility" [70]. This allows the biofilm to grow in size and helps the pathogen to persist even in the presence of antibiotics. Thus, QS signaling also have an important role in contributing resistance to antibiotics.

Immune Defenses

Biofilms use a number of strategies to withstand host defense mechanisms. Literature reports key strategies used by biofilms to evade host immune system. The strategies are (1) leukocytes penetration into the biofilm is limited, (2) QS increases resistance to leukocytes, (3) leukocytes adeptness to engulf biofilm decreases, (4) activity of leukocyte is suppressed, (5) genetic switches of biofilms, [71] (6) dys-functioning or destroying macrophages, and (7) biofilm shields (Fig. 5). In this section we discuss in detail the immune evading mechanisms used by biofilms of *S. aureus* and *P. aeruginosa*.

Mechanisms used by biofilms of *S. aureus* to evade immune system are evading recognition of TLR2 and TLR9 [72]; skewing the immune response; dysfunctioning of macrophage; and impaired phagocytosis of leukocytes [73]. Though, leukocytes penetrate into biofilm they were not able to kill bacteria in biofilm due to impaired phagocytosis of leukocytes [73]. Although, macrophages were able to engulf immature or disrupted biofilm of *S. aureus* [72]; macrophages were not capable of engulf a mature biofilm. At the same time dysfunctioning of macrophages is due to release of products by biofilm. Therefore, the above mechanisms are used by *S. aureus* to evade the host immune system.

The alternative mechanisms used by biofilms to evade immune system are by developing protective layers around biofilms. *P. aeruginosa* biofilms to evade immune system have protective layers like exopolysaccharide alginate and rhamno-lipids. The exopolysaccharide alginate in *P. aeruginosa* biofilms shields bacteria from leukocyte phagocytosis, whereas rhamnolipids form a "biofilm shield" and

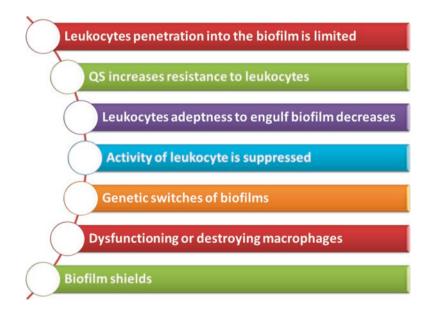


Fig. 5 Immunoevasion strategies used by biofilms to withstand host defense mechanisms

prevent the bactericidal activity of polymorphonuclear leukocytes (PMNs) [74]. Thus, biofilm shields prevent immune action against *P. aeruginosa* and protect it from host immunity.

Conclusion

Bacteria live in communities to provide a platform for interaction and communication among the individuals and also to withstand antibiotics, disinfectants, high temperatures, immune defenses, nutritional changes etc. Changes in biofilm structure, cell morphology, growth rate, induction of e-DNA, BMVs; and altered signalling mechanisms like c-di-GMP signaling, oxidative stress response, quorum sensing, SOS response and starvation stress response provide resistance to the biofilm. Limited leukocytes penetration into the biofilm, increased resistance to leukocytes, decreased leukocytes adeptness to engulf biofilm, suppression of leukocyte activity, genetic switches of biofilms, dysfunctioning or destroying macrophages, and biofilm shields form the important strategies of the biofilm to evade host immune system.

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Authors Contribution CS and NNR initiated the review, participated in writing and revised the manuscript.

Conflict of Interest Statement The authors declare that there is no potential conflict of interest.

References

- Kimberly, K., & Jefferson. (2004). What drives bacteria to produce a biofilm? FEMS Microbiology Letters, 236(2), 163–173.
- Costerton, J. W., Geesey, G. G., & Cheng, K. J. (1978). How bacteria stick. *Scientific American*, 238(1), 86–95.
- Donlan, R. M., & Costerton, J. W. (2002). Biofilms: Survival mechanisms of clinically relevant microorganisms. *Clinical Microbiology Reviews*, 15(2), 167–193.
- Yang, L., Liu, Y., Wu, H., Song, Z., Høiby, N., Molin, S., & Givskov, M. (2012). Combating biofilms. *FEMS Immunology and Medical Microbiology*, 65, 146–157.
- Sutherland, I. W. (2001). The biofilm matrix—An immobilized but dynamic microbial environment. *Trends in Microbiology*, 9, 222–227.
- Hendricks, K. J., Burd, T. A., Anglen, J. O., Simpson, A. W., Christensen, G. D., & Gainor, B. J. (2001). Synergy between *Staphylococcus aureus* and *Pseudomonas aeruginosa* in a rat model of complex orthopaedic wounds. *The Journal of Bone and Joint Surgery*, 83, 855–861.
- Mikamo, H., Kawazoe, K., Izumi, K., Watanabe, K., Ueno, K., & Tamaya, T. (1998). Studies on the pathogenicity of anaerobes, especially *Prevotella bivia*, in a rat pyometra model. *Infectious Diseases in Obstetrics and Gynecology*, 6, 61–65.

- Mastropaolo, M. D., Evans, N. P., Byrnes, M. K., Stevens, A. M., Robertson, J. L., & Melville, S. B. (2005). Synergy in polymicrobial infections in a mouse model of type 2 diabetes. *Infection and Immunity*, 73, 6055–6063.
- Wolcott, R., Costerton, J. W., Raoult, D., & Cutler, S. J. (2013). The polymicrobial nature of biofilm infection. *Clinical Microbiology and Infection*, 19, 107–112.
- Stoodley, H. L., Stoodley, P., Kathju, S., Hoiby, N., Moser, C., Costerton, J. W., Moter, A., & Bjarnsholt, T. (2012). Towards diagnostic guidelines for biofilm-associated infections. *FEMS Immunology and Medical Microbiology*, 65, 127–145.
- Gristina, A. G., & Costerton, J. W. (1985). Bacterial adherence to biomaterials and tissue. The significance of its role in clinical sepsis. *The Journal of Bone and Joint Surgery American*, 67, 264–273.
- Song, Z., Borgwardt, L., Hoiby, N., Wu, H., Sorensen, T. S., & Borgwardt, A. (2013). Prosthesis infections after orthopedic joint replacement: The possible role of bacterial biofilms. *Orthopedic Reviews (Pavia)*, 5, 65–71.
- 13. Donlan, R. M. (2001). Biofilms and device-associated infections. *Emerging Infectious Diseases*, 7, 277–281.
- Conway, L. J., & Larson, E. L. (2012). Guidelines to prevent catheter-associated urinary tract infection: 1980 to 2010. *Heart & Lung*, 41, 271–283.
- Tran, P. L., Lowry, N., Campbell, T., Reid, T. W., Webster, D. R., Tobin, E., Aslani, A., Mosley, T., Dertien, J., Colmer-Hamood, J. A., & Hamood, A. N. (2012). An organoselenium compound inhibits *Staphylococcus aureus* biofilms on hemodialysis catheters in vivo. *Antimicrobial Agents and Chemotherapy*, 56, 972–978.
- Tollefson, D. F., Bandyk, D. F., Kaebnick, H. W., Seabrook, G. R., & Towne, J. B. (1987). Surface biofilm disruption. Enhanced recovery of microorganisms from vascular prostheses. *Archives of Surgery*, 122, 38–43.
- Marrie, T. J., & Costerton, J. W. (1984). Morphology of bacterial attachment to cardiac pacemaker leads and power packs. *Journal of Clinical Microbiology*, 19, 911–914.
- Santos, A. P., Watanabe, E., & Andrade, D. (2011). Biofilm on artificial pacemaker: Fiction or reality? Arquivos Brasileiros de Cardiologia, 97, e113–e120.
- Gil-Perotin, S., Ramirez, P., Marti, V., Sahuquillo, J. M., Gonzalez, E., Calleja, I., Menendez, R., & Bonastre, J. (2012). Implications of endotracheal tube biofilm in ventilator-associated pneumonia response: A state of concept. *Critical Care*, 16, R93.
- Fux, C. A., Quigley, M., Worel, A. M., Post, C., Zimmerli, S., Ehrlich, G., & Veeh, R. H. (2006). Biofilm-related infections of cerebrospinal fluid shunts. *Clinical Microbiology and Infection*, 12, 331–337.
- Dasgupta, M. K. (2002). Biofilms and infection in dialysis patients. Seminars in Dialysis, 15, 338–346.
- Donelli, G., Vuotto, C., Cardines, R., & Mastrantonio, P. (2012). Biofilm-growing intestinal anaerobic bacteria. *FEMS Immunology and Medical Microbiology*, 65, 318–325.
- Abdel-Hafeez, M., El-Mehallaway, N., Khalil, I., Abdallah, F., & Elnaggar, A. (2014). Microbiological profile and biofilm formation on removed intrauterine contraceptive devices from a sample of Egyptian women. *The Journal of Obstetrics and Gynaecology Research*, 40, 1770–1776.
- 24. Auler, M. E., Morreira, D., Rodrigues, F. F., Abr Ao, M. S., Margarido, P. F., Matsumoto, F. E., Silva, E. G., Silva, B. C., Schneider, R. P., & Paula, C. R. (2010). Biofilm formation on intrauterine devices in patients with recurrent vulvovaginal candidiasis. *Medical Mycology*, 48, 211–216.
- 25. Abidi, S. H., Sherwani, S. K., Siddiqui, T. R., Bashir, A., & Kazmi, S. U. (2013). Drug resistance profile and biofilm forming potential of *Pseudomonas aeruginosa* isolated from contact lenses in karachi-pakistan. *BMC Ophthalmology*, 13, 57.
- 26. Rieger, U. M., Mesina, J., Kalbermatten, D. F., Haug, M., Frey, H. P., Pico, R., Frei, R., Pierer, G., Luscher, N. J., & Trampuz, A. (2013). Bacterial biofilms and capsular contracture in patients with breast implants. *The British Journal of Surgery*, 100, 768–774.

- Christensen, L., Breiting, V., Bjarnsholt, T., Eickhardt, S., Hogdall, E., Janssen, M., Pallua, N., & Zaat, S. A. (2013). Bacterial infection as a likely cause of adverse reactions to polyacrylamide hydrogel fillers in cosmetic surgery. *Clinical Infectious Diseases*, 56, 1438–1444.
- Murakami, M., Nishi, Y., Seto, K., Kamashita, Y., & Nagaoka, E. (2015). Dry mouth and denture plaque microflora in complete denture and palatal obturator prosthesis wearers. *Gerodontology*, 32, 188–194.
- 29. Hoiby, N., Ciofu, O., & Bjarnsholt, T. (2010). *Pseudomonas aeruginosa* biofilms in cystic fibrosis. *Future Microbiology*, 5, 1663–1674.
- Martinez-Solano, L., Macia, M. D., Fajardo, A., Oliver, A., & Martinez, J. L. (2008). Chronic *Pseudomonas aeruginosa* infection in chronic obstructive pulmonary disease. *Clinical Infectious Diseases*, 47, 1526–1533.
- 31. Kulka, K., Hatfull, G., & Ojha, A. K. (2012). Growth of *Mycobacterium tuberculosis* biofilms. *Journal of Visualized Experiments*, 60, e3820.
- Percival, S. L., Hill, K. E., Williams, D. W., Hooper, S. J., Thomas, D. W., & Costerton, J. W. (2012). A review of the scientific evidence for biofilms in wounds. *Wound Repair and Regeneration*, 20, 647–657.
- Wessman, M., Bjarnsholt, T., Eickhardt-Sorensen, S. R., Johansen, H. K., & Homoe, P. (2015). Mucosal biofilm detection in chronic otitis media: A study of middle ear biopsies from greenlandic patients. *European Archives of Oto-Rhino-Laryngology*, 272, 1079–1085.
- 34. Jain, R., & Douglas, R. (2014). When and how should we treat biofilms in chronic sinusitis? Current Opinion in Otolaryngology & Head and Neck Surgery, 22, 16–21.
- 35. FDA, U.S. Food and Drug Administration. (2001a). FDA survey of imported fresh produce. U.S. Food and Drug Administration. Center for Food Safety and Applied Nutrition, Office of Plant and Dairy Foods and Beverages. Available from: http://www.cfsan.fda.gov/~dms/prodsur6.html. Accessed 21 May 2018.
- 36. FDA, U.S. Food and Drug Administration. (2002). FDA issue import alert on cantaloupes from Mexico. U.S. Food and Drug Administration. Office of Public Affairs. Available from: http://www.fda.gov/bbs/topics/ANSWERS/2002/ANS01167.html. Accessed 21 May 2018.
- 37. Sapers, G. M. (2005). Washing and sanitizing treatments for fruits and vegetables. Chapter 17. In G. M. Sapers, J. R. Gorny, & A. E. Yousef (Eds.), *Microbiology of fruits and vegetables* (pp. 376–387). Boca Raton: CRC Taylor & Francis.
- Sapers, G. M., Miller, R. L., Jantschke, M., & Mattrazzo, A. M. (2000). Factors limiting the efficacy of hydrogen peroxide washes for decontamination of apples containing *Escherichia coli. Journal of Food Science*, 65, 529–532.
- Sapers, G. M., Miller, R. L., Annous, B. A., & Burke, A. M. (2002). Improved ant antimicrobial wash treatments for decontamination of apples. *Journal of Food Science*, 67, 1886–1891.
- 40. Annous, B. A., Fratamico, P. M., & Smith, J. L. (2009). Quorum sensing in biofilms: Why bacteria behave the way they do. *Journal of Food Science*, 74(1), R24–R37.
- 41. Agle, M. E. (2003). *Shigella boydii* 18: Characterization and biofilm formation. PhD thesis, Urbana: University of Illinois.
- Van Laar, T. A., Chen, T., You, T., & Leung, K. P. (2015). Sublethal concentrations of carbapenems alter cell morphology and genomic expression of *Klebsiella pneumoniae* biofilms. *Antimicrobial Agents and Chemotherapy*, 59, 1707–1717.
- Lorian, V., Waluschka, A., & Kim, Y. (1982). Abnormal morphology of bacteria in the sputa of patients treated with antibiotics. *Journal of Clinical Microbiology*, 16, 382–386.
- 44. De Andrade, J. P., de Macedo Farias, L., Ferreira, J. F., Bruna-Romero, O., da Gloria de Souza, D., de Carvalho, M. A., & Dos Santos, K. V. (2016). Sub-inhibitory concentration of piperacillin-tazobactam may be related to virulence properties of filamentous *Escherichia coli*. *Current Microbiology*, 72, 19–28.
- 45. Kim, J. E., Kim, H. E., Hwang, J. K., Lee, H. J., Kwon, H. K., & Kim, B. I. (2008). Antibacterial characteristics of *Curcuma xanthorrhiza* extract on *Streptococcus mutans* biofilm. *Journal of Microbiology*, 46, 228–232.

- Montanaro, L., Poggi, A., Visai, L., Ravaioli, S., Campoccia, D., Speziale, P., & Arciola, C. R. (2011). Extracellular DNA in biofilms. *The International Journal of Artificial Organs*, 34, 824–831.
- Okshevsky, M., & Meyer, R. L. (2015). The role of extracellular DNA in the establishment, maintenance and perpetuation of bacterial biofilms. *Critical Reviews in Microbiology*, 41, 341–352.
- Jakubovics, N. S., Shields, R. C., Rajarajan, N., & Burgess, J. G. (2013). Life after death: The critical role of extracellular DNA in microbial biofilms. *Letters in Applied Microbiology*, 57, 467–475.
- Sykes, R. (2010). The 2009 garrod lecture: The evolution of antimicrobial resistance: A darwinian perspective. *The Journal of Antimicrobial Chemotherapy*, 65, 1842–1852.
- Jones, E. A., McGillivary, G., & Bakaletz, L. O. (2013). Extracellular DNA within a nontypeable *Haemophilus influenzae*-induced biofilm binds human beta defensin-3 and reduces its antimicrobial activity. *Journal of Innate Immunity*, 5, 24–38.
- Chiang, W. C., Nilsson, M., Jensen, P. O., Hoiby, N., Nielsen, T. E., Givskov, M., & Tolker-Nielsen, T. (2013). Extracellular DNA shields against aminoglycosides in *Pseudomonas aeruginosa* biofilms. *Antimicrobial Agents and Chemotherapy*, 57, 2352–2361.
- 52. Duperthuy, M., Sjostrom, A. E., Sabharwal, D., Damghani, F., Uhlin, B. E., & Wai, S. N. (2013). Role of the *Vibrio cholera* matrix protein bap1 in cross-resistance to antimicrobial peptides. *PLoS Pathogens*, 9, e1003620.
- 53. Kulkarni, H. M., Swamy, C. V., & Jagannadham, M. V. (2014). Molecular characterization and functional analysis of outer membrane vesicles from the antarctic bacterium *Pseudomonas syringae* suggest a possible response to environmental conditions. *Journal of Proteome Research*, 13, 1345–1358.
- 54. Yonezawa, H., Osaki, T., Kurata, S., Fukuda, M., Kawakami, H., Ochiai, K., Hanawa, T., & Kamiya, S. (2009). Outer membrane vesicles of *Helicobacter pylori* tk1402 are involved in biofilm formation. *BMC Microbiology*, 9, 197.
- 55. Yonezawa, H., Osaki, T., Woo, T., Kurata, S., Zaman, C., Hojo, F., Hanawa, T., Kato, S., & Kamiya, S. (2011). Analysis of outer membrane vesicle protein involved in biofilm formation of *Helicobacter pylori*. *Anaerobe*, *17*, 388–390.
- Lee, J., Lee, E. Y., Kim, S. H., Kim, D. K., Park, K. S., Kim, K. P., Kim, Y. K., Roh, T. Y., & Gho, Y. S. (2013). *Staphylococcus aureus* extracellular vesicles carry biologically active betalactamase. *Antimicrobial Agents and Chemotherapy*, 57, 2589–2595.
- 57. Hook, V., Funkelstein, L., Wegrzyn, J., Bark, S., Kindy, M., & Hook. (2012). Cysteine Cathepsins in the secretory vesicle produce active peptides: Cathepsin L generates peptide neurotransmitters and cathepsin B produces beta-amyloid of Alzheimer's disease. *Biochimica et Biophysica Acta*, 824, 89–104.
- Parsek, M. R., & Singh, P. K. (2003). Bacterial biofilms: An emerging link to disease pathogenesis. *Annual Review of Microbiology*, 57, 677–701.
- Lewis, K. (2007). Persister cells, dormancy and infectious disease. *Nature Reviews*. *Microbiology*, 5, 48–56.
- Nguyen, D., Joshi-Datar, A., Lepine, F., Bauerle, E., Olakanmi, O., Beer, K., McKay, G., Siehnel, R., Schafhauser, J., Wang, Y., Britigan, B. E., & Singh, P. K. (2011). Active starvation responses mediate antibiotic tolerance in biofilms and nutrient-limited bacteria. *Science*, 334, 982–986.
- Mena, A., Macia, M. D., Borrell, N., Moya, B., de Francisco, T., Perez, J. L., & Oliver, A. (2007). Inactivation of the mismatch repair system in *Pseudomonas aeruginosa* attenuates virulence but favors persistence of oropharyngeal colonization in cystic fibrosis mice. *Journal* of *Bacteriology*, 189, 3665–3668.
- 62. Blázquez, J. (2003). Hypermutation as a factor contributing to the acquisition of antimicrobial resistance. *Clinical Infectious Diseases*, *37*(9), 1201–1209.
- Dörr, T., Lewis, K., & Vulić, M. (2009). SOS response induces persistence to fluoroquinolones in *Escherichia coli*. *PLoS Genetics*, 5(12), e1000760.

- Dörr, T., Vulić, M., & Lewis, K. (2010). Ciprofloxacin causes persister formation by inducing the TisB toxin in *Escherichia coli. PLoS Biology*, 8(2), e1000317.
- Boles, B. R., & Singh, P. K. (2008). Endogenous oxidative stress produces diversity and adaptability in biofilm communities. *Proceedings of the National Academy of Sciences of the United States of America*, 105, 12503–12508.
- 66. Boles, B. R., Thoendel, M., & Singh, P. K. (2004). Self-generated diversity produces "insurance effects" in biofilm communities. *Proceedings of the National Academy of Sciences of the United States of America*, 101, 16630–16635.
- Romling, U. (2012). Cyclic di-gmp, an established secondary messenger still speeding up. Environmental Microbiology, 14, 1817–1829.
- Hoffman, L. R., D'Argenio, D. A., MacCoss, M. J., Zhang, Z., Jones, R. A., & Miller, S. I. (2005). Aminoglycoside antibiotics induce bacterial biofilm formation. *Nature*, 436, 1171–1175.
- Parsek, M. R., & Greenberg, E. P. (2005). Sociomicrobiology: The connections between quorum sensing and biofilms. *Trends in Microbiology*, 13, 27–33.
- Chua, S. L., Yam, J. K., Hao, P., Adav, S. S., Salido, M. M., Liu, Y., Givskov, M., Sze, S. K., Tolker-Nielsen, T., & Yang, L. (2016). Selective labelling and eradication of antibiotic-tolerant bacterial populations in *Pseudomonas aeruginosa* biofilms. *Nature Communications*, 7, 10750.
- 71. Leid, J. G. (2009). Bacterial biofilms resist key host defenses. Microbe, 4, 66e70.
- Thurlow, L. R., Hanke, M. L., Fritz, T., Angle, A., Aldrich, A., Williams, S. H., Engebretsen, I. L., Bayles, K. W., Horswill, A. R., & Kielian, T. (2011). *Staphylococcus aureus* biofilms prevent macrophage phagocytosis and attenuate inflammation in vivo. *Journal of Immunology*, *186*, 6585–6596.
- Leid, J. G., Shirtliff, M. E., Costerton, J. W., & Stoodley, P. (2002). Human leukocytes adhere to, penetrate, and respond to *Staphylococcus aureus* biofilms. *Infection and Immunity*, 70, 6339–6345.
- Alhede, M., Bjarnsholt, T., Givskov, M., & Alhede, M. (2014). *Pseudomonas aeruginosa* biofilms: Mechanisms of immune evasion. *Advances in Applied Microbiology*, 86, 1–40.