



# Antibiotic resistance in a One Health approach



Inserm



iame  
RESEARCH CENTER  
ON INFECTIOUS DISEASES

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# Disclosures

Ancien consultant pour **DaVolterra**

Ancien membre du Conseil Scientifique de Pathoquest and **MaaT Pharma**

Fonds de recherche de la part de bioMérieux

Interventions pour Mobidiag, Correvio, MSD, EUMEDICA, Shionogi

Frais de déplacements de la part Novartis, Sanofi

# Plan

- Antibiotics: history, consumption
- Antibiotic resistance
- Making of a superbug: example of Mcr
- Do we share multidrug-resistant bacteria with animals?
- Role of travels
- Role of the microbiota
- Making of a superbug: example of Mcr
- Actions
- Conclusions and reading suggestions

# Interactivity



Event code  
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2 You can participate

Disable answers by SMS

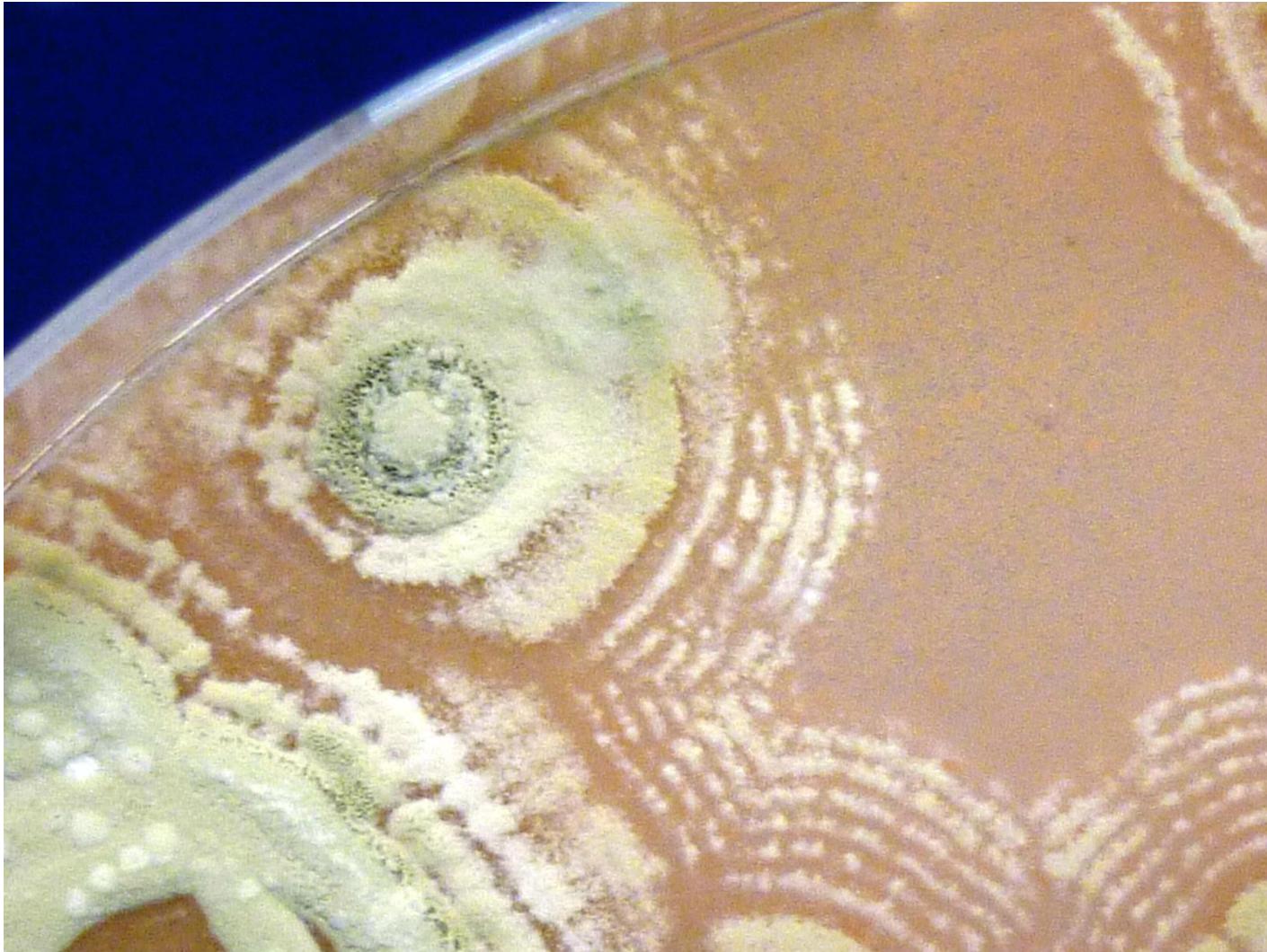
# Antibiotics

# Question



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# Antibiotics are ancient! Example of *Streptomyces*



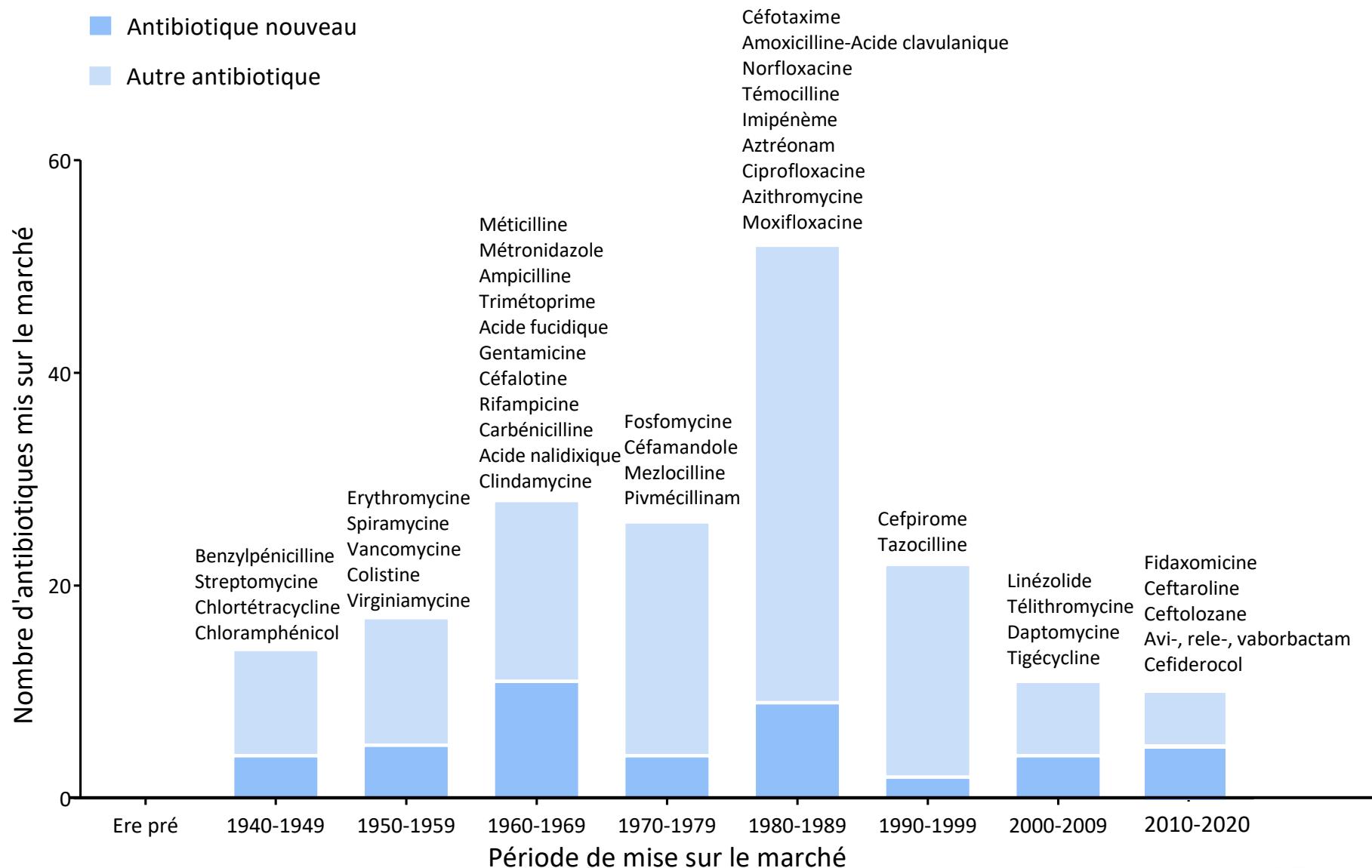
Many antibiotics are produced by ***Streptomyces***: aminoglycosides, glycopeptides (vancomycin), macrolides, tetracyclines, rifamycins, chloramphenicol, fosfomycin, daptomycin and clavulanic acid!

Other environmental microorganisms produce antibiotics.

# A brief history of antibiotics

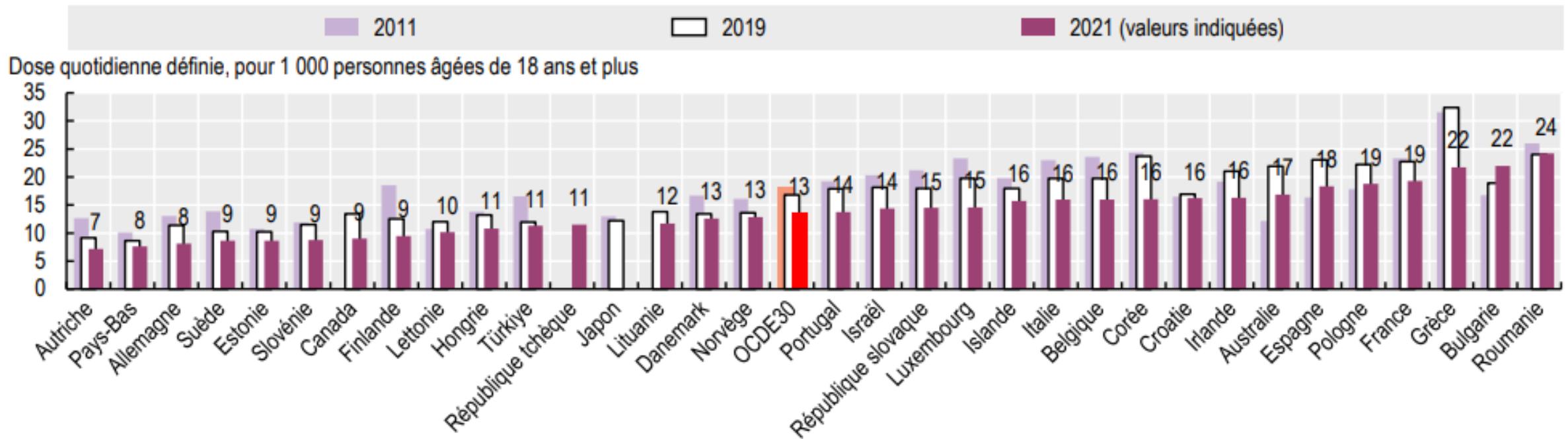
- Antibiotics are recent medicines!
- 1928: discovery of penicillin by Alexander Fleming in England
- Beginning of massive use after the Second World War
- Golden age of antibiotics: 1960s to 1980s
- Then, the market dried up: few new molecules were put on the market
- Failing economic model for antibiotics
- At the same time, there is a continuous increase in antibiotic resistance

# But their use by humans is recent



# Consumption of antibiotics

Volume of antibiotics prescribed in 2021



High consumption of antibiotics in France (above the OECD average)

# Question



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# Consumption of antibiotics



## Consumption by animals :

Treatment of infections

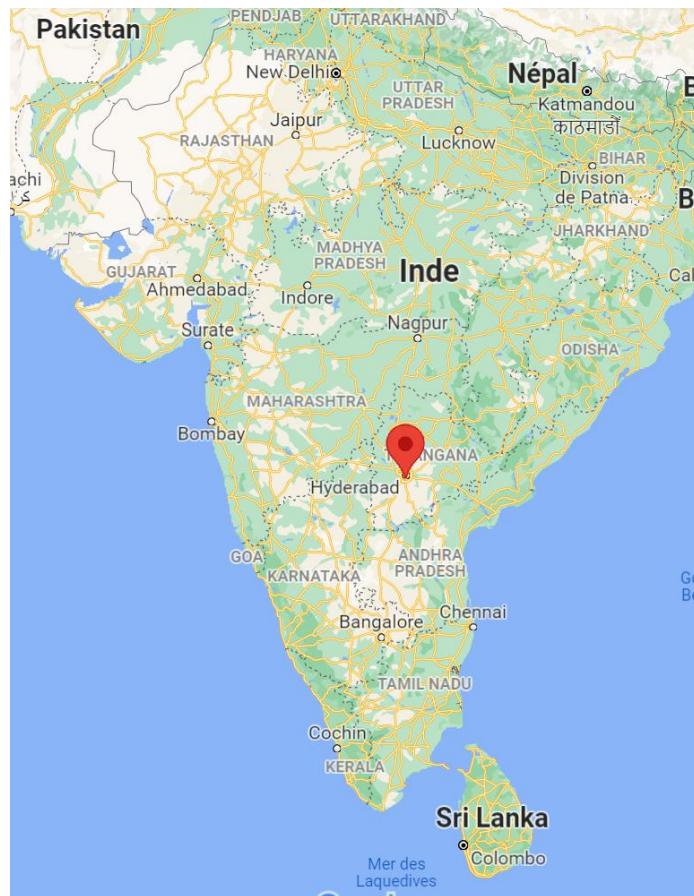
Prophylaxis

Growth promoters (banned in Europe since 2006)

Classes of antibiotics used in veterinary medicine are mostly **common** with those used in human medicine.

# Antibiotics in the environment

## Analysis of effluents from a wastewater treatment plant serving a large generic drug production site (Hyderabad, India)



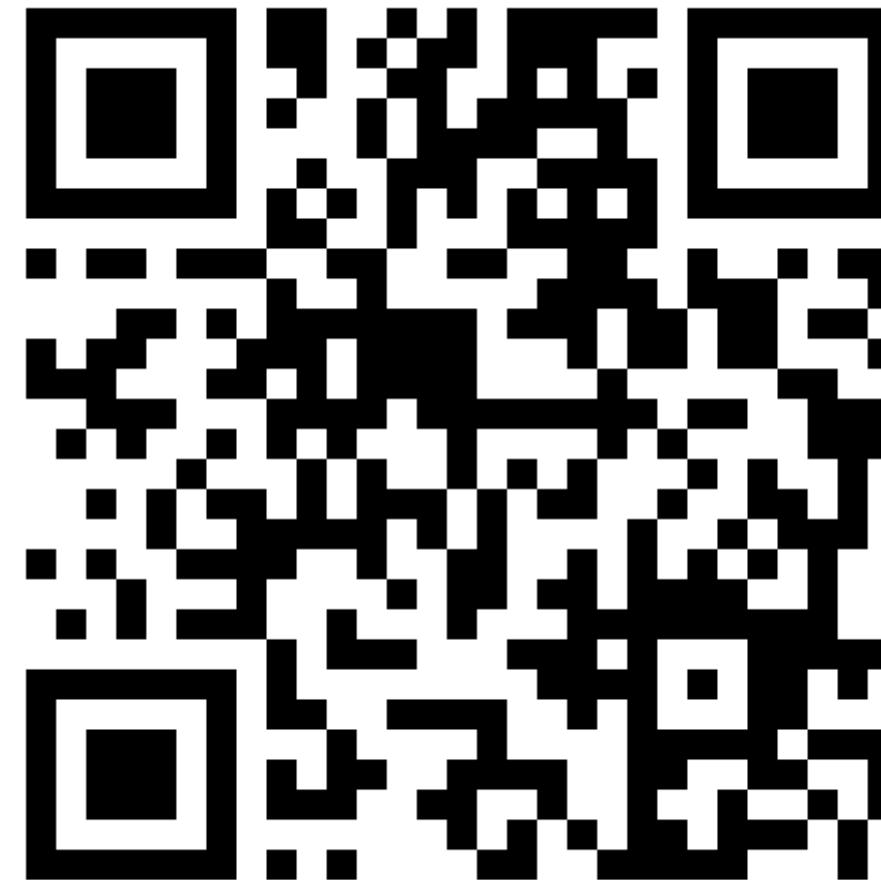
Top 11 active pharmaceutical ingredients analysed in effluent samples from PETL, a common effluent treatment plant near Hyderabad serving about 90 bulk drug manufacturers

Active ingredient	Type of drug	Range ( $\mu\text{g/L}$ )
Ciprofloxacin	Antibiotic-fluoroquinolone	28,000–31,000
Losartan	Angiotensin II receptor antagonist	2,400–2,500
Cetirizine	H <sub>1</sub> -receptor antagonist	1,300–1,400
Metoprolol	$\beta_1$ -adrenoreceptor antagonist	800–950
Enrofloxacin	Antibiotic-fluoroquinolone (veterinary use)	780–900
Citalopram	Serotonin reuptake inhibitor	770–840
Norfloxacin	Antibiotic-fluoroquinolone	390–420
Lomefloxacin	Antibiotic-fluoroquinolone	150–300
Enoxacin	Antibiotic-fluoroquinolone	150–300
Ofloxacin	Antibiotic-fluoroquinolone	150–160
Ranitidin	H <sub>2</sub> -receptor antagonist	90–160

Drugs were analysed using LC-MS/MS monitoring at least two specific fragment ions per substance when possible and quantified using a four-point calibration. Data from two samples taken on consecutive days are presented.

# Antibiotic resistance

# Question



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# Antibiotic resistance is not a recent phenomenon

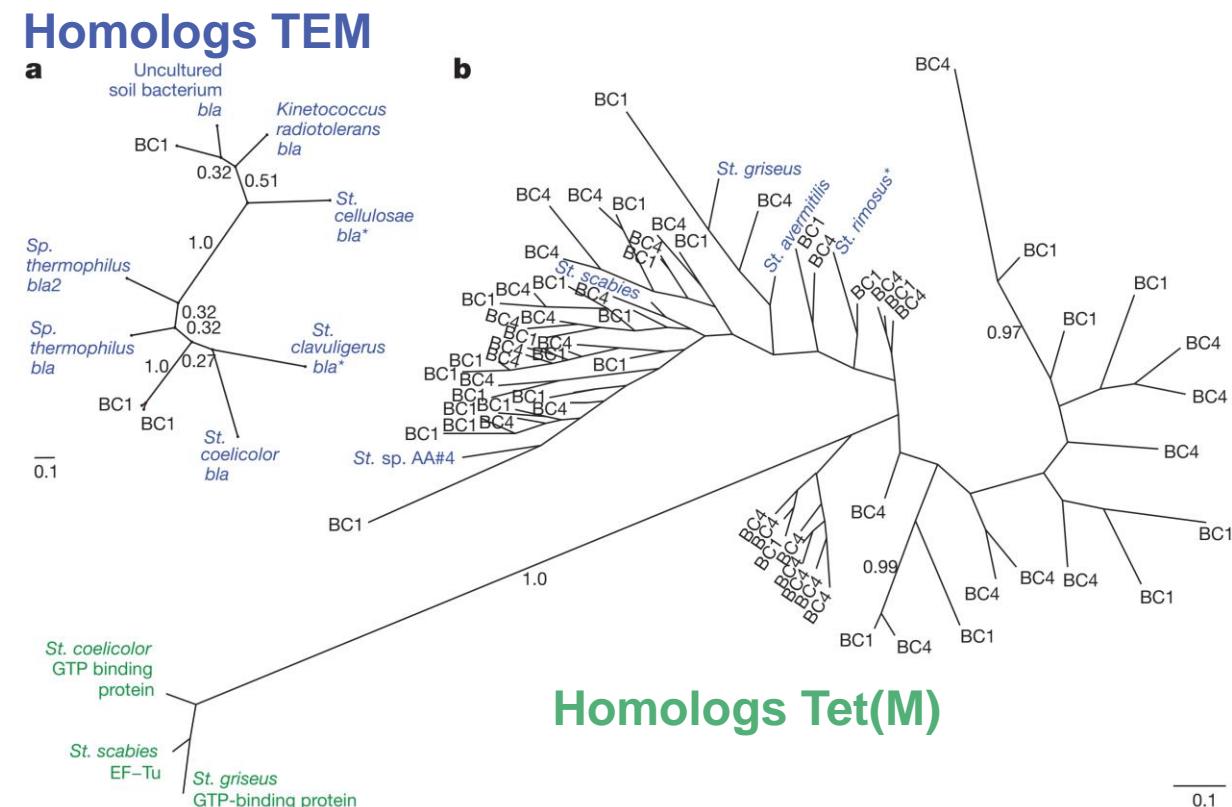
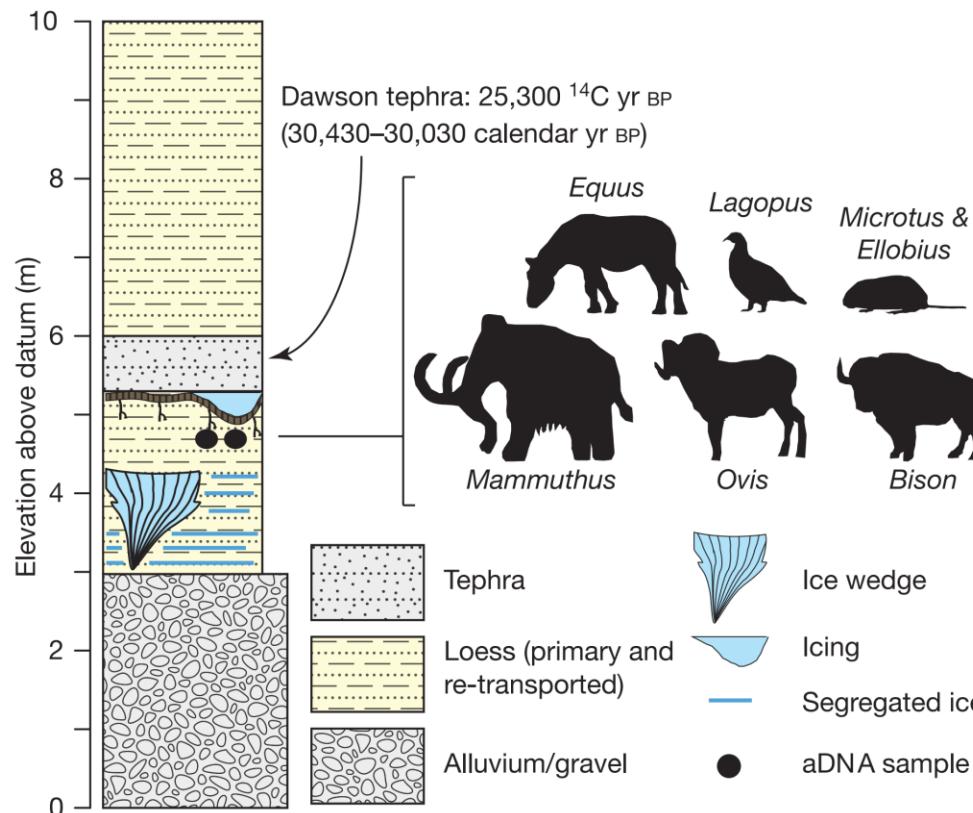
LETTER

doi:10.1038/nature10388

## Antibiotic resistance is ancient

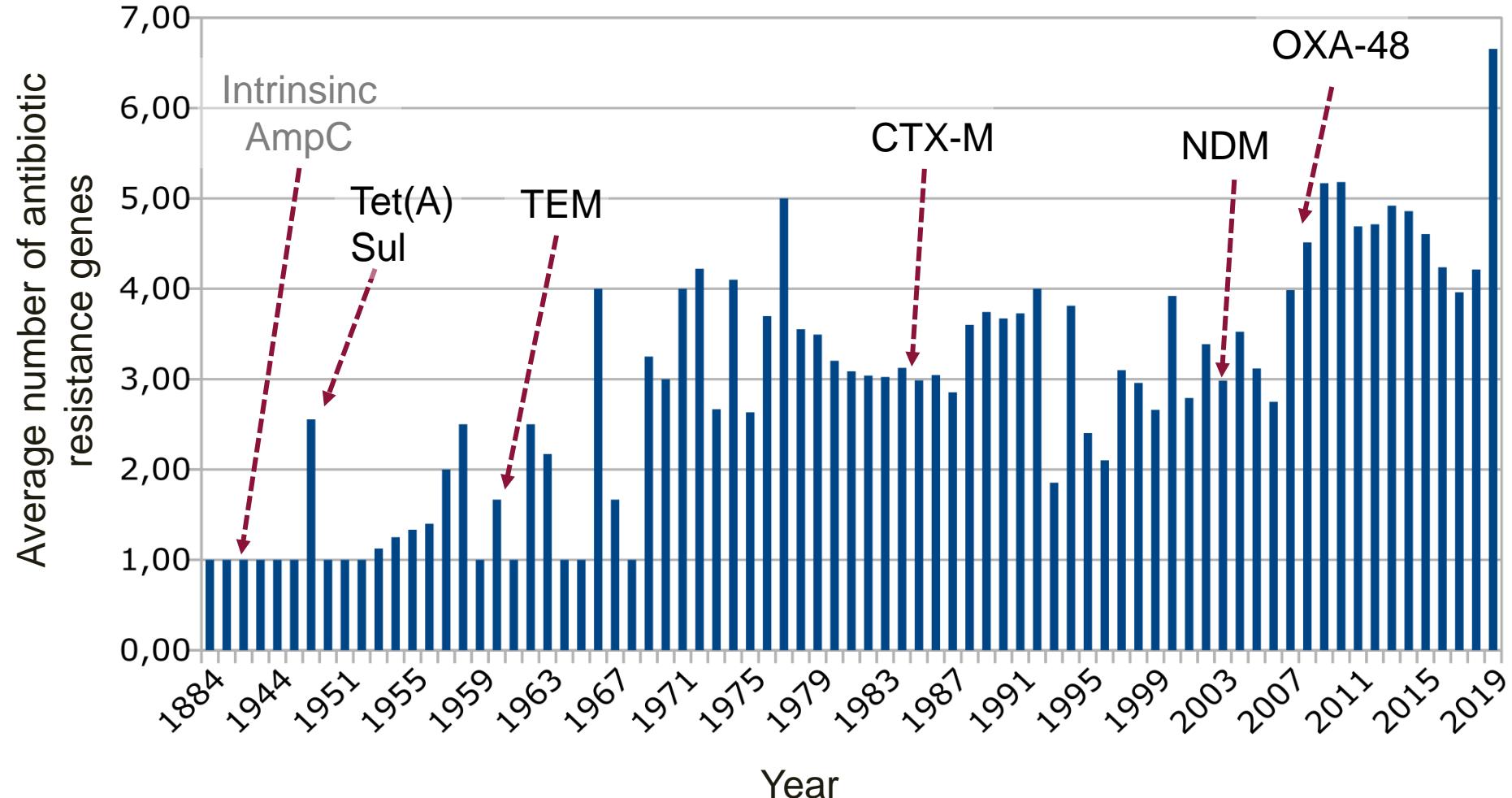
Vanessa M. D'Costa<sup>1,2\*</sup>, Christine E. King<sup>3,4\*</sup>, Lindsay Kalan<sup>1,2</sup>, Mariya Morar<sup>1,2</sup>, Wilson W. L. Sung<sup>4</sup>, Carsten Schwarz<sup>3</sup>, Duane Froese<sup>5</sup>, Grant Zazula<sup>6</sup>, Fabrice Calmels<sup>5</sup>, Regis Debruyne<sup>7</sup>, G. Brian Golding<sup>4</sup>, Hendrik N. Poinar<sup>1,3,4</sup> & Gerard D. Wright<sup>1,2</sup>

# Antibiotic resistance is not a recent phenomenon

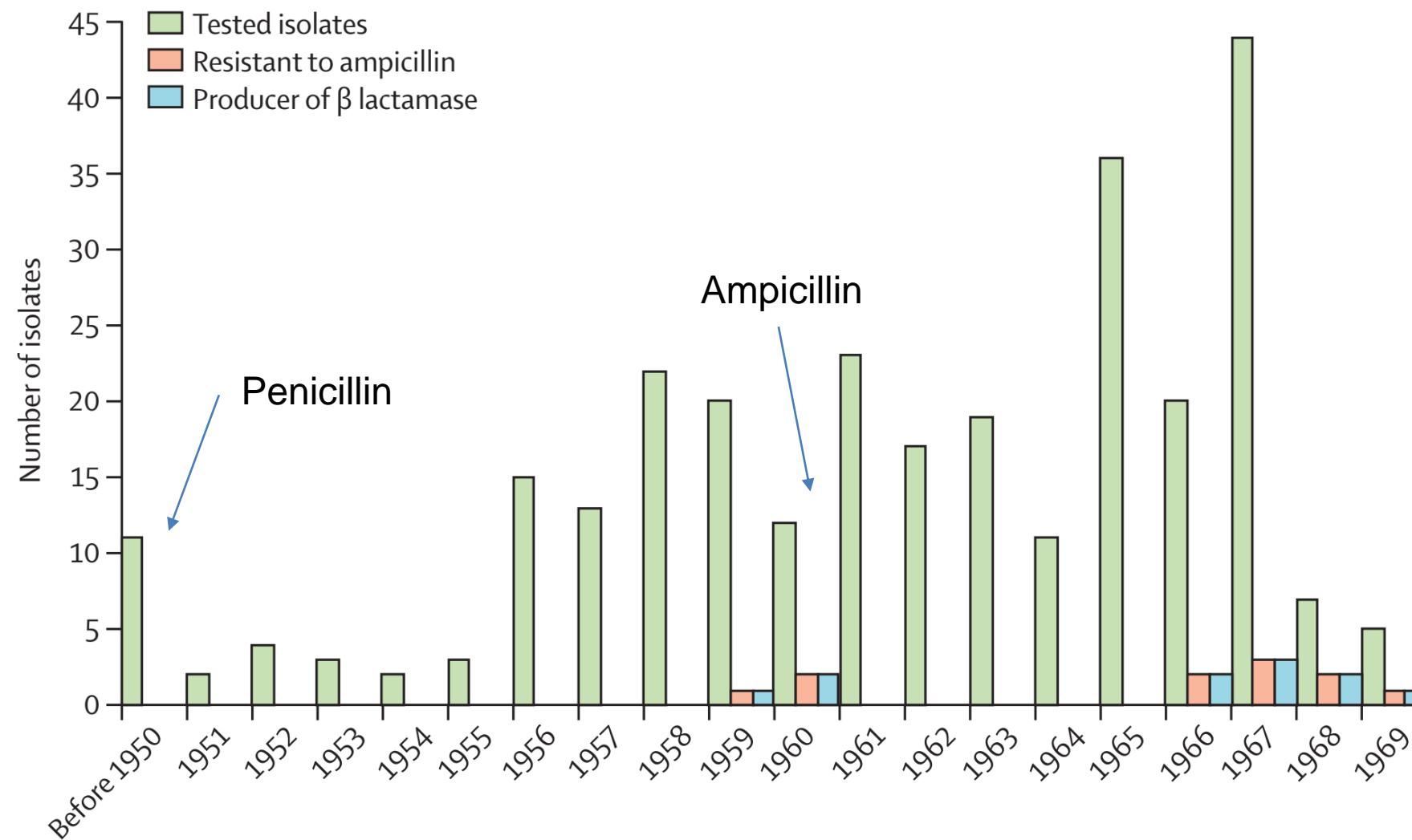


Presence of TEM (beta-lactamase), Tet(M) (tetracycline resistance) and also VanA (glycopeptide resistance) homologs (*not showed*)

# Resistance in pathogens is more recent: example of *E. coli*



# Resistance in pathogens is more recent: example of *Salmonella*



# How to define antibiotic resistance? Different point of views!

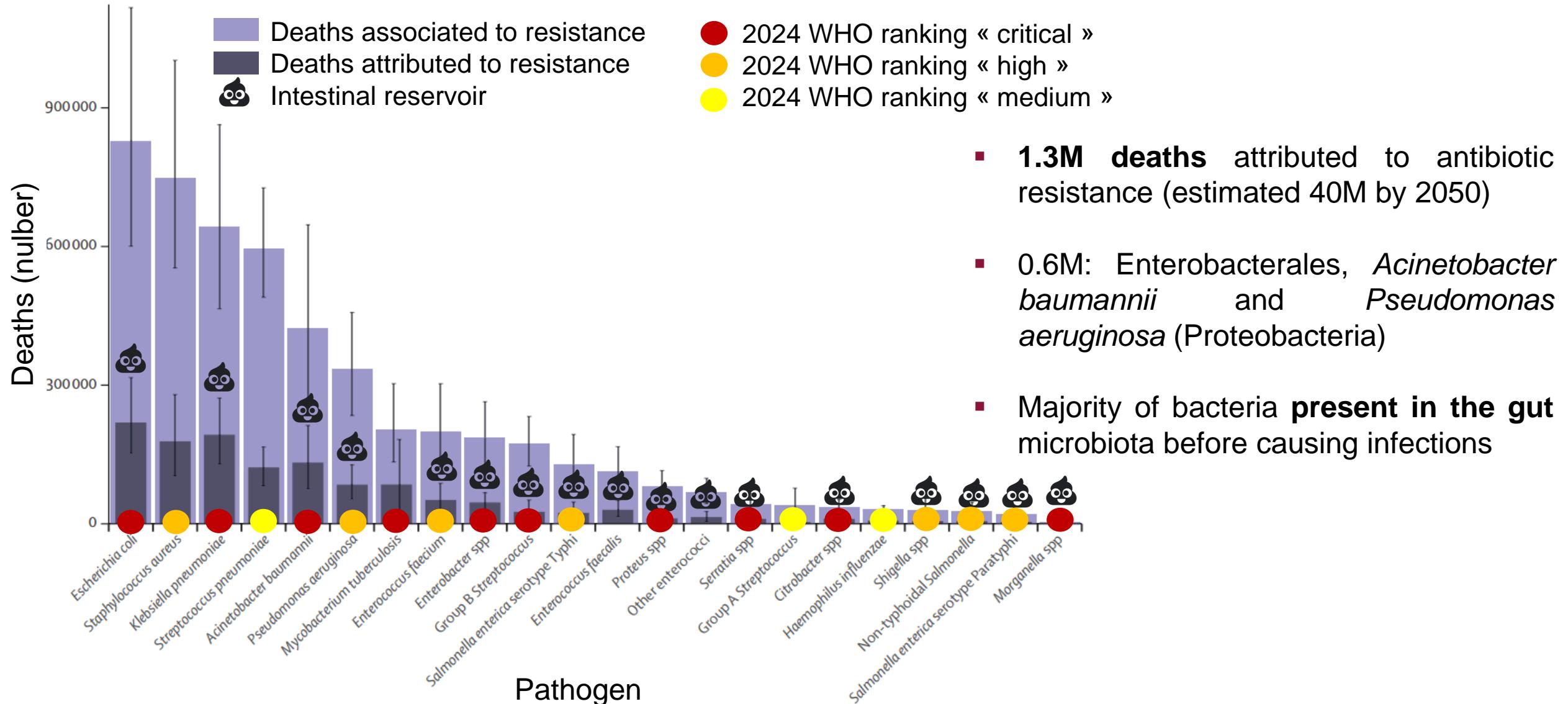
- Bacteria: Resistance to naturally occurring antibiotics
- Ecologists: Resistance based on MIC distribution
- Humans: Clinical resistance based on MICs and non-toxic concentrations achievable in the body.

# Question

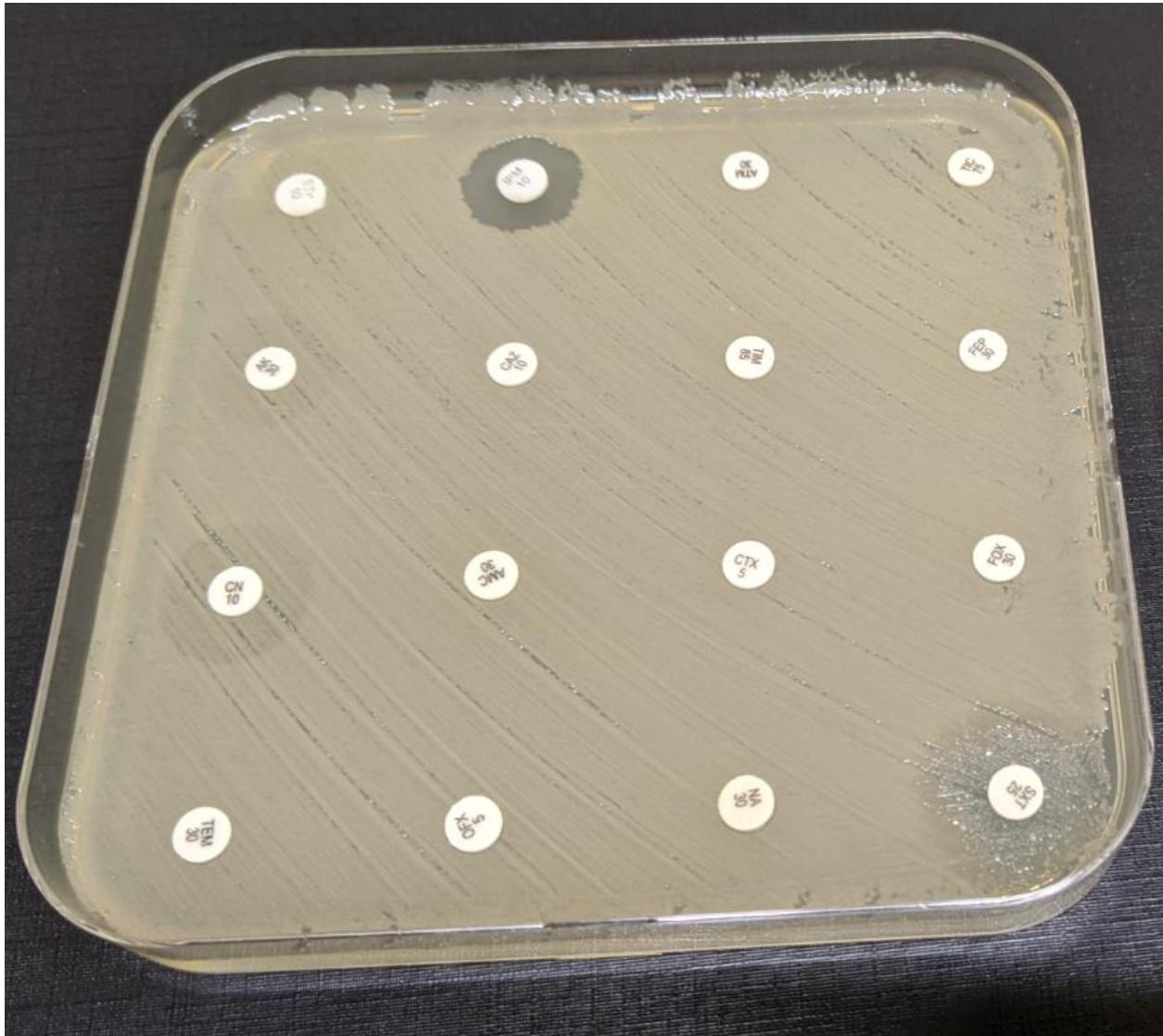


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# The threat of antibiotic resistance lies in the gut



# Extensively resistant bacteria



There are bacteria **resistant to all available antibiotics**, both in France and abroad.

In case of infection: how to treat? In low-resources settings?

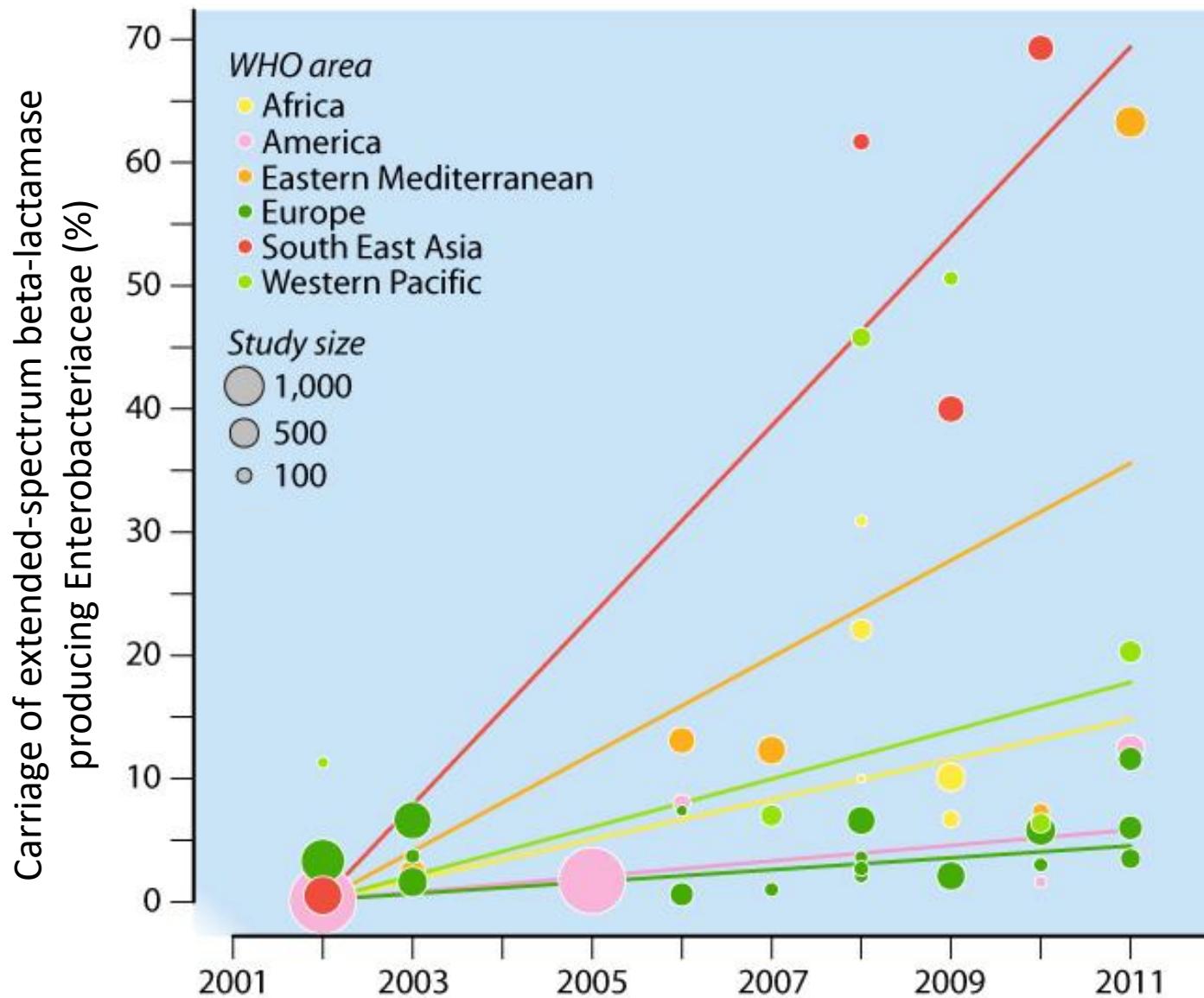
These bacteria are isolated in hospitals but also in the **community**

# Question



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# Multidrug-resistant Enterobacteriales have hit developing countries



# Multidrug resistant bacteria in the environment



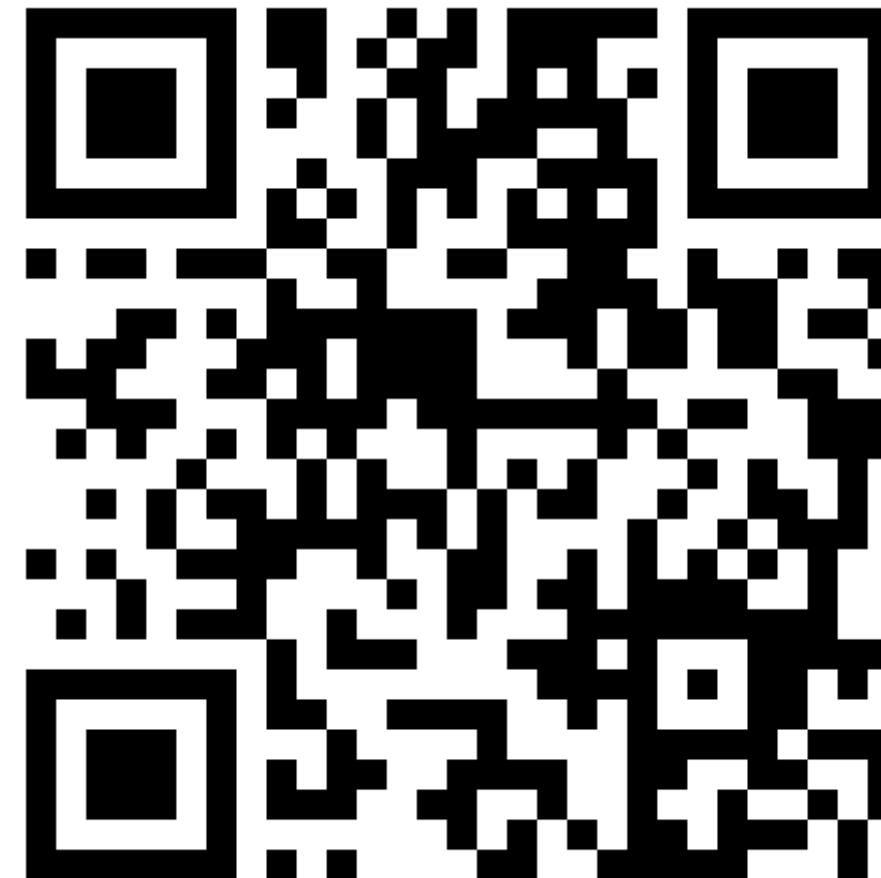
New Delhi (India): detection of carbapenemase producing bacteria (NDM gene)

12/171 (7%) water points positive  
2/50 (4%) public taps positive

Bacterial species: *E. coli*, *Shigella boydii* and *Vibrio cholerae*.

Do we share the resistant  
bacteria with animals?

# Question



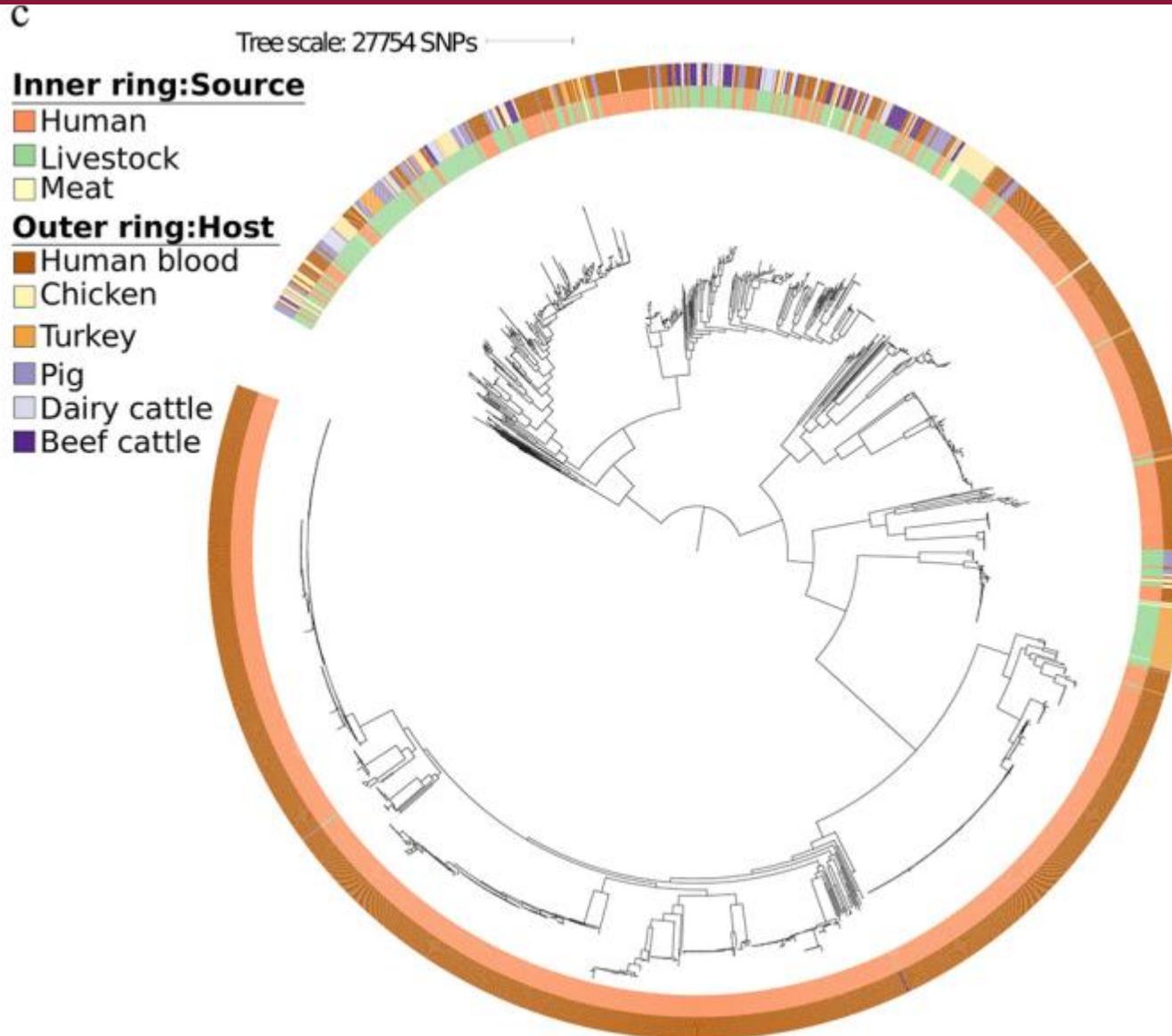
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# Comparison of human and animal *E. coli* in England, 2014-2015



- One Health genomic surveillance of *E. coli* shows distinct lineage and mobile genetic elements between humans and livestock
- Sequencing of 431 *E. coli* including 155 ESBL producers from cattle and 1517 *E. coli* associated with bacteremia
- All from the UK and isolated between 2014 and 2015

# Human and animal *E. coli* are indeed distinct!



Median distance in number of SNPs 41.658

- 2 human strains with <15 SNPs compared to animal strains
- Significant frequency of strains with <5 SNPs within the animal sector

# Travels and antibiotic resistance

# Question



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# Travelers convey antibiotic resistant bacteria

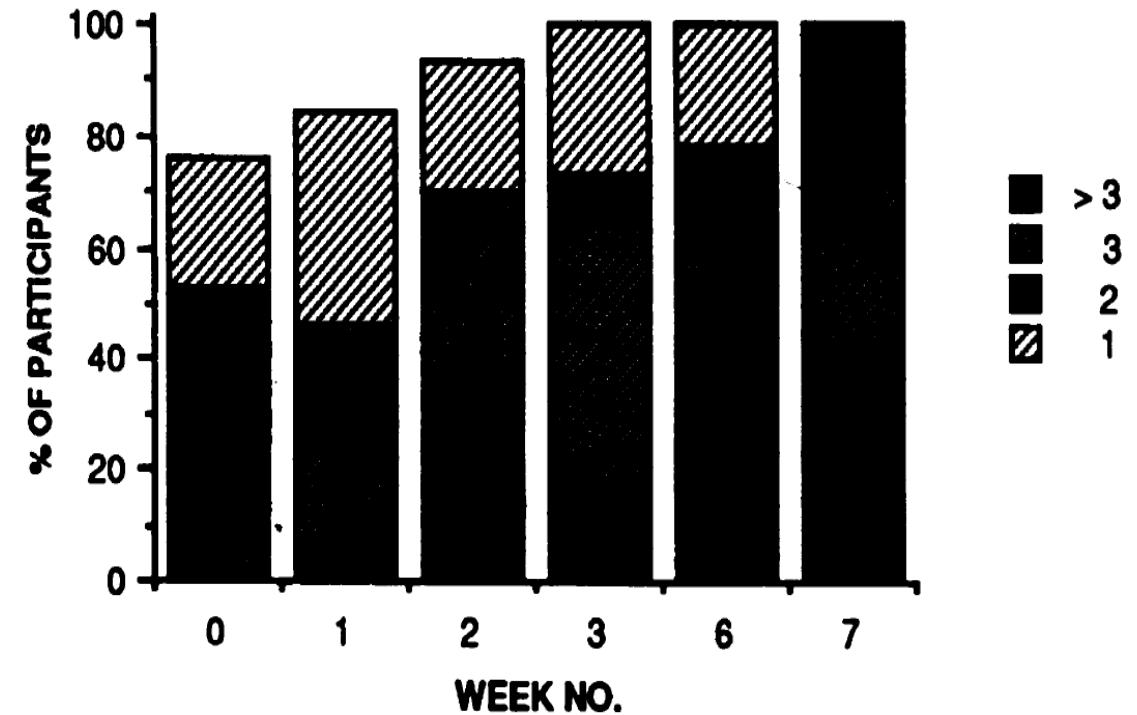
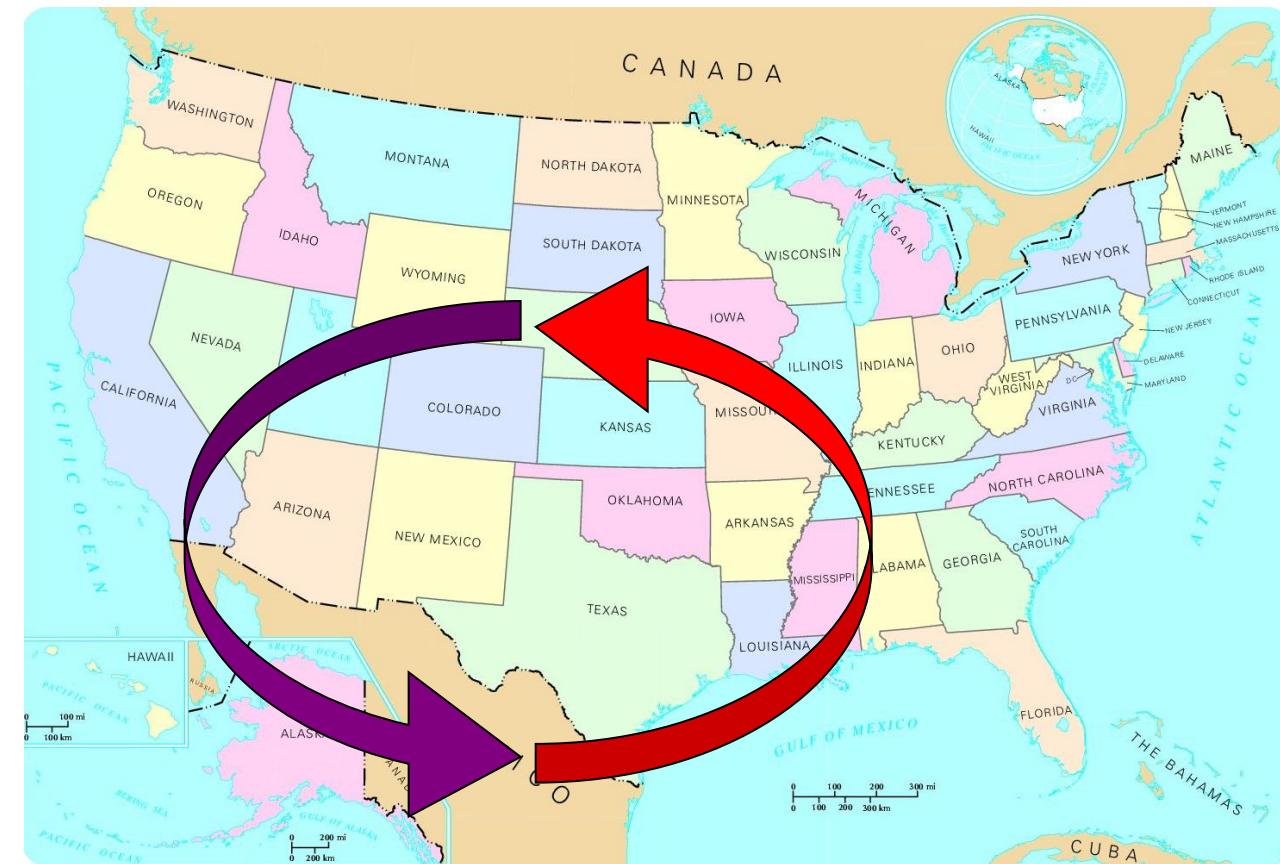


FIG. 1. Resistance to multiple antimicrobial agents among fecal *E. coli* strains. Percentages of participants with *E. coli* resistant to multiple antimicrobial agents increased with time. Bars indicate the presence of *E. coli* strains that are singly or collectively resistant to 1, 2, 3, or  $>3$  agents.

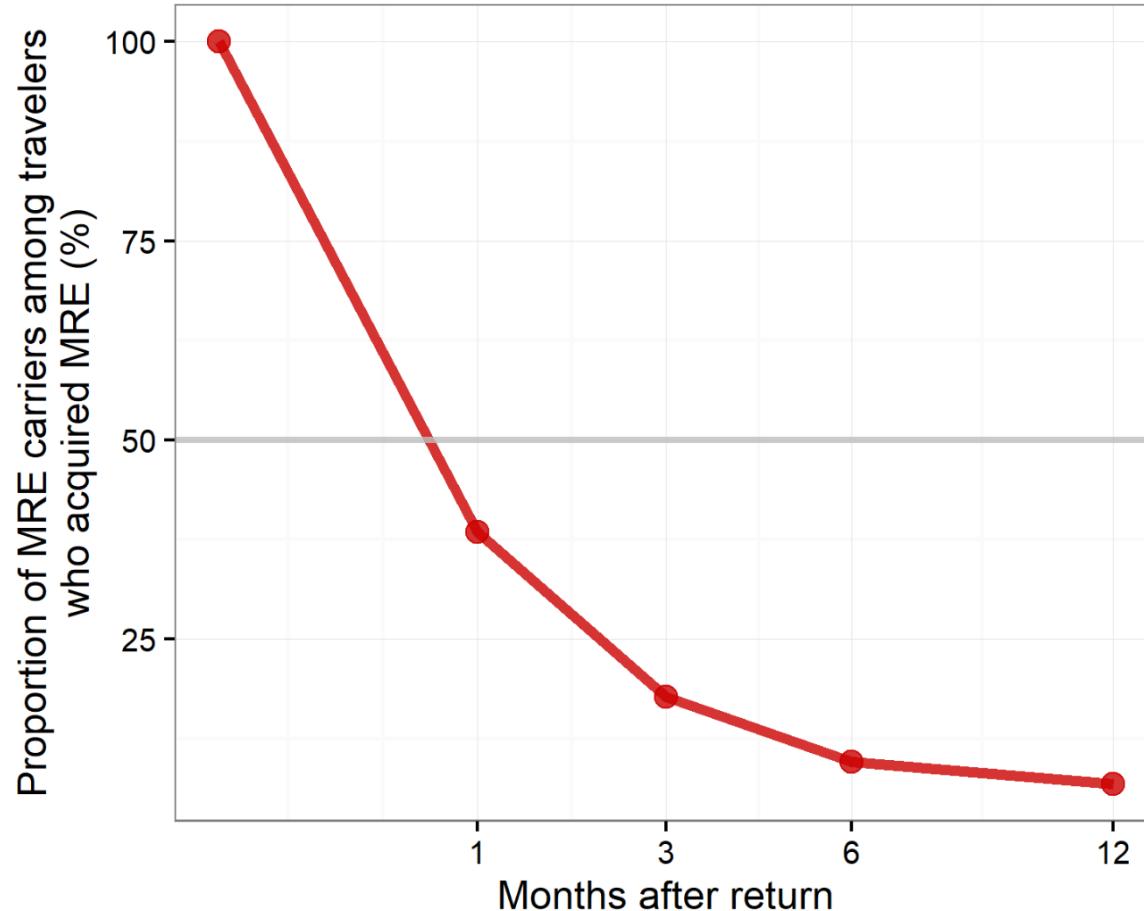
# Bad bugs travel with travellers

574 travellers to tropical regions  
(screened negative for multidrug-resistant Enterobacteriaceae before departure)  
**MRE acquisition rate 51% (n=293)**

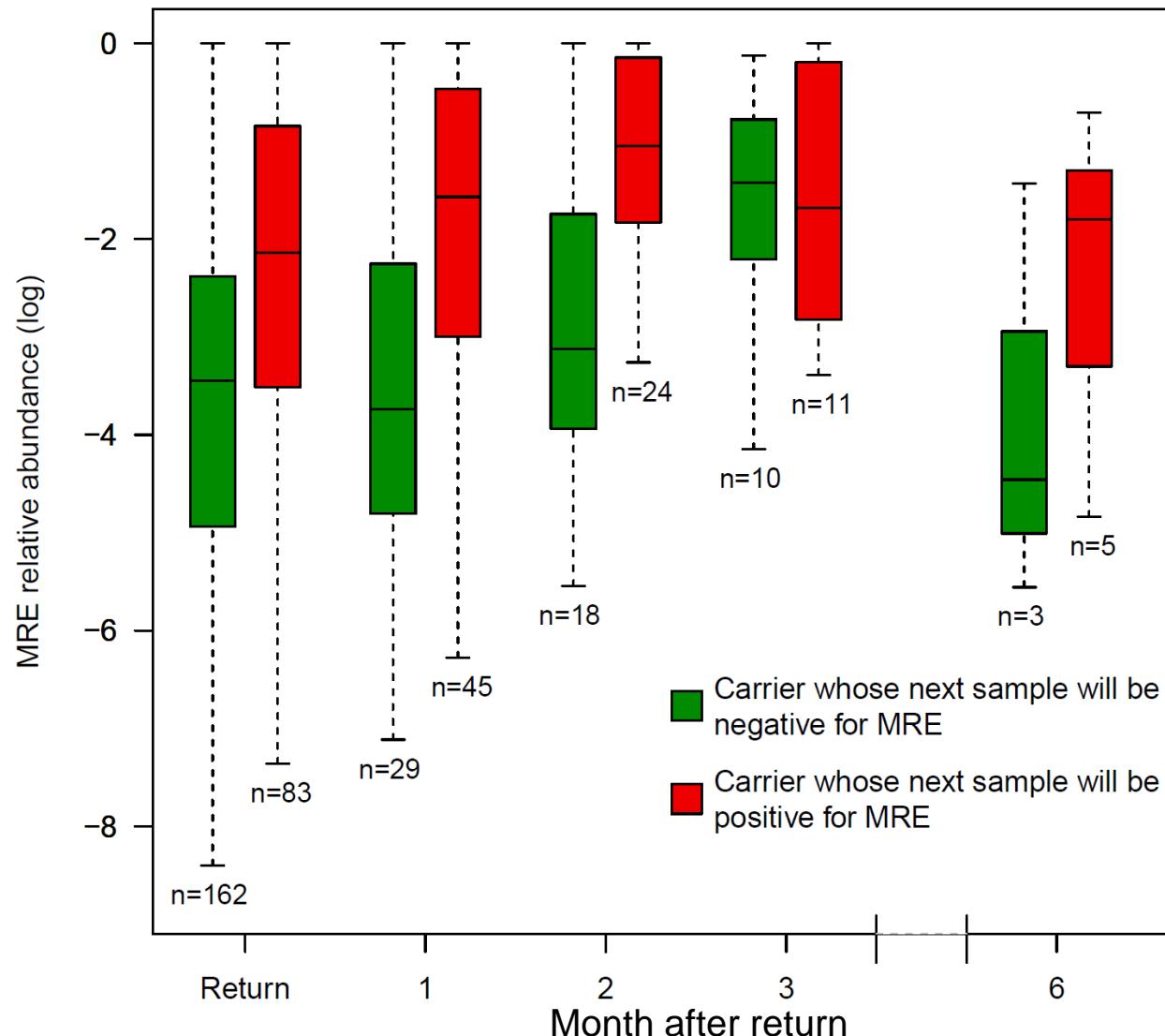


# Duration of carriage

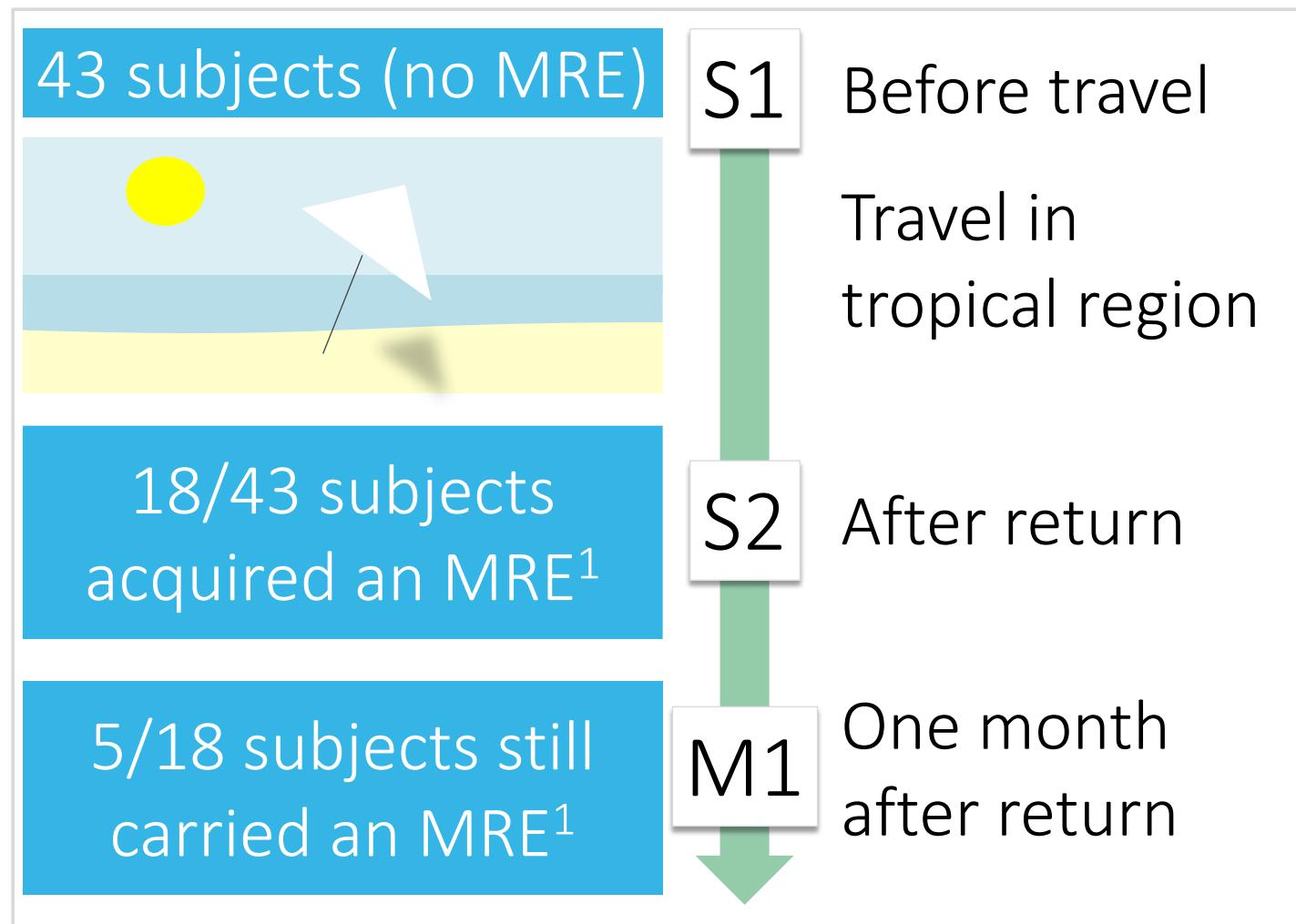
Most travellers are quickly cleared of ESBL-E carriage  
But some remains long term carriers. Role of the intestinal microbiota?



# The more abundant the MRE, the longer it takes to be cleared

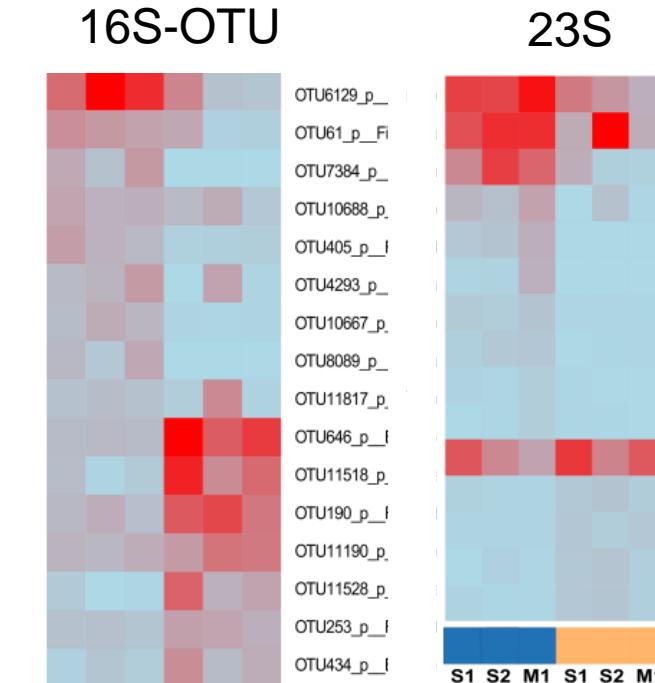
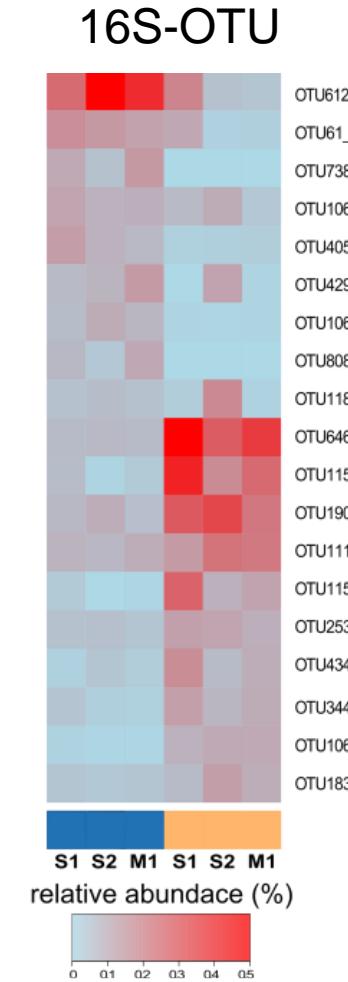
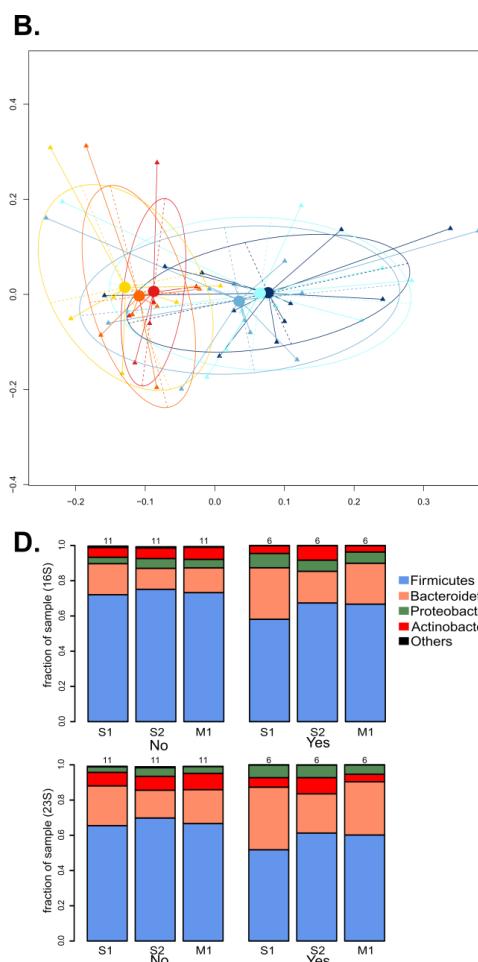
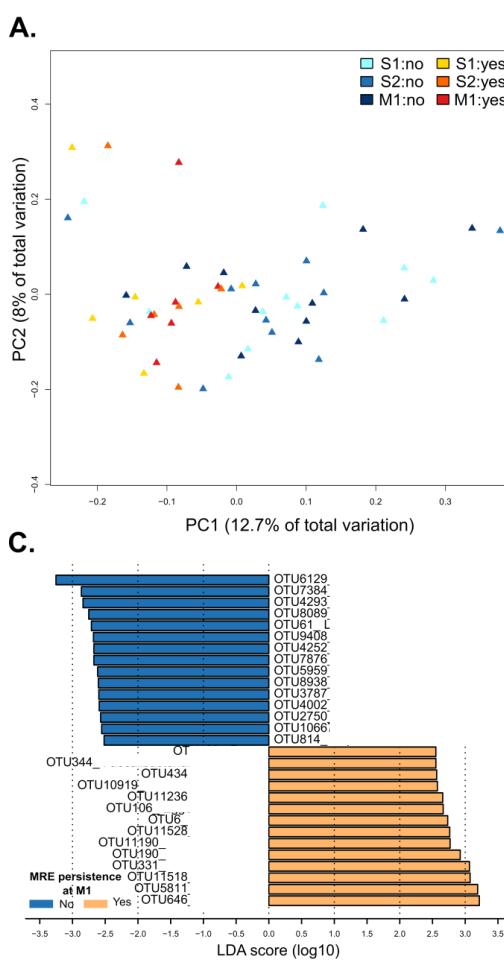


# Duration of carriage, role of the microbiota?



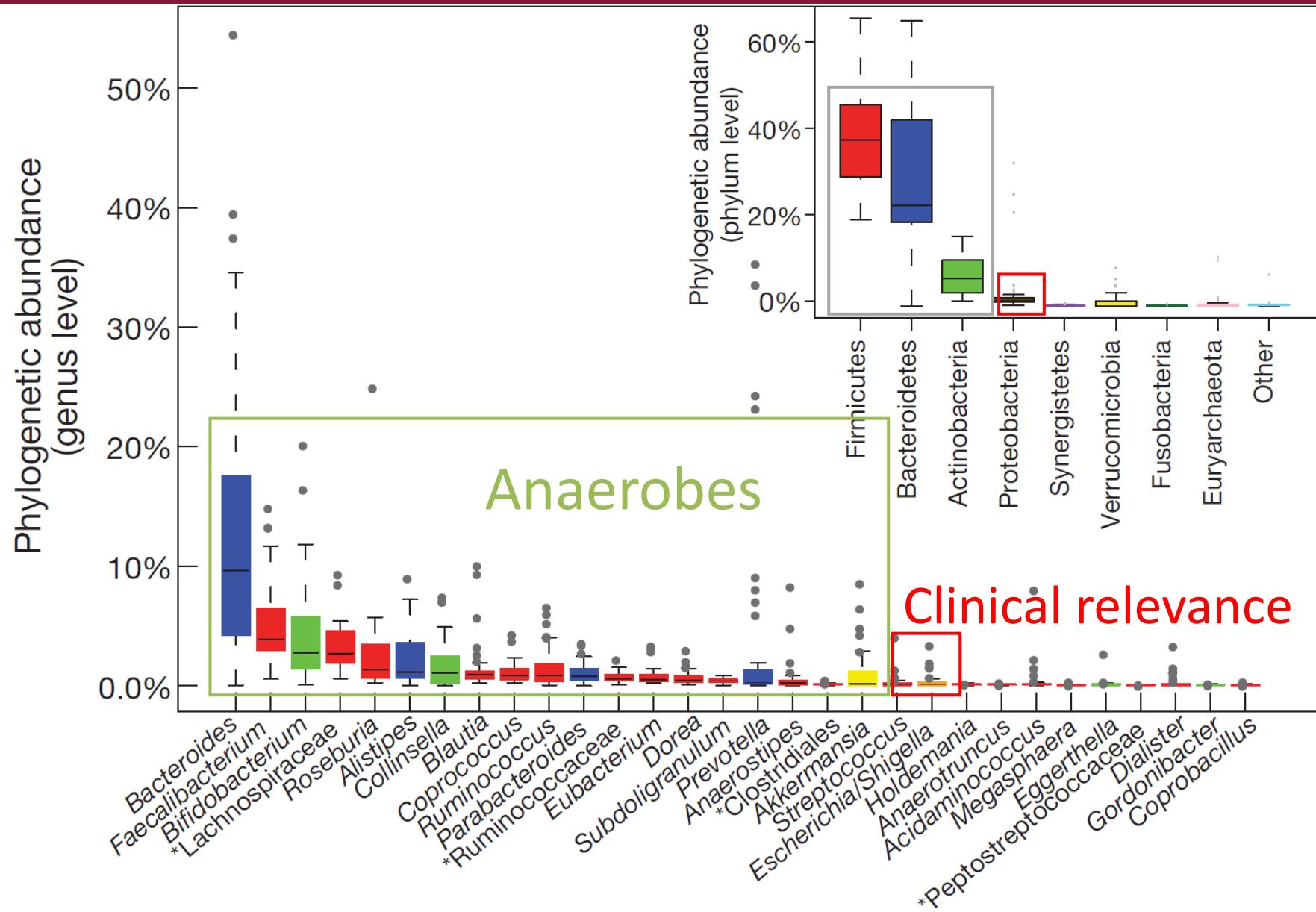
# Duration of carriage, role of the microbiota?

- Some bacteria seem to be associated with the intestinal clearance of MRE one month after travel
- The same pattern is found before travel



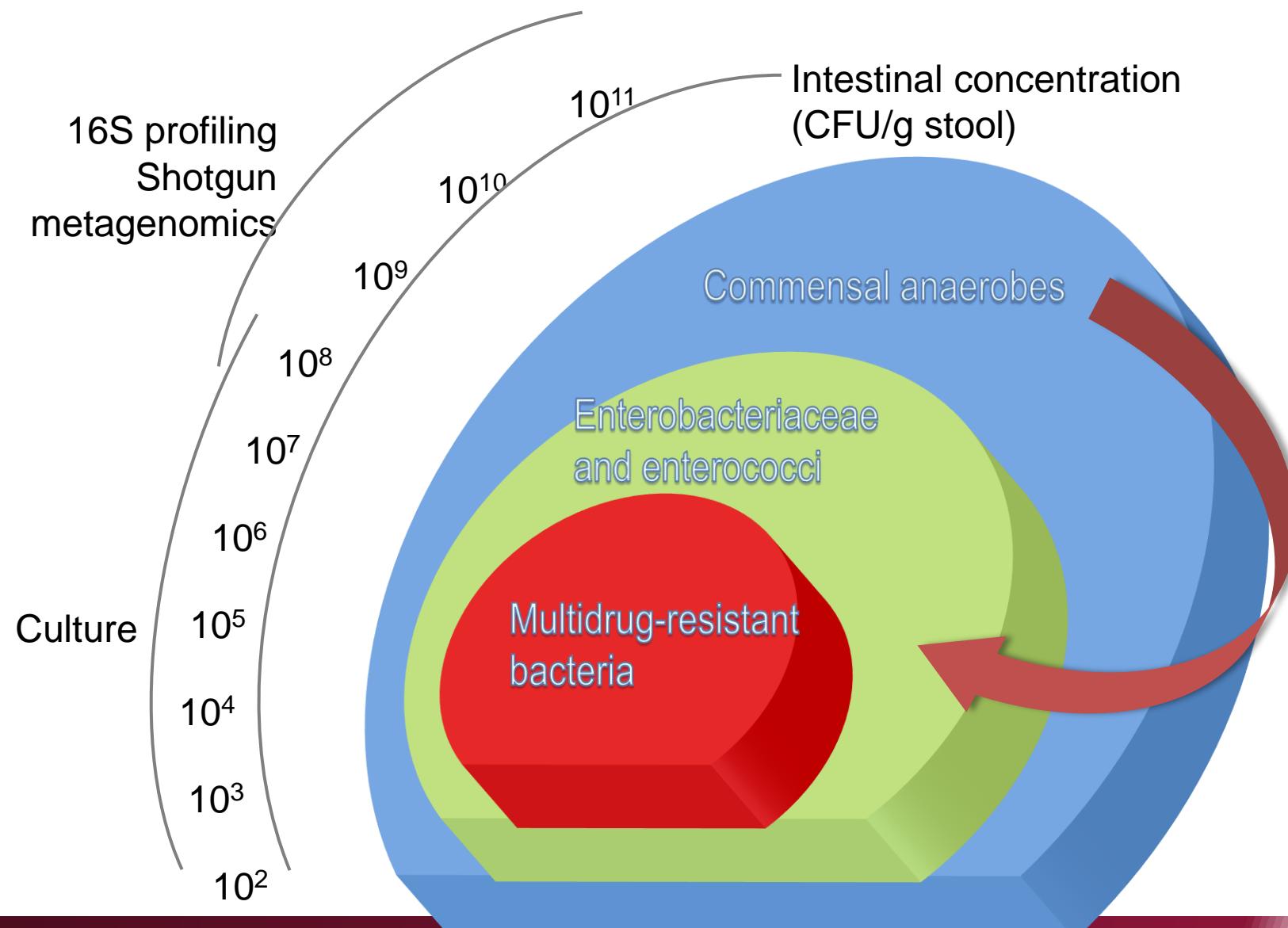
# Role of the microbiota

# Composition of the intestinal microbiota

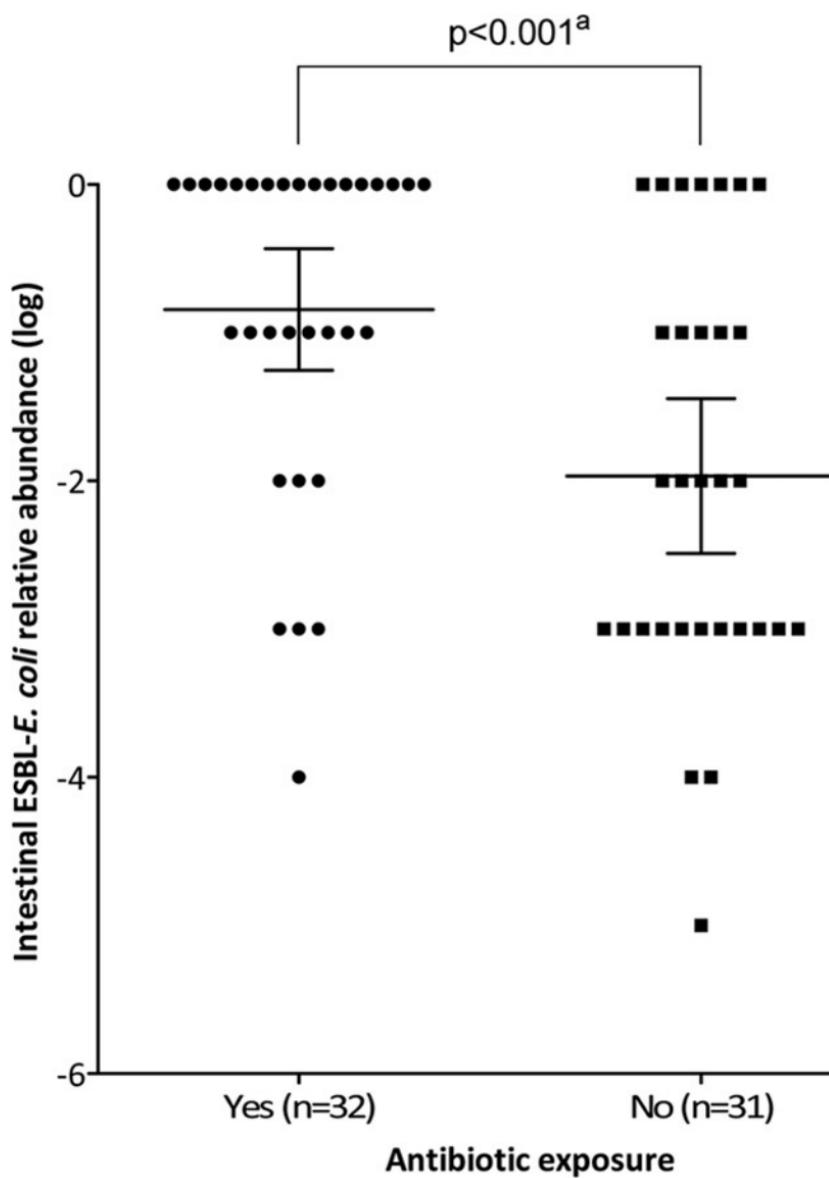


- **High number of bacteria**  
**nombre** ( $3 \times 10^{13}$ )<sup>1</sup>
- **High diversity** (hundreds of species)
- Most bacteria are hardly culturable
- Pathogenic and antibiotic resistant bacteria are **sub-dominant** : need for culture

# Bad bugs are kept at low concentrations in the gut



# Antibiotics increase the relative abundance of ESBL-*E. coli*

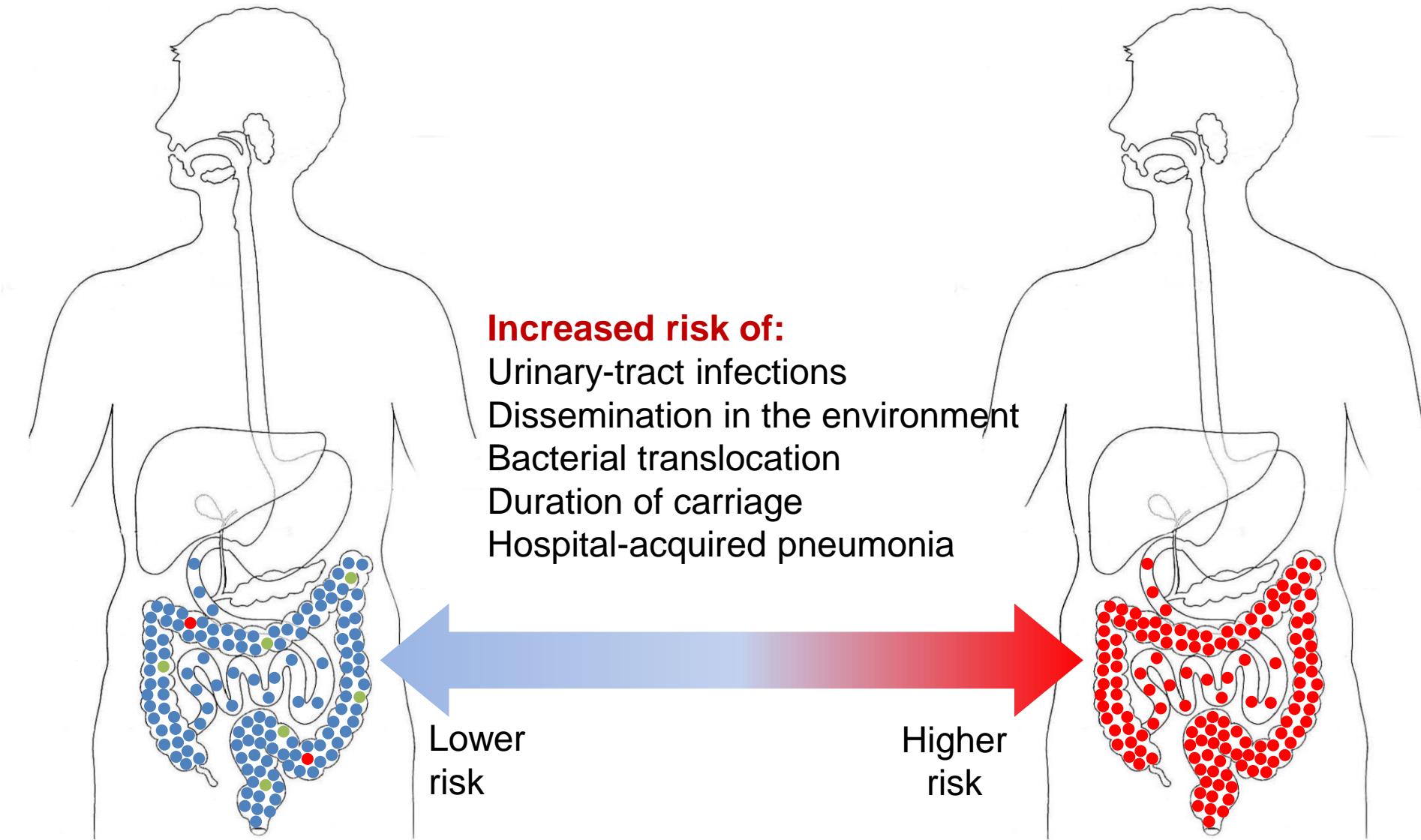


ESBL-*E. coli* relative abundance

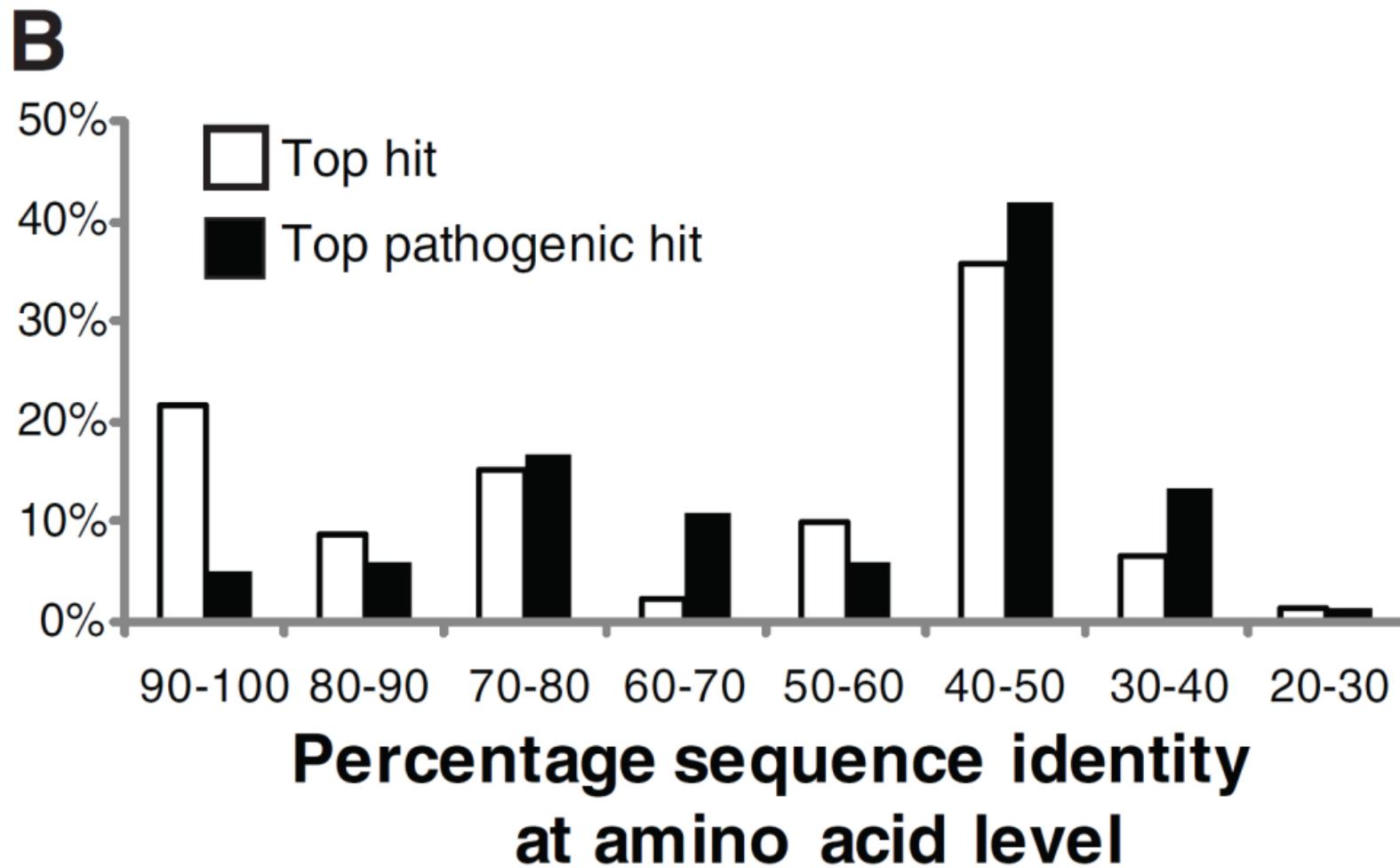
$$\text{ESBL-}E. \text{coli relative abundance} = \frac{[ \text{ESBL-}E. \text{coli} ]}{[ \text{Total Gram-negative bacilli} ]}$$

The intestinal relative abundance of ESBL-*E. coli* increases after antibiotic exposure

# Quantification of multidrug-resistant bacteria in the gut: it matters!

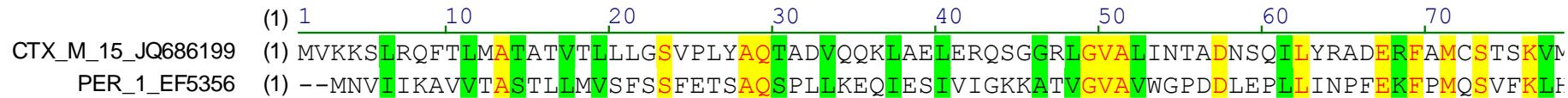


# ARG from commensal bacteria differ from what we know

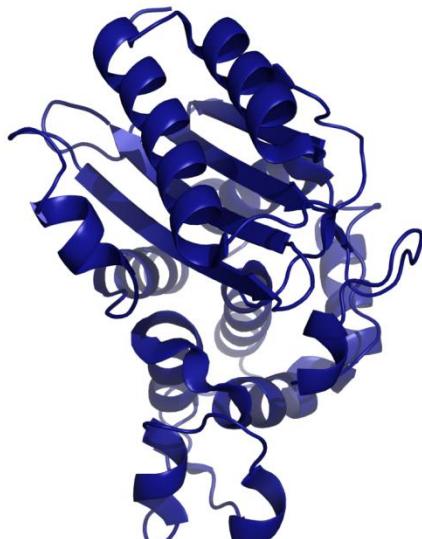


# Leveraging the structure of proteins to characterize the intestinal resistome

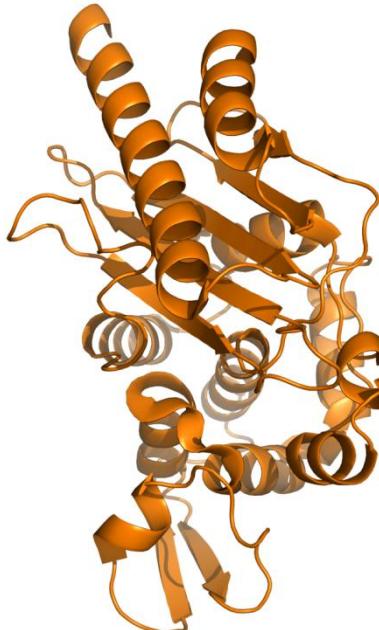
PER-1 and CTX-M-15 do not share more than 21% identity in aminoacid (1-dimension)



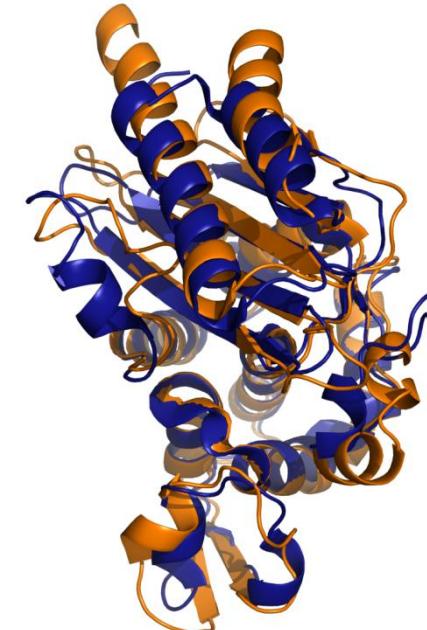
But they do share a high homology in 3-dimensions!



CTX-M-15



PER-1



Alignment of CTX-M-15 and PER-1 (TMscore > 0.9)

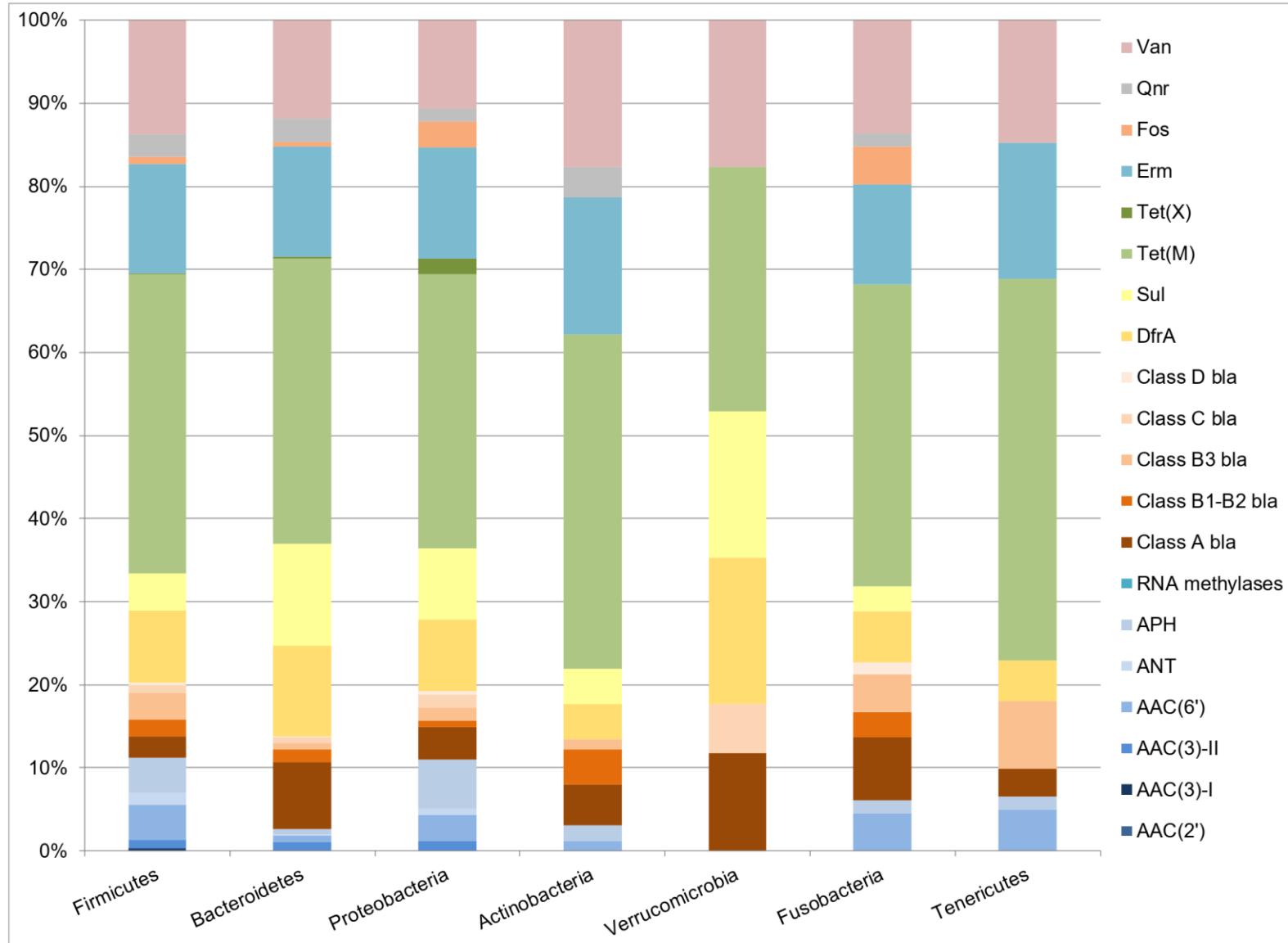


Amine Ghozlane



Julien Tap

# Intestinal bacteria harbor a vast diversity of antibiotic resistance genes (ARG)



- N=6095 ARG predicted (0.2% of 3,9 million gene catalogue)
- Average 1377 ARG per subject (min. 258, max. 2367)
- Low identity with known ARG (mean 29,8% amino-acid identity)
- Present in the main gut phyla
- Mostly chromosomal
- Interphyla transfers?



Amine Ghozlane

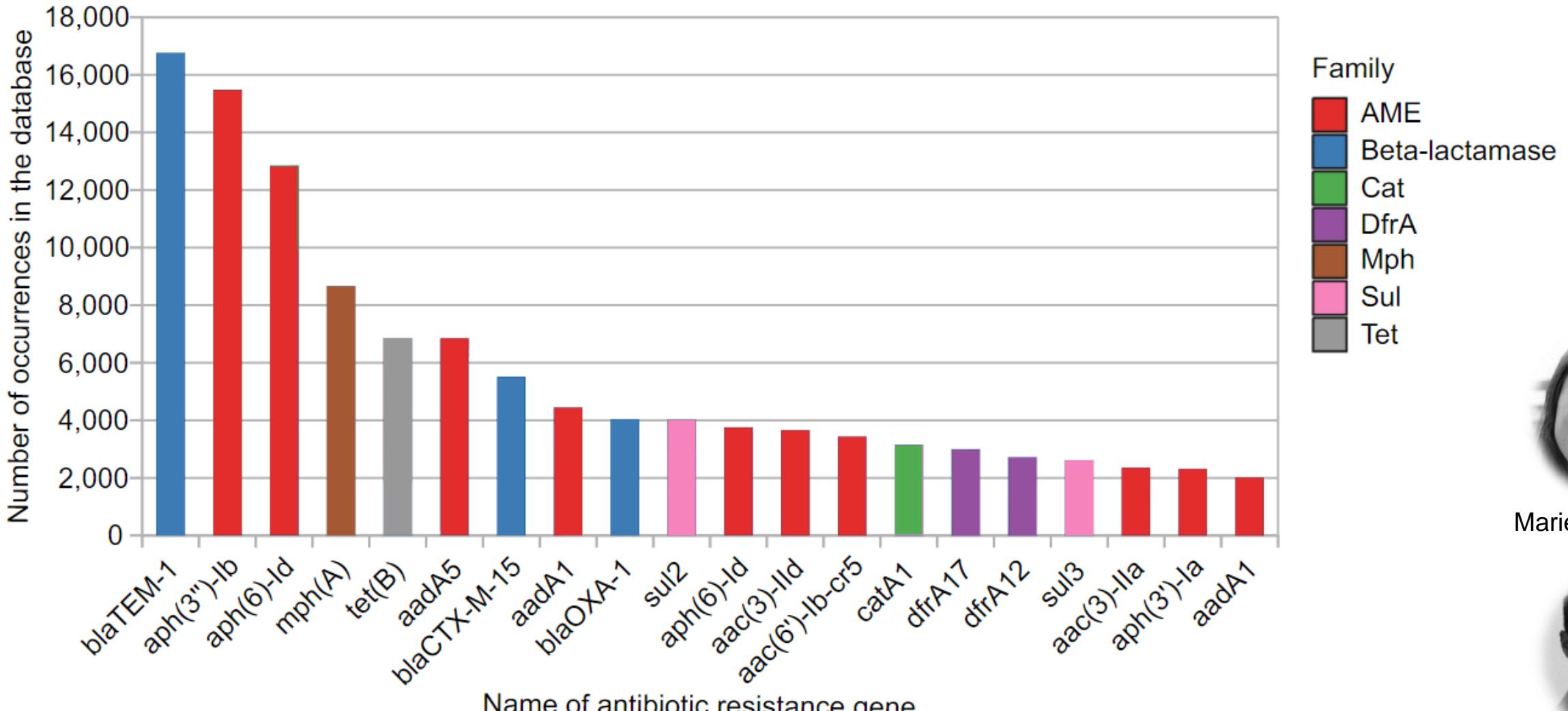


Julien Tap

# Is the phylum barrier insurmountable for ARG?



# Le résistome d'*Escherichia coli*



Family

- AME
- Beta-lactamase
- Cat
- DfrA
- Mph
- Sul
- Tet



Marie Petitjean



Rémi Gschwind

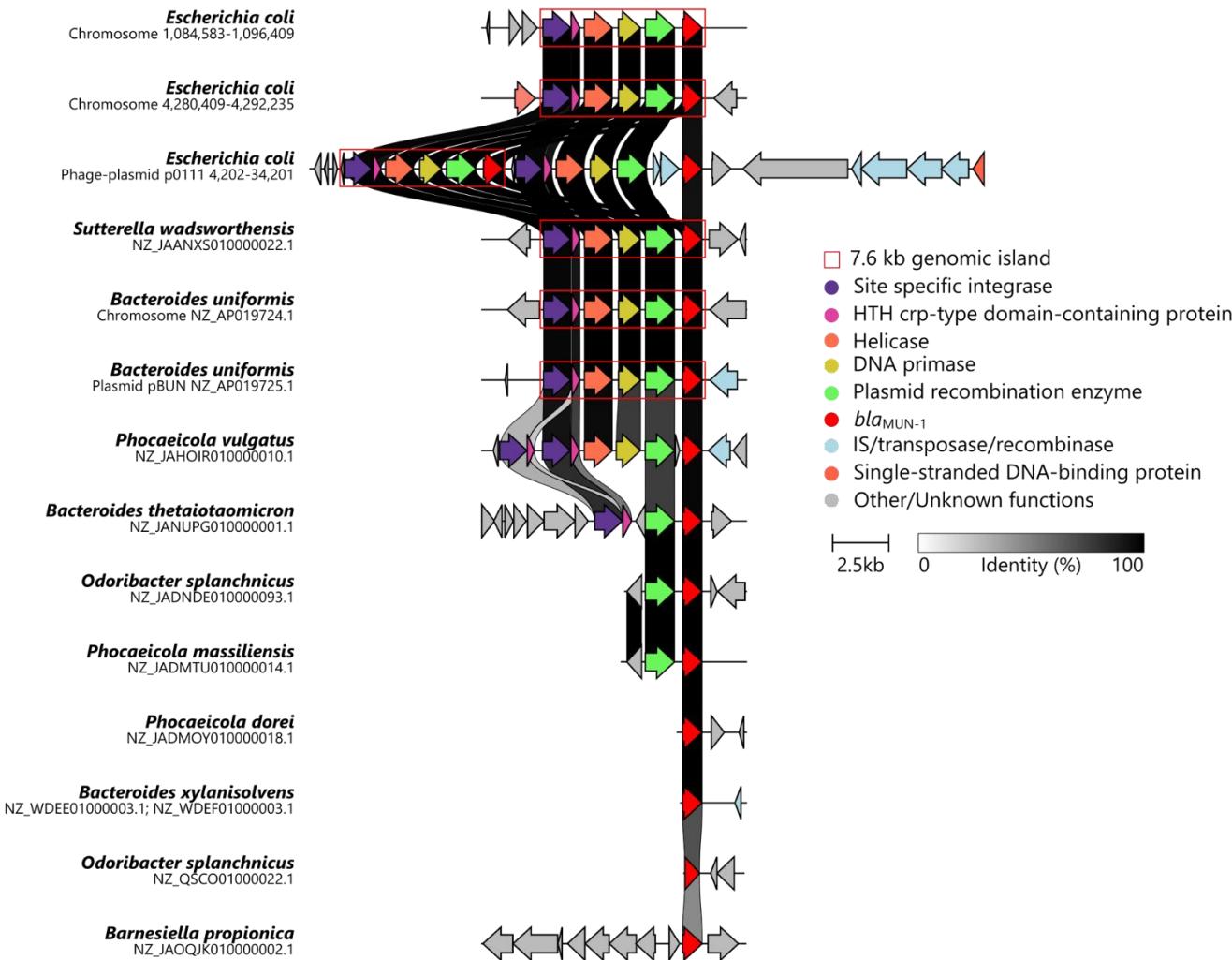
Presence d'ARG d'autres phyla ?

# The intestinal resistome of *Escherichia coli*: digging into the Enterobase

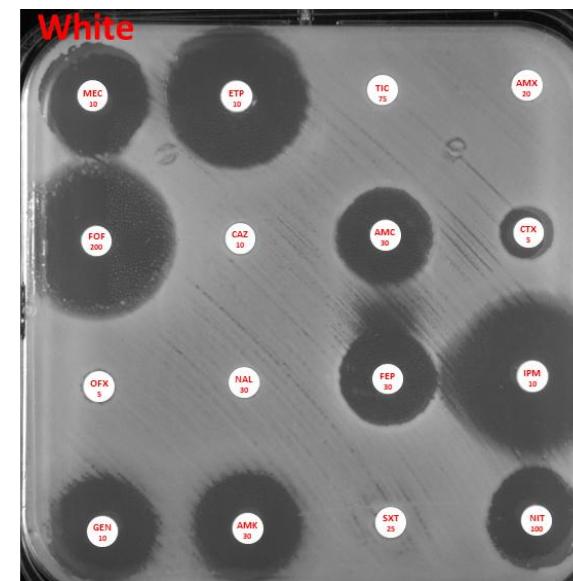
ARGs shared between *E. coli* and non-*Proteobacteria* strains: 4 candidate ARG

<i>E. coli</i> strain ID	Phylogroup	ST (Warwick University/Pasteur Institute schemes)	Serotype	fimH allele	Resistance gene	Strain of origin ID
ESC_HA9845AA	A	744/2	Oonovel32:H10	54	Putative $\beta$ -lactamase	<i>Bacteroides uniformis</i> strain NBRC 113350
ESC_OA1280AA	E	753/920	O130:H9	124	erm(49)	<i>Bifidobacterium breve</i> strain CECT7263
ESC_JA0734AA	D	405/477	O102:H6	27	erm	<i>Clostridioides difficile</i> strain CDT4
ESC_FA9928AA	A	5943/999	O89:H11	41	tetM	<i>Clostridioides difficile</i> strain CD161

# Genomic characterization of a beta-lactamase shared by 2 phyla



- Identification of a beta-lactamase – encoding gene seen in strict anaerobic bacteria: 1<sup>st</sup> (?) identification of *bla* from intestinal Bacteroidota to Pseudomonadata (*E. coli*)
- Location on a 7,600b mobile genetic element, with 2 copies integrated in the genome
- ESBL phenotype



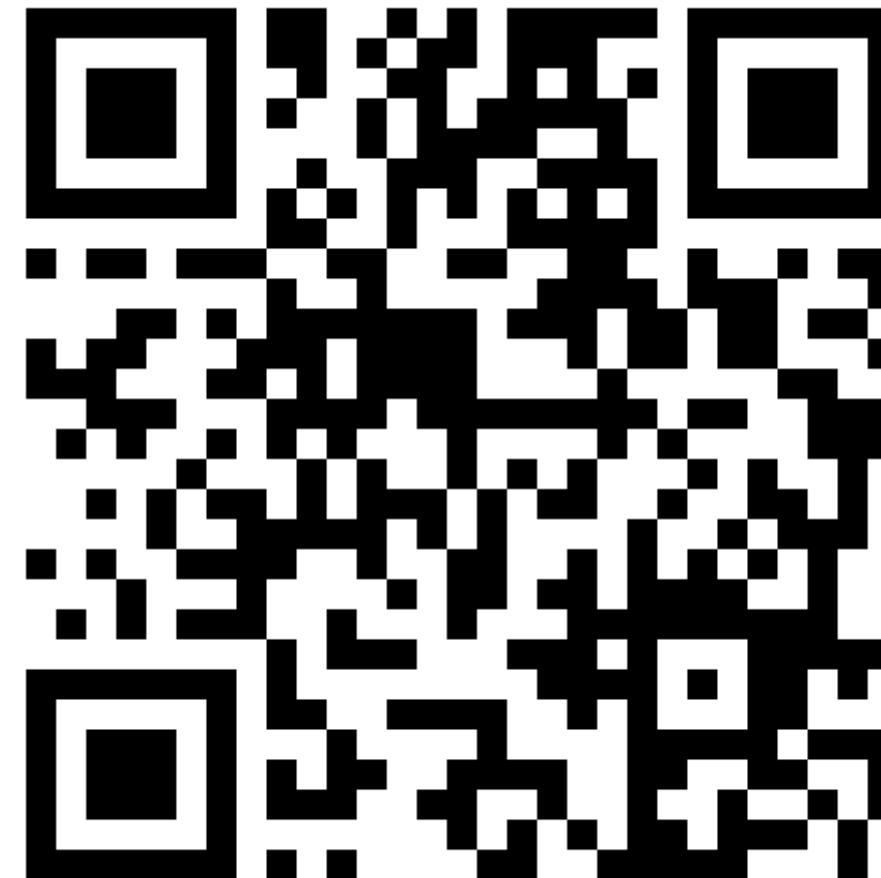
Marie Petitjean



Rémi Gschwind

The smoking gun: example of  
*mcr*

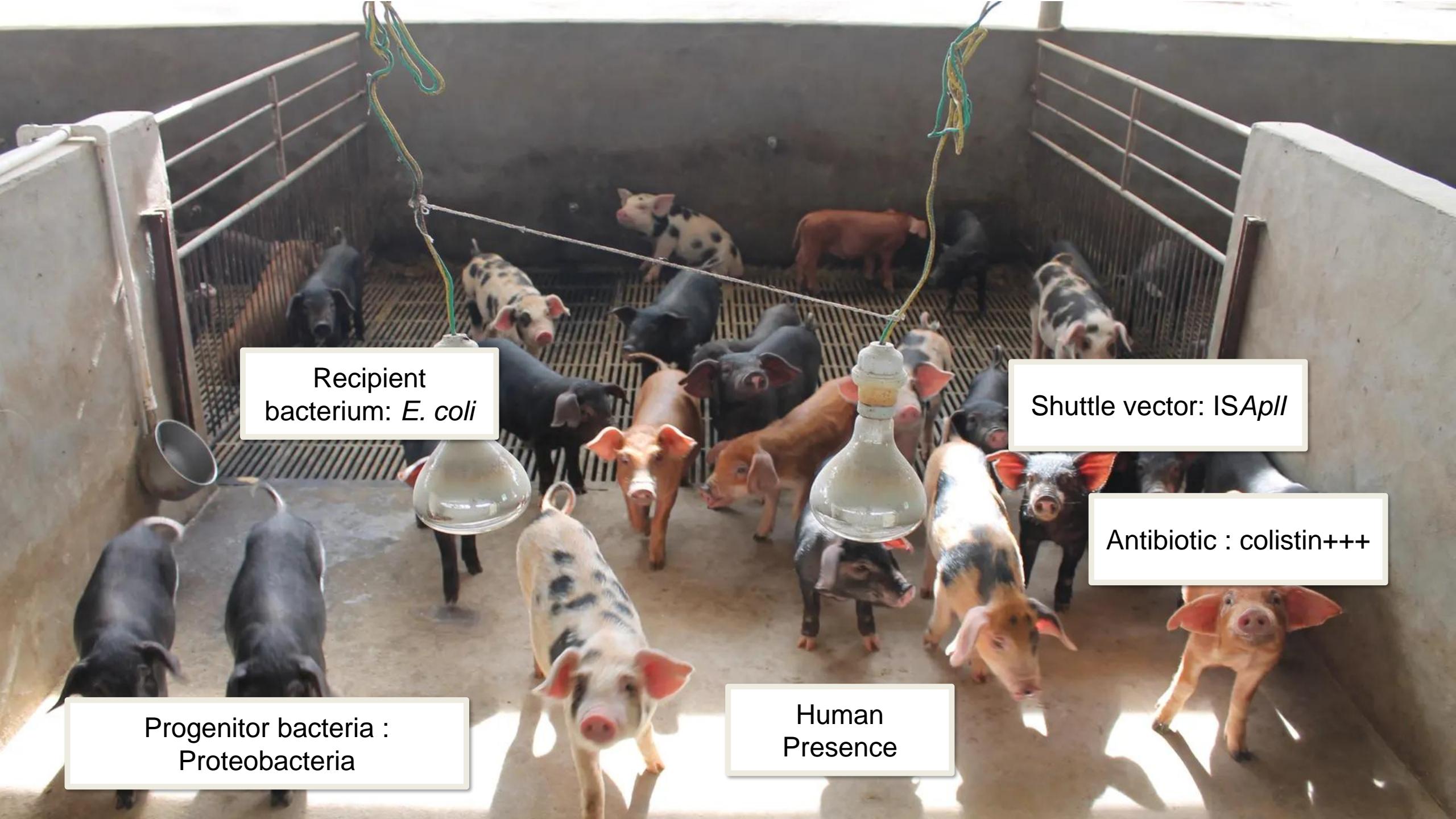
# Question



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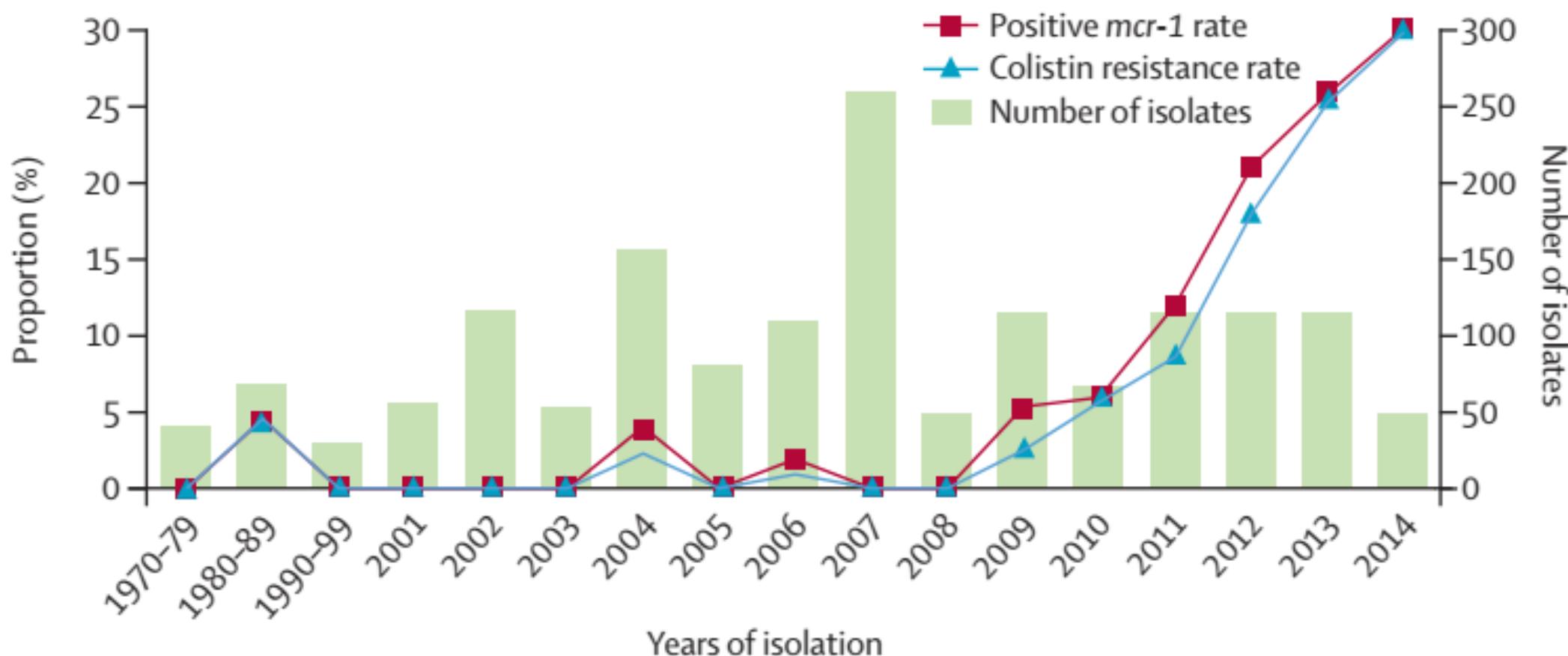
# The recipe to cook a resistant bacterium



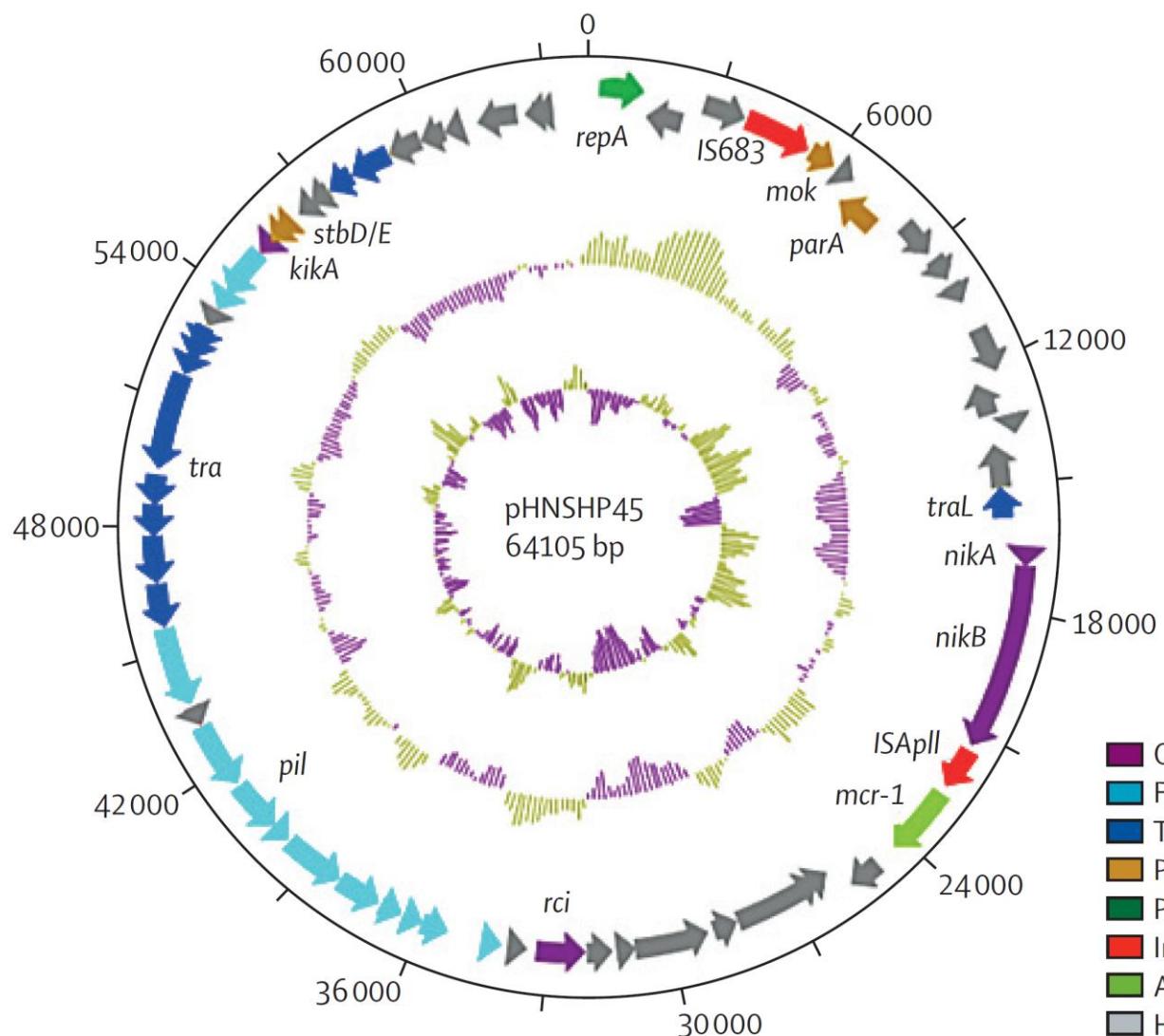


# Mcr has been with us for long

China: high consumption of colistin in pig farming (2500-2800 tons/year)



# Origin of Mcr



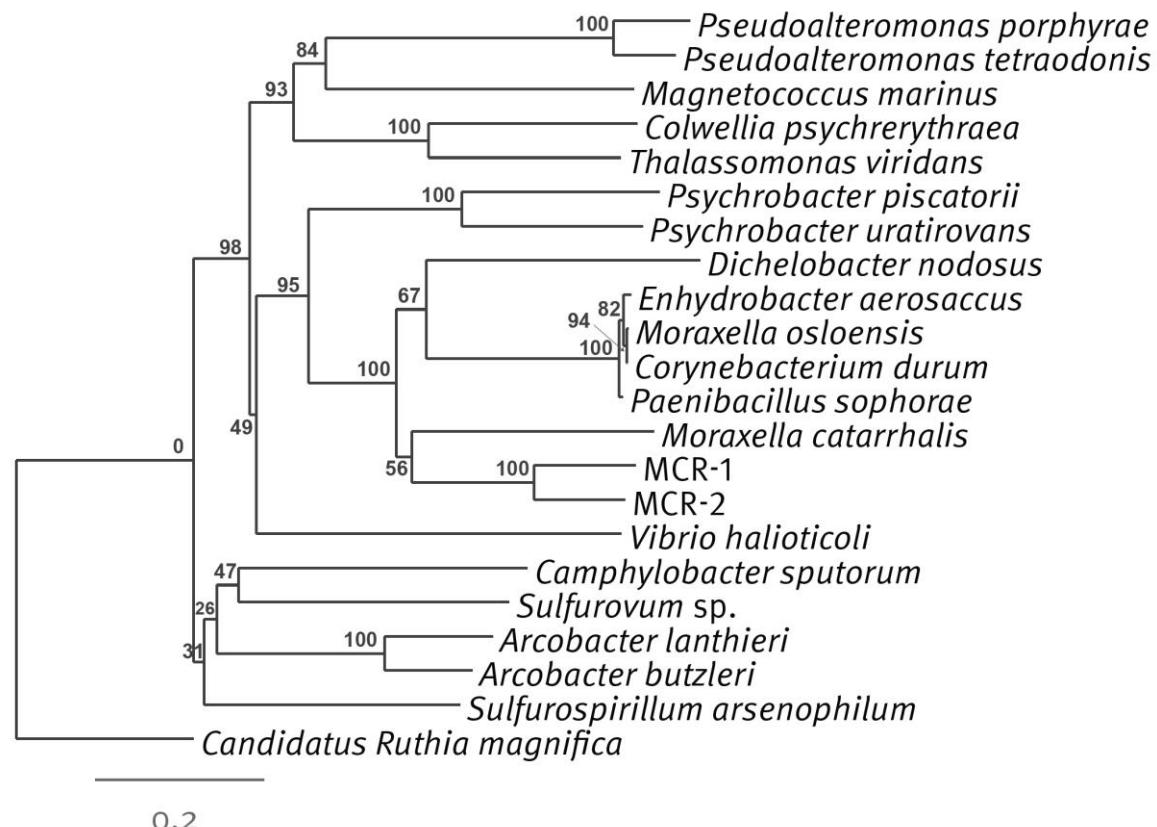
ISApII: from *Actinobacillus pleuropneumoniae* (porcine pathogen)



- Other protein
- Formation of type IV pilus
- Transfer associated
- Plasmid stability
- Plasmid replication
- Insertion sequence
- Antimicrobial resistance
- Hypothetical protein

# Origin of Mcr

- Reservoir: obviously major reservoir in livestock (pigs, cattle, chicken...)
- More frequently isolated in livestock samples than in human samples (so far).
- 12M tons of colistin used in agriculture, mostly in China.
- Bacterial host: Mcr-1 has 63% aminoacid identity with a EptA from *Paenibacillus sophorae*.
- No Mcr in the pig intestinal metagenome.



# Actions!

# Question

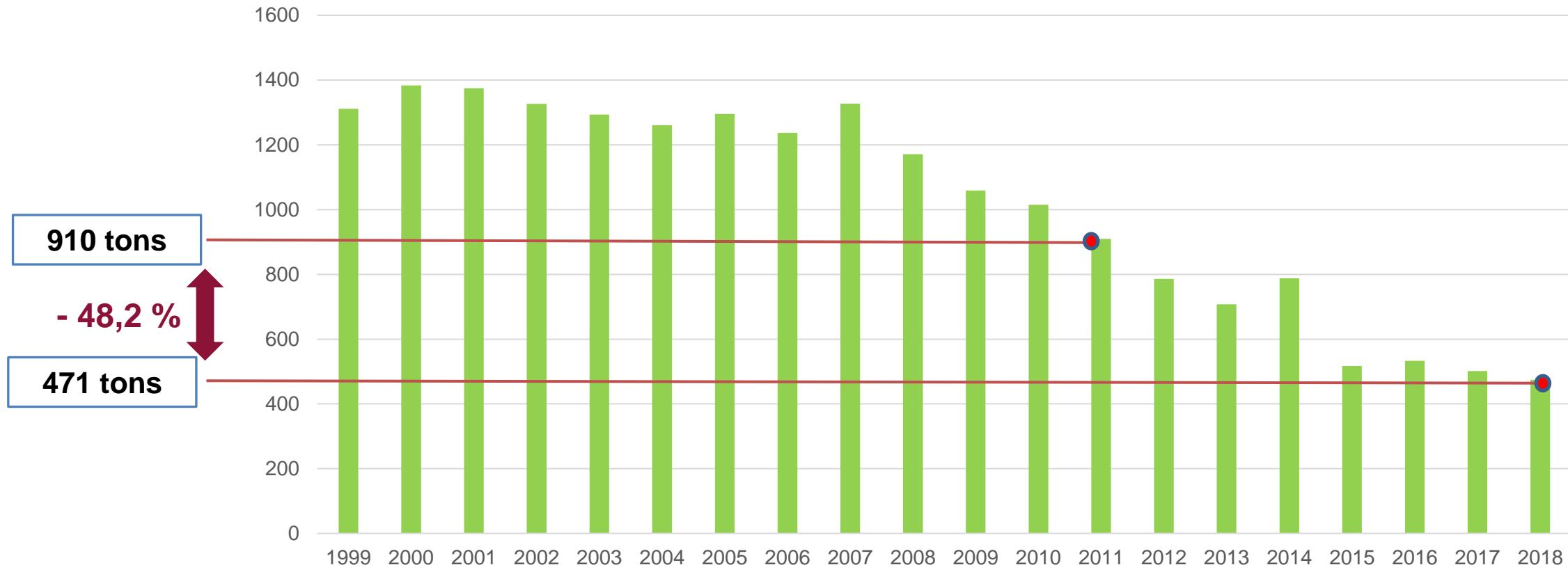


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# Decreasing antibiotic consumption



# Evolution of antibiotic tonnage in veterinary medicine in France



# Exposure of animals to antibiotics

- 36.6% for all antibiotics in 5 years
- 81.3% for 3rd/4th generation cephalosporins in 3 years
- 74.9% for fluoroquinolones in 3 years



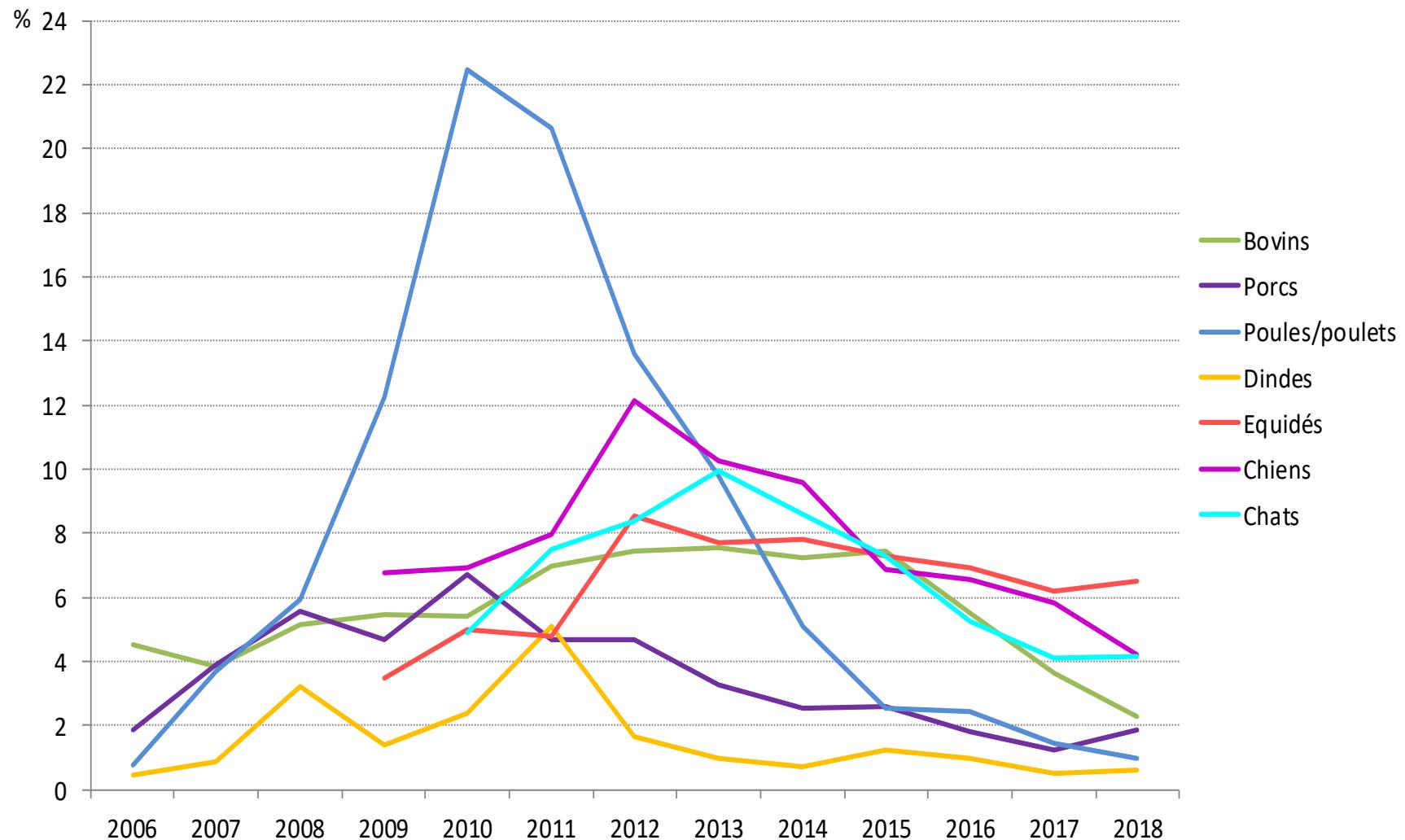
Connaître, évaluer, protéger

Suivi des ventes  
de médicaments  
vétérinaires  
contenant  
des antibiotiques  
en France en 2016

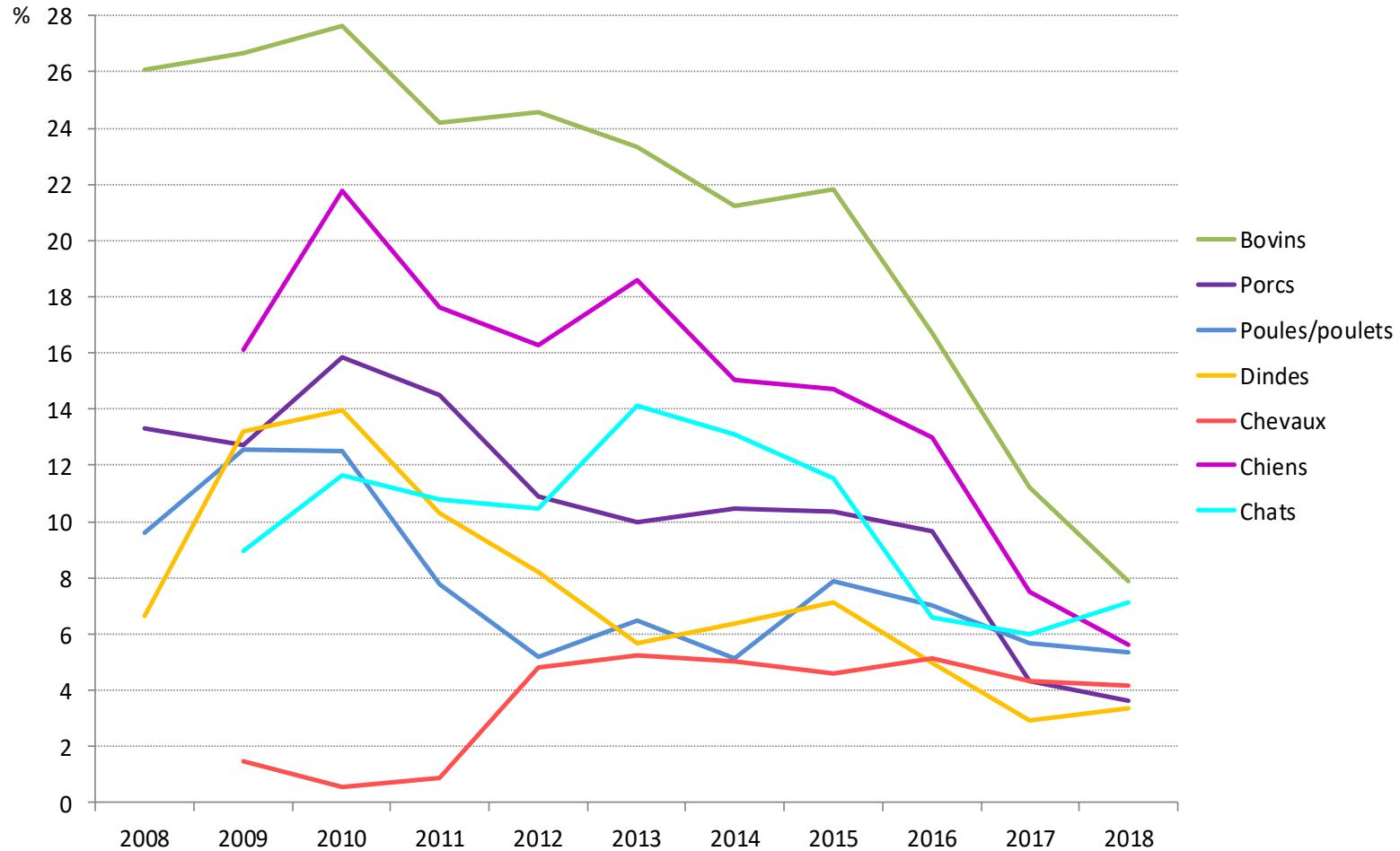
Rapport annuel

Octobre 2017 Édition scientifique

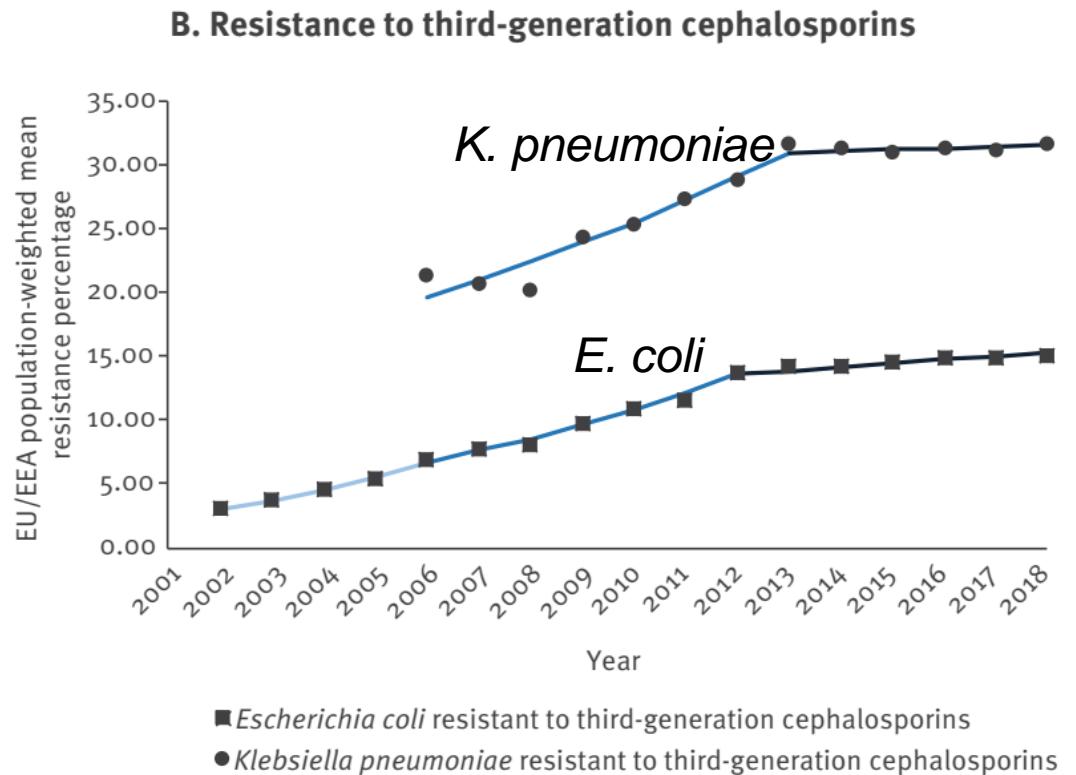
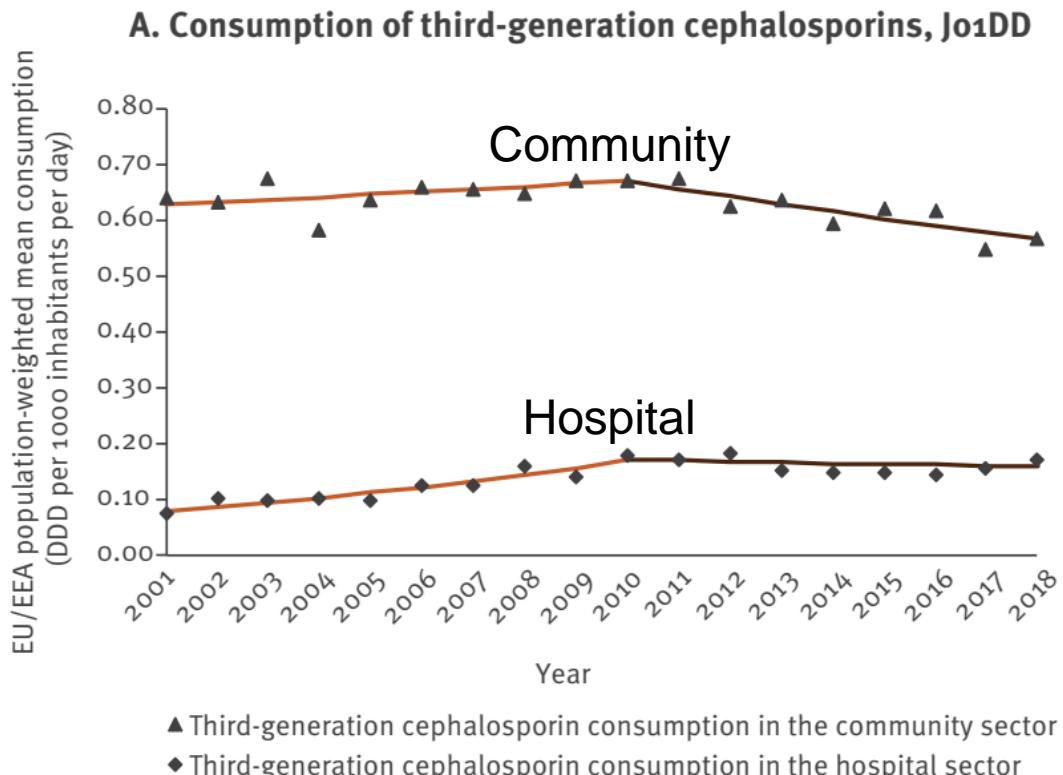
# Resistance to cephalosporins



# Resistance to fluoroquinolones

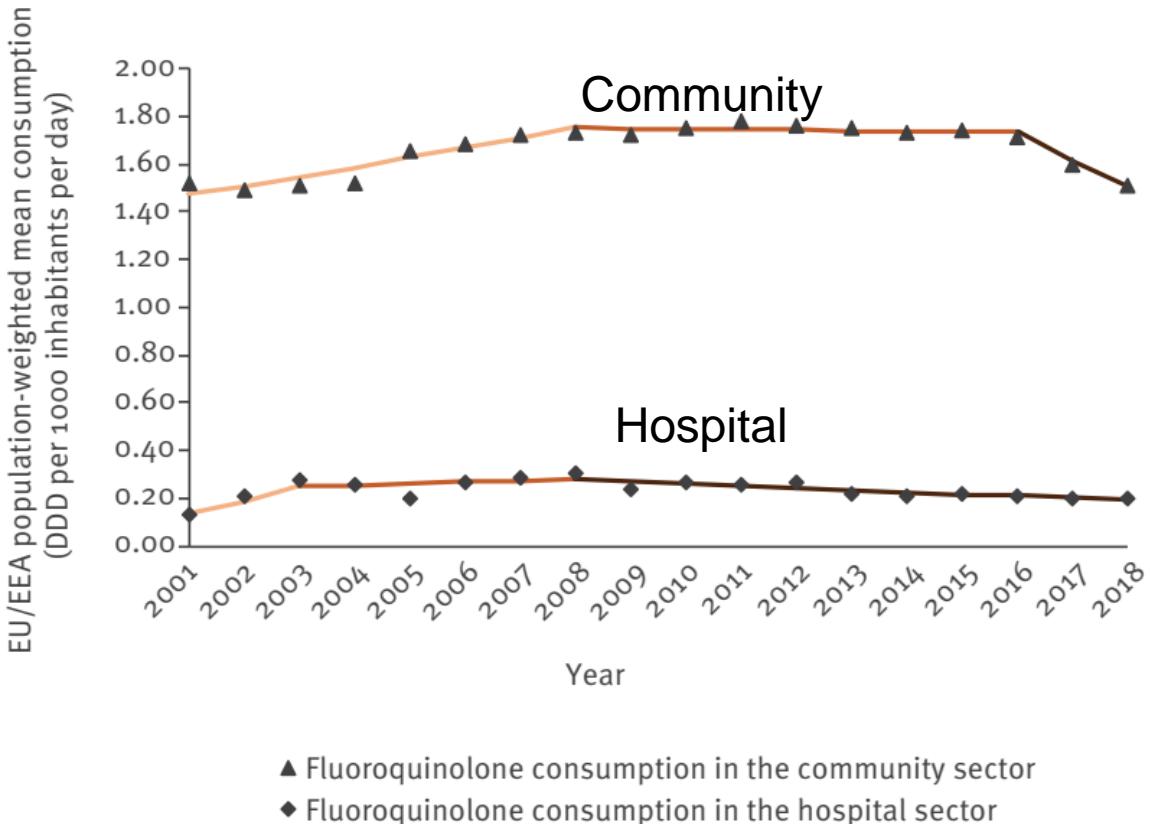


# What about in humans?

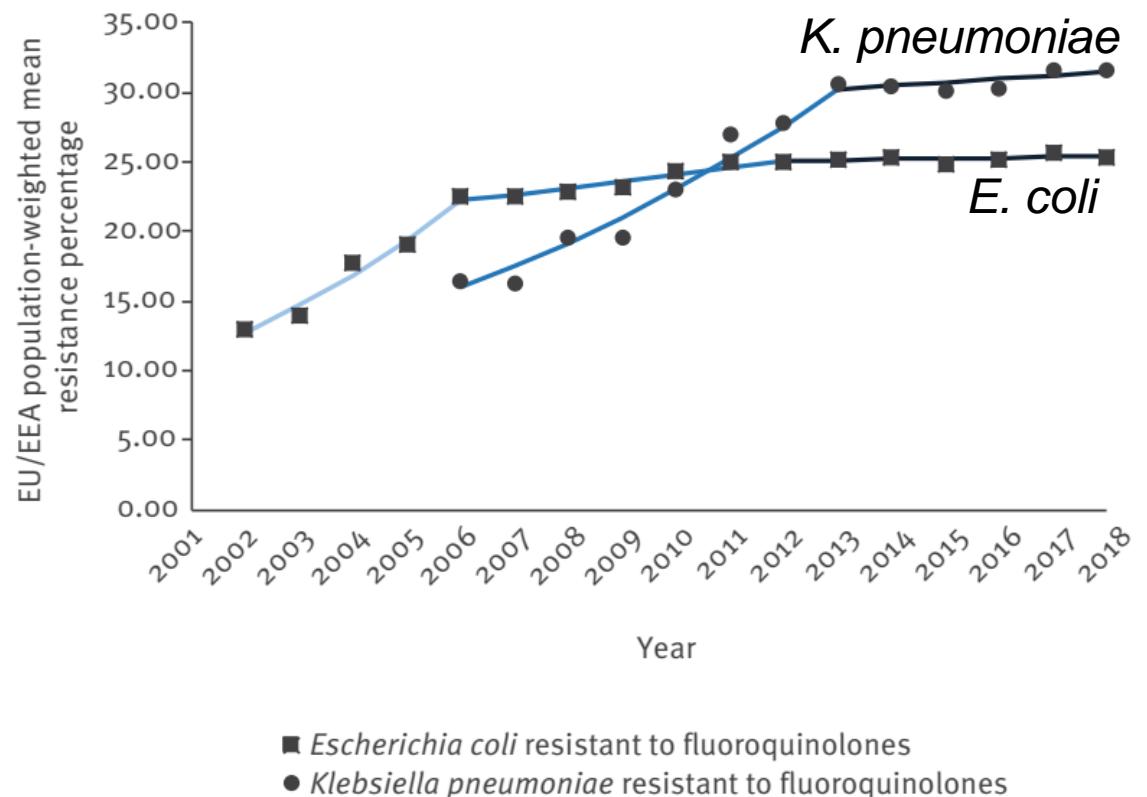


# What about in humans?

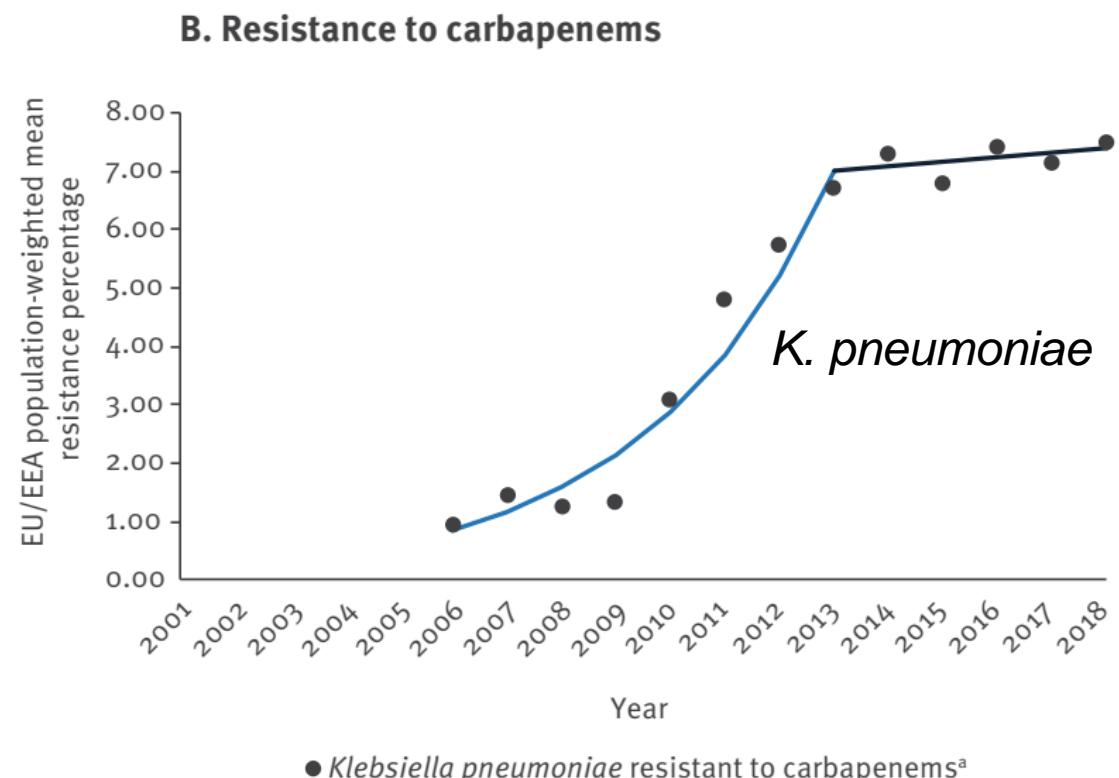
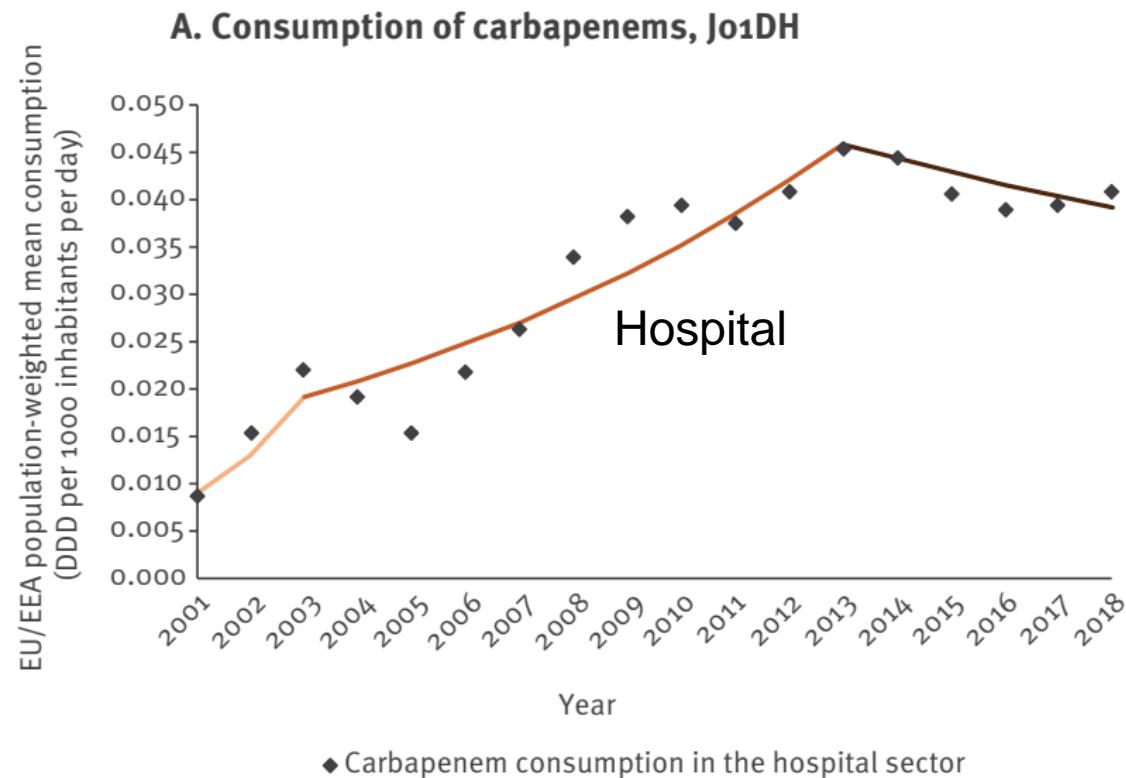
A. Consumption of fluoroquinolones, J01MA



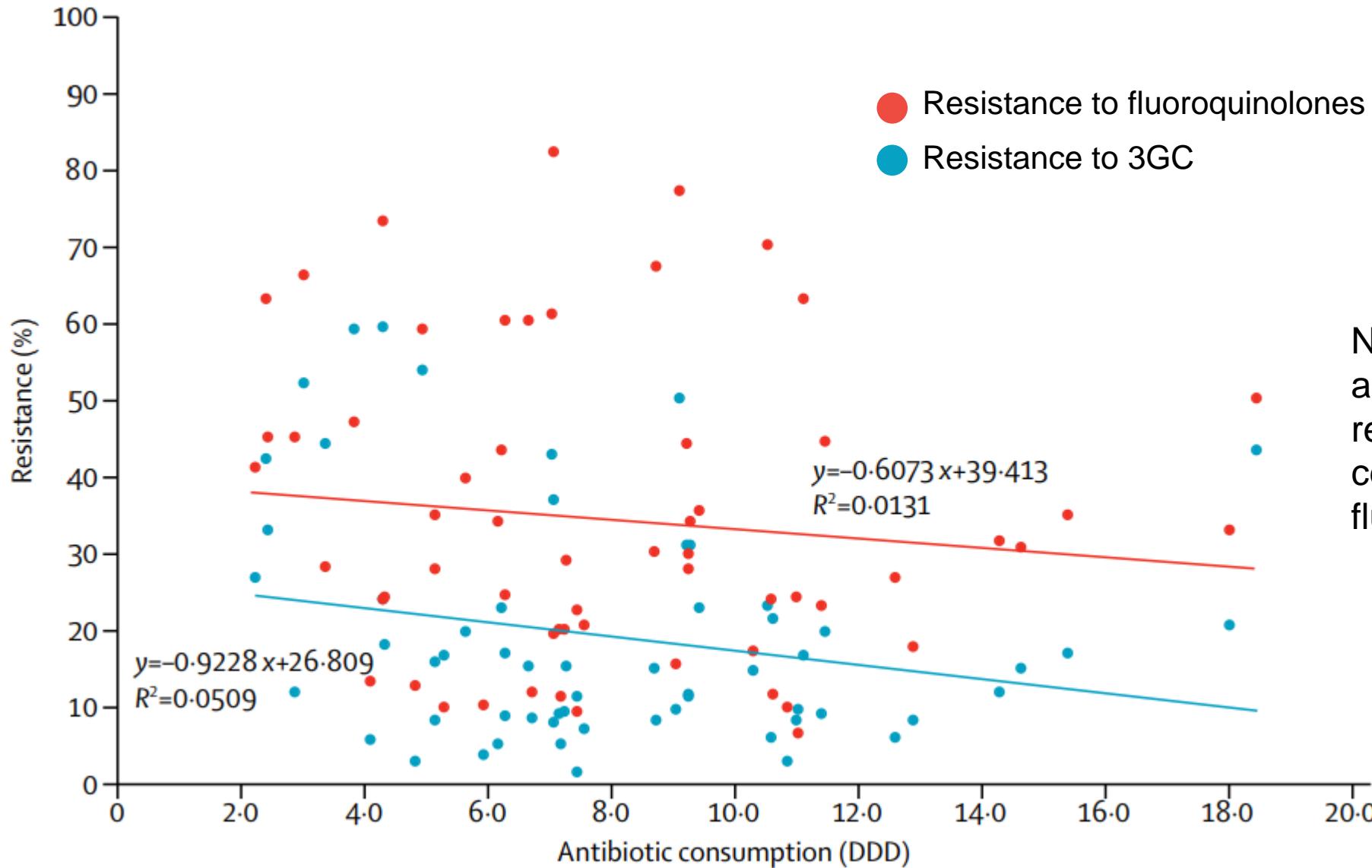
B. Resistance to fluoroquinolones



# What about in humans?



# Not only an antibiotic consumption issue



No connection between antibiotic consumption and resistance to 3rd generation cephalosporins (3GC) or fluoroquinolones (FQ)?

# Not only an antibiotic consumption issue



# Also a structural issue

	Effect on resistance rate of 1 SD increase in each explanatory variable (logit)	p value
Usage (standardised)	-0.88	0.64
Governance index	-7.89	0.025
Health expenditure index	-5.54	0.093
GDP per capita (standardised)	6.62	0.030
Education index	7.93	0.058
Infrastructure index	-16.84	0.014
Climate index	2.01	0.33
R <sup>2</sup>	0.54	..

GDP=gross domestic product. R<sup>2</sup>=coefficient of determination.

**Table 2: Effect of changes in indices on the resistance of *Escherichia coli* to third-generation cephalosporins and fluoroquinolones**

Multivariate analysis: **infrastructure** ( $p=0.014$  and  $p=0.0052$ ) and **better governance** ( $p=0.025$ ) were associated with lower antimicrobial resistance indices

No association with antibiotic consumption

# Take-home messages

Antibiotic resistance has continuously developed and increased among bacteria

Antibiotic consumption has promoted the emergence and diffusion of resistance

Resistant bacteria are met in all sectors, but transmission between sectors seems limited in high resources settings

The microbiota plays a pivotal role in being at the interplay of antibiotic exposure, infections and carriage of resistant bacteria

Hygiene living conditions also play a major role in AMR

Combatting AMR is multifaceted



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