

Molecular typing and profiling of topoisomerase mutations causing resistance to ciprofloxacin and levofloxacin in *Elizabethkingia* species

Ming-Jr Jian^{1,2}, Yun-Hsiang Cheng^{1,2}, Cherng-Lih Perng^{1,2} and Hung-Sheng Shang^{1,2}

¹ Graduate Institute of Medical Science, National Defense Medical Center, Taipei, Taiwan

² Division of Clinical Pathology, Department of Pathology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

ABSTRACT

Objectives: Several *Elizabethkingia* species often exhibit extensive antibiotic resistance, causing infections associated with severe morbidity and high mortality rates worldwide. In this study, we determined fluoroquinolone susceptibility profiles of clinical *Elizabethkingia* spp. isolates and investigated the resistance mechanisms.

Methods: In 2017–2018, 131 *Elizabethkingia* spp. isolates were recovered from specimens collected at tertiary care centers in northern Taiwan. Initial species identification using the Vitek MS system and subsequent verification by 16S rRNA sequencing confirmed the presence of *Elizabethkingia anophelis* ($n = 111$), *E. miricola* ($n = 11$), and *E. meningoseptica* ($n = 9$). Fluoroquinolone susceptibility was determined using the microbroth dilution method, and fluoroquinolone resistance genes were analyzed by sequencing.

Results: Among *Elizabethkingia* spp. isolates, 91% and 77% were resistant to ciprofloxacin and levofloxacin, respectively. The most prevalent alterations were two single mutations in GyrA, Ser83Ile, and Ser83Arg, detected in 76% of the isolates exhibiting fluoroquinolone MIC between 8 and 128 $\mu\text{g/ml}$. Another GyrA single mutation, Asp87Asn, was identified in two quinolone-resistant *E. miricola* strains. None of the isolates had alterations in GyrB, ParC, or ParE. We developed a high-resolution melting assay for rapid identification of the prevalent *gyrA* gene mutations. The genetic relationship between the isolates was evaluated by random amplified polymorphic DNA PCR that yielded diverse pulsotypes, indicating the absence of any temporal or spatial overlap among the patients during hospitalization.

Conclusion: Our analysis of fluoroquinolone-resistant *Elizabethkingia* spp. isolates provides information for further research on the variations of the resistance mechanism and potential clinical guidance for infection management.

Submitted 5 June 2018
Accepted 19 August 2018
Published 12 September 2018

Corresponding author
Hung-Sheng Shang,
iamkeith@mail.ndmctsgh.edu.tw

Academic editor
Paul Tulkens

Additional Information and
Declarations can be found on
page 11

DOI 10.7717/peerj.5608

© Copyright
2018 Jian et al.

Distributed under
Creative Commons CC-BY 4.0

OPEN ACCESS

Subjects Microbiology, Molecular Biology

Keywords *Elizabethkingia* spp., Fluoroquinolone resistance, *gyrA*, Molecular typing, High-resolution melting

INTRODUCTION

The genus *Elizabethkingia* has been recently revised to include several species based on whole-genome sequencing analysis (Doijad et al., 2016; Nicholson et al., 2017).

Elizabethkingia species are non-motile, non-fastidious, and glucose-non-fermentative gram-negative bacilli (Janda & Lopez, 2017). Three species, *Elizabethkingia meningoseptica*, *E. miricola*, and *E. anophelis*, are known to cause diseases in humans (Green, Murray & Gea-Banacloche, 2008; Jean et al., 2014; Lau et al., 2016). Recent studies suggest that certain strains causing sporadic cases of meningitis and bacteremia, previously identified as *E. meningoseptica*, belong to *E. anophelis* (Chew et al., 2017; Lin et al., 2017). Several outbreaks of *E. anophelis*-associated infections have been reported, including two outbreaks in the US Midwest in 2016 with 65 confirmed cases (Coyle, 2017; Janda & Lopez, 2017). *Elizabethkingia* species also cause outbreaks in intensive care units as emerging pathogens of nosocomial infections with a high mortality rate and severe morbidity in critically ill patients (Jean et al., 2014; Lau et al., 2016; Opota et al., 2017; Hu et al., 2017). Because of their ability to accumulate different resistance mechanisms and a growing number of more vulnerable hosts, the prevalence of multidrug-resistant *Elizabethkingia* species has increased in the past decades, limiting the options for treatment (Janda & Lopez, 2017; Jean et al., 2014). For instance, resistance to carbapenems is mediated by metallo- β -lactamases (Breurec et al., 2016; Chen et al., 2017; Colapietro et al., 2016). A previous report indicated that fluoroquinolones are suitable for treating *E. meningoseptica* bacteremia (Huang, Lin & Wang, 2018), and empirical evidence indicates that they are effective in treating *E. anophelis* and *E. miricola* infections (Coyle, 2017; Figueroa Castro et al., 2017; Green, Murray & Gea-Banacloche, 2008; Zdziarski et al., 2017). However, a detailed analysis of fluoroquinolone-resistant *Elizabethkingia* spp. infections has not yet been performed.

Fluoroquinolones, such as ciprofloxacin (CIP) or levofloxacin (LVX), have two bacterial drug targets, DNA gyrase and DNA topoisomerase IV (Khodursky, Zechiedrich & Cozzarelli, 1995; Kreuzer & Cozzarelli, 1979). Each enzyme is a heterotetramer, with gyrase composed of two GyrA and two GyrB subunits and topoisomerase IV composed of two ParC and two ParE subunits. Mechanisms of fluoroquinolone resistance include mutational alterations in drug target affinity, increased efflux pump expression, and acquisition of resistance-conferring genes (Hooper & Jacoby, 2016). Single amino acid changes in either gyrase or topoisomerase IV can cause quinolone resistance. In gram-negative bacilli, mutations have been typically localized to the amino-terminal region of the primary target, GyrA (Yoshida et al., 1990), a region conserved among all potential quinolone targets. Mutations in these conserved regions of GyrB, ParC, and ParE are also known to confer fluoroquinolone resistance, like the amino-terminal GyrA region (Heisig, 1996; Yoshida et al., 1991). Accordingly, the genomic DNA regions encoding the conserved protein regions of GyrA, GyrB, ParC, and ParE have been termed quinolone resistance-determining regions (QRDRs).

In this study, we aimed to assess the relationship between the quinolone-resistant phenotype of clinical *Elizabethkingia* spp. isolates in Taiwan and mutations in their DNA gyrase and DNA topoisomerase IV genes.

MATERIALS AND METHODS

Bacterial isolates

In 2017–2018, 131 isolates of *Elizabethkingia* spp. (*E. anophelis*, $n = 111$; *E. meningoseptica*, $n = 9$; *E. miricola*, $n = 11$) were recovered by bacterial culture from

respiratory tract, urine, catheter tip, and blood specimens collected at the Tri-Service General Hospital, tertiary care centers in northern Taiwan. The species were initially identified using the Vitek MS system with the IVD 3.0 database (BioMérieux, Marcy-l'Étoile, France). Isolates identified as *Elizabethkingia* species using a previously reported study (Cheng *et al.*, 2018). Briefly, MALDI-TOF spectral analysis software identified significant species-specific peaks to create reference masses for efficient and accurate identification of *Elizabethkingia* spp. All bacterial isolates were kept frozen until used in this study.

Antimicrobial susceptibility

MIC of CIP and LVX were determined using the broth microdilution method. The susceptibilities were evaluated according to guidelines published by the Clinical and Laboratory Standards Institute (CLSI) including antibiotic-specific breakpoints (CIP: susceptible ≤ 1 $\mu\text{g/ml}$, resistant ≥ 4 $\mu\text{g/ml}$; LVX: susceptible ≤ 2 $\mu\text{g/ml}$, resistant ≥ 8 $\mu\text{g/ml}$).

DNA extraction

Genomic DNA was isolated using a previously reported protocol (Syn & Swarup, 2000). Briefly, cellular lysis is achieved by a combination of EDTA/SDS detergent lysis and brief heat treatment. An additional phenol/chloroform step further deproteinates the preparation yielding DNA of good quality. Using a picodrop spectrophotometer, purified genomic DNA concentrations were determined by measuring the optical density at 260 nm, whereas the purity was estimated by calculating the ratio of the optical densities measured at 260 and 280 nm. DNA samples were stored at -20 °C until PCR was performed.

Bacteria species identification by 16S rRNA sequencing

The microbial identification accuracy was verified by 16S rRNA sequencing using a pair of specific primers, 27F (5'-AGAGTTTGATCMTGGCTCAG-3') and 1492R (5'-GGYTACCTTGTTACGACTT-3'), as previously described (Chang *et al.*, 2014). DNA sequencing were compared to reference sequences using the basic local alignment search tool of the National Center for Biotechnology Information database.

PCR and DNA sequencing of the topoisomerase gene

Isolates were screened for mutations in the *gyrA*, *gyrB*, *parC*, or *parE* genes by PCR using species-specific primers (Table 1). PCR products were sequenced for detection of nucleotide polymorphism. Primers were commercially synthesized by Genomics (New Taipei city, Taiwan). The reaction mixture (50 μl) contained 10 mM Tris-HCl (pH 7.5), 50 mM KCl, 1.5 mM MgCl_2 , 0.2 mM dNTPs, 10 pmol of the forward and reverse primer, 50 ng template DNA, and 0.8 U of Taq DNA polymerase (Applied Biosystems, Foster City, CA, USA). Amplification was carried out in a ProFlex PCR thermal cycler (Applied Biosystems, Foster City, CA, USA) with one initial denaturation step of 2 min at 95 °C; 40 cycles of a denaturing step of 15 s at 94 °C, an annealing step of 1 min at 48–50 °C with corresponding genes, and an extension step of 1 min at 72 °C; and a final elongation step of 5 min at 72 °C. All PCR products were processed for DNA

Table 1 Primer sequences used in this study.

Primer sequences used to amplify <i>gyrA</i> , <i>gyrB</i> , <i>parC</i> , and <i>parE</i> genes in <i>Elizabethkingia</i> spp.			
Primer name	Sequence (5' → 3')	Annealing temperature (°C)	Product size (bp)
<i>gyrA</i> - <i>E. species</i> -F*	AGC CCG TTG TTT AAA TCC TGA A	50	743
<i>gyrA</i> - <i>E. species</i> -R	CCC TGT TGG GAA GTC TGG TG		
<i>gyrB</i> - <i>E. species</i> -F	GAT AAT TTC CTT CAT AAA GAG CC	48	
<i>gyrB</i> - <i>E. anophelis</i> -R	CAT TGC CAT ACT GAG CTT GT		905
<i>gyrB</i> - <i>E. meningoseptica</i> -R	TCG AAG TGT TTG CTT TGT CA		896
<i>gyrB</i> - <i>E. miricola</i> -R	GCG TTG TCA TAC TGA ACT TG		903
<i>parC</i> - <i>E. species</i> -F**	GCT CAG TAT GGC AAT GCT AAA A	50	785
<i>parC</i> - <i>E. species</i> -R	TTG CTC TTA CCT TAC CGC CG		
<i>parC</i> - <i>E. meningoseptica</i> -F	TGA CCG GAT CAA CCG AAG TC		
<i>parC</i> - <i>E. meningoseptica</i> -R	CAG GTC GCC TGT TGT TTT GG		
<i>parE</i> - <i>E. species</i> -F	GTA TTC AGT TTA AAA GGT AAA CC	48	
<i>parE</i> - <i>E. anophelis</i> -R	GAA TAT ATT GGG CTT CGA CA		694
<i>parE</i> - <i>E. meningoseptica</i> -R	ACT GAA CTT AGT TTG CCA TAA G		657
<i>parE</i> - <i>E. miricola</i> -R	AGA AAT CGA CAT ATT CAG AGG T		683

Primer sequences used for RAPD-PCR.

Primer name	Sequence	Target
OPA-10	GTG ATC GCA G	<i>E. anophelis</i>
OPB-15	GGA GGG TGT T	<i>E. meningoseptica</i> <i>E. miricola</i>

Primer sequences used for fluoroquinolone HRM analysis assays.

Primer name	Sequence (5' → 3')	Annealing temperature (°C)	Product size (bp)
<i>gyrA</i> -HRM- <i>E. species</i> -F	TGC CAG AAT TGT TGG AGA TG	50	
<i>gyrA</i> -HRM- <i>E. anophelis</i> -R	TAG CGC AGA GAC CAT GAC TG		102
<i>gyrA</i> -HRM- <i>E. meningoseptica</i> -R	GTG CCA TAC GCA CCA TAG CA		83
<i>gyrA</i> -HRM- <i>E. miricola</i> -R	CTG TGC CAT ACG CAC CAT AG		85

Notes:

* *gyrA*-*E. species*-F and *gyrA*-*E. species*-R could amplify all *Elizabethkingia* species *gyrA* gene (including *E. anophelis*, *E. meningoseptica*, and *E. miricola*).

** *parC*-*E. species*-F and *parC*-*E. species*-R could amplify both *E. anophelis* and *E. miricola* *parC* gene.

sequencing (Genomics, New Taipei city, Taiwan) with the same PCR primer sets. Sequencing results in candidate genes from each isolate were compared with the respective reference sequences in the GenBank database (NCBI reference sequences: *E. anophelis*, [NZ_CP007547.1](#); *E. meningoseptica*, [NZ_CP016376.1](#); *E. miricola*, [NZ_CP023746.1](#)).

High-resolution melting assay for *gyrA* mutation screening

Three different reverse primers and one common forward primer with homology to the *Elizabethkingia* spp. *gyrA* gene were designed (Table 1). PCR amplification was performed using the KAPA HRM FAST PCR Kit for preparing the following reaction: 20 µl reaction mix containing one µl template DNA (10 ng), eight µl PCR grade nuclease-free H₂O, 10 µl KAPA

HRM FAST Master Mix, two μl 25 mM MgCl_2 , and 0.5 μl of forward/reverse primer mix (10 μM each). The amplification and high-resolution melting (HRM) curve analyses were conducted on a LightCycler 96 instrument (Roche, Mannheim, Germany) using the following cycling conditions: initial activation at 95 °C for 2 min, 40 cycles at 95 °C for 10 s and at 60 °C for 30 s. The post-PCR melting curve was performed using temperatures between 65 and 95 °C in temperature increments of 0.3 °C.

RAPD-PCR and capillary gel electrophoresis analysis

RAPD-PCR was performed using primers (Table 1) described previously (Hsueh *et al.*, 1996; Chiu *et al.*, 2000). The reaction mixture (25 μl) contained 10 mM Tris-HCl (pH 7.5), 50 mM KCl, 2.5 mM MgCl_2 , 0.2 mM dNTPs, 15 pmol of the RAPD primer, 50 ng genomic DNA, and 0.8 U of DyNAzyme II DNA polymerase (ABI, ThermoFisher Scientific, Foster City, CA, USA). For every sample, each RAPD reaction was performed at least twice for each DNA extract. Amplification was carried out in a ProFlex PCR thermal cycler (Applied Biosystems, Foster City, CA, USA) with one initial denaturation step of 5 min at 95 °C; 40 cycles of a denaturing step of 1 min at 94 °C, an annealing step of 1 min at 36 °C, and an extension step of 2 min at 72 °C, and a final elongation step at 72 °C for 8 min.

After PCR amplification, the products were analyzed on Qsep100 DNA Analyzer (Bioptic, New Taipei City, Taiwan) according to the manufacturer's instructions. PCR fragments were applied into a miniaturized single-channel capillary cartridge of the Qsep100 DNA-CE with separation buffer. The run was performed using a high-resolution cartridge with a sample injection protocol of eight kV for 10 s and separation at five kV for 300 s. The DNA alignment markers (20 bp, 1.442 ng/ μl , and 5,000 bp, 1.852 ng/ μl) and the DNA size marker (50–3,000 bp, 10.5 ng/ μl) were obtained from Bioptic. Sample peaks were visualized using Q-Analyzer software (Bioptic, New Taipei City, Taiwan).

Molecular pattern analysis

Isolates were categorized as identical, similar or unrelated according to their PCR banding patterns. The data were analyzed using GelCompar II software (Applied Maths NV, Sint-Martens-Latem, Belgium). Dice similarity coefficients were calculated and clustering was done by unweighted pair group mean association.

Data analysis

Statistical significance was determined using Student's *t*-test (GraphPad Prism. GraphPad Software Inc, San Diego, CA). Differences were considered statistically significant when $P < 0.05$.

RESULTS

CIP and LVX susceptibility profiles of *Elizabethkingia* spp. isolates and corresponding resistance mutations

The 131 *Elizabethkingia* spp. isolates differed in their susceptibility to CIP and LVX (Fig. 1; Table 2); 91% and 77% were resistant to CIP and LVX, respectively.

All *E. meningoseptica* isolates were resistant to CIP, whereas 44% were resistant to LVX;

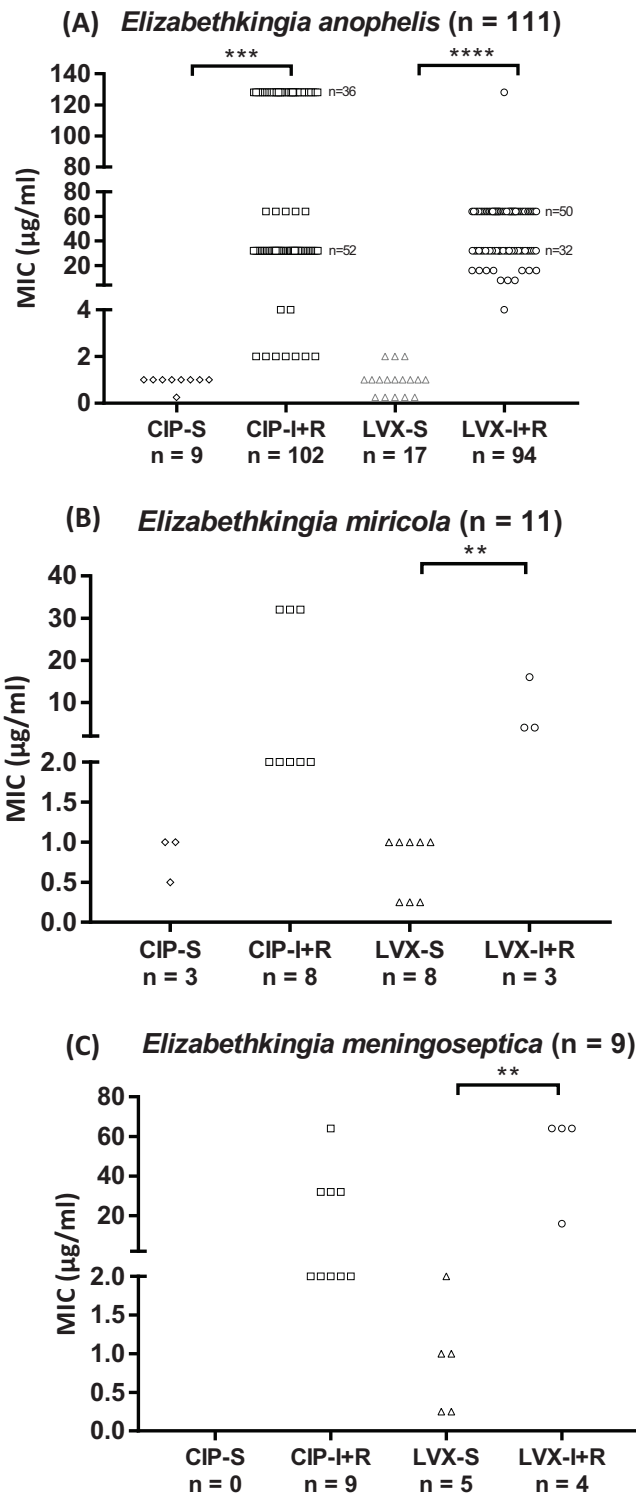


Figure 1 Fluoroquinolone MIC values of *Elizabethkingia* species. (A) *E. anophelis* isolates (n = 111). (B) *E. miricola* isolates (n = 11). (C) *E. meningoseptica* isolates (n = 9). Each symbol (\diamond , \square , \triangle , \circ) represents one isolate. CIP, ciprofloxacin; LVX, levofloxacin; S, susceptible; I/R, intermediate/resistant Susceptibility (\leq value), intermediate and resistance (\geq value) breakpoints defined by CLSI (2016): one, two and four $\mu\text{g/ml}$ for CIP; two, four and eight $\mu\text{g/ml}$ for LVX. ** $P < 0.01$; *** $P < 0.001$; **** $P < 0.0001$.

Full-size DOI: 10.7717/peerj.5608/fig-1

Table 2 Antimicrobial susceptibility of ciprofloxacin/levofloxacin and mutation position detected in the gyrase or topoisomerase IV genes of *Elizabethkingia* species isolates.

Species	Number of isolate	MIC ($\mu\text{g/ml}$)		Mutation sites			
		CIP*	LVX*	<i>gyrA</i>	<i>gyrB</i>	<i>parC</i>	<i>parE</i>
<i>Elizabethkingia anophelis</i>	88	32–128	16–128	Ser83Ile	-----	No mutation	-----
	6	32	8–64	Ser83Arg	-----	No mutation	-----
	17	0.25–2	0.5	-----	-----	No mutation	-----
<i>Elizabethkingia meningoseptica</i>	5	32–64	32–64	Ser83Ile	-----	No mutation	-----
	4	2	0.25–2	-----	-----	No mutation	-----
<i>Elizabethkingia miricola</i>	1	32	16	Ser83Ile	-----	No mutation	-----
	2	32	4	Asp87Asn	-----	No mutation	-----
	8	0.5–2	0.5	-----	-----	No mutation	-----

Note:

* CIP, ciprofloxacin; LVX, levofloxacin. Susceptibility (\leq value) and resistance (\geq value) breakpoints defined by CLSI (2016): one and four $\mu\text{g/ml}$ for ciprofloxacin, two and eight $\mu\text{g/ml}$ for levofloxacin.

Table 3 Alterations in *gyrA* genes detected by HRM assay and confirmed by DNA sequence analysis in *Elizabethkingia* spp. Isolates.

Species	Number of isolate	Mutation detected by HRM		Confirmation by sequencing
		<i>gyrA83</i>	<i>gyrA87</i>	<i>gyrA</i> gene
<i>E. anophelis</i>	94	Mutation	None	Ser83Ile/Ser83Arg
	17	None	None	No mutation
<i>E. meningoseptica</i>	5	Mutation	None	Ser83Ile
	4	None	None	No mutation
<i>E. miricola</i>	1	Mutation	None	Ser83Ile
	2	None	Mutation	Asp87Asn
	8	None	None	No mutation

73% of the *E. miricola* isolates were resistant to CIP and 27% were resistant to LVX. Most *E. anophelis* isolates were resistant to CIP and LVX (92% and 85%, respectively).

A total of 101 (77%) *Elizabethkingia* spp. isolates had single-nucleotide mutations in the QRDR of the *gyrA* gene, whereas no mutations were found in the *gyrB*, *parC*, or *parE* gene of these isolates. In contrast, none of the 30 LVX-susceptible *Elizabethkingia* spp. isolates had mutations in the topoisomerase genes.

Among *E. anophelis* isolates with a *gyrA* gene mutation, 88 (93.6%) had a single-nucleotide mutation resulting in Ser83Ile amino acid substitution, whereas a different nucleotide mutation in six isolates resulted in Ser83Arg substitution. The most common single-nucleotide mutation encoding the Ser83Ile substitution was also found in *E. meningoseptica* and *E. miricola* isolates. Another single-nucleotide mutation in the *gyrA* gene, encoding an Asp87Asn substitution, was found in two *E. miricola* isolates. Our results indicate a strong correlation between the antibiotic susceptibility profiles of the clinical isolates and their mechanisms of fluoroquinolone resistance. The resistance against CIP and LVX in *Elizabethkingia* spp. is mainly mediated by a single-nucleotide mutation in the QRDR of the *gyrA* gene.

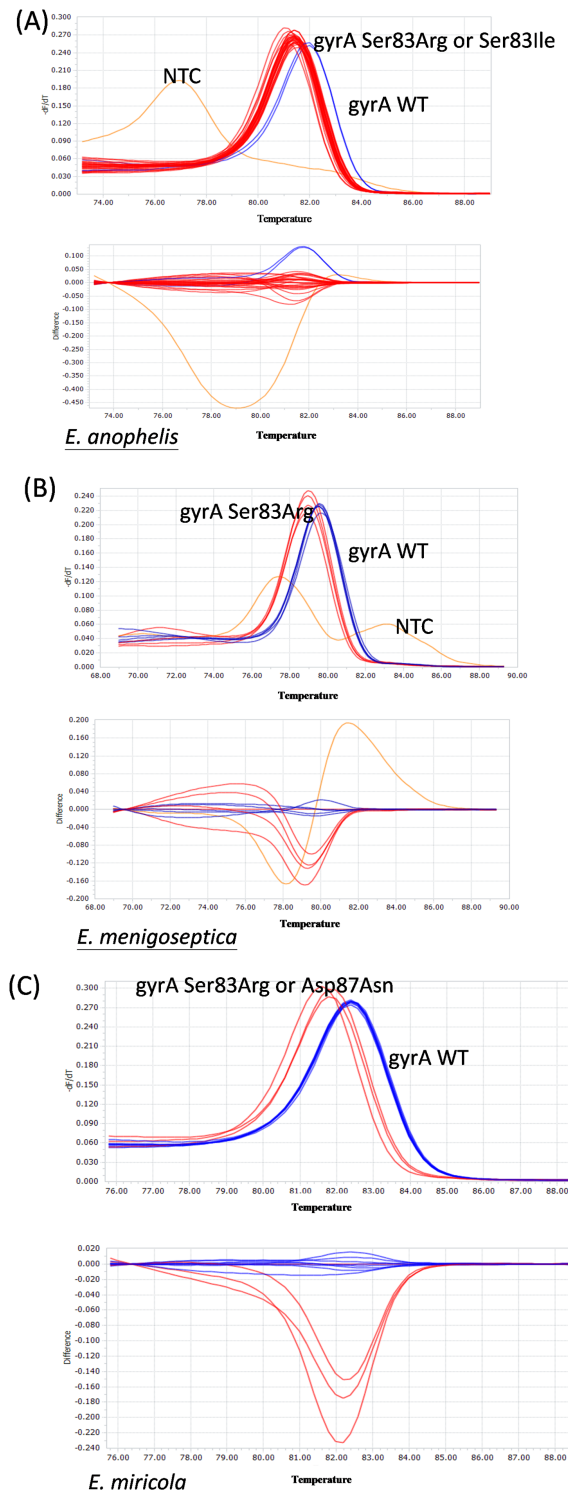


Figure 2 Representative HRM analysis of *gyrA* mutation and wild-type in *Elizabethkingia* species isolates. (A) *gyrA* wild-type ($n = 2$) and *gyrA* mutation ($n = 28$) *Elizabethkingia anophelis* isolates. (B) *gyrA* wild-type ($n = 5$) and *gyrA* mutation ($n = 4$) *Elizabethkingia meningoseptica* isolates. (C) *gyrA* wild-type ($n = 8$) and *gyrA* mutation ($n = 3$) *Elizabethkingia miricola* isolates. WT, wild-type. Blue lines represent *gyrA* wild-type isolates, red lines and green lines represent *gyrA* mutation isolates, orange lines represent no template control.

Full-size DOI: 10.7717/peerj.5608/fig-2

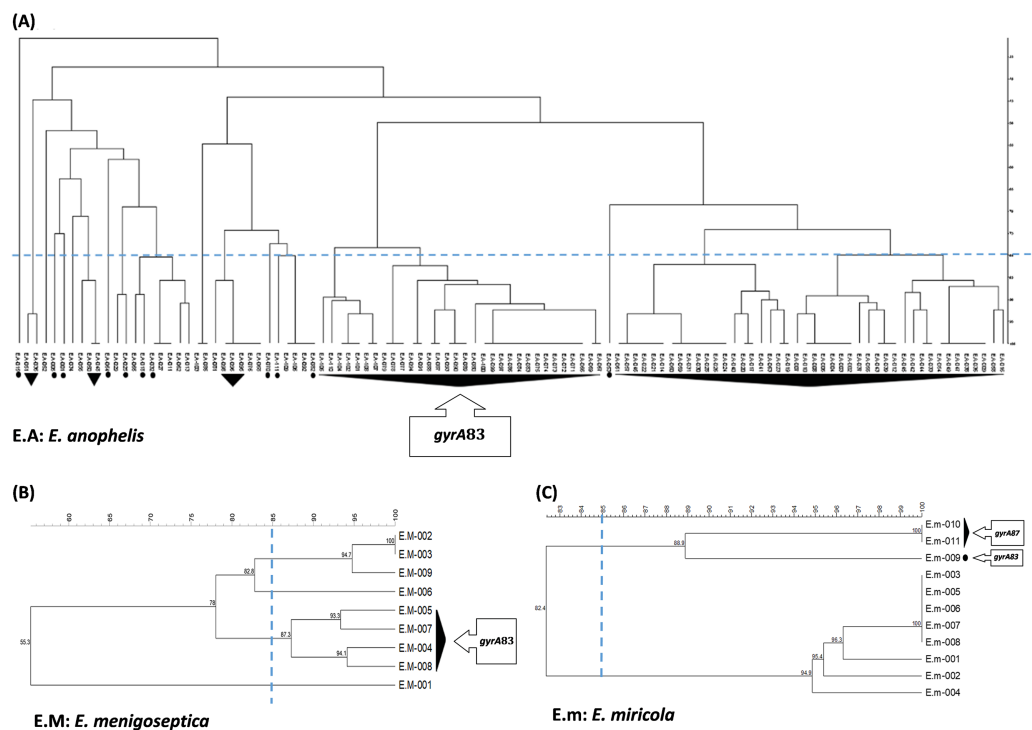


Figure 3 RAPD-PCR dendrogram of the *Elizabethkingia* spp. isolates investigated in this study. (A) Clustering dendrogram of *E. anophelis* isolates ($n = 111$). (B) Clustering dendrogram of *E. meningoseptica* isolates ($n = 9$). (C) Clustering dendrogram of *E. miricola* isolates ($n = 11$). E.A: *E. anophelis*; E.M: *E. meningoseptica*; E.m: *E. miricola*. Black triangles represent clusters with multiple isolates possessing the same *gyrA* mutations. Black circles represent monoisolate clusters with *gyrA* mutations. The dashed line represents the similarity level (85%) used in the clusters definition.

Full-size DOI: 10.7717/peerj.5608/fig-3

The 29 isolates without any mutation in *gyrA*, *gyrB*, *parC*, or *parE* were completely susceptible or had intermediate susceptibility to CIP (MIC, 0.25–2.00 $\mu\text{g/ml}$) and LVX (MIC, 0.25–2.00 $\mu\text{g/ml}$), whereas 102 isolates were fully resistant to CIP with a corresponding MIC range of 32–128 $\mu\text{g/ml}$ and an LVX MIC range of 4–128 $\mu\text{g/ml}$ (Table 3).

Rapid detection of *gyrA* mutations using the HRM assay

The results of the *gyrA* gene sequence analysis of *Elizabethkingia* spp. isolates for the identification of mutations in the QRDR were used to develop an HRM assay that can be used to rapidly scan clinical isolates for typical *gyrA* gene mutations in 131 isolates of *Elizabethkingia* species. The HRM assay successfully detected all *gyrA* mutations in this study, encoding the Ser83Ile, Ser83Arg, and Asp87Asn substitutions (Fig. 2). The HRM assay results for *gyrA* genotyping were in complete agreement with our DNA sequencing results without any exception (Table 3).

RAPD-PCR typing of *Elizabethkingia* spp. isolates

The 131 *Elizabethkingia* spp. isolates were clustered into multiple pulsotypes defined by a similarity of $\geq 85\%$ (Fig. 3). The widespread pulsotype clusters indicated a lack of

temporal or spatial overlap among the infected patients during hospitalization. Specifically, pulsotypes of *E. meningoseptica* and *E. miricola* isolates harboring a *gyrA* mutation were found to be distributed among wild type clusters.

DISCUSSION

Elizabethkingia spp. strains represent a group of emerging pathogens, causing infections that are associated with prolonged hospital stays and high mortality rates. In 2015–2016, there was an *E. anophelis* outbreak in Wisconsin, USA, that involved at least 63 patients and 18 deaths (Elbadawi et al., 2016). In addition, another outbreak in Illinois, USA, involving 10 cases with six deaths has also been reported in 2014–2016 (Navon et al., 2016). Globally, there are numerous sporadic *E. meningoseptica* nosocomial infection clusters and *E. miricola* infection case reports in medical centers including in Taiwan. Thus, pathogenic *Elizabethkingia* spp. strains appear to be opportunistic infectious agents associated with high mortality rates.

Quinolones underwent decades of development since the discovery of nalidixic acid in 1962, and quinolone resistance has also existed for decades. Recent studies described LVX-resistant *E. meningoseptica* bacteremia that is associated with an increase in mortality and prolonged hospital stays (Huang et al., 2017; Huang, Lin & Wang, 2018). Appropriate antibiotic use and an effective treatment regime are very important in fighting *Elizabethkingia* spp. infections. Using the broth microdilution method for MIC testing, we found differences in susceptibility to CIP and LVX among the *Elizabethkingia* spp. isolates. The discrepancy might be due to the different CLSI breakpoints, four µg/ml for CIP and eight µg/ml for LVX. Previously reported susceptibility profiles of *E. anophelis* isolates, including from the outbreak in Wisconsin in 2016, indicated that most isolates were susceptible to quinolones (Lau et al., 2016; Perrin et al., 2017). In sharp contrast, among our 111 *E. anophelis* isolates, only nine and 17 were found to be susceptible to CIP and LVX, respectively.

The genetic determinants of quinolone resistance have never been studied in *Elizabethkingia* spp. Our results revealed that certain single-nucleotide substitutions in *gyrA* conferred resistance to CIP and LVX in *Elizabethkingia* spp. The Ser83Ile substitution in GyrA protein was caused by the most prevalent mutation among all isolates, followed by the Ser83Arg or Asp87Asn amino acid substitutions caused by single-nucleotide mutations in *E. anophelis* or *E. miricola*. To our knowledge, this is the first report discussing genetic quinolone resistance determinants in *Elizabethkingia* spp.

Bacterial isolates carrying single alterations in QRDRs of DNA gyrase and topoisomerase IV typically exhibit reduced susceptibility to fluoroquinolones, which is considered as the first step in the development of full resistance (Hooper & Jacoby, 2017). The genetic basis for fluoroquinolone resistance appears to be additive, different combinations of distinct resistance mechanisms may result in different MIC (Conley et al., 2018). Other resistant mechanisms such as plasmid-mediated quinolone resistance might also be involved in the quinolone resistance mechanism (Yugendran & Harish, 2016). In our study, resistance to CIP and LVX was associated with single-nucleotide mutations in the QRDR of the *gyrA* gene in all *Elizabethkingia* spp. isolates causing low-level to

high-level fluoroquinolone resistance. The level of fluoroquinolone resistance did not correlate with the type of mutation found in the *gyrA* gene. Other mechanisms typically implicated in fluoroquinolone resistance might be responsible for the differences in CIP and LVX MIC observed among the isolates. Changes in permeability and increased efflux pump activity along with plasmid-encoded resistance determinants cannot be excluded.

In this study, we also established a novel rapid HRM assay for detecting *gyrA* mutations in *Elizabethkingia* spp. The HRM results were in complete agreement with the DNA sequencing results, indicating that we developed a potentially useful adjunct test for the rapid detection of CIP and LVX resistance in *Elizabethkingia* spp.

CONCLUSIONS

Our findings demonstrated that the quinolone resistance in *Elizabethkingia* spp. is associated with mutations in the QRDR of the *gyrA* gene. However, the level of resistance to quinolones of *Elizabethkingia* spp. isolates could not be predicted based on the mutations identified in the *gyrA* gene. This study provided information for further research on the variations of the fluoroquinolone resistance mechanism and potential clinical guidance for infection management.

ADDITIONAL INFORMATION AND DECLARATIONS

Funding

This study was supported by Tri-Service General Hospital, Taipei, Taiwan, ROC, Grant Numbers: TSGH-C104-203 and TSGH-C106-170. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Grant Disclosures

The following grant information was disclosed by the authors:
Tri-Service General Hospital, Taipei, Taiwan, ROC, Grant Numbers: TSGH-C104-203 and TSGH-C106-170.

Competing Interests

The authors declare that they have no competing interests.

Author Contributions

- Ming-Jr Jian conceived and designed the experiments, performed the experiments, analyzed the data, prepared figures and/or tables, authored or reviewed drafts of the paper, approved the final draft.
- Yun-Hsiang Cheng performed the experiments, approved the final draft.
- Cherng-Lih Perng contributed reagents/materials/analysis tools, approved the final draft.
- Hung-Sheng Shang contributed reagents/materials/analysis tools, prepared figures and/or tables, authored or reviewed drafts of the paper, approved the final draft.

DNA Deposition

The following information was supplied regarding the deposition of DNA sequences:

Our sequences were aligned with the reference sequences via GenBank accession numbers described as follows:

E. anophelis, NZ_CP007547.1;

https://www.ncbi.nlm.nih.gov/nucore/NZ_CP007547

E. meningoseptica, NZ_CP016376.1;

<https://www.ncbi.nlm.nih.gov/nucore/1153881081>

E. miricola, NZ_CP023746.1;

https://www.ncbi.nlm.nih.gov/nucore/NZ_CP023746.1

Data Availability

The following information was supplied regarding data availability:

The raw data are provided in the [Supplemental Files](#).

Supplemental Information

Supplemental information for this article can be found online at <http://dx.doi.org/10.7717/peerj.5608#supplemental-information>.

REFERENCES

- Breurec S, Criscuolo A, Diancourt L, Rendueles O, Vandenberghe M, Passet V, Caro V, Rocha EPC, Touchon M, Brisse S. 2016. Genomic epidemiology and global diversity of the emerging bacterial pathogen *Elizabethkingia anophelis*. *Scientific Reports* **6**(1):30379 DOI 10.1038/srep30379.
- Chang YC, Lo HH, Hsieh HY, Chang SM. 2014. Identification and epidemiological relatedness of clinical *Elizabethkingia meningoseptica* isolates from central Taiwan. *Journal of Microbiology, Immunology and Infection* **47**(4):318–323 DOI 10.1016/j.jmii.2013.03.007.
- Chen S, Soehnlen M, Downes FP, Walker ED. 2017. Insights from the draft genome into the pathogenicity of a clinical isolate of *Elizabethkingia meningoseptica* Em3. *Standards in Genomic Sciences* **12**(1):56 DOI 10.1186/s40793-017-0269-8.
- Cheng YH, Perng CL, Jian MJ, Cheng YH, Lee SY, Sun JR, Shang HS. 2018. Multicentre study evaluating matrix-assisted laser desorption ionisation–time of flight mass spectrometry for identification of clinically isolated *Elizabethkingia* species and analysis of antimicrobial susceptibility. Epub ahead of print 22 April 2018. *Clinical Microbiology and Infection* DOI 10.1016/j.cmi.2018.04.015.
- Chew K, Cheng B, Lin RTP, Teo JWP. 2017. *Elizabethkingia anophelis* is the dominant *Elizabethkingia* species found in blood cultures in Singapore. *Journal of Clinical Microbiology* **56**(3):17 DOI 10.1128/JCM.01445-17.
- Chiu CH, Waddington M, Greenberg D, Schreckenberger PC, Carnahan AM. 2000. Atypical *Chryseobacterium meningosepticum* and meningitis and sepsis in newborns and the immunocompromised, Taiwan. *Emerging Infectious Diseases* **6**(5):481–486 DOI 10.3201/eid0605.000506.
- Colapietro M, Endimiani A, Sabatini A, Marcoccia F, Celenza G, Segatore B, Amicosante G, Perilli M. 2016. BlaB-15, a new BlaB metallo-β-lactamase variant found in an *Elizabethkingia miricola* clinical isolate. *Diagnostic Microbiology and Infectious Disease* **85**(2):195–197 DOI 10.1016/j.diagmicrobio.2015.11.016.

- Conley ZC, Bodine TJ, Chou A, Zechiedrich L. 2018. Wicked: the untold story of ciprofloxacin. *PLOS Pathogens* 14(3):e1006805 DOI 10.1371/journal.ppat.1006805.
- Coyle AL. 2017. *Elizabethkingia anophelis*: exploring the outbreak of disease in the Midwest. *Nursing* 47(3):61–63 DOI 10.1097/01.NURSE.0000512887.67622.84.
- Doijad S, Glaeser S, Ghosh H, Kämpfer P, Chakraborty T. 2016. Taxonomic reassessment of the genus *Elizabethkingia* using whole-genome sequencing: *Elizabethkingia endophytica* Kämpfer et al. 2015 is a later subjective synonym of *Elizabethkingia anophelis* Kämpfer et al. 2011. *International Journal of Systematic and Evolutionary Microbiology* 66(11):4555–4559 DOI 10.1099/ijssem.0.001390.
- Elbadawi LI, Borlaug G, Gundlach K, Monson T, Noble-Wang J, Moulton-Meissner H, Ansari U, Yoder JS, Wise M, McQuiston JR, Kallen A, Davis JP, Walters M. 2016. A large and primarily community associated outbreak of *Elizabethkingia anophelis* Infections, Wisconsin, 2015–2016. *Open Forum Infectious Diseases* 3(suppl_1):9 DOI 10.1093/ofid/ofw195.09.
- Figueroa Castro CE, Johnson C, Williams M, VanDerSlik A, Graham MB, Letzer D, Ledebouer N, Buchan BW, Block T, Borlaug G, Munoz-Price LS. 2017. *Elizabethkingia anophelis*: clinical experience of an academic health system in southeastern Wisconsin. *Open Forum Infectious Diseases* 4(4):ofx251 DOI 10.1093/ofid/ofx251.
- Green ON, Murray P, Gea-Banacloche JC. 2008. Sepsis caused by *Elizabethkingia miricola* successfully treated with tigecycline and levofloxacin. *Diagnostic Microbiology and Infectious Disease* 62(4):430–432 DOI 10.1016/j.diagmicrobio.2008.07.015.
- Heisig P. 1996. Genetic evidence for a role of parC mutations in development of high-level fluoroquinolone resistance in *Escherichia coli*. *Antimicrobial Agents and Chemotherapy* 40:879–885.
- Hooper DC, Jacoby GA. 2016. Topoisomerase Inhibitors: fluoroquinolone mechanisms of action and resistance. *Cold Spring Harbor Perspectives in Medicine* 6(9):a025320 DOI 10.1101/cshperspect.a025320.
- Hooper DC, Jacoby GA. 2017. Mechanisms of drug resistance: quinolone resistance. *Annals of the New York Academy of Sciences* 1354(1):12–31 DOI 10.1111/nyas.12830.
- Hsueh PR, Hsiue TR, Wu JJ, Teng LJ, Ho SW, Hsieh WC, Luh KT. 1996. *Flavobacterium indologenes* bacteremia: clinical and microbiological characteristics. *Clinical Infectious Diseases* 23(3):550–555 DOI 10.1093/clinids/23.3.550.
- Hu S, Jiang T, Zhang X, Zhou Y, Yi Z, Wang Y, Zhao S, Wang M, Ming D, Chen S. 2017. *Elizabethkingia anophelis* isolated from patients with multiple organ dysfunction syndrome and lower respiratory tract infection: report of two cases and literature review. *Frontiers in Microbiology* 8:382 DOI 10.3389/fmicb.2017.00382.
- Huang YC, Huang YW, Lin YT, Wang FD, Chan YJ, Yang TC. 2017. Risk factors and outcome of levofloxacin-resistant *Elizabethkingia meningoseptica* bacteraemia in adult patients in Taiwan. *European Journal of Clinical Microbiology & Infectious Diseases* 36(8):1373–1380 DOI 10.1007/s10096-017-2942-7.
- Huang YC, Lin YT, Wang FD. 2018. Comparison of the therapeutic efficacy of fluoroquinolone and non-fluoroquinolone treatment in patients with *Elizabethkingia meningoseptica* bacteraemia. *International Journal of Antimicrobial Agents* 51(1):47–51 DOI 10.1016/j.ijantimicag.2017.05.018.
- Janda JM, Lopez DL. 2017. Mini review: new pathogen profiles: *Elizabethkingia anophelis*. *Diagnostic Microbiology and Infectious Disease* 88(2):201–205 DOI 10.1016/j.diagmicrobio.2017.03.007.

- Jean SS, Lee WS, Chen FL, Ou TY, Hsueh PR. 2014. *Elizabethkingia meningoseptica*: an important emerging pathogen causing healthcare-associated infections. *Journal of Hospital Infection* 86(4):244–249 DOI 10.1016/j.jhin.2014.01.009.
- Khodursky AB, Zechiedrich EL, Cozzarelli NR. 1995. Topoisomerase IV is a target of quinolones in *Escherichia coli*. *Proceedings of the National Academy of Sciences of the United States of America* 92(25):11801–11805 DOI 10.1073/pnas.92.25.11801.
- Kreuzer KN, Cozzarelli NR. 1979. *Escherichia coli* mutants thermosensitive for deoxyribonucleic acid gyrase subunit A: effects on deoxyribonucleic acid replication, transcription, and bacteriophage growth. *Journal of Bacteriology* 140:424–435.
- Lau SKP, Chow WN, Foo CH, Curreem SOT, Lo GC, Teng JLL, Chen JHK, Ng RHY, Wu AKL, Cheung IYY, Chau SKY, Lung DC, Lee RA, Tse CWS, Fung KSC, Que TL, Woo PCY. 2016. *Elizabethkingia anophelis* bacteremia is associated with clinically significant infections and high mortality. *Scientific Reports* 6(1):26045 DOI 10.1038/srep26045.
- Lin J-N, Lai C-H, Yang C-H, Huang Y-H, Lin H-F, Lin H-H. 2017. Comparison of four automated microbiology systems with 16S rRNA gene sequencing for identification of *Chryseobacterium* and *Elizabethkingia* species. *Scientific Reports* 7(1):13824 DOI 10.1038/s41598-017-14244-9.
- Navon L, Clegg WJ, Morgan J, Austin C, McQuiston JR, Blaney DD, Walters M, Moulton-Meissner H, Nicholson A. 2016. Notes from the field: investigation of *Elizabethkingia anophelis* cluster—Illinois, 2014–2016. *MMWR. Morbidity and Mortality Weekly Report* 65(48):1380–1381 DOI 10.15585/mmwr.mm6548a6.
- Nicholson AC, Gulvik CA, Whitney AM, Humrighouse BW, Graziano J, Emery B, Bell M, Loparev V, Juieng P, Gartin J, Bizet C, Clermont D, Criscuolo A, Brisse S, McQuiston JR. 2017. Revisiting the taxonomy of the genus *Elizabethkingia* using whole-genome sequencing, optical mapping, and MALDI-TOF, along with proposal of three novel *Elizabethkingia* species: *Elizabethkingia bruuniana* sp. nov., *Elizabethkingia ursingii* sp. nov., and *Elizabethkingia occulta* sp. nov. *Antonie van Leeuwenhoek* 111(1):55–72 DOI 10.1007/s10482-017-0926-3.
- Opota O, Diene SM, Bertelli C, Prod'homme G, Eckert P, Greub G. 2017. Genome of the carbapenemase-producing clinical isolate *Elizabethkingia miricola* EM_CHUV and comparative genomics with *Elizabethkingia meningoseptica* and *Elizabethkingia anophelis*: evidence for intrinsic multidrug resistance trait of emerging pathogens. *International Journal of Antimicrobial Agents* 49(1):93–97 DOI 10.1016/j.ijantimicag.2016.09.031.
- Perrin A, Larsonneur E, Nicholson AC, Edwards DJ, Gundlach KM, Whitney AM, Gulvik CA, Bell ME, Rendueles O, Cury J, Hugon P, Clermont D, Enouf V, Loparev V, Juieng P, Monson T, Warshauer D, Elbadawi LI, Walters M, Crist MB, Noble-Wang J, Borlaug G, Rocha EPC, Criscuolo A, Touchon M, Davis JP, Holt KE, McQuiston JR, Brisse S. 2017. Evolutionary dynamics and genomic features of the *Elizabethkingia anophelis* 2015 to 2016 Wisconsin outbreak strain. *Nature Communications* 8:15483 DOI 10.1038/ncomms15483.
- Syn CK, Swarup S. 2000. A scalable protocol for the isolation of large-sized genomic DNA within an hour from several bacteria. *Analytical Biochemistry* 278(1):86–90 DOI 10.1006/abio.1999.4410.
- Yoshida H, Bogaki M, Nakamura M, Nakamura S. 1990. Quinolone resistance-determining region in the DNA gyrase *gyrA* gene of *Escherichia coli*. *Antimicrobial Agents and Chemotherapy* 34(6):1271–1272 DOI 10.1128/aac.34.6.1271.
- Yoshida H, Bogaki M, Nakamura M, Yamanaka LM, Nakamura S. 1991. Quinolone resistance-determining region in the DNA gyrase *gyrB* gene of *Escherichia coli*. *Antimicrob Agents Chemother* 35(8):1647–1650 DOI 10.1128/aac.35.8.1647.

Yugendran T, Harish BN. 2016. High incidence of plasmid-mediated quinolone resistance genes among ciprofloxacin-resistant clinical isolates of *Enterobacteriaceae* at a tertiary care hospital in Puducherry, India. *PeerJ* 4:e1995 DOI [10.7717/peerj.1995](https://doi.org/10.7717/peerj.1995).

Zdziarski P, Paściak M, Rogala K, Korzeniowska-Kowal A, Gamian A. 2017. *Elizabethkingia miricola* as an opportunistic oral pathogen associated with superinfectious complications in humoral immunodeficiency: a case report. *BMC Infectious Diseases* 17(1):763 DOI [10.1186/s12879-017-2886-7](https://doi.org/10.1186/s12879-017-2886-7).