

**1 An emerging Panton-Valentine leukocidin (PVL)-positive CC5-meticillin-resistant**  
**2 *Staphylococcus aureus*-IVc clone recovered from hospital and community settings over a**  
**3 17-year period from 12 countries investigated by whole-genome sequencing**

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40 *Running Title: An emerging PVL-positive CC5-MRSA-IVc clone*

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46  
47 *Abbreviations: CC; clonal complex, ST; sequence type; WGS, whole-genome sequencing;*  
48 *cgMLST, core-genome multilocus sequence typing; cgSNP, core genome single-nucleotide*  
49 *polymorphism; RIGs, related isolate groups.*

50 **ABSTRACT**

51

52 **Background:** A novel Panton-Valentine leukocidin (PVL)-positive meticillin-resistant  
53 *Staphylococcus aureus* (MRSA) clonal complex (CC)5-MRSA-IVc ('Sri Lankan' clone) was  
54 recently described from Sri Lanka. Similar isolates caused a recent Irish hospital outbreak.

55

56 **Aims:** To investigate the international dissemination and diversity of PVL-positive CC5-  
57 MRSA-IVc isolates from hospital and community settings using whole-genome sequencing  
58 (WGS).

59

60 **Methods:** Core-genome single nucleotide polymorphism (cgSNP) analysis, multilocus  
61 sequence typing (cgMLST) and microarray-based detection of antimicrobial-resistance and  
62 virulence genes were used to investigate PVL-positive CC5-MRSA-IVc ( $N=214$  including 46  
63 'Sri Lankan' clone) from hospital and community settings in 12 countries over 17 years.  
64 Comparators included 29 PVL-positive and 23 PVL-negative CC5/ST5-MRSA-  
65 I/II/IVa/IVc/IVg/V.

66 **Findings:** Maximum-likelihood cgSNP analysis grouped 209/214 (97.7%) CC5-MRSA-IVc  
67 into Clade I; average of 110 cgSNPs between isolates. Clade III contained the five remaining  
68 CC5-MRSA-IVc; average of 92 cgSNPs between isolates. Clade II contained seven PVL-  
69 positive CC5-MRSA-IVa comparators, whereas the remaining 45 comparators formed an  
70 outlier group. Minimum-spanning cgMLST analysis revealed a comparably low average of 57  
71 allelic differences between all CC5/ST5-MRSA-IVc. All 214 CC5/ST5-MRSA-IVc were  
72 identified as 'Sri Lankan' clone, predominantly *spa* type t002 (186/214) with low population  
73 diversity and harboured a similar range of virulence genes and variable antimicrobial-  
74 resistance genes. All 214 Sri Lankan clone isolates and Clade II comparators harboured a  
75 9,616 bp chromosomal PVL-encoding phage remnant, suggesting both arose from a PVL-  
76 positive meticillin-susceptible ancestor. Most Sri Lankan clone isolates were from infections  
77 (142/214), and where detailed metadata were available (168/214), most were community-  
78 associated (85/168).

79 **Conclusions:** Stable chromosomal retention of *pvl* may facilitate Sri-Lankan clone  
80 dissemination.

81

82 **Keywords:** CC5-MRSA-IVc, dissemination, epidemiology, phylogenomics, PVL, Sri Lankan  
83 clone

84

**85 Introduction**

86           Meticillin-resistant *Staphylococcus aureus* (MRSA) contributes significantly to the  
87 prevalence of infectious diseases worldwide. Expression of Panton-Valentine leukocidin  
88 (PVL), a bicomponent beta-barrel toxin that causes leukocyte lysis or apoptosis via pore  
89 formation[1], has been associated with increased MRSA virulence and transmissibility[2-4].  
90 PVL is encoded by the *lukF-PV* and *lukS-PV* genes (known as *pvl*) harboured by lysogenic  
91 converting bacteriophages[5]. Carriage of *pvl* was traditionally associated with community-  
92 associated (CA)-MRSA, frequently responsible for skin and soft tissue infections (SSTIs),  
93 however CA-MRSA lineages are increasingly associated with hospital infection and  
94 outbreaks[6-9]. In some cases, highly virulent CA-MRSA with increased transmissibility and  
95 greater clonal diversity have surpassed healthcare-associated (HA)-MRSA as the dominant  
96 hospital MRSA lineages[7,10,11]. Over the last decade, PVL-positive MRSA clones causing  
97 mainly superficial SSTIs have emerged in Irish healthcare and community settings[12,13]. In  
98 2020, the Irish National MRSA Reference Laboratory (NMRSARL) identified *pvl* in 25% of  
99 all non-bloodstream infection MRSA submitted for investigation, up from 20% in 2017 and  
100 attributed this to an increase in HA-outbreaks[14,15].

101           McTavish et al. recently described a dominant PVL-positive clonal complex (CC) 5  
102 MRSA lineage harbouring a type IVc staphylococcal cassette chromosome *mec* (SCC*mec*)  
103 element in Sri Lanka, and also identified it in the United Kingdom and Australia, referred to  
104 hereafter as the 'Sri-Lankan clone'[16]. This lineage was also recently reported in the United  
105 Arab Emirates[17]. The emergence of a PVL-positive CC5-MRSA-IVc lineage in Irish  
106 hospitals was reported in 2021[13]. Multiple suspected PVL-positive CA-MRSA outbreaks  
107 were investigated and identified a PVL-positive CC5-MRSA-IVc lineage as responsible for a  
108 15-month maternity unit outbreak involving 13 patients. The widespread dissemination of  
109 novel MRSA lineages with subsequent replacement of predominant clonal types is not  
110 uncommon and has been described previously in Ireland and internationally[18-21].

111           To date, only localised investigations focused on country-specific genomic  
112 characterisation of PVL-positive ST5-MRSA-IVc isolates, such as the Sri-Lankan clone, have  
113 been reported[13,16,17]. This study sought to further investigate the PVL-positive CC5-  
114 MRSA-IVc population from Irish hospital and community settings in comparison to a  
115 comprehensive collection of similar isolates from 12 countries spanning 17 years using  
116 whole-genome sequencing (WGS). WGS provides unrivalled sensitivity and precision for  
117 comparing and monitoring the development and spread of historical, current, and emerging  
118 clones, as well as tracing infection outbreaks with extremely high resolution.

119

120 **Methods**

121

122 *MRSA isolates*

123 MRSA isolates ( $N=266$ ) recovered between 2003–2022 were investigated: (i) 214  
 124 PVL-positive CC5/sequence type (ST)5-MRSA-IVc isolates (2005–2022) from 12 countries  
 125 similar to and including 46 previously described Sri-Lankan clone isolates[16] and (ii) 52  
 126 comparator CC5/ST5-MRSA-SCC-I/II/IVa/IVc/IVg/V isolates (29 PVL-positive and 23  
 127 PVL-negative) recovered between 2003–2021. Isolates were cryogenically stored at  $-80^{\circ}\text{C}$ .  
 128 Detailed isolate information and available metadata is provided in Tables I and SI.

129

130 *Irish MRSA*

131 All 47 Irish MRSA isolates investigated were submitted to the NMRSARL between  
 132 2013–2022. These included 14 previously described PVL-positive ST5/t002-MRSA-IVc  
 133 maternity unit outbreak isolates recovered between 2018–2020 that were similar to the Sri-  
 134 Lankan clone and had a median of 3 (average: 6; range: 0–27) core-genome multi-locus  
 135 sequence type (cgMLST) allelic differences between isolates[13]. The emergence of this  
 136 clonal type in Irish hospitals appeared to be recent but a search of the NMRSARL collection  
 137 for PVL-positive t002-MRSA-IVc and related *spa* types revealed 16 additional isolates  
 138 recovered between 2013–2022 (Tables I and SI). These included two more recent (2021)  
 139 patient isolates from the maternity unit and 14 patient isolates from nine other hospitals.  
 140 Seventeen comparator NMRSARL isolates (two PVL-positive ST5-MRSA-IVa and 15 PVL-  
 141 negative ST5-MRSA-I/IVc/IVg/V) recovered between 2013–2019 were also investigated  
 142 (Tables I and SI).

143

144 *International MRSA*

145 Additional PVL-positive ST5-MRSA-IVc isolates or WGS datasets from disparate  
 146 geographical locations were sought for comparison. Contact with international collaborators,  
 147 an extensive search of the National Center for Biotechnology Information (NCBI) Sequence  
 148 Read Archive (SRA)/GenBank, the European Nucleotide Archive (ENA) databases and a  
 149 literature search (Table SII) yielded 219 international isolates or WGS datasets (80 clinical  
 150 isolates and 139 WGS sequences; Tables I and SI). Of these, 184 were PVL-positive ST5-  
 151 MRSA-IVc isolates similar to the Sri-Lankan clone, whereas 35 were PVL-positive ( $N=27$ )  
 152 and PVL-negative ( $N=8$ ) ST5-MRSA-II/IVa/IVc/V comparator isolates.

153

154 *(i) Clinical isolates*

155 Fifty-six PVL-positive ST5-MRSA-IVc isolates recovered between 2005–2021 in the  
 156 Czech Republic ( $N=6$ ), Germany ( $N=4$ ), Kuwait ( $N=1$ ), Norway ( $N=24$ ), Saudi Arabia  
 157 ( $N=4$ ), Sweden ( $N=2$ ) and the United Arab Emirates (UAE) ( $N=15$ ) underwent WGS at the  
 158 Dublin Dental University Hospital Microbiology Research Unit (Ireland) (Tables I and SI).  
 159 Twenty-four ST5-MRSA-II/IVa/IVc/V comparator isolates (19 PVL-positive and five PVL-  
 160 negative) recovered in Algeria ( $N=1$ ), the Czech Republic ( $N=2$ ), Germany ( $N=1$ ), Kuwait  
 161 ( $N=1$ ), Norway ( $N=12$ ), Saudi Arabia ( $N=1$ ), Senegal ( $N=2$ ), Slovakia ( $N=1$ ) and the UAE  
 162 ( $N=3$ ) between 2003–2021 were also sequenced (Tables I and SI).

163

164 *(ii) Whole-genome sequences*

165 WGS datasets for 46 previously described PVL-positive ST5-MRSA-IVc Sri-Lankan  
 166 clone isolates were downloaded from ENA (accession number PRJEB27049)[16]. These  
 167 patient isolates were recovered in a Sri-Lankan hospital over four months in 2014 ( $N=33$ ), the  
 168 United Kingdom between 2005–2015 ( $N=12$ ) and Australia in 2015 ( $N=1$ ) (Table I). WGS  
 169 datasets for PVL-positive ST5-MRSA-IVc isolates from Denmark (2007–2021) ( $N=66$ ) and  
 170 Germany (2011–2019) ( $N=16$ ) were received. Comparator ST5-MRSA-IVa/IVc/V WGS  
 171 datasets from Denmark (seven PVL-positive and three PVL-negative; 2013–2015) and  
 172 Germany (one PVL-positive; 2017) were also included (Tables I and SI).

173

174 *Genomic DNA extraction and whole-genome sequencing*

175 For short-read sequencing, genomic DNA was extracted and sequencing libraries  
 176 prepared using the Illumina® DNA Prep Kit (Illumina, Eindhoven, The Netherlands) as  
 177 described previously[19]. Libraries were scaled to exhibit  $\geq 50\times$  coverage and sequenced  
 178 using a 600-cycle MiSeq paired-end Reagent Kit v3 (Illumina) on an Illumina MiSeq  
 179 sequencer according to the manufacturer's instructions. Short- and long-read datasets for  
 180 isolates sequenced in Dublin were submitted to the NCBI SRA database under BioProject  
 181 Nos. PRJNA896922 and PRJNA638834). Short-read datasets for Danish isolates were  
 182 submitted to the NCBI SRA database under BioProject Nos. PRJNA839593, PRJNA865897,  
 183 PRJNA869909 and PRJNA898141.

184 For long-read sequencing, genomic DNA extractions and library preparations were  
 185 performed as described previously[22]. Sequencing was performed on the MinION platform  
 186 using a R9.4.1 Flow Cell with the MinKNOW software v20.10 (Oxford Nanopore  
 187 Technologies, United Kingdom) as per manufacturer's instructions.

188 Hybrid assemblies were performed by genome scaffolding using paired-end short-read  
 189 and long-read sequences using the Unicycler v0.5.0 pipeline

190 (<https://github.com/rrwick/Unicycler>). Assembled genomes were annotated using the web-  
191 based RAST v2.0 server (<https://rast.nmpdr.org>) and visualised using Bandage v0.8.1  
192 (<https://rrwick.github.io/Bandage/>) and SnapGene v6.0.6 (GSL Biotech LLC;  
193 <https://www.snapgene.com>).

194

#### 195 *Whole-genome sequence analysis*

196 Short-read FASTQ files were assembled, quality assessed and analysed using  
197 BioNumerics software (BioNumerics v8.0; Applied Maths, Sint-Martens-Latem, Belgium),  
198 Ridom SeqSphere+ software v7.0.4 (Ridom GmbH, Münster, Germany) and web-based  
199 SCCmecFinder tool (<https://cge.cbs.dtu.dk/services/SCCmecFinder/>) as described  
200 previously[13].

201

#### 202 *Molecular characterisation*

203 DNA microarray profiling was undertaken using the *S. aureus* Genotyping Kit 2.0  
204 (Abbott [Alere Technologies GmbH], Jena, Germany) or WGS analysis. The DNA  
205 microarray chip harbours 333 target sequences for approximately 170 antimicrobial-resistance  
206 and virulence-associated genes and other genes and sequences that can assign *S. aureus* to  
207 CCs and/or STs as described previously[23,24]. WGS-based DNA microarray profiling was  
208 undertaken using *in silico* probes of the *S. aureus* Genotyping Kit 2.0. Probe sequences map  
209 onto assembled genomes to predict DNA array hybridisation patterns[25] and these patterns  
210 were compared to *in vitro* array results. Additional investigations into alleles of interest were  
211 performed using the Clustal Omega multiple sequence alignment tool,  
212 (<https://www.ebi.ac.uk/Tools/msa/clustalo/>) and NCBI BLAST search engine  
213 (<https://blast.ncbi.nlm.nih.gov/Blast.cgi>). *S. aureus* immune evasion cluster (IEC) types were  
214 assigned using microarray profiling.  $\beta$ -haemolysin converting bacteriophages encode  
215 combinations of the IEC genes (*sea/sak/scn/sep/chp*), permitting isolates to be clustered into  
216 one of eight IEC types based on the combination of genes carried[26].

217

#### 218 *Phylogenetic analysis*

219 Relatedness between MRSA recovered over an extended time period (2003–2022) was  
220 investigated using cgMLST. A minimum spanning tree (MST) based on 1,861 core-gene loci  
221 was generated for all isolates using the SeqSphere+ (Ridom) cgMLST scheme as previously  
222 described[27,28]. Core-genome alignment and variant calling based on single-nucleotide  
223 polymorphisms (SNPs) was performed on all isolates mapped against a study-specific  
224 reference genome from MRSA isolate 141087 (2005; earliest year of recovery for Sri-Lankan

225 clone isolates investigated), using Snippy v4.6.0 (<https://github.com/tseemann/snippy>).  
 226 Recombinant SNPs were removed using Gubbins v3.2.1  
 227 (<https://github.com/nickjcroucher/gubbins>) and a pairwise cgSNP distance matrix generated  
 228 using snp-dists v3 (<https://github.com/tseemann/snp-dists>). A cgSNP-based maximum-  
 229 likelihood tree (MLT) was constructed through IQ-TREE v2.2.0 (<http://www.iqtree.org>) using  
 230 recommended IQ-TREE guidelines. The phylogenetic tree was visualised and annotated  
 231 through Interactive Tree of Life v6.5.8 (<https://itol.embl.de>).

232

## 233 **Results**

234

### 235 *MRSA*

236 MRSA isolates ( $N=266$ ) recovered between 2003–2022 were investigated. These  
 237 included 214 PVL-positive CC5/ST5-MRSA-IVc isolates from 12 countries similar to and  
 238 including 46 ‘Sri-Lankan clone’ isolates[16] and 29 PVL-positive and 23 PVL-negative ST5-  
 239 MRSA-I/II/IVa/IVc/IVg/V comparator isolates (Tables I and SI). The PVL-positive ST5-  
 240 MRSA-IVc isolates belonged to eight closely related *spa* types, with t002 predominating  
 241 (186/214; 86.9%) (Tables I and SI). Six closely related *spa* types were identified among the  
 242 comparator isolates, half of which were t002 (26/52; 50%) (Tables I and SI).

243

### 244 *Phylogenetic analysis of Sri-Lankan clone isolates*

245 To investigate the population structure of Irish PVL-positive CC5/ST5-MRSA-IVc  
 246 relative to international isolates, all isolates and comparators were subjected to WGS-based  
 247 phylogenetic analyses. The construction of SNP-based MLT and cgMLST-based MST trees  
 248 yielded comparable findings regarding isolate relatedness and clustering (Figures 1a and 1b).

249

#### 250 (i) Core-genome SNP analysis

251 cgSNP analysis based on 12,245 SNPs showed that all 214 PVL-positive CC5/ST5-  
 252 MRSA-IVc isolates exhibited a pairwise SNP-distance median of 107 (average: 116; range:  
 253 0–410) (Table SIII). The SNP-based MLT grouped the vast majority of isolates (209/214,  
 254 97.7%) including all 46 ‘Sri-Lankan clone’ isolates[16] into one clade, termed Clade I (Figure  
 255 1a). Clade I isolates had a median of 106 (average: 110; range: 0–287) SNPs between isolates  
 256 (Table SIII). The remaining five PVL-positive ST5-MRSA-IVc grouped into Clade III  
 257 exhibiting a median of 86 (average: 92; range: 69–127) SNPs (Figure 1a). Clade III differed  
 258 from Clade I by a median of 232 (average: 237; range: 159–410) SNPs. Most comparator  
 259 isolates (44/52) formed an outgroup at the base of the MLT (Figure 1a). A single PVL-

260 positive CC5/ST5-MRSA-IVa comparator (isolate Z4294) branched out next to Clade III  
261 (thick black branch in Figure 1a). The remaining seven comparators (all PVL-positive  
262 ST5/t002-MRSA-IVa) grouped into Clade II, forming the closest neighbour to Clade I (Figure  
263 1a). Clade II differed from Clades I and III by a median of 176 (average: 178; range: 123–  
264 331) and 230 (average: 234; range: 207–277) SNPs, respectively (Table SIII). This tree  
265 topology confirmed the identity of all 214 CC5/ST5-MRSA-IVc as ‘Sri-Lankan clone’.  
266 Hereafter Clades I and III isolates are referred to as ‘Sri-Lankan clone’. In general, Sri-  
267 Lankan clone isolates did not group according to their country of origin or year of recovery;  
268 however, 24 small country-specific clusters of closely related isolates that differed by  $\leq 10$   
269 cgSNPs were evident (Figure 1a).

270

### 271 *(ii) Core-genome MLST analysis*

272 As cgSNP analysis revealed low genotypic diversity among Sri-Lankan clone isolates  
273 recovered over 17 years, the previously recommended threshold of  $\leq 24$  cgMLST allelic  
274 differences for defining closely related isolates[28] was lowered to  $\leq 20$ . The 214 Sri-Lankan  
275 clone isolates exhibited a median of 55 allelic differences from one another (average: 59;  
276 range: 0–200) (Table SIV). The 209 Clade I and five Clade III Sri-Lankan clone isolates  
277 exhibited a median of 54 (average: 57; range: 0–153) and 42 (average: 43; range: 28–56)  
278 allelic differences, respectively. Clade III isolates differed from Clade I by a median of 116  
279 (average: 117; range: 70–200) allelic differences. Clade II comparator isolates differed from  
280 Sri-Lankan clone Clade I and Clade III by a median of 87 (average: 86; range: 36–174) and  
281 106 (average: 93; range: 28–134) allelic differences, respectively (Table SIV). These findings  
282 confirmed limited diversity within the Sri-Lankan clone population.

283 Thirty-six related isolate groups (RIGs) comprising 123/266 study isolates were  
284 evident in the cgMLST-based MST (Figure 1b, Table SV). Isolates within each RIG exhibited  
285  $\leq 20$  allelic differences to the closest neighbouring isolate in the RIG. Most RIGs included Sri-  
286 Lankan clone isolates only (30/36 RIGs) and the remaining six (RIGs 31–36) included  
287 comparator isolates only (Figure 1b and Table SV). There were 32 country-specific RIGs (27  
288 Sri-Lankan clone isolates only (RIGs 1–2, 4–10, 12–13, 15–30) and five comparator isolates  
289 only (RIGs 31, 33–36)) as follows: Denmark ( $N=16$ ), Norway ( $N=4$ ), Ireland ( $N=4$ ),  
290 Germany ( $N=3$ ), UAE ( $N=3$ ), Sri Lanka ( $N=1$ ) and Czech Republic ( $N=1$ ). The remaining  
291 four RIGs comprised isolates from two or more countries. RIG-3 comprised eight Sri-Lankan  
292 clone isolates from Denmark ( $N=3$ ), Sri Lanka ( $N=2$ ), Germany ( $N=1$ ), Kuwait ( $N=1$ ) and  
293 the UAE ( $N=1$ ), with an allelic difference range of 6–20 between neighbouring isolates in the  
294 RIG and a range of 6–36 allelic differences for the entire RIG (Figure 1b and Table SV). Sri-



295 Lankan clone isolates from Norway ( $N=2$ ) formed two separate RIGs (RIG-11 and RIG-14)  
 296 with Sri-Lankan clone isolates from Germany ( $N=1$ ) and Denmark ( $N=1$ ) with allelic  
 297 difference ranges of 1–21 and 18–20, respectively. One comparator isolate from Norway  
 298 formed a third RIG (RIG-32) with two comparator isolates from Ireland.

299

300 (iii) Irish sub-clade

301 Potential sub-clades (RIGs 1–36) observed on the cgSNP-based MLT and cgMLST-  
 302 based MST phylogenetic trees were further investigated using *in silico* DNA microarray  
 303 profiling and WGS data to identify possible RIG/country-specific characteristics. A genotypic  
 304 difference was observed between the overall Sri-Lankan clone population and 15/18 Irish Sri-  
 305 Lankan clone isolates in RIG-1. These 15 isolates formed a distinct Irish sub-clade within the  
 306 cgSNP-based MLT (Figure 1a) and lacked the *bbp* gene (also known as *sdrE*) encoding a  
 307 surface-associated, bone sialoprotein-binding protein. The absence of *bbp* in these 15 isolates  
 308 was confirmed by analysing hybrid assembled genomes (Figure S1a).

309

310 *Genotypic profiling of the Sri-Lankan clone*

311

312 (i) Strain assignment and antimicrobial resistance genes

313 DNA microarray profiling, SCCmecFinder and Ridom Seqsphere+ template tools for  
 314 detection of antimicrobial-resistance and virulence-associated genes revealed that most genes  
 315 in Sri-Lankan clone isolates ( $N=214$ ) were homogeneously distributed (Table SI). Microarray  
 316 analysis grouped Sri-Lankan clone isolates into two categories including “CC5-MRSA-IVc  
 317 (*sed/sej/ser+*)” (200/214; 93.5%) and “CC5-MRSA-IVc (*sed/sej/ser-*)” (14/214; 6.5%). The  
 318 two groups differed by the presence/absence of the *sed/sej/ser* enterotoxin genes, which were  
 319 located on a plasmid of approximately 27 kb. Of the five Sri-Lankan clone Clade III isolates  
 320 (Figure 1a), four isolates were “CC5-MRSA-IVc (*sed/sej/ser-*)” (Table SI). The  $\beta$ -lactamase  
 321 gene *blaZ* and the multidrug transporter encoding gene *lmrP* mediating resistance to  
 322 macrolides, lincosamides, streptogramins and tetracycline was harboured by the majority of  
 323 Sri-Lankan clone isolates (202/214; 94.4% and 212/214; 99.1%, respectively). Antimicrobial  
 324 genes detected are shown in Tables I and SI.

325

326 (iii) IEC types

327 IEC-type G was predominant amongst Sri-Lankan clone isolates (196/214; 91.6%).  
 328 The remaining isolates harboured IEC-type F (7/214; 3.3%), IEC-type E (2/214; 0.9%), IEC-  
 329 type D (1/214; 0.5%) or were non-typeable IEC variants harbouring *sep* only (2/214; 0.9%),

330 *sak* and *sep* (1/214; 0.5%) or *sak*, *scn* and *sea-sep* (4/214; 1.9%). One Sri-Lankan clone  
 331 isolate (M130242; Table SI) lacked lysogenic  $\beta$ -haemolysin converting bacteriophages and  
 332 carried no IEC genes.

333

### 334 *Epidemiological data*

335 Where detailed metadata were available (168/214; 78.5%), the majority of Sri-Lankan  
 336 clone isolates were CA-MRSA (85/168; 50.6%), while the remainder (50/168; 29.8%) were  
 337 HA-MRSA or were from hospitalised patients (33/168; 19.6%) (Table SI). Most isolates were  
 338 from infection sites (142/214; 66.3%), with the remainder from carriage (50/214; 23.4%) or  
 339 unknown sites (22/214; 10.3%). The majority of infection isolates were from SSTIs (83/142,  
 340 58.5%), other infection types (9/142) or were unknown (50/142).

341 Epidemiological information available for some Sri-Lankan clone isolates from  
 342 Denmark ( $N=9$ ), Ireland ( $N=2$ ) and the UAE ( $N=1$ ) revealed that these isolates were from  
 343 patients with international links. The Irish isolates were recovered from patients with a history  
 344 of travel to Sri Lanka and Turkey, respectively. Within the Danish subset, one patient had  
 345 been hospitalised in Vietnam, four were from Sri-Lanka and four had travelled to Sri-Lanka.  
 346 The isolate from the UAE was from a patient from Bangladesh (Table SI).

347

### 348 *Pvl-encoding bacteriophage regions*

349 Clade I and III Sri-Lankan clone ( $N=214$ ) and Clade II ( $N=7$ ) comparator isolate  
 350 short-read assembled genomes were investigated for *pvl*-associated bacteriophage DNA. All  
 351 isolates harboured the *lukF/S-PV* genes, the phage lysis genes encoding amidase and holin  
 352 and remnants of phage structural genes encoding the tail fiber and major teichoic acid  
 353 biosynthesis protein. Genes associated with lysogeny, DNA replication/transcriptional  
 354 regulation and packaging/structure were not detected[29].

355 Twenty-six representative Sri-Lankan clone isolates (24 MLT Clade I and two MLT  
 356 Clade III isolates) available for long- and short-read sequencing underwent hybrid-assembly  
 357 to further investigate chromosomal regions surrounding *pvl*. These 26/214 isolates (2005–  
 358 2021) were from Czech Republic ( $N=1$ ), Denmark ( $N=6$ ), Germany ( $N=2$ ), Ireland ( $N=8$ ),  
 359 Kuwait ( $N=1$ ), Norway ( $N=3$ ), Saudi Arabia ( $N=2$ ), Sweden ( $N=1$ ) and the UAE ( $N=2$ ).  
 360 Additionally, eight comparator isolates underwent hybrid-assembly (five outgroup and three  
 361 MLT Clade II comparators, Table SI). All 26 Sri-Lankan clone isolates lacked an intact  
 362 lysogenized *pvl*-encoding phage genome, but harboured a chromosomal remnant encoding the  
 363 *lukF/S-PV* genes as well as remnants of phage structural and lysis genes (Figure S2). In each  
 364 case, the phage remnant was 9,616 bp, with an intact upstream attachment site (*attL*), but no

365 downstream attachment site (*attR*) (Figure S2b). An identical phage remnant was observed in  
 366 the three Clade II comparator isolates and the single PVL-positive ST5-MRSA-IVa  
 367 comparator isolate (Z4294) next to Clade III (Figure 1a). The four remaining outgroup  
 368 comparator isolates all harboured a complete bacteriophage genome of ~45,000 bp which  
 369 shared 99.99% sequence homology with the well-characterised PVL-encoding phage  
 370 phiSa2wa (accession no. ON989481.1) (Figure S2a)[29]. The phage remnant exhibited 100%  
 371 sequence homology with the 3' junction of phage phiSa2wa (Figure S2b). Chromosomal  
 372 sequences adjacent the *pvl*-phage remnant were identical in all isolates investigated by hybrid  
 373 assembly.

374

375

## 376 Discussion

377

378 The emergence of PVL-positive MRSA is a public health concern globally. These  
 379 organisms were originally associated with community-onset infections, especially SSTIs but  
 380 also including necrotizing pneumonia, necrotizing fasciitis, and sepsis[2-4,30,31]. Patients  
 381 with community onset SSTIs often seek treatment in hospital emergency departments,  
 382 providing entry routes for CA-MRSA clones into hospitals[32,33]. The spread of PVL-  
 383 positive CA-MRSA clones into hospitals and resistance to a wide range of antimicrobials is  
 384 well documented[8,12,34,35].

385 The increasing prevalence of PVL-positive MRSA isolates from non-bloodstream  
 386 infections and hospital outbreaks both in Ireland and internationally is  
 387 concerning[8,13,34,35]. In 2019, McTavish et al. characterised a dominant PVL-positive  
 388 CC5-MRSA-IVc lineage in a Sri Lankan hospital and also identified it in the United Kingdom  
 389 and Australia[16]. In 2021, similar isolates from 13 patients during a protracted Irish  
 390 maternity unit hospital outbreak were described[13]. Consequently, our investigation sought  
 391 to compare Irish PVL-positive CC5-MRSA-IVc with the previously reported Sri-Lankan  
 392 clone and similar international isolates to determine the clone's global distribution, diversity  
 393 and population structure for the first time.

394 Phylogenetic analysis of 214 Sri-Lankan clone and 52 comparator isolates revealed  
 395 that the Sri-Lankan clone is relatively homogenous compared to other PVL-positive CA-  
 396 MRSA clones that have diverged more significantly over time[35]. Greater diversity maybe  
 397 revealed in future studies with more disparately recovered isolates. The vast majority of Sri-  
 398 Lankan clone isolates (209/214, 97.7%) recovered over 17-years grouped into Clade I  
 399 (Figures 1a) by cgSNP analysis with an average of 110 cgSNPs (57 cgMLST allelic  
 400 differences) between isolates (Tables SIII and SIV, respectively). The five remaining Sri-

401 Lankan clone isolates formed Clade III that differed from Clade I by an average of 237 SNPs  
402 (117 cgMLST allelic differences). Seven PVL-positive ST5/t002-MRSA-IVa comparator  
403 isolates in Clade II formed the closest neighbour to Sri-Lankan Clade I. Segregation of Sri-  
404 Lankan clone isolates into country-specific RIGs (27/30 RIGs) by cgMLST probably reflects  
405 local transmission and clonal evolution (Table SV). Some Danish isolates ( $N=27$ ) in country-  
406 specific RIGs also formed household-specific clusters (RIGs 4, 9–10, 13, 18–21, 24 and 29)  
407 (Table SI). In some cases, different members of the same household presented with either  
408 carriage or infection. Additionally, two isolates recovered from separate patients in a Danish  
409 hospital clustered in RIG-30, with 16 cgSNPs (9 cgMLST allelic differences) between  
410 isolates (Table SI). These findings highlight the significance of CA-MRSA transmission in  
411 both community and hospital settings. Only limited inter-country dissemination of closely  
412 related Sri-Lankan clone isolates was detected (RIG-3, RIG-11 and RIG-14), although this  
413 possibly reflects the limited collection of isolates available for investigation.

414 Sri-Lankan clone isolates investigated were ST5, predominantly *spa* type t002 or  
415 closely related *spa* types and harboured a relatively small number of antimicrobial-resistance  
416 genes (Tables I and SI). DNA microarray and WGS data analyses revealed variable IEC gene  
417 cluster (*sea/sak/scn/sep/chp*) and plasmid-encoded enterotoxin genes (*sed/sej/ser*) detection,  
418 while the majority of other molecular characteristics were highly conserved (Table SI).  
419 Although IEC-type G (91.6%) was predominant among Sri-Lankan clone isolates, six other  
420 IEC types were detected (Table SI). Additionally, *sed/sej/ser* enterotoxin genes were absent in  
421 only a small number of isolates (6.5%). The absence of the *bbp* gene within Irish maternity  
422 unit hospital outbreak-associated isolates (Figure S1a) very likely reflects local loss of the  
423 gene as other Irish isolates harboured the gene. Variation in IEC types and enterotoxin genes  
424 probably reflects loss/gain of converting bacteriophages encoding IEC genes and *sed/sej/ser*-  
425 encoding plasmids[36,37]. The prevalence of the multi-drug resistant PVL-negative European  
426 CC1-MRSA-IV clone in Ireland[18,19] exemplifies the importance of mobile genetic  
427 elements in the successful dissemination of emerging MRSA clones[31,35,38]. Earls *et al.*  
428 described the emergence of European CC1-MRSA-IV from a South-Eastern European  
429 meticillin-susceptible *S. aureus* (MSSA) CC1 lineage, and its subsequent rapid expansion  
430 across Europe in the late 1990s[18,19]. European CC1-MRSA-IV is now the predominant  
431 endemic CC1-MRSA clone in Ireland, associated with community transmissions and multi-  
432 hospital outbreaks[19]. Periodic replacement of predominant MRSA clones in Irish hospitals  
433 is well-documented[39], thus the recovery of the Sri-Lankan clone in 10 Irish hospitals over a  
434 nine-year period (2013–2022) is concerning (Tables I and SI).

435 The Sri-Lankan clone chromosomally integrated defective 9.6 kb *pvl*-encoding phage  
 436 remnant (Figure S2b) may be a useful genetic marker, as the earliest Sri-Lankan clone study  
 437 isolate (141087, 2005) harboured this remnant. The remnant probably arose by imprecise  
 438 excision of a lysogenised *pvl*-phage genome, possibly as a result of a fitness cost imposed on  
 439 the bacteria through carriage of the entire prophage genome[40]. Stable chromosomal *pvl*-  
 440 retention without phage mobility-associated genes may provide a survival advantage.  
 441 Defective *pvl*-encoding bacteriophages with truncated tail formation genes have been  
 442 described in MRSA[41,42]. Furthermore, a defective *pvl*-phage has been reported in the  
 443 successful CA-MRSA clone USA300[43]. In the Sri-Lankan clone, approximately 80% of the  
 444 phage genome has been deleted leaving the *pvl*-encoding remnant.

445 The seven PVL-positive ST5/t002-MRSA-IVa comparator isolates in Clade II (the  
 446 closest neighbour to Sri-Lankan Clade I) and the single ST5-MRSA-IVa comparator isolate  
 447 Z4294 located adjacent to Clade III in the cgSNP MLT also harboured the 9.6 kb phage  
 448 remnant. These findings suggest that Clade II isolates, isolate Z4294 and Sri-Lankan clone  
 449 Clade I and III isolates emerged from a PVL-positive common ancestor harbouring the 9.6 kb  
 450 phage remnant, very likely a PVL-positive ST5-MSSA[19]. Sri-Lankan clone Clade I then  
 451 went on to disseminate widely. Interestingly, a PVL-positive CC5-MSSA isolate identified in  
 452 the puBMLST database by *in silico* PCR that also harboured the 9.6 kb phage remnant  
 453 clustered beside comparator isolate Z4294 and adjacent to Sri Lankan Clade III (Figure 1 and  
 454 Supplementary Figure S2).

455 This study had some limitations. Limited Sri-Lankan clone isolates/WGS datasets  
 456 were recovered following comprehensive literature and WGS database searches making it  
 457 difficult to assess its true prevalence (Table SII). Historical and contemporary data on MSSA  
 458 progenitor populations is limited in most MRSA lineages[44], including the Sri-Lankan clone.  
 459 Future investigations require a more comprehensive isolate collection with good quality  
 460 metadata, including potential progenitor MSSAs from more numerous and disparate regions.

461 In conclusion, international and local surveillance of emerging MRSA clones is  
 462 important for monitoring transmission. The association of Sri-Lankan clone isolates with  
 463 SSTIs in both community and hospital settings in 12 countries spanning 17 years reflects its  
 464 emergence internationally. The stable chromosomal integration of *pvl* in the Sri-Lankan clone  
 465 potentially contributes to its dissemination.

466

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473

#### 474 **Conflict of interest statement**

475 None of the authors have any conflicts of interest to declare.

476

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#### 483 **References**

- 484 [1] Kaneko J, Kamio Y. Bacterial two-component and hetero-heptameric pore-forming  
485 cytolytic toxins: structures, pore-forming mechanism, and organization of the genes.  
486 Biosci Biotechnol Biochem 2004;68:981-1003. <https://doi.org/10.1271/bbb.68.981>  
487
- 488 [2] Bhatta DR, Cavaco LM, Nath G, Kumar K, Gaur A, Gokhale S, et al. Association of  
489 Panton Valentine leukocidin (PVL) genes with methicillin resistant *Staphylococcus*  
490 *aureus* (MRSA) in Western Nepal: a matter of concern for community infections (a  
491 hospital based prospective study). BMC Infect Dis 2016;16:199.  
492 <https://doi.org/10.1186/s12879-016-1531-1>  
493
- 494 [3] Jaiswal R, Garg A, Tripathi P, Venkatesh V. Epidemiology of Panton Valentine  
495 leukocidin in clinical *Staphylococcus aureus* isolates - A prospective study at a tertiary  
496 care centre in North India. Clin Epidemiol Glob Health 2022;15:101006.  
497 <https://doi.org/10.1016/j.cegh.2022.101006>  
498
- 499 [4] Hussain K, Bandyopadhyay A, Roberts N, Mughal N, Moore L, Fuller LC. Panton-  
500 Valentine leucocidin-producing *Staphylococcus aureus*: a clinical review. Clin Exp  
501 Dermatol 2022;10 <https://doi.org/10.1111/ced.15392>  
502
- 503 [5] Boakes E, Kearns AM, Ganner M, Perry C, Hill RL, Ellington MJ. Distinct  
504 bacteriophages encoding Panton-Valentine leukocidin (PVL) among international  
505 methicillin-resistant *Staphylococcus aureus* clones harboring PVL. J Clin Microbiol  
506 2011;49:684-92. <https://doi.org/10.1128/JCM.01917-10>  
507
- 508 [6] Otter JA, French GL. Community-associated methicillin-resistant *Staphylococcus*  
509 *aureus*: the case for a genotypic definition. J Hosp Infect 2012;81:143-8.  
510 <https://doi.org/10.1016/j.jhin.2012.04.009>  
511
- 512 [7] Choo EJ. Community-associated methicillin-resistant *Staphylococcus aureus* in  
513 nosocomial infections. Infect Chemother 2017;49:158-9.  
514 <https://doi.org/10.3947/ic.2017.49.2.158>

515

516 [8] Steinig EJ, Duchene S, Robinson DA, Monecke S, Yokoyama M, Laabei M, et al.  
517 Evolution and global transmission of a multidrug-resistant, community-associated  
518 methicillin-resistant *Staphylococcus aureus* lineage from the Indian subcontinent.  
519 mBio 2019;10:01105-19. <https://doi.org/10.1128/mBio.01105-19>

520

521 [9] Hu Q, Cheng H, Yuan W, Zeng F, Shang W, Tang D, et al. Pantone-Valentine  
522 leukocidin (PVL)-positive health care-associated methicillin-resistant *Staphylococcus*  
523 *aureus* isolates are associated with skin and soft tissue infections and colonized mainly  
524 by infective PVL-encoding bacteriophages. J Clin Microbiol 2015;53:67-72.  
525 <https://doi.org/10.1128/JCM.01722-14>

526

527 [10] Lakhundi S, Zhang K. Methicillin-resistant *Staphylococcus aureus*: molecular  
528 characterization, evolution, and epidemiology. Clin Microbiol Rev 2018;31:00020-18.  
529 <https://doi.org/10.1128/CMR.00020-18>

530

531 [11] Peng H, Liu D, Ma Y, Gao W. Comparison of community- and healthcare-associated  
532 methicillin-resistant *Staphylococcus aureus* isolates at a Chinese tertiary hospital,  
533 2012–2017. Sci Rep 2018;8:17916 <https://doi.org/10.1038/s41598-018-36206-5>

534

535 [12] Shore AC, Tecklenborg SC, Brennan GI, Ehricht R, Monecke S, Coleman DC.  
536 Pantone-Valentine leukocidin-positive *Staphylococcus aureus* in Ireland from 2002 to  
537 2011: 21 clones, frequent importation of clones, temporal shifts of predominant  
538 methicillin-resistant *S. aureus* clones, and increasing multiresistance. J Clin Microbiol  
539 2014;52:859-70. <https://doi.org/10.1128/JCM.02799-13>

540

541 [13] McManus BA, Aloba BK, Earls MR, Brennan GI, O'Connell B, Monecke S, et al.  
542 Multiple distinct outbreaks of Pantone–Valentine leucocidin-positive community-  
543 associated methicillin-resistant *Staphylococcus aureus* in Ireland investigated by whole-  
544 genome sequencing. J Hosp Infect 2021;108:72-80.  
545 <https://doi.org/10.1016/j.jhin.2020.11.021>

546

547 [14] National methicillin-resistant *Staphylococcus aureus* reference laboratory. 2017.  
548 Annual report. Available at: <https://www.stjames.ie/media/NMRSARLAnnualReport2017.pdf> [last  
549 accessed October 2022].

550

551 [15] National methicillin-resistant *Staphylococcus aureus* reference laboratory. 2020.  
552 Annual report. Available at: <https://www.stjames.ie/media/AnnRpt2020.pdf> [last  
553 accessed October 2022].

554

555 [16] McTavish SM, Snow SJ, Cook EC, Pichon B, Coleman S, Coombs GW, et al.  
556 Genomic and epidemiological evidence of a dominant Pantone-Valentine leucocidin-  
557 positive methicillin resistant *Staphylococcus aureus* lineage in Sri Lanka and presence  
558 among isolates from the United Kingdom and Australia. Front Cell Infect Microbiol  
559 2019;9:123. <https://doi.org/10.3389/fcimb.2019.00123>

560

561 [17] Senok A, Nassar R, Celiloglu H, Nabi A, Alfaresi M, Weber S, et al. Genotyping of  
562 methicillin resistant *Staphylococcus aureus* from the United Arab Emirates. Sci Rep  
563 2020;10:18551. <https://doi.org/10.1038/s41598-020-75565-w>

564

565

- 566 [18] Earls MR, Shore AC, Brennan GI, Simbeck A, Schneider-Brachert W, Vremeră T, et  
567 al. A novel multidrug-resistant PVL-negative CC1-MRSA-IV clone emerging in  
568 Ireland and Germany likely originated in South-Eastern Europe. *Infect Genet Evol*  
569 2019;69:117-26. <https://doi.org/10.1016/j.meegid.2019.01.021>  
570
- 571 [19] Earls MR, Steinig EJ, Monecke S, Samaniego Castruita JA, Simbeck A, Schneider-  
572 Brachert W, et al. Exploring the evolution and epidemiology of European CC1-  
573 MRSA-IV: tracking a multidrug-resistant community-associated meticillin-resistant  
574 *Staphylococcus aureus* clone. *Microb Genom* 2021;7:000601.  
575 <https://doi.org/10.1099/mgen.0.000601>  
576
- 577 [20] Albrecht N, Jatzwauk L, Slickers P, Ehricht R, Monecke S. Clonal replacement of  
578 epidemic methicillin-resistant *Staphylococcus aureus* strains in a German university  
579 hospital over a period of eleven years. *PLoS One* 2011;6:28189.  
580 <https://doi.org/10.1371/journal.pone.0028189>  
581
- 582 [21] Das S, Anderson CJ, Grayes A, Mendoza K, Harazin M, Schora DM, et al. Nasal  
583 carriage of epidemic methicillin-resistant *Staphylococcus aureus* 15 (EMRSA-15)  
584 clone observed in three Chicago-area long-term care facilities. *Antimicrob Agents*  
585 *Chemother* 2013;57[9]:4551-3. <https://doi.org/10.1128/AAC.00528-13>  
586
- 587 [22] Egan SA, Kavanagh NL, Shore AC, Mollerup S, Samaniego Castruita JA, O'Connell  
588 B, et al. Genomic analysis of 600 vancomycin-resistant *Enterococcus faecium* reveals  
589 a high prevalence of ST80 and spread of similar *vanA* regions via *IS1216E* and  
590 plasmid transfer in diverse genetic lineages in Ireland. *J. Antimicrob. Chemother*  
591 2021;77:320-30. <https://doi.org/10.1093/jac/dkab393>  
592
- 593 [23] Monecke S, Jatzwauk L, Weber S, Slickers P, Ehricht R. DNA microarray-based  
594 genotyping of methicillin-resistant *Staphylococcus aureus* strains from Eastern  
595 Saxony. *Clin Microbiol Infect* 2008;14:534-45 [https://doi.org/10.1111/j.1469-  
596 0691.2008.01986.x](https://doi.org/10.1111/j.1469-0691.2008.01986.x)  
597
- 598 [24] Monecke S, Slickers P, Ehricht R. Assignment of *Staphylococcus aureus* isolates to  
599 clonal complexes based on microarray analysis and pattern recognition. *FEMS*  
600 *Immunol Med Microbiol* 2008;53:237-51 [https://doi.org/10.1111/j.1574-  
601 695X.2008.00426.x](https://doi.org/10.1111/j.1574-695X.2008.00426.x)  
602
- 603 [25] Monecke S, Jatzwauk L, Müller E, Nitschke H, Pfohl K, Slickers P, et al. Diversity of  
604 *SCCmec* elements in *Staphylococcus aureus* as observed in South-Eastern Germany.  
605 *PLoS One* 2016;11:0162654. <https://doi.org/10.1371/journal.pone.0162654>  
606
- 607 [26] Hau SJ, Sun J, Davies PR, Frana TS, Nicholson TL. Comparative prevalence of  
608 immune evasion complex genes associated with  $\beta$ -hemolysin converting  
609 bacteriophages in MRSA ST5 isolates from swine, swine facilities, humans with  
610 swine contact, and humans with no swine contact. *PLoS One* 2015;10:0142832.  
611 <https://doi.org/10.1371/journal.pone.0142832>  
612
- 613 [27] Leopold SR, Goering RV, Witten A, Harmsen D, Mellmann A. Bacterial whole-  
614 genome sequencing revisited: portable, scalable, and standardized analysis for typing  
615 and detection of virulence and antibiotic resistance genes. *J Clin Microbiol*  
616 2014;52:2365-70. <https://doi.org/10.1128/JCM.00262-14>  
617



- 618 [28] Earls MR, Coleman DC, Brennan GI, Fleming T, Monecke S, Slickers P, et al. Intra-  
619 hospital, inter-hospital and intercontinental spread of ST78 MRSA from two neonatal  
620 intensive care unit outbreaks established using whole-genome sequencing. *Front*  
621 *Microbiol* 2018;9:1485. <https://doi.org/10.3389/fmicb.2018.01485>  
622
- 623 [29] Coombs GW, Baines SL, Howden BP, Swenson KM, O'Brien FG. Diversity of  
624 bacteriophages encoding Panton-Valentine leukocidin in temporally and  
625 geographically related *Staphylococcus aureus*. *PLoS One* 2020;15[2]:0228676.  
626 <https://doi.org/10.1371/journal.pone.0228676>  
627
- 628 [30] Lina G, Piémont Y, Godail-Gamot F, Bes M, Peter M-O, Gauduchon V, et al.  
629 Involvement of Panton-Valentine leukocidin—producing *Staphylococcus aureus* in  
630 primary skin infections and pneumonia. *Clin Infect Dis* 1999;29:1128-32.  
631 <https://doi.org/10.1086/313461>  
632
- 633 [31] Watkins RR, David MZ, Salata RA. Current concepts on the virulence mechanisms of  
634 methicillin-resistant *Staphylococcus aureus*. *J Med Microbiol* 2012;61:1179-93.  
635 <https://doi.org/10.1099/jmm.0.043513-0>  
636
- 637 [32] Bouchiat C, Curtis S, Spiliopoulou I, Bes M, Cocuzza C, Codita I, et al. MRSA  
638 infections among patients in the emergency department: a European multicentre study.  
639 *J. Antimicrob. Chemother* 2016;72:372-5. <https://doi.org/10.1093/jac/dkw431>  
640
- 641 [33] Kossow A, Stühmer B, Schaumburg F, Becker K, Glatz B, Möllers M, et al. High  
642 prevalence of MRSA and multi-resistant Gram-negative bacteria in refugees admitted  
643 to the hospital—But no hint of transmission. *PLoS One* 2018;13:0198103.  
644 <https://doi.org/10.1371/journal.pone.0198103>  
645
- 646 [34] Blomfeldt A, Larssen KW, Moghen A, Gabrielsen C, Elstrøm P, Aamot HV, et al.  
647 Emerging multidrug-resistant Bengal Bay clone ST772-MRSA-V in Norway:  
648 molecular epidemiology 2004-2014. *Eur J Clin Microbiol Infect Dis* 2017;36:1911-21.  
649 <https://doi.org/10.1007/s10096-017-3014-8>  
650
- 651 [35] Challagundla L, Luo X, Tickler IA, Didelot X, Coleman DC, Shore AC, et al. Range  
652 expansion and the origin of USA300 North American epidemic methicillin-resistant  
653 *Staphylococcus aureus*. *mBio* 2018;9:02016-17. <https://doi.org/10.1128/mBio.02016-17>  
654
- 655 [36] Xia G, Wolz C. Phages of *Staphylococcus aureus* and their impact on host evolution.  
656 *Infect Genet Evol* 2014;21:593-601. <https://doi.org/10.1016/j.meegid.2013.04.022>  
657
- 658 [37] Varshney AK, Mediavilla JR, Robiou N, Guh A, Wang X, Gialanella P, et al. Diverse  
659 enterotoxin gene profiles among clonal complexes of *Staphylococcus aureus* isolates  
660 from the Bronx, New York. *Appl Environ Microb* 2009;75:6839-49.  
661 <https://doi.org/10.1128/AEM.00272-09>  
662
- 663 [38] Lindsay JA, Knight GM, Budd EL, McCarthy AJ. Shuffling of mobile genetic  
664 elements (MGEs) in successful healthcare-associated MRSA [HA-MRSA]. *Mob*  
665 *Genet Elements* 2012;2:239-43. <https://doi.org/10.4161/mge.22085>  
666
- 667 [39] Kinnevey PM, Shore AC, Brennan GI, Sullivan DJ, Ehricht R, Monecke S, et al.  
668 Extensive genetic diversity identified among sporadic methicillin-resistant  
669

- 670 *Staphylococcus aureus* isolates recovered in Irish hospitals between 2000 and 2012.  
671 Antimicrob Agents Chemother 2014;58:1907-17. <https://doi.org/10.1128/AAC.02653-13>  
672  
673
- 674 [40] Rohmer C, Wolz C. The role of *hly*-converting bacteriophages in *Staphylococcus*  
675 *aureus* host adaption. Microb Physiol 2021;31:109–122.  
676 <https://doi.org/10.1159/000516645>  
677
- 678 [41] Ma XX, Ito T, Chongtrakool P, Hiramatsu K. Predominance of clones carrying  
679 Panton-Valentine leukocidin genes among methicillin-resistant *Staphylococcus aureus*  
680 strains isolated in Japanese hospitals from 1979 to 1985. J Clin Microbiol  
681 2006;44:4515-27. <https://doi.org/10.1128/JCM.00985-06>  
682
- 683 [42] Kaneko J, Kimura T, Narita S, Tomita T, Kamio Y. Complete nucleotide sequence  
684 and molecular characterization of the temperate staphylococcal bacteriophage phiPVL  
685 carrying Panton-Valentine leukocidin genes. Gene 1998;215:57-67.  
686 [https://doi.org/10.1016/s0378-1119\(98\)00278-9](https://doi.org/10.1016/s0378-1119(98)00278-9)  
687
- 688 [43] Wirtz C, Witte W, Wolz C, Goerke C. Transcription of the phage-encoded Panton–  
689 Valentine leukocidin of *Staphylococcus aureus* is dependent on the phage life-cycle  
690 and on the host background. Microbiology 2009;155:3491-9.  
691 <https://doi.org/10.1099/mic.0.032466-0>  
692
- 693 [44] Steinig E, Aglua I, Duchêne S, Meehan MT, Yoannes M, Firth C, et al. Phylodynamic  
694 signatures in the emergence of community-associated MRSA. Proc Natl Acad Sci  
695 USA 2022;119:e2204993119. <https://www.pnas.org/doi/10.1073/pnas.2204993119>  
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07 **Table 1.** Antimicrobial resistance and virulence-associated gene profiles of 214 PVL-positive CC5/ST5-MRSA-IVc Sri-Lankan clone isolates and 52  
08 additional PVL-positive ( $N=29$ ) and PVL-negative ( $N=23$ ) CC5/ST5-MRSA-I/II/IVa/IVc/IVg/V comparator isolates investigated

Country	Isolates ( $N$ )	Year(s) of isolation	<i>spa</i> -ST-SCC <i>mec</i> ( $N$ )	Antimicrobial resistance genes ( $N$ )	PVL (+/-)	IEC Type ( $N$ )	Reference
<b>Algeria</b>	Comparator (1)	2003	t450-ST5-IVa	<i>aadD</i> , <i>erm</i> (C), <i>fosB</i> , <i>lmrP</i> , <i>mprF</i> , <i>tet</i> (M), <i>vga</i> (A), <i>sdrM</i>	+	B	This study
<b>Australia</b>	Sri-Lankan clone (1)	2015	t002-ST5-IVc	<i>blaZ</i> , <i>fosB</i> , <i>lmrP</i> , <i>sdrM</i>	+	G	McTavish <i>et al.</i> [16]
<b>Czech Republic</b>	Sri-Lankan clone (6)	2018–2021	t002-ST5-IVc	<i>blaZ</i> (4), <i>fosB</i> (6), <i>lmrP</i> (5), <i>sdrM</i> (6), <i>mprF</i> (6), <i>erm</i> (C) (1)	+	G (4) E(1) Novel type 3 ( <i>sak</i> , <i>sep</i> ) (1)	This study
	Comparators (2)	2019–2021	t002-ST5-IVa (1) t002-ST5-II (1)	<i>aadD</i> (1), <i>blaZ</i> (2), <i>erm</i> (A) (1), <i>fosB</i> (2), <i>kdpA/B/C/D/E</i> (1), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2), <i>xylR</i> (1)	-	G (1) B (1)	
<b>Denmark</b>	Sri-Lankan clone (66)	2007–2021	t002-ST5-IVc	<i>blaZ</i> (61), <i>fosB</i> (65), <i>lmrP</i> (65), <i>mprF</i> (65), <i>sdrM</i> (66), <i>erm</i> (C) (31), <i>tet</i> (K) (3), <i>mupA</i> (3), <i>qacA</i> (3), <i>qacC</i> (1), <i>cat</i> (1)	+	G (59) F (7)	This study
	Comparators (10)	2013–2015	t002-ST5-IVa (2) t002-ST5-V (8)	<i>blaZ</i> (9), <i>fosB</i> (10), <i>lmrP</i> (10), <i>mprF</i> (10), <i>sdrM</i> (10), <i>aacA-aphD</i> (7), <i>erm</i> (C) (2), <i>tet</i> (K) (1)	+ (7) - (3)	G (8) F (1) B (1)	
<b>Germany</b>	Sri-Lankan clone (20)	2011–2019	t002-ST5-IVc (15) t535-ST5-IVc (2) t579-ST5-IVc (1) ND-ST5-IVc (2)	<i>blaZ</i> (18), <i>erm</i> (C) (11), <i>fosB</i> (20), <i>lmrP</i> (20), <i>mprF</i> (20), <i>sdrM</i> (19), <i>tet</i> (K) (1), <i>qacA</i> (1), <i>msr</i> (A) (1)	+	G (16) E (1) Novel type 1( <i>sep</i> only) (1) Novel type 2( <i>sak</i> , <i>scn</i> , <i>sea</i> , <i>sep</i> ) (1)	This study
	Comparators (2)	2014–2017	t105-ST5-IVc	<i>blaZ</i> (1), <i>fosB</i> (1), <i>lmrP</i> (1), <i>mprF</i> (2), <i>sdrM</i> (1)	+	B	
<b>Ireland</b>	Sri-Lankan clone (30)	2013–2022	t002-ST5-IVc	<i>blaZ</i> (29), <i>fosB</i> (30), <i>lmrP</i> (30), <i>mprF</i> (30), <i>sdrM</i> (30), <i>erm</i> (C) (5)	+	G (29) None (1)	This study, McManus <i>et al.</i> [13]
	Comparator (17)	2013–2019	t002-ST5-I (1) t002-ST5-IVa (2) t002-ST5-IVc (3) t002-ST5-IVg (2) t311-ST5-V (9)	<i>blaZ</i> (13), <i>erm</i> (C) (10), <i>fosB</i> (17), <i>lmrP</i> (17), <i>mprF</i> (17), <i>sdrM</i> (17), <i>fusC</i> (10), <i>fexA</i> (1), <i>aadD</i> (1), <i>qacA</i> (1), <i>merA</i> (1)	+ (2) - (15)	G (2) F (2) B (3) E (9) Novel type 1( <i>sep</i> only) (1)	
<b>Kuwait</b>	Sri-Lankan clone (1)	2013	t002-ST5-IVc	<i>blaZ</i> , <i>erm</i> (C), <i>fosB</i> , <i>lmrP</i> , <i>mprF</i> , <i>sdrM</i>	+	G	This study

	Comparator (1)	2013	t002-ST5-IVa	<i>blaZ</i> , <i>erm(C)</i> , <i>fosB</i> , <i>lmrP</i> , <i>mprF</i> , <i>sdrM</i>	+	G	
<b>Norway</b>	Sri-Lankan clone (24)	2007–2021	t002-ST5-IVc (23) t1062-ST5-IVc (1)	<i>blaZ</i> (23), <i>fosB</i> (24), <i>lmrP</i> (24), <i>mprF</i> (24), <i>sdrM</i> (24), <i>erm(C)</i> (9), <i>tet(K)</i> (2), <i>vga(A)</i> (1)	+	G (23) Novel Type 2 ( <i>sak</i> , <i>scn</i> , <i>sea</i> , <i>sep</i> ) (1)	This study
	Comparators (12)	2003–2020	t311-ST5-IVa (4) t311-ST5-IVc (2) t002-ST5-IVa (3) t105-ST5-IVc (1) t3089-ST5-IVa (1) t442-ST5-V (1)	<i>blaZ</i> (12), <i>fosB</i> (12), <i>lmrP</i> (12), <i>mprF</i> (12), <i>sdrM</i> (12), <i>erm(C)</i> (1), <i>tet(K)</i> (1), <i>aacA-aphD</i> (2), <i>dfrA</i> (2), <i>tet(M)</i> (2), <i>aphA3</i> (3), <i>mph(C)</i> (1), <i>msr(A)</i> (1), <i>sat</i> (3), <i>qacC</i> (1)	+ (11) - (1)	G (3) B (5) A (4)	
<b>Saudi Arabia</b>	Sri-Lankan clone (4)	2010–2017	t002-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (4), <i>lmrP</i> (4), <i>mprF</i> (4), <i>sdrM</i> (4), <i>erm(C)</i> (2), <i>aphA3</i> (1), <i>sat</i> (1)	+	G (4)	This study
	Comparator (1)	2010	t311-ST5-IVa	<i>blaZ</i> , <i>fosB</i> , <i>lmrP</i> , <i>mprF</i> , <i>sdrM</i>	-	B	
<b>Senegal</b>	Comparators (2)	2007	t311-ST5-IVa	<i>aacA-aphD</i> (1), <i>aadD</i> (1), <i>blaZ</i> (1), <i>dfrA</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>qacC</i> (1), <i>tet(M)</i> (2), <i>sdrM</i> (2)	+	B (2)	This study
<b>Slovakia</b>	Comparator (1)	2020	t002-ST5-IVc	<i>blaZ</i> , <i>fosB</i> , <i>lmrP</i> , <i>mprF</i> , <i>sdrM</i>	-	B	This study
<b>Sri-Lanka</b>	Sri-Lankan clone (33)	2014	t002-ST5-IVc (21) t010-ST5-IVc (1) t045-ST5-IVc (2) t062-ST5-IVc (4) t1062-ST5-IVc (1) ND-ST5-IVc (4)	<i>blaZ</i> (33), <i>fosB</i> (33), <i>lmrP</i> (33), <i>mprF</i> (33), <i>sdrM</i> (33), <i>erm(C)</i> (14), <i>tet(K)</i> (4)	+	G (31) Novel type 1( <i>sep</i> only) (1) Novel Type 2 ( <i>sak</i> , <i>scn</i> , <i>sea</i> , <i>sep</i> ) (1)	McTavish <i>et al.</i> [16]
<b>Sweden</b>	Sri-Lankan clone (2)	2005–2009	t002-ST5-IVc	<i>blaZ</i> (2), <i>erm(C)</i> (1), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2), <i>tet(K)</i> (1)	+	G (2)	This study
<b>United Arab Emirates</b>	Sri-Lankan clone (15)	2017–2019	t002-ST5-IVc (12) t010-ST5-IVc (1) t045-ST5-IVc (1) t306-ST5-IVc (1)	<i>blaZ</i> (15), <i>erm(C)</i> (9), <i>fosB</i> (15), <i>lmrP</i> (17), <i>mprF</i> (17), <i>sdrM</i> (17)	+	G (15)	This study
	Comparator (3)	2018	t105-ST5-IVc (2) t002-ST5-IVa (1)	<i>blaZ</i> (1), <i>erm(C)</i> (1), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3)	+	G (1) B (2)	

<b>United Kingdom</b>	Sri-Lankan clone (12)	2005–2015	t002-ST5-IVc (5) t062-ST5-IVc (2) ND-ST5-IVc (5)	<i>blaZ</i> (12), <i>fosB</i> (12), <i>ImrP</i> (12), <i>mprF</i> (12), <i>sdrM</i> (12), <i>erm(C)</i> (4), <i>tet(K)</i> (2), <i>sat</i> (1)	+	G (11) D (1)	McTavish <i>et al.</i> [16]
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09 Genotypic information for 266 study isolates (Sri-Lankan clone and comparator isolates) recovered from 15 different countries between 2003–2022. Sri-Lankan clone  
 10 isolates were recovered from 12 countries across Europe, Asia, Australia, and the Middle East between 2005–2022. 214 PVL+ CC5/ST5-MRSA-IVc Sri-Lankan clone  
 11 isolates and 52 additional PVL-positive ( $N=29$ ) and PVL-negative ( $N=23$ ) CC5/ST5-MRSA-I/II/IVa/IVc/IVg/V comparator isolates were investigated. The isolates were  
 12 subjected to whole-genome sequencing and subsequent analyses and profiling to determine antimicrobial resistance gene patterns and virulence gene profiles. Genotypic  
 13 information was extracted from whole-genome data using Ridom SeqSphere+ v7.0.4 (Ridom GmbH, Münster, Germany) genotyping & *S. aureus* Genotyping Kit 2.0  
 14 (Abbott) microarray technology[19, 23–25]. The isolates also underwent core-genome multi-locus sequence typing and single nucleotide polymorphic analyses.  
 15

16 Abbreviations: ND, not determined – isolates not available and *spa* types could not be determined using *in-silico* techniques on the available genomic sequence data; ST,  
 17 sequence type; SCC*mec*, staphylococcal chromosomal cassette harbouring *mecA*; PVL, Panton-Valentine leukocidin; +, positive; -, negative; IEC, immune evasion cluster;  
 18 *scn*, staphylococcal complement inhibitor, *sea*; staphylococcal enterotoxin a gene, *sep*, staphylococcal enterotoxin p gene; *sak*, staphylokinase gene.

719 **Figure Legends**

720

721 **Figure 1a. Maximum likelihood tree (MLT) based on phylogenetic analysis of 12,245**  
 722 **core-genome single nucleotide polymorphisms (cgSNPs) for 214 PVL-positive CC5/ST5-**  
 723 **MRSA-IVc Sri-Lankan clone isolates and 52 additional PVL-positive ( $N=29$ ) and PVL-**  
 724 **negative ( $N=23$ ) CC5/ST5-MRSA-I/II/IVa/IVc/IVg/V comparator isolates.**

725 Sri-Lankan clone isolates were recovered from 12 countries across Europe, Asia, Australia  
 726 and the Middle East between 2005–2022. Separate node colours/shapes represent country of  
 727 recovery, sample types and SCC*mec* types as indicated in the legend. Blue branches represent  
 728 PVL-positive CC5/ST5-MRSA-IVc Sri-Lankan clone isolates ( $N=209/214$ ) forming Clade I.  
 729 Green branches represent PVL-positive CC5/ST5-MRSA-IVa comparator isolates ( $N=7/52$ )  
 730 forming Clade II. Red branches represent the remaining PVL-positive CC5/ST5-MRSA-IVc  
 731 Sri-Lankan clone isolates ( $N=5/214$ ) forming Clade III. The thick black branch represents a  
 732 PVL-positive CC5/ST5-MRSA-IVa comparator isolate ( $n=1$ ) branching out next to Clade III.  
 733 The thin black branches represent the comparator outgroup isolates ( $N=44$ ) which separate  
 734 away from Clades I–III. Labels for the 52 comparator isolates are highlighted in orange.  
 735 Isolate names, year of recovery and *spa* types are all indicated in the branch labelling.  
 736 Country-specific isolate pairs or clusters containing closely related isolates that differed by  
 737  $\leq 10$  cgSNPs are shaded in grey. The divergent subgroup of 15 Irish isolates (lacking the *bbp*  
 738 gene) within the large Sri-Lankan clade (Clade I) is indicated by an asterisk and the isolate  
 739 names are highlighted in green. The epidemiological and genotypic information for each  
 740 isolate investigated is provided in Table I and Supplementary Table SI. Corresponding SNP  
 741 distance matrix data is provided in Supplementary Table SIII.

742

743

744 **Figure 1b. Minimum spanning tree (MST) based on core genome multi-locus sequence**  
 745 **type (cgMLST) analysis of 1,861 target genes for 214 PVL-positive CC5/ST5-MRSA-IVc**  
 746 **Sri-Lankan clone isolates and 52 additional PVL-positive ( $N=29$ ) & PVL-negative**  
 747 **( $N=23$ ) CC5/ST5-MRSA-I/II/IVa/IVc/IVg/V comparator isolates.**

748 Separate node colours represent country of isolation as indicated in the legend. Partitions  
 749 within nodes represent the presence of  $\geq 2$  isolates per node. Comparator isolates are indicated  
 750 by red squares. Closely related clusters of isolates ( $\leq 20$  allelic differences to the closest  
 751 neighbouring isolate within the RIG) are outlined within grey shadowing. Branch numbers  
 752 indicate the number of allelic differences between neighbouring isolates. Node numbers  
 753 indicate the 36 related isolate groups (RIGs) in the population (Table SI). The subgroup of

754 closely related Irish isolates consisting of 15 isolates with a distinct genotypic profile to other  
755 Sri-Lankan clone isolates is outlined in green. The corresponding cgMLST pairwise isolate  
756 distance matrix is provided in Supplementary Table SIV. The cgMLST-based MST was  
757 constructed using Ridom SeqSphere+ v7.0.4 (Ridom GmbH, Münster, Germany).  
758  
759  
760  
761

Figure 1a

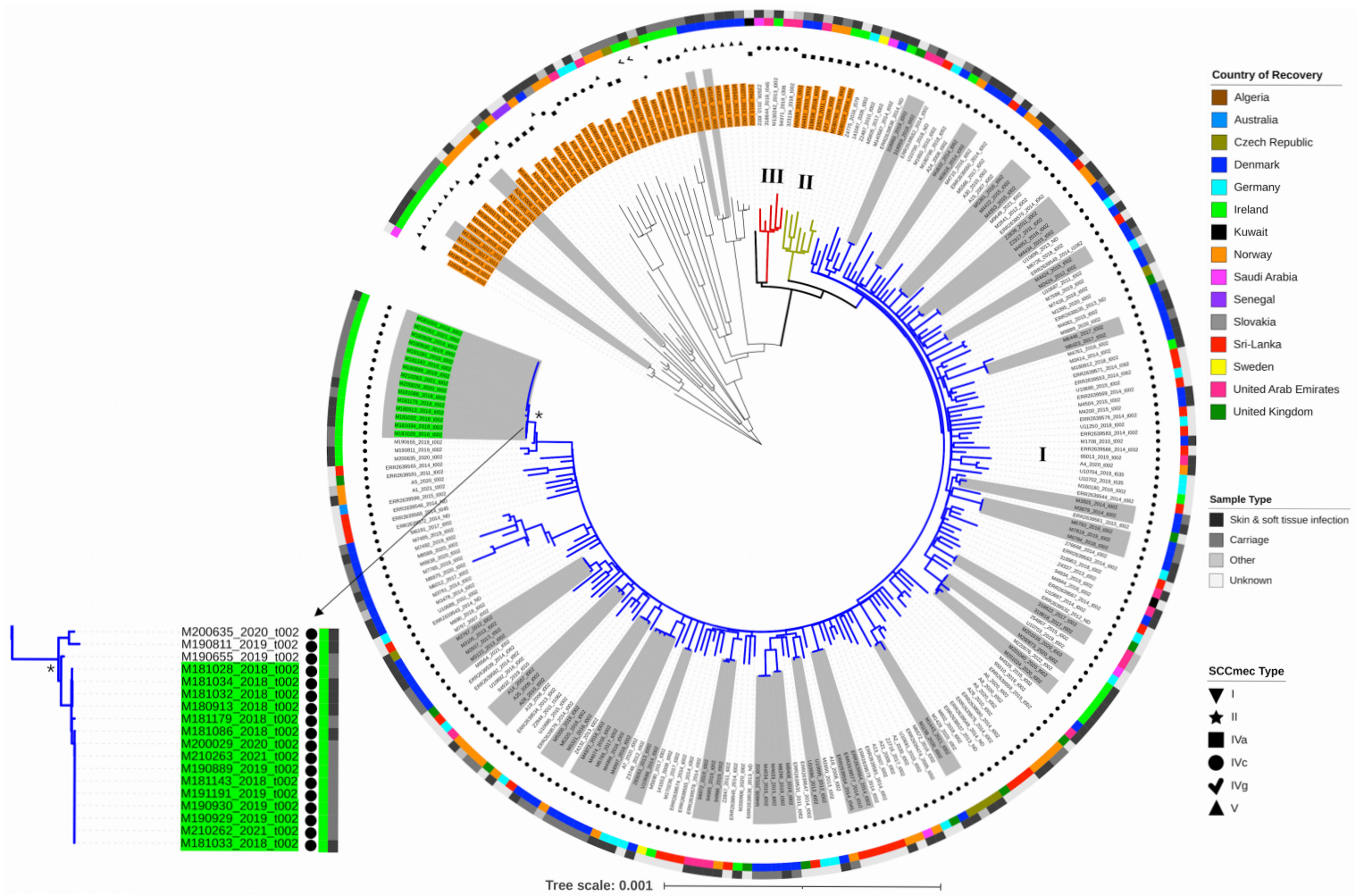
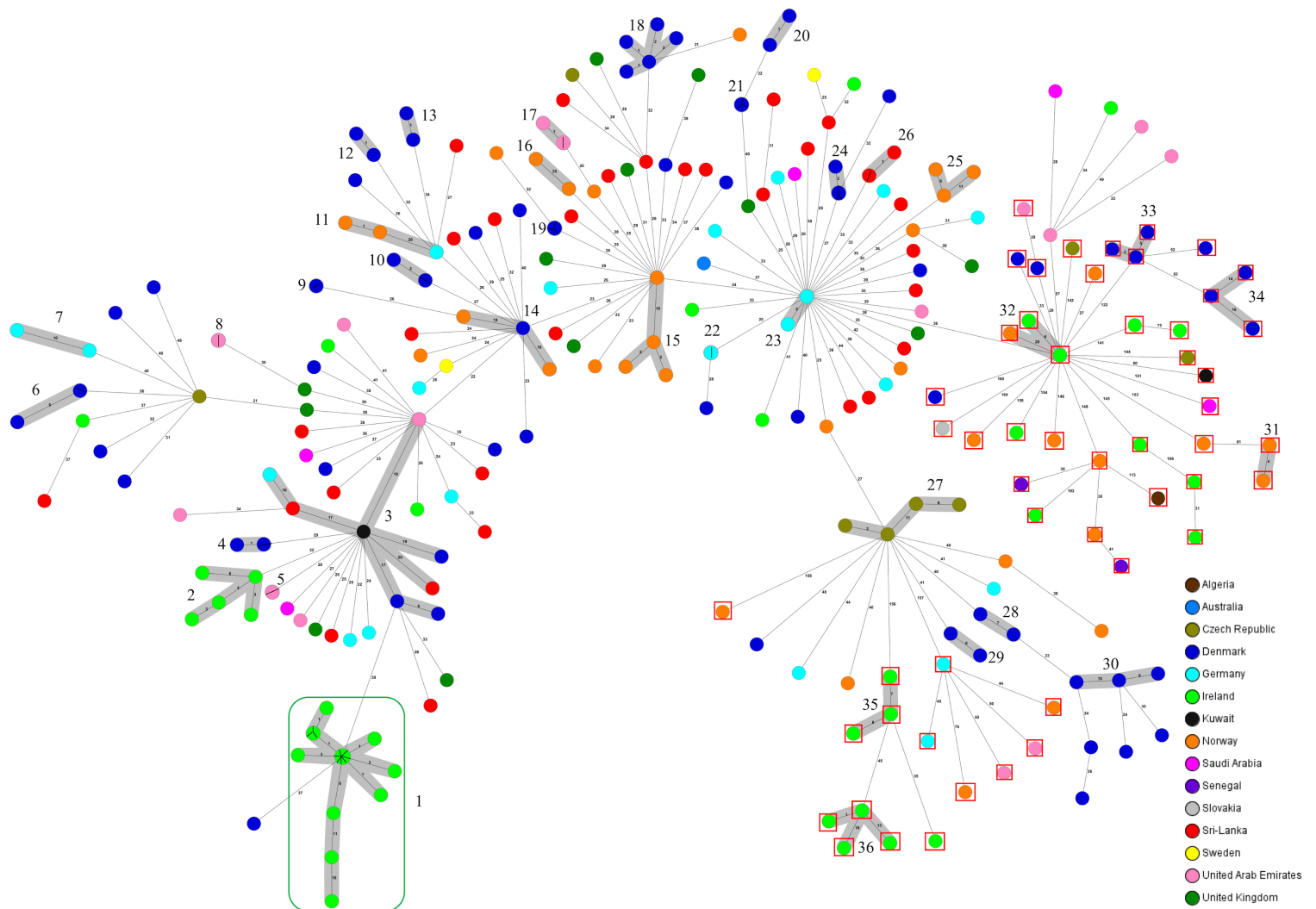
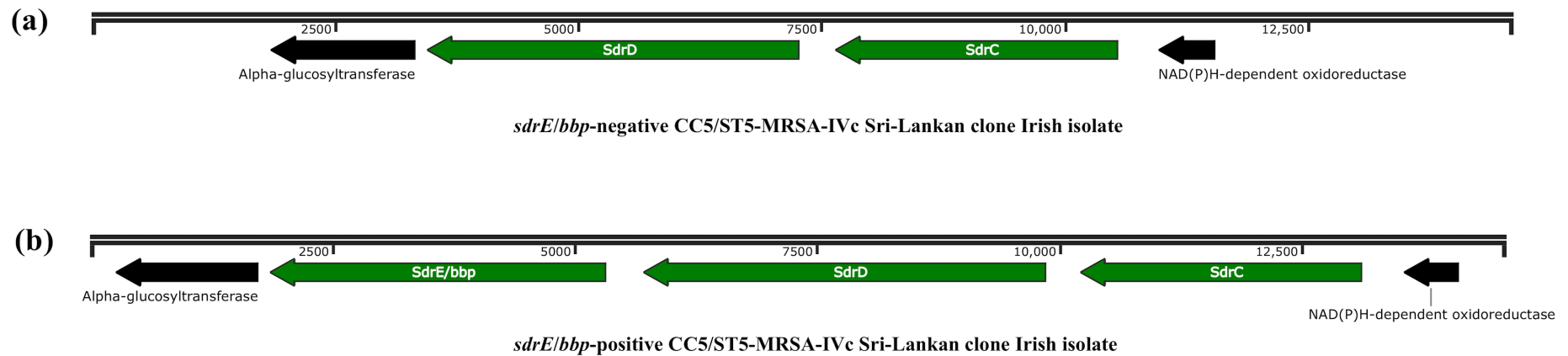




Figure 1b



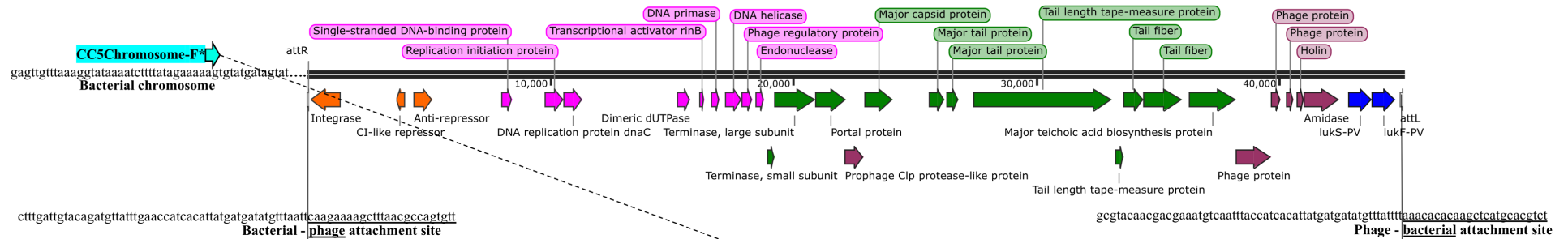
Supplementary Figure S1



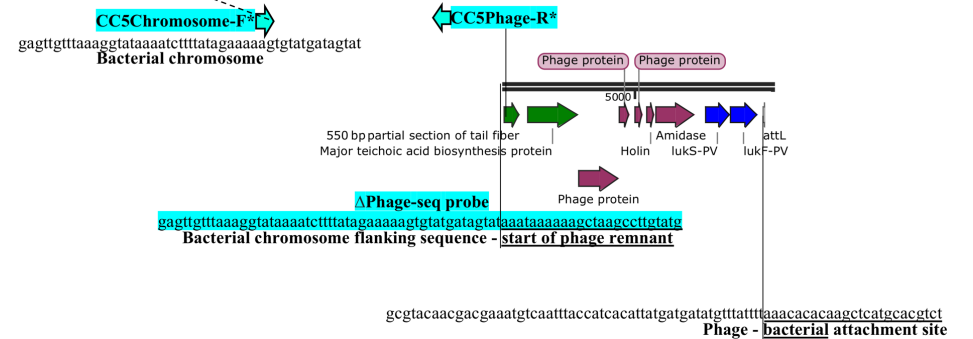
**Supplementary Figure S1. Comparative structural organization of the serine-aspartate repeat protein-encoding (*sdr*) locus of (a) the *SdrE/bbp*-negative PVL-positive CC5/ST5-MRSA-IVc Sri-Lankan clone Irish isolate M181179 and (b) the *SdrE/bbp*-positive PVL-positive CC5/ST5-MRSA-IVc Sri-Lankan clone Irish isolate M180912.** The tandemly arranged *sdr* genes *sdrC* (~2904 bp), *sdrD* (~4140 bp) and *sdrE* (~3462 bp) encode Sdr surface proteins (members of the Microbial Surface Components Recognising Adhesive Matrix Molecules [MSCRAMM] family). A divergent subgroup of 15 PVL-positive CC5/ST5-MRSA-IVc Sri-Lankan clone Irish isolates recovered between 2018–2021 lacked this *sdrE/bbp* gene. Isolate sequences underwent hybrid assembly following long-read and short-read sequencing. The hybrid assembled genomes were annotated using RAST v2.0 (<https://rast.nmpdr.org>) and visualised using SnapGene v6.0.6 (<https://www.snapgene.com>).

Supplementary Figure S2

(a)



(b)



**Supplemental Figure S2. Comparison of the structural organisation of the Panton-Valentine leukocidin (*pvl*) *lukF/S*-PV genes and associated phage DNA sequences within the chromosome of a PVL-positive CC5/ST5-MRSA-IVc comparator isolate harbouring an intact lysogenised *pvl*-encoding bacteriophage genome, and a PVL-positive CC5/ST5-MRSA-IVc Sri Lankan clone isolate carrying a *pvl*-encoding phage remnant.** The organisation of phage DNA regions was determined by hybrid assembly. (a) Comparator isolate 323179 (United Arab Emirates, 2018) harbouring a fully intact lysogenised *pvl*-encoding bacteriophage genome (~45,000 bp) with 99.99% sequence homology to the *pvl*-encoding phage phiSa2wa (accession no. ON989481.1). (b) Sri Lankan clone isolate M181179 (Ireland, 2018) harbouring a 9,616 bp *pvl*-encoding phage remnant with 100% sequence homology to the 3' end junction of the phiSa2wa phage. The typical components of the bacteriophage genome are highlighted by colour; lysogeny module (orange), DNA replication and transcription genes (pink), head and tail packaging genes (green), lysis module (dark purple) and the

*lukS/F-PV* region (blue). Attachment sites (*attR* and *attL*) are typically present at the proximal and distal junction ends of lysogenized prophage genomes integrated in the bacterial chromosome. The phage remnant probably arose from an imprecise excision event that resulted in loss of most of the phage genome and a 614 bp chromosomal DNA sequence upstream and including the *attR* site. In isolate M181179, the annotated bacterial chromosome flanking sequence and phage remnant' sequence are indicated. The hybrid assembled genomes were annotated using RAST v2.0 (<https://rast.nmpdr.org>) and visualised using SnapGene v6.0.6 (<https://www.snapgene.com>).

All available 29,504 *S. aureus* assembled genomes in the pubMLST database (<https://pubmlst.org>) (accessed 2nd Nov. 2022) were screened by *in silico* PCR using primers CC5Chromosome-F\* (5'-ATTTCGATTGCACGTTCTG-3') and CC5Phage-R\* (5'-ACTTAACAGACGAGTTATTGCAC-3') indicated in (b) which yield an 856 bp amplicon with assembled genomes harbouring the 9.6 kb phage remnant ([https://pubmlst.org/bigdb?db=pubmlst\\_saureus\\_isolates&page=query&genomes=1](https://pubmlst.org/bigdb?db=pubmlst_saureus_isolates&page=query&genomes=1)). Ten PVL-positive CC5/ST5-MRSA-IVc (8/10, t002) (Accession Nos. ERR211934, ERR211966, ERR212816, ERR212871, ERR540754, ERR540938, ERR541062, ERR541068, ERR714842 and SRR917592), seven PVL-positive CC5/ST5-MRSA-IVa (6/7, t002) (Accession Nos. ERR204190, ERR212783, ERR212986, ERR527305, ERR702114, ERR715326 and ERR737419) and one PVL-positive CC5/ST5/t002-MSSA (Accession No. ERR109505) were identified that harboured the 9.6 kb phage remnant. A 75 bp sequence “ΔPhage-seq probe” (highlighted in light blue in (b)) that spanned the chromosomal/5'-phage junction was used as an *in silico* probe against the assembled genomes to confirm *in silico* PCR results.

Investigation of these 18 isolates and all other study isolates by cgMLST SNP-based maximum likelihood analysis grouped all 10 PVL-positive CC5/ST5-MRSA-IVc into Sri Lankan clone Clade I and all 7 PVL-positive CC5/ST5-MRSA-IVa into Clade II alongside the other CC5/ST5-MRSA-IVa comparators. The PVL-positive CC5/ST5-MSSA isolate branched out next to Sri Lankan Clade III isolates. The complete absence of SCC*mec* element sequences in this MSSA isolate and its close phylogenetic proximity to Sri Lankan clone isolates further supports the probability of a PVL-positive MSSA progenitor giving rise to the Sri Lankan clone. Due to the lack of publicly available metadata, these 18 additional isolates were not included in the primary phylogenetic analysis (Figures 1a and 1b).

**Supplementary Table SII.** Literature search to identify previously investigated PVL-positive CC5/ST5-MRSA-IVc Sri-Lankan clone isolates

**Part (a): Literature search results; closest hits (isolates included in study are highlighted in red text)**

Title	Country	Year	DOI	No. of isolates in study	ST	PVL+/-	SCC $mec$ type
Genomic and epidemiological evidence of a dominant Panton-Valentine leucocidin-positive methicillin resistant <i>Staphylococcus aureus</i> lineage in Sri Lanka and presence among isolates from the United Kingdom and Australia	United Kingdom, Sri-Lanka, Australia	2019	<a href="https://doi.org/10.3389/fcimb.2019.00123">https://doi.org/10.3389/fcimb.2019.00123</a>	56 (46 included in study)	ST5	PVL+	IVc
Genotyping of methicillin resistant <i>Staphylococcus aureus</i> from the United Arab Emirates	United Arab Emirates	2020	<a href="https://doi.org/10.1038/s41598-020-75565-w">https://doi.org/10.1038/s41598-020-75565-w</a>	14	ST5	PVL+	IVc
Genomics of <i>Staphylococcus aureus</i> ocular isolates	United States of America	2021	<a href="https://doi.org/10.1371/journal.pone.0250975">https://doi.org/10.1371/journal.pone.0250975</a>	2	ST5	PVL+	IVc
The molecular epidemiology of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) in the Czech Republic	Czech Republic	2021	<a href="https://doi.org/10.1093/jac/dkaa404">https://doi.org/10.1093/jac/dkaa404</a>	11	ST5	PVL+	IVc

Prevalence and molecular characterization of <i>Staphylococcus aureus</i> in commercially available meat over a one-year period in Iowa, USA	United States of America	2017	<a href="http://dx.doi.org/10.1016/j.fm.2017.01.015">http://dx.doi.org/10.1016/j.fm.2017.01.015</a>	3	ST5	PVL+	Not mentioned
Epidemiological and molecular characterization of community and hospital acquired <i>Staphylococcus aureus</i> strains prevailing in Shenyang, North-eastern China	China	2013	<a href="http://dx.doi.org/10.1016/j.bjid.2013.02.007">http://dx.doi.org/10.1016/j.bjid.2013.02.007</a>	6	ST5	PVL+	IV
Epidemiology of MRSA in southern Sweden: strong relation to foreign country of origin, health care abroad and foreign travel	Sweden	2013	<a href="https://doi.org/10.1007/s10096-013-1929-2">https://doi.org/10.1007/s10096-013-1929-2</a>	25	ST5	PVL+	Not mentioned
Molecular characterization of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) nasal colonization and infection isolates in a veterans affairs hospital	United States of America	2015	<a href="https://doi.org/10.1186/s13756-015-0048-5">https://doi.org/10.1186/s13756-015-0048-5</a>	6	ST5	PVL+	Not mentioned

Dissemination of the Methicillin-resistant <i>Staphylococcus aureus</i> paediatric clone (ST5-t002-IV-PVL+) as a major cause of community-associated staphylococcal infections in Bedouin children, southern Israel	Israel	2017	<a href="https://doi.org/10.1093/ofid/ofx163.1709">https://doi.org/10.1093/ofid/ofx163.1709</a>	28	ST5	PVL+	IV
Genomic surveillance of methicillin-resistant <i>Staphylococcus aureus</i> in the Philippines, 2013–2014	The Phillipines	2021	<a href="https://doi.org/10.5365/wpsar.2020.11.1.004">https://doi.org/10.5365/wpsar.2020.11.1.004</a>	2	ST5	PVL+	IV
Entry of Panton–Valentine leukocidin-positive methicillin-resistant <i>Staphylococcus aureus</i> into the hospital: prevalence and population structure in Heidelberg, Germany 2015–2018	Germany	2020	<a href="https://doi.org/10.1038/s41598-020-70112-z">https://doi.org/10.1038/s41598-020-70112-z</a>	4	ST5	PVL+	IV
Whole-genome epidemiology, characterisation, and phylogenetic reconstruction of <i>Staphylococcus aureus</i> strains in a paediatric hospital	Italy	2018	<a href="https://doi.org/10.1186/s13073-018-0593-7">https://doi.org/10.1186/s13073-018-0593-7</a>	10	ST5	PVL+	IV

Prevalence of oxacillin-susceptible methicillin-resistant <i>Staphylococcus aureus</i> nasal carriage and their clonal diversity among patients attending public health-care facilities	Brazil	2020	<a href="https://doi.org/10.4103/ijmm.IJMM_20_157">https://doi.org/10.4103/ijmm.IJMM_20_157</a>	2	ST5	PVL+	IV
Distribution of sasX, pvl, and qacA/B genes in epidemic methicillin-resistant <i>Staphylococcus aureus</i> strains isolated from East China	China	2018	<a href="https://doi.org/10.2147/IDR.S153399">https://doi.org/10.2147/IDR.S153399</a>	1	ST5	PVL+	IV

**Part (b): Literature search results; partial hits (potential comparator isolates)**

Title	Country	Year	DOI	No. of isolates in study	ST	PVL+/-	SCC <sub>mec</sub> type
Multidrug-resistant methicillin-resistant <i>Staphylococcus aureus</i> associated with bacteraemia and monocyte evasion, Rio de Janeiro, Brazil	Brazil	2021	<a href="https://doi.org/10.3201/eid2711.210097">https://doi.org/10.3201/eid2711.210097</a>	167	ST5	Not mentioned	IV



Comparing pulsed-field gel electrophoresis with multi-locus sequence typing, <i>spa</i> typing, Staphylococcal Cassette Chromosome <i>mec</i> (SCCmec) typing, and PCR for Panton-Valentine leukocidin, <i>arcA</i> , and <i>opp3</i> in methicillin-resistant <i>Staphylococcus aureus</i> isolates at a U.S. medical center	USA	2013	<a href="https://doi.org/10.1128/JCM.02429-12">https://doi.org/10.1128/JCM.02429-12</a>	1	ST5	PVL+	II
Molecular epidemiology of hospital-onset methicillin-resistant <i>Staphylococcus aureus</i> infections in Southern Chile	Chile	2013	<a href="https://doi.org/10.1007/s10096-013-1907-8">https://doi.org/10.1007/s10096-013-1907-8</a>	2	ST5	PVL-	IVc, IV non-typeable
Antimicrobial susceptibility and molecular typing of MRSA in Cystic Fibrosis	USA	2014	<a href="https://doi.org/10.1002/ppul.22815">https://doi.org/10.1002/ppul.22815</a>	42	ST5	PVL-	II
Suspected transmission and subsequent spread of MRSA from farmer to T dairy cows	Sweden	2018	<a href="https://doi.org/10.1016/j.vetmic.2018.09.017">https://doi.org/10.1016/j.vetmic.2018.09.017</a>	12	ST2659 (differs from ST5 by the <i>yqil</i> gene)	PVL+	Not mentioned

Molecular characteristics of antimicrobial resistance and virulence determinants of <i>Staphylococcus aureus</i> isolates derived from clinical infection and food	China	2018	<a href="https://doi.org/10.1002/jcla.22456">https://doi.org/10.1002/jcla.22456</a>	29	ST5	Not clarified	III
Spread of invasive Spanish <i>Staphylococcus aureus spa</i> -type t067 associated with a high prevalence of the aminoglycoside-modifying enzyme gene <i>ant(4')-Ia</i> and the efflux pump genes <i>msrA/msrB</i>	Spain	2009	<a href="https://doi.org/10.1093/jac/dkn430">https://doi.org/10.1093/jac/dkn430</a>	15	ST5	PVL-	IV

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Result of an extensive literature search for PVL-positive CC5/ST5-MRSA-IVc Sri-Lankan clone isolates: (a) closest hits from search (b) partial hits from search. Search of the National Center for Biotechnology Information (NCBI) Sequence Read Archive (SRA)/GenBank, the European Nucleotide Archive (ENA) databases and publicly available literature using the following search terms: 'ST5', 'CC5', '*spa* type t002', 'PVL-positive', '*lukF-pv*', '*lukS-pv*', 'MRSA' and 'SCC*mec* IVc'. Table provides all available information extracted from papers. Most papers did not confirm SCC*mec* subtypes.

Abbreviations: ST, sequence type; PVL, Panton Valentine Leukocidin; +, positive; -, negative; SCC*mec* type, Staphylococcal Cassette Chromosome *mec*

**Supplementary Table SV.** Genotypic details for 36 related isolate groups (RIGs). Of the 266 (214 CC5/ST5-MRSA-IVc Sri-Lankan clone isolates, 29 PVL-positive and 23 PVL-negative CC5/ST5-MRSA-I/II/IVa/IVc/IVg/V comparator strains) study isolates, 123 (105 Sri-Lankan clone isolates & 18 comparator isolates) formed RIGs

<b>RIG</b>	<b>Isolate (n)</b>	<b>Country (n)</b>	<b>Years of isolation</b>	<b><i>spa</i>-ST-SCC<i>mec</i> (n)</b>	<b>Antimicrobial resistance genes<sup>1</sup> (n)</b>	<b>PVL(+/-)</b>	<b>IEC Type (n)</b>
1	18	Ireland	2018–2021	t002-ST5-IVc	<i>blaZ</i> (17), <i>fosB</i> (18), <i>lmrP</i> (18), <i>mprF</i> (18), <i>sdrM</i> (18)	+	G
2	5	Ireland	2020–2022	t002-ST5-IVc	<i>blaZ</i> (5), <i>fosB</i> (5), <i>lmrP</i> (5), <i>mprF</i> (5), <i>sdrM</i> (5), <i>ermC</i> (4)	+	G
3	8	Denmark (3) Germany (1) Kuwait (1) Sri-Lanka (2) United Arab Emirates (1)	2013–2019	t002-ST5-IVc	<i>blaZ</i> (8), <i>fosB</i> (8), <i>lmrP</i> (8), <i>mprF</i> (8), <i>sdrM</i> (8), <i>ermC</i> (6), <i>tetK</i> (1)	+	G
4	3	Denmark	2018–2019	t002-ST5-IVc (2) t002-ST5-IVa (1)	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>ermC</i> (2)	+	G
5	2	United Arab Emirates	2017	t002-ST5-IVc	<i>blaZ</i> (2), <i>ermC</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2)	+	G
6	3	Denmark	2017–2020	t002-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>ermC</i> (2)	+	G
7	2	Germany	2019	t535-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2)	+	G
8	2	United Arab Emirates	2018	t002-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2)	+	G
9	2	Denmark	2014	t002-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2)	+	F
10	3	Denmark	2015–2016	t002-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3)	+	G
11	3	Norway (2) Germany (1)	2011–2013	t002-ST5-IVc (2) ND-ST5-IVc (1)	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>ermC</i> (1), <i>tetK</i> (1)	+	G

12	2	Denmark	2012–2015	t002-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (1), <i>lmrP</i> (1), <i>mprF</i> (2), <i>sdrM</i> (2), <i>ermC</i> (2)	+	G
13	2	Denmark	2015–2016	t002-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2), <i>ermC</i> (2)	+	G
14	3	Norway (2) Denmark (1)	2008–2010	t002-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>ermC</i> (2), <i>tetK</i> (1)	+	G
15	4	Norway	2007–2010	t002-ST5-IVc	<i>blaZ</i> (4), <i>fosB</i> (4), <i>lmrP</i> (4), <i>mprF</i> (4), <i>sdrM</i> (4)	+	G
16	2	Norway	2007–2008	t002-ST5-IVc	<i>blaZ</i> (1), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2), <i>ermC</i> (1)	+	G
17	3	United Arab Emirates	2019	t002-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3)	+	G
18	5	Denmark	2016–2017	t002-ST5-IVc	<i>blaZ</i> (5), <i>fosB</i> (5), <i>lmrP</i> (5), <i>mprF</i> (5), <i>sdrM</i> (5), <i>ermC</i> (5)	+	G
19	3	Denmark	2016	t002-ST5-IVc	<i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>ermC</i> (2), <i>mupA</i> (3), <i>qacA</i> (3)	+	F
20	2	Denmark	2019	t002-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2)	+	G
21	3	Denmark	2015	t002-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3)	+	G
22	2	Germany	2012	t002-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2)	+	Novel Type 2 ( <i>sak</i> , <i>scn</i> , <i>sea</i> , <i>sep</i> )
23	2	Germany	2013–2014	t002-ST5-IVc	<i>blaZ</i> (1), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (1), <i>ermC</i> (2)	+	G
24	4	Denmark	2012–2013	t002-ST5-IVc	<i>blaZ</i> (4), <i>fosB</i> (4), <i>lmrP</i> (4), <i>mprF</i> (4), <i>sdrM</i> (4), <i>ermC</i> (3), <i>tetK</i> (2)	+	G
25	3	Norway	2020	t002-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>ermC</i> (3)	+	G

26	3	Sri-Lanka	2014	t002-ST5-IVc t010-ST5-IVc t045-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3)	+	G
27	4	Czech Republic	2018–2021	t002-ST5-IVc	<i>blaZ</i> (4), <i>fosB</i> (4), <i>lmrP</i> (4), <i>sdrM</i> (4), <i>mprF</i> (4)	+	G (3) Novel Type 3 ( <i>sak</i> , <i>sep</i> )
28	2	Denmark	2018–2019	t002-ST5-IVc t002-ST5-IVa	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2)	+	G
29	2	Denmark	2018–2019	t002-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2), <i>ermC</i> (1)	+	G
30	3	Denmark	2017–2019	t002-ST5-IVc	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3)	+	G
*31	2	Norway	2005–2008	t311-ST5-IVc	<i>blaZ</i> (2), <i>fosB</i> (2), <i>lmrP</i> (2), <i>mprF</i> (2), <i>sdrM</i> (2), <i>aphA3</i> (2), <i>sat</i> (2)	+	A
*32	3	Ireland (2) Norway (1)	2009–2018	t002-ST5-IVa (2) t002-ST5-IVa (1)	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>ermC</i> (3)	+	G
*33	3	Denmark	2013–2015	t002-ST5-V	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>aac-aphD</i> (2)	+ (2) - (1)	G
*34	3	Denmark	2013–2014	t002-ST5-V	<i>blaZ</i> (3), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>aacA-aphD</i> (3)	+ (2) - (1)	G
*35	3	Ireland	2015–2019	t311-ST5-V	<i>blaZ</i> (2), <i>fosB</i> (3), <i>lmrP</i> (3), <i>mprF</i> (3), <i>sdrM</i> (3), <i>fusC</i> (3), <i>ermC</i> (2)	-	E
*36	4	Ireland	2017–2019	t311-ST5-V	<i>blaZ</i> (4), <i>fosB</i> (4), <i>lmrP</i> (4), <i>mprF</i> (4), <i>sdrM</i> (4), <i>fusC</i> (4), <i>ermC</i> (3)	-	E

266 study isolates (Sri-Lankan clone and comparator isolates) were recovered from 15 different countries between 2003–2022. Sri-Lankan clone isolates were recovered from 12 countries across Europe, Asia, Australia & the Middle East between 2005–2022. 123/266 isolates clustered with closely related neighbouring isolates to form related isolate groups (RIGs). RIGs were defined as groups of isolates exhibiting  $\leq 20$  cgMLST allelic differences to their

closest neighbouring isolate within the RIG. The remaining 143 study isolates exhibited  $\geq 20$  cgMLST allelic differences and were therefore considered to not be as closely related to one another. Genotypic information including sequence types (STs), staphylococcal protein A (*spa*) types, Staphylococcal Chromosome Cassette *mec* element (SCC*mec*) subtypes & antimicrobial resistance profiles were extracted from whole genome data using Ridom SeqSphere+ v7.0.4 (Ridom GmbH, Münster, Germany) and *S. aureus* Genotyping Kit 2.0 (Abbott) microarray profiling[1–4]. RIGs 1–36 were identified following core-genome multi-locus sequence type minimum spanning tree (cgMLST MST) analysis using SeqSphere+ (Fig. 2)[5,6]. \*Asterisk indicates RIGs containing only comparator isolates. Abbreviations: RIG, Related isolate group; n, number; ND, not determined – isolates not available & *spa* types could not be determined using in-silico techniques on the available genomic sequence data; ST, sequence type; SCC*mec*, staphylococcal chromosomal cassette harbouring *mecA*; PVL, Pantone-Valentine leukocidin; +, positive; -, negative; IEC, immune evasion cluster; *sep*, staphylococcal enterotoxin p gene.

## References:

- [1] Monecke S, Jatzwauk L, Weber S, Slickers P, Ehricht R. DNA microarray-based genotyping of methicillin-resistant *Staphylococcus aureus* strains from Eastern Saxony. Clin Microbiol Infect 2008;14:534-45 <https://doi.org/10.1111/j.1469-0691.2008.01986.x>
- [2] Monecke S, Slickers P, Ehricht R. Assignment of *Staphylococcus aureus* isolates to clonal complexes based on microarray analysis and pattern recognition. FEMS Immunol Med Microbiol 2008;53:237-51 <https://doi.org/10.1111/j.1574-695X.2008.00426.x>
- [3] Monecke S, Jatzwauk L, Müller E, Nitschke H, Pfohl K, Slickers P, et al. Diversity of SCC*mec* elements in *Staphylococcus aureus* as observed in South-Eastern Germany. PLoS One 2016;11:0162654. <https://doi.org/10.1371/journal.pone.0162654>
- [4] Earls MR, Steinig EJ, Monecke S, Samaniego Castruita JA, Simbeck A, Schneider-Brachert W, et al. Exploring the evolution and epidemiology of European CC1-MRSA-IV: tracking a multidrug-resistant community-associated methicillin-resistant *Staphylococcus aureus* clone. Microb Genom 2021;7:000601. <https://doi.org/10.1099/mgen.0.000601>
- [5] Leopold SR, Goering RV, Witten A, Harmsen D, Mellmann A. Bacterial whole-genome sequencing revisited: portable, scalable, and standardized analysis for typing and detection of virulence and antibiotic resistance genes. J Clin Microbiol 2014;52:2365-70. <https://doi.org/10.1128/JCM.00262-14>
- [6] Earls MR, Coleman DC, Brennan GI, Fleming T, Monecke S, Slickers P, et al. Intra-hospital, inter-hospital and intercontinental spread of ST78 MRSA from two neonatal intensive care unit outbreaks established using whole-genome sequencing. Front Microbiol 2018;9:1485. <https://doi.org/10.3389/fmicb.2018.01485>