



Draft Whole-Genome Sequences of 51 *Campylobacter jejuni* and 12 *Campylobacter coli* Clinical Isolates from Chile

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ABSTRACT *Campylobacter* species are the leading cause of gastroenteritis worldwide and an emerging threat in developing countries. Here, we report the draft whole-genome sequences of 51 *Campylobacter jejuni* and 12 *Campylobacter coli* strains isolated from patients with gastroenteritis in Santiago, Chile.

Human campylobacteriosis has been recognized as an important public health problem worldwide (1, 2). In developing countries such as Chile, diarrheal illness caused by *Campylobacter* species are emerging as an important cause of childhood morbidity (3–5). Over a 2-year period (2017 to 2019), 51 *Campylobacter jejuni* and 12 *Campylobacter coli* strains were isolated from acquired enteric infections by the clinical laboratory of Clinica Alemana in Santiago, Chile. The samples consisted of fresh stool, transported at room temperature and processed within 2 h of collection. Sample swabs were plated onto *Campylobacter* selective chromogenic (CASA) medium (bioMérieux, Marcy-l'Étoile, France), streaked into 4 quadrants with a sterile loop, and incubated for 48 h at 42°C under microaerobic conditions (Anaerocult C; Merck, Darmstadt, Germany). *Campylobacter* plates were analyzed after 48 h, and suspicious colonies were further identified through matrix-assisted laser desorption–ionization time of flight (MALDI-TOF) mass spectrometry using a Vitek MS instrument (bioMérieux). Following surveillance regulations, *Campylobacter* strains were sent to the National Reference Laboratory at the Chilean Institute of Public Health for further confirmation.

The *Campylobacter* strains were grown overnight on Mueller-Hinton 5% sheep blood agar plates at 42°C under microaerobic conditions, and genomic DNA was extracted using the DNeasy blood and tissue kit (Qiagen, Hilden, Germany). The DNA quality and quantity were assessed using a NanoDrop spectrophotometer and a Qubit fluorometer (Thermo Scientific, Waltham, MA, USA), respectively, following the manufacturer's instructions. Sequencing libraries were prepared using 100 ng DNA per strain according to the manufacturer's instructions using the Nextera DNA Flex kit (Illumina, San Diego, CA, USA) for the MiSeq instrument and 1 ng DNA for the Nextera XT kit for the NextSeq instrument. The strains were sequenced using both the MiSeq and NextSeq sequencers (Illumina). For the MiSeq, we used a MiSeq v3 kit with 2 × 250-bp paired-end chemistry, according to the manufacturer's instructions, with >100× average coverage. For the NextSeq, we used a NextSeq 500/550 high-output kit v2.5 (300 cycles) with 2 × 150-bp paired-end chemistry, according to the manufacturer's instructions, with >300× average coverage. Default parameters were used for all software unless otherwise specified. The Illumina reads were managed with the CLC Genomics

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Workbench v9.5.2 (Qiagen), assessed for quality ($Q > 30$) with the quality control tool, and trimmed (adapter trimming, quality trimming, and length trimming) with the trim sequences tool. The trimmed data for each strain were *de novo* assembled using CLC Genomics Workbench and a minimum contig size threshold of 500 bp.

The assembly and annotation metrics of the draft whole-genome sequences are listed in Table 1. This study reports the draft genomes of 51 *C. jejuni* and 12 *C. coli* strains from Chile. Currently, there are only 3 draft genomes of *C. jejuni* from this country available at NCBI (6); thus, this release increases by 17-fold the number of available *C. jejuni* genomes from Chile. *In silico* multilocus sequence typing (MLST) analysis using the MLST *Campylobacter jejuni/coli* database (<http://pubmlst.org/campylobacter>) identified that clonal complex 21 (CC-21) was the most common among the reported *C. jejuni* strains (35.3%). In the case of *C. coli*, 66.7% of strains belonged to CC-828. Our study presents genomic data that will be useful for understanding the genetic diversity, virulence potential, and antimicrobial resistance of clinical *Campylobacter* strains from Chile and the region.

Data availability. The SRA sequences reported here have been deposited in NCBI GenBank under the accession numbers listed in Table 1.

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REFERENCES

1. Kaakoush NO, Castano-Rodriguez N, Mitchell HM, Man SM. 2015. Global epidemiology of *Campylobacter* infection. Clin Microbiol Rev 28:687–720. <https://doi.org/10.1128/CMR.00006-15>.
2. Igwaran A, Okoh AI. 2019. Human campylobacteriosis: a public health concern of global importance. Heliyon 5:e02814. <https://doi.org/10.1016/j.heliyon.2019.e02814>.
3. Collado L, Gutiérrez M, González M, Fernández H. 2013. Assessment of the prevalence and diversity of emergent campylobacteria in human stool samples using a combination of traditional and molecular methods. Diagn Microbiol Infect Dis 75:434–436. <https://doi.org/10.1016/j.diagmicrobio.2012.12.006>.
4. Collado L, Muñoz N, Porte L, Ochoa S, Varela C, Muñoz I. 2018. Genetic diversity and clonal characteristics of ciprofloxacin-resistant *Campylobacter jejuni* isolated from Chilean patients with gastroenteritis. Infect Genet Evol 58:290–293. <https://doi.org/10.1016/j.meegid.2017.12.026>.
5. Porte L, Varela C, Haecker T, Morales S, Weitzel T. 2016. Impact of changing from staining to culture techniques on detection rates of *Campylobacter* spp. in routine stool samples in Chile. BMC Infect Dis 16:196. <https://doi.org/10.1186/s12879-016-1546-7>.
6. Levican A, Ramos-Tapia I, Briceño I, Guerra F, Mena B, Varela C, Porte L. 2019. Genomic analysis of Chilean strains of *Campylobacter jejuni* from human faeces. Biomed Res Int 2019:1902732. <https://doi.org/10.1155/2019/1902732>.