



## Mini review

CTX-M-type  $\beta$ -lactamases: A successful story of antibiotic resistanceMarco Maria D'Andrea<sup>a</sup>, Fabio Arena<sup>a</sup>, Lucia Pallecchi<sup>a</sup>, Gian Maria Rossolini<sup>a,b,c,\*</sup><sup>a</sup> Department of Medical Biotechnologies, University of Siena, 53100 Siena, Italy<sup>b</sup> Department of Experimental and Clinical Medicine, University of Florence, Italy<sup>c</sup> Clinical Microbiology and Virology Unit, Department of Laboratory Medicine, Careggi University Hospital, 50139 Florence, Italy

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## ABSTRACT

Production of extended-spectrum  $\beta$ -lactamases (ESBLs) is the principal mechanism of resistance to oxyimino-cephalosporins evolved by members of the family *Enterobacteriaceae*. Among the several ESBLs emerged among clinical pathogens, the CTX-M-type enzymes have proved the most successful in terms of promiscuity and diffusion in different epidemiological settings, where they have largely replaced and outnumbered other types of ESBLs. Originated by the capture and mobilization of chromosomal  $\beta$ -lactamase genes of strains of *Kluyvera* species, the *bla*<sub>CTX-M</sub> genes have become associated with a variety of mobile genetic elements that have mediated rapid and efficient inter-replicon and cell-to-cell dissemination involving highly successful enterobacterial lineages (e.g. *Escherichia coli* ST131 and ST405, or *Klebsiella pneumoniae* CC11 and ST147) to yield high-risk multiresistant clones that have spread on a global scale. The CTX-M $\beta$ -lactamase lineage exhibits a striking plasticity, with a large number of allelic variants belonging in several sublineages, which can be associated with functional heterogeneity of clinical relevance. This review article provides an update on CTX-M-type ESBLs, with focus on structural and functional diversity, epidemiology and clinical significance.

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## Introduction

The introduction of expanded-spectrum cephalosporins in clinical practice, in the early 1980s, represented a major breakthrough for the treatment of infections caused by *Enterobacteriaceae* and other Gram-negative pathogens. At the same time, the massive use of expanded-spectrum cephalosporins generated a selective pressure that was followed by the rapid emergence of new  $\beta$ -lactamases that were able to degrade and confer resistance to these compounds, named extended-spectrum  $\beta$ -lactamases (ESBLs).

Two major strategies of ESBL evolution have been exploited by *Escherichia coli*, *Klebsiella pneumoniae*, *Proteus mirabilis*, *Salmonella enterica* and other members of the family *Enterobacteriaceae*: (i) the selection of mutants with expanded substrate specificity from the plasmid-mediated TEM- and SHV-type  $\beta$ -lactamases, that were already prevalent among *Enterobacteriaceae* since the 1970s; and (ii) the capture of novel  $\beta$ -lactamase genes from the environmental metagenome, encoding enzymes that are naturally endowed with ESBL activity. Among the latter enzymes, the CTX-M type  $\beta$ -lactamases have proved by far the most successful in disseminating

in the clinical setting and have overall become the most prevalent ESBLs worldwide.

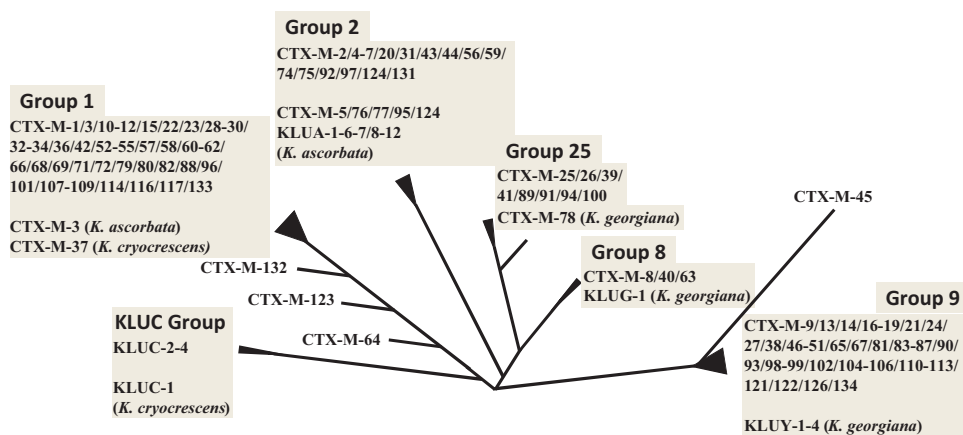
A number of review articles on CTX-M-type  $\beta$ -lactamases have been published in recent years (Bonnet, 2004; Walther-Rasmussen and Hoiby, 2004; Canton and Coque, 2006; Rossolini et al., 2008; Naseer and Sundsfjord, 2011; Canton et al., 2012; Zhao and Hu, 2013). However, the epidemiology of CTX-M-type ESBLs is evolving rapidly, together with knowledge of their structural and functional properties, and clinical significance. The objective of this paper is to provide a concise update on CTX-M-type  $\beta$ -lactamases, with focus on aspects related with structural and functional diversity, epidemiology and clinical significance.

Diversity and origin of CTX-M-type  $\beta$ -lactamases

The CTX-M-type  $\beta$ -lactamases belong in a quite heterogeneous lineage of molecular class A active site-serine  $\beta$ -lactamases, which includes at least six sublineages or groups (CTX-M-1, CTX-M-2, CTX-M-8, CTX-M-9, CTX-M-25 and KLUC, named after the archetypal enzymes of each group) that differ from each other by  $\geq 10\%$  amino acid residues (Fig. 1). Each group, in turn, includes a number of minor allelic variants which differ from each other by one or few amino acid substitutions ( $\leq 5\%$  amino acid residues) (Fig. 1 and Table 1). Moreover, there are at least four CTX-M variants that exhibit a hybrid structure, namely CTX-M-45 (formerly Toho-2) which is a hybrid of CTX-M-14 with a protein of unknown origin,

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**Fig. 1.** Tree diagram showing the similarity among enzymes of the CTX-M lineage and clustering of members of different CTX-M groups. The tree was constructed with the TREEVIEW program (Page, 1996) on the basis of amino acid sequence alignment of available sequences of CTX-M enzymes and cognate proteins from *Kluyvera* spp. available at the Lahey Clinic Website (<http://www.lahey.org/Studies/>) or through the RED-DB database (<http://www.fibim.unisi.it/REDDB/>). Members of the major groups, along with the putative precursors from *Kluyvera* spp. are shaded in gray. The filled triangles at the end of some branches indicate the presence of minor allelic variants within the corresponding group (triangle sizes reflect the number of variants). CTX-M-18 is identical to CTX-M-14; CTX-M-57 is identical to CTX-M-55; CTX-M-133 is identical to CTX-M-3; CTX-M-44 corresponds to Toho-1; CTX-M-45 corresponds to Toho-2; UOE-1 corresponds to CTX-M-15; UOE-2 and Toho-3 correspond to CTX-M-14.

and CTX-M-64, CTX-M-123 and CTX-M-132 which are hybrids of CTX-M-15 with different segments of CTX-M-14 (Fig. 1). The majority of variants are found within the CTX-M groups 1 and 9 (Fig. 1 and Table 1), suggesting a higher plasticity for these groups. However, this could also reflect the overall higher prevalence of members of these groups (Canton et al., 2012; Zhao and Hu, 2013) that could have allowed a broader opportunity to evolve.

Unlike many acquired  $\beta$ -lactamases for which the original sources remains unknown, the source of  $bla_{CTX-M}$  genes has been identified in some species of genus *Kluyvera*, a member of the family *Enterobacteriaceae* that is rarely associated with human infections (Sarría et al., 2001). In fact, close homologs of acquired  $bla_{CTX-M}$  genes have been detected in the chromosome of strains of *Kluyvera cryocrescens* (genes encoding CTX-M variants of the CTX-M-1 and KLUC groups) (Decousser et al., 2001; Rodriguez, GenBank entry FN813246.1), *Kluyvera ascorbata* (genes encoding CTX-M variants of groups 1 and 2) (Humeniuk et al., 2002; Rodriguez et al., 2004), and *Kluyvera georgiana* (genes encoding CTX-M variants of groups 8, 9 and 25) (Poirel et al., 2002; Olson et al., 2005; Rodriguez et al., 2010) (Fig. 1).

Each CTX-M group is likely derived from one or more different *Kluyvera* strains, and the existence of several groups of transferable  $bla_{CTX-M}$  genes is consistent with a history of multiple gene capture events. Minor allelic variants within each group could reflect either different gene capture events or post-capture protein microevolution occurred in secondary hosts and likely influenced by the selective pressure encountered in clinical and veterinary settings. Finally, the CTX-M enzymes with hybrid structure are apparently derived from recombination events between genes of different groups or of different sources. In fact, co-existence of multiple CTX-M variants in the same host has been reported (Morosini et al., 2010; Sun et al., 2010) and could favor the emergence of such hybrid enzymes. The occurrence of at least three hybrids between CTX-M-15 and CTX-M-14 (i.e. CTX-M-64, CTX-M-123 and CTX-M-132) could depend on the high prevalence of these variants (Canton et al., 2012; Zhao and Hu, 2013).

### Capture and dissemination mechanisms of $bla_{CTX-M}$ genes

Acquired  $bla_{CTX-M}$  genes found in clinical isolates of *Enterobacteriaceae* are generally carried by conjugative plasmids (Carattoli, 2009, 2011; Zhao and Hu, 2013), although in some strains (mostly of *Proteus mirabilis* but occasionally also of other species) they were

found integrated into the chromosome (Coque et al., 2008; Navon-Venezia et al., 2008; Fabre et al., 2009; Coelho et al., 2010; Song et al., 2011; Mahrouki et al., 2012).

Analysis of the genetic environment of acquired  $bla_{CTX-M}$  genes has revealed heterogeneous contexts. In most cases, acquired  $bla_{CTX-M}$  genes are associated with either *ISEcp1* or *ISCR1*, two different insertion sequences (ISs) that are able to mobilize flanking DNA segments (Toleman et al., 2006; Poirel et al., 2005). These ISs were apparently involved in the capture of  $bla_{CTX-M}$  genes from the chromosome of *Kluyvera* spp. and in their transposition to plasmids, which for *ISEcp1* was also demonstrated in an elegant experimental model (Lartigue et al., 2006). Acquired  $bla_{CTX-M}$  genes are usually flanked by additional regions derived from the chromosome of *Kluyvera* spp., the sizes of which may vary and can be a hallmark of different mobilization events (Canton et al., 2012). The ISs involved in the capture and mobilization of  $bla_{CTX-M}$  genes also provide strong promoters for high-level expression (Poirel et al., 2003; Di Conza et al., 2005), which is typical of the acquired genes (but not of the precursor genes found in the *Kluyvera* genomic context) and necessary to confer clinical resistance to the bacterial host. *ISEcp1* was found associated with members of all CTX-M groups (Hopkins et al., 2006; Petrella et al., 2008; Zhao and Hu, 2013), being apparently the most relevant player in the capture and mobilization of  $bla_{CTX-M}$  genes. The extent of spacer sequences between *ISEcp1* and the downstream  $bla_{CTX-M}$  gene can influence the level of gene expression and resistance (Ma et al., 2011). *ISCR1* was found associated with members of the CTX-M-2 and CTX-M-9 groups (Canton et al., 2012). Occasionally, also different genetic contexts have been reported:  $bla_{CTX-M-8}$  was found associated with *IS10* (GenBank accession no. AF189721), while  $bla_{CTX-M-10}$  was found associated with phage-related sequences (Oliver et al., 2001), suggesting the potential involvement of additional genetic elements in mobilization of these ESBL genes. Association of *ISEcp1*- $bla_{CTX-M}$  modules with additional ISs, such as *IS26*, has also been reported (Cullik et al., 2010; Zhao and Hu, 2013) and could further contribute to mobilization of  $bla_{CTX-M}$  genes and plasticity of the cognate genetic elements.

In fact, mobilization of  $bla_{CTX-M}$  genes has been very successful, leading to a rapid dispersal of these genes among virtually all major plasmid incompatibility groups circulating in *Enterobacteriaceae* (Carattoli, 2009, 2011; Partridge et al., 2011; Harada et al., 2012; Ho et al., 2012; Nakano et al., 2012; Zhao and Hu, 2013), of which some have played a major role in CTX-M dissemination through

**Table 1**  
 Polymorphisms in allelic variants of the five major CTX-M groups. Numbering of amino-acids is according to the first representative of each group (sequential numbering, upper row) or to the standard numbering scheme for class A beta-lactamases (ABL numbering, lower row). Dots indicate identical amino acids. Sequence references can be found in the Lahey Clinic Website (<http://www.lahey.org/Studies/>).

Group 1	16	23	27	31	39	42	60	70	77	80	92	98	109	117	122	126	143	161	167	170	177	237	241	242	264	272	277	278	279	289		
ABL numbering	12	19	23	27	35	38	57	67	74	77	89	95	106	114	119	123	140	158	164	167	174	235	239	240	263	271	276	277	278	288		
CTX-M-1	T	S	Y	A	E	R	Q	A	V	V	N	V	N	D	L	S	S	E	R	P	P	K	G	D	T	K	R	D	V	N		
CTX-M-3/133	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	D	
CTX-M-10	.	.	.	V	.	Q	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	D	
CTX-M-11	.	.	.	.	G	.	.	.	.	A	.	.	.	N	P	.	A	.	.	.	.	.	.	.	.	.	.	H	.	.	-	
CTX-M-12	A	.	.	.	.	.	.	.	.	A	S	.	.	N	.	.	A	.	.	.	.	.	.	.	.	.	.	.	I	D		
CTX-M-15	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	D	
CTX-M-22	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
CTX-M-23	.	.	.	.	.	.	.	.	.	.	.	.	.	N	.	.	A	.	.	T	.	.	.	.	.	.	.	.	.	.	.	
CTX-M-28	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	
CTX-M-29	A	.	.	.	.	.	.	.	.	A	.	.	.	.	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	
CTX-M-30	A	.	.	.	.	.	.	.	.	A	.	.	.	.	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	D	
CTX-M-32	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	G	.	.	.	.	.	.	
CTX-M-33	.	.	.	.	.	.	.	.	.	A	.	.	S	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	D	
CTX-M-34	.	.	.	V	.	Q	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	C	.	.	.	.	.	.	D	
CTX-M-36	.	.	.	.	.	.	.	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
CTX-M-37	.	.	H	.	.	Q	.	.	.	A	.	.	.	.	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	D	
CTX-M-42	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	T	.	.	.	.	.	.	.	.	.	.	D	
CTX-M-52	.	.	.	.	.	.	.	.	.	.	.	.	.	N	.	.	A	.	.	S	.	.	.	.	.	.	.	.	.	.	D	
CTX-M-53	.	.	.	V	.	Q	.	.	.	.	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	I	.	.	.	.	D	
CTX-M-54	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	Q	.	.	.	.	.	.	.	.	.	D	
CTX-M-55/57	.	.	.	.	.	.	.	.	.	.	.	.	.	N	.	.	A	.	.	.	T	.	.	.	G	.	.	.	.	.	D	
CTX-M-58	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
CTX-M-60	A	.	.	.	.	.	.	.	.	.	S	.	.	N	.	.	A	.	.	.	.	.	.	.	.	.	.	.	I	D		
CTX-M-61	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	D
CTX-M-62	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	S	.	.	.	.	.	.	.	.	.	.	.	D
CTX-M-66	.	N	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	.	D
CTX-M-68	.	.	H	V	.	.	.	.	.	A	.	.	.	N	.	.	A	D	.	.	.	.	.	.	.	.	.	.	.	.	.	D
CTX-M-69	.	.	.	.	.	.	.	.	.	.	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	N	.	.	.	.	D
CTX-M-71	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	D
CTX-M-72	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	G	.	.	.	.	.	.	.	.	.	.	.	.	D
CTX-M-79	.	.	.	.	.	.	.	.	.	.	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	D
CTX-M-80	.	.	.	V	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	.	D
CTX-M-82	.	.	.	.	.	.	.	P	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	D
CTX-M-88	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	H	.	.	.	D
CTX-M-96	A	.	.	.	.	.	.	.	.	A	S	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	I	.	.	D
CTX-M-101	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	I	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	D
CTX-M-107	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	R	.	G	.	.	.	.	.	.	-
CTX-M-108	.	.	.	.	.	.	.	.	.	A	.	A	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	-
CTX-M-109	.	.	.	.	.	.	R	.	.	A	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	K
CTX-M-114	.	.	.	.	.	.	.	.	A	.	.	.	.	N	.	.	A	.	.	.	.	.	.	.	G	.	.	.	.	.	.	D
CTX-M-116	.	.	.	.	.	.	.	.	.	.	.	.	.	N	.	.	A	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
CTX-M-117	.	.	.	.	.	.	.	.	.	A	.	.	.	N	.	.	A	.	.	.	Q	.	.	.	G	.	.	.	.	.	.	D



**Table 1** (continued)

Group 9	6	13	14	16	26	31	33	46	51	56	60	80	85	86	101	109	111	112	114	122	126	135	148	157	170	172	208	212	223	234	237	242	275	277	289	291		
Sequential numbering	6	13	14	16	26	31	33	46	51	56	60	80	85	86	101	109	111	112	114	122	126	135	148	157	170	172	208	212	223	234	237	242	275	277	289	291		
ABL numbering	2	9	10	12	22	27	29	42	47	52	57	77	82	83	98	106	108	109	111	119	123	132	145	154	167	169	205	209	220	231	235	240	274	276	288	290		
CTX-M-9	V	A	A	C	L	S	V	G	A	A	Q	A	K	Q	K	N	I	A	K	L	S	N	P	A	P	L	A	T	S	A	K	D	S	R	E	L		
CTX-M-13	M	.	.	.	.	.	.	.	.	K	.	.	.	.	.	.	.	.	.	.	.	.	E	.	.	.	.	.	.	V	.	.	.	.	.	.		
CTX-M-14/18	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	
CTX-M-16	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	G	.	.	.	.	.	
CTX-M-17	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	K	.	
CTX-M-19	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	S	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-21	.	G	G	G	F	.	G	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-24	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	R	.	.	.	.
CTX-M-27	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	G	.	.	.	.	.	
CTX-M-38	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	R	V	.	.	.	.	.	.	.	.
CTX-M-46	.	.	.	.	.	N	.	.	P	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-47	.	.	.	.	.	.	R	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-48	.	.	.	.	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-49	.	.	.	.	.	.	R	P	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-50	.	.	.	.	.	.	.	P	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-51	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-65	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	R	.	.	.	.
CTX-M-67	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-81	.	.	.	.	.	.	.	.	.	.	.	E	.	Q	.	.	.	.	.	.	.	.	H	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-83	.	.	.	.	.	.	.	.	.	H	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-84	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	A	.	.	V	.	.	.	.	.	.	.	.
CTX-M-85	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	P	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-86	.	.	.	.	.	.	.	.	.	.	.	.	.	.	F	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.	
CTX-M-87	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.	.	.	.	.	.	L	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-90	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-93	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	Q	.	.	.	V	.	.	G	.	.	.	.	.
CTX-M-98	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	G	.	.	.	.	.
CTX-M-99	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	S	.	.	E	.	.	V	.	.	G	.	R	.	.	.
CTX-M-102	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	E	.	.	V	.	G	.	.	.	.	.	.
CTX-M-104	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	E	.	V	.	.	N	.	.	.	.	.
CTX-M-105	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	G	.	.	.	.	.	.
CTX-M-106 <sup>a</sup>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	R	.	.	H	.	.	.	.
CTX-M-110 <sup>b</sup>	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	E	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	N
CTX-M-111	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	Q	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-112	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	G	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-113	.	.	.	.	.	.	.	.	.	.	R	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-121	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	T	.	.	.	.	.	.	.	.	.	.	.	.	V	.	G	.	.	.	.	.	.
CTX-M-122	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	S	.	.	.	.	.	V	.	.	R	.	.	.	.	.
CTX-M-126	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	A	.	.	.	.	V	.	.	.	.	.	.	.	.
CTX-M-134	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	V	.	S	.	.	.	.	.	.

<sup>a</sup> The available sequence of CTX-M-106 is partial (the last amino acid is not reported).

<sup>b</sup> The last amino acid (an L) of CTX-M-110, which is 292 amino acid-long, is not shown in the table.

**Table 2**  
MICs of expanded-spectrum cephalosporins for *E. coli* strains producing some CTX-M variants. Data are from Novais et al. (2008) (for CTX-M-1 and CTX-M-3 variants), Delmas et al. (2006) (for CTX-M-9 variants), Djamdjian et al. (2011) (for CTX-M-27 variant), and Kimura et al. (2007) (for CTX-M-2 variant).

Enzyme	MIC (mg/L)		
	Cefotaxime	Cefepime	Ceftazidime
<i>CTX-M-1 group</i>			
CTX-M-3	256	32	1
CTX-M-15 (CTX-M-3/D240G)	128	1	2
CTX-M-62 (CTX-M-3/P167S)	1	0.50	32
CTX-M-3/A77V <sup>a</sup>	128	1.5	1
CTX-M-55/57 (CTX-M-3/A77V + D240G)	>256	4	2
CTX-M-52 (CTX-M-3/A77V + P167S)	4	0.25	32
CTX-M-3/N106S <sup>a</sup>	3	1.5	0.50
CTX-M-3/N106S + P167S <sup>a</sup>	3	1.5	32
CTX-M-33 (CTX-M-3/N106S + D240G)	>256	8	2
CTX-M-1	>256	128	4
CTX-M-32 (CTX-M-1/D240G)	256	4	2
CTX-M-1/P167S <sup>a</sup>	16	4	256
CTX-M-58 (CTX-M-1/P167T)	16	4	256
<i>CTX-M-9 group</i>			
CTX-M-9	16	2	1
CTX-M-16 (CTX-M-9/D240G)	16	2	8
CTX-M-9/P167S <sup>a</sup>	0.5	0.12	8
CTX-M-9/P167S + N106S <sup>a</sup>	0.5	0.12	8
CTX-M-9/L169Q <sup>a</sup>	0.5	0.06	8
CTX-M-27	32	0.50	1.5
CTX-M-93 (CTX-M-27/L169Q)	1	0.12	8
<i>CTX-M-2 group</i>			
CTX-M-2	8	ND	1
CTX-M-2/P167S <sup>a</sup>	2	ND	32

<sup>a</sup> Laboratory mutant.

plasmid epidemics. Typical examples are the pandemic dissemination of CTX-M-15 favored by IncFII plasmids (Coque et al., 2008; Partridge et al., 2011), the dissemination of CTX-M-3 in Poland and other Eastern European countries contributed by IncN plasmids (Baraniak et al., 2002), the dissemination of CTX-M-65 in China through F33:A-B-type plasmids (He et al., 2013), and the dissemination of CTX-M-14 plasmids in Spain and United Kingdom through IncK plasmids (Valverde et al., 2009; Cottell et al., 2011; Dhanji et al., 2012; Stokes et al., 2012).

On the other hand, the association of CTX-M-encoding plasmids with highly successful virulent clonal lineages of *E. coli* and *K. pneumoniae* has generated a number of the so-called “high-risk” multiresistant and virulent clones (Woodford et al., 2011) that have further contributed to the rapid and global dissemination of CTX-M-type ESBLs. The most paradigmatic examples are represented by the pandemic *E. coli* ST131 clone (phylogenetic group B2), which has greatly contributed to the global dissemination of CTX-M-15 (Rogers et al., 2011), and by *E. coli* clones of clonal complexes STC405 and STC38 (phylogenetic group D) which have been associated with the dispersal of both CTX-M-15 and CTX-M-9 group enzymes (mainly CTX-M-9 and CTX-M-14), respectively (Naseer and Sundsfjord, 2011). In addition, *E. coli* ST10 (phylogenetic group A), which is a typical member of the human gut microbiota but also responsible for intestinal and extra-intestinal infections, was recently associated with dissemination of various CTX-M groups (CTX-M-1, CTX-M-2 and CTX-M-9 groups) (Oteo et al., 2009a; Valverde et al., 2009; Okeke et al., 2010; Fam et al., 2011; Bartoloni et al., 2012; Ben Sallem et al., 2012; Peirano et al., 2012; Reuland et al., 2012; Izdebski et al., 2013). With *K. pneumoniae*, strains of CC11 have been associated with dissemination of CTX-M-15 and CTX-M-14 in various settings (Damjanova et al., 2008; Oteo et al., 2009b; Ko et al., 2010; Lee et al., 2011).

Acquired CTX-M-type  $\beta$ -lactamases have emerged and mostly been reported in *Enterobacteriaceae*. *E. coli* and *K. pneumoniae* are the most common hosts, but CTX-M-type enzymes have also been detected in many other enterobacterial species including

*Salmonella enterica*, *Shigella* spp., *Klebsiella oxytoca*, *Enterobacter* spp., *Pantoea agglomerans*, *Citrobacter* spp., *Serratia marcescens*, *P. mirabilis*, *Morganella morganii* and *Providencia* spp. (Zhao and Hu, 2013).

Acquired CTX-M-type ESBLs have been occasionally reported also in non-enterobacterial species including *Pseudomonas aeruginosa* (mostly CTX-M-2 or variants thereof, in Latin America) (Celenza et al., 2006; Picao et al., 2009; Ingold et al., 2011; Polotto et al., 2012), *Acinetobacter* spp. (mostly CTX-M-15, in different regions) (Nagano et al., 2004; Shakil and Khan, 2010; Potron et al., 2011; Manageiro et al., 2012), *Vibrio cholerae* (CTX-M-2, in Latin America) (Petroni et al., 2002), *Vibrio fluvialis* (CTX-M-3, in India) (Chowdhury et al., 2011), *Aeromonas* spp. (CTX-M-3 and CTX-M-15) (Ye et al., 2010; Gomez-Garces et al., 2011), and *Stenotrophomonas maltophilia* (CTX-M-1 in an isolate from a cystic fibrosis patient in the Netherlands) (al Naiemi et al., 2006). Altogether, these findings underscore the possibility of transmission of *bla*<sub>CTX-M</sub> genes to non-*Enterobacteriaceae*. However, most cases were sporadic with no significant trends to cross-transmission and spreading, suggesting that non-*Enterobacteriaceae* are poorly conducive to dissemination of *bla*<sub>CTX-M</sub> genes.

### Functional properties of CTX-M-type $\beta$ -lactamases and contribution to $\beta$ -lactam resistance

The CTX-M-type  $\beta$ -lactamases derive their name from the potent cefotaximase activity, which is a functional hallmark of these enzymes. This feature depends on a peculiar electrostatic environment and flexibility of the catalytic pocket, in combination with other structural elements (e.g. the conserved Arg276 residue, which acts as a mobile electrostatic arm tracking cefotaxime toward the binding site), that allow an efficient recognition and hydrolysis of the bulky cefotaxime molecule with catalytic efficiencies that are comparable to those for penicillins and narrow-spectrum cephalosporins (Ibuka et al., 2003; Bonnet, 2004; Chen et al., 2005, 2007; Delmas et al., 2010).



Concerning other expanded-spectrum cephalosporins, cefepime is an overall good substrate while the bulkier ceftazidime molecule is poorly recognized and behaves as a poor substrate (Bonnet, 2004). However, the emergence of CTX-M-type variants with increased ceftazidimase activity, likely selected by the use of ceftazidime in clinical practice, has been observed. These variants carry specific amino acid substitutions that improve recognition of ceftazidime, of which the most common are D240G and P167S/T. The D240G substitution would be responsible for an increased mobility of the B3  $\beta$ -strand and flexibility of the catalytic pocket, allowing a better accommodation for the bulkier ceftazidime molecule (Chen et al., 2005; Delmas et al., 2008), while P167S, located in the  $\Omega$  loop, would influence the mode of interaction of  $\beta$ -lactams with the binding site (Kimura et al., 2004). The role of these changes has also been confirmed by *in vitro* evolution and site-directed mutagenesis studies with enzymes of various CTX-M groups (Delmas et al., 2006; Kimura et al., 2007; Novais et al., 2008). In these variants, the increase in catalytic efficiency toward ceftazidime is usually sufficient to increase the ceftazidime MIC of the bacterial host above the clinical breakpoint for resistance. The above amino acid substitutions leading to increased ceftazidimase activity, however, may be associated with a trade-off in activity for cefotaxime and/or cefepime, while a combination of the two substitutions was shown to be overall detrimental to the enzyme activity (Table 2). On the other hand, a combination of D240G with L169Q (another substitution in the  $\Omega$  loop region) was shown to be detrimental to cefotaximase activity but to further enhance ceftazidimase activity in a CTX-M-9-like background (Djamdjian et al., 2011) (Table 2). The antagonistic pleiotropic effect of the D240G and P167S substitutions can be partially suppressed by additional amino acid substitutions, such as A77V and N106S, which in some cases can restore higher-level cefotaxime resistance in the P167S and D240G variants, respectively (Table 2).

The CTX-M-type enzymes are susceptible to conventional  $\beta$ -lactamase inhibitors (e.g. clavulanate and tazobactam), and also to the new non  $\beta$ -lactam-derived  $\beta$ -lactamase inhibitor avibactam (Livermore et al., 2008; Lagace-Wiens et al., 2011). Thus far, natural inhibitor-resistant variants of CTX-M-type enzymes have not been reported. However, *in vitro* evolution studies with representatives of various CTX-M groups have shown that evolution of resistance to conventional inhibitors is possible following at least three types of amino acid substitutions (S130G, K234R, S237G), with S130G being the most frequently recovered and providing the highest level of resistance. However, these changes (and especially S130G) were associated with a notable reduction of activity against cephalosporins, and this antagonistic pleiotropy could explain the delayed emergence of similar mutants in the clinical setting (Ripoll et al., 2011). Random mutagenesis experiments with CTX-M-1 have revealed additional amino acid substitutions (V103D and V260L) associated with an inhibitor-resistant phenotype, that were similarly associated with antagonistic pleiotropy for cephalosporin hydrolysis (Perez-Llarena et al., 2011).

Carbapenems are overall stable to CTX-M-type enzymes. However, overexpression of some CTX-Ms (e.g. CTX-M-15) in combination with decreased outer membrane permeability can be responsible for decreased susceptibility or resistance to carbapenems in *K. pneumoniae* and other enterobacterial species (Elliott et al., 2006; Doumith et al., 2009; Girlich et al., 2009; Leavitt et al., 2009; Bennett et al., 2010; Adler et al., 2013).

CTX-M-producers may exhibit different resistance phenotypes. Resistance to cefotaxime reversible by inhibitors along with susceptibility to ceftazidime in an isolate of *E. coli* or *K. pneumoniae* is highly suggestive (although not specific) for production of a CTX-M-type ESBL. On the other hand, CTX-M production cannot be excluded in case of resistance to ceftazidime and/or resistance to

inhibitors, given the occurrence of CTX-M variants with increased ceftazidimase activity and the possibility of production of additional  $\beta$ -lactamases (e.g. OXA-1 or carbapenemases) by the same strain (Livermore, 2012). In fact, co-production of CTX-M-type ESBLs with various carbapenemases including VIM-1 (Miro et al., 2010), KPC-2 (Chen et al., 2011), OXA-48 (Cuzon et al., 2011; Pitart et al., 2011) and NDM-1 (Poirel et al., 2011) has been reported as bacterial strategy to enhance antibiotic resistance.

### Epidemiology of CTX-M-producers and clinical impact

Since the first sporadic reports in the late 1980s from Japan, Europe and South America (Matsumoto et al., 1988; Bauernfeind et al., 1990, 1992), the CTX-M-type ESBLs have experienced a global diffusion, outnumbering and partially replacing the TEM- and SHV-type ESBLs, and becoming overall the most prevalent type of ESBL. For a comprehensive picture of the penetration and globalization of CTX-M-type enzymes occurred during the past two decades the reader may refer to the recent review article by Canton et al. (2012). Indeed, diffusion of CTX-M-type ESBLs has been very efficient and not limited to health-care settings, but has also involved the community, livestock and companion animals (Ewers et al., 2012), wildlife (Guenther et al., 2011), and river waters (Chen et al., 2010; Dhanji et al., 2011; Chouchani et al., 2012; Tacao et al., 2012).

Although CTX-M-type ESBLs have been detected in several Gram-negative pathogens, the major clinical burden is due to CTX-M-producing *E. coli* and *K. pneumoniae* (the latter mostly in nosocomial settings) (Pitout and Laupland, 2008; Oteo et al., 2010).

CTX-M-producers have been reported as the most prevalent ESBL producers in community-onset urinary tract infections (UTI) in several settings (see for instance Pitout et al., 2004; Rodriguez-Bano et al., 2004; Woodford et al., 2007; Smet et al., 2010; Doi et al., 2012). The high-risk *E. coli* clone ST131 producing CTX-M-15, particularly, has emerged as a serious cause of community-onset multidrug resistant UTI worldwide (Rogers et al., 2011), and these infections seem to occur, more than in the past, among patients without discernible health care-associated risk factors (Doi et al., 2012). The explanation of this success is still unclear, being possibly related with enhanced fitness for colonization and transmission, and for further steps involved in pathogenesis (Johnson et al., 2012; Vimont et al., 2012). The fact that the resistance profile of CTX-M-producing ST131 *E. coli* isolates often extends to fluoroquinolones and trimethoprim-sulphamethoxazole (Rogers et al., 2011) (which are the most popular oral treatments for community-onset UTI) has important clinical implications: under these circumstances the oral options remain fosfomycin and nitrofurantoin, that retain efficacy against a high percentage of isolates (Prakash et al., 2009).

CTX-M-producing *E. coli* are also an important cause of community-onset bloodstream infections (BSI), that are often secondary to an UTI (Rodriguez-Bano et al., 2006; Pitout and Laupland, 2008). A higher propensity for urinary sepsis above other sites of infection by ST131 vs. non-ST131 ESBL-producing *E. coli* has been reported (Pitout et al., 2009) and has obvious implications for the choice of empirical antibiotic therapy, which may be critical in preventing progression to bacteremia. Studies on BSI caused by CTX-M-producers have revealed mortality rates around 20–30%, with common risk factors including diabetes, recent history of urinary tract infections/renal diseases, and recent use of antibiotics (mostly fluoroquinolones) (Table 3). Concerning treatment issues, better survival rates are consistently associated with carbapenem use (Rodriguez-Bano et al., 2006; Chaubey et al., 2010; Park et al., 2012), while outcome in patients treated with beta-lactam/beta-lactamase inhibitor combinations or cephalosporins are less consistent and often conflicting (Bin et al., 2006; Rodriguez-Bano et al., 2006; Chaubey et al., 2010). This issue has earned more

**Table 3**  
Selection of studies reporting risk factors and outcomes of BSI caused by *E. coli* producing ESBLs, mostly of CTX-M-type.

Study design <sup>a</sup>	Country	No. of cases	Risk factors	Mortality	Year	References
HCA and CA BSI (70% CTX-M-type)	Spain	43	Diabetes, malignancy, urinary tract catheter, recent antibiotic exposure	20% (14-day)	2001–2005	Rodriguez-Bano et al. (2006)
BSI (69% CTX-M type)	Taiwan	60	Chronic renal failure, ICU stay	22% (14-day)	2005–2007	Wu et al. (2011)
HCA and CA BSI (90% CTX-M type)	Canada	72	Diabetes, malignancy, renal disease	22% (case fatality rate)	2006–2007	Chaubey et al. (2010)
BSI in patients with hematologic malignancies (84% CTX-M type)	Mexico	100	Diabetes, recent antibiotic exposure	34% (60-day)	2004–2009	Cornejo-Juarez et al. (2012)
HCA and CA BSI (72% CTX-M type)	USA	300	Diabetes, urinary catheter, recent hospitalization or antibiotic exposure	11% (28-day) <sup>b</sup>	2008–2010	Park et al. (2012)
HCA and CA BSI by ST-131 <i>E. coli</i> (72% CTX-M type)	Taiwan	36	Urinary tract infections, fluoroquinolone exposure	22% (14-day) 25% (28-day)	2005–2010	Chung et al. (2012)

<sup>a</sup> HCA, health care-associated; CA, community-associated.

<sup>b</sup> Mortality data were available for 144 patients.

relevance since 2010, when both Clinical and Laboratory Standards Institute (CLSI) and the European Committee on Antimicrobial Susceptibility Testing (EUCAST) have given indications for reporting susceptibility data of ESBL-producing *Enterobacteriaceae* according to MIC values, regardless of ESBL production. In fact, a significant proportion of CTX-M-producing isolates are now categorized as susceptible to ceftazidime and cefepime (Wang et al., 2011; Williamson et al., 2012).

Colonization of the gastrointestinal tract represents a key factor in the clinical impact and epidemiology of CTX-M-producing enterobacteria. Indeed, most cases of infections caused by CTX-M-producers are preceded by colonization of the gut (Ben-Ami et al., 2006), and carriers are the main source of CTX-M-producers in health-care settings as well as an important vehicle for dissemination in the community (Canton and Coque, 2006) and for global dissemination via international travelers (van der Bij and Pitout, 2012).

Since the beginning of the CTX-M pandemic, a number of studies have been performed on the prevalence of fecal carriage of CTX-M-producing enterobacteria among healthy individuals in the community. Although heterogeneous by inclusion criteria and microbiological procedures, those studies overall revealed the presence of an important communitary reservoir of CTX-M-producing enterobacteria. The most recent studies report proportions of fecal carriage of CTX-M-producers ranging from 5 to 12% in the population of various geographical settings (Europe, Asia, America), with remarkably higher rates in some areas (Table 4). Evolution of the prevalence of fecal carriage of CTX-M-producing enterobacteria in the same community settings has also been investigated in a few cases. A 10-fold increase in the rate of healthy carriers of ESBL-producing *E. coli* has recently been reported among individuals attending a check-up center in France over a 5-year period (0.6% in 2006 vs. 6% in 2011), which was found to be mainly contributed by the emergence of CTX-M-type determinants (0% in 2006 vs. 5.2% in 2011) (Nicolas-Chanoine et al., 2012). A remarkable and relentless increasing trend in the fecal carriage of CTX-M-producers was also observed, over the last two decades, in healthy children living in small urban areas of Bolivia (0% in 1992 vs. 0.1% in 2002 vs. 1.6% in 2005 vs. 12% in 2011) (Pallecchi et al., 2004, 2007; Bartoloni et al., 2012). In the latter setting, a radical change in the dominant CTX-M groups was also observed, with CTX-M-2 group, responsible for the emergence and early dissemination of CTX-M-type ESBLs in the studied area, being largely replaced by CTX-M-1 and CTX-M-9 groups. A similar epidemiological evolution has recently been

observed also in clinical isolates of *Enterobacteriaceae* from various South American countries where, although CTX-M-2 group remains endemic, the emergence of new CTX-M groups (mainly CTX-M-1 and CTX-M-9) has been documented (Cergole-Novella et al., 2010; Garcia-Fulgueiras et al., 2011; Peirano et al., 2011; Ruiz et al., 2011; Tollentino et al., 2011; Redondo et al., 2012; Sennati et al., 2012). Altogether, these findings emphasize the importance of the community reservoir in the evolution dynamics of CTX-M-producing pathogens.

Some studies have investigated the dissemination of CTX-M-producers within households, demonstrating overall high transmission rates (Rodriguez-Bano et al., 2008; Valverde et al., 2008; Lo et al., 2010; Tande et al., 2010; Hilty et al., 2012). In particular, being a relative or household member of a patient with a urinary tract infection caused by an ESBL-producer (of CTX-M- or SHV-type) was found to be associated with an increased risk of being a carrier, while person-to-person transmission or acquisition from a common source (possibly related with the food chain) might contribute to intra-familial dissemination of ESBL determinants (Rodriguez-Bano et al., 2008).

The importance of the food chain for the dissemination of CTX-M-producing *Enterobacteriaceae* among the general population has been demonstrated by the detection of the same CTX-M-producing strains in diners and food-handlers (Lavilla et al., 2008). The recent report of a large food-borne nosocomial outbreak due to a CTX-M-15-producing *Klebsiella pneumoniae* (Calbo et al., 2011) further emphasizes the importance of the food chain in dissemination of similar pathogens and of establishing food control programs to detect their presence.

### Diagnostic issues

Diagnosis of CTX-M-producers may be relevant to molecular epidemiology and infection control. While CTX-M production can be suspected in ESBL producers that exhibit certain resistance profiles (see above), molecular analysis is needed to confirm the presence of a CTX-M-type determinant. Diversity of *bla*<sub>CTX-M</sub> genes complicates molecular detection, and various strategies have been proposed, based on multiplex PCR (Woodford et al., 2006; Naas et al., 2007; Pitout et al., 2007; Dallenne et al., 2010) or on diagnostic microarrays (Batchelor et al., 2008; Endimiani et al., 2010; Naas et al., 2010). Unambiguous confirmation of the allelic variant or identification of a new variant requires sequencing of the entire coding sequence.



**Table 4**  
Selection of studies on the prevalence of healthy carriers of CTX-M-producing *Enterobacteriaceae* in community settings.

Country (location)	Year	Studied individuals	Species	Prevalence of carriers	CTX-M groups, relative rates [variants]					References
					1	2	8	9	9	
France	2011	Attending a free check-up visit (n = 345)	<i>E. coli</i>	5.2%	74% [1,15]	5% [2]		21% [14]		Nicolas-Chanoine et al. (2012)
Spain	2003	Volunteers (n = 108)	<i>Enterobacteriaceae</i>	1.9%		50% [2-like]		50% [14]		Valverde et al. (2004)
Spain	2007	Volunteers (n = 105)	<i>E. coli</i>	5.7%	50% [1,32]			33% [14]	17% [8]	Vinue et al. (2009)
Switzerland	2010	Staff of meat-processing companies (n = 586)	<i>Enterobacteriaceae</i>	5.6%	73% [1,15]	6% [2]		21% [14]		Geser et al. (2012)
Bolivia	2011	Children (n = 482)	<i>E. coli</i>	12%	42% [3,15]	4% [2]		12% [8]	42% [14,65]	Bartoloni et al. (2012)
French Guyana	2006	Volunteers (n = 163)	<i>E. coli</i>	7%		92% [2]		8% [8]		Woerther et al. (2010)
Japan	2009–2010	Volunteers (n = 218)	<i>Enterobacteriaceae</i>	6%	15% [3,15]	31% [2]		15% [8]	39% [14]	Luvsansharav et al. (2011)
Thailand	2010	Volunteers (n = 417)	<i>Enterobacteriaceae</i>	66%	39%			1%	60%	Luvsansharav et al. (2012)
Thailand	2008	Volunteers (n = 160)	<i>Enterobacteriaceae</i>	51%	11%	ND		ND	87%	Sasaki et al. (2010)
Lebanon	2003	University students (n = 382)	<i>Enterobacteriaceae</i>	1.8%	100% [15]					Moubareck et al. (2005)
Tunisia	2009–2010	Volunteers (n = 150)	<i>E. coli</i>	6.6%	100% [1]					Ben Sallem et al. (2012)
Senegal	NR <sup>a</sup>	Children (n = 20)	<i>E. coli</i>	10%	100% [15]					Ruppe et al. (2009)
Cameroon	2009	University students (n = 150)	<i>Enterobacteriaceae</i>	6.7%	100% [15]					Lonchel et al. (2012)

<sup>a</sup> Not reported.

## Conclusions

The rapid and extensive dissemination of CTX-M-type ESBLs in clinical and veterinary settings, but also among commensal bacteria of humans and animals and in the environment, is one of the most successful histories of microbial drug resistance observed in the antibiotic era. This success likely depend on the combination of various factors including efficient capture and dispersal of *bla*<sub>CTX-M</sub> gene by mobile genetic elements, association of these elements with highly successful bacterial clones, low fitness cost imposed by CTX-M production, high selective pressure generated by the massive use of expanded-spectrum cephalosporins and fluoroquinolones (which can co-select CTX-M-producing strains that are often resistant also to these drugs) in clinical and veterinary settings. Indeed, the CTX-M pandemic has provided a major contribution to the rapid increase of resistance to expanded-spectrum cephalosporins among *Enterobacteriaceae* worldwide, which has been in turn a major driver for carbapenem usage and, consequently, for the recent emergence of carbapenem resistance among *Enterobacteriaceae*. As such, CTX-M-type  $\beta$ -lactamases should be regarded as a major target for surveillance, infection control and fundamental investigation in the field of microbial drug resistance.

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