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# Drug resistance and molecular epidemiology of *Mycobacterium tuberculosis* in Mexico: A systematic review

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## Abstract

**Objective.** To compare drug resistance (DR) rates and genetic diversity of *Mycobacterium tuberculosis* strains from different states of Mexico. **Materials and methods.** A systematic review of English and Spanish-language articles using MEDLINE and Google Scholar. Search terms included *Mycobacterium tuberculosis*, Mexico, resistance, mutation and epidemiology. **Results.** Fifteen studies for phenotypic DR rates (n=2 694), twelve studies for genotypic DR (n=748) and eleven studies for genetic diversity (n=2 044) met our inclusion criteria. Mean DR and multidrug resistance (MDR) rates were 37.5% and 20.6%, respectively. The most frequent mutations were *rpoB*531 (53.1%), *katG*315 (50.6%), *embB*306 (32.1%), *rpsL*43 (14.6%) and *pncA*359 (16.7%) in DR strains. Novel mutations were found. Predominant shared types were SIT53 (T1, n=188, 3.9%), SIT119 (X1, n=125, 6.9%), SIT19 (EAI2-Manila, n=80, 6.3%) and SIT42 (LAM9, n=77, 3.0%). SIT1 Beijing genotype has been reported in six states from Mexico. **Conclusions.** DR and MDR rates continue to increase. Genetic diversity of *M. tuberculosis* strains in Mexico is high. Reports of Beijing strains are increasing.

Key words: *Mycobacterium tuberculosis*; molecular epidemiology; drug resistance; mutation; Mexico

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## Resumen

**Objetivo.** Comparar los niveles de farmacorresistencia (FR) y la diversidad genética de cepas de *Mycobacterium tuberculosis* de diferentes estados de México. **Material y métodos.** Una revisión sistemática de artículos en inglés y español usando MEDLINE y Google Scholar. Los términos de búsqueda incluyeron *Mycobacterium tuberculosis*, México, resistencia, mutación y epidemiología. **Resultados.** Quince estudios de niveles de FR fenotípica (n=2 694), doce estudios de FR genotípica (n=748) y once estudios de diversidad genética (n=2 044) concordaron con nuestros criterios de inclusión. El promedio de los niveles de FR y multifarmacorresistencia (MFR) fue 37.5 y 20.6%, respectivamente. Las mutaciones más frecuentes fueron *rpoB*531 (53.1%), *katG*315 (50.6%), *embB*306 (32.1%), *rpsL*43 (14.6%) y *pncA*359 (16.7%) en cepas FR. Se encontraron nuevas mutaciones. Los tipos compartidos predominantes fueron SIT53 (T1, n=188, 3.9%), SIT119 (X1, n=125, 6.9%), SIT19 (EAI2-Manila, n=80, 6.3%) y SIT42 (LAM9, n=77, 3.0%). El genotipo Beijing SIT1 se ha reportado en seis estados de México. **Conclusiones.** Las tasas de FR y MFR siguen incrementando. La diversidad genética de las cepas de *M. tuberculosis* es alta. Los reportes de cepas Beijing están aumentando.

Palabras clave: *Mycobacterium tuberculosis*; epidemiología molecular; resistencia a medicamentos; mutación; México

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Almost one third of the global population is infected with *Mycobacterium tuberculosis*.<sup>1</sup> The TB rate in Mexico is 16.8 per 100 000 population in 2010. Every year, more than two thousand people die from tuberculosis (TB) in this country.<sup>2</sup> One of the most alarming trends worldwide concerning TB is the emergence of drug-resistant (DR) and multidrug-resistant strains of *M. tuberculosis* (MDR-TB). MDR strains are defined as those resistant to at least isoniazid (INH) and rifampicin (RIF). In *M. tuberculosis*, acquired drug resistance is caused mainly by spontaneous mutations in chromosomal genes, producing the selection of resistant strains during sub-optimal drug therapy.<sup>3,4</sup>

Molecular typing of *M. tuberculosis* strains has been used to understand the transmission dynamics of TB.<sup>5</sup> One genotyping technique is restriction fragment length polymorphism (RFLP) analysis, where the distribution and number of copies of an insertion sequence, IS6110, in a chromosome is monitored, with this event varying among different strains. However, PCR-based techniques have gradually been replacing RFLP analysis over the last decade. Spoligotyping detects polymorphisms present in a direct repeat locus, while molecular typing using mycobacterial interspersed repetitive units-variable number of DNA tandem repeats (MIRU-VNTRs) is also used.<sup>6</sup>

DR and MDR strains have been steadily increasing over the past years, making treatment of TB difficult. Thus, it is important to identify resistant strains as soon as possible in order to adjust treatment strategies and minimize disease transmission. However, determining the DR rate in the country has proven difficult. Several reports are available and yet, some use different drug susceptibility testing (DST). A systematic review of phenotypic and genotypic data of DR in *M. tuberculosis* strains, as well as an analysis of current genotypes has not been performed before.

To analyze the circulating *M. tuberculosis* strains from Mexico, we reviewed studies that assessed DR using specific DST, evaluated DR-associated mutation frequency and/or determined genetic diversity of *M. tuberculosis* strains in patients with either pulmonary or extrapulmonary TB from different states of Mexico.

## Materials and methods

Analysis methods were performed based on the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) Statement (<http://www.prisma-statement.org/>).

Studies were identified by searching the electronic Databases MEDLINE and Google Scholar.

No limits were applied for language and foreign papers were translated. The last search was run on July 8,

2013. Search terms included *Mycobacterium tuberculosis*, Mexico, resistance, mutation, molecular epidemiology, spoligotyping, RFLP-IS6110, MIRU-VNTR.

Articles were screened on the basis of title, abstract and manuscript review, when available. Data extraction from included studies was performed by one reviewer and inserted in a data sheet. Studies of phenotypic DR rate evaluation of first line drugs were included. To minimize risk of bias across studies, studies evaluating DR with a DST method other than the proportion or radiometric method were excluded from the review. Data of genotypic DR was included exclusively from DR strains from the selected studies. As such, we excluded the frequency of mutations in drug susceptible strains, and the mean mutation rate was modified accordingly. As well, genotype frequency comparison among states was performed only when the same genotyping method was used.

The information extracted from each included study was: 1) type of study (including articles studying phenotypic DR, genotypic DR or genetic diversity. No language, publication date, or publication status restrictions were imposed); 2) type of participants (including *M. tuberculosis* strains from patients either with pulmonary or extrapulmonary TB from any Mexican state); 3) characteristics of phenotypic and/or genotypic DR rates and/or genetic diversity (including state, year, number of strains and population), and the article's inclusion and exclusion criteria; 4) type of intervention (including drug susceptibility testing (DST) method, drugs evaluated (isoniazid (INH) and/or rifampicin (RIF), including or not ethambutol (EMB), streptomycin (STR) and pyrazinamide (PZA)), DR-associated mutation frequency (in genes associated to either aforementioned drug: *rpoB*, *katG*, *inhA*, *oxyR-ahpC*, *embB*, *rss*, *rpsL* and *pncA*), specific site mutation and genotyping method (spoligotyping, RFLP-IS6110 fingerprinting, MIRU-VNTR); 5) type of outcome measure (including the mean of phenotypic DR and MDR for each state, DR-associated genes mutation frequency, specific site (codon or nucleotide) mutation frequency, local sample total mutation rate, clustering rate, shared types, lineages and frequency of novel genotypes).

We performed three different analyses in our study. First, we compared DR and MDR levels, as well as resistance of each drug to *M. tuberculosis* strains among Mexican states. The mean rate was also obtained. Secondly, we compared the frequency of each site mutation associated to DR and obtained the most frequent. Thirdly, we obtained the frequency of shared types found in each study and compared it among Mexican states. Clustering rates were also determined (clustered shared type, representing two or more identical shared type found within study/state; unique, representing a single shared type found within study/state). As well,

we searched specifically for strains belonging to the Beijing genotype.

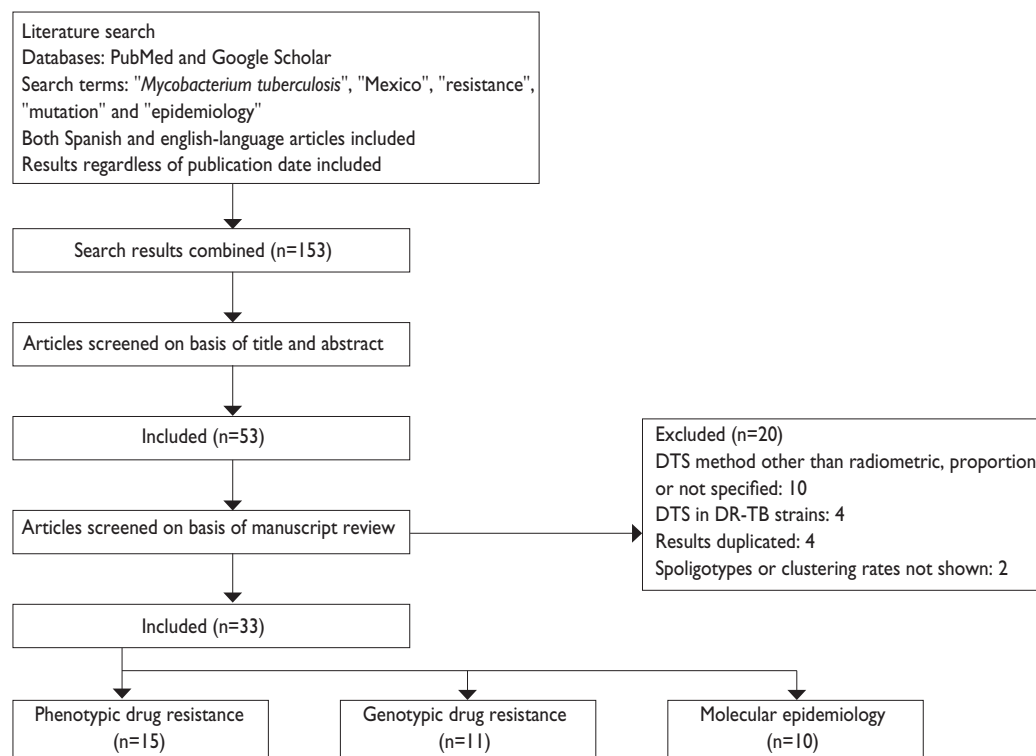
Additional data not included in the studies, such as spoligotype description and frequency and geographical distribution of DR associated mutations, was supplemented with the multimarker database for *M. tuberculosis* (SITVITWEB)<sup>6</sup> and the TB Drug Resistance Mutation Database (TBDReaMDB).<sup>7</sup>

## Results

Because the study designs, participants, interventions, and reported outcome measures varied markedly, we focused on describing the studies, their results, their applicability, and their limitations and on qualitative synthesis rather than meta-analysis. Thirty studies selected for the review were published in English and three in Spanish (figure 1). The included studies involved 3 969 *M.*

*tuberculosis* strains from TB patients. The main inclusion criteria entailed strains from Mexico with phenotypic DR and/or MDR rate evaluation, genotypic DR and/or genetic diversity analysis (supplemental table I).

Phenotypic data was available for seven studies using the proportion method ( $n=800$ ), seven using the radiometric (BACTEC) method ( $n=1\,591$ ) and one using both methods ( $n=303$ ). In table I, phenotypic DR reports published between 1995 and 2013 are listed, and these represent a total of 2 694 isolates analyzed from 22 Mexican states.<sup>8-22</sup> The overall mean DR and MDR rates were 37.5% and 20.6%, respectively. The states with the highest DR rates were Chiapas (72.2%),<sup>9</sup> the Distrito Federal and the State of Mexico (68.3%),<sup>12</sup> and Nuevo Leon (53.5%).<sup>14</sup> As well, the highest MDR rates were reported in Chiapas (66.7%),<sup>10</sup> Chiapas (53%)<sup>9</sup> and Nuevo Leon (33.3%).<sup>15</sup> Moreover, the lowest DR rates were reported in Baja California, Oaxaca and Sinaloa (21%),<sup>21</sup>



**FIGURE 1. FLOW DIAGRAM OF STUDY SELECTION. A TOTAL OF 33 STUDIES INVOLVING 3 969 CLINICAL STRAINS WERE IDENTIFIED FOR INCLUSION IN THE REVIEW. THE MEDLINE SEARCH PROVIDED A TOTAL OF 153 CITATIONS: 92 CITATIONS WERE OF PHENOTYPIC DR, 29 CITATIONS WERE OF GENOTYPIC DR AND 32 STUDIES WERE OF EITHER SPOLIGOTYPING, RFLP AND MIRU-VNTR. OF THOSE, 91 STUDIES WERE DISCARDED BECAUSE AFTER REVIEWING THE ABSTRACTS IT APPEARED THAT THESE PAPERS CLEARLY DID NOT MEET THE CRITERIA. THREE ADDITIONAL STUDIES WERE DISCARDED BECAUSE FULL TEXTS OF THE STUDIES WERE NOT AVAILABLE. THE FULL TEXTS OF THE REMAINING 59 CITATIONS WERE EXAMINED IN MORE DETAIL. IT APPEARED THAT 31 STUDIES DID NOT MEET THE INCLUSION CRITERIA AS DESCRIBED. AN ADDITIONAL FIVE STUDIES THAT MET THE CRITERIA FOR INCLUSION WERE IDENTIFIED BY CHECKING THE REFERENCES OF LOCATED, RELEVANT PAPERS AND SEARCHING FOR STUDIES THAT HAVE CITED THESE PAPERS. NO UNPUBLISHED RELEVANT STUDIES WERE OBTAINED**

Table I  
REPORTS OF DRUG-RESISTANT *M. TUBERCULOSIS* STRAINS IDENTIFIED IN SEVERAL  
STATES OF MEXICO BETWEEN 1995 AND 2013

State <sup>a</sup>	Method	No. of isolates	Year	% Drug-resistant isolates <sup>b</sup>					Overall resistance (%)	MDR <sup>c</sup> rated (%)	Population/ criteria <sup>d</sup>	Ref. no.
				INH	RIF	EMB	STR	PZA				
BC	Radiometric	427	1998	28.8	-	12.2	-	-	41.0	17.0	Patients with pulmonary TB	<sup>8</sup>
CHP	Proportion	18	1995	76.9	69.2	46.2	53.8	15.4	72.2	53.0	Patients with pulmonary TB	<sup>9</sup>
	Proportion	61	1999	86.7	-	-	-	-	24.2	66.7	Patients with pulmonary TB	<sup>10</sup>
COAH <sup>±</sup>	Proportion	22	2004	13.6	4.5	0	18.1	9	32.0	4.5	Patients with pulmonary TB	<sup>11</sup>
DF, MEX <sup>±</sup>	Proportion, radiometric	303	2001	8.3	8.9	-	-	-	68.3	30.0	Patients with pulmonary TB	<sup>12</sup>
NL	Proportion	186	2001	24.0	22.0	13.0	22.0	-	32.0	18.0	Patients who attended the clinic	<sup>13</sup>
	Radiometric	101	2001	-	-	-	-	-	53.5	19.8	Patients with pulmonary TB	<sup>14</sup>
	Proportion	180	2010	18.9	18.9	-	-	-	52.2	33.3	Patients who attended the clinic	<sup>15</sup>
	Radiometric	139	2013	37.4	17.3	18.7	25.9	18.7	47.5	17.3	Patients with pulmonary TB	<sup>16</sup>
SLP <sup>±</sup>	Proportion	237	2013	3.8	0.84	-	-	-	9.7	4.22	Patients with pulmonary TB	<sup>17</sup>
SIN <sup>±</sup>	Radiometric	66	2006	27.2	18.1	18.1	21.2	15.1	37.8	18.1	Case-patients	<sup>18</sup>
TAM	Proportion	96	2010	13.5	8.3	-	-	-	19.8	2.1	Consecutive clinical isolates	<sup>19</sup>
VER	Radiometric	308	2001	12.0	8.1	3.9	4.9	-	25.0	6.2	Patients with persistent cough and AFB	<sup>20</sup>
BC, OAX, SIN <sup>±</sup>	Radiometric	460	2000	19.1	9.3	6.3	15.9	5.4	21.0	7.4	Patients with pulmonary TB	<sup>21</sup>
18 states <sup>*</sup>	Radiometric	90	2011	23.3	11.1	10.0	12.2	8.8	26.7	11.1	Patients with pulmonary and extrapulmonary TB	<sup>22</sup>
Mean				28.1	16.4	14.3	21.8	12.1	37.5	20.6		

<sup>a</sup> BC: Baja California; CHP: Chiapas; COAH: Coahuila; COL: Colima; DF: Distrito Federal; DUR: Durango; GUA: Guanajuato; GRO: Guerrero; HID: Hidalgo; JAL: Jalisco; MEX: State of Mexico; NAY: Nayarit; NL: Nuevo Leon; OAX: Oaxaca; PUE: Puebla; QUE: Queretaro; SLP: San Luis Potosi; SIN: Sinaloa; TAB: Tabasco; TAM: Tamaulipas; VER: Veracruz; YUC: Yucatan. <sup>\*</sup>BC, CHP, COL, DF, DUR, GUA, GRO, HID, JAL, MEX, NAY, OAX, PUE, QUE, SIN, TAB, TAM, YUC. <sup>±</sup>Quality tests included

<sup>b</sup> INH: Isoniazid, RIF: Rifampicin, EMB: Ethambutol, STR: Streptomycin, PZA: Pyrazinamide

<sup>c</sup> MDR: Multidrug resistant

<sup>d</sup> AFB: Acid-Fast Bacilli

Tamaulipas (19.8%)<sup>19</sup> and San Luis Potosi (9.7%).<sup>17</sup> The lowest MDR rates were reported in Coahuila (4.5%),<sup>11</sup> San Luis Potosi (4.2%)<sup>17</sup> and Tamaulipas (2.1%).<sup>19</sup>

Genotypic DR data were available for twelve studies (n=748). Table II lists the gene mutations currently associated with DR strains of *M. tuberculosis* reported in Mexico.<sup>15, 19, 23-33</sup> The most frequent mutations were *rpoB*531 (53.1%), *rpoB*526 (36.3%) and *rpoB*516 (19.5%) in RIF-resistant strains; *katG*315 (50.6%), position -15 of *inhA* (14.8%) and position -32 of *ahpC* (9.4%) in INH-resistant strains; *embB*306 (32.1%) and *embB*406 (8.1%) in ethambutol (EMB) resistant strains; *rpsL*43 (14.6%) and *rrs*513 (8.8%) in STR (streptomycin) resistant strains and *pncA*359 (16.7%) in pyrazinamide (PZA) resistant strains. In addition, a high number of previously unreported mutations in *rpoB*,<sup>24, 26, 27, 29, 30</sup> *katG*,<sup>26, 29</sup> *rrs*,<sup>26, 32</sup> and *pncA*<sup>33</sup> were found, many of which are not included in the TBDRaMDB.

Genetic diversity data were available for ten studies. Three of them used RFLP analysis (n=807), and high

clustering rates were discovered in Veracruz (36%)<sup>20</sup> and Nuevo Leon (39%)<sup>13</sup> for drug susceptible isolates. In contrast, the Mexican states of Tamaulipas and Chihuahua had a high clustering rate (46%) for MDR isolates.<sup>34</sup> Two of them reported an analysis of the genetic diversity of mycobacterial strains using MIRU-VNTR. One analysis included strains isolated exclusively from HIV-infected patients from the Distrito Federal,<sup>30</sup> and the other included only MDR strains from 23 different states.<sup>35</sup> A wide variability in the *M. tuberculosis* strains was observed in both studies, with most of the genotypes being unique.<sup>30, 35</sup>

Eight studies used spoligotyping for genetic diversity analysis (n=1 237). In table III, a description of the *M. tuberculosis* shared types reported in Mexico so far are listed, and 26 states of Mexico and the Distrito Federal were included.<sup>15, 17, 22, 30, 34-37</sup> The most predominant clades identified to date include the Haarlem (H) clade, the Latin American-Mediterranean (LAM) clade, the X

**Table II**  
**MUTATIONS IN GENES ASSOCIATED WITH DRUG RESISTANCE IN *M. TUBERCULOSIS* STRAINS REPORTED**  
**IN SEVEN STATES IN MEXICO FROM YEAR 2001 TO 2013**

Gene <sup>a</sup>	Codon or Nucleotide	Mutation <sup>b</sup>	State <sup>c</sup> (Mutation rate in local sample, %)	Total mutation rate (%) <sup>d</sup>	Total codon mutation rate (%)	Ref.
<b>RIF Resistance</b>						
rpoB	469	GAG→TCG <sup>2</sup>	DF (50 <sup>3</sup> )	- <sup>*</sup>	50.0	30
	509	AGC→CAG <sup>1</sup>	VER (6.7)	6.7	6.7	29
	510	CAG→AAG <sup>1</sup>	VER (6.7)	6.7	6.7	29
	511	CTG→CCG	DUR (19), DF (18.8)	18.9	18.9	23
	513	CAA→AAA	DF (5.7)	5.7	8.6	24
		CAA→CCA	DF (2.9)	2.9		24
	516	GAC→GTC	TAM (25), DF (14.3), VER (6.7), NL (7.1, 5.4, 1.8)	10.1	19.5	15, 19, 24-26, 29
		GAC→TAC	VER (6.7)	6.7		29
		GAC→GAG	NL (2.7)	2.7		26
	522	TCG→TTG	NL (8.1), DF (2.9)	5.5	12.6	24, 26
		TCG→CAG	NL (7.1)	7.1		15
	524	TTG→TCG <sup>1</sup>	VER (6.7)	6.7	6.7	29
	526	CAC→TAC	NL (22.8, 21.4, 13.5), SON (15.4), DF (14.3)	17.5	36.3	15, 24-26, 31
		CAC→GAC	VER (13.4), DF (11.4), NL (9.1, 8.1, 7.0), DUR (4.8)	9.0		19, 23-26, 29
		CAC→CGC	TAM (50 <sup>3</sup> ), NL (3.0)	3.0 <sup>*</sup>		19
		CAC→TGC	VER (6.7), NL (3.0, 2.7)	4.1		19, 26, 29
		CAC→AAC	NL (2.7)	2.7		26
	528	CGC→CCT <sup>1</sup>	VER (6.7)	6.7	6.7	29
	530	CTG→GCT <sup>2</sup>	DF/PUE/VER (1.6)	1.6	1.6	27
	531	TCG→TTG	NL (54.4, 48.5, 40.5, 28.6), VER (33.3) DF (50 <sup>3</sup> , 28.6, 12.5), DF/PUE/VER (35.9), SON (30.8), DUR (14.3)	32.7 <sup>*</sup>	53.1	15, 19, 23-27, 29-31
		TCG→TGG	VER (13.4), DF/PUE/VER (12.5), NL (6.1), DF (2.9)	8.7		19, 24, 27, 29
		TCG→CCG <sup>2</sup>	DF (2.9)	2.9		24
		TCG→GCG <sup>2</sup>	DF (5.8)	5.8		24
		TCG→TTC <sup>2</sup>	DF/PUE/VER (3.1), DF (2.9)	3.0		24, 27
	533	CTG→CCC	DF/PUE/VER (1.6)	1.6	6.1	27
		CTG→GCG	DF/PUE/VER (1.6)	1.6		27
		CTG→CCG	DF (2.9), NL (2.7, 3.0)	2.9		19, 24, 26
	561	ATC→GTC <sup>1</sup>	NL (2.7)	2.7	2.7	26
	572	ATC→TTC	DF (2.9), DF/PUE/VER (1.6)	2.3	2.3	24, 27
<b>INH Resistance</b>						
katG	29-353	Deletion <sup>1</sup>	NL (2.7)	2.7	2.7	26
	249	CGC→TGC <sup>1</sup>	NL (5.4)	5.4	5.4	26
	271	ACC→S <sup>3</sup>	NL (7.1)	7.1	14.2	15
		ACC→P <sup>3</sup>	NL (7.1)	7.1		15
	275	ACC→TCC <sup>1</sup>	NL (2.7)	2.7	2.7	26
	307	GGA→GAA <sup>1</sup>	NL (2.7)	2.7	2.7	26
	311	GAC→GAG <sup>1</sup>	VER (5.9)	5.9	5.9	29
	315	AGC→ACC	DF (100 <sup>3</sup> ), NL (64.9, 53.7, 35.7), VER (52.9), SON (42.9)	47.9 <sup>*</sup>	50.6	15, 25, 26, 29-31
		AGC→ACA	NL (2.7)	2.7		26
	318	GAG→GTA <sup>1</sup>	VER (5.9)	5.9	5.9	29
	328	TGG→TGC	VER (5.9)	5.9	5.9	29
	331	AGT→TGT <sup>1</sup>	VER (5.9)	5.9	5.9	29
	727	GCC→GAC <sup>1</sup>	NL (2.7)	2.7	2.7	26
	inhA	C→T	SON (28.6), NL (8.1), TAM (7.7)	14.8	14.8	19, 26, 31
	oxyR-ahpC	C→T	NL (3.1)	3.1	3.1	19
oxyR-ahpC	-39	G→A	NL (9.4)	9.4	9.4	19
	-17; -12	+A; +CCA <sup>2</sup>	SON (8.3)	8.3	8.3	31
	-10	C→T	NL (3.1)	3.1	3.1	19
<b>EMB Resistance</b>						
embB	306	ATG→ATA	NL (18.9), DF/PUE/VER (5.9)	12.4	32.1	26, 28
		ATG→CTG	DF/PUE/VER (11.8), NL (2.7)	7.3		26, 28
		ATG→ATC	DF/PUE/VER (5.9), NL (2.7)	4.3		26, 28
		ATG→GTG	NL (2.7)	2.7		26
		ATG→ATT	NL (5.4)	5.4		26
	406	GGC→GAC	NL (5.4)	5.4	8.1	26
		GGC→GCC	NL (2.7)	2.7		26
<b>STR Resistance</b>						
rrs	189	G→A <sup>1</sup>	NL (2.7)	2.7	2.7	26
	426	G→T <sup>1</sup>	NL (2.7)	2.7	2.7	26
	483	A→T <sup>2</sup>	VER (2.2)	2.2	2.2	32

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	485	A→G <sup>2</sup>	VER (2.2)	2.2	2.2	32
	491	C→T	NL (8.1)	8.1	8.1	26
	496	G→A <sup>2</sup>	VER (2.2)	2.2	2.2	32
	513	A→C	VER (8.8)	8.8	8.8	32
	516	C→T	VER (6.6), NL (2.7)	4.7	4.7	26
	795	C→T <sup>2</sup>	VER (6.6)	6.6	6.6	32
	870	C→T <sup>2</sup>	VER (3.3)	3.3	3.3	32
	907	A→C <sup>2</sup>	VER (3.3)	3.3	3.3	32
	1238	T→C <sup>1</sup>	NL (8.1)	8.1	8.1	26
rpsL	43	AAG→AGG	NL (16.2), VER (13)	14.6	14.6	26
	88	AAG→AGG	VER (4)	4.0	6.0	32
		AAG→CAG	VER (2)	2.0		32
PZA Resistance						
pncA	35	A→C	VER (4.8)	4.8	4.8	33
	139	A→G	VER (2.4)	2.4	2.4	33
	141	+GGCAACC <sup>2</sup>	VER (2.4)	2.4	2.4	33
	145	G→C	VER (2.4)	2.4	2.4	33
	161	C→T	VER (2.4)	2.4	2.4	33
	188	A→C <sup>2</sup>	VER (2.4)	2.4	2.4	33
	202	T→G	VER (2.4)	2.4	2.4	33
	211	C→T	VER (2.4)	2.4	2.4	33
	225	T→C	VER (4.8)	4.8	4.8	33
	226	A→C	VER (2.4)	2.4	2.4	33
	281	T→C <sup>2</sup>	VER (2.4)	2.4	2.4	33
	287	A→G <sup>2</sup>	VER (9.5)	9.5	9.5	33
	305	C→T	VER (2.4)	2.4	2.4	33
	359	T→C	VER (16.7)	16.7	16.7	33
	374	G→T <sup>2</sup>	VER (2.4)	2.4	2.4	33
	375	+C <sup>2</sup>	VER (2.4)	2.4	2.4	33
	379-408	-30 bp <sup>2</sup>	VER (2.4)	2.4	2.4	33
	380-388	-9 bp <sup>2</sup>	VER (2.4)	2.4	2.4	33
	390	+CGG	VER (2.4)	2.4	2.4	33
	391	+C	VER (2.4)	2.4	2.4	33
	415	G→C	VER (2.4)	2.4	2.4	33
	427	G→C <sup>2</sup>	VER (2.4)	2.4	2.4	33
	440	-I pb <sup>2</sup>	VER (2.4)	2.4	2.4	33
	479	C→A <sup>2</sup>	VER (2.4)	2.4	2.4	33
	487-496	-10 bp <sup>2</sup>	VER (2.4)	2.4	2.4	33
	515	T→C	VER (2.4)	2.4	2.4	33

<sup>a</sup> INH: Isoniazid; RIF: Rifampicin; EMB: Ethambutol; STR: Streptomycin; PZA: Pyrazinamide

<sup>b</sup> 1 Novel mutation; 2 Novel mutation not reported in the Tuberculosis Drug Resistance Mutation Database; 3 Mutations reported at the amino acid level. +: Insertion; -: Deletion

<sup>c</sup> DF: Distrito Federal; DUR: Durango; NL: Nuevo Leon; PUE: Puebla; SON: Sonora; TAM: Tamaulipas; VER: Veracruz

<sup>d</sup> \*Mutation rate from local sample was not included in the total mutation rate as the number of isolates analyzed was too low

clade, and the T clade, which were detected in almost all of the states analyzed (table III, supplemental figure S1). The associated sublineages include T1, LAM9, H3, and H1. Specifically, the most predominant shared types were SIT53 (T1, n=188, 3.9%), SIT119 (X1, n=125, 6.9%), SIT19 (EAI2-Manila, n=80, 6.3%) and SIT42 (LAM9, n=77, 3.0%). As well, clustering of spoligotypes is frequent. SIT1 Beijing genotype has been reported in Puebla,<sup>36</sup> Jalisco,<sup>22</sup> Baja California, Sinaloa, Veracruz<sup>35</sup> and San Luis Potosi.<sup>17</sup> A high number of spoligotypes previously unreported in the global database were detected (58% in Guerrero,<sup>37</sup> 34% in Distrito Federal<sup>30</sup>), which were not included in our results.

## Discussion

Some acceptable evidence from comparison of DR and MDR levels of *M. tuberculosis* strains from Mexico indicated higher rates than those presented in a nationally representative survey conducted during 2008-2009 in nine states (DR=7.8% and MDR=2.8%).<sup>38</sup> This indicates that the prevalence of DR and MDR is a remaining issue.

The evidence regarding genotypic DR analysis is weak. Currently, only seven states (Nuevo Leon, Veracruz, Distrito Federal, Sonora, Tamaulipas, Puebla, and Durango) in Mexico have been studied to detect mutations associated with DR-TB strains. As such, the

Table III

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In the STVIT2 database, the spolio international type (SIT) number's designate spoligotypes shared by two or more patient isolates. In contrast, "orphan" designates patterns reported for a single isolate. Clade designations according to the STVIT2 database: Beijing clade, East African-Indian (EAI) clade and 9 sublineages, Haarlem (H) clade and 3 sublineages, Latin American-Mediterranean (LAM) clade and 12 sublineages, the ancestral "Manu" family and 3 sublineages, the S clade, the IS6110-low-banding X clade and 3 sublineages, and an ill-defined T clade with 5 sublineages. U: Unknown patterns

\*High clustering rate reported

AGS: Aguascalientes; BC: Baja California; BCS: Baja California Sur; CAM: Campeche; CHP: Chiapas; CHH: Chihuahua; COAH: Coahuila; COL: Colima; DF: Distrito Federal; DUR: Durango; GUA: Guanajuato; GRO: Guerrero; HID: Hidalgo; JAL: Jalisco; MEX: State of Mexico; MICH: Michoacan; NAY: Nayarit; NL: Nuevo Leon; OAX: Oaxaca; PUE: Puebla; SIN: Sinaloa; SLP: San Luis Potosi; SON: Sonora; TAB: Tabasco; TAM: Tamaulipas; VER: Veracruz; YUC: Yucatan

assessment of the actual mutation frequency in the country is difficult.

The evidence regarding genetic diversity is acceptable enough only for spoligotyping, given that few studies using RFLP and MIRU-VNTR analysis were found. The detection of high clustering rates for spoligotypes suggests that a high transmission rate of *M. tuberculosis* clones exists in the country. As well, the detection of a high number of spoligotypes previously unreported in the global database, highlights the need for further spoligotyping analyses to be conducted in Mexico.

Beijing *M. tuberculosis* strains have been reported to have an increased ability to spread and cause disease, and accordingly, are considered hypervirulent strains. In addition, although these strains are highly prevalent throughout Asia, they have also been detected worldwide.<sup>39</sup> The SIT1 genotype, which belongs to the Beijing genotype of East-Asian lineage, has been reported in several states in Mexico.

Understanding the nature and frequency of mutations associated with DR-TB, as well as the distinct *M. tuberculosis* genotypes that are responsible for TB in different settings, are important for control of this disease. However, our study has several limitations. The quality, the methodology and population of the studies varied. Five of the studies did not explicitly state that evaluation of phenotypic DR data included quality control, which could lead to overestimation of actual DR levels in these studies. As well, nine studies did not include DR data for all five drugs, thus actual mean DR rate for these drugs may vary. As well, different methodologies used in the studies can difficult DR rate levels comparison. Consequently, this resulted in high degrees of variability between resistance levels found among different settings, as reported before.<sup>40</sup>

## Conclusion

This represents the first systematic review of phenotypic and genotypic DR, and genetic diversity of *M. tuberculosis* strains from Mexico. DR-TB still remains in Mexico, and might still be increasing in some settings. The alarming lack of genotyping information available for clinical isolates of *M. tuberculosis* from Mexico, specifically MIRU-VNTR data, as well as the detection of a high number of spoligotypes previously unreported in the global database, highlights the need for additional analyses to be conducted in Mexico. Importantly, further information regarding the current genotypes that exist is needed. For example, the status of Beijing TB strains in Mexico also needs to be monitored, particularly to determine whether they are expanding. Some Beijing genotypes have been associated with MDR and the

incidence rate of MDR strains and their associated mutations have not been decreasing over the past few years. Thus, additional emphasis must be placed on the search for these genotypes. Furthermore, considering that a meaningful decrease in the incidence rate of TB in Mexico has not been observed in recent years, additional studies are needed to better evaluate the transmission dynamics of TB and DR-TB.

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*Declaration of conflict of interests.* The authors declare that they have no conflict of interests.

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Supplemental table S1

**SUMMARY OF INCLUDED STUDIES EVALUATING PHENOTYPIC DRUG RESISTANCE, GENOTYPIC DRUG RESISTANCE AND MOLECULAR EPIDEMIOLOGY OF *M. TUBERCULOSIS* STRAINS FROM MEXICO**

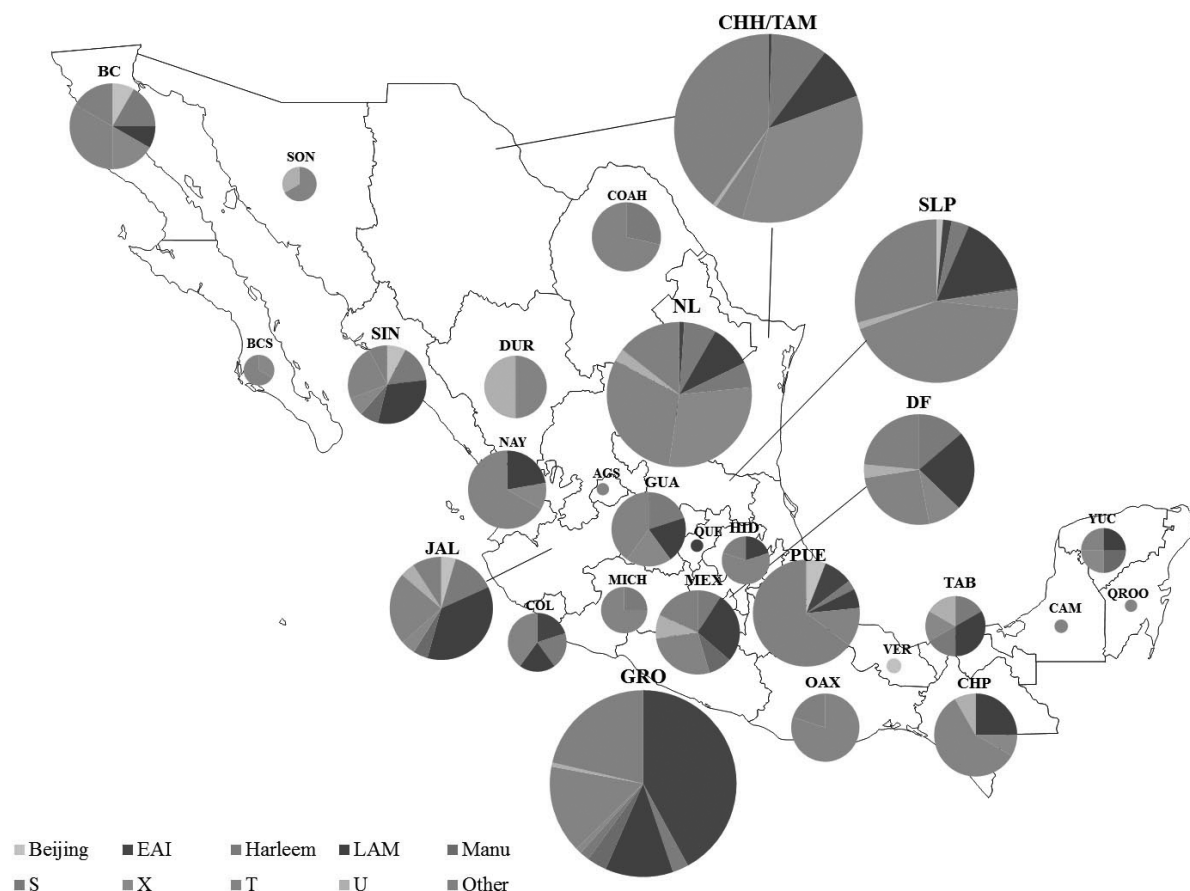
Source	State <sup>a</sup>	No. of isolates	Population characteristics	Method	Data available
Phenotypic drug resistance					
Alvarez-Gordillo <i>et al.</i> , 1995 <sup>9</sup>	CHP	18	Patients with pulmonary TB	Proportion	DR, MDR, INH-resistance, RIF-resistance, STR-resistance, EMB-resistance and PZA-resistance
Alvarez-Gordillo <i>et al.</i> , 1999 <sup>10</sup>	CHP	61	Patients with pulmonary TB	Proportion	DR, MDR and INH-resistance
Becerril-Montes <i>et al.</i> , 2013 <sup>16</sup>	NL	139	Patients with pulmonary TB	Radiometric	DR, MDR, INH-resistance, RIF-resistance, STR-resistance, EMB-resistance and PZA-resistance
Garza-Garcia <i>et al.</i> , 2001 <sup>20</sup>	VER	308	Patients with persistent cough and AFB	Radiometric	DR, MDR, INH-resistance, RIF-resistance, STR-resistance and EMB-resistance
Garza-Gonzalez <i>et al.</i> , 2010 <sup>19</sup>	TAM	96	Consecutive clinical isolates	Proportion	DR, MDR, INH-resistance and RIF-resistance
Granich <i>et al.</i> , 2000 <sup>21</sup>	BC, OAX, SIN	460	Patients with pulmonary TB	Radiometric	DR, MDR, INH-resistance, RIF-resistance, STR-resistance, EMB-resistance and PZA-resistance
Lopez-Rocha <i>et al.</i> , 2013 <sup>17</sup>	SLP	237	Patients with pulmonary TB	Proportion	DR, MDR, INH-resistance and RIF-resistance
Macias-Parra <i>et al.</i> , 2011 <sup>22</sup>	BC, CHP, COL, DF, DUR, GUA, GRO, HID, JAL, MEX, NAY, OAX, PUE, QUE, SIN, TAB, TAM, YUC	90	Pediatric patients with pulmonary and extrapulmonary TB	Radiometric	DR, MDR, INH-resistance, RIF-resistance, STR-resistance, EMB-resistance and PZA-resistance
Molina-Torres <i>et al.</i> , 2010 <sup>15</sup>	NL	180	Patients who attended the clinic	Proportion	DR, MDR, INH-resistance and RIF-resistance
Olvera-Castillo, 2001 <sup>12</sup>	DF, MEX	303	Patients with pulmonary TB	Proportion, radiometric	DR, MDR, INH-resistance and RIF-resistance
Peter <i>et al.</i> , 1998 <sup>8</sup>	BC	427	Patients with pulmonary TB	Radiometric	DR, MDR, INH-resistance and EMB-resistance
Said-Fernandez <i>et al.</i> , 2001 <sup>14</sup>	NL	101	Patients with pulmonary TB	Radiometric	DR and MDR
Velasco-Rodriguez <i>et al.</i> , 2004 <sup>11</sup>	COAH	22	Patients with pulmonary TB	Proportion	DR, MDR, INH-resistance, RIF-resistance, STR-resistance, EMB-resistance and PZA-resistance
Yang <i>et al.</i> , 2001 <sup>13</sup>	NL	186	Patients who attended the clinic	Proportion	DR, MDR, INH-resistance, RIF-resistance, STR-resistance and EMB-resistance
Zazueta-Beltran <i>et al.</i> , 2007 <sup>18</sup>	SIN	66	Case-patients	Radiometric	DR, MDR, INH-resistance, RIF-resistance, STR-resistance, EMB-resistance and PZA-resistance
Genotypic drug resistance					
Alvarado-Esquivel <i>et al.</i> , 2001 <sup>23</sup>	DF	35	Isolates with undetermined DR	PCR and line probe assay	rpoB mutation frequency
Bobadilla-del-Valle <i>et al.</i> , 2001 <sup>24</sup>	DF	46	DR isolates	PCR Single-Stranded Conformational Polymorphism	rpoB mutation frequency
Bolado-Martinez <i>et al.</i> , 2012 <sup>21</sup>	SON	13	DR isolates	PCR and sequencing	rpoB, katG, inhA and oxyR-ahpC mutation frequency
Cuevas-Cordoba <i>et al.</i> , 2013 <sup>32</sup>	VER	91	DR isolates	Sequencing	rrs and rpsL mutation frequency
Cuevas-Cordoba <i>et al.</i> , 2013 <sup>33</sup>	VER	42	DR isolates	Sequencing	pncA mutation frequency



Garza-Gonzalez et al., 2010 <sup>19</sup>	TAM	96	DR isolates	Sequencing	rpoB, inhA and oxyR-ahpC mutation frequency
Hazbon et al., 2005 <sup>28</sup>	DF, PUE, VER	197	DR isolates	PCR and sequencing	embB mutation frequency
Lopez-Alvarez et al., 2010 <sup>30</sup>	DF	5	DR isolates	PCR and sequencing	rpoB and katG mutation frequency
Molina-Torres et al., 2010 <sup>15</sup>	NL	14	IS6110 low copy number DR isolates	PCR and sequencing	rpoB and katG mutation frequency
Ramaswamy et al., 2004 <sup>26</sup>	NL	37	DR isolates	PCR and sequencing	rpoB, katG, inhA, rrs, rpsL and embB mutation frequency
Varma-Basil et al., 2004 <sup>27</sup>	DF, PUE, VER	64	DR isolates	PCR and sequencing	rpoB mutation frequency
Viader-Salvado et al., 2003 <sup>25</sup>	NL	76	DR isolates	PCR and line probe assay	rpoB and katG mutation frequency
Zenteno-Cuevas et al., 2009 <sup>29</sup>	VER	20	DR isolates	PCR and sequencing	rpoB and katG mutation frequency
Molecular Epidemiology Garza-García et al., 2001 <sup>20</sup>	VER	308	Patients with persistent cough and AFB	RFLP-IS6110	Clustering rate
Quitugua et al., 2002 <sup>34</sup>	CHH, TAM	303	Patients with DR-TB	Spoligotyping and RFLP-IS6110	Spoligotypes, shared types and clustering rates
Lopez-Alvarez et al., 2010 <sup>30</sup>	DF	48	HIV-infected patients	Spoligotyping and MIRU-VNTR	Spoligotypes, shared types, MIRU-VNTR patterns and clustering rates
Lopez-Rocha et al., 2013 <sup>17</sup>	SLP	237	Patients with pulmonary TB	Spoligotyping	Spoligotypes, shared types and clustering rates
Macías-Parra et al., 2011 <sup>22</sup>	BC, CHP, COL, DF, DUR, GUA, GRO, HID, JAL, MEX, NAY, OAX, PUE, QUE, SIN, TAB, TAM, YUC	90	Pediatric patients with pulmonary and extrapulmonary TB	Spoligotyping	Spoligotypes, shared types and clustering rates
Martínez-Gamboa et al., 2008 <sup>36</sup>	PUE	34	Patients who attended the clinic	Spoligotyping and RFLP-IS6110	Spoligotypes, shared types and clustering rates
Martínez-Guarneros et al., 2013 <sup>35</sup>	AGS, BC, BCS, CAM, CHP, COAH, COL, DF, DUR, GUA, GRO, HID, JAL, MEX, MICH, NAY, OAX, PUE, QROO, SIN, SON, TAB, TAM, VER, YUC	109	MDR isolates	Spoligotyping	Spoligotypes, shared types and clustering rates
Molina-Torres et al., 2010 <sup>15</sup>	NL	180	Patients who attended the clinic	Spoligotyping and RFLP-IS6110	Spoligotypes, shared types and clustering rates
Nava-Aguilera et al., 2011 <sup>37</sup>	GRO	267	Consecutive TB patients	Spoligotyping	Spoligotypes, shared types and clustering rates
Yang et al., 2001 <sup>13</sup>	NL	186	Patients who attended the clinic	RFLP-IS6110	Clustering rate

<sup>a</sup> GS: Aguascalientes; BC: Baja California; BCS: Baja California Sur; CAM: Campeche; CHP: Chiapas; CHH: Chihuahua; COAH: Coahuila; COL: Colima; DF: Distrito Federal; DUR: Durango; GUA: Guanajuato; GRO: Guerrero; HID: Hidalgo; JAL: Jalisco; MEX: state of Mexico; MICH: Michoacán; NAY: Nayarit; NL: Nuevo León; OAX: Oaxaca; PUE: Puebla; QROO: Quintana Roo; SIN: Sinaloa; SLP: San Luis Potosí; SON: Sonora; TAB: Tabasco; TAM: Tamaulipas; VER: Veracruz; YUC: Yucatán

<sup>b</sup> DR: drug resistance, MDR: multidrug resistance, INH: isoniazid, RIF: rifampicin, STR: streptomycin, EMB: ethambutol, PZA: pyrazinamide



AGS (Aguascalientes, n=1)35: T1=100%; BC (Baja California, n=12)22, 35: Beijing=8.3%, H1=8.3%, H3=8.3%, LAM3=8.3%, T1=33.3%, X3=16.7%, Other=16.7%; BCS (Baja California Sur, n=3)35: T1=66.7%, X3=33.3%; CAM (Campeche, n=2)35: T1=100%; CHP (Chiapas, n=12)22, 35: LAM3=8.3%, LAM9=16.7%, T1=58.3%, X3=8.3%, U=8.3%; CHH/TAM (Chihuahua and Tamaulipas, n = 325)22, 34, 35: EIA2-Manila=0.3%, EIA5=0.3%, H1=3.1%, H2=2.5%, H3=4%, LAM1=0.6%, LAM3=1.2%, LAM6=0.9%, LAM9=6.5%, T1=4.3%, T2=0.6%, X1=27.7%, X2=3.4%, X3=4%, U=0.6%, Other=40%; COL (Colima, n=5)22, 35: EAI5=20%, H3=20%, LAM9=20%, T1=40%; COAH (Coahuila, n=7)35: H3=28.6%, T1=57.1%, T2=14.3%; DF (Distrito Federal, n=51)22, 30: H1=3.9%, H2=2%, H3=7.8%, LAM9=23.5%, T1=25.5%, X1=5.9%, X2=3.9%, U=3.9%, Other=23.5%; DUR (Durango, n=6)35: T1=50%, U=50%; GRO (Guerrero, n=295)22, 35, 37: EAI2-Manila=25.8%, EAI5=16.3%, H1=1.4%, H2=0.7%, H3=0.7%, LAM1=1.7%, LAM2=0.3%, LAM3=1.4%, LAM4=1.7%, LAM6=0.3%, LAM9=6.4%, Manu1=2%, Manu2=1.4%, S=1.7%, T1=13.6%, T2=1.7%, X3=1%, U = 0.7%, Other=21.4%; GUA (Guanajuato, n=9)22, 35: H1=20%, LAM4=10%, LAM9=10%; T1=30%, T2=10%, X3=20%; HID (Hidalgo, n=5)22, 35: LAM1=20%, T1=40%, T2=20%, Other=20%; JAL (Jalisco, n=23)22, 35: Beijing=4.3%, EAI=4.3%, H1=4.3%, H3=8.7%, LAM2=8.7%, LAM3=4.3%, LAM8=4.3%, LAM9=13%, LAM12=4.3%, Manu2=4.3%, T1=21.7%, X1=4.3%, U=4.3%, Other=8.7%; MEX (State of Mexico, n=11)22, 35: H3=9.1%, LAM4=9.1%, LAM9=18.2%, Manu1=9.1%, T1=27.3%, U=9.1%, Other=18.2%; MICH (Michoacan, n=4)35: H1=25%, T1=75%; NAY (Nayarit, n=9)22, 35: LAM6=22.2%, X1=11.1%, T1=66.7%; NL (Nuevo Leon, n=180)15: EAI2-Manila=1.1%, H1=2.2%, H3=5%, LAM1=2.8%, LAM2=1.7%, LAM3=1.7%, LAM6=2.2%, LAM9=1.1%, S=5.6%, T1=26.1%, T2=4.4%, X1=20%, X2=2.8%, X3=6.1%, U=2.8%, Other=14.4%; OAX (Oaxaca, n=5)22: T1=60%, T2 = 20%, Other=20%; PUE (Puebla, n=34)22, 36: Beijing=5.9%, EAI2-Manila=8.8%, H3=2.9%, LAM2=2.9%, LAM9=2.9%, T1=11.8%, Other=64.7%; QROO (Quintana Roo, n=1)35: T1=100%; QUE (Queretaro, n=1)22: LAM6=100%; SIN (Sinaloa, n=12)22, 35: Beijing=7.7%, H1=7.7%, H3=7.7%, LAM3=7.7%, LAM9 = 23.1%, Manu2=7.7%, T1=23.1%, Other = 7.7%; SLP (San Luis Potosi, n=232) 17: Beijing=13%, EAI2-Manila=1.7%, H1=0.9%, H2=0.4%, H3=2.2%, LAM1=3.5%, LAM2=2.2%, LAM3=2.6%, LAM4=0.4%, LAM9=7.3%, Manu2=0.4%, T1=38.8%, T2=3%, T3=0.9%, X1=3.5%, X3=0.4%, U=1.3%, Other=29.3%; SON (Sonora, n=3)35: T1=66.7%, U=33.3%; TAB (Tabasco, n=6)22, 35: H3=16.7%, LAM5=16.7%, LAM9=16.7%, S=16.7%, U=16.7%, X1=16.7%; VER (Veracruz, n=1)35: Beijing=100%; YUC (Yucatan, n=4)22, 35: LAM9=25%, Manu1=25%, T1=25%, X1=25%.

#### SUPPLEMENTAL FIGURE S1. GEOGRAPHICAL DISTRIBUTION OF MAJOR *M. TUBERCULOSIS* LINEAGES