



## Review

## Bacteriophages in the control of pathogenic vibrios

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## ABSTRACT

Vibrios are common inhabitants of marine and estuarine environments. Some of them can be pathogenic to humans and/or marine animals using a broad repertoire of virulence factors. Lately, several reports have indicated that the incidence of *Vibrio* infections in humans is rising and also in animals constitute a continuing threat for aquaculture. Moreover, the continuous use of antibiotics has been accompanied by an emergence of antibiotic resistance in *Vibrio* species, implying a necessity for efficient treatments. One promising alternative that emerges is the use of lytic bacteriophages; however, there are some drawbacks that should be overcome to make phage therapy a widely accepted method. In this work, we discuss about the major pathogenic *Vibrio* species and the progress, benefits and disadvantages that have been detected during the experimental use of bacteriophages to their control.

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## 1. Introduction

Vibrios are Gram-negative bacteria that can be found in marine and estuarine environments. This genus comprises several pathogenic

species for humans and animals. The most clinically important pathogens for humans are *Vibrio cholerae* [1], *V. parahaemolyticus* [2] and *V. vulnificus* [3]; however, other species such as *V. fluvialis* and *V. mimicus* have been also associated with clinical cases [4,5]. *V. cholerae* is responsible for several large outbreaks of cholera, including Haiti in 2011 [6], while *V. parahaemolyticus*, although is able to cause severe mortality in aquatic animal species [7,8], in this case will be considered as human pathogen since is a major cause of severe diarrhea

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and human acute gastroenteritis worldwide [2]. *V. parahaemolyticus* is also the most common non-cholera *Vibrio* species reported to cause infection. However, the most lethal food-transmitted pathogen in USA and possibly in the world is *V. vulnificus* [3].

On the other hand, the major pathogenic vibrios for animals are *V. anguillarum*, *V. ordalii* and *Vibrio harveyi*. The first two are the ones responsible of classic vibriosis that can affect more than 50 species of marine animals [9,10], while the latter is a recurrent pathogen for aquaculture industry associated with warm waters [11]. There are also other controversial species such as *V. alginolyticus* because strains of this species, in addition to being reported as human emerging pathogen [12,13], and pathogenic for marine animals [14,15], while other have been suggested for potential use as probiotics in aquaculture [16,17]. In this case this species will be considered as marine animal pathogen.

Similarly to other animal production industries, antibiotics are used in aquaculture to control bacterial diseases, and even with prophylactic purposes. However, the use and abuse of antibiotics have led to the proliferation of multiples pathogens resistant to antibiotics. In 2014, the World Health Organization (WHO) has raised the alert against the antibiotic resistance [18], and vibrios are not the exception for this problem. Antibiotic resistance has been reported in several strains of this genus, from clinical and environmental origin [19,20,21,22]. The lack of effective treatments to control pathogenic vibrios resistant to antibiotics has led to the exploration of new alternatives. One of the most promising options is the use of lytic bacteriophages to kill pathogenic bacteria [23]. Bacteriophages are the most abundant biological entity on Earth [24,25], and they play a fundamental role in the evolution of bacteria [26,27]. Unlike antibiotics, bacteriophages are specific; therefore, their application will not disturb non-target bacterial species. Besides, they are not toxic and self-restricted, then, will remain in the environment only if the host bacteria are present [28].

This review summarizes the principal aspects of *Vibrio* as pathogens for humans and animals, as well as the principal advances, benefits and disadvantages in the use of bacteriophages to control these pathogenic bacteria. We discuss the main challenges that must be overcome in order to extend its applicability and to advance from an experimental alternative to a first choice treatment.

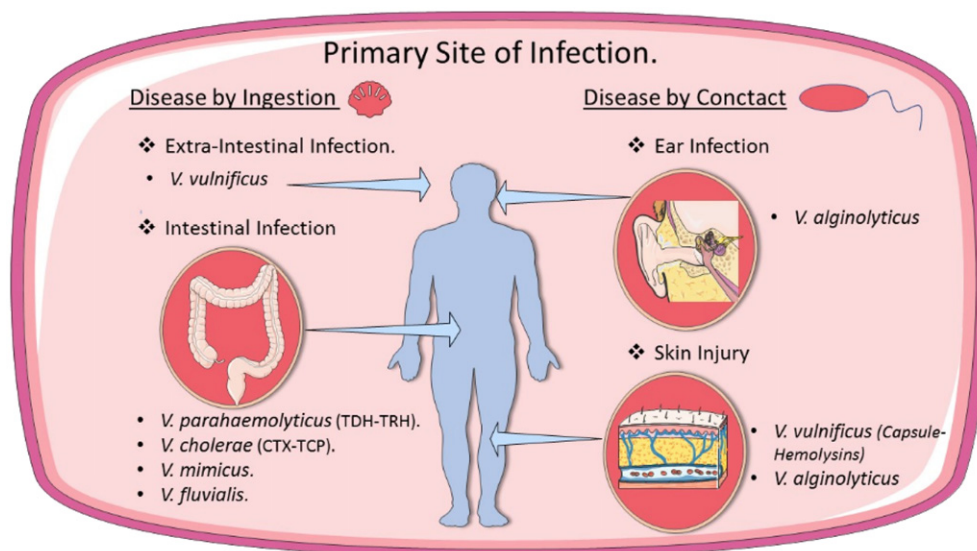
## 2. Principal pathogenic vibrios

### 2.1. Pathogenic vibrios in humans

There are at least twelve species of *Vibrio* which are known to be human pathogens. These species include *V. alginolyticus*, *V. cholerae*, *V. cincinnatiensis*, *V. damsela*, *V. fluvialis*, *V. furnisii*, *V. metschnikovii*, *V. mimicus*, *V. parahaemolyticus* and *V. vulnificus* among others [1,2,3,5, 29,30]. They can cause three major syndromes of clinical illness, such as gastroenteritis, wound infections and septicemia, being the most common clinical manifestation a self-limiting gastroenteritis. *V. cholerae*, *V. parahaemolyticus*, *V. vulnificus* in a greater extent, and *V. alginolyticus*, *V. fluvialis* and *V. mimicus* in a lesser extent, are the most important in the clinical microbiology and food safety fields. These pathogens have diverse virulence factors to elicit illness in human, being *V. vulnificus* and *V. alginolyticus* primarily associated with extraintestinal infections [3,12] while *V. parahaemolyticus*, *V. mimicus* and *V. cholerae* are mainly related to gastroenteritis cases (Fig. 1) [2,31,32].

Unlike other *Vibrio* spp. which occur naturally in seafood, *V. cholerae* is primarily found in water or food sources contaminated with feces although it can also be found in the brackish river and coastal waters. At date, *V. cholerae* has been the most studied *Vibrio* due to its impact on public health and the severity of the cholera disease [1,31]. Among several virulence factors produced by this pathogen, the main ones are the cholera toxin (CT) [33], which is provided by a bacteriophage [34], the toxin co-regulated pilus (TCP) and others that facilitate its colonization in the intestine, all of them under the control of the ToxR regulon (Fig. 1) [35,36]. During infection, *V. cholerae* causes watery diarrhea, often fatal if untreated, and it is responsible for approximately between 3–5 million cases and over 100,000 deaths each year around the world according to the Center for Disease Control and Prevention (CDC) in 2017 [37].

The most common non-cholera *Vibrio* infection reported is *V. parahaemolyticus* [2,38]. Human infections caused by these bacteria are mainly produced after the consumption of raw or undercooked shellfish; only in the USA, this pathogen causes 45,000 illnesses each year. In fact, since 1996, the appearances of the pandemic clone O3:K6 caused a worldwide pandemic outbreak reaching Southeast Asia, Peru,



**Fig. 1.** Primary site of infection of different pathogenic *Vibrio* affecting humans. There are several species of pathogenic vibrios infecting humans. Some of them such as *V. cholerae* or *V. parahaemolyticus* are well characterized and their principal virulence factors have been identified while other species such as *V. mimicus* or *V. alginolyticus* are considered emergent pathogens. Infections produced by vibrios can be acquired by ingestion of contaminated food or direct contact with the bacteria, colonizing different sites in human body.

Chile, EU and USA [38,39,40,41]. Recently, others clonal complexes of Asiatic origin have also caused diarrhea outbreaks around the world [42,43]. Virulence in this species is associated to adhesins, various secretion systems, a thermostable direct hemolysin (TDH) and a TDH-related hemolysin called TRH (Fig. 1); which collaborate to produce the illness [2,38,44]; however, these genes have been found in other species [45]. The diarrhea produced by *V. parahaemolyticus* is self-limiting therefore there are several non-reported cases, even in countries with dedicated surveillance for this pathogen [46]. Rarely, *V. parahaemolyticus* can also provoke wound infections in which cases the use of antibiotics is frequently required.

Finally, *V. vulnificus* is also a relevant pathogen in clinical microbiology being the responsible of up to 94% of deaths related to infections produced by non-cholera *Vibrio* [3,47]. It possesses a repertory of virulence factors related to cytotoxicity, motility, capsule, hemolysins and expression of proteins involved in attachment and adhesion (Fig. 1). All of them are require to be expressed in a concerted manner for pathogenesis [3,47]. This bacterium is found in oysters, shellfish and warm marine waters; thus, similarly to *V. parahaemolyticus*, the risk of infection occurs when people eat raw or uncooked seafood, or when they are bathing in the sea having a cut or scratch. However, in this case the primary septicemia produced by this pathogen represents a mortality rate close to 50% in USA and therefore is considered the most lethal food-transmitted pathogen in that country, and possibly in the world [3,47].

Other less recurrent *Vibrio* pathogens are *V. mimicus* and *V. fluvialis*. The first mimics *V. cholerae* in many biochemical tests (hence its name), but do not cause epidemic cholera-like disease and less than 10% of the clinical isolates produce toxin [48]. This species carries various virulence factors that have been previously reported in other *Vibrio* species such as genes coding for ToxR, ToxS, and a type III secretion system, and it has been suggested that *V. mimicus* could be a gene reservoir for other *Vibrio* pathogens in the environment [49,50]. On the other hand, although *V. fluvialis* is an emerging foodborne pathogen over the world, generating large outbreaks in Bangladesh and India, and is occasionally reported in USA. However, its molecular epidemiological features still remain mostly unknown, and only potential virulence factors have been proposed in genetic studies [29].

Finally, *V. alginolyticus* is mainly recognized as a pathogen for fish; however, recent epidemiological data suggest an increase in the incidence of human infections. The documented cases are mainly associated to otitis and wound infections which may result from exposure of cuts or scratch to contaminated seawater; however, there are increasing reports associated to infections with this pathogen due to consumption of contaminated food [12]. The role of this species as pathogen for animals will be discussed in the next sections of this review.

Currently, several reports indicate that the incidence of human *Vibrio* infections is increasing in the United States and other countries [51]. It has been also observed a rising incidence of antimicrobial resistant pathogenic bacteria in shellfish, including *Vibrio* species [19, 21]. Many studies have reported different *Vibrio* pathogens with resistance to ampicillin, penicillin G, streptomycin, carbenicillin, kanamycin, cefalotin, sulfadiazine-trimethoprim, chloramphenicol, erythromycin, ciprofloxacin, polymyxin B, azithromycin, sulfamethoxazole, tetracycline and quinolones [19,21,52,53]. This situation has motivated the exploration of new alternatives to conventional treatments with antibiotics, especially for the multiple antibiotic resistant strains.

## 2.2. Pathogenic vibrios in animals

Several *Vibrio* species are also important pathogens for aquaculture industry, especially in fish farm, shellfish hatchery and wild shrimp

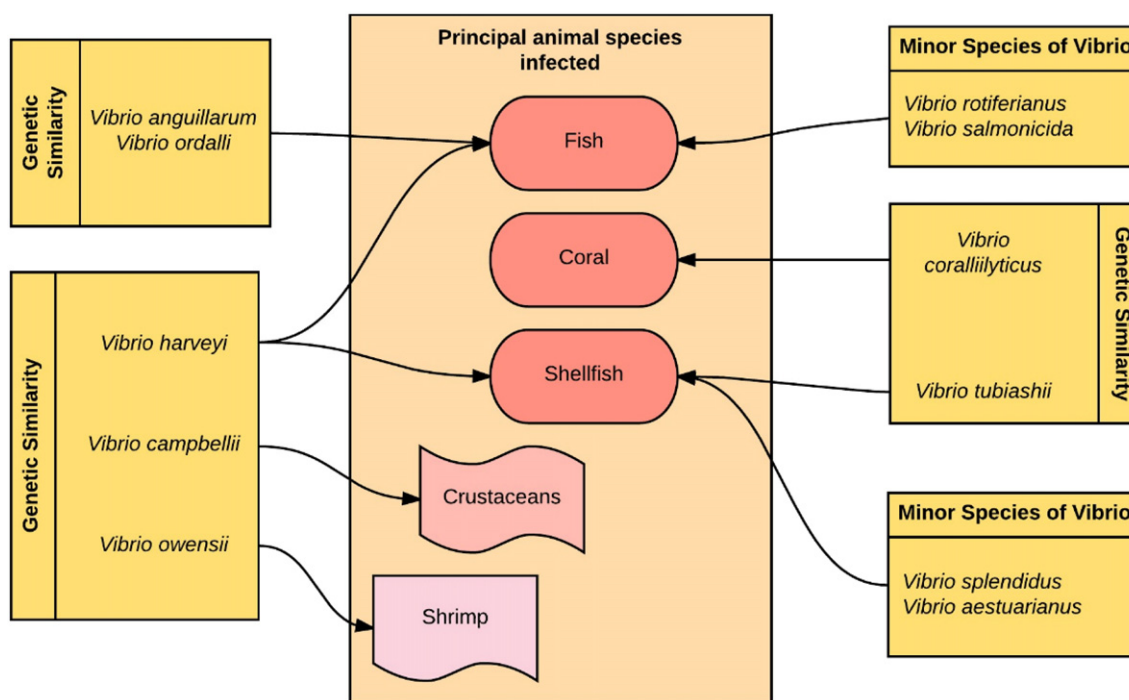
[54,55]. The more relevant are *V. anguillarum*, *V. ordalii* and *V. harveyi*. The two first are mainly associated to fish infection while the latter is a major pathogen in shrimp (Fig. 2) [9,10,11].

Both *V. anguillarum* and *V. ordalii* are causative agents of a hemorrhagic septicemia known as classical vibriosis in marine and freshwater fish [9,10,54,56]. *V. anguillarum* is known to infect several fish species including various species of economic importance in the larviculture and aquaculture industry, including salmonids [54,57]. Although more than 20 serotypes have been identified for this species, only serotypes O1, O2 and O3 are associated with vibriosis [54,58,59]. The pathogenesis of *V. anguillarum* is multifactorial and highly complex requiring multiple crucial virulence determinants, including those involved in chemotaxis, motility, iron uptake system, hemolysins, a quorum-sensing system (QS) and sigma factor regulators RpoS and RpoN among others [9,60]. *V. ordalii* is genetically closely related to *V. anguillarum* [61,62] and vibriosis generated by them can result in 90% mortality if it is not controlled (FAO 1990). In the North Atlantic area, the impact of vibriosis in the salmonid industry has been reduced due to the development of vaccination procedures [63]; however, this remains a significant problem in farmed fish in Europe and Asia [64,65,66].

*V. harveyi* is widely distributed in the marine environment, either as free-living form or associated with marine animals. This pathogen is responsible of the so called luminous vibriosis infecting a great variety of aquatic animals including shrimps, finfish and mollusk, leading to severe economic losses [11]. As in many *Vibrio*, virulence in this species is QS-regulated, modulating virulence factors such as biofilm formation, motility, production of siderophore, extracellular products and type III secretion system [67,68]. There are also reports connecting virulence in this bacterium to the presence of a temperate bacteriophage [69,70]. Other two *Vibrio* species associated to luminous vibriosis are *V. campbellii* and *V. owensii*, both are closely related to *V. harveyi* and therefore frequently misidentified (Fig. 2) [71]. The virulence mechanisms of *V. owensii* are largely unknown, but it is considered virulent because it causes mortality in *Penaeus monodon* [72]. These three species trigger bioluminescent vibriosis through numerous associated virulence factors including toxic extracellular proteins such as proteases, hemolysins and cysteine proteases, siderophores, bacteriocins resistance plasmids and chitinases [67,73,74].

*V. alginolyticus* belongs to the so called *harveyi* clade [67]. This bacterium has been involved infections in humans [12], but it is mostly recognized as an aquaculture pathogen, causing severe mortalities in shellfish and crustaceans, particularly shrimps. Among their virulence factors repertory is possible to find lipases, proteases, siderophores and even a TDH [45,75]. Similarly, although *V. parahaemolyticus* is mainly recognized as a human pathogen, it has been also reported as the causing agent of acute hepatopancreatic necrosis disease (AHPND) which affect multiple shrimp species, such as *P. vannamei* and *P. monodon*. This diseases was first reported in 2009 in China and since then has been detected Malaysia, Thailand, Philippines and also in Mexico generating important economic losses [76,77]. The pathology of this disease is still unclear, but it has been associated to *V. parahaemolyticus* strains that harbor a specific plasmid which encode for a binary toxin PirAB<sup>VP</sup> [78].

Other pathogenic *Vibrio* that can cause mortality events in aquatic animals are *V. tubiashii*, which has been reported in shellfish hatcheries on USA and Chile affecting species like larval pacific oyster (*Crassostrea gigas*), Kumamoto oyster (*Crassostrea sikamea*) and Geodric clams (*Panope abrupta*) [79,80]; *V. coralliilyticus*, closely related to the previous one [81], is a well-known pathogen for different coral species, and has been recently associated with disease in variety species of fish and shellfish, including oyster larvae, bivalves larvae, great scallop (*Pecten maximus*) and rainbow trout (*Oncorhynchus mykiss*) [82,83,84]. The list of pathogenic *Vibrio* for marine species is very large and can include also *Vibrio rotiferianus* in *O. mykiss*



**Fig. 2.** Principal *Vibrio* species pathogenic for aquatic animals and principal type of host. The list of pathogenic vibrios infecting aquatic animals is very large. *V. anguillarum* and *V. harveyi* are the most important species due to their impact in Aquaculture industry, because they infect different species of fish and shellfish of economic importance. Some of these species, such as *V. anguillarum* and *V. ordalii*, or *V. coralliilyticus* and *V. tubiashii*, are very close related, making their identification difficult.

and *Artemia nauplii* [84], *Vibrio splendidus* and *Vibrio aestuarianus* in *C. gigas* [85] among others (Fig. 2).

Similarly to the situation with pathogenic vibrios for humans, in this case antibiotics have been the first line treatment to control these pathogens. The extensive use of antibiotics in the aquaculture industry has raised the concern about the occurrence of antibiotic resistant pathogens [86]. Several *Vibrio* species resistant to antibiotics have been reported [19,20,21], and some cases the lack of effectiveness of these antimicrobials has led to massive mortalities in shrimp aquaculture [87,88]. In this regard, the implementation of new alternatives, such as bacteriophages or vaccines, to control pathogenic vibrios represents an important step in the transition to a more sustainable aquaculture industry.

### 3. Bacteriophages for controlling pathogenic vibrios

#### 3.1. Phage therapy to control pathogenic vibrios infecting humans

The first report about the use of phages to control a pathogenic *Vibrio* in humans was against *V. cholerae*, and it was described by Felix d'Herelle. During this work, when the cholera-patients were treated with oral doses of bacteriophage the mortality rate was 8.1%, while in the control patients treated with other medicines it was 62.9%. The mortality rate in the phage treated group was zero if treatment occurred within 6 h of appearance of the first symptoms [89]. In parallel, Asheshov performed a similar experience in different locations but with conflicting results. While in one location the treatment was successful, the phages treatment did not work in the other location. The authors mentioned that although the phage was able to arrest the progress of disease it was more effective used with prophylactic rather than a therapeutic purposes [90]. Later in the years 1958–1960, animal passaged phage preparations were successfully used in treating cholera-patients. An initial intravenous or intramuscular phage doses with saline buffer followed by oral doses for 3 d displayed positive results [91]. Despite the successful

experiences, all the studies concluded that to understand better the nature of bacteriophage-host interactions *in vivo*, a good animal model of cholera phage therapy is needed.

The use of animal models has been very important to study the phage therapy to control *V. cholerae* [92,93] especially, considering that it is not ethically acceptable to experimentally infect humans with bacterial pathogens for trials purposes (Table 1). Nowadays, rabbits and mice are used like phage therapy models [92,93,94]. The first challenge using this approach inoculated rabbits with  $10^9$  CFU/mL of *V. cholerae* strain MAK 757 in each of the six controls and phage treated rabbits. In the phage-treated rabbits, besides the bacteria, they gave  $10^8$  PFU/mL cocktail of phages. Those animals developed mild to low diarrhea, and fewer pathological changes in the intestine than non-phage treated individuals. The authors concluded that this study was the first direct indication of phage multiplication in an open system such as the intestine infected by a *V. cholerae* strain. Same group later used an adult mouse model to test different oral approach to treat *V. cholerae* infection, including cocktail phages against the bacteria and antibiotics [95]. Daily application of both cocktail of phages administered at the MOI (multiplicity of infection) of 0.1 ( $1 \times 10^8$  PFU/mL) and ciprofloxacin antibiotic (40 mg/kg) were effective in the reduction of bacterial load, although the bacterial load reduction was greater in antibiotic treated animals. Recently, Yen et al. proved the prophylactic efficacy of a cocktail of three phages named ICP1, ICP2 and ICP3 in mice (Table 1). The results showed that oral administration of phages up to 24 h before infection with *V. cholerae* reduce the bacterial colonization in the intestinal tract and prevents cholera-like diarrhea [91]. These results suggest that phages can be effective against *V. cholerae* as a prophylactic or as a treatment.

There are several reports about phages infecting *V. parahaemolyticus* [96,97,98,99]; however, their use in phage therapy to control infections in humans have been less explored, and always used on animal models (Table 1). Recently, the therapeutic potential of a phage named pVp-1 was studied in a mouse model using a multiple-antibiotic-resistant *V. parahaemolyticus* O3:K6 pandemic clinical strain [100]. They

**Table 1**  
Phage therapy challenges in different *Vibrio* species pathogenic for humans.

<i>Vibrio</i> species	Challenge model	Type of phage application (PFU/mL)	Results	Reference
<i>V. cholerae</i>	Human	Oral (unknown)	Protection	[86]
<i>V. cholerae</i>	Human	Oral (unknown)	Protection	[105]
<i>V. cholerae</i>	Human	Oral (unknown)	Relative protection	[106]
<i>V. cholerae</i>	Human	Oral, after animal passage (unknown)	Protection	[88]
<i>V. cholerae</i>	Human	Oral ( $10^{12}$ )	Protection	[107]
<i>V. cholerae</i>	Human	Oral ( $10^8$ – $10^9$ )	Protection	[107]
<i>V. cholerae</i>	Adult rabbit	Inoculation into ileal loop ( $10^{11}$ )	Unsuccessful	[108]
<i>V. cholerae</i>	Adult rabbit	Oral ( $10^8$ )	Protection	[91]
<i>V. cholerae</i>	Adult mice	Oral ( $10^8$ )	Protection	[92]
<i>V. cholerae</i>	Infant mouse	Oral ( $10^9$ )	Bacterial load reduction in mouse	[89]
	Infant rabbit		Protection in rabbit	
<i>V. parahaemolyticus</i>	Adult mouse	Oral ( $10^8$ )	Protection	[97]
<i>V. parahaemolyticus</i>	Oyster	Bath ( $10^8$ )	Bacterial load reduction	[98]
<i>V. vulnificus</i>	Adult mice	Intravenous ( $10^8$ )	Protection	[99]
<i>V. vulnificus</i>	Oyster	Bath <sup>a</sup>	Bacterial load reduction	[100]

<sup>a</sup> Phage concentration was not specified.

monitored the survivability, histopathological changes, quantified the bacterial and phage titers during phage therapy and observed the immune response induced by phage burst. The results showed that phage-treated mice presented protection from a *V. parahaemolyticus* infection and survived lethal doses of oral and intraperitoneal bacterial challenges. Despite the successful results, the authors emphasized the need to establish adequate phage preparation methodologies such as the purification and removal of endotoxins for safety in phage therapy to prevent anaphylactic responses. Same authors with different approach used the same phage pVp-1 to avoid *V. parahaemolyticus* infection due to consumption of raw contaminated seafood, especially oysters. In this case the authors designed an artificial contamination model simulating potentially contamination events during oyster processing [101]. This method showed that bacterial growth can be reduced five orders of magnitude when phages were added through bath immersion and six orders of magnitude when phages were added over the surface of the samples. In both cases, bacteria were added prior to phage treatment indicating phages could be efficient even after the pathogen started the infection.

Finally, in the case of *V. vulnificus* phage therapy has been driven using an infection model of iron-dextran-treated mice [102]. The animals were injected subcutaneously with  $10^6$  CFU (10 times the lethal dose of *V. vulnificus*), while phages were administered at doses of  $10^8$  PFU through intravenous injection, either simultaneously or at various times after infection. The authors showed that phage treatment has therapeutic potential for both localized and systematic infections preventing both local and systemic disease reaching the optimal protective effect when administered within 3-h post bacterial infection. Interestingly, only two out of three phages tested were effective in normal conditions. The third phage was able to lyse the bacteria only in presence of seawater, and was ineffective to protect mice during the challenges. Similarly to the case of *V. parahaemolyticus*, bacteriophages have been also used to reduce the load of *V. vulnificus* in extracts of eastern oyster (*Crassostrea virginica*) [103]. In this case, the oyster extract also have antimicrobial properties against this bacterium, and the combined effect with bacteriophages allow a bacterial load reduction from  $10^6$  to  $10^1$  CFU/mL after 18-h incubation at 4°C. These results add evidence that phage therapy is a viable alternative treatment for human *V. vulnificus* infections or seafood depuration. However, these also remark the importance of study the effectiveness of different phages and administration conditions for phage therapy like the proper time for phage addition.

There are other *Vibrio* species considered opportunistic pathogens in humans such as *V. fluvialis* [4] or *V. furnissii* [104] for which no phage therapy studies have been conducted yet. However, vibriophages infecting and controlling these bacteria have been isolated and

characterized. For example, bacteriophages infecting *V. fluvialis*, which is considered as an emerging human pathogen [3], were characterized for bacterial typing purposes but candidates for phage therapy have remained unexplored [105]. Phages infecting *Vibrio* species in the environment have been well documented [99,106,107]. Thus, it is possible to expect new studies about phage therapy in these emerging *Vibrio* pathogens.

### 3.2. Phage therapy to control pathogenic vibrios infecting animals

Most of the animal species infected by vibrios reported are related to aquaculture industry. Therefore the vast majority of examples presented are associated with this productive area. Fish, mollusks and crustaceans of economic importance can be infected by *Vibrio* species such as *V. harveyi*, *V. anguillarum* and the close related species *V. ordalii*, *V. splendidus*, *V. coralliilyticus* and more recently *V. cyclitrophicus*. Among them, *V. harveyi* is the most common target. To date, there are several articles about isolation and characterization of *V. harveyi* phages or about the use of phages to control this bacterium where crustaceans are the preferred infection model [106, 112,113,114,115,116,117].

In 2000, Oakey and Owens described the phage VHML able to infect *V. harveyi* [118]. However, this phage was not suitable for phage therapy since it was shown that its presence may confer virulence to several strain of *V. harveyi* [70]. Later on, in 2006, bacteriophages isolated from shrimp farm waters demonstrated to increase the viability of *P. monodon* larvae infected with *V. harveyi* up to 80% in comparison to 25% of larvae without phages [112]. This was the first attempt to demonstrate the potential use of bacteriophages to control *Vibrio* pathogens in aquaculture. Afterwards similar approach was used with different *Vibrio* species (Table 2). By contrast to what happen with vibrios infecting humans, in this case most of the challenges have been done using the actual host of the bacteria and in conditions equal or similar to aquaculture farms [112,116,119,120,121], these include phage therapy assays against *V. splendidus* using sea cucumber (*Apostichopus japonicus*) farming [121] and assays against *V. coralliilyticus* using the non-commercial coral host (*Acropora millepora*) (Table 2) [119]. In the case of *V. splendidus*, three bacteriophages named PVS-1, PVS-2 and PVS-3 were able to inhibit the growth of the host and other 3 *Vibrio* species. A cocktail of these phages increases the survival of sea cucumber infected with *V. splendidus* from 18% to 82% in the phage-treated condition, which was indistinguishable to antibiotic-treated sea cucumber [121]. A similar approach was used by same authors to prevent infections with *V. cyclitrophicus* [122]. In this case, a single bacteriophage named vB\_VcyS\_Vc1 was able to increase the survival rate of juvenile

**Table 2**  
Examples of phage therapy in *Vibrio* species pathogenic to animals.

<i>Vibrio</i> species	Challenge model	Type of phage application (PFU/mL)	Results	Reference
<i>Vibrio harveyi</i>	<i>Penaeus monodon</i>	Batch (10 <sup>9</sup> )	Increased animal survival	[109]
<i>Vibrio harveyi</i>	<i>Penaeus monodon</i>	Direct addition (10 <sup>6</sup> )	Increased larvae survival than antibiotic treatment	[111]
<i>Vibrio harveyi</i>	Shrimp post larvae	Direct addition (10 <sup>10</sup> )	Increased shrimp survival	[113]
<i>Vibrio harveyi</i>	<i>Haliotis laevis</i>	Bath (10 <sup>2</sup> )	70% increase animal survival	[114]
<i>Vibrio splendidus</i>	Sea cucumber ( <i>Apostichopus japonicus</i> )	Injection of Single and Cocktail (10 <sup>9</sup> )	Increased animal survival	[118]
<i>Vibrio coralliilyticus</i>	<i>Acropora millepora</i>	Bath (10 <sup>9</sup> )	Prevent photo inactivation and coral tissue lysis	[116]
<i>Vibrio cyclitrophicus</i>	Sea cucumber ( <i>Apostichopus japonicus</i> )	Bath (10 <sup>5</sup> )	Increased animal survival	[119]
<i>Vibrio alginolyticus</i>	Sea cucumber ( <i>Apostichopus japonicus</i> )	Direct addition (10 <sup>5</sup> –10 <sup>7</sup> )	Increased animal survival	[124]
<i>Vibrio alginolyticus</i>	<i>Artemia salina</i>	Bath Cocktail phage (10 <sup>6</sup> )	Increased animal survival	[117]
<i>Vibrio anguillarum</i>	<i>Salmo salar</i>	Direct addition (10 <sup>6</sup> )	Increased animal survival	[120]
<i>Vibrio anguillarum</i>	<i>Danio rerio</i> larvae	Direct addition (10 <sup>8</sup> )	Moderate increase in larvae survival	[121]

sea cucumber from 18% to 81%, 58% and 63% when the phages were added through food, injection or bath immersion respectively, evidencing that the method for phage administration can be determining in the results obtained.

Phages have been also used to protect against *V. anguillarum* infections. In 2013, Higuera et al. [123] showed that a phage named CHOED was able to increase *Salmo salar* fish survival infected with the bacteria from 10 to even 100% rates in controlled conditions. Moreover, in aquaculture conditions, the phage was able to increase survival of fishes from 60 to 100% rates after a 20-d challenge; this was the first successful attempt to demonstrate the use of bacteriophages to control *Vibrio* pathogens in salmonids [123]. Similar results were obtained by Silva et al. but this time using zebrafish larvae as infection model [124]. In this case, the mortality rate observed in the larvae infected with the bacteria plus phage was less than 3% and was indistinguishable from the control condition (non-infected and without phages), while the infected larvae without phage addition showed a mortality rate of 17%. The lower mortality observed is probably because zebrafish is not a common host for *V. anguillarum*. However, these results suggest that phage therapy can be an alternative to protect fish against these bacteria in different developmental stages.

Besides the standard approach to phage therapy, that determines if phages can protect against bacterial infection. There are several reports about different factors that may influence and be important for the success of phages to control pathogenic bacteria. For instance, *V. harveyi* have been the subjects of studies focused on determine the effect of dissolved solids and temperature in phage therapy experiments, or to determine if phages are able to inhibit the biofilm formation in this bacterium [114,125]. Another example included experiments to test if the isolated phages against *V. harveyi* were lytic against potentially beneficial bacteria [126]. This issue is very relevant to assure the safety of phage application because in the ideal scenario the normal microbiota from the animal should not be disturbed.

A final interesting case is *V. alginolyticus*, since it has been reported as a pathogen for animals [14,15] and humans [12,13]. Zhang et al. showed in 2015 that bacteriophages against this species were able to increase the survival of sea cucumber (*A. japonicus*) from 3% in untreated-phage individuals up to 73% when phages were added at MOI of 10 [127]. More recently, it was reported that two bacteriophages  $\phi$ St2 and  $\phi$ Grn1 against the *V. alginolyticus* strain V1 were able to significantly reduce the total *Vibrio* load in *Artemia salina* cultures [120]. However, there are reports suggesting that specific strains of this species can be used as probiotics in shrimp culture [16,17], evidencing the extreme diversity of this genus and species [128].

All these examples suggest that phage therapy can be an excellent alternative to control pathogenic vibrios, both from humans and animals. However, this approach is not widely used yet and is mainly still in a research stage. In the next section, we explore which are the main challenges ahead in order to reach efficient treatments against vibrios using bacteriophages.

### 3.3. Future challenges in phage therapy

To date, a search in PubMed with the words “phage”, “therapy” and “Vibrio” shows 40 results. Additionally, there are 1879 patents or patents in progress about the use of bacteriophages and its possible use in phage therapy [129]. Moreover, currently there are several commercially available products based in bacteriophages. However, unlike Eastern Europe, the use of bacteriophage as antimicrobials is still in development and subject to general discussion. There are still some areas that require more development and studies. These are related mainly to the proliferation of resistant bacteria, methods of administration, and a regulatory frame for products based on bacteriophages.

Bacteriophage resistance was reported soon after the discovery of bacteriophages, and since then, has been subject of several studies [130,131]. In the context of phage therapy, several alternatives have been proposed to overcome this problem, such as the use of bacteriophage cocktails [93,132]. The normal frequency of resistant bacteria appearance is between 10<sup>-6</sup> and 10<sup>-8</sup> then, if the bacteriophages used in the cocktail have different routes of infection, the probability of proliferation of resistant bacteria will be reduced to around 10<sup>-14</sup> or even less depending on how many phages are used in the cocktail. In 2012, Gu et al. reported a method to generate cocktail of bacteriophages for use in phage therapy which reduce the probabilities of resistant bacteria proliferation [133]. This method consisted in sequential isolation of new bacteriophages against the bacteriophage resistant variants of the host *Klebsiella pneumoniae*. Each new phage isolated will target a variant of *K. pneumoniae* derived from the original host and resistant to the last bacteriophage isolated. In this way, they generated a cocktail composed by bacteriophages able to infect all the possible resistant variants of the original host. This method has great potential against single pathogens, however, can be very laborious if the targets are multiple pathogens or different strains of the same bacteria. Other authors have proposed the optimization of bacteriophage cocktails studying potential interactions between phages to predict synergisms or interference between phages in cocktails [134]. While these efforts try to avoid the proliferation of resistant bacteria other studies are focus in the characterization of resistant bacteria. Several reports show that bacteriophage resistant strains can have a reduction in their virulence probably as a consequence of the acquired resistance [130,135,136]; however, this situation is not common to all bacteria [137].

In recent years, numerous researches have been focused in CRISPR-cas system (For further details see [138]); this so called bacterial immune system is widely spread in bacterial species [139], including *Vibrio* [140,141,142] and therefore can be considered a big obstacle for phage therapy because bacterial pathogens can acquire resistance after multiples treatments with the same phage. Fortunately, for phage therapy enthusiast, phages have evolved different mechanisms to avoid or repress the CRISPR-cas system. Five genes with anti-CRISPR activity were described in bacteriophages against *Pseudomonas aeruginosa* and homologs to these genes were

found in other genetic mobile elements from the same species [143, 144]. Bacteria and bacteriophages have a history of co-evolution, then for each defense mechanisms generated by bacteria, bacteriophages will develop a strategy to surpass the defense.

Another challenge for phage therapy is to develop efficient mechanisms for phage administration depending on where the phages will be applied. For vibrios, the alternatives are therapy in humans and aquaculture systems. In 2006, the FDA recognize a bacteriophage preparation against *Listeria monocytogenes* as GRAS (Generally Recognized As Safe GRAS Notice 000198) authorizing its addition to ready-to-eat food. Since then, this status has been granted to five others preparations, recognizing they represent no risk for human health. Concerning actual trials of phage therapy in humans, there are reports from 1930 in India about the use of bacteriophages to control cholera outbreaks [110,145], but most of the experience comes from Eastern Europe countries, especially Georgia where the use of bacteriophages is part of the National Health System [146]. In most of the cases, bacteriophages have been applied over the skin to treat wound infections or orally for systemic diseases [147]. In the first case, phages can be applied directly over the wound or through phage soaked dressings complementarily to wound care treatments in order to get successful results. In the second case bacteriophages can reach a systemic distribution being able even to cross the blood–brain barrier [132,147]. In this situation, the main obstacle is the acidic environment of gastric fluids which can affect the viability of the phages. The encapsulation with alginate beads and other polymers can be a potential solution for this problem as has been proposed previously [148,149]. Other option explored is the utilization of bacteriophages from the same environment where they will be used [150].

The other main field of application of bacteriophages regarding *Vibrio spp.* is aquaculture. In this case, bacteriophages have been applied directly to the water [112,114,123], through intraperitoneal injection [151,152] or embedded with food [153,154]. All these three methods can have strengths and weakness depending on the aquaculture system. For example, application to the water can be the easiest way in recirculation aquaculture systems (RAS), however is not suitable for open water systems. On the other hand, the intraperitoneal injection can be a time-consuming method while application of phage-embedded food could affect bacteriophage release, viability, or even the food consumption by the cultured species. Therefore, each case should be considered particularly depending on the aquaculture system and the nature of the bacteriophages to apply.

Finally, another major obstacle for phage therapy is to deal with the lack of a specific regulatory frame designed considering the special nature of bacteriophages. Despite that bacteriophages are considered to use as antimicrobials, they have special features as self-replication, self-restriction and no toxicity [155,156], and therefore cannot be classified or regulate as antibiotics. The lack of knowledge and regulation had to lead to bacteriophages to be classified as different substances hampering clinical trials [157]. This situation has motivated a group of important researchers from Europe to claim for adequate regulations generating efficient treatments using bacteriophages [158].

#### 4. Conclusion

Among the genus *Vibrio*, there are important bacterial species that can be pathogenic for humans and economically important animals. Worryingly, several reports indicate that the occurrence of *Vibrio* infections is increasing. Parallel, a rising incidence of antimicrobial resistant pathogenic bacteria has been observed. The evidence summarized in this work suggests that bacteriophage can be considered as a consistent alternative to control pathogenic vibrios, especially in the antibiotic resistance era. However, in spite of the information and the experience generated, there are still some

drawbacks that must be overcome in order to generate safe, efficient and reproducible treatments. The achieve of these goals require joint efforts from researchers, but also from governing entities which must implement adequate regulations that allow generating reliable and efficient treatments oriented to replace or reduce the use and misuse of antibiotics.

#### Conflict of interest statement

This research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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