Long read sequencing provides an insight into plasmids found among carbapenemase producing *Enterobacterales* from hospitals in the United Kingdom during 2021 to 2023

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Abstract

107 isolates of *Enterobacterales* consisting of *Klebsiella pneumoniae* (n=90), *Escherichia coli* (n=7), *Enterobacter cloacae* complex (n=6), *Klebsiella oxytoca* complex (n=3) and *Citrobacter freundi* (n=1) and additionally an isolate of *Acinetobacter baumannii* carrying genes encoding NDM (NDM-1, NDM-5 and NDM-14), KPC (KPC-2 and KPC-3), OXA-48-like (OXA-48, OXA-181 and OXA-232) and IMP (IMP-1 and IMP-4) carbapenemases were sequenced using q20 nanopore chemistry to provide complete/near-complete assemblies and relevant plasmids compared. Investigation of potential 'plasmid outbreaks' in individual hospitals among isolates of different types and species revealed a mixed situation with some isolates carrying similar plasmids, but with segments missing/added and some plasmids that were clearly distinct.

While most plasmids carrying bla_{OXA-48} were typical IncL plasmids of approximately 60 kb that are widely described, there was some variation among these. One isolate carried an IncR plasmid that had only limited homology with the others. Identical 51,479 bp ColKP3/IncX3 plasmids carrying $bla_{OXA-181}$ were found from isolates from different hospitals that exactly matched those on GenBank from other countries. In other isolates $bla_{OXA-181}$ was carried on IncFII plasmids. $bla_{OXA-232}$ was found in highly conserved small ColKP3 plasmids that matched those found in other countries and continents. These observations highlight the importance of understanding the wider distribution of plasmids of concern.

IncHI2/IncHI2A plasmids were important vehicles for carbapenemase genes and were found with bla_{KPC-2}, bla_{IMP-1}, bla_{IMP-4} or bla_{NDM-1}, sometimes with the colistin resistance gene *mcr-9* in addition. Representatives of *K. pneumoniae* sequence type (ST) 147 from seven hospitals carried IncFIB(pNDM-Mar)/IncHI1B(pNDM-MAR) hybrid virulence resistance plasmids of 325 to 352 kb that combined bla_{NDM-5} and other resistance genes with genes found in virulence plasmids. A similar plasmid was also found in an isolate of *K. pneumoniae* ST1558 and has been described in representatives of ST383.

Nanopore sequencing has been instrumental in improving our knowledge of plasmids carrying carbapenemase genes leading to a better understanding of their epidemiology.

Introduction

Carbapenems have been considered 'last-resort' antibiotics for the treatment of infections caused by members of the *Enterobacterales* belonging to genera such as *Klebsiella*, *Enterobacter*, *Escherichia* and *Citrobacter*. However, the dramatic rise in incidence of carbapenemase enzymes, especially belonging to the NDM, OXA-48-like, KPC, IMP and VIM families, that can degrade these antibiotics among these organisms seriously threatens their effectiveness [1]. The genes encoding these carbapenemases are mostly carried in plasmids, but in many instances, these remain uncharacterised.

The advent of q20 high accuracy nanopore sequencing [2] has facilitated complete assembly of bacterial chromosome and their plasmids, providing an opportunity to investigate and describe plasmids, including those carrying carbapenemase genes. This not only provides a better understanding of their genetic environment but enables an assessment of the extent to which plasmids or other elements carrying carbapenemase genes may be shared between organisms of different species from the same and different hospitals. Here we describe sequences from isolates of *Klebsiella pneumoniae*, *Escherichia coli*, *Enterobacter cloacae* complex, *Klebsiella oxytoca* complex, *Citrobacter freundi* and additionally an isolate of *Acinetobacter baumannii* carrying a variety of carbapenemase genes encoding NDM (NDM-1, NDM-5 and NDM-14), KPC (KPC-2 and KPC-3), OXA-48-like (OXA-48, OXA-181 and OXA-232) and IMP (IMP-1 and IMP-4) carbapenemases. In order to answer various questions around potentially shared plasmids and around suitability of the method for typing of *Klebsiella pneumoniae*, there is a focus on isolates from particular hospitals and on particular types, especially *K. pneumoniae* Sequence Types (ST) 147, 307 and 20, but the 108 isolates included consisted of many types and were from a total of 30 hospital laboratories. This work provides an insight into plasmids circulating among *Enterobacterales* in UK hospitals between 2021 and 2023.

Methods

Isolates were referred to the UK reference laboratory for typing from hospitals in the UK and were typed by Variable Number Tandem Repeat (VNTR) analysis at 11 loci (*Klebsiella pneumoniae sensu stricto*) or pulsed-field gel electrophoresis of XbaI-digested genomic DNA (all other species). They were labelled by an organism code (KP for *K. pneumoniae*, EB for *E. cloacae* complex, ES for *E. coli*, CF for *C. freundii*, KO for *K. oxytoca* complex and AB for *Acinetobacter baumannii*) followed by a unique number for that organism, hospital code, the week and year of receipt, their sequence type and the carbapenemase genes that they carried (e.g., KP2_L3_37.21_ST147_NDM5). Hospitals were labelled according to region and number within that region (L, London; SE, South East England; SW, South West

England; WM, West Midlands; EM, East Midlands; NE, North East London; NW, North West

England; YH, Yorkshire and Humber). Patient duplicates (i.e. more than one isolate of the

same type from the same patient) were excluded. All isolates are listed in Table S1.

Nanopore sequencing

DNA from growth from single colony picks was extracted using a GeneJet genomic DNA kit

(ThermoFisher, UK) and sequenced on R10.4.1 flow cells on a minION Mk1C (or gridION for

run q20run8) following library preparation using the rapid barcoding kit SQK-RBK114.24

(Oxford Nanopore Technologies, UK). Library preparation was carried out following the

protocol provided by Oxford Nanopore Technologies, with concentration of the pooled

barcoded libraries using 'clumping buffer' as described previously [3] (rrp8, rrp9, q20runs 3-

7) or Ampure beads (q20runs 8-16). Basecalling was by the high accuracy basecalling

option with barcode trimming. MinKNOW versions were 22.10.7 for q20 run 2 (rrp9), 22.12.5

(bionic) for q20 runs 5, 7, 8, 10, 13 and 14 and 23.04.5 (bionic) for q20 runs 15 and 16. A

speed of 260 bp/s was used unless only a 400 bp/s option was available. Assemblies were

done using flye 2.9.1-b1780 [4] and medaka 1.7.2

(https://github.com/nanoporetech/medaka). Resistance genes, plasmid replicon types,

plasmid sequence types (pST) and MLST types were sought using ResFinder 4.3.3,

PlasmidFinder 2.1, pMLST 2.0 and MLST 2.0 on the Center for Genomic Epidemiology

website (https://cge.food.dtu.dk/) [5, 6, 7].

Resistance genes

Resistance genes were as detected on ResFinder. Where there was no exact match, the

closest allele(s) are provided. As a guide, the antibiotic classes to which the most common

acquired genes found in this study confer resistance are summarised in Table 1, but fuller

information is available on ResFinder (http://genepi.food.dtu.dk/resfinder).

Resistance class	Resistance genes beginning
aminoglycoside	*aac, aad, ant, aph, armA, rmt*
quinolone	*qnr*
Beta-lactam	*bla*$_{KPC}$, *bla*$_{CTX-M}$, *bla*$_{TEM}$, *bla*$_{SHV}$, *bla*$_{IMP}$, *bla*$_{NDM}$, *bla*$_{ACT}$, *bla*$_{CMY}$, *bla*$_{OXA}$, *bla*$_{ADC}$
folate pathway antagonist	*sul, dfrA*
tetracycline	*tet*
Streptogramins	*msr*
macrolides	*ere, erm, mph*
polymyxin	*mcr*
amphenicol	*cat*

104 Table 1. Guide to antibiotic resistance classes to which acquired resistance genes found in
105 this study confer resistance. Fuller information is available from ResFinder
106 (http://genepi.food.dtu.dk/resfinder).

Sequences

108 Sequences were deposited on GenBank under project PRJNA1010831.

Results and Discussion

Isolates from hospitals querying 'plasmid outbreaks'

Many of these isolates were referred by hospitals concerned that they may be experiencing
plasmid outbreaks and often consisted of sets containing multiple species of
Enterobacterales. Here we describe the results of investigation of three such sets.

a) Isolates from hospital WM3 carrying bla_{KPC-2}

Thirteen isolates, all carrying bla_{KPC-2}, were sequenced, and carried a mixture of plasmid
types. Four isolates (EB4_WM3_44.22_NV1_KPC2, KO1_WM3_47.22_ST183_KPC2,
KO3_WM3_07.23_ST77_KPC2 and KP111_WM3_19.23_ST846_KPC2) belonging to three
different species (*Enterobacter hormaechei*, *Klebsiella michiganensis* and *K. pneumoniae*)
and all of different types carried an IncN plasmid of pST15 of 63-69 kb carrying bla_{KPC-2},
aph(6)-Id, *aph(3'')-Ib*, bla_{TEM-1B}, *qnrB2*, *sul1* and *dfrA19* (e.g. CP141849) (Fig. 1). On
GenBank the most similar plasmid was also in an isolate (S11_16) of *E. hormaechei* from
the UK (CP035387) collected in 2016. However, other isolates
(EB6_WM3_49.22_ST66_KPC2 and ES6_WM3_50.22_ST95_KPC2) carried an
IncHI2/IncHI2A plasmid of approximately 300 kb with bla_{KPC-2}, *aadA2b*, *ant(2'')-Ia*, $bla_{CTX-M-9}$,
qnrA1, *sul1*, *tet(A)*, *dfrA16* (e.g. CP133857); a further isolate
(KP71_WM3_51.22_ST462_KPC2) carried a larger IncHI2/IncHI2A plasmid (461 kb)
containing those same elements. Two isolates appeared to carry these elements
chromosomally (KP66_WM3_49.22_ST307_KPC2 and ES7_WM3_51.22_ST5295_KPC2);
this was the case for two separate runs carried out on these isolates. At least two other
plasmid types were also detected among the set, a 220 kb IncHI1B(pNDM-MAR)/
IncFIB(pNDM-Mar) plasmid carrying bla_{KPC-2}, *aph(3'')-Ib*, *aph(6)-Id*, bla_{TEM-1B}, *qnrB2*, *sul1* and
dfrA19, (in KP64_WM3_49.22_ST307_KPC2) (CP141558) and a 270 kb IncFIB(pQil)
plasmid (in KP49_WM3_45.22_ST258_KPC2).

Fig. 1. BLAST comparison of IncN plasmids of pST15 carrying bla_{KPC-2} from isolates from

hospital WM3 and with that of *E. hormaechei* S11_16 (CP035387). Plasmids were compared

with that of isolate EB4_WM3_44.22_NV1_KPC2 (pEB4_KPC2). Regions of homology are

shown in colour. Plasmids were from isolates of three different species (EB, *Enterobacter*

cloacae complex; KO, *Klebsiella oxytoca* group and KP, *Klebsiella pneumoniae*) and were

compared by Proksee [8]. Resistance genes were identified by the Comprehensive Antibiotic

Resistance Database (CARD) on Proksee. NV1 refers to a novel sequence type of the

Enterobacter cloacae complex of allelic profile 59,9,12,9,242,37,6. Only named coding

sequences (cds) are shown.

b) Isolates from hospital L5 carrying bla_{NDM}

Many of the isolates from this investigation were clonally related isolates of *K. pneumoniae*

ST20 carrying bla_{NDM-1}. These carried an IncHI2/ IncHI2A plasmid of approximately 340 kb

carrying bla_{NDM-1}, *aadA5, aac(6')-Ib-cr, aac(6')-IIc*, bla_{DHA-1}, bla_{OXA-1}, *ere(A), mph(A), catB3*,

qnrB4, sul1, dfrA17 (e.g. CP141854 from KP34_L5_41.22_ST20_NDM1). However, there

were also isolates of *K. pneumoniae* of ST16 carrying IncX3 plasmids of 46 kb carrying *bla*

$_{NDM-5}$ with no other resistance elements detected; these isolates also carried $bla_{OXA-232}$ in a

relatively small (12.3 kb) ColKP3 plasmid (KP21_L5_33.22_ST16_NDM5_OXA232 and

KP24_L5_34.22_ST16_NDM5_OXA232). There were also two further types of *K.*

pneumoniae (ST147 and ST3096) carrying bla_{NDM-5}, each with further distinct plasmids, the

two representatives of ST147 carrying a 156.5 kb IncFII/IncR plasmid with bla_{NDM-5}, *aadA2*,

aadA1, armA, rmtB, $bla_{CTX-M-15}$, bla_{TEM-1B}, *msr(E), ere(A), mph(A), mph(E), erm(B), cmlA1*,

qnrB1, ARR-2, sul1 and *dfrA12* (KP104_L5_18.23_ST147_NDM5_OXA232) and a 343.0 kb

IncFIB(pNDM-Mar)/IncHI1B(pNDM-MAR) hybrid virulence/resistance plasmid (carrying

bla_{NDM-5}, *aadA1*, *aph(3')-VI*, *aac(6')-Ib*, $bla_{CTX-M-15}$, $bla_{TEM-1C/1B}$, bla_{OXA-9}, *mph(A)*, truncated

catA1, *qnrS1*, *sul1*, *sul2*, *dfrA5* together with various genes associated with virulence

plasmids (*rmpA*/*A2*, *terABCDEWXYZ*, *iucABCD,iutA*, hemin, *shiF*, lysozyme inhibitor,

cobW)) (KP124_L5_21.23_ST147_NDM5) (CP137392), respectively, while the isolate of

ST3096 (KP52_L5_46.22_ST3096_NDM5_OXA48) carried a 143 kb IncC plasmid with

bla_{NDM-5}, *aac(6')-Ib3*, bla_{CMY-23} and *sul1* (CP141561); this isolate also carried a 78.9 kb IncL

plasmid with *bla*$_{OXA-48}$, *aac(6')-Ib-cr*, bla_{TEM-1D}, bla_{OXA-1}, truncated *catB3* and *qnrS1*

(CP141563).

c) Isolates from hospital WM2 carrying *bla*$_{OXA-48}$ and/or *bla*$_{NDM-5}$

A set of seven isolates belonging to four different genera were sequenced, five of which

carried *bla*$_{OXA-48}$. Four of the five carried IncL plasmids (CF2_WM2_48.22_ST162_OXA48,

EB5_WM2_48.22_ST108_OXA48, ES5_WM2_48.22_ST1607_OXA48 and

KP58_WM2_48.22_ST147_NDM5_OXA48) (CP133849, CP133863, CP133873 and

CP137377, respectively) only one of which carried other resistance determinants in addition

to *bla*$_{OXA-48}$ (*aph(3'')-Ib*, *aph(6)-Id*, $bla_{CTX-M-14b}$ in CP137377). The remaining isolate

(KP59_WM2_48.22_ST395_OXA48) carried a 54.8 kb IncR plasmid that carried *catA1* in

addition to *bla*$_{OXA-48}$. Three isolates carried *bla*$_{NDM-5}$, one in a 459.9 kb IncFIB(pNDM-

Mar)/IncHI1B(pNDM-MAR) hybrid virulence/resistance plasmid (carrying bla_{NDM-5}, *aac(6')-Ib-*

cr, *aadA1*, *aph(3')-VI*, *aac(6')-Ib*, $bla_{CTX-M-15}$, $bla_{TEM-1C/1B}$, bla_{OXA-9}, *mph(A)*, truncated *catA1*,

qnrS1, *sul1* and *dfrA5* together with virulence plasmid elements *rmpA*/*A2*, *terABCDEWXYZ*,

iucABCD, *iutA*, hemin, *shiF*, lysozyme inhibitor and *cobW*) (CP137375). The remaining

isolates carrying *bla*$_{NDM-5}$ were both representatives of *E. coli* ST167 with multi-replicon IncF

(IncFIA /IncFIB(AP001918)/IncFII) *bla*$_{NDM-5}$ plasmids (e.g. CP133853) widely found in this

organism [9, 10, 11]; they were highly similar to one another, one of 143.5 kb and the other

of 141.9 kb, both with bla_{NDM-5}, *aac(6')-Ib-cr*, *aadA2*, *sul1*, *dfrA12*, *sitABCD*, *tet(A)*, $bla_{CTX-M-15}$,

bla_{OXA-1}, *mph(A)*, truncated *qacE* and *catB3* (ES3_WM2_48.22_ST167_NDM5 and

ES4_WM2_48.22_ST167_NDM5).

In all three cases, a mixed scenario was observed with some isolates carrying highly similar

plasmids, while there were also clear examples where the plasmids were distinct.

OXA-48 plasmids

21 isolates in the set from eight hospital groups carried *bla*$_{OXA-48}$, the vast majority in IncL

plasmids of approximately 64 kb that contained no other resistance genes (e.g. CP133849,

CP133873, CP133846). These have a large number of matches on GenBank with these

plasmids being widely distributed. In some cases the IncL plasmid was larger (e.g.

CP133863 (130 kb), CP137356 (72.2 kb)) (Fig. 2). The latter included an extra segment that

194 carried *aph(6)-Id, aph(3'')-Ib, aph(3')-Vib* and *bla*CTX-M-14b. There were 5 examples of isolates

195 with a 61.5 kb IncM1 *bla*OXA-48 plasmid with no other resistance genes; these were all

196 representatives of *K. pneumoniae* ST307 from the same hospital related in space and time

197 (KP44 to KP48 inclusive all followed by _NW4_44.22_ST307_OXA48) (e.g. CP141564 in

198 KP44_NW4_44.22_ST307_OXA48). KP59_WM2_48.22_ST395_OXA48 carried a 54.8 kb

199 IncR *bla*OXA-48 plasmid also containing *catA1*, while KP17_NW3_25.22_ST395_OXA48

200 carried a 78.1 kb IncM2 *bla*OXA-48 plasmid also carrying *msr(E), armA, mph(E), bla*TEM-1B

201 resistance genes (CP133747). The IncR plasmid (pKP59_OXA48) shown in orange in Fig.

202 2) only had limited homology with the IncL, IncM1 and IncM2 plasmids (Fig. 2).

204 Fig. 2. BLAST comparison of plasmids carrying *bla*OXA-48. Coloured regions show areas of

205 homology. Most isolates carried IncL plasmids of approximately 64 kb (e.g. pCF2_OXA48,

206 pES5_OXA48 and pKP59_OXA48), while pKP99_OXA48 had an extra segment carrying

207 additional resistance genes. KP44_NW4_44.22_ST307_OXA48 had an IncM1 plasmid of

208 61.5 kb (pKP44_OXA48). The IncR plasmid pKP59_OXA48 (54.8 kb) had only partial

209 homology with the IncL/M plasmids. Isolates compared were from four different hospitals,

210 with pCF2_OXA48, pES5_OXA48 and pKP59_OXA48 being from isolates from the same

211 hospital group. Plasmids were compared using Proksee [8]. Resistance genes were

212 identified by the Comprehensive Antibiotic Resistance Database (CARD) on Proksee. CDS,

213 coding sequences.

214 In agreement with our results, Boyd et al [12] also commented in a recent review that *bla*OXA-

215 48 is usually found in self-conjugative 60- to 70-kb plasmids with an IncL scaffold, but that

216 there is some variation among them, with some plasmids also carrying other resistance

217 genes. Notably, the *bla*OXA-48 gene is not associated with class 1 integrons in these plasmids,

218 and is typically carried in transposon Tn*1999* with an upstream, and often a downstream,

219 IS*1999* insertion sequence [13].

OXA-181 plasmids

The set included nine isolates carrying *bla*$_{OXA-181}$ from six different hospitals. Most carried

ColKP3 replicons (e.g. CP137409 in KP102_WM3_17.23_ST147_OXA181, CP141549 in

KP75_L14_02.23_ST20_OXA181 and CP141544 in KP89_L16_06.23_ST307_OXA181)

and either no, or only *qnrS1* resistance gene in addition. The 51,479 bp ColKP3/IncX3

plasmids pKP75_OXA181 and pKP89_OXA181 matched (100 % identity, 100 % coverage)

one another and many others on GenBank (e.g. CP034284, MK412917, MK412920,

CP114995 and CP110780) from isolates of *K. pneumoniae*, *E. coli*, the *Enterobacter cloacae*

complex and *Citrobacter freundii* from various countries (e.g. USA, United Arab Emirates,

Italy) (Fig. 3). However, *bla*$_{OXA-181}$ was associated with IncFII replicon types in some isolates

(e.g. KP4_L4_52.21_ST147_OXA181). Li *et al*. [14] who studied 191 *bla*$_{OXA-48-like}$ plasmids in

K. pneumoniae also noted that *bla* $_{OXA-181}$ was often carried by 50-kb ColKP3-IncX3

conjugative plasmids, which were found in multiple countries, and in small ColKP3-type

mobilizable plasmids, mirroring our results.

Fig. 3. BLAST comparison of 51.5 kb ColKP3/IncX3 plasmids from isolates of *K.*

pneumoniae from two different hospitals and belonging to different sequence types from this

study with examples from GenBank from isolates of *K. pneumoniae* (CP034284 and

MK412920) and *E. coli* (MK412917) from USA and United Arab Emirates. All the plasmids

matched one another (100 % identity, 100 % coverage). CDS, coding sequences; CARD,

Comprehensive Antibiotic Resistance Database

In common with our results finding identical ColKP3/IncX3 plasmids carrying $bla_{OXA-181}$ from

isolates of different types and genera and from various countries, others have also observed

that $bla_{OXA-181}$ are predominantly associated with IncX3 and ColKP3 plasmids and that these

are near identical among isolates from Jordan, Egypt, Turkey, South Korea, Thailand, South

Africa, Kuwait, China and Angola [15,16].

OXA-232 plasmids

The set included nine isolates carrying $bla_{OXA-232}$ from seven different hospitals. As with the

$bla_{OXA-181}$ plasmids, those carrying $bla_{OXA-232}$ were often associated with ColKP3 replicons

(e.g. CP140296, CP141573, CP137419, CP141552). They carried no other resistance

genes. The original assemblies indicated that three isolates carried a ColKP3 plasmid of

6.14 kb (KP28_L6_38.22_ST147_NDM5_OXA232,

KP67_L13_49.22_ST437_NDM5_OXA232 (CP141552) and

KP104_L5_18.23_ST147_NDM5_OXA232), 5 carried 12.3 kb plasmids

(KP21_L5_33.22_ST16_NDM5_OXA232, , KP33_NE2_41.22_ST2096_OXA232

(CP140296), KP35_L8_42.22_ST2096_OXA232 (CP141573),

KP54_WM4_48.22_ST147_OXA232 and KP101_SE2_14.23_ST147_NDM5_OXA232

(CP137419)) and one a 18.4 kb plasmid (KP24_L5_34.22_ST16_NDM5_OXA232), but

closer examination showed that the 12.3 kb plasmids consisted of 2 copies of the 6.14 kb

plasmid and the 18.4 kb plasmid 3 copies, perhaps because of an assembly issue with flye

with high copy number reads. Analysis of the reads themselves showed that they mostly

exist as 6.14 kb single copy plasmids although they may also be present as double and triple

copy plasmids. There were many matches/close matches to these plasmids on GenBank

(e.g. CP01562, JX423831, OY856406). The original description of OXA-232 described the

gene in 6.1 kb plasmids [17] (e.g. JX423831), but there are also examples on GenBank of

the 12.3 kb double version (e.g. in FDAARGOS_440 CP023924). Li *et al*. [14] also

commented that the $bla_{OXA-232}$ gene was mainly found in small (6.1-kb) ColKP3-type

plasmids, largely found in India in their study.

Fig. 4 BLAST comparison of ColKP3 plasmids carrying $bla_{OXA-232}$ in isolates of *K. pneumoniae* from this study with CP012562 (pUCLAOXA232-1) from an isolate of *K. pneumoniae* from California, USA and JX423831 from an isolate of *E. coli* from France (transferred from India). Plasmids compared are from KP28_L6_38.22_ST147_NDM5_OXA232, KP33_NE2_41.22_ST2096_OXA232, KP35_L8_42.22_ST2096_OXA232 and KP67_L13_49.22_ST437_NDM5_OXA232, which are from four different hospitals. Plasmids were compared using Proksee [8]. Resistance genes were identified by the Comprehensive Antibiotic Resistance Database (CARD) on Proksee. CDS, coding sequences.

KPC-2 plasmids

The majority of the isolates carrying bla_{KPC-2} in this study were from hospital WM3 and have been described earlier; they carried mainly IncN or IncHI2/ IncHI2A bla_{KPC-2} plasmids (Fig. 1). The set also included five isolates from a further two hospital groups. Those from hospital WM4 all belonged to *K. pneumoniae* ST307 and all carried a 52.3 kb IncN plasmid containing bla_{KPC-2} and bla_{TEM-1B} (e.g. CP133741). They lacked the segment carrying *aph(6)-Id*, *aph(3'')-Ib*, *qnrB2*, *sul1* and *dfrA19* found in the IncN plasmids from hospital WM3. That from hospital YH1 carried a 99.3 kb IncR/IncN plasmid with bla_{KPC-2}, bla_{TEM-1A}, bla_{OXA-9} and *dfrA14* (CP133867).

KPC-3 plasmids

Four isolates in the set from two hospital groups carried plasmids with bla_{KPC-3}. All belonged to *K. pneumoniae* ST307 and their bla_{KPC-3} plasmids were 90 to 97 kb in size with those from hospital L9 carrying bla_{TEM-1A} and bla_{OXA-9} in addition, while those from hospital WM1 carried

296   no additional resistance genes (e.g. KP19_WM1_28.22_ST307_KPC3). All were of

297   IncFIB(pQil)/IncFII(K) replicon types. The closest matches on GenBank were slightly bigger

298   plasmids (109 to 118 kb) that shared 99 % identity and 99 % coverage with pKP19_KPC3

299   (e.g. OQ821101).

IMP-1 plasmids

The set included 13 isolates carrying bla_{IMP-1} from six different hospitals, with six isolates

belonging to *K. pneumoniae* novel sequence type ST6601 from 2 hospitals (L1 and L6)

between which patient transfers are known to have occurred. These isolates carried

IncHI2/IncHI2A plasmids of approximately 270 kb carrying bla_{IMP-1}, *aac(6')-Ib3*, bla_{SHV-12}, *sul1*

and *qnrA1*. Isolates KP20_YH2_29.22_ST54_IMP1, EB1_SW1_27.22_ST104_IMP1,

EB2_SW1_42.22_ST145_IMP1 and EB3_SW1_43.22_ST134_IMP1 all carried

IncHI1A(NDM-CIT)/IncHI1B(pNDM-CIT) plasmids of 334 to 361 kb in size carrying bla_{IMP-1},

aac(3)-IIa, *aac(6')-Ib3*, bla_{DHA-1}, *mph(A)*, *qnrB4*, *sul1*, *dfrA17* (e.g. CP141538 in

EB3_SW1_43.22_ST134_IMP1), despite being isolated from two different regions of the UK

and all belonging to different types. Interestingly, the plasmids from the EB2 and KP20

isolates lacked the copper and silver heavy metal resistance genes found in the plasmid

from the EB3 isolate (Fig. 5). KO2_WM3_48.22_STNV2_IMP1 carried a 170.5 kb IncC

plasmid containing bla_{IMP-1}, *aac(6')-Ib-cr*, *aac(6')-Ib3*, *qnrA1*, *sul1* and dfrA1, while

KP40_L1_43.22_ST20_IMP1 had a 57.0 kb IncN3 plasmid containing bla_{IMP-1}, *aac(6')-Ib3*,

qnrA1 and *sul1* (CP141568 in KP40_L1_43.22_ST20_IMP1), which was highly similar to

those we have reported previously from *Enterobacter* isolates from London hospitals from

2019 (CP043856 and CP043516) [18] (Fig. 6). *Acinetobacter baumannii* isolate

AB1_L10_11.23_ST203_IMP1 carried bla_{IMP-1}, *aadA5*, *aac(6')-IIa*, *msr(E)*, *mph(E)*, *floR*, *sul1*

and *sul2* in a 326.9 kb plasmid with no plasmid hits on PlasmidFinder.

Fig. 5. BLAST comparison of the IncHI1A(NDM-CIT)/IncHI1B(pNDM-CIT) plasmids carrying *bla*IMP-1 from *E. cloacae* complex and *K. pneumoniae* isolates from two different hospitals (pEB2_IMP1 and pEB3_IMP1 from hospital SW1, pKP20_IMP1 from hospital YH2). The *Enterobacter* isolates belonged to distinct sequence types (STs 145 and 134). CDS, coding sequences; CARD, Comprehensive Antibiotic Resistance Database.

Fig. 6. BLAST comparison of the IncN3 plasmid from *K. pneumoniae* KP40_L1_43.22_ST20_IMP1 with IncN3 plasmids from *Enterobacter* isolates from London hospitals from 2019 (CP043856 and CP043516). CDS, coding sequences; CARD, Comprehensive Antibiotic Resistance Database,

IMP-4 plasmids

The set included just two isolates carrying *bla*IMP-4 which were both from the same hospital and belonged to the same type (KP12_NE1_13.22_ST54_IMP4 and KP14_NE1_17.22_ST54_IMP4). Both had IncHI2/IncHI2A plasmids of approximately 326 kb containing *bla*IMP-4, *aph(3″)-Ib*, *aac(6')-Ib3*, *aac(6')-Ib-cr*, *aph(6)-Id*, *mcr-9*, *bla*SHV-12, *bla*TEM-1B, *bla*OXA-1, *mph(A)*, *qnrB2*, *sul1*, *dfrA19*, *ARR-3*, *formA*, truncated *qacE* and *catB3*. Although not well-represented in this set, we are aware that large IncHI2/IncHI2A plasmids carrying both *bla*IMP-4 and *mcr-9* are found in an increasing proportion of IMP positive isolates in the UK [19], with most isolates referred to the reference laboratory during the latter part of 2023 carrying them. Such plasmids are widely distributed and have been described in other organisms and countries/continents (e.g. KX810825 in *Salmonella enterica* MU1, CP022533 in *Enterobacter hormaechei* MS7884A both from Australia) [20] (Fig. 7).

Fig. 7. BLAST comparison of the IncHI2/IncHI2A bla_{IMP-4} plasmid in *K. pneumoniae*
KP12_NE1_13.22_ST54_IMP4 with those from *Salmonella enterica* MU1 (KX810825) and
Enterobacter hormaechei MS7884A (CP022533) from Australia. CDS, coding sequences;
CARD, Comprehensive Antibiotic Resistance Database.

NDM-1 plasmids

Six of the 12 isolates with bla_{NDM-1} sequenced were representatives of *K. pneumoniae* ST20
from hospital L5 described earlier which had IncHI2/IncHI2A plasmids of approximately 340
kb containing bla_{NDM-1}, *aadA5*, *aac(6')-Ib-cr*, *aac(6')-IIc*, bla_{DHA-1}, bla_{OXA-1}, *ere(A)*, *mph(A)*,
catB3, *qnrB4*, *sul1* and *dfrA17* (e.g. CP141854). KP118_NW3_20.23_ST101_NDM1
similarly carried an IncHI2/IncHI2A bla_{NDM-1} plasmid, which was slightly larger (365.7 kb) and
contained *aph(6)-Id*, *aph(3'')-Ib*, bla_{SHV-12}, bla_{TEM-1B} and *catA2* resistance genes in addition to
bla_{NDM-1}. A further isolate (KP36_NW3_42.22_ST834_NDM1) had a 131.2 kb IncFIB(pQil)
plasmid with bla_{NDM-1}, *aac(3)-IIa*, *aac(6')-Ib-cr*, $bla_{CTX-M-15}$, bla_{TEM-1B}, bla_{OXA-1}, truncated *catB3*
and *qnrB1*. The remaining isolates were representatives of *K. pneumoniae* ST147, three of
which (from two different hospitals) had 54 kb IncFIB(pQil) plasmids with bla_{NDM-1}, $bla_{CTX-M-15}$,
bla_{OXA-1}, *ARR-3*, *sul1*, *qnrS1*, *aac(6')-Ib-cr*, *aph(3')-VI*, *catB3* and truncated *qacE* (e.g.
CP137381). The remaining representative of ST147 from a further hospital had a 352.3 kb
IncFIB(pNDM-Mar)/IncHI1B(pNDM-MAR) hybrid virulence resistance plasmid carrying
bla_{NDM-1}, *aph(3')-Ia*, *aph(3')-VI*, *armA*, *msr(E)*, *mph(A)*, *mph(E)*, *qnrS1*, *sul1*, *sul2* and *dfrA5*
and virulence plasmid elements aerobactin (*iutA*, *iucABCD*), *rmpA*/*A2*, *terABCDEWXYZ*,
hemin, *luxR*, *pagO*, *shiF*, lysozyme inhibitor (CP137400).

NDM-5 plasmids

The rise in frequency of this NDM variant, particularly in *E. coli*, but also in *K. pneumoniae*,

has been marked and has been noted by many authors [9, 10, 11]. Our set included two

representatives of *E. coli* ST167 with multi-replicon IncF plasmids carrying bla_{NDM-5} (e.g.

CP133853) along with *aac(6')-lb-cr*, *aadA2*, *sul1*, *dfrA12*, *sitABCD*, *tet(A)*, $bla_{CTX-M-15}$, bla_{OXA-}

$_1$, *mph(A)*, truncated *qacE* and *catB3* (ES3_WM2_48.22_ST167_NDM5 and

ES4_WM2_48.22_ST167_NDM5). Other isolates carrying bla_{NDM-5} included in this study

belonged largely to *K. pneumoniae* ST147 (or ST6796, a single locus variant of ST147)

(n=15), which was a particular focus and are described more fully elsewhere [21]. All but five

of these carried an IncFIB(pNDM-Mar)/IncHI1B(pNDM-MAR) hybrid virulence resistance

plasmid that combined bla_{NDM-5} and other resistance genes with genes associated with

virulence plasmids (aerobactin (*iutA*, *iucABCD*), *rmpA/A2*, *terABCDEWXYZ*, hemin, *shiF*,

lysozyme inhibitor) (e.g. CP137386 in KP39_L11_43.22_ST147_NDM5, CP137375 in

KP58_WM2_48.22_ST147_NDM5_OXA48, CP137372 in KP81_L15_03.23_ST147_NDM5,

CP137435 in KP82_L15_04.23_ST147_NDM5, CP137360 in

KP97_L17_12.23_ST147_NDM5, CP137352 in KP99_L14_14.23_ST147_NDM5_OXA48

and CP137392 in KP124_L5_21.23_ST147_NDM5), despite being from seven different

hospital groups. The remaining five representatives of ST147 did not have a virulence

plasmid and carried bla_{NDM-5} in 96 kb IncFII plasmids also with *aadA2*, *rmtB*, bla_{TEM-1B},

truncated *qacE*, *erm(B)*, *dfrA12*, *sul1* and *mph(A)* (KP2_L3_37.21_ST147_NDM5 and

KP30_YH2_39.22_ST147_NDM5_OXA181), or in a 156.5 kb IncFII/IncR plasmid also

carrying *aadA2*, *aadA1*, *armA*, *rmtB*, $bla_{CTX-M-15}$, bla_{TEM-1B}, *msr(E)*, *ere(A)*, *mph(A)*, *mph(E)*,

erm(B), *cmlA1*, *qnrB1*, *ARR-2*, *sul1* and *dfrA12* (KP104_L5_18.23_ST147_NDM5_OXA232)

or chromosomally (KP29_L6_38.22_ST147_NDM5 and

KP28_L6_38.22_ST147_NDM5_OXA232), the latter result being obtained on two separate

occasions for both isolates.

Five further isolates of bla_{NDM-5} positive *K. pneumoniae* belonging to four further STs were

included; the two isolates belonging to ST16 (both from hospital L5) had a 46.1 kb IncX3

plasmid carrying no other resistance gene, while that of ST3096, also from hospital L5,

carried bla_{NDM-5} in a 143 kb IncC plasmid that also contained *aac(6')-Ib3*, bla_{CMY-23} and *sul1*.

That belonging to ST1558 (KP77_WM1_02.23_ST1558_NDM5) had bla_{NDM-5} in a 348 kb

IncFIB(pNDM-Mar)/IncHI1B(pNDM-MAR) hybrid virulence resistance plasmid also carrying

aph(3')-Ia, *aadA1*, *aph(3')-VI*, *aac(6')-Ib*, $bla_{CTX-M-15}$, $bla_{TEM-1C/1B}$, bla_{OXA-9}, *mph(A)*, truncated

catA1, *sul1* and *dfrA5*, aerobactin genes, *rmpA/A2*, tellurite resistance genes, *shiF*,

lysozyme inhibitor and *cobW* (CP141546) that was highly similar to those seen in

representatives of ST147, with most similarity to CP137375 from

KP58_WM2_48.22_ST147_NDM5_OXA48. Similar plasmids have also been seen in *K.*

pneumoniae ST383 (e.g. CP034201 and CP091814) and it is worrying that they have been

seen in multiple types and among geographically unrelated isolates. Finally, that belonging

to ST437, from a further hospital (L13) had a 106.8 kb IncFIB(pQil)/IncFII plasmid carrying

*bla*_{NDM-5} together with *bla*_{CTX-M-15}, *erm(B)*, *sul1* and *dfrA30*.

NDM-14 plasmids

Just three isolates in the set, which were clonally and epidemiologically related, carried this

unusual NDM allele (KP86-KP88 _L3_06.23_ST147_NDM14). All belonged to *K.*

pneumoniae ST147 and carried a 54.1 kb IncFIB(pQil) plasmid containing *bla*_{NDM-14}, *aph(3')-*

VI, *aac(6')-Ib-cr*, *bla*_{CTX-M-15}, *bla*_{OXA-1}, *catB3*, *qnrS1*, *ARR-3* and *sul1* (e.g. CP137365,

CP137425). All also carried a separate hybrid virulence/resistance plasmid (e.g. CP137363,

CP137424). There are a number of highly similar plasmids in isolates of *K. pneumoniae* on

GenBank of the same length (99-100 % coverage, 99.99-100 % identity) e.g. CP021947,

CP014757, OQ785270, CP014757 and AP018834 from isolates from the USA, South Korea

and Myanmar, although most carried *bla*_{NDM-1} rather than *bla*_{NDM-14}.

Virulence/resistance plasmids in *K. pneumoniae*

In addition to the hybrid virulence resistance plasmids described in representatives of ST147

(and single locus variant (SLV) ST6796) [21], we have described hybrid virulence resistance

plasmids in other, less common types in this study; ST1558 (CP141546)

(KP77_WM1_02.23_ST1558_NDM5), ST2096 (CP140295)

(KP33_NE2_41.22_ST2096_OXA232) (an SLV of ST14) and ST395 (CP133748)

(KP17_NW3_25.22_ST395_OXA48 and KP59_WM2_48.22_ST395_OXA48). In the case of

the latter three isolates, these plasmids did not include a carbapenemase gene, which was

carried in another plasmid in both cases. In common with other non-NDM hybrid resistance

virulence plasmids found in representatives of ST147 they were large (approximately 310

kb) IncFIB(pNDM-Mar)/ IncHI1B(pNDM-MAR) plasmids carrying *armA*, *msrE*, *mphE*, *sul2*

and *catA1* (KP33) or *armA*, *aadA2*, *bla*_{CTX-M-15}, *bla*_{TEM1A}, *msrE*, *dfrA12*, *sul1*, *tetD*, *mphE*

(KP17) in addition to aerobactin genes, *rmpA/rmpA2*, tellurite resistance genes, *shiF*,

lysozyme inhibitor and *cobW*. That of KP77_WM1_02.23_ST1558_NDM5 carried *bla*_{NDM-5}

and was highly similar to the NDM-5 virulence resistance plasmids found in representatives

of ST147 (e.g. CP137375).

Carbapenemase genes among representatives of *K. pneumoniae* ST307

K. pneumoniae ST307 is a 'high-risk' clone for resistance that is commonly received by the

reference laboratory from hospitals and has been used as an exemplar for comparison of

plasmids found within the same type within and between hospitals. We typed 144 non-

duplicate isolates of this type from 2021-2023 of which at least 32 were received as
carbapenemase producers.

The set included 22 representatives of ST307 from nine hospital laboratories and four
regions carrying a variety of carbapenemase genes; bla_{KPC-2} (n=10), bla_{KPC-3} (n=4), $bla_{OXA-181}$
(n=2) and bla_{OXA-48} (n=6). Largely, the plasmids found were consistent within a hospital set
and distinct from those from other hospitals carrying the same carbapenemase gene; for
example, the 3 KPC-positive isolates from hospital WM4 (KP68_WM4_50.22_ST307_KPC2,
KP72_WM4_01.23_ST307_KPC2 and KP73_WM4_01.23_ST307_KPC2) all had a 52.3 kb
IncN plasmid carrying bla_{KPC-2} and bla_{TEM-1B}, while that from hospital YH1 carried bla_{KPC-2} in a
99.3 kb IncR/IncN plasmid with bla_{TEM-1A}, bla_{OXA-9} and *dfrA14*. Another set of isolates from
hospital NW4 from five patients all carried bla_{OXA-48} in 61.5 kb IncM1 plasmids with no other
resistance genes, and all carried an additional IncFII(K)/IncFIB(K) plasmid with *aac(3)-IIa*,
aph(6)-Id, *aph(3″)-Ib*, *aac(6′)-Ib-cr*, $bla_{CTX-M-15}$, bla_{TEM-1B}, bla_{OXA-1}, truncated *catB3*, *qnrB1*,
sul2, *tetA* and *dfrA14*, supporting that they are linked. Both isolates from hospital WM1 with
bla_{KPC-3} carried 92.9 kb IncFIB(pQil)/IncFII(K) plasmids.

These results are in contrast with those of representatives of ST147, many of which shared
highly similar hybrid virulence plasmids despite coming from different hospital groups.

Further Comments and Conclusions

It is clear that comparison of plasmids to investigate if 'plasmid outbreaks' are occurring is
far from straightforward. Even where similar plasmids were found among isolates that were
related in time and space there were often minor differences between them with segments
missing/additional segments (e.g. Fig. 1) leading to potential difficulties in interpretation. In
addition, many plasmids are widely distributed, and finding similar plasmids among isolates
carrying them does not necessarily indicate plasmid spread between them. Examples are
the widespread IncL pOXA48a and IncHI2/IncHI2A *bla*IMP-4 plasmids that have been found
in many countries [19, 20, 22]. The widely found ColKP3/IncX3 OXA-181 plasmids and
ColKP3 $bla_{OXA-232}$ plasmids were remarkably conserved (to the base) and seen in different
organisms and many different geographical locations. It is clearly important to know the
context and wider distribution of a relevant plasmid before considering whether a plasmid
outbreak may be occurring. All three hospital sets we examined revealed a complex picture.
In all of them, the situation was mixed with some evidence for plasmid transfer, but also
clear examples where the plasmids were different.
473
474 IncHI2/HI2A plasmids are important vehicles for carbapenemase genes; we observed
475 plasmids of this type carrying bla_{KPC-2}, bla_{IMP-1}, bla_{IMP-4} or bla_{NDM-1}. Where we observed the

476 colistin resistance gene *mcr-9* it was always in IncHI2/IncHI2A plasmids e.g. CP141854,
477 although not all carried this gene. It is likely that the gene is carried silently and is not
478 expressed in these isolates [23].
479
This study concentrated on the plasmids carrying carbapenemase genes, but most of these
isolates carried multiple plasmids with the others often also carrying resistance genes. For
example, not only did KP72_WM4_01.23_ST307_KPC2 carry a KPC plasmid (CP141579),
but it also had a further plasmid containing *aac(3)-IIa*, *aph(6)-Id*, *aph(3'')-Ib*, *aac(6')-Ib-cr*,
bla$_{CTX-M-15}$, *bla*$_{TEM-1B}$, *bla*$_{OXA-1}$, truncated *catB3*, *qnrB1*, *sul2*, *tet(A)* and *dfrA14* (CP141580).
This study also only looked at these plasmids at a relatively superficial level and a deeper
analysis could achieve greater insight.
487
488 While most plasmids carrying *bla*$_{OXA-48}$ did so in a typical IncL plasmid of approximately 60-
489 70 kb, there was some variation among these plasmids and some very different plasmids
490 were found (e.g. the IncR plasmid pKP59_OXA48), showing that there can be value in
491 analysing plasmids carrying *bla*$_{OXA-48}$ where a plasmid outbreak is suspected.
492
493 Nanopore sequencing was essential in providing complete or near complete assemblies of
494 these isolates, facilitating investigation of their plasmids. Wide use of nanopore sequencing
495 is providing information not previously available leading to a greatly increased understanding
496 of the global epidemiology of plasmids carrying carbapenemase genes.
497

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Table S1. Carbapenemase producers included in the study and their resistance genes.

Isolates were labelled with a unique organism number (beginning KP for *K. pneumoniae*, EB

for *E. cloacae* complex, ES for *E. coli*, CF for *C. freundii*, KO for *K. oxytoca* complex and AB

for *Acinetobacter baumannii*), followed by a hospital code, the week and year of receipt by

the laboratory, their sequence type (ST) and the carbapenemase genes that they carried.

Hospitals were labelled according to region in the UK and number within that region (L,

London; SE, South East England; SW, South West England; WM, West Midlands; EM, East

Midlands; NE, North East London; NW, North West England; YH, Yorkshire and Humber).

Contigs are labelled as circular (c) or linear (l). An asterisk indicates a truncated gene or (in

the allelic profile column) a novel allele. Where there was no exact match to a resistance

gene, the closest alternative(s) are given. NV refers to novel sequence types. Where more

than one run was carried out on an isolate, run identifications highlighted in turquoise

indicate that the same extract was used; yellow highlighting indicates that a different extract

was used.