

Screening for plasmid-mediated quinolone resistance

The plasmid gene responsible for quinolone resistance (*qnrA*, *qnrB*, *qnrC*, *qnrD*, *qnrS*, *aac(6')Ib-cr* and *QepA*) is carried on class 1 integrons of the In 4 family, an efficient mechanism for rapid horizontal and vertical dissemination of antibiotic resistance determinants among bacteria.

The plasmid mediated mechanisms have led to resistance to almost all clinical important antimicrobials, such as β -lactams, aminoglycosides, macrolides, phenicols, sulphonamides and trimethoprim.

The identification in the US of *qnr* in clinical strains of *K. pneumoniae* isolates besides producing plasmidic β -lactamases and ESBL's (7) and its discovery in strains of *E. coli* from Southeast Asia and Salmonella in Hong Kong indicates the emergence of this new mechanism of quinolone resistance in clinical strains. It is important to indicate that a significant relation exists between quinolone resistance and resistance to 3. gen. cephalosporins (co-resistance): ESBL and/or plasmid mediated AmpC (6,14).

Poirel et al (10) have shown in vivo selection of fluoroquinolone-resistant *E. coli* isolates expressing plasmid mediated quinolone resistance and ESBL and physical linkage between ESBL and *qnrA*-encoding genes in the same integron.

Although *QnrA*, *QnrB*, *QnrS* produce low levels of quinolone resistance, it facilitates selection for a high level of quinolone resistance.

QnrB, another plasmid-mediated gene for quinolone resistance has been discovered in plasmids encoding the ESBL: CTA-15 from a *K. pneumoniae*. These strains show low-level resistance to quinolones and MIC of 16 μ g/ml towards nalidixic acid, and show similar multiresistance phenotypes as *qnrA* containing strains (11).

Lavigne et al (12) screened for *qnr* genes 112 clinical isolates of ESBL-producing *E. coli* from French hospitals in 2004. 7.7 % of CTX-M-producing *E. coli* presented a plasmid-mediated resistance to quinolones. All strains harboured a *qnrA* gene located on a class 1 integron.

Poirel et al (13) listed 186 ESBL positive Enterobacteriaceae. From them 2.2 % and 1.6 % carried a *QnrA1* and a *QnrS1* determinant respectively. The association of the *qnrA* gene with class 1 integrons was confirmed.

Hyunjoo Pai et al (14) screened *E. coli* and *K. pneumoniae* producing ESBLs or plasmid mediated AmpC beta-lactamases for the presence of *qnrA* and *qnrB* genes. *QnrB* was present in 54 of 54 DHA-1 producing *K. pneumoniae* isolates and 10 of 45 SHV-12 producing isolates. It is possible that *qnrB* contributes to the widespread distribution of DHA-1 (plasmid mediated AmpC) in areas, where 3rd generation cephalosporins and fluoroquinolones are widely used.

According to Lavilla (15) and Jones (16): the presence of *aac(6')Ib-cr* were associated with quinolone resistance and aminoglycoside resistance (tobramycin is the best indicator).

Pitout et al (18) and Ruiz (20) found that isolates with *aac(6')Ib-cr* were often associated with CTX-M-15.

Screening procedure

Perform antibiogram as usual (standard procedure): MH agar, inoculum McF 0.5, incubation at 35-37 °C for 18-24 hours.

Strains of Enterobacteriaceae should be suspected of plasmid-mediated quinolone resistance when showing unusual multiresistance phenotypes such as:

Neo-Sensitabs

Ampicillin	- no zone (HLR)
Sulphonamides	- no zone (HLR)
Trimethoprim	- no zone (HLR)
Trimethoprim+Sulfa	- no zone (HLR)
Streptomycins	- no zone (HLR)
Nalidixan 130 µg	- no zone or zone < 23 mm
Nalidixan 30 µg	- zone < 15 mm (MIC ≥16 µg/ml)
Norfloxacin 10 µg	- zone ≤ 23 mm
Ciprofloxacin 1 µg	- zone < 25 mm (MIC ≥0.125 µg/ml)
Ciprofloxacin 5 µg	- zone < 28 mm (MIC ≥0.125 µg/ml)
Ceftazidime	- zone < 20 mm
Chloramphenicol	- may show resistance
Tetracyclines	- may show resistance
aac(6`)Ib-cr	- Tobra R (20), Kana R
QepA	- Genta R, Tobra R (20), Cipro R, Norflox R (15-17)

Suspected strains can be tested for the presence of the *qnr* gen by PCR.

It should be noted that strains showing the above-mentioned resistance phenotypes are most probably integron-carrying. Enterobacteriaceae and barrier precaution should be established to prevent further spread. A new chromosomal gen, *qnrM* from *S.maltophilia*, produce quinolone-resistance in *E.coli* (21).

In a selected group of ciprofloxacin and ceftazidime-resistant Enterobacteriaceae (mainly *K. pneumoniae* and *E. cloacae*), carriage of *qnrA* gene was 32 % (9). From those 73 % were ESBL-positive.

Cavaco et al (22) found that the combination of ciprofloxacin, norfloxacin and nalidixic acid is the best option for detecting *qnr* and *aac(6`)Ib-cr* resistance mechanisms in Enterobacteriaceae.

Detection of *qnr* and *aac(6`)*Ib-cr and differentiation from mutations

Screening with nalidixic acid is efficient for the detection of mutants, but it is not efficient for the detection of some isolates carrying *qnr* and *aac(6`)*Ib-cr.

Transferable genes will be best detected using ciprofloxacin and norfloxacin, because these fluoroquinolones due to their chemical structures are attacked by strains carrying *aac(6`)*Ib-cr, reducing their antimicrobial activity.

Combining the use of Nalidixic acid 30 µg, Norfloxacin 10 µg and Ciprofloxacin 1 µg Neo-Sensitabs it is possible to screen for the new resistance mechanisms *qnrA*, *qnrS* and *aac(6`)*Ib-cr in strains of *E.coli* and *Salmonella* spp.

Susceptible strains *E.coli* and *Salmonella* spp. show zones of inhibition ≤ 25 mm with Nalidixic acid 30 µg Neo-Sensitabs (MIC ≤4-8 µg/ml).

With Ciprofloxacin 1 µg Neo-Sensitabs, susceptible strains show zones of inhibition ≥ 29 mm (MIC ≤0.016-0.03 µg/ml).

With Norfloxacin 10 µg Neo-Sensitabs, susceptible strains show zones of inhibition ≥ 33 mm (MIC ≤0.06 µg/ml).

Strains with **1 or 2 mutations** will show zones of inhibition ≤ 12 mm with Nalidixic acid 30 µg Neo-Sensitabs, while Ciprofloxacin will show zones ≤ 28 mm and Norfloxacin zones ≤ 32 mm.

Strains with ***qnr* or *aac(6`)*Ib-cr** will show zones of inhibition ≥ 13 mm with Nalidixic acid 30 µg Neo-Sensitabs, zones of 16-25 mm (MIC 0.125-0.5 µg/ml) with Ciprofloxacin 1 µg Neo-Sensitabs and zones of ≤ 30 mm (MIC 0.25-2 µg/ml) with Norfloxacin 10 µg/ml Neo-Sensitabs.

Conclusion:

Strains with mutations are best detected with Nalidixic acid 30 µg Neo-Sensitabs. Strains with *aac(6`)*Ib-cr are best detected using Ciprofloxacin 1 µg and Norfloxacin 10 µg Neo-Sensitabs, showing reduced zones of inhibition compared to fully susceptible strains. Strains possessing *aac(6`)*Ib-cr, show also resistance to Tobramycin and Kanamycin, because these aminoglycosides are attacked by the mentioned enzyme. This is useful to differentiate them from the *qnr* enzymes.

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