Enterobacter cloacae complex ST-171 Isolates Expressing KPC-4 Carbapenemase Recovered

from Canine Patients in Ohio, USA

Running title: *Enterobacter* ST171 with KPC-4 in US Dogs

Joshua B. Daniels,[1][*] Liang Chen,[2] Susan V. Grooters,[3] Dixie F. Mollenkopf,[3] Dimitria A. Mathys,[3] Barry N.

Kreiswirth,[2] Thomas E. Wittum[3]

Department of Veterinary Microbiology, Immunology and Pathology, Colorado State University, Fort

Collins, Colorado[1]

Public Health Research Institute Tuberculosis Center, New Jersey Medical School, Rutgers University,

Newark, New Jersey[2]

Department of Veterinary Preventive Medicine, The Ohio State University College of Veterinary

Medicine, Columbus, Ohio[3]

*Corresponding author

ABSTRACT

Carbapenem resistant *Enterobacteriaceae* (CRE) have emerged as a critical public health threat.

Organisms expressing the *Klebsiella pneumoniae* carbapenemase (KPC) were first recognized in the US in

the late 1990s and continue to be the predominant CRE genotype reported in clinical isolates. Strains

harboring bla_{KPC} alleles have been observed in multiple species of *Enterobacteriaceae*, including the

Enterobacter cloacae complex. A major *E. cloacae* clone, *Enterobacter xiangfangensis* ST171, has

emerged as an important cause of hospital associated infections (HAI) and has been shown to carry

different alleles of KPC in the context of Tn*4401*, residing on plasmids of multiple incompatibility groups.

While CRE are commonly isolated from infected humans, their recovery from animals has been rare,

particularly from companion animals. In the US, only six CRE have been reported from companion

animals, and one from livestock, none of which were bla_{KPC}. This report describes two *E. xiangfangensis*

sequence type ST171 isolates each with a large IncHI2 plasmid bearing bla_{KPC-4} recovered from dogs with

infections at the Ohio State University Veterinary Medical Center. Our phylogenetic comparison of these

canine isolates with available sequences from clinical human isolates of KPC-4 identified in ST171

suggest an epidemiologically significant clonal strain.

INTRODUCTION

Carbapenem class antimicrobial agents are critically important to human health and are considered

drugs of last-resort. Carbapenem resistant *Enterobacteriaceae* (CRE) are a growing threat to global

public health. In 2013, the CDC classified CRE as an "urgent" public health threat, and estimated that

there were approximately 9300 CRE infections, and 610 related deaths in the US (1).

Carbapenem resistance among clinically-relevant *Enterobacteriaceae* is often conferred by plasmid-

borne β-lactamase encoding genes that may be categorized in three of the four Ambler β-lactamase

classes. KPC and OXA carbapenemases respectively belong to classes A and D and function as serine

proteases whose activity is inhibited by agents such as clavulanate and sulbactam. The NDM, VIM and

IMP enzymes are class B metallo-β-lactamases which are inhibited by the presence of EDTA, but not

clavulanate and sulbactam (2). In the US, the *K. pneumoniae* carbapenemase (KPC) emerged in the late

1990s and have become the predominant carbapenemase encoded by clinical CRE isolates primarily due

to clonal dissemination of strains of *K. pneumoniae*, *Enterobacter spp.,* and *Escherichia coli* (3, 4). While

healthcare associated infections (HAI) comprise the majority of cases involving CRE overall, community

associated CRE infections (CAI) comprise up to 10.8% of infections in the US. Active surveillance

performed by hospitals as part of infection control programs indicate that asymptomatic carriage may

be up to 41%; however, the rate of carriage in healthy individuals remains unknown (5).

Antimicrobial-resistant bacteria and resistance genes are shared among human beings and animals

through either direct or foodborne zoonotic transmission. As a result, veterinary use of antimicrobial

drugs in both food-producing and companion animal species has the potential to impact antibiotic

resistance of human pathogens (6). While carbapenem antimicrobial drugs are illegal to use in food-

producing animals in the US, there is relevant selective pressure favoring CRE in production animal

niches resulting from the use of the third-generation cephalosporin, ceftiofur, and other agents that

may co-select for carbapenemase encoding genes due to co-localization with other resistance-encoding

genes on plasmids (7, 8). To date, there have been two reports of multiple CRE genera expressing

bla_{IMP-64} located on an IncQ1 plasmid that were recovered from the same US swine farm (9, 10).

In US companion animals (e.g. dogs and cats), it is permissible for a veterinarian to prescribe

carbapenem-class drugs off-label, as long as there is a valid veterinarian-client-patient relationship

under the Animal Medicinal Drug Use Clarification Act of 1994 (AMDUCA; (11)). While an assessment of

the frequency of carbapenem usage in companion animals has not been reported, pharmacokinetic

studies have been performed and companion animal dosage recommendations for imipenem and

meropenem are available in veterinary medical textbooks (12-14). Moreover, ESBL and AmpC

β-lactamase mediated resistance among *Enterobacteriaceae* isolated from dogs and cats is commonly

reported, indicating a potential clinical justification for carbapenem administration (15-20).

This potential for the veterinary application of carbapenem drugs suggests that the role of companion

animals as reservoirs for the zoonotic transmission of CRE should be considered, particularly for CAIs

(21). There has been only one report of CRE isolated from companion animals in the US, six *E. coli*

expressing bla_{NDM-1} recovered from a variety of infections in cats and dogs between May 2008- May

2009 (22). Subsequent analysis by pulsed-field gel electrophoresis (PFGE) indicated that the isolates

represented diverse *E. coli* strains, which is consistent with the dissemination of diverse CRE expressing

bla_{NDM} in human patients.

CRE can be challenging to diagnose in clinical laboratories because they frequently exhibit clinical

susceptibility to carbapenem drugs upon routine antimicrobial susceptibility testing via broth

microdilution and Kirby-Bauer disc testing (23). Several strategies, both molecular and phenotypic, have

been used to increase the sensitivity of detecting carbapenemase production by clinical isolates (24, 25).

In this report, we describe two clinical isolates of *E. xiangfengensis* and their mobile genetic elements

recovered from canine patients in central Ohio, US. and belong to a disseminated clone that has been

responsible for major clusters of human CRE infections in the Northeastern and Upper Midwestern

United States (26).

RESULTS

Antimicrobial Susceptibility Testing and Detection of KPC Both isolates, identified by MALDI-TOF as *E.*

cloacae, had the same susceptibility pattern (agent, MIC (µg/ml)): Amikacin, ≤ 4; Amoxicillin/Clavulanic

acid, >8; Ampicllin, >8; Cefazolin, >32; Cefovecin, >32; Cefpodoxime, >8; Ceftazidime, >16;

Chloramphenicol, 8; Doxycycline >8; Enrofloxacin, >4; Gentamicin, 0.5; Imipenem, ≤ 1; Marbofloxacin,

>4; Piperacillin/Tazobactam, 16; Pradofloxacin, >2; Tetracycline, >16; and

Trimethoprim/Sulfamethoxazole, >4. Notably, they were phenotypically susceptible to imipenem. Both

isolates were observed to produce a carbapenemase by a CarbaNP test, and conventional PCR indicated

that both isolates harbored bla_{KPC}.

Whole Genome Sequence and Annotation of Plasmid Containing KPC-4: Subsequent Kmer analysis of

whole genome sequence identified the isolates as *E. xiangfangensis*, which is included in the *E. cloacae*

complex. Both isolates were identified as ST171 on MLST, and each contained two plasmids belonging to

IncF1B and IncHI2. The IncHI2 plasmids (Figure 1) were 351,806 (pOSUVMCKPC4-1) and 354,256 bps

(pOSUVMCKPC4-2), respectively, and were each identified as ST1 on pMLST. The plasmids both

contained bla_{KPC-4} in the context of Tn*4401b* (Figure 2), consistent with other reports of

Enterobacteriaceae expressing bla_{KPC-4}. Additional resistance genes in the two genomes were: *strAB*,

aadA1, $bla_{OXA-129}$, *sul1*, *tet(B)*, and *dfrA21*. Chromosomal analysis also indicated that they both carry

resistance genes bla_{ACT-16} and *fosA* in the two isolates. In comparison to pOSUVMCKPC4-1,

pOSUVMCKPC4-2 has two additional IS*3* at nt 62,536 to 63,760 and nt 180,063 to 181,287, respectively.

In addition, a 21kb region (nt 94,348-115,575 in pOSUVMCKPC4-2), containing the *strA, strB*, *aadA1*,

$bla_{OXA-129}$, *dfrA21, sul1* flanked by two IS*4321*, is inverted in comparison to pOSUVMCKPC4-1. This region

was identified as In524 (Figure 3), using the INTEGRALL database (27). The *intI1* is disrupted by the

Tn*5393* insertion sequence, which encodes genes *strA* and *strB* that confer resistance to aminoglycoside

antibiotics. Downstream of *strB* is a truncated integrase gene followed by three antimicrobial resistance

gene cassettes, *dfrA21*, $bla_{OXA-129}$, and *aadA1*. The 3' region following the integron harbors genes

encoding resistance to quaternary ammonium compounds, *qacEΔ1*, and sulfonamide antibiotics, *sul1*.

This region also contains a putative gene for N-Acyltransferase, Acyl-coA, and the insertion sequence

IS*6100*, which is a transposase shown to increase the expression of *strA* and *strB* genes. The IncF1B

plasmids in the two isolates were identical in size, 108,403 bp, and contained no identifiable resistance

genes.

Core SNP phylogenetic analysis placed these two *E. xiangfangensis* strains in the previously described

ST171 cluster II (Figure 4)(26). The two isolates formed a subclade in cluster II, and differ from each

other by 14 core snps. In cluster II, isolates have an average of 75 (10-137) core snp differences

compared with each other, while they showed ~530 core snps difference in comparison to isolates from

cluster I. Of interest, nearly all isolates from cluster II harbor the bla_{KPC-4} on the Tn*4401b* element.

Further analysis of the bla_{KPC-4}-harboring contigs from other clade II isolates revealed that similar to

OSUVMCKPC4-1 and OSUVMCKPC4-2, the majority (except for SMART-264 and BIDMC94) harbor bla_{KPC-4}

and IncH plasmid backbones.

DISCUSSION

This first reported isolation of KPC-producing CRE from US companion animals has important

implications for both veterinary medicine and public health, because animals may serve as reservoirs of

significant opportunistic human pathogens. Notably, these two cases represent an epidemiologically

significant clone of *Enterobacter* sp., ST171 that has been described in regional HAI clusters in the US

(28, 29), and which may now be expanding into the community. Analysis of contemporaneous human

clinical *E. cloacae* isolates from The Ohio State University Medical Center collected between 2011-2016

with an extended-spectrum ß-lactamase phenotype (*n*=8) revealed that two isolates belonged to ST171,

and both contained *bla*$_{KPC-2}$ (data not shown), suggesting that these canine strains may have been

uniquely community-associated during that time period. However, our SNP analysis comparing the

canine isolates to other available ST171 whole genome sequence data in GenBank indicated that they

are closely related to historical human clinical isolates from the Northeastern US, the UK, and Colombia.

Together, these observations indicate the diversity regarding the dissemination of ST171 strains

harboring *bla*$_{KPC}$, including transcontinental movement and circulation in the community over multiple

years, with sporadic HAI activity.

The role of direct selection pressure by antimicrobial agents associated with the two infected dogs is

unclear. The first dog had a recent history of doxycycline administration for treatment of a chronic

pyoderma, which may have selected for the multidrug resistant *Enterobacter*, as the isolate was also

tetracycline resistant. However, co-selection for carbapenem resistance by tetracycline antibiotics has

not been reported. The second dog had no recent history of antimicrobial drug administration; however,

because the organism and the infection was the result of a dog bite from another dog, it is possible that

the biting dog had undergone antimicrobial selection pressure and inoculated the open wound with the

carbapenem-resistant *Enterobacter*. The dog with the bite wound had not previously been seen at this

facility and the organism was isolated from a specimen acquired on the day of presentation,

approximately two months after the first dog, thus it is reasonable to conclude that there was not a

common nosocomial source. Moreover, medical records indicated that the dogs resided in cities greater

than 240 km apart, suggesting that there is significant regional community dissemination of ST171 in

Ohio.

Laboratory detection of CRE is a challenge to all clinical diagnostic laboratories, but represents an even a

greater challenge to those in the veterinary setting because of the low prevalence in clinical isolates

from animals. *bla*KPC-4 can be particularly difficult to detect with conventional phenotypic (MIC)

methods because of its low hydrolytic activity (30), which may be compounded by the weak promoter

activity of TN*4401b,* as in these two isolates (31). The isolates described in this study were detected as

part of a surveillance program at a tertiary-referral veterinary hospital that is associated with a

university. Before the implementation of the surveillance program, only conventional AST would have

been performed, and these CRE would not have been detected. Veterinary diagnostic laboratories in the

US typically utilize AST performance standards with susceptibility breakpoints that are based on animal

pharmacokinetics-pharmacodynamics which are published in the CLSI VET01 document (32) and

supplemented with human breakpoints published in the same document when no animal-specific

breakpoints are available. While CLSI VET01 does not mention the need for enhanced detection

methods for carbapenemase activity, its human counterpart, the CLSI M100S27 document, discusses the

need for specific testing (33).

As fewer antimicrobial drugs retain their efficacy in the face of the proliferation of multidrug resistant

bacteria, there is a need to take a "One Health" approach that encompasses factors beyond

antimicrobial agent usage and infection control in human medicine. The identification of KPC-encoding

E. cloacae complex organisms in a companion animal species is more evidence that there are biological

reservoirs and potentially vectors for transmission to human beings in community circulation. Additional

surveillance work and studies of veterinary antimicrobial usage, as well as increasing the capabilities of

veterinary diagnostic laboratories will be critical to slowing the dissemination of CRE.

MATERIALS AND METHODS

Bacterial Isolates Both isolates, OSUVMCKPC4-1 and OSUVMCKPC4-2, were originally sourced from

clinical veterinary patients (dogs) that were treated at The Ohio State Veterinary Medical Center. The

first dog, seen in July 2016 for acute bacterial cystitis (UTI), was a 13-year old female,

ovariohysterectomized (spayed) Shetland Sheepdog that had a two-month history of chronic kidney

disease and a two-year history of pyoderma. The second dog, seen in September 2016, was a 6-year old

male, castrated, mixed-breed dog that presented for an infected bite wound that resulted from a fight

with another dog. The first dog was an established patient of the hospital for ongoing management of

her chronic health problems and had received doxycycline during the previous year; however, the

second dog had never been seen at the facility prior to presenting with the bite wound (which was

sampled for culture on the day of presentation), and had no recent history of antimicrobial

administration.

Identification and Antimicrobial Susceptibility Testing After routine aerobic cultivation from clinical

specimens, isolates were identified via MALDI-TOF (Biotyper, Bruker Daltonics, Billerica, MA) and

antimicrobial susceptibilities were determined via broth microdilution in accordance with CLSI VET01A4

(COMPGN1F plate, Trek Sensititre, Thermo-Fisher). Carbapenemase production was assessed using a

CarbaNP test (34). Isolates were screened for the presence of the transmissible carbapenemase gene,

bla_{KPC}, by conventional PCR using previously reported primers (35, 36).

Whole Genome Sequencing. Both isolates were first sequenced using Illumina MiSeq and subsequently

by the PacBio RS II system at the University of Maryland Institute for Genome Sciences (OSUVMCKPC4-

1) and at the University of Delaware Sequencing and Genotyping Center (OSUVMCKPC4-2) using two

SMRT cells per isolate, with genomes assembled using Canu v1.4 (37). Isolate DNA was prepared for

PacBio sequencing using a commercial DNA extraction kit (Qiagen Blood & Cell Culture DNA Maxi Kit

(Qiagen, Germantown, MD). Initially, sequences were submitted to the Center for Genomic

Epidemiology website (https://cge.cbs.dtu.dk) for Multi Locus Sequence Typing (MLST), plasmid

identification and resistance gene detection using PlasmidFinder and ResFinder (38-40). Additional

antimicrobial resistance databases were used to identify genotypes (41, 42). Identification of insertion

sequences that encode transposases were identified by IS Finder, as well as annotation of the

corresponding IRL, IRR (43). The curated integron database, INTEGRALL (27), identified the class 1

integron. Annotation of plasmid regions of interest were first examined for functional genes with NCBI's

Conserved Domain Database search (44). Regions that contained antimicrobial resistance genes were

then used as query sequences to search the NCBI database with BLAST for similar regions (45).

Sequences are available in GenBank through NCBI (accession numbers CP024908 and CP029246) and

were additionally annotated using the NCBI automated annotation pipeline.

An additional 16 KPC-producing ST171 genomes from the GenBank Whole Genome Shotgun (WGS)

database were downloaded and compared OSUVMCKPC4-1 and OSUVMCKPC4-2. A core single-

nucleotide polymorphism (SNP) (defined as SNPs shared across all genomes) analysis was conducted

using kSNP3.0 (46), and a core SNP maximum-likelihood tree was produced by RAxML 8.2.4 (47) using

the GTRGAMMA model and 100 bootstrap replicates. Furthermore, BLASTn comparisons between each

isolate's de novo assembly and the reference pOSUVMCKPC4-2 plasmid were conducted using the

method described previously (26), and the phylogenetic tree was annotated using iTOL (48).

FUNDING

to L.C). The contents are solely the responsibility of the authors and do not necessarily represent the

official views of the USDA NIFA or the National Institutes of Health.

……………………..

REFERENCES

1.　　Centers for Disease Control and Prevention, Antibiotic Resistance Threats in the United
States, 2013. https://www.cdc.gov/drugresistance/threat-report-2013/index.html.
Accessed April 17, 2018.
2.　　Diene SM, Rolain JM. 2014. Carbapenemase genes and genetic platforms in Gram-
negative bacilli: Enterobacteriaceae, Pseudomonas and Acinetobacter species. Clin
Microbiol Infect 20:831-8.
3.　　Guh AY, Bulens SN, Mu Y, Jacob JT, Reno J, Scott J, Wilson LE, Vaeth E, Lynfield R, Shaw
KM, Vagnone PM, Bamberg WM, Janelle SJ, Dumyati G, Concannon C, Beldavs Z,
Cunningham M, Cassidy PM, Phipps EC, Kenslow N, Travis T, Lonsway D, Rasheed JK,
Limbago BM, Kallen AJ. 2015. Epidemiology of Carbapenem-Resistant
Enterobacteriaceae in 7 US Communities, 2012-2013. JAMA 314:1479-87.
4.　　Gupta N, Limbago BM, Patel JB, Kallen AJ. 2011. Carbapenem-resistant
Enterobacteriaceae: epidemiology and prevention. Clin Infect Dis 53:60-7.
5.　　Kelly AM, Mathema B, Larson EL. 2017. Carbapenem-resistant Enterobacteriaceae in the
community: a scoping review. Int J Antimicrob Agents 50:127-134.
6.　　Singer RS, Finch R, Wegener HC, Bywater R, Walters J, Lipsitch M. 2003. Antibiotic
resistance--the interplay between antibiotic use in animals and human beings. Lancet
Infect Dis 3:47-51.
7.　　Rosengren LB, Waldner CL, Reid-Smith RJ. 2009. Associations between antimicrobial
resistance phenotypes, antimicrobial resistance genes, and virulence genes of fecal
Escherichia coli isolates from healthy grow-finish pigs. Appl Environ Microbiol 75:1373-
80.
8.　　Wittum TE. 2012. The challenge of regulating agricultural ceftiofur use to slow the
emergence of resistance to extended-spectrum cephalosporins. Appl Environ Microbiol
78:7819-21.
9.　　Mollenkopf DF, Stull JW, Mathys DA, Bowman AS, Feicht SM, Grooters SV, Daniels JB,
Wittum TE. 2017. Carbapenemase-Producing Enterobacteriaceae Recovered from the
Environment of a Swine Farrow-to-Finish Operation in the United States. Antimicrob
Agents Chemother 61.
10.　　Mollenkopf DF, Mathys DA, Feicht SM, Stull JW, Bowman AS, Daniels JB, Wittum TE.
2018. Maintenance of Carbapenemase-Producing Enterobacteriaceae in a Farrow-to-
Finish Swine Production System. Foodborne Pathog Dis doi:10.1089/fpd.2017.2355.
11.　　United States Food and Drug Administration. Feb. 2, 2018 1994. Animal Medicinal Drug
Use Clarificaiton Act of 1994 (AMDUCA).

https://www.fda.gov/AnimalVeterinary/GuidanceComplianceEnforcement/ActsRulesRe
gulations/ucm085377.htm. Accessed April 18, 2018.
12. Byun SY, Jeong JW, Choi JH, Lee KP, Youn HY, Maeng HJ, Song KH, Koo TS, Seo KW. 2016.
Pharmacokinetic study of meropenem in healthy beagle dogs receiving intermittent
hemodialysis. J Vet Pharmacol Ther 39:560-565.
13. Plumb DC. 2015. Plumb's veterinary drug handbook, Eighth edition. ed. PharmaVet Inc.
Distributed by John Wiley & Sons, Stockholm, Wisconsin
Ames, Iowa.
14. Bidgood T, Papich MG. 2002. Plasma pharmacokinetics and tissue fluid concentrations
of meropenem after intravenous and subcutaneous administration in dogs. Am J Vet Res
63:1622-8.
15. Zogg AL, Zurfluh K, Schmitt S, Nuesch-Inderbinen M, Stephan R. 2018. Antimicrobial
resistance, multilocus sequence types and virulence profiles of ESBL producing and non-
ESBL producing uropathogenic Escherichia coli isolated from cats and dogs in
Switzerland. Vet Microbiol 216:79-84.
16. Adams RJ, Kim SS, Mollenkopf DF, Mathys DA, Schuenemann GM, Daniels JB, Wittum TE.
2018. Antimicrobial-resistant Enterobacteriaceae recovered from companion animal
and livestock environments. Zoonoses Public Health doi:10.1111/zph.12462.
17. Aslantas O, Yilmaz ES. 2017. Prevalence and molecular characterization of extended-
spectrum beta-lactamase (ESBL) and plasmidic AmpC beta-lactamase (pAmpC)
producing Escherichia coli in dogs. J Vet Med Sci 79:1024-1030.
18. Liu X, Thungrat K, Boothe DM. 2016. Occurrence of OXA-48 Carbapenemase and Other
beta-Lactamase Genes in ESBL-Producing Multidrug Resistant Escherichia coli from Dogs
and Cats in the United States, 2009-2013. Front Microbiol 7:1057.
19. Falgenhauer L, Schmiedel J, Ghosh H, Fritzenwanker M, Yao Y, Bauerfeind R, Imirzalioglu
C, Chakraborty T. 2014. Resistance plasmids in ESBL-encoding Escherichia coli isolates
from humans, dogs and cats. Berl Munch Tierarztl Wochenschr 127:458-63.
20. Damborg P, Gaustad IB, Olsen JE, Guardabassi L. 2011. Selection of CMY-2 producing
Escherichia coli in the faecal flora of dogs treated with cephalexin. Vet Microbiol
151:404-8.
21. Abraham S, Wong HS, Turnidge J, Johnson JR, Trott DJ. 2014. Carbapenemase-producing
bacteria in companion animals: a public health concern on the horizon. J Antimicrob
Chemother 69:1155-7.
22. Shaheen BW, Nayak R, Boothe DM. 2013. Emergence of a New Delhi metallo-beta-
lactamase (NDM-1)-encoding gene in clinical Escherichia coli isolates recovered from
companion animals in the United States. Antimicrob Agents Chemother 57:2902-3.
23. Hrabak J, Chudackova E, Papagiannitsis CC. 2014. Detection of carbapenemases in
Enterobacteriaceae: a challenge for diagnostic microbiological laboratories. Clin
Microbiol Infect 20:839-53.
24. Rood IGH, Li Q. 2017. Review: Molecular detection of extended spectrum-beta-
lactamase- and carbapenemase-producing Enterobacteriaceae in a clinical setting. Diagn
Microbiol Infect Dis 89:245-250.
25. Aguirre-Quinonero A, Martinez-Martinez L. 2017. Non-molecular detection of
carbapenemases in Enterobacteriaceae clinical isolates. J Infect Chemother 23:1-11.

26. Chavda KD, Chen L, Fouts DE, Sutton G, Brinkac L, Jenkins SG, Bonomo RA, Adams MD,
Kreiswirth BN. 2016. Comprehensive Genome Analysis of Carbapenemase-Producing
Enterobacter spp.: New Insights into Phylogeny, Population Structure, and Resistance
Mechanisms. MBio 7.
27. Moura A, Soares M, Pereira C, Leitao N, Henriques I, Correia A. 2009. INTEGRALL: a
database and search engine for integrons, integrases and gene cassettes. Bioinformatics
25:1096-8.
28. Hargreaves ML, Shaw KM, Dobbins G, Snippes Vagnone PM, Harper JE, Boxrud D,
Lynfield R, Aziz M, Price LB, Silverstein KA, Danzeisen JL, Youmans B, Case K, Sreevatsan
S, Johnson TJ. 2015. Clonal Dissemination of Enterobacter cloacae Harboring blaKPC-3 in
the Upper Midwestern United States. Antimicrob Agents Chemother 59:7723-34.
29. Gomez-Simmonds A, Hu Y, Sullivan SB, Wang Z, Whittier S, Uhlemann AC. 2016.
Evidence from a New York City hospital of rising incidence of genetically diverse
carbapenem-resistant Enterobacter cloacae and dominance of ST171, 2007-14. J
Antimicrob Chemother 71:2351-3.
30. Wolter DJ, Kurpiel PM, Woodford N, Palepou MF, Goering RV, Hanson ND. 2009.
Phenotypic and enzymatic comparative analysis of the novel KPC variant KPC-5 and its
evolutionary variants, KPC-2 and KPC-4. Antimicrob Agents Chemother 53:557-62.
31. Cheruvanky A, Stoesser N, Sheppard AE, Crook DW, Hoffman PS, Weddle E, Carroll J,
Sifri CD, Chai W, Barry K, Ramakrishnan G, Mathers AJ. 2017. Enhanced Klebsiella
pneumoniae Carbapenemase Expression from a Novel Tn4401 Deletion. Antimicrob
Agents Chemother 61.
32. Clincal and Laboratory Standards Institute. 2015. Performance Standards for
Antimicrobial Disk and Dilution Susceptibility Tests for Bacteria Isolated from Animals.
3rd ed. CLSI Supplement VET01S. Clinical and Laboratory Standards Institute, Wayne,
PA.
33. Clinical and Laboratory Standards Institute. 2017. Performance Standards for
Antimicrobial Susceptibility Testing. 27th ed. CLSI Supplement M100. Clinical Laboratory
Standards Institute, Wayne, PA.
34. Poirel L, Nordmann P. 2015. Rapidec Carba NP Test for Rapid Detection of
Carbapenemase Producers. J Clin Microbiol 53:3003-8.
35. Yigit H, Queenan AM, Anderson GJ, Domenech-Sanchez A, Biddle JW, Steward CD,
Alberti S, Bush K, Tenover FC. 2001. Novel carbapenem-hydrolyzing beta-lactamase,
KPC-1, from a carbapenem-resistant strain of Klebsiella pneumoniae. Antimicrob Agents
Chemother 45:1151-61.
36. Lob SH, Kazmierczak KM, Badal RE, Hackel MA, Bouchillon SK, Biedenbach DJ, Sahm DF.
2015. Trends in susceptibility of Escherichia coli from intra-abdominal infections to
ertapenem and comparators in the United States according to data from the SMART
program, 2009 to 2013. Antimicrob Agents Chemother 59:3606-10.
37. Koren S, Walenz BP, Berlin K, Miller JR, Bergman NH, Phillippy AM. 2017. Canu: scalable
and accurate long-read assembly via adaptive k-mer weighting and repeat separation.
Genome Res 27:722-736.

38.   Zankari E, Hasman H, Cosentino S, Vestergaard M, Rasmussen S, Lund O, Aarestrup FM,
366   Larsen MV. 2012. Identification of acquired antimicrobial resistance genes. J Antimicrob
367   Chemother 67:2640-4.
368   39.   Larsen MV, Cosentino S, Rasmussen S, Friis C, Hasman H, Marvig RL, Jelsbak L, Sicheritz-
369   Ponten T, Ussery DW, Aarestrup FM, Lund O. 2012. Multilocus sequence typing of total-
370   genome-sequenced bacteria. J Clin Microbiol 50:1355-61.
371   40.   Carattoli A, Zankari E, Garcia-Fernandez A, Voldby Larsen M, Lund O, Villa L, Moller
372   Aarestrup F, Hasman H. 2014. In silico detection and typing of plasmids using
373   PlasmidFinder and plasmid multilocus sequence typing. Antimicrob Agents Chemother
374   58:3895-903.
375   41.   Gupta SK, Padmanabhan BR, Diene SM, Lopez-Rojas R, Kempf M, Landraud L, Rolain JM.
376   2014. ARG-ANNOT, a new bioinformatic tool to discover antibiotic resistance genes in
377   bacterial genomes. Antimicrob Agents Chemother 58:212-20.
378   42.   McArthur AG, Waglechner N, Nizam F, Yan A, Azad MA, Baylay AJ, Bhullar K, Canova MJ,
379   De Pascale G, Ejim L, Kalan L, King AM, Koteva K, Morar M, Mulvey MR, O'Brien JS,
380   Pawlowski AC, Piddock LJ, Spanogiannopoulos P, Sutherland AD, Tang I, Taylor PL,
381   Thaker M, Wang W, Yan M, Yu T, Wright GD. 2013. The comprehensive antibiotic
382   resistance database. Antimicrob Agents Chemother 57:3348-57.
383   43.   Zhang Z, Schwartz S, Wagner L, Miller W. 2000. A greedy algorithm for aligning DNA
384   sequences. J Comput Biol 7:203-14.
385   44.   Marchler-Bauer A, Bo Y, Han L, He J, Lanczycki CJ, Lu S, Chitsaz F, Derbyshire MK, Geer
386   RC, Gonzales NR, Gwadz M, Hurwitz DI, Lu F, Marchler GH, Song JS, Thanki N, Wang Z,
387   Yamashita RA, Zhang D, Zheng C, Geer LY, Bryant SH. 2017. CDD/SPARCLE: functional
388   classification of proteins via subfamily domain architectures. Nucleic Acids Res 45:D200-
389   D203.
390   45.   Altschul SF, Gish W, Miller W, Myers EW, Lipman DJ. 1990. Basic local alignment search
391   tool. J Mol Biol 215:403-10.
392   46.   Gardner SN, Slezak T, Hall BG. 2015. kSNP3.0: SNP detection and phylogenetic analysis
393   of genomes without genome alignment or reference genome. Bioinformatics 31:2877-8.
394   47.   Stamatakis A. 2014. RAxML version 8: a tool for phylogenetic analysis and post-analysis
395   of large phylogenies. Bioinformatics 30:1312-3.
396   48.   Letunic I, Bork P. 2016. Interactive tree of life (iTOL) v3: an online tool for the display
397   and annotation of phylogenetic and other trees. Nucleic Acids Res 44:W242-5.
398

FIG 1 IncHI2 plasmids isolated from *E. xiangfengensis* ST171 sourced from dogs (pOSUVMCKPC4-2

(violet) and pOSUVMCKPC4-1 (blue)). Outer ring denotes location and orientation of genes.

Subplasmidic mobile element associated genes are indicated in orange and red and plasmid transfer

genes are indicated in green.

FIG 2 Schematic structure of Tn4401b containing bla_{KPC-4} present on large IncH12 plasmids in

Enterobacter xiangfangensis ST171 recovered from two canine patients of The Ohio State University

Veterinary Medical Center in 2016. Genes and their corresponding transcription orientation are

indicated by colored horizontal arrows. Corresponding insertion sequences (IS) that encode transposons

are indicated above the figure with a narrow blue line. Black triangles indicate inverted repeat right and

left sequences associated with the IS*Kpn6* and IS*Kpn7*. Flanking parallelograms represent the two

inverted repeat sequences associated with Tn4401 structures.

413
FIG 3 Schematic structure of the In*524* class 1 integron and the surrounding region present on large

IncH12 plasmids in *Enterobacter xiangfangensis* ST171 recovered from two canine patients of The Ohio

State University Veterinary Medical Center in 2016. Genes and their corresponding transcription

orientations are indicated by colored horizontal arrows. Homologous alignments to references are

indicated with narrow, double sided black arrows with region description and corresponding accession

number below. Recombination sites, attC, of gene cassettes are illustrated as ovals with color

corresponding to the related gene. Integron gene cassettes are incorporated into the rectangular attI1

site corresponding to the class 1 integron.

426   **FIG 4** Heatmap of plasmids among KPC-4 bearing *Enterobacter* ST171 with additional KPC-2 and KPC-3

427   containing ST171 isolates included as references. (Left) Core SNP phylogenetic tree generated by RAxML.

428   (Center) Metadata, including host, isolation location, year, *Tn4401* isoform, and KPC allele. (Right)

429   Plasmid composition is illustrated by showing the BLASTn matches to each *Enterobacter* genome across

430   all of the genes on the pOSUVMCKPC4-2 plasmid.

431
432