**TITLE**: EMERGENCE OF  $BLA_{GES}$  AND  $BLA_{CTX-M}$  IN A NOSOCOMIAL KLEBSIELLA PNEUMONIAE STRAIN ISOLATED IN A TEACHING HOSPITAL IN NORTHEAST OF BRAZIL

**AUTHORS:** BRAGA, J.M.<sup>1</sup>; MORAIS, A.J.A.<sup>1</sup>; BRITO, I.L.P.<sup>1,2</sup>; ARAGÃO, P.T.T.D.<sup>1</sup>; NASCIMENTO, J.M.<sup>3</sup>; PINTO, V.P.T.<sup>1,2</sup>; BARBOSA, F.C.B.<sup>1</sup>

**INSTITUTIONS:** <sup>1</sup>Federal University of Ceará (Av. Comandante Maurocélio Rocha Ponte, 100, Sobral/CE, CEP: 62042-280, Brazil); <sup>2</sup>Santa Casa de Misericórdia de Sobral (R. Antônio Crisóstomo de Melo, 919, Sobral/CE, CEP: 62010-550); <sup>3</sup>State University Vale do Acaraú (Av. da Universidade, 850, Sobral/CE, CEP: 62040-370)

## **ABSTRACT:**

β-Lactamases are the most important mechanism of β-lactam drug resistance in Gramnegative bacteria. The GES enzymes have mainly been found in Pseudomonas aeruginosa, but the enzymes have also been observed in members of Enterobacteriaceae. The enzymes of the GES family differ from each other by one to four amino acid substitutions. Currently, the phylogenetically closest related βlactamase to the GES family enzymes is BEL-1 from P. aeruginosa with identities ranging from 50% to 51%. Isolates producing GES enzymes with carbapenemase activity have been collected predominantly in Europe, South Africa and the Far East. The aim of the current study was to report the presence of the  $bla_{GES}$  and  $bla_{CTX-M}$  genes in clinical Klebsiella pneumoniae ESBL producer isolated from a newborn with nosocomial infection admitted in a teaching hospital in Sobral, Ceará, Northeast of Brazil. A clinical *K. pneumoniae* isolate carrying the extended-spectrum β-lactamase gene variant blages and blages, and blages, was recovered from a blood culture of a newborn preterm, with nine days of life, gestational age fixed 33 weeks and five days, weighing 1,742 grams, in the neonatal ICU in a teaching hospital in Brazil's Northeast from June 2015. The minimum inhibitory concentrations (MICs), resistance patterns, and phenotypic detection of ESBL production were determined using the Vitek<sup>®</sup> 2 compact automated system. Polymerase chain reaction (PCR) amplification was used to detect the presence of gene encoding GES and CTX-M enzymes. For amplification of blages, previously described, the following primers were as AGCAGCTCAGATCGGTGTTG-5' and 3'-CCGTGCTCAGGATGAGTTG-5', and the pair of primers 3'-ATG TGCAGYACCAGTAA-5' (CTX-M 1/2-F) and 5'-CGCTGCCGGTTTTATCSCCC-3' (CTX-M 1/2-R) was used for amplification of a sequence of 512 base pairs for CTX-M family. The MIC for amikacin, ceftriaxone and cefuroxime was  $\geq 64 \mu g/mL$ , and additional resistance to ampicillin/sulbactam (MIC ≥32µg/mL) was observed. However, this strain analyzed demonstrated sensibility for carbapenems, ciprofloxacin, and tigecycline. These results show the emergence of bla<sub>GES</sub> and bla<sub>CTX-M</sub> in clinical K. pneumoniae strain in Brazil, suggesting a great potential for dissemination of bla genes into nosocomial pathogens. To our knowledge, the clinical K. pneumoniae isolate reported in this study, harboring  $bla_{GES}$  and  $bla_{CTX-M}$ genes, is the first report of this ESBL genes in nosocomial K. pneumoniae isolated from Brazil.

**Keywords**: Antimicrobial resistance;  $bla_{GES}$  gene; CTX-M; Klebsiella pneumoniae; nosocomial infection.

**Development Agency**: Santa Casa de Misericórdia de Sobral - CE