

6D PRINTING: A FRONTIER IN SMART DELIVERY OF VACCINES AND BIOLOGIC THERAPEUTICS

Ankit Agrawal^{1*}, Sourabh D. Jain¹, Anees Ghosi¹, Suresh Dangi¹, Azaruddin Shaikh²,
Arun K. Gupta¹

¹Chameli Devi Institute of Pharmacy, Indore (M.P.).

²BM College of Pharmaceutical Education and Research, Indore (M.P.).

Article Received on
23 July 2025,

Revised on 12 August 2025,
Accepted on 01 Sept. 2025

DOI: 10.20959/wjpr202518-38272



*Corresponding Author

Ankit Agrawal

Chameli Devi Institute of
Pharmacy, Indore (M.P.).

ABSTRACT

6D printing represents a significant advancement beyond 3D and 4D printing technologies, offering innovative solutions for precise drug delivery—particularly for complex therapeutics such as vaccines, biologics, and large molecules. This emerging technology integrates shape-changing materials (4D), time-responsive functionalities (5D), and the ability to dynamically respond to environmental stimuli (6D). These smart, responsive materials enable real-time interaction with the body, allowing for targeted and controlled drug release at specific sites. This approach not only enhances treatment efficacy but also minimizes potential side effects. This study explores the application of 6D printing in developing next-generation drug delivery systems, with a particular emphasis on controlled and site-specific release of large

biomolecules. Special focus is placed on its potential for vaccine delivery—including mRNA and protein-based platforms—supporting both personalized medicine and rapid response to infectious disease outbreaks. Key challenges addressed include the selection of appropriate biocompatible materials, ensuring patient safety, regulatory considerations, and the scalability of manufacturing processes. By integrating advances in nanotechnology, materials science, and biomedical engineering, 6D printing holds transformative potential for the delivery of complex therapeutics within the human body.

KEYWORDS: Emerging Technology, Biomolecules, Protein-Based Formulations.

INTRODUCTION

Biologics have rapidly evolved into a transformative class of therapeutics, gaining significant traction over the past decade. While early biologic products were primarily insulin-based, the field has expanded dramatically to include a broad spectrum of proteins and peptides. These are now actively explored in academic research, as well as in the biotechnology and pharmaceutical industries. Among the most impactful are antibodies—particularly human monoclonal antibodies—which have emerged as a dominant form of targeted therapy.

In addition to antibodies, other biologics such as small interfering RNA (siRNA), cytokines, enzymes, and peptide-based drugs are gaining increasing attention for their therapeutic potential. This growth has been fueled by a rising number of druggable targets, advancements in protein engineering, and deeper understanding of biologics' pharmacokinetic properties. As a result, both the number of marketed biologic products and those in late-stage clinical development have surged.

Despite the sophisticated science behind their design and production, most biologics are still delivered via traditional parenteral routes, which pose significant limitations—especially for chronic conditions requiring long-term treatment.

Protein-based therapeutics offer several compelling advantages:

- High target specificity
- Complex and selective biological activity
- Minimal interference with normal physiological functions
- Low immunogenicity
- Potential alternatives to gene therapy

From a commercial perspective, biologics also benefit from shorter development timelines, faster regulatory approvals, and stronger intellectual property protection than traditional small-molecule drugs.

Currently, approximately 200 therapeutic proteins are available on the global market, yet only about 10% have been intentionally engineered for optimized pharmacokinetics. Monoclonal antibodies alone account for over 20 FDA- and EMA-approved drugs and represent the fastest-growing segment in targeted therapies—trending toward continued expansion.

With many biologics approaching patent expiration, pharmaceutical companies are actively investing in next-generation products and innovative formulations to extend market exclusivity. This has spurred advances in both molecule design and drug delivery systems. New delivery technologies—such as needle-free injectors, nanoparticles, and smart nanomaterials—are enabling more effective administration of biologics and aligning with the growing emphasis on personalized medicine.

One of the most persistent challenges in the field is the effective delivery of siRNA. While siRNA therapies have shown strong potential *in vitro*, they often underperform *in vivo* due to barriers in targeted and intracellular delivery. To address this, advanced delivery strategies are essential—not only to improve therapeutic efficacy but also to reduce off-target effects and immune responses.

The success of any biologic therapy depends heavily on precise and efficient delivery to its intended site of action. However, the inherent complexity of protein and peptide therapeutics creates unique formulation and development hurdles. Conventional strategies used for small-molecule drugs are often insufficient and must be significantly adapted for biologics. Furthermore, nonclinical safety assessment of biologics presents distinct challenges, requiring tailored approaches to ensure successful progression from preclinical studies to clinical application.

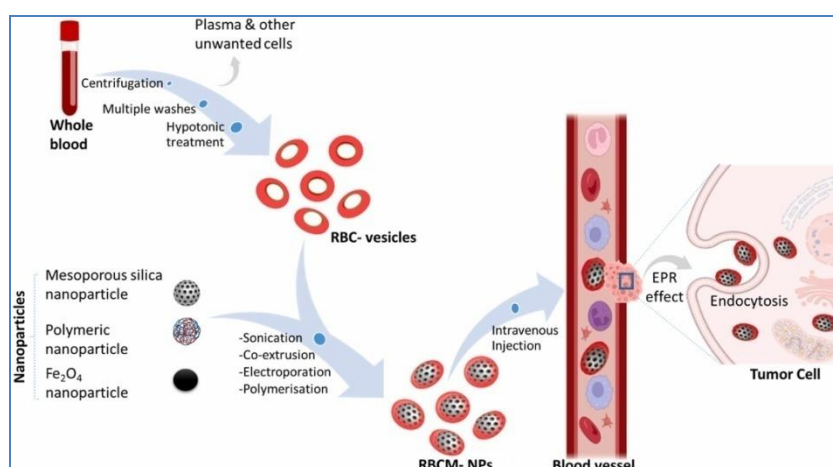


Figure 01: Biologic Therapeutics and Advanced Delivery Systems.

Unlike traditional small-molecule drugs (like aspirin), biologics are typically large, complex molecules such as:

- Monoclonal antibodies

- Recombinant proteins
- Gene therapies
- Vaccines
- Cell-based therapies (e.g., CAR-T cells)

Key Characteristics

- Produced via biotechnology (e.g., recombinant DNA)
- High molecular weight and structural complexity
- Sensitive to environmental conditions
- Require special storage and handling (e.g., refrigeration)

Table 01: Common Types of Biologic Therapies.

Type	Description	Examples
Monoclonal antibodies (mAbs)	Target specific proteins	Rituximab, Adalimumab
Recombinant proteins	Replace deficient proteins	Insulin, Erythropoietin
Gene therapies	Deliver genetic material to cells	Luxturna, Zolgensma
Cell therapies	Use living cells to treat disease	CAR-T cells, Stem cells
Vaccines	Stimulate immune response	mRNA COVID-19 vaccines

Printing technologies have undergone a remarkable transformation—from traditional 2D printing on paper to advanced additive manufacturing that creates physical objects. The evolution began with 3D printing, which builds items layer by layer in three dimensions. This was followed by 4D printing, which adds the dimension of time, enabling printed objects to change shape or function in response to external stimuli such as heat, light, or moisture. The development of 5D printing introduced five-axis movement, often using robotic arms, allowing for the creation of more complex geometries with enhanced strength and structural integrity. Pushing the boundaries further, 6D printing merges the multidirectional precision of 5D printing with smart materials. The result is dynamic, adaptive structures capable of changing over time—offering greater durability, improved performance, and more efficient use of materials.

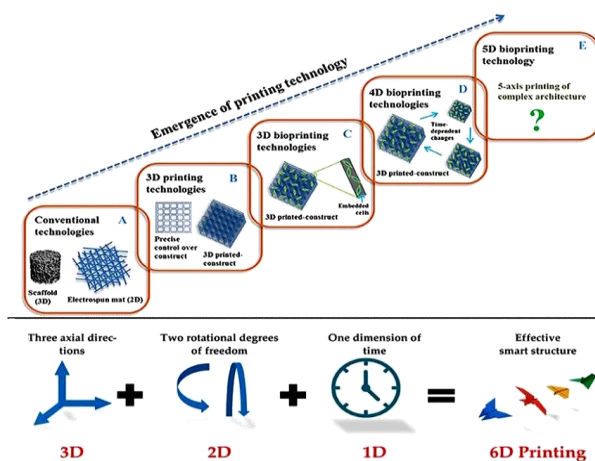


Figure 02: Evolution from 3D to 6D printing.

1. 3D Printing: The Foundation

3D printing, or additive manufacturing, is the process of creating three-dimensional objects from a digital model by laying down successive layers of material.

Applications

- Rapid prototyping
- Medical implants
- Aerospace components
- Consumer products

2. 4D Printing: Adding Time as a Dimension

4D printing involves 3D-printed objects that can change shape or function over time when exposed to external stimuli such as heat, water, light, or pressure.

Industries Using 4D Printing

- Aerospace
- Healthcare
- Fashion
- Architecture

3. 5D Printing: Enhanced Strength through Angled Printing

5D printing expands on 3D by using five axes (3 translational + 2 rotational), allowing curved layers and multidirectional material deposition, resulting in stronger, more resilient structures.

Applications

- Aerospace parts under high stress
- Complex geometries in automotive
- Advanced tooling

4. 6D Printing: Theoretical and Emerging Concepts

6D printing is not yet standardized but generally refers to combining the capabilities of 4D and 5D printing—producing objects that:

- Are built with multidirectional layering (5D)
- Can adapt or transform after printing (4D)

Emerging Applications

- Military: Self-repairing drones or weapons
- Space: Structures that assemble or repair themselves
- Medical: Implants that adjust to the body over time

Table 02: Evolution from 3D to 6D printing.

Feature	3D Printing	4D Printing	5D Printing	6D Printing (Conceptual)
Dimensions	3 (x, y, z)	3D + Time (Stimuli)	5 Axes (Curved layers)	5D + Smart Transformation
Materials	Static	Smart materials	Conventional	Smart + Responsive materials
Motion System	Cartesian	Cartesian	Multiaxial (5-DOF)	Multiaxial + Adaptive
Functionality	Static parts	Shape-changing	Stronger static parts	Shape-changing + strong
Maturity Level	Established	Emerging	Emerging	Conceptual/Early-stage

Macromolecules are large, complex molecules typically formed by the polymerization of smaller subunits (monomers). They are essential to life and perform a wide range of biological functions.

1. Proteins

Proteins are polymers of amino acids linked by peptide bonds. They fold into specific three-dimensional structures that determine their function.

Functions

- Enzymes (e.g., catalase)
- Structural (e.g., collagen)
- Transport (e.g., hemoglobin)
- Signaling (e.g., insulin)

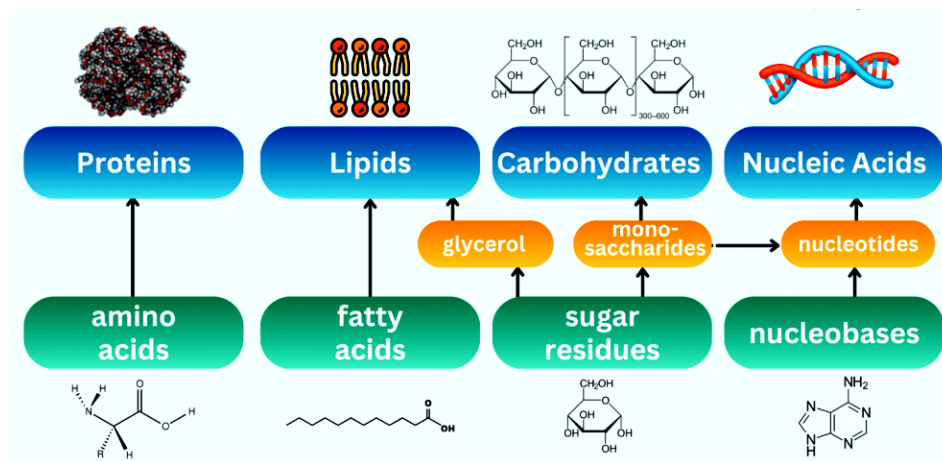


Figure 03: Various Macromolecules.

2. Peptides

Peptides are short chains of amino acids, typically fewer than 50 residues. Longer chains are usually classified as proteins.

Functions

- Hormones (e.g., oxytocin)
- Neurotransmitters
- Antibiotics (e.g., gramicidin)

3. Nucleic Acids

Nucleic acids are polymers that store and transfer genetic information.

Types

- **DNA** (Deoxyribonucleic acid) – double-stranded, stores genetic info
- **RNA** (Ribonucleic acid) – single-stranded, involved in protein synthesis and regulation

Functions

- Genetic information storage (DNA)
- Gene expression and regulation (RNA)

- Catalysis (ribozymes)

4. Polysaccharides

Polysaccharides are complex carbohydrates made of long chains of monosaccharide units.

Types

- **Storage:** Starch (plants), Glycogen (animals)
- **Structural:** Cellulose (plants), Chitin (fungi, exoskeletons)

Functions

- Energy storage
- Structural support
- Cell recognition and signaling (e.g., glycoproteins)

Delivering biologic drugs—like proteins, peptides, antibodies, and nucleic acids—presents distinct challenges stemming from their large size, complex structures, and vulnerability to environmental factors. Among the most critical obstacles in biologic drug delivery are maintaining stability, achieving precise targeting, and ensuring controlled release.

1. Stability

- **Chemical and physical instability:** Biologics are prone to degradation via proteolysis, demidation, oxidation, aggregation, and denaturation during manufacturing, storage, and after administration.
- **Harsh biological environments:** The gastrointestinal tract, with its low pH and digestive enzymes, rapidly degrades many biologics, making oral delivery particularly challenging.
- **Temperature sensitivity:** Most biologics require cold chain storage (2–8°C) to maintain potency and avoid aggregation or loss of function.

Strategies to Improve Stability

- **Formulation approaches:** Use of stabilizers, cryoprotectants, and lyophilization (freeze-drying).
- **Encapsulation:** Nanoparticles, liposomes, or hydrogels can protect biologics from degradation.
- **PEGylation:** Covalent attachment of polyethylene glycol (PEG) to proteins can enhance solubility and reduce immunogenicity and enzymatic degradation.

- Protein engineering: Modifying amino acid sequences to enhance folding and stability without reducing activity.

2. Targeting

- Off-target effects: Systemic delivery can lead to unintended effects in non-target tissues.
- Rapid clearance: Biologics can be quickly cleared by the kidneys (if small) or by uptake in the liver and spleen (if large or opsonized).
- Immune recognition: The immune system may neutralize or eliminate foreign biologics.

Targeting Strategies

- Ligand-based targeting: Conjugating targeting ligands (e.g., antibodies, peptides, aptamers) to delivery systems or biologics to bind specific receptors on target cells (e.g., cancer cells, hepatocytes).
- Passive targeting: Utilizing biological phenomena like the enhanced permeability and retention (EPR) effect for tumors.
- Cell-penetrating peptides (CPPs): Enhance uptake into specific cell types.
- Nanocarriers with surface modification: PEGylation or specific ligands to avoid immune detection and direct drugs to target sites.

3. Controlled Release

- Short half-life: Many biologics have short systemic half-lives, requiring frequent dosing.
- Burst release: Uncontrolled release from delivery systems can cause toxicity or reduced efficacy.
- Lack of temporal control: Some therapies require specific timing or sustained delivery.

Controlled Release Strategies

- Biodegradable polymers: Polymers like PLGA (poly (lactic-co-glycolic acid)) allow for sustained release over days to months.
- Stimuli-responsive systems: Delivery triggered by pH, temperature, enzymes, or redox conditions in specific tissues (e.g., tumor microenvironments).
- Depot formulations: Injectable gels or microspheres that slowly release biologics at the site of injection.
- Implantable devices: Micro- or nano-scale devices that can be tuned for on-demand or pulsatile release.

6D printing is an emerging and forward-looking concept that advances beyond 4D and 5D printing technologies. It integrates multi-axis additive manufacturing—enabling movement and construction along five axes—with the use of smart, programmable materials that can transform over time in response to external stimuli, a hallmark of 4D printing. The sixth "dimension" introduces capabilities such as self-repair, dynamic adaptation, or AI-driven responsiveness, pushing the boundaries of what additive manufacturing can achieve. This makes 6D printing especially promising for complex biomedical applications that demand high precision, adaptability, and multifunctionality.

Table 03: Comparison from 3D to 6D.

Type of Printing	Description	Dimension Added
3D Printing	Static, layer-by-layer fabrication	X, Y, Z spatial dimensions
4D Printing	Adds time as a dimension; objects change shape over time	Smart materials respond to stimuli
5D Printing	Enhanced toolpath using curved layers	Better mechanical properties
6D Printing	Combines 4D features with full 6-axis motion	Enables complex, adaptive, and kinetic systems

Theoretical Foundations of 6D Printing

- a. Smart Materials and Stimuli-Responsiveness
- b. Six Degrees of Freedom in Motion
- c. Computational Design and Simulation
- d. Biofabrication and Biocompatibility

6D Printing in Biomedical Applications

1. Self-Healing Implants

- Implants (like bone plates or dental implants) that can autonomously repair micro-cracks or degradation.
- Smart materials respond to stress or damage, activating a healing process over time without external intervention.

2. Dynamic Tissue Scaffolds for Regenerative Medicine

- Biocompatible structures that can change shape, stiffness, or porosity as tissue grows.
- The scaffold adapts dynamically to tissue regeneration stages, possibly using embedded sensors and AI-driven feedback.

3. Adaptive Prosthetics

- Prosthetic limbs or devices that adjust to the user are changing gait, muscle use, or even emotional state.
- Combines shape-morphing materials with real-time biomechanical data for custom, evolving functionality.

4. Smart Drug Delivery Systems

- Devices that deliver drugs at controlled rates and can alter their behavior based on body feedback (e.g., temperature, pH).
- Materials respond intelligently to biological cues and adjust release rates or reconfigure shape.

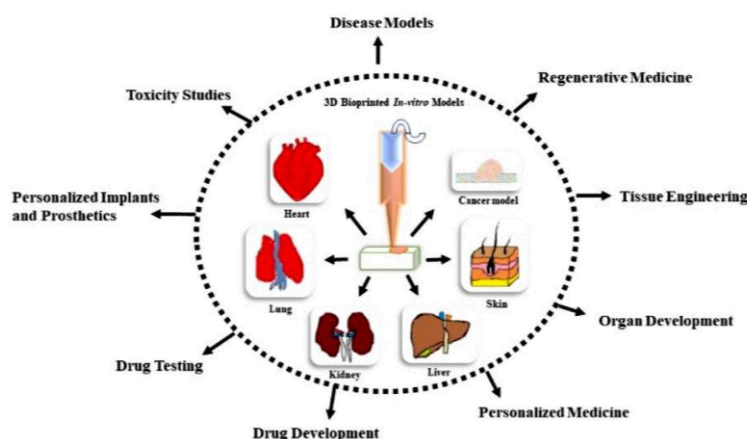


Figure 04: 3D Printing in Biomedical Applications.

5. Bio-Responsive Stents and Vascular Implants

- Stents that adapt their shape or rigidity in response to vascular conditions (e.g., pressure, flow).
- Can expand, contract, or even dissolve automatically when no longer needed.

6. Customized Organ Models for Surgery and Training

- Organ models that mimic not just the shape but the behavior of real tissue under stress or time.
- Incorporates time-evolving behavior and biomechanical realism for surgical simulations or planning.

7. Responsive Skin Grafts and Wound Dressings

- Skin substitutes that change structure or release medications in response to the healing process.
- Adapts in real time to the wound environment, speeding up recovery and reducing infection risks.

8. Neural Interface Devices

- Interfaces for brain-computer interaction or spinal repair that adapt to neural growth or activity.
- Flexible, self-adjusting materials maintain contact with dynamic neural tissue.

9. Biorobotics and Biohybrid Devices

- Devices or soft robots partially made from biological tissues for rehabilitation or surgery.
- Integrates biological feedback to adjust movements, responses, or even grow new functional parts.

Table 04: Role of 6D Printing.

S. No.	Application	Role of 6D Printing
1.	Self-healing implants	Auto-repair via responsive materials
2.	Tissue scaffolds	Dynamic adaptation to tissue growth
3.	Adaptive prosthetics	Shape and function change via smart sensing
4.	Drug delivery systems	Controlled, environment-sensitive release
5.	Smart stents	Morphing with blood flow/pressure
6.	Surgical models	Time-responsive and stress-adaptive tissues
7.	Wound dressings	Responsive material for better healing
8.	Neural interfaces	Flexible, bio-adaptive electronics
9.	Biohybrid devices	Integration with living systems and robotics

CONCLUSION

6D printing represents a transformative leap in the field of biomedical engineering, merging the spatial complexity of 3D printing with the dynamic responsiveness of time (4D) and the intelligent integration of data and feedback systems (5D and 6D). In the context of vaccine and biologic therapeutic delivery, this technology offers unprecedented control over formulation, release kinetics, targeted delivery, and patient-specific customization. By enabling structures that can adapt in real-time to environmental or physiological cues, 6D printing paves the way for next-generation drug delivery systems that are not only more effective but also more precise, safer, and tailored to individual needs.

While the technology is still in its early stages, ongoing advances in materials science, bioinformatics, and nanotechnology are rapidly closing the gap between concept and clinical application. As interdisciplinary collaborations continue to expand, 6D printing holds the promise of revolutionizing how we design, manufacture, and administer vaccines and biologic therapies—marking a pivotal shift toward truly intelligent, responsive, and personalized medicine.

REFERENCES

1. S. Giberti, S. Dutta, S. Corni, M. Frascioni and G. Brancolini, *Nanoscale*, 2025; 17: 4389–4399.
2. J. Zhang, X. Zhang, Y. Zhang, X. Yang, L. Guo, C. Man, Y. Jiang, W. Zhang and X. Zhang, *npj Sci. Food*, 2025; 9: 84.
3. M. S. Rashed, E. A. Abdelkarim, T. Elsamahy, M. Sobhy, H. S. El-Mesery and A. Salem, *Food Chem.: X*, 2025; 26: 102336.
4. Z. Zhou, D. Tian, Y. Yang, H. Cui, Y. Li, S. Ren, T. Han and Z. Gao, *Curr. Res. Food Sci.*, 2024; 8: 100679.
5. S. Y. Ow, L. Sutarlie, S. W. Y. Lim, N. A. B. M. Salleh, Y. Tanaka, C. K. I. Tan and X. Su, *TrAC, Trends Anal. Chem.*, 2024; trac.2024.117630.
6. H. Khan, Z. Jan, I. Ullah, A. Alwabli, F. Alharbi, S. Habib, M. Islam, B. J. Shin, M. Y. Lee and J. K. Koo, *Nanotechnol. Rev.*, 2024; 13: 20240056.
7. M. Arvin, *Encyclopedia of Food Safety*, Elsevier, 2024; 2: 218–226.
8. N. Olaimat, A. O. Taybeh, A. Al-Nabulsi, M. Al-Holy, M. M. Hatmal, J. Alzyoud, I. Aolymat, M. H. Abughoush, H. Shahbaz, A. Alzyoud, T. Osaili, M. Ayyash, K. M. Coombs and R. Holley, *Life*, 2024; 14: 190.
9. W. A. A. Rosero, A. B. Barbezan, C. D. de Souza and M. E. C. M. Rostelato, *Pharmaceutics*, 2024; 16: 255.
10. L. Singh and V. S. Sharanagat, *Nutr. Food Sci.*, 2024; 54: 207–237.
11. W. W. Hsiao, G. Fadhilah, C. C. Lee, R. Endo, Y. J. Lin, S. Angela, C. C. Ku, H. C. Chang and W. H. Chiang, *Talanta*, 2023; 265: 124892.
12. W. W. Hsiao, G. Fadhilah, C. C. Lee, R. Endo, Y. J. Lin, S. Angela, C. C. Ku, H. C. Chang and W. H. Chiang, *Talanta*, 2023; 265: 124892.
13. M. A. Elaguech, Y. Yin, Y. Wang, B. Shao, C. Tlili and D. Wang, *Sens. Diagn.*, 2023; 2: 1612–1622.

14. S. Yang, C. Miao, W. Liu, G. Zhang, J. Shao and H. Chang, *Front. Microbiol.*, 2023; 14: 1043129, DOI: 10.3389/fmicb.2023.1043129.
15. V. Ayerdurai, M. Cieplak and W. Kutner, *TrAC, Trends Anal. Chem.*, 2023; 158: 116830.
16. P. Ray, R. Chakraborty, O. Banik, E. Banoth and P. Kumar, *ACS Omega*, 2023; 8: 3606–3629
17. Y. X. Leong, E. X. Tan, S. X. Leong, C. S. L. Koh, L. B. T. Nguyen, J. R. T. Chen, K. Xia and X. Y. Ling, *ACS Nano*, 2022; 16: 13279–13293.
18. C. Zhang, M. Guo, J. Dong, L. Liu, X. Zhou and J. Wu, *Viruses*, 2023; 15: 1607.
19. R. Lei, R. Kuang, X. Peng, Z. Jiao, Z. Zhao, H. Cong, Z. Fan and Y. Zhang, *Front. Plant Sci.*, 2023; 14: 1088544.
20. K. Ketabi, H. Soleimanjahi, A. Teimoori, B. Hatamluyi, M. Rezayi and Z. Meshkat, *Microchim. Acta*, 2023; 190: 293.
21. S. Biswas, Y. D. Devi, D. Sarma, D. Hatiboruah, N. Chamuah, N. D. Namsa and P. Nath, *Spectrochim. Acta, Part A*, 2023; 295: 122610.
22. C. Aira, A. Monedero, S. Hernández-Antón, J. Martínez Cano, A. Camuñas, N. Casado, R. Nieto, C. Gallardo, M. García-Durán, P. Rueda and A. Fresco-Taboada, *Pathogens*, 2023; pathogens12060811. 12, 811.
23. H. Lee, S. Lee, C. Park, M. Yeom, J. W. Lim, T. T. H. Vu, E. Kim, D. Song and S. Haam, *Small*, 2023; 19: 2207117.
24. S. Biswas, Y. D. Devi, D. Sarma, N. D. Namsa and P. Nath, *J. Biophotonics*, 2022; 15: e202200138.
25. Alzahrani, T. Alsulami, A. M. Salamatullah and S. R. Ahmed, *J. Biol. Eng.*, 2023; 17: 33.
26. W. Li, F. Xiao, X. Bai and H. Xu, *Chem. Eng. J.*, 2023; 465: 142816.
27. X. Yu, T. Zhong, Y. Zhang, X. Zhao, Y. Xiao, L. Wang, X. Liu and X. Zhang, *J. Agric. Food Chem.*, 2022; 70: 46–62.
28. Y. Zheng, X. Song, Z. Fredj, S. Bian and M. Sawan, *Anal. Chim. Acta*, 2023; 1244: 340860.
29. S. Chung, N. J. Lee, S. H. Woo, J. M. Kim, H. M. Kim, H. J. Jo, Y. E. Park and M. G. Han, *Sci. Rep.*, 2021; 11: 14817.
30. M. EshaghiGorji, M. T.H. Tan, M. Y. ZhaoandD. Li, *Pathogens*, 2021; 10: 846.
31. F. Nasrin, I. M. Khoris, A. D. Chowdhury, J. Boonyakida and E. Y. Park, *Sens. Actuators, B*, 2022; 369: 132390.

32. J. W. Kim, K. W. Park, M. Kim, K. K. Lee and C. S. Lee, *Nanomaterials*, 2022; nano12020264.
33. X. Wang, Y. Luo, K. Huang and N. Cheng, *Adv. Agrochem*, 2022; 3–6.
34. T. Yang, Z. Luo, T. Bewal, L. Li, Y. Xu, S. M. Jafari and X. Lin, *Food Chem.*, 2022; 394: 133534
35. T. Chanchaidechachai, H. Saatkamp, C. Inchaisri and H. Hogeveen, *Front. Vet. Sci.*, 2022; 9: 904630.
36. R. M. Thangavelu, N. Kadirvel, P. Balasubramaniam and R. Viswanathan, *Sci. Rep.*, 2022; 12: 4144.
37. S. Mukherjee, P. Strakova, L. Richtera, V. Adam and A. Ashrafi, *Advanced Biosensors for Virus Detection: Smart Diagnostics to Combat SARS-CoV-2*, Elsevier, 2022; 391–405.
38. R. A. Farahat, S. H. Khan, A. A. Rabaan and J. A. Al-Tawfiq, *New Microbes New Infect.* 2023; 53: 101122.
39. N. Ibrahim, N. D. Jamaluddin, L. L. Tan and N. Y. M. Yusof, *Sensors*, 2021; 21: 5114.
40. W. Wang, Y. You and S. Gunasekaran, *Compr. Rev. Food Sci. Food Saf.*, 2021; 20: 5829–5855.
41. R. Peltomaa, E. Benito-Peña, H. H. Gorris and M. C. Moreno-Bondi, *Analyst*, 2021; 146: 13–32.
42. J. Fanzo, A. L. Bellows, M. L. Spiker, A. L. Thorne-Lyman and M. W. Bloem, *Am. J. Clin. Nutr.*, 2021; 113: 7–16.
43. N. Naseri, J. Harlow, A. Chen, N. Corneau and S. Bidawid, *Food Environ. Virol.*, 2021; 13: 107–116.
44. G. Di Cola, A. C. Fantilli, M. B. Pisano and V. E. Ré, *Int. J. Food Microbiol.*, 2021; 338: 108986.
45. FAIRR, Industry Reinfect: Avian Flu, <https://www.fairr.org/resources/reports/industry-reinfected-avian-flu>.
46. WHO, Daily-adjusted life years (DALYs), The Global Health Observatory, <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158>.
47. A. Bosch, E. Gkogka, F. S. Le Guyader, F. Loisy-Hamon, A. Lee, L. van Lieshout, B. Marthi, M. Myrmel, A. Sansom, A. C. Schultz, A. Winkler, S. Zuber and T. Phister, *Int. J. Food Microbiol.*, 2018; 285: 110–128.
48. C. Hennechart-Collette, O. Dehan, M. Laurentie, A. Fraisse, S. Martin-Latil and S. Perelle, *Int. J. Food Microbiol.*, 2021; 337: ijfoodmicro.2020.108931. 108931.

49. Z. Wang, W. Yu, R. Xie, S. Yang and A. Chen, *Anal. Bioanal. Chem.*, 2021; 413: 4665–4672.
50. G. Lu, Z. Wang, F. Xu, Y. B. Pan, M. P. Grisham and L. Xu, *Microorganisms*, 2021; *microorganisms*9091984. 9: 1984.