

Original Research Article

Evaluation of three isolation methods for Campylobacter bacteriophages from chicken skin: a comparative study

ABSTRACT

Background: Campylobacter strains are of the leading pathogens causing bacterial gastroenteritis, whose infections are generally considered to be one of the most common foodborne illnesses of animal origin. The etiology of this infection often goes back to eating contaminated raw meat or infected poultry. The bacteria are present in abundance in chicken skin. The use of appropriate bacteriophages is one of the most effective methods in eliminating Campylobacter strains. Phage therapy refers to the use of bacteriophages to treat bacterial infections. **Aim:** Accordingly, the present study aimed to compare three methods of bacteriophage isolation in the chicken skin. **Methods:** Thus, 15 samples of chicken skin were collected from five different fresh chicken suppliers in Ghaemshahr, Iran. The samples were transported to the laboratory aseptically in the vicinity of ice, and then cultured in a blood agar medium, and the isolates were identified by various tests including gram staining, catalase, and oxidase tests. **Results:** The results were compared before and after three bacteriophage isolation methods. Out of 15 chicken skin samples tested in all three methods, 6 (40%) strains were identified in the first method, 8 (53.4%) strains in the second method and 12 (20%) strains in the third method after bacteriophage therapy. **Conclusion:** The bacteriophage isolation methods alone or in combination with other intervention strategies are recommended as promising tools for greater food safety. These methods can be useful to increase food safety and reduce the risk of infection in humans through the consumption of potentially infected edible parts of the chicken. According to the results of this study, among the three proposed methods, the method of chicken skin enrichment in Bolton selective media containing target isolates was the most efficient approach, which showed a high limit of detection at low concentrations and the highest rate of phage recovery. This can be a more reliable way to isolate the Campylobacter bacteriophages and eliminate the Campylobacter strains.

Keywords: Campylobacter, Campylobacter Bacteriophage, Chicken skin, Food Contamination.

1- INTRODUCTION

Campylobacter strains have been the most common cause of human bacterial diarrhea in many developed countries over the past two decades. In general, infection of chicken carcasses with Campylobacter strains is common and plays an important role in human infection. The EU reports have confirmed the rate of human Campylobacteriosis outbreak at around 50 cases per 100,000 people in more than 17 countries. It is estimated that approximately 9 million people experience human Campylobacteriosis annually in the EU regions [1,2]. For health, economic and nutritional reasons, the chicken skin and meat are the main sources of animal protein needed by communities today, so that more than 50% of this need is met through these products. Despite its low incidence, Campylobacter is a significant infectious agent due to the high volume of poultry meat consumption and the potential risk of this pathogen. Despite sanitary measures in poultry farms, almost all of the bacterial infections studied are found in samples of processed poultry meat in industrial slaughterhouses. The prevalence of Campylobacter strains in raw poultry products is in the range of 0 to 100% and on average of 62% [3]. Various mitigation strategies, such as competitive exclusion, the use of chemical or antibiotic additives, and strict health protocols, have been implemented with relative success in the EU [4]. There has been a worrying elevation in antibiotic resistance in farm animals in recent years [5]. The World Health Organization (WHO) has included fluoroquinolone-resistant Campylobacter strains in its list of global antibiotic-resistant bacteria that pose the greatest risk to humans [6]. An important challenge for global public health is the search for new alternative ways to control Campylobacter infection by reducing the use of antibiotics in food production [7]. A promising candidate for reducing Campylobacter outbreak in the farm to fork process is the use of bacteriophages (phages) as biological control agents. Phages are viruses specifically capable of infecting and killing bacteria widely distributed in the environment and often exist as normal microbiota in the diet, including poultry products [8]. Bacteriophages have properties that seem attractive to those looking for new solutions to control foodborne pathogens and spoilage microorganisms. These phages have a history of safe use and can be host-specific and replicated in the host. Campylobacter, Salmonella, Listeria monocytogenes and various spoilage microorganisms have responded to phage control in some food products. However, the employment of

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57 phages as microbial biological control agents can be complicated by factors such as the apparent need for the
58 host threshold level before further replication and with sub-optimal performance, at best, under sub-optimal
59 temperatures for the host. Razei et al. (2017) dealt with the rapid detection of *Campylobacter jejuni* based on
60 PCR technique and assessment of its sensitivity and specificity. Their aim was to design a specific PCR process
61 to identify *C. jejuni* [9]. Numerous studies have been conducted on the use of bacteriophages to strengthen
62 various food products. In this study, bacteriophages have been used successfully to control the growth of
63 pathogens in food. They are supposed to play an important role in food safety in the future. However, many
64 foods and particulate matter processes in the intestines of animals inactivate phages and reduce their virulence
65 capacity. Encapsulation technologies have been successfully used to protect phages against extreme
66 environments and have been shown to maintain their activity and release in targeted environments [10]. The use
67 of *Campylobacter*-specific bacteriophages seems to be a promising tool in the food safety for the biological
68 control of this pathogen in the poultry meat production chain. However, the isolation of bacteriophages is a
69 complex challenge because they appear to be low on chicken skin or meat. Isolation of *Campylobacter*
70 bacteriophages is the first challenge in developing a bacteriophage-based product to control *Campylobacter*.
71 They are isolated wherever their hosts are present and also from environmental samples and poultry products
72 [11]. However, the presence of *Campylobacter* bacteriophages is very low even in these samples [12]. On the
73 other hand, the isolation rate of *Campylobacter* bacteriophages varies in published articles, probably due to
74 differences in isolation methods or the type and origin of the sample [7]. Various isolation methods have been
75 proposed to date, but no standard methods for the isolation of *Campylobacter* bacteriophages have yet been
76 developed. To optimize existing methods and suggest the best method, the present study selected three different
77 methods introduced in several previous articles as appropriate protocols in terms of phage recovery rate, with
78 the aim of comparing the three isolation methods of *Campylobacter* bacteriophages from chicken skin. In this
79 study, in addition to determining the effectiveness of *Campylobacter* bacteriophages on the bacteria separately,
80 finally, three methods of isolating *Campylobacter* bacteriophages from chicken skin were compared and the best
81 method was introduced.

83 2- MATERIALS AND METHODS

84 In this study, 15 samples of fresh chicken skin, thighs or wings or neck were randomly collected from five
85 different chicken suppliers in Ghaemshahr (Iran). The samples were transferred to Rai Azma Food Hygiene and
86 Health Laboratory aseptically in the vicinity of ice, immediately followed by performing the necessary tests.
87 First, the chicken skin pieces inside the Falcon tubes were completely vortexed with normal saline. The skin
88 pieces were removed by forceps under sterile conditions, and the remaining fluid was transferred to sterile
89 Falcon tubes. The Falcon tubes were centrifuged at 4000 rpm for 5 minutes. The supernatant was discarded, and
90 the remaining precipitate was added with 30 ml of Preston enrichment broth containing antibiotics. The Falcon
91 tubes were incubated in a special jar under micro aeration conditions at $42 \pm 1^\circ\text{C}$ for 24 hours. It should be
92 noted that the micro aeration conditions were created by lighting a candle inside the jar. All steps were
93 examined with standard strains to ensure the accuracy of the isolation process. After 24 hours, the samples were
94 taken out of the incubator and immediately cultured in four regions onto blood agar media containing
95 antibiotics. Re incubation was performed at $42 \pm 1^\circ\text{C}$ for 48 h under micro aeration conditions. Finally, the
96 plates were examined macroscopically. According to the morphology of the grown colonies and biochemical
97 tests (including gram staining, oxidase, catalase, nitrate reduction, and nalidixic acid resistance tests), suspicious
98 *Campylobacter* colonies were isolated and their purification was performed for all three subsequent isolation
99 methods [13]. *Campylobacter* isolates were used as host bacteria in this study. For isolation, chicken skin
100 samples were diluted at a ratio of 1: 4 (w/v) in SM buffer [50 mM tris-xcl (pH = 7.5), 0.1 M NaCl, 8 mM
101 MgSO_4 , 0.01% (w/v) gelatin], and were cultured by Rapid method of *Campylobacter* Detection. The plates were
102 dried at ambient temperature and stored at 37°C for 72 h under micro aeration conditions (5% oxygen, 10%
103 carbon dioxide, and 85% nitrogen). The *Campylobacter* isolates were stored at -80°C in Brain Heart Infusion
104 (BHI) Broth with 10% Glycerol. To prepare the final phase cultures, the frozen-thawed samples (200 μl) were
105 cultured onto Columbia Blood Agar (oxid) with Defibrinated Sheep Blood (5% v/v, oxid) under micro aeration
106 conditions at 37°C . After overnight incubation, the cells were harvested up to $0.6 (10^8 \text{ CFU/ml})$ in BHI Broth
107 until reaching OD_{600} , and kept again at 37°C for 4 hours [7].
108 Three different isolation methods for *Campylobacter* bacteriophages were evaluated and applied to all 15
109 chicken skin samples.

110 **Method 1:** The chicken skin samples were placed in sterilized filter bags and enriched in 15 ml of BHI broth by
111 culturing the final phase of host *Campylobacter* strains to reach a final concentration of 10^6 CFU/ml . After
112 enrichment, the mixtures were kept at 37°C for 48 h under micro aeration conditions.

113 **Method 2:** 10 g of chicken skin samples were added to SM buffer (50 Mmol/l Tris-HCl [pH = 7.5], 0.1 mol/l
114 NaCl, NaCl 0.008 mol/l MgSO_4) and stored for 4 hours at 4°C [8]. The suspension was centrifuged at 8600 gr
115 for 10 min and the resulting aqueous phase was treated with chloroform (4: 1, v/v) and re-centrifuged at 8600 gr
116 for 10 min [14].

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117 **Method 3:** The chicken skin samples were placed in sterile-filtered bags containing 10ml of Campylobacter
 118 Selective Bolton Broth (oxid), selective antibiotics (oxid) and 5% lysed horse blood, and 10 ml of fresh
 119 Bolton broth supplemented with 400 Mg/ml of CaCl₂ and 400Mg/ml of MgSO₄. The mixture was vortexed and
 120 stored at 42°C for 18 h under micro aeration conditions and treated with chloroform. The prepared mixture was
 121 enriched by the host Campylobacter strains within the log phase until a final concentration of 6 CFU/10ml. The
 122 mixture was kept at 42°C for 48 hours under micro aeration conditions [7].

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123 **Phage identification:** One drop of each phage sample (10 µl) was added to each of the Campylobacter strains
 124 and the plates were incubated. The lysis area was scratched and suspended in 100 µl of SM band, and re-plate
 125 on the third level of Campylobacter. Different dilutions were prepared and individual phage plaques were
 126 obtained and this test was performed in triplicate to ensure purity. Fresh phage lysates were stored in sterile
 127 tubes at 4°C and finally at -80°C in SM buffers with 20% glycerol [7]. All tests were performed in triplicate.
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129 3- RESULTS AND DISCUSSION

130 Since the data are quantitative (with a sample size of n <30), the three dependent groups were compared by
 131 pairwise comparisons (pre/post) through the statistical method of mean comparison to show the difference and
 132 one-factor repeated-measures analysis of variance (ANOVA) using SPSS software. The results are shown as
 133 tables and line graphs for each method.
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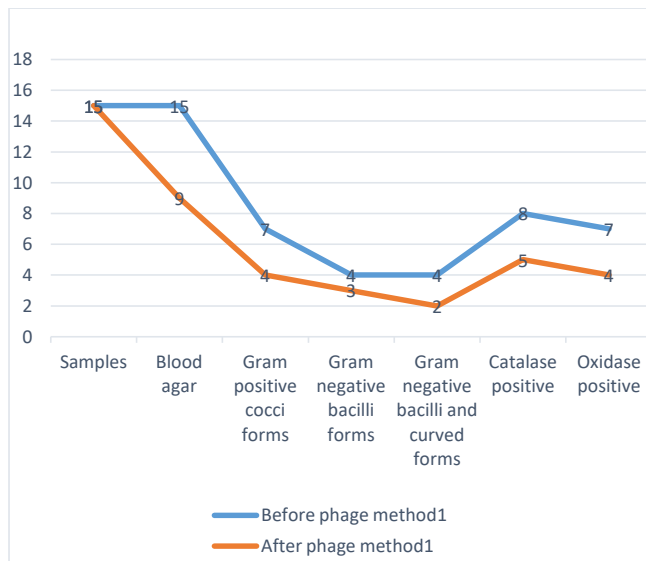
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135 **Table 1- Frequency and percentage of samples with Campylobacter strains observed before and after**
 136 **performing the first method in blood agar medium, gram staining, and diagnostic tests**
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Samples	Positive growth in blood agar medium (%)	Gram staining			Diagnostic tests	
		Gram-positive cocciform bacteria (%)	Gram-negative bacilliform bacteria (%)	Gram-negative curved and bacilliform bacteria (%)	Catalase positive result (%)	Oxidase positive result (%)
Before phage therapy in the first method (frequency)	15	7	4	4	8	7
After phage therapy in the first method (percentage)	60.0±4.60	26.60±0.82	20.0±0.56	13.30±1.16	33.30±0.79	26.60±0.56

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 139 According to the table above, after phage therapy in the first method, no Campylobacter strains were observed
 140 in 40% of the samples.
 141 First method



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144 **Figure 1- Line graph of Campylobacter strains observed before and after the first method in blood agar**
145 **medium, gram staining, and diagnostic tests**

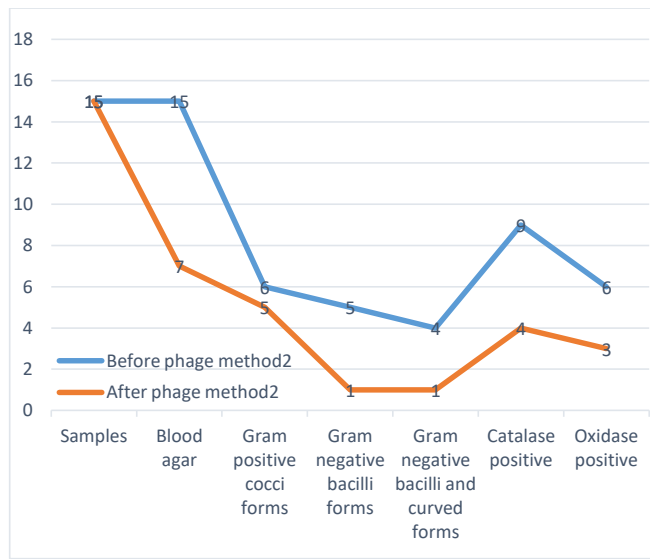
147 According to the above diagram, a decreasing trend is observed in the number of Campylobacter strains after
148 phage therapy in the first method.

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150 **Table 2- Frequency and percentage of samples with Campylobacter strains observed before and after**
151 **performing the second method in blood agar medium, gram staining, and diagnostic tests**

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Samples	Positive growth in blood agar medium (%)	Gram staining			Diagnostic tests	
		Gram-positive cocciform bacteria (%)	Gram-negative bacilliform bacteria (%)	Gram-negative curved and bacilliform bacteria (%)	Catalase positive result (%)	Oxidase positive result (%)
Before phage therapy in the second method (frequency)	15	6	5	4	9	6
After phage therapy in the second method (percentage)	46.60±0.68	33.30±0.79	6.60±0.15	6.60±0.15	26.60±0.56	20.0±0.52

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154 According to the table above, after phage therapy in the second method, no Campylobacter strains were
155 observed in 53.4% of the samples.
156 Second method



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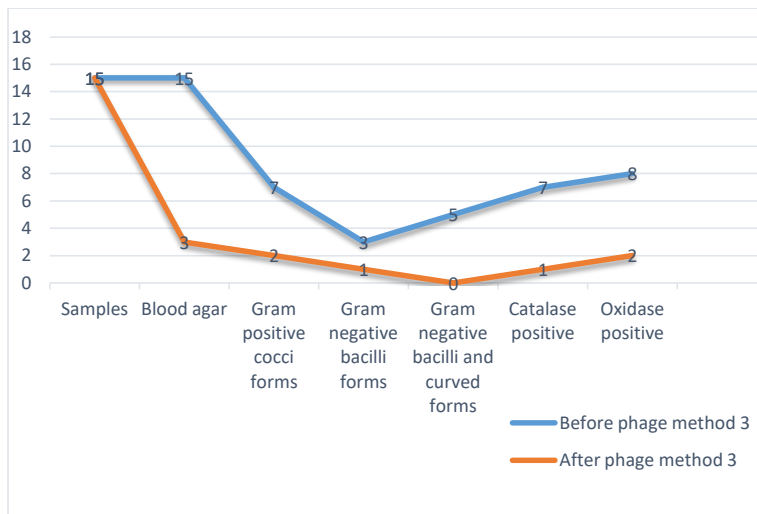
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159 **Figure 2- Line graph of Campylobacter strains observed before and after the second method in blood**
160 **agar medium, gram staining and diagnostic tests**

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162 According to the above diagram, a decreasing trend is observed in the number of Campylobacter strains after
163 phage therapy in the second method.

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165 **Table 3- Frequency and percentage of samples with Campylobacter strains observed before and after**
166 **performing third method in blood agar medium, gram staining and diagnostic tests**
167

Samples	Positive growth in blood agar medium (%)	Gram staining			Diagnostic tests	
		Gram-positive cocci form bacteria (%)	Gram-negative bacilliform bacteria (%)	Gram-negative curved and bacilliform bacteria (%)	Catalase positive result (%)	Oxidase positive result (%)
Before phage therapy in the third method (frequency)	15	7	3	5	7	8
After phage therapy in the third method (percentage)	80.0±1.20	13.30±0.22	6.60±0.15	-	6.60±0.15	13.30±0.22

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169 According to the table above, after phage therapy in the third method, no Campylobacter strains were observed
170 in 80% of the samples.
171 Third method
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175 **Figure 3- Line graph of Campylobacter strains observed before and after the third method in blood agar**
 176 **medium, gram staining, and diagnostic tests**

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178 According to the above diagram, a decreasing trend is observed in the number of Campylobacter strains after
 179 phage therapy in the third method.

180 Failure to treat these infections with antibiotics has led researchers and scientists to use more efficient and
 181 alternative methods to eliminate and control these bacteria. One of these successful alternatives or supplements
 182 is the use of bacteriophages (phages) to treat infections in many refractory infections [15]. This phenomenon, or
 183 phage therapy, means the use of bacteriophages to treat bacterial infections, and especially the combination of
 184 two or more phage types called phage cocktails has been used to increase the host spectrum of a particular genus
 185 against various bacterial infections [16,17]. Unlike most antibiotics, phages are smart weapons that act
 186 specifically and thus exert little harm to beneficial bacteria in the body, such as gut bacteria, while antibiotics
 187 eliminate them. Phages, on the other hand, act in a limited way, entering their inactive life cycle after destroying
 188 harmful bacteria, and show virtually no activity against non-host bacteria [7]. The use of phages is an attractive
 189 strategy for producing safe food because they specifically affect the pathogen. They are harmless to humans,
 190 animals, and plants and have no negative effect on normal microbiota or other beneficial properties of food.
 191 Campylobacter-specific bacteriophages can be applied in poultry farms to prevent or reduce Campylobacter
 192 contamination of birds [18]. According to the analysis of the results obtained from the present study, the first
 193 method showed bactericidal effects but was not very satisfactory (40%). This method appears to reduce the
 194 growth of other bacteria present in chicken skin samples, resulting in reduced growth of Campylobacter strains.
 195 The results of this study are consistent with studies by Nafarrate et al. in 2020 [7] and Hungaro et al. in 2013.
 196 This method can exhibit the effect of bacteriophages as an alternative factor to reduce the contamination of
 197 poultry carcasses in industrial conditions [19]. The present study demonstrated that the use of the second method
 198 can also affect the bactericidal rate (53%). This method was performed by Atterbury et al. in 2005 on chicken
 199 fecal samples [8] and then by Janez et al. in 2014 on fresh chicken meat samples [15]. The results of their study
 200 also showed a decrease in bacterial density after phage inoculation, so that Atterbury et al. (2005) reported a
 201 56% bactericidal rate [8]. Comparison of the results from the first and second methods indicated that since
 202 Campylobacter strains have inactive metabolism at temperatures below 4°C, storage of samples at this
 203 temperature increases the efficiency of the method [7]. However, the results obtained in the third method
 204 revealed that 80% of the samples had no Campylobacter strains and in a way, it can be said that bactericidal
 205 activity was much more effective in this method. The highest isolation rate of Campylobacter bacteriophages
 206 was observed in the third method, compared to the lower isolation rates through the first and second methods.
 207 This higher rate appears to be related to the proliferation of strains during storage of the samples in Bolton
 208 selective broth medium, which has led to the growth of Campylobacter strains on chicken skin. Increased
 209 growth of Campylobacter strains enhances the likelihood of phage attachment to host cells. In general, the third
 210 method was the most efficient in phage isolation and showed the best phage recovery rate from the sample
 211 surface and the lowest presence of Campylobacter strains in the samples. Apart from the fact that the difference
 212 in results between repetitions was minimal, this method was introduced as a reliable and repeatable approach.
 213 The results of this study are completely in line with the findings reported by Nafarrate in 2020, which considers

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214 the above method as the most effective method of bacteriophage isolation among the existing methods and also
215 introduces this method as a reliable approach compared to others. The findings of this study confirm the fact that
216 poultry products, especially chicken skin, are a rich source of *Campylobacter* strains, as previously reported by
217 other researchers [3,10].

218 4- CONCLUSION

219 Phages are normally present in food products and may be consumed in our diet. This is very important for food
220 safety because reducing the density of *Campylobacter* strains in food-producing animals or disinfecting
221 carcasses and other raw products during food processing through the use of bacteriophage does not mean adding
222 a foreign element to our diet. On the other hand, phages can be recruited as biological control tools for
223 *Campylobacter* strains. These bacteriophages can be utilized alone or in combination with other intervention
224 strategies as a promising tool for food safety applications. Diversity in *Campylobacter* phage treatment methods
225 can be effective in developing new approaches to promote food safety. These methods can be useful to increase
226 food safety and reduce the risk of infection in humans through the consumption of potentially infected edible
227 parts of the chicken. Given that most people use packaged chicken, which contains the skin and other parts of
228 the chicken and can lead to contamination of the chicken's food and various parts of the kitchen, the third
229 method, among the three proposed methods, could be a more reliable approach to eradicate *Campylobacter*
230 strains.

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COMPETING INTERESTS DISCLAIMER:

237 Authors have declared that no competing interests exist. The products used for this research
238 are commonly and predominantly use products in our area of research and country. There is
239 absolutely no conflict of interest between the authors and producers of the products because
240 we do not intend to use these products as an avenue for any litigation but for the
241 advancement of knowledge. Also, the research was not funded by the producing company
242 rather it was funded by personal efforts of the authors.

246

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