

# CLINICAL GENOME REPORT

**Genome identifier:** id-1492  
**Isolate/laboratory identifier:** M54  
**Year of isolation:** 2020  
**Location:** Vadodara, India

**Source type:** Human  
**Host tissue sampled:** Urine  
**Genome report date:** 2026-01-14  
**Genome quality:** Acceptable

## Section 1: Clinical microbiology

**Summary:** *Klebsiella pneumoniae* with intrinsic ampicillin resistance. Note multidrug resistance - ESBL and CPE producing.

**Organism:** *Klebsiella pneumoniae*

**Bacterial typing:** subspecies characterisation and classification to assess isolate similarity  
<https://pubmlst.org/multilocus-sequence-typing>

MLST (Multilocus sequence typing)

Profile:	gapA	infB	mdh	pgi	phoE	rpoB	tonB
	2	1	2	1	4	4	4

Sequence type (ST): 16

**Antibiotic resistance determinants:** Genetically determined resistance mechanisms have been identified. Genetic variants (homologs) are highlighted \*. "None found" means no resistance mechanisms have been identified in the antimicrobial resistance databases that exist at the time of reporting, correlate with phenotype. It is best practice to review these with the phenotypic antibiotic susceptibility profile.

<https://github.com/klebgenomics/Kleborate>.

Drug class	Acquired genotypes
Penicillins (expected resistance due to blaSHV)	blaSHV-11^, blaCTX-M-15, blaNDM-5;OXA-181
+ β-lactamase inhibitor	None found
Cephalosporins (3 <sup>rd</sup> gen)	blaCTX-M-15, blaNDM-5;OXA-181
+ β-lactamase inhibitor	None found
Carbapenems	blaNDM-5;OXA-181
Porin mutations (multiple drug classes)	OmpK36:p.136_137insThrAsp;OmpK35:p.Ile11fs
Aminoglycosides	aac(3)-IId^;aadA*:aadA2^;rmtB
Fluoroquinolones	qnrS1, GyrA:p.Ser83Phe;GyrA:p.Asp87Asn;ParC:p.Glu84Lys
Fosfomycin	None found
Phenicols	cmlA5
Polymixins	None found
Tigecycline	None found
Trimethoprim	dfrA12
+ Sulfonamides	sul1

**Capsule and O typing:** Polysaccharide K and lipopolysaccharide O serotypes as predicted by KL and O genotype <https://github.com/klebgenomics/Kaptive>.

**K type:** K81

**O type:** O13

**Virulence factors:** Factors that may lead to increased ability to cause invasive disease  
<https://github.com/klebgenomics/Kleborate>.

Virulence score: 1

**Acquired siderophores:**

Aerobactin ST: None

Salmochelin ST: None

Yersiniabactin ST: 384-2LV

**Other factors:**

Colibactin ST: None

Hypermucoidy: None

## Section 2: Public health and Infection prevention and control

**Summary:** *Klebsiella pneumoniae* not known to be related to other isolates in the same geography.

**Bacterial typing:** subspecies characterisation and classification to assess isolate similarity

<https://pubmlst.org/multilocus-sequence-typing>

MLST (Multilocus sequence typing)

Profile:	gapA	infB	mdh	pgi	phoE	rpoB	tonB
	2	1	2	1	4	4	4

Sequence type (ST): 16

Phylogroup: Kp1

Sublineage: SL17

Clonal group: CG16

cgST: 12601

LIN (Life Identification Number): 0\_0\_22\_27\_0\_7\_0\_0\_0\_0

**Plasmid Inc typing:** Plasmid replicons that are extracted from short sequence read data may be less reliable than from long read data <https://cge.food.dtu.dk/services/PlasmidFinder/>

Plasmid type: Col(pHAD28), Col440II, ColKP3, IncFIA(HI1), IncFII, IncR, IncX3

**Outbreak analysis:** Identifying isolates that are genetically similar and maybe part of a transmission chain

<https://bigsdb.pasteur.fr/klebsiella/cgmlst-lincodes/>.

**Allele based:**

LIN (Life Identification Number): 0\_0\_22\_27\_0\_7\_0\_0\_0\_0

(based on cgMLST scheme with 629 genes)

There are 4 related isolates identified with the same LINcode prefix [0\\_0\\_22\\_27\\_0](#) (representing the 10 core genome MLST distance threshold) in the database.

id	isolate	country	year	LINcode
<a href="#">22874</a>	NMI4821/11	Poland	2011	0_0_22_27_0_0_5_0_0_0
<a href="#">22876</a>	NMI10734/11	Poland	2011	0_0_22_27_0_0_5_0_0_0
<a href="#">22877</a>	NMI10898/11	Poland	2011	0_0_22_27_0_0_5_0_0_0
<a href="#">1495</a>	MyNCGM268	Myanmar	2016	0_0_22_27_0_6_0_0_0_0
<a href="#">1492</a>	M54	India	2020	0_0_22_27_0_7_0_0_0_0

Most isolates with identical LIN codes (all 10 thresholds) have <100 and often <25 single nucleotide differences, but further single nucleotide analysis may be required for these isolates in cluster/outbreak investigations.