



Molecular characterization of healthcare and community-associated methicillin-resistant *Staphylococcus aureus* using phage open-reading frame typing

Takaaki Konuma^{1*}, Shunsuke Takahashi², Masato Suzuki³, Arinobu Tojo^{1,3}

¹Department of Hematology/Oncology, Institute of Medical Sciences, The University of Tokyo, Tokyo, Japan ²Techno Suruga Laboratory Co., Ltd., Shizuoka, Japan ³Department of Laboratory Medicine, Institute of Medical Sciences, The University of Tokyo, Tokyo, Japan

Received: May 2021, Accepted: June 2021

ABSTRACT

The polymerase chain reaction-based open reading frame typing (POT) method is a simple and rapid method for the strain-level discrimination of methicillin-resistant *Staphylococcus aureus* (MRSA). We investigated the molecular characteristics of *S. aureus* strains by multilocus sequencing typing (MLST) and POT and the profiles of antibiotic resistance and virulence genes of MRSA isolates in a single center of Tokyo, Japan. Five types by MLST and 19 types by POT were detected in the 25 MRSA isolates. ST5 and a POT1 score of 93 were associated with healthcare-associated MRSA, whereas ST8 and a POT1 score of 106 were associated with community-associated MRSA. Each strain evaluated by POT score was completely associated with similar profiles of antibiotic resistance and virulence genes. These data showed that the POT system was a powerful molecular tool for the epidemiological characterization of MRSA isolates, which correlated with the profiles of antibiotic resistance and virulence genes.

Keywords: Methicillin-resistant *Staphylococcus aureus*; Polymerase chain reaction; Open reading frames; Sequence analysis; Drug resistance; Leucocidin

INTRODUCTION

In the past few decades, the epidemiology of methicillin-resistant *Staphylococcus aureus* (MRSA) infection has changed from a hospital to a community setting. Since the 1980's, the spread of MRSA infections has been accompanied by healthcare-associated setting, but decreasing trend has been observed since 2008 in Japan (1). By contrast, community-associated infections have been rising the frequency since 1990's around the world (2, 3). Recently, various molecular typing methods, such as pulse-field gel electrophoresis (PFGE), multilocus sequencing typing (MLST), *Staphylococcus* protein A (*spa*) typing, and *Staphylococcus* chromosomal cassette mec (SCC*mec*) typing, have led to an understanding of the molecular epidemiology of MRSA across different geographical regions and populations (2, 3). Among these methods, PFGE has been used for the understanding of the epidemiology of bacterial strains. However, limitations of PFGE are labor intensive, expensive, time consuming, and difficulty of interpretation between each band.

The polymerase chain reaction (PCR)-based open reading frame (ORF) typing (POT) method involv-

Copyright © 2021 The Authors. Published by Tehran University of Medical Sciences.

CO O O This work is licensed under a Creative Commons Attribution-Non Commercial 4.0 International license

thtps://creativecommons.org/licenses/by-nc/4.0/). Noncommercial uses of the work are permitted, provided the original work is properly cited.

^{*}Corresponding author: Takaaki Konuma, M.D, Ph.D, Department of Hematology/Oncology, Institute of Medical Sciences, The University of Tokyo, Tokyo, Japan. Tel: +81-334438111 Fax: +81-354495789 Email: tkonuma@ims.u-tokyo.ac.jp

ing two multiplex PCR reactions with a set of 22 PCR primer pairs. This is a simple and rapid method for the strain-level discrimination of MRSA (1, 4-9), particularly during MRSA nosocomial outbreaks (6-8). In this study, we investigated the molecular characteristics by MLST and POT and the profiles of antibiotic resistance and virulence genes of MRSA isolates in a single center of Tokyo, Japan.

MATERIALS AND METHODS

This was a laboratory-based surveillance study in our hospital. Twenty-five MRSA isolates collected in our hospital between June 2017 -April 2000 were stored at -80°C, and were used for analysis. Among them, 19 healthcare-associated MRSA (HA-MRSA) isolates were derived from blood culture, whereas 6 community-associated MRSA (CA-MRSA) isolates were isolated from a cutaneous abscess or wound in an outpatient setting.

Genomic DNA was extracted using achromopeptidase (Wako Chemical Co. Ltd, Osaka, Japan) in combination with InstaGene Matrix (Bio-Rad Laboratories, Hercules, CA, USA). All PCR assays were performed using each DNA extraction from isolate.

The *mecA* and Panton–Valentine leucocidin (*pvl*, *lukS/F-PV*) genes were examined using multiplex PCR assay using specific primers as previously described (10, 11). The PCR reaction conditions for amplification of DNA were as follows: initial denaturation at 94°C for 1 min, followed by 30 cycles of denaturation at 94°C for 30 s, annealing at 55°C for 30 s, and extension at 72°C for 30 s.

MLST was performed by PCR and Sanger sequencing using the primers of 7 housekeeping genes (*arcC*, *aroE*, *glpF*, *gmk*, *pta*, *tpi*, and *yqiL*). The *Staphylococcus aureus* MLST database (https://pubmlst.org/saureus/) was used to assign the sequence types (STs) as previously described (12).

Genotyping of MRSA isolates was also performed by the commercially available POT system using the Cica Geneus Staph POT Kit (Kanto Chemical, Tokyo, Japan), which was originally reported (4). In brief, two multiplex PCR reactions with a set of 22 PCR primer pairs (5 from the SSC*mec* elements, 2 from genomic islets, 1 from a transposon, 13 from integrated prophage, and 1 from genomic island) were scored in the order of their PCR amplicon size, with either '1' for present or '0' for absent in a binary manner according to manufacturer's instructions. These scores were converted to decimal numbers, where the results of each binary in the code were multiplied by 2n (n = 6-0) and added (Fig. 1).

Multiplex PCR methods for the detection of 8 antibiotic resistance genes other than *mecA* [*aacA-aphD*, *tetK*, *tetM*, *erm* (A), *erm* (C), *vat* (A), *vat* (B), and *vat* (C)] and 8 virulence genes other than *pvl* (*sea*, *seb*, *sec*, *sed*, *see*, *tst*, *etaA*, and *etaB*) were also performed as previously described (13, 14).

Ethical approval. The Institute of Medical Science, The University of Tokyo, considered that this study was not applicable to "Ethical Guidelines for Medical and Health Research Involving Human Subjects", because no patient data were included in this study. This judgment has been confirmed by the institutional review board of our institute.

RESULTS

The results of MLST, POT, and detection of antibiotic resistance genes and virulence genes are shown in Table 1. The mecA gene was detected in all isolates. Five types by MLST and 19 types by POT were detected in the 25 MRSA isolates. ST5 (15 isolates, 60%) was the predominant type by MLST, followed by 6 isolates (24%) with ST8 and 2 isolates (8%) with ST764. A POT1 score of 93 (15 isolates, 60%) was the most frequent followed by 6 isolates (24%) with 106. ST5 and a POT1 score of 93 were strongly associated with HA-MRSA, whereas ST8 and a POT1 score of 106 were strongly associated with CA-MRSA. The most prevalent antibiotic resistance gene was ermA (88%), followed by tetM (64%) and aacA-aphD (60%). Among 15 isolates with ST5 and a POT1 score of 93, 13 (86%) isolates carried both the sec and tst genes. The pvl gene was detected in 4 isolates, all of which were ST8 and a POT1 score of 106. Two isolates carrying the *pvl* had the same POT score of 106-77-113.

DISCUSSION

MRSA strains can be characterized using several molecular typing methods, such as PFGE, MLST, *spa* typing, SCC*mec* typing, POT, and whole genome sequencing (WGS). Among these methods, WGS is the

TAKAAKI KONUMA ET AL.

Reaction mixture 1 Base pairs Target doma 16 17 18 19 20 21 22 23 25 24 601 530 449 ne complex class B

		/ 449	mec gene complex class b	32	POT1-2	0	U		U	U	0	0	1	0	1
		/ 355	SSCmec type IIa	16	POT1-3	1	1	0	1	1	1	1	0	0	0
	-	- 304	Tn554	128	POT2-1	1	1	1	1	1	1	1	1	0	1
		- 271	Prophage	64	POT2-2	1	0	1	0	0	0	1	0	0	1
		228	Prophage	32	POT2-3	0	0	1	0	0	0	0	1	1	1
		197	Prophage	16	POT2-4	1	1	1	1	1	1	1	1	1	1
		161	Prophage	8	POT2-5	1	0	1	0	0	0	1	1	1	1
	- \	131	Prophage	4	POT2-6	0	1	1	1	1	1	1	1	0	1
	$\langle \rangle$	104	Prophage	2	POT2-7	1	1	1	1	1	1	1	1	1	1
		81	Genomic island	1	POT2-8	1	0	1	0	0	0	1	1	1	1
Reaction mixture 2 16 17 18 19 20 21 22 23 25 24	Р	Base p		POT module	POT No		17	18	19	20	21	22	23	25	
	100	601	femA			1	1	1	1	1	1	1	1	1	1
		,477	Cassette chromosome recombinase A2	8	POT1-4	1	1	0	1	1	1	1	1	0	1
		/ 388	Genomic Islet	4	POT1-5	1	1	1	1	1	1	1	0	1	0
		- 320	Genomic Islet	2	POT1-6	0	0	0	0	0	0	0	1	0	1
	- 18	- 273	mec gene complex class A	1	POT1-7	1	1	0	1	1	1	1	0	0	0
	. 🚍 –	- 243	Prophage	64	POT3-1	1	0	1	0	0	0	1	0	0	1
		- 197	Prophage	32	POT3-2	1	1	1	1	1	1	1	1	1	1
		<u> </u>	Prophage	16	POT3-3	1	1	1	1	1	1	1	0	1	1
		140	Prophage	8	POT3-4	1	1	0	1	1	1	1	0	1	0
_ =		115	Prophage	4	POT3-5	1	0	0	0	0	0	1	1	0	1
	\backslash	95	Prophage	2	POT3-6	0	0	1	0	0	0	1	0	0	0
		78	Prophage	1	POT3-7	1	0	1	0	0	0	1	1	0	1
			POT1			93	93	100	93	93	93	93	106	68	106
			POT2			219	150	255	150	150	150	223	191	59	255
			POT3			125	56	115	56	56	56	127	37	56	117

femA

mecA

POT

64

32

POT No

POT1-1

POT1-2

16

0 0

1 1 1 1 1

1 1 1 1

17 18 19 20 21 22 23 25 24

1 1 1 1 1 1

1 0 0 0 0

1

1 0

Fig. 1. Electrophoresis patterns and calculation method of POT point of MRSA isolates.

most precise and discriminatory, but it is expensive and requires a bioinformatics analysis. The POT system, recently developed by Suzuki et al. has shown a discriminatory power higher than MLST and spa typing (9) but comparable to PFGE (4). Indeed, in our study of 25 MRSA isolates, 5 types by MLST and 19 types by POT were detected. Moreover, as expected, each strain evaluated by POT score (106-77-113, 93-190-35, 93-190-39, or 93-150-56) was completely associated with similar profiles of antibiotic resistance and virulence genes. Therefore, the POT system is a simple and rapid method for the strain-level discrimination of MRSA in outbreaks and the epidemiological characterization of MRSA.

The epidemiology of MRSA has been characterized by the serial emergence of regionally predominant strain types (1, 2). In Japan, the ST5 SCCmec type II strain, which belongs to the New York/Japan clone, was the previously dominant HA-MRSA clone, whereas ST8 SCCmec type IV strain was the previously dominant CA-MRSA clone (15). However, the differences have begun to homogenize between

HA-MRSA and CA-MRSA. According to the POT score in our study, a POT1 score of 93, which was associated with HA-MRSA, corresponded to the ST5 SCCmec type II lineage, including the New York/Japan clone (9). Among 15 isolates with a POT1 score of 93, 13 isolates (86%) were characterized by carrying the sec and tst combination. However, a POT 1 score of 106, which was associated with CA-MRSA, corresponded to the ST8 SCCmec type IV lineage (9). Among 4 isolates carrying pvl, two had the same POT score of 106-77-113, which is typically shown by many USA300 strains (5, 9). Indeed, the POT1 score was calculated from the results of SCCmec elements and genomic islets associated with ST typing. POT2 and 3 scores were calculated mainly from the results of prophage-derived ORFs, which could estimate strain-level discrimination of MRSA (3, 4). These data demonstrated that the POT system is a useful tool for the epidemiological evaluation for MRSA strains over time.

Our study identified one new MLST sequence type, ST5597, which was isolated in 2009 from a CA-MR-

Number	Year	CA/HA-MRSA	mecA	pvl	ST	POT1	POT2	РОТ3	Antibiotic resistance genes	Virulence genes
1	2003	CA-MRSA	+	-	5	93	182	37	ermA, tetM	sec, tst
2	2009	CA-MRSA	+	-	5597	104	137	80	aacA-aphD, ermA, tetM	None
3	2014	CA-MRSA	+	+	8	106	77	113	None	None
4	2016	CA-MRSA	+	-	8	106	137	81	aacA-aphD, ermA, tetM	None
5	2017	CA-MRSA	+	+	8	106	77	113	None	None
6	2014	CA-MRSA	+	+	8	106	127	53	aacA-aphD, ermA	sea
7	2000	HA-MRSA	+	-	5	93	223	57	aacA-aphD, ermA, tetM	sec, tst
8	2001	HA-MRSA	+	-	5	93	191	63	aacA-aphD, ermA	sec, tst
9	2001	HA-MRSA	+	-	5	93	190	35	ermA, tetM	sec, tst
10	2001	HA-MRSA	+	-	5	93	190	63	aacA-aphD, ermA	sec, tst
11	2002	HA-MRSA	+	-	5	93	190	35	ermA, tetM	sec, tst
12	2002	HA-MRSA	+	-	5	93	190	39	ermA, tetM	sec, tst
13	2002	HA-MRSA	+	-	5	93	190	37	ermA, tetM	sec, tst
14	2004	HA-MRSA	+	-	5	93	190	39	ermA, tetM	sec, tst
15	2007	HA-MRSA	+	-	8	98	248	71	aacA-aphD, ermA, tetM	None
16	2008	HA-MRSA	+	-	764	93	219	125	aacA-aphD, ermA, tetM	seb
17	2009	HA-MRSA	+	-	5	93	150	56	aacA-aphD, ermA, tetM	sec, tst
18	2009	HA-MRSA	+	-	5	100	255	115	ermA	seb
19	2009	HA-MRSA	+	-	5	93	150	56	aacA-aphD, ermA, tetM	sec, tst
20	2009	HA-MRSA	+	-	5	93	150	56	aacA-aphD, ermA, tetM	sec, tst
21	2011	HA-MRSA	+	-	5	93	150	56	aacA-aphD, ermA, tetM	sec, tst
22	2014	HA-MRSA	+	-	764	93	223	127	aacA-aphD, ermA, tetM	seb
23	2014	HA-MRSA	+	-	1	106	191	37	aacA-aphD, ermA	None
24	2014	HA-MRSA	+	+	8	106	255	117	aacA-aphD, ermA	sea
25	2015	HA-MRSA	+	-	5	68	59	56	ermC	None

 Table 1. Molecular characteristics of 25 MRSA isolates.

SA-infected wound and was deposited in the PubM-LST. Interestingly, ST5597 (POT score of 104-137-80) was similar to ST8 (POT score of 106-137-81) by MLST, except for one point mutation in the *yqiL* gene, and had the same profiles of antibiotic resistance genes (*ermA*, *tetM*, and *aacA-aphD*). These findings suggested a clonal shift from ST8 to newly identified ST5597. Therefore, POT score might also be used to evaluate new MRSA strains.

In summary, although the limitation of this study was an insufficient number of MRSA isolates, but the POT system was found as a powerful molecular tool for the epidemiological characterization of MRSA isolates, correlating with the profiles of antibiotic resistance and virulence genes.

ACKNOWLEDGEMENTS

The authors thank all of the physicians and staff at the hospital for providing the MRSA strains in this study. This work was supported in part by Grantsin-Aid from the Yakult Bio-Science Foundation and from the Mochida Memorial Foundation for Medical and Pharmaceutical Research.

REFERENCES

- Osaka S, Okuzumi K, Koide S, Tamai K, Sato T, Tanimoto K, et al. Genetic shifts in methicillin-resistant *Staphylococcus aureus* epidemic clones and toxin gene profiles in Japan: comparative analysis among pre-epidemic, epidemic and post-epidemic phases. *J Med Microbiol* 2018;67: 392-399.
- Turner NA, Sharma-Kuinkel BK, Maskarinec SA, Eichenberger EM, Shah PP, Carugati M, et al. Methicillin-resistant *Staphylococcus aureus:* an overview of basic and clinical research. *Nat Rev Microbiol* 2019;17: 203-218.
- 3. Chuang YY, Huang YC. Molecular epidemiology of community-associated methicillin-resistant *Staphylo-*

coccus aureus in Asia. Lancet Infect Dis 2013;13: 698-708.

- Suzuki M, Tawada Y, Kato M, Hori H, Mamiya N, Hayashi Y, et al. Development of a rapid strain differentiation method for methicillin-resistant *Staphylococcus aureus* isolated in Japan by detecting phage-derived open-reading frames. *J Appl Microbiol* 2006;101: 938-947.
- Maeda T, Saga T, Miyazaki T, Kouyama Y, Harada S, Iwata M, et al. Genotyping of skin and soft tissue infection (SSTI)-associated methicillin-resistant *Staphylococcus aureus* (MRSA) strains among outpatients in a teaching hospital in Japan: application of a phage-open reading frame typing (POT) kit. *J Infect Chemother* 2012;18: 906-914.
- Kawamura H, Tokuda K, Imuta N, Kubota T, Koriyama T, Miyanohara H, et al. Epidemiological analysis of nosocomial MRSA outbreaks using phage open-reading frame typing in a tertiary-care hospital. *Jpn J Infect Dis* 2016;69: 523-524.
- Kato H, Ide K, Fukase F, Shimura Y, Yasuda S, Goto H, et al. Polymerase chain reaction-based open reading frame typing (POT) method analysis for a methicillin-resistant *Staphylococcus aureus* (MRSA) outbreak through breast-feeding in the neonatal intensive care unit. *IDCases* 2018;12: 1-3.
- Uehara Y, Mori M, Tauchi M, Nishimura S, Sakurai H, Murai T, et al. First report on USA300 outbreak in a neonatal intensive care unit detected by polymerase chain reaction-based open reading frame typing in Japan. *J Infect Chemother* 2019;25: 400-403.
- 9. Ogihara S, Saito R, Sawabe E, Kozakai T, Shima M, Aiso Y, et al. Molecular typing of methicillin-resistant *Staphylococcus aureus*: Comparison of PCR-based

open reading frame typing, multilocus sequence typing, and Staphylococcus protein A gene typing. *J Infect Chemother* 2018;24: 312-314.

- Geha DJ, Uhl JR, Gustaferro CA, Persing DH. Multiplex PCR for identification of methicillin-resistant staphylococci in the clinical laboratory. *J Clin Microbiol* 1994;32: 1768-1772.
- Lina G, Piémont Y, Godail-Gamot F, Bes M, Peter MO, Gauduchon V, et al. Involvement of Panton-Valentine leukocidin-producing *Staphylococcus aureus* in primary skin infections and pneumonia. *Clin Infect Dis* 1999;29: 1128-1132.
- Enright MC, Day NP, Davies CE, Peacock SJ, Spratt BG. Multilocus sequence typing for characterization of methicillin-resistant and methicillin-susceptible clones of *Staphylococcus aureus*. J Clin Microbiol 2000;38: 1008-1015.
- Mehrotra M, Wang G, Johnson WM. Multiplex PCR for detection of genes for *Staphylococcus aureus* enterotoxins, exfoliative toxins, toxic shock syndrome toxin 1, and methicillin resistance. *J Clin Microbiol* 2000;38: 1032-1035.
- Strommenger B, Kettlitz C, Werner G, Witte W. Multiplex PCR assay for simultaneous detection of nine clinically relevant antibiotic resistance genes in *Staphylococcus aureus*. J Clin Microbiol 2003;41: 4089-4094.
- 15. Yanagihara K, Araki N, Watanabe S, Kinebuchi T, Kaku M, Maesaki S, et al. Antimicrobial susceptibility and molecular characteristics of 857 methicillin-resistant *Staphylococcus aureus* isolates from 16 medical centers in Japan (2008-2009): nationwide survey of community-acquired and nosocomial MRSA. *Diagn Microbiol Infect Dis* 2012;72: 253-257.