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Published in:
Eurosurveillance (Online Edition)

Link to article, DOI:
10.2807/1560-7917.es.2015.20.49.30085

Publication date:
2015

Document Version
Publisher's PDF, also known as Version of record

Link back to DTU Orbit

Citation (APA):
Detection of mcr-1 encoding plasmid-mediated colistin-resistant *Escherichia coli* isolates from human bloodstream infection and imported chicken meat, Denmark 2015

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Citation style for this article:


Article submitted on 04 December 2015 / accepted on 10 December 2015 / published on 10 December 2015

The plasmid-mediated colistin resistance gene, *mcr-1*, was detected in an *Escherichia coli* isolate from a Danish patient with bloodstream infection and in five *E. coli* isolates from imported chicken meat. One isolate from chicken meat belonged to the epidemic spreading sequence type ST131. In addition to IncI2*, an incX4 replicon was found to be linked to *mcr-1*. This report follows a recent detection of *mcr-1* in *E. coli* from animals, food and humans in China.

Very recently, in November 2015, Liu et al. reported the finding of a transferable plasmid-mediated colistin resistance gene, *mcr-1*, detected in *Escherichia coli* isolates from animals, food and patients in China. Moreover, they found *mcr-1* in *Klebsiella pneumoniae* isolates from patients [1]. Horizontal gene transfer represents a paradigm shift in colistin resistance, which until then only was found to be mediated by chromosomal mutations and thus spread by vertical transmission.

National surveillance of antimicrobial resistance in food animals, food and humans in Denmark using whole genome sequencing

Since 2012, the national surveillance of antimicrobial resistance in food animals, food and humans in Denmark (www.DANMAP.org) has used whole-genome sequence (WGS) analysis for detection of resistance genes and multilocus sequence typing (MLST) using the open-access bioinformatic web-tools ResFinder and MLST, respectively from www.genomicepidemiology.org for characterisation of extended spectrum beta-lactamase (ESBL) and AmpC-producing *E. coli* isolates [2-4]. The *mcr-1* sequence from China was added on 24 November 2015 to the ResFinder database as soon as it was available from The National Center for Biotechnology Information (NCBI).

Investigation of presence of *mcr-1* in *E. coli* isolates from food animals, food and human bloodstream infections

The updated version of ResFinder was used to analyse the WGS data from ESBL- and AmpC-producing *E. coli* isolates from food animals and food for the years 2012 to 2014, as well as ESBL- and AmpC-producing *E. coli* isolates from human bloodstream infections, and carbapenemase-producing organisms (CPOs) from humans, from January 2014 to beginning of November 2015 (Table 1), for the presence of *mcr-1*. Furthermore, fluoroquinolone resistance determinants were investigated by searching manually for mutations in the GyrA, ParC and ParE. [5].

The *mcr-1* gene was detected in one *E. coli* isolate from a human bloodstream infection from 2015 and in five *E. coli* isolates obtained from chicken meat of European origin imported to Denmark from 2012, 2013 and 2014 (Table 2). None of the CPOs were positive for *mcr-1* (Table 1).

The patient infected with the *mcr-1*-positive *E. coli* was an elderly man with prostate cancer and repeated urinary tract infections with ESBL-producing *E. coli* resulting in four positive urine samples over five month prior to the bloodstream infection, all resistant to third generation cephalosporins, gentamicin, sulfamethoxazole, trimethoprim and ciprofloxacin (these isolates were not
investigated further). He had been treated empirically
with piperacillin/tazobactam and subsequently meropenem
after susceptibility testing of the bloodstream isolate, but not with colistin according to the available
patient data.

Besides mcr-1, the human isolate from the Danish
patient contained 15 different resistance genes including
bla_{CTX-M-55} and bla_{CMY-2} conferring resistance to
extended-spectrum beta-lactam antibiotics as well as
two GyrA mutations (S83L, D87N) and a ParC mutation
(E62K) leading to high-level fluoroquinolone resist-
ance (Table 2). The human mcr-1 positive E. coli
isolate belonged to ST744, a rare sequence type in both
humans and animals in Denmark. The patient had not
been travelling abroad recently and the origin of the
isolate is unknown.

The bla_{CMY-2} gene was detected in three of the five
mcr-1-positive chicken meat isolates. In addition, three of
the chicken meat E. coli isolates carried bla_{SHV-12},
confering resistance to extended-spectrum beta-lactam
antibiotics excluding cephamycins.

One of the mcr-1 positive E. coli isolates from chicken
meat belonged to ST131. The other chicken meat iso-
lates belonged to sequence types not frequently found
in Denmark (Table 2). The human MCR-1-producing E.
coli isolate was only susceptible to piperacillin/tazo-
bactam, carbapenems and tigecycline according to the
European Committee on Antimicrobial Susceptibility
Testing (EUCAST) breakpoints [6], whereas the chicken
meat isolates were less resistant (Table 3).

WGS analysis using the web-tool PlasmidFinder [9]
identified an IncI2 replicon present in the human iso-
late as well as in three of the chicken meat isolates, but
this replicon was not detected in the remaining
two chicken meat isolates. De novo assembly using
CLCbio Genomics Workbench (v8.5.1; Qiagen, Aarhus,
Denmark) of the genomic data produced a direct link between the mcr-1 gene and an IncX4 replicon in one of the two isolates not containing IncI2 replicons. An identical IncX4 replicon was detected in four of the chicken meat isolates including both isolates lacking an IncI2 replicon (but not in the human isolate).

**Discussion and conclusion**

Here we describe a MCR-1 producing *E. coli* isolate from a human infection coproducing both an ESBL (CTX-M-55) and an AmpC (CMY-2) cephalosporinase as well as five MCR-1 producing *E. coli* from chicken meat coproducing either and ESBL (SHV-12) or an AmpC (CMY-2) cephalosporinase, or both. Human and animal CTX-M-55-producing isolates are commonly reported from Asia [10,11], but are relatively rarely seen in Denmark. CTX-M-55-producing *E. coli* isolates were detected in only 3% of the *E. coli* from bloodstream infections in 2014 [4]. CMY-2-producing *E. coli* isolates have commonly been detected from chicken meat both in Denmark and other countries [2-4,12,13], but *bla*<sub>CMY-2</sub> has been relatively rare in the Danish human bloodstream *E. coli* isolates. Similarly, only two of the 245 human bloodstream *E. coli* isolates from 2014 were

<table>
<thead>
<tr>
<th>Origin</th>
<th>Human</th>
<th>Chicken meat</th>
</tr>
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<tbody>
<tr>
<td>Isolate name</td>
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<td>14042624</td>
</tr>
<tr>
<td>Antimicrobial agent</td>
<td>MIC (mg/L)</td>
<td>S/R</td>
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<tr>
<td>Polymyxins</td>
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<tr>
<td>Colistin</td>
<td>&gt;4</td>
<td>R</td>
</tr>
<tr>
<td>Polymyxin B&lt;sup&gt;+&lt;/sup&gt;</td>
<td>4</td>
<td>R</td>
</tr>
<tr>
<td>Beta-lactam/beta-lactam inhibitor combinations</td>
<td></td>
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</tr>
<tr>
<td>Ticarcillin/clavulanic acid</td>
<td>≤8/4</td>
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</tr>
<tr>
<td>Piperacillin/tazobactam</td>
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<td>S</td>
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<tr>
<td>Cephalosporins</td>
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<td>Cefotaxime</td>
<td>&gt;32</td>
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</tr>
<tr>
<td>Cefazidime</td>
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<tr>
<td>Aztreonam</td>
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<tr>
<td>Carbapenems</td>
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<td>Ertapenem</td>
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<tr>
<td>Meropenem</td>
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<tr>
<td>Imipenem</td>
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<td>Doripenem</td>
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<td>Gentamicin</td>
<td>&gt;8</td>
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<tr>
<td>Amikacin</td>
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<tr>
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<tr>
<td>Minocycline&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>Trimethoprim/</td>
<td>&gt;4/76</td>
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<tr>
<td>sulfamethoxazole</td>
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</table>
SHV-12-producing [4]. Based on antibiogram data it seems plausible that the bloodstream infection is related to the repeated urinary tract infections, but this will need to be confirmed by additional WGS analysis. At this point in time, the origin of the human isolate is unresolved.

MLST analysis did not show any close clonal relationship between any of the six isolates. However, one of the chicken meat isolates belonged to ST131. This sequence type is commonly associated with human E. coli urinary tract and blood infection isolates worldwide, but are rare in animal E. coli isolates [4,14,15]. The fact that a ST131 MCR-1-producing E. coli isolate was found is of special concern, since ST131 isolates have spread epidemically during the last decade [14,15] and the ability of mcr-1 to be acquired by this sequence type has been demonstrated here.

The mcr-1 gene was initially reported to be located on an IncI2 plasmid without other known resistance markers [1]. Here only four of the isolates were found to contain an IncI2 replicon, suggesting that the mcr-1 gene was either located on the chromosome or on a plasmid type belonging to another group. In support of the latter is the fact that de novo assembly of the genomic data from one of the isolates produced a continuous DNA fragment containing both an IncX4 and the mcr-1 gene, strongly suggesting that the mcr-1 gene is not restricted to the IncI2 plasmid group, but additional studies are needed to clarify this further.

In conclusion, this study is to our knowledge, the first proof of colistin-resistant mcr-1 positive E. coli outside China. The human isolate was only susceptible to very few antimicrobial classes such as carbapenems. Should an isolate like this acquire carbapenem resistance, it would leave very few, if any, suitable treatment options. Finally, our findings underline the importance of continuous microbiological surveillance programs and not the least the benefit of employing comprehensive WGS-based surveillance of antimicrobial resistance, as it allows for rapid re-analysis of large datasets in silico and thus make early detection and risk assessment possible when new resistance genes emerge.

*Authors’ correction*

Upon request of the authors, Christina Aaby Svendsen’s name was corrected in the Acknowledgement section on 16 December 2015 upon request of the authors.

**Conflict of interest**

None declared.

**Authors’ contributions**

HH and AMH collected the data and drafted the manuscript, HH, MS, PL, EZ and RK did the molecular analysis, FMA, FH, YA, RSH, LC, DSH, BO produced phenotypic data and participated in the coordination and concept of the manuscript, RLS coordinated and edited the manuscript.

**References**


**Acknowledgements**

The project was partly funded by the Danish Veterinary and Food Administration the centrally coordinated projects and partly by the Center for Genomic Epidemiology grant 09-067103/DSF from the Danish Council for Strategic Research and supported by the Danish Ministry of Health as part of The Integrated Surveillance of ESBL/AmpC producing E. coli and Carbapenemase Producing Bacteria. We thank Karin Sikhaj Pedersen and Christina Aaby Svendsen for excellent technical assistance.

