

# NATURAL EVOLUTION OF BACTERIA IN THE ANTIBIOTIC ERA

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**Short Course in Critical Infection SCCI 2023**  
**SESSION 3 Are we keeping up with evolution**  
**Monday 6th November 2023**



# NATURAL **EVOLUTION** OF BACTERIA IN THE **ANTIBIOTIC** ERA

**Evolution** is a process that results in **changes in the genetic material** of a population over time. Evolution reflects the **adaptations of organisms to their changing environments** and can result in altered genes, novel traits, and new species (*<https://www.nature.com/scitable/definition/evolution>. 2014*).

# NATURAL **EVOLUTION** OF BACTERIA IN THE **ANTIBIOTIC** ERA

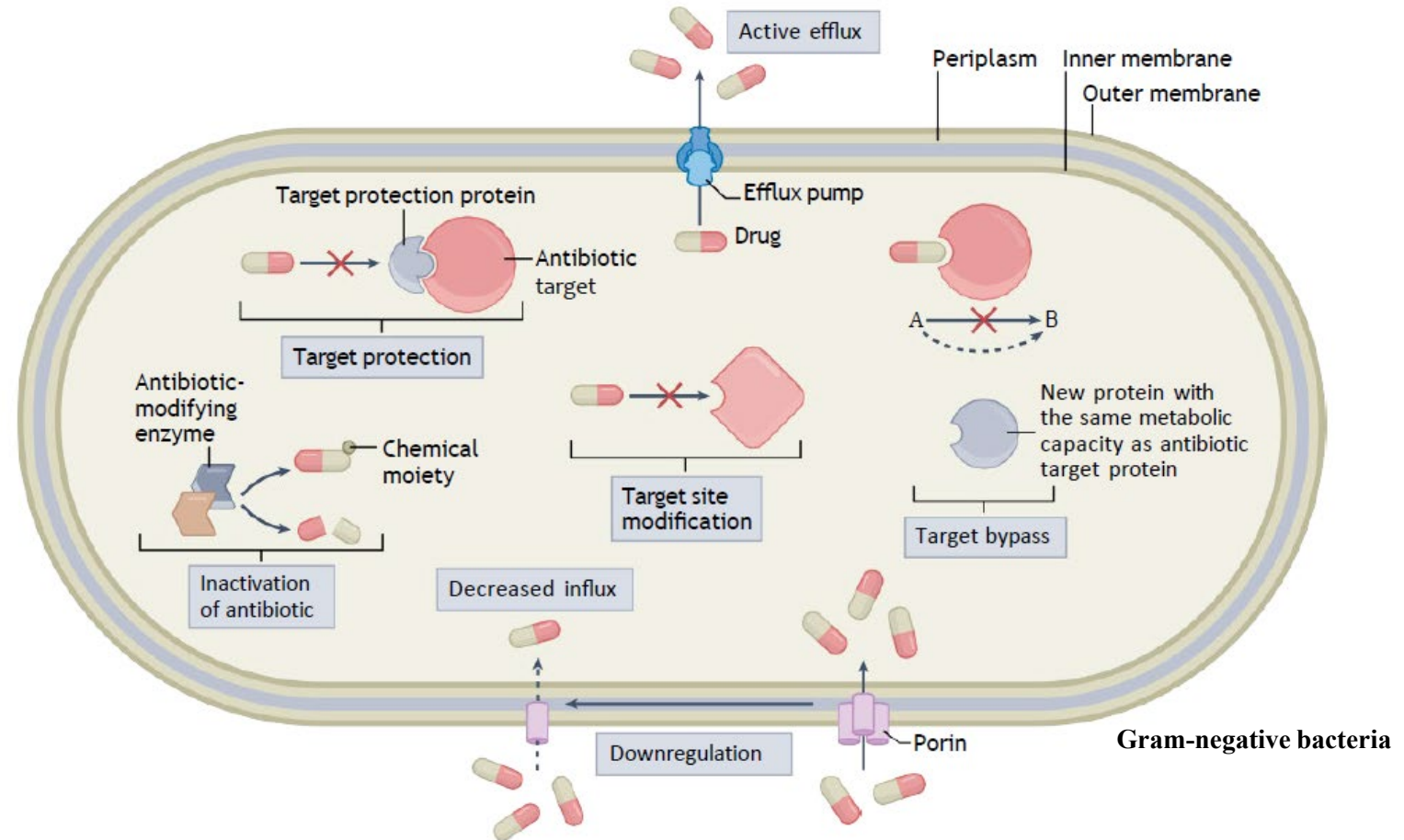
**Evolution** is a process that results in **changes in the genetic material** of a population over time. Evolution reflects the **adaptations of organisms to their changing environments** and can result in altered genes, novel traits, and new species (<https://www.nature.com/scitable/definition/evolution>. 2014).

And “**antibiotics** are not only **selectors** but also **drivers** of bacterial genetic variation” (*Baquero et al. CMR, 2021*).

# Mechanisms of antibiotic resistance

**Intrinsic:** cell uses genes it already possesses to survive antibiotic exposure.

**Acquired:** gain of new genetic material provides new capacities that mediate survival.

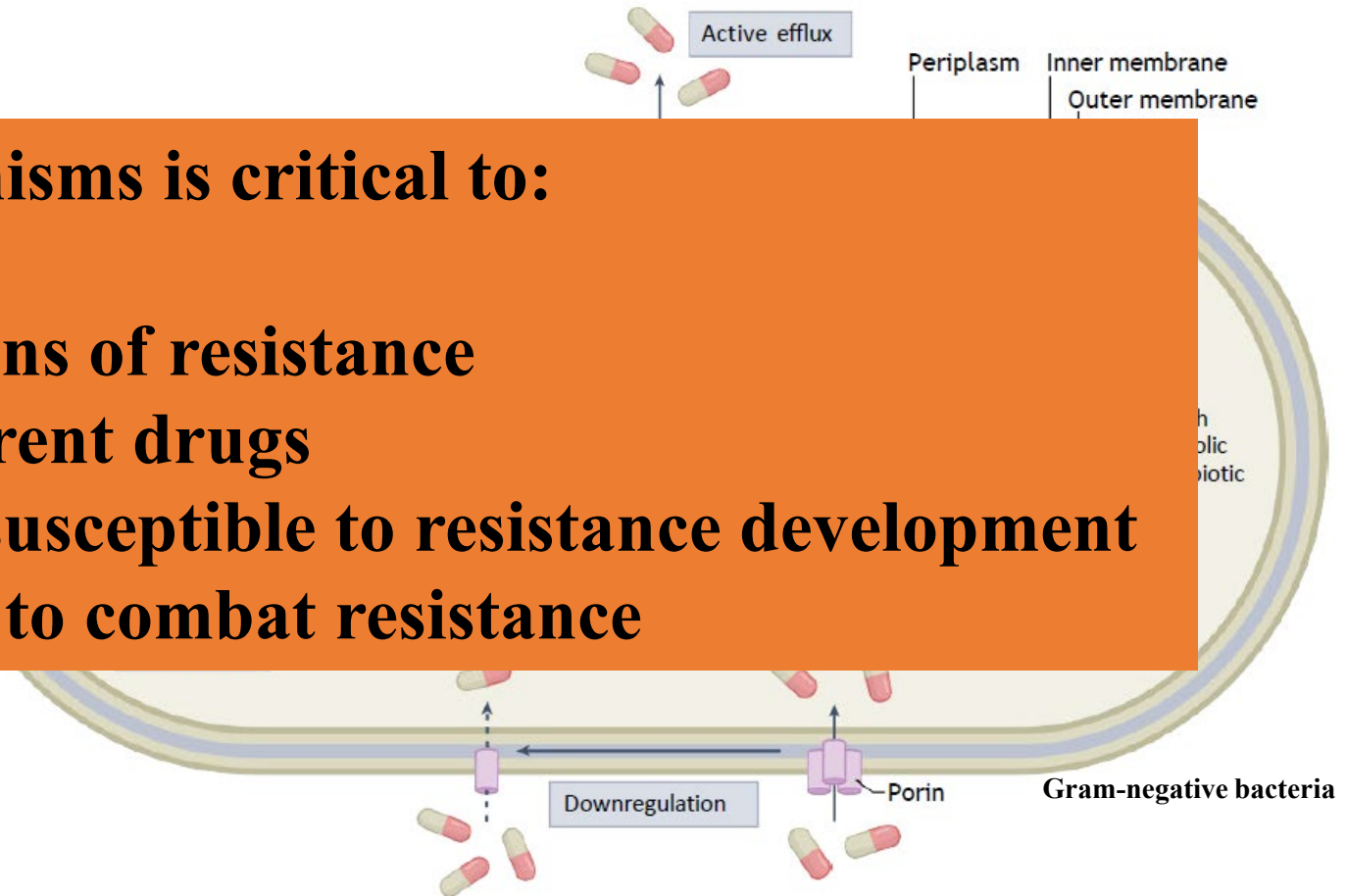


# Mechanisms of antibiotic resistance

**Understanding these mechanisms is critical to:**

**Intrinsic**  
antibiotic  
**Acquire**  
new capa

- **recognize global patterns of resistance**
- **improve the use of current drugs**
- **design new drugs less susceptible to resistance development**
- **design novel strategies to combat resistance**



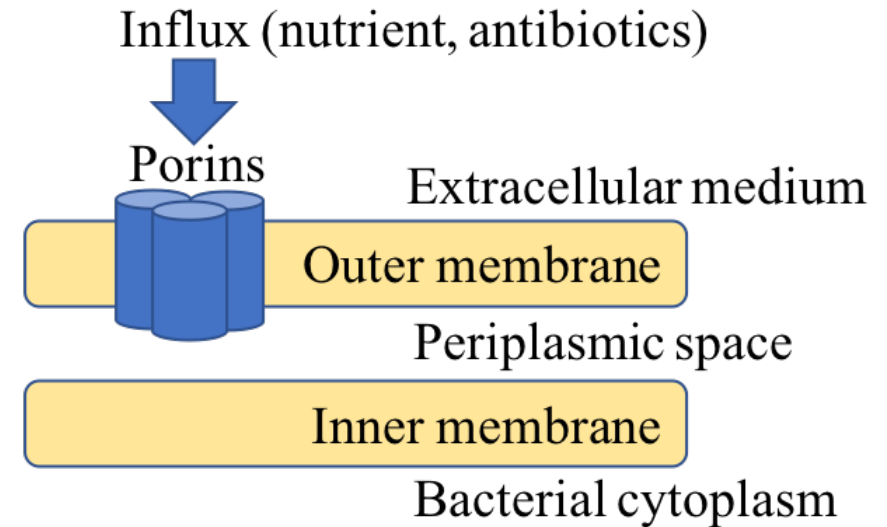
# Evolutionary pathways to AMR

AMR emergence, spread and maintenance is influenced by:

1. Mutation rate
2. Level of resistance conferred
3. Fitness cost
4. Strength of selective pressures
5. Epistatic interactions and compensatory evolution
6. Co-selection of other drug resistances
7. Epidemiological factors (e.g., host population biology/immunity, infection control measures)

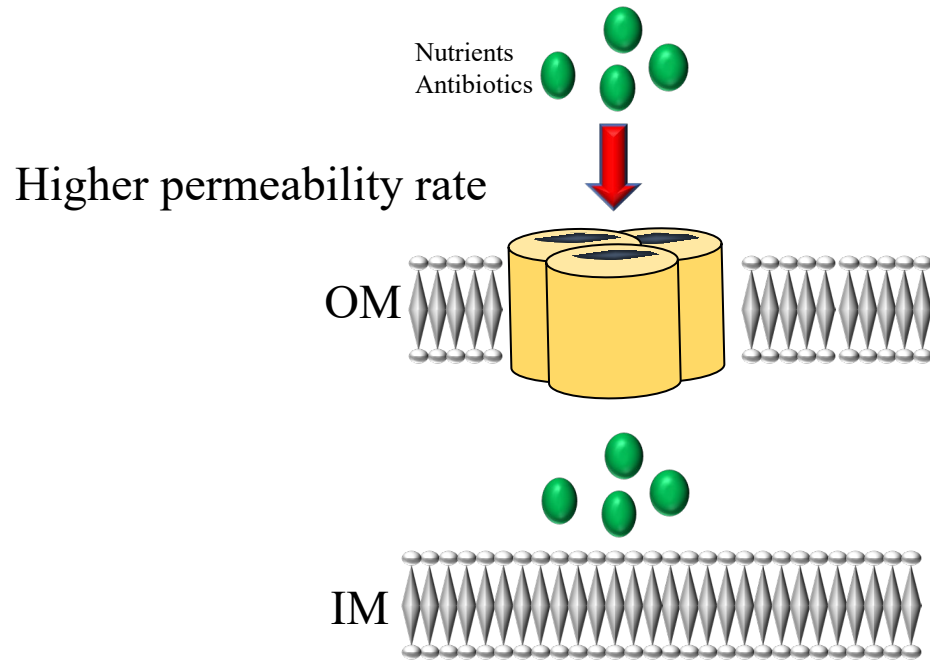
## Porin evolution: how bacteria are closing the door to antibiotics

1. Proteins located in the OM of G- forming channels
2. Passive transport of molecules: nutrients and antibiotics (e.g.,  $\beta$ -lactams, quinolones)
3. In Enterobacterales, porins are the most abundant outer membrane proteins (OMPs)

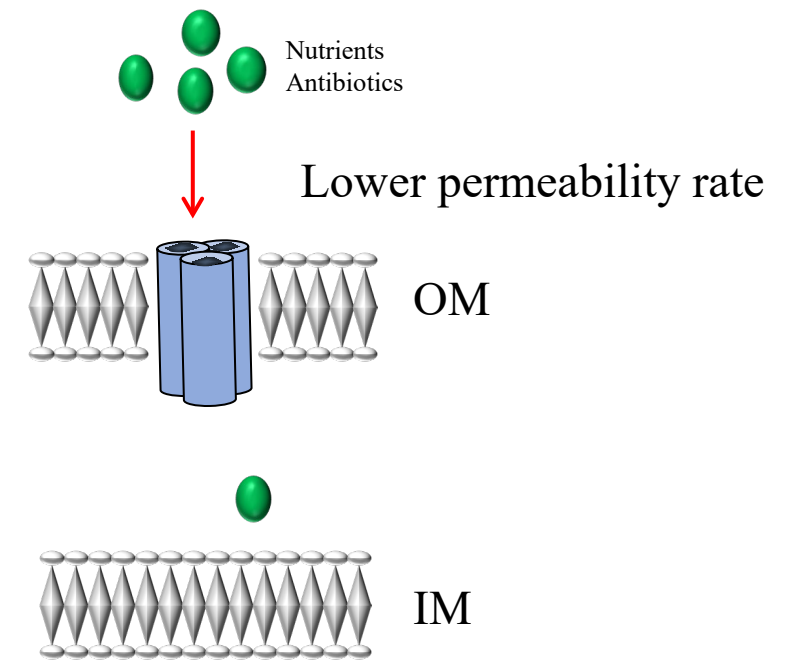


# Major OMPs (porins) in *Klebsiella pneumoniae*

## OmpK35 (larger channel)



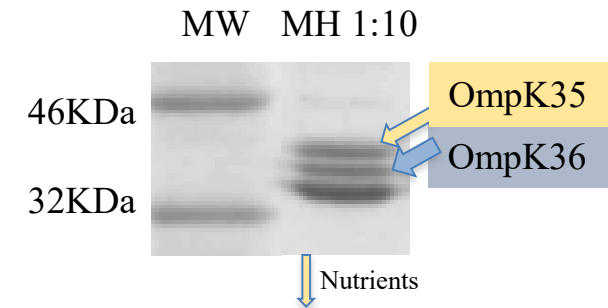
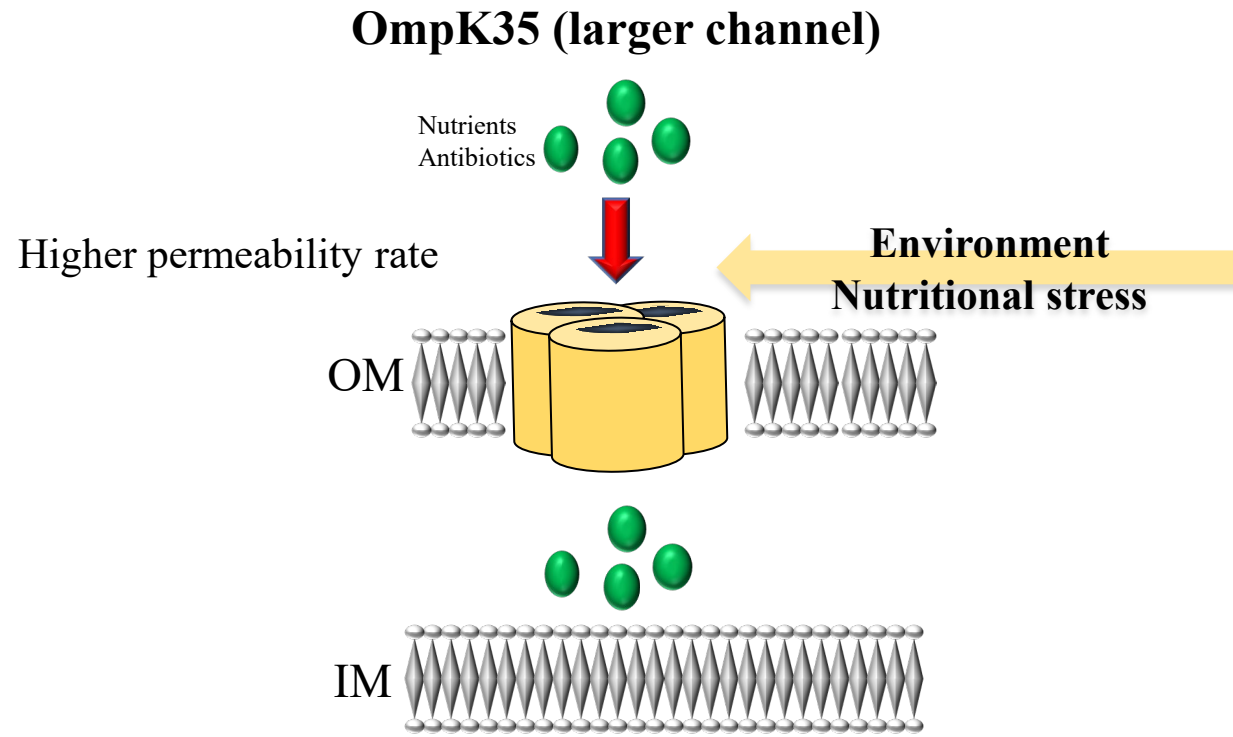
## OmpK36 (smaller channel)



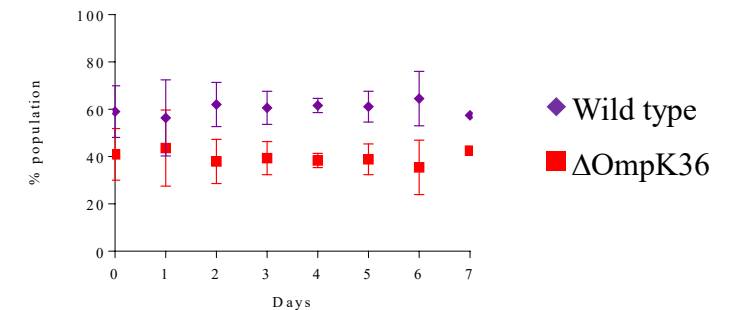
IM: Inner membrane  
OM: Outer membrane  
MW: Molecular Weight  
MH: Mueller Hinton media: high nutrient conditions  
MH 1:10: Mueller Hinton media diluted: nutrient-limited conditions



# OmpK35 is the main non-specific channel in nutrient-poor conditions (environment)

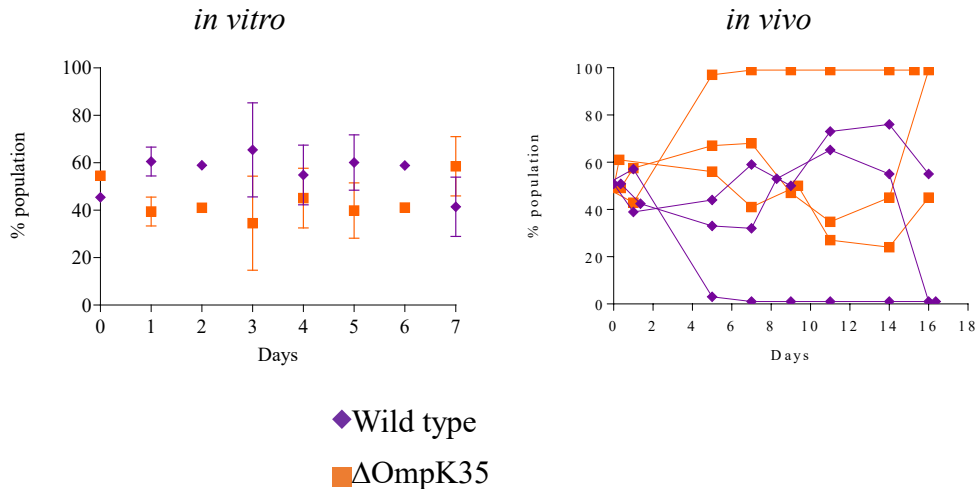
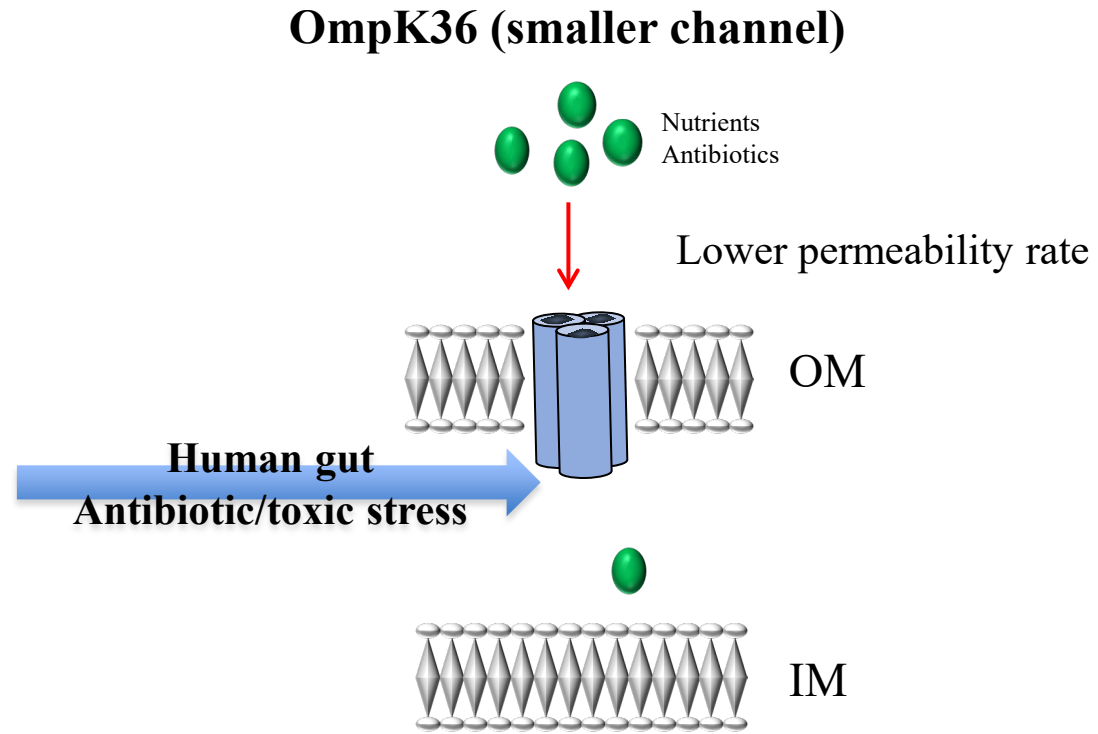
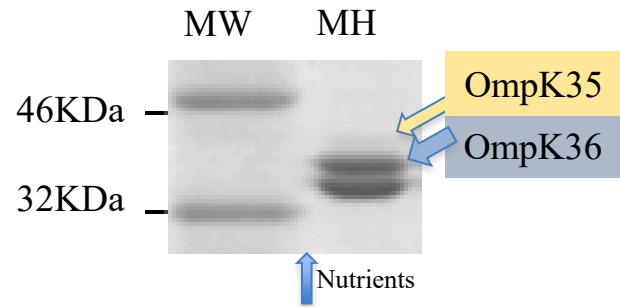


## Competition in conditions mimicking environment-low nutrient



IM: Inner membrane  
 OM: Outer membrane  
 MW: Molecular Weight  
 MH: Mueller Hinton media: high nutrient conditions  
 MH 1:10: Mueller Hinton media diluted: nutrient-limited conditions

# Porin loss and host adaptation: OmpK35 not essential for survival *in vivo*



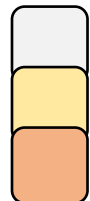
IM: Inner membrane  
 OM: Outer membrane  
 MW: Molecular Weight  
 MH: Mueller Hinton media: high nutrient conditions  
 MH 1:10: Mueller Hinton media diluted: nutrient-limited conditions

# OmpK36 is a major determinant to acquired AMR in *K. pneumoniae*

Antibiotics (MIC, mg/L)

Strains	ETP	MEM	CXM	FOX	CEF	CFZ
Wild type	0.015	0.03	4-8	8	8	2
$\Delta$ OmpK35	0.03	0.06	8	16	8-16	4
$\Delta$ OmpK36	0.0625	0.06	16	16-32	32	8-16
$\Delta$ OmpK35/36	1	0.12-0.25	32	64	64	64

No resistance gene



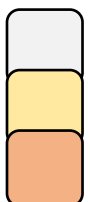
**WT MIC value**  
**2 to 3-time fold**  
 **$\geq$  4-time fold**

MIC. Minimal Inhibitory Concentration. ETP, Ertapenem ( $S \leq 0.5$ ,  $R > 1$ ). MEM, Meropenem ( $S \leq 2$ ,  $R > 8$ ). CXM, Cefuroxime ( $S \leq 8$ ,  $R > 8$ ). FOX, Cefoxitin ( $S \leq 8$ ,  $R \geq 32$ ). CEF, Cephalothin ( $S \leq 8$ ,  $R \geq 32$ ). CFZ, Cefazolin ( $S \leq 2$ ,  $R \geq 8$ ).

# OmpK36 is a major determinant of high-level AMR in *K. pneumoniae*

Strains	Antibiotics (MIC, mg/L)														
	ETP	MEM	CXM	FOX	CEF	CFZ	ETP	MEM	IPM	ETP	MEM	IPM	ETP	MEM	IPM
Wild type	0.015	0.03	4-8	8	8	2	0.25	0.125	1	8	8	4	16	8	8
$\Delta$ OmpK35	0.03	0.06	8	16	8-16	4	0.5	0.125	1	8	8	4	32	32	16
$\Delta$ OmpK36	0.0625	0.06	16	16-32	32	8-16	1	0.25	1	8	8	4	32	32	32
$\Delta$ OmpK35/36	1	0.12-0.25	32	64	64	64	8	2	1	64	32	64	128	128	128

No resistance gene
CTX-M-15  
Non-carbapenamase
IMP-4  
Carbapenamase
KPC  
Carbapenamase



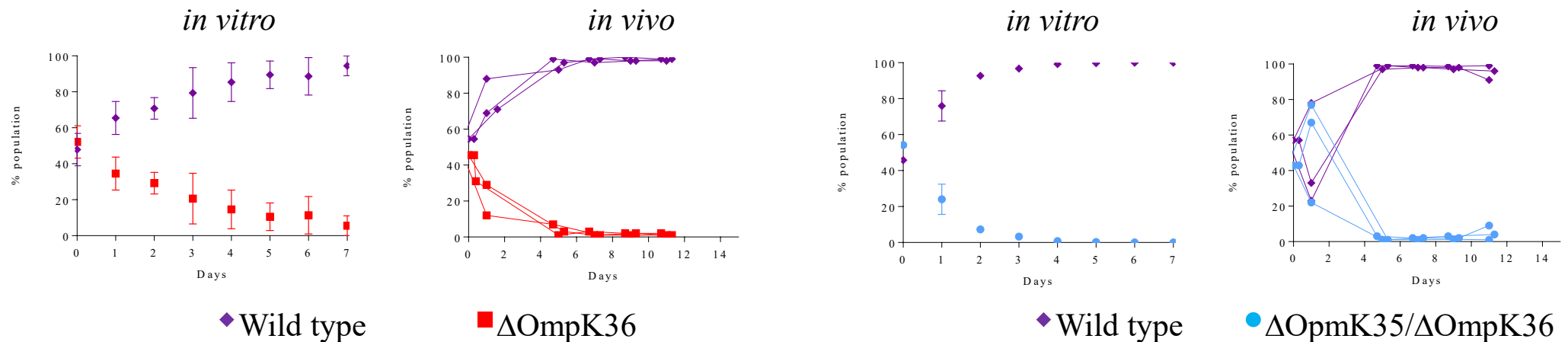
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MIC. Minimal Inhibitory Concentration. ETP, Ertapenem (S ≤ 0.5, R > 1). MEM, Meropenem (S ≤ 2, R > 8). CXM, Cefuroxime (S ≤ 8, R > 8). FOX, Cefoxitin (S ≤ 8, R ≥ 32). CEF, Cephalothin (S ≤ 8, R ≥ 32). CFZ, Cefazolin (S ≤ 2, R ≥ 8).

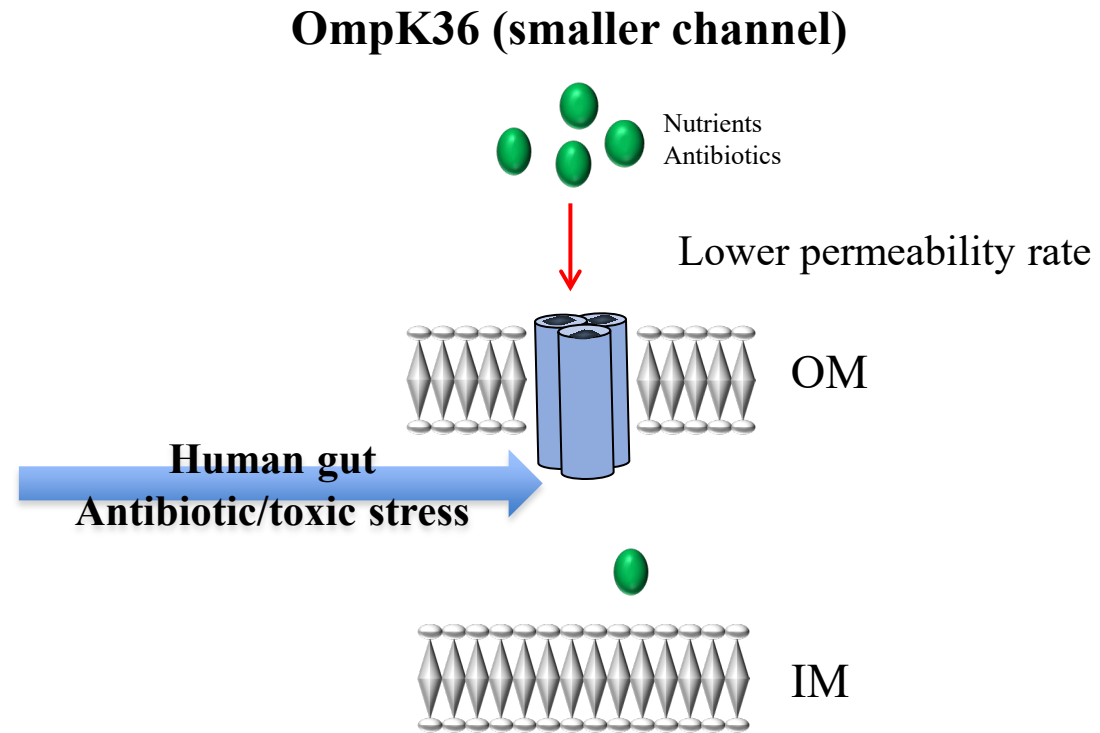
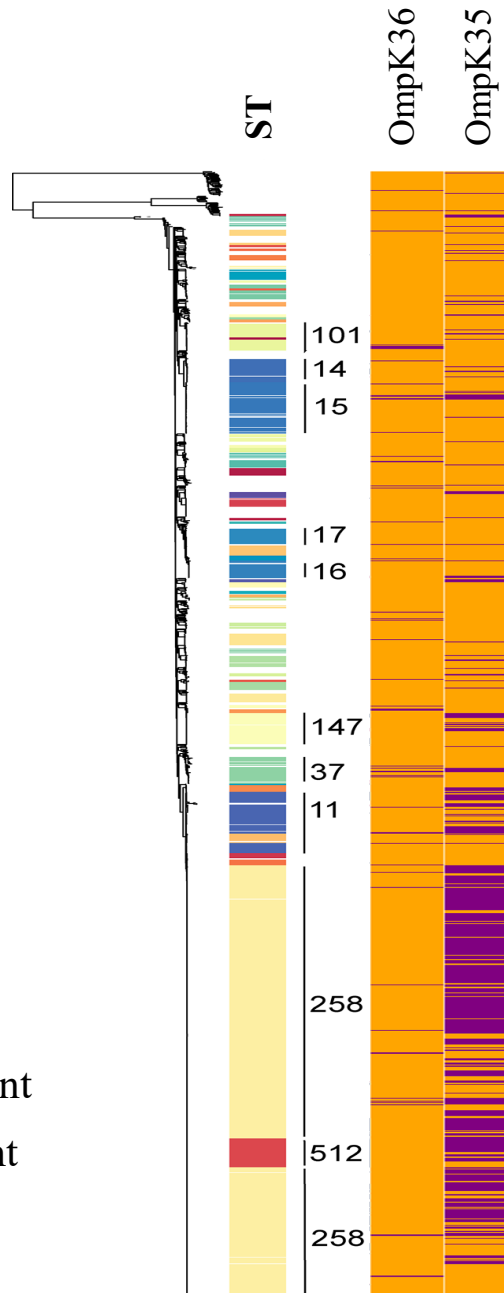
# OmpK36 is a major determinant of high-level AMR in Enterobacteriales.....

Strains	Antibiotics (MIC, mg/L)								
	ETP	MEM	IPM	ETP	MEM	IPM	ETP	MEM	IPM
Wild type	0.25	0.125	1	8	8	4	16	8	8
$\Delta$ OmpK35	0.5	0.125	1	8	8	4	32	32	16
$\Delta$ OmpK36	1	0.25	1	8	8	4	32	32	32
$\Delta$ OmpK35/ $\Delta$ OmpK36	0.5	0.125	1	64	32	64	128	128	128

.....But the loss of OmpK36 and the loss of the two major porins also reduces the influx of nutrients: negative impact on bacterial fitness



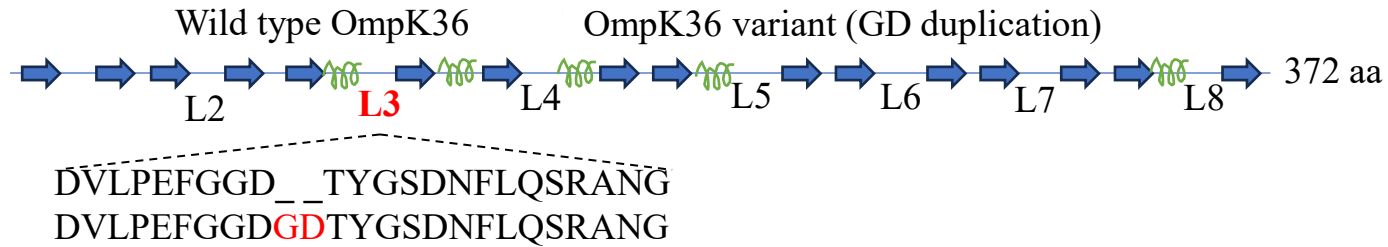
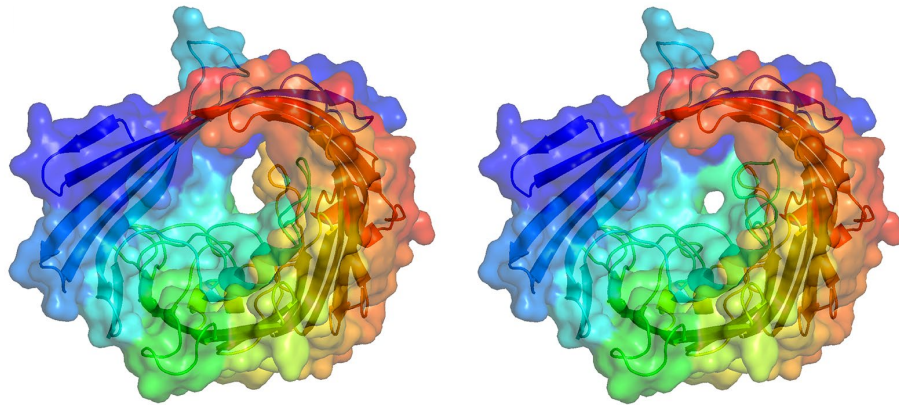
# Porin loss and host adaptation: OmpK35 not essential for survival *in vivo*, but OmpK36 is





IM: Inner membrane  
OM: Outer membrane

# Functional porins with less permeability

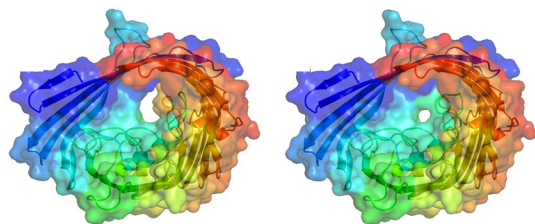
## Channel restriction of OmpK36: mutations in the constriction region



 α-barrel      G: glycine  
 β-barrel      D: aspartic acid  
L: loop

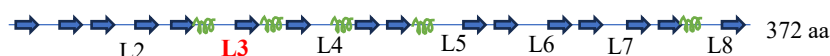
# Functional porins with less permeability

## Similar level of resistance



Wild type OmpK36

OmpK36 variant (GD duplication)



DVLPEFGGD\_\_TYGSDNFLQSRANG  
 DVLPEFGGDGD TYGSDNFLQSRANG

Antibiotics (MIC, mg/L)

Strains	Antibiotics (MIC, mg/L)								
	CTX-M-15 Non-carbapenamase			IMP-4 Carbapenamase			KPC Carbapenamase		
	ETP	MEM	IPM	ETP	MEM	IPM	ETP	MEM	IPM
ATCC13883	0.25	0.125	1	8	8	4	16	8	8
ΔOmpK35	0.5	0.125	1	8	8	4	32	32	16
ΔOmpK36	1	0.25	1	8	8	4	32	32	32
OmpK36GD	1	0.25	1	8	8	4	32	16	16
ΔOmpK35/36	8	2	1	64	32	64	128	128	128
ΔOmpK35/36GD	4	1	1	32	32	16	128	128	64

α-barrel  
 β-barrel  
 L: loop

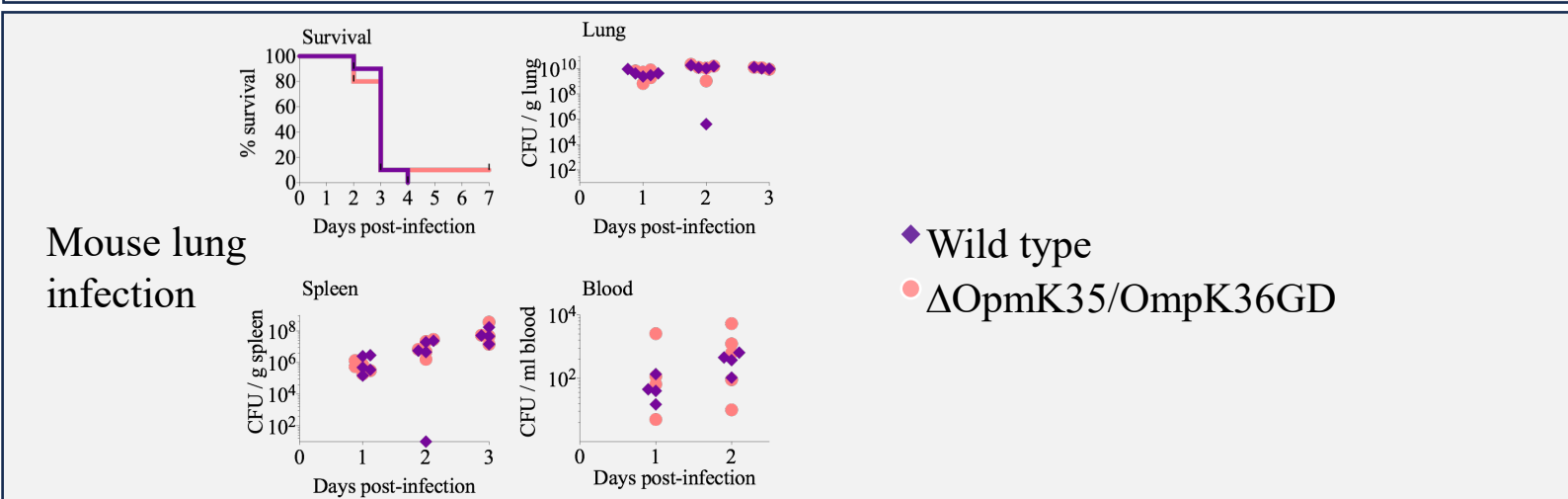
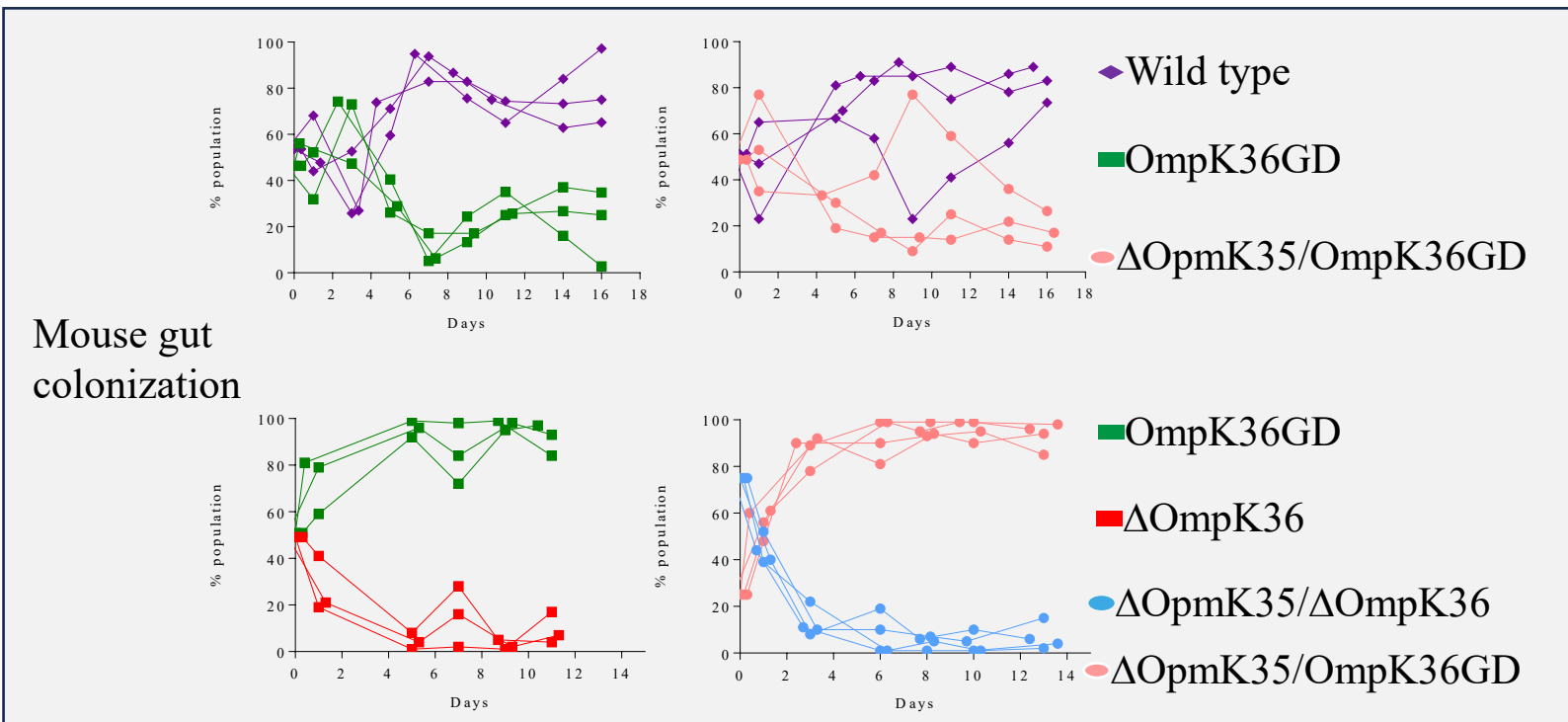
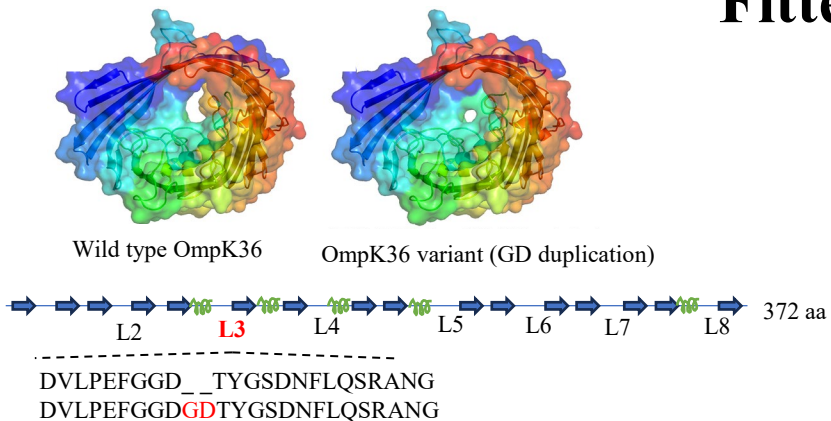
ETP. Ertapenem. MEM. Meropenem.  
 WT: wild type ATCC 13883 *K. pneumoniae*  
 MIC. Minimal Inhibitory Concentration  
 Broth microdilution method in Mueller Hinton Broth (cation adjusted)

WT MIC value  
 2 to 3-time fold  
 ≥ 4-time fold



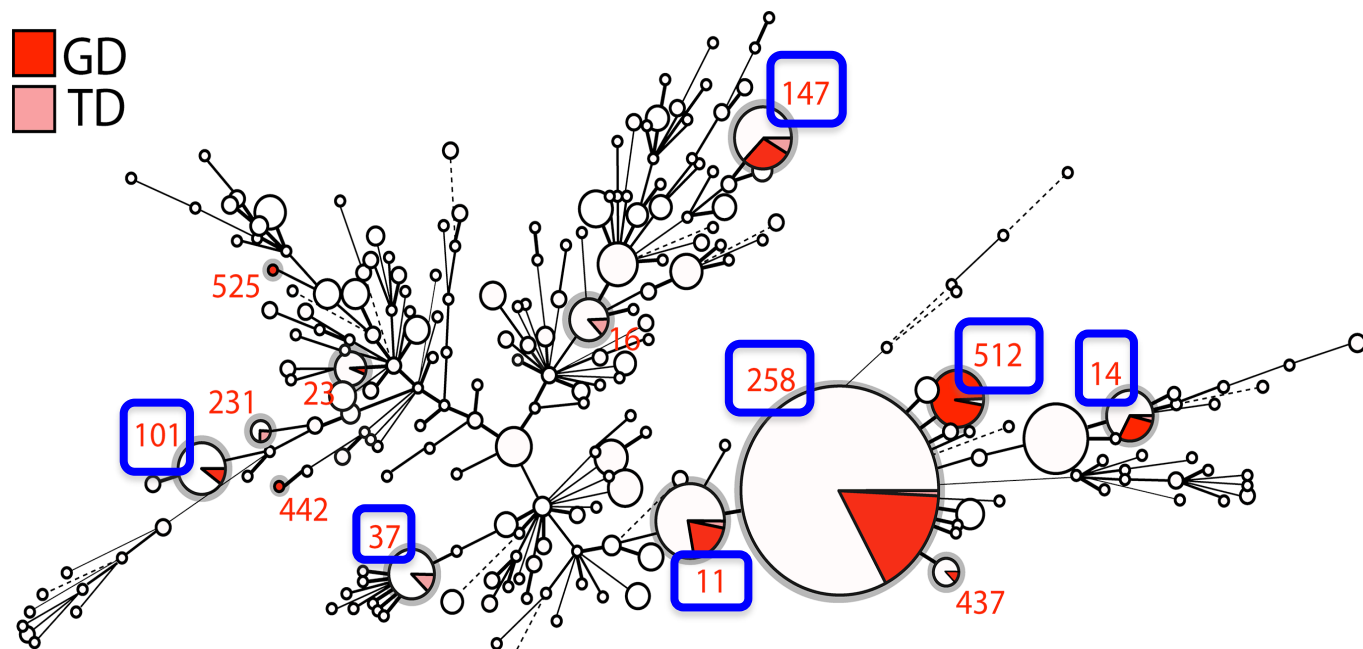
# Functional porins with less permeability

## Fitter and no pathogenicity attenuation



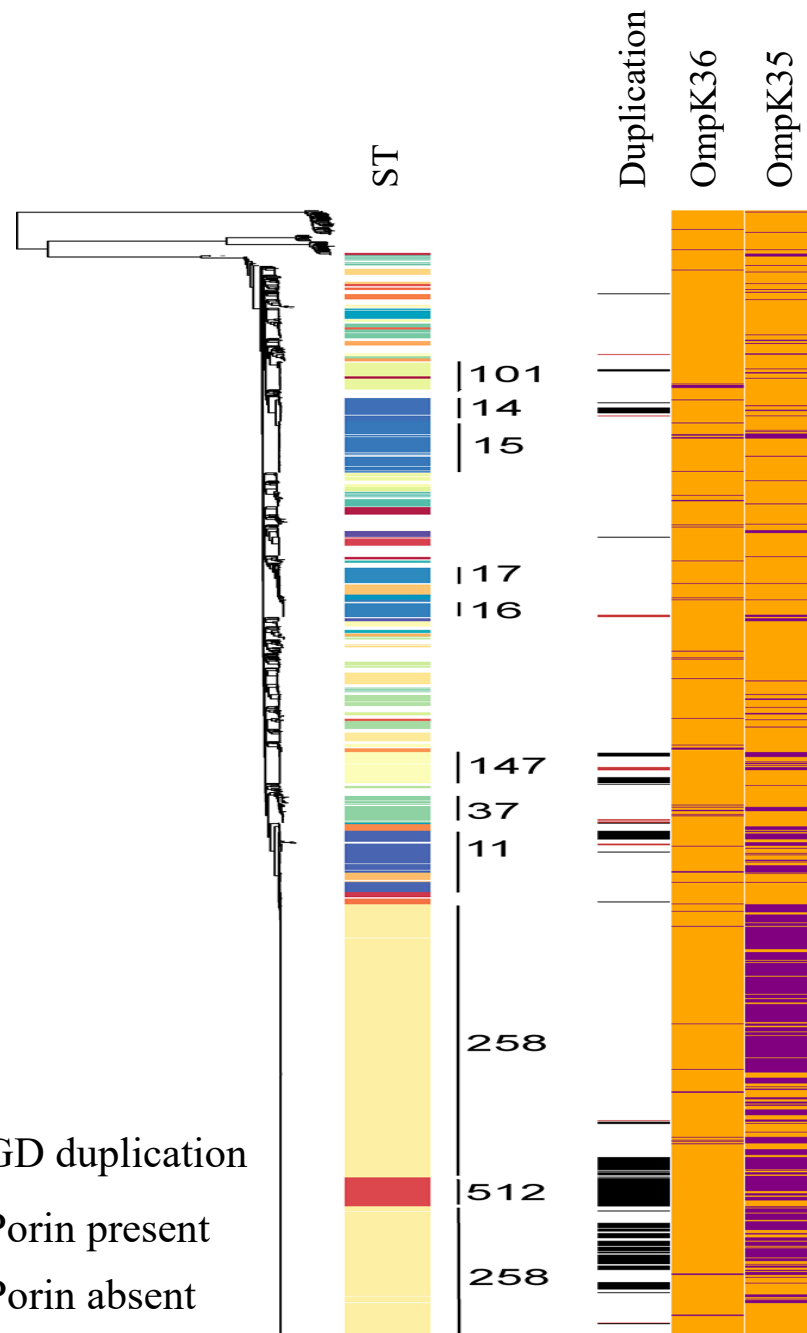
# GenBank sequences suggest convergent evolution in OmpK36\_Loop 3 variants in unrelated strains

The two common variants (+GD and +TD) are distributed across the whole spectrum of diversity of *K. pneumoniae*, including in most major epidemic clones



**Minimum spanning tree of 1,557 *K. pneumoniae* strains based on their MLST profile**

G: glycine  
D: aspartic acid  
T: threonine



GD duplication  
Porin present  
Porin absent

## Are there other mutations?

Mutations of channel constriction zone of OmpK36 (and orthologue porins)

Charged residues	<i>K. pneumoniae</i> (OmpK36)	<i>E. coli</i> (OmpC)	<i>K. aerogenes</i> (Omp36)	ECC (OmpE36)	<i>Citrobacter spp.</i> (OmpC)
DLYG <b>K</b>	E	E, T, Y, N	I, E	E	E
TYM <b>R</b> V	-	-	-	-	-
AW <b>T</b> RL	-	-	-	-	-
W <b>T</b> DVLP	-	-	-	-	-
<b>PEFGGDTYG</b> Loop 3, L3	GGDTY <b>D</b> GGDDTYG *GGD <b>G</b> DTYG GGDT <b>D</b> TYG GGDS <b>D</b> TYG GGDS <b>D</b> TYGTYG GGDS <b>D</b> TYDTYG GGDS <b>D</b> TYGS <b>D</b> TYG	GGDTY <b>D</b> GGDTY <b>S</b>	<b>D</b> GDTYG GGDS <b>D</b> TYG GGDTY <b>S</b>		<b>D</b> GDTYG GGDTY <b>D</b> GGDTY <b>T</b>
Q <b>S</b> RANG		C, L			

Red. Conserved charged residues involved in pore constriction (based on Bornet et al. 2004).

Green. Conserved charged residues involved in pore constriction, hot spot for duplications.

Blue, mutations in L3.

ECC. Enterobacter Cloacae Complex.

-: no substitution or mutation found.

\*: most prevalent duplication found.

*Unpublished*

## Are other antibiotics affected?

### Ciprofloxacin MIC

Strain	MIC (mg/L)
WT	0.0625
ΔK35	0.125-0.25
ΔK36	0.125
ΔK35ΔK36	0.25-0.5
K36GD	0.125
ΔK35K36GD	0.25 <i>Unpublished</i>

## Is this happening in other *Enterobacterales*?

Patiño-Navarrete et al. *Genome Medicine* (2020) 12:10  
<https://doi.org/10.1186/s13073-019-0699-6>

Genome Medicine

RESEARCH

Open Access

Stepwise evolution and convergent recombination underlie the global dissemination of carbapenemase-producing *Escherichia coli*



Rafael Patiño-Navarrete<sup>1,2</sup>, Isabelle Rosinski-Chupin<sup>1,2†</sup>, Nicolas Cabanel<sup>1,2</sup>, Lauraine Gauthier<sup>1,3,4,5</sup>, Julie Takissian<sup>1,5</sup>, Jean-Yves Madec<sup>6</sup>, Monzer Hamze<sup>7</sup>, Remy A. Bonnin<sup>1,4,5</sup>, Thierry Naas<sup>1,3,4,5†</sup> and Philippe Glaser<sup>1,2†\*</sup>

**Predictor of subsequent AMR acquisition**

## Conclusions (Part I)

1. Host-adaptation in *K. pneumoniae* (loss of OmpK35) seems common in unrelated strains: many *K. pneumoniae* have dispensed with OmpK35 porin, required for an environmental life cycle.
2. The highly specific variation in the inner channel of OmpK36 provides carbapenem resistance at no cost to colonising ability, competitiveness or pathogenicity and can be expected to be an increasingly common feature of host-adapted 'high-risk' clones.

## Conclusions (Part I)

1. Host-adaptation in *K. pneumoniae* (loss of OmpK35) seems common in unrelated strains: many *K. pneumoniae* have dispensed with OmpK35 porin, required for an environmental life cycle.
2. The highly specific variation in the inner channel of OmpK36 provides carbapenem resistance at no cost to colonising ability, competitiveness or pathogenicity and can be expected to be an increasingly common feature of host-adapted 'high-risk' clones.

### What does this mean for therapy?

1. If we detect these mutations: early recognition of 'silent' colonization by "high-risk" clones (host-adapted/pathogenic strains)
2. Compensatory mutations: other porin(s) expressed? Can use/design other antibiotics that enter these channels?
3. Select antibiotics to avoid this route of entry?
4. Advanced therapies: porins are bacteriophage receptors.

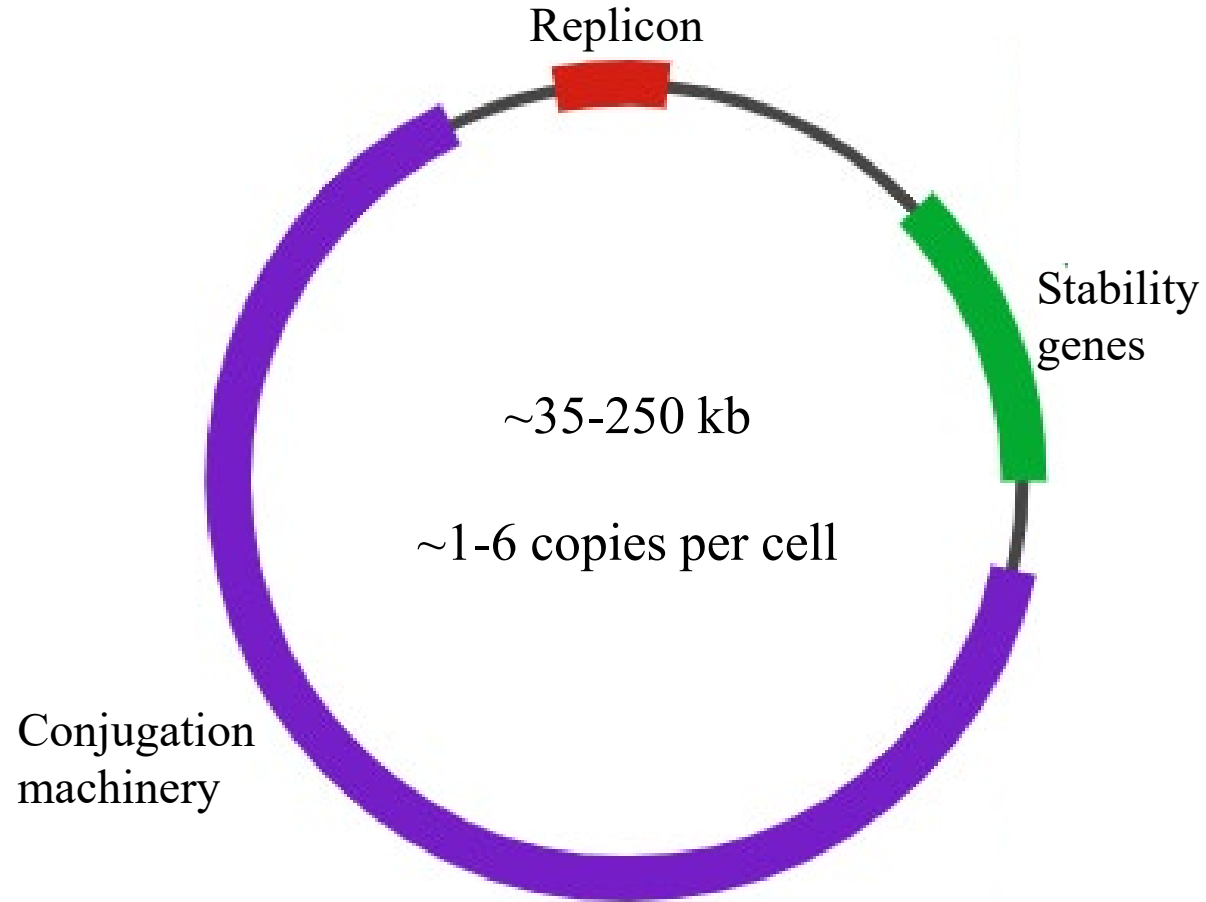
## Chromosomal integration of AMR genes

AMR genes in Gram-negative organisms commonly disseminate on plasmids, but critical AMR genes are increasingly reported on bacterial chromosomes.

**Aim.** To define the extent of chromosomal *bla*<sub>CTX-M</sub> carriage in *E. coli* in Australia.

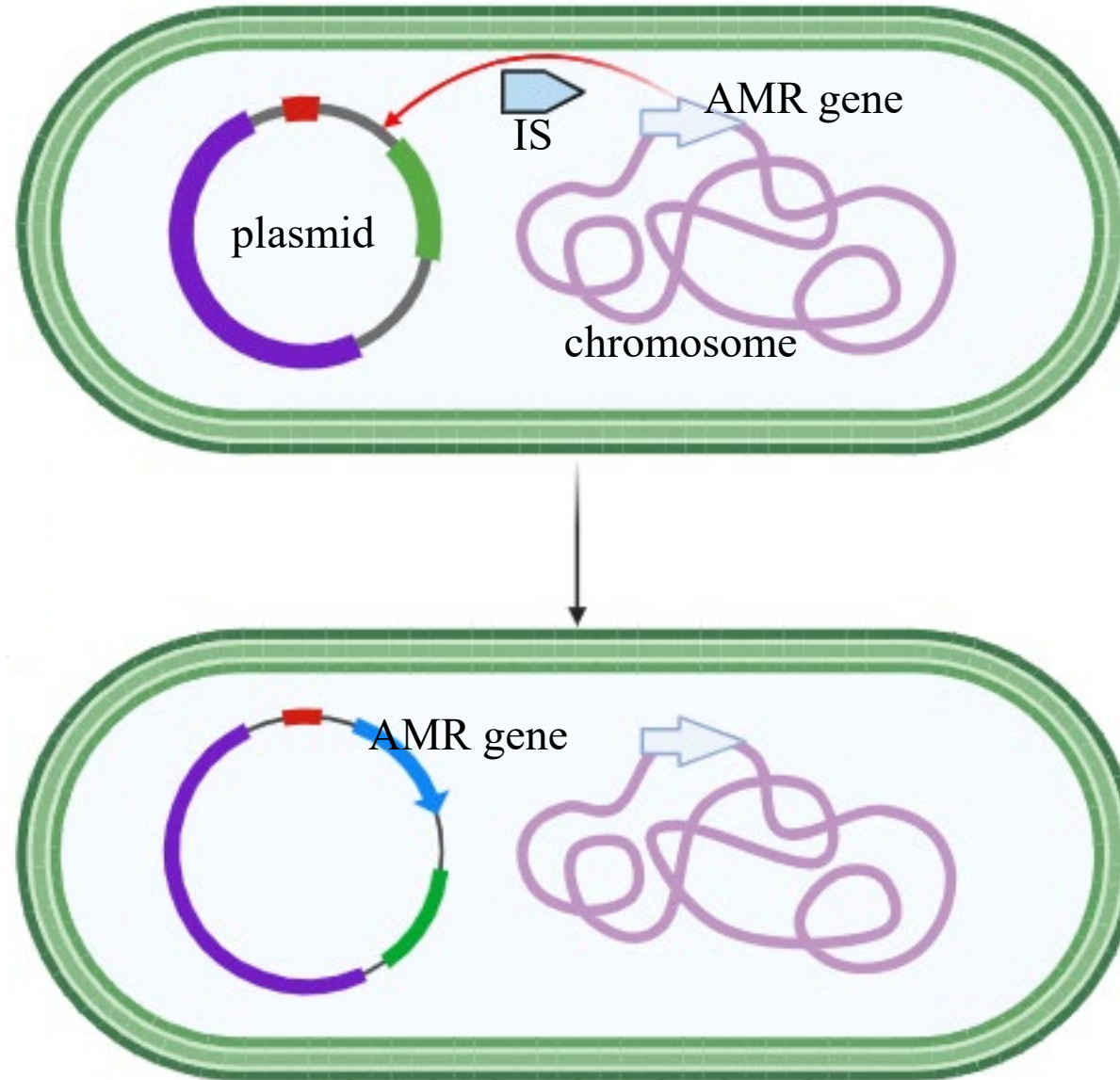
# Conjugative plasmids spread AMR

AMR genes mostly spread on large, low-copy plasmids.



# Conjugative plasmids spread AMR

Plasmid-borne AMR genes are derived by capture of chromosomal segments (e.g.,  $bla_{CTX-M}$  genes from *Kluyvera* spp.). Insertion into plasmids, mediated by different mobile elements (e.g., insertion sequences, IS).



## Resistance on plasmid

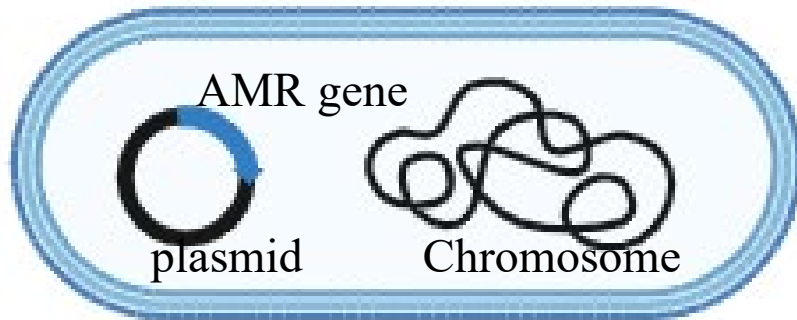
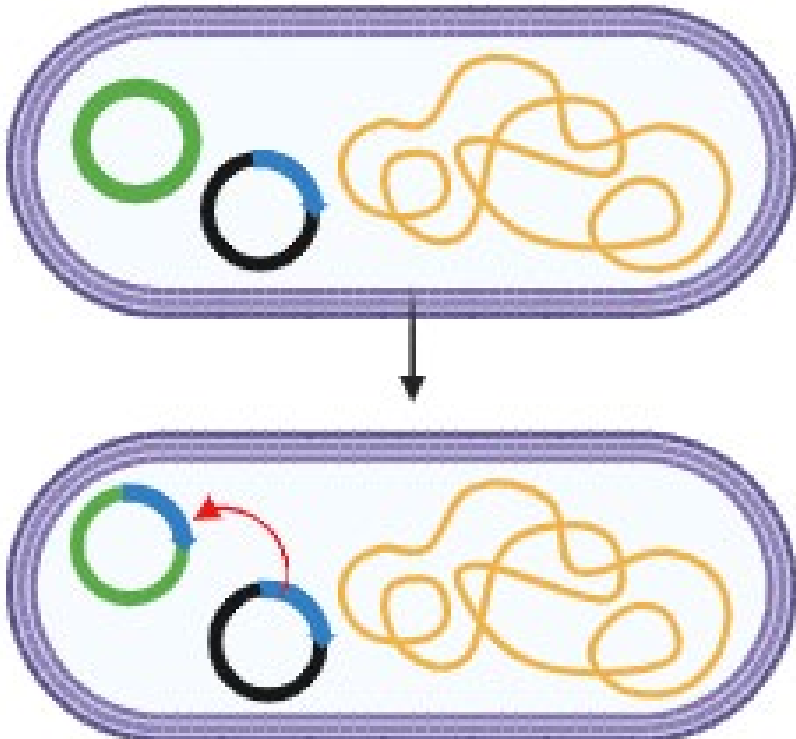
- Higher expression
- Increased copy number
- Evolution to extend resistance phenotype



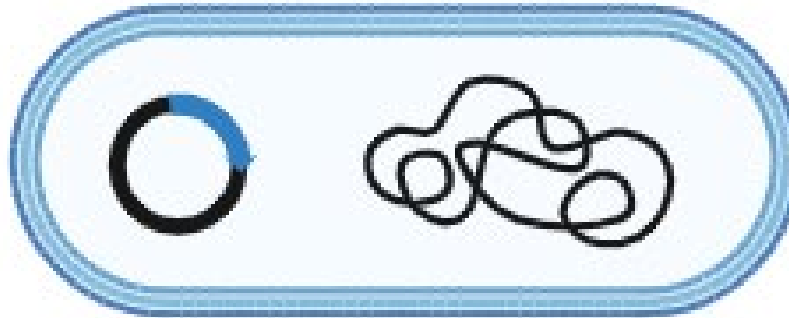
# Conjugative plasmids spread AMR

“Mobile” AMR genes can travel between bacterial cells/species on different types of plasmids

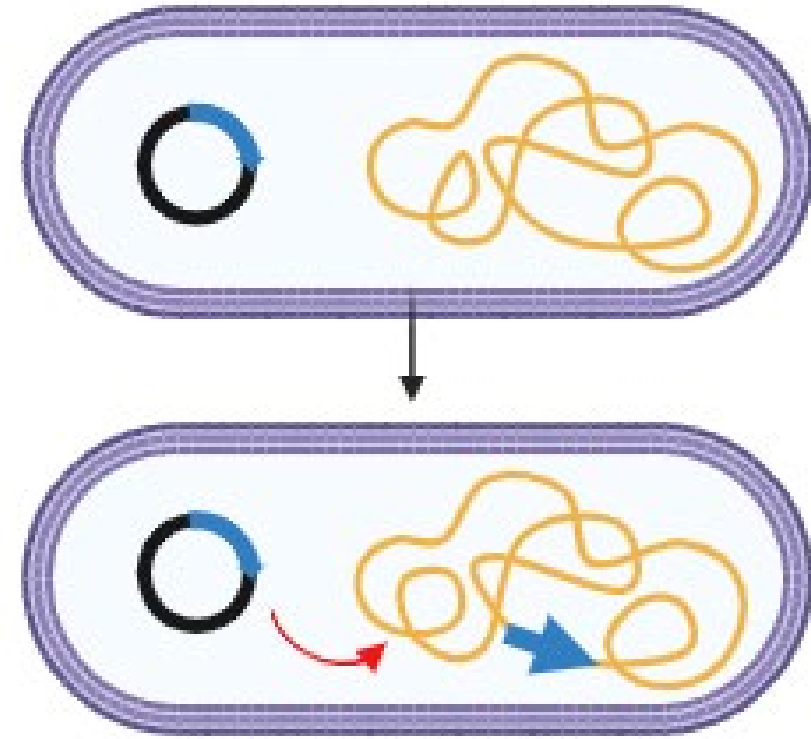
Horizontal transmission  
Conjugation (mobilization)



Vertical transmission to daughter cells



Horizontal transmission  
Conjugation (mobilization)

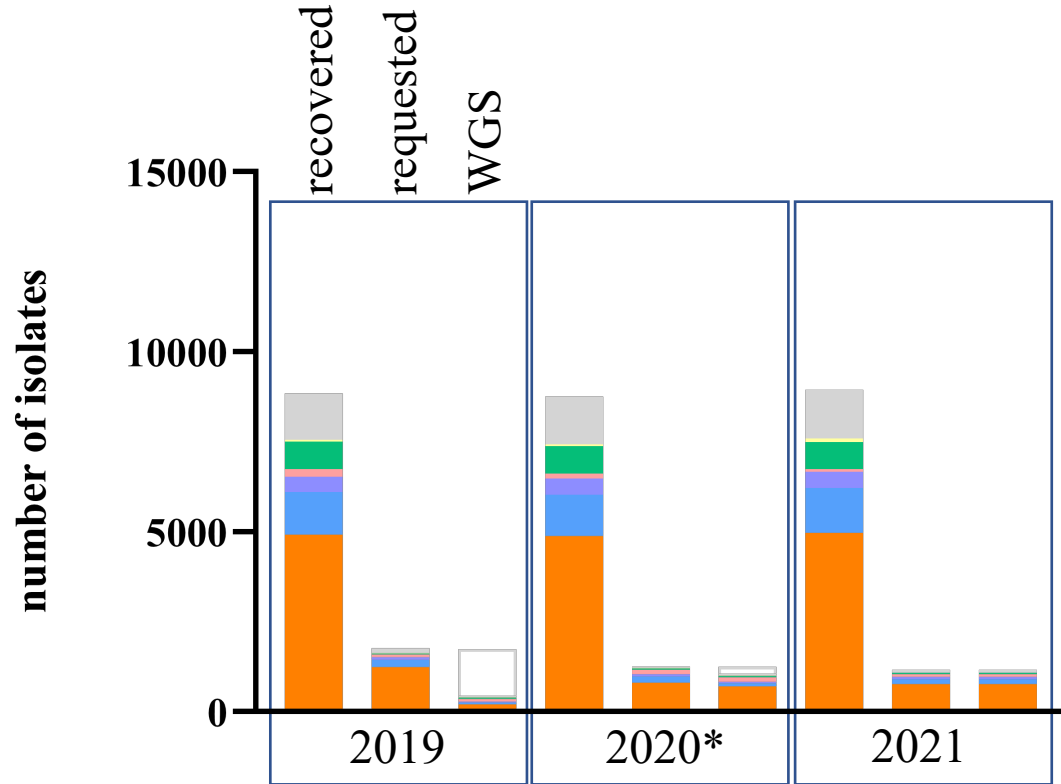


AMR gene moved between plasmids in the same cell

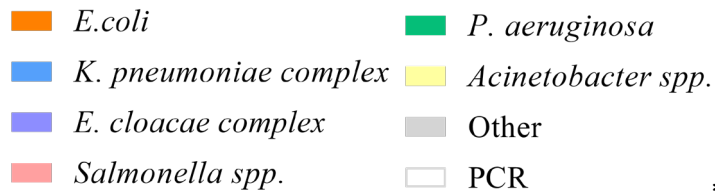
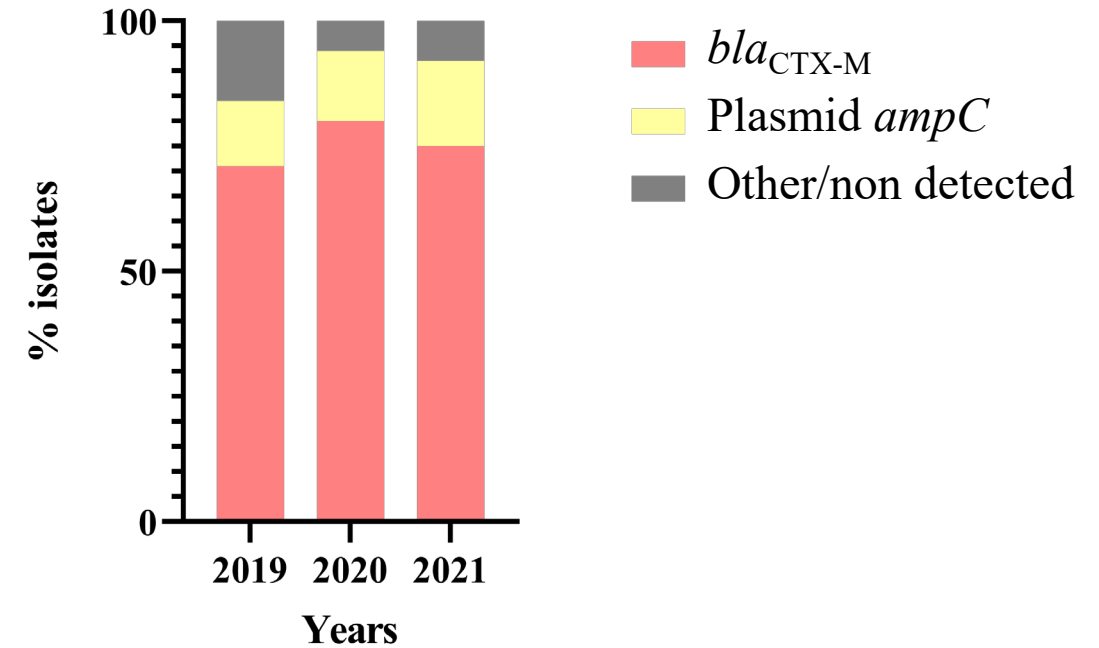
AMR gene moved to the bacterial chromosome

# National survey of antibiotic resistance in Gram-negative pathogens (GnSOP, 2019-2021)

*E. coli*, the most predominant pathogen

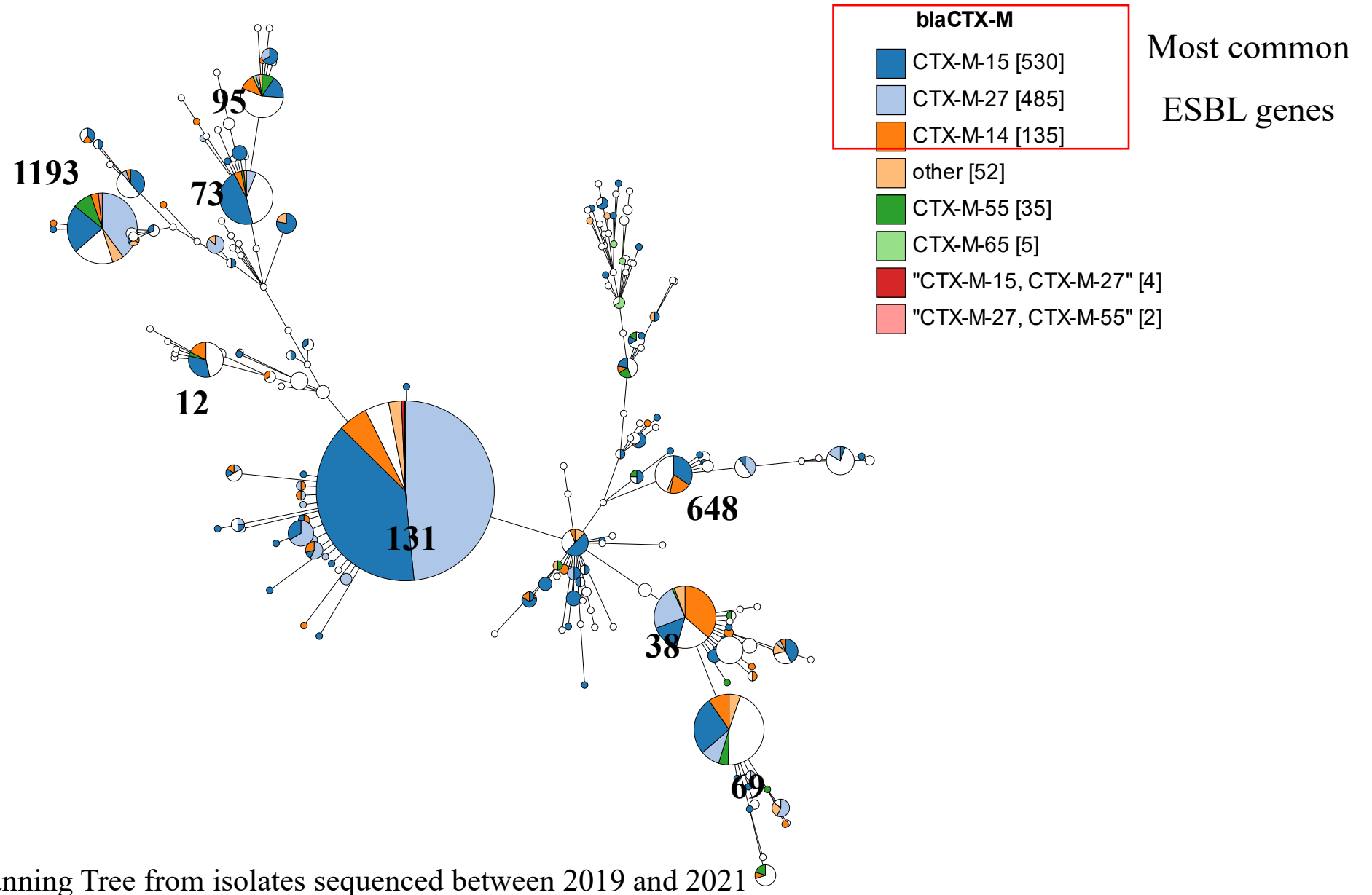


*bla*<sub>CTX-M</sub>, the most prevalent ESBL in *E. coli* sepsis episodes



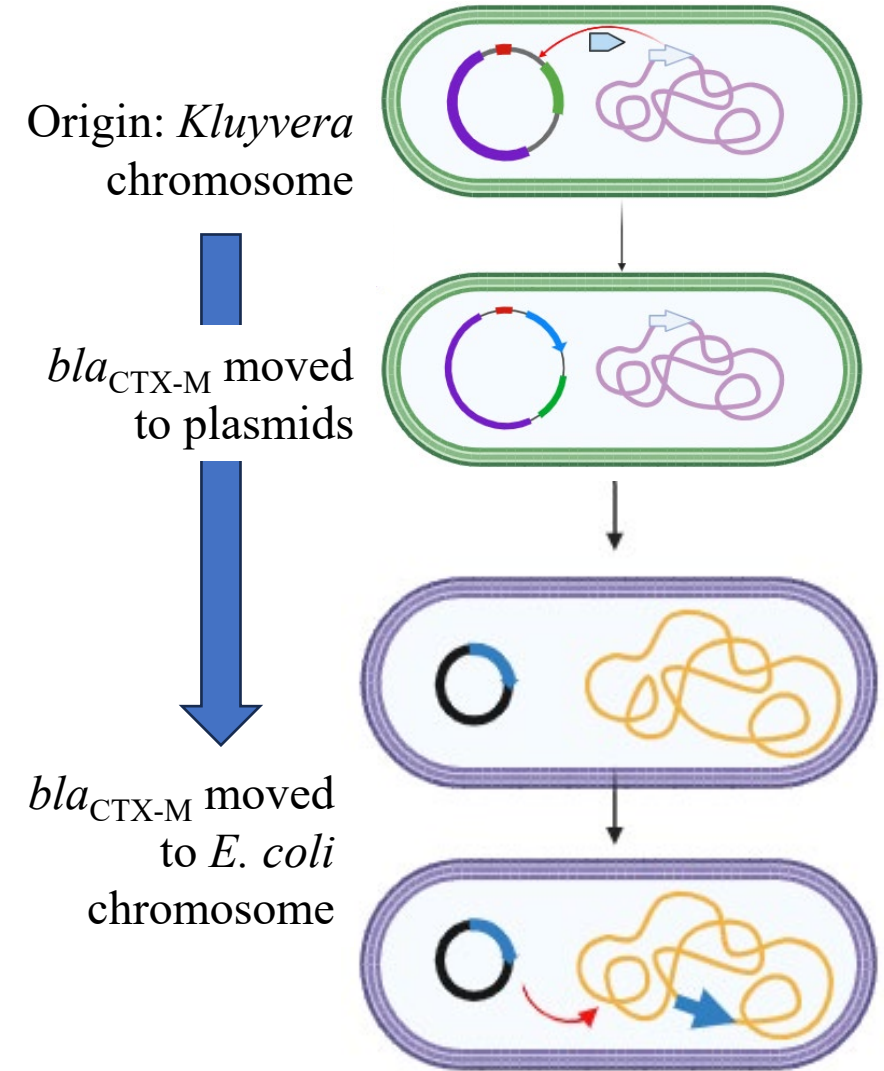
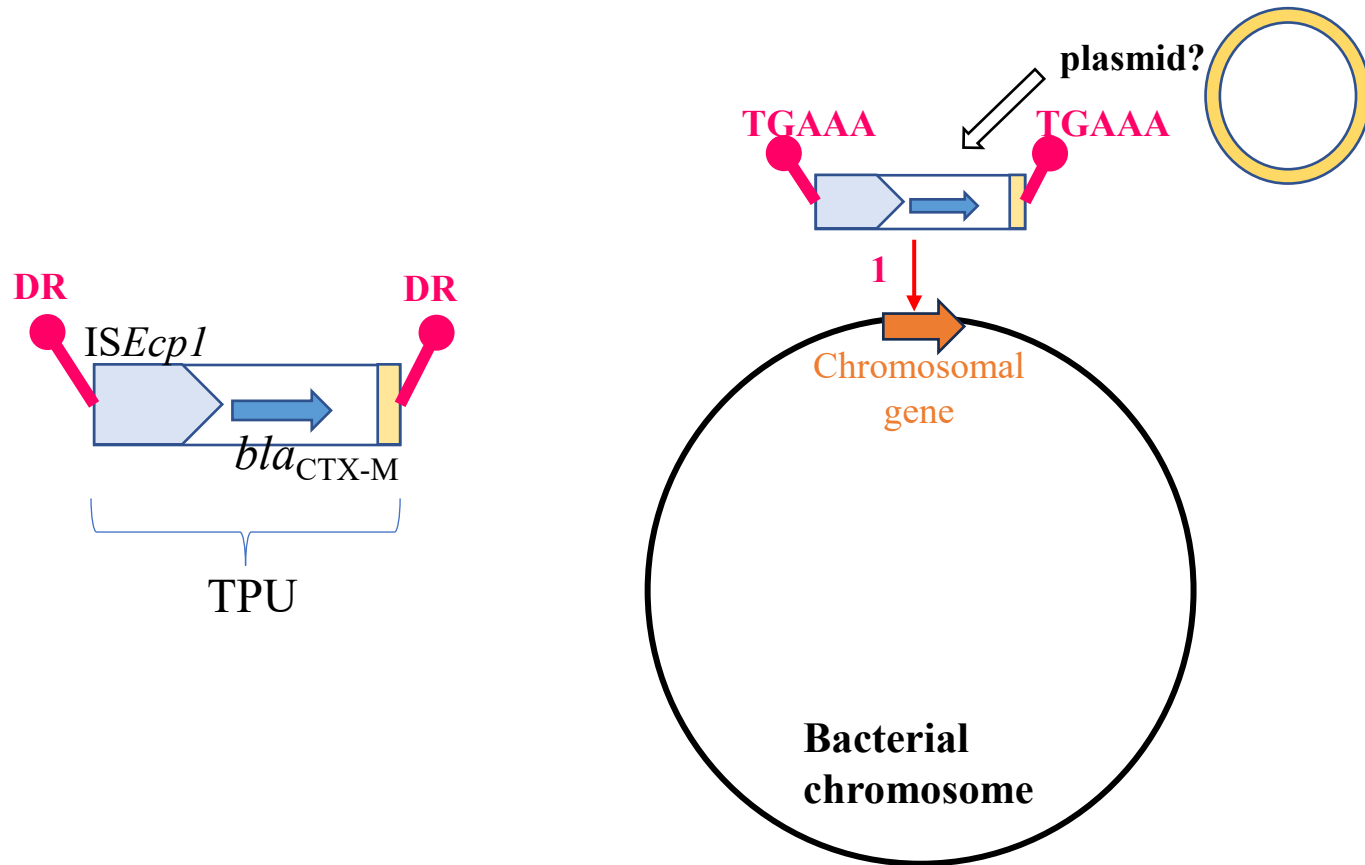
\*GnSOP 2020, extra funding covering Illumina short read sequencing for chromosomal integration of resistance genes and PacBio long read sequencing

# ST131 is the most prevalent drug resistant *E. coli* population recovered from sepsis episodes in Australia (2019-2021)



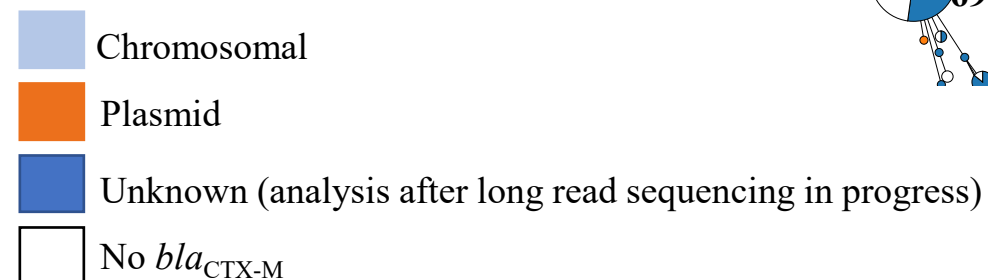
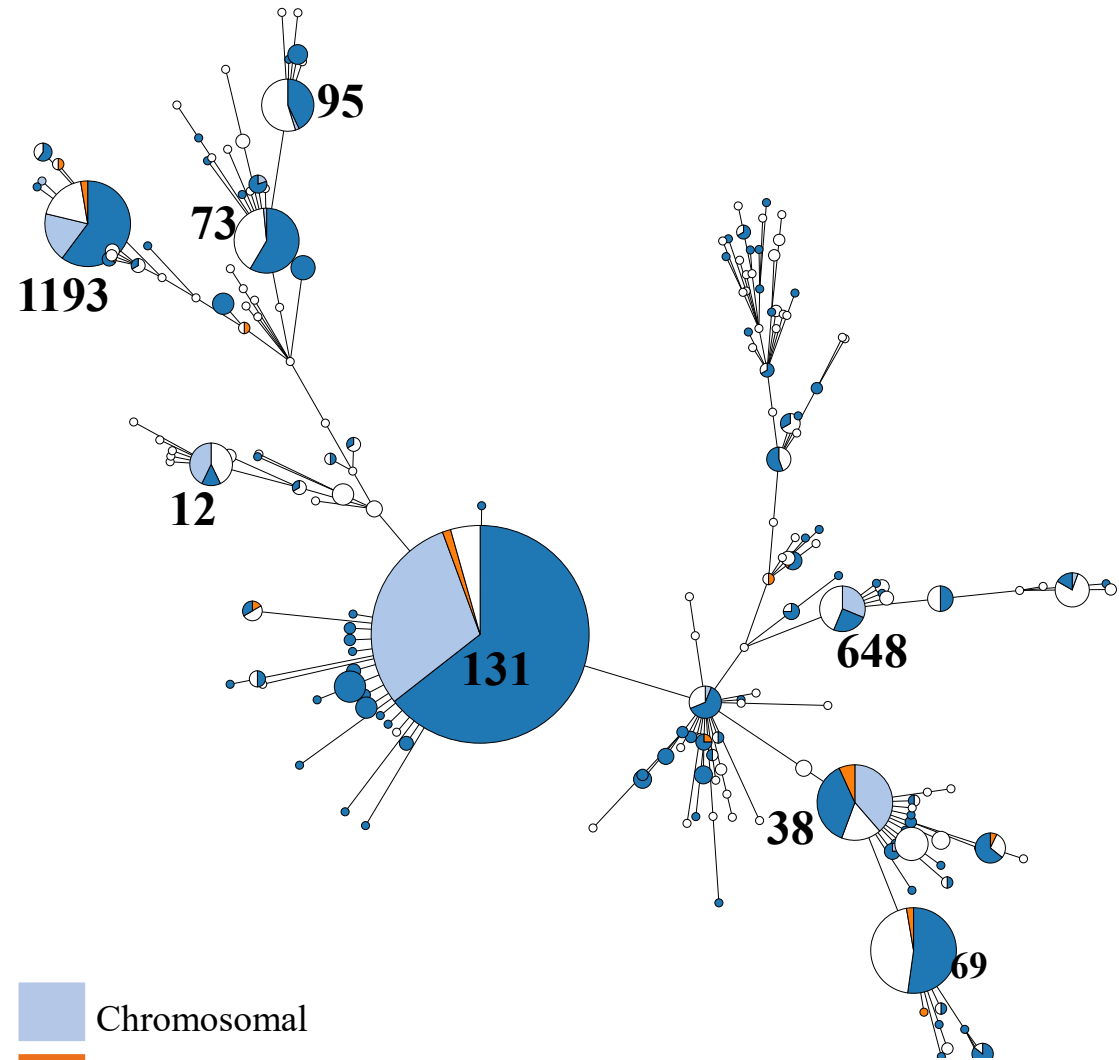
# How *bla*<sub>CTX-M</sub> genes move: *ISEcp1* and TPUs

- IS1380 family, 1,656 bp, ~14 bp IR
- Can pick up regions (containing an AMR gene) adjacent to IR<sub>R</sub>
- Not clear how this works or how end of region picked up is selected
- Different regions can be transferred in different events as “transposition units” – TPU
- Creates 5-7 bp direct repeats (DR) flanking TPU.



TPU: Transposition Unit. IR: inverted repeat. DR: direct repeat.

# Proportion of chromosomal *bla*<sub>CTX-M</sub> in *E. coli* population recovered from sepsis episodes in Australia



At least a third of total *E. coli* sepsis isolates have *bla*<sub>CTX-M</sub> integrated in the bacterial chromosome

<i>Escherichia coli</i>	ESBL gene	Chromosomal (% of analysed)
ST12	<i>bla</i> <sub>CTX-M-14</sub> / <i>bla</i> <sub>CTX-M-15</sub>	100%
ST38	<i>bla</i> <sub>CTX-M-14</sub>	*96%
ST131-FimH30	<i>bla</i> <sub>CTX-M-14</sub>	*87%
ST131-FimH30-Rx	<i>bla</i> <sub>CTX-M-15</sub>	*24%
ST131-FimH41	<i>bla</i> <sub>CTX-M-15</sub> / <i>bla</i> <sub>CTX-M-27</sub>	*80%
ST131-other FimH	<i>bla</i> <sub>CTX-M-14</sub> / <i>bla</i> <sub>CTX-M-15</sub> / <i>bla</i> <sub>CTX-M-27</sub>	*69%
ST648	<i>bla</i> <sub>CTX-M-15</sub>	100%
ST1193	<i>bla</i> <sub>CTX-M-15</sub>	*78%

\*Analysis in progress. The location of *bla*<sub>CTX-M</sub> cannot always be determined.  
Short and long read sequencing

# Chromosomal location of ESBL genes in most common *E. coli* sequence types (STs) in Australia (2019-2021)

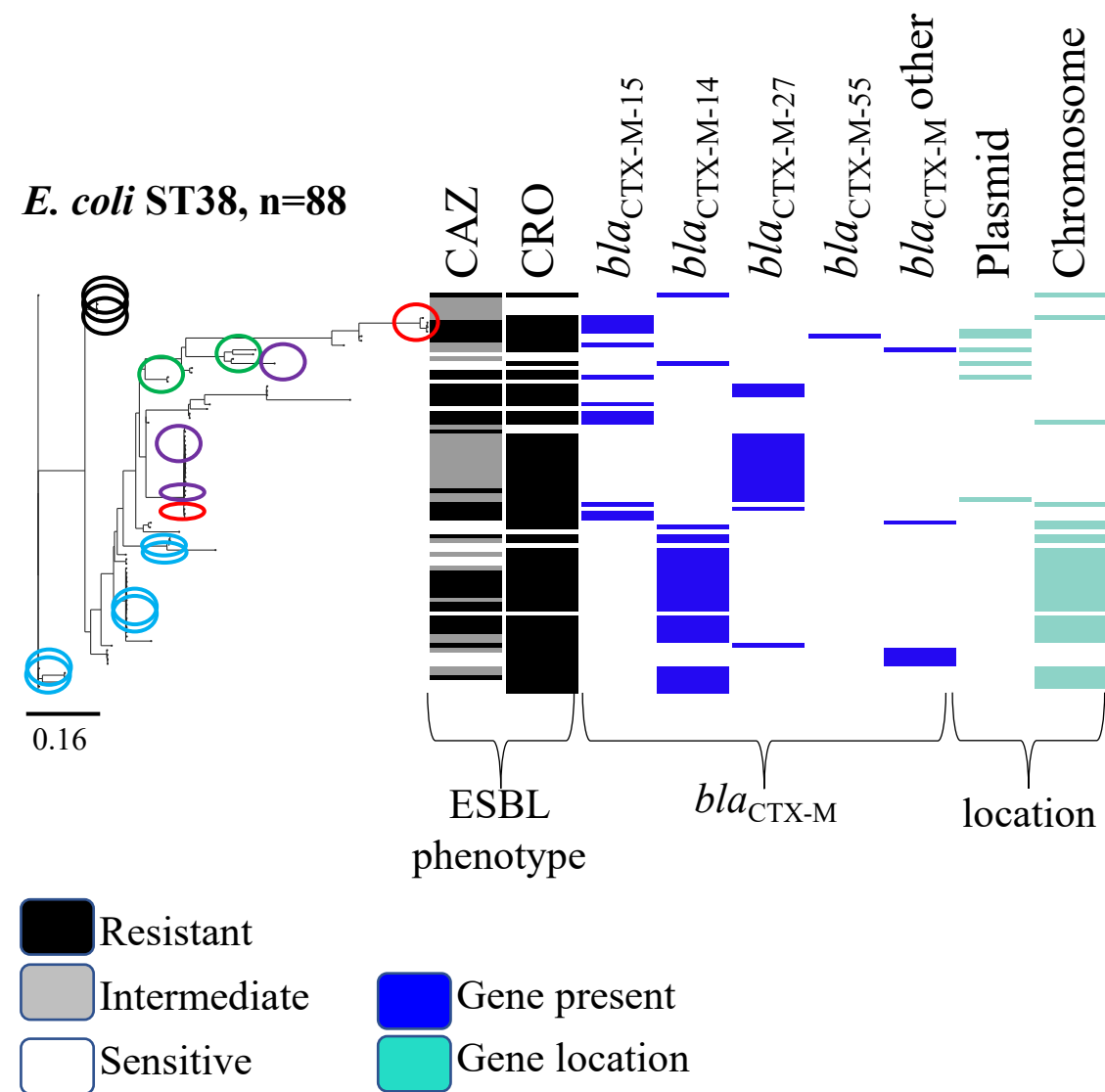
## Chromosomal location of ESBL genes.

BACTERIAL GENE INTERRUPTED	<i>E. coli</i>	ESBL gene*
<i>bglA</i> (glucosidase), <i>dtd</i> (tRNA deacylase), fimbrial type 1 protein	ST12	<i>bla</i> <sub>CTX-M-15, -14</sub>
<i>rbsR</i> (transcriptional regulator), <i>yicI</i> (hydrolase), <i>glgX</i> (hydrolase), <i>mgtC/sapB</i> (magnesium transporter), <i>spoT</i> (synthase/hydrolase), <i>btuB</i> (outer membrane transporter), <i>dacD</i> (carboxypeptidase).	ST38	<i>bla</i> <sub>CTX-M-14</sub>
SHPF domain protein and hypothetical proteins	ST131-FimH30	<i>bla</i> <sub>CTX-M-14</sub>
Nucleoside transporter, <i>LacI</i> (transcriptional regulator)	ST131-FimH41	<i>bla</i> <sub>CTX-M-15</sub>
<i>gspD</i> (Type II secretion system protein), prophage regions	ST131-FimH41	<i>bla</i> <sub>CTX-M-27</sub>
<i>mdtN</i> (efflux pump), <i>recQ</i> (recombinase), <i>nanM</i> (carbon metabolism)	ST648	<i>bla</i> <sub>CTX-M-15</sub>

\*Some isolates carry multiple copies of *bla*<sub>CTX-M</sub>. Summary of ongoing analysis of isolates from WGS data from 2019, 2020 and 2021.

# Effect of *bla*<sub>CTX-M</sub> location on bacterial growth

Not obvious correlation between *bla*<sub>CTX-M</sub> location, AMR gene copy number and bacterial growth rates



Isolate	AGAR_ID	dt (min)	<i>bla</i> <sub>CTX-M</sub> gene	Location (copies)
19GNB-0037		24.00±1.52	No resistance	
19GNB-0295		22.55±0.42	No resistance	
20GNB-0549		26.16±0.69	No resistance	
19GNB-1664		25.34±0.80	<i>bla</i> <sub>CTX-M-15</sub>	plasmid (1)
20GNB-0362		22.50±0.91	<i>bla</i> <sub>CTX-M-143</sub>	plasmid (1)
19GNB-1023		22.27±0.54	<i>bla</i> <sub>CTX-M-15</sub>	chromosome (1)
19GNB-0329		27.96±1.51	<i>bla</i> <sub>CTX-M-15</sub>	chromosome (1)
20GNB-0341		26.77±0.72	<i>bla</i> <sub>CTX-M-27</sub>	plasmid (1)
20GNB-1037		24.53±0.67	<i>bla</i> <sub>CTX-M-27</sub>	plasmid (1)
21GNB-0301		26.80±0.74	<i>bla</i> <sub>CTX-M-14a</sub>	plasmid (1)
19GNB-0077		25.94±7.51	<i>bla</i> <sub>CTX-M-14a</sub>	chromosome (1)
20GNB-0205		24.32±0.26	<i>bla</i> <sub>CTX-M-14b</sub>	chromosome (1)
20GNB-1162		23.76±1.02	<i>bla</i> <sub>CTX-M-14b</sub>	chromosome (2)
20GNB-0487		24.25±1.32	<i>bla</i> <sub>CTX-M-14a</sub>	chromosome (3)
19GNB-0742		25.96±0.60	<i>bla</i> <sub>CTX-M-14a</sub>	chromosome (6)
19GNB-0736		22.88±0.60	<i>bla</i> <sub>CTX-M-14a</sub>	chromosome (7)

Growth conditions: LB broth, no antibiotics, 37°C, 96-well plate. dt: doubling time (calculated during log phase, between OD<sub>600</sub> 0.02-0.09)

# Other examples in the literature



Chromosomal integration of *bla*<sub>CTX-M</sub> genes in diverse *Escherichia coli* isolates recovered from river water in Japan

Ryota Gomi<sup>a,\*</sup>, Masaki Yamamoto<sup>b</sup>, Michio Tanaka<sup>b</sup>, Yasufumi Matsumura<sup>b</sup>

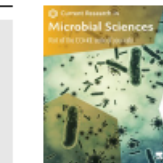


RESEARCH ARTICLE



Amplification of the Chromosomal *bla*<sub>CTX-M-14</sub> Gene in *Escherichia coli* Expanding the Spectrum of Resistance under Antimicrobial Pressure

Eun-Jeong Yoon,<sup>a,b,c</sup> You Jeong Choi,<sup>a,b</sup> Dokyun Kim,<sup>a,b</sup> Dongju Won,<sup>a</sup> Jong Rak Choi,<sup>a</sup> Seok Hoon Jeong<sup>a,b</sup>



RESEARCH ARTICLE



Extended-Spectrum  $\beta$ -Lactamase Genes Traverse the *Escherichia coli* Populations of Intensive Care Unit Patients, Staff, and Environment

Robert A. Moran,<sup>a</sup> Liu Baomo,<sup>b,\*</sup> Emma L. Doughty,<sup>a</sup> Yingyi Guo,<sup>b</sup> Xiaoliang Ba,<sup>c</sup> Willem van Schaik,<sup>a</sup> Chao Zhuo,<sup>b</sup> Alan McNally<sup>a</sup>

Journal of Global Antimicrobial Resistance 17 (2019) 53–57



Short Communication

Characterisation of chromosomally-located *bla*<sub>CTX-M</sub> and its surrounding sequence in CTX-M-type extended-spectrum  $\beta$ -lactamase-producing *Escherichia coli* isolates

Kouta Hamamoto<sup>a,b</sup>, Itaru Hirai<sup>a,c,\*</sup>



RESEARCH ARTICLE  
Clinical Science and Epidemiology



Beneficial Chromosomal Integration of the Genes for CTX-M Extended-Spectrum  $\beta$ -Lactamase in *Klebsiella pneumoniae* for Stable Propagation

Eun-Jeong Yoon,<sup>a,b</sup> Bareum Gwon,<sup>a,b</sup> Changseung Liu,<sup>a,b</sup> Dokyun Kim,<sup>a,b</sup> Dongju Won,<sup>a</sup> Sung Gyun Park,<sup>a</sup> Jong Rak Choi,<sup>a</sup> Seok Hoon Jeong<sup>a,b</sup>



## Conclusions (Part II)

1. Some global epidemic STs might be permanently incorporating AMR genes into their core genome and might not compromise their growth: **stable, long-term reservoir of AMR?**.
2. Might current antibiotic use policies (*less antibiotic use to reduce AMR*) be less effective if bacteria continue incorporating AMR genes in their chromosomes?.
3. Advanced therapies:
  - a. Plasmid therapy, if AMR gene is located in plasmid.
  - b. Bacteriophage therapy, if AMR gene is located in chromosome.

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Clinical Microbiology Laboratory  
Dr. Jenny Draper  
Dr. Elena Martinez

**GnSOP (Gram negative Surveillance Outcome Program).**