

Investigating hospital *Mycobacterium chelonae* infection using whole genome sequencing and hybrid assembly

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Abstract – 159

Mycobacterium chelonae is a rapidly growing nontuberculous mycobacterium that is a common cause of nosocomial infections. Here we describe investigation of a possible nosocomial transmission of *M. chelonae* at the Hospital of the University of Pennsylvania (HUP). *M. chelonae* strains with similar high-level antibiotic resistance patterns were isolated from two patients who developed post-operative infections at HUP in 2017, suggesting a possible point source infection. The isolates, along with other clinical isolates from other patients, were sequenced using the Illumina and Oxford Nanopore technologies. The resulting short and long reads were hybrid assembled into draft genomes. The genomes were compared by quantifying single nucleotide variants in the core genome and assessed using a control dataset for identity. We show that that all *M. chelonae* isolates tested were highly divergent, consistent with environmental acquisition. Additionally, antibiotic resistance genes were predicted for our isolates, and several single nucleotide variants identified with the potential to modulated drug susceptibility, providing candidate resistance mechanisms.

76 **Text – 3,699**

77 **Introduction**

78 *Mycobacterium chelonae*, a rapidly growing nontuberculous mycobacterium
 79 (NTM), is ubiquitous in the environment and is a common source of infection in humans.
 80 *M. chelonae* has caused several outbreaks from single point sources, but no human-to-
 81 human transmission has been observed to date (1–6). *M. chelonae* is most commonly
 82 associated with nosocomial soft tissue infections of the skin and eye, but can also cause
 83 catheter-associated infections, disseminated and invasive infections, and pulmonary
 84 infections (1). *Mycobacterium* can be highly resistant to many antibiotics because of their
 85 naturally impermeable cell walls as well as mutation of bacterial genes that encode
 86 antibiotic targets (7–9).

87 Among the *M. chelonae* isolates collected in 2017 from the Hospital of the
 88 University of Pennsylvania (HUP) clinical microbiology laboratory were two isolates
 89 from female patients who developed post-operative surgical site infections in breast
 90 tissue. The patients underwent surgery within the same year, and yielded isolates showing
 91 similar resistance patterns, raising the possibility of a nosocomial point source infection. To
 92 investigate this possibility, we performed whole genome sequencing on every *M.*
 93 *chelonae* isolate collected by the HUP clinical microbiology laboratory over a one-year
 94 period (n=7) and examined differences in the single nucleotide variants (SNVs) of each
 95 isolate's core genome. As a control, we created a dataset from a single *Vibrio campbellii*
 96 strain that was sequenced 39 times independently, allowing us to determine a threshold of
 97 SNVs that would distinguish different strains from sequencing error. Finally, we
 98 investigated genes and SNVs related to drug resistance in each isolate.

99 **Methods**

100 Samples were collected as part of routine clinical practice with patient consent
 101 and sent to the Clinical Microbiology Laboratory at the Hospital of the University of
 102 Pennsylvania under the IRB protocol #829497. Respiratory samples were decontaminated
 103 with NaOH and N-acetylcysteine and tissue specimens were pulverized in a tissue
 104 grinder. Prepared specimens were inoculated on 7H11 selective and non-selective solid
 105 media and a Mycobacterial Growth Indicator Tube (MGIT) broth. All cultures were
 106 incubated at 35-37°C for 6 weeks. Positive cultures for *Mycobacteria* were identified at
 107 the species level using *hsp65* gene sequencing. Susceptibility testing and MIC
 108 determination was performed using the RAPMYCO microbroth dilution plate
 109 (ThermoFisher) and susceptibility was determined using the CLSI M42 A2. Tigecycline
 110 susceptibility breakpoints for the MIC have not been established for mycobacterium (10).
 111 For our analysis, we based our tigecycline thresholds for resistance based on the Wallace
 112 et al. (11). For antibiotic resistance gene investigation, we categorized susceptibility into
 113 susceptible, intermediate, and resistant.

114 *Mycobacterium* samples had been previously frozen for routine clinical purposes
 115 and were re-isolated on chocolate agar and propagated by growth in Middlebrook 7H9
 116 media for 5 days. Multiple DNA purification methods were compared to identify one
 117 producing high molecular weight DNA in good yield. Ultimately, DNA was purified
 118 from each sample using a phenol-chloroform DNA extraction designed for high
 119 molecular weight DNA (12). Long-read libraries were prepared using the Rapid
 120 Barcoding Kit, version SQK-RBK004 (Oxford Nanopore, Oxford, UK) and sequenced on
 121 the MinION using a R9.4.1 flow cell. Short-read libraries were prepared using the TruSeq

DNA Nano Library Prep Kit (Illumina, San Diego, CA), and sequenced on the HiSeq 2500 using 2x125 bp chemistry. *V. campbellii* was grown in Difco Marine broth 2216 culture media (BD) overnight and DNA was extracted using DNeasy Blood & Tissue Kits (Qiagen). Short read libraries were prepared using the Nextera XT Library Prep Kit (Illumina, San Diego, CA) and sequenced on the HiSeq 2500 using 2x125bp chemistry. References genomes were all isolates that were whole genome sequenced and collected from GenBank.

We used the Sunbeam pipeline to process the short reads and an in-house pipeline, Nanoflow (<https://github.com/zhoac1/nanoflow>), to process the long reads and perform the hybrid assembly (13). Short read processing included trimming adapters off reads, filtering out low quality reads and removing low complexity reads (13). Long read processing included base calling using Albacore, trimming adaptors, and filtering and subsetting reads based on quality using Porechop (<https://github.com/rrwick/Porechop>) and Filtlong (<https://github.com/rrwick/Filtlong>). Hybrid assembly was performed by two methods: 1) using Canu, polishing with Nanopolish and correction by short reads with Pilon or 2) using Unicycler, a program that uses the short read assembler Spades guided by long reads as scaffolds, which is further polished by Pilon (14,15). CheckM and alignment to reference genomes were used to check the quality of the draft genomes (16).

We used another in-house pipeline, CoreSNPs (<https://github.com/chrgu/coreSNPs>) to investigate how related the isolates were to each other. CoreSNPs uses Prokka for genome annotation, and Roary for investigating the pangenome and creating a hierarchical cluster based on the presence and absence of accessory genes (17,18). An in-house R script and shell script were used to extract the

core genes from the isolates to compare SNVs by hamming distance. The SNV analysis used SamTools and SNP-sites (19,20). Approximately maximum-likelihood phylogenetic trees for the core genes were generated by Fasttree 2 (21).

The threshold for identity was determined using a dataset of a single isolate of *V. campbellii* sequenced 39 times (Illumina only) and examining the number of SNVs between sequencing runs. The dataset was analyzed using the same in-house pipelines as above. Roary defined core genes as genes present in 100% of the samples; 643 genes, or ~12.5%, were not 100% conserved, likely due to gaps between contigs in the short read only draft genomes.

We used Resistance Gene Identifier (RGI) on the output of Prokka to examine resistance genes within the genome (22). We searched for both high identity and low identity homologous hits to identify previously known and potentially novel resistance genes, respectively. We also manually aligned known genes that can harbor resistance mutations with Muscle to identify and compare mutations within the gene that corresponded with drug susceptibility (23).

Nanoflow is available at www.github.com/zhaoc1/nanflow while all other computer code used in this study is available at www.github.com/chrgu. *M. chelonae* and *V. campbellii* assembled genomes available at GenBank under project PRJNA594977.

Results

M. chelonae was isolated from seven patients at the Hospital of the University of Pennsylvania in 2017 (Table 1), including the two breast tissue cases. Ages ranged from

46 to 64. Sites of infection included skin (n=2), breast tissue (n=2), and respiratory tract (sampled as bronchial alveolar lavage (n=1) and sputum (n=2)).

Table 1. Patient demographics and suspected pair of transmission.

ID	SUSPECTED NOSOCOMIAL INFECTION PAIR*	AGE	SEX	SITE OF COLLECTION
MYCO1	X	45	Female	breast
MYCO2	X	47	Female	breast
MYCO3		61	Female	skin
MYCO4		64	Male	bronchiolar lavage
MYCO5		61	Male	sputum
MYCO6		61	Male	sputum
MYCO7		55	Male	leg skin

Drug susceptibility testing was performed on each isolate with 11 different antibiotics to determine the minimum inhibitory concentration (MIC) (Table 2). As expected, most of the isolates of *M. chelonae* were highly resistant to antibiotics, with only a few drugs such as clarithromycin, tigecycline, and tobramycin, effective against all the strains.

Table 2. Antibiotic resistance profile of *M. chelonae* isolates with 11 antibiotics.

ID	TMP*	LINE†	CIPRO§	IMI¶	MOXI#	CEFOX**	DOXY††	MINO§§	TIGE¶¶	TOBRA##	CLAR***
MYCO1	>8/152 (R)	32 (R)	4 (R)	16 (I)	8 (R)	>128 (R)	>16 (R)	4 (I)	0.5 (S)	4 (I)	0.5 (S)
MYCO2	>8/152 (R)	32 (R)	>4 (R)	>64 (R)	8 (R)	>128 (R)	>16 (R)	>8 (R)	0.5 (S)	2 (S)	0.5 (S)
MYCO3	>8/152 (R)	32 (R)	>4 (R)	16 (I)	8 (R)	128 (R)	>16 (R)	>8 (R)	0.5 (S)	2 (S)	0.5 (S)

MYCO4	4/76 (R)	8 (S)	4 (R)	16 (I)	4 (R)	>128 (R)	>16 (R)	>8 (R)	0.5 (S)	<1 (S)	0.25 (S)
MYCO5	8/152 (R)	16 (I)	4 (R)	32 (R)	8 (R)	>128 (R)	>16 (R)	>8 (R)	0.25 (S)	2 (S)	0.5 (S)
MYCO6	>8/152 (R)	16 (I)	2 (I)	32 (R)	4 (R)	64 (I)	1 (S)	2 (I)	1 (S)	4 (I)	0.5 (S)
MYCO7	>8/152 (R)	>32 (R)	2 (I)	32 (R)	4 (R)	>128 (R)	>16 (R)	>8 (R)	0.5 (S)	2 (S)	2 (S)

Footnote: *TMP-SMX, †Linezolid, §Ciprofloxacin, ¶Imipenem, #Moxifloxacin,

**Cefoxitin, ††Doxycycline, §§Minocycline, ¶¶Tigecycline, ##Tobramycin,

***Clarithromycin

The *M. chelonae* strains were isolated from seven patients at HUP during routine clinical treatment. Frozen stocks of the *M. chelonae* isolates were cultured and DNA was extracted. Extensive optimization was required to allow lysis of the tough *Mycobacterium* cell wall while preserving long DNA chains (see methods). DNA sequencing data was acquired using the Illumina HiSeq 2500 to generate short reads and the Oxford Nanopore MinION to generate long reads. Long-read assembly was carried out by Canu and polished by Nanopolish. The long-read assemblies were either 1) corrected with short-reads by Pilon or 2) used as scaffolds to guide short-read assembly by Unicycler, then further polished by Pilon in our hybrid assembly pipeline. Both assembly methods were used with each isolate and the best draft genome was chosen based on completeness (by checkM), number and length of contigs, and alignment to a reference genome. For one of our seven strains, Myco5, only short read assembly was carried out, due to difficulty in purifying high molecular weight DNA from this isolate.

In one case, two isolates were cultured from the same patient and analyzed separately (Myco3a/3b). In another case, a single genomic DNA preparation was

sequenced and assembled twice (Myco2a/b). Both pairs provide further empirical data on the sources of error in library preparation and DNA sequencing.

The whole genome sequencing resulted in a range of contig numbers (n=1 to 76) comprising the main chromosome. For those that were hybrid assembled, the range of contigs was one to four. Three of the nine assemblies yielded complete circular contigs for the main chromosome. The genomes ranged in size from 4.95 to 5.20 Mbp. No clearly defined episomes were found, as judged by detection of extrachromosomal circles (Table S1).

We assessed the phylogenetic relationships by comparing the number of single nucleotide variants (SNVs) between core genes (genes found in every isolate), which allowed us to interrogate potential transmission chains. We used all 43 whole genome sequences of *M. chelonae* present in GenBank as reference to construct an approximately maximum-likelihood phylogenetic tree. CheckM analysis were performed to ensure completion and quality of the reference genomes prior to analysis. Analysis of our set of *M. chelonae* genomes returned a total of 17,582 genes in the pan-genome, of which only 3,368 were considered core genes. The length of the total concatenated core genes per genome was 3,296,947 bases. Within the core genes, the number of SNVs between unique isolates ranged from 3,383 to 62,854. Our two samples from the same individual (Myco3a and Myco3b) differed by 3 SNVs while our technical replicates (Myco2a and Myco2b) differed by 2 SNVs. The potential transmission pair, Myco1 and Myco2a/b differed by 16544/16542 SNVs in the core genes (SNVs are indicated for Myco2 replicates a and b, respectively). A maximum likelihood phylogenetic tree based on the SNVs data is shown in Fig 1A. There was no obvious clustering of isolates with database

samples isolated from the same human body site, animal, or environmental source. Likewise, the tree based on presence or absence of accessory genes (Fig 1B) also showed the same.

Fig 1. Relationship of *M. chelonae* genome sequences.

A. An approximately maximum-likelihood phylogenetic tree showing relationships among *M. chelonae* isolates based on SNVs in the core genes. Isolates from our study are indicated with “Myco” and the isolate number. The sampling site and host of the isolate is coded by color and shape, respectively, at branch tips. The scale at the bottom represents the number of substitutions per sequence site based on length of the tree. B: An approximately-maximum-likelihood tree showing relationship among *M. chelonae* isolates based on presence or absence of accessory genes. C: SNVs per Mb core genome between *M. chelonae* isolates. SNVs, calculated as hamming distance between the core genes of all isolates divided by the total length of core genes. Myco2a/2b and Myco3a/3b are technical and biological replicates, respectively.

To assess the likelihood of infection from a common point source, we next empirically assessed the numbers of SNVs expected due to sequencing error in a larger set of genomes. As a positive control in shotgun metagenomic studies, we repeatedly sequenced a single bacterium, *V. campbellii*, a luciferase-encoding marine bacterium, that was divergent from strains likely present in our samples. We recovered an average of 9,072,182 reads over 39 replicates, allowing generation of 39 full genome sequences. Analysis of the *V. campbellii* genomes using Roary disclosed 4495 core genes in our

samples. Within the core genes, we found a range of SNVs from 0 to 74, with mean of 15 SNVs (Fig 2A). The total length for the concatenated core genes was 4,209,934 bases. The two most divergent *V. campbellii* assemblies also had low sequence coverage (Supplementary Table S2), indicating a rough upper bound on the number of SNV errors associated with suboptimal sequence acquisition.

Fig 2. Comparison of *Vibrio campbellii* genomes by SNVs per Mb core genome to develop statistics for calling identity.

A. The set of SNVs per Mb core genome, calculated by hamming distances divided by length of core genome between the sequence sets for identical DNAs. B. Graph showing the Hamming distances (x-axis) and the frequencies of distances between pairs (y-axis). The distances between the technical and biological replicates are marked (Myco2a and 2b, and Myco 3a and 3b), as is the distance between the candidate transmission pair (Myco1 and 2a).

This comparison takes advantage of Illumina sequence reads only, whereas our *M. chelonae* isolates were sequenced using hybrid assembly of short and long reads. We thus generated short read only assemblies for the *M. chelonae* isolates for a more direct comparison to the *V. campbellii* dataset. Our short-read-only genomes contained slightly fewer core genes (3,143 vs 3,368) compared to our hybrid assemblies. The short-read genomes also had more SNVs per Mbp core genes. Both of our technical replicates showed slightly higher SNV counts (3 and 64), but were lower than the maximum

number of SNVs for identical strains in our control *V. campbellii* dataset (the maximum number of SNVs for any pair of isolates was 74).

The possible transmission pair, isolates Myco1 and Myco2a/b (Fig 3), differed by 16,542/16,544 SNVs in the core genes (Fig 2B), providing strong evidence that they are different strains and not related by direct person-to-person transmission. This corresponds to a difference of 5,237.58 SNVs per Mbp core genes. The smallest difference between our isolated *M. chelonae* strains was 3426 SNVs in the core genes or 1038.18 SNVs per Mbp core genes. Our technical replicates Myco3a and Myco3b differed by 3 SNVs (0.91 SNVs per Mbp core genes), and Myco2a and Myco2b differed by 2 SNVs (0.61 SNVs per Mbp core genes) (Fig 1C). For comparison, the mean number of SNVs in pairwise comparisons of *V. campbellii* control assemblies was 5.71 SNVs per Mbp core genes; the maximum number was 17.62 SNVs per Mbp core genes (Fig 2B). The number of SNVs in the candidate transmission pair thus far exceeds the number of SNVs that could be generated by sequencing error per Mbp as seen from the *V. campbellii* controls and exceeds the SNVs generated in our *M. chelonae* replicates (p-value < 0.001 by binomial test). Thus, the data do not support transmission of a common strain from a single point source, or a transmission event between the patients (Fig 2B).

Fig 3. Comparison of genomes from the candidate transmission pair.

Circos plots are shown of assemblies of Myco1 (left) and Myco2b (right). Each ring represents, from inner to outer ring GC content; GC skew; RNA genes; genes unique to the isolate, colored by COG function; and genes shared between the two isolates, colored by COG function. Each genome was rotated to the origin of replication at the top.

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291 The molecular determinants of antibiotic resistance in *M. chelonae* are not well
292 studied, so we sought to assess possible mechanisms disclosed in our sequence data.
293 Analysis using Resistance Gene Identifier (RGI) searching for high identity hits to
294 previously known genes related to resistance (22), yielded two partial hits to genes in all
295 the isolates, and a third in three of seven isolates. The two partial hits in all isolates were
296 *LRA-3* (100% identity) and *erm(38)* (80% identity); the third gene was *mtrA* (95.17%
297 identity). *LRA-3* is a gene coding for a beta-lactamase originally identified in soil samples
298 and could possibly contribute imipenem resistance (24). The gene, *erm(38)*, encodes for a
299 23S dimethyltransferase found in *Mycobacterium smegmatis* and can provide resistance
300 to macrolides and lincosomides (25). It has been shown to increase resistance to
301 Clarithromycin (26). *mtrA* is a gene from *Mycobacterium tuberculosis* whose expression
302 has been shown to influence cell morphology and drug resistance in *Mycobacterium*
303 *smegmatis* (27,28).

304 We also used RGI to identify genes with lower homology to known resistance
305 genes, providing possible starting points for follow up studies. We found a list of
306 candidate genes that may contribute to resistance and further narrowed down the list
307 using the susceptibility testing data by filtering out genes that were present in susceptible
308 populations and genes that were not present in intermediate or fully resistant populations.
309 Only 6 of the 11 drugs had low identity matches associated with their resistance pattern:
310 TMP-SMX (sulfonamide), ciprofloxacin (fluoroquinolone), moxifloxacin
311 (fluoroquinolone), imipenem (carbapenem), ceftiofur (cephalosporin), and Minocycline
312 (tetracycline). Genes are listed in Supplementary Table S3.

We further examined genes reported to be targets of mutations that may cause resistance, such as mutations in 23S rRNA for linezolid resistance and *gyrA* for fluoroquinolone resistance. There were no known or novel mutations present in the 23S rRNA genes in our isolates that correlated with drug susceptibility or resistance. For *gyrA*, we compared the two intermediate resistant isolates (Myco6 and Myco7) to five resistant isolates. We found that there were no consistent mutations that resulted in resistance, but Myco6 had two mutations (S710R and E773D) not present in the other isolates and Myco7 had one mutation not present in the other isolates (T832A). These amino acid changes might potentially modulate the resistance phenotype, though functional confirmation is needed.

Discussion

Here we investigated the possibility of a nosocomial *M. chelonae* transmission at the HUP in 2017 and found that there is no evidence to support a point source outbreak. Our analysis found each isolate of *M. chelonae* was no more similar to each other than to the strains collected from the NCBI database. This further supports that these infections are likely acquired from the environment and not from a single point source. Our analysis also supports the use of next generation sequencing to assess possible nosocomial transmissions within the hospital environment.

To provide a control for sequencing error, we developed a dataset to help set a threshold for use in calling identity between two isolates that takes account of error in DNA sequence determination. We sequenced a strain of *V. campbellii* using the Illumina method as a control 39 times independently. We found that the depth of sequencing

coverage correlated with the number of SNVs found in the genome assembly. The number of SNVs ranged from 0 to 74 SNVs depending on which pair of sequencing runs was compared, despite the same input DNA. There were several runs that though following the same protocol, had higher numbers of SNVs on average when compared to sequencing results of other runs, and these correlated with low sequence coverage (Supplementary Table S2). Going forward, the data presented here provides a threshold for comparing microbial genomes generally.

Our analysis also included two samples collected from the same individual and a single isolate sequenced twice, again to help evaluate thresholds for calling identity despite sequencing error. We found that our two samples from the same patient only differed by 0.91 SNVs per Mbp core genes after our hybrid assembly; our single isolate sequenced twice differed by 0.61 SNVs per Mbp core genes. These control *M. chelonae* genomes show SNV numbers well within the range expected for identical sequences based on our *V. campbellii* dataset. This indicates that the sequencing and hybrid assembly pipeline works as expected to generate high quality genomes and allows identification of identical organisms sequenced separately.

Our analysis also shed light on the host preferences of sequenced *M. chelonae* strains. Some of our isolates were related to environmental samples such as water and sea creatures, while others clustered with human isolates. Our data did not provide evidence for a strongly human-associated clade.

Our investigation of the genetic basis of *M. chelonae* drug resistance was inconclusive. Examination with Resistant Gene Identifier provided us a list with possible resistance genes. While there were a few high identity resistance gene hits in our isolates,

the presence of these genes did not correspond with the drug susceptibility phenotypes. For example, every isolate had an 80% identity hit to *erm(38)*, a gene found in *M. smegmatis* to mediate resistance to macrolides, such as clarithromycin, but all of the isolates were susceptible to clarithromycin. Thus, it is possible that the *erm(38)* homolog in *M. chelonae* performs a different role. For *LRA-3*, a metallo-beta-lactamase gene, all isolates were intermediately or fully resistant to the carbapenem tested. Since there are two phenotypes in the presence of the gene, this suggests that it may play a role in resistance, but other mechanisms may be involved as well. We also assessed low homology hits to resistance genes and mutations in genes that are known to influence drug susceptibility. For both, we have a narrow list of possible genes or mutations, but given our low sample size, it is likely that most are false positives, and all require further validation to confirm. Resistance in *M. chelonae* may in part be due to blocking entry of antibiotics by the tough cell wall documented previously (29). Data presented here may help guide future studies of mechanisms of resistance in *M. chelonae*.

In conclusion, we investigated a possible nosocomial outbreak of *M. chelonae* at HUP. Our analysis concluded that no point source transmission occurred and that each case of *M. chelonae* involved clearly distinct strains, likely acquired from the environment. Our analysis also includes a dataset to help determine thresholds for evaluating identity between different strains while controlling for sequencing error. Finally, we queried potential antibiotic resistance mechanisms by genomic analysis, providing candidate genes and mutations for potential follow up.

Acknowledgements

We are grateful to members of the Bushman laboratory for help and suggestions; and Laurie Zimmerman for help with figures.

Financial Disclosure Statement

This work was supported by the Penn Center for AIDS Research P30 AI 045008; and the PennCHOP Microbiome Program (<https://pennchopmicrobiome.chop.edu>).

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Supplementary Material

S1 Table. Genome sequences analyzed in this study.

S2 Table. *Vibrio campbellii* assembly information.

474 **S3 Table. List of potential *Mycobacterium chelonae* resistance genes by drug type**

Figure 1
A

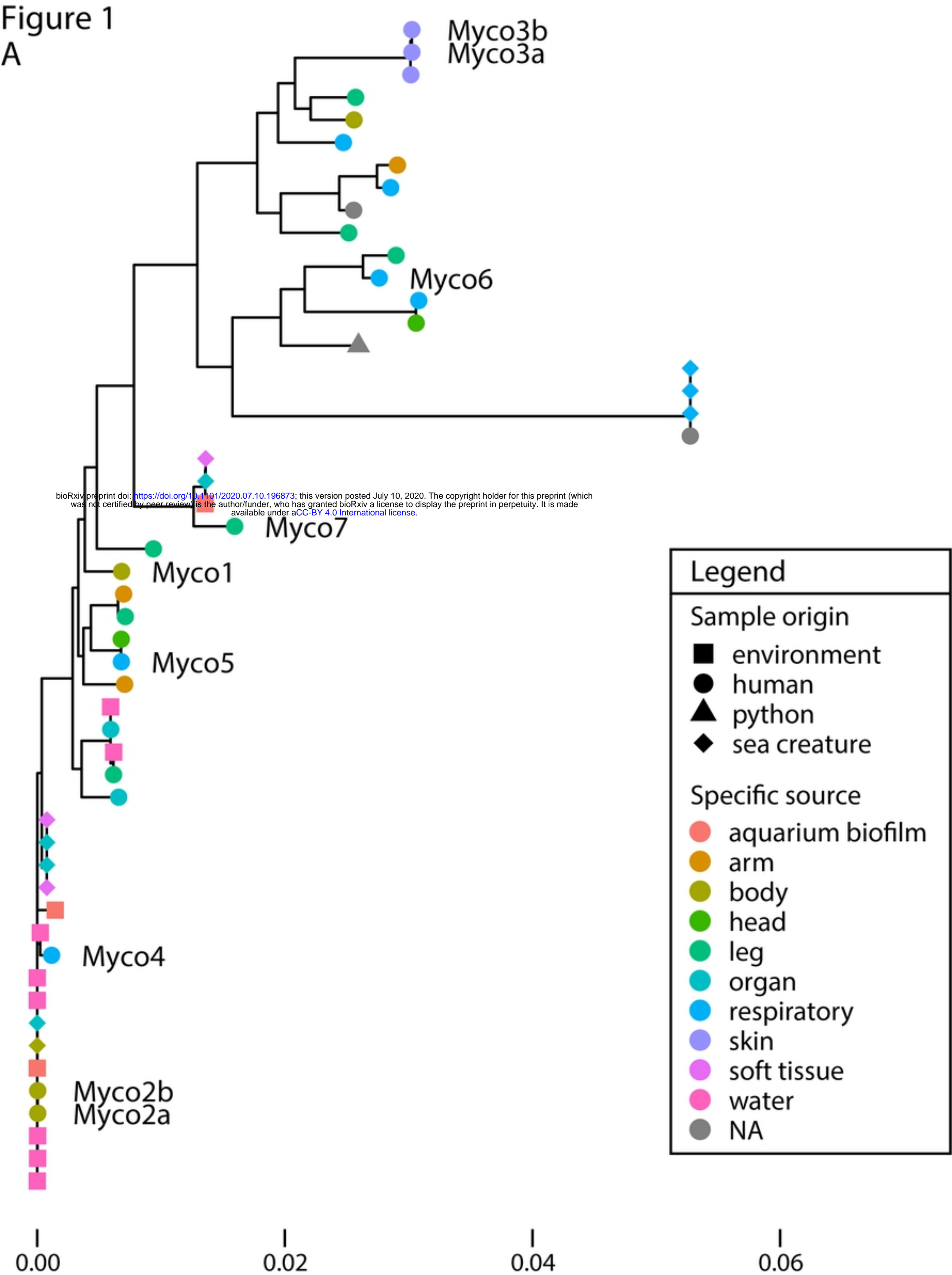


Figure 1a

Figure 1

B

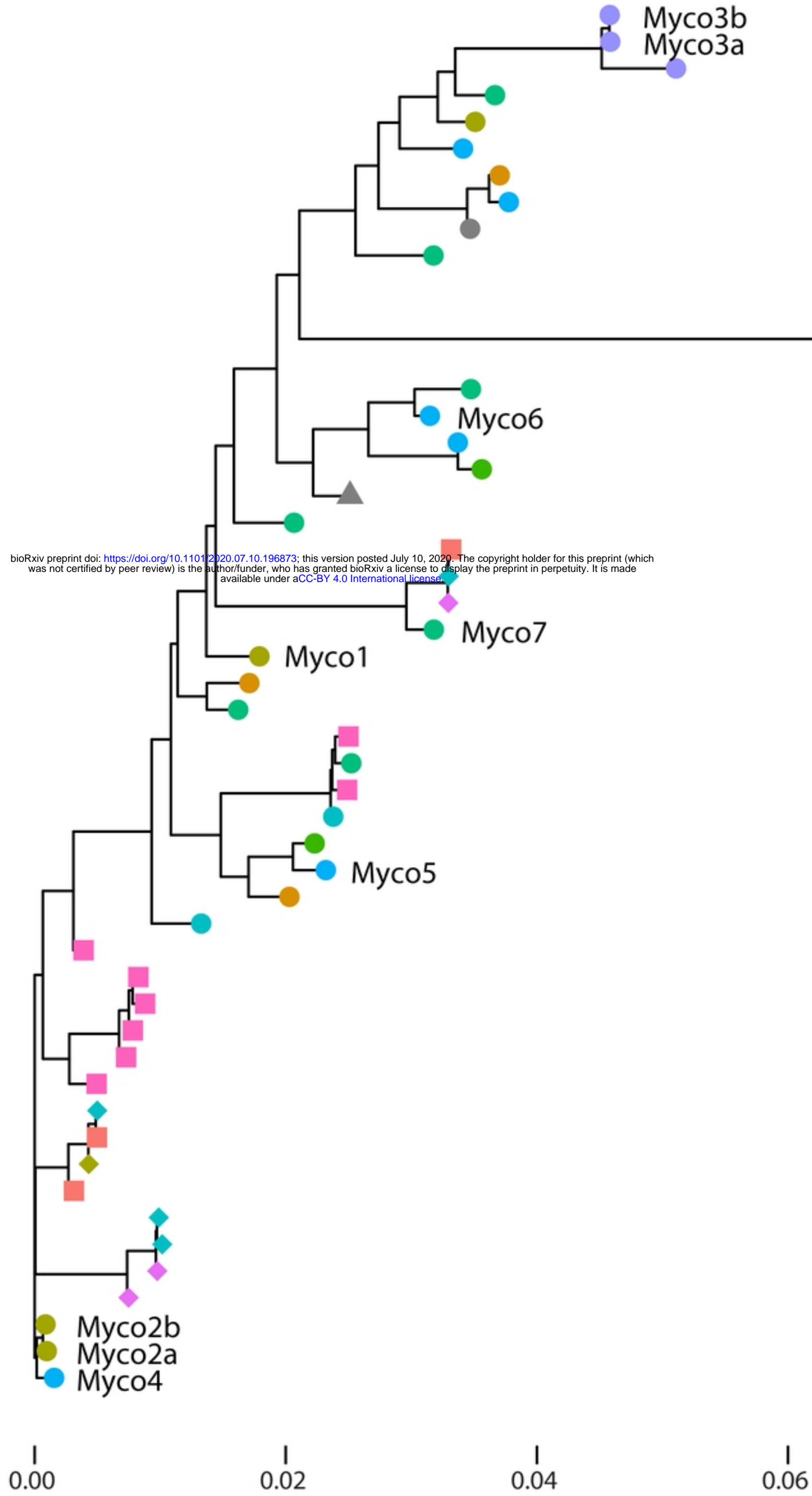


Figure 1b

Figure 1

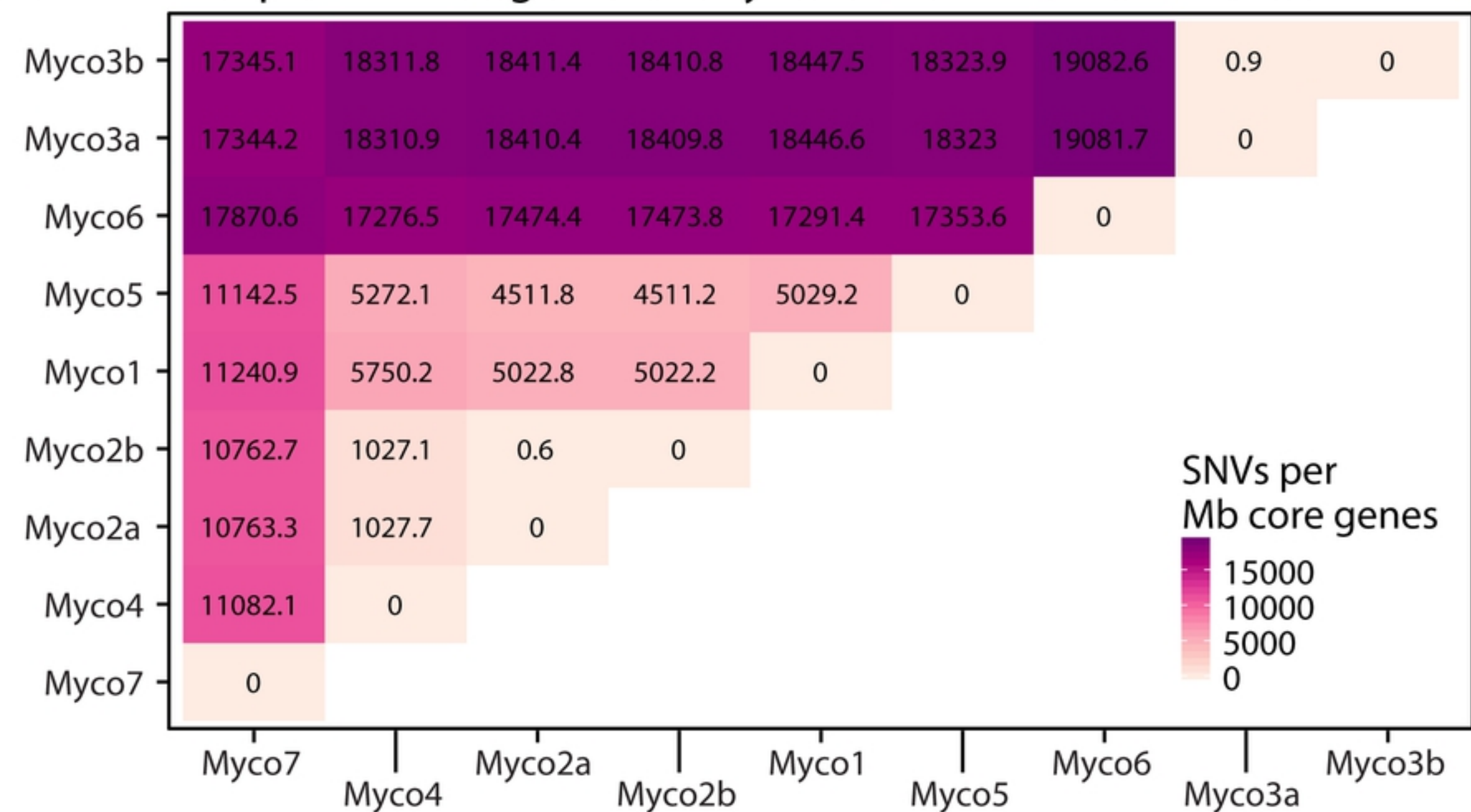
C SNVs per Mb core genes for *Mycobacterium chelonae* isolates

Figure 1c

SNVs per Mb core genes for *Vibrio* core genomes

A

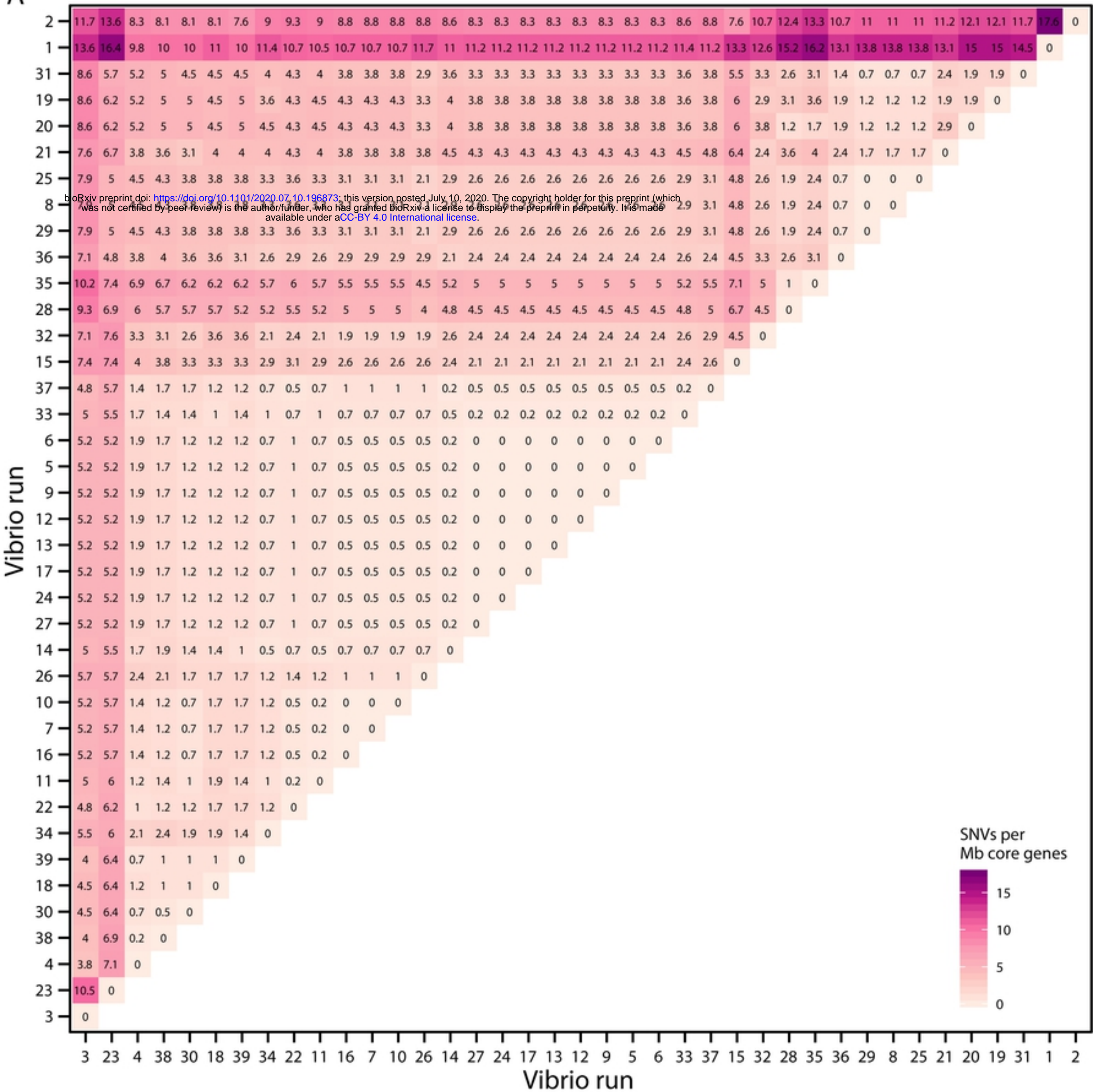


Figure 2

B

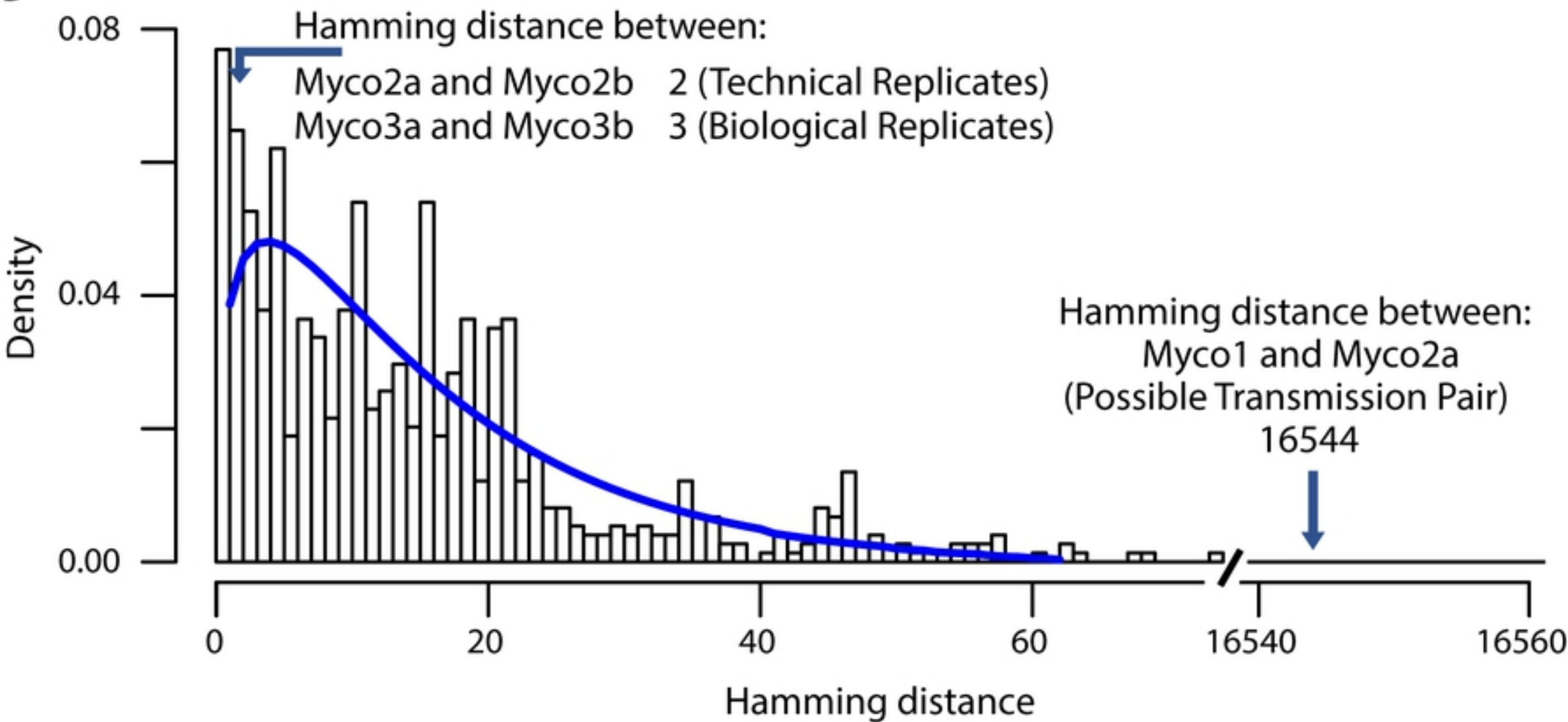


Figure 2b

Figure 3

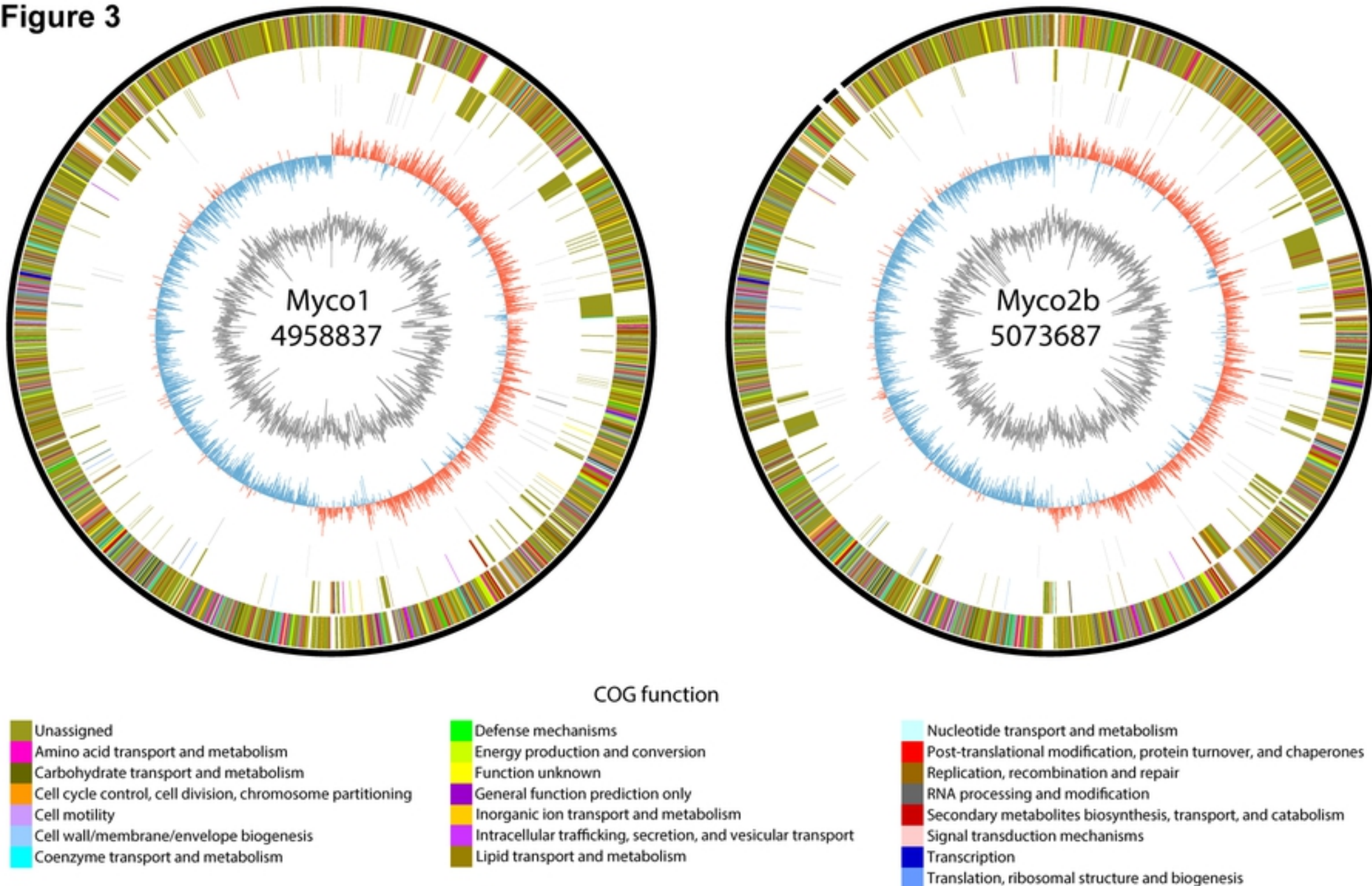


Figure 3