

LETTER TO THE EDITOR

Emergence of a New Delhi metallo- β -lactamase-1-producing *Pseudomonas aeruginosa* in Singapore

Jeanette WP Teo¹, My-Van La², Roland Jureen¹ and Raymond TP Lin^{1,2}*Emerging Microbes and Infections* (2015) 4, e72; doi:10.1038/emi.2015.72; published online 25 November 2015**Dear Editor,**

Among the clinically significant carbapenemases, the New Delhi metallo- β -lactamase (NDM) is one of the most formidable. NDM efficiently hydrolyses β -lactams and last-resort carbapenems. Hence, therapeutic options for infections by NDM-producers are restricted to a handful of antibiotics, such as colistin, tigecycline, and fosfomycin.¹ NDM is predominantly associated with Enterobacteriaceae. This carbapenemase has also been described in *Acinetobacter* spp. but has been much less frequently detected in *Pseudomonas aeruginosa*.¹

The first report of NDM-1 production in *P. aeruginosa* came from Serbia in 2011.² It is now acknowledged that the NDM-1 gene is endemic to the Balkan states.^{3,4} NDM-producing *P. aeruginosa* has since been isolated from other European countries,^{4–7} as well as in India⁸ and Egypt.⁹ Local hospital laboratory surveillance suggests that approximately 12% of *P. aeruginosa* isolates are not susceptible to carbapenems.¹⁰ Previously, only producers of the metallo- β -lactamases (MBLs) VIM and IMP had been sporadically detected.¹¹ Here, we describe the first observed case of NDM-1-producing *P. aeruginosa* in Southeast Asia.

P. aeruginosa was cultured from the endotracheal aspirate of a 90-year-old female patient with colon cancer in March 2015. The isolate exhibited multidrug resistance to carbapenems (meropenem, imipenem, minimum inhibitory concentrations (MICs) > 32 mg/L), cephalosporin (ceftazidime, cefepime, MICs > 256 mg/L), aminoglycosides (gentamicin, amikacin, MICs > 256 mg/L), and fluoroquinolones (ciprofloxacin, levofloxacin, MICs > 32 mg/L). The isolate was partially resistant to aztreonam (MIC 16 mg/L). Colistin susceptibility was observed at an MIC of 1 mg/L. Phenotypic testing for carbapenemases using the KPC/MBL Confirm Kit (Rosco Diagnostica A/S, Taastrup, Denmark) indicated the presence of an MBL.

Comprehensive polymerase chain reaction (PCR) screening for β -lactamase genes was performed.¹² The isolate was positive for *bla*_{NDM} and determined to be *bla*_{NDM-1} by full-length gene sequencing. The isolate was negative for other MBLs (IMP, VIM, SPM, DIM, AIM) and for genes encoding class A carbapenemases (KPC, GES). TEM and CTX-M extended spectrum β -lactamases (ESBLs) were found to be present.

Plasmid analysis using S1 nuclease pulsed-field gel electrophoresis¹³ and spin column plasmid extractions (QIAprep Spin Miniprep Kit, QIAGEN, Valencia, CA, USA) did not reveal the presence of plasmids. Southern blot analysis with a *bla*_{NDM-1} probe of S1 nucle-

ase-treated DNA agarose plugs indicated that the probe hybridized to high molecular weight chromosomal DNA, suggesting that *bla*_{NDM-1} was situated on the chromosome (data not shown). Furthermore, solid media conjugation assays were performed to assess the transferability of *bla*_{NDM-1} from the clinical isolate to the azide-resistant recipient *Escherichia coli* J53. No transconjugants were obtained, suggesting the non-transmissibility of *bla*_{NDM-1} (at least to *E. coli*), again suggesting a chromosomal position. Because the isolate was highly resistant to most antibiotics, including rifampicin, this excluded the use of the rifampicin-resistant laboratory strain of *P. aeruginosa* for conjugation. Hence, we were unable to assess the intra-species transmissibility of *bla*_{NDM-1}. *P. aeruginosa bla*_{NDM-1} may be present chromosomally^{2,5,6} or on a plasmid; in the latter context, *bla*_{NDM-1} is transmissible.⁸

The nucleotide sequences immediately flanking *bla*_{NDM-1} were determined by an inverse PCR and primer walking approach. Two copies of *bla*_{NDM-1} were detected and separated by an Insertion Sequence Common Region (ISCR) element (Figure 1). Sequencing of this ISCR element revealed a 97% nucleotide homology to ISCR24. ISCR24 has been identified in the genetic environment of a novel *bla*_{PME-1} (*Pseudomonas aeruginosa* ESBL 1) and implicated in the acquisition of the ESBL by *P. aeruginosa*.¹⁵ This is not surprising because ISCR elements mediate the mobilization of almost every class of antibiotic resistance genes, including those encoding ESBLs and carbapenemases.¹⁶ ISCR elements, such as ISCR1, have been found to be associated with NDM-1 from *P. aeruginosa*.^{3,5,7} Jovicic *et al.*³ reported two copies of *bla*_{NDM-1} in *P. aeruginosa* (Figure 1), where it is presumed that the ISCR1 element, as part of its rolling-circling mechanism of transposition, duplicates adjacent genetic segments.¹⁶ Because ISCR elements are known to construct extended clusters of antibiotic resistance genes on plasmids as well as on chromosomes,¹⁶ it would be interesting to investigate the presence of other resistance determinants surrounding *bla*_{NDM-1} and the ISCR24-like region that may contribute to its multi-drug resistance.

After this isolate was identified, two other NDM-1-producing *P. aeruginosa* isolates with antibiograms identical to the initial isolate were cultured from the sputum samples of two other patients in April and May 2015. One of the isolates was from a 58-year-old male with intracranial bleeding from a ruptured aneurysm, and the other was from an 84-year-old female with a femur fracture, complicated by pancreatitis and small intestine perforation. The genetic relatedness of the three NDM-1 *P. aeruginosa* isolates was investigated by DiversiLab

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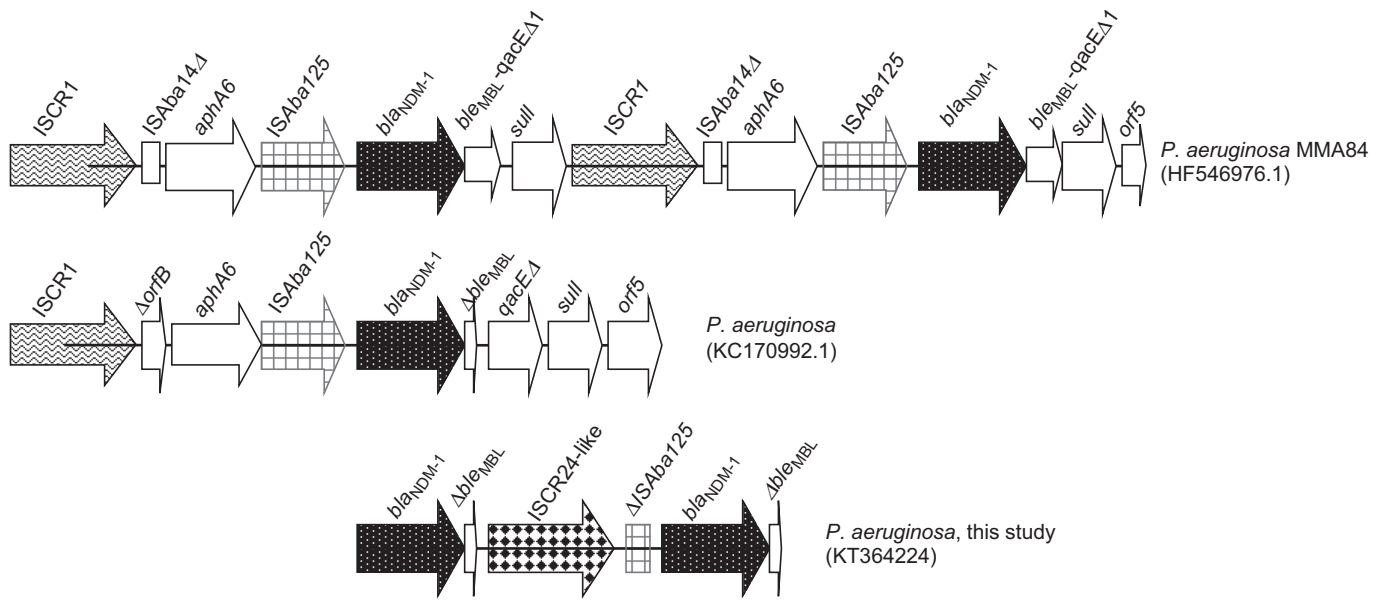


Figure 1 Comparative schematic diagrams of the diverse genetic organizations of *bla*_{NDM-1} in *P. aeruginosa*. The selected *bla*_{NDM-1} sequences are chromosomally located and associated with ISCR elements and class I integrons.^{3,5} Typical common genetic features surrounding *bla*_{NDM-1} are the insertion sequence *ISAbA125* and the bleomycin resistance gene (*ble*_{MBL}).¹⁴

rep-PCR fingerprinting (bioMérieux, Marcy l'Etoile, France), which revealed that the rep-PCR profiles were indistinguishable, suggesting that the three isolates were clonal in nature. PCR mapping and sequencing of the two latter isolates reveal a *bla*_{NDM} genetic context identical to that of the first isolate. Because all three patients stayed in the same surgical intensive care unit, the detection of indistinguishable NDM-1-positive *P. aeruginosa* suggested a transmission event.

In summary, this is the first report of the emergence of NDM-1 in *P. aeruginosa* in Southeast Asia in an unusual genetic context. The apparent intra-ward transmission of this extremely drug-resistant isolate highlights the gravity of this escalating public health issue.

Nucleotide sequence accession number

The *bla*_{NDM-1} sequence from the initial *P. aeruginosa* isolate has been deposited into Genbank under the accession number KT364224.

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