1	Staphylococcal Cassette Chromosome mec: Recent Advances and New Insights
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Summary

Staphylococcal cassette chromosome (SCC) elements are complex mobile genetic elements that often carry antimicrobial resistance and in some cases virulence-associated genes. In addition to SCCmec, which harbours the methicillin resistance gene mec, many different SCC elements have been identified in staphylococci. Recent findings have significantly enhanced our understanding of the diversity of SCCmec elements and their contribution to the evolution of MRSA and are the focus of this short review. This includes the identification of (i) novel mec genes and allelic variants, (ii) an extensive array of ccr and mec complex genes as well as SCCmec, SCC and pseudo SCC/SCCmec elements and composite islands (CIs) in staphylococci, (iii) potential mec, SCC and SCCmec precursors among distinct coagulase-negative staphylococcal species, and (iv) SCC encoded virulence-associated genes. Due to their complex nature and increasing diversity, detailed characterisation of SCC and SCCmec elements and CIs represents a unique challenge but is vital for effective epidemiological typing and tracking of MRSA and other staphylococci and to enhance our understanding of the origins and evolution of MRSA.

- **Keywords:** SCC*mec*; SCC; MRSA; coagulase-negative staphylococci; composite islands;
- mecA; mecC.

Introduction

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Staphylococcus is a genus of Gram-positive bacteria comprising more than 40 different species encompassing the coagulase-negative staphylococci (CoNS), such as Staphylococcus epidermidis and Staphylococcus haemolyticus, and coagulase-positive staphylococci, such as Staphylococcus aureus and Staphylococcus pseudintermedius. Staphylococci form part of the normal flora of human and animal skin and mucous membranes and are commonly associated with opportunistic infections. Staphylococcus aureus is the most pathogenic species in humans and capable of causing a spectrum of infections due to its ability to express a diverse range of virulence factors and resistance to multiple antimicrobial agents, often encoded on mobile genetic elements (MGEs) (Malachowa & Deleo, 2010). Staphylococcal cassette chromosome (SCC) elements are a unique class of MGEs prevalent in staphylococci and include SCCmec, which harbours the mec genes encoding resistance to methicillin and almost all \(\beta \)-lactam antibiotics (Ito et al., 2003). Since its first identification in 1961 in the United Kingdom a variety of different methicillin resistant S. aureus (MRSA) clones have emerged and spread worldwide, many exhibiting resistance to several classes of antimicrobial agents (Chambers and Deleo, 2009; Jevon, 1961). MRSA are a major nosocomial problem worldwide and have also emerged as a significant cause of infections in the community, and among animals (Deleo et al., 2010; Weese, 2010) SCCmec elements are characterised by several well-defined features (Ito et al., 2001; IWG-SCC, 2009). They integrate into the staphylococcal chromosome at a specific site (attB or the integration site sequence ISS) within the 3' end of the orfX gene encoding a ribosomal methyltransferase (Boundy et al., 2013). SCCmec elements are flanked by direct and inverted repeat sequences (DRs and IRs, respectively). Each SCCmec element

encode serine recombinases that mediate site- and orientation-specific integration and excision of SCCmec. The mec complex genes include the mec gene and, when present, its regulatory genes mecR1, a sensor inducer, and mecI, a repressor. SCCmec elements also frequently harbour integrated insertions sequences, plasmids and transposons, often encoding additional resistance determinants. The regions outside of the ccr and mec gene complexes vary in length and have been designated the "Joining" or "J" regions, namely J1, J2 and J3.

Eleven SCC*mec* types based on complete nucleotide sequence data have been described to date in *S. aureus*, ranging in size from 20-60 kb (Garcia Alvarez et al., 2011; IWG-SCC, 2009; Li et al., 20111 Shore et al., 2011a). Each SCC*mec* type has been designated a Roman numeral based on the order of its description and each has a unique combination of the *mec* and *ccr* gene complex (IWG-SCC, 2009; http://www.sccmec.org). Four classes of the *mec* gene complex and seven *ccr* gene complexes have been described to date in MRSA (http://www.sccmec.org). Many different SCC*mec* subtypes have also been described that harbour the same *ccr* and *mec* gene combination but vary in the J regions (IWG-SCC, 2009).

This review focuses on recent findings that have significantly enhanced our understanding of the origins, evolution, structure, function and diversity of SCC*mec*. An in-depth overview of SCC*mec* typing methodology is beyond the scope of this review, but has been discussed in detail elsewhere (Turlej et al., 2011).

Staphylococcal *mec* genes

mecA. Until 2011, *mecA* was the only known *mec* gene type in staphylococci. *mecA* encodes penicillin binding protein PBP2a or PBP2', and when native PBPs have

1 been inactivated by β-lactam antibiotics, PBP2a can continue cell-wall biosynthesis

2 (Hartman and Tomasz, 1984; Ito et al., 1999; Reynold and Brown, 1985; Utsui and

3 Yokota, 1985). The majority of MRSA and other methicillin-resistant staphylococci

described to date harbour mecA and it has been reported in association with SCCmec

5 types I-X and their subtypes (IWG-SCC, 2009; Li et al., 2011).

Using criteria proposed by the International Working Group on Staphylococcal Cassette Chromosome elements (IWG-SCC), *mecA* allelic variants can be differentiated into three *mecA* allotypes, namely *mecA*, *mecA1* and *mecA2* (Ito et al., 2012). The majority of MRSA and other methicillin-resistant staphylococci from animals and humans that harbour the *mecA* allotype can express high-level methicillin resistance. In contrast, *mecA1* and *mecA2* have only been reported in staphylococci of animal origin, mainly *Staphylococcus sciuri* and *Staphylococcus vitulinus*, which are commonly susceptible to β-lactams (Couto et al., 1996; Monecke et al., 2012a; Wu et al., 1996).

A recent study identified 32 mecA allelic variants sharing \geq 95% nucleotide similarity within the three mecA allotypes (Monecke et al., 2012a). Isolates harbouring different mecA alleles exhibited a range of resistance levels to β -lactams. However, isolates harbouring the same mecA allele often exhibited different levels of resistance, even within the same species, indicating that strain-specific factors may be significant in the expression of methicillin resistance. Furthermore, different mecA alleles can be present in isolates belonging to the same MRSA clone suggesting either multiple independent acquisitions of the same SCCmec type harbouring variant mecA alleles or evolution of the mecA alleles within these strains over time. Finally, Monecke et al. (2012a) also identified different MRSA clones with the same mecA allele suggesting the acquisition of a common mecA allele by different SCC/SCCmec elements and

subsequently different clones, or possibly convergent evolution of *mecA* alleles in different clones.

3 mecC. In 2011, a highly divergent mecA gene, termed mecC, was independently 4 identified in MRSA by two groups of researchers, from two patients in Irish hospitals and 5 from 51 hospitalised patients in England, Scotland and Denmark and 15 bovine milk 6 samples in England (Garcia Alvarez et al., 2011; Ito et al., 2012; Shore et al., 2011a). Two 7 of these isolates underwent whole-genome sequencing, one from a patient in Ireland 8 (M10/0061) and one (LGA251) from milk from a cow with mastitis in England and in 9 both studies mecC was subsequently identified and localised to a novel and highly 10 divergent SCCmec element, designated type XI (class E mec and ccrA1B3) (Garcia 11 Alvarez et al., 2011; Shore et al., 2011a). Additional MRSA isolates harbouring mecC 12 have subsequently been reported from humans, livestock and domestic and wild animals, 13 but to date only in Europe (Cuny et al., 2011; Laurent et al., 2012; Paterson et al., 2012; 14 Petersen et al., 2013; Pichon et al., 2013; Robb et al., 2012; Sabat et al., 2012; Stegger et 15 al., 2012; Walther et al., 2012). However, the reported prevalence rates among human 16 MRSA remains low, ranging from 0.08-5.9% (Cuny et al., 2011; Petersen et al., 2013; 17 Pichon et al., 2013; Stegger et al., 2012). 18 The predominantly animal MRSA lineages that mecC has been identified in 19 (CC130, CC425, CC1943, CC599, CC49), the absence of lysogenic β-toxin converting 20 bacteriophages in mecC-positive isolates, the identification of mecC among many 21 different animal species and among humans with contact with animals, suggest an animal 22 origin for mecC (Garcia Alvarez et al., 2011; Paterson et al., 2012; Petersen et al., 2013; 23 Robb et al., 2012; Shore et al., 2011a; Stegger et al., 2012; Walther et al., 2012). However, 24 to date the oldest known mecC-positive MRSA isolate was recovered in 1975 from a 25 human in Denmark, while currently the oldest known animal isolate was recovered in

1 1993 (Garcia Alvarez et al., 2011; Paterson et al., 2012). A possible precursor to mecC in

2 MRSA was recently identified in a bovine Staphylococcus xylosus isolate (Harrison et al.,

3 2012). This novel mecC allotype, designated mecC1, exhibited 93.5% DNA sequence

identity to mecC, and formed part of a class E mec complex on what was designated a

SCCmec XI remnant lacking various components of SCCmec XI, in particular the ccr

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The relatively low numbers of *mecC*-positive MRSA reported to date may be due to difficulties with detection of this novel mec gene. While many isolates harbouring mecC are phenotypically resistant to oxacillin and cefoxitin, resistance levels can be low and isolates can even appear susceptible, particularly to oxacillin (Paterson et al., 2012; Sabat et al., 2012; Shore et al., 2011a; Walther et al., 2012). Commercially available chromogenic MRSA detection agar has also been reported to be unreliable for the detection of mecC-positive MRSA (Cuny et al., 2011). While both mecC and mecA have been shown to encode a PBP2a, they share just 62% amino acid identity and differences have been observed in the properties of the PBP2a proteins encoded by mecC and mecA (Kim et al., 2012). Some mecC-positive isolates test negative for PBP2a with commercial slide latex agglutination assays commonly used to confirm methicillin resistance in MRSA and are not detected as MRSA by conventional mecA PCRs, the GenXpert realtime PCR assay or by DNA microarray profiling using the StaphyType kit (Alere, Germany) (Shore et al., 2011a). An upgraded version of the Alere DNA microarray system that includes detection of mecC and other SCCmec XI-associated genes will soon be available and real-time and endpoint PCRs have been developed to detect mecC (Cuny et al., 2011; Pichon et al., 2012; Stegger et al., 2012). These developments will promote the accurate detection of *mecC*-positive MRSA.

1 Extensive diversity in mec and ccr genes and SCCmec elements in S. aureus and

other staphylococci

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2 3 The mec gene complex. Five classes of the mec gene complex have been 4 described in staphylococci (http://www.sccmec.org) (IWG-SCC, 2009; Katayama et al., 5 2001; Shore et al., 2011a). A third mec regulatory gene mecR2, encoding an anti-repressor 6 that was previously designated a xylose repressor homologue (xylR), was recently 7 identified in the class A mec complex that is required for continuous expression of \(\beta \)-8 lactam resistance in strains encoding mecR1 and mecI by inactivation MecI by proteolytic 9 cleavage (Arede et al., 2012). 10 Extensive work has been undertaken to rationalise the nomenclature of SCC and 11 SCCmec elements (IWG-SCC, 2009), however, challenges remain particularly in relation 12 to the nomenclature of ccr and mec complexes. The mec complex designations used to 13 date in various publications have involved different approaches and a consensus approach 14 is required. For example, five variants of the class A mec complex and four each of the B 15 and C mec complexes, with truncations of varying length in the mec regulatory genes 16 mecI and mecR1 and/or the presence of insertion sequences or transposons, have been 17 reported to date but they have been designated class A, A, A1, A.3 and A.4, class B, B₁, 18 B₂/B₂ and B(L), and class C₁, C₂, C₁-like and C₄, respectively (Heusser et al., 2007; 19 Katayama et al., 2001; Kinnevey et al., 2012; Li et al., 2011; Lim et al., 2002; Shore et al., 20 2005; Shukla et al., 2004). We recently proposed that the class C1-like mec complex be 21 redesignated class C3 mec (Kinnevey et al., 2013) and similarly the class A and B mec 22 complexes could be redesignated classes A1-A5 and B1-B4 mec, respectively, reflecting 23 the chronological order of their description. 24 The ccr gene complex. Integration and excision of SCCmec into orfX is catalysed

by ccrAB and ccrC, which, similar to bacteriophage integrases (Carroll et al., 1995), are

responsible for catalysing DNA cleavage, strand exchange and recombination between the two attachment sites, one on the SCC element (attSCC) and the other on the bacterial chromosome (attB) (Wang and Archer, 2010). The inverted repeats flanking SCCmec also appear to play a role in the excision but not integration of SCCmec and 100-200 bp sequences upstream and downstream of the attB sequence determine the frequency and efficiency of SCCmec insertion and may determine why SCCmec acquisition by S. aureus is limited and does not appear to occur in all lineages (Wang et al., 2012).

Guidelines and criteria were established by the IWG-SCC for naming *ccr* genes, allotypes and alleles, with different *ccr* genes sharing <50% DNA sequence identity, allotypes sharing 50-85% DNA sequence identity and alleles sharing >85% DNA sequence identity (IWG-SCC, 2009). Based on this nomenclature, there are three well-defined *ccr* gene types designated *ccrA*, *ccrB* and *ccrC*. A fourth type of *ccr* gene located directly upstream of *ccrC*, termed *ccrAA*, has been identified that shares 35-41% DNA sequence similarity to *ccrA*, *ccrB* and *ccrC* (Monecke et al., 2011). However, a functional role for *ccrAA* has yet to be demonstrated.

Several allotypes of *ccrA*, *ccrB*, and *ccrC* have been described in staphylococci including *ccrA1-A7*, *ccrB1-B7* and *ccrC1* (Descloux et al., 2008; IWG-SCC, 2009; Urushibara et al., 2011). Based on the different combinations of the *ccr* allotypes eight *ccr* complexes or *ccr* types have been defined in staphylococci (1, *ccrAB1*; 2, *ccrAB2*; 3, *ccrAB3*; 4, *ccrAB4*; 5, *ccrC1*; 6, *ccrA5B3*; 7, *ccrA1B6*; 8, *ccrA1B3*) (http://www.sccmec.org). So far, the type 6 *ccr* genes have been found exclusively in non-*S. aureus* staphylococci and types 7 and 8 exclusively in MRSA (Garza-Gonzalez et al., 2010; IWG-SCC, 2009; Lebeaux et al., 2012; Zong and Lu, 2010; Zong et al., 2011).

At least two novel combinations of *ccr* allotypes have recently been described in staphylococci but have not yet been designated *ccr* type numbers including *ccrA1B4* from

1 Staphylococcus saprophyticus and ccrA7B3 from S. sciuri (Urushibara et al., 2011; Zong 2 et al., 2011). Using the IWG-SCC MRSA nomenclature system, these two novel ccr 3 complexes could be designated ccr types 9 and 10, respectively. Also a large number of 4 non-typeable ccr complexes have been reported in non-S. aureus staphylococci 5 (Bouchami et al., 2011a; Bouchami et al., 2011b; Lebeaux et al., 2011; Ruppe et al., 2009; 6 Zong et al., 2011). Lastly, ccr allotypes with >85% DNA identity to more than one 7 allotype have also been described and it has been proposed that in this situation the ccr 8 allotype should be assigned to the closest match (Zong and Lu, 2010). 9 Numerous alleles of each *ccr* allotype have been reported in staphylococci but not 10 all alleles have been designated allele numbers (IWG-SCC, 2009). We recently identified 11 ccrC1 allele 11 in a SCC_{CRISPR} element that formed part of a composite island (CI) in 12 ST779 MRSA (Kinnevey et al., 2013). We also identified the sixth ccrA4 and ccrB4 13 alleles in the same CI as part of a SCC element and recommended designating those 14 previously identified as ccrA4 and ccrB4 alleles 1-5 in the chronological order of their 15 description (Kinnevey et al., 2013). Further complicating ccr nomenclature is the fact that 16 two distinct groups of *ccrC* complexes have been identified (Chebowicz et al., 2011). An 17 improved ccrC classification scheme has been proposed to aid SCCmec typing where

those *ccrC* complexes that are located between *orfX* and the *mec* gene complex are designated Group I *ccr* gene complex while those located after *mec* be designated Group

II *ccr* gene complex (Chebowicz et al., 2011).

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SCCmec types in MRSA. The most recently described SCCmec elements, IX, X and XI share features that provide insights into the possible origin of SCCmec (Li et al., 2011; Shore et al., 2011a). Firstly, all three elements have been found in MRSA strains in humans but are considered to be of animal origin. Secondly, each of these elements carries at least one operon encoding resistance to heavy metals such as arsenic and copper,

which appears to be an attribute of SCCmec elements originating in animals. Additionally, the significant sequence divergence evident in SCCmec XI suggests that it may have evolved separately to SCCmec in human MRSA clones and may have originated in other staphylococcal species or other genera. For example, the mec complex of SCCmec XI shared its genetic organisation with that of a mec complex identified on a transposon integrated in orfX in Macrococcus caseolyticus, and may represent an ancestral form of the *mec* complex in MRSA. Other unusual features of SCC*mec* IX and X include the type and location of their ccr complexes and the orientation of transcription of mecA in SCC*mec* X (Li et al., 2011). SCCmec subtypes in MRSA. While many different subtypes of SCCmec have been described in MRSA, most have been assigned to SCCmec II and IV (IWG-SCC, 2009; Shore et al., 2005). Subtypes essentially harbour the same ccr and mec complex genes as previously described SCCmec elements but differ in the J regions. In 2009, the IWG-SCC recommended that, similar to reporting novel SCCmec types, novel SCCmec subtypes should be characterised based on nucleotide sequencing of the entire element and that subtypes should be assigned upper or lower case alphabetic suffixes depending on the variation from previously described SCCmec elements (IWG-SCC, 2009). An uppercase suffix should indicate variation due to the presence or absence of MGEs, while a lowercase should be used to indicate DNA sequence variation in the J regions (IWG-SCC, 2009). In Ireland extensive diversity was detected in SCCmec II elements from ST8-MRSA isolates (mainly spa type t190) that predominated in Irish hospitals in the 1990s (Shore et al., 2005). Five SCCmec II subtypes, designated SCCmec IIA, IIB, IIC, IID and IIE, were identified that differed in the mec complex and J regions, possibly due to

recombination within the J1 region and the presence or absence of MGEs in the J2 and J3

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regions and within the *mec* complex. However, the nomenclature for these subtypes was assigned prior to the IWG-SCC criteria. Since SCC*mec* IIA-IIE, mainly differ from SCC*mec* II due to sequence variation in the J1 region it may be appropriate to reclassify these with lower case suffixes i.e. IIa-IIe. However, other SCC*mec* elements have been designated these SCC*mec* subtypes. Since SCC*mec* types IIB, IID and IIE also differ from SCC*mec* II due to the absence of pUB110 in the latter two subtypes and absence of Tn*554* in IIB, the use of the uppercase suffixes may, in these instances, be appropriate.

The current IWG-SCC guidelines provide valuable guidance on many aspects of SCCmec nomenclature, but as outlined above, there are still ambiguities that need to be resolved. One difficulty associated with the current SCCmec nomenclature is that there are only a limited number of alphabetic designations that can be used for SCCmec subtype designation. An alternative nomenclature for SCCmec subtype designation was proposed which involved designating each of the J regions an Arabic number in the order of discovery, but this has not been widely adopted. According to the IWG-SCC (2009) a novel computer-based binary system that will assign SCCmec subtypes in an unambiguous manner based on the presence or absence of specific DNA sequences is under development.

SCCmec in non-S. aureus staphylococci. SCCmec is even more prevalent and diverse in non-S. aureus staphylococci than MRSA, and CoNS in particular are considered to be a reservoir for SCCmec in S. aureus (Barbier et al., 2010; Bouchami et al., 2011b; Garza-Gonzalez et al., 2010; Hanssen and Ericson Sollid, 2006; Ruppe et al., 2009; Zong et al., 2011). SCCmec is less well defined in non-S. aureus staphylococci and they are often non-typeable due to (i) no identified ccr and/or mec gene complex, (ii) detection of more than one ccr complex, or (iii) detection of novel combinations of ccr and mec complex genes that cannot be assigned to previously described SCCmec types.

When SCCmec types are reported in non-S. aureus staphylococci that have previously been reported in MRSA then the MRSA SCCmec designations are used. However, while the nomenclature for ccr and mec complexes used for MRSA in some cases includes those found exclusively in non-S. aureus staphylococci, SCCmec elements to date found exclusively in non-S. aureus staphylococci with novel combinations of ccr and mec gene complexes are not assigned SCCmec type numbers, and if they are assigned numeral names they are different to those used for MRSA. In most cases this is because these SCCmec elements have predominantly been characterised using PCR-based methods and not by complete nucleotide sequencing. For example, in one study 10 SCCmec elements with novel combinations of mec and ccr complexes in a variety of non-S. aureus staphylococci from humans were designated untypeable 1-10 (UT1-UT10) (Zong et al., 2011). Another study described novel SCCmec types in Staphylococcus hominis and designated these NT1-4 or new1 (Bouchami et al., 2011a). While these temporary designations are useful, all such novel types should ideally be defined on the basis of complete nucleotide sequencing. However, entire nucleotide sequence data of novel SCCmec elements in non-S. aureus staphylococci are scarce. Among those that have been sequenced are an SCCmec element with class A mec and type 6 ccr (ccrA5B3) in Staphylococcus cohnii (Zong and Lu, 2010). Since non-S. aureus staphylococci appear to be a reservoir for SCCmec a rational and combined approach to nomenclature of SCCmec types is required, ideally by extending the MRSA scheme. Specific SCCmec types have been found to predominate among particular non-S. aureus staphylococcal species. For example SCCmec types II-III and type V predominate among S. pseudointermedius isolates in Europe and the USA, respectively, but SCCmec types IV and VII (S. pseudointermedius VII, differs from VII in MRSA) as well as nontypeable and novel types have also been identified (Perreten et al., 2010). Among CoNS,

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the most diversity in SCCmec has been detected in S. epidermidis, S. heamolyticus and S. hominis. Several studies have shown that SCCmec type IV is common among S. epidermidis but SCCmec types I, II, III, V, VI and novel types have also been identified (Lebeaux et al., 2012; Rolo et al., 2012; Smyth et al., 2010; Wisplinghoff et al., 2003; Zong et al., 2011). In S. haemolyticus, the SCCmec V ccr and mec complex genes ccrC and class C mec have been found to predominate but commonly not in association with SCCmec V, but with multiple possible novel SCCmec types (Bouchami et al., 2012; Lebeaux et al., 2012; Ruppe et al., 2009). Among S. hominis isolates common SCCmec types include a novel SCCmec type (class A mec and ccrAB1) as well as SCCmec type VI, VIII and III and non-typeable elements have also been identified (Bouchami et al., 2011a; Lebeaux et al., 2012; Zong et al., 2011). The large numbers of non-typeable SCCmec elements identified in these studies by PCR highlight the need for sequencing of entire SCC*mec* elements from CoNS.

SCC and atypical SCC/SCCmec elements

A range of SCCs and atypical SCC/SCCmec elements have been described in staphylococci and examples of fully-sequenced elements are listed in Table 1. While these elements share the common features of integration into the ISS within orfX and are flanked by DRs and IRs, each has unique characteristics and appear to represent various stages in the evolution of SCC and SCCmec elements. The variety of these elements in staphylococci demonstrates the role that SCC plays in allowing staphylococci to adapt to its environment through the acquisition of additional antimicrobial resistance and virulence genes.

SCC elements. These elements harbour a *ccr* complex but lack *mecA* and often carry other antimicrobial resistance or virulence-associated genes and can form part of larger

CIs e.g. the SCC*fus* element carrying the fusidic acid resistant in MSSA476 (Holden et al., 2004) (Table 1). The IWG-SCC has recommended that SCC elements should be designated by adding a suffix after SCC describing the characteristic gene name or function, or when no specific gene has been identified, using the strain name (IWG-SCC, 2009). While the only currently fully sequenced SCC element from *S. hominis* are SCC*cap1* and SCC₁₂₂₆₃ (Table 1), a recent study has shown that *S. hominis* isolates may harbour many potential SCC elements based on the detection of *ccr* but no *mec* complex genes (Bouchami et al., 2011a). Thus, *S. hominis* may constitute a reservoir for SCC elements and for the assembly of SCC*mec* elements (Bouchami et al., 2011a).

Pseudo (ψ) SCCmec elements. These elements carry mecA but lack the ccr complex. To date five ψSCCmec elements have been described in staphylococci (Table 1). Due to their similarity to previously described SCCmec elements, three of these ψSCCmec elements appear to be the result of deletion events or may represent precursors of known SCCmec elements. For example, in ψSCCmec II.5 and ψSCCmec₁₆₆₉₁, the regions extending from within or just beyond the mec complex to the chromosomal junction are absent (Chen et al., 2010; Han et al., 2009). In ψSCCmec II.5, this missing region is replaced by Tn6012, while in ψSCCmec₁₆₆₉₁ the truncated element lacks the J1 and J2 regions as well as ccr. The S. xylosus ψSCCmec_{S04009} is similar to SCCmec XI in that it carries class E mec, but lacks the ccr genes and the J1 and J2 regions associated with SCCmec XI (Harrison et al., 2012). However, many of the genes encoded in J1 and J2 regions of SCCmec XI, including the arsenic resistance genes, are located either adjacent to ψSCCmec_{S04009} or elsewhere on the chromosome of the S. xylosus element indicating that this may represent an ancestral form of SCCmec XI (Harrison et al., 2012).

Pseudo (ψ) SCC elements. These elements lack *ccr* and *mec* genes, commonly

form part of CIs (Table 1) and can be differentiated into three groups (i) arginine catabolic

mobile elements (ACMEs), (ii) SCC-like elements, chromosome cassettes or SCCmec insertion site genomic sequences, and (iii) SCCmec remnants that lack mecA and ccr genes but have a genomic organisation almost identical to a previously described SCCmec element apart from the absence of a contiguous region of ccr and mec and intervening genes (Table 1). ACMEs have been identified in complete and truncated forms and have been reported in different staphylococcal species within many different CIs (Bartels et al., 2011; Diep et al., 2006; Miragaia et al., 2009; Pi et al., 2009; Shore et al., 2011b). Complete ACMEs can contain arc and opp gene clusters, both of which are homologues of genes that are recognised bacterial virulence factors (Diep et al., 2006). SCC-like elements, chromosome cassettes or SCCmec insertion site genomic sequences have very different nucleotide sequences to those found in other SCC/SCCmec elements and form part of CIs but generally do not encode any known virulence or resistance genes (Table 1). Finally, SCCmec remnants have been described that lack mecA and ccr genes but have similarity to previously described SCCmec suggesting that they are either derived from SCCmec elements with the loss of mecA and sections of SCCmec or represent SCCmec precursors prior to the acquisition of mecA (Table 1). Another fully sequenced remnant (SCCmec IID remnant) that harbours ccr and mec complex genes but without mecA is therefore not classified as a SCC, ψ SCC*mec* or ψ SCC element (Shore et al., 2008). Composite islands (CIs). Wang et al. (2012) reported multiple att sites on the staphylococcal chromosome and on SCCmec, which can lead to the accumulation of complex CIs differentiated by the presence of multiple DRs flanking individual element components. Several CIs, ranging in size from 41-91 kb have been fully sequenced in staphylococci (Table 1). These are distinct from individual or mosaic SCCmec elements that have two or more *ccr* genes on one element (Heusser et al., 2007; IWG-SCC, 2009). They often harbour a number of *ccr* and antimicrobial resistance genes and in some cases

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virulence-associated genes (Table 1). For example, a 51 kb CI in ST779 MRSA consisted of three distinct elements, each flanked by DRs, including a ψSCC*mec* with *mecA*, *fusC* and two copper resistance genes, a SCC element with *ccrAB4* and a SCC_{CRISPR} element with *ccrC* and a clustered regularly interspaced short palindromic repeat (CRISPR) region that encodes a prokaryotic defence mechanism against foreign DNA (Kinnevey et al., 2013). In non-*S. aureus* staphylococci reports of two or more *ccr* genes in an isolate are common but the element(s) on which they are located are often not well characterised (Bouchami et al., 2011b; Ruppe et al., 2009; Zong et al., 2011). However, two large CIs have been described in *S. haemolyticus* and *S. epidermidis* (Table 1).

The origin and evolution of SCCmec

Several studies have shown that SCC and *mecA* existed as individual genetic components that originated and evolved in different animal commensals, prior to the emergence of SCC*mec* in staphylococci. While the mechanism(s) of transfer and the precise steps in the evolution of *mec* and SCC have not yet been elucidated, evidence to date indicates that *S. sciuri*, *Staphylococcus fleuretti*, *S. xylosus*, *M. caseolyticus* and *S. hominis* all carry SCC and/or *mec* genes that represent ancestral forms and different steps in the evolution of SCC*mec* (Couto et al., 1996; Tsubakishita et al., 2010a; Tsubakishita et al., 2010b; Wu et al., 1998).

All *S. sciuri* isolates investigated to date carry *mecA* (predominantly allotype *mecA1*) and most isolates do not exhibit methicillin resistance indicating that its original physiological function may not have been to confer β-lactam resistance (Couto et al., 1996; Couto et al., 2000; Monecke et al., 2012a). A xylose gene cluster, that includes *xylR*, a homologue of *mecR2*, has been linked to *mecA1* in *S. sciuri*, suggesting that the accumulation of *mecA* and at least some of its regulatory genes, may have originally

1 occurred here (Tsubakishita et al., 2010b). Interestingly, mecA the mec regulatory genes 2 mecI and mecR1 have been identified in S. fleuretti as well as a xylose operon with xylR, 3 located immediately downstream of the mec complex genes and may represent a putative 4 precursor of the class A *mec* complex (Tsubakishita et al., 2010b). 5 A theory was proposed in the 1980s that a recombination event linking mecA to the β-6 lactamase regulatory genes may have occurred due to the similarity between mecR1 and 7 mecI and the blaZ regulatory genes blaR1 and blaI (Song et al., 1987). The finding of 8 mecB with a mec complex also harbouring blaZ in M. caseolyticus as well as the finding 9 of mecC and mecC1 on a mec complex also carrying blaZ in MRSA with SCCmec XI and 10 in S. xylosus, respectively, further supports this theory (Harrison et al., 2013; Shore et al., 11 2011; Tsubakishita et al., 2010b). While no *ccr* genes were identified in *S. xylosus*, in *M*. 12 caseolyticus, a SCC element (SCC₇₀₉₆) with ccr was identified adjacent to the mec 13 complex on a separate element but on the same transposon within a plasmid integrated 14 downstream of orfX in the chromosome and the mec complex was flanked by DRs 15 specifically recognised by ccr genes (Harrison et al., 2013). In staphylococci, the 16 numerous putative SCC elements that have recently been identified in S. hominis suggests 17 that the assembly of the mec complex and SCC may have occurred here (Bouchami et al., 18 2011a). 19 Recent studies have revealed that specific staphylococcal species may be sources of 20 particular SCCmec elements or specific ccr and mec complex genes in MRSA. In 21 particular S. epidermidis appears to be a reservoir for SCCmec IV, S. haemolyticus for 22 ccrC and class C mec and S. hominis for ccrAB1, ccrAB4 and class A mec (Bouchami et 23 al., 2011a; Bouchami et al., 2011b; Lebeaux et al., 2012). However, additional detailed 24 studies of SCCmec in individual CoNS species are needed in order to determine the 25 precise role that each played in the emergence of SCC*mec* in MRSA.

Virulence genes in SCC elements

A number of virulence-associated genes have been identified on SCC elements and their presence on SCC/SCC*mec* elements and CIs also harbouring antimicrobial resistance genes may promote their spread among staphylococci. The best known example is the ACME-*arc* pseudo-SCC element, which is more abundant among CoNS, especially *S. epidermidis* and S. *haemolyticus*, than *S. aureus* (Diep et al., 2006; Miragaia et al., 2009; Pi et al. 2009; Shore et al. 2011). Evidence to date suggests that the ACME-*arc* operon, encoding an arginine deaminase pathway, contributes to host colonisation and transmission (Diep et al. 2006).

Although rare, there have been a number of reports of CRISPR (clustered randomly interspersed palindromic repeat region) in SCC/SCC*mec* elements in CoNS and MRSA (Holt et al., 2011; Kinnevey et al., 2013). CRISPR consists of multiple short

MRSA (Holt et al., 2011; Kinnevey et al., 2013). CRISPR consists of multiple short nucleotide repeat sequences which constitutes a prokaryotic defence mechanism that protects the bacterial genome against foreign invading DNA i.e. bacteriophage and plasmid DNA.

Phenol-soluble modulin (PSM), a proinflammatory cytolytic toxin, is the only toxin gene identified to date in SCC*mec* (Queck et al., 2009). It has been identified in a variety of animal and human staphylococci and is located between *mecI* and *mecR2* in SCC*mec* types II, III and VIII and some SCC*mec* II subtypes as well as some irregular or truncated SCC*mec* elements (Monecke et al., 2012b). PSM-*mec* has been shown to supress colony spreading and exotoxin production, in particular the core genome toxin PSMα, but enhances biofilm formation (Kaito et al., 2011).

A putative novel adhesion encoded by a the *spj* gene was recently identified in a novel SCC*mec* IV subtype (IV1) in CA-MRSA in Japan. This cell wall anchored surface

protein with a conserved Leu-Pro-X-Thr-Gly (LPXTG) pentapeptide sequence at the Cterminus may play a role in attachment and host tissue colonisation (Iwao et al., 2012).

Lastly, in addition to *mec*, genes encoding several other cell wall synthesis enzymes have been identified in SCC elements and it has been suggested that SCC elements may be specialised for the transfer of such genes (Luong et al., 2002; Mongkolrattanothai et al., 2004). Examples include the type 1 capsule polysaccharide gene *cap1* on a SCC element in *S. hominis* and a homolog of *pbp4* and a teichoic acid biosynthesis protein, *tagF*, on a SCC element that forms part of a CI in *S. epidermidis* (Table 1).

Conclusions

Studies undertaken over the last decade to elucidate the mechanisms underlying the emergence and evolution of MRSA strains have revealed an ever-increasing complexity among SCCmec and SCC elements in staphylococci and have provided new insights into the likely origins of SCCmec. The increasing diversity identified in SCCmec and SCC elements has complicated typing methodology currently used for epidemiological investigations but has also highlighted difficulties with current SCCmec and SCC nomenclature, especially among non-S. aureus staphylococci. Investigating the role of specific CoNS and other bacterial genera in the evolution of SCCmec in MRSA, in particular using high-throughput whole-genome sequencing platforms to accurately determine the DNA sequence of entire elements, will provide fruitful avenues for future research.

Acknowledgments

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2 Research undertaken in the authors' laboratory was supported by the Dublin 3 Dental University Hospital Microbiology Research Unit. The authors' wish to thank Dr. 4 Stefan Monecke (Alere Technologies GmbH, Jena, Germany; Institute for Medical 5 Microbiology and Hygiene, Faculty of Medicine "Carl Gustav Carus", Technical 6 University of Dresden, Germany) and Dr. Peter Kinnevey (Division of Oral Biosciences, 7 Dublin Dental University Hospital) for critical reading of the manuscript. 8 9 References 10 11 12 Arakere, G., Nadig, S., Ito T., Ma, X.X., Hiramatsu, K. 2009. A novel type-III 13 staphylococcal cassette chromosome mec (SCCmec) variant among Indian isolates 14 of methicillin-resistant Staphylococcus aureus. FEMS Microbiol. Lett. 292(1):141-15 148. 16 Arêde, P., Milheirico, C., de Lencastre, H., Oliveira, D.C. 2012. The anti-repressor 17 MecR2 promotes the proteolysis of the mecA repressor and enables optimal 18 expression of beta-lactam resistance in MRSA. PLoS Pathog. 8(7):e1002816. 19 Barbier, F, Ruppé, E., Hernandez, D., Lebeaux, D., Francois, P., Felix, B., Desprez, A., 20 Maiga, A., Woerther, P.L., Gaillard, K., Jeanrot, C., Wolff, M., Schrenzel, J., 21 Andremont, A., Ruimy, R. 2010. Methicillin-resistant coagulase-negative 22 staphylococci in the community: high homology of SCCmec IVa between 23 of methicillin-resistant Staphylococcus epidermidis and major clones 24 Staphylococcus aureus. J. Infect. Dis. 202(2):270-281. 25 Bartels, M. D., Hansen, L.H., Boye, K, Sørensen, S.J., Westh, H. 2011. An unexpected 26 location of the arginine catabolic mobile element (ACME) in a USA300-related 27 MRSA strain. PLoS One 6(1):e16193.

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Table 1. Examples of fully sequenced SCC elements, pseudo SCCmec and SCC elements and composite islands (CIs) identified in

staphylococci

Element type (definition) ^a	Examples (size)	Associated staphylococcal species	Characteristic genes			Other elements in CI ^b	Reference
			ccr type	mec complex genes	Additional antibiotic resistance or virulence genes identified		
SCC (ccr but no mec complex)	SCC _{MI} (14 kb)	S. aureus	ccrAB4	none	None	SCCmec IIE or ψSCCarc & SCCmec IVa	Shore et al., 2012; Bartels et al., 2011
	SCC476 or SCCfus (23 kb)	S. aureus	ccrAB1	none	fusC	SCCmec I	Holden et al., 2004
	SCCHg (32 kb)	S. aureus	ccrC	none	merA & merB	SCCmec III	Ito et al., 2001
	SCC _{M06/0171} (18 kb)	S. aureus	ccrAB4	none	None	SCC_{CRISPR} & $\Psi SCC_{mec_{M06/0171}}$	Kinnevey et al., 2013
	SCC _{CRISPR} (17 kb)	S. aureus	ccrC	none	CRISPR	$SCC_{M06/0171}$ & $\Psi SCCmec_{M06/0171}$	Kinnevey et al., 2013
	SCCcap1 (27 kb)	S. hominis	Ψccr	none	None	Not part of CI	Luong et al. 2002
	SCC <i>h1435</i> (22 kb)	S. haemolyticus	ccrC	none	None	ψSCCh1, ψSCCh2, ψSCCh3, SCCmec(h1435)& ψSCCh4	Takeuchi et al., 2005
	SCC_{pbp4} (19 kb)	S. epidermidis	ccrAB2	none	pbp4 & tagF	ACME II & SCC _{ATCC12228}	Mongkolrattanothai et al., 2004
	SCC _{ATCC12228} (38 kb)	S. epidermidis	ccrAB4	none	copA, mercury & cadmium resistance gene clusters	ACME II & SCC _{pbp4}	Mongkolrattanothai et al., 2004
	SCC ₁₂₂₆₃ (ca. 21 kb)	S. hominis	ccrAB1	none	None	Not part of CI	Katayama et al., 2003
Pseudo (ψ) SCC <i>mec</i> (<i>mec</i> complex but no <i>ccr</i>)	ψSCC <i>mec</i> II.5 (28 kb)	S. aureus	none	mecA & ∆mecR1	ant(4')	Not part of CI	Han et al., 2009
<i></i> ,	ψSCC <i>mec</i> ₁₆₆₉₁ (11 kb)	S. aureus	None	IS431, mecA, mecR1 and mecI (Class A mec)	None identified	Not part of CI	Chen et al., 2010
	ψSCC <i>mec</i> _{M06/0171} (16 kb)	S. aureus	None	IS431, mecA & ∆mecR1 & IS431 (class C4 mec)	copB, copC & fusC	SCC _{CRISPR} & SCC _{M06/0171}	Kinnevey et al., 2013
	ΨSCCmec(h1435) ^c	S. haemolyticus	None	mecA & ∆mecR1	cadD, cadX, arsC, arsB	ψSCCh1, ψSCCh2,	Takeuchi et al., 2005

Element type (definition) ^a	Examples (size)	Associated staphylococcal species	Characteristic genes			Other elements in CI ^b	Reference
			ccr type	mec complex genes	Additional antibiotic resistance or virulence genes identified		
					& arsR	SCCh1435, \psiSCCh3 & \psiSCCh4	
	ψSCC <i>mec</i> _{S04009} (18 kb)	S. xylosus	None	blaZ, mecC1, mecR1 & mecI (class E mec)	None identified	3.3 kb of 3'-end ACME I	Harrison et al., 2012
Pseudo (ψ) SCC (Lack <i>ccr</i> and <i>mec</i> genes)	ACME, ΔACME or ψSCC <i>arc</i> (12-34 kb)	Various staphylococcal species	None	None	$arc \& opp$ operons (opp not present in $\triangle ACME/\Psi SCCarc$)	Various SCC <i>mecs</i> & SCCs	Diep et al., 2006; Shore et al., 2011b; Bartels et al., 2011;
	ψSCCh1, ψSCCh2, ψSCCh3 & ψSCCh4°	S. haemolyticus	None	None	kdp (SCCh1)	$SCCh1435 \& \psi SCCmec_{h14}$	Takeuchi et al., 2005
	ψSCC _{M10/0061} (3 kb)	S. aureus	None	None	None	SCCmec XI	Shore et al., 2011a
	SCC-like or IE25923 (5.9 kb)	S. aureus	None	None	None	With SCC <i>mec</i> II or IV or not part of CI	Ito et al., 2001; Ito et al., 2003; Jansen et al., 2006
	CC _{V14} (ca. 5kb)	S. aureus	None None	None None	None None	SCCmec III	Arakere et al., 2009
	CC6082 (5.5kb)	S. aureus	None	None	None	SCCmec VII	Berglund et al., 2008
	SCC <i>mec</i> II remnant (ψ SCC _{ECT-R2}) (12 kb)	S. aureus	None	None	ant(4')	Not part of CI	Lindqvist et al., 2012
Composite islands (2 or more SCC, SCC <i>mec</i> or Ψ elements)	ψ SCC <i>mec</i> _{M06/0171,} SCC _{M06/0171 & SCC_{CRISPR} (51 kb)}	S. aureus	ccrAB4 & ccrC	IS431, mecA & ΔmecR1 & IS431 (class C4 mec)	CRISPR, fusC, copB, copC	n/a	Kinnevey et al., 2013
	ΔACME II (ψSCC <i>arc</i>), ΔJ1 SCC <i>mec</i> I & SCC <i>mec</i> IVh (46 kb)	S. aureus	ccrAB2	IS431, mecA, ΔmecR1 & IS1272 (Class B mec)	arc operon	n/a	Shore et al., 2011b
	ψSCC $h1$, $ψ$ SCC $h2$, SCC $h1435$ & $ψ$ $ψ$ SCC $h3$, SCC mec_{h14} , & $ψ$ SCC $h4$ (91 kb)	S. haemolyticus	ccrC	mecA & ∆mecR1	kdp	n/a	Takeuchi et al., 2005
	SCC _{pbp4} , ACME II & SCC _{ATCC12228} (91 kb)	S. epidermidis	ccrAB4 & ccrAB2	none	pbp4, tagF, copA, mercury & cadmium resistance gene clusters	n/a	Mongkolrattanothai et al., 2004

Element type (definition) ^a	Examples (size)	Associated staphylococcal species	Characteristic genes			Other elements in CI ^b	Reference
			ccr type	mec complex genes	Additional antibiotic resistance or virulence genes identified		
	SCC <i>mec</i> III & SCC <i>Hg</i> (67 kb)	S. aureus	ccrAB3 & ccrC	IS431, mecA, mecR1 and mecI (Class A mec)	cadA, cadC, tet(K), merA & merB	n/a	Ito et al., 2001
	SCC_{MI} , $\psi SCCarc & SCCmec IVa (54 kb)$	S. aureus	ccrAB4& ccrAB2	IS431, mecA, ΔmecR1 & IS1272 (Class B mec)	None	n/a	Bartels et al., 2011
	SCC _{MI} & SCC <i>mec</i> IIE (41 kb)	S. aureus	ccrAB4 & ccrAB2	IS431, mecA, mecRI, \[\Delta mecI, IS1182 (Class \] A.3 mec)	spc & erm(A)	n/a	Shore et al., 2012
	SCCmec XI & ψSCC _{M10/0061}	S. aureus	ccrA1B3	blaZ, mecC, mecR1, mecI (Class E mec)	Arsenic resistance operon	n/a	Shore et al., 2011a

^a Each of these elements shares the common feature of integration into the ISS within *orfX* and are flanked by direct and inverted repeats but each also has unique characteristics which are indicated in parenthesis after the element type.

b n/a, no applicable
c It was not possible to determine the size of the individual elements of the *S. heamolyticus* CI (ψSCC*mec*(h1435), ψSCCh1, ψSCCh2, ψSCCh3 & ψSCCh4), as the size of each element is not stated in the reference and the direct repeats flanking each element are not shown in the Genbank entry (accession number AP006716).