

Draft Genome Sequence of the First Documented Clinical *Siccibacter turicensis* Isolate in Austria

Sarah Lepuschitz,^{a,b} Shiva Pekard-Amenitsch,^a Renée Haunold,^c Simone Schill,^d Agnes Schriebl,^a Robert Mach,^b Franz Allerberger,^a Werner Ruppitsch,^{a,e} Stephen J. Forsythe^f

^aInstitute of Medical Microbiology and Hygiene, Austrian Agency for Health and Food Safety, Graz, Austria ^bResearch Area of Biochemical Technology, Institute of Chemical, Biological and Environmental Engineering, Vienna University of Technology, Vienna, Austria

^cLabor Dr. Berset, Vienna, Austria

^dInstitute of Milk Hygiene, Milk Technology and Food Science, University of Veterinary Medicine, Vienna, Austria

^eDepartment of Biotechnology, University of Natural Resources and Life Sciences, Vienna, Austria foodmicrobe.com, Adams Hill, Keyworth, United Kingdom

ABSTRACT The nonpathogenic species *Siccibacter turicensis* is closely related to members of the food-associated pathogenic genus *Cronobacter* and has been detected in fruit powders, formula, spices, and herbs. Here, we report on the first clinical isolate of *S. turicensis*, recovered from the labial angle of a patient with angular cheilitis.

Members of the genus *Siccibacter* and family *Enterobacteriaceae* are characterized to be Gram negative, coccoid to rod shaped, peritrichously flagellated, weakly oxidase positive, catalase positive, and facultatively anaerobic (1). As close relatives of the foodborne pathogenic members of the genus *Cronobacter*, *Siccibacter* species can cause severe clinical infections in infants and immunocompromised adults; thus, their correct identification is of utmost importance. To date, *S. turicensis* has been isolated from various foods but has not been described in clinical samples (2).

In April 2017, a 40-year-old patient with a 6-month history of perleche saw a dermatologist. A swab taken from her mouth angle grew two types of Gram-negative rods, which were initially diagnosed as *Cronobacter sakazakii* and *Escherichia vulneris*. Topical treatment with gentamicin resulted in the healing of this angular cheilitis. Whole-genome sequencing performed on the assumed *Cronobacter* isolate revealed it to be *Siccibacter turicensis*.

The isolation of high-molecular-weight DNA from a bacterial overnight culture was carried out with a MagAttract HMW DNA kit (Qiagen, Hilden, Germany) and quantified with a Qubit version 2.0 fluorometer (Thermo Fisher Scientific, Waltham, MA, USA) using the double-stranded DNA broad-range (dsDNA BR) assay kit (Thermo Fisher Scientific). A NexteraXT kit (Illumina, Inc., San Diego, CA, USA) was used for library preparation. Whole-genome sequencing was done with 300-bp paired-end reads on an Illumina MiSeq instrument using the MiSeq reagent kit with V3 chemistry (Illumina). The *de novo* genome assembly was completed using SPAdes version 3.9.0 (3) and resulted in 171 contigs with a total of 4,224,698 nucleotides and a 58.4% GC content. Species confirmation was done via ribosomal multilocus sequence typing (4), and following submission to the *Cronobacter* PubMLST database (5), we assigned a new sequence type (ST), ST635, to the isolate (*Cronobacter* PubMLST ID 2411). The NCBI Prokaryotic Genome Annotation Pipeline (PGAP) identified 4,169 genes, 4,059 coding sequences, 128 pseudogenes, 24 rRNA operons (9 complete, 15 partially), and 76 tRNAs. Antimicrobial resistance genes were identified via the Comprehensive Antibiotic Resistance

Received 28 March 2018 **Accepted** 29 March 2018 **Published** 3 May 2018

Citation Lepuschitz S, Pekard-Amenitsch S, Haunold R, Schill S, Schriebl A, Mach R, Allerberger F, Ruppitsch W, Forsythe SJ. 2018. Draft genome sequence of the first documented clinical *Siccibacter turicensis* isolate in Austria. Genome Announc 6:e00380-18. https://doi.org/10.1128/genomeA .00380-18.

Copyright © 2018 Lepuschitz et al. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

Address correspondence to Sarah Lepuschitz, sarah.lepuschitz@ages.at.

Database (CARD) (6) and included the antibiotic efflux genes CRP, *emrB*, *emrR*, H-NS, *marA*, *marR*, *msbA*, and *patA*, as well as the antibiotic inactivation gene *fosA2* and the antibiotic target alteration gene *glpT*. *In vitro* susceptibility testing with the Vitek 2 compact system (bioMérieux, Marcy-l'Étoile, France)—interpreted according to the European Committee on Antimicrobial Susceptibility Testing (EUCAST) clinical breakpoint tables version 8.0 (valid from 1 January 2018)—revealed the isolate to be resistant to fosfomycin and sensitive to ampicillin, amoxicillin-clavulanic acid, piperacillin-tazobactam, cefuroxime-axetil, cefoxitin, cefotaxime, ceftazidime, cefepime, aztreonam, imipenem, meropenem, amikacin, gentamicin, ciprofloxacin, moxifloxacin, tigecycline, and trimethoprim-sulfamethoxazole.

Accession number(s). This whole-genome shotgun project has been deposited at DDBJ/ENA/GenBank under the accession number PYEP00000000. The version described in this paper is the first version, PYEP01000000.

ACKNOWLEDGMENT

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES

- Stephan R, Grim CJ, Gopinath GR, Mammel MK, Sathyamoorthy V, Trach LH, Chase HR, Fanning S, Tall BD. 2014. Re-examination of the taxonomic status of *Enterobacter helveticus*, *Enterobacter pulveris* and *Enterobacter turicensis* as members of the genus *Cronobacter* and their reclassification in the genera *Franconibacter* gen. nov. and *Siccibacter* gen. nov. as *Franconibacter helveticus* comb. nov., *Franconibacter pulveris* comb. nov. and *Siccibacter turicensis* comb. nov., respectively. Int J Syst Evol Microbiol 64: 3402–3410. https://doi.org/10.1099/ijs.0.059832-0.
- Holý O, Forsythe S. 2014. Cronobacter species as emerging causes of healthcare-associated infection. J Hosp Infect 86:169–177. https://doi.org/ 10.1016/j.jhin.2013.09.011.
- Nurk S, Bankevich A, Antipov D, Gurevich AA, Korobeynikov A, Lapidus A, Prjibelski AD, Pyshkin A, Sirotkin A, Sirotkin Y, Stepanauskas R, Clingenpeel SR, Woyke T, McLean JS, Lasken R, Tesler G, Alekseyev MA, Pevzner PA. 2013. Assembling genomes and mini-metagenomes from chimeric MDA products. J Comput Biol 20:714–737. https://doi.org/10.1089/cmb .2013.0084.
- Jolley KA, Bliss CM, Bennett JS, Bratcher HB, Brehony C, Colles FM, Wimalarathna H, Harrison OB, Sheppard SK, Cody AJ, Maiden MC. 2012. Ribosomal multilocus sequence typing: universal characterization of bacteria from domain to strain. Microbiology 158:1005–1015. https://doi.org/ 10.1099/mic.0.055459-0.
- Forsythe SJ, Dickins B, Jolley KA. 2014. Cronobacter, the emergent bacterial pathogen Enterobacter sakazakii comes of age; MLST and whole genome sequence analysis. BMC Genomics 15:1121. https://doi.org/10 .1186/1471-2164-15-1121.
- Jia B, Raphenya AR, Alcock B, Waglechner N, Guo P, Tsang KK, Lago BA, Dave BM, Pereira S, Sharma AN, Doshi S, Courtot M, Lo R, Williams LE, Frye JG, Elsayegh T, Sardar D, Westman EL, Pawlowski AC, Johnson TA, Brinkman FS, Wright GD, McArthur AG. 2017. CARD 2017: expansion and model-centric curation of the comprehensive antibiotic resistance database. Nucleic Acids Res 45:D566–D573. https://doi.org/10.1093/nar/ gkw1004.