

## **Molecular Detection of Eight Intsapi (S) In the Skin Pathogen *Staphylococcus Aureus* MRSA Clinical Strains in Iraq**

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### **Abstract**

The present work highlights the tracing of eight intSaPI(s) in thirty *Staphylococcus aureus* MRSA clinical strains isolated from skin lesions at Diwaniyah Teaching Hospital in Iraq in a previous study. A partial fragment of each intSaPI was amplified by conventional PCR using intSaPI specific primers. The amplified PCR products of the eight intSaPI(s) were 719, 539, 760, 673, 331, 472, 441, and 870 bp for intSaPI1, intSaPI2, intSaPI3, intSaPI4, intSaPI5, intSaPI<sub>in1/m1</sub>, intSaPI<sub>bov</sub>, and intSaPI<sub>mw2</sub>, respectively. The frequency of occurrence of intSaPI1, intSaPI2, intSaPI3, intSaPI4, intSaPI5, intSaPI<sub>in1/m1</sub>, intSaPI<sub>bov</sub>1, and intSaPI<sub>mw2</sub> among the thirty MRSA clinical strains were 6.66 (n=2/30), 16.66 (n=5/30), 13.33 (n=4/30), 20 (n=6/30), 10 (n=3/30), 23.33 (n=7/30), 3.33 (n=1/30), and 6.66% (n=2/30), respectively. The present data would underpin the potential of intSaPI(s) in *St. aureus* MRSA clinical strains in pathogenesis.

**Keywords:** *Staphylococcus aureus* MRSA; Skin infection; intSaPI1, intSaPI2, intSaPI3, intSaPI4, intSaPI5, intSaPI<sub>in1/m1</sub>, intSaPI<sub>bov</sub>1, and intSaPI<sub>mw2</sub>

### **Introduction**

Community acquired *Staphylococcus aureus* and hospital acquired *Staphylococcus aureus* are the most common etiological agents for various infections spanning from minor skin infections to serious infections like osteomyelitis or endocarditis (Eriksen et al. 1995; Wertheim et al.

2005). A set of virulence factors distributed in the genome play a crucial role in the pathogenicity of *S.aureus*. The mobile genetic elements (MGEs) are considered one of these virulence factors (Lindsay et al. 2004; Ruzin et al. 2001). *S. aureus* pathogenicity islands (SaPIs) are a type of MGEs. The SaPIs, 15 kb phage-inducible pathogenicity islands (Novick et al., 2010; Novick and Ram, 2015; Penadés and Christie, 2015), are derived from a heritable prophage or protophage, of which they could maintain a set of significant characteristics that promote their functionality. Generally, the horizontal transfer is responsible for the gaining of most MGEs. The mobilization mechanisms of SaPI(s) in *S. aureus* have been well studied (Ruzin et al. 2001; Malachowa et al. 2010, Cervera-Alamar et al. 2018). The SaPIs constitute a big family with numerous natural *Staphylococcus aureus* strains, MW2, Mu 50, N315 and RF 122, E-MRSA16, MRSA252, COL, TW20, MN8, and USA300 (Cervera-Alamar et al. 2018), comprising two or more. The consistency of the SaPI family is outlined by the truth that their open reading frames (ORFs) assign to big sets of orthologs, where the initial 8–10 are permanently SaPI genes, majority of them do not exist in other MGEs (Novick and Ram, 2015). The organization of SaPI(s) genome is prophage-comparable and include of a minor set of genes transcribed in one direction and a major set of genes transcribed in opposite direction, a beginning with an integrase (*int*) gene (Martínez-Rubio et al. 2017). The SaPIs are introduced into a single direction at specific positions on the bacterial chromosome. The packaging of SaPIs is performed through two mechanisms *pac* and *cos*; like bacteriophages (Feiss and Rao 2012). The SaPI(s), SaPI1, SaPI2, SaPI3, SaPI4, SaPI5, SaPI<sub>n1/m1</sub> and SaPI<sub>1mw2</sub>, were previously detected in *S. aureus* clinical strains however, the SaPI<sub>bov1</sub> and SaPI<sub>bov2</sub> were identified in a *S. aureus* strain isolated from a bovine mastitis case (Novick et al., 2010).

The objectives of this study were to monitor the frequency of occurrence of eight foremost SaPI integrase genes among thirty *S. aureus* MRSA clinical strains isolated previously from patients suffered from skin infections at Diwaniyah Teaching Hospital in Iraq (unpublished data). These thirty *S. aureus* MRSA clinical strains were unraveled regarding the distribution of some virulent genes like *mecA*, *tst-1*, *Hla*, *Hlb*, *eta*, *etb*, *Erma*, and *Ermb* (unpublished data).

## **Materials and methods**

### ***Staphylococcus aureus* MRSA strains**

A total of thirty *St. aureus* MRSA clinical strains were employed in this study. These clinical strains were previously isolated from patients from Diwaniyah Teaching Hospital, Iraq suffering from skin lesions and identified with API STAPH (BIOMERIEUX, France) (unpublished data).

### **Cultivation conditions**

Sheep blood agar [MacFaddin 1985] was utilized during the course of activation and culturing of *S. aureus* MRSA clinical strains. The medium was obtained from HiMedia Laboratories, India. All cultures were incubated at 37 °C.

### **Genomic DNA isolation**

Genomic DNA was isolated from the thirty *S. aureus* MRSA clinical strains using Thermo Scientific GeneJET Genomic DNA purification kit according to the instructions of the manufacturer. The integrity of the genomic DNA was assessed by running the DNA on agarose gel electrophoresis followed by gel staining by ethidium bromide and visualization under ultraviolet illumination (Sambrook et al. 1989) through UV-transilluminator (Clever Scientific,

UK). However, the concentration of the genomic DNA in terms of ng/μl was determined by Nano-drop spectrophotometer (Thermo Scientific™ NanoDrop 2000, USA). All DNA preparations were stored at -20 °C until being processed further.

### PCR detection of intSaPI (s)

The distribution of the eight intSaPI(s) among the thirty *S.aureus* MRSA clinical strains were investigated by conventional PCR. These eight intSaPI(s) were assigned to intSaPI1, intSaPI2, intSaPI3, intSaPI4, intSaPI5, intSaPI<sub>In1/m1</sub>, intSaPI<sub>Ibov</sub>, and intSaPI<sub>Imw2</sub>. Eight conventional PCR reactions were conducted by the aid of intSaPI (s) specific primers for each clinical strain. The nucleotide sequences of the primers used in this study were based on the previously designed primer sets (Alibayov et al. 2014). The list of the primer sets covering the PCR amplification of the eight intSaPI(s) were Fw-instSaPI1:5- ACAAAGACCCACTCACAAAC-3, Rv-instSaPI1:5-AAACCAATGGATTGTTCCGT-3, Fw-instSaPI2: 5- GCGTAGATGTTTCATAGTGGTATT-3, Rv-instSaPI2: 5- TTCCTGGAGGTTGCTAAAA-3, Fw-instSaPI3:5- GTGATGAGTGGTTTCAGAGTTA-3, Rv-instSaPI3: 5- CTTTCAGTCTGCATTGGGT-3, Fw-instSaPI4:5- TTTGCCATCTTATCAGTAACATG-3, Rv-instSaPI4: 5- CTAAGAAAGCCCAAACCAGA-3, Fw-instSaPI5:5- GCAGTTTATAGATACGTCTAGTGT-3, Rv-instSaPI5: 5- CTCTTAAATGAGCGTATAGAAGAA-3, Fw- intSaPI<sub>In1/m1</sub>:5- TTAAACAGGTTGCTGACGAT-3, Rv- intSaPI<sub>In1/m1</sub>:5-GACCACTTCAATGCCAATAA-3, Fw-intSaPI<sub>Ibov</sub>1:5- AAGTATATGAGTTGTGGCTTGA-3, Rv-intSaPI<sub>Ibov</sub>1:5- CGTTCCATGTAAAGCCATTAAT-3, Fw- intSaPI<sub>Imw2</sub>: 5-AGCATGTCCTAGCCTTTGA-3, and Rv- intSaPI<sub>Imw2</sub>: 5- ATGGACGAATTAGAGGGAGT-3. The lengths of the expected PCR products were 719, 539, 760, 673, 331, 472, 441, and 870 bp for intSaPI1, intSaPI2, intSaPI3,

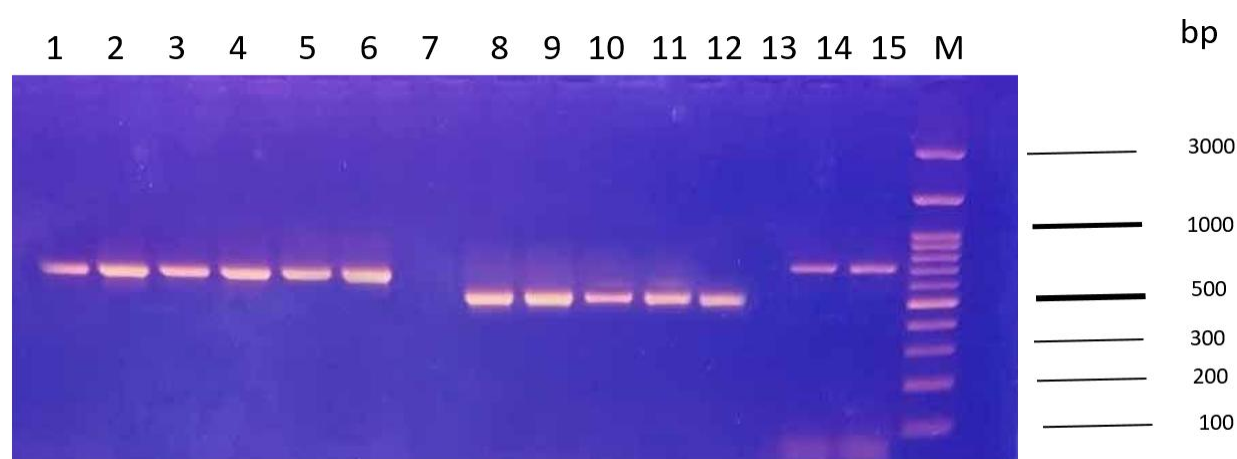
intSaPI4, intSaPI5, intSaPI<sub>in1/m1</sub>, intSaPI<sub>bov1</sub>, and intSaPI<sub>mw2</sub>, respectively. The PCR conditions were set as follow: 95 °C , 5 min for initial denaturation, 30cycles each ; 94 °C , 1 min for denaturation, 55 °C (for intSaPI1, intSaPI3, intSaPI4, intSaPI5), 56 °C (intSaPI2), 51°C (for intSaPI<sub>in1/m1</sub>), 53 °C (for intSaPI<sub>bov1</sub>), 54 °C (for intSaPI<sub>mw2</sub>), 30 sec for annealing, 42 sec (for intSaPI1, intSaPI3, intSaPI4), 30 sec (for intSaPI2), 20 sec (intSaPI5, intSaPI<sub>in1/m1</sub>, and intSaPI<sub>bov1</sub>), 72°C (for extension), and 10 min for 72 °C. The PCR products were analyzed by 1% agarose gel electrophoresis followed by visualization under UV-transilluminator. All agarose gels were run in the presence of 100 bp DNA ladder (abm, Canada). Each PCR reaction (50 µl), regardless of the name of the partial amplified fragment, consisted of 30 ng genomic DNA, 0.5µM of each forward and reverse primer, and 25µL of PCR Master mix (2X) (iNTRON, Korea).

## Results

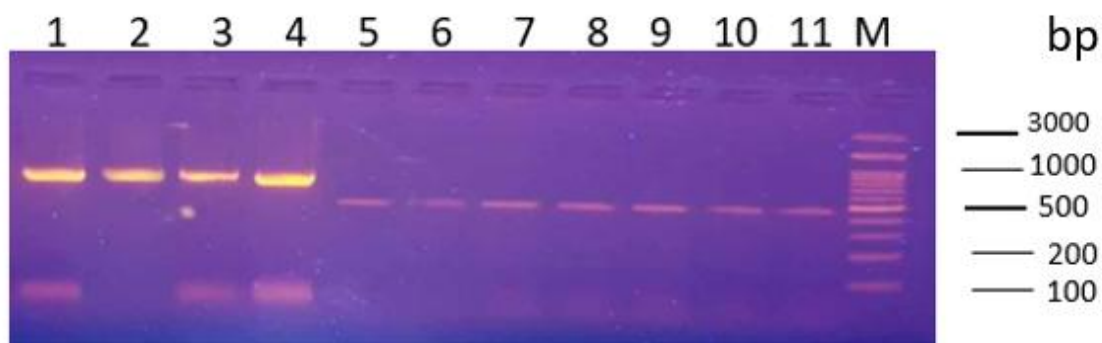
### DNA fingerprint of intSaPI(s) among *St.aureus* MRSA clinical strains

The molecular profile of thirty *S.aureus* MRSA clinical strains, previously isolated and identified (unpublished data), was determined by conventional PCR regarding eight intSaPI(s). The eight traced intSaPI(s) were intSaPI1, intSaPI2, intSaPI3, intSaPI4, intSaPI5, intSaPI<sub>in1/m1</sub>, intSaPI<sub>bov</sub>, and intSaPI<sub>mw2</sub>. The resultant PCR products derived from PCR amplification of the eight intSaPI(s) were 719, 539, 760, 673, 331, 472, 441, and 870 bp for intSaPI1, intSaPI2, intSaPI3, intSaPI4, intSaPI5, intSaPI<sub>in1/m1</sub>, intSaPI<sub>bov1</sub>, and intSaPI<sub>mw2</sub>, respectively as shown in Figures 1-5. Generally, there existed a discrepancy in the distribution of the eight intSaPI(s) among the thirty *S.aureus* MRSA clinical strains under study. The frequency of occurrence of intSaPI1, intSaPI2, intSaPI3, intSaPI4, intSaPI5, intSaPI<sub>in1/m1</sub>, intSaPI<sub>bov1</sub>, and intSaPI<sub>mw2</sub> among the thirty MRSA clinical strains were 6.66 (n=2/30), 16.66 (n=5/30), 13.33

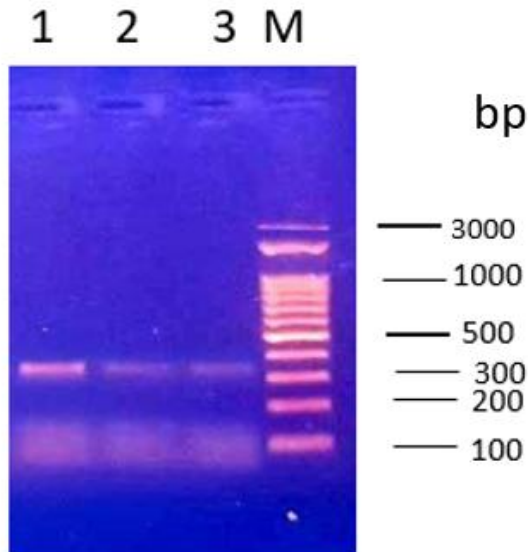
(n=4/30), 20 (n=6/30), 10 (n=3/30), 23.33 (n=7/30), 3.33(n=1/30), and 6.66% (n=2/30), respectively. The intSaPI(s) intSaPI<sub>in1/ml</sub> and intSaPI<sub>bov1</sub> did exhibit the highest and lowest frequencies 23.33 and 3.33% of occurrence among the thirty *S.aureus* MRSA clinical strains, respectively. Generally speaking, the frequency of occurrence of the eight traced intSaPI(s) was low among the thirty *S.aureus* MRSA clinical strains under study.



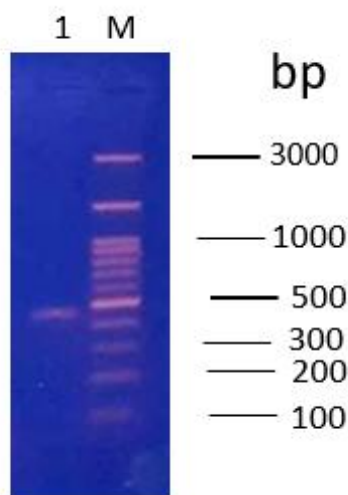
**Fig 1:** Agarose gel electrophoresis (1.5%) showing the PCR products of amplification of SapII, SaPI2, and SaPI4 from *St.aureus* MRSA clinical strains. Lanes (1-6): represent PCR products (673 bp) of SaPI4 from six positive out of thirty *S.aureus* MRSA clinical strains. Lanes (8-12): represent PCR products (539 bp) of SaPI2 from five positive out of thirty *S.aureus* MRSA clinical strains. Lanes (14-15): represent PCR products of SapII (719 bp) from two positive out of thirty *S.aureus* MRSA clinical strains. M: 100 bp DNA. Lanes 7 and 13: empty lanes.



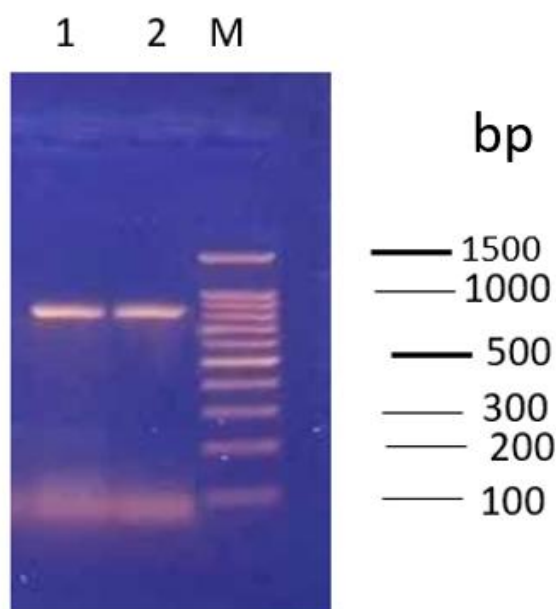
**Fig 2:** Agarose gel electrophoresis (1.5%) showing the PCR products of amplification of SaPI3 and intSaPI1/m1 from *S.aureus* MRSA clinical strains. Lanes (1-4): represent PCR products (760 bp) of SaPI3 from four positive out of thirty *S.aureus* MRSA clinical strains. Lanes (5-11): represent PCR products (472 bp) of intSaPI1/m1 from seven positive out of thirty *S.aureus* MRSA clinical strains. M: 100 bp DNA



**Fig 3:** Agarose gel electrophoresis (1.5%) showing the PCR products of amplification of SaPI5 from *S.aureus* MRSA clinical strains. Lanes (1-3): represent PCR products (331bp) of SaPI5 from three positive out of thirty *S.aureus* MRSA clinical strains. M: 100 bp DNA.



**Fig 4:** Agarose gel electrophoresis (1.5%) showing the PCR products of amplification of intSaPIbov1 from *S.aureus* MRSA clinical strains. Lane 1: represents PCR products (441) of intSaPIbov1 from one positive out of thirty *S.aureus* MRSA clinical strain. M: 100 bp DNA.



**Fig 5:** Agarose gel electrophoresis (1.5%) showing the PCR products of amplification of intSaPImw2 from *S.aureus* MRSA clinical strains. Lanes 1 & 2: represent PCR products (870) of intSaPImw2 from two *S.aureus* MRSA clinical strains. M: 100 bp DNA.



## Discussion

*S.aureus* MRSA clinical strains, most causative agent of skin lesions in human, pose a major public health threat worldwide. Methicillin-resistant *S. aureus* (MRSA) is a pathogen of growing magnitude in the hospitals and the community. *S.aureus* MRSA displays antibiotic resistance to against methicillin, penicillin, and vancomycin due to the presence of antibiotic resistance genes (Pal et al. 2020). Actually, the potential reorganization of virulence factors imposed by SaPI is of great significance from the standpoint of epidemiology. As it will in turn help in the regulation and emergence of novel resistant strains (Perillo et al., 2012). In the present study, the frequency of occurrence of SapI(s) among the thirty *S.aureus* MRSA clinical strains is in a good accordance with the findings of previous reported studies where each strain does harbor an average of one SaPI per strain and other strains carry two or more SaPI(s) (Cervera-Alamar et al. 2018). The frequency of occurrence of intSaPI1, intSaPI2, intSaPI3, intSaPI4, intSaPI5, intSaPI<sub>in1/m1</sub>, intSaPI<sub>bov1</sub>, and intSaPI<sub>mw2</sub> among the thirty MRSA clinical strains were 6.66 (n=2/30), 16.66 (n=5/30), 13.33 (n=4/30), 20 (n=6/30), 10 (n=3/30), 23.33 (n=7/30), 3.33(n=1/30), and 6.66% (n=2/30), respectively. SaPI(s) harbor a distinguishing genes required for their unique life style and carry auxiliary genes, comprising toxic shock syndrome toxin (TSST-1) and other super-antigens (Schlievert et al. 2010). The frequency of occurrence of TSST-1 among the thirty *S.aureus* MRSA clinical strains, present strains enrolled in this study, was 100% (unpublished data). Reportedly, SaPIs are the only genetic carriers of TSST-1 (Schlievert et al. 2010).

On the other hand, SaPI(s) present a more significant role for the staphylococci than mere high-speed carriers of virulence genes. Despite their derivatization from prophages, they diverged, forming a highly distinctive and separate lineage. They control the transfer of non-linked

chromosomal genes (Chen et al. 2015). SapI(s) interfere with the reproduction of phage reproduction (Ram et al. 2014) and determine animal host specificity (Viana et al. 2010).

Hence, the SaPIs seem to be crucial for the evolution and adaptation of the organism.

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