

Draft Genome Sequence of an Atypical Strain of *Streptococcus pneumoniae* Isolated from a Respiratory Infection

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Next-generation sequencing was used to investigate an unknown clinical respiratory infection. This new strain of *Streptococcus pneumoniae*, ASVL_JC_0001, was isolated from a clinical specimen from a patient with bronchitis and pulmonary inflammation. The draft genome sequence, obtained with an Illumina MiSeq sequencing system, consists of 83 large contigs, a total of 2,092,532 bp long, and has a GC content of 40.3%.

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Streptococcus pneumoniae is a Gram-positive, α -hemolytic, aerobic bacterium belonging to the *Streptococcaceae* family (1). *S. pneumoniae* is the most frequently isolated respiratory pathogen in community-acquired pneumonia (2–5). The infections due to *S. pneumoniae* include otitis media (6, 7), sinusitis, peritonitis, and rare cases of endocarditis (8). *S. pneumoniae* colonizes the upper respiratory tract, especially in children, with an estimate of one infection for every child up to the age of 6 years in the United States (1, 9, 10). The most closely related species on the basis of 16S rRNA sequences are *Streptococcus oralis* and *Streptococcus mitis*, which share over 99% sequence identity with *S. pneumoniae*, although genomic similarities for the entire chromosome are estimated to be <60% (11–13).

We isolated a new strain of *Streptococcus pneumoniae* (ASVL_JC_0001) from a clinical specimen from a patient with bronchitis and pulmonary inflammation. This strain showed atypical features of *S. pneumoniae*, including alpha-hemolytic colonies, bile solubility, and resistance to optochin (13–15). Antimicrobial susceptibility testing showed that this strain was sensitive to cefotaxime, chloramphenicol, oxacillin, penicillin, tetracycline, and vancomycin, but it was resistant to erythromycin and ethyl hydrocupreine and partially resistant to sulfamethoxazole trimethoprim (16–21). PCR assay of housekeeping genes for *S. pneumoniae* indicated that this variant harbors genes encoding the virulence factors pneumolysin (*ply*) and the major autolysin (*lytA*), both of which are normally associated with pneumococci (22–26).

A pure culture was obtained by growing the isolate on blood agar plates at 37°C with 5% CO₂. To perform genomic sequencing, bacterial growth from the overnight culture was suspended in 1 mL of 0.85% saline. The bacterial cells were pelleted by centrifugation at 2,300 × g for 15 min, and the genomic DNA was extracted and purified using a Qiagen DNeasy blood and tissue kit (Qiagen, Inc., Valencia, CA). Purified genomic DNA was then used to prepare a sequencing library using a Nextera DNA sample preparation kit (Illumina, San Diego, CA). Genome sequencing

was performed on an Illumina MiSeq version 2 system, which generated 44 to 50 million paired ends (2 × 250 bp), for a total of 7.5 to 8.5 Gbp.

We assembled *de novo* genome sequences using SPAdes version 2.5.1 (27). The bacterial genome assembly consists of 83 contigs, ranging in size from 203 bp to 323,279 bp (median, 997 bp; mean, 25,210 bp). The total base length is 2,092,532 bp, with a GC content of 40.3%. The proportions of each of the DNA characters are 22.9%, 25.7%, 28.6%, and 22.8%, with 56× coverage. We annotated the genome assembly by using the NCBI Prokaryotic Genomes Automatic Annotation Pipeline (28). Among a total of 83 contigs, 69 contigs harbor annotations of genes, coding sequences (CDS), and RNAs. We found 2,158 putative genes and 2,051 CDS. We also found 5 rRNAs, 44 tRNAs, and 1 noncoding RNA (ncRNA). The maximum number of proteins annotated was 321, and 15 contigs did not contain annotated proteins. One of the contigs has only tRNAs and rRNAs.

Nucleotide sequence accession numbers. The draft genome sequence of *S. pneumoniae* strain ASVL_JC_0001 has been deposited at DDBJ/EMBL/GenBank under the accession number [JJMK000000000](https://www.ncbi.nlm.nih.gov/nuccore/JJMK000000000). The version described in this paper is version [JJMK010000000](https://www.ncbi.nlm.nih.gov/nuccore/JJMK010000000).

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REFERENCES

- Murray P, Baron EJ, Jorgensen JH, Landry ML, Pfaller MA. 2011. Manual of clinical microbiology, 10th ed. ASM Press, Washington, DC.
- Davies AJ, Dyas A. 1985. Hospital-acquired infection with *Streptococcus pneumoniae*. *J. Hosp. Infect.* 6:98–101. [http://dx.doi.org/10.1016/S0195-6701\(85\)80025-6](http://dx.doi.org/10.1016/S0195-6701(85)80025-6).

3. Davies AJ, Lockley MR. 1987. A prospective survey of hospital cross-infection with *Streptococcus pneumoniae*. *J. Hosp. Infect.* 9:162–168. [http://dx.doi.org/10.1016/0195-6701\(87\)90055-7](http://dx.doi.org/10.1016/0195-6701(87)90055-7).
4. de Galan BE, van Tilburg PM, Sluifjter M, Mol SJ, de Groot R, Hermans PW, Jansz AR. 1999. Hospital-related outbreak of infection with multidrug-resistant *Streptococcus pneumoniae* in the Netherlands. *J. Hosp. Infect.* 42:185–192. <http://dx.doi.org/10.1053/jhin.1999.0580>.
5. Zhanel GG, Karlowsky JA, Palatnick L, Vercaigne L, Low DE, Hoban DJ. 1999. Prevalence of antimicrobial resistance in respiratory tract isolates of *Streptococcus pneumoniae*: results of a Canadian national surveillance study. The Canadian Respiratory Infection Study Group. *Antimicrob. Agents Chemother.* 43:2504–2509.
6. Mitchell TJ. 2006. *Streptococcus pneumoniae*: infection, inflammation and disease. *Adv. Exp. Med. Biol.* 582:111–124. http://dx.doi.org/10.1007/0-387-33026-7_10.
7. Michelow IC, Lozano J, Olsen K, Goto C, Rollins NK, Ghaffar F, Rodriguez-Cerrato V, Leinonen M, McCracken GH, Jr. 2002. Diagnosis of *Streptococcus pneumoniae* lower respiratory infection in hospitalized children by culture, polymerase chain reaction, serological testing, and urinary antigen detection. *Clin. Infect. Dis.* 34:E1–E11. <http://dx.doi.org/10.1086/324358>.
8. Mehr S, Wood N. 2012. *Streptococcus pneumoniae*—a review of carriage, infection, serotype replacement and vaccination. *Paediatr. Respir. Rev.* 13:258–264. <http://dx.doi.org/10.1016/j.prrv.2011.12.001>.
9. Richter SS, Heilmann KP, Dohrn CL, Riahi F, Beekmann SE, Doern GV. 2009. Changing epidemiology of antimicrobial-resistant *Streptococcus pneumoniae* in the United States, 2004–2005. *Clin. Infect. Dis.* 48:e23–e33. <http://dx.doi.org/10.1086/595857>.
10. Marton A, Nagy A, Katona G, Fekete F, Votisky P, Lajos Z. 1997. Nosocomial *Streptococcus pneumoniae* infection causing children's acute otitis media. *Int. J. Antimicrob. Agents* 8:29–35. [http://dx.doi.org/10.1016/S0924-8579\(96\)00357-3](http://dx.doi.org/10.1016/S0924-8579(96)00357-3).
11. Kawamura Y, Hou XG, Sultana F, Miura H, Ezaki T. 1995. Determination of 16S rRNA sequences of *Streptococcus mitis* and *Streptococcus gordonii* and phylogenetic relationships among members of the genus *Streptococcus*. *Int. J. Syst. Bacteriol.* 45:406–408. <http://dx.doi.org/10.1099/00207713-45-2-406>.
12. Whiley RA, Beighton D. 1998. Current classification of the oral streptococci. *Oral Microbiol. Immunol.* 13:195–216. <http://dx.doi.org/10.1111/j.1399-302X.1998.tb00698.x>.
13. Kearns AM, Wheeler J, Freeman R, Seiders PR, Perry J, Whatmore AM, Dowson CG. 2000. Pneumolysin detection identifies atypical isolates of *Streptococcus pneumoniae*. *J. Clin. Microbiol.* 38:1309–1310.
14. Fenoll A, Martinez-Suarez JV, Munoz R, Casal J, Garcia JL. 1990. Identification of atypical strains of *Streptococcus pneumoniae* by a specific DNA probe. *Eur. J. Clin. Microbiol. Infect. Dis.* 9:396–401.
15. Beall DP, Scott WW, Jr, Kuhlman JE, Hofmann LV, Moore RD, Mundy LM. 1998. Utilization of computed tomography in patients hospitalized with community-acquired pneumonia. *Md. Med. J.* 47:182–187.
16. Alper CM, Doyle WJ, Seroky JT, Bluestone CD. 1996. Efficacy of clarithromycin treatment of acute otitis media caused by infection with penicillin-susceptible, -intermediate, and -resistant *Streptococcus pneumoniae* in the chinchilla. *Antimicrob. Agents Chemother.* 40:1889–1892.
17. Bédos JP, Chevret S, Chastang C, Geslin P, Régnier B. 1996. Epidemiological features of and risk factors for infection by *Streptococcus pneumoniae* strains with diminished susceptibility to penicillin: findings of a French survey. *Clin. Infect. Dis.* 22:63–72. <http://dx.doi.org/10.1093/clinids/22.1.63>.
18. Byrnes P. 1993. Multiply resistant *Streptococcus pneumoniae* infection. *Med. J. Aust.* 159:427–428.
19. Chavanet P, Dalle F, Delisle P, Duong M, Pechinot A, Buisson M, D'Athis P, Portier H. 1998. Experimental efficacy of combined ceftriaxone and amoxicillin on penicillin-resistant and broad-spectrum cephalosporin-resistant *Streptococcus pneumoniae* infection. *J. Antimicrob. Chemother.* 41:237–246. <http://dx.doi.org/10.1093/jac/41.2.237>.
20. Millar MR, Brown NM, Tobin GW, Murphy PJ, Windsor AC, Speller DC. 1994. Outbreak of infection with penicillin-resistant *Streptococcus pneumoniae* in a hospital for the elderly. *J. Hosp. Infect.* 27:99–104. [http://dx.doi.org/10.1016/0195-6701\(94\)90002-7](http://dx.doi.org/10.1016/0195-6701(94)90002-7).
21. Nascimento-Carvalho CM. 1998. Invasive antibiotic-resistant *Streptococcus pneumoniae* infection in children: concerning clinical outcome. *Pediatr. Infect. Dis. J.* 17:936–937. <http://dx.doi.org/10.1097/00006454-199810000-00027>.
22. Cockran R, Anderson R, Feldman C. 2002. The role of pneumolysin in the pathogenesis of *Streptococcus pneumoniae* infection. *Curr. Opin. Infect. Dis.* 15:235–239. <http://dx.doi.org/10.1097/00001432-200206000-00004>.
23. Gillespie SH, Ullman C, Smith MD, Emery V. 1994. Detection of *Streptococcus pneumoniae* in sputum samples by PCR. *J. Clin. Microbiol.* 32:1308–1311.
24. Rudolph KM, Parkinson AJ, Black CM, Mayer LW. 1993. Evaluation of polymerase chain reaction for diagnosis of pneumococcal pneumonia. *J. Clin. Microbiol.* 31:2661–2666.
25. Salo P, Ortvist A, Leinonen M. 1995. Diagnosis of bacteremic pneumococcal pneumonia by amplification of pneumolysin gene fragment in serum. *J. Infect. Dis.* 171:479–482. <http://dx.doi.org/10.1093/infdis/171.2.479>.
26. Ubukata K, Asahi Y, Yamane A, Konno M. 1996. Combinational detection of autolysin and penicillin-binding protein 2B genes of *Streptococcus pneumoniae* by PCR. *J. Clin. Microbiol.* 34:592–596.
27. Bankevich A, Nurk S, Antipov D, Gurevich AA, Dvorkin M, Kulikov AS, Lesin VM, Nikolenko SI, Pham S, Pribelski AD, Pyshkin AV, Sirotkin AV, Vyahhi N, Tesler G, Alekseyev MA, Pevzner PA. 2012. SPAdes: a new genome assembly algorithm and its applications to single-cell sequencing. *J. Comput. Biol.* 19:455–477. <http://dx.doi.org/10.1089/cmb.2012.0021>.
28. Angiuoli SV, Gussman A, Klimke W, Cochrane G, Field D, Garrity G, Kodira CD, Kyrpides N, Madupu R, Markowitz V, Tatusova T, Thomson N, White O. 2008. Toward an online repository of standard operating procedures (SOPs) for (meta)genomic annotation. *Omic J. Integr. Biol.* 12:137–141. <http://dx.doi.org/10.1089/omi.2008.0017>.