



# Virulence Profile, Fluoroquinolone and Quinolone Resistance of Uropathogenic *Escherichia coli* Isolates Recovered from Thabet Hospital-Tulkarm, Palestine

Ghaleb Adwan<sup>1\*</sup>, Buthainah Issa<sup>2</sup> and Kamel Adwan<sup>1</sup>

<sup>1</sup>Department of Biology and Biotechnology, An-Najah National University, P.O. Box (7)-Nablus, Palestine.

<sup>2</sup>Faculty of Graduate Studies, Department of Biological Science, An-Najah National University, P.O. Box (7)-Nablus, Palestine.

## Authors' contributions

This work was carried out in collaboration between all authors. Authors GA, KA and BI designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript and managed literature searches. Authors GA and BI managed the analyses of the study and literature searches. All authors read and approved the final manuscript.

## Article Information

DOI: 10.9734/BMRJ/2015/14293

Editor(s):

(1) Alok K Upadhyay, Fox Chase Cancer Center, Philadelphia, Pennsylvania, USA.

Reviewers:

(1) Abbas Farahani, Dept. of Microbiology, School of Medicine, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran.

(2) Toru Watanabe, Department of Pediatrics, Niigata City General Hospital, 463-7 Shumoku, Chuo-ku, Niigata City 950-1197, Japan.

Complete Peer review History: <http://www.sciencedomain.org/review-history.php?iid=825&id=8&aid=7044>

Original Research Article

Received 25<sup>th</sup> September 2014

Accepted 22<sup>nd</sup> October 2014

Published 21<sup>st</sup> November 2014

## ABSTRACT

**Background:** *Escherichia coli* (*E. coli*) is the most common cause of urinary tract infection (UTI). Virulence factors are mainly responsible for the severity of these emerging infections.

**Aims:** To analyze virulence factors and resistance phenotype to quinolones and fluoroquinolones in a collection of *E. coli* strains isolated from UTIs with previously known phylogenetic groups.

**Place and Duration of Study:** Department of Biology and Biotechnology, An-Najah N. University, Palestine, during May-December 2012.

**Methodology:** Fifty clinical *E. coli* isolates were previously recovered from urine specimens obtained from patients suffered from urinary tract infections at Thabet Hospital, Tulkarm-Palestine. Multiplex PCR technique was used to detect the presence of 18 virulence genes and ERIC-PCR

\*Corresponding author: E-mail: [adwang@najah.edu](mailto:adwang@najah.edu);

was used to detect the heterogeneity of these strains. All *E. coli* isolates were examined for resistance to different antibiotics using disk diffusion method.

**Results:** It is found that the prevalence of virulence genes ranged from 0% for P-fimbriae adhesion variant 1 (*pap G I*) allele and  $\alpha$ -hemolysin (*hly A*) to 86% for Type1 fimbriae adhesion (*fim H*) and Serum resistance-associated gene (*tra T*) in strains tested. The results showed that the mean virulence score for group D was 8.2 and ranged from 2 to 15, while for group A was 6.2 and ranged from 1 to 14 ( $P=6.2 \times 10^{-4}$ ). The mean virulence score for strains resistant to fluoroquinolones and/or quinolones was 7.3, while for strains sensitive to both fluoroquinolones and quinolones was 8.1. Quinolones and/or fluoroquinolones sensitive strains related to group D showed an increased prevalence of catecholate siderophore receptor (*iron*) than resistant strains. It was also found that *traT* gene was the most common prevalence among strains resistant to nalidixic acid, fluoroquinolones and trimethoprim/sulphamethoxazole and it was 90.1% (30/33), 95.8 (23/24) and 90.6% (29/32), respectively. ERIC-PCR revealed that the 50 isolates were genetically diverse and comprised a heterogeneous population with at total 10 ERIC-PCR profiles at a 50% similarity level.

**Conclusion:** The molecular analysis of strains belonged to groups A and D, results showed that group D had higher mean virulence score than group A. It seems that there is no single virulence factor or virulence profile that is entirely specific to UTI in general.

**Keywords:** Virulence genes; UPEC; group D; group A; fluoroquinolones; quinolones; UTI.

## 1. INTRODUCTION

*Escherichia coli* (*E. coli*) is considered as a major cause of urinary tract infection (UTI) and it accounts for approximately 70 to 95% of community-acquired cases and 50% of all hospital-acquired infections [1]. *E. coli* is responsible for significant social and economic costs for both communities and public health resources and is associated with significant mortality [2].

Uropathogenic *E. coli* (UPEC) strains associated with a variety of virulence factors that allow their successful transition from the gastrointestinal tract to the urinary system, facilitate colonization of host epithelia surfaces, overcome host immune defenses and establish infection. These virulence genes are transmitted vertically within the resulting virulent clones or sometimes can be transmitted horizontally to other lineages as part of pathogenicity-associated islands (PAIs) [3]. Determination the prevalence of certain virulence factors in UPEC strains, suggests that they might make useful targets for vaccines and other protective interventions [4].

It was shown that strains of *E. coli* belonged to groups B2 and D often carry virulence genes that are lacking in other groups or showed highest presence of virulence genes [3,5-8]. In regard to the association of antimicrobial resistance genes and virulence factors, there are controversial reports [9-12]. A lower prevalence of B2 group was detected in resistant than in fluoroquinolones-susceptible UPEC strains and

the combination of certain virulence determinants with group B2 and with susceptible isolates was confirmed [10,13-17].

Enterobacterial repetitive intergenic consensus (ERIC) PCR is a PCR-fingerprinting technique but it is not arbitrary. The ERIC sequences are present in many copies in the genomes of different *Enterobacteriaceae*. ERIC elements are highly conserved at the nucleotide level, their positions in enterobacterial genomes varies between different species and has been used as a genetic marker to characterize isolates within a bacterial species. In ERIC-PCR a band pattern is obtained by amplification of genomic DNA located between successive repetitive ERIC elements or between ERIC elements and other repetitive DNA sequences for subtyping different Gram-negative enteric bacteria [18].

The relationship among virulence factors of *E. coli*, phylogenetic background and quinolones and fluoroquinolones is a complex phenomenon. To clarify whether the lack virulence factors is directly associated with quinolones and fluoroquinolones resistance or, instead, depends on a phylogenetic distribution, our study aimed to analyze virulence factors and resistance phenotype to quinolones and fluoroquinolones in a collection of 50 *E. coli* strains isolated from UTIs with previously known phylogenetic groups [19]. This study has not been investigated previously in Palestine.

## 2. MATERIALS AND METHODS

### 2.1 Sample Collection and Identification

Fifty clinical isolates of *E. coli* were previously recovered from urine specimens obtained from patients suffered from urinary tract infections at Thabet Hospital, Tulkarm-Palestine, during May-December 2012. These isolates were identified in laboratory of Thabet Hospital and also were confirmed in Microbiology laboratories at An-Najah National University-Nablus, Palestine. These isolates were cultured on MacConkey and/or EMB agars, Gram stain, motility test and biochemical tests such as IMViC tests, H<sub>2</sub>S production were used [19].

### 2.2 Phylogenetic Groups and Antibiotic Resistance

Antimicrobial susceptibility and phylogenetic groups for these strains were detected previously [19]. Strains were assigned to one of the four *E. coli* phylogenetic groups (A, B1, B2 and D) using a triplex PCR based on the presence or absence of *chuA*, *yjaA* genes and TSPE4.C2 fragment [20]. Antimicrobial susceptibility was determined according to the Clinical and Laboratory Standard Institute (CLSI) using the disk diffusion method [21]. All *E. coli* isolates were examined for resistance to tetracycline (30µg), streptomycin (10µg), gentamicin (10µg), kanamycin (30µg), nalidixic acid (30µg), norfloxacin (10µg), ciprofloxacin (10µg), ofloxacin (5µg), Levofloxacin (5µg), ceftriaxone (30µg), ceftazidime (30µg), cefazolin (30 µg), Trimethoprim/Sulfamethoxazole (1.25/23.75µg) and erythromycin (15 µg). All used antibiotics were purchased from Oxoid. Zones of inhibition were determined in accordance with procedures of the Clinical and Laboratory Standard Institute [21].

### 2.3 DNA Extraction

*E. coli* DNA was prepared for PCR according to the method described previously [22]. Briefly, cells were scraped off an overnight nutrient agar plate with a sterile loop, washed with 1 ml of 1X Tris-EDTA buffer (10 mM Tris-HCl, 1 mM EDTA [pH 8.0]), then the pellet was resuspended in 0.5 ml of sterile distilled H<sub>2</sub>O, and boiled for 10-15 min. The cells then were incubated on ice for 10 min. The debris was pelleted by centrifugation at 11,500 X g for 5 min. DNA concentration was determined using a spectrophotometer and the

samples were stored at -20°C until use for further DNA analysis.

### 2.4 ERIC PCR Assay

Enterobacterial repetitive intergenic consensus (ERIC) PCR was performed using Primer ERIC1 and Primer ERIC2 which described previously [23]. Each PCR reaction mix (25 µL) was performed using 12.5 µL of PCR premix (ReadyMix™ Taq PCR Reaction Mix with MgCl<sub>2</sub>, Sigma), 0.6 µM of each primer, 3 µL DNA template, concentration of dNTPs was modified to 0.35 mM, MgCl<sub>2</sub> to 2.5 mM and Taq DNA polymerase to 1.5 U. DNA amplification was carried out using the thermal cycler (Mastercycler personal, Eppendorf) according to the following thermal conditions: initial denaturation for 2 min at 94°C was followed by 30 cycles of denaturation at 94°C for 50 s, annealing at 50°C for 40 s and extension at 72°C for 1 min, with a final extension step at 72°C for 5 min. The PCR products were analyzed by electrophoresis on 1.5% agarose gel. The gel images were scored using binary scoring system that recorded the presence and absence of bands as 1 and 0, respectively. A binary matrix was analyzed by the unweighted pair group method for arithmetic averages (UPGMA), using SPSS statistics software version 20 (IBM).

### 2.5 Virulence Factors

The presence of 18 virulence genes was investigated using multiplex PCR divided into seven pools and their amplicon sizes are listed in Table 1 [24]. The genes detected were *fimH*, *traT*, *iron*, *hly*, afimbrial adhesin (*afa*), S/F1 C fimbriae (*sfa/foc*), P fimbriae (*papG* three alleles), cytotoxic necrotizing factor 1 (*cnf 1*), secreted autotransporter toxin (*sat*), aerobactin (*iutA*), yersiniabactin receptor for ferric yersiniabactin uptake (*fyuA*), iron-regulated gene A homologue adhesin (*iha*), group 2 capsule (*kpsMTII*), outer membrane protease T (*ompT*), pathogenic island marker (*malX*) and uropathogenic specific protein (*usp*). Each PCR reaction mix (25 µL) was performed using 12.5 µL of PCR premix with MgCl<sub>2</sub> (ReadyMix™ Taq PCR Reaction Mix with MgCl<sub>2</sub>, Sigma), 0.4 µM of each primer and 3 µL DNA template. DNA amplification was carried out using the thermal cycler (Mastercycler personal, Eppendorf, Germany) according to the following thermal conditions: initial denaturation for 4 min at 94°C followed by 25 cycles of denaturation at 94°C for 30 s, annealing at 60°C for 30 s and extension at 72°C for 1 min, ending with a final

extension step at 72°C for 5 min. The PCR products (10 µL) were analyzed by electrophoresis on 2% agarose gel. The sizes of the amplicons were determined by comparing them with a 100-bp DNA ladder. The virulence factors were scored using binary scoring system that recorded the presence and absence of the virulence factor as 1 and 0, respectively. A binary matrix for virulence factors was analyzed by the UPGMA, using SPSS statistics software version 20 (IBM).

## 2.6 Statistical Analysis:

The virulence scores were calculated for each isolate as the sum of all virulence factors in each strain [13]. Comparisons of proportions were tested using the Chi<sup>2</sup> ( $\chi^2$ ) test or Fisher exact test. Comparisons of mean virulence scores were done by using the Mann-Whitney U-test.  $P < 0.05$  values were considered statistically significant. Statistical analyses were performed with SPSS statistics software version 20 (IBM).

## 3. RESULTS

Detection of virulence genes coding for different adhesions, toxins, iron uptake system factors, cell protection factors, *malX* (a marker for a pathogenicity-associated island (PAI) from archetypal ExPEC strain CFT073) and *usp* (uropathogenic specific protein) was carried out by multiplex PCR. The prevalence of virulence genes ranged from 0% for *papG allele I* and *hlyA* to 86% for *fimH* and *traT* in strains tested. Virulence genes *iha*, *kpsMTII*, *usp* and *fyuA* had the following prevalence 74%, 64%, 64%, 58% and 52%, respectively (Table 2). Distribution of *fimH* gene was 86.1% and 84.6% in group D and A, respectively. The prevalence of genes tested in each strain was ranged from 5.6% to 83.3%. The mean virulence score for group D was 8.2 and ranged from 2 to 15, while for group A was 6.2 and ranged from 1 to 14. There was statistically significant difference between the mean virulence scores of these groups at  $P = 6.2 \times 10^{-4}$ . Also it was found that 69.2% (9/13) of strains belonged to group A carried 6 or less virulence factors, while 66.7% (24/36) of strains belonged to group D carried 7 or more virulence factors. Our results showed that mean virulence score for strains resistant to fluoroquinolones and/or quinolones was 7.3, while for strains sensitive to both fluoroquinolones and quinolones was 8.1. Quinolones and/or fluoroquinolones sensitive strains belonged to group D showed an increase in prevalence of

*iroN* virulence gene than resistant strains belonged to the same group. In group A, average of prevalence of *papGII* was increased and *fimH* decreased in quinolones and fluoroquinolones sensitive strains. Sensitive strains to quinolones and fluoroquinolones showed an increase in prevalence of *ompT* virulence gene (Table 3). Cluster analysis of virulence factors showed that 3 large clusters depend on the presence/absence of *cnfl* and *afa/dra* genes, but clustering is independent into phylogenetic groups (Fig. 1). In addition, it was found that *traT* gene was the most common prevalence among strains resistant to Nalidixic acid, fluoroquinolones and Trimethoprim/Sulphamethoxazole and it was 90.1% (30/33), 95.8 (23/24) and 90.6% (29/32), respectively. ERIC-PCR analysis revealed that these 50 isolates were genetically diverse and comprised a heterogeneous population with at total 10 ERIC-PCR profiles at a 50% similarity level (Fig. 2) and there was no specific correlation between ERIC-PCR profiles, virulence factor profiles and phylogenetic groups.

## 4. DISCUSSION

According to human, commensal strains usually derive from phylogenetic groups A and B1, while most of extraintestinal pathogenic *E. coli* (ExPEC) strains usually belong to the B2 and D groups and harbor large number of various virulence factors, which allow them to induce diseases in both healthy and compromised hosts. In human, ExPEC were currently defined as *E. coli* isolates containing two or more of the following genes: *papA*, and/or *papC*, *sfa/foc*, *afa/dra*, *kpsMT II* and *iutA* [25].

Among the 18 virulence genes studied, *fimH* and *traT* genes were the most frequently detected. *fimH* gene was almost equally distributed in isolates of phylogenetic groups A and D. The high prevalence of *fimH* gene in UPEC has been reported [24,26-29]. This was explained by the playing role of *fimH* adhesin encoded by *fimH* gene in the initiation of colonization and infection. In this research, it was found that the 63% of strains carried *usp* gene. This result is consistent with other report [30], which showed that 72.48% of UPEC carried this gene. Results of this study showed that all strains were *hlyA* negative which were in contrast to other reports which identified this gene in 34%-37% of UPEC strains [8,31].

Table 1. Virulence gene primers [20]

Pool	Virulence gene	Primer forward/reverse	Forward sequence 5'→3'	Reverse sequence 5'→3'	Product size (bp)	
Pool I	<i>fimH</i>	FimHf/FimHr	TGCAGAACGGATAAGCCGTGG	GCAGTCACCTGCCCTCCGGTA	508	
		malXf/malXr	GGACATCCTGTTACAGCGCGCA	TCGCCACCAATCACAGCCGAAC	930	
Pool II	<i>sfa/foc</i>	sfa1/sfa2	CTCCGGAGAACTGGGTGCATCTTAC	CGGAGGAGTAATTACAAACCTGGCA	410	
		<i>iutA</i>	AerJf/AerJr	GGCTGGACATCATGGGAACTGG	CGTCGGGAACGGGTAGAATCG	300
		<i>papGIII</i>	allele IIIf/allele IIIr	GGCTGCAATGGATTTACCTGG	CCACCAAATGACCATGCCAGAC	258
		<i>fyuA</i>	yuaf/fyuar	TGATTAACCCCGCGACGGGAA	CGCAGTAGGCACGATGTTGTA	880
Pool III	<i>hlyA</i>	hlyf/hlyr	AACAAGGATAAGCACTGTTCTGGCT'	ACCATATAAGCGGTCATTCCCCTCA	1117	
		<i>KpsT II</i>	kpsIIf/kpsIIr	GCGCATTTGCTGATACTGTTG	CATCCAGACGATAAGCATGAGCA	272
		<i>papGI</i>	allele If/allele Ir	TCGTGCTCAGGTCCGGAATTT	TGGCATCCCCCAACATTATCG	461
Pool IV	<i>traT</i>	TraTf/TraTr	GGTGTGGTGCGATGAGCACAG	CACGGTTCAGCCATCCCTGAG	290	
		<i>papGII</i>	allelele If/allele Iir	GGGATGAGCGGGCCTTTGAT	CGGGCCCCCAAGTAACTCG	190
Pool V	<i>afa/dra</i>	Afaf/Afar	GGCAGAGGGCCGGCAACAGGC	CCCGTAACGCGCCAGCATCTC	559	
		<i>cnf1</i>	cnf1/cnf2	AAGATGGAGTTTCTATGCAGGAG	CATTCAGAGTCCTGCCCTCATTATT	498
Pool VI	<i>lha</i>	IHAf/IHAr	CTGGCGGAGGCTCTGAGATCA	TCCTTAAGCTCCCGCGGCTGA	827	
		<i>usp</i>	USP81f/USP695r	CGGCTCTTACATCGGTGCGTTG	GACATATCCAGCCAGCGAGTTC	615
Pool VII	<i>ompT</i>	ompTf/ompTr	ATCTAGCCGAAGAAGGAGGC	CCCGGGTCATAGTGTTTCATC	559	
		<i>sat</i>	sat1/sat2	ACTGGCGGACTCATGCTGT	AACCCTGTAAGAAGACTGAGC0	387
		<i>iroN</i>	IRONECf/IRONECr	AAGTCAAAGCAGGGGTTGCCCG	GACGCCGACATTAAGACGCAG	665

Table 2. Virulence genes, Virulence scores, prevalence of virulence genes and their distribution according the phylogenetic groups A and D

Virulence genes		Prevalence		Distribution of virulence factors according to phylogenetic group <sup>a</sup>		Virulence score (Mean)	
		No. of isolates	(%)	D (n=36)	A (n=13)	D 8.2 (294/36)	A 6.2 (80/13) <sup>***a</sup>
Adhesin genes	<i>papGI</i>	0	0	0.0% (0/36)	0.0% (0/13)	0.0 (0/36)	0.0 (0/13)
	<i>papGII</i>	14	28	33.3% (12/36)	15.4% (2/13)	3.6 (128/36)	1.5 (19/13) <sup>**</sup>
	<i>papGIII</i>	2	4	5.6% (2/36)	0.0% (0/13)	0.3 (11/36)	0.0 (0/13)
	<i>sfa/foc</i>	20	40	41.7% (15/36)	30.3% (4/13)	4.1 (145/36)	2.8 (36/13)
	<i>afa/dra</i>	19	38	44.4% (16/36)	23.1% (3/13)	4.7 (168/36)	2.5 (33/13) <sup>*</sup>
	<i>fimH</i>	43	86	86.1% (31/36)	84.6% (11/13)	7.5 (269/36)	5.7 (74/13)
Toxin genes	<i>hlyA</i>	0	0	0.0% (0/36)	0.0% (0/13)	0.0 (0/36)	0.0 (0/13)
	<i>cnfl</i>	19	38	44.4% (16/36)	23.1% (3/13)	4.6 (166/36)	2.5 (33/13) <sup>*</sup>
	<i>Sat</i>	21	42	50% (18/36)	23.1% (3/13)	5 (179/36)	2.2 (28/13) <sup>***</sup>
Iron uptake system genes	<i>fyuA</i>	26	52	58.3% (21/36)	38.5% (5/13)	5.5 (192/36)	3.2 (41/13)
	<i>utaA</i>	37	74	75% (27/36)	69.2% (10/13)	6.9 (247/36)	4.9 (64/13)
	<i>iroN</i>	20	40	41.7% (15/36)	38.5% (5/13)	4.1 (145/36)	3 (39/13)
	<i>lha</i>	32	64	61.1% (22/36)	76.9% (10/13)	6.2 (217/36)	5.3 (69/13) <sup>**</sup>
Cell protection genes	<i>kpsMTII</i>	32	64	72.2% (26/36)	46.2% (6/13)	6.6 (235/36)	3.2 (41/13) <sup>**</sup>
	<i>traT</i>	43	86	94.4% (34/36)	69.2% (9/13)	7.9 (282/36)	4.9 (64/13) <sup>***</sup>
	<i>ompT</i>	15	30	33.3% (12/36)	23.1% (3/13)	3.3 (118/36)	2.3 (30/13)
Other genes	<i>Malx</i>	4	8	11.1% (4/36)	0.0% (0/13)	1.3 (46/36)	0.0 (0/13) <sup>***</sup>
	<i>Usp</i>	29	58	63.9% (23/36)	46.2% (6/13)	6.3 (225/36)	3.8 (49/13) <sup>**</sup>

<sup>a</sup>One isolate of group B1 is not included in distribution and virulence score mean

\* significant difference at P&lt;0.05, \*\* significant difference at P&lt;0.01, \*\*\* significant difference at value P&lt;0.001

**Table 3. Distribution of phylogenetic groups A and D and virulence genes among 49 *E. coli* isolates from UTIs according to fluoroquinolones and quinolones and resistance phenotypes**

Virulence gene	No. (%) of <i>E. coli</i> isolates <sup>a</sup>					
	Phylogenetic group D		Phylogenetic group A		Phylogenetic groups D and A	Phylogenetic groups D and A
	n (%)		n (%)		n (%)	n (%)
	resistant (n=27)	Susceptible (n=9)	resistant (n=8)	susceptible (n=5)	resistant (n=35)	susceptible (n=14)
<i>papGI</i>	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>papGII</i>	8 (29.6)	4 (44.4)	0 (0.0)	2 (40.0)	8 (22.9)	6 (42.9)
<i>papGIII</i>	1 (3.7)	1 (11.0)	0 (0.0)	0 (0.0)	1 (2.9)	1 (7.1)
<i>sfa/foc</i>	10 (37.0)	5 (55.6)	2 (25.0)	2 (40.0)	12 (34.3)	7 (50.0)
<i>afa/dra</i>	11 (40.7)	5 (55.6)	2 (25.0)	1 (20.0)	13 (37.1)	6 (42.9)
<i>fimH</i>	22 (81.5)	9 (100.0)	8 (100.0)	3 (60.0)	30 (85.3)	12 (85.7)
<i>hlyA</i>	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<i>cnfI</i>	11 (40.7)	5 (55.6)	2 (25.0)	1 (20.0)	13 (37.1)	6 (42.9)
<i>Sat</i>	14 (51.9)	4 (44.4)	1 (12.5)	2 (40.0)	15 (42.9)	6 (42.9)
<i>fyuA</i>	17 (63.0)	4 (44.4)	3 (37.5)	2 (40.0)	20 (57.1)	6 (42.9)
<i>utaA</i>	21 (77.8)	6 (66.7)	6 (75.0)	4 (80.0)	27 (77.1)	10(71.4)
<i>iroN</i>	9 (33.3)	6 (66.7)	3 (37.5)	2 (40.0)	12 (34.3)	8 (57.1)
<i>lha</i>	17 (63.0)	5 (55.6)	6 (75.0)	4 (80.0)	23 (65.7)	9 (64.3)
<i>kpsMTII</i>	19 (70.4)	7 (77.8)	4 (50.0)	2 (40.0)	23 (65.7)	9 (64.3)
<i>traT</i>	26 (96.3)	8 (88.9)	6 (75.0)	3 (60.0)	32 (91.4)	11 (78.6)
<i>ompT</i>	7 (26.0)	5 (55.6)	1 (12.5)	2 (40.0)	8 (22.9)	7 (50.0)
<i>Malx</i>	2 (7.4)	0 (0.0)	0 (0.0)	0 (0.0)	2 (5.7)	0 (0.0)
<i>Usp</i>	17 (63.0)	6 (66.7)	4 (50.0)	2 (40.0)	21 (60.0)	8 (57.1)

<sup>a</sup>All strains were susceptible to fluoroquinolones and quinolones or resistant to fluoroquinolones and/or quinolones  
UTI: Urinary tract infection







phylogenetic origin and high prevalence of virulence factors among strains belonged to phylogenetic group D. These results were in contrast to other studies [14,43], which suggested that quinolone resistance may be directly associated with virulence loss.

Many studies on this subject have been carried out in various parts of the world; such data is not available from Palestine where UTIs are very common diseases. This study was designed to analyze virulence factors and resistance phenotype to quinolones and fluoroquinolones in a collection of *E. coli* strains isolated from UTIs with previously known phylogenetic groups. Although our study is comprised of a relatively small number of samples and therefore faces limitations in statistical analysis, it provides an important epidemiological information about the virulence genes of UPEC isolated from Northern Palestine.

## 5. CONCLUSION

The molecular analysis of 50 *E. coli* urine isolates exhibited that strains of phylogenetic group D had higher virulence scores than group A. In addition, Data of current study about virulence scores showed that no significant difference between uropathogenic strains resistant to fluoroquinolones and/or quinolones and strains sensitive to both fluoroquinolones and quinolones. Further analysis of virulence factor profiles with regard to specific clinical symptoms and defined severity is recommended.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

## REFERENCES

1. Kucheria R, Dasgupta P, Sacks SH, Khan MS, Sheerin NS. Urinary tract infections: new insights into a common problem. *Postgrad. Med. J.* 2005;81(952):83-86.
2. Russo TA, Johnson JR. Proposal for a new inclusive designation for extraintestinal pathogenic isolates of *Escherichia coli*: ExPEC. *J. Infect. Dis.* 2000;181:1753-1754.
3. Johnson J R, Delavari P, Kuskowski M, Stell AL. Phylogenetic distribution of extraintestinal virulence-associated traits in *Escherichia coli*. *J. Infect. Dis.* 2001;183:78-88.
4. Johnson JR, Kuskowski MA, Gajewski A, Soto S, Horcajada JP, Jimenez de Anta MT, Vila J. Extended virulence genotypes and phylogenetic background of *Escherichia coli* isolates from patients with cystitis, pyelonephritis, or prostatitis. *J. Infect. Dis.* 2005;191(1):46-50.
5. Picard B, Garcia JS, Gouriou S, Duriez P, Brahim N, Bingen E, Elion J, Denamur E. The link between phylogeny and virulence in *Escherichia coli* extraintestinal infection. *Infect. Immun.* 1999;67:546-553.
6. Duriez P, Clermont O, Bonacorsi S, Bingen E, Chaventre A, Elion J, Picard B, Denamur E. Commensal *Escherichia coli* isolates are phylogenetically distributed among geographically distinct human populations. *Microbiol.* 2001;147:1671-1676.
7. Petkovsek Z, Elersic K, Gubina M, Zgur-Bertok D, Starcic Erjavec M. Virulence potential of *Escherichia coli* isolates from skin and soft tissue infections. *J. Clin. Microbiol.* 2009; 47(6):1811-1817.
8. Bashir S, Haque A, Sarwar Y, Ali A, Anwar MI. Virulence profile of different phylogenetic groups of locally isolated community acquired uropathogenic *E. coli* from Faisalabad region of Pakistan. *Ann. Clin. Microbiol. Antimicrob.* 2012;11:23.
9. Vila J, Simon K, Ruiz J, Horcajada JP, Velasco M, Barranco M, Moreno A, Mensa J. Are quinolone-resistant uropathogenic *Escherichia coli* less virulent? *J. Infect. Dis.* 2002;186:1039–1042.
10. Johnson JR, Kuskowski MA, Gajewski A, Sahm DF, Karlowsky JA. Virulence characteristics and phylogenetic background of multidrug-resistant and antimicrobial-susceptible clinical isolates of *Escherichia coli* from across the United States. *J. Infect. Dis.* 2004;15:1739-1744.
11. Lavigne JP, Blanc-Potard AB, Bourg G, Moreau J, Chanal C, Bouziges N, O'Callaghan D, Sotto A. Virulence genotype and nematode-killing properties of extra-intestinal *Escherichia coli* producing CTX-M beta-lactamases. *Clin. Microbiol. Infect.* 2006;12:1199-1206.
12. Bagger-Skjot L, Sandvang D, Frimodt-Moller N, Lester CH, Olsen KE, Porsbo LJ, Monnet DL, Hammerum AM. Association between antimicrobial resistance and virulence genes in *Escherichia coli* obtained from blood and faeces. *Scand. J. Infect. Dis.* 2007;39:724-727.

13. Johnson JR, Kuskowski MA, O'Bryan TT, Colodner R, Raz R. Virulence genotype and phylogenetic origin in relation to antibiotic resistance profile among *Escherichia coli* urine sample isolates from Israeli women with acute uncomplicated cystitis. *Antimicrob. Agents Chemother.* 2005;49:26-31.
14. Horcajada JP, Soto S, Gajewski A, Smithson A, Jiménez de Anta MT, Mensa J, Vila J, Johnson JR. Quinolone-resistant uropathogenic *Escherichia coli* strains from phylogenetic group B2 have fewer virulence factors than their susceptible counterparts. *J. Clin. Microbiol.* 2005;43(6):2962-2964.
15. Moreno E, Prats G, Sabate M, Pe´rez T, Johnson JR, Andreu A. Quinolone, fluoroquinolone and trimethoprim/sulfamethoxazole resistance in relation to virulence determinants and phylogenetic background among uropathogenic *Escherichia coli*. *J. Antimicrob. Chemother.* 2006;57:204-211.
16. Piatti G, Mannini A, Balistreri M, Schito AM. Virulence factors in urinary *Escherichia coli* strains: phylogenetic background and quinolone and fluoroquinolone resistance. *J Clin Microbiol.* 2008;46(2):480-487.
17. Kawamura-Sato K, Yoshida R, Shibayama K, Ohta M. Virulence genes, quinolone and fluoroquinolone resistance and phylogenetic background of uropathogenic *Escherichia coli* strains isolated in Japan. *Jpn. J. Infect. Dis.* 2010;63(2):113-115.
18. Zulkifli Y, Alitheen NB, Son R, Raha AR, Samuel L, Yeap SK, Nishibuchi M. Random amplified polymorphic DNA-PCR and ERIC PCR analysis on *Vibrio parahaemolyticus* isolated from cockles in Padang, Indonesia. *Int. Food Res. J.* 2009;16:141-150.
19. Adwan G, Issa B. Characterization of *Escherichia coli* isolates from patients with urinary tract infections from Thabet Hospital-Tulkarm, Palestine. *An-Najah Univ. J. Res-Nat. Sci-* Accepted.
20. Clermont O, Bonacorsi S, Bingen E. Rapid and simple determination of the *Escherichia coli* phylogenetic group. *Appl. Environ. Microbiol.* 2000;66:4555-4558.
21. Clinical and Laboratory Standards Institute (CLSI), Performance standards for antimicrobial susceptibility testing, twenty-first informational supplement. CLSI Clinical and Laboratory Standards Institute. (M100-S21). 2011;31(1): p172. Wayne, PA, USA.
22. Adwan G, Adwan K, Jarrar N, Salama Y, Barakat A. Prevalence of *seg*, *seh* and *sei* genes among clinical and nasal *Staphylococcus aureus* isolates. *Br. Microbiol. Res. J.* 2013;3(2):139-149.
23. Meacham K, Zhang, Foxman B, Bauer RJ, Marrs CF. Evaluation of genotyping large numbers of *Escherichia coli* isolates by enterobacterial repetitive intergenic consensus-PCR. *J. Clin. Microbiol.* 2003;41(11):5224-5226.
24. Ferjani S, Saidani M, Ennigrou S, Hsairi M, Ben Redjeb S. Virulence determinants, phylogenetic groups and fluoroquinolone resistance in *Escherichia coli* isolated from cystitis and pyelonephritis. *Pathol. Biol. (Paris).* 2012;60(5):270-274.
25. Johnson JR, Murray AC, Gajewski A, Sullivan M, Snippes P, Kuskowski MA, Smith KE. Isolation and molecular characterization of nalidixic acid-resistant extraintestinal pathogenic *Escherichia coli* from retail chicken products. *Antimicrob. Agents Chemother.* 2003;47:2161-2168.
26. Ruiz J, Simon K, Horcajada J, Velasco M, Barranco M, Roig G, Moreno-Martínez A, Martínez JA, Jiménez de Anta T, Mensa J, Vila J. Differences in virulence factors among clinical isolates of *Escherichia coli* causing cystitis and pyelonephritis in women and prostatitis in men. *J Clin Microbiol.* 2002;40:4445-4449.
27. Takahashi A, Kanamaru S, Kurazono H, Kunishima Y, Tsukamoto T, Ogawa O, Yamamoto S. *Escherichia coli* isolates associated with uncomplicated and complicated cystitis and asymptomatic bacteriuria possess similar phylogenies, virulence genes, and O-serogroup Profiles. *J. Clin. Microbiol.* 2006;44:4589-4592.
28. Rijavec M, Muller-Premru M, Zakotnik B, Zgur-Bertok D. Virulence factors and biofilm production among *Escherichia coli* strains causing bacteraemia of urinary tract origin. *J. Med. Microbiol.* 2008;57:1329-1334.
29. Abdallah KS, Cao Y, Wei DJ. Epidemiologic Investigation of Extra-intestinal pathogenic *E. coli* (ExPEC) based on PCR phylogenetic group and *fimH* single nucleotide polymorphisms (SNPs) in China. *Int. J. Mol. Epidemiol. Genet.* 2011;2(4):339-353.
30. Darko SN, Nsiah k, Twumasi P. Prevalence of *papC* and *usp* virulence

- factors in uropathogenic *Escherichia coli* causing asymptomatic urinary tract infections in adolescents. Br. Microbiol. Res. J. 2013;3(3):423-430.
31. Bingen-Bidois M, Clermont O, Bonacorsi S, Terki M, Brahim N, Loukil C. Phylogenetic analysis and prevalence of urosepsis strains of *Escherichia coli* bearing pathogenicity island-like domains. Infect. Immun. 2002;70:216-226.
  32. Guyer DM, Radulovic S, Jones FE, Mobley HL. *Saf*, the secreted autotransporter toxin of uropathogenic *Escherichia coli*, is a vacuolating cytotoxin for bladder and kidney epithelial cells. Infect. Immun. 2002;70(8):4539-4546.
  33. Karen E, Rippere-Lampe KE, Alison D, O'Brien AD, Richard C, Hank A, Lockman HA. Mutation of the Gene Encoding Cytotoxic Necrotizing Factor Type 1 (*cnf1*) Attenuates the Virulence of Uropathogenic *Escherichia coli*. Infect. Immun. 2001;69(6):3954-3964.
  34. Bauer RJ, Zhang L, Foxman B, Siitonen A, Jantunen ME, Saxen H, Marrs CF. Molecular epidemiology of three putative virulence genes for *Escherichia coli* urinary tract infection—*usp*, *iha* and *iroN* *E. coli*. J Infect Dis. 2002;185:1521-1524.
  35. Kanamaru S, Kurazono H, Ishitoya S, Terai A, Habuchi T, Nakano M, Ogawa O, Yamamoto S. Distribution and genetic association of putative uropathogenic virulence factors *iroN*, *iha*, *kpsMT*, *ompT* and *usp* in *Escherichia coli* isolated from urinary tract infections in Japan. J. Urol. 2003;170:2490-2493.
  36. Johnson JR, Kuskowski MA, O'Bryan TT, Colodner R, Raz R. Virulence genotype and phylogenetic origin in relation to antibiotic resistance profile among *Escherichia coli* urine sample isolates from Israeli women with acute uncomplicated cystitis. Antimicrob Agents Chemother. 2005c;49:26-31.
  37. Sannes MR, Kuskowski MA, Owens K, Gajewski A, Johnson JR. Virulence factors profiles and phylogenetic background of *Escherichia coli* isolates from veterans with bacteremia and uninfected control subjects. J. Infect. Dis. 2004;190:2121-2128.
  38. Stumpe S, Schmid R, Stephens DL, Georgiou G, Bakker EP. Identification of *OmpT* as the protease that hydrolyzes the antimicrobial peptide protamine before it enters growing cells of *Escherichia coli*. J. Bacteriol. 1998;180(15):4002-4006.
  39. Santo E, Macedo C, Marin JM. Virulence factors of uropathogenic *Escherichia coli* from a university hospital in Ribeirao Preto, Sao Paulo, Brazil. Rev. Inst. Med. Trop. S. Paulo. 2006;48(4):185-188.
  40. Bashir S, Sarwar Y, Ali A, Mohsin M, Saeed MA, Tariq A, Haque A. Multiple drug resistance patterns in various phylogenetic groups of uropathogenic *E.coli* isolated from Faisalabad region of Pakistan. Braz. J. Microbiol. 2011;42(4):1278-1283.
  41. Johnson JR, Stell AL. Extended virulence genotypes of *Escherichia coli* strains from patients with urosepsis in relation to phylogeny and host compromise. J. Infect. Dis. 2000;181:261-272.
  42. Ejrnæs K, Stegger M, Reisner A, Ferry S, Monsen T, Holm SE, Lundgren B, Fridmøller N. Characteristics of *Escherichia coli* causing persistence or relapse of urinary tract infections: phylogenetic groups, virulence factors and biofilm formation. Virulence. 2011;2(6):528-537.
  43. Johnson JR, Vander SC, Kuskowski MA, Goessens W, Van BA. Phylogenetic background and virulence profiles of fluoroquinolone-resistant clinical *Escherichia coli* isolates from The Netherlands. J. Infect. Dis. 2002;186:1852-1856.

© 2015 Adwan et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:

<http://www.sciencedomain.org/review-history.php?iid=825&id=8&aid=7044>