TABLE 2. Treatment outcome for patients with respect to detection of CTX-M-2-producing P. mirabilis isolates

Patient	Antibiotic used after isolatio	n of bacteria"	Treatment	Coisolates
no.	During persistent detection	Upon eradication	outcome ^b	CARSONINA
1	CFP-SUL, FMOX, CFZ		Failure	S. aureus, Streptococcus agalactiae
2	CDR		Failure	K. pneumoniae, E. faecalis
3	CFP-SUL, LVX		Indeterminate	ND
4	LVX, CDR, CFP-SUL		Failure	P. aeruginosa
5	LVX, CFZ, CFP-SUL, IPM/CS, ISP, CDR		Failure ^d	MRSA, E. faecalis, P. aeruginosa
6	CFP-SUL, FMOX, IPM/CS		Indeterminate ^d	E. faecalis
7	LVX	TMP, FMOX	Eradication	. ND
8	LVX, TMP, CFPN-PI, GAT	•	Failure	ND .
9	CFP-SUL, CDR		Failure	ND
10	LVX		Failure	MRSA, S. agalactiae
11	IPM/CS, MIN		Indeterminate ^d	ND
12	22 12, 200, 1000	FMOX, LVX	Eradication ^d	Tatumella ptyseos
13	ISP, CFP-SUL	CFP-SUL, CAZ	Eradication ^d	ND
14	CAZ		Failure ^d	E. faecalis, S. haemolyticus, E. cloacae, MRSA
15	FMOX		Indeterminate ^d	P. aeruginosa, S. aureus, K. oxytoca
16	LVX		Indeterminate	E. faecalis
17			Indeterminate	MRSA, Morganella morgannii
18	LVX		Indeterminate .	ND
19		KAN, MTZ, LVX	Eradication	ND

[&]quot;CFP-SUL, cefoperazone-sulbactam; FMOX, flomoxef; CFZ, cefazolin; CDR, cefdinir; LVX, levofloxacin; IPM/CS, imipenem/cilastatin; ISP, isepamicin; TMP, trimethoprim-sulfamethoxazole; CFPN-PI, cefcapene-pivoxil; GAT, gatifloxacin; MIN, minocycline; CAZ, ceftazidime; KAN, kanamycin; MTZ, metronidazole.

that ward, 44 to 83 years old, 16 males and 3 females, from July 2001 to August 2002 (Table 1). Of 19 nonduplicated isolates, 9 isolates (strains 2, 3, 5, 6, 7, 13, 14, 17, and 19) were recovered from indwelling catheter urine samples, six isolates (strains 4, 8, 9, 11, 12, and 18) were from midstream urine samples, two isolates (strains 10 and 16) from catheter urine samples, one (strain 1) from an operative wound, and one (strain 15) from sputum. The common underlying disease was urogenital malignancies, including bladder cancer in nine patients, prostatic cancer in four patients, followed in order by renal failure in three, bladder stone in two, and stomach cancer as well as pyelonephritis in one patient. Cefazolin and cefoperazonesulbactam had been administered most frequently in 12 patients, and levofloxacin had been prescribed to 11 patients within 30 days before isolation of the multiresistant P. mirabilis.

Table 2 shows the outcomes of antibiotic therapy for 19 patients after detection of the isolates, in which 12 patients were traceable for evaluation. Eradication was achieved in four patients with sulfamethoxazole-trimethoprim and flomoxef for patient 7, flomoxef and levofloxacin for patient 12, cefoperazone-sulbactam and ceftazidime for patient 13, and kanamycin, metronidazole, and levofloxacin for patient 19. In eight patients, *P. mirabilis* isolates were persistently detected despite the therapy with cefoperazone-sulbactam (patients 1, 4, 5, and 9), flomoxef (patient 1), imipenem/cilastatin (patient 5), and ceftazidime (patient 14). Treatment outcome could not be evaluated in seven patients due to lack of bacteriological follow-up in four and death from underlying disease in three patients. In 11 of 19 patients, other bacterial species were isolated besides *P. mirabilis*; *Enterococcus faecalis*, methicillin-

resistant Staphylococcus aureus, and Pseudomonas aeruginosa were predominant. Moreover, no ESBL producers were detected among eight bacterial strains belonging to the family Enterobacteriaceae or P. aeruginosa isolated from 19 patients.

Determination of antibiotic susceptibility. MICs of antimicrobial agents for 19 clinical isolates are shown in Table 3. These isolates showed very similar susceptibility profiles, characterized by elevated MICs of cefotaxime (MICs, >128 µg/ml), ceftriaxone (MICs, >64 μg/ml), cefpodoxime (MICs, >64 μg/ ml), aztreonam (MICs, 8 to >16 μg/ml), while they were susceptible to ceftazidime (MICs, ≤0.5 µg/ml). For all isolates, the MICs of cefotaxime were decreased drastically to ≤0.12 µg/ml in the presence of 4 µg of clavulanic acid per ml, whereas the MICs of ceftazidime for these strains were not obviously influenced by the presence of clavulanic acid. The MICs of cefoperazone-sulbactam were 8 to 32 µg/ml. MICs of other B-lactams, imipenem and melopenem, for the same strains were 2 µg/ml and ≤0.5 µg/ml, respectively. There was a trend towards resistance to gentamic (MICs, 2 to >8 µg/ml), minocycline (MICs, >8 µg/ml), and levofloxacin (MICs, 2 to >4 µg/ml) among the isolates.

β-Lactamase study. The production of **β**-lactamase was detected by the P/Case test, which can distinguish between penicillinase (benzylpenicillin as the substrate) and cephalosporinase (cephaloridine and clavulanic acid as the substrate). Penicillinase production was detected in all 19 strains tested. With the double-disk synergy test, expanded growth-inhibitory zones indicative of class A **β**-lactamase production were observed with cefotaxime, ceftazidime, and aztreonam disks among all 19 strains (data not shown). MICs of cefotaxime (>128 μ g/ml) decreased dramatically to ≤0.12 μ g/ml in the

h Indeterminate, lack of necessary information.

e ND, not detected; MRSA, methicillin-resistant S. aureus.

d Died due to underlying disease.

TABLE 3. Antibiotic susceptibilities of clinical *P. mirabilis* isolates presented in Table 1

Antibiotic(s)	MIC (µg/ml) ^b distribution (no. of isolates tested)		
Ampicillin	>16 (19)		
Amoxicillin/CLA	4/2 (19)		
Piperacillin	>64 (19)		
Cefazolin	>16 (19)		
Cefotiam	>16 (19)		
Cefoperazone/SUL	8/4 (2), 16/8 (14), 32/16 (3)		
Cefotaxime	>128 (19)		
Cefotaxime/CLA	≤0.12/4 (19)		
Ceftazidime	≤0.5 (19)		
Ceftazidime/CLA	≤0.12/4 (19)		
Ceftriaxone	>64 (19)		
Cefpirome	>16 (19)		
Cefepime	>32 (19)		
Cefozopran	>16 (19)		
Cefaclor	>16 (19)		
Cefpodoxime	>64 (19)		
Cefoxitin	4 (10), 8 (8), 32 (1)		
Cefmetazole	≤4 (18), 32 (1)		
Cefotetan	≤0.5 (19)		
Flomoxef	≤1 (17), 2 (2)		
Imipenem	2 (19)		
Meropenem	≤ 0.5 (19)		
Aztreonam	8 (2), >16 (17)		
Gentamicin	2 (4), 8 (1), >8 (14)		
Amikacin	4 (5), 8 (14)		
Minocycline	>8 (19)		
Levofloxacin	2 (1), >4 (18)		
Fosfomycin	>16 (19)		

[&]quot; NEG Combo 5J and NEG MIC 5J panels, and ESBL plus Panal were used for MIC determination.

presence of 4 μg of clavulanic acid per ml, suggesting the production of a CTX-M type class A β -lactamase (Table 2).

PCR and sequencing of bla_{CTX-M-2} gene. The preliminary PCR search revealed that all 19 *P. mirabilis* isolates showed 780-bp amplification products for bla_{CTX-M-2} genes, whereas no amplicons were observed for bla_{TEM}, bla_{SHV}, bla_{CTX-M-1}, or bla_{CTX-M-9}. The entire coding sequences of the bla_{CTX-M-2} gene and flanking regions were subsequently amplified with more specific primers for bla_{CTX-M-2}, M-2-F and M-2-R, and

sequenced on both strands. The BLAST analysis of the nucleotide sequences and the deduced protein sequences showed that *P. mirabilis* isolates produced CTX-M-2 group β-lactamase (4).

SmaI-digested genomic DNA profiles. The SmaI-digested genomic DNAs of 19 clinical isolates were classified into five different clusters (Fig. 1). Thirteen isolates of strains 1, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 17 had the same restriction profiles (pattern I), while the patterns of strains 15, 18, and 19 differed from pattern I in only one band (pattern II). The patterns of strains 4 (pattern III) and 16 (pattern IV) were different from each other in three bands and differed in two bands from pattern I. Therefore, these 18 isolates were clonally related. The pattern of strain 2 (pattern V) was completely distinguishable from those of 18 isolates (Fig. 1).

DISCUSSION

ESBL production in P. mirabilis was first documented in 1993 (17), and the increase in clinical prevalence of ESBLproducing strains has recently been noted in survey studies in separate geographic areas, including the United States, Europe, and Asia. The proportion of ESBL-positive isolates has increased from 0.8% of P. mirabilis isolates in 1991 (17) to 6.9% in 1998 (13) in France. Surveillance studies conducted in the United States and Italy showed 9.5% and 8.8% ESBL prevalence among P. mirabilis isolates, respectively (22, 37). TEM-derived ESBLs showing a wide diversity were the most predominant among ESBLs (5, 11, 22, 24, 28, 33), but other enzymes belonging to group 2be (7, 36) have also been observed in P. mirabilis. Because of the production of such diverse class A β-lactamases in P. mirabilis, as well as its predilection for the urinary tract, the emergence and proliferation of multidrug resistant P. mirabilis could pose a threat, especially in catheterized patients with malignancy as a cause of subsequent nosocomial infections.

To our knowledge, this is the first report of a nosocomial outbreak of infections caused by CTX-M-2-producing P. mirabilis strains in a Japanese medical institution. Nineteen isolates found in its urology ward were initially speculated to produce CTX-M-type class A β -lactamase, since consistent high MICs

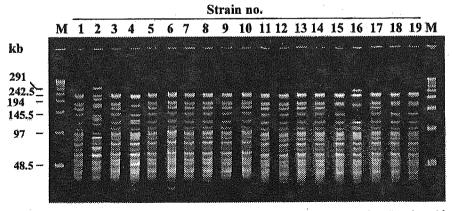


FIG. 1. Profiles of the genomic DNAs of 19 P. mirabilis isolates producing CTX-M-2 β-lactamase after digestion with SmaI. See Table 1 for the origins and backgrounds of the isolates. Lane M, lambda DNA ladder as molecular size markers.

of cefotaxime, ceftriaxone, cefpodoxime, and aztreonam were observed for these strains. The drastic reduction in the MICs of cefotaxime in the presence of clavulanic acid supported this speculation. Guidelines for screening and confirmatory tests for ESBL producers have been established by the National Committee for Clinical Laboratory Standards (26). These guidelines apply specifically to K. pneumoniae, E. coli, and Klebsiella oxytoca. However, the incidence of ESBLs producers has also been increasing in many other genera belonging to the family Enterobacteriaceae such as Citrobacter, Enterobacter, Morganella, Proteus, Providencia, Salmonella, Serratia, and other gram-negative bacilli (8). This is also the case in our medical center, where nosocomial infection due to ESBL-producing Acinetobacter baumannii has recently been identified (unpublished data).

In our experience, the NCCLS guidelines could be applicable for detection of CTX-M-2 producers among P. mirabilis that produce no intrinsic AmpC cephalosporinases, although some modification in the NCCLS criteria might be needed. This would be of critical importance to be able to detect ESBL and CTX-M-type β -lactamase producers for effective clinical management of patients with infections by reliable and appropriate therapeutic options. Thus, accurate monitoring of ESBL prevalence would be mandatory to promote hospital infection control procedures.

The production of ESBL is alternatively confirmed by the double-disk synergy test, by which a synergistic effect on growth inhibition is observed with the coexistence of clavulanic acid and broad-spectrum cephalosporins, including cefotaxime, ceftazidime, or aztreonam. This test was also useful to detect CTX-M-2 production in P. mirabilis strains. The NC-CLS recommends, however, reporting that Klebsiella spp. and E. coli strains producing ESBLs may be clinically resistant to therapy with penicillins, cephalosporins, or aztreonam, despite apparent in vitro susceptibility to some of these agents. This recommendation might cause confusion, implying that ceftazidime may be ineffective for treatment of infections caused by cefotaxime-resistant strains that produce CTX-M-type β -lactamase despite the fact that strains producing only CTX-M-type β -lactamase seem highly susceptible to ceftazidime.

As a practical matter, eradication of CTX-M-2-producing P. mirabilis isolates was successfully achieved by therapy with ceftazidime in patient 13, although combination therapy with cefoperazone-sulbactam was employed in this case. However, ceftazidime therapy alone failed to eradicate the organism in patient 14 (Table 2). There was a difference in treatment regimens between these two cases. Continuous administration of ceftazidime (1 g/day intravenously) for 8 days was used for patient 13, while two courses of 3-day-repeated administration of the same dosage at a 19-day interval was administered to patient 14. Furthermore, while patient 13 was infected only with P. mirabilis, patient 14 had polymicrobial infection with E. faecalis, Staphylococcus haemolyticus, Enterobacter cloacae, and methicillin-resistant S. aureus in addition to CTX-M-2-producing P. mirabilis. This, together with the incomplete antibiotic therapy, might explain the poor therapeutic response to ceftazidime in patient 14. To our knowledge, no clinical evidence obtained by double-blind clinical trials supporting the ineffectiveness of ceftazidime for infections with CTX-M-type producers has been reported. Clinical studies to address this issue should be conducted immediately to either corroborate or call into question the NCCLS recommendation.

Most patients from whom CTX-M-2-producing P. mirabilis strains were isolated had urological malignancies and longterm catheterization. All patients had received antibiotic therapy for 30 days before isolation of P. mirabilis, in which cefazolin, cefoperazone-sulbactam, and/or levofloxacin had been most frequently administered. Among the antibiotics used after detection of the organisms, cefoperazone-sulbactam, imipenem/cilastatin, and flomoxef showed low MICs. However, eradication with cefoperazone-sulbactam was noted in only one (patient 13) of five patients, and it was ineffective in combination with isepamicin. Since CTX-M-type enzymes can hydrolyze cefoperazone and tend to be hardly blocked by sulbactam, CTX-M producers usually demonstrate insusceptibility or resistance to the combination of cefoperazone-sulbactam (41). Thus, random or uniform prescription of cefoperazone-sulbactam may induce nosocomial spread of gram-negative bacilli which produce CTX-M-type enzymes.

Actually, 12 of 19 patients were prescribed cefoperazone-sulbactam prior to the isolation of CTX-M-2-producing *P. mirabilis*. The imipenem/cilastatin used in one patient (patient 5) proved in ineffective. Flomoxef was used in three patients (patients 1, 7, and 12), and eradication was achieved in the latter two cases. Levofloxacin, which tends to be preferentially used in urinary tract infections in Japan, showed high MICs for *P. mirabilis* isolates and seemed ineffective for most of the eight patients for whom it was used. These findings suggest difficulties in eradication of CTX-M-2-producing *P. mirabilis* strains even with antibiotics with low MICs. The biofilm-forming ability of bacteria, including *P. mirabilis*, on urinary catheters may be one reason for the failure to eradicate the organisms.

The restriction profiles of genomic DNAs from 19 *P. mirabilis* isolates shared concordant patterns (pattern I) among 13 isolates (strains 1, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 17), suggesting a clonal expansion of CTX-M-2 producers. Moreover, a clonal relatedness among five isolates (strains 15, 18, 19, 4, and 16 corresponding to patterns II, III, and IV) was also indicated. These five strains presumably relate to the previous 13 strains with pattern I. However, the pattern of strain number 2 (pattern V) was apparently distinct from those of the other 18 isolates classified as patterns I, II, III, and IV. These findings suggested that a nosocomial outbreak of 18 clonally related isolates and one isolate subjected to a different genetic lineage had occurred in a certain ward carrying the same CTX-M-2 β-lactamase determinant.

The Dienes test, which visualizes a unique feature of the swarming ability of *P. mirabilis*, has been utilized for an epidemiologic typing method (31), which we adopted in the present study for initial epidemiologic characterization of isolates. The 16 isolates demonstrating pattern I or II were indistinguishable and formed one Dienes type, whereas one isolate with patterns III and one isolate with pattern V formed independent Dienes type. Furthermore, one isolate subjected to pattern IV showed less than detectable swarming ability (data not shown). While the Dienes test was indeed partially applicable for typing of *P. mirabilis*, the biased sinusoidal field gel electrophoresis employed in this study was much more useful

for the epidemiological analyses, although it requires skill and involves somewhat complicated procedures.

Infection control at the initial stage of the outbreak was difficult due to frequent patient transfers within the urology ward. Eventually, the outbreak was successfully brought under control by intensive surveillance, improvement of facilities including disinfection equipment, prudent use of antibiotics, and due precautions to prevent contact transmission of microorganisms. The most effective measures to prevent the further spread of CTX-M-2 β -lactamase-producing P- mirabilis were rapid identification of colonization status of such bacteria among all immunocompromised patients with severe urological disorders by periodic urine culturing at admission and once-per-week follow-up testing with informed consent.

In our medical center, first- and third-generation cephalosporins have been preferentially used as first-line drugs. Carbapenems and penicillins as well as first- and third-generation cephalosporins have accounted for the great majority. These antibiotics might well provide selective pressure for proliferation of the CTX-M-2 producers. Early recognition of bacterial strains possessing antimicrobial resistance would contribute to an appropriate antibiotic treatment regimen that would be essential for prevention of nosocomial infections.

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A New TEM-Derived Extended-Spectrum β -Lactamase (TEM-91) with an R164C Substitution at the Ω -Loop Confers Ceftazidime Resistance

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A new plasmid-mediated TEM-derived extended-spectrum β -lactamase, TEM-91, was identified in a ceftazidime-resistant (MIC, >128 μg per ml) Escherichia coli strain isolated in 1996 in Japan. TEM-91 has three amino acid substitutions, R164C, M184T, and E240K, compared with TEM-1 penicillinase. The isoelectric point (p1), K_m , and k_{cut} of TEM-91 for ceftazidime were 5.7, 179 μ M, and 29.0 s⁻¹, respectively. The K_i of clavulanic acid for ceftazidime hydrolysis was 30.3 nM.

Since broad-spectrum \(\beta\)-lactams, including expanded-spectrum cephalosporins, cephamycins, and carbapenems, are efficacious agents for the control of infectious diseases caused by gram-negative bacilli, the emergence and proliferation of such microorganisms that have acquired consistent resistance to the above-mentioned antimicrobial agents are becoming actual impediments in clinical settings (2, 3, 11). For instance, the worldwide proliferation of extended-spectrum-\(\beta\)-lactamase (ESBL)-producing clinical isolates belonging to the family Enterobacteriaceae, such as Escherichia coli and Klebsiella pneumoniae, is creating real problems in the provision of high-grade medical treatment, including organ transplantations, surgical operations, and chemotherapy for patients with malignancies (6, 7). More than 119 TEM-related β-lactamases, including inhibitor-resistant enzymes and TEM-derived ESBLs that hydrolyze oxyimino-cephalosporins and monobactams, have been recorded to date (12; Jacoby, G. A., and K. Bush, Amino acid sequences from TEM, SHV, and OXA extendedspectrum and inhibitor resistant \(\beta \end{aligned} -lactamases \inttp://www .lahey.org/studies/webt.htm]). According to the report by the National Nosocomial Infections Surveillance system conducted by the Centers for Disease Control and Prevention in the United States, K. pneumoniae resistant to oxyimino-cephalosporins increased to >10% in intensive care units in 2001 (5), and most of these strains are speculated to be ESBL producers. In Japan, however, only a few TEM-derived ESBLs have been reported, although several E. coli and K. pneumoniae strains producing CTX-M-type enzymes, including Toho-1, or SHVderived ESBLs, such as SHV-12, have been isolated in geographically separate medical institutions (9, 23, 24). In this study, a new TEM-derived ESBL, TEM-91, possessing three amino acid substitutions, R164C, M182T, and E240K, was characterized.

The ceftazidime (CAZ)-resistant E. coli strain HKY322 was isolated from a urine sample of a patient in 1996, and the MIC of CAZ for this strain was >128 µg per ml. The strain, how-

ever, was susceptible to other oxyimino-β-lactams, such as cefotaxime, as shown in Table 1. The CAZ resistance was transferred to E. coli CSH2 (F- metB Nar Rifr) by conjugation analysis (10) concurrently with the transmission of a resident large plasmid. The inhibition tests with clavulanic acid and PCR analyses suggested that this strain produced a TEM-type enzyme. An EcoRI-digested DNA fragment carrying the gene for CAZ resistance in strain HKY322 was ligated with a cloning vector, pBCSK+, and CAZ resistance was expressed in E. coli XL1-Blue cells by a transformation with the recombinant plasmids. The antibiotic susceptibility profiles of the parental strain HKY322 and the clone E. coli XL1-Blue(pBCTEM91) are shown in Table 1. Strain HKY322 showed resistance to CAZ, as well as to ampicillin and piperacillin, but did not show resistance to other oxyimino-cephalosporins, such as cefotaxime (MIC, 4 μ g/ml) and ceftriaxone (MIC, 1 μ g/ml) (Table

Nucleotide sequencing analyses of both strands of the cloned DNA fragment were performed with an ABI Prism 377 DNA sequencer using the M13 universal primer and truncated mutants made with a deletion kit (Takara Co. Ltd., Kyoto, Japan). From cloning and sequencing analyses of the genetic determinant for CAZ resistance, strain HKY322 was found to produce a new TEM-derived ESBL, TEM-91. Four point mutations were found in the coding region of the bla_{TEM-91} gene compared with the bla_{TEM-1A} gene (EMBL accession number X54604), and these mutations caused three amino acid substitutions, R164C, M182T, and E240K, numbered according to the residue numbering scheme for class A β-lactamases by Ambler et al. (1) and Leflon-Guibout et al. (16) (Table 2).

The purification of TEM-91 from bacterial culture of *E. coli* XL1-Blue(pBCTEM91) was performed according to the methods described previously (14) with a HiLoad 16/60 Superdex 200 prepgrade column (Pharmacia Biotech, Uppsala, Sweden) preequilibrated with 50 mM Tris-HCl buffer (pH 8.0). Anionic-exchange chromatography was performed on a HiTrap Q HP column (Pharmacia Biotech) preequilibrated with the same buffer by using a high-performance liquid chromatography system (Pharmacia Biotech). Proteins were eluted with a linear gradient of 0 to 500 mM NaCl in the same buffer. Fractions with activity were pooled and concentrated with an Ultra-

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TABLE 1. Susceptibilities of E. coli HKY322 producing TEM-91 and transconjugant to β-lactams and β-lactam-β-lactamase inhibitor combinations

P. 1		····			M	IIC (μg/ml) ^a					
E. coli strain	AMP	CER	CAZ	CAZ-CLA 4	CTX	CTX-CLA 4	СРМ	MOX	CMNX	ATM	IPM
HKY322 XL1-Blue-(pBCTEM91) XL1-Blue	>128 128 4	128 64 2	>128 64 <0.5	0.5 <0.5 <0.5	4 1 <0.5	<0.5 <0.5 <0.5	16 2 <0.5	2 1 <0.5	<0.5 1 <0.5	32 8 <0.5	<0.5 <0.5 <0.5

Abbreviations: AMP, ampicillin; CER, cephaloridine; CAZ, ceftazidime; CLA, clavulanic acid; CTX, cefotaxime; CPM, cefpirome; MOX, moxalactam; CMNX, cefminox; ATM, aztreonam; IPM, imipenem. The number after "CLA" indicates concentration (micrograms per milliliter).

free-15 centrifugal filter device (Millipore Corporation, Bedford, Mass.). This elution process was repeated four times. Fractions with activity were then passed through the size exclusion and anion-exchange columns once again. The purified enzymes were used for subsequent \(\beta \)-lactamase assays. To determine the isoelectric point (pI), 10 µl of purified enzyme solution was loaded onto an Immobiline DryStrip (pHs 3 to 10; Pharmacia Biotech) with an IPGphor electrophoresis system (Pharmacia Biotech). The pI of TEM-91 was 5.7.

TEM-91 was assayed against various β-lactam substrates at 30°C in 50 mM phosphate buffer (pH 7.0) with an autospectrophotometer (model V-550; Nihon Bunko Ltd., Tokyo, Japan). The absorption maxima of the substrates used were as follows: for ampicillin, 235 nm; for aztreonam, 315 nm; for cefotaxime, 264 nm; for CAZ, 272 nm; and for cephaloridine, 295 nm. The molar extinction coefficients were calculated by the method of Seeberg et al. (20). K_m and $k_{\rm cat}$ values were obtained by a Michaelis-Menten plot of the initial steady-state velocities at different substrate concentrations. Inhibition studies were done at 30°C in 50 mM phosphate buffer (pH 7.0) with ampicillin or CAZ as substrates and clavulanate and sulbactam as inhibitors. Kinetic parameters of TEM-91 are shown in Table 3. CAZ was expected to have a relatively low affinity to the TEM-91 compared to those of cephaloridine and cefotaxime, but the relatively high hydrolytic velocity of TEM-91 for CAZ resulted in high hydrolysis of CAZ. However, TEM-91 hardly hydrolyzes cefotaxime, in contrast to TEM-72 (18), which has both the M182T and E240K substitutions. Moreover, TEM-91 showed low hydrolytic capacity $(k_{cat}/K_m =$ 1.32 ×10²) for aztreonam compared to that for CAZ, an infrequent occurrence in ESBLs, where aztreonam and CAZ hydrolysis are often closely associated. This enzyme was blocked effectively by clavulanic acid (K_i for CAZ, 30.3 nM).

R164H and R164S substitutions have been reported for several TEM-enzymes, such as TEM-5 and TEM-46. However, the substitution R164C found in TEM-91 is not common (http://www.lahey.org/studies/webt.htm). Only TEM-87 was reported to possess the R164C substitution, and this enzyme also hydrolyzes CAZ (17). Class A \(\beta\)-lactamases have a conserved structural domain Ω -loop consisting of amino acid residues R164 through D179, and this portion is fastened by a salt bridge across the side chains of R164 and D179 (12, 15, 21, 22, 23). It has also been suggested that steric hindrance of the tight Ω -loop structure toward the bulky 7β side chains of oxyiminocephalosporins results in the poor hydrolytic activity of TEM-1 penicillinase against these substrates (reference 23 and http: //www.lahey.org/studies/webt.htm). From this perspective, it is reasonable to speculate that the hydrolytic activity of TEM-91 for CAZ may well depend on the enlargement of the active-site cavity through distortion of the Ω -loop structure as a result of the R164C substitution, which disrupts the salt bridge between R164 and D179 as was suggested for SHV-24 (14). The E240K substitution just near the active-site pocket of the enzyme would also reduce steric hindrance for bulky 7B functionality of CAZ as well as stabilization of the enzyme (19), and this might well result in the acceleration of the CAZ hydrolysis cycle of TEM-91. Actually, a high level of CAZ-hydrolyzing activity has been reported to occur in TEM-5 (CAZ-1), TEM-24 (CAZ-6), TEM-46 (CAZ-9), and TEM-61, which have E240K as well as the R164S or R164H substitution (http://www.lahev.org/studies /webt.htm).

The substitutions found at R164 are usually R164S and R164H and are caused by point mutations at nucleotide position 692 (CGT-AGT) and at nucleotide position 693 (CGT-CAT), respectively. The R164C substitution found in bla_{TEM-91}, however, is caused by a point mutation at nucleotide position 692 (CGT->TGT). Theoretically, the probability of occurrence of each point mutation should be the same among these three mutation types. The codon usage of UGU is not rare in E. coli, and molecular sizes of simple side chains of Ser (-CH2 OH) and Cys (-CH2 SH) are similar, while a long side chain [-(CH₂)₃ C(NH₂)-N+H₂] of arginine is projected into the active-site pocket in wild-type class A \(\beta\)-lactamases. One might wonder, therefore, why only two enzymes, TEM-87 and TEM-91, have an R164C substitution among the TEMderived enzymes reported, despite the fact that R164S and

TABLE 2. Silent mutations and amino acid substitutions found in TEM-91 compared with TEM-1A and TEM-1B

0.1	Codon (amino acid substitution, position) containing a mutation at position":								
β-Lactamase	209	226	436	604	692	747	917		
TEM-91 TEM-1A TEM-1B	ATG (M, 3) ATG (M, 3) ATG (M, 3)	TTC (F, 8) TTC (F, 8) TT T (F, 8)	GGT (G, 78) GGC (G, 78) GGT (G, 78)	GCG (A, 134) GCG (A, 134) GCT (A, 134)	TGT (C, 164) CGT (R, 164) CGT (R, 164)	ACG (T, 182) ATG (M, 182) ATG (M, 182)	AAG (K, 240) GAG (E, 240) GAG (E, 240)		

[&]quot; Standard numbering schemes for class A \(\beta\)-lactamuses by Ambler et al. (1) and Leflon-Guibout et al. (16). Boldface nucleic acids are the mutation.

TABLE 3. Kinetic parameters for TEM-91 B-lactamase"

A	<i>V</i> (L (1)	5 (V (M-11)	$K_i (nM)^b$	
Agent	K_m (mM)	Kcat (S)	$k_{\rm cat}/K_m \ ({\rm M}^{-1} \ {\rm s}^{-1})$	CLA	SUL
Ampicillin	15.5	94.1	6.07×10^{6}	34.6	33.8
Cephaloridine	31.6	36.3	1.15×10^{6}	ND	ND
Ceftazidime	179	29.0	1.62×10^{5}	30.3	57.9
Cefotaxime	32.1	2.96	9.22×10^4	ND	ND
Aztreonam	94.8	0.0125	1.32×10^{2}	ND	ND

^a Data are mean values from three measurements; each standard deviation was lower than 10%

R164H substitutions have thus far been found in at least 14 and 8 TEM-derived enzymes, respectively (http://www.lahey.org/ studies/webt.htm). The R164C substitution observed in TEM-91 may thus have negative effects on the retention of the tertiary structure or function of this enzyme due to its susceptibility to oxidation or alkylating substances. The R164C substitution may also offset the folding and stability defects that occur with the M182T substitution (8), since substitutions at R164 are often associated with the M182T substitution, as has been observed for TEM-43, TEM-63, TEM-87, and TEM-107 (http://www.lahev.org/studies/webt.htm).

Strains producing TEM-derived ESBLs are still rare in Japan compared with their presence in Western countries, although some CTX-M-related class A B-lactamases, including Toho-1 and CAZ-hydrolyzing SHV-12 (9, 25), and several cephamycin-hydrolyzing class C β-lactamases, such as MOX-1 and CMY-9 (4), have been identified in Japan, as well as carbapenem-hydrolyzing metallo-\beta-lactamases such as IMP-1 (13). Thus, there is a need for more prudent use of broadspectrum β-lactams and intensive surveillance of gram-negative bacilli that have acquired consistent resistance to oxyimino-B-lactams.

Nucleotide sequence accession number. The nucleotide sequence of $bla_{\mathrm{TEM-91}}$ and the deduced amino acid sequence of TEM-91 have been deposited in the EMBL and GenBank nucleotide sequence data banks through the DNA Data Bank of Japan with the assigned accession number AB049569.

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Abbreviations: CLA, clavulanic acid; SUL, sulbactam; ND, not done.

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Plasmid-Mediated 16S rRNA Methylase in Serratia marcescens Conferring High-Level Resistance to Aminoglycosides

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Serratia marcescens S-95, which displayed an unusually high degree of resistance to aminoglycosides, including kanamycins and gentamicins, was isolated in 2002 from a patient in Japan. The resistance was mediated by a large plasmid which was nonconjugative but transferable to an Escherichia coli recipient by transformation. The gene responsible for the aminoglycoside resistance was cloned and sequenced. The deduced amino acid sequence of the resistance gene shared 82% identity with RmtA, which was recently identified as 16S rRNA methylase conferring high-level aminoglycoside resistance in Pseudomonas aeruginosa. Histidine-tagged recombinant protein showed methylation activity against E. coli 16S rRNA. The novel aminoglycoside resistance gene was therefore designated rmtB. The genetic environment of rmtB was further investigated. The sequence immediately upstream of rmtB contained the right end of transposon Tn3, including bla_{TEM}, while an open reading frame possibly encoding a transposase was identified downstream of the gene. This is the first report describing 16S rRNA methylase production in S. marcescens. The aminoglycoside resistance mechanism mediated by production of 16S rRNA methylase and subsequent ribosomal protection used to be confined to aminoglycoside-producing actinomycetes. However, it is now identified among pathogenic bacteria, including Enterobacteriaceae and P. aeruginosa in Japan. This is a cause for concern since other treatment options are often limited in patients requiring highly potent aminoglycosides such as amikacin and tobramycin.

Aminoglycoside antibiotics are widely used in clinical settings, especially for treatment of life-threatening infections caused by gram-negative bacteria. They bind to the highly conserved A-site of the 16S rRNA of the prokaryotic 30S ribosomal subunits, interfering with the protein synthesis with subsequent bacterial death (16). The most frequently encountered mechanism of resistance to aminoglycosides is their structural modification by specific enzymes produced by resistant organisms. The three classes of such enzymes are aminoglycoside acetyltransferases (AAC), aminoglycoside nucleotidyltransferases (ANT or AAD), and aminoglycoside phosphotransferases (APH) (20). Other mechanisms of resistance include ribosomal alterations, efflux of the agents by extrusion pump, or altered permeability leading to reduced uptake (3). While ribosomal protection by methylation of 16S rRNA in aminoglycoside-producing actinomycetes gives highlevel resistance to intrinsic aminoglycosides, no clinical isolate with this mechanism has been found among nosocomial bacteria (5, 6).

However, a novel plasmid-mediated 16S rRNA methylase which conferred an extraordinarily high level of resistance to aminoglycosides was identified quite recently in a *Pseudomonas aeruginosa* clinical strain in Japan (23) and submitted to the DNA Data Bank of Japan in April 2002 (DDBJ accession no. AB083212). It was the first report of aminoglycoside resistance mediated by 16S rRNA methylase in gram-negative bacteria.

Acquisition of such an efficacious resistance mechanism by *P. aeruginosa* was alarming, and there was concern about possible further dissemination of 16S rRNA methylase genes among *P. aeruginosa* and also into other gram-negative bacterial species (23).

Serratia marcescens S-95 isolated from an inpatient in Japan displayed a very high degree of resistance to many aminogly-cosides, including arbekacin. This was an unusual observation, because arbekacin is generally stable under enzymatic modification, and only the bifunctional enzyme AAC(6')-APH(2") is known to confer low-level resistance to arbekacin (15). Quite recently, another putative 16S rRNA methylase, ArmA, conferring high-level resistance to aminoglycosides, was found in a Klebsiella pneumoniae clinical isolate in France (10). The ArmA showed a moderate degree of similarity in amino acid sequence with some 16S rRNA methylases previously reported from actinomycetes. In the present study, we aimed to elucidate the mechanism of the high-level resistance to various aminoglycosides, including arbekacin, found in a clinically isolated S. marcescens strain.

MATERIALS AND METHODS

Clinical background. S. marcescens S-95 was isolated in March 2002 from sputum of a 76-year-old male patient at a 500-bed general hospital in Japan. He was originally admitted due to cerebral hemorrhage, but the course had been complicated with subdural hematoma, bronchial asthma, pneumonia, and uninary tract infection. The patient had received panipenem, minocycline, vancomycin, and levofloxacin in the month before isolation of the strain.

Bacterial strains and plasmids. The strains and plasmids used in the study are listed in Table 1. Bacteria were grown in Luria-Bertani (LB) broth or agar plates (BD Diagnostic Systems, Sparks, Md.) supplemented with appropriate antibiotics.

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TABLE 1. Bacterial strains and plasmids used in this study

Strain	Plasmid	Characteristic(s)
S. marcescens S-95 E. coli CSH2 E. coli XL1-Blue E. coli BL21(DE3)pLysS E. coli BL21(DE3)pLysS	pKRC pKRC pBCSK+ pS95B2 pS95S8 pET29a(+) pS95H5	Clinical isolate from sputum, Kochi, Japan Resistant to rifampin and nalidixic acid supE44 recA1 endA1 gyrA96 thi hsdR17 (r _K ⁻ m _K ⁺) relA1 lac [F' proAB ⁺ lacI ^q ZΔM15::TnIθ(Tet ^r)] Transformant Chloramphenicol-resistant cloning vector Transformant containing a 4.6-kb BamHI fragment with rmtB ligated to pBCSK+Transformant containing a 1.2-kb Sau3AI fragment with rmtB ligated to pBCSK+Kanamycin-resistant cloning-expression vector F ⁻ ompT hsdS _B (r _B ⁻ m _B ⁻) dcm gal, λ(DE3) pLysS Cm ^r Transformant containing a PCR-amplified rmtB ligated to pET29a(+)

Antibiotics and susceptibility testing. The following antibiotics were obtained from the indicated sources: amikacin, Bristol Pharmaceuticals Y. K., Tokyo, Japan; arbekacin, kanamycin, and streptomycin, Meiji Seika Kaisha Ltd., Tokyo, Japan; chloramphenicol, Sankyo Co., Ltd., Tokyo, Japan; gentamicin and sisomicin, Schering-Plough K. K., Osaka, Japan; hygromycin B, Sigma Aldrich Japan K. K., Tokyo, Japan; isepamicin, Asahi Kasei Corporation, Tokyo, Japan; neomycin, Nippon Kayaku Co., Ltd., Tokyo, Japan; rifampin, Daiichi Pharmaceutical Co., Ltd., Tokyo, Japan; and tobramycin, Shionogi Pharmaceutical Co., Osaka, Japan.

MICs were determined by the agar dilution method using Mueller-Hinton agar (BD Diagnostic Systems) and according to the protocol recommended by the National Committee for Clinical Laboratory Standards (17).

Transfer of aminoglycoside resistance genes. Conjugation experiments were conducted using Escherichia coli CSH2 as the recipient by broth mating and filter mating methods (7, 9). Transconjugants were selected on LB agar supplemented with rifampin (50 µg/ml), nalidixic acid (50 µg/ml), and kanamycin (25 µg/ml). Plasmid DNA of S. marcescens S-95 was purified by the method of Kado et al. (13). Transformation of E. coli XL1-Blue with the plasmid DNA of S. marcescens S-95 was performed using standard electroporation techniques. Transformants were selected on LB agar containing kanamycin (25 µg/ml).

Cloning and sequencing of aminoglycoside resistance genes. The basic recombinant DNA techniques were carried out as described by Sambrook et al. (19). The plasmid DNA of S. marcescens S-95 was digested with BamHI, and the resultant fragments were ligated in plasmid vector pBCSK+ (Stratagene, La Jolla, Calif.). Electrocompetent E. coli XL1-Blue was then transformed with these recombinant plasmids. Transformants were selected by resistance to chloramphenicol (30 µg/ml) and kanamycin (25 µg/ml). The enzymes used for gene manipulation were purchased from New England Biolabs, Inc. (Beverly, Mass.) or Takara Bio Inc. (Otsu, Japan). The DNA sequences were determined on both strands using BigDye Terminator Cycle Sequencing Ready Reaction kits and an ABI 3100 DNA sequencer (Applied Biosystems, Foster City, Calif.). The alignments of nucleotide and amino acid sequences were performed with GENETYX-MAC (version 10.1.1; Software Development Co., Ltd., Tokyo, Japan).

Preparation of 308 ribosomal subunits. 308 ribosomal subunits of *E. coli* XL1-Blue were prepared as described by Skeggs et al. (21). After ultracentrifugation with sucrose density gradients, fractions corresponding to 308 ribosomal subunits were collected and concentrated by centrifugation with an Ultrafree-15 centrifugal filter device (Millipore Corporation, Bedford, Muss.). The purity of the 308 ribosomal subunits was checked by denatured agarose gel electrophoresis of 168 rRNA derived from the material, and the 308 ribosomal subunits were stored at -80°C in aliquots until use.

Expression and purification of histidine-tagged RmtB. For use in methylation assays, RmtB was purified using a histidine-tag purification system. The entire coding region of mmB was amplified by PCR with primers MBH-F (5'-GGAA TTCCATATGAACATCAACGATGCCCT-3') and MBH-R (5'-CCGCTCGA GTCCATTCTTTTTATCAAGTA-3'). The product was partially double digested with Nde1 and Xho1, and ligated to pET29a(+) (Novagen, Madison, Wis.) double digested with the same enzymes. Electrocompetent E. coli XL1-Blue was transformed with the recombinant plasmids, and transformants were selected on LB agar containing arbekacin (20 μg/ml). Several colonies obtained were found to harbor plasmids with inserts encoding RmtB tagged with six histidine residues at the C-terminal end. E. coli BL21(DE3)pLysS (Novagen) was transformed with one such plasmid, pS95H5. The transformants were cultured in 1 liter of LB broth supplemented with kanamycin (25 μg/ml) to an optical density (A₆₂₀) of approximately 0.7. IPTG (isopropyl-b-thiogalactopyranoside) (0.5 mM) was then added to the culture, and a further 2-h incubation was conducted before

harvesting. The pellet was washed once with 50 mM phosphate buffer (pH 7.0) and suspended in 20 mM phosphate buffer (pH 7.4) containing 10 mM imidazole. The suspension was passed through a French pressure cell (Ohtake Works Co., Ltd., Tokyo, Japan) at 120 MPa twice and then centrifuged at 30,000 × g for 30 min. Histidine-tagged RmtB contained in the supernatant was purified using HiTrap Chelating HP included in the HisTrap kit (Amersham Biosciences, K. K., Tokyo, Japan) according to the manufacturer's instructions. It was eluted at an imidazole concentration of 300 mM, and found to be over 95% pure by sodium dodecyl sulfate-polyacrylamide gel electrophoresis. Finally, the enzyme was dialyzed at 4°C against 2 × 200 volumes of HRS buffer (10 mM HEPES-KOH, pH 7.5; 10 mM MgCl₂; 50 mM NH₄Cl; 3 mM 2-mercaptoethanol) and stored at -80°C in aliquots until use.

Methylation assny of 16S rRNA. The reaction mixtures for methylation experiments contained 10 pmol of 30S ribosomal subunits from E. coli X1.1-Blue, 10 pmol of histidine-tagged RmtB, and 2.5 μCi of [methyl-3-H]S-adenosyl methionine (SAM) and were adjusted to 100 μl with methylation buffer (50 mM HBPES-KOH, pH 7.5; 7.5 mM MgCl₂; 37.5 mM NH₄Cl; 3 mM 2-mercaptoethanol). In control experiments, histidine-tagged RmtB was replaced by an equal volume of HRS buffer. The reactions were carried out at 35°C, and 30-μl aliquots of reaction mixtures were sampled at 0, 10, and 30 min, respectively. Each sample was purified immediately using an RNeasy Mini kit (QIAGEN K. K., Tokyo, Japan) according to the instructions provided by the manufacturer. The eluate (50 μl) containing purified 16S rRNA was spotted on DEAE Filtermat for MicroBeta (Perkin-Elmer Life Sciences Japan Co., Ltd., Tokyo, Japan). The filter mat was then covered with MeltiLex for MicroBeta filters (Perkin-Elmer) on a hot plate. Finally, it was applied to 1450 MicroBeta TRILUX (Perkin-Elmer), and the radioactivity of each spot was determined.

Nucleotide sequence accession number. The entire nucleotide sequence containing *mtB* and determined in this study appears in the EMBL/GenBank/DDBJ databases under accession number AB103506.

RESULTS

Aminoglycoside resistance of *S. marcescens* S-95. The MICs of aminoglycosides for *S. marcescens* S-95 are listed in Table 2. S-95 showed a high level of resistance to kanamycin, tobramycin, amikacin, arbekacin, gentamicin, sisomicin, isepamicin, streptomycin (MIC, >1,024 µg/ml), and hygromycin B (MIC, 128 µg/ml), but not neomycin.

Transfer of aminoglycoside resistance. The aminoglycoside resistance of *S. marcescens* S-95 could not be transferred to the recipient *E. coli* strain CSH2 by conjugation despite repeated attempts. However, the aminoglycoside resistance could be transferred to *E. coli* XL1-Blue by electroporation, and the resultant transformants harbored a large nonconjugative plasmid of the parental strain, which was designated pKRC.

Cloning of aminoglycoside resistance gene. Competent cells of *E. coli* XL1-Blue were electrotransformed with recombinant plasmids of pBCSK⁺ carrying a *Bam*HI-digested fragment of total DNA from *S. marcescens* S-95. Transformants obtained with selection by kanamycin and chloramphenicol were found

TABLE 2. Results of antibiotic susceptibility testing

A 2 1	MIC (µg/ml)							
Aminoglycoside	S. marcescens S-95	E. coli XL1-Blue(pKRC)	E. coli XL1-Blue(pS95B2)	E. coli XL1-Blue(pS95S8)	E. coli XL1-Blue(pBCSK+)			
Kanamycin	>1,024	>1,024	>1,024	>1,024	0.5			
Tobramycin	>1,024	1,024	64	128	0.25			
Amikacin	>1,024	1,024	1.024	>1,024	0.5			
Arbekacin	>1,024	256	256	1,024	0.13			
Gentamicin	>1,024	>1,024	1,024	1,024	0.13			
Sisomicin	>1,024	>1,024	128	512	0.13			
Isepamicin	>1,024	>1,024	1,024	1,024	0.25			
Neomycin	2	0.5	0.5	0.5	0.5			
Hygromycin B	128	16	. 8	16	16 .			
Streptomycin	1,024	128	0.5	0.5	2			

to possess recombinant plasmids with a 4.6-kb BamHI insert. One such plasmid (pS95B2) was selected for further study. The 1.2-kb Sau3AI fragment was recloned with BamHI-cleaved pBCSK+, and the resultant recombinant plasmid was assigned pS95S8. The MICs of aminoglycosides for E. coli XL1-Blue (pKRC), XL1-Blue(pS95B2), and XL1-Blue(pS95S8) are listed in Table 2. The spectrum of resistance of XL1-Blue(pS95B2) included aminoglycosides belonging to the kanamycin and gentamicin groups, while the degree of resistance was generally lower than that of the parental strain. MICs of aminoglycosides for XL1-Blue(pS95S8) were generally higher than those for XL1-Blue(pS95B2), and this might due to probable multicopy effect of small plasmid. Both transformants were susceptible to streptomycin and neomycin. XL1-Blue(pKRC) carrying the large plasmid from S-95 was resistant to streptomycin as well. This streptomycin resistance was attributed to the presence of the integron-borne streptomycin resistance gene aadA2 on pKRC (data not shown).

DNA sequencing of pS95B2. The entire 4.6-kb insert of pS95B2 was sequenced in the search for a kanamycin-gentamicin resistance determinant. The overall structure of the sequenced region is depicted in Fig. 1. The first 1.4 kb comprised the right end of Tn3 and included part of tnpR and blaTEM, ending with the right-hand inverted repeat (11). An open reading frame encoding 251 amino acids was located immediately downstream of the inverted repeat. It showed 82% amino acid identity with rmtA, which was recently reported as an aminoglycoside resistance gene encoding 16S rRNA methylase in a P. aeruginosa clinical isolate (23), and therefore was designated rmtB. A comparison of deduced amino acid sequences of RmtA and RmtB is shown in Fig. 2. The identity of amino acid residues between RmtB and ArmA was 29%. Identities with other 16S rRNA methylases produced by Streptomyces and Micromonospora species were generally lower. Amino acid identities of RmtB were 33 and 32% with GrmB and Sgm methylases of sisomicin-producing Micromonospora rosea and Micromonospora zionensis, respectively (14); 32% with GrmA methylase of gentamicin-producing Micromonospora purpurea (14): 31% with Kmr methylase of kanamycin-producing Streptomyces kanamyceticus (8); 30% with FmrO methylase of fortimicin-producing Micromonospora olivasterospora (18); and 27% with KgmB of nebramycin-producing Streptomyces tenebrarius (12). The putative promoter region of rmtB appeared to be located within the right-hand end of Tn3, just upstream of the inverted repeat (Fig. 1b). The nucleotide sequence upstream of *rmtB* shared no significant similarity with that of *rmtA*. On the other hand, the sequences downstream of the two genes showed 78% identity for approximately 0.8 kb and then diverged. The only other open reading frame identified was truncated at the end of the cloned insert. The available sequence indicated that it encoded at least 358 amino acids, which shared 99% identity with Orf2, a transposase-like protein of *Salmonella enterica* serovar Typhimurium (2), and 56% identity with Orf513, a putative transposase known to be associated with *sul1*-type complex integrons (9).

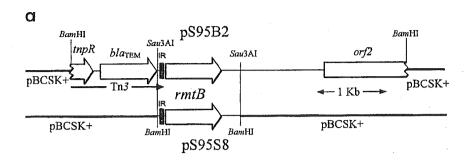
Methylation activity of RmtB. Histidine-tagged RmtB-producing $E.\ coli\ XL1$ -Blue demonstrated a high-level resistance to arbekacin (MIC, >128 µg/ml), as well as to the other aminoglycosides (data not shown). Therefore, this recombinant protein was purified and used as the enzyme in the methylation assay. The result is depicted in Fig. 3. The vigorous incorporation of radiolabeled methyl groups into 16S rRNA of 30S ribosomal subunits from $E.\ coli\ XL1$ -Blue in the presence of purified RmtB confirmed that RmtB was in fact a functional 16S rRNA methylase.

DISCUSSION

Ribosomal protection by methylation of 16S rRNA has been known as a principal mechanism of aminoglycoside resistance among some aminoglycoside-producing organisms such as *Streptomyces* spp. and *Micromonospora* spp. Although production of such 16S rRNA methylases confers a very high level of aminoglycoside resistance to the producers, it had been thought that this mechanism was confined to environmental bacterial species without clinical relevance (5, 6).

This picture changed when a P. aeruginosa clinical strain AR-2 was found to produce 16S rRNA methylase, which conferred an extremely high level of resistance (MIC, >1,024 μ g/ml) to a wide spectrum of aminoglycosides (23). The responsible gene, rmtA, was located on a self-transmissible plasmid, and therefore further dissemination of the gene among P. aeruginosa and other gram-negative bacteria was anticipated (23).

In fact, the present study identified the emergence of an S. marcescens clinical strain producing 16S rRNA methylase. This novel enzyme RmtB conferred high-level resistance to various aminoglycosides. The spectrum included 4,6-disubstituted deoxytreptamine aminoglycosides such as kanamycin, tobramycin, amikacin, arbekacin, gentamicin, sisomicin, and isepami-



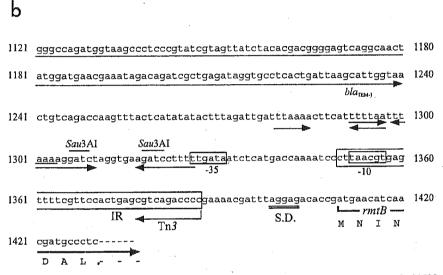


FIG. 1. (a) Schematic presentation of the 4.6-kb BamHI fragment of pS95B2 and 1.2-kb Sau3AI fragment of pS95S8. Shaded boxes indicate terminal inverted repeats (IR) of Tn3. The 1.2-kb insert of pS95S8 carries only IR and the rmtB gene as well as its possible promoter. (b) Region upstream of the rmtB gene. The nucleotide sequence containing the inverted repeat (IR) of the transposon 3 (Tn3) and region upstream of the rmtB gene are shown. The open reading frame of bla_{TEM} is terminated at ^{1,238}ΓAA. Several dyad symmetries are indicated with horizontal arrows. Possible -35 and -10 regions are boxed. IR sequence of Tn3 is enclosed with an open oblong box. A Shine-Dalgarno-like sequence (S.D.) (^{1,399}AGGAG) is located just upstream of the initiation codon (¹⁴¹⁰ATG) of the rmtB gene.

cin. However, RmtB did not confer resistance to neomycin, streptomycin, and hygromycin B, all of which have different aminocyclitol components. This resistance pattern is consistent with that conferred by RmtA and includes most of the parenteral bactericidal aminoglycosides administered for serious infections caused by gram-negative bacteria (23).

RmtB shared 82% identity with RmtA of *P. aeruginosa*, while its similarity with the 16S rRNA methylases of the genera *Streptomyces* and *Micromonospora* was relatively low (up to 33%). As to the origin of the cluster of enzymes including RmtB and RmtA, at this stage we assume that the responsible genes have been mobilized to *S. marcescens* and *P. aeruginosa* independently from some yet unidentified aminoglycoside-producing bacterial species which are likely related to one another.

In previous studies, crude extracts of the 16S rRNA methylase-producing organisms were used as the enzyme for methylation assays (21, 22, 23). The incorporation rate of SAM was approximately twofold compared with controls in these re-

ports. For improved specificity, we constructed histidinetagged RmtB, which rendered its producer resistant to kanamycins and gentamicins. The protein was readily purified and subsequently used for methylation assay in place of crude enzyme. As a result, vigorous methylation of 16S rRNA could be observed, resulting in more than a 20-fold difference in the rate of incorporation of SAM between the RmtB-containing reaction mixtures and controls (Fig. 3).

16S rRNA methylases produced by aminoglycoside-producing actinomycetes are known to confer either a kanamycingentamicin resistance pattern or a kanamycin-apramycin resistance pattern (5). The MICs shown in Table 2 indicate that RmtB belongs to the former group of enzymes. GrmB produced by *M. purpurea*, which belongs to the kanamycin-gentamicin group, was previously shown to methylate G1405 within the A-site of 16S rRNA, resulting in resistance of the producer to kanamycin and gentamicin but not neomycin or apramycin (1). This methylation is known to prevent the formation of hydrogen bonds with ring III of gentamicin C1a, a

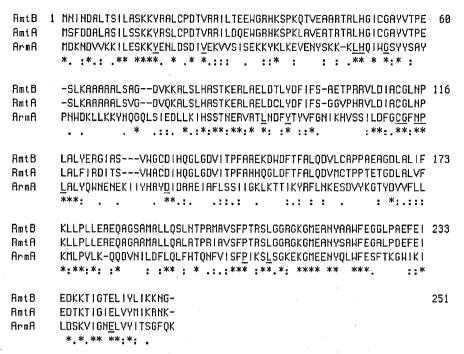


FIG. 2. Alignment of the deduced amino acid sequence of RmtB with those of RmtA and ArmA. Asterisks indicate amino acid identities, and dots denote conserved replacements. Residues conserved among representative 16S rRNA methylases (GenBank accession no. AB083212, AB103506, AY220558, M55520, M55521, M87057, S60108, and Y15838) are underlined.

major component of gentamicin which usually interacts with G1405 • C1496 and U1406 • U1495 base pairs (24). We may therefore speculate that RmtB methylates a nucleotide within the A-site in a similar fashion.

rmtB was carried on a large plasmid, pKRC, which was nonconjugative but transferable to E. coli by electropora-

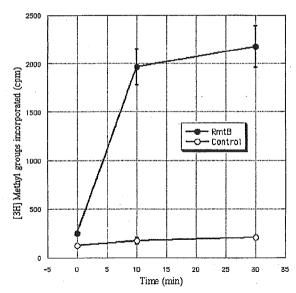


FIG. 3. Methylation of 16S rRNA. The 16S rRNA from *E. coli* XL1-Blue was incubated with purified RmtB using [methyl-³H]SAM as a cofactor. The value of each point was calculated with three data points. Error bars, standard deviations.

tion. The neighboring sequence of rmtB was interrupted only 22 bp upstream of the initiation codon in the presence of Tn3. However, the 0.8-kb region downstream of rmtB shared significant identity with the corresponding region of rmtA, thus reenforcing the idea that the two genes may have come from similar bacterial species. The mode of acquisition of rmtB by pKRC was not clear from the sequence information obtained in this study alone. This large plasmid also possessed an integron-mediated streptomycin resistance gene, aadA2, so the aminoglycoside-resistant phenotype seen in S-95 could be accounted for solely by the presence of pKRC. The integron is a well-recognized DNA recombination system that mediates the integration of antibiotic resistance genes through site-specific recombination (4). Future acquisition of additional antibiotic resistance genes by pKRC may well be possible.

Nosocomial bacteria producing RmtB or RmtA have been uniformly pan-resistant to 4,6-disubstituted deoxytreptamines, which cannot be accounted for by production of a single aminoglycoside-modifying enzyme except for the bifunctional enzyme AAC(6')-APH(2") produced by some methicillin-resistant Staphylococcus aureus strains. When a gram-negative pathogen with high-level resistance (MIC, >128 µl/ml) to both gentamicin and amikacin or tobramycin is detected in the clinical laboratory, additional susceptibility testing using arbekacin may prove useful. If the MIC of arbekacin exceeds 128 µl/ml, it strongly suggests that the strain produces 16S rRNA methylase.

In conclusion, we have described the emergence of highlevel aminoglycoside resistance mediated by production of a novel 16S rRNA methylase in an S. marcescens clinical isolate. Dissemination of rmtB to other enterobacterial species as well as among S. marcescens is of concern.

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PCR Typing of Genetic Determinants for Metallo-β-Lactamases and Integrases Carried by Gram-Negative Bacteria Isolated in Japan, with Focus on the Class 3 Integron

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From January 2001 to December 2002, 587 strains of gram-negative bacterial isolates demonstrating resistance to ceftazidime and a combination of sulbactam and cefoperazone were subjected to a disk diffusion screening test using sodium mercaptoacetic acid; 431 strains (73.4%) appeared to produce metallo-β-lactamase (MBL). Of these 431 strains, 357 were found by PCR to carry genes for IMP-1 type MBL (bla_{IMP-1}), while only 7 and 67 strains carried the IMP-2 gene (bla_{IMP-2}) and the VIM-2 gene (bla_{VIM-2}), respectively. Neither VIM-1 nor SPM-1 type MBL genes were found among the strains tested. Of 431 strains, 427 carried the intII gene, and 4 strains carrying both the intII and intI3 genes were reidentified as Pseudomonas putida harboring bla_{IMP-1}. Of these four P. putida strains, three strains and one strain, respectively, were separately isolated from two hospitals located in the same prefecture, and the three strains showed very similar pulsed-field gel electrophoresis patterns. Of 357 bla_{IMP-1} carriers, 116, 53, 51, 47, and 30 strains were identified as Pseudomonas aeruginosa, Alcaligenes xylosoxidans, P. putida/fluorescens, Serratia marcescens, and Acinetobacter baumannii, respectively. Four strains carrying bla_{IMP-2} were reidentified as P. putida. Sixty-three P. aeruginosa strains and four P. putida strains carried bla_{VIM-2}. Of 427 intI1-positive strains, 180, 53, 51, 47, and 35 were identified as P. aeruginosa, A. xylosoxidans, P. putida/fluorescens, S. marcescens, and A. baumannii, respectively. In the present study, it was confirmed that strains carrying bla_{IMP-1} with a class 1 integron are the most prevalent type in Japan, although several intI3 carriers have also been identified sporadically in this country.

Since metallo-β-lactamases (MBLs) can hydrolyze a very wide range of broad-spectrum β-lactams, MBL-producing gram-negative bacteria usually demonstrate consistent resistance to a variety of broad-spectrum β-lactams, including oxy-iminocephalosporins, cephamycins, and carbapenems, which are the last resort for control of infections caused by gram-negative bacteria. Thus, MBL-producing gram-negative bacteria have been recognized to be among the most important nosocomial pathogens (3), and further proliferation of these strains in clinical settings will pose a serious global problem in the future (8). For this reason, aggressive surveillance of MBL producers with respect to the classification of the genetic determinant for MBLs as well as the integron will be extremely important.

At least three major groups of plasmid-mediated MBLs—the IMP, VIM, and SPM types—have been recognized world-wide, and their genetic determinants are often associated with integrons (5, 9). IMP-1-producing Serratia marcescens was initially identified in Japan in 1991 (14), and in 1997 VIM-1 and SPM-1 producers were also isolated, in Italy (10) and Brazil (23), respectively. After these reports, variants of these MBL types have been reported from almost every global region. For the IMP and VIM types of MBLs, at least 12 and 6 variants, respectively, have been published or reported to date (http://www.lahey.org/studies/other.stm#table 1). Moreover, genes

for these MBLs are usually located in integrons that successfully accumulate many antibiotic-resistant gene cassettes as a gene cluster (22).

At least nine genetically different integrons have been identified in various bacterial species (5), and class 1 (9), class 2 (16), and class 3 (1) integrons are often found in pathogenic gram-negative bacilli including *Pseudomonas aeruginosa*, *Pseudomonas putida*, *Acinetobacter* spp., *Escherichia coli*, *S. marcescens*, *Citrobacter freundii*, and *Salmonella* spp. (15). Among these integrons, those in class 1 and class 3 have been reported to carry genetic determinants for MBLs. An IMP-1 type MBL associated with a class 1 integron was initially found in an *S. marcescens* clinical isolate in Japan (14), and integron-associated IMP-1 type MBLs were subsequently found in various gram-negative bacterial species such as *Klebsiella pneumoniae*, *C. freundii*, *Enterobacter aerogenes*, *Enterobacter cloacae*, *E. coli*, *Proteus vulgaris*, *Acinetobacter* spp., *Alicaligenes* spp., and *P. putida* (2, 20, 21).

In 1993, a class 3 integron-mediating IMP-1 was first identified by Arakawa et al. in an S. marcescens strain isolated in Japan (1). The organization of a class 1 integron that carries the gene for IMP-1 type MBL was characterized for P. aenuginosa (9). Although various class 1 integrons that convey MBL genes have been reported from a variety of gram-negative bacterial species isolated from different geographical regions, only a few isolates carrying class 3 integrons have been reported to date. Recently, intl3, a genetic determinant for class 3 integrons, was identified in a class A β-lactamase (GES-1)-producing K. pneumoniae strain isolated in Portugal (EMBL accession no. AY219651). This finding may suggest the poten-

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TABLE 1. PCR primers for detection of MBL and integrase genes

Gene	Primer name (sequence)	Expected size of amplicon (bp)	Reference or source
MBL genes			
bla _{IMP-1}	F1 (5'-ACC GCA GCA GAG TCT TTG CC-3') R1 (5'-ACA ACC AGT TTT GCC TTA CC-3')	587	This study
$bla_{ ext{IMP-2}}$	F2 (5'-GTT TTA TGT GTA TGC TTC C-3') R2 (5'-AGC CTG TTC CCA TGT AC-3')	678	This study
$bla_{ m VIM-I}$	F3 (5'-AGT GGT GAG TAT CCG ACA G-3') R3 (5'-ATG AAA GTG CGT GGA GAC-3')	261	24
$bla_{ m VIM-2}$	F4 (5'-ATG TTC AAA CTT TTG AGT AAG-3') R4 (5'-CTA CTC AAC GAC TGA GCG-3')	801	17"
$bla_{\mathrm{SPM-1}}$	F5 (5'-GCG TTT TGT TTG TTG CTC-3') R5 (5'-TTG GGG ATG TGA GAC TAC-3')	786	This study
Integrase genes	· ·		
intII	F6 (5'-GCA TCC TCG GTT TTC TGG-3') R6 (5'-GGT GTG GCG GGC TTC GTG-3')	457	This study
intI2	F7 (5'-CAC GGA TAT GCG ACA AAA AGG T-3') R7 (5'-GTA GCA AAC GAG TGA CGA AAT G-3')	789	This study
intI3	F8 (5'-ATC TGC CAA ACC TGA CTG-3') R8 (5'-CGA ATG CCC CAA CAA CTC-3')	922	This study
Coamplification of the intl3-bla _{IMP-1} region	F9 (5'-GGT CTT GTA GGC TGT AAT TG-3') R9 (5'-TTG TGG CTT GGA ACC TTT AC-3')	609	This study

[&]quot;Since the nucleotide sequence appearing in reference 17 has a typographical error, the accurate sequence is shown in this table.

tial for a future worldwide dissemination of bacteria carrying class 3 integrons in addition to the widely dispersal of class 1 integrons. In the present study, we characterized the types of MBLs and integrons found in various gram-negative bacteria isolated in Japanese clinical environments.

MATERIALS AND METHODS

Bacterial strains. From January 2001 to December 2002, 978 strains belonging to gram-negative bacterial species were submitted to the reference laboratory for antibiotic resistance at the Department of Bacterial Pathogenesis and Infection Control, National Institute of Infectious Diseases, Tokyo, Japan, for typing and/or characterization of B-lactamases, including extended-spectrum B-lactamases (ESBLs), AmpC or CMY type class C cephamycinases, and class B MBLs. Of these strains, 587 demonstrating high-level resistance to both ceftazidime and sulbactam-cefoperazone (MICs, ≥128 µg/ml) were selected for screening of MBL production, because, from our experience, most MBL-producing gramnegative bacteria demonstrate very high levels of resistance to these agents. In the case of Acinetobacter baumannii, however, strains for which MICs of ceftazidime and sulbactam-cefoperazone were ≥16 µg/ml were also selected for screening in order to prevent overlooking of MBL producers. This is because several MBL-producing Acinetobacter strains were found to demonstrate lowlevel resistance to these agents in our preliminary study, and no data were available on the distribution of MICs of ceftazidime and sulbactam-cefoperazone for MBL-producing Acinetobacter spp. Stenotrophomonas maltophilia and Chryseobacterium spp., which produce chromosomal MBLs, were excluded from this study. Strains to be tested were collected from 108 Japanese hospitals, with only one strain selected from each patient.

Screening of MBL producers. Strains selected by the criteria described above were subjected to a screening test for MBL production by using disks containing an MBL inhibitor (2). Two Kerby-Bauer disks containing 30 µg of ceftazidime and one disk containing 3 mg of sodium mercaptoacetic acid (SMA) (Eiken Chemical Co. Ltd., Tokyo, Japan) were used in the screening test. When the strains produce MBL together with a large amount of ESBL, AmpC cephalosporinase, or CMY type enzymes as well as bacterial membrane alterations, no evident expansion of the growth inhibition zone around the ceftazidime disk tends to appear. For such strains, a disk containing 10 µg of imipenem or meropenem was used instead of the ceftazidime disk. However, disks containing 10 µg of imipenem or meropenem are not suitable for screening all strains that produce MBL only, because the MICs of imipenem and meropenem for several MBL producers are lower than 8 µg/ml, as reported in previous studies (2, 20). Appearance of a large growth inhibition zone around the disks containing imi-

penem or meropenem sometimes leads to an incorrect judgment. Several samples of the SMA-test results are shown in Fig. 1.

PCR detection of genes for MBLs and integrases. Although PCR analysis can predict only the approximate types of genes, it is suitable for testing a large number of samples at the same time. In the present study, therefore, we used this method for the rough classification of genetic determinants for MBLs and integrases. PCR analyses for the detection of MBL genes were carried out for all strains for which the screening test using SMA disks gave positive results. PCR amplification for the detection of genes for MBL and integrases was performed according to the method reported by Senda et al. (20), using each positive-control strain to avoid false-negative results. The PCR primers for bla_{VIM-1} and bla_{VIM-2} were used with the same PCR conditions as those for the other types of MBL genes. The five primer sets used in this study for amplifying MBL genes are shown in Table 1. PCR amplification of integrase genes was also performed as described above, by using three primer sets shown in Table 1.

Sequencing analyses of PCR amplicons. Sequencing analyses on both strands were performed on five amplicons in each bla_{IMP-I}, bla_{IMP-2}, or bla_{VIM-2} positive strain and on five amplicons in the intII-positive strain. All four amplicons from intI3-positive strains were sequenced from both sides. PCR amplicons were purified by use of the Qiaquick PCR purification kit (Qiagen K.K., Tokyo, Japan) prior to the labeling reaction. DNA sequences were determined by using BigDye Primer Cycle Sequencing Ready Reaction kits (Applied Biosystems, Foster City, Calif.) and an ABI model 377 DNA sequence analyzer (Perkin-Elmer Applied Biosystems, Foster City, Calif.). Nucleotide and amino acid sequences were analyzed by the GENETYX program (version 11.0, available at http://www.sdc.co.jp/genetyx/, SDC Co. Ltd., Tokyo, Japan) and were submitted to the DNA Data Bank of Japan (DDBJ) database to check the identity or similarity of each sequence by using FASTA (http://www.ddbj.nig.ac.jp/E-mail/homology-j.html).

PCR analysis of the relationship between the intI3 and bla_{1MP-1} genes. A PCR primer set (Table 1) was made for coamplification of the intI3 and bla_{1MP-1} genes. By this PCR analysis, a fragment containing the 5' regions of both the intI3 and bla_{1MP-1} genes is able to be amplified, so that the distance and relationship between the intI3 and bla_{1MP-1} genes can be measured.

Reidentification of bla_{VIM-2} or intl3-positive strains of P. putida [fluorescens. It is sometimes difficult to distinguish P. putida from Pseudomonas fluorescens by the routine identification protocol that depends on biochemical profiles. Therefore, four strains of P. putida/fluorescens carrying bla_{VIM-2} were reidentified by a sequencing analysis of their 16S rRNA according to the method described previously (19). Four intl3-positive strains of P. putida/fluorescens were also reidentified in the same manner.

Pulsed-field gel electrophoretic (PFGE) analysis of intI3-positive strains.

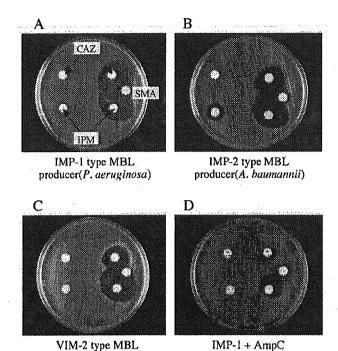


FIG. 1. Inhibition test for detection of MBL producers by use of SMA. Sample results of inhibition tests using SMA for detection of strains producing IMP-1, IMP-2, or VIM-2 type MBLs are shown. For MBL-producing strains, a clear expansion of the growth inhibition zone appears between the disks containing ceftazidime and SMA, respectively (A to C). In strains producing MBL as well as ESBLs or AmpC or CMY type cephalosporinases, the expansion of the growth inhibition zone is usually unclear. For such strains, the use of disks containing imipenem or meropenem instead of ceftazidime is recommended. By this substitution of disks, a clear growth inhibition zone appears between the disks containing imipenem and SMA, respectively (D). The MIC of imipenem or meropenem for MBL producers is sometimes lower than 32 µg/ml, but that of ceftazidime is usually higher than 64 µg/ml. Thus, disks containing 30 µg of ceftazidime are suitable for the first testing to detect MBL producers. IPM, imipenem; CAZ, ceftazidime.

producer(P. aeruginosa)

producer(C. freundii)

Chromosomal DNAs prepared from four strains of *P. putida* were embedded in agarose gel plugs (InCert; Bio-Whittaker Molecular Applications, Rockland, Maine). Plugs were mounted in wells of agarose and electrophoresed after treatment with reaction mixtures according to the method described previously (20).

RESULTS

Screening of MBL production by using an SMA disk. Of 587 strains tested, 431 (73.4%) appeared to produce MBL, as determined by the screening tests using disks containing a thiol compound (2), SMA. P. aeruginosa (n = 116), Alcaligenes xylosoxidans (n = 53), P. putidalfluorescens (n = 51), S. marcescens (n = 47), A. baumannii (n = 30), K. pneumoniae (n = 23), and E. coli (n = 17) were the main species of SMA test-positive strains (Table 2). One hundred fifty-six strains were SMA negative even when a combination of disks containing imipenem and SMA, respectively, were used together. Since many of these strains were susceptible to meropenem, they were speculated to be either producers of class A enzymes

TABLE 2. Results of screening tests using SMA disks

Part of Landon	No. of str	ins testing:	Total
Bacterial species	Positive	Negative	TOTAL
Pseudomonas aeruginosa	180	48	228
Pseudomonas putida/fluorescens	55	1	56
Alcaligenes xylosoxidans	53	0	53
Serratia marcescens	47	9	56
Acinetobacter baumannii	35	13	48
Klebsiella pneumoniae	23	16	39
Escherichia coli	17	40	57
Enterobacter cloacae	5	8	13
Burkholderia cepacia	5	2	7
Citrobacter freundii	3	8	11
Klebsiella oxytoca	2	4	6
Providencia rettgeri	2	0	2
Alcaligenes faecalis	1	0	1
Morganella morganii	1	2	3
Acinetobacter Iwoffii	1	1	2
Enterobacter aerogenes	1	3	4
Proteus spp.	0	1.	1
Total	431	156	587

such as ESBLs, hyperproducers of chromosomal class C enzymes, or producers of plasmid-mediated AmpC and CMY type cephamycinases; some of them may also acquire altered membrane permeability to β -lactams. Further characterization of these strains will be performed in the next study.

PCR typing of MBL genes. Of 431 SMA-positive strains, 357 appeared to carry $bla_{1\text{MP-1}}$ or one of its mutants such as $bla_{1\text{MP-3}}$ or $bla_{1\text{MP-6}}$, which are indistinguishable from $bla_{1\text{MP-1}}$ with the PCR primers and conditions used in this study. Of these 357 strains, 116, 53, 51, 47, 30, and 23 were identified as *P. aeruginosa*, *A. xylosoxidans*, *P. putidalfluorescens*, *S. marcescens*, *A. baumannii*, and *K. pneumoniae*, respectively (Table 3). Sixty-seven and seven strains appeared to carry $bla_{\text{V1M-2}}$ and $bla_{\text{1MP-2}}$, respectively, and all these strains harbored the

TABLE 3. Number of strains of each MBL type among SMA testpositive strains

D	No. o	f strains o	f type:	Total no.
Bucterial species	IMP-1	IMP-2	VIM-2	of strains
Pseudomonas aeruginosa	116	1	63	180
Pseudomonas putida/fluorescens	51	0	4"	55
Alcaligenes xylosoxidans	53	0	0	53
Serratia marcescens	47	0	0	47
Acinetobacter baumannii	30	5	0	35
Klebsiella pneumoniae	23	0	0	23
Escherichia coli	17	0	0	. 17
Enterobacter cloacae	5	0	0	5
Burkholderia cepacia	5	0	0	5
Citrobacter freundii	3	0	0	3
Klebsiella oxytoca	2	0	. 0	2
Providencia rettgeri	2	0	0	2
Alcaligenes faecalis	1	0	0	1
Morganella morganii	1	0	0	1
Acinetobacter lwoffii	0	1	0	1
Enterobacter aerogenes	1	0	0	. 1
Total	357	7	67	431

[&]quot;These strains were reidentified as P. putida.

TABLE 4. Combination of MBL and intl genes among all SMA test-positive strains

Type of MBL	No. of folic into	Total no. o	
	int[]	intI1 + intI3	
IMP-1	353	4"	357
IMP-2	7	0	7
VIM-2	67	0	67
Total	427	4	431

[&]quot; Reidentified as P. putida.

intI1 gene (Tables 3 and 4). No isolate carrying two or more different types of MBL genes together was found among the strains tested. Of $67 \, bla_{VIM-2}$ -positive strains, $63 \, were \, P. \, aeruginosa$ and the remaining 4 were reidentified as $P. \, putida$ (Table 3) by 16S rRNA sequencing. As for seven bla_{IMP-2} -positive strains, one was $P. \, aeruginosa$ and five were $A. \, baumannii$ (Table 3). All SMA-positive strains were found to carry one of the MBL genes tested in this study, although no strain harboring bla_{VIM-1} or bla_{SPM-1} was detected among them.

PCR typing of integrase genes. Of 431 SMA-positive strains, 427 appeared to carry the *intI1* gene. Among these 427 strains, 180, 53, 51, 47, 35, and 23 were identified, respectively, as *P. aeruginosa*, *A. xylosoxidans*, *P. putida/fluorescens*, *S. marcescens*, *A. baumannii*, and *K. pneumoniae*. Only four strains appeared to carry both the *intI1* and *intI3* genes, and these were reidentified as *P. putida* (Table 4) by sequencing of 16S rRNA as well as by the conventional identification protocol depending on the characteristic biochemical properties of each bacterial species. Of 51 *P. putida/fluorescens* strains harboring only the *intI1* gene, 47 and 4 appeared to carry *bla*_{IMP-1} and *bla*_{VIM-2}, respectively (Table 5). All four *P. putida* strains positive for both the *intI1* and *intI3* genes carried the IMP-1 type MBL gene. The four *intI1*-positive strains carrying the VIM-2 type MBL gene were also reidentified as *P. putida* (Table 5).

Sequencing analyses of bla and intl genes. The nucleotide sequences of 15 amplicons, consisting of 5 $bla_{\rm IMP-1}$, 5 $bla_{\rm IMP-2}$ and 5 $bla_{\rm VIM-2}$ amplicons, were consistent with the types predicted by the preceding PCR analyses, at least within the sequenced areas. Similarly, the nucleotide sequences of nine amplicons, consisting of five intl1 and four intl3 genes, also coincided with the results predicted by the PCR analyses.

Relationships of the intl3 and bla_{IMP-1} genes. According to the result of a PCR analysis using a set of primers for ampli-

TABLE 5. Combination of MBL and intl genes in P. putida/fluorescens

Type of MBL	No. of follo inte	Total no. o	
	intll	intll + intl3	
IMP-1	47	4ª	51
VIM-2	4"	0	4
Total	51	4	55

[&]quot; Reidentified as P. putida.

fication of a 609-bp fragment in the intI3- bla_{1MP-1} region (Table 1), the intI3 gene was suggested to be located adjacent to the bla_{1MP-1} gene in the configuration reported previously (1) in all four P. putida strains carrying both the intI3 and bla_{1MP-1} genes.

P. putida strains carrying both the intI1 and intI3 genes. Of four P. putida strains carrying both the intI1 and intI3 genes, three were isolated at hospital A and one was isolated at hospital B; both these hospitals are located in Mie Prefecture. Table 6 shows the clinical associations of these four strains. The SpeI-digested genomic DNA patterns of the four clinical isolates were classified into two types (Fig. 2). The three strains isolated in hospital A, NCB 01-121, NCB 02-182, and NCB 02-204, demonstrated very similar PFGE patterns, suggesting a clonal lineage.

DISCUSSION

Since 1988, transferable carbapenem resistance has been found in several P. aeruginosa strains isolated in Toyama Prefecture, Japan (12, 25). In 1991, an IMP-1 type MBL, initially characterized in a strain of S. marcescens, gave high-level resistance to various broad-spectrum \(\beta\)-lactams including imipenem (6, 14). This strain was isolated in a hospital in Aichi Prefecture and had the intII gene just upstream of the bla_{IMP-1} gene cassette on the chromosome. In 1993, several S. marcescens strains harboring a plasmid-mediated bla_{1MP-1} gene were also identified in Aichi Prefecture (1, 6). Several of these strains were found to carry a novel integron-like element that was classified as a class 3 integron (5). The newly identified class 3 integrase, IntI3, has about 60.9% identity to the previously identified IntI1 at the amino acid sequence level (1). The genomic organization of a class 1 integron was characterized in a bla_{IMP-1}-carrying strain (9) which was isolated in Japan. The emergence and development of carbapenem resistance through the acquisition of genes for MBLs has since become a matter of general concern, especially in gram-negative bacteria (13, 21).

At least three genetically different clusters of MBLs have been found to date: IMP-1 to IMP-12 (4), VIM-1 to VIM-6 (EMBL accession no. AY165025), and SPM-1 (23) have been published or registered with the EMBL/GenBank database. Almost all of their genetic determinants are associated with class 1 integrons, and only a few strains have been found to carry class 3 integrons to date. In the present study, almost all MBL genes were found to correlate with class 1 integrons. To our knowledge, only S. marcescens strain AK9373 and a small number of strains isolated in Aichi Prefecture carry the int13 gene (N. Shibata, Y. Arakawa, H. Kurokawa, Y. Doi, and K. Shibayama, Abstr. 101st Gen. Meet. Am. Soc. Microbiol., abstr. C524, 2001). Recently however, a class 3 integron mediating a gene for a GES-1 type class A \(\beta\)-lactamase, a kind of ESBL, was submitted from Portugal to EMBL/GenBank (accession no. AY219651). Because intI genes are usually accompanied by genes for aminoglycoside-modifying enzymes such as aacA4 or aadA1, these gene cassettes in integrons may be derived from some nonpathogenic bacteria such as aminoglycoside-producing actinomycetes, which are widely distributed in the natural environment. Therefore, the two strains possessing class 3 integrons found in Japan (1) and Portugal may have

Strain no.	Age of patient (yr)	Sex of patient	Disease	Specimen type	Hospital	Date of isolation (mo/yr)
NCB 01-121	77	Male	Prostatic cancer	Urine	A	6/2001
NCB 02-182	79	Male	Cerebral infarction	Urine	Α	5/2002
NCB 02-190	66	Female	Cerebral infarction	Sputum	В	5/2002
NCB 02-204	76	Female	Gallbladder cancer	Biliary tract drainage tube	Α	6/2002

TABLE 6. Clinical associations of P. putida isolates carrying both the intl1 and intl3 genesa

been generated independently of each other by the integration of separate β -lactamase gene cassettes in clinical environments, where the strong influence of antimicrobial agents has continued.

In the present study, we confirmed that class 1 is the most abundant type of integron in Japan, although four *P. putida* strains carrying both class 1 and class 3 integrons have been newly identified. Although the reason why these four strains carry two types of integron is not well understood at present, analyses of the organization and function of class 1 and class 3 integrons in these strains may elucidate their biological advantage in the future. In any case, since *intI3* has already been identified in at least three gram-negative bacterial species (*S. marcescens, K. pneumoniae*, and *P. putida*) isolated from geographically different areas, the emergence and proliferation of class 3 integrons that carry various gene cassettes responsible for multiple antimicrobial resistance may become not so much a local problem as a global issue.

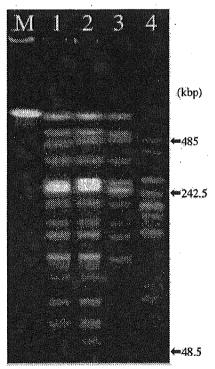


FIG. 2. PFGE of four *P. putida* strains carrying both the *intl1* and *intl3* genes. Lanes: M, size marker for PFGE; 1, *P. putida* strain NCB 01-121; 2, strain NCB 02-182; 3, strain NCB 02-204; 4, strain NCB 02-190. Clinical associations of the strains subjected to this PFGE analysis are listed in Table 6.

It was confirmed that the IMP-1 type of MBL is the most common MBL in Japan at present, although IMP-3 (7) and IMP-6 (27) have also been identified in Japan. Since very few amino acid substitutions exist among IMP-1, IMP-3, and IMP-6, the latter two MBLs are fundamentally variants of IMP-1. It is difficult to confirm whether all the bla_{IMP-1} -positive strains found in this study carry genuine bla_{IMP-1}, since the primer sets used in this study cannot distinguish bla_{1MP-3} and bla_{1MP-6} from bla_{1MP-1} . Strains producing IMP-3 or IMP-6 usually demonstrate susceptibility or low-level resistance to imipenem (MICs, 1 to 16 µg/ml) (7, 27). However, almost all bla_{1MP-1} -positive strains identified in this study, especially in P. aeruginosa and S. marcescens, demonstrated high-level resistance to imipenem (MICs, >32 µg/ml), as was reported previously (6, 18, 20). In any event, the bla_{IMP-1}-positive strains detected in this study appeared to produce MBLs belonging to the IMP-1 complex, consisting mainly of IMP-1 and probably small amounts of its variants, IMP-3 and IMP-6. Detailed typing of the MBLs produced by the 357 bla_{1MP-1}-positive strains will be continued in the next study.

IMP-2 was initially found in A. baumannii in Italy (18), and its variant IMP-8 was also identified in K. pneumoniae in Taiwan (26). In the present study, one strain of P. aeruginosa and five strains of A. baumannii were found to carry the bla_{IMP-2} gene in Japan. IMP-2 is not a variant of IMP-1, since many amino acid substitutions are found between them (18). One has to wonder why IMP-2 has been found in such widely separated geographical regions as Europe and the Far East. The increased frequency of international travel and transportation may well be involved in the transmission of IMP-2 producers, although they may have emerged independently in each area. Precise characterization of the genetic organization of each integron is necessary to determine their origins and relationships.

The present study suggests that VIM-2 producers are also increasing in Japan, especially in *Pseudomonas* spp. VIM-2 was initially identified in France in 1996 (17). VIM-2 producers have occasionally caused outbreaks in many countries recently, including Korea (11), where VIM-2 producers are reportedly increasing (28). It is not well understood why VIM-2 producers are becoming predominant in Korea, a country adjacent to Japan, where IMP-1 producers are very common. A similar observation was made in the isolation of ESBL producers. Strains producing TEM- or SHV-derived ESBLs have been increasing in Korea, while such ESBL producers still remain rare in Japan, though producers of CTX-M type enzymes, including Toho-1, are becoming common in Japan. These discrepancies may depend on differences in the administration of antimicrobial agents.

[&]quot; All these strains were isolated in Mie Prefecture.

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In the present study, 16 gram-negative bacterial species were found to carry genes for at least three types of MBLs. Indeed, although P. aeruginosa, A. xylosoxidans, P. putida/fluorescens, and S. marcescens are the most frequent carriers of MBL genes among these 16 bacterial species, bla_{1MP-1} genes have already been transmitted into various bacterial species belonging to the family Enterobacteriaceae, such as E. coli, E. cloacae, E. aerogenes, C. freundii, K. pneumoniae, Providencia rettgeri, and Morganella morganii, through the mediation of class 1 integrons, which are usually carried on transferable plasmids. Isolation of MBL producers belonging to these bacterial species is still very rare even in Japan, which may be due to the instability of plasmids carrying MBL and integrase genes in these strains. However, the frequency of isolation of MBL producers belonging to these species is also likely to increase in the future, as it already has in P. aeruginosa and S. marcescens, if the gene cassettes or gene clusters locating in integron structures are transposed to stable resident plasmids or chromosomes in each bacterial species.

In hospital A, three strains of *P. putida* carrying *int11*, *int13*, and *bla*_{1MP-1} have been isolated from different patients for more than 12 months. Since these strains demonstrated very similar PFGE patterns, it is suggested that they are a clonal lineage and have been existing in the hospital for nearly 1 year. Since *P. putida* can grow at temperatures below 10°C and tends to be isolated from damp materials and environments such as plant surfaces, mops, sponges, and sinks, these strains might have survived in such nosocomial environments. Indeed, *P. putida* sometimes causes opportunistic infections such as respiratory and urinary tract infections, but its virulence is not as strong as that of *P. aeruginosa*. However, it can fully work as a reservoir of integrons and MBL genes. Thus, we should pay continuous attention even to such low-virulence bacterial species when they carry special genetic determinants such as MBL genes.

The $bla_{1\text{MP-1}}$ genes move together with class 1 or class 3 integrons in many nosocomial gram-negative bacilli. Furthermore, genes for $bla_{1\text{MP-2}}$ and $bla_{V\text{IM-2}}$ have also been dispersing into various non-glucose-fermenting bacteria such as P. putida and A. baumannii. Hence, we should take special precautions against the further global dissemination of integronassociated MBL genes among a variety of nosocomial gramnegative bacterial species.

ACKNOWLEDGMENTS

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