

POSTER PRESENTATION

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Next-gen sequencing of multi-drug resistant *Acinetobacter baumannii* to determine antibiotic resistance genotypes

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Background

Multi-drug resistant (MDR) *Acinetobacter baumannii* is an important cause of hospital acquired infection and often increases mortality and length of stay [1-3]. The mechanisms of resistance include: (1) antimicrobial-inactivating enzymes such as β -lactamases, (2) alteration of membrane porin channels, and (3) mutations that change cellular functions [4]. Accurate genotyping and correlation to antimicrobial susceptibility will help prevent and treat outbreaks of *Acinetobacter*.

The genome of *A. baumannii* ranges from 3.2 Megabases (Mb) in the drug sensitive SDF strain up to 3.9 Mb in the MDR AYE strain. A surprisingly high proportion of *baumannii* ORFs, (15%-20%), are located in resistance islands or "alien islands" - long stretches of DNA acquired from a foreign source. The MDR AYE strain has an 86Kb island containing 45-50 drug resistance genes located in an insertion hotspot [5]. Our study aims to sequence several *A. baumannii* isolates from Metro Nashville General (NGH) Hospital and conduct a strain-to-reference genomic characterization of clinical virulence factors.

Materials and methods

A retrospective review of the NGH hospital epidemiology data base included 247 isolates of *A. baumannii* from 164 patients (submitted, *BMC Infectious Disease*). Cluster Software version 2.11 and TreeView software grouped resistance phenotypes into six categories (see Figure 1) [6].

1. Pan resistant
2. Pan sensitive

3. Sensitive to meropenem /imipenem only.
4. Sensitive to meropenem/imipenem and aminoglycoside only.
5. Sensitive to cephalosporins only.
6. Resistant to aminoglycosides only.

We chose a meropenem/imipenem and aminoglycosides sensitive *baumannii* isolate for strain-to-reference sequencing on an Illumina Genome Analyzer II system at the Vanderbilt University Genome Technology Core (<https://gtc.vanderbilt.edu/gtc/tech>).

Conclusion

Initial sequencing yielded 5,250,420 reads of 43bp each, yielding 225.76 Mb of total sequence. The reads from our isolate were aligned to MDR *baumannii* reference strain ACICU (NC_010611.1). Alignment was done with the Bowtie Aligner [7]. Of the 5.2 million total reads, 4,004,012 (76.26%) aligned to ACICU, with a mean coverage depth of 43.96 fold. Roughly 58% of the ACICU genome was covered by at least one read. We will next align the reads further with other *baumannii* reference strains including MDR AYE (NC_010410) and non-resistant strain SDF (NC_010400) in order to further characterize and annotate our isolate at the genomic level.

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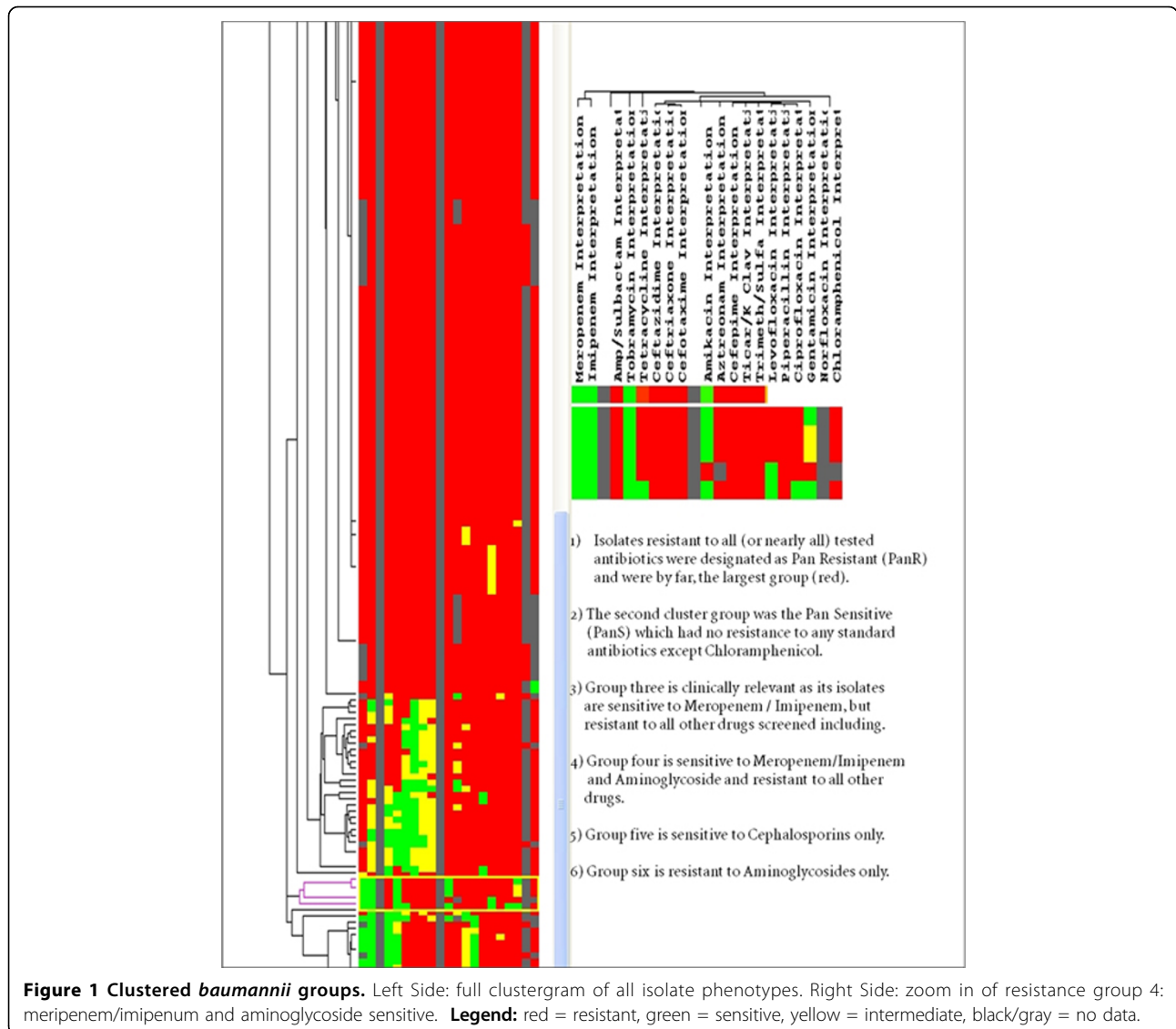
Sequencing and alignment was performed at the Vanderbilt University Genome Technology Core (<https://gtc.vanderbilt.edu/gtc/tech>).

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References

- Garcia-Garmendia J, Ortiz-Leyba C, Garmacho-Montero J, Jimenez-Jimenez FJ, Monterrubio-Villar J, Gili-Miner M: **Mortality and the increase in length of stay attributable to the acquisition of *Acinetobacter* in critically ill patients.** *Crit Care Med* 1999, **27(9)**:1794-1799.
- Falagas ME, Rafailidis PI: **Attributable mortality of *Acinetobacter baumannii*: no longer a controversial issue.** *Critical Care (London, England)* 2007, **11(3)**:134.
- Jamulitrat S, Arunpan P, Phainuphong P: **Attributable mortality of imipenem-resistant nosocomial *Acinetobacter baumannii* bloodstream infection.** *J Med Assoc Thai* 2009, **92(3)**:413-419.
- Bonomo RA, Szabo D: **Mechanisms of multidrug resistance in *Acinetobacter* species and *Pseudomonas aeruginosa*.** *Clin Infect Dis* 2006, **43(Suppl 2)**:S49-S56.
- Fournier PE, Vallenet D, Barbe V, Audic S, Ogata H, Poirel L, Richet H, Robert C, Mangenot S, Abergel C, Nordmann P, Weissenbach J, Raoult D,

- Claverie JM: **Comparative genomics of multidrug resistance in *Acinetobacter baumannii*.** *PLoS Genet* 2006, **2(1)**:e7.
- Eisen MB, Spellman PT, Brown PO, Botstein D: **Cluster analysis and display of genome-wide expression patterns.** *PNAS* 1998, **95**:14863-14868.
 - Langmead B, Trapnell C, Pop M, Salzberg SL: **Ultrafast and memory-efficient alignment of short DNA sequences to the human genome.** *Genome Biol* 2009, **10**:R25. doi:10.1186/gb-2009-10-3-r25.

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