



### Pseudomonas aeruginosa CAUTI

### CAUTI Technology Workshop NIDDK

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# CAUTI is caused by specific pathogens associated with the microbiome

TABLE 4.	Distribution and Rank Order of Selected Pathogens Associated With Cases of Healthcare-Associated Infection (HAI) Reported
to the Natio	al Healthcare Safety Network, January 2006–October 2007, by Type of HAI

	Overall <sup>a</sup>		CLABSI		CAUTI		VAP		SSI	
Pathogen	No. (%) of pathogenic isolates	Rank								
CoNS	5,178 (15.3)	1	3,900 (34.1)	1	234 (2.5)	7	79 (1.3)	9	965 (13.7)	2
Staphylococcus aureus	4,913 (14.5)	2	1,127 (9.9)	4	208 (2.2)	8	1,456 (24.4)	1	2,108 (30.0)	1
Enterococcus species		3		2		3		10		3
E. faecalis	1,177 (3.5)		627 (5.5)		335 (3.6)		21 (0.4)		194 (2.8)	
E. faecium	1,888 (5.6)		942 (8.2)		562 (6.0)		38 (0.6)		345 (4.9)	
NOS	1,028 (3.0)		265 (2.3)		496 (5.3)		18 (0.3)		249 (3.5)	
Candida species		4		3		2		7		8
C. albicans	2,295 (6.8)		673 (5.9)		1,361 (14.5)		140 (2.4)		115 (1.6)	
Other Candida spp.										
or NOS	1,333 (3.9)		669 (5.9)		613 (6.5)		20 (0.3)		30 (0.4)	
Escherichia coli	3,264 (9.6)	5	310 (2.7)	8	2,009 (21.4)	1	271 (4.6)	6	671 (9.6)	4
Pseudomonas aeruginosa	2,664 (7.9)	6	357 (3.1)	7	938 (10.0)	4	972 (16.3)	2	390 (5.6)	5
Klebsiella pneumoniae	1,956 (5.8)	7	563 (4.9)	5	722 (7.7)	5	446 (7.5)	5	213 (3.0)	7
Enterobacter species	1,624 (4.8)	8	443 (3.9)	6	384 (4.1)	6	498 (8.4)	3	293 (4.2)	6
Acinetobacter baumannii	902 (2.7)	9	252 (2.2)	9	109 (1.2)	9	498 (8.4)	3	42 (0.6)	9
Klebsiella oxytoca	359 (1.1)	10	99 (0.9)	10	85 (0.9)	10	128 (2.2)	8	47 (0.7)	9
Other	5,267 (15.6)		1,201 (10.5)		1,321 (14.1)		1,375 (23.1)		1,363 (19.4)	
Total	33,848 (100)		11,428 (100)		9,377 (100)		5,960 (100)		7,025 (100)	

NOTE. Of the 28,502 cases of HAI reported, 4,671 (16.4%) were polymicrobial. CAUTI, catheter-associated urinary tract infection; CLABSI, central lineassociated bloodstream infection; CoNS, coagulase-negative staphylococci; NOS, not otherwise specified; SSI, surgical site infection; VAP, ventilator-associated pneumonia.

#### P. aeruginosa is an important CAUTI pathogen that is NOT associated with the microbiome

Hidron, et al Infection Control Hospital Epidemiol. 2008







## Key questions

- Does *P. aeruginosa* form a biofilm on the catheter during CAUTI?
- How does *P. aeruginosa* form a biofilm on the catheter? What biofilm factors are used?
- What is the response of *P. aeruginosa* to urine?
- What is role of quorum-sensing for *P. aeruginosa* CAUTI?





Mice are CF-1 outbred mouse to better mimic human populations Infect for 7-14 days (time when P. aeruginosa is cleared in the absence of catheter

Kurosaka et al. Microbiol. Immuno. 2001





## *P. aeruginosa* uses exopolysaccharides to form biofilm on catheters *in vitro*



Angela Records





Stephanie Cole





# *P. aeruginosa* forms a biofilm in the catheter during infection

Interior of catheter

Exterior of catheter



SEM of the catheter and bladder reveals *P. aeruginosa* only in the interior of the catheter





# *P. aeruginosa* do not use Pel and Psl exopolysaccharides during CAUTI



- There is a wide distribution of CFU/organ in outbred mice
- 2. Most mice with pyelonephritis have bacteria in the bladder
- 3. Most CFU in the bladder are associated with the catheter
- *4. P. aeruginosa* forms biofilm independent of known biofilm exopolysaccharides

Similar results were obtained for PAO1





# What is triggering PA14 Δ*pelD* to form a PEL and PSL independent biofilm?

Two possibilities (that are not mutually exclusive):

- 1. The luminal contents of the bladder triggers a novel biofilm pathway
- 2. The host response triggers a novel biofilm pathway





### Urine can induce PA14 $\Delta pelD$ to form biofilm







# Urea in urine triggers the alternate *P. aeruginosa* biofilm pathway







### Urea alters P. aeruginosa biofilms morphology



Urea triggers a heterogeneous biofilm for both PA14 and the  $\Delta pelD$  mutant





### Urea induced *P. aeruginosa* biofilms are sensitive to Dnase I



Conclusion: Urea in urine induces *P. aeruginosa* to form a DNA dependent biofilm