ABSTRACT

**Objectives:** Acinetobacter baumannii is an opportunistic bacterial pathogen with intrinsic and acquired resistance to many antibiotics, resulting in high morbidity and mortality. This study aimed to detect MDR Acinetobacter baumannii and its resistant genes (blaNDM, blaOXA48) from clinical isolates in Khartoum state.

**Methodology:** A cross-sectional hospital-based study was conducted during the period from April to July 2019. A total of 50 clinical isolates were obtained from samples of patients in intensive care units (ICUs) for the purpose of molecular confirming of A. baumannii and detecting NDM and OXA-48 resistance genes by using conventional PCR.

**Results:** Of the 50 isolates examined, 47 (94%) were confirmed to be A. baumannii, and 3 (6%)
were other species. Moreover, the 47 A. baumannii isolates were further examined for the presence of resistant genes and the result showed that NDM gene was detected in 2 isolates (4.3%) and OXA-48 gene was detected in only one isolate (2.1%).

**Conclusion:** There is low prevalence of NDM and OXA-48 Resistant Genes among A. baumannii ICUs isolates. However, continuous regional monitoring of antimicrobial resistance and improvement of infection control measures are required in the intensive care units of Khartoum hospitals to prevent further spread.

**Keywords:** A. baumannii; NDM gene; OXA-48 Resistant.

1. **INTRODUCTION**

The genus *Acinetobacter* is belonging to the family *Moraxellaceae* in the order *Pseudomonadales.* More than 25 species have been described within the genus *Acinetobacter.* The most important species of this genus is *Acinetobacter baumannii* which causes 2-10% of all Gram-negative infections in the United States and Europe. It does not pose a significant risk to healthy individuals, but generally causes infections in people with weakened immune systems. Specifically, the intensive care unit (ICU) [1].

The Genus *Acinetobacter* contains Gram-negative coco-bacilli which are aerobic, non-fermentative, non-motile, catalase positive, oxidase negative and with a G + C content of 39–47%. Four species of *Acinetobacter* including *A. calcoaceticus,* *A. baumannii,* *A. pittii,* and *A. nosocomialis* are similar to each other and difficult to distinguish by phenotypic characteristics. *A. baumannii* is the most common species isolated from human clinical specimens, followed by such species as *A. luffy,* *A. pittii,* *A. nosocomialis,* *A. haemolyticus* and *A. johnsonii* [2,3].

The clinical impact of *Acinetobacter* infection in terms of morbidity and mortality has been discussed widely in which the mortality rates range from 19% to 54%. Infections caused by *A. baumannii* are often treated with cephalosporins including ceftazidime and ceftriaxone, aminoglycosides such as tobramycin and amikacin, carbapenems, and tetracycline. However, to date, most strains of *A. baumannii* have become increasingly resistant to all these currently available antibacterial agents. The clinical significance of *A. baumannii* has grown significantly over the last few decades mainly due to the fact that this species possesses a variety of antibiotic resistance genes on plasmids, transposons and integrons and innate antimicrobial resistance mechanisms such as cell surface structures that prevent the influx of antibiotics which lead to failure of treatment [1].

Polymyxins are well-established antibiotics that have recently regained significant interest as a consequence of the increasing incidence of infections due to multidrug-resistant gram-negative bacteria. Polymyxin Band Colistin are being seriously reconsidered as last-resort antibiotics in many areas where multidrug resistance is observed in clinical medicine. In parallel, the heavy use of polymyxins in veterinary medicine is currently being reconsidered due to increased reports of polymyxin-resistant bacteria. Susceptibility testing is challenging with polymyxins [4].

In 2009, a novel MBL (metalo-beta-lactam), the New Delhi MBL (NDM), was described. ND was first recognized in a *K. pneumonia* isolate from a Swedish patient who had received medical care in India and was soon recognized as an emerging mechanism of resistance in multiple species of *Enterobacteriaceae* in the United Kingdom [5]. However, OXA-48-type carbapenem-hydrolyzing class D β-lactamases are increasingly reported in entrobacterial species. To date, there are six OXA-48-like variants have been recognized, with OXA-48 being the most widespread [6].

*Acinetobacter baumannii* has emerged as a major cause of healthcare-associated infections [1]. It commonly presents resistance to multiple antimicrobial agents, occasionally including carbapenems and polymyxins. Polymyxins are often last-line therapeutic agents used to treat infections caused by multidrug-resistant (MDR) *A. baumannii.* MDR *A. baumannii* is a rapidly emerging pathogen, especially in the intensive care setting, causing infections including bacteremia, pneumonia, meningitis, urinary tract infection and wound infection [4]. Hence healthcare facilities services are poor in Sudan and there are no recent published studies performed concerning detection of MDR.
Acinetobacter baumannii resistant genes (NDM, OXA48) this study was performed.

2. METHODS

2.1 Study Design and Setting

A cross sectional study was performed during the period from April to July, 2019, in eleven different hospitals in Khartoum, Sudan. 50 Acinetobacter baumannii isolates obtained from clinical samples were confirmed using polymerase chain reaction (PCR) with a specific primer for Acinetobacter baumannii (Ac_bum) and for the resistant genes (NDM, OXA48).

2.2 Inclusion and Exclusion Criteria

All clinical isolates obtained from ICU patient samples and containing Acinetobacter baumannii resistant to commonly used antibacterial agent (including Ceftriaxone, cefazidime, colistin, Imipenem, Meropenem and cefotaxime) were included in this study. Patients who had not started treatment for at least 48 days were included in this study. However, Acinetobacter baumannii isolated from other hospital departments were excluded from this study. Any patient under treatment at the time of sample collection was excluded from this study.

2.3 Specimen Collection and Processing

Samples were cultured and A. baumannii was isolated, identified and antibiogram was done to the MDR Acinetobacter spp. The resistant isolates were processed by PCR to confirm the identification of A. baumannii and to determine the presence of the NDM and OXA-48 genes.

2.4 Preservation of the Isolates

Bacterial isolates from clinical samples were identified and preserved using a sterile loop in 15% glycerol brain heart infusion, charcoal in cryo tubes and placed in freezer in -20 °C until use. Each bacterial isolate carries a specific number that is assigned to it for later handling, to restore bacteria from preservative media; Cooling tubes were left to thaw at room temperature, and a sterile full-loop ring was used to line the Muller-Hinton suspension at 37 °C for 24 h.

DNA Extraction: Whole-cell DNAs were extracted from clinical isolates and standard strains by boiling extract procedure, using a few colonies of each bacterial strain re-suspended in 100 μl of DEPC water. After heating at 100°C for 10 minutes, freezing at -80°C for 10 minutes and boiling for five additional minutes, the suspensions were centrifuged (5 min, 10,000 × g) and recovered supernatant was frozen at -20°C until use [7].

Conventional PCR: Conventional PCR amplification was performed for the identification of Acinetobacter baumannii and for the detection of the following genes (NDM, OXA48) using a Maxime PCR master tube. Primers were designed to amplify the inner fragment with a product size of 791 bp for A. baumannii housekeeping gene (-F 5’-AGAGTTTG ATCCTGGCTCAG-3’ and R5’- TACCAAGTTAT CTAACTCTGT-3’) and 597 bp for OXA48 gene (AAGGGCGCAACCA GCATTTTT – 3’and R5’ – TGAGCAGTTTTG TGATGGGT – 3’), and 380 bp for NDM gene (-F 5’-ATGACCA GACGGCCAGAT-3’ and R5’ - CAAGTCGCT CGGCAATCTC-3’).

2.5 Conventional PCR Procedure

The reaction mixture was amplified at the following temperature: initial denaturation at 94° for 2 minutes, 35 cycles of denaturation at 94° for 30 s, annealing at 56° for 50 s and extension at 72° for 50 s. Final extension at 72 degrees for 50 seconds. The product was then subjected to gel electrophoresis to detect the 791 bp, 597 bp, and 380 ppb band size of A. baumannii, OXA48 and NDM genes, respectively.

2.6 Statistical Analysis

Data obtained in this study was analyzed by using SPSS version 20, descriptive analysis were used to describe isolates distribution and frequency and percentage of resistant genes. result has been presented in form of tables and figure.

3. RESULTS

In this study we include 50 isolates of A. baumannii obtained from patients in different Khartoum state hospitals ICUs. The distribution of isolates according to the samples were 28 (56%) from sputum samples, 6 (12%) from Endo-tracheal tube samples. 5 (10%) for blood and wound swabs samples. While only two isolates were obtained from urine culture (4%).
and one isolates (2%), was originated from CSF, catheter tip and body fluid culture respectively [Table 1].

PCR confirmation of isolates illustrate that frequency of A. baumannii was found to be 47 (94%) while 3 (6%) were negative (other Acinetobacter spp) [Fig. 1]. NDM gene was detected in 2 (4.3%) out of 47 A. baumannii PCR confirmed clinical isolates, the two isolates were obtained from sputum and wound swab samples [Fig. 2]. On the other hand, OXA-48 gene was detected in only one isolate (2.1%) out of the 47 confirmed isolates, and this isolate was obtained from sputum sample [Fig. 3].

4. DISCUSSION

Recently, A. baumannii has become one of the major pathogens in hospitals especially in intensive care units. Various factors, including a weakened immune system, consumption of antibiotics, the spread of relatively resistant microorganisms, poor infection control and drug resistance mechanisms, lead to the spread of pathogens that are highly resistant to commonly used antibiotics [1].

Fig. 1. Gel electrophoresis for detection of 791bp A. baumannii isolate gene product. Lane 1. DNA ladder of 100bp. Lane2. Positive control of 791 bp A. baumannii gene product. Lane 3,5,6,7,8 and 9 are showed a typical positive isolate for band size of 791 bp A. baumannii gene product. Lane 4 was negative control.

Fig. 2. Gel electrophoresis for detection of 791bp A. baumannii gene product and 380 bp NDM resistant gene product. Lane 1. DNA ladder of 100bp. For A. baumannii gene, Lane 4 is positive control. Lane 3,5-13 are typical positive isolates with band size of 791 bp A. baumannii gene product. Lane 2 is Negative control. For NDM gene, lane 4 is positive control contains A. baumannii with positive NDM resistant gene band size of 380 bp. Lane 3 and 13 contain atypical positive isolates with NDM resistant gene band size of 380 bp. Lane 5 to 12 is negative. Lane 2 is negative control.
In the present study 50 clinical isolates were collected for the purpose of identifying *A. baumannii* and detecting NDM and OXA-48 resistance genes by using PCR. In the present study, sputum showed the highest frequency among other type of samples with 28 (56%), which is similar to the result found by Opazo et al., in 2018 found that respiratory tract samples were the most predominant type (26%) containing *A. baumannii* isolates [8]. On the other hand, Omer et al., in 2015 disagreed with our finding in that the greatest number of their isolates were recovered from sputum (61%) [1]. Also, Abdallah et al., finding in 2013 was disagreed with our finding, the found in a total of 150 *A. baumannii* isolates, sputum showed the greatest frequency among other type of samples 77 (51.3%) [9]. Regarding the frequency of the sputum sample, the results of Omer et al [1], and Abdallah et al, [9] are similar to our finding. However, Opazo et al are not [8].

In term of molecular confirmation, the frequency of *A. baumannii* was found in the present study was 47 (94%) which is similar to the frequency rate found out by Falah et al., in 2019 whom confirmed 80 (97.56%) of *A. baumannii* isolates in a total of 82 [2]. While Maratheet et al., in 2019 found results which were strongly disagreed with the frequency found in the present study they examined a total of 112 sample and found only 33(30%) confirmed as *A. baumannii* [10].

In this study, NDM gene was detected in only 2 isolates (4.3%) out of 47, while Maratheet et al.,2019 detected 29 (87.8%) NDM in a total of 33 *A. baumannii*, which is dramatically high result compared to the frequency rate of NDM found in the present study. Also, Karaaslan et al., in 2016 found high frequency rate of NDM among *A. baumannii* 22 (31%) in a total of 72 samples [11]. Bakour et al., in 2015 showed frequency rate of NDM 10 (22.7 %) in a total of 44 *A. baumannii* which is also considered high according to the frequency of NDM found is the present study [12]. Khorsi et al., in 2015 found 10 (10.6 %) NDM *A. baumannii* in a total of 94 sample which is moderate results compared to the above results [13]. While Howard et al., in 2012 found 2 (1.85) NDM-1-producing
Acinetobacter baumannii isolates out of 108 sample which is lower frequency rate compared to the above results and approximately close to the frequency rate found in our study [14]. Several other reports demonstrated prevalence higher than our finding [15-19]. This discrepancies between our finding and the previous studies may be due to variation in sample size and study populations.

In this study OXA-48 gene was detected in only one sample (2.1%) out of 47 sample. Study of Robustillo-Rodela et al., in 2017 found that 13 patients were colonized or infected by OXA-48 out of 31 which disagreed with our finding. The cumulative incidence of OXA-48 was 3.48% which is considered high frequency rate compared to the findings of the present study [20]. Other studies also report similar finding [21 – 24]. While Bakouret al., in 2015 found no OXA-48 gene among 44 isolates which is closer to the results found in this study [12]. These discrepancies between our finding and the previous studies may be due to variation in sample size and study populations.

5. CONCLUSION

There was low prevalence of NDM and OXA-48 Resistant Genes among ICUs A. baumannii isolates. However, continuous regional antimicrobial resistance surveillance and improved infection control.

DISCLAIMER

This paper is an extended version of a repository document of the same author. The repository document is available in this link: https://www.researchgate.net/publication/352344837_Detection_of_NDM_and_OXA-48_Resistant_Genes_in_Acinetobacter_Baumannii_Isolated_FromIntensive_Care_Units’_Patients_Clinical_Samples_in_Khartoum_State

AVAILABILITY OF DATA AND MATERIALS

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

CONSENT AND ETHICS CONSIDERATIONS

The study received approval from the ethics commission of University of Al Butana (Number 2019/10 MLS) and Khartoum hospital, and was conducted in accordance with the Declaration of Helsinki. Informed written consent was taken from each participant.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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