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Short Communication

First report of a bla_{NDM}-resistant gene in a *Klebsiella aerogenes* clinical isolate from Brazil

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Abstract

Introduction: Carbapenemase-resistant enterobacteria that produce the bla_{NDM} gene are found worldwide. However, this is the first report of bla_{NDM} in *Klebsiella aerogenes* in Brazil. **Methods:** The identification of bacterial species was performed using anautomated system and confirmed by biochemical tests, 16S rRNA gene sequencing, and detection of resistance genes. **Results:** The clinical isolate showed minimum inhibitory concentration resistance to meropenem and polymyxin B at 8mg/L and 4mg/L, respectively. Only the bla_{NDM} gene was detected. **Conclusions:** The current report of the bla_{NDM} gene in isolated MDR enterobacteria indicates that this gene can spread silently in a hospital setting.

Keywords: Klebsiella aerogenes. bla_{NDM} gene. metallo-betalactamase. Carbapenemase. Multidrug-resistant.

New Delhi metallo-beta-lactamase (NDM), which codes for the bla_{NDM} gene, is found in carbapenemase-producing Enterobacteriaceae, and the highest distributions of bla_{NDM} variants have been detected in *Klebsiella pneumoniae* and *Escherichia coli*^{1,2}. The occurrence of the bla_{NDM} gene in Klebsiella aerogenes has also been documented in countries such as China³, South Korea⁴, Tunisia⁵, Japan⁶, and India^{7,8}. In South America, the *bla*_{NDM} gene was first reported in 2012 in Uruguay⁹. In Brazil, this gene has been detected in only 11 isolates (0.97%) from Porto Alegre, with nine from Enterobacter cloacae and two from Morganella morganii complexes. Moreover, other isolates showed high resistance to carbapenems 10 . The spread of the $bla_{\rm NDM}$ gene in various species of gram-negative bacilli has occurred in different Brazilian regions¹¹. In 2019, the first report of *Proteus mirabilis* and *Serratia marcescens* carrying $bla_{\rm KPC-2}$ and $bla_{\rm NDM-1}$ genes in Brazil was published 12. The $bla_{\rm NDM-1}$ gene product is NDM-1, which hydrolyzes a wide range of β-lactam antimicrobials, including carbapenems, which are the last-resort antimicrobials in the treatment of infections caused by antimicrobial-resistant bacteria. The emergence of bacteria carrying

these genes represents a challenge in the treatment of infections¹. The objective of this study was to describe the occurrence of the $bla_{\rm NDM}$ gene in a clinical isolate of K. aerogenes resistant to aminopenicillin, beta-lactam + beta-lactamase inhibitors, and 1st, 2nd, 3rd, and 4th generation beta-lactams, as well as carbapenems.

Identification of bacterial species was performed using a Vitek-2 automated system (bioMérieux, Marcy l'Etoile, France), and confirmed by biochemical tests and 16S rRNA gene sequencing. PCR and DNA sequencing were performed to track the presence of the bla_{NDM} gene in two duplicates, collected at a referral hospital in Recife (Pernambuco, Brazil) in 2019. A universal primer pair, NDM-F (5-CGGAATGGCTCATCACGATC-3) and NDM-R (5-GGTTTGGCGATCTGGTTTTC-3)¹³ were used for screening, as previously described. Furthermore, the entire $bla_{\rm NDM}$ region was amplified and sequenced based on consensus sequences flanking the gene. The analysis showed that the $bla_{\rm NDM}$ gene was present in a K. aerogenes clinical isolate from a patient with bacteremia hospitalized in an intensive care unit (ICU). The minimum inhibitory concentrations (MIC) of meropenem and polymyxin B for this isolate were 8mg/L and 4mg/L, respectively. In addition, this isolate presented a susceptibility of 8mg/L to amikacin and 1mg/L to colistin, according to the Brazilian Committee on Antimicrobial Susceptibility Testing (BrCAST)¹⁴. These data were confirmed by colorimetric assays with resazurin¹⁵.

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The K. aerogenes isolate showed an antimicrobial resistance profile (R) to cefepime, ceftazidime, cefoxitin, ceftriaxone, ciprofloxacin, ampicillin, ampicillin/sulbactam, cefotaxime, and carbapenems (imepenem, meropenem, ertapenem), which differs from its resistance profile in China³. High resistance to carbapenems has also been observed in other Enterobacteriaceae isolates¹⁰. However, it was susceptible (S) to amikacin, gentamicin, tobramycin, tigecycline, colistin, and polymyxin B, and sensitive, with increasing exposure (I), to ciprofloxacin, according to BrCAST¹⁴. The present study detected the presence of the broadspectrum beta-lactamase and beta-lactamase class C beta-lactamase phenotypes in K. aerogenes isolates. The presence of bla_{NDM} was confirmed by polymerase chain reaction (PCR). To our knowledge, this is the first report of the bla_{NDM} gene in clinical isolates of K. aerogenes from Brazil. In addition, other carbapenemase genes, such as bla_{IMP} , bla_{VIM} , bla_{GES} , $bla_{\text{OXA-48}}$, and bla_{KPC} were investigated, as well as the mcr-1 gene. Despite being susceptible to polymyxin B by automated testing, the MIC showed resistance, but the mcr-1 gene was not detected. However, none of the other genes were detected in the clinical isolates used. NDM-producing strains, including carbapenems, cephamycin, extended-spectrum cephalosporins, aminoglycosides, monobactamines, tetracyclines, fluoroquinolones, and polymyxin and colistin8, were detected in neonates in the ICU with high antibiotic resistance.

NDM-1-producing Enterobacteriaceae has spread rapidly in hospitalized patients in several countries. Thus, the spread of carbapenemase-resistant genes has been a major concern worldwide, as it poses a threat to the antimicrobial treatment of infections caused by multidrug-resistant isolates. Although strains that produce $bla_{\rm NDM}$ appear less frequently in Brazil, it is nonetheless necessary to control epidemiological surveillance to control infections.

Nucleotide sequence accession number: The nucleotide sequence of the bla_{NDM} gene in the *K. aerogenes* isolate was GenBank/EMBL/DDBJ, accession N°. MN735678.1.

This study was approved by the ethics committee of our institution (CAAE: 20195119.3.0000.5586), opinion number 3,787,364, and (CAAE: 20195119.3.3001.5198) opinion number 3,838,892, following Resolution 466/12 of the National Health Council.

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AUTHORS' CONTRIBUTION

CRPS:Conception and design of the study, acquisition, analysis and interpretation of data; JBOJ:Conception, implementation of the MIC and translation of the article into English. EFF:Conception and design of the study, analysis and interpretation of data and final approval of the version to be submitted.

CONFLICTS OF INTEREST

All authors report no conflicts of interest.

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