

Incidence of Extended-Spectrum β -Lactamases and Characterization of Integrons in Extended-Spectrum β -Lactamase-producing *Klebsiella pneumoniae* Isolated in Shantou, China

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Abstract This study is concerned with the level of antibiotic resistance of extended-spectrum β -lactamase (ESBL)-producing *Klebsiella pneumoniae*, isolated in Shantou, China, and its mechanism. Seventy-four non-repetitive clinical isolates of *K. pneumoniae* producing ESBLs were isolated over a period of 2 years. Antibiotic susceptibility, carried out by Epsilometer test, showed that most of the isolates were multiresistant. Polymerase chain reaction showed that, among the several types of β -lactamases, SHV was the most prevalent, TEM was the second most prevalent, and CTX-M was the least prevalent. Sixty-nine isolates were positive for integrase gene *IntI1*, but no *IntI2* or *IntI3* genes were found. The variable region of class 1 integrons were amplified and further identified by sequencing. Thirteen different gene cassettes and 11 different cassette combinations were detected. *Dfr* and *aadA* cassettes were predominant and cassette combinations *dfrA12*, *orfF* and *aadA2* were most frequently found. No gene cassettes encoding ESBLs were found. Integrons were prevalent and played an important role in multidrug resistance in ESBL-producing *K. pneumoniae*.

Key words *Klebsiella pneumoniae*; extended-spectrum β -lactamase (ESBL); integron; gene cassette

Klebsiella pneumoniae is an important hospital or community-acquired pathogen that is naturally susceptible to extended-spectrum cephalosporins (ESCs). However, strains resistant to these antibiotics mediated by extended-spectrum β -lactamases (ESBLs) have now spread worldwide. ESBLs contain several types of β -lactamases, including SHV, TEM, CTX-M and OXA [1]. Dissemination of antibiotic resistance genes by horizontal transfer has led to the rapid emergence of antibiotic resistance among clinical isolates. In the 1980s, genetic elements termed integrons were identified [2]. To date, at least eight classes of integrons, with different *Int* genes, have been described [3]. Among the different integron families, class 1 integrons are found to be most prevalent in drug-resistant bacteria [4]. Class 1 integrons are mobile DNA elements

with a specific structure consisting of two conserved segments flanking a central region containing “cassettes” that usually code for resistance to specific antimicrobials [5]. The 5'-conserved segment contains the integrase gene (*IntI1*), a promoter region, and the *IntI1*-specific integration site *attI1*. The 3'-conserved segment usually contains a combination of the three genes *qacEΔ1* (antiseptic resistance), *sulI* (resistance to sulfonamides), and an open reading frame (*orf5*) of unknown function [6]. Between the two conserved segments, the central variable region can contain from zero to multiple cassettes [7]. The acquisition of resistance genes in bacteria is often facilitated by integrons. The presence of integrons among clinical *K. pneumoniae* isolates might account for multiple-antibiotic resistance.

In this study, we determined the incidence of ESBL-coding genes and characterized the different variable regions of the class 1 integrons in order to identify the

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mechanism of resistance in clinical *K. pneumoniae* isolates.

Materials and Methods

Clinical isolates

From February 2001 to June 2003, 74 non-repetitive (one per patient) clinical isolates of *K. pneumoniae* producing ESBLs were isolated from hospitalized patients in the First Affiliated Hospital, Shantou University Medical College (Shantou, China). Twenty-three strains were isolated from the Department of Neurosurgery, 14 from the Neonatology Center, 11 from the Surgery Intensive Care Ward, 7 from the Department of Pediatrics, 5 from the Department of Neurology and 14 from other wards. Sputum was the most frequent type of sample (68 strains), followed by exudates (three strains), blood (one strain), urine (one strain), and stool (one strain). Production of ESBLs was determined by an agar dilution method and the double-disk synergy test by ceftazidime/cefotaxime with and without clavulanate on Mueller-Hinton agar. The results were interpreted according to Clinical and Laboratory

Standards (CLSI) antimicrobial susceptibility testing standards (2006) [8].

Antimicrobial susceptibility determination

Minimal inhibitory concentrations to antimicrobial agents including cefotaxime, ceftazidime, ceftriaxone, cefepime, imipenem, gentamicin, amikacin, ciprofloxacin and tetracycline were determined. Epsilon meter test (E-test) was carried out according to the manufacturer's recommendations with E-test strips (AB BIODISK, Solna, Sweden). *Escherichia coli* ATCC 35218 was used as the quality control strain.

Polymerase chain reaction (PCR), cloning, sequencing and protein analysis

Template DNA was prepared as follows: a cell pellet from 1.5 ml of overnight culture was resuspended in 500 µl of TE (10 mM Tris, 1 mM EDTA, pH 8.0) after centrifugation and boiling for 10 min. After centrifugation, the supernatant was used for PCR. The primers and conditions for PCR are listed in **Table 1** [9–15]. Strains containing the *IntI1* gene were subsequently subjected to PCR for amplification of the class 1 integron gene cassettes

Table 1 Primers and conditions of polymerase chain reaction used in this study

Primer	PCR primers (5'→3')	Expected size (bp)	PCR conditions	PCR product	Ref.
SHV-F	GGGTTATTCTTATTTGTCGC	928	94 °C, 5 min; 35 cycles of 94 °C, 1 min, 58 °C, 1 min, 72 °C, 1 min	SHV-1, -2, -5, -7, -11, -12, -18, -26, -32, -33, -38, -44, -46, -49	9
SHV-R	TTAGCGTTGCCAGTGCTC				
TEM-F	ATAAAATTCTTGAAGACGAAA	1080	94 °C, 5 min; 35 cycles of 94 °C, 1 min, 58 °C, 1 min, 72 °C, 1 min	TEM-1, -52, -71, -104, -105, -138, -151, -152	10
TEM-R	GACAGTTACCAATGCTTAATCA				
CTX-M-F	ACGCTGTTGTTAGGAAGTG	759	94 °C, 5 min; 35 cycles of 94 °C, 45 s, 58 °C, 45 s, 72 °C, 1 min	CTX-M-1, -3, -12, -15, -22, -30, -32, -33, -38, -52, -57, -58, -60, -61	11
CTX-M-R	TTGAGGCTGGGTGAAGT				
OXA-1-F	ACACAATACATATCAACTTCGC	813	94 °C, 5 min; 35 cycles of 94 °C, 1 min, 58 °C, 1 min, 72 °C, 1 min	OXA-1, -4, -30, -31, -47	12
OXA-1-R	AGTGTGTTTAGAATGGTGATC				
OXA-2-F	TTCAAGCCAAAGGCACGATAG	814	94 °C, 5 min; 35 cycles of 94 °C, 45 s, 61 °C, 45 s, 72 °C, 1 min	OXA-2, -3, -15, -21, -32	12
OXA-2-R	TCCGAGTTGACTGCCGGGTTG				
IntI1-F	CCTCCCGCACGATGA	281	94 °C, 5 min; 35 cycles of 94 °C, 45 s, 64 °C, 45 s, 72 °C, 1 min	<i>IntI1</i>	13
IntI1-R	TCCACGCATCGTCAG				
RB201	GCAAACGCAAGCATTCATTA	393	94 °C, 5 min; 35 cycles of 94 °C, 1 min, 40 °C, 1 min, 72 °C, 1 min	<i>IntI2</i>	14
RB202	ACGGATATGCGACAAAAGG				
RB317	AACCTTGACCGAACGCAG	Uncertain	35 cycles of 94 °C, 45 s, 59 °C, 45 s, 72 °C, 3 min	Variable region of class 1 integron	14
RB320	AGCTTAGTAAAGCCCTCGCTAG				
IntI3-F	GCAGGGTGTGGACGAATACG	760	94 °C, 5 min; 35 cycles of 94 °C, 1 min, 40 °C, 1 min, 72 °C, 1 min	<i>IntI3</i>	15
IntI3-R	ACAGACCGAGAAGGCTTATG				

with primers RB317 and RB320 as described [13]. Amplicons of the same size obtained with primers RB317 and RB320 were digested with *EcoRI*, *HindIII* and *BspI*. PCR product with different restriction profiles was purified with a UNIQ-10 column PCR product purification kit (Sangon, Shanghai, China) and cloned into pUCm-T vector by *T₄* ligase (Sangon). After incubation at 16 °C for 1 h, ligation mixtures were used to transform into *E. coli* JM109. Transformants containing inserts were screened by blue/white colony on a Mueller-Hinton agar plate containing ampicillin (100 µg/ml), IPTG plus X-gal, then identified by PCR analysis. Recombinant plasmid DNA extracted from transformants was sequenced by Invitrogen (Shanghai, China). DNA sequences were translated into protein sequences using Web-based analysis tools (<http://www.expasy.ch/tools/dna.html>) then compared with the protein sequence of the GenBank database using the BLAST network service (<http://www.ncbi.nlm.nih.gov/blast>).

Results

Antimicrobial susceptibility determination

Most of the isolates were highly resistant (minimal inhibitory concentration > 128 µg/ml) to gentamicin and amikacin. More than half of the isolates showed resistance or decreased susceptibility (intermediate resistance) to ESCs except cefepime. Although most of the isolates were multi-resistant (resistant to more than two classes of antibiotics), they all remained susceptible to imipenem (Table 2).

Prevalence of ESBL-coding *IntI1*, *IntI2* and *IntI3* genes

Most of the isolates contained either *blaSHV*, *blaTEM*, or both. The *blaSHV* was amplified from 63 isolates, *blaTEM* was amplified from 39 isolates, *blaCTX-M* was amplified from 21 isolates, *blaOXA-1* was amplified from six isolates, and *blaOXA-2* was amplified from only one isolate. The combinations of genotypes of ESBLs are listed in Table 3. The *IntI1* gene was detected in 69 of the 74

Table 2 Antibiotic susceptibility of extended-spectrum β-lactamase-producing *Klebsiella pneumoniae*

Antibiotic	S (%)	I (%)	R (%)
Cefotaxime	33 (44.6)	30 (40.6)	11 (14.9)
Ceftazidime	13 (17.6)	32 (43.2)	29 (39.2)
Ceftriaxone	32 (43.2)	3 (4.1)	39 (52.7)
Cefepime	52 (70.3)	10 (13.5)	12 (16.2)
Imipenem	74 (100.0)	0 (0.0)	0 (0.0)
Gentamicin	12 (16.2)	0 (0.0)	62 (83.8)
Amikacin	19 (25.7)	0 (0.0)	55 (74.3)
Ciprofloxacin	37 (50.0)	10 (13.5)	27 (36.5)
Tetracycline	13 (17.6)	0 (0.0)	61 (82.4)

I, intermediate resistant; R, resistant; S, susceptible.

isolates included in this study. *IntI2* and *IntI3* genes were not detected.

Characterization of cassette arrays

Twelve isolates containing the *IntI1* gene failed to produce an amplicon by RB317 and RB320. Thirteen different gene cassettes and 11 groups of variable segment were detected within the integrons (Fig. 3).

Table 4 showed an overview of the ESBLs and various cassettes arrays detected in isolates of different resistance phenotypes.

Discussion

The introduction of ESCs has facilitated effective treatment of severe infections caused by gram-negative bacteria. However, resistance to these agents increased in recent years and this correlated with the increasing use of ESCs [16]. According to the susceptibility test, imipenem and the fourth-generation cephalosporin, cefepime, showed better *in vitro* activity than third-generation cephalosporin, such as cefotaxime, ceftazidime and ceftriaxone to ESBL-producing *K. pneumoniae*.

Table 3 Genotypes of extended-spectrum β-lactamases (ESBLs) in ESBL-producing *Klebsiella pneumoniae*

Genotype	No. of strains (%)	Genotype	No. of strains (%)
<i>blaSHV+blaTEM+blaCTX-M</i>	8 (10.81)	<i>blaTEM+blaCTX-M</i>	1 (1.35)
<i>blaSHV+blaTEM+blaOXA</i>	4 (5.41)	<i>blaSHV</i>	12 (16.22)
<i>blaSHV+blaTEM</i>	25 (33.78)	<i>blaTEM</i>	1 (1.35)
<i>blaSHV+blaCTX-M</i>	11 (14.86)	<i>blaCTX-M</i>	1 (1.35)
<i>blaSHV+blaOXA</i>	3 (4.05)	Others	8 (10.81)

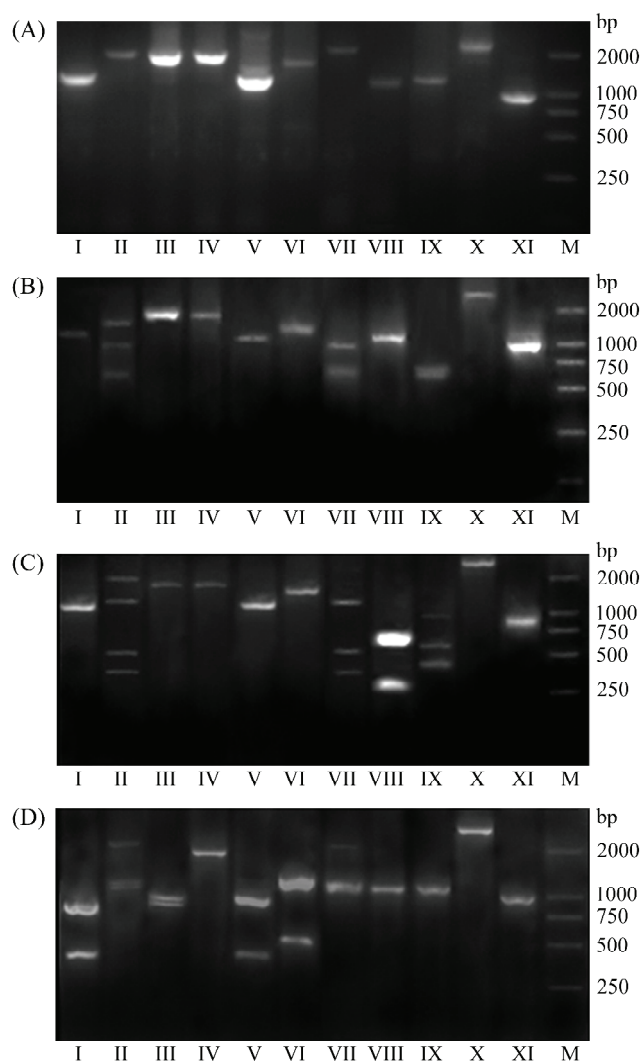


Fig. 1 Polymerase chain reaction (PCR) and restriction profiles of variable region of class 1 integron

PCR results (A) and *EcoRI* (B), *HindIII* (C) and *BspI* (D) restriction profiles of 11 groups of the variable segment of class 1 integron. M, marker.

Resistance to ESCs is primarily mediated by β -lactamases especially ESBLs and AmpC β -lactamases. To date, although a variety of ESBLs have been described, SHV, TEM and CTX-M enzymes are the three main types of EBSLs among members of the family *Enterobacteriaceae* [17]. In our study, SHV β -lactamase was most prevalent, TEM β -lactamase was the second most prevalent, and CTX-M β -lactamase was less than both. This prevalence of ESBLs appeared to be different from those seen in other areas of China [18,19]. In fact, ESBL-encoding genes in our study were not sequenced. Because primers for SHV and TEM β -lactamases can amplify non-ESBLs SHV-1 and TEM-1 β -lactamases, respectively,

some SHV-positive and TEM-positive isolates might produce SHV-1 and TEM-1 β -lactamases [9,10].

The dissemination of antibiotic resistance genes among bacterial strains is an increasing problem in bacterial infections. Integron had become an important horizontal gene transfer system of resistance genes in clinical isolates. Incidence of class 1 integron was high in ESBL-producing *K. pneumoniae*. Twelve isolates containing the *IntI1* gene failed to produce an amplicon using primers RB317 and RB320. This was probably due to the lack of a 3' conserved segment or the variable region was too long to be amplified in these isolates. This phenomenon had been reported previously [14].

Integron-positive isolates were more likely to be multi-resistant than integron-negative isolates [20]. Multiresistant integrons are considered to be important contributors to the development of antibiotic resistance among Gram-negative bacteria [21,22]. In our study, high prevalence of class 1 integron contributed to the multiresistance in most isolates. PCR sequencing analysis of the cassette arrays revealed a predominance of *dfr* and *aadA* cassettes that confer resistance to trimethoprim and aminoglycosides. The high incidence of *aadA* and *aacA* gene cassettes, conferring resistance to aminoglycosides, was an important reason for the high prevalence of resistance to gentamicin and amikacin. The cassette combinations *dfrA12*, *orfF* and *aadA2* were most frequently found in this study and also very prevalent in other areas. The reason for the wide distribution of some integrons with a specific cassette combination is so far unknown [23,24].

To date, genes resistant to nearly every major class of antibiotics including ESBL-coding genes such as *blaCTX-M*, *blaGES*, *blaOXA* and *blaVEB* integrated into integron had been reported, but *blaSHV* and *blaTEM* had not been found within integron [25–29]. In our study, although all the isolates exhibited ESBLs activity, no cassette encoding ESBLs was found, indicating that ESBL genes were not spread by integron. In our previous study, 37 isolates in this study had been typed by pulsed-field gel electrophoresis. Data showed that most of the isolates belong to a different genotype. Isolates in the same pulsed-field gel electrophoresis type had different resistance profiles, and most of them contained different types of ESBL-coding genes and different gene cassettes [30]. It seemed that clonal spread was not important for the dissemination of ESBLs and integron. As many ESBLs and integrons are on conjugative plasmids, horizontal spread by conjugation might be a major mechanism for their dissemination.

These data indicated that integrons were very prevalent

Table 4 Extended-spectrum β -lactamases (ESBLs) and various cassette arrays in isolates of different resistance phenotypes

Resistance phenotypes	Resistance profile	No. of isolates	PCR for ESBLs	Gene cassettes		
I	CTX/CAZ/CRO, CFP, GEN/AMK, CIP, TTC	2	SHV, TEM, CTX-M	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, TEM	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, CTX-M	<i>dfrA12-orfF-aadA2</i>		
		1	CTX-M	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, TEM, OXA	<i>orfD-aacA4</i>		
		1	SHV, TEM	<i>orfD-aacA4</i>		
		1	SHV, OXA	<i>dfr17- aadA5</i>		
		2	SHV, TEM, OXA	<i>dfr17- aadA4/aadA5</i>		
		1	SHV, TEM	<i>drfA25</i>		
		1	SHV, CTX-M	<i>dfrA12-aadA2</i>		
		1	None	None		
		II	CTX/CAZ/CRO, GEN/AMK, TTC	5	SHV, TEM	<i>dfrA12-orfF-aadA2</i>
				1	SHV, TEM	<i>drfA25</i>
				1	SHV, OXA	<i>aadA1</i>
				1	SHV, TEM	<i>orfD-aacA4</i>
1	SHV			None		
1	SHV, TEM, OXA			<i>dfr17- aadA4/aadA5</i>		
2	SHV, TEM			None		
1	SHV, TEM, CTX-M			None		
1	SHV, CTX-M			<i>dfr17- aadA4/aadA5</i>		
1	SHV, TEM, CTX-M			<i>aadA2</i>		
III	CTX/CAZ/CRO, CFP, TTC	1	TEM, CTX-M	None		
IV	CTX/CAZ/CRO, CIP	1	SHV	None		
V	CTX/CAZ/CRO	1	None	<i>arr3-aacA4</i>		
VI	CTX/CAZ/CRO, GEN/AMK	2	SHV, CTX-M	<i>dfrA12-orfF-aadA2</i>		
		1	SHV	None		
		1	SHV	<i>drfA25</i>		
VII	CTX/CAZ/CRO, CIP, TTC	1	None	<i>arr3-aacA4</i>		
		1	None	None		
VIII	CTX/CAZ/CRO, CFP	1	SHV, TEM	<i>dfrA12-orfF-aadA2</i>		
IX	CTX/CAZ/CRO, CEP, GEN/AMK	1	SHV, TEM, CTX-M	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, CTX-M	<i>dfrA12-orfF-aadA2</i>		
X	CTX/CAZ/CRO, TTC	2	SHV	None		
		1	SHV, TEM, CTX-M	None		
		1	SHV	<i>aadA1</i>		
XI	CIP	1	SHV	<i>aacA4-cmlA</i> variant		
		1	SHV, TEM	<i>dfr17- aadA4/aadA5</i>		
XII	GEN/AMK, TTC	1	None	<i>dfrA12-orfF-aadA2</i>		
XIII	CTX/CAZ/CRO, CFP, GEN/AMK, CIP	1	SHV, CTX-M	<i>dfrA12-orfF-aadA2</i>		
XIV	TTC	1	None	<i>dfrA12-orfF-aadA2</i>		
XV	CTX/CAZ/CRO, GEN/AMK, CIP, TTC	3	SHV, TEM	<i>dfr17- aadA4/aadA5</i>		
		3	SHV, CTX-M	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, TEM, CTX-M	<i>dfrA12-orfF-aadA2</i>		
		2	SHV, TEM	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, TEM	<i>aadA2</i>		
		1	None	<i>orfD-aacA4</i>		
		1	SHV, OXA	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, TEM	<i>dhfrV</i>		
		2	SHV	None		
		1	SHV, TEM	None		
XVI	GEN/AMK, CIP, TTC	1	None	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, TEM	<i>dfrA12-aadA2</i>		
		1	TEM	<i>dfrA12-orfF-aadA2</i>		
XVII	GEN/AMK	1	SHV	<i>dfrA12-orfF-aadA2</i>		
XVIII	CTX/CAZ/CRO, CFP, GEN/AMK, TTC	1	SHV	<i>dfrA12-orfF-aadA2</i>		
		1	SHV, TEM	<i>dfrA12-aadA2</i>		
		1	SHV, TEM, CTX-M	None		
		1	SHV	<i>aadA1</i>		
		1	SHV, CTX-M	None		

AMK, amikacin; CAZ, ceftazidime; CFP, cefepime; CIP, ciprofloxacin; CRO, ceftriaxone; CTX, cefotaxime; GEN, gentamicin; PCR, polymerase chain reaction; TTC, tetracycline.

and played an important role in multidrug resistance in ESBL-producing *K. pneumoniae*. The production of ESBLs and integrons will continue to threaten the usefulness of antibiotics as therapeutic agents.

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