

P0461 Comparative genomics of emerging MDR *Enterococcus raffinosus* causing hospital outbreaks in European countries

Ricardo León-Sampedro*¹, Maria Elena Barone², Ana P. Tedim³, Juan Ayala⁴, Ana Raquel Freitas³, Carla Novais³, Michael Brilhante⁵, Luisa Maria Vieira Peixe³, Katherine Loens⁶, Ewa Sadowy⁷, Vincent Cattoir⁸, Herman Goossens⁶, Janetta Top⁹, Rob Willems¹⁰, Floriana Campanile¹¹, Stefania Stefani^{11,12}, Rafael Canton Moreno, Fernando Gonzalez-Candelas¹³, Fernando Baquero, Teresa M. Coque

¹ Ramón y Cajal Health Research Institute (IRYCIS), Madrid, Spain, ² Department of biomedical and biotechnological sciences (BIOMETEC), University of Catania, Catania, Italy, ³ University of Porto, Porto, Portugal, ⁴ Centre for Molecular Biology "Severo Ochoa", CSIC -UAM, Madrid, Spain, ⁵ University of Bern, Bern, Switzerland, ⁶ University of Antwerp, Belgium, ⁷ National Medicine Institute, Poland, ⁸ Université de Caen Normandie | UNICAEN, France, ⁹ Medical Microbiology, UMCU, Utrecht, Netherlands, ¹⁰ University of Utrecht, Netherlands, ¹¹ University of Catania, Italy, ¹² Biomedical and Biothechnological Sciences, Catania, Italy, ¹³ Universitat de Valencia - FISABIO, Spain

Background: Ampicillin resistant (AmpR) *Enterococcus raffinosus* strains are increasingly being described in European hospitals and long-term care facilities (LTCF). Comparative genomic analysis of AmpR *E. raffinosus* strains causing recent hospital outbreaks, or persistently recovered in European health institutions is reported.

Materials/methods: Fifteen AmpR *E. raffinosus* isolates were sequenced (Illumina HiSeq4000). They represent recent vancomycin (*vanA*) resistant clonal outbreaks described in hospitals of Belgium (n=4), France (n=1), and Poland (n=1), and also endemic invasive strains persistently isolated in Spain (n=5), strains from colonized persons at LTCF in Portugal (n=3) and one clinical isolate collected in The Netherlands in 1964. Epidemiological data for all the strains was available. The presence of antibiotic resistance genes (ARG-ANNOT database) and plasmids was analyzed by *in silico* PCR (plasmidFinder). Comparative genomics of core and accessory genomes by phylogenetic analysis and using bioinformatics tools (AccNET, PLACNET, plasmidSPAdes) was carried out.

Results: *E. raffinosus* genomes ranges from 4.2 to 4.7 Mb (GC%=39.4). Phylogenetic tree of the core genome revealed two branches, arbitrarily named clade 1 (4 AmpR/*vanA* strains from Belgium, 2 AmpR BSI strains from Spain, and 1 AmpR clinical isolate from The Netherlands) and clade 2 (fecal isolates from Spain and Portugal, Poland and France). Some strains showed highly similar PFGE types. All isolates carried regions of a pathogenicity island encoding Esp previously described in *Enterococcus faecium*. Plasmids were only present in outbreak strains, which contained Inc18 plasmids (rep1_{pIP501} + rep2_{pRE25/pEF1}), and sporadically, rep genes of RepA_N family (rep17_{pRUM}, n=2; rep9_{pAD1}, n=1) and RCR plasmids (rep18_{p220B/p418}, rep22_{pUB110}). Genes conferring resistance to aminoglycosides (*aac6-aph2*, *ant6-la*, *aph3-III*), macrolides [*sat4A*, *erm(A)*], tetracycline [*tet(M)*, *tet(L)*] and vancomycin (*vanA*) were detected in both branches. Genes *aadD*, *erm(B)* only appeared in clade 1 and those conferring resistance to chloramphenicol (*cat-pC194*, *cat-pC221*) in clade 2. Mutations in PBP_s varied between clusters.

Conclusions: Two *E. raffinosus* populations are described, both comprising strains able to spread within and between hospitals. The findings highlight the need to prevent the selection and transmission of AmpR clinical *E. raffinosus* isolates that may acquire MDR plasmids and mobile genetic elements from highly prevalent clinical *E. faecium* strains.



