

RESEARCH

Open Access



Emergence of carbapenem-resistant enterobacterales co-harboring *bla*_{OXA-78} and *bla*_{OXA-58} from India

Bhaskar Jyoti Das¹, K. Melson Singha², Jayalaxmi Wangkheimayum¹, Debadatta Dhar Chanda² and Amitabha Bhattacharjee^{1*}

Abstract

Background Carbapenem-Resistant Enterobacterales (CRE) has been categorized as pathogens of critical priority by World Health organization (WHO) as they pose significant threat to global public health. Carbapenemase production considered as the principal resistance mechanism against carbapenems and with the recent surge and expansion of carbapenemases and its variants among clinically significant bacteria in India, the present study reports expansion *bla*_{OXA-78} and *bla*_{OXA-58} of in CRE of clinical origin.

Methods Bacterial isolates were collected from a tertiary referral hospital and identified through VITEK[®] 2 Compact automated System (Biomerieux, France). Rapidec[®] Carba NP (Biomerieux, France) was used to investigate carbapenemase production followed by antibiotic susceptibility testing through Kirby-Bauer Disc Diffusion method and agar dilution method. Class D carbapenemase genes were targeted through PCR assay followed by investigation of horizontal transmission of *bla*_{OXA-58} and *bla*_{OXA-78}. Whole genome sequencing was carried out using Illumina platform to investigate the genetic context of *bla*_{OXA-58} and *bla*_{OXA-78} genes and further characterization of the CRE isolates.

Results The carbapenem-resistant *Escherichia coli* (BJD_EC456) and *Serratia marcescens* (BJD_SM81) received during the study from the tertiary referral hospital were isolated from sputum and blood samples respectively. PCR assay followed by whole genome sequencing revealed that the isolates co-harbor *bla*_{OXA-58} and *bla*_{OXA-78}, a variant of *bla*_{OXA-51}. Horizontal transfer of *bla*_{OXA-58} and *bla*_{OXA-78} genes were unsuccessful as these genes were located on the chromosome of the study isolates. Transposon Tn6080 was linked to *bla*_{OXA-78} in the upstream region while the insertion sequences *ISAb26* and *ISCfr1* were identified in the upstream and downstream region of *bla*_{OXA-58} gene respectively. In addition, both the isolates were co-harboring multiple antibiotic resistance genes conferring clinical resistance towards beta-lactams, aminoglycosides, fluoroquinolones, sulphonamides, tetracyclines. BJD_EC180 belonged to ST2437 while BJD_SM81 was of an unknown sequence type. The nucleotide sequences of *bla*_{OXA-78} (OQ533021) and *bla*_{OXA-58} (OQ533022) have been deposited in GenBank.

*Correspondence:
Amitabha Bhattacharjee
ab0404@gmail.com

Full list of author information is available at the end of the article



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Conclusions The study provides a local epidemiological information regarding carbapenem resistance aided by transposon and insertion sequences associated *bla*_{OXA-78} and *bla*_{OXA-58} genes associated and warrants continuous monitoring to prevent their further dissemination into carbapenem non-susceptible strains thereby contributing to carbapenem resistance burden which is currently a global concern.

Keywords Antimicrobial resistance, Carbapenem-resistant Enterobacterales, *bla*_{OXA-78}, *bla*_{OXA-58}, Tn6080, IS_{Aba26}

Background

World Health Organization (WHO) has recognized Carbapenem-Resistant Enterobacterales (CRE) as a significant threat to public health owing to its rate of infection, high mortality rates and widespread transmission potential and categorized them as pathogens of “critical priority” and also has issued guidelines to check their dissemination in healthcare settings [1, 2]. Carbapenemase production is considered as the prime resistance mechanism against carbapenem antibiotics and the genes encoding carbapenemases are usually associated with mobile genetic elements such as plasmids, transposons which helps in their intercellular and intracellular dissemination, maintenance and expression [3, 4].

OXA-78, a variant of OXA-51 has emerged in recent periods within diverse species of Enterobacterales and other non-fermenters [5–7]. Similarly, like OXA-51, its variant *bla*_{OXA-78} gene exhibits weak hydrolytic activity against carbapenems, however, provided a strong transcriptional promoter in the upstream region of the gene associated with mobile genetic elements can contribute to carbapenem resistance thereby compromising therapeutic options [7–9]. In 2005, another class D carbapenemase, *bla*_{OXA-58} was reported in France within a carbapenem-resistant *Acinetobacter baumannii* [10]. The gene was plasmid-borne and the enzyme hydrolyses imipenem, and gradually were reported in pathogens of clinical priority worldwide associated with several outbreaks [11].

Carbapenem resistance determinants aided by diverse mobile genetic elements can confer high level of clinical resistance to carbapenems thereby increasing antibiotic resistance burden which is at present is a global concern. Besides intra and inter specific dissemination; these mobile elements under exposure to selective carbapenem pressure also contributes to the maintenance and expression of carbapenemase genes within bacterial host [3, 4, 12, 13]. With the surge and expansion of carbapenem hydrolyzing class D beta-lactamases (CHDLs) among clinically significant bacteria in India and the paucity of information available; and carbapenems being considered as last therapeutic options against infection caused by multidrug resistant gram-negative bacteria, the present study reports expansion of *bla*_{OXA-78} and *bla*_{OXA-58} in clinical isolates of *Escherichia coli* and *Serratia marcescens*.

Methods

Isolates collection and identification

This study was conducted in the Department of Microbiology, Assam University, Silchar. This was part of a DBT, Government of India, funded study for screening of carbapenem non-susceptible Enterobacterales. Among them, two ertapenem non-susceptible Enterobacterales isolates were received in between January and December 2019 from Silchar Medical College and Hospital, a tertiary referral hospital in Silchar, Assam, India. The isolates were recovered from sputum and blood samples of patients admitted to the medicine ward of the tertiary referral hospital. The demographic details of the samples are given in supplementary table S1. The isolates were identified at the species level by VITEK® 2 Compact automated System (Biomerieux, France) and were investigated for carbapenemase production *via* Rapidec® Carba NP (Biomerieux, France) as per manufacturer’s instructions using *Escherichia coli* ATCC 25922 as negative control.

Antibiotic susceptibility testing

The antimicrobial susceptibility of the two investigated isolates were tested according to the Clinical Laboratory Standard Institute guidelines, CLSI (M100-S32, 2022) recommendations using *Escherichiacoli* ATCC 25922 as quality control strain [14]. The investigated isolates were tested against the following antimicrobial agents, viz., ampicillin (30 µg), cefepime (30 µg), ceftriaxone (30 µg), cefotaxime (30 µg), ceftazidime (30 µg), aztreonam (30 µg), ertapenem (10 µg), imipenem (10 µg), meropenem (10 µg), amikacin (10 µg), gentamicin (10 µg) and ciprofloxacin (5 µg) (HiMedia, India) *via* Kirby-Bauer disc diffusion method. The minimal inhibitory concentrations (MICs) of ertapenem (MSD, France), imipenem (Merck, France) and meropenem (AstraZeneca, UK) were determined through agar dilution method (concentration range : 1–64 µg/ml).

Molecular detection of class D carbapenemases

Total DNA was extracted from the isolates using boiling-centrifugation method [15]. The presence of class D carbapenemase genes, namely *bla*_{OXA-23}, *bla*_{OXA-48}, *bla*_{OXA-51} and *bla*_{OXA-58} were detected through PCR assay using previously described primers (Table 1) and reaction conditions and the amplified products were confirmed by sequencing [10, 16–19]. PCR assay

Table 1 List of oligonucleotide sequences used as primers for amplification of class D carbapenemase genes in the study

Targeted gene	Primer pairs	5'-Sequences-3'	Amplified product length (bp)	Reference
<i>bla</i> _{OXA-23}	OXA-23 F	5'-GATCGGATTGGAGAACCAGA-3'	501	16
	OXA-23 R	5'-ATTCTGACCGCATTTCAT-3'		
<i>bla</i> _{OXA-48}	OXA-48 F	5'-GATTATCGGAATGCCTGCGG-3'	845	17
	OXA-48 R	5'-CTACAAGCGCATCGAGCATCA-3'		
<i>bla</i> _{OXA-51}	OXA-51 F	5'-TAATGCTTTGATCGGCCTTG-3'	353	16
	OXA-51 R	5'-TGGATTGCACCTCATCTTGG-3'		
<i>bla</i> _{OXA-58}	OXA-58 F	5'-CGATCAGAATGTTCAAGCGC-3'	528	10
	OXA-58 R	5'-ACGATTCTCCCCTCTGCGC-3'		

was performed in Veriti™ 96-Well Fast Thermal Cycler (Applied Biosystems™, USA) with each single reaction volume of 25 µl containing 2 µl of template DNA (~100 ng/µl), 1 µl of each primer (10 pmol/µl), 12.5 µl of 2X GoTaq® Green Master Mix (Promega, Madison, USA) and nuclease free water.

Horizontal gene transferability assay of *bla*_{OXA-78} and *bla*_{OXA-58}

To assess the genetic location of *bla*_{OXA-78} and *bla*_{OXA-58} in the genome, transformation and conjugation assays were performed. Plasmids were extracted using QIAprep Spin Miniprep Kit (Qiagen, Germany) as per manufacturer's instructions and were transformed into recipient strain *Escherichia coli* DH5α by heat shock method and transformants were selected on Luria Bertani agar (HiMedia, India) supplemented with 0.5 µg/ml of imipenem (Merck, France) [20]. For conjugation assay, an azide-resistant *Escherichia coli* J53 was used as recipient strain and transconjugants were selected on Luria Bertani agar (HiMedia, India) medium supplemented with a combination of imipenem (0.5 µg/ml) and sodium azide (100 µg/ml) [21].

Whole genome sequencing and assembly

Whole genome sequencing was carried out using Illumina platform (outsourced to Bionivid Technology Private Limited, Bengaluru, India). Quality control and data filtering was done using Fastp version 0.20.0 with standard parameters [22]. De novo assembly and scaffolding after quality trimming of the reads was conducted using SPAdes version 3.13.0 [23]. The 16s rRNA gene sequence was predicted using Metaerg version 1.2.0 tool and the nearest genome reference was identified using NCBI BLAST tool (<https://www.ncbi.nlm.nih.gov/tools/primer-blast/>). Genomes were oriented and rearranged using web-based tool MeDuSa using default web-interface parameters [24]. Genomes were annotated using Prokka version 1.11.1 software [25]. Antimicrobial resistance genes were identified through ResFinder 4.1 (<https://cge.food.dtu.dk/services/ResFinder/>). Additionally, mobile genetic elements and their relation to resistance determinants were identified through

MobileElementFinder version 1.0.3 (<https://cge.food.dtu.dk/services/MobileElementFinder/>) while plasmids and their possible location in the bacterial genome were screened using NCBI BLAST tool (<https://blast.ncbi.nlm.nih.gov/Blast.cgi>). PathogenFinder 1.1 was used for finding pathogenicity of the isolates towards human hosts (<https://cge.food.dtu.dk/services/PathogenFinder/>).

Results

Escherichia coli (BJD_EC456) was isolated in 24.01.2019 from sputum sample of a female patient while *Serratia marcescens* (BJD_SM81) was isolated in 27.12.2019 from blood sample of a male patient and both the specimen were collected from the medicine ward of the tertiary referral hospital. Both the isolates were co-harboring *bla*_{OXA-78} and *bla*_{OXA-58} genes and were resistant to all the tested antibiotics and were having MIC above break-points (≥32 µg/ml) for carbapenems (Table 2). Attempt to transfer the class D carbapenemase genes *bla*_{OXA-78} and *bla*_{OXA-58} from BJD_EC456 and BJD_SM81 by transformation and conjugation was not successful. Whole genome sequenced data revealed that these class D carbapenemase genes were chromosomally located in both the isolates and were associated with mobile genetic elements which might have helped in their acquisition and integration in the bacterial genome. Transposon Tn6080 was associated with the carriage of *bla*_{OXA-78} gene. In case of *bla*_{OXA-58}, two insertion sequences were identified in the upstream and downstream region of the gene, IS*Aba26* in the upstream region while in the downstream region IS*Cfr1* was present. Additionally, BJD_EC456 co-harbored multiple resistance genes, such as beta-lactamase genes; *bla*_{NDM-1}, *bla*_{CTX-M-15}, *bla*_{OXA-9}, *bla*_{SHV-59}, *bla*_{TEM-1}, *bla*_{SST-1}, aminoglycoside resistance genes; *aph(3')-VI*, *aph(3')-IIa*, *aac(6')-Ib*, *aac(6')-Ic*, *aac(6')-Ib-cr*, *aadA1*, fosfomycin resistance gene; *fosA*, chloramphenicol resistance gene; *catA1*, quinolone resistance genes; *qnrS1*, sulphonamides resistance gene; *sul1*, tetracycline resistance gene; *tet(41)* and anti-septic resistance gene; *qacE*, along with five plasmids viz. Col440I, IncFII(pKPX1), IncFIB(K), IncFIB(pKPHS1) and IncM1 (Fig. 1). BJD_SM81 contained Col(MG828) plasmid and carried the following resistance genes, such as

Table 2 Antibiogram of BJD_EC456 and BJD_EC81 co-harboring *bla*_{OXA-78} and *bla*_{OXA-58}

Isolates ID	Organism	Isolation date	Specimen	Resistance profiles	MICs (µg/ml)		
					ERT	IMP	MEM
BJD_EC456	<i>Escherichia coli</i>	24.01.2019	Sputum	AMP, FEP, CRO, CAZ, ATM, ERT, IMP, MEM, AMK, GEN, CIP	≥ 64	≥ 32	≥ 64
BJD_SM81	<i>Serratia marcescens</i>	27.12.2019	Blood	AMP, FEP, CRO, CAZ, ATM, ERT, IMP, MEM, AMK, GEN, CIP	≥ 64	≥ 32	≥ 64

AK: amikacin, AMP: ampicillin, AT: aztreonam, CPM: cefepime, CTX: Cefotaxime, CTR: ceftriaxone, CTP: ciprofloxacin, CAZ: ceftazidime, GEN: gentamicin, ETP: ertapenem, IPM: imipenem, MRP: meropenem

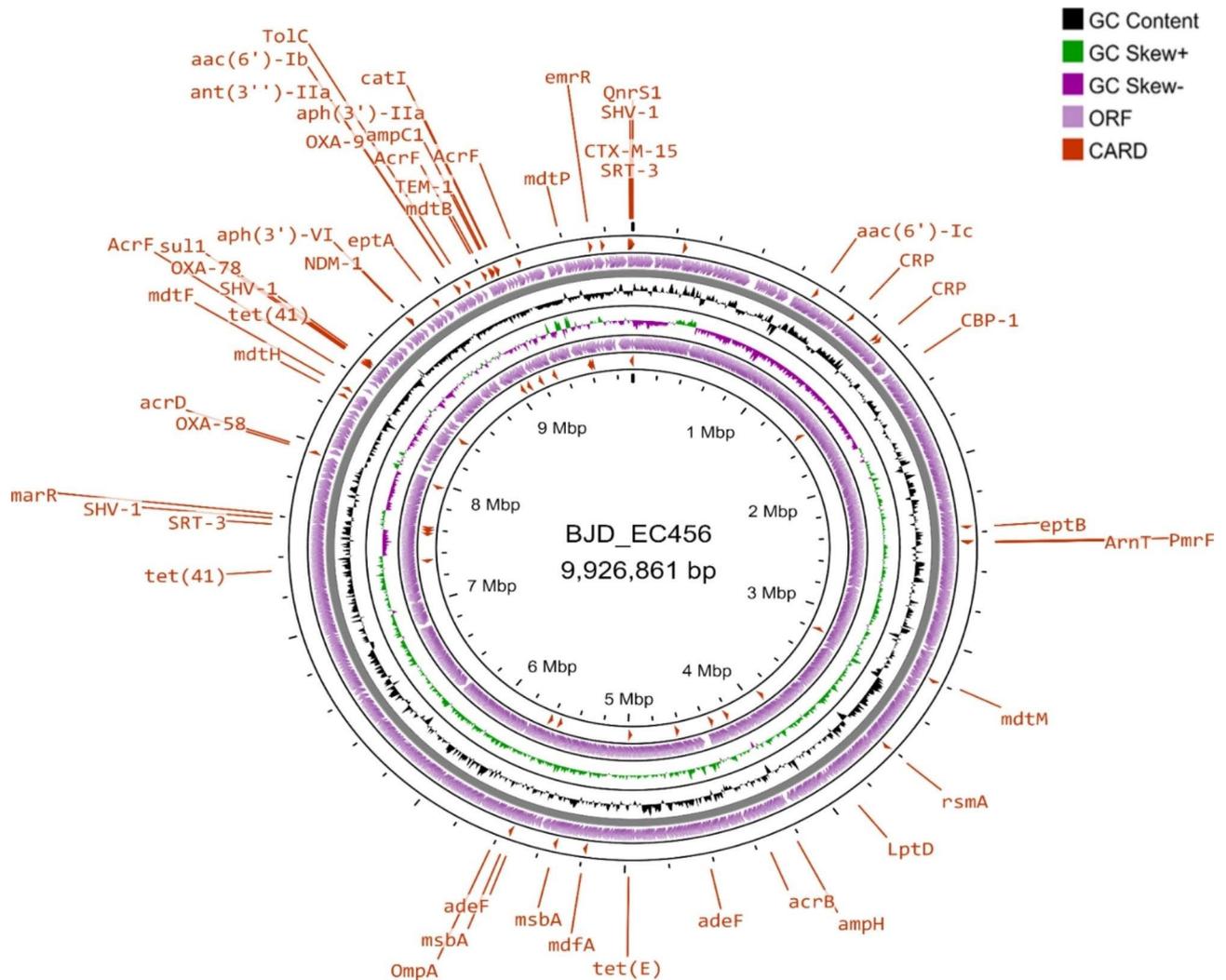
beta-lactamase genes; *bla*_{NDM-1}, *bla*_{TEM-116}, *bla*_{ADC-25}, *bla*_{SST-1}, aminoglycoside resistance genes; *aph(3')-IIa*, *aac(3)-IIId*, *aac(6')-Ic*, chloramphenicol resistance gene; *catA1*, tetracycline resistance gene; *tet(41)*, macrolide resistance genes; *msr(E)*, *mph(E)* and OqxB_1 belonging to RND efflux pump family conferring resistance against various antibiotics, like quinolones, nitrofurantoin, quinolones, tigecycline, chloramphenicol, detergents and disinfectants (Fig. 2). Multi Locus Sequence Typing (MLST) results showed that BJD_EC180 belonged to *Escherichia coli* sequence type ST2437, while BJD_SM81 belonged to an unknown sequence type. The nucleotide sequences of *bla*_{OXA-58} and *bla*_{OXA-78} have been deposited in GenBank under the accession numbers OQ533022 and OQ533021 respectively, and the profiles of BJD_SM81 and BJD_EC456 have been summarized in Table 3.

Discussion

Carbapenem are the most potent antibiotics among all clinically available beta-lactam antibiotics and are used as last resort drugs to treat infection caused by multidrug resistant Gram-negative bacteria. Over the recent years, with the emergence of CRE has threatened this class of antibiotics and pose a serious threat to global public health. In India also, reports of CRE isolates have been increased significantly over the years [26–29]. In this study, we reported the co-carriage of *bla*_{OXA-78}, a variant

of *bla*_{OXA-51} and *bla*_{OXA-58} genes in two CRE isolates (*Escherichia coli* and *Serratia marcescens*) obtained from a tertiary referral hospital in northeastern part of India. The finding of our study is in congruence with a recent study conducted in 2022, that reported the co-occurrence of *bla*_{OXA-51-like} and *bla*_{OXA-58} genes in Enterobacterales isolates recovered from urine samples of UTI patients from a hospital of Tehran, Iran [5]. Similarly, study conducted by Leski and his team in 2013 also reported the co-existence of *bla*_{OXA-51-like} and *bla*_{OXA-58} genes within Enterobacterales isolates obtained from Mercy Hospital, Bo, Sierra Leone [6]. In India, the co-carriage of *bla*_{OXA-51-like} and *bla*_{OXA-58} genes was reported in 2015 in carbapenem-resistant *Acinetobacter baumannii* isolated from various clinical specimens obtained from a university teaching hospital [24–26]. However, to the best of our knowledge this is the first report of co-occurrence of *bla*_{OXA-78} and *bla*_{OXA-58} genes in Enterobacterales from India.

In the present study, the chromosomally located *bla*_{OXA-78} and *bla*_{OXA-58} genes were found associated with diverse mobile genetic elements. Tn6080 transposon was observed with the carriage of *bla*_{OXA-78} gene in both the isolates. This finding is in accordance with previous studies that reports this transposon as a carrier of *bla*_{OXA-51} genes and its variants [13, 30, 31]. In case of *bla*_{OXA-58} gene, ISAb26, a single nucleotide variant belonging to the ISAb256 family in the upstream region

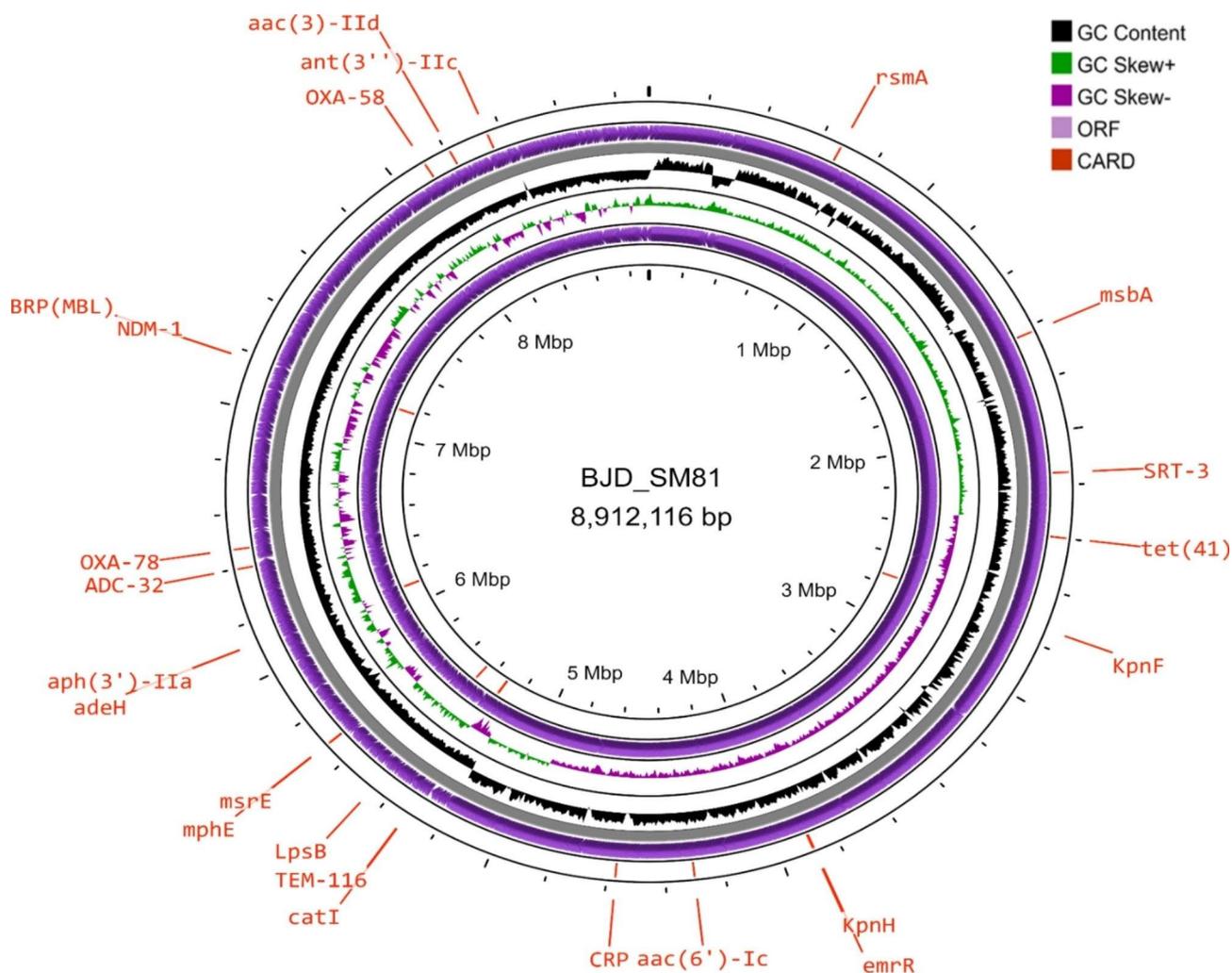


1: Circular genome map of *Escherichia coli* BJD_EC456.

Fig. 1 Circular genome map of *Escherichia coli* BJD_EC456. The scale indicates the location in Mbp (chromosome), starting with the initial coding region. The inner and outermost circles represent the backward and forward strands illustrating the coding sequences. The second and third circles show the GC skew and GC content respectively

and *ISCfr1* belonging to IS1182 family in the downward region were found associated with the gene. These carbapenem resistance determinants associated with transposon and insertion sequences possess a serious health hazard as transposition of these mobile genetic elements can alter bacterial gene expression thereby increasing antibiotic resistance burden which is at present a global concern [13]. These mobile elements facilitate mobilization of carbapenemase genes thereby aiding in their intra and inter specific dissemination; and acquisition of such elements by susceptible phenotypes results into the evolution of resistant ones [3, 4, 13]. Selective pressure induces adaptive response and led to the emergence and expansion of antibiotic resistance thereby

contributing to resistance burden which is at present a serious threat to global public health due to its limiting effect on therapeutic options. It is evident from previous studies that insertion sequences play a major role in conferring clinical resistance to carbapenems as their insertion upstream of *bla*_{OXA} genes provides a strong outward promoter thereby aiding in better expression of otherwise silent *bla*_{OXA} genes encoding carbapenemases [13, 32]. Selective antibiotic pressure also contributes in the maintenance of transposon within the host genome that carry antibiotic resistance genes [13]. And in accordance, in our study also it was observed that the *bla*_{OXA-78} and *bla*_{OXA-58} genes were maintained within such unnatural hosts by their respective insertion sequences and



2: Circular genome map of *Serratia marcescens* BJD_SM81.

Fig. 2 Circular genome map of *Serratia marcescens* BJD_SM81. The scale indicates the location in Mbp (chromosome), starting with the initial coding region. The inner and outermost circles represent the backward and forward strands illustrating the coding sequences. The second and third circles show the GC skew and GC content respectively

transposons and also the isolates co-harboring them exhibited high MICs for carbapenem antibiotics. These findings highlight the role of positive selection pressure generated by the surge in usage of carbapenems within the study center that aid in the maintenance of mobile genetic elements carrying *bla*_{OXA-78} and *bla*_{OXA-58} genes and also in the expression of these resistance determinants conferring clinical resistance to carbapenems, antibiotic of last resort.

Studies suggests that isolates harboring carbapenemase encoding genes often carry additional resistance genes that confer resistance to other beta-lactams, aminoglycosides, fluoroquinolones, sulphonamides, tetracyclines and other antibiotics, and in accordance, our

study isolates also co-harbored multiple resistance genes elucidating their multidrug resistant nature correlating with the observations of antibiotic susceptibility testing [33, 34]. The extensive usage of carbapenems in clinical settings especially of developing countries is already an established risk factor for emergence of carbapenem-resistant organisms and might also have played a vital role in the maintenance and elevated expression of resistance determinants associated with carbapenem resistance [35]. Carbapenem resistance in Enterobacterales is predominantly associated with the horizontal dissemination of genes encoding carbapenem-hydrolyzing carbapenemase enzymes and therefore, these carbapenem resistance genes are often found associated with mobile

Table 3 Profiles of BJD_EC456 and BJD_SM81

Isolates ID	<i>bla</i> _{OXA-51} variant	Carbapenemases	β-lactamases	Aminoglycoside resistance genes	Other resistance genes	Virulence genes	Mobile genetic elements	Sequence type
BJD_EC456	<i>bla</i> _{OXA-78}	<i>bla</i> _{OXA-58r} <i>bla</i> _{NDM-1}	<i>bla</i> _{OXA-9r} <i>bla</i> _{SHV-59r} <i>bla</i> _{TEM-1r} <i>bla</i> _{CTX-M-15r} <i>bla</i> _{SST-1}	<i>aph</i> (3')-VI, <i>aph</i> (3')-IIa, <i>aac</i> (6')-Ib, <i>aac</i> (6')-Ic, <i>aac</i> (6')-Ib-cr	<i>aadA1</i> , <i>qacE</i> , <i>fosA</i> , <i>catA1</i> , <i>qnrS1</i> , <i>sul1</i> , <i>tet</i> (41)	<i>nlpI</i> , <i>mrkA</i> , <i>iutA</i> , <i>fimH</i> , <i>gad</i> , <i>clpK1</i>	Col440I, IncFII(pKPX1), IncFIB(K), IncFIB(pKPHS1), IncM1, IS <i>Aba26</i> , IS <i>Cr11</i> , Tn6080	ST2437
BJD_SM81	<i>bla</i> _{OXA-78}	<i>bla</i> _{OXA-58r} <i>bla</i> _{NDM-1r}	<i>bla</i> _{SST-1r} <i>bla</i> _{TEM-116r} <i>bla</i> _{ADC-25}	<i>aph</i> (3')-IIa, <i>aac</i> (3)-IIa, <i>aac</i> (6')-Ic	OqxB_1, <i>msr</i> (E), <i>mph</i> (E), <i>catA1</i> , <i>tet</i> (41)	<i>clpK1</i>	Col(MG828) IS <i>Aba26</i> , IS <i>Cr1</i> , Tn6080	Unknown

genetic elements that aids in their capture, accumulation and intracellular and intercellular dissemination thereby significantly contributing to carbapenem resistance worldwide [4, 36]. Several studies reports the presence of insertion sequences such as IS*Aba1*, IS*Aba2* and IS*Aba3* in both upstream and downstream regions of *bla*_{OXA-51} and *bla*_{OXA-58} genes and also suggested that insertion sequences located upstream of *bla*_{OXA} genes upregulates the expression of these carbapenemase genes by providing a transcriptional promoter [9, 10, 13, 30, 31, 37–39]. So, far there is no published report of *Escherichia coli* ST2437 harboring *bla*_{OXA-78} and *bla*_{OXA-58} genes or other *Escherichia coli* sequence types with the carriage of these resistance genes. Therefore, the carriage of *bla*_{OXA-78} and *bla*_{OXA-58} genes in this sequence type (ST2437) in the current study is of epidemiological importance. *bla*_{OXA-78} and *bla*_{OXA-58} genes conferring resistance towards carbapenems aided by mobile genetic elements possess a serious health hazard as potential source and vehicle of future dissemination and warrants urgent monitoring as they pose a threat to the control of antimicrobial resistance and endangering our fight against antimicrobial resistance.

Conclusions

Antimicrobial resistance, at present is a global concern and with the increase in incidence of class D carbapenemases and its variants among clinically significant gram-negative bacteria, the findings of the present study, provide a local epidemiological information regarding carbapenem resistance and mobile genetic elements associated dissemination of *bla*_{OXA-78} and *bla*_{OXA-58} genes in carbapenem-resistant isolates of *Escherichia coli* and *Serratia marcescens* of clinical origin. Since carbapenems are regarded as antibiotic of last resort for the treatment of infections caused by multi-drug resistant gram-negative bacteria, the findings of the present study warrant continuous monitoring of these carbapenem resistance

determinants considering their association with mobile genetic elements; along with a scope to design and assess strategies to prevent the spread and emergence of carbapenem resistance determinants and accordingly optimize clinical therapy to avoid treatment failure.

Abbreviations

WHO	World Health Organization
CRE	Carbapenem-Resistant Enterobacterales
CHDLs	Carbapenem Hydrolyzing Class D Beta-lactamases
bla	Beta-lactamases
OXA	Oxacillinase
CLSI	Clinical Laboratory Standard Institute
ATCC	American Type Culture Collection
MIC	Minimum Inhibitory Concentration
DNA	Deoxyribonucleic Acid
ng	Nanogram
μl	Microlitre
pmol	Picomole
μg	Microgram
ml	Millilitre
NCBI	National Center for Biotechnology Information
BLAST	Basic Local Alignment Search Tool
Tn	Transposon
IS	Insertion Sequence
Inc	Incompatibility
MLST	Multi Locus Sequence Typing
ST	Sequence Type
UTI	Urinary Tract Infection

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12941-023-00635-6>.

Supplementary Material 1

Acknowledgements

The authors would also like to thank Department of Biotechnology (DBT) project BT/PR242/NER/95/716/2017 dated 28.09.2018 and Indian Council of Medical Research (ICMR) ICMR-SRF vide letter no. 2020–7955/CMB-BMS dated 09.03.2021.

Authors' contributions

Bhaskar Jyoti Das: Investigation, Formal Analysis, Data Curation, Writing - Original Draft. K Melson Singha: Resources and formal analysis. Jayalaxmi Wangkheimayum: Formal analysis. Debadatta Dhar Chanda: Methodology and Writing - Review & Editing. Amitabha Bhattacharjee: Conceptualization and

Supervision. All authors ensured that this is the case. All the authors read and approved the final manuscript.

Funding

The study was supported by Department of Biotechnology (DBT), Government of India DBT-NER Twinning order no. BT/PR242/NER/95/716/2017 dated 28.09.2018 and Indian Council of Medical Research, India (ICMR) for awarding Senior Research Fellowship (ICMR-SRF) to Bhaskar Jyoti Das vide letter no. 2020-7955/CMB-BMS dated 09.03.2021. However, the funding body has no role in analysis and interpretation of data and in writing the manuscript.

Data Availability

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Nucleotide sequence accession number

The nucleotide sequences of *bla*_{OXA-58} and *bla*_{OXA-78} have been deposited in GenBank under the accession numbers OQ533022 and OQ533021 respectively.

Ethical approval

The study was approved by Institutional Ethics Committee, Assam University, Silchar vide Agenda No. 3, Resolution Serial No. 4 in the meeting held on 9th April 2018.

Competing interests

The authors declare that the study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Author details

¹Department of Microbiology, Assam University, Silchar, Dist : Cachar 788011, Assam, India

²Department of Microbiology, Silchar Medical College and Hospital, Silchar, Dist : Cachar, Assam PIN : 788014, India

Received: 5 June 2023 / Accepted: 29 August 2023

Published online: 07 September 2023

References

- World Health Organization, Health Care Facility Level., 2019. Implementation Manual to Prevent and Control the Spread of Carbapenem-resistant Organisms at the National and : Interim Practical Manual Supporting Implementation of the Guidelines for the Prevention and Control of Carbapenem-resistant Enterobacteriaceae, Acinetobacter baumannii and Pseudomonas aeruginosa in Health Care Facilities (No. WHO/UHC/SDS/2019.6). World Health Organization.
- Tacconelli E, Carrara E, Savoldi A, Harbarth S, Mendelson M, Monnet DL, Pulcini C, Kahlmeter G, Kluytmans J, Carmeli Y, Ouellette M, Outtersson K, Patel J, Cavalieri M, Cox EM, Houchens CR, Grayson ML, Hansen P, Singh N, Theuretzbacher U, Magrini N, WHO Pathogens Priority List Working Group. Discovery, research, and development of new antibiotics: the WHO priority list of antibiotic-resistant bacteria and tuberculosis. *Lancet Infect Dis*. 2018;18(3):318–27. [https://doi.org/10.1016/S1473-3099\(17\)30753-3](https://doi.org/10.1016/S1473-3099(17)30753-3). Epub 2017 Dec 21. PMID: 29276051.
- Queenan AM, Bush K. Carbapenemases: the versatile beta-lactamases. *Clin Microbiol Rev*. 2007;20(3):440–58, table of contents. <https://doi.org/10.1128/CMR.00001-07>. PMID: 17630334; PMCID: PMC1932750.
- Partridge SR, Kwong SM, Firth N, Jensen SO. Mobile Genetic Elements Associated with Antimicrobial Resistance. *Clin Microbiol Rev*. 2018;31(4):e00088–17. <https://doi.org/10.1128/CMR.00088-17>. PMID: 30068738; PMCID: PMC6148190.
- Pourbaghi E, Doust RH, Rahbar M, Rahnamaye M. Investigation of OXA-23, OXA-24, OXA-40, OXA-51, and OXA-58 genes in Carbapenem-Resistant *Escherichia coli* and *Klebsiella pneumoniae* isolates from patients with urinary tract infections. *Jundishapur J Microbiol (JJM)* [online]. 2022;15(2):0–0. Leski TA, Bangura U, Jimmy DH, Ansumana R, Lizewski SE, Li RW, Stenger DA, Taitt CR, Vora GJ. Identification of *bla*_{OXA-51-like}, *bla*_{OXA-58}, *bla*_{DIM-1}, and *bla*_{VIM} carbapenemase genes in hospital Enterobacteriaceae isolates from Sierra Leone. *J Clin Microbiol*. 2013;51(7):2435–8. <https://doi.org/10.1128/JCM.00832-13>. Epub 2013 May 8. PMID: 23658259; PMCID: PMC3697688.
- Merkier AK, Centrón D. Bla(OXA-51)-type beta-lactamase genes are ubiquitous and vary within a strain in *Acinetobacter baumannii*. *Int J Antimicrob Agents*. 2006;28(2):110–3. <https://doi.org/10.1016/j.ijantimicag.2006.03.023>. Epub 2006 Jul 17. PMID: 16844350.
- Al-Hassan L, El Mehallawy H, Amyes SG. Diversity in *Acinetobacter baumannii* isolates from paediatric cancer patients in Egypt. *Clin Microbiol Infect*. 2013;19(11):1082–8. <https://doi.org/10.1111/1469-0691.12143>. Epub 2013 Feb 15. PMID: 23413888.
- Turton JF, Ward ME, Woodford N, Kaufmann ME, Pike R, Livermore DM, Pitt TL. The role of ISAbal1 in expression of OXA carbapenemase genes in *Acinetobacter baumannii*. *FEMS Microbiol Lett*. 2006;258(1):72–7. <https://doi.org/10.1111/j.1574-6968.2006.00195.x>. PMID: 16630258.
- Poirel L, Marqué S, Héritier C, Segonds C, Chabanon G, Nordmann P. OXA-58, a novel class D (beta)-lactamase involved in resistance to carbapenems in *Acinetobacter baumannii*. *Antimicrob Agents Chemother*. 2005;49(1):202–8. <https://doi.org/10.1128/AAC.49.1.202-208.2005>. PMID: 15616297; PMCID: PMC538857.
- Evans BA, Amyes SG. OXA β-lactamases. *Clin Microbiol Rev*. 2014;27(2):241–63. <https://doi.org/10.1128/CMR.00117-13>. PMID: 24696435; PMCID: PMC3993105.
- Patel G, Bonomo RA. Status report on carbapenemases: challenges and prospects. *Expert Rev Anti Infect Ther*. 2011;9(5):555–70. <https://doi.org/10.1586/eri.11.28>. PMID: 21609267.
- Noel HR, Petrey JR, Palmer LD. Mobile genetic elements in *Acinetobacter* antibiotic-resistance acquisition and dissemination. *Ann N Y Acad Sci*. 2022;1518(1):166–82. <https://doi.org/10.1111/nyas.14918>. Epub 2022 Oct 31. PMID: 36316792; PMCID: PMC9771954.
- CLSI Committee. The Clinical and Laboratory Standards Institute Performance Standards for Antimicrobial susceptibility testing; M100-ED32. Wayne, PA: CLSI; 2022.
- Soumet C, Ermel G, Fach P, Colin P. Evaluation of different DNA extraction procedures for the detection of Salmonella from chicken products by polymerase chain reaction. *Lett Appl Microbiol*. 1994;19(5):294–8. <https://doi.org/10.1111/j.1472-765x.1994.tb00458.x>. PMID: 7765440.
- Woodford N, Ellington MJ, Coelho JM, Turton JF, Ward ME, Brown S, Amyes SG, Livermore DM. Multiplex PCR for genes encoding prevalent OXA carbapenemases in *Acinetobacter* spp. *Int J Antimicrob Agents*. 2006;27(4):351–3. <https://doi.org/10.1016/j.ijantimicag.2006.01.004>. Epub 2006 Mar 24. PMID: 16564159.
- Jeong SH, Bae IK, Park KO, An YJ, Sohn SG, Jang SJ, Sung KH, Yang KS, Lee K, Young D, Lee SH. Outbreaks of imipenem-resistant *Acinetobacter baumannii* producing carbapenemases in Korea. *J Microbiol*. 2006;44(4):423–31. PMID: 16953178.
- Das BJ, Wangkheimayum J, Singha KM, Bhowmik D, Dhar D, Bhattacharjee A. Propagation of blaKPC-2 within two sequence types of *Escherichia coli* in a tertiary referral hospital of northeast India. *Gene Rep*. 2021;24:101283.
- Das BJ, Singha KM, Wangkheimayum J, Bhowmik D, Chanda DD, Bhattacharjee A. Occurrence of blaOXA-48 type carbapenemase in *Escherichia coli* with coexisting resistance determinants: a report from India. *Gene Rep*. 2022;26:101459.
- Li S, Meadow Anderson L, Yang JM, Lin L, Yang H. DNA transformation via local heat shock. *Appl Phys Lett*. 2007;91(1):013902.
- Das BJ, Singha KM, Chanda DD, Bhattacharjee A. Elimination of diverse Inc type plasmids carrying carbapenemase genes within *Escherichia coli* of clinical origin: a single-center study from North-east India. *Gene Rep*. 2023;31:101770.
- Chen S, Zhou Y, Chen Y, Gu J. Fastp: an ultra-fast all-in-one FASTQ preprocessor. *Bioinformatics*. 2018;34(17):i884–90. <https://doi.org/10.1093/bioinformatics/bty560>. PMID: 30423086; PMCID: PMC6129281.
- Bankevich A, Nurk S, Antipov D, Gurevich AA, Dvorkin M, Kulikov AS, Lesin VM, Nikolenko SI, Pham S, Prjibelski AD, Pyshkin AV, Sirotkin AV, Vyahhi N, Tesler G, Alekseyev MA, Pevzner PA. SPAdes: a new genome assembly algorithm and its applications to single-cell sequencing. *J Comput Biol*. 2012;19(5):455–77. <https://doi.org/10.1089/cmb.2012.0021>. Epub 2012 Apr 16. PMID: 22506599; PMCID: PMC3342519.

24. Bosi E, Donati B, Galardini M, Brunetti S, Sagot MF, Lió P, Crescenzi P, Fani R, Fondi M. MeDuSa: a multi-draft based scaffold. *Bioinformatics*. 2015;31(15):2443–51. <https://doi.org/10.1093/bioinformatics/btv171>. Epub 2015 Mar 25. PMID: 25810435.
25. Seemann T. Prokka: rapid prokaryotic genome annotation. *Bioinformatics*. 2014;30(14):2068–9. <https://doi.org/10.1093/bioinformatics/btu153>. Epub 2014 Mar 18. PMID: 24642063.
26. Padmalakshmi Y, Shanthi M, Sekar U, Arunagiri K. Phenotypic and molecular Characterisation of Carbapenemases in *Acinetobacter* Species in a Tertiary Care Centre in Tamil Nadu, India. *Natil Lab Med*. 2015.
27. Mohanty S, Gajanand M, Gaird R. Identification of carbapenemase-mediated resistance among *Enterobacteriaceae* bloodstream isolates: A molecular study from India. *Indian J Med Microbiol*. 2017 Jul-Sep;35(3):421–425. https://doi.org/10.4103/ijmm.IJMM_16_386. PMID: 29063891.
28. Manohar P, Leptihn S, Lopes BS, Nachimuthu R. Dissemination of carbapenem resistance and plasmids encoding carbapenemases in Gram-negative bacteria isolated in India. *JAC Antimicrob Resist*. 2021;3(1):dlab015. <https://doi.org/10.1093/jacamr/dlab015>. PMID: 34223092; PMCID: PMC8210035.
29. Kumari N, Kumar M, Katiyar A, Kumar A, Priya P, Kumar B, Biswas NR, Kaur P. Genome-wide identification of carbapenem-resistant Gram-negative bacterial (CR-GNB) isolates retrieved from hospitalized patients in Bihar, India. *Sci Rep*. 2022;12(1):8477. <https://doi.org/10.1038/s41598-022-12471-3>. PMID: 35590022; PMCID: PMC9120164.
30. Chen TL, Lee YT, Kuo SC, Hsueh PR, Chang FY, Siu LK, Ko WC, Fung CP. Emergence and distribution of plasmids bearing the blaOXA-51-like gene with an upstream ISAbal in carbapenem-resistant *Acinetobacter baumannii* isolates in Taiwan. *Antimicrob Agents Chemother*. 2010;54(11):4575–81. <https://doi.org/10.1128/AAC.00764-10>. Epub 2010 Aug 16. PMID: 20713680; PMCID: PMC2976157.
31. Lee YT, Kuo SC, Chiang MC, Yang SP, Chen CP, Chen TL, Fung CP. Emergence of carbapenem-resistant non-*baumannii* species of *Acinetobacter* harboring a blaOXA-51-like gene that is intrinsic to *A. baumannii*. *Antimicrob Agents Chemother*. 2012;56(2):1124–7. <https://doi.org/10.1128/AAC.00622-11>. Epub 2011 Nov 14. PMID: 22083478; PMCID: PMC3264228.
32. Poirel L, Potron A, Nordmann P. OXA-48-like carbapenemases: the phantom menace. *J Antimicrob Chemother*. 2012;67(7):1597–606. <https://doi.org/10.1093/jac/dks121>. Epub 2012 Apr 11. PMID: 22499996.
33. Manohar P, Shanthini T, Ayyanar R, Bozdogan B, Wilson A, Tamhankar AJ, Nachimuthu R, Lopes BS. The distribution of carbapenem- and colistin-resistance in Gram-negative bacteria from the Tamil Nadu region in India. *J Med Microbiol*. 2017;66(7):874–883. <https://doi.org/10.1099/jmm.0.000508>. Epub 2017 Jul 3. PMID: 28671537.
34. Bonomo RA, Burd EM, Conly J, Limbago BM, Poirel L, Segre JA, Westblade LF. Carbapenemase-producing Organisms: A Global Scourge. *Clin Infect Dis*. 2018;66(8):1290–7. <https://doi.org/10.1093/cid/cix893>. PMID: 29165604; PMCID: PMC5884739.
35. van Loon K, Voor In't Holt AF, Vos MC. A Systematic Review and Meta-analyses of the Clinical Epidemiology of Carbapenem-Resistant *Enterobacteriaceae*. *Antimicrob Agents Chemother*. 2017;62(1):e01730–17. <https://doi.org/10.1128/AAC.01730-17>. PMID: 29038269; PMCID: PMC5740327.
36. Papp-Wallace KM, Endimiani A, Taracila MA, Bonomo RA. Carbapenems: past, present, and future. *Antimicrob Agents Chemother*. 2011;55(11):4943–60. <https://doi.org/10.1128/AAC.00296-11>. Epub 2011 Aug 22. PMID: 21859938; PMCID: PMC3195018.
37. Poirel L, Nordmann P. Carbapenem resistance in *Acinetobacter baumannii*: mechanisms and epidemiology. *Clin Microbiol Infect*. 2006;12(9):826–36. <https://doi.org/10.1111/j.1469-0691.2006.01456.x>. PMID: 16882287.
38. Gur D, Korten V, Unal S, Deshpande LM, Castanheira M. Increasing carbapenem resistance due to the clonal dissemination of oxacillinase (OXA-23 and OXA-58)-producing *Acinetobacter baumannii*: report from the Turkish SENTRY Program sites. *J Med Microbiol*. 2008;57(Pt 12):1529–1532. <https://doi.org/10.1099/jmm.0.2008/002469-0>. PMID: 19018025.
39. Nguyen AT, Pham SC, Ly AK, Nguyen CV, Vu TT, Ha TM. Overexpression of blaOXA-58 gene driven by ISAbal3 is Associated with Imipenem Resistance in a clinical *Acinetobacter baumannii* isolate from Vietnam. *Biomed Res Int*. 2020;2020:7213429. <https://doi.org/10.1155/2020/7213429>. PMID: 32802871; PMCID: PMC7420922.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.