

Original Research

## MIRU-VNTR 15 loci capability in diagnosis of Beijing M. Tuberculosis strains in comparison with Real Time PCR

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**Abstract:** Beijing strain has great importance among *Mycobacterium tuberculosis* (MTB) genotypes due to their drug resistance and pathogenicity. Determination of MTB genotypes and comparison of MIRU-VNTR 15 loci and real-time PCR methods for Beijing family identification was the main objective in this study. This study was conducted on 92 confirmed MTB isolates, 31 and 61 of which previously were determined by real-time PCR as Beijing and non-Beijing, respectively. Allelic diversity, clustering rate, phylogenetic tree, clonal complexes and molecular genotypes of isolates were determined by MIRU-VNTR 15 loci on its online software. In addition MIRU-VNTR 15 loci were performed for 16 non-tuberculosis isolates. Concordance between MIRU-VNTR 15 loci and real Time PCR in determination of Beijing genotype was 95.6(89.2-98.8). 74 different pattern of MIRU-VNTR were detected in 92 MTB isolates. 69 patterns were unique and 5 clusters were determined. Largest clusters contain 11 and 6 members. The clustering rate was 19.56%. Among 15 loci, Mtub04 and MIRU10 have the highest and MIRU04 had the lowest discriminatory power. In non-Beijing isolates, New1 and Delhi/CAS with 25% and 16.3% were the most prevalent MTB genotypes. None of the non-Tuberculosis isolates had the complete MIRU-VNTR 15 loci pattern. The results of this study showed that MIRU-VNTR 15 loci, in addition to being able to differentiate MTB genotypes, can distinguish non-tuberculosis species from MTB strains, but for the exact differentiation of Beijing MTB genotypes, it may be necessary to increase the patterns known in MIRU-VNTR data base.

**Key words:** *Mycobacterium tuberculosis*; Beijing genotype; MIRU-VNTR; Real time PCR.

### Introduction

Tuberculosis (TB) has affected human beings throughout history and despite the availability of efficacious treatment for decades; TB remains a major global health problem (1). Usage different molecular methods for typing of *Mycobacterium tuberculosis* (MTB) determined that different genotype or lineages have various capacity to stability on macrophage, escape from BCG vaccination, spreading rate, pathogenicity and even antibiotic susceptibility (2-4), so that Beijing family among them found more attention. The relation between Beijing isolates and multidrug resistance or treatment failure in TB were confirmed in many studies (4-6), made it as the most important MTB genotypes, although its relation to drug resistance was questioned in a new study which carried out in china (7). The scientist believed that this genotype faster distributed in the community and so that higher bacilli were founded in patient's sputum smear (8).

Beijing genotype is belong to lineage 2 of MTB which also referred to as 'East Asian lineage' (9) and first described in 1995 by van Soolingen and founded it is responsible for about 85% of tuberculosis in china (10), but in a short period of time, this genotype reported in different part of the world, so that it is the causative agent of 50% and 13% tuberculosis in east Asia and world, respectively (11).

The prevalence of this genotype in different part of Iran were assessed and was between 3.2% (12) to 10 % (6) and 15.6% (13) in referral hospital, Mycobacterial Research center (MRC) in Tehran, Iran. Golestan province in north of Iran and southeast Caspian sea is the second tuberculosis area in country with 11.6% - 13.9% Beijing genotype (14, 15) which is predominant in extra-pulmonary tuberculosis and young patients.

Different molecular method including IS6110 RFLP, Spoligotyping, Single nucleotide polymorphism (SNP), Large Sequence Polymorphisms (LSP) and MIRU-VNTR were designed to diagnosis of Beijing and other genotypes of MTB. In 2006 Hillemann and colleagues used Real Time PCR with two different primers and probes for identification and differentiation Beijing and non- Beijing strains (16). The accuracy of Hillemann Real Time PCR in comparison to other molecular method especially MIRU-VNTR, which is ongoing and widespread, was not determined. MIRU-VNTR is a simple, reproducible, non-expensive method for genotyping which introduced in typing of MTB and its application is increasing (17). Establishment of MIRU-VNTRplus data base as a strong, applicable and user friendly online data base, made it as favorite method. In this web application, comparisons can be based on MIRU-, spoligo-, RD-, SNP-, susceptibility-typing data, or by a combination of different data types (<https://www.miru-vntrplus.org>), but its correlation

with Real Time PCR is not clarified. Determination of concurrence of MIRU-VNTR 15 loci and Real-Time PCR methods in Beijing family identification was the main objective in this study.

## Materials and Methods

### Patient's information

This study was conducted on 31 Beijing and 62 non-Beijing MTB isolates which previously identified by Hillemann Real-time PCR method (15). MTB isolates collected from 67 and 25 men and women TB patient's respectively in Golestan province, north of Iran and southeast of Caspian Sea in 2011. Tuberculosis patients had age range from 1 to 84 years (mean 42.4±20.7years). In 80 cases, MTB was isolated from sputum and in 12 cases the samples were obtained from other biological specimens.

### MIRU VNTR typing

DNA extraction was carried out by boiling method (18), briefly three to five fresh colonies of each MTB isolates were grown on Lowenstein Jensen media Merck Co. Germany inoculated in TE buffer, the suspension was placed in a boiling water bath for 15 min and its supernatant after centrifugation were used. Purity and concentration of DNA extract were determined and adjusted by spectrophotometer (Eppendorf Co. Germany). The extracted DNA was used for MIRU-VNTR 15 loci according Supply method (17).

PCR fragments for all VNTR loci were generated individually in monoplex PCRs using sets of primers. The list of 15 primers, master mix and PCR program was performed according supply method (17). The size of PCR product for each locus were detected on 1.5% gel agarose electrophoresis and their tandem repeat were determined and finally, a 15-digit number was obtained for each locus, each numerical value reflects the number of repeats in tandem at each locus. Distilled water

and H37RV was used as negative and positive control, respectively. In addition DNA extract of 16 non-tuberculosis mycobacteria (NTM) including; *M.simiae*, *M.fortuitum*, *M.capra* and *M.abscessus* were applied for assess of MIRU-VNTR15 loci method.

15-digit number for each MTB isolates were entered in MIRU-VNTRplus database and different analysis such as identification by Similarity distance cut-off of less than 0.3, Clustering rate (the isolates with identical MIRU-VNTR patterns), Allelic diversity of a loci, radial tree for determination of phylogenetic relation among MTB isolates by UPGMA method and determination of clonal complexes by plot Minimum Spanning Tree were performed (<https://www.miru-vntrplus.org>). HGDI was calculated as the Hunter and Gaston suggested (19).

### Comparison between two method

The concurrency of Real Time PCR and MIRU-VNTR15 loci for identification of Beijing sub-lineage was carried out by medical online software ([https://www.medcalc.org/calcdiagnostic\\_test.php](https://www.medcalc.org/calcdiagnostic_test.php)).

## Results

74 different patterns of MIRU-VNTR were detected in 92 MTB isolates. 69 patterns were unique and 5 clusters were determined. The largest cluster contained 11 members followed by a cluster include 6 members and the three other clusters contained only 2 members. The clustering rate was 19.56%. None of the patients within a cluster lived in the same cities of the province and family. Among 15 loci only MIRU04 was low discriminative ( $h < 0.3$ ) and 7 loci showed high discriminatory power with  $h \geq 0.6$  (Table 1). HGDI of MIRU-VNTR method was 0.982.

New-1 and Delhi/CAS were the most prevalent MTB genotypes in non- Beijing isolates of this region. The MIRU-VNTR patterns in 24 isolates were not match with any standard profile in MIRU-VNTRplus database

**Table1.** Allelic diversity and HGDI of 15 MIRU-VNTR loci in 92 MTB isolates in Golestan province, southeast of Caspian Sea.

Locus*	424	577	580	802	960	1644	1955	2163b	2165	2401	2996	3192	3690	4052	4156
Allele**	MTUB04	ETR C	MIRU 04	MIRU40	MIRU10	MIRU16	MTUB21	QUB11b	ETRA	MTUB30	MIRU26	MIRU31	MTUB39	QUB26	QUB4156
1	10	-	2	10	1	4	1	-	-	-	4	-	-	-	1
2	24	31	89	8	30	10	4	60	6	60	4	-	11	-	61
3	16	-	1	63	34	49	14	4	33	13	-	30	73	2	5
4	37	56	-	10	9	29	20	1	52	19	9	27	7	5	23
5	4	3	-	1	17	-	47	1	1	-	54	34	1	11	1
6	1	1	-	-	1	-	4	26	-	-	11	-	-	4	1
7	-	-	-	-	-	-	2	-	-	-	10	1	-	24	-
8	-	-	-	-	-	-	-	-	-	-	-	-	-	46	-
12	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	6	5	3	5	6	4	7	5	4	3	6	4	4	6	6
H	0.72	0.51	0.05	0.49	0.71	0.6	0.66	0.49	0.54	0.51	0.61	0.67	0.34	0.66	0.49

\*Position of the locus in H37RV genome \*\*Name of the locus.

**Table 2.** Distribution of sub-lineages of MTB isolates in Golestan province, southeast of Caspian Sea.

MTB genotypes	Number	Mean Age (year)	City**	Type of sample	
				Sputum	others
Beijing	27	34.1±21.5	51.8%	21***	6
Non-Beijing	NEW 1*	56.2±20.8	61.5%	24	2
	Delhi/CAS	41.3±16.2	60%	15	0
	Unknown	24	44.4±15.3	62.5%	20
Total	92	42.4±20.7	58.6%	80	12

\* In three cases more than one sub-lineage were diagnosed (mismatched) which accounted in new1 family,

\*\* the patients who living in towns of Golestan province, southeast of Caspian Sea and \*\*\* the number of samples which MTB isolated from them, N; number of patients in each group.

and named as Unknown genotype. Mean age in patients with Beijing MTB was lower than other genotypes (Table 2).

UPGMA Radial Tree showed the distribution 92 MTB isolates among known genotypes (Figure 1), it showed the unrelated isolates that named unknown. Most of the unknown MTB isolates related to Delhi/CAS genotype but is different from them, which need to further studies for recognition the real genotypes especially for isolates 29,63,66,68.

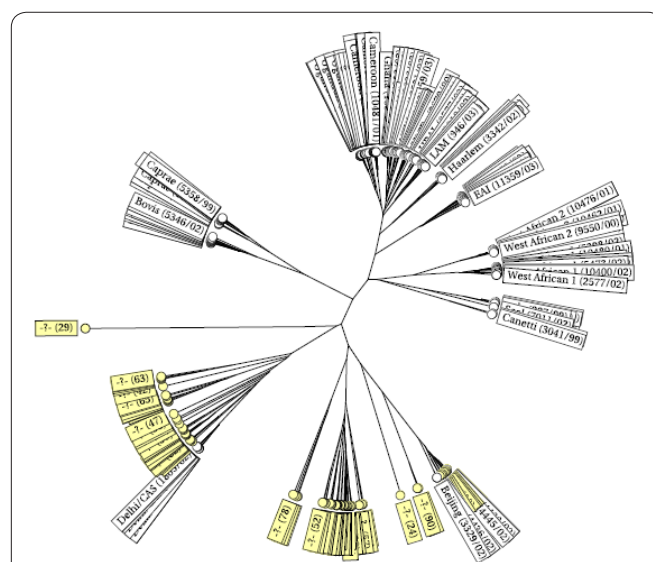
The plot of minimum spanning tree for 92 MTB isolates in this study showed 12 clonal complexes with at least 2 to 25 members (Figure 2). The largest clonal complex (CC2) with 25 members (3 clusters with 11, 6 and 3 members) was belonging to Beijing family. Clonal complexes 1(13 members), 5 (4members) and CC10-12(each comprised 2 member) belong to NEW-1 genotype. Most Delhi/CAS isolates; comprised in CC4, CC 7 and CC 9.

Comparison between Real Time PCR and MIRU-VNTR 15 loci efficacy in determination of Beijing genotype was major objective of this study. We found that agreement between two methods for identification of 31 Beijing and 61 non-Beijing isolates was >95% ( table 3), but there were four disagreement in Beijing isolates, as one of them was known as NEW-1 and another one diagnosed as Delhi/CAS and 2 other cases were unknown based on MIRU-VNTR method.

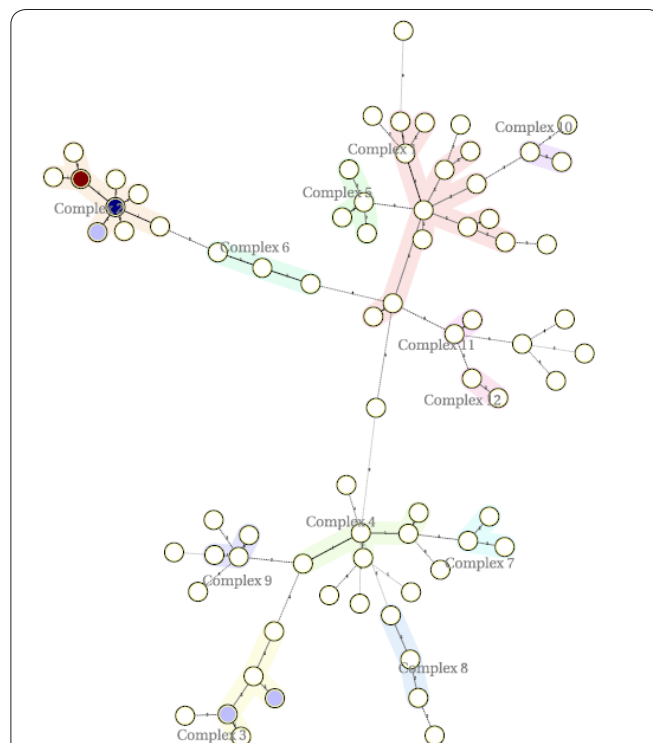
None of 16 NTM species have complete pattern of MIRU-VNTR 15 loci method. QUB11b and Mtub39 were more prevalent loci in these mycobacteria but MIRU16 and ETRA loci weren't amplified in none of tested NTM.

**Discussion**

Although the agreement of real Time PCR and MIRU-VNTR methods in the diagnosis of the Beijing genotype is more than 95%, but the existence of 4 disagreements is very important. Regarding the specificity of the primer and probe of Beijing in the real Time method and confirmation of this result by genome non-amplification in the presence of a non-Beijing primer, it seems that it is necessary to rely on the results of the Hellman method. On this basis, it should be assumed that in MIRU-VNTR 15 loci method, some cases of Beijing were not properly identified and there is the need to add some new profile to 186 standards MIRU- VNTR profiles. Although proper determination of this 4 isolates by other molecular methods such as SNP, LSPs, IS6110 RFLP and spoligotyping for final decision about addi-



**Figure 1.** UPGMA Radial Tree using MIRU–VNTR 15 loci of 92 MTB isolates in Golestan province, southeast of Caspian Sea. Yellow color shows the isolates of this study.



**Figure 2.** Minimum spanning tree of the 92 M. tuberculosis clinical isolates based on double-locus variants with 12 clonal complexes.

tion them to 186 standard profiles is necessary. Like most studies conducted in Iran, genetic variation among MTB strains is very high and in fingerprinting



by MIRU-VNTR method most isolates have unique pattern (14, 20, 21, 22 and 23). Clustering rate in this study was about 20% which it means that the most TB patients in this area acquired their pathogenic organism previously and recent transmission of tuberculosis is low. We don't know, Why the clustering rate of MTB isolates in some area is less than expected? Torkaman *et al.* study showed that in Iran reactivation of latent TB is the major reason of tuberculosis and recent transmission have minor role (13). Among different genotypes, Beijing family showed the highest clustering rate (59.2%) and most of them included in Clonal Complex 2, with three clusters (11, 6 and 2 members), which means the high relationship between the members of this family as described by Zhou 2017 in china (9) but New-1 and Delhi/CAS members were mostly singleton or made small Clonal Complex. The existence of a large clone complex among the Beijing genotype confirms that this strain has recently been expanding in the province.

In this study 7 loci were defined as highly discriminative and among them MTUB04 and MIRU10 were the most prevalent MIRU VNTR loci in our area such as other reports from Iranian studies (22-26). on the other hand MIRU04 had the lowest discriminatory power as Azimi *et al.* study. These similarities indicate the probability of circulation of the related MTB isolates in Iran (23).

Regardless of Beijing, NEW-1 and Delhi/CAS were the most prevalent MTB genotypes in this region. New-1 genotype showed high distribution in the southeast of Caspian Sea which confirm Mokrousov *et al.* findings. They found that the NEW-1 genotype of MTB (or its subtype) firstly introduced from south and east and has increasing circulation in Iran and its neighbors and the capacity to rapidly acquire drug resistance (27). Mansoori *et al.* in a recently published study found new 1 as the second frequent genotype of MTB in Golestan province which is confirmed our finding but in opposite they mentioned Delhi/CAS genotype as the most prevalent MTB genotype (14). In the studies were performed in Khorasan province, in Sotuheast of Iran and border with Afghanistan, Harllem and Delhi/CAS genotypes of MTB had a high prevalence (14, 26) which is similar to our finding. CAS genotype is distribute in India, Bangladesh and Pakistan (28) and most part of Iran (23, 29)

Our data showed that none of tested NTM such as *M. simiae*, *M. fortuitum*, *M. capra* and *M. abscessus*, had all 15 loci which used in MIRU-VNTR method, it also confirms the ability of this technique in diagnosis of MTB from NTM.

Although the concordance MIRU-VNTR 15 loci and real-time PCR methods was high, failure to recognition four Beijing isolates by MIRU-VNTR 15 loci method with cutoff less than 0.3, suggests that it is the time to consider in standard strain in MIRU-VNTR plus profiles.

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### Competing interests

The authors declare no competing interests

### Contributorship Statement

All authors contributed to the research concept, discussed the results and contributed to the final manuscript. Maya BabaiiKochaksareii; carried out the experiment, contributed to sample preparation. Hami Kaboo-si; contributed to the interpretation of the results and involved in planning and Ezzat A. Ghaemi; designed and directed the project and Critical revision.

### References

1. World Health Organization. GLOBAL TUBERCULOSIS REPORT 2017. ([http://www.who.int/tb/publications/global\\_report/gtbr2017\\_main\\_text.pdf](http://www.who.int/tb/publications/global_report/gtbr2017_main_text.pdf))
2. Kato-Maeda M, Shanley CA, Ackart D, Jarlsberg LG, Shang S, Obregon-Henao A, *et al.* Beijing sublineages of Mycobacterium tuberculosis differ in pathogenicity in the guinea pig. *Clin Vaccine Immunol.* 2012;19: 1227–37.
3. Merker M, Blin C, Mona S *et al.* Evolutionary history and global spread of the Mycobacterium tuberculosis Beijing lineage. *Nat Genet.* 2015; 47: 242–249.
4. Lillebaek T, Andersen AB, Dirksen A, Glynn JR, Kremer K. Mycobacterium tuberculosis Beijing genotype. *Emerg Infect Dis.* 2003; 9(12):1553–57.
5. Stoffels K, Allix-Beguec C, Groenen G *et al.* From multidrug- to extensively drug-resistant tuberculosis: upward trends as seen from a 15-year nationwide study. *PLoS ONE.* 2013; 8: e63128.
6. Mohajeri P, Moradi S, Atashi S, and Farahani A. Mycobacterium tuberculosis Beijing Genotype in Western Iran: Distribution and Drug Resistance. *J Clin Diagn Res.* 2016; 10(10): 5–7.
7. Liu H, Zhang Y, Liu Z, Liu J, Hauck Y, Liu J, Dong H, Liu J, ETAL. Associations between Mycobacterium tuberculosis Beijing genotype and drug resistance to four first-line drugs: a survey in China. *Frontiers of Medicine.* 2018;12(1):92–97
8. Coscolla M and Gagneux S. Consequences of genomic diversity in Mycobacterium tuberculosis. *Semin. Immunol.* 2014. 26:441–444
9. Zhou Y, van den Hof S, Wang S, Pang Y, Zhao B, Xia H, *et al.* Association between genotype and drug resistance profiles of Mycobacterium tuberculosis strains circulating in China in a national drug resistance survey. *PLoS ONE.* 2017; 12(3): e0174197.
10. van Soolingen, D. Qian L, de Haas PE, Douglas JT, Traore H, Portaels F. *et al.* Predominance of a single genotype of Mycobacterium tuberculosis in countries of east Asia. *J Clin Microbiol.* 1995; 33, 3234–8.
11. Hoffner S, Sahebi L, Ansarin K, Sabour S and Mohajer P. Mycobacterium tuberculosis of the Beijing Genotype in Iran and the World Health Organization Eastern Mediterranean Region: A Meta-Analysis. *MICROBIAL DRUG RESISTANCE.* 2018;24(6): 693–8
12. Velayati AA, Farnia P, Mirsaedi M, *et al.* The most prevalent Mycobacterium tuberculosis superfamilies among Iranian and afghan TB cases. *Scand J Infect Dis* 2006; 38: 463–8.
13. Torkaman MR, Nasiri MJ, Farnia P, Shahhosseiny MH, Mozafari M, Velayati AA. Estimation of Recent Transmission of Mycobacterium Tuberculosis Strains among Iranian and Afghan Immigrants: A Cluster-Based Study. *J Clin Diagn Res.* 2014; 8(9):DC05–8.
14. Mansoori N, Yaseri M, Vaziri F, Douraghi M. Genetic diversity

of *Mycobacterium tuberculosis* complex isolates circulating in an area with high tuberculosis incidence: Using 24-locus MIRU-VNTR method. *Tuberculosis*. 2018; 118:89-97

15. Erie H, Kaboosi H, Javid N, Shirzad-Aski H, Taziki M, Babaei Kuchaksaraee M and Ghaemi EA. The high prevalence of *Mycobacterium tuberculosis* Beijing strain at an early age and extra-pulmonary tuberculosis cases. *Iranian Journal of Microbiology*. 2017; 9(6):312-17

16. Hillemann D, Warren R, Kubica T, Rusch-Gerdes S, Niemann S. Rapid Detection of *Mycobacterium tuberculosis* Beijing genotype strains by real-time PCR. *J Clin Microbiol*. 2006; 44: 302-306

17. Supply P, Allix C, Lesjean S, Cardoso-Oelemann M, Rusch-Gerdes S, Willery E, et al. Proposal for standardization of optimized mycobacterial interspersed repetitive unit-variable-number tandem repeat typing of *Mycobacterium tuberculosis*. *J Clin Microbiol*. 2006; 44:4498-4510.

18. Aldous WK, Pounder JI, Cloud JL, Woods GL. Comparison of six methods of extracting *Mycobacterium tuberculosis* DNA from processed sputum for testing by quantitative real-time PCR. *J Clin Microbiol*. 2005; 43(5):2471–2473.

19. Hunter PR, Gaston MA. Numerical index of the discriminatory ability of typing systems: an application of Simpson's index of diversity. *Journal of Clinical Microbiology*. 1988; 26: 2465-2466

20. Riyahi Zaniani F, Moghim S, Mirhendi H, Ghasemian Safaei H, Fazeli H, Salehi M, et al. Genetic lineages of *Mycobacterium tuberculosis* isolates in Isfahan, Iran. *Curr Microbiol*. 2017;74(1):14

21. Feyisa SG, Haeili M, Zahednamazi F, Mosavari N, Taheri MM, Hamzehloo G, et al. Molecular characterization of *Mycobacterium tuberculosis* isolates from Tehran, Iran by restriction fragment length polymorphism analysis and spoligotyping. *Revista da Sociedade Brasileira de Medicina Tropical*. 2016 Apr;49(2):204-10.

22. Baghbanian M, Zandi H, Zamani S, Javadpour S, Hamzehloo

GR, Feizabadi MM. MIRU-VNTR analysis of *Mycobacterium tuberculosis* from Tehran, Sistan-Baluchestan, Kermanshah and Hormozgan during 2014 and 201. *Cell Mol Biol (Noisy-le-grand)*. 2017 Dec 30; 63(12):14-21.

23. Azimi T, Nasiri M, Zamani S, Hashemi A, Goudarzi H, Imani-Fooladi AA, Feizabadi MM and Fallah F. High genetic diversity among *Mycobacterium tuberculosis* strains in Tehran, Iran. *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases*. 2018; 11: 1-6

24. Pourostadi M, Rashedi J, Poor BM, Kafil HS, Shirazi S, Asgharzadeh M. Molecular Diversity of *Mycobacterium tuberculosis* Strains in Northwestern Iran. *Jundishapur journal of microbiology*. 2016 Sep;9(9).

25. Zamani S, Aflaki M, Fooladi AA, Darban-Sarokhalil D, Bameri Z, Khazaei S, et al. MIRU-VNTR analysis of the *Mycobacterium tuberculosis* isolates from three provinces of Iran. *Scandinavian journal of infectious diseases*. 2013 Feb 1;45(2):124-30.

26. Ravansalar H, Tadayon K, Mosavari N, Derakhshan M, Ghazvini K. Genetic diversity of *Mycobacterium tuberculosis* complex isolated from patients in the Northeast of Iran by MIRU-VNTR and spoligotyping. *Jundishapur J Microbiol*. 2017;10 (4): e39568

27. Mokrousov I. Revisiting the Hunter Gaston discriminatory index: Note of caution and courses of change. *Tuberculosis*. 2016, 104,20-23

28. Tanveer M, Hasan Z, Siddiqui AR, Ali A, Kanji A, Ghebremicheal S and Hasan R. Genotyping and drug resistance patterns of *M. tuberculosis* strains in Pakistan. *BMC Infectious Diseases*. 2008; 8:171

29. Haeili M, Darban-Sarokhalil D, Imani Fooladi AA, Javadpour S, Hashemi A, Siavoshi F & Feizabad MM. et al. Spoligotyping and drug resistance patterns of *Mycobacterium tuberculosis* isolates from five provinces of Iran. *MicrobiologyOpen* 2013; 2(6): 988-996.