Results

The present study was conducted in the Department of Microbiology, Assam University, Silchar, Assam, India. The duration of study was May 2013 to April 2015. The bacterial strains were collected from Silchar Medical College and Hospital, Silchar, Assam and different community health centres on Silchar town. This tertiary referral hospital serves around 38,26,110 numbers of populations of Assam and neighbouring states like North Tripura, Mizoram, Meghalaya and Manipur. Environmental samples were collected from different sites of five different rivers of southern Assam, water bodies near waste disposal site and food samples were collected from food vendor shops of Silchar town.

A total of 967 consecutive non-duplicate different clinical specimens have been studied during the period of May 2013 to April 2015 and a total of 130 consecutive non-duplicate different environmental samples were studied for the period of September 2014 to August 2015.

4.1 Isolation and identification of isolates from clinical specimens and environmental samples:

Clinical specimens were streaked on Mac-conkey agar, Blood agar and CLED agar (for urine specimen), whereas the environmental samples were streaked on Macconkey agar and their microscopical observation by Gram staining, motility and cultural characteristics were observed as mentioned (Table 16). All the enterobacterial isolates were rod shaped and and stained pink in colour. They were further investigated with different biochemical reactions and interpreted accordingly. Lactose fermenting pink colonies were observed for *Escherichia coli* and *Klebsiella* spp.(Figure 9a,9b,9c).

Table 16: Cultural characteristics:

4.1.1 Identification of isolates by biochemical test:

As per interpretation of the results of biochemical reaction, a total number of 212 isolates were found belonging to the member of Enterobacteriaceae family. Among them, predominant type was *Escherichia coli* (n=139), followed by *Klebsiella pneumoniae* (n=53), *Klebsiella oxytoca* (n=7) and *Proteus* spp. (n=12) (Table 17).

Table 17: List of biochemical test:

+positive, -negative, A acid, K alkaline, F- fermentative

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4.2 Samples:

4.2.1 Clinical isolates:

A total of 864 bacterial isolates were obtained of which 212 were identified as members of Enterobacteriaceae comprising 80 isolates from Silchar Medical College and Hospital and 132 from different community health centres (Table 18).

Table 18: Different isolates obtained from clinical sample in the study**.**

Fig.9a Colony morphology of *E. coli* on Macconkey agar

Fig.9b Colony morphology of *Klebsiella* spp.on Macconkey agar

Fig.9c Colony morphology of *Proteus* spp.on Macconkey agar

4.2.2 Environmental isolates:

A total of 153 bacterial isolates were isolated of which 68 (44.44%) were identified as Enterobacteriaceae (Table19)*.*

Table 19: Different isolates obtained from environmental samples in the study

4.3 Phenotypic screening of quinolone resistance:

When screened for quinolone resistance nalidixic acid showed highest resistance (88.68%) followed by lomefloxacin (87.74%), ciprofloxacin(76.42%) and sparfloxacin (74.06 %) (Table 18; Figure 9 and 10).

Fig 10: Antibiotic susceptibility plates against quinolone antibiotics

n=Total no.of isolate, N=No. of resistant isolate, %=Percentage

Figure 11: Proportion of quinolone resistant enterobacterial hospital (n=79) and community (n=130) isolates at species level

4.3.1: Resistance tree based on quinolone antibiotic resistance pattern

Based on the quinolone resistance profile of the clinical isolates a total of 17 different resistance pattern were observed; among which 12 patterns were obtained for *E. coli,* 7 for *Klebsiella pneumoniae,* 4 for *Klebsiella oxytoca,* 3 for *Proteus vulgaris* and 2 for *Proteus mirabilis.* Pattern1 wsa observed to the most prevalent in all organisms except *Proteus mirabilis.* In *Proteus mirabilis* pattern 3 and pattern 6 were observed (Table 21).

CIP-ciprofloxacin, GAT- gatifloxacin, LVX- levofloxacin, LOM- lomefloxacin, NAL- nalidixic acid, NOR- norfloxacin, OFX- ofloxacin, SPX-

sparfloxacin, GEM- gemifloxacin, n= no. of isolates.

Table 22: Phenotypic screening results of quinolone resistance among environmental isolates

4.4 Minimum inhibitory concentration

4.4.1 Minimum inhibitory concentration against quinolones in clinical isolates.

Among all the fluoroquinolone resistant clinical isolates, highest susceptibility was observed against levofloxacin 36.36% (n=76) and gatifloxacin 35.89% (n=75) followed by ofloxacin 33.49% (n=70); norfloxacin 32.54% (n=68); ciprofloxacin 22.01% (n=46) and rest of the isolates were above the MIC break point (Table 23-27 and Figure 12).

Table 24: MIC of the screened clinical isolates against ciprofloxacin

Table 25: MIC of the screened clinical isolates against ofloxacin

Table 26: MIC of the screened clinical isolates against gatifloxacin

Table 27: MIC of the screened clinical isolates against levofloxacin

Fig 12: Minimum inhibitory concentration of quinolone resistant isolates against ofloxacin at 2-256µg/ml.

4.4.2 Minimum inhibitory concentration against quinolones in environmental isolates.

Among all the fluoroquinolone resistant environmental isolates, highest susceptibility was observed against levofloxacin 27.94% (n=19) and ofloxacin 22.06% (n=15) followed by norfloxacin 20.59% (n=14); ciprofloxacin 11.76% (n=8) and rest of the isolates were above the MIC break point (Table 28-31).

Table 28: MIC of screened environmental isolates against norfloxacin.

Table 29: MIC of screened environmental isolates against ciprofloxacin

Table 30: MIC of screened environmental isolates against ofloxacin

Table 31: MIC of screened environmental isolates against levofloxacin

4.5 Genotypic characterization of quinolone resistant isolates:

4.5.1 Genotypic characterization of quinolone resistant clinical isolates:

Multiplex PCR results showed presence of different quinolone resistance determinants, among them *aac(6')-lb cr* (n= 23) was most common followed by *qnr*D (n=18), *qnr*A (n=7), *qnr*S (n= 4), *qnr*B (n= 2) (Figure 13). A total of 54 (25.83%) isolates were harbouring single *qnr* gene (Table 32), while in 18 (8.61%) isolates multiple *qnr* genes were found (Table 33). There were 137 isolates which did not show any amplification with target primers.

4.5.2 Genotypic characterization of quinolone resistant environmental isolates:

Multiplex PCR results showed presence of different quinolone resistance determinants, among them *aac(6')-lb cr* (n= 25) was most common, followed by *qnr*D (n=7), *qnr*A (n=5) and *qnr*S (n= 2) (Table 32; Figure 14).

Table 32: Distribution of *qnr* genes among tested clinical

isolates (harbouring single *qnr* gene)

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 (E) (E) (F)

(G)

Figure 13:PCR amplification of *qnr* and *aac(6')-Ib-cr.* (A) *qnr*B (546bp) and *qnr*A (628bp); (B) *qnr*D (582bp); (C) *qnr*S (675bp) and *qnr*A(628bp); (D)*qnr*D (582bp); (E) *aac(6')-Ib-cr* (519bp); (F) *qnr*A and (G) L-ladder (100bp), lane 1, 2, 3, 5- *aac(6')-Ib-cr,* lane 6 and 7- *qnr*D, lane 8-10- *qnr*A, 11-12 *qnr*B, lane13-16- *qnr*S

<i>gnr</i> gene type	qn r A	qnrD	qnrS	$aac(6')$ <i>Ib-cr</i>	None
Organisms					
E.coli $(n=23)$	$\overline{2}$	$\overline{4}$	$\mathbf{1}$	16	
Klebsiella pneumoniae $(n=4)$	$\overline{2}$	$\mathbf{1}$	$\mathbf{1}$		
Klebsiella oxytoca $(n=22)$	$\mathbf{1}$	$\overline{2}$		3	16
Proteus mirabilis $(n=19)$				$\boldsymbol{6}$	13
Total $(n=68)$	5	$\overline{7}$	$\overline{2}$	25	29

Table 34: Distribution of *qnr* genes among test environmental isolates.

Figure 14: PCR amplification of *qnr* **and** *aac(6')-Ib-cr.***(A)** *qnr***A (628bp),** *qnr***D (582bp);**

(B) *qnr***S (675bp) and** *aac(6')-Ib-cr* **(519bp)**

4.6 Sequencing of all *qnr* **genes and** *aac***(6')***Ib-cr***:**

Sequencing of the PCR products of *qnr* and *aac(6')-Ib-cr* showed that isolates harboured *qnr*A1, *qnr*B7, *qnr*B8, qnrS1, qnrD1and *aac(6')-Ib-cr* variants in this study area (Figure15 to19).

Figure 15: Electropherogram of *qnr***A1 PCR amplicon sequence**

Figure 16 : Electropherogram of *qnr***B7 PCR amplicon sequence**

 Figure 17 : Electropherogram of *qnr***S1 PCR amplicon sequence**

4.7 Transferability of *qnr* **genes and** *aac***(6')***Ib-cr* **genes:**

4.7.1 PCR detection of *qnr* **genes and** *aac***(6')***Ib-cr* **genes in transformants:**

A total of 98 clinical isolates and 36 environmental isolates were subjected to transformation assay, of which transformation was successful with 82 (83.67%) clinical and 36 (100%) environmental isolates (Figure20). PCR was performed for all the transformants and results indicative that all the *qnr* and *aac*(6')*Ib-cr* genes could be transformed successfully to the recipient strain in case of clinical isolates while in case of environmental isolates only *qnr*S and *aac*(6') *–Ib-cr* could be successfully transformed.

4.7.2 Selection specificity of *qnr* **genes:**

The transformants carrying the PMQR determinants showed biasness during selection towards the quinolone antibiotics. Transformants which carried the *qnr*A determinants were selected from the media containing norfloxacin, ciprofloxacin and levofloxacin; *qnr*B positive transformants were selected from the media containing norfloxacin, ciprofloxacin; *qnr*D positive transformants were selected from the media containing norfloxacin,ofloxacin; *qnr*S positive transformants were selected from the media containing levofloxacin and the transformants which carried the *aac*(6')-*Ib-cr* genes were selected from the media containing norfloxacin and ciprofloxacin (Table 35).

4.7.3 MIC of transformants:

High $MIC₅₀$ and $MIC₉₀$ was observed against all tested fluoroquinolones in transformants of members of Enterobacterial isolates harbouring single and multiple *qnr* genes (Table 36-40). MIC₅₀ and MIC₉₀ of the transformants against norfloxacin and ciprofloxacin ranged between (2-4 µg/ml), against ofloxacin and gatifloxacin ranged between (1-4 µg/ml), whereas for levefloxacin the range is 0.5- $2 \mu g/ml$.

(A) (B)

(C) (D)

Figure 20 (A-D): Transformants in *E.coli* JM107 recepient strain selected against quinolone antibiotics.

Table36: MIC₅₀ and MIC₉₀ of transformants harbouring *qnr*B

Table 38: MIC₅₀ and MIC₉₀ of transformants harbouring *qnr*S

Antibiotics	Isolates harbouring single <i>qnr</i>		Isolates harbouring multiple		
	genes		<i>qnr</i> genes		
	MIC ₅₀ (µg/ml)	$MIC_{90}(\mu g/ml)$	MIC ₅₀ (µg/ml)	$MIC_{90}(\mu g/ml)$	
Norfloxacin	4	4	$\overline{4}$	$\overline{4}$	
Ciprofloxacin	$\overline{4}$	$\overline{4}$	$\overline{4}$	$\overline{4}$	
Ofloxacin	1	$\overline{2}$	$\overline{2}$	$\overline{2}$	
Gatifloxacin	$\mathbf{1}$	1	$\overline{2}$	$\overline{2}$	
Levofloxacin	0.5				

Table 39: MIC₅₀ and MIC₉₀ of transformants harbouring *aac*(6')*Ib-cr*

4.8 Analysis of plasmids:

Plasmid was analysed for the transformants harboring *qnr* gene of each type and the observation was as follows: A 25kb plasmid was found in the isolates carrying *qnr*A, 15kb and 20kb was found carrying *qnr*D, 20kb was found carrying *qnr*B*,* 25kb was found carrying *qnr*S and 18 kb and 20kb plasmid was found in the isolates carrying *aac*(6')*Ib-cr* genes (Figure 21).

4.9 Plasmid Incompatibility typing:

Plasmid incompatibility group typing in transformants suggested that *qnr*A was located within P, HI1, B/o, T, FrepB, K/B and I1 Inc type; *qnr*B was located within FrepB, K and I1 Inc type; *qnr*D was located within FrepB, FIB, K/B, P Inc type; *qnr*S was located within FrepB and K/B Inc type; *aac(6')-Ib-cr* was located within HI2, FIIs, K/B, P, FrepB, FIB Inc type (Figure22;Table 41-45). Isolates harbouring multiple *qnr* genes were originated through diverse Inc group types *viz*: HI1, I1, W, Y, P, FrepB, K, B/o (Table 44). FIB, $F_{rep}B$, K/B and HI2 were the most predominant Inc type present among the isolates. FrepB Inc type was found common among *K.pneumoniae.*

 (A) (B)

Figure 21: Analysis of plasmid of transformants harbouring *qnr* genes. (A) Plasmid in *qnr*A (B) Plasmid in *qnr*D (C) Plasmid in *qnr*B (D) Plasmid in *qnr*S (E) Plasmid in *aac*(6')*Ib-cr*

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Figure 22 :PCR detection of Inc groups in transformants (A) 376bp Inc X, 559bp IncN; (B) 270bp Inc FIIs; (C) 270bp Inc FrepB; (D) 160bp Inc K/B; (E) 159bp Inc B/O; (F) 532bp Inc P; (G) 702 bp Inc FIB, 750bp Inc T; and (H) 471bp Inc HI1, 644bp Inc HI2, 139bp Inc I1

Table 40: Incompatibility typing of transformant harbouring *qnr*A

Table 41: Incompatibility typing of transformant harbouring *qnr*B

Table 42: Incompatibility typing of transformant harbouring *qnr*D

Table 43: Incompatibility typing of transformant harbouring *qnr*S

4.10 Analysis of conjugative transferability of plasmid

Conjugation experiment was performed with 82 isolates and it was found that 76 (92.68%) isolates were conjugatively transferable (Figure23). Resistance pattern of these transconjugant against quinolone antibiotics were confirmed by disc diffusion test (Figure 24 A and B).

4.10.1 PCR detection of *qnr* **among transconjugants:**

PCR results were indicative that *qnr* genes were present in all the transconjugant plasmids.

4.10.2 MIC of transconjugants:

High MIC $_{50}$ and MIC $_{90}$ were observed in all transconjugants against all tested quinolones antibiotics (Table47-51). $MIC₅₀$ and $MIC₉₀$ for all the transconjugants against norfloxacin, ciprofloxacin and ofloxacin ranged between 1-4 µg/ml whereas against gatifloxacin and levofloxacin MIC $_{50}$ and MIC $_{90}$ ranged between 0.5-2 µg/ml (Figure 24C and D).

(A) (B)

(C) (D)

Figure 24(A): Antibiotic susceptibility of transformant against quinolone antibiotics. (B) Antibiotic susceptibility of *E. coli* JM 107 without plasmid against quinolone antibiotics. (C) MIC of transformants against quinolone antibiotic. (D) MIC of transconjugants against quinolone antibiotic**.**

Table 48: MIC₅₀ and MIC₉₀ of transconjugants harbouring *qnr*D

Table 50: MIC₅₀ and MIC₉₀ of transconjugants harbouring *aac*(6')*Ib-cr*

4.11 DNA fingerprinting of quinolone resistant isolates by ERIC PCR

After performing ERIC PCR, 74 types of *Escherichia coli*, 21 types *Klebsiella pnemoniae,* 3 types of *Klebsiella oxytoca*,3 types *Proteus vulgaris* and 2 types *Proteus mirabilis* were found in the study (Figure 25A,B,C).

4.12 Determination of genetic environment:

4.12.1 Detection of the location of *qnr* **gene within integron region:**

Sequencing of the amplified products revealed that *qnr*D and *aac*(6')*Ib-cr* were located within the variable region of class 1 integron whereas other quinolone determinants showed no associoation with the gene capture mechanism.

4.12.2 Association of *qnr* **and** *aac***(6')***Ib-cr* **genes with mobile element:**

Sequencing results showed that *qnr*A genes were linked with *tnISEcp1*; *tnIS26;* and *IS26* in the upstream region while in case of *aac*(6')*Ib-cr* the upstream region showed the presence of *tnIS26*. No association was observed in other quinolone resistance determinants associated with mobile genetic elements.

Figure 25 : (A) DNA finger printing of *E. coli* by ERIC PCR. Lane L: 10Kb DNA hyper ladder; Lane 1-9: ERIC pattern of *E. coli* Type 1-9 **(B)** DNA finger printing of *Klebsiella pneumonia* and *Klebsiella oxytoca* by ERIC PCR.Lane L: 10Kb DNA hyper ladder; Lane 1-11: ERIC pattern of *Klebsiella pneumonia* Type 1-11; Lane 12- 14: ERIC pattern of *Klebsiella oxytoca* Type 1-3. **(C)** DNA finger printing of *Proteus vulgaris* and *Proteus mirabilis* by ERIC PCR.Lane L: 10Kb DNA hyper ladder; Lane 1-3: ERIC pattern of *Proteus vulgaris* Type 1-3; Lane 4-5: ERIC pattern of *Proteus mirabilis* Type 1-2.

4.13 Study of mutation in the quinolone resistance determining region by denaturing gradient gel electrophoresis:

All the quinolone resistant isolates that were devoid of quinolone resistance determinants were subjected to PCR amplification using primers listed in table 17. All the isolates showed positive results for PCR amplification with the primers used (Figure 26). Altogether 96 isolates were studied for mutation in the quinolone resistance determining region (QRDR) by DGGE. Four band patterns were obtained for each gene when compared with the positive control (Figure 27).

4.13.1 Sequencing of *gyr***A and** *par***C genes:**

The amplified products were subjected to DGGE. Analysis of the gel revealed four types (A-D) of band patterns of each of *gyr*A and *par*C genes. In order to determine the contribution of mutation in QRDR region which attributes fluoroquinolone resistance, sequencing of *gyr*A and *par*C patterns were done. When the DNA sequence of the *gyr*A was compared with *gyr*A subunit of EC493/89, it revealed nucleotide differences at many positions (Figure 28a and 28b). Pattern A were found to have 9 point mutations (EGYMU1), Pattern B with 13 point mutations (EGYMU2), Pattern C with11 point mutations (EGYMU3) and Pattern D was found to have 10 point mutations (EGYMU4). Two transition mutations were common in all the isolates. Three insertion mutations were found between $166th$ and $167th$ base by T (starting with position 1 at the A of the start codon of *gyr*A) of *gyr*A pattern EGYMU1. At 181^{th} and 190^{th} base, deletion of single nucleotide A was observed in all *gyr*A pattern (Figure28a). Mutation in codons 83 and 87 in *gyr*A displayed the most common alteration in clinical isolates. Transition mutation at codon 83 was a C-T that resulted in the substitution of leucine for serine in pattern A, B and D but in pattern C (EGYMU3) transition mutation at codon 83 resulted in the substitution of glycine for serine. Another transition mutation was C-A at position 87, which resulted in an Asp87Leu and Asp87 Asn. Twenty one different types of mutation in *gyr*A were found amongst the isolates analysed. They were Trp56Met, Asn57Thr,

Asn57His, Trp59Met, Asn60Thr, Asn60Asp, Lys61Gly, Lys61Ser, Ala62Thr, Ala62Pro, Tyr63Ser, Tyr63Ile, Lys64Leu, Lys65Ile, Ser83Leu, Ser83Gly, Val85Ala, Asp87Asn, Asp87Leu, Arg91Tyr and Ser111Asn.

The isolates showing the four mutation pattern of *par*C were named as EPRMU1, EPRMU2, EPRMU3, EPRMU4.Pattern EPRMU1 were found to have 10 point mutations, of which 5 insertion mutation with T. Transition mutation of A-G at base 251 s^{st} and transversion mutation of G-C at base 325th were found in EPRMU2. Two transversion mutations C-A and two transition mutation C-T were observed in EPRMU3 (Figure 28a and 28b). Two transversion mutation G-T and C-A were detected in EPRMU4. Codons 74,76, 77, 80, 82, 84, 89, 91, 105, 107 showed alterations in the QRDR of the *par*C gene. The replacements were Tyr74Leu, Pro76Phe, His77Arg, Ser80Ile, Ser80Arg, Cys82Leu, Glu84Gly, Glu84Lys, Met89Leu, Gln91His, Asn105Thr and Gly107Ala. Mutations outside the QRDR were also observed during the study. A deletion of G at $390th$ base and a transversion of G-T at 393rd base have resulted in the substitution of Glu130Asp and Leu131Phe respectively (Figure 29a and 29b)

Figure 26: PCR amplification of *gyr*A (586bp) and *par*C (265bp)

(A)

(B)

Figure 27: (A) Denaturing gradient gel electrophoresis pattern of *gyr*A gene **(B)** Denaturing gradient gel electrophoresis pattern of *par*Cgene

GYMU1296TATATGCTGGTAGACGGTCAGGGTAACTTCGGTTCTATCGACGGCGACTCTGCGGCGGCA355 GYMU2295TACATGCTGGTAGACGGTCAGGGTAACTTCGGTTCCATCGACGGCGACTCTGCGGCGGCA354 EC493/89298 TATATGCTGGTAGACGGTCAGGGTAACTTCGGTTCTATCGACGGCGACTCTGCGGCGGCA 357 GYMU3 296 TACATGCTGGTAGACGGTCAGGGTAACTTCGGTTCCATCGACGGCGACTCTGCGGCGGCA 355 GYMU4 295 TACATGCTGGTAGACGGTCAGGGTAACTTCGGTTCCATCGACGGCGACTCTGCGGCGGCA 354

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GYMU1419GAGACGGTCGATTTCGTTGATAACTATGACGGCACGGAAAAAATTCCGGACGTCATGCCA478
GYMU2418GAGACGGTCGATTTCGTTGATAACTATGACGGCACGGAAAAAATTCCCGACGTCATGCCA 477
EC493/89421GAGACGGTCGATTTCGTTGATAACTATGACGGCACGGAAAAAATTCCGGACGTCATGCCA480
GYMU3 419GAGACGGTCGATTTCGTTGATAACTATGACGGCACGGAAAAAATTCCCGACGTCATGCCA 478
GYMU4 418GAGACGGTCGATTTCGTTGATAACTATGACGGTACGGAAAAAATTCCGGACGTCATGCCA 477
```
Figure 28a: Sequence alignment of the four type of mutational pattern *gyr***A sequences with the sequence of** *Escherichia coli* **strain 493/89(EC493/89)**

Figure 28b: Sequence alignment of the four type of mutational pattern *par***C sequences with the sequence of** *Escherichia coli* **strain 493/89(EC493/89)**

Figure 29a: Protein sequence alignment of four mutational patterns of GyrA with the sequence of *Escherichia coli* **strain 93/89 (EC493/89).**

EPRMU1 61 KKSARTVGDVLGKLHFRGDSALYEAMVLLA 90 EPRMU2 61 KKSARTVGDVLGKYHPHGDIACYGAMVLMA 90 EC493/89 61 KKSARTVGDVLGKYHPHGDSACYEAMVLMA90 EPRMU361KKSARTVGDVLGKYHPHGDRACYKAMVLMA90 EPRMU461 KKSARTVGDVLGKYHPHGDI ACYEAMVL MA 90

EPRMU1 91 QPFSYRYPLVDGQGNWAAPDDPKSFAAMRY 120 EPRMU2 91 QPFSYRYPLVDGQGNWAAPDDPKSFAAMRY 120 EC493/89 91QPFSYRYPLVDGQGNWGAPDDPKSFAAMRY 120 EPRMU3 91QPFSYRYPLVDGQGNWGAPDDPKSFAAMRY 120 EPRMU4 91 HPFSYRYPLVDGQGTWGAPDDPKSFAAMRY 120

Figure 29b: Protein sequence alignment of four mutational patterns of ParC with the sequence of *Escherichia coli* **strain 493/89(EC493/89).**

4.14 Therapeutic option:

In case of antibiotics other than quinolone antibiotics for treatment options, susceptibility was high against polymixinB 83.25% (n=174) followed by imipenem 73.68% (n=154) and cefotaxime 66.99% (n=140) (Table 52; Figure30).

Figure 30: Antibiotic susceptibility of quinolone resistant isolates

n=Total no.of isolate, N=No. of sensitve isoloate,%=Percentage