

Pojava bakterije *Acinetobacter baumannii* u prirodnom okolišu

Seminar I

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Acinetobacter

► 53 vrste

Commonly found human pathogens

A. baumannii (genospecies 2)

A. nosocomialis (genospecies 13TU)

A. pittii (genospecies 3)

A. calcoaceticus (genospecies 1)

Uncommon organisms in clinical infections

A. baylyi

A. guillouiae

A. lwoffii

A. soli

A. beijerinckii

A. gyllenbergii

A. nectaris

A. tandoii

A. bereziniae

A. haemolyticus

A. parvus

A. tjernbergiae

A. boissieri

A. harbinensis

A. puyangensis

A. towneri

A. bouvetii

A. indicus

A. qingfengensis

A. ursingii

A. brisouii

A. johnsonii

A. radioresistens

A. venetianus

A. gernerii

A. junii

A. rudis

A. grimontii^a

A. kookii

A. schindleri

Review

Clinical relevance of the ESKAPE pathogens

Jack N Pendleton, Sean P Gorman & Brendan F Gilmore

Pages 297-308 | Published online: 10 Jan 2014

Download citation <http://dx.doi.org/10.1586/eri.13.12>

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Abstract

In recent years, the Infectious Diseases Society of America has highlighted a faction of antibiotic-resistant bacteria (*Enterococcus faecium*, *Staphylococcus aureus*, *Klebsiella pneumoniae*, *Acinetobacter baumannii*, *Pseudomonas aeruginosa* and *Enterobacter* spp.) – acronymically dubbed ‘the ESKAPE pathogens’ – capable of ‘escaping’ the biocidal action of antibiotics and mutually representing new paradigms in pathogenesis, transmission and resistance. This review aims to consolidate clinically relevant background information on the ESKAPE pathogens and provide a contemporary summary of bacterial resistance, alongside pertinent microbiological considerations necessary to face the mounting threat of antimicrobial resistance.

Keywords:: *Acinetobacter*, antibiotics, antimicrobial resistance, *Enterobacter*, ESKAPE pathogens, hospital-acquired infection, *Klebsiella*, MRSA, multidrug resistance, *Pseudomonas*, VRE

Bad Bugs, No Drugs: No ESKAPE! An Update from the Infectious Diseases Society of America ^{FREE}

Helen W. Boucher ✉, George H. Talbot, John S. Bradley, John E. Edwards, David Gilbert, Louis B. Rice, Michael Scheld, Brad Spellberg, John Bartlett

Clin Infect Dis (2009) 48 (1): 1-12. DOI: <https://doi.org/10.1086/595011>

Published: 01 January 2009 Article history ▼

The WHO priority list

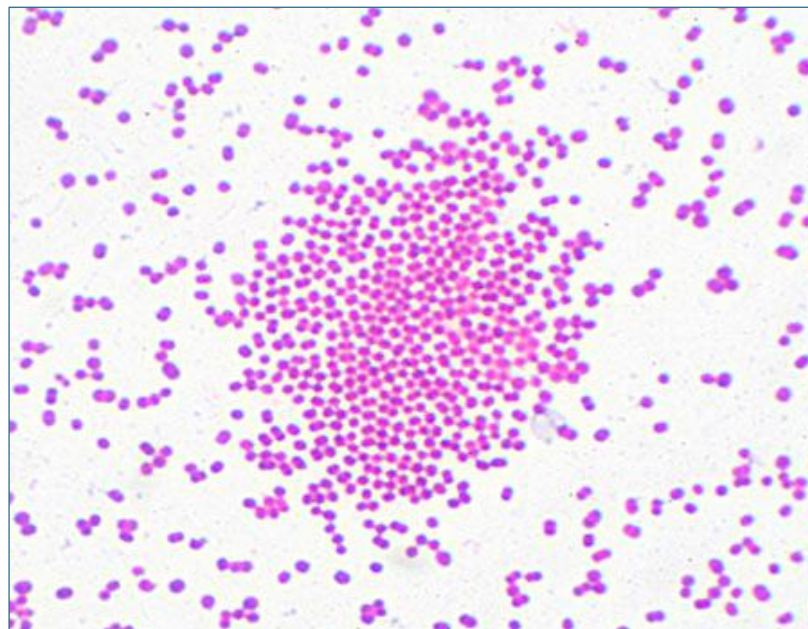
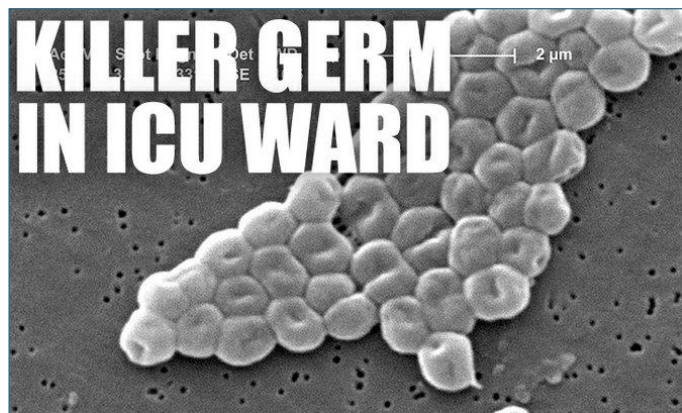
PRIORITY: CRITICAL	PRIORITY 2: HIGH	PRIORITY 3: MEDIUM
<ul style="list-style-type: none">◆ Acinetobacter baumannii carbapenem-resistant◆ Pseudomonas aeruginosa carbapenem-resistant◆ Enterobacteriaceae carbapenem-resistant, ESBL-producing	<ul style="list-style-type: none">◆ Enterococcus faecium vancomycin-resistant◆ Staphylococcus aureus methicillin-resistant vancomycin-intermediate and resistant◆ Helicobacter pylori clarithromycin-resistant◆ Campylobacter spp. fluoroquinolone-resistant◆ Salmonellae fluoroquinolone-resistant◆ Neisseria gonorrhoeae cephalosporin-resistant fluoroquinolone-resistant	<ul style="list-style-type: none">◆ Streptococcus pneumoniae penicillin-non-susceptible◆ Haemophilus influenzae ampicillin-resistant◆ Shigella spp. fluoroquinolone-resistant

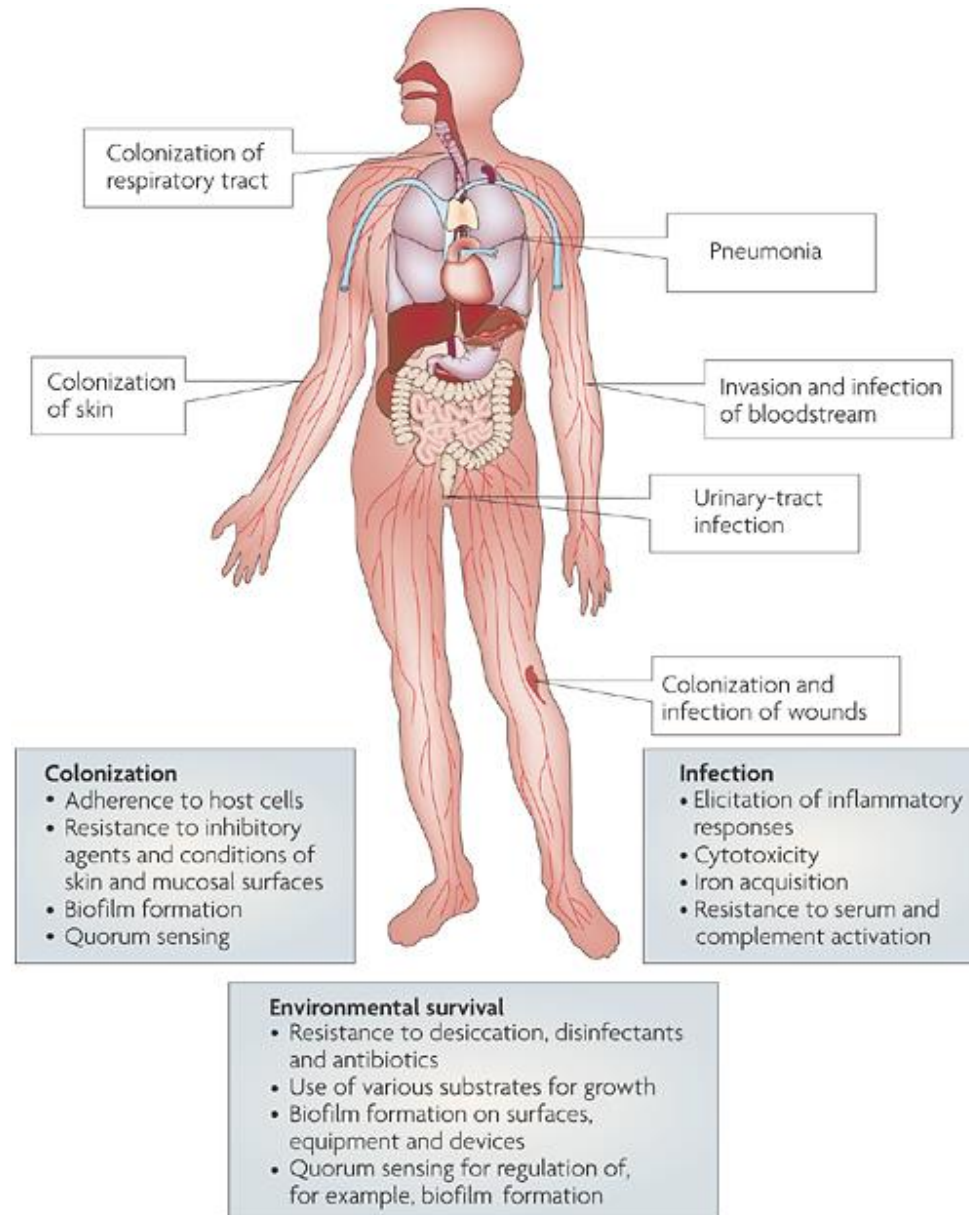
Source: WHO

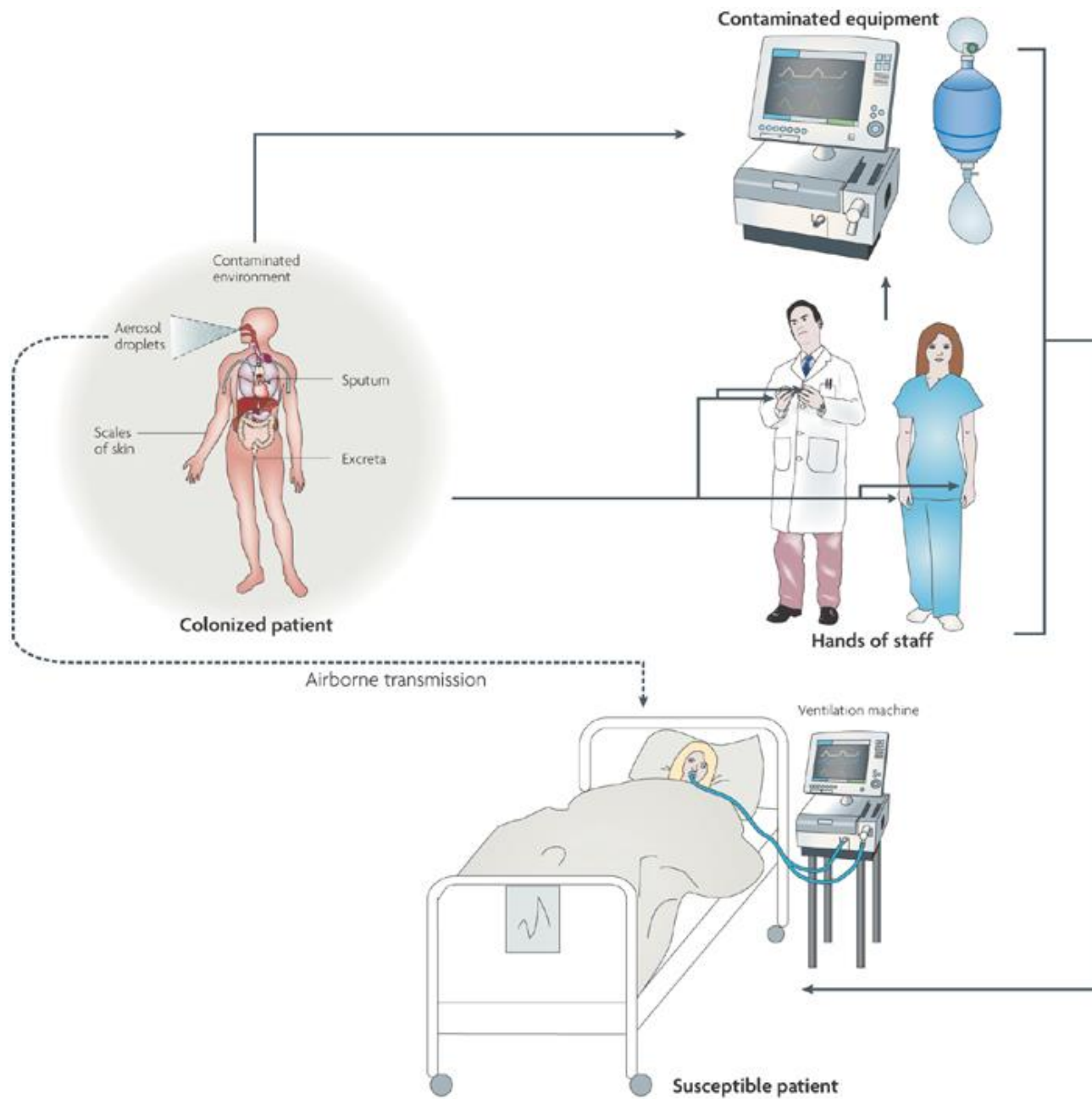
- ▶ Rezistencija na karbapenemske antibiotike u Hrvatskoj povećala se sa 10% u 2008. do 87% u 2015. godini (Croatian Academy of Medical Sciences. Antibiotic resistance in Croatia, 2015. Zagreb: CAMS; 2016.)

Acinetobacter baumannii

- ▶ Gram negativni kokobacilus
- ▶ Emergentni humani oportunistički patogen
- ▶ Infekcije većinom vezane uz bolnički okoliš





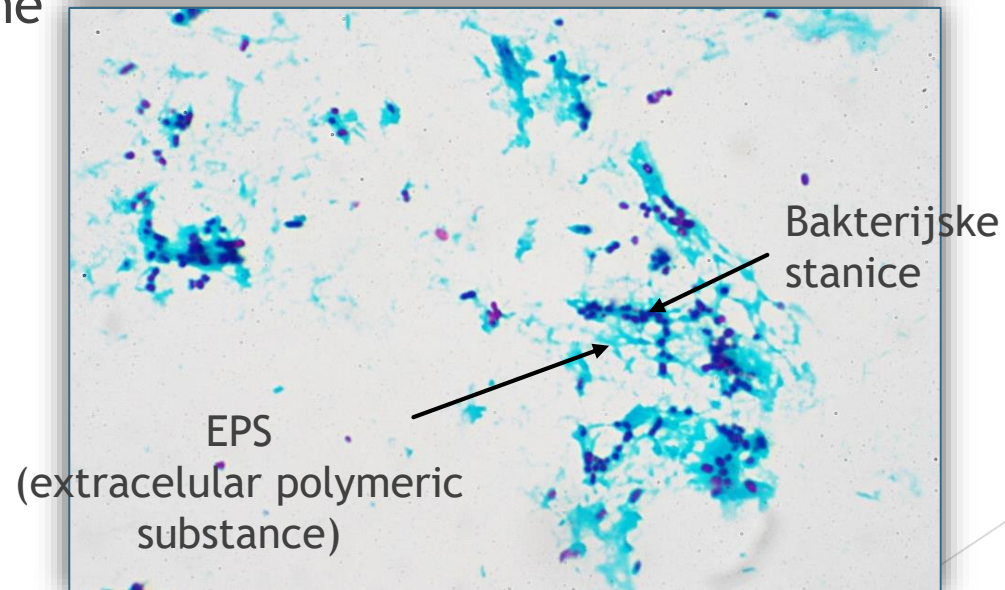


Iraqibacter

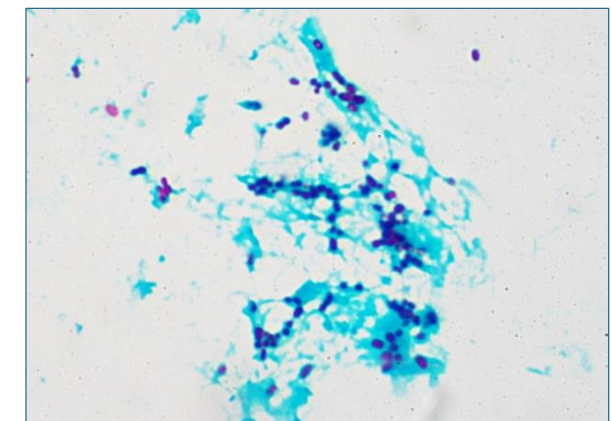
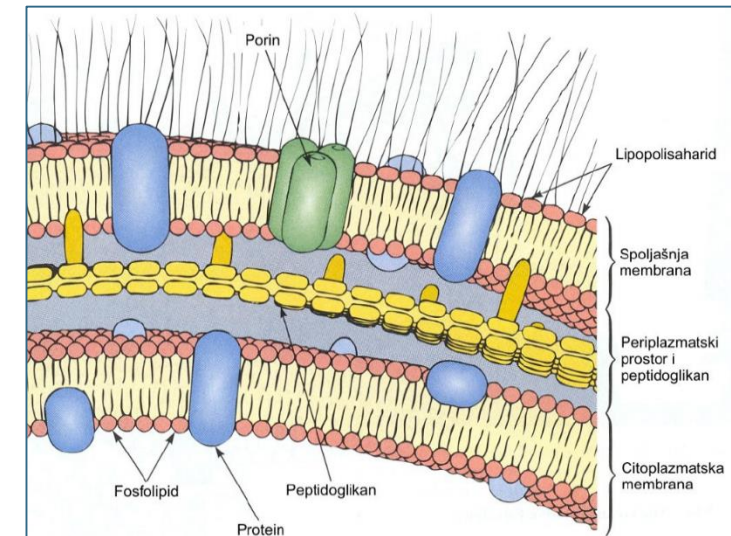
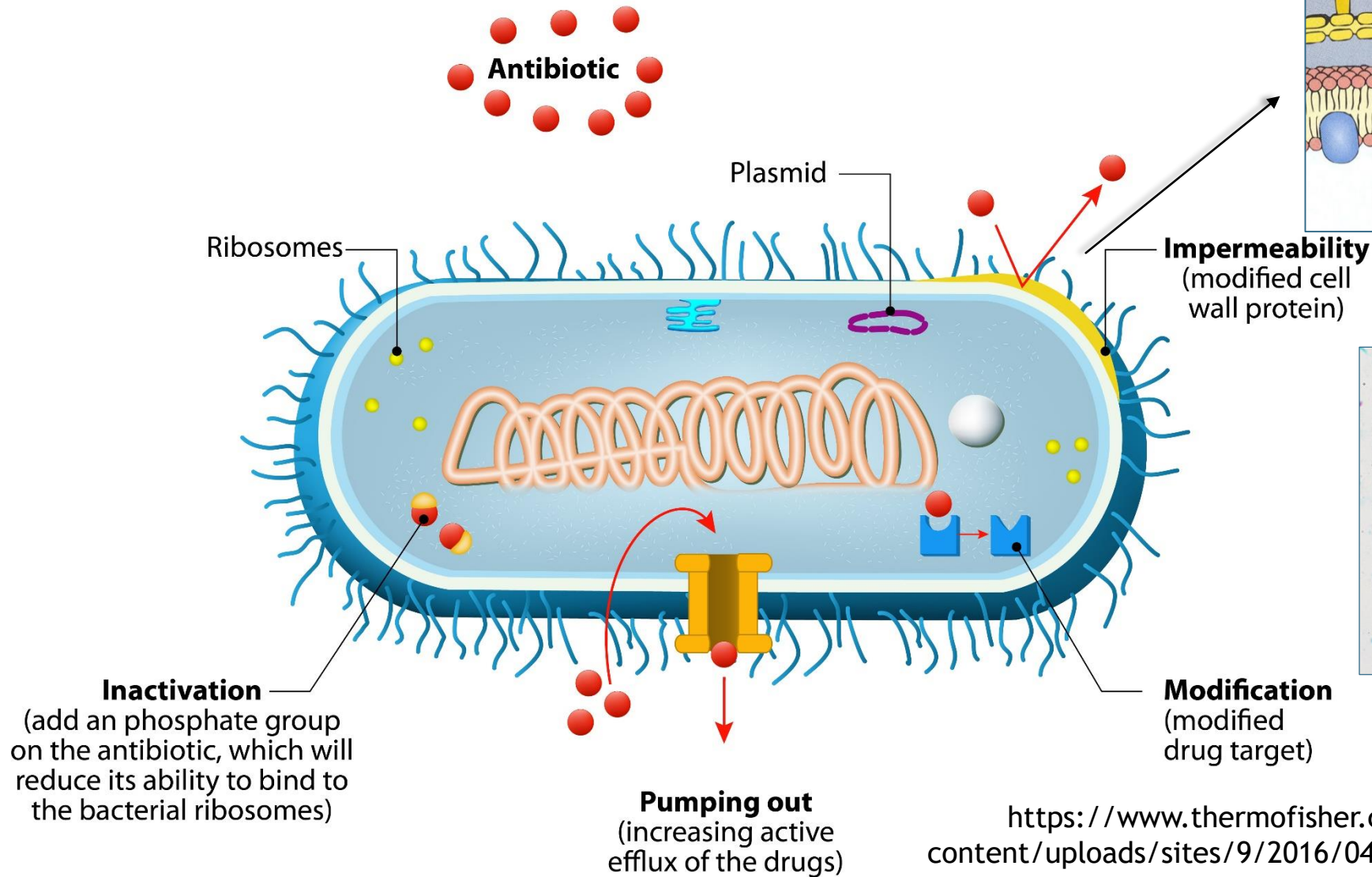


Razlozi uspješnosti

- ▶ Rezistencija na antibiotike-
MDR, XDR, PDR
- ▶ Stvaranje biofilma na biotskim
i abiotskim površinama
- ▶ Površinska pokretljivost
trzanjem i rojenjem
- ▶ Otpornost na komercijalne
dezinficijense koji se
uobičajeno koriste



MECHANISMS OF ANTIMICROBIAL RESISTANCE



Biofilm

<https://www.thermofisher.com/blog/behindthebench/wp-content/uploads/sites/9/2016/04/Mechanism-of-antibiotic-resistance-1.jpg>

Table 2. The mechanism of antimicrobial resistance of *Acinetobacter baumannii*.^[3]

Resistance mechanisms	Antimicrobial agents
<p>→ Produce antibiotics inactivated enzyme</p> <p>β-lactamas</p> <p>Class A: extended-spectrum-β-lactamases (ESBLs): TEM, PER type</p> <p>Class B: the metallo-lactamases (MBLs): IMP, VIM, SIM type</p> <p>Class C: AmpC cephalosporinases</p> <p>Class D: serine carbapenemases (OXA type)</p> <p>Aminoglycoside-modifying enzymes (AMEs): APHs, AACs</p>	<p>β-lactams</p> <p>Aminoglycosides</p>
<p>→ Alter the action sites of antibiotics</p> <p>Topoisomerase mutations in the genes <i>gyrA</i> and <i>parC</i></p> <p>Ribosomal (16S rRNA) methylation: <i>armA</i></p> <p>Alteration in penicillin-binding proteins (PBPs)</p>	<p>Quinolones</p> <p>Aminoglycosides</p> <p>β-lactams</p>
<p>→ Reduce the concentration of antibiotics in cells</p> <p>Decreased permeability of the outer membrane</p> <p>Efflux pumps</p> <p>Plasmid-mediated transport protein: TetA, TetB, TetK</p> <p>RND efflux systems: AdeABC, AdeDE, AdeXYZ, AdeIJK</p>	<p>Multidrug</p> <p>Tetracyclines</p> <p>Multidrug</p>
<p>→ Biofilm formation</p>	<p>Multidrug</p>

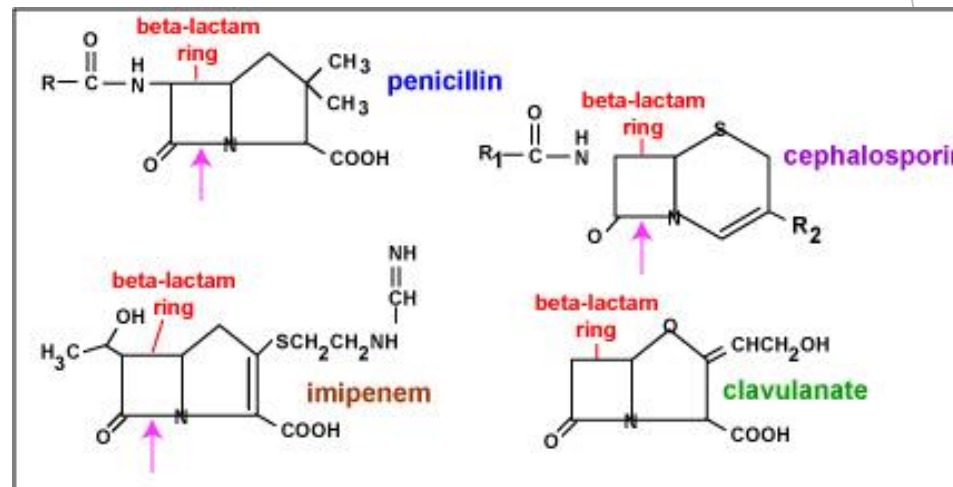
β- laktamaze

- ▶ β-laktamaze - enzimi koji hidroliziraju β-laktamske antibiotike

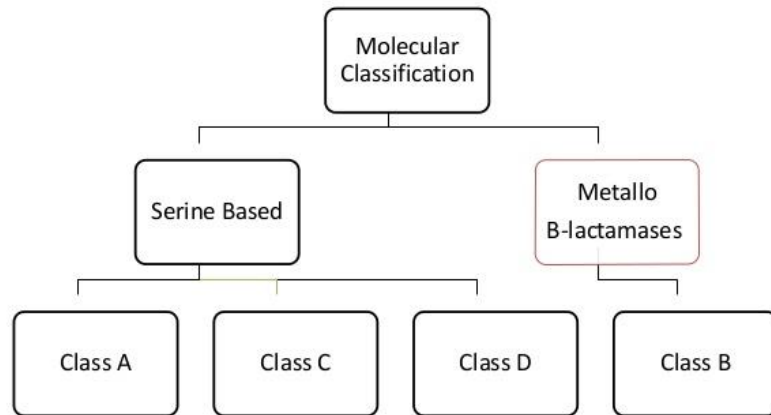
- ▶ Penicilini
- ▶ Cefalosporini
- ▶ Monobaktami
- ▶ Karbapenemi

- ▶ Klasifikacija:

- ▶ Richmond & Sykes klasifikacija (1973)
- ▶ Sykes and Matthew (1976)
- ▶ Od 1990 Bush-Jacoby-Medeiros klasifikacija (podjela u grupe, ovisno o supstratu, osjetljivosti na inhibitore te molekularnoj strukturi)
- ▶ Po Ambleru grupe A, B, C i D



Beta-Lactamase Enzyme



Carbapenemases

Classification	Enzyme	Most Common Bacteria
Class A	KPC, SME, IMI, NMC, GES	Enterobacteriaceae (rare reports in <i>P. aeruginosa</i>)
Class B (metallo- β -lactamase)	IMP, VIM, GIM, SPM	<i>P. aeruginosa</i> Enterobacteriaceae <i>Acinetobacter</i> spp.
Class D	OXA	<i>Acinetobacter</i> spp.

TABLE 6. Carbapenemase subgroups of the OXA family of β -lactamases

Cluster	Enzyme subfamily	Additional OXA member(s)	Reference
1	OXA-23 (ARI-1)	OXA-27, OXA-49	225
2	OXA-24	OXA-25, OXA-26, OXA-40, OXA-72	225
3	OXA-51	OXA-64 to OXA-71, OXA-75 to OXA-78, OXA-83, OXA-84, OXA-86 to OXA-89, OXA-91, OXA-92, OXA-94, OXA-95	213, 225
4	OXA-58	None	225
5	OXA-55	OXA-SHE	225
6	OXA-48	OXA-54, OXA-SAR2	225
7	OXA-50	OXA-50a to OXA-50d, PoxB	225
8	OXA-60	OXA-60a to OXA-60d	225
9	OXA-62	None	192

- Queenan, A.M., Bush, K. Carbapenemases: the versatile beta-lactames. Clin. Microbiol. Rev. 2007, 20(3):440-58
- <https://www.slideshare.net/saurav9119/beta-lactam-antibiotics-43630735>
- <https://www.slideshare.net/doctorrao/carbapenem-resistance-in-clinical-care-34157044>

A. *baumannii* OXA grupe

▶ Urođena rezistencija

- ▶ OXA-51, OXA-51 like (*ISAb_a1*)

▶ Stečena rezistencija

- ▶ OXA-23 (*ISAb_a1*)
- ▶ OXA-40
- ▶ OXA-58 (*ISAb_a3*)
- ▶ OXA-143
- ▶ OXA-235 (*ISAb_a1*)

TABLE 6. Carbapenemase subgroups of the OXA family of β -lactamases

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7	OXA-50	OXA-50a to OXA-50d, PoxB	225
8	OXA-60	OXA-60a to OXA-60d	225
9	OXA-62	None	192

Bolnička otpadna voda

- ▶ Brazil
 - ▶ Otpadna voda iz 3 bolnice
 - ▶ 3 izolata
- ▶ Kina
 - ▶ Otpadna voda iz 4 bolnice
 - ▶ 10 izolata
- ▶ Hrvatska
 - ▶ Specijalna bolnica za plućne bolesti, Zagreb
 - ▶ 10 izolata

Presence of OXA-23-Producing Isolates of *Acinetobacter baumannii* in Wastewater from Hospitals in Southern Brazil

To cite this article:

Alessandra E. Ferreira, Desirée P. Marchetti, Lyvia M. De Oliveira, Carolina S. Gusatti, Daiane B. Fuentefria, and Gertrudes Corção. *Microbial Drug Resistance*. May 2011, 17(2): 221-227. <https://doi.org/10.1089/mdr.2010.0013>

Higher Isolation of NDM-1 Producing *Acinetobacter baumannii* from the Sewage of the Hospitals in Beijing

Chuanfu Zhang¹, Shaofu Qiu^{1*}, Yong Wang¹, Lihua Qi¹, Rongzhang Hao¹, Xuelin Liu¹, Yun Shi¹, Xiaofeng Hu¹, Daizhi An¹, Zhenjun Li², Peng Li¹, Ligui Wang¹, Jiajun Cui¹, Pan Wang¹, Liuyu Huang¹, John D. Klena³, Hongbin Song^{1*}

¹Institute of Disease Control and Prevention, Academy of Military Medical Science, Beijing, People's Republic of China, ²State Key Laboratory for Infectious Disease Prevention and Control, China Center of Disease Control and Prevention, Beijing, People's Republic of China, ³United States Centers for Disease Control and Prevention, China-US Collaborative Program on Emerging and Re-emerging Infectious Diseases, Beijing, People's Republic of China



Journal of Hospital Infection

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Emission of extensively-drug-resistant *Acinetobacter baumannii* from hospital settings to the natural environment

M. Seruga Music^a, J. Hrenovic^a, I. Goic-Barisic^b, B. Hunjak^c, D. Skoric^a, T. Ivankovic^a

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investigate the City, including hospitals. For the Electrophoresis in sewage and ation of NDM-1 were recovered y different from nt evolutionary M-1 producing

Uređaj za pročišćavanje otpadnih voda



Carbapenem-resistant isolates of *Acinetobacter baumannii* in a municipal wastewater treatment plant, Croatia, 2014

J Hrenovic¹, I Goic-Barisic², S Kazazic³, A Kovacic⁴, M Ganjto⁵, M Tonkic²

1. University of Zagreb, Faculty of Science, Department of Biology, Zagreb, Croatia
2. University Hospital Centre Split, Department of Clinical Microbiology and University of Split School of Medicine, Split, Croatia
3. Ruder Boskovic Institute, Division of Physical Chemistry, Zagreb, Croatia
4. Institute of Public Health of Split and Dalmatia County, Split, Croatia
5. Zagreb Wastewater - Management and Operation Ltd., Zagreb, Croatia

Correspondence: Jasna Hrenovic (jasna.hrenovic@biol.pmf.hr)

21 izolat

Emergence of Oxacillinases in Environmental Carbapenem-Resistant *Acinetobacter*

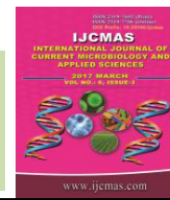
Pan Drug-Resistant Environmental Isolate of *Acinetobacter baumannii* from Croatia

Int.J.Curr.Microbiol.App.Sci (2017) 6(3): 1697-1709

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June 2017



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Journal homepage: <http://www.ijcmas.com>



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Original Research Article

<https://doi.org/10.20546/ijcmas.2017.603.195>

Virulence Factors of *Acinetobacter baumannii* Environmental Isolates and Their Inhibition by Natural Zeolite

24 izolata

Svjetlana Dekic¹, Jasna Hrenovic^{1*}, Blazenka Hunjak², Snjezana Kazazic³,
Darko Tibljas¹ and Tomislav Ivankovic¹

Prirodne vode

- ▶ Francuska, rijeka Sena
 - ▶ 1 izolat
- ▶ Hrvatska, rijeka Sava
 - ▶ Nizvodno od ispusta efluenta iz Centralnog uređaja za pročišćavanje otpadnih voda
 - ▶ 4 izolata u 10 mL vode

ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, Jan. 2010, p. 578–579
0066-4804/10/\$12.00 doi:10.1128/AAC.00861-09
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Vol. 54, No. 1

Letters to the Editor

First Isolation of the *bla*_{OXA-23} Carbapenemase Gene from an Environmental *Acinetobacter baumannii* Isolate[▽]

Acinetobacter baumannii is frequently associated with nosocomial infections, and its increasing resistance to carbapenems may significantly reduce the choice of effective antibiotics (2). Since the first description of a carbapenem-hydrolyzing class D β-lactamase (CHDL), ARI-1 (renamed OXA-23), from a clinical isolate of *A. baumannii* in Scotland in 1995 (11), the corresponding *bla*_{OXA-23} gene has been detected in many *A. baumannii* clinical isolates worldwide (Brazil, Spain, Belgium, Singapore, Portugal, and France) and once in *Proteus mirabilis* in France (1). The *bla*_{OXA-23} gene can be plasmid or chromosome borne (12). Three main groups of oxacillinases (OXA-23,

poorly expressed (10). That species is rarely involved in human infections but is known to be present in the environment. Therefore, it is hypothesized that genetic exchanges between the two *Acinetobacter* species may lead to acquisition and expression of the *bla*_{OXA-23} gene in *A. baumannii*. This might occur in aquatic environments, where *A. baumannii* and *A. radioresistens* could be in close contact. The *A. baumannii* B9 isolate was not recovered in the immediate vicinity of a hospital wastewater discharge site. Pulsed-field gel electrophoresis (PFGE) analysis of *Apal*-restricted DNA from *A. baumannii* B9 and from clinical *A. baumannii* isolates from different geographical origins showed that *A. baumannii* B9 was clonally related to a human *A. baumannii* isolate previously identified



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Emission of extensively-drug-resistant *Acinetobacter baumannii* from hospital settings to the natural environment

M. Seruga Music^a, J. Hrenovic^a  , I. Goic-Barisic^b, B. Hunjak^c, D. Skoric^a, T. Ivankovic^a

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<https://doi.org/10.1016/j.jhin.2017.04.005>

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Tlo

- ▶ Pula - kiselo paleotlo (95% minerali glina)
 - ▶ Ilegalno odlagalište otpada
 - ▶ 1 izolat u 0,1g
- ▶ Rijeka- tehnotlo
 - ▶ Sovjak odlagalište industrijskog otpada
 - ▶ 3 izolata u 0,01-0,1g

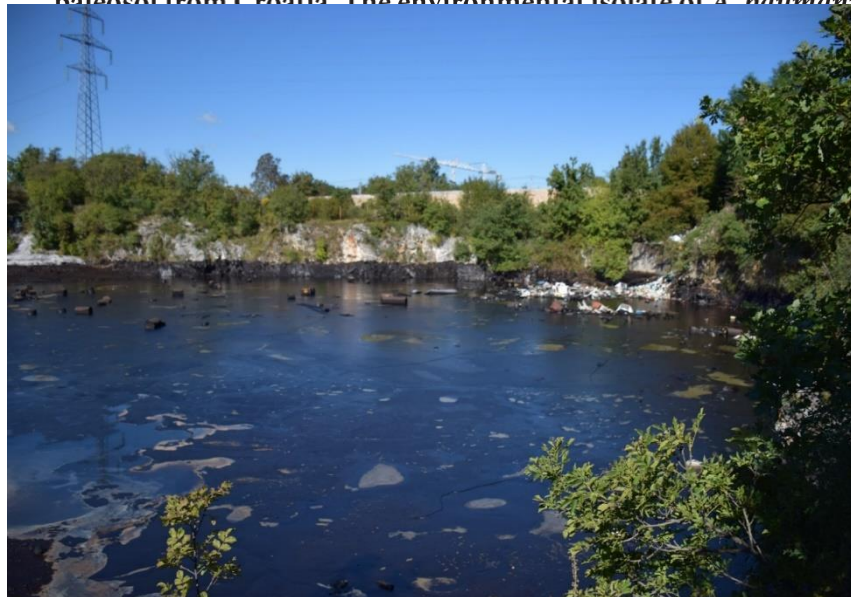


Occurrence of an Environmental *Acinetobacter baumannii* Strain Similar to a Clinical Isolate in Paleosol from Croatia

Jasna Hrenovic,^a Goran Durn,^b Ivana Goic-Barisic,^c Ana Kovacic^d

University of Zagreb, Faculty of Science, Division of Biology, Zagreb, Croatia^a; University of Zagreb, Faculty of Mining, Geology and Petroleum Engineering, Zagreb, Croatia^b; Department of Clinical Microbiology, University Hospital Centre Split and University of Split School of Medicine, Split, Croatia^c; Institute of Public Health of Split and Dalmatia County, Split, Croatia^d

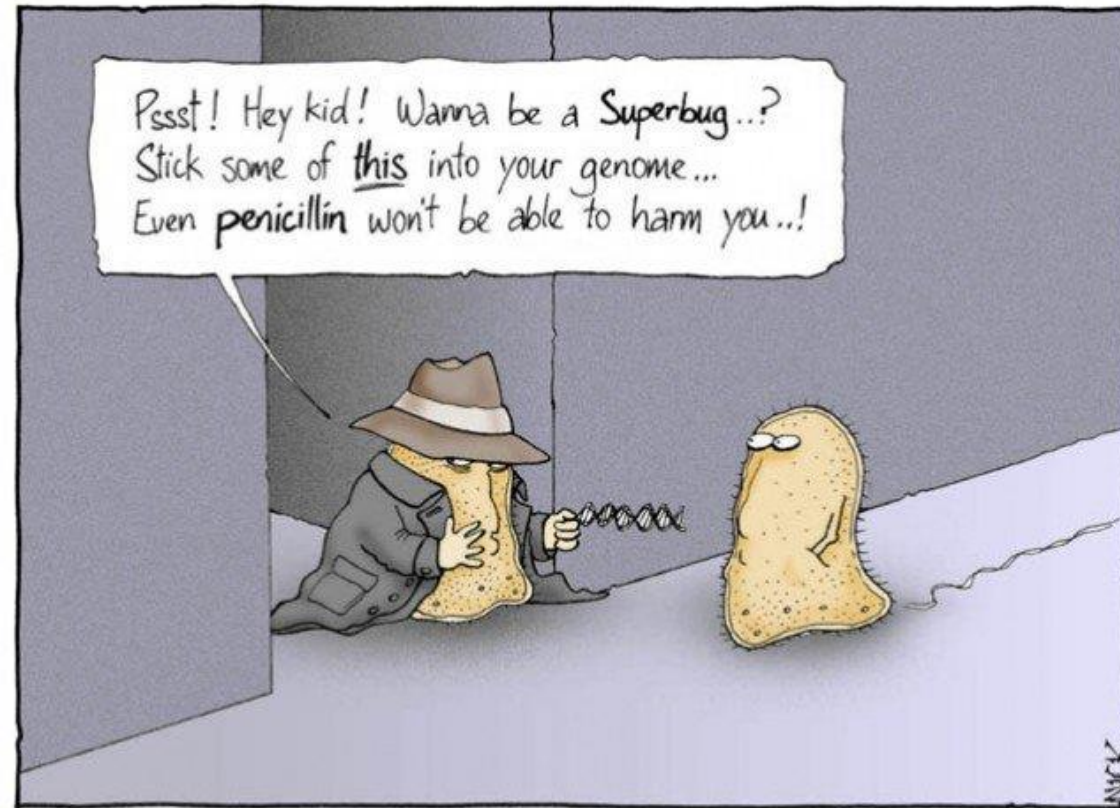
Over the past decade, bacteria of the genus *Acinetobacter* have emerged as a leading cause of hospital-acquired infections. Outbreaks of *Acinetobacter* infections are considered to be caused exclusively by contamination and transmission in hospital environments. The natural habitats of clinically important multiresistant *Acinetobacter* are not well understood. We report an incidental finding of a viable multidrug-resistant strain of *Acinetobacter baumannii* in a paleosol from Croatia. The environmental isolate of *A. baumannii* showed a high degree of genetic similarity to a clinical isolate. The environmental isolate was resistant to trimethoprim-sulfamethoxazole, ceftazidime, and meropenem. The origin of the environmental isolate is not clear.



Zaključak

- ▶ Bakterija *A. baumannii* u okolišu se može naći u vodi i tlu pod utjecajem ljudskog krutog i tekućeg otpada
- ▶ Potrebno je uvesti predtretman bolničke vode prije ispusta u skupni kanalizacijski sustav i pravilno gospodariti krutim infektivnim otpadom kako bi se spriječilo širenje multiplo-rezistentnih bakterija u okoliš

Hvala na pažnji!



It was on a short-cut through the hospital kitchens that Albert was first approached by a member of the Antibiotic Resistance.