



# Complete Genome Sequences of Three *Bacillus anthracis* Bacteriophages

Sivan Alkalay,<sup>a</sup> Sarit Sternberg,<sup>a</sup> Shunit Copenhagen-Glazer,<sup>a</sup>  Ronen Hazan<sup>a</sup>

<sup>a</sup>Faculty of Dental Sciences, Hebrew University, Hadassah School of Dental Medicine, Jerusalem, Israel

**ABSTRACT** The new highly effective *Bacillus anthracis* phages Negev\_SA, Carmel\_SA, and Tavor\_SA were isolated from soil samples, and their complete genomes were sequenced and analyzed. The isolated phages have potential use in future phage therapy treatment against anthrax.

*Bacillus anthracis* is a Gram-positive spore-forming bacterium that causes the anthrax disease (1, 2). *B. anthracis* is considered one of the most dangerous bioterrorism agents due to its remarkable survival abilities and its high lethality (3). Although antibiotics are usually effective against *B. anthracis* infections (4), antibiotic resistance is regarded as a threat (5). Moreover, it is expected that in the event of a bioterrorism attack, antibiotic-resistant strains will be deployed. A possible solution to this threat is to have an arsenal of lytic bacteriophages that are effective against *B. anthracis*. Yet, so far, only 12 of them specifically attack *B. anthracis* strains (6).

Here, we report the isolation of three new *B. anthracis* phages, Negev\_SA, Carmel\_SA, and Tavor\_SA, which could be developed to treat anthrax infections.

The phages were isolated from soil samples from various places in Israel, mainly the Golan Heights region, where several outbreaks of anthrax disease were reported. Purification was conducted using the phage titration method, as previously described (7), with a few modifications. Briefly, samples were incubated in LB broth for a few days, followed by centrifugation at  $2,650 \times g$  for 10 min and filtration through filters with 0.22- $\mu\text{m}$  pores. Two hundred microliters of exponentially grown bacterial cultures ( $10^8$  CFU/ml) was added to 3.5 ml of 0.5% agarose, which was poured onto an LB plate. Three microliters of each sample was spotted on the bacterial lawn, and the plates were incubated overnight at 37°C.

The phages' DNA was purified using a phage DNA isolation kit (Norgen Biotek), libraries were prepared with an Illumina Nextera XT DNA kit (San Diego, CA), and sequencing was performed using the Illumina MiSeq platform. The quality of the 150-bp paired-end reads was assessed with FastQC (<https://www.bioinformatics.babraham.ac.uk/projects/fastqc>). The *de novo* assembly with the trimmed paired-end reads was performed using Geneious version 10 (Biomatters). The mean coverages are  $30.7 \times (\pm 10.4)$  for Negev\_SA,  $35.2 \times (\pm 11.4)$  for Carmel\_SA, and  $31.3 \times (\pm 11.6)$  for Tavor\_SA. Annotation was performed with PHAST (PHAge Search Tool). Analysis of the open reading frames and phylogenetic tree generation were performed with Geneious version 10 and its plugins.

The genomes of Negev\_SA, Carmel\_SA, and Tavor\_SA are linear and contain 40,375 bp, 40,165 bp, and 40,397 bp, respectively. The G+C contents of Carmel\_SA and Tavor\_SA (both 35.2%) and Negev\_SA (34.9%) are similar to that of *B. anthracis* (35.1%).

Carmel\_SA, Tavor\_SA, and Negev\_SA are similar to *Bacillus* phages Gamma (GenBank accession number NC\_007458) and Fah (DQ222851) belonging to the *Siphoviridae* family of the order *Caudovirales*. There are 57 coding sequences in Negev\_SA, 56 in Carmel\_SA, and 61 in Tavor\_SA. The genes of the three phages are similar, except for a few exceptions; Carmel\_SA is the only genome which contains beta-galactosidase

**Received** 15 September 2017 **Accepted** 15 November 2017 **Published** 4 January 2018

**Citation** Alkalay S, Sternberg S, Copenhagen-Glazer S, Hazan R. 2018. Complete genome sequences of three *Bacillus anthracis* bacteriophages. Genome Announc 6:e01164-17. <https://doi.org/10.1128/genomeA.01164-17>.

**Copyright** © 2018 Alkalay et al. This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/).

Address correspondence to Ronen Hazan, [ronenh@ekmd.huji.ac.il](mailto:ronenh@ekmd.huji.ac.il).

and does not code for a phage terminase small subunit. Only Negev\_SA has a flagellar hook-length control protein (FliK) and a phage antirepressor.

The phages contain repressor proteins, site-specific recombinases, and antirepressor proteins, which indicates that these phages have lysogenic capabilities that might impair the use of these phages for therapy. However, the fact that they are genetically related to phage Gamma, which is lytic (8), and that in our experiment the phages exert clear plaques and dramatic killing in liquid, perhaps indicate that they might still be candidates for therapy.

**Accession number(s).** The complete genome sequences of *B. anthracis* phages Negev\_SA, Carmel\_SA, and Tavor\_SA are available in GenBank under the accession numbers [KY963370](https://doi.org/10.1128/JB.187.19.6742-6749.2005), [KY963371](https://doi.org/10.1128/JB.187.19.6742-6749.2005), and [KY963369](https://doi.org/10.1128/JB.187.19.6742-6749.2005), respectively.

## ACKNOWLEDGMENTS

This work was funded by the Israeli Defense Ministry and by a British Rosetrees Trust grant. The work was also supported by Alpha-Research Program in the Sciences of the Future Scientists, Center for the Advancement of the Gifted and Talented in Israel (<https://www.madaney.net/en/homepage>).

## REFERENCES

1. Sweeney DA, Hicks CW, Cui X, Li Y, Eichacker PQ. 2011. Anthrax infection. *Am J Respir Crit Care Med* 184:1333–1341. <https://doi.org/10.1164/rccm.201102-0209CI>.
2. Spencer RC. 2003. *Bacillus anthracis*. *J Clin Pathol* 56:182–187. <https://doi.org/10.1136/jcp.56.3.182>.
3. Klietmann WF, Ruoff KL. 2001. Bioterrorism: implications for the clinical microbiologist. *Clin Microbiol Rev* 14:364–381. <https://doi.org/10.1128/CMR.14.2.364-381.2001>.
4. Jamie WE. 2002. Anthrax: diagnosis, treatment, prevention. *Prim Care Update OB/GYNS* 9:117–121. [https://doi.org/10.1016/S1068-607X\(02\)00100-2](https://doi.org/10.1016/S1068-607X(02)00100-2).
5. Athamna A, Athamna M, Abu-Rashed N, Medlej B, Bast DJ, Rubinstein E. 2004. Selection of *Bacillus anthracis* isolates resistant to antibiotics. *J Antimicrob Chemother* 54:424–428. <https://doi.org/10.1093/jac/dkh258>.
6. Gillis A, Mahillon J. 2014. Phages preying on *Bacillus anthracis*, *Bacillus cereus*, and *Bacillus thuringiensis*: past, present and future. *Viruses* 6:2623–2672. <https://doi.org/10.3390/v6072623>.
7. Khalifa L, Brosh Y, Gelman D, Copenhagen-Glazer S, Beyth S, Poradosu-Cohen R, Que YA, Beyth N, Hazan R. 2015. Targeting *Enterococcus faecalis* biofilms with phage therapy. *Appl Environ Microbiol* 81:2696–2705. <https://doi.org/10.1128/AEM.00096-15>.
8. Davison S, Couture-Tosi E, Candela T, Mock M, Fouet A. 2005. Identification of the *Bacillus anthracis*  $\gamma$  phage receptor. *J Bacteriol* 187:6742–6749. <https://doi.org/10.1128/JB.187.19.6742-6749.2005>.