

Characterisation of vaginal Prevotella strains from a cohort of South African women with and without bacterial vaginosis

Welp K¹, Passmore JS^{1,2,3}, Paul L^{1,3}, Jaspan HB^{4,5}, Gamieldien H¹, Vasse M⁶, Gill K⁷, Bekker LG, Balle C¹, Happel A¹, Froissart R⁶ and Kullin B¹.

¹Department of Pathology, Institute of Infectious Disease and Molecular Medicine (IDM), University of Cape Town, South Africa; ²NRF-DST CAPRISA Centre of Excellence in HIV Prevention, Cape Town, South Africa; ³National Health Laboratory Service (NHLS), Cape Town, South Africa; 4Seattle Children's Research Institute, Seattle, WA, USA; 5University of Washington Department of Paediatrics and Global Health, Seattle, WA, USA; 6UMR MIVEGEC CNRS-IRD-UM, University Montpellier, Montpellier, Montpellier, Manager 1998. France; ⁷Desmond Tutu HIV Foundation, University of Cape Town, Cape Town, South Africa

INTRODUCTION

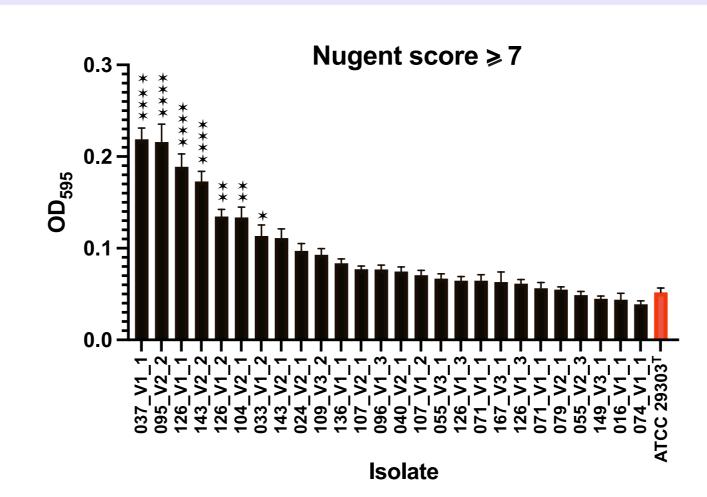
- Bacterial vaginosis (BV) is a commonly described condition in reproductive age cisgender women, with a specifically high reported prevalence of 34-58% in sub-Saharan Africa (SSA)^A.
- BV is treated with antibiotics, metronidazole and/or clindamycin, but often recurs within a few months of clearance.
- BV is underpinned by a microbiological change:
 - ↓ beneficial Lactic Acid Bacteria (LAB)
 - diverse anaerobic bacteria, including Prevotella bivia.
- P. bivia is a Gram-negative anaerobe: it interacts with other BV-associated bacteria and forms part of the BV-biofilms.
- Despite the prevalence of BV in SSA and the role of *P. bivia* in BV pathogenesis, to date, very few isolated strains have been characterised from SSA.

OBJECTIVES

- To **isolate** vaginal *Prevotella* spp. from South African women with and without BV to establish a biorepository
- To determine the antimicrobial **susceptibility** profile of *P. bivia* isolates to standard of care (SOC) antibiotics
- To determine in vitro biofilm forming abilities of different *P. bivia* isolates
- To use a **whole genome sequencing** approach to determine the molecular epidemiology of South African *P. bivia* strains and their antimicrobial resistance (AMR) genes

RESULTS

While almost one third of *Prevotella* isolates formed more robust biofilms than the type strain, there was no difference in biofilm-forming ability stratified by BV status



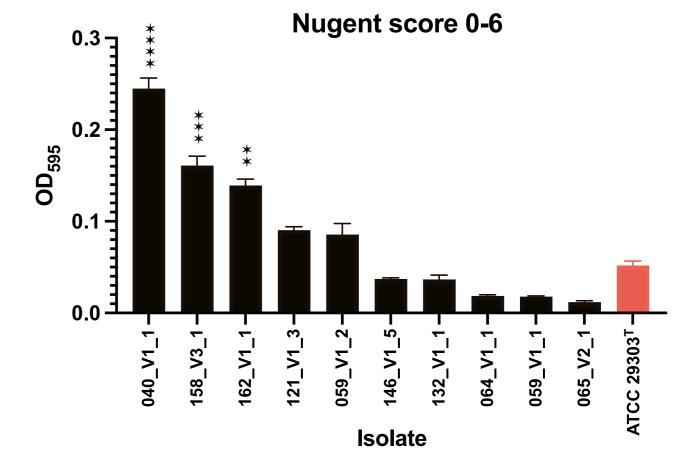
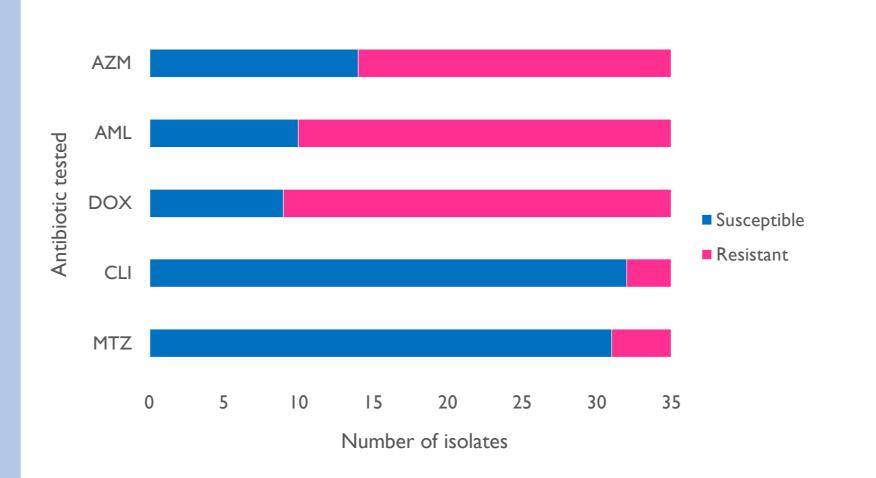


Figure 1: Biofilm formation by clinical isolates. Absorbance at 595nm represents biofilm biomass of isolates, stratified by BV status (Nugent score>7 BV positive; Nugent score 0-6 BV intermediate/negative). Mean absorbance is based on 3 biological replicates, with corresponding standard error. Clinical isolates differ significantly in biofilm-forming ability (p<0.0001, Kruskal-Wallis). Certain strains form significantly larger biofilms than the type-strain (ATCC 29303^T) (*p<0.05, **p<0.01, ***p<0.001, ****p<0.0001).

Some South African Prevotella Isolates Are Resistant To BV Antibiotics Clindamycin And Metronidazole

The MTZ Resistant Strain Contains A Mobile **Genetic Element With The MTZ-resistance Gene** nimk



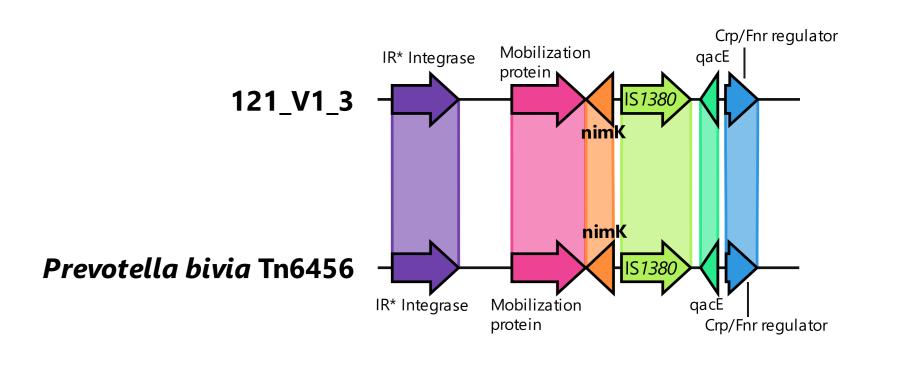
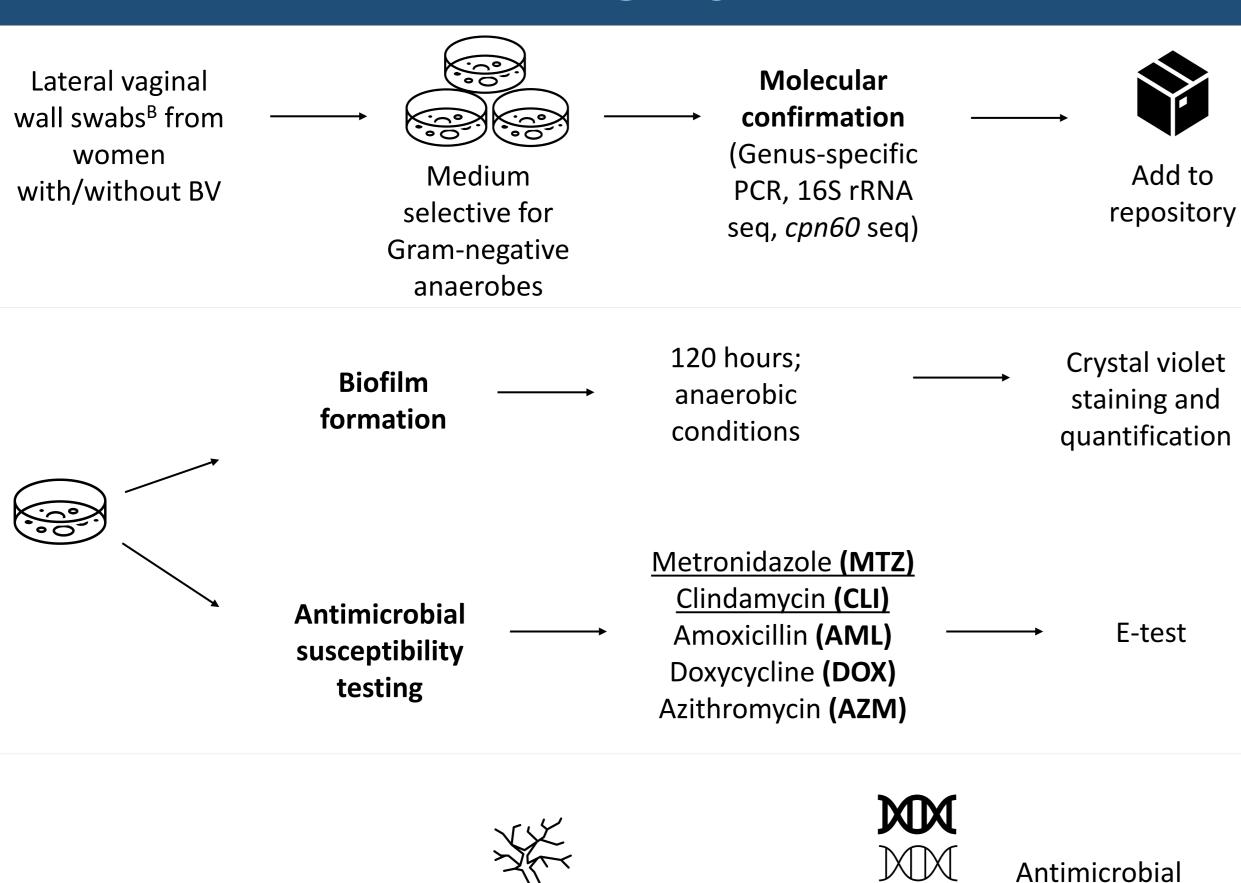


Figure 2: Antimicrobial susceptibility of South African Prevotella spp. isolates to common genitourinary antibiotics, tested by E-tests (LiofilmChem). Isolates (n=37) were given AMR phenotype based on EUCAST^C classification guidelines. Tested antibiotics include SOC BV drugs, metronidazole (MTZ) and clindamycin (CLI), as well as amoxicillin (AML), azithromycin (AZM) and doxycycline (DOX).

Figure 3: Identification of a previously described nimK containing mobile genetic element. This element was previously identified by Veloo (2018)^D in 3 P. bivia strains with MTZ resistance. The alignment to the previously published transposon was performed and visualized using Clinker. Strain 121_V1_3 (MIC for MTZ = 8ug/ml) contained this element, and no major amino acids differences were noted. The schematic shows the identified genes including repeat regions, an integrase, mobilization protein, nimK, an insertion sequence (IS1380), a SMR transporter (qacE) and a Crp/Fnr regulator.

METHODS



Isolation of *Prevotella* spp.

Phylogenetic

analysis

- Lateral vaginal wall swabs with highest number of P. bivia reads were targeted (based on 16S rRNA metagenomic data); In total, 71 strains isolated from samples from 30 women with and without BV (as determined by Nugent scoring)
 - 37 strains were taken forward for full phenotypic and genotypic characterisation (n=36 *P. bivia*, n=1 *Prevotella* spp. related to *P. melaninogenica*)

Core Genome Alignment And Identification Of AMR Genes In Clinical And Previously Published *Prevotella* Isolates

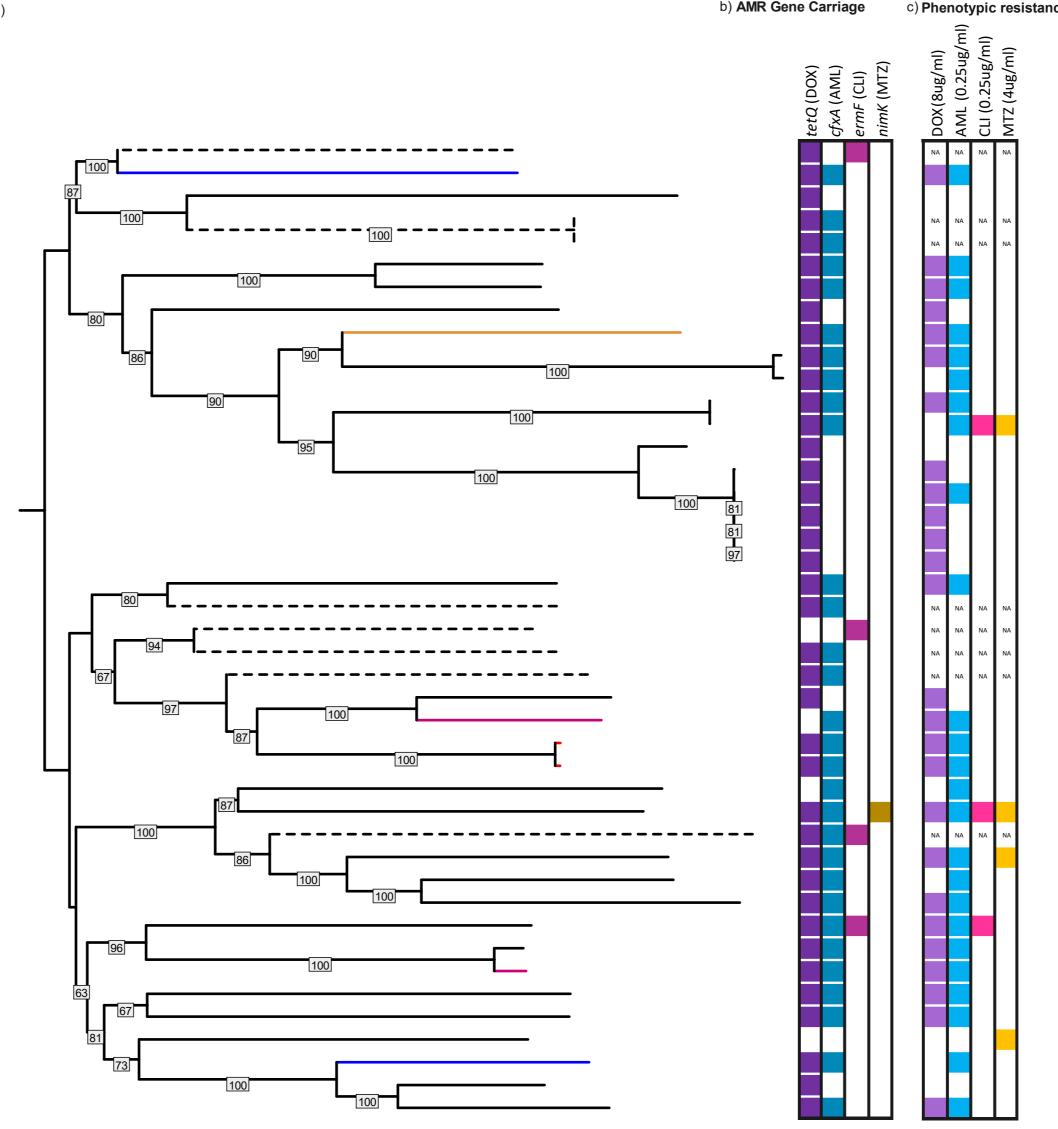


Figure 4: Core genome alignment of P. bivia isolates. a) Core genome alignment was performed with Panaroo^E and the tree was generated, with bootstrap values greater than 60 displayed on the branches. Reference *P. bivia* strains were obtained from NCBI's RefSeq^F (dotted lines). b) AMR gene presence in the genome was identified by the CARD, Argannot and Resfinder databases using ABRicate^G. The antibiotic that the gene may confer resistance to is indicated in brackets c) Strains resistant to the tested antibiotics are shown. The phenotype was assigned based on EUCAST^C breakpoint guidelines, with MIC breakpoints indicated in brackets.

References ^A Kenyon C et al. Am J Obstet Gynecol. 2013. ^B Gill K et al. JIAS. 2020, 23, 10. ^CThe European Committee on Antimicrobial Susceptibility Testing. Breakpoint tables for

interpretation of MICs and zone diameters. Version

Illumina MiSeq

^D Veloo ACM et al. J Antimicrob Chemother. 2018, 73:

MM

MM

resistance gene

screening

- 2687-2690.
- ^E Tonkin-Hill G et al. Genome Biol. 2020, 22;21
- F Pruitt K.D et al. Nucleic Acid Res. 2007, 35.
- ^G https://github.com/tseemann/abricate

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Contact details:

wlpkir001@myuct.ac.za https://passmore-lab.org.za/

DISCUSSION

- **37** *Prevotella* strains (n=36 *P. bivia*, n=1 Prevotella spp.) were isolated and fully characterised
- Certain strains formed significantly larger biofilms than the *P. bivia* type-strain (ATCC 29303^T)
- This suggests that some strains may be implicated more heavily in BV biofilms than others
- While rare, there were some clinical isolates that were resistant to BV antibiotics, CLI (n=3) and MTZ (n=4)
- Additionally, the majority of isolates were resistant to AML (71.4%), DOX (74.2%) and **AZM** (60%), antibiotics used for other genitourinary infections
- A previously described transposon, **Tn6456**, containing an MTZ-resistance gene nimK, was identified in one strain
 - The nimK may be conferring MTZ resistance to this strain
- The presence of this gene on a mobile genetic element may pose the **risk of** transfer of *nimK* to other bacteria in the female genital tract
- Addition of these isolates to databases will improve available data on *Prevotella* spp. And would better represent South Africans in BV research



13.1, 2023.

PHENOTYPIC CHARACTERISATION