# CTX-M EXTENDED-SPECTRUM β-LACTAMASES AMONG CLINICAL ISOLATES OF ENTEROBACTERIACEAE IN A THAI UNIVERSITY HOSPITAL

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Abstract. This study presents updates on molecular epidemiology of extended-spectrum β-lactamases (ESBLs) in clinical isolates of Enterobacteriaceae from Srinagarind Hospital, Khon Kaen University, Thailand. All isolates were screened for the presence of ESBL genes,  $bla_{\text{TEM}}$ ,  $bla_{\text{SHV}}$ ,  $bla_{\text{VEB}}$  and  $bla_{\text{CTX-M}}$ , using PCR followed by nucleotide sequence determination. The results revealed that β-lactamase genes among 48 isolates collected between 1998 and 1999 were  $bla_{\text{SHV}}$  (79%),  $bla_{\text{CTX-M-9}}$  (52%),  $bla_{\text{TEM-1}}$  (48%) and  $bla_{\text{VEB}}$  (33%), whereas those found in 52 isolates collected in 2003 were  $bla_{\text{TEM-1}}$  (79%),  $bla_{\text{CTX-M-15}}$  (44%),  $bla_{\text{SHV}}$  (36%),  $bla_{\text{VEB}}$  (36%),  $bla_{\text{CTX -M-14}}$  (11%) and  $bla_{\text{CTX-M-9}}$  (10%). In addition, 45 isolates carried at least two different ESBL genes. Using PCR, part of insertion sequence IS*Ecp1* was found in the upstream regions of  $bla_{\text{CTX-M-14}}$  and  $bla_{\text{CTX-M-15}}$ . ERIC-PCR analysis revealed that most ESBL-producing isolates were of different strains. This is the first report of CTX-M-9, CTX-M-14 and CTX-M-15 β-lactamase genes in Enterobacteriaceae in Thailand.

#### INTRODUCTION

Extended-spectrum cephalosporins (ESCs), such as ceftazidime, cefotaxime and ceftriaxone, are drugs of choice for treatment of serious infections caused by members of family Enterobacteriaceae. After clinical use of the ESCs, resistant isolates have emerged in many countries (Bradford, 2001). Drug inactivation by extended-spectrum  $\beta$ -lactamases (ESBLs) is the most important mechanism of resistance to the ESCs among these bacteria. ESBL genes are usually encoded on plasmids, which can easily be transferred between

Correspondence: Aroonwadee Chanawong, Faculty of Associated Medical Sciences, Khon Kaen University, Khon Kaen 40002, Thailand. Tel/Fax: 66 (043) 202086 E-mail: aroonwad@kku.ac.th isolates (Jacoby and Medeiros, 1991). ESBLproducing Enterobacteriaceae have also been found in Thailand since 1994 with the prevalence of 26% (Lulitanond and Kaewkes, 1999). The predominant ESBLs in Thai isolates are SHV-12 and VEB-1 β-lactamases (Chanawong et al, 2001; Girlich et al, 2001). Since then, there has been no more information regarding ESBL types in Thailand. In addition, CTX-M β-lactamases have become the most common ESBL during the past decade (Canton and Coque, 2006). Insertion of ISEcp1 element frequently found in the upstream region of the bla<sub>CTX-M</sub> genes plays an important role in mobilization of these genes (Poirel et al, 2003). We therefore characterized CTX-M genes and looked for their ISEcp1 inserts in clinical isolates of Enterobacteriaceae collected between 1998 and 1999 and in 2003.

# MATERIALS AND METHODS

#### Bacterial isolates

A total of 100 clinical isolates of Enterobacteriaceae from Srinagarind Hospital, Khon Kaen University, Thailand, were used in this study. They included 48 isolates obtained between 1998 and 1999 and 52 isolates collected in 2003. They were isolated from various clinical specimens, viz. respiratory tract (39%), urinary tract (37%), pus (16%), body fluids (4%) and blood (4%). All isolates produced ESBLs as screened by a double-disk diffusion test (Jarlier et al, 1988). Using conventional methods (Kelly et al, 1985), the isolates obtained between 1998 and 1999 included 27 Klebsiella pneumoniae, 11 Klebsiella spp, 4 Enterobacter spp, 3 Escherichia coli and 3 Serratia spp, while those collected in 2003 included 23 K. pneumoniae, 19 E. coli, 5 Enterobacter spp, 2 Proteus mirabilis and one isolate of Klebsiella oxytoca, Klebsiella spp and Providencia spp. All isolates were kept at -70°C in skimmed milk with 20% glycerol until analysis.

#### Susceptibility testing

Minimum inhibitory concentrations (MICs) of cefotaxime, ceftazidime, cefoperazone and ceftriaxone (Sigma Chemical, St Louis, USA) were determined by an agar dilution method (CLSI, 2005). Clavulanic acid (Smithkline Beecham, UK) at a fixed concentration of 4 µg/ml was added to either cefotaxime or ceftazidime in MIC determination. Susceptibility testing by a disk diffusion method (CLSI, 2005) was also performed for 23 isolates of K. pneumoniae and 19 isolates of E. coli collected in 2003. Antibiotic disks (Oxoid, Basingstoke, Hampshire, England) contained aminoglycosides (amikacin, gentamicin and netilmicin), β-lactams (cefepime, cefoxitin, cefpirome, imipenem and meropenem),  $\beta$ lactams/β-lactamase inbibitor (amoxicillin/ clavulanic acid, cefoperazone/sulbactam and piperacillin/tazobactam), fluoroquinolones (ciprofloxacin and ofloxacin) and trimethoprim/ sulfamethoxazole. *E. coli* ATCC 25922 was used as a drug-sensitive control.

# PCR amplification and nucleotide sequence determination

All isolates were screened for the presence of *bla*<sub>TEM</sub>, *bla*<sub>SHV</sub>, *bla*<sub>CTX-M</sub> and *bla*<sub>VEB</sub> genes using previously described PCR protocols (Mabilat et al, 1990; Hibbert-Rogers et al, 1994; M'Zali et al, 1996; Gniadkowski et al, 1998; Naas et al, 1999). Oligonucleotide primers (QIAGEN, Hilden, Germany) used are shown in Table 1. Part of the insertion sequence ISEcp1 of the bla<sub>CTX-M</sub> genes was also detected using primer C 8 as forward primer and either primer CTXM1A or C 4 as reverse primer. Bacterial DNA was prepared by suspending one or two fresh colonies in 50 µl of sterile distilled water and heating at 95°C for 5 minutes. Deoxynucleosidetriphosphates (dNTP) and Taq DNA polymerase were supplied by Promega (Medison, WI, USA) and New England Biolabs (Ontario, Canada), respectively.

PCR products were used as templates for nucleotide sequence determination. The entire genes of *bla*<sub>TEM</sub>, *bla*<sub>SHV</sub> and *bla*<sub>CTX-M</sub> and part of ISEcp1 of bla<sub>CTX-M</sub> were determined as described previously (Mabilat et al, 1990; Chanawong et al, 2001, 2002). Primer CTXCF derived from the upstream region of the blacty M-14 gene (GenBank accession no. AF252622) and primer C4 were also used for amplification of the entire *bla*<sub>CTX-M</sub> gene. The PCR products were purified with QIAquick PCR purification kit (QIAGEN, Hilden, Germany) and the nucleotide sequences of both strands were determined using an ABI PRISM automated sequencing machine (model 3100, version 3.7, Applied Biosystems, Foster, CA, USA), according to the manufacturer's instructions.

#### ERIC-PCR typing

All isolates were typed by an enterobacterial repetive intergenic consensus (ERIC)-PCR method using ERIC2 primer (Versalovic *et al*, 1991). DNA templates were prepared as described above except those from two isolates of Serratia spp that were prepared using DNA Purification Kit (Promega). PCR was carried out as described by Versalovic et al (1991) except that dimethylsulfoxide was not included and the annealing step was performed at 50°C. The amplification products were analyzed by electrophoresis in a 1% (w/v) agarose gel (Promega). A 1-kb DNA ladder (New England Biolabs) was used as a standard DNA size marker. ERIC-PCR fingerprints of all isolates were compared by visual inspection and considered to be the same type when all visible bands from two isolates had the same apparent migration distance; variation in intensity or shape of band was not considered. Fingerprint profiles were interpreted without prior knowledge of clinical or laboratory data.

# RESULTS

#### Susceptibility testing

From the MIC values for ceftazidime, cefotaxime, ceftriaxone and cefoperazone,

most isolates were of intermediate susceptibility or resistant to these  $\beta$ -lactams (Table 2). Approximately 80% of the isolates obtained between 1998 and 1999 had higher MICs for ceftazidime than for cefotaxime, whereas the isolates collected in 2003 showed two predominant MIC patterns, higher MICs for ceftazidime than for cefotaxime (48%), and vice versa (42%) (data not shown). Using the disk diffusion test, all K. pneumoniae and E. coli isolates collected in 2003 were susceptible to imipenem and meropenem (data not shown). Most of them were susceptible to cefoxitin (84-90%), amikacin (85%) and netilmicin (71-74%). E. coli isolates were also susceptible to piperacillin/tazobactam (79%) and cefoperazone/sulbactam (74%), whereas only 40-50% of the K. pneumoniae isolates were susceptible to these antimicrobial agents. Both E. coli and K. pneumoniae isolates were resistant to trimethoprim/sulfamethoxazole (95%), gentamicin (75-90%), amoxicillin/clavulanic acid (75%), cefpirome

Oligonucleotide primers used.									
Genes	Primers	Oligonucleotide sequence (5´→3´)	References						
bla <sub>TEM</sub>	TEMA	ATA AAA TTC TTG AAG AC	Mabilat et al, 1990						
	TEMB	TTA CCA ATG CTT AAT CA	Mabilat <i>et al</i> , 1990						
	TEMH	AGG AAG AGT ATG AGT AT	Hibbert-Rogers et al, 1994						
bla <sub>SHV</sub>	S4	TCA GCG AAA AAC ACC TTG C	M'Zali' <i>et al</i> , 1996						
	S5	TCC CGC AGA TAA ATC ACC A	M'Zali' <i>et al</i> , 1996						
	S6	CTT TAC TCG CCT TTA TCG	M'Zali' <i>et al</i> , 1996						
	S8	AGT CAT ATC GCC CGG CAC	Chanawong et al, 2001						
	F240	CCG ATA AGA CCG GAG TTC GC	Chanawong et al, 2001						
bla <sub>CTX-M</sub> and ISEcp1	CTX-M-1A	GCG ATG TGC AGC ACC AGT AA	Gniadkowski <i>et al</i> , 1998						
	CTX-M-1B	GGT TGA GGC TGG GTG AAG TA	Gniadkowski <i>et al</i> , 1998						
	P1C	TCG TCT CTT CCA GA	Gniadkowski <i>et al</i> , 1998						
	P2D	CAG CGC TTT TGC CGT CTA AG	Gniadkowski <i>et al</i> , 1998						
	C8	CAC TCA CCT CAC AAG CAA CGA A	Chanawong et al, 2002						
	C4	GTT GTC GGG AAG ATA CGT GA	Chanawong et al, 2002						
	CTXCF	GAG AAG CAG TCT AAA TTC TTC GTG	This study						
<i>bla<sub>vEB-1</sub></i> typing	VEBF	CGA CTT CCA TTT CCC GAT GC	Naas <i>et al</i> , 1999						
	VEBB	GGA CTC TGC AAC AAA TAC GC	Naas <i>et al</i> , 1999						
	ERIC2	AAG TAA GTG ACT GGG GTG AGC G	Versalovic et al, 1991						

Table 1 Oligonucleotide primers used.

Year	Organism (n)	MIC (µg/ml)							
		CAZ <sup>a</sup>	CTX	CFP	CRO				
1998-1999	K. pneumoniae (27)	≤4->128	≤4–128	≤4->128	≤4>128				
	MIC <sub>50</sub>	>128	16	128	16				
	MIC <sub>90</sub>	>128	64	>128	64				
	Klebsiella spp (11)	128->128	8->128	32->128	16->128				
	MIC <sub>50</sub>	>128	64	>128	64				
	MIC <sub>90</sub>	>128	>128	>128	>128				
	Enterobacter (4)	128->128	32->128	16->128	16->128				
	E. coli (3)	128->128	8-64	32-128	8-64				
2003	Serratia (3)	128->128	8->128	16->128	≤4->128				
	K. pneumoniae (23)	4->128	2->128	8->128	4->128				
	MIC <sub>50</sub>	128	64	>128	128				
	MIC <sub>90</sub>	>128	>128	>128	>128				
	E. coli (19)	1->128	2->128	8->128	2->128				
	MIC <sub>50</sub>	32	128	>128	128				
	MIC <sub>90</sub>	64	>128	>128	>128				
	Enterobacter (5)	64->128	8-32	8-32	4-32				
	P. mirabilis (2)	8-64	4-8	16-64	2-8				
	Providencia (1)	>128	16	32	16				
	K. oxytoca (1)	>128	64	>128	64				
	<i>Klebsiella</i> spp (1)	128	>128	>128	>128				

Table 2 MIC of β-lactam antibiotics determined for ESBL-producing Enterobacteriaceae isolates.

<sup>a</sup>CAZ, ceftazidime; CFP, cefoperazone; CRO, ceftriaxone; CTX, cefotaxime.

(60-75%) and cefepime (60%). Approximately 95% of *E. coli* and 57% of *K. pneumoniae* were resistant to fluoroquinolones.

# CTX-M genes and ISEcp1 inserts

β-Lactamase genes detected from the 48 isolates obtained between 1998 and 1999 were  $bla_{SHV}$  (38 isolates, 79%),  $bla_{CTX-M}$  (25 isolates, 52%),  $bla_{TEM}$  (23 isolates, 48%) and  $bla_{VEB}$  (16 isolates, 33%), while those found in the 52 isolates collected in 2003 were  $bla_{TEM}$  (41 isolates, 79%),  $bla_{CTX-M}$  (34 isolates, 65%),  $bla_{SHV}$  (19 isolates, 36%) and  $bla_{VEB}$  (19 isolates, 36%) (Table 3). No amplification products were obtained from an isolate of *K. pneumoniae*. Nucleotide sequence determination revealed that the  $bla_{TEM}$  genes from 2 representative isolates were  $bla_{TEM-1}$ , whereas  $bla_{SHV}$  genes from 3 representative

isolates were  $bla_{SHV-12}$  (2 isolates) and  $bla_{SHV-5}$ . Using primers P1C and P2D and CTXCF and C4 for amplification of the entire bla<sub>CTX-M</sub> genes from all *bla*<sub>CTX-M</sub> carrying isolates, 23 gave amplification product with primers P1C and P2D, 6 with primers CTXCF and C4, but no amplification products were detected in the 30 remaining isolates. Nucleotide sequence analysis of the bla<sub>CTX-M</sub> genes from 5 representative isolates (2 positive with primers P1C and P2D, 1 positive with primers CTXCF and C4 and 2 negative with both pairs of primers) showed that they were bla<sub>CTX-M-15</sub>, bla<sub>CTX-M-14</sub> and bla<sub>CTX-M-9</sub> respectively. Therefore, the bla<sub>CTX-M</sub> genes from all 25 isolates (52%) obtained between 1998 and 1999 were *bla*<sub>CTX-M-9</sub>, whereas those from the 34 isolates (65%) collected in 2003 were bla<sub>CTX-M-15</sub> (23 isolates, 44%), bla<sub>CTX-M-14</sub> (6

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			Table 3				
β-Lactamase	genes	present in	ESBL-prod	ucing	Enteroba	cteriaceae	isolates

		No. of isolates collected in										
		1998-1999					2003					
<i>bla</i> genes	K. pneumoniae	Klebsiella spp	Enterobacter spp	E. coli	Serratia spp	K. pneumoniae	E. coli	Enterobacter spp	P. mirabilis	<i>Providencia</i> spp	K. oxytoca	Klebsiella spp
CTX-M-9					2							
CTX-M-14						1						
CTX-M-15							1					
SHV	9					З						
TEM-1							1					
VEB			1			1			2	1		
CTX-M-9/SHV	6	1	1									
CTX-M-9/VEB								1				
CTX-M-14/TEM-1						1	З					
CTX-M-15/TEM-1						З	8					
SHV/TEM-1	2	1	1			2						
SHV/VEB	2	1										
TEM-1/VEB				З	1		З	3				
CTX-M-9/SHV/TEM-1	5	3										
CTX-M-9/SHV/VEB		1				1						
CTX-M-9/TEM-1/VEB	1		1					1			1	
CTX-M-14/TEM-1/VEB							1					
CTX-M-15/SHV/TEM-1						8	1					1
CTX-M-15/TEM-1/VEB							1					
SHV/TEM-1/VEB						2						
CTX-M-9/SHV/TEM-1/VEB		4				1						
Non-CTX-M/SHV/TEM-1/VEB												
Total	27	11	4	З	3	23	19	5	2	1	1	1

isolates, 11%) and  $bla_{CTX-M-9}$  (5 isolates, 10%). In addition, part of insertion sequence ISEcp1 was found in the upstream region of both  $bla_{CTX-M-14}$  and  $bla_{CTX-M-15}$  as confirmed by nucleotide sequencing. There were 38 isolates carrying two different ESBL genes and 7 isolates harboring three different ESBL genes. The dominant ESBL genes found between 1998 and 1999 were SHV, CTX M 9 and VEB, whereas those found in 2003 were CTX-M-15, VEB and SHV.

#### ERIC-PCR typing

ERIC-PCR analysis identified 35 distinct types among 50 *K. pneumoniae* isolates, 14 types in 22 *E. coli*, 8 types in 13 *Klebsiella* spp, 2 types in 3 *Serratia* spp and one type in 2 *P. mirabilis*, whereas all isolates of *Enterobacter* spp gave different ERIC-PCR patterns (data not shown).

# DISCUSSION

ESBL-producing E. coli have been found to increase when compared with the previous report (9.6%) in 1994 and 1996 (Lulitanond and Kaewkes, 1999). Most ESBL producers in 1994 and 1996 have a phenotype that confers more in vitro resistance to ceftazidime than to cefotaxime and SHV 12 enzyme was the most prevalent ESBL (Chanawong et al, 2001). In 2003, isolates with ESBL phenotype of higher MIC for cefotaxime than for ceftazidime were seen to increase, suggesting the presence of CTX-M ESBLs. Molecular characterization of the ESBL-producing isolates obtained between 1998 and 1999 and in 2003 revealed the high prevalence of CTX-M ESBL genes. The predominance of CTX-M  $\beta$ lactamases may be due the selective pressure, from an increased use of ceftriaxone in Srinagarind Hospital. This report also confirmed the emergence of CTX-M ESBLs in Thailand.

Variants of CTX-M-1 and CTX-M-9 groups are the most common CTX-M types in Asian countries (Cao et al, 2002; Chanawong et al, 2002; Yu et al, 2002; Yamasaki et al, 2003; Munday et al, 2004; Ho et al, 2005; Izumiya et al, 2005; Kim et al, 2005). This is the first report of CTX-M-9, CTX-M-14 and CTX-M-15 ESBL genes in Enterobacteriaceae in Thailand. However, there may be other variants of CTX-M among these isolates since the bla<sub>CTX-M</sub> genes were sequenced from only five representative isolates. In the present study, the CTX-M genes were found in various genera of Enterobacteriaceae and the insertion sequence ISEcp1 was also found in the upstream region of both *bla*<sub>CTX-M-14</sub> and *bla*<sub>CTX-M-15</sub>. ERIC-PCR analysis of the CTX-M-containing isolates revealed that most of them were of different types. These findings support the notion that dissemination of these resistance genes in different strains occurs via mobile elements such as ISEcp1 (Poirel et al, 2005).

SHV ESBLs found in the present study were SHV-12 and SHV-5 as described previously (Chanawong et al, 2001). In addition, TEM ESBLs have not yet been discovered in Thailand. The prevalence of VEB ESBLs among Enterobacteriaceae isolates has increased from 2.3% in 1994 and 1996 (Chanawong et al, 2001) to 33-36% in the present study. This gene was detected in various genera of Enterobacteriaceae, including Klebsiella, Escherichia, Enterobacter, Serratia, Proteus and Providencia, indicating a horizontal gene transfer. Girlich et al (2001) also reported a high prevalence of VEB ESBLs in Thai isolates obtained in 1999 from another hospital. Therefore, SHV, VEB and CTX-M are the most common ESBLs in Thailand.

In summary, the epidemiology of ESBLs in this hospital indicates a change of ESBL types, with a higher prevalence of CTX-M and VEB ESBLs. In addition, the presence of multiple ESBL genes in single strains and the occurrence of different ESBL-producing strains suggest that resistance in these bacteria may be due to dissemination of resistance determinants via plasmids or mobile elements. Therefore, policies regarding not only improved control of infection but also judicious use of antibiotic are urgently needed in Thailand.

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