



## First detection of virulence factors in *Escherichia coli* isolated from urogenital tract and correlation with antimicrobial resistance at the National Public Health Laboratory (Brazzaville)

Nicole Prisca Makaya Dangui Nieko<sup>1,2\*</sup>, Christian Aimé Kayath<sup>3</sup>, Moïse Doria Kaya-Ongoto<sup>1,3</sup>, Duchel Jeanedvi Kinouani Kinavouidi<sup>1,3</sup> and Fabien Roch Niama<sup>1,3</sup>

<sup>1</sup>Service de Bactériologie, Laboratoire National de Santé Publique, BP 120, Brazzaville, Congo

<sup>2</sup>Ecole Normale Supérieure, Université Marien Ngouabi, BP 69, Brazzaville, Congo

<sup>3</sup>Faculté des Sciences et Techniques, Université Marien Ngouabi, BP 69, Brazzaville, Congo

\*Corresponding Author: Nicole Prisca Makaya Dangui Nieko, Service de Bactériologie, Laboratoire National de Santé Publique, BP 120, Brazzaville, Congo.

Received: November 18, 2024

Published: December 11, 2024

© All rights are reserved by Nicole Prisca Makaya Dangui Nieko., et al.

### Abstract

*Escherichia coli* is the most frequently isolated pathogen of urogenital infections. Its virulence gives it the ability to evade host defences and develop resistance to antibiotics. The aim of this work is to detect virulence factors and correlate them with antibiotic resistance. The virulence genes were detected by multiplex PCR. Susceptibility to antibiotics was tested by diffusion of agar discs. Of the 102 isolated strains, 43.14% had at least one of the three virulence factors tested. The *sfa/foc* gene was the most predominant, with a rate of 59.10%. The antibiotic susceptibility test showed the overall resistance of the strains tested, ranging from 20 to 80%. The correlation between antibiotic resistance and the expression of virulence factors showed that strains carrying the *afa* and *sfa/foc* genes were resistant to amoxicillin/clavulanic acid at rates of 83.3% and 61.5%, respectively; strains carrying the *pap* gene were 95% resistant to imipenem. Statistically significant P values were obtained, respectively, 0.001 for *sfa/foc*, 0.034 for *afa*, and 0.000 for *pap*. Other statistically significant results were also obtained. These factor detection rates and their antibiotic resistance profiles should lead us to question the hygiene measures to be taken to avoid contamination of the urogenital tract by these factors.

**Keywords:** *E. coli*; Antimicrobial Resistance; Virulence Factors

### Introduction

*Escherichia coli* is the most common pathogen found in genital tract infections [1]. Its virulence gives it the ability to evade host defences and develop resistance to antibiotics, which is linked to the creation and spread of resistance factors [2]. Antimicrobial resistance (AMR) is a natural phenomenon linked to the creation and spread of antibiotic-enhanced resistance factors. Thus, bacterial infections are currently one of the main public health problems throughout the world, and the particular emergence of new pathogens continues to remind us of their importance. Among the most common infectious diseases of bacterial origin in humans, urinary tract infections are the most common infections encountered in daily practice, both in community and hospital settings [3]. Uri-

nary tract infections (UTI) affect both men and women and frequently occur at different ages [4]. Approximately 150 million new cases of UTIs are reported each year [3]. Many bacterial pathogens are known to be the causative agents of urinary tract infections. However, *Escherichia coli* species takes the lead with approximately 80 to 90% of community urinary tract infections and 30 to 50% of healthcare-associated urinary tract infections [3].

Urinary tract infection (UTI) caused by uropathogenic *E. coli* (UPEC) is a process that begins with the elimination of the epithelial immune system and the successful colonization of UPEC in the urinary epithelium. UPECs are responsible for approximately 90% of urinary tract infections (UTI) [5]; their ability to cause urinary

tract infections is related to the expression of many virulence factors [2], among which adhesion molecules play an important role [6]. These molecules allow *E. coli* to attach to host cells, colonize the urinary system, resist the flow of urine, and even use antibiotics [7]. These virulence properties allow them to be free from host defence mechanisms in order to establish themselves in new ecological niches and express their pathogenicity [8]. Structural factors such as outer membrane proteins, fimbria, and flagella are involved in this colonization and adhesion process. UPECs express several fimbriary and afimbriary adhesins, such as P-type fimbriae (PAP), S-type (SFA), F-type fimbriae (FOC) and surface afimbriae (AFA), which help prevent urine evacuation and allow infection by the bacterium [9]. The S-type (*sfa*) and F-type (*foc*) fimbriae have the same binding specificity and possess high sequence homology [5].

Each strain can express different types of adhesins depending on their genetic content and the phases in which the bacterium is located [5]. These are found on the bacterial chromosome and are necessary for the bacterium to promote colonization and adhesion to epithelial cells; therefore, they play an important role in their ability to infect the host [10].

Bacteria with these virulence factors are capable of triggering spontaneous infections of the digestive tract, specifically in humans and certain animals. If they manage to cross the intestinal mucosa (through a lesion of the intestinal wall), they can become pathogenic and cause extradigestive infections, including urinary tract and genital infections [11]. In this case, they behave like opportunistic pathogens. In the literature, the presence of bacteria with virulence factors, even at low levels, in the female genital tract has been shown to cause genital infections [12]. Furthermore, vaginal carriage of *E. coli* has been correlated with the risk of preterm delivery [13].

In recent years, many strains of *E. coli* isolated from the urogenital tract have shown high rates of antibiotic resistance, which is of great concern for therapeutic management [14]. Previous studies have shown that in addition to the expression of virulence factors, *E. coli* strains isolated from the urogenital tract are multidrug resistant. Antibiotic resistance and expression of virulence factors are major determinants of UPECs [15].

The objective of this study is to isolate *E. coli* strains of the urinary and vaginal tract with virulence factors and determine their correlation with antibiotic resistance.

## Methods

### Isolation and identification of bacteria

A total of 102 *Escherichia coli* isolated from the Bacteriology Department of the National Public Health Laboratory between 1 June and 30 December 2022 constituted the biological material of our study. These are strains from patients who come to the laboratory for cytobacteriological examinations of urine and vaginal swabs. All patients were women. After macroscopic and microscopic examinations, the samples were cultured on the usual enterobacteriaceae media chosen according to the Gram stain. Identification was carried out after transplanting on nutrient agar using conventional microbiology methods and using the Api® 20 E gallery (Biomérieux®).

### Detection of genes encoding *pap*, *sfa/foc* and *afa* adhesins

#### DNA extraction

The genomic DNA of the strains was obtained using the NucleoSpin Microbial DNA KIT kit (Macherey-NAGEL, Germany) and according to the manufacturer's instructions.

#### Polymerase chain reaction (PCR)

The polymerase chain reaction (PCR) gene amplification technique has been used for the detection of virulence genes. Multiplex PCR was performed to simultaneously determine the presence of the *pap*, *sfa / foc*, and *afa* adhesion genes. The amplification reaction was performed in a final volume of 50 µL containing: Tris-HCl 10 mM pH 8.3, KCl 50 mM, MgCl<sub>2</sub> 3 mM, 200 µM of each deoxyribonucleotide triphosphate (dATP, dGTP, dCTP and dTTP), 20 pmol of each primer, 1.5 Taq polymerase units (Perkin-Elmer, Norwalk, Connecticut), and 5 µL of extracted DNA. Analysis of the amplification products was carried out by determining the size of the product after electrophoresis with 1.5% agarose gel. The size of the amplicons is an important criterion in determining the specific bands. After the amplification products with the DNA of the strain studied, the size of the fragment obtained was compared to that of the control strain. The thermal cycler (GeneAmp 9700 PCR system 9700; Perkin-Elmer) was programmed as follows: an initial denaturation step of 5 min at 94 °C followed by a cyclic step repeated 30 times,

including a denaturation phase of 30 sec at 94°C, a primer fixation phase of 30 sec at 65°C, and an elongation phase of 1 min at 72°C, finally a final extension stage of 5 min at 72 ° C.

The amplification products were separated according to their size on ethidium bromide-containing agarose gel and visualised on a UV transilluminator.

**Table 1:** Nucleotide sequences of primers used for multiplex PCR.

Genes	Primer	Sequence (5'-3')	Size (bp)
pap	Pap1	GACGGCTGTACTGCAGGGTGTGGCG	328
	Pap2	ATATCCTTTCTGCAGGGATGGAATA	
afa	Afa1	GCTGGGCAGCAAACGATAACTCTC	750
	Afa2	CATCAAGCTGTTTGTTCGTCCGCGG	
sfa/foc	Sfa/Foc1	CTCCGGAGAAGTGGGTGCATCTTAC	410
	Sfa/Foc2	CGGAGGAGTAATTACAAACCTGGCA	

### Antimicrobial susceptibility testing

The susceptibility of strains with at least one of the virulence factors was tested against 12 antimicrobial agents referring to the recommendations of the Antibiogram Committee of the French Society of Microbiology (CASFM, 2022), using the standard method of Kirby and Bauer, based on the diffusion of antibiotic discs on Mueller-Hinton (HD) agar. The bacterial inoculum was adjusted to a turbidity of 0.5 McFarland. The antibiotic discs used were as follows: Amoxicillin (20 µg); Amoxicillin + clavulanic acid (20 + 10 µg); Aztreonam (30 µg); Cefotaxime (5 µg), Cefotaxime (10 µg), Imipenem (10 µg); Ticarcillin (75 µg); Fosfomycin (200 µg); Gentamicin (10 µg) and Amikacin (30 µg); Nalidixic acid (30 µg); Ciprofloxacin (5 µg). The diameter of the inhibition zone for each antibiotic disc was measured using the calliper after 18 h of incubation at 35 °C ± 2 °C, and the results were confirmed to be sensitive or resistant. The control strain of *E. coli* ATCC 25922 was used for the confirmation of the results.

### Statistical analysis

Data processing was carried out with Microsoft Office™ Excel 2016 and Graph Pad Prism software (version 7.0.0.159, USA). Statistical analysis was done using the ANOVA analysis of variance using the statistical analysis software Statistica 7.1. The results were expressed as proportions. The P<0.05 probability values were considered statistically significant.

## Results

### Bacteriological data

#### Distribution of strains according to type of collection

Of the 102 strains of *E. coli* isolated, 75 come from urine samples, that is, an isolation frequency of 73.59%. In terms of vaginal swabs, 27 strains of *E. coli* were isolated, that is, an isolation frequency of 26.41%.

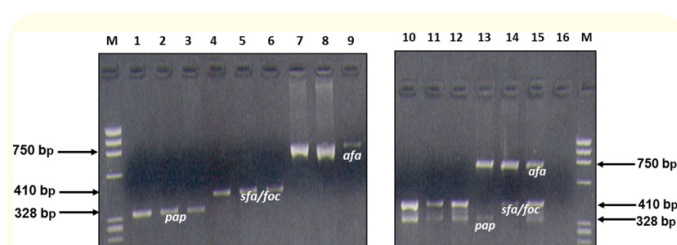
### Molecular characteristics

Of the 102 strains isolated, 44 strains presented at least one of the three virulence factors sought. This is a carrying frequency of 43.14% (44/102). Of the 44 with virulence factors, 30 strains came from urine samples (40% considering the 75 initial strains of urine) and 14 from vaginal exudates (51.85% considering the 27 initial strains of PV).

Regarding strains isolated from urine samples, the detection rate of virulence factors is higher in the female gender, that is, 57% of the strains carrying the virulence factors, while this rate is 43% in the male gender.

### Genes encoding pap, sfa/foc, and afa adhesins

The analysis of the gels after electrophoresis shows the presence of bands of 328, 410, and 750 Pb, corresponding to the pap, sfa, and afa genes, respectively (Figure 1).



**Figure 1:** Electrophoretic profile of PCR products of the afa, pap, and sfa genes.

The sfa/foc gene was detected with predominance (26/44), a rate of 59.10%. The pap gene comes in the second position; it was detected in 20 strains, that is, a detection rate of 45.45%. The afa gene was detected with a frequency of 20.45% in 9 strains (Figure 2). In total, 43.13% of the studied strains amplified together or separately the afa, pap, and sfa genes together or separately.

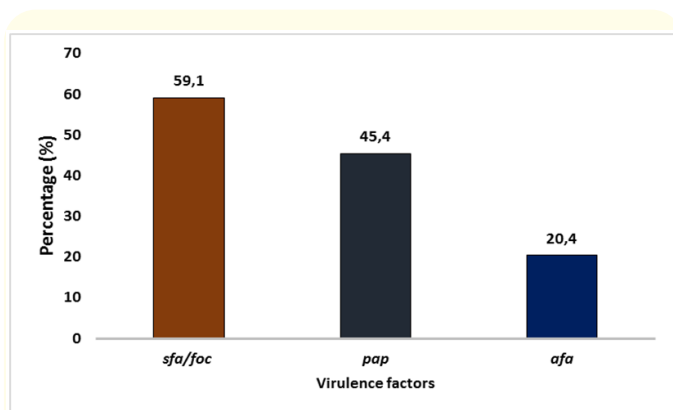


Figure 2: Frequencies of identified virulence factors.

M: molecular weight marker (100 bp DNA ladder, Promega), tracks 1 to 3 = strains carrying the pap operon; tracks 4 to 6 = strains carrying the SFA/FOC operon; tracks 7 to 9 = strains carrying the AFA operon; tracks 10 to 12 = strains carrying both PAP and SFA operons; lane 13 = strain carrying both PAP and AFA operons; lane 14 = strain carrying both SFA/FOC and AFA operons; track 15: Positive control for the PAP, SFA and AFA genes and Track 16: Negative control.

### Genotypic profiles

Analysis of the genotypic profile shows that one or more types of genes encoding adhesins are detected in *E. coli* strains. Three types of bands with seven genotypic profiles were observed. These genes are detected in isolation, in the case of P1, P2, and P3, or in combination with each other in the rest of the cases. The sfa/foc, afa and pap genotypes were detected in isolation in the strains at rates of 34, 09, and 13,963%, respectively. The sfa/foc-afa-pap genotype has been observed in only one strain. Pairs of the sfa / foc-pap, afa-pap and sfa/foc-afa genes were found in the strains at rates of 20,45, 4,54, and 4,54%, respectively (Table 2).

Table 2: Genotypic profiles of isolated strains.

Genotypic profile	Genes	Effective	Frequency (%)
P1	sfa/foc	15	34,09
P2	pap	9	20,45
P3	sfa/foc-pap	9	20,45
P4	afa	6	13,63
P5	afa-pap	2	4,54
P6	sfa/foc-afa	2	4,54
P7	sfa/foc-afa-pap	1	2,27

Based on the type of collection, the different genotypes were distributed as shown in Table 3.

Table 3: Genotypic profiles of strains according to type of collection.

Sample	Genotypic profile	Genes			No. of strains
		sfa/foc	afa	Pap	
Urines	P1	+	-	-	10
	P2	-	-	+	07
	P3	+	-	+	06
	P4	-	+	-	04
	P5	-	+	+	02
	P6	+	+	-	02
	Total				31
PV	P1	+	-	-	05
	P2	-	-	+	02
	P3	+	-	+	03
	P4	-	+	-	02
	P7	+	+	+	01
	Total				13

Legend: PV, + : presence, - : absence.

### Antimicrobial susceptibility

The different strains tested showed strong resistance to the Betalactam family, with levels of around 60% to Cefazidime, Cefotaxime and Imipenem. These levels are around 80% for Aztreonam and Amoxicillin. In aminoglycosides, the resistance rate was 20%. Finally, the strains tested for Fosfomycin, Ciprofloxacin, and Ticarcilin also showed resistance of 20%.

### Discussion

This study is an original work in Congo, we determined the operons encoding adhesion factors and showed the link with antimicrobial resistance.

During a period of six months, 350 urine and 276 vaginal samples were taken at the National Public Health Laboratory in Brazzaville, 102 of which met the classic criteria for urinary and vaginal infections, that is, 16,3% positivity. These samples mainly involved outpatient basis.

Regarding the distribution of strain isolation according to the type of sample, this study shows that the frequency of strain isola-

**Table 4:** Resistance to antimicrobial profile.

Antibiotic	Number of strains (n = 44)	Percentage of resistance
AML	39	(88,6%)
AUG	18	(40,9%)
AT	35	(79,5%)
CTX	26	(59%)
CAZ	27	(61,3%)
IMI	30	(68,1%)
TC	9	(20,4%)
FOS	9	(20,4%)
CN	13	(29,5%)
AK	9	(20,4%)
NA	15	(34%)
CIP	9	(20,4%)

Legend: AML = Amoxicillin; AUG = Amoxicillin + clavulanic acid; AT = Aztreonam; CTX = Cefotaxim; CAZ = Ceftazidim; IMI = Imipenem; TC = Ticarcillin; FOS = Fosfomycin; CN = Gentamicin; AK = Amikacin; NA = Nalidixic acid; CIP = Ciprofloxacin.

**Table 5:** Relation between antimicrobial resistance and virulence factor genes.

Virulence marker	Antibiotic resistance (%)											
	AML	AUG	AT	CTX	CAZ	IMI	TC	FOS	CN	AK	NA	CIP
Pap												
Positive = 20	19(95%)	13(65%)	20(100%)	17(85%)	18(90%)	19(95%)	6(30%)	7(35%)	11(55%)	5(25%)	10(50%)	6(30%)
Negative = 24	20(83,3%)	05(20,8%)	15(62,5%)	09(37,5%)	9(37,5%)	11(45,8%)	3(12,5%)	2(8,3%)	2(8,3%)	4(16,6%)	5(20,8%)	3(12,5%)
P value	0,455	0,005	0,002	0,002	0,001	0,000	0,261	0,029	0,001	0,710	0,042	0,261
sfa/foc												
Positive = 26	25(96,1%)	16(61,5%)	25(96,1%)	19(73%)	20(76,9%)	21(80,7%)	5(19,2%)	6(23%)	8(30,7%)	6(23%)	9(34,6%)	4(15,4%)
Negative = 18	14(77,7%)	2(11,1%)	10(55,5%)	7(38,8%)	7(38,8%)	9(50%)	4(22,2%)	3(16,6%)	5(27,7%)	3(16,6%)	6(33,3%)	5(27,7%)
P value	0,142	0,001	0,002	0,023	0,015	0,049	1,000	0,716	1,000	0,716	0,930	0,451
afa												
Positive = 6	6(100%)	5(83,3%)	6(100%)	6(100%)	6(100%)	5(83,3%)	4(66,6%)	5(83,3%)	5(83,3%)	4(66,6%)	4(66,6%)	5(83,3%)
Negative = 38	33(86,8%)	13(34,2%)	29(76,3%)	20(52,6%)	21(55,2%)	25(65,7%)	5(13,1%)	4(10,5%)	8(21%)	5(13,1%)	11(28,9%)	4(10,5%)
P value	1,000	0,034	0,319	0,067	0,067	0,645	0,011	0,000	0,006	0,011	0,159	0,001

\* A P value less than 0,05 is statistically significant

tion differs depending on the sample, as described in previous surveillance studies. In fact, *E. coli* were more isolated in the urinary tract with a frequency of 73.59% compared to a frequency of 26.41% in the vaginal tract. This observation is consistent with the high frequency of isolation of *E. coli* strains in the literature. In fact, *E. coli* is the enterobacterium most often implicated in lower urinary tract infections [16], it

remains the most incriminated species in urinary tract infections (UTIs) because it is the most dominant aerobic intestinal germ, while knowing that the main bacterial reservoir in UTIs is the digestive tract and that it has many factors of virulence and uropathogenicity, including flagellum, which gives it the ability to migrate against the current by ascending route, and adhesins, which allow it to adhere to the urinary epithelium and prevent its elimination by bladder emptying [17].

In vaginal samples, out of a total of 276 samples analysed, only 27 strains of *E. coli* were isolated, that is, a frequency of 9.78%. This low frequency of isolation could be explained in part by the fact that the *E. coli* species is not a germ of the vaginal flora, as the vagina is not a reservoir for *E. coli* [18]. However, proximity between the urethral, vaginal, and anal orifices could explain the isolation of these strains during this study. In fact, the vaginal tract is often colonised by the anal route, and the genital tract then often serves as a relay between the anal reservoir and the urinary meatus [19]. Thus, vaginal contamination was found to precede urinary tract infection in two-thirds of cases [20]. Furthermore, the isolation of *E. coli* strains in the vaginal tract was high frequency compared to urine. Vaginal carriage of *E. coli* has been correlated with the risk of preterm delivery [13].

Among the pathogenicity factors commonly expressed by *E. coli* strains, extraintestinal (urinary and genital), adhesion to epithelial cells appears to be the most important for the pathogenicity of the bacterium. Specific adhesion is mediated by bacterial proteins called adhesins that may or may not be associated with fimbria. Genes involved in the biosynthesis of adhesins from pathogenic urinary and vaginal strains belong to groups of genes that are phylogenetically independent and organised into operons. 43.14% of the strains in this study presented at least one of the three virulence factors sought. The distribution of virulence factors between strains isolated from vaginal swabs and urine shows that there is a predominance of virulence factors in strains isolated from vaginal swabs, with a rate of 51.85%. This rate is 40% for strains isolated from urine. This high frequency of virulence factors in vaginal strains could be explained by the fact that the vagina is not a reservoir of *E. coli*. The proliferation of these strains in the vaginal tract then requires the presence of adhesins to allow the strains to adhere to the vaginal cells [21].

Strains isolated from urine had a higher virulence factor detection rate in females (57%), while the rate is 43% in males. This predominance of pathogenic bacteria in females could be due to fecal contamination due to the proximity between the urethral, vaginal, and anal orifices. In fact, the urethra and vagina can be contaminated by fecal strains, by poor hygiene of the perianal toilets carried out from the back to the front [18].

Our study allowed the simultaneous detection of the *afa*, *pap*, and *sfa* genes, encoding respectively the nonfimbriary adhesins

*AFA* and the fimbriary *PAP* and *SFA*, in 43.13% of the strains studied. These genes encode virulence factors involved in *Escherichia coli* to uroepithelial cells and colonisation of the urinary and vaginal tracts. This detection rate is lower than that reported by Safarpour in Iran, which found a prevalence of 72.72% for these genes in *E. coli* strains responsible for urinary tract infections [22]. This difference could be explained by the fact that our study included a majority of strains from patients with asymptomatic bacteriuria or cystitis, while the study focused on vaginal swab samples collected from fertile and infertile women [22]. Also, the isolated urine strains came from patients with cystitis and not pyelonephritis. In fact, strains of *E. coli* cells responsible for pyelonephritis generally have a higher affinity for uroepithelial cells than those responsible for cystitis or asymptomatic bacteriuria [5].

This study identified the *sfa/foc* gene as the most predominant (59.10%) in patients with symptoms of cystitis and asymptomatic bacteriuria. This result differs from those reported by Safarpour in Iran, where he identified a predominance of the *afa* and *sfa* genes with a rate of 72.72% [22], and by Maris in 2016 in Guadeloupe, where the *pap* operon was predominant [5]. This discrepancy is probably explained by the fact that during this study we were dealing with patients with signs of cystitis and patients who had consulted for vaginal infections. The study also found the presence of the *pap* gene in 45.40% of *E. coli* strains. This type of fimbria is essential for renal cell adhesion and the development of pyelonephritis [5].

The genotypic profile of the strains studied showed different types of genotype. The *pap*, *sfa/foc*, *afa*, *pap-sfa/foc*, *pap*, *afa*, *sfa/foc*, *sfa/foc-afa*, *pap*, *afa*, *sfa/foc-afa*, *pap* genotypes were identified, also the genotype *sfa/foc-afa-pap* had been identified in a vaginal *E. coli* strain. The presence of such a genotype determines the pathogenicity or virulence status of the strain [5]. Previous studies have shown that adhesions can be multiple within the same strain [23]. This variability of adhesins, necessary for the recognition of several receptors, seems to be an important factor in the development of *E. coli* infection in the urinary tract and vaginal tract. It would help increase the pathogenicity of the strains and could be the basis of ascending vaginal infection.

Strains of *E. coli* isolates showed resistance to the different families of antibiotics tested. Resistance with an average rate of around 60% was observed in Beta-Lactam in our study. The genus

*Escherichia* is known to produce penicillins that confer resistance to beta-lactam [24]. Additionally, the uncontrolled use of antibiotics and the misuse of certain antibiotics in hospital settings may confer acquired resistance to this bacterium, which would explain the differences in the sensitivity of the strains in our study.

Regarding aminoglycosides, the strains showed an average resistance rate of around 25%. This rate is close to that reported by [25]. Resistance to aminoglycosides could be mainly due to the inactivation of 'aminoglycoside drugs' following the production of enzymes such as acetylases, adenylases, and phosphorylase transferases [26]. Resistance to aminoglycosides could result from 16S rRNA-coding gene *rrs* mutations that interfere with aminoglycoside binding [27]. It can also be associated with active efflux mechanisms [27].

An average resistance rate of around 27% for the fluoroquinolone family. Lopez has also reported similar results [28]. The resistance observed in this study could be attributed to the coexistence of several mechanisms, including efflux, acquisition of resistance gene acquisition, and modification of the target [29].

The results presented in Table 5 show a correlation between antibiotic resistance and the expression of virulence factors. Amoxicillin-clavulanic acid was 61.5% and 83.3% resistant in strains positive for the *sfa/foc* and *afa* genes, respectively, while resistance was only 11.1% and 34.2% in strains that did not express these genes. Scientifically statistical P-values were obtained, respectively, 0.001 for *sfa/foc* and 0.034 for *afa*. Other statistically significant results were obtained with the other antibiotics and also within the *Pap* gene. These results confirm the heterogeneous distribution between virulence factors and antibiotic resistance observed in UPECs by Miranda-Estrada [30].

## Conclusion

The resistance mechanisms that enterobacteria develop in general, as well as the propagation of their resistance genes, now constitute a major public health concern. This work showed an increase in the resistance of *E. coli* compared to antibiotics often prescribed in the hospital setting. Furthermore, these strains express significantly associated virulence genes with antibiotic resistance. The expressed virulence genes could be factors that favour UPEC infection. These facts do not facilitate the therapeutic treatment of patients and constitute a concern.

## Conflicts of Interest

The authors declare that they have no conflicts of interest.

## Funding

No funding was received for this research.

## Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

## Acknowledgments

The authors thank the member staff of LNSP Bacteriology service.

## Bibliography

1. Whelan S., *et al.* "Uropathogenic *Escherichia coli* (UPEC)-Associated Urinary Tract Infections: The Molecular Basis for Challenges to Effective Treatment". *Microorganisms* 11.9 (2023): 2169.
2. Darmancier H., *et al.* "Are Virulence and Antibiotic Resistance Genes Linked? A Comprehensive Analysis of Bacterial Chromosomes and Plasmids". *Antibiotics (Basel)* 11.6 (2022): 706.
3. Garnotel E., *et al.* "Sensibilité aux antibiotiques d'*Escherichia coli* isolé des infections urinaires Communautaires: étude AFORCOPI-BIO, 2015". *Revue Francophone des laboratoires* 496 (2017): 66-73.
4. Tan CW and Chlebicki MP. "Urinary tract infections in adults". *Singapore Medical Journal* 57.9 (2016): 485-490.
5. Maris Ségolène 2016. Caractérisation de souches d'*Escherichia coli* pathogènes Urinaires Provenant De Guadeloupe : Portrait de la diversité des facteurs de virulence Présents". Mémoire de Maîtrise en Microbiologie Appliquée de l'Université du Québec, Canada (2016): 113.
6. Pakbin B., *et al.* "Virulence Factors of Enteric Pathogenic *Escherichia coli*: A Review". *International Journal of Molecular Sciences* 22.18 (2021): 9922.
7. Fatima S., *et al.* "Virulence Factors and Antimicrobial Resistance of Uropathogenic *Escherichia coli* EQ101 UPEC Isolated from UTI Patient in Quetta, Balochistan, Pakistan". *Biomed Research International* (2023): 7278070.
8. Basavaraju M and Gunashree BS. "Escherichia coli: An Overview of Main Characteristics". *IntechOpen* (2023).

9. Rahdar M., et al. "Detection of pap, sfa, afa, foc, and fim Adhesin-Encoding Operons in Uropathogenic *Escherichia coli* Isolates Collected From Patients With Urinary Tract Infection". *Jundishapur Journal of Microbiology* 8.8 (2015): e22647.
10. de Oliveira H C., et al. "Importance of adhesins in virulence of *Paracoccidioides* spp". *Frontiers in Microbiology* 6 (2015).
11. Klein RD and Hultgren SJ. "Urinary tract infections: microbial pathogenesis, host-pathogen interactions and new treatment strategies". *Nature Review Microbiology* 18.4 (2020): 211-226.
12. Nisha K., et al. "Comparative analysis of virulence factors & biotypes of *Gardnerella vaginalis* isolated from the genital tract of women with & without bacterial vaginosis". *Indian Journal of Medical Research* 149.1 (2019): 57-61.
13. Srilakshmi Yarlagadda Sajana G., et al. "Association of vaginal infections in Preterm labour". *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* 7.6 (2018): 2174-2179.
14. Salam MA., et al. "Antimicrobial Resistance: A Growing Serious Threat for Global Public Health". *Healthcare* 11.13 (2023): 1946.
15. Abed AD and Mutter TY. "Relationship between antimicrobial resistance and virulence factors in uropathogenic *Escherichia coli* isolates from Ramadi, Iraq: phenotype and genotype identification". *African Health Science* 23.3 (2023): 486-496.
16. Makaya Dangui Nieko NP, et al. "Phenotypic and Genotypic Characterization of Metallo-Beta-Lactamase and Extended-Spectrum Beta-Lactamase among Enterobacteria Isolated at National Public Health Laboratory of Brazzaville". *Advances in Microbiology* 12.3 (2022): 63-377.
17. Guenadez Maya Ouided. "Profil épidémiologique des entérobactéries uropathogènes sécrétrices de BLSE". Mémoire de Master de l'Université des Frères Mentouri Constantine (2020).
18. Michel Claire 2014. "Infections urinaires gravidiques : analyse de leur prise en charge dans le service d'hospitalisation des grossesses du CHU Estaing à Clermont-Ferrand". Thèse de Doctorat de l'université de l'Université d'Auvergne-Clermont 1 (2014): 75.
19. Thomas-White K., et al. "Culturing of female bladder bacteria reveals an interconnected urogenital microbiota". *Nature Communication* 9.1 (2018): 1557.
20. Lewis AL and Gilbert NM. "Roles of the vagina and the vaginal microbiota in urinary tract infection: evidence from clinical correlations and experimental models". *GMS Infectious Disease* 8 (2020): Doc02.
21. Mueller Mathieu and Tainter Christopher R. "Escherichia coli Infection". In: StatPearls. Treasure Island (FL): StatPearls Publishing (2024).
22. Safarpour Dehkordi F, et al. "Uropathogenic *Escherichia coli* in the high vaginal swab samples of fertile and infertile women: virulence factors, O-serogroups, and phenotyping and genotyping characterization of antibiotic resistance". *New Microbes and New Infectious* 38 (2020): 100824.
23. Aleksandrowicz A., et al. "Whatever makes them stick-Adhesins of avian pathogenic *Escherichia coli*". *Veterinary Microbiology* 257 (2021): 109095.
24. Helmy YA., et al. "Antimicrobial Resistance and Recent Alternatives to Antibiotics for the Control of Bacterial Pathogens with an Emphasis on Foodborne Pathogens". *Antibiotics (Basel)* 12.2 (2023): 274.
25. El-Far SW and Abukhatwah MW. "Prevalence of Aminoglycoside Resistance Genes in Clinical Isolates of *Pseudomonas aeruginosa* from Taif, Saudi Arabia-An Emergence Indicative Study". *Microorganisms* 11.9 (2023): 2293.
26. Ramirez MS and Tolmasky ME. "Aminoglycoside modifying enzymes". *Drug Resistance Update* 13.6 (2010): 151-171.
27. Zhang Y., et al. "The prevalence and distribution of aminoglycoside resistance genes". *Biosafety and Health* 5.1 (2023): 14-20.
28. López M., et al. "Resistance to Fluoroquinolones in *Pseudomonas aeruginosa* from Human, Animal, Food and Environmental Origin: The Role of CrpP and Mobilizable ICES". *Antibiotics (Basel)* 11.9 (2022): 1271.
29. Hooper DC and Jacoby GA. "Topoisomerase Inhibitors: Fluoroquinolone Mechanisms of Action and Resistance". *Cold Spring Harbor Perspectives in Medicine* 6 (2016).
30. Miranda-Estrada LI., et al. "Relationship between virulence factors, resistance to antibiotics and phylogenetic groups of uropathogenic *Escherichia coli* in two locations in Mexico". *Enfermedades Infecciosas y Microbiología Clínica* 35.7 (2017): 426-433.