

Original Paper

## ANTIBACTERIAL ACTIVITIES OF BACTERIAL SYMBIONTS OF SOFT CORAL *Sinularia* sp. AGAINST TUBERCULOSIS BACTERIA

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### ABSTRACT

*Tuberculosis (TB) is caused by Mycobacterium tuberculosis. Although TB is a curable disease, it continues to be one of the most important infectious causes of death worldwide. Indonesia ranks 3<sup>rd</sup> on the list of TB high burden countries in the world with 86,000 cases deaths and the Multi Drug Resistant Tuberculosis (MDR TB) estimated cases in Indonesia is 10,000. This research was aimed to isolate and characterize of soft coral Sinularia sp.-associated bacteria having antibacterial activity against Tuberculosis bacteria. There were 109 isolates collected from Sinularia sp. Two isolates from Sinularia sp.-associated bacteria, SC4TGZ3 and SC4TGZ4 were successfully screened for antibacterial against Tuberculosis bacteria. SC4TGZ3 was found to inhibit the growth of MDR TB strain HE, MDR TB strain SR and H37Rv. Whereas, SC4TGZ4 was found to inhibit the growth of MDR TB strain HE. Based on PCR amplification 16S rDNA soft coral bacteria were identified as follows: SC4TGZ3 was closely related to Pseudovibrio sp. and SC4TGZ4 was closely related to Alpha proteobacterium sp.*

**Keywords:** *Mycobacterium tuberculosis*; *Sinularia* sp.; MDR-TB; Antibacterial activities; associated bacteria

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### INTRODUCTION

Tuberculosis (TB) is one of the major health problems in Indonesia. It is estimated that total cases are 528,000 and 86,000 cases deaths. The three major indicators of impact: incidence, prevalence and mortality rates per 100.000 population by further monitoring, MDG target 6.c is to halve prevalence and death rates by 2015 compared with 1990 (WHO, 2009).

Over the past 20 years, it has been seen the worldwide appearance of multidrug-resistant (MDR) TB. MDR TB is caused by *Mycobacterium tuberculosis* that is resistant at least to Isoniazid and Rifampicin, the most effective anti-TB drugs and are considered first-line drugs to be used to treat all persons with TB disease (Gandhi *et al.*, 2010). The MDR TB estimated cases in Indonesia are 10,000 (WHO, 2009). MDR-TB results from either primary infection with resistant bacteria or may

develop in the course of a patient's treatment (WHO, 2010).

Resistance to anti-TB drugs occurs when these drugs are misused or mismanaged. Examples include when patients do not complete their full course of treatment; when health-care providers prescribe the wrong treatment, the wrong dose, or length of time for taking the drugs; when the supply of drugs is not always available; or when the drugs are of poor quality (Center for Diseases Control, 2008). Treatment failures also increase the numbers of infected people moving into the community and thus expose the general population to the risk of contracting a resistant strain of infection. It is an opportunity to find alternative antibiotic to combat the resistant bacteria.

Nature has continuously provided mankind with a broad and structurally diverse

arsenal of pharmacologically active compounds that continue to be utilised as highly effective drugs to combat a multitude of deadly diseases or as lead structures for the development of novel synthetically derived drugs that mirror their models from nature. The oceans are the source of a large group of structurally unique natural products that are mainly accumulated in invertebrates such as sponges, tunicates, bryozoans, and mollusks (Proksch *et al.*, 2002).

The development of marine organisms-derived compounds into drugs has been hampered by supply limitations. Symbioses between microorganisms and marine organisms are abundant and widespread in the sea. Most marine invertebrates and algae harbor diverse microbial symbionts including prokaryotic bacteria, archaea, cyanobacteria, and fungi. Increasing evidence implicates microbial symbionts as the true source of many marine organism-derived compounds, which makes marine microbial symbionts a hotspot in the field of marine microbiology and marine natural products because of their potential for solving the bottleneck problem of marine natural product supply (Li, 2009).

Numerous natural products from marine invertebrates show striking structural similarities to known metabolites of microbial origin, suggesting that microorganisms (bacteria, microalgae) are at least involved in their biosynthesis or are in fact the true sources of these respective metabolites. This assumption is corroborated by several studies on natural products from sponges that proved these compounds to be localized in symbiotic bacteria or cyanobacteria (Proksch *et al.*, 2002).

This article describes the characterization of soft coral *Sinularia* sp.-associated bacteria that having antibacterial activity against tuberculosis bacteria (H37Rv, MDR TB strain HE, MDR TB strain SR). The characterization is supported by molecular techniques using 16S rDNA approach.

## MATERIAL AND METHODS

### Sampling *Sinularia* sp. and isolation bacterial symbionts

Colonies of softcoral *Sinularia* sp. were collected by scuba diving from Tanjung Gelam waters, Karimunjawa islands, North Java Sea,

Indonesia. Upon collection, softcorals were put into steril plastic bags (Whirl-Pak, Nasco USA). The tissue were then rinsed with sterile seawater and homogenized with blender. The homogenized tissues were serially diluted, spread on half strength ZoBell 2216E marine agar medium and incubated at room temperature for 2x24 hours. On the basis of morphological features colonies were randomly picked and purified by making streak plates (Madigan *et al.*, 2000).

### Antibacterial test

Antibacterial test of *Sinularia* sp. associated bacteria against tuberculosis bacteria was performed by using an overlay method. Tuberculosis bacteria (H37Rv, MDR TB strain HE, MDR TB strain SR) used in this study were obtained from Health Laboratory of Central Java Province-Semarang. Culture of each bacterium in the logarithmic phase was mixed with Middle brook 7H9+OADC soft agar medium (1% v/v), which were poured on to the respective agar surface previously inoculated with *Sinularia* sp. associated bacteria that had incubated for 4 days at room temperature. Then the plates were incubated at room temperature 2x24 hours. Antibacterial activity was defined by the formation of inhibition zones around the tuberculosis bacterial colonies.

### PCR amplification and DNA sequencing

PCR amplification was carried out according to the method of Radjasa *at.al.*, (2007a). Universal primers described by Weisburg *et al.*, (1991) was used for PCR amplification. Genomic DNA of strains for PCR analysis were obtained from cell materials taken from an agar plate, suspended in sterile water (Sigma, Germany) and subjected to five cycles of freeze (-80°C) and thaw (95 °C). PCR amplification or partial 16S rRNA gene of *Sinularia* sp. associated bacteria and subsequent sequencing analysis were performed according to method of Radjasa *et al.*, (2007b). The determined DNA sequences of strains were compared for homology to the BLAST database.

## RESULTS AND DISCUSSION

### Results

There were 109 isolates of marine bacteria associated with softcoral *Sinularia* sp, and 2

isolates associated bacteria were found to inhibit the growth of tuberculosis bacteria (H37Rv, MDRTB strain HE, MDR TB strain SR) as shown in **Table 1**.

**Table 1.** The growth inhibition zone of Tuberculosis Bacteria

NO	Stram	Soft Coral	H37Rv	MDR TB strain HE	MDR TB strain SR.
1.	SC4 TGZ3	<i>Sinularia</i> sp.	8.5±0.5	4.533 ± 0.057	6.133±2.307
2.	SC4 TGZ4	<i>Sinularia</i> sp.	-	4.95±0.260	6.900 ± 3.61

Moleculer identification of active isolates of marine bacteria associated with softcoral *Sinularia* sp. based on 16S rDNA, revealed that

active strains: SC4TGZ3 was closely related to *Pseudovibrio* sp. and SC4TGZ4 was closely related to *Alpha proteobacterium* sp. (**Table 2**).

**Table 2.** Moleculer identification of active isolates obtained from soft coral *Sinularia* sp.

No	Kode Bakteri	Length	Closest Relative	Homology	Accession
1.	SC4TGZA	458	Alpha proteobacterium	81%	DQ097264.1
2.	SC4TGZ3	493	<i>Pseudovibrio</i> sp.	99 %	<a href="#">FJ952802.1</a>

The result of BLAST search for SC4TGZ3

and SC4TGZ4 are shown in the following **Fig.1 and Fig. 2**.

```
> gb|FJ952802.1 Pseudovibrio sp. ltc7 16S ribosomal RNA gene, partial sequence
Length=911

Score = 619 bits (335), Expect = 4e-174
Identities = 343/346 (99%), Gaps = 3/346 (0%)
Strand=Plus/Plus

Query 146 TCGCCATGAGATGTGCCCGCGTTAGA-TAGCTAGTTTGGTAAGGTAATGGCTTTACCAAG 204
      |||
Sbjct 130 TCGCCATGAGATGTGCCCGCGTTAGATTAGCTAG-TTGGTAAGGTAATGGC-TTACCAAG 187

Query 205 GCGACGATCTATAGCTGGTCTGAGAGGATGATCAGCCACACTGGGACTGAGACACGGCCC 264
      |||
Sbjct 188 GCGACGATCTATAGCTGGTCTGAGAGGATGATCAGCCACACTGGGACTGAGACACGGCCC 247

Query 265 AGACTCCTACGGGAGGCAGCAGTGGGGAATATTGGACAATGGGGCAACCCCTGATCCAGC 324
      |||
Sbjct 248 AGACTCCTACGGGAGGCAGCAGTGGGGAATATTGGACAATGGGGCAACCCCTGATCCAGC 307

Query 325 CATGCCGCGTGAGTGATGACGGCCTTAGGGTTGTAAAGCTCTTTCAGCAGTGAAGATAAT 384
      |||
Sbjct 308 CATGCCGCGTGAGTGATGACGGCCTTAGGGTTGTAAAGCTCTTTCAGCAGTGAAGATAAT 367

Query 385 GACATTAAGTGCAGAAAGCCCGGCTAACTTCGTGCCAGCAGCCGGGTAATACGAAG 444
      |||
Sbjct 368 GACATTAAGTGCAGAAAGCCCGGCTAACTTCGTGCCAGCAGCCGGGTAATACGAAG 427

Query 445 GGGGCTAGCGTTGTTTCGGAATCACTGGGCGTAAAGCGTACGTAGGC 490
      |||
Sbjct 428 GGGGCTAGCGTTGTTTCGGAATCACTGGGCGTAAAGCGTACGTAGGC 473
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**Fig. 1** BLAST for SC4TGZ3 bacteria



from agricultural and medical perspectives (Gupta and Mok, 2007).

Bacterial symbionts of marine invertebrates have been known to produce secondary metabolites which are potential for medical and pharmaceutical fields such as symbionts of coral *Acropora* sp. (Radjasa *et al.*, 2007a) and sponge *Haliclona* sp. (Radjasa *et al.*, 2007b). Futher, Radjasa *et al.*, (2007c) reported the antibacterial activity of bacterial symbionts of softcoral *Sinularia polydactyla* against pathogen *Streptococcus equi* subsp. *zooepidemicus*. The present study has confirmed the importance of bacterial symbiont, in particular those having symbioses with softcoral *Sinularia* sp. as the producer of antibacterial compounds against TB bacteria.

## CONCLUSION

Soft coral *Sinularia* sp. exhibited secondary metabolite producing marine bacteria with antibacterial activity that potential against tuberculosis bacteria: *Mycobacterium tuberculosis H37Rv* and the resistant strains: MDR TB strain HE (*Mycobacterium tuberculosis* resistant Isoniazid and Etambutol) and MDR TB strain SR (*Mycobacterium tuberculosis* resistant Streptomycin and Rifampicin). Further study, however, is needed to isolate and purify the active compounds that inhibit the growth of TB strains.

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## REFERENCES

Barrera, L. 2007. Tuberculosis 2007 from basic science to patient care. In: Palomino, J. C., Leao, S. C. & Ritacco, V. (eds.) *The*

*basics of clinical bacteriology*. Sao Paulo.

Center for Diseases Control. 2008. TB Elimination. Multidrug-Resistant Tuberculosis (MDR TB) [Online]. Available: [www.cdc.gov/tb](http://www.cdc.gov/tb) [Accessed 8th July 2009].

Gandhi, N.R., P. Nunn, K. Dheda, H. Simon Schaaf, M. Zignol, D. Van Soolingen, P. Jensen & J. Bayona. 2010. Tuberculosis 2. *Multidrug-resistant and extensively drug-resistant tuberculosis: a threat to global control of tuberculosis*. [Online], Vol. 375. Available: [www.thelancet.com](http://www.thelancet.com) [Accessed 8<sup>th</sup> May, 2010].

Gupta, R. S. & A. Mok, 2007. Phylogenomics and signature proteins for the alpha Proteobacteria and its main groups. *BMC Microbiol.* 7:6, 1-20.

Li, Z. 2009. Advances in marine microbial symbionts in the china sea and related pharmaceutical metabolites. *Mar. Drugs*, 7, 113-129.

Ma, Z., Lienhardt, C., Mcilleron, H., Andrew J Nunn & Wang, X. 2010. Tuberculosis 5. *Global tuberculosis drug development pipeline: the need and the reality* [Online], Vol.375. Available: [www.thelancet.com](http://www.thelancet.com) [Accessed 6th January 2010].

Madigan, M.T., J.M.Martinko., J. Parker., and TD. Brock. 2000. *Biology of microorganisms*. Prentice-Hall, Inc. New Jersey, USA

Proksch, P., Edrada, R. A. & Ebel, R. 2002. Drugs from the seas-current status and microbiological implications. *Appl. Microbiol. Biotechnol.* 59, 125-134.

Radjasa, O.K., T. Martens., H-P. Grossart., T. Brinkoff., A. Sabdono., and M. Simon. 2007a. Antagonistic activity of a marine bacterium *Pseudoalteromonas luteoviolacea* TAB4.2 associated with

- coral *Acropora* sp. *J. Biol. Sci.* 7(2):239-246.
- Radjasa, O.K., A. Sabdono, Junaidi and E. Zocchi. 2007b. Richness of secondary metabolite-producing marine bacteria associated with sponge *Haliclona* sp. *Int. J. Pharmacol.* 3(3):275-279.
- Radjasa, O.K., S.I.O. Salasia., A. Sabdono., J. Weise, J.F. Imhoff., C. Lämmler and M.J. Risk. 2007c. Antibacterial activity of marine bacterium *Pseudomonas* sp. associated with soft coral *Sinularia polydactyla* against *Streptococcus equi* subsp. *zooepidemicus*. *Int. J. Pharmacol.* 3(2):170-174.
- WHO 2009. Global tuberculosis control: epidemiology, strategy, financing. Geneva,Switzerland: World Health Organization.
- WHO 2010. Multidrug and extensively drug-resistant TB (M/XDR-TB): 2010 global report on surveillance and response. Geneva,Switzerland: World Health Organization.