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# بسم الله الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات

قسم التوثيق الإلكتروني



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# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

على هذه الأقراص المدمجة قد أعدت دون أية تغييرات





**Determination of Antibiotic Resistance  
Pattern of *Haemophilus Influenzae* isolated  
from Egyptian patients in Ain Shams  
University Hospitals**

Thesis

*Submitted For Partial Fulfillment of Master Degree in  
Clinical Pathology*

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2022

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سبحانك لا علم لنا  
إلا ما علمتنا إنك أنت  
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٣٢

# Acknowledgment

*First and foremost, I feel always indebted to **ALLAH**, the  
Most Kind and Most Merciful.*

*I'd like to express my respectful thanks and profound gratitude to  
**Prof. Dr. Samia Abdou Girgis**, Professor of Clinical Pathology,  
Faculty of Medicine, Ain Shams University for her keen guidance, kind  
supervision, valuable advice and continuous encouragement, which  
made possible the completion of this work.*

*I am also delighted to express my deepest gratitude and thanks to  
**Assist. Prof. Dr. Dalia Hosni Abd El Hamid**, Assistant  
Professor of Clinical Pathology, Faculty of Medicine, Ain Shams  
University, for her kind care, continuous supervision, valuable  
instructions, constant help and great assistance throughout this work.*

*I am deeply thankful to **Assist. Prof. Dr. Ramy  
Mohammed Mahmoud**, Assistant Professor of Clinical Pathology,  
Faculty of Medicine, Ain Shams University, for his great help, active  
participation and guidance.*

**Radwa Shereen**

# List of Contents

| Title                               | Page No. |
|-------------------------------------|----------|
| List of Tables.....                 | i        |
| List of Figures .....               | iii      |
| Introduction.....                   | 1        |
| Aim of the Work .....               | 3        |
| Review of the Literature .....      | 4        |
| Materials and Methods .....         | 27       |
| Results.....                        | 47       |
| Discussion .....                    | 52       |
| Conclusion and Recommendation ..... | 57       |
| Summary .....                       | 58       |
| References .....                    | 62       |
| Arabic Summary .....                | --       |

# List of Abbreviations

| Abb.                | Full-Term                                                |
|---------------------|----------------------------------------------------------|
| <b>CAP</b> .....    | Community-Acquired Pneumonia                             |
| <b>CF</b> .....     | Cystic Fibrosis                                          |
| <b>CLSI</b> .....   | Clinical and Laboratory Standards Institute              |
| <b>COPD</b> .....   | Chronic Obstructive Pulmonary Disease                    |
| <b>DNA</b> .....    | Deoxyribonucleic Acid                                    |
| <b>FDA</b> .....    | Food and Drug Administration                             |
| <b>Hib</b> .....    | <i>H. influenza</i> type b                               |
| <b>HMW</b> .....    | High Molecular Weight                                    |
| <b>HTM</b> .....    | Haemophilus Test Media                                   |
| <b>IV</b> .....     | Intravenously                                            |
| <b>LPD</b> .....    | Lipoprotein D                                            |
| <b>NP</b> .....     | Nasopharyngeal                                           |
| <b>NTHi</b> .....   | Non-Typeable <i>H. influenza</i>                         |
| <b>OM</b> .....     | Otitis Media                                             |
| <b>OMP P2</b> ..... | Outer Membrane Protein P2                                |
| <b>OMVs</b> .....   | Outer Membrane Vesicles                                  |
| <b>PBP3</b> .....   | Penicillin Binding Protein 3                             |
| <b>PCR</b> .....    | Polymerase Chain Reaction                                |
| <b>PLPAR</b> .....  | $\beta$ -lactamase-Positive ampicillin-Resistant         |
| <b>PRP</b> .....    | Polyribosyl-Ribitol-Phosphate                            |
| <b>QRDRs</b> .....  | Quinolone-Resistance Determining Regions                 |
| <b>RNA</b> .....    | Ribonucleic Acid                                         |
| <b>SIADH</b> .....  | Syndrome of Inappropriate Antidiuretic Hormone Secretion |
| <b>UV</b> .....     | Ultraviolet                                              |
| <b>WHO</b> .....    | World Health Organization                                |

# List of Tables

| Table No.          | Title                                                                                            | Page No. |
|--------------------|--------------------------------------------------------------------------------------------------|----------|
| <b>Table (1):</b>  | Oxidase test, Catalase Test & Urease Test for Haemophilus species .....                          | 22       |
| <b>Table (2):</b>  | UK Standards for Microbiology Investigations .....                                               | 24       |
| <b>Table (3):</b>  | Formula of Tryptone soya broth with glycerol (Oxoid, England). ....                              | 28       |
| <b>Table (4):</b>  | Formula of Chocolate agar (Oxoid, England). ....                                                 | 29       |
| <b>Table (5):</b>  | Haemophilus Test Agar Base .....                                                                 | 29       |
| <b>Table (6):</b>  | Haemophilus Growth Supplement.....                                                               | 30       |
| <b>Table (7):</b>  | Positions of X,V and X&V Factor disks .....                                                      | 38       |
| <b>Table (8):</b>  | Growth of Bacterial Species with and without X and V factors .....                               | 38       |
| <b>Table (9):</b>  | Zone diameter interpretation criteria according to CLSI 2020 .....                               | 40       |
| <b>Table (10):</b> | Susceptibility pattern of Haemophilus influenzae isolated for different antibiotics tested. .... | 48       |
| <b>Table (11):</b> | Presence of TEM & ROB genes.....                                                                 | 50       |
| <b>Table (12):</b> | Susceptibility pattern and presence of TEM gene .....                                            | 51       |

# List of Figures

| Fig. No.           | Title                                                                                                          | Page No. |
|--------------------|----------------------------------------------------------------------------------------------------------------|----------|
| <b>Figure (1):</b> | <i>Haemophilus influenzae</i> on chocolate agar.....                                                           | 8        |
| <b>Figure (2):</b> | Gram stain of <i>Haemophilus influenzae</i> .....                                                              | 21       |
| <b>Figure (3):</b> | Interpretation of ALA test.....                                                                                | 23       |
| <b>Figure (4):</b> | X and V factor result for <i>H.influenzae</i> .....                                                            | 24       |
| <b>Figure (5):</b> | <i>Haemophilus influenzae</i> on chocolate agar<br>plate. ....                                                 | 35       |
| <b>Figure (6):</b> | Gram stained film of <i>Haemophilus influenzae</i> .....                                                       | 36       |
| <b>Figure (7):</b> | Interpretation of results.....                                                                                 | 46       |
| <b>Figure (8):</b> | Susceptibility pattern of <i>Haemophilus<br/>influenzae</i> isolated for different antibiotics<br>tested. .... | 49       |
| <b>Figure (9):</b> | Presence of TEM & ROB genes. ....                                                                              | 50       |

## INTRODUCTION

*Haemophilus influenzae* is a small ( $1\ \mu\text{m} \times 0.3\ \mu\text{m}$ ), pleomorphic, gram negative coccobacillus. Some strains of *H. influenzae* possess a polysaccharide capsule, and these strains are serotyped into 6 different types (a-f) based on their biochemically different capsules. The most virulent strain is *H. influenzae* type b (Hib). Some *H. influenzae* strains have no capsule and are termed nonencapsulated *H. influenzae* or nontypeable *H. influenzae* (NTHi) (*Tang et al., 2015*).

*Haemophilus influenzae* is recognized as a frequent cause of a variety of infections among outpatients, including acute otitis media, sinusitis, acute purulent exacerbation of chronic bronchitis, and pneumonia. These infections are usually caused by non-type b strains of *H. influenzae*. *Haemophilus influenzae* type b (Hib) is responsible for severe pneumonia, meningitis and other invasive diseases almost exclusively in children aged less than 5 years. Hib also causes potentially severe inflammatory infections of the mouth, epiglottitis, joints, bones, peritoneum, and trachea. Between 3% to 6% of Hib cases in children are fatal; up to 20% of patients who survive Hib meningitis have permanent hearing loss or other long-term neurological sequelae. Patients  $\geq$  65 years of age with invasive *H. influenzae* disease (Hib, non-b, and nontypeable) have higher case-fatality ratios than children and young adults (*Kotirum et al., 2015*).

The resistance of *H. influenzae* to commonly used

antimicrobials has risen in recent years, and wide variations exist in antimicrobial susceptibility rates, both geographically and over time. Ampicillin resistance in *H. influenzae* is now globally widespread, with incidence rates varying from 8 to 30 % in different European countries and North America to more than 50 % in some Eastern Asian countries, with increasing resistance to ampicillin, amoxicillin, amoxicillin-clavulanate, and many cephalosporins, limiting the efficacy of expanded-spectrum cephalosporins in cases of meningitis and of many oral cephalosporins in other diseases. Most strains remain susceptible to the carbapenems, and quinolones (**Resman et al., 2012**).

Two  $\beta$ -lactam resistance mechanisms have been described. One involves enzymatic hydrolysis of  $\beta$ -lactam by TEM-1 or ROB-1  $\beta$ -lactamases, and such isolates are denoted  $\beta$ -lactamase-positive ampicillin-resistant (BLPAR). The other involves decreased  $\beta$ -lactam affinity for penicillin binding protein 3 (PBP3) owing to alteration in the *ftsI* gene (**Maddi et al., 2017**).

## AIM OF THE WORK

The aim of the present thesis is to identify the *Haemophilus* species isolated from clinical samples of patients referred to the Main Microbiology Laboratory, Ain Shams University Hospitals & determine its local resistance pattern.

## REVIEW OF THE LITERATURE

### Taxonomy of *Haemophilus influenza*

Kingdom: Bacteria, Phylum: Proteobacteria, Class: Gammaproteobacteria, Order: Pasteurellales, Family: Pasteurellaceae, Genus: *Haemophilus* (**Lansink et al., 2017**).

The genus *Haemophilus* comprises eight bacterial species, which are associated with humans (*Haemophilus influenzae*, *H. aegyptius*, *H. ducreyi*, *H. pittmanniae*, *H. parainfluenzae*, *H. haemolyticus*, *H. parahaemolyticus*, and *H. paraprohaemolyticus*). They are small, nonmotile, pleomorphic gram-negative bacteria and the morphology ranges from small coccobacillary forms to short rods. All species are facultative anaerobes (**Lansink et al., 2017**).

*Haemophilus* (meaning blood-loving) refers to the specific dependence of this organism on heme-related molecules for growth under aerobic conditions. These are X (hemin) and V (nicotinamide-adenine-dinucleotide). These factors are released following lysis of red blood cells, thereby allowing growth of this fastidious organism on chocolate agar. X-factor is protoporphyrin IX, a metabolite in haemin biosynthesis. V-factor is a coenzyme composed of nicotinamide compounds (nicotinamide adenine dinucleotide & nicotinamide adenine dinucleotide phosphate) (**Aubrey et al, 2020**).

## Classification

*Haemophilus influenzae* is a Gram-negative bacterium that is classified by the presence or absence of a polysaccharide capsule, termed “typeable” and “non-typeable” *H. influenzae* (NTHi), respectively (**Whittaker et al,2017**).

### Typeable *H. influenzae*

Encapsulated strains (also known as typeable) are surrounded by a polysaccharide capsule that plays an important role in the determination of virulence of the organism. The outer membrane lipo-oligosaccharides also contribute to the degree of virulence. there are 6 encapsulated serotypes (*H. influenzae* serotypes a [Hia], b [Hib], c [Hic], d [Hid], e [Hie], and f [Hif]) (**Whittaker et al., 2017**).

*H. influenzae* type b is a significant cause of invasive bacterial infections and can occasionally cause fatal invasive infections, such as meningitis and acute epiglottitis. Since the Hib vaccine was first introduced and has been used for more than 10 years in Western countries, non-type b *H. influenzae* infections are expected to be the more prevalent type of *H. influenzae* infections worldwide (**Hasegawa et al., 2020**).

## Non-typeable *H. influenzae*

Un-encapsulated strains are termed non-typeable *H. influenzae* (NTHi). NTHi induces a polymicrobial disease typically due to predisposing upper respiratory tract viral infection. According to recent reports, one of the most common causes of invasive infections by *H. influenzae* in older adults was Hif, following NTHi in Western countries (*Hasegawa et al., 2020*).

## Genome Structure

*Haemophilus influenzae* is a genetically divergent species with the core-genome consisting of 1308 genes present in all strains, and 2116 compose the accessory gene. The obtained accessory genome was larger than any single genome (mean of 1767 coding sequences per genome), suggesting that *H. influenzae* could have an open pangenome, due to its competence in acquiring genomic material throughout the infection process (*Pinto et al., 2018*).

Non Typeable *Haemophilus influenzae* possess a remarkable ability to acquire novel genomic material during infection and it has been predicted that the *H. influenzae* pan-genome could reach up to ~6000 distinct genes, with isolates acquiring genetic material during the co-colonization of the respiratory tract with other opportunistic bacteria, such as *Streptococcus pneumoniae* or *Moraxella catarrhalis*. While