



Note

Evaluation of DiversiLab®, MLST and PFGE typing for discriminating clinical *Enterococcus faecium* isolates



Guido Werner^{a,*}, Carola Fleige^a, Bernd Neumann^{a,b}, Jennifer K. Bender^a, Franziska Layer^a, Ingo Klare^a

^a Robert Koch Institute, Wernigerode Branch, Wernigerode, Germany

^b Institute for Microbiology, Ernst-Moritz-Arndt-University, Greifswald, Germany

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ABSTRACT

We evaluated and critically assessed the performance and discriminatory power of a rep-PCR based commercial test DiversiLab® *Enterococcus* kit (bioMérieux) for typing a set of 65 representative isolates of *Enterococcus faecium*/VRE and compared it to state-of-the-art typing techniques such as PFGE and MLST.

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Enterococci are important hospital-acquired pathogens that are frequently resistant to multiple antibiotics, specifically vancomycin. Different surveillance systems report increasing frequencies of vancomycin-resistant enterococci (VRE) in some countries such as Germany in recent years (EARS-NET, n.d.; PEG, n.d.). Generally, almost all VRE belong to the species *Enterococcus faecium*. Microbial typing is essential to detect outbreaks and to trace the emergence and spread of successful VRE strain types. Current VRE typing strategies differ in methodological approach, laboratory requirements, costs and discriminatory power (Werner, 2013). Here we compared the performance of a commercial rep-PCR based typing system for enterococci (DiversiLab® *Enterococcus* kit, bioMérieux, Nürtingen, Germany) with established techniques such as *Sma*I-macrorestriction in PFGE and MLST. Since the vast majority of VRE belongs to *E. faecium*, only isolates of *E. faecium* were included in this study.

Sixty-five well-defined and pre-characterized clinical strains of *E. faecium* (n = 13 *vanA*-type VRE, n = 50 *vanB*-type VRE) that had been sent to the German National Reference Centre for Staphylococci and Enterococci from outbreaks and individual cases were selected for comparative typing (Supplementary Table S1). The selected isolates originated from invasive infections (bloodstream isolates), non-invasive infections or from asymptomatic colonizations. Isolates belonging to prominent strain types prevalent among German hospitals were also included. Isolates were analysed by *Sma*I-macrorestriction analysis

in PFGE (n = 62), MLST typing (n = 65) and DiversiLab (DL) typing (n = 65). PFGE typing was done as described recently (Werner, 2013). MLST typing was done according to the international MLST typing scheme (<http://efaecium.mlst.net/>). DiversiLab (DL) typing was performed as described in the standard protocol provided by the manufacturer (DiversiLab *Enterococcus* Kit; bioMérieux, Nürtingen, Germany). The rep-PCR patterns are resolved through a gel-based fluidic microarray in an Agilent Bioanalyser 2100. Genomic DNA was extracted based on a column-based standard protocol (DNeasy Tissue Kit, Qiagen, Germany). Standard settings for cluster definitions were used for PFGE (>82% similarity score (Morrison et al., 1999); BioNumerics 7.1 software) and DL typing (>95% similarity score; DiversiLab typing software, bioMérieux). Statistical tests were calculated using software EpiCompare 1.0 (Ridom, Münster, Germany).

DL typing revealed 18 clusters with a standard similarity setting of 95% identity score (Fig. 1). MLST typing showed 15 different sequence types with 38 ST192 isolates (17 cities), 8 ST203 isolates (5 cities), 7 ST117 (6 cities) and 12 individual STs. ST192 sequence types were detected among epidemiologically related and unrelated isolates (*vanA* and *vanB*; Figs. 1 and 2 and Supplementary Table S1). Sixty-two isolates typed by PFGE revealed 40 different patterns. Consequently, PFGE typing showed the highest discriminatory index, followed by DL typing and MLST (Table 1). Considering the high frequency of ST192 isolates in the strain collection the low discriminatory index for MLST was not surprising. Epidemiologically related isolates, which clustered by MLST and PFGE, revealed also similar DL patterns (see “outbreak”). Only two epidemiologically related and microbiologically indistinguishable outbreak isolates UW7605 and UW7606 with similar PFGE and MLST

* Corresponding author at: Robert Koch Institute, Wernigerode Branch, Department of Infectious Diseases, Division of Nosocomial Pathogens and Antibiotic Resistances, Wernigerode, Germany.

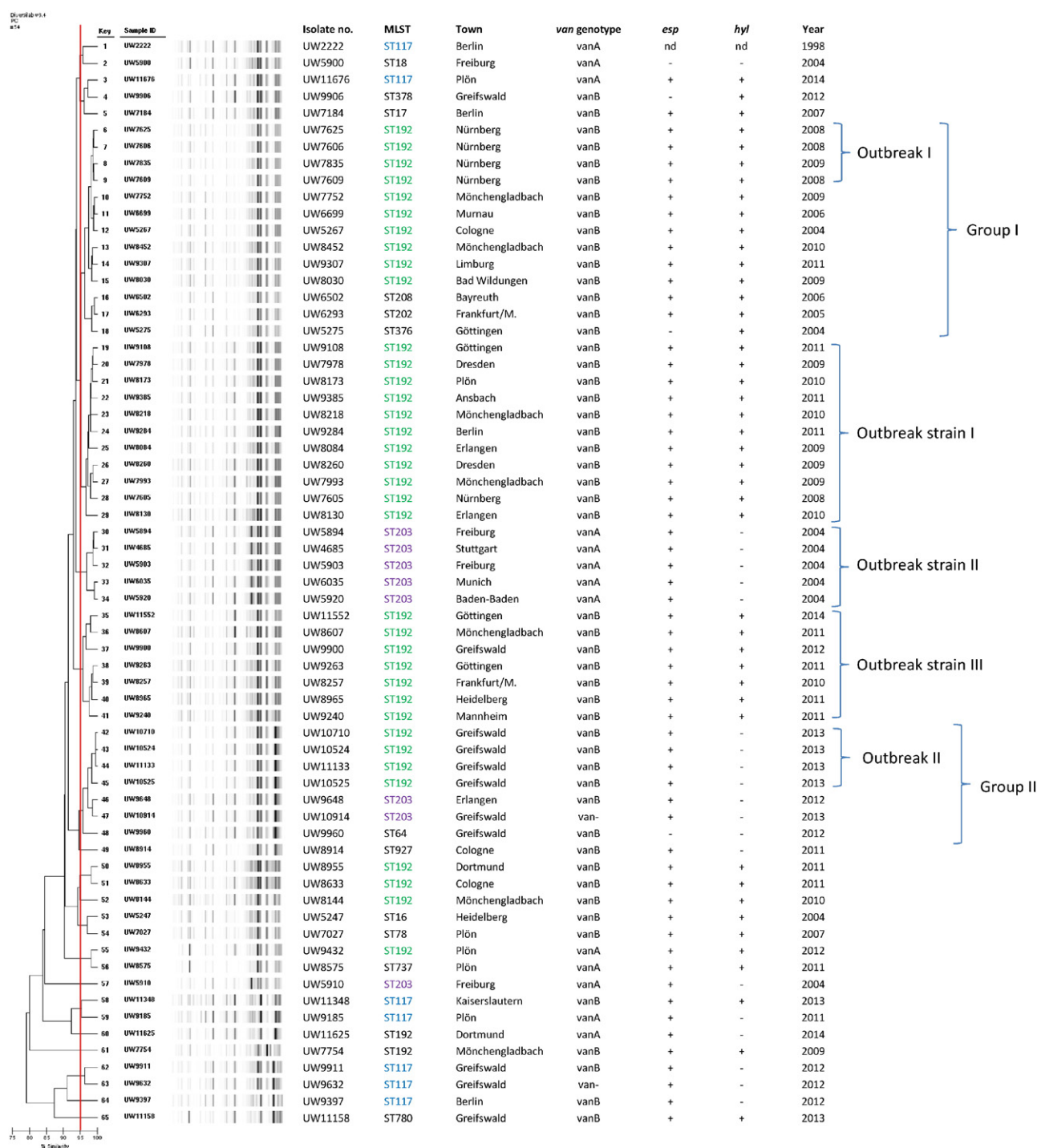


Fig. 1. Pseudogel view and comparison of DiversiLab patterns of 65 *E. faecium* isolates ($n = 63$ VRE). Isolates representing the most prevalent MLST types ST192, ST117 and ST203 are colour-coded. Metadata are given (prevalence of virulence markers *esp* and *hyl* and resistance genes *vanA* and *vanB* are presented; “year” means year of isolation). The red line delineates the similarity score of 95% set by the manufacturer. “Outbreak” defines epidemiologically related isolates from a single hospital; “outbreak strain” defines isolates with an identical MLST type and a related DL pattern; “group” defines isolates with different MLST types but a related DL pattern (see also main text for further details).

types showed different DL types (Fig. 1; “outbreak I” and “outbreak strain I”). Some isolates were grouped into a related DL cluster although they were epidemiologically unrelated and differed microbiologically (different MLST and PFGE types; “Group I” and “Group II”, Fig. 1). A group of isolates related by MLST and DL (“outbreak strain I”) with similar characteristics (ST192, *vanB*, *esp*- and *hyl*-positive), revealed 10 different PFGE patterns (Fig. 2). Adjusting the DL similarity score to 96% would slightly increase discrimination and performance in comparison

to MLST and PFGE results; however, not all groups of epidemiologically unrelated strains with different MLST and PFGE types would be resolved. In this regard, discrimination by DL (and MLST) was limited and insufficient in comparison to PFGE typing. Among epidemiologically unrelated and microbiologically diverse isolates with identical MLST types (e.g., ST192, ST203) different DL types were detected, for example 9 DL types among ST192 isolates. In this respect, DL was more discriminatory and thus more reliable than MLST. Reliability of the PFGE-based

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