

# Pathogenesis of *Acinetobacter* spp.:

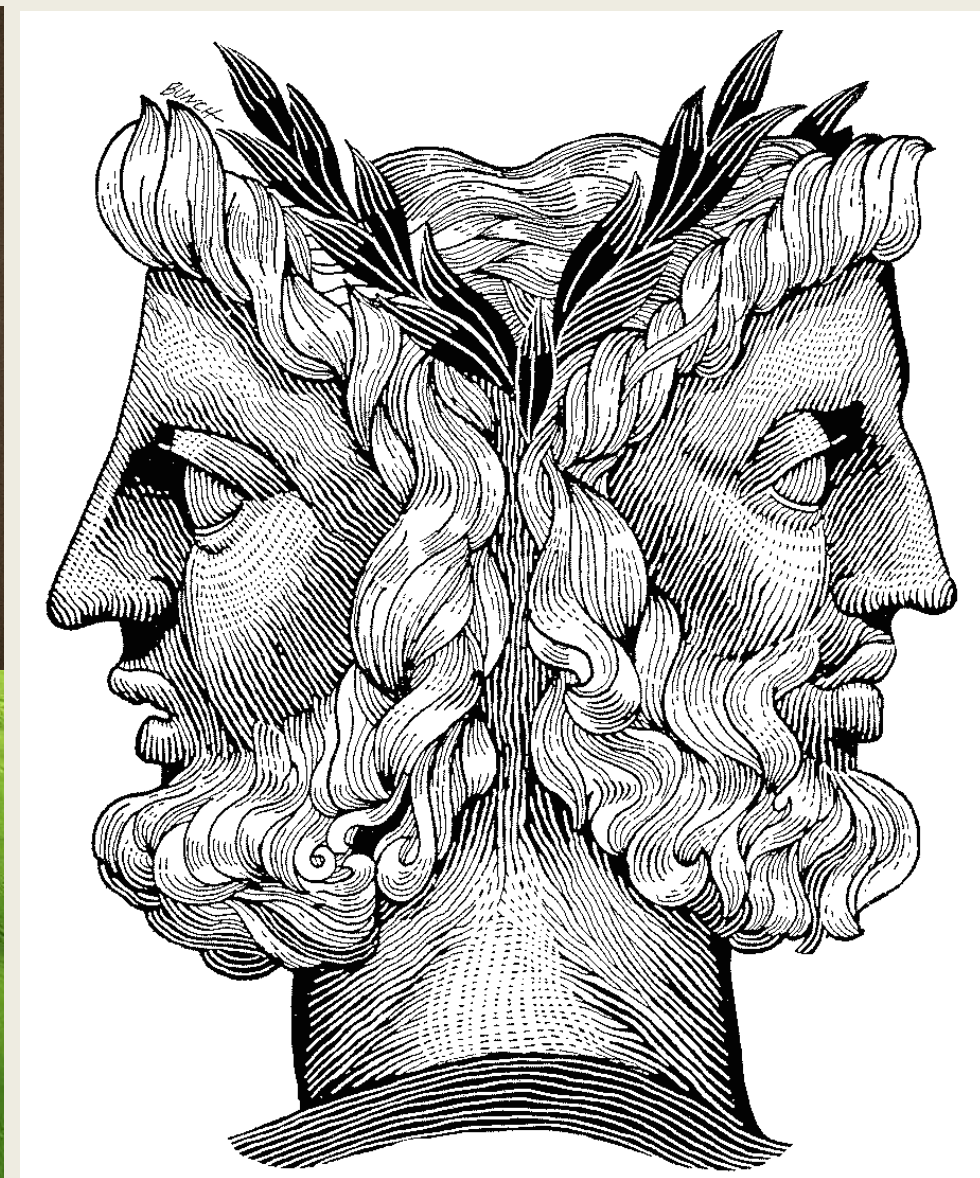
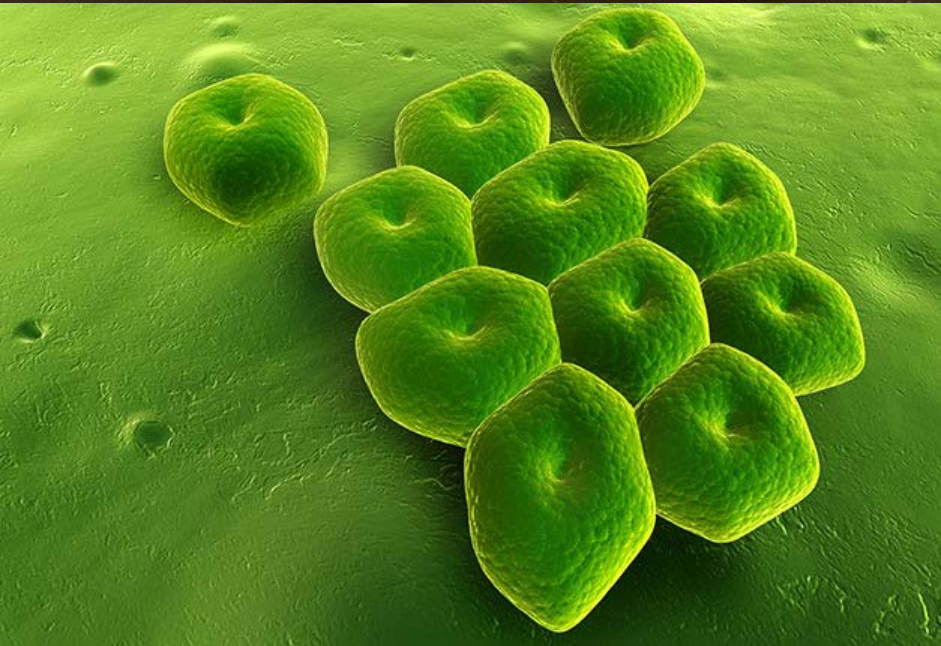
## Resistance and Virulence Converge

**Robert A. Bonomo, MD**  
**Chief, Medical Service**  
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**Louis Stokes Cleveland VAMC**  
**Vice Chairman, Department of Medicine**  
**University Hospitals Case Medical Center**  
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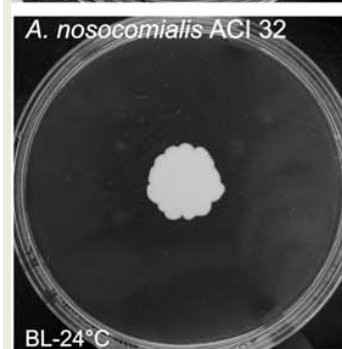
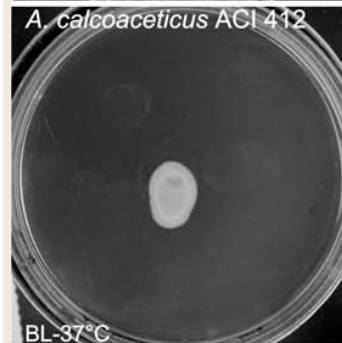
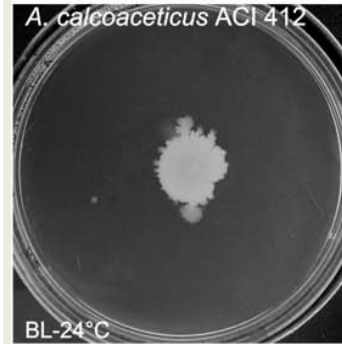
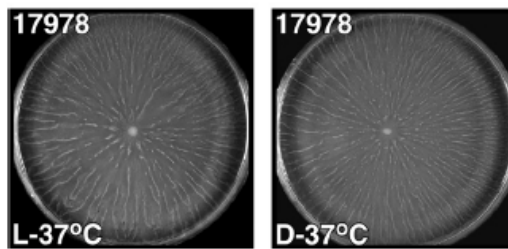
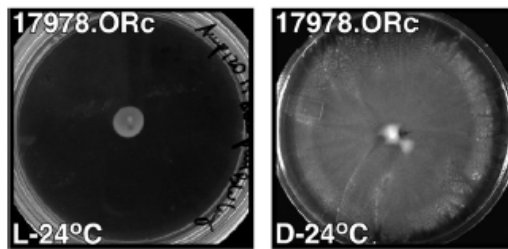
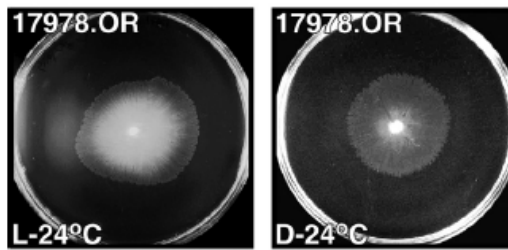
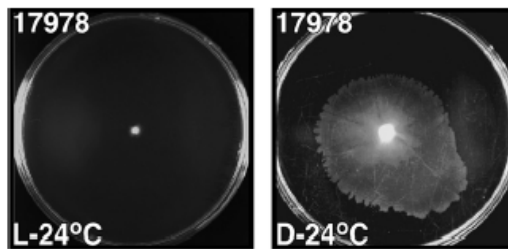
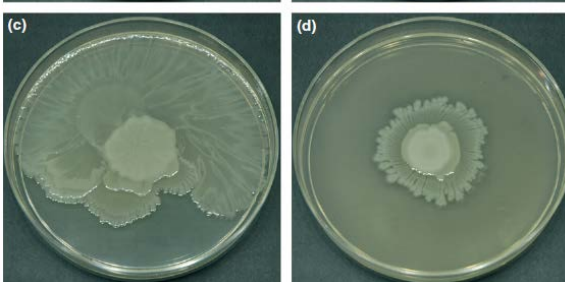
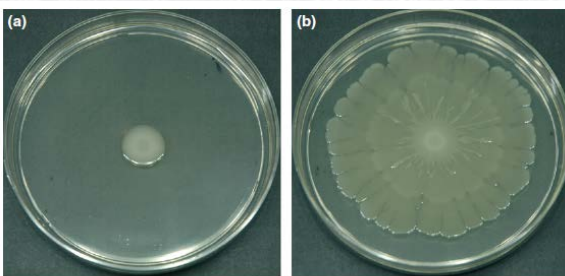
# Acinetobacter spp.



- Among the most complex of pathogens (a “sordid past”)
  - *Mima polymorpha*, *Herella vaginicola*, *Bacterium anitratum*, *Moraxella*, B5W
- Highly diverse, oxidase-(+ ) and (-) , Gram-negative coccobacilli.
- > 50 species --the majority are nonpathogenic
- Species causing infection : *A. baumannii*\*, *A. calcoaceticus* and *A. Iwoffii* , *A. haemolyticus*, *A. johnsonii*, *A. junii*, *A. nosocomialis*, *A. pittii*, *A. schindleri*, *A. ursingii*, and *A. seifertii* (an emerging pathogen in Asia)
- α + κίνητο + βακτηρ(ία) = “*akineto*” = “non motile rod”-really?
- “Warm and wet”



# “Non-motile”



# **Spectrum of Human Infections- increased attributable mortality**

- **Hospital acquired, health care associated and community acquired**
  - **Pneumonia**
    - **mechanical ventilation (40-70 % mortality)**
    - **community acquired (40-60 % mortality, alcohol use)**
  - **BSI**
  - **Burn**
  - **SSTI (Iraq experience)**
  - **Meningitis (33% mortality)**
  - **Osteomyelitis**
  - **Endocarditis**

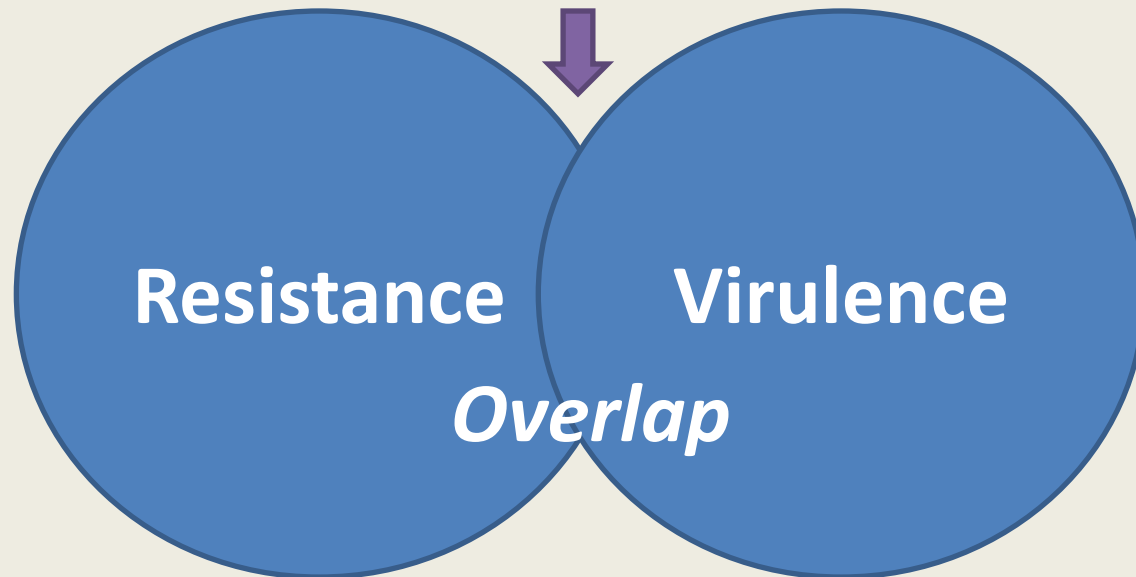
# The mark of a successful pathogen--resistance + virulence

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***Resistosome of A. baumannii***

***Virulosome of A. baumannii***

**Factors??? Balance???**



***Remarkable capacity of A. baumannii to acquire and rearrange genetic determinants that play a critical role in its pathobiology***

How do we know *Acinetobacter* spp.  
are virulent?

What are the clues?

What does this mean?

Observations  
Finding Models  
Defining Virulence Traits

# **Antibiotic resistance determinants in *Acinetobacter* spp and clinical outcomes in patients from a major military treatment facility**

Federico Perez, MD,<sup>a,b</sup> Andrea M. Hujer, BS,<sup>b</sup> Edward A. Hulten, MD,<sup>c</sup> Joel Fishbain, MD,<sup>c</sup> Kristine M. Hujer, BS,<sup>b</sup>  
David Aron, MD,<sup>b</sup> Katherine Thweatt, PhD,<sup>b</sup> Curtis J. Donskey, MD,<sup>b</sup> and Robert A. Bonomo, MD<sup>b,d</sup>  
Cleveland, Ohio, and Washington, DC

**Antibiotic-resistant phenotypes and genotypes in *Acinetobacter* spp  
with clinical outcomes and  
characteristics in 75 patients from a major military treatment facility.**



## Carbapenem resistance associated with the need for mechanical ventilation.

**Table 1.** Phenotypes and outcomes

Outcome	Carbapenem				P value
	R		S		
No. of isolates	19		56		.020*
Intubation	17		34		
No intubation	2		22		.545
HAI	5		19		
Non-HAI	14		37		
	Mean	SD	Mean	SD	P value
No. days into outbreak	481.32	206.63	369.14	197.53	.005*
No. of antibiotics	6.68	3.96	5.52	3.78	.182
Duration of antibiotics, days	45.53	40.11	34.82	36.38	.395
No. of antibiotic changes	6.68	4.41	4.70	4.54	.068
Days ICU stay	20.21	34.88	18.52	35.01	.321
Days inpatient	66.68	64.51	47.73	40.19	.535

R, resistant; S, susceptible; HAI, hospital-acquired infection.

\*P < .05.

***bla*<sub>OXA-23</sub> associated with mechanical ventilation, longer hospital and ICU stay, complexity, duration, and changes made to antibiotic regimens.**

**Table 2. Genotypes and outcomes**

Outcome	<i>bla</i> <sub>OXA-23</sub>				P value
	Positive		Negative		
No. of isolates	8		67		.041*
Intubation	8		43		
No intubation	0		24		
HAI	3		21		.729
Non-HAI	5		46		
	Mean	SD	Mean	SD	P value
No. days into outbreak	488.38	215.70	386.72	202.02	.056
No. of antibiotics	8.13	3.18	5.54	3.83	.026*
Duration of antibiotics, days	71.63	45.16	33.46	34.53	.010*
No. of antibiotic changes	8.75	3.20	4.78	4.54	.005*
No. days ICU stay	35.88	50.21	16.93	32.37	.040*
No. days inpatient	90.13	62.54	48.04	44.18	.036*

NOTE: Positive refers to a present gene. Negative refers to an absent gene.

HAI, hospital-acquired infection.

\*P < .05.



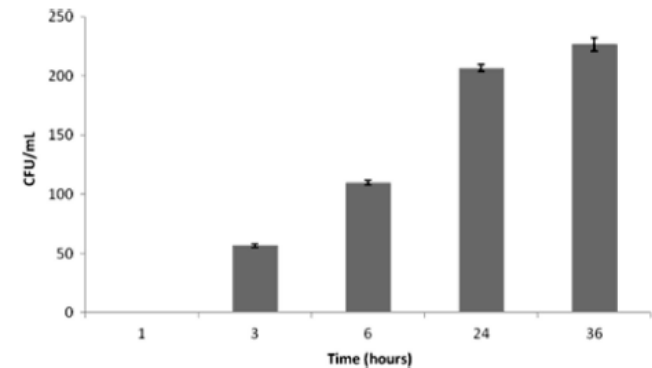
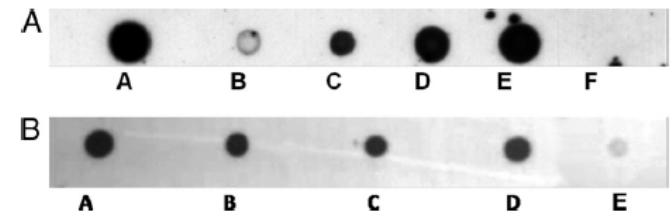
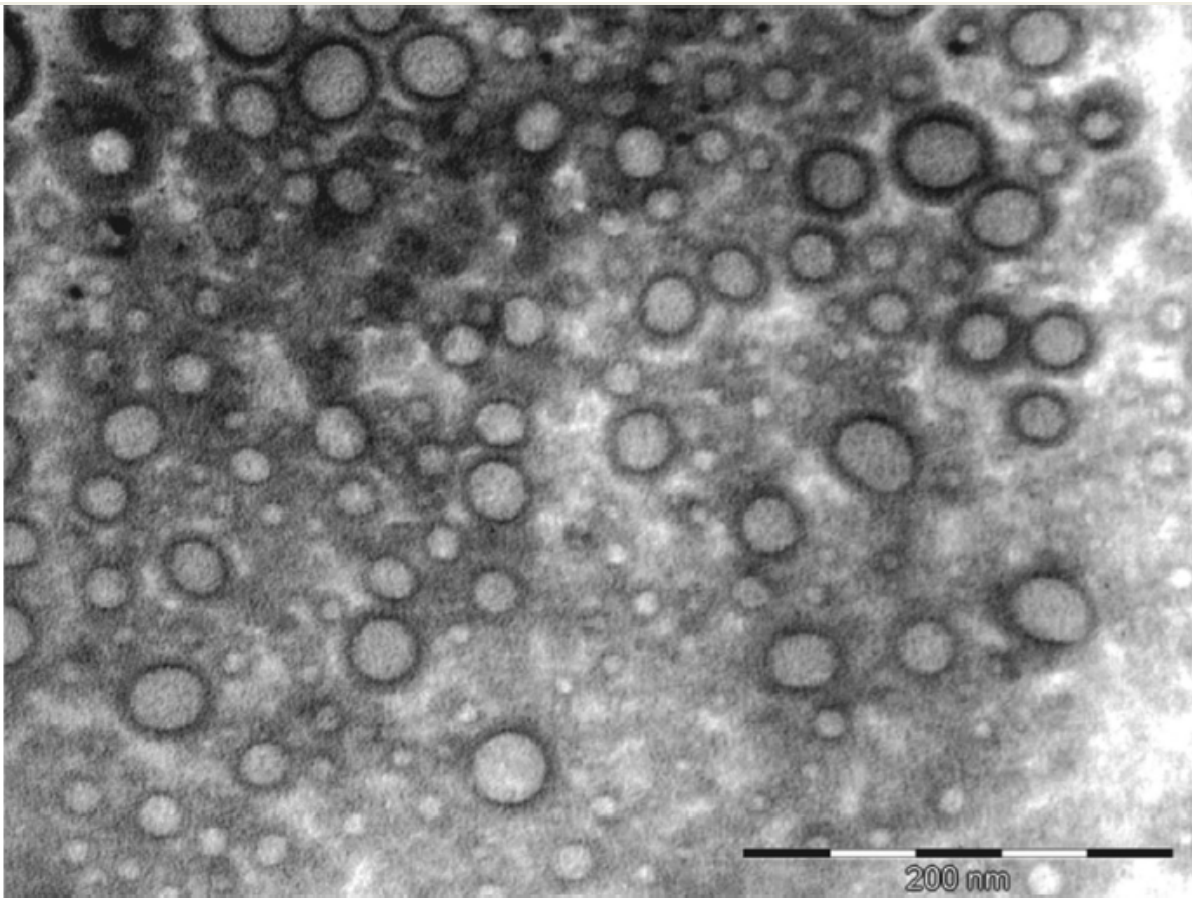
# *bla*<sub>OXA-23</sub> - a marker?

- Infections caused by *A baumannii* that harbor *bla*<sub>OXA-23</sub> may be associated with more difficult to treat clinical conditions.
- The associations...The number of antibiotics used, duration of antibiotic use, and number of changes in the antibiotic regimen.
- Is there a link within the bacterium of proteins in the periplasmic space and cytosol and other virulence factors??

## A mechanism of horizontal gene transfer

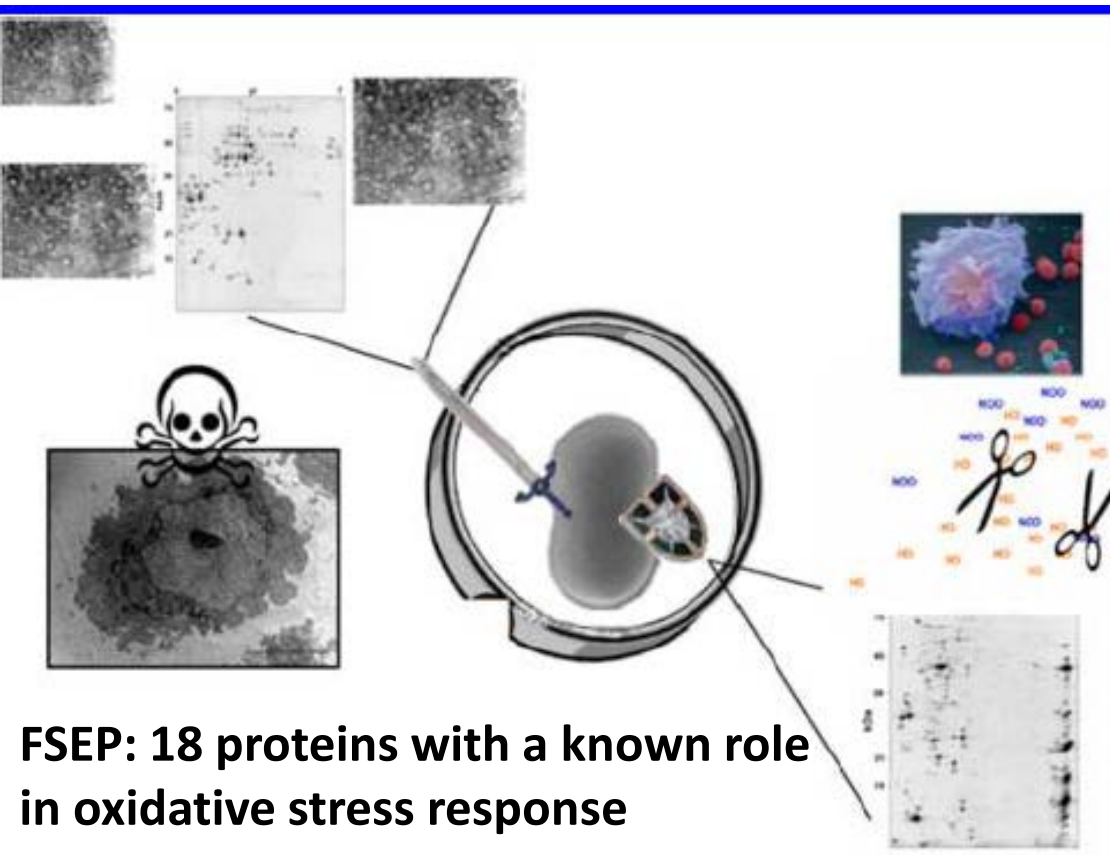
# Horizontal Transfer of the OXA-24 Carbapenemase Gene via Outer Membrane Vesicles: a New Mechanism of Dissemination of Carbapenem Resistance Genes in *Acinetobacter baumannii*<sup>∇</sup>

Carlos Rumbo,<sup>1</sup>† Esteban Fernández-Moreira,<sup>1</sup>† María Merino,<sup>1</sup>† Margarita Poza,<sup>1</sup>  
Jose Antonio Mendez,<sup>1</sup> Nelson C. Soares,<sup>1</sup> Alejandro Mosquera,<sup>2</sup>  
Fernando Chaves,<sup>3</sup> and Germán Bou<sup>1\*</sup>



# Extracellular Proteome of a Highly Invasive Multidrug-resistant Clinical Strain of *Acinetobacter baumannii*

Jose Antonio Mendez,<sup>†,‡</sup> Nelson C. Soares,<sup>†,‡</sup> Jesús Mateos,<sup>§</sup> Carmen Gayoso,<sup>†</sup> Carlos Rumbo,<sup>†</sup> Jesús Aranda,<sup>†</sup> Maria Tomas,<sup>†</sup> and Germán Bou<sup>\*,†</sup>



Of the OMV proteins, 39 were associated with pathogenesis and virulence, including proteins associated with attachment to host cells (e.g., CsuE, CsuB, CsuA/B) and specialized secretion systems for delivery of virulence factors (e.g., P. pilus assembly and FilF)

# Models of infection

Animal models have been important to identify potential virulence

Elucidate the factors driving the outcome of the interactions between the host and *Acinetobacter* spp.

## Caveat

*In vitro* assays, including adherence to human cells (e.g., epithelial cells and/or pneumocytes), cell invasion, and biofilm formation **have often lacked** correlation with *in vivo* virulence of *Acinetobacter* when studied head to head

# Models of infection to understand pathogenesis



# Models of Infection

- **Mice (limitations, some non physiologic)**
  - High inoculum infections ( $10^9$ )? Relevance?
  - Neutropenic mouse ? not a common risk factor
  - IP infections-porcine mucin??
  - **Strains of mice intrinsically susceptible: A/J mice demonstrate delayed neutrophil recruitment to the lungs due to diminished CXC chemokine responses to the bacteria, possibly explaining their susceptibility to pulmonary infection**
  - **C3HeB/FeJ strains of mice-unknown**



# Models of Infection-II

- **Rats**

- Pneumonia-better, non-immunocompromised
- Skin and soft tissue-find virulent strains
- Wound; Ab5075 and cyclophosphamide
- Meningitis
- Osteomyelitis
- Endocarditis

# Models of Infection-II

- **Non mammalian**
  - *Galleria* (waxy moth larva)
  - *C. elegans*
  - Zebrafish larvae

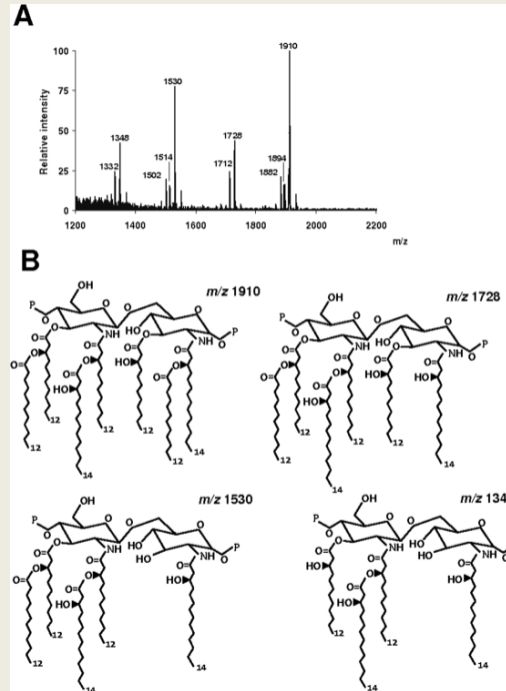
# Models lead us to define Virulence + Determinants

- Persistence in dry environments / resists desiccation
- Motility
- Ethanol
- RecA
- Biofilm (adherence mechanisms)
- Fe acquisition pathways
- activities of polysaccharide membrane and outer membrane protein phospholipases
- alteration in PBPs,
- OMVs

**Pilus production mediated by the CsuA/BABCDE usher-chaperone assembly system is required for attachment and biofilm formation on abiotic surfaces by the *A. baumannii* ATCC 1960T**

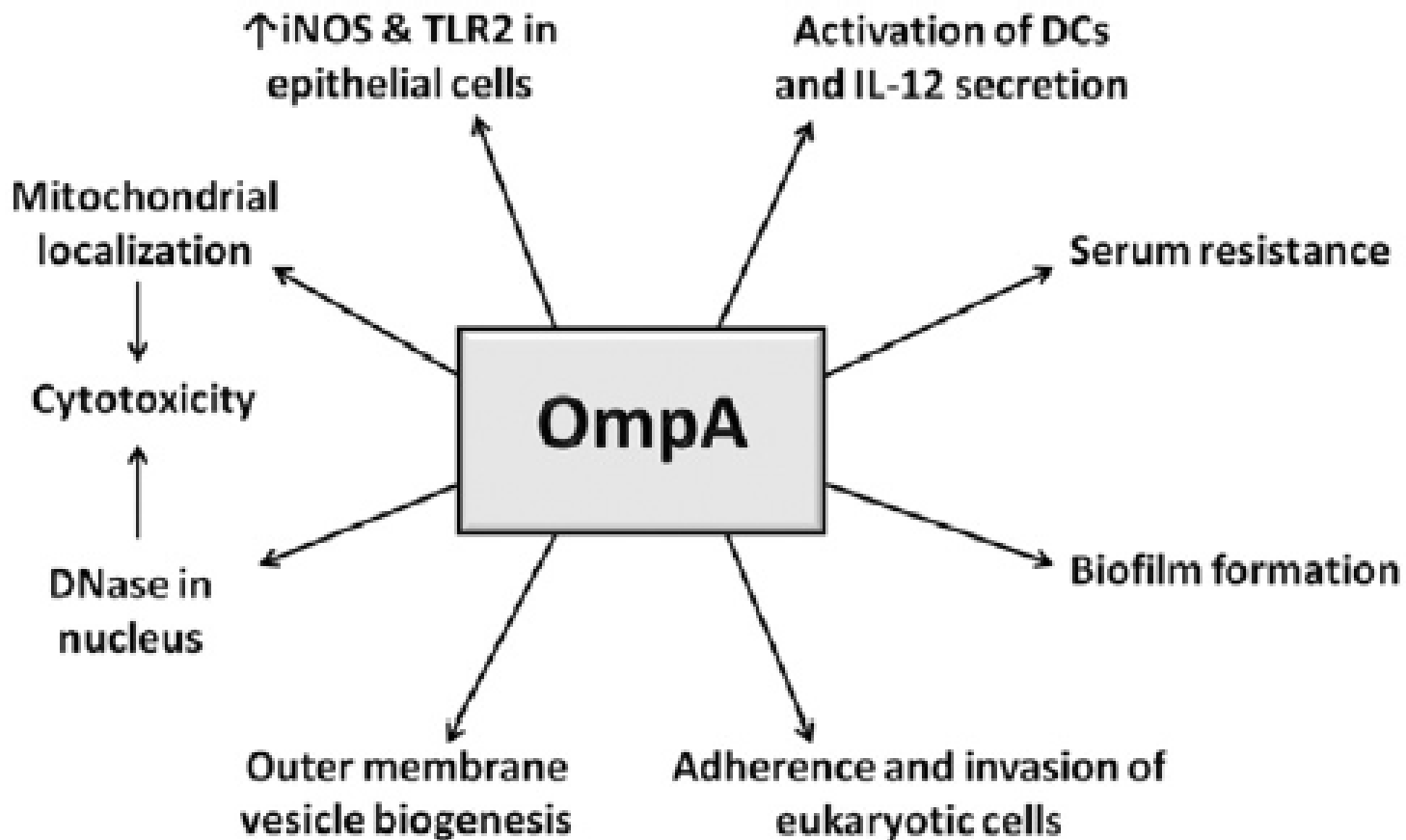
# Central Role of LPS

Evasion  
of Host  
Immune  
response



Triggering  
of Host  
Inflammation  
Response

# Central Role of OmpA



# Identified Virulence Factors- complexity begins

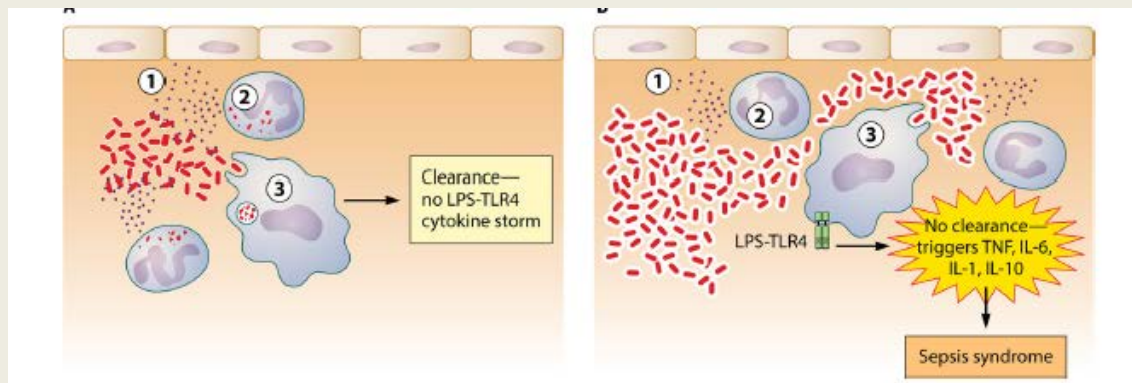
<b>OmpA</b>	<b>CFTR (CiF)</b>	<b>SOD</b>	<b>pmrB</b>	<b>SurA1</b>	<b>OmpA</b>	<b>Zur</b>	<b>pmrA</b>	<b>Omp33</b>
<b>Cpa A</b>	<b>Biofilm gene (LH92_11085)</b>	<b>TonB</b>	<b>lpxACD, pmrB</b>	<b>AdeRS</b>	<b>OMV</b>	<b>ZigA</b>	<b>Acinetobactin (iron siderophore)</b>	<b>MapA</b>
<b>BfmS</b>	<b>KatG and KatE</b>	<b>OXA-40</b>	<b>PLD</b>	<b><i>gacA and gacS, abal, paaA</i></b>	<b>LipA</b>	<b>FeoB</b>	<b>Cipro R</b>	<b>Capsule</b>
<b>CarO</b>	<b>NfuA</b>	<b>AbuO</b>	<b>Type VI SS (T6SS)</b>	<b>PTK and EpsA</b>	<b>gspD</b>	<b>pmrB</b>	<b>Acinetobactin</b>	<b>UspA</b>
<b>OprD</b>	<b>EntA</b>	<b>SecA</b>	<b>lpxD</b>	<b>PLD</b>	<b>AdeABC AdeIJK</b>	<b>pmrA</b>	<b>PgILAb (O glycosylation)</b>	<b><i>pmrB, lpxA, lpxA, lpxC, lpxD</i> (LPS genes)</b>

# Immunological defense mechanisms

- Cytokines
- Avoidance of innate effector uptake
- PMNs
- LPS-TLR4 governance of outcome
- Macrophages
- Zn and Mn sequestration
- Iron sequestration

# Integrated view of *A. baumannii* virulence

- Capsule --evades complement and phagocytosis.
  - Capsule-primary defense vs. complement-mediated destruction and opsonization, as well as phagocytic uptake
- LPS (endotoxin)??
- A large infectious inoculum and depletion or reduction of host innate effectors
- LPS triggering of TLR4-mediated sepsis.





**Early effective therapy helps the host rapidly clear the bacteria, avoiding subsequent host damage from the sepsis response, whereas early administration of ineffective therapy enables the bacteria to persist at higher blood or tissue bacterial densities, triggering host damage**

# Virulence and Resistance converge???

## Inhibition of LpxC Protects Mice from Resistant *Acinetobacter baumannii* by Modulating Inflammation and Enhancing Phagocytosis

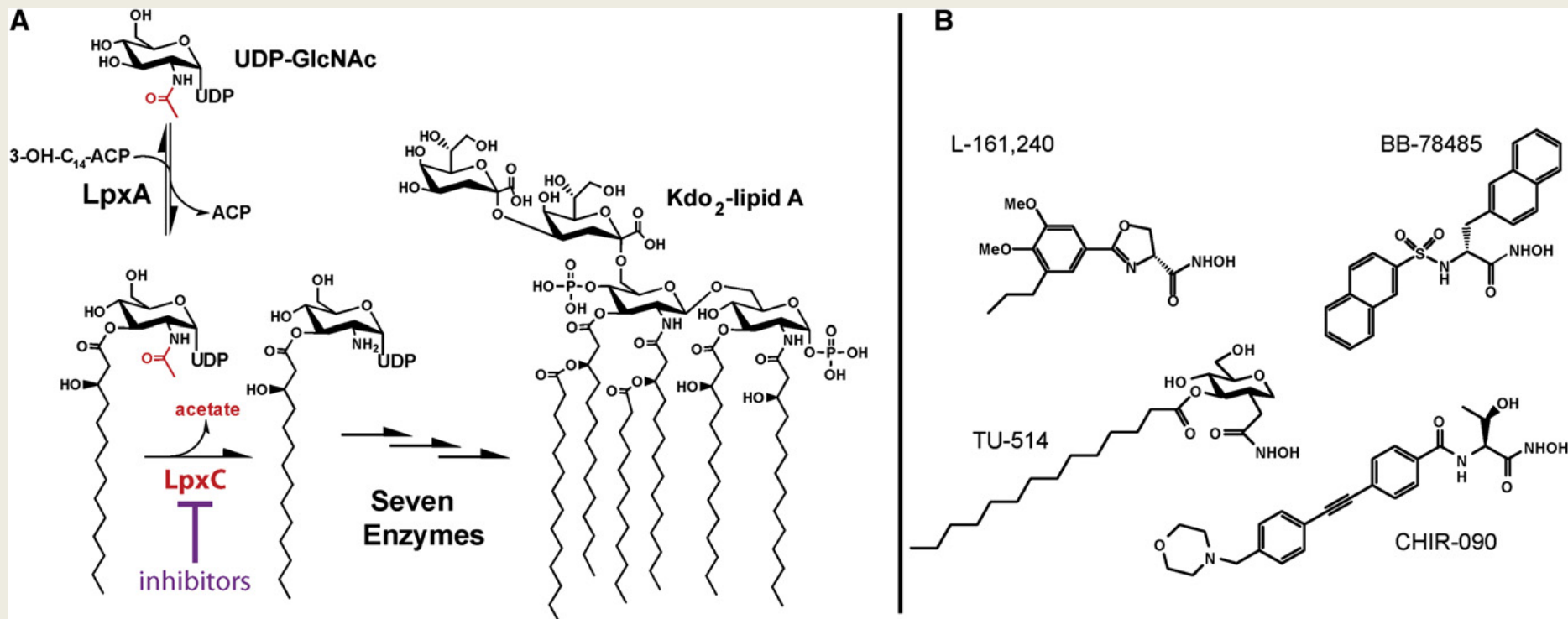
Lin Lin,<sup>a,b</sup> Brandon Tan,<sup>a</sup> Paul Pantapalangkoor,<sup>a</sup> Tiffany Ho,<sup>a</sup> Beverlie Baquir,<sup>a</sup> Andrew Tomaras,<sup>c</sup> Justin I. Montgomery,<sup>c</sup> Usa Reilly,<sup>c</sup> Elsa G. Barbacci,<sup>c</sup> Kristine Hujer,<sup>d</sup> Robert A. Bonomo,<sup>d</sup> Lucia Fernandez,<sup>e</sup> Robert E. W. Hancock,<sup>e</sup> Mark D. Adams,<sup>f</sup> Samuel W. French,<sup>b,g</sup> Virgil S. Buslon,<sup>g</sup> and Brad Spellberg<sup>a,b</sup>

?

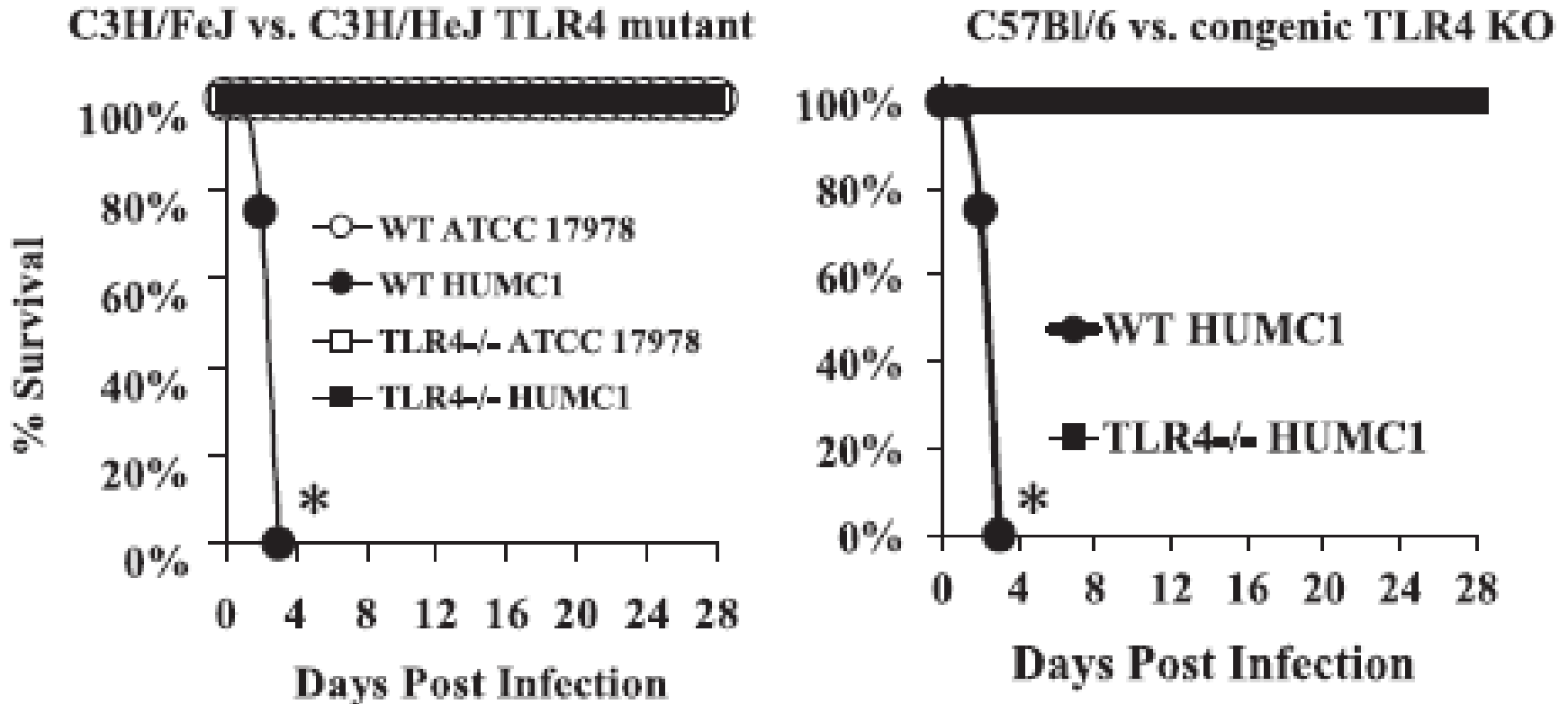
**Can an LpxC inhibitor block the ability of bacteria to activate the sepsis cascade, enhanced opsonophagocytic killing of the bacteria, and protected mice from lethal infection.**

# Species-Specific and Inhibitor-Dependent Conformations of LpxC: Implications for Antibiotic Design

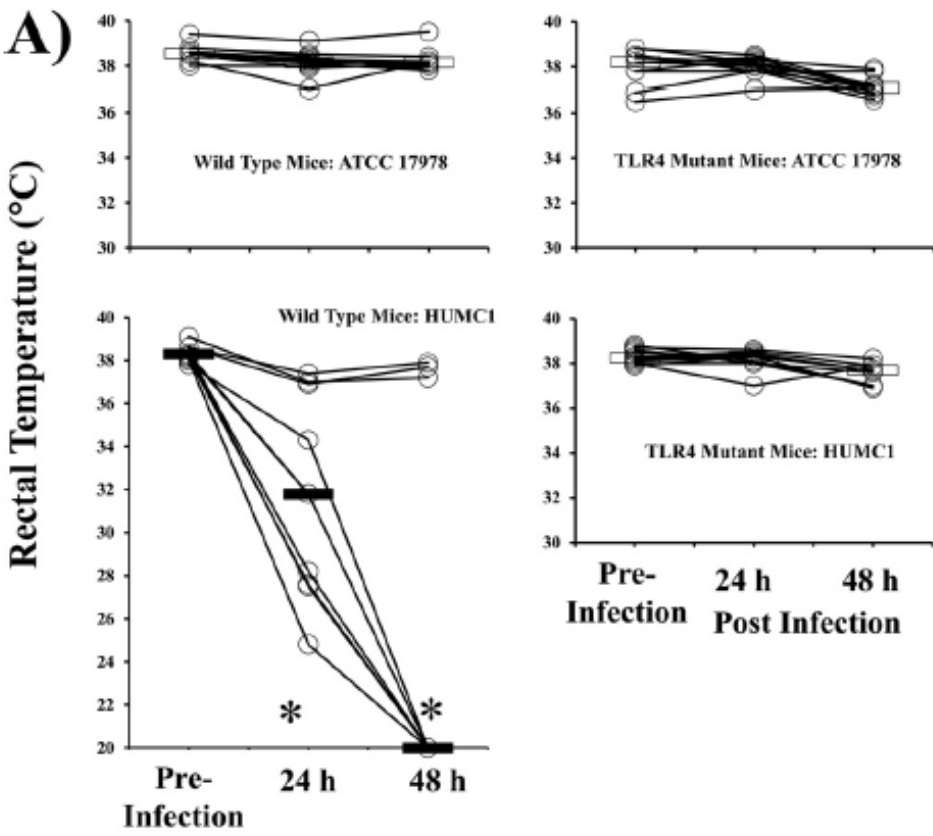
Chul-Jin Lee,<sup>1,2</sup> Xiaofei Liang,<sup>3,4</sup> Xin Chen,<sup>3</sup> Daina Zeng,<sup>1</sup> Sang Hoon Joo,<sup>1</sup> Hak Suk Chung,<sup>1</sup> Adam W. Barb,<sup>1,7</sup> Shauna M. Swanson,<sup>5</sup> Robert A. Nicholas,<sup>5,6</sup> Yaoxian Li,<sup>4</sup> Eric J. Toone,<sup>1,2,3</sup> Christian R.H. Raetz,<sup>1</sup> and Pei Zhou<sup>1,2,3,\*</sup>



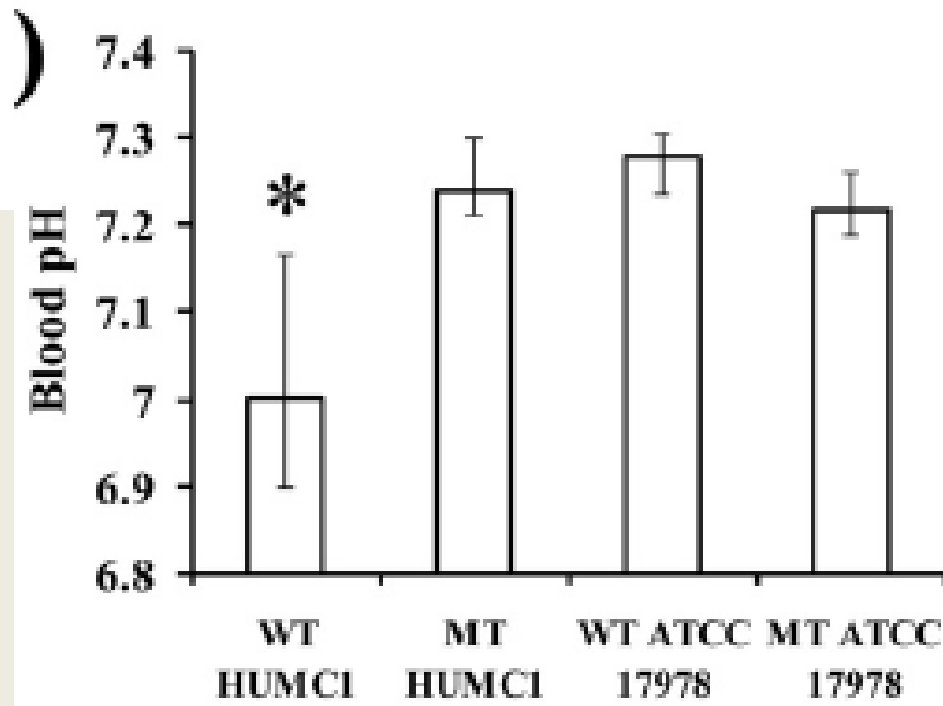
# TLR4 is **antiprotective** against *A. baumannii* bloodstream infection



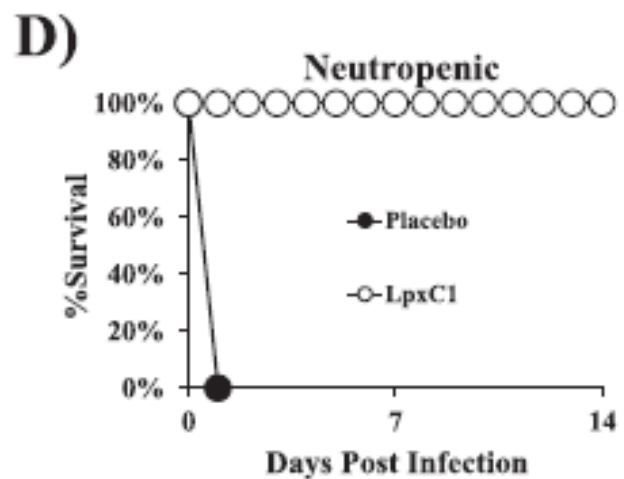
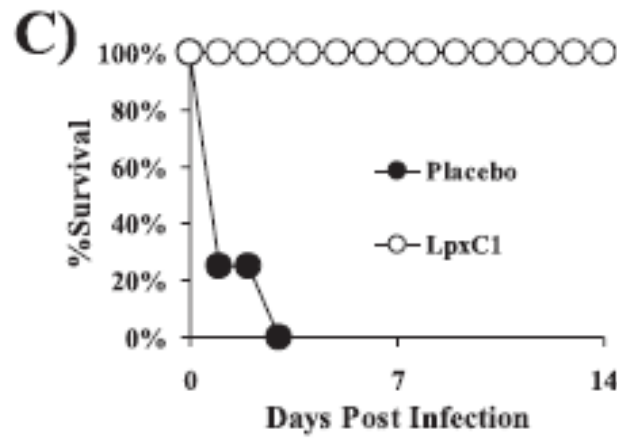
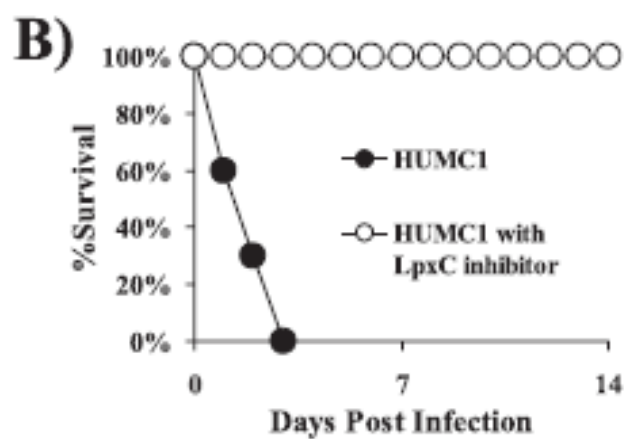
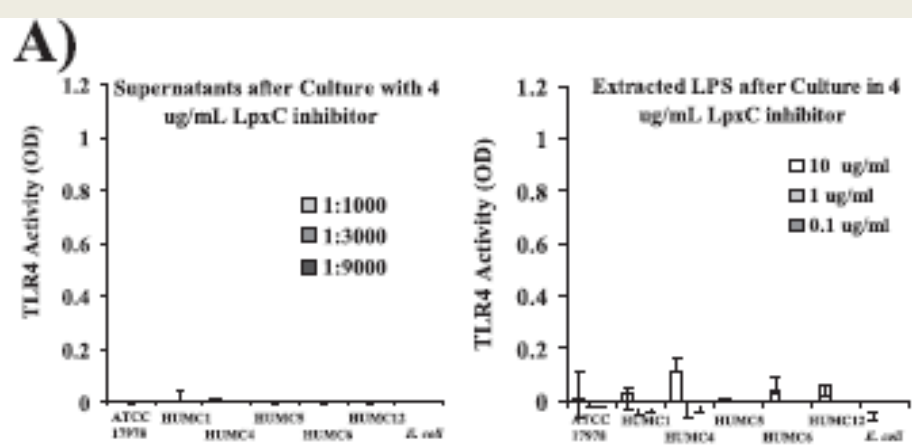
**TLR4-mutant mice were not susceptible to and were instead highly resistant to lethal infection caused by *A. baumannii*.**



**Lethally infected wild-type mice had septic shock, whereas TLR4-mutant mice did not.**



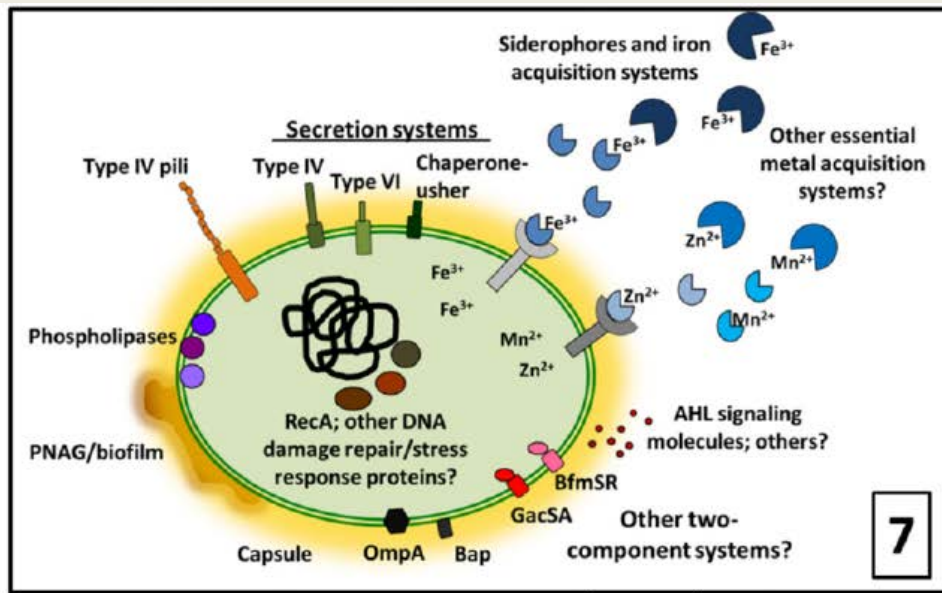
# Inhibition of LPS biosynthesis with an inhibitor of TLR4 activation *in vitro* and abrogated virulence *in vivo*.



# A new way of looking at *Acinetobacter*??

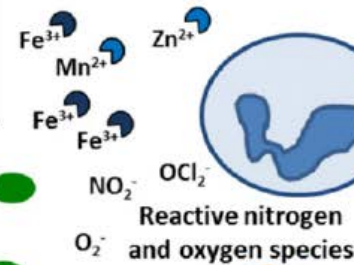
- LPS-mediated activation of TLR4 was a primary pathogenic factor during systemic *A. baumannii* infection, and TLR4 was antiprotective against lethal infection.
- Inhibition of LpxC resulted in diminished LPS-mediated TLR4 activation and protected mice from lethal infection despite a lack of *in vitro* susceptibility of the bacteria to the inhibitor by traditional testing.

# The virulosome



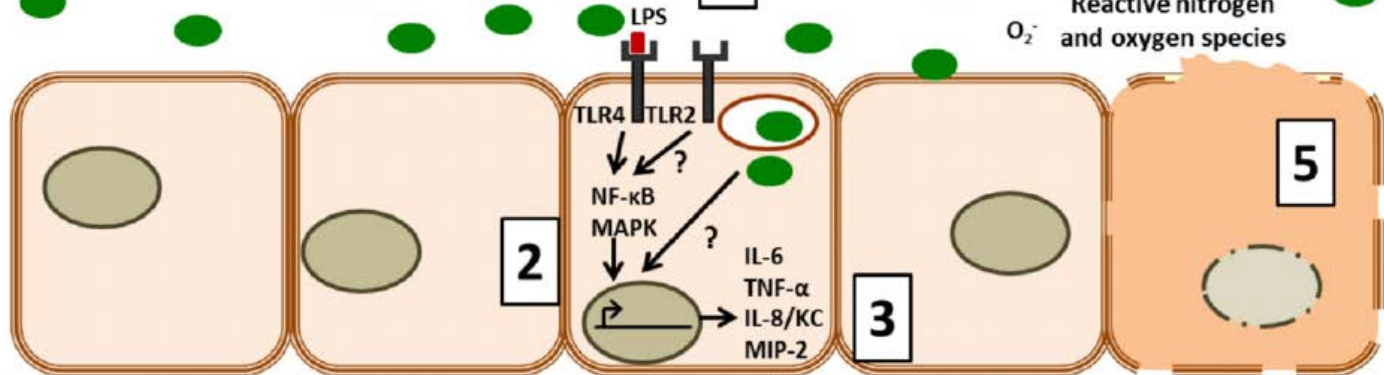
Host metal-chelating proteins (e.g. transferrin, calprotectin)

**6**



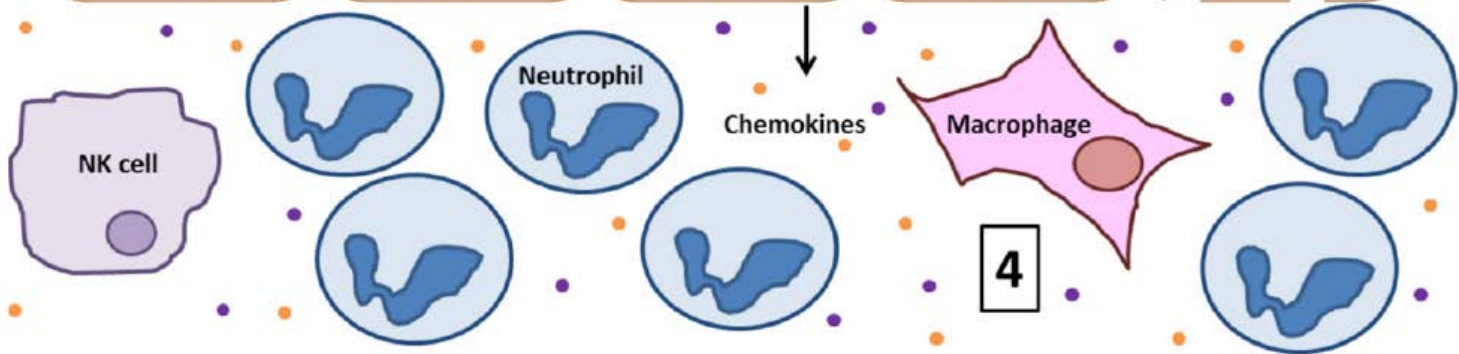
*A. baumannii*

**1**



Chemokines

**4**



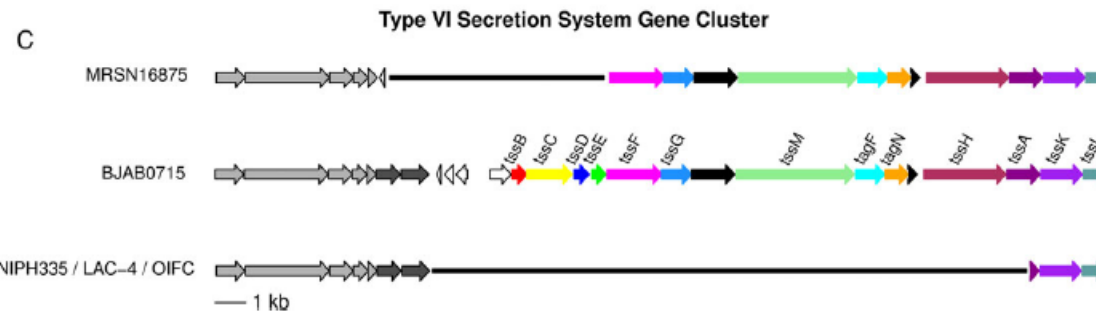
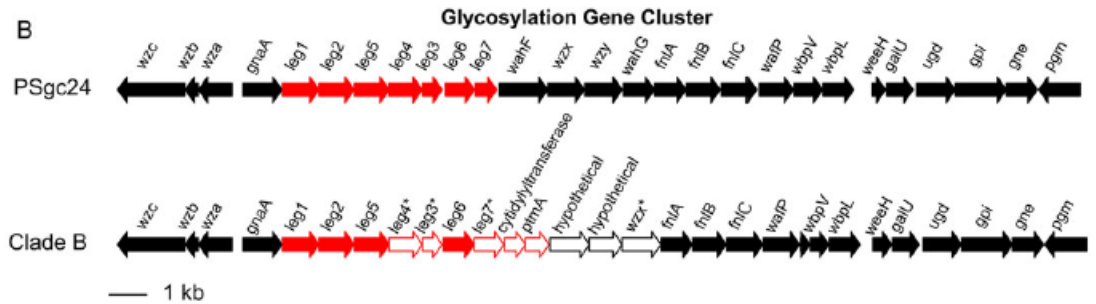
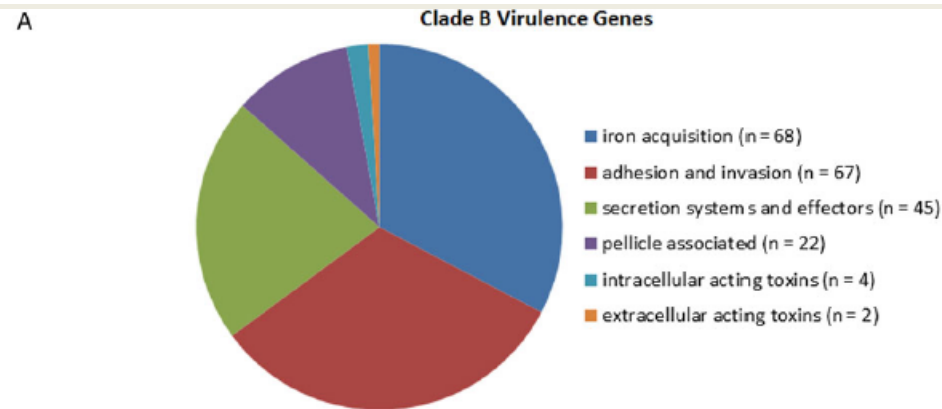
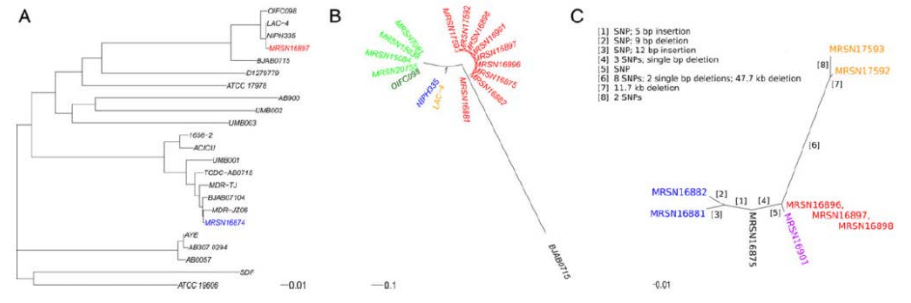
Brittany Mortensen and Eric P. Skaar



# Fatal Outbreak of an Emerging Clone of Extensively Drug-Resistant *Acinetobacter baumannii* With Enhanced Virulence

Crystal L. Jones,<sup>1</sup> Megan Clancy,<sup>2</sup> Cary Honnold,<sup>3</sup> Shweta Singh,<sup>1</sup> Erik Snesrud,<sup>4</sup> Fatma Onmus-Leone,<sup>4</sup> Patrick McGann,<sup>4</sup> Ana C. Ong,<sup>4</sup> Yoon Kwak,<sup>4</sup> Paige Waterman,<sup>4</sup> Daniel V. Zurawski,<sup>1</sup> Robert J. Clifford,<sup>4</sup> and Emil Lesho<sup>4</sup>

<sup>1</sup>Department of Wound Infections, Walter Reed Army Institute of Research, Silver Spring, Maryland; <sup>2</sup>Providence Alaska Medical Center, Anchorage; <sup>3</sup>Department of Pathology, and <sup>4</sup>Multidrug-Resistant Organism Repository and Surveillance Network, Walter Reed Army Institute of Research, Silver Spring, Maryland



- MLST 10 -related to strains from the Czech Republic, CA, and Germany in 1994, 1997, and 2003, respectively.
- In murine models, clade B more virulent > highly virulent reference strain AB5075.
- Fe metabolism, protein secretion, and glycosylation.
- Developed a PCR assay

# Joint Transcriptional Control of Virulence and Resistance to Antibiotic and Environmental Stress in *Acinetobacter baumannii*

Michael J. Gebhardt,<sup>a</sup> Larry A. Gallagher,<sup>b</sup> Rachael K. Jacobson,<sup>a</sup> Elena A. Usacheva,<sup>c</sup> Lance R. Peterson,<sup>c</sup> Daniel V. Zurawski,<sup>d</sup> Howard A. Shuman<sup>a</sup>

**300** genes were required for survival and/or growth of *A. baumannii* inside *G. mellonella* larvae; established virulence factors and several novel genes.

Among these were more than 30 transcription factors required for growth in *G. mellonella*.

A subset of the transcription factors was also found to be required for **resistance to antibiotics** and environmental stress (efflux pumps transcriptional regulators, aminoglycoside phosphotransferase)

# Conclusion and Questions??

- **Resistance and virulence are being linked; systems biology approach may reveal a tight association**
- **Many genes involved in resistance may have dual roles? (OMVs,  $\beta$ -Lactamase different than others; OMP A, LpxC)**
- **Is the linking of resistance and modification of virulence a strategy to prolong colonization?**

# *Acinetobacter*

Bla  
OMVs  
Biofilms

LpxC, OmpA

Cipro  
Col  
CarO  
OprD  
Quorum  
sensing

**Resistance**

**Virulence**