NIHR Health Protection Research Unit in Gastrointestinal Infections at University of Liverpool

Genomic and population epidemiology of the re-emerging *Shigella flexneri* 3a serotype in England, United Kingdom

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Background

Shigellosis is a gastrointestinal, sexually transmissible infection. It is caused by *Shigella* bacteria, commonly *Shigella sonnei* (*S. sonnei*) and *Shigella flexneri* (*S. flexneri*) in England. Its symptoms include fever and bloody diarrhoea. It is transmitted via the oral-faecal route: by food and sexual practices among men who have sex with men (MSM). Having declined after the 2009 – 2014 outbreak, *S. flexneri* 3a re-emerged in 2020 despite SARS-CoV-2 restrictions. Why did *S. flexneri* 3a re-emerge, and why instead of the other species and serotypes?

Genomic Epidemiology Questions

- Has *S. flexneri* 3a genetically changed to improve its survivability?
- Is there a change in the virulence determinants of *S. flexneri* 3a?
- Is there a change in the antimicrobial resistance of *S. flexneri* 3a?

Population Epidemiology Questions

- Has *S. flexneri* 3a re-emerged due to changes in travel?
- Has patient sexual and healthcare-seeking behaviours changed?
- Has the geographical and age distribution of shigellosis changed?

Genomic Epidemiology Results



Figure 1. Phylogenetic tree (IQTree) visualised in iTOL showing the genomic characteristics of *Shigella flexneri* 3a samples between 2004 and 2020. AMR genes were identified with AMRFinderPlus. BAPS groups are clusters of isolates identified as being genomically by hierBAPS. Note the loss of *blaTEM-1* and *erm(B)* in more recent isolates, but retention of *mph(A)* and *ipaH1*. Note the interesting presence of the BAPS 6, 2019/2020 isolates.

Population Epidemiology Results

Characteristic	2012-2013 n (%)	2019-2020 n (%)
Age		
16-34	95 (39.7)	54 (42.2)
35-64	136 (56.9)	67 (52.3)
65+	5 (2.1)	7 (5.5)
Unknown	3 (1.3)	0 (0.0)
Median age [IQR]	38.5 [30-46.5]	36 [29-45.5]
Region		
London	140 (58.6)	91 (71.1)
South East	36 (15.1)	20 (15.6)
North West	28 (11.7)	2 (1.6)
West Midlands	8 (3.4)	1 (0.8)
East of England	13 (5.4)	8 (6.3)
South West	6 (2.5)	4 (3.1)
Yorkshire & Humber	2 (0.8)	1 (0.8)
North East	4 (1.7)	1 (0.8)
East Midlands	2 (0.8)	0 (0.0)
Unknown	0 (0.0)	0 (0.0)
Hospitalised		
Yes		18 (35.3)
No		33 (64.7)
Median nights in hospital [IQR]		2 [2-4]

Table 1. Summary of characteristics of the recent re-emergence of *S. flexneri* 3a cases among presumptive MSM and comparison to the original emergence, in England. Slightly younger median age, most isolates are still from patients in London. Hospitalisation data acquired from questionaries which were more likely to be received and completed by people already in hospital.

Tree scale: 1000 Isolation Year BAPS 2004 BAPS 1 BAPS 2005 BAPS 2 BAPS 3 2006 2007 BAPS 4 2008 BAPS 5 BAPS 6 2009 2010 Sex 2011 Male 2012 Female 2013 Travel 2016 Yes

Combined Genomic & Population Epidemiology Results & Conclusions

- There is a distinct antimicrobial resistance (AMR) profile between pre-2015 isolates and post-2015 isolates.
- There is a distinct antimicrobial resistance (AMR) profile between travel associated and non-travel associated isolates.
- There has been a strong loss of *blaTEM-1*, moderate loss of *erm(B)* and a strong retention of *mph(A)*.
- There has been a recent strong retention of *ipaH1*. Could this contribute to pathogenicity and ability to invade?
- Minimum inhibitory concentrations (MICs) will be undertaken to investigate phenotypic associations with changes





in the genotype.

References

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