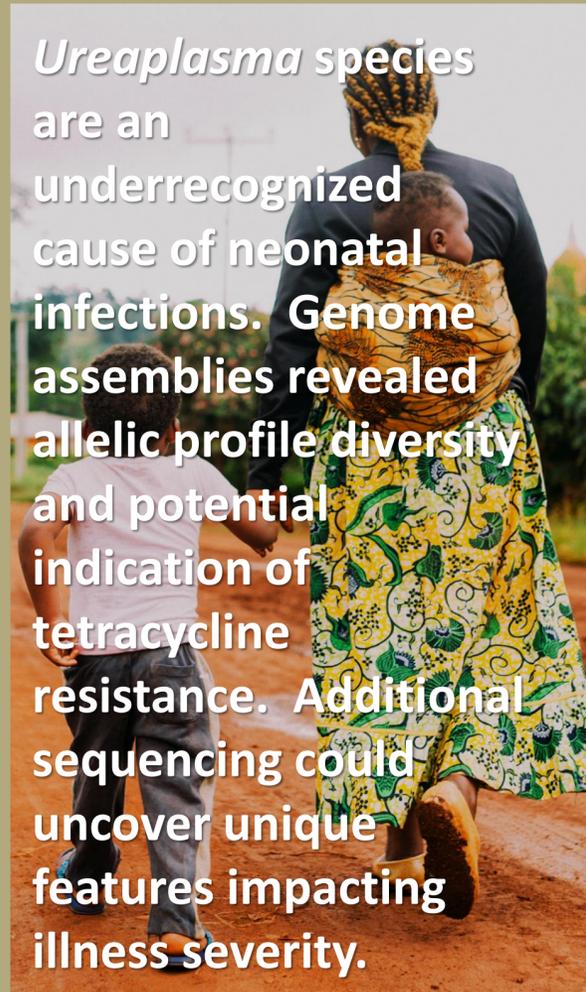


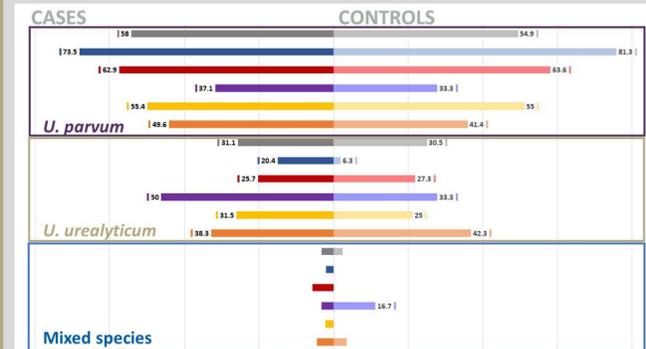
Molecular Epidemiology of *Ureaplasma* Species Isolated from Neonates in the Global Multi-Center Child Health and Mortality Prevention Surveillance Network (CHAMPS)

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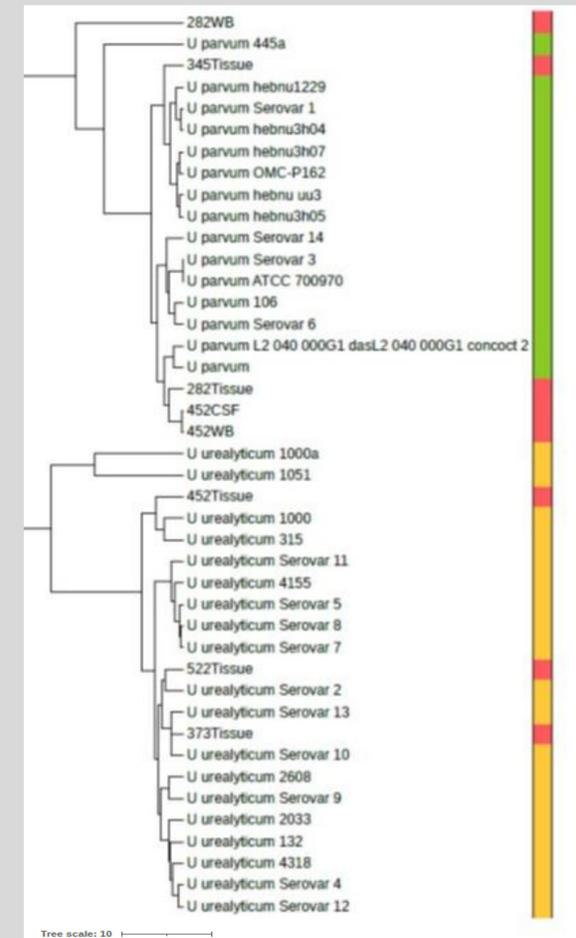


Ureaplasma species are an underrecognized cause of neonatal infections. Genome assemblies revealed allelic profile diversity and potential indication of tetracycline resistance. Additional sequencing could uncover unique features impacting illness severity.

GRAPHICS



Previous study investigating neonatal infections in South Asia (ANISA) revealed *Ureaplasma* as the leading attributable bacterial pathogen in the casual chain (Saha et al., Lancet). *Ureaplasma* species detections in NP/OP swabs at each study site separated by cases and controls. Data shown as a percentage for a given site (numeric percentage not displayed when < 5%). ALL SITES (gray) (n=402 cases, n=82 controls); Odisha, India (yellow) (n=98 cases, n=16 controls); Vellore, India (purple) (n=35 cases, n=11 controls); Sylhet, Bangladesh (orange) (n=115 cases, n=29 controls); Matiari, Pakistan (red) (n=62 cases, n=6 controls); Karachi, Pakistan (blue) (n=92 cases, n=20 controls).



Phylogenetic tree with 8 isolate genomic assemblies in red. All 14 *Ureaplasma* serovars spanning both species, *U. urealyticum* (orange) or *U. parvum* (green), are included.

Figure A: Map of 7 CHAMPS countries; star indicates site with specimens sequenced (South Africa)
Figure B: Real-time PCR (qPCR) and WGS *Ureaplasma* species determination for isolates from different clinical specimen types (whole blood, lung tissue, cerebral spinal fluid (CSF)); number indicates specimen identifier.

Figure C, D, E: Examining known macrolide (figure C), quinolone (figure D), and tetracycline (figure E) resistance determining regions from the WGS data for the 8 isolates; wild-type indicates no change from reference sequences (RFs); mutation indicates deviation from RFs with unknown evidence of resistance; resistance conferring indicates deviation from RFs with documented evidence of resistance. Number and shape size correspond to number of isolates represented.

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BACKGROUND

Ureaplasma species, including *U. urealyticum* and *U. parvum*, are infectious causes of stillbirth, neonatal sepsis, and preterm labor. Recent studies in South Asia and South Africa suggest *Ureaplasma* species are an underrecognized cause of neonatal infections in low- and middle-income countries. Diagnostic testing of neonatal clinical specimens for *Ureaplasma* is rarely done, and bacterial factors associated with birth complication and infection remain unclear.

METHODS

We performed additional testing on post-mortem blood, cerebrospinal fluid (CSF), and tissue specimens from Child Health and Mortality Prevention Surveillance (CHAMPS) cases in South Africa from May 2017 to January 2018.

Ureaplasma species were initially detected by real-time reverse transcription polymerase chain reaction (RT-PCR) using custom TaqMan Array Cards. Specimens from CHAMPS cases in which *Ureaplasma* was detected in one or more specimen types were transferred to the Centers for Disease Control and Prevention (CDC) for culture, real-time PCR, and whole genome sequencing (WGS).

RESULTS

Ten isolates (5 *U. urealyticum*, 5 *U. parvum*) were recovered from 22 primary specimens, including lung tissue (n=5), blood (n=2), and CSF (n=3), from 6 cases where *Ureaplasma* was detected but not attributed to the cause of death.

Genome assemblies were generated for 8 isolates and species identified by WGS matched real-time PCR species identification for all isolates.

Expanded multi-locus sequence typing revealed diversity of isolates. Four (50%) isolates matched known sequence types (STs) which clustered in clonal complexes corresponding to species. Of these, 2 isolates from 2 different cases matched the same ST. Novel allelic profiles were identified in the remaining 4 (50%) isolates. Sequence evaluation for antimicrobial resistance revealed 1 isolate as tetracycline resistant through *tet* (*M*) gene acquisition. Analysis of additional specimens from cases enrolled at all CHAMPS sites is ongoing to further investigate the molecular epidemiology of *Ureaplasma* spp. and to identify relevant features that may contribute to poor clinical outcomes.

