



*Klebsiella pneumoniae* genomic epidemiology and antimicrobial resistance

# Seroepidemiology of *Klebsiella*

9<sup>th</sup> September 2025



# How do you assess your current knowledge about Kpn seroepidemiology?



**Are you working on, or interested in, novel anti-Kpn control strategies?**

# Intended Learning Objectives

Specific objectives of this session:

1. Understand the relationship between K/O antigen diversity and *Kpn* population structure i.e. diversity within/between clones
2. Understand the diversity of K/O antigens among clinical *Kpn* isolates
3. Discuss key considerations for *Kpn* seroepidemiology analyses

# Outline

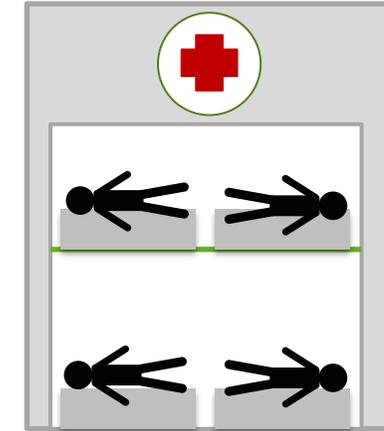
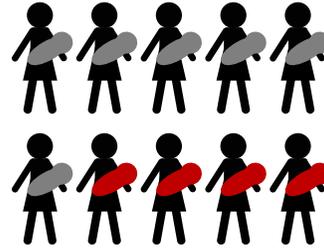
This session consists of the following elements

1. The *Kpn* vaccine value profile
2. Brief recap on *Kpn* K and O antigen genetics
3. K and O diversity in hypervirulent and multidrug resistant clones
4. K and O diversity in clinical *Kpn* collections:
  - Geographic differences
  - Temporal fluctuations
5. Meta-analysis of neonatal sepsis isolates
6. Summary

# WHO *Kpn* vaccine value profile

## Use cases:

- Neonatal sepsis
- Adult HAIs

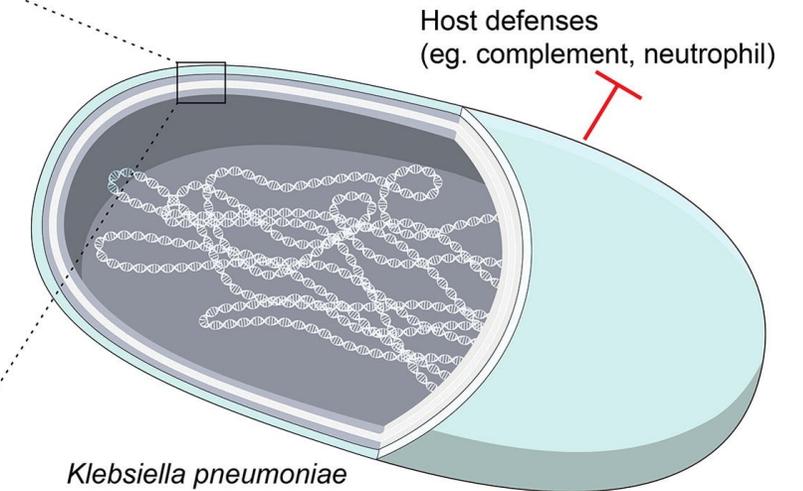
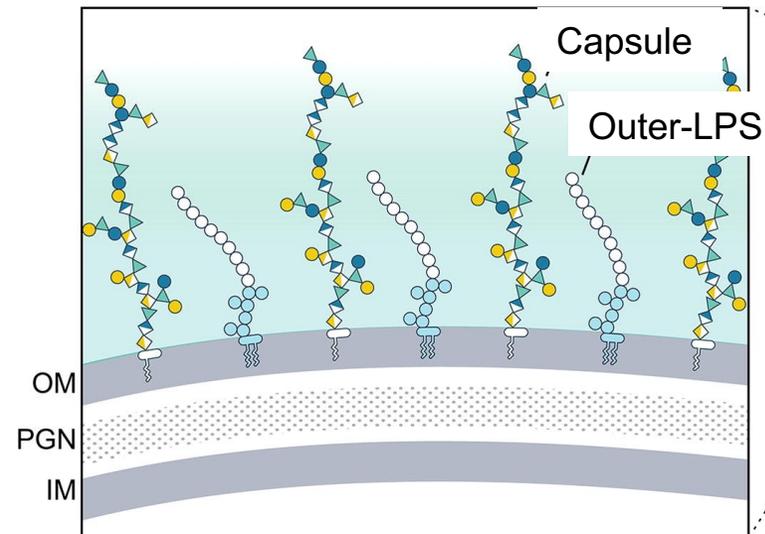


## Major antigen targets:

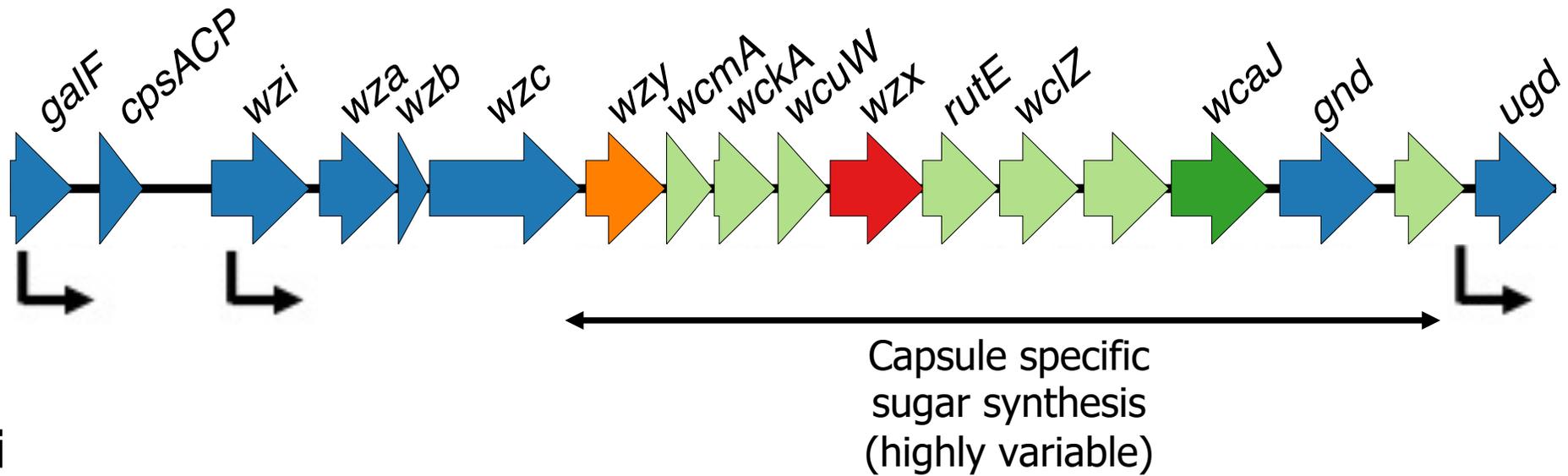
- Capsule (K)
- Outer-LPS (O)

## Coverage target:

≥70% infections



# *Klebsiella* K loci are defined by unique gene content



**>160 K loci  
defined to-date**



■ Common proteins  
inc. core assembly  
machinery

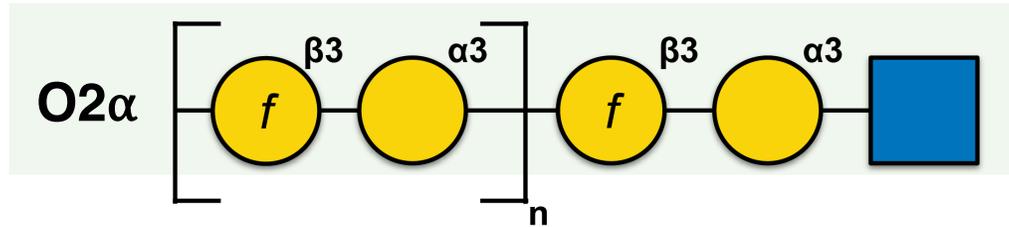
■ *Wzy* capsule repeat  
unit polymerase

■ *WbaP* / *WcaJ* initiating  
glycosyltransferase

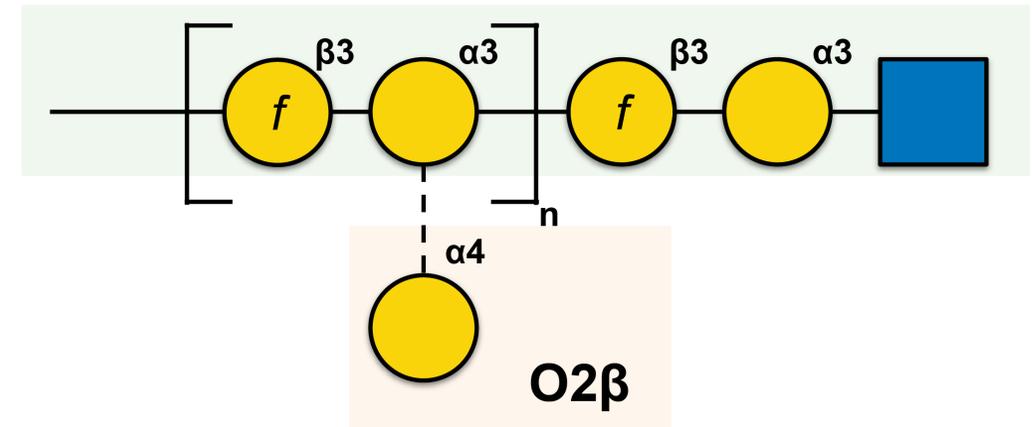
■ *Wzx* flippase

■ Other sugar synthesis  
and processing

# O types determined by O loci & additional genes



OL2α



OL2α + *gml2β*

>20 combinations  
identified to-date

# Updated O type nomenclature, from 2025



AMERICAN  
SOCIETY FOR  
MICROBIOLOGY

Microbiology and Molecular  
Biology Reviews



Genetics and Molecular Biology | Review

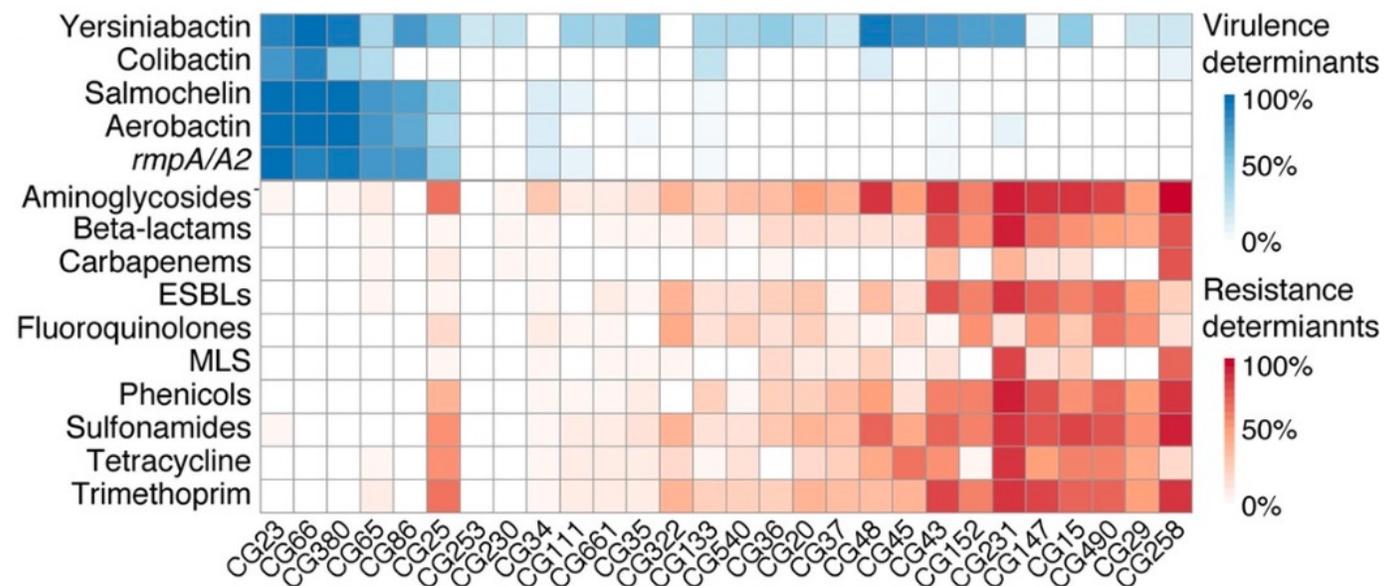
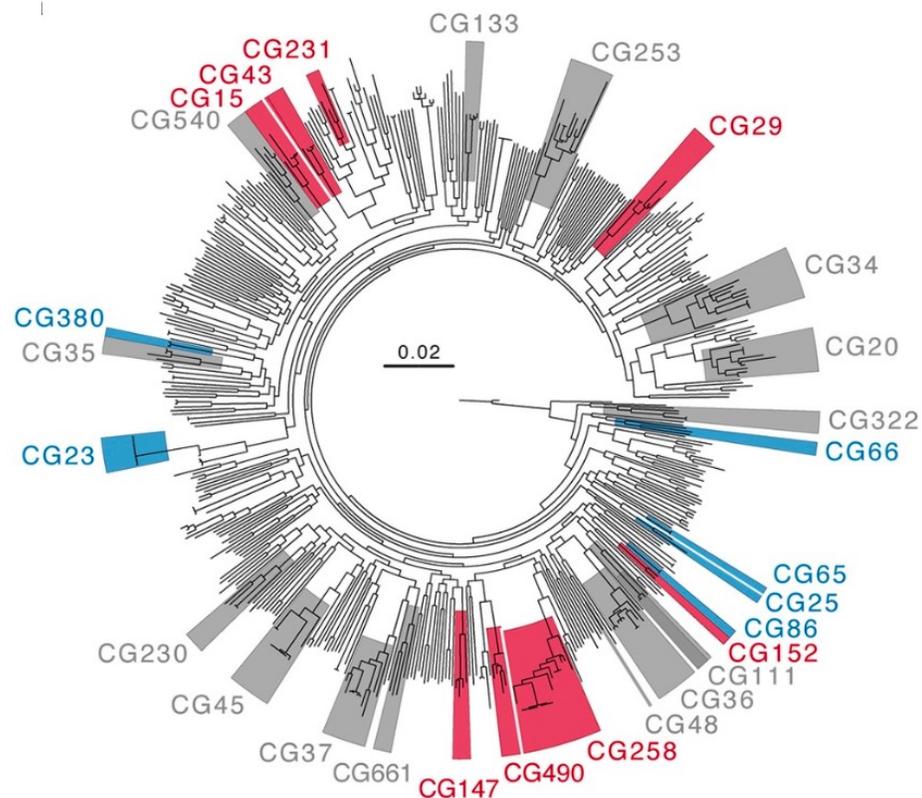
## O-antigen polysaccharides in *Klebsiella pneumoniae*: structures and molecular basis for antigenic diversity

Chris Whitfield,<sup>1</sup> Steven D. Kelly,<sup>1</sup> Tom D. Stanton,<sup>2,3</sup> Kelly L. Wyres,<sup>2,3</sup> Bradley R. Clarke,<sup>1</sup> Taylor J. B. Forrester,<sup>1</sup> Agnieszka Kowalczyk<sup>1</sup>

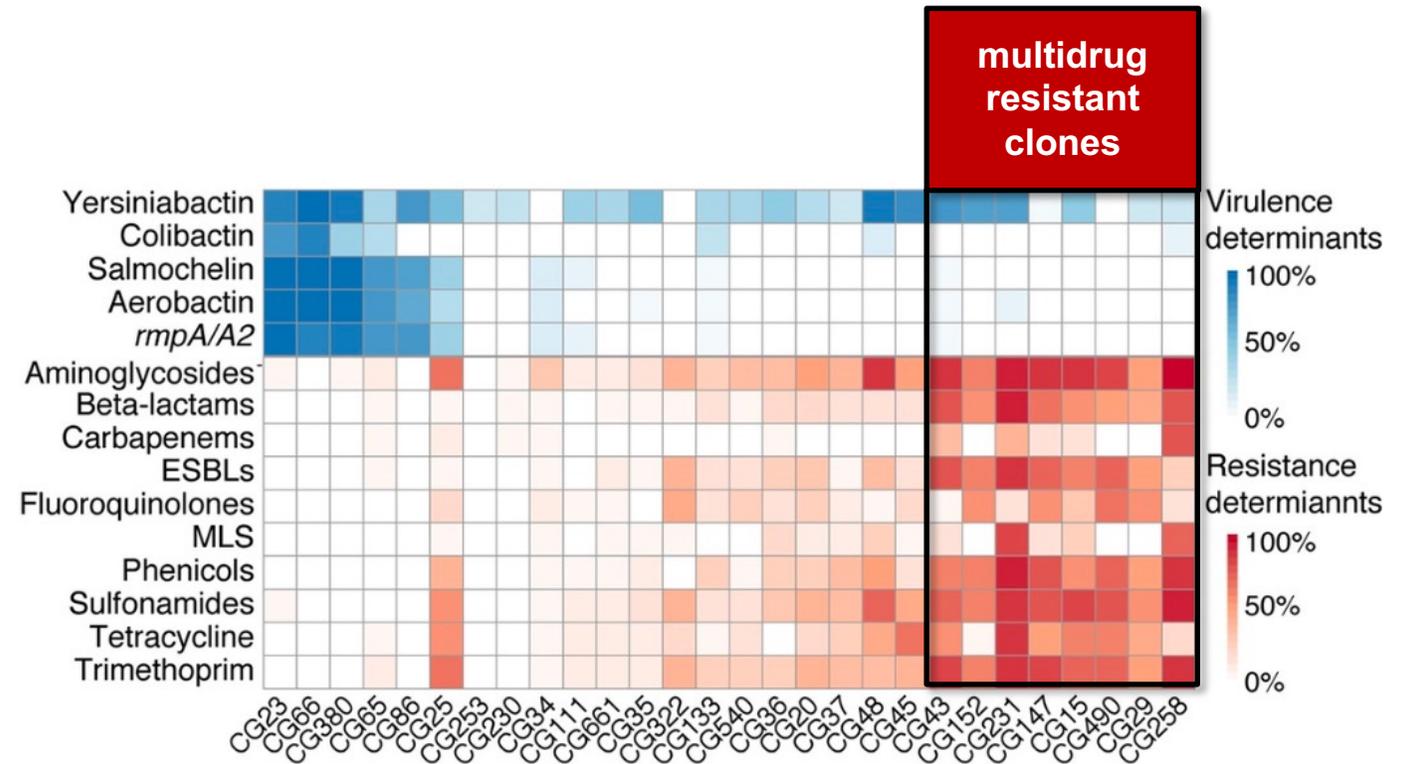
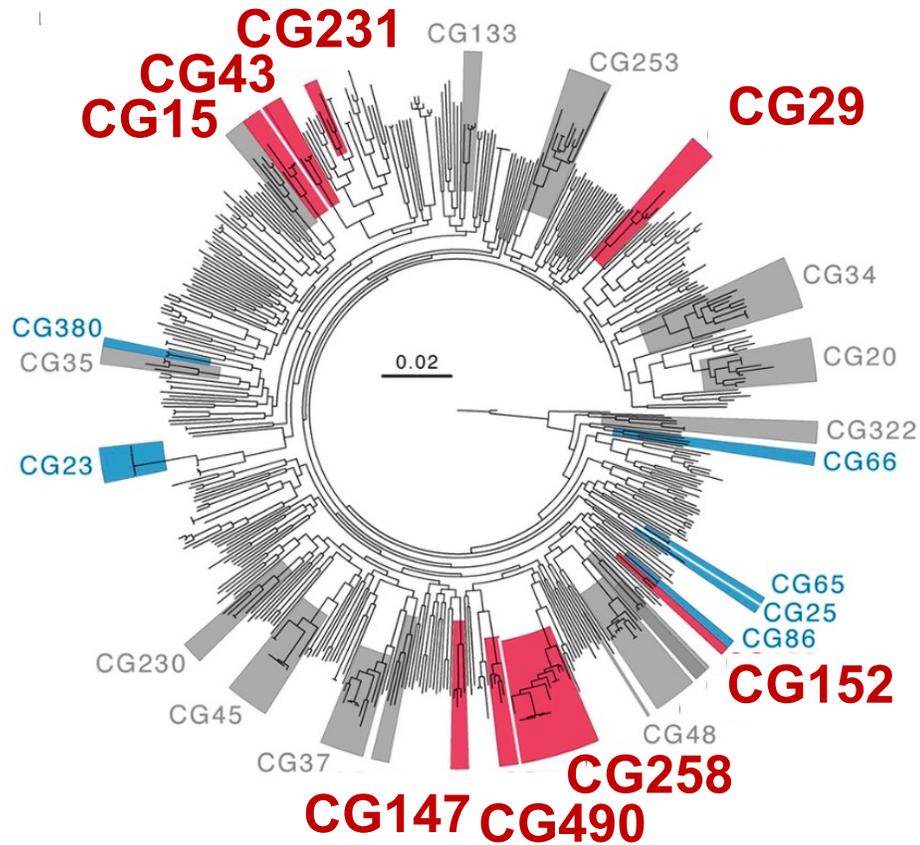
Nomenclature  
explainer



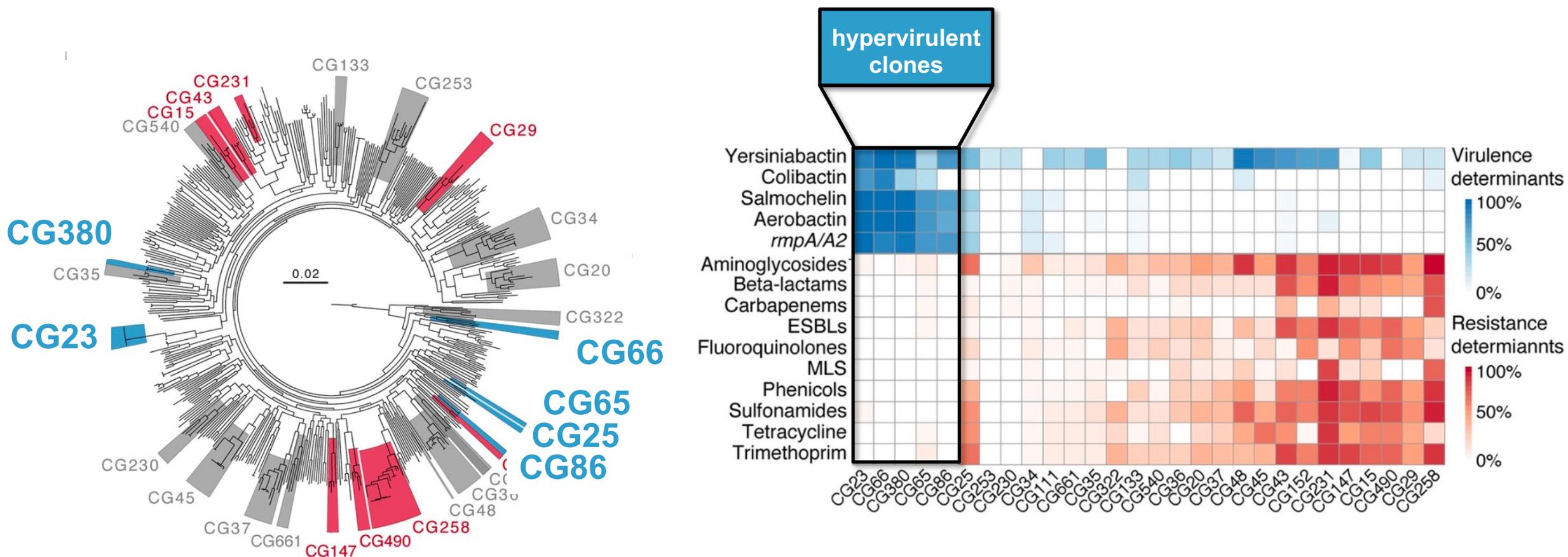
# Distribution of AMR and virulence genes



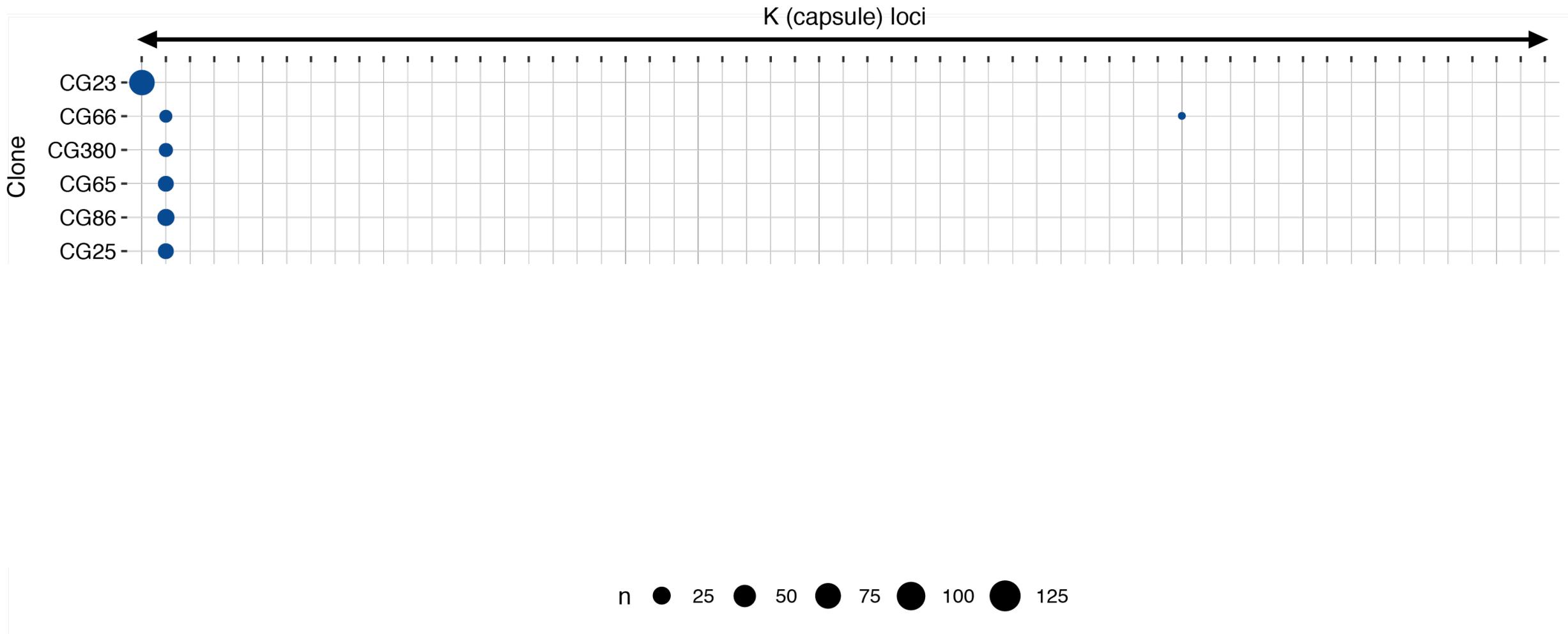
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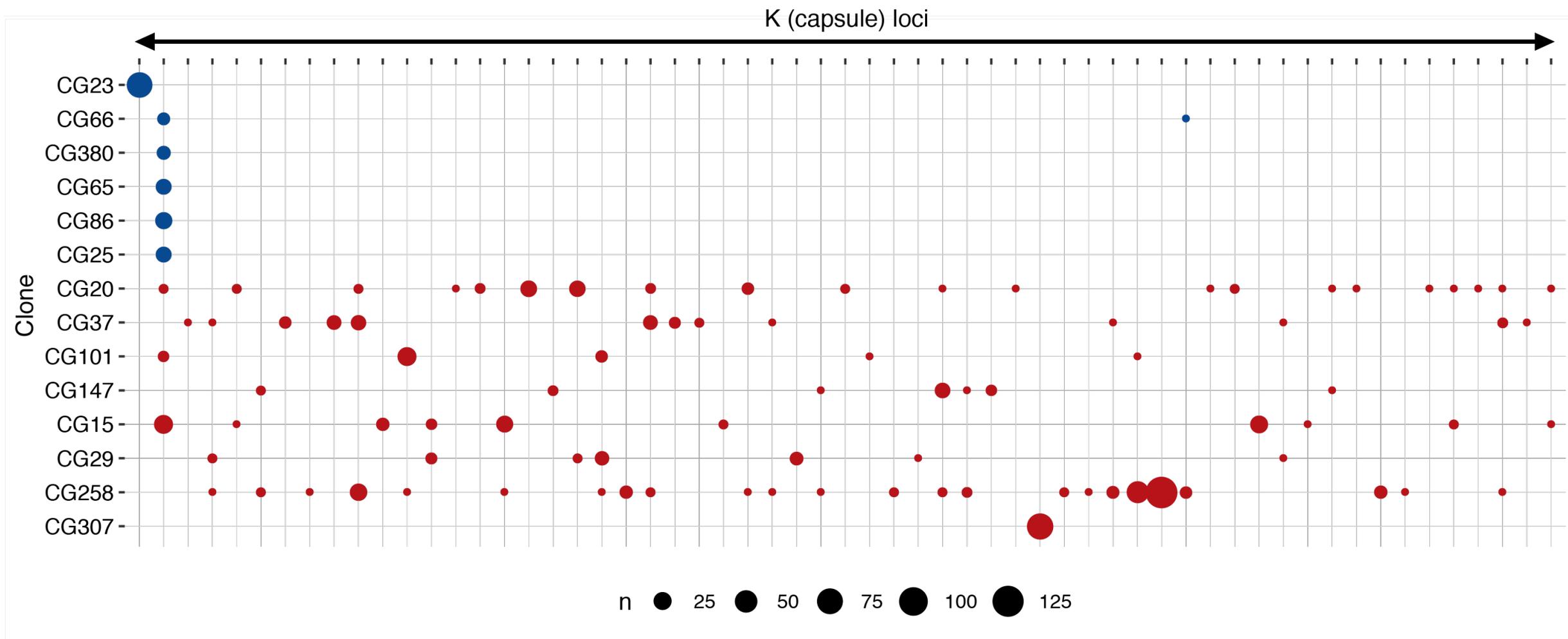
# Distribution of AMR and virulence genes



# Hypervirulent clones carry either KL1 or KL2



# MDR clones carry diverse K loci

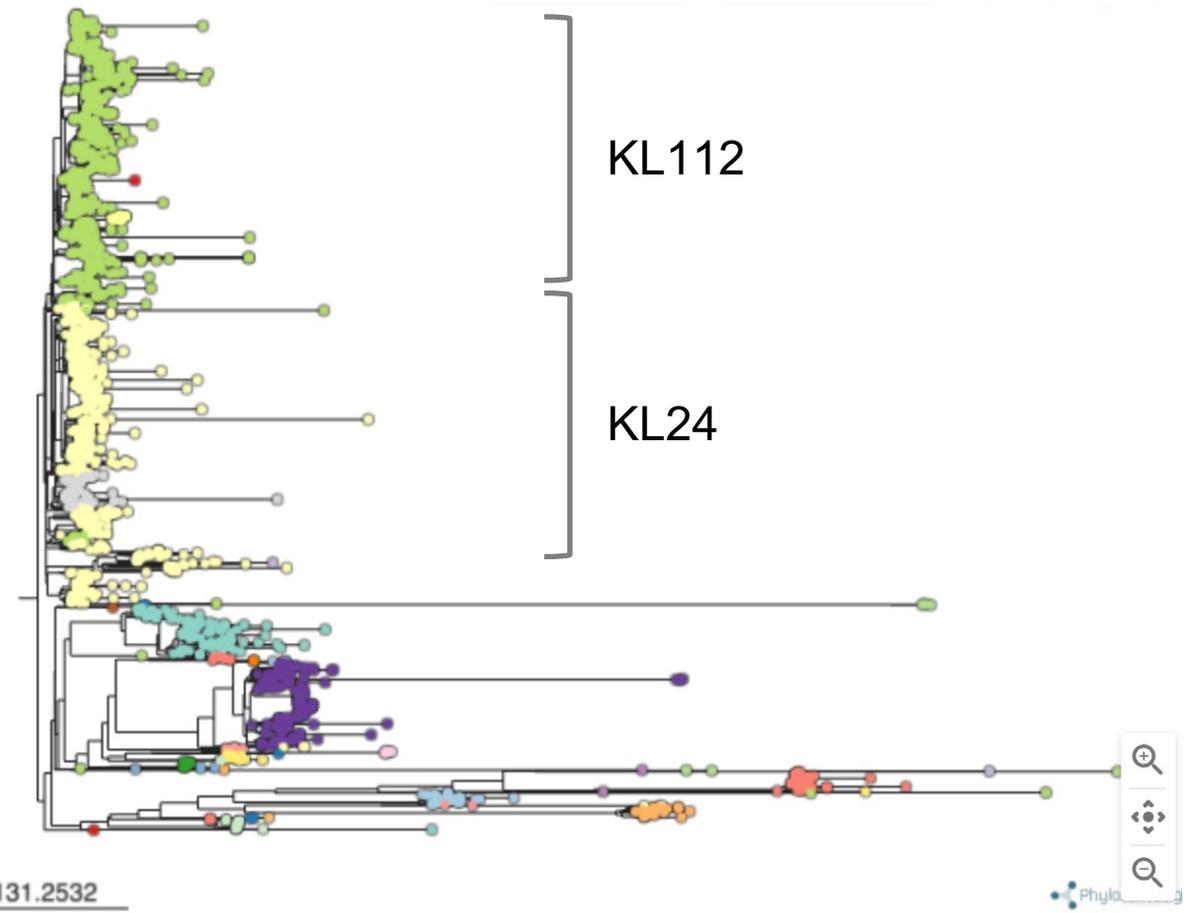
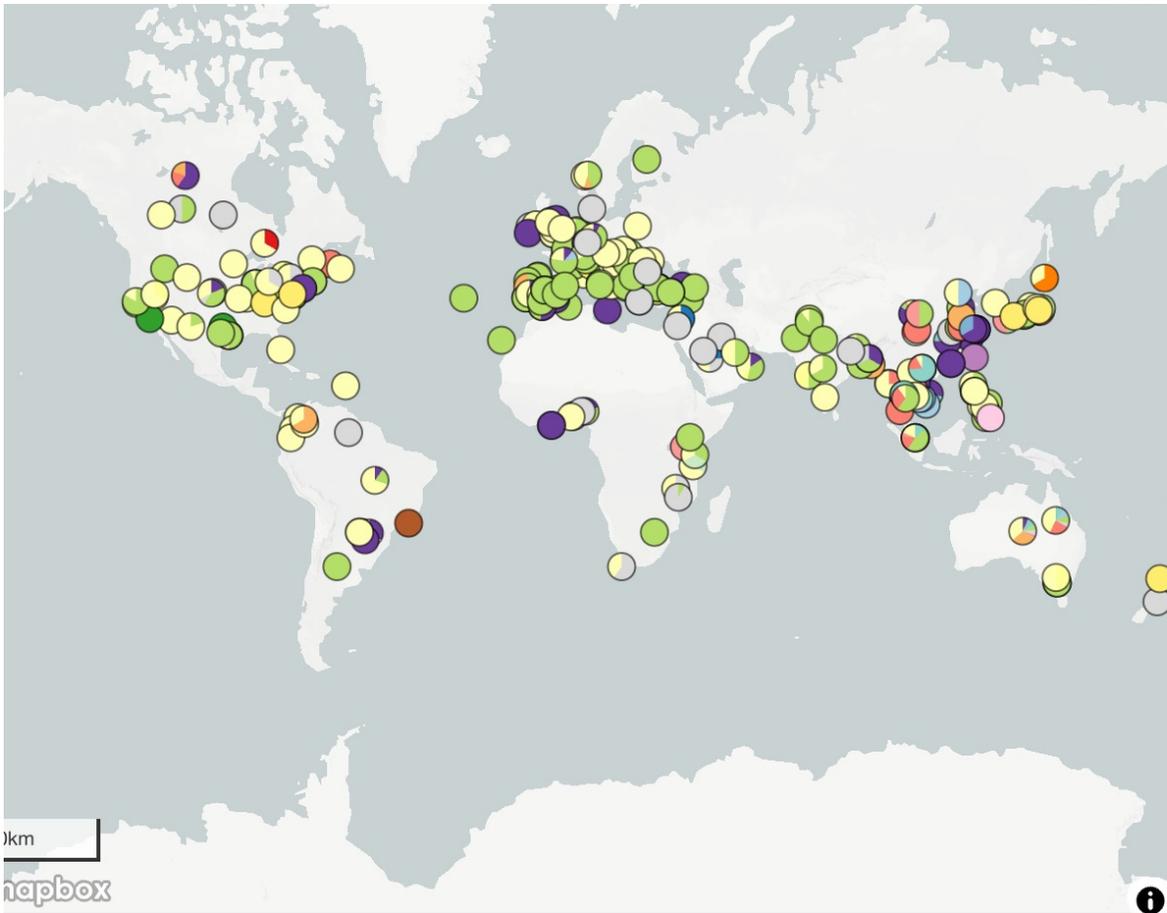


n≥20 per clone

Data from Wyres *et al PLoS Genetics* 2019

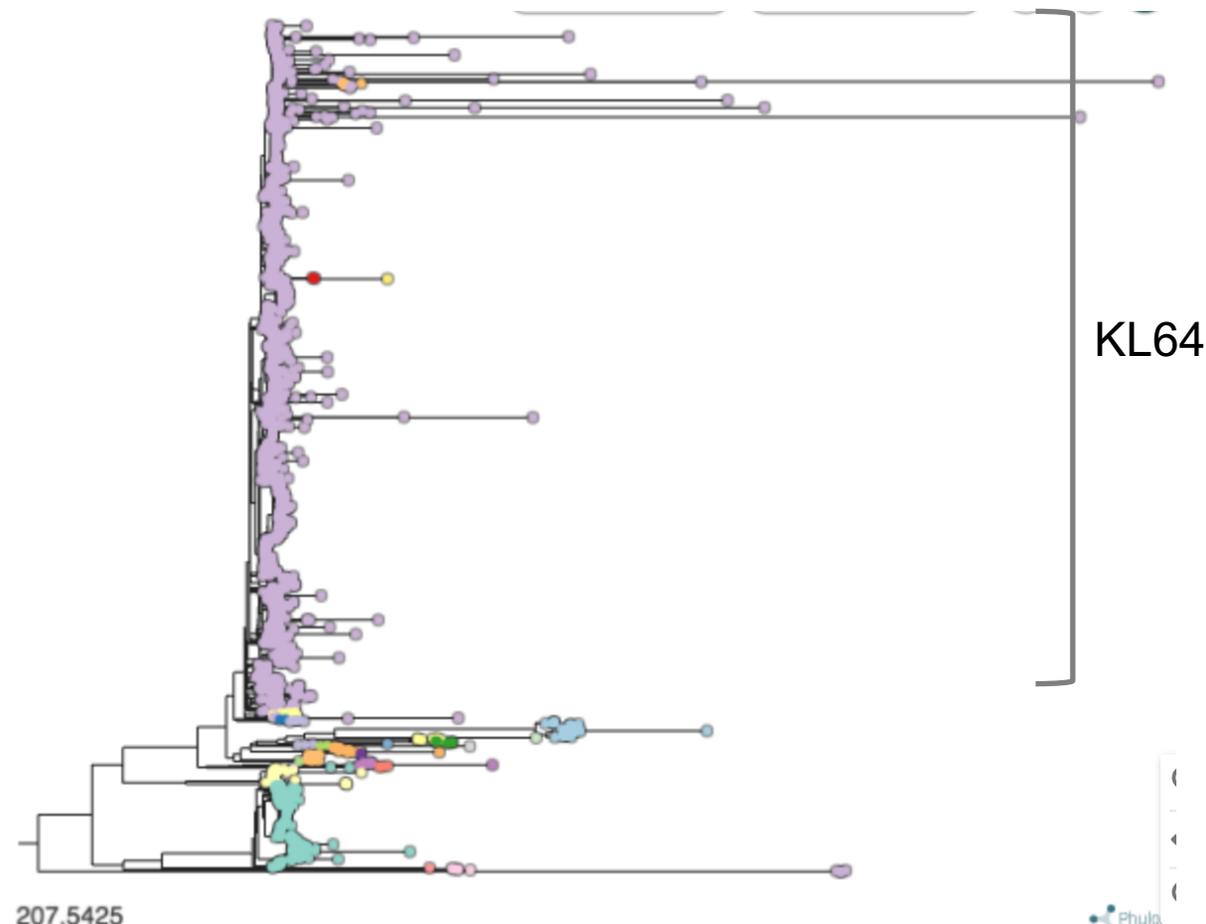
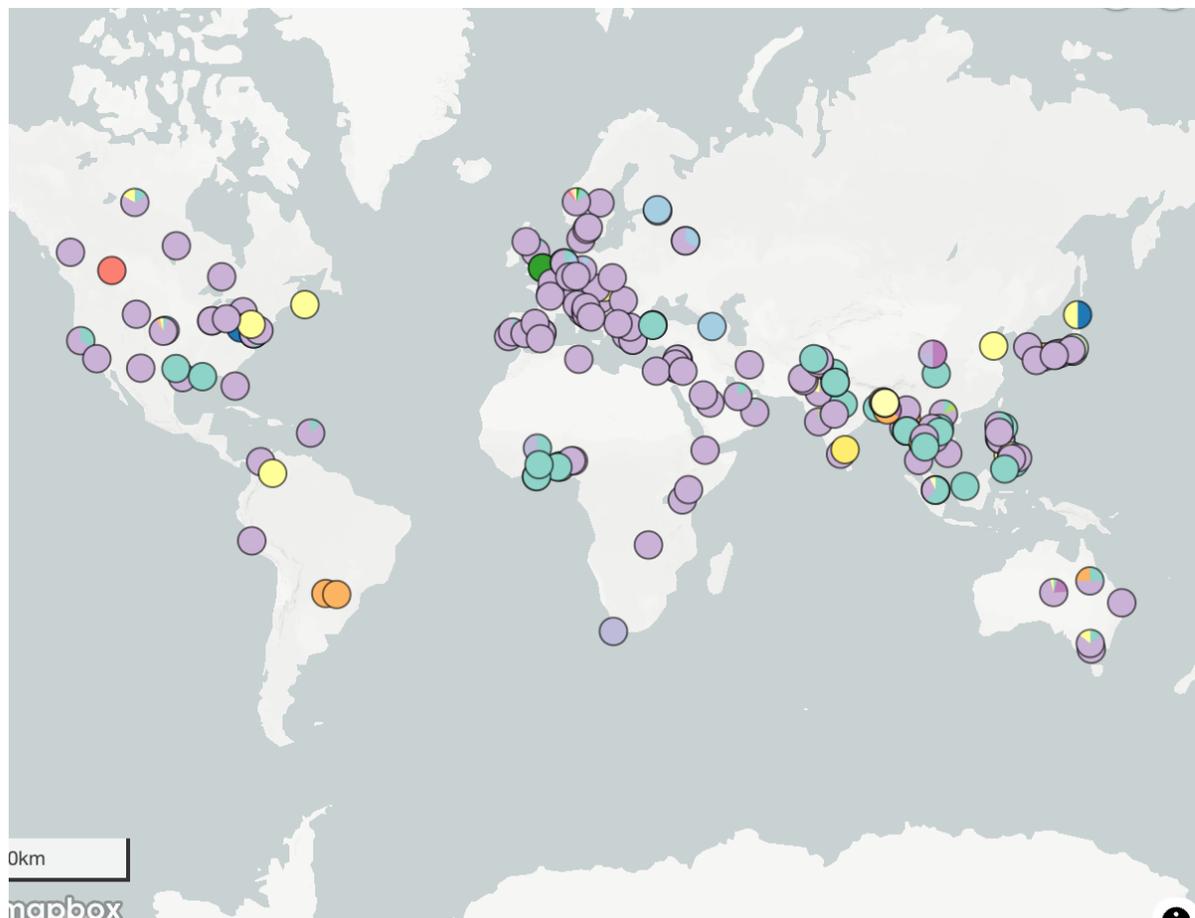
# Some ST + KL combinations have proliferated

~1800 ST15 genomes, 1968-2023

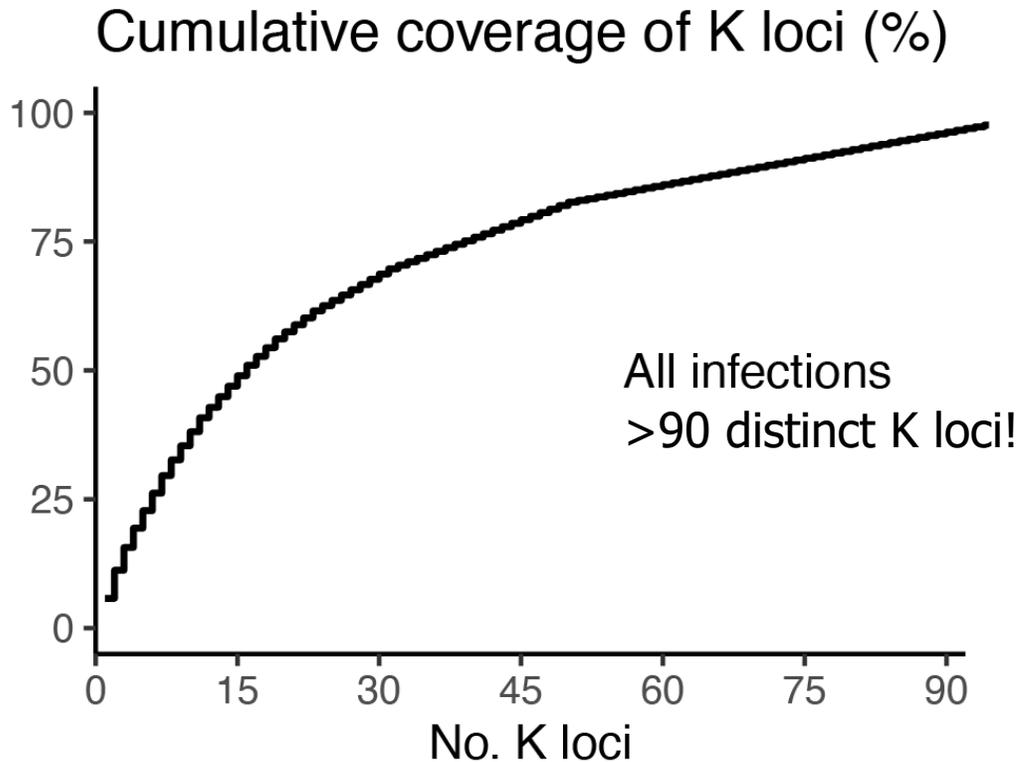


# Some ST + KL combinations have proliferated

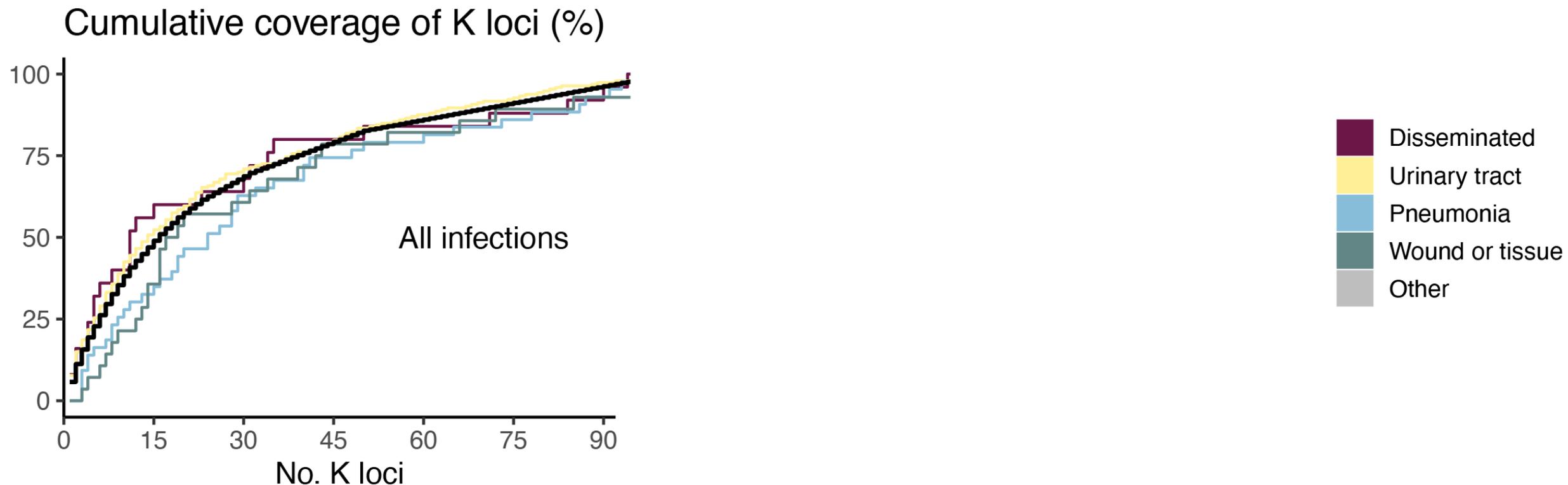
~2000 ST147 genomes, 2014-2023



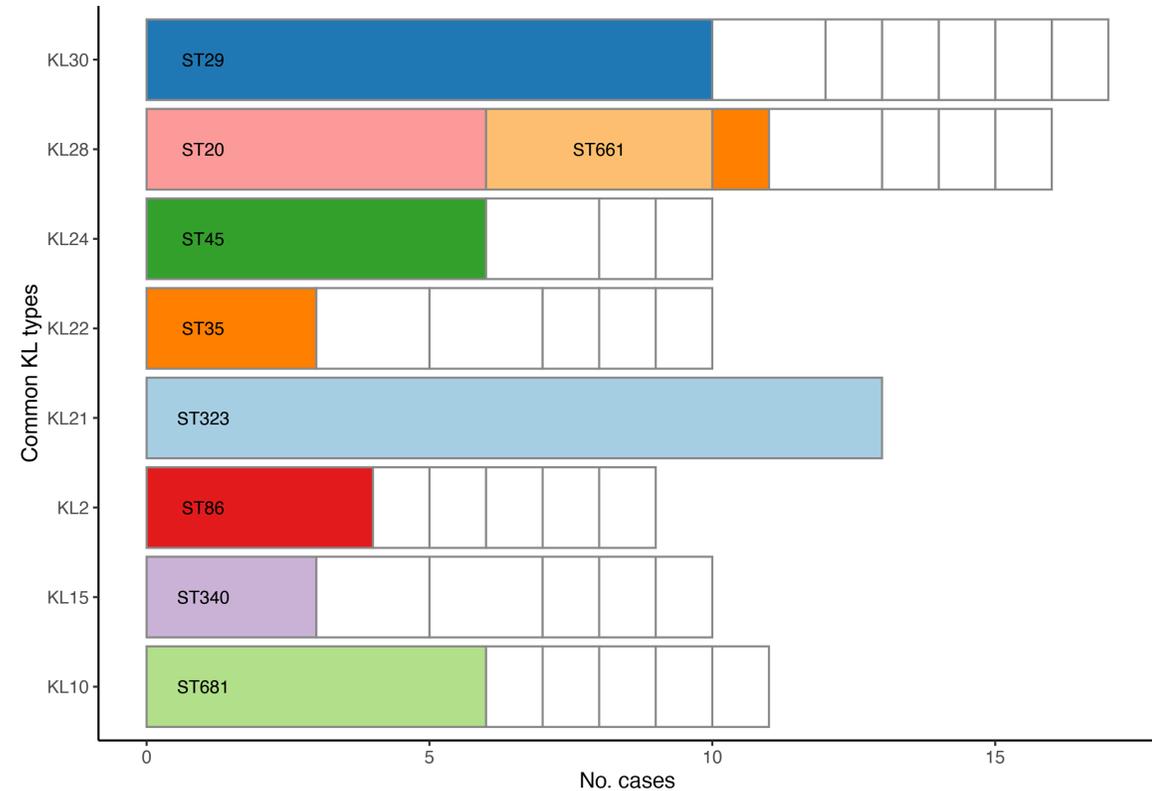
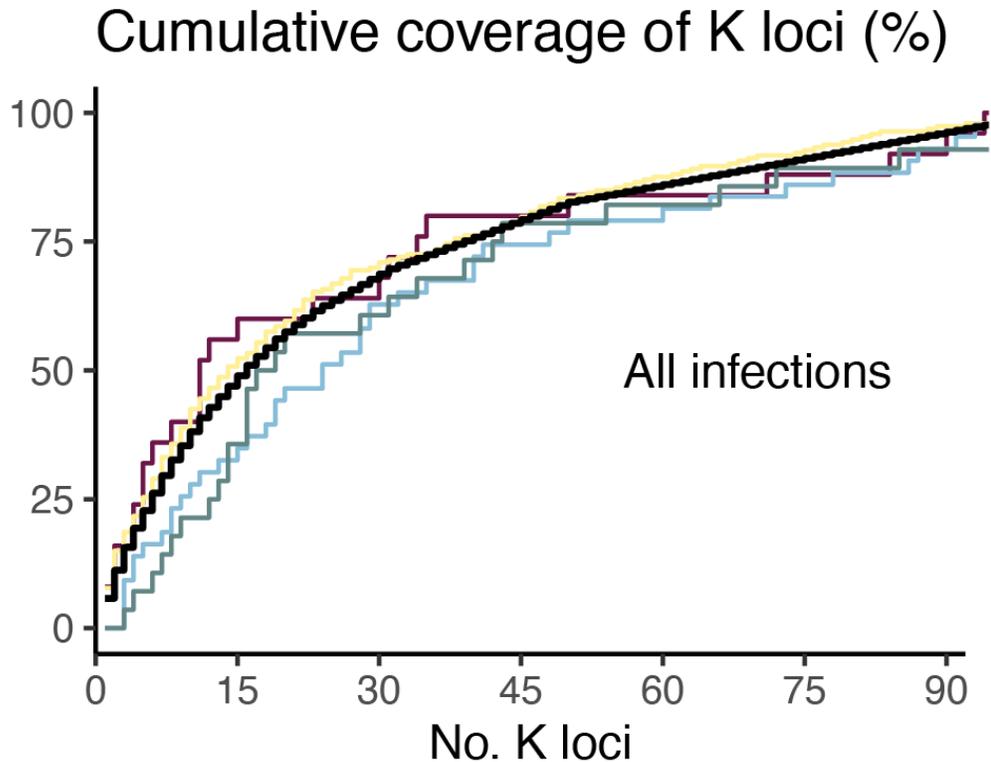
# Substantial K diversity in 1 year of *Kpn* infections (n=294)



# Diversity similar by infection type

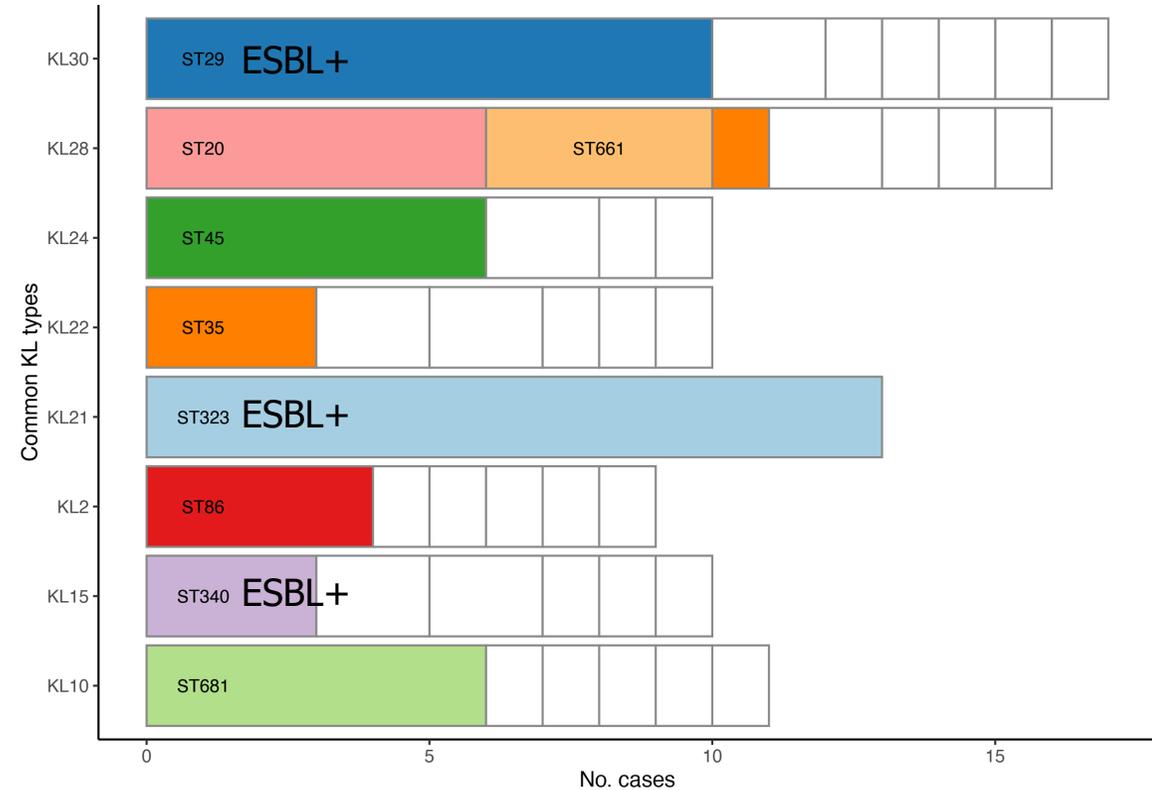
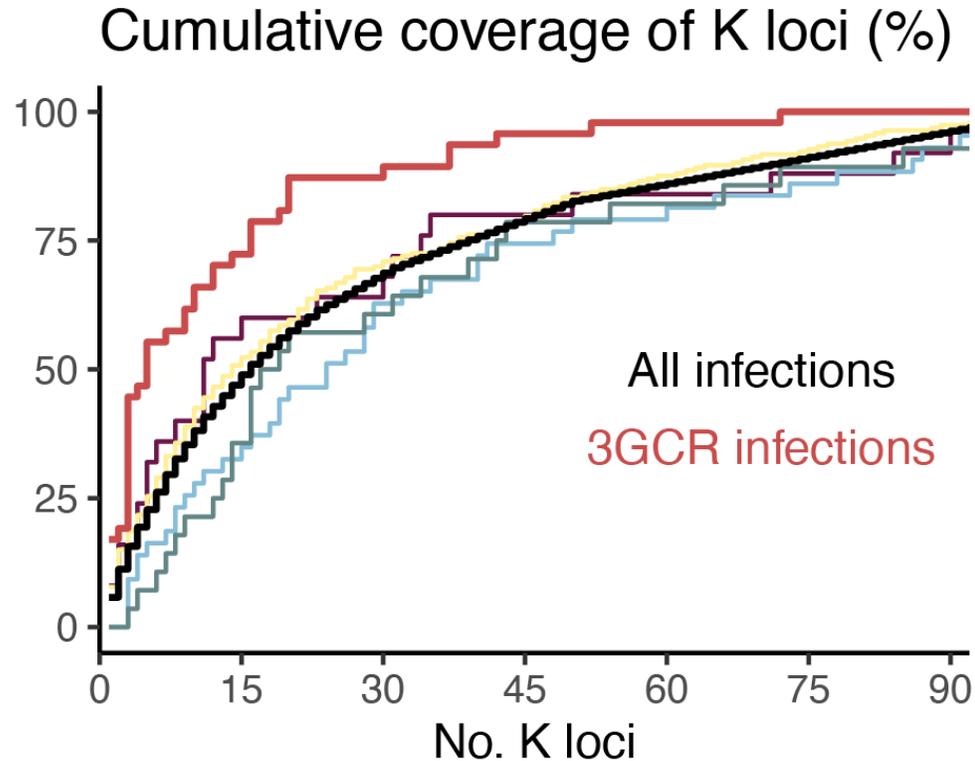


# Common K loci associated with specific clones



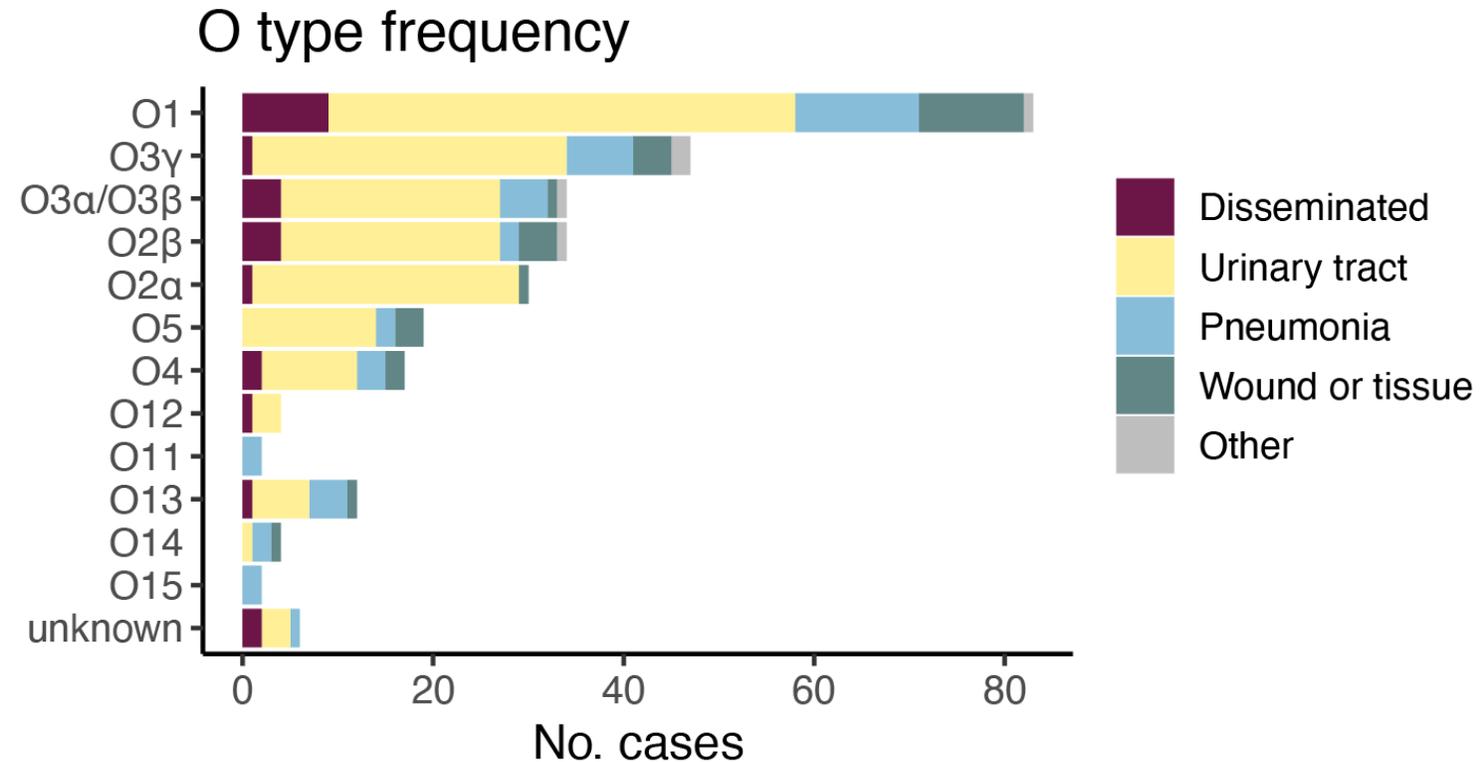
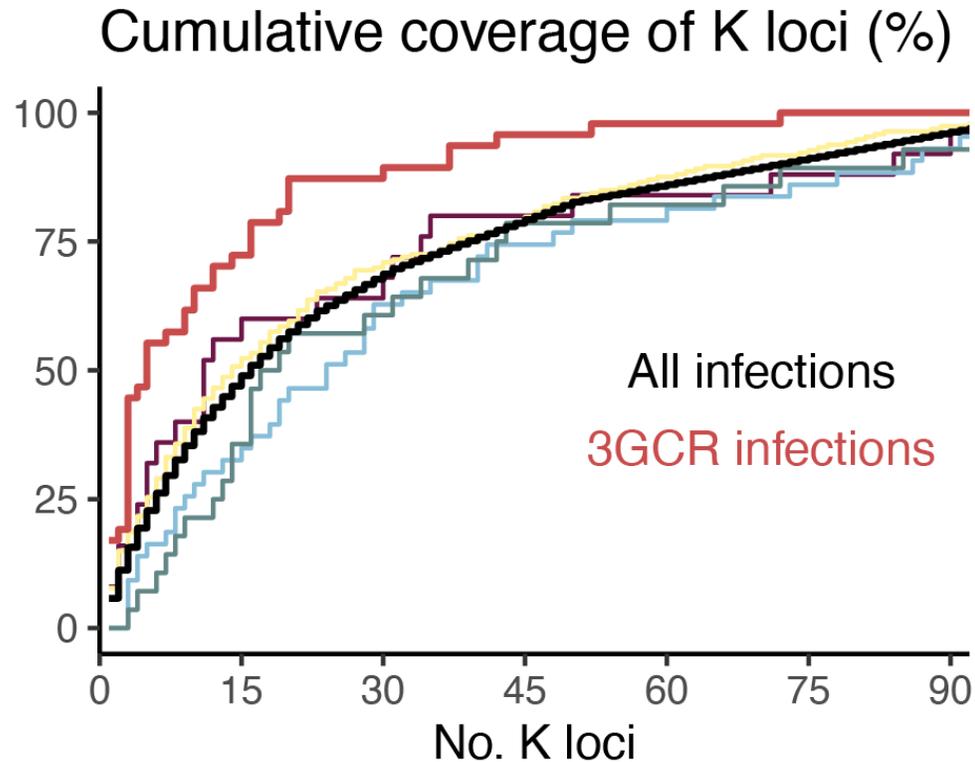
Note: few hypervirulent ST23 infections → KL1 not common

# Lower diversity among 3GCR resistant infections



Note: few hypervirulent ST23 infections → KL1 not common

# Comparable O diversity by infection type



# K frequencies differ by geography

nature  
microbiology

ARTICLES

<https://doi.org/10.1038/s41564-019-0492-8>

## Epidemic of carbapenem-resistant *Klebsiella pneumoniae* in Europe is driven by nosocomial spread

Sophia David<sup>1</sup>, Sandra Reuter<sup>2</sup>, Simon R. Harris<sup>3</sup>, Corinna Glasner<sup>4</sup>, Theresa Feltwell<sup>3</sup>, Silvia Argimon<sup>1</sup>, Khalil Abudahab<sup>1</sup>, Richard Goater<sup>1</sup>, Tommaso Gianì<sup>5</sup>, Giulia Errico<sup>6</sup>, Marianne Aspbury<sup>7</sup>, Sara Sjunnebo<sup>8</sup>, the EuSCAPE Working Group<sup>9</sup>, the ESGEM Study Group<sup>10</sup>, Edward J. Feil<sup>11</sup>, Gian Maria Rossolini<sup>5,12</sup>, David M. Aanensen<sup>1,13,14\*</sup> and Hajo Grundmann<sup>2,4,14\*</sup>

# K frequencies differ by geography

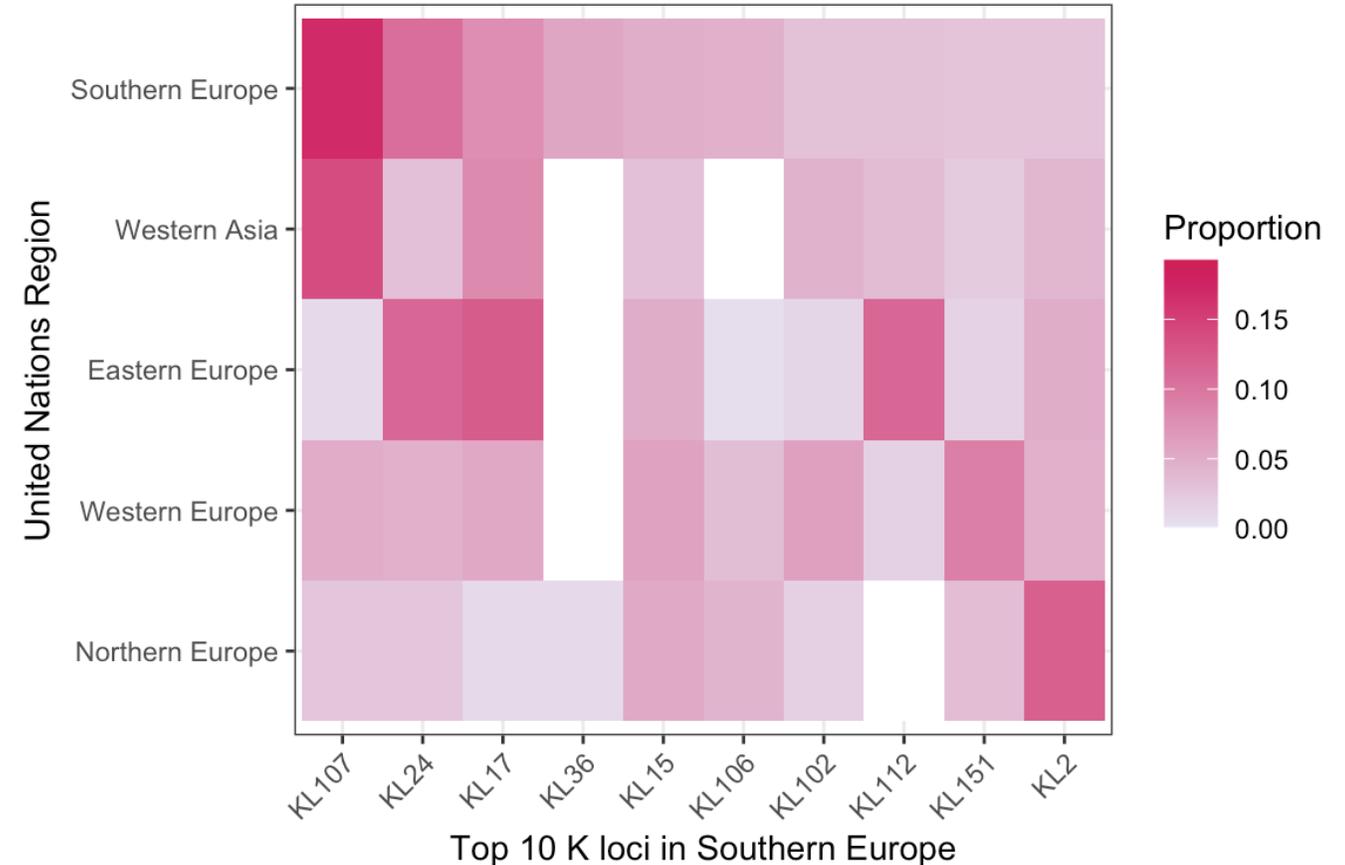
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# Geographic differences driven by clone associations

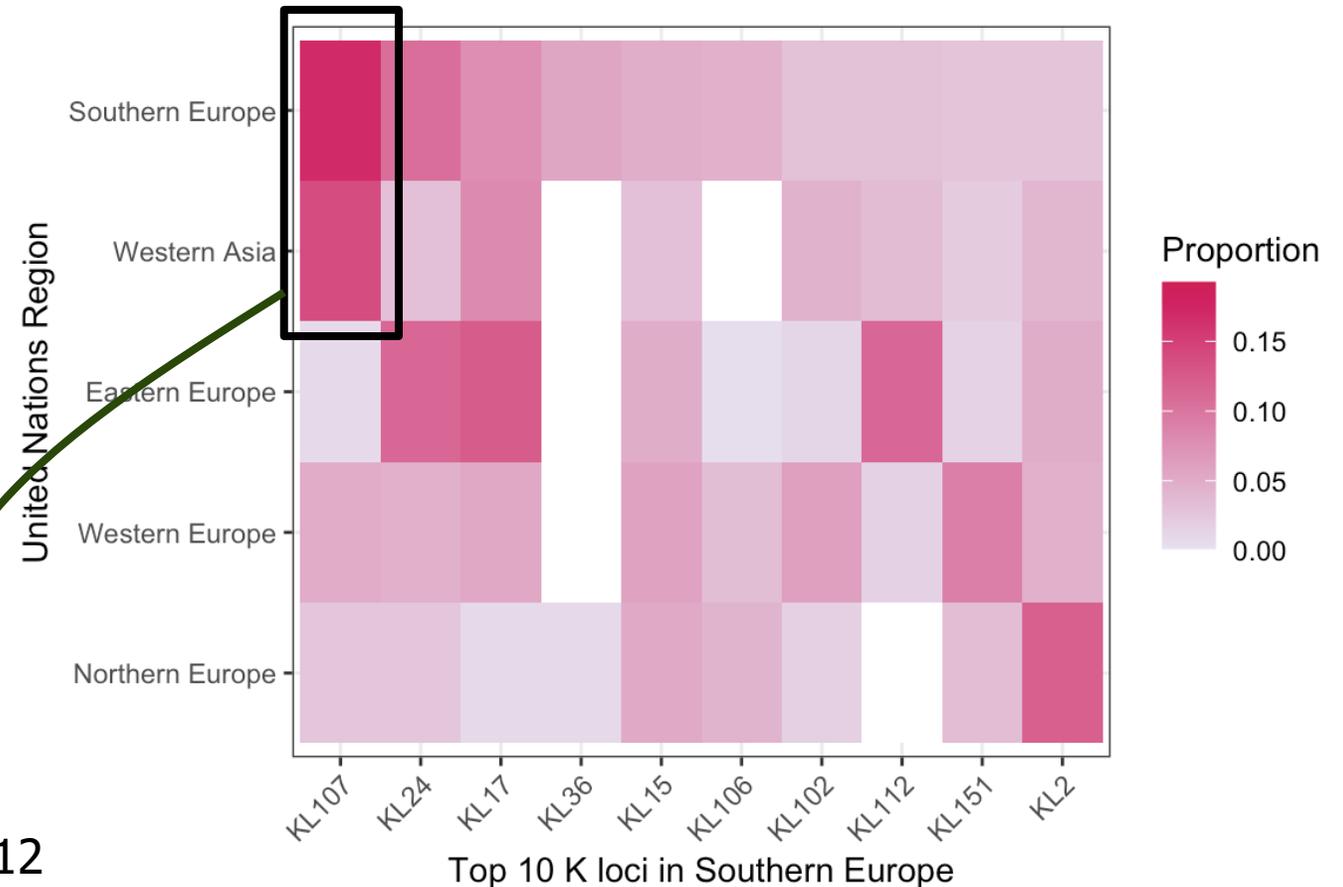
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ARTICLES  
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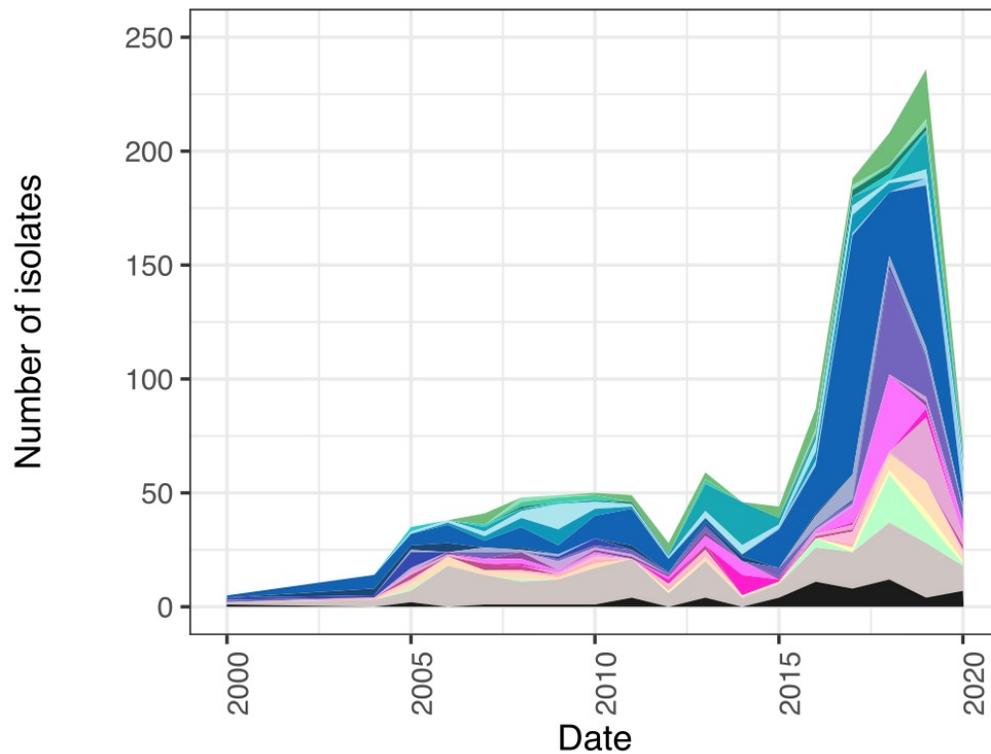
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ST258 / ST512  
(Italy and Israel)

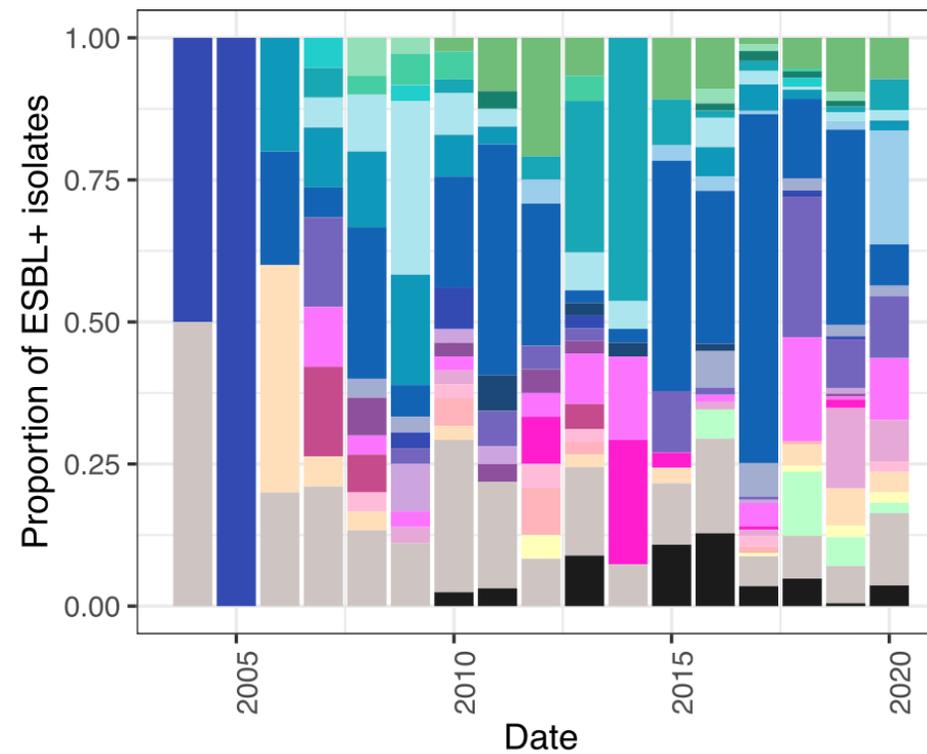


# K frequencies fluctuate through time

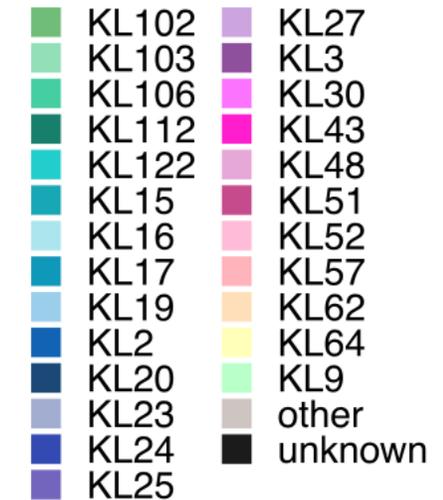
K-locus over time



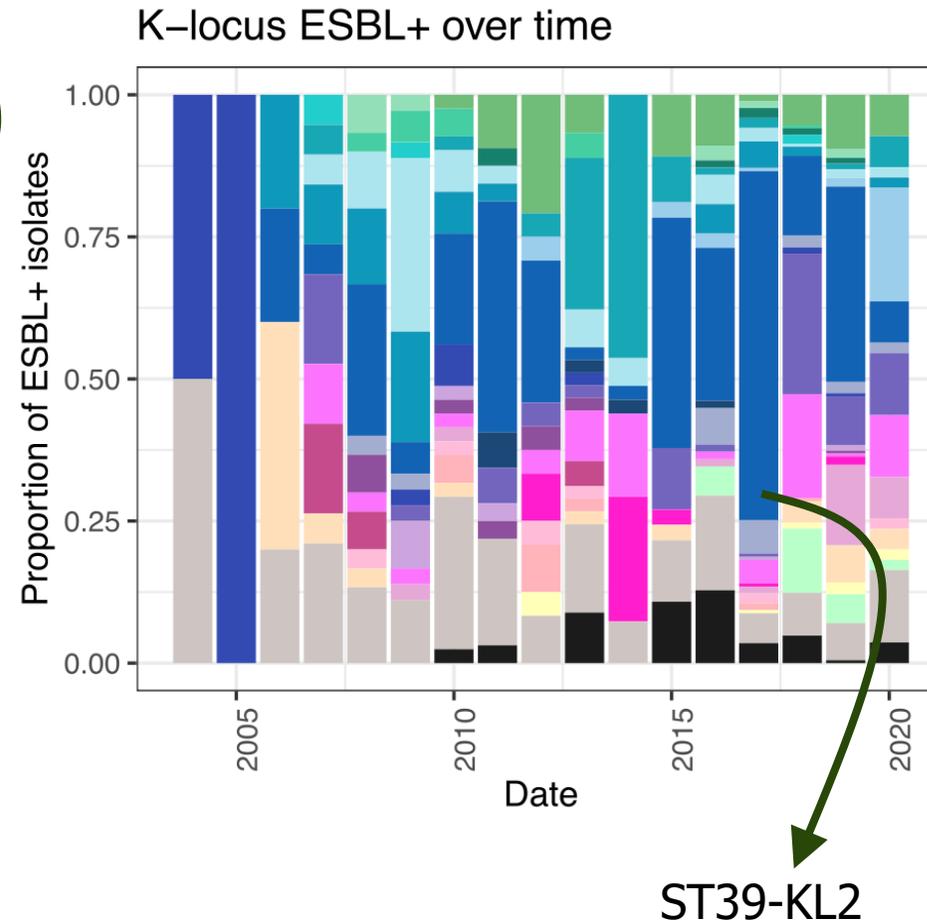
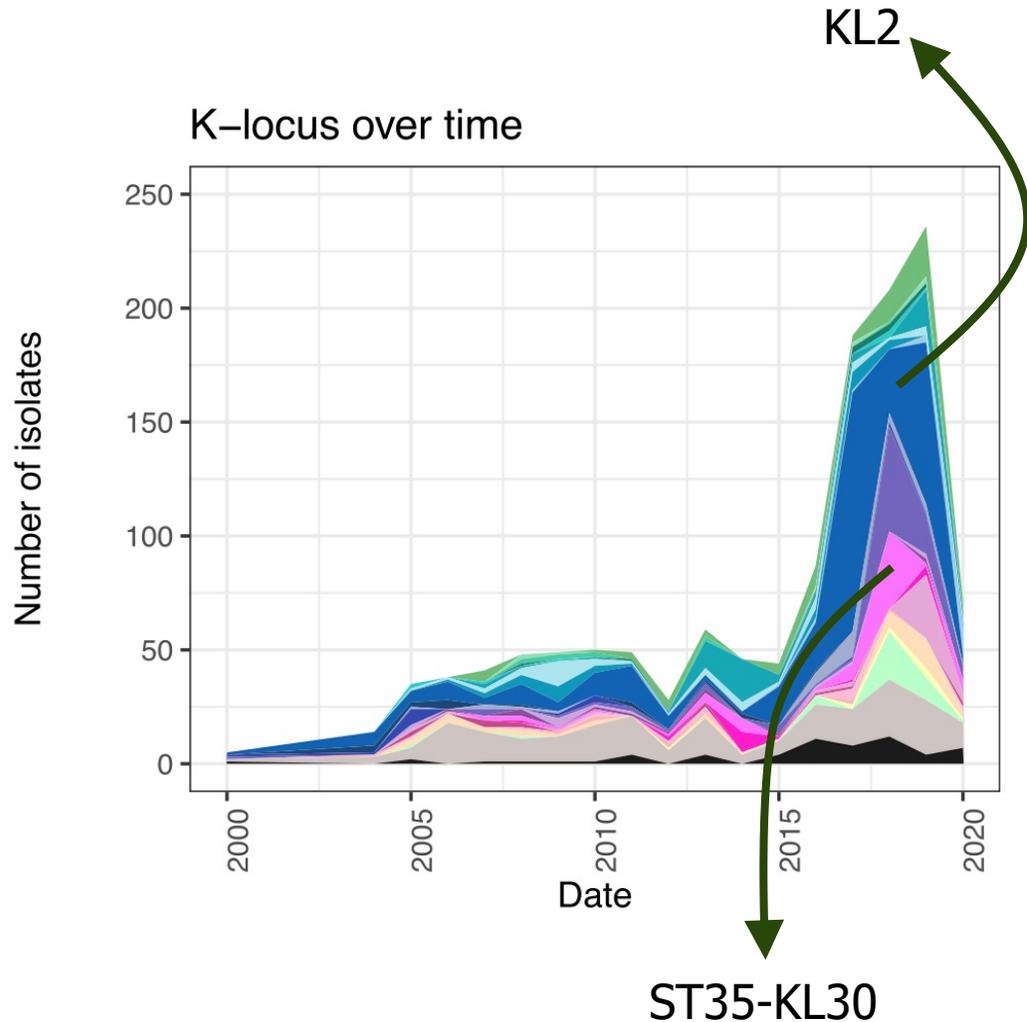
K-locus ESBL+ over time



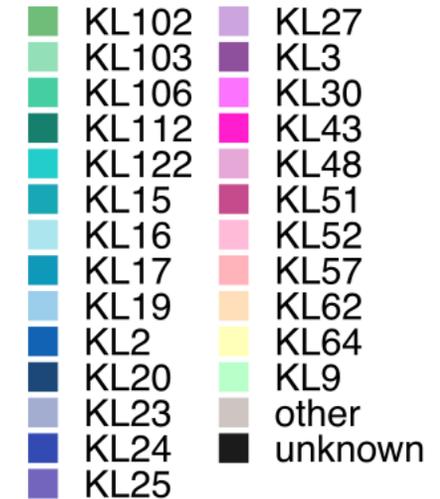
## K locus



# K frequencies impacted by successive clonal expansions



## K locus





# What should we consider when designing Kpn seroepidemiology analyses?

# Considerations for robust *Kpn* seroepidemiology analyses

## Sampling:

- Large sample sizes
- Broad representation:
  - target infections
  - target geographies

## Analysis approach:

- Account for sampling differences between sites
- Adjust for local clonal expansions

# *Kpn* neonatal sepsis isolate meta-analysis



HUGE collaborative effort – 82 coauthors!

# Bayesian prevalence estimates, adjusted for outbreaks

One WGS per infection



K loci and O types - Kaptive  
ST and resistance score - Kleborate  
Pairwise SNVs - Pathogenwatch

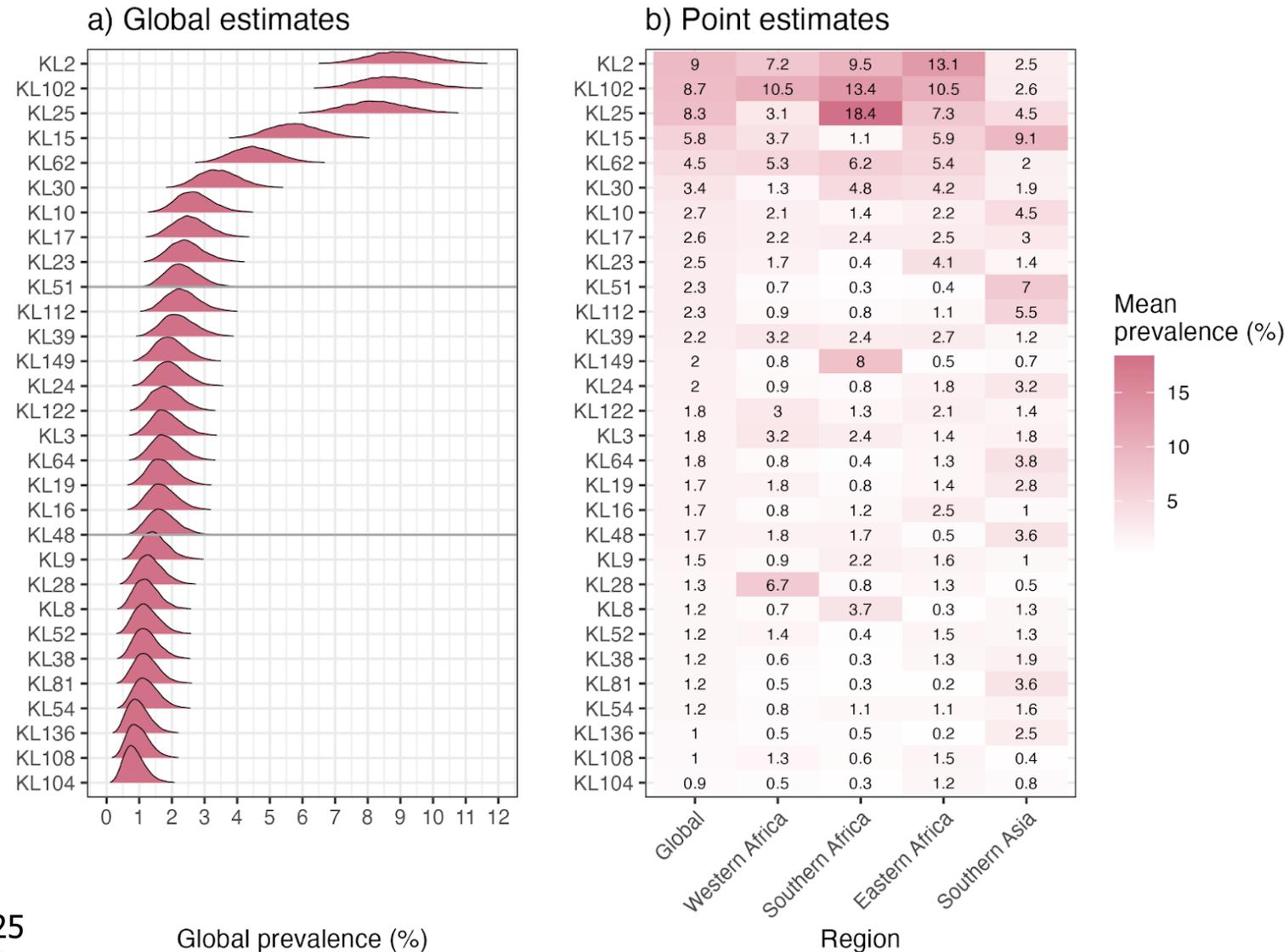


Cluster genomes  $\leq 10$  SNVs, same site, same year

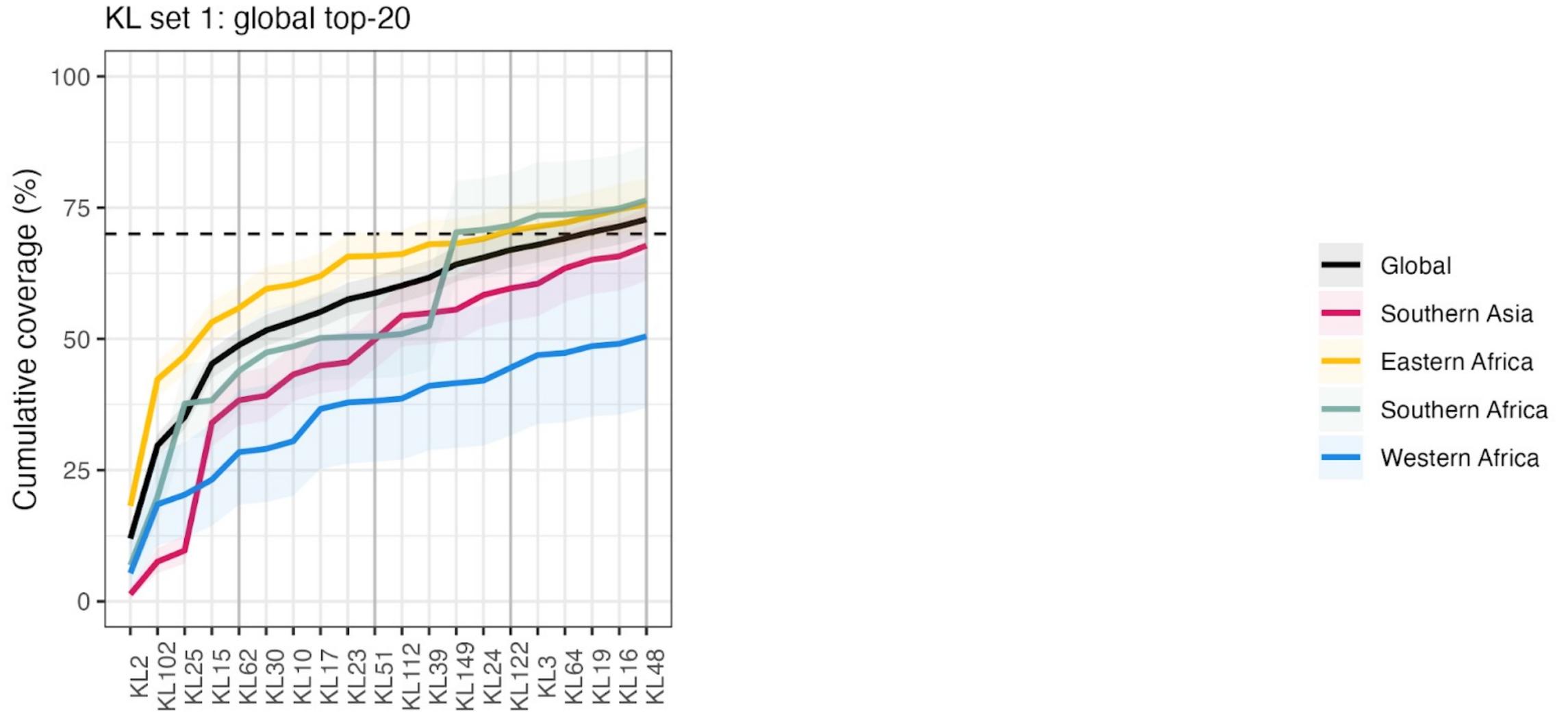


Bayesian prevalence estimates, global and regional  
ESBL+, CP+, fatal cases

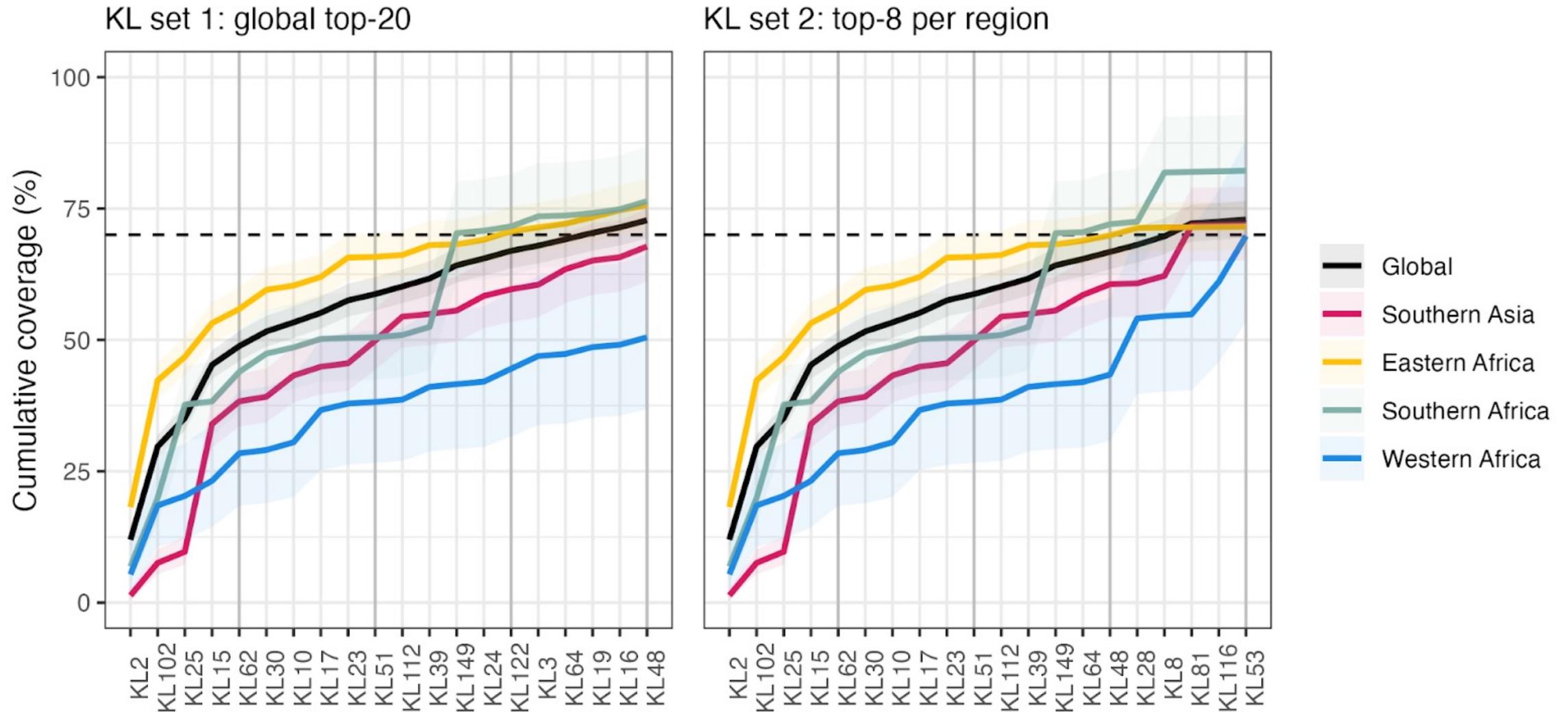
# Bayesian prevalence estimates, adjusted for outbreaks



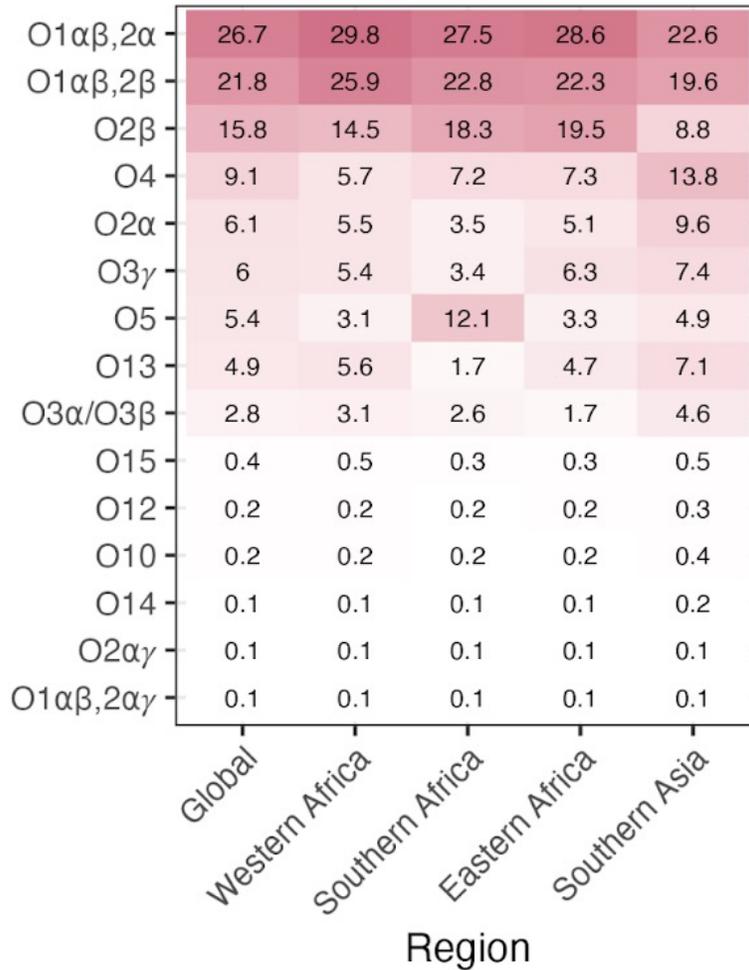
# Cumulative coverage for top 20 K varies by region



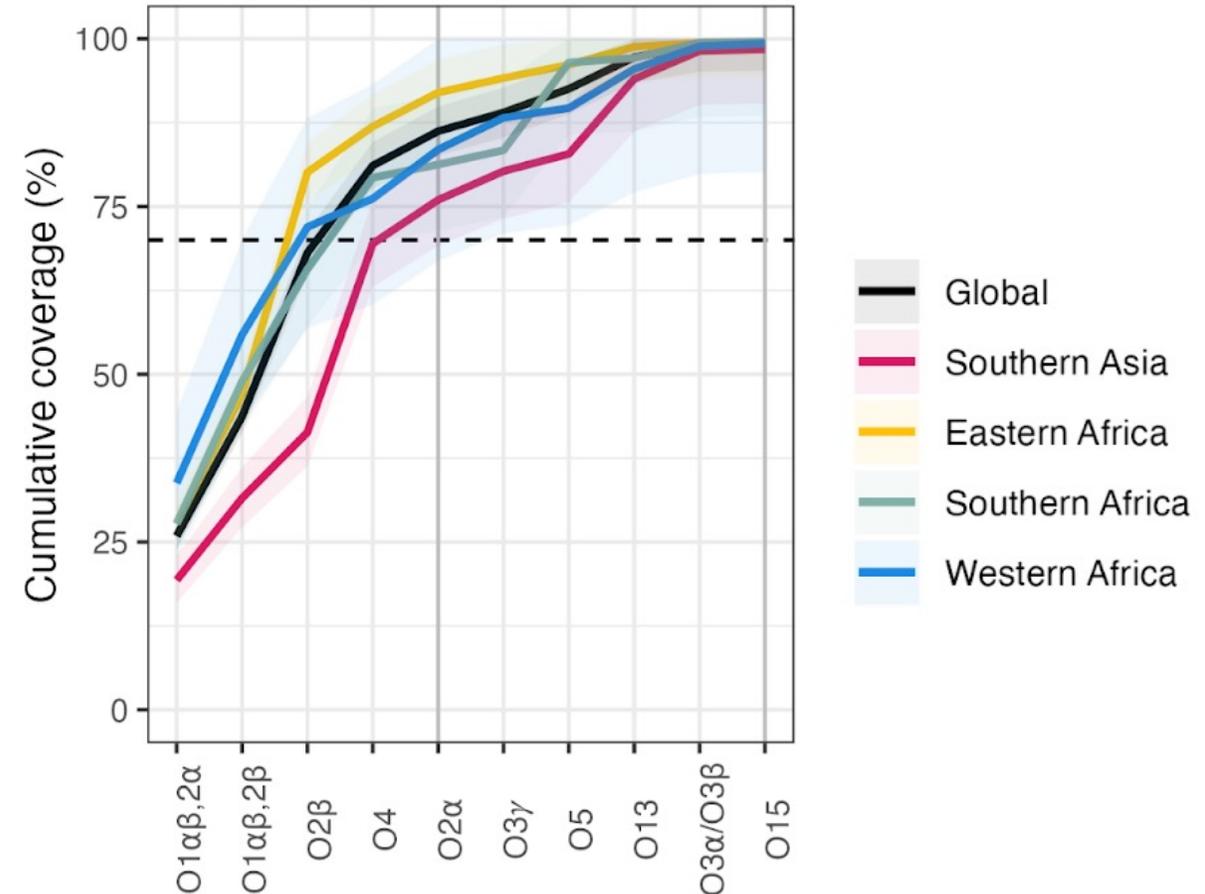
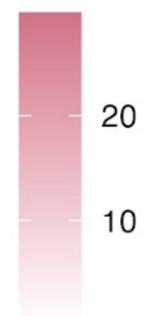
# Can achieve $\geq 70\%$ coverage for all regions if select top loci from each



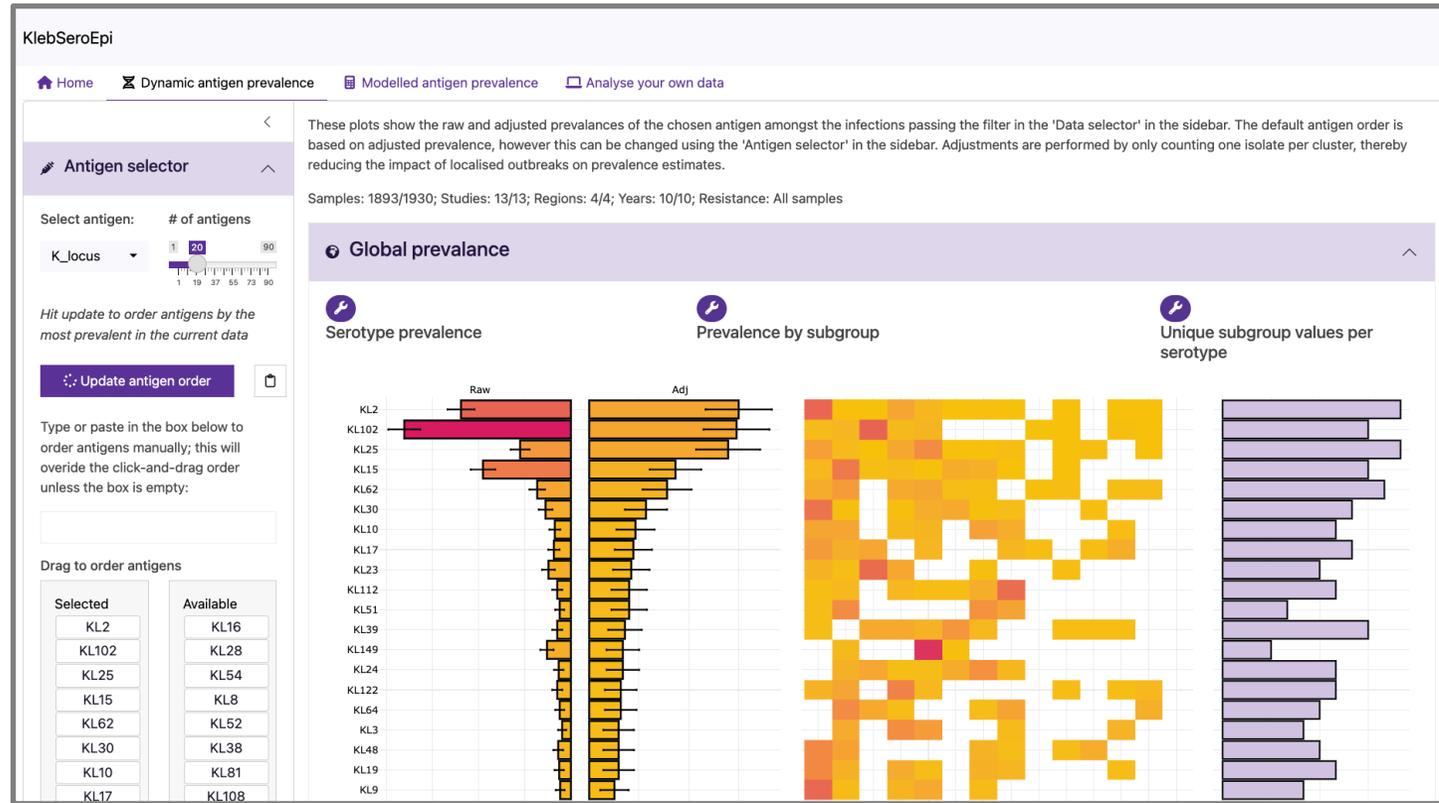
# O types much less diverse, top 4 achieves $\geq 70\%$ coverage in all regions



Mean prevalence (%)



# Sero-epi app for data exploration



<https://klebsiella.shinyapps.io/neonatal/>

# In summary

List of learning points in this session:

- *Kpn* causing opportunistic human infections produce diverse K and O antigens
- MDR clones associated with diverse K and O loci, but some combinations have proliferated globally
- Hypervirulent clones (and infections) associated with KL1 and KL2
- K loci vary through space and time among opportunistic infections
- O types are less variable
- To prioritise antigens for vaccines and other interventions we need broadly representative data, and we need to adjust for localised clonal outbreaks
- Despite the extensive diversity it may be possible to produce a single anti-K vaccine with  $\geq 70\%$  theoretical population coverage

# Further reading

Specific further reading for this session

Stanton / Keegan *et al.* Distribution of capsule and O types in *Klebsiella pneumoniae* causing neonatal sepsis in Africa and South Asia: meta-analysis of genome-predicted serotype prevalence and potential vaccine coverage. *medRxiv* 2025  
doi: <https://doi.org/10.1101/2025.06.28.25330253>

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# Acknowledgements

The creation of this training material was commissioned by ECDC to Associate Professor Kelly Wyres at Monash University