

# Staphylococcal Biofilm Attachment – An *in vitro* Model

Darcie Cooper<sup>1,2\*</sup>, Fiona Collier<sup>1,2,5</sup>, Richard Page<sup>2,4,5</sup> and Eugene Athan<sup>2,3</sup>

<sup>1</sup>Geelong Centre for Emerging Infectious Diseases, <sup>2</sup>School of Medicine, Deakin University, VIC, <sup>3</sup>Department of Infectious Diseases, Barwon Health, Geelong Hospital, VIC, <sup>4</sup>St. John of God Hospital, Geelong, VIC <sup>5</sup>Barwon Health, Geelong, VIC

\* Presenting Author: [dpcooper@deakin.edu.au](mailto:dpcooper@deakin.edu.au)

## BACKGROUND

Total joint replacement (TJR) has revolutionised the way chronic joint pain is treated. In 2017, alone Victorians had over 25,000 hip and knee joints replaced<sup>1</sup>. A devastating complication of TJR is infection, which effects 2% of patients<sup>2</sup>. This difficult to treat infection is exacerbated by the presence of biofilm forming bacteria. Biofilms are bacteria embedded within an extracellular matrix that protects them from traditional therapies. A severe PJI can leave a patient with a poorly functioning joint and on long term suppressive antimicrobials<sup>3</sup>. Existing diagnostic protocols do not test biofilm formation of causative organisms due to the difficulty of bacterial isolation from a biofilm.

The aim of this project was to develop a high throughput *in vitro* model of biofilm attachment

## BIOFILM ATTACHMENT ASSAY

TSA plates were inoculated with bacteria and incubated overnight at 37°C. 5 ml TSB was inoculated with a single colony from each bacterial strain. Greiner 96 well plates were set up with 200µl of bacterial culture at 0.1 OD<sub>600nm</sub>, with sterile TSB acting as the control. OD<sub>600nm</sub> was measured for the planktonic bacteria at 0, 3, 6, 9, 12 and 24 hr. Microtitre plates were incubated at 37°C under rocking at 12rpm and a 10° tilt. Wells were washed twice and stained with Periodic Acid-Schiff stain (PAS). Visualised using inverted microscopy. 30% Acetic Acid was used to leach the stain and the absorbance was measured at 570nm. All results were normalised against the control wells.

## BACTERIA STRAINS

Bacterial Reference Strain	Biofilm Forming Ability
<i>Staphylococcus aureus</i> (NBSA01)	No
<i>Staphylococcus epidermidis</i> (ATCC® 12228™)	No
<i>Staphylococcus aureus</i> (ATCC® 35556™)	Yes

## FINDINGS

Bacterial Attachment of Staphylococcal species Reference Strains over 24 Hours

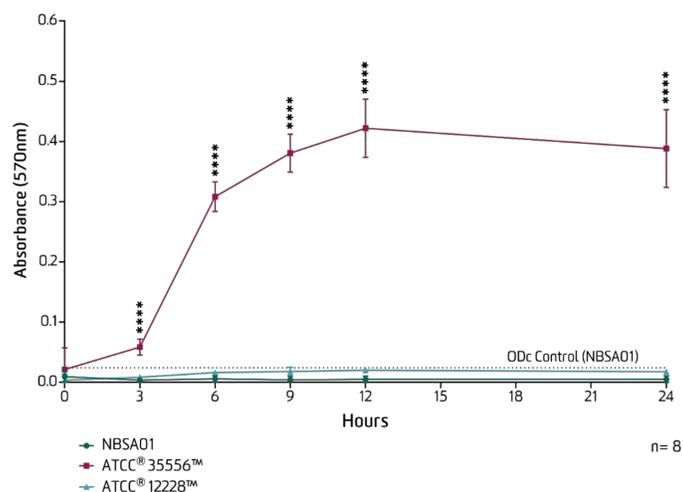


Figure 1 Attachment of Staphylococcal bacteria across a 24 hour period. \*\*\*\* =  $p < 0.01$

Percentage Survival of Reference Strains over 24 hours

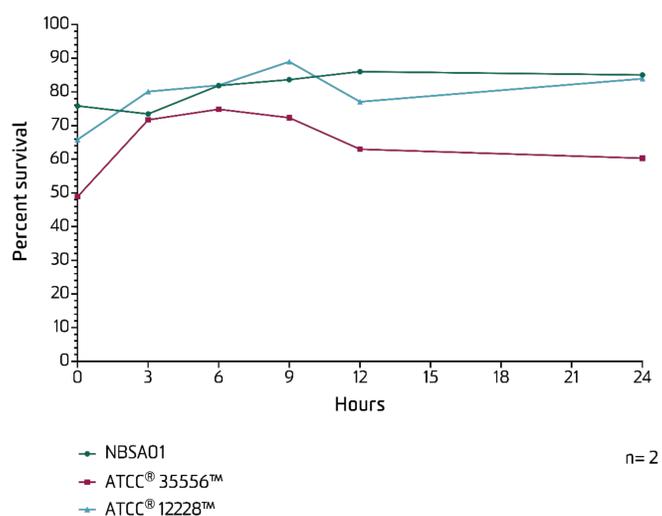


Figure 2 Percentage of Dead Bacteria in Planktonic Culture measured by Flow Cytometry across 24 hours

Non Biofilm Former (CV, PAS) vs Biofilm Former (CV, PAS)



Figure 3 Inverted Microscope images of non-biofilm and biofilm forming bacteria at set time points over 24 hours.

## CONCLUSIONS

- Reference strains attach within 3 hours of being introduced into the system
- The non biofilm former appears to have more alive bacteria at 24 hours
- Does this imply that viable bacteria are present within biofilm?
- Validation required!
- Clinical strains are highly variable and do not show the same level of attachment as reference strains