scientific data



DATA DESCRIPTOR

OPEN Whole genomes from bacteria collected at diagnostic units around the world 2020

Sidsel Nag et al.#

The Two Weeks in the World research project has resulted in a dataset of 3087 clinically relevant bacterial genomes with pertaining metadata, collected from 59 diagnostic units in 35 countries around the world during 2020. A relational database is available with metadata and summary data from selected bioinformatic analysis, such as species prediction and identification of acquired resistance genes.

Background & Summary

Acquiring resistance-conferring genes is one of a number of mechanisms that can cause bacterial pathogens to become resistant to antimicrobial therapies1. Resistance genes can be located either chromosomally or on mobile genetic elements, such as plasmids². Mobile genetic elements, in turn, can be horizontally transferred within bacterial communities and therefore play a key role in the geographic spread of antimicrobial resistance (AMR). Surveillance and monitoring of antimicrobial resistance are of high priority in many national and supra-national health organisations³⁻⁸. These efforts are highly motivated by a need to assess the size of the AMR problem, and help provide policy guidance on how to best ensure effective treatment and limit the further spread and development of AMR.

The presented dataset was collected and processed as part of a research project entitled "Two Weeks in the World" (TWIW), led by the Technical University of Denmark (DTU). The main purpose of the research project was to assess the species diversity and resistance gene abundance in clinically relevant pathogens across the world, in 2020. Diagnostic units involved in diagnosing causative pathogens of clinical infections (i.e. patients presenting with symptoms) from around the world, were invited to join the study. In total, 35 different countries are represented through 59 different diagnostic units. Figure 1 depicts the countries represented in the study. Summary descriptions of the dataset are depicted in Fig. 2.

Partners (i.e. diagnostic units) participated by sending either bacterial isolates or DNA extracted from bacterial isolates to Denmark (DTU). Here, isolates were cultured and DNA was extracted. All DNA (extracted by partners or by DTU) was used for whole genome sequencing (WGS) on an Illumina-based platform. Minimal metadata was required for all samples and "nice-to-know" metadata was provided by partners who were able to do so. WGS data was used to perform bioinformatic species prediction of the bacterial pathogens, identification of acquired resistance genes and inferring distance-based phylogeny. Figure 3 depicts an overview of the project

The TWIW research project can be visited through the web app: https://twiw.genomicepidemiology.org. The website allows browsing genomic insights such as phylogenetic trees.

The MySQL database is available as a "data dump" via DTU Data https://doi.org/10.11583/DTU.217584569 and the raw sequencing data (fastq) is available on ENA (ERP141886)¹⁰. The MySQL database contains information about ENA accession numbers for the sequencing data. Combined, these resources represent a complete dataset of 3087 validated bacterial genomes of clinical relevance, collected across the globe in 2020. Everything from sample origin, sequencing information, identified species, identified resistance genes, phylogenetic relationships is available and navigable through implemented relationships and table documentation in the MySQL database.

[#]A full list of authors and their affiliations appears at the end of the paper.

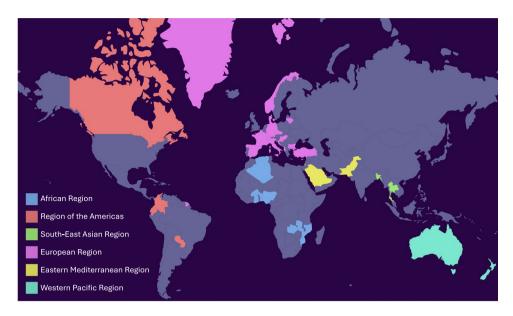


Fig. 1 Country representation. The countries represented in the study are shown with colour coding according to the WHO-defined regions they belong to.

Methods

Preparation of partners to collect samples. Partners registered for participation by contributing isolates or DNA samples to the study. Material was sent to partners according to their registered participation format. This included material for sample collection, metadata registration, DNA extraction and sample shipment to Denmark. Specific protocols were provided, according to the registered participation format and a video for partners sampling isolates was made available via the TWIW web application and YouTube.

Sample collection. Ethical considerations. Partners were in charge of navigating national guidelines and regulations regarding ethical approval (such as institutional review boards, ethical review boards or other) of their participation in the study. The Danish National Scientific Ethics Committee was consulted with regards to The Technical University of Denmark leading the study, and based on their assessment of the study protocol, the committee concluded that the samples were not human and therefore the study did not require ethical approval. No patient material was transferred with the samples, and no patient identifiers were shared with the project. Only minimal metadata pertaining to the infection and bacterial isolates or their DNA were sampled.

Isolate selection. Partners collected samples according to their availability to do so, during 2020. Due to the obstacles presented by the Covid-19 pandemic, ability to participate and carry out sampling was prioritised over sampling during a specific time (original study design and planning targeted sampling during March 2020).

Approximately 60 samples were collected at each individual diagnostic unit over a week. Table S1 lists the participating units with their study ID, country and city of origin, the month of collection, the amount of samples sent, whether the samples received were isolates or DNA and whether the unit made alterations to the sampling protocol. The 60 samples were to be randomly selected at the diagnostic units over the course of a week. Targeting sampling over all weekdays served the purpose of avoiding "logistical bias" from the internal logistics of the diagnostic unit. Targeting random sampling served the purpose of not targeting specific species or sample source types (i.e. urine samples, blood samples). Partners did "prospective random sampling" by estimating how many samples to collect every day over the course of a week, in order to collect approximately 60 samples over a week. Due to lack of diagnostic activities related to bacterial infections, a number of units prolonged the sampling time where simply all samples were included in the study, until 60 samples were acquired or sampling was halted due to other reasons.

Isolate sampling. Coal swabs were used to swab from the plates on which the pathogen was cultured — a video illustrating the isolate sampling procedure can be viewed via this link. Parafilm was strapped around the lid of the coal swab for extra sealing. Coal swabs were kept dark, at 4 °C or room temperature if 4 °C storage was not available. Swabs were stored until shipment was possible for partners.

DNA sampling. For partners extracting DNA, material corresponding to the DNA extraction kit and methodology used at DTU was provided to partners (DTU DNA extraction procedure is described under "DNA extraction and library preparation"). Partners were asked to provide at least $50\,\mu$ l of eluted DNA, or at least $80\,\mu$ l if the measured concentrations were $<6\,\text{ng}/\mu$ l.

Metadata registration. Metadata sheets were provided for all partners, together with labels with printed sample names, unique to each sampling location. Labels were for application on the samples (coal swabs or tubes with DNA)

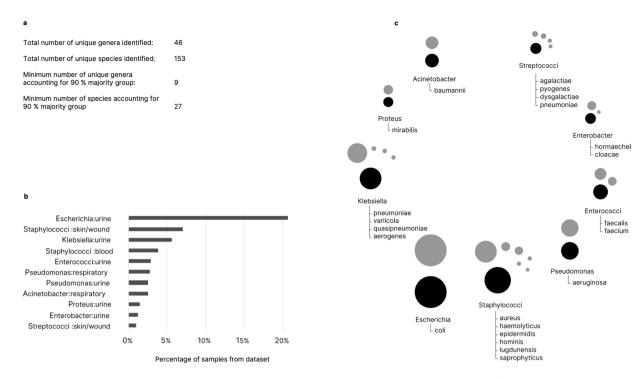


Fig. 2 Summary description of samples in the dataset. (a) Number of genera identified in the dataset and accounting for the 90 percent majority groups in the dataset, (b) major pathogen-source combinations accounting for the majority of the dataset and (c) Area depiction of 9 major genera (black circles) and represented species (grey circles) in the dataset.

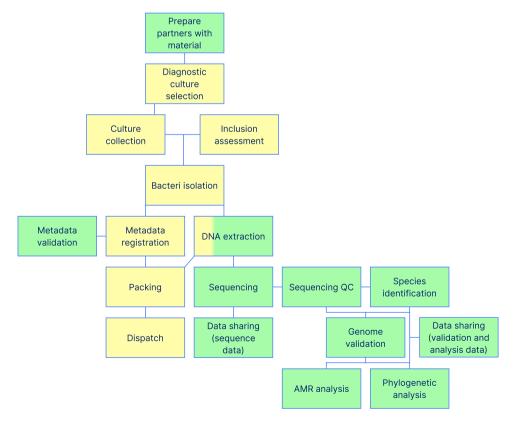


Fig. 3 Project pipeline and framework – tasks in green were performed by DTU and tasks in yellow were performed by partners. DNA extraction was performed by some partners, who could not dispatch swabs.

| Mandatory metadata | "Nice-to-know" metadata |
|-------------------------------|---|
| Geographical origin | Age of patient |
| Date of sampling from patient | Gender of patient |
| Date of sampling from lab | Hospital- or community-acquired infection |
| Suspected pathogen | Disease (reason for seeking health-care) |
| Sample source type | AMR profile as assessed by partner |
| | Antibiotic use history from 4 weeks prior to sampling |

Table 1. Metadata variables.

and pertaining metadata sheets. Metadata sheets were for use in a laboratory setting, where metadata could not be recorded electronically from other lab records. The collected metadata was subsequently submitted electronically via Survey Monkey or in excel format for most partners. Few partners sent only the handwritten metadata sheets. The metadata variables are listed in Table 1. Under no circumstances were internal patient identifiers (ids) or other references to individuals shared for the project.

Sample shipment. Shipping isolates. Isolates were shipped as UN3373 – biological sample category B. All coal swabs were put into absorptive pockets and into a zip lock bag labelled "UN3373". The bag was placed in a shipment box labelled UN3373, together with any metadata sheets (these were also submitted electronically for the majority of samples). Shipment was performed by DHL, as "Medical Express" or ordinary parcel, depending on the options for the departure location. A single parcel was shipped by World Courier, from Mozambique to Denmark.

Shipping DNA. DNA samples were stored in Eppendorf tubes and sealed again with Parafilm. The tubes were placed in an 84-compartment foldable freezer box and placed in a bubble-wrap envelope. All DNA samples were shipped as ordinary parcels or letters, without cold chain.

Sample handling and processing. Logging of received samples. Upon arrival in Denmark, samples were logged together with received metadata. Validation of the metadata was performed prior to database submission. Validation of metadata is explained in detail under "Technical Validation". Logging entailed entering sample names (as written on the labels provided to partners), registration of unique sample id's, original as well as validated metadata and processing information with regards to culturing and freezing of isolates. Once validated, all information resulting from logging samples and their metadata was submitted to the MySQL database.

Culturing of received isolates. Isolates received on coal swabs were cultured on blood agar or chocolate agar, in presence of CO2 if necessary, and sub-cultured until the expected (as submitted by sampling partner) species were (presumedly) isolated (visual recognition by experienced laboratory professionals). In doubt of which species to go forward with, multiple isolates were brought forward for DNA extraction and sequencing and the correct isolate was decided upon after bioinformatic species prediction.

DNA extraction and library preparation. DNA was extracted using Qiagen DNeasy® Blood & Tissue kit (Qiagen, Venlo, Netherlands) according to manufacturer's protocol. DNA concentrations were measured on Qubit using Invitrogen's Qubit dsDNA high-sensitivity (HS) assay kit (Carlsbad, CA, USA). DNA concentrations were diluted to approximately 0.2 ng/µl for library preparation. Libraries were prepared according to the Illumina NexteraXT DNA Library Prep Reference Guide (Illumina, Inc., San Diego, CA, USA) using standard normalisation.

Sequencing. All samples, except eight, were sequenced on an Illumina NextSeq 500 platform, paired-end sequencing, medium output flowcell (NextSeq500/550 Mid Output Kit v2.5 300 cycles, Cat. nr 20024905). Gram-negative samples were run 96 isolates in parallel, and Gram-positive samples were run 192 isolates in parallel. Few flow cells were run with mixed Gram-negative and Gram-positive samples with approximately 100 samples on a single flow cell. Eight samples were sequenced on an Illumina MiSeq platform, paired-end sequencing, 500 cycles (2×251) on a V3 flowcell.

Data processing and analytics. Sequencing data was downloaded from BaseSpace (Illumina's customer cloud platform) and transferred to the Danish National Supercomputer for Life Sciences¹¹, a high-performance computing cluster, where it was both stored and processed, and all downstream analytics took place.

Raw read quality control (QC). An in-house bioinformatics pipeline, called FoodQCPipeline v. 1.5¹², was used at default settings to quality assess the raw sequence data, trim the raw reads according to predefined quality thresholds and perform de-novo assembly on the genomes. The quality assessment and trimming of raw sequencing data is further described under "Technical Validation". Given the '–spades' option, FoodQCPipeline performs de-novo assembly with SPAdes v. 3.11.0¹³. After running the FoodQCPipeline, both trimmed fastq data and fasta (draft assemblies) are available for downstream analyses. QC summary data was submitted to the MySQL database after genome validation, which is explained in detail under "Technical Validation".

Species prediction with KmerFinder v. 3.0.2. KmerFinder¹⁴, was used as one of two species prediction programs. KmerFinder assesses species identity by matching k-mers from the query sequence to a kmer-based database of reference strains. KmerFinder was run on the draft assemblies with default settings, the evaluation was done on total query coverage, which is calculated as the number of unique k-mers shared between the query and the template, divided by the number of unique k-mers in the query, with the first hit being accepted if it had more than 80% total query coverage.

Species prediction with rMLST. The other species prediction software used, was rMLST¹⁵. In contrast to KmerFinder, rMLST identifies species based only on ribosomal multi-locus sequence typing, which includes the 53 genes that encode subunits of the bacterial ribosome. rMLST was run on assembled genomes through the open access API at https://pubmlst.org/species-id/species-identification-via-api. The first hit was accepted if it had more than 90% support.

Final species identification. The conclusion of the in silico identified species was based on either species or genus level concordance between the top hits for KmerFinder and rMLST, or an acceptable hit from only one of the two software. The point of using two different species prediction software was to allow for a sensitive assessment of whether the genomes were contaminated (KmerFinder), while complementing with a more robust but less sensitive species prediction software (rMLST). Species that could not be exactly identified are given as NA, if the genome was validated. The genome validation is described under "Technical Validation". As with QC summary data, species prediction data was submitted to the MySQL database upon genome validation, and concordance between the KmerFinder and rmlst is given.

Identification of resistance-conferring genes with ResFinder 4.1. In order to identify acquired resistance genes in the validated bacterial genomes, ResFinder version 4.1¹⁶ was run on the assemblies. All samples were run with the '-s "other" option, meaning that the samples were not run as specific species. ResFinder has the option to run the samples as specific species, in which case a secondary program, PointFinder, is run. This analysis is omitted when running as '-s "other", and allows for complete cross-comparability of the output data resulting from our in-house ResFinder summary script, which in this case only encompasses "acquired" resistance genes. The ResFinder summary script produces different overviews of the ResFinder data, with both a class level and a drug level overview of acquired resistance genes, as well as the query coverage, percent identity to reference and position in the assembly of the hit. The ResFinder summary script is submitted as supplementary material, and is available as Supplementary file 1

Phylogeny. Genetic distance-based phylogeny was inferred for sequencing runs that passed the technical validation (see below), using Evergreen COMPARE $^{17-19}$ (commit b512e6e). The reference database was the complete bacterial chromosomal genomes from the refseq collection of National Center for Biotechnology Information (NCBI), last fetched in April 2021, homology reduced to 98 percent sequence identity, using kma_index from KMA with the settings for homology reduction -hr 0.769 and -ht 0.769. Consequently, the threshold for accepting a matching reference was also lowered to 98% (76.90% k-mer identity), and the inclusion criterium for consensus sequence completeness reduced to 80%. For displaying the phylogenies on the website, a custom script (Supplementary file 2) was used to select the minimum amount of phylogenetic trees that in totality contained all possible samples.

Data Records

The dataset consists of:

- 1. Raw sequence reads available at ENA: Accession ERP141886¹⁰
- One MySQL database (available as MySQL data dump) for download at DTU Data, https://doi.org/ 10.11583/DTU.21758456 (URL: https://doi.org/10.11583/DTU.21758456.v2)⁹
- One web application for browsing the data and selected findings, available at TWIW web app (URL: http://twiw.genomicepidemiology.org)

The Technical University of Denmark has acted as data brokers to the partners. Data brokering is the act of submitting data on behalf of another institute. This was done to ascertain that the partners would be properly referenced when the data is reused for other purposes in the future.

The MySQL database contains metadata and summary output data as well as information regarding the generation of the analysis output.

Technical Validation

The technical validation of the dataset consists of:

- 1. Validation of the acquired metadata for the samples
- 2. Quality controlling the raw sequencing data
- 3. Genome validation in order for genomes to be accepted in the final dataset
- 4. Identification of the "correct" bacterial isolate, if several isolates were cultured from a single swab

Validation of acquired metadata for the samples. The vast majority of partners only provided mandatory metadata (see Table 1). Metadata was submitted either via Survey Monkey, through e-mail as digital

spreadsheets, or simply by sending the handwritten metadata sheets. If the information given could not be validated, no validated data was registered, in which case it is omitted from down-stream analysis. The following validations were applied to the metadata:

- Geographical origin of sample identifiable via openstreetmap.org
- Species and genus information separated, according to validated nomenclature
- Date according to specific date format (yyyy-mm-dd)
- Sample source type according to 3 validated lists: 1) type of sample, 2) anatomical origin and 3) other source indicator
- Age according to specific format (age in years)
- Gender according to specific format ('f', 'm', 'o')
- Hospital- or community acquired infection according to specific format ('h' or 'c')

Quality controlling the raw sequencing data. FoodQCPipeline trims the raw reads using bbduk 2 (part of BBMap version 36.49^{20}), according to three criteria: (1) the length of the read must be >50 bp, (2) phred score per base must be >20 and (3) adapters must be filtered away. FoodQCPipeline uses FastQC v. 0.11.5 to generate a quality control report for every sample.

Genome validation. The genome validation consists of two assessments: sequencing QC and genome contamination. The process is depicted in Fig. 4.

Based on the quality control reports generated by FoodQCPipeline, samples were discarded at the preliminary quality assessment, if the raw data did not live up to any of four criteria: (1) > 100 mega bp after quality trimming, (2) depth of coverage > 20X, (3) N50 > 15,000 bp and (4) < 500 contigs in the assembly (unless the species prediction was a *Pseudomonas* spp., in which case up to 1098 contigs were accepted). If any of the four criteria were not met, a QC alert would be given and the genome would fail validation.

Genome contamination was assessed by the following 3 criteria:

- 1. the 1st KmerFinder hit had >80% total query coverage
- 2. that the 2nd KmerFinder hit had < than 80% total query coverage
- 3. that the 1st rMLST hit had >90% support.

If any of these criteria were not met, a contamination alert was given for the sample and the genome validation failed. However, in the case of a KmerFinder-based contamination alert, the genome could be validated if the rMLST 1st hit had >95% support.

All failed genomes were assessed manually afterwards, and in certain cases a genome could be manually validated based on various assessments. Reasons for manual validations (and failures) are indicated in the dataset.

Identification of the correct bacterial isolate. When several bacterial isolates were cultured from a swab, the trained laboratory professionals attempted to correctly identify the suspected species by visual recognition. When in doubt, all isolates were brought forward for sequencing and bioinformatic analyses. In the case where one of the samples was in agreement with the suspected pathogen, this isolate was kept in the final dataset with the pertaining metadata. In the case where none of the isolates matched the suspected pathogen, they were all (typically two) kept in the final dataset with pertaining metadata and were given an "A" and "B" suffix in the sample name, but registered with unique ids.

Exclusion reasons. Through the process from receiving samples to validating the genomes for the final dataset, reasons for samples to be excluded were:

- sample missing (some samples are registered as being received, because they were registered in the partner's metadata, however the sample was never received/recovered)
- alternative isolate (if several isolates were cultured from a swab and another isolate matched the suspected pathogen)
- out of scope (if an isolate turned out to be something not bacteria (e.g. fungi))
- not viable
- not isolatable (typically due to insurmountable *Proteus* spp. contamination)
- contaminated with fungi (a bacterial pathogen was also present, but could not be isolated from the fungal contamination)
- x-isolate (if several isolates were cultured from a swab but the suspected pathogen was assumed visually identified and brought forward, the remaining are x-isolates)
- lab material test (if a sample was registered multiple times, simply because it was used to test laboratory material)
- not enough DNA (partners sending extracted DNA didn't always send adequate amounts of DNA)
- contamination with no original isolate available (partners sending DNA may have sent DNA which was contaminated in this case the original isolate could not be regrown and re-isolated)

A total 182 samples were excluded based on these reasons.

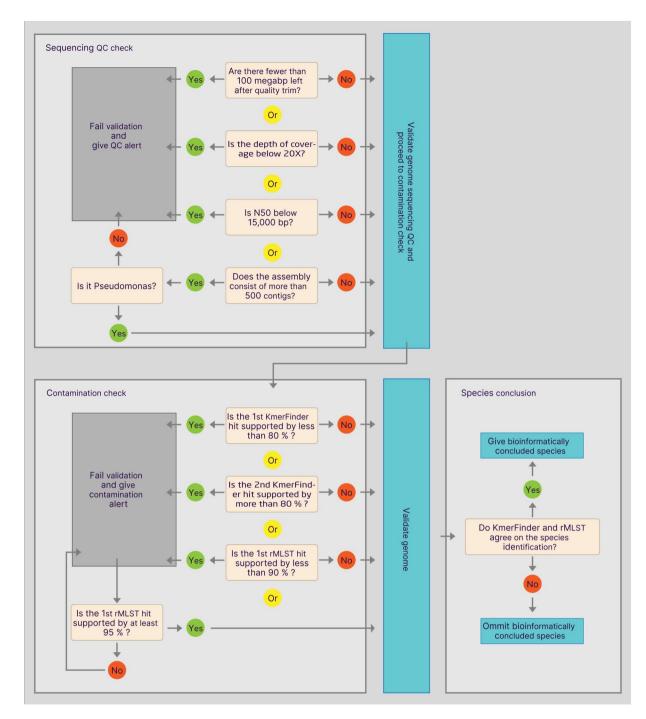


Fig. 4 Schematic of the genome validation process employed in the qc_species_parser_v3.py.

Usage Notes

No unvalidated genomes have been submitted to ENA, and therefore it should be "safe" for data users to apply these genomes in bioinformatic analyses. The MySQL database, however, contains information regarding all received samples. Some samples could not be regrown in the laboratory in Denmark, and some DNA extracted by partners was contaminated and could not be re-extracted in Denmark, because the original isolate was not available. However, the metadata in the "sample" table in the mySQL still has information regarding what types of samples were collected from which places, as well as the suspected genus and species of the samples - even though the pertaining genomes do not exist on ENA.

Code availability

The software used to generate the dataset is openly available either through their respective repositories linked under "Methods", or for custom scripts, in the code repository of the project: https://bitbucket.org/genomicepidemiology/twiw_utilities/ as well as Supplementary files 1 and 2.

Received: 16 March 2023; Accepted: 23 August 2023;

Published online: 16 September 2023

References

- 1. Reygaert, W. C. An overview of the antimicrobial resistance mechanisms of bacteria. *Aims Microbiology* 4, 482–501, https://doi.org/10.3934/microbiol.2018.3.482 (2018).
- Partridge, S. R., Kwong, S. M., Firth, N. & Jensen, S. O. Mobile genetic elements associated with antimicrobial resistance. Clinical Microbiology Reviews 31, e00088–17, https://doi.org/10.1128/CMR.00088-17 (2018).
- Antimicrobial resistance in g7 countries and beyond: policy brief. https://www.oecd.org/els/health-systems/Antimicrobial-Resistance-in-G7-Countries-and-Beyond-Policy-Brief.pdf Last accessed April 2022 (2015).
- 4. Global action plan for antimicrobial resistance. https://www.who.int/publications/i/item/9789241509763 Last accessed April 2022 (2016).
- Drug-resistant infections; a threat to our economic future. https://documents.worldbank.org/curated/en/323311493396993758/ pdf/114679-REVISED-v2-Drug-Resistant-Infections-Final-Report.pdf Last accessed April 2022 (2017).
- 6. Global antimicrobial resistance and use surveillance system (glass). Last accessed April https://www.who.int/initiatives/glass (2022).
- 7. European antimicrobial resistance surveillance network (ears-net). Last accessed April https://www.ecdc.europa.eu/en/about-us/partnerships-and-networks/disease-and-laboratory-networks/ears-net (2022).
- National antimicrobial resistance monitoring system for enteric bacteria (narm). Last accessed April https://www.cdc.gov/narms/index.html (2022).
- 9. Nag, S. et al. TWIW database dump, DTU Data, https://doi.org/10.11583/DTU.21758456.v2 (2023).
- 10. Two weeks in the world 2020, ena accession erp141886 https://www.ebi.ac.uk/ena/browser/view/PRJEB56918 (2022).
- 11. Denmark's national life science supercomputing center. Last accessed April https://computerome.dtu.dk (2022).
- 12. Foodqcpipeline v. 1.5. Last accessed April https://bitbucket.org/genomicepidemiology/foodqcpipeline/src/master/ (2022).
- 13. Bankevich, A. et al. Spades: A new genome assembly algorithm and its applications to single-cell sequencing. Journal of Computational Biology 19, 455-477, https://doi.org/10.1089/cmb.2012.0021 (2012).
- 14. Kmerfinder v. 3.0.2. Last accessed April https://bitbucket.org/genomicepidemiology/kmerfinder/src/master/ (2022).
- 15. Jolley, K. A. *et al.* Ribosomal multilocus sequence typing: Universal characterization of bacteria from domain to strain. *Microbiology* **158**, 1005–1015, https://doi.org/10.1099/mic.0.055459-0 (2012).
- 16. Resfinder v. 4.1. Last accessed April https://bitbucket.org/genomicepidemiology/resfinder/src/master/ (2022).
- 17. Evergreen. Last accessed April https://bitbucket.org/genomicepidemiology/evergreen/src/COMPARE/ (2022).
- 18. Szarvas, J. et al. Large scale automated phylogenomic analysis of bacterial isolates and the evergreen online platform. Communications Biology 3, 137, https://doi.org/10.1038/s42003-020-0869-5 (2020).
- Szarvas, J., Bartels, M. D., Westh, H. & Lund, O. Rapid open-source snp-based clustering offers an alternative to core genome mlst for outbreak tracing in a hospital setting. Frontiers in Microbiology 12, 636608, https://doi.org/10.3389/fmicb.2021.636608 (2021).
- 20. Bbmap. Last accessed April https://jgi.doe.gov/data-and-tools/bbtools/ (2022).

Acknowledgements

The authors would like to acknowledge Rolf Sommer Kaas and Thomas Nordahl Petersen for assisting in creating the necessary in-house data management infrastructure to enable compliance with FAIR and Baptiste Avot with assistance in data upload. A contribution also goes to Frederik Duus Møller for creating summary scripts for KmerFinder and ResFinder, enabling easy extraction of summary output from these analyses as well as to Victor Hyltoft for maintaining the TWIW web app. The authors would also like to acknowledge Ana Rita Bastos Rebelo for guidance and advice in relation to the assessment of the genomes generated and how to validate these. The authors would also like to thank Martin Koliba for technical support and expertise related to the development of the data-sharing infrastructure and partner database and to Christina Aaby Svendsen, Jacob Dyring Jensen, Michella Oppenheuser, Birthe S. Rosenkvist Lund, Hanne Nørgaard Nielsen & Hanne Mordhorst for assisting in sample handling and processing in the laboratory. Lastly, the authors thank medical laboratory scientists and other staff at participating sites that contributed to isolate and data collection.

Author contributions

All authors contributed to generating the dataset. Sidsel Nag, Gunhild Larsen, Frank Møller Aarestrup and Rene Sjøgren Hendriksen were responsible for project design. Sidsel Nag was responsible for project management and manuscript drafting. Judit Szarvas, Sidsel Nag and Laura Elmlund Kohl Birkedahl were responsible for bioinformatic analyses. Gábor Máté Gulyás and Wojciech Jakub Ciok were responsible for building the datasharing infrastructure and partner database. Timmie Lagermann was responsible for curating and publishing the final MySQL database and sequencing data. The authors responsible for the different international subdatasets, including sampling and registration of acquired metadata are as follows: Silva Tafaj: Albania, Susan Bradbury, Peter Collignon and Denise Daley: Australia, Victorien Dougnon and Kafayath Fabiyi: Benin, Boubacar Coulibaly, Réné Dembélé, Natama Magloire, Isidore Ouindgueta: Burkina Faso, Zenat Zebin Houssain and Anowara Begoum: Bangladesh, Deyan Donchev: Bulgaria, Mathiew Diggle, LeeAnn Turnbull and Simon Lévesque: Canada, Sigrid Pranghofer, Kirstine Kobberoe Søgaard: Switzerland, Paula Diaz Guevara: Colombia, Panagiota Maikanti: Cyprus, Jana Amlerova and Pavel Drevinek: Czech Republic, Milica Dilas and Aachim Kaasch: Germany, Henrik Torkil Westch: Denmark, Mohamed Azzedine Bachtarzi and Wahiba Amhis: Algeria, Carolina Elisabeth Satán Salazar and José Eduardo Vilacis: Ecuador, Mária Angeles Dominguez Lúzon and Dàmaris Berbel Palau: Spain, Claire Duployez and Maxime Paluche: France, Solomon Asante-Sefa: Ghana, Mie Møller: Greenland, Margaret Ip: Hong Kong, Ivana Mareković: Croatia, Agnes Pál-Sonnevend: Hungary, Clementina Elvezia Coccuza: Italy, Asta Dambrauskiene: Lithuania, Alexandre Macanze, Anelsio Cossa and Inácio Mandomando: Mozambique, Philip Nwajiobi-Princewell, Iruka Okeke, Aderemi O. Kehinde, Ini Adebiyi, Ifeoluwa Akintayo, Oluwafemi Popoola and Anthony Onipede: Nigeria, Anita Blomfeldt and Nora Elisabeth Nyquist: Norway, Kiri Bocker and James Ussher: New Zealand, Amjad Ali, Nimat Ullah and Habibullah Khan: Pakistan, Natalie Weiler Gustafson: Paraguay, Ikhlas Jarrar: Palestine, Arif Al-Hamad: Saudi Arabia, Viravarn Luvira and Wantana Paveenkittiporn: Thailand, Irmak Baran: Turkey, James Mwansa, Linda Sikakwa and Kaunda Yamba: Zambia.

Competing interests

The authors declare no competing interests.

Additional information

Supplementary information The online version contains supplementary material available at https://doi.org/10.1038/s41597-023-02502-7.

Correspondence and requests for materials should be addressed to S.N.

Reprints and permissions information is available at www.nature.com/reprints.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

© The Author(s) 2023

Sidsel Nago¹™, Gunhild Larsen¹, Judit Szarvaso¹, Laura Elmlund Kohl Birkedahl¹, Gábor Máté Gulyás¹, Wojchiech Jakub Ciok¹, Timmie Mikkel Lagermann¹, Silva Tafaj 62 Susan Bradbury³, Peter Collignon³, Denise Daley⁴, Victorien Dougnon⁵, Kafayath Fabiyi⁵, Boubacar Coulibaly⁶, René Dembélé⁷, Georgette Nikiema⁷, Natama Magloire⁸, Isidore Juste Ouindgueta⁹, Zenat Zebin Hossain¹⁰, Anowara Begum¹⁰, Deyan Donchev 11, Mathew Diggle¹², LeeAnn Turnbull¹², Simon Lévesque ¹³, Livia Berlinger¹⁴, Kirstine Kobberoe Sogaard¹⁵, Paula Diaz Guevara¹⁶, Carolina Duarte Valderrama¹⁶, Panagiota Maikanti¹⁷, Jana Amlerova¹⁸, Pavel Drevinek¹⁹, Jan Tkadlec¹⁹, Milica Dilas²⁰, Achim Kaasch²⁰, Henrik Torkil Westh²¹, Mohamed Azzedine Bachtarzi²², Wahiba Amhis²², Carolina Elisabeth Satán Salazar²³, JoséEduardo Villacis²⁴, Mária Angeles Dominguez Lúzon²⁵, Dámaris Berbel Palau²⁶, Claire Duployez²⁷, Maxime Paluche²⁸, Solomon Asante-Sefa²⁹, Mie Moller³⁰, Margaret Ip 10 31, Ivana Mareković³², Agnes Pál-Sonnevend³³, Clementiza Elvezia Cocuzza³⁴, Asta Dambrauskiene³⁵, Alexandre Macanze³⁶ Anelsio Cossa³⁶, Inácio Mandomando³⁶, Philip Nwajiobi-Princewill³⁷, Iruka N. Okeke¹⁰ Aderemi O. Kehinde^{39,40}, Ini Adebiyi ^{38,40}, Ifeoluwa Akintayo³⁹, Oluwafemi Popoola^{39,40}, Anthony Onipede⁴¹, Anita Blomfeldt⁴², Nora Elisabeth Nyquist 6, 42, Kiri Bocker⁴³, James Ussher ⁴³, Amjad Ali⁴⁴, Nimat Ullah ⁴⁴, Habibullah Khan⁴⁵, Natalie Weiler Gustafson⁴⁶, Ikhlas Jarrar⁴⁷, Arif Al-Hamad⁴⁸, Viravarn Luvira⁴⁹, Wantana Paveenkittiporn⁵⁰, Irmak Baran⁵¹, James C. L. Mwansa⁵², Linda Sikakwa⁵³, Kaunda Yamba⁵⁴, Rene Sjogren Hendriksen¹ & Frank Moller Aarestrup¹

¹National Food Institute, Technical University of Denmark, Kemitorvet, Kgs, Lyngby, 2800, Denmark. ²Microbiology Department, University Hospital "Shefqet Ndroqi", Rruga Dr. Shefqet Ndroqi. Sauk, Tirana, 1044, Albania. ³Microbiology Department, Canberra Hospital, Gilmore Cresent, Garran, 2605, Australian Capital Territory, Australia. ⁴Department of Microbiology, PathWest Laboratory Medicine, Fiona Stanley Hospital, 9 Robin Warren Drive, Murdoch, 6150, Western Australia, Australia. ⁵Research Unit in Applied Microbiology and Pharmacology of Natural Substances, Polytechnic School of Abomey-Calavi, University of Abomey-Calavi, 01 PO Box, Abomey-Calavi, 2009, Cotonou, Benin. ⁶Department of Laboratory, Nouna Health Research Centre, Rue Namory Keita, Nouna, Burkina Faso. ⁷Training and Research Unit in Applied Sciences and Technologies/Biochemistry-microbiology, University of Dedougou, Dedougou, 176, Boucle du Mouhoun, Burkina Faso. ⁸Clinical Research Unit of Nanoro, National Institutes of Medical Research, Ouagadougou, 176, Burkina Faso. ⁹Department, University of Joseph KI-ZERBO, Street, Ouagadougou, Burkina Faso. ¹⁰Department of Microbiology, University of Dhaka, Dhaka, 1000, Bangladesh. ¹¹Clinical Laboratory of Microbiology and Virology, University Hospital "Lozenetz", Str. Kozyak 1,

Sofia, 1407, Sofia, Bulgaria. ¹²Alberta Precision Laboratories, Alberta, Canada. ¹³Service de microbiologie, Centre Integré Universitaire de Santé et de services sociaux de l'Estrie - Centre Hospitalier Universitaire de Sherbrooke, 3001 12è avenue Nord, Sherbrooke, J1H 5N4, Québec, Canada. 14Department, Bioanalytica AG, Luzern, 6006, Switzerland. 15 Division of Clinical Bacteriology and Mycology, University Hospital Basel, Petersgraben 4, Basel, 4031, Switzerland. ¹⁶Microbiology Group, Instituto Nacional de Salud, Avenida Calle 26·51-20 CAN, Bogotá, 111321, Colombia. ¹⁷Charalampous, Microbiology Department, National Reference Laboratory for Antimicrobial Resistance Surveillance, Nicosia General Hospital, 215, Paleos Dromos Lefkosia-Lemesos str., Strovolos, 2029, Nicosia, Cyprus. ¹⁸Department of Microbiology, University Hospital in Plzen, Edvarda Benese 1128/13, Plzen, 305 99, Czech Republic. ¹⁹Department of Medical Microbiology, Motol University Hospital, V Uvalu 84, Prague, 15006, Czech Republic. ²⁰Otto-von-Guericke University, Magdebourg, Germany. ²¹Klinisk Mikrobiologisk Afdeling, Hvidovre Hospital, Kettegårds Allé, Hvidovre, 2650, Denmark. ²²Laboratoire de Microbiologie Clinique, Centre Hospitalo-universitaire, 1 place du 1er Mai 1945, Algiers, 16000, Algeria. ²³National Reference Center for Antimicrobial Resistance, National Institute of Public Health Research "Dr. Leopoldo Izquieta Pérez", Iquique N14-285, Quito, 170403, Pichicha, Ecuador. ²⁴Centro de Investigación para la Salud en América Latina (CISeAL), Pontificia Universidad Católica del Ecuador, Quinto, 1701-2184, Pichincha, Ecuador. ²⁵Department of Pathology and Experimental Therapy, Universitat de Barcelona, Barcelona, Spain. ²⁶Microbiology Department, Hospital de Bellvitge, Barcelona, 10587, Spain. ²⁷Institute of Microbiology, Centre Hospitalier Universitaire de Lille, Rue du Pr. Jules Leclercg, Lille, 59037, France. ²⁸Bacteriology laboratory, Centre hospitalier de Valenciennes, Avenue Désandrouin, Valenciennes, 59300, France. ²⁹Sekondi Public Health Laboratory, Ghana Health Service, Effia Nkwanta Regional Hospital, Effia Nkwanta Regional Hospital, Takoradi, Ghana. 30 Dronning Ingrids Hospital, Nuuk, Greenland. 31 Chinese University of Hong Kong, Shatin, Hong Kong. 32 Department of Clinical and Molecular Microbiology, University Hospital Centre Zagreb, Kišpatićeva 12, Zagreb, 10000, Croatia. ³³Medical Microbiology and Immunology, University of Pecs Medical School, Szigeti ut 12, Pecs, 7631, Hungary, 34Department of Medicine and Surgery, University of Milano-Bicocca, Milan, Italy, 35Laboratory Medicine Department, Hospital of Lithuanian University of Health Sciences Kauno klinikos, Eiveniu Str. 2, Kaunas, 50161, Lithuania. ³⁶Centro de Investigação em Saúde de Manhiça, Manhiça, Mozambique. ³⁷National Hospital Abuja, Abuja, Nigeria. 38 Faculty of Pharmacy, University of Ibadan, Ibadan, Oyo State, Nigeria. 39 College of Medicine, University of Ibadan, Ibadan, Oyo State, Nigeria. ⁴⁰University College of Ibadan, Ibadan, Oyo State, Nigeria. ⁴¹Obafemi Awolowo University, Ile-Ife, Nigeria. ⁴²Department of Microbiology and Infection Control, Akershus University Hospital, Sykehusveien 25, Lørenskog, 1478, Norway. ⁴³Southern Community Laboratories, University of Otago, 472 George Street, Otago, 9016, Dunedin, New Zealand. ⁴⁴Department of Industrial Biotechnology, Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology (NUST), H-12, Islamabad, 44000, Pakistan. ⁴⁵Molecular Diagnostic Section, Khyber Teaching Hospital (KTH), University Road, Peshawar, 25120, Pakistan. ⁴⁶Departamento de Bacteriologia, Laboratorio Central de Salud Publico, Avenida Venezuela y Tte Escurra, Asunción, CP, 1429, Paraguay. ⁴⁷Basic Medical Sciences Department, Arab American University. AAUP st.. Zababdeh, P240, Jenin, Palestine. ⁴⁸Division of Clinical Microbiology, Qatif Central Hospital, 3213 Dharan-Jubail Expressway, Al-Qatif, 32654-7376, Eastern Province, Saudi Arabia. ⁴⁹Department of Clinical Tropical Medicine, Faculty of Tropical Medicine, Mahidol University, Ratchawithi Road, Bangkok, 10400, Thailand. 50 Department of Medical Sciences, National Institute of Health, Sariburi, Thailand. ⁵¹Medical Microbiology Department, Karadeniz Technical University Farabi Hospital, Farabi Hastanesi, Trabzon, 61080, Ortahisar, Turkey. 52Lusaka Apex Medical School, Lusaka, Zambia. 53Levy Mwanawasa Teaching Hospital, Lusaka, Zambia. 54University Teaching Hospital, Lusaka, Zambia. [™]e-mail: jassd nf@hotmail.com