# Journal of Microbiology and Antimicrobials

Volume 6 Number 6, August 2014 ISSN 2141-2308



# **ABOUT JMA**

The **Journal of Microbiology and Antimicrobials (JMA)** (ISSN 2141-2308) is published monthly (one volume per year) by Academic Journals.

**Journal of Microbiology and Antimicrobials (JMA),** is an open access journal that provides rapid publication (monthly) of articles in all areas of the subject such as Disorders of the immune system, vaccines and antimicrobial drugs, Microbial Metabolism, Protozoology etc.

The Journal welcomes the submission of manuscripts that meet the general criteria of significance and scientific excellence. Papers will be published shortly after acceptance. All articles published in JMA are peer-reviewed.

# **Submission of Manuscript**

Please read the **Instructions for Authors** before submitting your manuscript. The manuscript files should be given the last name of the first author

Click here to Submit manuscripts online

If you have any difficulty using the online submission system, kindly submit via this email jma@academicjournals.org.

With questions or concerns, please contact the Editorial Office at jma@academicjournals.org.

# **Editors**

**Ass. Prof. Aamer Ikram** Department of Microbiology, Armed Forces Institute of Pathology, Microbiology, Infection Control, Biosafety Pakistan

# Prof. Wang Jianhua

Gene Engineering Lab Feed Research Institute, DNA recombinant, Recombinanr protein,peptide expression, Antimicrobial peptide Chinese Academy of Agricultural Sciences China

# Dr. Mohd. Shahid

Antimicrobial Agents & Drug Resistance Researches and Microbial Biotechnology Department of Medical Microbiology Jawaharlal Nehru Medical College & Hospital Aligarh Muslim University, India

# Dr. Anil Vyas

Microbial Biotechnology & Biofertilizer Lab. Department of Botany J.N.V.University India

### Dr. (Mrs.) Amita Jain

Medical Pathology and Bacteriology Dept. of Microbiology King George Medical University, India

# Dr. Eduardo Mere

Department of Biochemistry Genetics,Biochemistry,Molecular Biology University Fedral of Rio de Janerio, Brazil

**Dr. Shwikar Mahmoud Abdel Salam** *faculty of medicine , Alexandria University. Egypt* 

#### Dr. Gideon Mutie Kikuvi

Institute of Tropical Medicine and Infectious Diseases, Jomo Kentatta aUniversity of Agriculture and Technology Molecular bacteriology and antimicrobial resistance Pharmacology: Pharmacokinetics Kenya

# **Editorial Board**

### Dr. Manal El Said El Sayed

Bilharz Research Institute (TBRI) Ministry of Scientific Research Medical Microbiology and Immunology Egypt.

### Dr. Amber Farooqui

Sardinian Research and Development (SARD) Porto Conte Research Institute, Alghero, Italy.

## Dr. Chang-Gu Hyun

Applied Microbiology,Biological Science Laboratory of Bioresources, Jeju Biodiversity Research Institute (JBRI) & Jeju Hi-Tech Industry Development Institute (HiDI) Korea

# Dr. Vasant P. Baradkar

Department of Microbiology, Government Medical College Aurangabad. Maharashtra

#### Dr. Manal El Said El Sayed

Medical Microbiology and Infection Control Egypt.

# As. Prof. Ömür Baysal

Turkish Ministry of Agriculture and Rural Affairs West Meditereanean Agricultural Research Institute (BATEM) Plant Pathology and Molecular Biology Departments Antalya /Turquie

#### Dr. Nazmul Huda

Molecular biology of microbial drug resistance, telomere dysfunction India.

# **Demelash Biffa**

Molecular microbiology and epidemiology Ethiopia.

# **Prof. Dr.Omar Abd El-Fattah Mohamed Fathalla** Nationat Research Centre, Dokki, Cairo, Medicinal Chemistry Department.

Egypt.

#### Dr. Amber Farooqui

Dept di Scienze Biomediche, Universita di Sassari, Antimicrobial Chemotherapy, Epidemiology of Infectious Diseases, Clinical Microbiology Italy.

# Dr. Kosta V. Kostov

Military Medical Academy, Department of Pulmonology Pulmonology, Internal medicine Bulgaria.

# Dr. Antonio Rivera

Benemérita Universidad Autónoma de Puebla Microbiology, Medical microbiology, Mycoplasmatology Mexico.

#### Dr. Mohammad Rahbar

Dept of Microbiology, Iranian Reference health Laboratory. Medical Microbiologist Iran.

# Dr. Chang-Gu Hyun

Jeju Biodiversity Research Institute (JBRI) and Jeju Hi-Tech Industry Development Institute (HiDI) S Korea Advanced Cosmetics, Bioactive Natural Products Chemistry Korea.

#### Dr. Abd El-Latif Hesham

Genetics Department, Faculty of Agriculture, Assiut University, Microbial Genetics, Biotech,biodegradation, Meta-Genomics Egypt.

# Dr. Samuel Sunday Taiwo

Dept Med. Microbiology and Parasitology, College of Health Sciences, Clinical and Molecular Bacteriology Nigeria.

# Dr. Najla Dar-Odeh

University of Jordan, Oral Medicine Jordan.

### Prof. Dr. Asiye Meric Anadolu Univ, Fac Pharmacy, Dept. Pharm. Chem., TÜRKIYE (TR)

**Prof. Salah M. Azwai** AlFateh University. Microbiologist Libya.

#### Prof. Dr. Abdel Salam Ahmed

Department of Microbiology, Faculty of Medicine Alexandria University, Egypt.

**Dr. Kuldeep Kumar Shivalya** Indian Veterinary Research Institute, Izatnagar, Bareilly, PU, Biotechnology and Microbiology India.

#### Prof. Viroj wiwanitkit

Wiwanitkit House, Bangkhae, Bangkok Clinical Medicine, Laboratory Medicine, Tropical Medicine, Thailand.

### Dr. Hafizah Chenia

School of Biochemistry, Genetics, Microbiology,Plant Pathology,University of KwaZulu-Natal Durban.

**Dr. Gholamreza Salehi Jouzani** Microbial Biotechnology and Biosafety Dept, Agric Biores institute of Iran ABRII Iran.

**Dr. Wilson Parawira** Institute of Food, Nutrition and Family Sciences, University, Zimbabwe.

#### Dr. Subhash C Mandal

Division of Pharmacognosy, Department of Pharmaceutical Technology ,Jadavpur University India.

#### Dr. Adesemoye AO

Department of Plant Pathology, Centre for integrated Plant Systems, Michigan State University Phytobacteriology, Plant Growth Promoting Rhyzobacteria and soil borne Plant Pathogen/soil Microbiology USA.

#### Dr. Giselli Fernandes Asensi

Universidade Federal do Rio de Janeiro Brazil Microbiology, Food Microbiology Brazil.

### Prof. Hongyue Dang

Centre for Bioengineering and Biotech, China Univ. of Petroleum china Microbial Ecology and Biotechnology China.

### Dr. Babu Joseph

Acharya'''s Bangalore School Microbial Biotechnology India.

#### Dr. Aamer Ali Shah

Faculty of Biological Sci, Quaid-i-Azam Univ, Islamabad, Pakistan

### Dr. Tadele Tolosa

Jimma University, College of Agriculture and Veterinary Medicine, Ethiopia.

# Dr. Urveshkumar D. Patel

Department of Pharmacology and Toxicology, Veterinary College, Anand Agricultural University, Pharmacology and Toxicology (Research in Antimicrobial Therapy) India.

# Dr. Saeed Zaker Bostanabad

Islamic Azad University, Tehran Medical and Parand Branch, Iran.

### **Dr. Rakesh Kumar Singh** Florida State University, College of Medicine Molecular Microbiolgy, Biochemistry, Chromatin and Genomic stability

USA.

# Ass Prof. Vintila Iuliana

Dunarea de Jos University, Food Science & Technology Romania.

Dr. Saganuwan Alhaji Saganuwan University of Agriculture, Dept. of Physiology, Makurdi, Nigeria.

**Dr. Eskild Petersen** Dept. of Infectious Diseases, Aarhus University Hospital London.

**Dr. Shobha** Melaka Manipal Medical College (Manipal Campus) Microbiologist (Bacteriologist) India.

**Dr. Elpis Giantsou** Cambridge University Hospitals. Respiratory Medicine-Intensive Care, England.

Ass Prof. Emana Getu Degaga Addis Ababa University Ethiopia.

**Dr. Subramanian Kaviarasan** Dept of Molecular Medicine, University Malaya, Kuala Lumpur, India

**Ass Prof. Nongyao Kasatpibal** Faculty of Nursing, Chiang Mai University Epidemiology, Infection control Thailand

Dr. Praveen Rishi Panjab University India

**Prof. Zeinab Nabil Ahmed Said** *Microbiology & Immunology Dept, Faculty of Med Al-Azhar Univ. Egypt.* 

**Dr. Sumit Dookia** *Ecology and Rural Development Society Wildlife Biology, Microbial Ecology India*  Ass. Prof. Abdulaziz Zorgani Medical School, Edinburgh University

Dr. Adenike Adedayo Ogunshe University of Ibadan, Nigeria.

**Prof. Itzhak Brook** *Pediatrics and Medicine, Georgetown University Infectious Diseases USA.* 

**Dr Md. Shah Alam Sarker** School Agric and Rural Development, Bangladesh Open University Aquaculture Nutrition and Feed Technology Bangladesh.

**Dr. Ramnik Singh** *Khalsa College of Pharmacy Pharmaceutics Amritsar.* 

**Prof. Amita Jain** *CSM Medical University Tuberculosis, Drug resistance, Virology India.* 

**Prof. Yulong Yin** Institute of Subtropical Agriculture, The Chinese Academy of Science China.

**Prof. Mohan Karuppayil** School of life sciences, Srtm university, Maharashtra India.

Dr. Seyedeh Seddigheh Fatemi Iran.

**Dr. Sunil Gupta** National Centre for Disease Control India.

**Dr. Zakaria** *Ministry of Health, Palestinian Authority El Astal.*  **Dr. Mustafa Gul** Kahramanmaras Sutcuimam University, Faculty of Medicine, Department of Microbiology and Clinical Microbiology TURKEY.

**Dr. Nese Karaaslan Biyikli** Anadolu Medical Center Pediatric Nephrology Turkey.

**Dr. Johnson Afonne** Department of Pharmacology, College of Health Sciences, Nnamdi Azikiwe University, Nigeria.

**Dr. Giri Bhoopander** Department of Botany, Microbial Biotechnology India.

**Dr. Zafar Iqbal** Dept Plant Pathology, Univ Coll. Agriculture, Habil., András Fodor Pakistan.

Ass Prof. Habil András Fodor Department of Plant Protection, Georgikon Fac.,Pannonia Univ Hungary .

**Dr. Neelam Mewari** Department of Botany, University of Rajasthan, Rajasthan, Jaipur

**Dr. Sanjib Bhattacharya** Bengal School of Tech. Pharmacy, India.

Dr. Habibur Rahman PSG College of Pharmacy, India

**Md. Elisa Bassi** Department of Dermatology, Delmati Hospital Italy. Iheanyi Omezuruike Okonko University of Ibadan, Nigeria.

Ass. Prof. Weihua Chu Tongjiaxiang, Dept. of Microbiology, School of Life Science & Technology, China Pharmaceutical University, China.

**Dr. Mat Yamage** *World Organization for Animal Health (OIE) Japan.* 

**Dr. Ali Abbas Qazilbash** *United Nations Industrial Development Organization, Pakistan.* 

**Dr. Kulachart Jangpatarapongsa** Department of Clinical Microbiology, Med Tech, Mahidol University

**Dr. Nasrin Ghasemi** Research and Clinical Centre for Infertility, Yazd SSU of Medical Sciences Safayeh, Bouali.

**Dr. Branka Vasiljevic** Institute of Molecular Genetics and Genetic Engineering Serbia

**Dr. Mehmet Ulug** *BSK Anadolu Hospital Infectious Diseases and Clinic Microbiology Turkey.* 

**Dr. Vimala** *Gitam University India* 

**Dr. Pooja Jain** University of California, Department of Pathology; Irvine, California USA

**Dr. Chellaiah Edward Raja** Cancer Biology Unit, School of Biological Sciences, M.K.University India

### Prof. Zeinab Nabil Ahmed Said

Fac. of Medicine (for girls) Al-Azhar University Egypt

# Prof. Manal Mohammad Baddour

Alexandria University, Faculty of Medicine, Dept. of Microbiology and Immunology, Azarita Egypt

# Dr. Bechan Sharma

Department of Biochemistry Coordinator: Centre for Biotechnology University of Allahabad Allahabad-India

# Ass Prof. Ravichandran Veerasamy

Faculty of Pharmacy, AIMST University, Pharmaceutical Chemistry,Medicinal Chemistry, Phyto Chemistry Malaysia

## Dr. Mohammad Ibrahim

Programa de Pós-Graduação em Bioquímica Toxicológica, Centro de Ciências Naturais e Exatas, Universidade Federal de Santa Maria, Brazil Biochemical Toxicology.

# Instructions for Author

**Electronic submission** of manuscripts is strongly encouraged, provided that the text, tables, and figures are included in a single Microsoft Word file (preferably in Arial font).

The **cover letter** should include the corresponding author's full address and telephone/fax numbers and should be in an e-mail message sent to the Editor, with the file, whose name should begin with the first author's surname, as an attachment.

#### Article Types

Three types of manuscripts may be submitted:

**Regular articles:** These should describe new and carefully confirmed findings, and experimental procedures should be given in sufficient detail for others to verify the work. The length of a full paper should be the minimum required to describe and interpret the work clearly.

**Short Communications:** A Short Communication is suitable for recording the results of complete small investigations or giving details of new models or hypotheses, innovative methods, techniques or apparatus. The style of main sections need not conform to that of full-length papers. Short communications are 2 to 4 printed pages (about 6 to 12 manuscript pages) in length.

**Reviews:** Submissions of reviews and perspectives covering topics of current interest are welcome and encouraged. Reviews should be concise and no longer than 4-6 printed pages (about 12 to 18 manuscript pages). Reviews are also peer-reviewed.

#### **Review Process**

All manuscripts are reviewed by an editor and members of the Editorial Board or qualified outside reviewers. Authors cannot nominate reviewers. Only reviewers randomly selected from our database with specialization in the subject area will be contacted to evaluate the manuscripts. The process will be blind review.

Decisions will be made as rapidly as possible, and the journal strives to return reviewers' comments to authors as fast as possible. The editorial board will re-review manuscripts that are accepted pending revision. It is the goal of the AJFS to publish manuscripts within weeks after submission.

#### **Regular articles**

All portions of the manuscript must be typed doublespaced and all pages numbered starting from the title page.

**The Title** should be a brief phrase describing the contents of the paper. The Title Page should include the authors' full names and affiliations, the name of the corresponding author along with phone, fax and E-mail information. Present addresses of authors should appear as a footnote.

The Abstract should be informative and completely selfexplanatory, briefly present the topic, state the scope of the experiments, indicate significant data, and point out major findings and conclusions. The Abstract should be 100 to 200 words in length.. Complete sentences, active verbs, and the third person should be used, and the abstract should be written in the past tense. Standard nomenclature should be used and abbreviations should be avoided. No literature should be cited.

Following the abstract, about 3 to 10 key words that will provide indexing references should be listed.

A list of non-standard **Abbreviations** should be added. In general, non-standard abbreviations should be used only when the full term is very long and used often. Each abbreviation should be spelled out and introduced in parentheses the first time it is used in the text. Only recommended SI units should be used. Authors should use the solidus presentation (mg/ml). Standard abbreviations (such as ATP and DNA) need not be defined.

**The Introduction** should provide a clear statement of the problem, the relevant literature on the subject, and the proposed approach or solution. It should be understandable to colleagues from a broad range of scientific disciplines.

**Materials and methods** should be complete enough to allow experiments to be reproduced. However, only truly new procedures should be described in detail; previously published procedures should be cited, and important modifications of published procedures should be mentioned briefly. Capitalize trade names and include the manufacturer's name and address. Subheadings should be used. Methods in general use need not be described in detail. **Results** should be presented with clarity and precision. The results should be written in the past tense when describing findings in the authors' experiments. Previously published findings should be written in the present tense. Results should be explained, but largely without referring to the literature. Discussion, speculation and detailed interpretation of data should not be included in the Results but should be put into the Discussion section.

**The Discussion** should interpret the findings in view of the results obtained in this and in past studies on this topic. State the conclusions in a few sentences at the end of the paper. The Results and Discussion sections can include subheadings, and when appropriate, both sections can be combined.

The Acknowledgments of people, grants, funds, etc Moran GJ, Amii RN, Abrahamian FM, Talan DA (2005). should be brief. Methicillinresistant Staphylococcus aureus in

**Tables** should be kept to a minimum and be designed to be as simple as possible. Tables are to be typed double-spaced throughout, including headings and footnotes. Each table should be on a separate page, numbered consecutively in Arabic numerals and supplied with a heading and a legend. Tables should be self-explanatory without reference to the text. The details of the methods used in the experiments should preferably be described in the legend instead of in the text. The same data should not be presented in both table and graph form or repeated in the text.

**Figure legends** should be typed in numerical order on a separate sheet. Graphics should be prepared using applications capable of generating high resolution GIF, TIFF, JPEG or Powerpoint before pasting in the Microsoft Word manuscript file. Tables should be prepared in Microsoft Word. Use Arabic numerals to designate figures and upper case letters for their parts (Figure 1). Begin each legend with a title and include sufficient description so that the figure is understandable without reading the text of the manuscript. Information given in legends should not be repeated in the text.

**References:** In the text, a reference identified by means of an author's name should be followed by the date of the reference in parentheses. When there are more than two authors, only the first author's name should be mentioned, followed by 'et al'. In the event that an author cited has had two or more works published during the same year, the reference, both in the text and in the reference list, should be identified by a lower case letter like 'a' and 'b' after the date to distinguish the works.

#### Examples:

Abayomi (2000), Agindotan et al. (2003), (Kelebeni, 1983), (Usman and Smith, 1992), (Chege, 1998;

1987a,b; Tijani, 1993,1995), (Kumasi et al., 2001) References should be listed at the end of the paper in alphabetical order. Articles in preparation or articles submitted for publication, unpublished observations, personal communications, etc. should not be included in the reference list but should only be mentioned in the article text (e.g., A. Kingori, University of Nairobi, Kenya, personal communication). Journal names are abbreviated according to Chemical Abstracts. Authors are fully responsible for the accuracy of the references.

Examples:

Chikere CB, Omoni VT and Chikere BO (2008). Distribution of potential nosocomial pathogens in a hospital environment. Afr. J. Biotechnol. 7: 3535-3539.

Moran GJ, Amii RN, Abrahamian FM, Talan DA (2005). Methicillinresistant Staphylococcus aureus in community-acquired skin infections. Emerg. Infect. Dis. 11: 928-930.

Pitout JDD, Church DL, Gregson DB, Chow BL, McCracken M, Mulvey M, Laupland KB (2007). Molecular epidemiology of CTXM-producing Escherichia coli in the Calgary Health Region: emergence of CTX-M-15-producing isolates. Antimicrob. Agents Chemother. 51: 1281-1286.

Pelczar JR, Harley JP, Klein DA (1993). Microbiology: Concepts and Applications. McGraw-Hill Inc., New York, pp. 591-603.

#### **Short Communications**

Short Communications are limited to a maximum of two figures and one table. They should present a complete study that is more limited in scope than is found in full-length papers. The items of manuscript listed above apply preparation to Short Communications with the following differences: (1) Abstracts are limited to 100 words; (2) instead of a separate Materials and Methods section, experimental procedures may be incorporated into Figure Legends and Table footnotes; (3) Results and Discussion should be combined into a single section.

Proofs and Reprints: Electronic proofs will be sent (email attachment) to the corresponding author as a PDF file. Page proofs are considered to be the final version of the manuscript. With the exception of typographical or minor clerical errors, no changes will be made in the manuscript at the proof stage.

**Fees and Charges**: Authors are required to pay a \$650 handling fee. Publication of an article in the Journal of Microbiology and Antimicrobials is not contingent upon the author's ability to pay the charges. Neither is acceptance to pay the handling fee a guarantee that the paper will be accepted for publication. Authors may still request (in advance) that the editorial office waive some of the handling fee under special circumstances

#### Copyright: © 2014, Academic Journals.

All rights Reserved. In accessing this journal, you agree that you will access the contents for your own personal use but not for any commercial use. Any use and or copies of this Journal in whole or in part must include the customary bibliographic citation, including author attribution, date and article title.

Submission of a manuscript implies: that the work described has not been published before (except in the form of an abstract or as part of a published lecture, or thesis) that it is not under consideration for publication elsewhere; that if and when the manuscript is accepted for publication, the authors agree to automatic transfer of the copyright to the publisher.

#### **Disclaimer of Warranties**

In no event shall Academic Journals be liable for any special, incidental, indirect, or consequential damages of any kind arising out of or in connection with the use of the articles or other material derived from the JMA, whether or not advised of the possibility of damage, and on any theory of liability.

This publication is provided "as is" without warranty of any kind, either expressed or implied, including, but not limited to, the implied warranties of merchantability, fitness for a particular purpose, or non-infringement. Descriptions of, or references to, products or publications does not imply endorsement of that product or publication. While every effort is made by Academic Journals to see that no inaccurate or misleading data, opinion or statements appear in this publication, they wish to make it clear that the data and opinions appearing in the articles and advertisements herein are the responsibility of the contributor or advertiser concerned. Academic Journals makes no warranty of any kind, either express or implied, regarding the quality, accuracy, availability, or validity of the data or information in this publication or of any other publication to which it may be linked.

# Journal of Microbiology and Antimicrobials

# Table of Contents: Volume 6 Number 6, August 2014

# ARTICLES

Recent Trend Of Aminoglycoside Resistance Among Staphylococcus Aureus Isolates In Tertiary Care Hospital Gade Neeta D. and Qazi Mohiuddin S.

Control Of Fusarium Wilt Using Biological Agent Streptomyces Sp.CPP-53 Isolated From Compost With Plant Growth Promoting Effect On Tomato Under Greenhouse Condition Ranveer Kamal and A. K. Sharma

# academic Journals

Vol. 6(6), pp. 94-96, August 2014 DOI: 10.5897/JMA2014.0315 Article Number: 001E36346780 ISSN 2141-2308 Copyright © 2014 Author(s) retain the copyright of this article http://www.academicjournals.org/JMA

Journal of Microbiology and Antimicrobials

Short Communication

# Recent trend of aminoglycoside resistance among Staphylococcus aureus isolates in tertiary care hospital

# Gade Neeta D.<sup>1</sup>\* and Qazi Mohiuddin S.<sup>2</sup>

<sup>1</sup>Department of Microbiology, Government Medical College, Nagpur, India. <sup>2</sup>Department of Microbiology, Government Medical College, Nagpur, India.

Received 5 April, 2014; Accepted 9 July, 2014

Aminoglycosides still play an important role in antistaphylococcal therapies, although emerging resistance amongst staphylococci is widespread. The objective of the present study was to know the percentage of aminoglycoside resistance among *Staphylococcus aureus* isolates. A total of 250 isolates of *S. aureus* were studied from different clinical specimens like blood, pus, wound swabs, sputum, ear swabs and body fluids. All the isolates were tested for their susceptibility to four aminoglycosides namely gentamicin, amikacin, tobramycin and netilmicin by Kirby Bauer disc diffusion method using criteria of standard zone of inhibition. Methicillin resistant *S. aureus* (MRSA) detection was done by cefoxitin disc diffusion method. Out of the 250 *S. aureus* isolates, 66 (26.4%) isolates demonstrated resistance to at least one of the four aminoglycosides tested. Four isolates were resistant to all the four aminoglycosides tested. All these four were MRSA. The most active antimicrobial agent against *S. aureus* was found to be netilmicin followed by amikacin. Continued surveillance at both the genotypic and phenotypic levels as well as adherence to well-designed antibiotic and infection control policies are necessary to understand and limit further rise of resistant isolates.

Key words: Aminoglycosides, Staphylococcus aureus.

# INTRODUCTION

*Staphylococcus aureus* is a major cause of hospital and community-acquired infections, and can result in serious consequences. The importance of *S. aureus* as a human pathogen, apart from its ability to cause a diverse range of life-threatening infections, is its extraordinary potential to develop antimicrobial resistance (Lowy, 2003).

One of the classes of antibiotics playing an important

role in the therapy of serious staphylococcal infections is aminoglycosides. Although aminoglycosides are predominantly used for the treatment of Gram-negative infections, they are also known to have antistaphylococcal activity (Jana and Deb, 2006). This becomes an important consideration when patients are treated empirically for suspected sepsis with an aminoglycoside and

\*Corresponding author. E-mail: neetagade21@gmail.com.

Author(s) agree that this article remain permanently open access under the terms of the <u>Creative Commons Attribution License 4.0</u> International License

Туре	Resistance pattern				Number (%)		
	GEN	тов	AMK	NET	MRSA	MSSA	Total
1	R	R	R	R	04 (3.7%)	-	04 (1.6%)
2	R	R	R	S	21 (19.6%)	01 (0.7%)	22 (8.8%)
3	R	R	S	S	35 (32.7%)	01 (0.7%)	36 (14.4%)
4	R	S	S	S	01 (0.9%)	03 (2.1%)	04 (1.6%)
5	S	R	R	S	-	-	-
6	S	S	S	S	46 (43.0%)	138 (96.5%)	184 (73.6%)
Total					107	143	250

Table 1. Phenotypic resistance patterns of *S. aureus* (MRSA and MSSA) for four aminoglycosides.

GEN- Gentamicin; TOB- Tobramycin; AMK- Amikacin; NET- Netilmicin; S- sensitive; R- resistant; MRSA- methicillin resistant *S. aureus*; \* MSSA- methicillin sensitive *S. aureus*.

ureidopenicillin, other penicillins, or cephalosporins susceptible to staphylococcal beta-lactamases. In addition, the emergence of methicillin-resistant *S. aureus* is increasing the clinical importance of the antistaphylococcal activity of aminoglycosides (Hammerberg et al., 1986).

Increased resistance to these drugs have been reported from many countries (Hauschild et al., 2008) and little data is available on their resistance pattern in staphylococci from this part of India. So this study was undertaken to gain some insight into the susceptibility pattern of aminoglycosides among *S. aureus* in our tertiary care hospital.

#### MATERIALS AND METHODS

This study was performed between November 2010 and April 2012 in the Department of Microbiology at our tertiary care hospital, India. A total of 250 isolates of *S. aureus* were isolated from different clinical specimens like blood, pus, wound swabs, sputum, ear swabs and body fluids. Only one isolate per patient was included in the study. All the isolates were tested for their susceptibility to gentamicin (10  $\mu$ g), amikacin (30  $\mu$ g), tobramycin (10  $\mu$ g), netilmicin (30  $\mu$ g) by Kirby Bauer disc diffusion method using criteria of standard zone of inhibition (CLSI, 2010). *S. aureus* ATCC 29213 was used as quality control strain for *in vitro* susceptibility testing. MRSA detection was done by cefoxitin disc diffusion method.

# RESULTS

Of the 250 *S. aureus* isolates included in this study, 66 (26.4%) were resistant to at least one of the four aminoglycosides tested (Table 1). 04 (1.6%) *S. aureus* isolates were resistant to all the four aminoglycosides tested. All these four were MRSA. The most active antimicrobial agent against *S. aureus* was netilmicin. 21 (19.6%) MRSA isolates were resistant to gentamicin, tobramycin and amikacin and showed susceptibility only to netilmicin. 35 (32.7%) MRSA isolates showed resistance to gentamicin and tobramycin. Of the 107 MRSA

isolates, 61 (57.0%) were resistant to at least one of the four aminoglycosides tested.

# DISCUSSION

Aminoglycosides are potent bactericidal agents, inhibiting protein synthesis by binding to the 30S ribosomal subunit. Gentamicin and tobramycin are the most active against staphylococci and are often used in combination with either a  $\beta$ -lactam or a glycopeptide, especially in the treatment of staphylococcal endocarditis, as these drugs act synergically (Schmitz et al., 1999). Bacterial resistance to aminoglycosides is widely recognized as a serious health threat. The major mechanism of aminoglycoside resistance in staphylococci is drug inactivation by cellular aminoglycoside-modifying enzymes such as aminoglycoside acetyltransferases (AAC), aminoglycoside adenyl-transferases (APH) activity (Jana and Deb, 2006).

Since the first report on gentamicin resistance among staphylococci, strains resistant to both methicillin and gentamicin have been the cause of serious infections and extensive outbreaks. Many of these organisms are often resistant to a number of other antibiotics (Anupurba et al., 2003). In 1969, the first clinical gentamicin-resistant MRSA (GR-MRSA) strain was isolated. By 1980s GR-MRSA had become epidemic in Australia, the United States and Europe (Cafferkey et al., 1983). In fact many strains of MRSA exhibit resistance to both  $\beta$ -lactams and aminoglycosides (Anupurba et al., 2003; Tiwari et al., 2008).

In the present study, 66 (26.4%) strains of *S. aureus* and 61 (57.0%) MRSA were resistant to gentamicin which correlates with the study from North India (Tiwari et al., 2008) which reported 55.8% gentamicin resistance among MRSA. Aminoglycoside resistance reported in *S. aureus* isolates from different countries, and especially gentamicin resistance, is of clinical importance because it can compromise the therapeutic effectiveness of these antibacterial agents (Hauschild et al., 2008).

In this study, 62 (24.8%) *S* .aureus isolates were resistant to tobramycin which correlates well with the report from Europe (Schmitz et al., 1999) which reported 29.0% resistance among *S*. aureus to tobramycin. A study from South Maharashtra region of India reported that more than 90% *S*. aureus isolates were resistant to gentamicin and tobramycin (Kandle et al., 2003).

In this study, 04 (1.6%) and 26(10.4%) *S. aureus* isolates were resistant to netilmicin and amikacin respecttively. Another study from Poland reported 24.4% *S. aureus* strains were resistant to amikacin and that no strain of *S. aureus* was found resistant to netilmicin (Hauschild et al., 2008). Of the 250 *S. aureus* isolates, 66 (26.4%) were resistant to at least one of the four aminoglycosides tested which is somewhat lower than the finding of the authors (Hauschild et al., 2008) who reported that 38.1% of their isolates of *S. aureus* were resistant to one of the aminoglycosides tested.

In this study, 60 (56.1%) MRSA isolates were resistant to tobramycin, 25 (23.4%) to amikacin and 04 (3.7%) to netilmicin. Tiwari et al. (2008) reported 41.5% amikacin resistance among MRSA. In this study, netilmicin sensitivity is found to be higher than other aminoglycosides. A study from India and Korea reported 5.1% and less than 20% netilmicin resistance in their study, respectively (Rajaduraipandi et al., 2006; Kim et al., 2004).

In our study, members of aminoglycoside group were tested separately because *in vitro* testing of one member, however, may not predict *in vitro* result for other members in the group. Further genotypic studies are needed for the isolates demonstrating phenotypic resistance to any of the member of this class. It will help in the identification of the known or any new gene encoding aminoglycoside modifying enzyme in staphylococcal isolates which could account for the phenotype.

In summary, among the aminoglycosides tested, maximum susceptibility was found for netilmicin (98.4%) followed by amikacin (89.6%). Highest resistance was observed for gentamicin (26.4%). Continued surveillance at both the genotypic and phenotypic levels as well as adherence to well-designed antibiotic and infection control policies are necessary to understand and limit further rise of resistant isolates.

# **Conflict of Interests**

The author(s) have not declared any conflict of interests.

#### REFERENCES

Anupurba S, Sen M, Nath G, Sharma B, Gulati A, Mohapatra T (2003).

Prevalence of methicillin resistant *Staphylococcus aureus* in a tertiary referral hospital in eastern Uttar Pradesh. Indian J. Med. Microbiol. 21:49-51.

- Cafferkey M, Hone R, Falkinier F, Kean C, Pomeroy H (1983). Gentamicin and methicillin resistant *Staphylococcus aureus* in Dublin hospitals: clinical and laboratory studies. J. Med. Microbiol. 16:116-127.
- Clinical and Laboratory Standards Institute (CLSI) (2010). Performance Standards for Antimicrobial Susceptibility Testing; Twentieth informational supplement. M100-S20. Pennsylvania. CLSI document.
- Hammerberg O, Elder D, Richardson H, Landis S (1986). Staphylococcal resistance to aminoglycosides before and after Introduction of amikacin in two teaching hospitals. J. Clinical Microbiol. 24(4):629-632.
- Hauschild T, Sacha P, Wieczorek P, Zalewska M, Kaczynski K, Tryniszewska E (2008). Aminoglycosides resistance in clinical isolates of *Staphylococcus aureus* from a University Hospital in Bialystok, Poland. Folia Histochemica et Cytobiologica. 46(2):225-228.
- Jana S, Deb J (2006). Molecular understanding of aminoglycoside action and resistance. Appl. Microbiol. Biotechnol. 70(2):140-50.
- Kandle S, Ghatole M, Takpere A, Hittinhalli V, Yemul V (2003). Bacteriophage typing and antibiotic sensitivity pattern of *Staphylococcus aureus* from clinical specimen in and around Solapur (South Maharashtra). J. Commun. Dis. 35:17-23.
- Kim H, Jang H, Nam H, Choe K (2004). In vitro activities of 28 antimicrobial agents against Staphylococcus aureus from tertiary care hospitals in Korea: a nationwide survey. Antimicrob. Agents Chemother. 48(4):1124-1127.
- Lowy FD (2003). Antimicrobial resistance: the example of *Staphylococcus aureus*. J. Clin. Invest. 111:1265-1273.
- Rajaduraipandi K, Mani K, Panneerselvam K, Mani M, Bhaskar M, Manikandan P (2006). Prevalence and antimicrobial susceptibility pattern of methicillin resistant *Staphylococcus aureus*: a multicentre study. Indian J. Med. Microbiol. 24(1):34-38.
- Schmitz F, Fluit A, Gondolf M, Bayrau R (1999). The prevalence of aminoglycoside resistance and corresponding resistance genes in clinical isolates of staphylococci from 19 European hospitals. J. Antimicrob. Chemother. 43:253-259.
- Tiwari H, Sapkota D, Sen R (2008). High prevalence of multidrugresistant MRSA in a tertiary care hospital of northern India. Infect. Drug Resist. 1:57-61.

# academic Journals

Vol. 6(6), pp. 97-103, August 2014 DOI: 10.5897/JMA2014.0318 Article Number: EE1342B46782 ISSN 2141-2308 Copyright © 2014 Author(s) retain the copyright of this article http://www.academicjournals.org/JMA

Journal of Microbiology and Antimicrobials

Full Length Research Paper

# Control of Fusarium wilt using biological agent Streptomyces sp.CPP-53 isolated from compost with plant growth promoting effect on tomato under greenhouse condition

# Ranveer Kamal\* and A. K. Sharma

Department of Biological Sciences, College of Basic Sciences and Humanities, G.B. Pant University of Agriculture and Technology, Pantnagar, US Nagar, Uttarakhand 263145, India.

#### Received 22 May, 2014; Accepted 1 August, 2014

In the present investigation, four different composts were obtained from Supa Biotech (P) Ltd., Muketshwar and LRC, GBPUAT, Pantnagar, India. The highest actinomycetes community was obtained from CPP compost (67.18%), LRC (15.62%), CM (12.5%) and VE (4.6%). A total of 48 actinomycetes isolated and examined, exhibited ability to degrade starch, solubilize phosphate, produce catalase and siderophores. Isolated actinomycetes strains were checked for their antagonistic potential against seed and soil borne plant pathogens: *Fusarium oxysporum* (Wilt), *Colletotrichum truncatum* (Anthracnose in soyabean), *Colletotrichum capsici* (Anthracnose in chilli) and *Helminthosporium oryzae* (Brown spot in rice). It restricted mycelium growth of all four pathogens: *H. oryzae* (61.53%), *F. oxysporum* (57.5%), *C. truncatum* (54.05%) and *C. capsici* (50%) under *in vitro* condition. A greenhouse study was performed to evaluate efficiency of CPP-53 for controlling disease incidence by *F. oxysporum* in tomato plants. Out of the four treatments in this experiment, significantly lowest disease severity and higher plant vigour was recorded when CPP-53 was inoculated as compared to the control plants. Observation proved the potential of strain CPP-53 under *in vitro* condition and as an amendment in soil leading to suppression of pathogenic effect and efficient biocontrol agent. 23S rDNA region of actinomycetes strains were sequenced and the most potent one, CPP-53 has 98% similarity with *Streptomyces flavofuscus*.

Key words: Siderophore production, wilt, disease severity, Streptomyces flavofuscus, 23S rDNA, biocontrol.

# INTRODUCTION

The compost may act as growth medium or as a source of beneficial organisms. A rich microbial flora commonly present in compost has proven to have suppressive effects on several plant pathogens. Compost directly or indirectly influences the soil by improving soil health and provides plant protection. A compost may give a

\*Corresponding author. E-mail: ranveerbiotech@gmail.com.

Author(s) agree that this article remain permanently open access under the terms of the <u>Creative Commons Attribution License 4.0</u> International License contribution to biological control and hence suppression of disease caused by pathogens.

Several microorganisms isolated from different composts have turned out to be strongly antagonistic against certain plant pathogenic fungi. Numerous microorganisms antagonistic towards soil borne plant pathogens have been isolated from disease suppressive composts (Kuter et al.,1983; Kwok et al., 1987) and studies has also showed evidence that compost can benefit siderophore producing bacterial populations, which means that compost generally have the potential to create a suitable environment for proliferating rhizosphere bacteria.

Numerous compost of various origins have been investigated over the years regarding the effects on soil borne plant pathogens as well as foliar. Biocontrol organisms in compost inhibit pathogens through several mechanisms commonly found among antagonists, such as competition, antibiosis, hyperparasitism and induced systemic resistance (ISR). A variety of composts microorganisms have proved activity in controlling various plant diseases. Biological control has potential for the management of various seed and soil borne plant pathogens.

Seed and soil borne plant pathogens can significantly reduce yield and quality of vegetable crops. Anthracnose is the most common disease reported in many plant species such as chilli, soybean, tomato, banana, cotton caused by *Colletotrichum* spp., it affects almost all the parts of plant, that is leaves, flowers, pods, roots, stems, fruits. In addition to yield reduction, *Colletotrichum truncatum* may affect seed quality (França Neto and West, 1989).

Fusarium wilt is a common destructive disease in many economically important crops including, tomato (Lycopersicon esculentum) cause by soil borne pathogen (Fusarium oxysporum) resulting in severe losses in many crop variety of plants. Ever since, two distinct forms of the pathogen can cause either a vascular wilt (Fusarium oxysporum f. sp. Lycopersici W. C. Snyder & H. N. Hans.) or a crown and root rot (F. oxysporum f. sp. radicis-lycopersici W. R. Jarvis & Shoemaker) in tomato. Both pathogens occur mostly in tomato growing areas and sometimes destroy whole crop grown in the field. This pathogen is spread through-out almost all crops and developing new races is a continuing trouble. Many researchers have reported and developed resistant variety of tomato but they provide some degree of control over pathogen.

It is well known that actinomycetes are one of the major and important sources of many biologically active substances such as vitamins, antibiotics, extracellular metabolites, alkaloids, plant growth factors, enzymes, etc. Several properties associated with actinomycetes reported in many areas might explain the ability of several of them to act as biocontrol tool, ability to colonize plant surface, antibiosis against plant pathogens, synthesis of extracellular enzymes, and the degradation of phytotoxins. Weller (1988) reported that the microorganism that colonizes roots is ideal for use as a biocontrol agent against soil-borne diseases. *Streptomyces griseoviridis* is a good example for colonization of plant rhizosphere by actinomycetes. *S. griseoviridis* is an antagonistic microorganism dominant in biocontrol of plant diseases such as the fusarium wilt of carnation (Tahvonen, 1988).

This study, which deals with seed and soil borne plant pathogens and compost, will be a source for isolating biocontrol actinomycetes. The aim of this study was to isolate potential antagonists from different composts and examine their activity against seed and soil borne fungal pathogens with special emphasis on controlling fusarium wilt of tomato. In addition, primary screening of potent isolate was performed under *in vitro* condition; further secondary screening under green house conditions was also performed for the control of fusarium wilt.

#### MATERIALS AND METHODS

#### **Compost collection**

Four composts were collected; three were from Supa Biotech (P) Ltd, Muketshwar and one as from LRC, GBPUAT, Pantnagar, India at different temperature condition. At the time of collection of samples, the nature of compost was wet, semi-wet and dry. The compost was air-dried at room temperature ( $30 \pm 2^{\circ}$ C). About 10 g of the sample was taken and the rest stored at 4°C in a refrigerator for further studies.

#### Isolation and characterization of Actinomycetes

Actinomycetes isolation was done followed by serial dilution on their respective isolation medium. Isolates were purified on actinomycetes isolation agar and ken knight agar medium using streak and counter streak method. Purified actinomycetes isolates were stored at 4°C for further examination. Primary screening was done by morphological behaviour of bacterial colonies such as colony color, size, shape and growth on medium.

#### **Biochemical assay**

#### Starch hydrolysis

The ability of isolates to excrete hydrolytic enzymes capable of degrading starch was checked on starch agar medium. The isolates were inoculated onto starch agar plate and incubated for 4-6 days at 28  $\pm$  2°C. Starch in the presence of iodine produce blue colorization on the plate and yellow zone around the colonies showed amylolytic activity considered as positive result.

#### Siderophore production

Siderophore production test was conducted with selected isolates; CAS (Chrome Azurole S) agar test method was adopted as reported (Schwyn and Neilands, 1987). Actinomycetes isolates were inoculated on CAS agar plate by spot inoculation using autoclaved tooth pick, incubated at  $28 \pm 2^{\circ}$ C for 4-6 days. After incubation, yellow-orange hollow zone around the bacterial colony was considered positive.

#### Quantitative indole acetic acid (IAA) estimation

IAA production by actinomycetes was estimated according to Gordon and Weber (1951) method by inoculating in 5 ml Luria Bertanni (LB) broth supplemented with 0.01% tryptophan and incubated for 3 days at 28°C. The bacterial culture were centrifuged at 3,000 rpm for 5-7 min, supernatant were collected in separate tubes. Appearance of pink colour (addition of 4 ml of Salkowski's reagent to 2 ml of supernatant) confirmed the production of IAA. Quantitative measurement of IAA was determined by recording absorbance at 535 nm.

#### Molecular identification of actinomycetes

Seven day old pure culture grown in ken knight broth was pelleted in 50 ml centrifuge tube by centrifugation at 10,000 g for 10 min at room temperature. Cells pellet was collected and resuspended in lysis buffer (TE buffer, 10% SDS and Proteinase K) followed by C-TAB method (Rogers et al., 1994). The PCR amplification was done from total genomic DNA using actinomycetes 23S rDNA primers Actino 23 F- CCGANAGGCGTAGBCGATGG, Actino 23 R -CCWGWGTYGGTTTVSGGTA, these primers amplify approximately 361 base pairs (bp). The (50 µl) PCR mixture, 25 pmol of primer, 2.5 mM of each dNTP (dATP, dGTP, dTTP, dCTP (GeNei), 10 X Reaction mixture buffer (100 mM Tris/HCI, 500 mM KCl, 15 mM MgCl<sub>2</sub>) (GeNei), 0.5 unit of Taq DNApolymerase (Larova) and 10-50 ng of genomic DNA. The PCR program was performed on a thermal cycler (Biometra) system. The DNA and ddH<sub>2</sub>O were subjected first to a denaturation step of 94°C for 4 min followed by addition of the rest of the PCR mix and 30 cycles of 97°C for 30 s, 55°C for 30 s, 72°C for 1 min; a final re-annealing at 55°C and extension at 72°C for 15 min (Gao and Gupta, 2005). Following thermal cycling, the PCR products were visualized by agarose gel electrophoresis and captured (Bio-red) Gel Doc. Sizes of the amplicons were assessed with 100 bp ladder (GeNei) run in the agarose electrophoresis.

# Primary screening of actinomycetes strains for antagonistic activity

#### In vitro assay (laboratory condition)

A total of four actinomycetes were used in this study to check their antagonistic effect on seed and soil borne plant pathogens, that is, *Fusarium oxysporum* (wilt in tomato), *Rhizoctonia solani* (sheath blight in maize), *Colletotrichum tranctum* (Anthracnose in soyabean), *Colletotrichum capsici* (Anthracnose in chilli) and *Helminthosporium oryzae* (brown spot in rice) by *in vitro* dual-culture assay using the modified method of Cherif and Benhamou (1990).

The mycelium disc (5 mm diameter) was aseptically punched from the fully grown culture plates with a cork borer, placed onto freshly prepared potato dextrose agar and actinomycetes isolation agar.

Actinomycetes isolates were checked for their activity against the same pathogen. Three replicates were maintained for each test organism. Un-inoculated plate with pathogen served as control and incubated for 72-96 h at 28°C. The percentage growth inhibition was determined by calculating the radial growth of fungal mycelium in control and in dual culture plate suggested by Skidmore and Dickinson (1976).

$$\mathbf{PI} = \frac{\mathbf{R1} - \mathbf{R2}}{\mathbf{R1}} \times \mathbf{100}$$

R1 = Radial growth on control plate; R2 = Radial growth on cultured plate

#### Plant materials

Tomato (*Lycopercisi esculantum*) seeds cv. Pant T-3 were obtained from SPC, Pantnagar. The seeds were surface sterilized with 2% sodium hypochlorite for 10 min (Guo et al., 2004), rinsed three times with autoclaved distilled water. Seeds were sown in sterilized soil and sand (1:1) mixture in a tray under maintained glasshouse condition, supplementary light, 40  $\mu$ E m-2s-1, with a 16/8 h day/night cycle at 22-28°C and 50% humidity.

#### Pathogen evaluation for greenhouse studies

After four leaves stages of tomato plant pathogenicity test was carried out to determine the pathogen responsible for wilt host specific to tomato plant. Mycelium disk of desired pathogen were grown in Armstrong medium broth for seven days in orbital shaker incubator at 28°C. Mycelium mat was collected by centrifugation at 3,000 rpm for 10 min. Mycelium was crushed with autoclaved distilled water in sterilized mortar and pestle under laminar condition to avoid microbial contamination. Different concentration of conidial (10<sup>7</sup> spore ml<sup>-1</sup>) suspension of pathogen (*F. oxysporum*) was taken as 2 ml/100 g, 4 ml/100 g, 8 ml/100 g and 12 ml/100 g substrate. Plant were treated and kept under greenhouse condition until the disease incidence activity was seen, control plants were treated with distilled water alone. Finally, 4 ml (10<sup>7</sup>/ml spores) conidial suspension per 400 g substrate concentration was standardized for disease incidence experiment in tomato plant (Figure 2). The experiment was conducted in 500 g pot filled with sterilized substrate (equal ratio of soil and sand mixture).

# Screening of Streptomyces strain CPP-53 for antagonistic activity

#### Greenhouse experiment

A greenhouse experiment was conducted for screening of actinomycetes strains under greenhouse condition for their antagonistic activity. Tomato nursery was grown, Four leaf stage tomato seedlings were then transplanted into new pot containing pathogen inoculum  $(10^{-7} \text{ ml}^{-1} \text{ spores})$  cell suspension. After a week of pathogen inoculation, actinomycetes strain CPP-53 was inoculated via rootlet system at a concentration of 8 x  $10^7$  cfu ml<sup>-1</sup> (seven days old culture). There were three treatments and one control, each treatment had three replicates. The experiment was repeated twice with the same actinomycetes strain. Plants were then allowed to grow under controlled greenhouse condition. Observation was made after 25 days of inoculation.

#### Disease severity evaluation

Disease severity index was evaluated following the method of Grattidge and O'Brien (1982).

#### Growth promotion activity by Streptomyces strain CPP-53

Strain CPP-53 grown in 100 ml ken knight broth to evaluate growth promotion activity on tomato (*L. esculantum*) under greenhouse condition. Seven days old culture of actinomycetes with a concentration of 8 x  $10^{-7}$  cfu ml<sup>-1</sup> inoculated on rootlets one week later of pathogen inoculation, with one control (without actinomycetes). The experiment repeated twice and the end of 25<sup>th</sup> day plants were uprooted and biometric observation was done, that is, plant height, root length and total plant biomass.

Compost name	Temperature (°C) condition	Nature of compost sample	рН
CPP supa biotech (P) Ltd, Muketshwar	26±2	Semi-dry	7.4
Vermi supa biotech (P) Ltd, Muketshwar	26±2	Semi-dry	8.5
Compost supa biotech (P) Ltd, Muketshwar	26±2	Semi-dry	7.7
LRC vermi Pantnagar	30±2	Wet	7.5

Table 1. Characteristics of compost collected.

**Table 2.** Number of actinomycetes colony isolated on Actinomycetes isolation agar

 (AIA) and ken knight agar medium.

Name of collected compost	Decoding	Number of isolated actinomycetes
CPP	CPP	27 (14-58)
Vermi	VE	8 (59-66)
Compost	CM	10 (67-76)
LRC vermi	LRC	3 (77-79)

**Table 3.** Antifungal activity of S. flavofuscus strains CPP-53 by dual culture assay, radial growth of fungus on control and test plate and percentage inhibition (PI).

Plant Pathogen	Growth of fungus (mm)	Suppression of fungus by S. flavofuscus CPP-53 (mm)	Percentage of inhibition over control
Helminthosporium oryzae	39	15	61.53
Fusarium oxysporum	40	17	57.5
Colletotrichum truncatum	37	17	54.05
Colletotrichum capsici	40	20	50
SEM	13	-	-
CD @5%	24	-	-

#### **RESULTS AND DISCUSSION**

# Isolation and characterization of actinomycetes strains

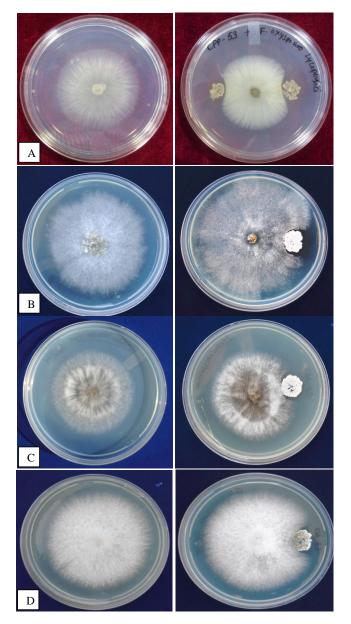
Total 79 actinomycetes were isolated from four different compost samples collected from different place as designated in Tables 1 and 2. Actinomycetes strain were isolated and purified onto ken knight agar medium. Strains were characterized and identified following Bergey's Manual of Determinative Bacteriology (1957) and Nonomura (1974). Strains were differed from their spore chain formation, colony size, shape, color of aerial mycelium, pigment production onto growth medium (Table 3). The potent actinomycetes strains were selected by their morphological and biochemical test such as siderophore production, starch hydrolysis and catalase activity etc.

#### Molecular identification of actinomycetes

Actinomycetes strains were identified by 23S rDNA sequencing, DNA was amplified using polymerase chain reaction (PCR) with actinomycetes specific primers, directly sequenced and analysed with online available alignment and similarity search tool (NCBI-BLAST). A most potential antagonist strain CPP-53 identified as *Streptomyces flavofuscus* with a maximum hit with genus *Streptomyces* and species *flavofuscus* with 98% similarity. The nucleotide sequence (201 bp) of isolate *Streptomyces flavofuscus* CPP-53 deposited to gene bank database (NCBI) under the accession number KJ465918.

#### Antagonistic activity

Actinomycetes strains were primary screened in vitro (lab



**Figure 1.** Antagonistic activity of *S. flavofuscus* strain CPP-53 against plant pathogen fungi; A) *Fusarium oxysporum* control, B) *Colletotrichum tranctum*, C) *Helminthosporium oryzae* and D) *Colletorichum capsici*.

condition) by dual-culture assay to evaluate their antagonistic effect against four important crop (Tomato, Soyabean, Chilli and Rice) damaging plant pathogenic fungi, that is, *F. oxysporum, C. tranctum, H. oryzae* and *C. capsici* respectively. A single potent actinomycete strain CPP-53 is found to have antagonistic effect over all four pathogens. The observation was recorded on 3<sup>rd</sup> and 5<sup>th</sup> day after dual culture inoculation, *S. flavofuscus* CPP-53 showed maximum (61.53%) inhibition over *H. oryzae* followed by *F. oxysporum* (57.05%), *C. tranctum* (54.05%) and *C. capsici* (50%), and restricts growth of aerial mycelium (Figure 1). A greenhouse trial, in which F. oxysporum served as model pathogens, was set up in order to monitor growth and disease development in tomato plants. S. flavofuscus strain CPP-53 was studied against F. oxysporum to reduce the effect of pathogen in soil medium. Disease severity was recorded following Grattidge and O'Brien (1982) using 0-4 scale system, four treatments were analysed with three replication of each treatment. Control (T<sup>1</sup>) without pathogen was placed 0 in scale followed by  $T^2$  (*F.oxysporum*) counted as dead plant (100%),  $T^3$  (S. flavofuscus Strain CPP-53 + F.oxysporum) recorded as 1 (0-24%) and T<sup>4</sup> (CPP-53) recorded with no disease incidence with a plant growth promotion effect (Figure 3). When S. flavofuscus CPP-53 was inoculated alone, a significant increase in plant height and root volume was also achieved (Figure 4). The ability of Streptomycetes has been shown to be promising biocontrol agents capable of inhibiting fungal pathogens of several plant diseases.

Talc-based formulation of *S. griseus* on tomato seeds and seedlings showed a significant reduction in disease severity caused by *F. oxysporum* f. sp. *lycopersici* (Anitha and Rabeeth, 2009). *S. rochei* ACTA1551 strongly suppressed the growth of *F. oxysporum* f.sp. *lycopersici* in *in vitro* condition. The strain was able to protect tomato seeds from *F. oxysporum* infection *in vivo* (Kanini et al., 2013). A significant reduction in the disease incidence of Fusarium wilt in tomato plant was recorded when the tomato seeds were treated with *S. miharaensis* strain KPE62302H when compared with untreated controls (Kim, 2012). The inhibitory effects of *S. violaceusniger* strain G10 against *F. oxysporum* f.sp. cubense, the causal pathogen of wilt disease of banana was reported by Getha and Vikineswary (2002)

### **Quantitative estimation of IAA**

Production of IAA by actinomycetes strains grown in LB broth with and without tryptophan was estimated. All strains differed in their capacity to produce IAA. It was found that the IAA was produced by *Streptomyces* sp. strain CPP-53 (16.83  $\mu$ g/ml), when culture medium was supplemented with a concentration (mg<sup>-1</sup>ml<sup>-1</sup>) of L-Tryptophan at 28°C incubation.

*S. atrovirens* ASU14 produced high amount of IAA 22 µg/ml isolated from wheat rhizosphere soil (Abd-Alla et al., 2013). Many studies reported the production of IAA by *Streptomyces scabies* (Manulis et al., 1994; Meenakshi et al., 2010).

### Conclusion

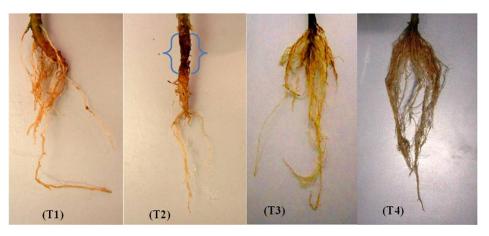
From the results, the benefit of actinomycetes strains was observed by restricting the mycelium growth of plant pathogenic fungi and controlling fusarium wilt of tomato under greenhouse condition. Biological control is a costeffective and eco-friendly approach for any disease



**Figure 2.** Pathogen evaluation under greenhouse condition: control plant with distilled water and other plants treated with a different concentration (10<sup>-7</sup> spore ml<sup>-1</sup>) of pathogen inoculum.



**Figure 3.** Effect of actinomycetes and *Fusarium oxysporum* inoculation on tomato plant under greenhouse condition. (T1) Treated with distilled water (control), (T2) Treated with *F. oxysporum*, (T3) *F. oxysporum* and actinomycetes strain CPP-53 and (T4) Actinomycetes strain CPP 53 alone.



**Figure 4.** Effect of actinomycetes and *F. oxysporum* on tomato roots: (T1) Treated with distilled water (control), (T2) Treated with *F. oxysporum*, (T3) *F. oxysporum* and actinomycetes strain CPP-53 and (T4) actinomycetes strain CPP 53 alone.

management application. The consequence on seed and soil borne pathogens revealed that the antagonists significantly reduced the growth of all four pathogenic fungi either by suppression or exhibiting inhibition zones.

The outcome of the experiment in laboratory and in greenhouse shows the potential of *Streptomyces* sp. CPP-53 strain control over *F. oxysporum* causing agent of wilt in tomato. The bio-formulation of actinomycetes will accomplish the prerequisite criteria for the development of an eco-friendly disease management strategy to overcome the disease (fusarium wilt) of tomato in the field.

### **Conflict of Interests**

The author(s) have not declared any conflict of interests.

#### ACKNOWLEDGEMENTS

The first author is very thankful to the project investigator (PI) and national co-ordinator (AMAAS) for supporting the project work financially.

#### REFERENCES

- Anitha A, Rabeeth M (2009). Control of Fusarium Wilt of Tomato by Bioformulation of *Streptomyces griseus* in Green House Condition. Afr. J. Basic App. Sci. 1(1-2):9-14.
- Cherif M, Benhamou N (1990). Cytochemical aspect of chitin breakdown during the parasitic action of a Trichoderma sp. on *Fusarium oxysporum* f. sp. Radicislycoperici. Phytopathol. 80:1406-1404.
- Getha K, Vikineswary S (2002). Antagonistic effect of *Streptomyces violaceusniger* strain G10 on *Fusarium oxysporum* f.sp. cubense race 4: indirect evidence for the role of antibiosis in the antagonistic process. J. Ind. Microbiol. Biotechnol. 28(6):303-310.
- Grattidge R, O'Brien RG (1982). Occurrence of third race of Fusarium wilt of tomatoes in Queensland. Plant Dis. 66:165-166.
- Guo JH, Qi HY, Guo YH, Ge HL, Gong LY, Zhang LX, Sun PH (2004). Biocontrol of tomato wilt by plant growth-promoting rhizobacteria. Biol. Cont. 29:66-72.

- Kanini GS, Katsifas EA, Savvodes AL, Karagouni AD (2013). Streptomyces rochei ACTA1551, an Indigenous Greek Isolate Studied as a Potential Biocontrol Agent against Fusarium oxysporum f.sp. Lycopersici. BioMed Res. Int. Article ID 387230, 10pp.
- Kim JD, Han JW, Hwang IC, Lee D, Kim BS (2012). Identification and biocontrol efficacy of Streptomyces miharaensis producing filipin III against Fusarium wilt. J. Basic Microbiol. 52(2):150-159.
- Kuter GA, Nelson EB, Hoitink HAJ, Madden LV (1983). Fungal Populations in Container Media Amended with Composted Hardwood Bark Suppressive and Conducive to Rhizoctonia Damping-Off. Phytopathol. 73:1450-56.
- Kwok OCH, Fahy PC, Hoitink HAJ, Kuter GA (1987). Interactions Between Bacteria and Trichoderma hamatum in Suppression of Rhizoctonia Damping-Off in Bark Compost Media. Phytopathol. 77:1206-1212.
- Manulis S, Shafrir H, Epstein E, LichterA, Barash I (1994). Biosynthesis of indole-3-acetic acid via the indole-3-acetamide pathway in Streptomyces spp. Microbiol. 140:1045-1050
- Meenakshi M, Umesh K, Pankaj KM, Veeru P (2010). Efficiency of plant growth promoting rhizobacteria for the enhancement of Cicer arietinum L. growth and germination under salinity. Adv. Bio. Res. 4:92-96.
- MH Abd-Alla, El-SayedA. El-Sayed, Abdel-Hamied M, Rasmey (2013). Indole-3-acetic acid (IAA) production by Streptomyces atrovirens isolated from rhizospheric soil in Egypt. J. Biol. Earth Sci. 3(2):B182-B193
- Nonomura H (1974). Key for classification and identification of 458 species of the Streptomycetes included in ISP. J. Ferment. Technol. 52(2):78-92.
- Rogers SO, Bendich AJ (1994). Extraction of DNA from plant, fungal algal tissue, In: Gelvin, SB, Schilperoot, RA (eds.), Plant Molecular Biology Manual, Boston, MA Kluwer Academic Publishers D1. pp.1-8.
- Schwyn B, Neilands JB (1987). Universal chemical assay for the detection and determination of siderophores. Anal. Biochem.160:47-56.
- Skidmore AM, Dickinson CM (1976). Colony interactions and Hyphalinter deference between septoria nodorum and phylloplane Fungi. Trans. Br. Mycol. Soc. 66:57-64.
- Tahvonen, RT (1988). Microbial control of plant disease with Streptomyces spp. EPPO Bull. 18:55-59.
- Weller DM (1988). Biological control of soilborne plant pathogens in the rhizosphere with bacteria. Annu. Rev. Phytopathol. 26:379-407.

# Journal of Microbiology and Antimicrobials

# **Related Journals Published by Academic Journals**

- Journal of General and Molecular Virology
- African Journal of Food Science
- Journal of Ecology and The Natural Environment
- African Journal of Environmental Science and Technology
- African Journal of Microbiology Research

# academiclournals