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Theme

**Biosynthesis of a biovaccination based on copper
nanocomposites and study of their effectiveness
to protect against bacterial infections**

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Dedication

To my parent

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Abstract

This work investigates the biosynthesis of a biovaccination based on copper nanocomposites (CuNPs) using *Salmonella enterica* and *Escherichia coli* bacteria and the study of their effectiveness to protect against bacterial infections.

Furthermore, UV-Vis and FT-IR spectroscopy, scanning electron microscopes (SEM) and EDX technique were used to verify the biosynthesis of copper nanoparticles. *In-vitro* antioxidant and anti-inflammatory activities of copper nanocomposites were evaluated by standard techniques.

In *in-vivo* study, twenty male albino Wistar rats were randomly divided to five groups (four rats in each): (1) healthy rats (control), (2) rats infected with *S. enterica*, (3) rats infected with *E. coli*, (4) rats vaccinated with SE-CuNPs and subsequently exposed to *S. enterica*, and (5) rats vaccinated with EC-CuNPs and subsequently exposed to with *E. coli*. The biovaccination was done by intraperitoneal injection at a dose of 7 mg/kg. After a two-week period, all groups, except the control, were exposed to a bacterial dose. Some hematological, biochemical, enzymatic parameters, and oxidative stress markers were evaluated, along with conducting microscopic examinations of spleen tissue.

Results of *in-vitro* study revealed that EC-CuNPs and SE-CuNPs exhibited oval shapes with sizes ranging from 73 to 183 nm and from 135 to 202 nm, respectively. EC-CuONPs showed high antioxidant activity (IC_{50} = 61.86 μ g/ml), while SC-CuNPs exhibited enhanced anti-hemolysis activity (IC_{50} = 40.1 μ g/ml).

The biological findings indicate significant alterations induced by bacterial infection, including physiological changes and disturbances in biochemical parameters and antioxidant defense systems in various organs. Rats vaccinated with SE-CuNPs and EC-CuNPs showed significant improvements in biological parameters and histological analyses, suggesting the efficacy of vaccination in mitigating bacterial infection damage.

These findings suggest that both biovaccins SE-CuNPs and EC-CuNPs are effective in providing protection against bacterial infection with minimal side effects.

Keywords: *S. enterica*, *E. coli*, EC-CuNPs, SE-CuNPs, Nanovaccine, Bacterial infection

الملخص

يهدف هذا العمل إلى التصنيع البيولوجي للتطعيم الحيوي المعتمد على جزيئات النحاس النانوية (CuONPs) باستخدام بكتيريا *S. enterica* و *E. coli*، ودراسة تأثيرها الوقائي ومدى فعاليتها في الحماية من العدوى البكتيرية.

للتحقق من التخليق الحيوي لجسيمات النحاس النانوية، تم استخدام التحليل الطيفي للأشعة فوق البنفسجية (UV-Vis) والأشعة تحت الحمراء (IR)، والمجهر الإلكتروني الماسح (SEM)، وتقنية EDX. وتم تقييم الأنشطة المضادة للأكسدة والمضادة للالتهابات لهذه الجزيئات في المختبر.

في دراسة داخل الجسم الحي، تم تقسيم عشرين جرذاً ذكراً من فصيلة ألبينو ويستار عشوائياً إلى خمس مجموعات (العدد = 4): مجموعة الشاهدة: الجرذان السليمة، مجموعة الجرذان المصابة بـ *S. enterica*، مجموعة الجرذان المصابة بـ *E. coli*، مجموعة الجرذان الملقحة بـ SE-CuONPs ومصابة بـ *S. enterica*، مجموعة الجرذان الملقحة بـ EC-CuONPs مصابة بـ *E. coli* تم إجراء التطعيم الحيوي عن طريق الحقن تحت الصفاق بجرعة 7 ملغ/كغ. بعد أسبوعين، تمت إصابة المجموعات بجرعة بكتيرية باستثناء المجموعة الشاهدة. تم تقييم بعض المعايير الدموية، المعايير البيوكيميائية والإجهاد التأكسدي، إضافة إلى الملاحظة المجهرية لأنسجة الطحال.

أثبتت الدراسة المختبرية أن كلاً من SCuONPs و ECuONPs لها شكل بيضاوي وحجم يتراوح بين (73-183 نانومتر) و (135-202 نانومتر) على التوالي. علاوة على ذلك، أظهرت ECuONPs نشاطاً مضاداً للأكسدة أفضل بقيمة ($IC_{50}=61.86$ ميكروغرام/مل) بينما كان لـ SCuONPs نشاطاً مضاداً للانحلال أفضل ($IC_{50}=40.1$ ميكروغرام/مل).

تشير النتائج البيولوجية إلى تغيرات كبيرة ناجمة عن العدوى البكتيرية، بما في ذلك تغيرات فسيولوجية واضطرابات في المعايير البيوكيميائية وأنظمة الدفاع المضادة للأكسدة في عدة أعضاء، في حين أظهرت نتائج الفئران المحصنة بـ SE-CuONPs و EC-CuONPs تحسناً ملحوظاً في المعايير البيولوجية والتحليلات النسيجية، مما يدل على فعالية الجسيمات النانوية.

تشير هذه النتائج إلى أن كلاً من اللقاحين الحيويين SE-CuONPs و EC-CuONPs فعالان في توفير الحماية ضد العدوى البكتيرية مع الحد الأدنى من الآثار الجانبية.

الكلمات المفتاحية: *S. enterica*، *E. coli*، EC-CuONPs، SE-CuONPs، اللقاح النانوي، عدوى

بكتيرية

List of abbreviations

1O₂: Singlet oxygen

ALAT: alanine aminotransferase.

ALP: alkaline phosphatase.

APCs: Antigen-Presenting Cells

APCs: Antigen-presenting cells

ASAT: aspartate aminotransferase.

BM-AuNPs: Bacterial Membrane-coated Gold Nanoparticles

Bregs: Regulatory B cells

CAT: Catalase

CBEU: Cytobacteriological exam of urine

CNPs: Chitosan Nanoparticles

Cu : Copper

CuONPs : Copper Oxide Nanoparticles

CuONPs : Copper oxide nanoparticles

CVD : Chemical vapor deposition

DCs: Dendritic Cells

DNA: Deoxyribonucleic acid

DPPH: 1,1-diphenyl-2-picrylhydrazyl

ECuONPs: Copper oxide nanoparticles synthesised by E. coli

EPEC: Enteropathogenic Escherichia coli.

Fe₂O₃NPs: Iron Oxide Nanoparticles

FTIR: Fourier Transform Infrared spectroscopy

GI: Gastrointestinal

GPx: Glutathione peroxidase

GR: Glutathione reductase

GSH: Reduced Glutathion

GSSG: Glutathione disulfide

GYPA: Glycophorin-A

H₂O: Water

H₂O₂: Hydrogen peroxide

HOCl: Hypochlorous acid

HUS: Hemolytic uremic syndrome.

I.M: Intramuscular
IC₅₀ : Inhibition concentration 50
ID : Intradermal
IFN- γ : Interferon-gamma
IL-10 : Interleukin 10
IL-6 : Interleukin 6
IL-8 : Interleukin 8
iNps : Inorganic nanoparticles
IP : Inhibition percentage
LN: Lymph nodes
LPS: Lipopolysaccharide
MALT: Mucosal-associated lymphoid tissues
MCH: Mean Corpuscular Hemoglobin
MCHC: Mean Corpuscular Hemoglobin Concentration
MDA: Malondialdehyde
MDSCs: Myeloid-Derived Suppressor Cells
MHCII: Major histocompatibility complex class II
MNPs: Metal-based Nanoparticles
MØ: Macrophages
MPO : Myeloperoxidase
MZ : marginal zone.
NADPH: Nicotinamide adenine dinucleotide phosphate
NF- κ B: Nuclear Factor Kappa B
NK: Natural Killer cells
NMs: Nanomaterials
NO: Nitric oxide
NPs: Nanoparticles
OH: Hydroxyl free radical
OMVs: Outer Membrane Vesicles
PAMPs: Pathogen-Associated Molecular Patterns
PCT: Procalcitonin
PLT: Platelets
PRR: Pattern Recognition Receptor
RBCs: Red Blood Cells

RNS: Reactive nitrogen species

ROS: Reactive oxygen species

ROS: Reactive Oxygen Species

RP: red pulp.

S.C: Subcutaneous

SCuONPs: Copper oxide nanoparticles synthesised by *S. enterica*

SOD: Superoxide dismutase

SSA: Specific surface area

STEC: Shiga toxin-producing Escherichia coli.

TGF- β : Transforming Growth Factor Beta

TLR4: Toll-like Receptor 4

TLR9: Toll-like Receptor 9

TNF- α : Tumor Necrosis Factor Alpha

Tregs : Regulatory T cells

UV-Vis : Ultraviolet–visible

WHO: World Health Organization

WP: white pulp

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Annex

Introduction

Introduction

Worldwide, millions of people die from infectious disease agents (Choudhary et al., 2023) belonging to different classes of pathogens, including viruses, bacteria, fungi, and parasites (Maina et al., 2020). Bacteria cause several deadly infectious diseases in humans, such as tuberculosis, cholera, tetanus, and pneumonia (Gupta et al., 2022), so bacterial diseases are one of the leading causes of the rising fatality rate, mainly due to the multiple drug-tolerant pathogenic microorganisms brought by the overuse of traditional antimicrobial drugs, immunosuppressants, etc. (Qadri et al., 2023). The development of vaccines is one of the greatest achievements of modern medicine, as these vaccines can prevent health-associated infections of all ages and in all countries, as the COVID-19 pandemic illustrates (Poolman, 2020; Gerberding & Haynes, 2021; Khan et al., 2022), but several of these products demonstrate variable efficacy and safety in the field, require multiple doses, or are unstable under field conditions (Maina et al., 2020).

Escherichia coli (*E. coli*) is known to cause diseases such as hemorrhagic enteritis and hemolytic uremic syndrome in animals, while *Salmonella* infections range from mild gastroenteritis to severe systemic illnesses like enteric fever. However, both bacteria are increasingly exhibiting resistance to antibiotics, posing a global challenge. Epidemiological studies on antibiotic resistance in *E. coli* vary widely in methodology, prompting a systematic review to assess its prevalence across different regions (Erb et al., 2007; Guo et al., 2024). The emergence of multidrug-resistant strains of *Salmonella* further complicates treatment efficacy and raises concerns about increased mortality rates (Eng et al., 2015; Kiarely et al., 2022).

Nanobiotechnology, a convergence of biology, medicine, and nanotechnology, is reshaping healthcare by advancing diagnosis, treatment, and disease prevention (Malik et al., 2023). Nanomaterials possess remarkable physical, chemical, and biological characteristics, making them indispensable in modern medicine (Ahmed & Othman, 2024). Various manufacturing techniques, including chemical, physical, and green methods, have been developed for nanomaterial synthesis, with green methods utilizing biological materials for safer and more environmentally friendly production (Chopra et al., 2022; El-Khawaga et al., 2023). Bacteria are particularly notable for nanoparticle synthesis due to their advantages (Talebian et al., 2023). Copper oxide (CuO) nanoparticles exhibit diverse properties such as

catalytic, anti-cancer, coating, and antibacterial effects, offering promising applications (Naz et al., 2023).

In the first part of this study, it had an insight to the vaccine importance and new techniques for its development. Meanwhile, in the second part, it was based on the in-vitro evaluation of the biosynthesis of CuONP using *S. enterica* and *E. coli*, and used as a biovaccination against infection by the studied bacteria.

First part

Bibliographic synthesis

Chapter one

Vaccination

I.1. Definition

A vaccine is a substance used in healthy people to provide immunity against a disease (Seneff et al., 2022) by stimulating the production of antibodies, developing cellular immunity, or both. It can be prepared from the pathogenic agent, its products, or a synthetic substitute treated to act as an antigen without inducing the disease (Opriessnig et al., 2021).

I.2. Vaccine types

There are mainly four different types of vaccines that are licensed and widely used today that can be classified according to their nature (Dai et al., 2019; Tong, 2019; Choudhary et al., 2023), while there is a continuous development process in vaccine manufacturing as shown in figure 1.

I.2.1. Live attenuated vaccines

It is laboratory-weakened versions of the pathogenic agent (generally viruses rather than bacteria, as it is easier to control viral characteristics), resulting in long-term immunity and strong cellular and antibody responses with lower doses, e.g., the vaccines against measles, mumps, and chickenpox (Clem, 2011). Attenuated vaccines cannot be given to immunocompromised individuals because they produce an actual disease and have the possibility of reverting to the original virulent form of the pathogen (Vetter et al., 2017).

I.2.2. Inactivated vaccines

The preparation of inactivated vaccines is obtained by exposing the pathogenic agent to a physical or chemical treatment resulting in a definitive loss of virulence without denaturing its immunogenicity, such as vaccines against rabies, so-called cellular or whole-cell pertussis, influenza, or hepatitis A (Speck, 2009). The inactivated vaccines are safer but tend to induce a moderate immune response, particularly in children and the elderly (Lamontagne et al., 2022).

I.2.3. Subunit vaccines

These vaccines are based on single or multiple highly purified immunodominant antigens and specific components isolated from the pathogen to induce immunity (Menon et al., 2021; De Pinho Favaro et al., 2022), such as peptides, proteins, polysaccharides, and nucleic acids, which represent safer alternatives (Lemoine et al., 2020). Polysaccharide antigens are the basis of vaccines that induce protective immune responses

against several bacterial infections, such as pneumonia and meningitis caused by *Streptococcus pneumoniae* (Pollard & Bijker, 2021). Also, subunit vaccines such as proteins, peptides, plasmid DNA, and mRNA have attracted much attention for immunization due to their high potency and specificity, like the anti-COVID-19 mRNA vaccine (Cao et al., 2022).

I.2.4. Recombinant vaccines

These are created by using genetic engineering methods to create a vaccine that contains a specific, targeted piece of the pathogen's genetic material. These vaccines are more sustainable alternatives to antibiotics because they are highly specific and target only the pathogen without affecting other bacteria in the gut microbiome (Islam & Rahman, 2023), such as the hepatitis B virus recombinant proteins vaccine (Pollard & Bijker, 2021) and the human papilloma virus vaccine (Yadav et al., 2018).

I.2.5. Toxoid vaccines

Harmful substances secreted by bacteria, called toxins, are inactivated with heat or chemical treatments (e.g., formaldehyde), ablating the biological effects of these toxins while preserving their physicochemical properties, overall structure, and immunogenicity (Blin, 2021). These vaccines induce immunity against the disease-causing toxin rather than the pathogen itself (Ghattas et al., 2021), such as diphtheria and tetanus toxoids (Su et al., 2019).

Type of vaccine		Licensed vaccines using this technology	First introduced
Live attenuated (weakened or inactivated)		Measles, mumps, rubella, yellow fever, influenza, oral polio, typhoid, Japanese encephalitis, rotavirus, BCG, varicella zoster	1798 (smallpox)
Killed whole organism		Whole-cell pertussis, polio, influenza, Japanese encephalitis, hepatitis A, rabies	1896 (typhoid)
Toxoid		Diphtheria, tetanus	1923 (diphtheria)
Subunit (purified protein, recombinant protein, polysaccharide, peptide)		Pertussis, influenza, hepatitis B, meningococcal, pneumococcal, typhoid, hepatitis A	1970 (anthrax)
Virus-like particle		Human papillomavirus	1986 (hepatitis B)
Outer membrane vesicle		Group B meningococcal	1987 (group B meningococcal)
Protein-polysaccharide conjugate		<i>Haemophilus influenzae</i> type B, pneumococcal, meningococcal, typhoid	1987 (<i>H. influenzae</i> type b)
Viral vectored		Ebola	2019 (Ebola)
Nucleic acid vaccine		SARS-CoV-2	2020 (SARS-CoV-2)
Bacterial vectored		Experimental	–
Antigen-presenting cell		Experimental	–

Figure 1: Different types of vaccine (Pollard & Bijker, 2021)

I. 3. Administration of vaccines

The vaccination must follow a suitable route that is optimal regarding safety, immunogenicity, and practicality (Herzog, 2014). Commonly, parenteral routes have been used to deliver vaccines, particularly through the intramuscular (IM) and subcutaneous (SC) routes (Cordeiro et al., 2021) (figure 2).

I.3.1. Intramuscular (I.M.) administration

It is the most used and preferred route for the licensed vaccines (Kozak & Hu, 2023), as it is easy to perform and generally well tolerated, with a low risk for adverse reactions at the site of injection (Ols et al., 2020).

I.3.2. Subcutaneous (S.C.) routes

It involves injecting under the skin into the adipose layer beneath the dermis (Lee et al., 2023). The reduced dosages of various vaccines into the skin, compared with full dosages into muscle, have shown this tissue's dosage sparing ability, which is useful when vaccines are scarce or unaffordable in full dosages (Weniger & Papania, 2013), such as live-attenuated vaccines. The vaccine takes longer to reach the circulation after being deposited in fat that is less vascular than muscle. This decreased vascularity results in a slower and more sustained release, leading to a delay in processing by macrophages and eventual presentation to the T and B cells involved in the adaptive immune response (Kozak et al., 2023).

I.3.3. Intradermal (ID) routes

It is a promising alternative to I.M. or S.C. vaccinations, including the Bacille Calmette-Guérin (BCG) vaccine for tuberculosis, reduced doses of rabies vaccines, and DNA vaccines (Kim et al., 2012). The epidermis contains a high number of dendritic cells, and their stimulation results in the activation of both mucosal and systemic immunity (Peletta et al., 2023). Novel needle-free technologies such as high-pressure stream injectors or electroporating are used in intradermal vaccination (Ahmed et al., 2023).

I.3.4. Oral vaccination

Several human vaccines are already licensed and in use for delivery by oral ingestion, like vaccines for polio, cholera, rotavirus, typhoid, and adenovirus (Lemoine et al., 2020). It is a preferred, painless, safe, and low-cost route for vaccination that does not require trained personnel for administration. The oral route commonly involves swallowing the vaccine,

which then passes through the gastrointestinal tract. Developing this type of vaccine must consider the harsh gastrointestinal (GI) conditions (stability in a highly enzymatic environment and resistance to site-specific pH) (Wallis *et al.*, 2019).

I.3.5. Intranasal vaccination

It delivers airborne particles via the nose or mouth for deposition onto the mucosal surfaces of the upper or lower airways. Since the beginning of immunization, the respiratory tract has been used for vaccine delivery, like the live-attenuated influenza vaccine. The major advantages of respiratory immunization are that it avoids needles and generally provides stronger mucosal immunity than parenteral immunization (Weniger & Papania, 2013).

Moreover, mucosal (oral, intranasal) vaccines are convenient for self-help vaccination, enhancing the comfort and compliance of individuals and reducing syringe usage and medical waste, due to which they are regarded as a resource-saving and environment-friendly strategy for a sustainable healthcare model (Nian *et al.*, 2022). In addition, the majority of human pathogens gain access across mucosal surfaces in the gastrointestinal, respiratory, or genitourinary tracts (Weniger & Papania, 2013), activating the mucosal-associated lymphoid tissues (MALT) (Peletta *et al.*, 2023).

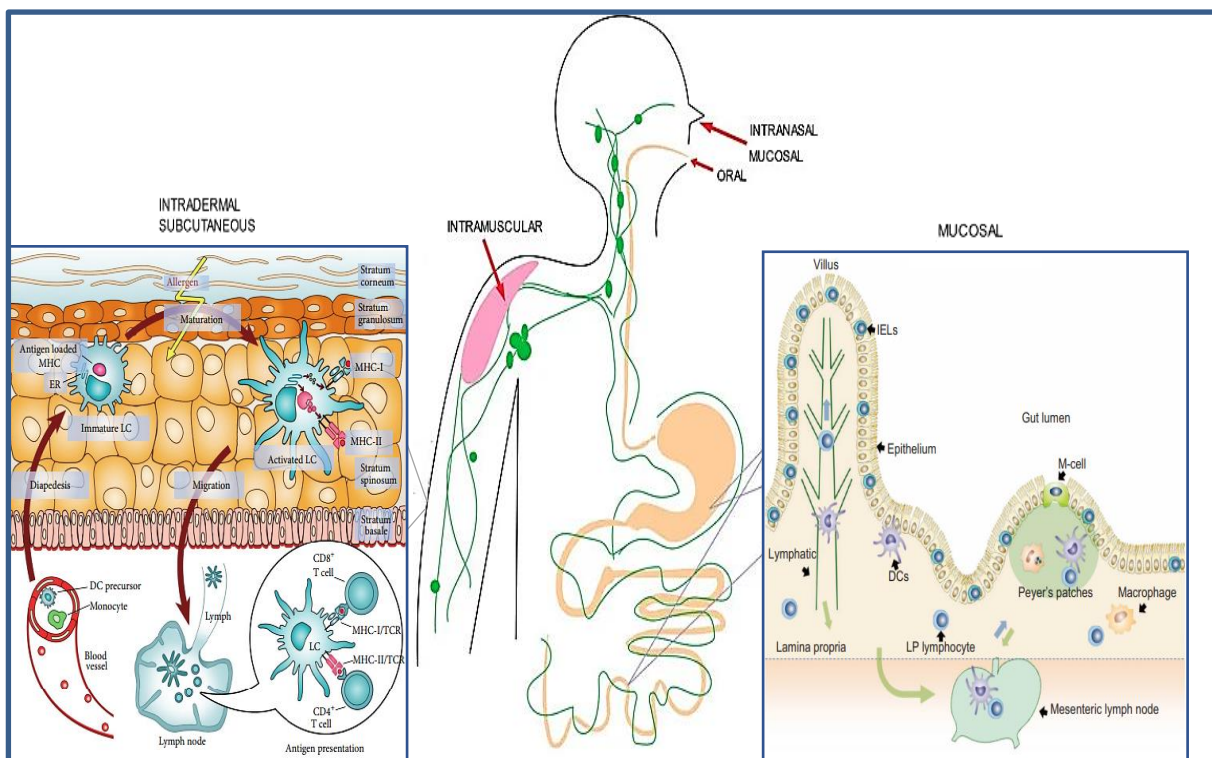


Figure 2: Vaccine Delivery Routes (Kozak & Hu, 2023)

I.4. Mechanism of action of a vaccine

Most vaccines are developed to mimic pathogens, thereby stimulating the individual's immunity to the disease (Yadav *et al.*, 2018) (figure 3).

Innate immunity is the first line of defense against pathogens that have entered the body. It is established within a few hours but is not specific to a particular pathogen and has no memory (Vetter *et al.*, 2017). In this type, bacterial vaccines stimulate the production of phagocytes such as macrophages (MØ) and neutrophils, which destroy the immunostimulants (Islam & Rahman, 2023). Specific immunity provides a second line of defense, generally at a later stage of infection, characterized by an extraordinarily diverse set of lymphocytes and antibodies able to eliminate virtually all recognized pathogens (Vetter *et al.*, 2017).

After vaccination, bacterial protein antigens reach draining lymph nodes and are taken up by dendritic cells that differentiate into active antigen-presenting cells (APCs), which contain preformed major histocompatibility complex class II (MHCII) molecules loaded with pathogen peptides (Osterloh, 2022). Activated CD4⁺ T helper cells release inflammatory mediators specific to the activated subpopulation (Th1, Th2, and Th17), facilitating the differentiation of B-cells into antibody-producing plasma cells or B-memory cells. In the systemic circulation, bacterial pathogens are exposed to circulating antibodies and complement factors that coat the bacterial cell surface, leading to their recognition and destruction by phagocytes (Poolman, 2020).

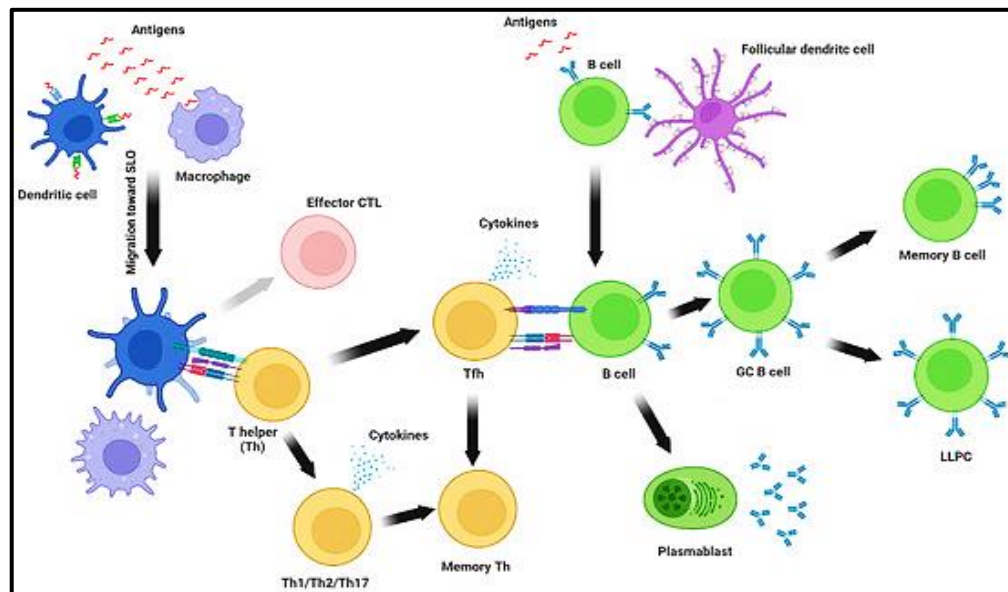


Figure 3: Mechanism of the Immune response to vaccines (Lamontagne *et al.*, 2022)

Chapter two

Escherichia coli *and* *Salmonella enterica*

II.1. *Escherichia coli*

II.1.1. Description

E. coli is a facultative anaerobic, rod-shaped bacterium of straight, rod-shaped, non-sporing, non-acid fast bacilli that exist in singles and pairs. Cells are typically rod-shaped, around 1 μm long, 0.35 μm wide, and 0.6–0.7 μm in volume. It belongs to the coliform family (Yu et al., 2021; Basavaraju & Gunashree, 2023). Most strains are harmless and part of the normal intestinal flora, but some pathogenic serotypes can cause serious infections (Cobo-Simón et al., 2023).

II.1.2. Classification of *Escherichia coli* (Faner et al., 2017)

Domain	Bacteria
Phylum	Pseudomonadota
Class	Gammaproteobacteria
Order	Enterobacterales
Family	Enterobacteriaceae
Genus	<i>Escherichia</i>
Species	<i>E. Coli</i>

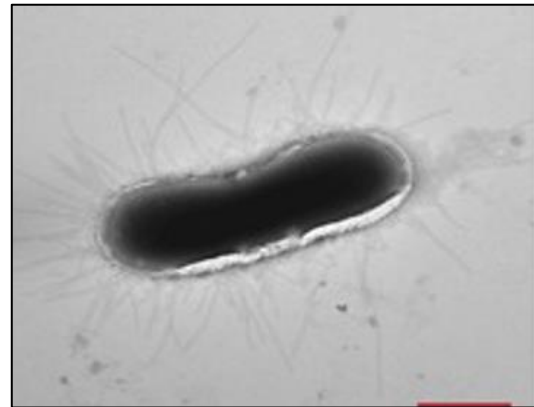


Figure 4 : *E. Coli* (Jauffred et al., 2017)

II.1.3. Pathogenicity of *E. coli*

Pathogenic *E. coli* is divided into two groups: extraintestinal pathogenic *E. coli* (ExPEC) and intestinal pathogenic *E. coli* (InPEC) (Sora et al., 2021). It can be categorized into various pathotypes (Table 1), depending on the presence of specific virulence factors, mechanisms of infection, tissue tropism, interactions with host cells, and clinical symptoms (Pokharel et al., 2023).

Table 1: *E. coli* pathotypes and their associated symptoms (Geurtsen et al., 2022)

Pathotypes of <i>E. coli</i>	Clinical symptoms
Enteropathogenic <i>E. coli</i> (EPEC)	A cause of acute and prolonged diarrhea in infants
Enterohemorrhagic <i>E. coli</i> (EHEC)	Can cause hemorrhagic colitis and hemolytic uremic syndrome (HUS)
Enterotoxigenic <i>E. coli</i> (ETEC)	A major cause of travelers' diarrhea
Enteroaggregative <i>E. coli</i> (EAEC)	A cause of acute and chronic diarrhea
Diffusely adherent <i>E. coli</i> (DAEC)	Associated with watery diarrhea in young children
Enteroinvasive <i>E. coli</i> (EIEC)	A cause of dysentery and watery diarrhea
Adherent-Invasive <i>E. coli</i> (AIEC)	It has been associated in the pathogenesis of inflammatory bowel disease (IBD)
Uropathogenic <i>E. coli</i> (UPEC)	A common cause of urinary tract infections (UTI)
Neonatal meningitis <i>E. coli</i> (NMEC)	A top cause of neonatal meningitis
Septicemia-associated <i>E. coli</i> (SEPEC)	bacteremia and sepsis
Avian pathogenic <i>E. coli</i> (APEC)	Can cause severe respiratory and systemic infections in poultry

II.2. *Salmonella enterica* ssp

II.2.1. Description

Salmonella enterica ssp. *enterica* is a subspecies of the bacterium *Salmonella enterica*, which is a species of the genus *Salmonella*. This subspecies includes many pathogenic serotypes, including serotypes Typhimurium, Enteritidis, and Paratyphi, which are responsible for serious diseases such as typhoid fever, paratyphoid fever, and salmonellosis. *Salmonella enterica* ssp. *enterica* is a gram-negative bacterium, most often flagellated, which is part of the Enterobacteriaceae family (Porwollik et al., 2004).

II.2.2. Classification of *Salmonella enterica* ssp

Domain	Bacteria
Phylum	Pseudomonadota
Class	Gammaproteobacteria
Order	Enterobacterales
Family	Enterobacteriaceae
Genus	Salmonella
Species	<i>Salmonella enterica</i>
Subspecies	<i>Salmonella enterica</i> subsp. <i>Enterica</i> (Reimer et al., 2021)

II.2.3. Pathogenicity of *Salmonella enterica* ssp

Salmonella enterica subsp. *enterica* can cause several types of serious illnesses in humans. *Salmonella* species pose diverse pathogenic risks, primarily through gastroenteritis characterized by symptoms like diarrhea, abdominal pain, fever, and vomiting, which can escalate to severe outcomes in vulnerable populations. Additionally, *Salmonella* serotypes Typhi and Paratyphi cause severe enteric fevers with potentially life-threatening complications (Fàbrega et Vila, 2013). *Salmonella* bacteremia, particularly in immunocompromised individuals, can lead to serious conditions such as septic shock and endocarditis. Furthermore, *Salmonella* contributes to various localized infections. Some individuals may develop chronic carrier states, posing ongoing public health challenges. Understanding *Salmonella*'s pathogenicity is crucial for effective prevention and management strategies (Eng et al., 2015).

Chapter three

Nanoparticles

III.1. Nanotechnology

Nanotechnology has emerged as an important scientific achievement in the 21st century (Altammar, 2023), is a scientific discipline that employs diverse synthesis strategies to manipulate the structure and size of particles, crafting nanometric particles typically ranging from 1 to 100 nm in size (Jamkhande *et al.*, 2019). It enables the precise manipulation of particle size, affording control over molecular bonds and chemical characteristics. Moreover, it facilitates intricate engagements with biological systems, exemplified by targeted drug delivery mechanisms (Malik *et al.*, 2023). It exhibits a diverse array of applications spanning catalysis, energy storage, water treatment, agriculture, medicine and diagnostic methods.... etc (Sim & Wong, 2021; Joudeh & Linke, 2022).

Nanotechnology has revolutionized medicine, leading to significant progress in health care outcomes, including the treatment of cardiovascular disease, kidney disease, and cancer. In addition, gene therapy has greatly benefited from nanomedicines. Nanoparticles enable precise targeting of medications to the root cause of diseases, enhancing efficacy while minimizing side effects (Haleem *et al.*, 2023).

III.2. Nanoparticles

Nanoparticles (NPs) are solid colloidal particles that can exist in varying shapes and sizes .their sizes range from about 1 nm to 100 nm (Hima *et al.*, 2023). Depending on the overall shape these materials can be 0D, 1D, 2D or 3D (Khan *et al.*, 2019). These nanomaterials also have unique chemical, physical and biological properties compared to their molecules on higher scales (Mekuye & Abera, 2023). They have a higher surface area to volume ratio, allowing greater concentration of atoms or molecules within a given volume, where the same effectiveness is achieved with the least amount of materials needed (Álvarez & Arenas, 2023).

III.3. Types of nanoparticles

III.3.1. Organic nanoparticles

Proteins, carbohydrates, lipids, polymers, or any other organic component fall under this class (Joudeh & Linke, 2022), some examples of these substances are: ferritin, liposomes, micelles, and dendrimer (Ealia & Saravanakumar, 2017). Additionally, three dimensional (3D) dendrimers have interior pores that can contain additional molecules, making them potentially useful for medication delivery (Mekuye & Abera, 2023), they are also non-

toxic, biodegradable, sensitive to heat and light (Ijaz et al., 2020; Khan et al., 2022) (figure5).

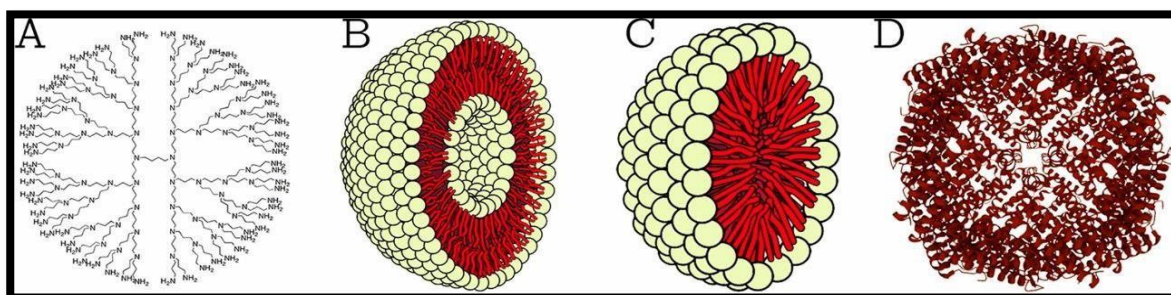


Figure 5: Types of organic nanoparticles (Joudeh & Linke, 2022)

A Dendrimers; B liposomes; C micelles; D ferritin

III.3.2. Carbon-based nanoparticles

NPs that are only composed of carbon atoms are known as fullerenes, carbon black NPs, and carbon quantum dots (figure 6), they are used in a wide range of application such as drug delivery, energy storage, bioimaging, photovoltaic devices, and environmental sensing applications to monitor microbial ecology or to detect microbial pathogens (Joudeh & Linke, 2022).

These materials are produced using a variety of methods, including chemical vapor deposition (CVD), arc discharge, and laser ablation (Mobeen et al., 2022).

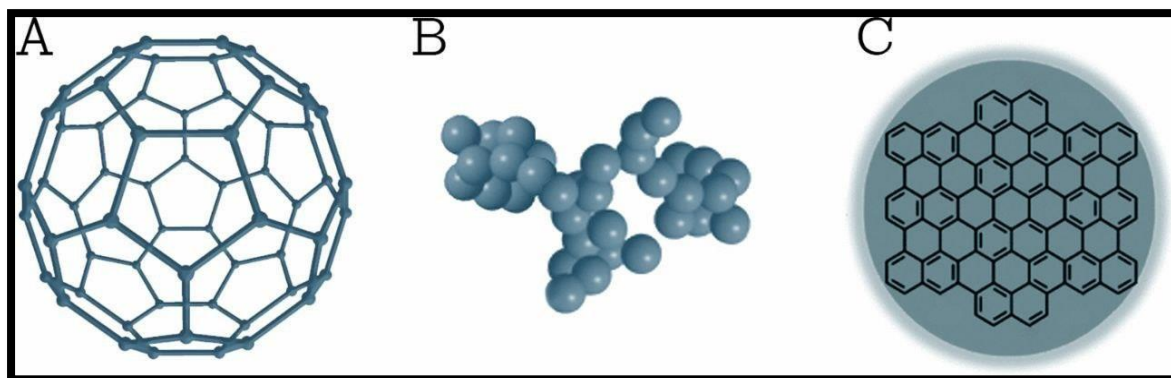


Figure 6: Types of carbon-based nanoparticles (Joudeh & Linke, 2022)

A C60 fullerene ; B carbon black NPs ; C carbon quantum

III.3.3. Inorganic nanoparticles

Non-carbon-containing nanoparticles are known as inorganic ones (Kumari & Sarkar, 2021). Among these NMs are metal, metal oxide nanoparticles, and semiconductors like silicon and ceramics (Jeevanandam et al., 2018), they exhibit remarkable physicochemical

qualities (magnetic, thermal, optical, and catalytic performance), as well as enormous surface areas and strong reactivity (Unnikrishnan et al., 2023; Yanar et al., 2023). Hydrophilic, nontoxic, and biocompatible with living systems are the benefits of inorganic nanoparticles, they are also more stable than organic nanoparticle (Alshammari et al., 2023).

INps are some of the most produced and utilized in commercially and their antibacterial and anti- cancer properties make them useful as medicinal agents (Bhatti et al., 2022).

III.4. Copper oxide nanoparticles (CuO NPs)

Copper (Cu) is an essential trace element for many physiological functions, such as energy production, hormone synthesis, melanin and hemoglobin formation, iron metabolism, and protection against oxidative damage. As a crucial cofactor for various enzymes and chaperones (Tulinska et al., 2022; Lu et al., 2024), addition it has a role in the development and differentiation of immune cells (Li et al., 2019).

Copper oxide nanoparticles (CuO NPs) are inorganic and exhibit greater stability compared to organic NPs (Naz et al., 2023). Their large surface-to-volume ratio contributes to their optical, catalytic, and magnetic properties (Kaningini et al., 2023). Additionally, CuO nanoscale materials display low toxicity toward living cells (Velsankar et al., 2020) and have an extended shelf life (Bukhari et al., 2021). These nanoparticles find various biological applications such as antimicrobial, antioxidant, antitumor, anticoagulant, and as drug delivery agents in biomedicine (Bulut Kocabas et al., 2021; Saha et al., 2023). Due to their small size, can readily, interact with the biomolecules present on the cell surface and intracellularly (Verma & Kumar, 2019).

III.5. Green synthesis nanoparticles

The process commonly known as "green" or "biological" nanoparticle synthesis harnesses biologically active agents such as plant materials, microbes, and various biowastes to fabricate metal nanoparticles (Altammar, 2023). Unlike chemical and physical methods, which rely on hazardous and costly chemicals, biosynthesis offers an environmentally benign alternative. This method is characterized by simplicity, and cost-effectiveness, resulting in the production of biocompatible nanoparticles with desired size and shape properties, non-toxicity, and scalability (Naz et al., 2023; Ivanova et al., 2024; Osman et al., 2024). Furthermore, this approach is notable for its one-step synthesis

capability. The process involves mixing a mineral salt solution with a natural biological extract, initiating a redox reaction that yields nanomaterials. Additionally, biosynthesis requires minimal energy input and can be conducted under ambient conditions (Abouzeid et al., 2023) (figure7).

Bacteria stand out as ideal candidates for synthesizing nanoparticles due to their numerous advantages, including high stability, rapid generation time, tolerance to various experimental conditions, ease of cultivation, resistance to toxic heavy metals, and capacity for large-scale sustainable nanoparticle production (Talebian et al., 2023). Where synthesis processes occur intracellular or extracellular (Lahiri et al., 2021) where, analysis 149 research articles published in the last five years (2018,2022) that used 72 different types of microorganism classes, including 44 bacteria, to produce MNPs, among them were *Streptomyces*, *Lactobacillus*, *Bacillus*, and *E.coli*.....etc (Carrapiço et al., 2023)

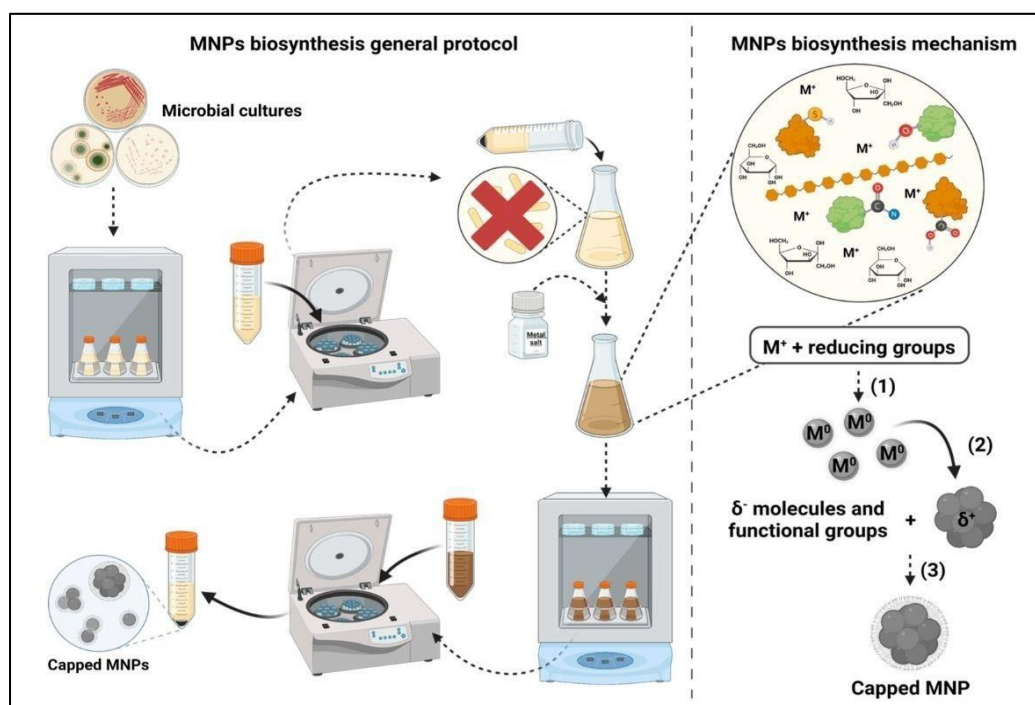


Figure 7: Green synthesis nanoparticles using microorganisms
(Carrapiço et al., 2023)

III.6. Toxicity of nanoparticles

The synthesis of nanoparticles in chemical manufacturing necessitates the use of hazardous chemicals and solvents, posing environmental risks. Furthermore, resultant nanoparticles are tainted with chemical residues and yield perilous byproducts (Szczyglewska et al., 2023).

The physicochemical properties of Nps influence how they interact with cells and thus their potential toxicity, smaller nanoparticles have a higher specific surface area (SSA), they can interact with biological constituents like proteins, fatty acids, carbohydrates, and nucleic acids. The smaller size also likely allows for penetration into the cell, causing cellular damage. In some nanoparticles, toxicity has been shown to depend on both size and SSA (Huang et *al.*, 2017). In addition, charged NPs are more toxic to cells than their neutral counterparts, and in most cases, positively charged NPs are more toxic than negatively charged NPs (Awashra & Młynarz, 2023).

NPs enter the human body through the lung, intestinal system, or skin through ingestion or inhalation and then move within the body to various organs and tissues, thus triggering potential toxic effects. It is worth noting that the respiratory system appears as a pivotal target for the toxicity of NPs as it is the main gateway for inhaled particles, which causes Lung inflammation, heart and brain problems (Khan et *al.*, 2019; Kumah et *al.*, 2023).

Second part

**Experimental
part**

Chapter one

Materials and Methods

I.1. Materials

I.1.1. Microorganisms

Salmonella enterica and *Escherichia coli* isolated from patients were obtained from Al Nour Clinic, Department of Microbiological Analysis, and preserved in selective culture at 4 °C.

I.1.2. Animals

In this study, 8-week-old 20 male albino Wistar rats weighing between 156-235 g were sourced from the Institute Pasteur of Algiers. They were housed in cages within the animal room of the Department of Molecular and Cellular Biology at the Faculty of Nature and Life Sciences, Echahid Hamma Lakhdar-El-Oued University, Algeria. The animals underwent a 7- day adaptation period under standard conditions of room temperature with a 12-hour light/dark cycle. Throughout the study, the rats were given free access to food and water.

I.1.2.1. Study design

After a period of adaptation, the animals were divided into five groups (n = 4), as follows:

- **Group I (control group):** a non-vaccinated group injected intraperitoneally only with 0.5mL of physiological water.
- **Group II (experimental *S. enterica* infection):** were injected intraperitoneally with 0.5 mL of physiological water. After two weeks, we were exposed intraperitoneally to 200 µl suspension of the live bacteria *S. enterica*.
- **Group III (experimental *E. coli* infection):** were injected intraperitoneally with 0.5 mL of physiological water. After two weeks, we were exposed by injection to 200 µl of live *E. coli* suspension.
- **Group IV (SE-CuNPs-vaccinated):** were vaccinated by intraperitoneally injection (7 mg/kg) with SE-CuNPs synthesized by *S. enterica*. After two weeks, we were exposed by injection to 200 µl suspension of live *S. enterica*.
- **Group V (EC-CuNPs-vaccinated):** were vaccinated intraperitoneally with CuNPs synthesized by *E. coli* (7 mg/kg). After two weeks, we were exposed by injection to 200µl suspension of live *E. coli*.

The CuNPs solution was obtained by ultrasonic technique for 60 min at 60 °C, and their body weights were recorded twice a week during the experiment period.

I.1.2.2. Sacrifice, blood sampling and tissue collection

Four days after infection, the rats were sacrificed following a 16-hour fasting period. under slight anesthesia by chloroform (94%) by inhalation. During euthanasia, blood samples were collected from the animals and placed in EDTA tubes for hematological analysis and heparin tubes for biochemical analysis. The serum was obtained by centrifuging for 5 minutes at 2000 rpm, and blood sugar was measured by a glucometer. The weights of the organs were recorded, washed with saline (NaCl 0.9%), and frozen at -20 °C until use. The spleen tissues are fixed in 10% formaldehyde for histological analysis.

I.1.3. Reagents and products

Hydrogen chloride (HCl), chloroform, sodium chloride (NaCl), ascorbic acid (C₆H₈O₆), Tris (C₄H₁₁NO₃), Riboflavin, Trichloroacetic Acid (TCA), Thiobarbituric Acid (TBA), Butylated Hydroxy Toluene (BHT), Nitroblue Tetrazolium (NBT), Dipotassium phosphate (K₂HPO₄), Potassium dihydrogen phosphate (KH₂PO₄), Ethanol, Ethyle nediaminetetraacetic acid (EDTA), physiological solution (Na Cl 0.9%), and distilled water.

I.2. Methods

I.2.1. Statistical study

This statistical study aims to conduct a comprehensive analysis of bacterial infections in El-Oued city for the period from January 1, 2022, to December 31, 2022. Data were obtained from the Microbiology Department of El Medjed Laboratory, located in the El-Oued region of Algeria. The study encompassed the results of a cytobacteriological examination of urine (CBEU) samples and coproculture samples, covering individuals of all age groups.

I.2.2. In vitro study

I.2.2.1. biosynthesis of copper nanocomposites

Fresh *E. coli* and *S. enterica* are cultivated at 37 °C in Bouillon LB-Luria liquid media for 48 h. After incubation, the cell biomass was separated from the culture broth by centrifugation (5000 rpm) for 10 min and washed twice with deionized water, which was used for the nanoparticle synthesis.

15 ml of aqueous copper sulfate (100 mM) was mixed with 5 ml of a suspension containing 300 µl of biomass (PH between 9 and 10). The reaction mixture was incubated with constant stirring at 30 °C. An observed brown-black color marked the formation of CuNPs at the end of 24 hours.

The resulting product was centrifuged (5000 rpm for 30 min), rinsed twice in sterile distilled water, and dried in an oven at 35 °C. Sterile deionized (DI) water was used to prepare solutions in all experiments, and sodium hydroxide (NaOH) and hydrogen chloride (HCl) were used in pH adjustment.

I.2.2.2. Characterization of Copper nanoparticles

The Cu nanoparticles synthesized using *E. coli* and *S. enterica* through a biological method were characterized using various techniques: the UV-Vis range of 200-600 nm, Fourier transform infrared spectroscopy (FTIR) to know the present functional groups associated with CuO in the range 400-4000 cm⁻¹ and the morphological and elemental of NPs was determined using scanning electron microscopy (SEM) coupled with EDX.

I.2.2.3. Biological activity

I.2.2.3.1. DPPH antioxidant test

In vitro antioxidant activity was evaluated by measuring the scavenging power of the DPPH (1,1- diphenyl-2-picrylhydrazyl) radical. A DPPH radical scavenging assay was employed to determine, by a spectroscopic method, the relative plant antioxidant ability.

The anti-radical activities of plant extracts were estimated according to the method of **Nwidi et al. (2017)**.

Stock solutions of the synthesized NPs (0.2 mg/ml) (1 mg/5 ml) were prepared and diluted to final concentrations of 200, 100, 50, 25, 12.5, and 6.25 µg/ml in distilled water. 1600µL of 0.1 mM DPPH in ethanol solution was added to 20µL of the sample or standard, and then mixed with 20µL of H₂O. Ascorbic acid (as a control solution) over the concentration range of 1.56, 0.78, 0.39, 0.195, and 0.0975 mg/ml was assayed under similar conditions. The mixtures were incubated at 37 °C for 40 min in the dark. Sample absorbance was read at 517 nm.

$$\text{The percentage inhibition } \{(A_0 - A_1/A_0) \times 100\}$$

I.2.2.3.2. Hemolysis assay

- Principle

The hemolysis assay was done as described by (**Vinjamuri et al., 2015**) to determine the protective effect of the antioxidant compound presented in the sample against membrane erythrocyte lysis, which was induced by 1X PBS. RBC lysis was detected by measuring the concentration of hemoglobin in blood plasma at 560 nm with a spectrophotometer.

- Procedure

1. 5 mL of blood was collected from healthy volunteers in tubes containing 5.4 mg of EDTA to prevent coagulation and centrifuged at 1000 rpm for 10 min at 4 °C.
2. Plasma is removed carefully, and the white buffy layer was completely removed by aspiration with the utmost care.
3. Then, the erythrocytes were washed three times with 1X PBS (pH = 7.4) for 5 min.
4. The washed erythrocytes were stored at 4 °C and used within 6 hours for the hemolysis assay.
5. Add 50 µL of 10 dilutions (100 µL erythrocytes suspension and 900 µL 1XPBS) of erythrocytes suspension mixed with 100 µL of test samples (0.81-200µg/mL) and with 100 µL of 1XPBS (as a control).
6. The reaction mixture is incubated in a 37°C water bath for 60 min.
7. 850 µL of 1XPBS was added to the reaction mixture, which was centrifuged at 300 rpm for 3 min.
8. The concentration of hemoglobin in the supernatant is measured at 560 nm by a spectrophotometer.

Expression of results

Hemolysis inhibition percentage (IP) was calculated as follows:

$$\text{IP (\%)} = (100 - (\text{OD sample}) / (\text{OD control})) \times 100$$

I.2.3. In vivo study**I.2.3.1. Hematological parameter analysis**

Hematological analysis by XN-330 (Sysmex). The metrics included the leucocytes, the erythrocytes, and the platelet line.

2.3.2. Biochemical and enzymatic parameters analysis

Urea, Creatinine, Cholesterol, Triglycerides, Alanine aminotransferase (ALAT), Aspartate aminotransferase (ASAT), Creatine phosphokinase (CPK), and alkaline phosphatase (PA).

I.2.3.3. Oxidative stress tests**I.2.3.3.1. Homogenate preparation**

0.5 gram of tissues (liver, spleen, heart, and kidney) was grinded and homogenized in 5 ml of phosphate buffer solution (PBS, pH = 7.4). Homogenates were centrifuged at 5000 rpm for 15 min. The obtained supernatant was conserved at -20 °C.

I.2.3.3.2. Determination of Malondialdehyde (MDA) level**- Principle**

The common method for the assessment of MDA level is the thiobarbituric acid (TBA) assay, where MDA forms a complex with two molecules of 2-thiobarbituric acid (TBA) in the presence of acidic medium and heat. A change in the color of the solution to a pink color is an indication of the presence of MDA (Yagi, 1976).

- Reagent

375 mg of TBA, 20 g of TCA, 0.01 g of BHT, 25 ml of 1N HCL, and 50 ml of distilled water were mixed in a beaker. The solution obtained was heated to 40 °C in a water bath until the TBA was completely dissolved, then transferred to a 100 mL flask, and the volume was filled up with distilled water.

- Procedure

Pipette into the glass vial test tubes 200 µl of sample and 800 µl of TBA reagent and close tightly. Heat the mixture in a water bath at 100 °C for 15 minutes. Then cool in a cold water bath for 30 minutes, leaving the tubes open to allow the gases formed during the

reaction to be removed. Centrifuge at 3000 rpm for 5 minutes and read the absorbance of the supernatant at 532 nm using a spectrophotometer.

- Expression of results

The concentration of TBARS was determined using the molecular extinction coefficient of MDA ($\epsilon = 1.53 \times 10^5 \text{ M}^{-1} \text{ cm}^{-1}$). The results were expressed in $\mu\text{mol/l}$.

$$\text{MDA } (\mu\text{mol/mg of prot}) = (\text{OD sample} / 1.53 \times 10^5) / \text{mg of protein}$$

1.2.3.3.3. Determination of reduced glutathione (GSH) level

-Principal

The level of reduced glutathione is determined according to **Weckbecker & Cory, (1988)**. By measuring the optical density results from the formation of 2-nitro-5-mercaptopuric acid (TNB) from the reduction of dithio-bis-2-nitrobenzoic acid (DTNB), which is called Ellman reagent with SH groups exist in GSH briefly.

- Procedure

1. 800 μl of homogenate samples are added to 200 μl of salicylic acid (0.25%). Then centrifuged at 1000 rpm for 5 min.
2. Take 500 μl of supernatant and mix it with 1000 μl of tris buffer solution (tris 0.4 mol, NaCl 0.02 mol; $\text{pH} = 8.9$) and 25 μl of DTNB (0.01 mol/L).
3. Read the absorbance at $\lambda = 412 \text{ nm}$ after 5 minutes of incubation.

Expression of results

GSH concentration is expressed according to the following formula:

$$\text{GSH (nM/mg of protein)} = \frac{(\text{OD} \times 1 \times 1.525)}{13133 \times 0.8 \times 0.5 \times \text{mg of protein}} \times d$$

OD: Optical Density.

1.525: total volume of blend an ml.

13133: Absorption constant of SH groups at 412 nm.

0.5: volume of solution float an ml.

1: volume of protein mixture.

0.8: volume of homogeneous solution without protein exists in 1 ml.

GSH: concentration of glutathione.

d: dilution factor.

I.2.2.3.4 Determination of Super Oxide Dismutase (SOD) activity

- Principle

This test is based on the inhibition of NBT reduction by SOD. NBT is reduced by the superoxide anion O_2^- , and it is known that SOD neutralizes O_2^- , which inhibits the reduction of NBT (Beauchamp & Fridovich., 1971).

- Procedure

Collect in tubes	Blank	Sample
EDTA-Met (0.1mM, 13mM)	1000 μ L	1000 μ L
Phosphate buffer (50Mm)	1892,2 μ L	1842,2 μ L
Sample	-	50
NBT (75 μ M)	85,2 μ L	85,2 μ L
Riboflavin (2 μ M)	22,6 μ L	22,6 μ L

Expression of results

Inhibition percentage of NBT reduction by SOD as follows:

$$IP (\%) = (OD \text{ blank} - OD \text{ sample}) / (OD \text{ blank}) \times 100$$

IP50%= 1UI of SOD

2.2.4. Histological study

Histological sections were done following the method of **Ishfaq et al. (2019)**, with a slight modification. 10% buffered formalin was used for fixing spleen samples, followed by dehydration with graded ethanol. The samples were processed for paraffin wax and cut into sections (5 μ m thickness). After that, the sections were mounted on slides, stained with hematoxylin and eosin dye, and observed under a light microscope (10X and 40X magnifications).

I.2.2.5. Statistical analysis

The results obtained are expressed as the mean $\pm$ standard error of the mean (Mean $\pm$ SEM). The analysis of the data was carried out by application of the Student's T test. All data in this study were examined by Minitab 13.0 software. $p < 0.05$ indicates statistically significant difference.

Chapter two

Results

II.1. Statistical study

II.1.1. CBEU and coproculture analysis according to the type of bacteria

Among the 5380 CBEU samples, *E. coli* exhibited the highest prevalence, comprising 64.15% of the isolates, whereas *K. pneumoniae* constituted 14.54%. On the other hand, *E. coli* accounts for 87% of infection cases in 432 coproculture samples (figure8).

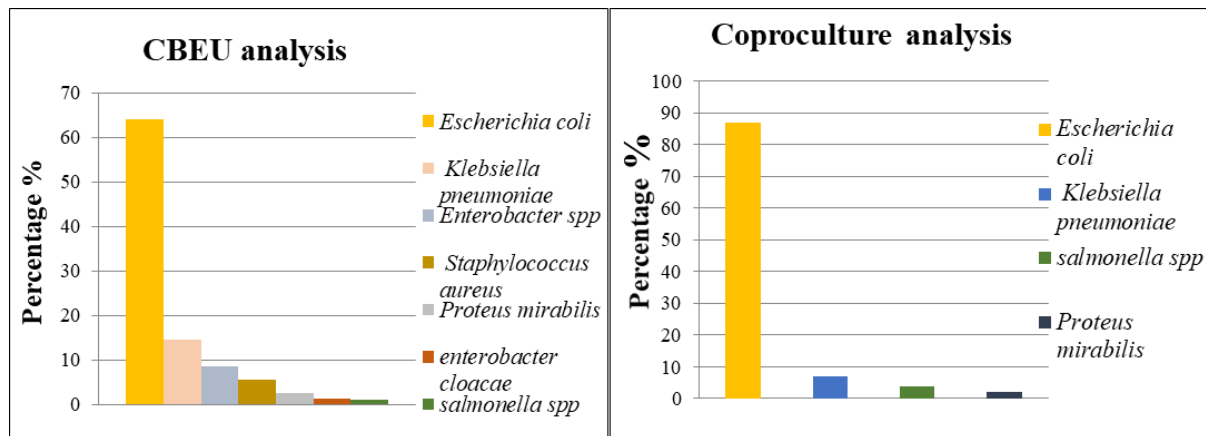


Figure 8: CBEU and coproculture analysis according to the type of bacteria

II.1.2. CBEU and coproculture analysis according to age

Figure 9 of the 5380 examined samples illustrates that the 65–75 age group showed the highest susceptibility to bacterial infection, accounting for 32% of cases. This was followed by the age groups 25–65 and 18–25, with infection rates of 23% and 12%, respectively. Among the 432 coproculture samples, the results showed that children aged 1 year had the highest infection rate (46% of all cases) and 30% of all cases at 3 months.

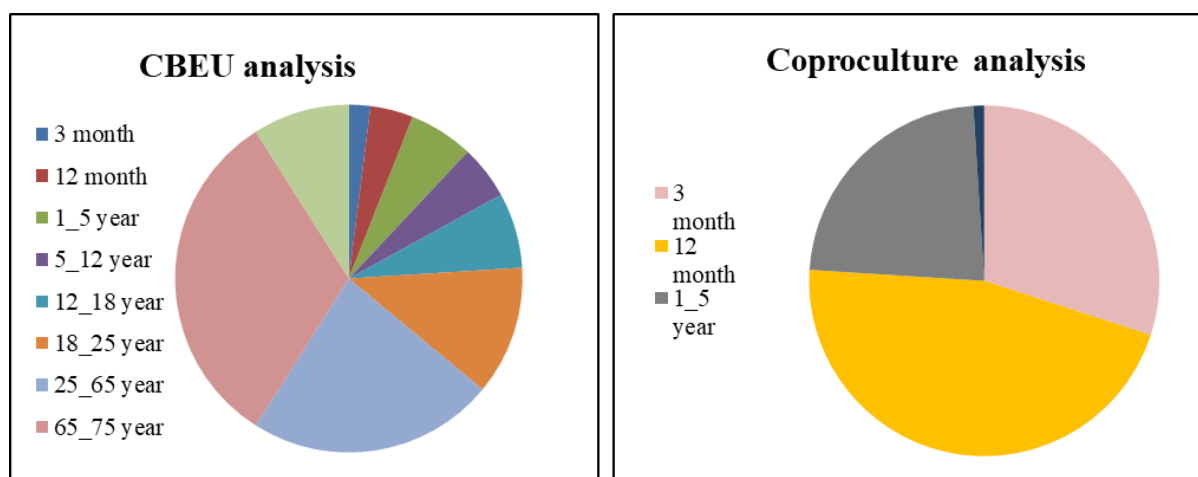


Figure 9: CBEU and coproculture analysis according to age

II.1. In vitro study

II.1.1. Characterization of copper nanoparticles

II.1.1. UV-VIS spectroscopy

The UV-Vis spectrum of CuONps synthesized from *E. coli* and *S. enterica* absorption spectra is shown in figure 10 and 11, respectively. The production of CuONPs was confirmed by a maximum absorption at 250 nm and 300 nm for ECuONPs and SCuONPs, respectively.

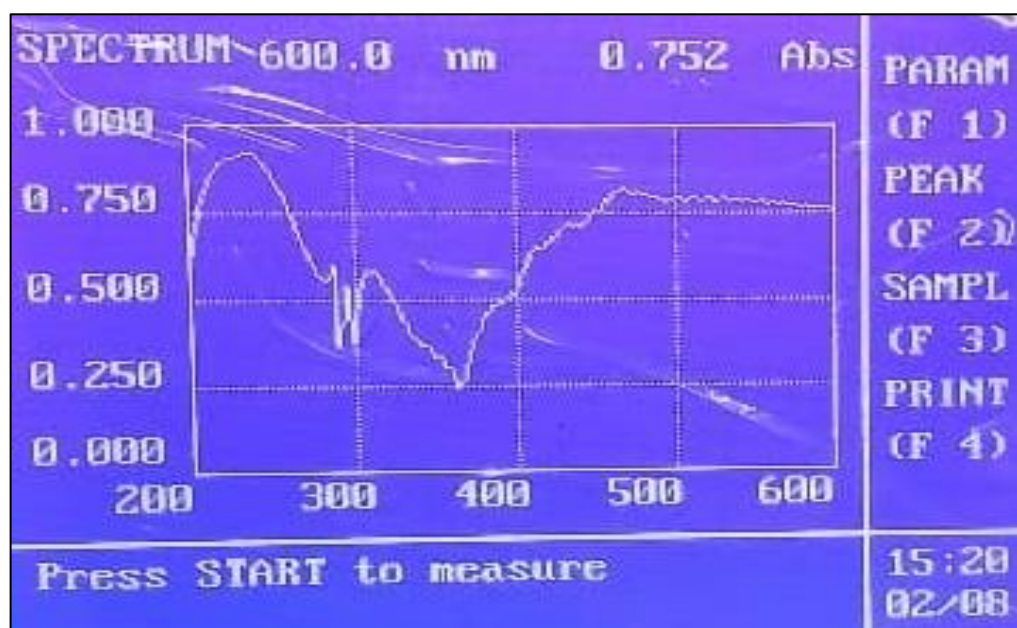


Figure 10: UV-Vis spectrum of EC-CuNP

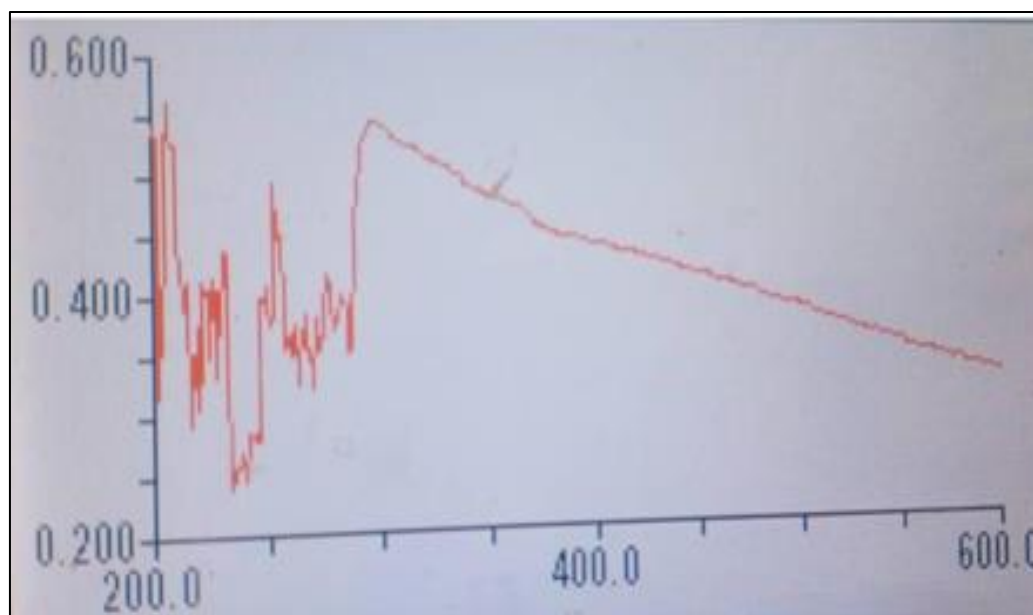


Figure 11: UV-Vis spectrum of SE-CuNP

II.1.1.2. FT- IR analysis

Figures 12 and 13 showed photographs of the FTIR spectroscopy recorded for SCuONPs and ECuONPs, respectively. The presence of the band at 600 cm⁻¹ in both observed samples is indicative of the characteristic bands associated with the Cu-O bond.

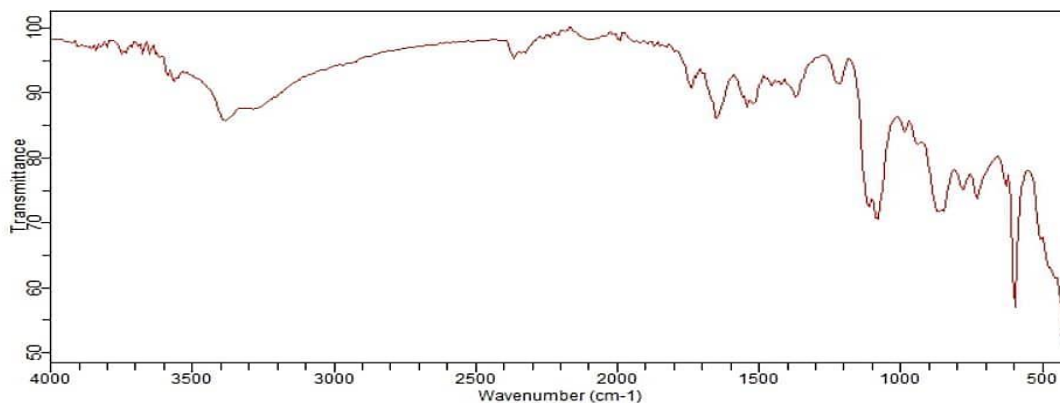


Figure 12: FTIR spectrum of SE-CuNPs

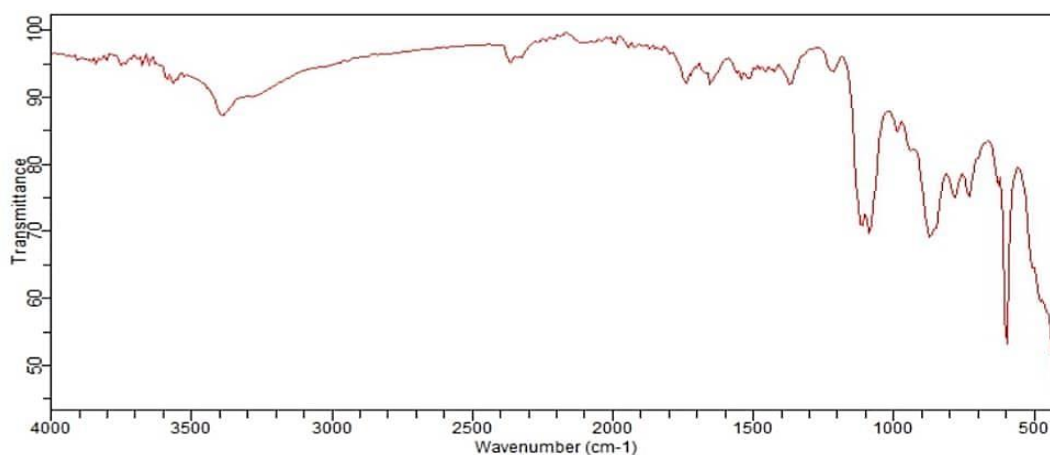


Figure 13: FT-IR spectrum of EC-CuNPs

II.1.1.3. Scanning electron microscopy and EDX

The SEM pictures of CuNPs biosynthesised by *E. coli* and *S. enterica* revealed that these nanoparticles had an oval structure and were between (73–183 nm) and (135–202 nm) in size, respectively. Additionally, the chemical compositions of CuO Nps were detected with EDX analysis, as shown in figure 14 and 15.

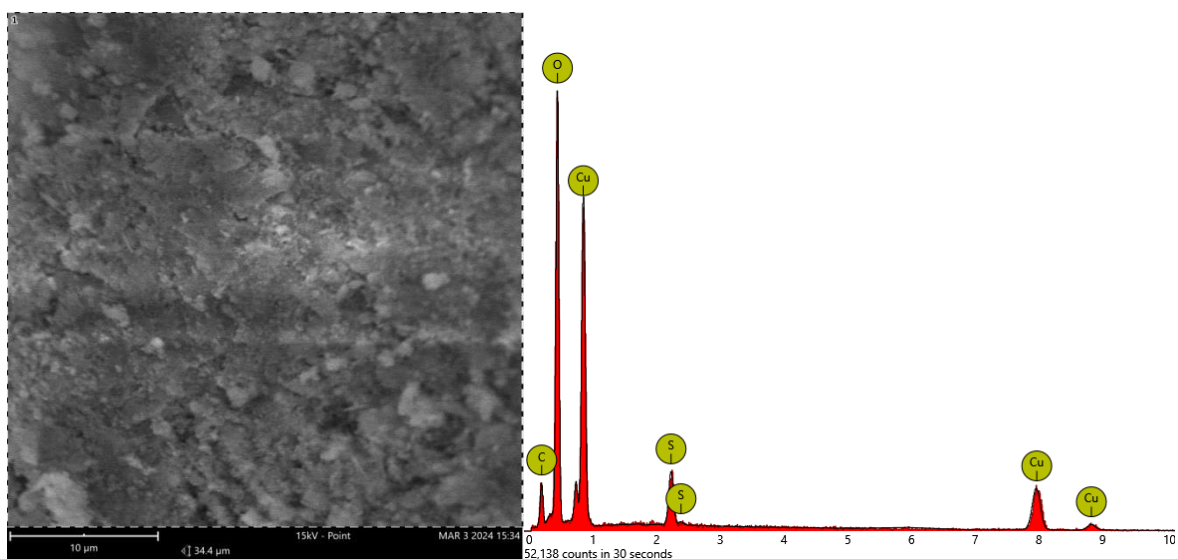


Figure 14: Scanning electron microscopy images of EC-CuNPs

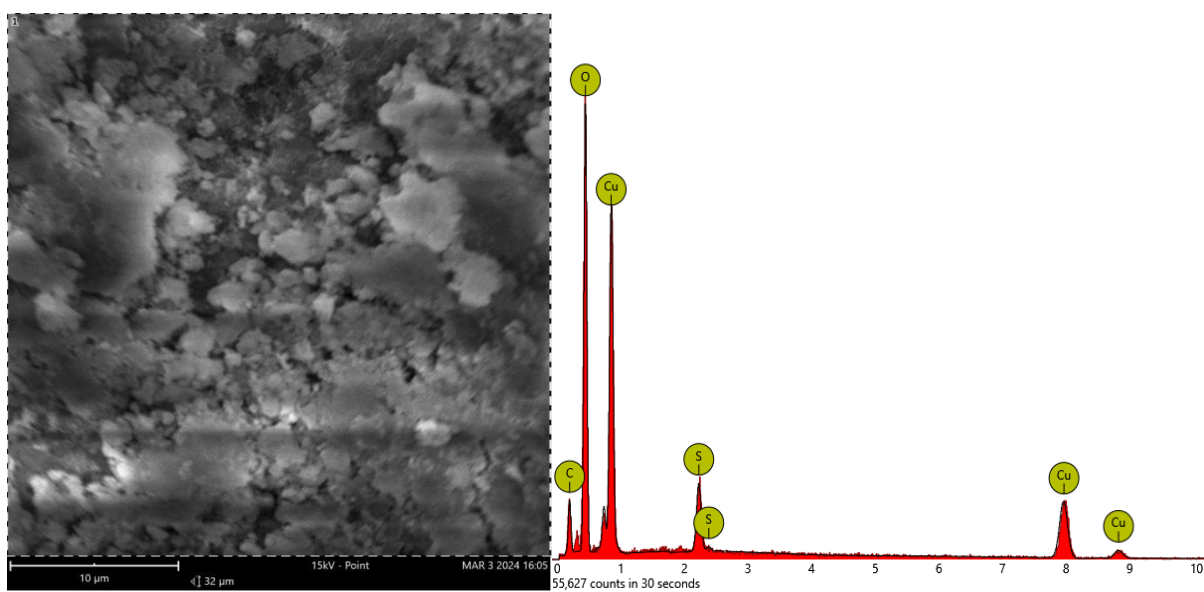


Figure 15: Scanning electron microscopy image of SE-CuNPs

II.2. Biological activities

II.2.1. Antioxidant activity

The DPPH tests revealed antioxidant activity in both SCuONPs and ECuONPs. The inhibition ratio (IP) curve of free radicals exhibited a proportional increase with the extract concentration (see Appendix). Moreover, the IC_{50} of S CuONPs (84.52 $\mu\text{g/ml}$) surpassed that of E CuONPs (61.86 $\mu\text{g/ml}$) (figure 16).

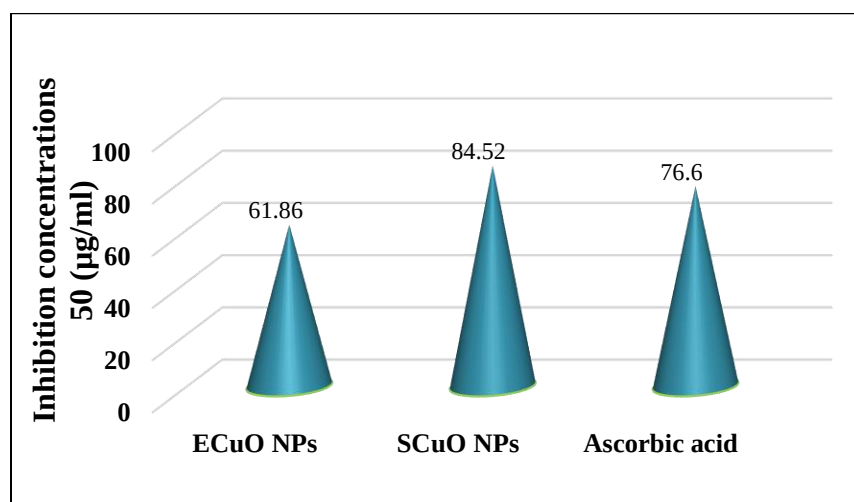


Figure 16: IC_{50} of the antioxidant activity of CuNPs

II.2.2. Hemolysis assay

From the results in figure 17, we observe that the synthesised CuONPs had different antihemolytic effects. The SE-CuNP showed the best anti-hemolytic activity, with the lowest IC_{50} (40.1 $\mu\text{g/ml}$) as compared to the EC-CuNP.

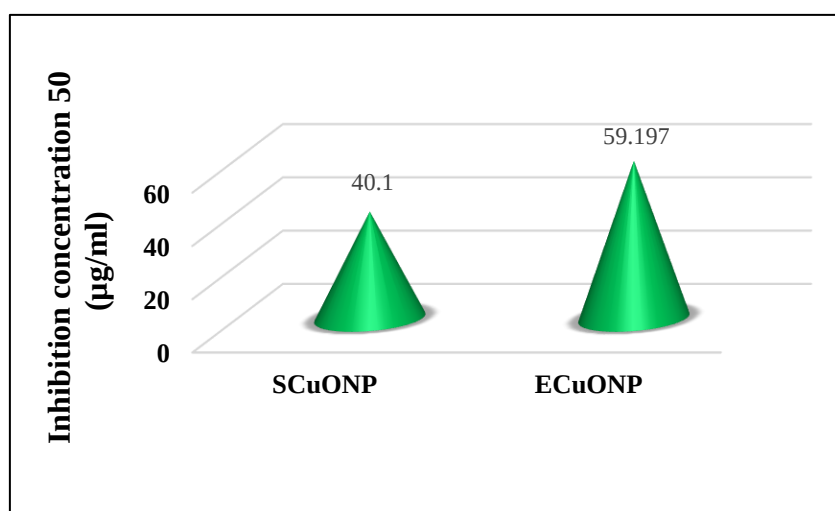


Figure 17: IC_{50} of the anti-hemolytic activity of CuNPs

II.2 In vivo study

II.2.1. Growth parameters

The analysis of body weight and relative organ weights is summarized in table 2. Exposure to infection resulted in a significant reduction in weight gain among rats, whereas vaccinated groups exhibited no significant differences compared to controls. Relative organ weights indicated a significant increase in the weights of the liver, spleen, and kidneys ($p < 0.001$), with a slight increase in heart weight ($p < 0.01$) in the *S. enterica* group. In contrast, the *E. coli* group showed a highly significant increase in heart weight ($p < 0.001$), slight increases in liver and spleen weights ($p < 0.01$, $p < 0.05$), and a decrease in kidney weight ($p < 0.01$). In the SE-CuONPs-vaccinated group, significant improvements were observed in all organ weights ($p < 0.001$). Additionally, the EC-CuONPs-vaccinated group showed improvements in all organ weights except the spleen ($p < 0.01$, $p < 0.05$), compared to infection group.

Table 2: Initial weight, Weight gain and Relative Organ Weights in control and experimental

	Control	<i>S. enterica</i>	<i>E. coli</i>	SE-CuONPs	EC-CuONPs
Initial body weight (g)	188±3.60	211.25±6.79	178.5±2.78	186±2.76	194±3.61
Body weight gain(g/day/rat)	1.024±0.103	0.5655±0.091 ***	0.619±0.077 ***	1.0952±0.1 a3	1±0.09 b2
Relative liver weight (g/rat)	2.2198±0.027	3.6636±0.041 ***	2.441±0.0562 **	2.4303±0.037 ***a3	2.1767±0.065 b2
Relative spleen weight(g/rat)	0.26579±0.008	0.6804±0.382 ***	0.3348±0.022 *	0.3365±0.041 a3	0.3163±0.017 *
Relative heart weight (g/rat)	0.2896±0.006	0.30747±0.0045 **	0.31183±0.0004 ***	0.26707±0.008 *a3	0.33398±0.009 **b1
Relative kidney weight(g/rat)	0.6023±0.011	0.66235±0.001 ***	0.56339±0.009 **	0.53889±0.002 ***a3	0.5986±0.009 b2

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

II.2.2. Hematological parameters

According to table 3, the results of the hematological analysis of the experimental groups showed a significant increase ($p < 0.05$, $p < 0.001$) in all leukocytes parameters compared with the control group. Compared with the *E. coli* group, there was a very high significant decrease ($p < 0.001$) in WBC, lymphocytes, MID and granulocytes in the ECuONP group. On the other hand, there was no significant variation ($p > 0.05$) in the lymphocyte and MID of the SCuONP group compared with the *S. enterica* group, while the WBC and granulocytes were highly reduced ($p < 0.001$, $p < 0.01$).

Table 3: Leukocyte line in blood of control and experimental groups

Parameters	Control	<i>S. enterica</i>	<i>E. coli</i>	SE-CuNP	EC-CuNP
WBC ($10^9/l$)	4.688± 0.238	6.7± 0.416**	7.125±0.462***	6.05±0.0567*** ^{a3}	5.95± 0.132*** ^{b3}
LYM ($10^9/l$)	3.875± 0.227	5.15±0.246***	5.537±0.463**	5.113±0.475 ^{NS}	4.8± 0.113*** ^{b3}
GRAN ($10^9/l$)	0.125±0.0164	0.45±0.0463***	0.4± 0.0463***	0.3±0.0378 ^{**a2}	0.19875±0.00295*** ^{b3}
MID ($10^9/l$)	0.725± 0.126	1.087± 0.122*	1.325±0.161**	1.2±0.0756 ^{***NS}	0.95± 0.0189*** ^{b3}

NS: not significant. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

Table 4 illustrates that, compared to the control, there was a significant ($p < 0.05$) to a very high significant decrease ($p < 0.001$) of red blood cells (RBC), MCV, hemoglobin (HBG), and hematocrit (HCT), MCH with a high significant raise ($p < 0.001$) in PLT and MCHC in the *S. enterica*, *E. coli* groups. In the ECuONP group, the MCV, HBG, MCH and HCT increased significantly high ($p < 0.01$, $p < 0.001$) simultaneously, with a significant decline in RBC, MCHC ($p < 0.001$) and PLT ($p < 0.01$) compared to the *E. coli* group. Also, the results of the SCuONP group showed no significant change ($p > 0.05$) in HBG and PLT but a significantly high increase ($p < 0.01$, $p < 0.001$) in RBC, MCV, HCT, MCH while there was significant decline ($p < 0.05$) of MCHC than the *S. enterica* group.

Table 4: Erythrocyte and Platelet line in blood of control and experimental groups

Parameters	Control	<i>S. enterica</i>	<i>E. coli</i>	SE-CuNPs	EC-CuNPs
RBC ($10^{12}/l$)	7.726± 0.12	7.197± 0.104***	7.5887±0.0348**	7.425±0.00945***a2	7.27±0.0945***b3
MCV (fl)	62.6± 0.543	57.663±0.189***	58.15± 0.22***	63.45±0.586 ^{NS} a3	66.8±1.21**b3
HCT %	48.563±0.634	41.512±0.486***	44.5± 0.264***	44.038±0.558***a2	48.55±0.246 ^{NS} b3
HGB (g/dl)	15.4± 0.164	13.687±0.0295***	14.787±0.103***	14.075±0.2*** ^{NS}	15.05±0.0567***b2
MCH (pg)	19.9± 0.134	19.125± 0.224**	19.475± 0.168*	19.9± 0.176 ^{NS} a2	20.7±0.189**b3
MCHC (g/dl)	31.825±0.147	32.925± 0.298**	33.1± 0.139***	32.05± 0.362 ^{NS} a1	31±0.265*b3
PLT ($10^9/l$)	503.9± 19.4	624± 17.8***	629± 3.4***	496± 110 ^{NS}	607±4.54***b2

NS: not significant. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

II.2.3. Biochemical parameters

II.2.3.1. Cholesterol, triglycerides, and blood sugar levels

Regarding biochemical parameters, tests for urea, creatine, cholesterol, triglycerides, and blood sugar were performed, in addition to the following enzyme tests: ASAT and ALAT. To support the results, in figure 18 we observed that the levels of blood sugar tests showed no significant difference ($p > 0.05$) between the results of the two groups infected with *S. enterica* and *E. coli* bacteria compared to the control group. However, the groups vaccinated with ECuONP and SCuONP showed a significant ($P < 0,001$) increase ($P < 0,05$), respectively. As for the results of the groups infected with *S. enterica* and *E. coli* bacteria and the group immunized with ECuONP, they showed a significant increase ($p < 0.001$) in cholesterol levels, with the exception of the group vaccinated with SCuONP showed that was no significant difference ($p > 0.05$) compared with control group. For triglyceride results, all groups showed that a significant increase ($p < 0,001$) for group infected with *S. enterica* and the other groups vaccinated with ECuONP and SCuONP and ($p < 0,01$) for infected group with *E. coli* compared with control group.

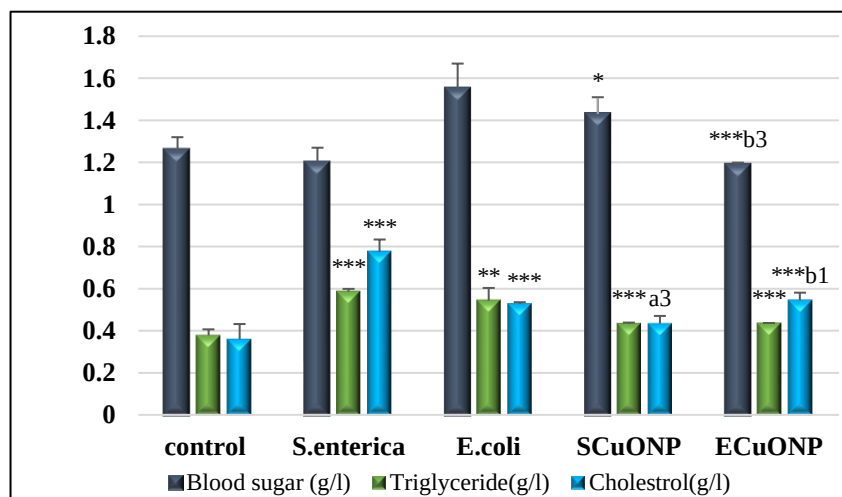


Figure 18: Cholesterol, triglycerides, and blood sugar of control and experimental groups

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

II.2.3.2. Urea and creatine levels

Figures 19 represent the levels of creatine and urea for the experimental groups as shown a significant decrease ($p < 0.001$) in the levels of creatine for the group infected with *E. coli* and other groups vaccinated with ECuONP and SCuONP and a significant decrease ($p < 0.01$) for group infected with *S. enterica* in the same analyse compared with control group.

Urea levels showed that a significant increase ($p < 0.001$) for the group vaccinated with SCuONP and ($p < 0.01$) fro infected group by *E. coli* and no significant difference for group infected with *S. enterica* and vaccinated group with ECuONP compared with control group.

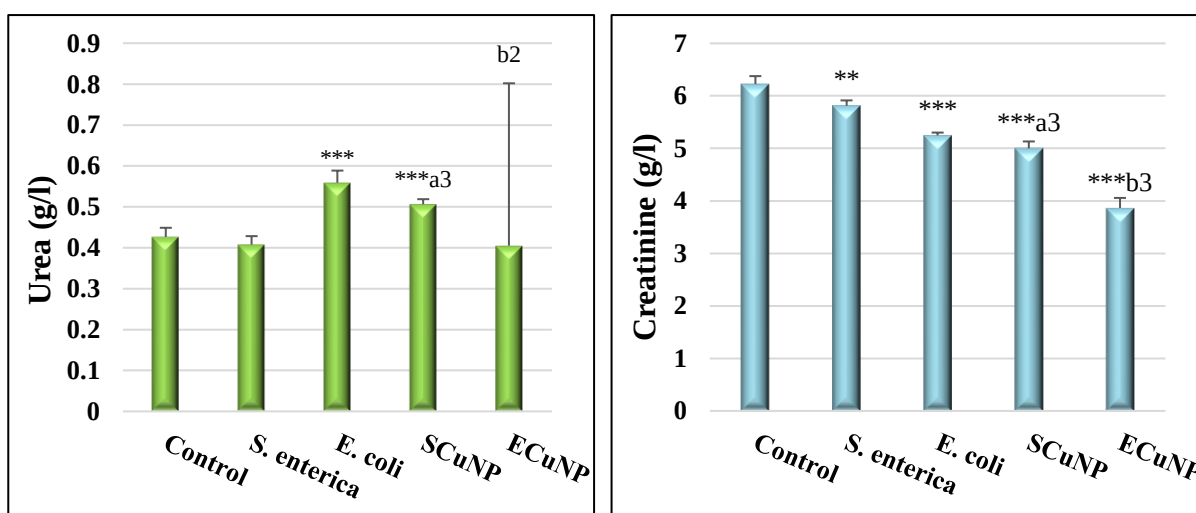


Figure 19: Urea levels and creatine activity in control and experimental groups

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

II.2.4. Enzymatic parameters

The following figure (20) represents the results of ASAT and ALAT analysis, which showed in the levels of both analyzes a significant increase ($p < 0.001$) for groups infected with *S. enterica* and *E. coli*, in contrast we observed no significant difference ($p > 0.05$) for the groups vaccinated with ECuONP and SCuONP compared to control group.

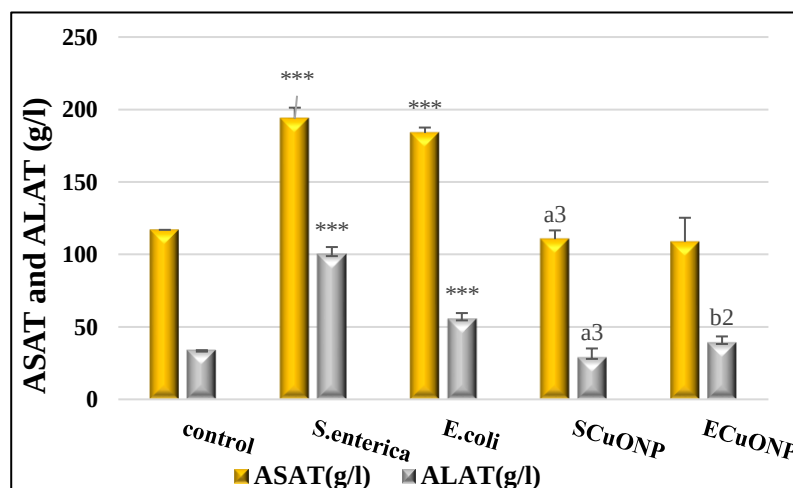


Figure 20: ASAT and ALAT activities in control and experimental groups

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

Figure 21 presented the results of CPK enzyme activity that showed no significant differences ($p > 0.05$) between the experimental groups and the control group, except for the SCuONP, which decreased significantly high CPK levels ($p < 0.001$) compared to both the control and *S. enterica* groups.

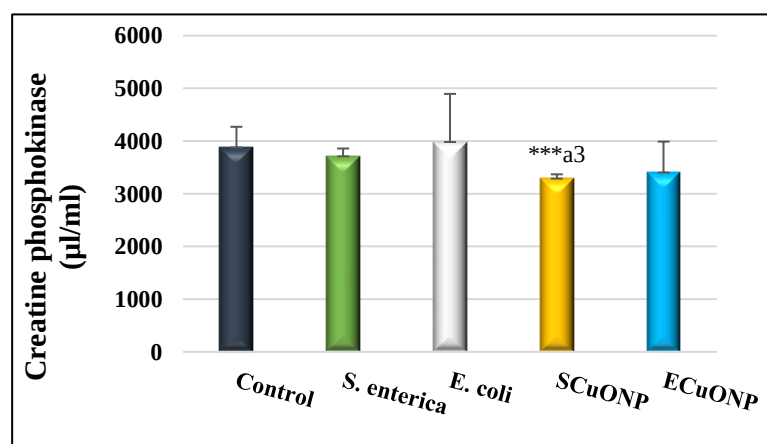


Figure 21: CPK enzyme activity in control and experimental groups

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

According to figure 22 of alkaline phosphatase (AP), only the *E. coli* group showed a high significant ($p<0.01$) reduction in PA levels compared to the control. Also, SE-CuONP induced a very high significant decline ($p<0.001$) in comparison to the *S. enterica* group. Meanwhile, the results demonstrated that there was a high significant increase ($p<0.001$) in AP in the EC_CuONP group compared to the *E. coli* group.

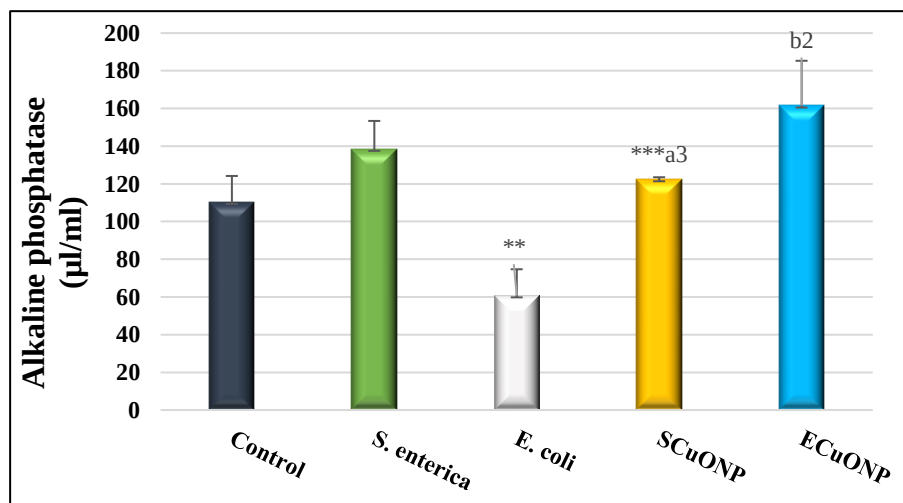


Figure 22: Alkaline phosphatase activity in control and experimental groups

* $p<0.05$, ** $p<0.01$, *** $p<0.001$: significantly different from control group. ^{a1} $p<0.05$, ^{a2} $p<0.01$, ^{a3} $p<0.001$: significantly different from *S. enterica* group. ^{b1} $p<0.05$, ^{b2} $p<0.01$, ^{b3} $p<0.001$: significantly different from *E. coli* group.

II.2.5. Oxidative stress parameters

II.2.5.1. Malondialdehyde (MDA)

In the analyzed tissues (figure 23), MDA levels exhibited a significant increase in all organs for both infection groups compared to the control group ($p<0.001$ - $p<0.05$), with the exception of the spleen in the *E. coli* group, where was not significant, and the *S. enterica* group, which showed a significant decrease ($p<0.001$). Conversely, compared to the infection group the SE-CuONP and EC-CuONP groups showed a significant decrease in MDA levels in the liver and heart ($p<0.001$, $p<0.05$) and in the spleen for the EC-CuONP group ($p<0.001$) but, this was not significant in the spleen for the SE-CuONP group, a slight increase in MDA levels was observed in the kidneys for both groups ($p<0.001$, $p<0.01$).

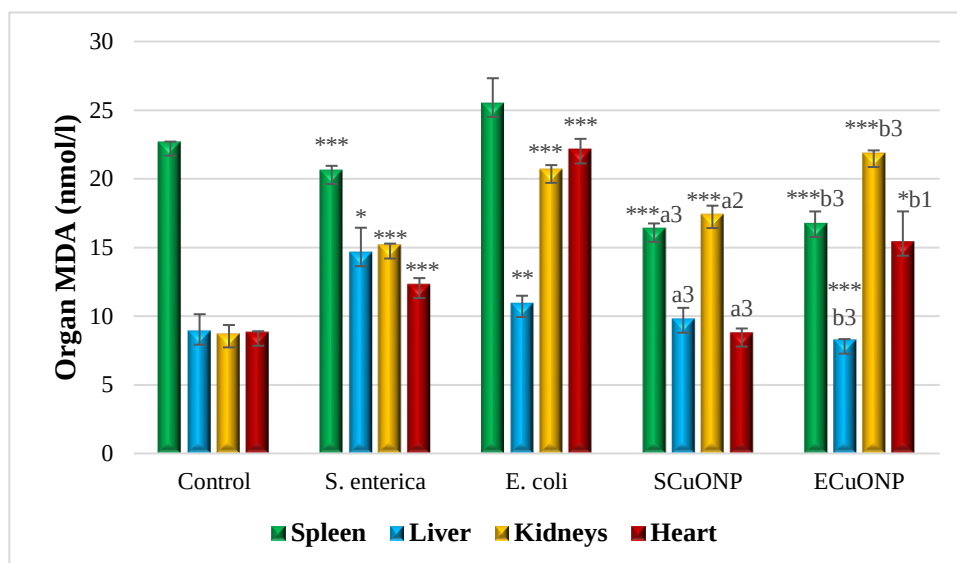


Figure 23: Tissues MDA concentration in control and experimental groups

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

II.2.5.2. Reduced glutathione (GSH)

The results of GSH levels in the different tissues represented in figure 24 show that, as compared to the control, there was a very high significant decrease in GSH levels ($p < 0.001$) in all tissues of the *S. enterica* and *E. coli* groups but not in the liver of the *S. enterica* group. Furthermore, the GSH increased significantly high ($p < 0.001$, $p < 0.01$) in the different tissues of the SE-CuONP and EC-CuONP groups in comparison with the experimental infection groups, respectively.

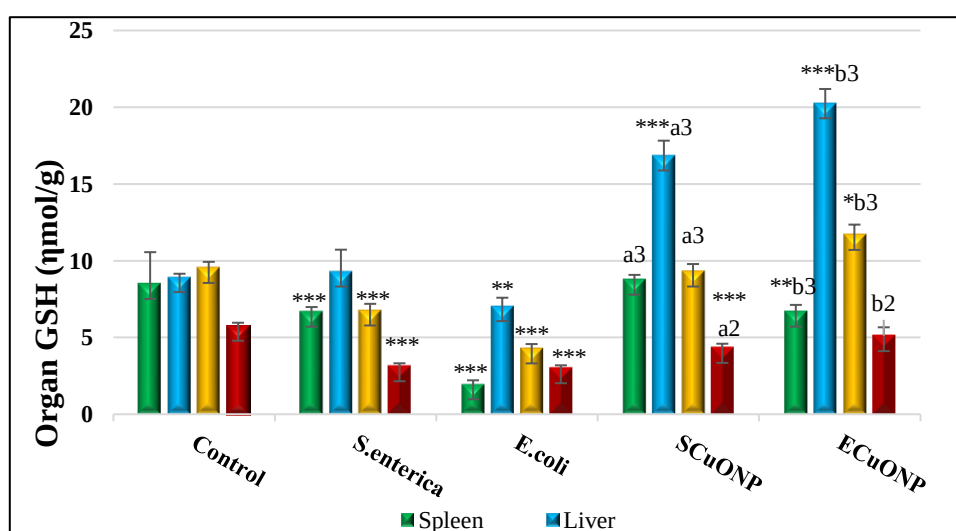


Figure 24: Tissues GSH concentration in control and experimental groups

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

II.2.5.3. Superoxide dismutase (SOD)

Compared to the control group, spleen and liver SOD activities showed a very high significant decrease ($p < 0.001$) in both experimental infection groups, while only the *E. coli* group had a very high significant augmentation in heart and a decrease in kidney SOD activity (figure 25). Furthermore, SOD activity in the SE-CuONP group increased very high significant ($p < 0.001$) in the spleen and high significant in the heart ($p < 0.01$); in contrast, hepatic SOD activity showed a very high significant diminution ($p < 0.001$) with no significant differences in the kidney in comparison to the *S. enterica* group. Also compared to the *E. coli* group, EC-CuONP induced no significant variation in liver and heart SOD activities, which were significantly raised ($p < 0.05$) in the spleen. On the contrary, there was a high significant decline in SOD activity ($p < 0.01$) in the kidney.

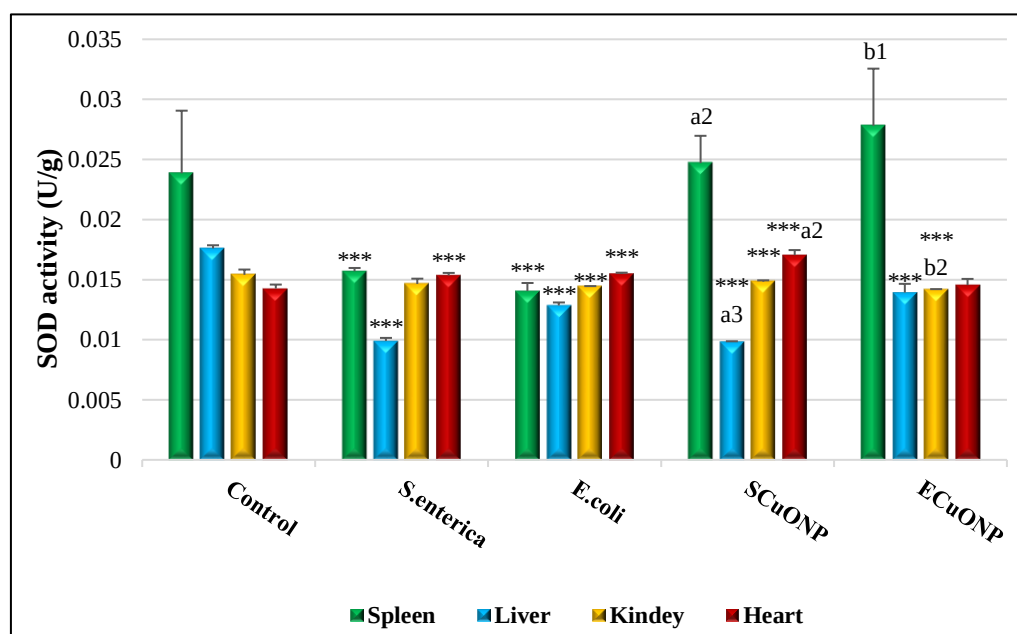


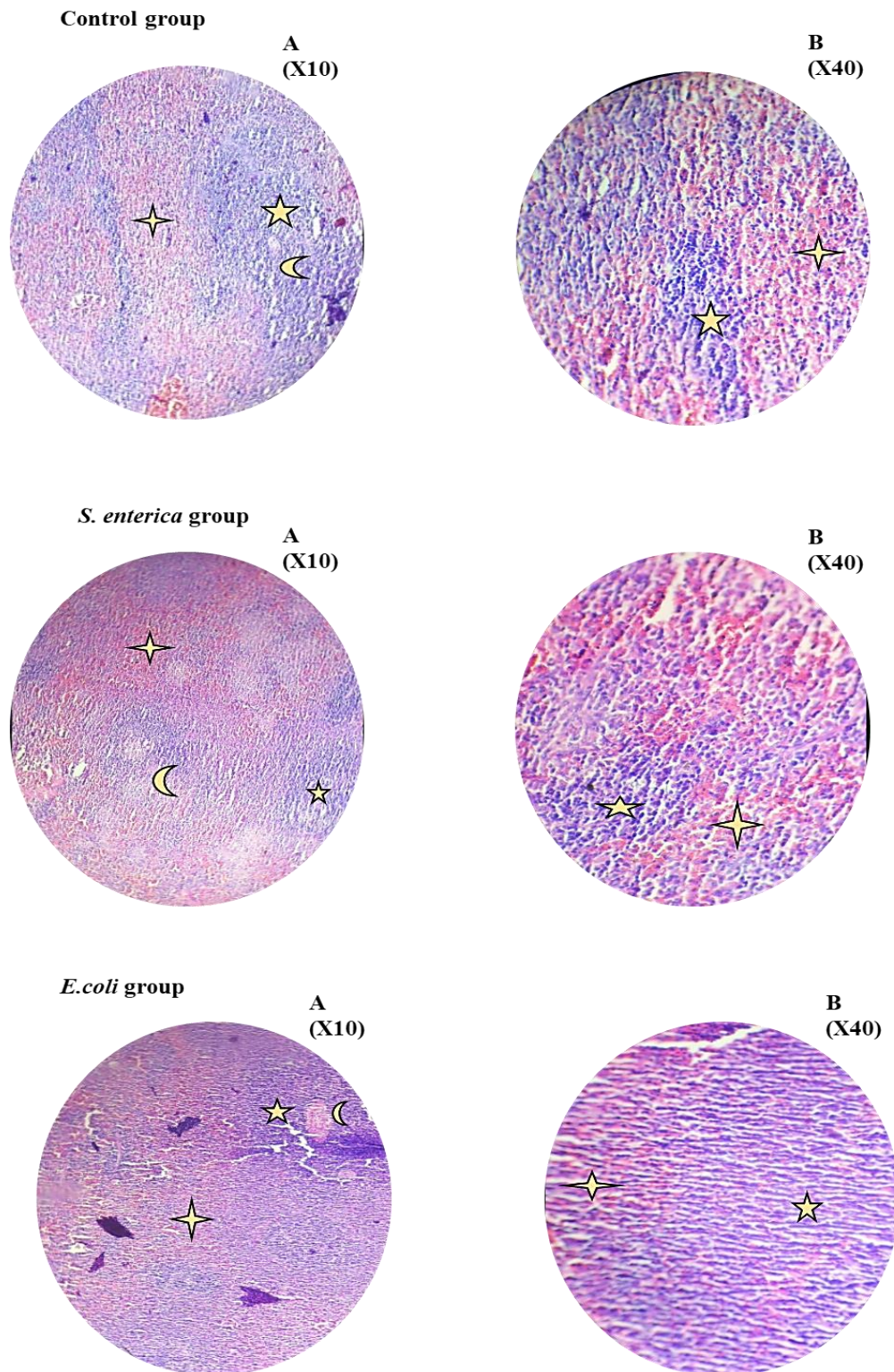
Figure 25: Tissues SOD activity in control and experimental groups

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$: significantly different from control group. ^{a1} $p < 0.05$, ^{a2} $p < 0.01$, ^{a3} $p < 0.001$: significantly different from *S. enterica* group. ^{b1} $p < 0.05$, ^{b2} $p < 0.01$, ^{b3} $p < 0.001$: significantly different from *E. coli* group.

II.2.6. Histological analyzes

Histological analyzes of the spleen for the control group showed a very healthy structure and free of various abnormalities, which consisted of two pulps, a white pulp and a red pulp, which were normally interspersed, while the spleen sections of the two groups infected with *S. enterica* infection and the other with *E. coli* infection contained abnormalities in the pulps, as they were overlapping and an increase in the size of the white pulp, which caused the red

pulp to become confined and diminish in size compared to the spleen sections of the control group, and these changes disappeared completely in the rest of the groups vaccinated (figure 24).



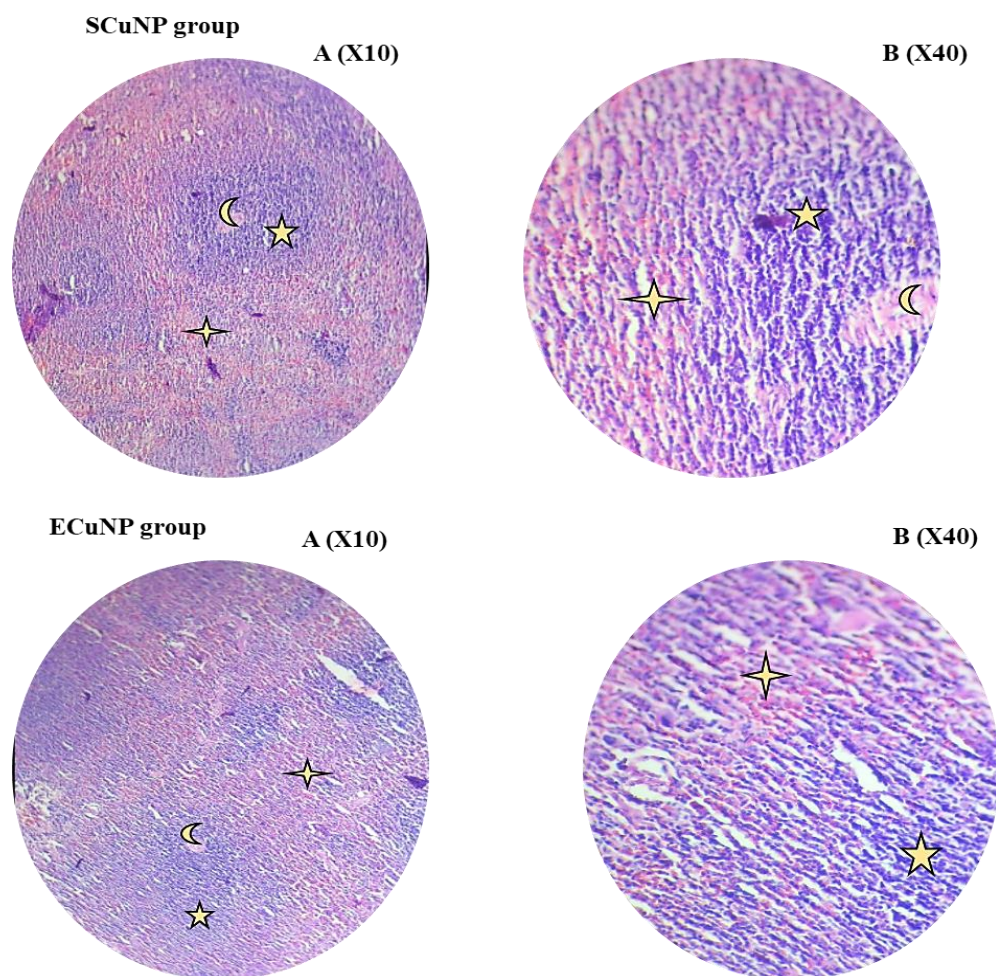


Figure 26: Photomicrographs of spleen section of all experimental groups stained with hematoxylin and eosin (H&E), (A) : x10 and (B) : x 40.

☾ Central arteriole ★ White pulp ✦ Red pulp

Chapter three

Discussion

Discussion

Vaccination has been instrumental in reducing or eradicating many pathogens (Poria et al., 2024). However, enthusiasm for *Escherichia coli* vaccines remains limited, despite their significance in scientific research (Cobo-Simón et al., 2023; Pokharel et al., 2023). While the recent COVID-19 pandemic has underscored the importance of vaccines, effective treatments for bacterial infections like *E. coli* remain elusive (Torres-Sangiao et al., 2016). Nanotechnologies and molecular biology have revolutionized vaccine production processes, enhancing vaccine efficacy (Facciola et al., 2022). Although challenges persist in vaccine development and distribution (Poria et al., 2024), integrating nanotechnology offers promising solutions to combat bacterial infections (Kim et al., 2019).

This study aims to synthesize copper oxide nanoparticles (CuONPs) using a non-toxic, rapid, and eco-friendly approach and assess their potential as a vaccine against pathogenic *E. coli* and *Salmonella enterica*.

1. Statistical study

Infectious diseases have posed a threat to humanity since prehistoric times (de Nooijer et al., 2023). Enteropathogenic *Escherichia coli* (EPEC) is a significant global cause of infections, primarily affecting infants and leading to acute and prolonged diarrhea (Gazi et al., 2022). Enterohemorrhagic *Escherichia coli* (EHEC) is associated with severe conditions such as hemolytic uremic syndrome (HUS) and hemorrhagic colitis (Pokharel et al., 2023). The World Health Organization reports that approximately 10% of patients with Shiga toxin-producing *Escherichia coli* (STEC) infections may develop HUS, which carries a mortality rate of 3 to 5%. HUS can also result in neurological complications, including seizures, stroke, and coma, in 25% of cases, and it is the leading cause of acute renal failure in young children (WHO, 2018).

Salmonella remains one of the most prevalent causes of gastrointestinal infections globally and can manifest in two forms: gastroenteritis (Mestre et al., 2021). The incidence of *Salmonella* infections varies across different regions, primarily due to differences in socio-economic status, hygiene practices, and water sanitation (Ngogo et al., 2020). According to Zha et al. (2019), *Salmonella* is the second most common foodborne infection in the United States. In 2015, the number of *Salmonella* infections in Europe reached 94,625. Teklemariam et al. (2023) also confirmed that 99% of human salmonellosis cases are caused by *Salmonella enterica* ssp. *enterica*. Additionally, the WHO reports that *Salmonella* is responsible for more than 150,000 deaths annually worldwide (Bartsch et al., 2023). Billah and Rahman (2024)

reported that the groups most at risk of infection with *Salmonella* are young children and the elderly with weakened immune systems. According to Milho et al. (2019), *Escherichia coli* and *Salmonella* are major foodborne pathogens frequently found in areas that are not cleaned regularly, such as the undersides of conveyor belts and pipelines, soil, produce wash water, and food products. Specifically, *Salmonella* is responsible for 23,000 hospitalizations and 450 deaths annually, while *E. coli* leads to 2,000 hospitalizations and 60 deaths each year in the United States.

2. Characterization of nanoparticles

2.1. UV-VIS spectroscopy

The initial detection of CuONPs production was indicated by a noticeable change in visual color, and UV-visible spectroscopy was employed for analysis. Previous results demonstrated absorption peaks for CuONPs synthesized by *E. coli* and *S. enterica* at approximately 250 nm and 300 nm, respectively. However, contrasting findings by Ghorbani et al. (2015) showed peaks at 365 nm and 565 nm using *E. coli* supernatant and *S. typhimurium*, respectively. These results were close to those of study by (Ghareib et al., 2018), which utilized *A. carneus* biomass, revealing peak at 315 nm. UV-Vis analysis is particularly sensitive to factors like size, shape, concentration, and refractive indices near the NP surface, owing to their unique optical properties (Fouda et al., 2022).

2.2 FT-IR analysis

The functional groups of EC-CuONPs and SE-CuONPs were analyzed via FTIR. An intense peak observed at 600 cm^{-1} corresponded to the Cu-O bond, confirming the successful biosynthesis of CuO nanoparticles. This finding is consistent with previous research by (Amin et al., 2021; Singh et al., 2023), who used aqueous leaf extract of *A. javanica* and a copper-tolerant bacterial isolate, respectively.

FTIR spectra of CuO NPs revealed absorption peaks at wavenumber positions of 3350 cm^{-1} , 2300 cm^{-1} , 1650 cm^{-1} , 1350 cm^{-1} , and 1100 cm^{-1} . The peaks in the $3500\text{--}3200\text{ cm}^{-1}$ region corresponded to the -NH groups of amine functional groups present in the protein contents of the bacterial plasma membrane and the -OH groups of hydroxyl functional groups (Solís-Sandí et al., 2023; Talebian et al., 2023). The C-O stretching vibrations of carboxylic acids, phenol, alcohols, ether, esters and typically show in the $1000\text{--}1320\text{ cm}^{-1}$ range (El-Ghwas, 2022). Additionally, the bands at 1543 cm^{-1} and 1647 corresponding to the bending vibrations of amide II the amide I bands of proteins, respectively (Abhang, 2020). Peaks at

2360.21 and 2341.64 cm^{-1} were attributed to the O=C=O (carbonyl bond group) (Huq & Akter, 2021).

The reduction of metal ions to metallic nanoparticles is primarily facilitated by various metabolites, including enzymes, proteins, phenolic compounds, organic acids, and polysaccharides (Rai et al., 2021). Similar to nanoparticles synthesized from aqueous plant extracts, the components of bacteria transform to CuONPs, which are responsible for reducing and stabilizing metal ions to form CuO NPs (Nzilu et al., 2023).

2.3. Scanning electron microscopy and EDX

To confirm the morphology and chemical composition of the surface of these molecules, we utilized SEM and EDX. EC-CuNPs and SE-CuNPs exhibit an oval shape, which is consistent with the study of (Suood et al., 2021), where they used a type of fungus. However, these results contradict the predominant body of literature, which indicates that a spherical shape is typically achieved (Amin et al., 2021; Ibrahim, 2023). Additionally, the sizes of EC-CuONPs and SE-CuONPs are 73–183 nm and 135–202 nm, respectively, which are similar with previously published data by (Ssekatawa et al., 2022) using *Camellia sinensis* and *Prunus Africana* extracts, reporting size ranges of 3–192 nm and 4–576 nm, respectively. The concentration of reducing agents, the method and conditions of synthesis, and the presence of different chemical compositions all impact the size of the nanoparticles (Abhimanyu et al., 2023). Element analysis via EDX showed that oxygen and copper are the primary constituents, with carbon and sulfur present in lesser amounts. These findings are similar to those of previous studies (Ali et al., 2021; Eid et al., 2023), with some differences. The green synthesis of CuO NPs is indicated by the high concentration of copper metal (Priya et al., 2023).

3. Biological activities

The antioxidant potential of CuNPs was determined using the DPPH assay, with results compared to the standard ascorbic acid. The half-maximal inhibitory concentration (IC_{50}) values for SCuONPs and ECuONPs were found to be (84.52 $\mu\text{g/ml}$) and (61.86 $\mu\text{g/ml}$), respectively. These results do not align with those reported by (Alshami et al., 2023), who employed a new bacterial strain. However, the findings are consistent with studies conducted by (Ghareib et al., 2018; Ouidad et al., 2020).

CuNPs exhibit a significant ability to react with and reduce DPPH radicals. This is attributed to their high surface area-to-volume ratio, which enhances their capacity to accept

electrons from antioxidant molecules present in the CuNPs solution (AlSeidy & TajAldeen, 2021).

Regarding the anti-inflammatory test, the results revealed that bacterial-mediated CuNPs exhibited hemolysis inhibition activity, and SE-CuNP was better than EC-CuNP. In the present study, the synthesized nanocompounds showed better activity than the study of Angajala et al. (2014), in which they used *Aegle marmelos* Correa to biofabricate CuNPs. Also, the present study is consistent with the findings of Rehman et al. (2022), where CuNPs synthesized by *Cirsium arvense* showed no hemolytic activity.

4. Hematological parameters

Our results demonstrated a significant increase in the leukocyte line in both the *S. enterica* and *E. coli* infection groups compared with the control. The recognition and elimination of invading *Salmonella* and *Escherichia coli* are orchestrated by germ-line-encoded Toll-like Receptor 4 (TLR4), a type of pattern recognition receptor (PRR) present on the membrane of innate immune cells. TLR4 binds to conserved pathogen-associated molecular patterns (PAMPs), such as the lipopolysaccharide of gram-negative bacteria, initiating a cascade of complex inflammatory responses (Muthukumar et al., 2014; Giordano et al., 2020). This cascade leads to the release of various inflammatory cytokines, including TNF- α , IL-6, IL-8, and PCT, during bacterial infections. Neutrophils, as primary responders, play a pivotal role in the innate immune system's defense mechanisms by executing phagocytosis, degranulation of cytotoxic substances, and the generation of reactive oxygen species (ROS) (Li et al., 2022). Toll-like receptors (TLRs), predominantly expressed on dendritic cells (DCs), recognize PAMPs, activating DCs and subsequently stimulating antigen-specific T and B cell responses (Pulendran et al., 2021). Garfias-López et al. (2018) confirmed the importance of TLRs in adaptive immunity, highlighting the production of specific antibodies following parenteral immunization with bacteria such as *Staphylococcus aureus* and *E. coli*.

Furthermore, in *Salmonella* infections, neutrophils and Natural Killer (NK) cells produce IFN- γ , contributing to early resistance, while resident macrophages and dendritic cells recognize *Salmonella* components, inducing pro-inflammatory cytokine production and initiating the adaptive immune response (Kurtz et al., 2017). Many studies have reported that *Salmonella* can be an intracellular parasite inside host cells and avoid destruction inside phagocyte cells like macrophages (resistance to oxidative burst used to kill and digest invading bacterial cells). Hence, cell-mediated immunity is induced, and specific activated

cytotoxic T lymphocytes will be produced (Al-Hamadany, 2021). Early innate immune responses to *Salmonella* involve inflammation, IFN γ secretion, and TLR-mediated activation of local tissue macrophages and dendritic cells (Wang et al., 2020; Meijerink et al., 2021).

E. coli infection induces significant increases in white blood cells, mediated by TLR4-mediated detection of *E. coli* lipopolysaccharide, resulting in NF- κ B activation and cytokine production (Peltola et al., 2006; Billips et al., 2008). Studies by Hoerr et al. (2012) further support these findings, demonstrating elevated leukocyte counts and cytokine concentrations in *E. coli* infections.

Meanwhile, the groups immunized by SE-CuONPs and EC-CuONPs showed a significant decline in the leukocyte line parameters groups compared with the infection groups. It is likely that vaccines emulate infections, instigating a primary immune response that lays the groundwork for a subsequent secondary immune response upon exposure to the actual pathogen. Giesker and Hensel (2014) assert that the secondary immune response is characterized by its swiftness and potency, enabling more effective pathogen clearance compared to the primary response. A fundamental aspect of adaptive immunity, as underscored by Marshall et al. (2018), is the establishment of immunologic memory. This memory equips the host with the capacity to mount a rapid and robust immune response upon re-exposure to the antigen, thus bolstering the body's defense mechanisms. Subsequent encounters with the same antigen prompt a secondary response in both B- and T cells, activating pre-existing memory cells more swiftly, as elucidated by Ademokun and Dunn-Walters (2010).

Regulatory cells, including regulatory T cells (Tregs), regulatory B cells (Bregs), and myeloid-derived suppressor cells (MDSCs), are vital for maintaining immune tolerance and regulating immune responses during infections. They achieve this by producing inhibitory cytokines such as interleukin 10 (IL-10) and transforming growth factor beta (TGF- β), which suppress the production of pro-inflammatory cytokines and restrain the activation and proliferation of effector T cells (Goldmann et al., 2024). This mechanism likely contributes to the observed decrease in leukocyte levels in the vaccinated groups following their secondary responses.

Nanovaccines play a pivotal role in enhancing targeted delivery, antigen presentation, and stimulation of the body's innate immunity, thus eliciting a robust T cell response while maintaining safety against infectious diseases (Das & Ali, 2021). Adjuvants, categorized into immunostimulants and delivery systems, activate antigen-presenting cells (APCs) via Toll-

like receptors (TLRs) and other pattern recognition receptors (PRRs), thereby augmenting adaptive immune responses (Zhao et al., 2023). Metal-based nanoparticles (MNPs) serve as danger signals, enhancing immunotherapy efficacy by activating innate immune mechanisms (Naletova et al., 2023). Pathogen-associated molecular patterns (PAMPs) mimic infectious disease symptoms, bolstering immune responses by interacting with PRRs on APCs (Seya et al., 2022). Nanoparticle vaccines induce durable antigen-specific antibody responses, germinal center reactions, and T follicular helper (TFH) cell responses, ensuring long-lasting immunity (Pulendran et al., 2021). Nanoparticles act as bystander vaccine delivery systems, stabilizing antigens, reducing vaccine doses, and facilitating gradual release for prolonged exposure to immune cells (Gheibi Hayat & Darroudi, 2019). Nanoparticles modulate leukocyte migration, promote antigen multivalency, and optimize particle size for enhanced bioavailability and prolonged absorption (Al Shoyaib et al., 2019; Faisal et al., 2022; Lamontagne et al., 2022). Slow-release nanoparticle delivery systems enhance antibody responses by extending antigen exposure during germinal center induction (Tam et al., 2016; Pulendran et al., 2021). Immunization with *Salmonella enteritidis*-OMPs (outer membrane proteins) combined with an adjuvant enhances antibody responses against *Salmonella* infection, underscoring the adjuvant's role in improving vaccine efficacy (Khan et al., 2003; Song et al., 2024). Empty chitosan nanoparticles (CNPs) alone do not improve antibody responses without a *Salmonella* antigen (Acevedo-Villanueva et al., 2021). BM-AuNPs (bacterial membrane-coated AuNPs) induce more robust *E. coli*-specific antibody responses and T cell activation than OMVs (bacterial outer membrane vesicles), highlighting their potential as effective vaccine carriers (Gao et al., 2015). Nanoparticles offer targeted drug delivery, potent immune responses, and improved bioavailability, making them promising candidates for combating infectious diseases (Yadav et al., 2018; Celis-Giraldo et al., 2021; Lamontagne et al., 2022).

Our data revealed that there were highly significant alterations in all the parameters related to erythrocytes and platelet lines in the *S. enterica* and *E. coli* infection groups when compared with the control. Agreeing with our study, *Salmonella enterica* serovar Typhimurium induces inflammatory features in the blood system, resulting in pathological deformations in RBCs and eryptotic RBCs, along with hyperactivation of platelets and alterations in hematological parameters (Silva et al., 2019).

Inflammatory molecules interact with the RBC membrane, inducing morphological changes and eryptosis, which influences hemorheology and is associated with abnormal

coagulation, a hallmark of inflammation. This process is potentiated by oxidative stress, particularly from ROS generated during bacterial infections, which can induce anisocytosis and damage erythrocyte plasma membranes, potentially leading to hemolysis (Togan et al., 2015; Stosik et al., 2020; Johansson et al., 2021). Also, the study of Serroukh et al. (2012) reported that ROS can alter the RBC membrane, affecting its deformability and contributing to inflammation. It was observed that bacterial and viral infections can induce hemolytic anemia in patients with glucose-6-phosphate dehydrogenase deficiency by promoting ROS production (Orrico et al., 2023).

Glycophorin-A (GYPA) on erythrocyte surfaces may act as a decoy receptor, binding pathogens and sequestering them from important tissues, thereby reducing pathogen load (Morera & MacKenzie, 2011). Moreover, RBCs can express Toll-like receptor 9 (TLR9), bind pathogens, and accelerate erythrophagocytosis and innate immune activation (Chen et al., 2023). According to Pretini et al. (2019), many pathogens, including *E. coli*, can bind glycophorins to avoid important tissues and facilitate clearance by the spleen.

Additionally, hemoglobin contains high-affinity binding sites for lipopolysaccharide (LPS), enhancing macrophage cytokine production and LPS binding (Anderson et al., 2018). *E. coli* produce toxins that damage RBC membranes, especially through glycophorins acting as receptors, leading to RBC lysis (McCullough, 2014; Cané et al., 2024).

In response to microbes, immune activation stimulates pro-inflammatory cytokine release, disrupting iron homeostasis (Lanser et al., 2021).

Platelets, leukocytes, and lymphocytes are conventionally perceived as independently mediating hemostasis, inflammation, and immune regulation, respectively, yet they intricately interact in numerous physiological pathways (Yeaman, 2010). Platelets, primarily recognized for their role in hemostasis, actively engage in the innate immune response through a process termed immunothrombosis. Additionally, studies have shown that platelets contribute to the adaptive immune response by influencing T and B-cell recruitment, activation, and differentiation (Lombardi et al., 2023). Recent findings further associate platelets with inflammation (Çelik et al., 2023). Equipped with the machinery for both innate and adaptive immune responses, platelets demonstrate their versatility by responding to various pathogens through Toll-like receptors (TLRs), complement activation, and sensing immune complexes. Despite their anucleate nature and primary role in hemostasis, platelets play a central role not only in preventing bleeding but also in swiftly responding to microbial components, thereby alerting the immune system (Koupenova et al., 2022).

Originating from bone marrow megakaryocyte cells, platelets, the smallest blood cells, are crucial in blood hemostasis and the coagulation process, with activated platelets participating in host defense mechanisms. During inflammation, platelet counts increase as part of the acute-phase reaction, often serving as markers for infectious and inflammatory diseases (Dwaya et al., 2022). Platelets, measuring 2–5 μm and lacking a nucleus, derive their functionality from cytoplasmic RNAs, ribosomes, and mitochondria. They contain two types of granules: dense granules, which contain serotonin, nucleotides, and calcium, enhancing platelet activation, and α -granules, containing molecules promoting hemostasis and immunological functions such as von Willebrand factor and CD40 ligand (Scherlinger et al., 2023). Upon activation during bacterial infection, platelets interact with vascular endothelial chemokine receptors, inducing leukocyte extravasation and promoting the formation of the NLRP3 inflammasome, resulting in the secretion of proinflammatory cytokines (Tokarz-Deptuła et al., 2021). Furthermore, platelets play a vital role in the formation of neutrophil extracellular traps (NETs), facilitating bacterial clearance, and concentrating antibacterial factors (Gros et al., 2015; Hamzeh-Cognasse et al., 2015). This interaction between platelets and neutrophils leads to NET formation, contributing to both inflammation and thrombosis and ultimately aiding in the fight against bacterial infections.

The SE-CuNPS and EC-CuNPS groups demonstrated significant improvements in erythrocyte parameters and a decrease in platelets compared to the infection groups, suggesting a beneficial effect of biogenic nanoparticles. This improvement may be attributed to the hemolysis inhibitory activity of the nanoparticles. Interestingly, Raheem (2018) reported contrasting findings, indicating a decrease in erythrocyte parameters following immunization with AgNP. This underscores the importance of assessing nanomaterials' hemolytic effects, particularly given their potential for systemic entry (Pourahmad et al., 2023).

Our study findings align with those of Tulinska et al. (2022), who found no significant variation in basic hematological parameters in the CuO NP-only exposed group compared to the control group. This confirms that hematological alterations were likely associated with the presence of the pathogenic antigen. Additionally, Zangiabadi et al. (2023) demonstrated the potent inhibitory effect of copper on the phosphorylation of key inflammatory signaling proteins, leading to a reduction in inflammatory cytokine production and excessive inflammation in macrophages. This mechanism may explain our synthesized nanocompounds'

effectiveness in reducing inflammatory anemia resulting from the host's response to pathogens.

Consistent with our study, Shah et al. (2021) illustrated a trend towards normalization of deviated PLT, MCH, and MCHC values following simultaneous inoculation with Fe₂O₃ NPs and bacterial pathogens. This underscores the potential in vivo therapeutic efficacy of Fe₂O₃ NPs against *S. aureus* and *E. coli*. Platelets play a crucial role in the host's immune system, trapping bacteria for destruction. However, excessive inflammation can lead to platelet activation and sequestration, resulting in a decreased platelet count (Assinger, 2014).

Iseki et al. (2000) highlighted the importance of copper in inhibiting NF-κB activation, a crucial pathway in inflammation regulation. Furthermore, copper nanoparticles synthesized from *Catharanthus roseus* leaf exhibited anti-inflammatory effects in vitro (Sultana et al., 2023). Despite challenges in understanding nanoparticle modes of action (Bagheri-Josheghani et al., 2022), studies have consistently emphasized copper's essential role in red blood cell production, iron metabolism, and body homeostasis (Milanino & Buchner, 2006; Azmat et al., 2023; Pourahmad et al., 2023).

5. Biochemical and enzymatic parameters

Salmonella and *E. coli* infections cause a significant increase in triglyceride and cholesterol levels (Fiser et al., 1972; Dutta et al., 2009). These facts are consistent with the results of this study, as we observed a significant increase in triglyceride and cholesterol levels in the two groups infected with *S. enterica* and *E. coli* bacteria. A significant reduction in the levels of these parameters was also observed in the groups immunized with EC-CuNP and SE-CuNP, due to modulation of cholesterol homeostasis by the immune system as a means of amplifying the inflammatory response (Tall et al., 2015).

Salmonella infection is considered a major global public health concern. The expenditures on disease prevention, treatment, and surveillance add to the economic burden of both developed and developing nations (Crump et al., 2004). This is due to the following symptoms that patients may encounter: bradycardia, enlarged liver, enlarged spleen, and pink blotches on the chest and abdomen (Kuvandik et al., 2009). In this study, we documented the levels of biochemical and enzymatic parameters (urea, creatine, ASAT and ALAT). We noted that there was a significant increase in the levels of urea, cholesterol, triglyceride, ASAT, ALAT, and ALP and a significant decrease in levels of creatine for the infected group by *S. enterica* compared with the control group, which indicated inflammation and damage to the liver and kidney dysfunction (Mazkour et al., 2020). This is similar to what was found in the

study of Zeid et al. (2020), where it was identified as an increase in the levels of these biochemical parameters. Conversely, the results showed a significant decrease in the levels of these biochemical parameters for the vaccinated group by SE-CuONPs compared with the infected group, and this indicated that biochemical parameters were affected by vaccination (Kudair et al., 2010).

Regarding the group infected with *Escherichia coli* bacteria, our study results were similar to the study by Sharma et al. (2015), which highlights the impact of *E. coli* infection on various biochemical parameters, indicating significant changes such as increased levels of urea, cholesterol, triglyceride, ASAT, ALAT, and ALP, along with decreased levels of creatine. These alterations suggest cell necrosis, including hepatocellular, myocardial, renal, pancreatic, and hemolytic necrosis.

Furthermore, Sugeçti (2021) corroborated these findings by identifying increased levels of these biochemical parameters in individuals infected with *Escherichia coli*. However, Aldali et al. (2023) explored the effects of vaccination using E CuONPs (copper oxide nanoparticles) on these biochemical parameters.

Their results indicated a decrease in the levels of these parameters compared to the infected groups, suggesting a potential protective effect of vaccination against the biochemical alterations induced by *E. coli* infection.

6. Oxidative stress parameters

Myeloid immune cells, such as monocytes, macrophages, and dendritic cells, are essential in the initial response to infections (Sahoo et al., 2024). The generation of ROS and RNS by phagocytic cells is a key component of the innate immune response (Abdulgafor et al., 2018). During phagocytosis, neutrophils engulf pathogens within phagosomes and initiate a respiratory burst by activating both phagocytic membrane NOX complex and NADPH oxidase. This activation leads to the generation of superoxide anions (O_2^-), which are subsequently converted into hydroxyl radicals ($OH\cdot$), singlet oxygen (1O_2), and hydrogen peroxide (H_2O_2) by superoxide dismutase (SOD). H_2O_2 serves as a substrate for myeloperoxidase (MPO), resulting in the production of hypochlorous acid (HOCl), a potent antimicrobial agent (Rajashekaraiah et al., 2021; Dagah et al., 2024).

ROS and RNS, are highly reactive and can damage DNA, proteins, and lipids (Deramaudt et al., 2013). Cells possess robust antioxidant defense mechanisms that include a variety of

enzymatic and non-enzymatic molecules, these molecules have significant capabilities to mitigate the harmful effects of ROS and other free radicals (Chakraborty et al., 2012).

In this study, we observed elevated MDA levels in all organs of rats infected with *S. enterica* and *E. coli*, except for the spleen. Malondialdehyde (MDA) is a biomarker indicative antioxidant status, lipid peroxidation and the intensity of oxidative stress (Wang et al., 2021; Merino et al., 2023). It also increases proinflammatory cytokines (Mueangson et al., 2023). This phenomenon can be attributed to the potential consumption of antioxidants to mitigate oxidative stress induced by infection. The enhanced production of ROS during infection threatens biomolecules by damaging nucleic acids, oxidizing proteins, and causing lipid peroxidation, consequently elevating MDA levels (Bahrami et al., 2016). These results are consistent with those reported by (Rishi et al., 2006; Tasdemir et al., 2013). Additionally, (Hendradewi et al., 2020) confirmed that *E. coli* induces an increase in MDA levels.

Our results recorded a significant decrease in GSH levels in all organs of the infected groups, with the exception of the liver of the *S. enterica* group. Is in agreement with earlier findings (Shukla et al., 2012). Reduced levels of GSH can be attributed to two factors: either an increase in GSH consumption as a result of an infection with *S. enterica* and *E. coli*, or an increase in lipid oxidation products that may be linked to a decrease in NADPH availability, which is necessary for glutathione reductase (GR) to convert GSSG to GSH as a result of increased ROS production in the form of NO (Chakraborty et al., 2012).

Superoxide dismutase (SOD) serves as a crucial defense mechanism against oxidative stress by scavenging potentially harmful free radical molecules (Abdulgafor et al., 2018). According to (Fodouop et al., 2015), superoxide radicals, either alone or in combination with H₂O₂, induce the oxidation of the catalase (CAT) and glutathione peroxidase (GSH-Px) enzymes, which subsequently leads to a reduction in SOD activity. This finding aligns with our observations, as we recorded a decrease in SOD activity in all groups infected with *S. enterica* and *E. coli*, with the exception of the kidneys in the Salmonella group. These results are consistent with the findings of (Rishi et al., 2006; Fodouop et al., 2015). Furthermore, decreased SOD activity is associated with increased inflammatory processes (Hwang et al., 2020).

Preventing pathogen specific infections and maximizing the pool of memory B and T cells to improve immunity against novel infections are the primary objectives of vaccination (Laupèze et al., 2021). Our results demonstrate a significant decrease in MDA values in the liver and heart of both vaccinated groups and in the spleen of the ECuONPs-vaccinated group

compared to the infection group. These findings indicate a reduction in oxidative stress induced by infection, suggesting that the vaccine protects cells from oxidative damage.

Moreover, there was a significant improvement in GSH levels across all organs in the two vaccinated groups. GSH acts directly as an antimycobacterial peptide, because structurally similar to penicillin, functions as a NO carrier within macrophages (Morris *et al.*, 2013). Also, it plays role such as catalase converting H_2O_2 into H_2O , and gives another pathway for detoxification by reducing organic peroxides to their equivalent alcohol (Rajashekaraiah *et al.*, 2021). Additionally, our data recorded a significant increase in the levels of SOD in the spleen and heart of the ScuONPs group and in the spleen of the ECuONPs group. These findings indicate that reduce cellular redox imbalance and the bacterial load was significantly reduced compared to the infection group.

This reduction in bacterial load can be attributed to the rapid and effective immune response, facilitated by the prior recognition of the antigen by B and T lymphocytes. These antigenspecific cells underwent clonal expansion and differentiated into long-lived memory cells, enabling a swift and robust response upon re-exposure to the antigen (Sherwood, 2022). Immune memory B cells have two main components: (1) long-lived plasma cells that continuously secrete antibodies to defend against repeated challenges, and (2) memory B cells that are reactivated upon re-exposure to the antigen, rapidly producing antibodies to combat the pathogen (Guo *et al.*, 2024). However, recent evidence suggests that innate immune cells can build long-term memory, termed "trained immunity," which produces hyper responsiveness upon restimulation, potentially serving as the underlying mechanism for vaccination-induced rapid protection (Gu *et al.*, 2021). This process contributed to the reduction of oxidative stress.

Interestingly, both SE-CuNPs and EC-CuNPs are capable of inducing an immune response and exhibit antioxidant activity with IC_{50} values of 84.52 $\mu\text{g/ml}$ and 61.86 $\mu\text{g/ml}$, respectively (in vitro part). This results in a positive synergistic effect on the immune system. Furthermore, copper plays a crucial role in the development and differentiation of immune cells, improves cardiovascular function, and participates in redox reactions and antioxidant processes (Collins, 2017; Li *et al.*, 2019; Cheng *et al.*, 2022).

7. Histological analyzes

The spleen is the largest peripheral lymphoid organ in the body. It can be roughly divided into the red pulp (RP, erythrocyte-rich area), white pulp (WP, lymphocyte-rich area), and marginal zone (MZ) (Fazhan *et al.*, 2023).

This study showed that the spleen sections of the two groups infected with *S.enterica* infection and the other with *E.coli* infection contained abnormalities in the pulps, as they were overlapping and an increase in the size of the white pulp, which caused the red pulp to become confined and diminish in size which indicated that B and T lymphocytes may change their distribution and proportions in pulps (Rosche et al.,2015) and also shown in study of Guo et al. (2024) when the spleen sections of the 02 groupes vaccinated showed a healthy structure which indicated that Lymph nodes (LNs) are good targets for nanovaccines to stimulate immune cells, especially B and T cells, capable of eliminating pathogens in the body.

The secretion of specific antibodies against the nanovaccine depends on the ability of the nanovaccine to stimulate T helper 2 cells to produce cytokines and plasma B cells to produce antibodies against the vaccine. At this stage, the antibodies produced by the nanovaccine are caused by the nanoparticles themselves and the combined antigens. These nanovaccines are able to stimulate B cells that are distributed into plasma cells, causing them to produce specific antibodies against the antigens bound to the nanoparticles and NPs (Bagheri-Josheghani et al., 2022).

Conclusion

Conclusion

The significance of vaccines cannot be overstated in preventing and controlling infectious diseases, especially amidst the challenges posed by drug resistance. With continuing scientific and technological advances and the use of nanotechnology in drug development and delivery, this approach is a promising area for vaccine manufacturing. Furthermore, the nanoscale size of these molecules allows targeted delivery to specific cells or tissues, which may enhance their efficiency and effectiveness, produce superior immune responses compared to conventional vaccines, and eliminate the need for multiple doses.

The successful biosynthesis of bacterial nanoparticles in our study was confirmed by UV-VIS, IR, and SEM analyses. These molecules also showed antioxidant and anti-hemolytic activity, protecting red blood cell membranes *in vitro*, enabling their positive synergistic effect with the immune system, and ensuring their safe use.

Both SE-CuONPs and EC-CuONPs showed significant improvements in biochemical, enzymatic, and hematological markers, as well as a reduction in oxidative stress after antigen re-exposure. These results indicate the effectiveness of these nanoparticles in enhancing the immune response by reducing the bacterial load, stimulating the immune system, and maintaining memory immunity. This preserved memory immunity enables the immune system to quickly recognize the antigen and produce antibodies efficiently, thus providing protection against pathogens. On the other hand, these molecules showed significant protection against tissue damage caused by oxidative stress and inflammation.

Finally, based on all of the above, the results indicate that both SE-CuONPs and EC-CuONPs showed immunization and protection against bacterial infection. Interestingly, they are made from natural materials, which reduces their side effects, makes them easy to store and use, and is inexpensive. Investing in vaccines not only enhances public health but also contributes to social and economic stability by reducing the health and economic burdens of diseases.

This study underscores the potential of nanotechnology in revolutionizing vaccine development and the importance of continued research in this field.

Prospectives:

Rigorous clinical testing and evaluation to assess the effectiveness, safety, and optimal administration of SE-CuNPs and EC-CuNPs.

Evaluation of storage periods and preservation conditions to ensure the stability and efficacy of nanoparticle-based vaccines.

Application of nanoparticle-based vaccine approaches to combat other bacteria and viruses, exploring the use of other metals such as gold and silver.

These prospective studies will further advance our understanding of nanoparticle-based vaccines and their potential for combating infectious diseases.

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Annex

Annex 1 :

**Figure 1:** Bacterial cultivation in Luria broth liquid media (LB)**Figure 2:** Ultrasonic bath**Figure 3:** Centerfuge

Annex2

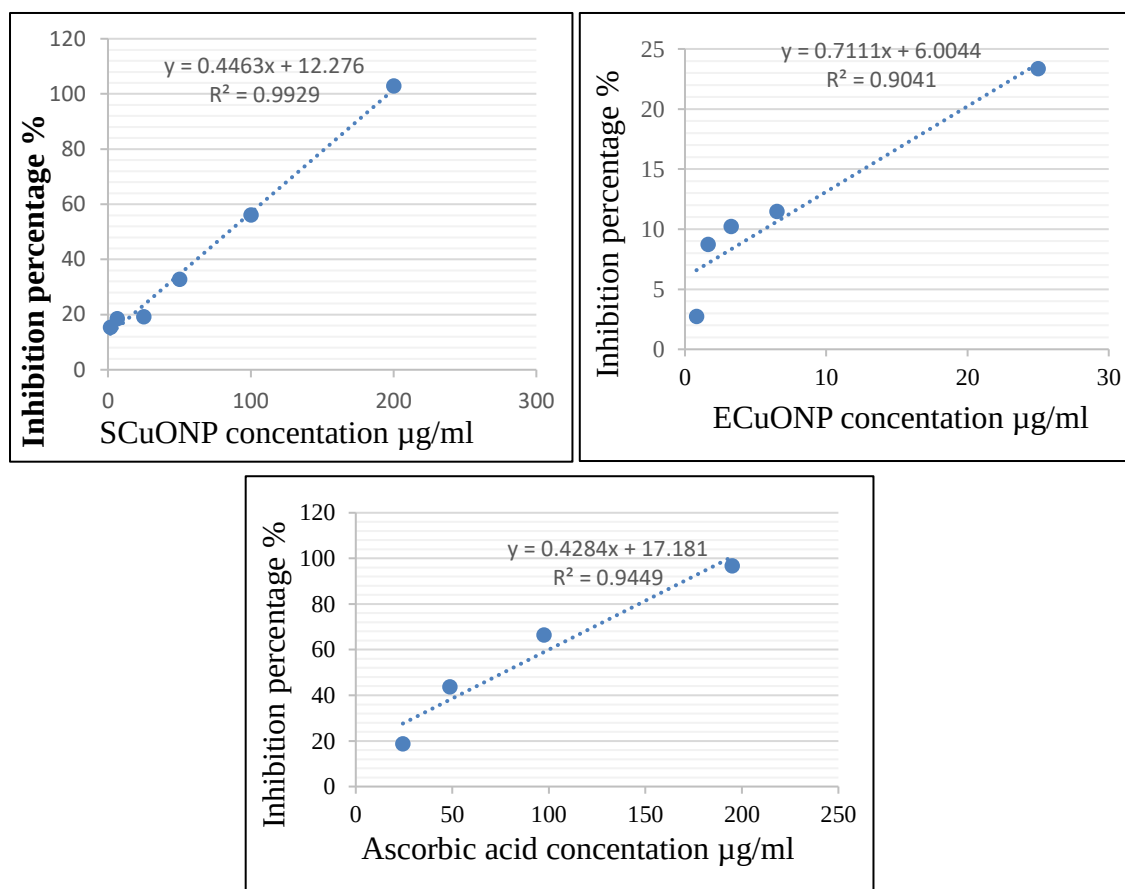


Figure 1: Percentage of DPPH radical inhibition as a function of concentrations of SCuNP, ECuNP and ascorbic acid to determine IC_{50}

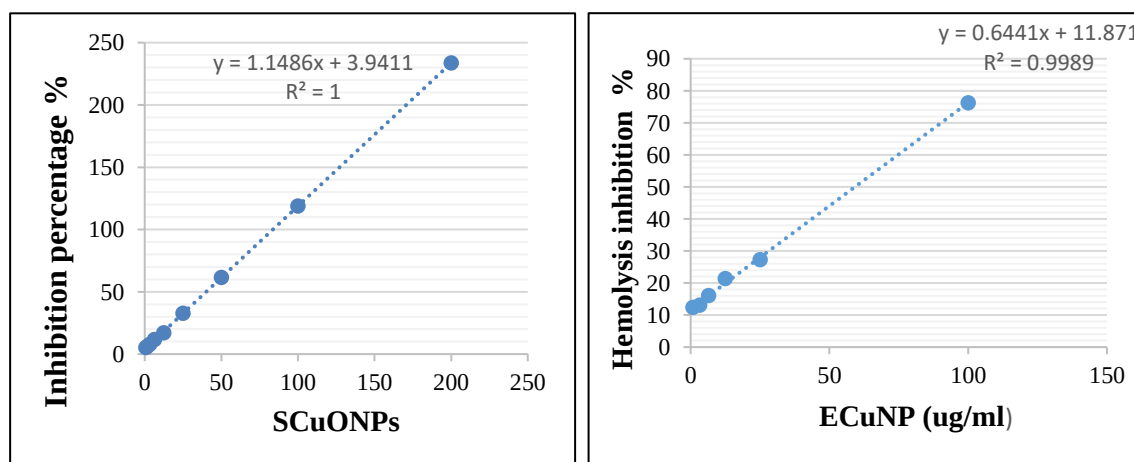


Figure 2: Inhibition of hemolysis as a function of concentrations of SCuNP, ECuNP and ascorbic acid to determine IC_{50}