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Phenotypic and genotypic antimicrobial resistance

of Listeria monocytogenes: an observational study in France

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ABSTRACT

Background: Large-scale studies are needed to clarify antimicrobial resistance in the foodborne pathogen *Listeria monocytogenes* (Lm) and the effectiveness of listeriosis treatment options. Here we examined the antimicrobial resistance patterns in Lm over time and assessed genotype-phenotype concordances.

Methods: We analyzed 5,339 isolates (2,908 clinical and 2,431 food isolates) collected in France and overseas territories, between 2012 and 2019. Whole genome sequencing was performed for all isolates and antimicrobial resistance profiles inferred from draft assemblies. Antimicrobial susceptibility towards 22 antimicrobials was determined for all clinical isolates, and in food isolates with acquired resistance genes.

Findings: All tested isolates were resistant to at least 3 different classes of antimicrobials, consistent with *Lm* intrinsic traits. Acquired antimicrobial resistance in *Lm* was rare (2.23% isolates) and more prevalent in food (mainly lineage II) compared to clinical isolates (mainly lineage I) (3.74% vs 0.98%, p<0.0001), and in isolates with disinfectants or stress resistance traits (e.g. *bcrABC*, 20.20% vs 7.20%, p<0.0001), suggesting co-selection of resistance in food-production environments. Acquired antimicrobial resistance could be predicted from genomes with high accuracy (>99%), except for ciprofloxacin. Acquired antimicrobial phenotypes were towards tetracyclines (mostly due to *tetM*), trimethoprim (*dfrD*), lincosamides (*lnuG*), macrolides (*ermB*, *mphB*) and phenicols (*fexA*).

Interpretation: The reference treatment for listeriosis (aminopenicillins/aminoglycosides) remains effective, with no acquired resistance observed. Continuous surveillance of antimicrobial resistance in clinical and food isolates is crucial to detect the emergence of novel resistance.

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Keywords: listeriosis, antimicrobial resistance, genome, phenotype, prediction

INTRODUCTION

Listeria monocytogenes (*Lm*) is a Gram-positive facultative intracellular bacterium and a major foodborne pathogen. It causes listeriosis, a rare but deadly infection in humans and animals, that can manifest as mild gastroenteritis, bacteraemia, maternal-neonatal infections, or meningoencephalitis.^{1,2} The incidence of listeriosis has been increasing worldwide, with high mortality rates for most severe forms, despite antimicrobial treatment. The reference treatment for listeriosis relies on β -lactams (specifically aminopenicillins, like ampicillin or amoxicillin), usually combined with an aminoglycoside (most frequently gentamicin),³ to benefit from its synergistic bactericidal effect. In patients allergic to β -lactams, cotrimoxazole (trimethoprimsulfamethoxazole) is frequently used, sulfamethoxazole enhancing trimethoprim bactericidal activity even though *Lm* isolates exhibit sulfonamide resistance.⁴ The use of vancomycin, fluoroquinolones, rifampicin, and linezolid is also reported.^{5,6}

Lm is naturally resistant to certain antimicrobials, such as third generation cephalosporins (e.g. cefotaxime and ceftriaxone), monobactams (aztreonam) and oxacillins, primarily due to the absence of appropriate penicillin binding proteins (PBPs).³ It also demonstrates inherent resistance to first-generation quinolones (nalidixic acid), fosfomycin and sulfonamides,^{5–7} due to the presence resistance genes in its core genome. Occasionally, acquired resistances have been reported in *Lm*, as a result of gene acquisitions through horizontal gene transfer from enterococci-streptococci or mutations in core genes (for a review see Baquero and colleagues⁵). Specifically, acquired resistances in *Lm* have been observed following the acquisition of resistance genes encoding for ribosomal protection proteins (*tetM/tetS*), efflux proteins (*tetK/tetL*) conferring resistance to tetracycline, alternative dihydrofolate reductases (*dfrD/dfrG*) that circumvent the inhibitory effect of trimethoprim, 23S ribosomal RNA methyltransferases

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(*ermB*) that blocks binding of erythromycin, and chloramphenicol acetyltranferases (*catA*) that inactivate chloramphenicol by addition of an acyl group. Furthermore, mutations in *Lm* core genes that result in a reduced affinity of antimicrobials for their target enzyme have also been reported, leading to resistance to ciprofloxacin (*gyrAB/parC/lde* mutations), rifampicin (*rpoD*), or streptomycin (*rrn*).⁵

Although whole genome sequencing has become a widely accepted and routine typing tool for Lm surveillance, its application for predicting phenotypic antimicrobial susceptibility has not been proven in Lm isolates. Here we evaluated the prevalence of antimicrobial resistance in Lm clinical and food isolates collected in France and overseas territories, to investigate the concordance between genome-based predictions and disk diffusion tests and susceptibility trends over time.

MATERIALS AND METHODS

Bacterial isolates

All clinical and food *Lm* isolates prospectively collected by the French National Reference Centre *Listeria* (Institut Pasteur, Paris, France) were considered for this study. The initial dataset comprised 3,205 clinical isolates collected between 2012 and 2019 and 5,428 food isolates collected between 2015 to 2019. All isolates were subject to whole genome sequencing (see below) and strain typing using the *Lm* core genome multilocus sequencing typing (cgMLST) scheme of 1748 core genes.⁸ To avoid duplication, only one isolate of the same patient, food sample, food alert or industry own-check number was kept for downstream analysis, if they belonged to the same cgMLST type.⁸ After the de-duplication process, the final dataset analysed consisted of 5,339 *Lm* isolates (2,908 clinical and 2,431 from food).

Clinical isolates were obtained from cases of bacteraemia (n=1,629, 56%), neurolisteriosis (n=746, 26%), maternal-neonatal infections (n=295, 10%) and other types of invasive infections (n=238, 8%). Food-associated isolates were obtained from food alerts (defined as investigations on foodstuffs not complying microbiological criteria for Lm, according to the European Commission (EC) regulation EC 2073/2005) (n=1,996, 82%), food investigations around neurolisteriosis cases (n=93, 4%) and food industries own-checks (n=342, 14%). Isolates were from mainland France (n=2,853 clinical, n=2,424 food) and overseas territories (n=55 clinical, n=7 food).

Bacterial species identification was performed using the MALDI-TOF mass spectrometry MicroFlex LT system (MBT library DB-7854, Bruker Daltonics, Germany) as described.⁹

Genome sequencing and analyses

Genomic DNA was extracted using either the DNeasy Blood and Tissue Extraction kit (Qiagen, Denmark) or the NucleoSpin Tissue purification kit (Macherey-Nagel, Düren, Germany) from 0.9 mL Brain heart infusion (BHI, Difco, France) cultures grown overnight at 35°C. DNA libraries were prepared using the Nextera XT DNA Sample kit (Illumina, USA) and sequenced with Illumina NextSeq 500 using a 2×150 bp paired-end run. Short raw reads were trimmed with fqCleaner v.21.1 (gitlab.pasteur.fr/GIPhy/fqCleanER/) as previously described⁸ and assembled with unicycler v.0.4.8, which uses SPAdes/3.14.0 with a wide range of *k*-mer sizes, improving assembly accuracy and reducing the rate of misassembly (https://github.com/rrwick/Unicycler). Contigs smaller than 300 bp were discarded. *In silico* strain typing was performed from the draft assemblies using BIGSdb-*Lm* (https://bigsdb.pasteur.fr/listeria/)^{8,10} as previously described.⁸

v.1.0.1 (https://github.com/tseemann/ABRIcate) using NCBI AMRFinderPlus¹¹, CARD¹², Resfinder ¹³, ARG-ANNOT¹⁴ and BIGSdb- Lm^8 , to include general and genus-specific databases. Point mutations in core genes leading to amino acid substitutions were inspected in MAFFT v.7.467¹⁵ protein sequence alignments.

To infer on the genetic location of acquired resistance genes, representatives of each acquired genotype were selected for nanopore long-read sequencing (Oxford Technologies, UK). DNA libraries were prepared using the Rapid Sequencing Kit and sequenced on MinION Mk1C sequencer (software MinKNOW 21.11.6) with FLO-MIN106D flow cells (R9.4.1 chemistry). Long reads were assembled with unicycler v.0.4.8 (https://github.com/rrwick/Unicycler) and screened for the presence of plasmids, phages and insertion sequences in the context of acquired genes using MOB-suite v.2.0.1¹⁶, PHASTER (https://phaster.ca/)¹⁷ and ISEScan¹⁸, respectively.

Antimicrobial susceptibility testing

Clinical isolates (n=2,908) were subjected to phenotypical antimicrobial susceptibility testing using the disk diffusion method according to the guidelines of EUCAST.¹⁹ All food isolates with detected genetic traits of acquired resistance (n=89) were also tested. The inhibition zone diameters were measured for the following 22 antimicrobials: amoxicillin (AMX, 25 µg), ampicillin (AMP, 10 µg), cefotaxime (CTX, 30 µg), ciprofloxacin (CIP, 5 µg), clindamycin (CLI, 2 µg), chloramphenicol (CHL, 30 µg), erythromycin (ERY, 15 µg), fosfomycin (FOS, 50 µg), fusidic acid (FUS, 10 µg), gentamicin (GEN, 15 µg), imipenem (IPM, 10 µg), tetracycline (TET, 30 µg), levofloxacin (LVX, 5 µg), moxifloxacin (MXF, 5 µg), nalidixic acid (NAL, 30 µg), kanamycin (KAN, 30 µg), penicillin G (PEN, 6 µg), rifampicin (RIF, 30 µg), streptomycin (STR, 10 µg), sulfonamides (SUL, 200 µg), trimethoprim (TMP, 5 µg), and vancomycin (VAN, 30 µg) (Bio-Rad, France). Clinical isolates carrying aacA4/aac(6')-*Ib3* genes (*n*=4) were also tested for amikacin (AMK, 30 µg) and tobramycin (TOB, 10 µg). In the absence of internationally standardized *Lm* breakpoints for the antimicrobials and/or concentrations tested, the number of resistant isolates were considered using: *i*) disk contact resistance (*i.e.* diameter of growth inhibition halo of 6 mm) and *ii*) general breakpoints criteria based on the pharmacokinetics and pharmacodynamics (PK/PD) of antimicrobials, proposed by the *Société Française de Microbiologie.*²⁰ *Lm* epidemiological cut-off values (ECOFFs) were identified according to EUCAST²¹, based on the distributions of inhibition zone diameters determined in this study, to distinguish between isolates with and without acquired resistance mechanisms. All breakpoints used are detailed in **Table 1**.

Minimal inhibitory concentrations (MICs) were determined by E-test (bioMérieux, France) according to manufacturer instructions, for isolates with acquired resistance genes (n=119).

Statistical analysis

Statistical analysis was conducted to investigate the relationship between the year of collection and the inhibition zone diameter for each antimicrobial. Initially, histograms and best-fitted density plots were employed to assess the Gaussian distribution of diameters. A linear regression model with categorical year was used. To ensure the validity of the linear regression model, the Gaussian distribution of the residuals were examined, and homoscedasticity was validated by plotting the residuals against the predicted values, fitting a linear prediction line to the scatter plot, and confirming that the residuals' slope was not significantly different from 0. The residuals exhibited a Gaussian distribution, and the homoscedasticity assumption was satisfied for all antimicrobials, except for CTX, FOS, NAL, and SUL (intrinsic resistances, non-Gaussian distributions; **Figure 1**), for which assumptions for linear regression models were violated. The prevalence of acquired resistance loci among distinct isolates groups were assessed with chi-square test or Fisher's exact test when required. Logistic regression model was used to estimate the odds ratio and the 95% confidence interval; the firthlogit correction was used in case the proportion was 0 in one group.

Genotypic and phenotypic antimicrobial resistance concordance

The concordance between phenotypic (P) and genotypic (G) traits of resistance was calculated for each antimicrobial as:

Concordance (in %) = $(P1G1+P0G0) / (P0G1+P1G0+P1G1+P0G0) \times 100$

where P1G1 refers to true positives (*i.e.* the phenotypic and genotypic traits are simultaneously present), P0G0 refers to true negatives (phenotypic and genotypic traits are simultaneously absent), P1G0 denotes false geno-negatives (phenotype present but no genotype of resistance detected) and P0G1 denote false pheno-negatives (genotype present but phenotype of resistance absent).

The sensitivity (i.e. accuracy of G1 to predict P1) and specificity (i.e. accuracy of G0 to predict P0) of genotypic predictions were calculated as:

Sensitivity (in %) = P1G1/ (P1G1+P1G0) \times 100 Specificity (in %) = P0G0 / (P0G0+P0G1) \times 100

Role of the funding source

The funders of the study had no role in study design, data analysis, data interpretation, or writing.

RESULTS

Phenotypic and in silico-predicted antimicrobial resistance in clinical isolates

Clinical isolates (n=2,908) were distributed into 3 phylogenetic lineages (lineage I, n=1,804, 62%; II, n=1103, 38%; and III, n=1) and 93 cgMLST sublineages, mainly represented by SL1 (n=536, 18%), SL6 (n=333, 12%), SL4 (n=305, 11%) and SL2 (n=152, 5%), as previously reported.²² A total of 2,042 genotypes (cgMLST cut-off of 7 or less alleles out of 1,748 loci) were observed: 2,035 were country-specific and 7 (0.3%) were present in both mainland and overseas territories (Réunion, New Caledonia and/or Guadeloupe). No common genotypes were observed between mainland and the other overseas territories (French Polynesia, French Guiana, Mayotte and Martinique).

When considering stringent breakpoints (contact resistance), most isolates were resistant to at least 4 antimicrobials (*Lm* intrinsic resistance): NAL (*n*=2898, 100%), FOS (*n*=2670, 92%), SUL (*n*=2511, 86%), CTX (*n*=1993, 69%). Few were contact-resistant to CLI (*n*=216, 7%), CIP (*n*=4, 0%), TET (*n*=15, 1%) and ERY (*n*=1, 0%). Notably, no contact resistance was observed for 14 antimicrobials (AMP, AMX, PEN, IPM, GEN, KAN, STR, LVX, MXF, RIF, CHL, TMP, VAN and FUS) and the diameters' distributions for those antimicrobials followed a normal distribution (**Figure 1, Table 1**).

Similarly, when considering general PK/PD breakpoints (**Figure 1, Table 1**), most isolates were resistant to NAL (*n*=2906, 100%), FOS (*n*=2792, 96%), SUL (*n*=2532, 87%), CTX (*n*=2869, 99%) (*Lm* intrinsic resistances) and none were resistant to AMP, AMX, PEN, IPM, GEN, KAN, RIF, TMP, FUS. However, an overestimation of resistant isolates was observed to CLI (*n*=1869, 64%), CIP (*n*=1316, 45%) ERY (*n*=2, 0%), STR (*n*=263, 9%), CHL (*n*=60, 2%), MXF (*n*=47,

2%), TET (n=26, 1%), LVX (n=9, 0%) and VAN (n=1, 0%). Although some antimicrobials (CHL, CIP, CLI, MXF, STR) did not fit the diameter's distributions, PK/PD breakpoints were appropriate for first-line antimicrobials (AMX, AMP, PEN, TMP, GEN), confirming the susceptibility of our isolates to these major antimicrobials.

Resistance genetic traits included the core genes *fosX* (*lmo1702*), *norB* (*lmo2818*), *lin* (*lmo0919*), *sul* (*lmo0224*) and 10 *pbp* genes. Acquired resistance genes (**Table 2**) were present in 30 clinical isolates (1·03%, all from mainland France), and were associated with resistance towards tetracyclines (*tetM*, n=25; *tetL*, n=1; *tetK*, n=1) and erythromycin (*ermB*, n=1). Genes conferring resistance to aminoglycosides (*aacA4*, n=4) were also detected, but were not associated with any detectable phenotypic resistance to the aminoglycosides tested (STR, GEN, KAN, AMK and TOB). Overall, when using stringent resistance breakpoints (**Table S1**), average genotypic and phenotypic concordance was of 89%, 71% for intrinsic resistance and of 99.97% for acquired traits except for CIP (0.7%). Using the general PK/PD breakpoints (**Table S1**), average concordance was of 94%, 89% for intrinsic resistance and of 99% for acquired traits except for CIP (45%), with no genetic basis found for the overrepresentation of STR, CHL, MXF, LVX, PEN, VAN, highlighting the need to use appropriate epidemiological cut-offs for *Lm*.

No increase of resistance was observed over time from 2012 to 2019 (**Figure S1, Tables S2-S4**). Logistic regression models employed, using 2014 as an arbitrary reference year, showed an overall significant increase of inhibition diameters (i.e. higher susceptibility) observed after 2017 (**Figure S1, Table S4**), which could potentially be explained by methodological changes (e.g. improved quality of antimicrobial disks; improved precision of automated measurement systems).

In silico-prediction of antimicrobial resistance in food isolates

Given the high genotypic and phenotypic concordance observed for acquired resistance (>99 %, except for CIP) in clinical isolates, we then looked at the presence of resistance traits in 2,431 genomes of food isolates. Those were distributed into 3 phylogenetic lineages (lineage I, n=634, 26%; lineage II, n=1796, 74%; lineage III, n=1) and 77 sublineages. Most prevalent sublineages in food isolates were SL121 (n=586, 24%) and SL9 (n=331, 14%), as previously reported in France.²² A total of 1,523 genotypes (cgMLST cut-off of 7 or less alleles out of 1748 loci) were observed, none present in both mainland and overseas territories.

Intrinsic genes *fosX*, *norB*, *lin*, *sul* and *pbp* genes were present in all isolates. Acquired resistance genes were detected in 89 isolates (3·66%, all from mainland France, except isolate LM201902657, cgMLST L2-SL31-ST31-CT6032, from Réunion), resulting in reduced inhibition diameters (**Table 2**, **Table S5**) towards tetracyclines (*tetM*, *n*=27; *tetL*, *n*=5), macrolides (*ermB*, *n*=4; *mphB*, *n*=1), phenicols (*fexA*, *n*=3), folate inhibitors (*dfrD*, *n*=1) and lincosamides (*InuG*, *n*=1), but not towards aminoglycosides (*aacA4*, *n*=45; *aphA*, *n*=10). One isolate (LM201900136, from pork sausage, cgMLST type L2-SL325-ST325-CT5076) harboured *dfrD*, *lnuG*, *mphB* and *tetM* genes (disk susceptibility TMP: 6 mm, TET: 10·5 mm, CLI: 13·7 mm) (**Table S5**). The prevalence odds ratio (OR) of acquired antimicrobial resistance genes were significant lower in clinical isolates than in food isolates for the same period (2015-2019, 0·98% vs 3·66%, respectively; OR 0·26; 95% CI, 0·15-0·44, *p*<10⁻⁴).

Genetic context of acquired resistance

Acquired resistance genes were in located either within transposons, prophages or plasmids (**Table 2**). LM201900136 harboured simultaneously chromosomal (*tetM*) and plasmid-borne (*dfrD*, *lnuG*, *mphB*) acquired resistance genes. No known mutations associated to antimicrobial

resistance phenotypes were detected in *rpoB/lmo0258*, *gyrA/lmo0007*, *gyrB/lmo0006*, *parC/lmo1287*, *parE/lmo1289* or *lde/lmo2741* core genes.

DISCUSSION

The emergence and spread of antimicrobial-resistance is a global concern, particularly in bacteria that can be transmitted to humans through the food chain. Previous studies have evaluated whole genome sequencing as a routine tool for monitoring antimicrobial resistance in *Salmonella enterica Typhimurium, Escherichia coli, Enterococcus faecalis* and *Enterococcus faecium,* demonstrating high concordance (99.74%) between phenotypic and predicted antimicrobial susceptibility.²³ Here we assessed the prevalence of antimicrobial resistance in clinical and food *Lm* isolates from France and overseas territories and evaluated the prediction of resistance from genome assemblies.

The dataset here analysed confirmed the previously described diversity of Lm in France²², with a prevalence of lineage I in clinical isolates and lineage II in food isolates. The prevalence of acquired resistance (1.03% in clinical and 3.66% in food isolates) was also not statistically different from French studies performed in the previous decade [1.2%²⁴ and 2.5%²⁵, respectively]. No acquired antimicrobial resistance transmission between mainland and overseas French territories was observed. However, this finding may be attributed to the relatively small number of Lm isolates obtained from those regions in the context of national surveillance for the period of the study (n=55 clinical, n=7 food).

Lm antimicrobial susceptibility remained overall stable over the 8-year study period (**Figure S1**; **Table S4**). Earlier studies conducted in other countries such as Denmark²⁶, the UK²⁷ and Spain²⁸, have consistently reported no differences in *Lm* susceptibility over time, despite variations in

geographical locations, sampling periods and sources and strain types. As expected, isolates were naturally resistant to multiple classes of antimicrobials, either due to the lack of antimicrobial target (CTX) or to the presence of core genome resistance genes (FOS, CLI, NAL, SUL). However, the regulation of intrinsic resistance genes in *Lm* is highly complex and phenotypes are difficult to predict.²⁹ Intrinsic resistance to cephalosporins (CTX pheno-genotypic concordance of 69%) is due to its low affinity binding to Lm PBPs³ although several regulators of gene expression (such as mdrL/lmo1209, oatA/lmo1291 and lisR/lmo1377) and mutations in pbpB3/lmo0441 and pbpA2/lmo2229 can increase susceptibility to CTX.²⁹⁻³¹ Lm also exhibit natural resistance to quinolones (NAL pheno-genotypic concordance of 99.6%) and sulfonamides (SUL pheno-genotypic concordance of 86.5%)³², probably through efflux pumps (norB/lmo2818) and dihydropteroate synthase (sul/lmo0224) genes, respectively. FOS intrinsic resistance mediated by the core gene fosX/lmo1702 (pheno-genotypic concordance of 92%) can be epistatically modulated by virulence genes, increasing antimicrobial influx into the bacterial cell and FOS susceptibility³³. The intrinsic resistance to lincosamides mediated by the expression of the core gene lin/lmo0919 (CLI pheno-genotypic concordance of 7.4%) was shown to be modulated by the structural interplay of terminator/anti-terminator structures in the 5'UTR of this gene³⁴. Thus, the low concordance between phenotypes and intrinsic genotypes can be explained by this complex gene regulation.

Importantly, we show here that acquired resistance remains a rare event for Lm, and that acquired resistance phenotypes can be predicted from genome sequences with a remarkable concordance (>99%), except for CIP (<46%). Fluoroquinolone resistance primarily arises from mutational alterations in target DNA gyrase genes (*gyrA* and *gyrB*), topoisomerase IV genes (*parC* and *parE*), or mutations in regulatory genes affecting efflux pumps (eg. *lde/lmo2741*).

Here, no specific gene variants could be associated to the 4 CIP resistant isolates, thus leading to a lower phenotype-genotype concordance for this antimicrobial.³⁵ Nevertheless, the distribution of inhibition zones diameters observed likely corresponds to the natural susceptibility distribution within the *Lm* population and could be used to define epidemiological cut-offs (ECOFFs; **Table 1** and red lines in **Figure 1**).²¹ The most common acquired resistance phenotype in both clinical and food isolates from different clonal complexes was to tetracyclines, mainly due to the presence of Tn*916*-carrying *tetM* genes (**Table 2**). TetM ribosomal protection proteins were originally described in *Streptococcus* and have been reported in several other Gram-positive and Gram-negative bacterial species³⁶ including clinical *Lm* isolates³⁷ and *L. innocua* isolates from cattle farms using tetracyclines.³⁸ Here, information on antimicrobial treatment was available for 6 out of 25 clinical cases with isolates harbouring *tetM* and did not include any tetracycline prescription during *Lm* infection, suggesting that gene acquisition was not due to antimicrobial exposure in those patients and likely have occurred outside the host.

Acquired *ermB*, encoding for a 23S ribosomal RNA methyltransferase conferring macrolidelincosamide-streptogramin antimicrobial resistance,³⁹ was previously reported in France in 2 food isolates (1% of 202 isolates).²⁵ Here *ermB* was present in 5 isolates (0·1%) from both clinical (central nervous system infection) and food environments in Inc18 plasmids, a large group of enterococcal/streptococcal plasmids with broad host range.⁴⁰ Prior antimicrobial exposure could not be determined.

Acquired dfrD has previously been reported in food and clinical Lm isolates in France.^{24,25} Here dfrD was present in a plasmid that also contained lnuG and mphB, in a food isolate (pork sausage) that carried a chromosomal Tn916 tetM gene (Table 2, Table S5). Acquired *cat* genes

or rpoB rifampicin-resistance mutations previously reported in France^{24,25,41} were not detected in this study.

Phenotypic resistance towards aminoglycosides, which are used synergistically with first-line aminopenicillins in listeriosis treatment, was not observed in isolates harbouring either *aacA4* (n=45) or *aphA* (n=10). Whether the extended spacing of the -10-promoter box (located at -48 and -50 nucleotides upstream of the first nucleotide of the start codon of *aacA4* and *aphA*, respectively) could dampen promoter activity and gene transcription will be addressed in future studies.

Our combined genotype-phenotype screening approach used both general and organism-specific databases. This allowed for a more comprehensive detection of resistance traits, including *Lm*-specific genes not found in general databases (e.g. *sul/lmo0224*) and, conversely, genes rarely reported in *Listeria*, such as the plasmid-encoded chloramphenicol exporter *fexA* described in *Staphylococcus lentus*⁴² detected here in the vicinity of a chromosomal XerC recombinase (**Table 2**).

In addition to antimicrobial resistance, genome screening also identified other antimicrobial resistance traits present in these isolates (**Figure 2**; **Table 3**). These included (*i*) the integral membrane protein gene mprF, which is also part of the Lm core genome, and confers resistance to cationic peptides and defensins, and (*ii*) acquired genes conferring resistance to benzalkonium chloride disinfectants or stress islands (**Figure 2**; **Table S5**). Previous reports on Lm CC6 clinical isolates have associated the presence of plasmid-borne emrC gene to unfavorable outcome in meningitis patients, despite antimicrobial therapy,⁴³ suggesting a possible role of biocide resistance efflux pumps in antimicrobial resistance. In addition, exposure to benzalkonium chloride has been shown to increase resistance to ciprofloxacin.⁴⁴ Taken together,

these results highlight the importance of monitoring also biocide resistance not only to prevent persisting *Lm* environment contamination but also to prevent the emergence of cross-resistance to antimicrobials. Interestingly, we observed that acquired antimicrobial resistance genes were significantly more prevalent in isolates carrying *bcrABC* and *emrC* genes for resistance to benzalkonium chloride disinfectants and/or SSI-1 stress islands ($p < 10^{-4}$, Fisher's exact test) and that these resistant genes were significantly more prevalent and diverse in food and in lineage II isolates (**Table 3**), highlighting a potential role of the production environments in the coselection of resistance traits.

Nevertheless, resistance to antimicrobials used in patients with listeriosis remains rare. General breakpoints based on antimicrobials pharmacokinetics and pharmacodynamics are appropriate for antimicrobials commonly used for the treatment of listeriosis.

While our findings may be affected by geographical variations, temporal changes, sampling biases and/or strain diversity, the low prevalence of acquired resistance is in line with earlier studies in France and in large-scale studies in other world regions.^{26,28,45} Alarming results on resistance to first-line aminopenicillins (such as amoxicillin, penicillin and ampicillin) reported in a few countries, sometimes without clearly mention of the methodology or breakpoints used (for a review see Rostamian and colleagues),⁴⁶ were not found in this study. Thus, those should be considered with caution⁵ and authors should be encouraged to confirm results on atypical resistances with interlaboratory studies and genome sequencing prior publication. At a time of fast-paced spreading of resistance or reduced susceptibility towards first-line antimicrobials among human pathogens, these data provide reassuring information for clinicians in charge of patients with invasive listeriosis.

In conclusion, no increased resistance of Lm to antimicrobials was observed in France and overseas territories during the 8-year period, and reference treatment options should therefore be considered as microbiologically effective for the treatment of listeriosis. Acquired antimicrobial resistance in Lm could be predicted from genomes with high accuracy. A higher prevalence of acquired antimicrobial resistance genes was observed in food isolates (3.74%), predominantly belonging to lineage II, as compared to clinical isolates (0.98%, for the same period), which were predominantly from lineage I, and in isolates harbouring disinfectants or stress resistance traits (specifically *bcrABC*, *emrC* and SSI-1), suggesting co-selection of resistance in food-production environments. Continuous genomic surveillance of antimicrobial resistance, both within and outside the clinical setting, is critical to detect emerging patterns of Lm resistance.

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Contributors

ML initiated the project. Project coordination: ML, AM, AL. Data collection: AL, CC. Isolates selection: AL. Isolates sequencing and antimicrobial susceptibility testing: GV, NTR, HBD, PT. Sequence analysis: AM. Statistical analyses: YM, AM. AM wrote the manuscript based on a first draft from AL, with contributions and comments from ML, CC and YM.

Data sharing statement

All sequences of antimicrobial resistant isolates are publicly available at the European Nucleotide Archive (BioProject PRJEB12738). Profiles of the remaining isolates are available in https://bigsdb.pasteur.fr/listeria.

Declaration of Interests

The authors declare no conflict of interests.

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Figure 1. Distribution of the diameters of growth inhibition (halos) for 22 antimicrobials (2012-2019, n=2,908 clinical isolates).

Plots are ordered by antimicrobial class: beta-lactams (AMP, ampicillin; AMX, amoxicillin; PEN, penicillin G; CTX, cefotaxime; IPM, imipenem), aminoglycosides (GEN, gentamicin; KAN, kanamycin; STR, streptomycin), macrolides (ERY, erythromycin), quinolones (NAL, nalidixic acid; CIP, ciprofloxacin; LVX, levofloxacin; MXF, moxifloxacin); tetracyclines (TET, tetracycline), rifamycins (RIF, rifampicin), lincosamides (CLI, clindamycin), phenicols (CHL, chloramphenicol), sulfonamides (SUL, sulfonamides); folate-inhibitors (TMP, trimethoprim); others (FOS, fosfomycin; FUS, fusidic acid; VAN, vancomycin). The antimicrobial disk content is shown in brackets. Antimicrobial names on light blue boxes highlight non-Gaussian distributions (intrinsic resistance). Dotted lines denote resistance breakpoints: green, contact resistance (diameter=6 mm); blue, general PK/PD breakpoints20; red, adjusted epidemiologic cut-offs for natural susceptibility distributions (ECOFF).



Figure 2. Phylogenetic distribution of clinical and food Listeria monocytogenes isolates with acquired resistance traits (119 isolates out of 5,339).

Single linkage dendrogram based on cgMLST profiles (1748 loci, Institut Pasteur scheme). Lineages and sublineages with 2 or more isolates are labelled in the branches and corresponding clonal complexes are indicated in brakets. PCR-serogroups anbd source of isolation are colored as indicated in the key panels. Green boxes indicate isolates displaying antibimicrobial resistance phenotypes (ERY, erythromycin; TET, tetracycline; CLI, clindamycin; CTX, cefotaxime; FOS, fosfomycin; NAL, nalidixic acid; SUL, sulfonamides). Blue boxes indicate isolates displaying antimicrobial resistance genes. Red boxes indicate isolates with disinfectants or stress resistance traits.

Antibiotic	Cor	ntact resistance breakpoints	PK/I	PD breakpoints	Minimum diameter in		ECOFF
(disk content)	breakpoint (R = mm)	No. resistant isolates (%, <i>n</i> =2,908)	breakpoint (R < mm)	No. resistant isolates (%, n=2,908)	no resistance (mm)	breakpoint (R < mm)	No. resistant isolates (%, <i>n</i> =2,908)
AMP (10 µg)	6	0 (0%)	16	0 (0%)	20	16	0 (0%)
AMX (25 µg)	6	0 (0%)	16	0 (0%)	22.8	16	0 (0%)
PEN (6 µg)	6	0 (0%)	18	0 (0%)	16.4	16	0 (0%)
CTX (30 µg)	6	1993 (69%)	23	2869 (99%)	n.a.	n.a.	n.a.
IPM (10 µg)	6	0 (0%)	17	0 (0%)	23.1	17	0 (0%)
GEN (15 µg)	6	0 (0%)	16	0 (0%)	17.2	16	0 (0%)
KAN (30 µg)	6	0 (0%)	10	0 (0%)	11	10	0 (0%)
STR (10 µg)	6	0 (0%)	13	263 (9%)	9	9	0 (0%)
ERY (15 µg)	6	1 (0%)	17	2 (0%)	14.5	14	1 (0%)
NAL (30 µg)	6	2898 (100%)	15	2906 (100%)	n.a.	n.a.	n.a.
CIP (5 µg)	6	4 (0%)	22	1316 (45%)	12.3	12	4 (0%)
LVX (5 µg)	6	0 (0%)	17	9 (0%)	12	12	0 (0%)
MXF (5 µg)	6	0 (0%)	21	47 (2%)	13	13	0 (0%)
TET (30 µg)	6	15 (1%)	17	26 (1%)	13.8	13	25 (1%)
RIF (30 µg)	6	0 (0%)	14	0 (0%)	14.6	14	0 (0%)
CLI (2 µg)	6	216 (7%)	15	1869 (64%)	n.a.	n.a.	n.a.
CHL (30 µg)	6	0 (0%)	19	60 (2%)	15	15	0 (0%)
SUL (200 µg)	6	2511 (86%)	12	2532 (87%)	n.a.	n.a.	n.a.
TMP (5 μg)	6	0 (0%)	10	0 (0%)	23	10	0 (0%)
FOS (50 µg)	6	2670 (92%)	14	2792 (96%)	n.a.	n.a.	n.a.
VAN (30 µg)	6	0 (0%)	17	1 (0%)	13.3	13	0 (0%)
FUS (10 µg)	6	0 (0%)	15	0 (0%)	15	15	0 (0%)

Table 1. Number of resistant *L. monocytogenes* isolates (2012-2019, *n*=2,908 clinical isolates) and interpretative breakpoints used for each antibiotic.

Abbreviations: PK/PD, pharmacokinetics and pharmacodynamics antimicrobial breakpoints;²⁰ n.a., not applicable (intrinsic resistance); ECOFF, epidemiological cut-off, obtained in this study according to EUCAST guidelines.²¹ Values in bold highlight adjusted PK/PD cut-offs based on the natural susceptibility distributions observed in this study.

Acquired	No. isolates	No. genotypes	Genomic location	Diameter of	MIC	Source ²	Sublinea	age (Clonal Complex)
genotype ¹	(%, <i>N</i> =5,339)	(%, <i>N</i> =3,290)	or genetic context	(mm)	(µg/ml)	(no. isolates)	Lineage I	Lineage II
aacA4 (aac(6')-Ib3)	49 (0.92%)	34 (1.03%)	Prophage	GEN: 21·3-28·6; KAN:20·5-26·5; STR: 13·9-17·6	n.d.	H(4), F(45)	SL3(CC3), SL5(CC5)	SL9(CC9), SL31(CC31), SL312(CC31)
aphA (aph(3')-IIIa)	10 (0.19%)	4 (0.12%)	Plasmid-borne transposon	GEN: 25·5-30·6; KAN:24·1-26·6; STR: 15·8-19·4	n.d.	F(10)	-	SL313(CC31)
dfrD,lnuG,mphB	1 (0.02%)	1 (0.03%)	Plasmid	TMP: 6·0; CLI: 13·7; ERY: 30·8	TMP: >32; CLI: 1·5; ERY: 0·25	F(1)	-	SL325(CC31)
ermB	5 (0.09%)	5 (0.15%)	Inc18 plasmid	ERY: 6.0-32.4	ERY: 0.125- >256	H(1), F(4)	SL4(CC4), SL386(CC388), SL5(CC5)	-
fexA	3 (0.06%)	2 (0.06%)	Chromosomal recombinase XerC	CHL: 10·7-25·0	CHL: 4-32	F(3)	-	SL14(CC14), SL415(CC415)
tetM	41 (0.77%)	23 (0.70%)	Transposon Tn916	TET: 6·0-31·0	TET: 0·125-64	H(19), F(22)	SL1(CC1), SL4(CC4), SL5(CC5), SL59(CC59)	SL399(CC14), SL18(CC18), SL199(CC199), SL20(CC20), SL7(CC7), SL16(CC8), SL9(CC9), SL91(CC14), SL11(CC11), SL325(CC31)
tetM,tetL	10 (0.19%)	2 (0.06%)	Transposon Tn916	TET: 6·0-10·2	TET: 48-64	H(5), F(5)	-	SL14(CC14)
tetM,tetK	1 (0.02%)	1 (0.03%)	Transposon Tn916	TET: 13	TET: 32	H(1)	SL5(CC5)	-

Table 2. Acquired antibiotic resistance genotypes and corresponding phenotypes detected in this study (119 Listeria monocytogenes isolates out of 5,339)

¹gene traits of antibiotic resistance towards aminoglycosides (*aacA4*, *aphA*), folate ihnibitores (*dfrD*), lincosamides (*lnuG*), macrolides (*ermB*, *mphB*), phenicols (*fexA*), tetracyclines (*tetM*, *tetL*, *tetK*).² Source: H, human; F, food.

Locus	Description (reference)	Full dataset (<i>N</i> =5,339)	With acquired AR (n=119)	Without acquired AR (n=5,220)	Odds Ratio (95% CI)	<i>p</i> -value AR vs non- AR ¹	Clinical (<i>n</i> =2,908)	Food- associated (<i>n</i> =2,431)	Odds Ratio (95% CI)	<i>p</i> -value H vs F ²	Lineage I (<i>n</i> =2,438)	Lineage II (<i>n</i> =2,899)	Odds Ratio (95% CI)	<i>p</i> -value I vs II ³
bcrABC	BC resistance (47)	401 (7·5%)	24 (20·2%)	377 (7·2%)	3·23 (2·04-5·26)	<0.0001	116 (4·0%)	285 (11·7%)	0.31 (0.25-0.39)	<0.0001	118 (4·8%)	283 (9·8%)	0.47 (0.38-0.59)	<0.0001
qacA	BC resistance (48)	70 (1·3%)	0 (0·0%)	70 (1·3%)	0·31 (0·02-5·00)	0.41	22 (0·8%)	48 (2·0%)	0.38 (0.23-0.63)	<0.0001	4 (0·2%)	66 (2·3%)	0.07 (0.03-0.19)	<0.0001
emrC	BC resistance (47)	313 (5·9%)	32 (26·9%)	281 (5·4%)	6.67 (4.17-10.00)	<0.0001	130 (4·5%)	183 (7·5%)	0·57 (0·46-0·72)	<0.0001	101 (4·1%)	212 (7·3%)	0.55 (0.43-0.70)	<0.0001
Tn6188::emrC	BC resistance (49)	843 (15·8%)	0 (0·0%)	843 (16·1%)	0.02 (0.001-0.35)	0.01	162 (5·6%)	681 (28·0%)	0·15 (0·13-0·18)	<0.0001	66 (2·7%)	777 (26·8%)	0.08 (0.06-0.10)	<0.0001
SSI-1	Stress island, low pH & high salt tolerance (50)	1869 (35·0%)	91 (76·5%)	1778 (34·1%)	6·25 (4·17-10·00)	<0.0001	833 (28·6%)	1036 (42·6%)	0·54 (0·48-0·61)	<0.0001	492 (20·2%)	1377 (47·5%)	0.28 (0.25-0.32)	<0.0001
SSI-2	Stress island, high pH & oxidative stress tolerance (51)	767 (14·4%)	0 (0·0%)	767 (14·7%)	0.02 (0.002-0.39)	0.01	136 (4·7%)	631 (26·0%)	0·14 (0·12-0·17)	<0.0001	0 (0·0%)	767 (26·5%)	0.0006 (0.00004- 0.01)	<0.0001
LGI-1	Listeria genomic island, BC & desiccation resistance (52-53))	4 (0·1%)	0 (0·0%)	4 (0·1%)	4·76 (0·26-100·00)	0.29	2 (0·1%)	2 (0·1%)	0.83 (0.12-5.88)	0.86	0 (0·0%)	4 (0·1%)	0.13 (0.01-2.44)	0.17
LGI-2	Listeria genomic island, Cd & As resistance (54)	346 (6·5%)	10 (8·4%)	336 (6·4%)	1·33 (0·69-2·56)	0.41	208 (7·2%)	138 (5·7%)	1·28 (1·02-1·59)	0.03	211 (8·7%)	135 (4·7%)	1.92 (1.56-2.44)	<0.0001
LGI-3	Listeria genomic island, Cd & As resistance (55)	171 (3·2%)	0 (0·0%)	171 (3·3%)	0·12 (0·01-2·00)	0.14	113 (3·9%)	58 (2·4%)	1.67 (1.19-2.27)	0.00	106 (4·3%)	65 (2·2%)	2.00 (1.45-2.70)	<0.0001

Table 3. Prevalence of other acquired resistance traits detected in the *Listeria monocytogenes* isolates used in this study

^{1.2.3} Chi-2 tests were employed to estimate the significance of the odds ratio: ¹, isolates with acquired antibiotic resistance (AR) *versus* those without acquired AR as reference; ², clinical isolates *versus* food isolates as reference; ³, *Lm* lineage I isolates *versus* lineage II isolates as reference. The Null hypothesis (H0) for all tests stated the odds ratio is equal to 1. Conversely, the alternative hypothesis (H1) suggested the odds ratio is different from 1. Abbreviations: AR, antibiotic resistance; CI, confidence interval; As, arsenic; BC, benzalkonium chloride; Cd, cadmium.

Phenotypic and genotypic antimicrobial resistance of *Listeria monocytogenes*: an observational study in France

Supplementary Material

Table S1. Phenotype-genotype concordances of antimicrobial resistance phenotypes of <i>L</i> · <i>monocytogenes</i> clinical isolates (<i>n</i> =2,908) using both	stringent
(contact resistance) and PK/PD breakpoints.	

	Class & Antibiotic	Genotype R				Conta	act brea	kpoints						PK/I	PD brea	ukpoints			Detected traits
	Class & Fintibiotic	(N=2908)	Phenotype R	P0G0	P1G1	P1G0	P0G1	Sensitivity	Specificity	Concordance	Phenotype R	P0G0	P1G1	P1G0	P0G1	Sensitivity	Specificity	Concordance	Detected thats
BETA-LA	ACTAMS																		
	ampicillin (AMP, 10 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	-
	amoxicillin (AMX, 25 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	-
	penicillin G (PEN, 6 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	1 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	-
	cefotaxime (CTX, 30 µg)	2861 (98.4%)	1993 (68.5%)	20	1966	27	895	98.6%	2.2%	68.3%	2869 (98.7%)	4	2826	43	35	98.5%	10.3%	97.3%	pbpB3/lmo0441
	imipenem (IPM, 10 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	-
AMINOC	LYCOSIDES																		
	gentamicin (GEN, 15 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	
	kanamycin (KAN, 30 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	
	streptomycin (STR, 10 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	263 (9.0%)	2645	0	263	0	0.0%	100.0%	91.0%	-
MACROI	LIDES																		
	erythromycin (ERY, 15 μg)	1 (0%)	1 (0%)	2907	1	0	0	100.0%	100.0%	100.0%	2 (0.1%)	2906	1	1	0	50.0%	100.0%	100.0%	ermB
QUINOL	ONES																		
	nalidixic acid (NAL, 30 µg)	2907 (100%)	2898 (99.7%)	0	2897	1	10	100.0%	0.0%	99.6%	2906 (99.9%)	0	2905	1	2	100.0%	0.0%	99.9%	norB/lmo2818
	ciprofloxacin (CIP, 5 µg)	2891 (99.4%)	4 (0.1%)	17	4	0	2887	100.0%	0.6%	0.7%	1316 (45.3%)	7	1306	10	1585	99.2%	0.4%	45.2%	lde/ lmo2741
	levofloxacin (LVX, 5 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	9 (0.3%)	2899	0	9	0	0.0%	100.0%	99.7%	-
	moxifloxacin (MXF, 5 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	47 (1.6%)	2861	0	47	0	0.0%	100.0%	98.4%	-
TETRAC	CYCLINES																		
	tetracycline (TET, 30µg)	25 (0.9%)	15 (0.5%)	2883	15	0	10	100.0%	99.7%	99.7%	26 (0.9%)	2881	24	2	1	92.3%	100.0%	99.9%	tetM, tetL, tetK
RIFAMY	CINS																		
	rifampicin (RIF, 30 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	-
LINCOSA	AMIDES																		
	clindamycin (CLI, 2 µg)	2908 (100%)	216 (7.4%)	0	216	0	2692	100.0%	0.0%	7.4%	1869 (64.3%)	0	1869	0	1039	100.0%	0.0%	64.3%	lin/ lm00919
PHENIC	OLS																		
ch	loramphenicol (CHL, 30 μg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	60 (2.1%)	2848	0	60	0	0.0%	100.0%	97.9%	-
SULFON.	AMIDES																		
:	sulfonamides (SUL, 200 µg)	2907 (100%)	2511 (86.3%)	0	2510	1	397	100.0%	0.0%	86.3%	2532 (87.1%)	0	2531	1	376	100.0%	0.0%	87.0%	sul/ lmo 0224
FOLATE	-INHIBIT ORS																		
	trimethoprim (TMP, 5 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	-
OTHERS																			
	fosfomycin (FOS, 50 µg)	2908 (100%)	2670 (91.8%)	0	2670	0	238	100.0%	0.0%	91.8%	2792 (96.0%)	0	2792	0	116	100.0%	0.0%	96.0%	fosX/lmo1702
	vancomycin (VAN, 30 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	-
	fuscidic acid (FUS, 10 µg)	0 (0%)	0 (0%)	2908	0	0	0	0.0%	100.0%	100.0%	1 (0%)	2907	0	1	0	0.0%	100.0%	100.0%	-

Abbreviations: P1G1, the phenotypic and genotypic traits are simultaneously present; P0G0, phenotypic and genotypic traits are simultaneously absent; P1G0, phenotype present but no genotype of resistance detected (false geno-negatives); P0G1, genotype present but phenotype of resistance absent (false pheno-negatives). Blue cells identify *L. monocytogenes* intrinsic resistances.

Antibiotio	Total no· susceptible				Y	ear				<i>p</i> -value ¹
Antibiotic	isolates (%)	2012	2013	2014	2015	2016	2017	2018	2019	
AMP (10 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
AMX (25 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
CHL (30 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
CIP (5 µg)	2904 (99.9)	333 (99.7)	365 (99.7)	372 (100)	400 (99.5)	367 (100)	361 (100)	342 (100)	364 (100)	0.50
CLI (2 µg)	2693 (92.6)	263 (78.7)	315 (86-1)	361 (97.0)	366 (91.0)	346 (94.3)	350 (96.9)	333 (97.4)	359 (98.6)	<0.0001
CTX (30 µg)	916 (31.5)	84 (25.1)	129 (35-2)	141 (37.9)	86 (21.4)	108 (29.4)	99 (27.4)	137 (40.1)	132 (36.3)	<0.0001
ERY (15 µg)	2907 (99.9)	334 (100)	366 (100)	372 (100)	401 (99.8)	367 (100)	361 (100)	342 (100)	364 (100)	0.99
FOS (50 µg)	238 (8.2)	8 (2.4)	19 (5.2)	19 (5.1)	13 (3.2)	42 (11.4)	45 (12.5)	45 (13.2)	47 (12.9)	<0.0001
FUS (10 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
GEN (15 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
IPM (10 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
KAN (30 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
LVX (5 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
MXF (5 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
NAL (30 µg)	10 (0.3)	0	1 (0.3)	0	1 (0.2)	0	3 (0.8)	2 (0.6)	3 (0.8)	0.19
PEN (6 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
RIF (30 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
STR (10 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
SUL (200 µg)	397 (13.6)	14 (4.2)	31 (8.5)	33 (8.9)	17 (4.2)	55 (15.0)	68 (18.8)	62 (18.1)	117 (32.1)	<0.0001
TET (30µg)	2893 (99.5)	333 (99.7)	364 (99.4)	367 (98.7)	397 (98.8)	367 (100)	360 (99.7)	342 (100)	363 (99.7)	0.06
TMP (5 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
VAN (30 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	

Table S2. Number of susceptible *L. monocytogenes* clinical isolates (*n*=2,908) across years (2012-2019) for 22 antimicrobials, using stringent breakpoints (**R**=6 mm). Blue boxes highlight *L. monocytogenes* intrinsic resistances.

¹ The chi-square statistical test was employed to compare the number of susceptible isolates along the years, using the year 2014 as arbitrary reference. The Null hypothesis (H0) stated no difference in the number susceptible isolates in comparison with the reference year. Conversely, the alternative hypothesis (H1) suggested a significant difference in the number of susceptible isolates in comparison with the reference year.

Antibiotic	Total no susceptible				Ye	ear				<i>p</i> -value ¹
Antibiotic	isolates (%)	2012	2013	2014	2015	2016	2017	2018	2019	
AMP (10 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
AMX (25 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
CHL (30 µg)	2848 (97.9)	316 (94.6)	349 (95.4)	361 (97.0)	395 (98.3)	360 (98.1)	361 (100)	342 (100)	364 (100)	<0.0001
CIP (5 µg)	1592 (54.7)	71 (21.3)	174 (47.5)	171 (46.0)	73 (18-2)	238 (64.8)	270 (74.8)	280 (81.9)	315 (86.5)	<0.0001
CLI (2 µg)	1039 (35.7)	109 (32.6)	95 (26.0)	169 (45.4)	91 (22.6)	120 (32.7)	135 (37.4)	159 (46.5)	161 (44.2)	<0.0001
CTX (30 µg)	39 (1.3)	0 (0)	6 (1.6)	7 (1.9)	3 (0.7)	2 (0.5)	10 (2.8)	7 (2.0)	4 (1.1)	0.02
ERY (15 µg)	2906 (99.9)	334 (100)	365 (99.7)	372 (100)	401 (99.7)	367 (100)	361 (100)	342 (100)	364 (100)	0.93
FOS (50 µg)	116 (4.0)	4 (1.2)	9 (2.4)	10 (2.7)	8 (2.0)	17 (4.6)	21 (5.8)	27 (7.9)	20 (5.5)	<0.0001
FUS (10 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
GEN (15 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
IPM (10 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
KAN (30 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	341 (99.7)	358 (98.3)	
LVX (5 µg)	2899 (99.7)	331 (99.1)	363 (99-2)	372 (100)	400 (99.5)	366 (99.7)	361 (100)	342 (100)	364 (100)	0.07
MXF (5 µg)	2861 (98.4)	309 (92.5)	352 (96-2)	368 (98.9)	399 (99-2)	366 (99.7)	361 (100)	342 (100)	364 (100)	<0.0001
NAL (30 µg)	2 (0.1)	0	0	0	0	0	0	1 (0.3)	1 (0.3)	0.33
PEN (6 µg)	2908 (100)	334 (100)	366 (100)	371 (99.7)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	0.86
RIF (30 µg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
STR (10 µg)	2645 (91.0)	239 (71.6)	309 (84.4)	350 (94.1)	362 (90.0)	341 (92.9)	345 (95.6)	341 (99.7)	358 (98.3)	<0.0001
SUL (200 µg)	376 (12.9)	14 (4.2)	31 (8.5)	33 (8.9)	14 (3.5)	51 (13.9)	62 (17·2)	54 (15.8)	117 (32.1)	<0.0001
TET (30µg)	2882 (99.1)	332 (99.4)	364 (99.4)	364 (97.8)	397 (98.8)	367 (100)	357 (98.9)	340 (99.4)	361 (99-2)	0.11
TMP (5 μg)	2908 (100)	334 (100)	366 (100)	372 (100)	402 (100)	367 (100)	361 (100)	342 (100)	364 (100)	
VAN (30 µg)	2907 (99.9)	334 (100)	366 (100)	372 (100)	401 (99.9)	367 (100)	361 (100)	342 (100)	364 (100)	0.99

Table S3• Number of susceptible *L. monocytogenes* isolates across years (2012-2019, *n*=2,908 clinical isolates) for 22 antimicrobials, using PD/PK breakpoints.²⁰ Blue boxes highlight *L. monocytogenes* intrinsic resistances.

¹ The chi-square statistical test was employed to compare the number of susceptible isolates along the years, using the year 2014 as arbitrary reference. The Null hypothesis (H0) stated no difference in the number susceptible isolates in comparison with the reference year. Conversely, the alternative hypothesis (H1) suggested a significant difference in the number of susceptible isolates in comparison with the reference year.

A (* * 1*1		,		Year				<i>p</i> -value ¹
Antimicrobial	2012	2013	2015	2016	2017	2018	2019	
AMP (10 µg)	-2.24	-0.19	-1.29	-0.03	+0.92	+2.47	+2.28	<0.0001
	(-2.66;-1.81)	(-0.60; 0.23)	(-1.70;-0.88)	(-0.45; 0.39)	(0.53;1.37)	(2.05;2.90)	(1.86;2.70)	
AMX (25 µg)	-2.69	-0.23	-1-22	+0.62	+1.67	+3.04	+2.26	<0.0001
	(-3-14;-2-23)	(-0.67; 0.22)	(-1.66;-0.79)	(0.22;1.11)	(1.22;2.12)	(2.59;3.50)	(1.82;2.71)	
CHL (30 µg)	-1.14	-0.59	-1.26	+0.31	+1.42	+2.59	+2.90	<0.0001
	(-1-48;-0-80)	(-0-92;-0-26)	(-1.58;-0.94)	(-0.02;0.64)	(1.09;1.75)	(2.25;2.92)	(2.57;3.23)	
CIP (5 µg)	-1.85	-0.08	-1.20	+1.11	+1.26	+1.72	+1.96	<0.0001
	(-2.15;-1.56)	(-0.37; 0.21)	(-1·48 ; -0·91)	(0.83;1.40)	(0.97;1.55)	(1.43;2.01)	(1.67;2.25)	
CLI (2 µg)	-2.54	-1·91	-2.55	-1.18	-0.64	-0.30	+0.01	<0.0001
	(-3·15 ; -1·94)	(-2·50;-1·32)	(-3·12 ; -1·97)	(-1·76 ; -0·59)	(-1·23 ; -0·05)	(-0.90;0.30)	(-0.57;0.60)	
ERY (15 µg)	-1.64	-0.54	-1·11	+0.44	+1.28	+2.68	+2.29	<0.0001
	(-1·94 ; -1·33)	(-0·84 ; -0·24)	(-1·40 ; -0·82)	(0.14;0.74)	(0.98 1.58)	(2.38;2.99)	(1.99;2.59)	
FUS (10 µg)	-1·95	-0.82	-1.66	-0.05	+1.60	+1.77	+1.73	<0.0001
	(-2·26 ; -1·64)	(-1-12;-0-52)	(-1·96 ; -1·37)	(-0.36;0.24)	(1·30 ; 1·90)	(1.46;2.08)	(1.42;2.03)	
GEN (15 µg)	+0.62	+0.49	-0.30	+1.02	+2.31	+2.23	+2.77	< 0.0001
	(0·37 ; 0·96)	(0·20 ; 0·78)	(-0.58 ; -0.01)	(0.73;1.31)	(2.02;2.60)	(1.94;2.53)	(2.48;3.06)	
IPM (10 µg)	-4.55	-1.52	-0.72	+0.27	+1•27	+2.81	+2.72	<0.0001
	(- 4 ·99 ; - 4 ·11)	(-1·94 ; -1·09)	(-1·13 ; -0·29)	(-0.16;0.69)	(0.84;1.69)	(2.37;3.24)	(2.29;3.15)	
KAN (30 µg)	-2.81	-1.15	-0.75	+1.52	+2.14	+2.61	+2.66	<0.0001
	(-3-15;-2-47)	(-1-48;-0-82)	(-1.07;-1.43)	(1.19;1.85)	(1.81;2.48)	(2.28;2.95)	(2·33 ; 2·99)	
LVX (5 µg)	-0.14	+0.23	-0.27	+0.25	+0.74	+1.25	+1.66	<0.0001
	(-0.39;0.11)	(-0.02; 0.48)	(-0.51;-0.02)	(-0.01;0.49)	(0·49 ; 0·99)	(1.00;1.50)	(1•42;1•91)	
MXF (5 μg)	-2.27	-0-28	-0.53	+0.81	+1•45	+2.25	+2•48	<0.0001
	(-2.53 ; -2.01)	(- 0 ·54 ; - 0 · 0 3)	(- 0 ·77 ; - 0 ·28)	(0.56;1.06)	(1.20;1.71)	(1.99;2.51)	(2.23;2.73)	
PEN (6 μg)	-0.77	+0.61	-0.71	-0.07	+0.34	+1.32	+1.21	<0.0001
	(-1-19;-0-36)	(0.21; 1.02)	(-1.10;-0.31)	(-0.48; 0.33)	(-0.07; 0.75)	(0.91;1.74)	(0.81;1.62)	
RIF (30 µg)	-1.85	+0.44	-1.32	-0.23	-0.01	+1.46	+1.31	<0.0001
	$(-2\cdot 24; -1\cdot 46)$	(0.06; 0.82)	(-1.69 ; -0.94)	(-0.61; 0.14)	(-0.39;0.37)	(1.08; 1.85)	(0.93; 1.69)	
STR (10 µg)	-1.90	-0.90	-0.57	+0.28	-0.05	+1.19	+0.35	<0.0001
	(-2.17;-1.63)	(-1.16;-0.63)	(-0.82 - 0.31)	(0.02; 0.54)	(-0.31; 0.21)	(0.92; 1.45)	(0.09; 0.62)	0.0004
TET (30 μg)	-0.81	-0.28	-2.34	-0.34	+1.79	+3.01	+2.09	<0.0001
	(-1.25;-0.38)	(-0.70; 0.15)	(-2.75;-1.92)	(-0.77; 0.08)	(1.36; 2.22)	(2.58; 3.44)	(1.67; 2.52)	0.0004
TMP (5 μg)	-2.49	-0.80	-0.04	+1.50	+1.88	+2.97	+3.17	<0.0001
	(-2.81 -2.16)	(-1.12;-0.48)	(-0.35; 0.28)	(1.18; 1.82)	(1.56;2.20)	(2.64;3.29)	(2.85;3.49)	0.0001
VAN (30 µg)	-1 • 36	-0.27	-0-39	-0.21	+0.48	+1.11	+0.94	<0.0001
	(-1•56 ; -1•16)	(-0·4 7 ; -0·0 7)	(-0-58 ; -0-20)	(-0-41;-0-02)	(0·28 ; 0·6 7)	(0·91 – 1·31)	(0.75;1.14)	

Table S4· Evolution of the diameters of growth inhibition (halos) for 18 antimicrobials (2012-2019, *n*=2,908 clinical isolates).

Linear regression models were used to assess the relationship between antimicrobials halos and isolation year, using 2014 as arbitrary reference. Numbers provided in the parentheses refer to the 95% confidence limits. Values in bold denote those significantly different from the reference. Antimicrobials CTX, FOS, NAL and SUL (non-Gaussian distributions) were excluded from the analysis.

¹The Null hypothesis (H0) for each test stated that susceptibility did not change in comparison with the reference year. Conversely, the alternative hypothesis (H1) suggested a significant difference in the number of susceptible isolates in comparison with the reference year.

isolate	vear	sourcel	lineage	serogroup	clonal complex	sublineage	cgMLST	AR phenotype	intrinsic AR genes	acquired AR genes	Other resistance traits	intrinsic PRD genes
Isolate	year	source	inicage	selogioup	(MLST)	(cgMLST)	type	(Ø=6 mm)	intrinsie AR genes	acquired Art genes	Other resistance traits	intrinsie i Di genes
Clinical isolates												
201700032	2017	H(B)	Ι	IVb	CC1	SL1	CT1427	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,emrC	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201502012	2015	H(MN)	Ι	IVb	CC1	SL1	CT1427	CTX,NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM	mprF,emrC	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201700930	2017	H(MN)	Ι	IVb	CC1	SL1	CT1427	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,emrC	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201200690	2012	H(N)	Ι	IVb	CC1	SL1	CT1427	CTX,NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201400088	2014	H(N)	Ι	IVb	CC1	SL1	CT5481	CTX,NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501762	2015	H(N)	Ι	IVb	CC4	SL4	CT1344	ERY,NAL,FOS	fosX,lin,norB,lde	ermB	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701487	2017	H(N)	Ι	IVb	CC4	SL4	CT3838	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,emrC	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201601522	2016	H(N)	Ι	IIb	CC3	SL3	CT1708	CTX,NAL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801575	2018	H(B)	Ι	IIb	CC3	SL3	CT4874	CTX,NAL,FOS	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
202000017	2020	H(B)	Ι	IIb	CC3	SL3	CT6057	CTX,NAL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500040	2015	H(B)	Ι	IIb	CC5	SL5	CT128	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	aacA4	SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500154	2015	H(B)	Ι	IIb	CC5	SL5	CT1320	CTX,NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500902	2015	H(B)	Ι	IIb	CC5	SL5	CT1320	NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801721	2018	H(B)	Ι	IIb	CC5	SL5	CT1320	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501421	2015	H(P)	Ι	IIb	CC5	SL5	CT1332	NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201401284	2014	H(B)	Ι	IIb	CC5	SL5	CT5482	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM,tetK	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201200536	2012	H(B)	Ι	IIb	CC59	SL59	CT8752	CTX,NAL,FOS,SUL,CLI	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201401841	2014	H(B)	II	IIa	CC14	SL14	CT5484	NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM,tetL	mprF,emrC,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201300324	2013	H(B)	II	IIa	CC14	SL14	CT956	CTX,NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM,tetL	mprF,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201400999	2014	H(B)	II	IIa	CC14	SL14	CT956	CTX,NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM,tetL	mprF,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201700712	2017	H(B)	II	IIa	CC14	SL14	CT956	NAL,FOS,TET	fosX,lin,norB,lde,sul	tetM,tetL	mprF,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201401039	2014	H(N)	II	IIa	CC14	SL14	CT956	NAL,FOS,SUL,TET	fosX,lin,norB,lde	tetM,tetL	mprF,emrC,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201300999	2013	H(B)	II	IIa	CC8	SL16	CT5479	CTX,NAL,FOS,TET	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201903233	2019	H(B)	II	IIa	CC18	SL18	CT6197	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201201094	2012	H(N)	II	IIa	CC199	SL199	CT2002	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800661	2018	H(B)	II	IIa	CC20	SL20	CT4505	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2

Table S5· Characteristics of *L. monocytogenes* isolates with detected acquired resistance genes (*n*=119 isolates out of 5,339).

201903101	2019	H(B)	II	IIa	CC20	SL20	CT4505	NAL,FOS,TET	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201401498	2014	H(S)	II	IIa	CC14	SL399	CT5483	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500398	2015	H(MN)	II	IIa	CC7	SL7	CT1143	CTX,NAL,FOS,TET	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201400077	2014	H(B)	II	IIa	CC9	SL9	CT5480	CTX,NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
Non-clinical isolo	ates											
201902350	2019	F(D)	Ι	IVb	CC388	SL386	CT5804	NAL,FOS,SUL	fosX,lin,norB,lde,sul	ermB	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500542	2015	F(M)	Ι	IIb	CC3	SL3	CT1304	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501751	2015	F(F/S)	Ι	IIb	CC3	SL3	CT1305	CTX,NAL,FOS	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201601695	2016	F(F/S)	Ι	IIb	CC3	SL3	CT1305	CTX,NAL,FOS	fosX,lin,norB,lde	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201601526	2016	F(F/S)	Ι	IIb	CC3	SL3	CT1709	CTX,NAL,FOS	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201600236	2016	F(F/S)	Ι	IIb	CC3	SL3	CT1710	CTX,NAL,FOS	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902719	2019	F(Mx)	Ι	IIb	CC3	SL3	CT6057	CTX,NAL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500173	2015	F(Mx)	Ι	IIb	CC5	SL5	CT1321	NAL,FOS,SUL	fosX,lin,norB,lde,sul	ermB	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201600460	2016	F(M)	Ι	IIb	CC5	SL5	CT1999	CTX,NAL,FOS,SUL,ERY,CLI	fosX,lin,norB,lde,sul	ermB	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800296	2018	F(D)	Ι	IIb	CC5	SL5	CT4287	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201901904	2019	F(M)	II	IIa	CC9	SL9	CT1028	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501754	2015	F(M)	II	IIc	CC9	SL9	CT1028	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501788	2015	F(M)	II	IIc	CC9	SL9	CT1028	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201600552	2016	F(M)	II	IIc	CC9	SL9	CT1028	NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800061	2018	F(M)	II	IIc	CC9	SL9	CT1028	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800564	2018	F(M)	II	IIc	CC9	SL9	CT1028	CTX,NAL,FOS	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801443	2018	F(M)	II	IIc	CC9	SL9	CT1028	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801605	2018	F(M)	II	IIc	CC9	SL9	CT1028	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500281	2015	F(D)	II	IIc	CC9	SL9	CT1050	NAL,FOS,SUL	fosX,lin,norB,lde,sul	ermB	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801442	2018	F(M)	II	IIc	CC9	SL9	CT4845	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801873	2018	F(M)	II	IIc	CC9	SL9	CT4976	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201900234	2018	F(M)	II	IIc	CC9	SL9	CT5122	NAL,SUL	fosX,lin,norB,lde	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801372	2018	F(M)	II	IIa	CC11	SL11	CT4818	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902866	2019	F(F/S)	II	IIa	CC14	SL14	CT956	NAL,FOS,SUL	fosX,lin,norB,lde,sul	fexA	mprF,bcrABC,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501807	2015	F(M)	II	IIa	CC14	SL14	CT956	NAL,FOS,TET	fosX,lin,norB,lde,sul	tetM,tetL	mprF,emrC,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201600461	2016	F(M)	II	IIa	CC14	SL14	CT956	NAL,FOS,SUL,TET	fosX,lin,norB,lde,sul	tetM,tetL	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2

201801066	2018	F(M)	II	IIa	CC14	SL14	CT956	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM,tetL	mprF,emrC,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201901752	2019	F(M)	Π	IIa	CC14	SL14	CT956	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM,tetL	mprF,emrC,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801496	2018	F(nd)	II	IIa	CC14	SL14	CT956	NAL,FOS,SUL,TET	fosX,lin,norB,lde	tetM,tetL	mprF,emrC,LGI-2	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801792	2018	F(F/V)	Π	IIa	CC20	SL20	CT4505	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501953	2015	F(M)	Π	IIa	CC31	SL31	CT1178	CTX,NAL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501462	2015	F(M)	Π	IIa	CC31	SL31	CT1179	CTX,NAL,SUL	fosX,lin,norB,lde	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501410	2015	F(M)	Π	IIa	CC31	SL31	CT1180	CTX,NAL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701619	2017	F(M)	Π	IIa	CC31	SL31	CT1180	NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800907	2018	F(M)	Π	IIa	CC31	SL31	CT1180	NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201903133	2019	F(M)	II	IIa	CC31	SL31	CT1180	NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201700436	2017	F(D)	Π	IIa	CC31	SL31	CT2713	NAL,SUL	fosX,lin,norB,lde	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701535	2017	F(M)	Π	IIa	CC31	SL31	CT3876	NAL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801576	2018	F(Mx)	II	IIa	CC31	SL31	CT4873	NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201901074	2019	F(F/S)	Π	IIa	CC31	SL31	CT5406	NAL,SUL	fosX,lin,norB,lde	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902657	2019	F(M)	Π	IIa	CC31	SL31	CT6032	NAL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201903183	2019	F(M)	Π	IIa	CC31	SL31	CT6177	NAL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201903214	2019	F(M)	Π	IIa	CC31	SL31	CT6191	NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501416	2015	F(M)	Π	IIa	CC31	SL31	CT875	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800050	2018	F(M)	Π	IIa	CC31	SL31	CT875	NAL,FOS,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201900674	2019	F(M)	Π	IIa	CC31	SL31	CT875	NAL,FOS,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800400	2018	F(D)	Π	IIa	CC14	SL91	CT4336	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501446	2015	F(F/S)	Π	IIa	CC31	SL312	CT1184	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501470	2015	F(nd)	Π	IIa	CC31	SL312	CT1185	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201501578	2015	F(M)	Π	IIa	CC31	SL312	CT1186	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500162	2015	F(Mx)	II	IIa	CC31	SL312	CT1187	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201600264	2015	F(M)	Π	IIa	CC31	SL312	CT1898	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201700716	2017	F(M)	Π	IIa	CC31	SL312	CT2905	CTX,NAL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701315	2017	F(M)	II	IIa	CC31	SL312	CT2905	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701565	2017	F(M)	Π	IIa	CC31	SL312	CT2905	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701631	2017	F(M)	II	IIa	CC31	SL312	CT2905	CTX,NAL,SUL	fosX,lin,norB,lde	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701868	2017	F(M)	II	IIa	CC31	SL312	CT2905	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2

201800663	2018	F(M)	Π	IIa	CC31	SL312	CT2905	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801143	2018	F(M)	II	IIa	CC31	SL312	CT2905	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800809	2018	F(Mx)	II	IIa	CC31	SL312	CT2905	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201700730	2017	F(M)	II	IIa	CC31	SL312	CT2921	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800178	2018	F(M)	II	IIa	CC31	SL312	CT4248	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800733	2018	F(M)	II	IIa	CC31	SL312	CT4515	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201900728	2019	F(M)	II	IIa	CC31	SL312	CT4515	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201903092	2019	F(M)	II	IIa	CC31	SL312	CT4515	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800814	2018	F(M)	II	IIa	CC31	SL312	CT4679	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201900091	2019	F(M)	II	IIa	CC31	SL312	CT5071	CTX,NAL,FOS,SUL	fosX,lin,norB,lde	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201900162	2018	F(M)	II	IIa	CC31	SL312	CT5083	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902408	2019	F(M)	II	IIa	CC31	SL312	CT5790	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aacA4	mprF,emrC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201601383	2016	F(D)	II	IIa	CC31	SL313	CT1188	NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902031	2019	F(D)	II	IIa	CC31	SL313	CT1188	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902650	2019	F(D)	II	IIa	CC31	SL313	CT1188	NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201601306	2016	F(M)	II	IIa	CC31	SL313	CT1188	NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201500622	2015	F(Mx)	II	IIa	CC31	SL313	CT1188	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801058	2018	F(D)	II	IIa	CC31	SL313	CT4740	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801236	2018	F(D)	II	IIa	CC31	SL313	CT4740	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801059	2018	F(Mx)	II	IIa	CC31	SL313	CT4740	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201801690	2018	F(D)	II	IIa	CC31	SL313	CT4948	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902553	2019	F(D)	II	IIa	CC31	SL313	CT5845	CTX,NAL,SUL	fosX,lin,norB,lde,sul	aphA	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201900136	2019	F(M)	II	IIa	CC31	SL325	CT5076	CTX,NAL,FOS,SUL,TMP	fosX,lin,norB,lde,sul	mphB,dfrD, lnuG,tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701412	2017	F(F/S)	II	IIa	CC199	SL199	CT2608	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201800658	2018	F(F/V)	II	IIa	CC199	SL199	CT2608	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902770	2019	F(M)	II	IIa	CC199	SL199	CT2608	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201700829	2017	F(Mx)	II	IIa	CC199	SL199	CT2608	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201902454	2019	F(Mx)	II	IIa	CC199	SL199	CT2608	NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201701707	2017	F(F/S)	II	IIa	CC199	SL199	CT4133	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201901810	2019	F(Mx)	II	IIa	CC199	SL199	CT5659	CTX,NAL,FOS,SUL	fosX,lin,norB,lde,sul	tetM	mprF,bcrABC,SSI-1	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2
201901274	2019	F(M)	II	IIa	CC415	SL415	CT5486	NAL,FOS,SUL	fosX,lin,norB,lde,sul	fexA	mprF	pbpB3,C1,B1,D3,A1,C2,B2,A2,D1,D2

¹Source abbreviations: H, human; F, food. Type of infection: B, bacteremia; MN, materno-neonatal; N, central nervous system; S, skin; P, prosthethic. Type of food: D, dairy; F/S, fish or seafood; F/V, fruit or vegetable: M, meat; Mx, mixed product; nd, unknown.



Figure S1. Evolution of the inhibition zone diameters for 22 antimicrobials along the years (2012-2019, n=2,908 clinical isolates). Box plots represent the median (thick black line), upper and lower quartiles (box), of isolates' growth inhibition diameters (halos). Outliers (black dots) represent data points that

significantly deviate from the rest of the dataset, falling beyond 1.5 times the interquartile range from the quartiles. Blue boxes highlight L.monocytogenes intrinsic resistances. Plots are ordered by antimicrobial class: beta-lactams (AMP, ampicillin; AMX, amoxicillin; PEN, penicillin G; CTX, cefotaxime; IPM, imipenem), aminoglycosides (GEN, gentamicin; KAN, kanamycin; STR, streptomycin), macrolides (ERY, erythromycin), quinolones (NAL, nalidixic acid; CIP, ciprofloxacin; LVX, levofloxacin; MXF, moxifloxacin); tetracyclines (TET, tetracycline), rifamycins (RIF, rifampicin), lincosamides (CLI, clindamycin), phenicols (CHL, chloramphenicol), sulfonamides (SUL, sulfonamides); folate-inhibitors (TMP, trimethoprim); others (FOS, fosfomycin; FUS, fusidic acid; VAN, vancomycin). The antimicrobial disk content is shown in brackets.