

POSTER PRESENTATION

Open Access

Next-gen sequencing of multi-drug resistant *Acinetobacter baumannii* to determine antibiotic resistance genotypes

Leon Dent^{1*}, Dana Marshall¹, Robert Hulette², Siddharth Pratap³

From UT-ORNL-KBRIN Bioinformatics Summit 2010
Cadiz, KY, USA. 19-21 March 2010

Background

Multi-drug resistant (MDR) *Acinetobacter baumannii* is an important cause of hospital acquired infection and often increases mortality and length of stay [1-3]. The mechanisms of resistance include: (1) antimicrobial-inactivating enzymes such as β -lactamases, (2) alteration of membrane porin channels, and (3) mutations that change cellular functions [4]. Accurate genotyping and correlation to antimicrobial susceptibility will help prevent and treat outbreaks of *Acinetobacter*.

The genome of *A. baumannii* ranges from 3.2 Megabases (Mb) in the drug sensitive SDF strain up to 3.9 Mb in the MDR AYE strain. A surprisingly high proportion of *baumannii* ORFs, (15%-20%), are located in resistance islands or "alien islands" - long stretches of DNA acquired from a foreign source. The MDR AYE strain has an 86Kb island containing 45-50 drug resistance genes located in an insertion hotspot [5]. Our study aims to sequence several *A. baumannii* isolates from Metro Nashville General (NGH) Hospital and conduct a strain-to-reference genomic characterization of clinical virulence factors.

Materials and methods

A retrospective review of the NGH hospital epidemiology data base included 247 isolates of *A. baumannii* from 164 patients (submitted, *BMC Infectious Disease*). Cluster Software version 2.11 and TreeView software grouped resistance phenotypes into six categories (see Figure 1) [6].

1. Pan resistant
2. Pan sensitive

3. Sensitive to meropenem /imipenem only.
4. Sensitive to meropenem/imipenem and aminoglycoside only.
5. Sensitive to cephalosporins only.
6. Resistant to aminoglycosides only.

We chose a meropenem/imipenem and aminoglycosides sensitive *baumannii* isolate for strain-to-reference sequencing on an Illumina Genome Analyzer II system at the Vanderbilt University Genome Technology Core (<https://gtc.vanderbilt.edu/gtc/tech>).

Conclusion

Initial sequencing yielded 5,250,420 reads of 43bp each, yielding 225.76 Mb of total sequence. The reads from our isolate were aligned to MDR *baumannii* reference strain ACICU (NC_010611.1). Alignment was done with the Bowtie Aligner [7]. Of the 5.2 million total reads, 4,004,012 (76.26%) aligned to ACICU, with a mean coverage depth of 43.96 fold. Roughly 58% of the ACICU genome was covered by at least one read. We will next align the reads further with other *baumannii* reference strains including MDR AYE (NC_010410) and non-resistant strain SDF (NC_010400) in order to further characterize and annotate our isolate at the genomic level.

Acknowledgements

Experiment design and data analysis performed through the use of the Meharry Medical College Microarray and Bioinformatics Core, which is supported in part by NIH grants G12RR03032-19 and P20RR011792. (<http://www.mmc.edu/bioinformatics/>)

Sequencing and alignment was performed at the Vanderbilt University Genome Technology Core (<https://gtc.vanderbilt.edu/gtc/tech>).

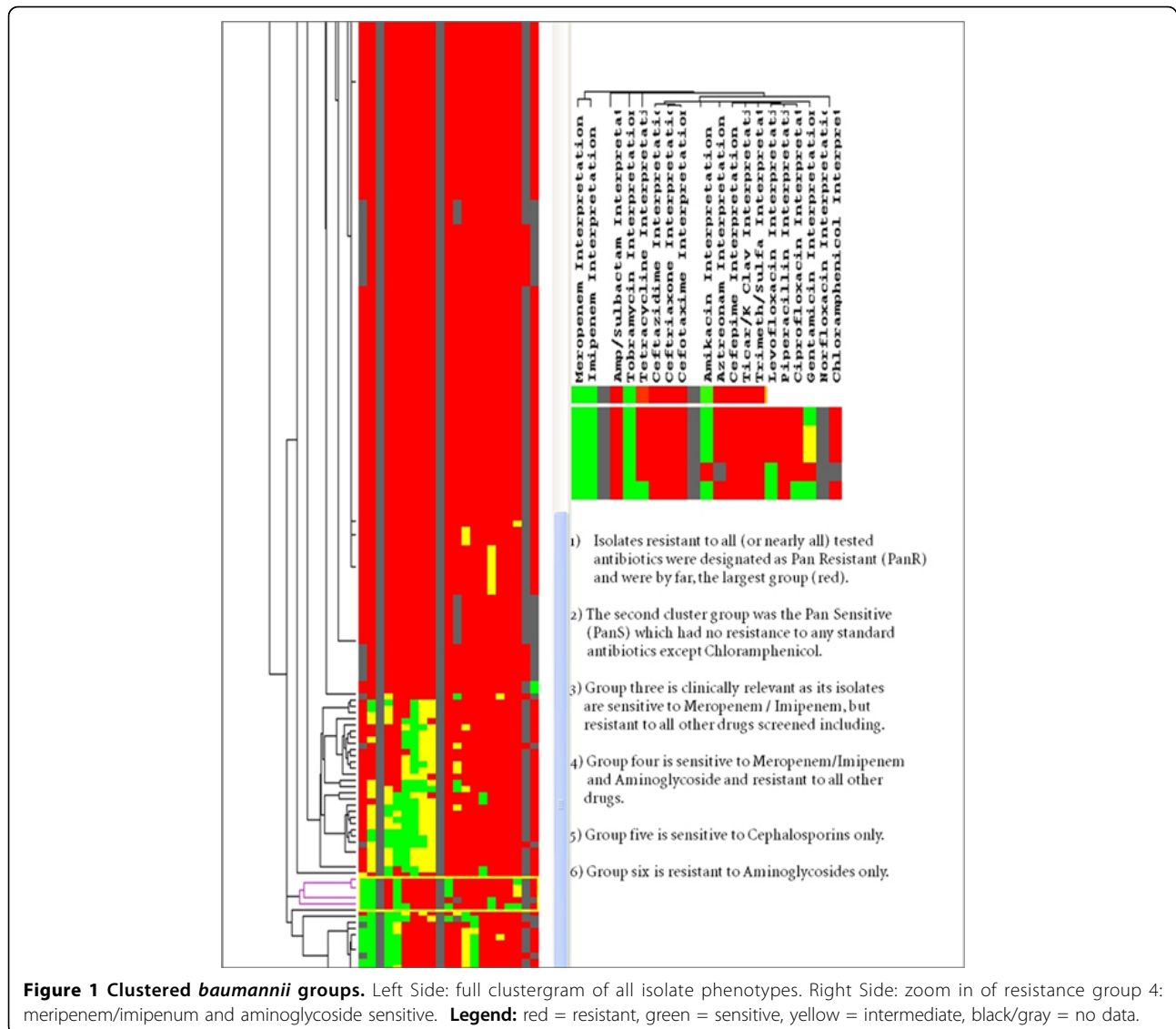
Author details

¹Department of Surgery, Meharry Medical College, Nashville, TN 37208, USA.

²Nashville General Hospital, Nashville, TN 37208, USA. ³Microarray and

* Correspondence: ldent@mmc.edu

¹Department of Surgery, Meharry Medical College, Nashville, TN 37208, USA



Bioinformatics Core, Dept. of Microbiology, Meharry Medical College, Nashville, TN 37208, USA.

Published: 23 July 2010

References

- Garcia-Garmendia J, Ortiz-Leyba C, Garmacho-Montero J, Jimenez-Jimenez FJ, Monterrubio-Villar J, Gili-Miner M: **Mortality and the increase in length of stay attributable to the acquisition of *Acinetobacter* in critically ill patients.** *Crit Care Med* 1999, **27(9)**:1794-1799.
- Falagas ME, Rafailidis PI: **Attributable mortality of *Acinetobacter baumannii*: no longer a controversial issue.** *Critical Care (London, England)* 2007, **11(3)**:134.
- Jamulitrat S, Arunpan P, Phainuphong P: **Attributable mortality of imipenem-resistant nosocomial *Acinetobacter baumannii* bloodstream infection.** *J Med Assoc Thai* 2009, **92(3)**:413-419.
- Bonomo RA, Szabo D: **Mechanisms of multidrug resistance in *Acinetobacter* species and *Pseudomonas aeruginosa*.** *Clin Infect Dis* 2006, **43(Suppl 2)**:S49-S56.
- Fournier PE, Vallenet D, Barbe V, Audic S, Ogata H, Poirel L, Richet H, Robert C, Mangenot S, Abergel C, Nordmann P, Weissenbach J, Raoult D,

- Claverie JM: **Comparative genomics of multidrug resistance in *Acinetobacter baumannii*.** *PLoS Genet* 2006, **2(1)**:e7.
- Eisen MB, Spellman PT, Brown PO, Botstein D: **Cluster analysis and display of genome-wide expression patterns.** *PNAS* 1998, **95**:14863-14868.
 - Langmead B, Trapnell C, Pop M, Salzberg SL: **Ultrafast and memory-efficient alignment of short DNA sequences to the human genome.** *Genome Biol* 2009, **10**:R25. doi:10.1186/gb-2009-10-3-r25.

doi:10.1186/1471-2105-11-S4-P16

Cite this article as: Dent et al.: Next-gen sequencing of multi-drug resistant *Acinetobacter baumannii* to determine antibiotic resistance genotypes. *BMC Bioinformatics* 2010 **11**(Suppl 4):P16.