

MOLECULAR CHARACTERIZATION OF BETA-LACTAM RESISTANT PATHOGENS ISOLATED FROM URINARY INFECTIONS IN LEBANON AND JORDAN: AN EVALUATION OF SMART DATA 2010-2014.

Aline Hajj^{1,2}, Wail Hayajneh³, André Adaimé^{1,4}, Tarek Itani^{1,4}, Noha Hakimé⁵, May Mallah⁴, Reema Alsamarneh⁶, Abeer Abdallah⁷, Robert Badal⁸, Dolla Karam Sarkis^{1,4}.

¹Faculty of Pharmacy, Saint Joseph University, Beirut- Lebanon.

²Laboratoire de Pharmacologie, Pharmacie Clinique et Contrôle de Qualité des Médicaments, Saint-Joseph University, Beirut, Lebanon.

³Faculty of Medicine, Jordan University of Science and Technology, Irbid, Jordan.

⁴Laboratoire Rodolphe Mérieux, Saint-Joseph University, Beirut, Lebanon.

⁵Department of Clinical Laboratory, Saint George Hospital, University Medical Center, Beirut, Lebanon.

⁶Laboratory Department, King Abdullah University Hospital, Irbid, Jordan.

⁷Merck Sharp & Dhome Idea Inc, MSD.

⁸International Health Management Associates, Inc.



INTRODUCTION

The Study for Monitoring Antimicrobial Resistance Trends (SMART) has been following trends in resistance among gram-negative bacilli (GNB) since 2002. GNB resistance has been on the rise as shown by reports since then with a consistently increasing number of carbapenemases.

OBJECTIVE

This report summarizes the detection and molecular characterization of broad spectrum beta-lactamases in clinical isolates from GNB causing urinary tract infections (UTI) in Lebanon and Jordan. Five centers from Lebanon and Jordan participated during a 5 year period (from January 2010 to December 2014).

MATERIALS AND METHODS

733 isolates from UTI were collected from five participating centers in Lebanon (n=2) and Jordan (n=3). The prevalence of the isolated GNB from 2010 to 2014 as well as the prevalence of broad-spectrum beta-lactamases was assessed. Extended spectrum beta-lactamases (ESBLs) and carbapenemases were characterized using the Check-Points microarray (Check-Points B.V., Wageningen, The Netherlands), followed by PCR and sequencing. We characterized all *Enterobacteriaceae* that were non-susceptible to ertapenem (using CLSI breakpoints), and 50% (due to cost constraints) of the isolates that were phenotypically ESBL+ but ertapenem susceptible. Therefore, 159 isolates were candidates for molecular characterization. Three major groups of broad-spectrum beta-lactamases were distinguished and confirmed by recommended methods: ESBLs, class C cephalosporinases (AmpC), and carbapenemases.

RESULTS

Table 1: Genotypic distribution of various beta-lactamase combinations among 159 *Enterobacteriaceae* associated with UTI from Lebanon and Jordan SMART centers between 2010 and 2014.

Organism	Molecular Summary	Number of isolates	
<i>Escherichia coli</i> (n=126)	CTX-M-15	106	
	CTX-M-14	4	
	CTX-M-27	5	
	CTX-M-8	1	
	CTX-M-3	2	
	SHV-12	2	
	CTX-M-15; CTX-M-27	1	
	CTX-M-15; CMY	1	
	CTX-M-15; OXA-244	1	
	SHV-12; CTX-M-15	1	
	TEM-169; CTX-M-27	1	
	CTX-M-15; OXA-48	1	
	<i>Klebsiella pneumoniae</i> (n=33)	CTX-M-15	20
		CTX-M-9	1
CTX-M-3		1	
CTX-M-15; NDM-1		4	
SHV-2; CTX-M-15		1	
SHV-28; CTX-M-15		2	
CTX-M-15; OXA-181		1	
CTX-M-15; OXA-48		1	
CTX-M-14; OXA-48		1	
SHV-12; CTX-M-15; CMY; OXA-48		1	

One hundred fifty-nine isolates (n=159) UTI isolates producing broad-spectrum beta-lactamases were detected. The distribution of the isolates was as follows:

- 126 *Escherichia coli*
- 33 *Klebsiella pneumoniae*
- Three major groups of broad-spectrum beta-lactamases were distinguished:
 - ❖ Extended-spectrum beta-lactamases (ESBLs)
 - ❖ Class C cephalosporinases (AmpC)
 - ❖ Carbapenemases.
- The distribution of the isolates as well as their molecular characteristics are shown in table 1.
- ESBL distribution was as presented in figure 1 (many isolates produced multiple beta-lactamases, with coexistence of two to four beta-lactamases).
- Only two isolates produced **CMY** type AmpC: one *E. coli* isolated in Lebanon and one *K. pneumoniae* isolated in Jordan. These isolates produced other types of beta-lactamases.
- Ten isolates (6.3%) were non-susceptible to carbapenems with four producing **OXA-48**, one **OXA-181**, one **OXA-244** and four **NDM-1** (marked in bold in Table 1). These carbapenemase-producing isolates also co-produced other beta-lactamases.

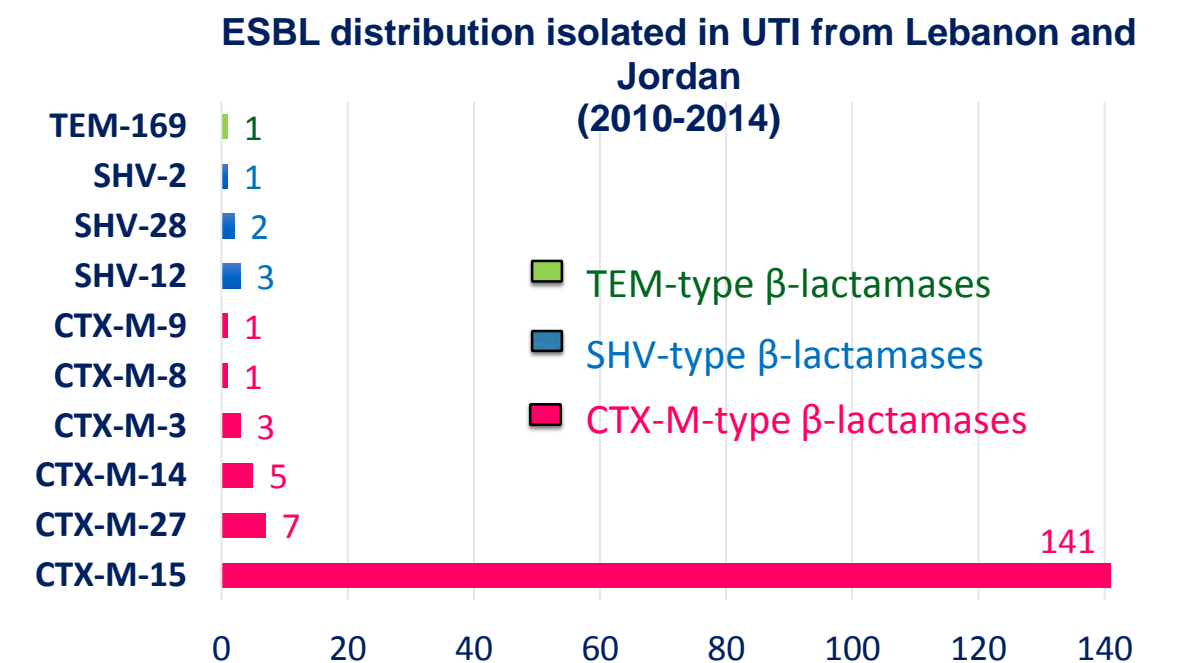


Figure 1: ESBL distribution among 159 *Enterobacteriaceae* associated with UTI from Lebanon and Jordan SMART centers between 2010 and 2014.

DISCUSSION AND CONCLUSION

- Molecular experiments revealed that **CTX-M-15 was the most prevalent ESBL produced**. Unlike most CTX-Ms that preferentially hydrolyze cefotaxime, CTX-M-15, an Asp-240-Gly variant of CTX-M-3, increases the catalytic efficiency against ceftazidime⁽¹⁾. Our results are similar to those reported in a previous Lebanese study⁽²⁻⁴⁾. In the remaining isolates, SHV-12 ESBL was the most frequently detected. Among the SHV-type-lactamases, unlike our study, SHV-5 and related enzymes seem to be the most prevalent ESBLs all over the world and were responsible for outbreaks of nosocomial infections in several countries⁽²⁾.
- Carbapenem-resistant gram negative bacilli have been reported worldwide as a consequence of acquisition of carbapenemase genes. The reported carbapenemases in our study are **OXA-48**, **OXA-181**, **OXA-244** and **NDM-1**. In Lebanon, different reports described OXA-48, IMP-1 and NDM-1 in *Enterobacteriaceae* and OXA-58 in *A. baumannii*⁽⁴⁻¹⁰⁾. The overall **prevalence of carbapenem-non-susceptible Enterobacteriaceae in our study was 1.4 %**. These results are in line with previously reported data in Lebanon and Jordan that showed a prevalence of 1.6 %⁽³⁾.

This study documented the molecular characterization of broad-spectrum beta-lactamases in clinical isolates from GNB in Lebanon and Jordan. Such studies are crucial in the continuous monitoring of local epidemiology to control the growth of this devastating problem of resistance.

REFERENCES

1. Poirel L, et al. Biochemical analysis of the ceftazidime-hydrolysing extended-spectrum beta-lactamase CTX-M-15 and of its structurally related beta-lactamase CTX-M-3. J Antimicrob Chemother. 2002;50(6):1031-4.
2. Moubareck C, et al. Countrywide spread of community- and hospital-acquired extended-spectrum beta-lactamase (CTX-M-15)-producing Enterobacteriaceae in Lebanon. J Clin Microbiol. 2005;43(7):3309-13.
3. Hayajneh WA, et al. Susceptibility trends and molecular characterization of Gram-negative bacilli associated with urinary tract and intra-abdominal infections in Jordan and Lebanon: SMART 2011-2013. International journal of infectious diseases. 2015;35:56-61.
4. Hammoudi D, et al. Countrywide spread of OXA-48 carbapenemase in Lebanon: surveillance and genetic characterization of carbapenem-non-susceptible Enterobacteriaceae in 10 hospitals over a one-year period. Int J Infect Dis. 2014;29C:139-44.
5. Baroud M, et al. Underlying mechanisms of carbapenem resistance in extended-spectrum beta-lactamase-producing Klebsiella pneumoniae and Escherichia coli isolates at a tertiary care centre in Lebanon: role of OXA-48 and NDM-1 carbapenemases. Int J Antimicrob Agents. 2013;41(1):75-9.
6. Daoud Z, et al. Isolation of the first metallo-beta-lactamase producing Klebsiella pneumoniae in Lebanon. Rev Esp Quimioter. 2008;21(2):123-6.
7. El-Herte RI, et al. Detection of carbapenem-resistant Escherichia coli and Klebsiella pneumoniae producing NDM-1 in Lebanon. J Infect Dev Ctries. 2012;6(5):457-61.
8. Matar GM, et al. Spread of OXA-48-mediated resistance to carbapenems in Lebanese Klebsiella pneumoniae and Escherichia coli that produce extended spectrum beta-lactamase. Ann Trop Med Parasitol. 2010;104(3):271-4.
9. Zarrilli R, et al. A plasmid-borne blaOXA-58 gene confers imipenem resistance to Acinetobacter baumannii isolates from a Lebanese hospital. Antimicrob Agents Chemother. 2008;52(11):4115-20.