

Molecular mechanisms of antimicrobial resistance and phylogenetic relationship of *Salmonella enterica* serovars from febrile patients in Yangon, Myanmar



Dr. Tin Ohn Myat

M.B.B.S; Dip.Med.Micro; M.Med.Sc (Microbiology)

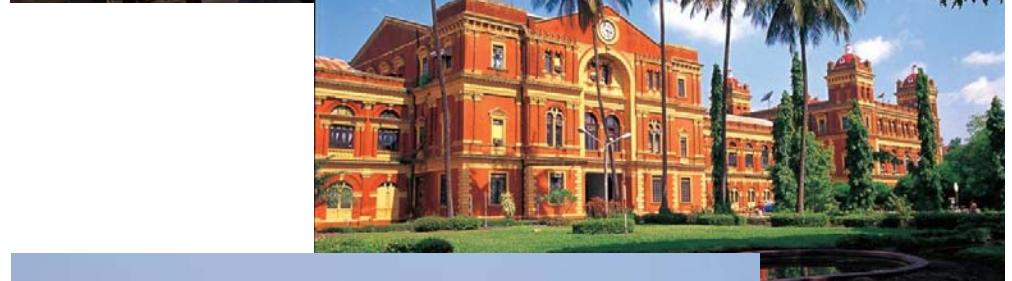
Department of Microbiology

University of Medicine 1, Yangon, Myanmar

PhD student

University of Otago, Dunedin, New Zealand





Background: enteric fever in Myanmar

- Endemic in Myanmar
- One of differential diagnoses of febrile illness >3 days
- Treatment trend
 - Chloramphenicol and/or ampicillin
 - Ciprofloxacin - began by the end of 1990s
 - Cephalosporins if unresponsive to ciprofloxacin

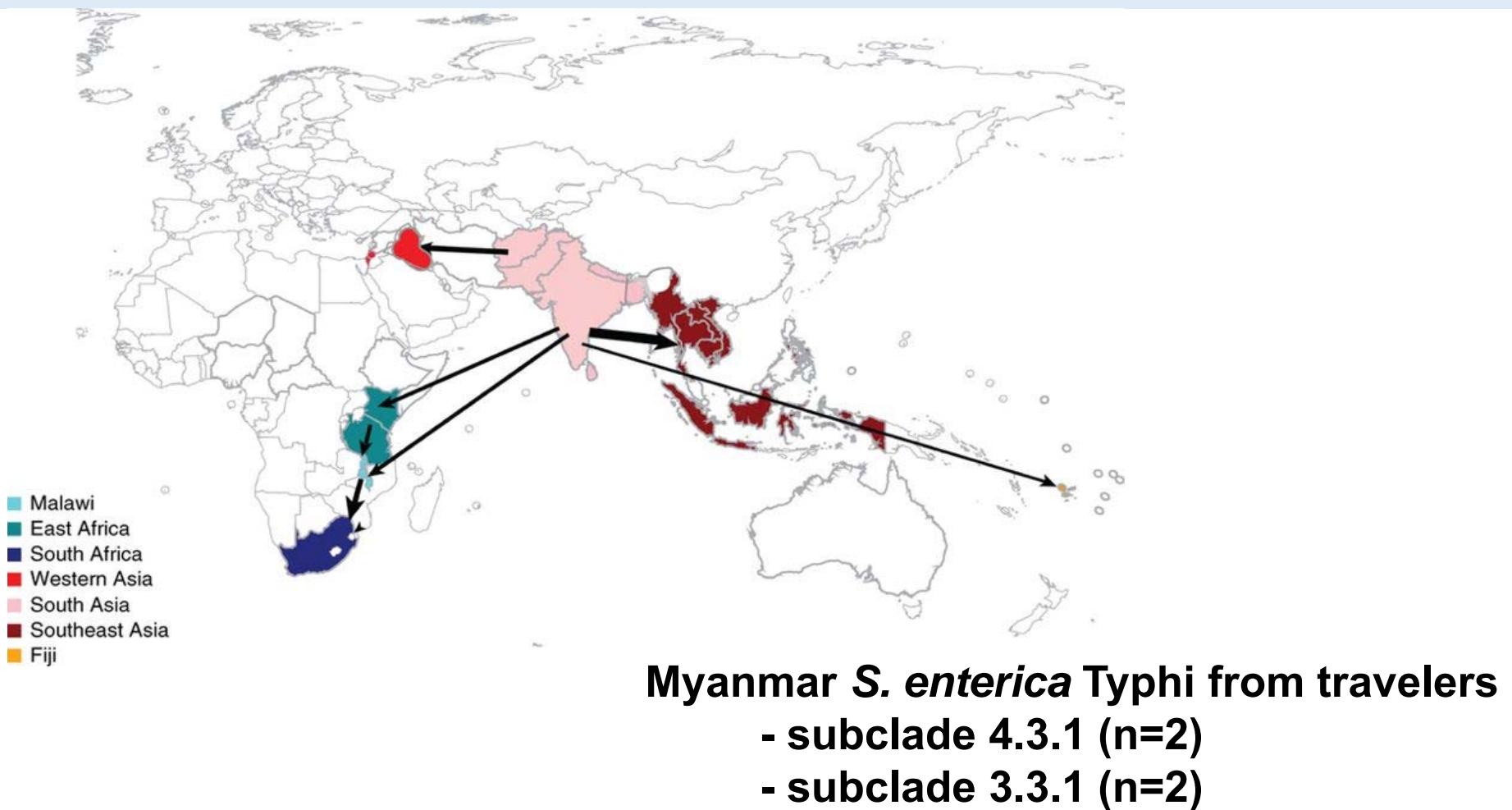
Background: studies on *Salmonella* Typhi in Myanmar

Study year	Study place	Population	Antimicrobial resistance	Author
1996	Yangon	All ages	- Resistance to first line agents - No MDR	Htike, WW (Unpublished data)
1998-1999	Yangon	Paediatric (<12 years old)	- MDR	Shwe,TN et al
2000 *	Mandalay	All ages	- Resistance not found	Aye,TT et al
2012-2013	Mandalay	All ages	- MDR - nalidixic acid resistance (25%)	Thwe,SM et al
2014 ±	Yangon	Adolescent and adult (≥ 12 years old)	- No MDR - Ciprofloxacin resistance (50%)	Myat, TO et al

* Outbreak study;

± Retrospective study of gram-negative bloodstream isolates

Background: Global study of *Salmonella enterica* Typhi and traveller-associated Myanmar isolates



Aims

- To isolate and identify *Salmonella enterica* serovars from blood cultures among febrile patients at two hospitals in Yangon
- To identify their AMR pattern and mechanisms of resistance
- To determine phylogenetic relatedness of *Salmonella enterica* serovars

Methods: participant enrolment

- **Study period:**
 - 5 October 2015 – 4 October 2016
- **Study population:**
 - adolescent and adult febrile patients ≥ 12 years old
- **Study sites:**
 - Yangon General Hospital (YGH)
 - A private Hospital

Methods: laboratory evaluations

Yangon, Myanmar

Sample collection

Blood culture (BacT/ALERT)

Vitek2 automated system

- Isolate identification (ID)
- Antimicrobial susceptibility testing (AST)

Dunedin, New Zealand

Confirmation of ID and AST

DNA extraction

Whole-genome sequencing (WGS)

- Serotype confirmation
- AMR mechanisms
- Phylogenetic analysis

Results: isolation, identification & antimicrobial susceptibility

Blood cultures

1,583 blood cultures

Pathogens isolated

Pathogen positive
n=153 (9.7%)

Salmonella enterica isolated

Salmonella enterica
n=73 (47.7%)

Salmonella enterica serovars

serovar Typhi
n=39 (53%)

serovar Paratyphi A
n=34 (47%)

Antimicrobial susceptibility

- Ciprofloxacin resistance: n=73 (100%)
- Nalidixic acid resistance: n=73 (100%)
- Susceptible to all other antimicrobials tested

Results: molecular mechanism of fluoroquinolone resistance

Minimum inhibitory concentrations vs. mutations among ciprofloxacin-resistant *Salmonella enterica* isolated from febrile patients in Yangon, Myanmar 2015 - 2016

<i>Salmonella enterica</i> serovar	Ciprofloxacin MIC (mg/L)	Isolates	Amino acid substitutions at QRDRs			
		no. (%)	<i>gyrA</i>	<i>gyrB</i>	<i>parC</i>	PMQR
<i>S. enterica</i> Typhi (n=39)	≥ 8.0	16 (41.0)	Ser83Phe Asp87Asn	ND	Ser80Ile	ND
	0.5 (or) 1.0	22 (56.4)	Ser83Phe	ND	ND	ND
	0.25	1 (2.6)	Ser83Phe	Ser464Phe	ND	ND
<i>S. enterica</i> Paratyphi A (n=34)	0.5 (or) 1.0	34 (100.0)	Ser83Phe	ND	Thr57Ser	ND

QRDR, quinolone-resistance determining region
 PMQR, plasmid-mediated quinolone resistance

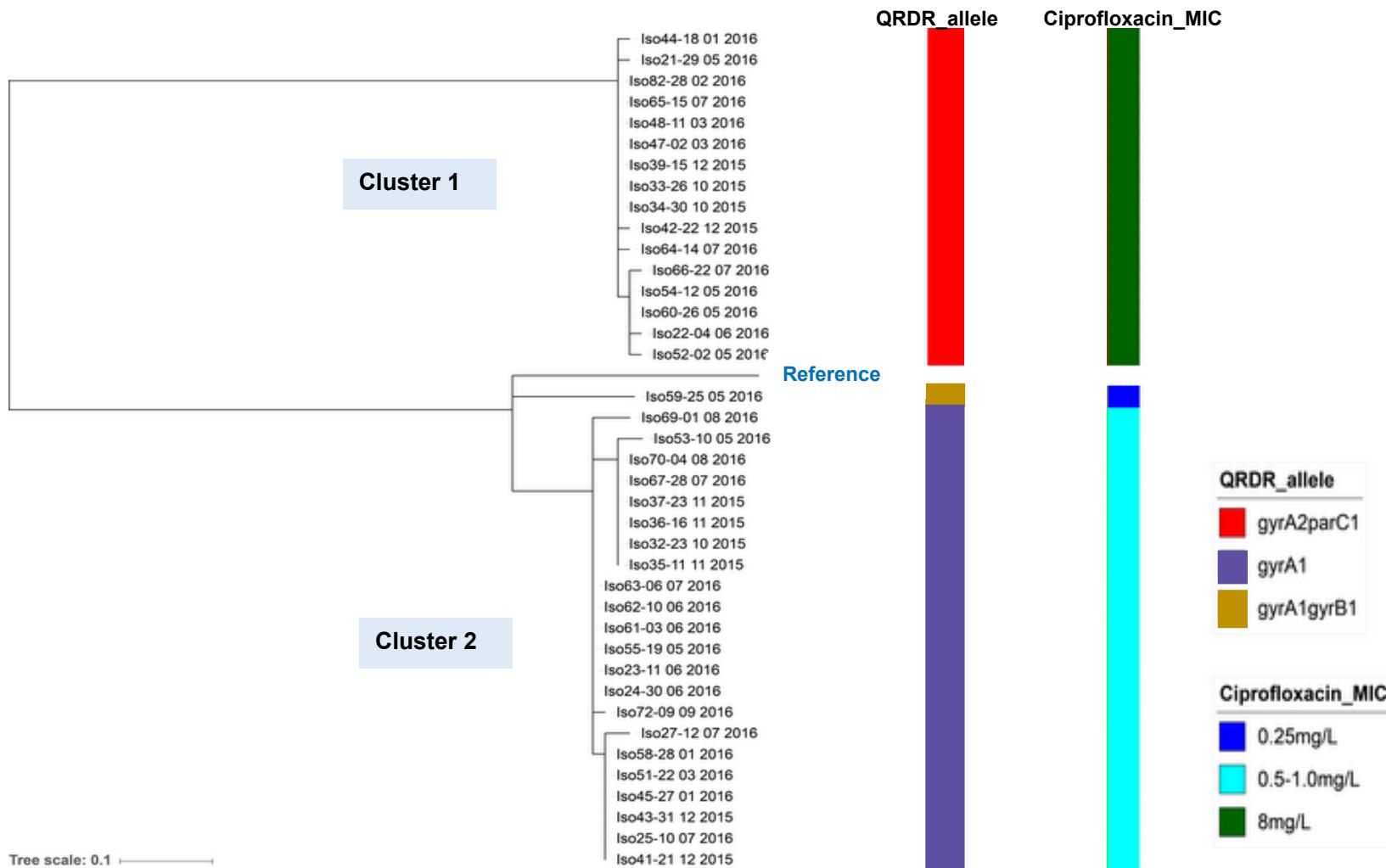
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Results: phylogenetic analysis

Core SNP phylogeny of *Salmonella enterica* Typhi isolates from febrile patients in Yangon, Myanmar, 2015-2016



Core SNP phylogeny of *Salmonella enterica* Paratyphi A isolates from febrile patients in Yangon, Myanmar, 2015-2016



Phylogenetic analysis of *Salmonella enterica* ser. Typhi in the regional context

- **Analysed with:**
 - previously sequenced isolates from neighbouring countries from South and South-East Asia regions
 - two Myanmar isolates with subclades 4.3.1
- **Findings:**
 - subclade 4.3.1 (H58): n=39 (100%)
 - Cluster 1 closely related to an *S. enterica* Typhi from India, 2012
 - Cluster 2 closely related to 2 traveler-associated Myanmar subclade 4.3.1 isolates from 2010 and 2011 and 2 MDR strains from India from 2012

Conclusion

- Identified circulating strains of *Salmonella enterica*, 2015-2016
- Identified fluoroquinolone resistance in all
- Detected underlying genetic mechanism
- Forms the basis for future surveillance, epidemiological studies and research on enteric fever in Myanmar
- Highlights the need for continuous surveillance and typing
- Consideration for vaccine introduction if outbreak occur

Acknowledgement

- Study participants

- Febrile illness study team members

- Co-authors



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- University of Otago, Christchurch (David R. Murdoch)

- Collaborators

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Thank you
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