Global diversity and evolution of *Salmonella* Panama, an understudied

serovar causing gastrointestinal and invasive disease worldwide: a genomic

epidemiology study

Authors

Caisey V. Pulford[1*], Blanca M. Perez-Sepulveda[1*], Danielle J. Ingle[2], Rebecca J. Bengtsson[1], Rebecca J.

Bennett[1], Ella V. Rodwell[3], Maria Pardos de la Gandara[4], Charlotte Chong[5], P. Malaka De Silva[5],

Magali Ravel[4], Véronique Guibert[4], Elisabeth Njamkepo[4], Neil Hall[6], Marie A. Chattaway[3], Benjamin

P. Howden[7,8], Deborah A Williamson[8], Jay C. D. Hinton[1#], François-Xavier Weill[4#§], Kate S. Baker[1,5#§]

[1]Clinical Infection, Microbiology, and Immunology, Institute of Infection, Veterinary and Ecological Sciences,
University of Liverpool, Liverpool, United Kingdom.

[2]Department of Microbiology and Immunology, The University of Melbourne at The Peter Doherty Institute for
Infection and Immunity, Melbourne, Australia.

[3]Gastrointestinal Bacteria Reference Unit, UK Health Security Agency, London, United Kingdom.

[4]Institut Pasteur, Université Paris Cité, Unité des Bactéries pathogènes entériques, Paris, France.

[5]Department of Genetics, University of Cambridge, Cambridge, United Kingdom

[6]Earlham Institute, Norwich Research Park, Norwich, UK

[7]Microbiological Diagnostic Unit Public Health Laboratory, Department of Microbiology and Immunology
University of Melbourne at The Peter Doherty Institute for Infection and Immunity, Melbourne, VIC, Australia.

[8]Centre for Pathogen Genomics, The University of Melbourne, Melbourne, Australia.

[*]These authors contributed equally

[#]These authors contributed equally

[§]Corresponding authors:

Email: kb827@cam.ac.uk

Email: francois-xavier.weill@pasteur.fr Tel : +33 145688345, +33 643247997

Abstract

Background

Nontyphoidal *Salmonella* (NTS) is a globally important bacterial pathogen, typically associated with foodborne gastrointestinal infection. Some NTS serovars can also colonise normally sterile sites in humans to cause invasive NTS (iNTS) disease. One understudied *Salmonella enterica* serovar which is responsible for a significant number of cases of iNTS disease is Panama. Despite global dissemination, numerous outbreaks, and a reported association with iNTS disease, *S. enterica* serovar Panama (*S.* Panama) has not been investigated in detail.

Methods

Using combined epidemiological and whole genome sequencing data we analysed 836 *S.* Panama isolates from all inhabited continents collected between 1931 and 2019. A combination of phylodynamic approaches were used to determine population structure & evolutionary history, and to infer geo-temporal dissemination. Subsequently, we characterised geographic and clade-specific trends in antimicrobial resistance (AMR), and genetic markers for invasiveness using epidemiological and bioinformatic approaches.

Findings

We identified the presence of multiple geographically linked *S.* Panama clades, and regional trends in antimicrobial resistance profiles. Most isolates were pan-susceptible to antibiotics and belonged to clades circulating in the United States of America, Latin America, and the Caribbean. Multidrug resistant (MDR) isolates belonged to two phylogenetic clades circulating in Europe and Asia/Oceania, which exhibited the highest invasiveness indices based on the conservation of 196 extra-intestinal predictor genes.

Interpretation

This first large-scale phylogenetic analysis of *S.* Panama revealed important information about

population structure, AMR, global ecology, and genetic markers of invasiveness of the identified

genomic subtypes. Our findings provide an important baseline for understanding *S.* Panama

infection in the future. The presence of MDR clades with an elevated invasiveness index should be

monitored by ongoing surveillance as such clades may pose an increased public health risk.

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Research in context

Evidence before this study

Salmonella Panama has consistently been reported as a frequently isolated *Salmonella* serovar in

national surveillance datasets, causing both sporadic cases and larger outbreaks. However, this

picture has been masked due to most of the focus being placed on the top two serovars associated

with nontyphoidal *Salmonella* (NTS) and invasive NTS disease: Typhimurium and Enteritidis. Previous

works on *S.* Panama have determined transmission to include human faeces and breast milk, as well

as non-human sources such as environmental reservoirs and animals (reptiles and pigs used for

food). In contrast to most of the *Salmonella* serovars causing gastroenteritis, *S.* Panama has also

been associated with a range of systemic infections including septicaemia, meningitis, and

osteomyelitis, mostly affecting infants. The epidemiological picture of this pathogen was not well

known with mixed antimicrobial resistance profiles depending on the studies.

To date, 228 studies on *S*. Panama are available on NCBI's PubMed (searched on 11th October 2023:

'((Salmonella) AND (Panama[Title/Abstract])) AND (Panama[Text Word])').

Added value of this study

Here we conducted a large-scale study of 836 globally relevant *S*. Panama isolates to understand

global population structure and disease ecology. The *S*. Panama genomes used in this study were

sourced from combination of historical collections (including the first ever isolated strain of this

serovar dating from 1931), national surveillance datasets, and publicly available data. Some of these

isolates had been linked to travel, allowing an inferred location for understanding population

structure. Overall, this assembled *S*. Panama collection spanned a range of 88 years and covered 45

countries and regions of all inhabited continents. We applied bacterial phylodynamic approaches to

determine population structure, evolutionary history, and clade-specific trends of invasiveness and

antimicrobial resistance correlated with geo-temporal parameters.

Implications of all the available evidence

This study revealed the population structure and global ecology of *S*. Panama, indicating that

multidrug resistant *S*. Panama circulates in European and Asian regions, and presents an increased

number of genetic markers for extra-intestinal invasiveness. The transmission and expansion of

antimicrobial-resistant *S*. Panama strains presented in this study highlight the significance of viewing

control and monitoring efforts from an international perspective.

Introduction

Nontyphoidal *Salmonella* (NTS) disease poses a significant burden to public health globally, causing approximately 153 million cases and 57,000 deaths per annum. As well as being responsible for gastroenteritis in humans, NTS can also invade normally sterile sites resulting in bacteraemia and meningitis. There were estimated to be 535,000 cases of invasive NTS (iNTS) disease in 2017, causing 77,500 deaths worldwide[1]. In humans, the clinical presentation depends upon a combination of host immune factors and bacterial features that are specific to individual *Salmonella* pathovariants[2]. The high levels of iNTS disease caused by *Salmonella enterica* serovars Typhimurium and Enteritidis in sub-Saharan Africa have generated a significant research focus[1]. However, little is known about other serovars, such as *S. enterica* serovar Panama (hereafter referred to as *S.* Panama), which are also associated with iNTS disease and responsible for numerous outbreaks, as reviewed previously[3].

Whilst the majority of cases of iNTS have been identified in sub-Saharan Africa[1,4], *S.* Panama has a very different geographical distribution. *S.* Panama has consistently been reported as a leading cause of NTS disease in Martinique, Guadeloupe, and French Guiana and is significantly associated with causing invasive infections in children[3,5,6]. Although the proportion of salmonellosis cases caused by *S.* Panama is high in these locations, the prevalence of antimicrobial resistance (AMR) is reportedly low[3,5]. In contrast, other regions have seen higher levels of AMR in *S.* Panama[7]. For example, in the 1970s and 1980s *S.* Panama caused public health concern in Europe after spreading through the pork industry and causing multiple hospital outbreaks[3]. *S.* Panama maintained its ranking as one of the top 20 most frequently isolated serovars in the European Union until 2017[8] and is a frequent cause of invasive disease, with 7% of cases historically presenting as extraintestinal infection in England. Similarly, *S.* Panama has been an important cause of iNTS in Asia, linked with high levels of AMR. Up to 83% of domestic and imported *S.* Panama isolates in Tokyo were reported to be resistant to three or more antimicrobial classes (multidrug resistant (MDR)) by the early 2000s[3]. In Oceania, *S.* Panama is one of the top three serovars isolated between 2007 and 2016 in Queensland, Australia[9].

In the current era of genomic pathogen surveillance, characterising the molecular epidemiology and

evolutionary history of *S.* Panama will provide a vital baseline of understanding for this globally

important serovar. Here, we used whole genome-based approaches on historical and contemporary

global isolates to determine the genomic epidemiology of *S.* Panama using geographically and

temporally diverse datasets. We characterised four geographically-associated *S.* Panama clades and

identified regional trends in AMR. Our findings prompted a phylodynamic investigation which

revealed the evolution of the serovar. Finally, we determined genetic markers of invasiveness among

S. Panama clades.

Results and Discussion

Establishing an informative collection of *S.* Panama isolates

To create a relevant dataset, we sequenced the genomes of 552 *S.* Panama isolates, and included an

additional 284 *S.* Panama genomes from a combination of historical collections, national surveillance

datasets, and publicly available data, including the first isolate obtained in Panama in 1931 during a

food poisoning outbreak in US soldiers stationed in the Canal zone (Figure 1, Table S1).

For public health datasets, an isolate was deemed to be 'travel associated' if a case had reported

travel up to 28 days (UKHSA) or seven days (Institut Pasteur and MDU PHL) prior to symptom onset.

However, information on travel was not available for all cases and is likely under-reported. It is also

possible that those cases who reported travel, did not necessarily acquire their infection whilst

travelling. The 'inferred region' of each isolate was set as the travel destination where available (n =

78) or kept as the isolation region (n = 757). All the travel-associated isolates came from the Institut

Pasteur's national surveillance dataset (n = 43) and UKHSA (n = 42), leading to the inclusion of a

further 12 countries not previously represented by isolates.

Overall, the collection of 836 *S.* Panama included 771 human isolates of which 403 were isolated

from stool, 290 were derived from extra-intestinal sites (blood and cerebrospinal fluid), and 78 were

taken from other body sites (Figure 1, Table S1). The majority (67% *n* = 559) of the isolates were

sourced from the Unité des Bactéries pathogènes entériques, Institut Pasteur, Paris, France.

Global population structure of *S.* Panama

To define population structure, we explored the phylogenetic relationship among the 836 *S.* Panama

genomes and defined population groupings using rHeir Bayesian Analysis of Population Structure

(BAPS)[10] (methods, Figure 2). The BAPS groupings reflected four monophyletic clades with greater

than 95% bootstrap support containing variable numbers of isolates. We defined the four clades as

C1 (*n* = 338), C2 (*n* = 124), C3 (*n* = 131), and C4 (*n* = 104). The remaining 139 genomes in this study

were polyphyletic, representing further diversity of the *S.* Panama serovar.

To investigate the relationship between clades and geographic region, location data was correlated

with phylogenetic position (Figure 2). Where information on travel was available, we used the

destination of travel as an inferred location. Taken together, our findings revealed evidence of

regional clustering throughout the phylogenetic tree with relevance to the genome-based

surveillance of future outbreaks. The majority (*n* = 295/338) of genomes clustering in clade C1 were

from Latin America & the Caribbean, including the first *S.* Panama isolate from 1931. Within Clade

C1, there were five geographically-linked monophyletic clusters: three were dominated by isolates

from Guadeloupe, Martinique, and French Guiana respectively, and two contained isolates from

multiple geographical locations in Latin America & the Caribbean (Figure 2). In three of these

clusters, we identified isolates from both Guadeloupe and Martinique, suggesting that inter-island

transmission of C1 is likely occurring. Clade C1 was named 'Latin America & the Caribbean' reflecting

its geographical composition. A further clade, Clade C3 consisted of isolates from Martinique (n =

125/131), and was named the 'Martinique clade'.

Clade C2 was mainly composed of isolates obtained from Europe, and included distinct subclades in

which isolates from metropolitan France and the UK were overrepresented. Specifically, while the

majority (84% n = 107/124) of isolates in each of these subclades came from the UK (n = 60/124) and

metropolitan France (n = 47/124), C2 also contained isolates from less well sampled European

countries including Germany, Malta, Ireland, and the Netherlands. These findings are consistent with

European-wide circulation, and so C2 was designated as the 'European clade'.

Clade C4 included isolates mainly from Asia and Oceania (n = 63/104). We identified three C4

subclades, of which two were dominated by isolates obtained from Asia and Oceania and a third

comprised of isolates obtained in the USA. Accordingly, C4 was termed the 'Asia/Oceania clade'.

Antimicrobial Resistance Trends

To determine AMR trends in *S.* Panama, the draft genomes of all 836 isolates were examined for

genes and mutations that confer reduced susceptibility to antimicrobials. Previous studies have

demonstrated that genome-based AMR analysis accurately predicted phenotype for 97·8% of

Salmonella isolates[11]. In total, 14·5% (n = 121/836) of isolates were predicted to be resistant to at

least one antimicrobial class, with the remaining 85·5% (n = 715/836) predicted to be pan-

susceptible, lacking any known antibiotic resistance genes or mutations. Most resistant isolates (n =

113/121) fell within C2 (European clade) and C4 (Asia/Oceania clade) (Figure 3). These findings are

supported by reports of an increase in *S.* Panama isolates from Asia that were resistant to multiple

antibiotics, including cotrimoxazole, ampicillin, streptomycin, kanamycin, and gentamicin[12].

The most common resistance profile, occurring in 35·5% (*n* = 43/121) of resistant isolates, was

against streptomycin (*aadA1, aadA2*), ampicillin (*bla*$_{TEM-1B}$), chloramphenicol (*cmlA1*), trimethoprim

(*dfrA12*), sulfisoxazole (*sul3*), and tetracycline (*tetA*). Detailed analysis of the draft genomes showed

that most of the resistance genes (*aadA1, aadA2, cmlA1, dfrA12* and *tetA*) were encoded by an MDR

cassette located on a single contiguous sequence (contig; Figure 3B). A BLAST search of the contig

revealed 99·8% sequence identity to a 21·2 kb region of an 83·2kb plasmid (GenBank accession

number CP044301) which had previously been identified in an *E. coli* isolate obtained from pork in

Cambodia[13].

The second most common AMR profile, found in 12·4% (15/121) of resistant isolates was against

streptomycin (*aph(3″)-Ib* and *aph(6)-Id*), ampicillin (*bla*$_{TEM-1B}$), trimethoprim (*dfrA14*), sulfisoxazole

(*sul2*), and tetracycline (*tetA*). All genes were carried by an MDR cassette located on a single contig

(Figure 3B). The contig shared 99·9% sequence identity with a 28·3 kb region of a 50·9 kb *S. enterica*

plasmid (GenBank accession number CP028173), which has been identified in multiple strains

including an *S.* Enteritidis isolate from Ghana[14].

The remaining resistant *S.* Panama isolates had a variety of susceptibility profiles, including one

extensively drug resistant (XDR) isolate 201209115 (GenBank accession number SAMEA6142076),

which was phylogenetically situated within C4 (Asia/Oceania clade) and was isolated in 2012 from

the bloodstream of a case who had reported recent travel to Thailand. The nomenclature used to

describe the XDR isolate is in line with previous definitions of resistance to three first-line drugs

(chloramphenicol, ampicillin, and trimethoprim-sulfamethoxazole) as well as fluoroquinolones and

third-generation cephalosporins[15]. The isolate carried AMR determinants against eight different

antimicrobial classes, including: fluoroquinolones, polymyxins, and extended spectrum beta-

lactamase (ESBL) mediated resistance to third generation cephalosporins (*bla*$_{CTX-M-55}$). The resistance

genes in the XDR isolate were distributed across five contigs (Figure S1), with the kanamycin

(*aph(3')-Ia*) and gentamicin (*aac(3)-IId*) genes being carried on separate contigs. Genes encoding

resistance to streptomycin (*aadA1, aadA2*), chloramphenicol (*cmlA1*), trimethoprim (*dfrA12*), and

sulfisoxazole (*sul3*) were co-located on the same contig, and the resistance genes against

ciprofloxacin (*qnrS1*), ampicillin, and ceftriaxone ($bla_{CTX-M-55}$) were also co-located on a separate

contig.

These findings of clustered AMR elements on the genome are consistent with plasmid-mediated

resistance in *S*. Panama, as has been seen in previous studies[12]. The plasmid complement of the *S*.

Panama serovar has rarely been studied in the past, but it has been reported that *S*. Panama does

not commonly carry the large virulence plasmids that have previously been characterised in other

Salmonella serovars[16]. Rather, *S*. Panama have previously been found to carry a heterogeneous

population of plasmids (Table S1)[17]. Our short read-based plasmid prediction analysis identified that

only 15·7% (*n* = 131/836) of *S*. Panama isolates in this study carried plasmids, including 64·9% (*n* =

85/131) of resistant isolates and 35·1% (*n* = 46/131) susceptible isolates. The main plasmid

incompatibility groups identified were IncFIA(HI1) (*n* = 40/131) and IncFIB(K) (*n* = 35/131) restricted

to C4 (Asia/Oceania clade), with the main AMR profile streptomycin, ampicillin, chloramphenicol,

trimethoprim, sulfisoxazole, and tetracycline (*n* = 27/35). IncN plasmids were identified mostly in C2

(European clade) (*n* = 28/131) that shared the same AMR profile as IncFIA(HI1) and IncFIB(K)

plasmids, but includes kanamycin resistance instead of chloramphenicol resistance.

To explore AMR context and evolution within C2 (which shows high levels of resistance), plasmid

DNA of three MDR isolates (isolates 61-66, 86-66, and 376-66; GenBank accession numbers

ERR12253897, ERR12253905, and ERR12253883 respectively) collected during hospital outbreaks

caused by *S*. Panama in France during the 1960s and 1970s were extracted and sequenced using

long-read sequencing technology (Oxford Nanopore). These isolates were obtained in France in 1966

and clustered within C2 (European clade). Sequence analysis showed a 45 kb IncN plasmid (pPan376-

IncN; GenBank accession number OR797034) encoding resistance to tetracycline (*tetA*), and a small

8 kb plasmid (pPan86; GenBank accession number OR797033) encoding resistance to ampicillin

(*bla*$_{TEM-1}$). Functional annotation of the plasmids identified in isolate 61-66 showed integration of the

bla$_{TEM-1}$ gene with a 104 kb IncI1 plasmid (pPan61-IncI1; GenBank accession number OR797031), and

a 48 kb IncN plasmid (pPan61-IncN; GenBank accession number OR797032) encoding tetracycline

and ampicillin resistance, potentially from the fusion of pPan376-IncN and pPan86 (Figure S2).

To understand whether these IncN plasmids are driving resistance in recent European clade C2

isolates, we screened for the presence of plasmids in the genomes of all C2 isolates. This indicated

that 23% (*n* = 27/124) of isolates contained pPan376-IncN, 26% (n = 32/124) contained pPan86, 2%

(*n* = 3/124) pPan61-IncI1, and 23% (*n* = 28/124) pPan61-IncN (details in Figure S2 and Table S1). We

constructed phylogenies of the two most prevalent IncN plasmids to explore coevolution and

determine whether these plasmids are continuing to drive current AMR in *S.* Panama (Figure S2).

The results show temporal clustering, indicating that the older and contemporary IncN plasmids are

distinct.

Phylodynamic and evolutionary timescales of *S.* Panama

To investigate the evolutionary dynamics of the global *S.* Panama population, we inferred the times

to most recent common ancestor (MRCA) of each clade using BactDating (Figure 4)[18]. Analysis of the

chronograph predicted the MRCA of all isolates in this study to be year 1555 with a highest

probability density interval (HPD) of 1458 to 1634. C1 (Latin America & the Caribbean clade) had an

MRCA of 1899 (HPD 1880-1911) with separate introductions into Guadeloupe, Martinique, and

French Guiana, followed by clonal expansion in the 1930s and 1950s in each of the three regions.

The MRCA of C2 (European clade) was 1879 (HPD 1852-1894), followed by expansion of more

contemporary subclades in the 1970s. We speculate that C2 arose from an outbreak that involved

the continental spread of *S.* Panama across Europe, associated with the food production industry in

the 1970s and 1980s[3]. It is possible that these European *S.* Panama were exposed to a significant

levels of antibiotics in humans and/or food animals, which selected for resistance to multiple

antibiotic agents via acquisition of mobile genetic elements[3], consistent with the indicators of

mobilisation above (Figure 3). The emergence of C2 (European clade) in the 1970s is consistent with

this hypothesis, coinciding with the propagation of *S.* Panama in Europe via the pig industry. The

MRCA of C3 (Martinique clade) is 1880 (HPD 1862-1916), and of C4 (Asia/Oceania clade) is 1879

(HPD 1854-1905). These predicted timeframes overlap with European attempts to, and the final

construction of, the Panama Canal.

The invasiveness index of *S.* Panama

Although *S.* Panama causes extraintestinal disease globally, genetic determinants of invasiveness

have never been investigated. In this context, invasiveness reflects the ability of the pathogen to

cause systemic spread and extraintestinal infection in humans[19]. Invasive infections cause much

higher levels of mortality than gastroenteritis; for example, the case-fatality rate of iNTS is 20%[1],

whereas the case-fatality rate of *S.* Typhimurium-associated gastroenteritis is 0·6%[20]. It has been

observed that functions required for escalating growth within the inflamed gut are often lost among

iNTS variants in a series of gene degradation/pseudogenisation events[21].

To quantify the relative invasiveness of *S.* Panama clades, we calculated the 'invasiveness index'[22] for

all 836 isolates in this study (Table S1). The invasiveness index model relies upon nucleotide

differences within 196 genes identified as predictors for invasiveness and has been validated for

other *Salmonella* serovars[22]. The mean invasiveness index of *S.* Panama was 0·2294 (SD = 0·01790),

slightly higher than that described for serovars with a typically broader host range (*S.* Agona, *S.*

Enteritidis, *S.* Heidelberg, *S.* Newport, and *S.* Typhimurium)[22] (Figure S3A). In contrast, the

invasiveness index of *S.* Panama is significantly higher that that of host-restricted serovars (Typhi,

Paratyphi, Gallinarum, Pullorum, Dublin, and Choleraesuis)[22] (Figure S3A). Within *S.* Panama, C2 had

the greatest mean invasiveness index (European clade; mean = 0·2435, SD = 0·01278), followed by

C3 (Martinique clade; mean = 0·2311, SD = 0·01087), C4 (Asia/Oceania clade; mean = 0·2302, SD =

0·01526), and C1 (Latin America & the Caribbean clade; mean = 0·2270, SD = 0·02079). Importantly,

the significantly higher (based on Kruskall-Wallis test) invasiveness index of C2 (European clade)

combined with the high proportion of AMR isolates, raises the potential of positioning this clade as a

public health issue (Figure S3B).

Perspective

As the first large-scale phylogenetic analysis of the *S.* Panama serovar, we have revealed important

information about population structure, AMR, global ecology, and invasiveness. We have identified

four *S.* Panama clades that share a most recent common ancestor in the 1500s and have undergone

contemporary introductions into different geographical regions. The majority of *S.* Panama in this

study were pan-susceptible to antibiotics, however there are a number of MDR isolates in C2

(European clade) and C4 (Asia/Oceania clade), of which the former presented genomic predictors of

elevated invasiveness.

It will be important to monitor the incidence of clades C2 and C4 in ongoing genome-based

surveillance, and to understand the movement of mobile genetic elements responsible for antibiotic

resistance. It is possible that the evolutionary trajectory of *S.* Panama will parallel the *Salmonella*

serovars Enteritidis and Typhimurium, which contain specific lineages and pathovariants with an

increased invasiveness index and are now causing significant levels of human bloodstream

infections[1,22,23]. Future work on *S.* Panama can be derived from the current knowledge of serovars

Enteritidis and Typhimurium and should focus on understanding the molecular basis of systemic

invasion, the development of a robust typing system, and a defined animal infection model.

Methods

Assembly of a *S.* Panama collection with global relevance

S. Panama isolates were derived from three archived public health collections: the Unité des Bactéries pathogènes entériques (UBPE), French National Reference Center for *Escherichia coli*, *Shigella*, and *Salmonella*, Institut Pasteur (Paris, France), the National Infection Service, UK Health Security Agency (London, UK), and the Microbiological Diagnostic Unit Public Health Laboratory (MDU PHL) (Melbourne, Australia).

The isolates were sampled from the Institut Pasteur UBPE's archives which hold all *S.* Panama collected from France and French overseas territories between 1947 and 2018 (>5000 isolates) and also reference strains, such as the 73K strain isolated in Panama in 1931. Our strategy for sampling the Institut Pasteur's collection was designed to capture the temporal and global context and include human (n = 542), environmental (n = 10), and animal isolates (n = 7). Specifically, we selected 497 isolates collected for public health purposes between 1993 and 2018 (hereafter termed 'national surveillance' isolates), and 62 isolates collected between 1931 and 1997 (hereafter referred to as 'historical' isolates).

To eliminate redundancy, 'national surveillance' Institut Pasteur isolates taken from the same patient prior to sampling were discarded. All isolates associated with travel outside of France and French overseas territories were selected to capture the maximum global context. All 'extra-intestinal' (defined as blood and cerebrospinal fluid) isolates from French overseas territories and a small number of isolates (n = 90) from Metropolitan France were included. A random selection (using the MS Excel random number generator tool) of one stool isolate per year from each sampling location available was incorporated as non-invasive *S.* Panama isolates.

Isolates from the Institut Pasteur collection were stored as stab cultures. To resuscitate isolates, a

sterile loop was used to transfer culture into 10 mL of Tryptic Soy Broth which was grown overnight

at 37°C. To check for potential contaminants, each isolate was also streaked onto Drigalski agar

plates, which were visually inspected following overnight growth at 37°C. If colonies were pure on

Drigalski agar, 100 µL of culture was aliquoted into a FluidX 2D Sequencing Tube (FluidX Ltd, UK).

The dataset was complemented by 25 genomes generated by the Microbiological Diagnostic Unit

Public Health Laboratory (MDU PHL) at The University of Melbourne, Australia, collected between

2005 and 2019[24].

The United Kingdom Health Security Agency (UKHSA), London, UK. UKHSA (formerly Public Health

England) has routinely genome-sequenced every *Salmonella* isolate received by the *Salmonella*

reference service since 2015 in addition to a small number of pre-2015 isolates[25]. The resulting

genomic data are regularly deposited in publicly available repositories[25]. The UKHSA dataset includes

whole genome sequence data from 147 publicly available *S.* Panama collected between 2012 and

2019.

Finally, a set of 105 additional *S.* Panama publicly available genomes obtained through EnteroBase

(http://enterobase.warwick.ac.uk) were included, which were collected between 1931 and 2018.

The selection was made from 1,266 *S.* Panama genomes (*i.e.* assigned to the hierarchical cluster

HC400_369 using the EnteroBase "cgMLST V2 + HierCC V1" tool) on October 2020.

A description of all the 836 isolates is available with all metadata and genome accession numbers in

Table S1. Metadata collected from surveillance questionnaires was used to assign and infer

geographical location to each isolate. When a recent trip overseas was reported, the travel

destination was considered to be the inferred isolate location[26,27], and travel not reported was

considered as the sampling location to be the inferred location. Locations were grouped

geographically into six major areas based on the United Nations classification: Africa; Asia; Europe;

Latin America & the Caribbean; Northern America, and Oceania.

Whole genome sequencing and annotation of *S.* Panama isolates

Cultures from the Institut Pasteur stored in FluidX tubes (*n* = 315) were heat killed in a 95°C water

bath for 20 min to produce thermolysates before DNA extraction (MagAttract kit, Qiagen) and

whole-genome sequencing, as part of the 10,000 *Salmonella* Genomes Project[28]. Illumina Nextera XT

DNA Libraries were prepared (Illumina, FC-131-1096) and sequenced (Illumina HiSeq 4000) in

multiplex (768) as 150 bp paired-end reads. The rest of the isolates (*n* = 237) were grown overnight

in tryptic soy broth (TSB) at 37°C, DNA was extracted using the MagNA Pure DNA isolation kit (Roche

Molecular Systems, Indianapolis, IN, USA) at the Mutualized Platform for Microbiology (P2M) at

Institut Pasteur, Paris. The libraries were prepared with the Nextera XT kit (Illumina, San Diego, CA,

USA) and sequencing was performed with the NextSeq 500 system (Illumina) generating 150 bp

paired-end reads.

To prepare genome sequence data for downstream analysis, reads were assembled, subject to

quality control and annotated. Adapter content and raw read quality was assessed using FastQC

v0.11.5 (https://www.bioinformatics.babraham.ac.uk/projects/fastqc/) and MultiQC v1.0

(http://multiqc.info). Adapter trimming was then performed using Trimmomatic[29] v0.36 and low-

quality regions were trimmed using Seqtk v1.2-r94 (https://github.com/lh3/seqtk) with the trimfq

flag. Adapter and quality trimmed reads were assessed for quality using FastQC v0.11.5 and MultiQC

v1.0. Quality metrics used to pass sequencing reads were as follows: passed basic quality statistics,

per base sequence quality, per base N content and adapter content. GC content distributions were

visually inspected to determine any isolates with unusual peaks. Only high-quality reads were used

in downstream analysis. Unicycler[30] v0.3.0 was used to assemble genomes and QUAST[31] v4.6.3 was

used to evaluate assembly quality to standards consistent with Enterobase[32]. Specifically, N50 > 20

kb, 600 or fewer contiguous sequences, total number of bases between 4 and 5·8 Mbp. Prokka[33]

v1.12 was used to annotate the genomes. The *Salmonella in Silico* Typing Resource (SISTR)[34] v1.0.2

was used to confirm serovar designations.

Long-read sequencing and plasmid reconstruction

The *S.* Panama isolates 61-66, 86-66, and 376-66 were cultured overnight at 37°C in alkaline nutrient

agar (20 g/L casein meat peptone E2 (Organotechnie), 5 g/L sodium chloride (Sigma), and 15 g/L

Bacto agar (Difco), adjusted to pH 8.4). Single colonies were used to inoculate 20 mL of Brain-Heart-

Infusion (BHI) broth, and incubated at 37°C with shaking (200 rpm —Thermo Scientific MaxQ 6800)

until a final OD_{600} of 0.8 was reached. The bacterial cells were harvested by centrifugation and the

DNA extraction was performed by the used of Genomic-tip 100/G column (Qiagen) according to the

manufacturer's protocol. The library was prepared according to the instructions of the 'Native

barcoding genomic DNA (with EXP-NBD114 and SQK-LSK109)' procedure provided by Oxford

Nanopore Technology. Sequencing was performed on a MinION Mk1C apparatus (Oxford Nanopore

Technologies). The genomic sequences of the isolates were assembled from long and short reads,

with a hybrid approach and Unicycler v0.4.8[30]. A polishing step was performed with Pilon[35] v1.23 to

generate a high-quality sequence composed of chromosomal and plasmid sequences. The sequences

are available via the folloqing GenBank accession numbers OR797034 (pPan376-IncN), OR797033

(pPan86), OR797031 (pPan61-IncI1), and OR797032 (pPan61-IncN).

Phylogenetic analysis

Trimmed sequencing data was mapped against *S.* Panama ATCC7378 as reference genome

(accession number CP012346) using Snippy v4.6.0 (https://github.com/tseemann/snippy) with

minimum coverage of 4 and base quality of 25. QualiMap[36] v2.0 was used to assess mapping quality

and only isolates with greater than 10x genome coverage were included in downstream analysis. The

mean coverage depth across all isolates was 45·13x. Snippy-core v4.6.0 was used to build a

reference-based pseudogenome for each isolate which was passed through snippy-clean v4.6.0 to

replace non-ACTG characters with 'N'. Gubbins[37] v2·2 was used to remove recombinant regions and

invariable sites. The resultant multiple sequence alignment of reference based pseudogenomes

(24,843 variant sites) was used to infer a maximum likelihood phylogeny using RAxML-NG[38] v1.0.3

with 100 bootstrap replicates to assess support. To assign clusters, rhierBAPs[10] was used specifying

two cluster levels, 20 initial clusters and infinite extra rounds.

To determine the evolutionary history of *S.* Panama, a chronogram was produced using BactDating[18]

v1.1. The maximum likelihood phylogenetic tree was used as an input, accounting for invariant sites.

BactDating's model comparison was used to determine the most appropriate clock model (mixed

arc). Effective sample size (ESS) for mu = 501, sigma = 501, and alpha = 435. The final model was run

for 10,000,000 iterations to reach convergence. All phylogenies were visualised using the Interactive

Tree of Life (iTOL)[39] v4.2.

Antimicrobial resistance conferring gene identification & plasmid analysis

Genetic determinants for AMR were identified using staramr v0.5.1 (https://github.com/phac-

nml/staramr) against the ResFinder[40] and PointFinder[41] databases with default parameters (98%

identity threshold and 60/95% overlap threshold respectively). Common resistance patterns were

identified and the respective contigs were extracted from the assembled genomes. To understand

the genetic context of regions carrying AMR determinants, the contigs were manually inspected

using Artemis[42] v10.2. The Prokka-based annotations were confirmed and updated using BLASTx[43]

v2.10.1 to compare all coding regions against the non-redundant protein sequence database.

PlasmidFinder[44] was used to predict contigs containing plasmids, and the results were compared

against contigs containing AMR determinants. Finally BLASTn[43] v2.10.1 was used to understand the

wider context of the genetic region.

Snippy v4.6.0 (https://github.com/tseemann/snippy) was used for mapping all C2 isolates to pPan376-IncN, pPan86, pPan61-IncI1, and pPan61-IncN using minimum coverage of 4 and base quality of 25. Snippy-core v4.6.0 was used to generate a multiple sequence alignment, and snippy-clean v4.6.0 to replace non-ACTG characters with 'N'. Coverage was calculated using SAMtools[45] v1.14, and presence of plasmid was considered with over 50% coverage. A maximum likelihood tree was constructed for pPan61-IncN (alignment length = 47,695) and pPan376-IncN (alignment length = 44,651) with isolates that had >50% coverage using RAxML-NG[38] v.1.0.3 with 100 bootstrap replicates to assess support.

Determination of invasiveness index

The invasiveness index of each isolate was calculated using previously defined methods, using the 196 top predictor genes for measuring invasiveness of *S. enterica*[22]. We used the same pre-trained model to compare the median invasiveness index for *S.* Panama with the invasiveness index of validation strains previously described[22]. The distribution of invasiveness index values for each cluster were compared using the Kruskall-Wallis test implemented through GraphPhad Prism v10.1. A custom-made database of the top 196 invasiveness predictor genes was then created from the multi-fasta file provided in Wheeler *et al.* (2018)[22] (https://github.com/Gardner-BinfLab/invasive_salmonella). SRST2[46] v0.2.0 was used to identify variations between the 196 genes in study isolates.

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The funders of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

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Declaration of interests

The authors declare no conflict of interest.

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Figure and Table legends

Figure 1. The sample collection used to construct the _S._ Panama population structure.

(A) Total number of isolates per collection. Stacked colour bars on the left are proportional to the number of isolates from that source, and colours act as a key for histograms to indicate source. Airplane symbols show the number of travel-associated isolates obtained by the Institut Pasteur and United Kingdom Health Security Agency (UKHSA). Three stacked histograms show the number of isolates from UKHSA, Institut Pasteur, and MDU PHL (upper graph), publicly available data (middle graph), and historical collections (lower graph). (B) Number of isolates per region (ambiguous or outdated locations registered as "Caribbean", "Asia", "Antilles", and "Yugoslavia" are omitted from the map), with regions shaded according to the inlaid key. Map created with MapChart (http://mapchart.net). (C) Number of isolates categorised by source and, for human isolates, specimen type. Three isolates of unknown source are indicated in grey. Shape sizes are proportional to the number of isolates.

Figure 2. Population structure and geographical distribution of _S._ Panama isolates

Maximum likelihood phylogenetic tree of 837 isolates (including reference isolate ATCC7378 marked by a purple arrow) showing clade (first column) and subclade (second column) assignment based on rhierBAPS, inferred region (third column), and number of isolates (fourth column) as a graph with countries (x-axis) clustered and coloured by the United Nations geographical regions. Data for two 'other' clades (asterisked) representing polyphyletic diversity were combined into a single (asterisked) histogram marked in grey.

Figure 3. Antimicrobial resistance trends in _S._ Panama

(A) Maximum likelihood phylogenetic tree showing clades (first column), inferred region (second column) coloured based on UN geographical regions, and AMR (third column) presence of at least one resistance conferring gene (red) or absence (grey). (B) Number of isolates (coloured by clade)

with different AMR profiles. Resistance to different antimicrobials is shown as present (dark circles) or absent (light circles). Dark circles are connected to highlight a variety of unique AMR profiles. Functional annotation of contiguous sequences with the two predominant AMR profiles (respectively indicated by grey arrows pointing to sequence schematics). Arrows indicate predicted reading frames highlighting genes encoding AMR (red) and transposases (light blue).

Figure 4. Phylodynamic and evolutionary timescales of *S.* Panama

Chronograph for estimation of most recent common ancestors for *S.* Panama clades. Arrows indicate MCRA for each clade, with year and highest probability density (95%) interval shown as text.

Supplementary data:

Table S1: *S.* Panama metadata and accession numbers

Figure S1: Functional annotation of five AMR gene cassettes in XDR isolate 201209115

The predicted phenotype conferred (left) and total length (right) for each contiguous sequence that carries an AMR gene cassette is displayed. Arrows indicate open reading frames, and AMR genes are highlighted in red. GenBank accession number SAMEA6142076.

Figure S2: Conservation and functional annotation of plasmids within C2 ascertained with long-read sequencing technology

(A) Maximum likelihood phylogenetic tree of C2 showing subclades (column one), inferred region (column two) of isolation coloured by UN geographical regions in Figure 2, year (column three), AMR (column four) presence (red) or absence (grey), and percentage coverage (>50%) of pPan61-IncI1 (column five), pPan61-IncN (column six), pPan376-IncN (column seven), and pPan86 (column eight). (B) Pairwise comparison of linearised plasmids showing genomic similarity (red) of pPan376-IncN and pPan86 with pPan61-IncN. GenBank accession numbers are shown below the plasmid name. (C)

Phylogenetic trees of pPan376-IncN and pPan61-IncN showing year of isolation (first column) and AMR (following column(s)). The AMR profile of all isolates in pPan376-IncN tree was streptomycin, ampicillin, chloramphenicol, trimethoprim, sulfisoxazole, tetracycline. The sequenced plasmids that acted as reference sequences are indicated by a star. (D) Functional annotation of genes on pPan61-IncI1, pPan61-IncN, pPan376-IncN, and pPan86.

Figure S3: Invasiveness index of *S.* Panama clades in comparison with common *S. enterica* serovars

(A) Median invasiveness index of different *Salmonella* serovars as calculated in Wheeler et al (2018) (black dots) with *S.* Panama (this study) highlighted in pink. (B) Distribution of invasiveness index of all 836 isolates clustered by clade. Overlying box and whiskers plots indicate median and interquartile range, which are enumerated below in the table. Comparisons between groups are indicated by lines uppermost with *p*-values <0.001 indicated by four asterisks.

Figure 1: The sample collection used to construct the *S.* Panama population structure

A

Total number of isolates

National surveillance

Publicly available data

Historical collection

Number of isolates

Year

497 Institut Pasteur

147 UKHSA

25 MDU PHL

105 Publicly available

62 Historical collection

B

Number of isolates per country
based on inferred location when available

>100
51 to 100
11 to 50
6 to 10
1 to 5

ANGUILLA
SAINT MARTIN
US VIRGIN ISLANDS
SINT MAARTEN
SAINT BARTHELEMY
SABA
SINT EUSTATIUS
PUERTO RICO
ANTIGUA AND BARBUDA
ST KITTS AND NEVIS
MONTSERRAT
GUADELOUPE
DOMINICA
MARTINIQUE
ST LUCIA
ST VINCENT AND THE GRENADINES
BARBADOS
ARUBA
CURAÇAO
BONAIRE
GRENADA
TRINIDAD AND TOBAGO

C Number of isolates per source

Human 771

290 Blood + CSF

403 Stool

78 other

Environmental 28   Animal 34 3

Figure 2. Population structure and geographical distribution of *S.* Panama isolates

Figure 3. Antimicrobial resistance trends in *S.* Panama

Figure 4 Phylodynamic and evolutionary timescales of S. Panama