

Tracking antimicrobial resistance patterns in clinical and healthcare-associated *Enterococcus* spp.

Joana Monteiro Marques^{1,2}, Mariana Coelho^{1,2}, Maria Teresa Barreto-Crespo^{3,4}, Teresa Semedo-Lemsaddek^{1,2}

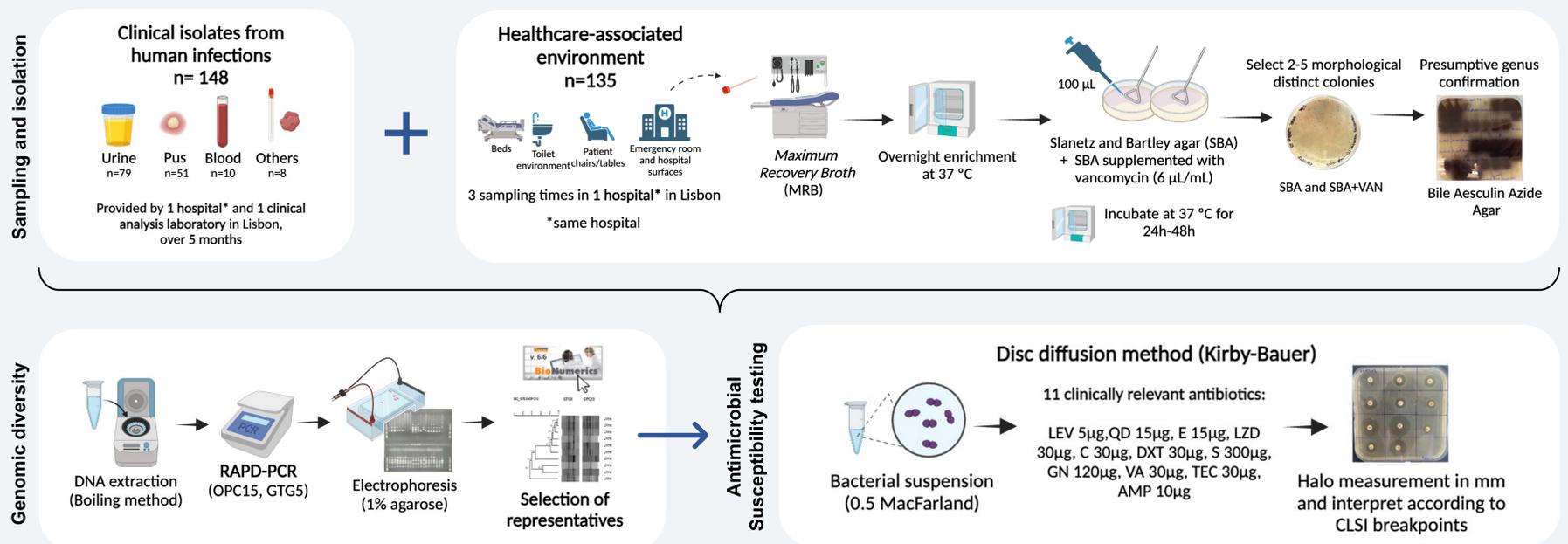
¹ Centre for Interdisciplinary Research in Animal Health (CIISA), Faculty of Veterinary Medicine, University of Lisbon, Lisbon, Portugal;
² Associate Laboratory for Animal and Veterinary Sciences (AL4AnimalS), Lisbon, Portugal.
³ IBET - Institute of Experimental Biology and Technology, Oeiras, Portugal.
⁴ ITQB NOVA – Instituto de Tecnologia Química e Biológica António Xavier, Universidade Nova de Lisboa, Oeiras, Portugal.

✧ Equal contributors to the work.

1 Introduction

- Enterococcus* spp. are ubiquitous bacteria that are part of the normal intestinal microbiota of humans and animals, also spreading in soil, plants, food, water, and sewage through fecal contamination. In the last decades, they have emerged as opportunistic pathogens and are a major cause of healthcare-associated serious infections, due to their rapid adaptation to the host and propensity to acquire virulence and antibiotic resistance genes. These bacteria can cause urinary tract, intra-abdominal, and tissue infections; as well as bacteraemia, and endocarditis in humans. From the *Enterococcus* genus, *E. faecalis* and *E. faecium* are considered the main pathogens (Monteiro Marques et al., 2023).
- The objective of this work was to sample and isolate *Enterococcus* spp. from healthcare-associated surface settings and obtain clinical isolates from human infections, to characterize them regarding the antimicrobial resistance phenotype and compare clinical isolates with those from the healthcare environment.

2 Materials and methods



3 Results

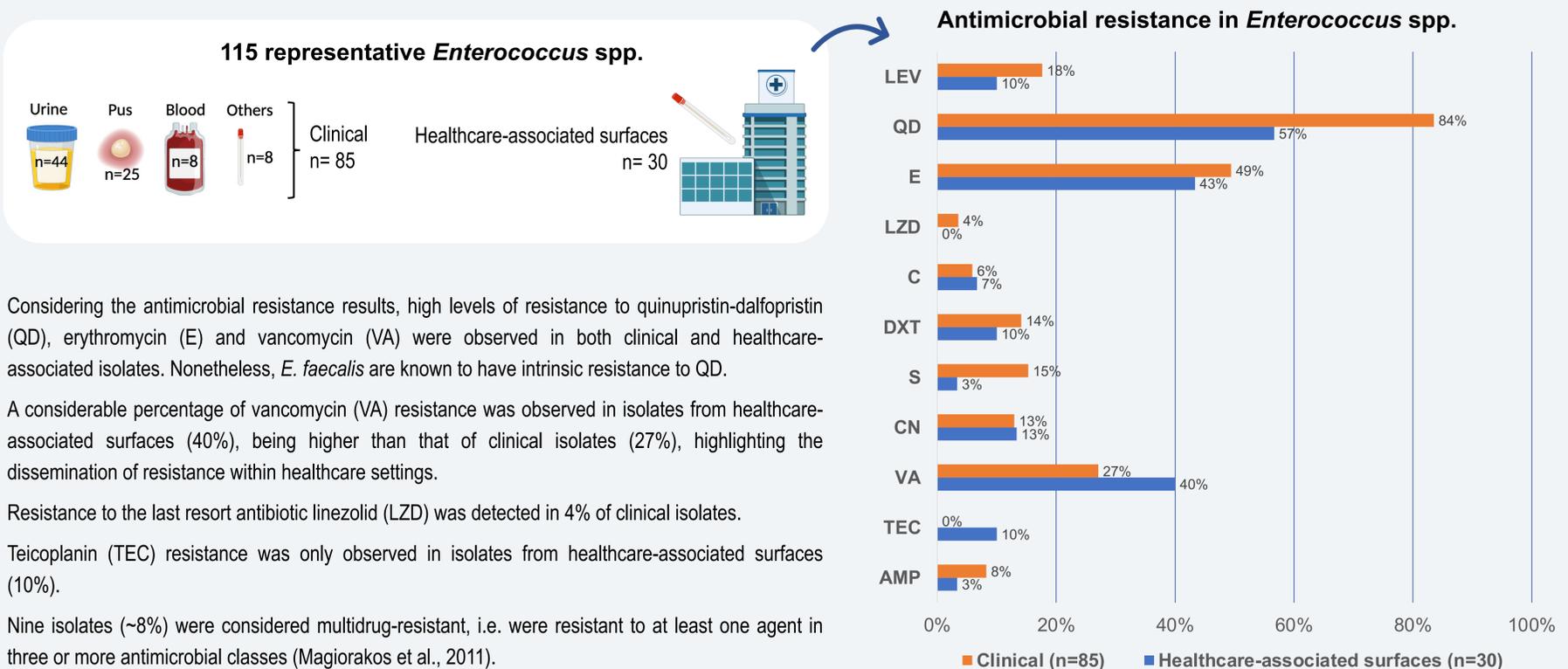


Figure 1. Frequency (%) of antimicrobial resistance in representative *Enterococcus* spp. from clinical infections and healthcare-associated surfaces, following CLSI guidelines. LEV – Levofloxacin, QD – Quinupristin-dalfopristin, E – Erythromycin, LZD – Linezolid, C – Chloramphenicol, DXT – Doxycycline, S – Streptomycin, CN – Gentamicin, VA – Vancomycin, TEC – Teicoplanin, AMP – Ampicillin.

4 Conclusions

- Overall, both clinical and healthcare-associated isolates showed low to moderate levels of resistance to antibiotics commonly used in the clinical practice. The high levels of resistance obtained to last resort antibiotics such as vancomycin (and linezolid) are emphasized as public health concerns.
- This study highlights the importance of antimicrobial resistance surveillance, mainly focusing on the presence of antimicrobial resistance between isolates from patients with a clinical infection diagnosis and isolates from healthcare settings.

