1	
2	Received Date : 07-Feb-2016
3	Revised Date : 07-Jun-2016
4	Accepted Date : 29-Jun-2016
5	Article type : LAM - Original Article
6	
7	0
8	Title: Evaluation of the ability of Acinetobacter baumannii to form biofilms on six different
9	biomedical relevant surfaces
10	
11	Authors: Christine Greene, MPH, PhD ^a #, Jianfeng Wu, PhD ^a , Alexander H. Rickard, PhD ^b ,
12	Chuanwu Xi, PhD ^a #
13	
14	Running Head: A. baumannii biofilms on six different surfaces
15	
16	^a Department of Environmental Health and Science, University of Michigan, Ann Arbor,
17	Michigan 48109
18	^b Department of Epidemiology, University of Michigan, Ann Arbor, Michigan 48109
19	
20	#Address correspondence to Chuanwu Xi, cxi@umich.edu at the University of Michigan, 6631
21	SPH1, 1415 Washington Heights, Ann Arbor, Michigan 48109-2029; (734) 615-7594.
22	
23	
24	SIGNIFICANCE AND IMPACT OF THE STUDY
25	In the hospital environment, Acinetobacter baumannii is one of the most persistent and difficult
26	to control opportunistic pathogens. The persistence of A. baumannii is due, in part, to its ability
	This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the <u>Version of Record</u> . Please cite this article as <u>doi:</u> <u>10.1111/lam.12627</u>

to colonize surfaces and form biofilms. This study demonstrates that *A. baumannii* can form
biofilms on a variety of different surfaces and develops substantial biofilms on polycarbonate- a
thermoplastic material that is often used in the construction of medical devices. The findings
highlight the need to further study the *in vitro* compatibility of medical materials that could be
colonized by *A. baumannii* and allow it to persist in hospital settings.

32

33 ABSTRACT

The human opportunistic pathogen, Acinetobacter baumannii, has the propensity to form 34 35 biofilms and frequently causes medical device-related infections in hospitals. However, the physio-chemical properties of medical surfaces, in addition to bacterial surface properties, will 36 affect colonization and biofilm development. The objective of this study was to compare the 37 38 ability of A. baumannii to form biofilms on six different materials common to the hospital environment: glass, porcelain, stainless steel, rubber, polycarbonate plastic and polypropylene 39 40 plastic. Biofilms were developed on material coupons in a CDC biofilm reactor. Biofilms were visualized and quantified using fluorescent staining and imaged using confocal laser scanning 41 42 microscopy (CLSM) and by direct viable cell counts. Image analysis of CLSM stacks indicated that the mean biomass values for biofilms grown on glass, rubber, porcelain, polypropylene, 43 44 stainless steel and polycarbonate were 0.04, 0.26, 0.62, 1.00, 2.08 and 2.70 $\mu m^3/\mu m^2$ respectively. Polycarbonate developed statistically more biofilm mass than glass, rubber, 45 porcelain and polypropylene. Viable cell counts data were in agreement with the CLSM-derived 46 data. In conclusion, polycarbonate was the most accommodating surface for A. baumannii 47 ATCC17978 to form biofilms while glass was least favorable. Alternatives to polycarbonate for 48 use in medical and dental devices may need to be considered. 49

50

Key words: Biofilms, *Acinetobacter baumannii*, medical device, infection control, environment,
environmental surfaces

53 INTRODUCTION

A. *baumannii* can disseminate and persist in hospital environments, causing nosocomial
outbreaks and serious disease in the critically ill (Towner 2009; Chen *et al.* 2015; Weber *et al.*2015). Many of the infections caused by *A. baumannii* (ranging from urinary tract infections to
ventilator-associated pneumonia) are associated with indwelling devices (Manchanda *et al.* 2010;
This article is protected by copyright. All rights reserved

Patel *et al.* 2014) due to the formation of biofilm on these surfaces. Biofilms of *A. baumannii*are found on the surfaces of many types of medical devices including urinary catheters, central
lines, surgical drains, ventilation equipment, dental water lines, and cleaning equipment as well
as on a variety of other surfaces in the hospital environment (Donlan and Costerton, 2002; Cohen *et al.* 2014; Patel *et al.* 2014).

63

Biofilms are a dynamic, heterogeneous community of microorganisms within a complex matrix 64 of extrapolymeric substance that have integrated metabolic activities and produce sessile 65 phenotypes markedly different from their planktonic counterparts (Sutherland 2001; Stoodley et 66 al. 2002); (Hall-Stoodley and Stoodley 2005). A critical step for biofilm formation is for the 67 pathogen to adhere to a surface. Cell-surface associated structures on the surface of A. 68 69 baumannii can enhance attachment via pili, encoded by the csuA/BABCDE chaperone-usher pilus assembly operon (Tomaras *et al.* 2003), and there is evidence to suggest that the bla_{PER-1} 70 71 gene also enhances substrate adhesion (Lee et al. 2008). In terms of surface chemistry, the 72 physio-chemical properties of inanimate surfaces also play a key role in cell adhesion and 73 biofilm development. Electrostatic forces, Lifshitz-van der Waals forces, and hydrophobic/hydrophilic forces positively or negatively influence microbial adhesion to a 74 surface (Bos et al. 1999). Increased surface roughness can increase the hydrophobicity of the 75 surface by effecting the surface contact angle (Patankar 2004). For example, Staphylococcus 76 77 epidermidis has greater adhesion to hydrophobic surfaces compared to hydrophilic surfaces (Cerca et al. 2005). 78

79

A variety of material types are used in medical equipment and in the hospital setting. 80 81 Polycarbonate, a durable, low-cost plastic that can undergo autoclave sterilization is found in a variety of medical devices including urinary catheters, gastrointestinal tubes, and 82 cardiopulmonary bypass circuits, blood oxygenators and flood filters used in the bypass circuit 83 (Duty et al. 2013). Mesh prosthetics are often composed of polypropylene (Byrd et al. 2011) 84 and porcelain is commonly used in many implants and dental crowns (Schroder et al. 2011; Ren 85 86 and Zhang 2014). Stainless steel makes up the majority of surgical equipment and rubber has a number of uses, particularly rubber seals, such as that used in disposable plastic syringes 87 88 (Hamilton 1987). Cells of A. baumannii can persist on most of these inanimate surfaces (Wendt et al. 1997) but studies comparing A. baumannii biofilms across various surface types is lacking. 89

A. *baumannii* biofilms have been demonstrated on a limited number of substrata such as glass
(Vidal *et al.* 1996) and plastic surfaces (Tomaras *et al.* 2003). Thus, the aim of this study was to
compare the ability of *A. baumannii* to form biofilm on six different material types: glass,
porcelain, stainless steel, rubber, polycarbonate plastic and polypropylene plastic.
Understanding the propensity for biofilm formation on various surfaces provides critical
information to different parties for selecting low biofilm materials, which is essential for
minimizing the risk of biofilm-associated infections.

97

98 RESULTS AND DISCUSSION

99 Biofilm formation by A. baumannii ATCC17978 varies across substrata

100 The material substratum is an essential factor that contributes to the ability of a pathogen to 101 adhere to and form biofilm on a surface (Brandao et al. 2015; Fernandez-Delgado et al. 2015);. Aside from cellular properties and pathogen adhesion mechanisms, variations in surface 102 roughness, hydrophobicity and chemical structure can impede or promote a pathogens ability to 103 attach and populate on that surface. To evaluate if variations between these surface types 104 influenced the development of biofilms, the biofilms of A. baumannii ATCC 17978 were 105 developed on disc coupons of glass, rubber, porcelain, polypropylene, stainless steel and 106 polycarbonate in a CDC reactor for 4 days and the mean biomass values for biofilms grown on 107 108 each surface type was determined using fluorescent staining and imaging by confocal laser 109 scanning microscope (Figure 1). We did not anticipate that the rubber surface would absorb the stain, which made it difficult to distinguish the biomass from the background. Therefore, the 110 biomass and live/dead ratio data obtained for rubber using microscopy is presented for reference 111 only and the viable cell count data (which does not rely on microscopy) should be relied upon to 112 113 estimate the biofilm biomass on rubber. We report that A. baumannii ATCC17978 can readily form biofilms on polycarbonate. Polycarbonate, a hydrophobic type of plastic, developed 114 statistically more biofilm mass than glass, rubber, porcelain and polypropylene. We confirmed 115 these biomass results by estimating the mean CFU cm^{-2} for the biofilms grown on each of the 116 surfaces using a serial dilution method that is independent of CLSM. The mean viable cells on 117 118 each surface type is presented in Figure 2 and corroborate the mean biomass values determined using the confocal microscope. The biofilms growing on polycarbonate had a statistically 119 significantly higher CFU cm⁻² compared to all other surface types. Our finding of high biofilm 120

formation on polycarbonate is consistent with the finding of Brandao *et al.* who demonstrated that polycarbonate composite orthodontic brackets sustained the highest level of bacterial adhesion in the buccal cavity compared to metal and ceramic brackets (Brandao *et al.* 2015).

124

In contrast to polycarbonate, A. baumannii cells did not adhere to glass. On glass, which is a 125 hydrophilic surface, A. baumannii weakly formed small, flat aggregates of biofilm. We found no 126 statistically significant difference in biofilm mass on glass compared to porcelain and 127 polypropylene, although higher biofilm mass was formed on these surfaces, which could also be 128 visually seen (Figure 3). This is consistent with several other studies showing that biofilm 129 formation by A. baumannii was less favorable on glass compared to plastic such as polystyrene, 130 polypropylene and Teflon plastics (Tomaras et al. 2003; McQueary and Actis 2011) as well as 131 polycarbonate (Pour et al. 2011). Surface roughness (Ra) measurements for glass, stainless steel 132 and polycarbonate (only) were available from the supplier (BioSurface Technologies Corp., 133 Bozeman, MT), which were 0.425, 20.20 and 50.95 µin, respectively. Recall that the mean 134 biomass for these three surfaces was 0.043, 2.08 and 2.70 respectively. The increasing surface 135 136 roughness and mean biomass, from glass to polycarbonate, suggests a positive trend between increased biofilm formation and rougher surfaces, although not statistically significant (Pearson 137 correlation p value = 0.27). 138

139

We performed biofilm imaging using the CLSM for each material type and select images are 140 shown in Figure 4. Differences in the formation of biofilm can be visually seen. Biofilms grown 141 142 on polypropylene and porcelain displayed a flat architecture. Polycarbonate best supported biofilm growth followed by stainless steel, as evidenced by the formation of mushroom 143 144 structures on these two surfaces (Figure 4). Stainless steel had statistically significantly more biofilm mass compared to porcelain and glass. We used a brushed stainless steel, which has a 145 striated surface structure. While the high surface energy of stainless results in a more 146 hydrophilic surface (Fernandez-Delgado et al. 2015), the roughness of the surface increases 147 surface hydrophobicity (Patankar 2004), which may contribute to the increased adhesiveness of 148 149 cells. The surface groves also increase the surface area and enhance microbial colonization. This may also account for the high live/dead ratio seen for stainless steel (Figure 3) as cells 150 adhere within the grooves, forming a strong base onto which live cells attach and subsist (Figure 151 4). A qualitative comparison of microscan images with studies by Nan et al. who compared the 152

biofilms of *Staphylococcus aureus* on stainless steel with copper treated stainless steel (Nan *et al.* 2015) and by Fernandez-Delgado *et al.* who evaluated the biofilms of *P. mirabilis* on stainless
steel (Fernandez-Delgado *et al.* 2015) reveals similarity in biofilm development with regard to
this metal.

157

158 Study limitations

We evaluated the biofilm forming ability of a single, clonal species of A. baumannii, which 159 makes it difficult to generalize our results to other microorganisms. Additional studies using 160 diverse species are needed. Different strains/isolates may have different abilities to form 161 biofilms on the materials we tested and this will be the subject of future studies to determine if 162 our conclusions can be generalized to other A. baumannii strains/isolates. In addition, biofilms 163 are known to exist as mixed species in nature and mixtures of colonizing species will influence 164 bacterial attachment and the formation of biofilms (McEldowney and Fletcher 1987). Therefore, 165 166 the level of biofilm we observed may be over or underestimated from what might occur in the natural environment. In addition to these considerations, this study focused on growing biofilms 167 168 under dynamic (versus static) conditions. Dynamic conditions result in less biofilm formation when compared to static conditions (Tomaras et al. 2003). Therefore, our measures of biofilm 169 170 mass do not represent biofilm that would form in the open environment lacking shearing stress. Of note, the hydrophobicity parameters of each substratum were not determined prior to use in 171 172 this study, so we cannot definitively correlate differences in biofilm development on the basis of surface hydrophobicity. 173

174

175 Summary

We have demonstrated that there are differences in biofilm formation by A. baumannii 176 ATCC17978 across different substrata. Specifically, we found that the formation of biofilm by 177 A. baumannii ATCC17978 readily developed on polycarbonate followed by stainless steel. 178 Glass was least favorable for biofilm formation. The differences in biofilm formation across 179 different material types may be due to variations in surface roughness and porosity, ionic charge, 180 and hydrophobicity and the extent to which the material surface influences attachment and 181 biofilm formation warrant further investigation. Understanding these differences at the 182 183 molecular level will deepen our understanding of how microorganisms are able to colonize and persist on medical devices, which is important for the development of new materials that will 184 This article is protected by copyright. All rights reserved

inhibit microbial attachment and reduce biofilm related infections. In this regard, research on
polycarbonate alternatives or on how polycarbonate used in the manufacture of invasive devices
could be treated/modified to inhibit microbial attachment and biofilm formation is warranted.

- 188
- +
- 189

190 MATERIALS AND METHODS

191 Bacterial strain and culture conditions: Acinetobacter baumannii ATCC 17978 (American 192 Type Culture Collection, Manassas, VA) was used for all biofilm tests. A single colony on 193 Mueller Hinton II (MHII) agar plate was sub-cultured into MHII broth (Becton, Dickinson and 194 Co., Sparks, MD) and incubated for 15-18h at 37°C, which was then used to create the inoculum 195 for the biofilm development.

196

Preparation of material coupons: All material coupons were round discs of one cm in diameter and approximately 3 mm thick. The following non-porous material coupons were used to grow *A. baumannii* biofilms: medical grade stainless steel (RD128-304), AHW BUNA-N Rubber (RD128-BUNA), porcelain (RD128-PL), polycarbonate plastic (RD128-PC), polypropylene plastic (RD128-PP) and borosilicate glass (RD128-GL) (all material coupons from BioSurface Technologies, MO). Before use, all material coupons were washed with soap and water, followed by a 70% ethanol bath, and then autoclaved for sterilization.

204

Biofilm development: A CDC biofilm reactor (Biosurface Technologies, Bozeman, MT) was 205 used for the biofilm growth. The CDC biofilm reactor and its coupon holders were autoclaved 206 before use. Material coupons (3 of each material type) were mounted on the coupon holders and 207 the reactor was supplemented with 10% LB medium by a peristaltic pump with a continuous 208 flow rate of 100 mL per h. Overnight cultures of A. baumannii ATCC 17978 (grown under 209 shaking conditions at 37°C) were diluted by 1:100 for an initial concentration of approximately 210 $4x10^8$ CFU and inoculated into the glass vessel of the CDC reactor aseptically for a final 211 concentration of approximately 1x10⁶ CFU/mL. The liquid growth medium was circulated 212 213 through the vessel and a magnetic stir bar rotated by a magnetic stir plate generated a shear force. 214 The CDC biofilm reactor was placed on bench and biofilms were grown at room temperature to mimic a natural environment. After four days of growth, the coupons were aseptically removed 215 This article is protected by copyright. All rights reserved

for biofilm imaging and viable bacteria plate counting. Three duplicate CDC biofilm chamberexperiments were performed.

218

Bacterial count determination: Biofilms on the coupons were recovered by homogenizing the coupon in 3 mL of $1\times$ phosphate buffered saline (PBS, 10 mM, pH7.2) solution for 1 min using Omni-TipTM disposable probes (OMNI International, Kennesaw, GA). Samples were serially diluted, 50 µl of each dilution were plated onto an MHII agar plate and incubated overnight at 37°C for colony enumeration and the mean colony forming units (CFU) per cm² was calculated.

224

Microscope Analysis: Coupons were used for fluorescent staining and imaging by confocal 225 laser scanning microscope (CLSM). Coupon with adhered biofilm was stained with LIVE/DEAD 226 BacLight Bacterial Viability kit (L7012, Invitrogen, Carlsbad, CA) according to manufacturer's 227 instructions. Fluorescent images were acquired with an inverted CLSM (Olympus 1X71, Center 228 Valley, PA) equipped with a Fluorescence Illumination System (X-Cite 120, EXFO) and filters 229 for SYTO-9 (excitation = 488 nm/emission = 520 nm) and propidium iodide (excitation = 535230 231 nm/emission = 617 nm). Images were obtained using an oil immersion $60 \times$ objective lens and for each location, images were scanned at 1µm intervals. After acquiring images, a 3-D image 232 was re-constructed by using IMARIS 7.3.1 software. Five different surface areas of each 233 material coupon were randomly chosen for imaging in order to better represent biofilms. Biofilm 234 235 biomass was calculated based on microscopic images using Comstat 2 (Heydorn et al. 2000; Vorregaard 2008). The surface of the rubber absorbed the live/dead stain making it difficult to 236 237 differentiate the biomass from the background. Therefore, data on the biomass and live/dead ratio obtained for rubber using microscopy was presented for reference only and the viable cell 238 239 count data (which does not rely on microscopy) is reliable to determine biofilm biomass developed on the rubber. 240

241

Statistical Analysis: Statistical analyses were performed using GraphPad Prism 6 for Windows (Version 6.01, Graph Pad Software, Inc., La Jolla, CA). Statistical significance was assessed using one-way ANOVA with multiple comparisons using t-test and a significance level of 0.05.

246

247 Acknowledgements

248 This work was partially supported by an internal grant to C.X. at University of Michigan, the NIH grant (R01GM098350) to C.X., the NIH (T32 AI049816) sponsored Training Program in 249 250 Infectious Disease (IPID), and the University of Michigan Risk Science Center. Special 251 recognition is given to Ting Luo for his assistance with the confocal microscope and rendering the images. 252 253 Potential conflicts of interest 254 All authors report no conflicts of interest. 255 256 257 Snu 258 259 260 261 262 REFERENCES 263 264 Bos, R., Van Der Mei, H.C. and Busscher, H.J. (1999) Physico-chemistry of initial microbial adhesive interactions--its mechanisms and methods for study. FEMS Microbiol Rev 23, 265 179-230. 266 Brandao, G.A., Pereira, A.C., Brandao, A.M., De Almeida, H.A. and Motta, R.R. (2015) Does 267 268 the bracket composition material influence initial biofilm formation? Indian J Dental Research 26, 148-51. 269 Byrd, J.F., Agee, N., Nguyen, P.H., Heath, J.J., Lau, K.N., McKillop, I.H., Sindram, D., 270 Martinie, J.B. and Iannitti, D.A. (2011) Evaluation of composite mesh for ventral hernia 271 repair. JSLS 15, 298-304. 272 Cerca, N., Pier, G.B., Vilanova, M., Oliveira, R. and Azeredo, J. (2005) Quantitative analysis of 273 adhesion and biofilm formation on hydrophilic and hydrophobic surfaces of clinical 274

- isolates of Staphylococcus epidermidis. *Research in Microbiol* **156**, 506-14.
- Chen, C.H., Lin, L.C., Chang, Y.J., Chen, Y.M., Chang, C.Y. and Huang, C.C. (2015) Infection
 Control Programs and Antibiotic Control Programs to Limit Transmission of Multi-Drug
 Resistant Acinetobacter baumannii Infections: Evolution of Old Problems and New

- 279 Challenges for Institutes. *International journal of environmental research and public*280 *health* 12, 8871-82.
- Cohen, R., Shimoni, Z., Ghara, R., Ram, R. and Ben-Ami, R. (2014) Effect of a ventilator focused intervention on the rate of Acinetobacter baumannii infection among ventilated
 patients. *Am J Infect Control* 42, 996-1001.
- Donlan, R.M. and Costerton, J.W. (2002) Biofilms: survival mechanisms of clinically relevant
 microorganisms. *Clin Microbiol Reviews* 15, 167-93.
- Duty, S.M., Mendonca, K., Hauser, R., Calafat, A.M., Ye, X., Meeker, J.D., Ackerman, R.,
 Cullinane, J., Faller, J. and Ringer, S. (2013) Potential sources of bisphenol A in the
 neonatal intensive care unit. *Pediatrics* 131, 483-9.
- Fernandez-Delgado, M., Duque, Z., Rojas, H., Suarez, P., Contreras, M., Garcia-Amado, M.A.
 and Alciaturi, C. (2015) Environmental scanning electron microscopy analysis of
- biofilms grown on chitin and stainless steel. *Annals of Microbiol* **65**, 1401-1409.
- Hall-Stoodley, L. and Stoodley, P. (2005) Biofilm formation and dispersal and the transmission
 of human pathogens. *Trends in Microbiol* 13, 7-10.
- Hamilton, G. (1987) Contamination of contrast agent by MBT in rubber seals. *Canadian Med Assoc J*, 136, 1020-1.
- Heydorn, A., Nielsen, A.T., Hentzer, M., Sternberg, C., Givskov, M., Ersboll, B.K. and Molin, S.
 (2000) Quantification of biofilm structures by the novel computer program COMSTAT. *Microbiology* 146 (Pt 10), 2395-407.
- Lee, H.W., Koh, Y.M., Kim, J., Lee, J.C., Lee, Y.C., Seol, S.Y. and Cho, D.T. (2008) Capacity
 of multidrug-resistant clinical isolates of Acinetobacter baumannii to form biofilm and
 adhere to epithelial cell surfaces. *Clin Microbiol Infect* 14, 49-54.
- Manchanda, V., Sanchaita, S. and Singh, N. (2010) Multidrug resistant acinetobacter. *J Global Infect Dis* 2, 291-304.
- McEldowney, S. and Fletcher, M. (1987) Adhesion of bacteria from mixed cell suspension to
 solid surfaces. *Archives of Microbiol* 148, 57-62.
- McQueary, C.N. and Actis, L.A. (2011) Acinetobacter baumannii biofilms: variations among
 strains and correlations with other cell properties. *J Microbiol* 49, 243-50.
- Nan, L., Yang, K. and Ren, G. (2015) Anti-biofilm formation of a novel stainless steel against
 Staphylococcus aureus. *Materials Science and Engineering* 51, 356-61.

- Patankar, N.A. (2004) Transition between superhydrophobic states on rough surfaces. *Langmuir*20, 7097-102.
- 312 Patel, S.J., Oliveira, A.P., Zhou, J.J., Alba, L., Furuya, E.Y., Weisenberg, S.A., Jia, H., Clock,
- S.A., Kubin, C.J., Jenkins, S.G., Schuetz, A.N., Behta, M., Della-Latta, P., Whittier, S.,
- 314 Rhee, K. and Saiman, L. (2014) Risk factors and outcomes of infections caused by
- extremely drug-resistant gram-negative bacilli in patients hospitalized in intensive care
 units. *Am J Infect Control* 42, 626-31.
- Pour, N.K., Dusane, D.H., Dhakephalkar, P.K., Zamin, F.R., Zinjarde, S.S. and Chopade, B.A.
 (2011) Biofilm formation by Acinetobacter baumannii strains isolated from urinary tract
 infection and urinary catheters. *FEMS immunology and medical microbiology* 62, 32838.
- Ren, L. and Zhang, Y. (2014) Sliding contact fracture of dental ceramics: Principles and
 validation. *Acta biomaterialia* 10, 3243-53.
- Schroder, D., Bornstein, L., Bostrom, M.P., Nestor, B.J., Padgett, D.E. and Westrich, G.H.
 (2011) Ceramic-on-ceramic total hip arthroplasty: incidence of instability and noise.
 Clinical orthopaedics and related research 469, 437-42.
- Stoodley, P., Sauer, K., Davies, D.G. and Costerton, J.W. (2002) Biofilms as complex
 differentiated communities. *Annual Review of Microbiol* 56, 187-209.
- Sutherland, I.W. (2001) The biofilm matrix--an immobilized but dynamic microbial
 environment. *Trends in Microbiol* 9, 222-7.
- Tomaras, A.P., Dorsey, C.W., Edelmann, R.E. and ACTIS, L.A. (2003) Attachment to and
 biofilm formation on abiotic surfaces by Acinetobacter baumannii: involvement of a
 novel chaperone-usher pili assembly system. *Microbiology* 149, 3473-84.
- Towner, K.J. (2009) Acinetobacter: an old friend, but a new enemy. *The Journal of hospital infection* 73, 355-63.
- Vidal, R., Dominguez, M., Urrutia, H., Bello, H., Gonzalez, G., Garcia, A. and Zemelman, R.
 (1996) Biofilm formation by Acinetobacter baumannii. *Microbios* 86, 49-58.
- Vorregaard, M. (2008) Comstat2 a modern 3D image analysis environment for biofilms, in
 Informatics and Mathematical Modelling. Master's Thesis, Technical University of
 Denmark, DTU.
- Weber, B.S., Harding, C.M. and Feldman, M.F. (2015) Pathogenic *Acinetobacter*: from the cell
 surface to infinity and beyond. *Journal of bacteriology*, **198(6)**, 880-7.

Wendt, C., Dietze, B., Dietz, E. and Ruden, H. (1997) Survival of Acinetobacter baumannii on
dry surfaces. *J Clin Microbiol* 35, 1394-7.

344

anuso utl





lam_12627_f1.jpg





lam_12627_f4.pdf



