1	Title: A 7-member SNP Assay on the iPlex MassARRAY Platform Provides a Rapid and
2	Affordable Alternative to Typing Major African Staphylococcus aureus Types
3	Running Title: MassARRAY SNP genotyping of Kenyan clinical S.aureus
4	Justin Nyasinga, ^{b,d} Cecilia Kyany'a, ^a Raphael Okoth, ^a Valerie Oundo, ^a Daniel Matano, ^a
5	Simon Wacira, ^a Willie Sang, ^c Susan Musembi ^b and Lillian Musila ^{a#}
6	^a United States Army Medical Research Directorate - Africa. P.O. Box 621-00606, Nairobi,
7	Kenya
8	^b Kenyatta University. P.O. Box 43844-00100, Nairobi, Kenya
9	^c Kenya Medical Research Institute, P. O. Box 54840-00200, Nairobi, Kenya
10	^d Technical University of Kenya. P. O. Box 52428- 00200, Nairobi, Kenya
11	[#] Address correspondence to Lillian Musila, Lillian.Musila@usamru-k.org
12	
13	
14	
15	
16	
17	
18	
10	

19 Abstract

Background: Data on the clonal distribution of *Staphylococcus aureus* in Africa is scanty, partly due to high costs and long turnaround times imposed by conventional genotyping methods such as *spa* and multilocus sequence typing (MLST) warranting the need for alternative typing approaches. This study applied and evaluated the accuracy, cost and time of using iPlex massARRAY genotyping method on Kenyan staphylococcal isolates.

25 **Methods:** Fifty four clinical *S. aureus* isolates from three counties were characterized using 26 iPlex massARRAY, *spa* and MLST typing methods. Ten Single Nucleotide Polymorphisms 27 (SNPs) from the *S. aureus* MLST database were assessed by iPlex massARRAY.

28 Results: The iPlex massARRAY assay grouped the isolates into 14 SNP genotypes with 9/10 29 SNPs interrogated showing high detection rates (average 89%). spa and MLST typing revealed 30 22 spa types and 21 STs that displayed unique regional distribution. spa type t355 (ST152) was 31 the dominant type and t2029 and t037 (ST 241) were observed among MRSA strains. 32 MassARRAY showed 83% and 82% accuracy against spa and MLST typing respectively in 33 isolate classification. Moreover, massARRAY identified all MRSA strains and a novel *spa* type. 34 MassARRAY had reduced turnaround time (<12 hrs) compared to spa (3 days) and MLST (20 35 days) typing. The iPlex massARRAY cost approximately 18 USD compared to spa (30 USD) 36 and MLST (126 USD) typing based on consumable costs/isolate.

37 Conclusion: Upon validation with a larger collection of isolates, iPlex massARRAY could
 38 provide a faster, more affordable and fairly accurate method of resolving African *S.aureus* 39 isolates especially in large surveillance studies.

40

Key words: S.aureus, MRSA, typing, iplex massARRAY, spa, MLST, Kenya

41 **INTRODUCTION**

Antimicrobial resistance in *S. aureus* is a recognized global threat in clinical management of infections caused by the pathogen [1, 2]. The organism, which may exist asymptomatically in healthy individuals, is capable of causing a wide range of clinical syndromes including skin and soft tissue infections [3]. In Kenya, infections caused by *S. aureus* including methicillin resistant strains (MRSA) are widespread [4-6]. Recently, vancomycin resistant strains (VRSA) have been reported in Kenya's national referral hospital [7].

48 MRSA and VRSA strains are often associated with multi-drug resistance, the consequences of 49 which include limited therapeutic options, long treatment periods, escalated treatment costs and 50 significantly higher morbidity and mortality rates [2, 7]. Initially MRSA infections were 51 associated with hospital settings such as surgical wards and the use of indwelling devices but 52 community acquired strains (CA-MRSA) surfaced in the 1990s in Australia and North America 53 and have now spread to all parts of the world [2, 8]. Other MRSA lineages (LA-MRSA) have 54 been associated with livestock infections.

55 To curb drug resistance, adequate surveillance data regarding the emergence, dissemination and distribution of drug resistant strains is required. spa and MLST typing have become the most 56 57 common molecular methods for characterizing the epidemiology of MRSA strains in 58 surveillance studies [9, 10]. spa typing is a sequence based technique that identifies the number 59 and types of 24 nucleotide repeats in the variable X region of the staphylococcal protein A (spa) 60 gene. The method is moderately discriminatory with interlaboratory repeatability and portability 61 [10]. *spa* typing is faster and less expensive compared to MLST since it is a single-locus based technique. However the method presents challenges in delineating particular STs and cannot be 62

reliably applied in outbreak detection [9]. MLST is a sequence based method that indexes polymorphisms in 400-500bp fragments of seven staphylococcal housekeeping genes. With moderate discriminatory power, interlaboratory portability and reproducibility the method is widely applied in surveillance [9]. However, the method is labour intensive, takes long and is costly with low-throughput given that seven loci are analyzed [9].

68 Particular strains of *S. aureus* tend to localize in certain geographical regions of the world for 69 example the USA100, USA300 in North America [2] and EMRSA15 and EMRSA16 in the 70 United Kingdom [11]. In Kenya, only two hospital studies have reported on the molecular 71 epidemiology of S.aureus. In one study, Omuse et al., reported the presence of major global 72 MRSA clones such as MLST-CC5, 22, 7 and 30 among a heterogeneous collection of S.aureus 73 isolates [6]. In the same study, members of MLST-CC5 such as ST1, ST5, ST8, ST241 were 74 predominant. The other study conducted by Aiken et al., reported spa type t037-ST239 as the 75 dominant strain among MRSA isolates recovered from inpatients in a mid-level hospital [5]. 76 Generally, data on the clonal diversity and distribution of MRSA in Africa is scanty warranting 77 further studies [1, 6, 12].

78 High costs, long result turnaround times, technical complexity and lack of technical expertise 79 have impeded the adoption of conventional typing methods for surveillance studies especially in 80 resource-limited settings such as Africa [1, 6, 12]. In recent years, SNP genotyping has been 81 proposed as a robust, efficient and low cost approach to epidemiological characterization of 82 *S.aureus* [9, 13]. Robertson et al., identified and interrogated by real-time PCR, seven 83 informative SNPs that could resolve Australian MRSA strains into groups that reflected the 84 population structure of the organism [14]. Syrmis et al., reported 98% accuracy and reduced 85 assay costs when a multiplexed SNP-based assay on the iplex massARRAY platform was

86 compared to real-time PCR SNP genotyping of a collection of Australian *S.aureus* [13]. Despite 87 the potential of iPlex massARRAY as a low cost, rapid and high throughput method for typing 88 staphylococcal isolates, the technique has not been extensively evaluated against conventional 89 methods like *spa* and MLST typing and against *S. aureus* clones from Africa whose 90 epidemiology has been thought to be unique [12].

91 In this study, results of a multiplexed iPlex massARRAY assay for a collection of Kenyan 92 *S.aureus* isolates are reported. In addition, comparisons between iPlex massARRAY, *spa* and 93 MLST typing with regard to discriminatory power, assay turnaround times and reagent and 94 consumable costs are presented.

95 MATERIALS AND METHODS

96 Study population and isolates. This study analyzed 54 archived clinical isolates collected 97 between 2015 and 2016 from a recruited patient population of 221 persons. The isolates were 98 part of an ongoing antimicrobial resistance surveillance project covering hospitals in three 99 geographical regions of Kenya. The 54 isolates included 16 isolates from Nairobi County and 19 100 isolates each from Kisumu and Kericho Counties. Blood, urine, pus and swabs from skin and 101 soft tissue infections and the throat were sampled from consenting in- and out- patients of all 102 ages visiting the participating hospitals. Standard microbiological techniques were used for 103 culture, isolation and identification of *S. aureus*. Isolate identifies were further confirmed by 104 conventional PCR for the *femA* gene. Antimicrobial susceptibility testing was performed using 105 both Siemens MicroScan WalkAway 96 plus® (Siemens Healthcare Diagnostics, Inc., New 106 York, USA) and Kirby Bauer disc diffusion methods. About 87% (47/54) of the isolates were 107 associated with community acquired infections. Skin and soft tissue infections (SSTIs) accounted

108 for 94% (51/54) of the infections while urine specimens represented 5.5% (3/54). Eleven percent 109 (6/54) of the isolates were classified as MRSA. All MRSA isolates were *mecA*-positive and 4/6 110 had SCC*mec*IV genotype. All the isolates were preserved as glycerol stocks at -80° C.

Ethical Approval. This study was reviewed and approved by the Kenya Medical Research
Institute (KEMRI) Scientific and Ethics Review Unit (KEMRI/SERU/CCR/0061/3448) and by
the WRAIR IRB (WRAIR #2089A).

114 DNA extraction. All clinical isolates and four reference isolates [ATCC 43300, ATCC CO-34, 115 ATCC 25213 and ATCC 25923 (www.beiresources.org)] were sub-cultured by streaking a 116 loopful of inoculum on Muller Hinton agar plates (Sigma-Aldrich, Missouri, USA) and incubating for 18-24hrs at 37^oC. The ZR/Fungal/ Bacterial DNA MiniPrep kit (Zymo Research, 117 118 California, USA) was used for extraction following manufacturer's instructions with two 119 modifications: The processing time for the cell disruption step was set at 10 mins and DNA was 120 eluted with 60ul of elution buffer. DNA was quantified using Oubit DsDNA quantification kit 121 (Thermo Fisher Scientific, Massachusetts, USA). For iPlex massARRAY assays, DNA concentrations were normalized to $10 \text{ ng/}\mu$ l. All DNA samples were stored at -20° C. 122

PCR amplification of the *spa* gene. Published primers were used to amplify the X region of the *spa* gene [15]. Each 25 μ l PCR reaction mix included 10.5 μ l of sterile nuclease free water, 12.5 μ l of Dream Taq mix (Thermo Fisher Scientific, Massachusetts, USA), 0.5 μ l (10pmol) of both the forward and reverse primers with 1 μ l (approximately 50ng) of template DNA. Cycling was performed in a GeneAmp 9700 PCR System (Applied Biosystems, California, USA) with the following conditions: Initial denaturation at 95^oC for 5 mins, and 35 cycles of denaturation at 95^oC for 45s, primer annealing at 60^oC for 30s, extension at 72^oC for 90s followed by a final extension at 72°C for 10 mins. Amplification products were resolved on a 1.5% agarose in 1X
Tris Acetate EDTA buffer (Sigma-Aldrich, Missouri, USA) for 60 mins at 95V and visualized
with EZ Vision DNA stain (Amresco Inc. Ohio, USA) using a UV- transilluminator (UVP LLC,
California, USA).

PCR amplification of MLST loci. Published primers were used to amplify the MLST loci [16]. Each 25 μ l reaction comprised 10.5 μ l of sterile nuclease free water, 12.5 μ l of Dream Taq mix (Thermo Fisher Scientific, Massachusetts, USA), 0.5 μ l (10pmol) of both forward and reverse primers with 1 μ l of template DNA (approximately 50ng). Thermocycler conditions were set as: Initial denaturation at 95°C for 3 mins and 35 cycles of strand denaturation at 95°C for 30s, primer annealing at 55°C for 30s and extension at 72°C for 60s and a final extension at 72°C for 10 mins. The amplicons were resolved and visualized as described above for the *spa* gene.

141 Sanger sequencing of spa and MLST amplicons. spa and MLST amplicons were purified 142 using the DNA Clean & Concentrator kit (Zvmo Research, California, USA) following 143 manufacturer instructions with a final elution volume of 30 µl. Both forward and reverse strands 144 were sequenced. Each reaction contained 4 µl of sterile distilled water, 2 µl of 5X Big Dye buffer 145 (Applied Biosystems, California, USA), 1 µl of the PCR primers (4 µM), 1 µl of Big Dye 146 terminator mix (Applied Biosystems, California, USA) and 4 µl of amplicon DNA. Cycle sequencing was performed on an ABI 9700 thermocycler with cycling conditions set as: 94^oC for 147 5 mins followed by 30 cycles of 94^oC for 15s, 55^oC for 30s and 68^oC for 2 mins and 30s and a 148 final extension of 68°C for 3 mins. Sequencing fragments were purified using Sephadex G50 149 resin (Sigma-Aldrich, Missouri, USA) before loading on the Applied Biosystems Genetic 150 151 Analyzer 3500.

152 **Iplex massARRAY assays for MLST SNPs.** The 10 MLST SNPs used in this study have been 153 published before [13]. Nine of the 10 MLST SNPs assayed were bi-allelic while one (arcC210) 154 was tri-allelic. Amplification and extension primers were designed using Agena Bioscience 155 Assay Design Suite Version 2.0 (Agena Bioscience, Hamburg, Germany). The sequences used to 156 design primers for primary amplification and extension PCR reactions were downloaded from the staphylococcal MLST database, http://www.mlst.net, 20th June, 2016 [16] and are shown in 157 158 Table 1. All primary PCR primers had a 10-nucleotide tag (ACGTTGGATG) on the 5' end to 159 exclude them from the 4500-9000 Da mass range of MALDI-TOF MS detection. The primary 160 multiplex PCR reactions were run on a GeneAmp 9700 PCR machine (Applied Biosystems, 161 California, USA). Each reaction mix contained 1x PCR Buffer, 0.1 µM of forward and reverse 162 primers, 4 mM MgCl₂, 500 µM dNTP mix, 0.5 units of Taq polymerase and 10 ng of DNA template. PCR conditions were set as follows: Initial denaturation at 95°C for 2 minutes, 25 163 cycles of 95°C for 30s, 56°C for 30s, and 72°C for 60s followed by a final extension at 72°C for 5 164 165 mins.

166 Shrimp alkaline phosphatase (SAP) enzyme was used to dephosphorylate unused dNTPs from 167 the primary PCR reaction before the second allele-specific primer extension PCR. For allele 168 specific PCR reactions, 2 µl of the reconstituted extension primer cocktail was added to each reaction well and the following conditions were set: Initial denaturation at 94°C for 30s, 40 169 cycles of one step at 94^oC for 5s with five sub cycles of 52^oC for 5s and 80^oC for 5s, and a final 170 171 extension at 72[°]C for 3 minutes. The sequences and masses for unextended primers (UEPs) and 172 extension products for each SNP and SNP allele are shown in Table 2. Extension products were 173 conditioned using a resin after which 10 nl was dispensed to a 96-well spectroCHIP using the 174 MassARRAY Nanodispenser RS1000 (Agena Bioscience, Hamburg, Germany).

175 **Costing and time comparisons.** Reagent and consumable costs per isolate for *spa* and MLST 176 typing were estimated for various steps such as DNA extraction, primer sequences, PCR 177 amplification, gel electrophoresis, PCR clean up, cycle sequencing, fragment purification and 178 fragment analysis. For iPlex massARRAY, costs for primer sequences, primary and allele-179 specific PCR amplifications, SAP treatment, sample conditioning and liquid transfer to 180 spectrochips were estimated. Time durations to result generation for the three methods after 181 DNA extraction were also compared.

182 **Data analysis.** Raw sequencing chromatograms were examined using Chromas Version 2.6.2 183 (Technelysium Pty) before consensus sequences were created using BioEdit Sequence 184 Alignment Editor Version 7.2.5 [17]. spa types were assigned using the online spa Type 185 Finder/Identifier Software, *spatyper.fortinbras.us/* (Fortinbras Research). *spa* types were further 186 confirmed using the Ridom spa Server, spaserver.ridom.de (Ridom GmbH, Würzburg, 187 Germany) [18]. For MLST loci, consensus sequences were aligned using the online alignment 188 tool, MAFFT Version 7 https://mafft.cbrc.jp/alignment/server/. Sequence types were assigned 189 on the MLST database www.mlst.net [16] using the "Exact or Nearest Match" option. The 190 SpectroAcquire program was used for data acquisition on the MassARRAY Compact Analyzer 191 (Agena Bioscience, Hamburg, Germany) and detection parameters were set at ten laser shots per 192 raster position with a threshold of five good spectra per sample pad.

Data availability. Raw chromatograms for *spa* and MLST typing as well as data output from the
 MALDI-TOF MS will be made available upon request.

195

196

197 **RESULTS**

198 **Distribution of** spa and MLST types. spa and MLST typing of the collection of isolates yielded 199 congruent results. spa and MLST typing showed 22 spa types and 21 STs respectively. The 200 isolates displayed considerable heterogeneity with 16/22 spa types and 13/21 sequence types 201 being represented by only one isolate. The three regions showed unique genetic fingerprints with 202 minimal overlaps in isolate composition. Only t355 (ST152) was observed across the three 203 regions with 18 spa types and 18 STs associating with specific regions. Kericho region showed 204 greater diversity (12 spa types and 10 STs) followed by Kisumu (10 spa types and 8 STs) and 205 Nairobi (5 spa types and 7 STs). Two novel spa types t17841 and t17826 were reported and were 206 both associated with MSSA isolates. Despite the heterogeneity, t355 (ST152), t064 (ST8), t005 207 (ST22), t2029/t037 (ST241) seemed to dominate. The six MRSA isolates were represented by 208 types: [t2029 (ST241) n=1, t037 (ST241) n=3, t355 (ST152) n=1 and t007 (ST39) n=1].

209 Typability and variability of the MLST SNPs. Table 3 summarizes the characteristics of the 210 10 SNPs analyzed. Nine of the 10 SNPs interrogated were highly typeable with SNP call rates 211 (number of isolates in which a particular SNP was identified as a proportion of the total number 212 of isolates tested) that ranged from 81% - 98.3% (average 89%). One SNP, pta294, was 213 identified in only one isolate and was subsequently excluded from the analyses. Eight of the 214 remaining SNPs were highly variable with allele frequencies (number of isolates positive for a 215 given SNP allele as a proportion of all isolates in which that SNP was identified) ranging from 216 53% (arcC162) to 84.6% (yqil333).

217 Iplex massARRAY SNP genotypes. The combination of nine SNPs for each isolate was used to 218 generate SNP genotypes. Different SNP combinations were created with the aim of finding the

219 smallest number of SNPs with the highest resolution (Data not shown). A 7-member SNP 220 classification that excluded both aroe252 and tpi36 (arcC162, arcC210, aroE132, gmk129, tpi 221 **241, tpi 243** and **yqil333**) achieved a similar resolution to that of the 9-member SNP profiles. 222 The assay grouped 44/54 isolates into 14 different SNP genotypes. Table 4 shows the regional 223 distribution of various SNP genotypes. In Kericho, nine SNP genotypes were observed among 224 the isolates while Kisumu and Nairobi isolates showed 8 and 4 SNP genotypes respectively. The 225 assay successfully typed 11/16, 16/19 and 17/19 isolates from Nairobi, Kericho and Kisumu 226 respectively while 10 isolates did not have complete SNP profiles. The classifications achieved 227 by iPlex massARRAY reflected the heterogeneity and regional distribution patterns revealed by 228 spa and MLST typing.

229 The 14 SNP genotypes were compared with corresponding spa and MLST sequence types for all 230 isolates. Iplex massARRAY showed 83% (34/41) accuracy against spa typing and 82% (32/39) 231 against MLST typing in genotype assignment. The SNP genotype TTACGAC corresponded to a 232 novel *spa* type t17841 and SNP genotype **TCACGGT** corresponded to another novel *spa* repeat 233 sequence yet to be assigned a *spa* type. iPlex massARRAY identified all MRSA isolates in this 234 collection. One MRSA was of the ATACGGT genotype which corresponded to t355. t037 235 which was the spa type of 3 MRSAs and t2029 (1 MRSA) were represented by the ATACGAT 236 genotype. ACGTAGT corresponded to t007 (one MRSA).

Three discrepancies involving iplex massARRAY were observed: SNP genotype **TCACGGC** could not distinguish between t3772 and t13194 (ST 25 and ST80). SNP genotype **TTGTGGT** could not distinguish between t314/ and t272 (ST121 and 152). Lastly, **TCACGAT** could not distinguish between t084 and t131 (ST 15 and ST1290). Discrepancies involving *spa* types

t318/t021 and t037/t2029 were considered minor as such isolates are grouped as members of
ST30 and ST241 respectively by MLST (Table 5).

Turnaround time, reagent and consumable costs per isolate. The iPlex massARRAY assay took approximately 1 day compared to *spa* and MLST typing which took approximately 3 and 20 days respectively (Table 6). The reagent and consumable cost of analyzing an isolate for massARRAY was approximately 18 USD compared to *spa* (30 USD/isolate) and MLST (126 USD/isolate) typing for the collection of isolates analyzed (Data not shown).

248 **DISCUSSION**

249 Seven MLST SNPs identified 14 unique genotypes and reflected the heterogeneity and 250 distribution depicted by spa/MLST typing of a collection of 54 Kenyan isolates. iPlex 251 massARRAY identified all the MRSA isolates used in this study as well as detecting a novel spa 252 type. The assay showed comparable resolution to spa and MLST typing (83% and 82% 253 respectively). The combination of 7 SNPs achieved similar resolution to that of 9 SNPs initially 254 assayed. Coincidentally, the seven SNPs matched those originally described by Robertson et al 255 that could resolve major Australian MRSA strains [14]. A technique that can identify circulating 256 strains within a population using the smallest number of variable loci would offer the benefits of 257 reduced costs and turnaround time. The isolate types identified by massARRAY such as ST152, 258 ST5, ST8, ST15, ST30 and ST241 have been reported in other African countries such as 259 Cameroon, Madagascar, Morocco, Niger, and Senegal [19] and Ghana [20] thereby highlighting 260 the potential of this assay to be universally applied in the African context.

In some instances the assay could not distinguish between two or more *spa*/MLST types, an observation noted by others [14, 21]. The three SNP profiles that could not distinguish certain

spa/MLST types did not belong to major circulating *spa*/MLST types in the study as 5/6 affected groups were represented by one isolate each, none of which was an MRSA strain. Previously, it has been suggested that increasing the number of SNPs from 7 to 14 can resolve minor *S. aureus* clones [21]. However, 2 of the 10 SNPs (aroE252 and tpi36) assayed did not prove useful in increasing the resolution of the assay while one (pta294 was poorly typeable). While the potential of a larger SNP set to resolve minor clones is recognized, a different set of SNPs in addition to the seven identified here may be required.

270 MassARRAY demonstrated great capabilities for increased speed and throughput. After 271 optimization, the assay took <12 hours from DNA amplification to generate results for the 272 isolates analyzed in comparison to *spa* (3 days) and MLST typing (20 days). The technique 273 offers greater multiplexing capabilities that can upon effective assay design be used to detect 274 other genes to answer clinically important questions about a pathogen such as virulence and 275 resistance [13] a feature that is absent both in *spa* and MLST typing methods.

276 MassARRAY showed considerable reduction in assay costs in comparison to spa and MLST 277 typing. Estimated reagent and consumable cost/isolate was 18USD compared to spa and MLST 278 typing (30USD and 126 USD respectively). In one study, when the iplex massARRAY assay 279 costs were compared to SYBR green real time PCR, there was a 60% reduction in reagent costs 280 [13]. Trembizki *et al.* noted an approximately 30% reduction in cost compared to performing a 281 full MLST analysis [22]. The fairly high initial costs for the massARRAY system are justified by 282 the short turnaround times, multiplexing, automation and throughput capabilities which can 283 support multiple large scale studies concurrently thereby contributing to massive amounts of 284 data.

As the massARRAY technology is increasingly being adopted, studies utilizing its application in bacterial genotyping are being reported. Trembizki *et al* developed, applied and validated a 14member SNP assay on the massARRAY platform for genetic characterization of *Neisseria gonorrhea* isolates in Australia [22]. Subsequently, the assay was used for a large scale AMR surveillance study of *Neisseria gonorrhea* [23].

The assay is promising particularly in long-term surveillance studies where it is impractical to perform *spa* and MLST typing on the hundreds to thousands of isolates recovered from such studies. An ideal approach would be to perform an iPlex massARRAY analysis as a first-step molecular screen to identify isolates with unusual SNP genotypes or those with which discrepant results are recognized. A full *spa* or ST determination could then follow to definitively resolve such isolates.

There were instances for example with pta294 where particular SNPs could not be called. A possible explanation for this could be sequence variation in the primer targets for the primary PCR reactions, an observation that has been noted elsewhere [13, 22]. The quality of DNA can potentially affect the success of the assay [22]. However, the DNA used for these experiments was of high quality as extraction was done using a commercial kit and DNA concentrations were measured and normalized.

The lack of a database for MLST SNPs that can be used for matching particular SNP profiles to known STs or *spa* types [22] is a major limitation. This is partly due to the fact that assays on this platform have not been rigorously evaluated against known STs/*spa* types from an international collection of isolates. However, with increased validation and adoption, it should be

306 possible to have an online MLST-style platform where SNPs can be submitted for inter-307 laboratory comparability of data.

308 Compelling epidemiological conclusions cannot be drawn as the study analyzed a modest 309 collection of 54 isolates, a small proportion of which constituted MRSA isolates. A larger 310 collection of isolates from diverse regions and clinical syndromes would give not only a reliable 311 reflection of the epidemiology of MRSA in Kenya but also serve to highlight the utility of iplex 312 massARRAY for surveillance.

In conclusion, seven SNPs derived from the MLST loci provided comparable discriminatory power for resolving a heterogeneous and regionally unique collection of Kenyan clinical *S.aureus* isolates including MRSA strains. The iplex massARRAY demonstrated advantages of reduced turnaround time and assay costs in relation to two conventional typing methods. With increased validation, the assay should serve as a complement to existing typing methods especially in staphylococcal AMR surveillance studies.

319 **Conflict of Interest:** The authors declare no conflict of interest.

Acknowledgements: This work was funded by the Armed Forces Health Surveillance Branch (AFHSB) and its Global Emerging Infections Surveillance (GEIS) Section. PROMIS ID: 20160270153 FY17. JN received a student research grant from the Kenya National Research Fund. We acknowledge the use of the *S. aureus* MLST database which is located at Imperial College London and is funded by the Wellcome Trust. This publication made use of the *spa* typing website (<u>http://www.spaserver.ridom.de/</u>) that is developed by Ridom GmbH and curated by SeqNet.org (<u>http://www.SeqNet.org/</u>). We appreciate technical support from Luiser Ingasia

327	and the MDR Laboratory. We thank the study participants for the AMR Surveillance Project.
328	This article has been published with permission from the Director, KEMRI.
329	Disclaimer: Material has been reviewed by the Walter Reed Army Institute of Research. There
330	is no objection to its presentation and/or publication. The opinions or assertions contained herein
331	are the private views of the author, and are not to be construed as official, or as reflecting true
332	views of the Department of the Army or the Department of Defense. The investigators have
333	adhered to the policies for protection of human subjects as prescribed in AR 70-25.
334	Author contributions: JN: Study design, strain typing, data analysis and manuscript write up
335	and review; LM: Study design, data analysis, manuscript write up, review and proof reading;
336	CK: DNA extraction, strain typing and manuscript review; RO: MassARRAY assay design and
337	execution, data analysis and manuscript review. VO, DM and SW performed bacterial culture
338	and identification, AST testing and manuscript review; WS and SM offered technical
339	consultation and manuscript review.
340	
341	
342	
343	
344	
345	
346	

347 **References**

348	1.	Abdulgader SM, Shittu AO, Nicol MP, Kaba M (2015). Molecular epidemiology of
349		Methicillin-resistant Staphylococcus aureus in Africa: a systematic review. Front
350		Microbiol 6 : p. 348.
351	2.	DeLeo FR, Otto M, Kreiswirth BN, Chambers HF (2010). Community-associated
352		meticillin-resistant Staphylococcus aureus. Lancet 375(9725): p. 1557-1568.
353	3.	Loughman JA, Fritz SA, Storch GA, Hunstad DA (2009). Virulence gene expression in
354		human community-acquired Staphylococcus aureus infection. J Infect Dis 199(3): p. 294-
355		301.
356	4.	Akoru C, Kuremu RT, Ndege SK, Obala A, Smith JW, Bartlett M (2016). Prevalence
357		and Anti-Microbial Susceptibility of Methicillin Resistant Staphylococcus aureus at Moi
358		Teaching and Referral Hospital Eldoret. Open J Med Microbiol 6(01): p. 9.
359	5.	Aiken AM, Mutuku IM, Sabat AJ, Akkerboom V, Mwangi J, Scott JA, Morpeth SC,
360		Friedrich AW, Grundmann H (2014). Carriage of Staphylococcus aureus in Thika Level
361		5 Hospital, Kenya: a cross-sectional study. Antimicrob Resist Infect Control 3(1): p. 22.
362	6.	Omuse G, Van Zyl KN, Hoek K, Abdulgader S, Kariuki S, Whitelaw A, Revathi G
363		(2016). Molecular characterization of Staphylococcus aureus isolates from various
364		healthcare institutions in Nairobi, Kenya: a cross sectional study. Ann Clin Microbiol
365		Antimicrob 15 (1): p. 51.
366	7.	Gitau W, Masika M, Musyoki M, Museve B, Mutwiri T (2018). Antimicrobial
367		susceptibility pattern of Staphylococcus aureus isolates from clinical specimens at
368		Kenyatta National Hospital. BMC Res Notes 11(1): p. 226.

- 369 8. Chambers HF, DeLeo FR. (2009). Waves of resistance: Staphylococcus aureus in the
 370 antibiotic era. Nat Rev Microbio 7(9): p. 629.
- 371 9. Struelens M, Hawkey PM, French G, Witte W, Tacconelli E (2009). Laboratory tools
 372 and strategies for methicillin-resistant Staphylococcus aureus screening, surveillance
- 373 *and typing: state of the art and unmet needs.* Clin Microbiol Infect **15**(2): p. 112-119.
- 10. O'Hara FP, Suaya JA, Ray GT, Baxter R, Brown ML, Mera RM, Close NM, Thomas E,
- 375 Amrine-Madsen H (2016). spa Typing and multilocus sequence typing show comparable
- 376 performance in a macroepidemiologic study of Staphylococcus aureus in the United
- 377 *States.* Microb Drug Resist. **22**(1): p. 88-96.
- 378 11. Holmes A, McAllister G, McAdam P, Choi SH, Girvan K, Robb A, Edwards G,
- Templeton K, Fitzgerald J (2014). *Genome-wide single nucleotide polymorphism-based assay for high-resolution epidemiological analysis of the methicillin-resistant Staphylococcus aureus hospital clone EMRSA-15*. Clin Microbiol Infect **20**(2): p. O124-O131.
- 383 12. Schaumburg F, Alabi A, Peters G, Becker K (2014). New epidemiology of
 384 Staphylococcus aureus infection in Africa. Clin Microbiol Infect 20(7): p. 589-596.
- 385 13. Syrmis MW, Moser RJ, Whiley DM, Vaska V, Coombs GW, Nissen MD, Sloots TP,
 386 Nimmo GR (2011). Comparison of a multiplexed MassARRAY system with real-time
 387 allele-specific PCR technology for genotyping of methicillin-resistant Staphylococcus
 388 aureus. Clin Microbiol Infect 17(12): p. 1804-1810.
- 389 14. Robertson GA, Thiruvenkataswamy V, Shilling H, Price EP, Huygens F, Henskens FA,
- 390 Giffard PM (2004). Identification and interrogation of highly informative single

- 391 *nucleotide polymorphism sets defined by bacterial multilocus sequence typing databases.*
- 392 J Med Microbiol **53**(1): p. 35-45.
- 393 15. Shopsin B, Gomez M, Montgomery SO, Smith DH, Waddington M, Dodge DE, Bost
- 394 DA, Riehman M, Naidich S, Kreiswirth BN (1999). Evaluation of protein A gene
- 395 polymorphic region DNA sequencing for typing of Staphylococcus aureus strains. J Clin
- 396 microbiol **37**(11): p. 3556-3563.
- Enright MC, Day NP, Davies CE, Peacock SJ, Spratt BG (2000). Multilocus sequence
 typing for characterization of methicillin-resistant and methicillin-susceptible clones of
 Staphylococcus aureus. J Clin microbiol 38(3): p. 1008-1015.
- 400 17. Hall TA (1999). BioEdit: a user-friendly biological sequence alignment editor and
- 401 *analysis program for Windows 95/98/NT* in *Nucleic acids symposium series*. [London]:
 402 Information Retrieval Ltd., c1979-c2000.
- 403 18. Harmsen D, Claus H, Witte W, Rothgänger J, Claus H, Turnwald D, Vogel U (2003).
 404 Typing of methicillin-resistant Staphylococcus aureus in a university hospital setting by
- 405 using novel software for spa repeat determination and database management. J Clin
 406 microbiol 41(12): p. 5442-5448.
- 407 19. Breurec S, Fall C, Pouillot R, Boisier P, Brisse S, Diene-Sarr F, Djibo S, Etienne J,
 408 Fonkoua MC, Perrier-Gros-Claude, JD, Ramarokoto CE, Randrianirina F, Thiberge JM,
- 409 Zriouil SB, Working Group on Staphylococcus aureus Infections, Garin B, Laurent F
- 410 (2011). Epidemiology of methicillin-susceptible Staphylococcus aureus lineages in five
- 411 major African towns: high prevalence of Panton-Valentine leukocidin genes. Clin
- 412 Microbiol Infect **17**(4): p. 633-639.

413	20.	Egyir B, Guardabassi L, Sørum M, Nielsen SS, Kolekang A, Frimpong E, Addo KK,
414		Newman MJ, Larsen AR (2014). Molecular epidemiology and antimicrobial
415		susceptibility of clinical Staphylococcus aureus from healthcare institutions in Ghana.
416		PLoS One 9 (2): p. e89716.
417	21.	Stephens AJ, Huygens F, Inman-Bamber J, Price EP, Nimmo GR, Schooneveldt J,
418		Munckhof W, Giffard PM (2006). Methicillin-resistant Staphylococcus aureus
419		genotyping using a small set of polymorphisms. J Med Microbiol 55(1): p. 43-51.
420	22.	Trembizki E, Smith H, Lahra MM, Chen M, Donovan B, Fairley CK, Guy R, Kaldor J,
421		Regan D, Ward J, Nissen MD, Sloots TP, Whiley DM (2014). High-throughput
422		informative single nucleotide polymorphism-based typing of Neisseria gonorrhoeae using
423		the Sequenom MassARRAY iPLEX platform. J Antimicrob Chemother, 69(6): p. 1526-
424		1532.
425	23.	Whiley DM, Trembizki E, Buckley C, Freeman K, Baird RW, Beaman M, Chen M,
426		Donovan B, Kundu RL, Fairley CK, Guy R, Hogan T, Kaldor JM, Karimi M, Limnios A,
427		Regan DG, Ryder N, Su JY, Ward J, Lahra MM (2017). Molecular antimicrobial
428		resistance surveillance for Neisseria gonorrhoeae, Northern Territory, Australia. Emerg
429		Infect Dis 23 (9): p. 1478.
430		
120		
431		
432		

- 435 **Table 1:** Primary amplification primer sequences for various SNPs and their expected amplicon
- 436 sizes

SNP ID*	Forward primer sequence (5'-3')**	Reverse primer sequence (5'-3')**	Amplicon length (bp)
arcC162	GTTGGGTTATCAAATCGTGG	ATAGTGATAGAACTGTAGGC	96
arcC210	GAGTCTGGCTGTTCTTTTTG	GATAAAGATGATCCACGATTC	118
aroE132	GGCTTTAATATCACAATTCC	GCACCTGCATTAATCGCTTG	103
aroE252	TCTGGATAAACGCTGTGCAA	AAGATGGCAAGTGGATAGGG	93
gmk129	AACTAGGGATGCGTTTGAAG	GGTGTACCATAATAGTTGCC	104
pta294	GATTAGTAAGTGGTGCAGCG	CCAGATGTTTTTGTAACGCC	114
tpi36	ATTCCACGAAACAGATGAAG	ACGCTCTTCGTCTGTTTCAC	120
tpi241	ATGAGCCAATCTGGGCAATC	GTTTGACGTACAAATGCACAC	102
tpi243	TGAACCAATCTGGGCAATCG	GTTTGACGTACAAATGCACAC	101
yqil333	CAACCATTGATTGATGTCCC	GGCGGTATGGAGAATATGTC	105

437

*arcC: Carbamate kinase, aroE: Shikimate dehydrogenase, gmk: Guanylate kinase, pta:
Phosphate acetyl transferase, tpi: Triosephosphate isomerase, yqil: Acetyl co-enzyme A acetyl
transferase. ** All amplification primers had a 5' 10-mer tag.

441 Table 2: Allele-specific extension primer sequences and expected masses for various SNP

442 alleles

SNP ID	Alleles	Unextended primer (UEP) sequence (5'-3')*	UEP mass	Call 1	Mass 1 (Da)	Call 2	Mass 2 (Da)
arcC162	T/A	CTGTAGGCACAATCGT	4881.2	А	5152.4	Т	5208.3
arcC210	C/T/A	cTCCACGATTCAATAACCCAAC	6592.3	С	6839.5	Т	6919.4
aroE132	A/G	agGATCTAAATACGGTATGATACG	7424.9	G	7672	А	7752
aroE252	T/A	ACAGATGGTATTGGTTATGT	6202	А	6473.3	Т	6529.1
gmk129	C/T	CAGCATATTCTATAAATTGGTCATCTTT	8527.6	Т	8798.8	С	8814.8
pta294	A/C	TGCTGGACGTACAGTATC	5514.6	С	5801.8	А	5841.7
tpi36	C/T	agCATTCCATGTTTGAAAATAGC	7046.6	Т	7317.8	С	7333.8
tpi241	G/A	AATGCACACATTTCATTTG	5761.8	G	6009	А	6088.9
tpi243	A/G	CAAATGCACACATTTCATT	5730.8	G	5978	А	6057.9
yqil333	C/T	gctgGTCAACAACAGTCGCTT	6406.2	С	6653.4	Т	6733.3

- * The bases in lowercase are incorporated into the oligonucleotide sequences during primer
 design to prevent the extension products for various SNP alleles from being too close to each
 other in the mass spectrum.
- **Table 3:** Summary of the 10 MLST SNPs analyzed by iPlex massARRAY

SNP	Polymorphism	SNP call rate ^a	Allele frequency ^b
arcC162	T/A	98.3% (57/58)	T 53% (30/57)
arcC210	C/T/A	86% (50/58)	T 60% (30/50)
aroE132	A/G	91.3% (53/58)	A 73.6% (39/53)
aroE252	T/A	86% (50/58)	T 64% (32/50)
gmk129	C/T	84.5% (49/58)	C 67.3% (33/49)
tpi36	C/T	81% (47/58)	C 63.8% (30/47)
tpi241	G/A	86% (50/58)	G 98% (49/50)
tpi243	A/G	94.8% (55/58)	G 60% (33/55)
yqil333	C/T	89.7% (52/58)	T 84.6% (44/52)
pta294	A/C	_ *	_*

* pta294 was identified in only one isolate and was excluded when generating SNP genotypes.
a SNP call rate: The proportion of isolates in which a given SNP was identified as a proportion of all isolates tested for that SNP. ^b Allele frequency: The number of isolates in which a given SNP allele was identified as a proportion of all isolates in which the SNP was identified.

SNP genotype*	Nairobi	Kericho	Kisumu	Total
ATACGGT	6	5	1	12
TCGCGGT	3	1		4
TCACGAT	1	2		3
TTACGAT	1		6	7
TCACGGT		1		1
TTACGGT		1		1
ATGTGGT		3		3
TTATGAC		1		1
TTACGAC		1	1	2
TTGTGGT		1	1	2
ATACGAT			4	4
ACGTAGT			1	1
TCATGAC			1	1
TCACGGC			2	2
Incomplete profiles**	5	3	2	10
Total	16	19	19	54

Table 4: Regional distribution of *S. aureus* isolates by massARRAY SNP genotyping

- *7- member SNP genotypes are in the order of arcC162, arcC 210, aroE 132, gmk 129, tpi
 241, tpi 243 and yqil 333. **: Isolates in which at least one of the seven SNPs used for genotype
 assignment was not identified were considered incomplete.
- **Table 5:** A summary of comparisons between iplex massARRAY, *spa* and MLST typing

SNP genotype	spa type	Sequence type
ATACGGT	t355	ST152
TCGCGGT	t005	ST22
TTACGAT	t064	ST8
TTACGAC	t17841*	ST121
TTATGAC	t189	ST188
ACGTAGT	t007	ST39

TCACGGT	**	ST1925
TCATGAC	t002	ST5
ATGTGGT	t318/t021	ST30
ATACGAT	t037/t2029	ST241
TTACGGT	t10499	ST 2019
TCACGGC	t3772/t13194	ST 25/ST80
TTGTGGT	t314/ t272	ST121/152
TCACGAT	t084/ t131	ST 15/ST1290

- 464 7-member SNP genotypes are in the order of arcC162, arcC 210, aroE 132, gmk 129, tpi 241,
- 465 tpi 243 and yqil 333. * A novel *spa* type reported in this study ** An unassigned novel *spa*
- 466 repeat sequence

467 Table 6: Time-to-result analysis for *spa*, MLST and massARRAY typing methods for the
468 isolates after DNA extraction

	spa ty	ping	MLST typing	
Step	Time	Period	Time	Period
Amplification PCR	3 hrs		21 hrs	2 days
Gel electrophoresis	2 hrs	1 day	7 hrs	1 day
PCR amplicon clean up	2 hrs		14 hrs	2 days
Sequencing PCR	3 hrs		21 hrs	4 days
Pre-sequencing purification	3 hrs	1 day	21 hrs	8 days
Sequence fragment analysis	10 hrs		70 hrs	o days
Data analysis	7 hrs	1 day	30 hrs	3 days
Total time		3 days		20 days
	iPlex massAR	RAY		
Step	Time	Period		
Amplification PCR	2.5hrs			
SAP treatment	0.75hrs	1 dov		
iPlex PCR	3 hrs	1 day		
Sample conditioning	1 hr			

Data acquisition	1 hr		
Data analysis	3 hrs		
Total time		1 day	1