- 1 Genomic epidemiology of complex, multi-species, plasmid-borne bla_{KPC}
- 2 carbapenemase in Enterobacterales in the UK, 2009-2014

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ABSTRACT

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42 Carbapenem resistance in Enterobacterales is a public health threat. Klebsiella 43 pneumoniae carbapenemase (encoded by alleles of the bla_{KPC} family) is one of the 44 commonest transmissible carbapenem resistance mechanisms worldwide. The 45 dissemination of bla_{KPC} has historically been associated with distinct K. pneumoniae 46 lineages (clonal group 258 [CG258]), a particular plasmid family (pKpQIL), and a 47 composite transposon (Tn4401). In the UK, bla_{KPC} has represented a large-scale, 48 persistent, management challenge for some hospitals, particularly in North-West 49 England. The dissemination of bla_{KPC} has evolved to be polyclonal and poly-species, 50 but the genetic mechanisms underpinning this evolution have not been elucidated in 51 detail; this study used short-read whole genome sequencing of 604 bla_{KPC}-positive 52 isolates (Illumina) and long-read assembly (PacBio)/polishing (Illumina) of 21 53 isolates for characterisation. We observed the dissemination of bla_{KPC} (predominantly 54 bla_{KPC-2}; 573/604 [95%] isolates) across eight species and more than 100 known 55 sequence types. Although there was some variation at the transposon level (mostly 56 Tn4401a, 584/604 (97%) isolates; predominantly with ATTGA-ATTGA target site 57 duplications, 465/604 [77%] isolates), bla_{KPC} spread appears to have been supported 58 by highly fluid, modular exchange of larger genetic segments amongst plasmid 59 populations dominated by IncFIB (580/604 isolates), IncFII (545/604 isolates) and 60 IncR replicons (252/604 isolates). The subset of reconstructed plasmid sequences (21 61 isolates, 77 plasmids) also highlighted modular exchange amongst non-bla_{KPC} and 62 $bla_{\rm KPC}$ plasmids, and the common presence of multiple replicons within $bla_{\rm KPC}$ 63 plasmid structures (>60%). The substantial genomic plasticity observed has important 64 implications for our understanding of the epidemiology of transmissible carbapenem

- 65 resistance in Enterobacterales, for the implementation of adequate surveillance
- approaches, and for control.

INTRODUCTION

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Antimicrobial resistance (AMR) in Enterobacterales is a critical public health threat. Carbapenem resistance is of particular concern, and its evolution and spread in multiple species of Enterobacterales (i.e. carbapenemase-producing Enterobacterales [CPE]) is increasingly reported(1-4). Exchange of AMR genes, including carbapenem resistance genes, happens at multiple genetic levels(5), and is often facilitated by their presence on plasmids [circular DNA structures of variable size (2kb~>1Mb)], and/or other smaller mobile genetic elements (MGEs) such as transposons and insertion sequences (IS), that form part of the accessory genome. Whole genome sequencing (WGS) has significantly improved our understanding of infectious diseases epidemiology and is used in both community-associated and nosocomial transmission analyses(6, 7). Although useful for delineating transmission routes in clonal, strain-based outbreaks, standard phylogenetic approaches and comparative analyses have been more difficult where multiple bacterial strains/species and transmissible resistance genes are involved(5). Reconstruction of the genetic structures of plasmids carrying relevant antimicrobial resistance genes using long-read sequencing has improved our understanding of the genetic complexity of the spread of important resistance genes, but has been difficult to undertake on a large scale. Although approximately 40 Klebsiella pneumoniae carbapenemase (KPC; encoded by bla_{KPC}) variants have now been described (as per NCBI's AMR reference gene catalogue, available at https://www.ncbi.nlm.nih.gov/pathogens/isolates#/refgene/), only two have been most widely reported globally, namely KPC-2 and KPC-3

92	(H272Y with respect to KPC-2; single nucleotide difference in bla_{KPC} [C814T])(8, 9).
93	In the UK, the first KPC isolate identified was a KPC-4-containing <i>Enterobacter</i> sp.
94	isolated in Scotland in 2003(10), with subsequent identification of KPC-3 in isolates
95	in the UK in 2007. From 2007, increasing numbers of suspected KPC isolates were
96	referred to Public Health England (PHE's) Antimicrobial Resistance and Healthcare
97	Associated Infections (AMRHAI) Reference Unit, with the majority of confirmed
98	KPC-producers (>95%) being KPC-2 and from hospitals in North-West England, first
99	recognised in 2008-2009(11). These isolates were predominantly $bla_{\rm KPC}$ -positive
100	Enterobacterales cultured from patients in the Central Manchester University
101	Hospitals NHS Foundation Trust (CMFT; now part of Manchester University NHS
102	Foundation Trust)(12). bla_{KPC} is thought to have been introduced into the region via a
103	pKpQIL-like plasmid(13, 14), a plasmid backbone previously associated with the
104	global dissemination of bla_{KPC} in K . pneumoniae clonal group 258, and already
105	observed in other K. pneumoniae sequence types (STs) and species in an analysis of
106	44 UK KPC-Enterobacterales from 2008-2010(14).
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108	We used WGS to undertake a large-scale retrospective study of this multi-species,
109	polyclonal, dissemination of bla_{KPC} in major Manchester hospitals in North-West
110	England from 2009, generating complete genome structures, including bla_{KPC}
111	plasmids, for a subset of isolates. We contextualised our analysis of strains in
112	Manchester by sequencing a subset of isolates from the local region (North-West
113	England) and other hospitals in the UK collected through a national bla_{KPC}
114	surveillance programme, with the goal of understanding the genetic structures
115	associated with the regional emergence of bla_{KPC} in this setting.

RESULTS

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118 Of 742 isolates identified for sequencing, 60 (8%) were not retrievable or cultivable 119 from the laboratory archives. After de-duplicating by taking the first bla_{KPC} -positive 120 Enterobacterales (KPC-E) per patient, and excluding sequencing failures, any 121 sequences without bla_{KPC} (assumed lost in culture), and mixtures (identified from 122 genomic data analysis, see Methods), 604 evaluable isolate sequences were included. 123 These represented: 327 archived isolates (54%) from inpatients in the early stages of 124 the observed introduction of bla_{KPC} in the two Manchester hospitals studied (2009-125 2011), of which 309 and 18 isolates were from CMFT and the University Hospital of 126 South Manchester NHS Foundation Trust (UHSM; now part of Manchester 127 University NHS Foundation Trust) respectively; 78 (13%) later isolates from 128 CMFT/UHSM (2012-2014); 119 (20%) isolates from other hospitals (n=15 hospitals) 129 in North-West England (2009-2014, excluding CMFT and UHSM, up to the first 25 130 consecutive KPC-E isolates per hospital); 72 (12%) isolates from UK and Irish 131 hospitals (n=72 locations [n=4 from Ireland]) outside the North-West (2009-2014) 132 (first KPC-E isolate per hospital); and 8 (1%) isolates from English 133 outpatient/primary care settings (7 from the North-West region, 1 from a southern UK 134 location). The geographic and numerical distribution of isolates is depicted in 135 Supplementary Data S1. 136 137 Consistent with increasing numbers of bla_{KPC}-positive Enterobacterales reported 138 nationally to the reference laboratory, cases in CMFT/UHSM also began to rise from 139 2009. Anecdotally the first cases were reported in 2009, with 63 carbapenem-resistant 140 Enterobacterales cultured from 18630 microbiological specimens processed (0.3%), 141 with a ten-fold increase by 2014 (988/29593 [3%]) (Supplementary Data S2).

142 bla_{KPC-2} dominates in the UK, but highly variable bla_{KPC} copy number and associated 143 resistance marker profiles suggest a diverse, flexible accessory genome underpinning 144 its spread 145 Although three bla_{KPC} variants were observed in the 604 included isolates, bla_{KPC-2} 146 dominated (n=573, 95%); bla_{KPC-3} [n=27, 4%] and bla_{KPC-4} [n=4, 1%]) were also 147 observed. Two isolates (0.3%; trace524, trace534) showed evidence of mixed 148 populations of bla_{KPC-2} and bla_{KPC-3} . 149 150 The median bla_{KPC} copy number estimate was 1.8 (IQR: 1.6-2.1), with a maximum of 151 8.2. bla_{KPC} copy number estimates were strongly associated with meropenem 152 minimum inhibitory concentrations (MICs) for 588 isolates for which both were 153 available (Supplementary Data S3; estimated +0.56 higher doubling dilution (95% 154 +0.40,+0.72) per copy number higher, p<0.0001), and also between approaches 155 deriving estimates from short-read assemblies versus from mapping to reconstructed 156 genomes (see Methods; Supplementary Data S4; Pearson's correlation co-157 efficient=0.97 [p=0.0001]). Across the three main species, bla_{KPC} copy numbers were 158 higher in K. pneumoniae (n=525 [87%], median 1.8 [IQR: 1.6-2.1]), than E. coli (40 159 [7%]: 1.7 [1.5-1.9]) or *E. cloacae* (26 [4%], 1.6 [1.4-2.0]) (Kruskal-Wallis; p=0.0003; 160 Fig.1A). Amongst common STs, copy number was highest in K. pneumoniae ST258 161 (n=65 [11%], median 2.4 [IQR: 1.8-2.9]) versus other species/STs (n=531 [89%], 162 median 1.8 [1.6, 2.0]) (Kruskal-Wallis; p=0.0001; Fig.1B, Supplementary Data S5). 163 Of note, bla_{KPC} copy number estimates represent an average across all individual cells 164 sequenced; bla_{KPC} copy number estimates <1 in a small number of isolates (20/604 [3%]) (median=0.82 [IQR: 0.40-0.96]) suggest that a proportion of cells in the 165 166 populations sequenced may have lost their *bla*_{KPC}-harbouring plasmid.

167 168 There were 364 distinct resistance marker profiles in isolates, with only 12% (74/604) 169 of isolates sharing exactly the same profile as >10 other isolates (Supplementary 170 dataset SD1). Other broad or extended-spectrum beta-lactamase genes were also 171 commonly present across isolates, including: bla_{TEM} (n=452, all bla_{TEM-1}), bla_{OXA} 172 $(n=492; bla_{OXA-9} [n=425], bla_{OXA-1} [n=138]), bla_{SHV} (n=497)$ and $bla_{CTX-M} (n=89;$ 173 bla_{CTX-M-15} [n=57], bla_{CTX-M-9} [n=28]). Aminoglycoside resistance genes were also 174 widely prevalent: aac (n=243), aph (n=196), ant (n=93) and aadA (n=280). In terms 175 of acquired quinolone resistance, 160 isolates contained qnr variants, and 137 isolates 176 contained *aac(6')-Ib-cr*; no *qep* variants were seen. 177 178 bla_{KPC} in the UK is a multi-species, largely polyclonal phenomenon 179 In contrast to the almost uniform presence of bla_{KPC-2} in isolates, species and lineage 180 diversity amongst our entire isolate collection was substantial, with eight different 181 species amongst sequenced isolates. For species with developed MLST schemes, this 182 represented a total of 102 different known species-ST combinations and 26 additional 183 unknown species-ST combinations, namely: K. pneumoniae (n=525 isolates, 70 184 known STs, 20 unknown STs), E. coli (n=40, 20 known STs, 1 unknown ST), 185 Enterobacter cloacae (n=26, 9 known STs, 2 unknown STs), Klebsiella oxytoca (n=6, 186

Enterobacter cloacae (n=26, 9 known STs, 2 unknown STs), Klebsiella oxytoca (n=6, 3 known STs, 3 unknown STs), Raoultella ornithinolytica (n=4), Enterobacter aerogenes (n=2), Serratia marcescens (n=1) and Kluyvera ascorbata (n=1). The most common STs were all K. pneumoniae, including ST258 (n=66), ST11 (n=35), ST491 (n=31), ST1162 (n=29) and ST54 (n=27) (Fig.2). Amongst these five common STs, the distribution of pairwise single nucleotide variant (SNV) distances between isolates suggested that some isolates could be considered highly genetically related at the

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strain-level; however overall, when considering SNV distances alongside specific accessory genome differences, isolates from these STs were not clonal (Supplementary Data S6-10). Notably, 42% (252/604) of isolates were found in STs represented by ≤ 10 isolates only (Fig.2). Although some of the earliest sequenced isolates in the collection were KPC-K. pneumoniae ST258 and ST11 (both in 2009) [two major KPC strains from CG258 circulating globally and in China at the time(8, 15)] and although KPC-producing K. pneumoniae ST258 appears to have been one of the earliest strains observed in the two Manchester hospitals (CMFT and UHSM), multiple diverse STs and species were clearly subsequently rapidly recruited specifically in these two hospital settings in 2010 and 2011, with *bla_{KPC}* emerging in at least 30 new species-ST groups per year (76% and 59% of first-per-patient carbapenem-resistant Enterobacterales culturepositives sequenced, respectively; Fig.3) Most bla_{KPC} in the UK is supported by a conserved Tn4401a unit with uniform target site sequences, suggesting that direct Tn4401 transposition is not the main mode of bla_{KPC} transmission in this context In the absence of evidence of significant clonal spread by "high-risk" bacterial lineages, we explored the diversity amongst mobile genetic features. Tn4401 is a ~10kb transposon that has been the major transposable context for bla_{KPC} to date, and is flanked by 5bp signatures of transposition (target site duplications [TSD] or target site sequences [TSS](16, 17), with no known target site specificity(16). A predominant Tn4401 isoform was associated with both bla_{KPC-2} and bla_{KPC-3} in this study, namely Tn4401a(16), which occurred in 584/604 (97%) isolates (Fig.4). Other

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217 known variants included Tn4401b (n=7) and Tn4401d (n=3). Only 20/584 (3%) 218 isolates demonstrated evidence of SNV-level variation in Tn4401a (homozygous calls 219 at 6 positions; heterozygous calls [i.e. mixed populations] at 3 positions). 220 221 bla_{KPC-2}-Tn4401a (n=539 isolates) was predominantly flanked by a 5-bp TSD 222 ATTGA, with 465/604 (77%; 465/539 [86%] of this sub-type) isolates with this 223 Tn4401/TSD combination throughout the study period (Fig.4). In 74 other bla_{KPC-2}-224 Tn4401a isolates, the Tn4401a was flanked by other TSS combinations, consistent 225 with additional transposition events. Thirty-two of these were TSDs (16 AATAT-226 AATAT, 16 AGTTG-AGTTG), which have been described as more consistent with 227 inter-plasmid transposition of Tn4401(18), and 35 were non-duplicate TSS 228 combinations (ATTGA with either ATATA, TGGTA, CTGCC, AATAA, AGGAT), 229 described as more consistent with intra-plasmid transposition. Evidence of multiple 230 TSSs around *bla*_{KPC-2}-Tn4401a within single isolates was seen in 6 cases (i.e. multiple 231 right and/or left Tn4401 TSSs); 1 case had a right TSS present, but no left TSS 232 identified. 233 234 Plasmid replicon typing demonstrates diverse plasmid populations present in bla_{KPC}-235 positive isolates in the UK, but with combinations of IncF, IncR, ColRNAI and IncX3 236 replicons predominating 237 The 604 isolates contained 91 unique combinations of plasmid replicon family types, 238 a crude proxy of plasmid populations present. However, it was not possible to 239 determine co-localisation of specific replicon types on plasmid structures, or direct 240 associations with bla_{KPC} using this approach and short-read sequencing data. No 241 isolate was replicon negative. However, there were seven predominant replicon

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       family combinations (Fig.5) represented in 443/604 (73%) isolates, and these
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       included six major replicon family types, namely IncF (FIB [found in n=580 isolates],
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       FII [n=545]), FIA (n=103), IncR (n=252), ColRNAI (n=86), and IncX3 (n=60).
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       IncFIB/IncFII and IncFIB/IncFII/IncR populations were most widely distributed
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       across species-STs (Supplementary Data S11), geographical regions and over time
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       (Fig.5). The diversity of plasmid backgrounds present in these isolates may facilitate
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       opportunities for bla<sub>KPC</sub> exchange amongst different plasmid families.
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       For many of the plasmid families, several different reference replicon sequences exist
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       in the PlasmidFinder database, with a degree of homology amongst sequences in the
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       same family, making it difficult to establish robustly which sub-type of replicon is
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       present. However, restricting to 90% matches to reference replicon types (with
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       matches being a composite of percentage sequence identity x percentage reference
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       sequence coverage) for these common families, top matches found in more than 10%
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       of isolates included: IncFIB(K) 1 Kpn3 JN233704 (n=490 isolates);
       IncFIB(pQil)_JN233705 (n=299); IncR_1_DQ449578 (n=253);
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       IncFII(K)_1_CP000648 (n=89; plasmid MLST IncFII<sub>K1</sub>); ColRNAI_1_DQ298019
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       (n=86); IncFIA(HI1)_1_HI1_AF250878 (n=80); IncFII_1_pKP91_CP000966 (n=90;
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       plasmid MLST IncFII<sub>K4</sub>); and IncX3_1_JN247852 (n=61). At this more detailed
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       typing resolution, we found 183 plasmid replicon sub-type profiles amongst our
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       isolates, only ten of which were shared across ≥10 isolates, and two across more than
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       10% of isolates. The two most widespread profiles were IncFIB(pQil)_JN233705 +
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       IncFIB(K)_1_Kpn3_JN233704, and IncFIB(K)_1_Kpn3_JN233704 +
       IncR_1_DQ449578 (Supplementary Data S12).
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Reference-, short-read based bla_{KPC} plasmid typing demonstrates that pKpQIL-like plasmids have been key in disseminating bla_{KPC} in the UK, but that no known bla_{KPC} plasmid vector was responsible in almost a third of cases We then tried to identify the most likely bla_{KPC} -associated plasmid candidate, as opposed to broadly profiling plasmid populations within isolates by plasmid replicon typing. Attempts to identify complete plasmids from short-read data by comparison to a reference plasmid database have been estimated as being correct in only ~45%-85% of cases in previous studies(5, 19). However, 13/14 (93%) of isolates for which we had hybrid assemblies (see Methods) with only one completely reconstructed bla_{KPC} plasmid had the correct top match using this bla_{KPC} plasmid typing method (Supplementary Dataset SD2). We therefore compared all short-read sequences with our reference *bla*_{KPC} plasmid database (see Methods), recognising that any complete plasmid typing approach from short-read data is sub-optimal; matches to one or more reference bla_{KPC} plasmid sequences were identified in 554/604 (92%) isolates. Filtering the single match with the highest score at the predefined ≥0.80 threshold left a subset of 428/554 (77%) for evaluation. These 428 isolates had matches to 12 *bla*_{KPC} plasmid clusters (Fig.6). Whilst the majority of isolates appeared to contain pKpQIL-like plasmids (323/604 [53%]), no significant matches to any reference plasmid were found in 162/604 (27%) isolates, suggesting that the genetic background supporting bla_{KPC} in these isolates has diversified substantially and rapidly (Fig.6). *bla*_{KPC} plasmid cluster assignations were shared across a median (IQR) of 3 (1-6) STs, with pKpQIL-like plasmids being most widespread across species/STs (7 species, 75 STs; Fig.6), and clearly playing a major role in the dissemination of bla_{KPC} in Manchester, North-West England, and

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nationally over time (Fig.7). Other plasmid types identified as top-matches across the entire dataset included those fully resolved by long-read sequencing performed within this study, some of which were seen in \geq 5% of study isolates (e.g. pKPC-trace75 [a non-typeable replicon]), and in non-North-West UK settings, likely reflecting recombination and generation of new $bla_{\rm KPC}$ plasmid variants in North-West England and their subsequent dissemination (Fig.7). Of note, amongst the 26 E. cloacae isolates sequenced, 12 (46%; five STs) had a match to the pKPC-272-like cluster, suggesting perhaps that E. cloacae is a particularly suitable host for this plasmid group (Fig.6).

Reconstruction of a subset of genomes using long-read sequencing data demonstrates a diverse population of plasmids with genetic rearrangement observed in both bla_{KPC}-positive and bla_{KPC}-negative cases

In addition to short-read data, to resolve genetic structures fully we obtained long-read PacBio data for 23 isolates, chosen to maximise the bla_{KPC} plasmid diversity assayed and focussing on isolates collected from the two main Manchester hospitals (12 CMFT isolates, 5 UHSM; plus 2 from other hospitals in North-West England, 4 from other UK locations). These included the two earliest available bla_{KPC} isolates from both CMFT and UHSM, as well as isolates sharing the same species/ST but with different plasmid replicon combinations or from North West regional versus national locations, same-species isolates with different STs, and isolates of different species.

One PacBio sequencing dataset represented a clear isolate mixture (trace597 [UHSM] of E. cloacae ST133 and K. pnemoniae ST258), and for one isolate (trace457 [CMFT]), there were discrepancies between the short-read and long-read sequencing datasets, suggesting a laboratory error (E. cloacae ST45 long-read, E. coli ST88

short-read). These two assemblies were excluded, leaving 21 assemblies for further analysis (Table S1).

Of the 153 contigs from these 21 assemblies, 30 were clearly chromosomal, 77 plasmid, one chromosomal with an integrated plasmid, and 45 with unclear provenance (i.e. possibly phage, plasmid, or chromosomal). Overall 78/153 [51%] contigs were circularised, including 56/77 [73%] clear plasmid sequences. Thirty-one contigs (21 [68%] circularised) harboured $bla_{\rm KPC}$, of which 21 were clearly plasmids (14/21 [67%] circularised) and one (trace552, *K. pneumoniae* ST11) had $bla_{\rm KPC}$ integrated into the chromosome (not circularised). For nine other $bla_{\rm KPC}$ -positive contigs, we were not able to clearly ascertain whether these were chromosomal or plasmid (Supplementary Dataset SD3).

We observed $bla_{\rm KPC}$ in multiple plasmid backgrounds (Fig.8), including a majority of $bla_{\rm KPC}$ plasmids with multiple replicons (13/21 [60%] clear plasmid contigs, as represented in Fig.8), particularly with IncFIB/IncFII and/or IncR, consistent with replicon patterns in the isolates overall (Fig.5). For the IncFII group, for which we had 11 complete, reconstructed plasmid sequences with an IncFII(K)_CP000648-like replicon (plasmidFinder match; 3 $bla_{\rm KPC}$ -negative [i.e. not represented in Fig.8] and 8 $bla_{\rm KPC}$ -positive), there was evidence of exchange and rearrangement of plasmid components between both $bla_{\rm KPC}$ -positive and $bla_{\rm KPC}$ -negative plasmids, as well as sharing between STs and species (Fig.9). For example, between the $bla_{\rm KPC}$ -negative IncFII(K) plasmid isolated from a Raoultella ornithinolytica isolate and a $bla_{\rm KPC}$ -positive K. E00 presented in Fig.9 positive E10 positive E21 presented in Fig.9 positive E32 positive E43 presented in Fig.9 positive E54 presented in Fig.9 positive E55 positive E65 presented in Fig.8 plasmid isolated from a E66 positive E67 positive E67 positive E68 presented in Fig.8 plasmid isolated from a E68 positive E70 positive E70 positive E87 presented in Fig.8 plasmid isolated from a E70 positive E70 positive E70 positive E70 positive E87 presented in Fig.9 plasmid isolated from a E70 positive E71 positive E71 positive E71 positive E72 positive E73 positive E74 p

342 genetically related IncFII(K)/IncR plasmid was shared across species/lineages (K. 343 pneumoniae [novel ST], E. coli [ST372], K. pneumoniae [ST883]); and was also 344 similar to an IncFII(K)/IncFIB(pQIL) plasmid (found in a K. pneumoniae ST1828 and 345 a K. pneumoniae ST588) (Fig.9, annotation (ii)). 346 347 In addition to their plasticity, part of the success of these bla_{KPC} plasmids may also be 348 attributable to the presence of toxin-antitoxin plasmid addiction systems (ccdA/ccdB 349 n=4 bla_{KPC} plasmids; higA n=6; vapB/vapC n=11); anti-restriction mechanisms (klcA 350 n=16, previously shown to promote bla_{KPC} dissemination(20)); and heavy metal 351 resistance (terB [tellurite] n=3; ars operon [arsenicals] n=3; chromate resistance n=1; 352 cop operon/pcoC/pcoE [copper] n=7; mer operon [mercury] n=10). 353 354 **DISCUSSION** 355 We present the largest WGS-based analysis of bla_{KPC}-positive isolates (n=604) to our 356 knowledge, focused on assessing genetic diversity around the carbapenemase gene 357 itself rather than limiting the analysis based on species type, and incorporating a 358 sampling frame from UK regional and national collections, over five years. bla_{KPC} 359 remains one of the three most common carbapenemases observed in the UK, 360 accounting for ~11% of cases referred to the AMRHAI Reference Unit in 2018 361 (OXA-48-like=52%, NDM=27%)(21), and presenting a significant challenge to 362 hospitals in North-West England, including Manchester, where it accounted for >97% 363 of carbapenem resistance through 2015(22). 364 365 Our study provides an interesting context in which to consider the findings of a 366

recently published pan-European survey of carbapenem non-susceptible K.

pneumoniae (the EuSCAPE study; 6 months, 2013-2014; 244 hospitals, 32 countries)(23). In EuSCAPE, 684 carbapenemase-producing *Klebsiella* spp. isolates were sequenced using Illumina technology, and similar to our study, most cases were healthcare-exposed (<2% from outpatients). EuSCAPE carbapenemase-producing isolates were also predominantly bla_{KPC} (~45%, n=311 isolates), but mostly bla_{KPC-3} (232/311 [75%] versus 27/604 [5%] in our study), and ST258/ST512 (226/311 [73%] versus 107/525 (20%) of K. pneumoniae overall in our study). Based on identifying genetic "nearest-neighbours" in their data, the EuSCAPE team found 51% of bla_{KPC} -K. pneumoniae were most closely related to another isolate from the same hospital. The authors concluded that there was strong geographic structuring of strains, and that the expansion of a handful of clonal lineages was predominantly responsible for the spread of carbapenemases in K. pneumoniae in Europe, with onward nosocomial transmission. Like bla_{KPC-3} in EuSCAPE bla_{KPC-2} has also been linked with the clonal expansion of ST258 in Australia(24), where 48% of 176 K. pneumoniae isolates sequenced were bla_{KPC-2} -containing ST258. However, instead of clonal expansion as found in EuSCAPE, in our study we found rapid dissemination of mobile backgrounds supporting bla_{KPC-2} , similar to observations from sequencing of other polyclonal bla_{KPC} scenarios reported elsewhere, including the US(5, 25). Tn4401a, associated with high levels of bla_{KPC} expression(26), has been previously predominantly seen in K. pneumoniae, and in isolates from the US, Israel and Italy, and similarly most commonly with an ATTGA-ATTGA TSD(9). Thus our findings are consistent with the importation of the predominant *bla*_{KPC-2}-Tn*4401*a-ATTGA-ATTGA motif into CMFT/North-West England and subsequent horizontal spread. Notably, as in EuSCAPE, 46/72 (64%)

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singleton isolates we sampled from UK hospitals were also CG258, but our much more detailed sampling across species reflected a very different local/regional molecular epidemiology. Although the EuSCAPE study is large and impressive, its breadth may have been limiting in understanding regional diversity - for example, the subset of bla_{KPC}-K. pneumoniae from the UK that were analysed in EuSCAPE consisted of 11 isolates submitted from six centres (https://microreact.org/project/EuSCAPE_UK). The focus was also more on analysing species-specific clonal relationships, with no analysis of other species or MGEs. Although in our study diversification occurred at all genetic levels (Tn4401+TSSs, plasmids, plasmid populations, strains, species), there was more limited variation observed within the Tn4401 transposon and its flanking regions, and the spread of bla_{KPC} appears to have been supported by highly plastic modular exchange of larger genetic segments within a distinct plasmid population, particularly IncFIB/IncFII (found in 580 and 545 of the 604 isolates respectively) and IncR replicons (252/604 isolates). A previous study, in which 11 transformed bla_{KPC} plasmids from the UK (2008-2010) were sequenced (Roche 454/assembly, PCR+sequencing based gap closure), identified a UK variant of the pKpQIL plasmid, designated pKpQIL-UK (IncFII_{K2} by plasmid MLST), that was highly similar to pKpQIL (maximum 32 SNVs diversity), and several other IncFII_{K2} pKpQIL-like plasmids, but with novel segmental genetic rearrangements (gains/losses; pKpQIL-D1, pKpQIL-D2)(14). Our data support the importance of $IncFII_{K2}$ -like plasmids in bla_{KPC} dissemination too, but also that other IncFII_K-like plasmids (e.g. IncFII-_{K1,-K4,-K7,-K15}) and replicons (IncFIB, IncR) have been a significant feature. In addition to their plasticity, the plasmids identified frequently harboured AMR genes other than blaKPC which might offer a

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selective advantage, alongside heavy metal resistance genes, and plasmid toxinantitoxin addiction systems. The plasticity and association of $IncFII_K$ plasmids with resistance genes and IncFIB replicons has been supported by findings of a recent analysis of $IncFII_K$ plasmids(27).

exemplified in this analysis, and highlighted by our smaller long-read/short-read hybrid assembly-based analysis, which demonstrated significant diversity within structures assigned as similar by short-read based typing approaches. With this caveat, it was interesting that even with relatively relaxed thresholds, 29% of isolates did not have a match to our reference $bla_{\rm KPC}$ plasmid database (based on clustering of all publicly available reference sequences, as in Methods), consistent with rapid diversification in the plasmid backgrounds supporting ${\rm Tn}4401/bla_{\rm KPC-2}$ in this setting.

Our findings demonstrated that it is also important to consider plasmids without the resistance gene of interest in a population, as these may be relevant to a wider understanding of the transmission and evolution of smaller mobile genetic elements harbouring resistance genes (Fig.9). This was also shown to be relevant in a previous analysis of a large KPC-*E. coli* outbreak in the same setting in 2015-2016, in which a circulating *bla*_{KPC}-negative plasmid, pCAD3 (IncFIB/FII), acquired Tn*4401* from a IncHI2/HI2A *bla*_{KPC}-positive plasmid, and went on to dominate within a clonal *E. coli* lineage(22). Most studies in general however tend to focus on analysing AMR plasmids of interest. Fortunately, long-read sequencing is becoming increasingly low cost and high-throughput, and hybrid assembly is able to reconstruct plasmid sequences in Enterobacterales(28, 29). New developments in large-scale comparative

genomics of complete genomes, including plasmid structures, are essential for future large-scale analysis of AMR gene transmission.

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There are several limitations to our study. We were only able to long-read sequence a small number of isolates, and the reconstructed genomes generated using long-read PacBio data remained incomplete (49% of all contigs uncircularised). Improvements in long-read technology and assembly approaches will likely overcome this (28). Our short-read and long-read datasets were generated from the same frozen stocks of isolates, but from separate sub-cultures (because we used the short-read data to inform selection for long-read sequencing); ideally they would have been generated from the same DNA extract. PacBio sequencing library preparation incorporates size selection, and this may have led to short plasmid sequences (<15kb) being lost. Our interpretation of the evolution of backgrounds supporting bla_{KPC} was limited by the diversity present, and the inability to capture sequential evolutionary events, even with this large study. We restricted our WGS reference-based plasmid typing to analysing top matches to our bla_{KPC} plasmid database because of the uncertainty in using short-read data for plasmid typing(19); we may therefore have underestimated the diversity of bla_{KPC} plasmids present and missed cases with >1 bla_{KPC} plasmid. Lastly, very limited epidemiological data linked to the isolates were available, meaning that we were unable to ascertain any epidemiological drivers which might be contributing to the enormous heterogeneity of bla_{KPC} transmission over apparently short timeframes; the latter finding also precluded the useful application of standard phylogenetic approaches based on identifying variants core to and within species. In addition, the collection of isolates by PHE as part of regional and national surveillance was dictated by referral patterns of isolates from the hospitals surveyed,

and we do not have any denominator information on cultures (either bla_{KPC} -positive or bla_{KPC} -negative) to corroborate details on the robustness of this referral process, or to determine what proportion of all UK bla_{KPC} -positive Enterobacterales over the relevant timeframe we have sequenced.

In conclusion, our large analysis highlights the difficulty and complexity of bacterial transmission networks once important AMR genes have "escaped" the genetic confines of particular mobile genetic elements and bacterial species/lineages, with important implications for surveillance. These include the need to consider multiple bacterial species and plasmids as potential hosts of *bla*_{KPC}, and invest resource in sequencing approaches to adequately reconstruct genetic structures and avoid misinterpreting the molecular epidemiology. It also demonstrates that regional differences in AMR gene epidemiology may be quite marked, which may affect the generalizability of control methods. Finally, it is important to consider the wider genetic background of host strains and plasmids in understanding the evolution and dissemination of important AMR genes, as AMR gene transfer between plasmid backgrounds within bacteria may occur over short timescales, and the interaction of several plasmids (i.e. not just those harbouring the AMR gene of interest at any given time) in a population may be highly relevant to the persistence and dissemination of the AMR gene itself.

MATERIAL AND METHODS

489 Study isolates and setting

We sequenced archived carbapenem-resistant Enterobacterales isolates from two

large teaching hospitals in Manchester (formerly known as CMFT and UHSM),

aiming to include all inpatient isolates archived following the observed introduction of bla_{KPC}-positive Enterobacterales (KPC-E) in this hospital system in 2009-2011. We also sequenced a subset of (KPC-E) isolates archived and sequenced as part of regional and national surveillance of carbapenemases undertaken by Public Health England (PHE, 2009-2014). The PHE set included: (i) a further random set of isolates referred from CMFT/UHSM from 2012-2014; (ii) up to the first 25 consecutive KPC-E isolates from any hospital in North-West England (2009-2014) and referred to the PHE reference laboratory (2009-2014); (ii) the first KPC-E isolate from any other hospital in the UK and Ireland referred to PHE (2009-2014); and, (iii) any KPC-E isolates from outpatient/primary care settings in the UK referred to PHE (2009-2014). For the UHSM/CMFT isolate subset, we were able to determine sampling and clinical sample culture-positivity denominators from an anonymised database of linked electronic bacteriology and patient administration records going back to 2009(22). Ethical approval was not required as only bacterial isolates were sequenced, and their collection was part of infection control investigation and management. DNA extraction and sequencing For short-read Illumina sequencing (HiSeq 2500, 150bp PE reads), DNA was extracted using Quickgene (Fujifilm, Japan), with an additional mechanical lysis step following chemical lysis (FastPrep, MP Biomedicals, USA). Sequencing libraries were constructed using the NEBNext Ultra DNA Sample Prep Master Mix Kit (NEB) with minor modifications and a custom automated protocol on a Biomek FX (Beckman). Ligation of adapters was performed using Illumina Multiplex Adapters, and ligated libraries were size-selected using Ampure magnetic beads (Agencourt).

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Each library was PCR-enriched with custom primers (Index primer plus dual index PCR primer) (30). Enrichment and adapter extension of each preparation was obtained using 9ul of size-selected library in a 50ul PCR reaction. Reactions were then purified with Ampure beads (Agencourt/Beckman) on a Biomek NXp after 10 cycles of amplification (as per Illumina recommendations). Final size distributions of libraries were determined using a Tapestation 1DK system (Agilent/Lab901), and quantified by Qubit fluorometry (Thermofisher).

For long-read sequencing (PacBio [n=28]), DNA was extracted using the Qiagen Genomic tip 100/G kit (Qiagen, Netherlands). DNA extracts were initially sheared to an average length of 15kb using g-tubes, as specified by the manufacturer (Covaris). Sheared DNA was used in SMRTbell library preparation, as recommended by the manufacturer. Quantity and quality of the SMRTbell libraries were evaluated using the High Sensitivity dsDNA kit and Qubit Fluorimeter (Thermo Fisher Scientific) and DNA 12000 kit on the 2100 Bioanalyzer (Agilent). To obtain the longest possible SMRTbell libraries for sequencing (as recommended by the manufacturer), a further size selection step was performed using the PippinHT pulsed-field gel electrophoresis system (Sage Science), enriching for the SMRTbell libraries >15kb for loading onto the instrument. Sequencing primer and P6 polymerase were annealed and bound to the SMRTbell libraries, and each library was sequenced using a single SMRT cell on the PacBio RSII sequencing system.

Sequence data processing and assembly

We used Kraken(31) to assign species to sequenced isolates from short read
(Illumina) data. SPAdes(32) v3.6 was used to *de novo* assemble short reads (default

options; subsequent removal of contigs shorter than 500bp and assembly coverage <2X). Isolates with short read sequence assemblies >6.5Mb were excluded to ensure that potentially mixed sequences were not included in the analyses. MLST was derived in silico from short read assemblies by blasting de novo these against publicly available MLST databases for E. coli (http://mlst.warwick.ac.uk/mlst/dbs/Ecoli), K. pneumoniae, E. cloacae and K. oxytoca (https://pubmlst.org/). Isolates with mixed MLST outputs were excluded. Antimicrobial resistance (AMR) genes, plasmid replicon (Inc) types and insertion sequences (IS) were identified from short read data using resistType (https://github.com/hangphan/resistType_docker; curated AMR gene database as in(33), plasmid replicon reference sequences from PlasmidFinder(34), and ISs from the ISFinder platform(35); $\geq 80\%$ identity used as a threshold). bla_{KPC} copy number (per bacterial genome) for each isolate was estimated from short read assemblies by dividing coverage of the contig containing bla_{KPC} by the average coverage for the assembly (weighted by contig length). Confirmation that this was a biologically meaningful estimate was obtained by estimating the association between copy number estimates and meropenem minimum inhibitory concentrations (MICs) from routine clinical laboratory antimicrobial susceptibility testing using interval regression (outcome log₂(MIC), left and right censored to reflect the actual MIC in the extreme categories being unobserved but only within a range) as the dependent variable and KPC copy number as the independent variable. *bla*_{KPC} copy number estimates were also validated by mapping Illumina reads to the reconstructed genomes derived from the PacBio data (using bwa-mem(36) [bwa-0.7.12-r1034], and only where both chromosome and bla_{KPC} plasmid structures were deemed complete), and then by calculating mean coverage for the bla_{KPC} gene versus the chromosomal contig, and comparing this with the bla_{KPC} copy number estimate derived from the

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56/	short-read assembly described above. Plasmid MLS1 for common family types
568	identified in short read data was confirmed by 100% sequence matches to reference
569	alleles for families catalogued in the plasmidMLST website
570	(https://pubmlst.org/plasmid/ ; IncA/C, IncHI1/2, IncN).
571	
572	For the smaller subset of isolates on which long read (i.e. PacBio) sequencing was
573	performed, long read data were assembled using the HGAP pipeline(37), and polished
574	with the corresponding Illumina datasets using Pilon (version 1.18, default
575	parameters)(38). Chromosomal sequences and plasmid sequences were then manually
576	curated where possible to create complete, closed, circular structures by using
577	BLASTn to identify overlaps at the end of assembled contigs. Those with overlapping
578	ends larger than 1000bp with sequence identity >99% were considered
579	circularised/complete, and trimmed appropriately for resolution. Complete sequences
580	were annotated using PROKKA (version 1.11)(39); annotations were used to
581	determine genes known to encode toxin-antitoxin systems, heavy metal resistance,
582	and anti-restriction mechanisms. Plasmid MLST was confirmed for these assemblies
583	as above.
584	
585	Tn4401 typing
586	Tn4401 typing was performed using TETyper(9), using the Tn4401, SNP and
587	structural profile reference files included with the package
588	(https://github.com/aesheppard/TETyper, version 1.1), and a flanking length of 5bp,
589	representative of the known target site signature sequence indicative of Tn4401
590	transposition(40).
591	

592 Plasmid database for bla_{KPC} plasmid typing

A reference $bla_{\rm KPC}$ plasmid sequence database composed of $bla_{\rm KPC}$ -harbouring contigs/plasmids from long-read sequencing of isolates in this study and all complete $bla_{\rm KPC}$ plasmids from (41-43) (August 2018) was used for $bla_{\rm KPC}$ plasmid typing within this study. To construct this database, all 279/6018 evaluable plasmid sequences carrying $bla_{\rm KPC}$ were first compared using dnadiff(44) to obtain the pairwise similarity between any two plasmid sequences p_i and p_j . The similarity was defined as a function of their lengths l_i , l_j , and the aligned bases l_{ij} , l_{ji} as reported by:

$$\left(p_i, p_j\right) = \frac{1}{2} \left(\frac{l_{ij}}{l_i} + \frac{l_{ji}}{l_j}\right) \times \min\left(\frac{l_i}{l_j}, \frac{l_j}{l_i}\right)$$

The score was designed to penalise differences in length of the compared sequences, i.e. to make sequences of different lengths proportionately more different. The resulting similarity matrix was used to perform clustering of plasmid sequences using the affinity propagation clustering technique, suitable for graph clustering problems with sparse similarity matrix and uneven cluster size and cluster number(45), and resulted in 34 clusters of 1-43 plasmids per cluster (Supplemental Dataset SD4). The largest cluster was the set of pKpQIL-like plasmids comprising 43 related sequences. Representative sequences of each $bla_{\rm KPC}$ plasmid cluster in this network were chosen randomly, to generate a set (KPC-pDB) of plasmids ranging from 7,995bp (NC_022345.1; plasmid pAP-2) to 447,095bp (NZ_CP029436.1; plasmid pKPC_CAV2013) in the final database used for $bla_{\rm KPC}$ plasmid typing in this study. Subsequently, $bla_{\rm KPC}$ plasmid typing for each study isolate sequence was performed as follows: (1) assembled sequences for each isolate were BLASTed (BLASTn) against KPC-pDB; (2) any >1kb contig with >90% nucleotide identity and >80% total

616	coverage match to sequences in $KPC-pDB$ was retained; (3) for any sequence p_i in
617	$KPC-pDB$, a score s_i was calculated by dividing the total matched bases of all contigenations.
618	matched to p_i by p_i 's length; and (4) an isolate was assumed to plausibly carry p_i if s_i
619	\geq 0.80. An isolate could have several bla_{KPC} plasmid matches; we restricted to the top
620	match for each isolate in our analyses.
621	
622	Phylogenetic reconstruction for isolates from commonly represented STs
623	To ensure that for the most common STs (K. pneumoniae STs 258, 11 and 491) we
624	were essentially not characterising a single, highly clonal set of sequences,
625	recombination-corrected phylogenies were reconstructed for each ST following
626	mapping to the K. pneumoniae reference MGH78578 (GenBank accession:
627	CP000647.1), as previously described(46). In brief, following read mapping, variant
628	calling, and generation of consensus fasta sequences of variants called, IQtree
629	followed by ClonalFrameML were run using a python wrapper available at:
630	https://github.com/davideyre/runListCompare (accessed Jan 2020).
631	
632	Statistical analysis and data visualisation
633	Statistical analysis (Kruskal-Wallis tests, interval regression, Pearson's correlation)
634	was carried out in Stata 14.2. Plots for figures 1-7, and supplementary figures were
635	generated using the ggplot2 and ape packages in R (version 1.1.463). Figure 9 was
636	generated using the GenomeDiagram package(47) in Biopython(48).
637	
638	Sequencing data availability
639	Sequencing data have been deposited in the NCBI (BioProject Accession:
640	PRINA 564424) PacRio/Pilon assemblies are available at:

641 https://doi.org/10.6084/m9.figshare.11777631.v1. Typing results and metadata for 642 each isolate are available in Supplemental dataset SD1. 643 644 645 **Acknowledgements and funding:** We are grateful to and acknowledge the sharing of 646 isolates by microbiology and clinical teams from contributing UK hospitals, and from 647 Martin Cormican, the National Reference Laboratory in Galway, Ireland, and the 648 contributing laboratories in Ireland. We are also grateful to the microbiology 649 laboratory staff and infection control teams at Manchester University NHS 650 Foundation Trust (formerly CMFT and UHSM); the staff of the Manchester Medical 651 Microbiology Partnership; and the research laboratory, informatics and project 652 management teams working as part of the Modernising Medical Microbiology 653 consortium, Oxford. 654 655 Contemporaneous investigation by CMFT, UHSM and PHE was undertaken as part 656 of routine activity. The retrospective investigation was funded by the National 657 Institute for Health Research Health Protection Research Unit (NIHR HPRU) in 658 Healthcare Associated Infections and Antimicrobial Resistance at Oxford University 659 in partnership with Public Health England (PHE) [grant HPRU-2012-10041] and 660 supported by the NIHR Biomedical Research Centre, Oxford. The views expressed in 661 this publication are those of the authors and not necessarily those of the NHS, the 662 National Institute for Health Research, the Department of Health or Public Health 663 England. NS is funded by a PHE/University of Oxford Academic Clinical 664 Lectureship. TEAP, DWC and ASW are NIHR Senior Investigators. 665

- 666 The Transmission of Carbapenemase-producing Enterobacteriaceae (TRACE) study 667 investigators are listed alphabetically, and include several of the authors also listed by 668 name in the main author list: Zoie Aiken, Oluwafemi Akinremi, Aiysha Ali, Julie 669 Cawthorne, Paul Cleary, Derrick W. Crook, Valerie Decraene, Andrew Dodgson, 670 Michel Doumith, Matthew J. Ellington, Ryan George, John Grimshaw, Malcolm 671 Guiver, Robert Hill, Katie L. Hopkins, Rachel Jones, Cheryl Lenney, Amy J. 672 Mathers, Ashley McEwan, Ginny Moore, Mark Neilson, Sarah Neilson, Tim E.A. 673 Peto, Hang T.T. Phan, Mark Regan, Anna C. Seale, Nicole Stoesser, Jay Turner-674 Gardner, Vicky Watts, A. Sarah Walker, Jimmy Walker, David Wyllie, William 675 Welfare and Neil Woodford.
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None of the authors has any conflicts of interest to declare.

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878	Figure legends			
879	Figure 1. Estimated $bla_{ m KPC}$ copy number distributions (derived from Illumina			
880	assemblies) within major species (Fig.1A), and the top nineteen commonest			
881	species/ST combinations (Fig.1B) observed within the study (other ST/species			
882	combinations assigned as "Other" or "Other species/ST" respectively). Dots			
883	represent estimated copy number for single isolates; boxplots represent median			
884	estimated <i>bla</i> _{KPC} copy number +/- 1.58*IQR/sqrt(n). Boxplots are ordered by most			
885	common species and species/ST categories, left-to-right, except for the "Other",			
886	"Other species/ST", assigned to the right of the plots. For species assignations,			
887	"Kpne" = Klebsiella pneumoniae, "Ecol" = Escherichia coli, and "Eclo" =			
888	Enterobacter cloacae.			
889				
890	Figure 2. Incidence plot of species-ST by year-month and geography. Dots are			
891	coloured by location of isolate collection, as defined in Methods, and scaled by the			
892	number of isolates; the eight out-patient isolates have not been plotted.			
893				
894	Figure 3. Incidence curve of species-ST in Manchester hospitals CMFT/UHSM,			
895	2010-2012. Sequencing ascertainment of first-per-patient carbapenem-resistant			
896	Enterobacterales was 76% 2010 and 59% in 2011.			
897				
898	Figure 4. Incidence plot of Tn4401 type and target site sequences by year-month			
899	and geography. Dots are coloured by location of isolate collection, as defined in			
900	Methods, and scaled by the number of isolates; the eight out-patient isolates have no			
901	been plotted.			
902				

Figure 5. Incidence plot of plasmid populations identified in isolates (replicon typing) by year-month and geography. Dots are coloured by location of isolate collection, as defined in Methods, and scaled by the number of isolates; the eight outpatient isolates have not been plotted. The most predominant combinations are highlighted in yellow. Figure 6. Distribution of bla_{KPC} plasmid types by species-ST. Dots are coloured by Tn4401/target site sequence type, and scaled by the number of isolates. Figure 7. Incidence plot of bla_{KPC} plasmid types identified by year-month and geography. Dots are coloured by location of isolate collection, as defined in Methods, and scaled by the number of isolates; the eight out-patient isolates have not been plotted. **Figure 8.** Schematic of bla_{KPC} plasmid types and sizes identified from longread/short-read hybrid sequencing approach by species/ST and year of collection (NB only 21 contigs clearly designated as plasmid are represented). Closed circles denote circularised contigs (i.e. complete plasmids); replicons are denoted by coloured triangles in their approximate positions in the structure. Triangle colours denote replicon types assigned to each plasmid sequence (i.e. multiple coloured triangles represent multi-replicon plasmids). Plasmids from isolates from the wider UK collection (i.e. collected through the national reference laboratory) are denoted with a ٠٠*****"

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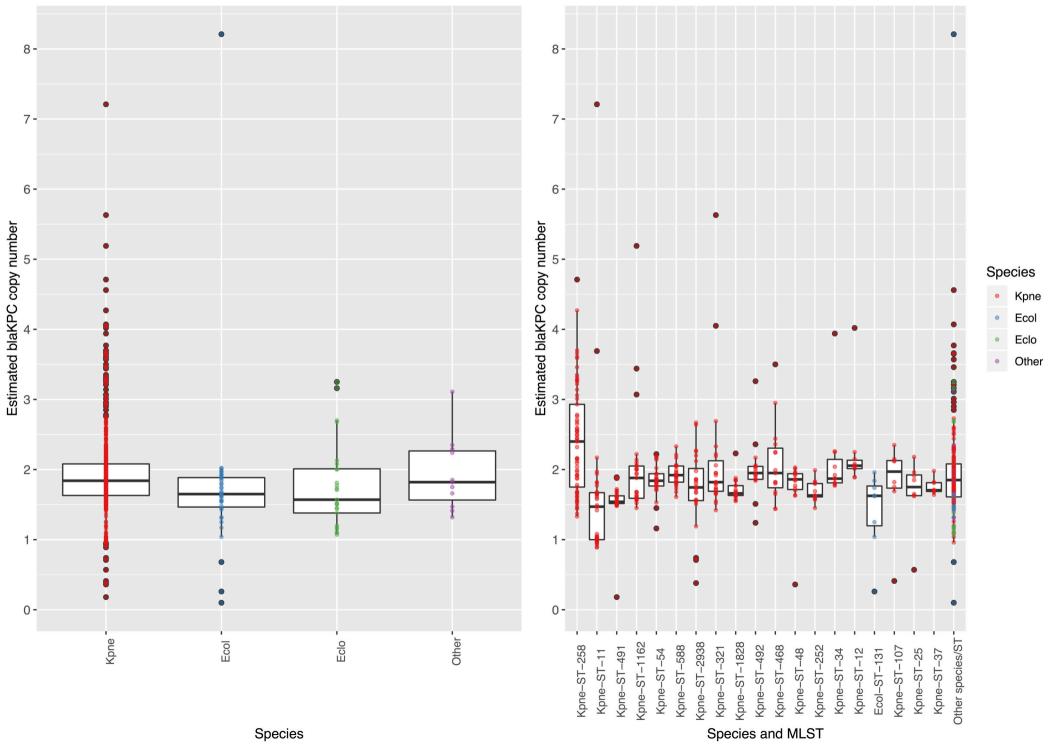
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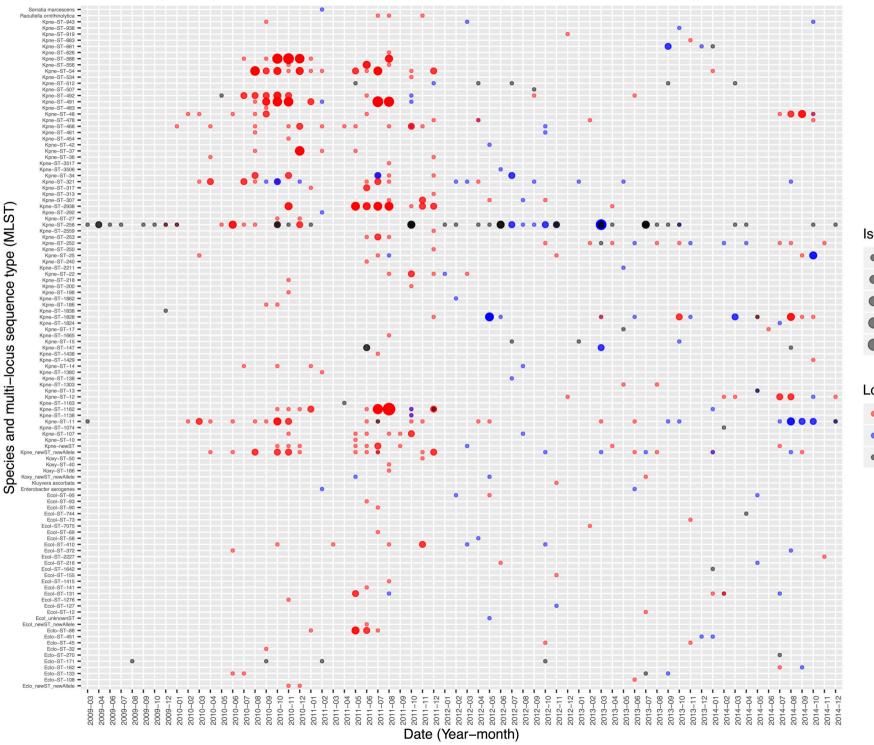
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Figure 9. Alignments of complete plasmid sequences harbouring an IncFII(K)_1_CP000648-like replicon, including bla_{KPC} -negative and bla_{KPC} -positive sequences. All sequences were re-orientated to start at IncFII for the purposes of alignment visualization. Loci of interest have been coloured and annotated as shown. Shading between sequences denotes regions of homology, with light pink shading denoting areas \geq 90% nucleotide identity, dark pink areas \geq 50% nucleotide identity, and light blue areas \geq 90% nucleotide identity in reverse orientation. The order of sequences is adjusted to highlight genetic overlap between sequences, but not to imply any specific direct exchange events. Annotations (i) and (ii) denote specific features highlighted in the main text.



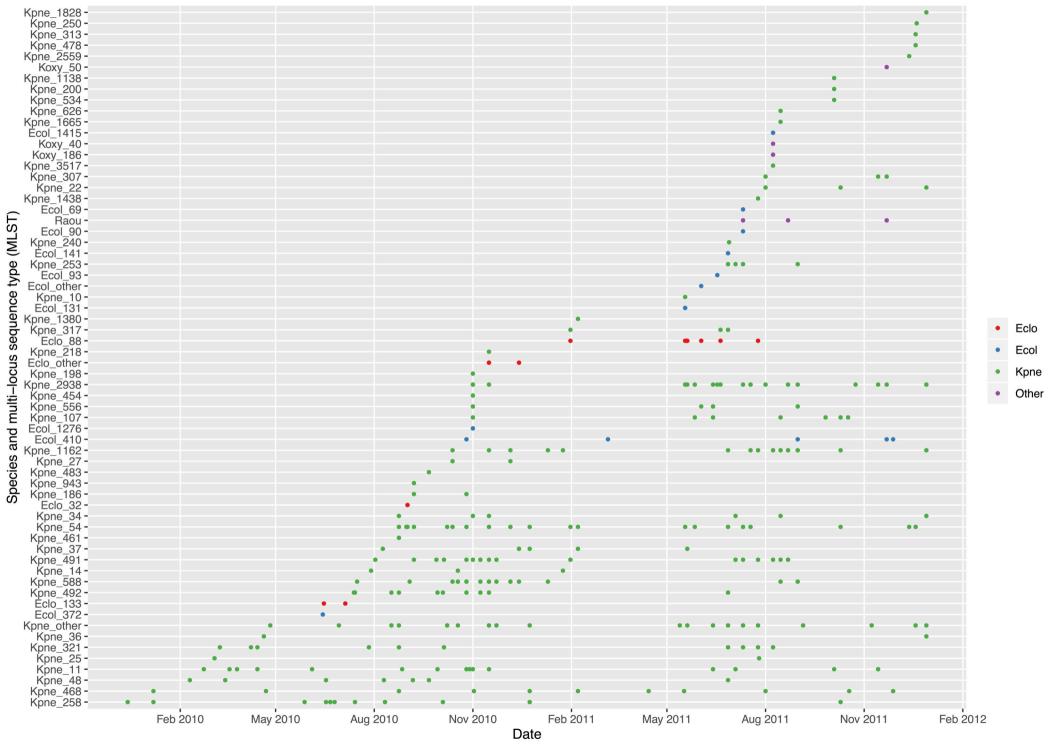


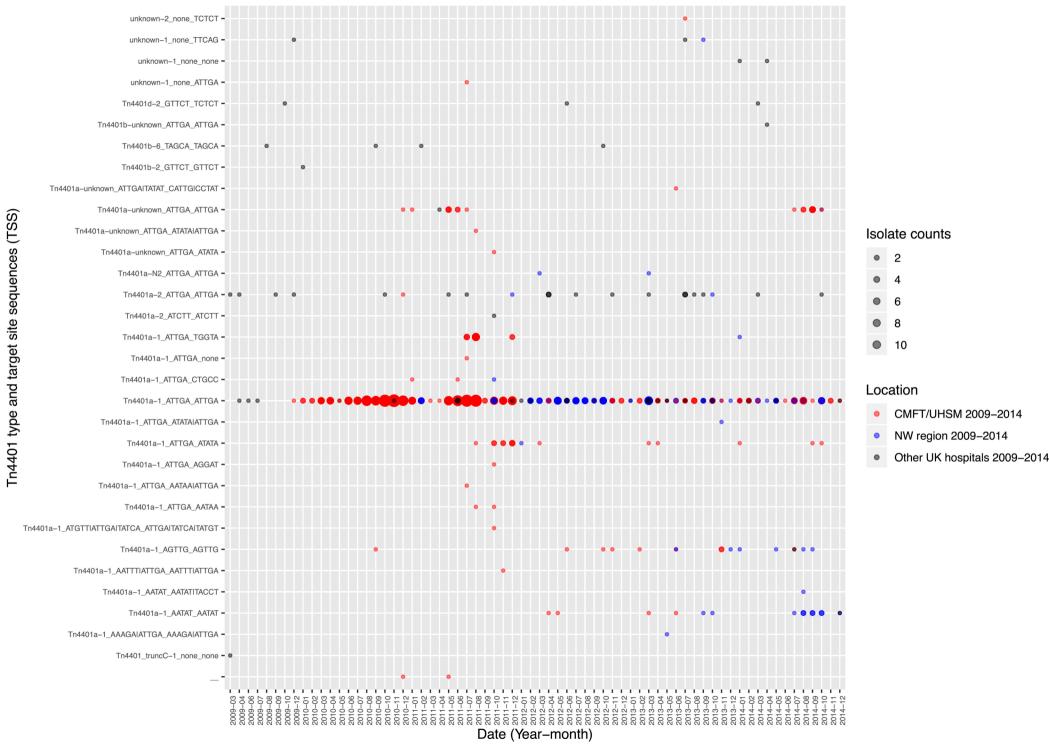
Isolate counts

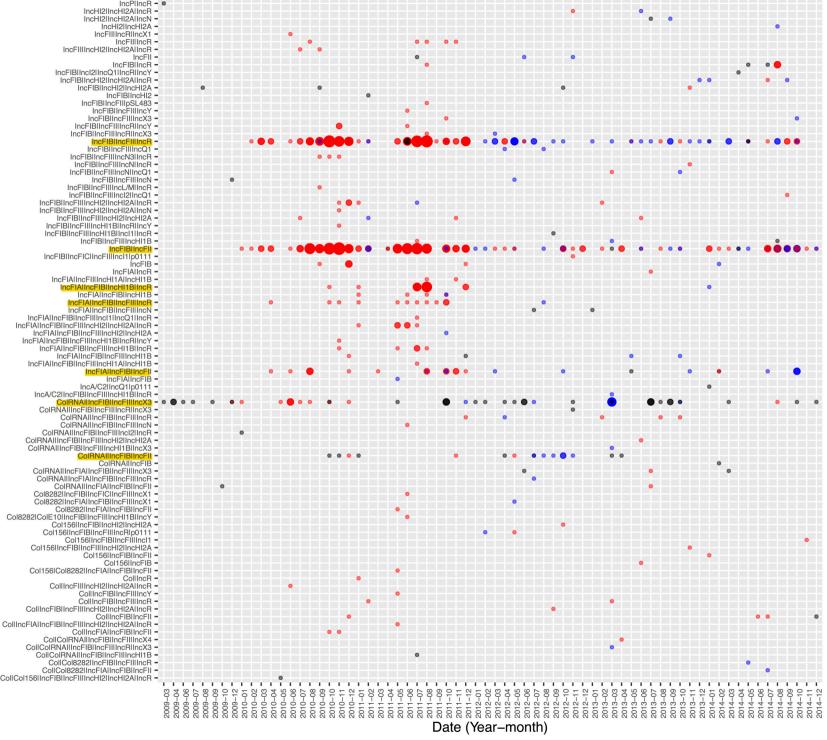
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Location

- CMFT/UHSM 2009–2014
- NW region 2009–2014
- Other UK hospitals 2009–2014



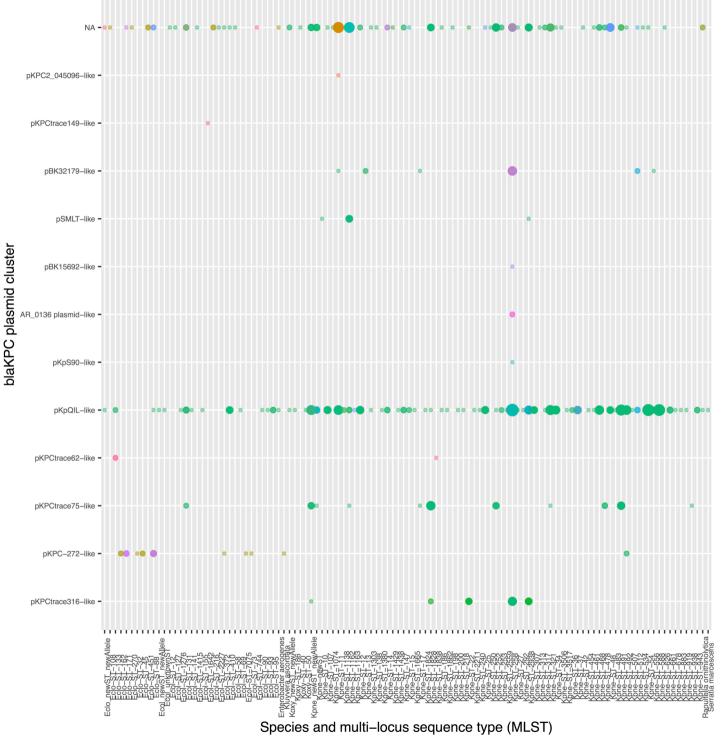




Isolate counts

Location

- CMFT/UHSM 2009-2014
- NW region 2009-2014
- Other UK hospitals 2009-2014



Isolate counts

- 2
- 6
- 10

tn4401_flankseq

Tn4401a-1_ATTGA_TGGTA

•	_	•	Tn4401a-2_ATCTT_ATCTT
0	Tn4401_truncC-1_none_none	•	Tn4401a-2_ATTGA_ATTGA
0	Tn4401a-1_AAAGAIATTGA_AAAGAIATTGA	•	Tn4401a-N2_ATTGA_ATTGA
•	Tn4401a-1_AATAT_AATAT	۰	Tn4401a-unknown_ATTGA_ATATA
•	Tn4401a-1_AATAT_AATATITACCT	•	Tn4401a-unknown_ATTGA_ATATAIATTGA
•	Tn4401a-1_AATTTIATTGA_AATTTIATTGA	•	Tn4401a-unknown_ATTGA_ATTGA
•	Tn4401a-1_AGTTG_AGTTG	•	Tn4401a-unknown_ATTGAITATAT_CATTGICCTAT
•	Tn4401a-1_ATGTTIATTGAITATCA_ATTGAITATCAITATGT	•	Tn4401b-2_GTTCT_GTTCT
•	Tn4401a-1_ATTGA_AATAA	0	Tn4401b-6_TAGCA_TAGCA
•	Tn4401a-1_ATTGA_AATAAIATTGA	۰	Tn4401b-unknown_AGCAAlGAATA_AGCAAlGAA
•	Tn4401a-1_ATTGA_AGGAT	0	Tn4401b-unknown_ATTGA_ATTGA
•	Tn4401a-1_ATTGA_ATATA	0	Tn4401d-2_GTTCT_TCTCT
•	Tn4401a-1_ATTGA_ATATAIATTGA	0	unknown-1_none_ATTGA
•	Tn4401a-1_ATTGA_ATTGA	0	unknown-1_none_none
•	Tn4401a-1_ATTGA_CTGCC	0	unknown-1_none_TTCAG
•	Tn4401a-1_ATTGA_none	•	unknown-2_none_TCTCT

