

Vaginal Tampon Colonization by Staphylococcus aureus in Healthy Women

Myriam Chiaruzzi, Alexia Barbry, Anaëlle Muggeo, Anne Tristan, Isaline Jacquemond, Cedric Badiou, Laurence Cluzeau, Sabine Bourdeau, Thibaut Durand, Astrid Engelmann, et al.

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1 Vaginal Tampon Colonization by Staphylococcus aureus in Healthy Women

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ABSTRACT Tampons recovered from a cohort of 737 healthy women (median age, 32 years) were analyzed for the presence of Staphylococcus aureus. A total of 198 tampons (27%) were colonized by S. aureus, 28 (4%) by a strain producing toxic shock syndrome toxin 1 (TSST-1). S. aureus was detected more frequently in tampons that did not require an applicator for their insertion (74/233 [32%] versus 90/381 [24%]; odds ratio [0R]=1.51 [95% confidence interval, 1.04 to 2.17]) and in women who used an intrauterine device for contraception (53/155 [34%] versus 145/572 [27%]; OR = 1.53 [95% confidence interval, 1.05 to 2.24]). The S. aureus strains isolated from tampons belonged to 22 different clonal complexes (CCs). The most prevalent CC was CC398 agr1 (n=57 [27%]), a clone that does not produce superantigenic toxins, followed by CC30 agr3 (n=27, 13%), producing TSST-1 (24/27 [89%]), the principal clone of S. aureus involved in menstrual toxic shock syndrome (MTSS).

IMPORTANCE Menstrual toxic shock syndrome (MTSS) is an uncommon severe acute disease that occurs in healthy menstruating women colonized by TSST-1- producing S. aureus who use intravaginal protection, such as tampons and menstrual cups. The catamenial product collected by the protection serves as a growth medium for S. aureus and allows TSST-1 production. Previous studies evaluated the prevalence of genital colonization by S. aureus by vaginal swabbing, but they did not examine tampon colonization. This study demonstrated a high prevalence of tampon colonization by S. aureus and the presence of the CC30 TSST-1 S. aureus clone responsible for MTSS in tampons from healthy women. The results support the vaginal carriage of this lineage in healthy women. In addition, the higher prevalence of S. aureus within tampons that do not require an applicator indicates a crucial role for handwashing before tampon handling to decrease the risk of tampon contamination.

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KEYWORDS Staphylococcus aureus, colonization, healthy women, menstruation, vagina

Menstrual toxic shock syndrome (MTSS) is an uncommon severe acute disease characterized by fever, hypotension, and multiorgan failure (1). It occurs in healthy menstruating women colonized by Staphylococcus aureus that produces the toxic shock syndrome toxin 1 (TSST-1) who have no protective antibodies against this toxin and use intravaginal protection, such as tampons or menstrual cups (1-3). The catamenial products collected by the intravaginal protection serve as a growth medium, allowing S. aureus proliferation and TSST-1 production (4). TSST-1 then gains access to the bloodstream and induces systemic illness (5). Vaginal carriage of S. aureus with a TSST-1-producing isolate represents the main risk factor for the development of MTSS in susceptible women (3).

S. aureus is an opportunistic pathogen that expresses a variety of virulence factors. Among them, TSST-1 and staphylococcal enterotoxins (SEs) belong to the family of superantigens (6). These toxins are able to corrupt the immune response by triggering aberrant T-cell activation with massive cytokine release, which is responsible for the shock observed in both MTSS and non-MTSS (1, 2, 6). The majority of human isolates of S. aureus are capable of producing at least one of these superantigens (6). However, only a portion of S. aureus isolates carry the TSST-1 gene (tst). tst is carried by mobile genetic islands, staphylococcal pathogenicity islands, inserted in the S. aureus chromosome (7). tst has been found in at least eight different S. aureus genetic lineages, the clonal complexes (CCs): CC1, CC5, CC8, CC12, CC22, CC30, CC45, and CC59 (8-13). Interestingly, since the description of MTSS, most of the clinical isolates recovered from MTSS have been of the CC30 S. aureus lineage, initially described as bacteriophage lytic group I (8, 14). The origin of the epidemiological link between the TSST-1- producing CC30 S. aureus lineage and MTSS remains to be determined, but it may reflect the prevalence of vaginal carriage in healthy women who use tampons. The aim of the present study was to determine, from tampons recovered from healthy women, the rate of tampon colonization by S. aureus, the factors contributing to S. aureus tampon colonization, and the characterization of the genetic lineages and toxin gene contents of the S. aureus isolates.

RESULTS

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Cohort description. Of the 746 female volunteers who participated, 9 reported being hospitalized in the past for complications occurring during the use of periodic tampons or menstrual cups that could potentially correspond to MTSS. In the absence of additional information about the clinical episode, they were considered ineligible for the study. The 737 remaining women included in this study are described in Table 1. Only one volunteer had a history of salpingitis. Antibiotic treatment within the 15 days prior to sampling included beta-lactam antibiotics (n=13 amoxicillin, n=4 amoxicillin-clavulanic acid, n=1

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- cefuroxime, n=1 cefpodoxime, n=1 pivmecillinam), cyclines (n=4 doxycycline, n=3 vibramycin, n=2 tetracycline, n=1 physiomycine), fosfomycin (n=4), fluoroquinolones (n=1 ciprofloxacin, n=1 ofloxacin, n=1 norfloxacin), azithromycin (n=1), spiramycin plus metronidazole (n=1), and mupirocin (n=1). A total of 728 participants noted the tampon brand. Tampax was the most commonly used tampon brand, followed by Nett, tampons marketed by the supermarket Carrefour, and Doulys from the supermarket Leclerc (Table 1). Other brands represented less than 5% of the collected tampons. Tampon absorbencies were predominantly between 2 and 4 droplets (515/734 [70%]).
- S. aureus detection in tampons. S. aureus was detected in 198 tampons (27% [Table 1]). Factors that impacted S. aureus tampon colonization are summarized in Table 2. The rate of S. aureus colonization was increased in women who used a tampon without an applicator (74/233 [32%]) versus women who used tampons with an applicator {90/381 (24%); odds ratio (0R=1.51 [95% confidence interval, 1.04 to 2.17]; P=0.031} and in women who use intrauterine devices (IUDs) for contraception (53/155 [34%] versus 145/572 [27%]; OR=1.53 [95% confidence interval, 1.05 to 2.24]; P=0.033). Women with IUDs were significantly older than the other women {median age, 34 years (interquartile range [IQR], 29 to 40 years) versus 31 years (IQR, 25 to 37 years); P<0.001}.
 - S. aureus detection from tampons was not significantly impacted by the women's age (P=0.2), tampon carrying time (P=0.3), tampon brand (P=0.6), tampon absorbency (P=0.96), contraception (P=0.07), antibiotic treatment within the last 15 days (P=0.08), contraception with estroprogestative pills (P=0.9), or sexual intercourse within the last 5 days (P=0.4).
 - S. aureus characteristics. Based on colony morphology, only one S. aureus strain was isolated per tampon for 191 tampons, whereas two different S. aureus strains were coisolated from 7 tampons (Table 1). The 205 S. aureus strains were genotyped by DNA microarrays. CC, agr type, mecA, and the superantigen gene contents of all strains are described in Table 3. The S. aureus strains belonged to 22 different CCs. The most prevalent CC was CC398 (n=56 [27%]), followed by CC30 (n=27 [13%]), CC8 (n=24 [12%]), CC5 and CC45 (n=19 [9%]), and CC15 (n=15 [7%]). The other CCs represented less than 5% of the CCs. One hundred twenty-eight strains were agr1 (62%), 39 agr2 (19%), 34 agr3 (17%), and 4 agr4 (2%). Only six strains were mecA positive, four belonged to CC5 agr2, and two belonged to CC8 agr2. A total of 108/205 (53%) vaginal strains contained at least one gene encoding one of the superantigens. Twenty-eight strains (14%) were tst positive: 24 were CC30 (86%), 2 were CC5 (7%), 1 was CC8 (4%), and 1 was CC22 (4%). Concerning the other superantigen genes, sea was detected in 32 strains (16%), seb in 10 strains (5%), sec and sel in 20 strains (10%), sed, sej, and ser in 12 strains (6%), the enterotoxin gene cluster egc (containing seg, sei, sem, and sen and/or seo) in 87 strains (42%), seh in 9 strains (4%), and sek and seq in 7 strains (3%). tst was significantly associated with the detection of sea (18/28 [64%] versus 14/177 [8%], P<0.001), egc (27/28 [96%] versus 60/177 [34%], P<0.001) and seh (4/28 [14%] versus 5/177 [3%], P=0.022). tst was associated with agr3

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31... (24/28 [86%] versus 4/177 [2%], P<0.001). tst, sea, egc, and seh were
 ...|significantly associated with CC30 (24/27[89%] versus 3/178 [2%]; 21/27
  [78%] versus 12/178 [7%], P<0.001; 27/27 [100%] versus 61/178 [34%],
 ...| P<0.001; 4/27 [15%] versus 5/178 [3%], P=0.02). Of the seven tampons with
   two strains, four were colonized with tst-positive CC30. In six tampons,
   including those four, the agr types of the strains codetected in the
   tampons were different (Table 4).
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34 TABLE 1 Clinical characteristics of the healthy female volunteers (n =
   737; 2011 to 2017)
35 Characteristic Valuea
36 Median age, yrs (IQR) 32 (12)
   History of salpingitis 1/727 (0.1)
38 Antibiotics within the last 15 days 39/727 (5)
39 Contraception
   None 327/723 (45)
41 Estroprogestative pills 243/723 (34)
42 Intrauterine devices 153/737 (21)
   Sexual intercourse within the last 5 days 212/728 (29)
43
44 Tampon brands 728 (99)
45 Tampax 309 (42)
46 Nett 199 (27)
47 Carrefour 44 (6)
48 Doulys 34 (5)
49 Natracare 20 (3)
50 OB 17 (2)
51 Labell 15 (2)
52 Casino 12 (2)
53 Auchan 11 (2)
54 U 11 (2)
55 | Siempre 10 (1)
56 Othersb 36 (5)
   Tampon absorbencies
57
58 1 droplet 12/583 (2)
59 2 droplets 149/583 (26)
60 3 droplets 237/583 (41)
61 4 droplets 125/583 (21)
  5 droplets 26/583 (4)
62
63 6 droplets 34/583 (6)
   Tampon with applicator 381/614 (62)
   Tampon carrying time, median (IQR) 4 h 5 min (2 h)
65
   Tampon colonized by S. aureus 198/737 (27)
66
   Detection of one S. aureus strain 191/737 (26)
   Detection of two different S. aureus strains 7/737 (1)
   aData are given as no./total (percent) or no. (percent) unless otherwise
69
   noted.
   bOnly tampon brands used by =10 participants are reported.
70
71
72 Among the subset of women with tampons colonized by S. aureus, those who
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declared sexual intercourse within the last 5 days were less frequently

tst positive than the others (3/62 [4%] versus 22/132 [17%], P=0.022;

... OR=0.25 [95% confidence interval, 0.07 to 0.88]). No other

... characteristics listed in Tables 1 and 2 had an impact on S. aureus tst

... positivity.

DISCUSSION

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In addition to the use of intravaginal protection, vaginal colonization with TSST-1- producing organisms combined with the absence of protective antibodies against TSST-1 represents the major risk factor for the development of MTSS in susceptible women (3). Due to the low incidence of the disease (1/100,000), factors that are associated with an increased risk of MTSS are mainly investigated individually in healthy women (3, 15-20). Using this strategy, we examined the factors that concur with vaginal colonization by S. aureus in tampon users. Few published studies have examined the factors that influence vaginal colonization by S. aureus. In these studies, the vaginal sampling was done by swabbing (16-20), whereas we recently showed that using the vaginal tampon for sampling maximizes the detection of vaginal colonization, especially during menstruation (15). In addition, with regard to MTSS, determination of tampon colonization by S. aureus appears to be more relevant than vaginal swabs because TSST-1 is preferentially produced by S. aureus in the tampon (21, 22). In this study, we examined factors that contribute to tampon colonization by S. aureus in women, with special attention on TSST-1-producing isolates. Only tampons from women without a history of MTSS were included in the study to exclude overrepresentation of the TSST1-producing S. aureus strains (1). Using this procedure, we found in the large cohort of 737 women aged 14 to 52 years that 27% of them carried tampons colonized by S. aureus. This is consistent with our previous observation that 26% of used tampons from healthy women are colonized by S. aureus (15). Community profiling has shown that healthy vaginal microbial communities are usually dominated by bacteria from the gut and perineum (15). Interestingly, the percentage of tampons colonized by S. aureus was 50% higher for tampons that do not require an applicator. This finding is in agreement with a previous observation (16). As the rate of hand colonization by S. aureus is approximately 27% (23), we suspect that the observed

TABLE 2 Factors that influence S. aureus tampon colonization Characteristic

79 Value for healthy women volunteersa

80 P

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81 S. aureus positive

 $82 \mid (n = 205)$

83 S. aureus negative

 $84 \mid (n = 532)$

85 Median age, yrs (IQR) 31 (12) 32 (11) 0.1

86 Tampon carrying time, median (IQR) 4 h 0 min

87 (2 h 50 min)

88 4 h 20 min

89 (3 h 0 min)

90 | 0.3

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91 Tampon brands
   Tampax 79/309 (26) 230/309 (74) 0.6
93 Nett 59/197 (28) 138/197 (72)
94 Otherb 60/216 (28) 156/216 (72)
95 Tampon with applicator 90/164 (55) 291/450 (65) 0.031
96 Absorbencies 0.96
97 1 and 2 droplets 33/157 (21) 128/426 (30)
98 3 and 4 droplets 106/157 (68) 256/426 (60)
99 5 and 6 droplets 18/157 (11) 42/426 (10)
100 Antibiotics within the last 15 days 7/197 (4) 38/529 (7) 0.08
101 Contraception
102 None 78/327 (24) 249/327 (76) 0.07
103 Estroprogestative pills 67/196 (34) 176/527 (33) 0.9
104 Intrauterine devices 53/198 (28) 102/529 (19) 0.033
105 Sexual intercourse within the last 5 days 62/194 (32) 150/524 (29) 0.4
   aData are given as no./total (percent) unless otherwise noted.
106
   bBrands of tampon other than Tampax and Nett were clustered into one
   group for the statistical analysis.
108
   TABLE 3 Characteristics of S. aureus strainsa
109
110 Clonal
111 complex agr type Superantigen gene(s)
112 Presence
113 of mecA
114 No. of strains
| (n = 205) 
116 CC1 agr3 sea, seb, seh, sek, seq 2
117 sea, seh, sek, seq 2
118 seh, sek 1
119 CC5 agr2 tst, sec, sel, sed, sej, ser, egc Yes 1
120 tst, sed, sej, ser, egc Yes 1
121 sea, egc 1
122 sed, sej, ser, egc Yes 1
123 sed, sej, ser, egc Yes 1
124 sed, sej, ser, egc 1
125 sed, sej, ser, egc 4
126 egc, sep 1
127 egc 8
128 CC6 agr1 sea 3
129 CC7 agr1 - 6
130 CC8 agr1 tst 1
131 sea, sed, sej, ser Yes 2
132 sea 1
133 seb 1
134 sec, sel, egc 1
135 sed, sej, ser 1
136 egc 1
137 | - 16
138 CC9 agr2 egc 4
139 CC12 agr2 seb, sep 1
140 CC15 agr2 seb 1
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141 | - 14
142 CC20 agr1 seb, egc 1
143 sec, sel, egc 1
144 CC22 agr1 tst, sec, sel, egc 1
145 egc 7
146 CC25 agr1 egc 2
147 CC30 agr3 tst, sea, seb, seh, sek, egc 1
148 tst, sea, seh, egc 3
149 tst, sea egc 14
150 tst, egc 6
151 sea, egc 3
152 CC45 agr1 sec, sel, egc 14
153 eqc 4
154 CC45 agr4 egc 1
155 CC59 agr1 seb, seb, sek, seq 3
156 CC88 agr3 sec, sel 1
157 | - 1
158 CC97 agr1 sec, sel 1
159 | - 2
160 | CC101 agr1 − 1
161 CC121 agr4 egc 3
162 CC182 agr1 egc 1
163 | CC188 agr1 − 1
164 CC398 agr1 - 56
165 aCC, clonal complex; agr, accessory gene regulator; tst, TSST-1 gene; sea
   to ser, staphylococcal enterotoxin A
166 to R genes; egc, enterotoxin gene cluster including seg, sei, sem, and
   sen and/or seo; mecA, methicillin
   resistance gene A; -, no detection.
167
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  difference is related to manual contamination of the tampon during
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   handling for its insertion in the absence of an applicator.
   Unfortunately, the current design of the study did not include an
   investigation of S. aureus colonization at other body sites, such as the
   nose, hand, and perineum, to confirm our hypothesis. However, our
   observation supports the importance of handwashing before and after
   tampon handling to decrease the risk of tampon contamination and the
   advantage of an applicator for hygiene during tampon handling. The other
   factors associated with a higher rate of tampon colonization by S. aureus
   were IUDs for contraception. IUDs were associated with a 50% increase in
   S. aureus detection, as previously suggested in a small survey (16). The
   reason for this greater vaginal colonization remains unclear. Our
   hypothesis is that the IUD itself or its string in the vagina could favor
   S. aureus colonization. Supporting this hypothesis, S. aureus is known to
   be a cause of IUD infection, sometimes with non-MTSS as a complication
   (24-26). However, IUDs are used as contraception in older women, whereas
   MTSS predominantly occurs in young women (3).
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No other significant relationships with tampon colonization by S. aureus were observed in our survey. A history of genital herpes simplex virus infection and socioeconomic status have previously been identified as

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potential risk factors for vaginal colonization by S. aureus but were not investigated in this study (16–18). Over half of the S. aureus isolates were shown to carry at least one enterotoxin gene or tst detected by our DNA array. The predominant clone, CC398 agr1, representing 27% of the isolates, did not carry superantigen genes. None of our CC398 isolates were methicillin-resistant S. aureus (MRSA), suggesting that these isolates belonged to the human CC398 lineage and not to the livestock—associated CC398 methicillin-resistant clones (27, 28). This clone is increasingly detected in Europe and identified as highly transmissible among humans (27–29). The predominance of this clone in humans without superantigen genes suggests that superantigens detected by our DNA array are not mandatory for human colonization.

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Interestingly, the second most prevalent CC detected in tampons was the CC30 agr3 clone. This CC is epidemiologically associated with MTSS (8, 14). CC30 agr3 was predominantly tst positive (89%). However, the CC30 agr3 clone is not restricted to vaginal colonization and is also found in nasal colonization (28). We also detected other CCs already described to harbor tst: CC1, CC5, CC8, CC12, CC22, CC45, and CC59 (8–13). However, tst was detected in only a few isolates of these non-CC30 CCs (7% CC5 and 4% CC8 and CC22). Furthermore, these CCs represented only 14% of the tst-positive strains. Regardless of the genetic background of the strain, tst was significantly associated with sea, egc, and seh, as described previously (12,

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TABLE 4 Characteristics of S. aureus strains codetected in tampons
Participant no. Clonal complex agr type Superantigen gene(s)
96 CC25 agr1 egc
CC30 agr3 tst, sea, egc
126 CC22 agr1 egc
CC398 agr1 —
181 137 CC15 agr2 tst, sed, sej, ser, egc

181 137 CC15 agr2 tst, sed, sej, ser, egc

182 CC25 agr1 egc

183 256 CC15 agr2 -

184 CC30 agr3 tst, sea, egc

185 273 CC5 agr2 egc

186 CC398 agr1 -

187 291 CC22 agr1 egc

188 CC30 agr3 tst, sea, egc

189 650 CC121 agr4 seb, egc

190 CC30 agr3 tst, sea, egc

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29—32). Our observation confirms that CC30 is the more prevalent genetic background of tst-positive vaginal S. aureus isolates, as observed in MTSS (3, 8—14, 32). The epidemiological link between the TSST-1 CC30 S. aureus lineage and MTSS seems to be related to the prevalence of the clone in the vagina.

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Interestingly, tst was not the more prevalent superantigen gene detected in tampon isolates. egc, a cluster including five different superantigen genes (seg, sei, sem, sen, and seo), and sea were more frequently

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detected than tst (42% and 16%, respectively). In contrast, superantigen genes seb, sec and sel, and sed, sej, and ser were detected less frequently than tst (5%, 10%, and 6%, respectively). All of these toxins have been involved in non-MTSS (33, 34). The specific involvement of TSST-1 in MTSS is not explained by the simple prevalence of tst among vaginal isolates. The current model involves a specific interaction of TSST-1 with the vaginal mucosa and TSST-1 passage, not efficient with other superantigen toxins (35).

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Among women carrying tampons colonized by S. aureus, we observed a dramatic decrease in tst-positive strains in women who declared sexual intercourse within the last 5 days, with no obvious explanation. The importance of this observation should be moderated by the fact that we did not observe a specific correlation between vaginal colonization by TSST-1-producing strains and any information about the women's health and tampon characteristics or use.

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In conclusion, the results from this study confirm the high rate of tampon colonization by S. aureus and support the notion that the origin of the epidemiological link between the TSST-1 CC30 S. aureus lineage and MTSS is explained by the prevalence of vaginal carriage of this lineage in healthy women. Furthermore, the increased rate of S. aureus colonization of tampons that are handled without an applicator supports the importance of handwashing before and after tampon handling to decrease the risk of tampon contamination.

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200 MATERIALS AND METHODS

Ethical review of the study. This study was reviewed and approved by the Ethics Committee (CPP Sud Est IV, Centre Léon Bérard, Lyon, France, no. L16-176). Written consent was obtained from all participants or from the parents/quardians of participants under 18 years of age. Subjects. Menstruating volunteers were recruited from March 2014 to June 2017 by the National Reference Center for Staphylococci (NRCS) though the gynecology departments of Hospices Civil de Lyon and a national call on social networks and advertising via media. The only inclusion criterion was the use of tampons during menses, regardless of brand, and absence of a potential history of MTSS. Among the volunteers, 76 corresponded to healthy women who participated in a study analyzing the tampon microbiota (15). When multiple tampons were sent to the laboratory by the same woman, only the first tampon received was considered for this study. Sample collection. For the national tampon collection by autosampling, women were asked to place the tampon in a sterile bag and to send it to the NRCS via express shipping (2-day shipping during business days). Each tampon was accompanied by an information form about the woman's health (i.e., age, history of salpingitis, history of hospitalization for complications occurring during the use of periodic tampons or menstrual cups that could correspond with MTSS, antibiotic use within the last 15 days, contraception methods, and sexual intercourse within the last 5 days) and about the tampon (brand, use of applicator, carrying time). Menstrual fluid extraction and microbiological analysis. Menstrual fluid was extracted from the tampon by suspending the tampon in 15 ml of

sterile distilled water and then pressing it as described previously 201... (15). Fifty microliters of menstrual fluid was spread on a chromogenic plate selective for S. aureus (chromID S. aureus; bioMérieux, Marcy l'Étoile, France) and incubated at 35°C for 18 to 24 h under aerobic conditions. Suspicious colonies (pink to light pink) were identified by matrix-associated laser desorption ionization-time of flight (MALDI-TOF) mass spectrometry (15). All S. aureus strains were genotyped using identibac S. aureus genotyping (Alere) DNA microarrays as described previously (36), with special regard for accessory gene regulator (agr) type, the presence of methicillin resistance gene A (mecA), and genes encoding superantigens (tst and enterotoxin genes sea to ser). Isolates were assigned to CCs by comparing the hybridization profiles with those previously characterized by multilocus sequence typing reference strains (12, 36). Statistical analysis. The data were analyzed using SPSS Statistics version 21. The results were reported as median and interquartile range (IQR) for nonnormally distributed quantitative variables and as numbers and relative frequencies for categorical variables. Groups were compared using the nonparametric Wilcoxon test for quantitative variables and Fisher's exact test for categorical variables.

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