

1 Isolation of a novel and specific bacteriophage for the periodontal pathogen
2 *Fusobacterium nucleatum*

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12 Running title: Bacteriophage for *F. nucleatum*

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17 ***Fusobacterium nucleatum* is a periodontal pathogen that has been directly associated with
18 the development and progression of periodontal disease, a widespread pathology that
19 affects the support tissues of the tooth. We isolated a new bacteriophage (FnpΦ02) that
20 specifically infects this bacterium. Transmission electron microscopy showed that the
21 virion is composed of an icosahedral head and a segmented tail. The size of the phage
22 genome was estimated to be approximately 59 kbp of double-stranded DNA. The
23 morphological features and the genetic characteristics suggest that FnpΦ02 is part of the
24 *Siphoviridae* family. Using one-step growth and adsorption experiments, the latent period,
25 burst size and adsorption rate was estimated to be 15 h, 100 infections unit per cell and 7.5
26 $\times 10^{-10}$ mL min⁻¹ respectively. A small fragment of phage DNA was cloned and sequenced
27 showing a 93 % of nucleotide identity with the phage PA6 of *Propionibacterium acnes* and
28 amino acid identity with fragments of two proteins (Gp3 and Gp4) of this phage. To our
29 knowledge, FnpΦ02 is the first phage described infecting *Fusobacterium nucleatum* and
30 provides the base for future exploration of phages in the control of periodontal disease.**

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1 **Introduction**

2 The term “periodontal disease” refers to a wide set of pathologic alterations of the
3 periodontal tissue. The most common clinical manifestations are known as gingivitis
4 and periodontitis, and both are widely distributed around the world (18). Periodontitis is
5 a multifactorial inflammatory-based infection of the supporting tissues of the tooth. It is
6 essentially characterized by the progressive destruction of the periodontal ligament and
7 the alveolar bone, leading to the loss of the affected tooth (2). Periodontitis is caused by
8 bacteria or bacterial groups embedded in a biofilm or dental plaque that protects them
9 against antimicrobial agents (18). The bacterial species involved in periodontal disease
10 are predominantly anaerobic Gram negative and, although they are isolated generally
11 from affected patients, they are also isolated from healthy individuals, in less proportion
12 and frequency (26).

13 *Fusobacterium nucleatum*, is an anaerobic Gram-negative long bacillus, member of the
14 microflora in the oral cavity. *F. nucleatum* is considered a periodontal pathogen because
15 it is frequently isolated from lesions, produces a high number of tissue irritants and has
16 the ability to form coaggregates with other periodontal pathogens, acting as a bridge
17 between early and late colonizers in the surface of the enamel (4). Three different
18 subspecies of *F. nucleatum* have been related to the pathology of periodontal disease, *F.*
19 *nucleatum* subsp. *nucleatum*, subsp. *polymorphum* and subsp. *vincentii*, where all of
20 them have been associated to lesions of periodontitis, but also have been isolated in high
21 numbers from successfully treated patients (9).

22 Bacteriophages are viruses that can only infect and kill bacteria and have been used for
23 many years as powerful tools for the study of bacterial genetics and, given its
24 specificity, used in the identification and characterization of microorganisms (phage
25 typing). Nevertheless, phages were originally described as therapeutic elements to treat
26 human and animal infections (34). This application known as phage therapy has
27 regained interest in the past years, particularly in an era where the antibiotic resistance
28 and biofilm-based infections are permanent issues (25). Bacteriophages are
29 denominated temperate when their genetic material is integrated within the bacterial
30 genome with no immediate lysis of the bacterium, until, under certain conditions, the
31 expression of the viral genome is induced and the production of new virus particles
32 lyses the host cell; and are called lytic or virulent when immediately after the infection
33 they redirect the bacterial metabolism to the production of new phages, which are
34 released during the bacterial lysis (22, 36). There are many examples of the use of

1 bacteriophages at a clinical (14, 32) and commercial level (20). Specifically in the
2 dentistry area, several bacteriophages have been isolated for diverse oral bacteria from
3 saliva and dental plaque (12, 13, 23, 37).

4 Although *F. nucleatum* is an important periodontal pathogen, reports of bacteriophages
5 for this microorganism do not exist. In this work we isolated and characterized a new
6 bacteriophage for *F. nucleatum* from a saliva sample, designated FnpΦ02, and to our
7 knowledge this is the first bacteriophage for this bacterium.

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9 **Materials and Methods**

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11 **Bacterial strains and growth conditions.** Bacterial strains used in this study are listed
12 in Table 1. The *F. nucleatum* subsp. *polymorphum* clinical isolate strain used as the host
13 for the isolation, dilution and propagation of the phage FnpΦ02 was called Fnp. *F.*
14 *nucleatum* strains were cultured anaerobically in Brain-Heart Infusion broth (Merck,
15 USA) or BHI agar at 37 °C for three days. All bacteria from the oral flora were
16 incubated in the same conditions except black pigmented bacteria that were cultivated in
17 BHI with sheep blood (5 %) supplemented with 10 µg/mL hemin-menadione (BBL, BD
18 Ltd., USA) for at least 5 days at the same temperature. All aerobically grown bacteria
19 used in the study was incubated in Luria-Bertani broth (10 g/L Tryptone, 5 g/L yeast
20 extract and 5 g/L NaCl) or LB agar at 37 °C for 24-48 h. Chloramphenicol (20 µg/mL)
21 was added when necessary. Bacterial growth was monitored by measuring optical
22 density at 600nm (OD₆₀₀).

23

24 **Isolation of *F. nucleatum* strains.** Samples from saliva and tongue from healthy
25 individuals and patients with periodontal disease were obtained from the Dental Clinic
26 of the Universidad Andres Bello, Chile. All samples were grown in a selective medium
27 for *F. nucleatum* called CVE (10 g/L Soy trypticase, 5 g/L yeast extract, 5 g/L NaCl,
28 0.2% glucose, 0.02% tryptophan, 5% sheep blood, 5 µg/mL crystal violet and 4 µg/mL
29 erythromycin) (35) and incubated in anaerobic conditions for four days at 37°C. Then,
30 the blue colonies were picked and cultured for their identification. Initially all clinical
31 isolates were confirmed as *F. nucleatum* by PCR (5) and RAPID32A (BioMérieux®,
32 France). To determine which subspecies we were working with, we used specific PCR
33 primers described in literature (17, 29) to identify subsp. *vincentii* and subsp.
34 *nucleatum*, and designed PCR primers based on a reported sequence to identify subsp.

1 *polymorphum* (FnpF 5'-ccaggaggaatagggtagg-3'; FnpR 5'-gccattcagctcaactcc-3').
2 The PCR program used for the determination of subsp. *nucleatum*, *polymorphum* and
3 *vicentii* was as follows: initial denaturation for 5 min at 94 °C; 35 cycles of 94 °C for 30
4 s, 50 °C for 30 s, and 72 °C for 30 min; and a final extension at 72 °C for 10 min. A 100
5 µL reaction mixture contained: 0.5 U Taq polymerase (Invitrogen, CA, USA), 1.5 mM
6 MgCl₂, 2 mM each dNTP, 1 µM each primer and 0.1 to 0.5 µg of template DNA. All
7 PCRs were performed in a Multigene thermocycler (Labnet Inc.).

8

9 **Isolation of bacteriophages.** Saliva samples from 25 healthy individuals, 85
10 periodontally affected patients which had not received antibiotics within the previous
11 three months and drainage sample from dental chairs were used for the bacteriophage
12 screening. One milliliter of each saliva sample was cleared of debris and bacteria by
13 centrifugation at 15,000 x *g* for 10 min. Supernatant fluids were collected and kept at
14 4 °C until used. To enrich bacteriophages in saliva samples, we inoculated 100 µL of the
15 clear supernatant on a mid-log culture of *Fusobacterium nucleatum* Fnp strain (Public
16 Health Institute, Santiago, Chile) in BHI broth (Oxoid, Basingstoke, UK) and incubated
17 it anaerobically for 48 h. After this period, bacteria were harvested (15,000 x *g* for 3
18 min) and the supernatant was recovered and filtered (0.45 µm Millipore filter). Five
19 microliters of this enriched saliva sample were spotted onto double layered plates
20 containing 100 µL of a stationary phase culture of *F. nucleatum* mixed with 7 mL of top
21 agar (agar 0.7 %). Plates were incubated anaerobically for 4 days at 37 °C. Where the
22 enriched samples inhibited bacterial growth, the clear zone was picked and propagated
23 in a new culture. This lysate was serially diluted, spotted onto double layered plates and
24 incubated as described above. Two lysates designated FnpΦ02 and FnpΦ13 were
25 obtained. FnpΦ02 was selected for further studies.

26

27 **Determination of the phage host range.** For the determination of the phage host range,
28 68 different strains were tested against the bacteriophage. These strains are listed in
29 Table 1 and were grown as detailed above. Five microliters of the phage suspension (1 x
30 10⁷ PFU/mL) were spotted onto the plate, which had previously been inoculated with
31 the specific bacteria and incubated for 24 to 48 h for aerobic bacteria and 7 to 10 days
32 for anaerobic bacteria. Bacterial sensitivity to the bacteriophage was established by
33 bacterial lysis at the place where the phage was spotted.

34

1 **Electron microscopy of bacteriophages.** To perform this study 50 mL of a lysate (6.75
2 $\times 10^7$ PFU/mL) were centrifuged at $30,000 \times g$ for 3 h at 4°C in a Sorvall RC90
3 ultracentrifuge (AH-629/17 rotor) and the bacteriophage pellet was resuspended in 10
4 μL of distilled water. This phage suspension was dropped onto the 300-by 300-mesh
5 grid, which had been treated by coating with one drop of 0.1 % bacitracin. After 3 min,
6 the phage particles were stained with 2 % uranyl acetate for 10 s and then examined
7 under a JEM-1200 EX II electron microscope (JEOL, Peabody, Mass) at an operating
8 voltage of 120 kV. The virion size was estimated from the negatively stained images.
9 To observe the phage along with bacteria, exponentially growing cells of *F. nucleatum*
10 Fnp (100 mL) were collected by centrifugation ($15,000 \times g$, 10 min). The pellet was
11 resuspended in 1 mL of BHI medium and then inoculated with 100 μL of phage lysate
12 (1×10^7 PFU/mL). The sample were treated and ultrathin sections were stained with 2
13 % uranyl acetate for 10 s and then examined under then same conditions that the lysate.

14
15 **Growth experiments.**

16 First, exponentially growing cultures of *F. nucleatum* Fnp (2×10^7 CFU/mL) were
17 inoculated with the virus (1.25×10^7 PFU/mL) at MOIs of 1, 0.1, 0.01 and 0.001. The
18 mixtures were incubated, and the changes in the bacterial culture were monitored over
19 time by measuring optical density (OD_{600}). The same procedure was done with the *F.*
20 *nuc. nucleatum* ATCC 25586 strain and the *F. necrophorum* ATCC 25286 strain as a
21 negative control of infection.

22
23 **One Step Growth.** To determine the latent period, eclipse period, rise period and burst
24 size we used the procedure described by Sillankorva et al. (30) with some
25 modifications. Briefly, 10 mL of a exponential phase culture of *F. nucleatum* were
26 harvested by centrifugation ($15,000 \times g$ for 5 min) and resuspended in fresh BHI
27 medium to an OD_{600} of 0.1 (ca. 1×10^7 CFU/mL). A 5 mL aliquot of this suspension
28 was taken and 5 μL of phage suspension (~ca. 1.25×10^7 PFU/mL) were added to an
29 MOI of 0.01; phage was allowed to adsorb for 5 min at room temperature. The mixture
30 was then centrifuged as describe above and the pellet was resuspended in 10 mL of
31 fresh BHI medium and maintained in anaerobic conditions. Two samples were taken
32 every 1 h over a period of 45 h. The first sample was plated immediately without any
33 treatment and the second set of samples was plated after treatment with 1 % (vol/vol)
34 chloroform to release intracellular phages. The number of viral particles (PFU) was

1 determined by spotting serial dilutions on double layer BHI plates containing *F.*
2 *nucleatum* Fnp. Phage plaques were counted after the incubation time at 37 °C.

3

4 **Adsorption rate.** The determinations were done with the procedure described by
5 Sillankorva et al. (30) with small modifications. Briefly, bacteria in an exponential phase
6 culture of *F. nucleatum* were diluted in BHI medium to an optical density (OD₆₀₀) of
7 0.1(1 x 10⁷ PFU/mL). Then, 10 mL of the bacterial suspension and 100 µL of the phage
8 suspension (1.25 x 10⁷ PFU/mL) were mixed at an MOI of 0.1. The mixture was
9 incubated at room temperature and samples were collected every minute during a total
10 period of 10 min. Samples were treated with chloroform, diluted and plated on BHI
11 plates. Phage plaques were counted after the incubation time at 37 °C in anaerobic
12 conditions.

13

14 **Purification of bacteriophage DNA and restriction analysis.** Phage DNA was
15 isolated from a 50 mL lysate (6.75 x 10⁷ PFU/mL) using the Qiagen® Lambda Midi Kit
16 (Promega, Madison, USA) according to the manufacturers instructions. We tested the
17 susceptibility of the nucleic acid to 17 restriction enzymes: BamHI, HindIII, KpnI, PstI
18 (Invitrogen, USA) and BstEII, BfuCI, DraI, DpnI, EcoRI, EcoRV, HpaII, HaeIII, NotI,
19 Sau3AI, SpeI, XbaI and PvuI (Promega, Madison, USA). The DNA digestion mixtures
20 were analyzed by electrophoresis at 50 V for 3.5 h in a 1.5 % TAE agarose gel stained
21 with ethidium bromide using a 1 kb DNA ladder (New England Biolabs, USA) and
22 Lambda Mix Marker (New England Biolabs, USA) as molecular size markers. The
23 genome size was determined using the same molecular size markers and the restriction
24 pattern obtained with HindIII.

25

26 **Sequencing of a fragment of phage genome.** Phage DNA digested with HindIII was
27 used for cloning into the pSU19 vector (Cam^R LacZ⁺). The ligation mix was used to
28 transform *E. coli* DH5α competent cells by electroporation and the clones were selected
29 in Luria-Bertani plates supplemented with Chloramphenicol (20 µg/mL) and X-Gal (40
30 µg/mL). The DNA fragment was amplified with primer M13-F: 5'-
31 cgccagggtttccagtcacgac-3' and M13-R: 5'-tcacacaggaacagctatgac-3'. The PCR
32 product was purified from an agarose (0.8 %) gel using the “Wizard^R SV Gel and PCR
33 clean Up System” (Promega, USA) and was sent for sequencing to Macrogene (Seoul,

1 Korea). Sequence was analyzed with the bioinformatic tool NCBI BlastX
2 (<http://blast.ncbi.nlm.nih.gov/Blast.cgi>) for the nucleotide analysis and NCBI ORF
3 finder (<http://www.ncbi.nlm.nih.gov/projects/gorf/>) for the identification of open
4 reading frames (ORF). Similarity analyses of the ORF sequences were performed using
5 BlastP (<http://www.blast.ncbi.nlm.nih.gov/Blast.cgi>) and ClustalW2
6 (www.ebi.ac.uk/clustalw).

7

8 RESULTS

9

10 **Isolation of a new bacteriophage for *F. nucleatum*.** We analyzed saliva samples from
11 25 healthy individuals and 85 patients with periodontal disease from the Dental Clinic at
12 the Universidad Andres Bello, in June 2009. Two samples, enriched as described in the
13 methods section, showed a halo of growth inhibition of *F. nucleatum* subsp. *polymorphum*
14 Fnp in a double layered BHI plate (Fig. 1A). Lysates were obtained from the inhibition
15 halos as described in the methods section; the first lysate was called FnpΦ02 and came
16 from a sample from a healthy 24 years old man; while the second was called FnpΦ13
17 and was obtained from a sample of hydraulic dental chair drainage (Model Sagi 0.1,
18 DentoLabs, Mexico). Only FnpΦ02 was selected for further studies. To confirm that we
19 found a bacteriophage, the sample was propagated and diluted in order to obtain isolated
20 lysis plaques (Fig. 1B). The lysis plaques showed heterogeneous morphology with
21 diameters of approximately 1-2 mm, because of this, 15 of them were chosen for a new
22 propagation. Every time this procedure was repeated we observed a variety of plaque
23 morphologies suggesting that we isolated a single phage with no characteristic plaque
24 morphology. Finally, the clearest plaque was picked, propagated and a lysate was
25 obtained and preserved at 4 °C for further studies.

26

27 **Host specificity of FnpΦ02.** Of all the bacterial strains tested, FnpΦ02 was only able to
28 infect and lyse *Fusobacterium nucleatum* including our clinical isolates. Interestingly,
29 we observed some differences in the phage effectiveness to lyse some strains, with *F.*
30 *nucleatum* subsp. *polymorphum* being more sensitive to the infection than subsp.
31 *nucleatum* and *vincentii*.

32

33 **Physical properties of FnpΦ02.** The transmission electron microscopy presented in
34 Fig. 2A revealed that FnpΦ02 possessed an icosahedral head with a diameter of

1 approximately 75 nm and a flexible tail that was 260 nm long. At the same time, we saw
2 *F. nucleatum* cells after the phage infection, which revealed the propagation of virus-
3 like particles (Fig. 2B and 2C). In particular, we observed bacterial lysis and liberation
4 of phage particles from the bacterium ends.

5

6 **Infection of *F. nucleatum* with FnpΦ02.** The effect of FnpΦ02 infection on *F. nuc.*
7 *polymorphum* was observed through the inoculation of a bacterial culture in early
8 exponential phase (OD₆₀₀ at 0.15) at different MOIs (2, 1, 0.1, 0.01 and 0.001). In all
9 the infections we saw a slow lysis of the bacterial culture and for all the MOIs tested,
10 the phage was unable to cause a complete bacterial lysis after 80 h of incubation, so the
11 culture reached an OD₆₀₀ of 0.1 when the highest MOI was used (Fig. 3). The lysis of *F.*
12 *nuc. nucleatum* by FnpΦ02 was lower than the lysis of *F. nuc. polymorphum* at the
13 same MOI; as a negative control FnpΦ02 was incubated with *F. necrophorum* causing
14 no lysis (data not shown).

15

16 **One Step Growth.** This analysis was performed to identify the different phases of the
17 phage infection process. After infection of *F. nucleatum* with FnpΦ02, the phage
18 growth parameters -latent period, eclipse period, rise period, and burst size- were
19 determined comparing free and total phages. The system showed that the latency and
20 eclipse period of FnpΦ02 were of 15 and 7 h, respectively. FnpΦ02 showed a burst size
21 of ~100 phage per infected cell, measured along the 10 h rise period at 37 °C (Fig. 4 and
22 Table 2).

23

24 **Adsorption efficiency.** In the adsorption analysis of FnpΦ02 to *F. nuc. polymorphum*
25 we observed the rapid phage-bacteria interaction, with an 87 % of phage adsorption in
26 only 3 min, as is shown in Fig. 5. The adsorption process seems to be one rapid step,
27 keeping the number of free phage constant until 5 min. The adsorption rate represents
28 the affinity level between the phage and bacteria and was determined according to Barry
29 and Walter (3) in a 3 min period resulting in an adsorption constant of 7.5×10^{-10} mL
30 min⁻¹ for phage FnpΦ02¹ (Table 2).

31

32 **Genome analysis of FnpΦ02.** The phage genetic material was treated with restriction
33 enzymes BamHI, HindIII, KpnI, PstI, BstEII, BfuCI, DraI, DpnI, EcoRI, EcoRV, HpaII,

1 HaeIII, NotI, PvuI, Sau3AI, SpeI and XbaI, of which HindIII and DraI were able to cut
2 the viral genome, generating 8 fragments and over ten fragments, respectively (Fig. 6).
3 The genome size of FnpΦ02 was determined from an electrophoretic digestion pattern
4 with HindIII. Thus, the sum of the size of all fragments gave us a genome size of ~59
5 kbp (Fig. 6A and 6B). A small fragment (~500 bp) of the digestion with HindIII was
6 cloned into pSU19 vector and sequenced. The sequence obtained (Accession
7 HQ014662), showed in Fig. 7A, presented a high identity (approximately 90.5 %) with
8 the *Propionibacterium acnes* phage PA6, a member of an unclassified genus within the
9 *Siphoviridae* family (Fig. 7A). Neither identity nor homology was found with any other
10 reported phage sequence. Southern hybridization, using the Lambda c1 gene as a probe,
11 revealed no orthologous gene in FnpΦ02 (data not shown), all of these results suggest
12 that our phage could be considered a member of the unclassified group within the
13 *Siphoviridae* family. The FnpΦ02 genome section we analyzed contains 2 small
14 fragments that align to open reading frames (ORFs) that have a consecutive disposition
15 in the genomic context of phage PA6 (Fig. 7B). We found that both fragments had an
16 amino acid similarity with two proteins from phage PA6. As it is shown in Fig. 7C, the
17 first ORF fragment encodes a small peptide of 54 amino acids that has a 98% identity
18 with a segment of Gp3, a 441 amino acid protein that has a putative structural function.
19 The second ORF fragment encodes for a 72 amino acids polypeptide that shows an 84%
20 identity and a 94% similarity with the Gp4 protein, a 251 amino acids with a putative
21 terminase function.

22

23 DISCUSSION

24 Periodontal disease is a chronic pathology that does not have an effective or
25 definitive treatment. Currently, the dental therapy involves the mechanical removal of
26 the dental plaque and the use of antimicrobial agents, trying in both cases, to reduce the
27 bacterial biofilm associated to tissue destruction. This treatment controls the progression
28 of the disease for a limited time period, but the tissue damage is irreversible and may
29 start again with the rapid recolonization by pathogenic bacteria. This deficient therapy
30 together with the increasing concern about drug-resistant pathogenic bacteria has
31 rekindled interest in alternative treatment of bacterial infections (16, 24). Phage therapy
32 is a rediscovered option that uses bacteriophages to kill and otherwise control the
33 bacterial populations in the infected hosts. Renewed interest in phage therapy has arised

1 from recent theoretical studies on phages and also experimental work using phage
2 associated to bacteria with clinical relevance (14, 22, 20, 32). One of these impressive
3 studies was done by Paisano et al. (23) where a specific phage for *Enterococcus faecalis*
4 was able to completely eradicate a bacterial infection from human dentine.

5 Although several bacteriophages have been isolated for a number of oral bacteria
6 (8, 10, 12, 13, 23, 33), there has been no reports on the isolation of a phage for
7 *Fusobacteria* until now. *F. nucleatum* together with a bacterial consortium generates the
8 well-known dental plaque, a biofilm conformation that eventually leads to the onset of
9 periodontal disease. The interaction that occurs between bacteria in these biofilms has
10 been described in several studies (6, 31), but the effect of oral phages in the ecology of
11 the dental plaque is not well understood.

12 As a first approach to explore the possibility for phage therapy as an alternative
13 treatment for periodontal disease, we isolated a specific phage for *Fusobacterium*
14 *nucleatum*, a key bacterium in the development of periodontal disease.

15 FnpΦ02 was isolated from a saliva sample from a healthy individual confirming
16 that oral bacteriophages can be isolated from samples of the oral cavity of people with
17 and without periodontal disease (6, 8, 12, 13, 33, 37). This is because in a bacteria-
18 phage system, the phage could be found wherever its target bacterium is found, and oral
19 pathogens can be found in both healthy and periodontally diseased individuals (26). In
20 the analysis of host specificity of FnpΦ02, we observed that the phage has a narrow
21 range, evidenced by a difference between the sensitivity seen for the subspecies *F. nuc.*
22 *nucleatum* and, *F. nuc. vincentii* compared to *F. nuc. polymorphum*. This different
23 efficiency suggests that the phage receptor presents structural differences between
24 subspecies, causing a decreased affinity and a less efficient adsorption phase (34).
25 Based in these results, we can define an FnpΦ02 as a phage specific for the species *F.*
26 *nucleatum*. The narrow host range of FnpΦ02 is an interesting feature because this
27 phage would be harmless to the rest of oral flora in the mouth, suggesting that a specific
28 phage therapy for the periodontal disease could be developed.

29 The genetic material of FnpΦ02 was found to be double-stranded DNA, since it
30 shows susceptibility to restriction enzymes. FnpΦ02 viral DNA could only be digested
31 by 2 of the 17 enzymes tested, which showed us that the phage DNA was highly

1 resistant to restriction enzymes, a well characterized feature in the genetic material of
2 phages, which usually contain methylated bases and methylated DNA, as well as
3 modified nucleotides (19). This result suggests that the FnpΦ02 genome has a high level
4 of methylation that protects the DNA. The genome size (~59 kbp) is within the normal
5 range of *Siphoviridae* family, which has a size average of 50 kbp (1) and a range of 22-
6 121 kbp (21). These features, along with the FnpΦ02 virion structure allowed us to
7 classify FnpΦ02 within the *Siphoviridae* family. Complete sequencing of the
8 bacteriophage genome is currently under way and in the future we may determine if
9 FnpΦ02 is a lytic or temperate phage. In the latter case, analysis of the lysogeny activity
10 of FnpΦ02 will be the focus of a future study, especially due to the absence of genetic
11 tools for the study of this bacterium today.

12 The *Siphoviridae* family includes a temperate virus such as the “Lambda-like”
13 and lytic viruses such as “T1-like” and “T5-like”, in addition to other viruses that are
14 not yet classified (1). The features of plaque lysis and lysis efficiency of FnpΦ02, did
15 not allow us to assess whether FnpΦ02 is a lytic or a temperate phage, because the lysis
16 plaques show heterogeneous turbidity and size. This may occur if the phage infect cells
17 at different times during the bacterial growth phase or due to the absence of certain
18 culture conditions under which this specific phage could produce more homogenous
19 plaque characteristics (27) On the other hand, the bacteriophage was unable to reach
20 complete lysis of the culture of *F. nuc polymorphum* and a variable recovery of CFU
21 from lysates at different MOIs were obtained. These observations could be indicative of
22 a temperate phage or the fact that the optimal conditions for infection were not present.
23 This issue can only be resolved through the analysis of the complete sequence of the
24 phage genome.

25
26 About the life cycle parameters of FnpΦ02, we observed a difference between
27 the phases of latent time, eclipse time and rise period versus the burst size of the phage.
28 The first three features have higher values than the traditionally found in the
29 *Siphoviridae* family (21); this is not surprising, since it has been shown that these
30 parameters are highly influenced by the metabolic rate of the bacterial host. In this
31 context, *F. nucleatum* has a long generation time of approximately 5.6 h, affecting the
32 length of the phage life cycle. On the other hand, the burst size of FnpΦ02 (~100 phages
33 per infected cell) is found within the normal range of the *Siphoviridae* family (3, 21).

1 Finally, when a small fragment of the genome of Fnp ϕ 02 was analyzed, we
2 found nucleotide and amino acid identity with phage PA6. This phage as Fnp ϕ 02 phage
3 belongs to the *Siphoviridae* family, and it is member of an unclassified genus. PA6
4 genome is smaller than the calculated Fnp Φ 02 genome, approximately 30 kbp and no
5 evident genes for a lysogenic cycle have been found in it (10). The genome size of
6 Fnp ϕ 02 compared with PA6 phage suggests that the genes for a lysogenic cycle could
7 be present.

8

9 In summary, Fnp Φ 02 is a bacteriophage that specifically attacks the periodontal
10 pathogen *Fusobacterium nucleatum* and seems to belong to the *Siphoviridae* family.
11 Our laboratory is currently studying the potential use of this new bacteriophage as a
12 biological control agent to reduce proliferation of *F. nucleatum* in pathogenic oral
13 biofilms as a first step to explore the development of phage therapy to improve the
14 current treatment of periodontal disease.

15

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17

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20

21 REFERENCES

22 1. **Ackermann, H.W.** 1998. Tailed bacteriophages: the order caudovirales. Adv
23 Virus Res. **51**:135-201.

24 2. **Armitage, G.C.** 2004. Periodontal diagnoses and classification of periodontal
25 diseases. Periodontol 2000 **34**:9-21.

26

27 3. **Barry, G.T., and Goebel, W.F.** 1951. The effect of chemical and physical
28 agents on the phage receptor of Phase-li *Shigella sonnei*. J Exp Med. **94**:387-400.

29

30 4. **Bolstad, A.I., Jensen, H.B., and Bakken, V.** 1996. Taxonomy, biology, and
31 periodontal aspects of *Fusobacterium nucleatum*. Clin Microbiol Rev. **9(1)**:55-71.

32

- 1 5. **Boutaga, K., van Winkelhoff, A.J., Vandenbroucke-Grauls, C.M., and**
2 **Savelkoul, P.H.** 2005. Periodontal pathogens: a quantitative comparison of anaerobic
3 culture and real-time PCR. *FEMS Immunol Med Microbiol.* **45(2)**:191-199.
4
- 5 6. **Bradshaw, D.J., Marsh, P.D., Watson, G.K., and Allison, C.** 1998. Role of
6 *Fusobacterium nucleatum* and coaggregation in anaerobe survival in planktonic and
7 biofilm oral microbial communities during aeration. *Infection and Immunity* **66**: 4729–
8 4732.
9
- 10 7. **Bruessow, H., and Desiere, F.** 2001. Comparative phage genomics and the
11 evolution of *Siphoviridae*: insights from dairy phages. *Mol Microbiol.* **39(2)**: 213-222.
12
- 13 8. **Delisle, A.L., Nauman, R.K., and Minah, G.E.** 1978. Isolation of a
14 bacteriophage for *Actinomyces viscosus*. *Infect Immun.* **20**:303-306.
15
- 16 9. **Dzink, J.L., Sheenan, M.T., and Socransky, S.S.** 1990. Proposal of three
17 subspecies of *Fusobacterium nucleatum* Knorr 1922: *Fusobacterium nucleatum* subsp.
18 *nucleatum* subsp. nov., comb. nov.; *Fusobacterium nucleatum* subsp. *polymorphum*
19 subsp. nov., nom. rev., comb. nov.; and *Fusobacterium nucleatum* subsp. *vincentii*
20 subsp. nov., nom. rev., comb. nov. *Int J Syst Bacteriol.* **40(1)**:74-78.
21
- 22 10. **Farrar, M.D., Howson, K.M., Bojar, R.A., West, D., Towler, J.C., Parry, J.,**
23 **Pelton, K., and Holland, K.T.** 2007. Genome sequence and analysis of a
24 *Propionibacterium acnes* bacteriophage. *J Bacteriol.* **189(11)**:4161-4167.
25
- 26 11. **Feuille, F., Ebersole, J.L., Kesavalu, L., Stepfen, M.J., and Holt, S.C.** 1996.
27 Mixed infection with *Porphyromonas gingivalis* and *Fusobacterium nucleatum* in a
28 murine lesion model: potential synergistic effects on virulence. *Infect Immun.*
29 **64(6)**:2094-2100.
30
- 31 12. **Haubek, D., Willi, K., Poulsen, K., Meyer, J., and Kilian, M.** 1997. Presence
32 of bacteriophage Aa phi 23 correlates with the population genetic structure of
33 *Actinobacillus actinomycetemcomitans*. *Eur J Oral Sci.* **105**: 2-8.
34

- 1 13. **Hiroki, H., Shiki, A., Totsuka, M., and Nakamura, O.** 1976. Isolation of
2 bacteriophages specific for the genus *Veillonella*. Arch Oral Biol. **27**:261–268.
- 3 14. **Housby, J.N., and Mann, N.H.** 2009. Phage therapy. Drug Discov Today.
4 **14(11-12)**:536-540
5
- 6 15. **Jeffcoat, M.K., Bray, K.S., Ciancio, S.G., Dentino, A.R., Fine, D.H., Gordon,**
7 **J.M., Gunsolley, J.C., killoy, W.J., Lowenguth, R.A., Magnusson, N.I.,**
8 **Offenbacher, S., Palcanis, K.G., Proskin, H.M., Finkelman, R.D., and Flashner, M.**
9 **1998.** Adjunctive use of a subgingival controlled-release chlorhexidine chip reduces
10 probing depth and improves attachment level compared with scaling and root planing
11 alone. J Periodontol. **69(9)**:989-997.
12
- 13 16. **Jong, R.A., and Van der Reiiden, W.A.** 2010. Feasibility and therapeutic
14 strategies of vaccines against *Porphyromonas gingivalis*. Expert Rev Vaccines. **9(2)**:193-
15 208.
16
- 17 17. **Kim, H.S., Song, S.K., Yoo, S.Y., Jin, D.C., Shin, H.S., Lim, C.K., Kim,**
18 **M.S., Kim, J.S., Choe, S.J., and Kook, J.K.** 2005. Development of strain-specific
19 PCR primers based on a DNA probe Fu12 for the identification of *Fusobacterium* 128
20 *nucleatum* subsp. *nucleatum* ATCC 25586T. J Microbiol. **43(4)**:331-336.
21
- 22 18. **Kinane, D., Bouchard, P.; Group E of European Workshop on**
23 **Periodontology.** 2008. Periodontal diseases and health: Consensus Report of the Sixth
24 European Workshop on Periodontology. J Clin Periodontol. **35(8 Suppl)**:333-337.
25
- 26 19. **Krueger, D.T., and Bickle, T.A.** 1983. Bacteriophage Survival: Multiple
27 Mechanisms for Avoiding the Deoxyribonucleic Acid Restriction Systems of Their
28 Hosts. Microbiological reviews. 345-360.
- 29 20. **Levin, B.R., and Bull, J.J.** 2004. Population and evolutionary dynamics of
30 phage therapy. Nat Rev Microbiol. **2(2)**:166-173.

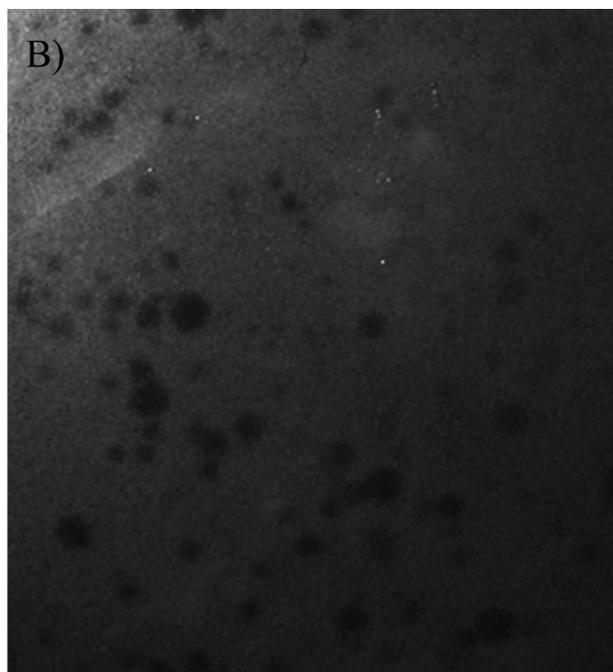
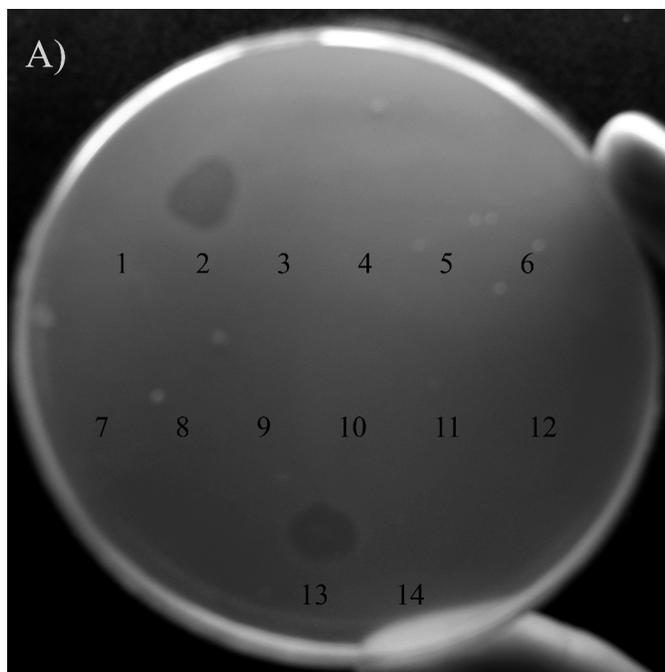
- 1
2 21. **Maniloff, J., and Ackermann, H.W.** 1998. Taxonomy of bacterial viruses:
3 establishment of tailed virus genera and the order Caudovirales. Arch Virol.
4 **143(10):2051-2063.**
- 5 22. **Matsuzaki, S., Rashed, M., Uchiyama, J., Sakurai, S., Ujihara, T., Kuroda,**
6 **M., Ikeuchi, M., Tani, T., Fujieda, M., Wakiguchi, H., and Imai, S.** 2005.
7 Bacteriophage therapy: a revitalized therapy against bacterial infectious diseases. J
8 Infect Chemother. **11(5):211-9.**
- 9
10 23. **Paisano, A.F., Spiera, B., Cai, S., and Bombana, A.C.** 2004. In vitro
11 antimicrobial effect of bacteriophages on human dentin infected with *Enterococcus*
12 *faecalis* ATCC 29212. Oral Microbiol Immunol. **19(5):327-30.**
- 13
14 24. **Raghavendra, M., Korengol, A., and Bhola, S.** 2009. Photodynamic therapy: a
15 targeted therapy in periodontics. Aust Dent J. **54(Suppl1):S102-109.**
- 16
17 **25. Ripp, S.** 2009. Bacteriophage-Based Pathogen Detection. Adv Biochem Eng
18 Biotechnol. **May 21.**
- 19
20 26. **Rylev, M., and Kilian, M.** 2008. Prevalence and distribution of principal
21 periodontal pathogens worldwide. J Clin Periodontol. **35(8 Suppl):346-361.**
- 22
23 27. **Santos, S.B., Carvalho, C.M., Sillankorva, S., Nicolau, A., Ferreira, E.C.,**
24 **Azeredo, J.** 2009. The use of antibiotics to improve phage detection and enumeration
25 by the double-layer agar technique. BMC Microbiology. **9:148.**
- 26
27 28. **Shao, Y., and Wang, I.N.** 2008. Bacteriophage adsorption rate and optimal
28 lysis time. Genetics. **180:471-482.**
- 29
30 29. **Shin, H.S., Kim, M.J., Kim, H.S., Park, S.N., Kim, D.K., Baek, D.H., Kim,**
31 **C., and Kook, J.K.** 2009. Development of strain-specific PCR primers for the
32 identification of *Fusobacterium nucleatum* subsp. *fusiforme* ATCC 51190(T) and subsp.
33 *vincentii* ATCC 49256(T). Anaerobe. **May 3.**

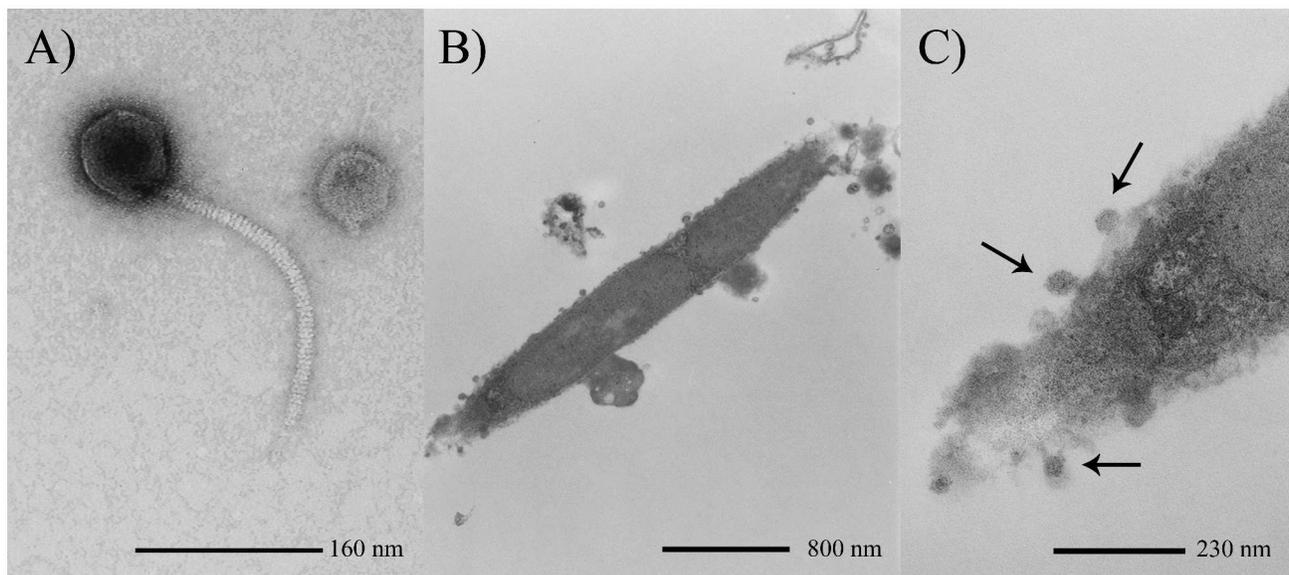
- 1
2 30. **Sillankorva, S., Neubauer, P.Y., and Azevedo, J.** 2006. Isolation and
3 characterization of T7-like lytic phage for *Pseudomonas fluorescens*. *J. Dairy Sci.*
4 **89**:2414-2423.
5
- 6 31. **Socransky, S.S., Haffajee, A.D., Cugini, M.A., Smith, C., and Kent, R.L. Jr.**
7 1998. Microbial complexes in subgingival plaque. *J Clin Periodontol.* **25**(2):134-144.
8
- 9 32. **Tang, K.H., Yusoff, K., and Tan, W.S.** 2009. Display of hepatitis B virus
10 PreS1 peptide on bacteriophage T7 and its potential in gene delivery into HepG2 cells. *J*
11 *Virology Methods.* **159**(2):194-199.
12
- 13 33. **Tylenda, C.A., Calvert, C., Kolenbrander, P.E., and Tylenda, A.** 1985.
14 Isolation of *Actinomyces* bacteriophage from human dental plaque. *Infect Immun.* **49**:1-
15 6.
16
- 17 34. **Waldor, M.K., Friedman, D.I., and Adhya S.L.** 2005. Phages, Their role in
18 bacterial pathogenesis and biotechnology, Washington DC: ASM Press.
19
- 20 35. **Walker, C.B., Ratliff D., Muller, R. Mandell R., and Socransky, S.S.** 1979.
21 Medium for selective isolation of *Fusobacterium nucleatum* from human periodontal
22 pockets. *J Clin Periodontol.* **10**(6): 844-849.
23
- 24 36. **Weinbauer, M.G.** 2004. Ecology of prokaryotic viruses. *FEMS Microbiol Rev.*
25 **28**(2):127-181.
26
- 27 37. **Yeung, M.K., and Kozelsky, C.S.** 1997. Transfection of *Actinomyces spp.* by
28 genomic DNA of bacteriophages from human dental plaque. *Plasmid.* **37**:141-153.
29

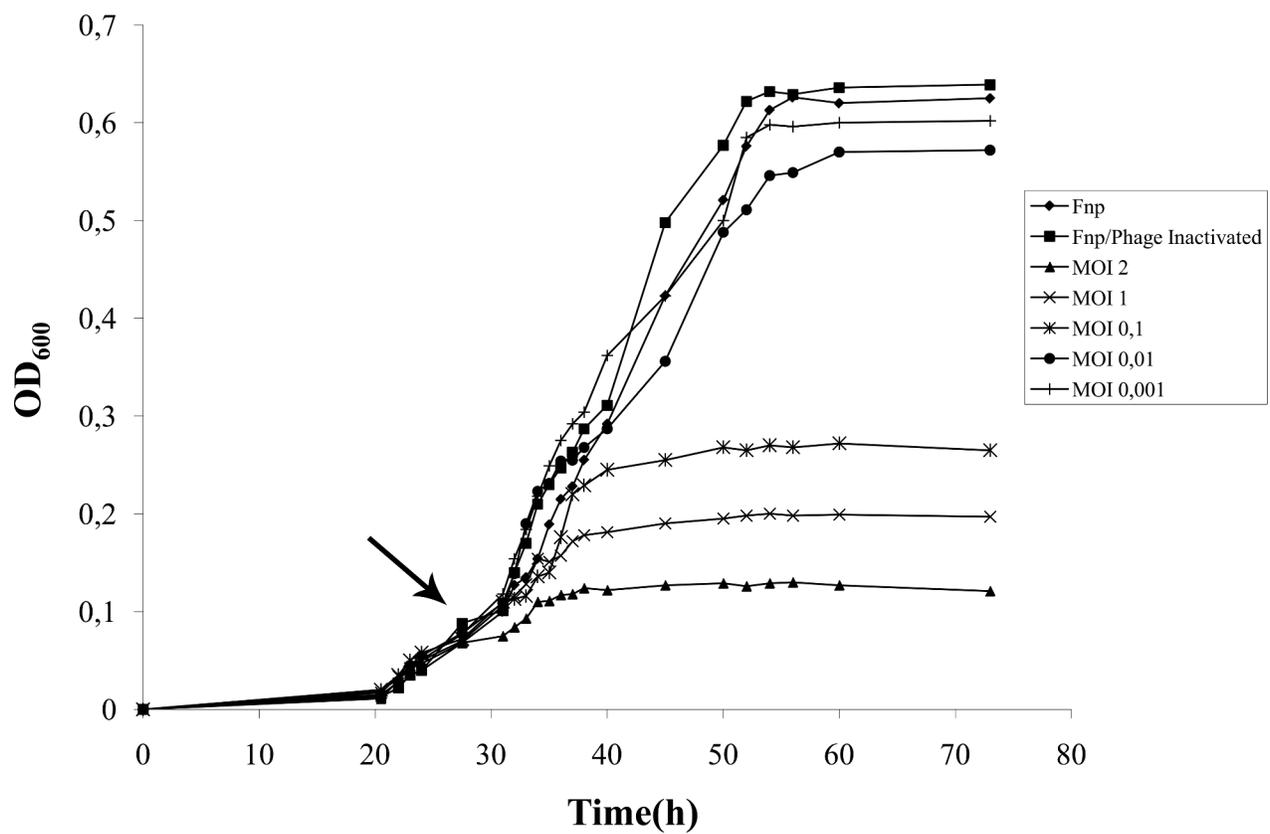
Table 1. Host range of phage FnpΦ02

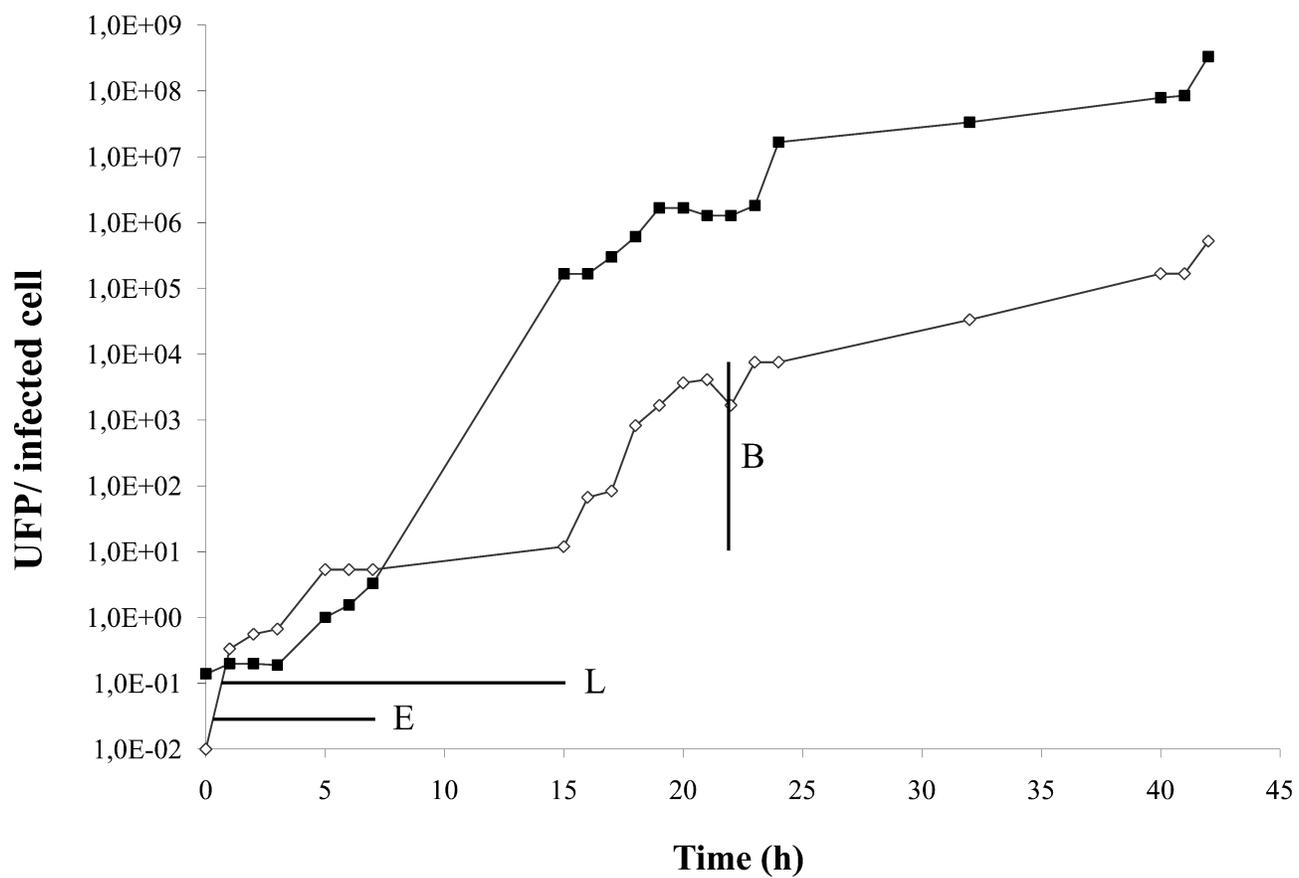
Bacteria	Reference or source	Phage Sensitivity
<i>Fusobacteria</i>		
* <i>Fusobacterium nucleatum</i> subsp. <i>polymorphum</i> (Fnp)	ISP	++
<i>Fusobacterium nucleatum</i> subsp. <i>polymorphum</i> (3)	Clinical isolates, this work	++
<i>Fusobacterium nucleatum</i> subsp. <i>nucleatum</i> ATCC 25586	ATCC	+
<i>Fusobacterium nucleatum</i> subsp. <i>nucleatum</i> (3)	Clinical isolates, this work	+
<i>Fusobacterium nucleatum</i> subsp. <i>vincentii</i> (3)	Clinical isolates, this work	+
<i>Fusobacterium necrophorum</i> ATCC 25286	ATCC	-
[‡] <i>Fusobacterium</i> spp. (8)	Clinical isolates, this work	-
Oral cavity		
Gram positive		
<i>Propionibacterium acnes</i> (4)	Clinical isolates, this work	-
<i>Actinomyces naeslundii</i> (2)	Clinical isolates, this work	-
<i>Bacteroides urealyticus</i> (2)	Clinical isolates, this work	-
<i>Bacteroides vulgatus</i> ATCC8482	ATCC	-
<i>Eubacterium limosum</i> (4)	Clinical isolates, this work	-
<i>Eubacterium lentum</i> (4)	Clinical isolates, this work	-
Gram negative		
<i>Aggregatibacter actinomycetencomitans</i> (5)	Clinical isolates, this work	-
<i>Porphyromonas gingivalis</i> ATCC 33277	ATCC	-
<i>Porphyromonas endodontalis</i> (2)	Clinical isolate, this work	-
<i>Prevotella nigrecens</i> (4)	Clinical isolate, this work	-
<i>Prevotella intermedia</i> (3)	Clinical isolate, this work	-
<i>Peptostreptococcus anaerobius</i>	Clinical isolates, this work	-
<i>Streptococcus mutans</i> ATCC 25175	ATCC	-
<i>Streptococcus sanguinis</i> (2)	Clinical isolates, this work	-
Other Gram negatives		
<i>Escherichia coli</i> DH5a	Laboratory Stock	-
<i>Pseudomonas aeruginosa</i>	ISP	-
<i>Pseudomonas oxytoca</i>	ISP	-
<i>Proteus mirabilis</i>	ISP	-
<i>Proteus vulgaris</i>	ISP	-
<i>Klebsiella pneumoniae</i>	ISP	-
<i>Salmonella enterica</i> sv Typhimurium ATCC14028	ATCC	-
<i>Salmonella enterica</i> sv Typhi TY2	ISP	-
Other Gram positives		
<i>Staphylococcus aureus</i> ATCC43330	ATCC	-
<i>Staphylococcus epidermidis</i> ATCC14990	ATCC	-
<i>Bacillus cereus</i>	ISP	-
<i>Streptococcus pyogenes</i>	ISP	-

* Strain used for the isolation of FnpΦ02; [‡] identified as *Fusobacterium* by Rapid32A, but no match for species; (n): number of strain used; ISP: Public Health Institute, Santiago, Chile. +++ Sensitive, += low sensitive and -= insensitive.









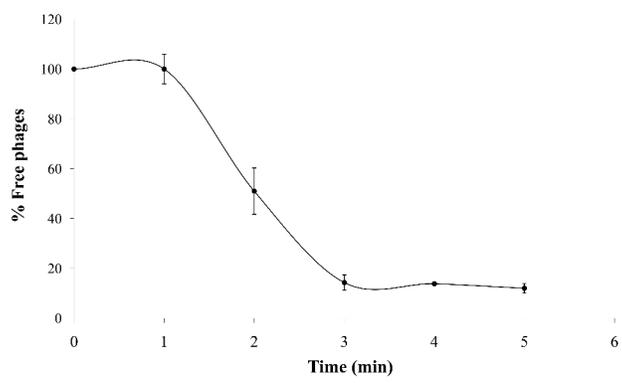
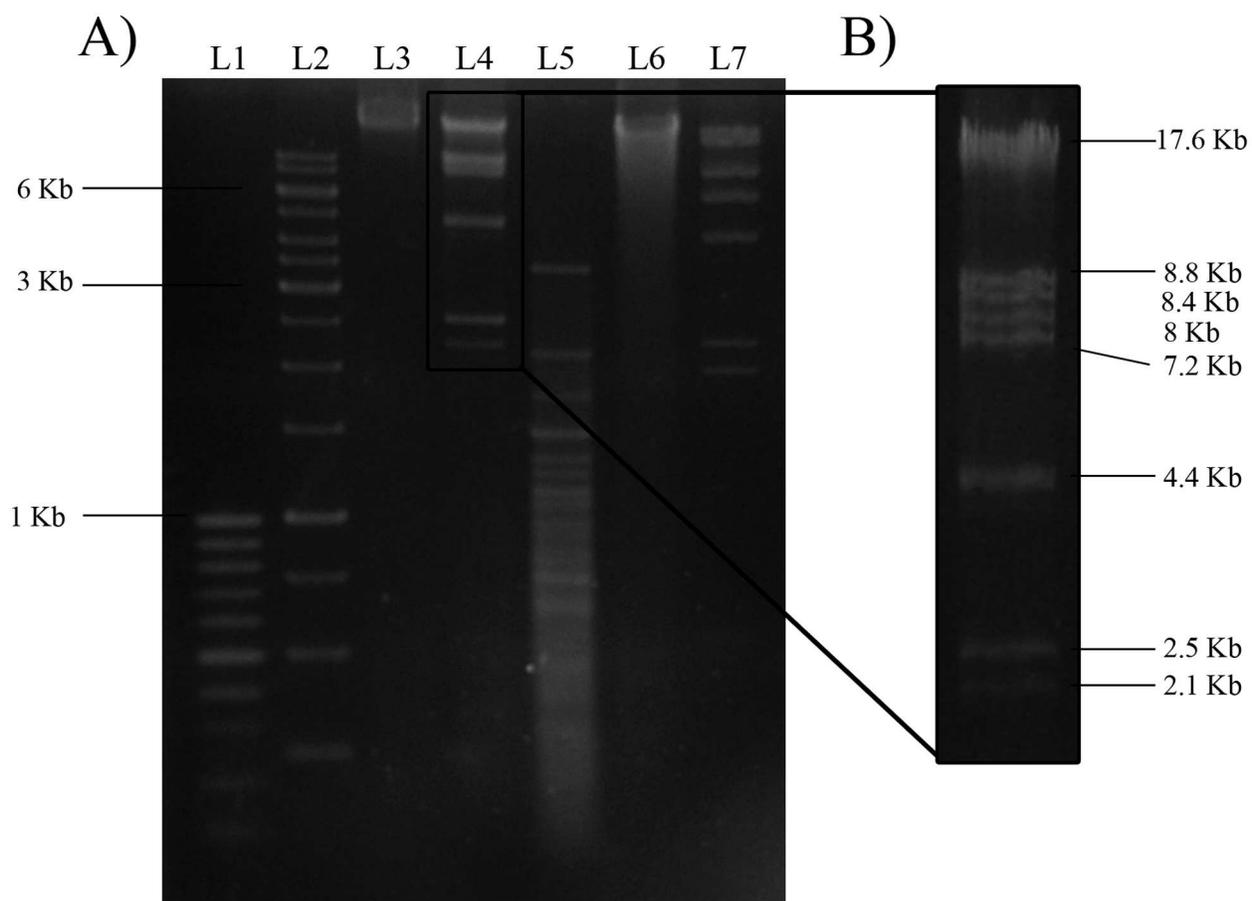


Table 2. Phage FnpΦ02 plaque features, life cycle parameters and morphological characteristics.

Plaque	Morphology	Life Cycle
Diameter: 1-2 mm	Head size: 83 nm	Latent period: 15 h
Heterogeneous plaques	Tail size: 211 nm	Adsorption rate: $7,5 \times 10^{-10}$ ml min ⁻¹ (3 min, 87 %)
	Total size: 325 nm	Eclipse period: 7 h
		Rise period: 10 h
		Burst size: ~100 phage per infected cell



1 **Table 1. Host range of phage FnpΦ02.**

2
3 * Strain used for the isolation of FnpΦ02; [‡] identified as *Fusobacterium* by Rapid32A, but no match for species; (n):
4 number of strain used; ISP: Public Health Institute, Santiago, Chile. ++= Sensitive, += low sensitive and -=
5 insensitive.
6
7

8 **Figure 1. Bacteriophage isolation.** A) Double-layered plate showing growth inhibition
9 of *F. nucleatum* by a saliva sample from a healthy 24 years old man (n°2) and a
10 drainage sample (n°13). B) Fragment of a double-layered plate with Fnp showing the
11 plaque morphology of phage FnpΦ02.
12
13

14 **Figure 2. Transmission electron micrographs.** A) Morphology of phage FnpΦ02. B)
15 Fnp cell after inoculation with FnpΦ02. C) Higher magnification of the Fnp cell lysis
16 and liberation of new phage particles. The arrows indicate liberation of new phage
17 particles.
18

19 **Figure 3. Growth curve in the presence or absence of FnpΦ02.** The graph shows a
20 representative of three separate growth curves. The arrow indicates the infection with
21 FnpΦ02. Phage was added at different MOIs to Fnp in the early exponential growth
22 phase (OD₆₀₀=0.1) as described in Methods. As a control, an Fnp culture was inoculated
23 with an autoclaved phage suspension.
24

25 **Figure 4. One-step growth curve of phage FnpΦ02 infection with Fnp at MOI**
26 **0.001.** Shown are the PFU per infected cell in treated cultures (■) and in chloroform-
27 treated cultures (◇). The phage growth parameters are indicated in the figure and
28 correspond to: E-eclipse period; L-latent period and B-burst size. Representative curve of
29 three independent assays.
30

31 **Figure 5. Adsorption of FnpΦ02 to Fnp.** Representative adsorption curve of three
32 separate experiments. Adsorption was carried out at MOI of 0.01, and the supernatant
33 was titrated at various time points to determine the amount of phage unadsorbed.
34

35 **Figure 6. Restriction digest patterns electrophoresed on 1.5% agarose gel and**
36 **stained with ethidium bromide.** A) FnpΦ02 genomic DNA digested with restriction
37 enzymes. Lane 1, 100 bp DNA ladder marker (Fermentas Inc., Canada); lane 2, 1 kb
38 ladder marker (Fermentas Inc., Canada); lane 3, DNA undigested; lane 4, DNA/HindIII;
39 lane 5, DNA/DraI; lane 6, XbaI; and lane 7, Lambda DNA/HindIII. B) Higher
40 magnification of the bands of the digestion of FnpΦ02 with HindIII used for genome
41 size determination. Selected sizes of the marker are indicated in the left panel.
42

43 **Table 2. Phage FnpΦ02 plaque features, life cycle parameters and morphological**
44 **characteristics.**

45
46 **Figure 7. Amino acid and nucleotide analysis of a short sequence of FnpΦ02.** A)
47 ClustalW analysis showing the nucleotide identity of FnpΦ02 with PA6 phage. * show
48 nucleotide identity. The stop codon of the *gp3* gene is in boldface and the start codon of
49 the *gp4* gene is underlined. B) Schematic disposition of nucleotide identity of PA6 and
50 FnpΦ02 phage and percentages of identity of the nucleotide alignments. C) Blastx
51 comparing the amino acid identities of PA6 Gp3 and Gp4 proteins against a fragment of
52 FnpΦ02 protein sequence. The numbers indicate the positions of the amino acid

- 1 sequences in the proteins and the DNA fragment, respectively. The middle line is the
- 2 consensus sequence, where + correspond to amino acids of the same family and the
- 3 empty spaces represent absence of identity.