

RESEARCH ARTICLE

Evaluating The Effectiveness of A Non-Locally Developed Commercial Phage Cocktail on Kenyan *Pseudomonas aeruginosa* Isolates

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ABSTRACT

Objectives: The use of bacteriophages (phages) as an alternative treatment for multidrug-resistant bacteria has recently gained popularity. Phage cocktails have been proposed for broad-spectrum therapeutic effects against such resistant bacteria. However, the effectiveness of non-locally formulated phage cocktails for therapy on Kenyan isolates has yet to be evaluated and is a subject of investigation. This study aimed to determine the *invitro* effectiveness of a non-locally made commercial pyophage cocktail on clinical *Pseudomonas aeruginosa* isolates from Kenya.

Methodology: Forty-nine *P. aeruginosa* isolates from Kenya were subjected to a pyophage cocktail for efficacy studies using direct spot test (DST) and efficiency of plating (EOP).

Results: The success rate of the cocktail was observed on 16.3% (8/49) isolates only and ineffective on 83.7% (41/49) isolates. Of the eight isolates that showed cross-reactivity from DST, six had complete lysis with a faintly hazy background. Five of these six isolates resulted in successful and high phage progeny production in plaquing efficiency (EOP \geq 0.5).

Conclusion: Non-locally made commercial pyophage cocktail was ineffective against the 83.7% endemic clinical strains of the Kenyan *P. aeruginosa* isolates, demonstrating the importance of locally derived phage cocktails against endemic and multidrug-resistant isolates. *J Microbiol Infect Dis* 2023; 12(4):25-30.

Keywords: Pyophage cocktail, *P. aeruginosa*, spot test, the efficiency of plating, host range

INTRODUCTION

Pseudomonas aeruginosa is one of the disease-causing organisms associated with nosocomial infections in intensive care units (ICUs). It is an opportunistic Gram-negative organism with reported increased trends in antimicrobial resistance and worldwide dissemination of high-risk clones [1,2]. This organism is notorious for causing ventilator-associated pneumonia, urinary tract infections, post-operative infections from surgical and burn wounds, and bloodstream infections, particularly among hospitalized and immune-compromised patients [2]. Indeed, globally, *P. aeruginosa* infections account for high mortality

proportions of 18-61% and are linked to 10-15% of hospital-associated infections [18]. The pathogenicity of *P. aeruginosa* isolates is triggered by their ability to acquire resistance to many classes of antibiotics and their intrinsic property of antibiotic resistance [19].

Current research in Kenya has reported the detection of pan-drug-resistant *P. aeruginosa* and high-risk strain types, which calls for urgent regulation, containment measures, and alternative treatment options [3]. Bacteriophages (phages) have been considered alternative therapeutic agents [4,5]. The exploitation of phages-based therapy was first introduced in 1915 but declined with the