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Contamination of a hospital plumbing system by persister cells of a copper-

tolerant high-risk clone of *Pseudomonas aeruginosa*

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- 22 **Keywords:** *Pseudomonas aeruginosa;* persisters; copper; premises plumbing; One Health

Abstract

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Background. Pseudomonas aeruginosa (PA) is an important opportunistic pathogen that thrives best in the distal elements of plumbing and waste-water systems. Although nosocomial outbreaks of PA have been associated with water sources, the role of the plumbing system of healthcare premises as a reservoir for this pathogen is still unclear. Materials and methods. We collected water samples from 12 technical areas, distant from any medical activity, in a teaching hospital in France once a week for 11 weeks. We used a method that resuscitates persister cells because of the nutrient-poor conditions and the presence of inhibitors (e.g. chlorine and copper ions). Briefly, water was sampled in sterile bottles containing 100 µM of the copper-ion chelating agent diethyldithiocarbamate (DDTC). A portion of the samples was immediately filtered through 0.45-µm membranes, deposited on R2A agar plates, and incubated seven days at 22°C (following European recommendations). The remaining water was incubated 14 days at 22°C and then filtered and cultured on R2A, blood-, or cetrimide-containing agar plates. PA isolates were identified by MS MALDI-TOF, genotyped by PFGE and WGS, and tested for survival in a 150 $\mu g/L$ copper (II) sulphate solution. Results. Although the 12 water sampling points always tested negative with the recommended method, 67% were positive at least once for PA with the adapted method (i.e. with DDTC). The 14 PA persister isolates found throughout the plumbing system were clonal and belong to the high-risk clone ST308. Their genome harbours a 37-kb genomic island (GI-7) containing 13 genes linked to copper resistance. ST308 survived better in the copper solution than comparators that did not harbour GI-7 (P. aeruginosa strains PAO1, PA14, and ST235). The deletion of GI-7 in ST308 abrogated its tolerance to copper. The GI-7 nucleotide sequence shares 98% and 72% identity with sequences from the environmental

- 48 species Pseudomonas putida and the phytopathogenic species Pseudomonas syringae,
- 49 respectively.

- **Conclusion.** We report the contamination of the plumbing system of a healthcare premises
- by persister cells of the high-risk clone *P. aeruginosa* ST308. New recommendations for the
- 52 monitoring of water contamination should consider persister cells. The genomic island GI-7,
- which confers tolerance to copper, probably originates from *Pseudomonas* species found in
- 54 copper-contaminated soils and plants. Agricultural practices may have an unexpected
 - consequence, allowing copper-tolerant pathogens to survive in the hospital environment
- and contaminate fragile patients.

1. Introduction

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Pseudomonas aeruginosa is an important opportunistic pathogen in immunocompromised or critically ill patients (Cuttelod et al., 2011; Loveday et al., 2014). It is ubiquitous in soil, water, and other moist environments, including hospital water networks and water points (Bédard et al., 2016; Loveday et al., 2014). P. aeruginosa thrives best in the distal elements of plumbing and waste-water systems, such as taps, sinks, U-bends, and toilets (Bédard et al., 2016; Varin et al., 2017), which in turn can act as a source of patient contamination. Hence, 15 to 50% of *P. aeruginosa* healthcare-associated infections originate from regularly used contaminated water points (Blanc et al., 2004; Cholley et al., 2008; Rogues et al., 2007; Trautmann et al., 2006). P. aeruginosa strains transmitted from contaminated tap water to patients are usually considered to be of environmental origin. However, Kotay et al. showed that faucets and aerators are easily contaminated by strains coming from the U-bends, themselves seeded by clinical strains (Kotay et al., 2017). Hence, the hospital environment may act as a reservoir and amplifier of clinical strains of *P. aeruginosa*. Although nosocomial outbreaks of *P. aeruginosa* have been associated with water sources (Abdouchakour et al., 2018; Garvey et al., 2017; Quick et al., 2014), the role of the plumbing system of the healthcare premises as a reservoir for this pathogen is still unclear. Water contamination in hospitals is monitored by immediate filtration and culture on agar media (Health Technical Memorandum 04-01, 2016; NF EN ISO 16266, 2008). However, water distribution and plumbing systems are hostile environments for bacterial development, with nutrient-poor conditions and inhibitors (e.g. chlorine and copper-ions). These conditions favour the development of persister cells (also called VBNC - viable but not culturable), which are not culturable on media upon which they were usually able to grow (Bédard et al.,

2014a; Kim et al., 2018; Li et al., 2014). Hence, culture-based methods can miss water samples containing *P. aeruginosa* DNA (Bédard et al., 2015).

The biocidal properties of copper are exploited for the distribution of water and copper-containing materials are widely used for pipes and fixtures of plumbing systems, leading to the release of copper ions into the drinking water (Dwidjosiswojo et al., 2011). In addition, copper is widely used as a biocide in agriculture and as a growth promoter in animal production. This metal thus heavily contaminates soil directly treated with copper sulphate or exposed to copper-containing manure (Nunes et al., 2016).

Here, we screened the plumbing system of a healthcare premises for *P. aeruginosa* using a method that resuscitates persister cells. We used pulsed-field gel electrophoresis, wholegenome sequencing, and gene inactivation to determine the population structure of the bacterial isolates found in the water network and identify the biological features that may have helped the strains to survive in this harsh environment.

2. Materials and methods

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2.1 Setting. We sampled the plumbing system of the 1200-bed University Hospital of Besançon (UHB, France), consisting of four buildings. The grey, orange, green, and blue buildings were built in 1982, 1999, 2012, and 2015, respectively. UHB has two independent water inlets. One inlet serves the blue building, whereas the other inlet serves the three other buildings (Figure 1). All pipes of the drinking-water installation are made of copper.

2.2 Water sampling. We exclusively sampled faucets distant from any medical activity to avoid any contamination with P. aeruginosa isolates originating from patients or the environment of care units. Indeed, sampled faucets were in technical areas, such as crawl spaces, medical equipment storage areas, and technical facilities. One-litre water samples were obtained weekly for 11 weeks (from May to August 2017) from 12 sampling points. Specifically, we sampled the two main water inlets and technical areas of the grey (n = 4), orange (n = 3), green (n = 2), and blue (n = 1) buildings (Figure 1). Water was sampled, according to the EN ISO 19458 guidelines (NF EN ISO 19458, 2006), in sterile polypropylene bottles containing 20 mg/L sodium thiosulphate (VWR, Fontenay-sous-Bois, France) after aerator removal, disinfection of the outlet with a gas burner or a swipe soaked with the disinfectant Aniosurf (ANIOS, Lille-Hellemmes, France), and a 1-min pre-flush (Wang et al., 2017; NF EN ISO 19458, 2006). In addition, we adapted the EN ISO 19458 guidelines by immediately supplementing all samples with 100 µM of the copper-ion chelating agent diethyldithiocarbamate (DDTC; Sigma-Aldrich, Saint-Quentin Fellavier, France), which can resuscitate copper-impregnated bacterial cells (Dwidjosiswojo et al., 2011). Bottled sterile water (Fresenius Kabi, Sevres, France) was also sampled in triplicate as a negative control.

2.3 Microbiological analysis of the water. Within 2 h after sampling, we filtered 250 mL water through 0.45-µm membranes, placed them on R2A agar (Biokar Diagnostics, Allonne, France), and incubated them for seven days at 22°C, according to the method recommended by the European and French technical guidelines (Health Technical Memorandum 04-01, 2016; NF EN ISO 16266, 2008). The remaining 750 mL were stored for 14 days at 22°C in the dark (Dwidjosiswojo et al., 2011; Li et al., 2014). Then, we filtered three subsamples of 250 mL, placed the membranes either on R2A agar and incubated them for seven days at 22°C, cetrimide-containing agar (Biorad, Marne la Coquette, France) and incubated them for 48 h at 37°C, or Columbia agar supplemented with 5% horse blood (Thermofisher Oxoid, Dardilly, France) and incubated them for 48 h at 37°C. P. aeruginosa colonies were detected by standard microbiological methods (i.e. colony morphology, positive oxidase reaction, and pigment production) and further identified by MALDI-TOF mass spectrometry (Microflex LT; Bruker Daltonik GmbH, Bremen, Germany) according to the manufacturer's recommendations. We stored each isolate in brain-heart infusion broth supplemented with 30% glycerol at -80°C until further analysis at the Centre de Ressources Biologiques-Filière Microbiologique de Besançon (Biobank number BB-0033-00090).

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- 2.4 Determination of antibiotic susceptibility. We tested the activity of ten clinically
 important antibiotics (ceftazidime, cefepime, piperacillin-tazobactam, imipenem,
 meropenem, aztreonam, amikacin, tobramycin, ciprofloxacin, and fosfomycin) against all
 P. aeruginosa isolates by the disk diffusion method (EUCAST, 2017).
 - **2.5 Genotyping analysis.** The clonality of *P. aeruginosa* isolates was first investigated by pulsed-field gel electrophoresis (PFGE) with *Dral* digestion, as previously described (Slekovec et al., 2012). The restriction profiles were analysed using GelCompar software (Applied

- 139 Maths, Kortrijk, Belgium). Pulsotypes and clusters were defined according to international 140 recommendations (Tenover et al., 1995).
- We sequenced the genome of *P. aeruginosa* isolates using Illumina NextSeq technology (pair-end, 150 bp, and coverage > 240 X) to decipher the genetic relationship between isolates and identify specific genetic elements. Reads were subsampled to a coverage of 80X before genome assembly using Spades v3.9.0 with read correction and k-mer sizes of 22, 33, 55, and 77 (Bankevich et al., 2012). The sequence type (ST) of isolates was determined *in silico* from WGS data (Larsen et al., 2012).
- 147 **2.6.** Phylogenetic analysis. A previously described subset of 3,767 core genes was extracted from each assembled genome and other representative genomes using a home-made 148 python script for a core genome MLST (cgMLST; https://github.com/bvalot/wgMLST) 149 (Mellmann et al., 2016). These genes were concatenated for Bayesian phylogenetic analysis 150 151 using MrBayes v3.2.6 with a GTR+G substitution model (Ronquist et al., 2012). We ran 152 1,000,000 iterations of two Markov Chain Monte Carlo simulations. The convergence of the two chains was confirmed by a calculated PSRF (Potential Scale Reduction Factor) close to 153 154 1.0. The posterior probability of each branch was > 99%.
 - 2.7. Determination of the Cu²⁺ concentration in water samples. The Cu²⁺ concentration was assessed in triplicate in the *P. aeruginosa*-positive water outlets (Figure 1). We used an inductively coupled plasma (ICP) with a GC system 7900 (Agilent technologies, Massy, France) coupled to a triple quadrupole mass spectrometer (7000 ICP-MS/MS model, Agilent technologies, Massy, France).

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2.8 Chromosomal deletion of the GI-7 genomic island in P. aeruginosa. We constructed a GI-7 deletion mutant by using overlapping PCR and recombination events as previously described (Kaniga et al., 1991). Briefly, 750 bp located up and downstream of the GI-7 region amplified PCR was by using the specific primer pairs Gi7 5' Fw (AGCCAAGCACCAGGTCTATT)/Gi7 5' Rev (AGGCAGATGATCTGGCGGTAAGTAGGCT) Gi7 3' Fw (GCCAGATCATCTGCCTTGGGTCATGTCA)/Gi7 3' Rev (ACCAAAATTGACCTGCGC-AT) (annealing at 60°C, extension 0.5 min). Subsequently, an overlapping PCR amplified the previous amplicons with the external pair of primers Gi7_5'_Fw/Gi7_3'_Rev (annealing at 63°C, 1 min extension), using the BioRad iProof HF Master Mix (Biorad) according to the manufacturer's instructions. We cloned the resulting blunt-end PCR product into the plasmid pCR[™]-Blunt using the Zero Blunt® PCR Cloning Kit (Invitrogen, Carlsbad, United States) and subcloned it into the suicide vector pKNG101 in the E. coli CC118λpir strain, previously digested with BamHI/ApaI restriction enzymes. We transferred the recombinant suicide vector in the P. aeruginosa PA-8 isolate by triparental conjugation. Transconjugants were selected on *Pseudomonas* Isolation Agar supplemented with 2,000 mg/L streptomycin. Homologous recombination was obtained after selection of transconjugants on M9 minimal medium (42 mM Na₂HPO₄, 22 mM KH₂PO₄, 19 mM NH₄Cl, and 8.5 mM NaCl) supplemented with 5% sucrose. The deletion of 27,288 bp in the *P. aeruginosa* PA-8∆GI-7 isolate was confirmed by PCR and sequencing.

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2.9 Survival in copper solution. For all tested *P. aeruginosa* isolates, an overnight culture in Luria-Bertani broth (LBB, Biorad) was diluted 1/200 into fresh LBB and further incubated at 37° C under gentle shaking until mid-log phase. The bacterial suspension was then centrifuged at $4,000 \times g$ for 20 min. The pellet was washed once and resuspended in sterile

deionized water. Bacteria were suspended in a 150 μ g/L copper (II) sulphate solution (Sigma-Aldrich) to obtain a concentration of ~ 10⁸ bacteria/ml, which was further incubated for 24 h at 22°C in the dark. We chose a concentration of 150 μ g/L as it was the highest value retrieved at a *P. aeruginosa*-positive faucet. Initial and final bacterial concentrations were determined by plating the appropriate dilutions on LB agar (Biorad) and incubating overnight at 37°C. The ratios of the final and initial bacterial concentrations determined the survival rates. We repeated each experiment six times independently for all isolates. We used the *P. aeruginosa* reference strains PAO1 and PA14 and a clinical isolate of ST235 (strain PA1646; Pitié Salpêtrière University Hospital, Paris, France) as controls.

2.10 Statistical analysis. We used RStudio software version 3.2.2 (Boston, USA) for all statistical analysis. The significance of the differences in bacterial survival in copper (II) sulphate solution between the various tested *P. aeruginosa* isolates was determined by the analysis of variance (ANOVA). A multiple comparison test, Tukey's HSD (honestly significant difference) Test, was performed when the ANOVA detected a significant statistical difference. The chosen significance threshold was 0.05 for all tests.

3. Results and discussion

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3.1 Contamination of the hospital plumbing system by P. aeruginosa. None of the 132 water samples tested was found to be positive for P. aeruginosa using the method recommended by the English and French technical guidelines (Health Technical Memorandum 04-01, 2016; NF EN ISO 16266, 2008; NF EN ISO 19458, 2006). In contrast, the use of the copper-ion chelating agent associated with a sample incubation of 14 days (adapted method) resuscitated 14 persister isolates of P. aeruginosa from 11 samples (8.3%). Persister isolates found with the adapted method grew on R2A agar (n = 8), Columbia agar supplemented with 5% horse blood (n = 4), or cetrimide-containing agar (n = 2). Overall, eight of 12 sampling points were positive at least once for *P. aeruginosa*, with the four buildings and two water inlets being positive for the pathogen (Table 1). 3.2 Recommended methods failed to detect persister cells of P. aeruginosa. All P. aeruginosa isolates were only able to grow after a 14-day incubation with the copper chelator DTTC, which relieves bacteria of copper inhibition (Dwidjosiswojo et al., 2011). Persister cells are not immediately culturable on media upon which the species is usually able to growth. However, resuscitated cells recover their full virulence, as shown by cell and murine models (Dwidjosiswojo et al., 2011; Li et al., 2014). The guidelines for water testing recommend water sampling in thiosulphate-containing bottles, followed by immediate 0.45µm filtration and culture on agar media (Health Technical Memorandum 04-01, 2016; NF EN ISO 16266, 2008). In our hands, this method did not allow the growth of persister cells of P. aeruginosa. Hence, all the water sampling points (n = 12) tested negative with the recommended techniques, whereas eight (67%) were positive for P. aeruginosa with the adapted method. Four of the 12 sampling sites in the plumbing system, two unused showers, and two unused faucets were not operated according to the acknowledged rules (Health Technical Memorandum 04-01, 2016). Three were positive for P. aeruginosa, confirming that water stagnation in backwater degrades the microbiological quality of water (Health Technical Memorandum 04-01, 2016). In addition, although the treatment of water with a copper chelator allowed the detection of P. aeruginosa persister cells in the plumbing system of the premises, this method was not quantitative. However, as a P. aeruginosa count of ≥ 1 CFU/100 ml is already considered to be unsatisfactory (Health Technical Memorandum 04-01, 2016; NF EN ISO 16266, 2008), the quantification of the pathogen is of minor importance. Enhancing the performance of the detection of P. aeruginosa in the plumbing system of healthcare premises will expedite decontamination measures of the drinking water installation and would reduce the risk of contamination of regularly used water points, their colonization by the bacterial pathogen, and subsequent transmission to patients.

3.3 A single ST308 P. aeruginosa clone colonized the entire UHB plumbing system. The 14 P. aeruginosa isolates of the present collection displayed a typical morphology and were fully susceptible to all antibiotics tested (data not shown).

We tested the genetic relatedness of the 14 *P. aeruginosa* isolates using PFGE and found that they all shared the same pulsotype (Supplementary Figure S1). Four isolates were selected for genome sequencing (Table 1). PA-3 and PA-6 were isolated from the two main water inlets, and isolates PA-8 and PA-12 came from the water network of the blue and grey buildings, respectively. Their genomes were constructed by *de novo* assembly. *In silico* MLST revealed that the four sequenced isolates belong to clone ST308. The PFGE data were confirmed by cgMLST, which found < 20 different alleles between the four isolates, thus confirming the clonality of the collection (Mellmann et al., 2016). We also assessed the

genetic distance between our local ST308 clone and representatives of the *P. aeruginosa* species. This collection included the genomes of (*i*) other ST308 isolates, (*ii*) isolates of highrisk clones ST111, ST175, ST233, ST235, ST277, and ST395, responsible for outbreaks in healthcare settings, and the two reference strains PAO1 and PA14 (Supplementary Table S1). As expected, our local ST308 clone clustered with the four other ST308 representatives (Figure 2). The other tested genomes were distributed between two major phylogenetic groups, one including PAO1 and the other PA14, as previously shown (Freschi et al., 2015). The ST308 and ST235 isolates belong to the PA14 group and the high-risk clones ST111, ST175, ST233, ST277, and ST395 belong to the PAO1 group.

The survival and persistence of *P. aeruginosa* in the harsh environment of the plumbing system of the healthcare premises presumably relies on its ability to form persiter cells within biofilms and colonize free-living amoebae, which offer the bacterial pathogen protection against hostile conditions and act as a vehicle of dissemination (Bédard et al., 2016, 2014b; Hota et al., 2009; September et al., 2007; Wingender and Flemming, 2011). The presence of a single ST308 clone in the drinking water installation could either be due to monoclonal inoculation from the water supply system of the city or intraspecific competition (through the production of pyocins) won by this particular clone (Michel-Briand and Baysse, 2002).

3.4 *P. aeruginosa ST308 is an emerging high-risk clone.* Although no outbreak of *P. aeruginosa* ST308 has occurred thus far among patients hospitalized in the UHB, carbapenem-resistant isolates of this clone have already been retrieved in the U-bends of the haematology unit (Varin et al., 2017). However, two hospital outbreaks of *P. aeruginosa* ST308 involving the environment have been recently described in Europe. First, a multidrug-

resistant ST308 clone that produces the metallo-ß-lactamase IMP-8 spread throughout the haematological-oncological unit of a German hospital over three years, where the environment was a reservoir for patient contamination (Willmann et al., 2015). Second, *P. aeruginosa* ST308 caused a five-year outbreak in patients in a French hospital and persisted for an additional four years in the hospital environment, causing sporadic infections (Abdouchakour et al., 2018). Here again, the environment was identified as the likely source and reservoir of the outbreak. In addition, clone ST308 can also produce metallo-ß-lactamases of Ambler class A (GES-7) and class B (IMP-1, IMP-8, IMP-13, IMP-45, IMP-63, and VIM-2) (Oliver et al., 2015; Liapis et al., 2018). Overall, *P. aeruginosa* ST308 is a high-risk clone, which can locally acquire resistance determinants that possibly originated from the water-distribution system.

3.5 ST308 isolates are tolerant to copper due to genomic island GI-7. The concentration of Cu^{2+} in the water at the eight sampling points that tested positive for *P. aeruginosa* ranged from 0.6 ± 0.006 to $143.9 \pm 1.9 \,\mu g/L$ (Table 1). These concentrations are below the maximum acceptable concentration of 2,000 $\mu g/L$ defined by French and European standards and the World Health Organization. However, the presence of ST308 in this copper-containing water led us to test its survival in such hostile conditions. We compared the survival of isolate PA-8 (representative of the ST308 clone that contaminates the UHB water network) with that of the *P. aeruginosa* reference strains PAO1 and PA14 and strain PA1646, a representative of the major epidemic high-risk clone ST235, in a copper-containing solution. PCR experiments confirmed that the genomes of PAO1, PA14, and PA1646 (ST235) do not harbour GI-7 (data not shown). The PA-8 isolate survived better in a 150 $\mu g/L$ copper solution than the reference strains PAO1, PA14, and PA1646 (ST235) (Figure 3).

We therefore searched for genetic elements that could confer tolerance to copper and aide in the implantation of ST308 in the plumbing system. Analysis of the sequenced genomes of four UHB-contaminating ST308 isolates retrieved a 36,905-bp genomic island that contains 13 genes encoding copper resistance mechanisms (Figure 4). Among them, the genes czcC, czcB, and czcA encode an outer membrane protein, an adaptor subunit, and an efflux pump, respectively. These proteins form the heavy metal RND efflux pump CzcABC that has already been described in *P. aeruginosa* and *P. putida*. This zinc- and copper-induced pump confers resistance to heavy metals (Chong et al., 2016; Leedjärv et al., 2008). The gene copG encodes a hypothetical export protein. CopM is a cytochrome C oxidase involved in electron transport (Behlau et al., 2011). CopA, CopB, and CopZ are a copper binding protein, an exporting ATPase, and a chaperone, respectively (Chong et al., 2016; Navarro et al., 2016). The CopA and CopB genes constitute an operon encoding a putative metal-binding protein and a copper oxidase described in clinical isolates of P. aeruginosa and Acinetobacter baumannii and the environmental species Pseudomonas syringae and Xanthomonas sp. (Behlau et al., 2011; Teitzel et al., 2006; Teixeira et al., 2008; Williams et al., 2016). CopA and CopB bind copper-ions in the periplasm and outer membrane, respectively (Teitzel et al., 2006). GI-7 also encodes two copper-binding plastocyanins and a copper ABC transporter, involved in copper homeostasis and/or transport (Chong et al., 2016; Quaranta et al., 2007). Finally, the two regulator genes copS and copR encode proteins that form a two-component signal transduction system (Behlau et al., 2011).

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We confirmed the role of GI-7 in the tolerance of ST308 to copper in solution by deleting the entire genomic island by chromosomal recombination and testing the survival of the deleted mutant (named PA-8 Δ GI-7) under the same conditions as those previously used. As

expected, the deletion of GI-7 significantly decreased the tolerance of ST308 in a 150 μ g/L copper (II) sulphate solution relative to its wildtype parent (Figure 3). Moreover, the PA-8 Δ GI-7 mutant had a tolerance to copper similar to that of the other comparators (*i.e.* PAO1, PA14, PA1646 – ST235). Thus, GI-7 plays an important role in the copper tolerance of ST308, which may have helped the implantation of *P. aeruginosa* in the plumbing system and could further promote contamination of the water outlets, waste-water system, and patients. In addition, the survival of copper-tolerant bacteria in the water-distribution and plumbing systems may be favoured by their enhanced resistance to amoebic predation. Hence, Hao *et al.* (Hao et al., 2016) showed that copper resistance determinants in *P. aeruginosa* play crucial roles in bacterial resistance to predation by amoeba, which are prevalent in water distribution systems (Delafont et al., 2013).

3.6 GI-7 probably originated from environmental Pseudomonas and spread among highrisk clones of P. aeruginosa. GI-7 has the features of a transposable element, with a
transposase-encoding gene, together with direct and indirect repeats flanking the
transposon (Figure 4). We blasted GI-7 against the NCBI database and found it in the
genomes of 11 P. aeruginosa clinical isolates, with 99% identity (Supplementary Table S2).
Two ST308 isolates from the USA and Mexico harboured GI-7. This genomic island was also
found in the genomes of three isolates of P. aeruginosa ST395, amongst which DHS01 was
the representative of a clone responsible for a long-term outbreak in the UHB, with
identified environmental reservoirs (Bertrand et al., 2000; Petitjean et al., 2017). GI-7 was
also found in the genomes of the sporadic ST198 and ST309 clones, as well as isolates of the
high-risk international clones ST111 and ST253. Interestingly, an isolate of the environmental
species Pseudomonas putida displayed a sequence that shared 98% identity with that of

ST308. *P. putida* typically inhabits soil and water and is occasionally isolated from hospitalized patients (Molina et al., 2013). GI-7 was also found in the genome of the phytopathogenic *Pseudomonas syringae* pv. *actinidiae* strain SR198 (Monteil et al., 2016), with 72% identity. These two environmental species are constantly exposed to this heavy metal. Copper-derived biocides (*e.g.* copper sulphate) have been extensively used in wood impregnation stations and agriculture and as an animal feed additive since the mid-18th century (Hobman and Crossman, 2015; Nunes et al., 2016), making copper one of the most common soil contaminants. For example, copper contamination can reach 57.5 mg/kg dry weight of soil in Europe (Heijerick et al., 2006). Plant- and soil-associated species have thus accumulated resistance determinants to tolerate the presence of copper (Hobman and Crossman, 2015; Nunes et al., 2016). Overall, GI-7 likely emerged in environmental *Pseudomonas* species before its transfer to the high-risk clones of *P. aeruginosa* ST308, ST395, ST111, and ST253.

4. Conclusion

We report the contamination of the plumbing system of a healthcare premises by persister cells of *P. aeruginosa* ST308. New recommendations for the monitoring of water contamination should account for persister cells to trigger decontamination measures of the drinking water installation and reduce the risk of contamination of regularly used water points. The genomic island GI-7, which confers copper tolerance to this emerging high-risk clone, probably originated from soil- and plant-associated *Pseudomonas* species. Agricultural practices may have unexpectedly selected copper-tolerant pathogens that can survive in drinking-water installations of hospitals, resulting in the potential contamination of fragile patients.

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| 366 | |

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Figure legends

Figure 1. Schematic representation of the buildings of the University Hospital of Besançon (France) and the location of water samples. For each building, the numbers on the left indicate the floor. The circles and squares indicate the locations of the water sampling in the healthcare plumbing system and water inlets. The sampling points where the copper concentration was measured are underlined.

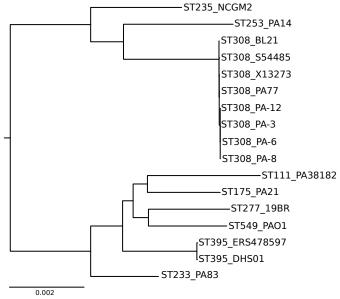
Figure 2. Phylogenetic relationship between the *P. aeruginosa* ST308 isolates of the drinking-water network of the University Hospital of Besançon (France) and high-risk clones and reference strains PA14 and PAO1. The phylogenetic tree is based on cgMLST (3,767 genes). The scale bar indicates the genetic distance, in number of substitutions per site. The prefix in the name of the strains indicates the sequence type.

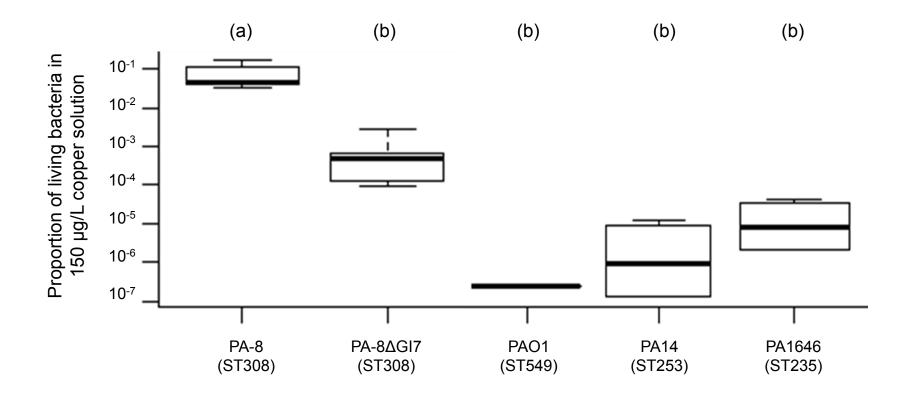
Figure 3. Survival of *P. aeruginosa* ST308 in a copper-containing solution. Proportion of living bacteria after 24 h of incubation in a 150 μ g/L copper (II) sulphate solution represented by a decimal logarithm scale. Values are shown as the mean ratio \pm SD from six independent experiments. ANOVA (analysis of variance) with a Tukey HSD (honestly significant difference) test. (a) and (b) represent significant statistical difference, p < 0.05.

Figure 4. Structure of the 37-kb genomic island, GI-7, associated with tolerance to copper in *Pseudomonas aeruginosa* **ST308.** The genes and ORFs are shown as arrows, with their orientation of transcription indicated by the arrow. The colours of the arrows indicate the function of the encoded proteins (see colour legend). Base-pair numbering is from the first base of the left direct repeat.

| 563 | Supplementary data |
|-----|--|
| 564 | |
| 565 | Table S1. Characteristics of <i>P. aeruginosa</i> isolates compared to the isolates of <i>P. aeruginosa</i> |
| 566 | ST308 found in the water network of the University Hospital of Besançon (France). |
| 567 | |
| 568 | Table S2. Characteristics of <i>P. aeruginosa</i> strains harbouring GI-7 (with > 99% homology with |
| 569 | GI-7 of isolate ST308 <i>P. aeruginosa</i> PA-8 retrieved from the water system of the University |
| 570 | Hospital of Besançon, France). |
| 571 | |
| 572 | Figure S1. Pulsed-field gel electrophoresis profiles of <i>Dral</i> -digested DNA from <i>P. aeruginosa</i> |
| 573 | ST308 isolates that were recovered from the drinking-water system of the University |
| 574 | Hospital of Besançon (France). |

Orange building Blue building 2 Unused faucet **Technical facility** 3 0 2 **Unused shower** -1 1 0 Grey building -1 Storage area 8 Storage area -2 6 Water inlets Storage area 5 Green building 4 4 3 3 2 2 **Unused shower** 0 0 -1 -1 K **Technical facility Unused faucet** -2 -2 Crawl space -3 -3





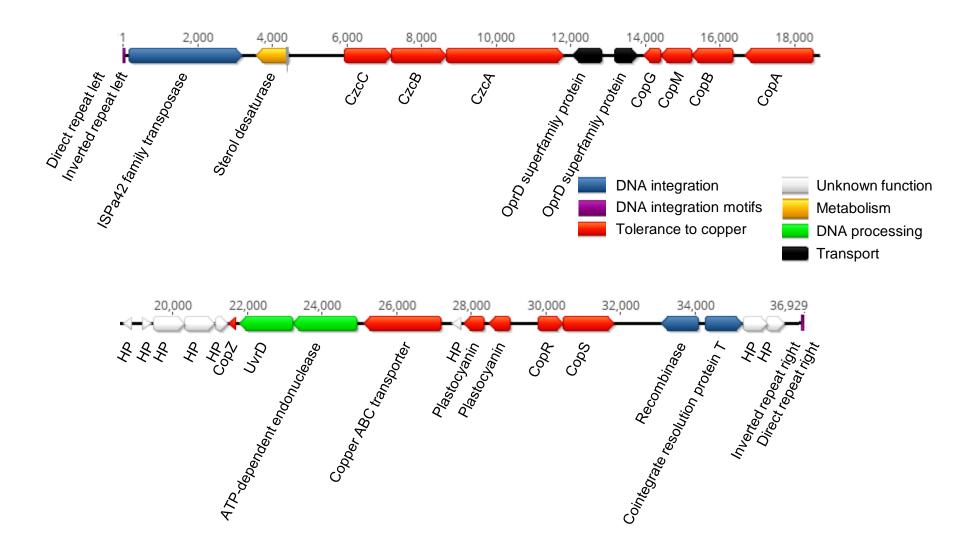


Table 1. Isolation sites of 14 *P. aeruginosa* isolates collected from the hospital plumbing system (Besançon, France).

| | Site sampled | Cu ²⁺ concentration (μg/L) ^a | Isolation of P. aeruginosa | | |
|-----------------|-----------------------------------|--|-----------------------------|-------------------------|---|
| Location | | | With the recommended method | With the adapted method | P. aeruginosa isolates ^b |
| Orange building | Unused faucet (A) | NA | No | No | |
| | Technical facility (B) | NA | No | No | |
| | Unused shower (C) | 13.4 ± 1.4 | No | Yes | PA-1, PA-2, PA-7 |
| Grey building | Unused faucet (E) | 7.3 ± 0.2 | No | Yes | PA-5 |
| | Crawl space (D) | 2.7 ± 0.1 | No | Yes | PA-10, PA-12 ^b |
| | Storage area (F) | NA | No | No | |
| | Storage area (G) | NA | No | No | |
| Green building | Unused shower (H) | 30.3 ± 25.4 | No | Yes | PA-4 |
| | Technical facility (I) | 3.3 ± 2.3 | No | Yes | PA-11 |
| Blue building | Storage area (J) | 143.9 ± 1.9 | No | Yes | PA-8 ^b |
| Water inlets | Blue building (K) | 6.0 ± 0.9 | No | Yes | PA-6 ^b , PA-13, PA-14 |
| | Orange, grey, green buildings (L) | 0.6 ± 0.0 | No | Yes | PA-3 ^b , PA-9 |

^aGeometric mean of three values ± SD.

NA: not available

^bIsolates for which the genome was fully sequenced are shown in bold.

