LETTER

# Metallo- $\beta$ -Lactamase and Extended-Spectrum- $\beta$ -Lactamase Production by Serratia Strains [Letter]

This article was published in the following Dove Press journal: Infection and Drug Resistance

Bhoj R Singh<sup>1</sup> Shiv Varan Singh<sup>2</sup>

<sup>1</sup>Division of Epidemiology, ICAR-Indian Veterinary Research Institute, Izatnagar 243122, India; <sup>2</sup>Division of Bacteriology and Mycology, ICAR-Indian Veterinary Research Institute, Izatnagar 243122, India **Dear editor** 

In a recent study,<sup>1</sup> thirty-six Serratia marcescens clonally disseminated isolates harbouring a blaKPC-2 carrying plasmid were reported from a Zhejiang University School of Medicine hospital. We felt it appropriate to share our observations on Serratia strains in the last three years isolated from referred veterinary and medical clinical cases. In our laboratory, none of the Serratia marcescens isolates from samples referred from veterinary and medical clinical cases and, fish for meat, milk and environmental samples at Indian Veterinary Research Institute, India either produced metallo-βlactamase (MBL) or was resistant to any of the three carbapenems (ertapenem, meropenem and imipenem) drugs tested. However, out of 75 isolates of Serratia species (Table 1) identified and characterised using growth and biochemical characteristics,<sup>2,3</sup> 13 (17.3%) isolates produced MBL and 39 (52%) produced extended-spectrum-\beta-lactamase (ESBL) on testing with E-strip assay using MBL and ESBL strips procured from BioMerieux, Marcy-l'Étoile, France, using the standard method prescribed by CLSI.<sup>4</sup> In our observations, none of the eight Serratia marces*cens* had imipenem or meropenem MIC >2  $\mu$ g mL<sup>-1</sup> but six of those produced ESBL. The 13 Serratia strains producing MBL belonged to S. ficaria (2), S. liquefaciens (1), S. odorifera (6) and S. plymuthica (4). The MIC of Serratia strains positive for MBL had imipenem MIC  $\geq$ 24 µg mL<sup>-1</sup>. Six of the 13 MBL positive isolates were from buffalo milk (S. ficaria 2, S. odorifera 4) collected from different dairy farms indicating no clonal spread which was further evidenced by their different antibiograms (data not shown). The similar non-clonal spread was also suspected for rest of the 7 isolates of Serratia producing MBL. However, two Serratia rubidaea isolates from dogs having surgical wound infection getting operated in the same facility matched for their antibiogram and produced ESBL indicating nosocomial infection with the same clone.

*Serratia* strains in our study were associated with septicaemia leading to death in eight cases, abortion in cattle, wound infection and dysentery in horses (Table 1) indicating their potential to cause a variety of ailments as observed in humans.<sup>1</sup> Though *Serratia* strains rarely cause infection in animals and human beings, isolation of MBL and ESBL producing *Serratia* strains from clinical samples is not a novelty and such strains have often been reported earlier.<sup>1,5-7</sup> Detection of ESBL and MBL producing *Serratia* strains in food (fish and milk) and environmental (Neem, *Azadirachta indica*, leaves, chewed raw in the morning by many Indians to boost their health) samples pose a public health threat anytime if such potentially pathogenic strains started to propagate and spread clonally as reported in the recent study.<sup>1</sup> Looking at the profile of *Serratia* 

Correspondence: Bhoj R Singh Email brs1762@gmail.com



Infection and Drug Resistance 2020:13 1295–1297

1295

© 2020 Singh and Singh. This work is published and licensed by Dove Medical Press Limited. The full terms of this license are available at https://www.dovepress.com/ the work you hereby accept the Terms. Non-commercial uses of the work are permitted without any further permission from Dove Medical Press Limited, provided the work is properly attributed. For permission for Commercial use of this work, please see paragraph 4.2 and 5 of our Terms (https://www.dovepress.com/terms.php).

Serratia Species	Isolates	Source, Number of Cases	MBL+ve (Source)	ESBL +ve (Source)
Serratia ficaria	3	Death in duckling I, buffalo milk 2	2 (buffalo milk 2)	I (death of a duckling I)
Serratia fonticola	2	Wound infection I (cattle), drinking water I	0	I (wound infection in cattle I)
Serratia grimesii	6	Neem leaves 5, wound of elephant I	0	4 (Neem leaves 3, wound infection in elephant 1)
Serratia liquefaciens	1	Wound infection in a dog I	I (wound infection in a dog)	0
Serratia mallotivora	4	Diarrhoea in spotted deer (Axis axis) 3, in black buck (Antilope cervicapra) 1	0	4 (diarrhoea in spotted dear 3, in black buck 1)
Serratia marcescens	8	Diarrhoea in piglet I, multiple abscesses in a horse I, death in birds 2, buffalo milk I, Neem leaves 3	0	6 (Diarrhoea in piglet 1, multiple abscesses in horse 1, death in poultry birds 2, buffalo milk 1, Neem leaves 1)
Serratia odorifera	36	Abortion in cattle 3, buffalo milk 15, Neem leaves 2, septicaemia in spotted dear 3, cattle 1, diarrhoea in piglet 1, barking deer ( <i>Muntiacus muntjak</i> )1, sloth bear ( <i>Melursus ursinus</i> )1, wounds in cattle 1, dog 1, multiple abscesses in horses 4, UTI in dog 1, water 2	6 (Buffalo milk 4, multiple abscess in horse 1, wound infection in dog 1)	14 (Abortion in cattle 1, buffalo milk 2, Neem leaves 2, septicaemia in spotted dear 3, diarrhoea in piglet 1, sloth bear 1, multiple abscesses in horses 2, UTI in dog 1, water 1)
Serratia plymuthica	8	Abscess I in dog, wound infection in horse I, septicaemia death in elephant ( <i>Elephas maximus</i> <i>indicus</i> ) I, bloody dysentery in horse I, fish meat 2, nasal catarrh in pig I, UTI in a man I	4 (Fish for meat 2, UTI in human, wound infection in dog 1)	5 (Fish meat 2, dysentery in horse 1, nasal catarrh in pig 1, septicaemia death in elephant 1)
Serratia rubidaea	6	Abortion in cattle 2, abscess in a man 1, surgical wound infection in dogs 2, death in pigeon 1	0	3 (Abscess in a man 1, surgical wound in dogs 2)
Serratia proteamaculans	I	Bat (Pteropus medius) faeces I	0	I (Bat faeces)

Table I Metallo-β-Lactamase (MBL) and Extended-Spectrum-β-Lactamase (ESBL) Producing Serratia Species Strains Isolated at Clinical
Epidemiology Laboratory, ICAR-Indian Veterinary Research Institute, Izatnagar, India

Note: Neem, Azadirachta indica.

Abbreviations: MBL, metallo- $\beta$ -lactamase; ESBL, extended-spectrum- $\beta$ -lactamase.

strains, it is need of the day that isolation of a *Serratia* from clinically samples should not be ignored even if it is not belonging to *S. marcescens* as in our observations only four of the 44 isolates from clinical samples belonged *S. marcescens* species and 40 were of other species.

## Disclosure

The authors report no conflicts of interest in this communication.

## References

 Xu Q, Fu Y, Zhao F, Jiang Y, Yu Y. Molecular characterization of carbapenem-resistant *Serratia marcescens* Clinical isolates in a tertiary hospital in Hangzhou, China. *Infect Drug Resist.* 2020;13:999–1008. doi:10.2147/IDR.S243197

- 2. Carter GR. *Diagnostic Procedures in Veterinary Microbiology*. 2nd ed. Springfield: Charles C Thomas Publishers; 1975.
- 3. Singh BR. *Labtop for Microbiology Laboratory*. Germany: Lambert Academic Publishing; 2009.
- 4. Performance standards for antimicrobial disk susceptibility tests. 24th Informational Supplement, Document M100-S24 and M11-A8. Wayne, Pennsylvania: Clinical and Laboratory Standards Institute; 2014.
- Singh BR. Urinary tract infections: the most common causes and effective antimicrobials. IVRI Report UTI-1. 2019Doi: 10.13140/ RG.2.2.31538.56005/1.
- 6. Bryant KA, Van Schooneveld TC, Thapa I, et al. KPC-4 is encoded within a truncated Tn4401 in an IncL/M plasmid, pNE1280, isolated from *Enterobacter cloacae* and *Serratia marcescens. Antimicrob Agents Chemother.* 2013;57(1):37–41. doi:10. 1128/AAC.01062-12
- Gona F, Caio C, Iannolo G, et al. Detection of the IncX3 plasmid carrying bla(KPC-3) in a *Serratia marcescens* strain isolated from a kidney–liver transplanted patient. *J Med Microbiol.* 2017;66 (10):1454–1456. doi:10.1099/jmm.0.000592

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Infection and Drug Resistance 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Infection and Drug Resistance editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

#### Infection and Drug Resistance

### **Dove**press

#### Publish your work in this journal

Infection and Drug Resistance is an international, peer-reviewed openaccess journal that focuses on the optimal treatment of infection (bacterial, fungal and viral) and the development and institution of preventive strategies to minimize the development and spread of resistance. The journal is specifically concerned with the epidemiology of antibiotic resistance and the mechanisms of resistance development and diffusion in both hospitals and the community. The manuscript management system is completely online and includes a very quick and fair peerreview system, which is all easy to use. Visit http://www.dovepress.com/testimonials.php to read real quotes from published authors.

Submit your manuscript here: https://www.dovepress.com/infection-and-drug-resistance-journal