

# Kaptive 2.0: updated capsule and lipopolysaccharide locus typing for the *Klebsiella pneumoniae* species complex

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## Abstract

The outer polysaccharide capsule and lipopolysaccharide (LPS) antigens are key targets for novel control strategies targeting *Klebsiella pneumoniae* and related taxa from the *K. pneumoniae* species complex (KpSC), including vaccines, phage and monoclonal antibody therapies. Given the importance and growing interest in these highly diverse surface antigens, we had previously developed Kaptive, a tool for rapidly identifying and typing capsule (K) and outer LPS (O) loci from whole genome sequence data. Here, we report two significant updates, now freely available in Kaptive 2.0 (<https://github.com/katholt/kaptive>): (i) the addition of 16 novel K locus sequences to the K locus reference database following an extensive search of >17 000 KpSC genomes; and (ii) enhanced O locus typing to enable prediction of the clinically relevant O2 antigen (sub)types, for which the genetic determinants have been recently described. We applied Kaptive 2.0 to a curated dataset of >12 000 public KpSC genomes to explore for the first time, to the best of our knowledge, the distribution of predicted O (sub)types across species, sampling niches and clones, which highlighted key differences in the distributions that warrant further investigation. As the uptake of genomic surveillance approaches continues to expand globally, the application of Kaptive 2.0 will generate novel insights essential for the design of effective KpSC control strategies.

## DATA SUMMARY

- (1) The updated code and reference databases for Kaptive are available at <https://github.com/katholt/kaptive>.
- (2) The accession numbers of genomes from which the reference sequences of novel K loci were defined are listed in Table S1 (available with the online version of this article), and the genomes from which these loci were detected (along with the corresponding Kaptive output) are listed in Table S2.
- (3) Accession numbers for the genomes screened for O types/subtypes (along with the corresponding Kaptive output) are listed in Table S3.

## INTRODUCTION

The *Klebsiella pneumoniae* species complex (KpSC) is a group of closely related Gram-negative bacterial taxa including the opportunistic pathogen, *K. pneumoniae* [1]. The 'K' in the ESKAPE pathogens, *K. pneumoniae* is considered one of the six most important causes of drug-resistant healthcare-associated infections [2], and antimicrobial-resistant strains contribute significantly to the total burden of communicable disease in high-income countries [3]. In low- and middle-income countries, *K. pneumoniae* is also recognized as the leading cause of Gram-negative neonatal sepsis, contributing to 10% of total neonatal sepsis deaths [4, 5]. *K. pneumoniae* with resistance to the third-generation cephalosporins and carbapenems are disseminating globally and of particular concern because they cause infections with very limited treatment options. As a consequence, there is increasing interest in developing novel anti-KpSC control strategies such as vaccines, phage and monoclonal antibody therapies [6–9].

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**Abbreviations:** CI, confidence interval; IS, insertion sequence; KpSC, *Klebsiella pneumoniae* species complex; LPS, lipopolysaccharide; MDR, multi-drug resistant; OR, odds ratio; ST, sequence type.

The GenBank/EMBL/DDBJ accession number for the genome sequence from which the novel K locus KL182 was defined is JAJHNT000000000.

**Data statement:** All supporting data, code and protocols have been provided within the article or through supplementary data files. Three supplementary tables are available with the online version of this article.

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### Impact Statement

*Klebsiella pneumoniae* is a major cause of bacterial healthcare-associated infections globally, with increasing rates of antimicrobial resistance, including strains with resistance to the drugs of last resort. The latter have, therefore, been flagged as priority pathogens for the development of novel control strategies. *K. pneumoniae* produce two key surface antigen sugars [capsular polysaccharide and lipopolysaccharide (LPS)] that are immunogenic and targets for novel controls such as a vaccines and phage therapy. However, there is substantial antigenic diversity in the population and relatively little is understood about the distribution of antigen types geographically and among strains causing different types of infections. Whereas laboratory-based antigen typing is difficult and rarely performed, information about the relevant synthesis loci can be readily extracted from whole genome sequence data. We have previously developed Kaptive, a freely available tool for rapid typing of *Klebsiella* capsule and LPS loci from genome sequences. Kaptive is now used widely in the global research community and has facilitated new insights into *Klebsiella* capsule and LPS diversity. Here, we present an update to Kaptive facilitating: (i) the identification of 16 additional novel capsule loci, and (ii) the prediction of immunologically relevant LPS O2 antigen subtypes. These updates will enable enhanced sero-epidemiological surveillance for *K. pneumoniae*, to inform the design of vaccines and other novel *Klebsiella* control strategies.

The KpSC polysaccharide capsule and lipopolysaccharide (LPS) antigens are pathogenicity factors [10–13] and among the key targets for novel control strategies [7, 14–18]. Of particular interest, there is mounting evidence that capsule and/or LPS immunization can elicit a protective immune response, and several anti-KpSC capsule and/or LPS vaccines have entered clinical trials [19–23]. However, considerable antigenic diversity exists within the KpSC population (>77 serologically defined capsule types [24–26], >8 LPS O antigen serotypes [16, 27], and many more predicted on the basis of genomic data [28, 29]), and there is a paucity of sero-epidemiological knowledge, which hampers efficient vaccine design. While traditional KpSC serological typing techniques are technically challenging and rarely performed, information about capsule and O antigen serotypes can be rapidly extracted from whole genome sequence data by typing the corresponding capsule (K) and O biosynthesis loci [29, 30].

The K locus comprises a ~10–30 kbp region of the chromosome and ~10–30 genes. The conserved capsule synthesis and export machinery genes are located in the 5' (*galF*, *cpsACP*, *wzi*, *wza*, *wzb*, *wzc*) and 3' (*ugd*) most regions, and flank the genes encoding the capsule-sugar-specific synthesis machinery, Wzx capsule-specific flippase and Wzy repeat unit polymerase [31, 32]. The O locus comprises a ~7–13 kbp region of the chromosome between the K locus and the *hisE* gene [28]. All O loci identified to date contain the *wzm* and *wzt* genes encoding the membrane transporter complex [33], but the relative positions of these genes is not consistent [28].

Comparison of the K loci of the 77 original capsule serotype reference strains showed that all but two could be distinguished by a unique combination of genes in the centre of the locus, i.e. there was an approximate one-to-one relationship between K locus and serologically defined K type [32]. In light of these findings, we previously leveraged a collection of >2500 KpSC genomes to identify additional K loci, defined on the basis of unique gene content [28, 29]. A total of 59 loci were identified, and labelled KL101–KL159. While the corresponding serotypes remain uncharacterized, we predict that these loci encode distinct capsule types that likely correspond to the majority of the 10–70% of strains that have been deemed non-typeable and/or cross-reactive via serological typing techniques [34–36].

To facilitate the rapid identification of K loci from KpSC whole genome sequences, we developed a tool known as Kaptive [29], which uses a combination of BLASTN and TBLASTN search to identify the best matching locus from the reference database, and provide an indication of the match confidence. We recommend reporting matches of 'Good' confidence or higher. 'Low' or no confidence matches generally result from sequencing and/or assembly problems that cause the K locus to be split across multiple assembled contigs, but can also represent novel loci that were not captured in the original discovery genome set. Indeed, subsequent studies have identified 11 additional loci that have been incorporated into the database ([37] and see details at <https://github.com/katholt/kaptive>), resulting in a total of 147 loci defined to date. We anticipate the discovery of additional novel loci, particularly given the availability of greater numbers of KpSC genomes from diverse sources and locations. Notably, our recent analysis of >13000 publicly available KpSC genomes identified 19% with low or no confidence K locus matches that remain to be explored [38].

The majority of distinct LPS O antigens are also associated with distinct O loci (also known as *rfb* loci), distinguished on the basis of gene content [39–42]. However, key exceptions are strains expressing the O1 and O2 antigens, both of which can be associated with either of two distinct O loci, O1/O2v1 and O1/O2v2 [15, 41, 43]. Expression of either locus results in the production of an O2 antigen (D-galactan I or III), that can be converted to O1 by addition of a D-galactan II repeat unit by the products of *wbbYZ* (which encodes a putative glycosyltransferase and hypothetical protein, respectively, and is located elsewhere in the genome) [44].

**Table 1.** Genetic determinants of KpSC O1 and O2 outer LPS antigens as reported in Kaptive

O locus	Extra genes	Kaptive <v2.0		Kaptive ≥v2.0	
		Locus*	Locus*	Type†	
O1/O2v1	None	O2v1	O1/O2v1	O2a	
O1/O2v2	None	O2v2	O1/O2v2	O2afg	
O1/O2v3	None	NA	O1/O2v3	O2a	
O1/O2v1	<i>wbbYZ</i> ‡	O1v1	O1/O2v1	O1	
O1/O2v2	<i>wbbYZ</i> ‡	O1v2	O1/O2v2	O1	
O1/O2v3	<i>wbbYZ</i> ‡	NA	O1/O2v3	O1	
O1/O2v1	<i>wbbY</i> OR <i>wbbZ</i>	O1/O2v1	NA	NA	
O1/O2v2	<i>wbbY</i> OR <i>wbbZ</i>	O1/O2v2	NA	NA	
O1/O2v3	<i>wbbY</i> OR <i>wbbZ</i>	NA	NA	NA	
O1/O2v1	<i>wbmVW</i>	NA	O1/O2v1	O2ac	
O1/O2v2	<i>wbmVW</i>	NA	O1/O2v2	O2ac	
O1/O2v3	<i>wbmVW</i>	NA	O1/O2v3	O2ac	
O1/O2v1	<i>gmlABD</i>	NA	O1/O2v1	O2aeh	
O1/O2v2	<i>gmlABD</i>	NA	O1/O2v2	O2aeh	
O1/O2v3	<i>gmlABD</i>	NA	O1/O2v3	O2aeh	
O1/O2v1	<i>wbbY</i> AND <i>wbmVW</i>	NA	O1/O2v1	O1 (O2ac)§	
O1/O2v2	<i>wbbY</i> AND <i>wbmVW</i>	NA	O1/O2v2	O1 (O2ac)§	
O1/O2v3	<i>wbbY</i> AND <i>wbmVW</i>	NA	O1/O2v3	O1 (O2ac)§	

NA, Not applicable.

\*As reported in the best match locus column in the Kaptive output.

†Predicted antigenic serotype reported in the best match type column in the Kaptive output (v2.0 and above).

‡Kaptive v2.0 and above check only for *wbbY*.

§Predicted antigenic serotype likely O1 but may also be O2ac (there is currently no corresponding type strain with *wbbY* and *wbmVW*).

In 2018, we extended Kaptive to support KpSC O locus typing and included discrimination of the O1 and O2 types by TBLASTN search for the *wbbYZ* genes, reported as shown in Table 1 [30]. However, recent experimental evidence has shown that only the WbbY protein is needed to convert O2 to O1 [45]. Additionally, the genetic determinants of four distinct O2 antigen subtypes have now been fully elucidated (O2a, O2afg, O2ac, O2aeh) [45, 46]. The O2a antigen comprises alternating repeat units of  $\alpha$ -(1-3)-linked galactopyranose (Galp) and  $\beta$ -(1-3)-linked galactofuranose (Galf) residues (D-galactan I) [40]. O2afg comprises O2a with a (1-4)-linked Galp side chain, while O2aeh comprises O2a with a (1-2)-linked Galp side chain [43]. Like O1, O2ac comprises O2a or O2afg with an additional repeat unit covalently linked to the non-reducing terminus (it also seems likely that O2aeh can be modified in this way). While the O1 repeat unit comprises [-3)- $\alpha$ -D-Galp-(1-3)- $\beta$ -D-Galp-(1-)] (also known as D-galactan II) [40], the O2ac repeat unit comprises [-3)- $\beta$ -D-GlcNAc-(1-5)- $\beta$ -D-Galf-(1-)] [43, 46]. The various O2 subtypes are associated with specific combinations of O loci (O1/O2v1, O1/O2v2 and a novel locus identified in the O2aeh type strain, here called O1/O2v3) with/without additional genes located elsewhere in the genome (*wbbY*, *gmlABD* and *wbmVW* [45, 46], see Table 1). There is emerging evidence that these subtypes differ in terms of immunogenicity [15, 17, 47], but little is known about their distribution in the KpSC population, which may have implications for the design of vaccines or monoclonal antibody therapies targeting KpSC LPS.

Here, we report: (i) an update to the KpSC K locus database to include 16 novel loci identified from a high-throughput screen of >17 000 publicly available genomes; and (ii) an updated version of Kaptive that can rapidly distinguish O2 subtypes to support enhanced LPS sero-epidemiological investigations. We apply this update to explore the distribution of O (sub)types between KpSC species and among isolates from different sources and clonal groups, including the well-known globally distributed multi-drug resistant (MDR) clones and the hypervirulent clones associated with severe community-acquired disease.

**Table 2.** Sources of KpSC genomes from which novel K loci were identified

Collection description	Reference	No. of genomes (no. of low confidence K loci)*
Curated, publicly available KpSC isolate genomes	[38] (also see references therein)	13 156 (1802)
KpSC isolate genomes from diverse niches in a single city in Italy	[55]	1965 (75)
Blood and urinary tract KpSC isolate genomes from Norwegian hospitals	[60]	868 (358)
Clinical KpSC isolate genomes from an Australian hospital	This study	638 (18)
Community rectal carriage KpSC isolate genomes from Norway	[54]	484 (36)
KpSC neonatal sepsis isolate genomes from South-East Asia and Africa	[5]	276 (93)
KpSC isolate genomes from pigs and pig farmers in Thailand	[61]	253 (31)
<i>Klebsiella variicola</i> from various sources	[62]	112 (6)
<b>Total</b>	–	<b>17 752 (2419)</b>

\*Genomes harbouring K loci for which the Kaptive confidence call was low or none, and which were subsequently included in this study.

## METHODS

### Identification of novel K loci

We have previously reported genotyping information for 13 156 publicly available KpSC genomes [including species, multilocus sequence types (STs), K loci and K locus confidence calls] [38]. Here, we leverage these data in combination with 3958 additional published KpSC genomes and 638 from our unpublished collection (Table 2) for which the corresponding sequence reads were *de novo* assembled using Unicycler v0.4.7. Species and STs were determined using Kleborate v2.0.3 [38] and K loci identified using Kaptive v0.7.3 [29].

Genomes for which the Kaptive K locus confidence call was ‘Low’ or ‘None’ were included for further analysis as follows: genomes for which the Kaptive output did not indicate a fragmented K locus assembly (i.e. the K locus problems column did not contain ‘?’) were subjected to manual inspection using Bandage v0.8.1 [48] to visualize the BLASTN coverage to the best match K locus and assess whether the genome truly harboured the ‘best match locus’, a variant thereof [insertion sequence (IS) or deletion variant] or a putative novel locus. Genomic regions corresponding to putative novel loci were extracted and clustered using CD-HIT-EST v4.8.1 (default parameters) [49]. A single representative of each cluster was: (a) annotated using Prokka v1.14.6 [50] with a reference database of known KpSC K locus genes; (b) subjected to BLASTN search for known KpSC K locus genes and those annotated in each of the other putative novel K loci. Inspection of the BLASTN results highlighted putative novel loci with similarity to each other and/or existing loci (i.e. those with BLASTN hits  $\geq 80\%$  identity and  $\geq 80\%$  coverage to multiple capsule-sugar-specific synthesis genes from the same reference locus). The corresponding loci were subsequently compared by BLASTN and visualized with the Artemis Comparison Tool v18.0.2 [51] to clarify whether they were novel loci with a distinct set of capsule-sugar-specific synthesis genes or should be considered as IS or deletion variants of the same locus.

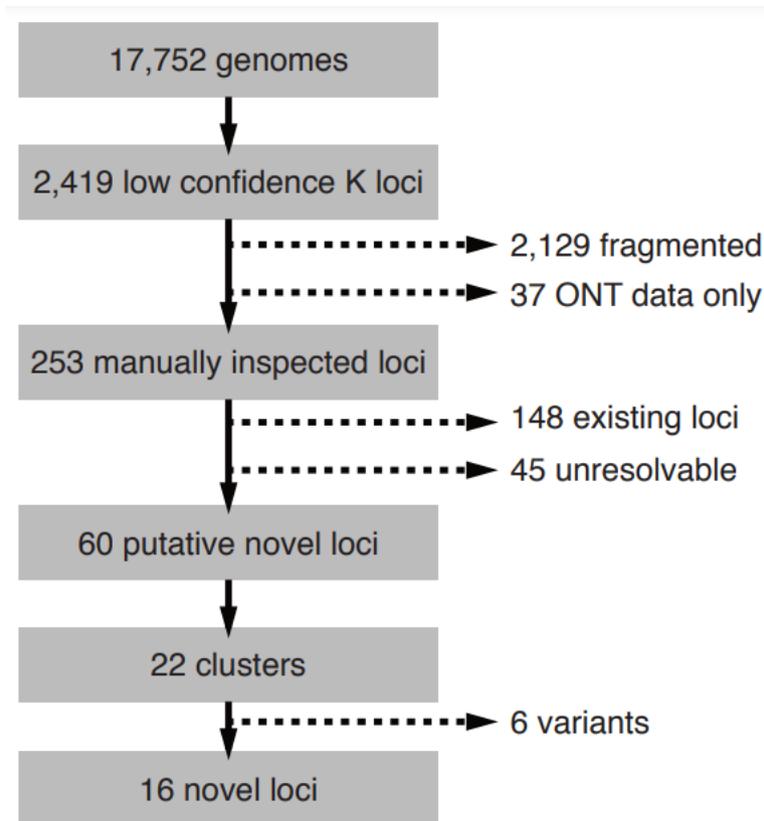
Annotations were manually curated for one representative of each of the final set of distinct novel loci (Table S1). Where possible, sequences without IS transposase annotations were preferentially selected for curation, as is recommended in order to prevent Kaptive reporting spurious gene matches to transposases that may be present in multiple copies in any location of a query genome. Where no IS transposase-free representative was available ( $n=5$  loci, subsequently assigned KL173, KL176, KL181, KL184 and KL185), full length ISs were identified by BLASTN search of the ISfinder database [52] and manually deleted along with their associated direct repeats and one copy of the associated target site duplicated repeat to obtain a putative IS-free reference sequence. Curated locus annotations were added to the reference database and Kaptive was rerun on all genomes to determine the prevalence of novel loci (Table S2). Only Kaptive locus calls with confidence ‘Good’ or better are reported. Visual comparisons of the novel K loci and annotated coding sequences were generated with clinker v0.0.21 [53].

### Implementation of O2 subtyping

Kaptive takes as input a query genome assembly and a reference locus database in GenBank format. Loci are identified by a note field within the sequence source information in the format: /note=‘O locus: O1/O2v1’.

Additional genes relevant to KpSC O typing (i.e. those located outside of the O locus) are marked as follows: /note=‘Extra genes: wbbY’.

In Kaptive 2.0, we have implemented an additional note field for reference loci that indicates the corresponding serotype, e.g. for the O5 locus the corresponding O type is known to be O5; hence, the corresponding note fields read:



**Fig. 1.** Process of identification of novel K loci from 17752 KpSC. Candidate genomes were identified as those with Kaptive K locus confidence calls 'Low' or 'None', and were iteratively filtered to remove: (i) fragmented or low quality locus sequences including 37 assembled using only Oxford Nanopore Technologies (ONT) data; (ii) true matches to existing K loci; (iii) IS and/or deletion variants of existing loci or other putative novel loci (see Methods for full details).

/note='O locus: O5'; /note='O type: O5';

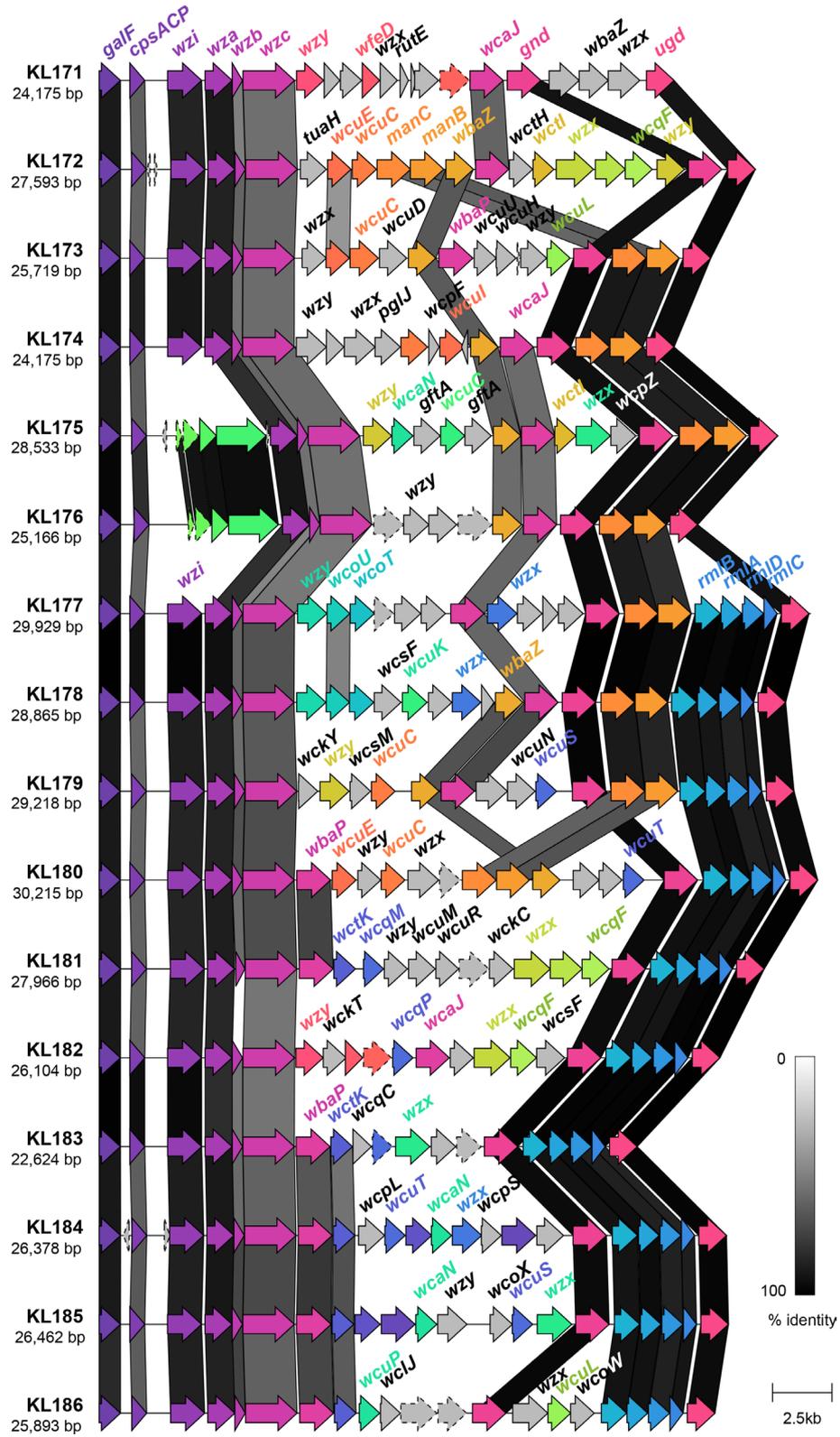
For loci identified from genome data and defined on the basis of gene content alone, e.g. OL101, there is no known serotype; hence, the corresponding note fields read: /note='O locus: OL101'; /note='O type: unknown (OL101)';

For the O1 and O2 loci, the corresponding serotypes/subtypes are distinguished by the presence/absence of additional genes located elsewhere in the genome, as is now indicated by the use of the term 'special logic' in the serotype notes field e.g. /note='O locus: O1/O2v1'; /note='O type: special logic'.

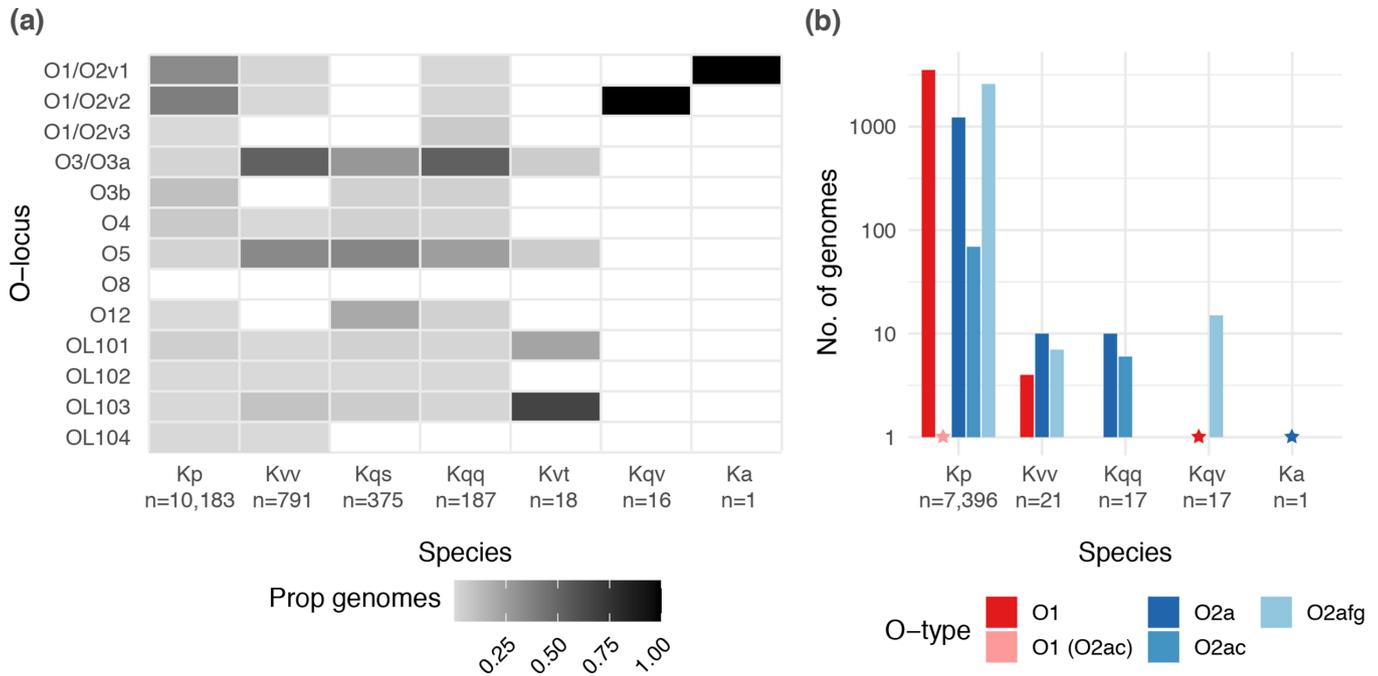
After identifying the best match locus from the database (the locus with the highest BLASTN coverage), Kaptive 2.0 will extract the corresponding type information from the GenBank annotation. When the type is indicated as special logic, Kaptive will perform a TBLASTN search for all coding sequences within database entries marked with the note field 'extra genes' (*wbbY*, GenBank accession no. MG458672.1; *wbmVW*, accession no. MG602074.1; *gmlABD*, accession no. MG458670.1). TBLASTN hits exceeding the minimum identity and coverage cut-offs (default 80 and 90%, respectively) are interpreted to indicate the presence of the corresponding gene(s). The reported O type is determined by the combination of best match O locus and any extra gene(s) detected, as specified in the 'Klebsiella\_o\_locus\_primary\_reference.logic' file and shown in Table 1. In the event that a combination is not represented in the logic file, Kaptive will report the O type as 'unknown'.

### Updated locus and serotype reporting

In the previous version of Kaptive, the distinction between the KpSC O1 and O2 types was indicated in the output table in the best match locus as shown in Table 1. However, we have noted that this has resulted in confusion in the community regarding the distinction between O loci and O types. In order to clarify these differences and ensure that all relevant information is included in the output, Kaptive 2.0 reports the best match locus and the predicted serotype in separate columns in the output (see Table 1). The three distinct O loci associated with the O1 and O2 (sub)types are reported simply as O1/O2v1, O1/O2v2 and O1/O2v3 in



**Fig. 2.** Genetic structure of novel K loci identified in this study. Coding sequences are represented by arrows, labelled by their gene name where applicable, and coloured by homology (sequence identity  $\geq 30\%$ ). Coding sequences predicted to encode hypothetical proteins are represented by arrows with a dashed outline. Shading between the K loci represents regions of similarity between coding sequences as identified by clinker [53], and the level of similarity indicated in the key.



**Fig. 3.** Distribution of O loci and predicted O1/O2 (sub)types by species. (a) Heatmap showing the proportion of genomes of each species harbouring each distinct O locus. Total sample sizes for each species are indicated below the x-axis labels. (b) Bar graph showing the number of genomes of each species predicted to express O1 and O2 antigens. Only species for which at least one genome was predicted to express an O1 or O2 antigen are shown (total genomes indicated below the x-axis labels). Stars indicate the position of bars of size 1. Kp, *K. pneumoniae*; Kvv, *K. variicola* subsp. *variicola*; Kqs, *Klebsiella quasipneumoniae* subsp. *similipneumoniae*; Kqq, *K. quasipneumoniae* subsp. *quasipneumoniae*; Kvt, *K. variicola* subsp. *tropica*; Ka, *Klebsiella africana*.

the best match locus column, meaning that genomes harbouring the same O locus can be easily identified even when predicted to express a different O type due to variation elsewhere in the genome.

The same approach for distinguishing best match locus from ‘best match type’ is applied to all databases parsed by Kaptive 2.0 in order to aid interpretation of the output, and clarify what is known about the relationships between loci and serotypes. In particular, we hope this will clarify where serotypes are or are not known. To enable backwards compatibility for reference locus databases that do not contain serotype note fields, the corresponding types are left blank if no type information is available.

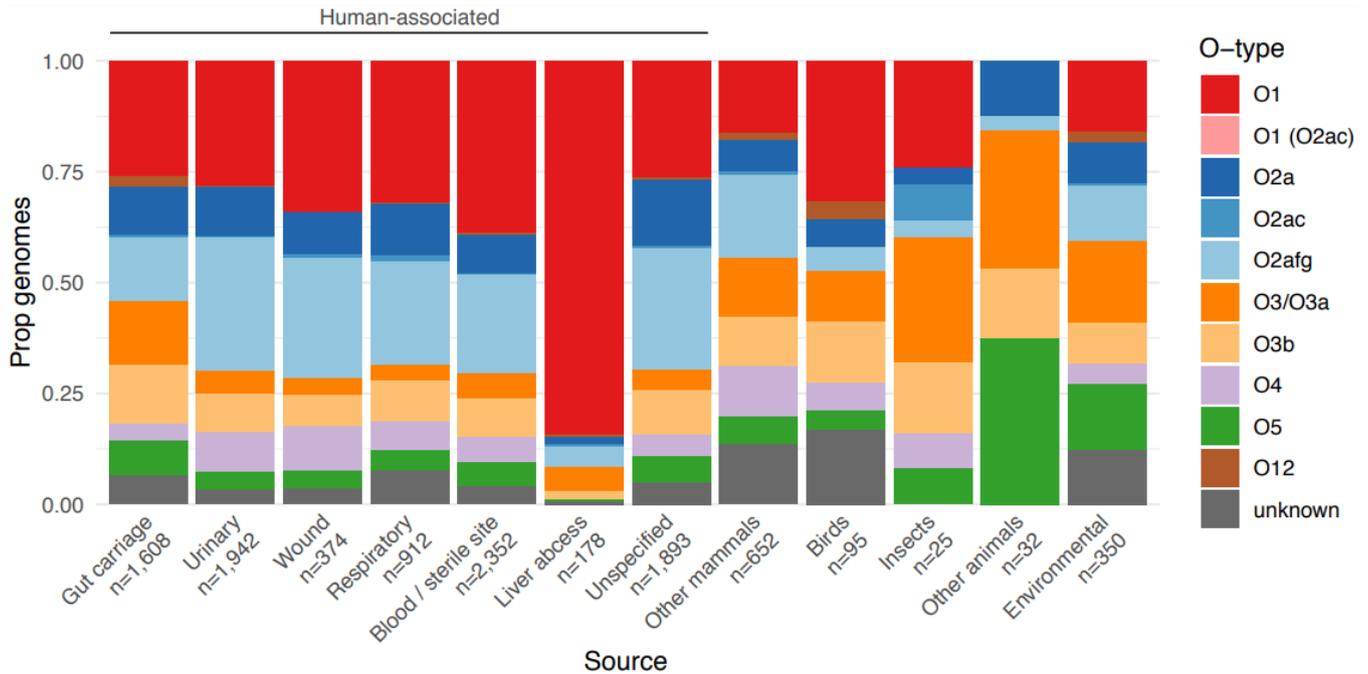
### Exploring the distribution of O (sub)types

We used Kaptive 2.0 to identify O loci and O types for 10 734 non-redundant KpSC genomes in the curated collection reported previously [38]. Additionally, we supplemented this collection with two systematically collected datasets of KpSC from under-represented sources: 484 human gut carriage isolate genomes reported by Raffelsburger *et al.* [54], and 875 non-human-associated isolate genomes reported by Thorpe *et al.* [55]. (We excluded human-associated KpSC genomes reported as part of the latter study because these data were biased by a significant overrepresentation of the ST307 and ST512 clones that were circulating in the local hospital and were already represented in high numbers in our curated genome collection.) Only Kaptive calls with confidence ‘Good’ or better are reported.

## RESULTS AND DISCUSSION

### Identification and characterization of 16 novel K loci

A total of 2419 of 17752 KpSC genomes (13.6%) had low or no confidence Kaptive K locus calls (Fig. 1), of which the vast majority (2129; 88%) were indicated as fragmented and 37 were excluded because the K loci were likely to harbour an overrepresentation of homopolymer repeat errors due to the assembly approach comprising Oxford Nanopore Technologies read data only. Following manual inspection, 148 of the 253 remaining genomes were considered to match to known K loci and 45 were unresolvable because the K locus was fragmented across multiple assembly contigs. The former had not been confidently typed by Kaptive for a variety of reasons including IS insertions, small- or large-scale deletions and/or numerous frameshift mutations that were interpreted as missing genes. After exclusion of these genomes, 60 putative novel loci remained and were grouped into 22 sequence clusters



**Fig. 4.** Distribution of predicted O types by isolate source. Bars show the proportion of isolates for each of 12 selected sources of interest that were predicted to encode each O antigen (as indicated in the key). The total numbers of isolates representing each source are indicated below the x-axis.

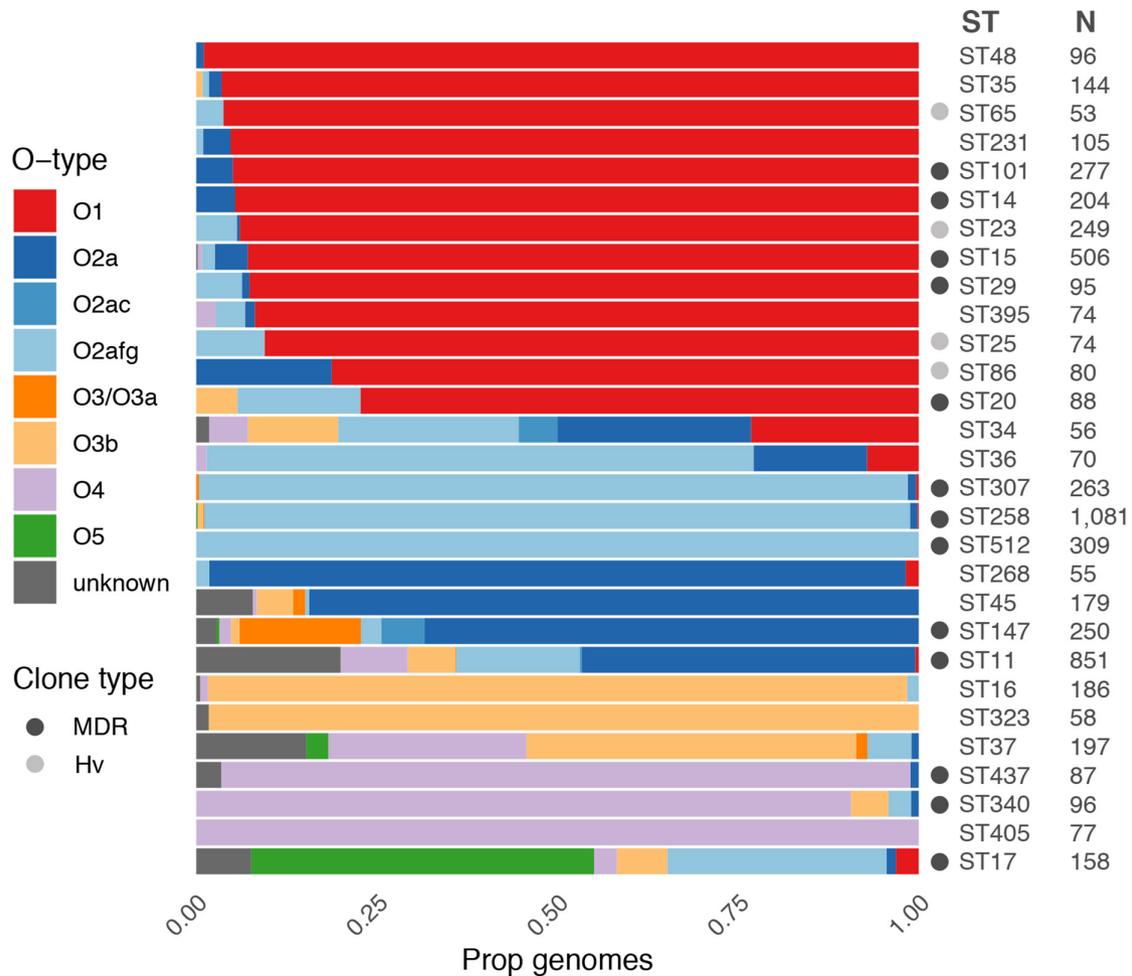
at 90% nucleotide identity. Sixteen clusters were determined to represent true distinct and novel K loci, while six were identified as additional IS/deletion variants of other putative novel loci or existing loci (Fig. 1, see Methods).

The final set of 16 novel loci were assigned KL171–KL186, ranged in length from 22624 to 30215 bp and contained 19 to 25 genes (Fig. 2). All loci contained the conserved capsule synthesis and export machinery genes: *galF*, *cpsACP*, *wza*, *wzb*, *wzc*, *gnd* and *ugd*; however, only 14 loci harboured *wzi* (present in >98% of all previously reported KpSC K loci [29]). The *Wzi* protein is not considered essential for capsule production, but plays a role in capsule surface attachment such that mutants lacking *wzi* produce lower levels of bound and higher levels of cell-free polysaccharide [56]. In the novel KL175 and KL176 loci, the *wzi* gene appeared to be replaced by four coding sequences predicted to encode two hypothetical proteins, a GfcC protein and a putative lipoprotein YjbH precursor. Three of these sequences had 76–84% sequence identity to those present in the KL33 and KL40 reference loci, wherein *wzi* is also absent [32].

As expected, all novel loci harboured a variant of *wzx* and of *wzy*, encoding the capsule flippase and repeat unit polymerase, respectively, as well as either *wcaJ* or *wbaP* (encoding the initiating glycosyl transferases) [31]. Ten loci (63%) harboured the *rmlBADC* capsule-specific sugar synthesis genes responsible for the inclusion of dTDP-L-rhamnose in the capsule and nine (57%) harboured *manBC* associated with the inclusion of GDP-D-mannose [32]. The remaining capsule-specific sugar synthesis genes were each found in  $\leq 5$  loci each.

We assessed the prevalence of the novel loci among the public genome collections (Table 2), detecting the presence of a novel K locus in 101 genomes. Most ( $n=11$ ; 69%) were rare, identified in  $\leq 5$  genomes. However, KL174, KL177, KL180, KL181 and KL183 were each detected in  $\geq 7$  and up to 33 genomes. Notably, these loci were generally associated with multiple STs and geographies:  $n=14$  KL174 genomes with 9 STs from 11 countries,  $n=8$  KL177 genomes with 3 STs ( $n=6$  ST656) from 6 countries,  $n=7$  KL180 genomes with 6 STs from 5 countries,  $n=9$  KL181 genomes with 2 STs from 4 countries, and  $n=33$  KL183 genomes with 22 STs from 14 countries. Furthermore, nine of the novel loci were detected in genomes sequenced from non-human samples including animal (KL172, KL173, KL175, KL176, KL181, KL183, KL186), environmental (KL178, KL181, KL183) and food sources (KL180, KL183). In particular, 89% of KL181 genomes were sourced from non-human sources (migratory birds, bovine, swine, murine or soil). The majority of novel K loci were detected in genomes from various KpSC species ( $n=95$  genomes; 94% of genomes with a novel K locus). A few were also detected in non-KpSC genomes:  $n=4/9$  KL181+ and  $n=2/5$  KL186+ genomes were sequenced from *Klebsiella pasteurii* and *Klebsiella michiganensis* isolates, respectively, and mostly isolated from non-clinical sources.

While the vast majority of KpSC genomes can be confidently assigned K loci from the existing database, as greater numbers of KpSC genomes become available we anticipate that additional novel K loci will be identified. In particular, it is unlikely that the



**Fig. 5.** Distribution of predicted O types among common *K. pneumoniae* clones. Bars show the proportion of genomes predicted to express each O (sub) type within each clone (coloured as per the key). Sample sizes are indicated and only clones for which  $N > 50$  are shown. Globally distributed multi-drug resistant (MDR) and hypervirulent (Hv) clones are indicated by grey circles as per the key (clones as described previously [1], additionally ST340 and ST437 belong to clonal group 258, ST16 belongs to clonal group 20).

current database fully captures the diversity present among KpSC circulating in the environment and non-human hosts that remain comparatively underrepresented in current genome collections. Furthermore, *Klebsiella* K loci are thought to undergo frequent reassortment via homologous recombination and IS-mediated horizontal gene transfer both within and outside the genus *Klebsiella* [29, 57], providing a mechanism for the continuous generation of novel loci, and highlighting the need for ongoing population surveillance.

### O locus and O type distributions

In 2018, we implemented KpSC O locus typing in Kaptive, with the capacity to distinguish the O1 and O2 antigen types [30]. In the latest version of Kaptive, we have additionally implemented O2 antigen subtype prediction (see Methods and Table 1). Subsequently, we used Kaptive to explore the distribution of O loci and predicted O types among 12093 publicly available KpSC genomes (see Methods and Table S3). A total of 11 571 genomes (95.7%) were assigned O locus calls with 'Good' confidence or better. Among these, the most common O loci were O1/O2v2 ( $n=4015$ , 34.7%), O1/O2v1 ( $n=3413$ , 29.5%) and O3b ( $n=1101$ , 9.5%). The O1/O2v3 locus, which was added to the database as part of this work (first described in association with O2aeh, GenBank accession no. MG280710.1 [46]), was identified in only 23 genomes (0.2%).

The distribution of O loci differed by species (Fig. 3), notably the O1/O2 loci were overrepresented among *K. pneumoniae* compared to other species [ $P < 2.2 \times 10^{-16}$ , odds ratio (OR) 64.3, 95% confidence interval (CI) 48.9–86.1, by Fisher's exact test], whereas the O3/O3a and O5 loci were underrepresented among *K. pneumoniae* ( $P < 2.2 \times 10^{-16}$ , OR 0.03, 95% CI 0.025–0.035;  $P < 2.2 \times 10^{-16}$ , OR 0.05, 95% CI 0.042–0.060; respectively, by Fisher's Exact test). Within *K. pneumoniae*, 47.6% of the isolates carrying an O1/O2 locus were predicted to express an O1 antigen ( $n=3521/7396$ ), while 34.9% ( $n=2581$ ) and 16.6% ( $n=1224$ )

were predicted to express O2afg and O2a, respectively. No isolates of any species were predicted to express O2aeh and only 75 isolates were predicted to express O2ac (including  $n=69$  *K. pneumoniae*). A single *K. pneumoniae* isolate carried the O1/O2v1 locus in combination with the *wbbY* gene (predicted to result in conversion of O2a to O1), and the *wbmVW* genes (predicted to result in conversion of O2a to O2ac), suggesting that this isolate (NCTC8849, from a respiratory tract specimen collected in the UK in 1951) may be able to express both the O1 and the O2ac antigens. However, there is evidence that expression of O2ac is thermoregulated, specifically downregulated at 37°C; hence, it is likely that this strain expressed the O1 antigen within the human host [46].

Our data also revealed differences in the distribution of O types by isolate source (Fig. 4). Isolates from human specimens appeared to be enriched for types O1, O2a and/or O2afg compared to those from other hosts and/or environmental sources, which in part likely reflects the dominance of *K. pneumoniae* among clinical specimens. Interestingly, with the exception of liver abscess isolates, the prevalence of O2a was similar across all human-associated source types (8.5–11.7%), whereas clinical isolates were generally enriched for O2afg compared to gut carriage isolates (22.2–30.1% vs 14.2%,  $P < 2.2 \times 10^{-16}$ , OR 0.49, 95% CI 0.42–0.57, using Fisher's exact test of gut carriage isolates vs all clinical categories combined) and the prevalence of O1 appeared to be higher among invasive than non-invasive isolates (38.8% among blood/sterile site isolates, 32.0% among respiratory isolates, 28.2% among urinary tract isolates). Most strikingly, the overwhelming majority of liver abscess isolates were predicted to express O1 (84.3%; 63.3% KL1 and 16.7% KL2). We speculated that the latter may be driven at least in part by the underlying population structure of *K. pneumoniae* causing liver abscess disease, which is dominated by a small number of so-called 'hypervirulent' clones. Indeed, our current and previously reported data [28] showed that the most common of these clones (ST23, ST86, ST65 and ST25) were each associated with very high prevalence of O1 ( $\geq 81\%$ , Fig. 5). The data also indicated that the majority of the well-known globally distributed MDR clones and other common clones were each associated with a single dominant O (sub)type; however, there was diversity between clones: ST14, ST15, ST20, ST29 and ST101 were each associated with O1 ( $\geq 77\%$  each); ST307, ST258 and ST512 were associated with O2afg ( $\geq 98\%$ ); ST340 and ST437 were associated with O4 ( $\geq 91\%$ ); ST147 was associated with O2a (68%). In contrast, ST11 (the putative ancestor of ST258 and its descendent, ST512, as well as ST347 and ST437) and the common clones, ST17 and ST37, were each associated with much greater O (sub)type diversity (Fig. 5).

Previous reports have also indicated a dominance of O1 antigen among human clinical *K. pneumoniae* isolates [27, 28, 58, 59], followed by the O3 group in earlier reports [27, 58] and the O2 group in later reports [28, 59]. While few prior studies have distinguished between O2 subtypes, a recent re-analysis of 573 KpSC genome sequences [28] indicated that 42% of the 387 genomes carrying an O1/O2 O locus were predicted to express O2afg, followed by O1, a small number O2a or O2ac, and no O2aeh [46]. Additionally, the O2afg antigen has been previously associated with the ST258, ST512 and ST307 clones [15, 47]. It has been suggested that the lower immunogenicity of O2afg, compared to O2a and O1, may provide a selective advantage that has facilitated the widespread dissemination of these clones, i.e. by enabling immune evasion [15, 17]; however, we note that our data show that several other highly successful and widespread MDR clones are not associated with O2afg but instead are associated with the highly immunogenic O1 (e.g. ST15, ST20, ST101), indicating that low O antigen immunogenicity is not a requirement for widespread dissemination and/or other factors are also playing a role (e.g. the interaction with the polysaccharide capsule).

## Conclusions

We present updated KpSC K and O loci databases and an updated version of the Kaptive genotyping tool that allows rapid prediction of O1 and O2 antigen (sub)types from whole genome assemblies. Application of the updated approach to a collection of >12000 publicly available KpSC genomes indicated key differences in the distribution of O1/O2 antigens by isolate source and strong associations with the underlying KpSC population structure. Further investigation of these trends, as well as the broader population sero-epidemiology, is warranted to inform the effective design of novel KpSC control strategies. As genomic surveillance of KpSC continues to gain momentum, Kaptive and its accompanying K and O locus databases are poised to play a key role in such investigations.

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### Author contributions

K.E.H. and K.L.W., were responsible for conceptualization, supervision, project administration and acquisition of funding. R.R.W. and K.L.W., developed methodology, and developed and/or tested software. L.M.J., M.M.C.L. and K.L.W., contributed to investigation. M.M.C.L. and K.L.W., performed data curation and writing (original draft preparation). All authors performed writing (review and editing).

### Conflicts of interest

The authors declare that there are no conflicts of interest.

## References

- Wyres KL, Lam MMC, Holt KE. Population genomics of *Klebsiella pneumoniae*. *Nat Rev Microbiol* 2020;18:344–359.
- Pendleton JN, Gorman SP, Gilmore BF. Clinical relevance of the ESKAPE pathogens. *Expert Rev Anti Infect Ther* 2013;11:297–308.
- Cassini A, Högberg LD, Plachouras D, Quattrocchi A, Hoxha A, et al. Attributable deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in the EU and the European Economic Area in 2015: a population-level modelling analysis. *Lancet Infect Dis* 2019;19:56–66.
- Okomo U, Akpalu ENK, Le Doare K, Roca A, Cousens S, et al. Aetiology of invasive bacterial infection and antimicrobial resistance in neonates in sub-Saharan Africa: a systematic review and meta-analysis in line with the STROBE-NI reporting guidelines. *Lancet Infect Dis* 2019;19:1219–1234.
- Sands K, Carvalho MJ, Portal E, Thomson K, Dyer C, et al. Characterization of antimicrobial-resistant Gram-negative bacteria that cause neonatal sepsis in seven low- and middle-income countries. *Nat Microbiol* 2021;6:512–523.
- World Health Organization. *Global Priority List of Antibiotic-Resistant Bacteria to Guide Research, Discovery, and Development of New Antibiotics*. Geneva: World Health Organization; 2017.
- Motley MP, Fries BC. A new take on an old remedy: generating antibodies against multidrug-resistant gram-negative bacteria in a postantibiotic world. *mSphere* 2017;2:e00397–17.
- Aleshkin AV, Ershova ON, Volozhantsev NV, Svetoch EA, Popova AV, et al. Phagebiotics in treatment and prophylaxis of healthcare-associated infections. *Bacteriophage* 2016;6:e1251379.
- Assoni L, Girardello R, Converso TR, Darrieux M. Current stage in the development of *Klebsiella pneumoniae* vaccines. *Infect Dis Ther* 2021;10:2157–2175.
- Cortés G, Borrell N, de Astorza B, Gómez C, Sauleda J, et al. Molecular analysis of the contribution of the capsular polysaccharide and the lipopolysaccharide O side chain to the virulence of *Klebsiella pneumoniae* in a murine model of pneumonia. *Infect Immun* 2002;70:2583–2590.
- Lawlor MS, Hsu J, Rick PD, Miller VL. Identification of *Klebsiella pneumoniae* virulence determinants using an intranasal infection model. *Mol Microbiol* 2005;58:1054–1073.
- Evrard B, Balestrino D, Dosgilbert A, Bouya-Gachancard J-LJ, Charbonnel N, et al. Roles of capsule and lipopolysaccharide O antigen in interactions of human monocyte-derived dendritic cells and *Klebsiella pneumoniae*. *Infect Immun* 2010;78:210–219.
- March C, Cano V, Moranta D, Llobet E, Pérez-Gutiérrez C, et al. Role of bacterial surface structures on the interaction of *Klebsiella pneumoniae* with phagocytes. *PLoS One* 2013;8:e56847.
- D'Andrea MM, Marmo P, Henrici De Angelis L, Palmieri M, Ciacci N, et al.  $\phi$ B01E, a newly discovered lytic bacteriophage targeting carbapenemase-producing *Klebsiella pneumoniae* of the pandemic clonal group 258 clade II lineage. *Sci Rep* 2017;7:2614.
- Szjártó V, Guachalla LM, Hartl K, Varga C, Banerjee P, et al. Both clades of the epidemic KPC-producing *Klebsiella pneumoniae* clone ST258 share a modified galactan O-antigen type. *Int J Med Microbiol* 2016;306:89–98.
- Guachalla LM, Stojkovic K, Hartl K, Kaszowska M, Kumar Y, et al. Discovery of monoclonal antibodies cross-reactive to novel subserotypes of *K. pneumoniae* O3. *Sci Rep* 2017;7:6635.
- Pennini ME, De Marco A, Pelletier M, Bonnell J, Cvitkovic R, et al. Immune stealth-driven O2 serotype prevalence and potential for therapeutic antibodies against multidrug resistant *Klebsiella pneumoniae*. *Nat Commun* 2017;8:1991.
- Seeberger PH, Pereira CL, Khan N, Xiao G, Diago-Navarro E, et al. A semi-synthetic glycoconjugate vaccine candidate for carbapenem-resistant *Klebsiella pneumoniae*. *Angew Chem Int Ed Engl* 2017;56:13973–13978.
- Ravinder M, Liao K-S, Cheng Y-Y, Pawar S, Lin T-L, et al. A synthetic carbohydrate-protein conjugate vaccine candidate against *Klebsiella pneumoniae* serotype K2. *J Org Chem* 2020;85:15964–15997.
- Feldman MF, Mayer Bridwell AE, Scott NE, Vinogradov E, McKee SR, et al. A promising bioconjugate vaccine against hypervirulent *Klebsiella pneumoniae*. *Proc Natl Acad Sci USA* 2019;116:18655–18663.
- Campbell WN, Hendrix E, Cryz S, Cross AS. Immunogenicity of a 24-valent *Klebsiella* capsular polysaccharide vaccine and an eight-valent *Pseudomonas* O-polysaccharide conjugate vaccine administered to victims of acute trauma. *Clin Infect Dis* 1996;23:179–181.
- Hegerle N, Choi M, Sinclair J, Amin MN, Ollivault-Shiflett M, et al. Development of a broad spectrum glycoconjugate vaccine to prevent wound and disseminated infections with *Klebsiella pneumoniae* and *Pseudomonas aeruginosa*. *PLoS One* 2018;13:e0203143.
- Alaimo C, Haffner S. Safety and Immunogenicity of a *Klebsiella pneumoniae* Tetravalent Bioconjugate Vaccine (Kleb4v), identifier NCT04959344. 2021. <https://clinicaltrials.gov/>
- Edmunds PN. Further *Klebsiella* capsule types. *J Infect Dis* 1954;94:65–71.
- Edwards PR, Fife MA. Capsule types of *Klebsiella*. *J Infect Dis* 1952;91:92–104.
- Orskov I, Fife-Asbury MA. New *Klebsiella* capsular antigen, K82, and the deletion of five of those previously assigned. *Int J Syst Bacteriol* 1977;27:386–387.
- Trautmann M, Ruhnke M, Rukavina T, Held TK, Cross AS, et al. O-antigen seroepidemiology of *Klebsiella* clinical isolates and implications for immunoprophylaxis of *Klebsiella* infections. *Clin Diagn Lab Immunol* 1997;4:550–555.
- Follador R, Heinz E, Wyres KL, Ellington MJ, Kowarik M, et al. The diversity of *Klebsiella pneumoniae* surface polysaccharides. *Microb Genom* 2016;2:e000073.
- Wyres KL, Wick RR, Gorrie C, Jenney A, Follador R, et al. Identification of *Klebsiella* capsule synthesis loci from whole genome data. *Microb Genom* 2016;2:e000102.
- Wick RR, Heinz E, Holt KE, Wyres KL. Kaptive web: user-friendly capsule and lipopolysaccharide serotype prediction for *Klebsiella* genomes. *J Clin Microbiol* 2018;56:e00197–18.
- Whitfield C. Biosynthesis and assembly of capsular polysaccharides in *Escherichia coli*. *Annu Rev Biochem* 2006;75:39–68.
- Pan Y-J, Lin T-L, Chen C-T, Chen Y-Y, Hsieh P-F, et al. Genetic analysis of capsular polysaccharide synthesis gene clusters in 79 capsular types of *Klebsiella* spp. *Sci Rep* 2015;5:15573.
- Cuthbertson L, Kimber MS, Whitfield C. Substrate binding by a bacterial ABC transporter involved in polysaccharide export. *Proc Natl Acad Sci USA* 2007;104:19529–19534.
- Cryz SJ, Mortimer PM, Mansfield V, Germanier R. Seroepidemiology of *Klebsiella* bacteremic isolates and implications for vaccine development. *J Clin Microbiol* 1986;23:687–690.
- Tsay R-W, Siu LK, Fung C-P, Chang F-Y. Characteristics of bacteremia between community-acquired and nosocomial *Klebsiella pneumoniae* infection. *Arch Intern Med* 2002;162:1021.
- Jenney AW, Clements A, Farn JL, Wijburg OL, McGlinchey A, et al. Seroepidemiology of *Klebsiella pneumoniae* in an Australian tertiary hospital and its implications for vaccine development. *J Clin Microbiol* 2006;44:102–107.
- Wyres KL, Nguyen TNT, Lam MMC, Judd LM, van Vinh Chau N, et al. Genomic surveillance for hypervirulence and multi-drug resistance in invasive *Klebsiella pneumoniae* from South and Southeast Asia. *Genome Med* 2020;12:11.
- Lam MMC, Wick RR, Watts SC, Cerdeira LT, Wyres KL, et al. A genomic surveillance framework and genotyping tool for *Klebsiella pneumoniae* and its related species complex. *Nat Commun* 2021;12:4188.
- Fang C-T, Shih Y-J, Cheong C-M, Yi W-C. Rapid and accurate determination of lipopolysaccharide O-antigen types in *Klebsiella pneumoniae* with a novel PCR-based O-genotyping method. *J Clin Microbiol* 2016;54:666–675.
- Whitfield C, Richards JC, Perry MB, Clarke BR, MacLean LL. Expression of two structurally distinct D-galactan O antigens in the

- lipopolysaccharide of *Klebsiella pneumoniae* serotype O1. *J Bacteriol* 1991;173:1420–1431.
41. Clarke BR, Whitfield C. Molecular cloning of the rfb region of *Klebsiella pneumoniae* serotype O1:K20: the rfb gene cluster is responsible for synthesis of the D-galactan I O polysaccharide. *J Bacteriol* 1992;174:4614–4621.
  42. Sugiyama T, Kido N, Kato Y, Koide N, Yoshida T, et al. Evolutionary relationship among rfb gene clusters synthesizing mannose homopolymer as O-specific polysaccharides in *Escherichia coli* and *Klebsiella*. *Gene* 1997;198:111–113.
  43. Kelly RF, Perry MB, MacLean LL, Whitfield C. Structures of the O-antigens of *Klebsiella* serotypes O2 (2a,2e), O2 (2a,2e,2h), and O2 (2a,2f,2g), members of a family of related D-galactan O-antigens in *Klebsiella* spp. *J Endotoxin Res* 2016;2:131–140.
  44. Hsieh P-F, Wu M-C, Yang F-L, Chen C-T, Lou T-C, et al. D-galactan II is an immunodominant antigen in O1 lipopolysaccharide and affects virulence in *Klebsiella pneumoniae*: implication in vaccine design. *Front Microbiol* 2014;5:608.
  45. Kelly SD, Clarke BR, Ovchinnikova OG, Sweeney RP, Williamson ML, et al. *Klebsiella pneumoniae* O1 and O2ac antigens provide prototypes for an unusual strategy for polysaccharide antigen diversification. *J Biol Chem* 2019;294:10863–10876.
  46. Clarke BR, Ovchinnikova OG, Kelly SD, Williamson ML, Butler JE, et al. Molecular basis for the structural diversity in serogroup O2-antigen polysaccharides in *Klebsiella pneumoniae*. *J Biol Chem* 2018;293:4666–4679.
  47. Bulati M, Busà R, Carcione C, Iannolo G, Di Mento G, et al. *Klebsiella pneumoniae* lipopolysaccharides serotype O2afg induce poor inflammatory immune responses ex vivo. *Microorganisms* 2021;9:1317.
  48. Wick RR, Schultz MB, Zobel J, Holt KE. Bandage: interactive visualization of *de novo* genome assemblies. *Bioinformatics* 2015;31:3350–3352.
  49. Fu L, Niu B, Zhu Z, Wu S, Li W. CD-HIT: accelerated for clustering the next-generation sequencing data. *Bioinformatics* 2012;28:3150–3152.
  50. Seemann T. Prokka: rapid prokaryotic genome annotation. *Bioinformatics* 2014;30:2068–2069.
  51. Carver TJ, Rutherford KM, Berriman M, Rajandream M-A, Barrell BG, et al. ACT: the Artemis Comparison Tool. *Bioinformatics* 2005;21:3422–3423.
  52. Siguier P, Perochon J, Lestrade L, Mahillon J, Chandler M. ISfinder: the reference centre for bacterial insertion sequences. *Nucleic Acids Res* 2006;34:D32–D36.
  53. Gilchrist CLM, Chooi Y-H. Clinker & clustermap.js: automatic generation of gene cluster comparison figures. *Bioinformatics* 2021:btab007.
  54. Raffelsberger N, Hetland MAK, Svendsen K, Småbrekke L, Löhr IH, et al. Gastrointestinal carriage of *Klebsiella pneumoniae* in a general adult population: a cross-sectional study of risk factors and bacterial genomic diversity. *Gut Microbes* 2021;13:1939599.
  55. Thorpe H, Booton R, Kallonen T, Gibbon MJ, Couto N, et al. One health or three? Transmission modelling of *Klebsiella* isolates reveals ecological barriers to transmission between humans, animals and the environment. *bioRxiv* 2021:2021.08.05.455249.
  56. Rahn A, Beis K, Naismith JH, Whitfield C. A novel outer membrane protein, Wzi, is involved in surface assembly of the *Escherichia coli* K30 group 1 capsule. *J Bacteriol* 2003;185:5882–5890.
  57. Holt KE, Lassalle F, Wyres KL, Wick R, Mostowy RJ. Diversity and evolution of surface polysaccharide synthesis loci in Enterobacteriales. *ISME J* 2020;14:1713–1730.
  58. Hansen DS, Mestre F, Alberti S, Hernández-Allés S, Alvarez D, et al. *Klebsiella pneumoniae* lipopolysaccharide O typing: revision of prototype strains and O-group distribution among clinical isolates from different sources and countries. *J Clin Microbiol* 1999;37:56–62.
  59. Choi M, Hegerle N, Nkeze J, Sen S, Jamindar S, et al. The diversity of lipopolysaccharide (O) and capsular polysaccharide (K) antigens of invasive *Klebsiella pneumoniae* in a multi-country collection. *Front Microbiol* 2020;11:1249.
  60. Fostervold A, Hetland MAK, Bakksjø R, Bernhoff E, Holt KE, et al. A nationwide genomic study of clinical *Klebsiella pneumoniae* in Norway 2001–2015: introduction and spread of ESBL facilitated by CG15 and CG307. *bioRxiv* 2021:2021.07.16.452602.
  61. Leangapichart T, Lunha K, Jiwakanon J, Angkitittrakul S, Järhult JD, et al. Characterization of *Klebsiella pneumoniae* complex isolates from pigs and humans in farms in Thailand: population genomic structure, antibiotic resistance and virulence genes. *J Antimicrob Chemother* 2021;76:2012–2016.
  62. Potter RF, Lainhart W, Twentyman J, Wallace MA, Wang B, et al. Population structure, antibiotic resistance, and uropathogenicity of *Klebsiella variicola*. *mBio* 2018;9:e02481–18.

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