Kaptive 2.0: updated capsule and LPS locus typing for the *Klebsiella pneumoniae* species complex

Margaret M. C. Lam[1] [*] [(0000-0001-9590-6849)], Ryan R. Wick[1] [(0000-0001-8349-0778)],

Kathryn E. Holt[1,2] [(0000-0003-3949-2471)] and Kelly L. Wyres[1] [*] [(0000-0002-4033-6639)]

[1] Department of Infectious Diseases, Central Clinical School, Monash University, Melbourne, Victoria, 3004, Australia

[2] Department of Infection Biology, Faculty of Infectious and Tropical Diseases, London School of Hygiene & Tropical Medicine, London WC1E 7HT, UK

Corresponding authors: Margaret.lam@monash.edu; Kelly.wyres@monash.edu

Keywords: *Klebsiella pneumoniae, Klebsiella* capsule K-locus genomic surveillance, K-locus, O-locus

Repositories:

1.1 Repositories:

Genome sequence from which the novel K locus KL182 was defined has been deposited under the accession JAJHNT000000000.

Abstract

The outer polysaccharide capsule and lipopolysaccharide antigens are key targets for novel control strategies targeting *Klebsiella pneumoniae* and related taxa from the *K. pneumoniae* species complex (KpSC), including vaccines, phage and monoclonal antibody therapies. Given the importance and growing interest in these highly diverse surface antigens, we had previously developed Kaptive, a tool for rapidly identifying and typing capsule (K) and outer lipopolysaccharide (O) loci from whole genome sequence data. Here, we report two significant updates, now freely available in Kaptive 2.0 (github.com/katholt/kaptive); i) the addition of 16 novel K locus sequences to the K locus reference database following an extensive search of >17,000 KpSC genomes; and ii) enhanced O locus typing to enable prediction of the clinically relevant O2 antigen (sub)types, for which the genetic determinants have been recently described. We applied Kaptive 2.0 to a curated dataset of >12,000 public KpSC genomes to explore for the first time the distribution of predicted O (sub)types across species, sampling niches and clones, which highlighted key differences in the distributions that warrant

33 further investigation. As the uptake of genomic surveillance approaches continues to expand
34 globally, the application of Kaptive 2.0 will generate novel insights essential for the design of
35 effective KpSC control strategies.

Significance as a BioResource to the community

Klebsiella pneumoniae is a major cause of bacterial healthcare associated infections globally, with
increasing rates of antimicrobial resistance, including strains with resistance to the drugs of last
resort. The latter have therefore been flagged as priority pathogens for the development of novel
control strategies.

K. pneumoniae produce two key surface antigen sugars (capsular polysaccharide and
lipopolysaccharide (LPS)) that are immunogenic and targets for novel controls such as a vaccines and
phage therapy. However, there is substantial antigenic diversity in the population and relatively little
is understood about the distribution of antigen types geographically and among strains causing
different types of infections. Whereas laboratory-based antigen typing is difficult and rarely
performed, information about the relevant synthesis loci can be readily extracted from whole
genome sequence data. We have previously developed Kaptive, a freely available tool for rapid
typing of *Klebsiella* capsule and LPS loci from genome sequences.

Kaptive is now used widely in the global research community and has facilitated new insights into
Klebsiella capsule and LPS diversity. Here we present an update to Kaptive facilitating i) the
identification of 16 additional novel capsule loci, and ii) the prediction of immunologically relevant
LPS O2 antigen subtypes. These updates will enable enhanced sero-epidemiological surveillance for
K. pneumoniae, to inform the design of vaccines and other novel *Klebsiella* control strategies.

Data summary

1. The updated code and reference databases for Kaptive are available at
https://github.com/katholt/Kaptive

2. Genome accessions from which reference sequences of novel K loci were defined are listed
in Supplementary Table 1, and genomes from which these loci were detected (along with
the corresponding Kaptive output) are listed in Supplementary Table 2.

3. Accessions for the genomes screened for O types/subtypes (along with the corresponding
Kaptive output) are listed in Supplementary Table 3.

The authors confirm all supporting data, code and protocols have been provided within the article
or through supplementary data files.

Introduction

The *Klebsiella pneumoniae* species complex (KpSC) is a group of closely related Gram-negative
bacterial taxa including the opportunistic pathogen, *Klebsiella pneumoniae* [1]. The 'K' in the ESKAPE
pathogens, *K. pneumoniae* is considered one of the six most important causes of drug resistant
healthcare-associated infections [2], and antimicrobial resistant strains contribute significantly to the
total burden of communicable disease in high income countries [3]. In low- and middle- income
countries *K. pneumoniae* is also recognised as the leading cause of Gram-negative neonatal sepsis,
contributing to 10% of total neonatal sepsis deaths [4, 5]. *K. pneumoniae* with resistance to the
third-generation cephalosporins and carbapenems are disseminating globally and of particular
concern because they cause infections with very limited treatment options. As a consequence, there
is increasing interest in developing novel anti-KpSC control strategies such as vaccines, phage and
monoclonal antibody therapies [6–9].

The KpSC polysaccharide capsule and lipopolysaccharide (LPS) antigens are pathogenicity factors
[10–13] and among the key targets for novel control strategies [7, 14–18]. Of particular interest,
there is mounting evidence that capsule and/or LPS immunisation can elicit a protective immune
response, and several anti-KpSC capsule and/or LPS vaccines have entered clinical trials [19–23].
However, considerable antigenic diversity exists within the KpSC population (>77 serologically
defined capsule types [24–26], >8 LPS O antigen serotypes [16, 27], and many more predicted on the
basis of genomic data [28, 29]), and there is a paucity of sero-epidemiological knowledge, which
hampers efficient vaccine design. While traditional KpSC serological typing techniques are technically
challenging and rarely performed, information about capsule and O antigen serotypes can be rapidly
extracted from whole genome sequence (WGS) data by typing the corresponding capsule (K) and O
biosynthesis loci [29, 30].

The K locus comprises a ~10-30 kbp region of the chromosome and ~10-30 genes. The conserved
capsule synthesis and export machinery genes are located in the 5'- (*galF, cpsACP, wzi, wza, wzb,*
wzc) and 3'- (*ugd*) most regions, and flank the genes encoding the capsule-sugar-specific synthesis
machinery, Wzx capsule-specific flippase, and Wzy repeat unit polymerase [31, 32]. The O locus
comprises a ~7-13 kbp region of the chromosome between the K locus and the *hisE* gene [28]. All O
loci identified to-date contain the *wzm* and *wzt* genes encoding the membrane transporter complex
[33], but the relative positions of these genes is not consistent [28].

Comparison of the K loci of the 77 original capsule serotype reference strains showed that all but
two could be distinguished by a unique combination of genes in the centre of the locus, i.e. there
was an approximate one-to-one relationship between K locus and serologically-defined K type [32].

In light of these findings, we previously leveraged a collection of >2500 KpSC genomes to identify
additional K loci, defined on the basis of unique gene content [28, 29]. A total of 59 loci were
identified, and labelled KL101-KL159. While the corresponding serotypes remain uncharacterised,
we predict that these loci encode distinct capsule types that likely correspond to the majority of the
10-70% of strains that have been deemed non-typeable and/or cross-reactive via serological typing
techniques [34–36].

To facilitate the rapid identification of K loci from KpSC whole genome sequences, we developed a
tool known as Kaptive [29], which uses a combination of BLASTn and tBLASTn search to identify the
best matching locus from the reference database, and provide an indication of the match
confidence. We recommend reporting matches of 'Good' confidence or higher. Low or no
confidence matches generally result from sequencing and/or assembly problems that cause the K
locus to be split across multiple assembled contigs, but can also represent novel loci that were not
captured in the original discovery genome set. Indeed, subsequent studies have identified 11
additional loci that have been incorporated into the database ([37] and see details at
github.com/katholt/kaptive), resulting in a total of 146 loci defined to-date. We anticipate the
discovery of additional novel loci, particularly given the availability of greater numbers of KpSC
genomes from diverse sources and locations. Notably, our recent analysis of >13,000 publicly
available KpSC genomes identified 19% with low or no confidence K locus matches that remain to be
explored [38].

The majority of distinct LPS O antigens are also associated with distinct O loci (also known as *rfb*
loci), distinguished on the basis of gene content [39–42]. However, key exceptions are strains
expressing the O1 and O2 antigens, both of which can be associated with either of two distinct O
loci, O1/O2v1 and O1/O2v2 [15, 41, 43]. Expression of either locus results in the production of an O2
antigen (D-galactan I or III), that can be converted to O1 by addition of a D-galactan II repeat unit by
WbbYZ (encoded elsewhere in the genome) [44].

In 2018 we extended Kaptive to support KpSC O locus typing and included discrimination of the O1
and O2 types by tBLASTn search for the *wbbYZ* genes, reported as shown in **Table 1** [30]. However,
recent experimental evidence has shown that only the WbbY protein is needed to convert O2 to O1
[45]. Additionally, the genetic determinants of four distinct O2 antigen subtypes have now been fully
elucidated (O2a, O2afg, O2ac, O2aeh) [45, 46]. The O2a antigen comprises alternating repeat units
of α-(1-3)–linked galactopyranose (Gal*p*) and β-(1-3)-linked galactofuranose (Gal*f*) residues (D-
galactan I) [40]. O2afg comprises O2a with a (1-4)-linked Gal*p* side chain, while O2aeh comprises O2a
with a (1-2)-linked Gal*p* side chain [43]. Like O1, O2ac comprises O2a or O2afg with an additional
repeat unit covalently linked to the non-reducing terminus (it also seems likely that O2aeh can be
modified in this way). While the O1 repeat unit comprises [-3)-α-D-Gal*p*-(1-3)-β-D-Gal*p*-(1-] (also

known as D-galactan II) [40], the O2ac repeat unit comprises [-3)-β-D-Glc$p$NAc-(1-5)-β-D-Gal$f$(1-]

[43, 46]. These subtypes are associated with specific combinations of O loci (O1/O2v1, O1/O2v2 and

a novel locus identified in the O2aeh type strain, here called O1/O2v3) with/without additional

genes located elsewhere in the genome (*wbbY*, *gmlABD* and *wbmVW* [45, 46], see **Table 1**). There is

emerging evidence that these subtypes differ in terms of immunogenicity [15, 17, 47] but little is

known about their distribution in the KpSC population, which may have implications for the design

of vaccines or monoclonal antibody therapies targeting KpSC LPS.

Here we report; i) an update to the KpSC K locus database to include 16 novel loci identified from a

high-throughput screen of >17,000 publicly available genomes; and ii) an updated version of Kaptive

that can rapidly distinguish O2 subtypes to support enhanced LPS sero-epidemiological

investigations. We apply this update to explore the distribution of O (sub)types between KpSC

species and among isolates from different sources and clonal groups (CGs), including the well-known

globally distributed multi-drug resistant clones and the hypervirulent clones associated with severe

community-acquired disease.

Table 1: Genetic determinants of *Klebsiella pneumoniae* species complex O1 and O2 outer

lipopolysaccharide antigens as reported in Kaptive.

O locus	Extra genes	Kaptive <v2.0	Kaptive ≥v2.0	
		Locus[a]	Locus[a]	Type[b]
O1/O2v1	none	O2v1	O1/O2v1	O2a
O1/O2v2	none	O2v2	O1/O2v2	O2afg
O1/O2v3	none	N/A	O1/O2v3	O2a
O1/O2v1	*wbbYZ*[c]	O1v1	O1/O2v1	O1
O1/O2v2	*wbbYZ*[c]	O1v2	O1/O2v2	O1
O1/O2v3	*wbbYZ*[c]	N/A	O1/O2v3	O1
O1/O2v1	*wbbY* OR *wbbZ*	O1/O2v1	N/A	N/A
O1/O2v2	*wbbY* OR *wbbZ*	O1/O2v2	N/A	N/A

O1/O2v3	*wbbY* OR *wbbZ*	N/A	N/A	N/A
O1/O2v1	*wbmVW*	N/A	O1/O2v1	O2ac
O1/O2v2	*wbmVW*	N/A	O1/O2v2	O2ac
O1/O2v3	*wbmVW*	N/A	O1/O2v3	O2ac
O1/O2v1	*gmlABD*	N/A	O1/O2v1	O2aeh
O1/O2v2	*gmlABD*	N/A	O1/O2v2	O2aeh
O1/O2v3	*gmlABD*	N/A	O1/O2v3	O2aeh
O1/O2v1	*wbbY* AND *wbmVW*	N/A	O1/O2v1	O1 (O2ac)[d]
O1/O2v2	*wbbY* AND *wbmVW*	N/A	O1/O2v2	O1 (O2ac)[d]
O1/O2v3	*wbbY* AND *wbmVW*	N/A	O1/O2v3	O1 (O2ac)[d]

[a] as reported in the 'Best match locus' column in the Kaptive output

[b] predicted antigenic serotype reported in the 'Best match type' column in the Kaptive output (v2.0 and above)

[c] Kaptive v2.0 and above check only for *wbbY*.

[d] predicted antigenic serotype likely O1 but may also be O2ac (there is currently no corresponding type strain
with *wbbY* and *wbmVW*)

N/A - not applicable

Methods

Identification of novel K loci

We have previously reported genotyping information for 13,156 publicly available KpSC genomes
(including species, multi-locus sequence types (STs), K loci and K locus confidence calls) [38]. Here
we leverage these data in combination with 3,958 additional published KpSC genomes and 638 from
our private collection (**Table 2**) for which the corresponding sequence reads were *de novo*
assembled using Unicycler v0.4.7. Species and STs were determined using Kleborate v2.0.3 [38] and
K loci identified using Kaptive v0.7.3 [29].

Table 2: Sources of *K. pneumoniae* species complex (KpSC) genomes from which novel K loci were
identified

Collection description	Reference	N Genomes (N low confidence K loci[a])
Curated, publicly available KpSC isolate genomes	[38] (also see refs therein)	13156 (1802)
KpSC isolate genomes from diverse niches in a single city in Italy	[48]	1965 (75)
Blood and urinary tract KpSC isolate genomes from Norwegian hospitals	[49]	868 (358)
Clinical KpSC isolate genomes from an Australian hospital	This study	638 (18)
Community rectal carriage KpSC isolate genomes from Norway	[50]	484 (36)
KpSC neonatal sepsis isolate genomes from south east Asia and Africa	[5]	276 (93)
KpSC isolate genomes from pigs and pig farmers in Thailand	[51]	253 (31)
Klebsiella variicola from various sources	[52]	112 (6)
Total		**17752 (2419)**

[a] Genomes harbouring K loci for which the Kaptive confidence call was 'Low' or 'None', and subsequently
included in this study.

Genomes for which the Kaptive K locus confidence call was "Low" or "None" were included for
further analysis as follows: genomes for which the Kaptive output did not indicate a fragmented K
locus assembly (i.e. the K locus problems column did not contain '?') were subjected to manual
inspection using Bandage v0.8.1 [53] to visualise the BLASTn coverage to the best match K locus and
assess if the genome truly harboured the best match locus, a variant thereof (insertion sequence (IS)
or deletion variant) or a putative novel locus. Genomic regions corresponding to putative novel loci
were extracted and clustered using CD-HIT-EST v4.8.1 (default parameters) [54]. A single
representative of each cluster was; a) annotated using Prokka v1.14.6 [55] with a reference database
of known KpSC K locus genes; b) subjected to BLASTn search for known KpSC K locus genes and
those annotated in each of the other putative novel K loci. Inspection of the BLASTn results
highlighted putative novel loci with similarity to each other and/or existing loci (i.e. those with

BLASTn hits ≥80% identity and ≥80% coverage to multiple capsule-sugar-specific synthesis genes
from the same reference locus). The corresponding loci were subsequently compared by BLASTn and
visualised with the Artemis Comparison Tool v18.0.2 [56] to clarify if they were distinct or should be
considered as IS or deletion variants of the same locus.

Annotations were manually curated for one representative of each of the final set of distinct novel
loci (**Supplementary Table 1**). Where possible, sequences without IS transposase annotations were
preferentially selected for curation, as is recommended in order to prevent Kaptive reporting
spurious gene matches to transposases that may be present in multiple copies in any location of a
query genome. Where no IS transposase-free representative was available (n=5 loci, subsequently
assigned KL173, KL176, KL181, KL184 and KL185), full length ISs were identified by BLASTn search of
the ISfinder database [57] and manually deleted along with their associated direct repeats and one
copy of the associated target site duplicated repeat to obtain a putative IS-free reference sequence.
Curated locus annotations were added to the reference database and Kaptive was rerun on all
genomes to determine the prevalence of novel loci (**Supplementary Table 2**). Only Kaptive locus
calls with confidence 'Good' or better are reported. Visual comparisons of the novel K loci and
annotated coding sequences (CDS) were generated with clinker v0.0.21 [58].

Implementation of O2 subtyping

Kaptive takes as input a query genome assembly and a reference locus database in GenBank format.
Loci are identified by a note field within the sequence source information in the format:

/note="O locus: O1/O2v1"

Additional genes relevant to KpSC O typing (i.e those located outside of the O locus) are marked as
follows:

/note="Extra genes: wbbY"

In Kaptive 2.0 we have implemented an additional note field for reference loci that indicates the
corresponding serotype. E.g. for the O5 locus the corresponding O type is known to be O5 and hence
the corresponding note fields read:

/note="O locus: O5"

/note="O type: O5"

For loci identified from genome data and defined on the basis of gene content alone, e.g. OL101,
there is no known serotype and hence the corresponding note fields read:

/note="O locus: OL101"

/note="O type: unknown (OL101)"

For the O1 and O2 loci, the corresponding serotypes/subtypes are distinguished by the
presence/absence of additional genes located elsewhere in the genome, as is now indicated by the
use of the term 'special logic' in the serotype notes field e.g:

/note="O locus: O1/O2v1"

/note="O type: special logic"

After identifying the best match locus from the database (the locus with the highest BLASTn
coverage), Kaptive 2.0 will extract the corresponding type information from the GenBank
annotation. When the type is indicated as 'special logic' Kaptive will perform tBLASTn search for all
coding sequences within database entries marked with the note field 'Extra genes' (*wbbY*, Genbank
accession MG458672.1; *wbmVW*, accession MG602074.1; *gmlABD*, accession MG458670.1). tBLASTn
hits exceeding the minimum identity and coverage cut-offs (default 80% and 90%, respectively) are
interpreted to indicate the presence of the corresponding gene(s). The reported O type is
determined by the combination of best match O locus and any extra gene(s) detected, as specified in
the "Klebsiella_o_locus_primary_reference.logic" file and shown in **Table 1**. In the event that a
combination is not represented in the logic file, Kaptive will report the O type as "unknown."

Updated locus and serotype reporting

In the previous version of Kaptive the distinction between the KpSC O1 and O2 types was indicated
in the output table in the 'Best match locus' as shown in **Table 1**. However, we have noted that this
has resulted in confusion in the community regarding the distinction between O loci and O types. In
order to clarify these differences and ensure that all relevant information is included in the output,
Kaptive 2.0 reports the best match locus and the predicted serotype in separate columns in the
output (see **Table 1**). The three distinct O loci associated with the O1 and O2 (sub)types are reported
simply as O1/O2v1, O1/O2v2 and O1/O2v3 in the 'Best match locus' column, meaning that genomes
harbouring the same O locus can be easily identified even when predicted to express a different O
type due to variation elsewhere in the genome.

The same approach for distinguishing 'Best match locus' from 'Best match type' is applied to all
databases parsed by Kaptive 2.0 in order to aid interpretation of the output and clarify what is
known about the relationships between loci and serotypes. In particular we hope this will clarify
where serotypes are or are not known. To enable backwards compatibility for reference locus
database that do not contain serotype note fields, the corresponding types are left blank if no type
information is available.

Exploring the distribution of O (sub)types

We used Kaptive 2.0 to identify O loci and O types for 10,734 non-redundant KpSC genomes in the
curated collection reported previously [38]. Additionally, we supplemented this collection with two
systematically collected datasets of KpSC from underrepresented sources: 484 human gut carriage
isolate genomes reported by Raffelsburger *et al* [50], and 875 non-human associated isolate
genomes reported by Thorpe *et al* [48]. (We excluded human-associated KpSC genomes reported as
part of the latter study because these data were biased by a significant overrepresentation of the
ST307 and ST512 clones that were circulating in the local hospital and were already represented in
high numbers in our curated genome collection.) Only Kaptive calls with confidence 'Good' or better
are reported.

Results and Discussion

Identification and characterisation of 16 novel K loci

A total of 2,419 of 17,752 KpSC genomes (13.6%) had low or no confidence Kaptive K locus calls
(**Figure 1**), of which the vast majority (2,129; 88%) were indicated as fragmented and 37 were
excluded because the K loci were likely to harbour an overrepresentation of homopolymer repeat
errors due to the assembly approach comprising Oxford Nanopore Technologies read data only.
Following manual inspection, 148 of the 253 remaining genomes were considered to match to
known K loci and 45 were unresolvable because the K locus was fragmented across multiple
assembly contigs. The former had not been confidently typed by Kaptive for a variety of reasons
including IS insertions, small- or large-scale deletions and/or numerous frameshift mutations that
were interpreted as missing genes. After exclusion of these genomes, 60 putative novel loci
remained and were grouped into 22 sequence clusters at 90% nucleotide identity. Sixteen clusters
were determined to represent true distinct and novel K loci, while 6 were identified as additional
IS/deletion variants of other putative novel loci or existing loci (**Figure 1,** see **Methods**).

Figure 1: Process of identification of novel K loci from 17,752 *K. pneumoniae* species complex genomes.
Candidate genomes were identified as those with Kaptive K locus confidence calls 'Low' or 'None,' and were
iteratively filtered to remove; i) fragmented or low quality locus sequences including 37 assembled using only
Oxford Nanopore Technologies (ONT) data; ii) true matches to existing K loci; iii) insertion sequence and/or
deletion variants of existing loci or other putative novel loci (see **Methods** for full details).

The final set of 16 novel loci were assigned KL171-KL186, and ranged in length from 22,624 to 30,215
bp and contained 19 to 25 genes (**Figure 2**). All loci contained the conserved capsule synthesis and
export machinery genes; *galF, cpsACP, wza, wzb, wzc, gnd* and *ugd*; however, only 14 loci harboured
wzi (present in >98% of all previously reported KpSC K loci [29]). The Wzi protein is not considered
essential for capsule production but plays a role in capsule surface attachment such that mutants
lacking *wzi* produce lower levels of bound and higher levels of cell-free polysaccharide [59]. In the
novel KL175 and KL176 loci, the *wzi* gene appeared to be replaced by four coding sequences
predicted to encode two hypothetical proteins, a GfcC protein and a putative lipoprotein YjbH
precursor. N=3/4 of these sequences had 76-84% sequence identity to those present in the KL33 and
KL40 reference loci, wherein *wzi* is also absent [32].

GfcC proteins are known to be involved in the export of *Escherichia coli* group 4 capsules where they
form a pore that allows the capsule to cross the cell membrane in a role similar to that of the KpSC

Wza protein [60]. However, apparently intact copies of *wza* were also present in each of the KL33,
KL40, KL175 and KL176 loci, so it is unclear what if any role GfcC plays in the export of these
capsules. Similarly, the role of the YjbH precursor protein is unclear. YjbH is indicated as a regulator
of exopolysaccharide expression in *E. coli* but it is encoded as part of the *yjbEFGH* [61] operon that
was absent from these KpSC K loci.

As expected, all novel loci harboured a variant of *wzx* and of *wzy*, encoding the capsule flippase and
repeat unit polymerase, respectively, as well as either *wcaJ* or *wbaP* (encoding the initiating glycosyl
transferases) [31]. Ten loci (63%) harboured the *rmlBADC* capsule-specific sugar synthesis genes
responsible for the inclusion of dTDP-L-rhamnose in the capsule and 9 (57%) harboured *manBC*
associated with the inclusion of GDP-D-mannose [32]. The remaining capsule-specific sugar synthesis
genes were each found in ≤5 loci each.

We assessed the prevalence of the novel loci among the public genome collections (**Table 2**). Most
(n=11; 69%) were rare, identified in ≤5 genomes. However, KL174, KL177, KL180, KL181 and KL183
were each detected in ≥7 and up to 33 genomes. Notably, these loci were generally associated with
multiple STs and geographies; n=14 KL174 genomes with 9 STs from 11 countries, n=8 KL177
genomes with 3 STs (n=6 ST656) from 6 countries, n=7 KL180 genomes with 6 STs from 5 countries,
n=9 KL181 genomes with 2 STs from 4 countries, and n=33 KL183 genomes with 22 STs from 14
countries. Further, 9 of the novel loci were detected in genomes sequenced from non-human
samples including animal (KL172, KL173, KL175, KL176, KL181, KL183, KL186), environmental (KL178,
KL181, KL183) and food sources (KL180, KL183). In particular, 89% of KL181 genomes were sourced
from non-human sources (migratory birds, bovine, swine, murine or soil).

While the vast majority of KpSC genomes can be confidently assigned K loci from the existing
database, as greater numbers of KpSC genomes become available we anticipate that additional
novel K loci will be identified. In particular, it is unlikely that the current database fully captures the
diversity present among KpSC circulating in the environment and non-human hosts that remain
comparatively underrepresented in current genome collections. Furthermore, *Klebsiella* K loci are
thought to undergo frequent reassortment via homologous recombination and IS-mediated
horizontal gene transfer both within and outside the *Klebsiella* genus [29, 62], providing a
mechanism for the continuous generation of novel loci, and highlighting the need for ongoing
population surveillance.

Figure 2: Genetic structure of novel K loci identified in this study. Coding sequences are represented by
arrows, labelled by their gene name where applicable, and coloured by homology (sequence identity ≥30%).
Coding sequences predicted to encode hypothetical proteins are represented by arrows with a dashed outline.
Shading between the K loci represents regions of similarity between coding sequences as identified by clinker
[58], and the level of similarity indicated in the legend.

O locus and O type distributions

In 2018 we implemented KpSC O locus typing in Kaptive, with the capacity to distinguish the O1 and
O2 antigen types [30]. In the latest version of Kaptive we have additionally implemented O2 antigen
subtype prediction (see **Methods** and **Table 1**). Subsequently, we used Kaptive to explore the
distribution of O loci and predicted O types among 12,093 publicly available KpSC genomes (see
Methods and **Supplementary Table 3**). A total of 11,571 genomes (95.7%) were assigned O locus
calls with 'Good' confidence or better. Among these, the most common O loci were O1/O2v2
(n=4,015, 34.7%), O1/O2v1 (n=3,413, 29.5%) and O3b (n=1,101, 9.5%). The O1/O2v3 locus, which
was added to the database as part of this work (first described in association with O2aeh, GenBank
accession MG280710.1 [46]), was identified in only 23 genomes (0.2%).

The distribution of O loci differed by species (**Figure 3**), notably the O1/O2 loci were
overrepresented among *K. pneumoniae* compared to other species ($p < 2.2 \times 10^{-16}$, OR 64.3, 95% CI
48.9-86.1, by Fisher's Exact test), whereas the O3/O3a and O5 loci were underrepresented among *K.*
pneumoniae ($p < 2.2 \times 10^{-16}$, OR 0.03, 95% CI 0.025-0.035; $p < 2.2 \times 10^{-16}$, OR 0.05, 95% CI 0.042-0.060;
respectively by Fisher's Exact test). Within *K. pneumoniae*, 47.6% of the isolates carrying an O1/O2
locus were predicted to express an O1 antigen (n=3,521/7,396), while 34.9% (n=2,581) and 16.6%
(n=1,224) were predicted to express O2afg and O2a, respectively. No isolates of any species were
predicted to express O2aeh and only 75 isolates were predicted to express O2ac (including n=69 *K.*
pneumoniae). A single *K. pneumoniae* isolate carried the O1/O2v1 locus in combination with the
wbbY gene (predicted to result in conversion of O2a to O1), and the *wbmVW* genes (predicted to
result in conversion of O2a to O2ac), suggesting that this isolate (NCTC8849, from a respiratory tract
specimen collected in the United Kingdom in 1951) may be able to express both the O1 and the O2ac
antigens. However, there is evidence that expression of O2ac is thermoregulated, specifically
downregulated at 37°C, hence it is likely that this strain expressed the O1 antigen within the human
host [46].

Figure 3: Distribution of O loci and predicted O1/O2 (sub)types by species. a) Heatmap showing the
proportion of genomes of each species harbouring each distinct O locus. Total sample sizes for each species
are indicated below x-axis labels. **b)** Bar graph showing the number of genomes of each species predicted to
express O1 and O2 antigens. Only species for which at least one genome was predicted to express an O1 or O2
antigen are shown (total genomes indicated below x-axis labels). Stars indicate the position of bars of size 1.
Kp, *K. pneumoniae*; Kvv, *K. variicola* subsp. *variicola*; Kqs, *K. quasipneumoniae* subsp. *similipneumoniae*; Kqq, *K.
quasipneumoniae* subsp. *quasipneumoniae*; Kvt, *K. variicola* subsp. *tropica*; Ka, *K. africana*.

Our data also revealed differences in the distribution of O types by isolate source (**Figure 4**). Isolates
from human specimens appeared to be enriched for types O1, O2a and/or O2afg compared to those
from other hosts and/or environmental sources, which in part likely reflects the dominance *of K.
pneumoniae* among clinical specimens. Interestingly, with the exception of liver abscess isolates, the
prevalence of O2a was similar across all human-associated source types (8.5% - 11.7%) whereas
clinical isolates were generally enriched for O2afg compared to gut carriage isolates (22.2% - 30.1%
vs. 14.2%, p < 2.2x10^{-16}, OR 0.49, 95% CI 0.42-0.57 using Fisher's Exact test of gut carriage isolates vs
all clinical categories combined) and the prevalence of O1 appeared to be higher among invasive
than non-invasive isolates (38.8% among blood/sterile site isolates, 32.0% among respiratory
isolates, 28.2% among urinary tract isolates). Most strikingly, the overwhelming majority of liver
abscess isolates (84.3%) were predicted to express O1. We speculated that the latter may be driven
at least in part by the underlying population structure of *K. pneumoniae* causing liver abscess
disease, which is dominated by a small number of so-called 'hypervirulent' clones. Indeed our
current and previously reported data [28] showed that the most common of these clones (ST23,
ST86, ST65 and ST25) were each associated with very high prevalence of O1 (≥81%, **Figure 5**). The
data also indicated that the majority of the well-known globally distributed MDR clones and other
common clones were each associated with a single dominant O (sub)type, however there was
diversity between clones: ST14, ST15, ST20, ST29 and ST101 were each associated with O1 (≥77%

each); ST307, ST258 and ST512 were associated with O2afg (≥98%); ST340 and ST437 were

associated with O4 (≥91%); ST147 was associated with O2a (68%). In contrast, ST11 (the putative

ancestor of ST258 and its descendent, ST512, as well as ST347 and ST437) and the common clones,

ST17 and ST37, were each associated with much greater O (sub)type diversity (**Figure 5**).

Figure 4: Distribution of predicted O types by isolate source. Bars show the proportion of isolates for each of

12 selected sources of interest that were predicted to encode each O antigen (as indicated in the legend). The

total number of isolates representing each source are indicated below the x-axis.

Figure 5: Distribution of predicted O types among common *K. pneumoniae* clones. Bars show the proportion of genomes predicted to express each O (sub)type within each clone (coloured as per legend). Sample sizes are indicated and only clones for which N>50 are shown. Globally distributed multi-drug resistant (MDR) and hypervirulent (Hv) clones are indicated by grey circles as per legend (clones as described previously [1], additionally ST340 and ST437 belong to clonal group 258, ST16 belongs to clonal group 20)).

Previous reports have also indicated a dominance of O1 antigen among human clinical *K. pneumoniae* isolates [27, 28, 63, 64], followed by the O3 group in earlier reports [27, 63] and the O2 group in later reports [28, 64]. While few prior studies have distinguished between O2 subtypes, a recent re-analysis of 573 KpSC genome sequences reported in [28] indicated that 42% of the 387 genomes carrying an O1/O2 O locus were predicted to express O2afg, followed by O1, a small number O2a or O2ac, and no O2aeh [46]. Additionally, the O2afg antigen has been previously associated with the ST258, ST512 and ST307 clones [15, 47]. Analysis of 276 neonatal sepsis *K. pneumoniae* genomes from South East Asia and Africa [5] revealed a dominance of O1 (54%) followed by O2afg (14%), O4 (11%), O2a (7%), and less than 5% prevalence of O3/O3a, O3b, O5 and O12. It has been suggested that the lower immunogenicity of O2afg compared to O2a and O1, may provide a selective advantage that has facilitated the widespread dissemination of these clones, i.e.

by enabling immune evasion [15, 17]; however, we note that our data show that several other highly
successful and widespread MDR clones are not associated with O2afg but instead are associated
with the highly immunogenic O1 (e.g. ST15, ST20, ST101), indicating that low O antigen
immunogenicity is not a requirement for widespread dissemination and/or other factors are also
playing a role (e.g. the interaction with the polysaccharide capsule).

Conclusions

We present updated KpSC K and O loci databases and an updated version of the Kaptive genotyping
tool that allows rapid prediction of O1 and O2 antigen (sub)types from whole genome assemblies.
Application of the updated approach to a collection of >12,000 publicly available KpSC genomes
indicated key differences in the distribution of O1/O2 antigens by isolate source and strong
associations with the underlying KpSC population structure. Further investigation of these trends as
well as the broader population sero-epidemiology is warranted to inform the effective design of
novel KpSC control strategies. As genomic surveillance of KpSC continues to gain momentum,
Kaptive and its accompanying K and O locus databases are poised to play a key role in such
investigations.

Author statements

Authors and contributors

KEH and KLW were responsible for conceptualisation, supervision, project administration and
acquisition of funding. RRW and KLW developed methodology, developed and/or tested software.
MMCL and KLW performed investigation, data curation and writing (original draft preparation). All
authors performed writing (review and editing).

Conflicts of interest

The authors declare that there are no conflicts of interest.

Funding information

This work was supported by the Bill and Melinda Gates Foundation (Investment Grant INV023041
awarded to KEH and KLW). KLW is supported by the National Health and Medical Research Council of
Australia (Investigator Grant APP1176192).

References

1.   **Wyres KL, Lam MMC, Holt KE**. Population genomics of *Klebsiella pneumoniae*. *Nat Rev*
Microbiol 2020;18:344–359.

2.   **Pendleton JN, Gorman SP, Gilmore BF**. Clinical relevance of the ESKAPE pathogens. *Expert*
Rev Anti Infect Ther 2013;11:297–308.

3.   **Cassini A, Högberg LD, Plachouras D, Quattrocchi A, Hoxha A, *et al.*** Attributable deaths and
disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in the EU
and the European Economic Area in 2015: a population-level modelling analysis. *Lancet Infect*
Dis 2019;19:56–66.

4.   **Okomo U, Akpalu ENK, Le Doare K, Roca A, Cousens S, *et al.*** Aetiology of invasive bacterial
infection and antimicrobial resistance in neonates in sub-Saharan Africa: a systematic review
and meta-analysis in line with the STROBE-NI reporting guidelines. *Lancet Infect Dis*
2019;19:1219–1234.

5.   **Sands K, Carvalho MJ, Portal E, Thomson K, Dyer C, *et al.*** Characterization of antimicrobial-
resistant Gram-negative bacteria that cause neonatal sepsis in seven low- and middle-income
countries. *Nat Microbiol* 2021;6:512–523.

6.   **World Health Organization**. *Global priority list of antibiotic-resistant bacteria to guide*
research, discovery, and devlopment of new antibiotics. 2017.

7.   **Motley MP, Fries BC**. A new take on an old remedy: generating antibodies against bacteria in
a postantibiotic world. *mSphere* 2017;2:e00397-17.

8.   **Aleshkin A V., Ershova ON, Volozhantsev N V., Svetoch EA, Popova A V., *et al.*** Phagebiotics
in treatment and prophylaxis of healthcare-associated infections. *Bacteriophage*
2016;6:e1251379.

9.   **Assoni L, Girardello R, Converso TR, Darrieux M**. Current stage in the development of
Klebsiella pneumoniae vaccines. *Infect Dis Ther* 2021;Epub ahead of print.

10.   **Cortés G, Borrell N, Astorza D, Gómez C, Sauleda J, *et al.*** Molecular analysis of the
contribution of the capsular polysaccharide and the lipopolysaccharide O side chain to the
virulence of *Klebsiella pneumoniae* in a murine model of pneumonia. *Infect Immun*
2002;70:2583–2590.

11.   **Lawlor MS, Hsu J, Rick PD, Miller VL**. Identification of *Klebsiella pneumoniae* virulence
determinants using an intranasal infection model. *Mol Microbiol* 2005;58:1054–1073.

12.   **Evrard B, Balestrino D, Dosgilbert A, Bouya-Gachancard JL, Charbonnel N, *et al.*** Roles of
capsule and lipopolysaccharide O antigen in interactions of human monocyte-derived
dendritic cells and *Klebsiella pneumoniae*. *Infect Immun* 2010;78:210–219.

13.   **March C, Cano V, Moranta D, Llobet E, Pérez-Gutiérrez C, *et al.*** Role of bacterial surface
structures on the interaction of *Klebsiella pneumoniae* with phagocytes. *PLoS One* 2013;8:1–
16.

14.   **D'Andrea MM, Marmo P, Henrici De Angelis L, Palmieri M, Ciacci N, *et al.*** ϕbO1E, a newly

discovered lytic bacteriophage targeting carbapenemase-producing Klebsiella pneumoniae of
the pandemic clonal group 258 clade II lineage. *Sci Rep* 2017;7:1–8.

15. **Szijártó V, Guachalla LM, Hartl K, Varga C, Banerjee P, et al.** Both clades of the epidemic
KPC-producing *Klebsiella pneumoniae* clone ST258 share a modified galactan O-antigen type.
Int J Med Microbiol 2016;306:89–98.

16. **Guachalla LM, Stojkovic K, Hartl K, Kaszowska M, Kumar Y, et al.** Discovery of monoclonal
antibodies cross-reactive to novel subserotypes of *K. pneumoniae* O3. *Sci Rep* 2017;7:6635.

17. **Pennini ME, De Marco A, Pelletier M, Bonnell J, Cvitkovic R, et al.** Immune stealth-driven O2
serotype prevalence and potential for therapeutic antibodies against multidrug resistant
Klebsiella pneumoniae. Nat Comms 2017;8:1991.

18. **Seeberger PH, Pereira CL, Khan N, Xiao G, Diago-Navarro E, et al.** A semi-synthetic
glycoconjugate vaccine candidate for carbapenem-resistant Klebsiella pneumoniae. *Angew*
Chem Int Ed Engl 2017;56:13973–13978.

19. **Ravinder M, Liao KS, Cheng YY, Pawar S, Lin TL, et al.** A synthetic carbohydrate-protein
conjugate vaccine candidate against *Klebsiella pneumoniae* serotype K2. *J Org Chem*
2020;85:15964–15997.

20. **Feldman MF, Mayer Bridwell AE, Scott NE, Vinogradov E, McKee SR, et al.** A promising
bioconjugate vaccine against hypervirulent Klebsiella pneumoniae. *Proc Natl Acad Sci U S A*
2019;116:18655–18663.

21. **Campbell WN, Hendrix E, Cryz S, Cross AS**. Immunogenicity of a 24-valent Klebsiella capsular
polysaccharide vaccine and an eight-valent Pseudomonas O-polysaccharide conjugate vaccine
administered to victims of acute trauma. *Clin Infect Dis* 1996;23:179–181.

22. **Hegerle N, Choi M, Sinclair J, Amin MN, Ollivault-Shiflett M, et al.** Development of a broad
spectrum glycoconjugate vaccine to prevent wound and disseminated infections with
Klebsiella pneumoniae and Pseudomonas aeruginosa. *PLoS One* 2018;13:e0203143.

23. **ClinicalTrials.gov [Internet]**. Identifier: NCT04959344 Safety and Immunogenicity of a
Klebsiella pneumoniae tetravalent bioconjugate vaccine (Kleb4V).

24. **Edmunds PN**. Further *Klebsiella* capsule types. *J Infect Dis* 1954;94:65–71.

25. **Edwards PR, Fife MA**. Capsule types of *Klebsiella*. *J Infect Dis* 1952;91:92–104.

26. **Ørskov IDA, Fife-Asbury MA**. New *Klebsiella* capsular antigen, K82, and the deletion of five of
those previously assigned. *Int J Syst Bacteriol* 1977;27:386–387.

27. **Trautmann M, Ruhnke M, Rukavina T, Held TK, Cross AS, et al.** O-antigen seroepidemiology
of *Klebsiella* clinical isolates and implications for immunoprophylaxis of *Klebsiella* infections.
Clin Diag Lab Immun 1997;4:550–555.

28.   **Follador R, Heinz E, Wyres KL, Ellington MJ, Kowarik M, *et al.*** The diversity of Klebsiella
pneumoniae surface polysaccharides. *Microb Genomics*;2. Epub ahead of print 2016. DOI:
10.1099/mgen.0.000073.

29.   **Wyres KL, Wick RR, Gorrie C, Jenney A, Follador R, *et al.*** Identification of *Klebsiella* capsule
synthesis loci from whole genome data. *Microb Genomics*;2. Epub ahead of print 2016. DOI:
10.1099/mgen.0.000102.

30.   **Wick RR, Heinz E, Holt KE, Wyres KL**. Kaptive Web: user-friendly capsule and
lipopolysaccharide serotype prediction for *Klebsiella* genomes. *J Clin Microbiol*
2018;56:e00197-18.

31.   **Whitfield C**. Biosynthesis and assembly of capsular polysaccharides in *Escherichia coli*. *Annu*
Rev Biochem 2006;75:39–68.

32.   **Pan Y-J, Lin T-L, Chen C-T, Chen Y-Y, Hsieh P-F, *et al.*** Genetic analysis of capsular
polysaccharide synthesis gene clusters in 79 capsular types of *Klebsiella* spp. *Nat Sci Rep*
2015;5:15573.

33.   **Cuthbertson L, Kimber MS, Whitfield C**. Substrate binding by a bacterial ABC transporter
involved in polysaccharide export. *Proc Natl Acad Sci U S A* 2007;104:19529–19534.

34.   **Cryz SJ, Mortimer PM, Mansfield V, Germanier R**. Seroepidemiology of *Klebsiella* bacteremic
isolates and implications for vaccine development. *J Clin Microbiol* 1986;23:687–690.

35.   **Tsay R-W, Siu LK, Fung C-P, Chang F-Y**. Characteristics of bacteremia between community-
acquired and nosocomial *Klebsiella pneumoniae* infection. *Arch Intern Med* 2002;162:1021–
1027.

36.   **Jenney AW, Clements A, Farn JL, Wijburg OL, McGlinchey A, *et al.*** Seroepidemiology of
Klebsiella pneumoniae in an Australian tertiary hospital and its implications for vaccine
development. *J Clin Microbiol* 2006;44:102–107.

37.   **Wyres KL, Nguyen TNT, Lam MMC, Judd LM, van Vinh Chau N, *et al.*** Genomic surveillance
for hypervirulence and multi-drug resistance in invasive *Klebsiella pneumoniae* from South
and Southeast Asia. *Genome Med* 2020;12:11.

38.   **Lam MM., Wick R., Watts SC, Cerdeira LT, Wyres KL, *et al.*** A genomic surveillance framework
and genotyping tool for *Klebsiella pneumoniae* and its related species complex. *Nat Commun*
2021;12:4188.

39.   **Fang C, Shih Y, Cheong C, Yi W**. Rapid and accurate determination of lipopolysaccharide O-
antigen types in Klebsiella pneumoniae with a novel PCR-based O-genotyping method.
2015;54:666–675.

40.   **Whitfield C, Richards JC, Perry MB, Clarke BR, Maclean LL**. Expression of two structurally
distinct D-galactan O-antigens in the lipopolysaccharide of Klebsiella pneumoniae serotype

571   O1. *J Bacteriol* 1991;173:1420–1431.

572   41.   **Clarke BR, Whitfield C**. Molecular cloning of the rfb region of Klebsiella pneumoniae serotype
573   O1:K20: The rfb gene cluster is responsible for synthesis of the D-galactan I O polysaccharide.
574   *J Bacteriol* 1992;174:4614–4621.

575   42.   **Sugiyama T, Kido N, Kato Y, Koide N, Yoshida T, *et al.*** Evolutionary relationship among *rfb*
576   gene clusters synthesizing mannose homopolymer as O-specific polysaccharides in
577   *Escherichia coli* and *Klebsiella pneumoniae*. *Gene* 1997;198:111–113.

578   43.   **Kelly RF, Perry MB, MacLean LL, Whitfield C**. Structures of the O-antigens of *Klebsiella*
579   serotypes O2 (2a,2e), O2 (2a,2e,2h), and O2 (2a,2f,2g), members of a family of related D-
580   galactan O-antigens in *Klebsiella* spp. *J Endotoxin Res* 1995;2:131–140.

581   44.   **Hsieh PF, Wu MC, Yang FL, Chen CT, Lou TC, *et al.*** D-galactan II is an immunodominant
582   antigen in O1 lipopolysaccharide and affects virulence in *Klebsiella pneumoniae*: Implication
583   in vaccine design. *Front Microbiol* 2014;5:608.

584   45.   **Kelly SD, Clarke BR, Ovchinnikova OG, Sweeney RP, Williamson ML, *et al.*** *Klebsiella*
585   *pneumoniae* O1 and O2ac antigens provide prototypes for an unusual strategy for
586   polysaccharide antigen diversification. *J Biol Chem* 2019;294:10863–10876.

587   46.   **Clarke BR, Ovchinnikova OG, Kelly SD, Williamson ML, Jennifer E, *et al.*** Molecular basis for
588   the structural diversity in serogroup O2-antigen polysaccharides in *Klebsiella pneumoniae*. *J*
589   *Biol Chem* 2018;293:4666–4679.

590   47.   **Bulati M, Busà R, Carcione C, Iannolo G, Di Mento G, *et al.*** *Klebsiella pneumoniae*
591   lipopolysaccharides serotype O2afg induce poor inflammatory immune responses *ex vivo*.
592   *Microorganisms* 2021;9:1–15.

593   48.   **Thorpe H, Booton R, Kallonen T, Gibbon MJ, Couto N, *et al.*** One Health or Three?
594   Transmission modelling of Klebsiella isolates reveals ecological barriers to transmission
595   between humans, animals and the environment. *bioRxiv* 2021;2021.08.05.455249.

596   49.   **Fostervold A, Hetland MAK, Bakksjø R, Bernhoff E, Holt KE, *et al.*** A nationwide genomic
597   study of clinical Klebsiella pneumoniae in Norway 2001-2015: Introduction and spread of
598   ESBL facilitated by CG15 and CG307. *bioRxiv* 2021;2021.07.16.452602.

599   50.   **Raffelsberger N, Hetland MAK, Svendsen K, Småbrekke L, Löhr IH, *et al.*** Gastrointestinal
600   carriage of Klebsiella pneumoniae in a general adult population in Norway: a cross-sectional
601   study of risk factors and bacterial genomic diversity. *Gut Microbes* 2021;13:1939599.

602   51.   **Leangapichart T, Lunha K, Jiwakanon J, Angkititrakul S, Järhult JD, *et al.*** Characterization of
603   Klebsiella pneumoniae complex isolates from pigs and humans in farms in Thailand:
604   Population genomic structure, antibiotic resistance and virulence genes. *J Antimicrob*
605   *Chemother* 2021;76:2012–2016.

52. **Potter RF, Lainhart W, Twentyman J, Wallace MA, Wang B, *et al.*** Population structure,
antibiotic resistance, and Uropathogenicity of *Klebsiella variicola*. *MBio* 2018;9:e02481-18.

53. **Wick RR, Schultz MB, Zobel J, Holt KE**. Bandage: interactive visualization of *de novo* genome
assemblies. *Bioinformatics* 2015;31:3350–3352.

54. **Fu L, Niu B, Zhu Z, Wu S, Li W**. CD-HIT: Accelerated for clustering the next-generation
sequencing data. *Bioinformatics* 2012;28:3150–3152.

55. **Seemann T**. Prokka: rapid prokaryotic genome annotation. *Bioinformatics* 2014;30:2068–
2069.

56. **Carver TJ, Rutherford KM, Berriman M, MA R, Barrell BG, *et al.*** ACT: the Artemis comparison
tool. *Bioinformatics* 2005;21:3422–3423.

57. **Siguier P, Perochon J, Lestrade L, Mahillon J, Chandler M**. ISfinder: the reference centre for
bacterial insertion sequences. *Nucleic Acids Res* 2006;34:D32–D36.

58. **Gilchrist CLM, Chooi Y-H**. clinker & clustermap.js: automatic generation of gene cluster
comparison figures. *Bioinformatics* 2021;Epub ahead of print.

59. **Rahn A, Beis K, Naismith JH, Whitfield C**. A novel outer membrane protein, Wzi, is involved in
surface assembly of the Escherichia coli K30 group 1 capsule. *J Bacteriol* 2003;185:5882–90.

60. **Sathiyamoorthy K, Mills E, Franzmann TM, Rosenshine I, Saper MA**. The crystal structure of
Escherichia coli group 4 capsule protein GfcC reveals a domain organization resembling that
of Wza. *Biochemistry* 2011;50:5465–5476.

61. **Ferrières L, Aslam SN, Cooper RM, Clarke DJ**. The yjbEFGH locus in Escherichia coli K-12 is an
operon encoding proteins involved in exopolysaccharide production. *Microbiology*
2007;153:1070–1080.

62. **Holt KE, Lassalle F, Wyres KL, Wick R, Mostowy RJ**. Diversity and evolution of surface
polysaccharide synthesis loci in Enterobacteriales. *ISME J* 2020;14:1713–1730.

63. **Hansen DS, Mestre F, Dome A, Toma JM**. Klebsiella pneumoniae lipopolysaccharide O typing:
Revision of prototype strains and O-group distribution among clinical isolates from different
sources and countries. *J Clin Microbiol* 1999;37:56–62.

64. **Choi M, Hegerle N, Nkeze J, Sen S, Jamindar S, *et al.*** The diversity of lipopolysaccharide (O)
and capsular polysaccharide (K) antigens of invasive Klebsiella pneumoniae in a multi-country
collection. *Front Microbiol* 2020;11:1249.

636