Review

Galleria mellonella as a Good Model to Study Acinetobacter baumannii Pathogenesis

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Abstract: The invertebrate model, Galleria mellonella, has been widely used to study host–pathogen interactions due to its cheapness, ease of handling, and similar mammalian innate immune system. G. mellonella larvae have been proven to be useful and a reliable model for analyzing pathogenesis mechanisms of multidrug resistant Acinetobacter baumannii, an opportunistic pathogen difficult to kill. This review describes the detailed experimental design of G. mellonella/A. baumannii models, and provides a comprehensive comparison of various virulence factors and therapy strategies using the G. mellonella host. These investigations highlight the importance of this host–pathogen model for in vivo pathogen virulence studies. On the long term, further development of the G. mellonella/A. baumannii model will offer promising insights for clinical treatments of A. baumannii infection.

Keywords: Acinetobacter baumannii; Galleria mellonella; host–pathogen interactions; virulence factors; therapy strategies

1. Introduction

Over the past decades, Acinetobacter baumannii has widely emerged as one of the major causes of highly invasive nosocomial pathogen infections in the health system [1]. Infections by this microorganism are responsible for increased morbidity and mortality, and make a huge burden to patients and hospitals [2]. As the top concerning microorganism on the global priority list ranked by the World Health Organization (WHO) [3], A. baumannii is a multi-drug resistant (MDR) bacterium which needs new drug development [4]. Therefore, the screening of the most adapted animal models for studying pathogenic mechanisms and therapeutic strategies before clinical therapies is particularly critical.

A series of animal models have been examined and established for A. baumannii studies, including mammalian and non-mammalian models. Murine models [5] are still the predominant mammalian models in A. baumannii researches, though some other mammalian models have also been tested, such as rabbits [6], guinea pigs [7], and porcine models [8] (Figure 1a). A. baumannii is frequently associated with pneumonia, making small rodent lung infection models well suited for these bacteria [9]. However, increasing costs and growing ethical concerns made the use of rodents more difficult [10]. Non-mammalian models, such as Galleria mellonella (greater wax moth) [11], Caenorhabditis elegans (roundworm) [12], Dictyostelium discoideum (slime mold) [13], Danio rerio (zebrafish) [14] and Drosophila melanogaster (common fruit fly) [9], are also informative to decipher virulence factors needed during host–pathogen interactions of A. baumannii. Among them, G. mellonella caterpillars have attracted more and more attention in the last ten years (Figure 1a). The keywords for each node distributed in time-zone visualization (Figure 1b) indicate an increased interest towards the G. mellonella model system. The research involving G. mellonella model
mainly focused on *A. baumannii* pathogenicity factors (such as surface antigen proteins and efflux pump) and drug therapies.

![Figure 1](image_url)

**Figure 1.** Pubmed literature review focused on *A. baumannii* and animal models. (a) Number of publications about *A. baumannii* associated with mammalian and non-mammalian models: “*Acinetobacter baumannii* murine” (685); “*Acinetobacter baumannii* rabbit” (14); “*Acinetobacter baumannii* guinea pig” (3); “*Acinetobacter baumannii* porcine” (54); “*Acinetobacter baumannii Galleria mellonella*” (124); “*Acinetobacter baumannii Caenorhabditis elegans*” (36); “*Acinetobacter baumannii Dictyostelium discoideum*” (1); “*Acinetobacter baumannii zebrafish*” (8); and “*Acinetobacter baumannii Drosophila melanogaster*” (1) on Pubmed over the period Jan 2012 to Sep 2021. Note: “query term on Pubmed” (total number of publications). (b) Distribution map of keywords and nodes time-zone associated with *G. mellonella* and *A. baumannii*. 
G. mellonella, also known as a wax moth, belongs to Lepidoptera order from the Pyralidae family. This moth is distributed worldwide, and is commercially available for fishing or to feed reptiles and birds, making them readily accessible [15]. The last larval stage of this insect has been utilized as a host model to extensively study in fungi pathogenesis, including Conidiobolus coronatus [16–19], Beauveria bassiana [20,21], Metarhizium species [21–23], and so on. Furthermore, bacteria, including gram-positive [24,25] and gram-negative [26,27], have also been utilized in studying with G. mellonella models. The benefits of using G. mellonella models are numerous. G. mellonella produce a huge progeny quantity with a short life cycle, and are inexpensive because they are easy to rear without special laboratory infrastructure. The possibility of using many animals per experiment makes them eligible for high-throughput studies. The relatively large size of the larvae (12–20 mm) allows precise quantification of the inoculation, and facilitates handling for tissue extraction and histological analysis [28,29]. Importantly, there is no ethical approval requirement for research on G. mellonella [30].

Despite a large number of articles describing the feasibility and safety of G. mellonella for microbial studies [31], its value for drug-resistant microorganisms remains to be explored. In this review, we highlight why G. mellonella can be used as a model for MDR A. baumannii infection, the contributions of this model to study A. baumannii pathogenicity, and to target the most effective and prospective therapy strategies to fight A. baumannii infection.

2. G. mellonella-Based Model

G. mellonella has a rapid life cycle with four developmental stages: egg; larvae; pupa; and adult moth [32] (Figure 2a). Differences in temperature and humidity affect the developmental speed, with a full life cycle under favorable conditions being only 8–12 weeks [33]. The white dome-shaped eggs hatch to larvae in about 1–2 weeks at 28–34 °C [33]. The creamy-colored larvae pass through 8–10 molting stages in 5–6 weeks until cocoon development [33]. After 2–3 weeks of incubation, the reddish-brown pupa evolves into a pale cream moth [33].

![Figure 2. The life cycle (a) and immune system (b,c) of G. mellonella.](image-url)
In Vivo Model

Insects’ innate immune system has been well documented to protect them against infection from a broad spectrum of pathogens [34]. Genome research has shown that larvae have many homologous genes to humans, who participate in pathogen recognition and signal transduction [35]. In G. mellonella, the innate immune system is constituted by cuticle, cellular, and humoral immune defense [36].

The cuticle represents the first line of protection, and is mainly composed of chitin, lipids, and protein matrices. All of these molecules act as a physical barrier to prevent invasion by pathogens [36]. The cuticle is organized in three outer layers, including the epicuticle, procuticle, and epidermis [31] (Figure 2b). The intact epidermis prevents pathogen entry, but once it breaks down due to damage or degradation, cellular and humoral immunity take over the defense.

The cellular immune system is mediated by phagocytic cells, called hemocytes, which are mainly responsible of encapsulation, nodulation, and phagocytosis [30,37] (Figure 2b). To date, six out of the eight types of hemocytes found in insects have been identified to be responsible of these functions in G. mellonella (plasmatocytes, granulocytes, prohemocytes, spherulocytes, coagulocytes, and oenocytoids) [28,38]. Firstly, granular cells attack the penetrated microorganisms, then, the process promotes the attachment of plasmatocytes to form a layer of cells, resulting in encapsulation and nodulation. Phagocytosis is similar to human cellular defense reactions with the participation of hemocytes [31]. The humoral immune response is highly regulated by soluble effectors, such as complement-like proteins (opsonins), melanin, and antimicrobial peptides (AMPs), which play a role in melanization, hemolymph clotting, and primary immunization [39] (Figure 2c).

In the early stage of A. baumannii invasion, the larval immune response is activated, and struggles against A. baumannii virulence factors. If the infection is controlled by the immune system, the larvae will survive—alternatively, the larvae will continue melanization and finally die. The two different responses are dependent of the phagocytosis by hemocytes, or the melanization caused by the deposition of melanin around microorganisms [40].

3. Experimental Design Suitable for G. mellonella/A. baumannii Interaction

Generally, the larvae are employed at the 5th to 6th instar, at about 2–3 cm length and a weight of around 250–350 mg. The spontaneous mobility of larvae is a good indication of their viability [33,41]. For one experiment, the larvae are conventionally divided into three groups of about 10 to 20 individuals, one group inoculated with PBS, one group with bacteria sub-divided by the different conditions/strains needed, and one group without injection. In Tables 1 and 2, the inoculation methods, culture conditions, and larval detection indicators are listed. These different studies have described virulence factors of A. baumannii (Table 1) and antimicrobial agents tested against A. baumannii (Table 2) in G. mellonella.
### Table 1. Protocols analyzing the pathogenicity of *A. baumannii* in *G. mellonella.*

| Pathogenicity | Strains and Mutants | Larva/Group | Larva Inoculation | Larva Incubation | Refs |
|---------------|----------------------|-------------|-------------------|------------------|------|
| **Virulence factors** | | | | | |
| Phospholipases C | ΔplcN | 20 | Injection | 10 µL | 2 × 10^6 CFU/mL | 37 °C | 8 days | [42,43] |
| ATCC 19606^T, plc2::aph, plc1::aph-FRT, plc1::ermAM/plc2::aph | 10 | Injection | - | 1 × 10^5 CFU/mL | 37 °C | 5 days |
| Phospholipases D | ATCC 19606^T, ∆pld | 16 | Injection | 10 µL | 1 × 10^6 CFU/mL | 37 °C | 4 days | [44] |
| Membrane proteins | Surface antigen protein 1 (SurA1) | ATCC 17978, CCGGD201101, ∆SurA1 | 20 | Injection | 20 µL | 1 × 10^6 CFU/mL | 37 °C | 7 days | [45] |
| Capsular polysaccharides and LOS | Capsule genes, epsA and ptk | AB5075, AB5075 epsA::Tn5, AB5075 ptk::Tn5 | - | Injection | 5 µL | 1 × 10^7 CFU/mL | 37 °C | 5 days | [46] |
| ATCC 19606^T, ∆gnaA | - | Injection | - | 1 × 10^5, 1 × 10^6 CFU/mL | 37 °C | 6 days | [48] |
| ptk gene | AB5075, ∆ptk | - | Injection | - | 1 × 10^5, 1 × 10^6 CFU/mL | 37 °C | 3 days | [47] |
| LOS | ATCC 19606, ∆lpxO, ∆lpxO::Tn7lpxO | 10 | Injection | 10 µL | 5 × 10^4 CFU/mL | 37 °C | - | [49] |
| Protein secretion system | Type VI secretion system (T6SS) | DSM30011, ∆tssM | 20 | Injection | 10 µL | 1 × 10^6 CFU/mL | 37 °C | - | [50,51] |
| 17978, 17978 ∆tssM | 10 | Injection | 5 µL | 10^6–10^7 CFU/mL | 37 °C | 40–60 h |
| ATCC 19606^T, basD, basA | 30, 10 | Injection | 5 µL | 1 × 10^6, 1 × 10^5 CFU/mL | 37 °C | 18 h/6 days |
| A118, ATCC 19606^T, ATCC 17978 | - | Injection | - | 1 × 10^5 CFU/mL | 37 °C | 6 days |
| ATCC 19606^T, ∆basD | 30 | Injection | - | OD_{600} 0.2 | 37 °C | 72 h |
| Metal acquisition systems | Iron acquisition | ATCC 19606^T, entA::aph, tonB1::aph, tonB2::aacC1, tonB1::aph tonB2::aacC1 | 10 | Injection | - | 1 × 10^5 CFU/mL | 37 °C | 6 days |
| Zinc acquisition | AB5075, znxB::Tn | - | Injection | - | 1 × 10^6 CFU/mL | 37 °C | 0 h, 4 h | [48] |

**Antimicrobial resistance**
| Pathogenicity                  | Strains and Mutants                        | Larva/Group | Larva Inoculation | Larva Incubation | Refs |
|-------------------------------|-------------------------------------------|-------------|-------------------|------------------|------|
| Pathogenicity Strains and Mutants                      | Injection 10 µL OD₆₀₀: 0.1 | 37 °C | 72 h | [56] |
| β-lactamases                 | AB5075, ZJ06, LS01, ATCC 17978             | 10          | Injection 10 µL | OD₆₀₀: 0.5       | 37 °C | 96 h | [57] |
| Efflux pumps                  | ATCC 17978, A1S                            | 16          | Injection 10 µL | 1 × 10⁶ CFU      | 37 °C | 6 days | [58] |
| Permeability defects          | ATCC 19606, ΔkupΔtrkΔkdp, ΔkupΔtrk         | 20          | Injection 10 µL | 1 × 10⁶ CFU      | 37 °C | 6 days | [58] |
| Aminoglycoside modifying enzymes | AbA155                                    | 10          | Injection 5 µL  | 5 × 10⁵ CFU      | 37 °C | >120 h | [59] |
| Alternation of target sites   | MB_2, MB_6C, MB_23C, MB_177, MB_90, MB_119, SG3161, SG3166 | 10          | Injection -     | 1 × 10⁵ CFU      | 37 °C | 96 h | [60] |
| Dissemination                 |                                           |             |                   |                  |      |
| Quorum sensing                | 3-hydroxy-C12-homoserine lactone           | 16          | Injection 10 µL  | >0.5 log CFU     | 37 °C | 6 days | [40] |
| abaM gene                     | AB5075, aba1::T26, abaM::T26               | 10          | Injection -     | 2 × 10⁴ CFU, 2 × 10⁵ CFU | 37 °C | 120 h | [61] |
| Biofilm                       | NCTC 12156, NCTC 10303, ATCC 17978, NCTC 13302, W1, NCTC 13423, ATCC BAA-1710, NCTC 13424, ATCC BAA-1709, UKA1-UKA19 | 10          | Injection -     | 1 × 10⁵, 1 × 10⁶ CFU | 37 °C | 5 days | [62] |
| Motility                      | ATCC 17978, 129/ddc, 277/dat               | 16          | Injection 5 µL  | 3 × 10⁵ CFU      | 37 °C | 5 days | [63] |
| Others                        |                                           |             |                   |                  |      |
### Table 1. Cont.

| Pathogenicity | Strains and Mutants | Larva/Group | Larva Inoculation | Larva Incubation | Refs |
|---------------|---------------------|-------------|-------------------|------------------|------|
| Stress response | ATCC 17978, ATCC 17978 sod2343::Km, ATCC 17978 sod2343::Km pWHsod2343 | 16, 10 | Injection | 5 µL | 3 × 10^5 CFU, 1.5 × 10^6 CFU | 37 °C, −80 °C | 5 days, immediately | [64] |
| Reactive oxygen species (ROS) resistance | Temperature ATCC 17978 - Injection | 10 | 10 µL | 1 × 10^6 CFU/mL | 28 °C, 37 °C | 72 h | [65] |
| | Ethanol ATCC 19606T | 30 | Injection | - | 1 × 10^5 CFU | 37 °C | 6 days | [66] |
| Phase-variable switch | AB5075 opaque, AB5075 translucent | 10 | Injection | - | 3 × 10^4 CFU | 37 °C | 24 h | [67, 68] |
| | AB5075, ∆ompR, ∆envZ, ∆ompR ∆envZ | 30 | Injection | - | 10^3−10^4 CFU | 37 °C | 5 days |

### Table 2. The G. mellonella infection model for screening prospective treatment options against A. baumannii.

| Category | A. baumannii | Treatment Type | Dose | Time | Refs |
|-----------|--------------|----------------|------|------|------|
| AMPs | - | Post-treatment | 10 µL | 200–800 mg/kg | 30 min | [69] |
| Anti-lpxB pPNA | MDR | Post-treatment | 10 µL | 75 mg/kg | 1 h | [70] |
| PNA (RXR)4 XB | MDR | Post-treatment | 10 µL | 150/600 µM | 30 min | [71] |
| Antibiotics | | | | | |


### Table 2. Cont.

| Category                        | A. baumannii | Treatment Type    | Dose                        | Time   | Refs  |
|---------------------------------|--------------|-------------------|----------------------------|--------|-------|
|                                 |              |                   | Volume/Larva | Concentration |       |
| **Colistin**                    |              |                   | 10 µL     | 2.5 mg/kg     | 30 min |
| -                               | MDR          | Post-treatment    | 10 µL     | 2.5 mg/kg     | 30 min |
| Clinical isolate                | Post-treatment | 10 µL | 2.5 mg/kg | 2 h           |        |
| Carbapenem-resistant            | Post-treatment | 10 µL | 2.5 mg/kg | 2 h           |        |
| Colistin-resistant              | Post-treatment | 5 µL  | 2.5 mg/kg | 30 ± 5 min    | [70,72–76] |
| MDR                             | Post-treatment | 10 µL | 40 mg/kg  | -             |        |
| MDR                             | Post-treatment | 10 µL | 2 mg/kg   | 1 h           |        |
| **Cefozopran**                  | MDR          | Post-treatment    | 10 µL     | 40 mg/kg     | -      |
| **Ciprofloxacin**               | -            | Post-treatment    | -         | 10 mg/kg     | 20 min |
| **Clarithromycin**              | MDR          | Pre-treatment     | 5 µL      | 25 mg/kg     | 2.5 h  |
| **Cotrimoxazole**               | Carbapenem-resistant | 10 µL | 10 mg/kg | 2 h           |        |
| **Doripenem**                   | Colistin-resistant | 5 µL  | 7.5 mg/kg | 30 ± 5 min    | [79]   |
| **Gentamicin**                  | -            | Post-treatment    | -         | 8 mg/kg      | 20 min |
|                                 | -            | Post-treatment    | -         | 8 mg/kg      | 20 min |
| **Imipenem**                    | MDR          | Post-treatment    | -         | 5 mg/mL      | 30 min |
| **Levofloxacin**                | MDR          | Post-treatment    | 10 µL     | 6.7 mg/kg    | 2 h    |
| **Meropenem**                   | Clinical isolate | 10 µL | 4 mg/kg   | 1 h           | [74,77,81] |
|                                 | -            | Post-treatment    | -         | 20 mg/kg     | 20 min |
| **Minocycline**                 | MDR          | Post-treatment    | 10 µL     | 40 mg/kg     | -      |
| **Mitomycin**                   | -            | Post-treatment    | -         | 13–16 mg/kg  | 2–5 min |
| **Netropsin**                   | Clinical isolate | 5 µL  | 12.5 mg/L | 30 min       | [82,83] |
| **Novobiocin**                  | MDR          | Post-treatment    | 10 µL     | 100 mg/kg    | 3 h    |
| **Polymyxin B**                 | Clinical isolate | 5 µL  | 4 mg/L   | 30 min       | [76,83] |
|                                 | MDR          | Post-treatment    | 10 µL     | 40 mg/kg     | -      |
| **Rifampicin**                  | MDR          | Post-treatment    | 2 µL      | 2.5, 5, 10 mg/kg | 30 min |

[70,72–76], [74,77,81], [77,81], [82,83], [84,85]
| Category                              | A. baumannii   | Treatment Type | Dose                                      | Time          | Refs  |
|---------------------------------------|----------------|----------------|-------------------------------------------|---------------|-------|
|                                       |                |                |                                           |               |       |
|                                       |                |                | Volume/Larva | Concentration |       |
|                                       |                |                | 10 µL | 40 mg/kg | -  |
| Sitafluoxacin                         | MDR            | Post-treatment |                |               | [76] |
| Teicoplanin                           | MDR            | Post-treatment | 10 µL | 10 mg/kg | 30 min |
| Telavancin                            | -              | Post-treatment | 10 µL | 10 mg/kg | 30 min |
| Tetracycline                          | MDR            | Post-treatment | 10 µL | 40 mg/kg | -  |
| Tigecycline                           | MDR            | Post-treatment | 10 µL | 40 mg/kg | -  |
| Vancomycin                            | Colistin-resistant | Post-treatment | 5 µL | 15 mg/kg | 30 ± 5 min |
| Cotrimoxazole/colistin                | Carbapenem-resistant | Post-treatment | 10 µL | 10 mg/kg + 2.5 mg/kg | 2 h |
| Daptomycin/colistin                   | MDR            | Post-treatment | -     | 4 mg/L + 2.5 mg/L | 2 h |
| Doripenem/Vancomycin                  | Colistin-resistant | Post-treatment | 5 µL | 7.5 mg/kg + 15 mg/kg | 30 ± 5 min |
| Daptomycin/Vancomycin/colistin        | Colistin-resistant | Post-treatment | 5 µL | 7.5 mg/kg + 15 mg/kg + 2.5 mg/kg | 30 ± 5 min |
| Levofluoxacin/colistin                | MDR            | Post-treatment | 10 µL | 6.7 mg/kg + 2.5 mg/kg | 2 h |
| Polymyxin B/netropsin                 | Clinical isolate | Post-treatment | 5 µL | 4 mg/L + 12.5 mg/L | 30 min |
| Teicoplanin/colistin                  | MDR            | Post-treatment | 10 µL | 10 mg/kg + 2.5 mg/kg | 30 min |
| Telavancin/colistin                   | -              | Post-treatment | 10 µL | 10 mg/kg + 2.5 mg/kg | 30 min |
| Vancomycin/colistin                   | MDR            | Post-treatment | 10 µL | 15 mg/kg + 2.5 mg/kg | 2 h |
|                                       | MDR            | Post-treatment | 10 µL | 10 mg/kg + 2.5 mg/kg | 30 min |
| Others                                |                |                |               |               | [72, 87] |
| Anti-lpxB pPNA/colistin               | MDR            | Post-treatment | 10 µL | 75 mg/kg + 2 mg/kg | 1 h |
| Bacteriophage                         |                |                |               |               | [11, 77, 80, 88] |
|                                       |                |                |               |               |       |
|                                       | Carbapenem-resistant | Post-treatment | 5 µL | $1 \times 10^{10}$, $1 \times 10^{9}$ PFU/mL | 30 min |
|                                       | -              | Post-treatment | -     | MOI ≈ 1  | 20 min |
|                                       | MDR            | Post-treatment | 10 µL | 5.10^7 PFU, MOI = 100 | 30 min |
| Carbapenem-resistant                  | MDR            | Post-treatment | 10 µL | $10^4$ pfu | 30 min |
Table 2. Cont.

| Category                                      | A. baumannii       | Treatment Type                     | Dose                     | Time     | Refs |
|-----------------------------------------------|--------------------|------------------------------------|--------------------------|----------|------|
| Capsule depolymerase Dpo48                    | Extensive drug-resistant | Pre-treatment, post-treatment | 10 µL, 50 µg/mL, 5 µg   | 1 h, 5 min | [89] |
| Epicatechin                                   | MDR                | Post-treatment                     | -, 40 mg/kg             | 30 min   | [90] |
| Homodimeric Tobramycin Adjuvant/Novobiocin    | MDR                | Post-treatment                     | 10 µL, 25/50 mg/kg + 25/50 mg/kg | 3 h      | [84] |
| Gallium nitrate                               | MDR                | Post-treatment                     | -, 1.2 mmol/kg          | 15 min   | [91] |
| Gallium protoporphyrin IX                     | MDR                | Simultaneously                     | 5 µL, 20, 40 µg/mL      | -        | [92] |
| Manganese (i) tricarbonyl complexes           | MDR                | Post-treatment                     | -, 5 mg/kg             | 30 min   | [93] |
| SCH-79797                                     | MDR                | Simultaneously                     | 66.6 µg/larva           | -        | [94] |
| Silver acetate                                | Carbapenem-resistant | Post-treatment                      | -, 0, 10, 20 mg/kg     | 30 min   | [95] |
| Theaflavin                                    | MDR                | Post-treatment                     | -, 20 mg/kg            | 30 min   | [90] |
| Theaflavin/Epicatechin                        | MDR                | Post-treatment                     | -, 20 mg/kg + 40 mg/kg | 30 min   | [90] |
| Bacteriophage/Ciprofloxacin                   | MDR                | Post-treatment                     | -, MOI ≈ 1 + 10 mg/kg  | 20 min   | [77] |
| Bacteriophage/Gentamicin                      | MDR                | Post-treatment                     | -, MOI ≈ 1 + 8 mg/kg   | 20 min   | [77] |
| Bacteriophage/Meropenem                       | MDR                | Post-treatment                     | -, MOI ≈ 1 + 20 mg/kg  | 20 min   | [77] |
| Endolysin/colistin                            | -                  | Post-treatment                     | 10 µL, 25 µg/mL + 1/4 MIC | 1 h      | [96] |

Notes: MDR: multi-drug resistant. Pre-treatment/post-treatment: the antimicrobial agents were added before/after the A. baumannii infection. MOI: multiplicity of infection. CFU: colony forming unit. Time: the period between the first and second injection.
After 24 h of starvation at room temperature, three inoculation methods have been described to work with *G. mellonella*: topical application [97]; force-feeding [98]; and injection [11]. For *A. baumannii* infection, only the injection method into the hemocoel of the larval cuticle of the last left proleg [40] has been used (Figure 3a). For drug treatment, the correct timing of drug administration is also important, commonly within 3 h after *A. baumannii* injection. In some studies, drug application before or simultaneously with *A. baumannii* infection has been reported, but such cases are rare [89,91,94]. Compared to the two other methods, the injection has the advantage to accurately deliver the inoculum, and is therefore more reproducible [40]. However, the control group, injected only with buffer or medium, is crucial to ensure that the death of larvae is not caused by trauma or solvents.

![Injection model (a) and different health states (b) of *G. mellonella.*](image)

*Figure 3. Injection model (a) and different health states (b) of *G. mellonella.**

*G. mellonella* larvae can be maintained at different temperatures after injection, between 15 °C to over 37 °C [99]. In order to better understand the interaction between the host and the pathogen in an environment closer to the mammalian organism, 37 °C is the most employed temperature for *A. baumannii* infection [29]. The viability, motility, and virulence of *A. baumannii* at 28 °C [65] and 30 °C [40] were also studied in order to assess the adaptability of the different clinical strains’ response to environmental changes. The incubation duration inside the larvae usually varies from few hours to few days. Experiments suggest that too short periods (<4 h) are not conducive to an accurate evaluation of *A. baumannii* virulence or drug efficacy. Conversely, after too long (>8 days) time periods, the larvae metamorphose into moths.

The *G. mellonella* larvae assessments could be larval mobility [90], mortality/survival rate [72], histological analysis [11], and bacterial numbers recovered after incubation [64]. Table 3 introduces the health index scoring system to evaluate the larval health status, including larval mobility, cocoon formation, melanization, and survival [99]. The movement, observed by touching and the melanization, visible by naked eyes, are keys to distinguish the larval morbidity after *A. baumannii* infection (Figure 3b) [90]. Though the *A. baumannii* virulence overcomes the larval immune system over time, the larval movement gradually decreases, and the melanization progresses gradually. Complete melanization indicates death. Mortality/survival rate is the most monitored indicator, which directly reflects *A. baumannii* virulence. The survival percentage, usually characterized by the Kaplan–Meier curve, is investigated every 24 h [100]. Histological analyses are essential for studying host–defense mechanisms and pathogen infection pathways. A rare study associated with tissue damage, fat body, and muscle layer melanization has been reported for *A. baumannii* infected larvae [11].
Table 3. Health index scoring system of *G. mellonella* adapted from [101].

| Category               | Description                         | Score |
|------------------------|-------------------------------------|-------|
| Activity               | No movement                         | 0     |
|                        | Minimal movement on stimulation     | 1     |
|                        | Move when stimulated                | 2     |
|                        | Move without stimulation             | 3     |
| Cocoon formation       | No cocoon                           | 0     |
|                        | Partial cocoon                       | 0.5   |
|                        | Full cocoon                          | 1     |
| Melanization           | Black larvae                         | 0     |
|                        | Black spots on brown larvae          | 1     |
|                        | ≥3 spots on beige larvae             | 2     |
|                        | <3 spots on beige larvae             | 3     |
|                        | No melanization                      | 4     |
| Survival               | Dead                                 | 0     |
|                        | Alive                                | 2     |

4. *A. baumannii* Pathogenicity in *G. mellonella*

The study of *A. baumannii* pathogenesis is critical to provide a theoretical basis for the development of new therapeutic modalities and drugs. Many studies have documented the pathogenic mechanisms of *A. baumannii* infection by using *G. mellonella* models, and here, we will focus on the virulence factor studies, the antibiotics resistance mechanisms, and finally, we will discuss the *A. baumannii*’s persistence in a broad range of environments/hosts.

*A. baumannii* pathogenicity has been decoded in part with the help of *G. mellonella*. For example, the impact of the phase variation on *A. baumannii*’s virulence was performed on this model. This variation corresponds to the transition between opaque and translucent colonies [101]. For *A. baumannii*, opaque variants are more virulent in larvae models, whereas translucent variants have the ability to form more biofilm [67].

4.1. *A. baumannii* Virulence Factors and *G. mellonella*

The ability of *A. baumannii* to persist in many circumstances, and to be life-threatening, is partly due to its virulence factors. The recognized *A. baumannii* virulence factors studied with *G. mellonella* are relatively scarce.

Phospholipases (PLs) can lyse the host-cell membrane by catalyzing the hydrolysis of phospholipids to facilitate bacterial invasion [5]. So far, two PLs have been identified in *A. baumannii*: the phospholipase C (PLC) and the phospholipase D (PLD) [102]. PLC cleaves and releases the phosphorylated head group from phospholipids, whereas PLD cleaves off only the head group [103]. Both cut between the phosphorylated and the polar head groups. In addition, PLs can disturb the host–immune response by generating second messengers such as phosphatidic acid, which can also promote the pathogenesis [104]. Kareem et al. have tested 30 *A. baumannii* strains collected from hospitalized patients with *G. mellonella* killing assays [42]. The results clearly showed a higher larvae mortality when PLC is combined with elastase (lasB), a virulence factor that has the ability to degrade host tissue. Fiester et al. have shown the existence of two PLC (PLC1 and PLC2), but only PLC1 appears to play a critical role during *G. mellonella* infection [43]. In the case of PLD, Stahl et al. have found three different PLD needed in a concerted manner to successfully infect *G. mellonella* [44].

Only a few membrane proteins have been identified as virulence factors in *A. baumannii*: the outer membrane protein A (OmpA) [105] and 33 (Omp33) [106] are the best characterized, but have not been investigated with *G. mellonella*. They are able to adhere to the epithelial cells of the host, leading to biofilm formations that contribute to the invasion of *A. baumannii*, and thus, to the apoptosis induction of the host cells. However, surface antigen protein 1 (SurA1) was examined in larvae models to evaluate the virulence of
**A. baumannii** strains [45]. It was found that the SurA1 knock-out mutant displayed a lower fatality rate in larvae infection assays, suggesting the importance of SurA1 in *A. baumannii* virulence [45].

The capsular polysaccharides (CPS) of *A. baumannii* are made up of oligosaccharides (K units) with various carbohydrate types, varying in numbers and type of linkage, and with acetyl, pyruvyl groups, or other modifications [107]. The CPS genes are located in the K locus, and are positively correlated with the virulence of *A. baumannii* [108]. Over 100 unique capsule loci have been identified in *A. baumannii* to date [109]. Xu et al. have interrupted *gnaA* (a gene found in the K locus), and tested the pathogenicity of the resulting strain through a larvae killing experiment. *gnaA* mutant is affected in CPS synthesis, and thus, influences the *A. baumannii* virulence in *G. mellonella* [47]. Gebhardt et al. have demonstrated that the absence of *ptk*, a gene which codes for CPS export, killed less larvae [48].

*A. baumannii* lipooligosaccharide (LOS) function in bacterial pathogenesis has also attracted attention. LOS is composed of two regions: lipid A moiety and core oligosaccharide. Bartholomew et al. have characterized the lipid A modification by 2-hydroxylation on laurate via LpxO, and tested the survival ability of the corresponding *A. baumannii* mutant. They have shown that LpxO can significantly enhance the survival ability of *A. baumannii* against the innate immune system of larvae [49].

Type VI secretion system (T6SS) is widely distributed in gram-negative bacteria, and can produce and transfer effector molecules into the surrounding environment or neighboring cells [110]. The genes encoding this system in *A. baumannii* have been identified in the genomes of many bacteria, including *A. baumannii*, but T6SS does not affect its potency during *G. mellonella* infection [51]. However, a later study found, for a strain isolated from the environment, that the implication of the T6SS is required for *A. baumannii* to colonize *G. mellonella*, suggesting a strain-dependent process [50].

One of the host’s defense systems used to combat pathogen infections relies on reactive oxygen species (ROS) production. Nevertheless, *A. baumannii* produce superoxide dismutase (SOD) to detoxify the ROS produced by the host. The SOD activity has been analyzed with *G. mellonella*, which has highlighted the importance of SOD during host–pathogen interactions [64].

Nutrients in the host environment are essential for the growth and survival of both host cells and bacterial pathogens. Iron is one of these key micronutrients. In order to prevent oxidative damage caused by free iron in host cells, they are usually isolated in the host by carrier proteins, such as transferrin, lactoferrin, and hemoglobin [111,112]. Bacteria have developed a high-affinity iron acquisition system by the utilization of siderophores, such as acinetobactin, in order to overcome iron sequestration. Zimbler et al. have described that *tonB* mutants, which do not have the ability to provide the energy transduction for iron acquisition, are killing less *G. mellonella* [55]. The research from Gaddy et al. additionally showed that, compared to the wild type, BasD mutant (involved in acinetobactin biosynthesis) and BauA mutant (responsible of acinetobactin transport) produce a lower mortality of *G. mellonella* [52]. These observations indicate a potential use of acinetobactin as a target for therapeutic purposes.

### 4.2. *G. mellonella* to Study *A. baumannii* Antibiotic Resistances

The extreme adaptability of *A. baumannii* to antibiotics has allowed this microorganism to develop various resistance mechanisms, and has contributed to the emergence of MDR and even pan-resistant strains worldwide. *G. mellonella* has been established and accepted as one of the in vivo models to explore the *A. baumannii* drug-resistance mechanisms involved in β-lactamases [81], aminoglycoside modifying enzymes [39], and antibiotic target modifications [60].

β-lactamase is a category of enzymes that can catalyze the hydrolysis and inactivation of β-lactam. According to sequence homology, it can be divided into four classes: class A; B; C; and D [113]. Contrary to class A, C and D enzymes, where the serine residues are
catalytically active, the activity of class B enzymes needs to be mediated by zinc and a different heavy metal [114]. Class D β-lactamases (also named oxacillinases (OXAs)) usually hydrolyze carbapenem antibiotics such as isoxazolylpenicillin, oxacillin, and benzylpenicillin, which are commonly used against *A. baumannii* [115]. Tietgen et al. found a novel β-lactamase, OXA-822, isolated from *Acinetobacter calcoaceticus* [81]. The production of OXA-822 was done in *A. baumannii*, and tested upon meropenem treatment in *G. mellonella* infection assays. OXA-822 increases the mortality of infected larvae, indicating carbapenem decreased susceptibility in vivo.

Aminoglycosides are a class of bacterial protein synthesis inhibitors that can interfere with the peptide elongation at the 30S ribosomal subunit [116], therefore affecting bacterial proliferation and growth. Aminoglycoside modifying enzymes (AME), divided into acyltransferase, adenyltransferase, and phosphotransferase, are involved in aminoglycoside resistance [114]. AME genes allow bacterial resistance against amikacin, kanamycin, and tobramycin [116]. Amikacin treatment against resistant strains has been used in combination with peptide/DNA oligomer conjugate, and the efficacy of this new therapy has been tested on *G. mellonella* [59]. The results strongly indicated that this treatment leads to a survival rate comparable to uninfected controls in larvae.

Modifications of antibiotic targets occur in bacteria to escape antibiotics. Lipid A modification from LOS located in the outer membrane is well described in *A. baumannii*. This renders the bacteria resistant to cationic antimicrobial peptides (CAMP) treatment, and protects them from lysis. The addition of galactosamine or phosphoethanolamine (pETN) moiety on lipid A [117] cause colistin resistance, and influence the lipid composition of the bacterial membrane too [118]. LpxMAB, an acyltransferase, is responsible of the addition of two lauric acids (C12:0) on lipid A to form hepta-acylated lipid A. These modifications allow *A. baumannii* to prevent the effect of AMPs released in *G. mellonella* hemolymph [119].

4.3. *G. mellonella* and *A. baumannii* to Study Bacterial Survival and Spreading

The rapid dissemination of pathogens is a great concern for our society. *G. mellonella* is an interesting tool to monitor the interactions between *A. baumannii* strains and other organisms to give deeper insights into transmission mechanisms, including quorum sensing (QS) [40,61,120], motility [121], and biofilm formation [62].

QS is a well-established mechanism that allows bacteria to sense population density in order to coordinate specific genes expression and group behaviors [122]. In *A. baumannii*, the AbaI inducer and AbaR receptor build the QS circuit [120]. The Abal/AbaR QS system can enhance *A. baumannii* drug resistance and virulence to *G. mellonella* [120]. Recent studies have identified a third gene, *abaM*, that could regulate the concentration of the QS signal molecule, N-acyl homoserine lactone (AHL) [61]. At the same time, the inactivation of *abaM* leads to an attenuated virulence of *A. baumannii* in the larvae. Oddly, knock-out of the *abaI* gene, which controls the production of the QS signaling molecule, did not alter the lethality of *G. mellonella* larvae [40]. The importance of this gene for *A. baumannii* virulence still needs further investigations.

Five motilities support bacterial movement: swarming; swimming; twitching; gliding; and sliding [123]. Since *A. baumannii* have no flagella [124], fimbriae (type IV pili) have always been considered as the main source of power for bacterial movement through twitching motility. The swarming motility observed with *A. baumannii* should be denominated surface-associated motility, as swarming is flagella dependent [125]. Controlled by *ddc* and *dat* genes, 1,3-diaminopropane (DAP) is an ubiquitous polyamine essential for *A. baumannii* surface-associated motility, and enhances virulence in *G. mellonella* models [63]. A light-regulated type I pilus, mediated by the BlsA photoreceptor, promotes *A. baumannii* surface-associated motility, biofilm formation, as well as virulence reinforcement in the larval model [121].

When planktonic bacteria population colonizes a site, the bacteria secrete extracellular polymeric substances (EPS) to protect them against harsh external environmental changes [126]. Several studies have demonstrated that *A. baumannii* within biofilm are
more persistent [127,128]. Using the *G. mellonella* as an in vivo model, Wang et al. revealed that *A. baumannii* from biofilm had higher colistin resistance and stronger virulence than planktonic strains [62].

5. Finding New Treatments to Fight *A. baumannii* with *G. mellonella*

With drug resistance increases and virulence evolution, treatment of *A. baumannii* requires important attention. Usually, suitable antimicrobial agents are first screened through in vitro experiments and, later, successful candidates are subjected to in vivo animal assays and, finally, to clinical human validation. In this context, compared with traditional animal models, *G. mellonella* exhibit obvious ethical and logistical advantages. The effectiveness of antimicrobial agents is usually validated within 1–3 days, which saves precious time for the development of new agents [30,129].

5.1. Antibiotics

Although the frequent use of antibiotics is the main cause of resistance emergence, they remain nevertheless the dominant treatment strategy due to the lack of viable alternatives. Few effective antibiotic options which combine various therapies appear as promising to cure MDR or pan drug resistant (PDR) *A. baumannii* infections.

Single antibiotic therapy can target pathogens with high selectivity, leading to a better understanding in specific pathogenic mechanisms. With the highly resistant strain, AB5075, rifampin recovery rate was assessed with infected *G. mellonella* larvae [85]. The larval survival rate was 100% at 10 mg/kg of rifampin the first day, and 78% the fourth day. Nishida et al. have evaluated *G. mellonella*-MDR *A. baumannii* infection for the assessment of different antibiotic treatments [76], including colistin, minocycline, polymyxin B, tigecycline, cefozopran, and sitafloxacin. With the same treatment, all the antibiotics had in vivo activity and, remarkably, prolonged the survival rate of the larvae. In consistence with clinical conclusions, colistin can significantly ameliorate the infections caused by *A. baumannii* (cured cases/total infected cases:156/198, 79%) [130]. In addition to evaluating the efficacy, *G. mellonella* models can also be successfully used to detect the toxicity of antibiotics. For example, Cruz-Muñiz et al. have estimated the toxicity and antibiotic activity of mitomycin C in non-infected and infected larval models [82]. The results showed a 100% survival rate of non-infected larvae, and more than 50% of larvae infected with three different MDR *A. baumannii* strains, indicating the safety and efficiency of mitomycin C to cure *A. baumannii* invasion.

Antibiotic combination therapies can act synergistically, and, therefore, lead to pathogen clearance acceleration [131]. Colistin, as the last resort to combat the MDR bacteria, has been the most popular option in *A. baumannii* treatment. However, overuse of colistin has caused the gradual increase of the minimal inhibitory concentration (MIC), and colistin-resistant *A. baumannii* have been identified and characterized [132]. Therefore, colistin combination treatments are in use, such as vancomycin/colistin [72,87], teicoplanin/colistin [72], daptomycin/colistin [86], levofloxacin/colistin [74], cotrimoxazole/colistin [75], etc. Hornsey et al. illustrated the efficacy of telavancin/colistin for dramatically improving the survival of *A. baumannii* infected larvae compared to telavancin alone or colistin alone [73]. Likewise, O’Hara et al. demonstrated the benefits of multiple antibiotic combination therapy (doripenem/vancomycin/colistin) [79]. Corresponding to clinical cases, colistin combination therapy can reduce the risk of nephrotoxicity compared with monotherapy [133]. Although combined treatments are more effective, their mechanisms of action need better understanding to avoid the development of even more resistant strains.

5.2. Further Strategies

The development of new antimicrobial agents is necessary to fight MDR *A. baumannii* diseases. Testing these unconventional antimicrobial agents with an in vivo model, such as *G. mellonella*, can be very helpful to analyze their activity and toxicity.
Bacteriophage therapy is an alternative approach owing to its potential advantages to target MDR bacteria with high specificity and selectivity. Furthermore, it is easily available and a safe therapeutic modality for immunocompetent and immunocompromised patients [134,135]. Phage treatment of *A. baumannii* infections has been broadly explored. Jeon et al. have analyzed the effectiveness of targeting carbapenem-resistant *A. baumannii* with lytic phages (Bφ-R2096) in *G. mellonella* models [11]. After 48 h post-infection, they obtained 100% and 50% (MOI = 100) survival rate for non-infected and infected larvae, respectively. Histological results showed that the non-infected group did not exhibit any tissue damage, whereas the infected group had an obvious reduction of tissue damage and fat body melanization. Similar results were also obtained with extensively drug-resistant *A. baumannii* strains [80]. Additionally, phage-based combined therapy, such as phage/polymyxin B, phage/meropenem, phage/ciprofloxacin, and phage/gentamicin, demonstrated excellent results against *A. baumannii* infection in larval models [77,88]. Moreover, these therapy strategies are gradually approaching broad clinical practice [136,137].

Furthermore, natural antibacterial agents might be possible tools to treat human health problems caused by *A. baumannii* infections. Studies showed no melanization after injection at any concentration with polyphenols, theaflavin, and epicatechin [90]. This result suggests the efficacy of these polyphenols against *A. baumannii* infection in vivo.

*G. mellonella* has also been employed to investigate the antibiotic activity of novel therapeutic strategies based either on metal or non-metal compounds, such as manganese(I) tricarbonyl complexes [93], silver acetate [95], gallium nitrate [91], gallium protoporphyrin IX [92], and homodimeric tobramycin adjuvant [84].

6. Conclusions

Over recent years, *G. mellonella* appeared as a powerful, reliable, fast, and cheap host–pathogen infection model, and a good alternative host to study *A. baumannii* virulence and new antimicrobial agent efficacy. Although it cannot replace mammalian models, the initial data collected through *G. mellonella* assays provide an important reference for new drug development and clinical applications. However, many teams have noticed that different prominent parameters may impact *A. baumannii* infection effects. Therefore, standardized regulations, such as control of the inoculum dose, temperature, or incubation time, are very important for the study of the *G. mellonella-A. baumannii* model. Moreover, with *G. mellonella* genome sequence availability, associated with new molecular tools, this insect model will be precious for future biomedical researches [138].

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**References**

1. Dijkshoorn, L.; Nemec, A.; Seifert, H. An increasing threat in hospitals: Multidrug-resistant *Acinetobacter baumannii*. Nat. Rev. Microbiol. 2007, 5, 939–951. [CrossRef]
2. Patamatomkul, S.; Klungboonkrong, V.; Praisarni, P.; Jirakiat, K. A case-control study of community-acquired *Acinetobacter baumannii* pneumonia and melioidosis pneumonia in northeast Thailand: An emerging fatal disease with unique clinical features. **Diagn. Microbiol. Infect. Dis.** 2017, 87, 79–86. [CrossRef]
3. Willyard, C. The drug-resistant bacteria that pose the greatest health threats. Nature 2017, 543, 15. [CrossRef] [PubMed]

4. Moubareck, C.A.; Halat, D.H. Insights into Acinetobacter baumannii: A review of microbiological, virulence, and resistance traits in a threatening nosocomial pathogen. Antibiotics 2020, 9, 119. [CrossRef]

5. McConnell, M.J.; Actis, L.; Pachón, J. Acinetobacter baumannii: Human infections, factors contributing to pathogenesis and animal models. FEMS Microb. Rev. 2013, 37, 130–155. [CrossRef]

6. Spicer, P.P.; Shah, S.R.; Henslee, A.M.; Watson, B.M.; Kinard, L.A.; Kretlow, J.D.; Bevil, K.; Kattchee, L.; Bennett, G.N.; Demian, N.; et al. Evaluation of antibiotic releasing porous polymethylmethacrylate space maintainers in an infected composite tissue defect model. Acta Biomater. 2013, 9, 8832–8839. [CrossRef]

7. Bernabeu-Wittel, M.; Pichardo, C.; García-Curiel, A.; Pachón-Ibáñez, M.E.; Ibáñez-Martínez, J.; Jiménez-Mejías, M.E.; Pachón, J. Pharmacokinetic/pharmacodynamic assessment of the in-vivo efficacy of imipenem alone or in combination with amikacin for the treatment of experimental multiresistant Acinetobacter baumannii pneumonia. Clin. Microbiol. Infect. 2005, 11, 319–325. [CrossRef] [PubMed]

8. Zurawski, D.V.; Black, C.C.; Alamneh, Y.A.; Biggemann, L.; Banerjee, J.; Thompson, M.G.; Wise, M.C.; Honnold, C.L.; Kim, R.K.; Parishvanita, C.; et al. A Porcine Wound Model of Acinetobacter baumannii Infection. Adv. Wound Care 2019, 8, 14–27. [CrossRef] [PubMed]

9. Cerqueira, G.M.; Peleg, A.Y. Insights into Acinetobacter baumannii pathogenicity. IUBMB Life 2011, 63, 1055–1060. [CrossRef] [PubMed]

10. Morris, F.C.; Dexter, C.; Kostoulias, X.; Uddin, M.I.; Peleg, A.Y. The Mechanisms of Disease Caused by Acinetobacter baumannii. Front. Microbiol. 2019, 10, 1601. [CrossRef] [PubMed]

11. Jeon, J.; Park, J.H.; Yong, D. Efficacy of bacteriophage treatment against carbapenem-resistant Acinetobacter baumannii in Galleria mellonella larvae and a mouse model of acute pneumonia. BMC Microbiol. 2019, 19, 70. [CrossRef]

12. Scott, E.; Holden-Dye, L.; O’Connor, V.; Wand, M.E. Intra Strain Variation of the Effects of Gram-Negative ESKAPE Pathogens on Intestinal Colonization, Host Viability, and Host Response in the Model Organism Caenorhabditis elegans. Front. Microbiol. 2020, 10, 3113. [CrossRef]

13. Iwashkiw, J.A.; Seper, A.; Weber, B.S.; Scott, N.E.; Vinogradov, E.; Stratilo, C.; Reiz, B.; Cordwell, S.J.; Whittal, R.; Schild, S.; et al. Comparison of Pseudomonas aeruginosa strains reveals that Exolysin A toxin plays an additive role in virulence. Pathog. Dis. 2019, 78, 10. [CrossRef] [PubMed]

14. Roy, R.; You, R.I.; Der Lin, M.; Lin, N.T. Mutation of the carboxy-terminal processing protease in Enterococcus faecalis affects its role in virulence and biofilm formation. PLoS Pathog. 2012, 8, e1002759. [CrossRef]

15. Roy, R.; You, R.I.; Der Lin, M.; Lin, N.T. Mutation of the carboxy-terminal processing protease in Acinetobacter baumannii affects motility, leads to loss of membrane integrity, and reduces virulence. Pathogens 2020, 9, 322. [CrossRef]

16. Kwadha, C.A.; Ong’amo, G.O.; Ndewga, P.N.; Raina, S.K.; Fombong, A.T. The biology and control of the greater wax moth, Galleria mellonella. Insects 2017, 8, 61. [CrossRef]

17. Wrońska, A.K.; Boguś, M.I. Heat shock proteins (HSP 90, 70, 60, and 27) in Acinetobacter baumannii: a comprehensive study. Virulence 2017, 8, 1002–1007. [CrossRef] [PubMed]

18. Kazek, M.; Kaczmarek, A.; Wrońska, A.K.; Boguś, M.I. Conidioibolus coronatus induces oxidative stress and autophagy response in Galleria mellonella larvae. PLoS ONE 2020, 15, e0228556. [CrossRef] [PubMed]

19. Kazek, M.; Kaczmarek, A.; Wrońska, A.K.; Boguś, M.I.; Dodecanol, metabolite of entomopathogenic fungus Conidioibolus coronatus, affects fatty acid composition and cellular immunity of Galleria mellonella and Calliphora vicina. Sci. Rep. 2021, 11, 15963. [CrossRef] [PubMed]

20. Chen, A.; Wang, Y.; Shao, Y.; Zhou, Q.; Chen, S.; Wu, Y.; Chen, H.; Liu, E. Genes involved in Beauveria bassiana infection to Galleria mellonella. Arch. Microbiol. 2018, 200, 541–552. [CrossRef]

21. Vertyporokh, L.; Hulas-Stasiak, M.; Wojda, I. Host–pathogen interaction after infection of Galleria mellonella with the filamentous fungus Beauveria bassiana. Insect Sci. 2018, 27, 1049–1059. [CrossRef]

22. Mukherjee, K.; Vîlcienska, A. The entomopathogenic fungus Metarhizium robertsi communicates with the insect host Galleria mellonella during infection. Virulence 2018, 9, 402–413. [CrossRef] [PubMed]

23. Grizanova, E.V.; Coates, C.J.; Dubovsky, L.M.; Butt, T.M. Metarhizium brunneum infection dynamics differ at the cuticle interface of susceptible and tolerant morphs of Galleria mellonella. Virulence 2019, 10, 999–1012. [CrossRef] [PubMed]

24. Pérez-Montarelo, D.; Viedma, E.; Murcia, M.; Muñoz-Gallego, I.; Larrosa, N.; Brañas, P.; Fernández-Hidalgo, N.; Gavaldà, J.; Almirante, B.; Chaves, F. Pathogenic characteristics of Staphylococcus aureus endovascular infection isolates from different clonal complexes. Front. Microbiol. 2017, 8, 917. [CrossRef] [PubMed]

25. Salze, M.; Muller, C.; Bernay, B.; Hartke, A.; Clamens, T.; Lesouhaitier, O.; Rincé, A. Study of key RNA metabolism proteins in Enterococcus faecalis. RNA Biol. 2020, 17, 974–980. [CrossRef]

26. Niu, T.; Guo, L.; Luo, Q.; Zhou, K.; Yu, W.; Chen, Y.; Huang, C.; Xiao, Y. Wza gene knockout decreases Acinetobacter baumannii virulence and affects Wzy-dependent capsular polysaccharide synthesis. Virulence 2020, 11, 1–13. [CrossRef]

27. Medina-Rojas, M.; Stribling, W.; Snesrud, E.; Garry, B.J.; Li, Y.; Gann, P.M.; Demons, S.T.; Tyner, S.D.; Zurawski, D.V.; Antonic, V. Comparison of Pseudomonas aeruginosa strains reveals that Exolysin A toxin plays an additive role in virulence. Pathog. Dis. 2020, 78, ftaa010. [CrossRef]
28. Pereira, M.F.; Rossi, C.C.; Da Silva, G.C.; Rosa, J.N.; Bazzolli, D.M.S. Galleria mellonella as an infection model: An in-depth look at why it works and practical considerations for successful application. *Pathog. Dis.* 2020, 78, ftaa056. [CrossRef]

29. Cook, S.M.; McArthur, J.D. Developing *Galleria mellonella* as a model host for human pathogens. *Virulence* 2013, 4, 350–353. [CrossRef]

30. Tsai, C.J.Y.; Loh, J.M.S.; Proft, T. *Galleria mellonella* infection models for the study of bacterial diseases and for antimicrobial drug testing. *Virulence* 2016, 7, 214–229. [CrossRef]

31. Singkum, P.; Suwanmanee, S.; Pumeesat, P.; Luplertlop, N. A powerful in vivo alternative model in scientific research: *Galleria mellonella*. Acta Microbiol. Immunol. Hung. 2019, 66, 31–55. [CrossRef]

32. Jorjão, A.L.; Oliveira, L.D.; Scorzoni, L.; Figueiredo-Godoi, L.M.A.; Prata, M.C.A.; Jorge, A.O.C.; Junqueira, J.C. From moths to caterpillars: Ideal conditions for *Galleria mellonella* rearing for in vivo microbiological studies. *Virulence* 2018, 9, 383–389. [CrossRef] [PubMed]

33. Firacative, C.; Khan, A.; Duan, S.; Ferreira-Paim, K.; Leemon, D.; Meyer, W. Rearing and maintenance of *Galleria mellonella* and its application to study fungal virulence. *J. Fungi* 2020, 6, 130. [CrossRef]

34. Strand, M.R. The insect cellular immune response. *Insect Sci.* 2008, 15, 1–14. [CrossRef]

35. Mikulak, E.; Gliniewicz, A.; Przygodzka, M.; Solecka, J. *Galleria mellonella* as a model organism used in biomedical and other studies. Przegl. Epidemiol. 2018, 72, 57–73.

36. Kavanagh, K.; Reeves, E.P. Exploiting the potential of insects for in vivo pathogenicity testing of microbial pathogens. *FEMS Microbiol. Rev.* 2004, 28, 101–112. [CrossRef] [PubMed]

37. Tojo, S.; Naganuma, F.; Arakawa, K.; Yokoo, S. Involvement of both granular cells and plasmatocytes in phagocytic reactions in the greater wax moth, *Galleria mellonella*. *J. Insect Physiol.* 2000, 46, 1129–1135. [CrossRef]

38. Neuwirth, M. The structure of the hemocytes of *Galleria mellonella* (Lepidoptera). *J. Morphol.* 1973, 139, 105–123. [CrossRef] [PubMed]

39. Pereira, T.C.; de Barros, P.P.; de Oliveira Fugisaki, L.R.; Rossoni, R.D.; Ribeiro, F.d.C.; de Menezes, R.T.; Junqueira, J.C.; Scorzoni, L. Recent advances in the use of *Galleria mellonella* model to study immune responses against human pathogens. *J. Fungi* 2018, 4, 128. [CrossRef]

40. Peleg, A.Y.; Jara, S.; Monga, D.; Eliopoulos, G.M.; Moellering, R.C.; Mylonakis, E. *Acinetobacter baumannii* virulence: why it works and practical considerations for successful application. *PLoS ONE* 2016, 11, e0167068. [CrossRef]

41. Stahl, J.; Bergmann, H.; Götting, S.; Ebersberger, I.; Averhoff, B. *Acinetobacter baumannii* virulence is enhanced by the combined presence of virulence factors genes phospholipase C (plcN) and elastase (lasB). *Microb. Pathog.* 2017, 110, 568–572. [CrossRef] [PubMed]

42. Fiester, S.E.; Arivett, B.A.; Schmidt, R.E.; Beckett, A.C.; Ticak, T.; Carrier, M.V.; Ghosh, R.; Ohneck, E.J.; Metz, M.L.; Jeffries, M.K.S.; et al. Iron-Regulated phospholipase C Activity contributes to the cytolytic activity and virulence of *Acinetobacter baumannii*. *PLOS ONE* 2016, 11, e0167068. [CrossRef]

43. Firacative, C.; Khan, A.; Duan, S.; Ferreira-Paim, K.; Leemon, D.; Meyer, W. Rearing and maintenance of *Galleria mellonella* and its application to study fungal virulence. *J. Fungi* 2020, 6, 130. [CrossRef]

44. Regeimbal, J.M.; Jacobs, A.C.; Corey, B.W.; Henry, M.S.; Thompson, M.G.; Pavlicek, R.L.; Quinones, J.; Hannah, R.M.; Ghebremedhin, M.; Carniato, J.; et al. Personalized therapeutic cocktail of wild environmental phages rescues mice from *Acinetobacter baumannii* wound infections. *Antimicrob. Agents Chemother.* 2016, 60, 5806–5816. [CrossRef]

45. Xu, Q.; Chen, T.; Yan, B.; Zhang, L.; Pi, B.; Yang, Y.; Zhang, L.; Zhou, J.; Ji, S.; Leptihn, S.; et al. Dual Role of gnaA in Antimicrobial Resistance and Virulence in *Acinetobacter baumannii*. *Antimicrob. Agents Chemother.* 2019, 63, e00694-19. [CrossRef]

46. Gebhardt, M.J.; Gallagher, L.A.; Jacobson, R.K.; Uascheva, E.A.; Peterson, L.R.; Zurawski, D.V.; Shuman, H.A. Joint transcriptional control of virulence and resistance to antibiotics and environmental stress in *Acinetobacter baumannii*. *MBio* 2015, 6, e01660-15. [CrossRef]

47. Bartholomew, T.L.; Kidd, T.J.; Pessoa, J.S.; Álvarez, R.C.; Bengoechea, J.A. 2-Hydroxylation of *Acinetobacter baumannii* Lipid a Contributes To Virulence. *Infect. Immun.* 2019, 87, e00669-19. [CrossRef] [PubMed]

48. Repizo, G.D.; Gagné, S.; Foucault-Grunenwald, M.L.; Borges, V.; Charpentier, X.; Limansky, A.S.; Gomes, J.P.; Viale, A.M.; Hébert, L.; et al. Mathematical Models of the T6SS in *Acinetobacter baumannii*. *PLoS ONE* 2015, 10, e0138265. [CrossRef] [PubMed]

49. Weber, B.S.; Miyata, S.T.; Iwashkiw, J.A.; Mortensen, B.L.; Skaar, E.P.; Pukatzki, S.; Feldman, M.F. Genomic and Functional Analysis of the Type VI Secretion System in Acinetobacter. *PLoS ONE* 2013, 8, e55142. [CrossRef]

50. Gaddy, J.A.; Actis, L.A.; Arivett, B.A.; Mcconnell, M.J.; Rafael, L.R.; Pachón, J. Role of Acinetobactin-mediated iron acquisition functions in the interaction of *Acinetobacter baumannii* strain ATCC 19606T with human lung epithelial cells, *Galleria mellonella* caterpillars, and mice. *Infect. Immun.* 2012, 80, 1015–1024. [CrossRef]

51. Ramirez, M.S.; Penwell, W.F.; Traglia, G.M.; Zimbler, D.L.; Gaddy, J.A.; Nikolaidis, N.; Arivett, B.A.; Adams, M.D.; Bonomo, R.A.; Actis, L.A.; et al. Identification of Potential Virulence Factors in the Model Strain *Acinetobacter baumannii* A118. *Front. Microbiol.* 2019, 10, 1599. [CrossRef]
54. Fleming, I.D.; Krezalek, M.A.; Belogortseva, N.; Zaborin, A.; Defazio, J.; Chandrasekar, L.; Actis, L.A.; Zaborina, O.; Alverdy, J.C. Modeling Acinetobacter baumannii wound infections. J. Trauma Acute Care Surg. 2017, 82, 557–565. [CrossRef]

55. Zimbler, D.L.; Arivett, B.A.; Beckett, A.C.; Menke, S.M.; Actis, L.A. Functional features of TonB energy transduction systems of Acinetobacter baumannii. Infect. Immun. 2013, 81, 3832–3839. [CrossRef]

56. Zhou, H.; Larkin, P.M.K.; Huang, J.; Yao, Y.; Zhu, B.; Yang, Q.; Hua, X.; Zhou, J.; Yang, S.; Yu, Y. Discovery of a novel hypervirulent Acinetobacter baumannii strain in a case of community-acquired pneumonia. Infect. Drug Resist. 2020, 13, 1147–1153. [CrossRef]

57. Pérez-Varela, M.; Corral, J.; Aranda, J.; Barbé, J. Roles of efflux pumps from different superfamilies in the surface-associated motility and virulence of Acinetobacter baumannii ATCC 17978. Antimicrob. Agents Chemother. 2019, 63, e02190-18. [CrossRef]

58. König, P.; Averhoff, B.; Müller, V. K+ and its role in virulence of Acinetobacter baumannii. Int. J. Med. Microbiol. 2021, 311, 151516. [CrossRef] [PubMed]

59. Lopez, C.; Arivett, B.A.; Actis, L.A.; Tolmasky, M.E. Inhibition of AAC(6’)-Ib-mediated resistance to amikacin in Acinetobacter baumannii by an antisense peptide-conjugated 2’,4’-bridged nucleic acid-NC-DNA hybrid oligomer. Antimicrob. Agents Chemother. 2015, 59, 5798–5803. [CrossRef] [PubMed]

60. Gerson, S.; Betts, J.W.; Lucaßen, K.; Nodari, C.S.; Wille, J.; Josten, M.; Göttig, S.; Nowak, J.; Stefaniak, D.; Roca, I.; et al. Investigation of Novel pmrB and eptA Mutations in Isogenic Acinetobacter baumannii Strains Associated with Colistin Resistance and Increased Virulence In Vivo. Antimicrob. Agents Chemother. 2019, 63, e01586-18. [CrossRef] [PubMed]

61. Lopez-Martin, M.; Dubern, J.F.; Alexander, M.R.; Williams, P. Abam regulates quorum sensing, biofilm formation, and virulence in Acinetobacter baumannii. J. Bacteriol. 2021, 203, e00635-20. [CrossRef] [PubMed]

62. Wand, M.E.; Bock, L.J.; Turton, J.F.; Nugent, P.G.; Mark Sutton, J. Production and Expression of Potential Virulence Functions in the Opportunistic Pathogen Acinetobacter baumannii. J. Bacteriol. 2012, 194, 470–477. [CrossRef] [PubMed]

63. Skiebe, E.; de Berardinis, V.; Morczinek, P.; Kerrinnes, T.; Faber, F.; Lepka, D.; Hammer, B.; Zimmermann, O.; Ziesing, S.; Wichelhaus, T.A.; et al. Surface-associated motility, a common trait of clinical isolates of Acinetobacter baumannii, depends on 1,3-diaminopropane. Int. J. Med. Microbiol. 2012, 302, 117–128. [CrossRef]

64. Heindorf, M.; Kadar, M.; Heider, C.; Skiebe, E.; Wilham, G. Impact of Acinetobacter baumannii superoxide dismutase on motility, virulence, oxidative stress resistance and susceptibility to antibiotics. PLoS ONE 2014, 9, e101033. [CrossRef] [PubMed]

65. Malaka De Silva, P.; Chong, P.; Fernando, D.M.; Westmacott, G.; Kumara, A. Effect of incubation temperature on antibiotic resistance and virulence factors of Acinetobacter baumannii ATCC 17978. Antimicrob. Agents Chemother. 2018, 62, e01514-17. [CrossRef] [PubMed]

66. Nwugo, C.C.; Arivett, B.A.; Zimbler, D.L.; Gaddy, J.A.; Richards, A.M.; Actis, L.A. Effect of Ethanol on Differential Protein Expression and Production of Potential Virulence Functions in the Opportunistic Pathogen Acinetobacter baumannii. PLoS ONE 2012, 7, e51936. [CrossRef]

67. Tipton, K.A.; Dimitrova, D.; Rather, P.N. Phase-variable control of multiple phenotypes in Acinetobacter baumannii strain AB5075. J. Bacteriol. 2015, 197, 2593–2599. [CrossRef]

68. Tipton, K.A.; Rather, P.N. An ompRenvZ two-component system ortholog regulates phase variation, osmotic tolerance, motility, and virulence in Acinetobacter baumannii strain AB5075. J. Bacteriol. 2017, 199, e00705-16. [CrossRef]

69. Zeng, P.; Yi, L.; Xu, J.; Gao, W.; Xu, C.; Chen, S.; Chan, K.F.; Wong, K.Y. Investigation of antibiofilm activity, antibacterial activity, and mechanistic studies of an anti-mucoidic peptide against an antibiotic-resistant strain of Acinetobacter baumannii. Biochim. Biophys. Acta—Biomembr. 2021, 1863, 18360. [CrossRef]

70. Martínez-Guitián, M.; Vázquez-Ucha, J.C.; Álvarez-Fraga, L.; Conde-Pérez, K.; Bou, G.; Poza, M.; Beceiro, A. Antisense inhibition of lpxB gene expression in Acinetobacter baumannii by peptide-PNA conjugates and synergy with colistin. J. Antimicrob. Chemother. 2020, 75, 51–59. [CrossRef]

71. Weiss, C.; Zapata-Torres, C.; Drobniewski, F.; Zardavas, D.; Karg, J.; Dec, J. In vivo and in vitro activity of a novel antisense peptide nucleic acid compound against multidrug-resistant Acinetobacter baumannii. Antimicrob. Agents Chemother. 2019, 55, 3534–3537. [CrossRef] [PubMed]

72. Hornsey, M.; Phee, L.; Longshaw, C.; Wareham, D.W. In vivo efficacy of telavancin/colistin combination therapy in a Galleria mellonella model of Acinetobacter baumannii infection. Antimicrob. Agents Chemother. 2011, 55, 3534–3537. [CrossRef] [PubMed]

73. Hornsey, M.; Phee, L.; Longshaw, C.; Wareham, D.W. In vivo efficacy of telavancin/colistin combination therapy in a Galleria mellonella model of Acinetobacter baumannii infection. Int. J. Antimicrob. Agents 2013, 41, 285–287. [CrossRef]

74. Wei, W.; Yang, H.; Hu, L.; Ye, Y.; Li, J. Activity of levofloxacin in combination with colistin against Acinetobacter baumannii: In vitro and in a Galleria mellonella model. J. Microbiol. Immunol. Infect. 2017, 50, 821–830. [CrossRef]

75. Khalil, M.A.F.; Moawad, S.S.; Hefzy, E.M. In vivo activity of co-trimoxazole combined with colistin against Acinetobacter baumannii producing oxa-23 in a Galleria mellonella model. J. Med. Microbiol. 2019, 68, 52–59. [CrossRef]

76. Nishida, S.; Ono, Y. Comparative analysis of the pathogenicity between multidrug-resistant Acinetobacter baumannii clinical isolates: Isolation of highly pathogenic multidrug-resistant A. baumannii and experimental therapeutics with fourth-generation cephalosporin ceftazidime. Infect. Drug Resist. 2018, 11, 1715–1722. [CrossRef] [PubMed]

77. Grygorcewicz, B.; Roszak, M.; Golec, P.; Slezoda-taront, D.; Łubowska, N.; Górska, M.; Jursa-kulesza, J.; Rakoczy, R.; Wojcik, B.; Dolegowska, B. Antibiotics act with vb_abap_agc01 phase against Acinetobacter baumannii in human heat-inactivated plasma blood and Galleria mellonella models. Int. J. Mol. Sci. 2020, 21, 4390. [CrossRef]
78. Martin, S.E.; Melander, R.J.; Brackett, C.M.; Scott, A.J.; Chandler, C.E.; Nguyen, C.M.; Minrovic, B.M.; Harrill, S.E.; Ernst, R.K.; Manoil, C.; et al. Small Molecule Potentiation of Gram-Positive Selective Antibiotics against Acinetobacter baumannii. *ACS Infect. Dis.* 2019, 5, 1223–1230. [CrossRef]

79. O’Hara, J.A.; Ambe, L.A.; Casella, L.G.; Townsend, B.M.; Pelletier, M.R.; Ernst, R.K.; Shanks, R.M.Q.; Doi, Y. Activities of vancomycin-containing regimens against colistin-resistant *Acinetobacter baumannii* clinical strains. *Antimicrob. Agents Chemother.* 2015, 57, 2103–2108. [CrossRef] [PubMed]

80. Leshkasheli, L.; Kutateladze, M.; Balarajishvili, N.; Bolkadze, D.; Save, J.; Oechslin, F.; Que, Y-A.; Resch, G. Efficacy of newly isolated and highly potent bacteriophages in a mouse model of extensively drug-resistant *Acinetobacter baumannii* bacteraemia. *J. Glob. Antimicrob. Resist.* 2019, 19, 255–261. [CrossRef] [PubMed]

81. Tietgen, M.; Leukert, L.; Sommer, J.; Kramer, J.S.; Brusten, S.; Wittig, I.; Proschak, E.; Göttig, S. Characterization of the novel OXA-213-like β-lactamase OXA-822 from Acinetobacter calcoaceticus. *J. Antimicrob. Chemother.* 2021, 76, 626–634. [CrossRef] [PubMed]

82. Cruciani, G.M.; Martínez-Vázquez, M.; Belmont-Díaz, J.A.; Wood, T.K.; García-Contreras, R. Repurposing the anticancer drug mitomycin C for the treatment of persistent *Acinetobacter baumannii* infections. *Int. J. Antimicrob. Agents* 2017, 49, 88–92. [CrossRef] [PubMed]

83. Chung, J.H.; Bhat, A.; Kim, C.J.; Yong, D.; Ryu, C.M. Combination therapy with polymyxin B and netropsin against clinical isolates of multidrug-resistant *Acinetobacter baumannii*. *Sci. Rep.* 2016, 6, 28168. [CrossRef] [PubMed]

84. Idowu, T.; Ammeter, D.; Rossong, H.; Zhanel, G.G.; Schweizer, F. Homodimeric Tobramycin Adjuvant Repurposes Novobiocin as an Effective Antibacterial Agent against Gram-Negative Bacteria. *J. Med. Chem.* 2019, 62, 9103–9115. [CrossRef]

85. Jacobs, A.C.; Thompson, M.G.; Black, C.C.; Kessler, J.L.; Clark, L.P.; McQuary, C.N.; Gancz, H.Y.; Corey, B.W.; Moon, J.K.; Si, Y.; et al. AB5075, a highly virulent isolate of *Acinetobacter baumannii*, as a model strain for the evaluation of pathogenesis and antimicrobial treatments. *MBio* 2014, 5, e01076-14. [CrossRef] [PubMed]

86. Yang, H.; Chen, G.; Hu, L.; Liu, Y.; Cheng, J.; Li, H.; Ye, Y.; Li, J. In vivo activity of daptomycin/colistin combination therapy in a *Galleria mellonella* model of *Acinetobacter baumannii* infection. *Int. J. Antimicrob. Agents* 2015, 45, 188–191. [CrossRef]

87. Yang, H.; Lv, N.; Hu, L.; Liu, Y.; Cheng, J.; Ye, Y.; Li, J. In vivo activity of vancomycin combined with colistin against multidrug-resistant strains of *Acinetobacter baumannii* in a *Galleria mellonella* model. *Infect. Dis.* 2016, 48, 189–194. [CrossRef]

88. Zhou, W.; Feng, Y.; Zong, Z. Two new lytic bacteriophages of the Myoviridae family against carbapenem-resistant *Acinetobacter baumannii*. *Front. Microbiol.* 2018, 9, 850. [CrossRef]

89. Liu, Y.; Leung, S.S.Y.; Guo, Y.; Zhao, L.; Jiang, N.; Mi, L.; Li, P.; Wang, C.; Qin, Y.; Mi, Z.; et al. Corrigendum: The Capsule Depolymerase Dpo48 Rescues *Galleria mellonella* and Mice From *Acinetobacter baumannii* Systemic Infections. *Front. Microbiol.* 2019, 10, 545. [CrossRef]

90. Betts, J.W.; Hornsey, M.; Wareham, D.W.; La Ragione, R.M. In vitro and In vivo Activity of Theaflavin–Epicatechin Combinations versus Multidrug-Resistant *Acinetobacter baumannii*. *Infect. Dis. Ther.* 2017, 6, 435–442. [CrossRef]

91. Antunes, L.C.S.; Imperi, F.; Minandri, F.; Visca, P. In Vitro and In Vivo antimicrobial activities of gallium nitrate against multidrug-resistant *Acinetobacter baumannii*. *Antimicrob. Agents Chemother.* 2012, 56, 9561–9570. [CrossRef]

92. Arivett, B.A.; Fiester, S.E.; Ohneck, E.J.; Penwell, W.F.; Kaufman, C.M.; Relich, R.F.; Acts, I.A. Antimicrobial activity of gallium protoporphyrin IX against *Acinetobacter baumannii* in *Galleria mellonella* model. *Infect. Dis.* 2016, 48, 189–194. [CrossRef]

93. Güntzel, P.; Nagel, C.; Weigelt, J.; Betts, J.W.; Pattrick, C.A.; Southam, H.M.; La Ragione, R.M.; Poole, R.K.; Schatzschneider, U. Biological activity of manganese(i) tricarbonyl complexes on multidrug-resistant Gram-negative bacteria: From functional studies to: In vivo activity in *Galleria mellonella*. *Metallomics* 2019, 11, 2033–2042. [CrossRef] [PubMed]

94. Martin, J.K.; Wilson, M.Z.; Moore, G.M.; Sheehan, J.P.; Mateus, A.; Li, S.H.J.; Bratton, B.P.; Kim, H.; Rabiniowitz, J.D.; Tynas, A.; et al. A dual-mechanism antibiotic targets Gram-negative bacteria and avoids drug resistance phenotypes. *Antimicrob. Agents Chemother.* 2015, 59, 7657–7665. [CrossRef]

95. Mannix-Fisher, E.; McLean, S. The antimicrobial activity of silver acetate against *Acinetobacter baumannii* in a *Galleria mellonella* infection model. *PeerJ* 2021, 9, e11196. [CrossRef] [PubMed]

96. Blasco, L.; Ambroa, A.; Trastoy, R.; Berriot, I.; Moscoso, M.; Fernández-Garcia, L.; Perez-Nadales, E.; Fernández-Cuenca, F.; Torre-Cisneros, J.; Oteo-Iglesias, J.; et al. In vitro and in vivo efficacy of combinations of colistin and different endolysins against clinical strains of multi-drug resistant pathogens. *Sci. Rep.* 2020, 10, 7163. [CrossRef]

97. Scully, L.R.; Bidochka, M.J. Serial passage of the opportunistic pathogen Aspergillus flavus through an insect host yields decreased saproic capacity. *Can. J. Microbiol.* 2005, 51, 185–189. [CrossRef]

98. Fedhila, S.; Buissou, C.; Dussurget, O.; Serror, P.; Glomski, I.J.; Liehl, P.; Lereclus, D.; Nielsen-LeRoux, C. Comparative analysis of the virulence of invertebrate and mammalian bacterial strains in the oral infection model *Galleria mellonella*. *J. Invertebr. Pathol.* 2010, 103, 24–29. [CrossRef]

99. Ramara, N.; Nielsen-Leroux, C.; Lereclus, D. The insect *Galleria mellonella* as a powerful infection model to investigate bacterial pathogenesis. *J. Vis. Exp.* 2012, 70, 4392. [CrossRef] [PubMed]

100. Kumar Goel, M.; Khanna, P.; Kishore, J. Understanding survival analysis: Kaplan-Meier estimate. *Int. J. Ayurveda Res.* 2010, 1, 274–278.

101. Wolf, D.M.; Vazirani, V.V.; Arkin, A.P. A microbial modified prisoner’s dilemma game: How frequency-dependent selection can lead to random phase variation. *J. Theor. Biol.* 2005, 234, 255–262. [CrossRef] [PubMed]
130. Paul, M.; Daikos, G.L.; Durante-Mangoni, E.; Yahav, D.; Carmeli, Y.; Benattar, Y.D.; Skiada, A.; Andini, R.; Eliakim-Raz, N.; Nutman, A.; et al. Colistin alone versus colistin plus meropenem for treatment of severe infections caused by carbapenem-resistant Gram-negative bacteria: An open-label, randomised controlled trial. *Lancet Infect. Dis.* 2018, 18, 391–400. [CrossRef]

131. Coates, A.R.M.; Hu, Y.; Holt, J.; Yeh, P. Antibiotic combination therapy against resistant bacterial infections: Synergy, rejuvenation and resistance reduction. *Expert Rev. Anti. Infect. Ther.* 2020, 18, 5–15. [CrossRef] [PubMed]

132. Qureshi, Z.A.; Hittle, L.E.; O’Hara, J.A.; Rivera, J.I.; Syed, A.; Shields, R.K.; Doi, Y. Colistin-resistant *Acinetobacter baumannii*: Beyond carbapenem resistance. *Clin. Infect. Dis.* 2015, 60, 1295–1303. [CrossRef]

133. Wang, J.; Niu, H.; Wang, R.; Cai, Y. Safety and efficacy of colistin alone or in combination in adults with *Acinetobacter baumannii* infection: A systematic review and meta-analysis. *Int. J. Antimicrob. Agents* 2019, 53, 383–400. [CrossRef] [PubMed]

134. Borysowski, J.; Górski, A. Is phage therapy acceptable in the immunocompromised host? *Int. J. Infect. Dis.* 2008, 12, 466–471. [CrossRef]

135. Nikolich, M.P.; Filippov, A.A. Bacteriophage therapy: Developments and directions. *Antibiotics* 2020, 9, 135. [CrossRef] [PubMed]

136. LaVergne, S.; Hamilton, T.; Biswas, B.; Kumaraswamy, M.; Schooley, R.T.; Wooten, D. Phage Therapy for a Multidrug-Resistant *Acinetobacter baumannii* Cranectomy Site Infection. *Open Forum Infect. Dis.* 2018, 5, ofy064. [CrossRef]

137. Schooley, R.T.; Biswas, B.; Gill, J.J.; Hernandez-Morales, A.; Lancaster, J.; Lessor, L.; Barr, J.J.; Reed, S.L.; Rohwer, F.; Benler, S.; et al. Development and use of personalized bacteriophage-based therapeutic cocktails to treat a patient with a disseminated resistant *Acinetobacter baumannii* infection. *Antimicrob. Agents Chemother.* 2017, 61, e00954-17. [CrossRef]

138. Lange, A.; Beier, S.; Huson, D.H.; Parusel, R.; Iglauer, F.; Frick, J.S. Genome sequence of *Galleria mellonella* (greater wax moth). *Genome Announc.* 2018, 6, e01220-17. [CrossRef]