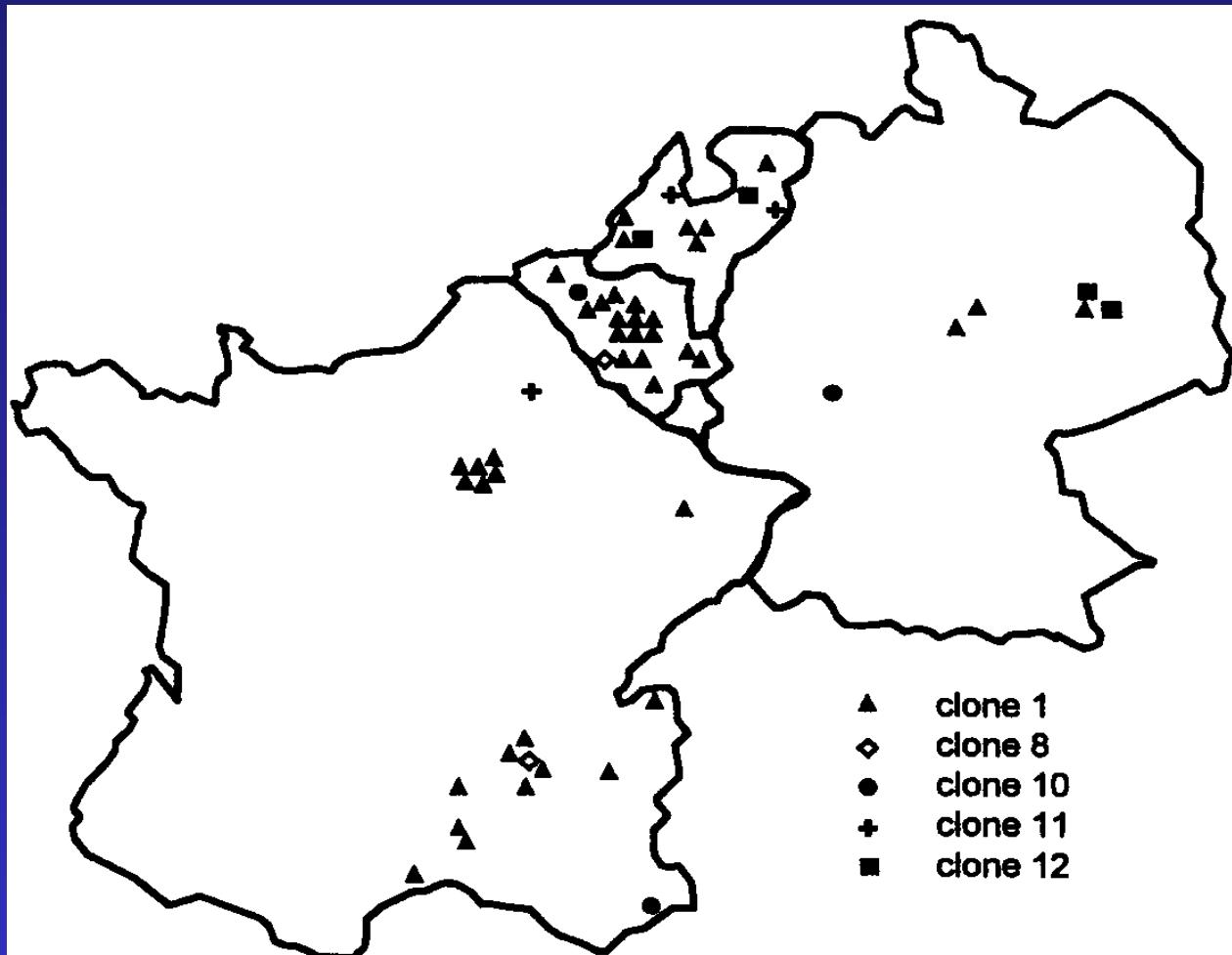


# New virulent strains of *S.aureus* in Belgium

M.Struelens, O.Denis, A.Deplano, R.De Mendonça,  
C.Nonhoff, M.Hallin

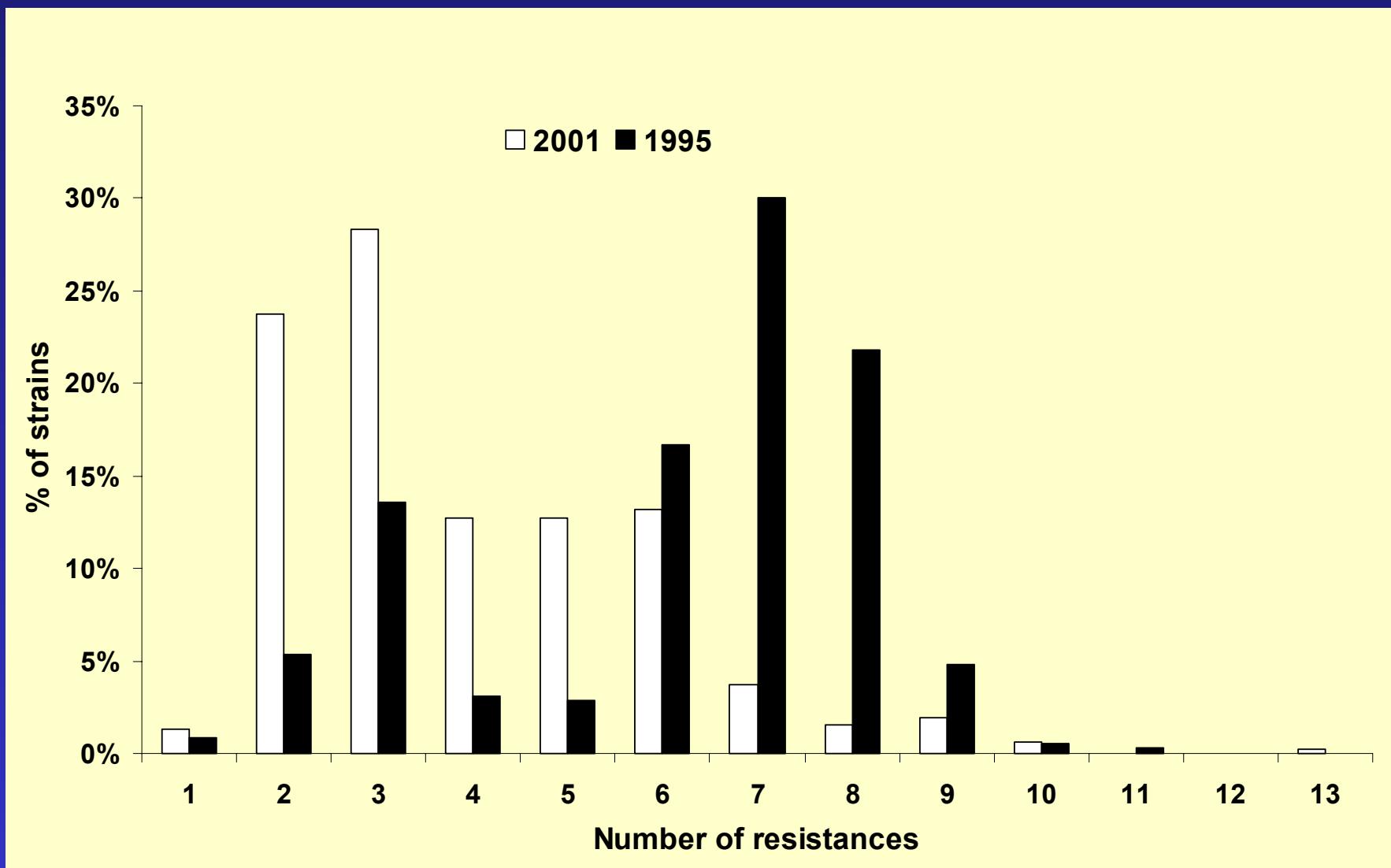
# National MRSA Surveillance in Belgium

- 5 clinical non duplicate MRSA strains
- Participation : from 85 hospitals in 1995 to 106 hospitals in 2003
- 1741 MRSA strains (range from 384 to 512/year)
- Molecular typing
  - PFGE after *SmaI* macrorestriction
  - *SCCmec* typing
  - MLST

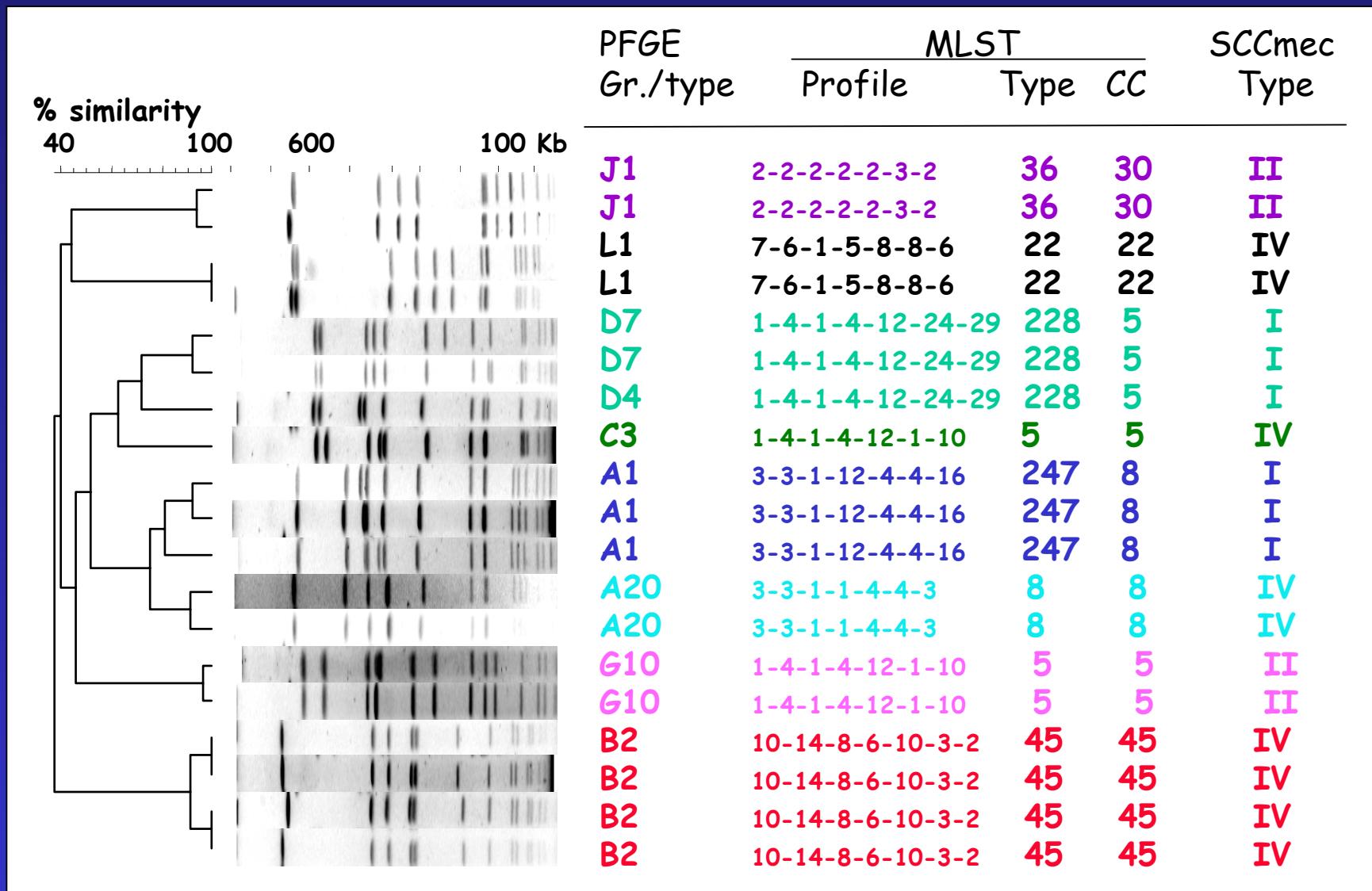


**Figure 2** Map of Belgium, France, Germany and The Netherlands, indicating the area of dissemination of international epidemic MRSA clones.

# MRSA strains resistant to antimicrobials, Belgium, National Surveys 1995 -2001

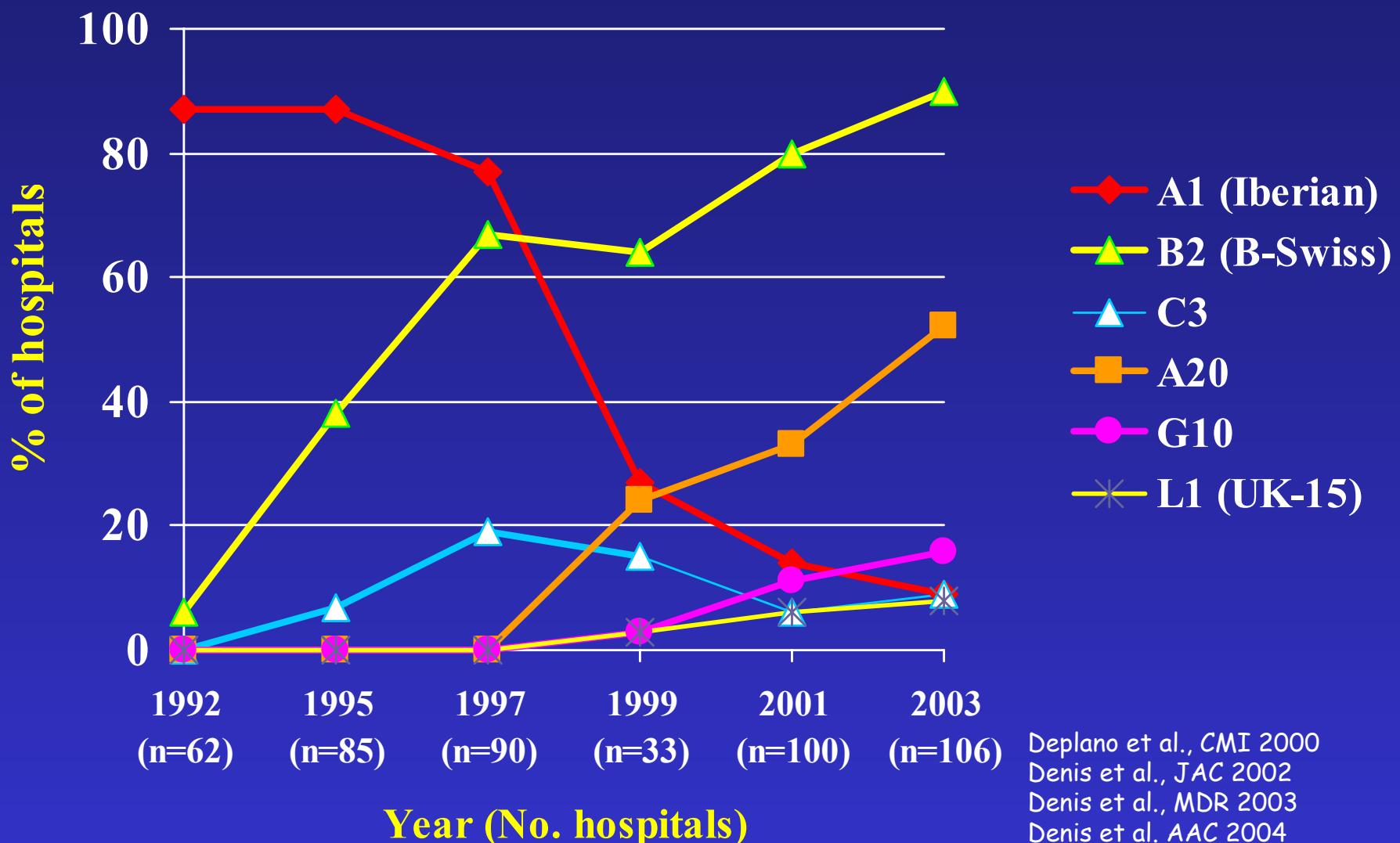


# Correlation between PFGE types, MLST and SCCmec of 8 epidemic MRSA types in Belgium

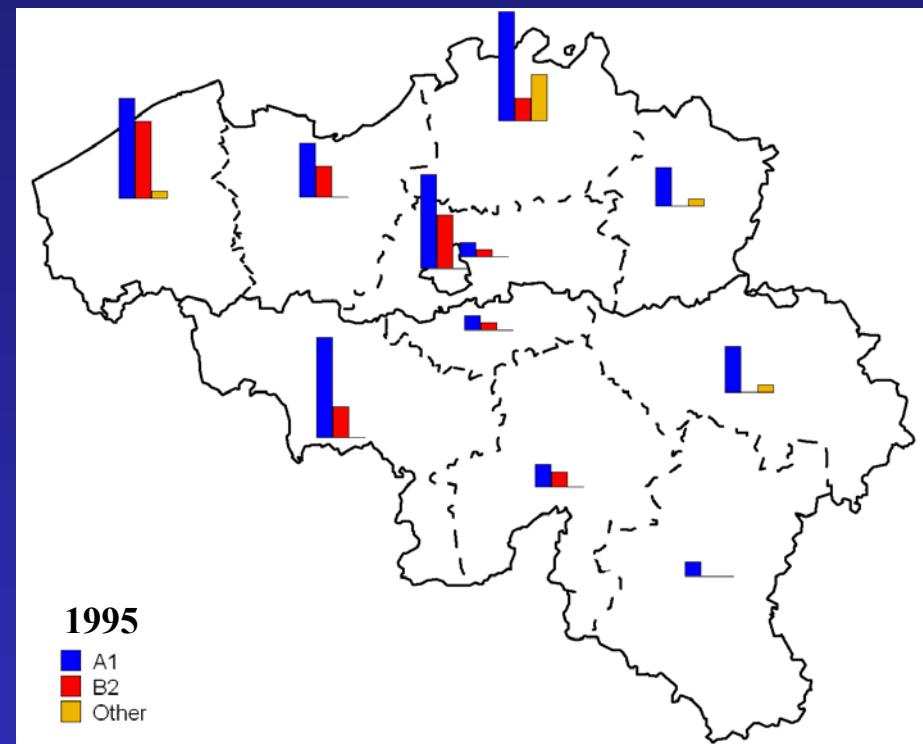


# Distribution of Epidemic MRSA PFGE Types

## National Surveillance, Belgium, 1992-2003

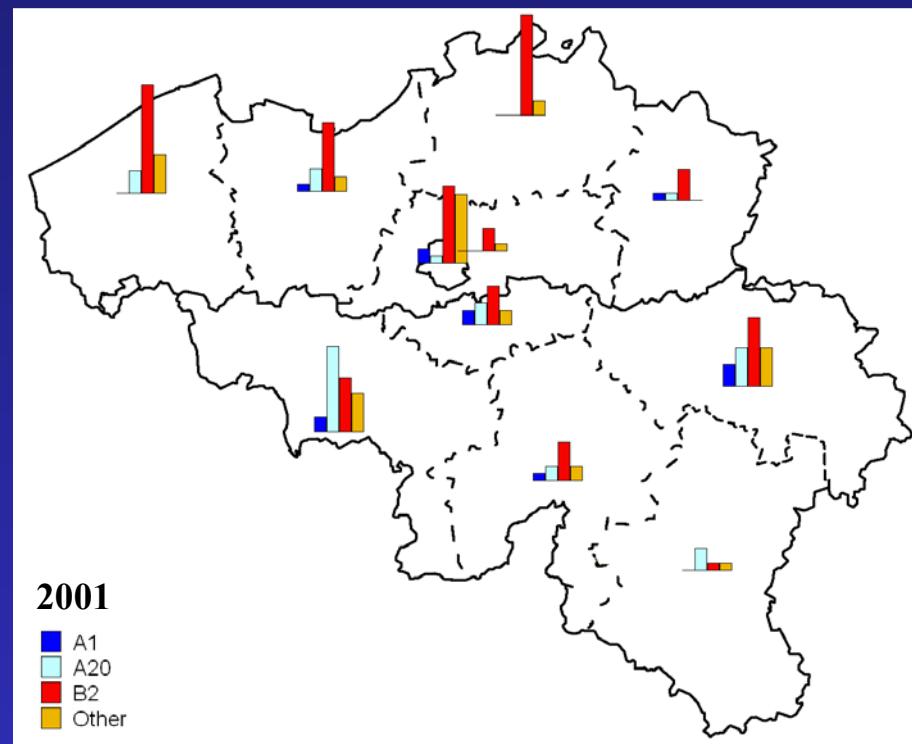


# Evolution of geographic distribution by province of epidemic MRSA PFGE types A1, A20, B2 and other



1995

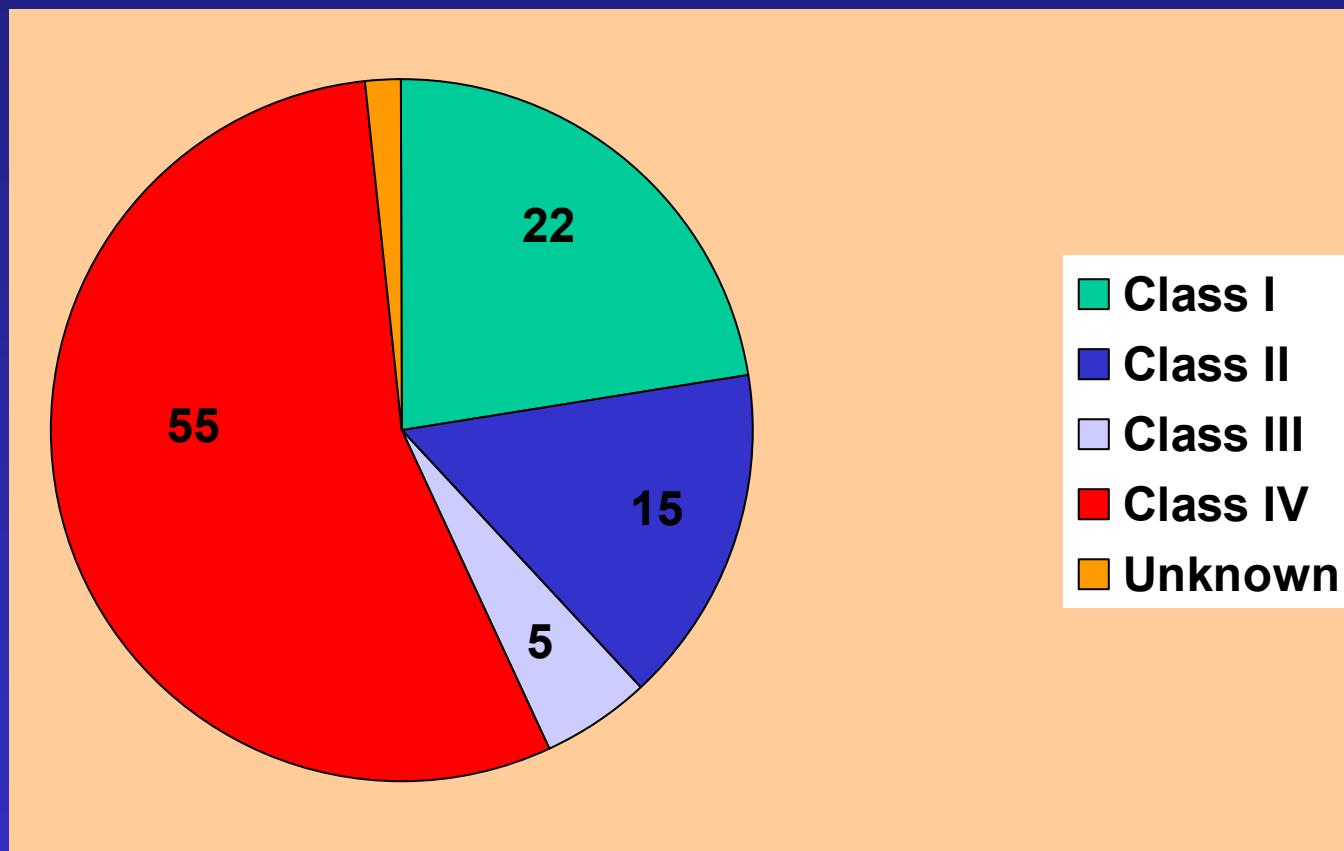
- A1
- B2
- Other



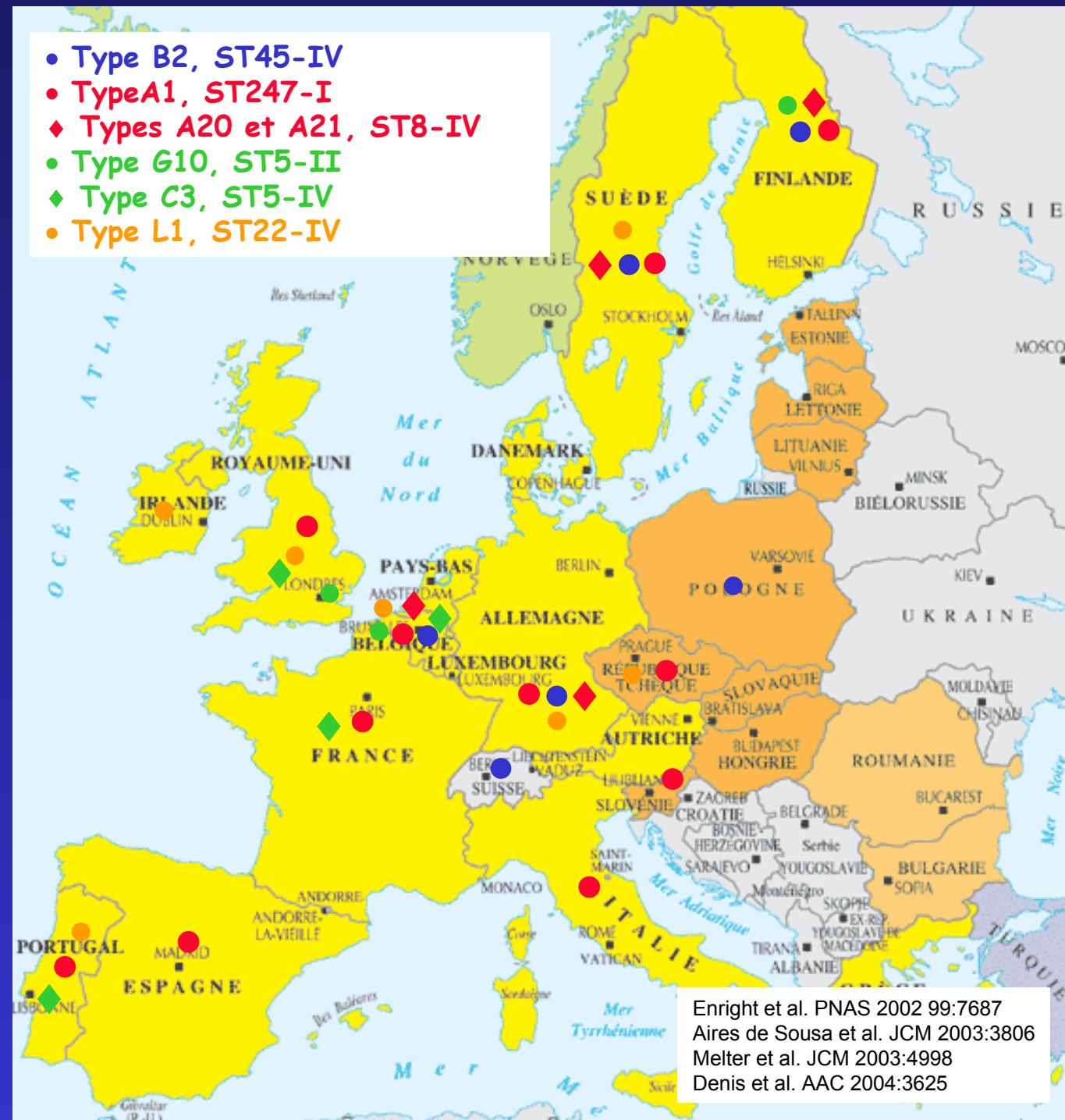
2001

- A1
- A20
- B2
- Other

# **SCCmec distribution among nosocomial MRSA types Belgium, 2001**



- Type B2, ST45-IV
- Type A1, ST247-I
- ♦ Types A20 et A21, ST8-IV
- Type G10, ST5-II
- ♦ Type C3, ST5-IV
- Type L1, ST22-IV



Enright et al. PNAS 2002 99:7687  
 Aires de Sousa et al. JCM 2003:3806  
 Melter et al. JCM 2003:4998  
 Denis et al. AAC 2004:3625

**Mechanisms of disease****Association between *Staphylococcus aureus* strains carrying gene for Panton-Valentine leukocidin and highly lethal necrotising pneumonia in young immunocompetent patients**

Yves Gillet, Bertrand Issartel, Philippe Vanhems, Jean-Christophe Fournet, Gerard Lina, Michèle Bes, François Vandenesch, Yves Piémont, Nicole Brousse, Daniel Floret, Jerome Etienne

**Summary**

**Background** Between 1986 and 1998, eight cases of

**Introduction**

*Staphylococcus aureus* is responsible for about 2% of cases of community-acquired pneumonia<sup>1</sup> and at least 10% of cases

**Community-Acquired Methicillin-Resistant *Staphylococcus aureus* Carrying Panton-Valentine Leukocidin Genes: Worldwide Emergence**

François Vandenesch,\* Timothy Naimi,† Mark C. Enright,‡ Gerard Lina,\* Graeme R. Nimmo,§ Helen Heffernan,¶ Nadia Liassine,# Michèle Bes,\* Timothy Greenland,\*\* Marie-Elisabeth Reverdy,\* and Jerome Etienne\*

# Community-Acquired PVL + MRSA : Furunculosis & Necrotizing Pneumonia

Emergence since 1990s  
Australia, USA, Asia, Europe  
Healthy children & young adults  
New disease

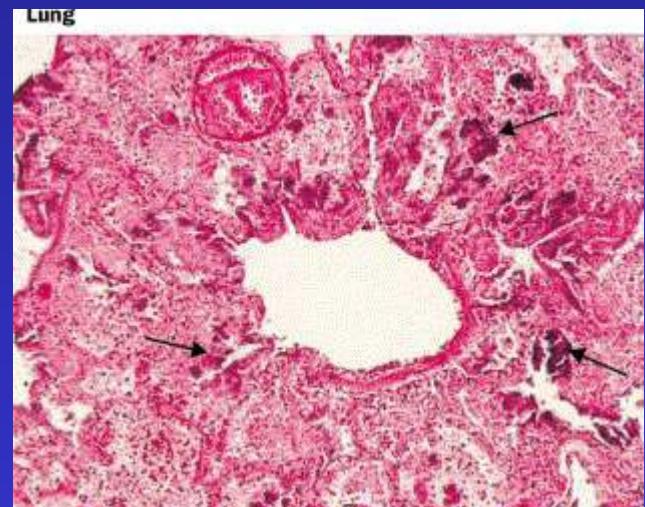


Table 1. Distribution of virulence and resistance determinants in 117 CA-MRSA isolates from three continents

Genes <sup>b</sup>	CA-MRSA isolates from					
	France-Switzerland <sup>c</sup> n=67 (%)	USA n=29 (%)	USA n=4 (%)	Oceania <sup>d</sup> Southwest Pacific clone n=13 (%)	Australia Queensland clone n=4 (%)	Total n=117 (%)
Sequence type	80	1	59 or 8	30	93	
PFGE pattern	A1-7	B1-5	D1 & F1	C1-3	E1	
<i>agr</i> type	3	3	1	3	3	
SCC IV	67 (100)	29 (100)	4 (100)	13 (100)	4 (100)	117 (100)
Leukocidins PVL genes	67 (100)	29 (100)	4 (100)	13 (100)	4 (100)	117 (100)
<i>lukE-lukD</i>	67 (100)	29 (100)	3 (75)	13 (100)	0 (0)	116 (99)
Hemolysins <sup>e</sup>						
<i>hlg</i>	0 (0)	0 (0)	0 (0)	13 (100)	0 (0)	13 (11)
<i>hlg-v</i>	67 (100)	29 (100)	4 (100)	0 (0)	0 (0)	100 (85)
<i>hlb</i>	0 (0)	0 (0)	1 (25)	0 (0)	0 (0)	1 (1)
Enterotoxins <i>sea</i>	0 (0)	23 (79)	0 (0)	0 (0)	0 (0)	23 (20)
<i>seb</i>	0 (0)	8 (28)	1 (25)	0 (0)	0 (0)	9 (8)
<i>sec</i>	0 (0)	20 (69)	0 (0)	0 (0)	0 (0)	20 (17)
<i>sed-sej</i>	0 (0)	0 (0)	3 (75)	0 (0)	0 (0)	3 (3)
<i>sek</i>	0 (0)	29 (100)	0 (0)	0 (0)	0 (0)	29 (25)
<i>ege</i> <sup>f</sup>	0 (0)	24 (83)	0 (0)	0 (0)	0 (0)	24 (21)
	0 (0)	0 (0)	0 (0)	13 (100)	0 (0)	13 (11)

<sup>a</sup>PFGE, pulsed-field gel electrophoresis; PVL, Panton-Valentine leukocidin.

# Community-acquired MRSA in Belgium

ULB- MRSA reference lab data 13/10/04

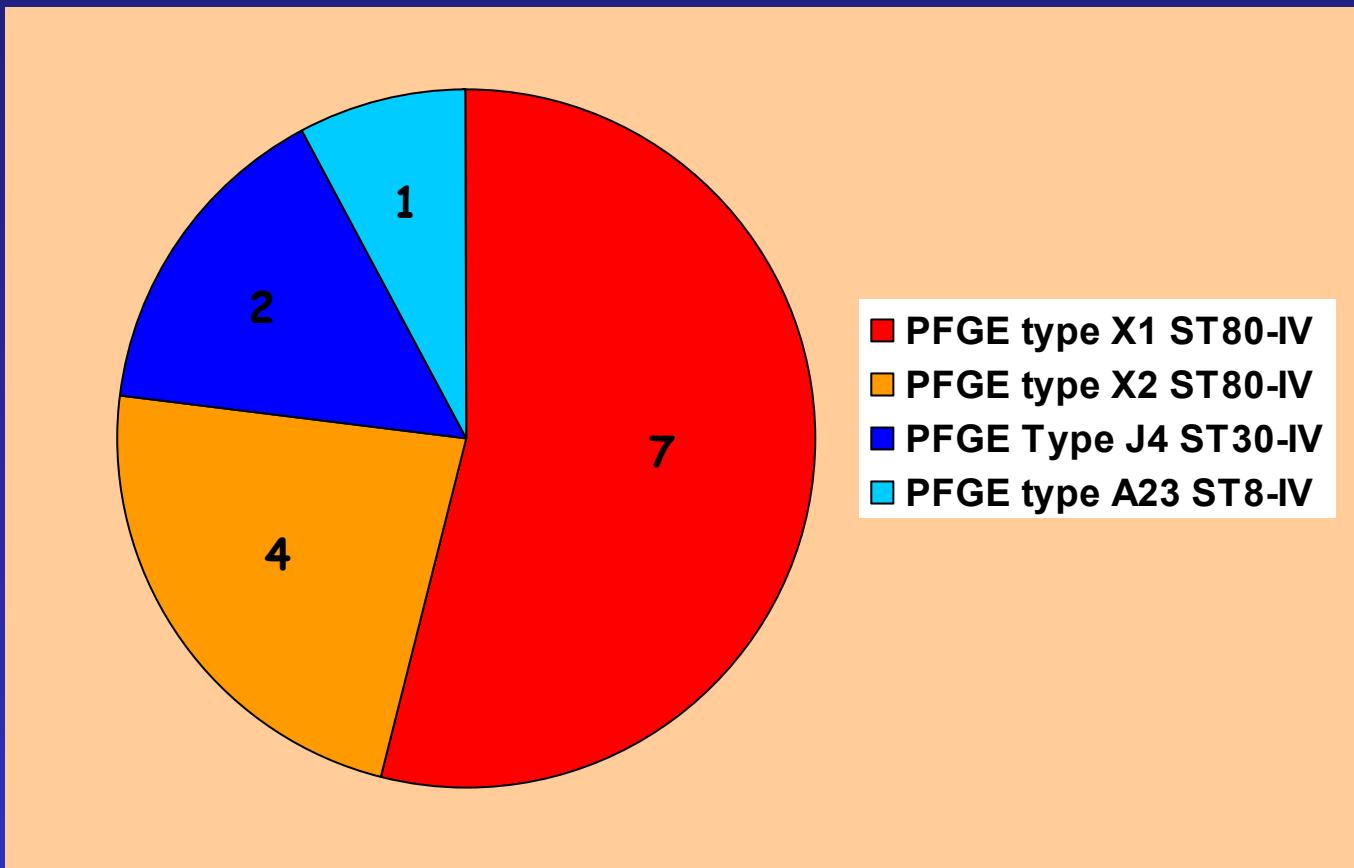
- 72 MRSA isolates from 2002 to 2004
- PCR for *lukS-PV* and *lukF-PV* genes
- Susceptibility by disk diffusion method for 16 antimicrobials
- Molecular typing by PFGE, *SCCmec* and MLST

## Characteristics of 15 patients with PVL (+) MRSA strains, Belgium

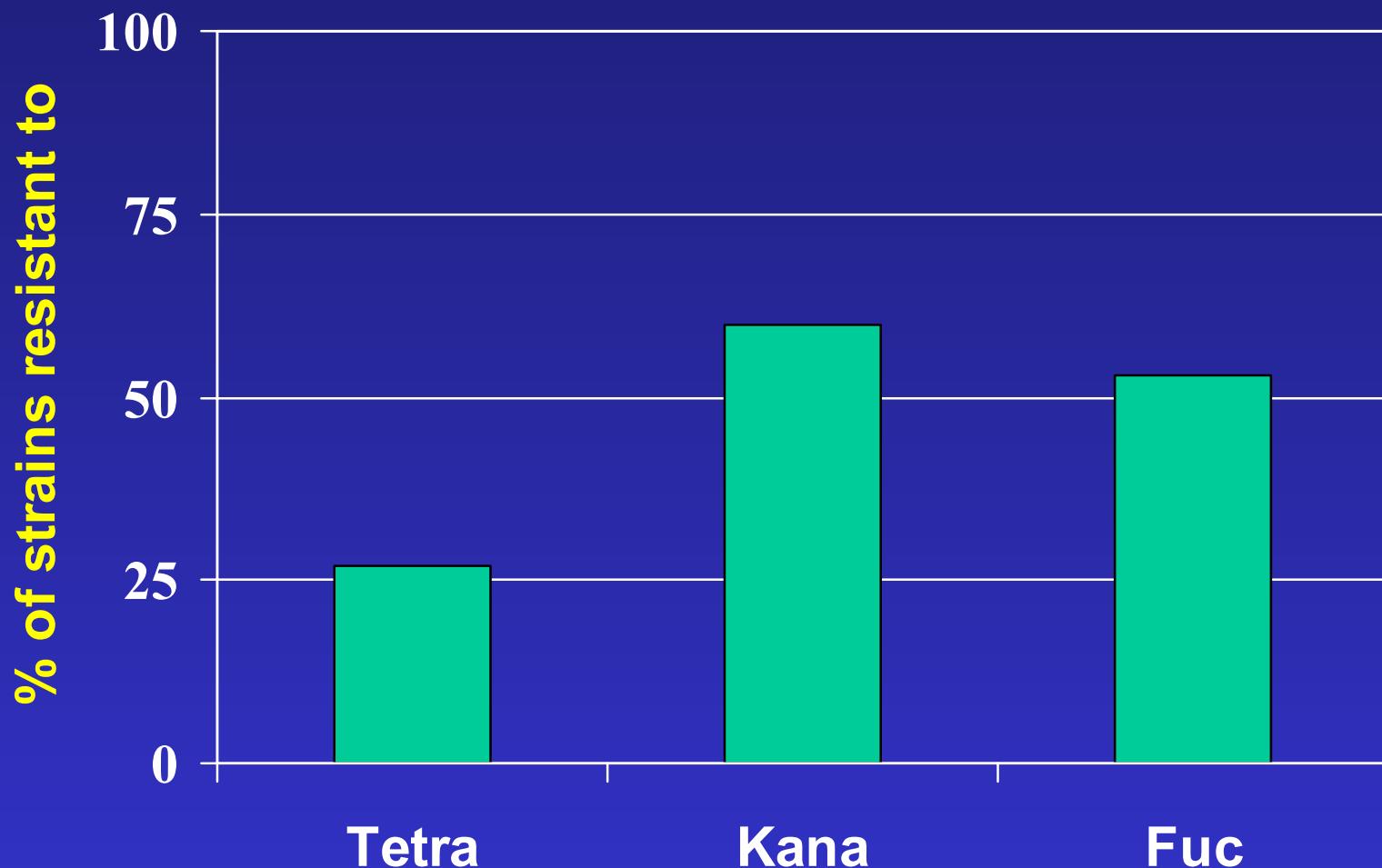
Age, mean years (range)	26 (1-70)
Sex	
Male	7
Female	7
Acquisition	
Hospital	1
Community	13
Travel abroad	3
Infection	
Cutaneous (abcess, cellulitis, furonculosis, ...)	14
Bacteremia and pleuro-pneumonia	1
Peritonitis	1
Previous beta-lactam therapy	5

<b>Strain</b>	<b>Antimicrobial resistance</b>	<b>PFGE Type</b>	<b>SCCmec Type</b>	<b>Sequence Type</b>
1	P, OX, K, TET, FU	X1	IV	80
2	P, OX, K, TET	X1	IV	80
3	P, OX	J4	IV	30
4	P, OX, TET	A23	IV	8
5	P, OX, FU	X1	IV	80
6	P, OX, K	X1	IV	80
7	P, OX, K, TET, FU	X1	IV	80
8	P, OX	X1	IV	80
9	P, OX, TET, FU	X2	IV	80
10	P, OX, TET, FU	X2	IV	80
11	P, OX, TET	Y	ND	ND
12	P, OX, TET, FU	X2	IV	80
13	P, OX	J4	IV	30
14	P, OX, TET, FU	X1	IV	80
15	P, OX, FUC	X2	IV	80

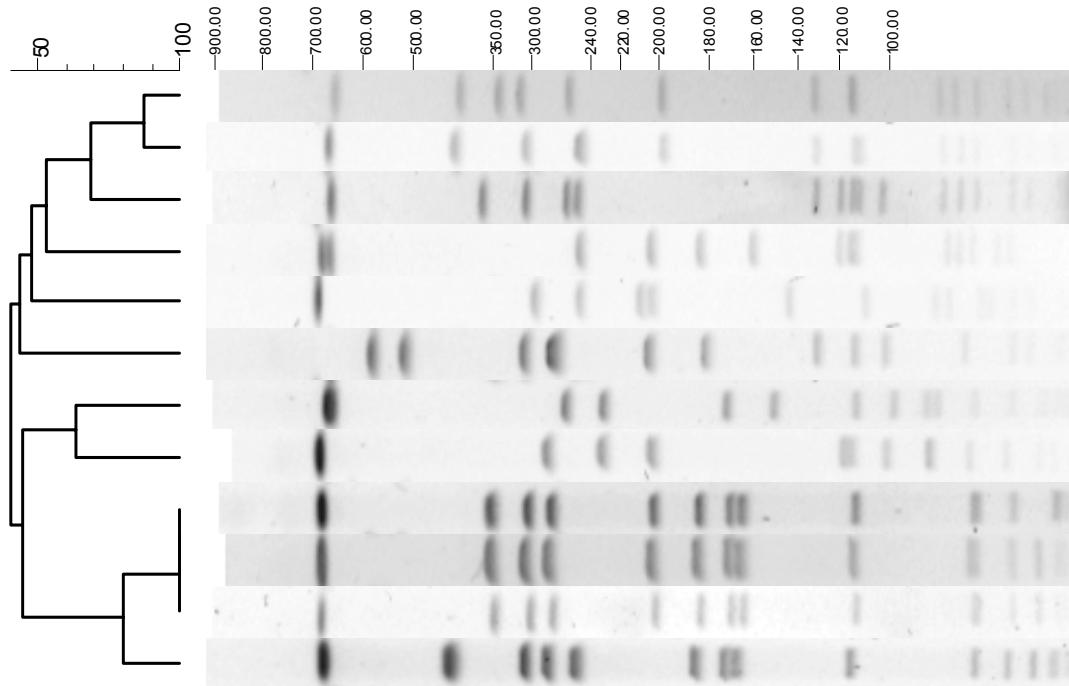
# Clonal distribution of PVL positive MRSA strains (n = 14), Belgium, 2002-2004



*Proportion of PVL positive MRSA strains  
resistant, Belgium, 2001-2003*



# Comparison of community-acquired and nosocomial MRSA in Belgium: PFGE, SCCmec, MLST and PVL toxin



	PFGE	SCCmec	ST	PVL
A1	Ia	247	Neg	
A20	IV	8	Neg	
<b>A23</b>	<b>IV</b>	<b>8</b>	<b>Pos</b>	
L1	IV	22	Neg	
B2	IV	45	Neg	
G10	II	5	Neg	
<b>J4</b>	<b>IV</b>	<b>30</b>	<b>Pos</b>	
<b>J1</b>	<b>II</b>	<b>36</b>	<b>Neg</b>	
X1	IV	80	Pos	
X1	IV	80	Pos	
X1	IV	80	Pos	
X2	IV	80	Pos	

- CA-MRSA PVL+ ST80-IV
- CA-MRSA ST30-IV
- CA-MRSA ST8-IV



Vandenesch et al EID 2003

Aires de Sousa et al. JCM 2003:3806

Witte et al. Eurosurveillance 2004

# Conclusions

- Diversification of nosocomial epidemic MRSA clones in Belgian hospitals :
  - Decreasing prevalence of epidemic multi-resistant clone A1 ST247-MRSA-Ia
  - Emergence and spread of new epidemic clones (genta-S; *SCCmec* IV)
  - Introduction of UK EMRSA 15, 16 and New York-Japan clones ?

# Conclusions

- Emergence of CA-MRSA harbouring PVL toxin genes in Belgium since 2002; minority of cases are travel-associated
- Associated with cutaneous infections or more rarely systemic/pulmonary infection
- Belonging to 3 different ST clones, 2 of which are distinct from nosocomial MRSA