Screening Assessment for

Pseudomonas aeruginosa (ATCC 31480)

Pseudomonas aeruginosa (ATCC 700370)

Pseudomonas aeruginosa (ATCC 700371)

Environment CanadaHealth Canada

SYNOPSIS

Pursuant to paragraph 74(*b*) of the *Canadian Environmental Protection Act, 1999* (CEPA 1999), the Ministers of Environment and of Health have conducted a screening assessment on three strains of *Pseudomonas aeruginosa* (ATCC strains 31480, 700370 and 700371). These strains are listed on the Domestic Substances List (DSL) thus indicating that they were added to the DSL under Section 105 of CEPA 1999 because they were manufactured or imported into Canada between January 1, 1984 and December 31, 1986 and they entered or were released to the environment without being subject to conditions under CEPA 1999 or any other federal or provincial legislation.

The species *Pseudomonas aeruginosa* is generally considered a ubiquitous bacterium, occurring naturally in many environmental media; *P. aeruginosa* is probably one of the most widespread of all bacterial species. It has the ability to adapt to and thrive in many ecological niches especially those that are moist. The species possesses characteristics that allow for multiple potential uses in various industrial and commercial sectors. These include waste degradation (particularly in oil refineries), textile, pulp and paper, mining and explosives industries, as well as in commercial and household drain cleaners and degreasers, septic tank additives and general cleaning products and odour control products.

P. aeruginosa is recognized as a Risk Group 2 pathogen by the Canadian Food Inspection Agency (Animal Pathogen Import Program), and requires a permit in order to be imported to Canada. Generally, Risk Group 2 pathogens are any pathogens that can cause disease but, under normal circumstances, are unlikely to be a serious risk to healthy organisms in the environment. If needed, effective treatment and preventive measures are available, and the risk of spread is limited.

Information from the scientific literature indicates that this micro-organism has pathogenic potential in both otherwise healthy and immunocompromised humans. *P. aeruginosa* is recognized by the Public Health Agency of Canada as a Risk Group 2 human pathogen. It has the ability to spread and acquire antibiotic resistance genes which may compromise the effectiveness of antibiotics that are currently used for the treatment of *P. aeruginosa* infections. *P. aeruginosa* produces a wide variety of extracellular enzymes and toxins that are important factors for its pathogenicity in susceptible humans.

To establish whether living organisms on the DSL continue to be manufactured in or imported into Canada, a notice was issued pursuant to paragraph 71(1)(a) of the CEPA 1999. There were no reports of industrial activity (import or manufacture) with respect to these substances in Canada for the specified reporting year of 2008. These results indicate that in 2008, the three DSL-listed strains of *P. aeruginosa* (31480, 700370 and 700371) were not imported or manufactured and therefore the likelihood of exposure to these substances in Canada resulting from commercial activity is low.

Based on available information, and until new information is received indicating that these substances are entering, or may enter, the environment from commercial activity or from other anthropogenic sources, it is proposed that the above substances are currently not entering or likely to enter the environment in a quantity or concentration or under conditions

that have or may have an immediate or long-term harmful effect on the environment or its biological diversity or constitute a danger to the environment on which life depends or that constitute a danger in Canada to human life or health. Therefore, it is proposed that these substances do not meet any of the criteria as set out in section 64 of CEPA 1999.

However, should exposure increase through new activities, there is a potential risk to human health and the environment based on the pathogenicity and toxicity of *P. aeruginosa* to susceptible humans and non-human species. Therefore, there is concern that new activities for the above substances which have not been identified or assessed under CEPA 1999 could lead to the substances meeting the criteria as set out in section 64 of the Act. Therefore, it is recommended that the above substances be subject to the Significant New Activity provisions specified under subsection 106(3) of the Act, to ensure that any new manufacture, import or use of these substances will undergo ecological and human health assessments as specified in section 108 of the Act, prior to the substances being considered for introduction into Canada.

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INTRODUCTION

Pursuant to paragraph 74(b) of the Canadian Environmental Protection Act, 1999 (CEPA 1999), the Ministers of Environment and of Health are required to conduct screening assessments of those living organisms listed on the Domestic Substances List (DSL) to determine whether they present or may present a risk to the environment or human health (according to criteria as set out in section 64 of CEPA 1999). These living organisms were nominated and added under the DSL under Section 105 of CEPA 1999 because they were manufactured or imported into Canada between January 1, 1984 and December 31, 1986 and they entered or were released into the environment without being subject to conditions under CEPA 1999 or any other federal or provincial legislation.

Screening assessments examine scientific information and develop conclusions by incorporating a weight-of-evidence approach and precaution. This screening assessment considered hazard information obtained from the public domain as well as from unpublished research data and from internal and external experts. Exposure information was also obtained from the public domain as well as information from a mandatory CEPA 1999 s. 71 Notice published in the Canada Gazette Part 1 on October 3, 2009. Further details on the risk assessment methodology used are available in the Risk Assessment Framework document titled "Framework on the Science-Based Risk Assessment of Micro-organisms under the *Canadian Environmental Protection Act.*, 1999".

Data that are specific to the three DSL-listed *P. aeruginosa* strains (ATCC 31480, ATCC 700370, ATCC 700371) are identified as such. Where data concerning the three particular strains were not available, surrogate information from literature searches of both *P. aeruginosa* and the genus *Pseudomonas* was used. Surrogate organisms are identified in each case to the taxonomic level provided by the source. Information identified as of June 2010 was considered for inclusion in this report.

1. HAZARD ASSESSMENT

A hazard assessment characterizes the micro-organism (Section 1.1) and identifies the potential adverse effects on the environment and/or human health and the extent and duration of these effects (Section 1.2). The hazards may be posed by the micro-organism itself, its genetic material or its toxins, metabolites or structural components.

1.1 Characterization

1.1.1 Taxonomic Identification and Strain History

The accurate taxonomic identification of a micro-organism is essential in distinguishing pathogenic from non-pathogenic species and strains. A polyphasic approach combining classical microbiological methods relying on a mixture of traditional tools (such as culture-based methods) and molecular tools (such as genotyping and fatty acids analysis) is often required.

Pseudomonas aeruginosa is a Gram-negative, motile, rod-shaped bacterium. Information regarding colony morphology of the DSL-listed *P. aeruginosa* strains and ATCC 31479, the parental strain of ATCC 31480, is outlined in Table 1.

Table 1: Selected colony morphology of ATCC strains 31479, 31480, 700370 and 700371

ATCC #	Shape	Size (mm) Diameter	Margin	Elevation	Colour	Opacity	Pigment
31479*	slightly irregular	3-6	wrinkled-undulate	flat	white	slightly opaque	fluorescent yellow
31480 [†]	circular	10	undulate	raised	off-white/ colourless	opaque	diffusible green-blue
700370 [†]	circular	8	entire-undulate	raised - slightly umbonate	tan–gold	opaque with translucent rings	diffusing green
700371 [†]	irregular	6	entire-undulate	raised	off-white/light beige	semi- translucent	colourless translucent material that extends beyond the described colony

^{*} Data from US Patent #4,288,545, P. aeruginosa appearance of colony on TSB agar after 48h at 35°C.

Table 2 outlines various aspects of taxonomic identification and strain history for DSL-listed *P. aeruginosa* strains ATCC 31480, ATCC 700370 and ATCC 700371. Strain HCP (ATCC 31479) is the parent strain that was chemically mutated to generate strain ATCC 31480. BIOLOG and API were used to identify the strains as *P. aeruginosa*. These approaches provided consistent results for the biochemical identification of various *P. aeruginosa* isolates based on the results generated from Health Canada's Double Blind International Cooperative Study for the Identification of *Pseudomonas* Species (Micah Krichevsky, personal communication, 2010).

Additional data generated by Health Canada on growth kinetics at different temperatures (Appendix 1A), growth on different media at 28°C and 37°C (Appendix 1B) and fatty acid methyl-ester (FAME) analysis (Appendix 1C), provided further confirmation of the identification. It should be noted that these techniques can not be used to differentiate the DSL-listed strains from other *P. aeruginosa* strains.

[†] Data generated by Health Canada's Healthy Environments and Consumer Safety Branch. Refer to Appendix 1B for a summary of the three DSL-listed strains' growth kinetics on different media at 28°C and 37°C.

Table 2: Taxonomic identification and strain history

Tubic 2. Tuxonon	ne identification a	na strain mistory		
	ATCC 31479	ATCC 31480*	ATCC 700371*	ATCC 700370*
Identification Method	ND	BIOLOG, FAME ^x and AFLP marker [†]	BIOLOG, FAME ^x and API	BIOLOG, and FAME ^x
Original Source	soil from Salem, Virginia, USA	mutant of parent strain ATCC 31479	environment	environment
Isolated for:	N/A	its synergistic activity with other bacteria in degradation of oleaginous materials in wastewater	biodegradation properties	oxidation properties
Modifications	N/A	mutated from the parent strain ATCC 31479 using 0.2% 8-azaguanine in a bench-top biotower; selective pressure from pentachlorophenol	none	none

ND no data

N/A not applicable

Genotypic methods, such as full genomic sequencing (Stover *et al.*, 2000)(Ivanova *et al.* 2003), multi-locus sequence typing (MLST) (Khan *et al.*, 2008; Curran *et al.*, 2004), and terminal restriction fragment length polymorphism (T-RFLP) profiling of the 16S–23S rRNA internal transcribed spacer (ITS1) gene region (Spasenovski *et al.*, 2009) have been extensively used to demonstrate the phylogenetic relationships and the genomic variations among clinical and environmental isolates of *P. aeruginosa*. 16S rDNA sequence analyses of the three DSL *P. aeruginosa* strains, conducted by Health Canada, have shown greater than 99% homology (less than 10 base pairs difference) compared to other *P. aeruginosa* isolates on the proprietary MicroSeq ® ID library (ATCC 10145, ATCC 27853, ATCC 25619). This data set shows that the 16S rDNA from test DSL strains in this study have been matched at the level of genus and species. DSL *P. aeruginosa* 16S rDNA sequences also show high similarity when compared to published *P. aeruginosa* sequences in NCBI-Blast (National Center for Biotechnology Information- Basic Local Alignment Search Tool).

Studies have suggested that some *P. aeruginosa* clinical isolates are phenotypically, genotypically, chemotaxonomically and functionally indistinguishable from environmental isolates, such as the three DSL-listed strains. Römling *et al.* (1994) reported that a clone frequently isolated from cystic fibrosis patients was also detected at a high frequency in aquatic environments, and Alonso *et al.* (1999) reported that both oil-contaminated soil isolates and clinical isolates of *P. aeruginosa* show pathogenic and biodegradative properties. Wolfgang *et al.* (2003) reported that the genomes of *P. aeruginosa* strains, representing distinct clinical or environmental sources, are highly conserved. The genome size of *P. aeruginosa* is approximately 6.3 Mb (Stover *et al.*, 2000); the isolates from cystic fibrosis patients and the environmental strains share more than 80% of this genome sequence (Spencer *et al.*, 2004). The remarkable conservation of genes encoding proteins associated with virulence suggests that most *P. aeruginosa* strains, regardless of source, possess the same basic pathogenic mechanisms necessary to cause a wide variety of infections.

^{*} Obtained from Spraker, 1981 and DSL Nomination Form B (confidential business information)

^x FAME data was generated by Health Canada's Healthy Environments and Consumer Safety Branch (see Appendix 1C)

[†] Generated by Environment Canada (Xiang et al., 2010)

1.1.2 Gene Transfer

Horizontal gene transfer has been recognized as one of the major mechanisms driving the evolution of micro-organisms and plays a key role in their ability to adapt to various environments through acquisition of new traits. Studies of several strains of *P. aeruginosa*, using various hybridization methods or comparison of sequenced genomes, pointed towards the acquisition and exchange of genetic material as an important factor in the genomic diversity and evolution of the species (Kulasekara and Lory, 2004).

The mosaic structure of the *P. aeruginosa* genome is believed to be the result of multiple acquisitions from different donors during its evolution (Kulasekara and Lory, 2004). Other evidence of horizontal gene transfer includes the presence of genes or remnants of genes associated with mobile elements (i.e., insertion sequences, bacteriophages or plasmids) and the presence of numerous genomic islands (Kulasekara and Lory, 2004), which are horizontally acquired clusters of genes. *P. aeruginosa* genomic islands have been found to possess genes encoding factors that are involved in genetic mobility and in various virulence traits such as iron uptake functions, antibiotic resistance, biofilm synthesis, type III secretion systems, toxins and adhesins that augment the ability of pathogens to survive in diverse hosts and cause disease (Qui *et al.*, 2009; Kulasekara and Lory, 2004).

The genomes of all *P. aeruginosa* strains sequenced to date contain a significant fraction of these genomic islands. Different genes carried by a single island often have diverse origins, and blocks are built gradually through insertion and deletion events (He *et al.*, 2004). For example, the well characterized *P. aeruginosa* genomic island PAPI-1 contains genes that have a high level of similarity with plant pathogens such as *Xylella fastidiosa*, *Agrobacterium tumefaciens*, *P. syringae* and *Xanthomonas campestris* (Ramos, 2004).

Genetic exchange by conjugation has been observed in clinical and environmental strains of *P. aeruginosa* (Kidambi *et al.*, 1994; Klockgether *et al.*, 2004; Malloff *et al.*, 2001; Poirel *et al.*, 2004; Yu & Head, 2002), and in freshwater (O'Morchoe *et al.*, 1988). PAPI-1, which encodes a number of virulence factors involved in attachment, biofilm synthesis and antibiotic resistance, was reported to have been transferred by conjugation into recipient *P. aeruginosa* strains (Qui *et al.*, 2006).

Transduction is another important mechanism of gene transfer for *P. aeruginosa*. *P. aeruginosa* bacteriophages were shown to be formidable transducers of naturally occurring microbial communities. For instance, Ripp *et al.* (1994) reported that phage UT1 is capable of mediating transfer of both chromosomal and plasmid DNA between strains of *P. aeruginosa* and between *P. aeruginosa* and indigenous populations of micro-organisms in natural lake water environments.

The impact of gene transfer among *P. aeruginosa* strains has been demonstrated by their ability to adapt in different niches, their ability to infect a broad range of host organisms, and, most dramatically, by the rapid emergence and dissemination of multiple-antibiotic resistance genes (Blahova *et al.*, 1998; Harrison *et al.*, 2010; He *et al.*, 2004).

1.1.3 Pathogenicity and Toxicity

The ability of *P. aeruginosa* to produce infections (pathogenicity) in both human and non-human species is attributed to a wide array of mechanisms, including adherence, invasion, evasion of host defences and damage to host cells (Salvers and Whitt, 2002).

The first step in the pathogenic sequence of *P. aeruginosa* animal infections is colonization of an epithelial surface using specific adhesins, in order to initiate contact with biological surfaces. Adherence of non-mucoid *P. aeruginosa* to mammalian epithelial cells is mainly mediated by type IV pili which account for 90% of the adherence capacity. In cystic fibrosis patients, *P. aeruginosa* also binds with mucin which is the main component of the mucus that forms a viscous gel and traps inhaled particles on the airway epithelium (Ramos, 2004).

After the initial step of mammalian colonization, *P. aeruginosa* produces several extracellular products that can damage tissue and permit dissemination through the bloodstream (toxigenicity). Refer to Appendix 3 for more comprehensive information on these toxins.

Many pathogens, including P. aeruginosa, couple the production of virulence factors with bacterial cell population density to overcome host defences with a consolidated attack. This strategy depends on the ability of an individual bacterial cell to sense other bacterial cells and in response, differentially express specific sets of genes. Such cell-cell communication is called quorum sensing (QS). Production of several of the P. aeruginosa extracellular toxins described in Appendix 3 is coordinated by QS. QS systems in most Gram-negative bacteria function similarly, with an inducer (I) responsible for the biosynthesis of a specific acylated homoserine lactone (HSL) signaling molecule known as the autoinducer. The autoinducer concentration increases with increasing cell density. A receptor (R) binds its cognate autoinducer, forming a complex that activates target gene transcription, thus enabling coordinated expression of genes as a function of cell density. P. aeruginosa employs two dominant QS systems, Lasl/LasR and RhII/RhIR, which function in tandem to control the expression of a number of virulence genes. The Lasl/LasR regulates the production of a number of secreted virulence factors responsible for host tissue destruction during the initiation of the infectious process. These include alkaline protease, LasA, LasB and exotoxin A. The LasR/autoinducer complex also activates LasI expression (creating a positive feedback loop) and it activates the second QS system, RhII/RhIR. The RhII/RhIR system, in addition to Las A and B, also regulates the production of rhamnolipid and is necessary for optimal production of pyocyanin, cyanide, lipase and alkaline protease (Lazdunski et al., 2004).

Quorum sensing is also important for proper biofilm development. *P. aeruginosa* readily forms biofilms on biological and abiotic surfaces. Biofilm cells differ from their planktonic counterparts in the genes and proteins that they express, resulting in distinct phenotypes including altered resistance to disinfectants, antibiotics and the human immune system. These cells have been shown to contribute to the persistence of infections and to be up to 1,000 times more resistant to the effects of antimicrobial agents than their planktonic counterparts (Costerton *et al.*, 1999; Mah *et al.*, 2001). Biofilms develop preferentially on inert surfaces, commonly on medical devices and fragments of dead tissue, but they can also form on living tissues (Costerton *et al.*, 1999).

Due to its huge arsenal of metabolic capabilities and ability to exploit many possible nutrients in the environment, *P. aeruginosa* is often utilized for biodegradation. However,

some of the metabolic pathways which allow *P. aeruginosa* to acquire nutrients, produce compounds, and thrive in the environment have also been linked to its pathogenicity. The ability of *P. aeruginosa* to obtain nutrients for replication and maintenance is the quintessential factor leading to quorum-sensing-induced virulence expression. Son *et al.* (2007) identified metabolic pathways which allow *P. aeruginosa* to degrade amino acids and metabolize lung surfactant lipids as nutrient sources in the lungs of cystic fibrosis patients.

Also involved in *P. aeruginosa* virulence are signal transduction systems. These are complex signalling systems responsible for eliciting adaptive responses by readily detecting fluctuations in many chemical and physical conditions, which in turn trigger changes in gene expression. *P. aeruginosa* has an extraordinary number of putative two-component signal transduction systems. It was predicted from the genome sequence analysis that 8.4% of *P. aeruginosa* genes are involved in regulation. Known two-component regulatory systems in *P. aeruginosa* have been involved in alginate production, chemotaxis, catabolism of natural substrates, membrane permeability, motility, antibiotic resistance, adhesion, and toxin production (Wang *et al.*, 2003; Richtings *et al.*, 1995; Whitchurch *et al.*, 2004; Yu *et al.*, 1997; Goodman *et al.*, 2004).

Bacteria which cause infection in mammals survive and proliferate most effectively between 20°C and 40°C. The ability of *P. aeruginosa* to grow optimally at normal body temperature (37°C) also contributes to the extensive incidence of *P. aeruginosa* infection reported in humans.

1.1.4 Other Ecological Characteristics

P. aeruginosa is a facultative anaerobe that preferentially obtains its energy via aerobic respiration, but it is well adapted to conditions of limited O₂ supply (Palleroni, 1984; Davies *et al.*, 1989). The micro-organism grows optimally at 37°C and thrives under moist conditions in soil (particularly in association with plants) and in sewage sediments and the aquatic environments (OECD, 1997). It can survive temperatures ranging from 10°C to 45°C in both saline and distilled water (Boyle *et al.*, 1991; Garrity 2005; Oberhofer, 1981) and on media pH ranging between 6.0 to 9.0 (Rahman *et al.*, 2005).

P. aeruginosa can use a wide range of organic compounds as a food source, and therefore can adapt to and thrive in many ecological niches including soil, water [river water (Pellett *et al.*, 1983), sea water (Kimata *et al.*, 2004), waste water (Ziegert and Stelzer, 1986)], sediments (Burton *et al.*, 1987), sewage (Havelaar *et al.*, 1985), and oil fields (MacElwee *et al.*, 1990). It has been found to survive in soil and water for periods ranging from 2 to 18 weeks or as long as 4 years if the cells are encapsulated (Ahn *et al.*, 2001; Cassidy *et al.*, 1995; Cassidy *et al.*, 1997; Cornax *et al.*, 1990; Flemming *et al.*, 1994). *P. aeruginosa* has also been shown to survive in the wheat rhizosphere in the presence of different levels of microbial competition (Morales *et al.*, 1996). It is among the most commonly isolated microorganisms naturally occurring in petroleum-contaminated soils and groundwater (Ridgway *et al.*, 1990). It is also oligocarbotolerant and can multiply in nutrient-poor environments such as bottled water (Jayasekara *et al.*, 1998; Hunter, 1993). In addition, *P. aeruginosa* can be found as part of the normal bacterial flora of the intestines, mouth or skin of animals such as cattle, dogs, horses and pigs (OECD, 1997).

Encapsulation and biofilm formation further enhance the ability of the organism to survive in natural and engineered environments (grease traps, water pipes and sewage drain

surfaces). The ability of *Pseudomonas* biofilms to withstand moderate chlorine residuals has lead to the survival of the micro-organism in some water treatment systems (Grobe *et al.*, 2001; Ratnam *et al.*, 1986). According to Teitzel and Parsek (2003), biofilms were observed to be more resistant to heavy metals than planktonic cells in stationary phase or logarithmic growth. The formation of biofilms impedes efforts to control biofouling in a wide variety of industrial settings (Costerton, 2002; Cochran *et al.*, 2000).

1.2 Effects

1.2.1 Ecological Effects

P. aeruginosa has been described as an opportunistic pathogen of plants (Bradbury, 1986) and is recognized as a Risk Group 2 pathogen by the Canadian Food Inspection Agency (Animal Pathogen Import Program). Generally, a Risk Group 2 pathogen is any pathogen that can cause disease but, under normal circumstances, is unlikely to be a serious hazard to healthy organisms in the environment. If needed, effective treatment and preventive measures are available, and the risk of spread is limited. A number of pathogenicity/toxicity studies used *P. aeruginosa* (or its isolated toxins) in a variety of hosts, including plants, invertebrates and vertebrates (Appendix 4, 5A and 5B). A literature search revealed two cases where P. aeruginosa was identified as the causative agent in a naturally-occurring infection in an agricultural setting (Appendix 5B). P. aeruginosa was isolated from infections in four other veterinary cases, but was not definitively shown to be the causative agent. In susceptible plants, P. aeruginosa causes a soft rot that can kill the host; in infected mammals, symptoms can range widely including sepsis, inflammation and pneumonia depending on the site of infection. If the site is a critical body organ such as the lungs or kidneys, the results can be fatal. Many studies have verified that P. aeruginosa can behave as an opportunistic pathogen in a range of plants, invertebrates and vertebrates, for example, when the host has been stressed or weakened by another factor. However, in the absence of such stressors or factors, infection will not occur. In addition, there was no evidence in the scientific literature to suggest any adverse ecological effects at the population level.

As shown in Appendix 5A, results of pathogenicity and chronic toxicity testing with these strains towards the following terrestrial invertebrates: *Folsomia candida* (*P. aeruginosa* 31480, 700370, and 700371), *Folsomia fimetara* (*P. aeruginosa* 31480, 700370, and 700371) and *Eisenia andrei* (*P. aeruginosa* 31480), demonstrated no adverse effect on adult mortality or juvenile reproduction of these springtails and earthworm species (Princz, 2010). Definitive plant testing using barley (*Hordeum vulgare* with *P. aeruginosa* 700370), red fescue (*Festuca rubra* with *P. aeruginosa* 31480), red clover (*Trifolium pratense* with *P. aeruginosa* 31480 and 700371) and northern wheatgrass (*Elymus lanceolatus* with *P. aeruginosa* 700371) demonstrated no adverse effect on seedling emergence, shoot and root length and dry mass (Princz, 2010) when tested according to the "Guidance Document for Testing the Pathogenicity and Toxicity of New Microbial Substances to Aquatic and Terrestrial Organisms (EPS 1/RM/44, March 2004)", developed by Environment Canada.

1.2.2 Effects on Human Health

There is little evidence to demonstrate that environmental *P. aeruginosa* isolates differ in pathogenicity from clinical isolates, and as indicated in Section 1.1.1, there are studies which show that some *P. aeruginosa* environmental isolates are indistinguishable from clinical strains, and that many clinical strains are also isolated from the environment.

Therefore, in the absence of strain-specific evidence, surrogate information used to characterize the potential human health hazard from the DSL-listed *P. aeruginosa* strains will include environmental isolates.

Extensive literature searches show that *P. aeruginosa* is essentially an opportunistic pathogen. As such, to initiate infection, *P. aeruginosa* usually requires a substantial break in first-line defences. Such a break can result from breach or bypass of cutaneous or mucosal barriers (e.g., trauma, surgery, serious burns, indwelling devices, mucosal clearance defects from cystic fibrosis), disruption of the protective balance of normal mucosal flora by broad-spectrum antibiotics, or alteration of the immunologic defence mechanisms (e.g., in chemotherapy-induced neutropenia or AIDS), and co-morbidity (diabetes mellitus, heart disease, etc.). *P. aeruginosa* is associated with numerous chronic and progressive respiratory diseases. It is responsible for life-threatening nosocomial infections and infections in immunocompromised individuals. It has also been implicated in localized and systemic infections in otherwise healthy individuals. Numerous *P. aeruginosa* outbreaks have been reported worldwide (Appendix 6).

Respiratory infections caused by P. aeruginosa occur almost exclusively in individuals with a compromised respiratory tract. It has been reported as the causative pathogen in mechanically ventilated patients (Brewer et al., 1996; Dunn & Wunderink, 1995, Nag et al., 2005), and acute and chronic sinusitis (Bert & Lambert-Zechovcky, 1996; Danielides et al., 2002; Farr & Ramadan, 1993; Koltai et al., 1985; O'Donnell et al., 1993; Suzuki et al., 1996; Guss et al., 2009). P. aeruginosa is the leading cause of morbidity and mortality in children and adults with Cystic Fibrosis (CF) (Govan & Deretic, 1996; Moss, 1995; Pier, 2000; Speert, 2002; Yu & Head, 2002). CF is a disease caused by an inherited genetic defect. According to the Canadian Cystic Fibrosis Foundation, approximately 3,500 children, adolescents, and adults with cystic fibrosis attend specialized CF clinics. CF leads to changes in the bronchial mucosa that normally prevents microbial infection (Pier, 2000). These changes limit physio-chemical mechanisms that remove excess mucus and debris (e.g., cellular debris, microbes, etc.) from the airways (Govan and Deretic, 1996), permitting repeated microbial colonization of the major airways and pulmonary infections. Most CF patients are ultimately infected with P. aeruginosa. In 2002 it was reported that by the time CF patients reach adulthood, approximately 80% are chronically infected with P. aeruginosa (Speert, 2002), which takes advantage of the highly compartmentalized and anatomically deteriorating lung environment and resists the challenges of the immune defence and antibiotic therapy (Oliver et al., 2000). Recent studies have shown that early aggressive eradication therapy with colistin and ciprofloxacin for intermittent P. aeruginosa airway colonization in cystic fibrosis patients postpones the next occurrence of P. aeruginosa compared to no treatment, and protects up to 80% of patients from development of chronic infection for up to 15 years (Hansel et al., 2008).

Chronic airway infections with *P. aeruginosa* are regularly seen in patients with advanced stages of chronic obstructive pulmonary disease (COPD). About 15% of the population in North America and Europe are affected by COPD. Intermittent colonization with *P. aeruginosa* is observed in about 30% of patients with COPD. Chronic airway infections with *P. aeruginosa* with substantial morbidity and mortality emerge in 5% of COPD patients (Murphy, 2009).

P. aeruginosa also has the ability to cause life-threatening community-acquired or nosocomial infections. The micro-organism is the third leading cause of hospital-acquired urinary tract infections, accounting for about 12 percent of all infections of this type (Pollack, 1995; Shigemura et al., 2009). These infections are commonly related to urinary tract catheterization, instrumentation or surgery. Endocarditis due to P. aeruginosa has been seen in patients with prosthetic heart valves (Wieland, 1986; Kato et al., 2009). In rare cases, it has been associated with meningitis or brain abscess (Pollack, 1992; Huang et al., 2007). P. aeruginosa accounts for 8% of wound infections, including burns (Kluytmans, 1997). According to Kluytmans (1997), in burn patients P. aeruginosa bacteremia has declined as a result of better wound treatment and removal of raw vegetables, which can be contaminated with P. aeruginosa, from the diet. However, P. aeruginosa outbreaks in burn units are associated with high (60%) death rates (Richard et al., 1994). P. aeruginosa is a frequent isolate from wounds, particularly those contaminated with soil, plant material or water. Puncture wounds, particularly those penetrating the bone, may result in osteomyelitis or osteochondritis. The former is common in intravenous drug abusers (Arstenstein & Cross. 1993) and the latter in puncture wounds to the feet in children and diabetics (Jarvis & Skipper, 1994; Lavery et al., 1994; Pollack, 1992; Hartemann-Heurtier & Senneville, 2008).

In individuals with severe immunodeficiencies, such as AIDS, cancer, and bone marrow transplant patients, *P. aeruginosa* appears to be the major cause of bacteremia (Mendelsen *et al.*, 1994; Manfredi *et al.*, 2000; Saghir *et al.*, 2009). Patients being treated for cancer and people living with AIDS are also at greater risk of acquiring *P. aeruginosa* pneumonia (Krcmery *et al.*, 2006).

P. aeruginosa has also been associated with a variety of localized skin, ear and eye infections in otherwise healthy individuals (Hatchette et al., 2000; Hendersen et al., 1992, Huang et al., 2002; Parkin et al., 1997; Viola et al., 2006). Moisture is a common factor in these infections and consequently infection occurs primarily in moist areas such as the ear, the toe webs, the perineal region, under the diapers of infants, and the skin of whirlpool and hot tub users. Otorhinolaryngologic infections due to P. aeruginosa range from superficial and self-limiting to life-threatening. The most serious ear infection due to this organism is malignant otitis externa, usually resulting from a failure of topical therapy, and resulting in an invasive disease destroying tissue which may progress to osteomyelitis at the base of the skull and possible cranial nerve abnormalities (Arstenstein & Cross, 1993). Other ear infections associated with P. aeruginosa include external otitis, otitis media, chronic suppurative otitis media, and mastoiditis (Arstenstein & Cross, 1993; Kenna, 1994; Legent et al., 1994; Pollack, 1992). P. aeruginosa has also been implicated in folliculitis and unmanageable forms of acne vulgaris. Eve infections attributed to P. aeruginosa are frequently associated with contact lens use. Contaminated contact lens solution and the use of tap water during lens care have been implicated as a source of *P. aeruginosa* infection (Holland et al., 1993).

All micro-organisms are considered to be potential sensitizers, though to date, no *P. aeruginosa* isolates have been described as allergens. As do all Gram negative bacteria, Pseudomonads possess endotoxin (i.e., lipopolysaccharides), which may cause an innate febrile immune response on exposure (Schroeder *et al.*, 2002).

Treatment of human infection with *P. aeruginosa* is hampered by its ability to readily acquire resistance to antimicrobial drugs. Extensive use of antibiotics to treat *P. aeruginosa*,

particularly in CF patients, has exerted the selective pressure to encourage resistance development. *P. aeruginosa* displays high-level multiple intrinsic resistance to a variety of structurally unrelated and clinically important antimicrobial agents, which greatly complicates the clinical management of infected patients. These include ampicillin, amoxicillin-clavulanic acid, ampicillin-sulbactam, tetracyclines, macrolides, rifampin, chloramphenicol, trimethoprim/sulfamethoxazole, narrow- and extended-spectrum cephalosporins, and oral-broad spectrum cephalosporins (cefixime and cefpodoxime) (Kiska & Gilligan, 1999). Table 3 represents an antibiogram generated by Health Canada for the characterization of DSL-listed *P. aeruginosa* strains.

Table 3: Minimal Inhibitory Concentration (MIC)¹ for the DSL-listed *P. aeruginosa* strains

Antibiotic	ATCC 31480	ATCC 700370	ATCC 700371
Amoxycillin	>24	>24	>24
Amphotericin B	>24	>24	>24
Aztreonam	16 ± 6.9	6 ± 0	0.9 ±0.6
Cephotaxime	>24	>24	>24
Doxcycline	16 ±6.9	6 ± 0	0.37 ± 0
Erythromycin	>24	>24	>24
Gentamicin	1 ± 0.4	1 ± 0.4	0.6 ±0.2
Nalidixic acid	>24	>24	3.5 ±2.3
Trimethoprim	>24	>24	10 ±3.5
Vancomycin	>24	>24	>24

¹Work conducted using TSB-MTT liquid assay method to characterize the *P. aeruginosa* DSL strains (Seligy *et al*, 1997). The reported values are based on a minimum of 3 independent experiments. Values correspond to the minimal inhibitory concentration (ug/ml) for select *P .aeruginosa* strains (20, 000 CFU/well) grown in the presence of antibiotic for 24 hrs at 37°C.

MIC tests performed by Milne and Gould (2009) on 315 multidrug resistant *P. aeruginosa* cystic fibrosis isolates and their clinical interpretation are shown in Table 4. Overall, 32.1% of the isolate/drug combinations were susceptible and 49.5% were resistant.

Table 4: P. aeruginosa MIC results on clinically relevant antibiotics

i abio	<i>, ,</i> ao, a	giiiou			any io	o vanie a	Table 4. 7. deruginiosa into results of chinedity relevant antibiotics														
	Etest	range		MIC	(mg/L)		Suscept	ible	Intermedia	ate	Resistant										
Antibiotic	low (mg/L)	high (mg/L)	Number tested	range	MIC ₅₀	MIC ₉₀	number	%	number	%	number	%									
Collistin	0.016	1024	315	0.094 to >1024	0.75	6	266	84	28	9	21	7									
Tobramycin	0.064	1024	315	0.38-128	3	8	218	69	84	27	13	4									
Amikacin	0.016	256	315	1.5 to >256	48	>256	99	32	73	23	143	45									
Ciprofloxacin	0.002	32	315	0.064 to >32	2	8	95	30	143	45	77	25									
Meropenem	0.002	32	315	0.023 to >32	24	>32	88	28	40	13	187	59									
Piperacillin	0.016	256	134	0.75 to >256	>256	>256	36	27	0	0	98	73									
Piperacillin/ Tazobactam	0.016	256	313	0.38 to >256	>256	>256	84	27	4	1	225	72									
Netilmicin	0.016	256	273	0.38 to >256	16	128	68	25	99	36	106	39									
Aztreonam	0.016	256	315	0.04 to >256	>256	>256	76	24	25	8	214	68									
Ceftazidime	0.016	256	313	0.125 to >256	>256	>256	69	22	23	7	221	71									
Levofloxacin	0.002	32	315	0.19 to >32	6	>32	67	21	112	36	136	43									
Gentamicin	0.064	1024	314	0.5 to >256	12	48	65	21	122	39	127	40									
Ticarcillin/ Clavulanate	0.016	256	306	0.19 to >256	>256	>256	63	21	6	2	237	77									
Imipenem	0.002	32	315	0.19 to >32	>32	>32	45	14	11	4	259	82									

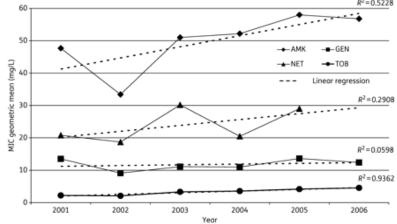
Adapted from Milne and Gould (2009)

To assess the effectiveness of these antibiotics compared to previous years, Milne and Gould (2009) plotted the annual geometric mean MIC values for the individual antimicrobials

(Figure 1). The only two antibiotics to demonstrate a downward trend were levofloxacin and colistin. The trend for ciprofloxacin was level. There was an upward trend in the aminoglycoside MICs, which was least in gentamicin and greatest in tobramycin. Tobramycin susceptibility showed a steady drop from 86% to 54.8% between 2001 and 2006 (data not shown), with an increase in intermediate susceptibility from 6% in 2001 to 33.3% in 2006. With the exception of piperacillin, all other antimicrobials show minor annual fluctuations in susceptibility patterns.

amikacin; GEN, gentamicin; NET, netilmicin; TOB, tobramycin. $R^2 = 0.5228$ 60 50

Figure 1: Annual geometric means of the aminoglycoside MICs. AMK,



Also, a total of 1663 combination tests were performed on 44 different antimicrobial pairs. As can be seen in Table 5, synergy was most frequently found with β-lactam and quinolone combinations (10%), followed by β-lactam and aminoglycoside combinations (5%) and carbapenem and quinolone combinations (4%). Antagonism was only found with a β-lactam and guinolone combination (1%).

Table 5: Summary of extended susceptibility testing on 315 strains of *P. aeruginosa*

		Second antimicrobial group												
First antimicrobial group	aminoglycoside	β-lactam	carbapenem	colistin	quinolone									
Aminoglycoside	n=1217 (37% S, 32% R)	n=443	n=260	n=58	n=117									
β-Lactam	SYN=5% ANT=0%	n=1381 (24% S, 72% R)	n=0	n = 149	n = 209									
Carbapenem	SYN=1% ANT=0%	not applicable	n=630 (21% S, 71% R)	n=144	n = 140									
Colistin	SYN=0% ANT=0%	SYN=3% ANT=0%	SYN=1% ANT=0%	n=315 (84% S, 7% R)	n=143									
Quinolone	SYN=1% ANT=0%	SYN=10% ANT=1%	SYN=4% ANT=0%	SYN=2% ANT=0%	n=630 (26% S, 34% R									

Adapted from Milne and Gould (2009)

S, susceptible; R, resistant; SYN, synergy; ANT, antagonism.

Cells highlighted grey, number of MICs (% susceptible, % resistant); data to right of highlighted cells, number of times combination tested; data to left of highlighted cells, combination results.

In Canada, the most active agents against P. aeruginosa isolates from intensive care units between 2005 to 2006 were amikacin, cefepime, meropenem, and piperacillin/tazobactam with MIC₉₀ (μ g/mL) of 16, 32, 16, and 64, respectively (Zhanel et~al., 2008). Aggressive antibiotic treatment at early onset of P. aeruginosa infection in CF patients has been shown to be promising (Hansen et~al., 2008), while the use of combination antibiotic treatments to enhance antibacterial efficacy are continuously being investigated (Louie et~al., 2010).

The ability of the *P. aeruginosa* DSL strains to grow optimally at 37°C, as shown in Appendix 1A, is a concern from a human health standpoint. In vivo tests were conducted at Health Canada to evaluate the potential of the 3 DSL-listed *P. aeruginosa* strains to cause adverse immune effects. Results, as shown in Appendix 5A, indicate that *P. aeruginosa* strains ATCC 31480, ATCC 700370 and ATCC 700371 induced some transient immune-related effects in BALB/c mice 2 and 4 hours after inhalation.

1.3 Hazard Severity

The **environmental hazard severity** for *P. aeruginosa* ATCC 31480, 700370 and 700371 is estimated to be **medium**¹. Information from the scientific literature indicates that *P. aeruginosa* is an opportunistic pathogen. Such pathogens, under certain conditions that predispose the host to infection cause a range of symptoms that will debilitate the host and could kill it. However, in the absence of such conditions, infection will not occur. This is consistent with the observation that there is no evidence in the scientific literature to suggest any adverse ecological effects at the population level.

As mentioned previously, specific research results using the DSL-listed strains demonstrated no adverse effect on adult mortality or juvenile reproduction of springtails (*Folsomia* spp.) and earthworm (*Eisenia andrei*) species nor any adverse effect on barley (*Hordeum vulgare*), red fescue (*Festuca rubra*), red clover (*Trifolium pratense*) and northern wheatgrass (*Elymus lanceolatus*).

The **human hazard severity** for *P. aeruginosa* ATCC 31480, 700370 and 700371 is estimated to be **medium** (see appendix 7). Information from the scientific literature indicates that this micro-organism has pathogenic potential in both otherwise healthy and immunocompromised humans. *P. aeruginosa* is recognized by the Public Health Agency of Canada as a Risk Group 2 human pathogen and has the ability to spread and acquire clinically relevant antibiotic resistance genes. *P. aeruginosa* produces a wide variety of extracellular enzymes and toxins that are important factors for its pathogenicity in susceptible humans.

2. EXPOSURE ASSESSMENT

An exposure assessment identifies the mechanisms by which a micro-organism is introduced into a receiving environment (Section 2.1) and qualitatively and/or quantitatively estimates the magnitude, likelihood, frequency, duration, and/or extent of human and environmental exposure (Section 2.2). The exposure to the micro-organism itself, its genetic material or its toxins, metabolites or structural components is assessed.

¹ Refer to Appendix 7 for the definitions of hazard levels.

2.1 Sources of Exposure

Pseudomonas aeruginosa, as a species, is generally considered a ubiquitous bacterium, occurring naturally in many moist environmental media; it has the ability to adapt to and thrive in many ecological niches. However, this 'background' level presence of P. aeruginosa has not been well characterized, and, while acknowledged as a potential source of natural exposure, is not the focus of this screening assessment. With respect to the specific strains that are the focus of this assessment, to date, no quantitative studies were found on their background levels in the Canadian environment. P. aeruginosa as a species has properties that make it of commercial interest in a variety of industries. A search of the public domain (internet, patent databases) suggests multiple potential uses, including waste degradation, particularly in oil refineries, and in textile, pulp and paper, mining and explosives industries, as well as in commercial and household drain cleaners and degreasers, septic tank additives and general cleaning and odour-control products.

The three strains of *P. aeruginosa* listed on the DSL were imported into Canada between 1984 and 1986 to be used in a variety of waste, water and wastewater treatments, bioremediation, and biodegradation products. The government has attempted to verify continued commercial or consumer activity with these strains. No uses were identified in 2007 based on the outcome of a voluntary questionnaire sent to a subset of key biotechnology companies and on information obtained from other federal government regulatory and non-regulatory programs.

In 2009-2010, the government conducted a mandatory information-gathering Notice (survey) under section 71 of CEPA as published in the Canada Gazette on October 3rd, 2009. The Notice applied to any persons who, during the 2008 calendar year, manufactured or imported a DSL substance, whether alone, in a mixture, or in a product. Anyone meeting these reporting requirements was legally obligated to respond. Respondents were required to submit information on the industrial sector, uses and any trade names associated with products containing these strains, as well as the quantity and concentration of the strain imported or manufactured in the 2008 calendar year. No commercial or consumer activities using *P. aeruginosa* ATCC 31480, ATCC 700370 or ATCC 700371 were reported in response to the section 71 Notice. For the purposes of this exposure assessment, it is assumed that these strains are no longer imported or manufactured in Canada for commercial or consumer uses, based on the absence of responses to this survey.

2.2 Exposure Characterization

2.2.1 Environment

Persistence data was obtained by Environment Canada on ATCC 31480, 700370 and 700371; it shows that strain-specific DNA could be amplified from agricultural soil 62, 122 and 126 days, respectively, after live cells were introduced (Xiang *et al.*, 2010). However, there was no attempt to recover live cells from the soil, so specific strain survivability of the three *P. aeruginosa* strains in the soil was not demonstrated (see Appendix 5A). ATCC 31480 showed no growth in 10 days at 14°C on nutrient broth and nutrient agar (Spraker, 1982). However, given the ubiquity of the species, one could assume that these strains are also able to survive for considerable lengths of time in soil and other media even if there is no evidence of proliferation.

The most likely routes of introduction of the three DSL-listed *P. aeruginosa* strains into the environment due to household, industrial or manufacturing activities would be into water and soil. The magnitude of exposure (including geographic distribution, timing, duration and frequency of exposure) is presumed to be proportional with the amount of bacteria released into the environment according to the use.

While large inputs of DSL strains into the environment could likely result in concentrations greater than background levels, high numbers are unlikely to be maintained in water and in soil due to natural competition (Leung *et al.*, 1995) and microbiostasis (van Veen *et al.*, 1997), which is an inhibitory effect of soil that results in the rapid decline of populations of introduced bacteria. This is consistent with the research results noted above.

No relevant reports concerning persistence in the environment of toxins produced by *P. aeruginosa* have been found.

The **environmental exposure** for *P. aeruginosa* ATCC 31480, 700371, and 700370 is estimated to be **low**¹ from consumer and industrial activities or from other anthropogenic sources. This estimation is supported by evidence that these strains were no longer imported, manufactured or used in Canada in 2008, as found through responses to the mandatory section 71 Notice and by results from the voluntary survey conducted in 2007.

2.2.2 Humans

P. aeruginosa is considered a Risk Group 2 pathogen requiring a Level 2 containment under the Public Health Agency of Canada's Laboratory Biosafety Guidelines (3rd Ed. 2004). *P. aeruginosa* can be transmitted through direct contact with contaminated water or aerosols (Reuter *et al.*, 2002; Moore *et al.*, 2004; Saiman and Siege, 2003). Other modes of transmission include contact of susceptible individuals with discharge from conjunctivae (Lyzak *et al.*, 2000) or the upper respiratory tract (Moore *et al.*, 2004; Saiman and Siege, 2003) of infected persons and through contact with contaminated surfaces, such as sinks, tap water outlets, cleaning equipment, flower vases and humidifiers (Ayliffe *et al.*, 1974; Reuter *et al.*, 2002; Grieble *et al.*, 1970; Taplin and Mertz, 1973; Engelhart *et al.*, 2002), improperly sterilized medical equipment (De Vos *et al.*, 1997; Elhag *et al.*, 1977; Muyldermans *et al.*, 1998), and contaminated distilled water, IV fluids, and antiseptics (Favero *et al.*, 1971; Parrott *et al.*, 1982).

As previously mentioned, *P. aeruginosa* is commonly found in the environment. The purpose of this section is to characterize the human exposure to the 3 DSL-listed *P. aeruginosa* strains from their deliberate addition to consumer or industrial products used in Canada.

Humans are likely to be exposed to *P. aeruginosa* through inhalation or dermal contact as the micro-organisms are dispersed in the atmosphere attached to dust particles or aerosolized during manufacturing and product application. *P. aeruginosa* is strongly associated with respiratory infections. Therefore, the most problematic route of exposure to products containing *P. aeruginosa* is considered to be from inhaling aerosols, whether the product is in liquid or powder formulation. Dermal exposure may also affect humans. Since

¹ Refer to Appendix 7 for the definitions of exposure levels.

skin is a natural barrier to microbial invasion of the human body, infection would be more likely to occur if the skin was damaged through abrasions and burns.

The **human exposure** estimation for *P. aeruginosa* ATCC 31480, 700370 and 700371 is **low**¹, notwithstanding (i) the organism's ability to cause persistent infections from which it could be shed, (ii) the organism's ability to persist and establish itself in diverse environments, including manmade environments such as drains, (iii) the organism's inherent resistance to disinfectants and antibiotics; and based on evidence that these strains are no longer imported, manufactured or used in Canada, as found through the mandatory section 71 Notice for the 2008 calendar year.

3. RISK CHARACTERISATION

Based on the **medium** level of hazard of the three strains of *P. aeruginosa* listed on the DSL to human health and, uniquely, also to other biota in the Canadian environment and the likely **low** potential for exposure as assessed by the absence of reported uses through the section 71 survey for the 2008 calendar year, the risk is estimated to be **low**¹ with respect to the environment and **medium** with respect to human health.

4. CONCLUSION

Based on available information, it is proposed that *P. aeruginosa* strains ATCC 31480, ATCC 700370 and ATCC 700371 are not entering the environment in a quantity or concentration or under conditions that have or may have an immediate or long-term harmful effect on the environment or its biological diversity or that constitute or may constitute a danger to the environment on which life depends. **Therefore, it is proposed that these strains do not meet the definition of toxic as set out in section 64 of the CEPA 1999**.

Given the hazardous properties and the current low likelihood of exposure to these strains in Canada, new activities (i.e., importation into, manufacture or use within Canada) for these strains which have not been identified or assessed under CEPA 1999 could increase the potential for exposure and may lead to these strains meeting the criteria set out in section 64 of the Act. Therefore, it is recommended that these substances be subject to the Significant New Activity (SNAc) provisions specified under subsection 106(3) of the Act, to ensure that any new import, manufacture or use of the substance is notified under the New Substances Notification Regulations (Organisms) and will undergo appropriate environmental and human health risk assessments as specified in section 108 of the Act prior to the substance being re-introduced into Canada.

¹ Refer to Appendix 7 for the definitions of exposure levels.

¹ Refer to Appendix 7 for the definitions for levels of risk.

5. REFERENCES

Ahn, Y.B., L.A. Beaudette, H. Lee, and J.T. Trevors. 2001. Survival of a GFP-labelled polychlorinated biphenyl degrading psychrotolerant *Pseudomonas* spp. in 4 and 22°C soil microcosms. *Microbial Ecology.* **42(4)**:614-623.

Alhede M, Bjarnsholt T, Jensen PO, Phipps RK, Moser C, Christophersen L, Christensen LD, van Gennip M, Parsek M, Hoiby N, Rasmussen TB, Givskov M. 2009. *Pseudomonas aeruginosa* recognizes and responds aggressively to the presence of polymorphonuclearleukocytes. *Microbiol Sgm.* **155**:3500–3508.

Alonso, A., F. Rojo and J.L. Matinez. 1999. Environmental and clinical isolates of *Pseudomonas aeruginosa* show pathogenic and biodegradative properties irrespective of their origin. *Environ Microbiol.* **1(15)**:421-430.

Arstenstein, A.W. and A.S. Cross. 1993. Local and disseminated diseases caused by *Pseudomonas aeruginosa*. In Campa, M. *et al.* (eds). *Pseudomonas aeruginosa* as an opportunistic pathogen. Plenum Press: New York. Pp 224-244.

Ayliffe, G.A.J., J.R. Babb, and B.J. Collins. 1974. *Pseudomonas aeruginosa* in hospital sinks. *Lancet.* 2:578-581

Barker, A.P., A.I. Vasil, A. Filloux, G. Ball, P.J. Wilderman and M.L. Vasil. 2004. A novel extracellular phospholipase C of *Pseudomonas aeruginosa* is required for phospholipid chemotaxis. *Mol Microbiol.* **53(4)**:1089-1098.

Bayne, C.J. 1980. Molluscan immunity: Induction of elevated immunity in the land snail (*Helix*) by injections of bacteria (*Pseudomonas aeruginosa*). *Develop. Comp. Immunol.* **4:**43-54.

Berk RS, Brown D, Coutinho I, Meyers D. 1987. In vivo studies with two phospholipase C fractions from *Pseudomonas aeruginosa*. *Infect Immun*. **55(7)**:1728-30.

Berrouane, Y.F., L.A. McNutt, B.J. Bushelman, P.R. Rhomberg, M.D. Sanford, R.J. Hollis, M.A. Pfaller and L.A. Herwaldt. 2000. Outbreak of severe *Pseudomonas aeruginosa* infections caused by a contaminated drain in a whirlpool bathtub. *Clin. Infect Dis.* **31**:1331-1337.

Bert, F. and N. Lambert-Zechovsky. 1996. Sinusitis in mechanically ventilated patients and its role in the pathogenesis of nosocomial pneumonia. *Eur. J. Clin. Microbiol. Infect. Dis.* **15**(7):533-544.

Blahova, J., M. Hupkova-Lesicka, K. Kralikova, V.S. Krcmery, K. Kubonova, V. Torsova, N. Bartonikova and V. Schafer. 1998. Further studies of transferable antibiotic resistance in strains of *Pseudomonas aeruginosa* from four clinical settings in three countries. *J. Chemother.* **10(3)**:215-220.

Boyle, M., Ford, T. and Maki J.S. 1991. Biofilms and survival of opportunistic pathogens in recycled water. *Waste Management and Research*. **9(5)**:465-470.

Brewer, C.S., Wunderink, R.G., Jones, C.B. and Leeper, K.V. Jr. 1996. Ventilator-associated pneumonia due to *Pseudomonas aeruginosa*. *Chest.* **109**:1019-1029.

Brodkin, M.A., Simon M.P., DeSantis A.M. and Boyer K.J. 1992. Response of *Rana pipiens* to graded doses of *Pseudomonas aeruginosa*. *Journal of Herpetology*. **26(4)**:490-495.

Bryan, L.E., Shahrabadi, M.S. and van den Elzen, H.M. 1974. Gentamicin resistance in *Pseudomonas aeruginosa*: R-factor-mediated resistance. *Antimicrob Agents Chemother*. **6(2)**:191-9.



Burton, G.A., D. Gunnison and G.R. Lanza. 1987. Survival of pathogenic bacteria in various freshwater sediments. *Appl Environ Microbiol.* **53(4):**633-8.

Caldwell CC, Chen Y, Goetzmann HS, Hao Y, Borchers MT, Hassett DJ, Young LR, Mavrodi D, Thomashow L, Lau GW. 2009. *Pseudomonas aeruginosa* exotoxin pyocyanin causes cystic fibrosis airway pathogenesis. *Am J Pathol.* **175(6)**:2473-88.

Callahan LT III. 1976. *Pseudomonas aeruginosa* exotoxin: purification by preparative polyacrylamide gel electrophoresis and the development of a highly specific antitoxin serum. *Infect Immun.* **14(1)**:55-61.

Canada. 1999. *Canadian Environmental Protection Act*, 1999. S.C., 1999, c. 33, Canada Gazette. Part III. vol. 22, no. 3. Available from: http://canadagazette.gc.ca/archives/p3/1999/g3-02203.pdf

Canada, Dept. of the Environment, Dept. of Health. 2009. Canadian Environmental Protection Act, 1999: Notice with respect to animate substances (micro-organisms) on the Domestic Substances List. Canada Gazette, Part I, vol. 143, no. 40, p. 2936-2945. Available from: http://canadagazette.gc.ca/rp-pr/p1/2009/2009-10-03/pdf/g1-14340.pdf

Canadian Cystic Fibrosis Foundation.

http://www.cysticfibrosis.ca/page.asp?id=1#How%20many%20Canadians%20have%20cystic%20fibrosis? [viewed on May 2008].

Cassidy, M.B., K.T. Leung, H. Lee and J.T. Trevors. 1995. Survival of *lac-lux* marked *Pseudomonas aeruginosa* UG2Lr cells encapsulated in κ-carrageenan and alginate. *Journal of Microbiological Methods*. **23(3)**:281-290.

Cassidy, M.B., H. Lee and J.T. Trevors. 1997. Survival and activity of *lac-lux* marked *Pseudomonas aeruginosa* UG2Lr cells encapsulated in κ-carrageenan over four years at 4°C. *Journal of Microbiological Method.* **30(2)**:167-170.

Castric PA. 1983. Hydrogen cyanide production by *Pseudomonas aeruginosa* at reduced oxygen levels. *Can. J. Microbiol.* **29:**1344-1349.

Chieda Y, Iiyama K, Lee JM, Kusakabe T, Yasunaga-Aoki C and Shimizu S. 2008. Inactivation of pyocyanin synthesis genes has no effect on the virulence of *Pseudomonas aeruginosa* PAO1 toward the silkworm, *Bombyx mori. FEMS Microbiol Lett.* **278(1)**:101-7

Chin, J.C. and Watts, J.E. 1988. Biological properties of phospholipase C purified from a fleecerot isolate of *Pseudomonas aeruginosa. J. Gen. Microbiol.* **134**:2567-2575.

Chobchuenchom, W. and A. Bhumiratana. 2003. Isolation and characterization of pathogens attacking *Pomacea canaliculata*. *World J. Microbiol. Biotechnol.* **19:**903-906.

Clatworthy, A.E., Lee, J.S., Leibman, M., Kostun, Z., Davidson, A.J. and Hung, D.T. 2009. *Pseudomonas aeruginosa* Infection of Zebrafish Involves both Host and Pathogen Determinants. *Infection and Immunity.* **77(4)**:1293–1303.

Cochran, W.L., McFeters, G.A. and Stewart, P.S. 2000. Reduced susceptibility of thin *Pseudomonas aeruginosa* biofilms to hydrogen peroxide and monochloramine. *J. Appl. Microbiol.* **88**: 22-30

Collier, R.J. 1975. Diphtheria toxin: Mode of action and structure. *Bacteriol. Rev.* 39(1):54-85.

Cornax, R., M.A. Morinigo, P. Romero and J.J. Borrego. 1990. Survival of pathogenic microorganisms in seawater. *Current Microbiology*. **20**:293-298.

Costerton, J.W., P.S. Stewart and E.P. Greenberg. 1999. Bacterial biofilms: a common cause of persistent infections. *Science*. **284**:1318-1322.

Costerton, J.W. 2002. Anaerobic biofilm infections in cystic fibrosis. Mol. Cell. 10(4):699-700.

Curran B, Jonas D, Grundmann H, Pitt T, and Dowson CG. 2004. Development of a multilocus sequence typing scheme for the opportunistic pathogen *Pseudomonas aeruginosa*. *J Clin Microbiol*. 42:5644-5649.

Cystic Fibrosis Foundation. Cystic fibrosis Foundation Patient Registry Annual Data Report 2006. http://www.cff.org/UploadedFiles/research/ClinicalResearch/2006%20Patient%20Registry%20Report.pdf. [viewed in May 2008]

Daly, M., E. Power, J. Björkroth, P. Sheehan, A. O'Connell, M. Colgan, H. Korkeala and S. Fanning. 1999. Molecular analysis of *Pseudomonas aeruginosa*: Epidemiological investigation of mastitis outbreaks in Irish dairy herds. *Appl Enviro Microbiol.* **65(6)**:2723-2729.

Danielides, V., C.S. Nousia, E. Gesouli, V. Papakostas, H.J. Milionis and A. Skevas. 2002. Recurrent facial pain due to *Pseudomonas aeruginosa* sinusitis. *Rhinology*. **40(4)**:226-228.

D'Argenio, D.A., L.A. Gallagher, C.A. Berg and C. Manoil. 2001. *Drosophila* as a model host for *Pseudomonas aeruginosa* infection. *J Bacteriol.* **183(4):**1466-1471.

Davies, K. J., D. Lloyd, and L. Boddy. 1989. The effect of oxygen on denitrification in *Paracoccus denitrificans* and *Pseudomonas aeruginosa*. *J Gen Microbiol*. **135**: 2445–2451

Denning, G.M., Railsback, M.A., Rasmussen, G.T., Cox, C.D. and Britigan, B.E. 1998a. *Pseudomonas* pyocyanin alters calcium signalling in human airway epithelial cells. *Am J Physiol.* **274**: L893-L900.

Denning, G.M., L.A. Wollenweber, M.A. Railsback, C.D. Cox, L.L. Stoll and B.E. Britigan. 1998b. *Pseudomonas* pyocyanin increases interleukin-8 expression by human airway epithelial cells. *Infect Immun.* **66**:5777-5784.

Denning, G.M., S.S. Iyer, K.J. Reszka, Y. O=Malley, G.T. Rasmussen and B.E. Britigan. 2003. Phenazine-1-carboxylic acid, a secondary metabolite of *Pseudomonas aeruginosa*, alters expression of immunomodulatory proteins by human airway epithelial cells. *Am J Physiol.* **285**: L584-592.

De Vos, D., A. Lim Jr., J.P. Pirnay, L. Duinslaeger, H. Revets, A. Vanderkelen, R. Hamers, and P. Cornelis. 1997. Analysis of epidemic *Pseudomonas aeruginosa* isolates by isoelectric focusing of pyoverdine and RAPD-PCR: Modern tools for an integrated anti-nosocomial infection strategy in burn wound centres. *Burns*. 23(5):379-386.

Dowling, R.B., and R. Wilson. 1998. Bacterial toxins which perturb ciliary function and respiratory ephithelium. *J Appl Microbiol.* **85:**138S-148S.

Dunn, M. and Wunderink, R.G. 1995. Ventilator-associated pneumonia caused by *Pseudomonas* infection [review]. *Clinics in Chest Medicine*. **16**:95-109.

Elhag, K.M., R.M. Baird, and E. J. Shaw. 1977. Water beds - a potential source of *Pseudomonas aeruginosa*. *Journal of Hygiene*. **79(1)**:103-106.

Engelhart, S.T., L. Krizek, A. Glasmacher, E. Fischnaller, G. Marklein, and M. Exner. 2002. *Pseudomonas aeruginosa* outbreak in a haematology-oncology unit associated with contaminated surface cleaning equipment. *Journal of Hospital Infection.* **52(2)**:93-98.

Environment Canada and Health Canada – New Substances Program. 2010. Framework for Science-Based Risk Assessment of Micro-organisms regulated under the Canadian Environmental Protection Act, 1999. (http://www.ec.gc.ca/subsnouvelles-newsubs/default.asp?lang=En&n=120842D5-1).

Environment Canada and Health Canada – New Substances Program. 2008. Working document: Prioritization of Living Organisms on the Domestic Substances List prior to the Screening Assessment of under paragraph 74 b) of the Canadian Environmental Protection Act, 1999. (Unpublished)

Farr, R.W. and Ramadan, H.H. 1993. Report of *Pseudomonas aeruginosa* sinusitis in a patient with AIDS. WV Med J. 89(7): 284-285.

Favero, M.S., L.A.. Carson, W.W. Bond, and N.J. Petersen. 1971. *Pseudomonas aeruginosa*: Growth in distilled water from hospitals. *Science*. **173**:836-838.

Feltman, H., G. Schulert, S. Khan, M. Jain, L. Peterson and A.R. Hauser. 2001. Prevalence of type III secretion genes in clinical and environmental isolates of *Pseudomonas aeruginosa*. *Microbiol.* **147**: 2659-2669.

Flemming, C.A., K.T. Leung, H. Lee, J.T. Trevors and C.W. Greer. 1994. Survival of *lux-lac*-marked biosurfactant-producing *Pseudomonas aeruginosa* UG2L in soil monitored by nonselective plating and PCR. *Appl Environ Microbiol.* **60(5)**:1606-1613.

Garland, S.M., S. Mackay, S. Tabrizi and S. Jacobs. 1996. *Pseudomonas aeruginosa* outbreak associated with a contaminated blood-gas analyser in a neonatal intensive care unit. *J Hosp Infect*. **33(2)**:145-155.

Garrity, G.M (ed in chief). 2005. Bergey's Manual of Determinative Bacteriology. 2nd Edition. Volume 2, Part B. Springer-Verlag: New York.

George, S.E., M.J. Kohan, D.B. Walsh and L.D. Claxton. 1989. Acute colonization study of polychlorinated biphenyl-degrading *Pseudomonads* in the mouse intestinal tract: comparison of single and multiple exposures. *Environmental Toxicology and Chemistry*. **8**:123-131.

George, S.E., M.J. Kohan, D.A. Whitehouse, J.P. Creason, C.Y. Kawanishi, R.L. Sherwood and L.D. Claxton. 1991. Distribution, clearance, and mortality of environmental *Pseudomonads* in mice upon intranasal exposure. *Appl Environ Microbiol.* **57(8):**2420-2425.

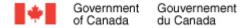
Global Invasive Species Database (GISD); http://www.issg.org/database

Gomis, S., K. Amoako, M. Ngeleka, L. Belanger, B. Althouse, L. Kumor, E. Waters, S. Stephens, C. Riddell, A. Potter and B. Allan. 2002. Histopathologic and bacteriologic evaluations of cellulitis detected in legs and caudal abdominal regions of turkeys. *Avian Dis.* **46:**192-197.

Goodman AL, Kulasekara B, Rietsch A, Boyd D, Smith RS, Lory S. 2004. A signaling network reciprocally regulates genes associated with acute infection and chronic persistence in *Pseudomonas aeruginosa*. *Dev Cell*. 7:745–754.

Govan, J.R.W. and V. Deretic. 1996. Microbial pathogenesis in cystic fibrosis: mucoid *Pseudomonas aeruginosa* and *Bukholderia cepacia*. *Microbiol Rev.* **60(3)**:539-574.

Grieble, H.G., F.R. Colton, T.J. Bird, A. Toigo, and L.G. Griffith. 1970. Fine-particle humidifiers. Source of *Pseudomonas aeruginosa* infections in a respiratory-disease unit. *New England Journal of Medicine*. **282(10)**:531-535.



Grigis, A., A. Goglio, M. Parea, F. Gnecchi, B. Minetti and T. Barbui. 1993. Nosocomial outbreak of severe *Pseudomonas aeruginosa* infections in haematological patients. *Eur J Epidemiol.* **9(4)**: 390-395.

Grobe, S., J. Wingender and H.C. Flemming. 2001. Capability of mucoid *Pseudomonas aeruginosa* to survive in chlorinated water. *Int J Hygiene Environ Health*. **204(2-3)**:139-142.

Guss J, Doghramji L, Edelstein PH, Chiu AG. 2009. Fluoroquinolone-resistant *Pseudomonas aeruginosa* in chronic rhinosinusitis. *ORL J Otorhinolaryngol Relat Spec.* **71(5**):263-7.

Hansen CR, Pressler T, Høiby N. 2008. Early aggressive eradication therapy for intermittent *Pseudomonas aeruginosa* airway colonization in cystic fibrosis patients: 15 years experience. *J Cyst Fibros*. **7(6)**:523-30.

Harrison EM, Carter ME, Luck S, Ou HY, He X, Deng Z, O'Callaghan C, Kadioglu A, Rajakumar K. 2010. Pathogenicity islands PAPI-1 and PAPI-2 contribute individually and synergistically to the virulence of *Pseudomonas aeruginosa* strain PA14. *Infect Immun.* **78(4)**:1437-46.

Hartemann-Heurtier A, Senneville E. 2008. Diabetic foot osteomyelitis. Diabetes Metab. 34(2):87-95.

Hatchette, T.F., R. Gupta and T.J. Marrie. 2000. *Pseudomonas aeruginosa* community-acquired pneumonia in previously healthy adults: case report and review of the literature. *Clin Infect Dis.* **31**:1349-1356.

Havelaar, A.H., M. Durin, and H.M. Delfgou-Van Asch. 1985. Comparative study of membrane filtration and enrichment media for the isolation and enumeration of *Pseudomonas aeruginosa* from sewage, surface water, and swimming pools. *Can J Microbiol.* **31**: 686–692.

He J, Baldini RL, Déziel E, Saucier M, Zhang Q, Liberati NT, Lee D, Urbach J,Goodman HM, Rahme LG. 2004. The broad host range pathogen *Pseudomonas aeruginosa* strain PA14 carries two pathogenicity islands harboring plant and animal virulence genes. *Proc Natl Acad Sci USA*. **101(8)**:2530-5.

Hedges, R.W. and Jacoby, G.A. 1980. Compatibility and molecular properties of plasmid Rms 149 in *Pseudomonas aeruginosa* and Escherichia coli. *Plasmid*. **3(1)**:1-6.

Henderson, A., W. Kelly and M. Wright. 1992. Fulminant primary *Pseudomonas aeruginosa* pneumonia and septicemia in previously well adults. *Intensive Care Med.* **18**:430–2.

Hirakata, Y., Kirikae, T., Kirikae, F., Yamaguchi, T., Izumikawa, K., Takemura, H., Maesak,i S., Tomono, K., Yamada, Y., Kamihira, S., Nakano, M., Kitamura, S. and Kohno, S. 1999. Effect of *Pseudomonas aeruginosa* exotoxin A on endotoxin-induced tumour necrosis factor production in murine lung. *J Med Microbiol*. **48**(5):471-477.

Höfte, M., Seong, K.Y., Jurkevitch, E. and Verstraete, W. 1991. Pyoverdin production by the plant growth beneficial *Pseudomonas* strain 7NSK2: Ecological significance in soil. *Plant and Soil.* **130(1-2)**:249-257.

Hogan, D.A. and R. Kolter. 2002. *Pseudomonas-Candida* interactions: an ecological role for virulence factors. *Science*. **296**:2229-2232.

Holland, S.P., J.S. Pulido, T.K. Shires and J.W. Costerton. 1993. *Pseudomonas aeruginosa* ocular infections. In RB Frick Jr. (Ed) *Pseudomonas aeruginosa*: The opportunist. CRC Press, Inc., Boca Raton, Fl. pp.159-176.

Hollsing, A.E., M. Granstrom, M.L. Vasil, B. Wretlind and B. Strandvik. 1987. Prospective study of serum antibodies to *Pseudomonas aeruginosa* exoproteins in cystic fibrosis. *J Clin Microbiol.* **25**: 1868-1874.

Horohov, D.W. and P.E. Dunn. 1984. Role of hemocytotoxins in the pathogenicity of *Pseudomonas aeruginosa* in larvae of the tobacco hornworm, *Manduca sexta. Journal of Invertebrate Pathology.* **43:**297-298.

Hossain, M.S., H. Hamamoto, Y. Matsumoto, I.M. Razanajatovo, J. Larranaga, C. Kaito, H. Kasuga, and K. Sekimizu. 2006. Use of silkworm larvae to study pathogenic bacterial toxins. *J Biochem.* **140(3):**439-444.

Huang, Y.C., T.Y. Lin and C.H. Wang. 2002. Community acquired *Pseudomonas aeruginosa* sepsis in previously healthy infant and children: analysis of forty-three episodes. *Pediatr Infect Dis J*. 21: 1049-52.

Huang CR, Lu CH, Chuang YC, Tsai NW, Chang CC, Chen SF, Wang HC, Chien CC, Chang WN. 2007. Adult *Pseudomonas aeruginosa* meningitis: high incidence of underlying medical and/or postneurosurgical conditions and high mortality rate. *Jpn J Infect Dis*. **60(6):**397-9.

Hungerford, T.G. 1990. Diseases of Livestock (9th Edition). McGraw-Hill Book Co., Toronto.

Hunter, P.R. 1993. The microbiology of bottled natural mineral waters. *Journal of Applied Bacteriology*. **74(4)**:345-352.

Iiyama, K., Y. Chieda, J. M. Lee, T. Kusakabe, C. Yasunaga-Aoki and S. Shimizu. 2007. Effects of superoxide dismutase gene inactivation on virulence of *Pseudomonas aeruginosa* PAO1 toward the silkworm, *Bombyx mori. Appl Environ Microbiol.* **73(5):**1569-1575.

Jacoby, G.A. 1974. Properties of R plasmids determining gentamicin resistance by acetylation in *Pseudomonas aeruginosa*. *Antimicrob Agents Chemother*. **6(3)**:239-52.

Jander, G., L.G. Rahme and F.M. Ausubel. 2000. Positive Correlation between virulence of *Pseudomonas aeruginosa* mutants in mice and insects. *J Bacteriol.* **182(13):**3843-3845.

Jarvis, J.G. and J. Skipper. 1994. *Pseudomonas* oesteochondritis complicating puncture wounds in children. *J Pediatr Orthop.* **14(6)**:755-759.

Jayasekara, N.Y., G.M. Heard, J.M. Cox and G.H. Fleet. 1998. Populations of *Pseudomonads* and related bacteria associated with bottled non-carbonated mineral water. *Food Microbiol.* **15(2)**:167-176.

Kato Y, Ohashi H, Tsutsumi Y, Murakami T, Takahashi Y. 2009. Prosthetic valve endocarditis caused by metallo-beta-lactamase-producing *Pseudomonas aeruginosa*. *J Card Surg.* **24(3)**:347-9.

Kenna, M.A. 1994. Treatment of chronic suppurative otitis media. Otolaryngol. *Clin North Am.* 27:457-472.

Khan NH, Ahsan M, Yoshizawa S, Hosoya S, Yokota A and Kogure K. 2008. Multilocus sequence typing and phylogenetic analyses of *Pseudomonas aeruginosa* Isolates from the ocean. *Appl Environ Microbiol*. **74(20)**:6194-205.

Kidambi, S.P., S. Ripp and R.V. Miller. 1994. Evidence for phage-mediated gene transfer among *Pseudomonas aeruginosa* strains on the phylloplane. *Appl Environ Microbiol*. **60(2)**: 496-500.

Kimata, N., T. Nishino, S. Suzuki, and K. Kogure. 2004. *Pseudomonas aeruginosa* isolated from marine environments in Tokyo Bay. *Microbial Ecology.* **47(1)**:41-47.

Kiska, D.L. and P. Gilligan. 1999. *Pseudomonas*. In: P. Murray et.al (eds) Manual of Clinical Microbiology. 7th ed. ASM Press: Washington. Pp. 517-525.

Kivaria, F.M. and Noordhuizen, J.P. 2007. A retrospective study of the aetiology and temporal distribution of bovine clinical mastitis in smallholder dairy herds in the Dar es Salaam region of Tanzania. *Veterinary Journal*. **173(3)**:617-622.



Klockgether, J, Reva, O, Larbig, K and Tümmler, B. 2004. Sequence analysis of the mobile genome island pKLC102 of *Pseudomonas aeruginosa C. J Bacteriol.* **186(2):**518-34.

Klopfleisch, R., C. Müller, U. Polster, J-P. Hildebrandt, and J.P. Teifke. 2005. Granulomatous inflammation of salt glands in ducklings (*Anas platyrhynchos*) associated with intralesional gram-negative bacteria. *Avian Pathol.* **34(3):**233-237.

Kluytmans, J. 1997. Surgical infections including burns. In: Wenzel RP(ed). Prevention and control of nosocomial infections. 3rd ed. Williams and Wilkins: Baltimore. pp. 841-865.

Knosel, D. and Lange, E. 1977. Phytopathologische Untersuchungen mit *Pseudomonas aeruginosa*. [Phytopathological tests with *Pseudomonas aeruginosa*.] *Zentralblatt fur Bakteriologie, Parasitenkunde, Infektionskrankheiten und Hygiene*. **132(8)**:722-728.

Koltai, P.J., B.O. Maisel and J.C. Goldstein. 1985. *Pseudomonas aeruginosa* in chronic maxillary sinusitis. *Laryngoscope*. **95(1)**:34-37.

Kong F, Young L, Chen Y, Ran H, Meyers M, Joseph P, Cho YH, Hassett DJ, Lau GW. 2006. *Pseudomonas aeruginosa* pyocyanin inactivates lung epithelial vacuolar ATPase-dependent cystic fibrosis transmembrane conductance regulator expression and localization. *Cell Microbiol.* 8(7):1121-33.

Krcmery, V., J. Koprnova, M. Gogova, E. Grey and J. Korcova. 2006. *Pseudomonas aeruginosa* bacteraemia in cancer patients. *J Infect* . **52(6)**:461 – 463.

Kulasekara BR and Lory S. 2004. Chapter 2: The Genome of *Pseudomonas aeruginosa*. *In* Pseudomonas: Volume 1 Genomics, Lifestyle and Molecular Architecture. Ramos JL (ed). New York: Kluwer Academic/Plenum Publishers. pp 47 -76.

Lazdunski AM, Ventre I, and Bleves S. 2004. Cell-Cell Communication: Quorum Sensing and Regulatory Circuits in *Pseudomonas aeruginosa*. *In* Pseudomonas: Volume 1 Genomics, Lifestyle and Molecular Architecture. Ramos JL and Filloux A (eds). Netherlands: Springer. pp 279 -311.

Lau GW, Hassett DJ, Ran H, Kong F. 2004. The role of pyocyanin in *Pseudomonas aeruginosa* infection. *Trends Mol Med.* **10(12)**:599-606.

Lavery L.A., L.B. Harkless, K. Felder-Jonhson and S. Mundine. 1994. Bacterial pathogens in infected puncture wounds in adults with diabetes. *Journal of Foot and Ankle Surgery*. **33**:91-97.

Legent, F., P. Bordure, C. Beauvillain, and P. Berche. 1994. Controlled prospective study of oral ciprofloxacin versus amyocillin/clavulanic acid in suppurative otitis media in adults. *Chemotherapy*. **40**(suppl. 1):16-23.

Leung, K., J.T. Trevors and H. Lee. 1995. Survival of and *lacZ* expression in recombinant *Pseudomonas* strains introduced into river water microcosms. *Can J Microbiol*. **41**:461-469.

Lin, M.Y., Cheng, M.C., Humag, K.J. and Tsai, W.C. 1993. Classification, pathogenicity, and drug susceptibility of haemolytic gram-negative bacteria isolated from sick or dead chickens. *Avian Diseases*. **37**:6-9.

Liu PV. 1973. Exotoxins of *Pseudomonas aeruginosa* I. Factors that influence ethe production of exotoxin A. *J Infect Dis.* **128:**506-513.

Long, G.G., A.M. Gallina and J.R. Gorham. 1980. *Pseudomonas* pneumonia of mink: pathogenesis, vaccination, and serologic studies. *Am J Vet Res.* **41(10):**1720-1725.

Louie A, Grasso C, Bahniuk N, Van Scoy B, Brown DL, Kulawy R, Drusano GL. 2010. The combination of meropenem and levofloxacin is synergistic with respect to both *Pseudomonas aeruginosa* kill rate and resistance suppression. *Antimicrob Agents Chemother*. **54(6)**:2646-54.

Lyczak JB, Cannon CL, and Pier GB. 2000. Establishment of *Pseudomonas aeruginosa* infection: lessons from a versatile opportunist. *Microbes Infect*. **2(9**):1051-60.

Lysenko, O. 1974. Bacterial exoenzymes toxic for insects: proteinase and lecithinase. *Journal of Hygiene, Epidemiology, Microbiology and Immunology*. **18(3):**347-352.

MacElwee, C.G., H. Lee and J.T. Trevors. 1990. Production of extracellular emulsifying agent by *Pseudomonas aeruginosa* UG1. *J Ind Microbiol*. **5**:25-31.

Mah, T.F. and G.A. O'Toole. 2001. Mechanisms of biofilm resistance to antimicrobial agents. *Trends Microbiol.* **9:**34–39.

Malloff, C.A., R.C. Fernandez and W.L. Lam. 2001. Bacterial comparative genomic hybridization: a method for directly identifying lateral gene transfer. *J Mol Biol.* **312(1)**:1-5.

Manfredi R, Nanetti A, Ferri M, Chiodo F. 2000. *Pseudomonas* spp. complications in patients with HIV disease: an eight-year clinical and microbiological survey. *Eur J Epidemiol.* **16(2)**:111-8.

Matsumoto, K. 2004. Role of bacterial proteases in pseudomonal and serratial keratitis. *Biol Chem.* **385(11)**:1007-1016.

Mendelson, M.H., A. Gurtman, S. Szabo, E. Neibart, B.R. Meyers and M. Policar. 1994. *Pseudomonas aeruginosa* bacteremia in patients with AIDS [review]. *Clin Infec Dis.* **18**:886-895.

Meyer, J.M., A. Neely, A. Stintzi, C. Georges and I.A. Holder. 1996. Pyoverdin is essential for virulence of *Pseudomonas aeruginosa*. *Infect Immun*. **64(2)**:518-523.

Milne KE, Gould IM. 2010. Combination testing of multidrug-resistant cystic fibrosis isolates of *Pseudomonas aeruginosa*: use of a new parameter, the susceptible breakpoint index. *J Antimicrob Chemother*. **65(1)**:82-90.

Moore, G.E. 1972. Pathogenicity of ten strains of bacteria to larvae of the Southern Pine Beetle. *Journal of Invertebrate Pathology*. **20**:41-45.

Moore, J.E., Shaw, A., Howard, J.L., Dooley, J.S., and Elborn, J.S. 2004. Infection control and the significance of sputum and other respiratory secretions from adult patients with cystic fibrosis. *Ann Clin Microbiol Antimicrob.* **3**:8.

Morales, A., J.L. Garland and D.V. Lim. 1996. Survival of potentially pathogenic human-associated bacteria in the rhizosphere of hydroponically grown wheat. *FEMS Microbiology Ecology*. **20**(3):155-162. Morbidity and Mortality Weekly Report (MMWR). 2000. *Pseudomonas* dermatitis/folliculitis associated with pools and hot tubs -Colorado and Maine, 1999-2000. **49**(48):1087-1091. http://cisat.isciii.es/mmwr/preview/mmwrhtml/mm4948a2.htm. [viewed on October 2008].

Moss, R.B. 1995. Cystic fibrosis: pathogenesis, pulmonary infection, and treatment. *Clin Infect Dis.* **21**:839-851.

Munro, N.C., A. Barker, A. Rutman, G. Taylor, D. Watson, W.J. McDonald-Gibson, R. Towart, W.A. Taylor, R. Wilson and P.J. Cole. 1989. Effect of pyocyanin and 1-hydroxyphenazine on in vivo tracheal mucus velocity. *Am Physiol Soc.* **67**:316-323.



Murphy TF. 2009. *Pseudomonas aeruginosa* in adults with chronic obstructive pulmonary disease. *Curr Opin Pulm Med.* **15**:138-142.

Muyldermans, G., F. De Smet, D. Pierard, L. Steenssens, D. Stevens, A. Bougatef, and S. Lauwers. 1998. Neonatal infections with *Pseudomonas aeruginosa* associated with a water-bath used to thaw fresh frozen plasma. *Journal of Hospital Infection.* **39(4)**:309-314.

Nag VL, Ayyagari A, Venkatesh V, Dash NR, Ghar M, Prasad KN. 2005. Bacterial isolates from mechanically ventilated patients with nosocomial pneumonia within intensive care unit of a tertiary care center. *J Commun Dis.* 37(4):281-7.

Nicas, T.I. and B.H. Iglewski. 1985. The contribution of exoproducts to virulence of *Pseudomonas aeruginosa*. *Can J Microbiol.* **31(4)**:387-392.

Nicas, T.I. and B.H. Iglewski. 1986. Toxins and virulence factors of *Pseudomonas aeruginosa*. In: Sokatch, J.R. (ed.), The Biology of *Pseudomonas* (pp.195-213), The bacteria, Volume X. Academic Press, Toronto.

Oberhofer, T.R. 1981. Characteristics of human isolates of unidentified fluorescent *Pseudomonads* capable of growth at 42EC. *J Clin Microbiol*. **14**:492-495.

O'Donnell, J.G., Sorbello, A.F., Condoluci, D.V. and Barnish, M.J. 1993. Sinusitis due to *Pseudomonas aeruginosa* in patients with human immunodeficiency virus infection. *Clin Infect Dis.* **16(3)**:404-6.

Ohnish,i M., Hayashi, T., Tomita, T. and Terawaki, Y. 1994. Mechanism of the cytolytic action of *Pseudomonas aeruginosa* cytotoxin: oligomerization of the cytotoxin on target membranes. *FEBS Lett.* **356(2-3)**:357-60.

Oliver, A., Canton, R., Campo, P., Baquero, F. and Blazquez, J. 2000. High frequency of hypermutable *Pseudomonas aeruginosa* in cystic fibrosis lung infection. *Science*. **288(5469)**:1251-1254.

O'Morchoe, S.B., O. Ogaunseitan, G.S. Sayler and R.V. Mille. 1988. Conjugal transfer of R68.45 and FP5 between *Pseudomonas aeruginosa* strains in a freshwater environment. *Appl Environ Microbiol.* **54**:1923-1929.

Organization for Economic Co-operation and Development (OECD). 1997. Consensus document on information used in the assessment of environmental applications involving *Pseudomonas*. Series on Harmonization of Regulatory Oversight in Biotechnology No. 6. OECD Environmental Health and Safety publications. Paris, France.

Ostroff, R.M., B. Wretlind, and M.L. Vasil. 1989. Mutations in the hemolytic-phospholipase C operon result in decreased virulence of *Pseudomonas aeruginosa* PAO1 grown under phosphate-limiting conditions. *Infect. Immun.* **57**:1369-1373.

Palleroni N. 1984. Pseudomonadacea. *In:* Bergey's Manual of Systematic Bacteriology. Kreig and Holt (Eds). Williams and Wilkins: Baltimore. pp. 141-199.

Parkin, B., A. Turner, E. Moore and S. Cook. 1997. Bacterial keratitis in the critically ill. *Br J Ophthalmol*. **81**:1060-1063.

Parmely, M.J. 2000. *Pseudomonas* metalloproteases and the host-microbe relationship. In: Fick, RB, editor. *Pseudomonas aeruginosa*: The Opportunist Pathogenicity and Disease. CRC Press: Florida. pp. 79-94.

Parrott, P.L., P.M. Terry, and E.N. Whitworth. 1982. *Pseudomonas aeruginosa* peritonitis associated with contaminated poloxamer-iodine solution. *Lancet.* **2**:683-685.

Partridge, S.R., Recchia, G.D., Stokes, H.W. and Hall, R.M. 2001. Family of class 1 integrons related to In4 from Tn1696. *Antimicrob Agents Chemother*. **45**(11):3014-20

Partridge, S.R., Brown, H.J. and Hall, R.M. 2002. Characterization and movement of the class 1 integron known as Tn2521 and Tn1405. *Antimicrob Agents Chemother*. **46**:1288-94.

Pellett, S., D.V. Bigley, and D.J. Grimes. 1983. Distribution of *Pseudomonas aeruginosa* in a riverine ecosystem. *Applied and Environmental Microbiology*. **45**(1):328-332.

Pessi G, and Haas D. 2000. Transcriptional control of the hydrogen cyanide biosynthetic genes hcnABC by the anaerobic regulator ANR and the quorum-sensing regulators LasR and RhlR in *Pseudomonas aeruginosa*. *J. Bacteriol.* **182:**6940-6949.

Pier, G.B. 2000. Role of the cystic fibrosis transmembrane conductance regulator in innate immunity to *Pseudomonas aeruginosa* infections. *PNAS.* **97(16)**:8822-8828.

Poirel, L., Lebessi, E., Castro, M., Fevre, C., Foustoukou, M. and Nordmann, P. 2004. Nosocomial outbreak of extended-spectrum beta-lactamase SHV-5-producing isolates of *Pseudomonas aeruginosa* in Athens, Greece. *Antimicrob Agents Chemother*. **48(6)**:2277-9.

Pollack, M. 1992. *Pseudomonas*. In: Gorbach SL, Bartlett JG, Blackhew NR (eds.). Infectious Diseases WB Saunders Co: Philadelphia. pp. 1502-1513.

Pollack, M. 1995. *Pseudomonas aeruginosa*. In: Mandell GL, Benett JE, Dolin R. (eds.) Principles and practice of infectious diseases. 4th ed. Churchill Livingstone: New York, pp. 1980-2003.

Princz, J. 2010. Pathogenicity and Toxicity of Risk Group II Microbial strains on Terrestrial Organisms. Internal Environment Canada Report. Contact Juliska Princz for further details (Juliska.Princz@ec.gc.ca; 613-949-1347).

Public Health Agency of Canada. 2001. Infectious Disease News Brief. "*Pseudomonas* Hot-Foot Syndrome: Alberta." http://www.phac-aspc.gc.ca/bid-bmi/dsd-dsm/nb-ab/2001/nb3201-eng.php [viewed on October 2009].

Public Health Agency of Canada (PHAC). 2004. Laboratory Biosafety Guidelines. 3rd Ed. http://www.phac-aspc.gc.ca/publicat/lbg-ldmbl-04/index.html. [viewed on November 2009].

Qiu X, Gurkar AU and Lory S. 2006. Interstrain transfer of the large pathogenicity island (PAPI-1) of *Pseudomonas aeruginosa*. *Proc Natl Acad Sci USA*. **103**:19830-19835.

Qiu X, Kulasekara BR, Lory S. 2009. Role of Horizontal Gene Transfer in the Evolution of *Pseudomonas aeruginosa* Virulence. *Genome Dyn.* **6**:126-139.

Rahman, R.N., L.P. Geok, M. Basri and A.B. Salleh. 2005. Physical factors affecting the production of organic solvent-tolerant protease by *Pseudomonas aeruginosa* strain K. *Bioresour Technol.* **96**:429-436.

Rahme, L.G., E.J. Stevens, S.F. Wolfort, J. Shao, R.G. Tompkins and F.M. Ausubel. 1995. Common virulence factors for bacterial pathogenicity in plants and animals. *Science*. **268**:1899-1902.

Rahme, L.G, F.M. Ausubel, H. Cao, E. Drenkard, B.C. Goumnerov, G.W. Lau, S. Mahajan-Miklos, J. Plotnikova, M. Tan, J. Tsongalis, C.L. Walendziewicz and R.G. Tompkins. 2000. Plants and animals share functionally common bacterial virulence factors. *PNAS.* **97**(16):8815–8821.



Ratnam, S., K. Hogan, S.B. March and R.W. Butler. 1986. Whirlpool-associated folliculitis caused by *Pseudomonas aeruginosa*: report of an outbreak and review. *J Clin Microbiol.* **23(3)**:655-659.

Rhame, F.S. (1980). The ecology and epidemiology of *Pseudomonas aeruginosa*, p.31-51. In *Pseudomonas aeruginosa* An international symposium, Boston, U.S.A. October 1st, 1979. Editor: L.D. Sabath.

Read, R.C., Roberts, P., Munro, N., Rutman, A., Hastie, A., Shryock, T., Hall, R., McDonald-Gibson, W., Lund, V., Taylor, G., *et al.* 1992. Effect of *Pseudomonas aeruginosa* rhamnolipids on mucociliary transport and ciliary beating. *J Appl Physiol.* **72(6)**:2271-7.

Reuter, S., A. Sigge, H. Wiedeck, and M. Trautmann. 2002. Analysis of transmission pathways of *Pseudomonas aeruginosa* between patients and tap water outlets. *Critical Care Medicine*. **30**(10):2222-2228.

Richard, P., R. Le Floch, C. Chamoux, M. Pannier, E. Espaze and H. Richet. 1994. *Pseudomonas aeruginosa* outbreak in a burn unit: role of antimicrobials in the emergence of multiply resistant strains. *J Infect Dis*. **170**:377-383.

Richtings BW, Almira EC, Lory S, Ramphal R. 1995 Cloning and phenotypic characterization of fleS and fleR, new response regulators of *Pseudomonas aeruginosa* which regulate motility and adhesion to mucin. *Infect Immun*. **63**:4868–4876.

Ridgway, H.F., J. Safarik, D. Phipps, P. Carl and D. Clark. 1990. Identification and catabolic activity of well-derived gasoline-degrading bacteria from a contaminated aquifer. *Appl Environ Microbiol.* **56**:3565–3575.

Ripp S, Ogunseitan OA, Miller RV. 1994. Transduction of a freshwater microbial community by a new *Pseudomonas aeruginosa* generalized transducing phage, UT1. *Mol Ecol.* **3(2)**:121-6.

Römling, U., J. Wingender, H. Müller and B. Tümmler. 1994. A major *Pseudomonas aeruginosa* clone common to patients and aquatic habitats. *Appl Environ Microbiol.* **60**:1734-1738.

Ryall B, Davies JC, Wilson R, Shoemark A, Williams HD. 2008. *Pseudomonas aeruginosa*, cyanide accumulation and lung function in CF and non-CF bronchiectasis patients. *Eur Respir J.* 32:740-747.

Saghir S, Faiz M, Saleem M, Younus A, Aziz H. 2009. Characterization and anti-microbial susceptibility of gram-negative bacteria isolated from bloodstream infections of cancer patients on chemotherapy in Pakistan. *Indian J Med Microbiol.* **27(4)**:341-7.

Saiman, L. and Siegel, J. 2003. Infection control recommendations for patients with cystic fibrosis: Microbiology, important pathogens, and infection control practices to prevent patient-to-patient transmission. *Am J Infect Control.* **31(3)**:S1-62.

Salyers, A.A. and D.D. Whitt. 2002. Bacterial pathogenesis: A molecular approach. 2nd Ed. ASM Press: Washington. pp. 247-262.

Samour, J.H. 2000. *Pseudomonas aeruginosa* stomatitis as a sequel to trichomoniasis in captive saker falcons (*Falco cherrug*). *J Avian Med Surg.* **14(2):**113-117.

Sanderson K, Wescombe L, Kirov SM, Champion A, and Reid DW. 2008. Bacterial cyanogenesis occurs in the cystic fibrosis lung. *Eur Respir J.* **32**:329-333.

Sato, H., Frank, D.W., Hillard, C.J., Feix, J.B., Pankhaniya, R.R., Moriyama, K., Finck-Barbancon, V., Buchaklian, A., Lei, M., Long, R.M., Wiener-Kronish, J. and Sawa, T. 2003. The mechanism of action of the *Pseudomonas aeruginosa*-encoded type III cytotoxin, ExoU. *EMBO J.* **22(12)**:2959-69.

Schmidt KD, Tummler B, and Romling U. 1996. Comparative genome mapping of *Pseudomonas aeruginosa* PAO with *P. aeruginosa* C, which belongs to a major clone in cystic fibrosis patients and aquatic habitats. *J Bacteriol.* **178**:85-93.

Schroeder, T.H., Lee, M.M., Yacono, P.W., Cannon, C.L., Gerçeker, A.A., Golan, D.E., and Pier, G.B. 2002. CFTR is a pattern recognition molecule that extracts *Pseudomonas aeruginosa* LPS from the outer membrane into epithelial cells and activates NF-kappa B translocation. *Proc Natl Acad Sci USA*. **99(10)**:6907-12.

Seligy, V.L., R.W. Beggs, J.M. Rancourt, and A.F. Tayabali. 1997. Quantitative bioreduction assays for calibrating spore content and viability of commercial *Bacillus thuringiensis* insecticides *Journal of Industrial Microbiology and Biotechnology*. **18(6)**:370-378.

Shigemura K, Arakawa S, Tanaka K, Fujisawa M. 2009. Clinical investigation of isolated bacteria from urinary tracts of hospitalized patients and their susceptibilities to antibiotics. *J Infect Chemother*. **15**(1):18-22.

Shimizu, T., Homma, J.Y., Aoyama, T., Onodera, T., and Noda, H. 1974. Virulence of *Pseudomonas aeruginosa* and Spontaneous Spread of *Pseudomonas* Pneumonia in a Mink Ranch. *Infection and Immunity*. **10(1)**:16-20

Silo-Suh, L., S-J. Suh, P.A. Sokol, and D.E. Ohman. 2002. A simple alfalfa seedling infection model for *Pseudomonas aeruginosa* strains associated with cystic fibrosis shows *AlgT* (sigma-22) and *RhlR* contribute to pathogenesis. *PNAS.* **99(24)**:15699-15704.

Sochová, I., J. Hofman and I. Holoubek. 2007. Effects of seven organic pollutants on soil nematode *Caenorhabditis elegans. Environ Internat.* **33:**798-804.

Son MS, Matthews WJ Jr, Kang Y, Nguyen DT, Hoang TT. 2007. In vivo evidence of *Pseudomonas aeruginosa* nutrient acquisition and pathogenesis in the lungs of cystic fibrosis patients. *Infect Immun*. **75(11)**:5313-24.

Spasenovski T, Carroll MP, Payne MS, Bruce KD. 2009. Molecular analysis of diversity within the genus *Pseudomonas* in the lungs of cystic fibrosis patients. *Diagn Microbiol Infect Dis.* **63(3)**:261-7.

Speert, D.P. 2002. Molecular epidemiology of Pseudomonas aeruginosa. Front Biosc. 1:e354-61.

Spencer DH, Kas A, Smith EE, Raymond CK, Sims EH, Hastings M, Burns JL, Kaul R and Olson MV. 2003. Whole-genome sequence variation among multiple isolates of *Pseudomonas aeruginosa*. *J Bacteriol*. **185**:1316-1325

Spraker, P.W. 1981. Microbiological process for removing oleaginous material from wastewater and microbiological combination capable of same. US Patent 4,288,545 dated Sep 8 1981.

Spraker, P.W. 1982. Microbiological process for removing oleaginous material from wastewater and microbiological combination capable of same. US Patent 4,350,770 dated Sep 21 1982.

Srinivasan, A., L.L. Wolfenden, X. Song, K. Mackie, T.L. Hartsell, H.D. Jones, G.B. Diette, J.B. Orens, R.C. Yung, T.L. Ross, W. Merz, P.J. Scheel, E.F. Haponik, and T.M. Perl. 2003. An outbreak of *Pseudomonas aeruginosa* infections associated with flexible bronchoscopes. *N Engl J Med.* 348(3):221-227.

Stanisich, V.A., Arwas, R., Bennett, P.M., and de la Cruz, F. 1989. Characterization of *Pseudomonas* mercury-resistance transposon Tn502, which has a preferred insertion site in RP1. *J Gen Microbiol*. **135**:2909-15

Stover CK, Pham XQ, Erwin AL, Mizoguchi SD, Warrener P, Hickey MJ, Brinkman FS, Hufnagle WO, Kowalik DJ, Lagrou M, Garber RL, Goltry L, Tolentino E, Westbrock-Wadman S, Yuan Y, Brody LL, Coulter SN, Folger KR, Kas A, Larbig K, Lim R, Smith K, Spencer D, Wong GK, Wu Z, Paulsen IT, Reizer J, Saier MH, Hancock RE, Lory S, Olson MV. 2000. Complete genome sequence of *Pseudomonas aeruginosa* PAO1, an opportunistic pathogen. *Nature*. **406**(6799):959-64.

Sun, J. and J.T. Barbieri. 2003. *Pseudomonas aeruginosa* ExoT ADP-ribosylates CT10 Regulator of Kinase (Crk) Proteins. *J Bacteriol Chem.* **278**(**35**):32794-32800.

Suzuki, K., Nishiyama, Y., Sugiyama, K., Miyamoto, N. and Baba, S. 1996. Recent trends in clinical isolates from paranasal sinusitis. *Acta Otolaryngol* Suppl. **525**:51-5

Takase, H., Nitanai, H., Hoshino, K. and Otani, T. 2000. Impact of siderophore production on *Pseudomonas aeruginosa* infections in immunocompromised mice. *Infect Immun.* **68(4)**: 1834-1839.

Tamura, Y., S. Suzuki, M. Kijima, T. Takahashi and M. Nakamura. 1992. Effect of proteolytic enzyme on experimental infection of mice with *Pseudomonas aeruginosa*. *J Vet Med Sci.* **54(3):**597-599.

Tan, M., L.G. Rahme, J.A. Sternberg, R.G. Tompkins and F.M. Ausubel. 1999. *Pseudomonas aeruginosa* killing of *Caenorhabditis elegans* used to identify *P. aeruginosa* virulence factors. *PNAS.* **96**: 2408-2413.

Taplin, D., and P.M. Mertz. 1973. Flower vases in hospitals as reservoirs of pathogens. Lancet 2:1279-1281.

Teitzel, G.M. and M.R. Parsek. 2003. Heavy metal resistance of biofilm and planktonic *Pseudomonas aeruginosa*. *Appl Environ Microbiol*. **69**:2313-2320.

Tomaszewska, B. 1971. Experimental septicaemia caused by *Pseudomonas aeruginosa*. [Honeybees]. In International Apicultural Congress, 23d, Moscow, 1971 (Proceedings), p.441.

Van Delden, C. 2004. Virulence factors in *Pseudomonas aeruginosa*. In: J.L Ramos (ed). *Pseudomonas*. Volume 2. Kluwer Academic/Plenum Publishers: New York. Pp. 3-45.

Van Gennip M, Christensen LD, Alhede M, Phipps R, Jensen PO, Christophersen L, Pamp SJ, Moser C, Mikkelsen PJ, Koh AY, Tolker-Nielsen T, Pier GB, Hoiby N, Givskov M, Bjarnsholt T. 2009. Inactivation of the rhlA gene in *Pseudomonas aeruginosa* prevents rhamnolipid production, disabling the protection against polymorphonuclear leukocytes. *Apmis*. **117**:537–546.

Van Veen, J.A., L.S. van Overbeek and J.D. van Elsas. 1997. Fate and Activity of Microorganisms Introduced into Soil. *Microbiology and Molecular Biology Reviews.* **61**:121-135.

Vasil ML, Stonehouse MJ, Vasil AI, Wadsworth SJ, Goldfine H, Bolcome RE, 3rd, Chan J. 2009. A complex extracellular sphingomyelinase of *Pseudomonas aeruginosa* inhibits angiogenesis by selective cytotoxicity to endothelial cells. *PLoS Pathog.* **5**(**5**):e1000420.

Vidal, D.R., P. Garrone and J. Banchereau. 1993. Immunosuppressive effects of *Pseudomonas aeruginosa* exotoxin A on human B-lymphocytes. *Toxicon*. **31**:27-34.

Viola, L., A. Langer, S. Pulitanò, A. Chiaretti, M. Piastra, and G. Polidori. 2006. Serious *Pseudomonas aeruginosa* infection in healthy children: case report and review of the literature. *Pediatrics International.* **48(3)**: 330-333.

Vives-Flórez, M., and D. Garnica. 2006. Comparison of virulence between clinical and environmental *Pseudomonas aeruginosa* isolates. *Internat Microbiol.* **9:**247-252.



Walker, S.E., J.E. Sander, J.L. Cline and J.S. Helton. 2002. Characterization of *Pseudomonas aeruginosa* Isolates associated with mortality in broiler chicks. *Avian Diseases*. **46**:1045-1050.

Walker, T.S., H.P. Bais, E. Déziel, H.P. Schweizer, L.G. Rahme, R. Fall, and J.M. Vivanco. 2004. *Pseudomonas aeruginosa*-plant root interactions. Pathogenicity, biofilm formation, and root exudation. *Plant Physiol.* **134:**320-331.

Wang Y, Ha U, Zeng L, Jin S. 2003. Regulation of membrane permeability by a two-component regulatory system in *Pseudomonas aeruginosa*. *Antimicrob Agents Chemother*. **47**:95-101

Wieland, M., M.M. Lederman, C. Kline-King, T.F. Keys, P.I. Lerner, S.N. Bass, R. Chmielewski, V.D. Banks, and J.J. Ellner 1986. Left-sided endocarditis due to *Pseudomonas aeruginosa*. A report of 10 cases and review of the literature. *Medicine* (Baltimore). **65(3)**:180-9.

Wilderman PJ, Vasil AI, Johnson Z, Wilson MJ, Cunliffe HE, Lamont IL, Vasil ML. 2001. Characterization of an endoprotease (PrpL) encoded by a PvdS-regulated gene in *Pseudomonas aeruginosa*. *Infect Immun*. **69(9)**:5385-94.

Wolfgang MC, Kulasekara BR, Liang X, Boyd D, Wu K, Yang Q, Miyada CG, Lory S. 2003. Conservation of genome content and virulence determinants among clinical and environmental isolates of *Pseudomonas aeruginosa*. *Proc Natl Acad Sci USA*. **100(14)**:8484-9.

Wyman, M., Swanson, C., Kowalski, J.J., Powers, J.D. and Boraski, E.A. 1983. Experimental *Pseudomonas aeruginosa* ulcerative keratitis model in the dog. *American Journal of Veterinary Research.* **44(6)**:1135-1140.

Xiang, S.R., Cook, M., Saucier, S., Gillespie, P., Socha, R., and Beaudette, L. 2010. Development of Amplified Fragment Length Polymorphism-Derived Functional Strain-Specific Markers to Assess the Persistence of 10 Bacterial Strains in Soil Microcosms. *Appl. Environ. Microbiol.* 76(21):7126-7135.

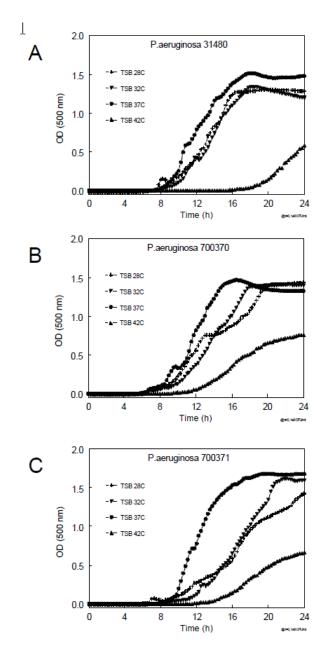
Yu, H., and N.E. Head. 2002. Persistent infections and immunity in cystic fibrosis. Front Biosci. 7:42-57.

Yu H, Mudd M, Boucher JC, Schurr MJ, Deretic V. 1997. Identification of the algZ gene upstream of the response regulator algR and its participation in control of alginate production in *Pseudomonas aeruginosa*. *J Bacteriol.* **179(1):**187-93.

Zhanel GG, DeCorby M, Nichol KA, Wierzbowski A, Baudry PJ, Karlowsky JA, Lagacé-Wiens P, Walkty A, Mulvey MR, Hoban DJ, and Canadian Antimicrobial Resistance Alliance. 2008. Antimicrobial susceptibility of 3931 organisms isolated from intensive care units in Canada: Canadian National Intensive Care Unit Study, 2005/2006. *Diagn Microbiol Infect Dis.* 62(1):67-80.

Ziegert, E., and W. Stelzer. 1986. Comparative study of the detection of Pseudomonas aeruginosa in water [Vergleichende Untersuchungen zum Nachweis von Pseudomonas aeruginosa im Wasser.] *Zentralblatt fur Mikrobiologie*. **141(2):**121-128.

APPENDIX 1A: Characteristics of DSL-listed *P. aeruginosa* strains – Growth Rate in Trypticase Soy Broth*



The graphs show changes in optical density (OD) of DSL *P. aeruginosa* strains grown at various temperatures in Trypticase Soy Broth (TSB). At time 0, bacteria were at 10⁶ cfu/well. Kinetic measurements were taken every 15 min with a multi-well spectrophometer at a wavelength of 500 nm.

^{*} Data generated by Health Canada's Healthy Environments and Consumer Safety Branch

APPENDIX 1B: Characteristics of DSL-listed *P. aeruginosa* strains - Growth on Different Media at 28°C and 37°C (48 hours)*

	T	SB (1)	5% Sh Bloo (Hemo	od .	Sta	irch (2)		cConkey gar (3)	Lysin Ir	on (4)	Sugar with re Re	oheol ed d - ral to iline ow -	Urea	a (6)	M' supple s (Manni	itol (8)	Green neu ac Blue-a	trate een- tral to cidic alkaline 9)	Catalase A TSB	
Bacteria	28 C	37C	28C	37C	growth 37 C	Hydrolysis 37 C	28 C	37 C	28 C	37 C	28 C	37 C	28 C	37 C	28 C	37 C	28 C	37 C	28 C	37 C	28 C	37 C
P. aeruginosa 31480	+	+ Green diffusin g pigment	•	•	‡	•	-	+ Green colony pigment	+	+	+	+	☼	‡	-	-	-	-	-	-	-	+
P.aeruginosa 700370	₩	+	■/◎	O	₩	•	-	₩	+	+			₩	₩	-	-	-	-	+	+/-	+	+
P. aeruginosa 700371	+	+	■ / ⑤	0	+	0	-	+	+	+			+	+	-	-	-	-	-	-	+	weak

- □ Colonies are black when illuminated with UV 365nm
- ☼ fluorescent colonies when illuminated with UV365nm
- no clearing or discolouration observed
- discolouration or clearing localized to site of colony
- (1) all purpose medium
- (2) differential medium that tests the ability of an organism to produce extracellular enzymes that hydrolyse starch
- (3) detection of coliform organisms in milk and water; tests for ability of organism to ferment lactose
- (4) simultaneous detection of lysine decarboxylase and formation of hydrogen sulfide in the identification of Enterobacteriaceae, in particular *Salmonella* and *Arizona* according to Edwards and Fife.
- (5) gram-negative enteric bacilli based on glucose, lactose, and sucrose fermentation and hydrogen sulfide production
- (6) screening of enteric pathogens from stool specimens Urea metabolism
- (7) B.cereus selective agar
- (8) isolation and differentiation of Staphylococci
- (9) Citrate utilization test, ability to use citrate as the sole carbon source.
- (10) Catalase enzyme assay measures anti-oxidant activity (hydrogen peroxide to water and oxygen).

* Data generated by Health Canada's Healthy Environments and Consumer Safety Branch

APPENDIX 1C: Characteristics of DSL-listed *P. aeruginosa* strains – Fatty Acid Methyl Ester (FAME) Analysis*

Data presented shows the best match between the sample and different MIDI[®] databases (clinical and environmental), along with the number of matches (fraction of total number of tests) and the fatty acid profile similarity index (in parentheses; average of all matches).

Test Strain	Environmental Database	Clinical Database	Bioterrorism Database
P. aeruginosa ATCC 31480	8/9 <i>P. aeruginosa</i> (0.898) 1/9 <i>E. cloacae</i> (0.876)	8/8 <i>P. aeruginosa</i> (0.725)	No match
P. aeruginosa ATCC 700370	11/11 <i>P. aeruginosa</i> (0.880)	5/6 <i>P. aeruginosa</i> (0.766) 1/6 No match	No match
P. aeruginosa ATCC 700371	7/7 P. aeruginosa (0.722)	8/8 <i>P. aeruginosa</i> (0.886)	No match

^{*} Data generated by Health Canada's Healthy Environments and Consumer Safety Branch

 $[\]cong$ MIDI is a commercial identification system that is based on the gas chromatographic analysis of cellular fatty acid methyl esters.

APPENDIX 2: List of some *Pseudomonas aeruginosa* mobile elements and associated traits

Туре	Name	Pathogenic traits	References
Plasmid	pMG1	Resistance to borate, gentamycin, mercury, streptomycin, sulphonamide, tellurite, ultraviolet light	Jacoby, 1974
	R151	Resistance to carbenicillin, gentamycin, kanamycin, streptomycin, sulphonamide, tobramycin	Bryan <i>et al.</i> , 1974
	Rms 149	Resistance to carbenicillin, gentamycin, streptomycin, sulphonamide	
Integron	In4	Resistance to gentamycin, streptomycin, carbenicillin	Partridge et al., 2001
	In28	Resistance to carbenicillin, streptomycin, spectinomycin, and chloramphenicol	Partridge et al., 2001
Transposon	Tn <i>501</i>	Resistance to mercury	Stanisich et al., 1989
	Tn <i>1696</i>	Resistance to mercury, sulphonamide Integron In4	Partridge et al., 2001
	Tn <i>1403</i>	Integron In28	Partridge et al., 2002

APPENDIX 3: List of toxins produced by P. aeruginosa

Toxins	Actions ⁴	References
Exotoxin A	 activity is similar to the cytotoxic activity of the diphtheria toxin catalyzes ADP-ribosylation and the inactivation of elongation factor 2 (EF-2), leading to inhibition of protein biosynthesis and cell death. Exotoxin A is responsible for local tissue damage, bacterial invasion, and (possibly) immunosuppression. 	Collier, 1975; Salyers & Whitt, 2002; Vidal <i>et al.</i> , 1993
Exoenzyme S (ExoS)	 Type III-secreted cytotoxin which is an ADP-ribosyl transferase, but unlike exotoxin A, it does not modify EF-2 and it preferentially ribosylates GTP-binding proteins. production of ExoS is associated with the ability of <i>P. aeruginosa</i> to spread or disseminate from epithelial colonization sites to the bloodstream of infected individuals, resulting in the development of a fatal sepsis. 	Nicas & Iglewski, 1985; Salyers & Whitt, 2002
Exoenzyme T (ExoT)	 Type III-secreted cytotoxin which is an ADP-ribosyl transferase, but has only 0.2% of the catalytic activity of ExoS. inhibits bacterial internalization by eukaryotic cells. ExoT ADP-ribosylates specifically the Crk-I and CrkII adaptor proteins, which are part of signalling pathways involved in focal adhesion and phagocytosis 	Sun & Barbieri, 2003
Exoenzyme U (ExoU)	 Type III-secreted cytotoxin which induces damage to internal and plasma membranes leading to membrane permeability and cell lysis. mediates killing of a variety of mammalian cell types in vitro, including macrophages, epithelial cells and fibroblasts. intoxication with ExoU is associated with lung injury, bacterial dissemination and sepsis in animal model and human infections. 	Sato <i>et al.</i> , 2003
Exoenzyme Y (ExoY)	 Type III-secreted cytotoxin that is an adenylate cyclase that elevates the intracellular cAMP levels in eukaryotic cells and causes rounding of certain cell types. 	Feltman <i>et al.</i> , 2001
Haemolytic Phospolipase C (PlcH)	 virulence determinant of P. aeruginosa in a variety of infections in mammals, plants, yeast, 	Barker <i>et al.</i> , 2004; Chin & Watts, 1988;

 $^{^{\}rm 4}$ Refer to Appendix 4 for LD $_{\rm 50}$ values for some of the toxins.

Toxins	Actions ⁴	References
	 and insects. critical component in the pathogenesis of <i>P. aeruginosa</i> primarily in pulmonary infections 	Hogan & Kolter, 2002; Hollsing et al., 1987; Jander et al., 2000; Ostroff et al., 1989; Rahme et al., 1995; Vasil et al., 2009
Rhamnolipid	 a rhamnose-containing glycolipid biosurfactant believed to solubilize the phospholipids of lung surfactant, making them more accessible to cleavage by phospholipase C. resulting loss of lung surfactant may be responsible for the atelectasis associated with chronic and acute <i>P. aeruginosa</i> lung infection. inhibits the mucociliary transport and ciliary function of human respiratory epithelium. 	Read <i>et al.</i> , 1992; Van Gennip <i>et al.</i> , 2009; Alhede <i>et</i> <i>al.</i> , 2009
LasB elastase, LasA elastase	 responsible for elastolytic activity. Elastolytic activity is believed to destroy elastin- containing human lung tissue and cause the pulmonary haemorrhages of invasive <i>P. aeruginosa</i> infections. LasB elastase and LasA elastase cleave collagen, IgG and IgA. lyse fibronectin to expose receptors for bacterial attachment on the mucosa of the lung. 	Parmely, 2000; Salyers & Whitt, 2002
Pyocyanin	 secondary metabolite shown to alter the proinflammatory/anti-inflammatory balance within the human airway epithelial cells and thus contributes to the pathogenicity of Pseudomonas -associated lung disease. interferes with the regulation of ion transport, ciliary beat frequency, and mucus secretion in airway epithelial cells by altering the cytosolic concentration of calcium inhibits cytotoxic T-cell proliferation by decreasing the production of the critical lymphokine interleukin 2 (IL-2) and the expression of the IL-2 receptors on the T cell membrane. 	Denning <i>et al.</i> , 1998a; Denning <i>et al.</i> , 1998b; Caldwell <i>et al.</i> , 2009; Kong <i>et</i> <i>al.</i> , 2006; Lau <i>et</i> <i>al.</i> , 2004
Phenazine-1- carboxylic acid	 secondary metabolite which affects human airway epithelial cells by several mechanisms, including increasing IL-8 release and ICAM-1 (intracellular adhesion molecule-1) expression, increasing intracellular oxidant formation, as well as decreasing RANTES (Regulated on Activation, Normal T Expressed and Secreted) 	Denning <i>et al.</i> , 2003

Toxins	Actions ⁴	References
	and MCP-1 (monocyte chemotactic protein-1) release.	
1-hydroxyphenazine	 causes immediate slowing of ciliary beat frequency on contact thus disrupting the pattern of ciliary beating. This effect is correlated closely with delay in mucociliary clearance. Such delay would advantage bacteria by giving them time to multiply and produce virulence factors in sufficient quantities to establish an infection. 	Dowling & Wilson, 1998; Munro <i>et al</i> ., 1989
Hydrogen cyanide	 produced by clinical isolates of <i>P. aeruginosa</i> from CF patients at low oxygen tension and high cell densities during the transition from exponential to stationary growth phase. a potent inhibitor of cellular respiration, is produced under microaerophilic growth conditions at high cell densities. cyanide levels are associated with impaired lung function. 	Castric, 1983; Pessi & Haas, 2000; Ryall <i>et al.</i> , 2008
Pyoverdine and pyochelin	complex siderophores which under conditions of iron limitation, are secreted into the host extracellular environment where they chelate iron, and the resulting ferri-pyoverdine complexes are transported back into the bacteria by a cell surface receptor protein.	Meyer <i>et al.</i> , 1996; Takase <i>et</i> <i>al.</i> , 2000
Alkaline protease	 Type-I secreted protein which may play a role early during infection before inflammatory tissue damage linked to corneal infections 	Matsumoto, 2004; Van Delden, 2004
Endoprotease (PrpL)	 hydrolyzes casein, lactoferrin, transferrin, elastin, and decorin contributes to persistance in a model of chronic pulmonary infection 	Wilderman <i>et al.</i> , 2001

APPENDIX 4: LD_{50} values for *P. aeruginosa* and its toxins

Substance	Organism	LD ₅₀	Strain	Reference
Pseudomonas aeruginosa	mouse	2.7x10 ⁷ cfu (intranasal injection)	AC869	George <i>et al.,</i> 1991
		1.6x10 ⁶ cfu/mouse (intramuscular injection)	PA103	Tamura <i>et al.,</i> 1992
	mink	<10 ³ (intratracheal)	Strain 359 (Serotype 1) Strain 2915 (Seroptype 7)	Long <i>et al.</i> , 1980
	golden apple snail (<i>Pomacea canaliculata</i>)	3.09x10 ⁴ - 1.35x10 ⁶ cfu/ml (72 h LC ₅₀ – 5 strains)	19.1, 21.2.1, B1.1, P1, P2	Chobchuenchom and Bhumiratana, 2003
	greater wax moth larvae (<i>Galleria mellonella</i>)	7x10 ⁴ cells (pho23), injected through cuticle	PA14	Jander et al., 2000
haemolytic phospolipase C (PlcH)	mouse	5 µg/mouse (intraperitoneal)	ATCC 19660	Berk <i>et al.</i> , 1987
(1.0.1)	zebrafish	<2 ng/embryo	PAO1 derivative ADD1976	Vasil et al., 2009
alkaline protease	mouse	375 μg (IV injection)	Strain designation not provided	Nicas & Iglewski, 1986
		7.5 μg/mouse	Strain designation not provided	Hirakata <i>et al.,</i> 1999
elastase	mouse	300 μg (IV injection)	Strain designation not provided	Nicas & Iglewski, 1986
		1.2 μg/mouse	Strain designation not provided	Hirakata <i>et al.,</i> 1999
exotoxin A	silkworm larvae (<i>Bombyx mori</i>)	0.14 μg/g	PAO1 (ATCC 15692)	Hossain <i>et al.,</i> 2006
	mouse	0.2 μg (IP injection)	PA103	Liu, 1973.
		0.06 μg (IV injection)	PA103	Callahan, 1976
phenazine	nematode (<i>C. elegans</i>)	Soil: (LC_{50}) >2000 mg/kg dw (24 and 48 h) Aquatic: (LC_{50}) 54.7 mg/L (24 h); 10.8 mg/L (48h)	Chemically synthesized	Sochová et al., 2007
pyocyanin	silkworm (Bombyx mori)	9.52 μg/larva	PAO1	Chieda et al., 2007
rhamnolipid	mouse	5 mg/kg (IP injection)	Strain designation not provided	Nicas & Iglewski, 1986

APPENDIX 5A: Pathogenicity/toxicity to plants, invertebrates and vertebrates (controlled studies)

	PLANTS				
Target	Conditions	Strain	Results	Reference	
Arabidopsis thaliana 6-week old plants	• up to 10 ⁷ cfu injected per cm ² of leaf tissue	 75 strains of clinical and environmental origin were tested no strain designations given strains were from the University of California's (Berkely) culture collection 	only PA14 (human isolate) and PA29 (plant isolate) of the 75 strains elicited severe soft-rot symptoms at 9.0 x 10 ⁶ cfu and 2.7 x 10 ⁷ cfu, respectively	Rahme <i>et al.</i> , 1995	
Arabidopsis thaliana and sweet basil (Ocimum basilicum) 25-day old plants	 no inoculate concentration given (OD₆₀₀= 0.02 at the time of inoculation) roots severed to allow strains PAO1 and PA14 entry past cell wall 	• PA01 • PA14	 roots and leaves near base affected 2 – 3 days post inoculation, spread to top of plant on day 4 mortality 7 days post-inoculation 	Walker et al., 2004	
Arabidopsis thaliana	leaves soaked in bacterial suspension(10 ³ cfu/ml)	• PA14	maceration and collapse of leaf 4 – 5 days post- infection	al., 2000	
Alfalfa (variety 57Q77)	 seedling leaves were inoculated with 10 μl of bacterial suspensions (1 × 10³ cells) using 20-gauage needle leaves were incubated for 7 days 	 PAO1 FRD1, DO326, DO60, DO139, DO133 (cystic fibrosis isolates) ENV2, ENV48, ENV8, ENV46 (environmental isolates) 	necrosis and tissue maceration seen at day 6 95% of seedlings inoculated with PAO1 70% of seedlings inoculated with FRD1 3/4 other CF isolates produced disease symptoms in 50% of the plants 3/4 environment al isolates caused	Silo-Suh et al., 2002	

	PLANTS					
Target	Conditions	Strain	Results	Reference		
			symptoms in 75% of the seedlings as few as 20 bacterial cells of PAO1 or FRD1 were sufficient to infect some seedlings and produce disease			
Lettuce (Lactuca sativa var. capitata L.)	leaf segments were placed onto sterile petri dishes and inoculated with 5:I of the bacterial suspension at various concentrations (10², 10⁴, 10⁶ and 10² cfu/mI)	 new strains were isolated from hospitals and medical institutions from several cities in Colombia, South America (designated 1C-5C) and from soil and water samples (designated 6E-10E) positive control: PA01 	necrotic lesions were observed on leafs inoculated with 10 ⁷ cfu/ml of either clinical or environmental isolates	Vives- Flórez & Garnica, 2006		
red clover and red fescue.	•	ATCC 31480	No adverse effect on seedling emergence, shoot and root length and dry mass of red clover and red fescue.	Princz, 2010		
barley	•	ATCC 700370	No adverse effect on seedling emergence, shoot and root length and dry mass of barley.	Princz, 2010		
red clover and northern wheatgrass.	•	ATCC 700371	No adverse effect on seedling emergence, shoot and root length and dry mass of red clover and northern wheatgrass.	Princz, 2010		

Invertebrates				
Target	Conditions	Strain	Results	Reference
soil nematode (Caenorhabditi	nematodes were placed on two types	 transposon mutants of PA14 	 speed of mortality depended on the 	Tan <i>et al</i> ., 1999
s elegans)	of media containing		type of media	

Invertebrates				
Target	Conditions	Strain	Results	Reference
	P. aeruginosa: o in low-nutrient media o in high- osmolarity media • no cfu values given		used to grow PA14 mutants on low-nutrient media, C. elegans death occurs over the course of several days on high-osmolarity media, C. elegans death occurs over the course of several hours	
wax moth larvae (Galleria mellonella)	up to 1 x 10 ⁴ cfu was injected into larvae	• PA14	bacterial density in dead larvae was approximately 10 ⁹ bacteria/g body weight	Jander <i>et al.</i> , 1995
bees	strains from diseased humans and animals used for inoculation of bees two experiments at 25°C	no strain designation provided	immersed bees: 80% fatality after 48 hours. fed bees: fatality occurred 72-96 hours after inoculation	Tomaszewska, 1971
southern pine beetle (Dendroctonus frontalis)	orally inoculated healthy Southern pine beetles	 strain was isolated from a diseased southern pine beetle 	32 of 50 larvae injected died	Moore, 1972
fruit fly (<i>Drosophila</i> <i>melanogaster</i>) 2 - 4 day old adult female	 pricked with needle dipped in a P. aeruginosa PAO1 culture (400-2000 cells) 	• PAO1	 flies dead 16 - 28 hours after pricking titre measured in dead flies was 	D'Argenio et al., 2001

	Invertebrates				
Target	Conditions	Strain	Results	Reference	
flies			1x10 ⁶ to 40 x10 ⁶ cfu		
tobacco hornworm larvae (Manduca sexta) second day fifth instar larvae	• injected with strains 9027 (7 x10 ⁷ cfu) or P11-1 (low dose: 5 x10 ⁴ cfu or high dose: 2 x10 ⁷)	• 9027 • P11-1	 no cytotoxic effects with strain 9027 Strain P11-1 low dose: decreased viability of hemacytes at 44 hours post-injection and increase in hemacyte vacuolization at 56 hours post-injection Strain P11-1 high dose: advanced time of appearance of significantly elevated vacuolization to 16 hours post-injection and of significantly decreased hemocyte viability to 20 hours post-injection 	Horohov & Dunn, 1984	
silkworm larvae (<i>Bombyx mori</i>) fourth instar larvae	• (5/dilution, 3 replicates) injected with 10 ⁶ , 10 ⁵ ,10 ⁴ ,10 ³ cells	• PAO1	• 100%, 100%, 90%, 50% mortality, respectively, within 72 hours	liyama et al., 2007	
snail (<i>Helix sp</i> .)	66 snails injected with 10 x 10 ⁸ cells per gram snail	• OT97	mortality was 92% (61 snails) after a week	Bayne, 1980	
springtails and earthworms.	•	• ATCC 31480	 No adverse effect on adult mortality or juvenile reproduction of springtails and earthworms. Strain persisted for at least 62 days in agricultural soil. Studies for persistence in water on-going 	Princz, 2010	



	Invertebrates				
Target	Conditions	Strain	Results	Reference	
springtails	•	• ATCC 700370	No adverse effect on adult mortality or juvenile reproduction of springtails. Strain persisted for at least 122 days in agricultural soil.	Princz, 2010	
springtails	•	• ATCC 700371	 No adverse effect on adult mortality or juvenile reproduction of springtails. Strain persisted for at least 126 days in agricultural soil. 	Princz, 2010	

	Vertebrates			
Target	Conditions	Strain	Results	Reference
broiler chicks (white leghorn) 1-day old chicks	 injected subcutaneously with P. aeruginosa cultures (10¹ or 10² cfu/bird) n=10 per concentration therefore per strain, 20 birds were tested 	 E-00-1963 E-00-1964 E-00-1965 E-00-1996 E-00-1997 	14 days post inoculation mortality (inoculum at 10¹/10² cfu/bird):	Walker <i>et al.</i> , 2002
white leghorn chickens (male)	1 mL (10 ¹⁰ cfu/mL) injected intraperitoneally into 4-week-old male chickens	 10 isolates of <i>P. aeruginosa</i> each injected into 10 chickens no strain designations were given strains were isolated from the respiratory tracts of sick birds 	 58% mortality 1 week post-inoculation. 2-10 of the ten birds in each group died. 	Lin <i>et al</i> ., 1993

		Vertebrates		
Target	Conditions	Strain	Results	Reference
		suffering from a long-lasting respiratory syndrome or from bone marrow of dead birds from the southern part of Taiwan		
mice	 skin-burn model. 10³ cells injected intramuscularly into burned mice 	• PA14	17/22 mice died, 10 days after injection.	Rahme <i>et al.,</i> 1995
mice (CD-1) 60-day old male	1 x10 ⁹ cfu by gavage animals were sacrificed 14 days post-exposure	strains: BC16, BC17, BC18 isolated from a commercial microbial product designed for PCB degradation	 no morbidity or mortality during study. bacteria not detectable in intestines 14 days post-single exposure detectable on mice with repeated exposure due to coprophagy (2.6 - 4 x10⁴ cfu/g intestine) 	George et al., 1989
mice (CD-1) 30-day old male	1.61 x 10³ to 2.17 x 10³ cfu P. aeruginosa injected intranasally	• AC869	 1.61x10³ cfu resulted in no mortality or observed morbidity for 14 day study period 1.61 x 10³ cfu resulted in slight morbidity within 3 to 4 days after dose 2.17x10⁵ cfu resulted in 100% mortality within 24 to 36 h post-injection 	George <i>et al.</i> , 1991
dog	 12 healthy beagles of both sexes were used both eyes were surgically wounded each eye was 	 no strain designation given strain used was isolated from a dog with an 	 all eyes showed active keratitis Pseudomonas obtained from all corneas 12 hours post-inoculation 	Wyman <i>et al.</i> , 1983

		Vertebrates		
Target	Conditions	Strain	Results	Reference
	inoculated intrastromally with 10 ⁷ cfu	infected draining femoral fracture		
frogs (Rana pipiens)	 0.1 mL of culture dilution by intraperitoneal inoculation (results in systemic distribution of the pathogen) frogs were kept at 22 or 29°C 	• ATCC 27853	 P. aeruginosa had no significant effect on mortality when administered at low treatment temperatures 12 out of 15 frogs died at higher treatment temperatures 	Brodkin <i>et al.</i> , 1992
mink (Sapphire)	 each test strain cultured on nutrient agar medium at 37°C for 18 h 0.5 mL of a 10-fold dilution was inoculated intranasally no CFU/mL specified 	 NC-5 (serotype 5) strain No. 5 (serotype 8) 	• in mink that died (2 of 14 for strain NC-5, 18 of 24 for strain No. 5), death occurred between 18 and 66 hours post inoculation	Shimizu et al., 1974
mice		• ATCC 31480	BALB/c mouse exposures showed transient shock-like symptoms. Presence of pyrogenic cytokines in lungs and sera. Neutrophils infiltration into lungs. This strain induced higher responses than the other DSL-listed P. aeruginosa strains.	Preliminary EC HC results
mice		• ATCC 700370	BALB/c mouse exposures showed transient shock-like symptoms. Presence of pyrogenic cytokines in lungs and sera. Neutrophils infiltration into lungs.	Preliminary EC HC research results

		Vertebrates		
Target	Conditions	Strain	Results	Reference
mice		• ATCC 700371	BALB/c mouse exposures showed transient shock-like symptoms. Presence of pyrogenic cytokines in lungs and sera. Granulocyte infiltration into lungs.	Preliminary EC HC research results
zebrafish (<i>Danio rerio</i>)	1 or 2 nL of bacterial cells were microinjected into the yolk circulation valley doses tested were 1700, 3000 and 6000 CFU	• PA14	 injection of 1700 cells at the 28 hpf developmental stage resulted in death of all infected embryos by ~48 hrs postinfection at the 50 hpf developmental stage, >4500 CFU were required to achieve 100% lethality 	Clatworthy et al., 2009

APPENDIX 5B: Pathogenicity/toxicity to vertebrates in natural settings.

Cases where *P. aeruginosa* was isolated from animals showing disease symptoms in a natural setting.

Organism	Conditions	Strain	Results	Reference
mallard ducklings (<i>Anas</i> platyrhynchos)	9 salt glands in 8 animals with granulomas examined	no strain designation given	P. aeruginosa most common bacterial species isolated (4 of 9 infected glands) at least 2 biochemically distinct strains responsible granulomatous inflammation of salt glands occurs in 1% of ducklings lesions detected in 2 to 23 day old ducklings	Klopfeisch et al., 2005
turkeys	18 flocks from 9 producers examined	no strain designation given	 cellulitis on legs or caudal thoracic area 37 of 26670 (0.14%) affected bacteria isolated from 12 of 25 randomly selected birds P. aeruginosa isolated from 3 of the 12 (found in mixed culture with Proteus mirabilis) 	Gomis <i>et al.</i> , 2002
saker falcons (Falco cherrug) - species not found in Canada but anatum peregrine falcon (Falco peregrinus anatum) is a threatened species in Canada	stomatitis in 12 captive falcons from 2 different collections	no strain designation given	 P. aeruginosa isolated from all 12 falcons all with a history of mild to moderate trichomonal infections 3 to 4 weeks prior to examination birds also under stress due to training and hunting season 	Samour, 2000

Organism	Conditions	Strain	Results	Reference
cow	mastitis outbreak in 11 dairy herds	 a total of 50 Pseudomo nas isolates were used in this study 14 controls, including P. aeruginosa ATCC 27853 and Pseudomonas spp. isolated from a variety of clinical cases 36 of the isolates obtained from the bovine mastitis outbreak were identified as P. aeruginosa 	P. aeruginosa found to be causative agent P. aeruginosa contaminated wipes rubbed on teat and bacteria introduced into lumen via nozzle of DCT antibiotic tube	Daly <i>et al.</i> , 1999
cow	1365 cows with mastitis examined over 31 years	no strain designation given	 88% culture positive P. aeruginosa isolated in 7.5% of cases 	Kivaria & Noordhuizen, 2007
dorset horn rams	dermatitis	P. aeruginosa isolated from lesions	6 of 12 animals died scale formation on legs, lesions spread over body	cited by Hungerford, 1990

APPENDIX 6: Selected outbreaks caused by *P. aeruginosa* reported in the literature.

Year	Place	Type of Infection
Not given	University of Iowa Hospitals and Clinics	Outbreak of <i>P. aeruginosa</i> blood stream infections in 7 patients with hematological malignancies caused by a contaminated drain in a whirlpool bathtub. Mortality rate was 71.4% (Berrouane <i>et al.</i> , 2000).
1975 to 1985	US and Canada	A total of 36 outbreaks of <i>P. aeruginosa</i> folliculitis associated with the use of whirlpools and hot tubs, and to a lesser extent with the use of swimming pools have been reported with increasing frequency during the winter months (Ratnam <i>et al.</i> , 1986).
1988	Bergamo, Italy	Outbreak of <i>P. aeruginosa</i> infections in neutropenic patients admitted to the Haematological Wards of "Ospedali Riuniti". Out of 11 cases of <i>P. aeruginosa</i> infections, 8 were bacteraemia. Of these, 7 died within a few days of onset (mortality rate of 87.5%) (Grigis <i>et al.</i> , 1993).
1996	Royal Women's Hospital, Australia	Over a 10-month period, 24 newborns were infected by <i>P. aeruginosa</i> (resistant to ticarcillin, timentin). There were extensive morbidity and mortality (38%) associated with the infections, which presented as septicemia, pneumonia, meningitis conjunctivitis, otitis externa and conjunctivitis plus otitis externa. In addition, there were 2 pseudo-septicemia and 6 colonized infants, 3 of whom were treated for the presence of <i>P. aeruginosa</i> in endotracheal aspirates (Garland <i>et al.</i> 1996).
1998	Edmonton, Canada	40 cases of <i>Pseudomonas</i> hot-foot syndrome occurred after children had used a wading pool. In all patients, the first symptom was intense pain in the soles, followed within hours by marked swelling, redness, a sensation of heat, and exquisite pain that made it impossible to bear weight on the affected areas (PHAC, 2001).
1997 to 2000	Colorado and Maine, USA	103 reported cases of <i>P. aeruginosa</i> dermatitis and otitis externa outbreaks associated with swimming pool and hot tub use. Symptoms were not limited to rash; they included diarrhea, vomiting, nausea, fever, fatigue, muscle aches, joint pain, swollen lymph nodes, and subcutaneous nodules on hands and feet (MMWR, 2000).
2001 to 2002	Johns Hopkins Hospital Baltimore, USA	2 outbreaks of <i>P. aeruginosa</i> infections involving 48 infections of the upper and lower respiratory tracts and bloodstream among 39 of 414 patients who underwent bronchoscopy (9.4%). In 66.7% of these infections, <i>P. aeruginosa</i> was recovered on culture (Srinivasan <i>et al.</i> , 2003).

APPENDIX 7: Considerations for Levels of Hazard Severity, Exposure and Risk as per Health Canada and Environment Canada's "Framework for Science-Based Risk Assessment of Micro-organisms regulated under the *Canadian Environmental Protection Act*, 1999".

Considerations for hazard severity (environment)

Hazard	Considerations
High	Considerations that may result in a finding of high hazard include a micro-organism that:
	∙ Is known as a frank pathogen;
	 Has irreversible adverse effects (e.g., loss of biodiversity, loss of habitat, serious
	disease);
	 Has significant uncertainty in the identification, characterization or possible effects
Medium	Considerations that may result in a finding of medium hazard include a micro-organism
	that:
	 Is known as an opportunistic non-human pathogen or for which there is some
	evidence in the literature of pathogenicity/toxicity;
	 Has some adverse but reversible or self-resolving effects.
Low	Considerations that may result in a finding of low hazard include a micro-organism that:
	 Is not known to be a non-human pathogen;
	 Is well characterized and identified with no adverse ecological effects known;
	May have theoretical negative impacts for a short period but no predicted long term
	effect for microbial, plant and/or animal populations or ecosystems;
	 Has a history of safe use over several years.

Considerations for hazard severity (human health)

Considerations	for nazard severity (numan neatth)
Hazard	Considerations
High	Considerations that may result in a finding of high hazard include a micro-organism for which:
	 Disease in healthy humans is severe, of longer duration and/or sequelae may result; Disease in susceptible humans may be lethal;
	Potential for horizontal transmission/community-acquired infection;
	 Lethal or severe effects in laboratory mammals at maximum hazard/challenge dose trigger multiple-dose testing.
Medium	Considerations that may result in a finding of medium hazard include:
	 Case reports of human disease in the scientific literature are limited to susceptible populations or are rare, localized and rapidly self-resolving in healthy humans; Low potential for horizontal transmission;
	 Effects at maximum hazard/challenge dose in laboratory mammals are not lethal, and are limited to invasive exposure routes (i.e., intraperitoneal, intravenous, intratracheal) or are mild and rapidly self-resolving.
Low	Considerations that may result in a finding of low hazard include:
	 No case reports of human disease in the scientific literature, or case reports associated with predisposing factors are rare and without potential for secondary transmission and any effects are mostly mild, asymptomatic, or benign.
	 No adverse effects seen at maximum challenge dose in laboratory mammals by any route of exposure.

Considerations / examples for level of exposure (environment and human health)

Considerations	/ examples for level of exposure (environment and numan nealth)
Exposure	Considerations
High	Considerations that may result in a finding of high exposure include a micro-organism for which:
	The release quantity, duration and/or frequency are high.
	The organism is likely to survive, persist, disperse proliferate and become established in the environment.
	Dispersal or transport to other environmental compartments is likely.
	The nature of release makes it likely that susceptible living organisms or
	ecosystems will be exposed and/or that releases will extend beyond a region or single ecosystem.
	 In relation to exposed organisms, routes of exposure are permissive of toxic or pathogenic effects in susceptible organisms.
Medium	Considerations that may result in a finding of medium exposure include a micro-organism for which:
	 It is released into the environment, but quantity, duration and/or frequency of release is moderate.
	It may persist in the environment, but in low numbers.
	The potential for dispersal/transport is limited.
	The nature of release is such that some susceptible living organisms may be exposed.
	 In relation to exposed organisms, routes of exposure are not expected to favour toxic or pathogenic effects.
Low	Considerations that may result in a finding of low exposure include a micro-organism for which:
	∙ It is no longer in use.
	It is used in containment (no intentional release).
	The nature of release and/or the biology of the micro-organism are expected to
	contain the micro-organism such that susceptible populations or ecosystems are not exposed.
	 Low quantity, duration and frequency of release of micro-organisms that are not expected to survive, persist, disperse or proliferate in the environment where released.

Considerations for level of risk characterization

Risk	Considerations
High	A determination of high risk implies that severe, enduring or widespread adverse effects are probable for exposure scenarios predicted from known, foreseeable or intended uses. A conclusion of CEPA-toxic would result and control measures or risk management would be recommended.
Medium	A determination of medium risk implies that adverse effects predicted for probable exposure scenarios may be moderate and self-resolving. The conclusion (CEPA toxic or not) is chosen based on the particulars of the case. If the conclusion is not CEPA-toxic, for intended (proposed) use(s) or exposure scenario(s) but, under another significant new activity, may become toxic, application of the SNAc provision may be recommended to allow for the assessment of new uses/activities.
Low	A determination of low risk implies that any adverse effects predicted for probable exposure scenarios are rare, or mild and self-resolving. The conclusion would be not CEPA toxic, and SNAc provisions may or may not be applied.